







## SPOTLIGHT: Native Hawaiian and Pacific Islander (NHPI) Communities

**FIGURE 1: NHPI Communities Prior to and During COVID-19**

Prior to COVID-19			During COVID-19		
					
<b>Hunger</b>	<b>Poverty</b>	<b>Health</b>	<b>Hunger</b>	<b>Poverty</b>	<b>Health</b>
More than double the national average; loss of food sovereignty	High poverty rates; island economies rely on tourism	High rates of heart disease	<i>insufficient data</i>	Loss of tourism leads to high job loss in Pacific Island nations and Hawai'i	March 2021: NHPI Americans were 2.6 times more likely to have died from COVID-19 as White people

Source: Food Research & Action Center 2021 ©

### Prior to COVID-19

**Hunger:** In the only nationally representative survey of the NHPI population conducted in 2014, 20.5 percent of NHPI adults reported being food insecure in the 30 days prior to the survey, compared to 7.7 percent of White adults.<sup>1</sup>

The root causes of food insecurity, poverty, and health in NHPI communities stems from European and American colonialism. Native food culture and systems of production have been disrupted by the introduction of processed and canned foods, while contamination from military exercises have had environmental and health consequences.<sup>2</sup>

**Poverty:** In 2019, the poverty rate among people who identified only as NHPI was 16.5 percent.<sup>3</sup> NHPI are more likely to work in jobs with low wages, including essential worker positions,<sup>4</sup> and are twice as likely to be front-line health care workers compared to other Asian Americans.<sup>5</sup>

In Hawai'i specifically, 9 percent of households lived in poverty prior to COVID while an additional 33 percent of households struggled to make ends meet due to the high cost of living.<sup>6</sup> Almost 40 percent of workers were employed in tourism-related sectors, such as sales, food, transportation, and entertainment.<sup>7</sup>

**Health:** NHPI individuals have higher rates of chronic illnesses compared to White individuals and lower rates of health care access.<sup>8</sup> For example, heart disease is the leading cause of death among NHPI<sup>9</sup> and 20 percent of NHPI adults have heart disease compared to 6.2 percent of adults overall.<sup>10</sup> NHPI people also have disproportionately high rates of diabetes and asthma.<sup>11</sup>

### During COVID-19

**Hunger:** Similar to American Indian and Alaska Native populations, little data exists for rates of food insecurity, as data are not disaggregated in the Census Pulse data for NHPI populations.<sup>12</sup> One July survey found that food insecurity in Hawai'i was 30 percent for Native Hawaiians compared to the sample average of 23 percent.<sup>13</sup>

**Poverty:** The economic impact of COVID-19 has been particularly hard on Hawai'i and the Pacific Islands, which are dependent on tourism. The fall in the gross domestic product as a result of reduced tourism and trade could cause extreme poverty in the Pacific Islands to increase by 40 percent.<sup>14</sup> In Hawai'i, the drop in tourism<sup>15</sup> has resulted in significant job loss. While the unemployment rate in Hawai'i decreased

from 22 percent in April 2020 to 9 percent in April 2021, an additional 10 percent of people are underemployed.<sup>16</sup>

**Health:** Due to their isolation, the Pacific Islands have had relatively low rates of COVID-19 infection and death. However, limited evidence shows that NHPI people living in the continental U.S. suffer disproportionately high death rates from COVID-19. Disaggregated COVID-19 data for the NHPI population is only reported in 21 states for cases and 16 states for deaths. In most of these states, NHPI communities have the highest or second-highest per capita case and death rates compared to other racial and ethnic groups.<sup>17,18</sup>

## Impact of the Federal Nutrition Programs

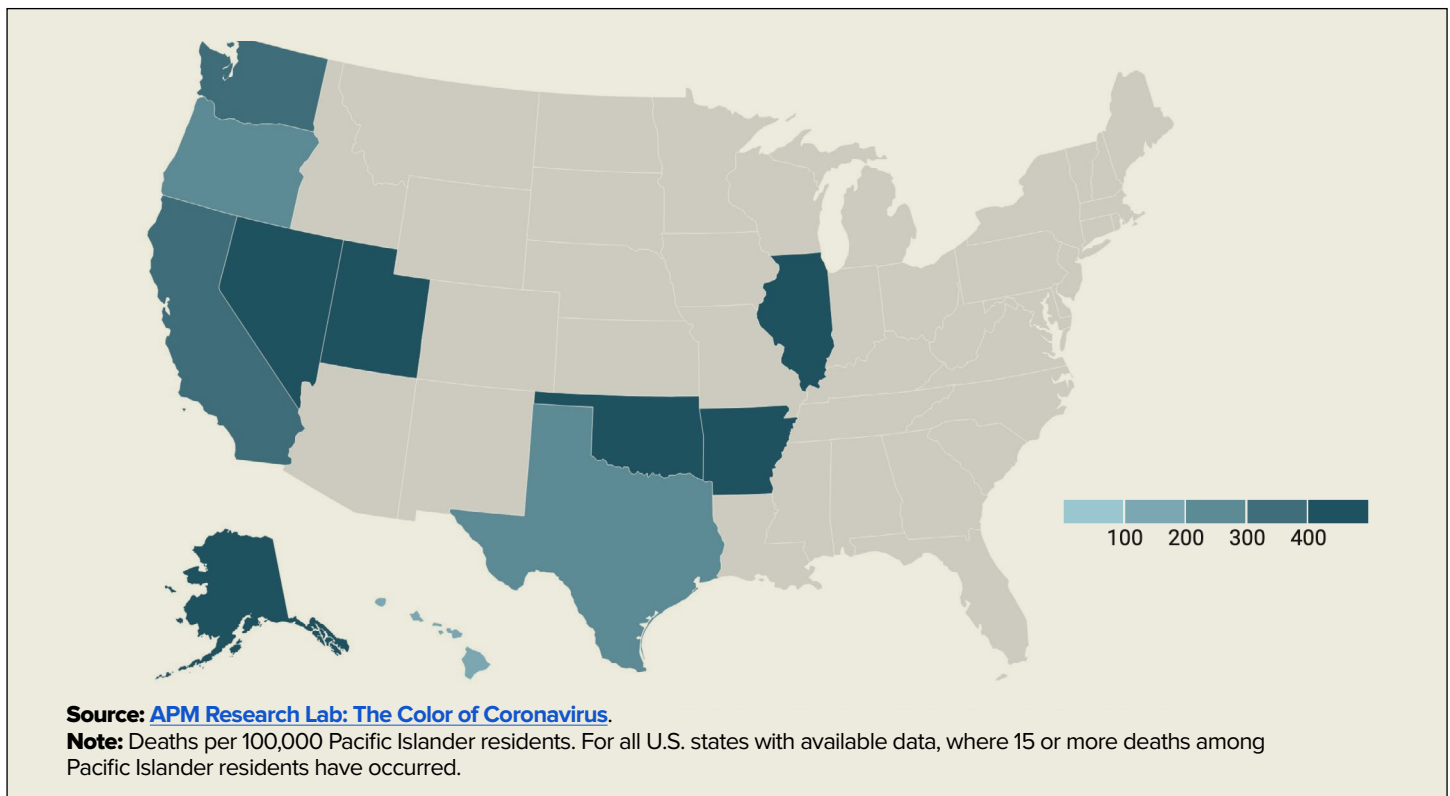
The federal nutrition programs reduce food insecurity, improve educational outcomes, support physical and mental health, and promote economic stability.<sup>19,20</sup> In addition, the programs are built around the core principle of decreasing stigma, including allowing for choice in the Supplemental Nutrition Assistance Program (SNAP), the use of electronic benefit cards, and the increase in community eligibility for school meals programs. These program features are key

to promoting inclusivity and access among populations suffering disproportionately from hunger, poverty, poor health, and the impacts of COVID-19. In addition, the U.S. provides nutrition assistance to American Samoa and the Commonwealth of the Northern Mariana Islands through block grants in lieu of SNAP. During COVID-19, funding was allocated to the nutrition block grants, and in December 2020, the Pandemic Electronic Benefit Transfer (P-EBT) program was extended to these outlying areas.

Gains in program access and benefit adequacy during COVID-19 provide important best practices for strengthening and expanding the federal nutrition programs. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC's [Action Center page](#).

Want to learn more? This brief summarizes information from the report *COVID-19's Impact on the Relationship Between Hunger, Poverty, and Health*. See [FRAC's COVID-19 dashboard](#) for the full report and additional statistics on hunger during the pandemic.

**FIGURE 2: Pacific Islander Communities: Age-Adjusted COVID-19 Mortality Rates Through March 2, 2021**



## Endnotes

- <sup>1</sup> Long, C. R., Rowland, B., McElfish, P. A., Ayers, B. L., & Narcisse, M. R. (2020). Food Security Status of Native Hawaiians and Pacific Islanders in the US: Analysis of a National Survey. *J Nutr Educ Behav*. 52(8):788-795.
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- <sup>7</sup> Liou, W. (2020). *COVID-19 and the Economically Vulnerable Populations in Hawaii*. Honolulu, HI: Department of Business, Economic Development & Tourism. Available at: <https://dbedt.hawaii.gov/economic/covid19/>. Accessed on April 14, 2021.
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- <sup>9</sup> Chang, R. C., Penaia, C., & Thomas, K. (2020). *Count Native Hawaiian And Pacific Islanders In COVID-19 Data—It's An OMB Mandate*. Health Affairs. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200825.671245/full/>. Accessed on April 14, 2021.
- <sup>10</sup> Wang, D., Gee, G. C., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: Emerging Disparities Amid Discrimination. *J Gen Intern Med*. 35(12):3685-3688.
- <sup>11</sup> Chang, R. C., Penaia, C., & Thomas, K. (2020). *Count Native Hawaiian And Pacific Islanders In COVID-19 Data — It's An OMB Mandate*. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200825.671245/full/>. Accessed on April 14, 2021.
- <sup>12</sup> U.S. Census Bureau. (2021). Household Pulse Survey Data Tables. Available at: <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Accessed on April 14, 2021.
- <sup>13</sup> Pirkle, C., & Sentell, T. (2020). *One in Five Hawai'i Residents Indicate That They Do Not Have Enough Money for Food*. Available at: <http://manoa.hawaii.edu/publichealth/news/2020/08/26/one-in-five-hawaii-residents-indicate-that-they-do-not-have-enough-money-for-food>. Accessed on April 14, 2021.
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- <sup>18</sup> Ramirez, R. (2020). *How Pacific Islanders have been left to fend for themselves in the Covid-19 pandemic*. Available at: <https://www.vox.com/2020/12/14/22168249/pacific-islanders-native-hawaiians-covid-19-pandemic>. Accessed on April 14, 2021.
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