



Health Disparities Among Pacific Islanders

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The U.S.-Associated Pacific

The U.S. Associated Pacific consists of three Flag Territories and three Freely Associated States, each with its own distinct language, culture, history and politico-economic development.

- **The “Flag Territories” are:**
 - American Samoa
 - Territory of Guam
 - The Commonwealth of the Northern Mariana Islands (CNMI)
- **The Freely Associated States are:**
 - Federated States of Micronesia (FSM): Truk (Chuuk), Kosrae, Pohnpei, Yap
 - Republic of Palau (ROP)
 - Republic of the Marshall Islands (RMI)

Other Health Disparities*

Life Expectancy at Birth

US 76.1 yrs
 Guam 74.0 yrs
 CNMI 72.8 yrs
 American Samoa 71.6 yrs
 ROP 67.0 yrs
 FSM 67.0 yrs
 RMI 64.2 yrs

Infant Deaths per 1000 live Births

US 7.2
 Guam 8.9
 CNMI 9.3
 American Samoa 13.0
 ROP 26.0
 RMI 26.7
 FSM 46.0

Fertility Rates per woman

Guam 2.0
 US 2.1
 Guam 2.2
 ROP 2.7
 FSM 3.9
 American Samoa 4.2
 RMI 6.8

The United States took responsibility for the health, education, and welfare of the people of three Pacific Island jurisdictions under a United Nations Trusteeship in 1947. Samoa and Guam were already U.S. territories at that time. Although the trust jurisdictions have subsequently become Independent Nations, with Compacts of Free Association with the United States, their health and welfare is still dependent on the U.S. The United States has a responsibility to ensure that it honors its historical relationship to these Nations and territories.

The health systems subsequently instituted in these jurisdictions were modeled after the United States health system. These systems tended to be hospital based with little emphasis on prevention or public health. Presently, a large disparity in health status exists between these six jurisdictions and the United States as a whole. There are also large health disparities between jurisdictions.

The disparity in health between the U.S. and its associated Pacific jurisdictions can best be understood by examining some of the common health indicators, as well as the Healthy People 2010 Objectives. Tobacco is one example.

Tobacco use in the Pacific

The first barrier to effective health care is the paucity of health data. Healthy People 2010 has baseline measures for Hawaiians and Pacific Islanders (NHPI) for only 1 of 18 applicable objectives related to tobacco use.

According to the HP2010, 21 percent of NHPIs 18 and older smoke. This makes NHPIs the second least likely ethnic group to smoke. American Indians and Alaska Na-

tives (34 percent) are the most likely to smoke.

However, using local data we can see that almost all groups of Samoans and Guamanians have higher smoking rates than cited in HP2010. While the data are not necessarily comparable, the discrepancies highlight some of the frustrations of planning appropriate prevention programs, and of getting federal attention for health programs in the Pacific.

Despite rising trends in cigarette use, there are few appropriate tobacco prevention programs due to geographic distance, a lack of culturally appropriate models for the Pacific, and multiple health crises occurring simultaneously. Tobacco advertising is resource rich, aggressive, and uses established cultural norms (linking tobacco to betel nut use). Recent cigarette advertising campaigns have included free tee-shirts in exchange for 15 empty cigarette packs, cash sweepstakes with a grand prize of \$1,000 in Truk and FSM; and cash prize raffles of \$10,000 in the RMI.

The Pacific compact nations suffer many of the ills of American society, without the benefits of access to first world health care. The data reveal that the compact nations tend to have poorer health statistics than the Flag territories, who generally have access to more resources than their neighbors. America cannot turn its back on the health of these fledgling nations whose current state is due, in part, to our own carelessness.

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Children Under 2 fully Immunized

ROP 92.4
 FSM 84.1
 US 75.0
 American Samoa 72.0
 Guam 70.0
 CNMI 56.4
 RMI 54.4

Health Care Expenditures Per Capita

ROP \$633
 Guam \$510
 RMI \$128
 Yap \$178
 FSM \$132
 Pohnpei \$143
 Kosrae \$151
 Truk (Chuuk) \$92

*Source: Institute of Medicine Pacific Partnerships for Health Report, 1998.