

Centering the Lived Experiences of Native Hawaiians and Pacific Islanders Living with HIV and Viral Hepatitis

Read how the Hawai'i Health and Harm Reduction Center (HHHRC or H3RC) developed high-impact harm reduction interventions to combat health inequalities and stigma-inducing risk factors associated with mental illness, substance use, homelessness, and sexually transmitted infections.

Merging Public Services with Harm Reduction Strategies

The “one-size-fits-all” approach to healthcare has proven – even more so in the post-pandemic era – to be critically ineffective for many high-risk populations, particularly for sexual and gender minorities, people of color, substance users, persons experiencing homelessness, and formerly incarcerated persons. Traditional models for treating substance use offer minimal guidance, support, or compassion to people who may not choose abstinence as an objective. Limited treatment options compounded with antiquated and draconian drug policies disable healthcare providers from providing non-judgmental services to their most vulnerable community members. A newer paradigm of care which endorses the delivery of “low-threshold” social services, much like [HHHRC's Syringe Exchange Program \(SEP\)](#), has proven to be a successful strategy created by determined and sensible leaders working at the frontlines of their communities.

Harm reduction is a public health practice that considers a vast network of factors including trauma, abuse, and immigration status. These holistic approaches to substance use prevention focus on building rapport, trust, and self-efficacy for people who use substances. Though utilization of these principles, harm reduction-based therapy not only mitigates the occurrence of risky behaviors, but also improves an individual's sense of agency and self-determination. Harm reduction interventions heed to a set of standards rooted in compassion, dignity, and self-identity to promote gradual, long-standing, and positive behavior change.

As a services provider with the Harm Reduction Services Branch (HRSB) of the Hawai'i State Department of Health (HDOH), HHHRC currently helps Hawai'i's most vulnerable communities fight long-term systemic and health inequalities. They provide statewide leadership, outreach, and clinical case management for the prevention, treatment, and surveillance of infections transmitted primarily through sexual contact or injection drug use. This paper looks at the impacts of a “new standard” to public service in a community that has been embracing culturally grounded, harm reduction-based practices, to address their community's most complex social and health-related problems.

HIV, Viral Hepatitis, and Sexual and Gender Minorities in Hawai'i

The human immunodeficiency virus (HIV) epidemic in Hawai'i differs from the continental U.S. with respect to its epidemiological diversity: a higher proportion of individuals self-identify as Asian, Native Hawaiian, Pacific Islander, or multi-racial.¹ According to 2020 surveillance data in Hawai'i, 4,831 people are living with HIV, including 3,546 whose HIV has progressed to Stage 3.² Persons who inject drugs (PWID) are at increased risk of acquiring and transmitting HIV and other bloodborne infections, including hepatitis B and C virus (HCV) infection. Mental health stigma and substance use are also substantial barriers that prevent clients from consistently accessing HIV care. In efforts to combat these barriers, the HHHRC provides [HIV and HCV outreach](#), [testing](#), and [linkage services \(OTL\)](#) as part of its portfolio of services.

¹ Sophus AI, Fujitani L, Vallabhshai S, et al. Insights in Public Health: In What Ways are Hawaii's HIV Prevention Services Engaging Gay Male Couples and Using Technology?. *Hawaii J Med Public Health*. 2018;77(2):38-45.

² Hawai'i State Department of Health. (2020, October). [Hawaii HIV/AIDS Surveillance 2019 Annual Report](#).

COMMUNITY HIGHLIGHTS

Hawai'i Health and Harm Reduction Center (HHHRC)

Anecdotally, staff noted that among the population served by their HIV medical case management services, there appears to be less social support for people living with HIV who do not identify as cisgender gay men. Many of the transgender clients they serve have been victims of physical, sexual, and psychological abuse. Nikos Leverenz, Grants & Advancement Manager at HHHRC noted:

"Hawai'i also has the highest rate of transgender people in the nation and our transgender program is primarily NHPI people - not surprising, since precolonial society had a sense of gender fluidity that is not present in the western/colonial framework."

H3RC's Syringe Exchange Program (SEP)

Hawai'i was the first state in the nation to create a state-funded syringe exchange program offering coordinated services to their community members.⁴ Despite the dangers and deleterious impacts of the COVID-19 pandemic, HHHRC never ceased to respond to the needs of their community members. Outreach workers continued to provide life-saving resources, access to clean syringes, and other harm reduction resources to their clients. Due to their staff's unwavering commitment and sacrifice, HHHRC concluded 2020 with a statewide record of 1,182,624 syringe exchanges.⁴ Since its inception, the Hawai'i Syringe Exchange Program (SEP), has successfully maintained low HIV rates among persons who inject drugs, averaging far lower than those of other states.⁴ HHHRC disclosed that approximately 75-80% of their medically case managed clients are maintaining an undetectable viral load. These figures clearly indicate – if not conceptually, but statistically – that SEP programs are generating palpable improvements in controlling local transmission and reducing the risk of acquiring HIV and HCV infection among PWID.

HRSB Viral Hepatitis Education and Prevention Program

Hawai'i is the state with the second highest rate of liver cancer in the United States, with viral hepatitis (HCV) as the main cause.⁵ Much like other infectious diseases, such as latent Tuberculosis (LTBI), it is common for infected persons to acquire viral hepatitis and not know it. Yet, despite the degree of transmission that's occurring in Hawai'i, inadequate support from funding streams have thwarted their capacity to adopt a more aggressive HCV prevention strategy. The lack of urgency to address the state of HCV in Hawai'i likely contributes to the degree of underreported cases in the state, as well as other high-burden states across the U.S. Additionally, the lack of funding, visibility, and resources to support and maintain an effective HCV surveillance infrastructure in Hawai'i has created huge disparities in data, often leading to multi-year gaps of unaccounted case data. This limited capacity to operate HCV surveillance data has prevented the state from accurately providing comprehensive case count reports to the CDC. A likely reason why Hawai'i only reported 7 cases of HCV back in 2019.⁴

Click [here](#) to learn more about HRSB's Viral Hepatitis Education and Prevention Program!

The Fight Against Poverty and Affordable Housing

Most clients at the Center identify as Asian-American or multiracial.⁶ The percentage of Native Hawaiians within the general population is officially considered to be 10%, but this number rises between 25% and 28% if people are given the opportunity to self-identify. Hawai'i is unique in the context of the United States, in that approximately 20% of residents are foreign-born. However, there is a higher percentage of Native Hawaiians living in rural and under-resourced communities as compared to other ethnic groups residing in the state.⁷ There are also significant racial disparities in prevalence and outcomes of chronic illnesses – for example, Native Hawaiians face increased rates of hypertension, diabetes, and heart disease.⁸

³ Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute.

⁴ Hawai'i Health and Harm Reduction Center. (2020 August), [Syringe Exchange Program 2020 Annual Report](#).

⁵ Hawai'i State Department of Health. (n.d.). [HRSB Viral Hepatitis Prevention Program](#).

⁶ Krogstad, J. M. (2020, August 17). [Hawaii is home to the nation's largest share of Multiracial Americans](#). Pew Research Center.

⁷ Ambrose, A. J., et al. (2012). Geographical maldistribution of Native Hawaiian and other Pacific Islander physicians in Hawai'i. *A Journal of Asia Pacific Medicine & Public Health*, 71(4 Suppl 1), 13–20.

⁸ Look, M. A., Soong, S., & Kaholokula, J. K. (2020). Assessment and priorities for health and well-being in Native Hawaiians and Pacific Islanders.

COMMUNITY HIGHLIGHTS

Hawai'i Health and Harm Reduction Center (HHHC)

The Center identifies housing affordability and access to a range of safe and stable supportive housing opportunities as one of the most primary and urgent needs of their clients. According to housing data made available from their SEP patients (n=1347, 30%), recent findings indicated that between 30-47% of SEP clients were either currently experiencing homelessness or in temporary/unstable housing.⁴ As Leverenz says:

“Without housing, you may have food, medical, and benefits set up, but if you don’t have a place to call your own, all of that quickly falls apart.”

Moreover, Hawai'i has the highest cost of living in the United States, and managers express concern over perpetuating inequity and injustice due to not being able to pay staff a living wage. To provide further context, Leverenz recounted the findings from the latest Point-in-Time Count of Unsheltered Homelessness released by the Department of Urban Development, stating:

“It was very striking to see that Native Hawaiian’s are 10% of the general population (give or take with multi-race) but also 30% of the unsheltered homeless population. What this tells us is that there is a significant dispossession of indigenous people from their own homeland – but that’s been a 100+ years in the making.”

Structural Vulnerabilities and Socially Determined Health Inequalities

Many Asian American, Native Hawaiian, and Pacific Islander community-based organizations are one-stop shops in areas where their communities are geographically isolated and small in number. They often address multiple social determinants of health and provide services to many areas. The Center identifies several systemic challenges that they encounter when working with patients, many of which are economic in nature. Public transportation is a key aspect of viral suppression for the Center’s HIV-positive clients. The Center struggles with issues of language access but is aware of how important it is to the clients they serve. To fill in systemic gaps, they maintain an internal spreadsheet of staff language capacity, as continent-based translators and phone interpreters cannot always provide the languages that clients need. While tapping into internal language capacity is valuable, staff are not always able to interpret at the level of official medical interpretation. In-person interpretation during appointments is most effective and supportive of clients, but it is the hardest language resource to access. In particular, the Center has identified a need for more Tongan and Samoan interpreters.

Native Hawaiians are disproportionately represented at every stage of the criminal justice system, as well as in the unsheltered population.⁹ Many of the Center’s clients have prior involvement with the justice system and face extreme collateral consequences from felony charges for drug possession. There is also significant disparity with respect to arrests of Native Hawaiian, Pacific Islander, and Black students in school.¹⁰ Hawai'i has the longest average term of probation at 58.9 months, versus the shortest of 9.3 in Kansas.¹¹ Unlike other states, Hawai'i has excluded drug possession from criminal justice reform. In the early stages of the pandemic, then-mayor of O'ahu, Kirk Caldwell, initiated sweeps of the unhoused population, despite public health guidance urging otherwise.¹² The Center worked with the American Civil Liberties Union to stop these sweeps and ensure access to potable water and bathrooms in alignment with CDC guidance. Leverenz recounts:

“We were one of few voices out there during very precarious times, defending the ability of already dispossessed people to access basic needs.”

⁹ Kamehameha Schools (2014). *Incarceration of Native Hawaiians*. Ka Huaka'i: 2014 Native Hawaiian Educational Assessment. Honolulu, HI: Kamehameha Publishing

¹⁰ Umamoto, K., Spencer, J., Miao, T.A. & Momen, S. (2012). *Disproportionate Minority Contact in the Hawai'i Juvenile Justice System 2000 – 2010 Final Report*.

¹¹ Public Safety Performance. *“States Can Shorten Probation and Protect Public Safety.”* The Pew Charitable Trusts, Apr. 2021

COMMUNITY HIGHLIGHTS

Hawai'i Health and Harm Reduction Center (HHHRC)

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

The Fight for Racial and Health Equity

A common reality for many community-based agencies serving ethnically marginalized populations, much like those under the jurisdiction of HHHRC, is the onerous battle for resources, sovereignty, visibility, and cultural humility. The inequitable distribution of wealth, resources, and funding opportunities available for the Native Hawaiian and Pacific Islander population supports the notion that systemic racism can manifest at multiple levels. A lack of local representation, leadership, and political influence have kept communities stagnant and unable to stimulate reform over these systemic problems. Leverenz supports the idea by saying,

“It is vital for community-based organizations to be vocal advocates for those who serve in the policymaking process and the media. Highlighting the intersection of race, poverty, illness, and stigma is important in reducing structural harms and pursuing more just and compassionate policies.”

The short supply of culturally-competent healthcare workers, compounded by the scarcity of multi-year grant opportunities – even more so for non-API focused regions with a high concentration of indigenous immigrant communities – has made it incredibly challenging for agencies, like the HHHRC, to support their communities in a sustainable way. These barriers, coupled with an increasing atmosphere of racism, violence, and cultural ignorance by community members, even healthcare providers, has further perpetuated disparities, making the NHPI community more vulnerable to poverty, homelessness, and diseases like diabetes, HIV and HCV. However, HHHRC has been fervently [advocating for policies](#) that address culturally damaging and often, racially motivated, practices that perpetuate poverty, mental illness, and morbidity. These prevailing challenges are not isolated and are often catalyzed by other coexisting problems including power imbalances within sectors, underrepresentation in data, and fear – fearing the loss of one’s sovereignty, land, legal status, and cultural identity. As Trisha Kajimura, the Deputy Director of Community at HHHRC put it:

“What I always think about is why so many people, whether it’s by the medical system or law-making bodies, can just think of people like they don’t count? Every policy change we want to enact starts with someone in power understanding that these individuals have value, despite the position they are in now. I think that is the real challenge that we have in front of us. It’s not about education—it’s about reaching hearts.”



¹² O'Connor, M., Stanford, R., Weill-Greenberg, E., & Iannelli, J. (n.d.). [Honolulu police keep putting homeless people in jail](#). The Appeal.

COMMUNITY HIGHLIGHTS

Hawai'i Health and Harm Reduction Center (HHHRC)

HHHRC Lessons for the Community:

- Prioritize the acquisition, recruitment, and retention of cultural gatekeepers and trauma informed healthcare providers
- Make space for deep listening and empower your patients and/or community members to share their stories with others, including the policy makers that determine their health and well-being
- Communicate and cultivate relationships with those in government, including those in elected office and their staff
- Engage your organization to learn about the political framework their services operate under and its impact on the larger community
- Take advantage of opportunities to partner with allied organizations around shared values and goals. Pursue equity across the policy spectrum (e.g., minimum wage, racial justice, and environmental justice)
- Find ways to highlight your work in local media to raise awareness, build support, and empower your communities



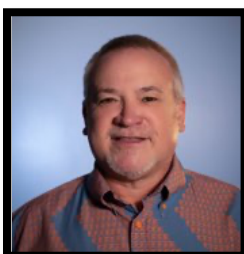
Nikos Leverenz, Grants & Advancement Manager

Nikos returned to Honolulu after 25 years in California, where he worked in Sacramento as a legislative advocate, senior legislative staffer, and policy consultant, developing proficiency around strategic communications and policies related to harm reduction, public health, civil rights, and the criminal legal system. Advancing direct services, partnerships, and policy changes that improve the health and well-being of persons from under resourced and over criminalized communities continues to animate his work.



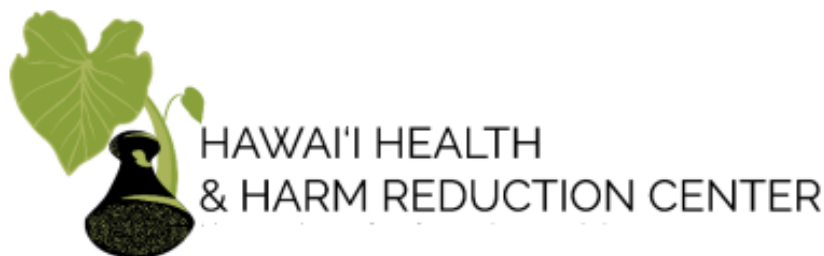
Trisha Kajimura, Deputy Director - Community

Trisha recently served as the Executive Director of Mental Health America of Hawai'i. From 2009 -2012, she was HIV Care Services Director of Life Foundation. Trisha took her experiences at Life Foundation to inform her work in advocating for underserved communities. Trisha is passionate about prioritizing the dignity and humanity of each person through the challenges of their individual journey. She brings her years of advocacy and leadership experience to further develop and extend HHHRC's mission and values to the community.



Kunane Dreier, Health Equity Manager

Kunane is a leader within the LGBTQI Community providing ongoing cultural competency trainings to service providers. He is experienced as a RESPECT, counseling, testing and referral, and rapid testing trainer. Kunane served as the Director of Prevention Services at Life Foundation since 2006, and has experience working with prevention intervention strategies, linkage to care, and prevention for positives. He has completed the Institute for HIV Prevention Leadership Program and serves as the Hawai'i Community Planning Group Co-Chair.



This case study was produced by the Asian & Pacific Islander American Health Forum (APIAHF), in collaboration with the Hawai'i Health and Harm Reduction Center (HHHRC). This project was funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Office of Minority Health and Health Equity.

Authors: Maria Fernanda Gutierrez (APIAHF), Emily Gordis (APIAHF), Nikos Leverenz (HHHRC), Trisha Kajimura (HHHRC), and Kunane Dreier (HHHRC)