Health care services utilization among Native Hawaiians and Pacific Islanders: The effect of health beliefs and enabling resources

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Abstract

Native Hawaiians and Pacific Islanders (NHPI) have some of the poorest health status in the United States. The disparities in the health status of the NHPI as compared to other ethnic groups can be explained by many factors such as health care access. According to the Andersen Behavioral Model, inequitable access to health care can occur when social structure, health beliefs, and enabling resources determines who gets medical care. In order for equitable access to occur, factors such as health beliefs must be mutable or point to a policy change that leads to behavioral change. Social structure was found to have low mutability. This study, then, assesses what health beliefs and enabling resources influence the use of health care services by NHPI and ultimately health status.

The results of this study found that health beliefs were the strongest predictor for use of health care services. The NHPI's individual cultural medicines and practices and past observed experiences with the Western health care system were embedded in their attitudes, values, and knowledge and that influenced their subsequent perceptions of need and use of health care services and ultimately health status. Except for long wait times and transportation, the NHPI rarely mentioned other enabling resources such as health care insurance. However, the community and personal enabling services must still be present for use of health care services to take place.