

# Reasons for Homelessness among Micronesians at a Transitional Shelter in Hawai'i

Jill Omori, MD\*

Cristina Keolanani Kleinschmidt, MD\*

Eric K.W. Lee\*\*

Tina Christopher Linshield, MD\*

Tina Kuribayashi\*\*

Damon Lee, MD\*

\*Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawai'i at Manoa;

\*\*John A. Burns School of Medicine, University of Hawai'i at Manoa. Corresponding Author Address Correspondence and Reprint Requests to: Jill Omori, M.D., Assistant Professor, University of Hawai'i at Manoa, John A. Burns School of Medicine, Department of Family Medicine and Community Health, 95-390 Kuaahelani Avenue, Mililani, Hawai'i 96789. E-mail: jomori@uhfjpres.org. Contact Assistant: Lira Quitevis, Administrative Assistant, (808) 627-3235

## Abstract

*Background:* Over 6,000 people are homeless in the State of Hawai'i and a growing number are of Micronesian descent. This study looks at reasons for homelessness in the Micronesian population. *Methods:* The authors conducted a retrospective chart review of 145 patients who were seen in a free student-run medical clinic at a transitional shelter in Hawai'i. Demographics and reasons for homelessness were compiled for the patients of Micronesian ancestry. *Results:* Of the 56% of patients that were found to be of Micronesian ancestry, overcrowded housing was the most common reason leading to homelessness. *Conclusion:* Overcrowded housing, probably caused by poverty, along with social and cultural differences, likely play a significant role in the reasons for homelessness in Micronesian migrants. More research needs to be done to discern the reasons for, attitudes towards, and solutions for homelessness in this population. (PHD 2007 Vol 14 No 1 Pages 57 - 65)

## Introduction

The problem of homelessness in Hawai'i has reached epidemic proportions. A 2003 survey done by the State of Hawai'i found that there were over 6,000 individuals who were homeless on any given day in the State.<sup>a</sup> This was a dramatic increase from surveys done in 1999 which estimated Hawai'i's homeless population at just over 3,000. Although the data is not yet available, another point-in-time count was done in January 2007, and most believe that the number of homeless in Hawai'i has again grown significantly. Since the 2003 study, the cost of living has skyrocketed while minimum wage has essentially remained the same.<sup>b</sup> This has increased the burden on Hawai'i residents and has forced many into homelessness. On the island of O'ahu, recent "clean-up" efforts in a major community park uprooted hundreds of homeless people who resided there, many of whom were of Micronesian descent. Charitable and state-run organizations were inundated with individuals in need of

assistance. Fortunately, the State was able to provide a transitional shelter in Kaka'ako on the island of O'ahu, the Next Step shelter, for the displaced individuals. After four months of the shelter being open, approximately 49% of the shelter residents were reported to be of Micronesian descent.<sup>c</sup>

Micronesia is the region of Oceania consisting of many hundreds of small islands, which are spread across a large region of the western Pacific. It includes the Federated States of Micronesia (FSM): Kosrae, Yap, Pohnpei, and Chu'uk; the Republic of the Marshall Islands (RMI), the Republic of Palau, the Commonwealth of the Northern Mariana Islands (CNMI), the Republic of Nauru, the Republic of Kiribati, and the Territory of Guam. Over the last few years, there have been increasing numbers of Micronesians, particularly from the FSM and RMI, migrating to Hawai'i. The Compact of Free Association (COFA) signed between the FSM, RMI, and the U.S. in 1986 allows Micronesians from these areas to freely migrate between the nations without visas or time limits. As a result, more than 20,000 Micronesians from the FSM and RMI have migrated to Guam, Hawai'i, and the CMNI since 1986.<sup>d</sup> It is estimated that more than 8,000 of these Micronesians are currently residing in Hawai'i. The 2003 Census of Micronesians in Hawaii reported nearly 3,000 Marshallese in the State of Hawai'i, which

was a 20% increase from the 1997 enumeration of about 2,500.<sup>e</sup> This same comparison showed that the Marshallese *impact population*, defined as those who migrated to Hawai'i after the 1986 COFA took effect, grew by 25.5% from 1997 to 2003 and that the *impact population* from the FSM grew by 35.7% during the same time period. While the largest group of migrants from Micronesia are from the RMI, the individuals from the State of Chu'uk in the FSM are the fastest growing community of Micronesians in Hawai'i.<sup>4</sup> Many of the Miconesian migrants, which we will define as individuals migrating from the FSM and RMI for the purposes of this paper, have migrated for medical, social, and financial reasons, with a desire for better education and healthcare topping the list.

The desire to emigrate can be linked to post-war social, political, and economic policies of the U.S. This includes the infusion of funds by the U.S. and the development of a wage economy which undermined the subsistence economy that was predominant until the 1960's. This increase in the importance of money coupled with a decrease in households producing their own food, forced individuals to migrate to areas where jobs were available. Displacement from homes, secondary to economic pressures and/or from the nuclear weapons testing which occurred in the RMI from 1946-1957, led to an abandonment of agriculture and gathering of reef resources. This was replaced with a commodity economy based on processed foods and canned goods. The poor nutritional value of these food products has led to high rates of malnutrition in children and chronic diseases in adults, such as diabetes and coronary artery disease, with very few healthcare resources to deal with these problems. In addition, when the FSM and RMI declared their independence, the U.S. administration dramatically reduced the level of financial support to these areas. This caused a rapid economic decline and loss of existing jobs. The accelerated modernization, erosion of traditional culture, and decline in U.S. assistance have all contributed to the impoverished and resource-poor conditions that many in the FSM and RMI are trying to escape.<sup>f,g</sup>

There is currently a paucity of data concerning the numbers of Micronesian homeless in Hawai'i.

The Institute for Human

Services, one of the main local service providers for the homeless in Hawai'i, reported that approximately 90% of families assisted were of Micronesian descent.<sup>h</sup> This statistic coupled with the number of Micronesians residing at the newly established Next Step shelter have raised an important question: Why are so many of these Micronesian families, migrating to Hawai'i for a better life, homeless?

One of the services utilized by the homeless population at the Next Step shelter is the Hawai'i Homeless Outreach and Medical Education (H.O.M.E.) project. Established in May 2006, H.O.M.E. operates a student-run free medical clinic, which provides a wide range of health services to the individuals at the shelter. As part of their intake and history taking, the medical students have gathered demographic data from these patients and have explored their reasons for homelessness. This created an opportunity to explore the question previously posed.

**Methods**

This study was reviewed by the University of Hawai'i Committee on Human Studies and received a certificate of exemption (CHS#14887). A retrospective chart review of patients seen at the H.O.M.E. clinic at the Next Step shelter was conducted. The authors collected data from charts of patients seen during the time period spanning May 30, 2006 through September 10, 2006. A total of 145 charts were reviewed. The patients were split into two categories, Micronesian and non-Micronesian individuals. Only data from those patients that had self-described themselves as Micronesian (either Chu'ukese, Yapese, Pohnpeian, Kosraean, Marshallese, Palauan, or Chamorro) were compiled, a total of 82 charts.

Employed
Unemployed, looking for work
Unemployed, not looking for work
Unemployed, disabled
Unemployed, homemaker

African-American	Korean
Alaskan Native	Kosraean
American Indian	Laotian
Asian, Other	Marshallese
Cambodian	Native Hawaiian
Caucasian	Pacific Islander, Other
Chamorro	Palauan
Chinese	Pohnpeian
Chu'ukese	Portuguese
Filipino	Samoan
Hispanic, American	Tongan
Hispanic, European	Vietnamese
Japanese	Other (asked to specify)

\*Patients were asked to check all boxes that applied to them

Could not afford rent
EtOH/substance abuse
Evicted (other than for rent)
Family conflict
Mental disability
My Choice
Over-crowded housing
Physical disability
Stranded visitor
Other (asked to specify)

## Results

### Demographics

The demographic data for these patients are displayed in Table 1. The majority of the patients were females between the ages of 19 to 40. Most were either employed or looking for employment. The Micronesian patients were comprised only of

people who self-described themselves as Chu'ukese, Marshallese, and Kosraean. Eighty-nine percent of these Micronesian patients were Chu'ukese (Table 4).

### Reasons for Homelessness

The reasons for homelessness in the adult Micronesian population at the H.O.M.E. clinic are outlined in Table 5. For more than half (53%) of the Micronesian adults, overcrowding with the individual's subsequent removal from the household was their major reason for homelessness. Some respondents clarified this as

At the time of registration, all patients are asked to fill out a registration form which includes questions regarding their age, gender, ethnicity, marital status, employment status, and health insurance status. The registration form is written in English, so non-English speaking patients are given assistance in filling out the forms through an interpreter. All of the questions are open ended except for "Employment Status" and "Ethnicity" which have pre-determined lists for the patients to choose from (see Tables 1 and 2). As part of all first visits to the clinic, medical students complete a history intake form for each patient. The information is gathered through interviews and utilizes interpreters when necessary. Information gathered on the intake form includes the patient's medical history, their family's medical history, and aspects of their social history. Two of the questions included in the social history portion of the form are "How long have you been without a regular home?" and "What was the main cause of your homelessness?"

For the second of these questions, the patients are asked to choose from a list of options (see Table 3).

For this study, demographical data including age, gender, ethnicity, marital status, employment status, and health insurance status were obtained from the patient registration forms. Reasons for homelessness and duration of homelessness were obtained from the adult history intake forms.

		Total (N=82)	Percentage
<b>Gender</b>	Male	24	29%
	Female	58	71%
<b>Age in years</b>	0 - 18	33	40%
	19 - 40	39	48%
	41 - 60	9	11%
	>60	1	1%
<b>Ethnicity</b>	Chu'ukese	73	89%
	Kosraen	1	1%
	Marshallese	8	10%
<b>Health Insurance</b>	Quest	55	67%
	Medicaid	3	4%
	Private	7	8%
	None	17	21%
<b>ADULTS ONLY</b>		<b>Total (N=49)</b>	<b>Percentage</b>
<b>Marital Status</b>	Single adults	27	55%
	Married	20	41%
	Divorced	0	0%
	Widowed	2	4%
	Separated	0	0%
<b>Employment Status</b>	Employed	17	35%
	Unemployed, looking	15	31%
	Unemployed, not looking	5	10%
	Unemployed, disabled	5	10%
	Unemployed, homemaker	6	12%
	Left blank	1	2%

Table 5. Reasons for homelessness in the adult Micronesian patients at the H.O.M.E. clinic

Reason	Number	Percentage
Over-crowded housing	26	53%
Could not afford rent	15	31%
Evicted	1	2%
Physical disability	4	8%
Family conflicts	3	6%

being asked to leave by family, friends, and/or landlords because the total number of individuals residing in the household exceeded the maximum number of tenants allowed. The second most common reason for homelessness was the inability to afford rent, representing 31% of the adults. Other reasons included being evicted, physical disability, and family conflict (Table 5).

**Duration of Homelessness**

The majority of the patients, 77%, had been homeless for less than one year and only 7% of the patients had been homeless for greater than three years.

**Discussion**

In the 2003 Homeless Point-in-Time Count Report, the State of Hawai'i found that "problems paying rent" was the top cause of homelessness, representing 41% of the homeless population. (1) This study did not include a category for overcrowded living conditions or separate out evictions secondary to overcrowding. Thus, it is difficult to compare the "reasons for homelessness" reported by our Micronesian patients to those of the general homeless population that was studied in 2003. The percentage of individuals who had been homeless for less than a year was higher in our Micronesian patient population, than that found in the Point-in-Time Count Report, 77% and 60% respectively. This may be a result of the recent surge in migration of Micronesians to Hawai'i in the last few years or the opportunity to get out of overcrowded housing with relatives and into the Next Step Shelter until they may be able to afford their own housing.

Title I (Section 103) of the McKinney-Vento Homeless Assistance Act (PL100-77), defines a homeless individual as (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and

transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Using this definition, homelessness is virtually absent in the FSM and RMI. This may be attributed to the social and cultural traditions of the Micronesian people. It is customary for many individuals belonging to an extended family to live with one another in a single home. Historically in the FSM, "homes" as viewed by the Western world, were mainly used for sleeping and most other activities occurred outside of the "home." The central gathering place for household members is instead the *uut*, or meeting house, and cooking activities are done in a common cookhouse for the village.<sup>ij</sup> This perception of

**This perception of the significance of the "home" is very different than that which is prevalent in the Western world, where much of our important daily social interactions occur within our "homes**

the significance of the "home" is very different than that which is prevalent in the Western world, where much of our important daily social interactions occur within our "homes." This difference in perception has been anecdotally confirmed through conversations with some of our Micronesian patients.

Micronesian migrants often conform to the social norms they are accustomed to upon moving to the U.S. Many of these people arrive in Hawai'i expecting to live with friends or relatives. However, landlords and housing regulations often prevent large numbers of tenants from occupying individual units, resulting in the newly arrived migrants becoming homeless. The majority of these Micronesian migrants, who were more than likely trying to escape the poverty they experienced in their home countries, are in the process of seeking employment or have only recently started a job, many which pay only minimum wage. This makes it very difficult for them to afford rent on a separate unit and they must resort to living on the streets, in parks, in cars, and if they are lucky in shelters. Although poverty and the cost of housing in Hawai'i is a deterrent to most homeless individuals in the state, the Micronesian homeless face additional barriers which others may not. These include cultural differences, language barriers, and lack of documentation.

The Homeless Service Utilization Report, released in 2006 by the University of Hawai'i Center on the Family in collaboration with the Homeless Programs Branch of the Hawai'i Public Housing Authority, reported that "compared to overall state population estimates, other Pacific Islanders (15%) and Native Hawaiians (28%) were substantially over-represented among individuals receiving Shelter Stipend Program services..."<sup>k</sup> The group referred to as "other Pacific Islanders" included, but was not limited to, individuals from the FSM, the RMI, Palau, Guam, Tonga, and Fiji. Shelter Stipend Programs were defined as emergency and transitional shelter services and supportive case management services. Of note, this study was conducted in 2005, prior to the closure of the community park where many Micronesians resided and the establishment of the Next Step Shelter. We speculate that if the study were to be repeated, the percentage of "other Pacific Islanders" utilizing Shelter Stipend Programs would be even higher than the original report. The study also reported that "other Pacific Islanders" utilized shelter stipend programs five times more than outreach programs (services and referrals available through mobile street outreach and at drop-in centers to those who are homeless and living unsheltered). This may be due to language barriers present in the Micronesian migrants, which may lead to a lack of awareness of these services or an apprehension to access them. However, the report released by the University of Hawai'i Center on the Family did not specifically investigate the reasons for these disparities.

If we take into account the social and cultural norms discussed earlier, one could propose that the Micronesian migrants, who are comfortable living within extended family living conditions and that may be accustomed to using homes merely as "shelters" as they had done in their home countries, may view our homeless shelters as reasonable alternatives for housing. If you extrapolate further, these individuals may not even view "homelessness" as we define it as a problem that needs to be addressed. In this respect, they may be houseless but not homeless. So why should we be concerned about "homelessness" in the Micronesian population?

While many of these individuals may not necessarily view living in a shelter as a problem, it was much less comfortable for them to live without any shelter at all prior to the creation of the new transitional shelters in Hawai'i. The cost of these shelters and their associated

social services will have a very large economic impact on the state of Hawai'i.<sup>l</sup> As healthcare providers, it is also essential to understand the impact of homelessness on an individual's health. Without stable housing and a reliable food source, it is difficult to manage both acute and chronic medical problems and health is rarely a top priority. With the health status of many Micronesian migrants already being compromised secondary to limited access, cultural differences, and language barriers, it is imperative that the issue of homelessness in the Micronesian population of Hawai'i be addressed. The number of migrants from Micronesia continues to grow and with this influx we can anticipate that the number of Micronesian homeless will grow along with it.

**With the health status of many Micronesian migrants already being compromised secondary to limited access, cultural differences, and language barriers, it is imperative that the issue of homelessness in the Micronesian population of Hawai'i be addressed**

Although this study was very small, it highlights the prevalence of homelessness in the Micronesian population. It also establishes the need for more research in this area, including but not limited to, a more extensive look at reasons for homelessness among Micronesian migrants, reasons for differences in the prevalence of homelessness among Micronesian migrants from different countries, the comparison of Micronesian and non-Micronesian reasons for homelessness, and a thorough study to look at the attitudes regarding homelessness among Micronesian migrants. We also hope that this paper will engender more discussion regarding the issue of homelessness among Micronesian migrants and that perhaps through these discussions, we will be able to find culturally appropriate solutions for providing assistance to these individuals. Perhaps by providing more culturally and linguistically appropriate housing assistance and by utilizing Micronesian community leaders to educate and inform their communities about available social services and housing regulations in the U.S., we can begin to see a decline in the number of homeless migrants from Micronesia. It is also important for us to keep in mind that poverty in the Micronesian migrant population, as is found in other homeless populations, and the policies and societal structures that create and maintain poverty, should actually be our paramount concern, with homelessness just being a symptom of them.

## References

- a Housing and Community Development Corporation of Hawai'i. Homeless Point-in-Time Count Report 2003. Honolulu, HI: SMS Research and Marketing Services, Inc; April 2004.

- b Hao S. Honolulu wages 4% higher than national average. Honolulu, HI: The Honolulu Advertiser; Dec 29, 2005. Also available online at: <http://the.honoluluadvertiser.com/article/2005/Dec/29/bz/FP512290347.html>
- c Hawai'i Helping the Hungry Have Hope (H5). Next Step shelter census. Honolulu, HI; September 2006.
- d Pobutsky AM, Buenconsejo-Lum L, Chow C, Palafox N, Maskarinec G. Micronesian Migrants in Hawai'i: Health Issues and Culturally Appropriate, Community Based Solutions. Californian J Health Promot. 2005; 3(4):59-72.
- e Graham B. Recent Census of Marshallese in Hawaii Shows Notable Changes [Document on the Internet]. YokweOnline, April 28, 2004. [cited 2007 Jan 15]. Available at: <http://www.yokwe.net/index.php?name=Downloads&req=getit&lid=205>
- f Yamada S, Palafox N. On the Biopsychosocial Model: The Example of Political Economic Causes of Diabetes in the Marshall Islands. Fam Med 2001; 33(9):702-4.
- g Grieco EM. The Federated States of Micronesia: The "Push" to Migrate. [Document on the Internet]. Migration Policy Institute, July 2003. [cited 2007 Jan 20]. Available at: <http://www.migrationinformation.org/Feature/display.cfm?ID=143>
- h City and County of Honolulu. Final Tenth Year Action Plan [Document on the Internet]. Prepared by the Department of Budget and Fiscal Services. Honolulu, HI: June 2004.[cited 2006 Nov 1]. Available at: [http://www.honolulu.gov/budget/10th\\_yr\\_action\\_plan.pdf](http://www.honolulu.gov/budget/10th_yr_action_plan.pdf)
- i Micronesian Culture. (2007). Encyclopaedia Britannica Online. [cited 2007 Feb 25]. Available at: <http://www.britannica.com/eb/article-54568>
- j Oneisom I. The Changing Family in Chuuk: 1950-1999. [Document on the Internet]. Micronesian Counselor #14 (March, 1994). [cited 2007 Feb 25]. Available at: <http://micsem.org/pubs/counselor/frames/chgfamfr.htm>
- k Ullman M, Ripke M, Yuen S, Yuan S. (2006) Homeless Service Utilization Report: Hawai'i 2006. Honolulu: University of Hawaii, Center on the Family.
- l Economic Momentum Commission – Final Report [Document on the Internet]. December 20, 2005. [cited 2007 Jan 15]. Available at: [http://www.emc-hawaii.com/pdf/2005\\_final\\_report.pdf](http://www.emc-hawaii.com/pdf/2005_final_report.pdf)

**It is also important for us to keep in mind that poverty in the Micronesian migrant population, as is found in other homeless populations, and the policies and societal structures that create and maintain poverty, should actually be our paramount concern, with homelessness just being a symptom of them**

*13 years ago in Pacific Health Dialog, A. Ravuwa...stated, "Rural development...is the thin wedge of the international economy, under which our small Pacific countries are already at the mercy of those who control the system and its financial institutions." PHD, 1995; 2 (1): 94.*