COVID-19 underlines data need for Asian Americans, Pacific Islanders

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The divisive and oversimplified stereotype of Asian Americans as the “model minority” obscures an abiding reality, one being exposed and exacerbated by the COVID-19 pandemic: Asian American communities are largely invisible to health researchers and policymakers due to a lack of meaningful data and research funding, among other factors.

A recent episode in the AMA Prioritizing Equity video series, “COVID-19 and Asian American and Pacific Islander Voices,” features a panel discussion among health care leaders of East Asian, Native Hawaiian/Pacific Islander, Southeast Asian and South Asian descent, with insights into their communities’ experiences in the U.S. and suggestions for improving care for Asian American patients.

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 pandemic. Learn more at the AMA COVID-19 resource center, consult the AMA’s physician guide to COVID-19 and check out other episodes in the AMA Prioritizing Equity video series.

A case of lost potential

“The public health cycle that I understand starts with data,” which then informs allocation of resources and programming, said Ray Samoa, MD, assistant professor in the Department of Diabetes, Endocrinology & Metabolism at City of Hope Medical Center, in Duarte, California. “Native Hawaiians, Pacific Islanders, Native Americans, Asian populations—we are invisible, so there is no data. So there’s no way for us to even partake in any of the downstream benefits of that cycle.”

“And we’re in the midst of a pandemic,” he added.

But the capacity to gather that data exists already, another panelist noted.
“We have in every hospital, now, electronic health records that are supposed to be collecting race, ethnicity, language and all this other data,” said Ignatius Bau, JD, policy consultant for the National Council of Asian Pacific Islander Physicians. “But those fields are still optional. Electronic health records are still not fully operational at that level to actually document what those patient demographics are.”

Read the AMA’s statement warning against racism, xenophobia amid COVID-19.

Ways to make change

There are steps physicians can take immediately to remedy this, Bau said. The first is to simply disaggregate Native Hawaiians and Pacific Islanders from other Asian Americans.

“Those are smaller populations with much greater health disparities than the Asian population as a whole,” he said. “And then within the Asian American population, knowing the differences between Filipinos and Vietnamese and Koreans—with all the diversity of our Asian American populations.”

Care teams should also think more broadly about their work, Dr. Samoa said.

“It starts with coalition building.” Coalition building leads to advocacy, which will then drive data collection, he said. “What we've realized is that our advocating for data to be truthful—it doesn't hurt us. What it did make us realize is that the further disaggregation of Asian data will help a lot of populations.”

Get insights from medical students on inequities during COVID-19.

Added insights

The video podcast also features observations on the pandemic’s effects on Asian American communities from Jay Bhatt, DO, MPH, an internist and ABC News contributor; Ryan B. Huerto, MD, MPH, a family medicine physician and fellow of the National Clinician Scholars Program at the University of Michigan Medical School; Julie Morita, MD, executive vice president of the Robert Wood Johnson Foundation; and Manisha A. Sharma, MD, a health care leadership fellow at the California Health Care Foundation.
Throughout the COVID-19 pandemic, the AMA is carefully compiling critical health equity resources from across the web to shine a light on the structural issues that contribute to and could exacerbate already existing inequities.