Correct count matters for Asian American, Pacific Islander health

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When grouped together, Asian Americans comprise the fastest-growing ethnic population in the U.S., going from 11.9 million in 2000 to 20.4 million in 2015—a rise of 71.4%.

The problem, however, is that grouping all Asian Americans together masks their diversity and tends to hide their particular challenges. This problem is exacerbated when data for Asian American and Pacific Islanders are aggregated under the “AAPI” banner, relegating many to become statistically invisible in the anonymous “other” data column.

Or, as it’s put in the AMA Center for Health Equity’s “AAPI Community Data Needed to Assess Better Health Outcomes” (PDF) report, “What is measured is what is valued; what is undercounted tends to be counted out.”

“The dearth of racially and ethnically disaggregated data reflecting the health of AAPI persons and families underlies the struggles of the physician community to fully attend to, and be attuned to, the unique needs of their AAPI patients,” the report states.

The need for this data is not just an academic debate—it leads to real-world deficits, said Ray Samoa, MD, assistant professor in the Department of Diabetes, Endocrinology and Metabolism at City of Hope Medical Center, in Duarte, California.

“The public health cycle that I understand starts with data,” which then informs allocation of resources and programming, Dr. Samoa said. “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.”

Dr. Samoa, who told Congress (PDF) that, to his knowledge, he is “the only endocrinologist of Pacific Islander descent on the U.S. continent,” made his remarks during an episode of the AMA Prioritizing Equity video series, “COVID-19 and Asian American and Pacific Islander Voices.”
How disaggregation changes the picture

When all are assembled under the AAPI banner, differences in health issues are lost, said Anna Yap, MD, a fourth-year resident in University of California, Los Angeles-Ronald Reagan/Olive View emergency medicine program. She is also a delegate in the AMA Resident and Fellow Section.

With diabetes, for example, about 10% of the AAPI population has diabetes, compared with 8% of the overall U.S. population, Dr. Yap said.

“When you break that data down, it’s actually 47% of American Samoans and 20% of native Hawaiians who have diabetes,” she said. “You wouldn't know this unless you disaggregated the data.”

Dr. Yap spoke during a recent episode of the "AMA Moving Medicine” podcast series on data disaggregation.

Legacy of racist U.S. history

With the Chinese Exclusion Act (1882), the Immigration Act (1917), the National Origins Act (1924), and the internment of Japanese Americans during World War II, Dr. Yap said discrimination against Asian Americans and Pacific Islanders was codified into law and became “baked in policy” even after the laws were repealed.

Too little attention is paid to the U.S. history of racist, discriminatory actions against Asian Americans, leading to it getting “kind of erased,” Dr. Yap said.

Moreover, it’s too often assumed that all Asian Americans represent a so-called model minority, and that these historical wrongs don’t matter anymore.

But the impact is there. Dr. Yap’s family is from Malaysia and, as a child, she said other schoolchildren made bullied her for speaking Chinese or for the lunch she brought to school.

“I was made fun of for having rice in a rice box that my dad so lovingly prepared,” she said.

Similarly, Dr. Yap spoke about hate directed at her and other Asians during the COVID-19 pandemic.

“I had a patient who initially was nice to me but, when he realized I was Chinese-appearing, started yelling at me about how my people were making everyone sick,” Dr. Yap said, adding that this man threw urine at her and a nurse.
“We’ve been working so hard to fight against this pandemic and it’s really disheartening to be targeted and to be hated just for our race,” she added. “To carry that burden of being hated for what we look like while still trying to provide care has been particularly rough in the community.”