AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 403
(A-19)

Introduced by: Young Physicians Section

Subject: White House Initiative on Asian Americans and Pacific Islanders

Referred to: Reference Committee D
(Diana Ramos, MD, Chair)

Whereas, The Asian American and Pacific Islander (AAPI) community is the fastest-growing racial group in the country, growing from 46% from 2000-2010, and projected to double to over 47 million by 2060; and

Whereas, There are approximately 18.9 million AAPIs and Native Hawaiians residing in the U.S., representing over 30 countries and ethnic groups that speak over 100 different languages and dialects; and

Whereas, Some AAPI subgroups have staggering educational needs and health disparities that are often overlooked or masked by aggregated data; and

Whereas, According to the 2010 U.S. Census Bureau, 34% of Laotians, 38.5% of Cambodians, and 39.6% of Hmong adults do not have a high school diploma; and

Whereas, The 2006-2008 American Community Survey showed that 65.8% of Cambodian, 66.5% of Laotian, 63.2% of Hmong, and 51.1% of Vietnamese Americans have not attended college and only 18.2% of Native Hawaiians have a bachelor's degree; and

Whereas, There are differences in health outcomes among AAPIs when compared to other U.S. racial and ethnic groups, including:
(1) Vietnamese women experience the highest incidence rate of invasive cervical cancer; however, cancer screening rates are dramatically lower among Vietnamese American women compared to women in other ethnic and racial subgroups, with one study reporting that 1 in 3 Vietnamese-American women had never had a Papanicolaou (Pap) smear.
(2) Native Hawaiians/Pacific Islanders are 2.4 times more likely to be diagnosed with diabetes, compared to non-Hispanic whites.
(3) Native Hawaiians/Pacific Islanders were 3 times more likely to be obese than the overall Asian American population in 2015.
(4) South Asians in the U.S. have higher hospitalization and mortality rates from atherosclerotic cardiovascular disease compared with other racial/ethnic minority groups, including a 2-fold higher prevalence of Type 2 Diabetes and a higher mortality from ischemic heart disease compared with non-Hispanic whites; and

Whereas, President Bill Clinton signed Executive Order 13125 to establish the first White House Initiative on Asian Americans and Pacific Islanders “in order to improve the quality of life of Asian Americans and Pacific islanders through increased participation in federal programs where they may be underserved (e.g., health, human services, education, housing, labor, transportation and economic and community development); and
Whereas, President George W. Bush signed Executive Order 13216 to renew the Initiative and changed the title to “Increasing Opportunity and Improving Quality of Life of Asian Americans and Pacific Islanders,” and moved the Initiative from the U.S. Department of Health and Human Services to the U.S. Department of Commerce to focus on economic development; and

Whereas, President Barack Obama signed Executive Order 13515, re-establishing the Initiative and moving the Initiative from the Department of Commerce to the Department of Education; and

Whereas, President Donald Trump issued Executive Order 13811 to re-establish the President’s Advisory Commission on AAPIs; and

Whereas, According to the “Healthcare and Housing” section of the website on the White House Initiative on Asian Americans and Pacific Islanders:

1. 21.4% of Pacific Islanders have low or very low food security, compared to 8.9% of the general population; and
2. One in 12 AAPIs are living with chronic hepatitis B, making up 50% of Americans with chronic hepatitis B; and
3. The tuberculosis rate for Native Hawaiians and Pacific Islanders is 18.2 per 100,000, compared with 0.6 per 100,000 in non-Hispanic Whites; and

Whereas, Previous iterations of the White House Initiative Asian Americans and Pacific Islanders have worked extensively on data disaggregation and published best practices on providing disaggregated AAPI data from federal surveys, including the needs to:

1. Conduct outreach activities with AAPI community organizations, advocates, and respected leaders;
2. Oversample the AAPI population to ensure adequate representation; and
3. Develop language assistance programs to account for limited English proficiency; and

Whereas, Our AMA has policy that “urges existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders” but does not have any specific policy regarding disaggregation of AAPI data by subgroups; and

Whereas, President Obama stated in his executive order on the AAPI Initiative: “Some Asian American and Pacific Islanders, particularly new Americans and refugees, still face language barriers…And then there are the disparities that we don't even know about because our data collection methods still aren't up to par. Too often, Asian American and Pacific Islanders are all lumped into one category, so we don't have accurate numbers reflecting the challenges of each individual community. Smaller communities in particular can get lost, their needs and concerns buried in a spreadsheet”; therefore be it

RESOLVED, That our American Medical Association advocate for restoration of webpages on the Asian American and Pacific Islander (AAPI) initiative (similar to those from prior administrations) that specifically address disaggregation of health outcomes related to AAPI data (Directive to Take Action); and be it further

RESOLVED, That our AMA support the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in health outcomes (Directive to Take Action); and be it further
RESOLVED, That our AMA support the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in representation in medicine, including but not limited to leadership positions in academic medicine (Directive to Take Action); and be it further

RESOLVED, That our AMA report back at the 2020 Annual Meeting on the issue of disaggregation of data regarding AAPIs (and other ethnic subgroups) with regards to the ethnic subgroup disparities that exist in health outcomes and representation in medicine, including leadership positions in academic medicine. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/04/19

References:

RELEVANT AMA POLICY

Health Initiatives on Asian-Americans and Pacific Islanders H-350.966

Our AMA urges existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders.

Citation: (Res. 404, A-00; Reaffirmed: CSAPH Rep. 1, A-10