PROGRESS REVIEW

Asian Americans and Pacific Islanders

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ September 13, 1997

The Acting Assistant Secretary for Health chaired a cross-cutting review of progress on Healthy People 2000 objectives for Asian Americans and Pacific Islanders (AAPIs). As lead agency, the Office of Minority Health presented an overview that focused on improving data, increasing access to and utilization of preventive health services, and Healthy People 2010 development. This progress review was held in San Francisco at the "Voices from the Community" conference, sponsored by the Asian and Pacific Islander American Health Forum and other AAPI collaborating organizations. Not only was this the first review ever held outside of Washington, DC, it was also the first progress review to be taped for rebroadcast on the Centers for Disease Control and Prevention's Public Health Training Network. The following objectives were considered in the overview and discussion:

3.4 From 1987 to 1994, the percentage of Southeast Asian men who smoked decreased from 55 percentage to 23.1 percent. However, the data used to track this objective are from different sources and are not directly comparable. According to self-reported data, smoking prevalence among Asian American women is typically less than 10 percent. However, biochemical verification tests in a National Heart, Lung, and Blood Institute-sponsored study showed that smoking rates among AAPI women are two to three times higher than self-reported data.

6.1 Although not targeted in Healthy People 2000, suicide among the AAPI population was discussed in the progress review. The suicide rate among AAPIs in California is similar to the 6.6 per 100,000 rate for the total U.S. population. In Hawaii, the rate jumps to 11.2 per 100,000, above the 10.8 per 100,000 rate for all people residing there. Asian American women have the highest suicide rate among women aged 65 and older.

20.3d From 1987 to 1995, the number of Hepatitis B cases among Asian American and Pacific Islander children decreased from 10,817 to 4,207 cases. However, this number is still two to three times higher than for all children in the United States.

20.4a Tuberculosis incidence rates for AAPIs are approximately five times higher than the rates for the total population. Moreover, the tuberculosis rate for AAPIs is increasing while decreasing for the total population. From 1988 to 1995, the tuberculosis rate for AAPIs has increased from 36.3 to 45.9 per 100,000.

21.2 Progress has been made in raising the percentage of AAPIs receiving recommended clinical preventive services, but none of these objectives have met the year 2000 target. From 1992 to 1994, the percentage of women receiving pap smears increased from 62 percent to 66 percent. But this trend may not be reflective of progress for all AAPI communities. For example, in Alameda County, California, 40 percent of Korean Americans had never received a Pap smear compared to 8 percent of all womenliving in that county.

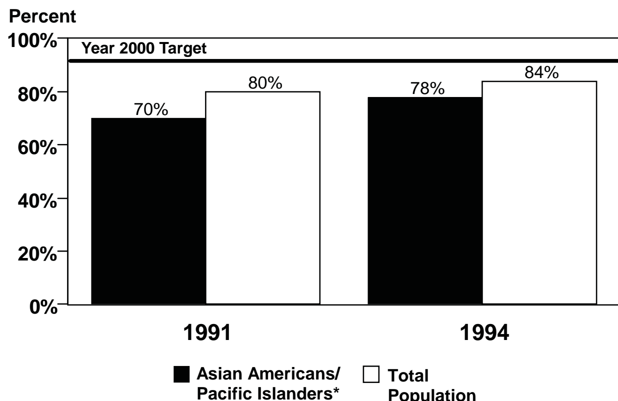
From 1991 to 1994, the percentage of AAPIs who reported receiving a tetanus booster increased from 40 percent to 43 percent. Similarly, gains have been made for AAPIs aged 65 and older who have received influenza vaccinations in the last year, with an increase from 29 percent in 1991 to 43 percent in 1994. For pneumococcal vaccination (in lifetime) among AAPIs aged 65 and older, ground may have been lost. In 1991, 15 percent had been vaccinated, but in 1994, only 14 percent had been.

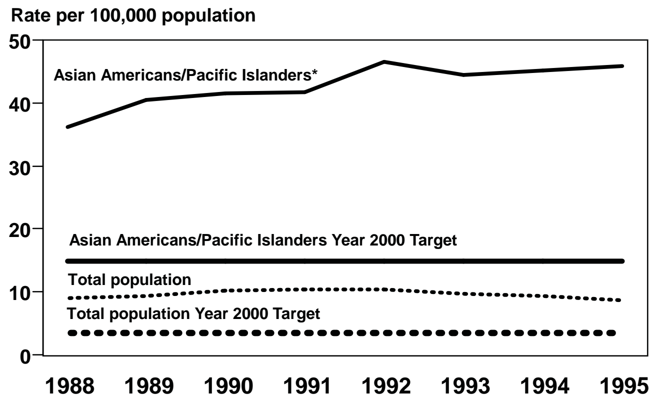
21.3 From 1991 to 1994, more Asian Americans and Pacific Islanders had a regular source of primary care — 70 percent and 78 percent, respectively. However, these percentages are still below that for the total population (84 percent) and the 95 percent target for the year 2000. For many AAPIs, language and cultural differences are likely barriers.

Some Healthy People 2000 objectives that specifically address AAPIs were not discussed in the progress review. These include: growth retardation among low-income AAPIs (2.4); States with culturally and linguistically appropriate programs (8.11); and AAPIs enrolled in schools of nursing (21.8).

HIGHLIGHTS

- In 1996, the Census Bureau estimated that 60.7 percent of Asian Americans and Pacific Islanders are foreign-born. This may impose significant cultural and linguistic barriers to access to health care and use of preventive services. By the year 2010, the Asian American and Pacific Islander population in the United States will have increased by more than 100 percent, making it the fastest growing minority group over the last two decades and into the millennium.
- AAPIs are second only to Hispanic Americans in numbers of people who are uninsured. Some 36 percent of AAPIs under age 65 have no health insurance as compared to 16 percent of the U.S. population under age 65.
- The life expectancy for Asian American and Pacific Islanders (80.3 years) is higher than that for the total population (75.2 years). Among AAPIs, Japanese have the highest life expectancy (82.1 years) and Native Hawaiians have the lowest (68.3 years).
- Cancer is the leading cause of death for Chinese and Vietnamese. Surveillance, Epidemiologic, and End Results (SEER) data from the National Cancer Institute show that Korean stomach cancer rates are five times the rate for the total population. Liver cancer rates are highest for Vietnamese.
- Deaths from cerebrovascular diseases are increasing for both male and female Asian Americans and Pacific Islanders.





HIGHLIGHTS Cont.

- The only State to disaggregate AAPI subpopulation groups in the Behavioral Risk Factor Surveillance Survey (BRFSS) is Hawaii. Examining data by AAPI subpopulations allows health disparities to be recognized so that resources can be better targeted to ethnic-specific health promotion and disease prevention programs.
- In the U.S.-Associated Pacific Island jurisdictions, diseases not normally seen in the mainland United States are common, e.g., leprosy. Health objectives for safe drinking water, safe environment, and safe homes are needed to ensure the health of those living in these jurisdictions.
- The 70 physician graduates of the University of Hawaii's HRSA-funded Pacific Basin Medical Officers Training Program (PBMOTP), based in Pohnpei (1986-1996), represent the first indigenous physician graduates for many of the U.S.- Associated Micronesian islands in the last 25 - 30 years.
- AAPI immigrants are moving to the Midwest and other communities in the United States with traditionaly low AAPI populations. The challenge is to ensure that culturally appropriate health and social services are available in these areas.

PARTICIPANTS

Administration on Children and Families - Region IX
Asian and Pacific Islander American Health Forum
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Centers for Disease Control and Prevention
Chinatown Health Clinic (New York, NY)
Health Resources and Services Administration
Micronesian Health Resource Center (Pohnpei, FSM)
NaPu-uwai, Inc. (Molokai, HI)
National Asian and Pacific American Families Against Substance Abuse
National Institutes of Health
Office of Disease Prevention and Health Promotion
Office of Minority Health
Office of Women's Health
Republic of Palau Health Department
Research and Development Institute (Houston, TX)
Seattle-King County (WA) Department of Health
Substance Abuse and Mental Health Services Administration

FOLLOW-UP

- Disaggregate health data for subgroups of Asian Americans and Pacific Islanders to better understand health disparities and service needs.
- Explore how data gaps might be filled by considering more flexible methods for collecting community-level data such as new sampling methodologies.
- Develop local capacity to make best use of data for decision making related to policy development, program evaluation, and resource allocation.
- Increase training opportunities for providers to enhance sensitivity to ethnic/cultural preferences in health care.
- Ask community groups to document successful models that have worked to increase the knowledge base about quality health care for AAPIs.
- Propose strategies for addressing stigma attached to mental health and substance abuse problems in AAPI communities. Improve training for primary care providers to enhace culturally-competant health and mental health services.
- Assure racial and ethinic minority groups' input into the development of Healthy People 2010 objectives.
- As a means of improving general understanding of social and environmental influences on health, assess longitudinal and cross-departmental the impacts of immigration reform, welfare reform and the child health initiative on the health of Asian Americans and Pacific Islanders.
- Explore ways of sustaining indigenous health service providers.

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