

"HEALTH EQUALITY  
FOR ALL"

OMHD

aims to accelerate CDC's health impact in the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, and risk status related to sex and gender, and among other populations identified to be at-risk for health disparities.

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# Health Disparities Affecting Minorities

Asian Americans

Office of Minority Health and Health Disparities

## EXAMPLES OF DISPARITIES

According to the 2000 U.S. Census, **Asian Americans** represent 4.2% of the U.S. population or 11.9 million individuals.

Percent of Population, 2000  
One Race: Asian



### Cancer:

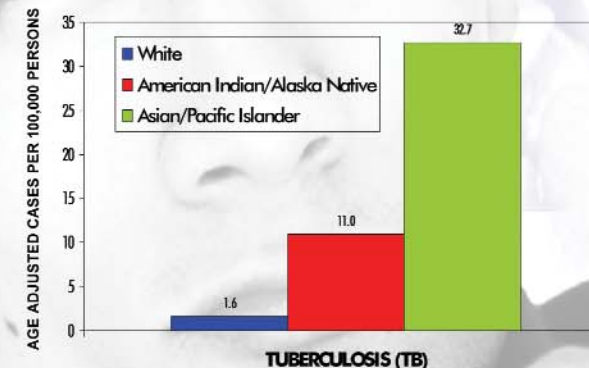
During 1988-1992, the highest age-adjusted incident rate of cervical cancer occurred among **Vietnamese American women** (43 per 100,000), almost five times higher than the rate among non-Hispanic white women (7.5 per 100,000).

During 1988-1992, the highest incidence rate of liver and intrahepatic bile duct cancer was in **Vietnamese American men** (41.8 per 100,000), more than 10 times higher than the rate among non-Hispanic white men (3.3 per 100,000).

### Tuberculosis:

**Asian Americans and Pacific Islanders** had the highest tuberculosis (TB) case rates (33 per 100,000) of any racial and ethnic population in 2001 (14 per 100,000 for non-Hispanic blacks, 12 per 100,000 for Hispanics/Latinos, 11 per 100,000 for American Indians/Alaska Natives, and 2 per 100,000 for non-Hispanic whites).

AGE ADJUSTED INCIDENCE CASE RATES PER 100,000 PERSONS BY RACE/ETHNICITY FOR TUBERCULOSIS (TB): U.S., 2001.



### Hepatitis B Virus (HBV):

While the rate of acute hepatitis B (HBV) among **Asian Americans and Pacific Islanders** has been decreasing, the reported rate in 2001 was more than twice as high among **Asian Americans and Pacific Islanders** (2.95 per 100,000) as among white Americans (1.31 per 100,000).



## PROMISING STRATEGIES

### **Cancer:**

Modify lifestyles to reduce individual risk for cancer -- tobacco use, diet and nutrition -- and improve early detection.

Women can reduce the risk of death from cervical cancer by receiving regular screening with a Pap test, effective treatment, and follow-up.

### **Tuberculosis:**

Prevent, control, and eventually eliminate TB by collaborating with international partners, administering and evaluating the national TB program, conducting research (behavioral, health systems, and clinical), participating in guideline and policy development, and providing training and technical assistance.

### **Hepatitis B Virus (HBV):**

Prevent perinatal HBV infection by screening all pregnant women and providing post-exposure immunization to at-risk infants of chronically infected mothers.

Include routine HBV vaccination of infants as part of the childhood immunization schedule; routine vaccination of adolescents; and vaccination of adolescents and adults in groups at increased risk of infection.

# WHAT YOU CAN DO

### **Healthcare Providers**

Advise and encourage clients to reduce their risk for chronic and infectious illnesses.

Ensure that standing orders are in place for screening tests.

Advise clients to get HBV, pneumococcal, and influenza vaccinations as appropriate.

Provide culturally competent and linguistically appropriate care.

### **Individuals**

Think prevention -- see a healthcare provider annually, even if you feel healthy.

Eat more fruits and vegetables and less fat and sugar.

Get at least 30 minutes of physical activity daily -- taking the stairs burns 5 times more calories than taking the elevator.

Take loved ones to a healthcare provider.

Stop smoking.

### **Community**

Join with others to promote community-wide health activities and campaigns.

Form coalitions with civic, professional, religious, and educational organizations to advocate health policies, programs, and services.

Support policies that promote health-care access for all.

## MORE INFORMATION

**CDC's Office of Minority Health and Health Disparities (OMHD)**  
<http://www.cdc.gov/omhd/Populations/AsianAm/AsianAm.htm>  
(404) 498-2320

**HHS' Office of Minority Health Resource Center (HHS OMHRC)**  
<http://www.omhrc.gov/OMHRC/index.htm>  
(800) 444-6472

**National Center on Minority Health and Health Disparities (NCMHD)**  
<http://ncmhd.nih.gov>  
(301) 402-1366 TTY: (301) 451-9532

**FirstGOV**  
<http://www.firstgov.gov>  
(800) FED-INFO (333-4636)

**Asian and Pacific Islander American Health Forum (APIAHF)**  
<http://www.apiahf.org/>  
(415) 954-9988

**Association of Asian Pacific Community Health Organizations (AAPCHO)**  
<http://www.aapcho.org/>  
(510) 272-9536

**Asian & Pacific Islander Nurses Association (APINA)**  
252 Silleck St.  
Clifton, NJ. 07013  
Email: [louiek@wpunj.edu](mailto:louiek@wpunj.edu)

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