

FACT SHEET

AHRQ-Funded Research on Health Care for Asian Americans/Pacific Islanders

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

In 2000, about 33 percent of the U.S. population identified themselves as members of a racial or ethnic minority group. By 2050, it is projected that these groups will account for almost half of the U.S. population.

According to the 2010 Census, the estimated number of U.S. residents of Asian descent is 17.3 million, which represents 5.6 percent of the total U.S. population. In addition, the Census Bureau has projected a 132 percentage increase between 2008 and 2050 in the population of people who identify themselves as Native Hawaiian and Other Pacific Islander. The Census Bureau also estimates that the fastest growing racial groups will continue to include the Asian/Pacific Islander (Asian American) population, with a predicted increase to 41 million by 2050.

The National Healthcare Disparities Report (NHDR) is published each year by the Agency for Healthcare Research and Quality. The 2010 report

(www.ahrq.gov/qual/nhdr10/nhdr10.pdf) has many findings relevant to the health of the Asian American population. According to the report:

Disparities in quality of care are common for this population:

- Asians received worse care than whites for about 20 percent of measures.
- Asians had higher rates of inpatient heart attack mortality than whites (74.5 compared with 67.5 per 1,000 admissions, respectively).
- The percentage of patients with pneumonia who received recommended hospital care was significantly lower for Asians (87.6 percent) compared with whites (90.7 percent).
- Disparities for Asians exist not only in comparison with whites but also between Asian subgroups (Chinese, Filipino, Japanese, Korean, Vietnamese, and South Asian) and across Asian subgroups by income and insurance status.



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- In 2009, the percentage of adults in Hawaii who had not received a cholesterol check in the previous 5 years was significantly higher for Native Hawaiians and other Pacific Islanders compared with whites (30.2 percent vs. 21.2 percent, respectively).
- In 2007, Asians had a significantly higher rate of deaths following complications of care compared with whites (130.2 vs. 111.3 per 1,000, respectively).

Disparities in access also are common:

- From 2001 to 2008, the gap between Asians and whites was narrowing for about 30 percent of core measures,¹ the largest proportion of any group, but most disparities were not changing.
- In 2007, Asians were more likely than whites to report problems getting care as soon as wanted (24.5 percent compared with 14.3 percent, respectively).
- In 2008, Asians under age 65 were more likely than same-age whites to have health insurance (86.1 percent compared with 83.3 percent).
- In 2007, white adults with limited English proficiency were significantly more likely than Asians to have a usual source of care with language assistance.

The mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the safety, quality, efficiency, and effectiveness of health care for all Americans. AHRQ supports intramural and extramural research on all aspects of health care,

including care provided to Asian Americans and other minority groups. This fact sheet summarizes selected research projects funded by AHRQ that focus on topics related to health care for Asian Americans.

Project Descriptions

Current Projects

Enhancing Hawaii Hospital

Information Content. Todd B. Seto, Principal Investigator, The Queen's Medical Center, Honolulu, HI. AHRQ grant HS19990; project period September 30, 2010-September 29, 2013. Hawaii has the Nation's most racially diverse population, the longest life expectancy, the longest experience with employer-mandated health care benefits (over 35 years), and one of the lowest Medicare costs per beneficiary. The goal of this project is to develop the capacity to perform comparative effectiveness research by enhancing the breadth and scope of data contained within a statewide, all-payer hospital discharge and emergency department data set in Hawaii. Specifically, the aims are to (1) supplement hospital discharge data with hospitalization-related laboratory results, an enhancement that has been shown to improve estimates of inpatient mortality and surgical complications, and the measurement of disease severity and clinical performance; (2) build on the grantee's preliminary work developing a Master Patient Identifier (MPI) to link patients across hospitals throughout the State by extending the previous work to include newborns and creating a program that would automatically assign an MPI to all new patient records received into the

¹ The source documents for the core measures are the 2010 National Healthcare Disparities Report and the 2010 National Healthcare Quality Report. Both documents are available on the AHRQ Web site (<http://www.ahrq.gov/qual/qdr10.htm>).

statewide database; and (3) demonstrate the feasibility and usefulness of the enhanced database by performing a comparative effectiveness research study to examine the outcomes of care (e.g., length of stay, cost, in-hospital death, 30-day readmission to any hospital) for patients treated by hospitalists compared with patients treated by non-hospitalists.

Pacific Institute of Nursing Research Conference. Debra D. Mark, Principal Investigator, University of Hawaii at Manoa. AHRQ grant HS17892; project period September 31, 2009-July 31, 2012. This project provides support for a series of annual research dissemination and translation conferences titled “Pacific Institute of Nursing: Advancing Practice, Education, and Research.” The Hawaii State Center for Nursing, in collaboration with 23 health care organizations throughout the State, will organize and host the workshops. The focus will be on evidence-based practice, and participants will include nursing administrators, clinicians, educators, and researchers from Hawaii and the Western Pacific region. The goal is to foster the delivery of safe, quality patient care; enhance the translation of research findings into practice and policy; provide a venue for capacity-building partnerships across the practice, education, and research domains; and disseminate best practices in an informal environment.

Completed Projects

High Blood Pressure Care for Korean Americans. Miyong T. Kim, Principal Investigator, Johns Hopkins University, Baltimore, MD. AHRQ grant HS13160; project period September 10, 2003-August 31, 2007. The primary objective of this research was to develop and test an innovative self-help

program for Korean Americans (KA) that is culturally sensitive, built on valid behavioral theories and principles, and aimed at improving the control of high blood pressure (HBP) and enhancing health-related quality of life. The focus was on the self-help aspects of HBP control, including empowering patients with greater knowledge about HBP, increasing their self-efficacy, and enhancing self-care skills including general and HBP related problem-solving skills. The researchers tested the effectiveness of the Self-Help Intervention Program (SHIP), which had three components: (1) a structured behavioral education intervention focused on fostering self-help skills in controlling HBP; (2) home BP monitoring with a telephone transmission system; and (3) telephone interaction with a bilingual nurse who facilitated effective communication between patients and their care providers. The researchers enrolled 260 KA, ages 40-65, with HBP in the program and measured the effects of the intervention on both the primary outcome (BP reduction) and secondary cognitive behavioral outcomes, including self-efficacy, problem-solving skills, and adherence to treatment recommendations. The outcome variables were measured before the intervention and at 12 and 24 months after the start of the intervention. As part of the project, the researchers examined theoretical, logistical, and methodological issues prior to implementing a proposed community-based intervention designed to improve health care outcomes in this vulnerable minority ethnic group.

Holomua Project Improving Transitional Care in Hawaii. Christine M. Sakuda, Principal Investigator, Hawaii Primary Care Association, Honolulu, HI. AHRQ grant HS16160;



project period September 30, 2005-September 29, 2009. The Holomua Project brought together the Hawaii Primary Care Association, the Kalihi-Palama Health Center, Kokua Kalihi Valley Health Center, Hawaii Pacific Health, and the Queens Medical Center in an approach to information sharing during transitional care. The overall goal of the project was to increase patient safety, quality, and continuity of care during transitional care for vulnerable populations in Hawaii. This was achieved through improving the flow of information between patients/families, community health centers, and hospitals using health information technology (health IT). The project had five specific aims: (1) increase accuracy and timeliness of shared patient information during transitional care between primary care and tertiary care facilities; (2) reduce the incidence of medical errors due to

linguistic and/or cultural barriers between patients and medical providers; (3) reduce occurrences of duplicated diagnostic procedures performed on patients due to lack of communication between primary care and tertiary care facilities; (4) increase involvement of patients and/or family members in health care decisions; and (5) determine mechanisms by which information resources, information systems, and other IT initiatives and/or networks in Hawaii can best support both short- and long-term implementation activities of the Holomua Project. The project included both technological and non-technological approaches to transitional care, including charting workflow related to transitional care and the development and implementation of a Master Visit Registry (MVR) as a means of sharing health information between systems.

For More Information

For more information about AHRQ's research portfolio and funding opportunities, please visit the Agency's Web site at www.ahrq.gov.

For specific information on AHRQ's initiatives related to health care for Asian Americans and other minority groups, please contact:

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