

All for One or One for All? The Disaggregation Challenge for Asian Americans and Pacific Islander

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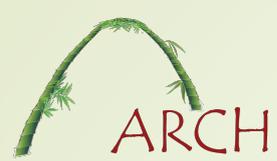
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AAPCHO Conference
5/26/17



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Why Disaggregate?

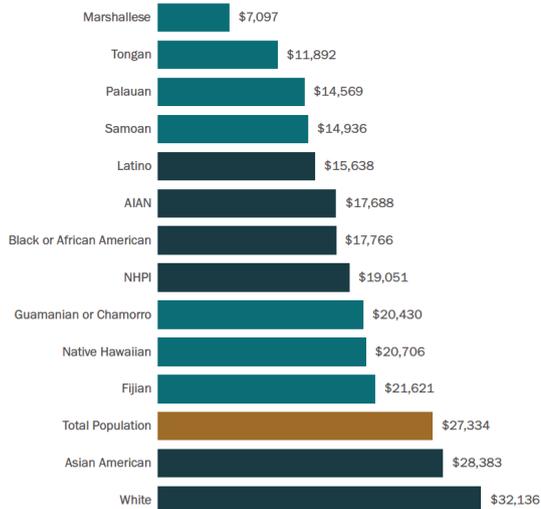
- Do I really have to explain to you?
- OK, there are at least 150 reasons (50+ countries of origins and 100+ languages/dialects)
 - X 50 states!
 - So 150×50 states = 7500 reasons to disaggregate
 - Wait until we introduce Precision Medicine and genetic variations, I'll have a couple million more reasons.
- Seriously
 - To describe our communities
 - To make our communities visible
 - To identify specific problems
 - To obtain funding to address specific problems



Some Examples of Data Disaggregation that Help

Per Capita Income

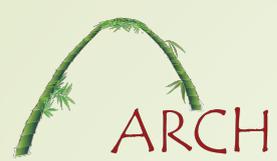
by Race, Hispanic Origin, and Ethnic Group, United States 2006–2010



Median Income



Source: U.S. Census Bureau, 2008–2010 American Community Survey.



Are Asian Americans overweight or obese?

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J. Jih et al. / Preventive Medicine 65 (2014) 1–6

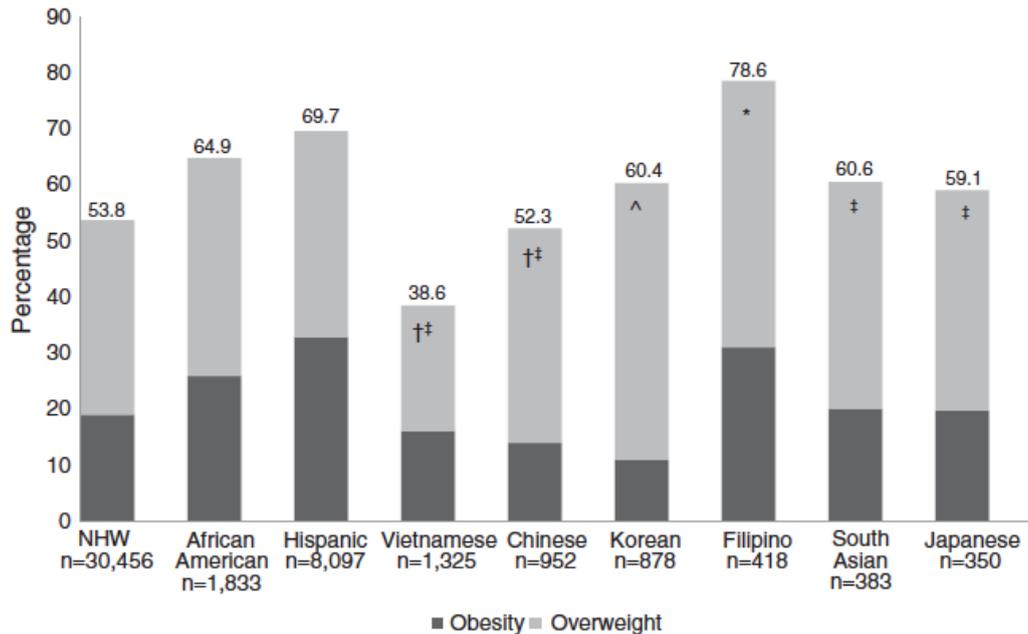


Fig. 1. Weighted prevalence of overweight/obesity by racial/ethnic group adjusting for age, sex and nativity in a multinomial logistic model from the 2009 California Health Interview Survey. For non-Hispanic Whites (NHW), African American and Hispanic groups, bar represents overweight (BMI = 25–29.9 kg/m²) and obesity (body mass index [BMI] ≥ 30 kg/m²) using standard BMI cut points. For each Asian subgroup, bar represents overweight (BMI = 23–27.49 kg/m²) and obesity (BMI ≥ 27.5 kg/m²) using the World Health Organization Asian-specific BMI cut points. Prevalence of overweight/obesity among Asian subgroups was compared to other racial/ethnic groups. Statistically significant differences ($p < 0.05$) are indicated as follows: *versus NHW, †versus African American, ‡versus Hispanic and ^versus NHW, African American and Hispanic. (For interpretation of the references to colour in this figure, the reader is referred to the web version of this article.)

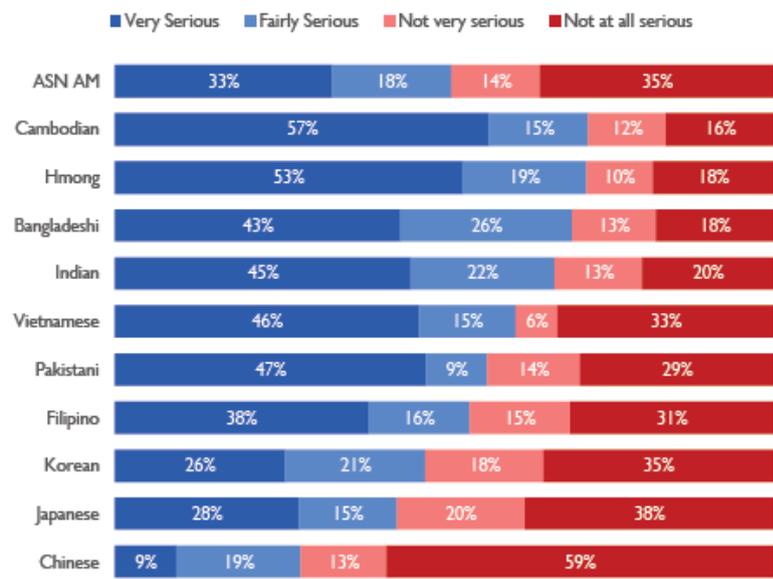


What Do Asian Americans Care About?

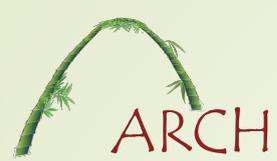
Problems: Medical Care

Next, here are some issues other people have mentioned as challenges they face. Please tell me how serious of a problem each is for you and your family: Not at all serious, not very serious, fairly serious, or very serious.

The cost of medical care.



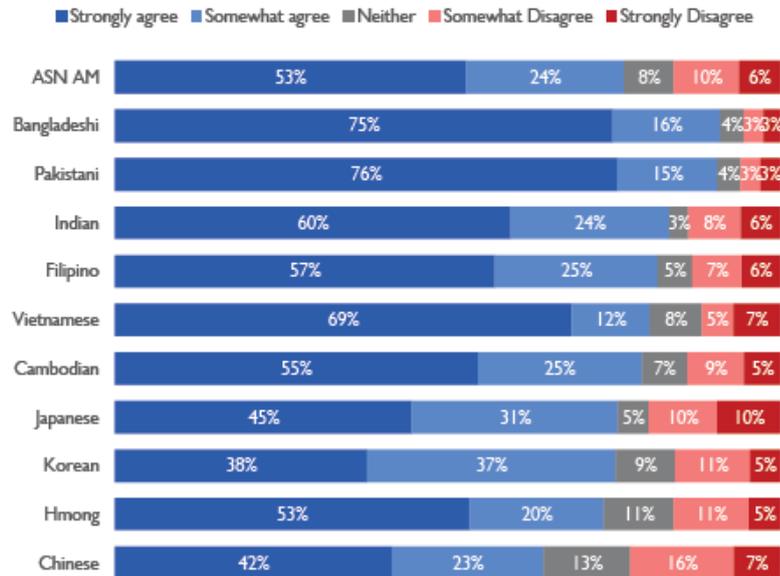
2016 Post-Election National Asian American Survey



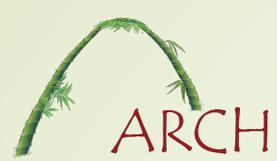
What Do Asian Americans Want the Government to Do?

Role of Federal Government: Raise Minimum Wage

The federal government should raise the minimum wage to allow every working American a decent standard of living.



2016 Post-Election National Asian American Survey



The Problem with Disaggregation

- Is the same problem with scientific inquiry and research.
- In scientific research, reductionism explains but does not solve problems
 - The solutions created via reductionism often do not work in the real world.
- In health disparities, disaggregation explains but does not reduce disparities
 - The solutions created via disaggregation often are not adopted in the real world.
 - In a democracy, numbers of people matter.



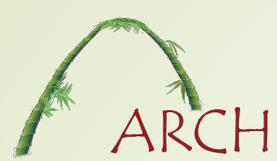
Other Disaggregation Issues

- Lost opportunities
 - Data collected in a way that are
 - Unreliable
 - Hard to generalize
 - Hard to disseminate
 - Great data that never gets disseminated
- Lost resources
 - Yes, Vietnamese in California are different than Vietnamese in Pennsylvania, but do you really want to spend your limited resources on collecting data to show the relatively small differences?



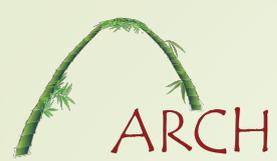
Let's Do a Thought Experiment

- If we can have complete disaggregated data for health for all AAPI populations, or have free health insurance for all AAPIs, which would you choose?
- If we can have culturally and linguistically appropriate health educational materials for every AAPI, or have full employment for all AAPIs, which would you choose?



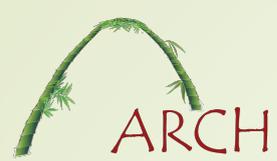
Needs vs. Assets Paradigm

- Needs
 - We have to find out what our needs are
 - We have to show to policy makers what our needs are to get resources
- Assets
 - Our stories are powerful enough that policy makers have to listen to us.
 - Our numbers are large enough that policy makers have to give us resources.



The Best Disaggregated Data

- Census Bureau
- HHS Disaggregated Data
- NCI Cancer Registries
- Others?



Our Challenges

- When to ask for disaggregation?
- When to combine data?
- Are we in agreement of what we want to achieve?
- When to combine forces?
- How to combine forces?
- How to use our forces to obtain what we want, which is a reduction in health disparities?

Thank you!

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