



AAPCHO

Association Of Asian Pacific Community Health Organizations

March 21, 2011

Thomas R. Frieden, MD, MPH,  
Director, Centers for Disease Control and Prevention  
Administrator, Agency for Toxic Substances and Disease Registry  
Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333

Re: AAPCHO Response to CDC Health Disparities and Inequalities Report

Dear Dr. Thomas R. Frieden,

The Association of Asian Pacific Community Health Organizations (AAPCHO) acknowledges the Centers for Disease Control and Prevention (CDC) for its notable attempt to raise awareness about the health disparities that exist within the U.S., in its report entitled *CDC Health Disparities and Inequalities Report*. AAPCHO applauds CDC's efforts to capture the differences in health outcomes for different racial and ethnic groups, and its concerted attempt to highlight the social inequalities alongside those disparities.

AAPCHO is a national not-for-profit association of 28 community-based organizations dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of medically underserved Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs) in the U.S., its territories and freely associated states. AAPCHO's members are located in states with the highest population of AA&NHOPIs in the U.S. and in communities with high concentrations of medically underserved AA&NHOPIs. AAPCHO member organizations, 20 of which are community health centers (CHCs), provide health care services to over 400,000 patients annually. The majority of these medically underserved patients are uninsured, limited English proficient (LEP), and low-income. AAPCHO member CHCs are at the forefront of providing community-responsive, financially affordable, linguistically accessible, and culturally appropriate primary medical services to their patients in more than 15 languages.

While AAPCHO is pleased that CDC captured AA&NHOPIs in many of the report's health disparity areas, we were disappointed that it did not recognize these groups in what are considered high health disparity areas like hepatitis B, diabetes, and obesity.

One of the more correctable and unacceptable health disparity areas for AA&NHOPIs that went unnoticed in CDC's report is hepatitis B. CDC's report aims to reduce health disparities by highlighting disparity areas that not only affect specific demographic groups but where effective and feasible interventions exist for that disparity. Hepatitis B Virus (HBV) fits into these categories. AAPCHO is very concerned because approximately 50% of people with chronic HBV in the U.S. are AA&NHOPIs and one in ten AA&NHOPIs in the U.S. suffer from chronic hepatitis B. An estimated 65% of people chronically infected are unaware of their infection, and are at risk of transmitting the infection and of progressing to liver disease or developing liver cancer.

While this disparity exists, a safe and effective vaccine has been available since the early 1980s and treatments for chronic hepatitis B are proven to prevent liver disease and cancer. AAPCHO believes we can curtail the impact hepatitis B has on AA&NHOPi populations, and narrow the gap in this area significantly.

Public health and medical provider leaders have long ignored Hepatitis B, leading to incomplete prevention and vaccination efforts, as well as a lack of reliable statistics on the number of people infected and who die of the disease. Continuing to omit hepatitis B from this report and future similar efforts will only lead to low levels of awareness and vaccination, under-diagnosis of hepatitis B (currently estimated at only 35%), under-treatment of chronic infection, and rates as high as 13 times greater cases of liver cancer caused by hepatitis B infection in AA&NHOPIs.

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A second AA&NHOPi disparity area that was overlooked in this report was diabetes and its impact on AA&NHOPis. While Asians are in fact included in this report, we expect the prevalence rates to be much higher than the self-reported instances that the report includes. A recent study showed that the World Health Organizations' standards for overweight and obesity through the measurement of body size (BMI) are inappropriate for AA&NHOPis and may result in misdiagnosis or lack of diagnosis of individuals living with diabetes. The report indicated that Asian Americans should be screened using lower BMI rates, and that Native Hawaiians and other Pacific Islanders should be screened using higher BMI rates. When the lower rates are utilized for Asian Americans, one report indicates that diabetes prevalence can be up to 60% higher for this group than for non-Hispanic whites. This same report suggests that clinicians may be less likely to screen AA&NHOPis for diabetes because they are less likely to have a high BMI, which means we expect prevalence rates to be considerably higher among this population.

In addition, we were disappointed to find that Native Hawaiians and other Pacific Islanders were completely absent from this report. Diabetes is a high disparity area among this population. In the state of Hawaii, local reports <sup>[1]</sup> indicated that the diabetes rate for Native Hawaiians was twice that of whites. It is estimated that approximately 100,000 people in Hawaii have diabetes and more than 900 people die every year of related complications, making it the seventh leading cause of death in the state. State reports also indicate that diabetes age-adjusted rates by ethnicity show that Native Hawaiians have a higher prevalence rate (7.9%) when compared with other ethnic groups, e.g. Japanese (6.6%) and whites (3.4%).

While we recognize that the CDC used data from the National Health Interview Survey (NHIS) for this report—and that because of the source utilized, data on Asians was not statistically significant—we do believe that local reports might have helped give a more accurate picture of diabetes and its disproportionate impact on AA&NHOPi communities. Diabetes is a disease that is unquestionably a significant disparity area for AA&NHOPi populations. By not including Native Hawaiians and other Pacific Islanders within this report, we are downplaying its effect on the lives of AA&NHOPi communities.

AAPCHO would like to make a similar point with respect to obesity and Native Hawaiians. According to this report, the CDC analyzed its data solely from the National Health and Nutrition Examination Survey (NHANES). While we view NHANES as a valid and reputable source of data, the data yielded focused only on African Americans and Mexican Americans. Again, Asians and Native Hawaiians were deemed statistically insignificant, when we know that obesity is a problem within the AA&NHOPi community, particularly among Native Hawaiians and other Pacific Islanders. The Office of Minority Health (OMH) indicates that Native Hawaiians and Pacific Islanders are 3.7 times more likely to be obese than the overall Asian American population. OMH also reports that Filipino Americans are 70% more likely to be obese when compared to the overall Asian American population. We hope that the CDC and other agencies in future reports and editions, when national data is unavailable, will look to reliable state and local data sources to get a more precise picture of the effect of a disease within a community.

While the noted health disparities unfortunately persist among AA&NHOPis, we believe that effective programs and models do exist and that we have the opportunity to help positively reverse the effect that hepatitis B, diabetes, and obesity have had among our communities. This can only happen however, if we continue to move forward with aggressive, unrelenting awareness campaigns. What this entails in part is continuing to paint accurate pictures of the health status of communities and the diseases that negatively impact its health. AAPCHO looks forward to working with other advocates, leaders, and federal agencies like the CDC to continue raising awareness about these health disparity areas and to finally closing these gaps, and ensuring that all individuals live longer, healthier lives.

Sincerely,



Jeffrey B. Caballero, MPH  
Executive Director

<sup>[1]</sup> Hirokawa R, Huang T, Potbutsky A, et al. Hawaii Diabetes Report 2004. Hawaii State Department of Health, Honolulu, HI. 2004