AA & NHPI DISPARITIES AND API-CHN

PREPARED FOR THE API-CHN
2ND ANNUAL HEALTH FORUM
HELD ON MAY 27th, 2010
SAN DIEGO HEALTH AND HUMAN SERVICES COMPLEX
3851 Rosecrans St., San Diego, Ca

What are health disparities?

"Population-specific differences in the presence of disease, health outcomes, or access to health care."

Health Resources and Services Administration (HRSA)

Population-specific differences refer to race/ethnicity, gender and sexual orientation.

Why do health disparities exist?

Health disparities among the Asian American(AA) and Native Hawaiian/Pacific Islander(NHPI) communities are associated with:

- The current system's failure to recognize how various cultures and beliefs might affect APIs' ability to access health services effectively; and
- The API groups' inability to communicate their needs and health concerns within the healthcare system.

AA & NHPI health disparities

- **On the national level**
- AAs have a greater likelihood of tuberculosis and Hepatitis B compared to non-Hispanic Whites.
-
- AA and NHPI men and women experience elevated rates of incidence of liver and IBD cancer and elevated mortality levels from stomach cancer compared to non-Hispanic Whites.
-
- Native Hawaiians carry a disproportionate burden of diabetes compared to other ethnic groups.
-
- AIDS cases in the past five years among AA continue to climb although they have declined among non-Hispanic White in the U.S.
-
- Sudden Infant Death Syndrome (SIDS) is still among the top five causes of death for AA and NHPI groups.

- *Source: Office of Minority Health*
-

AA & NHPI health disparities

- **On the state level**:
- Similar to the nationwide data, Asian Americans represent the majority of tuberculosis and chronic Hepatitis B cases in California.
-
- Cancer is the leading cause of death among AA and NHPI.
-
  - Screening compliance for cervical and prostrate cancers is lower among AA than the states average particularly among Korean and Vietnamese individual.
  - Burden of liver cancer among AA and NHPI is greater than all other health disparities reported in the U.S.

AA & NHPI health disparities

(con't.)

- Diabetes rates among NHPIs, Filipinos, Vietnamese, and South Asians all exceed state averages.
-
- Filipino adult males are more likely to be smokers compared to other adult males.
-
- Koreans are more likely to be uninsured than any racial/ethnic group in California.
-
- Mental distress is reported more frequently among Vietnamese and NHPI

- Source: *California Asian Pacific Islander Joint Legislative Caucus (2009, April). The state of Asian American, Native Hawaiian and Pacific Islander Health in California Report. Retrieved on May 21, 2010 from* http://democrats.assembly.ca.gov/members/a49/pdf/AANHPI_report_091.pdf

AA & NHPI health disparities

- **On the local level:**

- AAs have the second highest age-adjusted rate of Tuberculosis cases next to Hispanics.
  - TB rates among AA (19.5) were double the county rate (8.4) in 2007.
-
- AAs and NHPIs exceeded county death rates resulting from cervical cancer, diabetes and asthma; and exceeded county hospitalization rate on those diagnosed with coronary heart disease.
-
- Cancer and cardiovascular diseases were the two leading causes of death among AAs and NHPIs.
-
- AA and NHPI reported relatively higher proportions of pre-term births and low-births and very low birth weights compared to county rate.
-
- Suicide has been reported as the seventh leading cause of death among AA and NHPIs.

- Source:County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit
- (2010). *County of San Diego Community Profile by Region and Sub-regional Area*. Retrieved on May 21, 2010 from https://webmail.foundation.sdsu.edu/exchweb/bin/redir.asp?URL=http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/CHS-CommunityProfile_County_2010.pdf
-

THE API COMMUNITY HEALTH NETWORK

A partnership among Operation Samahan, Inc., San Diego State University-Institute for Public Health ACCESS ,Inc., Pacific American Education Foundation, Kalusugan Community Services, Samoan Athletes Group, Che'lu, Inc.

Mission

- We exist to address AA & NHPI health disparities and improve their health outcomes in San Diego through
  - IMPROVED RESEARCH
  - ACCESSIBLE RESOURCES & INFORMATION

Preliminary key findings

-
- Health disparities do exist at the national, state and local levels within the AA & NHPI communities.
- Multiple gaps exist in research conducted locally. The type of research that exists does not appear to represent community needs or concerns. There is a strong need to continue to conduct additional research that will provide an enhanced understanding of this very diverse group and begin to create a dialogue that would be beneficial in developing the appropriate and effective programmatic interventions for this community.
-
- Despite the huge and diverse differences among AA and NHPI communities, there exists general common health practices and beliefs which can build on to reduce health disparities within the AANHPI communities.
-
- Conducting ongoing grassroots as well as ethnic-specific community needs assessments may be a cost-effective way of generating data and information at the grassroots level.
-
- Resources that serve this type of population do exist. However, these resources are scattered and at times are not accessible to those most in need.

RECOMMENDATION #1

- Expand research topics to include studies that disaggregate the AA & NHPI communities into sub-ethnic populations as well as the inclusion of the following health topics:

- Tuberculosis and infectious diseases
- Maternal health
- Oral health

Recommendation #2

- Explore ways how to integrate community based issues as well as utilize grassroots volunteers and stakeholders in defining research agenda for their communities. Community Based Participatory Research (CBPR) is still a new framework that needs to be explored. There is so much promise in this type of research that connects grassroots participation in the design, collection as well as analysis of data/information from and within the unique sub-ethnic communities that make up the AA & NHPI.

Recommendation # 3

- Explore ways how San Diego County Health and Human Services can work closely with the AA & NHPIs in developing culturally competent health delivery models as well as generating information and data that truly reflect the health issues of this population.

Recommendation #4

- Provide funding for this target population that will create a local initiative to address their unique healthcare needs and concerns.

Conclusion

- "A journey of a thousand miles begins with a single step"
- Lao Tsu

- **We have begun the first step.**