DISAGGREGATING AA AND NHPI DATA FOR CANCER

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Power in Unity, Achieving Racial & Health Equity in the COVID era

Data Disaggregation and AAPI Health Disparities

Asian immigrants are sometimes considered to be a "model minority" in the US due to their generally high economic and educational status, and overall lower disease and death rates. However, national studies such as BRFSS and National Health and Nutrition Examination Survey (NHANES) tend to combine 29 different Asian groups into one category and hence the information presented for this group may mask differences between Asian sub-groups.

What's being done in our area?

I. Stephen Klineberg (Rice, Kinder Institute) Houston Area Asian Survey (1995, 2002, 2011)
II. Stephen Linder (UTPSH) Health of Houston Survey 2010, 2017 (oversampling of Vietnamese)
III. Local Studies
  A. Asian American Health Needs Assessment (Chinese and Vietnamese) 2004-2005
  B. Filipino Health Needs Assessment (Qualitative Data) 2009
  C. Perceptions of HPV, Cervical Cancer among Vietnamese, Filipino and Korean young people
  C. South Asian Health Needs Assessment (Asian Indians) 2013-2014
IV. Houston Health Department
  A. Asian American Pacific Islander Health Summit 2015
  B. Asian American Pacific Islander Health Profile 2015, 2019
V. Various Asian health and sociology studies
  A. Cancer support (Kagawa-Singer, Lu)-Vietnamese, Chinese, Japanese
  B. Cancer survivorship (Lu)- Chinese
  C. Caregiving (Miyawaki)- Chinese, Vietnamese
  D. Elder issues (AARP) –South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan)
  E. Women's health (Chandra) (South Asian)
  F. Childhood obesity (Diep) (Chinese)
VI. Texas Department of State Health Services-Epidemiology can provide some disaggregated cancer data

THE MODEL MINORITY MYTH

AAPIS REPRESENT BOTH EXTREMES OF THE SOCIOECONOMIC SPECTRUM AGGREGATED DATA IS MISLEADING. BI-MODAL POPULATION.

Images from “Working but Poor: Asian American Poverty in New York City” (2008)

Terminology through the Years

Others->Orientals->Asians->

Asian Americans->

Asian American & Pacific Islanders (AAPI)->

Asian American Native Hawaiians & Pacific Islanders (AANHPI)

Asian Pacific Islander Subgroups

Asians		Pacific Islanders	
Chinese	Laotian	Polynesian	Chamorros
Filipino	Thai	Native Hawaiians	Marshallese
Japanese	Cambodian	Samoans	Micronesians
Asian Indian	Pakistani	Tongans	Chuuks
Korean	Indonesian	Guamanians	Melanesians
Vietnamese	Hmong	Fijians	Papuans

CENSUS 2020 Race and Ethnicity Questions

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

NOTE: For this census, Hispanic origins were not considered races. Hispanic origin can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person's parents or ancestors before arriving in the United States. People who identify as Hispanic, Latino, or Spanish may be any race.

9. What is Person 1's race?

Here, you marked one or more boxes AND printed origins: White; Black or African American; American Indian or Alaska Native; Chinese; Filipino; Asian Indian; Vietnamese; Korean; Japanese; other Asian; Native Hawaiian; Samoan; Chamorro; other Pacific Islander; some other race.

Why we ask this question: This enables us to create statistics about race and to analyze other statistics within racial groups. This data helps federal agencies monitor compliance with anti-discrimination provisions, such as those in the Voting Rights Act and the Civil Rights Act.

Rating Data Collection

White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI)	Advocating for DA data
National Heart, Lung, Blood Institute	Recognizes different disease risks and created culturally relevant materials
California Health Interview Study (CHIS)	Collects ethnic specific data in Spanish, Chinese, Vietnamese, Korean, Tagalog
National Health and Nutrition Examination Survey (NHANES)	Starting to collect Asian data, but it is not disaggregated
Behavioral Risk Factors Surveillance System (BRFSS)	Only conducted in English and Spanish
Census 2020	Proposes to collect AANHPI specific data
Houston Health Department	Varies by program, not consistent

Challenges to Data Disaggregation

- Increasing numbers of mixed racial and mixed ethnic individuals
- Asian Diaspora: acculturation, influence from other countries besides Asian countries
- Support from other racial/ethnic groups
- Demonstrating the cost of not disaggregating data
- Perceived racial discrimination by some Asian groups
- Cost to collect data on small populations (translation, bilingual interviewers, time)
- Personal privacy
- Reluctance to divulge information
- Mistrust of governmental or health care organizations

CANCER MORTALITY RATES

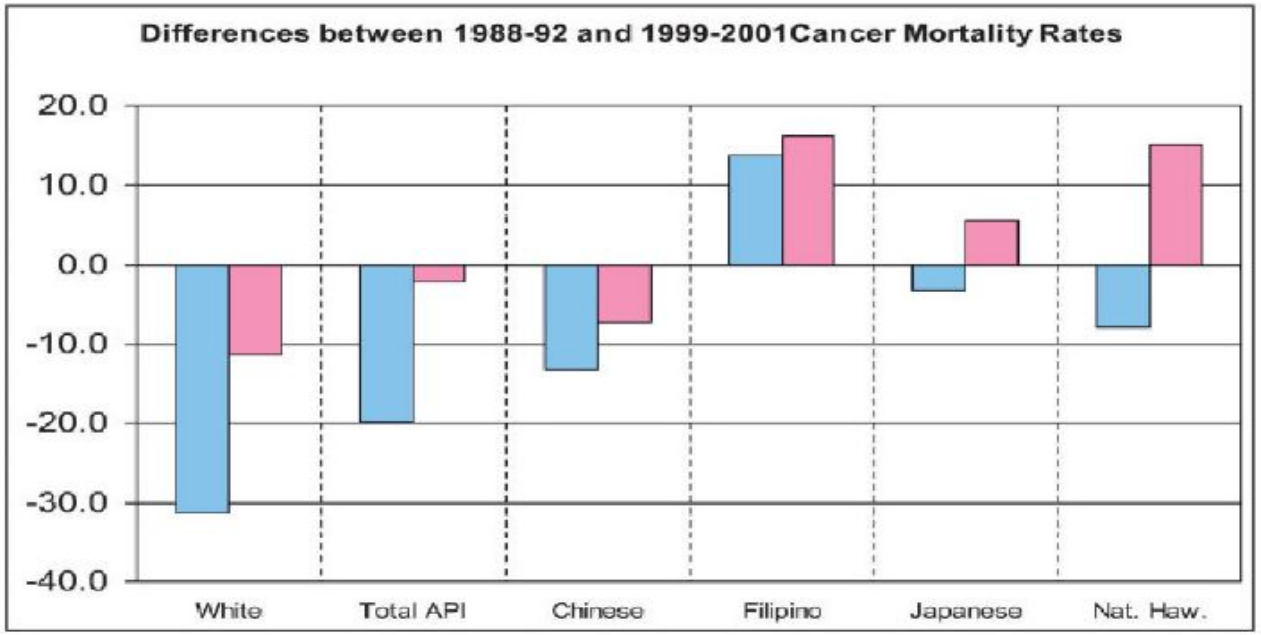


FIGURE 1.
Upper panels report all cancer mortality rates for 1988–1992 (in black) and the upper boundary estimate of the 1999–2001 rates for males (blue, left graph) and for females (pink, right graph). Lower panel is the difference between 1999–2001 and 1988–1992 cancer mortality rates for all cancers. A positive value indicates that the 1999–2001 rate is greater than the 1988–1992 rate. A negative value indicates that the 1999–2001 rate is less than the 1988–1992 rate. Differences in the male rates are in blue, and differences in the female rates are in pink. Total API: Total Asians and Pacific Islanders; Nat Haw: Native Hawaiians.

ASIAN YOUTH & TOBACCO CONTROL

Min C.“Nancy” Lui

R25E Cancer Prevention

Research Training Program

Department of Health Disparities Research

University of Texas M. D. Anderson Cancer Center

PREVALENCE OF USE

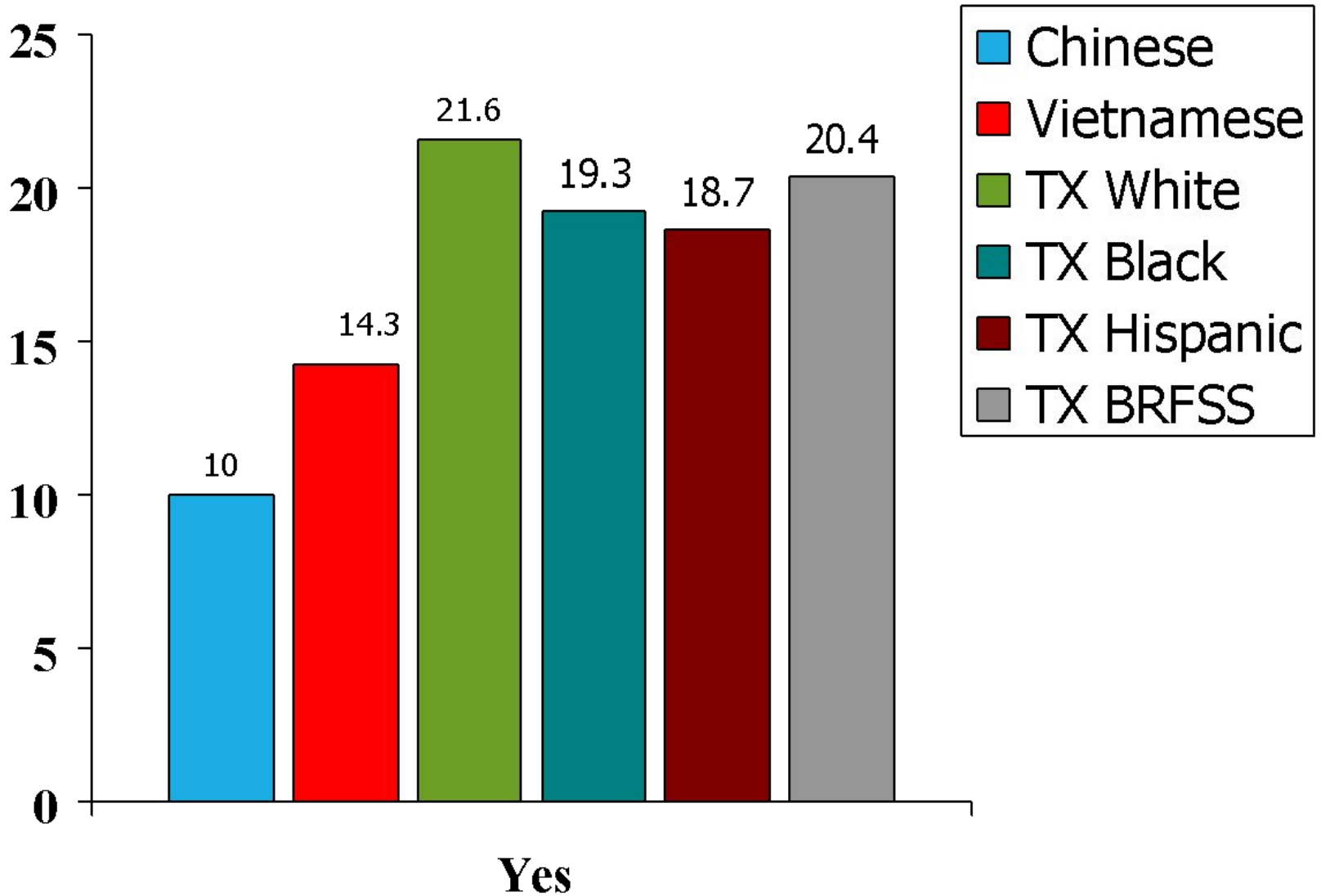
"Have you ever tried smoking a cigarette, even one or two puffs?"

	Ethnicity		
	Chinese n (%)	Vietnamese n (%)	P-value
Ever using Cigarettes			
No	290 (93.9%)	258 (86.0%)	0.001
Yes	19 (6.1%)	42 (14.0%)	

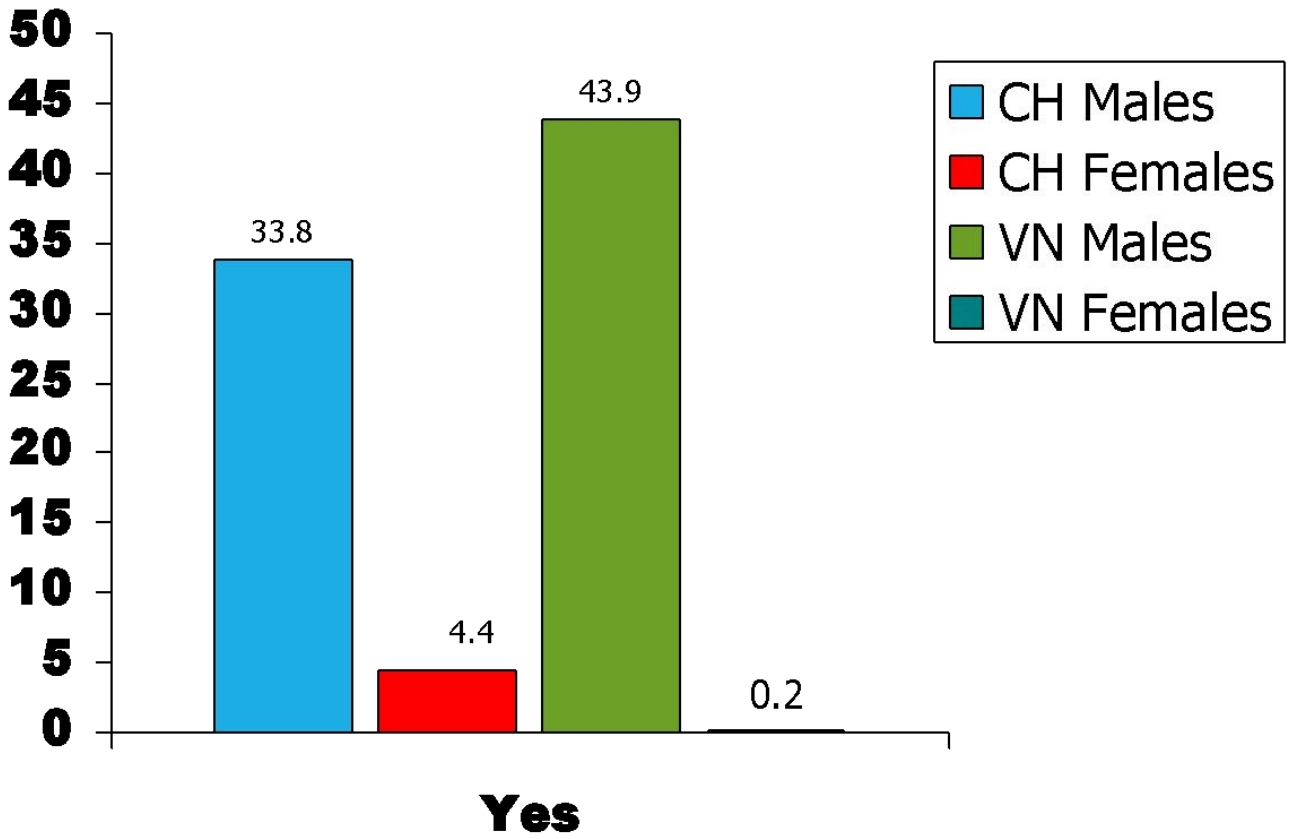
Smoking Intiation

	Ethnicity		
	Chinese (N=18)	VN (N=40)	Total (N=65)
Mean Age	12.5	11.2	11.3

HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?



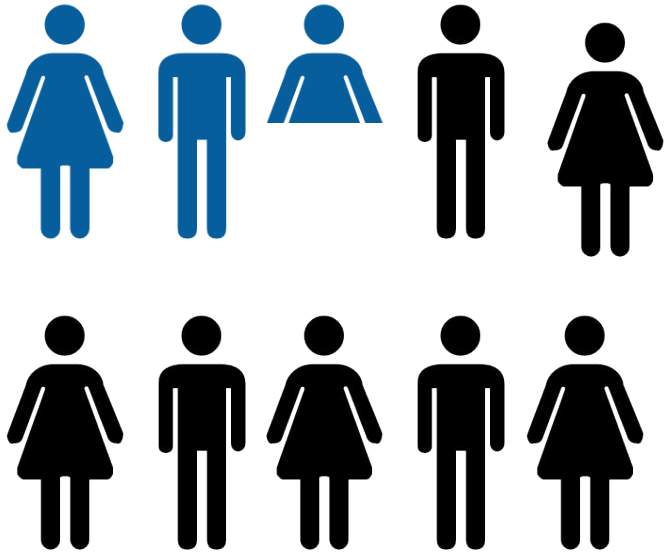
ASANA SMOKING DATA BY GENDER



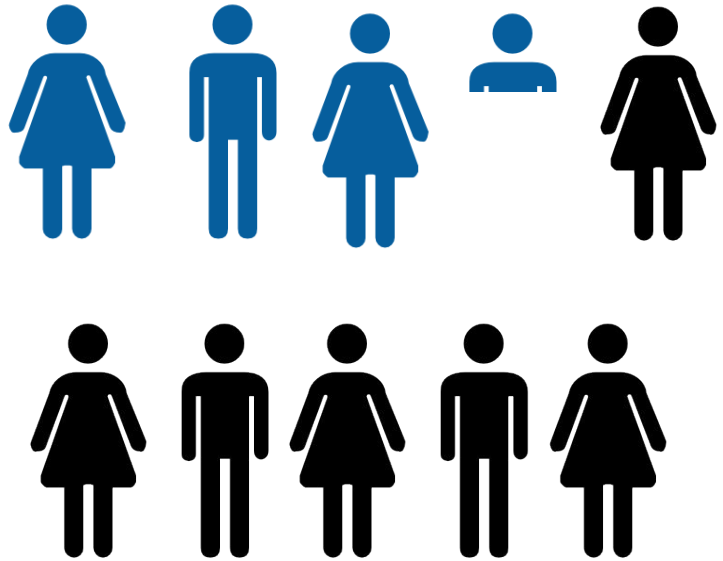
Cancer Prevalence/Incidence among AsANA study participants

AsANA: Asian American Health Needs Assessment 2004-2005
Have anyone in your family including you, ever had cancer?

20.5% of Vietnamese participants reported that they or a family member had had cancer.



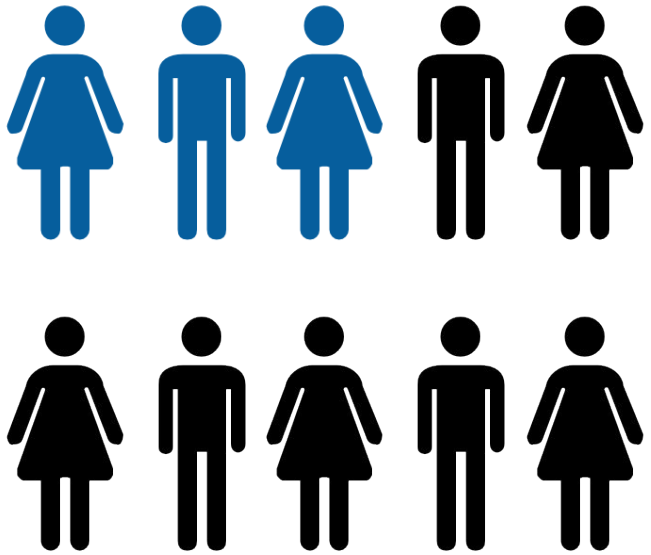
37.3% of Chinese participants reported that they or a family member had had cancer.



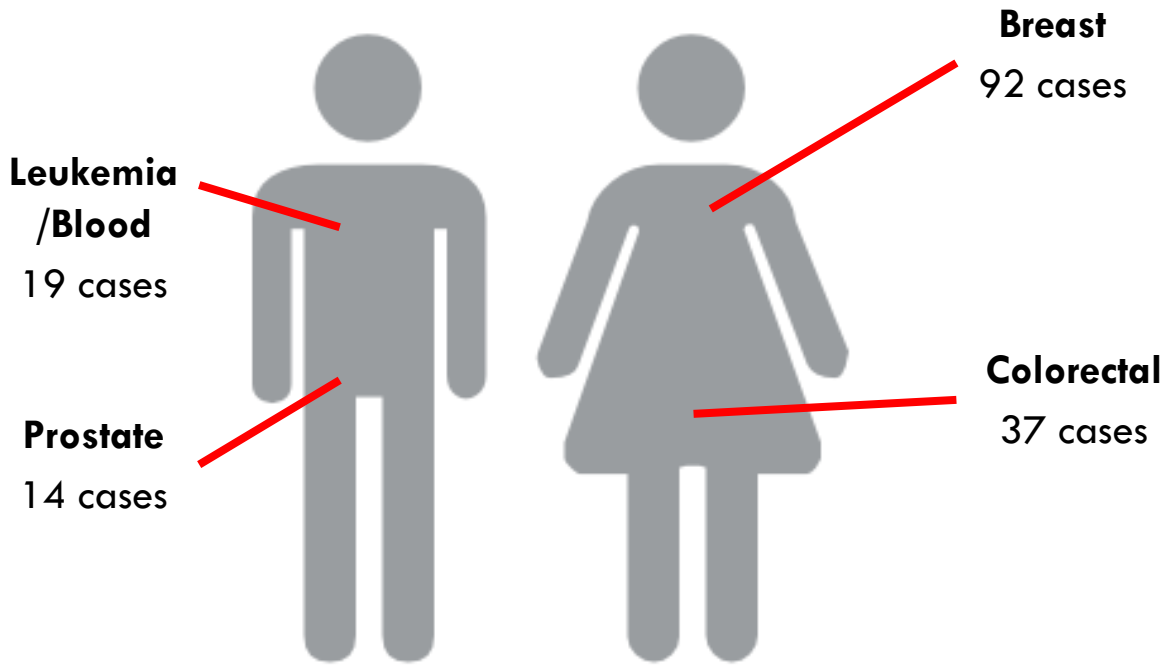
Cancer Prevalence/Incidence among Asian Indians in SAHNA study

Have anyone in your family including you, ever had cancer?

30% of SAHNA participants reported that they or a family member had had cancer.



Of those affected (either personally or a family member), the most frequently reported types of cancer were:



Lifestyle Choices

Have you smoked at least 100 cigarettes in your entire life?

Yes
12%

Yes
0.6%

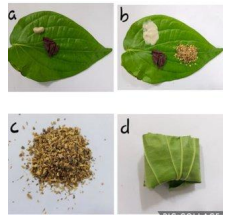
Tobacco Use: have you smoked at least 100 cigarettes in your entire life?	Yes
White	45.2
Black	33.5
Hispanic	31.1
TX BRFSS 2013	37.9

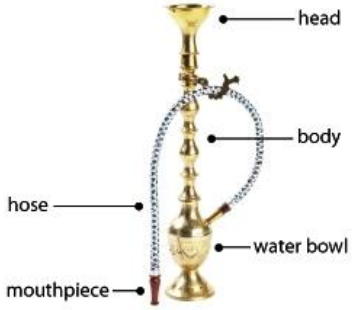
How often do you do the following?

Participants: 1525	Every day	Some days/sometimes
Smoke cigarettes	22 (1.4%)	35 (2.3%)
Chew betel nut	3 (0.2%)	51 (3.3%)
Use supari	9 (0.6%)	92 (6.0%)
Use paan masala	6 (0.4%)	90 (5.9%)
Use a hookah	2 (0.1%)	28 (1.8%)

OTHER FORMS OF TOBACCO USE: BETEL NUT, HOOKAH

Betel quid: a type of smokeless tobacco that is made in India and is widely used throughout Asia. It is a mixture of tobacco, crushed areca nut (also called betel nut), spices, and other ingredients. Used like chewing tobacco, placed in the mouth, usually between the gum and cheek. Betel quid with tobacco contains nicotine and many harmful, cancer-causing chemicals. Using it can lead to nicotine addiction and can cause cancers of the lip, mouth, tongue, throat, and esophagus. Also called gutka. (National Cancer Institute, accessed September 22, 2020)





Hookahs: water pipes used to smoke specially made tobacco that comes in different flavors. Although many users think it is less harmful, hookah smoking has many of the same health risks as cigarette smoking. A typical modern hookah has a head (with holes in the bottom), a metal body, a water bowl, and a flexible hose with a mouthpiece. Hookah smoking is typically done in groups, with the same mouthpiece passed from person to person (CDC, accessed September 22, 2020)

SAHNA STUDY RESULTS ON USE OF ALTERNATIVE FORMS OF TOBACCO

Participants: 1525	Every day	Some days/sometimes
Smoke cigarettes	22 (1.4%)	35 (2.3%)
Chew betel nut	3 (0.2%)	51 (3.3%)
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Nutrition and Eating Habits

Perception vs. Reality about Weight

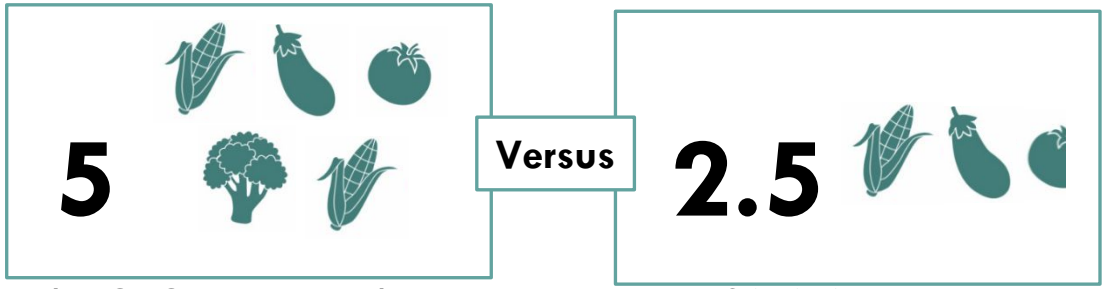
India is now experiencing a nutrition crisis - **obesity among the wealthy.**[23] This may be due to the increase in availability of fast food and an obsession with Western culture.

Based on self-reported height and weight and calculated BMI	Men	Women
Underweight	1%	4%
Normal weight	47%	53%
Overweight/Obese	52%	44%
% who reported that overweight/obesity was a problem	**10%**	**12%**

Eating Habits

Many affected by weight issues may not be concerned about the health implications as they may perceive a robust weight as a sign of a family's wealth and ability to provide for their children.[24] Culturally relevant nutrition and physical activity programs are needed to address this issue.

# of Servings of Fruits & Vegetables Eaten Per Day



The CDC recommendation

SAHNA average

Vegetarian vs Non-vegetarian

	Males n=778	Females n=693
Vegan	2%	2%
Vegetarian	50%	41%
Vegetarian/ Non-veg	31%	21%
Non-vegetarian	26%	26%

	Consume fruits and/or vegs <5 times per day
White	86.1
Black	87.1
Hispanic	85.2
TX BRFSS 2013	85.7

NATIVE HAWAIIANS, PACIFIC ISLANDERS AND TOBACCO USE

- Native Hawaiians smokers reported (Herzog and Pokhrel, 2012)

  -Higher daily smoking rates and nicotine dependence compared to East Asians

  -Lower motivation to quit smoking than Caucasians

  -Less knowledge of cessation methods and products than Caucasians

- Smoking prevalence among adults (Hawaii Dept of Health, 2010).

  -Native Hawaiians 27%

  -Filipinos 11.5%

  -Whites 12%

  -Japanese-descent individuals 9%

NATIVE HAWAIIANS, PACIFIC ISLANDERS AND CANCER

Native Hawaiians and other Pacific Islanders

- suffer disproportionately from cancer
- are more likely than other ethnic groups in the US to be diagnosed at late stages of disease and to die from cancer
- are less likely to be up-to-date with cancer screening, and they are more likely to engage in lifestyle practices that increase their risk of cancer, eg, they are more likely to be overweight and less likely to engage in physical activity than many other ethnic groups.

(Tsark and Braun, 2009)

NATIVE HAWAIIANS, PACIFIC ISLANDERS AND CANCER

- American Samoan women are 2x as likely to be diagnosed with, and to die from, cervical cancer, as compared to non-Hispanic whites.
- American Samoan men are 8x more likely to develop liver cancer, and Native Hawaiian men are 2.4 x more likely to be diagnosed with the same disease, as compared to non-Hispanic whites.
- In Hawaii, from 2013-2015, Native Hawaiians had the highest mortality rate (404.8) for all types of cancer, as compared to whites (136.5) in the state.
- In Guam, from 2008-2012, the incidence rate was higher for all cancer types in the Micronesian population (414.7), as compared to other ethnic groups in Guam.

(From the Office of Minority Health https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=76)

WHERE DO WE GO FROM HERE?

- Continue to advocate for disaggregated data to identify health disparities in specific populations
- Demonstrate the importance of disaggregated data to policy makers
- Support ethnic specific health research to develop effective outreach efforts
- Train individuals from under-represented populations in health education and the health professions