

Studies show huge health disparities among Asian-Americans, native Hawaiians, Asian immigrants

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Although Asian Americans have long been portrayed as a "model minority" with few major problems, data released online today in the *American Journal of Public Health (AJPH)* reveal that distinct groups of Asian Americans, Native Hawaiians and Pacific Islanders (AA and NHPI) differ widely in death and disease rates, including from breast cancer and other conditions such as heart disease, and stand to benefit strongly from culturally appropriate care.

In the first issue of a major health journal devoted to AA and NHPI populations, data show striking disparities. For instance, Asian-born women in the United States suffer death rates from [breast cancer](#) up to four times as high as U.S.-born Asian Americans. Other studies show that culturally appropriate care would dramatically lower rates of lung, colorectal, cervical and liver cancers among distinct populations. The special issue was supported by Health Through Action, a partnership between APIAHF and the W.K. Kellogg Foundation.

"Information, not ignorance, must shape the health care agenda for our populations," said Kathy Lim Ko, President and CEO of the Asian & Pacific Islander American Health Forum (APIAHF). "Aggregated data across ethnic groups masks serious health problems. Cancer often goes unrecognized and undertreated. We must move beyond generalities to address the real health needs in diverse communities," she said.

The problem has taken a serious toll on groups such as Native Hawaiians. As author Stephen Stafford at the Montefiore Medical Center in New York points out, while Asian American adults as a group are 50 percent less likely to die from heart disease than non-Hispanic White adults, Native Hawaiians and Pacific Islanders are about 40

percent more likely to be diagnosed with heart disease than Whites.

Obesity is as another health risk facing Native Hawaiians. Compared to whites in the state, Native Hawaiians are twice as likely to be obese (44.1 percent vs. 21.3 percent). But, culturally appropriate care can decrease such disparities. A new study by Shannon Kapuaola Gellert at Na Pu`uwai, a Native Hawaiian Health Care System, documented success in reducing obesity and high blood pressure among Native Hawaiians in Moloka`i, 73 percent of whom are overweight or obese. The program incorporated Hawaiian values and concepts of healthy lifestyle, and stressed community involvement.

"Large minority groups in the United States have benefited from in-depth health surveys, but such data are largely unavailable for Native Hawaiians, Pacific Islanders and the numerous, widely varying ethnic groups that are collectively termed Asian Americans," said U.S. Representative Judy Chu (D-CA). "It's time for health data regarding our populations to enter the 21st Century."

Since 2000, the Asian American population has grown by more than 23 percent, making it the fastest growing racial group in the country. In the same time period, the Native Hawaiian and Pacific Islander community, which is almost a million strong, has grown by more than 13 percent. If these rapid growth trends continue, AA and NHPIs are expected to number well over 35 million by 2050. Asian Americans, Native Hawaiians and Pacific Islanders trace their heritage to more than 50 countries and to dozens of distinct ethnic groups, speaking a multitude of languages.

"We know that income, education, access to health care, and language barriers all influence health,"

said Dr. Gail C. Christopher, vice president for programs at the W.K. Kellogg Foundation. "Raising awareness of these issues and the lack of data, particularly for Asian Americans, Native Hawaiians and Pacific Islanders, is instrumental to the W.K. Kellogg Foundation's focus on increasing health equity for vulnerable children and families across the country."

Cancer Disparities Affect Death Rates; Prevention Efforts Lag

A number of studies illustrate that different populations suffer disproportionately from a range of cancers, and that culturally appropriate prevention measures would have a major impact in reducing rates of breast, lung, colorectal, cervical, and liver cancer among different Asian American groups.

- **Breast Cancer:** Findings from a study of the Cancer Prevention Institute of California (formerly the Northern California Cancer Center) reveal that Asian-born women in the United States—particularly women from Vietnam, China, and the Philippines—have a much higher risk of dying from breast cancer than U.S.-born Asian Americans. For example, the highest risk group, women born in Vietnam, had a four times greater risk of dying of breast cancer than U.S.-born Vietnamese. Previously, studies of breast cancer survival among Asian Americans did not consider differences in Asian ethnicity or immigrant status, and therefore overlooked important factors that could lead to better cancer control, according to study author Scarlett Lin Gomez.

Asian American women are the only ethnic group for which cancer far outweighs heart disease as the leading cause of death. Breast cancer has the highest incidence and is the second leading cause of cancer death in these women, Lin Gomez reports. These findings contradict the popular perception that the burden of breast cancer is universally low among Asian women.

- **Lung Cancer:** Among Asian American men, lung and bronchial cancer are the leading causes of death. But study author Youlian Liao at the U.S. Centers for Disease Control and Prevention found large reductions in smoking among Vietnamese, Cambodian, and several other Asian ethnicities in four U.S. communities that used a culturally sensitive approach to community health. At the study's outset in 2002, one half the Cambodian men and nearly one third of the Vietnamese men were smokers, compared to one fourth of men in the general U.S. population. Over the next four years, the numbers of Asian American smokers declined, falling 2.58 percent per year among Vietnamese men, and 5.73 percent per year among Cambodian men—outpacing the 0.91 annual declines in smoking for the general U.S. population of men.

A second study showed that Asian-language smokers in California were just as likely to use quitline services as English-speaking Caucasians. Every state has a quitline, but only California offers counseling in Asian languages. "We hope this study will encourage other quitlines to offer Asian language counseling to help reduce disparities in access to smoking cessation services," notes study author Shu-Hong Zhu from the University of California, San Diego.

- **Colorectal Cancer:** All Americans over age 50 should be screened for colorectal cancer (CRC), the fourth most common cancer in the country and the third most common among Vietnamese adults in California. Yet Vietnamese Americans have low rates of screening for CRC compared to other Asian Americans and Whites.

Now, a study by Bang H. Nguyen at the Cancer Prevention Institute of California (formerly the Northern California Cancer Center) shows that the use of Vietnamese language media for a public health education campaign on CRC can save lives. Those who were reached by the campaign were 1.4 times more likely to get

screened than Vietnamese who were not. The campaign used Vietnamese language booklets, a hotline, and newspaper, radio, and television advertisements.

- Cervical and Liver Cancer: The Hmong in California (refugees who came to the United States from Laos after the Vietnam War) face rates of liver and cervical cancer three to four times higher than those of other AA and NHPI groups. Yet up to 60 percent of liver and 70 percent of cervical cancer can be prevented by immunization. A study by Dian Baker of California State University, Sacramento is the first to examine barriers to immunization among the Hmong. It found that low socioeconomic status and use of traditional [health](#) care were associated with lower immunization rates.

"We are failing to adequately address cancer in our communities," said Marguerite Ro, Deputy Director of APIAHF. "Simple measures, such as [cancer](#) screening and immunization, along with the delivery of culturally appropriate care in languages understandable to the people who need care, would reduce costly, serious illnesses and lower death rates."

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