



BRIEF ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) REPORT

*Epidemiologic Profile 2010:
Asians and Native Hawaiians and
Other Pacific Islanders*

INTRODUCTION AND BACKGROUND

In August 2012, the Centers for Disease Control and Prevention (CDC) released a groundbreaking report focusing on the Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities and their disease burden for several viral communicable diseases: specifically, HIV/AIDS; viral hepatitis; sexually transmitted diseases (STDs); and, tuberculosis (TB). This report follows an April 2010 recommendation for an AA and NHPI epidemiological profile across these four disease areas, delivered at a consultation that CDC held with 40 representatives of AA and NHPI communities on HIV/AIDS issues. Subsequently, this recommendation was incorporated into the first National HIV/AIDS Strategy for HIV/AIDS in 2010 and the National Viral Hepatitis Action Plan in 2011.

Driven by community advocacy efforts and the tremendous growth of the U.S. AA and NHPI populations, this report is historic as the first of its kind that CDC has released on AA and NHPIs, HIV/AIDS, hepatitis, STDs, and tuberculosis. It compiles existing health survey data collected by the CDC, the states, and other sources using national health surveys and reporting registries. Increased health data collection, reporting, and dissemination for the AA and NHPI communities are longstanding policy priorities to increase access to health equity for AAs and NHPIs. The authors hope these reports will serve as an initial step towards future, increased data collection and focus on AA and NHPI health issues by CDC and other government agencies. This brief highlights the data presented in the report, and distills some initial key recommendations for further inquiry and policy action.

ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER (AA AND NHPI) DEMOGRAPHIC DATA

The report reviews population data according to the U.S. Census 2010 where the U.S. Asian American (AA) population grew 43% between 2000 and 2010, and the Native Hawaiian and Pacific Islander population (NHPI) grew 35% in the same time frame.

- The report highlights the top 10 states where Asian Americans live, in terms of population size—California, New York, New Jersey, Texas, Hawaii, Washington, Florida, Virginia, and Illinois.
- Correspondingly, the top 10 states where Native Hawaiian and Pacific Islanders reside are California, Hawaii, Washington, Texas, Utah, Nevada, Oregon, Arizona, Florida, and New York.

Additionally, the report cites Census Bureau projections that the number of AAs and NHPIs will be nearly 40 million or 9% of the population by the year 2050.

HIGHLIGHTS

Major findings from Epidemiologic Profile 2010: Asian and Native Hawaiian and Other Pacific Islanders are highlighted and discussed below.

GENERAL FINDINGS

- Given that AAs and NHPs represent less than 10% of the population, there is a disproportionate toll of hepatitis B and TB, where Asian Americans make up a significantly higher percentage of cases compared with all other ethnic groups.
- AA and NHPI men who have sex with men (MSM) bear the largest burden of HIV and account for a large majority of the total AA and NHPI HIV cases. They also have a growing burden of STDs in AA and NHPI communities, similar to that of other communities of color.
- Social determinants of health including immigration status, country of origin, age, and sexual behaviors are important considerations in policy and program design.
- There is great variation in how data for the AA and NHPI communities is collected; some programs collect data based on the OMB 1997 Revision which separated AA and NHPI populations; and some disease programs combine them into an “Asian and Pacific Islander” category. New data standards adopted by the U.S. Department of Health and Human Services will help provide more granular information on race/ethnicity in future surveys.
- AA and NHPI undersampling in national studies such as MMP, a multi-site supplemental surveillance project, results in data sets with severe limitations regarding AA and NHPI communities; these should be weighted carefully and extrapolation may be inappropriate and misleading.

Tuberculosis

- In 2010, Asian Americans had a tuberculosis (TB) case rate of 22.4 per 100,000 people and for NHPs it was 20.8 per 100,000. These numbers reveal stark disparities when compared to the TB case rate of 3.6 per 100,000 for the general population and 0.9 per 100,000 for the non-Hispanic white population. It was only in 2003 that federal agencies began to reporting TB cases by separate “Asian American” and “Native Hawaiian & Other Pacific Islander” categories.
- Asian Americans with TB had nearly twice the case rate of Multi-Drug Resistance (MDR) TB as compared to all cases of TB and nearly three times the cases as non-Hispanic whites.
- AAs and NHPs continue to be disproportionately affected by TB—due in part to disease burden in country of origin—despite an overall declining rate of TB diagnosis.

Viral Hepatitis

- AAs and NHPs have a substantial disease burden of hepatitis B—the highest of any racial/ethnic population in the U.S. despite declines in acute hepatitis A, B, and C. According to the Chronic Hepatitis Cohort Study, Asian Americans had the highest rate of infection prevalence when compared with other races.
- CDC estimated that of the 25,000 births in 2007 in the U.S. who were chronically infected with hepatitis B, 75% were AA and NHPI women. Fortunately, routine testing of women in prenatal care settings can effectively disrupt mother to child transmission.
- While hepatitis B vaccine is widely available, only 51% of the population is fully vaccinated in the U.S.
- Results from population based surveys indicated that there were approximately 730,000 adults living with chronic hepatitis B from 1999-2006 and 43% of these adults were foreign born.
- Regions of the world where hepatitis B is endemic include many Southeast Asian countries, and immigration from these regions impact the growing U.S. burden of chronic hepatitis B.

Sexually Transmitted Diseases

- During 2000-2010 the chlamydia case rate among NHPI populations increased, growing from 99.5 cases per 100,000 in 2000 to 134.1 cases per 100,000 in 2010. In 2009, the total number of cases was 17,188 or 2% of all reported cases in the U.S. This increase is in light of historically, relatively low chlamydia rates seen in AAs and NHPs.
- Recent trends for NHPI women show that there have been consistently high chlamydia positivity rates as compared to Asian American women; this became evident when data began to be disaggregated in 2007, according to OMB standards.
- Similar to chlamydia, gonorrhea rates among the AA and NHPI populations have historically been lower compared to other race/ethnic groups—in 2010 the case rate was 18.1 per 100,000. The AA and NHPI population accounted for approximately 1% of all reported gonorrhea cases.
- Drug resistant gonorrhea is of particular concern given that the resistant strain first appeared in the Western Pacific and Southeast Asia regions. The first case of Fluoroquinolone-resistant *Neisseria gonorrhoeae* (QRNG) appeared in Hawaii in the mid-1990s. Given this history it is likely that resistance to cephalosporins (type of antibiotic) will occur in AA and NHPI populations first.
- Studies among AA and NHPI men who have sex with men (MSM) found that those who have not been in the U.S. for long and/or do not identify as gay are more likely to engage in unprotected sex.

- Data from the National Longitudinal Study of Adolescent Health found an overall 9% prevalence rate of any STD among AA and NHPI participants, with a higher occurrence among young women compared with young men (13% versus 4%).

HIV/AIDS

- The rate of HIV diagnoses for Asian Americans has increased over time from 6.1 per 100,000 in 2005 to 6.5 per 100,000 in 2010. In 2010, 818 (1.7%) Asians and 67 (0.1%) Native Hawaiians and Pacific Islanders were diagnosed with HIV in 46 states and 5 dependent areas.
- Among the NHPI population, the rate of HIV diagnosis decreased from 34.8 per 100,000 in 2005 to 19.3 per 100,000 in 2010. At the end of 2009, there were 8,422 Asians and 620 NHPIs estimated to be living with HIV and 5,112 Asians and 481 NHPIs living with AIDS.
- 80% of AA and NHPI HIV infections are among men and 20% are among women. Gay and bisexual men make up the majority of the former percentage.
- Although most AA and NHPI men who have sex with men (MSM) in the National HIV Behavioral Surveillance System reported having been tested for HIV in the preceding 12 months, a substantial proportion (38.4%) never had tested or were tested more than 12 months previously. The low testing rates indicated in this smaller sample mirror national AA and NHPI HIV testing rates, which are the lowest of all races or ethnicities.¹ Stated reasons for not getting tested include a belief that they were at low risk for infection, which may indicate the need for increased HIV education for this population.
- Current cumulative case counts of NHPIs living with HIV are underestimates, primarily due to the fact that AA and NHPI HIV case counts were grouped into a single racial category prior to 2003. The majority of NHPIs also identify as multiracial, which increases the likelihood that they will not be classified appropriately.

IMPLICATIONS FOR ADVOCATES AND POLICY MAKERS

Despite tremendous AA and NHPI population growth in the past decade—and projections of continued population growth at fast rate—there continues to be a dearth of data in federal programs on these groups. For the first time, *Epidemiologic Profile 2010: Asian & Native Hawaiian and Other Pacific Islanders* demonstrates a targeted, centralized, and streamlined approach to compiling national AA and NHPI health data and providing an AA- and NHPI-specific narrative on these disease conditions. This CDC report contributes to the understanding of disease impact on these relatively smaller—but fast growing—populations. Overall, the report is a useful compilation of disease-specific data on AA and NHPI populations in the United States.

Importantly, this report emphasizes the need for local health departments to pay attention to the diversity and special needs of the AA and NHPI population.

The report also underscores the problematic variance in reporting of AA and NHPI data with different levels of ethnic specificity, pointing to the importance of prioritizing policy efforts that disaggregate AA and NHPI data.

Finally, the report suggests opportunities to integrate social determinants of health—including immigration status, and sexual orientation—in the development and design of culturally and linguistically appropriate programs aimed at reducing the burden of HIV/AIDS, TB, Viral Hepatitis and STDs among AAs and NHPs.

RECOMMENDATIONS

- CDC and other government agencies should continue and expand engagement of and partnership with AA and NHPI communities in their efforts to reduce the burden of HIV/AIDS, STDs, viral hepatitis, and TB, particularly through pilot demonstration programs in community healthcare settings
- CDC should dedicate additional resources to conduct similar reports: As the AA and NHPI population continues to grow, we encourage Members of Congress and the Administration to allocate the necessary resources for future reports.
- CDC and other government agencies should implement the data guidelines on continued disaggregation for AA and NHPI populations consistent with the Affordable Care Act: Section 4302 of the ACA. This will assist efforts to identify and decrease AA and NHPI health disparities that may be obscured, given the dearth of accurate and quality data. The progress made by the CDC to comply with the 1997 OMB requirements internally in their reporting is a welcome step and the new data standards can only improve our understanding and give a more accurate profile of the AA and NHPI communities for these disease conditions.
- CDC should produce a similar report for AAs and NHPs residing in the U.S. Territories and Freely Associated States. Given the population composition of the U.S. Territories with Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa, it is important to determine their specific disease burden for these communicable conditions. Additionally, the unique status of residents of the Freely Associated States and the obligations under the Compacts of Free Association are important to understand the status of these populations. This data would be useful for policy makers and advocates working on behalf of these communities.
- CDC should conduct a pilot program for studying Fluoroquinolone-resistant *Neisseria gonorrhoeae* and its impact on AA and NHPI communities. Given the data presented, it is important for the CDC and policy makers to ensure that prevention studies and community interventions are targeted towards some of the most vulnerable populations for Fluoroquinolone-resistant *Neisseria gonorrhoeae*.
- Congress should adopt the language of the Health Equity Bill on oversampling AA and NHPI populations.

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¹ From CDC Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2010 (published 1/2012) (Link: http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf), pg. 136