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COMMENTARIES

Why Disaggregation of Asian American Health Data is Critical in Achieving Health Equity: A Look into How the COVID-19 Pandemic has Disproportionately Affected Asian Americans

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Being Asian American amidst a widely racialized global pandemic has posed a unique set of challenges that have become more complicated with the recent surge in hate crimes spotlighted in today's media. These gruesome accounts only scratch the surface of the inequalities and hardships that Asian Americans face within the context of the COVID-19 pandemic as well as in the broader society.

These inequities hide in plain sight because of the aggregation of health data from all individuals of Asian descent under one large umbrella category. The U.S. Census Bureau includes any person from the "Far East, Southeast Asia, or the Indian subcontinent" representing almost 50 different countries under the blanket term "Asian."[1] Lumping these diverse ethnic groups into a single category fails to recognize the stark differences that disproportionately affect some groups more than others such as differences in prevalence of chronic disease (i.e. hypertension and diabetes) and large income differences.[2]

Data from the COVID-19 pandemic from the Center for Disease Control (CDC) shows that African Americans and Hispanics have been disproportionately affected by COVID-19 while Asian Americans carry only a slightly higher burden than White Americans.[3] However, disaggregation of Asian American health data paints a very different picture. A recent study on COVID-19 outcomes in New York City's public hospitals found that when analyzing Asian ethnic groups separately, the burden of COVID-19 infections was disproportionately higher among South Asians.[4] Positivity rates among South Asians paralleled positivity rates of African American and Hispanic patients. Furthermore, in analyzing mortality data, Chinese patients were found to have the highest death rates across all racial and ethnic groups.[4]

Due to the aggregation of Asian American health data with regards to COVID-19 morbidity and mortality, it is more difficult to target Asian American communities for more aggressive vaccination campaign efforts. Compounding language and technological barriers that many Asian American families face with fears of xenophobia and deportation, this further complicates access to vaccinations from a pandemic that is already disproportionately

affecting these communities.[5] For example, in Hawaii, recent polling has shown that while Native Hawaiians and Pacific Islanders account for roughly 40% of COVID-19 cases, they only make up 9% of the demographic that has received a vaccination thus far.[6]

With respect to the current COVID-19 pandemic, it is vital to look at disaggregated Asian American health data in order to target vaccination efforts in ethnic communities whose morbidity and mortality due to the pandemic have been grossly underrepresented. Funding community groups to go into these ethnic communities, such as churches and community centers, and launch vaccination campaigns is vital in providing a more equitable and effective vaccination effort.[6]

Looking more broadly at the larger issue, based on the recommendation set forth by the Asian and Pacific Islander American Health Forum in February of 2021, there must be a change in policy nationwide. Legislation passed in California, AB 1726, calls for the disaggregation of Asian American health data and requires additional subclassification to include Bangladeshi, Hmong, Fijian, and Tongan Americans among others. This should be used as precedence for future change.[7]

In order to begin addressing the racial inequalities that drive health disparities within the Asian American community, the current model of grossly misrepresentative aggregation of Asian American health data must be abandoned. Only then can the individualized health needs of these communities be understood in a way that will allow for a more equitable allocation of resources that works towards building a more just health care system.

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