AAPCHO

Statement of Support for the Collection of Disaggregated Data on Asian Americans, Native Hawaiians and Pacific Islanders

The Association of Asian Pacific Community Health Organizations (AAPCHO) supports the collection of disaggregated data on Asian Americans, Native Hawaiians and Pacific Islanders (AA&NHPI). To effectively address the health disparities present in the communities we serve, disaggregated data allows our health centers to identify and address disease incidence and track outcomes effectively. We believe that disaggregated data allows us to get a true picture of the needs of our patients.

AAPCHO is a national not-for-profit association of 33 community-based health care organizations, including 28 Federally Qualified Health Centers, dedicated to promoting advocacy, collaboration, and leadership that improve the health status and access of medically underserved AA&NHPIs in the United States, its territories, and its freely associated states. As health care providers, AAPCHO members focus on providing services that are uniquely appropriate to their patient populations. For the approximately 500,000 patients our members serve annually, AAPCHO advocates that the health care system provide access to comprehensive and linguistically and culturally competent care for our member community health center providers and their patients.

Health inequities are a focus of AAPCHO's work because AAPCHO member centers address specific and disproportionate health issues. Patients visiting AA&NHPI-serving health centers face higher rates of hepatitis B, hepatitis C, asthma, and tuberculosis, the impact and interventions for which differ by ethnic group.[1] As such, AAPCHO values accurate and granular health status data, categorized by race and ethnicity (or country of origin), to get a better picture of the health issues experienced by the many populations that AAPCHO member centers serve, from the Burmese population in Atlanta, to the Chinese population in Boston, to the Micronesian population in Hawaii. The lack of disaggregated data by AA&NHPI subgroup masks disparities in health status and access that may be present for specific subgroups. More granular data is critical and provides the foundation to develop strategies to target, monitor, and eliminate health inequities.

Many AAPCHO member health centers value and track detailed origin, race, and ethnicity data for their patients to provide tailored services. From Asian Health Services in Oakland, CA, to Waianae Comprehensive Coast Health Center in Waianae, HI, to Charles B. Wang Community Health Center in New York, NY, AAPCHO clinics serve diverse ethnic populations. All of these clinics collect disaggregated data in order to see and address health inequities, such as higher smoking rates in Korean and Vietnamese men in Oakland, or in Chinese men in New York City, or higher diabetes rates among Native Hawaiians in Waianae or the Chinese population in Oakland.

Without disaggregating data by race and ethnicity, community health centers, as well as community-based organizations, state and local governments, and even the federal government cannot accurately identify the need and direct resources to address issues in AA&NHPI subgroups. Policies must address the need for disaggregated race and ethnicity data, as aggregating data is detrimental to the health of AA&NHPIs.

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[1] Association of Asian Pacific Community Health Organizations. *The Health of Asian Americans, Native Hawaiians, and Pacific Islanders Served at Health Centers*, available at http://www.aapcho.org/resources_db/access-fact-sheet/.