

Cancer in Asian American and Pacific Islander Populations: Linking Research and Policy to Identify and Reduce Disparities

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The Asian American and Pacific Islander (AAPI) community is the fastest growing and most diverse racial group in the United States. According to the Census, the number of AAPIs grew 46% from 2000 to 2010 and will be more than double to over 47 million by 2060. Although AAPI communities are flourishing in states such as New York, California, New Jersey, and Hawaii, the 2010 Census revealed that there are also new, emerging AAPI communities in states such as Nevada and Arizona. With the incredible diversity resulting from immigration from more than 30 different countries, the AAPI population presents challenges whose solutions are important to the future of a diverse America. Addressing the unique challenges of this community requires collaboration across major elements of American life, including researchers, community leaders, and policymakers.

This special issue of *Cancer Epidemiology, Biomarkers & Prevention (CEBP)* focusing on AAPIs is timely, as cancer remains the leading cause of death for AAPIs. The article by Nguyen et al. (1) is an important resource needed to identify persistent cancer disparities among AAPI populations and suggestions about the next steps to eliminate them. Although much more research is needed, particularly with disaggregated data, it is clear that AAPI cancer-related health disparities are exacerbated by healthcare access barriers. AAPIs are least likely to report having seen a primary care doctor over the past year, likely due to barriers such as health insurance, language, immigration status, and the cultural competency of their medical providers.

Across the federal government, we are working to improve the quality of life for AAPIs. On October 14, 2009, President Barack Obama signed an Executive Order renewing the White House Initiative on AAPI (Initiative) and the President's Advisory Commission on AAPI (Commission). To expand opportunities for AAPIs, the Initiative and the Commission work to facilitate increased access to and participation in federal programs in which they remain underserved. As part of this work, the Initiative and the Commission have focused on improving healthcare access, including language access, and increasing data disaggregation.

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One major healthcare access initiative we have focused on is the Affordable Care Act (ACA). Because of the ACA, nearly 2 million uninsured AAPIs are eligible for health insurance, and 8 of 10 AAPIs qualify for financial assistance under the ACA. Providing linguistically appropriate federal resources to the AAPI community is critical, as one in three AAPIs are limited English proficient. By collaborating with community organizations working with outreach workers and navigators with the ability to provide interpretation and translation services, more than 8 million Americans were enrolled through the federal insurance marketplace; an astounding near 8% of those who reported their race or ethnicity were AAPI.

Our continued work to disaggregate data collection among AAPI subgroups is important to shed light on the unique challenges within the community. The ACA has already led to significant policy changes at the Department of Health and Human Services (HHS) that created new methodologies to allow for the calculation of rates in seven Asian subgroups and four Native Hawaiians (NH) and Pacific Islanders (PI) subgroups. The article by Cheng et al. (2) shows the power of disaggregated data through the use of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program, one of the best and oldest datasets with disaggregated AAPI data. These researchers found that while lung cancer incidence has been decreasing in most U.S. groups, rates of adenocarcinoma are increasing among Filipina and Korean American women.

Although the ACA is helping working families gain health insurance coverage, more must be done to ensure that this coverage leads to improved health outcomes. The implementation of the ACA's requirement for Electronic Health Records (EHR) has also created a new opportunity to collect and analyze validated disaggregated data for AAPIs in the clinical care setting. Asian American women are less likely than women of any other race to be screened for breast cancer or cervical cancer. The project described by Thompson et al. (3) shows the potential of EHR to describe and address the cancer screening behaviors across different AAPI subgroups.

Half of patients with chronic hepatitis B are AAPI, and HHS has prioritized hepatitis B control in its plans to address AAPI health. The U.S. Preventive Services Task Force recently recommended screening all Asian immigrants for hepatitis B. The findings from Pollack et al. (4) showing that more than 23% of previously unscreened Chinese immigrants in New York City had chronic hepatitis B and that 85% had active viral replication

emphasize the continued need to screen AAPIs and to ensure high quality in management of those infected. This special issue also contains some exciting and emerging research in immigration patterns among Filipino Americans, racial differences in the metabolism of a carcinogen in cigarette smoke, and the use of a geographic information system (GIS) to study air pollutants and breast cancer risks among AAPI women.

The Initiative and the Commission commend the researchers published in this special edition of *CEBP* for their work in collecting disaggregated data that shed light on the health of AAPI populations. We encourage researchers to reach out to their communities and to policymakers to ensure that such data are disseminated appropriately to promote evidence-based policies that will improve AAPI health. For more information on the Initiative and the Commission, please visit our website at www.whitehouse.gov/aapi.

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See all the articles in this *CEBP Focus* section, "Cancer in Asian and Pacific Islander Populations."

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