February 28, 2022

The Honorable Xavier Becerra
Secretary
United States Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Becerra,

On behalf of the American College of Physicians (ACP), I am writing to urge the Department of Health and Human Services (HHS), and its agencies, to prioritize the collection and inclusion of the Pan-Asian/Asian American[1] communities' disaggregated racial and ethnic data in health systems, health surveys, public health and medical studies, whenever such surveys and studies provide data on other communities of color. Our nation's experience with the COVID-19 pandemic has really exemplified the prevalence of racial and ethnic disparities in health and health care and the challenges in addressing them. Having access to data broken down at the racial level is essential to identifying health trends among specific populations and offering targeted interventions and treatments in order to ameliorate racial and ethnic health disparities.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

There are many challenges and shortcomings to current data collection practices and standards that pose barriers to promoting health equity for all patients. Given that race and ethnicity are social rather than scientific constructs that lack a uniform understanding, and that an individual can identify with more than one race or ethnicity, it is difficult to capture and meaningfully

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[1] We use the term Pan-Asian/Asian American to encompass individuals in the U.S. who are of Asian descent, including those with roots in East Asia, South Asia, Southeast Asia, Central Asia, and Western Asia.

compare race in research. Individuals may face limited race or ethnicity options they do not identify with and inadequate sample sizes inhibit reliable estimates of smaller populations.

Pan-Asian/Asian American communities frequently experience these challenges in research and data collection, as they may be omitted or not included from such efforts, or are classified as "other." For example, the National Health Interview Survey (NHIS), the largest health data survey undertaking in the U.S., is only conducted in English and Spanish. This can exclude Pan-Asian/Asian American individuals with limited English proficiency, who may be of lower socioeconomic status, have lower access to health care services, and experience health disparities not captured by research. It is essential that research and data collection efforts are undertaken in a way that ensures they are accessible and inclusive to all.

When Pan-Asian/Asian American communities are included, they are typically classified under a broad "Asian" category meant to capture all peoples of birth or descent from the countries of the East Asian Subcontinent, Southeast Asian Subcontinent, South Asian Subcontinent, and often Indigenous Native Hawaiian peoples and non-Hawaiian Pacific Islanders as well. An umbrella "Asian" category encompasses a vast region of peoples with varying religious and medical beliefs; diets; languages; traditions; and cultural, immigrant, and health experiences. These varying backgrounds and experiences can manifest in significantly different health conditions among Pan-Asian/Asian American subgroups, such as disparate rates of diabetes, high blood pressure, and other cardiovascular risk factors and conditions.
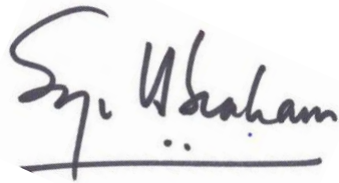
The Pan-Asian/Asian American community is among the fastest growing racial and ethnic groups in the U.S., comprised of more than 50 ethnic groups speaking over 100 distinct languages; however, a review of the literature finds that most national health data sets do not collect the information necessary to disaggregate this population into subgroups that better reflect their diversity. There has been a marked increase in data disaggregation in studies on Pan-Asian/Asian American communities since 1997; 44% of studies on Pan-Asian/Asian American communities that utilized population survey data published disaggregated results in 2016-2018, up from 23% in 2001-2003. Still, many challenges remain, including a lack of enforcement and inconsistencies in use of data reporting guidelines, small sample sizes, confusion over wording, coding and reporting variations, financial constraints, and stakeholder and user interests. ACP supports guidance published by JAMA that recommends researchers describe those of Asian descent by their country or region of origin, when known, and encourages other researchers and publications to institute this practice in their work.

In addition to concerns about inadequate representation in medical research and data collection on patients, there are also implications for efforts to ensure a diverse health care workforce. Our understanding of the role of physician diversity on patient health outcomes is constantly evolving. Several studies suggest that racial and ethnic minority patients with racially concordant physicians may experience improvements in outcomes and rates of preventive services, which demonstrates the importance of recruitment and retention of physicians of diverse backgrounds. It is vitally important to ensure Pan-Asian/Asian American individuals are also adequately represented in health care workforce research in order to

understand existing barriers and gaps and promote a health care workforce that better resembles the patients it serves.

Homogenizing a heterogeneous population, omitting, and/or failing to represent Pan-Asian/Asian American communities has serious public health implications. Such actions impede the evaluation of health disparities affecting Pan-Asian/Asian American communities and impair the achievement of health equity. The College believes it is imperative that researchers and other stakeholders make it a priority to collect inclusive data that sufficiently captures the diversity of the Pan-Asian/Asian American community and incorporate it in their research, facilitated by adequate financial, technical, and policy support. ACP looks forward to working with you, the rest of the medical community, and other policy stakeholders on this issue. Please contact Josh Serchen, Associate, Health Policy at jserchen@acponline.org if you have any questions or need any additional information.

Sincerely,

George M. Abraham, MD, MPH, MACP, FIDSA
President

CC: David Myers, MD, Acting Director, Agency for Healthcare Research & Quality
        Rochelle P. Walensky, MD, MPH, Director, Centers for Disease Control & Prevention
        Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services
        Robert M. Califf MD, MACC, Commissioner, Food & Drug Administration
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            Services Administration (SAMHSA)