

PolicyLink

Understanding the Health of Racially and
Ethnically Diverse Populations:
Making the Case for Data Disaggregation

Action Framework for Moving Data
Disaggregation Efforts



May 25, 2017

AB 1726 Co-Sponsors



Impacted Data and Communities

California Dept. of Public Health

*University of California/California State University**

CA Population

U.S. Census Bureau, 2010 Census SF1 Tables QT-P8 and QT-P9; 2010 Census SF2 Table DP-1

Asian American	
Bangladeshi	10,494
Hmong	91,224
Indonesian	39,506
Malaysian	5,595
Pakistani	53,474
Sri Lankan	11,929
Taiwanese	109,928
Thai	67,707

NHPI	
Fijian	24,059
Tongan	22,893

Total: 439,809



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Introduced

Higher Education

- CA Community Colleges
- CA State University
- University of CA

Health

- Dept. of Public Health
- Dept. of Health Care Services
- Dept. of Managed Health Care

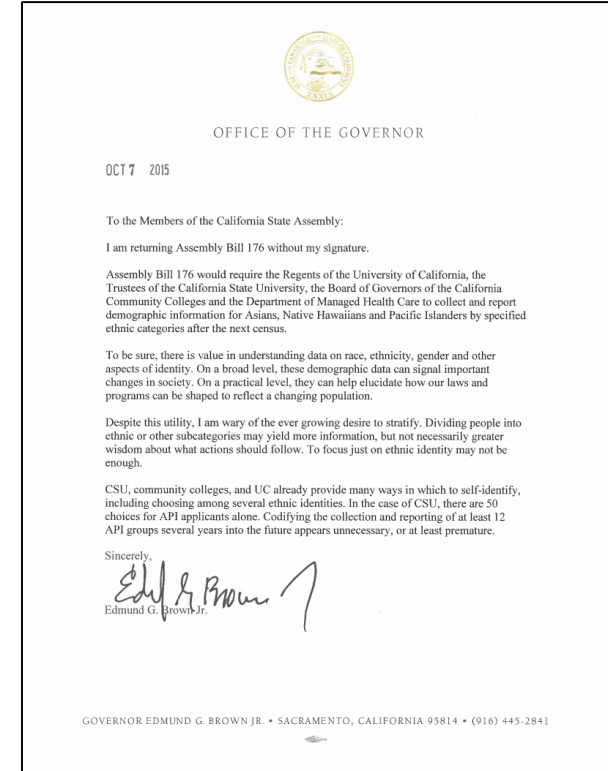
Enrolled and Presented

Higher Education

- CA Community Colleges
- CA State University
- University of CA


Health

- ~~Dept. of Public Health~~
- ~~Dept. of Health Care Services~~
- Dept. of Managed Health Care



AB 176

Maintaining Momentum



October 19, 2015

The Honorable Edmund G. Brown, Jr.
Governor, State of California
State Capitol, Suite 1173
Sacramento, CA 95814

RE: Response to Veto of AB 176 (Bonta)
Accounting for Health and Education in API Demographics (AHEAD) Act



Signed by more than...
100 Organizations, **500** Individuals,
25 States, Guam, and New Zealand

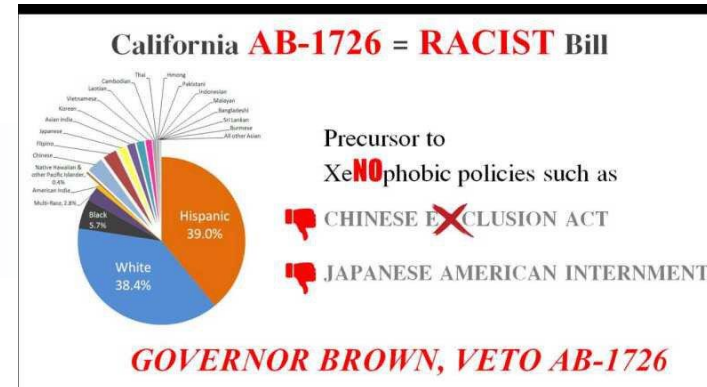


AB 1726 Challenges



Governor Brown

Conservative Opposition



Resources



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Advancing AB 1726

Addressing Governor Brown's Concerns

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ARTICLE

Cancer Incidence Trends Among Asian American Populations in the United States, 1990–2008

Scarlett Lin Gomez, Anne-Michelle Noone, Daphne Y. Lichtensztajn, Steve Scoppa, James T. Gibson, Lihua Liu, Cylene Morris, Sandy Kwong, Kari Fish, Lynne R. Wilkens, Marc T. Goodman, Dennis Deapen, Barry A. Miller

Manuscript received September 19, 2012; revised April 17, 2013; accepted April 18, 2013.

Correspondence to: Scarlett Lin Gomez, PhD, Cancer Prevention Institute of California, 2201 Walnut Ave, Ste 300, Fremont, CA 94538 (scarlett@cpic.org).

Background National cancer incidence trends are presented for eight Asian American groups: Asian Indians/Pakistanis, Chinese, Filipinos, Japanese, Kampuchean, Koreans, Laotians, and Vietnamese.

Methods Cancer incidence data from 1990 through 2008 were obtained from 13 Surveillance, Epidemiology, and End Results (SEER) registries. Incidence rates from 1990 through 2008 and average percentage change were computed using SEER*Stat and Joinpoint software. The annual percentage change (APC) in incidence rates was estimated with 95% confidence intervals (95% CIs) calculated for both the rate and APC estimates. Rates for non-Hispanic whites are presented for comparison.

Results Prostate cancer was the most common malignancy among most groups, followed by lung, colorectal, liver, and stomach cancers. Breast cancer was generally the most common cancer in women, followed by colorectal and lung cancers; liver, cervix, thyroid, and stomach cancers also ranked highly. Among men, increasing trends were observed for prostate (Asian Indians and Pakistanis: APC 1990–2003 = 2.2, 95% CI = 0.3 to 4.1; Filipinos: APC 1990–1994 = 18.9, 95% CI = 4.5 to 35.4; Koreans: APC 1990–2008 = 2.9, 95% CI = 1.8 to 4.0), colorectal (Koreans: APC 1990–2008 = 2.2, 95% CI = 0.9 to 3.5), and liver cancers (Filipinos: APC 1990–2008 = 1.6, 95% CI = 0.4 to 2.7; Koreans: APC 1990–2006 = 2.1, 95% CI = 0.4 to 3.7; Vietnamese: APC 1990–2008 = 1.6, 95% CI = 0.3 to 2.8), whereas lung and stomach cancers generally remained stable or decreased. Among women, increases were observed for uterine cancer (Asian Indians: APC 1990–2008 = 3.0, 95% CI = 0.3 to 5.8; Chinese: APC 2004–2008 = 7.0, 95% CI = 1.4 to 12.8; Filipina: APC 1990–2008 = 3.0, 95% CI = 2.4 to 3.7; Japanese: APC 1990–2008 = 1.1, 95% CI = 0.1 to 2.0), colorectal cancer (Koreans: APC 1990–2008 = 2.8, 95% CI = 1.7 to 3.8; Laotians: APC 1990–2008 = 5.9, 95% CI = 4.0 to 7.7), lung cancer (Filipinas: APC 1990–2008 = 2.1, 95% CI = 1.4 to 2.8; Koreans: APC 1990–2008 = 2.1, 95% CI = 0.6 to 3.6), thyroid cancer (Filipinas: APC 1990–2008 = 2.5, 95% CI = 1.7 to 3.3), and breast cancer in most groups (APC 1990–2008 from 1.2 among Vietnamese and Chinese to 4.7 among Koreans). Decreases were observed for stomach (Chinese and Japanese), colorectal (Chinese), and cervical cancers (Laotians and Vietnamese).

Conclusions These data fill a critical knowledge gap concerning the cancer experience of Asian American groups and highlight where increased preventive, screening, and surveillance efforts are needed—in particular, lung cancer among Filipina and Korean women and Asian Indian/Pakistani men, breast cancer among all women, and liver cancer among Vietnamese, Laotian, and Kampuchean women and Filipino, Kampuchean, and Vietnamese men.

J Natl Cancer Inst:2013;105:1096–1110

The Asian American population grew faster than that of any racial group in the United States over the last decade (1), with Asian Americans currently representing 5.6% of the population (2). Two-thirds of Asian Americans are foreign-born, and 25% immigrated within the past decade (3). Asian Americans come from heterogeneous socioeconomic backgrounds (4) and vary in English proficiency, insurance coverage, and use of health services (4,5), factors that play important roles in cancer risk. Despite the Asian American population being comprised of numerous diverse groups originating from more than 50 different countries and speaking

more than 100 languages, the dominant research literature tends to aggregate these groups (6). As a population with bimodal distributions of socioeconomic status (5,7–10), Asian Americans are generally portrayed as a “model minority” (11), a misleading narrative that obscures their diversity and complexity (8,9,12–14). An appreciation for the heterogeneity of these populations (15) is evident in the increase in publications reporting cancer incidence data for specific Asian American groups (13,16–19). The existence of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program, an integrated program of population-based



MAHINA Pilot Program: Raising Awareness About Birth Outcomes Disparities Among Pacific Islander Communities in Utah

Summary Report, 2015



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Campaign Activities



Governor Brown & CA State Legislature, Sign AB 1726!

#AllCaliforniansCount

Sign our Petition at bit.ly/supportab1726



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Resources




Looking Ahead

change.org

Petitioning [California Governor](#) and [2 others](#)

Vote NO on AB-1726 !

 **United Californians** Sunnyvale, CA

15,346 supporters



9,654 needed to reach 25,000

18MR ACTIVATING ASIAN AMERICA

GOVERNOR BROWN & CA STATE LEGISLATURE: MAKE ALL AAPI COMMUNITIES VISIBLE! #ALLCALIFORNIANS COUNT

1,874 Signatures Collected



Only 1,326 more until our goal of 3,200

 **THE DAILY SIGNAL**

SOCIETY / COMMENTARY

There Is Time to Reverse Obama Census Proposal That Promotes Group Identity Politics

Mike Gonzalez / @Gundisalvus / April 20, 2017 /



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Implementation

4265 Department of Public Health

- Demographic Data Collection of Asian, Native Hawaiian, and Pacific Islander Populations (AB 1726)

- - - - - 326 2.5

AGENDA – PART A

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR

TUESDAY, MAY 23, 2017
2:30 P.M. - STATE CAPITOL, ROOM 4202

68	Demographic Data Collection of Asian, Native Hawaiian and Pacific Islander Populations BCP: expenditure authority of \$326,000 in 2017-18, \$316,000 in 2018-19, and \$314,000 ongoing, and 2.5 full-time positions to meet the AB 1726-mandates to collect demographic data on ancestry or ethnic origin of persons.	March 20	Approve as budgeted the Demographic Data Collection Budget Change Proposal.
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Higher Education Data

University of California Fall Duplicated Enrollments by Disaggregated Race/Ethnicity

Broad Category	Category	Collection Status	2012	2013	2014	2015	2016
Asian	Chinese/Chinese Amer (exc Taiwanese)	A	37,751	40,178	43,169	45,601	48,773
	Vietnamese	A	11,665	12,153	12,616	12,811	13,087
	Filipino	A	9,835	10,260	10,843	11,200	12,007
	Korean	A	12,181	12,274	12,264	11,905	11,836
	Asian Indian	B	6,222	7,804	8,905	9,709	11,083
	Other Asian	A	3,404	2,869	4,030	5,381	7,317
	Taiwanese	B	5,861	6,826	7,123	6,969	6,796
	Japanese	A	5,529	5,748	5,856	5,806	5,951
	East Indian/Pakistani	A2	3,129	2,320	2,203	2,316	2,006
	Pakistani	B	1,105	1,271	1,400	1,439	1,519
	Indonesian	B	755	959	1,170	1,262	1,388
	Cambodian	B	779	926	1,082	1,090	1,125
	Thai	B	659	797	838	818	867
	Malaysian	B	366	450	537	587	645
	Hmong	B	383	449	584	582	569
	Bangladeshi	B	280	375	446	499	555
	Laotian	B	227	257	336	332	367
Sri Lankan	B	211	271	314	324	321	

<https://www.universityofcalifornia.edu/disaggregated-data>



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Higher Education Data

University of California

Fall Duplicated Enrollments by Disaggregated Race/Ethnicity

Broad Category	Category	Collection Status	2012	2013	2014	2015	2016
Native Hawaiian and Pacific Islander	Hawaiian	B	416	476	535	545	578
	Other Pacific Islander	B	265	296	392	457	509
	Guamanian/Chamoro	B	184	238	284	275	294
	Fijian	B	141	176	212	216	228
	Samoaan	B	105	129	156	183	198
	Hawaiian/ Other Pacific Islander	A1	208	175	165	144	157
	Tongan	B	41	51	61	71	79

<https://www.universityofcalifornia.edu/disaggregated-data>



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Thank You!

