APPLIED POPULATION HEALTH APPROACHES FOR ASIAN AMERICAN COMMUNITIES

EDITED BY
SIMONA C. KWON, DrPH, MPH
CHAU TRINH-SHEVRIN, DrPH
NADIA S. ISLAM, PhD
STELLA S. YI, PhD, MPH

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SIMONA C. KWON
CHAU TRINH-SHEVRIN
NADIA S. ISLAM
STELLA S. YI

FOREWORD BY MARJORIE KAGAWA-SINGER

AFTERWORD BY SHOBHA SRINIVASAN AND RINA DAS

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FOREWORD

You Don't Count If You Are Not Counted

In the mid-1960s, the only option I had on any demographic data forms to describe my racial and ethnic heritage was “Other.” Even when I began my research career in Asian American health during the 1980s, a scan of published work in the health field showed a dearth of articles on Asian Americans. Usability of published data was further limited by the aggregation of all Asian American groups into the single category, “Oriental,” which held on as the aggregate term used to describe our multicultural populations. When founding the Asian American Political Alliance in 1968, followed rapidly by the establishment of the Asian American Studies Center at the University of California at Los Angeles (UCLA) in 1968, Yuji Ichioka coined the term “Asian American,” noting, “we are not carpets.” Yet years passed before this more meaningful term came into common use.

Due to the perseverance of Asian American researchers and community advocates, recognition of the enormous and growing diversity of our population groups, both by culture as well as immigration history, has become widespread. There is now a clearer picture of who we are, how our health beliefs and needs differ, and the best ways to obtain data describing us to inform the development of effective programs to provide health education and proactive health practices to our communities in culturally consonant and compelling ways.

In 2022, with the publication of this book, *Applied Population Health Approaches for Asian Americans*, we can clearly demonstrate the heterogeneity of this population group. Asian Americans are and have been in the United States since Filipinos arrived with the Spanish in the late 1500s. The major wave of Asians arrived on the West Coast of the United States in the mid-1800s and, now, the US Asian American population likely includes representation from every Asian population in the world. Importantly, for scientific inquiry, we now have a growing body of disaggregated data to document threats to health and well-being in our highly diverse communities so that we can more effectively work with these communities to improve outcomes.

Notably, this volume also highlights the concerted efforts of a cohesive team of Asian American scholars and community leaders who donated their time and expertise to write these chapters. It also highlights the work of their colleagues around the country conducting the community-based research that informed the innovative and essential theoretical grounding and methodological expertise required in the field of public health to effectively address the needs of this highly heterogeneous population group.

Obtaining funding for research in our communities has been an arduous ordeal. Significantly, the director of the National Institutes of Health (NIH), Dr. Francis Collins, apologized for the structural racism that has blocked funding for health research among communities of color in the United States.[1] Along with leaders representing the various institutes and centers of NIH, Dr. Collins recently published a framework for ending structural racism in biomedical research.[2] In that article, leaders acknowledged and committed to ending structural racism “in the criteria used to fund scientific inquiry at the NIH, developing robust health disparities/equity research, and improving the internal culture so that diversity, equity, and inclusion are reflected in funded research and the biomedical workforce.” This acknowledgment and the promise of change in biomedical research represent a remarkable milestone but we must also demand that NIH address the role of structural racism in limiting the funding for and progress in behavioral research among communities of color. NIH must be accountable to both domains of health research.

The authors contributing to this volume have worked in partnership with their communities for many years and describe what they know to be the truths in these communities. Notably, many of the researchers are also members of these communities and, therefore, know the essential nuances of communication within them. Most importantly, they have gained the trust of community leaders and members, allowing them to effectively inform communities of various health issues and challenges and craft solutions in partnership with them. To achieve this progress, these researchers have worked tirelessly with community leaders and members to negotiate and establish mutually acceptable intervention designs and evaluation measures that are useful to both the community and the researchers. Although this process is recognized as essential in community health efforts, NIH's criteria for funding to date have not been accommodating or supportive of the additional time required for these steps. Naïve communities or refugee populations have well-warranted wariness of “government programs” asking personal questions. Given the history of “research” in the African American and Native American communities, in particular, researchers of color well know the valid wariness of these communities. Many of our Asian American populations have fled war-torn countries and are equally wary of “government” efforts, rendering the trust-building process a time- and effort-intensive one for researchers aiming to partner with and improve outcomes for these communities.

The chapters in this book clearly illustrate the sophistication of this team of authors in overcoming these barriers and building trust with a diverse array of communities across the country, as well as demonstrating the scientific expertise of these researchers. For example, in Chapters 4 and 5, the authors identified the dual challenges of generating population-based samples and interfacing with federal requirements for data collection. In the lessons learned sections, the authors identify the strengths and challenges of carrying out truly partnered work with communities, including ensuring that study designs are consciously inclusive of cultural differences in communication, social forces, and specific health needs of different Asian American populations. Notably, the authors also address the pros and cons of “fit” for different types of study designs to meet the cultural, social, and health needs of diverse Asian American populations, using multiple theoretical lenses to develop scientifically rigorous and culturally compatible and respectful methodologies to maximize intervention success.

This textbook presents lessons learned from research conducted in partnership with population groups that have been – as Dr. Moon S. Chen Jr., the renowned national expert in cancer and health disparities, was wont to say – not “hard to reach,” but rather, “hardly reached.” When applied, these lessons learned can improve the science of working in partnership with communities to enhance and support the health and well-being of vastly diverse Asian American populations. As NIH Director Collins indicated in the report referenced above, our science needs to be more inclusive of diversity. This textbook can guide community health sciences to more effectively reach the communities that have been, heretofore, “hardly reached.”

Marjorie Kagawa-Singer, PhD, MN, RN
Professor Emerita, School of Public Health and
Department of Asian American Studies,
University of California Los Angeles

NOTES

1. NIH stands against structural racism in biomedical research, National Institutes of Health, March 1, 2021, https://www.nih.gov/about-nih/who-we-are/nih-director/statements/nih-stands-against-structural-racism-biomedical-research.

2. F. S. Collins, A. B. Adams, C. Aklin, et al., Affirming NIH's commitment to addressing structural racism in the biomedical research enterprise, *Cell* 184 (12) (June 10, 2021): 3075–3079, https://www.cell.com/cell/fulltext/S0092-8674(21)00631-0.

THE EDITORS

SIMONA C. KWON, DrPH, MPH is associate professor in the Departments of Population Health and Medicine, director of the Section for Health Equity, and vice chair for Diversity, Equity, and Inclusion in the Department of Population Health at NYU Grossman School of Medicine. Kwon is the director and multi-principal investigator of the National Institute on Minority Health and Health Disparities (NIMHD)-funded Center of Excellence, the NYU Center for the Study of Asian American Health (CSAAH). Kwon also co-leads the Community Outreach and Engagement Core of the NYU Langone Perlmutter Cancer Center, a National Cancer Institute–designated Comprehensive Cancer Center, and serves as the community engagement and dissemination lead for the Centers for Disease Control and Prevention (CDC)-funded NYU BOLD Public Health Center of Excellence on Early Detection of Dementia.

She is a socio-behavioral epidemiologist with extensive experience in the use of, among other methods, community-based participatory research, mixed methods (qualitative and quantitative) approaches, evidence-based strategies, dissemination and implementation science, and multidisciplinary teams to address community-level health disparities. Kwon works in collaboration with multisector coalitions made up of local and national community-based organizations, governmental agencies, service delivery organizations, and researchers from discrete disciplines.

Kwon's research examines the social and cultural factors that influence health and health outcomes in racial and ethnic communities, with a particular focus on Asian Americans. She employs a social determinants of health framework to implement and evaluate evidence-based strategies in community settings, focusing on cultural relevance and impact and finding more effective channels through which to translate research into practice. Her work is grounded in applying social marketing principles and community- and culture-centered approaches to culturally tailor meaningful messages and adapt evidence-based strategies to engage and reach racial/ethnic minority and immigrant communities.

Kwon was awarded her master of public health in epidemiology from Yale University and her doctorate in the Division of Sociomedical Sciences from the Mailman School of Public Health, Columbia University. She served as a W.K. Kellogg Community Scholars postdoctoral Fellow at the Johns Hopkins Bloomberg School of Public Health in the Department of Health Behavior & Society.

* * *

CHAU TRINH-SHEVRIN, DrPH is professor in the Departments of Population Health and Medicine, director of the Division of Health and Behavior, vice chair for Research in the Department of Population Health, and Institutional Review Board chair at NYU Grossman School of Medicine. For over 20 years, her research has focused on the rigorous development and evaluation of multi-level strategies to reduce health disparities and advance health equity.

Trinh-Shevrin is multi-principal investigator (MPI) of a National Institute on Minority Health and Health Disparities (NIMHD) Center of Excellence, the NYU Center for the Study of Asian American Health (CSAAH), and a National Institute on Aging (NIA) Engagement in Longevity and Medicine Research Collaborative. Trinh-Shevrin also led a Centers for Disease Control and Prevention (CDC) Research Center for over a decade and currently leads a

CDC Cancer Prevention and Control Research Network Center. Building on her expertise in community-based participatory research and longstanding relationships with national and local community partners, she is MPI of a National Institutes of Health (NIH) Community Engagement Alliance to End COVID-19 Disparities and associate director of Community Outreach and Engagement for the Perlmutter Cancer Center, a National Cancer Institute-designated Comprehensive Cancer Center.

Trinh-Shevrin is dedicated to mentoring junior faculty and students in minority and health disparities research. She is involved in many NIH-funded research training and education programs and leads an NIA Academic Leadership Award to support mentored research opportunities in healthy aging and health disparities research.

Trinh-Shevrin earned her doctorate in public health from the Mailman School of Public Health, Columbia University, and masters in health policy and management at the State University of New York at Albany. She has co-authored more than 130 peer-reviewed publications and is co-editor of two textbooks, *Asian American Communities and Health* (Jossey-Bass, 2009) and *Empowerment and Recovery: Confronting Addiction during Pregnancy with Peer Counseling* (Praeger Press, 1998).

* * *

NADIA S. ISLAM, PhD, is a medical sociologist, associate professor in the Department of Population Health, and associate director of the Institute for Excellence in Health Equity at NYU Grossman School of Medicine. Her research focuses on developing culturally relevant community-clinical linkage models to reduce cardiovascular disease and diabetes disparities in disadvantaged communities.