

Appropriate Use of the Asian American Demographic Category in Health Disparities Research

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Yi recently advocated for disaggregating data among Asian Americans and provided actionable recommendations researchers should

take to equitably improve the health of this population.¹ Specifically, Yi suggested that researchers conduct subgroup analyses and provide a context for Asian American samples in their methods. In 2000, *AJPH* led initial calls for data disaggregation among Asian Americans and Pacific Islanders,² which have been echoed continuously by scholars and practitioners for the past two decades.³⁻⁵ Such practices are standard in the United Kingdom, although calls for additional granularity have been put forth.⁶

Following recommendations for subgroup representation and concomitant action steps for accurate depictions of populations studied, we sought to assess the extent to which the existing body of scientific literature focusing on Asian Americans adequately captures disparities at the subgroup level. We conducted a search of PubMed for articles that included the term “Asian American” (or referenced Asians in the United States) in the title up to October

2020. We reviewed these articles and coded them with respect to whether data were aggregated or specific subgroups were delineated.

Our search yielded 1117 articles; 312 were excluded because they were not empirical studies, they were duplicates, or they were not peer reviewed (e.g., conference proceedings). Overall, 22.7% of the articles aggregated data, and the remainder delineated at least one subgroup. Of 619 articles that articulated specific subgroups, 4.5% did not include any of the largest three populations (Chinese, Asian Indian or South Asian, Filipino); 27.2%, 32.9%, and 35.4% of the articles included one, two, and three of those groups, respectively.

The landscape of literature on Asian American health provides convincing evidence for the relevance of Yi’s article. Currently, there is no conventional standard for use of the term Asian American. As Yi and others have documented, this may mask inequalities experienced by Asian American subgroups. Especially in light of understanding inequities related to COVID-19,⁷ an accurate characterization of Asian American disparities is desperately needed. Specifically, research focused on a singular community should include the featured racial (e.g., “Chinese”) or regional (e.g., “South Asian”) subgroup in the title or abstract. In investigations of multiple subgroups, the term Asian American (or a similarly broad identifier) should be used only when the study populations comprise the majority of Asian Americans in the focal geography; otherwise, titles should explicate the specific subgroups investigated.

In summary, we call for health researchers, practitioners, and policy-makers to not overgeneralize the study of Asian American health issues but,

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rather, to be precise when investigating health indicators among this population's diverse communities. **AJPH**

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CONTRIBUTORS

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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EDITOR'S NOTE

No response from Yi is forthcoming.