Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Racism in the USA: ensuring Asian American health equity

Racist anti-Asian incidents and rhetoric in the USA have been on the rise during the COVID-19 pandemic, by some accounts increasing as much as 150%. The horrific mass shooting on March 15, 2021, in which six of eight people killed in three spas in Atlanta, Georgia, were Asian women, has prompted urgent conversations about prejudice against Asian Americans. Organisations including the American Medical Association were swift to underscore that racism, in addition to gun violence, is a public health crisis. The American Psychiatric Association warned that the shooting could compound the trauma and fear already experienced in Asian American communities. 2020 was a year of reckoning around race in the USA and national introspection about the maltreatment of people of colour; 2021 is a year to consider how racism and discrimination, alongside other social determinants, shape the broader context of health. April is National Minority Health Month and an opportunity to draw attention to Asian American health and wellbeing.

The term "Asian American" carries a measure of controversy in trying to define an extraordinary mix of people, cultures, and languages. It is not a matter of semantics, but an issue of representation. Asian Americans include people with ancestry from east Asia, south Asia, southeast Asia, and in some instances Pacific Islanders or Native Hawaiians. Asian Americans constitute about 6·8% of the population of the USA and unlike any other ethnic or racial minority group, about two-thirds are foreign born and have entered the USA in the past 10 years. The largest Asian American subgroups are Chinese (4·2 million), followed by Filipino (3·6 million), Indian (3·3 million, and the fastest growing), Vietnamese (1·9 million), and Korean (1·8 million).

As a predominantly immigrant minority group, Asian Americans can face specific barriers to accessing health care such as residency requirements for Medicaid eligibility (health coverage for low-income Americans) or being more likely to be employed in jobs that do not cover private insurance. Language proficiency can also limit an individual's ability to navigate a challenging health-care system. In relation to educational attainment and income level, immigration status can vastly bifurcate health outcomes.

Providing a comprehensive picture of the health of Asian Americans is complex, challenging, and incomplete. Only in the past decade has research on health outcomes and disparities among Asian Americans gained momentum. Scarce data can routinely obscure or minimise health disparities for ethnic and racial minorities. In a Correspondence, Nancy Krieger and colleagues point to the stunning and continued paucity of ethnic and racial data being collected for COVID-19 vaccination in the USA. In general, Asian Americans have historically been seemingly healthier than other groups and compared with the US general population. For example, overall cancer incidence is lower in Asian Americans than in non-Hispanic White people. However, Asian Americans are at increased risk for liver and stomach cancers and are the only group for whom cancer remains the leading cause of mortality. Type 2 diabetes is more prevalent in Asian Americans as a group (9%) compared with non-Hispanic Whites (7·2%), but it is substantially higher in subgroups of Asian Americans such as Filipino men (15·8%). Understanding such differences could inform the use of prevention or earlier screening strategies.

Tailored public health strategies to improve health equity will be an important means to counter the so-called model minority myth—ie, the expectation of excelling socially and academically. Asian Americans are often portrayed as self-sufficient and resilient, and are the least likely of all ethnic groups to seek mental health treatment. Cultural pressures and feelings of shame or stigma, especially around mental health disorders, treatment for cancer, and previous trauma can be deterrents to seeking help. However, culturally competent care could be improved through some of the solidarity and impact of Asian Americans as health-care providers. About 17% of all US physicians identify as Asian American. Although over-represented in number, increasing visibility and obtaining more leadership positions within health care is an important goal.

Health equity in the US demands recognition of the contributions that immigrants make to society, understanding and provision of appropriate responses to the different needs of groups and individuals, and the dismantling of racism and discrimination against Asian Americans. ■ *The Lancet*

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For more on **vaccination data collection** see **Correspondence** page 1259

For **data on anti-Asian prejudice** see https://www.csusb.edu/sites/default/files/FACT%20SHEET-%20Anti-Asian%20Hate%202020%20rev%203.21.21.pdf

For **data on cancer and Asian Americans** see https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=46

For **leading causes of death—non-Hispanic Asian or Pacific Islander** see https://www.cdc.gov/healthequity/lcod/men/2016/nonhispanic-asian-or-islander/index.htm

For **prevalence and prevention of type 2 diabetes in Asian Americans** see *World J Diabetes* 2015; **6:** 543–47

For more on **racism-related stress from the model minority myth** see https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/stress-racism

For **data on mental and behavioural health in Asian Americans** see https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=54