

NYU Langone Health
Office of Science and Research
Clinical and Translational Science Institute
Integrating Special Populations Core
Engaging Special Populations Best Practice Brief
Asian American Population
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Overview

Demographic Profile

The Asian American community is the fastest growing population across the U.S. with a 72% increase in population between 2000 and 2015.¹ Since 1990, the number of API residents in NYC (including both immigrants and non-immigrants) more than doubled, from 490,000 in 1990 to 1.2 million in 2019.² Despite the prevalence of the model minority stereotype that paints Asian Americans as a monolithic group that are “healthy, wealthy and wise,” the Asian American community across the U.S. and in NYC is highly diverse. Asian Americans make up 14% of the population in New York City (NYC), the largest Asian subgroups are Chinese (47%), Asian Indian (17%), Bangladeshi (8%) Korean (7%) and Filipino (6%) with more than 15 other ethnic subgroups making up the rest of the community.² As a result, there are striking demographic differences across the different ethnic subgroups. For example, Chinese and Korean Americans in NYC are more likely to report limited English proficiency (40% and 38% respectively) compared to Asian Indian (17%) and Filipino Americans (20%).² In addition, Chinese and Asian Indian Americans in NYC were more likely to report less than high school education (31% and 18%), while only 5% of Filipino Americans and 6% of Korean Americans had less than a high school education.² However, most Asian Americans living in NYC are foreign born (Chinese: 69%, Asian Indian: 76%, Filipino: 72%, Korean: 67%) and these statistics are reflected at the national level with 66% of Asian Americans across the U.S. being foreign born.²

Asian Americans in NYC

- **Chinese, Asian Indian, Korean and Filipino are the largest Asian subgroups in NYC, representing 49%, 19%, 7% and 6% of AA respectively.**
- **Chinese and Koreans are more likely to report limited English proficiency (61%) and (52%), respectively, followed by Asian Indians (28%) and Filipinos (19%).**
- **Bangladeshis and Pakistanis have higher poverty rates of 28%, compared to the NYC rate of 21%.**
- **Majority of Asian Americans living in NYC are foreign born Chinese: 72%, Asian Indian: 70%, Filipino: 73%, Korean: 70%.**

API Immigrants by Ethnic Group - NYC, 2010 and 2019

API Ethnicity	Number in 2010	Percent in 2010	Number in 2019	Percent in 2019	Number Change	Percent Change
Total, API	753,384	100.0	844,987	100.0	91,603	12.2
Chinese	371,758	49.3	417,654	49.4	45,896	12.3
Asian Indian	138,150	18.3	151,863	18.0	13,713	9.9
Korean	71,015	9.4	55,637	6.6	-15,378	-21.7
Filipino	52,710	7.0	54,295	6.4	1,585	3.0
Bangladeshi	27,372	3.6	53,291	6.3	25,919	94.7
Pakistani	29,788	4.0	34,037	4.0	4,249	14.3
Japanese	16,494	2.2	15,645	1.9	-849	-5.1
Vietnamese	9,310	1.2	10,238	1.2	928	10.0
Taiwanese	NA	NA	7,807	0.9	NA	NA
Nepalese	NA	NA	6,838	0.8	NA	NA
All Other	36,787	4.9	37,682	4.5	895	2.4

Figure 2. American Community Survey Microdata Sample of API (Asians and Pacific Islanders) Immigrants by Ethnic Group in NYC in 2019.⁷

Figure 1. NYC Asian American demographic data from U.S. Census Bureau 2015 ACS community survey.

Health Profile

When looking at top-line statistics, Asian American women have the highest life expectancy across all racial and ethnic groups in the U.S.⁴ The three leading causes of death for Asian Americans are cancer (20%), heart disease (19%) and COVID-19 (14%), which differs from the overall U.S. population.⁴ However, the health issues and outcomes affecting Asian Americans varies across subgroups. Breast cancer is the leading cause of death in NYC Asian Indian and Filipina women compared to the overall Asian American population (rate of 11.0, 13.4 and 9.8 per 100,000, respectively) according to a 2013 analysis.⁵ Liver cancer death rate is higher among Korean men and Chinese adults than other groups (25.3, 47.1 and 20.0 per 100,000, resp.).⁵ More broadly, overall cancer rates among men (per 100,000 from 2006 – 2010) range from 216.8 among Asian Indians/Pakistanis to 526.5 among Samoans, and the three leading causes of cancer death are lung, liver, and colorectal cancer.⁶ Overall cancer rates among women range from 212.0 among Asian Indians/Pakistanis to 442.8 among Samoans, and the three leading causes of cancer death are lung, breast, and colorectal cancer.⁶ Additionally, in NYC, Asian Indian adults have higher prevalence of high blood pressure (31%) compared to overall NYC (28%), overall NYC API (23%), Chinese adults (20%) and Korean adults (15%)⁶. Additionally, Asian Indian adults (21%) and South Asian adults (15%) have higher prevalence of diabetes compared with NYC overall (11%) and NYC API overall (12%).^{2,7}

Asian American Engagement in Research

Community engaged research is the process of addressing issues affecting the target populations of a study by collaborating and involving those directly impacted by studies in the research process.⁸ The extent to which a research study requires community involvement will vary depending on the needs of the study. Thus, community engaged research exists on a spectrum (as seen in Figure 3).⁸ For a community-engaged study that moves further to the right on the spectrum, there is greater community involvement with a stronger bidirectional relationship and shared leadership between researchers and the community.⁸ Community-based participatory research (CBPR) studies are research studies formatted to incorporate community members into the research process.⁸ The CBPR approach has shown much success in conducting research within disenfranchised communities since community engaged research facilitates trust and effective communication, which can later lead to community buy-in and future study sustainability.⁸

Community Engagement Continuum

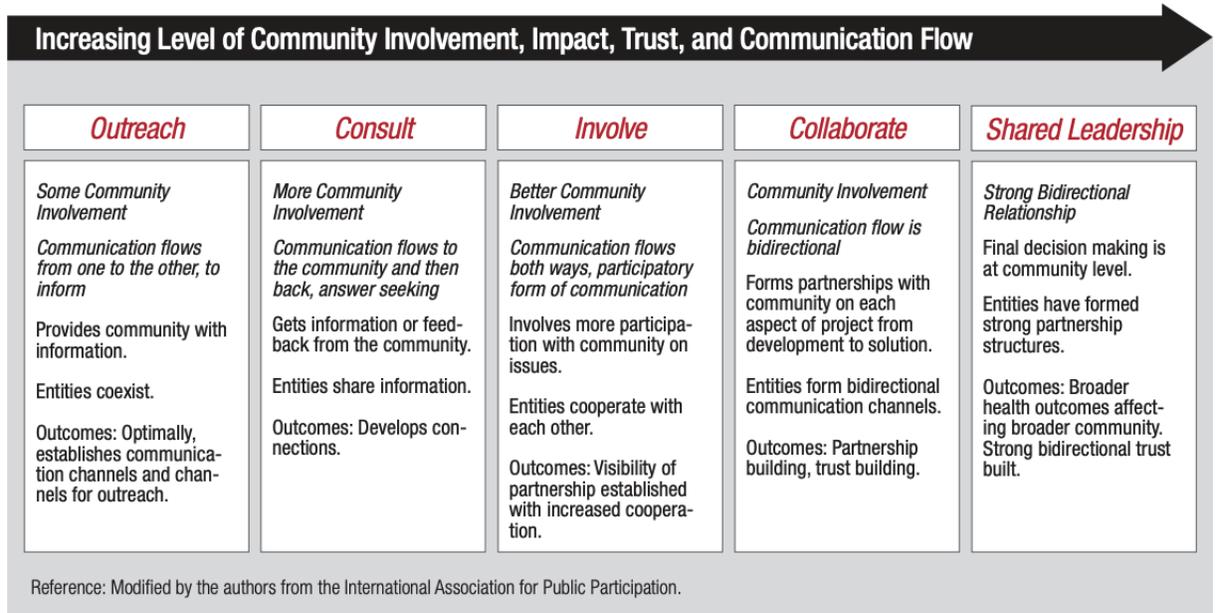


Figure 3. As study moves further to the right on the spectrum, the greater bidirectional relationship and shared leadership between researchers and the community.⁷ Source: Principles of Community Engagement Report (2nd Ed.), Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement.⁷

Best Practices in Engaging the Asian American Community

When specifically addressing the Asian American community, there are several specific considerations for an effective community engaged approach.

- Consider the importance of disaggregating Asian American data⁹
- Establish community relationships by participating in neighborhood events, engaging with community leaders and establishing a strong relationship with community members^{9,10}
- Implement the concept of “collectivism” in the community engagement process
 - Emphasis on affiliation and cooperation of the community is a pertinent cultural value to the Asian American community¹¹
- Consider physical and social barriers of participation including taking time away from work, traveling to a university or hospital setting for data collection, and finding care for children or elderly at home.^{5,11}

Recruitment Best Practices

Outreach

- Establish a collaborative relationship with community organizations and leaders serving the Asian American community (e.g., heritage-based organizations, Asian American community groups [e.g., the Korean Community Services of Metro NY])¹²
- Partner with community and group leaders to promote and advertise research studies in a culturally and linguistically appropriate way (e.g., the use of in-language materials)¹²
- Create ties between community liaisons and lead researchers so each group can familiarize themselves with each other (e.g., inviting and attending/participating in collaborative events, gatherings, and support groups [e.g., panels, seminars, townhalls])¹²
- Utilize bilingual/bicultural research coordinators and/or other research staff members that can help ensure better communication with community members¹²
- As Asian Americans are active users of online and mobile technologies to connect with their communities and share and receive information, consider advertising and recruiting for studies digitally as well as in person.^{12,13}

Scheduling and Costs

- Incorporate flexible data collection schedules in your protocol (e.g., evenings and weekends)¹⁴
- Provide childcare or other family support services (e.g., older adult care, additional seating for spouses)¹⁴
- Conduct data collection in flexible locations (e.g., community gathering spots/settings, community centers, faith-based centers)¹⁴
- Consider transportation needs and resources for your study participants¹⁴
- Provide fair and culturally appropriate compensation for participation – researchers can ask members for what they'd like as compensation (e.g., goodie bags, food, incentives to local grocery stores, pharmacies, or businesses)¹⁴

Education and Language

- Provide general community education about adverse effects and participant liability in clinical trials with consideration for personal literacy and organizational health literacy¹⁴
- Translate marketing materials in preferred languages of target audience (provide options for each sub-demographic)¹⁵
- Implement transcreation approach (i.e., process of translating and culturally adapting messaging from one language to another to provide context to target community/audience) when creating educational materials for study¹⁶
- Provide options for participants to complete study measures independently or with the help of a research assistant^{15,16}
- Provide options for study measures to be administered verbally¹⁷

Cultural Sensitivity and Values

- Critically examine data collection questions and assess whether certain questions may be alienating and only include necessary demographic questions (e.g., sensitivity to questions about citizenship or income)¹⁷
- Consider cultural norms and values in designing the study protocol (i.e., use family or community members as study recruiters to locate potential participants)¹⁸
- Address participants with appropriate language to indicate mutual respect¹⁷

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Internal & External Resources:

Research and Recruitment Resources	NYULH Trainings & Resources*	Health Profiles	National Organizations
All of Us Research Program (NIH resource)	CDC Plain Language	Cancer Facts and Figures for AANHPI (American Cancer Society report)	NYU Center for the Study of Asian American Health (NYU CSAAH)
Eliminating Disparities in Clinical Trials (EDICT) Project (NIH report)	CDC Health Literacy	Asian Americans, Native Hawaiians or Pacific Islanders and Tobacco Use (CDC report)	Asian & Pacific Islander American Health Forum (APIAHF)
Minorities in Clinical Trials (FDA resource)	CDC Select Terms for Populations	Health of Asian or Pacific Islander Population (CDC report)	The Association of Asian Pacific Community Health Organizations (AAPCHO)
Health Resources Database (NIMHD resource)	FOCUS Inclusive Mindset Training	Resources about Asian Americans and Diabetes (CDC resources)	The Asian American Research Center on Health (ARCH)
Overcoming Challenges in Recruitment of South Asians for Health Disparities Research in the US (ePub journal article)	FOCUS Driving Change and Anti-Racism Training	Asian American Health (Medline Plus report)	Lewis Katz School of Medicine Center for Asian Health
Strategies For Recruiting Representative Samples of AANHPI For Population-Based Studies (ePub journal article)	FOCUS Supporting Allyship and Anti-Racism at Work Training	Asian American Health Profile (HHS Office of Minority Health report)	
Recruiting representative samples of Asian Americans for a population-based case-control study (ePub journal article)	FOCUS Discussing Racism Training	Epi Data Brief: Health Disparities Among Asian New Yorkers (NYC Dept. of Health report)	
Experience and lessons learned from multi-modal internet-based recruitment of U.S. Vietnamese into research (ePub journal article)	FOCUS How to Speak Up Against Racism at Work Training	NYC Population API Demographic Snapshot (NYC Mayor's Office report)	
Barriers and facilitators to recruitment of South Asians to health research: a scoping review (ePub journal article)	FOCUS Design Thinking, Social Innovation, and Complex Systems Training	Asian American, Native Hawaiian and Pacific Islander Health Central Database (AANHPI Health resource)	
Recruiting Asian-American Adolescents for Behavioral Surveys (ePub journal article)	FOCUS Just Ask: Discussing Race Training	Questions on Race/Ethnicity and Asian American Identity (Guide on Data Disaggregation)	
Recruitment and Retention of Asian Americans in Web-Based Physical Activity Promotion Programs (ePub journal article)	FOCUS Building Inclusive Work Communities Training	The Asian American, Native Hawaiian, and Pacific Islander COVID-19 Needs Assessment Project	
https://www.joinallofus.org/		AAPI Data (Demographic data)	
Data Equity Guide	FOCUS Leading Inclusive Teams Training		
Community Engaged Research Training – "Benefits of Community-Engaged Research"(Presentation slides)	FOCUS Confronting Bias: Thriving Across Our Differences Training		

Research and Recruitment Resources	NYULH Trainings & Resources*	Health Profiles	National Organizations
	FOCUS Addressing Unconscious Bias in Medicine Training		
	FOCUS Strategic Resources and Support Services for Investigators & Study Teams		
	FOCUS Talking About Race at Work Training		
	FOCUS Marketing to Diverse Audiences Training		
	FOCUS Creating a Culture of Collaboration Training		
	FOCUS Communicating Across Cultures Training		
	FOCUS Best Practices for Managing Projects Across Cultures Training		
	FOCUS Cultural Competency at NYULH Training		
	FOCUS Interpersonal Communication Training		
	FOCUS Managing a Diverse Team Training		
	FOCUS Diversity, Inclusion and Belonging Training		

* FOCUS only accessible with Kerberos ID