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Reporting of Diabetes Trends Among Asian Americans, Native Hawaiians, and Pacific Islanders

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To the Editor

Ms Geiss and colleagues[1] presented 30-year trends in diabetes prevalence and incidence among US adults, describing sustained increases in racial/ethnic minorities (non-Hispanic black and Hispanic). We wish to highlight the non-reporting of results on Asian American, Native Hawaiian, and Pacific Islander (AANHPI) adults as a separate racial/ethnic group and indicate why such reporting would have been important.

The AANHPI subgroup is among the fastest growing subgroups in the US population with substantial ethnic diversity. Overall, this group has grown approximately 45% from 12.8 million in 2000 to 18.5 million in 2010.[2] Diabetes, particularly type 2 diabetes mellitus, is an important public health issue among the AANHPI population. Although national comparisons of diabetes prevalence in Asian American adults overall are not compelling (9.0% for Asian American adults vs 7.6% for non-Hispanic white adults),[3] disparities emerge when the data are disaggregated by ethnic subgroup. The age-adjusted diabetes prevalence is consistently twice as high among those of South Asian, Filipino, and Pacific Islander origin compared with the white population.[3,4]

The National Health Interview Survey (NHIS), the data set used for the analysis presented by Geiss et al,[1] began including the AANHPI population in 1992; there were insufficient sample sizes of the AANHPI population between 1992 and 1996 to conduct meaningful analyses. However, the unweighted sample sizes of AANHPI adults in the NHIS from 1997 to 2012 would have been adequate to produce weighted estimates that would approximate representativeness at the population level with some level of certainty, even in multivariable regression models. To account for diminishing power when enumerating prevalence and incidence of diabetes, one estimation strategy would be to pool data across multiple-year periods for the AANHPI population.

Diabetes prevalence trends have been previously described in the Asian American NHIS sample from 1997 to 2008.[5] Determining whether similar, sustained increases in diabetes from 2008 to 2012 are true for AANHPI populations, as they are for other racial/ethnic

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minorities, would have been an important contribution. A lack of accurate data, particularly data disaggregated by ethnic subgroup, obscures baseline health needs and inhibits the ability to understand the magnitude and nature of health disparities in AANHPI populations.

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