<u>Uplifting Asian American and Native Hawaiian/Pacific Islander (AANHPI) Heart</u> <u>Health</u>

With 1.5 million residents of Asian American and Native Hawaiian/Pacific Islander (AANHPI) descent, Los Angeles County is home to the largest AANHPI communities in the country. AANHPI communities are rich and diverse, representing over 40 ethnic groups with distinct languages, cultures, and sociodemographic characteristics. However, despite increased awareness of the dangers of treating AANHPI communities as a monolith, and efforts to improve data disaggregation, information on disparities across AANHPI groups continues to be incomplete.

The lack of complete disaggregated data has contributed to the masking of health disparities within the AANHPI community. This was highlighted during the peak of the COVID-19 pandemic, during which the lack of disaggregated data contributed to an inability to identify and address COVID-19-related disparities in AANHPI subgroups in a timely manner. However, efforts to improve data collection have since been implemented. The County unanimously passed Supervisor Solis and Horvath's motion

SOLIS	
MITCHELL	
HAHN	
BARGER	
HORVATH	

MOTION

to align the County's demographic data collection with new federal Census requirements earlier this year, which includes the collection of detailed race/ethnicity data subcategories.

Despite recent improvements, years of incomplete data and the practice of utilizing aggregated data contribute to the continued invisibility of health disparities among AANHPI ethnic groups. One such issue is the general understanding that heart disease does not disproportionately impact Asian Americans in comparison to other groups. For instance, the U.S. Department of Health and Human Services Office of Minority Health indicates that Asian Americans are less likely than White adults to have or die of heart disease.

Yet, the prevalence of heart disease can vary significantly among Asian

American groups. In 2019, a study indicated that the prevalence of Type 2 diabetes

among South Asians was 23.2 percent, while it was 14 percent among East Asians.

Furthermore, in 2019, people of South Asian descent, including descendants from India,

Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and the Maldives had the highest

death rate from heart disease than any other ethnic group in the United States. They

also had four times the risk of heart disease, and developed heart disease up to a

decade earlier, compared to the general population.

These discrepancies highlight a significant knowledge gap in the prevalence of heart disease among South Asians and across distinct AANHPI communities. H.R. 4914 (Jayapal), the South Asian Heart Health Awareness Research Act seeks to address this issue by raising awareness on the rate of heart disease for South Asians throughout the United States, and reverse negative disproportionate health outcomes

related to heart disease across all communities. Greater awareness and information on the disproportionate impact of heart disease across AANHPI communities, and among South Asians in particular, is key to addressing disparate health outcomes.

- I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Public Health, in collaboration with the Anti-Racism, Diversity and Inclusion (ARDI)

 Initiative, Department of Health Services, Emergency Medical Services, Aging and Disabilities Department, and other relevant County departments and partners, to report back in writing in 120 days with the following:
 - Identified existing heart health promotion resources and materials, including
 nutrition information, and exercise programs and recommendations, that are
 culturally and linguistically appropriate for AANHPI groups disproportionately
 impacted by heart disease. Report back on gaps and any needs to translate or
 develop these resources and materials.
 - 2. A targeted, user-friendly toolkit that includes social media messaging and sample graphics in multiple languages to raise awareness on the prevalence of heart disease among communities and subcommunities disproportionately impacted, including South Asians, that can be shared or disseminated by partners, including County departments, community-based organizations, health providers, and other trusted entities from the targeted communities that share public service announcements.
 - Identified funding and resources, including existing grants that allow the use of administrative funds, to support a public awareness campaign in multiple languages, utilizing traditional, ethnic, hyperlocal, and/or social media channels,

when feasible, to raise awareness among communities and subcommunities disproportionately impacted by heart disease, including during AANHPI Heritage Month, American Heart Month, and other months as appropriate.

I, FURTHER, MOVE that the Board of Supervisors instruct the Chief Executive Office's Legislative Affairs and Intergovernmental Relations branch to advocate in support of State and federal legislation that raise awareness on heart health among communities and subcommunities disproportionately impacted by heart disease, including H.R. 4914 (Jayapal).

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HLS:jgd