

Asian Americans and Pacific Islanders (AAPIs) are the fastest growing community in California. The AAPI population is remarkably diverse,

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encompassing nearly 50 distinct ethnic groups. Factors such as immigration status, language proficiency, and socioeconomic status play a major role in determining the health of AAPI populations, influencing health practices, access to health care services, and health outcomes. The statistical highlights and trends presented below provide a lens by which to view the overall health and well being of Asian and Pacific Islanders in California. While data are available for some populations and health indicators, more research is required to truly understand and appreciate the health status of specific AAPI communities.¹

DEMOGRAPHICS

Asian and Native Hawaiian and Other Pacific Islander (NHOPI) populations in California have seen incredible growth during the past decade. According to the 2000 Census, approximately 11% of people (3.8 million) in California are of Asian or NHOPI heritage. The Asian population grew by 35% in the past decade, and NHOPIs grew by nearly 6%. South Asians, Vietnamese and Hmong, Samoan, and Tongan populations saw the largest growth among Asian and NHOPI populations. When multi-race populations were considered, Japanese and Native Hawaiians grew significantly as well.¹

California Population by Race/Ethnicity¹

Race/Ethnicity	Total Pop	%Total
White (Non-Hispanic)	15,816,790	46.7
African American/Black	2,263,882	6.7%
Hispanic and Latino (Any Race)	10,966,556	32.4%
American Indian/Alaska Native	333,346	1.0%
Asian	3,697,513	10.9%
Asian Indian	314,819	.9%
Chinese (not Taiwanese)	918,325	2.7%
Filipino	918,678	2.7%
Japanese	288,854	.8%
Korean	345,882	1.0%
Vietnamese	447,032	1.3%
Native Hawaiian/Other Pacific Islander	114,489	.3%
Native Hawaiian	20,571	.06%
Guamanian/Chamorro	20,918	.06%
Samoan	37,498	.1%

Please note: Table based on single race responses. The data should be used with caution because of the large number of AAPIs who identified as one or more races. The census posed a separate question regarding Hispanic origin apart from race.

California has the greatest number and second highest percentage (after Hawaii) of Asians and NHOPIs in the US. Nine of ten major cities in the US with the highest percentage of Asians are in California, specifically, Daly City, Fremont, Sunnyvale, San Francisco, Irvine, Garden Grove, Santa Clara, Torrance, and San Jose. NHOPIs presented similar trends with large percentages living in Oceanside, Long Beach, Sacramento, Daly City, and Vallejo.¹

SOCIO-ECONOMIC INDICATORS

Approximately 13% of Asians and 15% of NHOPIs in California live below the federal poverty level, compared to less than 8% of white residents. The 2000 Census also found that 11% of Asians and 8% of NHOPIs 25 years and older in California had less than a ninth grade education compared to 7% of whites.¹

Individuals who are limited-English proficient (LEP) face tremendous barriers in accessing health and social services, and LEP issues contribute to health disparities among populations.

Language is very important when considering the health of a community. Individuals who are limited English proficient (LEP) face tremendous barriers in accessing health and social services, and LEP issues contribute to health disparities among populations. In California, 19% of AAPIs do not speak English well. In addition, 30% of households that speak Asian or Pacific Islander

languages are linguistically isolated, meaning no one over age 14 speaks English well.¹

ACCESS TO HEALTH CARE SERVICES

Approximately 23% of AAPIs in California are uninsured, compared to only 13% of whites. However, insurance rates vary significantly between ethnic groups; 45% of Korean Americans are uninsured compared to 18% of Filipinos.² Children of immigrant families are more likely to be uninsured, have fewer referral services, and are less likely to seek care due to fears surrounding family immigration status.³ In fact, more than twice as many AAPI children in California are uninsured, compared to white children (18% vs. 8%).²

People without health insurance are less likely to receive preventive care and timely health services. The 2001 California Health Interview Survey (CHIS) found that over 13% of Asians did not have a usual source of care, compared to 9% of whites. Asians in California are less likely than most other ethnic groups to undergo a variety of screening exams. For example, approximately 36% of Asian women have never had a mammogram, compared to only 21% of white women. White women are nearly 2.5 times as likely as South Asian

women to have received a mammogram. White men are twice as likely to have been screened for prostate cancer as Asian men in California. In fact, 60% of Cambodian and Vietnamese men had never even heard of the test.⁴

Screening Exams Among AAPIs in California⁴

Screening Test	% of AAPIs Receiving Test	% of Whites Receiving Test
Pap Smear	78%	96%
Mammogram	64%	79%
Colonoscopy	29%	45%
Prostate (PSA)	25%	50%

Approximately 13% of Medi-Cal recipients and 14% of Healthy Families enrollees in California are AAPI. While Chinese Americans are the largest AAPI group enrolled in the Healthy Families Program, Vietnamese Americans are the largest AAPI group in Medi-Cal. Over 7% of Healthy Families applicants list an Asian language as their primary language. The most common Asian language for both Medi-Cal and Healthy Families participants is Vietnamese.^{5,6}

HEALTH STATUS INDICATORS

AAPIs in California have a relatively low mortality rate of 284 per 100,000 compared to 424 in the state overall.⁷ However, rates among certain ethnic groups are likely to be much higher. The leading cause of death for AAPIs is cancer (age adjusted mortality rate of 82 per 100,000), while the leading cause of death for most other ethnic groups in California is heart disease. AAPIs in the state are also at greater risk of cerebrovascular disease compared to other ethnic groups.⁸

Cancer sites among Asians in California vary by ethnicity.

- Prostate cancer is the most common type of cancer among Asian Indian, Chinese, Filipino, Hawaiian and Japanese American men in California.⁹
- Lung cancer is the most common among Cambodian and Laotian men, and stomach cancer is most common among Korean American men.⁹
- Breast cancer is the number one cancer among women of all race/ethnic groups in California except Laotian women, for whom cervical cancer is the most common.⁹
- AAPIs as a group have the highest rates of liver cancer among all populations in California – 5 times that for whites. Cambodian, Hmong, and Laotian men are at particularly high risk.¹⁰

Tuberculosis rates among AAPIs are the highest in the country, 16 times higher than the rate among whites.

Infectious diseases have a tremendous impact on AAPIs. Tuberculosis rates among AAPIs are the highest in the country, 16 times higher than the rate among whites. Tuberculosis affects 34 per 100,000 AAPIs in California, compared to only 2 per 100,000 whites.¹¹ AAPIs also have one of the highest rates of hepatitis B. While the incidence of hepatitis B in the majority of the US population is less than 1 in 200, it is 1 in 10 among Asian Americans. Hepatitis B is highly correlated with liver cancer.¹²

AAPIs as a group have relatively low rates of pre-term birth and infant mortality. AAPIs also have fewer births

Laotian girls have the highest teen birth rate in California

to teens and fewer births to unmarried women.¹³ However, like many other health statistics, these figures are less optimistic when disaggregated by ethnic group. For example, Asian Americans in California have a higher percentage of low-brithweight infants than other ethnic groups (6.8% compared to 5.5% whites).⁷ In addition, Laotian girls have the highest teen birth rate in the state; 19% of births among Laotian mothers are among teenagers, while 12% of births across all races occur among teens.¹⁴

FUTURE DIRECTIONS

The AAPI presence in mainstream America is continuing to increase and becoming stronger every year. While voter turnout overall has been decreasing nationally, AAPIs have increased their civic participation in record numbers, with 32% of eligible voters going to the polls.¹⁵

California is home to an enormous range and diversity of AAPI cultures and ethnicities. While research on AAPIs as a group is becoming more available, it often masks tremendous differences between specific ethnic subgroups. Truly understanding and eliminating health disparities will require a closer look into the health needs of all the diverse populations in California.

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