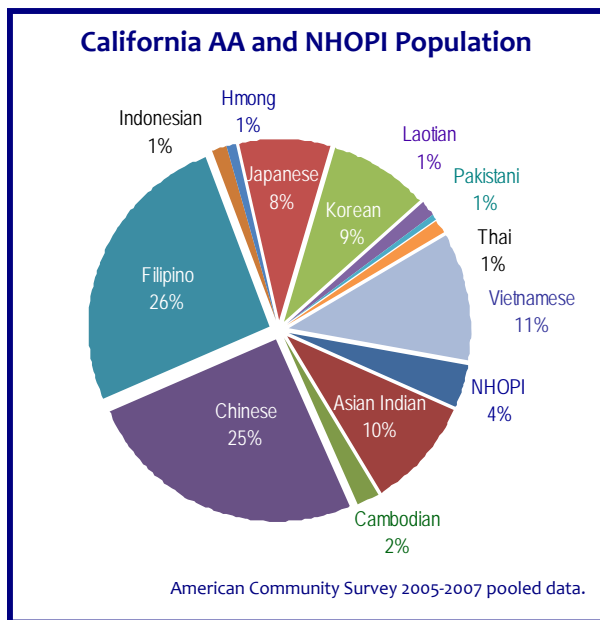


CALIFORNIA HEALTH BRIEF

There are more than 5 million Asian Americans, Native Hawaiian and Pacific Islanders (AA and NHPI) in California, equal to about 14% of the state's population. The AA and NHPI population in California is projected to grow to 18% in 2025.

Currently, Filipinos are the largest Asian ethnic subgroup, with about one fourth of Asian Americans being Filipino. Chinese are second, but are also almost one fourth of the population. Vietnamese is the third largest subgroup making up a little more than one tenth of Asian Americans in California. (ACS 2005-2007)

Education



Asian Americans as a group have much higher educational attainment, median household income and lower rates of poverty compared to the general population of California. Almost half of the Asian Americans in California have a bachelor's degree or higher, compared to almost one-third of Californians. Asian Indians have the highest levels of educational attainment with almost three-quarters having at least a bachelor's degree. However, not all Asian Americans, such as Southeast Asian groups like Hmong and Laoians, are doing as well, with Hmong at 11%, Laoians at 12%, Cambodians at 13%, and Polynesians at 17%. (ACS 2005-2007)

Native Hawaiians and Pacific Islanders also have much lower rates, with 17% holding a bachelor's degree. (ACS 2005-2007) Samoans have the lowest rates of educational attainment among all AA and NHPI ethnic subgroups, with 10% having a bachelor's degree or higher. One in five Californians over the age of 20 have less than a high school diploma. The rate is much higher for Hmong (47%), Cambodian (43%), and Laoian (41%) communities. (ACS 2005-2007)

Socioeconomic Status

The "model minority" myth assumes that Asian Americans are "doing well" or are "well off," but analyses of disaggregated data reveal that median household incomes vary greatly between AA and NHPI groups in California. More than 1 in 10 AAs and NHPIs live below the federal poverty level. (ACS 2005-2007)

Asian Americans (\$70,703) in California as a whole have a median household income that is higher than the state average of \$58,361. (ACS 2005-2007) Asian Indians (\$92,211) have the highest median household income, while Southeast Asians such as Cambodians (\$43,431) and Laoians (\$50,757) have median incomes lower than the California average. Hmong (\$40,081) have the lowest median household income in California compared to all major groups such as White (\$72,742), African Americans (\$42,099) and Latinos (\$45,068). (ACS 2005-2007)

The NHPI population (\$62,048) in California has a median household that is slightly higher than average but are more likely to have three or more working people in one household, which is higher than the average California household. (Asian Pacific American Legal Center 2005) One in three Hmong families in California live in poverty, as do almost one in five Laoian families, and one in four Cambodian. Four percent of Californians are enrolled in cash public assistance programs.

Southeast Asians have the highest public program utilization rates with 28% of Hmong and 15% of Cambodians qualifying for and receiving money through cash public assistance programs, compared to 8% of African Americans and 5% of Latinos. Samoans, enrolled at more than 7% are more than double the California average. (ACS 2005-2007) The pattern is similar for individuals enrolled in the food stamp program: Hmong are enrolled at 42%, Cambodians at 21%, and Laoians at 18%.

Health Disparities

Cancer

Cancer is a prevalent health issue in AA and NHPi communities. According to the American Cancer Society, AAs are the only ethnic group in California with cancer as the leading cause of death.

Asian Americans also face higher rates of liver cancer. Laotians are 12 times more likely to be diagnosed with liver cancer than Whites and Cambodian and Vietnamese are 7 and 8 times more likely respectively.

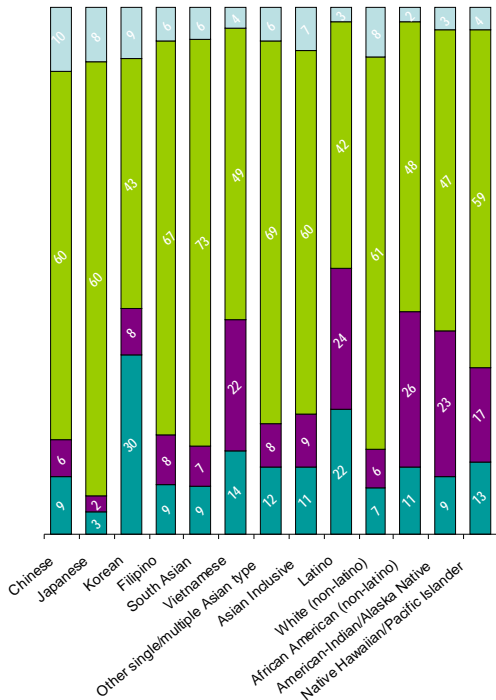
For the NHPi population there is very limited data, but what data does exist show that Native Hawaiian women are more likely to get lung, breast, pancreatic, stomach, liver, and cervical cancer than White women. In addition, Samoan men are 8 times more likely to get liver cancer and 5 times more likely to get stomach cancer than White men.

Asian Americans are less likely to get preventive screenings for breast, cervical and colorectal cancer. One in four Asian American women ages 18-65 in California has not had a Pap test in the last 3 years, compared to only about one in ten of Whites. About half of all Asian Americans ages 50-80 are overdue for colorectal cancer screenings.

The most common cancers in male AAs and NHPis are lung, prostate, and colorectal. Koreans have greater diagnosis rates for stomach cancer than other groups. For all females except for Laotians, breast cancer is the most common form of cancer. Lung, colorectal, uterine, and cervical cancers are also very prevalent in these populations. South Asians have a higher incidence of ovarian cancer than all other groups. (American Cancer Society 2009)

Source of Health Coverage

Other Private
Employment-based
Medicaid and other public
Uninsured



California Health Interview Survey, 2007

Health Coverage

More than one in six AAs and one in four NHPis are uninsured and even more are underinsured.

In California, Asian Americans (12%) as a group have higher rates of uninsured than Whites (7%) and African Americans (11%). Latinos (23%) have the highest rate of uninsured. Koreans (31%) have the highest rate of being uninsured among all Californians. (CHIS 2007)

Public programs such as Medi-Cal and the Healthy Families Program also play an important role in reducing the uninsured rate in AA and NHPi communities. Many AAs and NHPis are insured through public programs, with about 13% enrolled in Medi-Cal. More than 25% of Vietnamese are enrolled in Medi-Cal, much higher than the state average of about 16%. (CHIS 2007) Individuals who are uninsured are more likely to lack a usual source of care. (Williams 2002) Koreans and Filipinos are most likely to be without a stable source of care with nearly 17% reporting having no usual source of care.

Five Most Common Cancers and Numbers of New Cases by Sex and Detailed Race/Ethnicity, CA, 2001-2005 (Male)

	Chinese	Filipino	Pacific Islander	South Asian	Vietnamese
1	Prostate 1856	Prostate 2063	Prostate 149	Prostate 431	Lung 529
2	Lung 1174	Lung 1210	Lung 78	Colon and Rectum 130	Liver 470
3	Colon and Rectum 1113	Colon and Rectum 849	Colon and Rectum 52	Lung 112	Prostate 419
4	Liver 556	Non-Hodgkins lymphoma 362	Stomach 25	Non-Hodgkins lymphoma 98	Colon and Rectum 299
5	Stomach 380	Liver 287	Liver 22	Bladder 77	Stomach 163

Five Most Common Cancers and Numbers of New Cases by Sex and Detailed Race/Ethnicity, CA, 2001-2005 (Female)

	Chinese	Filipino	Pacific Islander	South Asian	Vietnamese
1	Breast 2,250	Breast 2,972	Breast 210	Breast 526	Breast 693
2	Colon and Rectum 1,064	Colon and Rectum 814	Uterus 95	Colon and Rectum 94	Lung 300
3	Lung 865	Lung 669	Lung 52	Ovary 82	Colon and Rectum 296
4	Uterus 364	Uterus 601	Colon and Rectum 51	Uterus 81	Thyroid 185
5	Non-Hodgkin lymphoma 275	Thyroid 509	Cervix 28	Thyroid 76	Cervix 138

Source: "California: Cancer Facts & Figures, 2009" American Cancer Society & California Cancer Registry, 2009.

Diabetes

More than 1 in 10 AAs and NHPs between the ages of 50 and 64 in California have been diagnosed with diabetes. The rate was even higher for AAs and NHPs over age 65 (15.3%). Rates of diabetes are especially high for overweight and obese AAs, with more than 40% overweight diagnosed with diabetes and 43% borderline or pre-diabetic. (UCLA Center for Health Policy Research 2003)

Mental Health

Mental health can be a taboo subject in many AA and NHPI communities, but these issues do exist, particularly among recent refugee populations.

Data on the mental health status of AAs and NHPs is extremely limited. Studies have documented the high rates of mental disorders, particularly post-traumatic stress disorder and depression, among Southeast Asian adult and youth refugees. In 2007, 6% of AAs reported they had experienced psychological distress, but only 4% sought help from a health professional for an emotional problem. (CHIS 2007) The U.S. Surgeon General noted in 2001 that nearly half of Asian Americans, Native Hawaiians and Pacific Islanders have problems accessing mental health services because of the lack of providers with appropriate language skills. (U.S. Surgeon General 2001)

Pacific Islanders have the third highest rate of suicide in California according to the California Department of Public Health, and AAs have the fifth highest death rate due to suicide. (Schwarzenegger, Belshe and Mayberg 2008) Asian American girls have the highest rates of depressive symptoms of all racial groups and the highest suicide rate among all women between the ages of 15 and 24 years. (Schoen, Davis, and Scott Collins et al 1997)

Domestic Violence

Between 41% and 60% percent of Asian women report experiencing domestic violence (physical and/or sexual) during their lifetime. (API Domestic Violence Institute) Though statewide data regarding domestic violence is not disaggregated nor widely reported, there are a few local studies that highlight domestic violence in certain AA and NHPI communities in California.

In a National Asian Women's Health Organization (NAWHO) study of 336 Asian American women who reside in the San Francisco and Los Angeles area, 27% of the respondents reported emotional abuse by an intimate partner. (NAWHO 2002)

More than three out of five women in an interview of 211 Japanese immigrant women and Japanese American women in Los Angeles County reported some form of physical, emotional or sexual partner violence that they considered abusive. (Yoshihama, M. 1999)

Three out of five women killed in domestic violence-related homicides in San Francisco County in 1999 were Filipina, though Filipinos represent 5.2% of the county's population. (Family Violence Project 1999)

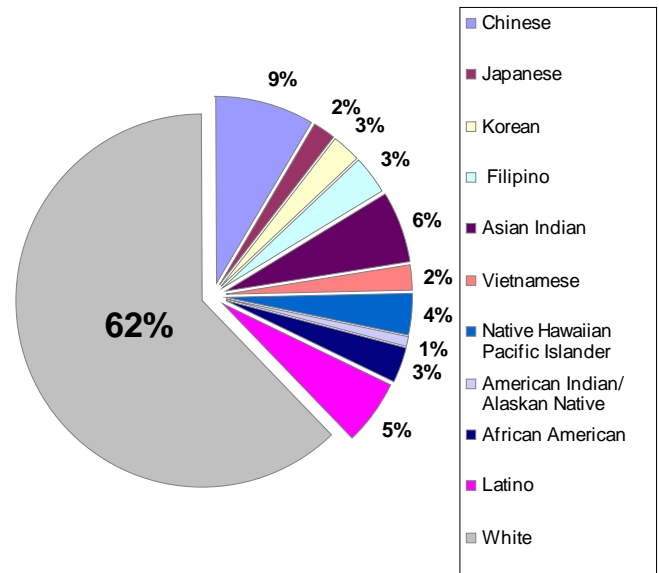
HIV/AIDS

Although Asian Americans, Native Hawaiians, and Pacific Islanders comprise less than 1% of all reported AIDS cases in the United States, the U.S. Centers for Disease Control and Prevention has recognized Asians Americans and Pacific Islanders as an emerging risk group due to significant increases in HIV infections and AIDS cases.

In California, nearly 5,000 cumulative HIV/AIDS AA and NHPI cases have been reported. (California Dept. of Public Health 2008) Nearly 25% of the AA and NHPI HIV/AIDS cases reported in California were Filipinos.

Issues of stigma around HIV/AIDS may account for the relatively small number of cases reported. There still remains a silence about the growing impact of HIV/AIDS in Asian American, Native Hawaiian and Pacific Islander communities. (APIAHF 2007)

California Physicians by Ethnicity



Medical Board of California
2008 Cultural Background Survey Statistics

Workforce Diversity

By the year 2030, the United States will become a majority minority population. A diverse healthcare workforce is critical to improving access to quality care, access to culturally and linguistically competent care, and patient choice and satisfaction for minority communities.

Currently, more than three quarters of physicians are White. Although statistics suggest that Asian Americans as a whole are well-represented among physicians, a comprehensive look at the healthcare workforce reveals that many groups are poorly represented. The California Medical Board found that there are shortages of many AA and NHPI subgroups in California's physician workforce: less than 0.05% of California's physicians were Cambodian, Laotian, Hmong or Samoan.

Data on AAs and NHPs in other health professions is limited, but available data suggests that Asian Americans, Native Hawaiians and Pacific Islanders are underrepresented as nurses, psychologists, health service researchers, and in many other allied health professions.

Limited English Proficiency

When people don't understand their doctors, and their doctors don't understand them, quality medical care can't happen. Poor communication between providers and patients can lead to medical errors and is costly to both patients and the U.S. health care system. According to the Institute of Medicine, patients' inability to understand care providers and health information costs the U.S. \$69 billion every year.

One in five people in California have trouble speaking English. More than one third of Asian Americans, Native Hawaiians and Pacific Islanders are not proficient. In some groups it is higher. More than half of Koreans and Vietnamese in California have differing degrees of difficulty (53% and 51% respectively).

In California, Asians American households have the highest rate of linguistic isolation, which means that all members of the household age 14 years of older speak English less than "very well". Pacific Islanders have the third highest rate at 7%. (Asian Pacific American Legal Center 2005)

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