



diverse communities diverse experiences

The Status of Asian Americans
& Pacific Islanders in the U.S.

A Review of Six Socioeconomic Indicators and Their Impact on Health

APIAHF

ASIAN & PACIFIC ISLANDER AMERICAN **HEALTH FORUM**



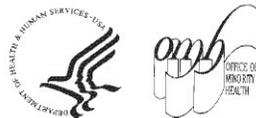
THE ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM (APIAHF)

APIAHF is a national advocacy organization dedicated to promoting policy, program, and research efforts to improve the health and well-being of Asian American and Pacific Islander (AAPI) communities.

Founded in 1986, APIAHF approaches activities with the philosophy of coalition-building and developing capacity within local AAPI communities. We advocate on health issues of significance to AAPI communities, conduct community-based technical assistance and training, provide health and U.S. Census data analysis and information dissemination, and convene regional and national conferences on AAPI health.

The mission of APIAHF is to enable Asian Americans and Pacific Islanders to attain the highest possible level of health and well-being. We envision a multicultural society where Asian American and Pacific Islander communities are included and represented in health, political, social and economic areas, and where there is social justice for all.

For more information visit www.apiahf.org.



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Introduction

Asian Americans and Pacific Islanders (AAPIs) are an extremely diverse group of peoples, originating from almost fifty different countries and representing over 100 languages and major dialects.¹ Each group possesses a distinct culture, history, and immigration pattern that defies easy categorization or generalization. While some AAPI families have lived in the U.S. for many generations or have arrived as students or professionals, others have come during more recent waves of immigration and include refugees fleeing persecution or violence. Still others, such as Native Hawaiians, are indigenous populations to what is now the U.S.

The wide spectrum of variation between and within AAPI groups results in significant differences that impact health. Data indicate, for instance, that women of Vietnamese origin suffer from cervical cancer at nearly five times the rate for White women. Cambodians in California, moreover, had four times the rate of stroke as Whites (107 per 100,000 vs. 28 per 100,000) and Native Hawaiians were over five times as likely as non-Hawaiians to experience diabetes between the ages of 19 and 35.

Researchers have established a strong link between factors that affect health and socioeconomic status (SES). Clear and consistent correlations have been made between poor health and poverty, low educational attainment, limited English proficiency, and other socioeconomic indicators. SES affects health through multiple pathways, including:

- › access and quality of health care
- › health behaviors (e.g. smoking, lack of physical activity, nutrition)
- › psychosocial processes (e.g. stress, lack of personal control, hostility, depression)
- › physical environment (e.g. pollution, exposure to toxins, crowding)
- › social environments (e.g. neighborhood, work and school environments, social capital, discrimination)²

In July of 2003, the U.S. Census Bureau released disaggregated socio-demographic information for more than sixteen different Asian American and five Native Hawaiians and Other Pacific Islanders (NHOPI) groups.³ This report examines these data and focuses on the following six socioeconomic indicators influencing health status:

- › Language
- › Income and Poverty
- › Educational Attainment
- › Immigration and Citizenship
- › Health Workforce
- › Other Household Indicators

These data represent the most comprehensive social, physical, financial, and economic information on AAPIs to date and provide us with an opportunity to gain further insight into ways we can address health disparities and the barriers to quality health care that continue to challenge our communities.

1990

United States	248,709,873
White (Non-Hispanic)	188,128,296
Black or African American	29,986,060
Hispanic or Latino	22,354,059
Asian	6,908,638
American Indian & Alaska Native	1,959,234
NHOPI	365,024
Asian Groups	
Chinese, except Taiwanese	1,573,883
Filipino	1,406,770
Asian Indian	815,447
Korean	798,849
Vietnamese	614,547
Japanese	847,562
Cambodian	147,411
Pakistani	81,371
Laotian	149,014
Hmong	90,082
Thai	91,275
Taiwanese	71,589
Indonesian	29,252
Bangladeshi	11,838
Sri Lankan	10,970
Malaysian	12,243
Other Asian	156,535
NHOPI Groups	
Native Hawaiian	211,014
Samoan	62,964
Guamanian or Chamorro	49,345
Tongan	17,606
Fijian	7,036
Other NHOPI	17,059

2000 alone

United States	281,421,906
White (Non-Hispanic)	194,552,774
Black or African American	34,658,190
Hispanic or Latino	33,081,736
Asian	10,242,998
American Indian & Alaska Native	2,475,956
NHOPI	398,835
Asian Groups	
Chinese, except Taiwanese	2,314,537
Filipino	1,850,314
Asian Indian	1,678,765
Korean	1,076,872
Vietnamese	1,122,528
Japanese	796,700
Cambodian	171,937
Pakistani	153,533
Laotian	168,707
Hmong	169,428
Thai	112,989
Taiwanese	118,048
Indonesian	39,757
Bangladeshi	41,280
Sri Lankan	20,145
Malaysian	10,690
Other Asian	396,768
NHOPI Groups	
Native Hawaiian	140,652
Samoan	91,029
Guamanian or Chamorro	58,240
Tongan	27,713
Fijian	9,796
Other NHOPI	71,405

2000 inclusive

United States	281,421,906
White (Non-Hispanic)	198,177,900
Black or African American	36,419,434
Hispanic or Latino	35,305,818
Asian	11,898,828
American Indian & Alaska Native	4,119,301
NHOPI	874,414
Asian Groups	
Chinese, except Taiwanese	2,734,841
Filipino	2,364,815
Asian Indian	1,899,599
Korean	1,228,427
Vietnamese	1,223,736
Japanese	1,148,932
Cambodian	206,052
Pakistani	204,309
Laotian	198,203
Hmong	186,310
Thai	150,283
Taiwanese	144,795
Indonesian	63,073
Bangladeshi	57,412
Sri Lankan	24,587
Malaysian	18,566
Other Asian	N/A
NHOPI Groups	
Native Hawaiian	401,162
Samoan	133,281
Guamanian or Chamorro	92,611
Tongan	36,840
Fijian	13,581
Other NHOPI	N/A

% Change from 1990

	alone	incl.
United States	13	13
White (Non-Hispanic)	3	5
Black or African American	16	21
Hispanic or Latino	48	58
Asian	48	72
American Indian & Alaska Native	26	110
NHOPI	9	140
Asian Groups		
Chinese, except Taiwanese	47	74
Filipino	32	68
Asian Indian	106	133
Korean	35	54
Vietnamese	83	99
Japanese	-6	36
Cambodian	17	40
Pakistani	89	151
Laotian	13	33
Hmong	88	107
Thai	24	65
Taiwanese	65	102
Indonesian	36	116
Bangladeshi	249	385
Sri Lankan	84	124
Malaysian	-13	52
Other Asian	153	N/A
NHOPI Groups		
Native Hawaiian	-33	90
Samoan	45	112
Guamanian or Chamorro	18	88
Tongan	57	109
Fijian	39	93
Other NHOPI	319	N/A

Population and Growth

Since 1990, the Asian American and Pacific Islander population has increased in size, diversity, and geographic distribution. The Census 2000 counted 11.9 million Asian Americans and almost 900,000 Native Hawaiians and other Pacific Islanders. In addition to overall increases, disaggregated data reveal that many of the smaller ethnic groups, such as Bangladeshis, Pakistanis, and Tongans, are growing at faster rates than the larger ethnic groups, leading to greater diversity in the composition of the AAPI population. Data on geographic distribution, furthermore, indicate that the highest growth rates are often in states that have historically not had large Asian American or NHOPI populations. These demographic changes obviously pose new challenges to health agencies and other service providers that have not previously served these populations in significant numbers.

Who are “Asian Americans”?

The U.S. Census Bureau’s definition of “Asian” refers to those people in the U.S. who have their “origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).”⁴ For the purposes of this report, we will refer to Asians living in the U.S. as “Asian Americans” rather than “Asians”.

Who are “Native Hawaiians and Other Pacific Islanders”?

The U.S. Census Bureau’s definition of “Native Hawaiian and Other Pacific Islander” refers to people having “origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.”⁵ The Census Bureau further identified three distinct NHOPI cultural groups — Polynesian, Micronesian, and Melanesian. The chart to the right shows the cultural groups for each of the five major NHOPI sub-groups.

It should be noted that the data in this report uses the five sub-groups below, rather

than the cultural groups. In addition, data on NHOPIs in this report refers to those living in the 50 states, and does not include those residing in the U.S. affiliated territories of Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

NHOPI Sub-group	Cultural Group
Native Hawaiian	Polynesian
Samoan	Polynesian
Tongan	Polynesian
Guamanian or Chamorro	Micronesian
Fijian	Melanesian

Changes in Methodology

The U.S. Census Bureau uses six general race categories: “White,” “Black or African-American,” “American Indian or Alaska Native,” “Asian,” “Native Hawaiian or other Pacific Islander,” and “some other race.” Growth rates and comparisons of data from 1990 to 2000 are complicated by two changes in the way the Census collected information on race. Starting with Census 2000, the question on race was revised to allow respondents to report one or more races to indicate their racial identities. In addition, the single “Asian or Pacific Islander” category used in 1990 was divided into two categories: the Asian category and the Native Hawaiian or Other Pacific Islander (NHOPI) category.

In this report, tallies of individuals who in 2000 identified as only one race are referred to as “alone” (such as Asian American alone, NHOPI alone, or Japanese alone). In contrast, tallies of all individuals who responded as either single-race or multi-racial are referred to as “inclusive.” It should be noted that in using inclusive tallies, people who reported more than one race are counted more than once. Because of this, data from the 1990 and

* The term 'Whites' is used in this report to refer to Non-Hispanic Whites (alone).

2000 census are not directly comparable. The Census Bureau advises that a range between "alone" and "inclusive" numbers be used when making comparisons.⁶

constituting 0.3% of the total population. This count reflects 398,835 people reporting as NHOPI alone and an additional 475,579 reporting as NHOPI and one or more other races (multi-racial).

Population

Asian Americans

In 2000, the Asian American population grew to 4.2% of the nation's population (11.9 million), an increase from 1990 when Asian Americans and NHOPIs, taken together, comprised 2.9% of all Americans. Data collected indicate that 10.2 million identified themselves as Asian American alone, and an additional 1.7 million identified as Asian American and one or more other races (multi-racial). The combined 11.9 million represents the inclusive total for all individuals that indicated being Asian American.

Native Hawaiians and Other Pacific Islanders

Census 2000 counted 874,414 people in the U.S. who identified themselves as NHOPI,

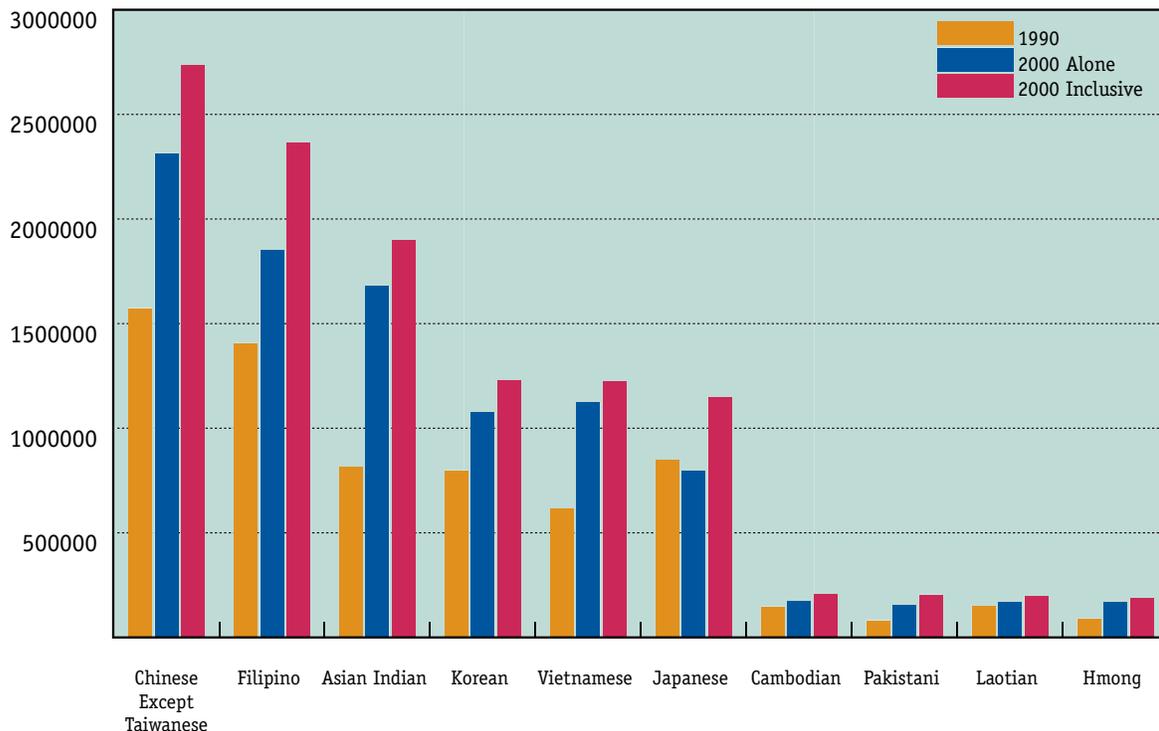
The NHOPI group is more multi-racial than any other racial group in the U.S. The most common combination among the highly multi-racial NHOPI was "Native Hawaiian and Other Pacific Islander and Asian." Of the NHOPI sub-groups, Native Hawaiians had the highest rate of self-identifying as multi-racial (64.9 %) while Tongans had the lowest (24.5 %).

Growth 1990-2000

Asian Americans

Using inclusive numbers, the Asian American population in the U.S. grew 72% between 1990 and 2000, far exceeding the growth rate of general population (13%), Whites* (5%), Black or African Americans (21%), and Hispanic or Latinos (58%). According to the

Top Ten Asian American Groups — Highest Populations
Ranked by 2000 Inclusive Counts



Census Bureau, such exponential growth rates are expected to continue. The Bureau has estimated that, since 2000, the number of people who identify as Asian Americans has increased by an additional 9%, the highest growth rate of any race group. It has also projected that by the year 2050, the number of U.S. residents who will identify as Asian American alone will be 33.4 million or 8% of the total population.

Census 2000 data on Asian American sub-groups, furthermore, reveal extremely high growth rates since 1990, particularly among South Asian groups.

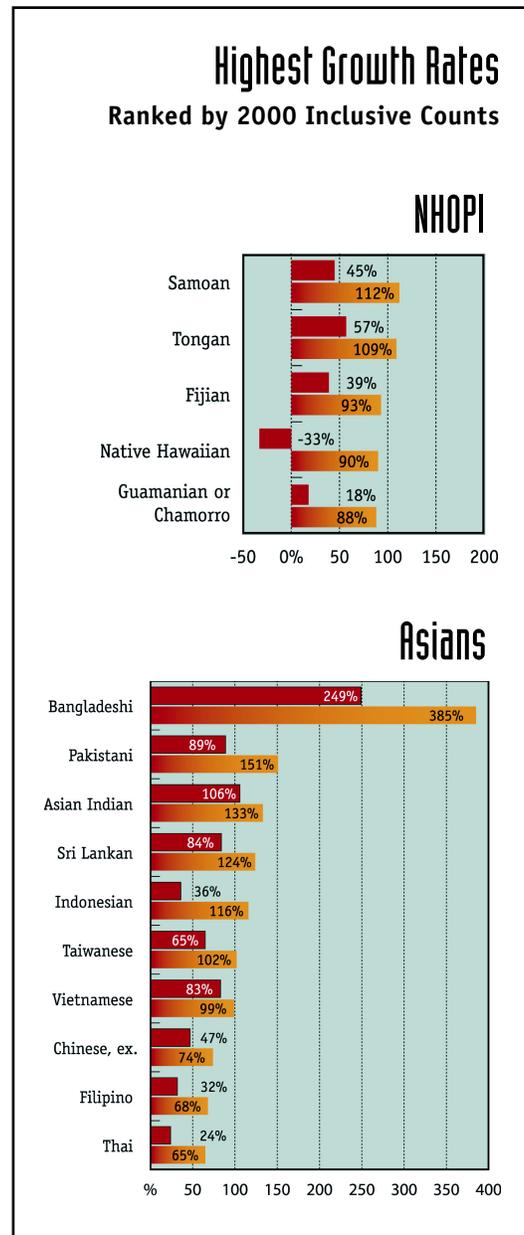
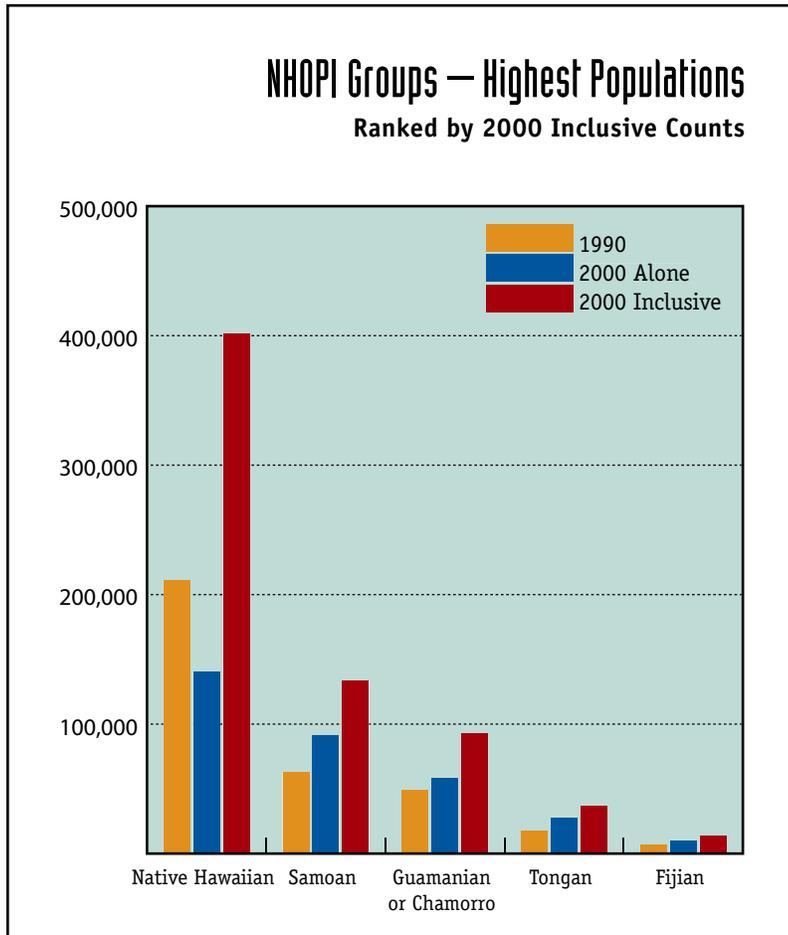
- The Bangladeshi population increased 385% (from 11,838 to 57,412)
- The Pakistani population increased 151% (from 81,371 to 204,309)
- The Asian Indian population increased 133% (from 815,447 to 1,899,599)

Native Hawaiians and Other Pacific Islanders

Overall growth rates between 1990 and 2000 for the NHOPI population ranged from 9% using alone numbers and 140% using inclusive

numbers. This enormous range reflects the high proportion of NHOPIs who identified as more than one race in 2000, an option that was not available with the 1990 Census. Using inclusive numbers, the data reveal substantial growth in many NHOPI sub-groups since 1990. For example:

- the Samoan population increased 112% (from 62,964 to 133,281)
- the Tongan population increased 109% (from 17,606 to 36,840)
- the Fijian population increased 93% (from 7,036 to 13,581)



Geographic Concentration

Asian Americans

Although a high proportion of Asian Americans continue to reside in California, Hawaii, and New York, they were an increasing presence in other geographic areas across the country. The table below shows the top ten states with the highest numbers of Asian American residents:

Top 10 States with Highest Number of Asian Americans

State	Population (Inclusive)
California	4,155,685
New York	1,169,200
Hawaii	703,232
Texas	644,193
New Jersey	524,356
Illinois	473,649
Washington	395,741
Florida	333,013
Virginia	304,559
Massachusetts	264,814

While 75% of Asian Americans resided in these ten states, approximately half (51%) resided in the three states of California, New York, and Hawaii. The table below provides information on the nine states where Asian Americans as a percentage of the state population exceeded the national rate of 4.2 %.

By region, 49% of Asian Americans lived in the West, 20% in the Northeast, 19% in the South, and 12% in the Midwest.

States with a Higher Proportion of Asian Americans than U.S. Rate

State	Region	% of Pop
Hawaii	West	58.0%
California	West	12.3%
Washington	West	6.7%
New Jersey	Northeast	6.2%
New York	Northeast	6.2%
Nevada	West	5.6%
Alaska	West	5.2%
Maryland	South	4.5%
Virginia	South	4.3%

Native Hawaiians and Other Pacific Islanders

The table below lists the ten states with the highest numbers of NHOPIs. An estimated 80% of NHOPIs resided in the following states:

Top 10 States with Highest Number of NHOPIs

State Census 2000 Inclusive Counts

State	Population (Inclusive)
Hawaii	282,667
California	221,458
Washington	42,761
Texas	29,094
New York	28,612
Florida	23,998
Utah	21,367
Nevada	16,234
Oregon	16,019
Arizona	13,415

By region, approximately 73% of NHOPIs lived in the West, 14% in the South, 7% in the Northeast, and 6% in the Midwest. A majority of NHOPIs (58%) lived in Hawaii and California. Hawaii was home to 282,667 NHOPIs (23% of the state's population) while California was home to 221,458 NHOPIs (0.7 % of the state's population).

In the following seven states, NHOPIs as a percentage of the state population exceeded the national rate of 0.3%.

States with a Higher Proportion of NHOPIs than U.S. Rate

State	Region	% of Pop
Hawaii	West	23.3%
Utah	West	1.0%
Alaska	West	0.9%
Nevada	West	0.8%
California	West	0.7%
Washington	West	0.7%
Oregon	West	0.5%

Geographic Growth

Asian Americans

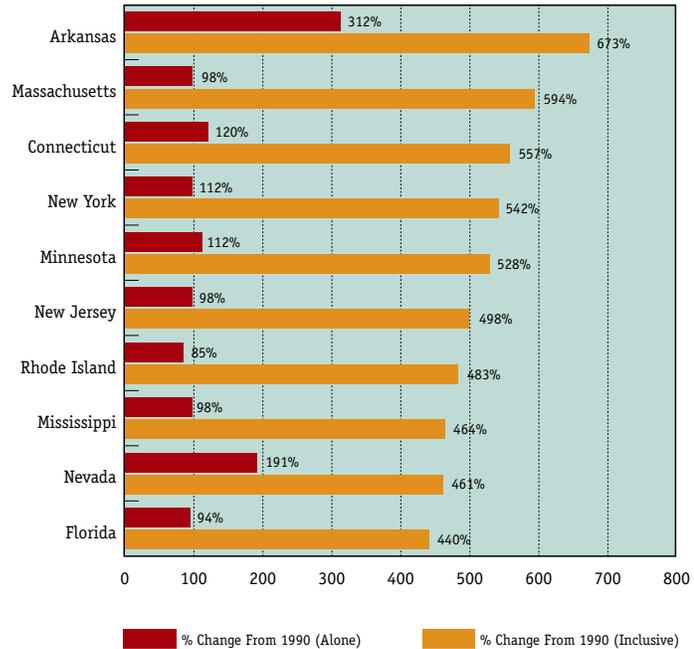
Interestingly, the highest growth states for Asian Americans were not the highest population states, pointing to the emergence of new settlement and migratory patterns. Nevada (219%), North Carolina (173%), Georgia (171%), Arizona (130%), and Nebraska (124%) exhibited some of the highest Asian American growth rates since 1990.

Native Hawaiians and Other Pacific Islanders

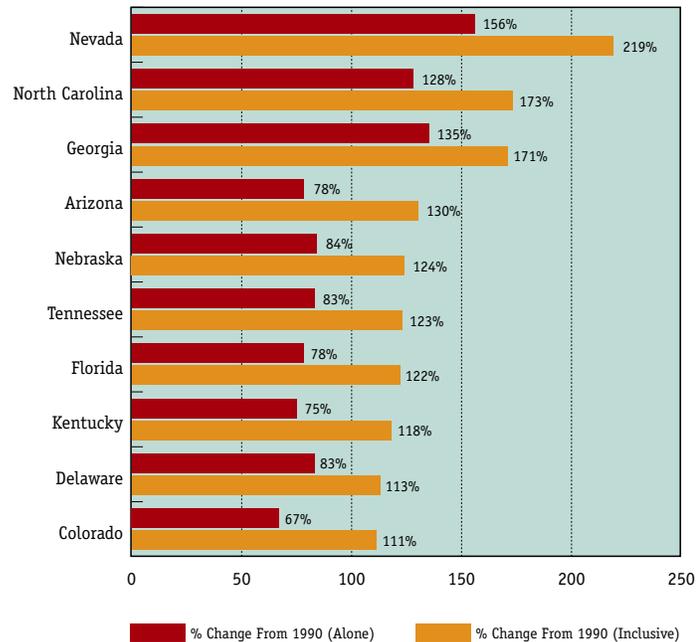
The states with the highest growth rates for NHOPIs included both the traditionally high population states as well as some newer emerging areas. California, with the second largest NHOPI population in the nation, showed one of the lowest rates of growth for NHOPIs while states like Nevada showed astounding growth. The NHOPI population there increased 461% while the state population grew by 66%.

Top Ten States — Highest Growth Rates (Ranked by Percent Change from 1990 - 2000 Inclusive Counts)

NHOPI



Asians



Socioeconomic

Indicators

Limited English Proficiency (LEP)

A respondent, who speaks a language other than English at home assesses his or her ability to speak English as “Very well,” “Well,” “Not well,” or “Not at all.” Limited English proficiency (LEP) individuals are those who are five years or older, that speak English less than “very well.”

Linguistically Isolated Households

A household in which all members 14 years old and over speak a non-English language and also speak English less than “Very well” is “linguistically isolated.”

Speak Other Than English At Home

United States	18%
White	6%
Black	8%
Am. Indian	22%
Hispanic or Latino	79%
Asian	73%
NHOPI	35%
Hmong	95%
Bangladeshi	95%
Laotian	91%
Vietnamese	91%
Cambodian	91%
Pakistani	91%
Taiwanese	91%
Fijian	82%
Chinese ex.	78%
Asian Indian	78%
Malaysian	76%
Korean	76%
Tongan	75%
Thai	73%
Indonesian	73%
Sri Lankan	72%
Filipino	61%
Samoan	53%
Japanese	38%
Guamanian	37%
Native Hawaiian	13%

Limited English Proficiency (LEP)

United States	8%
White	2%
Black	3%
Am. Indian	8%
Hispanic or Latino	41%
Asian	36%
NHOPI	12%
Vietnamese	61%
Hmong	58%
Cambodian	53%
Bangladeshi	52%
Laotian	52%
Taiwanese	51%
Korean	46%
Chinese ex.	45%
Thai	41%
Indonesian	35%
Malaysian	34%
Pakistani	32%
Tongan	29%
Fijian	26%
Asian Indian	23%
Japanese	21%
Filipino	21%
Sri Lankan	18%
Samoan	16%
Guamanian	13%
Native Hawaiian	3%

Linguistically Isolated Households

United States	4%
White	1%
Black	2%
Am. Indian	4%
Hispanic or Latino	26%
Asian	25%
NHOPI	6%
Vietnamese	45%
Korean	39%
Taiwanese	38%
Hmong	35%
Bangladeshi	33%
Chinese ex.	33%
Laotian	32%
Cambodian	32%
Thai	31%
Indonesian	26%
Malaysian	24%
Japanese	18%
Pakistani	16%
Asian Indian	11%
Fijian	11%
Tongan	11%
Sri Lankan	11%
Filipino	10%
Guamanian	9%
Samoan	7%
Native Hawaiian	1%

Language

According to Census 2000, there were over 4.0 million AAPIs in the U.S. who have limited English proficiency (LEP). The ability to speak English has a tremendous impact on access to health information, public services, and effective communication with health care providers and emergency personnel. It is also critical for accessing services through programs such as Medicaid, Medicare and the State Children's Health Insurance Program (SCHIP). Studies indicate that individuals with LEP are less likely to be insured and less likely to receive key preventive health measures such as immunizations,⁷ mammograms,⁸ and routine physical, eye, and dental check-ups.⁹ Children whose parents are LEP are also less likely to have a usual source of care.¹⁰

Language barriers also affect the ability to understand and use medications appropriately and to adhere to prescribed care. Authors of a study on language barriers discovered that patients who did not speak the same primary language as their providers were more likely to omit medication, miss appointments, and use the emergency room.¹¹

In the effort to improve delivery of preventive and primary care for AAPIs, the use of professional interpreter services has proven to be an effective measure. A study on the impact of interpreter services found that patients who used interpreter services experienced a significant increase in the number of office visits, receipt of preventive care, prescriptions written, and prescriptions filled than the control group.¹²

1. Speaks A Language Other Than English At Home

Asian Americans

Census 2000 revealed that 73% of Asian Americans spoke a language other than English in their homes. This represents a rate that is four times higher than the national average (18%) and more than twelve times the rate for Whites (6%). When disaggregated by sub-group, the results show that many sub-groups had rates that were significantly higher. In seven sub-groups, over 90% spoke a non-English language at home.

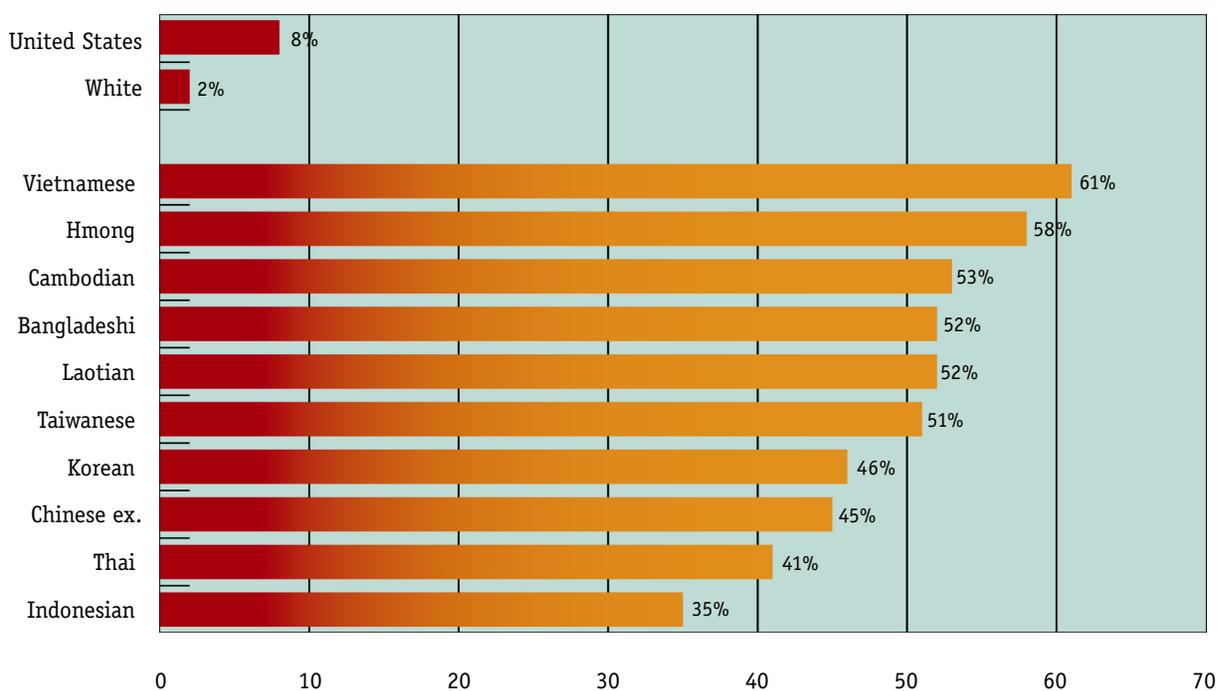
Native Hawaiians and Other Pacific Islanders

Overall, 35% of NHOPIs spoke a language other than English in their homes. This rate is almost twice the national average (18%) and almost six times that of Whites (6%). Among NHOPIs, Fijians were the most likely to speak a non-English language at home (82%), followed by Tongans (75%), Samoans (53%), Guamanians/Chamorros (37%), and Native Hawaiians (13%).

2. Limited English Proficiency

Communication between medical personnel and patients, lawyers and clients, and government agencies and individuals, all require a high level of English proficiency. Therefore, limited English proficiency (LEP) is defined in this report as individuals who do not speak

Limited English Proficiency Ranked by 2000 Inclusive Counts



English “very well.” This definition is consistent with the U.S. Census Bureau, which considers those who spoke English “not at all,” “not well,” or “well” as individuals who have difficulty with English.¹³ It is also supported by legal precedence in Section 203 of the Voting Rights Act. Under this requirement, states and local governments are required to provide language assistance to voters if more than 5% of voting age citizens who are members of a language group do not speak English very well.¹⁴

Asian Americans

According to Census 2000, there were 3,962,270 LEP Asian Americans in the U.S. The five largest LEP sub-groups by total number were: Chinese (1,127,008), Vietnamese (674,939), Korean (525,338), Filipino (451,166), and Asian Indian (391,833).

Asian Americans were over four times more likely to be LEP than the general population (36% vs. 8%) and more than eighteen times more likely than Whites (2%). Unsurprisingly, many of the same sub-groups with high rates of speaking non-English languages at home also had high rates of LEP. Over half of all Vietnamese, Hmong, Cambodians, Bangladeshis, Laotians, and Taiwanese living in the U.S. were LEP.

Native Hawaiians and Other Pacific Islanders

NHOPIs were six times more likely to be LEP than Whites (12% vs. 2%) and one-and-a-half times more likely than the general population (8%). Data indicate that 29% of Tongans, 26% of Fijians, 16% of Samoans, 13% of Guamanians/Chamorros, and 3% of Hawaiians were LEP.

In total, there are 93,733 LEP NHOPIs in the U.S. The largest LEP sub-groups were: Samoans (17,986), Native Hawaiians (11,899), Guamanians or Chamorros (10,792), Tongans (9,232), and Fijians (3,403).

3. Linguistic Isolation

Linguistically isolated households are defined by the Census Bureau as households where no person fourteen years of age or older speaks English very well. While family members have been shown to be inaccurate medical interpreters, having someone in the household who speaks English very well can help other members negotiate services. Individuals in households that are linguistically isolated generally have greater difficulty accessing basic health, social, legal, and other support services. Groups with high rates of linguistic isolation may require additional outreach efforts and public services in their primary language.

Asian Americans

In total, there were 869,249 linguistically isolated Asian American households in the U.S. The five largest groups by total number were: Chinese (281,869), Vietnamese (142,561), Korean (140,542), Japanese (75,382), and Asian Indian (66,604).

Asian Americans were almost twenty-five times more likely to be living in linguistically isolated households than Whites (25% vs. 1%) and six times more likely than the general population (4%). All sub-groups evidenced rates of linguistic isolation that were greater than Whites and the general population.

More than one-third of all Korean, Taiwanese, Hmong, Bangladeshi, and Chinese as well as an astounding 45% of all Vietnamese households were linguistically isolated.

Native Hawaiians and Other Pacific Islanders

NHOPIs were slightly more likely to be living in linguistically isolated households than the general population (6% vs. 4%), but were six times more likely to when compared to Whites (1%). While most NHOPI sub-groups had linguistic isolation rates that were lower than Asian American sub-groups, Fijians, Tongans, Guamanians/Chamorros, and Samoans all had rates that were significantly higher than the general U.S. population. In total, there were 13,823 linguistically isolated NHOPI households in the U.S.

4. Policy Recommendations

Given the high rates of LEP and linguistic isolation among AAPIs, APIAHF recommends the following:

- Enforce civil rights law that guarantees meaningful access to government-funded healthcare services.
- Increase funding for language interpretation and translation in healthcare systems.
- Increase funding for English acquisition courses for immigrants regardless of their date of entry.

Per Capita Income

Per capita income is the mean income computed for every man, woman, and child in a particular group. It is derived by dividing the total income of a particular group by the total population in that group.

Federal Poverty Level

The poverty level is determined using a set of income thresholds set by the Federal government that vary by family size and composition. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level." Census 2000 data is based on the 1999 federal poverty level, which was \$8,501 for an individual or \$17,029 for a family of four.

200% of Federal Poverty Level

Individuals living below 200% of the federal poverty level are those whose incomes fall below \$34,058 (\$17,029 x 2.0) in 1999 for family of four people. "200% of federal poverty level" is obtained by multiplying the official thresholds by a factor of two.

Per Capita Income

United States	\$21,587
White	\$24,819
Black	\$14,222
Am. Indian	\$14,267
Hispanic or Latino	\$12,111
Asian	\$20,719
NHOPI	\$14,773
Hmong	\$6,613
Tongan	\$9,975
Cambodian	\$10,215
Samoan	\$11,191
Laotian	\$11,454
Bangladeshi	\$13,532
Fijian	\$14,172
Guamanian	\$15,325
Vietnamese	\$15,385
Native Hawaiian	\$15,554
Thai	\$17,232
Pakistani	\$17,685
Korean	\$18,027
Indonesian	\$18,819
Filipino	\$19,259
Malaysian	\$19,926
Chinese ex.	\$22,385
Taiwanese	\$25,139
Japanese	\$25,576
Asian Indian	\$26,415
Sri Lankan	\$26,530

Below Federal Poverty Line

United States	12%
White	8%
Black	25%
Am. Indian	22%
Hispanic or Latino	23%
Asian	13%
NHOPI	17%
Hmong	38%
Cambodian	29%
Bangladeshi	23%
Malaysian	21%
Samoan	20%
Tongan	19%
Laotian	19%
Indonesian	19%
Pakistani	18%
Vietnamese	16%
Taiwanese	15%
Native Hawaiian	15%
Korean	14%
Thai	14%
Guamanian	14%
Chinese ex.	13%
Fijian	11%
Sri Lankan	10%
Asian Indian	10%
Japanese	9%
Filipino	7%

200% of Federal Poverty Line

United States	30%
White	22%
Black	48%
Am. Indian	46%
Hispanic or Latino	51%
Asian	28%
NHOPI	38%
Hmong	73%
Cambodian	54%
Bangladeshi	51%
Tongan	48%
Samoan	46%
Laotian	44%
Pakistani	39%
Vietnamese	36%
Malaysian	36%
Guamanian	34%
Indonesian	34%
Fijian	34%
Native Hawaiian	33%
Korean	30%
Thai	30%
Chinese ex.	28%
Taiwanese	27%
Asian Indian	23%
Sri Lankan	22%
Filipino	20%
Japanese	19%

Income & Poverty

Overall, AAPIs have lower per capita income and higher rates of poverty compared to the general U.S. population. This is true for most AAPI groups, but in particular for Southeast Asian groups, Native Hawaiians and Other Pacific Islanders, and some South Asian groups (Bangladeshis and Pakistanis).

Income and Poverty Impact Health

The relationship between income and health has been well established over the years. Poverty and lower income have been correlated with high rates of death and disease while higher income has been correlated with better health status. A number of studies suggest that the relationship between income and health is particularly strong within lower income levels. For instance, a 1992 study estimated that people with reported family incomes less than \$5,000 experienced a life expectancy that was about 25% lower than those with family incomes over \$50,000.¹⁵

Furthermore, in a 1996 study focused on the relationship between income and mortality, researchers found that, among those with low income, small increases in income are associated with much larger improvements in health status compared to high-income families.¹⁶ Other studies have indicated that in addition to income levels, persistent low-income and instability of income were also important predictors of mortality.¹⁷

Income Inequality Impacts Health

Large disparities in income have been linked to lower life expectancy in cross-national comparisons as well as higher mortality and obesity rates at the state level.¹⁸ A 1998 study of 282 metropolitan areas concluded that higher income inequality is associated

with increased mortality across the board, at all per capita income levels. This study calculated that areas with high-income inequality and low average income had an excess mortality of 139.8 deaths per 100,000 compared to areas with low inequality and high income. Researchers compared this number to the loss of life from lung cancer, diabetes, motor vehicle crashes, human immunodeficiency virus (HIV) infection, suicide, and homicide combined.¹⁹

1. per capita income

Asian Americans

Asian Americans had notably lower per capita income compared to Whites (\$20,719 vs. 24,819), but slightly lower than the general population (\$ 21,587). While much attention has been given to the rising incomes of Asian Americans, these data indicate that, in 1999, Whites had 20% greater per capita income than Asian Americans. When disaggregated by sub-group, differences in per capita income become even more dramatic. Whites had a per capita income that was 275% greater than Hmong, who have the lowest per capita income among all Asian American sub-groups. Other Southeast Asians (Cambodian, Laotian, Vietnamese) and South Asian groups (Bangladeshi, Pakistani) also had considerably lower incomes.

Native Hawaiians and Other Pacific Islanders

NHOPIs had significantly lower per capita income compared to the total U.S. population (\$14,733 vs. \$21,587) and significantly lower than Whites (\$24,819). In 1999, Whites had per capita incomes that were 69% greater than NHOPIs. When disaggregated by sub-group, per

capita incomes for all NHOPI groups fell well below the national average and the average for Whites. The per capita income for Whites was 149% greater than Tongans, 122% greater than Samoans, 75% greater than Fijians, 62% greater than Guamanians/Chamorros, and 60% greater than Native Hawaiians.

2. Living In Poverty

The 1999 poverty threshold for a three-person family with one member under age eighteen was \$13,410.²⁰ The U.S. Census Bureau calculates poverty rates based on a federal definition that was developed in 1964 which was not originally designed as a measure of poverty. The definition is based on the minimal cost required by a family to purchase nutritionally adequate food in the 1960s. Since the development of the poverty definition, housing and

other costs have risen at much faster rates than food costs and consume a larger portion of family budgets. Additional expenses such as child-care, transportation, and medical costs have risen but are not taken into account by the definition.²¹ Poverty levels are also not adjusted for regional, state or local variation in cost of living.²² For these and other reasons, many experts believe the current definition of poverty is outdated and inadequate for measuring true levels of need.

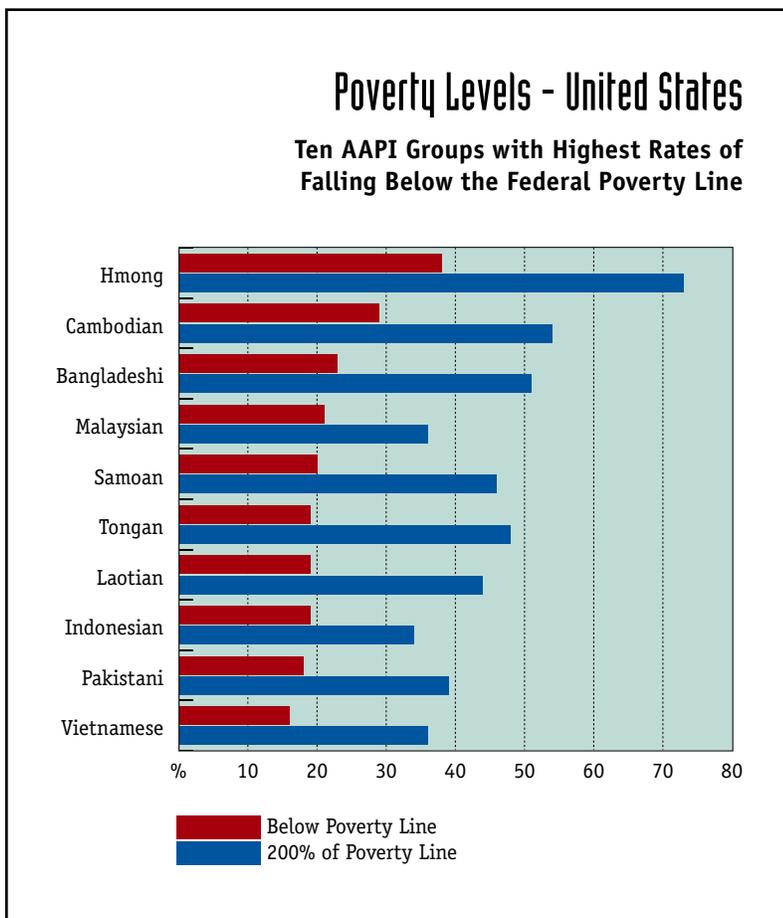
In this report, we have provided poverty data from Census 2000, but caution readers that the rates presented in this publication may be underestimates of true poverty rates. We also include rates for populations living below 200% of poverty as a measure of those who are living near poverty.

Asian Americans

Asian Americans were slightly more likely to be living in poverty compared to the general population (13% vs. 12%), but significantly more likely than Whites (8%). In fact, Asian Americans were 63% more likely to live in poverty than Whites. All sub-groups, except Filipinos, had poverty rates that were higher than Whites and the majority also had poverty rates higher than the general population. While one out of every eight people in the U.S. lived in poverty and one out of twelve Whites lived in poverty, more than one out of every three Hmong (38%) lived in poverty.

It should be noted that, compared to the general population, Chinese (the largest Asian American sub-group) had slightly higher per capita income, but also higher rates of poverty. Conversely, Filipinos (the second largest Asian American sub-group) had lower rates of poverty than the general population, but also lower per capita income.

According to Census 2000, there were 1,467,413 Asian Americans living in poverty in 1999. The five largest Asian American populations based on the total numbers living in poverty were: Chinese (348,402), Vietnamese (190,993), Asian Indian (188,755), Korean (169,382), and Filipino (163,891).



Native Hawaiians and Other Pacific Islanders

NHOPIs were 42% more likely than the general population to be living in poverty (17% vs. 12%) and more than twice as likely as Whites (8%). All NHOPI groups had higher poverty rates than Whites and all, except Fijians, had poverty rates higher than the general population. One out of every five Samoans and Tongans and one out of every seven Native Hawaiians and Guamanians/Chamorros live in poverty. While Fijians had a slightly lower poverty rate compared to the general population, they also had significantly lower per capita income.

In total, there were 137,533 NHOPIs living in poverty. The three largest NHOPI populations based on total number living in poverty were: Native Hawaiians (56,724), Samoans (24,510), and Guamanians/Chamorros (11,931).

3. Living Below 200% Of Federal Poverty Level

Asian Americans

Asian Americans were slightly less likely to be living below 200% of the poverty line than the general population (28% vs. 30%), but more likely than Whites (22%). Less than one-third of the total U.S. population lived

below 200% of the poverty threshold, but almost three-quarters of Hmong (73%) and half of Cambodians (54%) and Bangladeshis (51%) were below this marker.

Native Hawaiians and Other Pacific Islanders

NHOPIs were more likely to be living below 200% of the poverty threshold than the general population (38% vs. 30%), and considerably more likely than Whites (22%). All NHOPI groups had rates that were higher than the general population with almost half of Tongans and Samoans living below 200% of the poverty threshold.

4. Policy Recommendations

Given the high rates of poverty and lower per capita incomes among AAPIs, APIAHF recommends the following:

- Continue the expansion of the health care safety net through Community Health Centers (CHCs), which are often the only option available to the uninsured.
- Improve the safety net provided by Medicaid with reforms that ensure that the program is still available for those that depend on it.
- Provide affordable and equitable Medicare prescription drug benefits for the elderly.

Less Than a High School Degree

This category includes all people who reported that their highest level of school completed was 12th grade or lower and did not receive a high school diploma or equivalent (for example, the Test of General Educational Development).

High School

This category includes people whose highest degree was a high school diploma or its equivalent and people who completed some college but did not receive a degree such as associate's, bachelor's, master's, or doctoral degree.

Bachelor's Degree

This category includes all individuals who indicated that their highest level of completed schooling was a bachelor's degree (for example, BA, AB, BS). It does not include those who have completed master's or doctoral degrees.

Less Than A High School Degree

United States	20%
White	15%
Black	28%
Am. Indian	25%
Hispanic or Latino	48%
Asian	19%
NHOPI	21%
Hmong	59%
Cambodian	53%
Laotian	49%
Vietnamese	38%
Tongan	33%
Fijian	33%
Bangladeshi	23%
Chinese ex.	23%
Samoan	23%
Guamanian	22%
Thai	20%
Pakistani	19%
Native Hawaiian	15%
Asian Indian	15%
Sri Lankan	14%
Malaysian	14%
Korean	14%
Filipino	13%
Japanese	9%
Indonesian	8%
Taiwanese	7%

High School

United States	50%
White	52%
Black	52%
Am. Indian	53%
Hispanic or Latino	38%
Asian	31%
NHOPI	55%
Hmong	28%
Cambodian	33%
Laotian	37%
Vietnamese	35%
Tongan	53%
Fijian	50%
Bangladeshi	26%
Chinese ex.	26%
Samoan	59%
Guamanian	55%
Thai	33%
Pakistani	24%
Native Hawaiian	62%
Asian Indian	20%
Sri Lankan	29%
Malaysian	30%
Korean	37%
Filipino	37%
Japanese	42%
Indonesian	39%
Taiwanese	19%

Bachelor's Degree

United States	16%
White	17%
Black	10%
Am. Indian	9%
Hispanic or Latino	7%
Asian	26%
NHOPI	11%
Hmong	6%
Cambodian	7%
Laotian	6%
Vietnamese	15%
Tongan	7%
Fijian	8%
Bangladeshi	24%
Chinese ex.	24%
Samoan	8%
Guamanian	11%
Thai	22%
Pakistani	29%
Native Hawaiian	11%
Asian Indian	29%
Sri Lankan	22%
Malaysian	31%
Korean	29%
Filipino	34%
Japanese	28%
Indonesian	26%
Taiwanese	30%

Educational Attainment

While some AAPI groups have achieved high levels of educational attainment, other groups include large percentages of people who did not complete high school. Even within some particular AAPI ethnic groups, there were higher proportions of college degrees as well as higher proportions of people who never completed high school. These bi-modal distribution patterns are evident in a number of sub-groups and further complicate clear cut conclusions about AAPIs and educational attainment.

Education Impacts Death and Disease Rates

Education has become one of the most widely used indicators of socioeconomic position in both demography and epidemiology in the U.S.²³ Research has shown that, of the various SES measures, low education is one of the strongest and most consistent predictors of higher risk for disease.

One study explored the relative impact of education, income, and occupation on cardiovascular risk factors (cigarette smoking, systolic and diastolic blood pressure, and cholesterol levels) and found that higher levels of these risk factors were associated with lower levels of education.²⁴ Another study, employing educational attainment as a principle measure of SES, examined death certificates and found that lower educational attainment was associated with higher death rates.²⁵

Education Impacts Health Care Access

According to the Institute of Medicine, the likelihood of being insured rises with higher levels of educational attainment. Having a college degree is strongly associated with

multiple factors that increase the likelihood of being insured — employment in sectors that are more likely to offer coverage, higher income, and a greater likelihood of choosing employment-based coverage if offered.²⁶ Previous studies of Census data have shown that adults who did not graduate from high school were almost twice as likely to be uninsured as those with a high school diploma (38.5% compared to 19.6%).²⁷

1. Less Than High School

Asian Americans

In 1999, 19% of Asian Americans over the age of twenty-five reported that their highest level of completed education was less than a high school diploma. This rate is similar to the overall U.S. population rate (20%), but higher than the rate among Whites (15%).

A wide spectrum of educational attainment exists among different Asian Americans sub-groups. Southeast Asian groups (Hmong, Cambodian, Laotian, and Vietnamese), for example, have much lower rates of high school completion. Hmong were almost three times more likely to be without a high school diploma than the general population and four times more likely as Whites.

In total, there were 1,426,961 Asian Americans in the U.S. who did not complete high school. The five largest groups, by number of individuals, were: Chinese (406,630), Vietnamese (281,430), Filipinos (181,668), Asian Indians (169,645), and Koreans (101,043).

Native Hawaiians and Other Pacific Islanders

Overall, 21% of NHOPIs over the age of twenty-five reported that their highest level of education completed was less than a high school diploma. Like Asian Americans, this rate is similar to the general U.S. population (20%), but higher than the rate among Whites (15%).

Census data further reveals that while Native Hawaiians had rates similar to Whites, all other NHOPI groups had rates that were higher than the U.S. average. For example, about one-third of Tongans and Fijians over the age of twenty-five did not complete high school.

A total of 91,045 NHOPIs did not complete high school, including 30,734 Native Hawaiians, 12,364 Samoans, 9,925 Guamanians/Chamorros, 5,206 Tongans, and 2,648 Fijians.

2. High School Graduate (No College Degree)

Asian Americans

Approximately half of the U.S. population indicated that their highest educational level was a high school diploma or some college but without a degree (associate's, bachelor's, master's, or doctoral degree). Overall, as well disaggregated by ethnic group, Asian Americans were less likely to fall into this category than the general population. For some groups, like Southeast Asians, this is due to larger percentages of people who have low levels of education (less than a high school degree); for other groups, this may be due to higher rates of completing college degrees.

Native Hawaiians and Other Pacific Islanders

Most NHOPI groups were more likely than the general population to have completed high school degrees as their highest level of education attained.

3. Bachelors Degree

Asian Americans

Asian Americans overall were more likely than the general population (26% vs. 16%) or Whites (17%) to indicate that their highest level of completed education was a bachelor's degree. However, data indicate that Southeast Asians had dramatically lower rates of obtaining bachelor's degrees. Hmong and Cambodians, for example, were almost one-third as likely to have a bachelor's degree as Whites.

It is also interesting to note that educational data for sub-groups, such as the Bangladeshis and Chinese, illustrate the bi-modal distribution pattern characteristic of some of these populations. Such groups not only included greater proportions of people with less than a high school education compared to the general population, but also higher rates of people with college degrees.

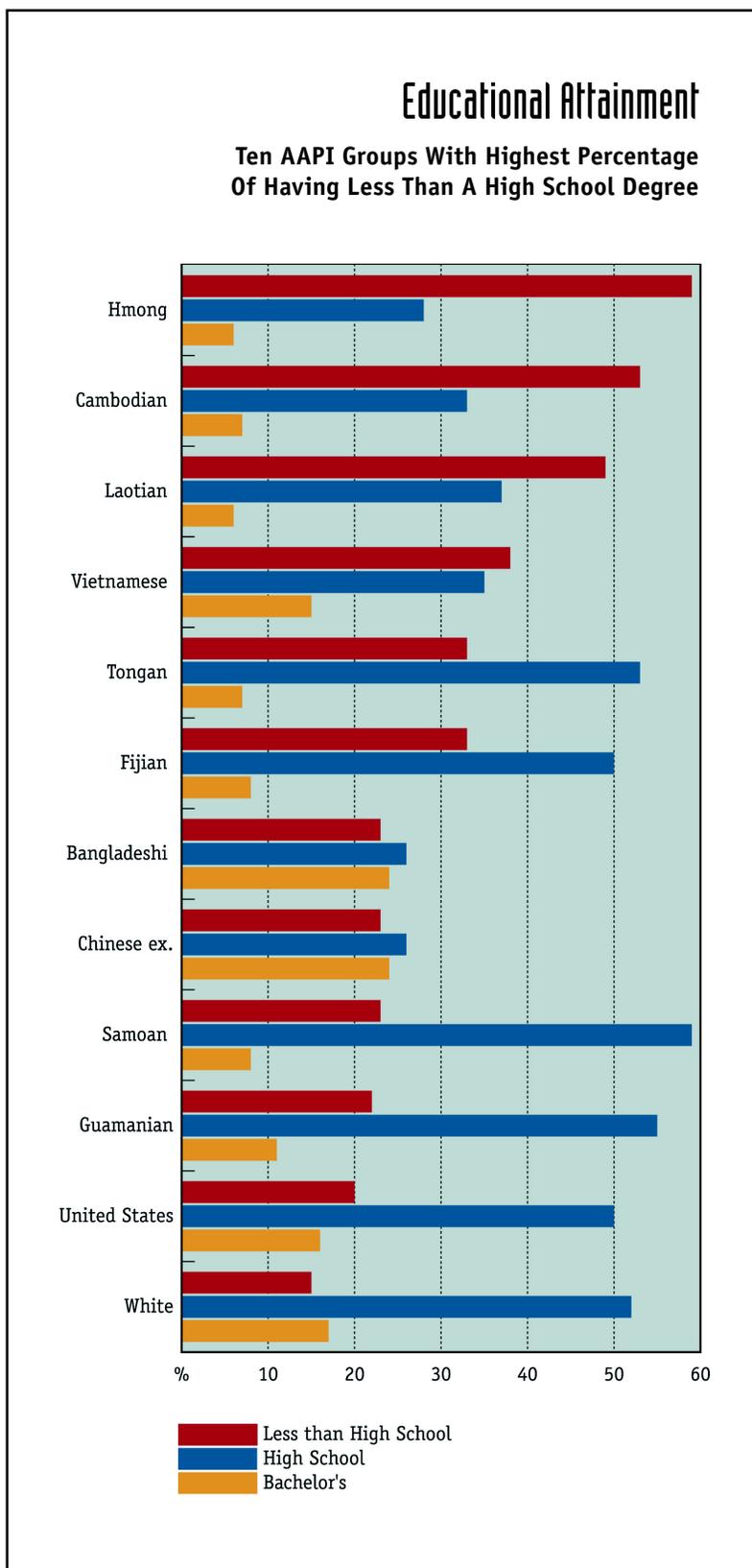
Native Hawaiians and Other Pacific Islanders

NHOPIs were significantly less likely to report that their highest level of education obtained was a bachelor's degree compared to the general population (11% vs. 16%) and Whites (17%). Disaggregated data shows that all NHOPI groups fell below the national average. Tongans, Fijians, and Samoans were about half as likely to have bachelor's degrees compared to the total U.S. population.

4. Policy Recommendations

Given this profile of educational attainment levels and, in particular, the numbers of AAPIs with less than a high school education, APIAHF recommends the following:

- As high rates of low literacy in both English and native languages are likely, health-related materials should be translated at a basic reading level. Oral interpretation (not just translation of written material) needs to be provided, particularly for groups with low education levels and for languages such as Hmong that are primarily oral.
- Increase access and federal support for bilingual education, English as a Second Language, and other educational or training programs. Support additional recruitment and training programs to increase the number of bilingual and bicultural AAPI teachers, administrators, and faculty.
- Establish a designation of “Asian American and Pacific Islander-Serving Institutions and Organizations” to focus outreach, recruitment, research, program development, implementation, and evaluation activities.



Foreign Born

The foreign-born population includes all persons who were not U.S. citizens at birth. This would include people who were not born in the United States, Puerto Rico, or U.S. Island Areas. Foreign-born people are those who indicated that they were either a U.S. citizen by naturalization or that they were not a citizen of the United States.

Naturalization Rate of the Foreign Born

This rate refers to the percentage of the foreign born population who are naturalized citizens.

Foreign Born

United States	11%
White	4%
Black	7%
Am. Indian	6%
Hispanic or Latino	40%
Asian	63%
NHOPI	19%
Bangladeshi	83%
Malaysian	80%
Sri Lankan	79%
Taiwanese	76%
Fijian	74%
Pakistani	74%
Vietnamese	74%
Asian Indian	73%
Indonesian	72%
Korean	70%
Thai	66%
Laotian	66%
Cambodian	64%
Chinese ex.	63%
Filipino	56%
Hmong	56%
Tongan	44%
Japanese	29%
Samoan	17%
Guamanian	11%
Native Hawaiian	2%

Naturalization Rate

United States	40%
White	55%
Black	44%
Am. Indian	33%
Hispanic or Latino	28%
Asian	50%
NHOPI	43%
Malaysian	21%
Japanese	28%
Indonesian	29%
Bangladeshi	31%
Hmong	31%
Guamanian	34%
Fijian	36%
Sri Lankan	38%
Tongan	39%
Asian Indian	40%
Pakistani	40%
Thai	42%
Cambodian	46%
Laotian	48%
Native Hawaiian	50%
Korean	51%
Chinese ex.	53%
Taiwanese	55%
Samoan	56%
Vietnamese	58%
Filipino	62%

Immigration & Citizenship

According to Census 2000, there were approximately 7.5 million foreign-born residents of Asian American heritage and 162,000 foreign-born NHOPIs living in the U.S. Overall, half of foreign-born AAPIs became naturalized citizens.

Immigration/Citizenship Status Impacts Health

Citizenship status has significant and widespread effect on immigrants' ability to access health services and obtain insurance coverage. While an estimated 15% of citizens lack health insurance, 42% to 51% of non-citizens lack health coverage. Most Americans are covered through their employers and while non-citizens are about equally likely to have a full-time worker in the family as citizens, they are much more likely to work for employers that do not offer health coverage. Only 33% to 44% of non-citizens receive health insurance through their employer compared to 65% of native-born citizens.²⁸

Public programs, such as Medicaid and the State Children's Health Insurance Program (SCHIP) provide coverage to many low-income individuals who would otherwise be uninsured. However, with few exceptions, legal immigrants that arrived in the U.S. after 1996 are barred from participating in these public programs during their first five years in the country. Furthermore, many immigrants who could qualify for services or have children who are citizens do not apply for fear that the receipt of benefits would make them ineligible for citizenship or lead to deportation. Moreover, these programs can have complex eligibility requirements that make it difficult for people to receive services even if they do qualify. Due to such restrictions in eligibility,

other barriers, and confusion about the potential impact on immigration status, non-citizens are much less likely to be enrolled in these programs.²⁹

1. Foreign Born

Asian Americans

Asian Americans were much more likely to be foreign-born than the general population (63% vs. 11%) or Whites (4%). All Asian American sub-groups had rates that exceeded the U.S. average by at least two-fold. In fact, almost all sub-groups had foreign-born rates higher than the Asian American average of 63%. The exceptions were Chinese, Filipinos, and Japanese, who comprise three of the largest Asian American sub-groups. Partly indicative of having longer, more established histories in the U.S., they had foreign-born rates that were comparatively lower (63%, 56%, and 29%, respectively). The top five groups, in terms of the number of individuals who are foreign born were: Chinese (1,722,762), Asian Indian (1,353,242), Filipino (1,331,626), Vietnamese (891,375), and Korean (857,764).

Native Hawaiians and Other Pacific Islanders

NHOPIs were significantly more likely to be foreign-born than the general population (19% vs. 11%) or Whites (4%). All NHOPI sub-groups except Native Hawaiians had rates that exceeded the U.S. average. By far, the most likely NHOPI sub-group to be foreign-born was Fijians (74%). However, in terms of the number of individuals who were foreign born, in 1999, there were 21,292 Samoans, 16,211 Tongans, 10,474 Fijians, 10,241 Guamanians/Chamorros, and 7,392 Native Hawaiians.

2. Naturalization Rate of Foreign Born

Asian Americans

Half of foreign-born Asian Americans became naturalized citizens compared to 40% for the general population. This represents the second highest rate of naturalization among the six major racial and ethnic groups after Whites. Data on Asian American sub-groups reveal a wide range of naturalization rates. Less than one-third of Malaysians, Japanese, Indonesians, Bangladeshis, and Hmong have naturalized while almost two-thirds of Filipinos have done so.

Native Hawaiians and Other Pacific Islanders

The rate of naturalization among foreign-born NHOPIs is similar to that of the general population (43% vs. 40%). Guamanians/Chamorros, Fijians, and Tongans were less likely than the general population to naturalize while Samoans and Native Hawaiians were more likely than the general population to naturalize.

3. Policy Recommendations

Given the high foreign-born rates and low rates of naturalization among some AAPI groups, APIAHF recommends the following:

- Eliminate restrictions on federal safety-net benefits (such as Temporary Assistance for Needy Families and Medicaid) for all lawfully present immigrants, restoring fairness and equality to immigrants who pay taxes and contribute to our society.
- Fully fund programs and services that address the special needs and barriers of AAPI women. This includes interpretation and translation services and providing a safe harbor so that immigrant women with pending immigration relief applications can receive public benefits, food stamps, and housing.
- Ensure provision of health care to all, regardless of immigration status.

Physicians per 100,000 Population

United States	249
White	257
Asian Americans	
Hmong	24
Laotian	28
Cambodian	40
Malaysian	84
Native Hawaiian and Other Pacific Islanders	
Tongan	18
Hawaiian	39
Samoan	56
Fijian	117
Guamanian or Chamorro	145

Nurses per 100,000 Population

United States	794
Whites	872
Asian Americans	
Hmong	49
Bangladeshi	104
Cambodian	144
Laotian	169
Pakistani	271
Vietnamese	288
Other Asian Americans	435
Chinese	477
Japanese	554
Korean	738
Sri Lankan	739
Native Hawaiian and Other Pacific Islanders	
Tongan	94
Samoan	243
Hawaiian	361
Guamanian or Chamorro	430

Health Workforce

According to Census 2000, some Asian American sub-groups were well represented in the health care professions. However, Southeast Asians and NHOPIs continue to lag far behind in the number of health professionals compared to their population size. Furthermore, most AAPI groups continue to be underrepresented in the nursing profession. Given the distinct language and cultural difference among the various AAPI groups, it is important that efforts to ensure workforce diversity examine disaggregated data on AAPIs. It is clear that when AAPI sub-groups are lumped together, the true physician-to-population ratios are masked, resulting in a very misleading indication of appropriate physician supply.

Workforce Diversity is Critical for Cultural and Linguistic Competence

The shortage of health care providers from underserved communities has been identified as a contributing factor to sub-standard care and disparate health outcomes. According to the Institute of Medicine report, *Unequal Treatment*, “racial concordance of patient and provider is associated with greater patient participation in care processes, higher patient satisfaction, and greater adherence to treatment.”³⁰ A number of studies, including a report by the Commonwealth Fund, has found that Asian Americans are less likely than the general population to rate their care highly, less likely to be confident about their care, and more likely to indicate having a communication problem with their doctor.³¹

Current discussions on the issue of workforce diversity often do not take language ability into account. Given the increasing size of the LEP population, the need for bilingual providers vastly outstrips the current supply. Studies of LEP populations in health care settings reveal many disparities in the quality of care.

Lack of linguistic diversity among providers results in an impaired exchange of information, loss of language cues that may aid in diagnosis, incomplete patient education, lack of informed consent, less access to services and thus a lower level of preventive care. Misunderstanding of medication instructions has also led to fatal consequences.

1. Physician Diversity

Currently, many AAPI communities are experiencing a drastic shortage of providers who are able to understand and treat their respective community’s health needs. An analysis of the Census 2000 data revealed that Hmong, Laotian, Cambodian, Malaysian, and all NHOPI groups had lower physician representation than the general population.

Census 2000 counted 249 physicians for every 100,000 people in the U.S. overall. Of the AAPI populations examined, Tongans had the least number of physicians per population with only 18 Tongan physicians for every 100,000. Hmong and Laotian populations had about one-tenth the number of physicians compared to the general population.

2. Nursing Diversity

Eleven of the sixteen Asian American populations and four out of five NHOPI populations were underrepresented in the nursing workforce. The notable exceptions were Filipino nurses, many of whom were recruited from the Philippines to fill nursing shortages. For the general population, there were 794 nurses per 100,000 people. The Hmong population has only 49 nurses per 100,000 Hmong, which is one-sixteenth the level of the general population. Similarly, Tongan, Bangladeshi, Cambodian, Laotian,

Samoan, Pakistani, Vietnamese, and Hawaiian communities had less than half the number of nurses of the general population.

While some AAPI populations may appear to have adequate provider representation, it is important to note that many of these providers may not have the language skills necessary to communicate with patients from the same ethnic group. Previous analysis by APIAHF of 1990 Census data examined language parity between AAPI providers and LEP AAPI populations. The findings were consistent with the physician to population ratios and showed underrepresentation in Vietnamese, Cambodian, Laotian, Hawaiian, Samoan, and Guamanian/Chamorro communities.³²

3. Distribution of Providers Serving as Primary Care Physicians

The supply of primary care physicians is particularly important in meeting the needs of growing AAPI populations. Through previous analysis of the 1990 Census data, APIAHF found that AAPI physicians were more likely than the general physician population to work in hospital settings and less likely to work in physician's offices.³³ This finding validates the notion that, although there may be an "overrepresentative" supply of certain AAPI physicians, there is most likely a shortage of providers in primary care settings.

Studies have also shown that medical colleges and universities with admission criteria that give preference to students expressing an interest in primary care produce a higher percentage of primary care generalist physicians than institutions without such provisions. Likewise, programs with admission criteria that give preference to women, minor-

ities, and students preferring primary care at the onset may produce more students intending to work with underserved populations. In addition, medical colleges may need to conduct more outreach to high schools, community colleges, and colleges with large numbers of underrepresented populations.

4. Geographic Distribution of Physicians

The distribution of AAPI physicians varies greatly by state and region. For example, 1990 data revealed that, in California, in addition to those groups already mentioned, Filipino and Thai physicians were underrepresented compared to Whites. In Texas, Korean physicians were underrepresented, while in Illinois, Japanese physicians were underrepresented. In the state of Hawaii, even the total aggregated AAPI physician ratio (169 per 100,000) was well below that of Whites (404 per 100,000).³⁴ This suggests that definitions of underrepresented minorities should be flexible enough to allow for regional needs and differences.

5. Policy Recommendations

In making policy decisions regarding which populations are "underrepresented" in the health professions, health professions schools, and other policy-setting organizations should:

- Assess AAPI data that is disaggregated.
- Consider language as a factor.
- Consider distribution of providers serving as primary care physicians.
- Consider geographic distribution of physicians.

Median Household Income

United States	\$41,994
White	\$45,367
Black	\$29,530
Am. Indian	\$32,260
Hispanic or Latino	\$33,676
Asian	\$51,045
NHOPI	\$42,062
Hmong	\$31,934
Cambodian	\$35,964
Bangladeshi	\$37,074
Malaysian	\$39,140
Thai	\$39,530
Indonesian	\$39,839
Samoan	\$40,058
Korean	\$40,183
Laotian	\$42,245
Tongan	\$44,181
Fijian	\$44,233
Vietnamese	\$44,828
Native Hawaiian	\$44,862
Guamanian	\$45,417
Pakistani	\$45,576
Chinese ex.	\$51,031
Japanese	\$51,981
Sri Lankan	\$52,392
Taiwanese	\$52,792
Filipino	\$58,323
Asian Indian	\$61,322

The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. For households and families, the median income is based on the distribution of the total number of households and families including those with no income.

Median income for households, families, and individuals is computed on the basis of a standard distribution.

Average Household Size

United States	2.6
White	2.4
Black	2.7
Am. Indian	2.9
Hispanic or Latino	3.6
Asian	3.1
NHOPI	3.4
Hmong	6.1
Cambodian	4.4
Bangladeshi	3.7
Malaysian	2.7
Thai	2.6
Indonesian	2.7
Samoan	4.1
Korean	2.8
Laotian	4.2
Tongan	5.1
Fijian	3.8
Vietnamese	3.7
Native Hawaiian	3.2
Guamanian	3.3
Pakistani	3.7
Chinese ex.	2.9
Japanese	2.3
Sri Lankan	2.8
Taiwanese	2.8
Filipino	3.4
Asian Indian	3.1

This measure is obtained by dividing the number of people in households by the total number of households (or householders).

Home Ownership

United States	66%
White	72%
Black	46%
Am. Indian	55%
Hispanic or Latino	46%
Asian	53%
NHOPI	47%
Hmong	38%
Cambodian	43%
Bangladeshi	26%
Malaysian	34%
Thai	46%
Indonesian	41%
Samoan	35%
Korean	40%
Laotian	51%
Tongan	47%
Fijian	50%
Vietnamese	53%
Native Hawaiian	51%
Guamanian	46%
Pakistani	40%
Chinese ex.	58%
Japanese	60%
Sri Lankan	51%
Taiwanese	63%
Filipino	58%
Asian Indian	47%

The proportion of households that are owners is termed the homeownership rate. It is computed by dividing the number of households that are owners by the total number of households.

Median Age

United States	35
White	39
Black	30
Am. Indian	29
Hispanic or Latino	26
Asian	31
NHOPI	26
Hmong	16
Cambodian	23
Bangladeshi	30
Malaysian	30
Thai	30
Indonesian	29
Samoan	21
Korean	31
Laotian	25
Tongan	20
Fijian	29
Vietnamese	30
Native Hawaiian	26
Guamanian	25
Pakistani	28
Chinese ex.	34
Japanese	36
Sri Lankan	35
Taiwanese	32
Filipino	32
Asian Indian	30

Median age divides the age distribution into two equal parts: one-half of the cases falling below the median age and one-half above the median. Median age is computed on the basis of a single year of age standard distribution.

Other Household Indicators

In spite of lower per capita income, Census 2000 data shows that taken as a whole, AAPIs possessed higher median household incomes than other populations. This fact has widely been touted as an indication of AAPI economic success and fulfillment of the “American Dream”. These comparisons fail, however, to take into account a host of other important factors. For instance, AAPIs tend to live in larger households and, as a result, have more individuals working. AAPIs also tend to reside in areas with higher costs of living.

It is also evident, based on disaggregated data, that not all Asian American groups are doing equally well. Seven Asian American sub-groups showed median household incomes that were lower than the general population. Hmong, for example, had household incomes that are one-quarter less than the national average (\$31,934 vs. \$41,994).

1. Median Household Income

Asian Americans

Asian Americans had notably higher median family income compared to the general population (\$51,045 vs. \$41,994) and Whites (\$45,367).

Native Hawaiians and Other Pacific Islanders

NHOPIs had a median family income similar to the total population (\$42,062 vs. \$41,994) but lower than Whites (\$45,367).

2. Average Household Size

Whether due to cultural, economic, or other reasons, AAPI families often live with multiple generations or extended family in a single household. Since larger households are more likely to have more individuals who are working, the higher median income among AAPIs may simply be a reflection of household size.

Asian Americans

The average Asian American household is almost 20% larger than the average U.S. household (3.1 vs. 2.6 individuals per household). Data on different Asian Americans sub-groups show an even more dramatic picture. All Asian Americans groups except the Japanese had average household sizes that were greater than the U.S. average, with Hmong having the largest average household size (6.1), almost two and a half times the national average.

Native Hawaiians and Other Pacific Islanders

The average NHOPI household is more than 30% larger than the average U.S. household (3.4 vs. 2.6 individuals per household). In fact, all NHOPI groups had average household sizes that were greater than the U.S. average, with Tongans having the largest average household size (5.1), almost two times the national average.

3. Median Age

While larger households may lead to a higher number of wage earners per household, this is not always the case. Hmong, Cambodians, and Bangladeshis, for example, had household sizes that were significantly larger than the U.S. average, but they also had the three lowest median household incomes among Asian American sub-groups. This can be accounted for, in part, by differences in age distribution. Populations with a large average household size and low median age may have younger family members who are not yet of working age.

Asian Americans

The median age for Asian Americans was four years younger than the general population and seven years younger than Whites. The median age for Hmong was sixteen years, less than half the median age of the general population (35 years). The median age for Cambodians and Laotians, furthermore, was more than ten years lower than the median U.S. age.

Native Hawaiians and Other Pacific Islanders

The median age for NHOPIs was almost ten years younger than the general population and thirteen years younger than Whites. The median age for Tongans was twenty years, almost half the median age of Whites.

4. Geographic Differences in Cost of Living

Data on AAPI median income may also be higher due to differences in the geographic distribution of the population. Since AAPIs are more likely to live in “high-cost” states, their higher median incomes may not actually be high relative to the cost of living in these areas.

Asian Americans

Asian Americans were disproportionately located in states with high costs of living. Fifty-one percent of all Asian Americans lived in California, New York, and Hawaii. Hawaii and California have the highest and second highest costs of living in the U.S., respectively, while New York has the tenth highest cost of living.³⁵

Census data indicate that 66% of AAPIs (7.8 million) lived in the ten states or districts with the highest costs of living: Hawaii,

California, Washington, D.C., Maryland, New Jersey, Connecticut, Arkansas, Rhode Island, Massachusetts, and New York. In comparison, only 29% of the total U.S. population lives in these ten states.

Native Hawaiians and Other Pacific Islanders

Similar to Asian Americans, NHOPIs were also disproportionately located in states with high costs of living. Approximately 504,000 NHOPIs lived in Hawaii and California. Hawaii and California have the highest and second highest costs of living, respectively.³⁶ These two states represent 58% of the total NHOPI population compared to only 12% of the general population.

5. Home Ownership

Home ownership is a measure of wealth which can be a better indicator of economic status than single year income. Wealth tends to be more constant than income and can allow a family to maintain its standard of living when income falls because of job loss, health problems, or family changes. Disparities in asset holdings across racial and ethnic groups are large, often exceeding disparities in income.³⁷ One study found that minorities with chronic diseases had higher rates of disability that limited day-to-day functioning than Whites, and that differences in wealth account for much of this disparity.³⁸

Asian Americans

Asian Americans were significantly less likely to own a home than the general population (53% vs. 66%) and Whites (72%). All Asian American sub-groups were less likely to own a home compared to the general population. For example, while almost three-quarters of Whites and two-thirds of the general population owned a home, only about one-quarter of Bangladeshis were able to do so.

Native Hawaiians and Other Pacific Islanders

NHOPIs were also significantly less likely to own a home as compared with the general population (47% vs. 66%) and Whites (72%). All NHOPI groups were less likely to own a home than the general population. Only about one-third of Samoan and about one-half of Guamanians/Chamorro, Tongans, Fijians, and Native Hawaiians owned a home.

Conclusions

The July 2003 disaggregated Census data provide greater insight into patterns, characteristics, and remaining areas of challenge for the AAPI population. An analysis of this data presents a mixed picture of the status of AAPIs on six key indicators, but some cross-cutting themes are evident:

- › In the last three decades, the growth of the AAPI population has outpaced that of any other ethnic or racial group. The AAPI population has now surpassed the 12 million mark and is projected to continue this rapid pace of growth.
- › Disaggregated socioeconomic data indicate that while some AAPI populations have achieved relatively high levels of income or education, most continue to face challenges such as high rates of poverty, high rates of limited English proficiency, and low rates of high school completion.
- › Even within a particular sub-group, there are wide variations in the socioeconomic indicators which affect health status. For example, while Pakistanis may have higher median family incomes, they also have higher rates of poverty than the general U.S. population. Reports that present data as simple averages for AAPI ethnic groups often obscures such bi-modal distribution patterns and is misleading.

In addition to the recommendations made throughout this report, APIAHF also strongly supports the following changes in the way that data is collected, used, and disseminated:

- › Implement a federal policy that will increase data collection, analyses, and dissemination of information about AAPIs disaggregated by ethnic group.
- › Support the collection of data on AAPIs overall as well as by sub-groups in public programs such as Medicaid, SCHIP, Medicare, and Social Security programs.
- › Conduct an assessment of all federal data collection instruments and all sampling and analytical methods to ensure the disaggregation of AAPI sub-group data.
- › Increase funding for research on health conditions that impact AAPIs and support the involvement of community-based organizations in this research and data collection.

This report very clearly indicates extensive differences both among and within the AAPI community. Disaggregated data on the six socioeconomic indicators reviewed here reveal areas of continuing challenge that are often obscured by current data collection methods. As outlined in this report, health status and socioeconomic status are inextricably linked. Indicators, such as high rates of poverty, low educational attainment, and low English proficiency, evident among all AAPI populations to varying degrees, have a substantial impact on health and well-being. In the formulation of policies, programs, and services that address the needs of this growing population, policymakers must develop greater understanding and awareness of this diversity and these needs.

Notes, Definitions & Citations

Notes About The Data

Data are derived from:

- U.S. Census 1990 Summary Tape File 1 (STF-1) – 100% data
- U.S. Census 2000 Summary File 1 (SF-1) – 100% data
- U.S. Census 2000, Summary File 4 (SF-4) – Sample data.

Unless otherwise stated, the numbers presented reflect the “Inclusive” counts, except for Whites. For this group, the numbers reflect the count for the “single race non-Hispanic White population.”

Data on educational attainment are tabulated for the population 25 years old and over.

Data on Language is tabulated for the population 5 years old and over.

For detailed information on SF-4, please read the technical documentation for the file. This documentation may be found at: www.census.gov/prod/cen2000/doc/sf4.pdf

Definitions

LANGUAGE

Limited English Proficiency (LEP)

A respondent, who speaks a language other than English at home assesses his or her ability to speak English as “Very well,” “Well,” “Not well,” or “Not at all.” Limited English proficiency (LEP) individuals are those who are five years or older, that speak English less than “very well.”

Linguistically Isolated Households

A household in which all members 14 years old and over speak a non-English language and also speak English less than “Very well” is “linguistically isolated.”

INCOME AND POVERTY

Per Capita Income

Per capita income is the mean income computed for every man, woman, and child in a particular group. It is derived by dividing the total income of a particular group by the total population in that group.

Federal Poverty Level

The poverty level is determined using a set of income thresholds set by the Federal government that vary by family size and composition. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being “below the poverty level.” Census 2000 data is based on the 1999 federal poverty level, which was \$8,501 for an individual or \$17,029 for a family of four.

200% of Federal Poverty Level

Individuals living below 200% of the federal poverty level are those whose incomes fall below \$34,058 ($\$17,029 \times 2.0$) in 1999 for family of four people. “200% of federal poverty level” is obtained by multiplying the official thresholds by a factor of two.

EDUCATIONAL ATTAINMENT

Less Than a High School Degree

This category includes all people who reported that their highest level of school completed was 12th grade or lower and did not receive a high school diploma or equivalent (for example, the Test of General Educational Development).

High School

This category includes people whose highest degree was a high school diploma or its equivalent and people who completed some college but did not receive a degree such as associate's, bachelor's, master's, or doctoral degree.

Bachelor's Degree

This category includes all individuals who indicated that their highest level of completed schooling was a bachelor's degree (for example, BA, AB, BS). It does not include those who have completed master's or doctoral degrees.

IMMIGRATION AND CITIZENSHIP

Foreign Born

The foreign-born population includes all persons who were not U.S. citizens at birth. This would include people who were not born in the United States, Puerto Rico, or U.S. Island Areas. Foreign-born people are those who indicated that they were either a U.S. citizen by naturalization or that they were not a citizen of the United States.

Naturalization Rate of the Foreign Born

This rate refers to the percentage of the foreign born population who are naturalized citizens.

OTHER HOUSEHOLD INDICATORS

Median Household Income

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Median income for households, families, and individuals is computed on the basis of a standard distribution.

Average Household Size

This measure is obtained by dividing the number of people in households by the total number of households (or householders).

Home Ownership

The proportion of households that are owners is termed the homeownership rate. It is computed by dividing the number of households that are owners by the total number of households.

Median Age

Median age divides the age distribution into two equal parts: one-half of the cases falling below the median age and one-half above the median. Median age is computed on the basis of a single year of age standard distribution.

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Diverse Communities, Diverse Experiences
The Status of Asian Americans and Pacific Islanders in the U.S.

A Review of Six Socioeconomic Indicators and Their Impact on Health

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