INTRODUCTION

“Without disaggregating the data, it is impossible to detect the great variations in income, education, and health status among Asian Pacific Islander populations, hiding serious socioeconomic and health problems both within and between subgroups.”

Overall the health status of Asian Pacific Islanders has consistently been better than that of non-Hispanic Whites and other racial and ethnic groups in Santa Clara County. However, striking health disparities exist among the Asian Pacific Islanders, as has been shown statewide and nationally. Certain subgroups experience higher prevalence of risk factors and poor health outcomes than other Asian Pacific Islander and non-Asian groups. These inequalities highlight the importance of analyzing health risk behaviors among Asian Pacific Islander subgroups instead of combining them into one racial group. Besides, illuminating these disparities across Asian Pacific Islander ethnic subgroups is vital for meeting important health needs, preventing underlying risk factors including socioeconomic inequalities, and promoting design of culturally competent and effective strategies and policy changes.

As stated by the Kaiser Foundation “Asian Americans, as a whole, have higher educational attainment rates, median household incomes and lower rates of poverty compared with non-Hispanic Whites. However, the exact opposite is true for Native Hawaiians and Pacific Islanders.”

OBJECTIVES

Demonstrate health disparities and associated behavioral risk factors among Asian Pacific Islander subgroups in Santa Clara County.

METHODS

The term “Asian” refers to individuals who have origins in any of the countries of the Far East, Southeast Asia, or the Indian subcontinent, while the term “Pacific Islander” refers to individuals who have origins in Hawaii, Guam, Tonga, Samoa, or other Pacific Islands. Therefore, the term “Asian Pacific Islander” is broadly used to describe a very culturally and genetically heterogeneous group.

The 2009 Santa Clara County Behavioral Risk Factor Survey is used to measure health risk behaviors among Asian Pacific Islander adults. Respondents identifying themselves as Asians/Pacific Islander (n=1149) are included in the analysis. The subgroups are Chinese, Filipino, Japanese, Vietnamese, Asian Indian, Pacific Islander and other Asians.

RESULTS

According to American Community Survey 2005-09, Asians made up 30% of the County population and Pacific Islanders represented 0.4% of the County population. Among residents of Santa Clara County’s Asian community, 26% were Chinese, 22% Vietnamese, 19% Asian Indian, 16% Filipino, 5% Japanese, 5% Korean and 6% other subgroups. More than 7 in 10 Asian Pacific Islanders in Santa Clara County were born outside the U.S. and more than 20% of the total County population spoke an Asian language at home. Nearly half of adults ages 25 and older (44%) have a bachelor’s degree or higher, while 14% have less than a high school diploma. Similarly, majority of the Asians (58%) have a bachelor’s degree or higher, while 11% have less than a high school diploma. On the other hand, only 15% of the Pacific Islanders have a bachelor’s degree or higher.

Santa Clara County has the highest median household income in the state. The median household income in the County is $85,569. Median household income for Asians ($101,389) is higher than that of Pacific Islanders ($70,759).

In 2009, 1 in 3 Asian Pacific Islander adults (34%) reported that they needed to see a doctor because of illness or injury in the past 12 months compared to African Americans (53%), Whites (51%) and Hispanics (28%). Highest percentage of Asian Indians (45%) reported that they needed to see a doctor because of illness or injury in the past 12 months compared to lowest percentage of Chinese (29%). Overall, a lower percentage of Asian Pacific Islander adults (10%) reported that they needed to see a doctor but could not because of cost or lack of insurance during the past six months compared to African Americans (33%) and Hispanics (22%). However, this was slightly higher than for Whites (7%). Among Asian Pacific Islanders, higher percentage of Vietnamese adults (24%) reported they needed to see a doctor but could not because of cost or lack of insurance during the past six months.

Perception of Health

Asian Pacific Islanders are least likely to report that their physical health was ‘not good’ during the past 30 days (24%) compared to African Americans (45%), Whites (31%) and Hispanics (27%). Among the Asian Pacific Islanders, highest percentage of Vietnamese adults reported their physical health was ‘not good’ during the past 30 days (42%). Vietnamese adults reported a higher mean number of days (5.1) that their mental health was ‘not good’ for reasons of stress, depression, and emotional problems compared to other Asian Pacific Islander subgroups.
Health Disparities among the Asian Pacific Islander Subgroups in Santa Clara County

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RESULTS

Figure 4: Percentage of Adults Reporting Physical Health “Not Good” in the past 30 days by Asian Pacific Islander Subgroups

Figure 5: Percentage of Adults with Mean Days in the Past Month that Mental Health was “Not Good” by Asian Pacific Islander Subgroups

Substance Abuse

Lower percentage of Asian Pacific Islander adults (8%) smoke cigarettes compared to Hispanics (9%), Whites (11%), and African Americans (26%). Among Asian Pacific Islanders, 21% of Filipinos reported they are current smokers.

Nutrition

A higher percentage of Asian Pacific Islander adults consumed at least five servings of fruits and vegetables the previous day (16%) compared to African Americans (15%) and Hispanics (11%). This is lower than the percentage of Whites (23%). Among the Asian Pacific Islander subgroups, Filipinos reported the lowest percentage of those who consumed five or more servings of fruits and vegetables (11%) compared to Japanese (15%), Asian Indian (15%), Vietnamese (18%) and Chinese (19%).

Overweight and Obesity

A lower percentage of Asian Pacific Islander adults (65%) were overweight or obese than adults in the County overall (55%) and other racial/ethnic groups. Among Asian Pacific Islander subgroups, Chinese adults had the lowest percentage of those who were overweight or obese (18%). Filipino adults had the highest percentage of adults who are overweight or obese (60%).

Figure 6: Percentage of Adults Who Consumed at least Five Servings of Fruits and Vegetables the Previous Day by Asian Pacific Islander Subgroups

Figure 7: Percentage of Adults Who Were Overweight or Obese by Asian Pacific Islander Subgroups

Heart Disease

A lower percentage of Asian Pacific Islander adults have high blood pressure (24%) than African Americans (37%) and Whites (33%), although the percentage was higher than that of Hispanics (15%). Highest percentage of Filipino (40%)

Analysis shows Filipino and Vietnamese subgroups have limited access to healthcare services and higher prevalence of health risk factors. Vietnamese and Filipino adults are least likely to report their general health and/or mental health is good compared to other subgroups and the county in general. Calculation of Chronic Condition Index reveals, among Asian Pacific Islanders, Japanese and Filipino adults have the greatest proportion of adults with at least two chronic diseases. Recognizing health disparities among these subgroups reveals at risk minorities and helps target resources to address these inequalities effectively. This is critical to debunk the widespread perception of Asians as a "model minority" which overlooks significant health disparities among Asian Pacific Islander populations.

Future Direction

In order to reduce the health and behavior risk factor inequalities among the diverse Asian Pacific Islander ethnicities, we need to build on our efforts to understand the role of diversity and immigration among these subgroups. The 2009 Santa Clara County Behavior Risk Factor Survey was not administered in any Asian language in SCC due to prohibitive costs. Surveys in the preferred language for the population of interest along with questions related to acculturation and social determinants of health are key strategies to understand the disparities in the target population and ultimately address them. Santa Clara County Public Health Department is planning to do a Vietnamese Health Assessment in 2011.

The survey will include face to face interviews and neighborhood level survey data in parts of the county with a high Vietnamese population. Community focus groups will be used as a strategy to identify key questions to be answered. The findings will be shared with community stakeholder groups and used as a focal point to address disparities in this population.

REFERENCES

• U.S. Census Bureau, 2005-09 American Community Survey 5-Year Estimates
• Santa Clara County Public Health Dep't, 2009 Behavioral Risk Factor Survey
• Georgetown University Center for Child and Human Development
• Asian Americans and Pacific Islanders: Health Disparities