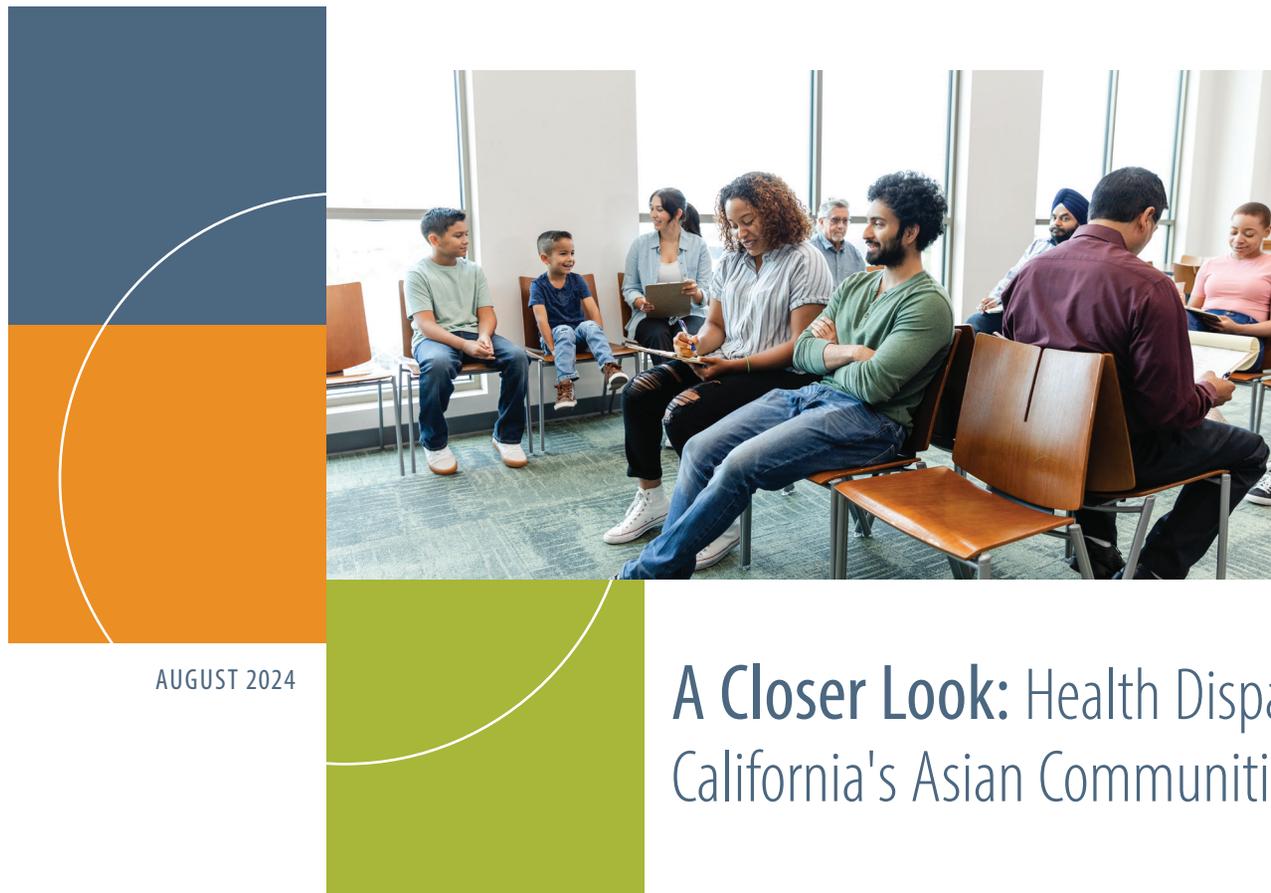


CALIFORNIA Health Care Almanac



AUGUST 2024

A Closer Look: Health Disparities Among California's Asian Communities

Executive Summary

This report examines health disparities among some of California's diverse Asian communities, highlighting differences in health outcomes, access to care, and social drivers of health.

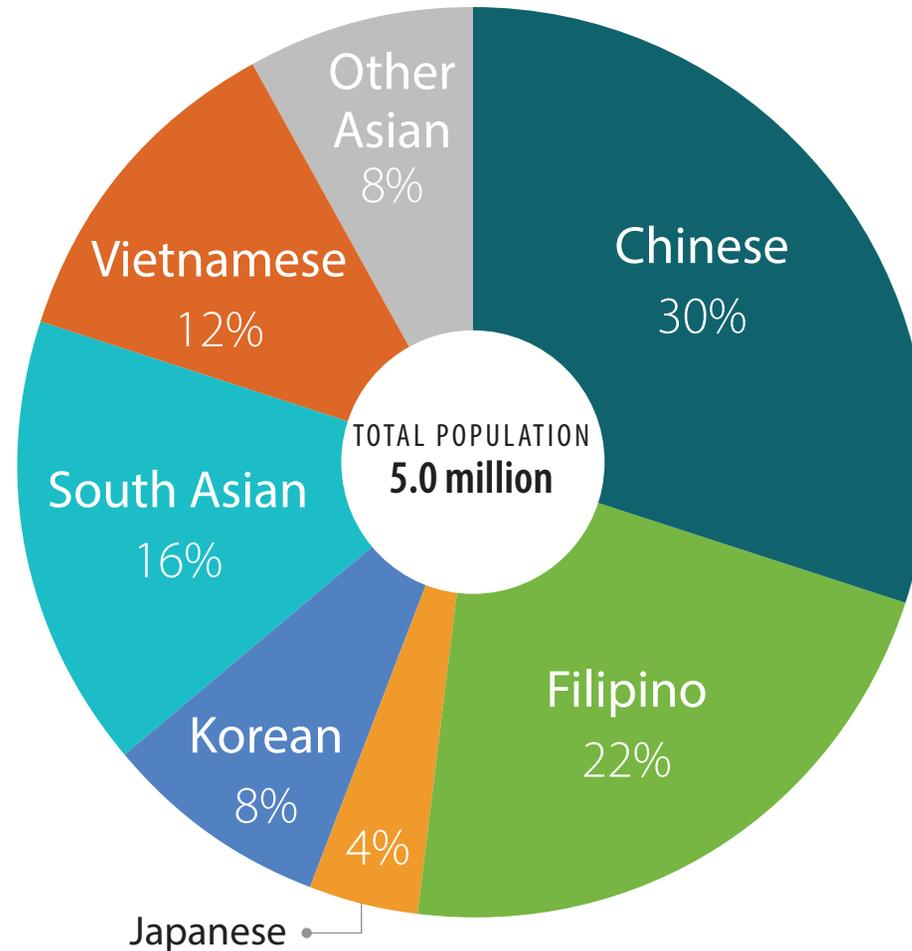
KEY FINDINGS

- Roughly five million Californians identified as Asian and reported an ethnic subgroup in 2021. Within this population, Chinese (30%) and Filipino (22%) Californians made up the largest ethnic subgroups, followed by South Asian (16%) and Vietnamese (12%).
- Poverty rates varied significantly among Asian communities. About 1 in 5 Vietnamese Californians (21%) lived below the federal poverty level, compared to 6% of Japanese and Filipino Californians. Meanwhile, 13% of all Californians reported living below the federal poverty level.
- Self-reported health status varied considerably as well, with 7% of Japanese and South Asian Californians reporting they are in fair or poor health, compared to 24% of Vietnamese Californians and 16% of Korean Californians. Fourteen percent of all Californians reported being in fair or poor health.
- In 2021, 22% of Korean Californians reported having no usual source of care, and 23% reported difficulty accessing specialist care compared to 14% and 17%, respectively, of Californians overall.
- Thirty-one percent of Korean, South Asian, and Vietnamese Californians delayed care due to cost or a lack of insurance.
- Fifty-one percent of Korean Californians and 54% of Chinese Californians reported a routine checkup with a provider in the past year, compared to 61% of all Asians and 60% of all Californians.
- Chronic condition prevalence exceeded statewide averages among several Asian subgroups in California. Seventeen percent of Filipino and Japanese Californians reported being diagnosed with asthma, 16% of Filipino Californians and 14% of Vietnamese Californians reported being diagnosed with diabetes, 9% of Vietnamese Californians reported being diagnosed with heart disease, and 32% of Filipino Californians and 29% of Japanese Californians reported being diagnosed with hypertension.

This report underscores the importance of disaggregating data for Asian subgroups to better understand and address health disparities. Policymakers, health care providers, and community organizations can use this information to develop interventions and improve health equity for all Asian Californians.

Asian Population, by Ethnicity

California, 2021

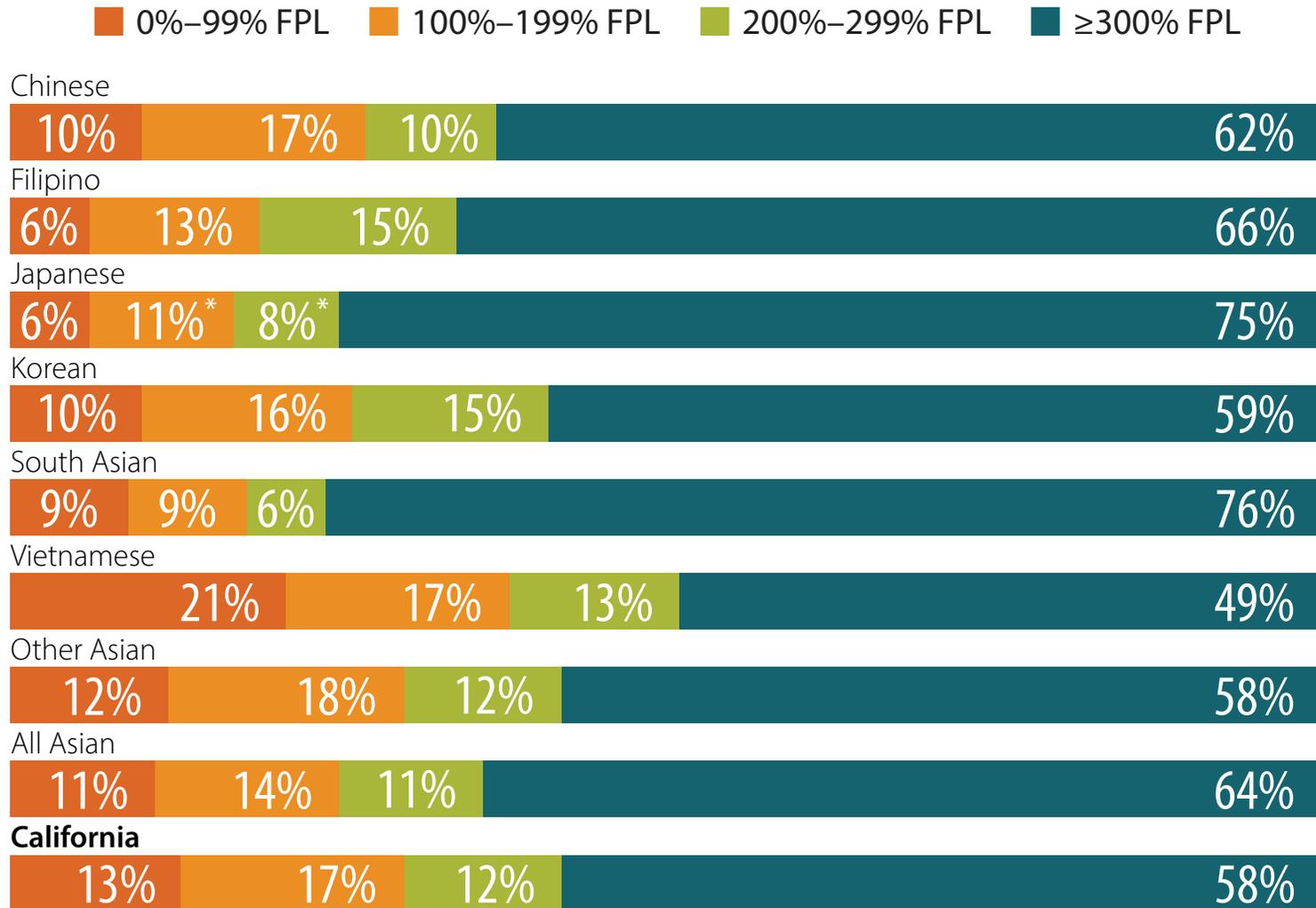


Notes: Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 8, 2024.

Asian Population, by Poverty Level

California, 2021



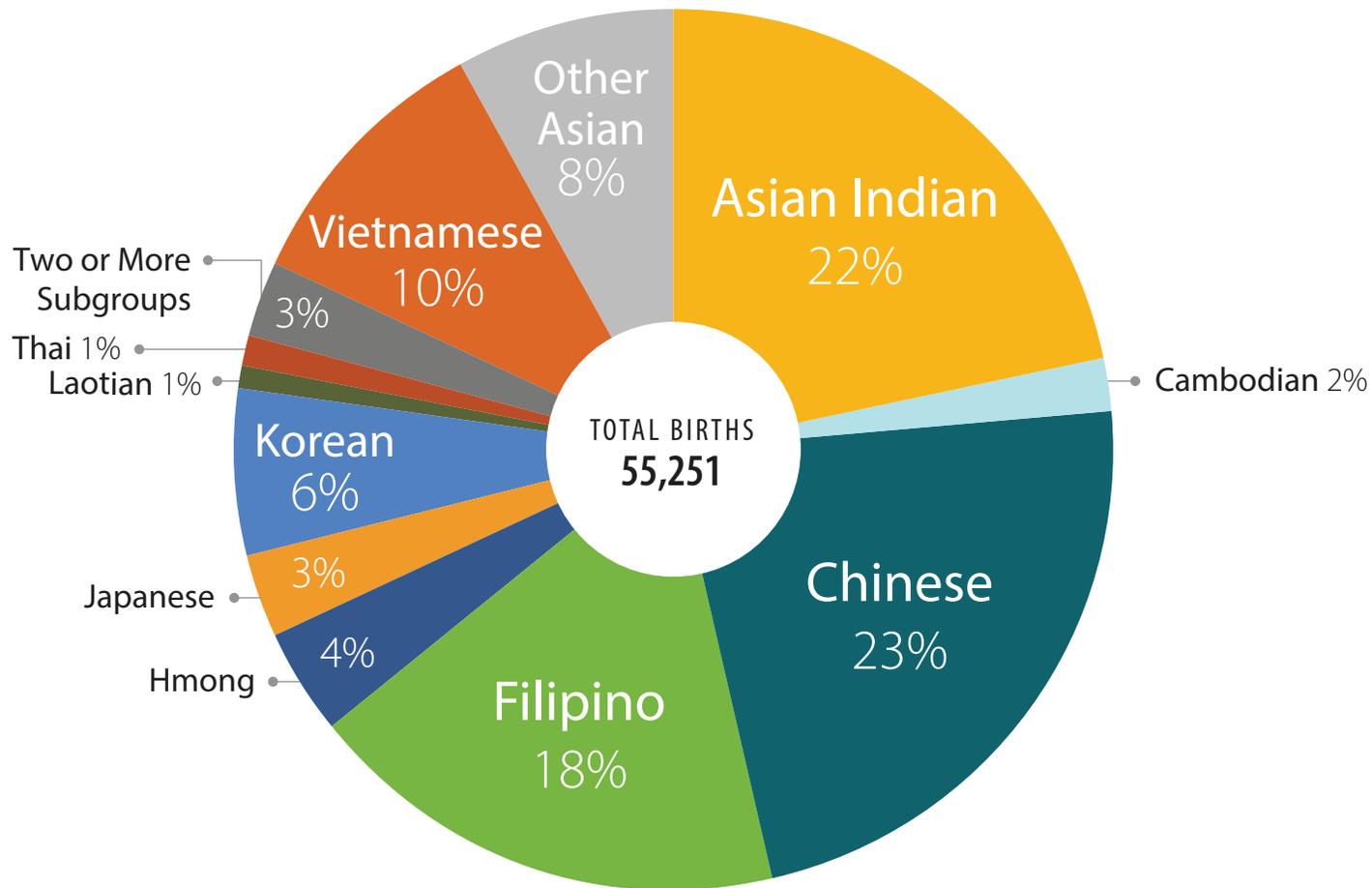
* Statistically unstable

Notes: Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 8, 2024.

Asian Births, by Ethnicity

California, 2021

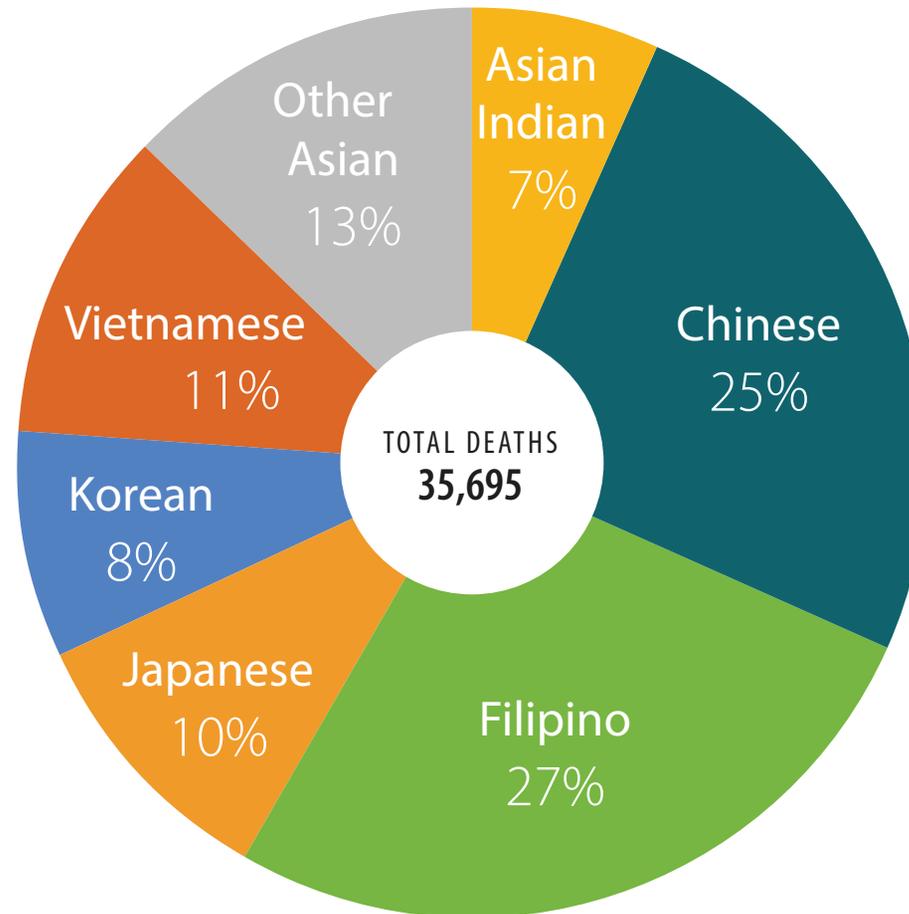


Notes: Births are based on mother's / birthing person's race. Figures may not sum due to rounding.

Source: "Births," California Dept. of Public Health, last updated April 5, 2024.

Asian Deaths, by Ethnicity

California, 2021

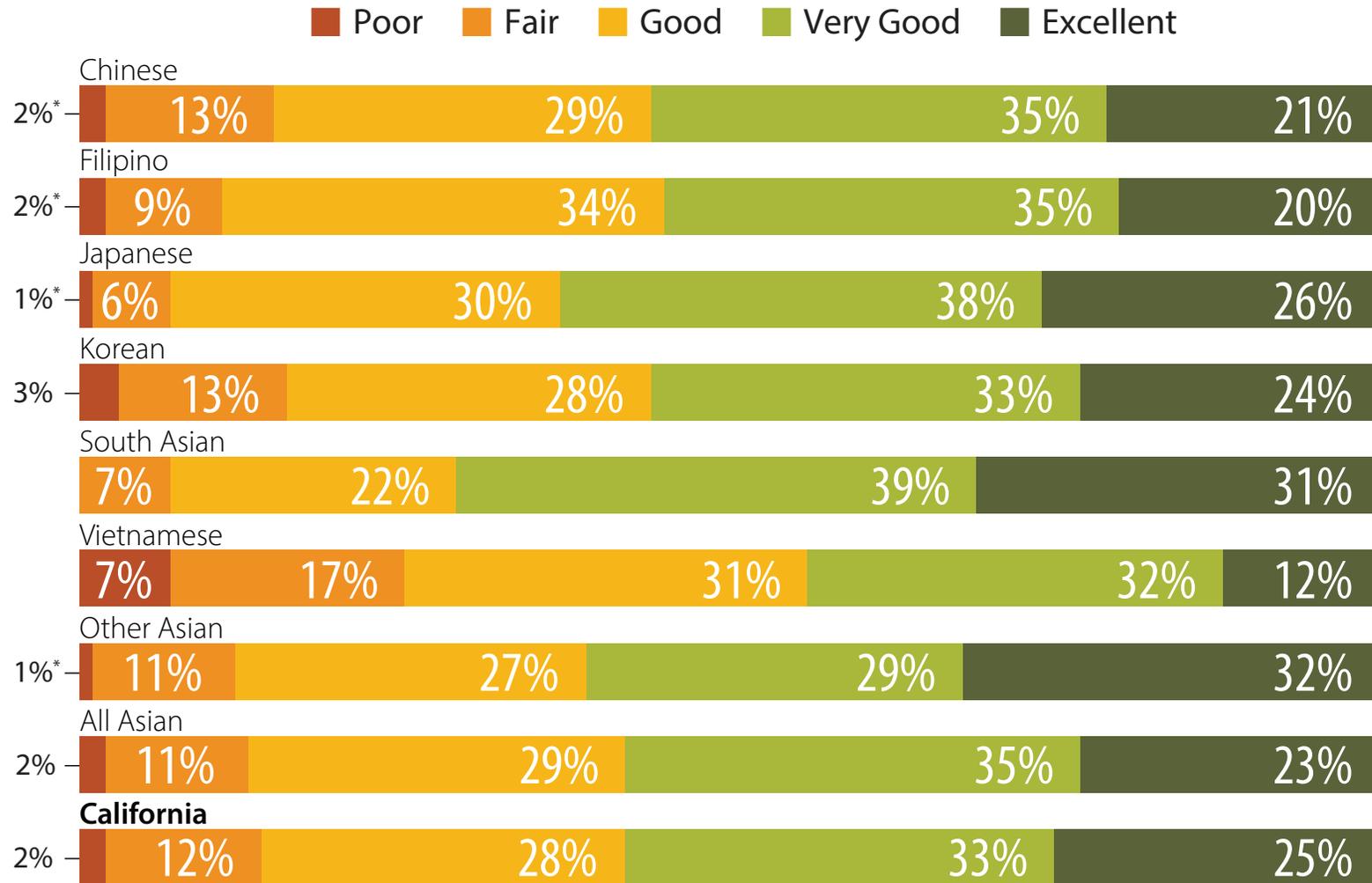


Note: Figures may not sum due to rounding.

Source: "Underlying Cause of Death, 2018-2021, Single Race Request," CDC WONDER Online Database, US Centers for Disease Control and Prevention, 2021.

Self-Reported Health Status

California, 2021



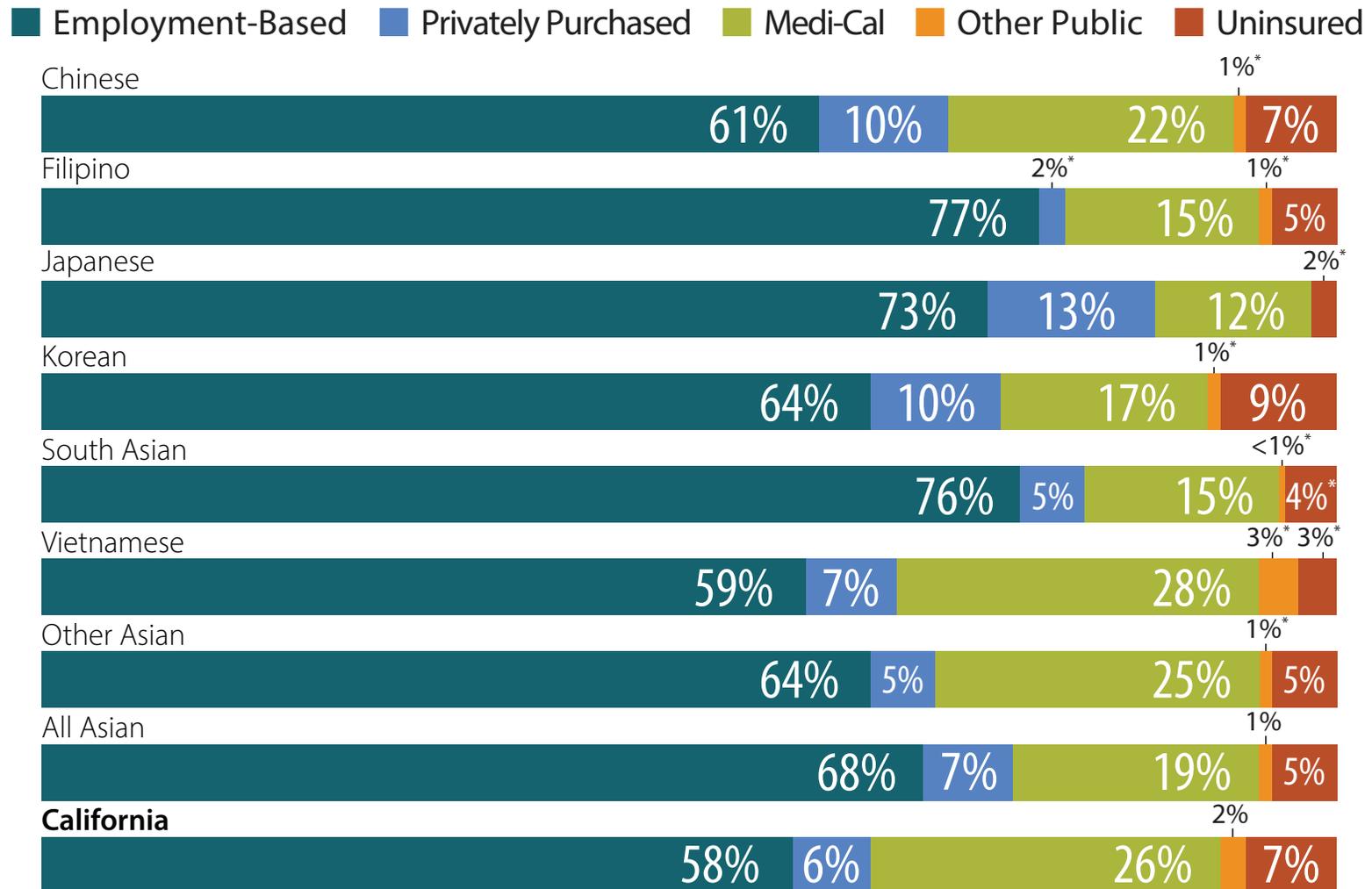
* Statistically unstable

Notes: Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Health Insurance

California, 2021



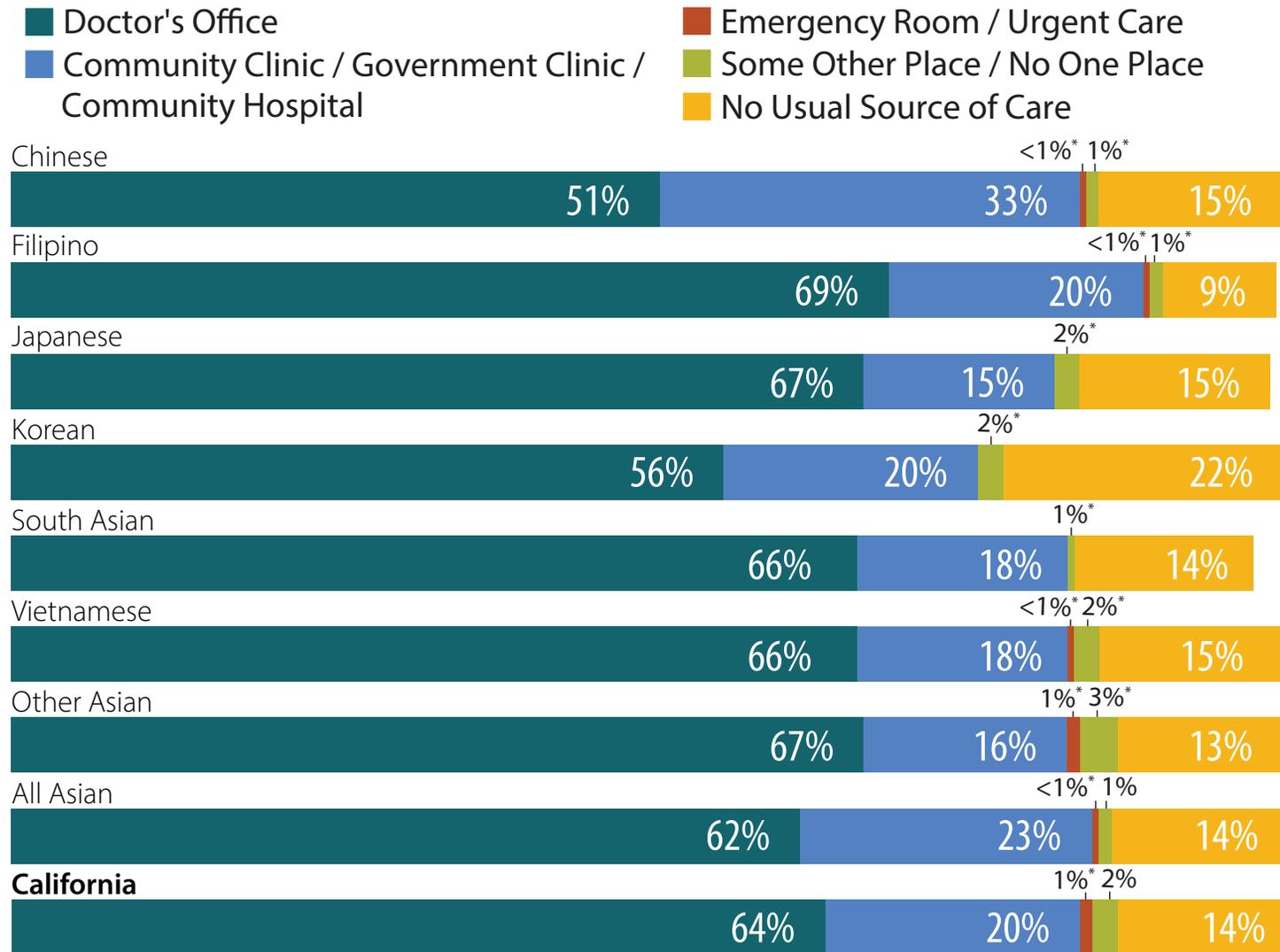
* Statistically unstable

Notes: Includes age 0 to 64. Insurance status is self-reported. *Medi-Cal* may include those with restricted-scope benefits. *Other public* includes *Medicare & Medicaid*, *Medicare & Others*, *Medicare only*, and *Other Public*. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Usual Source of Care

California, 2021



* Statistically unstable

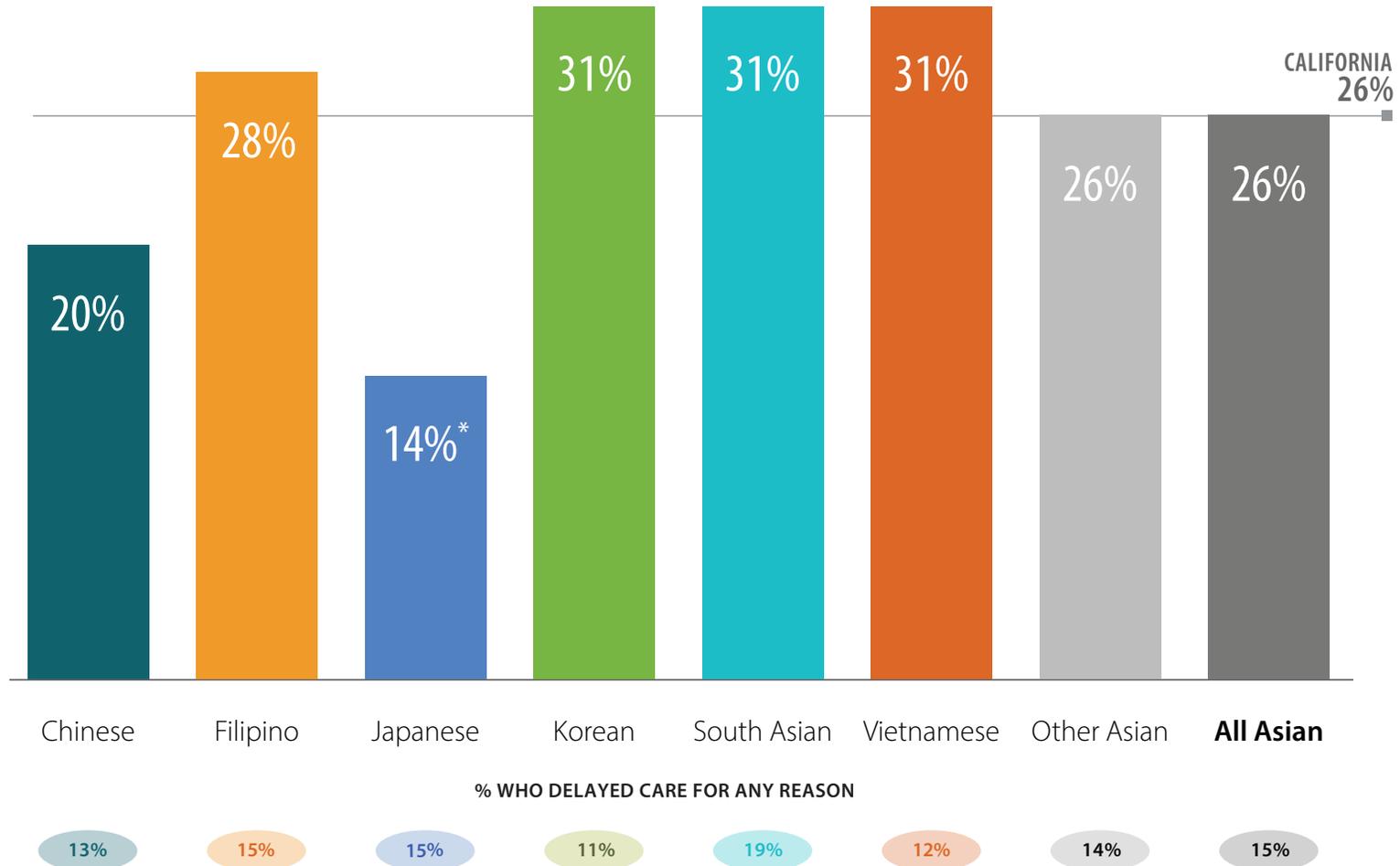
Notes: Usual source of care is a usual place to go when sick or in need of health advice. Doctor's office is doctor's office/HMO/Kaiser in the source. Data include respondents who reported their race as Asian (non-Latino/x) and indicated their specific Asian ethnic group. Other Asian is Other Asian / 2+ Asian Types in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Delayed Care Due to Cost or Lack of Insurance

California, 2021

PERCENTAGE OF THOSE WHO DELAYED CARE DUE TO COST OR LACK OF INSURANCE



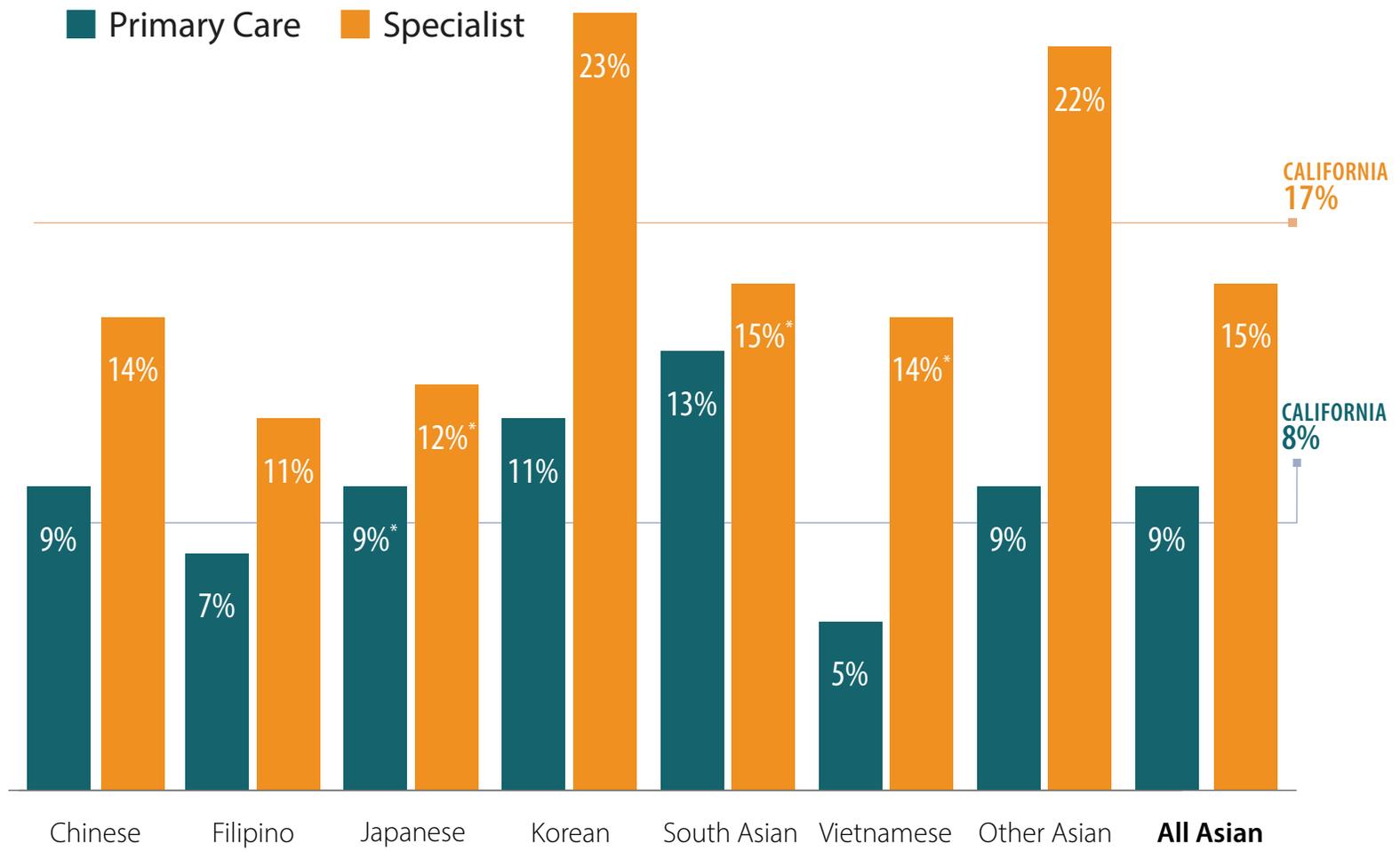
* Statistically unstable

Notes: Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Difficulty Finding a Doctor, by Ethnicity

California, 2021



* Statistically unstable

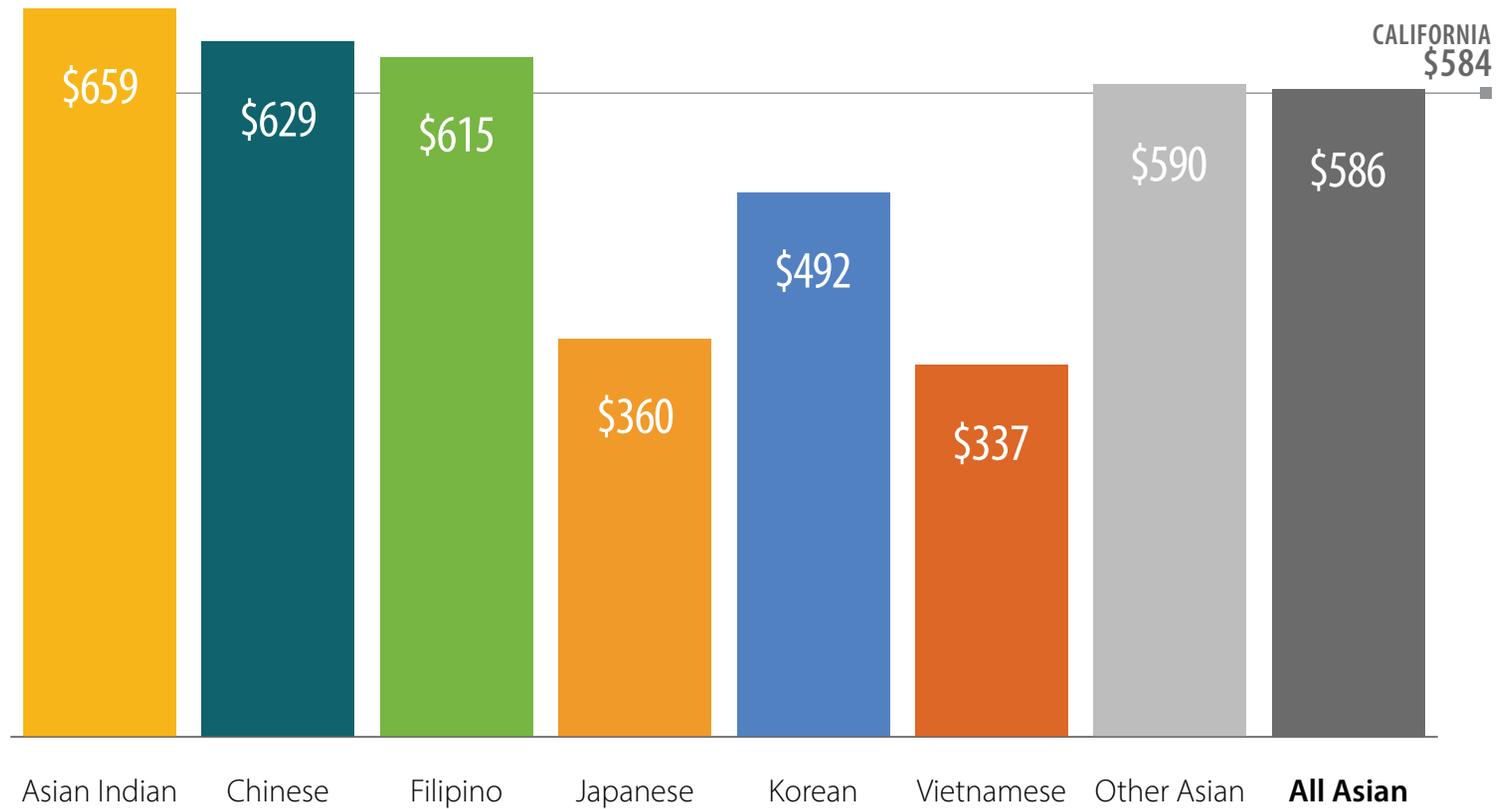
Notes: Adults only. Specialist data are based on responses from adults needing speciality care. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Average Annual Out-of-Pocket Health Spending

California, 2023

SPENDING PER INDIVIDUAL



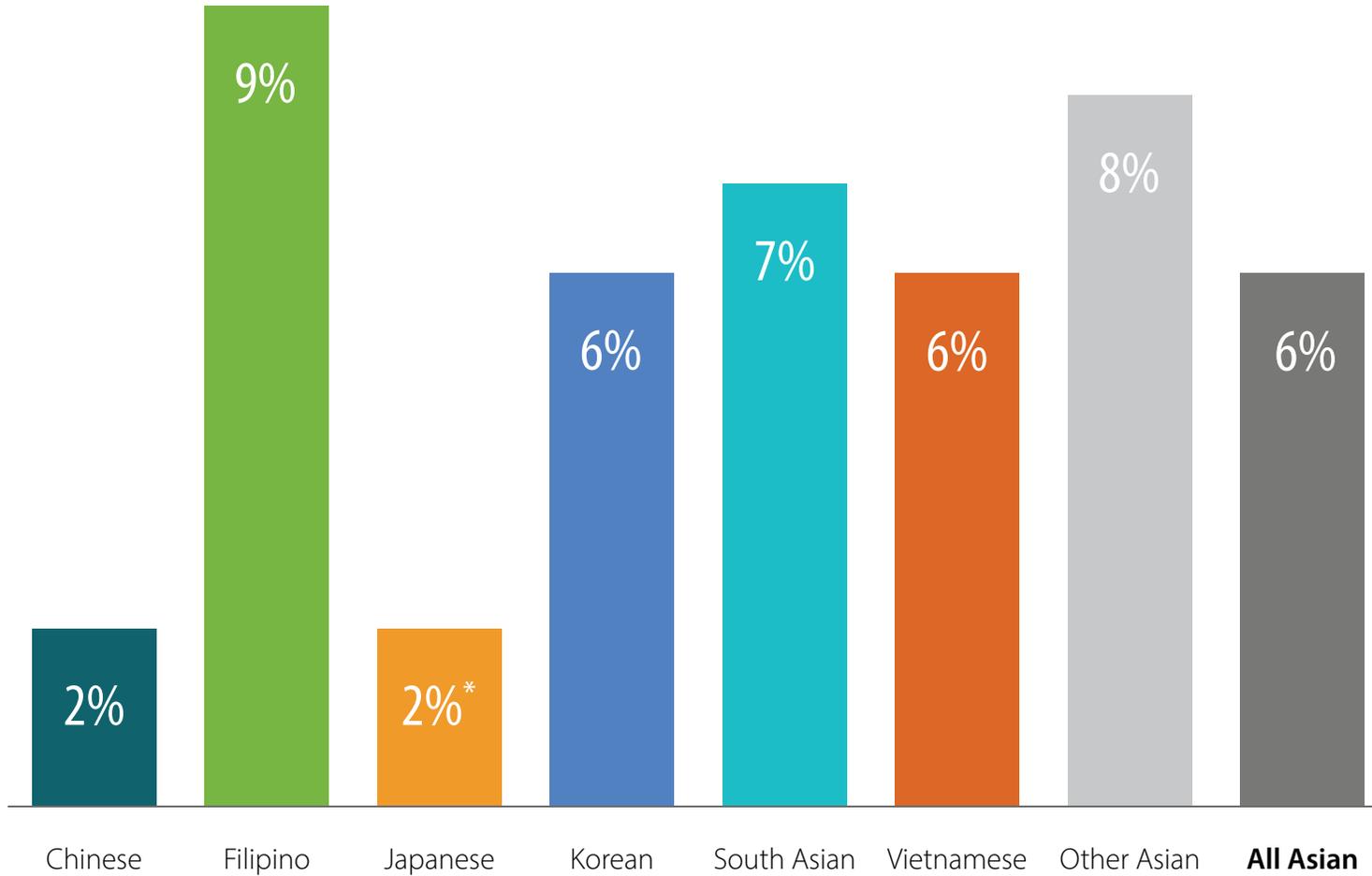
Notes: Average out-of-pocket expenditures for nonpremium medical care includes copays for doctor and dentist visits, diagnostic tests, prescription medicine, glasses and contacts, and medical supplies.

Source: Current Population Survey Annual Social and Economic (March) Supplement (202303), US Census Bureau, accessed August 2, 2024.

Medical Debt

California, 2021

CALIFORNIA
10%



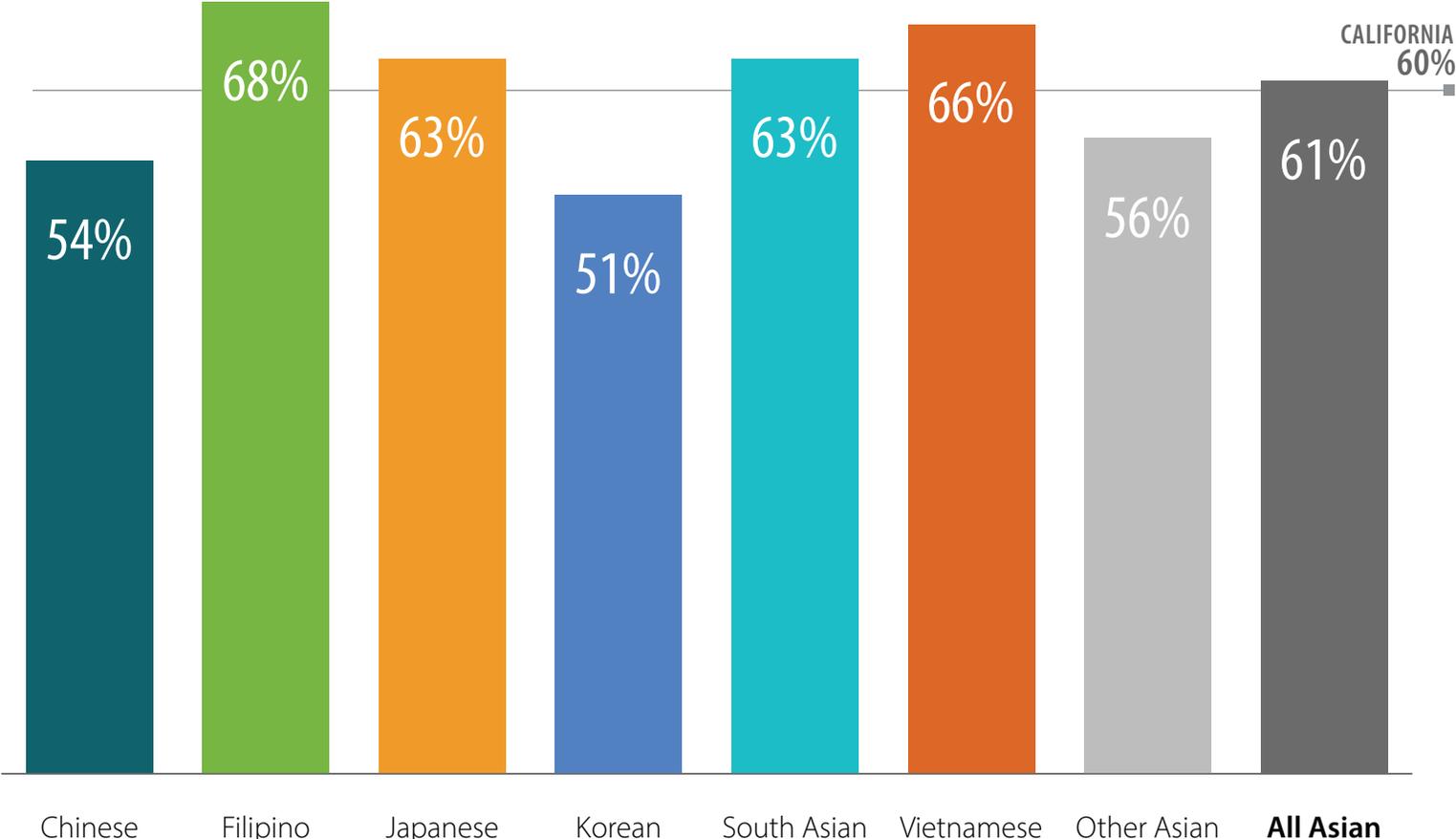
* Statistically unstable

Notes: Adult respondents who reported having problems paying medical bills for themselves or family members in their household in the past 12 months. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Routine Checkup

California, 2021



Notes: Adults who reported a routine checkup with a provider in the past 12 months. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Overweight and Obese, by Ethnicity

California, 2021

	CHINESE	FILIPINO	JAPANESE	KOREAN	SOUTH ASIAN	VIETNAMESE	OTHER ASIAN	ALL ASIAN	CALIFORNIA
Adults									
Overweight	23.2%	28.5%	37.6%	25.7%	33.7%	24.2%	24.3%	27.2%	33.8%
Obese	6.4%	17.9%	8.4%	9.7%	8.8%	5.0%	12.9%	10.3%	28.2%

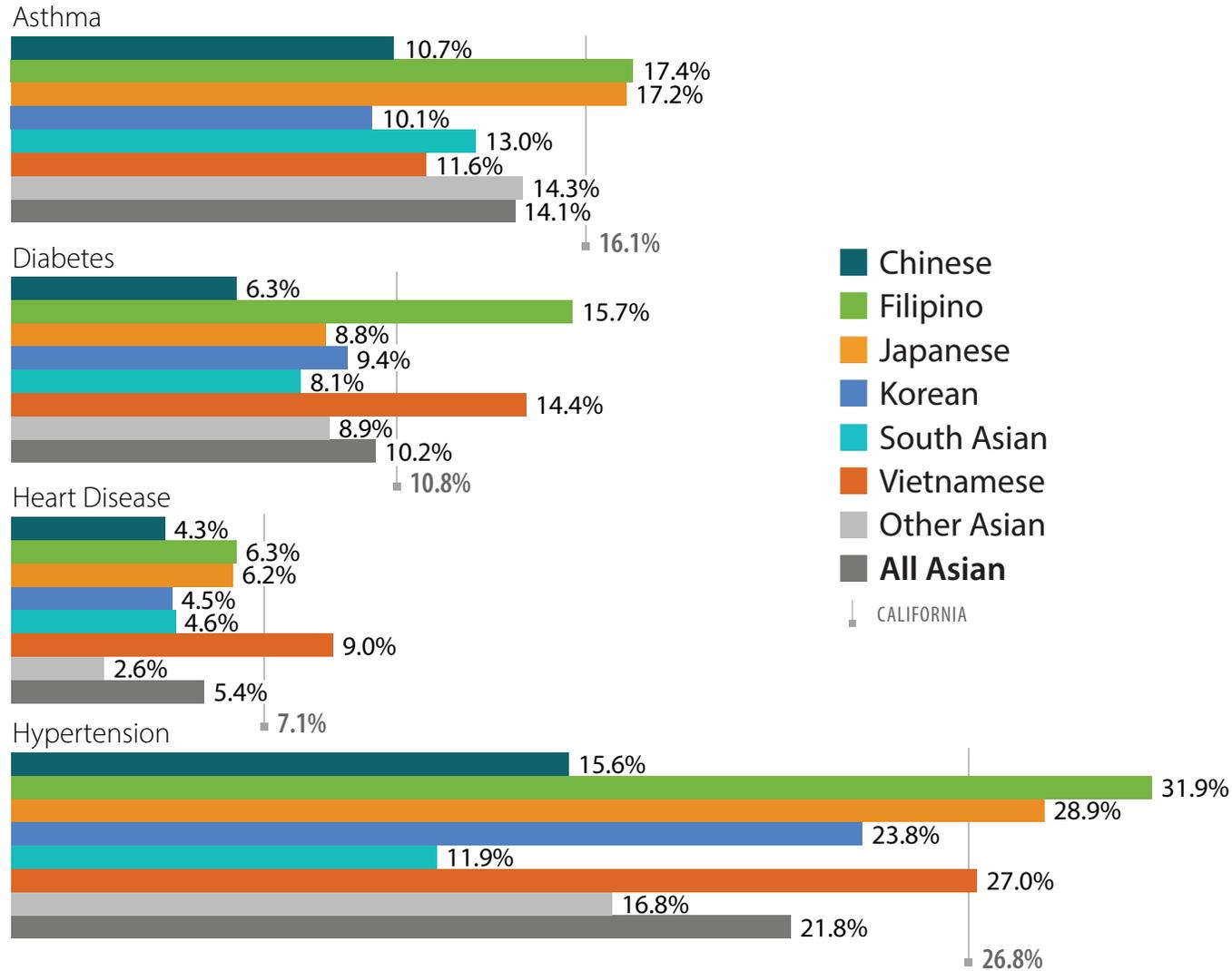
Note: Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 3, 2024.

Adults with Chronic Conditions

California, 2021

PERCENTAGE OF THOSE EVER DIAGNOSED WITH



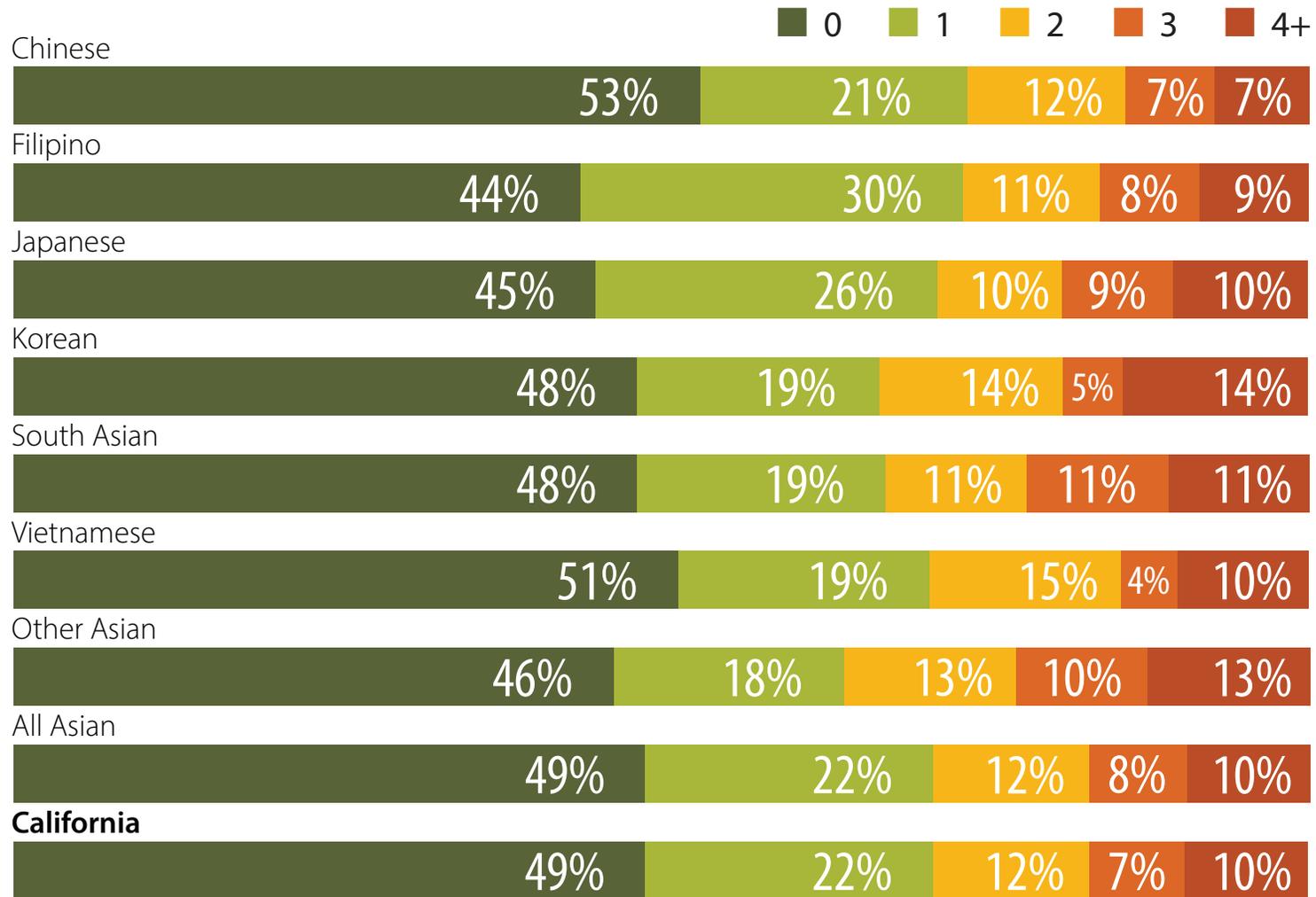
Notes: Source uses *high blood pressure*. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 8, 2024.

Adverse Childhood Experiences, by Ethnicity

California, 2021

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES



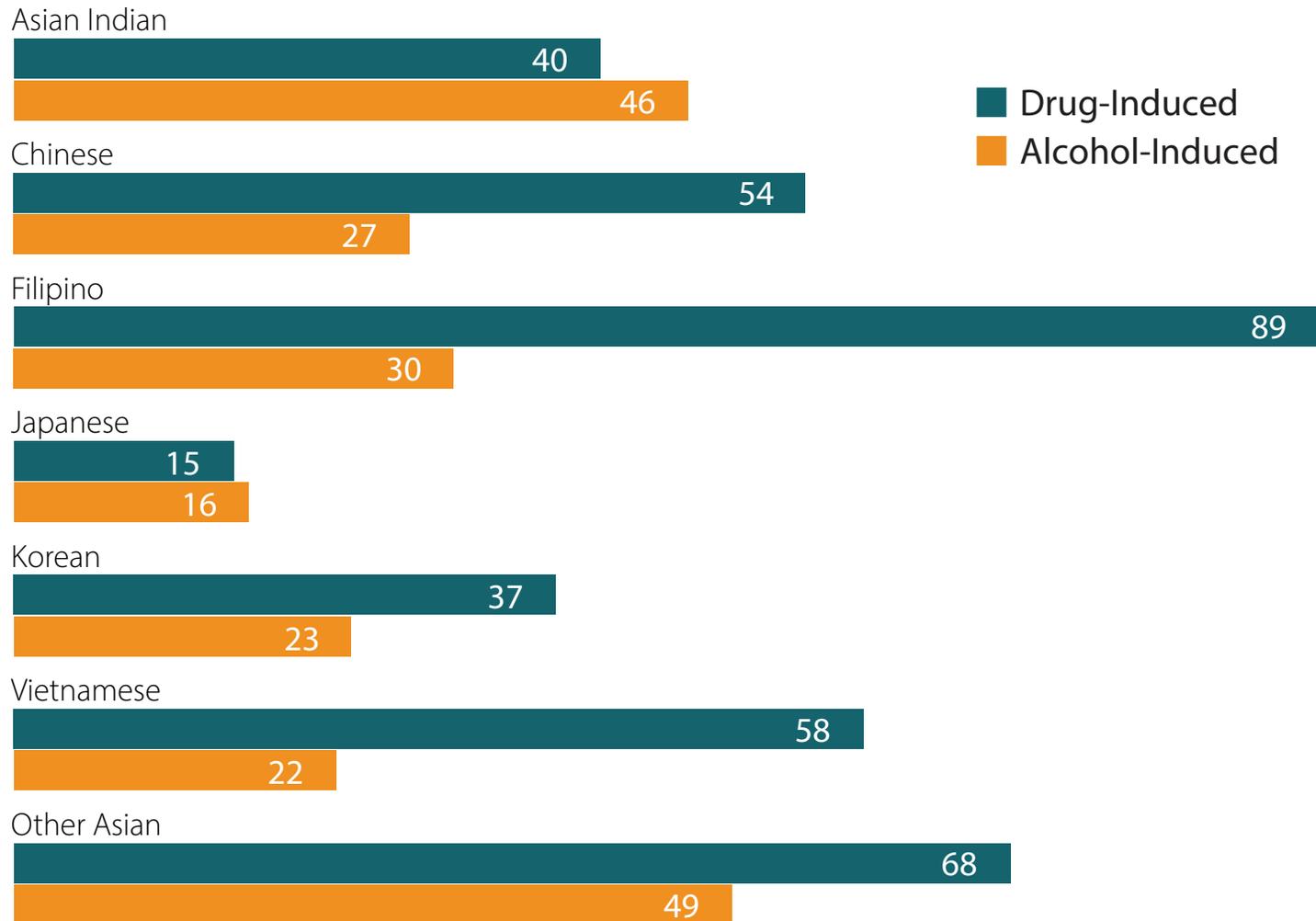
Notes: Data based on responses from adults age 18 and older about their experiences in the first 18 years of life. Data include respondents who reported their race as *Asian (non-Latino/x)* and indicated their specific Asian ethnic group. *Other Asian* is *Other Asian / 2+ Asian Types* in the source. Figures may not sum due to rounding.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed July 8, 2024.

Drug- and Alcohol-Induced Deaths, by Ethnicity

California, 2021

NUMBER OF DEATHS

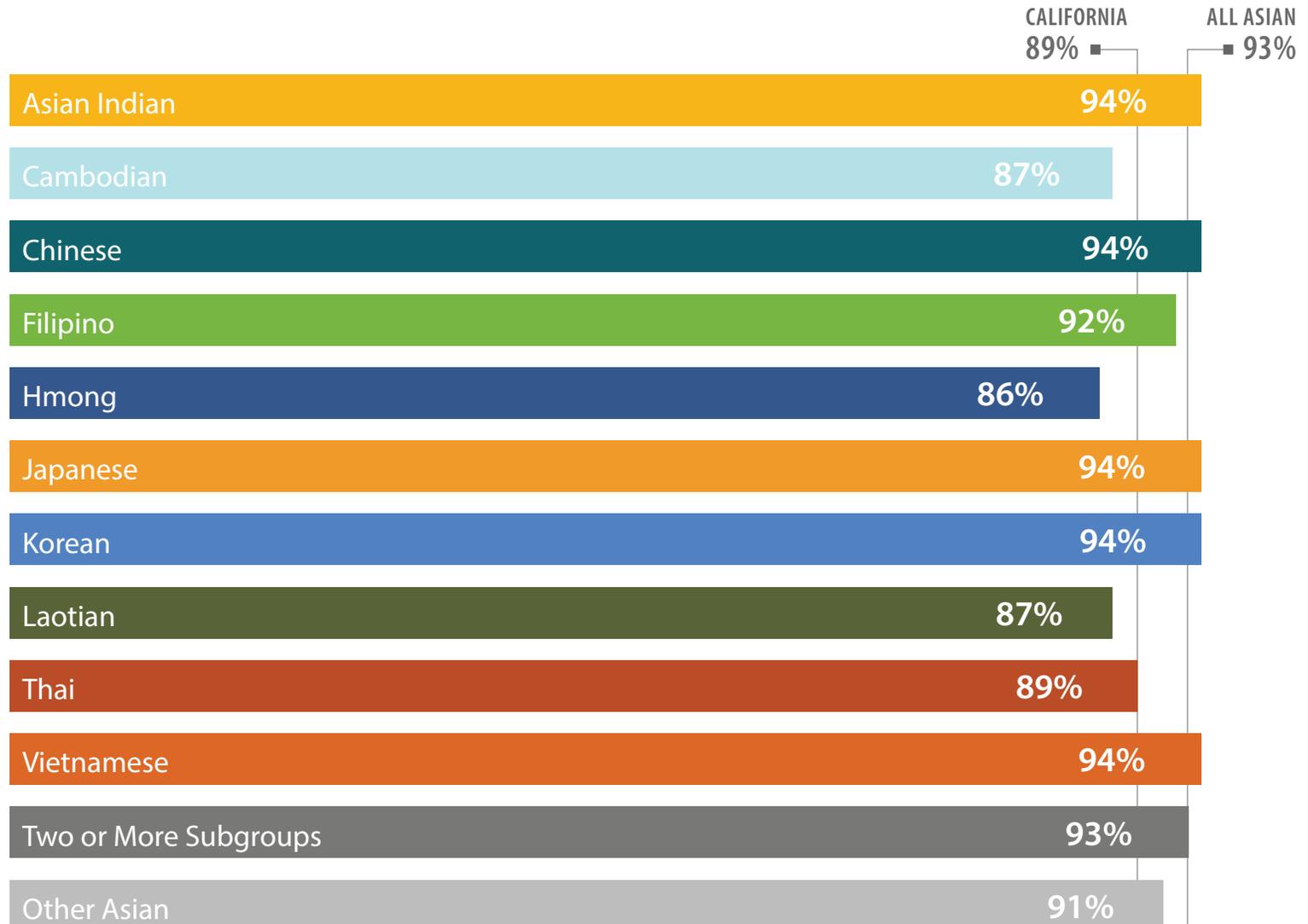


Note: Population and rate data are not available.

Source: "Underlying Cause of Death, 2018-2021, Single Race Request," CDC WONDER Online Database, US Centers for Disease Control and Prevention, 2021.

Prenatal Care, First Trimester, by Ethnicity

California, 2021



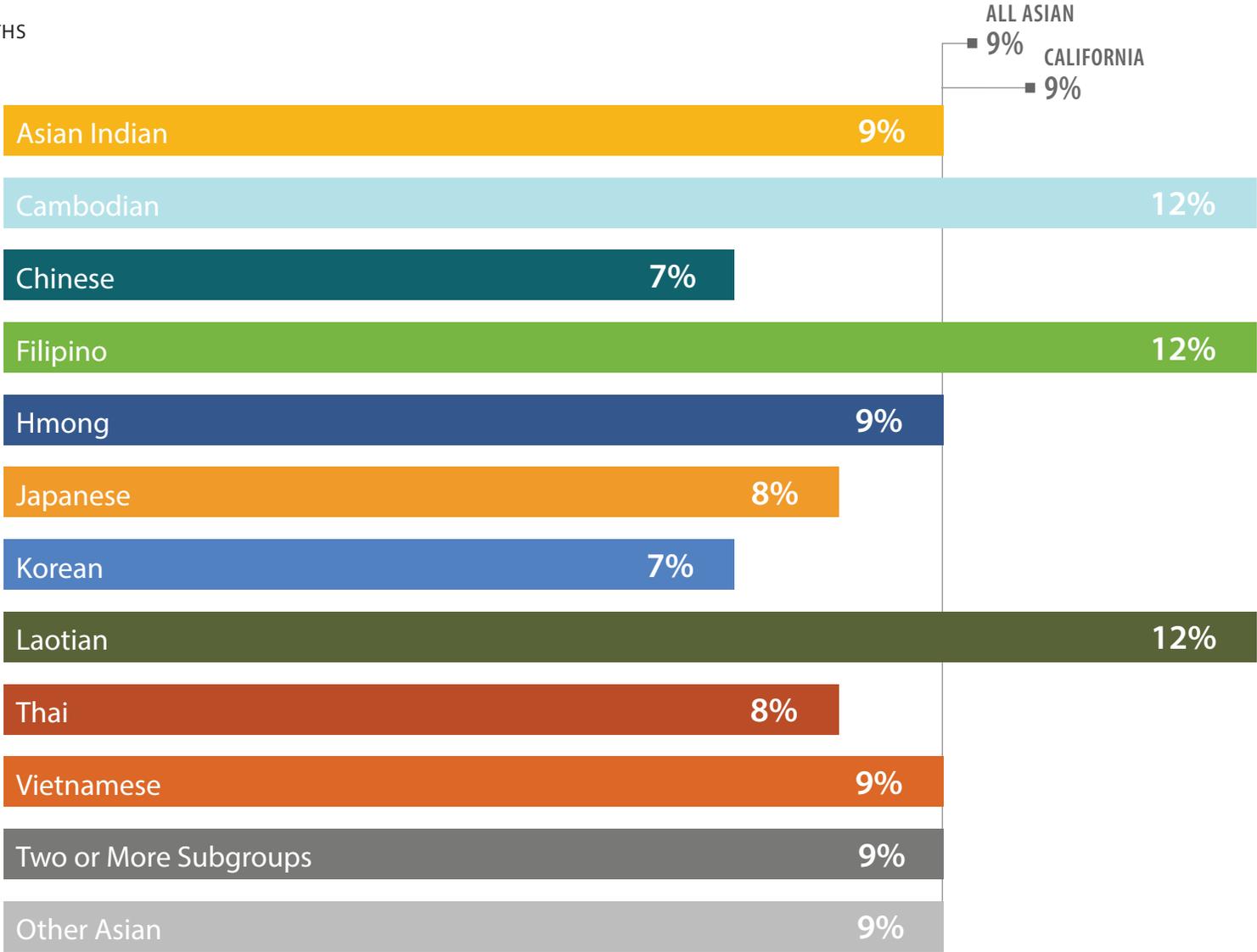
Note: Prenatal care initiated during the first trimester (first, second, or third month) of pregnancy.

Source: "Prenatal Care," California Dept. of Public Health, accessed July 8, 2024.

Preterm Births, by Ethnicity

California, 2021

PERCENTAGE OF BIRTHS

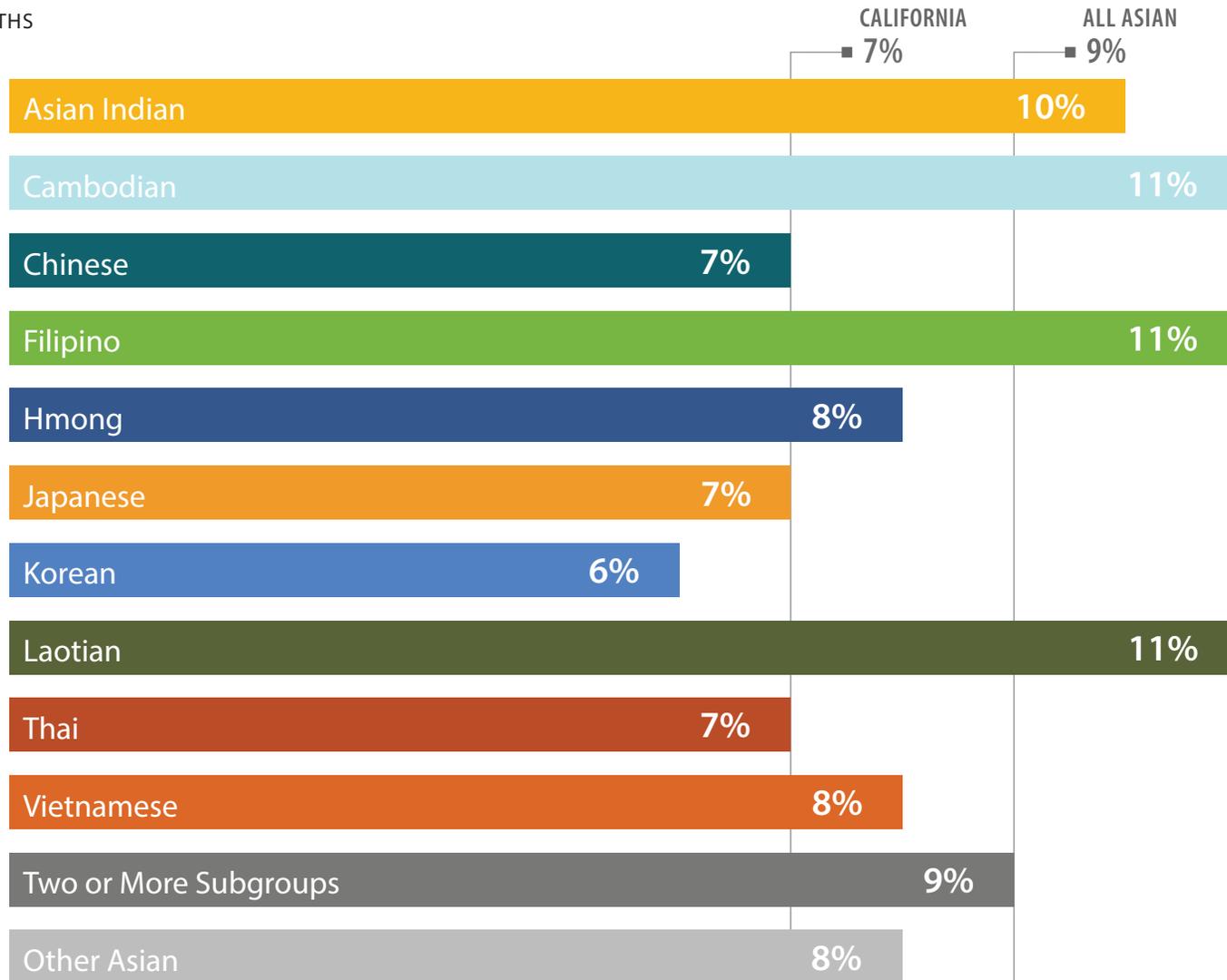


Source: "Preterm Birth," California Dept. of Public Health, accessed July 8, 2024.

Low Birthweight Births, by Ethnicity

California, 2021

PERCENTAGE OF BIRTHS



Source: "Low Birthweight," California Dept. of Public Health, accessed July 8, 2024.

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ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

FOR MORE INFORMATION



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