THE HEALTH, MENTAL HEALTH, AND SOCIAL SERVICE NEEDS OF ASIAN AMERICANS AND PACIFIC ISLANDERS IN CALIFORNIA

AAPI DATA

June 2022

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EXECUTIVE SUMMARY

Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs) are among the fastest growing racial groups in California and nationwide. In response to a wave of attacks on Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs), California passed the API Equity Budget in 2021 that included a 3-year investment of over $166 million to better serve communities experiencing hate and barriers to various government services. The social, economic, and health impacts of the COVID-19 pandemic have served to further expose and highlight the gaps in access to health, mental health, and social services by Asian Americans, Native Hawaiians, and Pacific Islanders (AA and NHPIs).

This report sets out to quantify these gaps using a pooled 2019-2020 California Health Interview Survey supplemented by 2020 5-year American Community Survey Public Use Microdata. We intend this report to serve as a baseline, with future data collections of the American Community Survey and new questions in the California Health Interview Survey that will enable policy makers, government agencies, and community members to better understand the needs of AANHPI communities, and to find ways to improve service delivery and outreach to these fast-growing communities.

Demographics

- While AA and NHPI populations remain concentrated in the regions with the largest cities, growing populations can be found in all parts of California.
- Regionally, Chinese Americans were the largest Asian group in the Bay Area and the Los Angeles-Ventura region. Filipino Americans were the largest group in the Central Valley, Inland Empire, and the rest of California, and Vietnamese Americans were the largest Asian group in the Orange-San Diego region.
- For NHPI groups, Fijian Americans were the largest group in the Bay Area and Central Valley, while Samoans were the largest group in the regions in

Southern California, and Chamorros were the largest group in the rest of California.

- While immigrants were the largest portion of the Asian American population in the largest cities, native-born Asians were the largest share of the Asian American population in the Central Valley and the rest of California.
- Wide variation in educational attainment for AA and NHPI adults exists with more than 1 in 5 Cambodian, Laotian, and Vietnamese adults never completing high school compared to 85 percent of Taiwanese adults having at least some level of college education.
- Limited English proficiency (LEP) remains a barrier to accessing health and social services. Among detailed Asian origins, half of all Burmese, Vietnamese, and Mongolian Americans in California were LEP, while Filipino, Japanese, and Indian Americans had the lowest LEP rates at around 20 percent. For NHPI groups, Tongans and Fijians had the highest LEP rates at around 20 percent.

Housing

- Homeownership rates among AA and NHPI groups vary widely, with AA households overall more likely to own their homes and NHPI households more likely to rent.
- Among detailed Asian groups, Chinese, Japanese and Taiwanese American households were more likely than Asian households in general to own homes. Mongolian, Nepalese, Hmong, and Bhutanese American households were the least likely to own.
- Among detailed NHPI groups, Fijian households were most likely to own their homes while Marshallese and Samoan households were most likely to rent.
- Native Hawaiian and Pacific Islander-led households were second most likely to be living in overcrowded conditions. Hispanic households were the most likely.

- Among detailed Asian groups, about a quarter or more of Mongolian, Bangladeshi, Hmong and Nepalese American-led households were living in overcrowded conditions. For NHPI groups, almost 1 in 3 Tongan households were living in overcrowded conditions.

Income and Poverty

- Median household income for Asian-led households was the highest among the major race and ethnic groups. Median household income for NHPI-led households was also higher than the overall median household income for California.
- Asian groups with a history of refugee resettlement, such as Bhutanese, Cambodian, Hmong, and Laotian Americans, had some of the lowest median household incomes. In addition, Marshallese and Mongolian American median household incomes were some of the lowest in the state.
- While poverty rates for Asians, Native Hawaiians, and Pacific Islanders were among the lowest of the major race and ethnic groups, Mongolian and Hmong Americans had the highest poverty rates in California, while Indian and Filipino Americans had the lowest rates. Among NHPI groups, Marshallese had the highest poverty rates and Fijians had the lowest.

Public Program Utilization

- Eligible Asian Americans were less likely to be enrolled in CalFresh than other race and ethnic groups. Thai, Chinese, Indonesian, Korean, Indian, Japanese, and Taiwanese American residents who met income eligibility thresholds were also much less likely to be enrolled.
- While Asian, Native Hawaiian, and Pacific Islander seniors were slightly less likely to be enrolled in Medicare, Taiwanese, Indian, Indonesian, and Pakistani American seniors were much more likely not to enroll in Medicare. Among

NHPI groups, Fijian and Samoan seniors had the lowest enrollment rates for Medicare.

- NHPI communities were less likely to enroll in Medi-Cal than other major race and ethnic groups. Among detailed Asian groups, Japanese, South Asian, and Other Asian Americans who meet income eligibility requirements were also less likely to be enrolled in Medi-Cal.

Access and Use of Healthcare

Not having a trusted usual source of care to help individuals sort through the fast-paced and ever-changing information that comes during a public health crisis increases the likelihood that individuals will end up exposed to wrong medical information or advice. Regular and timely medical care also provides opportunities for preventive medicine which has been a public health priority to reduce overall medical spending and increase the quality of care for chronic conditions. The ability to schedule timely appointments is a good indicator of health care capacity that is accessible for specific demographics.

- Asians, Native Hawaiians, and Pacific Islanders were less likely than Whites to have a usual source of care, have visited a doctor in the last 12 months, and be able to schedule a doctor's appointment in a timely manner.
- Among the detailed Asian origin groups, Korean Americans were the least likely to have a usual source of care, have visited a doctor in the last 12 months, and delay healthcare due to cost.
- NHPI groups were more likely to not have health insurance coverage. Korean, Cambodian, and Thai Americans were most likely among Asian groups to be without health insurance coverage.
- NHPIs faced the highest case and death rates from COVID-19 among the major race and ethnic groups.
- Asian American adults with limited English proficiency preferred hospital clinics and community health centers as usual sources of care over doctor's

offices and had a more difficult time making a timely medical appointment, likely due to the shortage of linguistically and culturally competent medical staff.

Mental Health

- While AA and NHPI communities reported the lowest rates of suicide ideation overall, disaggregated data reveal that Japanese, Korean, and U.S.-born Asian Americans are more likely to have said they had ever thought of committing suicide.
- While fewer AA and NHPI groups said they needed help with emotional, mental, or addiction problems in the past year than other groups, a significantly higher percentage of Japanese and U. S.-born Asian Americans responded that they needed help compared with Asian Americans overall.
- Among those who reported needing help for emotional, mental, or addiction problems in the past year, Asians along with Blacks and Hispanics were significantly less likely to receive needed mental, emotional, or addiction treatment than Whites. Disaggregated data for Asians show similar challenges in accessing mental health services, especially for Vietnamese Americans.

Tobacco and Marijuana Use

- Asian Americans were the least likely to be current smokers among the major race and ethnic groups. However, disaggregation reveals that Korean Americans exhibit similar rates of smoking as Whites.
- While Asian Americans had the lowest rates of exposure to secondhand smoke, Native Hawaiians and Pacific Islanders had some of the highest rates of exposure, significantly higher than both Asian Americans and Whites, despite having comparable smoking rates to Whites.
- AAs and NHPIs were significantly less likely to report having ever used marijuana compared to Whites. Japanese and Filipino Americans were

significantly more likely than Asian Americans in general to indicate they had ever tried marijuana.

Reproductive Health and Non-Consensual Sex

- Asian, Black, and Hispanic women were less likely than White women to use birth control.
- Chinese Americanwomen were significantly more likely to use birth control than other Asian American women, at a similar rate to White women. Asian American naturalized citizen women were significantly much less likely to use birth control than both non-citizen and U.S.-born Asian American women.
- Asian American teens were significantly less likely to have received counseling about birth control in the past year.
- While Asian Americans, in general, were less likely to report non-consensual sex or sexual assault in the survey, Japanese and Korean Americans were more likely to report it than Asian Americans in general, with Japanese American reporting at the highest rate among the groups surveyed.

Food Insecurity

- Asian Americans overall indicated more food security than all other major race and ethnic groups in California. Native Hawaiian and Pacific Islanders had similar levels of food security as Whites, however, a lack of data disaggregation among NHPIs may be obscuring the greater need for food security.
- Disaggregated data show that Korean Americans had significantly less food security compared to other Asian American groups.
- Asian American children also had less food security compared to Asian Americans as a whole, with levels comparable to Hispanic children.

Childcare and Pre-school

- A higher share of Asian American and White families were able to find childcare on a regular basis compared to other major race and ethnic groups. However, the resources available to both groups in this regard may be widely different, such as wealth among Whites and familial or community support, as well as wealth among some Asian groups.
- Asian Americans along with American Indians, Alaska Natives and Whites faced some of the highest monthly costs for childcare.
- With Universal Pre-K set as a goal for the 2025-2026 school year in California, several communities have existing gaps in preschool enrollment. Native Hawaiian or Pacific Islander children were among the least likely of all Californian children to be enrolled in Pre-K. Disaggregated Asian data also show that less than half of Laotian, Filipino, Pakistani, Cambodian, and Hmong American preschool-aged children were enrolled in a pre-K program.

Caregiving

- As a whole, Asian Americans were statistically significantly less likely to provide care to family or friends with a disability or serious illness than members of other major race and ethnic groups. However, the percentages of Japanese, Filipino and Vietnamese Americans who cared for another person were much higher and approached that of Whites.
- Asian American caregivers were more likely to report that caregiving did not present undue financial stress. Native Hawaiian and Pacific Islander caregivers were more likely to name financial stress from caregiving but the estimates are statistically unstable.
- While Asians, Blacks, Native Hawaiians, and Pacific Islanders reported relatively low levels of physical and mental health problems due to caregiving, Korean and South Asian Americans were significantly more likely to report problems compared to Asian Americans in general.

INTRODUCTION

The COVID-19 pandemic has adversely affected Asian Americans, and Native Hawaiians and Pacific Islanders (AAs and NHPIs) in several ways—through economic hardship, negative health outcomes, and rising incidents of hate and violence. First, the economic impact hit many Asian Americans earlier than the general population, in January and February 2020 and before widespread stay-at-home orders were put in place, due to unwarranted bias towards Asians and Asian-owned businesses. Research by the Mastercard Center for Inclusive Growth saw declines in consumer spending in neighborhoods with high concentrations of Asian-owned businesses well before March 2020.[1] Those same neighborhoods saw steeper than average overall declines in spending in these areas during the shutdowns as well. Heavy reliance on service industry jobs especially for low-to-middle income AAs and NHPIs, resulted in sharp increases in unemployment rates as well as long-term unemployment.[2, 3]

In addition to the economic impact, health disparities within AA and NHPI communities were also amplified.[4, 5] Research studies showed that lack of access to testing resulting in lower test rates among Asian Americans, higher excess mortality during the pandemic, and higher case fatality rates relative to Whites all point to significant health disparities for Asian Americans. For Pacific Islanders, the lack of data and, when available, evidence of higher rates of exposure and higher levels of observed deaths than expected reveal the need for more resources and attention to gain a better understanding of the underlying disparities in health outcomes.[6]

Finally, the increase in hate crimes and bias incidents directed at Asian Americans due to racist associations with the COVID-19 pandemic has contributed to the overall stress and anxiety in the community and exposed the need for in-language and culturally competent mental health services, especially for victims of attacks. A survey conducted by AAPI Data and Momentive showed the number of Asian Americans reporting experiencing a hate crime or incident rose from 1 in 8 in 2020 to 1 in 6 in 2021 and more than 8 in 10 were concerned about a future increase in anti-

Asian hate crimes.[7] The California Department of Justice reported anti-Asian events more than doubled between 2019 and 2020.[8] Stop AAPI Hate, a community-based self-reporting resource, found that the vast majority of reported anti-Asian hate incidents were in spaces open to the public and consisted of verbal harassment, reinforcing an atmosphere of insecurity and furthering social isolation on top of COVID-19 social distancing measures.[9] Both anecdotal evidence from community-based organizations providing direct services to Asian Americans, Native Hawaiians and Pacific Islanders and ongoing mental health research show that all these factors are resulting in the increased demand for already limited in-language and culturally competent mental health and social services.[10]

This report will use the 2019-2020 California Health Interview Survey (CHIS) and the 2020 5-year American Community Survey Public Use Microdata Sample (PUMS) to identify trends in social service utilization and gaps in accessing health, mental health, and social services for AA and NHPI communities in California.

METHODS

The California Health Interview Survey (CHIS) is a detailed, continuous, state-wide phone and web survey of Californian households, releasing data annually. It reaches more than 20,000 participants every year in English, Spanish, Cantonese, Mandarin, Korean, Tagalog, and Vietnamese, and publishes up to zip-code-level data, as well as health profiles, and other publications. It is funded by a large group of public agencies and private organizations and conducted by the UCLA Center for Health Policy Research in collaboration with the California Department of Public Health, and the Department of Health Care Services. CHIS data are used widely to inform health and healthcare policy. The report uses pooled data from the 2019 and 2020 California Health Interview Survey (CHIS).

This report will highlight differences between groups at 95% significance levels. The report will present the six major race and ethnic groups and indicate cases in which estimates were not statistically stable. Occasionally the tables will omit statistics for major race and ethnic groups when the 95% confidence intervals extend to the entire set of possible values for the variable. For other population subsets, such as Asian ethnicity, citizenship, and language, only estimates with a coefficient of variation of less than 30% will be included in the tables.

While largely relying on the wider range of variables on health and service data available in the CHIS, this report will also leverage the larger sample size of the Census Bureau's American Community Survey (ACS), when relevant measures are available in the data set, as well as other data from public opinion sources such as American Experiences with Discrimination Survey from AAPI Data and Momentive.

For race and Hispanic origin, Hispanics and Latinos, regardless of racial identity, were included in a single category. American Indian and Alaskan Native, Asian, Black, Native Hawaiian and Pacific Islander, and White race categories do not include those who also identified as "Hispanic" or "Latino." For tables based on the ACS, we include

data from Native Hawaiians Alone and in Combination with Other Races separately from Pacific Islanders Alone and in Combination with Other Races where possible.

For parts of the analysis, 58 counties in California are divided into six regions: Bay Area, Central Valley, Inland Empire, Los Angeles-Ventura Counties, Orange-San Diego Counties, and the Rest of California (Map 1).

Map 1: California Counties by Region

DEMOGRAPHICS BY REGION

This section will provide the demographic context for the rest of the report. California's Asian American, Native Hawaiian, and Pacific Islander population is diverse and found throughout the state. This section is a condensed summary of a California State of AA and NHPIs report, which will be released as a companion to this report. Detailed data tables are provided in the Appendix.

POPULATION BY RACE/ETHNICITY

Both the Bay Area and the Los Angeles/Ventura regions were firmly majority minority areas (Table A1). The Asian population was the largest in the Bay Area region, making up almost 3 in 10 residents. Los Angeles/Ventura and Orange/San Diego regions had the next two largest Asian populations in California. The Bay Area region had the largest number of Native Hawaiian and Pacific Islanders among all the regions in this report. The Central Valley region had the second largest, followed closely by Los Angeles/Ventura and Orange/San Diego regions.

POPULATION BY DETAILED ASIAN NATIONAL ORIGIN

Chinese Americans were the largest Asian group in the Bay Area and Los Angeles/Ventura regions (Table A2). Filipino Americans were the largest Asian group in the Central Valley, Inland Empire, and the Rest of California regions. Vietnamese Americans were the largest Asian group in the Orange/San Diego region.

POPULATION BY DETAILED NHPI NATIONAL ORIGIN

Fijians were the largest NHPI group in the Bay Area and Central Valley regions (Table A3). Samoans and Chamorros were tied for the largest group in the Inland Empire.

Samoans were the largest group in Los Angeles/Ventura and Orange/San Diego regions. Chamorros were the largest group in the Rest of California region.

POPULATION BY AGE GROUP

Data on the three age groups, children ages 17 years and under, working age adults ages 18 to 64 years old, and seniors ages 65 years and older, help governments and social service agencies to look at how to allocate programs for each stage of life. Asian American seniors outnumbered Asian American children in all regions across the state (Table A4). The results were more mixed for NHPI communities, where children outnumbered seniors in the Central Valley, Inland Empire, and Orange/San Diego regions and tied in the Los Angeles/Ventura region.

Among Asian groups, Chinese and Indian Americans were the largest child populations in the Bay Area; Filipino, Indian and Hmong Americans in Central Valley; Chinese and Filipino Americans in the Inland Empire and Los Angeles/Ventura regions; Vietnamese Americans in Orange/San Diego region; and Filipino Americans in the Rest of California region.

The Japanese Americans population across all regions was skewed toward the senior population with seniors making up between 30 to 45 percent of the Japanese American population in each region.

CITIZENSHIP STATUS

The majority of Asian Americans in the Central Valley and the Rest of California regions were native-born, while immigrants were the majority share of the Asian American population in the other regions. The Bay Area and Los Angeles-Ventura regions were home to the largest share (over 20 percent each) of non-citizen Asian Americans (Table A5).

As significant portions of the NHPI population have birthright citizens, the large majority of NHPIs across all regions were native-born citizens. The Central Valley had the largest share (11 percent) of NHPIs who were not yet citizens.

Among the Asian ethnic groups, the majority of multi-ethnic Asian, Hmong, and Japanese Americans across all regions were native-born. In the Central Valley region, Cambodian and Laotian Americans were also majority native-born. Laotian Americans in the Inland Empire were also majority native-born. The majority of Vietnamese Americans in the Rest of California region were native-born.

Naturalized citizens were the majority of Vietnamese American populations in the Central Valley, Inland Empire, Los Angeles-Ventura, and Orange-San Diego regions; and of Laotian Americans in the Los Angeles-Ventura and Orange-San Diego regions. In the Los Angeles-Ventura region, Bangladeshi and Taiwanese Americans were majority naturalized citizens. In the Bay Area, the majority of Burmese Americans were naturalized citizens.

The majority of Nepalese Americans in the Bay Area, the Los Angeles-Ventura and Orange-San Diego regions were not yet citizens.

EDUCATIONAL ATTAINMENT

Educational attainment is defined for adults age 25 or older and presumes that most adults will have completed their formal education by that age. Among the Asian national origin groups, more than 1 in 5 Cambodian, Laotian, and Vietnamese American adults had less than a high school education in all six regions (Table A6). More than 1 in 4 Hmong American adults had less than a high school education in the Central Valley, Inland Empire, and the Rest of California regions. In addition, 1 in 5 Indian and Pakistani American adults in the Central Valley did not finish high school.

Among adults who had more than a high school education, over 85 percent of Taiwanese American adults across all six regions has some college education under their belts. In addition to Taiwanese Americans, both the Bay Area and the Orange-

San Diego Counties region had 10 additional Asian groups that had more than 80 percent of adults age 25 or older with more than a high school education.

For NHPI populations, the NHPI groups with the largest share of adults who had not finished high school in each region were Fijians in Bay Area and Los Angeles-Ventura Counties regions; Samoan in the Central Valley; and Tongan in the Inland Empire, Orange-San Diego Counties, and Rest of California regions. The NHPI groups with the largest share of adults with more than a high school education in each region are Native Hawaiians in the Bay Area region, Other Pacific Islanders in the Central Valley and the Rest of California regions, Chamorros in the Inland Empire and the Los Angeles-Ventura Counties regions, and Fijians in Orange-San Diego Counties.

ENGLISH LANGUAGE PROFICIENCY

The challenge of limited English proficiency is significant for Asian Americans and, to a lesser extent, Native Hawaiians and Pacific Islanders. The Census Bureau defines limited English proficiency, or LEP, as those who speak a language other than English at home and who speak English "less than very well." Using this definition, the Asian alone population has nearly the highest rate of limited English proficiency—with 4 percent not speaking English at all, 11 percent speaking English "not well," and 18 percent only speaking English "well" (Table A7) The overall LEP rate for Asian Americans are on par with LEP rate for Latinos. The variations in English proficiency across these language groups is significant as both are tied to language access and equity outcomes related to jobs, health, education, and integration into civic and political life.

Among detailed Asian origins, half of all Burmese, Vietnamese, and Mongolian Americans in California were LEP, while Filipino, Japanese, and Indian Americans had the lowest LEP rates at around 20 percent. For NHPI groups, Tongans and Fijians had the highest LEP rates at around 20 percent, which were close to the lowest LEP rates for detailed Asian origin groups.

LANGUAGE ISOLATED HOUSEHOLDS

The Census Bureau defines households as linguistically isolated when there is no one in the household who is 14 years or older who speaks English exclusively or "very well." We see again that Asian and Hispanic households have the most challenges with linguistic isolation, with 21% of Asian households, 20% of multi-racial Asian American households, and 16% of Hispanic households experiencing linguistic isolation (Table A8). Linguistically isolated households face challenges with parents engaging with their children's schools, children having to interpret for parents at medical visits, and potential intergenerational conflict as roles become reversed between parents and children. While NHPI households have much lower linguistic isolation rates compared to Asian American households, the rates for NHPI households are still higher relative to white and Black or African American households.

The Central Valley had the most specific language groups that had more than 1 in 5 households having linguistic isolation with 11 groups. The Los Angeles-Ventura Counties region was second with 10 groups. Vietnamese-speaking households were the most likely to be linguistically isolated in the Bay Area,

LANGUAGES SPOKEN AT HOME

The various dialects of Chinese remain the largest Asian language group in California with well over 1.2 million speakers (Table A9). Tagalog was a distant second with 660,000 speakers. However, Chinese languages were not the largest language group for all regions in California. Punjabi was the most common Asian language in the Central Valley region and Vietnamese the most common in the Orange-San Diego Counties region.

UNDOCUMENTED IMMIGRATION NUMBERS STATEWIDE

Estimates of the undocumented population in California vary from 2.2 million to 2.7 million in 2019.[11] About 20 percent, or almost 450,000, were born in Asian countries, according to the Center for Migration Studies (Table A10). The Asian countries with the largest estimated undocumented populations in California were India (116,000), China (116,000), the Philippines (68,000), South Korea (50,000) and Vietnam (25,000).

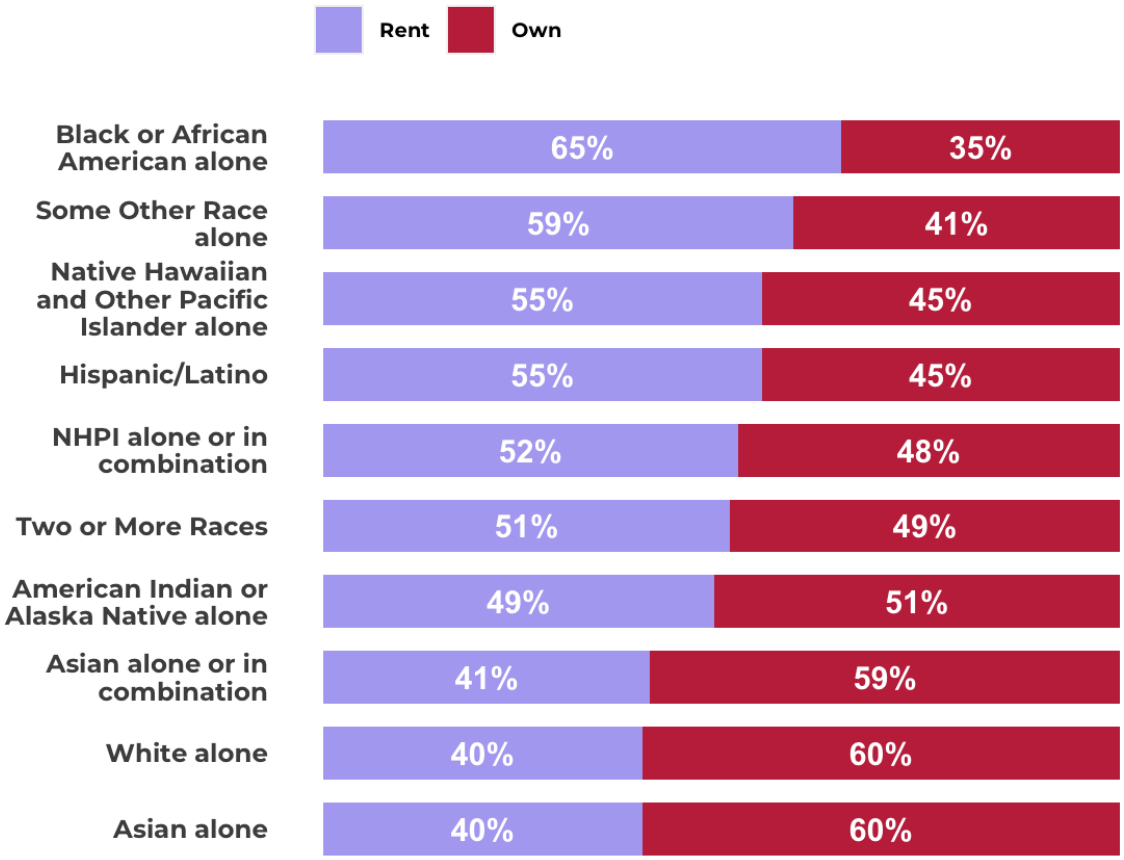
HOUSING AND POVERTY

HOUSING

California's housing crisis has been covered extensively by the media and policymakers.[12] Homeownership has historically been a way for households to build wealth and government policies have played a key role in supporting homeownership. Homeownership rates among Asian and NHPI groups vary widely, with Asian households overall more likely to own their homes and NHPI households more likely to rent.

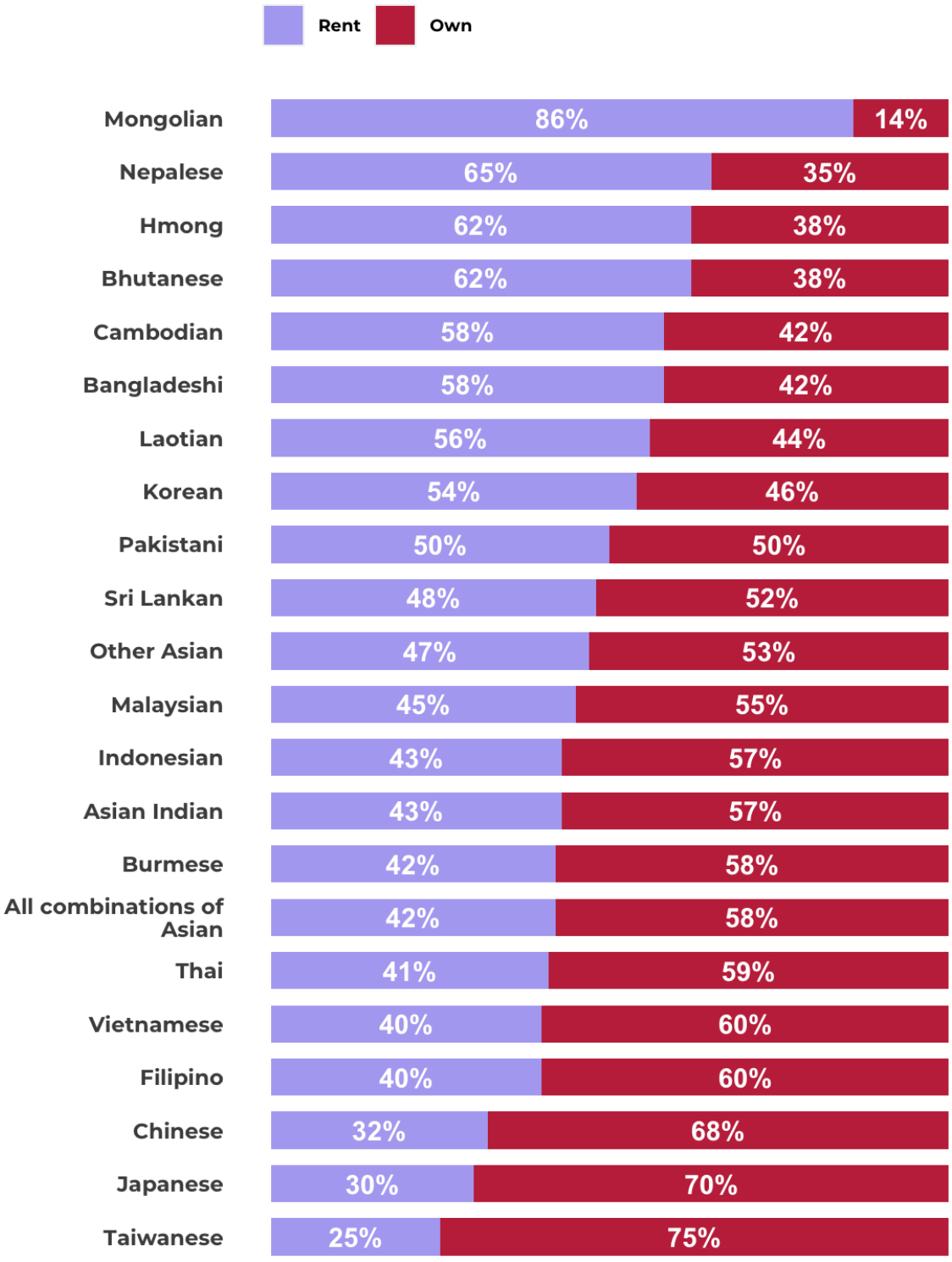
Among detailed Asian groups, Chinese, Japanese, and Taiwanese American households were more likely than Asian households in general to own homes. Mongolian, Nepalese, Hmong, and Bhutanese American households were the least likely to own. Among detailed NHPI groups, Fijian households were most likely to own their homes while Marshallese and Samoan households were most likely to rent. While the ACS indicates that 100 percent of Marshallese households rent their homes, the reality is more likely to be less than 100 percent and driven by the small sample size. Nevertheless, barriers to homeownership for Marshallese families are likely to be significant.

Figure 1: Renting and Home Ownership by Race/Ethnicity



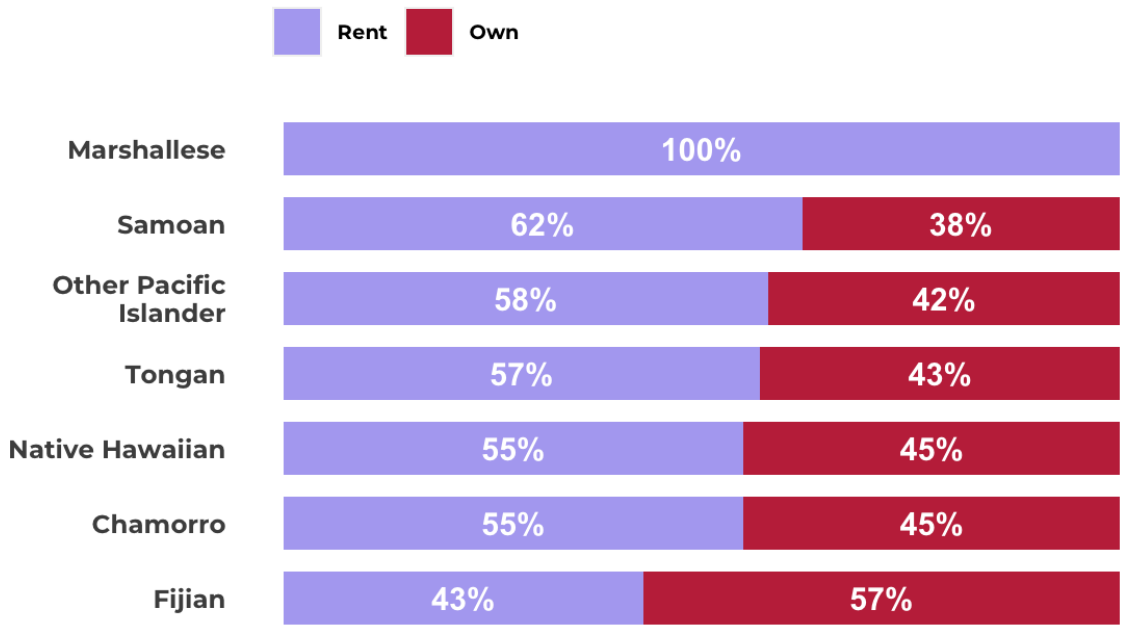
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 2: Renting and Home Ownership by Detailed Asian National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 3: Renting and Home Ownership by Detailed NHPI National Origin

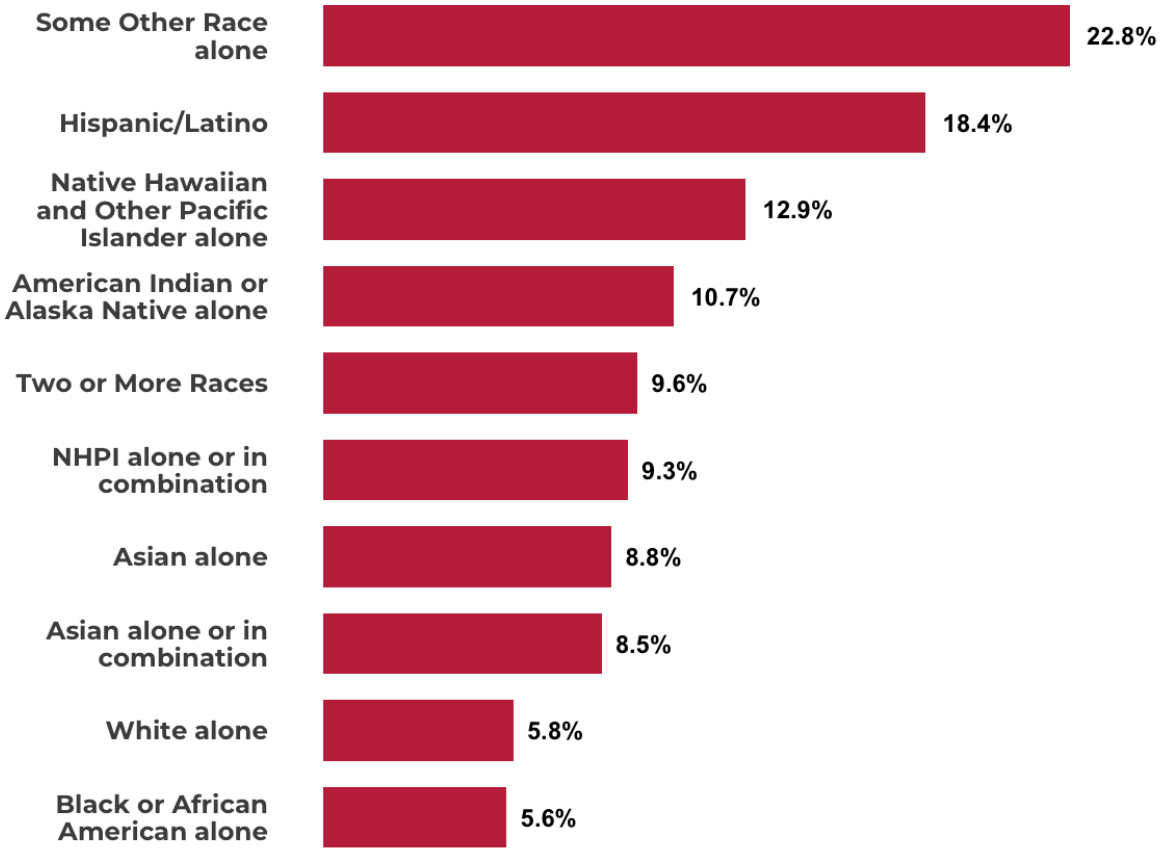


Source: 2020 American Community Survey Five-year Public Use Microdata Sample
lote: The numbers for the Marshellese population are likely an overestimate due to small sample sizes

One way to measure whether households have sufficiently met their housing needs is to measure housing overcrowding. One standard definition of housing overcrowding is households with more than one person per room. Using this measure, we find that households led by an individual identifying as Native Hawaiian or Other Pacific Islander Alone were much more likely to be living in overcrowded housing compared to households led by someone identify as Native Hawaiian or Other Pacific Islander Alone or in Combination (inclusive of multiracial identifying NHPIs). For Asians, the two groups, Alone and Alone or in Combination, had nearly equal overcrowding measures.

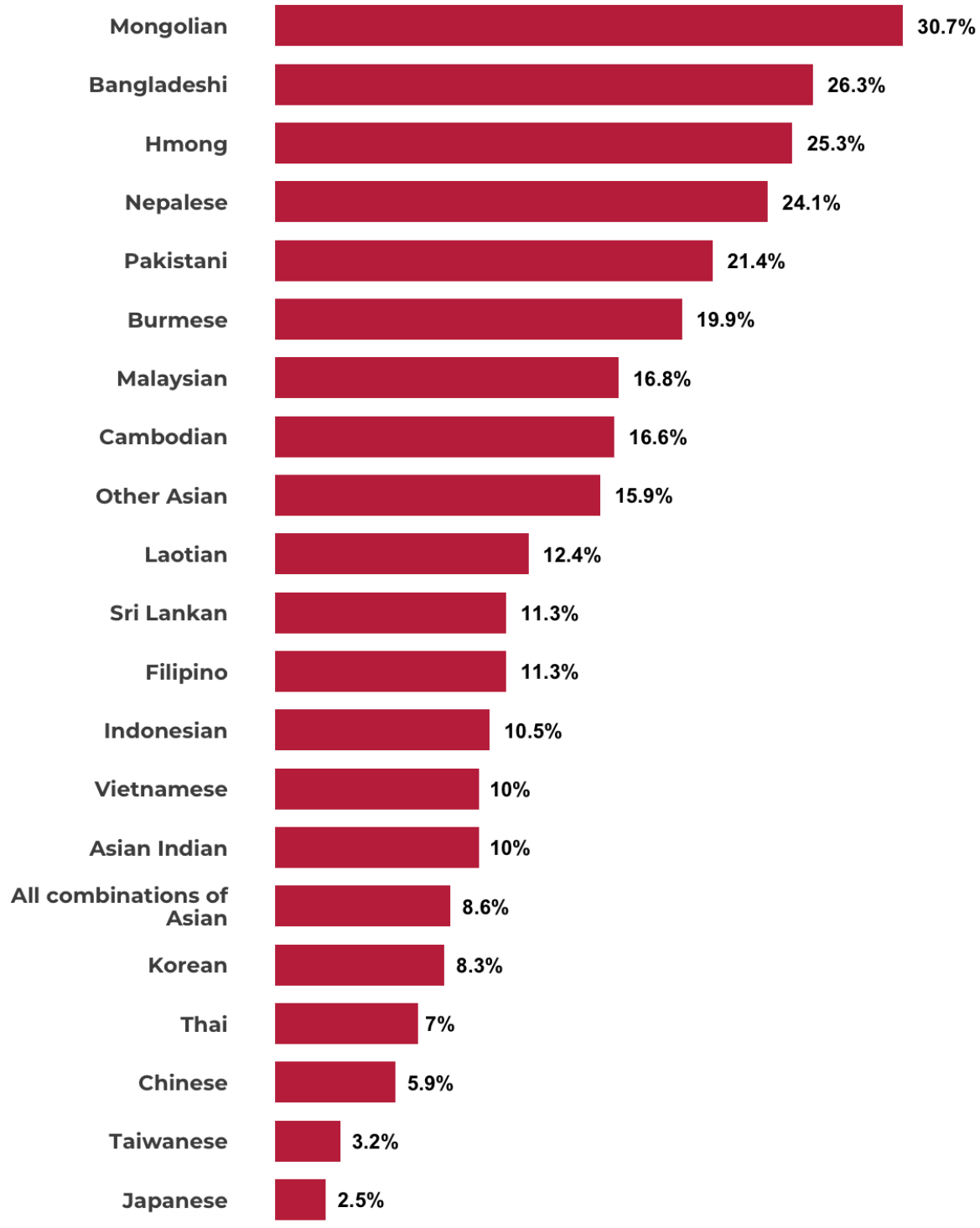
Among detailed Asian groups, about a quarter or more of Mongolian, Bangladeshi, Hmong and Nepalese American-led households were living in overcrowded conditions. For NHPI groups, almost 1 in 3 Tongan households were living in overcrowded conditions.

Figure 4: % of Overcrowded Households by Race/Ethnicity



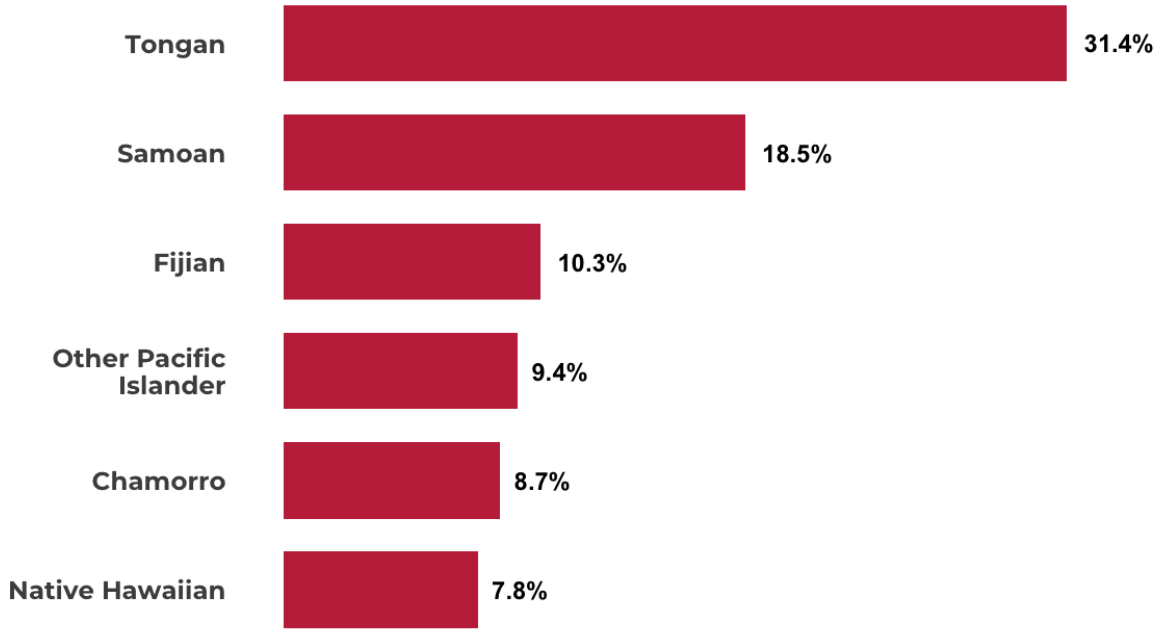
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 5: % of Overcrowded Households by Detailed Asian National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample
Note: The Bhutanese population is not included on this chart due to small sample sizes

Figure 6: % of Overcrowded Households by Detailed NHPI National Origin



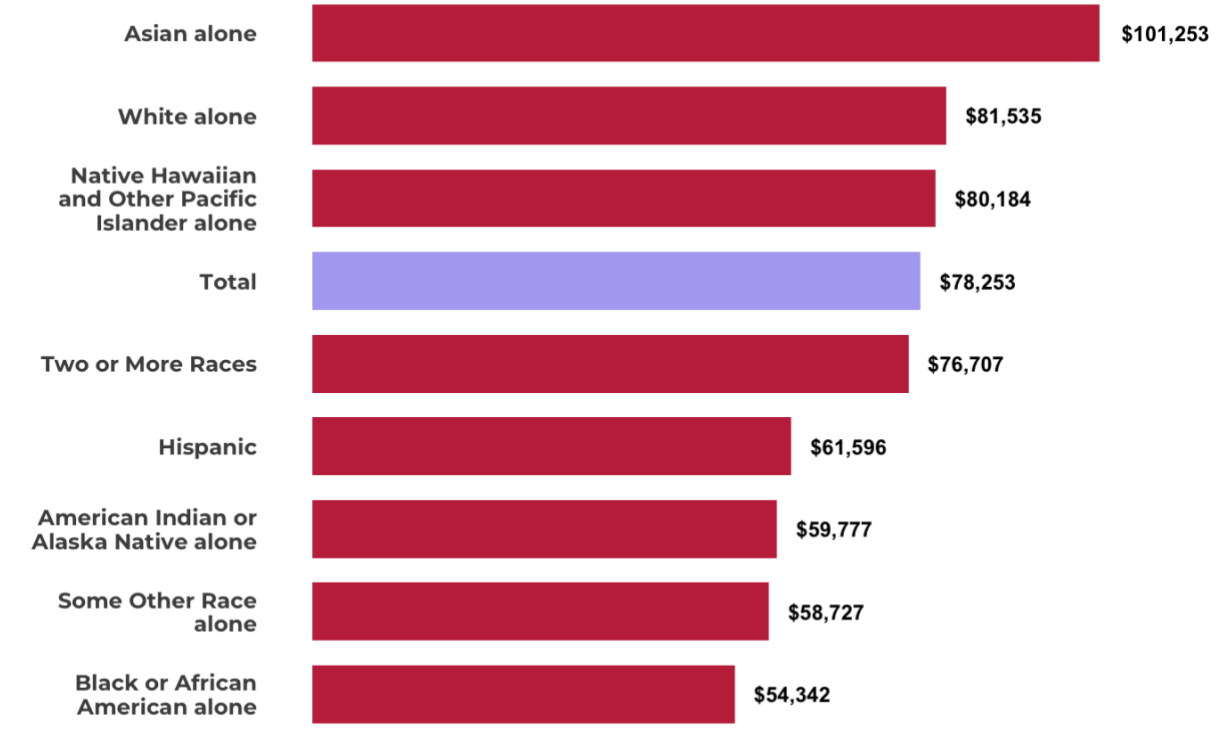
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

INCOME

Median household income for Asian American-led households was the highest among the major race and ethnic groups. Median household income for NHPI-led households was also higher than the overall median household income for California. However, disaggregated data reveals that the majority of detailed Asian groups had median household incomes well below the median household income for all Asian American-led households.

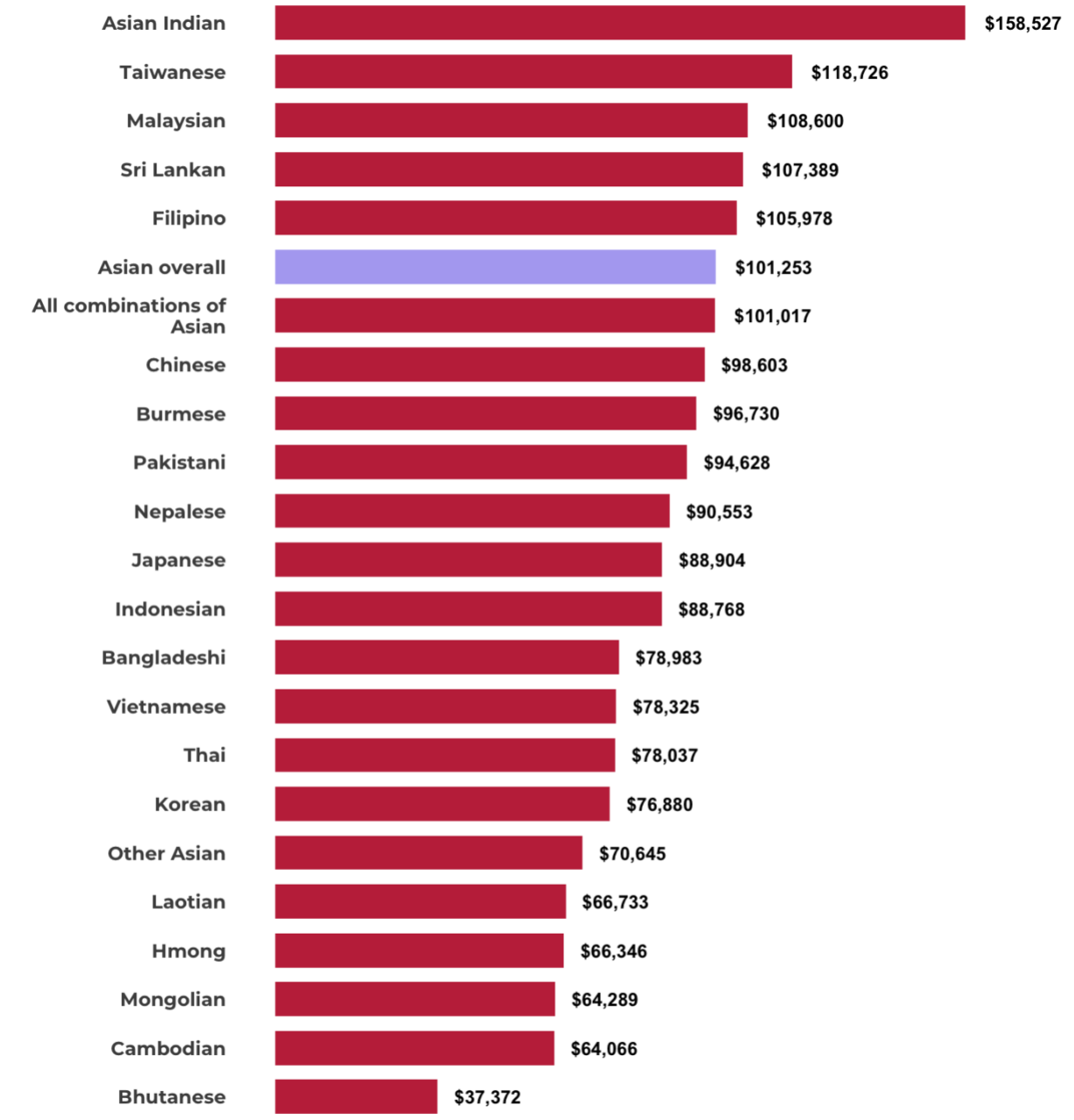
For detailed ethnic groups, Asian groups with a history of refugee resettlement, such as Bhutanese, Cambodian, Hmong, and Laotian Americans, had some of the lowest median household incomes. In addition, Marshallese and Mongolian American median household incomes were some of the lowest in the state.

Figure 7: Median Household Income by Race/Ethnicity



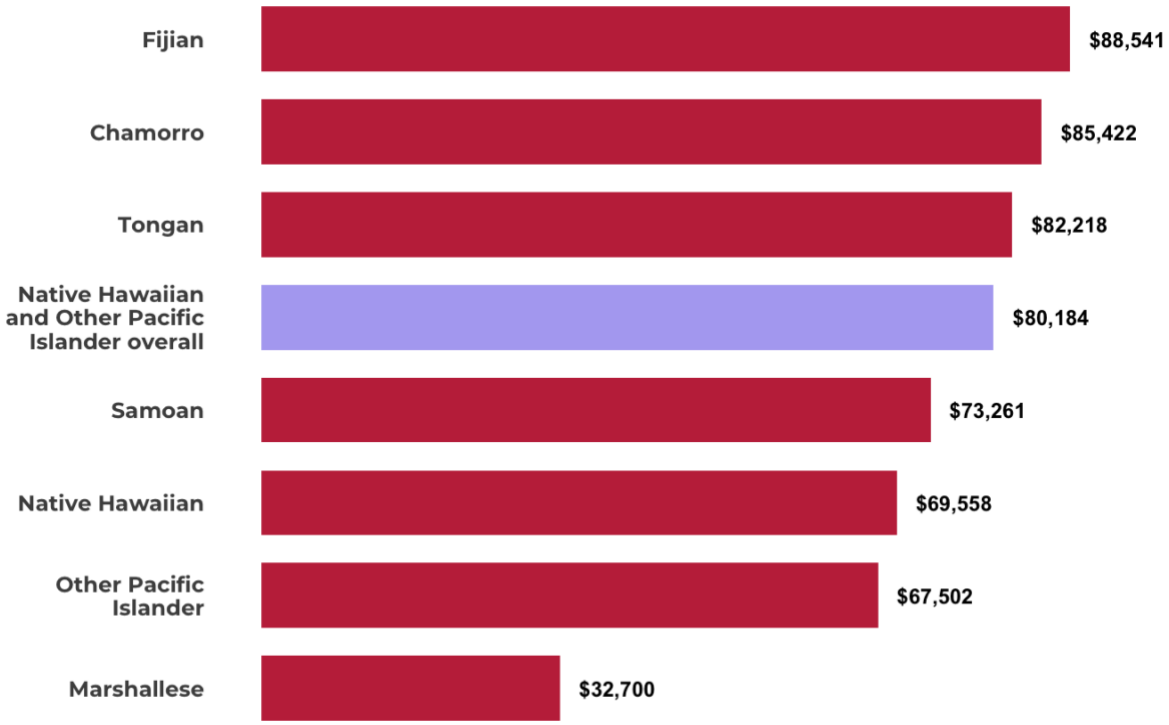
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 8: Median Household Income by Detailed Asian National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

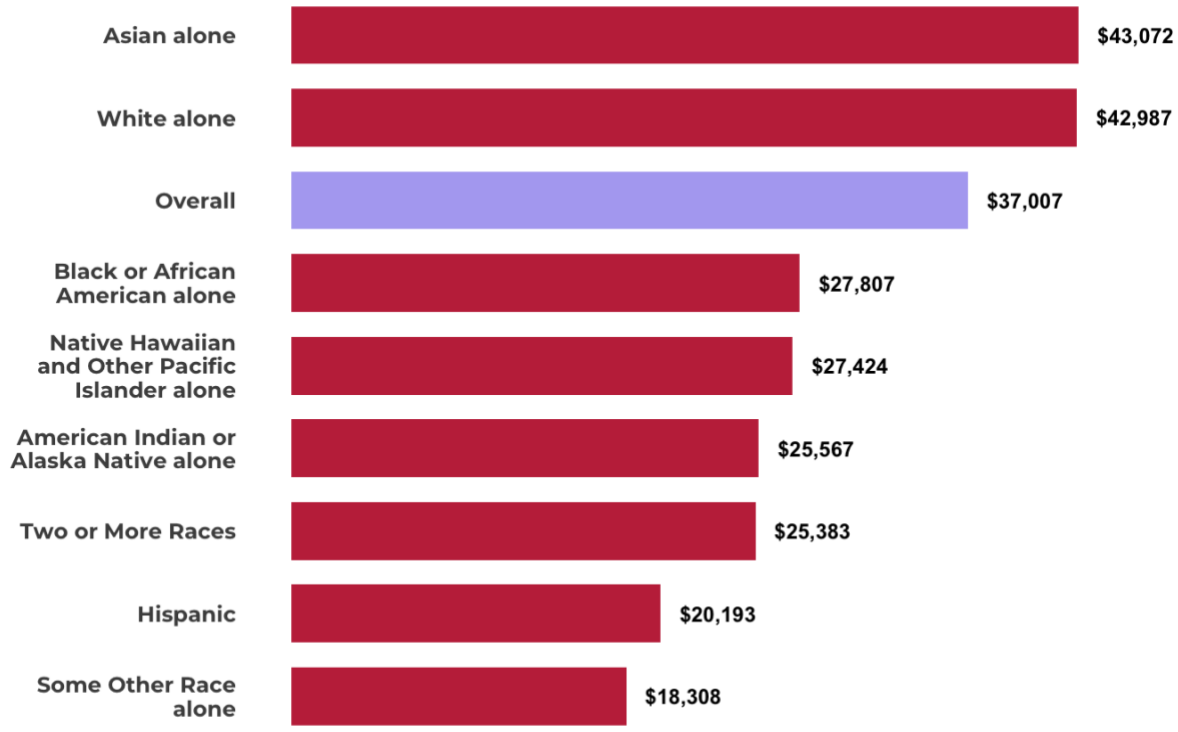
Figure 9: Median Household Income by Detailed NHPI National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Examining per-capita household income by race and ethnicity also reveals important differences in household composition. Though the Asian and White populations still have the highest per-capita household incomes, we see that NHPI and Hispanic populations tend to have larger households, thereby driving their per-capita household incomes lower than other populations despite having higher median household incomes.

Figure 10: Per-Capita Household Income by Race/Ethnicity



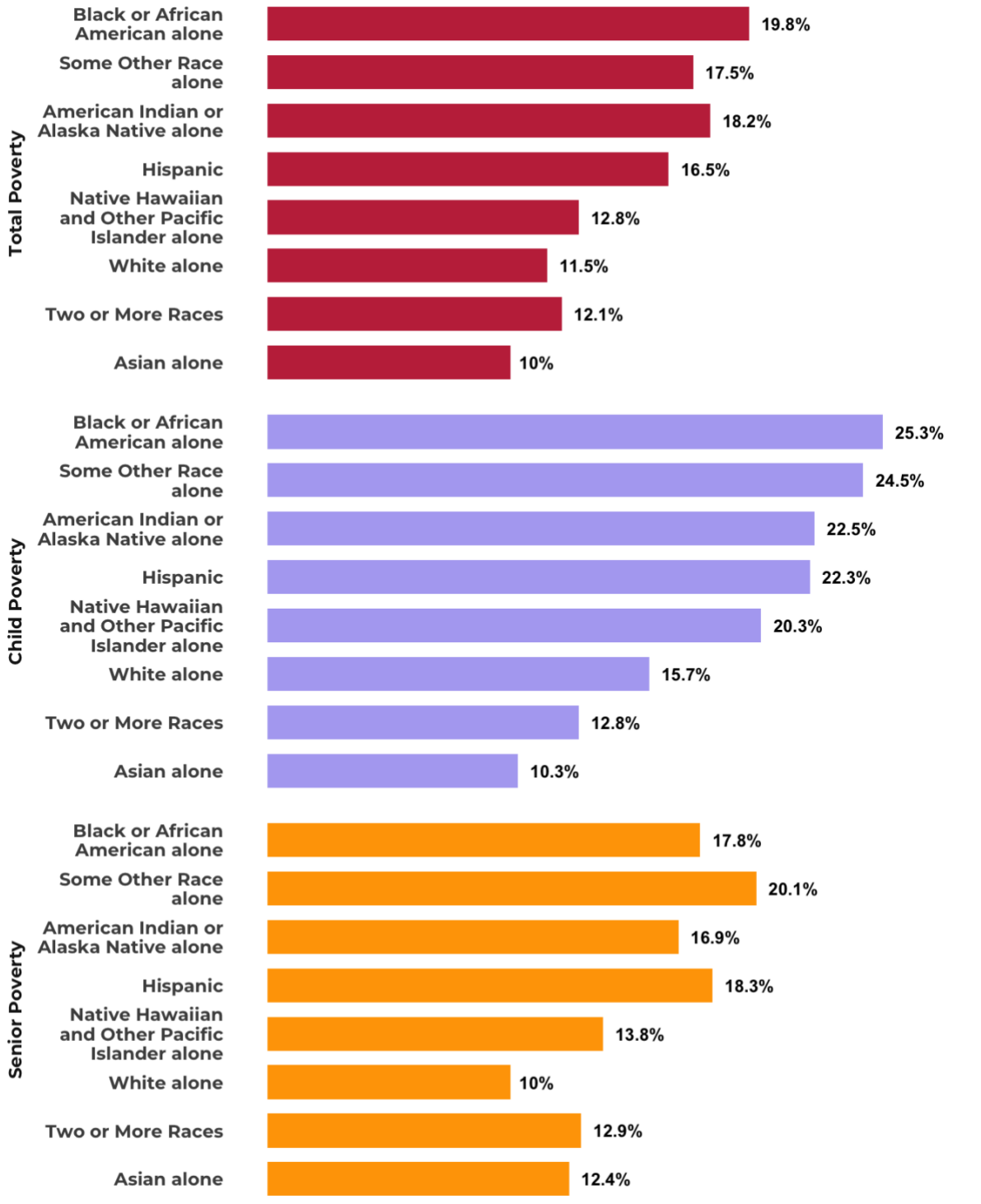
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

POVERTY

While poverty rates for Asian Americans, Native Hawaiians, and Pacific Islanders were among the lowest of the major race and ethnic groups, significant differences among age groups appear among the different groups (Figure 22). Child poverty for most of the race and ethnic groups, including NHPIs, was much higher than the all-ages poverty rates for each group. The level of poverty of the total NHPI population is 12.8% but nearly doubles to 20.3% for the child NHPI population, highlighting the importance of providing youth services to these groups. The two exceptions were multiracial and Asian American children, whose poverty rates were close to the all-age poverty rate. While nationally Asian American senior poverty rates were higher than the all-ages poverty rate for Asian Americans, in California, Asian American senior poverty rates were in line with the overall poverty rates for Asian Americans.

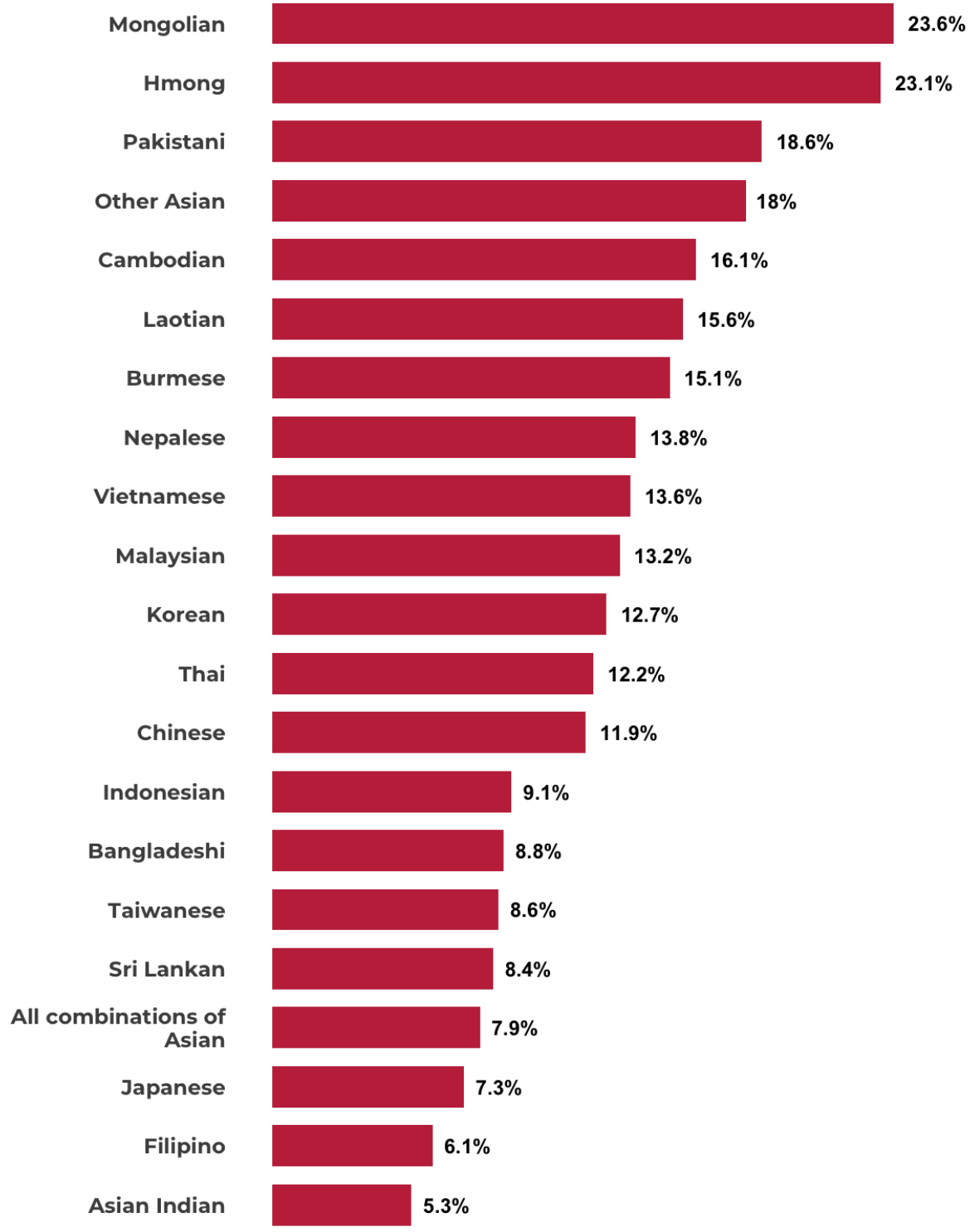
The poverty rates by detailed national origin group show wide variation in poverty rates. Among Asian origins, Mongolian and Hmong Americans had the highest poverty rates in California, at 24% and 23% respectively, while the lowest poverty rates were 5% for Indians and 6% for Filipino Americans (Figure 12). Among NHPI groups, Marshallese had the highest poverty rates at 27% and Fijians had the lowest at 9% (Figure 13).

Figure 11: Poverty Status by Race/Ethnicity for Different Age Groups



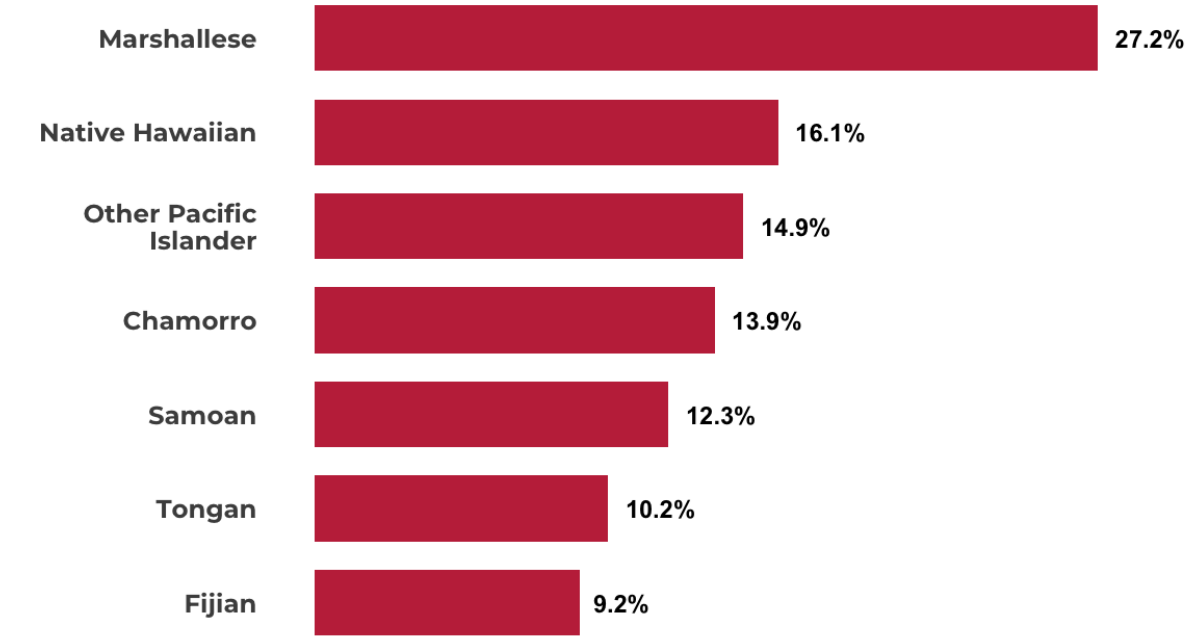
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 12: Poverty Status by Detailed Asian National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 13: Poverty Status by Detailed NHPI National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

PUBLIC PROGRAM UTILIZATION

The COVID-19 pandemic has hit AAs and NHPIs particularly hard economically. Pew Research Center found that long-term unemployment for Asian Americans increased sharply between the fourth quarters of 2019 and 2020.[13] Unemployment rates for Asian Americans also remained well above their pre-pandemic levels through 2020 and 2021. The economic impact was especially severe for low-income AAs and NHPIs who relied heavily on jobs in the service sectors characterized by the largest employment losses during the pandemic.

Data on food stamps, Medicare, and Medi-Cal use in AA and NHPI communities suggest that Asian Americans were less likely to be enrolled in public benefit programs than other race and ethnic groups. A barrier to accessing food stamps is the 5-year bar, making new immigrants ineligible for food stamps until they complete five years of documented residency. Other barriers may include lack of language access, fear of being denied citizenship, and lack of knowledge of programs due to minimal culturally competent outreach.

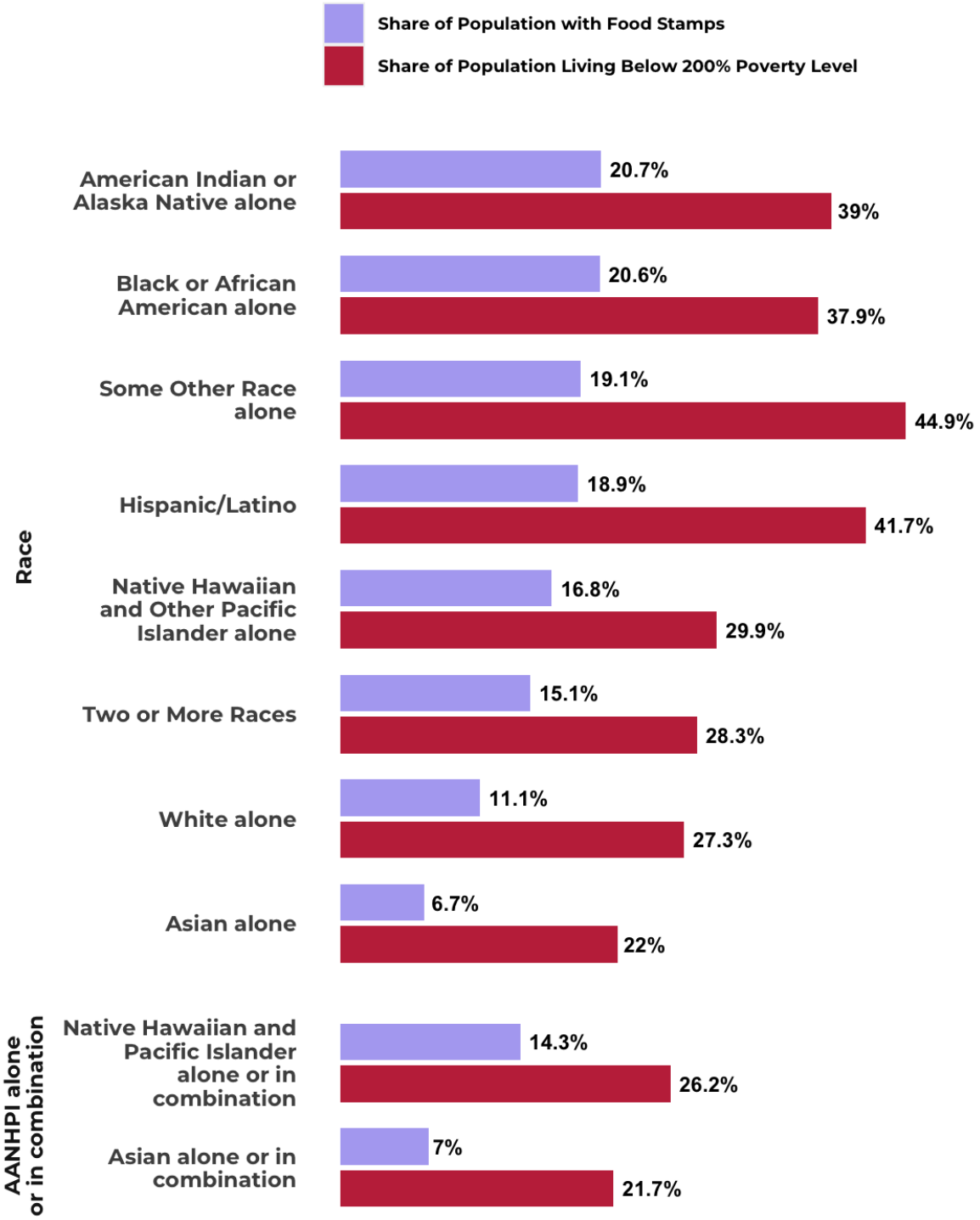
This section uses the larger sample size available in the 2020 5-year American Community Survey (ACS) to estimate the share of populations enrolled in the Food Stamps, known as CalFresh in California, and in Medicare, and compares them to proxy eligible populations. The bulk of the data were collected pre-pandemic and do not reflect the potential increases in public benefit enrollment due to the pandemic. For Medi-Cal, this report uses the CHIS dataset for an estimated enrolled population and an estimated eligible population based on income for adults age 18 to 64 years old. The data show existing gaps between need and enrollment so that more targeted outreach efforts to increase awareness around the existence of and eligibility requirements for these programs and to provide in-language assistance to potential enrollees.

FOOD STAMPS (CALFRESH)

This analysis uses the income eligibility requirement for food stamp programs at twice the federal poverty level for households to estimate the size of the eligible population. Because other eligibility factors including immigration status, bank balance, disabilities, and age, are not accounted for in this estimated population, the estimated population is at best a proxy for the actual size of the eligible population. Comparing this proxy population with the share of the population receiving food stamps reveals that eligible Asians were less likely to enroll for food stamps than other race and ethnic groups. Among the detailed Asian ethnic groups, Thai, Chinese, Indonesian, Korean, Indian, Japanese, and Taiwanese American populations were much less likely to receive food stamps. (Figure 14)

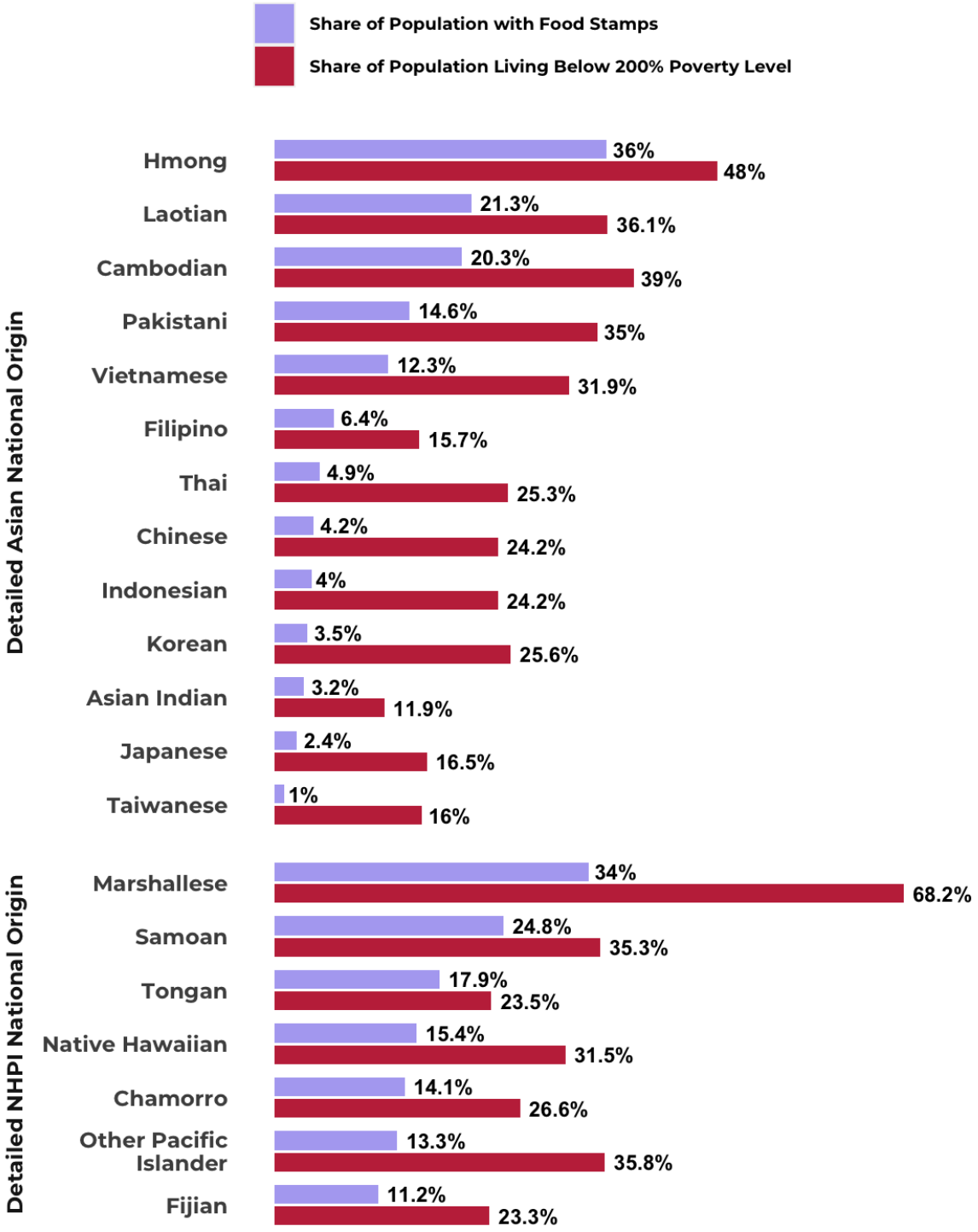
Immigration status may play a role in eligibility for Asian American populations which remain largely immigrant. The proposed rule changes for public charge[14] also resulted in significant disenrollment for public benefit programs such as food stamps because immigrant families were concerned about protecting their ability to apply for changes in immigration status. Lingering concerns likely played a contributing role in the lower utilization of public benefits.

Figure 14: Food Stamp Usage Compared to Population Living Below 200% of the Federal Poverty Level by Race/Ethnicity



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 15: Food Stamp Usage Compared to Population Living Below 200% of the Federal Poverty Level by Detailed National Origin



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

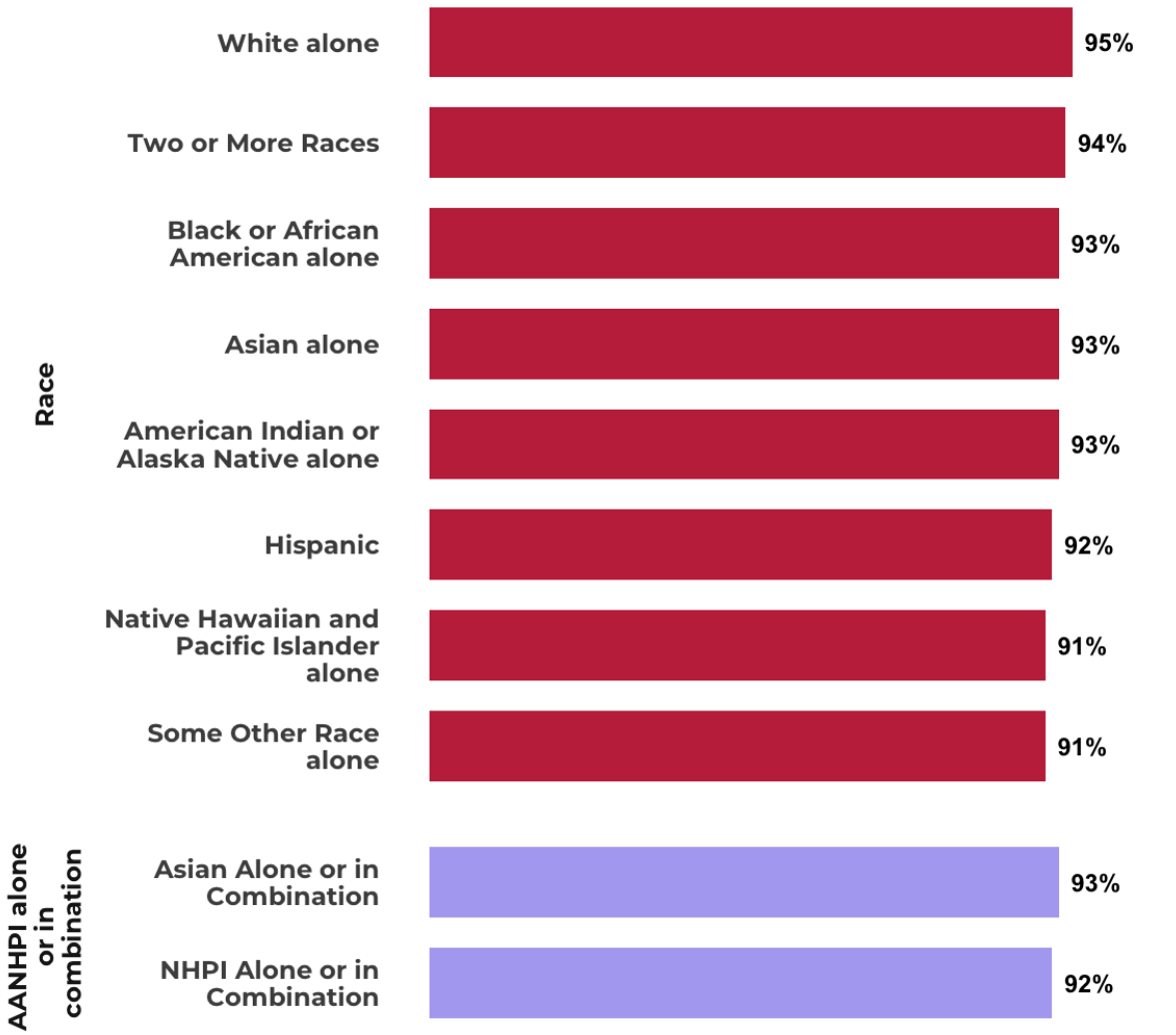
MEDICARE

The first generation of AA and NHPI migrants to arrive after the immigration reforms of the 1960s represented a major demographic shift and are now aging into senior status. Between 2010 and 2020, the NHPI population age 64 and older grew by 114 percent while the Asian American population age 65 and older grew by 82 percent. The growth in the senior population has resulted in increased demand for health care and senior services. These populations will face the burden of chronic conditions, such as cardiovascular disease and diabetes, as well as dementia, cancer, and psychological distress. Therefore, access to uninterrupted and high-quality care is essential for AA and NHPI seniors.

The analysis focuses on the share of the population age 65 and older who are enrolled in Medicare. While Medicare is largely a program that covers healthcare for people aged 65 and older, the program also covers younger people with disabilities, which are not included in this analysis.

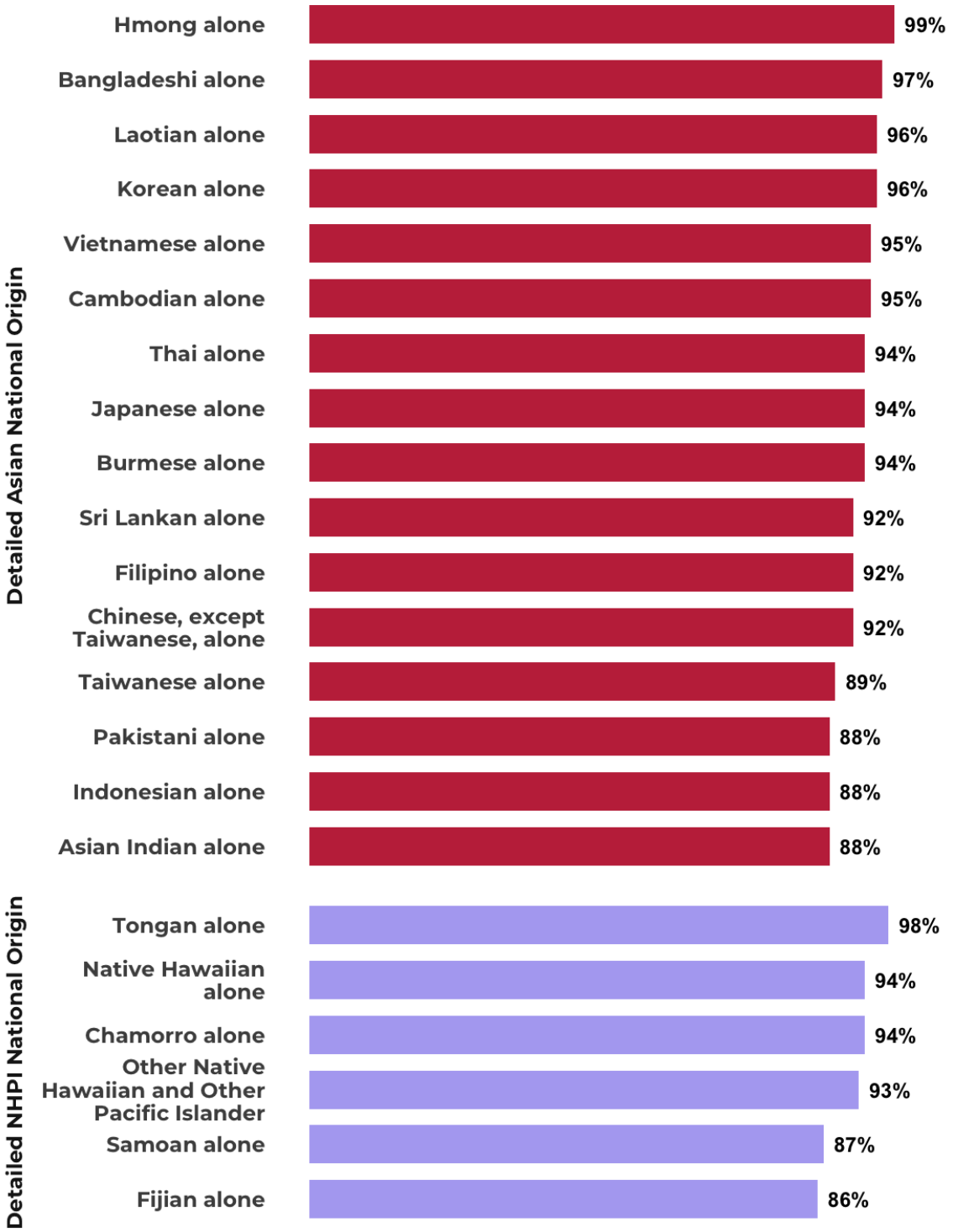
Overall, NHPI seniors were least likely to be enrolled in Medicare, while Asian American seniors were less likely than White seniors to be enrolled. Among the Asian origin groups, Indian, Indonesian, Pakistani, and Taiwanese American seniors were least likely to be enrolled in Medicare than other groups. Among NHPI groups, Samoan and Fijian seniors were least likely to be enrolled.

Figure 16: Share of Senior Population Enrolled in Medicare by Race and Ethnicity



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 17: Share of Senior Population Enrolled in Medicare by Detailed National Origin



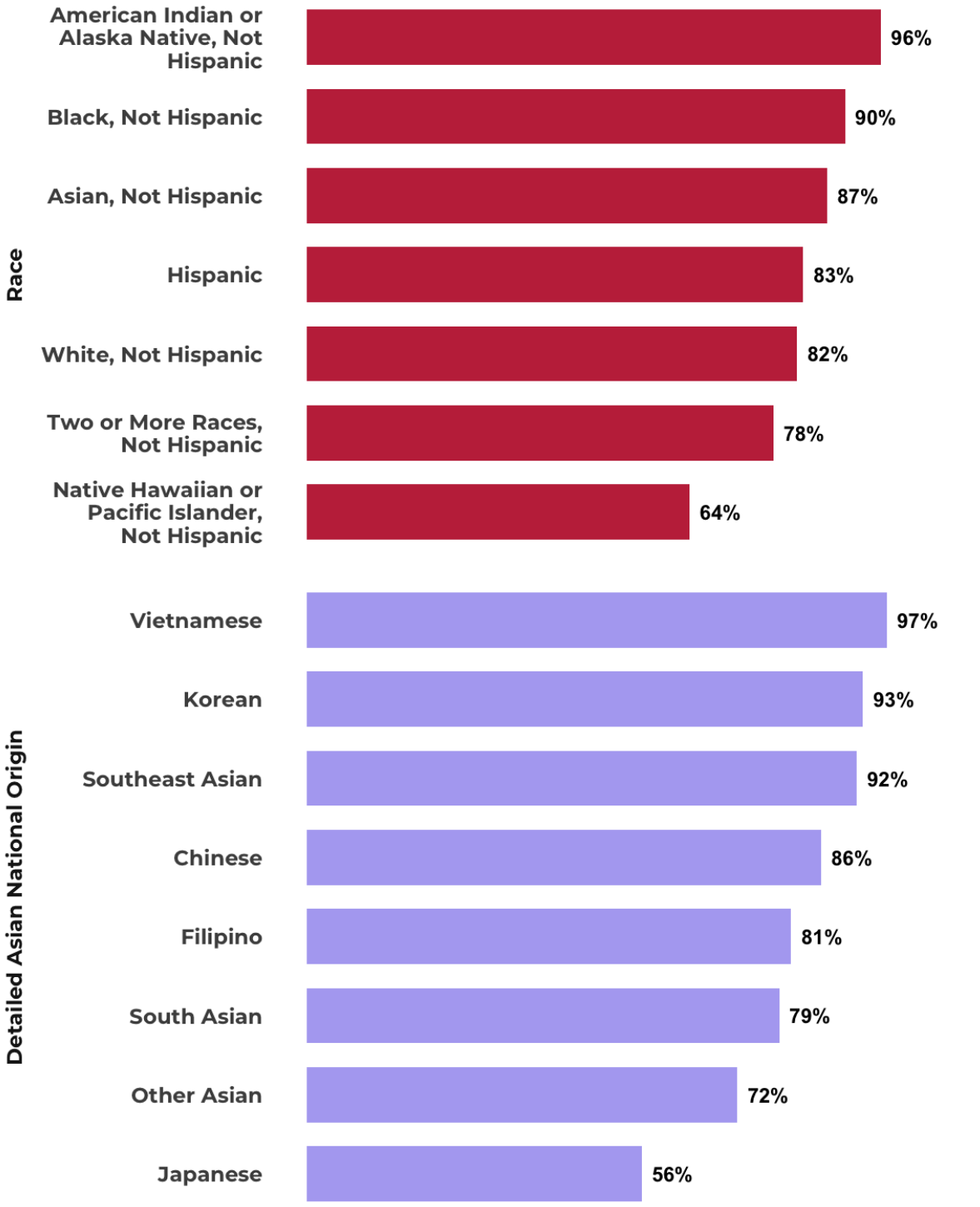
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

MEDI-CAL (MEDICAID)

The CHIS data set estimates a Medi-Cal eligible population based on the revised gross income eligibility criteria as implemented under the Affordable Care Act (ACA) and is only calculated for adults under the age of 65 years old. This variable is used as an approximation for the total population eligible for Medi-Cal under the ACA expansion. Comparing this eligible population to the survey respondents who confirmed Medi-Cal enrollment gives an approximate utilization rate for the Medi-Cal program.

NHPI communities were less likely to be enrolled in Medi-Cal compared to other major race and ethnic groups. Detailed NHPI group data was not available in the CHIS dataset due to small sample sizes. Among detailed Asian groups, Japanese, South Asian, and Other Asian Americans were less likely to be enrolled in Medi-Cal, despite meeting income eligibility requirements.

Figure 18: Ratio of Medi-Cal Enrollees to Estimated Medi-Cal Eligible Population for Adults Under the Age of 65 by Race and Ethnicity



Source: California Health Interview Survey Pooled 2019-2020 Data

ACCESS TO AND USE OF HEALTHCARE

COVID-19 revealed health access gaps for AA and NHPI communities compared with Whites. Asians, Native Hawaiians, and Pacific Islanders were less likely than Whites to have a usual source of care, have visited a doctor in the last 12 months, and be able to schedule a doctor's appointment in a timely manner. Not having a trusted usual source of care to help individuals sort through the fast-paced and ever-changing information that comes during a public health crisis increases the likelihood that individuals will end up exposed to wrong medical information or advice. Regular and timely medical care also provides opportunities for preventive medicine which has been a public health priority to reduce overall medical spending and increase quality of care for chronic conditions. The ability to schedule timely appointments is a good indicator of health care capacity that is accessible for specific demographics.

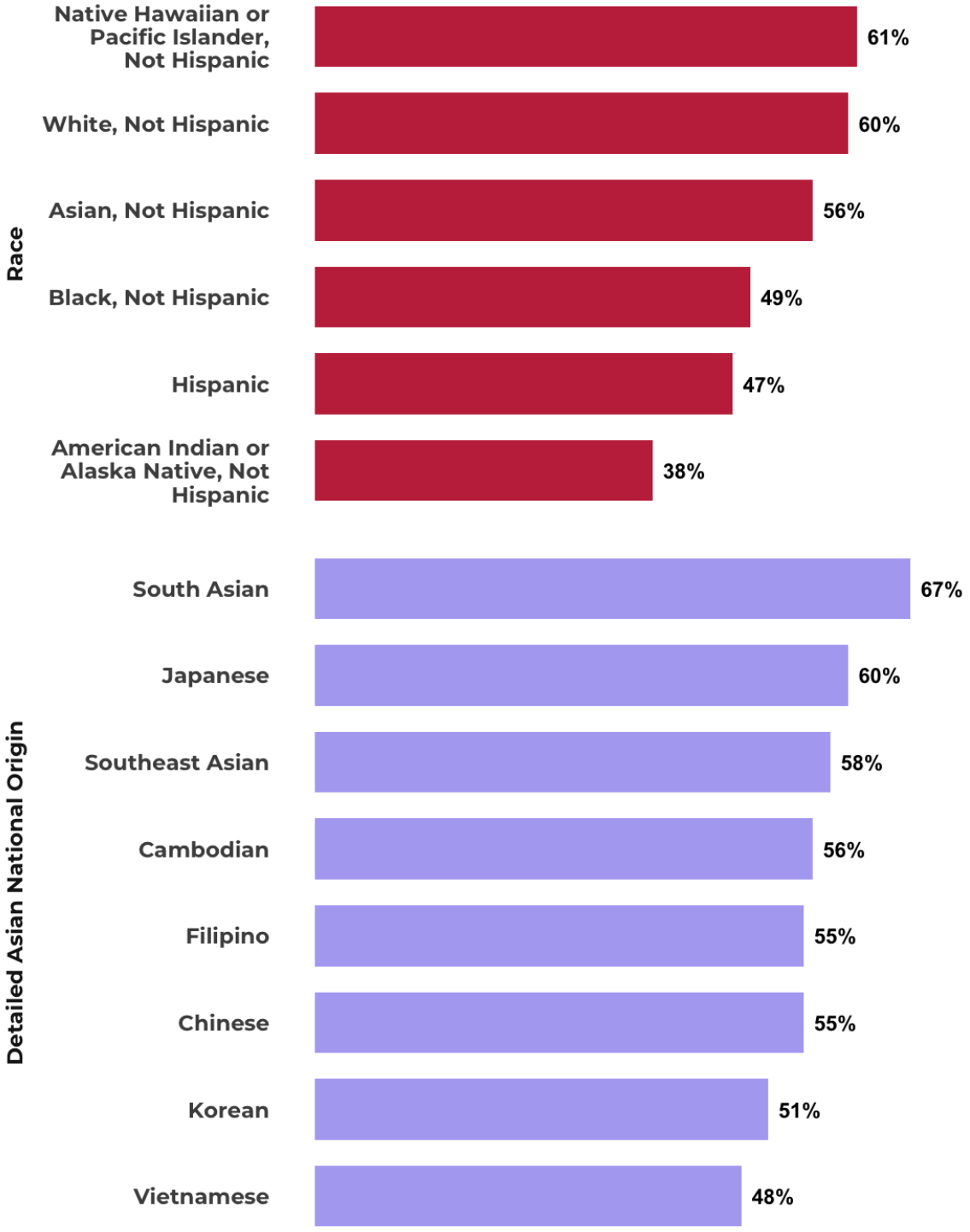
The importance of analyzing disaggregated data shows up for the Asian ethnicities. Korean Americans seemed to face challenges in accessing and paying for healthcare more than Asians in general, while Filipino Americans were more likely to utilize healthcare than Asians in general on a number of measures.

SELF-REPORTED HEALTH STATUS

Self-reported health status levels can act as a proxy for the relative level of demand for health services. Asians, Native Hawaiians, Pacific Islanders, and Whites were mostly likely to report excellent or very good health, compared with American Indians, Alaskan Natives, Blacks, and Hispanics. South Asian Americans in California were even more likely to report excellent or very good health statuses than Asian Americans in general, while Vietnamese Americans were less likely to report excellent or very good health status, at levels similar to Blacks and Latinos.

Self-reported health status for Native Hawaiians and Pacific Islanders was a surprise and should be interpreted with caution. More than half of NHPI adult respondents to the CHIS in 2020 reported excellent health, much higher than the 26.2 percent of NHPI adults reporting excellent health in 2019. While both estimates were statistically stable, the wide margins of error means that the difference in the estimates was not statistically significant.

Figure 19: Health Status Self-Reported as 'Excellent or Very Good' (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin

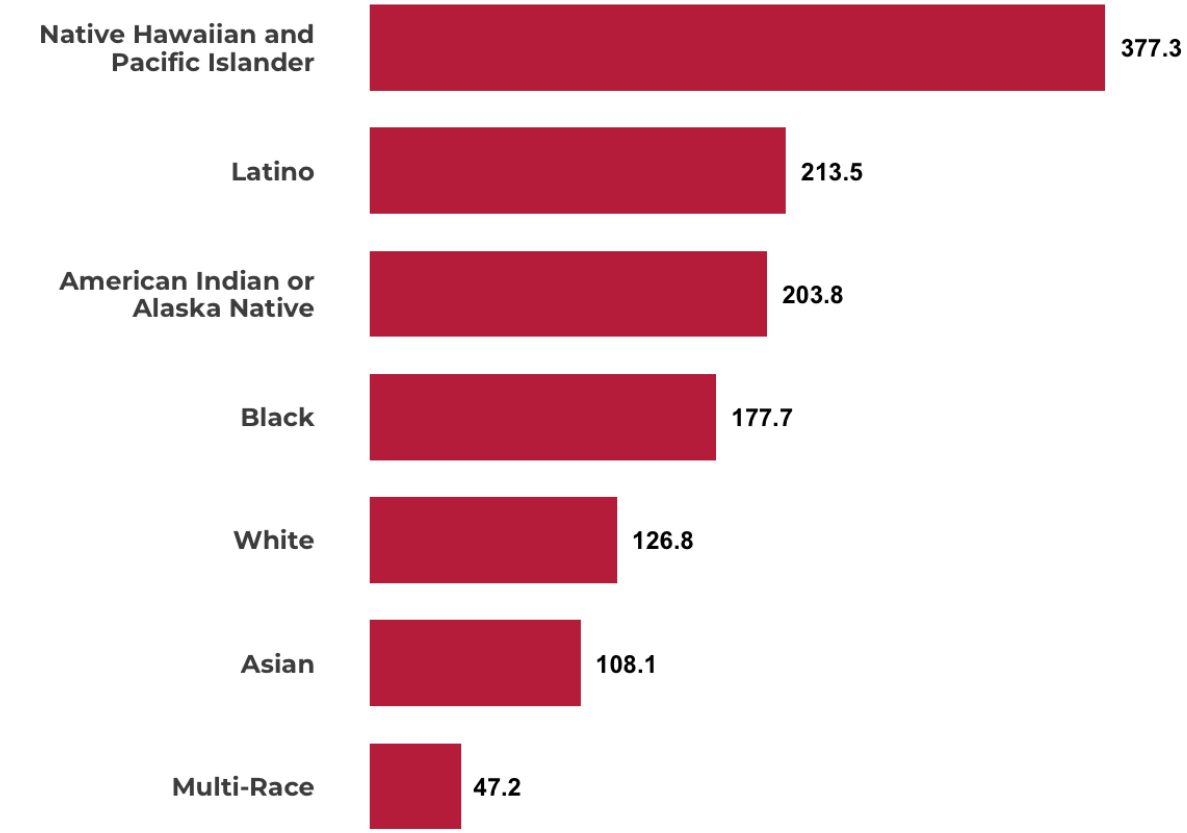


Source: California Health Interview Survey Pooled 2019-2020 Data

HEALTH IMPACT OF COVID-19

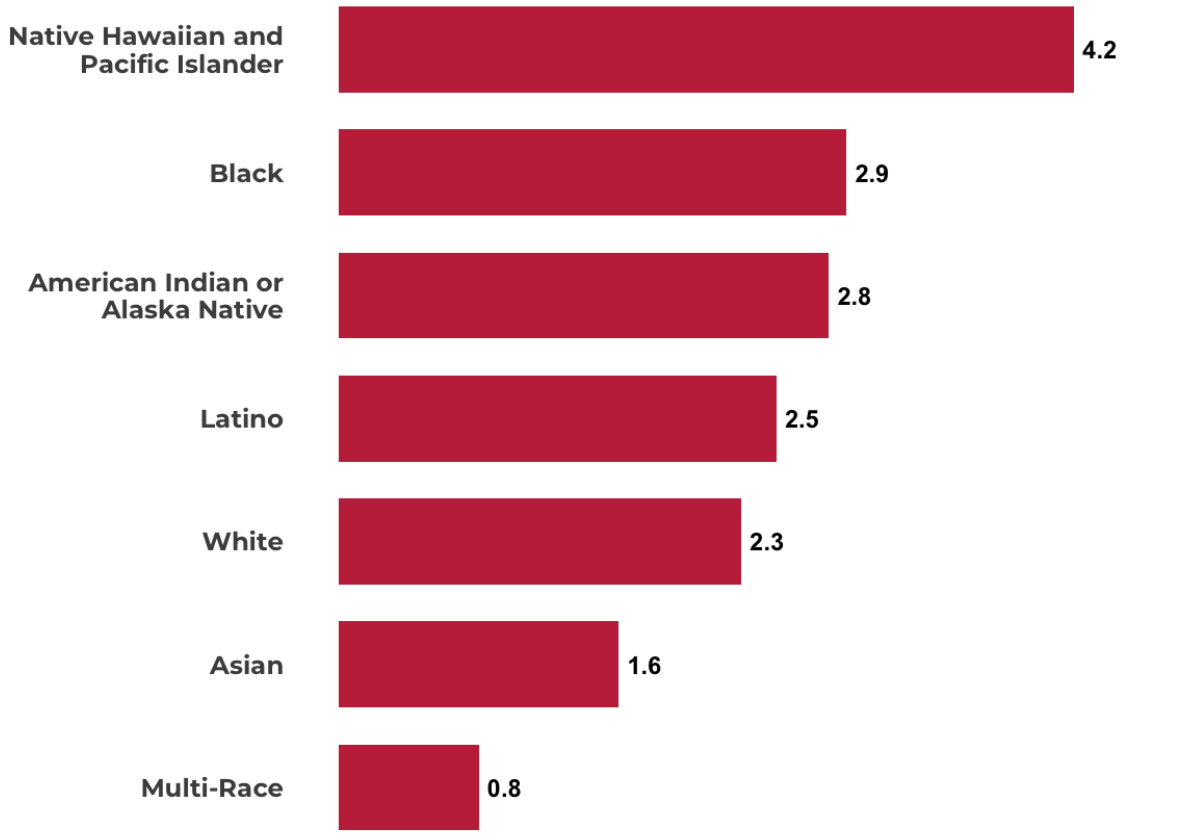
According to the California Department of Public Health, as of May 13, 2022, there were 646,038 COVID-19 cases in California among Asian Americans with 9,731 deaths and 52,127 cases among Native Hawaiians and Pacific Islanders with 581 deaths.[15] These total numbers translated into the case and death rates show that NHPIs faced the highest case and death rates among the major race and ethnic groups.

Figure 20: Cases per 100K for COVID-19 by Major Race and Ethnicity



Source: California Department of Public Health

Figure 21: Deaths per 100K for COVID-19 by Major Race and Ethnicity



Source: California Department of Public Health

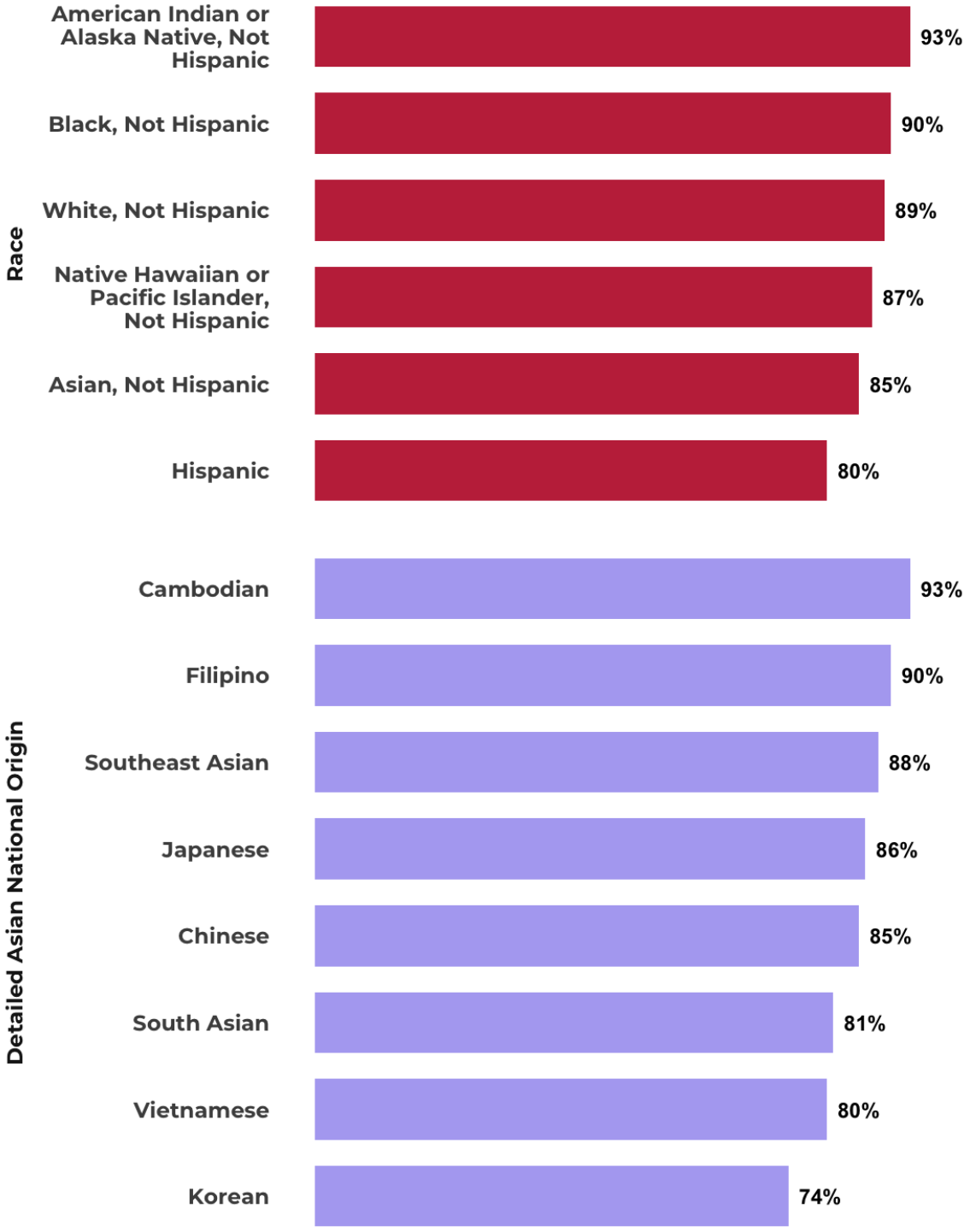
HAVE USUAL SOURCE OF CARE

Access to a usual source of care (a provider or facility to return to for medical care) is associated with reduced unmet needs and reduced health disparities.[16] AAs and NHPIs face several barriers when it comes to having a usual source of care, such as finding in-language care, and lack of culturally and linguistically competent providers.

Asian Americans were less likely than Blacks, American Indians and Alaska Natives, and Whites, and more likely than Hispanics to have a usual source of care. Native Hawaiians and Pacific Islanders were more likely than Hispanics to have a usual source of care.

Disaggregated Asian ethnic data show that Korean Americans were statistically significantly less likely than Asian Americans in general to have a usual source of care, while Filipino Americans were statistically significantly more likely.

Figure 22: Have Usual Source of Care (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



Source: California Health Interview Survey Pooled 2019-2020 Data

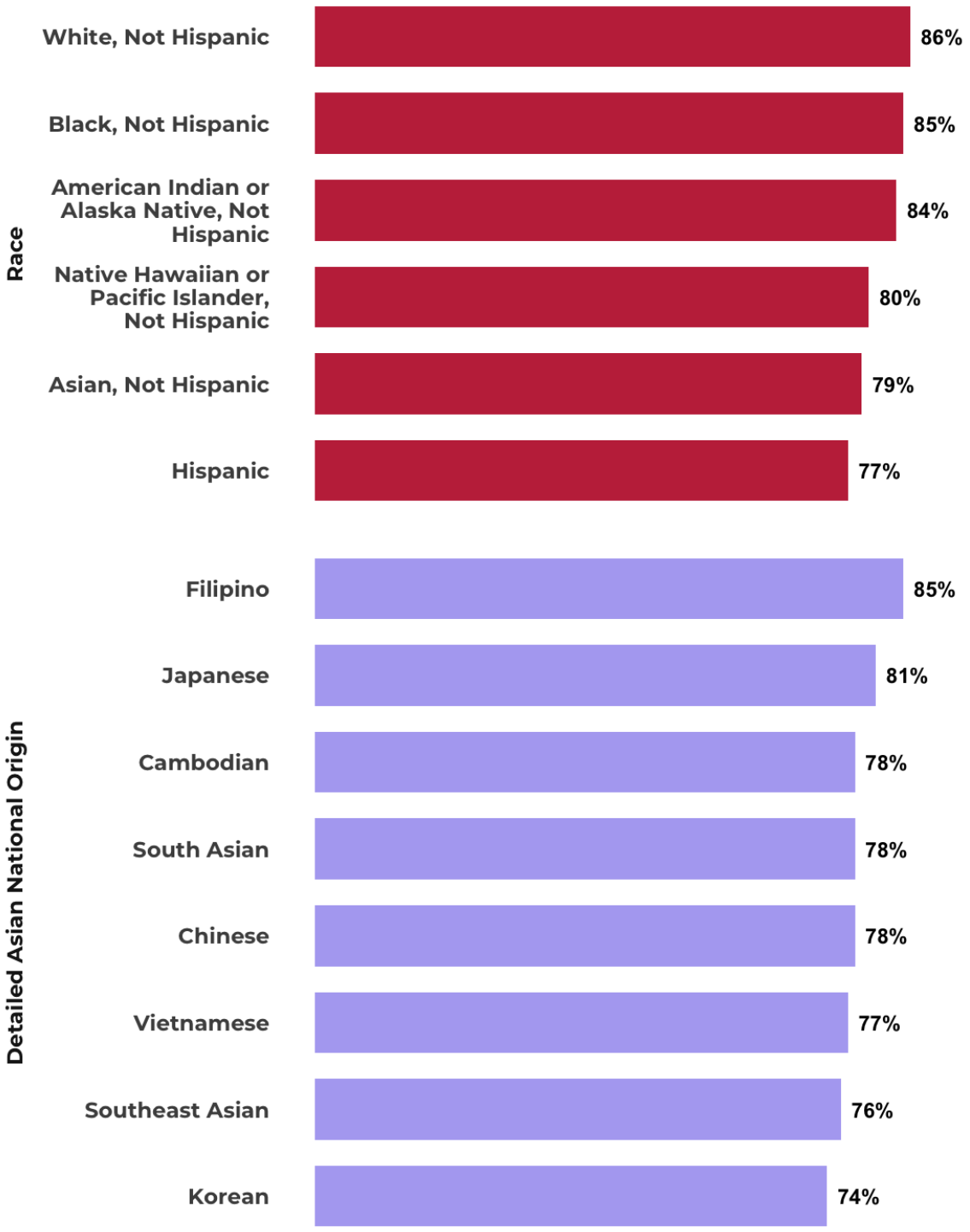
VISITED DOCTOR IN PAST 12 MONTHS

Visiting a doctor in the past year can indicate the level of continuity of care and access to preventive care. Asian Americans were less likely than Blacks and Whites, and more likely than Hispanics, to have visited a doctor in the past 12 months. Differences between Native Hawaiians and Pacific Islanders and other major race and ethnic groups were not statistically significant.

Disaggregated Asian ethnic data show that Korean Americans were statistically significantly less likely than Asian Americans, in general, to have seen a doctor in the past 12 months, while Filipino Americans were statistically significantly more likely.

In addition to ongoing challenges such as lack of availability of in-language care and limited or absent community outreach providing relevant information related to care, in 2020, fear of xenophobic COVID-19-related stigma may have posed additional barriers to members of the AA and NHPI communities seeking to visit a doctor. Additionally, economic pressures related to caregiving or precarious employment worsened during the pandemic and may have also contributed to these low rates.

Figure 23: Visited Doctor in Past 12 Months (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



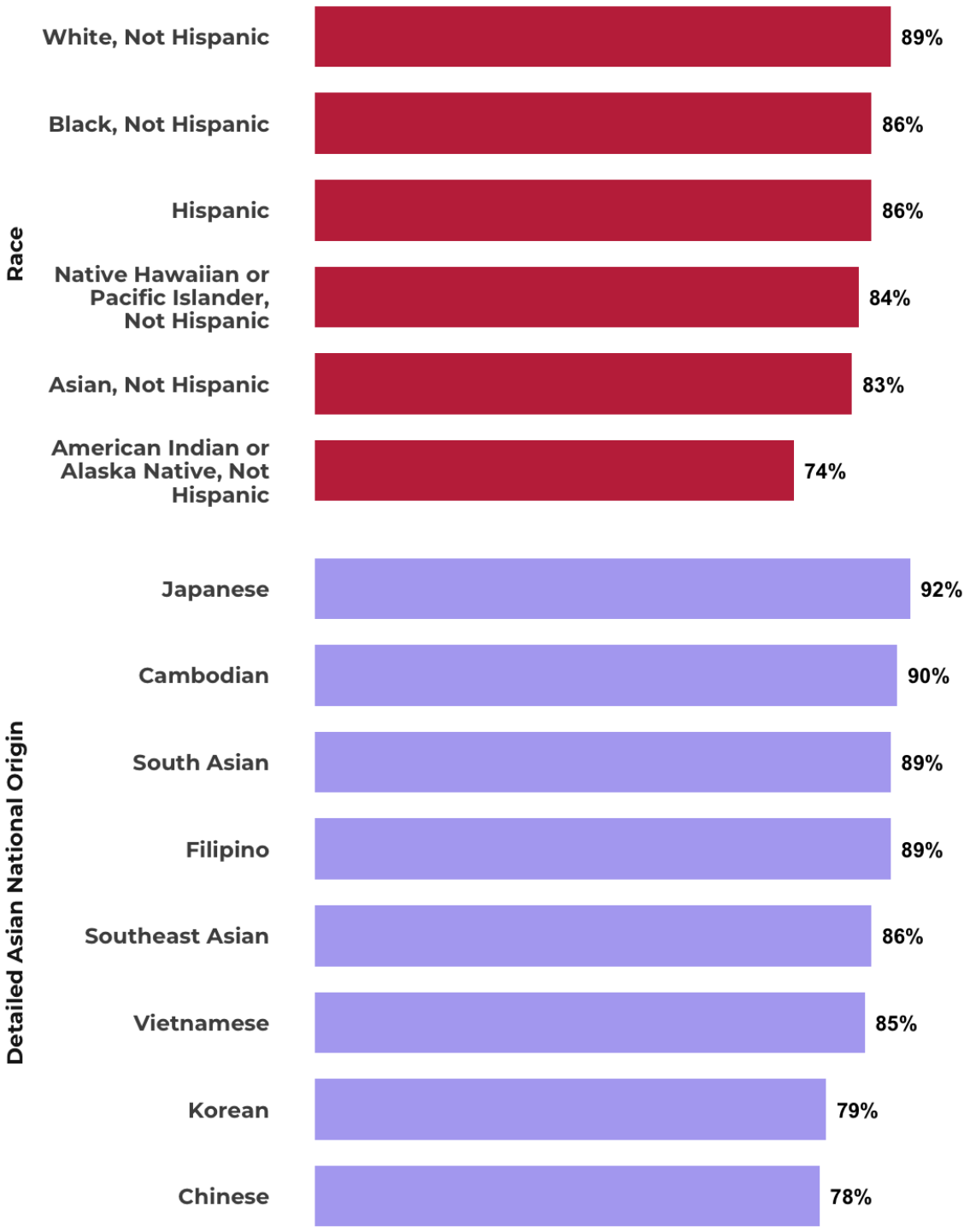
Source: California Health Interview Survey Pooled 2019-2020 Data

ABLE TO GET AN APPOINTMENT IN A TIMELY WAY

The ability to get an appointment in a timely way is an indicator of the health care system's capacity to provide services to a particular demographic group. Asians were less likely than Whites to be able to get an appointment in a timely way. Differences between Native Hawaiians and Pacific Islanders and other races and Hispanics were not statistically significant.

Disaggregated Asian ethnic data show that Japanese and Filipino Americans were significantly more likely than Asians, in general, to be able to get an appointment in a timely way. While the statistics associated with South Asian American appointment timing were like those associated with getting an appointment among Filipino Americans due to rounding, slightly larger margins of error for South Asian Americans meant just missing the cut-off for a 95% level of statistical significance.

Figure 24: Able to Get an Appointment in a Timely Way (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



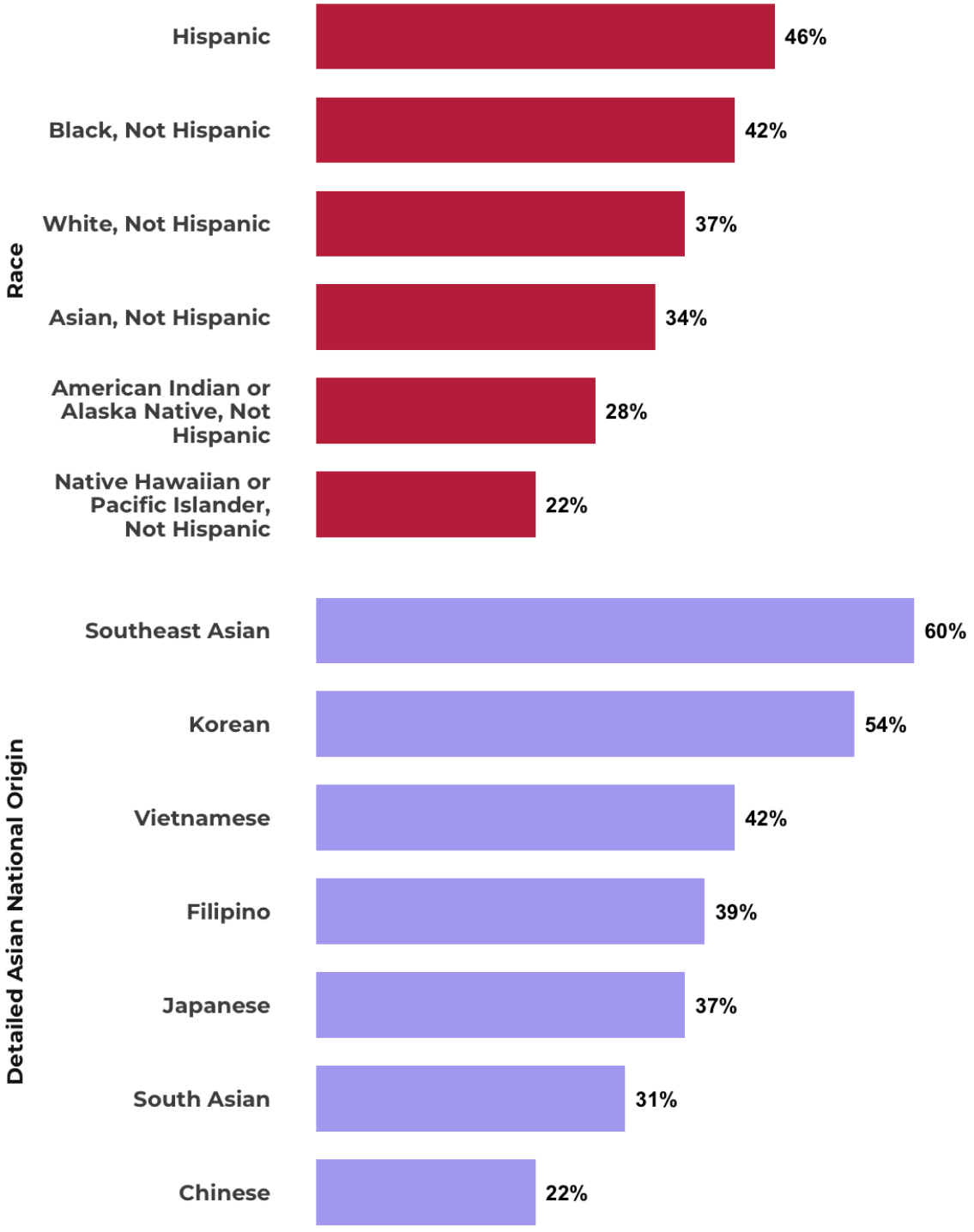
Source: California Health Interview Survey Pooled 2019-2020 Data

COST OR NO INSURANCE RESULTED IN DELAY OF NEEDED CARE

Cost or the lack of health insurance is often a significant, if not the primary, barrier to accessing care. Among the major race and ethnic groups, there was a statistically significant gap between Asians and Hispanics, with the former less likely than the latter to cite cost or the lack of insurance as reasons for delaying care. NHPIs also seemed to be less likely to cite cost or insurance as a barrier to care, but the estimate was not statistically stable.

With regard to Asian ethnic groups, Chinese Americans were least likely to cite cost or the lack of insurance as reasons for delaying care, while Korean and Southeast Asian Americans (other than Cambodian and Vietnamese Americans) were more likely to cite cost or lack of insurance as reasons for delaying care. The estimate for Cambodian Americans was not included because it was statistically unstable.

Figure 25: Cost or No Insurance Resulted in Delay of Needed Care (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



Source: California Health Interview Survey Pooled 2019-2020 Data

HEALTH INSURANCE COVERAGE

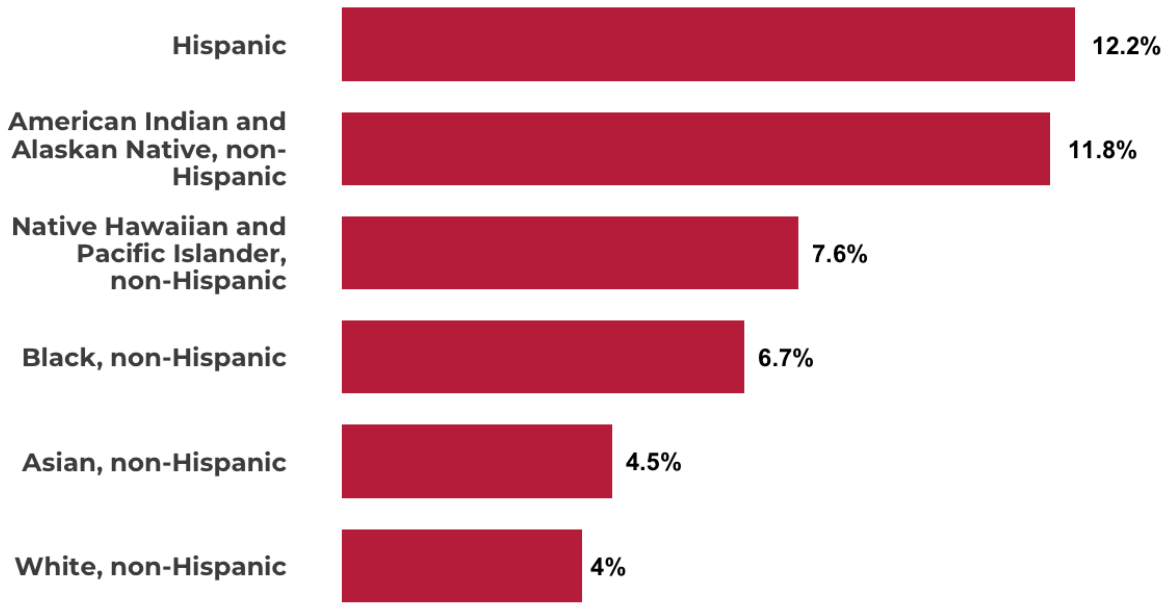
The ACS also asks about health insurance coverage. Taking advantage of the larger sample size of the ACS allows for examining health insurance coverage for both detailed Asian and NHPI groups.

Asians demonstrate some of the lowest uninsured rates in California while Native Hawaiian and Pacific Islanders have uninsured rates at twice or more that of Whites (4.0%), the only exception being Chamorros having health insurance coverage rates approaching that of Whites.

Disaggregated data also show that several Asian ethnicities have much higher uninsured rates compared to Asians in general. Korean, Cambodian, Thai, and Indonesian Americans have uninsured rates of 7 percent and higher. Native Hawaiians have an uninsured rate of close to 9 percent, underscoring the importance of disaggregating Native Hawaiian and Pacific Islander data. Fijians also have an uninsured rate close to 10 percent.

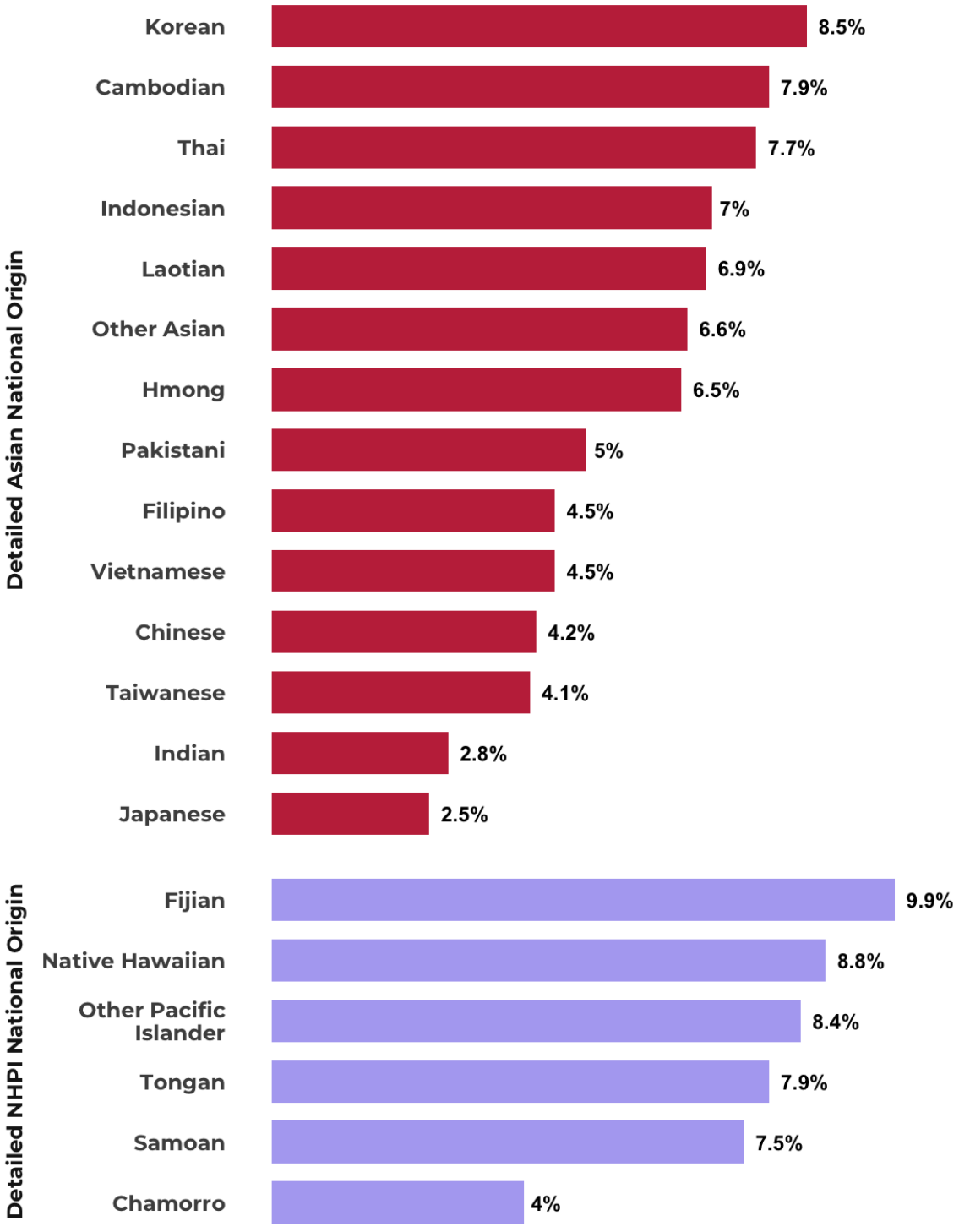
These data were largely in line with the data from CHIS on delay of needed care due to cost or lack of insurance discussed in the previous section. Korean Americans and several Southeast Asian American groups reported that when care is delayed, cost is the reason more than half the time. These communities had high rates of self-employment which may explain the lack of health insurance coverage as insurance plan costs remained high for small business owners.

Figure 26: Share of People Without Health Insurance Coverage by Race/Ethnicity



Source: 2020 American Community Survey Five-year Public Use Microdata Sample

Figure 27: Share of People Without Health Insurance Coverage by Detailed National Origin

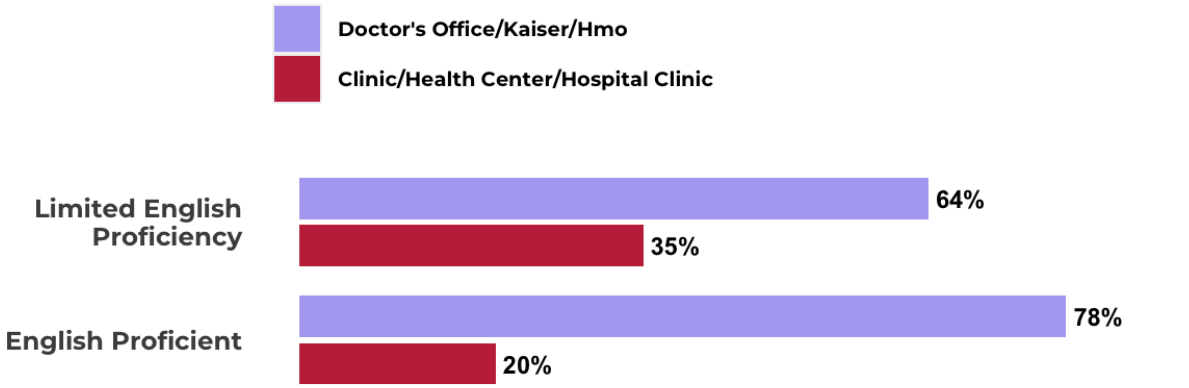


Source: 2020 American Community Survey Five-year Public Use Microdata Sample

ENGLISH PROFICIENCY AND HEALTHCARE ACCESS

Among Asian Americans, those with limited English proficiency were more likely to use clinics, health centers, or hospital clinics as a usual source of health care over doctor's offices and health maintenance organizations. Even among English proficient Asian Americans, about a fifth still prefer to use clinics, health centers, and hospital clinics. The reliance of immigrant communities on community health centers and hospitals is a key consideration when designing health outreach programs and other health initiatives. NHPI estimates were not included because sample sizes were not large enough to produce statistically stable estimates.

Figure 28: Kind of Place for Usual Source of Care by English Proficiency for Asian Adults



Source: California Health Interview Survey Pooled 2019-2020 Data

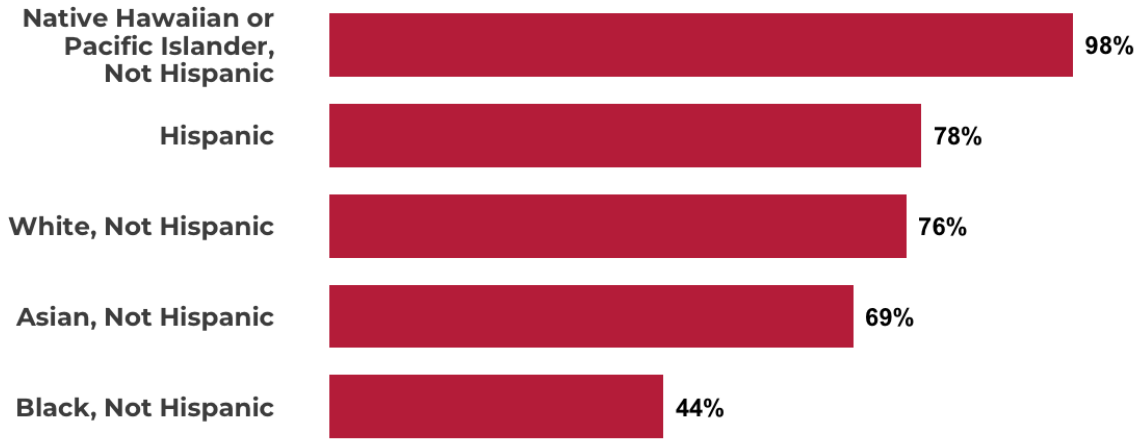
Asians with limited English proficiency also had a harder time getting timely medical appointments compared to English proficient Asian Americans. This likely indicates the need for increasing the capacity to deliver care in multiple languages. One of the challenges is the sheer number of languages that are spoken under the AA and NHPI umbrella, in particular languages of limited diffusion, which are languages spoken only by a few in a geographic area.

Figure 29: Ability to Get Timely Appointment by English Proficiency for Asian Adults

Source: California Health Interview Survey Pooled 2019-2020 Data

Limited English proficient Asian and Black immigrants were less likely to know about their rights to interpretation during a medical visit than limited English proficient Hispanic immigrants, and these differences were statistically significant. The differences between Asian and White immigrants were not statistically significant. More outreach and signage in multiple languages and community engagement can be helpful to build awareness of the right to interpretation.

Figure 30: Know Your Right to Interpretation (Adult Population) by Race/Ethnicity



Source: California Health Interview Survey Pooled 2019-2020 Data

REGIONAL VARIATION IN ACCESS TO HEALTHCARE

Regional variations in access to healthcare occur due to differences in healthcare infrastructure across counties, increased community outreach and better availability of LEP-serving clinics and health centers in urban areas, and access to other better-developed public infrastructure such as transportation and utilities such as broadband.

The well-documented shortage of physicians in the Inland Empire shows up in the CHIS in the lower percentage of people who were able to get timely medical appointments.[17, 18] Asian Americans have been disproportionately impacted by the shortage, compared to the same measures at the statewide level cited above. Asian Americans in the Inland Empire also were much less likely to get a timely appointment than Blacks, Hispanics, and Whites in the Inland Empire.

Table 1: Able to Get an Appointment in a Timely Way by Region

Region	Race	Percent
Bay	Asian, Not Hispanic	85%
Central	Asian, Not Hispanic	87%
LA/Ventura	Asian, Not Hispanic	83%
Rest of California	Asian, Not Hispanic	88%
Orange/San Diego	Asian, Not Hispanic	83%
Inland	Asian, Not Hispanic	62%
Inland	Hispanic	82%
Inland	White, Not Hispanic	83%
Inland	Black, Not Hispanic	72%

MENTAL HEALTH

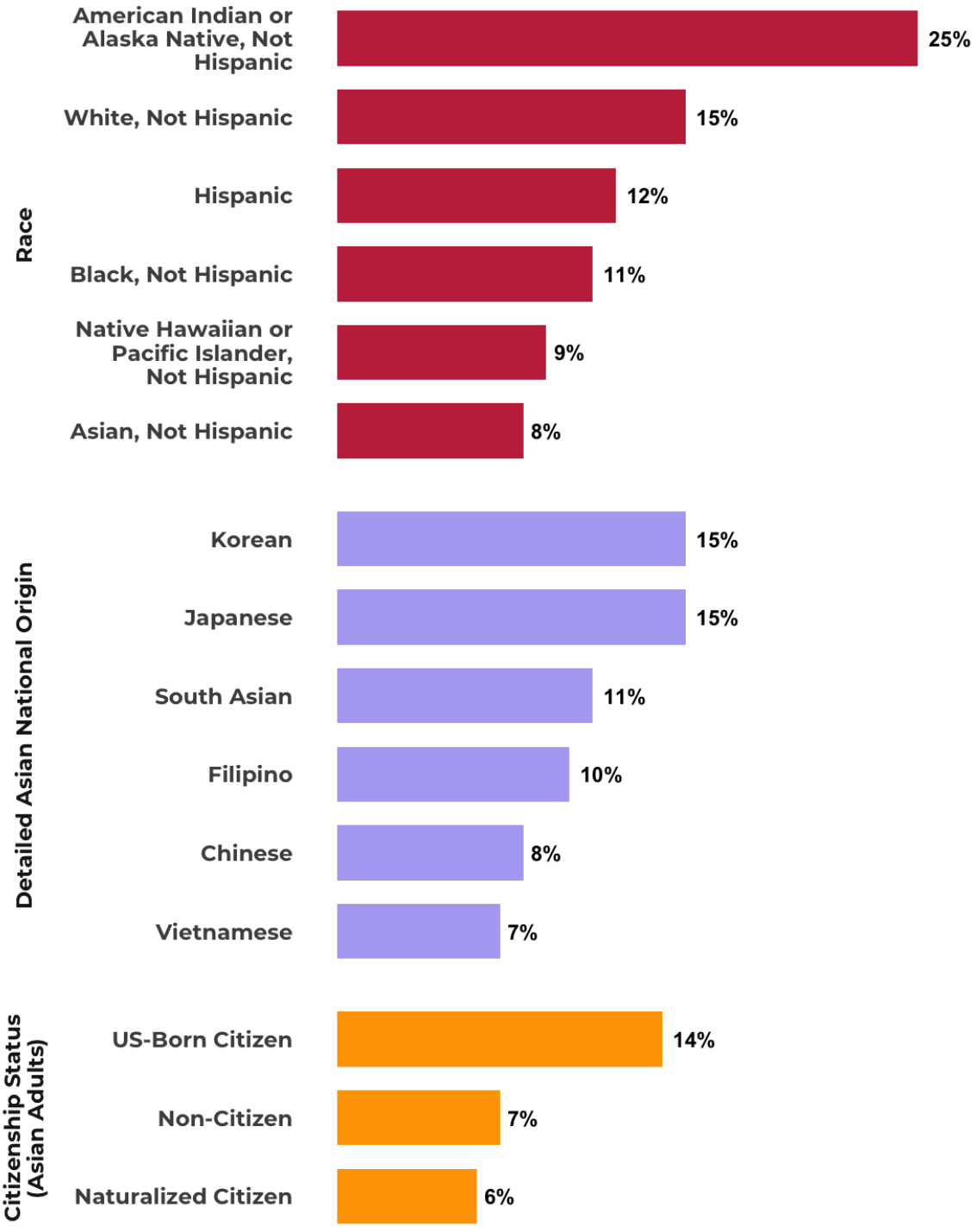
The mental health challenges that AAs and NHPIs face are as diverse as their communities. There are populations such as Vietnamese, Cambodian, Laotian, and Hmong Americans, and more recently arrived groups, such as Burmese and Bhutanese Americans, that face trauma related to their refugee histories and experiences. Research by SEARAC found that Southeast Asian American communities lack access to culturally appropriate mental health services to address that trauma.[19] Rising incidences of anti-Asian hate have added more mental health stressors to Asian American communities on top of the impacts of COVID-19 pandemic isolation, especially for already vulnerable populations like teens and seniors. Native Hawaiian and Pacific Islander communities continue to face the intergenerational trauma associated with colonialism and displacement from homelands.

Disaggregated data are especially important to track the diverse mental health needs for AA and NHPI communities. Cultural stigma associated with mental health is an additional challenge for researchers in producing accurate data on AA and NHPI communities, beyond the issues of language access and privacy concerns.

SUICIDE IDEATION

While AA and NHPI communities reported the lowest rates of suicide ideation overall, disaggregated data reveal Japanese, Korean and U.S.-born Asian Americans more likely to have said they had ever thought of committing suicide. While many mental stressors likely contribute to this difference, such as bullying in schools, pressures in navigating two cultures, and societal pressure to live up to the model minority myth, another contributing factor to the difference in reported suicide ideation may be that U.S.-born Asian Americans are more likely to be exposed to the mental health concepts and language and to be open to admitting to suicide ideation on a survey.

Figure 31: Ever Thought of Committing Suicide (Adult Population) by Race, Ethnicity, Detailed Asian Origin, and Citizenship Status

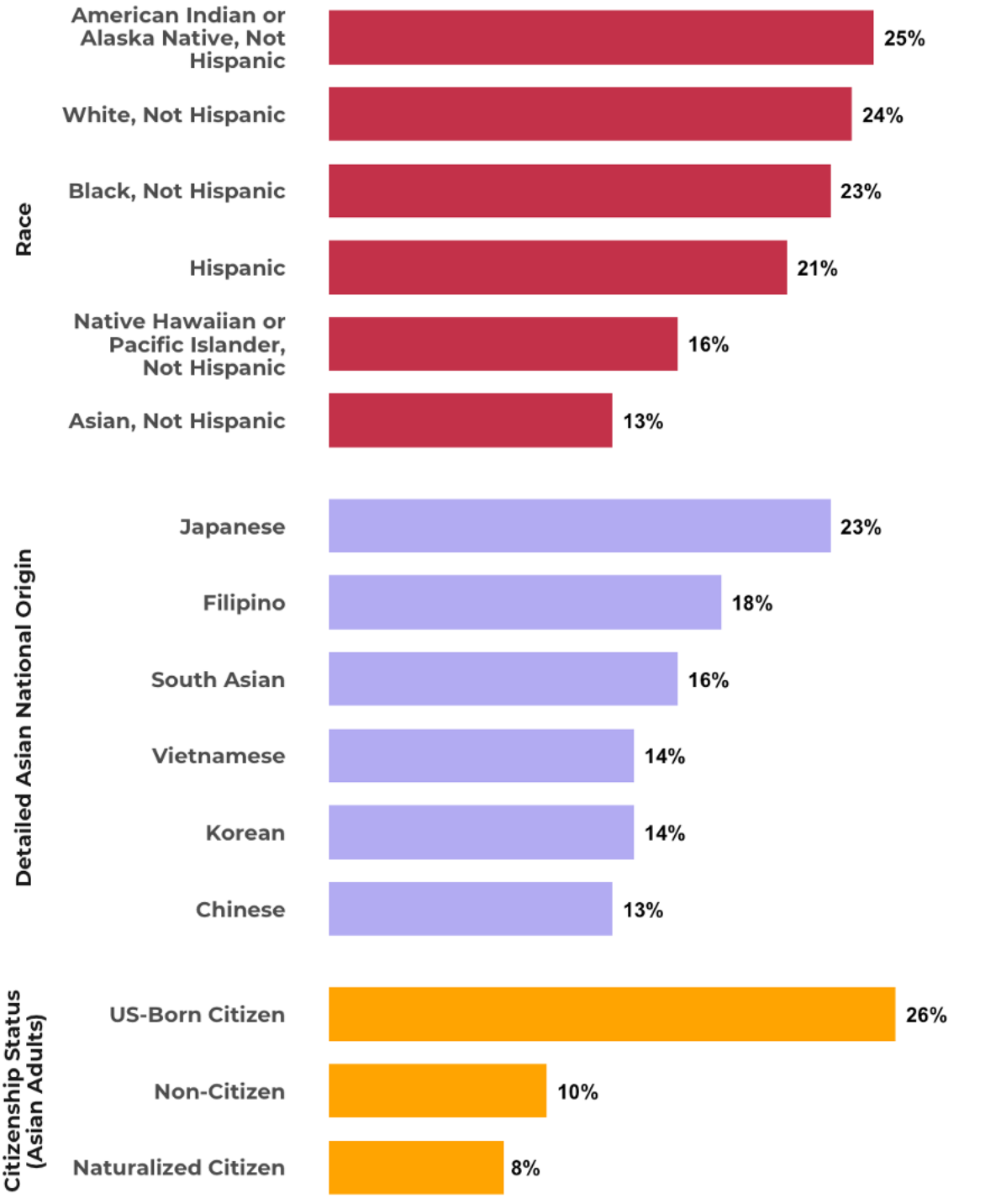


Source: California Health Interview Survey Pooled 2019-2020 Data
Note: Native Hawaiian and Pacific Islander estimate is statistically unstable.

NEED FOR MENTAL HEALTH SERVICES

While fewer AA and NHPI groups said they needed help with emotional, mental, or addiction problems in the past year than other groups, a significantly higher percentage of Japanese and U. S. born Asian Americans responded that they needed help compared with Asian Americans overall. Japanese American respondents may be more likely to be native-born; from a cultural standpoint, US-born respondents may have greater literacy of Western models of mental health and experience less stigma around mental illness.

Figure 32: Needed Help For Emotional, Mental, or Addiction Problem In Past Year by Race, Ethnicity, Detailed Asian Origin, and Citizenship Status

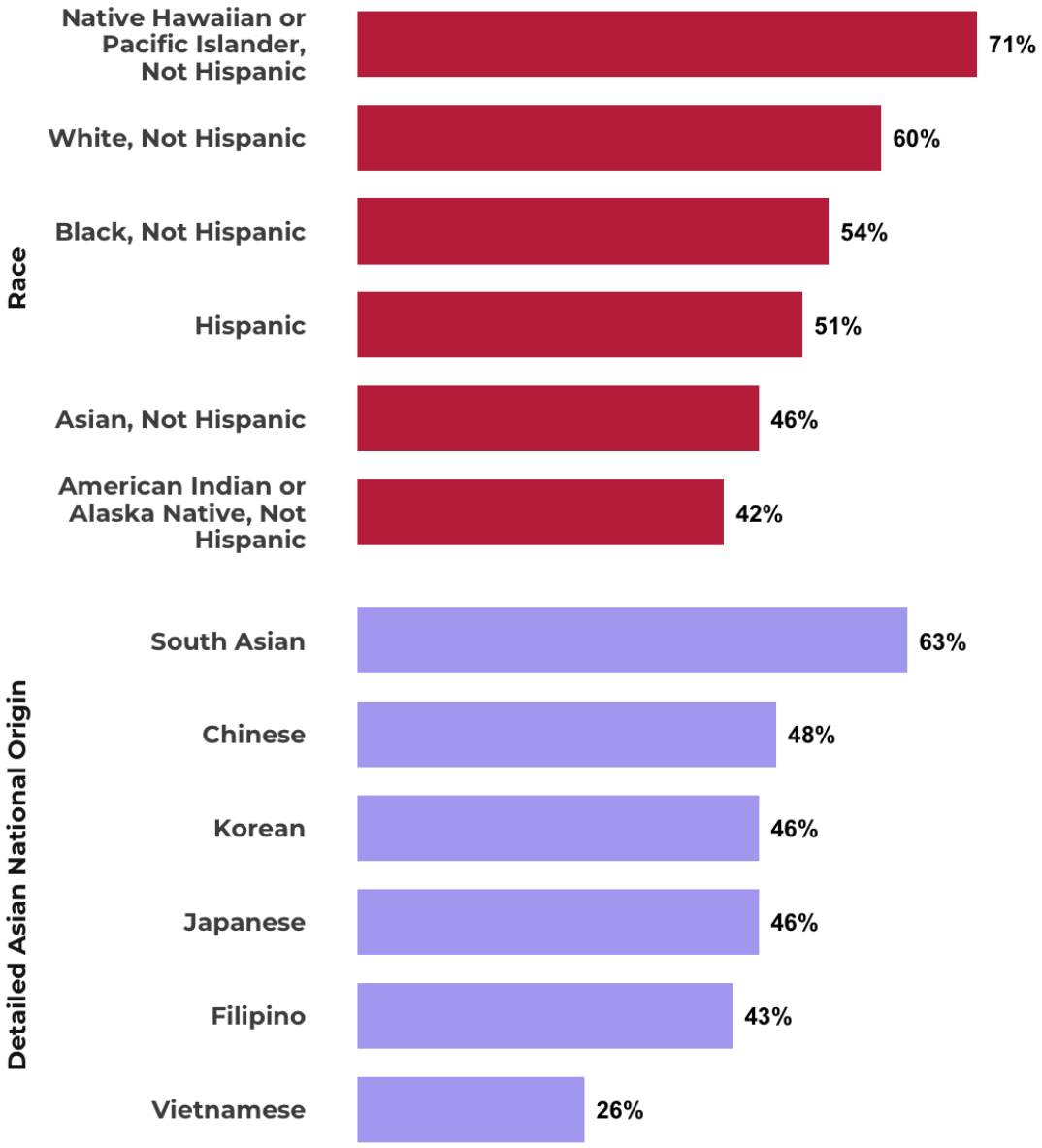


Source: California Health Interview Survey Pooled 2019-2020 Data
Note: Native Hawaiian and Pacific Islander estimate is statistically unstable.

RECEIVED MENTAL HEALTH SERVICES

Among those who reported needing help for emotional, mental, or addiction problems in the past year, Asians along with Blacks and Hispanics were significantly less likely to receive needed mental, emotional, or addiction treatment than Whites. Disaggregated data for Asian Americans show similar challenges in accessing mental health services, especially for Vietnamese Americans, as well as Chinese, Japanese, Korean, and Filipino Americans. However, South Asian Americans as a whole reported receiving treatment at similar rates as Whites.

Figure 33: Sought Help and Received Treatment for Self-Reported Mental/Emotional and/or Alcohol-Drug Issue(s) by Race, Ethnicity, and Detailed Asian Origin



Source: California Health Interview Survey Pooled 2019-2020 Data
Note: American Indian or Alaska Native, Not Hispanic estimate is statistically unstable

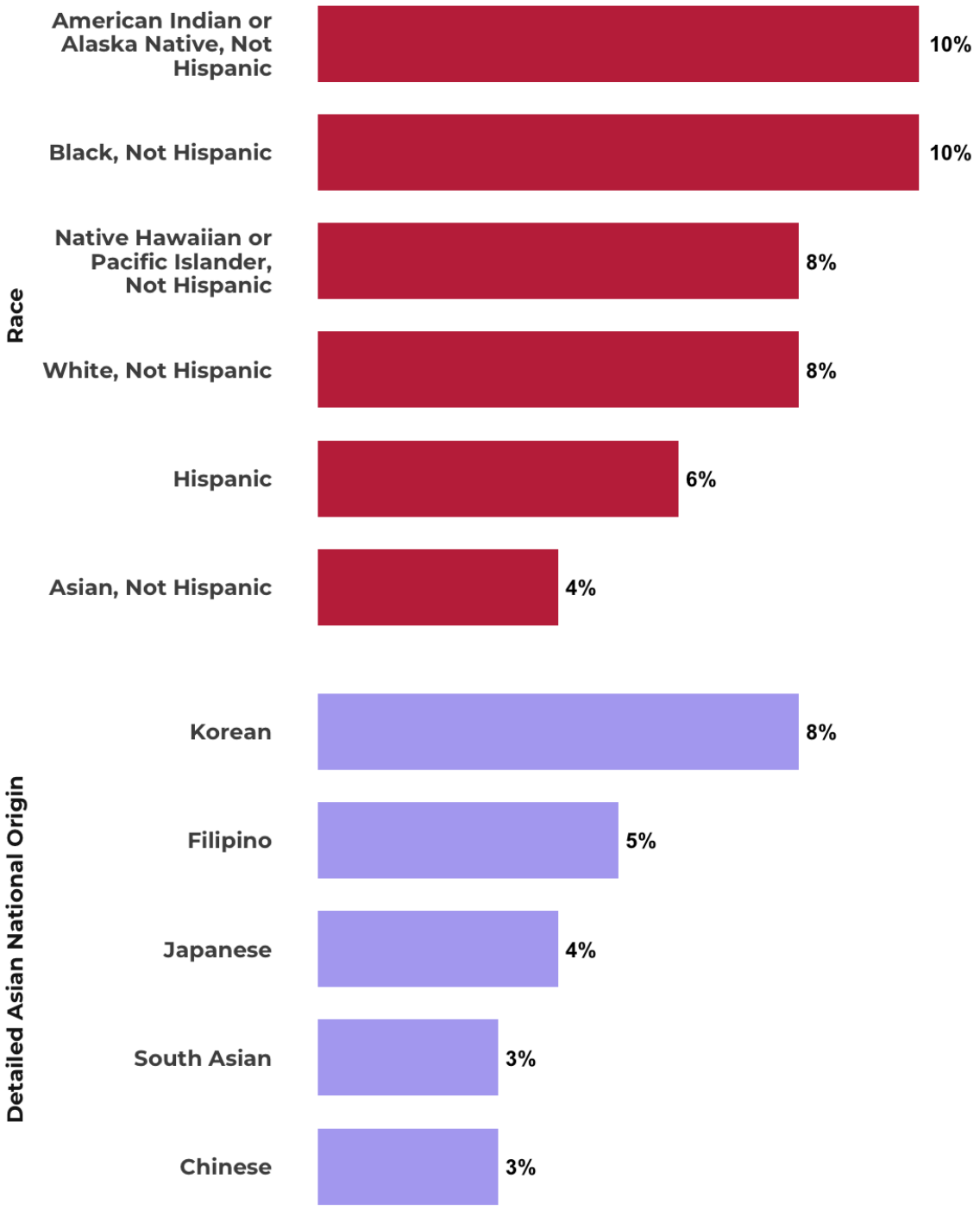
HEALTH BEHAVIORS

Health behavior statistics help public health authorities identify if certain demographic or socio-economic groups have potential greater exposure to certain health risk factors. Disaggregated data can identify specific AA and NHPI groups that may have added health risk factors and require additional investments in outreach and messaging that is tailored toward specific language and cultural barriers. This section focuses on tobacco and marijuana usage and secondhand smoke.

TOBACCO USAGE

Asian Americans were the least likely to be current smokers among the major race and ethnic groups. However, disaggregation reveals that Korean Americans exhibit similar rates of smoking as Whites.

Figure 34: Current Adult Smokers by Race, Ethnicity, and Detailed Asian National Origin



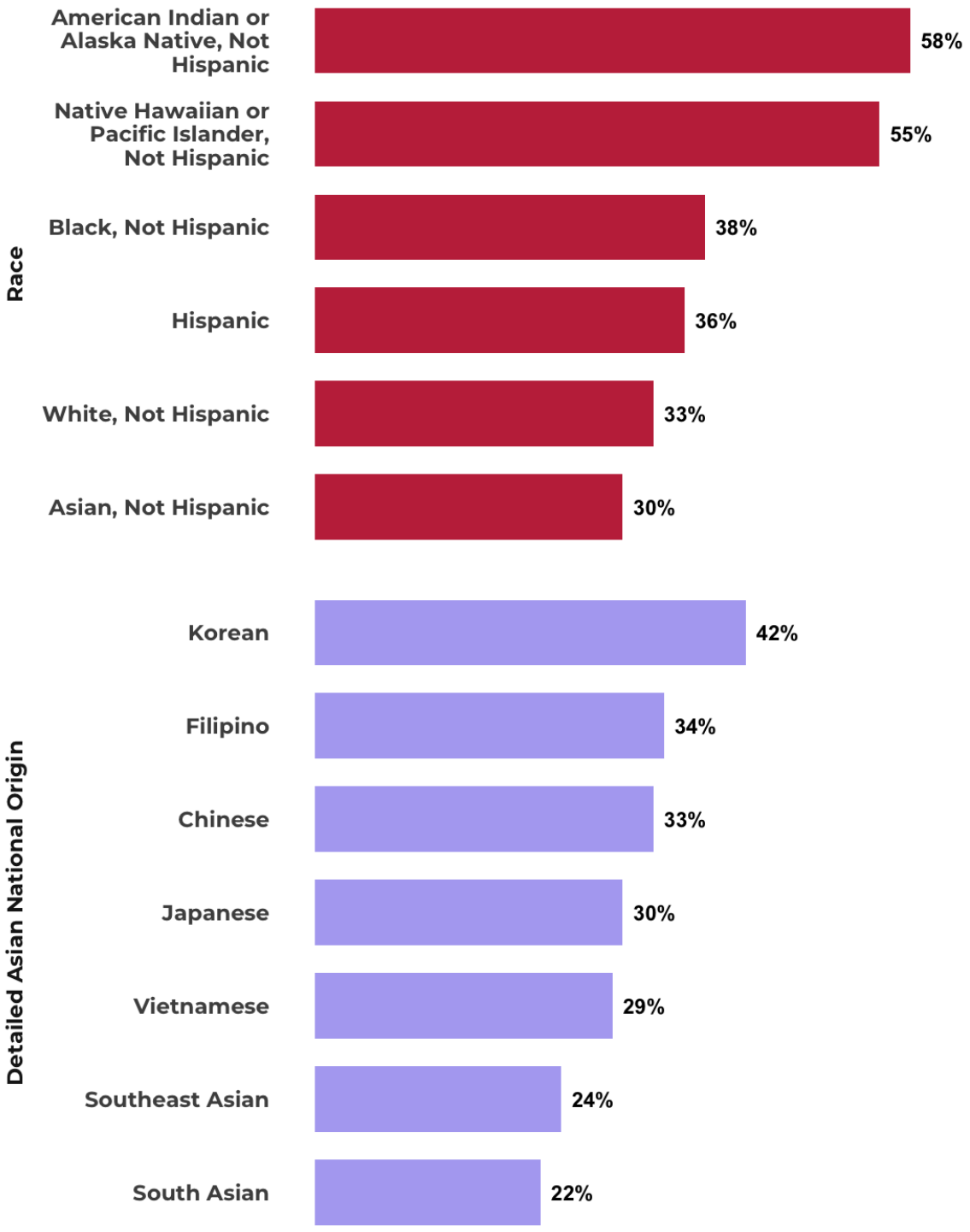
Source: California Health Interview Survey Pooled 2019-2020 Data
Note: Native Hawaiian and Pacific Islander estimate is statistically unstable.

EXPOSURE TO SECONDHAND SMOKE

While Asian Americans had the lowest rates of exposure to secondhand smoke, Native Hawaiians and Pacific Islanders had some of the highest rates of exposure, significantly higher than both Asians and Whites, despite having comparable smoking rates to Whites as seen previously. This may be explained by cultural preference for greater time spent in family and community gatherings.

Among Asian ethnic groups, Korean Americans had the highest rates of secondhand smoke exposure, matching the relatively high smoking rate among Korean Americans versus other Asian American groups.

Figure 35: Exposure to Secondhand Smoke (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



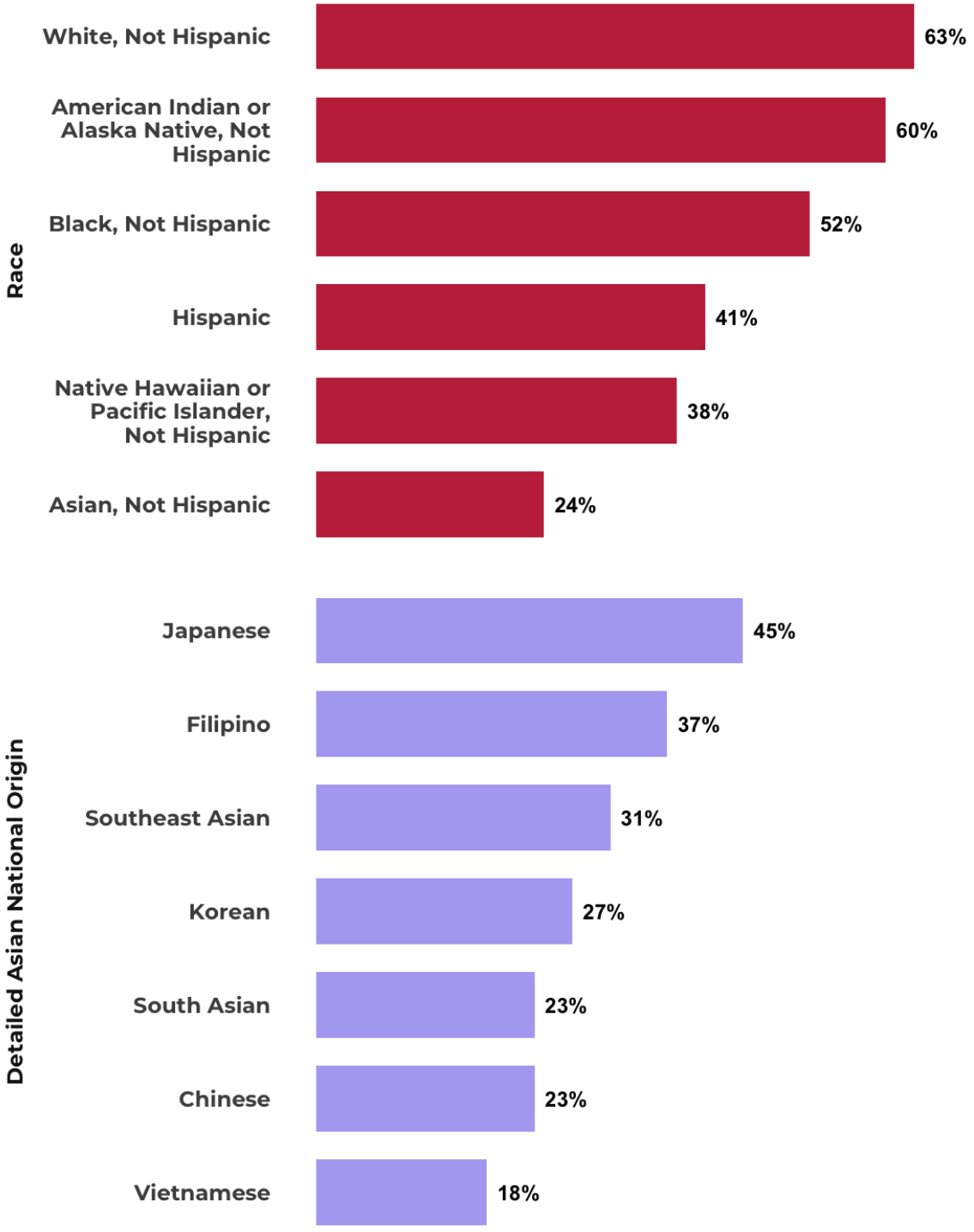
Source: California Health Interview Survey Pooled 2019-2020 Data

MARIJUANA USAGE

AAs and NHPIs were significantly less likely to report having ever used marijuana compared to Whites. Japanese and Filipino Americans were significantly more likely than Asian Americans in general to indicate they had ever tried marijuana.

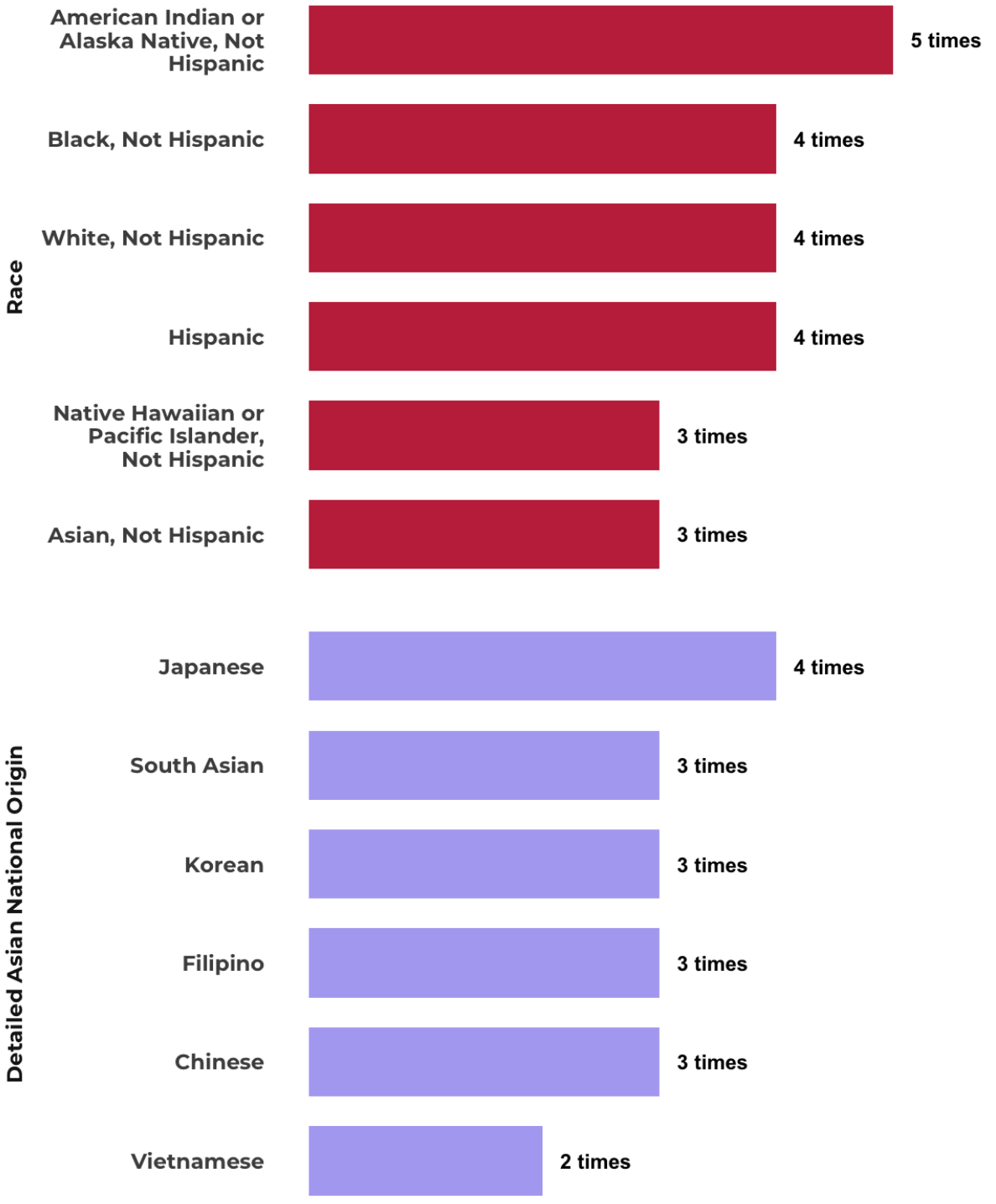
Among marijuana users, Asian Americans used marijuana less frequently than other major race and ethnic groups. However, the Native Hawaiian and Pacific Islander estimate was statistically unstable and the difference in frequency of usage between these groups and Whites was not statistically significant. Among Asian ethnic groups, Japanese Americans used marijuana about as frequently as Whites, Blacks, American Indians, and Alaska Natives.

Figure 36: Ever Tried Marijuana or Hashish (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



Source: California Health Interview Survey Pooled 2019-2020 Data

Figure 37: Average Frequency of Marijuana/Hashish/THC Product Use in Past 20 D (Adult Population) by Race, Ethnicity, and Detailed Asian Origin



Source: California Health Interview Survey Pooled 2019-2020 Data

REPRODUCTIVE HEALTH AND NON-CONSENSUAL SEX

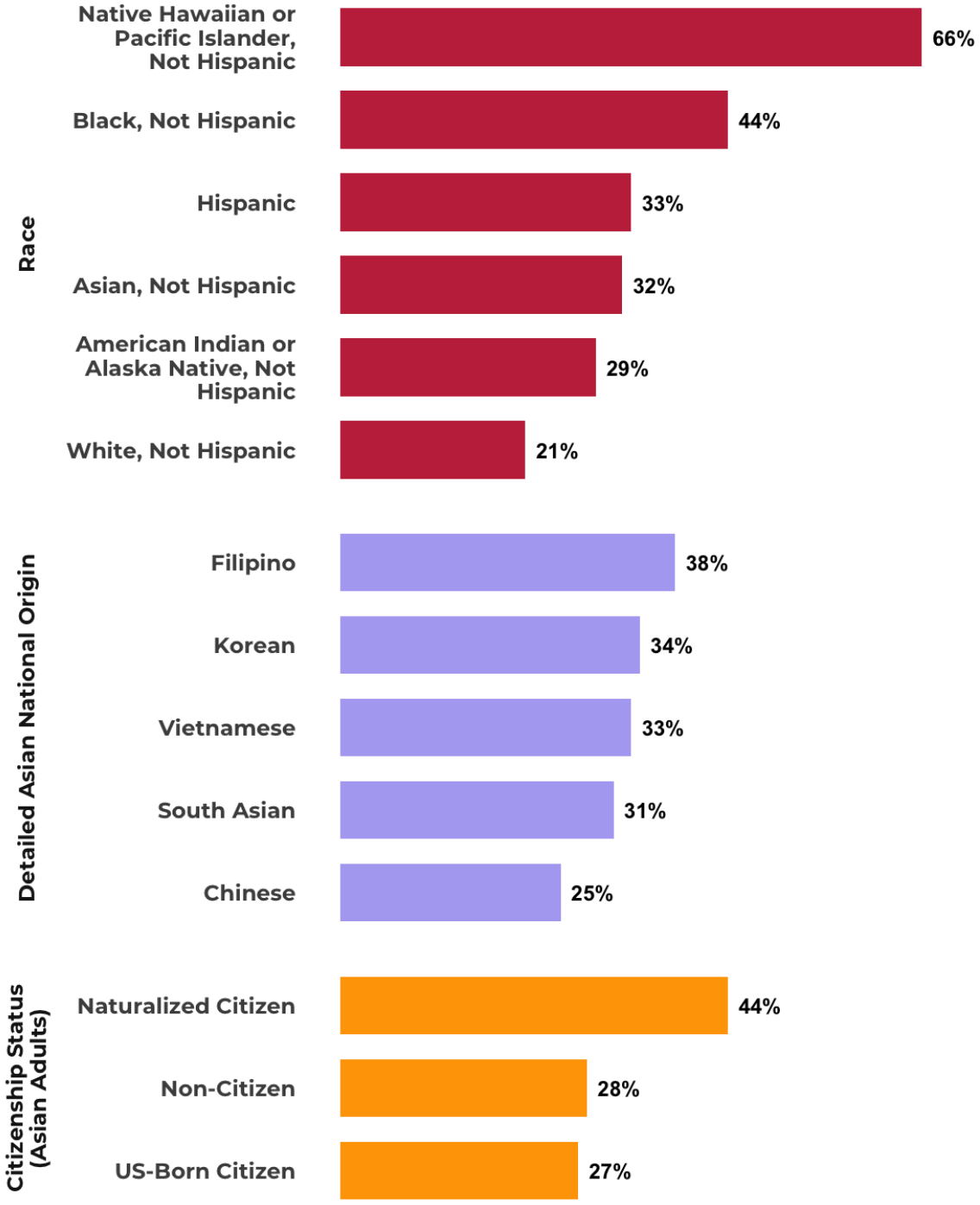
Access to reproductive health and family planning have a positive impact on educational attainment and future earnings for women. Disaggregated data can reveal where reproductive health care is falling short and whether investments in capacity, outreach on services, or reproductive education are needed. Disaggregated data on non-consensual sex can inform where culturally competent support services should be implemented and potential training for first responders.

BIRTH CONTROL USAGE AMONG SEXUALLY ACTIVE FEMALE ADULTS

Asian, Black, and Hispanic women were less likely than White women to use birth control. American Indian/Alaska Native, and Native Hawaiian/Pacific Islander estimates were statistically unstable; however, the latter may be the least likely to use birth control.

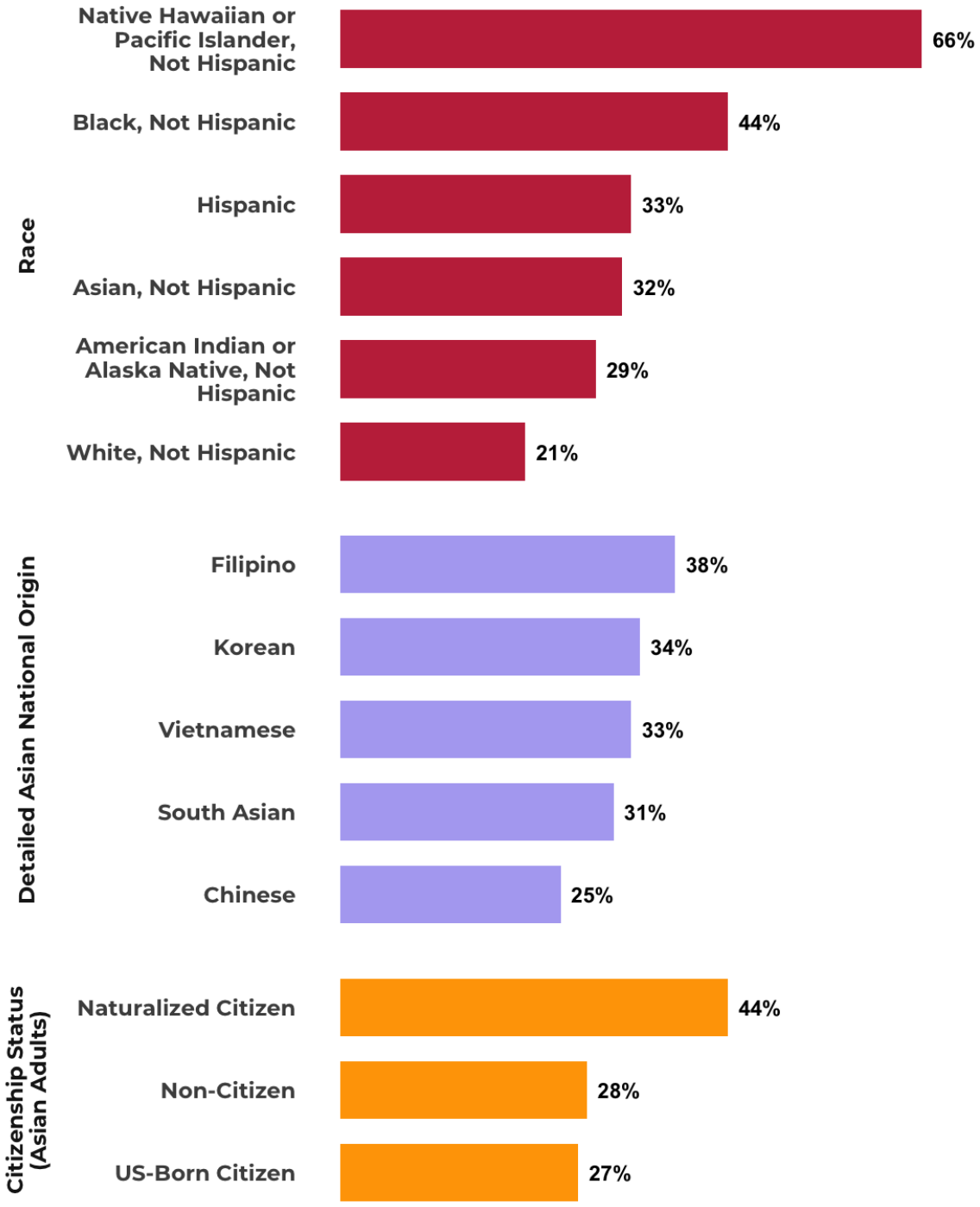
Chinese American women were significantly more likely to use birth control than other Asian American women, at a similar rate to White women. Asian American naturalized citizen women were significantly much less likely to use birth control than both non-citizen and U.S.-born Asian American women.

Figure 38: Share of Sexually Active Female Adults Not Using Birth Control to Prevent Pregnancy by Race, Ethnicity, Detailed Asian Origin, and Citizenship



Source: California Health Interview Survey Pooled 2019-2020 Data
Note: American Indian/Alaska Native, and Native Hawaiian/Pacific Islander estimates in this table were statistically unstable.

Figure 38: Share of Sexually Active Female Adults Not Using Birth Control to Prev by Race, Ethnicity, Detailed Asian Origin, and Citizenship Status

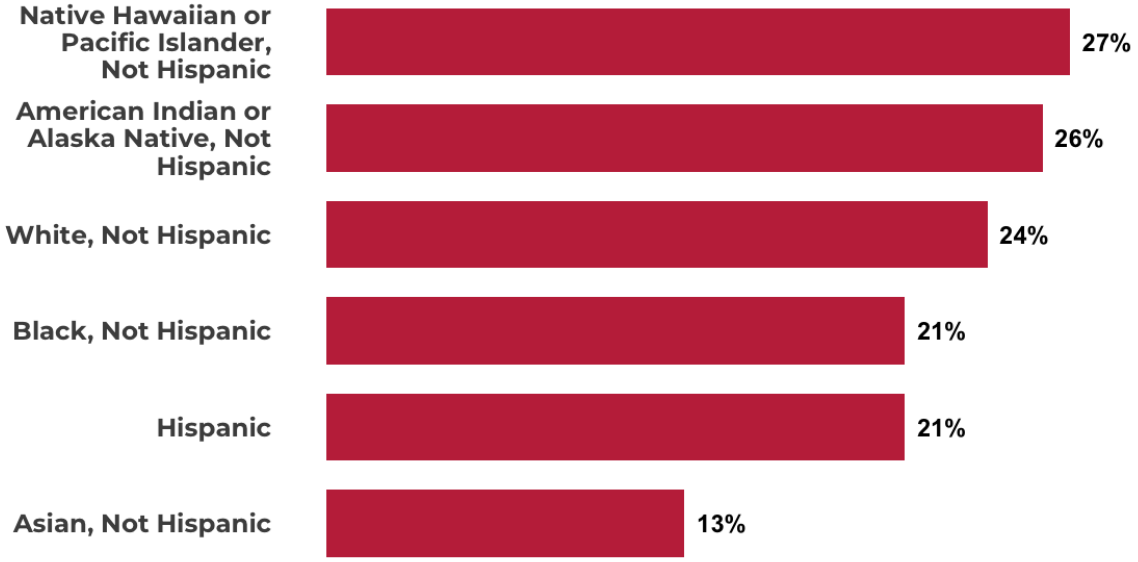


Source: California Health Interview Survey Pooled 2019-2020 Data
Note: American Indian/Alaska Native, and Native Hawaiian/Pacific Islander estimates in this table were statistically unstable.

TEEN COUNSELING ON BIRTH CONTROL

Asian American teens were significantly less likely to have received counseling about birth control in the past year. Data for Black, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander were statistically unstable.

Figure 39: Share of Teens Who Had Received Counseling or Info About Birth Control in the Past 12 Months by Race/Ethnicity



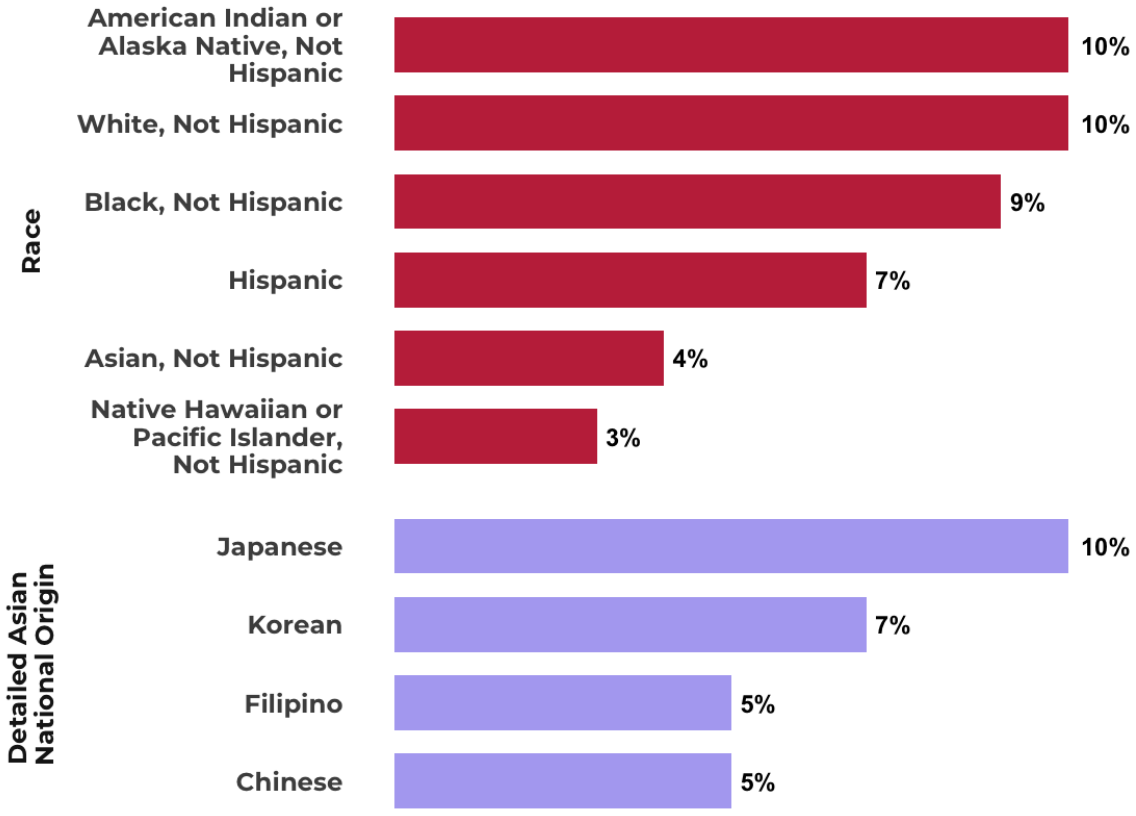
Source: California Health Interview Survey Pooled 2019-2020 Data
Note: American Indian/Alaska Native, and Native Hawaiian/Pacific Islander estimates in this table were statistically unstable.

NON-CONSENSUAL SEX OR SEXUAL ASSAULT

There is significant stigma attached to experience of sexual assault that may inhibit disclosure. Other factors like education around sexual assault, sense of agency, access to trusted support networks, may all affect disclosure.

While Asian Americans in general were less likely to report non-consensual sex or sexual assault in the survey, Japanese and Korean Americans were more likely to report it than Asian Americans in general, with Japanese Americans reporting at the highest rate among the groups surveyed.

Figure 40: Ever Had Sex Without Giving Consent (Adult Population) by Race, Ethnicity, and Detailed Asian National Origin



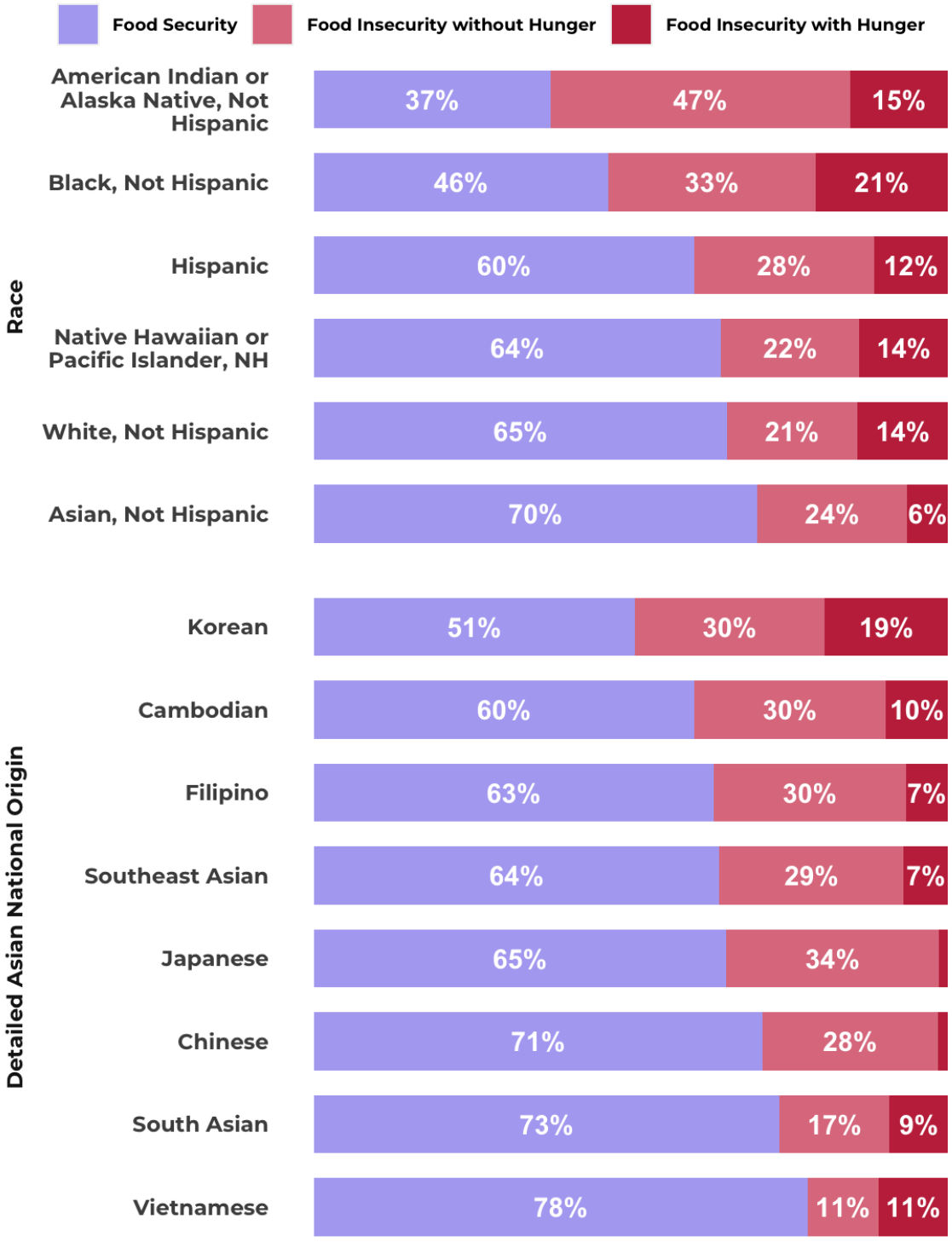
Source: California Health Interview Survey Pooled 2019-2020 Data
Note: Native Hawaiian/Pacific Islander estimates in this table were statistically unstable.

FOOD INSECURITY

Food security can vary widely depending on immediate factors such as economic status and geographic location, as well as other factors that may be more hidden, such as documentation status, and gender. Food security also has a favorable impact on child development and senior health status.

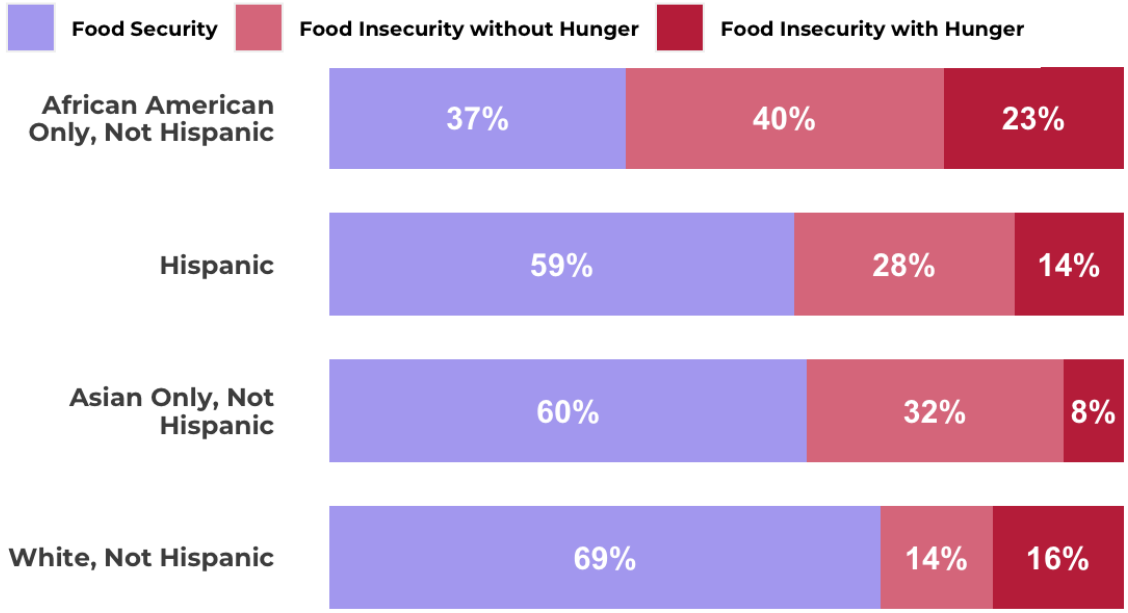
Asians overall indicated more food security than all other major race and ethnic groups in California (Figure 41). Native Hawaiian and Pacific Islanders had similar levels of food security as Whites, however a lack of data disaggregation among NHPIs may be obscuring greater need for food security. Disaggregated data show that Korean Americans had significantly less food security compared to other Asian American groups. Asian American children also had less food security compared to Asian Americans as a whole, with levels comparable to Hispanic children.

Figure 41: Food Security Status by Race/Ethnicity and Detailed Asian National Origin for Adults Living Below 200% of the Federal Poverty Level



Source: California Health Interview Survey Pooled 2019-2020 Data

Figure 42: Food Security Status by Race and Ethnicity for Children Living Below 200% of the Federal Poverty Level



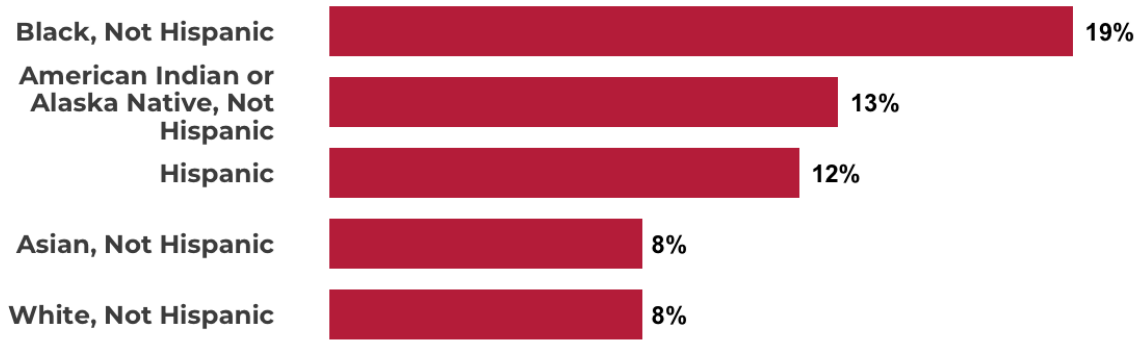
Source: California Health Interview Survey Pooled 2019-2020 Data

CHILD CARE AND PRE-SCHOOL

Access to affordable and high-quality childcare and pre-school benefits the cognitive development of all children, especially socio-economically disadvantaged children, and also helps parents stay employed.[20] A higher share of Asian and White families were able to find childcare on a regular basis compared to other major race and ethnic groups. However, the resources available to both groups in this regard may be widely different, such as wealth among Whites and familial or community support, as well as wealth among some Asian American groups. Asian Americans along with American Indians, Alaska Natives and Whites faced some of the highest monthly costs for childcare.

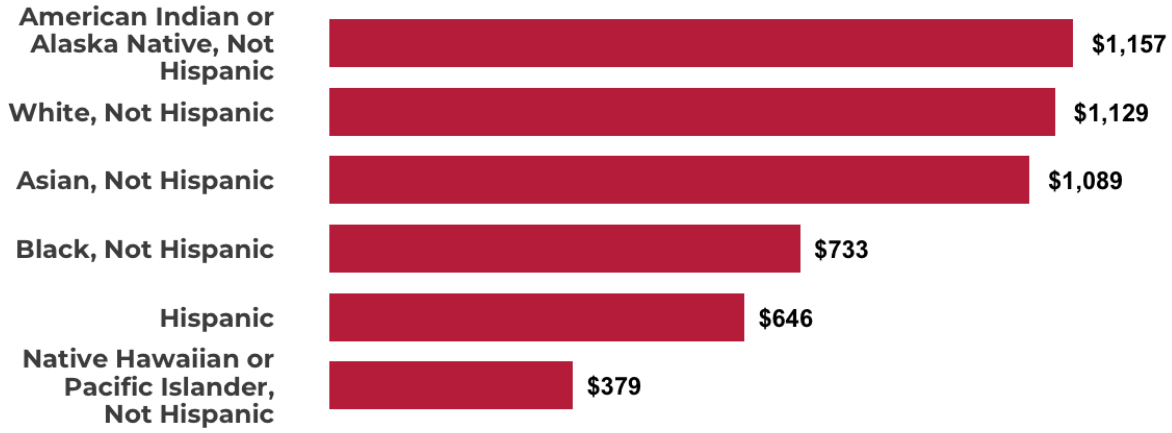
CHILD CARE

Figure 43: Could Not Find Childcare for A Week or Longer in Past 12 Months by Race/Ethnicity



Source: California Health Interview Survey Pooled 2019-2020 Data
Note: American Indian/Alaska Native estimate in this table was statistically unstable. No Native Hawaiian/Pacific Islander in sample reported difficulty finding childcare.

Figure 44: Mean Cost of Childcare Last Month by Race/Ethnicity

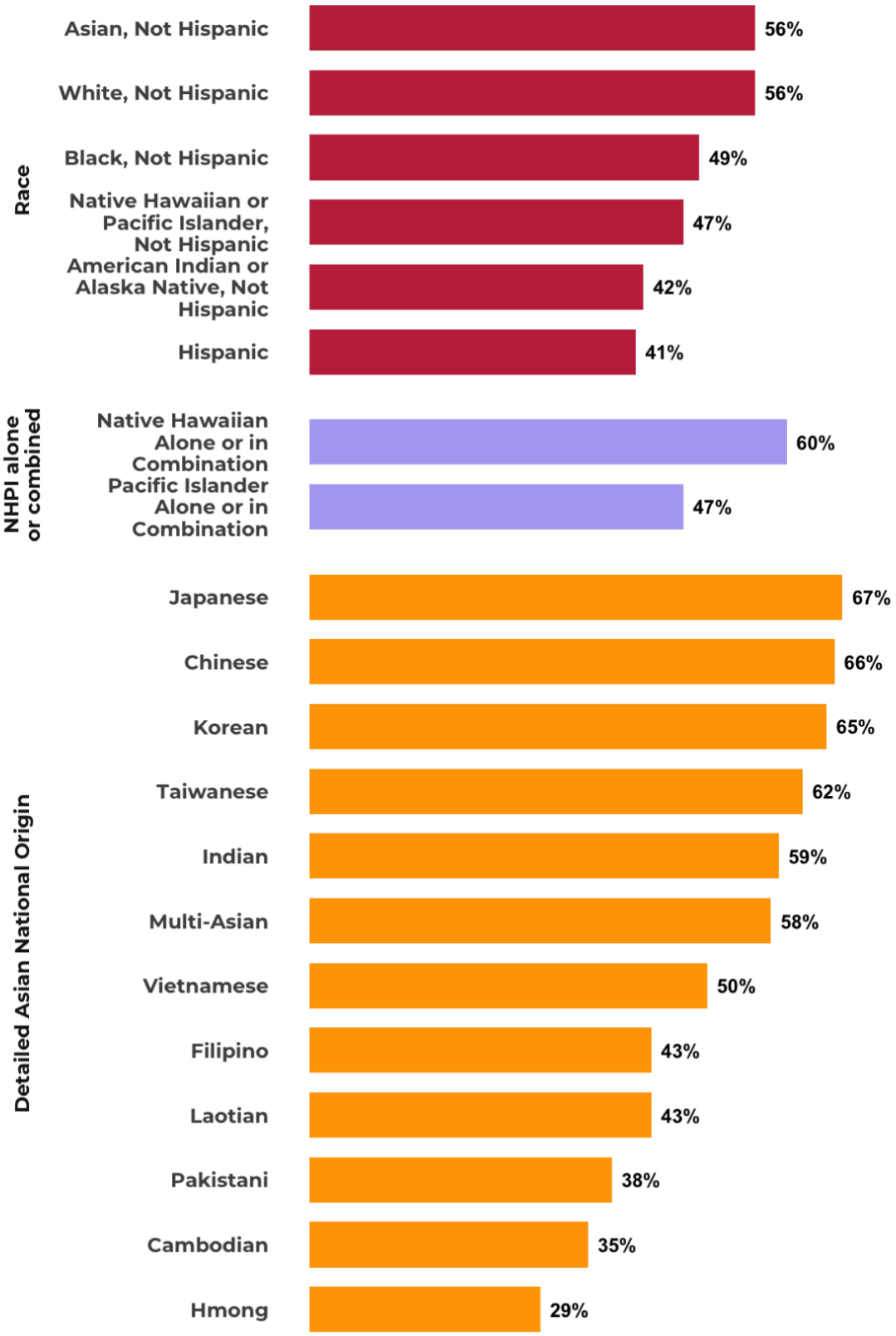


Source: California Health Interview Survey Pooled 2019-2020 Data
Note: Native Hawaiian/Pacific Islander estimates in this table are statistically unstable.

PRESCHOOL ENROLLMENT

With Universal Pre-K set as a goal for the 2025-2026 school year in California, a snapshot of ACS data shows which communities have existing gaps in preschool enrollment. Native Hawaiian or Pacific Islander children were among the least likely of all Californian children to be enrolled in Pre-K. Disaggregated Asian American data also show that less than half of Laotian, Filipino, Pakistani, Cambodian and Hmong American preschool aged children were enrolled in a pre-K program.

Figure 45: Share of Children Ages 3 to 4 Enrolled in Preschool



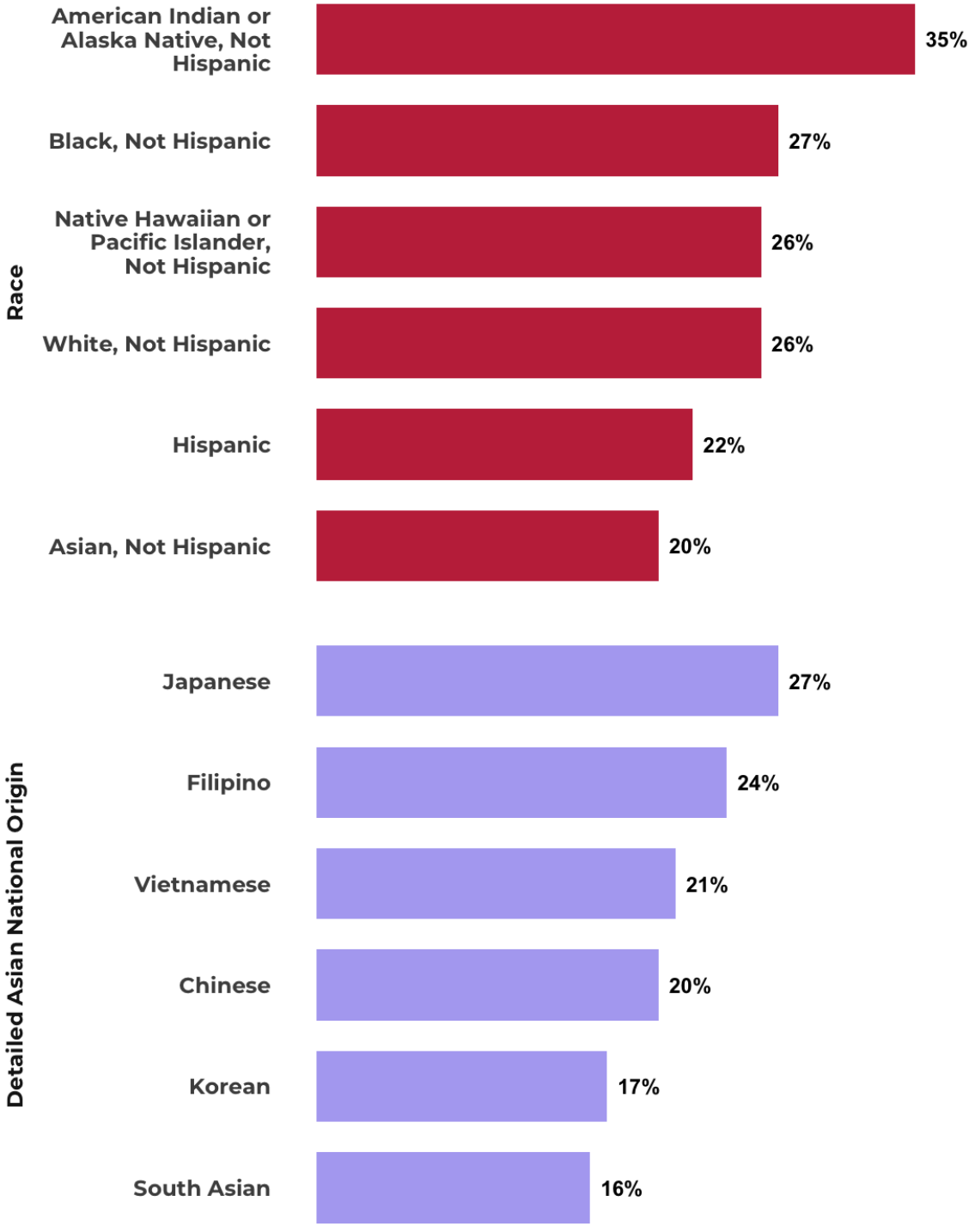
Source: 2020 American Community Survey Five-year Public Use Microdata Sample

CAREGIVING

Caregiving can present a financial, physical, and mental burden on caregivers. Cultural norms, as well as economic pressures among AA and NHPI groups, mean that caregiving is often provided by women and family members. Having systems in place that provide culturally competent support and resources for caregivers will be essential to both those requiring care and those disproportionately shouldering caregiving responsibilities. The demographic pressure from the immigration surge due to the immigration reforms of the 1960s are resulting in the rapid shift in the age distribution of AA and NHPI immigrant communities.

As a whole, Asian Americans were statistically significantly less likely to provide care to family or friends with a disability or serious illness than members of other major race and ethnic groups. However, the percentages of Japanese, Filipino and Vietnamese Americans who cared for another person were much higher and approached that of Whites.

Figure 46: Provide Care to Family of Friend with Disability or Serious Illness (Adult Population) by Race, Ethnicity and Detailed Asian Origin

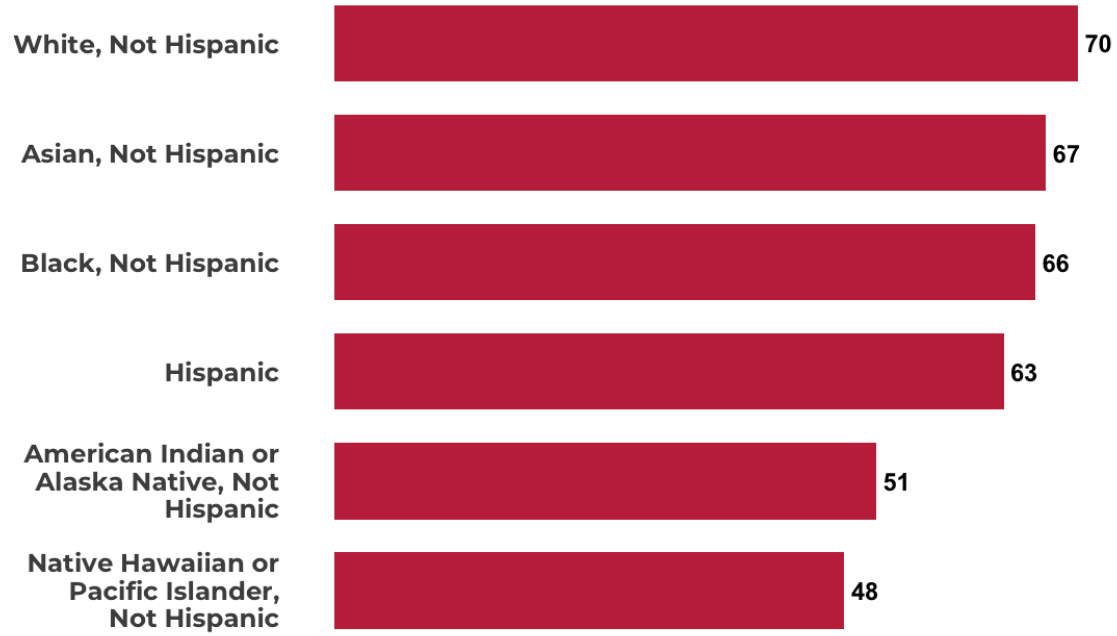


Source: California Health Interview Survey Pooled 2019-2020 Data

AVERAGE AGE OF CARE RECIPIENT

The average age of a care recipient for a Native Hawaiian and Pacific Islander caregiver was the lowest among the six major race and ethnic groups. Research suggests that younger care recipients require higher levels of care from caregivers than older care recipients.[21] Data by Asian American ethnicities were statistically unstable and not presented here.

Figure 47: Average Age of Care Recipient by Race/Ethnicity

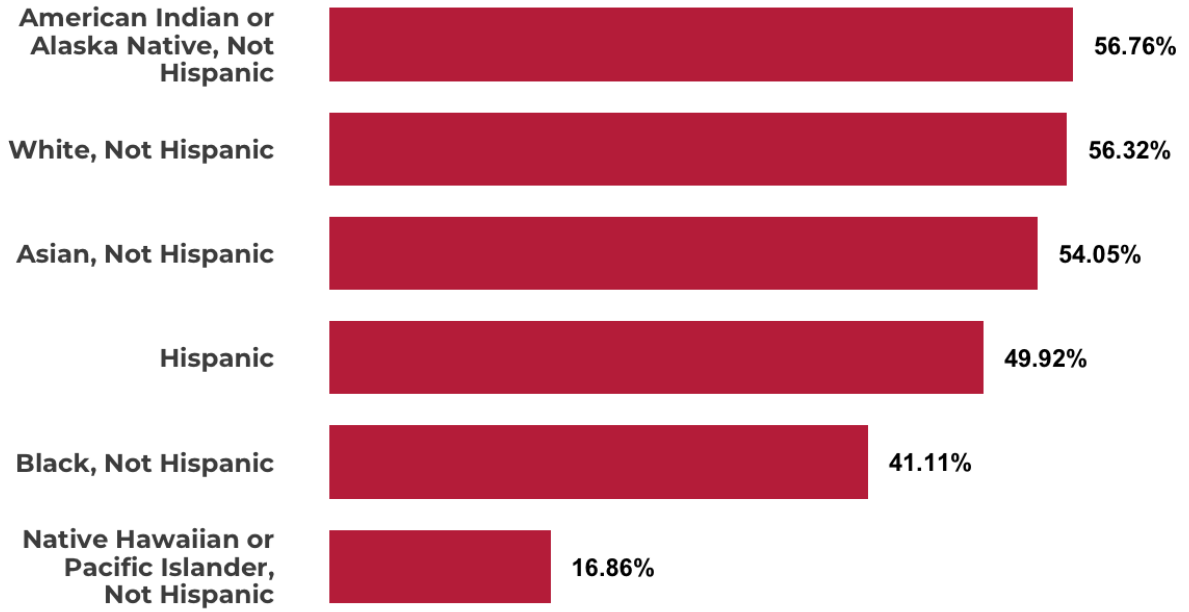


Source: California Health Interview Survey Pooled 2019-2020 Data

FINANCIAL STRESS FROM CAREGIVING

Asian American caregivers were more likely to report that caregiving did not present undue financial stress. Native Hawaiian and Pacific Islander caregivers were more likely to name financial stress from caregiving, but the estimates are statistically unstable. None of the available estimates for Asian ethnicities indicated any statistical significance to the small differences in the percentage of caregivers without financial stress. However, the overall numbers still show that financial stress remains a concern for many caregivers of all backgrounds.

Figure 48: Financial Stress Due to Caregiving (Adult Population) by Race/Ethnicity

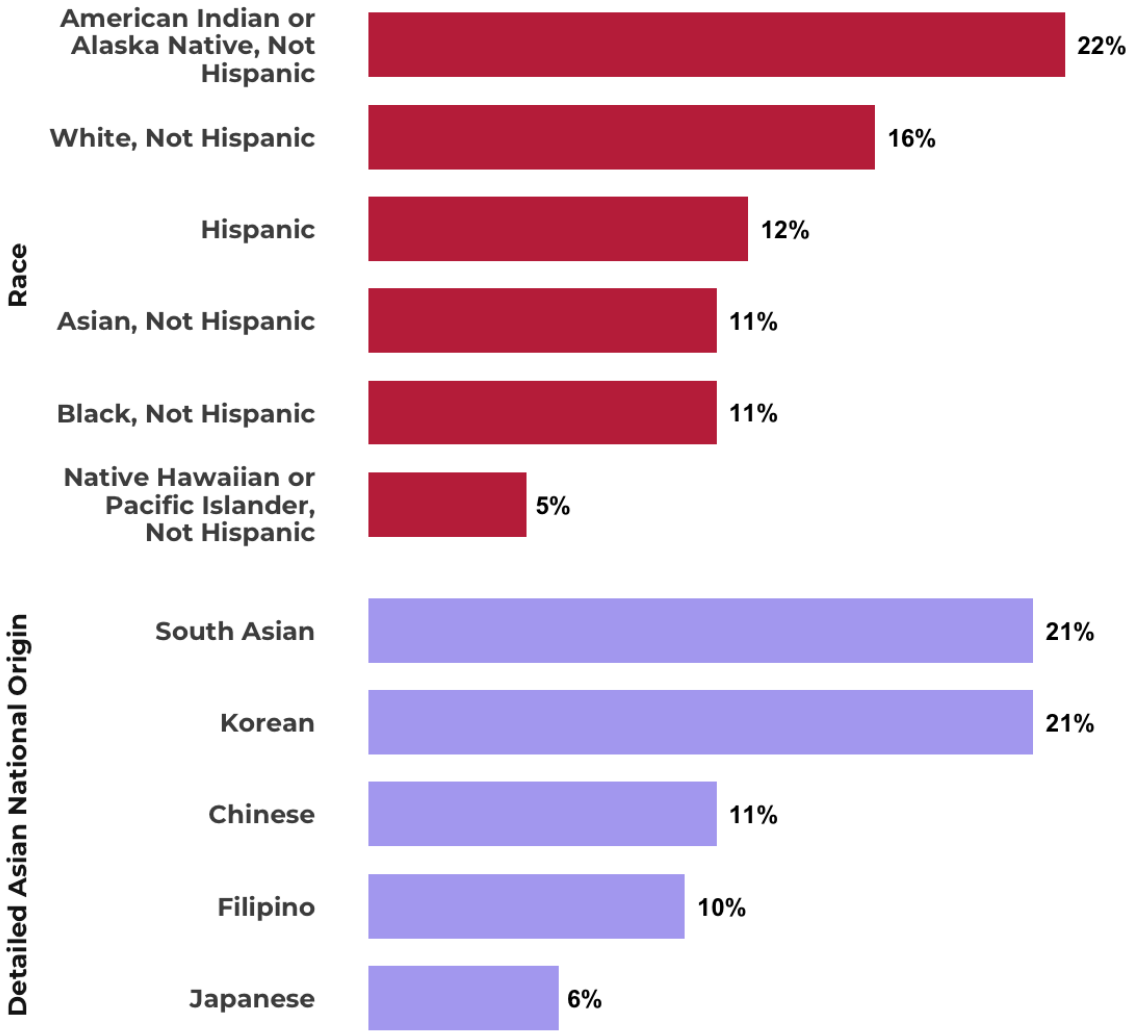


California Health Interview Survey Pooled 2019-2020 Data

PHYSICAL AND MENTAL STRESS OF CAREGIVING

While Asians, Blacks, Native Hawaiians, and Pacific Islanders reported relatively low levels of physical and mental health problems due to caregiving, Korean and South Asian Americans were significantly more likely to report problems compared to Asian Americans in general.

Figure 49: Suffered Physical/Mental Health Problems Caring For Care Recipient In Past 12 Months by Race, Ethnicity and Detailed Asian Origin



Source: California Health Interview Survey Pooled 2019-2020 Data

RECOMMENDATIONS FOR ACTION

The data presented in this report are meant as a first step to highlighting and addressing the health, mental health, and social service needs of AA and NHPI communities in California. Connecting these findings with the on-the-ground narratives that community-based organizations across the state hear from and experience with the communities they serve is key to driving advocacy and action to transform the quality of health for all AA and NHPI communities. Below are some recommendations that came from community discussions during the AA and NHPI Policy Summit held on May 16, 2022.

FOCUS ON MENTAL HEALTH

The State of California has an opportunity and responsibility to strengthen its mental health system to be more equitable by prioritizing and investing in community-defined evidence practices (CDEPs) and expanding language access to advance mental health equity for all AA and NHPI Californians; more state to local coordination to increase impactful utilization of mental health services; and invest in an education to mental health career pipeline.

CDEPs are “a set of practices that communities have used and determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.”[22] CDEPs are often community practices and programs that overcome the stigma associated with mental services and integrate mental health concepts that already appeal to community members. Examples include incorporating mindfulness training into youth development programs or creating parental support groups at community

centers as safe spaces to help immigrant parents to deal with intergenerational communication.

The State of California should strengthen coordination among state and local behavioral health departments, health insurance providers, primary care physicians, mental health practitioners, community-based organizations, and the community (mental health consumers) to effectively de-stigmatize mental health, increase awareness and mental health services utilization, and investing in coordinated care teams. Increasing coordination would include creating more efficient means to share mental health services and resources. For example, creating and maintaining a community mental health services directory for AA and NHPI communities at the county or local level would provide a centralized resource to help community organizations, hospitals, etc. identify mental health service providers with language and cultural competency. In addition, state-to-local coordination could help to develop standardized performance measures that would assess outcomes including whether AA and NHPI consumers have strengthened their support network, feel a sense of belonging, etc. through accessing mental health care.

Lastly, California should invest in building culturally competent mental health capacity through incentivizing an education training to mental health career pipeline for AA, NHPI and other underserved Californians.

SUPPORT FOR FAMILIES AND CAREGIVERS

As the Asian and NHPI populations continue to age, support for caregivers to deal with the financial, physical, and mental challenges will need to address the specific cultural and linguistic needs of AA and NHPI communities. About half of Asian American caregivers and the majority of NHPI caregivers faced some financial stress due to caregiving. Korean and South Asian American caregivers were more likely to report physical and mental stress due to caregiving.

One recommendation is to expand the in-language support available from the California Caregiver Resource Centers (CRCs). Some of the CRCs already have in-language materials, but implementation across CRCs is not uniform. Some CRCs have language options on their website home page, others have resources that require navigating through English-only pages to find, and others have no in-language resources. Sharing resources across CRCs could begin to address some of the language barrier issues.

IMPROVE AWARENESS AND ACCESS TO PUBLIC AND GOVERNMENT PROGRAMS

Underutilization of public benefits by eligible populations is often due to a lack of awareness of the many programs and services that are available and the complex eligibility requirements associated with these programs. In addition, lingering concerns regarding public charge continue to hold back some families from applying for benefits even though they are eligible.

California state agencies and department must integrate and fund effective outreach and education plans to AA, NHPI, and other underserved communities in order to increase awareness of state and county programs and services offered including Medi-cal, Medicare, Covered California, CalFresh, etc. This also includes working with and funding community-based organizations to build capacity and expertise in navigating the public benefits systems and taps a network of trusted voices and experts to rapidly share important information with the diverse communities and languages that make up AA and NHPI populations. In addition, there is a need for bilingual navigators who can provide in-language assistance to navigate complicated, bureaucratic applications and processes. Access includes awareness of programs and services that are available to them.

Some of the programs that are new and ongoing are:

By the Fall of this year, the Department of Fair Employment and Housing (DFEH), California's civil rights agency, will launch the California vs. Hate Resource Line and

Network. As reports of hate incidents and crimes targeting members of AANHPI communities increase, DFEH recognizes that many more go unreported, and far too many people cannot access the resources and support they need. We also understand that hate-based acts impact entire communities, not just the individuals who are targeted.

The CA vs. Hate Resource Line and Network will offer in-language and culturally competent support to all people targeted for hate. When someone submits a report online via the mobile-friendly portal or calls the CA vs. Hate Resource Line and Network after experiencing an act of hate, they can work with someone to learn about options for next steps, and if they are interested, DFEH will connect the person with culturally competent resources and support. To get help from CA vs. Hate, people do not have to know California's criminal and civil codes. CA vs. Hate will provide people targeted for hate with options and resources, regardless of whether they were the victim of a crime, or if they were targeted for a hate incident that violates civil rights laws, or perhaps targeted for a hate incident that does not violate the law but still caused serious harm. As DFEH builds and runs this Network, it will work with communities targeted for hate to ensure that the data we gather through this resource are used to expand the kinds of resources and support responsive to the needs of survivors of hate. DFEH will also collect disaggregated data to accurately represent the diversity of AANHPI communities targeted for hate and will make this data available to the public in a timely manner.

When people reach out to DFEH to report hate, they decide what information they want to share about themselves and with whom they would like to share that information. If someone would like to connect with law enforcement, DFEH can help them do that, but if they do not choose to do so, there are other resources and support DFEH can provide.

DFEH will also conduct an outreach campaign to reach individuals targeted for hate as well as the community-based organizations that serve these communities. The campaign will reflect its commitment to build a trauma-informed and community centered approach to more effectively preventing and responding to hate.

Assembly Bill 1726, the Accounting for Health and Education in API Demographics (AHEAD) Act, was passed in 2016 and requires the California Department of Public Health (CDPH), starting on or after July 1, 2022, to collect and release disaggregated demographic data for the following populations: Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Fijian, and Tongan Americans. The data collected will include disease rates, health insurance coverage, and birth and death rates. The CDPH is expected to release information about the new data collection and reporting guidelines, system, and access to information by the mandated date. It is critical that the additional demographic groups and health indicators stated in the legislation are included, with meaningful efforts to address any inconsistent data collection and reporting and ensure community access to the data.

Under the Office of Health Equity at the California Department of Public Health, the California Reducing Disparities Project is a six-year $60 million project to identify promising mental health care practices that will reduce mental health disparities in five underserved communities: African Americans; Asians, and Pacific Islanders; Latinos; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning; and Native Americans. The project is currently in Phase II, “focused on funding and evaluating promising practices identified in Phase I.”

INCREASE LANGUAGE ACCESS CAPACITY

The State of California has an opportunity to be the leader and expanding language access and language justice to all Californians. While there are several states who have expanded language access to their top ten languages, California can lead by also expanding language access and justice at the intersection of communities who are limited English proficient and have high poverty rates per capita. This would allow California to reach limited English proficient Californians from smaller language groups and racial and ethnic communities who are more likely to have health outcomes and disparities.

Language access remains a barrier to accessing services. Solutions to the language access issue need to extend beyond requiring translated materials and having interpreters on stand-by, often remotely by telephone or video conferencing. Connecting language access with other key community needs and resources can be fruitful in addressing multiple issues at once. For example, the lack of interpreter capacity for languages of limited dispersion can be addressed as a workforce development issue. In the Washington DC metro area, funding for the creation of worker cooperatives that train and certify as professional interpreters any individuals who may already be volunteering their services to their community. When combined with community legal interpreter banks or other interpreter banks that can coordinate the dispatching of live interpreters, this solution turns non-English language skills into a workforce asset and career opportunity for immigrants.

In addition, stronger state and local legislation to mandate language access should be pursued. City/County of San Francisco's Language Access Ordinance is one of the strongest in the country because it requires *all* city agencies to proactively translate materials and hire bilingual staff for the most spoken non-English languages. In general, the key components of local language access laws are strong monitoring and enforcement mechanisms.

INVESTING IN CULTURALLY COMPETENT CARE AND SERVICES

Invest in healthcare and social services that work in underserved, low-income, and limited English proficient communities, such as community health centers, crisis centers, and workforce development agencies. The data on the ability to make timely appointments indicates the need for additional in-language capacity for limited English speakers.

INCREASE STATE AND COMMUNITY-BASED ORGANIZATION PARTNERSHIPS

California must partner with and fund the work of trusted voices, AA and NHPI community-based organizations, to continue providing culturally and linguistically appropriate services to increase health and mental health outcomes of all AA and NHPI communities in California. During the pandemic and the uptick of hate incidents and hate crimes against Asian Americans, community-based organizations worked around the clock to keep AA and NHPI communities informed, cared for, vaccinated, supported, and safe. Many AA and NHPI community-based organizations have a track record of being able to build a strong network of services, effectively respond to urgent matters, and ensure relevant information are delivered effectively.

While we rely on AA and NHPI community-based organizations to continue providing care and developing advocates and leaders, they are underfunded and underinvested. We highlight here some of the past work and ongoing policy priorities of community-based organizations.

SEARAC's advocacy efforts in California focus on amplifying the voices of the largest Southeast Asian American (SEAA) population in the United States, building engagement and coalitions, strengthening the capacity of stakeholders, and producing key legislation to promote social justice and equity among SEAA communities. SEARAC has played a key leadership role in promoting a SEAA state voice by establishing a trusted network of over 30 SEAA community-based organizations across California to ensure that our advocacy is led by the families and youth most impacted by inequity. SEARAC has worked on data equity efforts for over two decades. Alongside statewide and community partners on, SEARAC led the passage of Assembly Bill 1726 to require the Department of Public Health to disaggregate key health data for expanded and specified AANHPI groups.

SEARAC's state policy priorities focus on SEAA communities' right to heal (ensuring health access and culturally and linguistically appropriate health and mental health

care, right to family (dismantling the prison-to-deportation pipeline), and right to be seen (building data equity and visibility in education).

California Pan-Ethnic Health Network, in collaboration with Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), Black Women for Wellness Action Project, California Black Health Network, California Black Women's Health Project, California Latinas for Reproductive Justice, California Pan-Ethnic Health Network, Latino Coalition for a Healthy California, Public Health Advocates, Public Health Institute, Roots Community Health Center, and Roots of Change, has proposed a Health Equity and Racial Justice Fund that seeks to "1) transform community conditions and institutional/government systems to promote health equity and racial justice and (2) reduce specific health and social disparities." Over 190 California organizations have signed on to the $100 million budget ask. More information can be found here: https://cpehn.org/about-us/blog/herj-fund/

INCREASE DATA TO ACCESS ON AA AND NHPI COMMUNITIES

The State of California should develop a standard collection and tabulation of demographic information by state departments (including the California Department of Public Health, California Department of Health Care Services, California Department of Civil Rights, California of Social Services, etc.) in order to evaluate and address health, mental health, and social services disparities. The standard collection should include disaggregated AA and NHPI ethnic populations, with respects to privacy protection and policy, employment status, and language(s) spoken.

One common theme that emerged from the Policy Summit is the shortage of timely and accurate data on AA and NHPI communities. State and local agencies collect a lot of data on our communities but do not share back that information. While privacy protection of data is essential to gain the trust of community members to participate in the data collection, disseminating the data without compromising

personal information so that the community can benefit from the data is also essential in gaining community support.

State agencies and departments should engage with AA and NHPI leaders and researchers to look for opportunities to prioritize publicly reporting disaggregated AA and NHPI health, mental health, and social services data and how to share the data safely to impact policy to increase utilization and reduce health disparities. In addition, state agencies and departments should conduct annual trainings and webinars with stakeholders on how to access their data systems.

AAPI Data in collaboration with the California Health Interview Survey (CHIS) will add to the availability of new data on AA and NHPI communities by fielding additional questions in the 2021 and 2022 California Health Interview Survey that will enable policymakers, government agencies, and community members to better understand the needs of AANHPI communities and to find ways to improve service delivery and outreach to these fast-growing communities. This report re-analyzed existing CHIS results through a frame of the AA and NHPI populations that have not been previously presented. The newly collected data from the 2021 and 2022 CHIS will form the basis, along with new American Community Survey data, of additional reports on the health, mental health, and social service needs of AAs and NHPIs planned for release in the Fall/Winter of 2022 and the Spring/Summer of 2023.

APPENDIX

RESOURCES

State Agencies

California Department of Fair Employment and Housing (Soon to be California Civil Rights Department)

- Home Website: https://www.dfeh.ca.gov/
- Language Services: https://www.dfeh.ca.gov/languageservices-2/
- Language Access Implementation Plan: https://www.dfeh.ca.gov/languageservices-2/#accessPlanBody

California Department of Public Health

- Home Website: https://www.cdph.ca.gov/
- California Reducing Disparities Project: https://www.cdph.ca.gov/Programs/OHE/pages/crdp.aspx
- Health Equity and Multilingual Resources: https://www.cdph.ca.gov/Programs/OHE/Pages/COVID-19-Health-Equity-and-Multilingual-Resource-Hub.aspx

California Department of Social Services

- Home Website: https://www.cdss.ca.gov/
- Translated Forms and Publications: https://www.cdss.ca.gov/inforesources/translated-forms-and-publications
- Language Accessibility Services: https://cdss.ca.gov/inforesources/civil-rights/language-accessibility-service-complaint

- California Health and Human Services Open Data Portal https://data.chhs.ca.gov/
- Stop the Hate Program Funding: https://cdss.ca.gov/inforesources/cdss-programs/civil-rights/care-funding

California Department of Health Care Services

- Language Access Resources for Department of Health Care Services. https://www.dhcs.ca.gov/Pages/Language_Access.aspx

Community Organizations

EPIC (Empowering Pacific Islander Communities)

- Website: https://www.empoweredpi.org/

SEARAC (Southeast Asia Resource Action Center)

- Website: https://www.searac.org/

AAPI Equity Alliance

- Website: https://aapiequityalliance.org/

CAA (Chinese for Affirmative Action)

- Website: https://caasf.org/

Stop AAPI Hate Coalition

- Website: https://stopaapihate.org/

California Pan-Ethnic Health Network

- Website: https://cpehn.org/
- Health Equity and Racial Justice Fund: https://cpehn.org/about-us/blog/herj-fund/

REGIONAL DATA TABLES

Table A1: Population by Race or Ethnicity by Region

	Bay Area	Central Valley	Inland Empire	LA-Ventura	Orange-SD	Rest of CA
American Indian or Alaska Native alone	42,065	57,705	35,474	83,905	38,060	46,876
Asian alone	2,073,169	682,824	322,504	1,551,399	1,061,712	109,251
Black or African American alone	459,207	362,002	334,102	826,567	216,791	50,115
Native Hawaiian and Other Pacific Islander alone	43,457	31,930	14,165	25,281	22,792	6,197
Some Other Race alone	808,545	771,129	926,878	2,182,716	602,826	355,784
Two or More Races	599,877	615,984	387,598	787,224	498,365	219,276
White alone	3,687,140	4,215,995	2,579,488	5,429,308	4,053,450	2,126,890
Hispanic/Latino	324,674	182,382	194,323	759,792	182,415	70,262
Asian alone or in combination	2,344,145	838,613	397,868	1,754,739	1,243,428	153,916
NHPI alone or in combination	91,616	68,621	33,214	61,774	55,795	17,339

Source: American Community Survey 2016-2020 5-year Estimates

Table A2: Population by Detailed Asian National Origin by Region

	Bay Area	Central Valley	Inland Empire	LA-Ventura	Orange-SD	Rest of CA
All combinations of Asian	66,473	20,458	12,008	52,830	32,528	2,994
Asian Indian	417,532	139,366	27,252	113,303	99,419	9,495
Bangladeshi	2,126	1,019	704	6,643	2,063	131
Bhutanese	108	85		18		7
Burmese	6,327	1,659	438	4,717	2,585	272
Cambodian	12,355	25,911	7,507	33,521	13,988	735
Chinese	709,324	93,941	68,653	457,842	168,303	21,324
Filipino	395,365	151,538	106,402	355,251	234,843	31,788
Hmong	2,472	82,695	1,220	1,106	2,875	7,493
Indonesian	6,025	1,694	6,319	11,133	4,588	516
Japanese	68,636	23,498	10,068	99,181	53,753	9,412
Korean	87,656	17,725	25,448	214,420	118,014	8,925
Laotian	10,708	25,873	2,903	3,078	10,136	2,183
Malaysian	1,644	162	412	742	278	72
Mongolian	2,482	591	62	2,810	183	152
Nepalese	8,294	1,496	314	2,630	1,630	266
Other Asian	9,916	13,127	3,045	9,585	5,378	2,502
Pakistani	19,363	20,747	7,355	13,823	8,271	953
Sri Lankan	2,053	796	757	4,755	2,221	96
Taiwanese	29,309	2,926	5,021	29,589	18,623	1,101
Thai	9,104	3,861	4,220	27,123	6,568	1,446
Vietnamese	205,897	53,656	32,396	107,299	275,465	7,388

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A3: Population by Detailed NHPI National Origin by Region

	Bay Area	Central Valley	Inland Empire	LA-Ventura	Orange-SD	Rest of CA
Chamorro	5,945	3,808	3,991	3,687	4,949	1,461
Fijian	10,122	12,869	734	2,190	941	1,050
Marshallese	234	961	1	89	292	
Native Hawaiian	5,091	3,918	2,079	4,268	5,212	1,451
Other Pacific Islander	4,744	4,079	1,403	3,845	3,361	723
Samoan	8,999	4,161	4,002	8,433	6,974	708
Tongan	8,322	2,134	1,955	2,769	1,063	804

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A4.1: Population by Age Group and Race/Ethnicity by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	0-17	18-64	65+	0-17	18-64	65+	0-17	18-64	65+
American Indian or Alaska Native alone	8,561	28,747	4,757	13,302	36,613	7,790	8,432	23,025	4,017
Asian alone	373,374	1,394,567	305,228	162,391	432,836	87,597	67,118	207,846	47,540
Black or African American alone	88,890	302,623	67,694	90,864	232,718	38,420	82,182	213,107	38,813
Native Hawaiian and Other Pacific Islander alone	8,657	30,145	4,655	7,262	21,837	2,831	3,383	9,281	1,501
Some Other Race alone	224,695	530,087	53,763	233,851	481,483	55,795	263,340	601,648	61,890
Two or More Races	237,671	327,402	34,804	244,273	336,426	35,285	151,836	213,589	22,173
White alone	631,480	2,339,181	716,479	1,027,475	2,524,363	664,157	607,778	1,544,632	427,078
Hispanic/Latino	79,005	211,212	34,457	53,625	109,263	19,494	52,497	124,715	17,111
Asian alone or in combination	501,960	1,525,983	316,202	237,464	507,313	93,836	104,387	242,499	50,982
NHPI alone or in combination	25,828	57,987	7,801	21,124	42,234	5,263	10,865	19,817	2,532

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A4.2: Population by Age Group and Race/Ethnicity by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	0-17	**18-64**	**65+**	**0-17**	**18-64**	**65+**	**0-17**	**18-64**	**65+**
American Indian or Alaska Native alone	18,070	56,239	9,596	7,135	26,155	4,770	10,889	29,087	6,900
Asian alone	257,022	1,016,129	278,248	200,345	702,936	158,431	17,202	75,274	16,775
Black or African American alone	160,522	543,813	122,232	43,844	150,377	22,570	7,387	37,485	5,243
Native Hawaiian and Other Pacific Islander alone	4,885	17,534	2,862	3,492	16,418	2,882	979	4,479	739
Some Other Race alone	574,099	1,428,620	179,997	159,917	398,605	44,304	105,349	223,449	26,986
Two or More Races	262,827	473,155	51,242	190,674	279,761	27,930	78,643	123,792	16,841
White alone	1,093,725	3,477,735	857,848	809,634	2,568,372	675,444	408,904	1,266,374	451,612
Hispanic/Latino	174,513	504,129	81,150	42,502	118,363	21,550	17,546	43,768	8,948
Asian alone or in combination	346,311	1,119,805	288,623	288,014	789,152	166,262	36,463	98,642	18,811
NHPI alone or in combination	15,550	39,927	6,297	15,608	34,794	5,393	5,485	10,426	1,428

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A5.1: Population by Citizenship and Race/Ethnicity by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
American Indian or Alaska Native alone	33,944	3,367	4,754	52,408	2,923	2,374	31,629	1,779	2,066
Asian alone	747,004	832,969	493,196	304,465	252,318	126,041	121,703	134,040	66,761
Black or African American alone	410,572	27,366	21,269	343,892	11,434	6,676	314,617	11,832	7,653
Native Hawaiian and Other Pacific Islander alone	28,029	9,311	6,117	19,029	7,568	5,333	11,771	1,422	972
Some Other Race alone	455,173	121,101	232,271	505,241	84,349	181,539	607,776	131,860	187,242
Two or More Races	505,067	50,363	44,447	516,735	43,750	55,499	331,162	32,190	24,246
White alone	3,108,104	303,959	275,077	3,620,085	240,802	355,108	2,204,965	191,260	183,263
Hispanic/Latino	184,995	68,701	70,978	132,468	23,054	26,860	130,577	38,495	25,251
Asian alone or in combination	983,389	854,763	505,993	435,586	264,606	138,421	188,928	139,317	69,623
NHPI alone or in combination	67,998	15,572	8,046	48,910	12,461	7,250	28,202	3,197	1,815

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A5.2: Population by Citizenship and Race/Ethnicity by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
American Indian or Alaska Native alone	60,423	9,187	14,295	31,596	3,047	3,417	42,931	1,603	2,342
Asian alone	543,207	663,265	344,927	402,077	457,658	201,977	52,079	35,466	21,706
Black or African American alone	760,635	41,308	24,624	190,278	15,701	10,812	47,198	1,780	1,137
Native Hawaiian and Other Pacific Islander alone	18,643	3,535	3,103	19,194	2,262	1,336	4,515	940	742
Some Other Race alone	1,269,375	362,022	551,319	354,915	95,013	152,898	209,835	36,887	109,062
Two or More Races	607,953	90,705	88,566	407,120	46,827	44,418	185,784	14,960	18,532
White alone	4,038,806	716,703	673,799	3,370,122	345,731	337,597	1,907,991	94,994	123,905
Hispanic/Latino	386,618	187,495	185,679	117,780	37,420	27,215	50,040	8,950	11,272
Asian alone or in combination	716,489	682,619	355,631	561,247	473,674	208,507	93,982	37,248	22,686
NHPI alone or in combination	47,572	9,260	4,942	48,365	5,494	1,936	14,960	1,404	975

Source: *American Community Survey 2016-2020 5-year Estimates*

Table A5.1a: Population by Citizenship and Detailed Asian National Origin by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
All combinations of Asian	46,337	15,211	4,925	15,393	3,765	1,300	8,188	2,750	1,070
Asian Indian	126,802	121,708	169,022	45,390	56,474	37,502	8,664	12,021	6,567
Bangladeshi	550	693	883	229	369	421	156	368	180
Bhutanese	16	64	28	63	22				
Burmese	1,032	3,912	1,383	331	572	756	34	306	98
Cambodian	5,378	5,763	1,214	15,301	7,945	2,665	3,399	3,261	847
Chinese	243,502	306,391	159,431	35,556	34,952	23,433	22,577	23,550	22,526
Filipino	150,414	185,287	59,664	61,845	63,496	26,197	40,770	49,152	16,480
Hmong	1,979	483	10	57,209	20,002	5,484	806	356	58
Indonesian	1,592	2,077	2,356	557	629	508	2,059	2,403	1,857
Japanese	41,595	8,553	18,488	17,810	2,889	2,799	5,755	2,159	2,154
Korean	30,590	32,983	24,083	5,654	8,205	3,866	9,051	11,105	5,292
Laotian	4,719	4,986	1,003	13,087	9,374	3,412	1,472	1,142	289
Malaysian	216	444	984	25	113	24	52	280	80
Mongolian	414	462	1,606	285	38	268	13	22	27
Nepalese	1,315	2,519	4,460	382	409	705	103	109	102
Other Asian	4,112	3,054	2,750	5,449	3,013	4,665	1,512	958	575
Pakistani	6,277	8,385	4,701	8,745	8,559	3,443	2,872	3,273	1,210
Sri Lankan	420	762	871	271	281	244	183	438	136
Taiwanese	9,989	12,737	6,583	817	1,644	465	1,577	2,408	1,036
Thai	1,952	4,212	2,940	989	1,991	881	1,324	1,747	1,149
Vietnamese	67,803	112,283	25,811	19,077	27,576	7,003	11,136	16,232	5,028

Source: American Community Survey 2016-2020 5-year Estimates

Table A5.2a: Population by Citizenship and Detailed Asian National Origin by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
All combinations of Asian	36,590	13,033	3,207	25,562	5,959	1,007	2,225	507	262
Asian Indian	35,547	40,386	37,370	33,154	35,094	31,171	3,683	3,472	2,340
Bangladeshi	1,779	3,524	1,340	657	927	479	75	37	19
Bhutanese		18							7
Burmese	783	2,835	1,099	580	1,284	721	66	141	65
Cambodian	14,599	15,082	3,840	6,188	5,996	1,804	274	434	27
Chinese	138,524	197,815	121,503	57,367	64,273	46,663	8,576	5,943	6,805
Filipino	118,615	174,559	62,077	95,210	105,288	34,345	14,238	11,894	5,656
Hmong	708	386	12	1,782	908	185	5,171	1,906	416
Indonesian	2,720	4,222	4,191	1,324	1,495	1,769	144	145	227
Japanese	62,391	13,230	23,560	30,461	9,691	13,601	6,964	1,211	1,237
Korean	64,600	96,374	53,446	39,730	49,238	29,046	2,944	3,760	2,221
Laotian	1,088	1,733	257	3,627	5,835	674	975	711	497
Malaysian	259	162	321		160	118	8	64	
Mongolian	862	848	1,100	41	57	85	28	124	
Nepalese	440	855	1,335	404	384	842	94	109	63
Other Asian	4,775	3,228	1,582	2,687	1,909	782	1,482	620	400
Pakistani	5,252	5,802	2,769	3,310	3,948	1,013	448	242	263
Sri Lankan	1,112	2,255	1,388	398	1,236	587	30	37	29
Taiwanese	10,286	14,950	4,353	6,444	9,313	2,866	563	299	239
Thai	7,471	12,715	6,937	1,631	3,173	1,764	288	825	333
Vietnamese	34,806	59,253	13,240	91,520	151,490	32,455	3,803	2,985	600

Source: American Community Survey 2016-2020 5-year Estimates

Table A5.1b: Population by Citizenship and Detailed NHPI National Origin by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
Chamorro	5,655	202	88	3,682	47	79	3,772	147	72
Fijian	2,957	4,781	2,384	3,757	5,862	3,250	146	399	189
Marshallese	110	40	84	503		458			1
Native Hawaiian	4,941	46	104	3,675	93	150	2,038	31	10
Other Native Hawaiian and Other Pacific Islander	3,281	876	587	2,589	836	654	1,178	139	86
Samoan	6,770	1,267	962	3,651	327	183	3,200	463	339
Tongan	4,315	2,099	1,908	1,172	403	559	1,437	243	275

Source: American Community Survey 2016-2020 5-year Estimates

Table A5.2b: Population by Citizenship and Detailed NHPI National Origin by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen	Native-born	Naturalized	Not a citizen
Chamorro	3,449	72	166	4,860	40	49	1,237	110	114
Fijian	618	1,027	545	733	113	95	455	449	146
Marshallese	17		72	106		186			
Native Hawaiian	4,076	38	154	5,111	43	58	1,381	6	64
Other Native Hawaiian and Other Pacific Islander	1,926	645	1,274	2,582	454	325	389	153	181
Samoan	7,006	854	573	5,330	1,220	424	559	56	93
Tongan	1,551	899	319	472	392	199	494	166	144

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.1: Educational Attainment for Adults Age 25 years and over by Race/Ethnicity by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
American Indian or Alaska Native alone	8,230	5,644	15,693	11,181	8,876	19,149	8,042	4,477	10,508
Asian alone	182,714	168,386	1,199,628	82,705	82,089	287,759	34,069	21,650	172,295
Black or African American alone	73,366	27,419	224,798	62,464	25,985	141,729	55,689	20,780	141,100
Native Hawaiian and Other Pacific Islander alone	10,181	4,186	16,073	6,483	3,582	11,186	2,430	1,068	5,814
Some Other Race alone	143,303	167,752	179,395	116,512	177,828	146,931	177,934	197,686	171,369
Two or More Races	51,175	33,466	215,282	75,914	62,563	165,653	47,936	30,341	110,107
White alone	404,032	184,249	2,209,492	694,555	447,407	1,673,462	467,508	261,905	1,013,102
Hispanic/Latino	47,937	39,655	127,890	24,675	24,678	60,126	29,375	25,729	64,139
Asian alone or in combination	197,279	174,594	1,293,846	94,967	88,632	332,111	39,913	23,883	194,664
NHPI alone or in combination	15,363	6,029	35,195	11,089	5,750	23,992	4,403	1,851	12,258

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.2: Educational Attainment for Adults Age 25 years and over by Race/Ethnicity by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
American Indian or Alaska Native alone	13,688	18,007	24,683	6,393	5,422	14,465	9,367	6,283	15,197
Asian alone	173,524	133,390	868,800	96,736	85,223	589,984	13,297	8,652	48,008
Black or African American alone	135,662	58,911	392,913	34,079	11,994	100,075	8,776	6,389	20,379
Native Hawaiian and Other Pacific Islander alone	5,853	2,108	9,802	5,815	1,106	9,625	1,126	796	2,770
Some Other Race alone	370,833	535,662	441,415	93,821	139,111	135,904	47,568	94,676	59,709
Two or More Races	89,638	88,221	261,004	45,709	35,829	170,728	25,713	20,723	65,674
White alone	749,222	650,939	2,458,160	510,888	298,052	2,056,627	327,525	164,215	1,006,674
Hispanic/Latino	120,910	161,896	223,957	22,088	18,617	81,141	9,597	8,802	24,666
Asian alone or in combination	183,836	139,044	943,676	106,703	89,060	651,148	16,406	9,843	61,613
NHPI alone or in combination	9,103	4,074	25,841	8,245	2,157	23,242	2,043	1,386	6,144

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.1a: Educational Attainment for Adults Age 25 years and over by Detailed Asian National Origin by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
All combinations of Asian	3,694	3,772	24,069	1,528	1,486	6,050	571	593	4,498
Asian Indian	13,669	13,292	261,878	14,546	19,823	57,657	2,376	2,256	14,466
Bangladeshi	75	62	1,330	144	15	700	30	18	476
Bhutanese	12	15	40		22				
Burmese	429	960	3,670	58	190	634	70	14	264
Cambodian	1,715	1,989	5,301	4,821	4,547	7,480	1,531	1,096	2,464
Chinese	68,697	82,620	402,851	10,669	13,603	42,872	7,245	4,711	35,365
Filipino	46,850	18,042	241,156	18,054	9,450	79,540	10,063	4,107	63,895
Hmong	264	72	1,122	10,545	9,789	22,040	215	214	376
Indonesian	587	253	3,684	185	256	822	601	150	3,654
Japanese	7,646	1,928	51,108	3,378	1,079	16,811	2,283	583	5,761
Korean	6,206	2,656	57,269	1,990	976	10,364	2,675	1,055	14,893
Laotian	1,673	2,574	4,108	5,264	5,346	7,049	582	509	946
Malaysian	95		1,234		54	98	20		351
Mongolian	93	46	1,532	21	138	121			14
Nepalese	791	785	3,965	57	82	903	4	28	157
Other Asian	987	840	5,037	1,541	1,722	3,819	261	140	1,492
Pakistani	1,051	1,355	10,206	1,880	3,235	5,920	444	367	3,488
Sri Lankan	208	52	1,274		16	497	136	5	432
Taiwanese	854	593	21,169	115	42	2,203	360	243	3,292
Thai	760	812	6,292	711	726	1,772	448	275	2,662
Vietnamese	26,358	35,668	91,333	7,198	9,492	20,407	4,154	5,286	13,349

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.2a Educational Attainment for Adults Age 25 years and over by Detailed Asian National Origin by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
All combinations of Asian	3,100	3,672	19,269	1,469	1,268	10,899	314	185	1,069
Asian Indian	6,070	5,497	68,239	3,042	2,871	62,271	527	780	4,431
Bangladeshi	608	799	2,856	103	167	1,119			46
Bhutanese	18								7
Burmese	435	440	3,022	123	396	822		9	163
Cambodian	3,922	8,500	11,659	2,078	2,981	5,037	147	217	241
Chinese	58,504	56,188	233,259	9,146	9,254	102,462	1,430	1,370	8,854
Filipino	32,920	13,620	230,163	22,998	11,335	142,818	5,034	2,170	15,685
Hmong	30	150	523	291	146	1,482	765	805	1,506
Indonesian	1,852	603	5,929	665	70	2,629			307
Japanese	14,008	2,920	66,985	6,778	2,267	36,896	1,576	433	5,544
Korean	29,360	11,519	128,180	9,795	4,485	72,754	1,178	430	4,101
Laotian	450	701	1,373	1,700	1,800	4,377	556	615	722
Malaysian	54		392	43	13	213	37		35
Mongolian	102	12	1,340			152	28		124
Nepalese	187	174	1,356	122	27	972			113
Other Asian	866	630	4,638	660	328	2,594	589	228	698
Pakistani	1,171	1,086	6,710	336	445	4,490	160	43	410
Sri Lankan	492	299	3,048	167	36	1,628			66
Taiwanese	1,823	1,122	19,977	721	286	13,365		8	506
Thai	3,325	2,695	16,659	598	465	4,931	231	281	730
Vietnamese	14,227	22,763	43,223	35,901	46,583	118,073	725	1,078	2,650

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.1b: Educational Attainment for Adults Age 25 years and over by Detailed NHPI National Origin by Region (1/2)

	Bay Area			Central Valley			Inland Empire		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
Chamorro	1,420	302	2,915	1,091	157	1,138	409	360	1,987
Fijian	1,932	1,650	3,911	2,507	1,788	5,240	255	61	226
Marshallese	23	12	29	48	339	67	1		
Native Hawaiian	1,073	517	2,280	1,169	306	1,263	515	107	759
Other Native Hawaiian and Other Pacific Islander	1,157	372	1,597	595	485	1,284	216	45	516
Samoan	2,379	644	3,101	586	351	1,417	651	438	1,614
Tongan	2,197	689	2,240	487	156	777	383	57	712

Source: American Community Survey 2016-2020 5-year Estimates

Table A6.2b: Educational Attainment for Adults Age 25 years and over by Detailed NHPI National Origin by Region (2/2)

	LA-Ventura			Orange-SD			Rest of CA		
	High school	Less than high school	More than high school	High school	Less than high school	More than high school	High school	Less than high school	More than high school
Chamorro	733	172	1,791	1,568	320	2,179	284	207	731
Fijian	603	434	548	159		480	194	89	456
Marshallese			17	125		56			
Native Hawaiian	1,024	201	1,943	1,268	127	2,704	251	198	695
Other Native Hawaiian and Other Pacific Islander	744	351	1,721	429	274	1,557	51	84	391
Samoan	1,953	748	2,771	2,037	259	2,213	235	53	301
Tongan	796	202	1,011	229	126	436	111	165	196

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.1: English Language Proficiency for Population Age 5 years and over by Race/Ethnicity by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
American Indian or Alaska Native alone	10,746	5,702	12,446	4,795	6,438	3,301
Asian alone	854,462	607,325	257,221	207,441	122,328	96,361
Black or African American alone	37,963	12,420	16,691	4,087	16,346	3,924
Native Hawaiian and Other Pacific Islander alone	16,759	4,955	12,693	4,700	2,880	1,401
Some Other Race alone	359,216	259,817	301,098	231,417	412,137	255,013
Two or More Races	121,883	50,322	130,103	79,988	90,975	38,091
White alone	533,436	243,508	690,149	477,784	505,267	242,127
Hispanic/Latino	120,777	80,155	51,323	32,459	72,862	38,768
Asian alone or in combination	897,292	620,345	278,447	220,605	131,767	99,909
NHPI alone or in combination	25,288	7,490	19,537	6,967	5,167	2,233

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.2: English Language Proficiency for Population Age 5 years and over by Race/Ethnicity by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
American Indian or Alaska Native alone	28,384	19,105	8,794	5,369	6,971	3,797
Asian alone	556,406	561,836	393,379	333,715	38,735	28,594
Black or African American alone	57,600	15,317	19,498	10,554	3,891	1,012
Native Hawaiian and Other Pacific Islander alone	9,025	2,535	5,281	1,286	2,171	1,063
Some Other Race alone	1,005,566	726,295	258,477	198,291	143,502	134,291
Two or More Races	227,495	123,542	111,827	55,577	47,302	25,261
White alone	1,420,288	887,619	756,128	369,517	247,887	149,859
Hispanic/Latino	316,298	263,081	61,030	34,589	18,412	12,943
Asian alone or in combination	590,196	575,280	418,317	344,324	43,432	30,006
NHPI alone or in combination	16,427	5,195	9,768	2,614	3,003	1,539

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.1a: English Language Proficiency for Population Age 5 years and over by Detailed Asian National Origin by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
All combinations of Asian	16,340	10,513	4,436	2,986	3,698	1,566
Asian Indian	246,195	51,755	66,399	41,131	14,192	6,262
Bangladeshi	1,242	503	255	574	394	195
Bhutanese	53	55	62	23		
Burmese	2,423	3,218	502	747	182	212
Cambodian	4,624	4,061	9,906	8,181	2,593	2,182
Chinese	255,707	282,402	25,940	39,962	20,912	30,295
Filipino	168,292	82,589	58,651	32,755	46,226	19,569
Hmong	1,244	373	34,714	25,579	308	554
Indonesian	2,601	2,015	697	445	2,587	1,635
Japanese	14,286	13,306	3,407	2,832	2,501	1,956
Korean	32,152	27,916	5,263	5,736	8,664	10,143
Laotian	3,758	3,629	10,756	8,134	1,217	811
Malaysian	794	310	67	37	147	237
Mongolian	904	1,173	200	230	27	
Nepalese	3,961	2,902	642	378	119	111
Other Asian	3,420	2,391	4,859	4,307	630	573
Pakistani	10,287	3,601	9,622	7,023	3,047	1,433
Sri Lankan	722	513	530	64	274	138
Taiwanese	13,507	9,736	1,503	829	2,258	2,061
Thai	3,156	3,543	1,217	1,314	1,338	1,479
Vietnamese	68,794	100,821	17,593	24,174	11,014	14,949

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.2a: English Language Proficiency for Population Age 5 years and over by Detailed Asian National Origin by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
All combinations of Asian	12,178	9,715	7,312	3,173	853	442
Asian Indian	56,624	21,000	53,800	12,673	4,881	1,646
Bangladeshi	2,913	2,289	1,060	542	121	
Bhutanese		18			7	
Burmese	1,609	2,301	843	1,250	126	65
Cambodian	11,087	12,608	4,283	5,366	310	305
Chinese	142,392	217,791	64,049	56,825	7,554	6,768
Filipino	164,125	76,548	93,440	42,395	10,720	7,009
Hmong	562	270	1,266	831	2,927	2,821
Indonesian	4,788	3,974	1,610	1,513	293	33
Japanese	21,222	23,293	12,767	11,449	1,592	1,367
Korean	68,446	103,001	40,061	46,555	3,103	2,972
Laotian	1,356	1,078	3,214	4,032	663	975
Malaysian	288	80	118	81	64	
Mongolian	769	1,226	73	52	22	91
Nepalese	1,144	918	676	750	130	46
Other Asian	4,091	1,812	1,290	1,381	984	845
Pakistani	7,239	2,941	4,850	1,160	447	55
Sri Lankan	1,880	1,226	1,117	357	52	
Taiwanese	12,013	12,561	8,763	6,103	802	156
Thai	8,054	13,862	1,538	2,738	561	567
Vietnamese	33,626	53,324	91,249	134,489	2,523	2,431

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.1b: English Language Proficiency for Population Age 5 years and over by Detailed NHPI National Origin by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
Chamorro	1,131	296	477	370	791	154
Fijian	6,253	1,631	7,458	2,762	237	239
Marshallese	21	99	540	55	1	
Native Hawaiian	448	109	395	309	56	36
Other Native Hawaiian and Other Pacific Islander	1,627	517	1,812	492	151	109
Samoan	3,298	918	1,293	329	894	327
Tongan	3,981	1,385	718	383	750	536

Source: American Community Survey 2016-2020 5-year Estimates

Table A7.2b: English Language Proficiency for Population Age 5 years and over by Detailed NHPI National Origin by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency	English Proficient	Limited English Proficiency
Chamorro	977	68	664	142	543	100
Fijian	1,258	412	292	81	440	328
Marshallese			156			
Native Hawaiian	922	195	303	204	231	170
Other Native Hawaiian and Other Pacific Islander	1,579	598	1,051	264	179	245
Samoan	3,259	605	2,468	265	260	61
Tongan	1,030	657	347	330	518	159

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.1: Language Isolated Households by Race/Ethnicity by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated
American Indian or Alaska Native alone	805	13,242	702	18,291	349	10,832
Asian alone	129,332	546,242	36,681	158,562	18,038	74,926
Black or African American alone	2,884	166,850	1,204	122,493	625	106,589
Native Hawaiian and Other Pacific Islander alone	217	11,901	395	8,247	78	3,675
Some Other Race alone	34,506	161,343	38,465	161,994	44,989	180,343
Two or More Races	8,177	137,867	14,094	136,219	5,457	78,123
White alone	45,792	1,466,655	92,694	1,407,905	34,636	817,843
Hispanic/Latino	12,676	84,495	6,671	49,282	4,846	47,737
Asian alone or in combination	131,365	600,763	38,884	187,912	18,865	88,924
NHPI alone or in combination	467	23,952	958	17,056	262	8,073

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.2: Language Isolated Households by Race/Ethnicity by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated
American Indian or Alaska Native alone	2,652	23,171	480	10,833	608	15,431
Asian alone	133,926	388,089	65,593	266,933	4,983	27,444
Black or African American alone	2,814	317,386	2,219	73,462	233	13,259
Native Hawaiian and Other Pacific Islander alone	172	7,249	53	6,132	97	1,591
Some Other Race alone	109,715	443,570	22,528	119,500	20,674	62,567
Two or More Races	20,444	185,646	9,959	108,987	3,835	52,441
White alone	168,173	1,801,136	56,389	1,427,639	24,877	799,963
Hispanic/Latino	49,252	176,211	5,710	51,573	2,326	19,159
Asian alone or in combination	137,161	433,784	67,777	300,346	5,318	36,893
NHPI alone or in combination	617	17,045	343	14,130	165	4,002

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.1a: Language Isolated Households by Detailed Asian National Origin by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated
All combinations of Asian	1,474	12,326	263	4,081	150	2,100
Asian Indian	6,323	126,519	5,321	31,454	537	6,833
Burmese	536	1,225	163	345	74	70
Cambodian	719	2,878	1,031	5,144	285	1,632
Chinese	74,559	183,664	10,232	23,538	7,762	13,873
Filipino	8,934	99,696	4,949	39,798	1,726	27,624
Hmong	109	694	3,403	13,384	46	249
Indonesian	289	1,517	103	384	249	1,679
Japanese	4,174	27,846	935	10,991	592	3,352
Korean	7,870	24,664	1,795	4,581	2,732	5,498
Laotian	470	2,295	1,315	5,419	143	616
Malaysian	24	548		60	81	65
Mongolian	243	569	63	32		11
Nepalese	381	1,772	113	398	17	36
Other Asian	484	2,496	793	2,565	182	603
Pakistani	237	5,041	863	3,386	288	1,441
Sri Lankan	63	497		272	38	236
Taiwanese	2,576	9,394	337	772	598	1,260
Thai	578	1,871	269	809	287	776
Vietnamese	19,289	40,122	4,678	10,856	2,203	6,811
Bangladeshi		582	55	282	48	161
Bhutanese		26		11		

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.2a: Language Isolated Households by Detailed Asian National Origin by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	Linguistically isolated	**Not linguistically isolated**	**Linguistically isolated**	**Not linguistically isolated**	**Linguistically isolated**	**Not linguistically isolated**
All combinations of Asian	1,678	9,785	464	5,972	136	657
Asian Indian	3,622	34,105	1,427	31,063	155	2,323
Burmese	565	944	230	385	8	93
Cambodian	2,179	7,231	624	2,540	27	190
Chinese	54,684	103,378	14,540	48,276	1,297	4,739
Filipino	10,055	96,247	4,776	61,946	807	8,066
Hmong	28	276	23	671	292	1,122
Indonesian	731	2,635	184	1,121	14	226
Japanese	7,933	36,663	3,244	19,490	491	3,988
Korean	35,032	49,802	12,325	28,113	690	2,234
Laotian	175	873	643	2,248	202	672
Malaysian	17	322	12	101		
Mongolian	405	362		59		39
Nepalese	67	630	113	288		31
Other Asian	221	2,263	167	1,394	243	515
Pakistani	318	3,435	120	2,066		244
Sri Lankan	157	1,471	65	746		24
Taiwanese	3,226	8,406	1,658	5,194	17	288
Thai	3,067	6,009	623	1,658	180	427
Vietnamese	9,434	21,997	24,332	53,071	424	1,552
Bangladeshi	314	1,255	23	531		14
Bhutanese	18					

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.1b: Language Isolated Households by Detailed NHPI National Origin by Region (1/2)

	Bay Area		Central Valley		Inland Empire	
	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated
Chamorro	9	2,029	53	975	29	1,211
Fijian	87	2,706	228	3,579		165
Native Hawaiian	20	2,054	31	879	3	386
Other Native Hawaiian and Other Pacific Islander	30	1,373	35	1,217		528
Samoan	29	1,915	36	981	17	1,120
Tongan	44	1,810	10	382	29	271
Marshallese		14		227		

Source: American Community Survey 2016-2020 5-year Estimates

Table A8.2b: Language Isolated Households by Detailed NHPI National Origin by Region (2/2)

	LA-Ventura		Orange-SD		Rest of CA	
	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated	Linguistically isolated	Not linguistically isolated
Chamorro	14	1,096		1,654		382
Fijian	67	475		191	23	348
Native Hawaiian		1,640		1,445	76	365
Other Native Hawaiian and Other Pacific Islander	21	1,447		1,081		280
Samoan	49	2,088	53	1,658		133
Tongan	22	515		74		82
Marshallese				22		

Source: American Community Survey 2016-2020 5-year Estimates

Table A9: Top Asian and NHPI languages spoken at home

Region	Top Asian Languages	Top NHPI Languages
Bay Area	Chinese (298,069) Tagalog (211,986) Vietnamese (175,018) Cantonese (154,712) Mandarin (118,229) Hindi (109,416) Korean (62,130) Telugu (42,420) Punjabi (39,143) Tamil (38,586) Filipino (36,198) Japanese (34,862) Gujarati (20,622) Urdu (19,144) Marathi (15,534)	Tongan (6,028) Samoan (4,927) Other Eastern Malayo-Polynesian languages (2,574) Chamorro (1,115) Hawaiian (462) Marshallese (121)
Central Valley	Punjabi (79,698) Tagalog (64,778) Hmong (62,284) Vietnamese (43,282) Chinese (38,751) Hindi (30,201) Khmer (19,274) Cantonese (18,096) Filipino (17,986) Mandarin (14,134) Lao (12,424) Urdu (11,365) Korean (11,278) Iu Mien (8,915) Japanese (8,499)	Other Eastern Malayo-Polynesian languages (2,044) Samoan (1,639) Tongan (1,289) Chamorro (751) Marshallese (632) Hawaiian (313)
Inland Empire	Tagalog (53,054) Chinese (31,705) Vietnamese (26,852) Korean (19,321) Mandarin (16,994) Filipino (12,498) Urdu (5,827) Indonesian (5,725) Japanese (5,671) Khmer (5,560) Hindi (5,479) Cantonese (5,388) Punjabi (5,378) Gujarati (4,371) Thai (3,346)	Tongan (1,404) Samoan (1,341) Chamorro (602) Other Eastern Malayo-Polynesian languages (206) Hawaiian (112) Marshallese (28)

Region	Top Asian Languages	Top NHPI Languages
LA-Ventura	Tagalog (201,521) Chinese (177,790) Korean (173,484) Mandarin (125,481) Vietnamese (89,588) Cantonese (81,344) Japanese (52,571) Filipino (36,744) Hindi (28,606) Khmer (25,751) Thai (23,560) Urdu (14,282) Min Nan Chinese (12,705) Punjabi (12,246) Indonesian (11,663)	Samoan (4,347) Tongan (1,959) Other Eastern Malayo-Polynesian languages (949) Chamorro (484) Marshallese (450) Hawaiian (194)
Orange-SD	Vietnamese (230,539) Tagalog (114,230) Korean (88,946) Chinese (81,223) Mandarin (38,313) Japanese (30,113) Filipino (22,616) Hindi (21,791) Cantonese (13,530) Gujarati (12,087) Khmer (10,872) Telugu (9,274) Min Nan Chinese (7,848) Lao (7,660) Urdu (6,918)	Samoan (2,934) Chamorro (1,387) Tongan (779) Marshallese (346) Hawaiian (323) Other Eastern Malayo-Polynesian languages (277)
Rest of CA	Tagalog (13,498) Chinese (9,655) Korean (6,508) Hmong (6,074) Vietnamese (5,412) Mandarin (4,646) Japanese (4,172) Filipino (2,726) Hindi (2,657) Cantonese (2,467) Punjabi (1,655) Ilocano (1,621) Thai (1,368) Gujarati (963) Iu Mien (957)	Tongan (767) Chamorro (477) Samoan (266) Other Eastern Malayo-Polynesian languages (160) Hawaiian (119) Marshallese (110)

Source: American Community Survey 2016-2020 5-year Estimates

RACE AND ETHNICITY CATEGORIES

(Based on the 1997 OMB standards on race and ethnicity, see https://www.govinfo.gov/app/details/FR-1997-10-30/97-28653)

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Asian American - Term used by community organizations, researchers, journalists, and public agencies to refer to residents of the United States who self-identify as Asian with respect to race or as one of the detailed Asian racial categories. Asian American should not be hyphenated.

Native Hawaiian or Pacific Islander or NHPI - Alternative term for the racial category of Native Hawaiian or Other Pacific Islander as currently maintained by the 1997 OMB standards.

AA and NHPI - Acronym that recognizes the fact that Asian American and NHPI are separate racial categories per the 1997 OMB standards.

AAPI - Asian American and Pacific Islander. Term has less common usage today, given that it does not explicitly mention Native Hawaiian as part of the NHPI racial category.

API - Asian Pacific Islander. Term in infrequent use today, given that Asian American is the preferred term to refer to residents of the United States who self-identify as Asian or as one of the detailed Asian racial categories.

APA - Asian Pacific American. Legacy term that is used by several organizations founded prior to the 1997 OMB standards on race and ethnicity.

APIA - Asian and Pacific Islander American. Legacy term that is used by several organizations founded prior to the 1997 OMB standards on race and ethnicity.

REGION DEFINITIONS

- **Bay Area**
  - Alameda County
  - Contra Costa County
  - Marin County
  - Napa County
  - San Francisco County
  - San Mateo County
  - Santa Clara County
  - Solano County
  - Sonoma County
- **Central Valley**
  - El Dorado County
  - Fresno County
  - Kern County
  - Kings County
  - Madera County
  - Merced County
  - Placer County
  - Sacramento County
  - San Joaquin County
  - Stanislaus County
  - Sutter County
  - Tulare County
  - Yolo County
  - Yuba County
- **Inland Empire**
  - Riverside County
  - San Bernardino County
- **Los Angeles- Ventura Counties**
- **Orange-San Diego Counties**

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- **Rest of California**
    - Alpine County
    - Amador County
    - Butte County
    - Calaveras County
    - Colusa County
    - Del Norte County
    - Glenn County
    - Humboldt County
    - Imperial County
    - Inyo County
    - Lake County
    - Lassen County
    - Mariposa County
    - Mendocino County
    - Modoc County
    - Mono County
    - Monterey County
    - Nevada County
    - Plumas County
    - San Benito County
    - San Luis Obispo County
    - Santa Barbara County
    - Santa Cruz County
    - Shasta County
    - Sierra County
    - Siskiyou County
    - Tehama County
    - Trinity County
    - Tuolumne County

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