



Asian and Pacific Islander Health Assessment

Santa Clara County
2017

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To the Residents of Santa Clara County:

Asian/Pacific Islander residents in Santa Clara County represent a number of countries and embody a wide array of cultures and backgrounds. These communities contribute in many positive ways to the vitality and richness of this county. Asian/Pacific Islanders comprise over a third of the population and are expected to grow by 50% by 2060. Data from this report should be used to raise awareness about the various and unique health issues affecting the health and well-being of these communities.

We are proud to present the Santa Clara County 2017 Asian/Pacific Islander Health Assessment, describing the demographic composition and health status of Asian/Pacific Islander residents of Santa Clara County. The report focuses on several Asian/Pacific Islander subgroups residing in Santa Clara County: Asian Indians, Chinese, Filipino, Japanese, Korean, Vietnamese, and Pacific Islanders.

This report presents key findings related to health status and related risk factors using existing data sources, with a focus on health disparities and social determinants of health. The assessment also includes results from the Asian/Pacific Islander health survey administered throughout the county.

Our hope is that this report will serve as a guide for exploring ways for advocates, foundations, policy makers, non-profits, researchers, elected officials, and government agencies to develop solutions in partnership with community residents to the most pressing problems faced by Asian/Pacific Islander communities.

We would like to acknowledge Dr. Sara Cody, Public Health Officer and Director, and her staff for their leadership on this project along with our office staff. We also wish to thank all of the participants and organizations who participated in the survey and helped to identify the key health related issues affecting Asian/Pacific Islander residents.

Together, we can improve the health and well-being and quality of life of these important communities.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Simitian".

S. Joseph Simitian
County Supervisor, District 5

A handwritten signature in blue ink, appearing to read "Dave Cortese".

Dave Cortese
County Supervisor, District 3

County of Santa Clara Public Health Department



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To the Residents of Santa Clara County:

We are proud to present the Asian and Pacific Islander Health Assessment 2017, Santa Clara County, a comprehensive report describing the health status and social needs of Asians and Pacific Islanders residing in our county.

Our county has a long-standing commitment to the health and well-being of all its residents regardless of race, ethnicity, age or gender. The data from this assessment will be used to partner with community stakeholders and to help inform and improve the overall health status of Asian/Pacific Islanders in our county.

Despite the perception of Asian/Pacific Islander population being a "model minority," there is growing scientific evidence that health concerns and disparities exist within Asian/Pacific Islander subgroups. Furthermore, studies show that challenges faced by individuals of different Asian/Pacific Islander subgroups are unique; suggesting a need to provide targeted outreach and efforts in order to improve the health of all. The Asian/Pacific Islander community in the county has some unique characteristics, as it encompasses an extremely diverse population with various underlying risk factors. Attention to the diverse health needs of specific Asian/Pacific Islander subgroups and expanding the collection and accessibility of disaggregated data by subgroup are both key factors for improving the health of all members of our county's Asian/Pacific Islander community.

I wish to thank the members of the Public Health Department staff for their dedication, commitment and leadership to highlight and address the needs of Asian/Pacific Islander residents of Santa Clara County.

Sincerely,

A handwritten signature in cursive script that reads "Sara H. Cody, MD".

Sara H. Cody, MD
Health Officer and Public Health Director

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian
County Executive: Jeffrey V. Smith

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INTRODUCTION

Asian/Pacific Islanders comprise more than a third of Santa Clara County's population. While Asian/Pacific Islanders overall tend to experience better health outcomes than other races/ethnicities, there is growing evidence that health concerns and disparities exist within Asian/Pacific Islander subgroups. The Asian/Pacific Islander population in Santa Clara County represents a diverse number of countries, cultures and backgrounds.

Attention to particular health needs among different Asian/Pacific Islander subgroups is essential to improve health outcomes of this population in the county. The goal of this assessment is to profile the health needs of the largest Asian subgroup populations in Santa Clara County: Asian Indian, Chinese, Filipino, Korean, Japanese, and Vietnamese, as well as Pacific Islandersⁱ.

This report presents both secondary surveillance data and primary survey data of Asian/Pacific Islanders. For secondary data, the Public Health Department analyzed available data sources. The Department partnered with community leaders and organizations to develop and administer the survey tailored to the needs of each Asian/Pacific Islander subgroup. The goal of the survey was to address data gaps documented by the analysis of existing data sources.

The assessment focuses on the following key domains: social determinants of health; maternal, infant, and child health; healthy lifestyles; infectious diseases; chronic diseases; mental health; access to healthcare and healthcare utilization; violence and injury; and mortality. In addition, this report also includes demographic profiles for Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Pacific Islander communities residing in the county.

We hope that this report will serve as a valuable tool for the Santa Clara County community in understanding the health status and diverse health needs of Asian/Pacific Islander residents.

ⁱ Pacific Islander term is used for people of following origins: Polynesian, Hawaiian, Samoan, Tongan, Other Polynesian, Micronesian, Guamanian, Other Micronesian and other Pacific Islander if not specified.

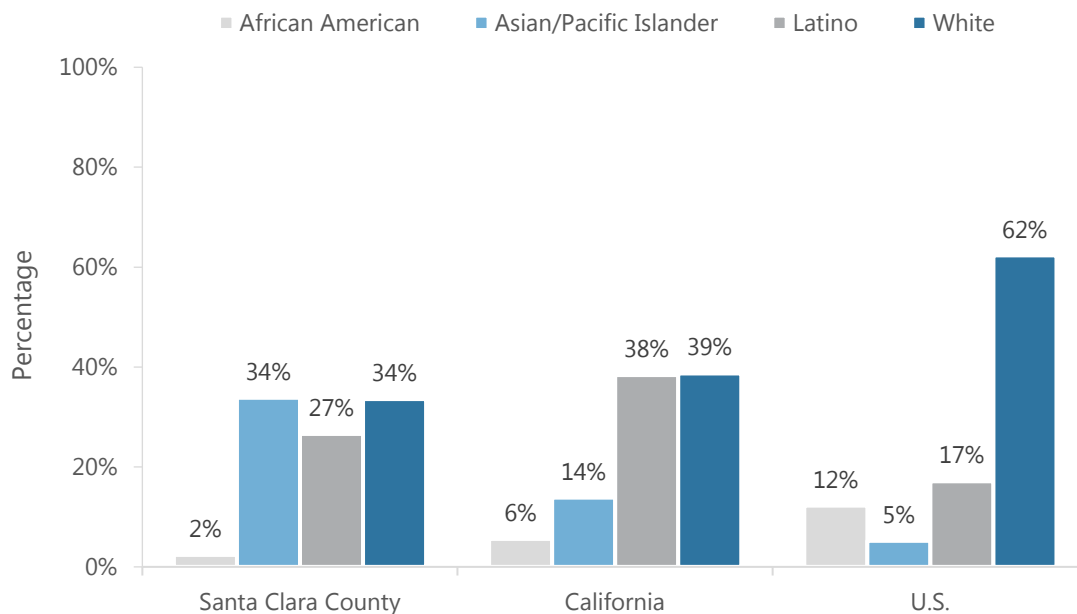
DEMOGRAPHICS

Demographics are characteristics that describe a population, such as race, ethnicity, gender, age, marital status, ancestry, education, employment, income, and housing. Understanding the demographic profile of a population is important as the information can be useful in estimating future population changes and resource needs of the community. Population growth may be defined by factors like age structure, migration and cultural diversity. This chapter describes select population characteristics of Santa Clara County residents.

RACE AND ETHNICITY

According to the 2011-2015 American Community Survey, there were 1.9 million people residing in Santa Clara County. More than a third (34%) of the county population was Asian/Pacific Islander followed by 34% White, 27% Latino, and 2% African American. Santa Clara County had a higher proportion of Asian/Pacific Islanders compared to the U.S. (5%) and California (14%).¹

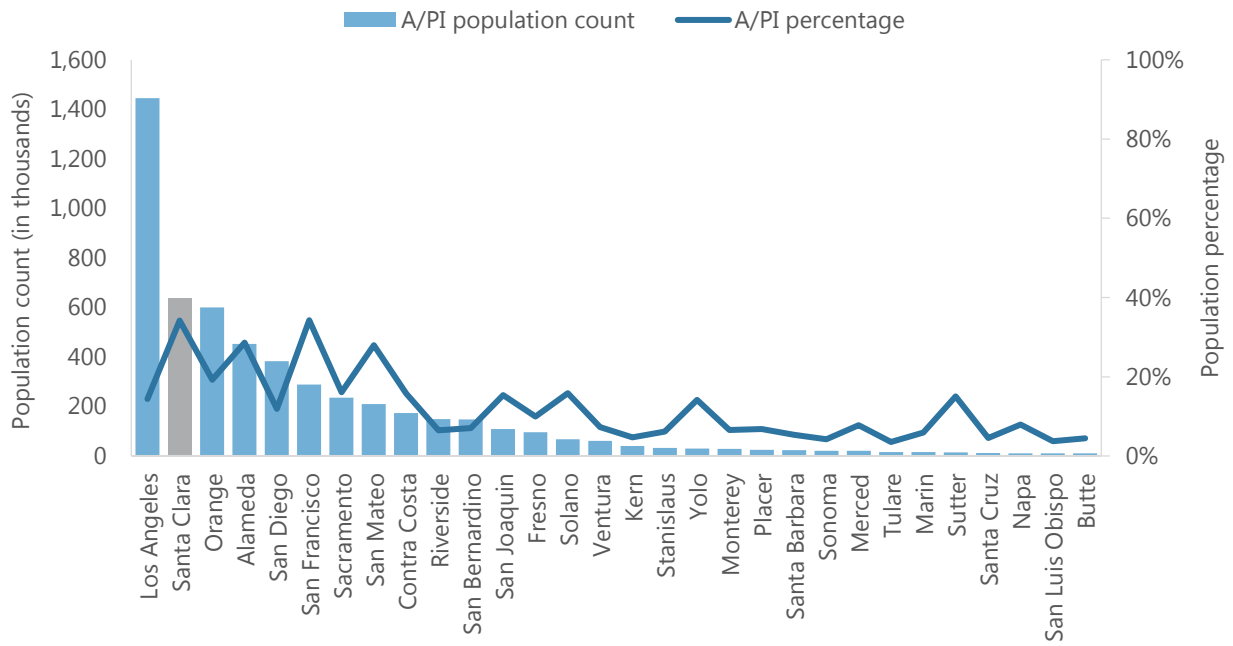
Population distribution



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

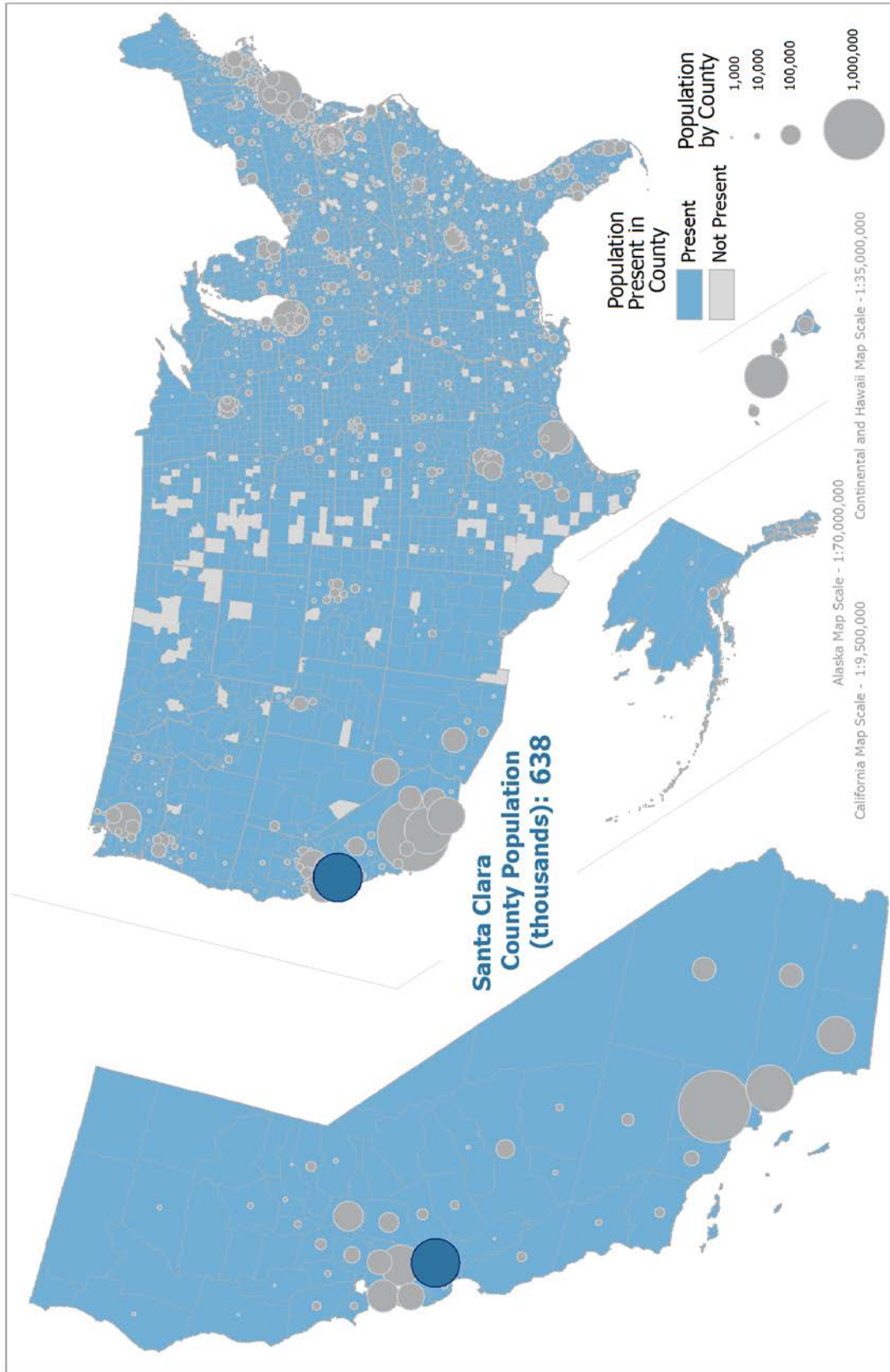
The State of California had the largest Asian/Pacific Islander population in the U.S.; accounting for nearly 1 in 3 (32%) Asian/Pacific Islanders. Within California, Santa Clara County had the 2nd highest Asian/Pacific Islander population of 637,876. Santa Clara County and San Francisco County (34% each) had the highest proportions of Asian/Pacific Islanders representing their county population.²

Top 30 California counties with Asian/Pacific Islander population



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates.

Asian/Pacific Islander population distribution in the U.S. by county



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates.

In Santa Clara County, Asian residents represented an array of countries of origin. Chinese, Asian Indian, Vietnamese, Filipino, Korean and Japanese residents comprised the majority of Asian population (96%) in the county.¹

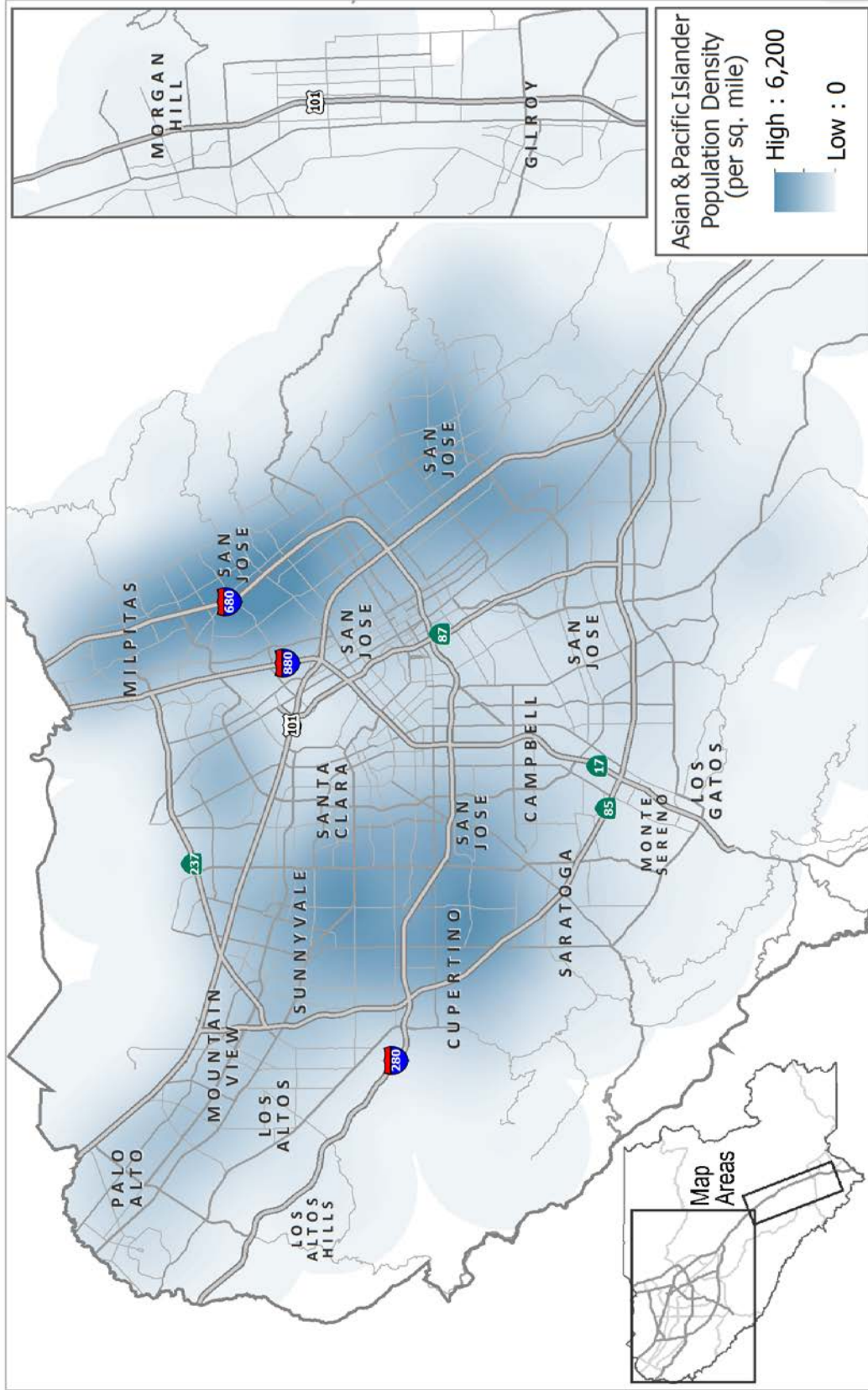
Population distribution

	Count	%
Total Asian	626,036	-
Chinese	168,920	27
Asian Indian	147,318	24
Vietnamese	131,718	21
Filipino	91,414	15
Korean	28,571	5
Japanese	26,707	4
Pakistani	5,224	1
Cambodian	4,177	1
Thai	2,277	<1
Indonesian	1,423	<1
Laotian	1,299	<1
Nepalese	1,142	<1
Burmese	1,075	<1
Other subgroups	14,771	<1

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

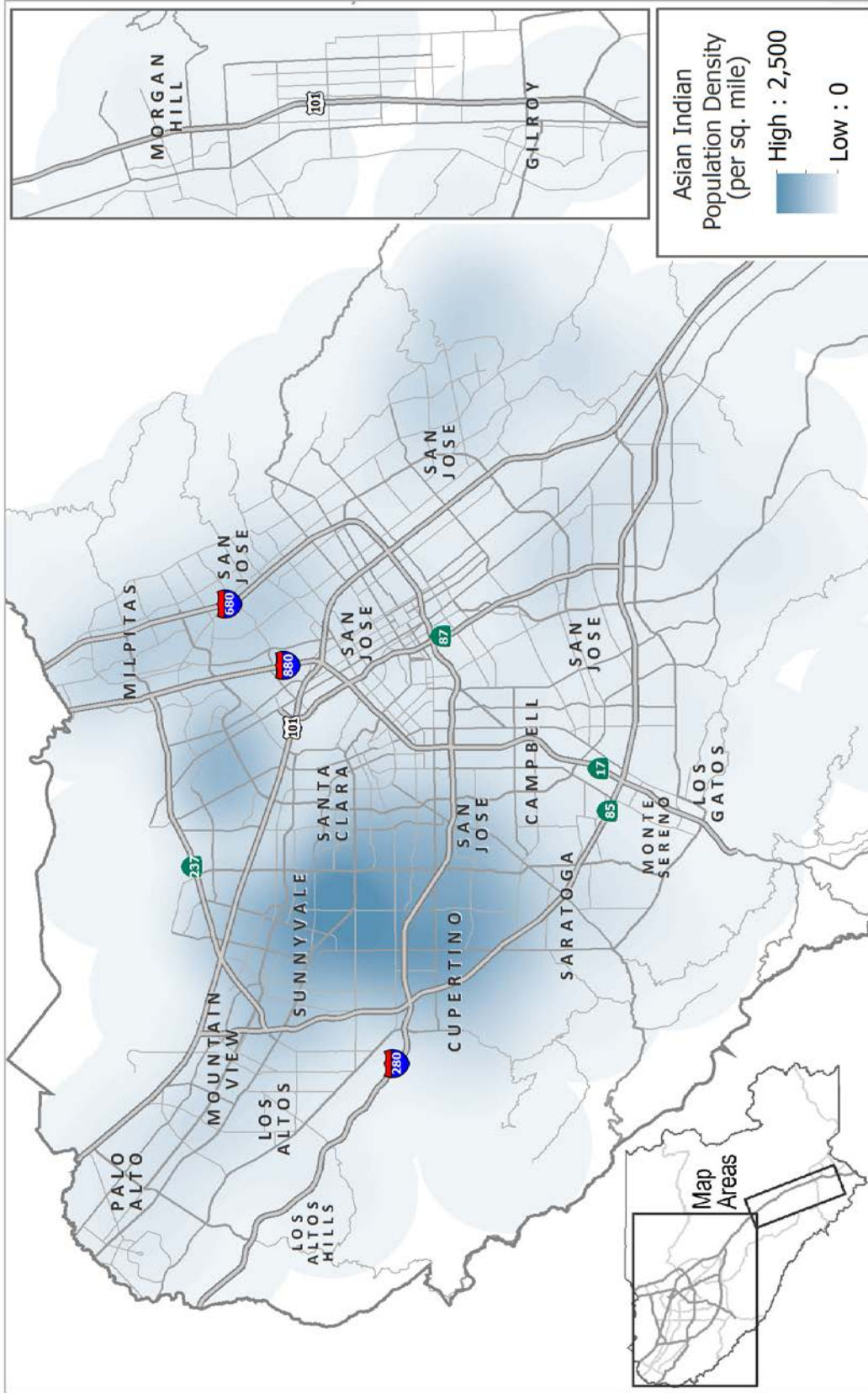
The Asian/Pacific Islander population resided throughout Santa Clara County. Most of the cities had a significant Asian/Pacific Islander population, though variations existed in the geographical distribution of the major Asian/Pacific Islander subgroups. Vietnamese and Filipino residents predominantly resided in Milpitas and the eastern parts of San Jose. Chinese and Asian Indian residents were mostly concentrated in the Cupertino and Sunnyvale areas respectively. Japanese and Korean residents were mainly concentrated in the western areas of San Jose and adjoining cities.³

Asian/Pacific Islander population distribution, Santa Clara County



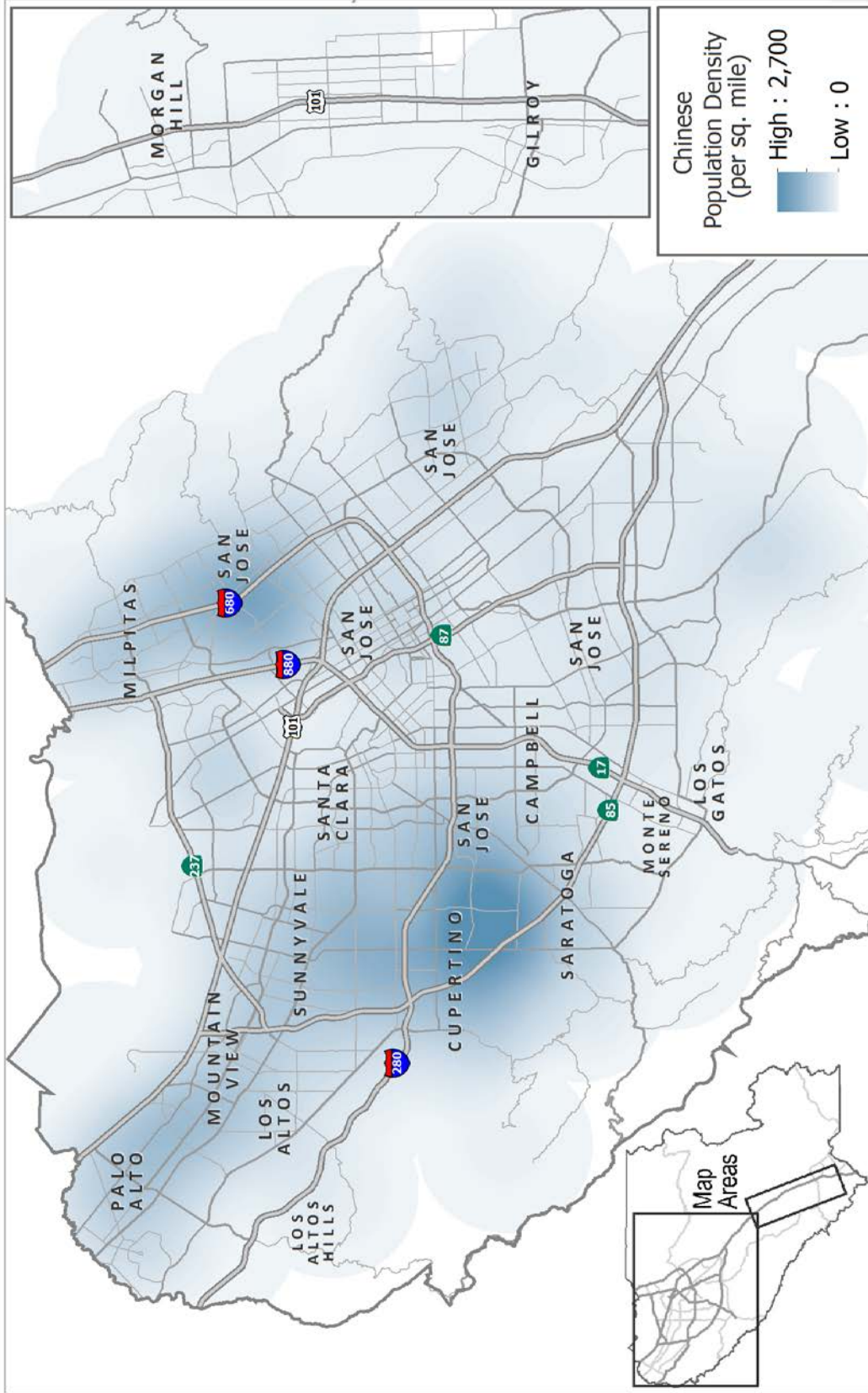
Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates.

Asian Indian population distribution, Santa Clara County



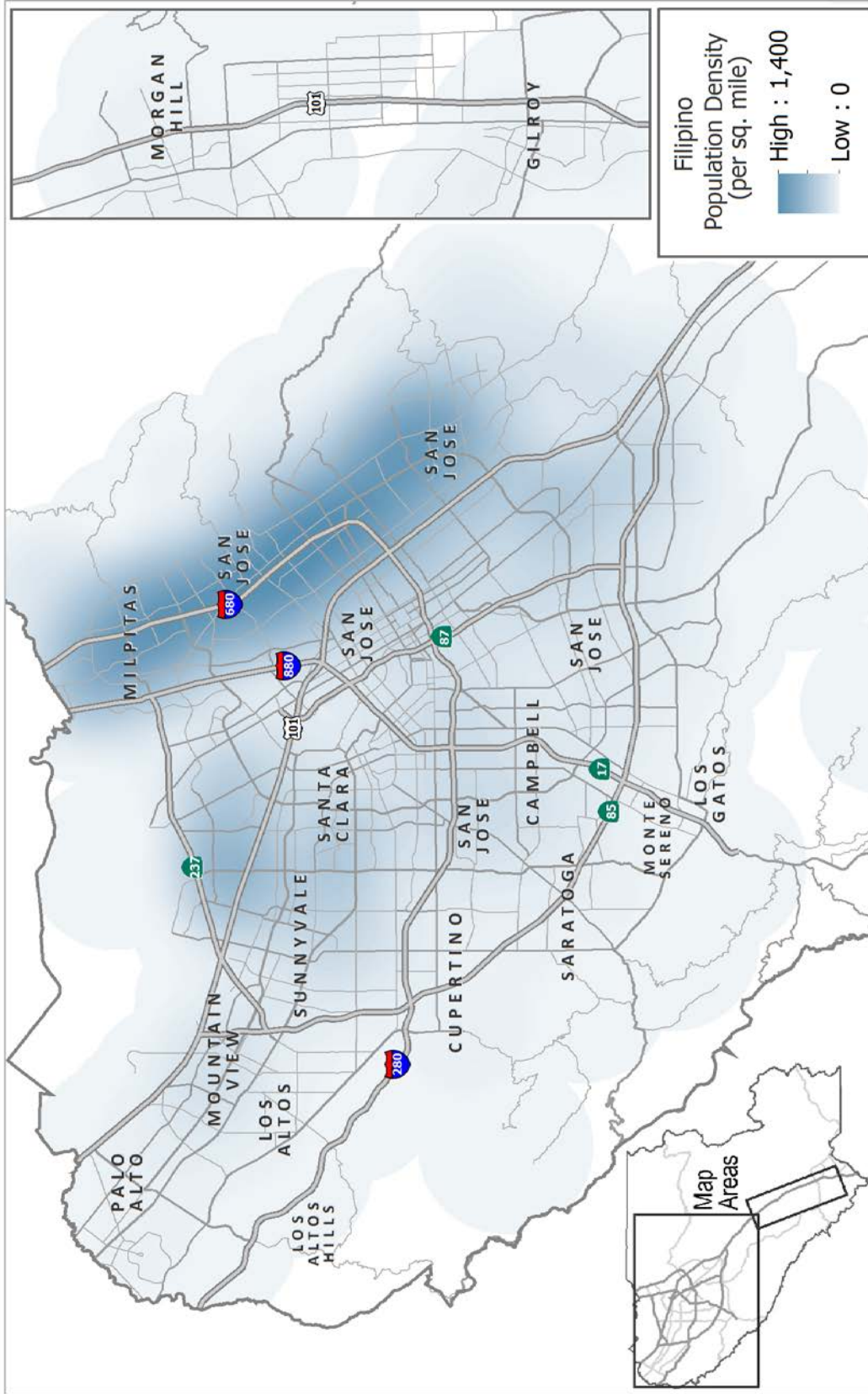
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Chinese population distribution, Santa Clara County



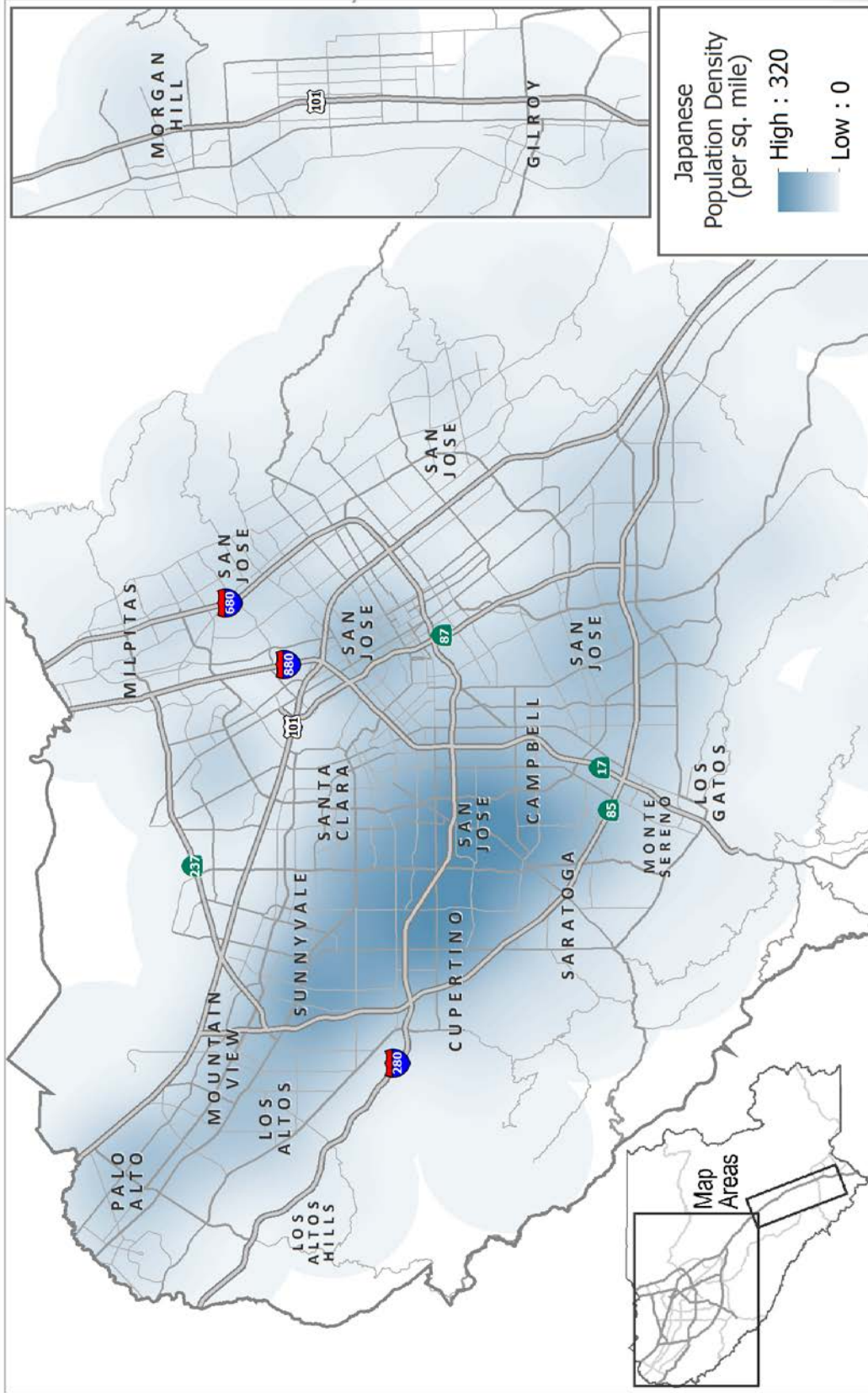
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Filipino population distribution, Santa Clara County



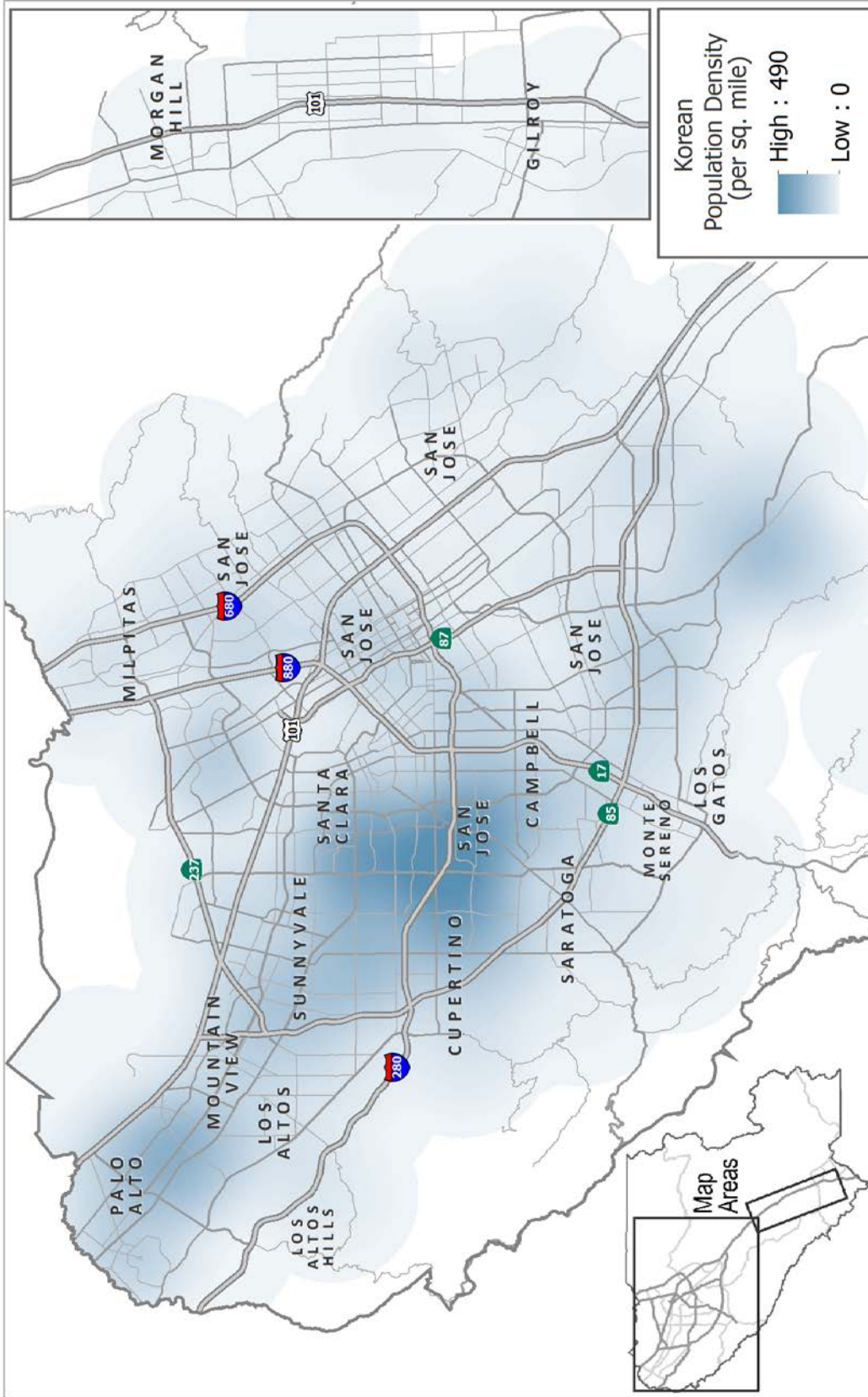
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Japanese population distribution, Santa Clara County



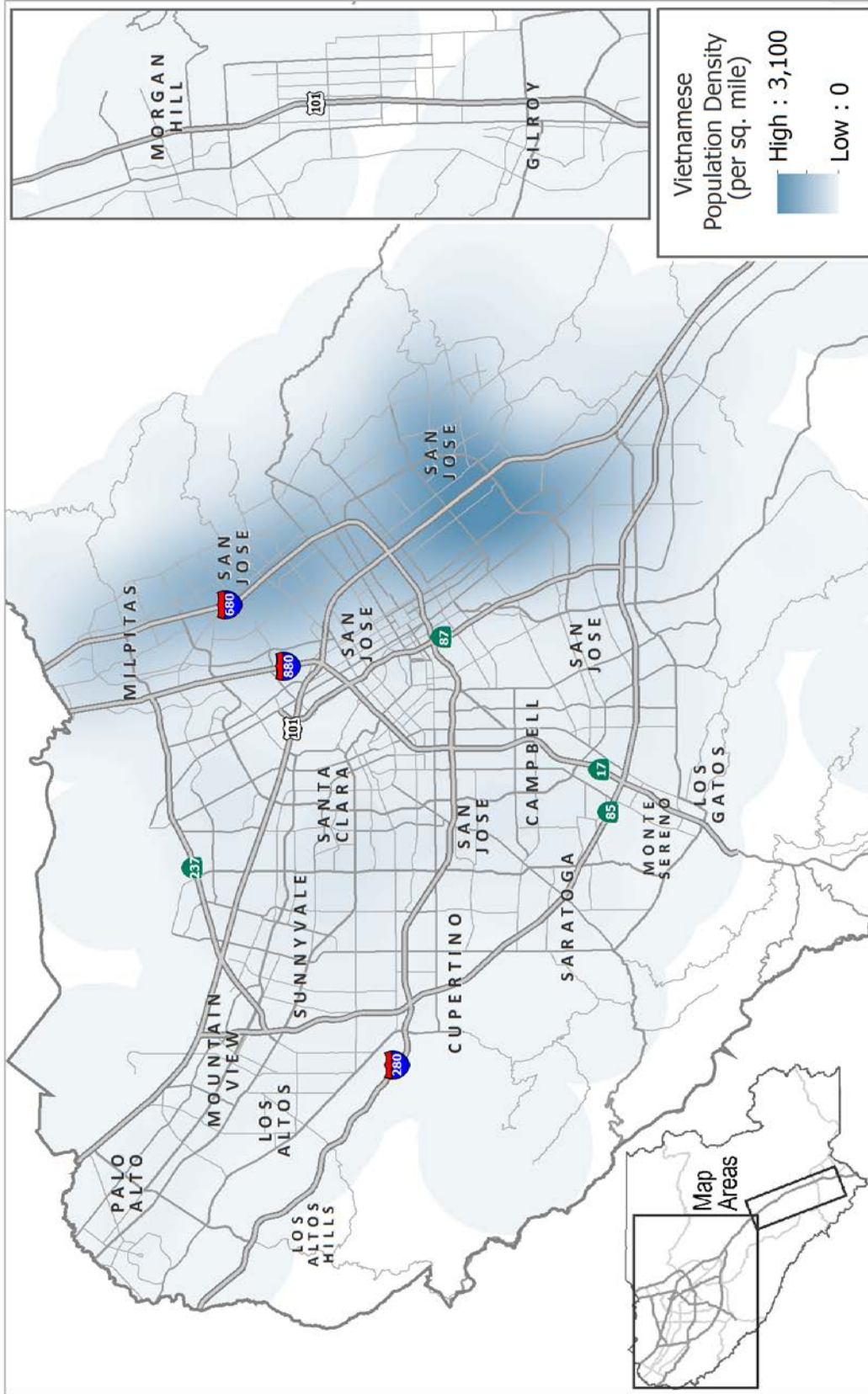
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Korean population distribution, Santa Clara County



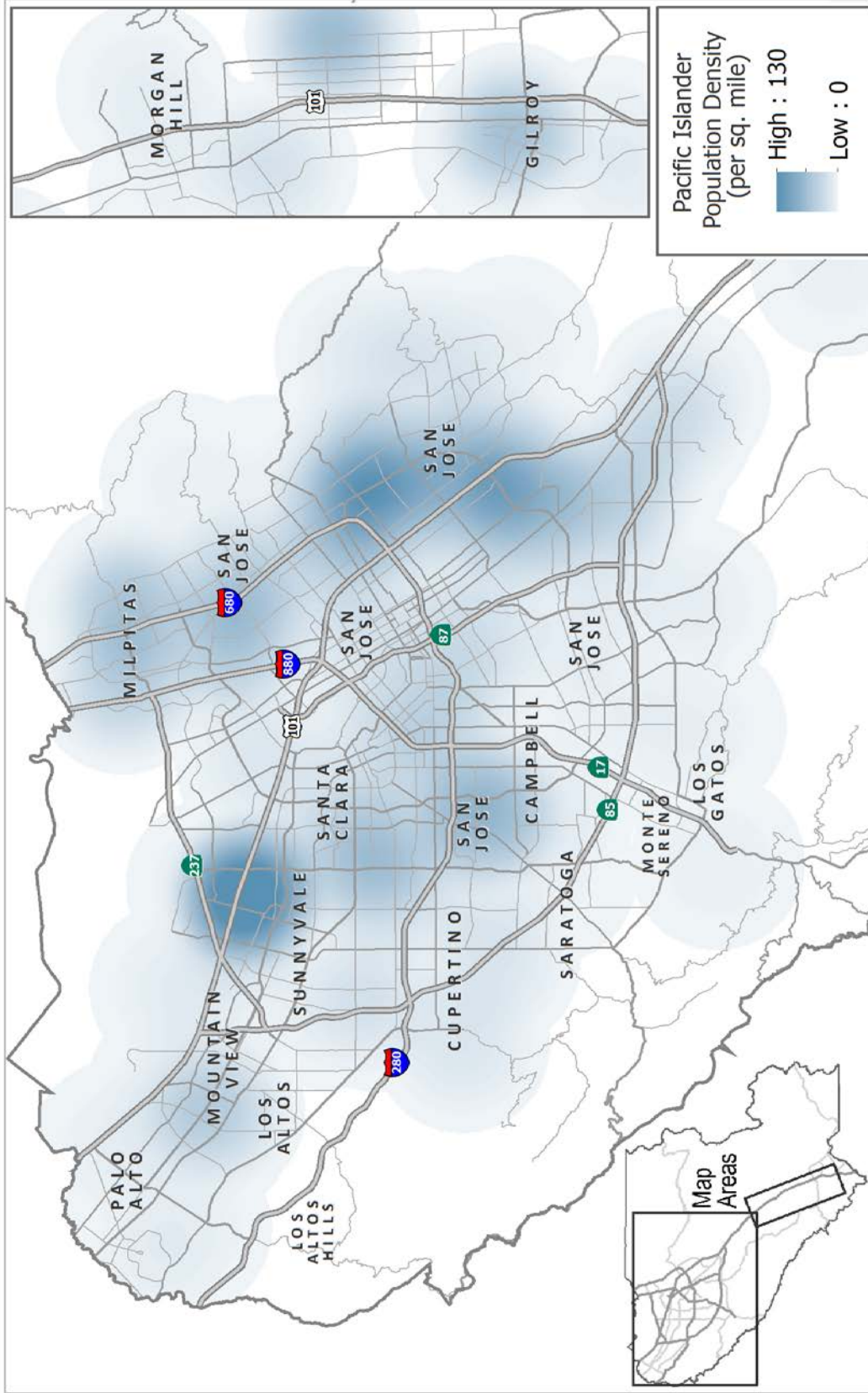
Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates.

Vietnamese population distribution, Santa Clara County



Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates.

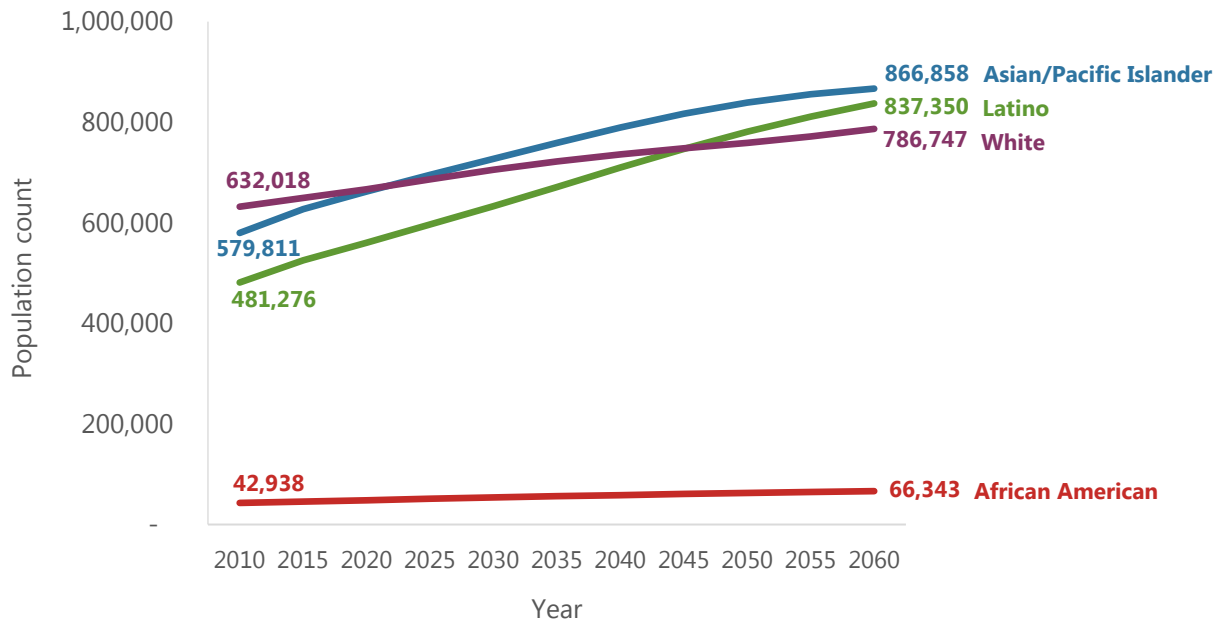
Pacific Islander population distribution, Santa Clara County



Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates.

Compared to the 2010 population of 1.8 million, Santa Clara County population was projected to increase to 2.8 million by 2060, an increase of 57%. Similarly, Asian/Pacific Islander population was projected to grow by approximately 50% during the same time period.⁴

Population projections



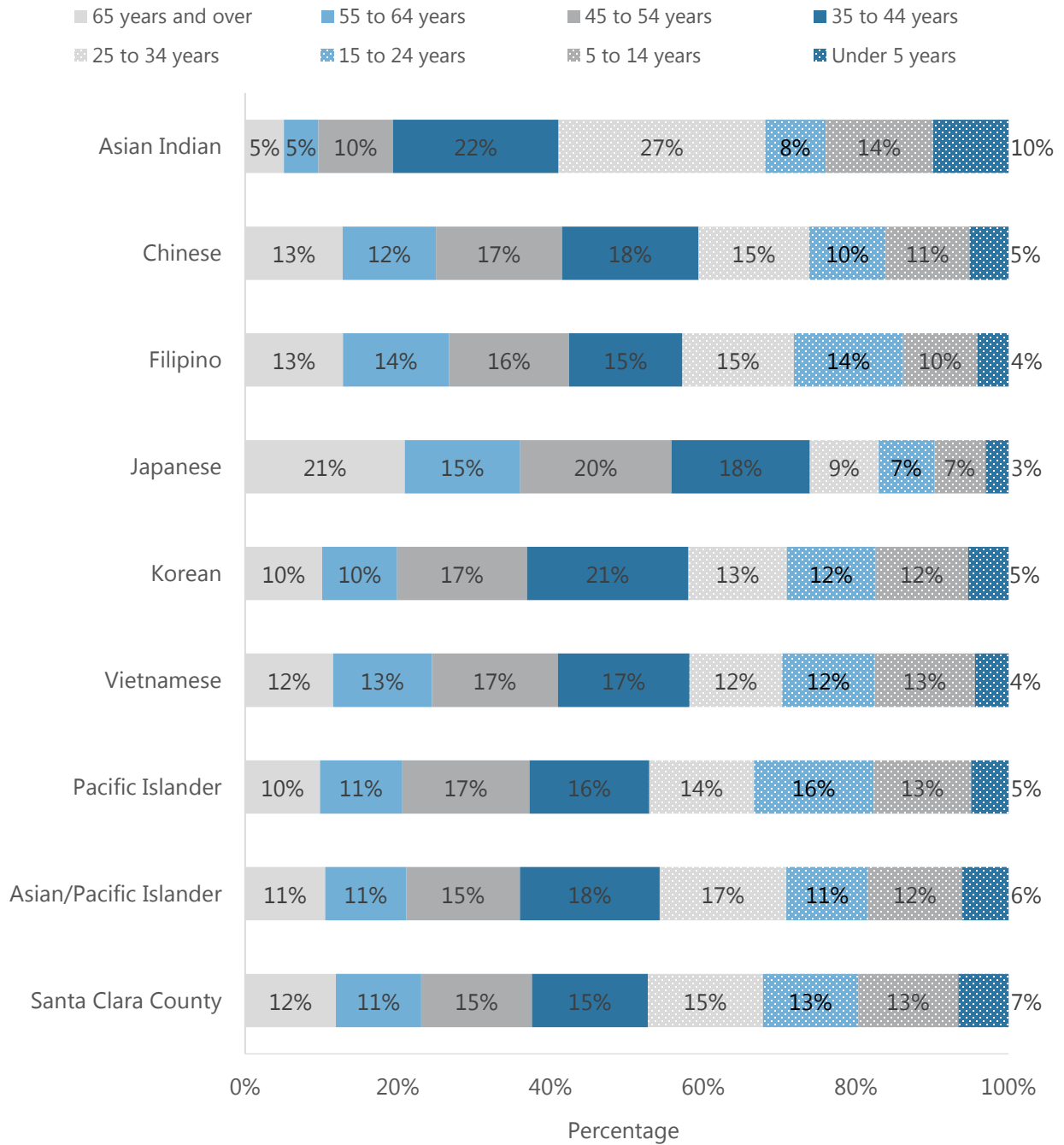
Source: State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010–2060, Sacramento, California, February 2017.

AGE DISTRIBUTION

Overall, the Santa Clara County population was relatively young with a median age of 37 years. Nearly 1 in 5 (20%) county residents were under the age of 15 years and 12% were ages 65 years and older. The median age was highest among White residents (46 years), followed by Asian/Pacific Islander (37 years), African American (36 years) and Latino residents (29 years). Latinos had the highest percentage of children under the age of 15 years (27%) followed by Asian/Pacific Islanders (18%), African Americans (18%) and Whites (13%). Latinos had the lowest percentage of adults ages 65 years and over (6%) followed by African Americans (9%), Asian/Pacific Islanders (11%) and Whites (19%).¹

Among the major Asian subgroups, Asian Indians were the youngest with a median age of 32 years, followed by Koreans (39 years), Filipinos (40 years), Vietnamese (40 years), Chinese (41 years) and Japanese (48 years). Nearly 1 in 4 (24%) Asian Indians were children under the age of 15 years. More than 1 in 5 Japanese (21%) were adults ages 65 years and older.¹

Population distributionⁱⁱ

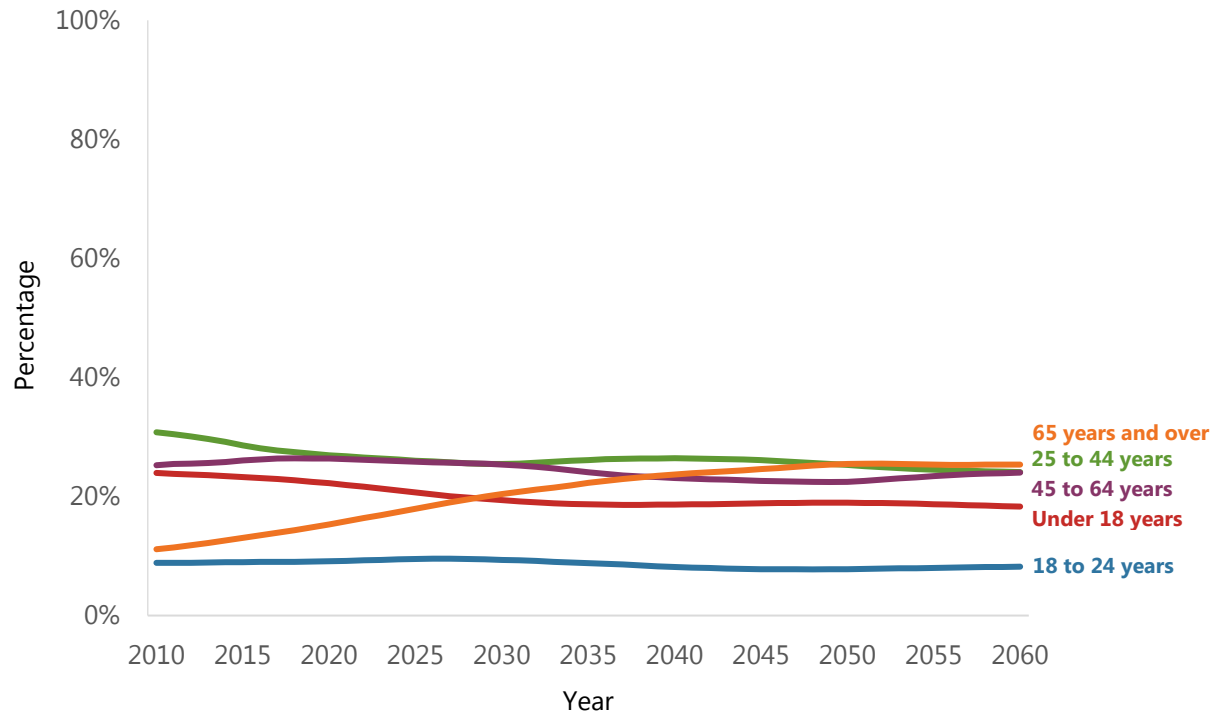


Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

ⁱⁱ In the report, Asian/Pacific Islander term is used to present data for overall Asian and overall Pacific Islander groups together. Depending upon the availability, data are also presented for overall Pacific Islander group separately and for each of the main Asian subgroup.

Countywide, the population of seniors (adults ages 65 years and older) was projected to increase from 11% in 2010 to 25% by 2060. Asian/Pacific Islander senior population was projected to increase from 9% in 2010 to 30% by 2060. Population projections estimated that by 2060, Asian/Pacific Islanders would have the highest percentage of seniors (30%) compared to other racial/ethnic groups (28% among Whites, 27% among African Americans, and 24% among Latinos).⁴

Population projections



Source: State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060, Sacramento, California, February 2017.

NATIVITY

Nearly 4 in 10 (38%) people in Santa Clara County were born outside of the United States. Santa Clara County had a higher percentage of foreign-born population than the U.S. (13%) and California (27%). Among the foreign born population in the county, more than 1 in 10 (11%) people entered in the United States in the year 2010 or later (referred as recent immigrants in the report). Asian/Pacific Islanders had the highest percentage of foreign born population compared to other racial/ethnic groups. More than 2 in 3 (67%) Asian/Pacific Islanders in the county were born outside the U.S. and 13% of the foreign born Asian/Pacific Islanders were recent immigrants. Among the main Asian/Pacific Islander subgroups, Asian Indians had the highest percentage of foreign born population (73%). The percentage of recent immigrants was higher among the Asian Indian (23%) and Japanese (21%) foreign born population.⁵

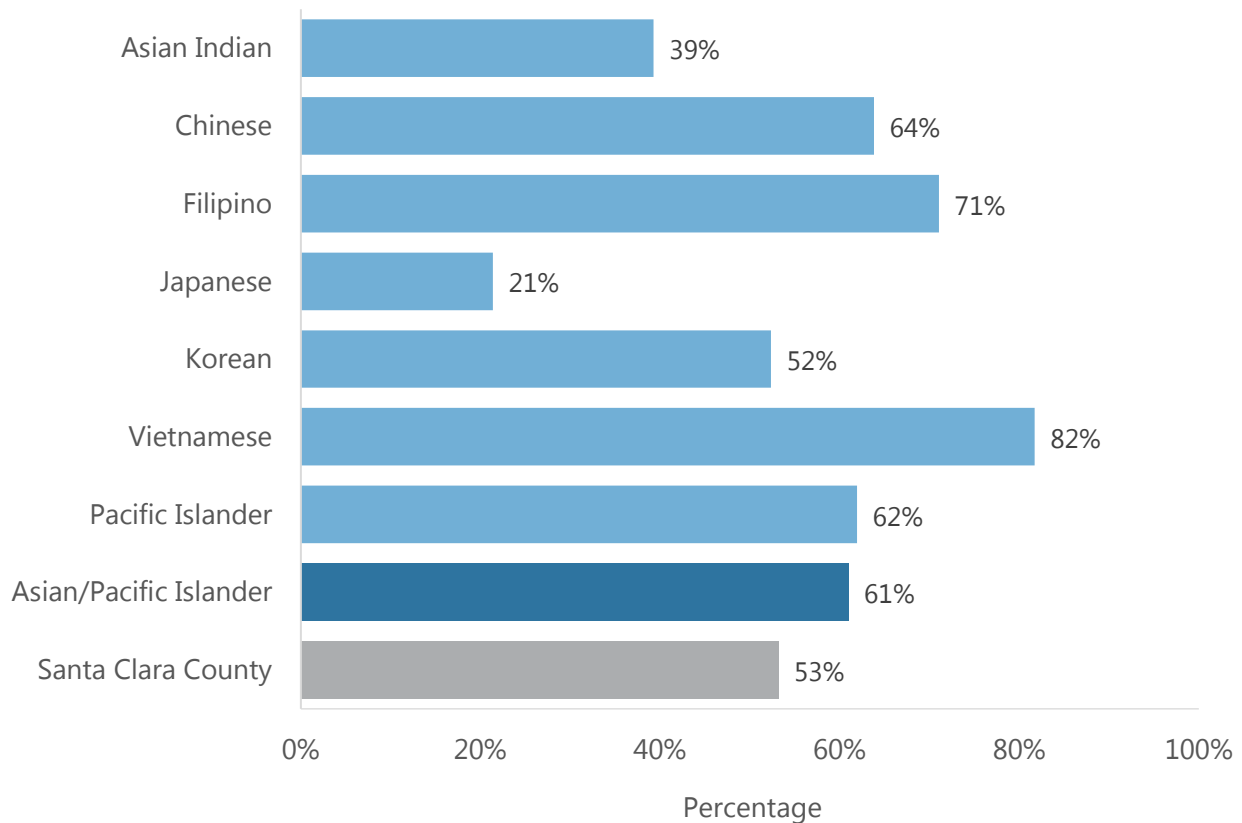
Percentage of population born outside the U.S. and of those, entered in the U.S. in year 2010 or later

	% Foreign born	% Recent immigrants
Santa Clara County	38	11
Race/Ethnicity		
African American	17	13
Asian/Pacific Islander	67	13
Latino	35	4
White	15	15
Asian/Pacific Islander subgroups		
Asian Indian	73	23
Chinese	68	12
Filipino	64	8
Japanese	41	21
Korean	71	14
Vietnamese	70	6
Pacific Islander	23	6

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Among the foreign born population in the county, more than half (53%) had been naturalized as the U.S. citizens; higher than the U.S. (47%) and California (49%). The percentage of foreign born naturalized U.S. citizens was lower among Latinos (31%) compared to African Americans (62%), Asian/Pacific Islanders (61%) and Whites (58%) in the county. Among the main Asian/Pacific Islander subgroups, foreign-born Vietnamese had the highest percentage of naturalized U.S. citizens (82%).⁵

Percentage of people born outside the U.S. who are naturalized U.S. citizens



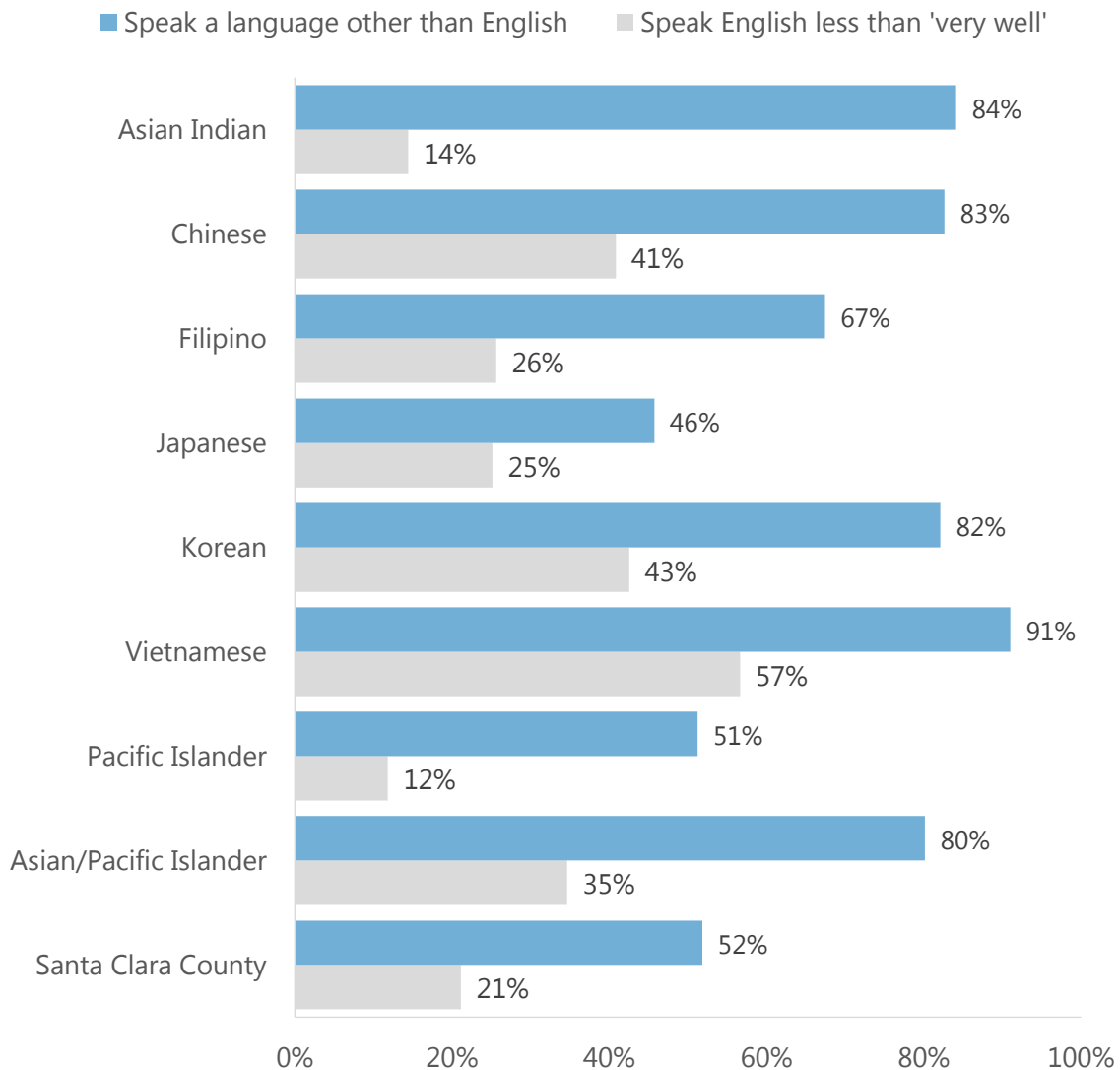
Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

LANGUAGE SPOKEN AT HOME

Countywide, more than half (52%) of the population ages 5 years and older speak a language other than English at home. This percentage was higher in the county than in the U.S. (21%) and California (44%). On the other hand, more than 1 in 5 (21%) people ages 5 years and older in the county did not speak English 'very well' compared to 9% in the U.S. and 19% in California.⁵

In Santa Clara County, Asian/Pacific Islanders ages 5 years and older (80%) had the highest percentage of those who speak a language other than English at home, followed by 70% of Latinos, 17% of African Americans and 15% of Whites. Similarly, Asian/Pacific Islanders ages 5 years and older had the highest percentage of those who do not speak English 'very well' (35%), compared to 29% of Latinos, 5% of African Americans, and 4% of Whites. Among the main Asian/Pacific Islander subgroups, Vietnamese residents had the highest percentages of people ages 5 years and older who speak a language other than English at home (91%) and those who do not speak English 'very well' (57%).⁵

Percentage of population ages 5 years and older who speak a language other than English at home and who do not speak English 'very well'



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

HOUSEHOLD COMPOSITION

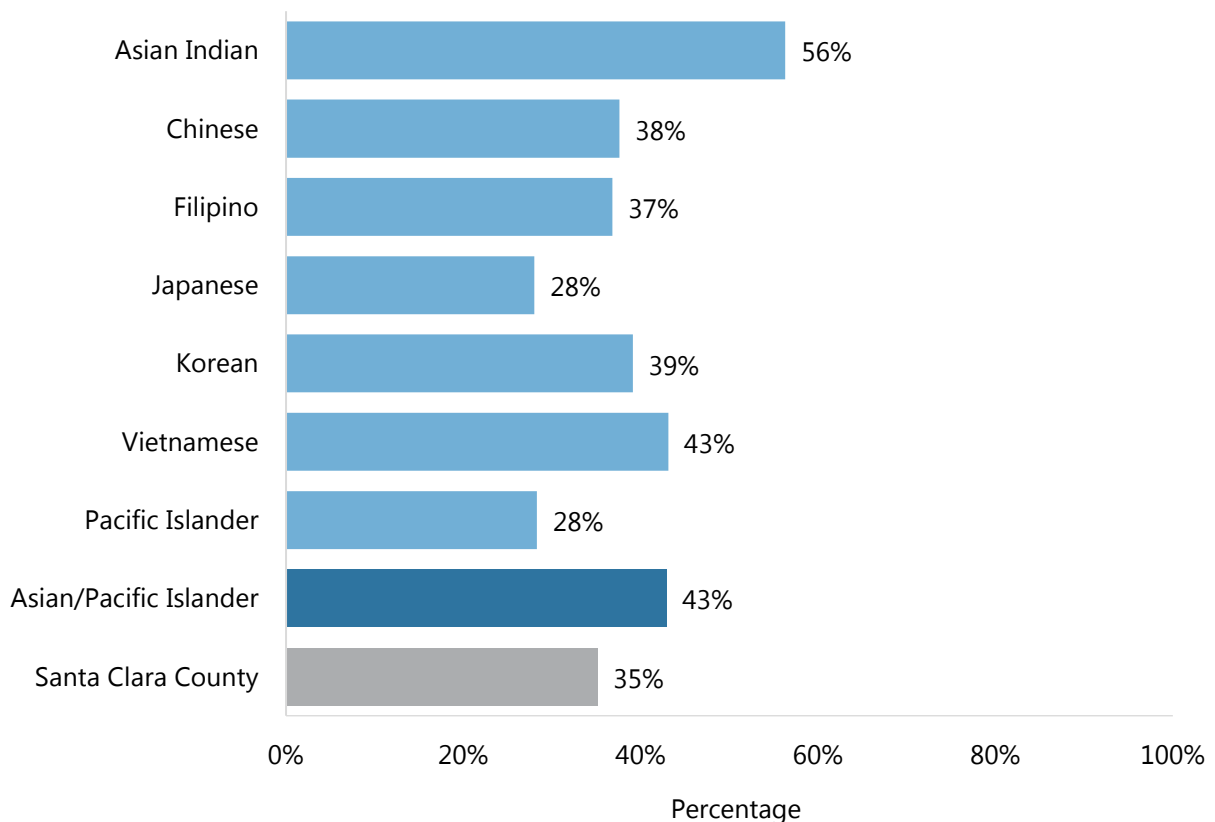
According to 2011-2015 American Community Survey, there were 621,463 householdsⁱⁱⁱ residing in Santa Clara County. Asian/Pacific Islander households accounted for nearly 1 in 3 (32%)

ⁱⁱⁱ A household consists of all the people who occupy a housing unit. A family group is any two or more people residing together, and related by birth, marriage, or adoption. A household may be composed of one such group, more than one, or none at all. A family household is a household maintained by a householder who is in a family, and includes any unrelated people who may be residing there. The number of family households is equal to the number of families. "Single-parent family/household," means only one parent is present in the home. The parent may be never-married, widowed, divorced, or married, spouse absent. For more information, visit U.S. Census Bureau; Current Population Survey subject definitions at <https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html>

households in the county; along with 43% White, 19% Latino and 3% African American households. Countywide, more than 7 in 10 (72%) households were family households. A higher percentage of Asian/Pacific Islander and Latino households (80% each) were family households compared to White and African American households (63% each). Of the 198,987 Asian/Pacific Islander households, 30% were Chinese, 24% were Asian Indian, 18% were Vietnamese, 12% were Filipino, 6% were Japanese, 5% were Korean, and 1% were Pacific Islander households. Among the main Asian/Pacific Islander subgroups, higher percentage of Vietnamese (85%), Filipino (85%) and Asian Indian households (83%) were family households compared to Korean (77%), Chinese (74%) and Japanese (67%) households.⁵

More than 1 in 3 (35%) households in the county had children under the age of 18 years living in the households.^{iv} This percentage was higher among Latino (47%) and Asian/Pacific Islander (43%) households compared to African American (31%) and White (24%) households. Among the main Asian/Pacific Islander subgroups, this percentage was highest for Asian Indian households (56%).⁵

Percentage of households that have householder's own children under the age of 18 years living in the household



^{iv} Data only includes householder's own children under the age of 18 years living in the households.

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

According to 2011-2015 American Community Survey, there were 45,196 households where the householder is living alone and is at least 65 years of age; accounting for 7% of the total households in the county. This percentage was lower among the Asian/Pacific Islander and Latino households (4% each) compared to other racial/ethnic groups. Among the main Asian/Pacific Islander subgroups, the percentage of households where the householder is living alone and is at least 65 years of age was highest for Japanese households (10%).⁵

Percentage of households where householder is living alone and ages 65 years or over

	%
Santa Clara County	7
Race/Ethnicity	
African American	7
Asian/Pacific Islander	4
Latino	4
White	12
Asian/Pacific Islander subgroups	
Asian Indian	1
Chinese	5
Filipino	2
Japanese	10
Korean	4
Vietnamese	4
Pacific Islander	1

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

REFERENCES

- ¹ U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP05; generated by Baath M.; using American FactFinder; Accessed July 21, 2017.
- ² U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Table B02001; generated by Schenk D.; using American FactFinder; Accessed July 26, 2017.
- ³ U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates, Table B02006; generated by Schenk D.; using American FactFinder; Accessed August 8, 2017.
- ⁴ State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060, Sacramento, California, February 2017.
- ⁵ U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP02; generated by Baath M.; using American FactFinder; Accessed July 14, 2017.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality-of-life outcomes and risks. Resources and opportunities that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, employment status, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Population level health measures may be improved by working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior. Improving the conditions in which we live, learn, work, play, and the quality of our relationships will create a healthier population, society, and workforce.¹ This section highlights data on education, income and poverty, and housing conditions.

EDUCATION

Why it's important

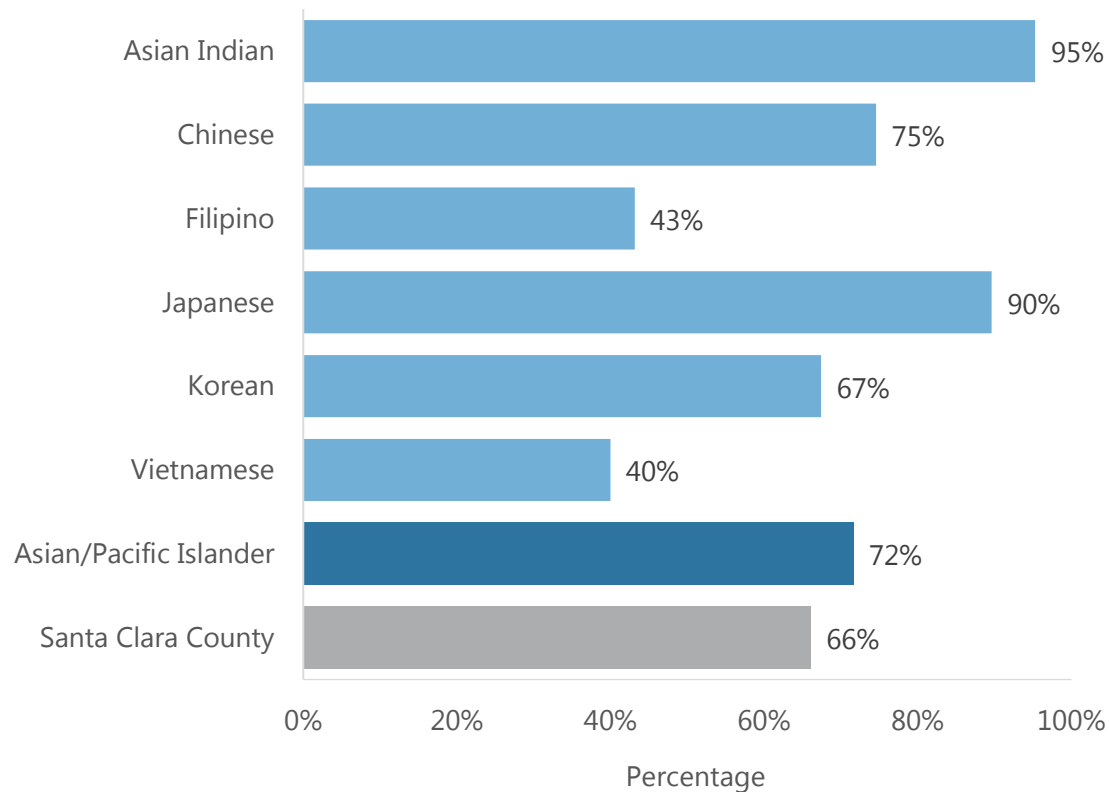
Education may be the most powerful social determinant of health because it opens the doors to opportunities that lead to a higher socioeconomic status or class. Higher educational attainment is associated with higher paying jobs and the related benefits such as financial security, health insurance, healthier working conditions, and social connections. When controlling for income, a large body of evidence links education with health. This may be because education gives us the tools necessary to make informed decisions about our health. Statewide, educational attainment varies by subgroup, with Vietnamese, Cambodian, Hmong, Laotian, and Pacific Islander adults less likely to have a college degree.²

What the data tell us

Preschool enrollment:

In Santa Clara County, two-thirds (66%) of children ages 3 and 4 years were enrolled in a preschool or nursery school. More than 7 in 10 (72%) Asian/Pacific Islander children ages 3 and 4 years were enrolled in a preschool or nursery school. Compared to Asian/Pacific Islander children, this percentage was higher among African American (93%) and White children (81%) and lower among Latino children (48%) ages 3 and 4 years. Among the Asian/Pacific Islander subgroups, a higher percentage of Asian Indian (95%) and Japanese (90%) children ages 3 and 4 years were enrolled in a preschool or nursery school compared to other subgroups.³

Percentage of children ages 3 and 4 who are enrolled in a preschool or nursery school



Note: Data are not presented for Pacific Islanders due to small sample size.

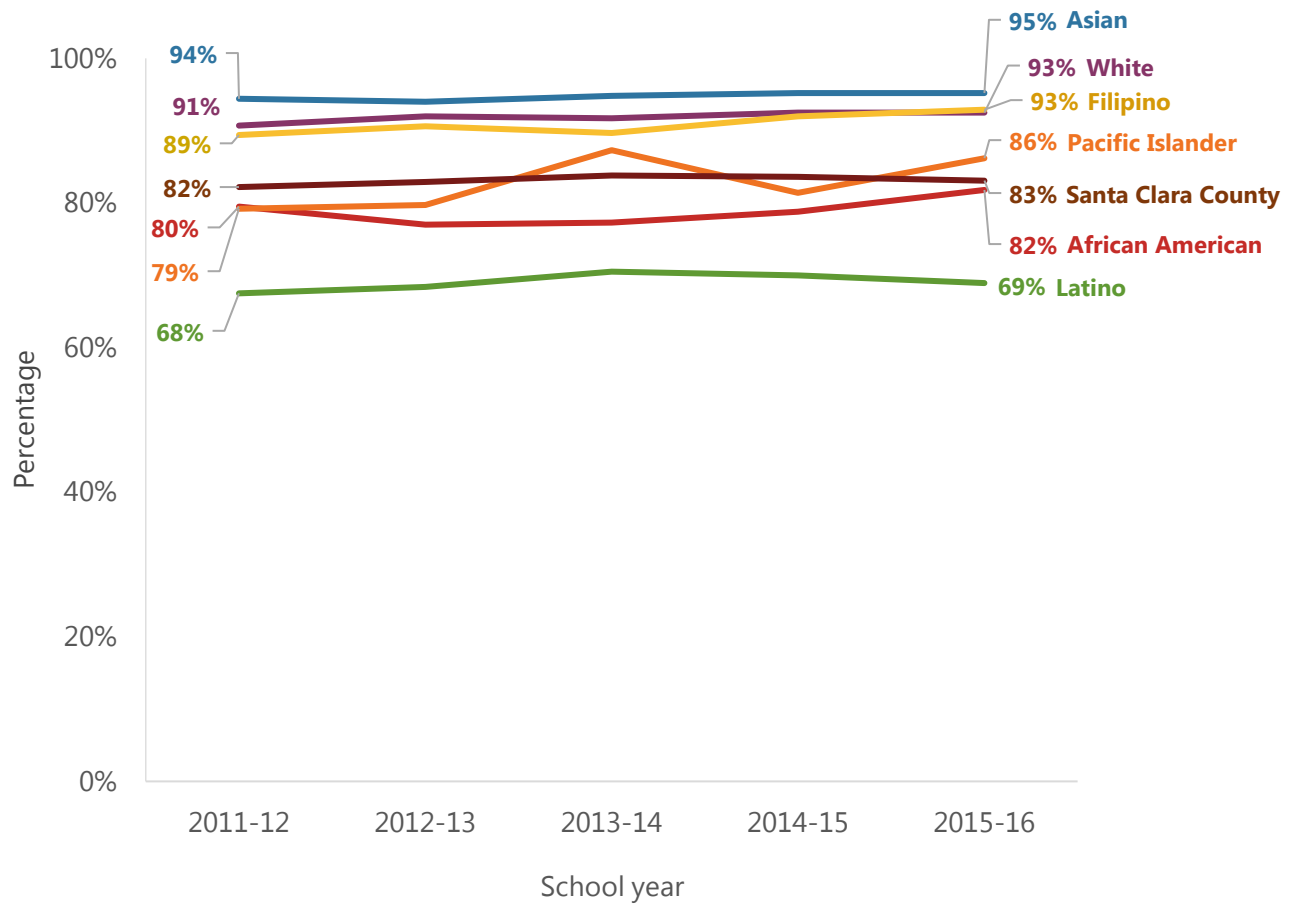
Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables and U.S. Census Bureau, 2010 Census.

High school graduation:

Cohort high school graduation rate^v for Santa Clara County was 83% during the 2015-16 school year, similar to the California rate of 84%. Asian students had the highest cohort graduation rate during the 2011-12 to 2015-16 school years (ranging from 94% to 95%), compared to other racial/ethnic groups in the county. During the same time period, the cohort graduation rate among Filipino students increased from 89% to 93%. Similarly, the rate increased among Pacific Islander students from 79% during the 2011-12 school year to 86% during the 2015-16 school year.⁴

^v The four-year cohort graduation rate is calculated by dividing the number of students in the four-year adjusted cohort who graduate in four years or less by the number of students who form the adjusted cohort for that graduating class. For more information, visit: http://dq.cde.ca.gov/dataquest/cohortrates/CohortOutcomeDefinitions2016_8_22.pdf. Cohort refers to a defined group.

Cohort high school graduation rate



Note: Data are not available for other Asian subgroups.

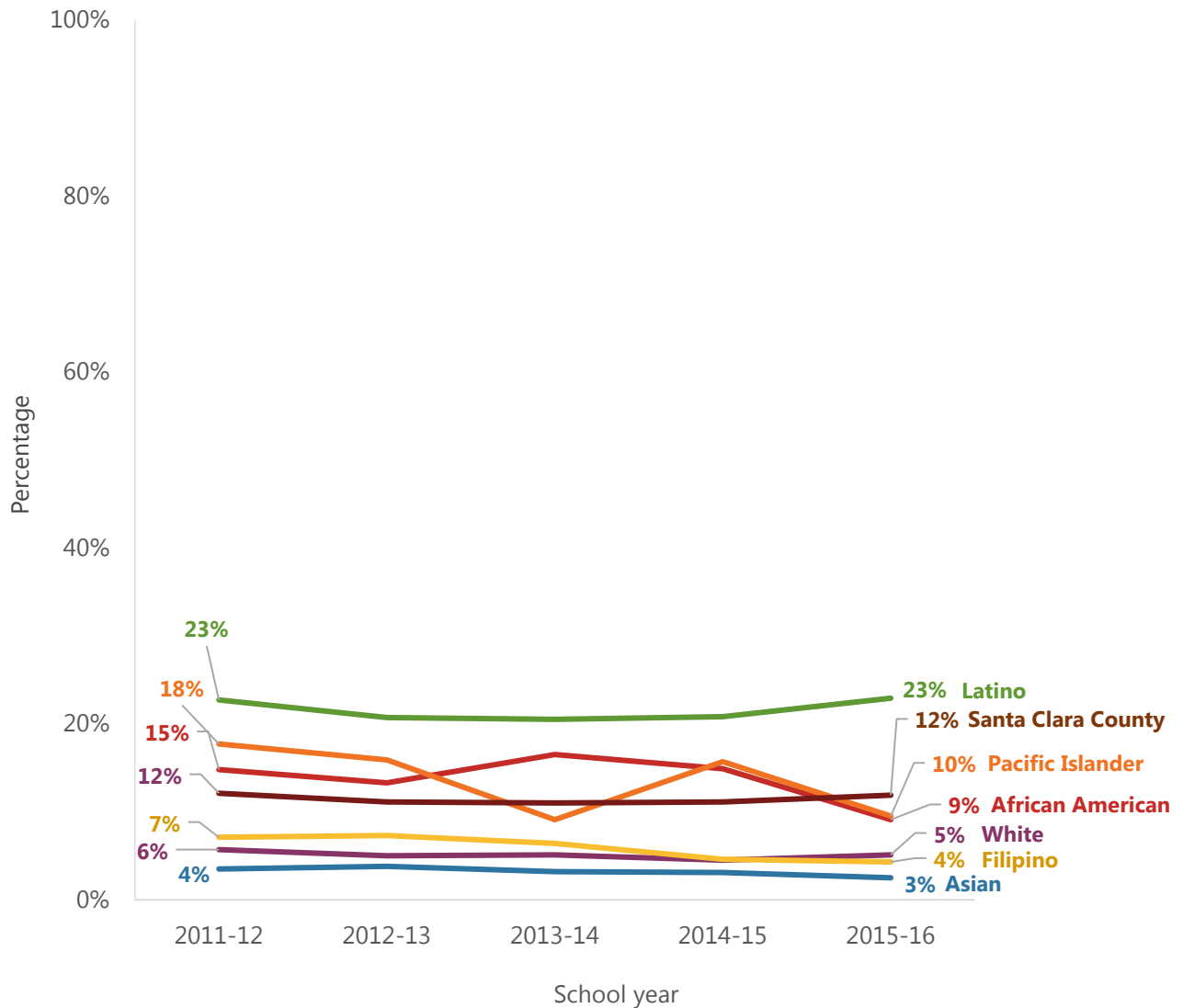
Source: California Department of Education, Data Quest, California Longitudinal Pupil Achievement Data System (CALPADS).

High school dropout:

During the 2015-16 school year, the cohort high school dropout rate^{vi} among Santa Clara County students was 12%; higher than the California rate of 10%. Asian students had the lowest cohort dropout rate from 2011-12 through 2015-16 school years (ranging 4% to 3%), compared to other racial/ethnic groups in the county. During the same time period, cohort dropout rate among Filipino students decreased from 7% to 4%. Similarly, the rate decreased among Pacific Islander students from 18% during the 2011-12 school year to 10% during the 2015-16 school year.⁴

^{vi} Cohort dropout rate is the rate of students that leave the 9-12 instructional system without a high school diploma and do not remain enrolled after the end of the 4th year. The rate is calculated by dividing the number of students in the four-year cohort that dropped out by the end of year 4 of the cohort by the number of students who form the adjusted cohort for that graduating class. For more information, visit: http://dq.cde.ca.gov/dataquest/cohortrates/CohortOutcomeDefinitions2016_8_22.pdf

Cohort high school dropout rate

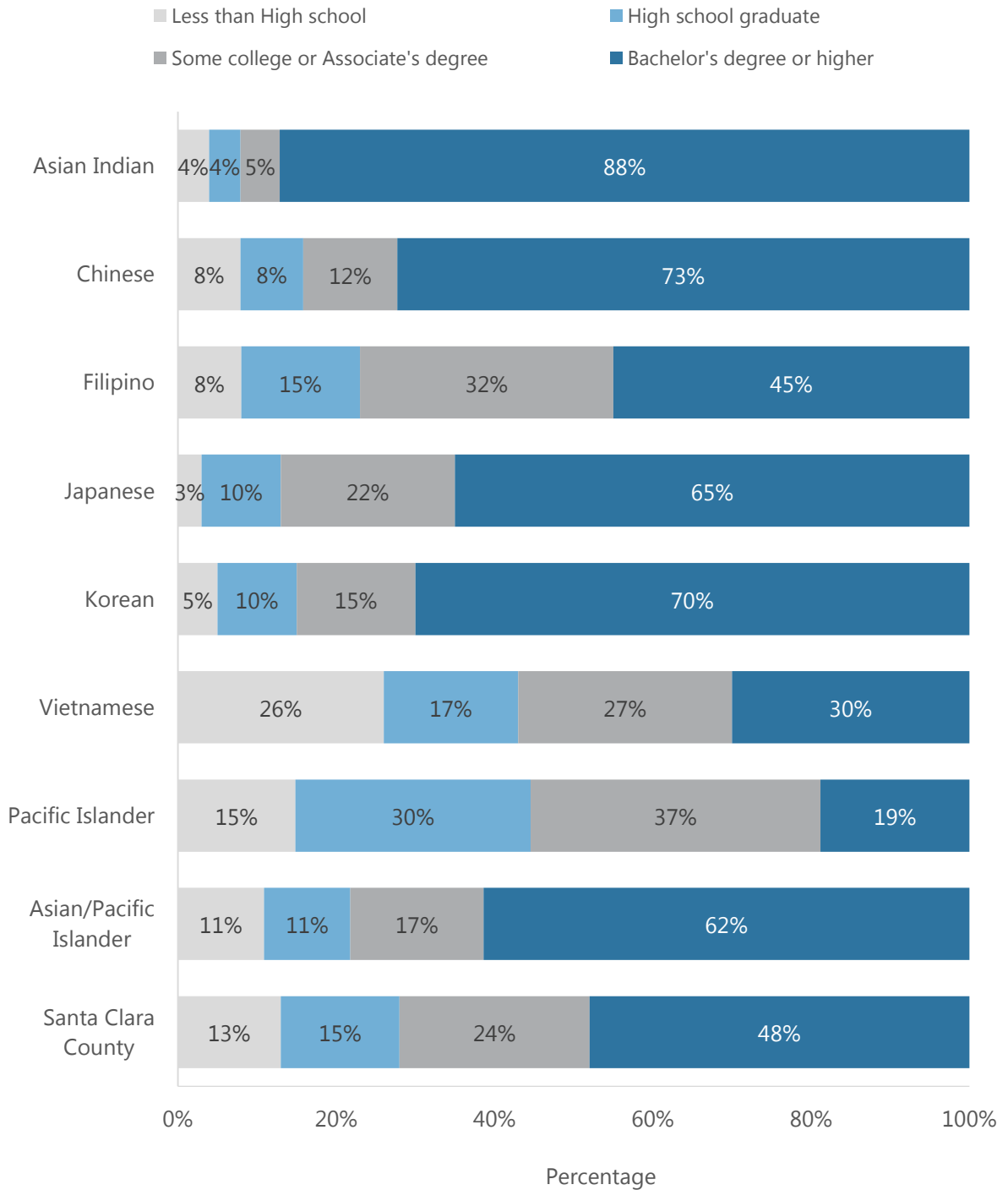


Note: Data are not available for other Asian subgroups.
 Source: California Department of Education, Data Quest, California Longitudinal Pupil Achievement Data System (CALPADS).

Educational attainment:

Nearly half (48%) of adults ages 25 years and older had a Bachelor’s degree or higher educational attainment in Santa Clara County; higher than those in the U.S. (30%) and California (31%). A higher percentage of Asian/Pacific Islander adults ages 25 years and older had a Bachelor’s degree or higher (62%) compared to 55% White, 33% African American, and 15% Latino adults ages 25 and older in the county. Among the main Asian/Pacific Islander subgroups, a higher percentage of Asian Indian adults ages 25 years and older (88%) had a Bachelor’s degree or higher.⁵

Educational attainment among adults ages 25 years and older



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

INCOME AND POVERTY

Why it's important

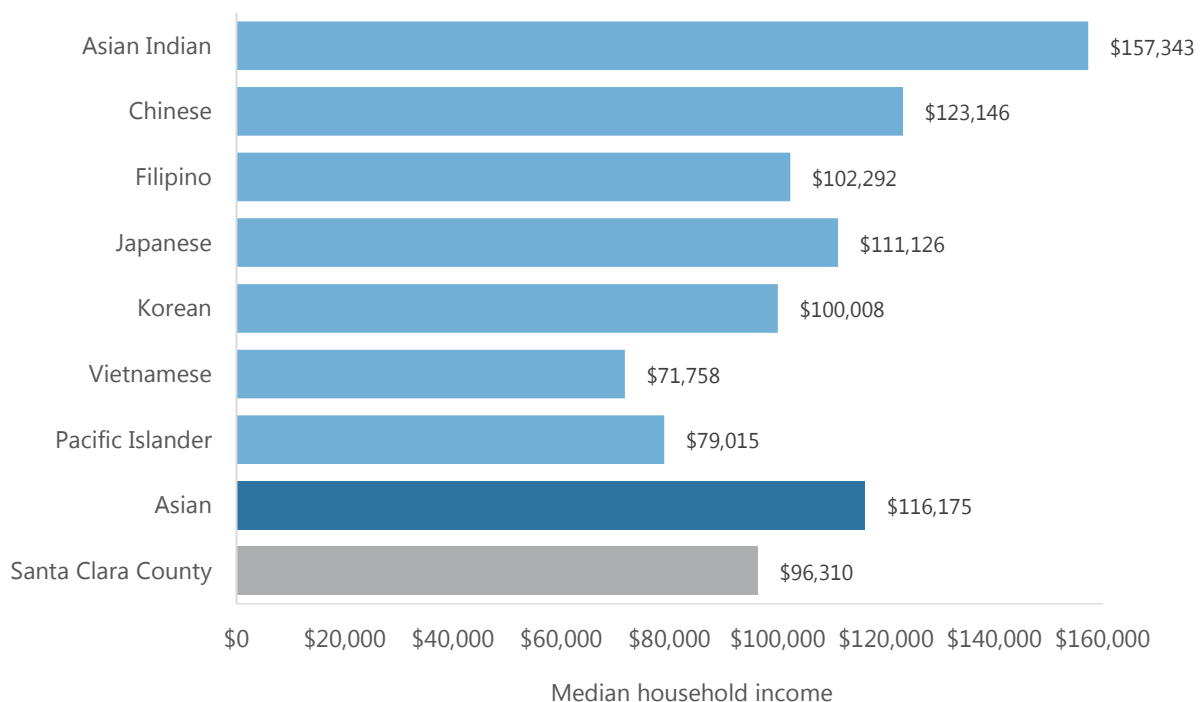
A person and/or family's income offers a broad view of the economic circumstances in which people are living, including those who are living in poverty. Living in poverty may alter the life course, impacting not only the social and cognitive development of people but also affecting their physical health. Studies suggest while Asian Americans may appear to have higher incomes than other races/ethnicities, wealth is very concentrated. Asian Americans experience a larger wealth inequality gap than among Whites, meaning that wealth is unequally distributed within the Asian American population.⁶

What the data tell us

Median household income:

According to the 2011-2015 American Community Survey, median household income in Santa Clara County was \$96,310; higher than the median household income in the U.S (\$53,889) and California (\$61,818). Asian (\$116,175) and White households (\$105,703) had higher median household incomes than African American (\$64,468) and Latino households (\$61,124) in the county. Among the main Asian/Pacific Islander subgroups, Asian Indians had the highest median household income (\$157,343).⁷

Median household income

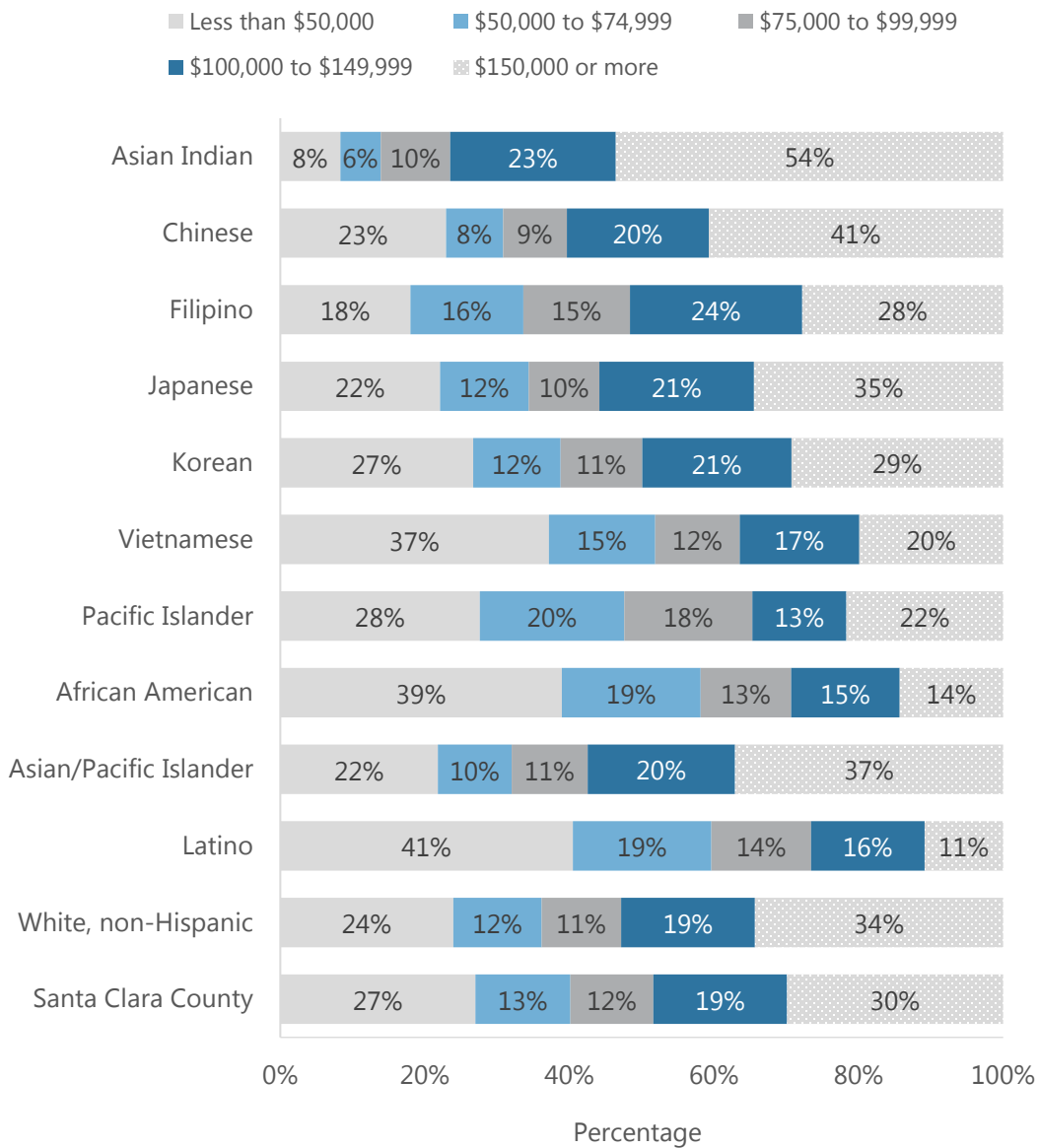


Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Annual household income:

More than 1 in 4 households (27%) in Santa Clara County had an annual household income of less than \$50,000. A lower percentage of Asian/Pacific Islander (22%) and White households (24%) had an annual household income of less than \$50,000 compared to African American (39%) and Latino households (41%). Among the main Asian/Pacific Islander subgroups, Vietnamese (37%) had the highest percentage of households with an annual household income of less than \$50,000.⁷

Percentage of households by annual household income categories



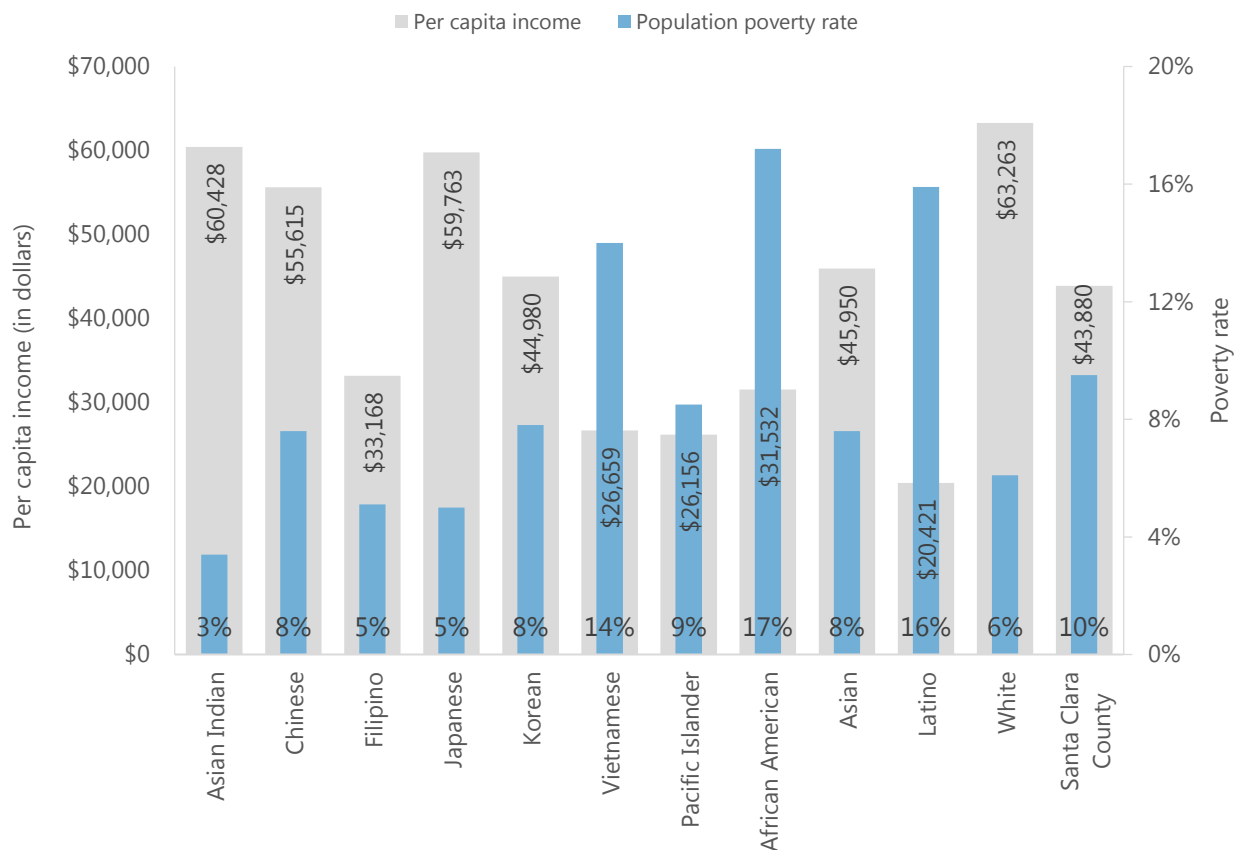
Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Per capita income and poverty:

Per capita income is the average income earned per person in a specified year. Per capita income was \$43,880 in Santa Clara County; higher than that of the U.S (\$28,930) and California (\$30,318). Whites (\$62,263) and Asians (\$60,428) had higher per capita income than African Americans (\$31,532) and Latinos (\$20,421) in the county. Among the main Asian/Pacific Islander subgroups, Vietnamese (\$26,659) and Pacific Islanders (\$26,156) had lower per capita income than other subgroups.⁷

Ten percent of the county population was living below the 100% Federal Poverty level.^{vii} The percentage of people living below poverty was higher in the U.S and California (16% each). In the county, the percentage of population living below poverty was lower among Asians (8%) and Whites (6%) compared to Latinos (16%) and African Americans (17%). Among the main Asian/Pacific Islander subgroups, Vietnamese (14%) had the highest percentage of population living in poverty.⁷

Per capita income and poverty rate



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

^{vii} In 2015, 100% of the federal poverty guideline for a family of four is \$24,250.

Child poverty:

The poverty rate among children less than 18 years of age was 11% in Santa Clara County; lower than the rate in the U.S. (22%) and California (23%). Whites (4%) and Asians (6%) had lower child poverty rates than Latinos (20%) and African Americans (21%) in the county. Among the main Asian/Pacific Islander subgroups, Vietnamese (14%) had the highest child poverty rate.⁷

Senior poverty:

The poverty rate among seniors ages 65 year and older was 9% in the county; similar to the rate in the U.S (9%) and California (10%). Asians (13%) had the highest poverty rate among seniors than other racial/ethnic groups in the county. Among the main Asian/Pacific Islander subgroups, Vietnamese (19%), Koreans (18%) and Chinese (16%) had higher rates of poverty among seniors.⁷

Poverty rate among children less than 18 years of age and seniors ages 65 years and over

	Child poverty rate (%)	Senior poverty rate (%)
Santa Clara County	11	9
Race/ethnicity		
African American	21	11
Asian	6	13
Latino	20	12
White	4	6
Asian/Pacific Islander subgroups		
Asian Indian	2	5
Chinese	4	16
Filipino	5	6
Japanese	3	4
Korean	6	18
Vietnamese	14	19
Pacific Islander	8	6

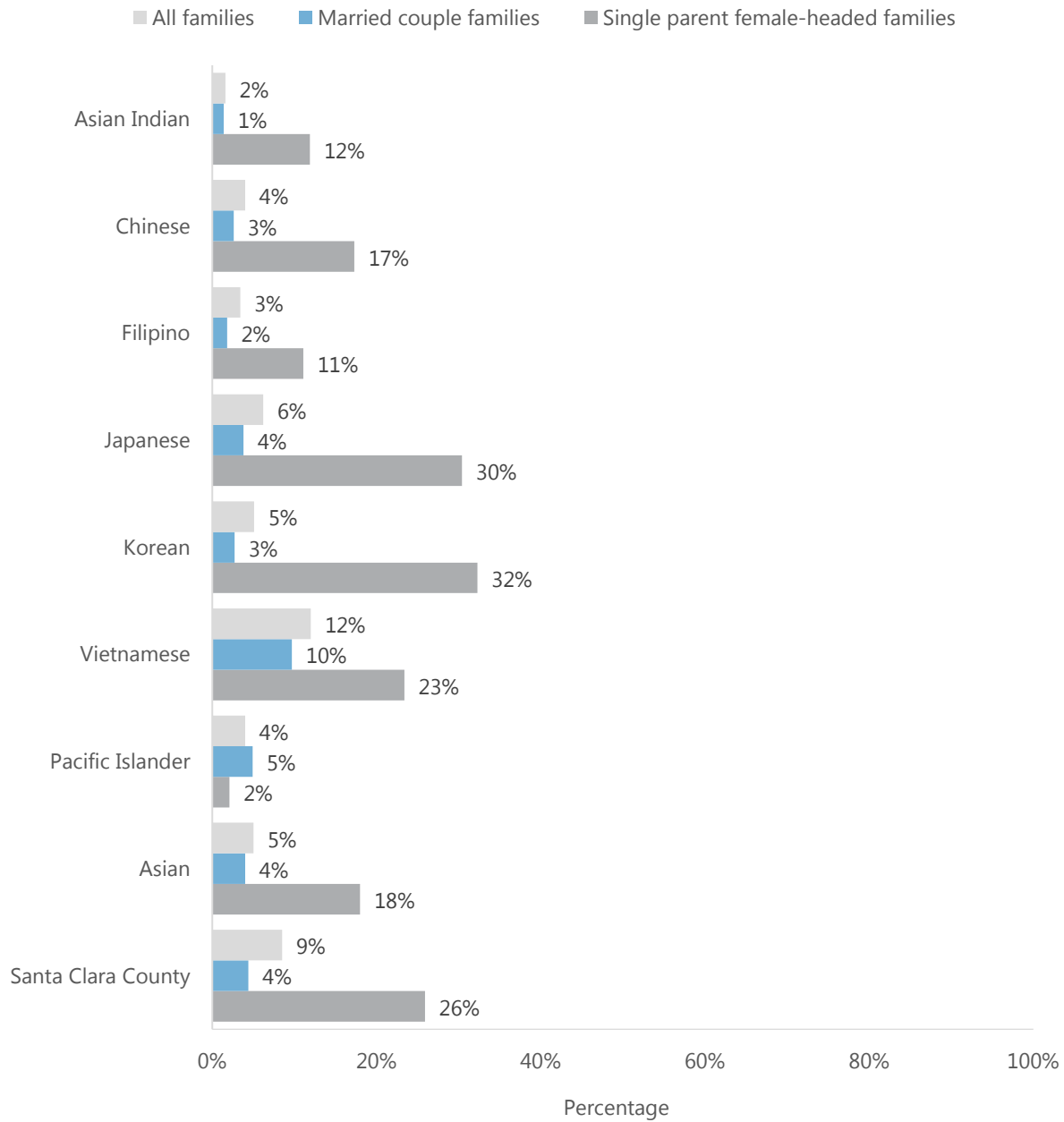
Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Families living in poverty:

More than 1 in 20 families (6%) in Santa Clara County were living below the poverty level; this percentage was lower than the U.S (11%) and California (12%). The poverty rate was lower among White (3%) and Asian families (5%), compared to African American (13%) and Latino families (14%) in the county. Among the main Asian/Pacific Islander subgroups, Vietnamese families (12%) had higher poverty rate than Chinese (5%), Korean (5%), Japanese (4%), Filipino (3%), Pacific Islander (3%) and Asian Indian families (2%).⁷

Considering the poverty rate of families with related children under 18 years of age, the percentage was lower among Asians (5%) compared to the county overall (9%). Countywide, the poverty rate of single-parent female-headed families with related children (26%) was nearly three times the poverty rate of families with related children (9%) and four times the poverty rate of families overall (6%). Among Asians, poverty rate of single-parent female-headed families with related children was 18%.⁷

Poverty rate of families with related children under 18 years of age



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Unemployment rate:

The unemployment rate among people ages 16 years and older was 8% in Santa Clara County, same as the rate in the U.S. (8%) and lower than the California rate (10%). The unemployment rate was lower among Asian/Pacific Islanders (7%) and Whites (6%) compared to Latinos (10%) and African Americans (13%) in the county. Among the main Asian/Pacific Islander subgroups, Pacific Islanders (16%) and Vietnamese (10%) had the highest unemployment rates.⁷

Unemployment rate among people ages 16 years and older

	%
Santa Clara County	8
Race/ethnicity	
African American	13
Asian/Pacific Islander	7
Latino	10
White	6
Asian/Pacific Islander subgroups	
Asian Indian	5
Chinese	5
Filipino	8
Japanese	4
Korean	4
Vietnamese	10
Pacific Islander	16

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

HOUSING CONDITIONS

Why it's important

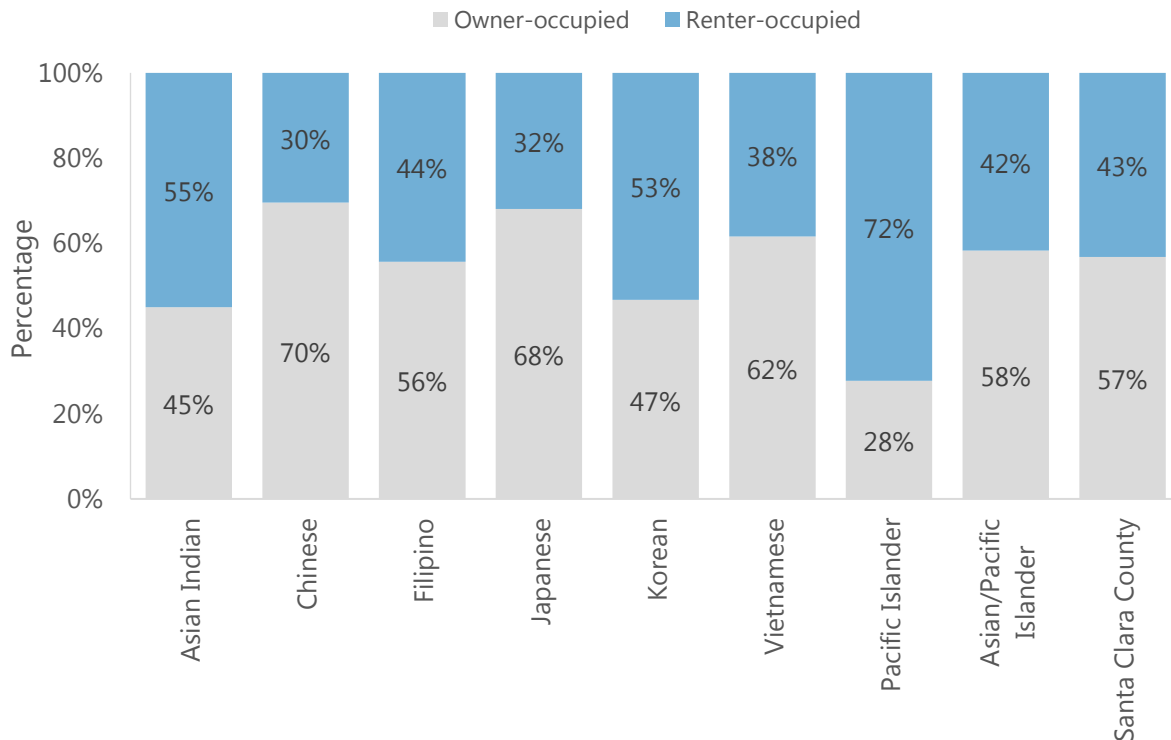
The cost of housing in California, and particularly in the Bay Area, is among the highest in the nation, due in part to low housing inventory. The impact of housing insecurity may be estimated by monitoring the percentage of households that spend 30 percent or more of their total income on housing costs (the amount typically considered affordable). Studies suggest that nationally, Asian Americans are less likely to own homes than Whites, particularly among Asian Americans with lower incomes. Asian Americans also owe more on their mortgages than Whites.⁶

What the data tell us

According to the 2011-2015 American Community Survey, there were a total of 621,463 occupied housing units in Santa Clara County. Of these, 57% were owner-occupied and 43% were renter-occupied. The county home ownership rate was higher than California rate (54%)

but was lower than the rate in the U.S. (64%). The percentage of home ownership was higher among Whites (65%) and Asian/Pacific Islanders (58%) than Latinos (39%) and African Americans (34%) in the county. Among the main Asian/Pacific Islander subgroups, the percentage of home ownership was lower among Pacific Islanders (28%), Asian Indians (45%) and Koreans (47%).⁸

Housing tenure among occupied housing units

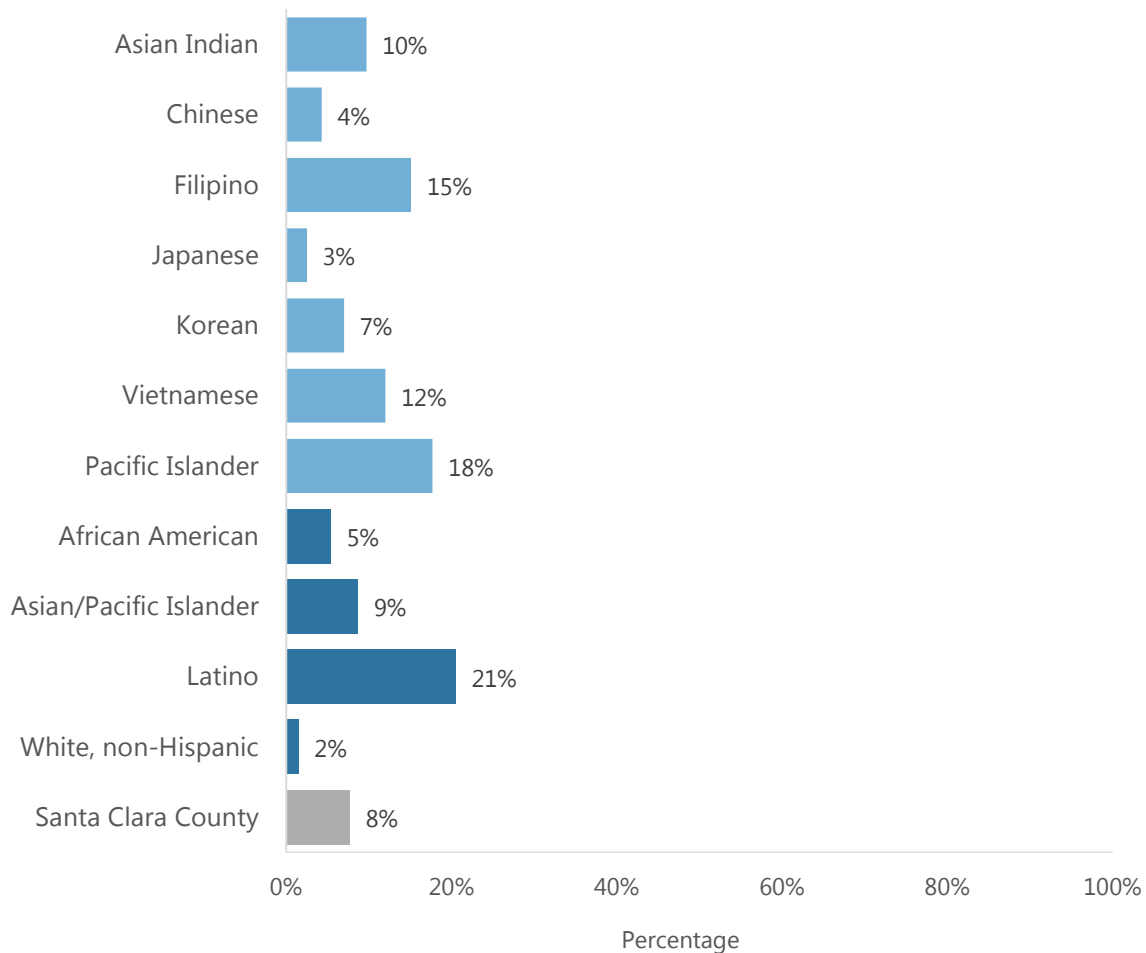


Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Among occupied housing units in the county, 8% were overcrowded and 3% were severely overcrowded; percentages were same as California (8% and 3% respectively).^{viii} However, the percentage of overcrowded housing units in the county was higher than in the U.S. (3%). The percentage of severely overcrowded housing units in the U.S. was 1%. The percentages of overcrowded (9%) and severely overcrowded (3%) occupied housing units among Asian/Pacific Islanders were similar to the county overall. Among the main Asian/Pacific Islander subgroups, Pacific Islanders (18%) and Filipinos (15%) had higher percentages of overcrowded occupied housing units than other Asian/Pacific Islander subgroups.⁸

^{viii} Overcrowding is defined as 1.01 or more occupants per room and severe overcrowding is 1.51 or more occupants per room.

Percentage of overcrowded occupied housing units



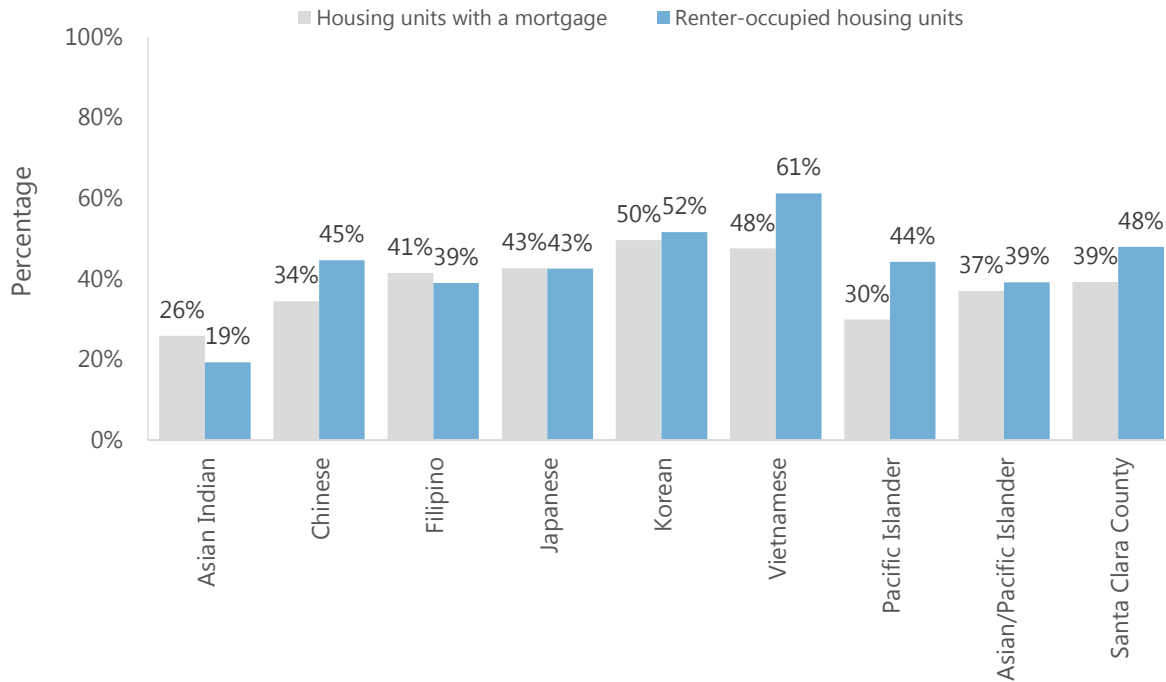
Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

Nearly 4 in 10 (39%) housing units with a mortgage in Santa Clara County spent 30% or more of household income on monthly owner costs. This percentage was higher than that of the U.S. (33%) but lower than California percentage (43%). The percentage of housing units (with a mortgage) with monthly owner costs of 30% or more of household income was lower among Asian/Pacific Islanders (37%) and Whites (37%) than for African Americans (46%) and Latinos (50%) in the county. Among the main Asian/Pacific Islander subgroups, this percentage was lower among Asian Indians (26%), Pacific Islanders (30%) and Chinese (34%) than other subgroups.⁸

Nearly half (48%) of renter-occupied housing units in Santa Clara County had a gross rent that is 30% or more of household income. This percentage was lower than the percentage in the U.S. (52%) and California (57%). The percentage of renter-occupied housing units with monthly rent of 30% or more of household income was lower among Asian/Pacific Islanders (39%) and Whites

(45%) than for African Americans (57%) and Latinos (60%) in the county. Among the main Asian/Pacific Islander subgroups, this percentage was lowest among Asian Indians (19%).⁸

Housing units with monthly housing costs of 30% or more of household income



Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables.

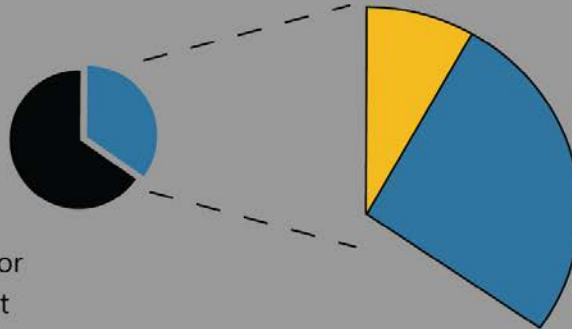
POPULATION SNAPSHOTS

The following graphics are provided to summarize the demographic, social, economic and housing statistics for each of the main Asian/Pacific Islander subgroups in the county: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese and Pacific Islander.

Asian/Pacific Islander Demographic Profile - Asian Indian

632,262
or **34%**

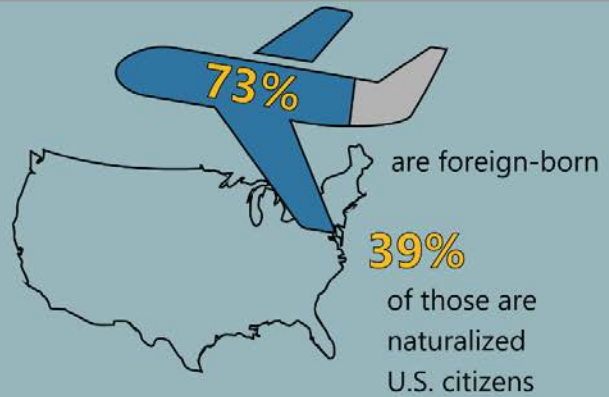
of Santa Clara County residents are of Asian or Pacific Islander descent



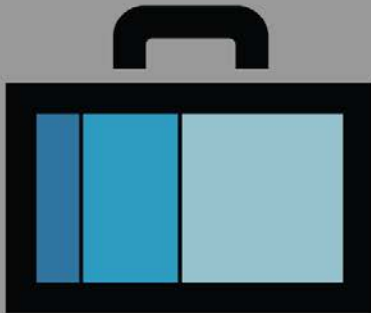
147,318
or **23%**
of those are Asian Indian



88%
Adults 25 and over have a Bachelor's Degree or higher

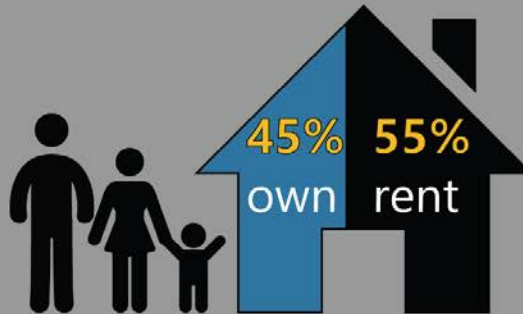


Annual household income



14% Less than \$75,000
33% \$75,000 to \$150,000
54% \$150,000 or more

Housing characteristics

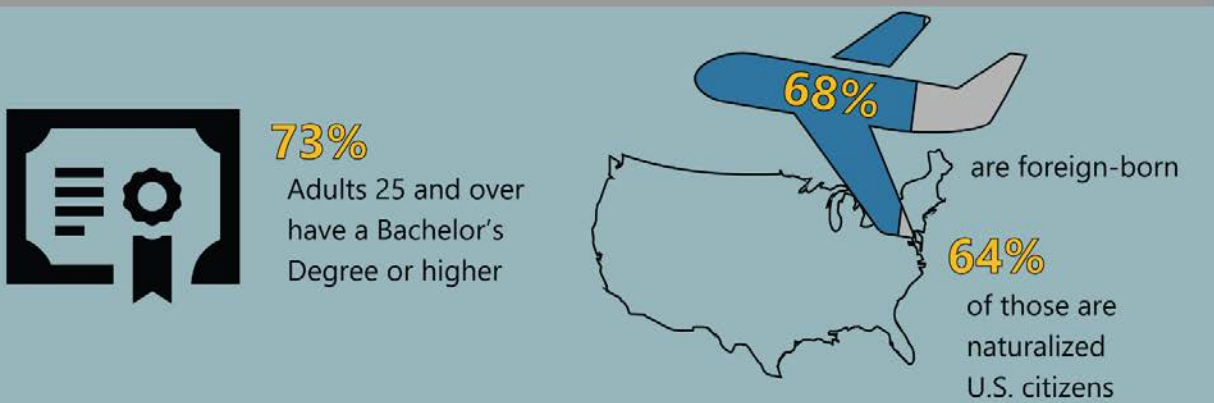
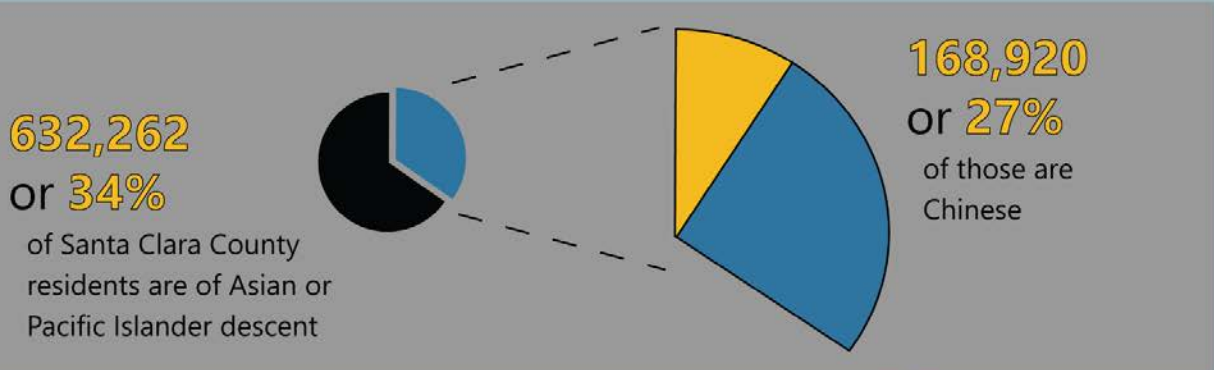


15%
spend at least 30% of their income on owner costs

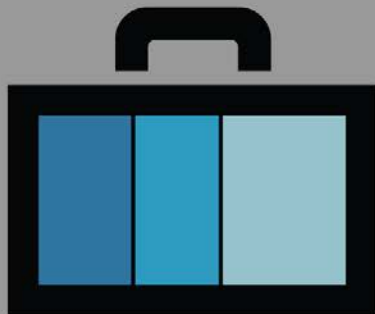
19%
spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - *Chinese*



Annual household income

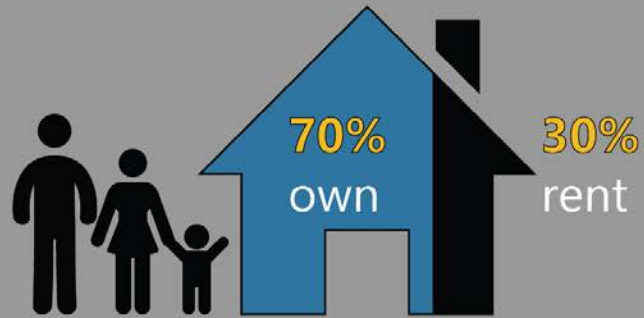


31% Less than \$75,000

28% \$75,000 to \$150,000

41% \$150,000 or more

Housing characteristics



26% spend at least 30% of their income on owner costs

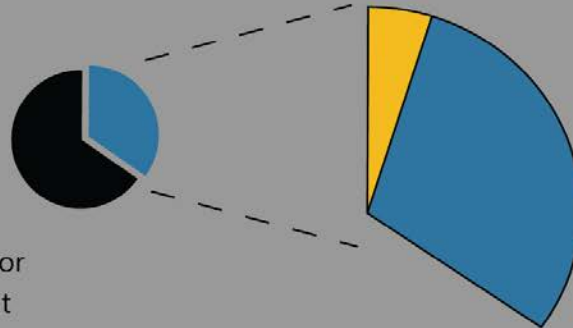
45% spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - *Filipino*

632,262
or **34%**

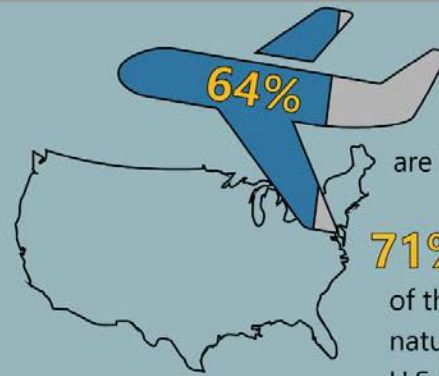
of Santa Clara County residents are of Asian or Pacific Islander descent



91,414
or **14%**
of those are Filipino

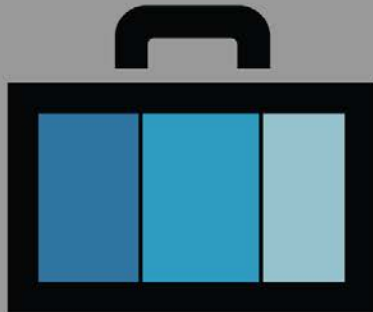


45%
Adults 25 and over have a Bachelor's Degree or higher



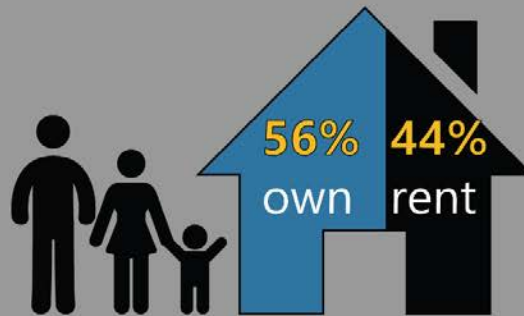
are foreign-born
71%
of those are naturalized U.S. citizens

Annual household income



34% Less than \$75,000
39% \$75,000 to \$150,000
28% \$150,000 or more

Housing characteristics



24%
spend at least 30% of their income on owner costs

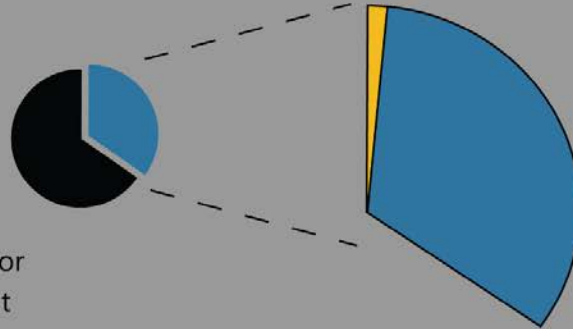
39%
spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - *Japanese*

632,262
or **34%**

of Santa Clara County residents are of Asian or Pacific Islander descent



26,707

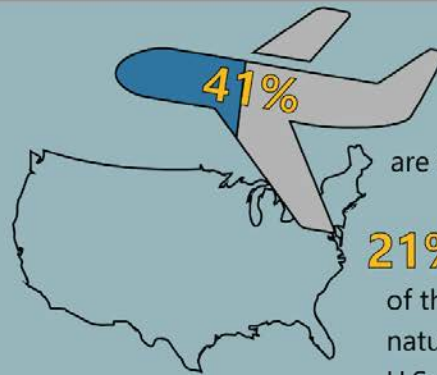
or **4%**

of those are Japanese



65%

Adults 25 and over have a Bachelor's Degree or higher

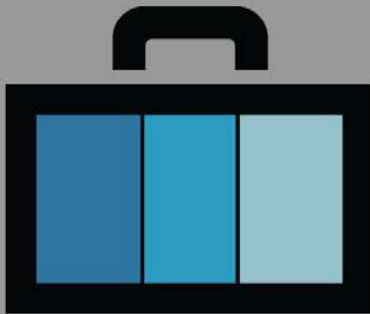


are foreign-born

21%

of those are naturalized U.S. citizens

Annual household income

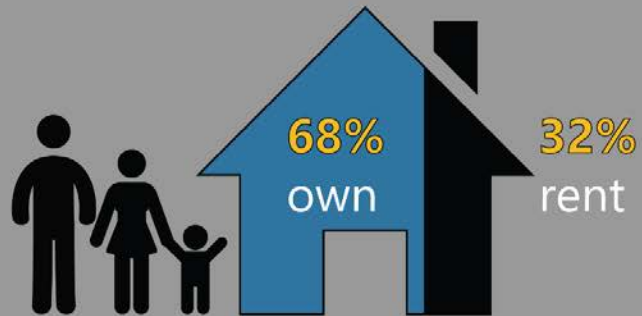


34% Less than \$75,000

31% \$75,000 to \$150,000

35% \$150,000 or more

Housing characteristics



26%

spend at least 30% of their income on owner costs

43%

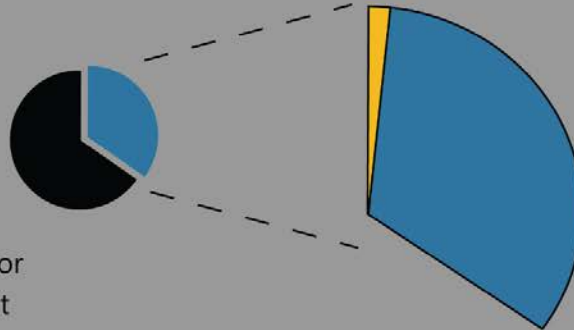
spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - Korean

632,262
or **34%**

of Santa Clara County residents are of Asian or Pacific Islander descent



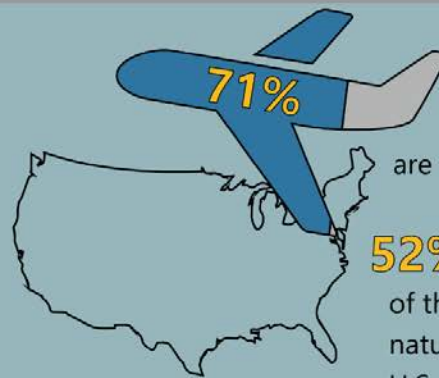
28,571
or **5%**

of those are Korean



70%

Adults 25 and over have a Bachelor's Degree or higher

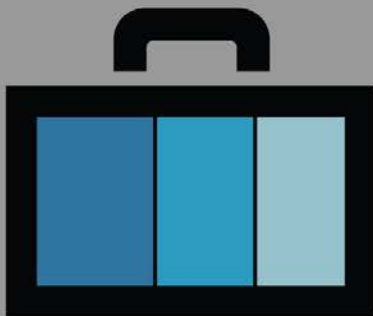


are foreign-born

52%

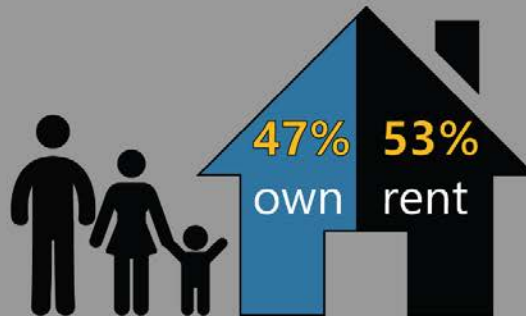
of those are naturalized U.S. citizens

Annual household income



39% Less than \$75,000
32% \$75,000 to \$150,000
29% \$150,000 or more

Housing characteristics



35%

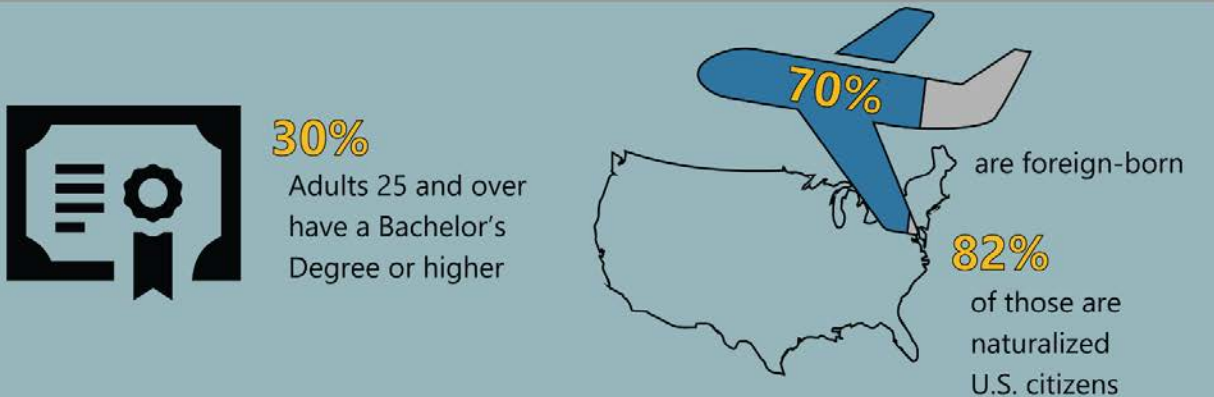
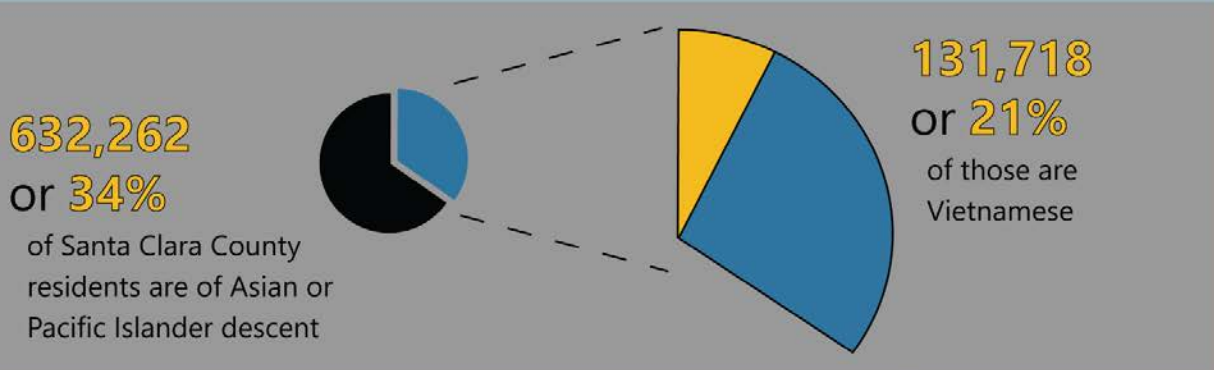
spend at least 30% of their income on owner costs

52%

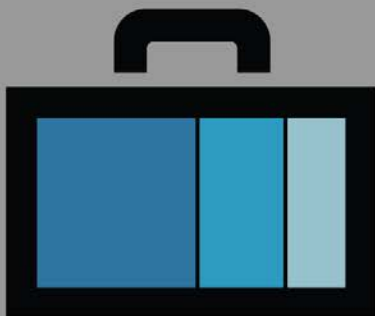
spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - Vietnamese



Annual household income



52% Less than \$75,000
28% \$75,000 to \$150,000
20% \$150,000 or more

Housing characteristics



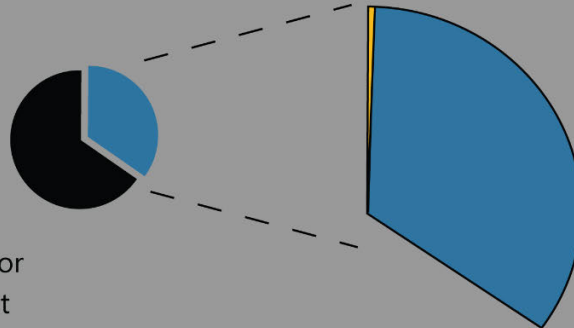
31% spend at least 30% of their income on owner costs
61% spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

Asian/Pacific Islander Demographic Profile - *Pacific Islander*

632,262
or **34%**

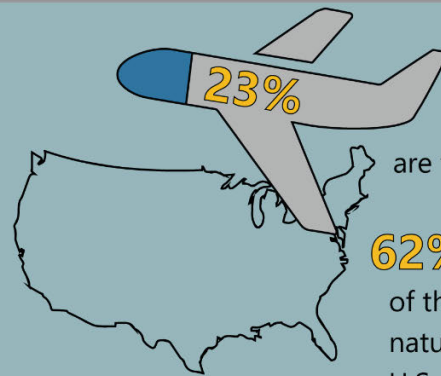
of Santa Clara County residents are of Asian or Pacific Islander descent



6,226
or **1%**
of those are Pacific Islander



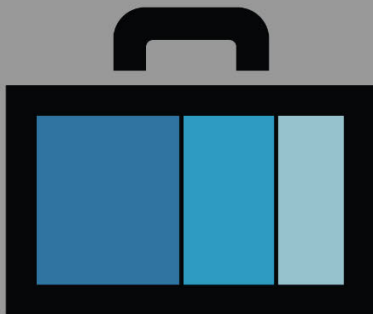
19%
Adults 25 and over have a Bachelor's Degree or higher



are foreign-born

62%
of those are naturalized U.S. citizens

Annual household income



48% Less than \$75,000
31% \$75,000 to \$150,000
22% \$150,000 or more

Housing characteristics



28%
own

15%
spend at least 30% of their income on owner costs



72%
rent

44%
spend at least 30% of their income on rent

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables

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- ² The state of higher education in California. The Campaign for College Opportunity. Accessed on October 19, 2017 at http://collegecampaign.org/wp-content/uploads/2015/09/2015-State-of-Higher-Education_AANHPI2.pdf. Published September 2015.
- ³ U.S. Census Bureau, 2010 Census, Summary File 2, Table PCT3 and U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables; Table B14001; generated by Baath M.; using American FactFinder; Accessed September 22, 2017.
- ⁴ California Department of Education, Data Quest, California Longitudinal Pupil Achievement Data System (CALPADS), data as of July 05, 2017. Report generated on September 22, 2017 3:03:55 PM.
- ⁵ U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Table DP02; generated by Baath M.; using American FactFinder; Accessed July 14, 2017.
- ⁶ Weller, CE and J Thompson. Wealth inequality among Asian Americans greater than among whites. Center for American Progress Web site. <https://www.americanprogress.org/issues/race/reports/2016/12/20/295359/wealth-inequality-among-asian-americans-greater-than-among-whites>. Published December 20, 2016. Accessed October 19, 2017.
- ⁷ U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Table DP03; generated by Baath M.; using American FactFinder; Accessed July 21, 2017.
- ⁸ U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP04; generated by Baath M.; using American FactFinder; Accessed July 21, 2017.

MATERNAL, INFANT, AND CHILD HEALTH

The health and well-being of mothers, infants, and children is important for the health and the future of the next generation. Early detection of diseases and timely treatment may help prevent death and disability, allowing children to live healthier and longer lives.¹

OVERALL BIRTH RATE

Why it's important

Birth rate^x is an important factor in determining the rate of population growth. It can also be associated with living standards, the status of women in relation to reproductive autonomy, and education about contraceptives and family planning.² Nationwide, Asian/Pacific Islanders and African Americans have higher birth rates than other races/ethnicities, despite the decline in overall birth rates in the last few decades.³

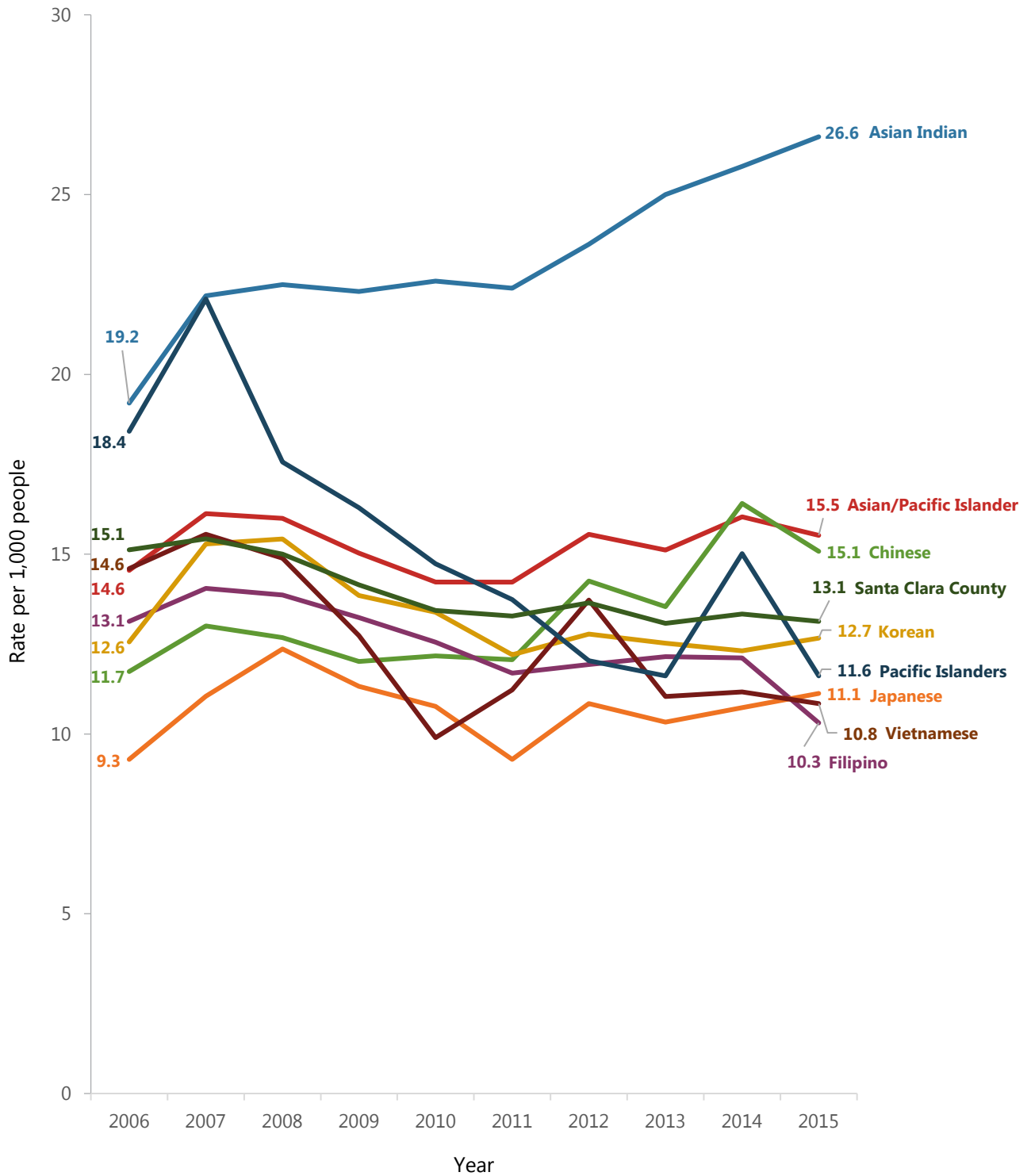
What the data tell us

Overall, the birth rate among the county residents decreased from 15.1 births per 1,000 people in 2006 to 13.1 in 2015. The birth rate among Asian/Pacific Islanders was stable during this time period. In 2015, birth rate of Asian/Pacific Islanders was 15.5; higher than the county rate. Among Asian/Pacific Islander subgroups, in 2015, Asian Indian residents had the highest birth rate (26.6) and Filipino residents had the lowest birth rate (10.3). The birth rate among Asian Indians increased from 19.2 in 2006 to 26.6 in 2015; whereas, the rate among Pacific Islanders decreased from 18.4 in 2006 to 11.6 in 2015.⁴

In 2015, birth rates among total population and Asian/Pacific Islanders in Santa Clara County were higher than birth rate for total population (12.4 per 1,000 people) and Asian/Pacific Islanders (14.0) in the U.S., respectively.⁵

^x Birth rate is the number of live births during a year per 1,000 people in the population.

Birth rate



Source: Santa Clara County Public Health Department, 2006-2015 Birth Statistical Master File; U.S. Census Bureau; 2010 Census.

PRENATAL CARE

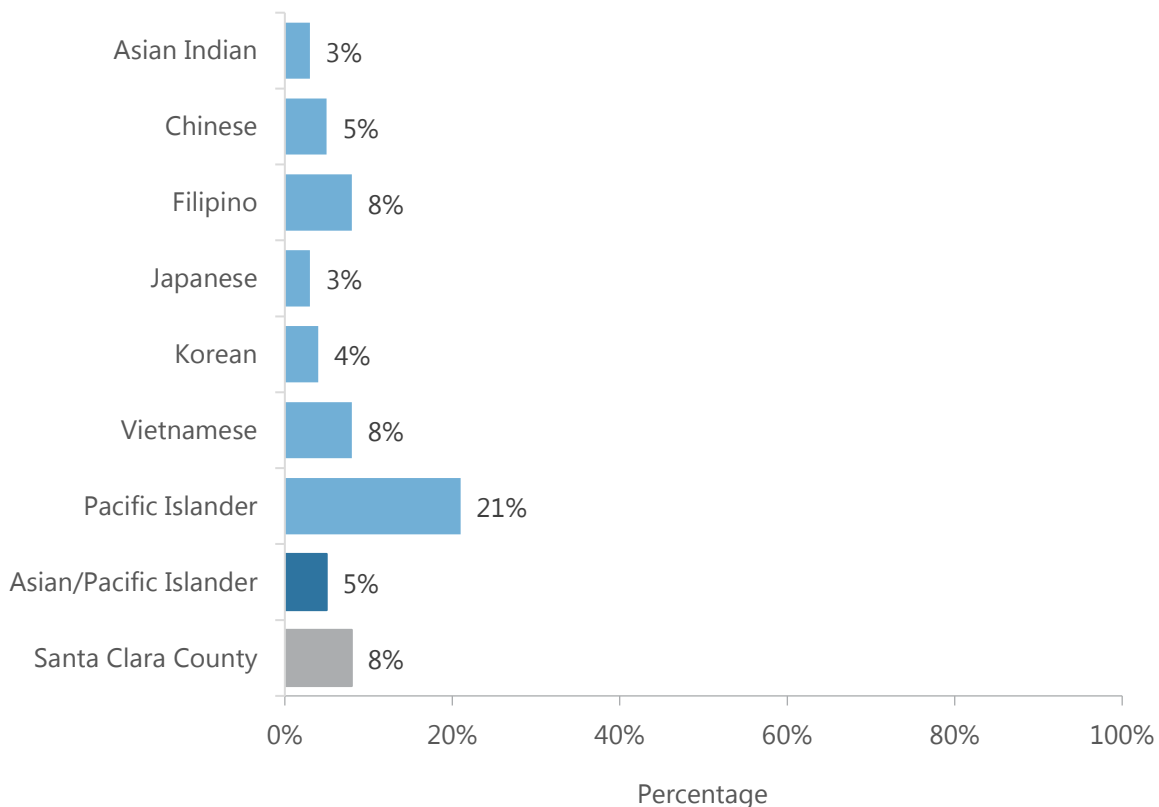
Why it's important

Prenatal care is the medical care a woman receives during pregnancy. Early and regular prenatal care visits play an important role in reducing infant death and improving birth outcomes such as low birth weight.⁶ Prenatal care is crucial for early diagnosis of complications during pregnancy and fetal developmental problems.⁷ Nationwide, Asians had the second highest percentage of prenatal care beginning in the first trimester, following Whites.⁸

What the data tell us

Inadequate prenatal care is defined as receiving less than 50% of expected prenatal care visits and/or initiating prenatal care after the fourth month of pregnancy.⁹ In 2015, 8% of mothers in Santa Clara County received inadequate prenatal care. Among the Asian/Pacific Islander subgroups, Pacific Islander mothers had the highest rate of inadequate prenatal care (21%). Asian Indian and Japanese mothers had the lowest rate of inadequate prenatal care (3% each).¹⁰

Percentage of mothers who received inadequate prenatal care



Source: Santa Clara County Public Health Department, 2015 Birth Statistical Master File

TEENAGE BIRTH RATE

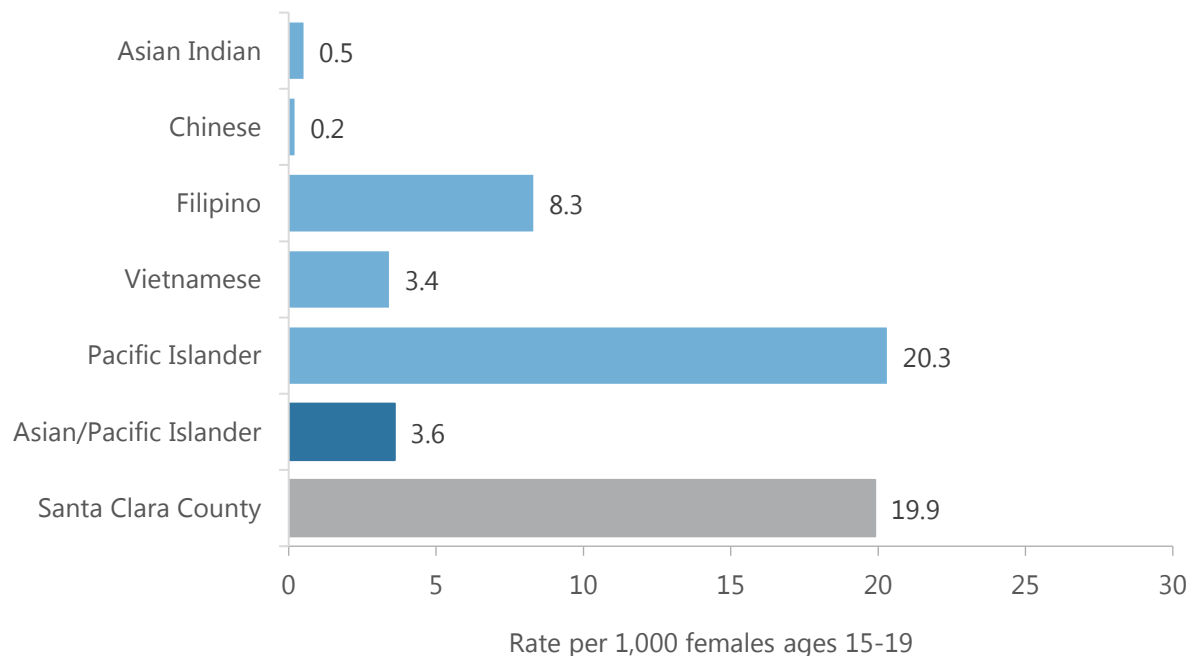
Why it's important

The teenage birth rate^x can be an indicator of many risk factors, including low income, low maternal education, lack of effective contraceptive use or family planning practices, and the initiation of sexual activity at a young age.¹¹

What the data tell us

During 2006-15 (pooled years), Santa Clara County teenage birth rate was 19.9 per 1,000 adolescent females ages 15 to 19. Teenage birth rate among Asian/Pacific Islanders in the county was 3.6. Among Asian/Pacific Islander subgroups, the highest teenage birth rate was among Pacific Islanders (20.3).¹²

Teen birth rate



Note: Data for Japanese and Koreans are not presented due to small numbers.

Source: Santa Clara County Public Health Department, 2006-2015 Birth Statistical Master File; U.S. Census Bureau; 2010 Census.

Santa Clara County teenage birth rate (19.9 per 1,000 adolescent females ages 15 to 19 (2006-15 pooled years) was similar to California rate (19.0 in 2015) and lower than the U.S. rate (22.3 in 2015).¹³ Among Asian/Pacific Islanders, the county teenage birth rate of 3.6 per 1,000 adolescent females ages 15 to 19 (2006-15 pooled years) was lower than the national rate of 6.9 (2015).³

^x The teenage birth rate is the number of live births per 1,000 adolescent females ages 15 to 19 (based on age at delivery).

INFANT MORTALITY

Why it's important

The infant mortality rate^{xi} serves as a general measure of the overall health of a population. It can be an indicator for risk factors such as prematurity, low birth weight, birth defects, maternal tobacco, alcohol and substance use, poor maternal nutrition, inadequate prenatal care, and maternal mental or physical health issues. Nationally, Asian/Pacific Islanders have the lowest infant mortality rate compared to other racial/ethnic groups.¹⁴

What the data tell us

The infant mortality rate in Santa Clara County was 3.3 per 1,000 live births during 2007-15 (pooled years). The rate among Asian/Pacific Islanders was 2.4; lower than the county overall and all other races/ethnicities. Among Asian/Pacific Islander subgroups, Pacific Islanders had the highest infant mortality rate (10.5); whereas Chinese and Koreans had the lowest rates (1.1 and 1.2 respectively).¹⁵

Infant mortality rate

	Rate per 1,000 live births
Santa Clara County	3.3
Race/ethnicity	
African American	7.7
Asian/PI	2.4
Latino	3.6
White	2.9
Asian/Pacific Islanders	
Asian Indian	1.9
Chinese	1.1
Filipino	3.3
Japanese	1.6
Korean	1.2
Vietnamese	2.1
Pacific Islanders	10.5

Sources: Santa Clara County Public Health Department, 2007-2015 Birth Statistical Master File; Santa Clara County Public Health Department, VRBIS, 2007-2015. Data as of 05/26/2017

In 2015, infant mortality rates in California (4.4 deaths per 1,000 live births) and the U.S. (5.9) were higher than the county rate (3.3).^{13, 15}

^{xi} Infant mortality rate is the number of deaths of infants younger than one year of age per 1,000 live births.

LOW BIRTH WEIGHT

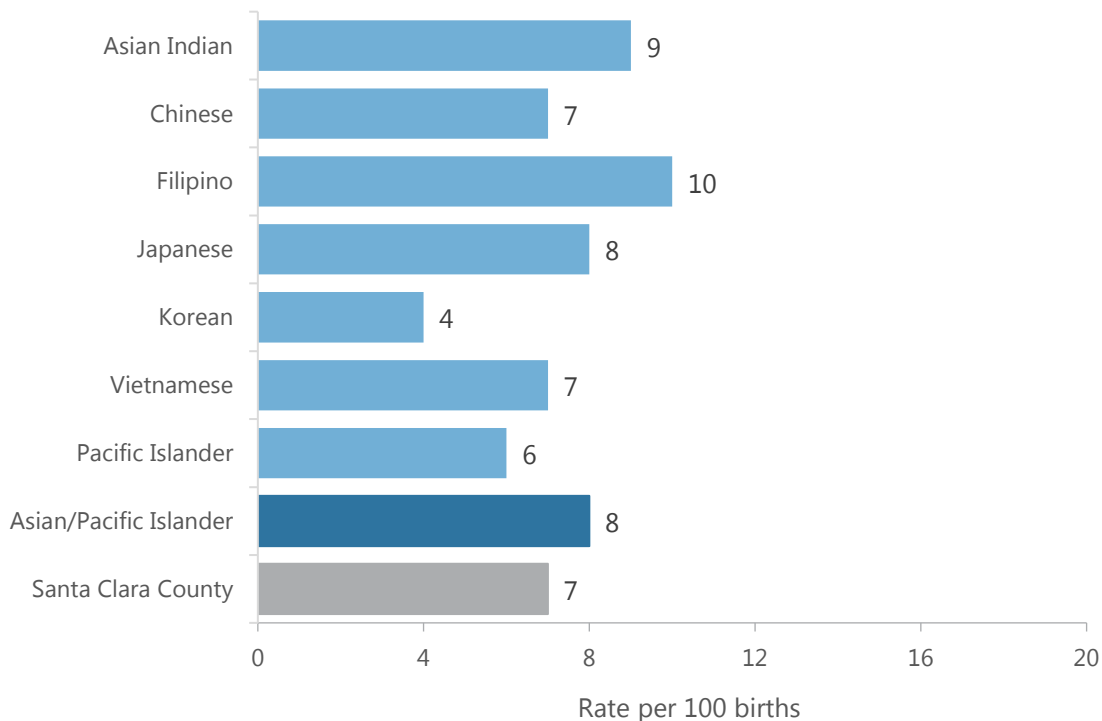
Why it's important

Low birth weight^{xii} can cause serious problems for infants during their developmental stages and is associated with an increased risk of morbidity and mortality.³ Studies show variations in low birth weight status by Asian/Pacific Islander subgroups.¹⁶

What the data tell us

In 2015, the rate of low birth weight babies born in Santa Clara County was 7 per 100 births. The rate of low birth weight babies among Asian/Pacific Islanders was 8 per 100 births, lower than African Americans (10), but higher than Whites (6) and Latinos (6). Among Asian/Pacific Islander subgroups, Filipinos (10) had the highest rate of low birth weight babies while Koreans (4) had the lowest rate.¹⁰

Low birth weight rate



Source: Santa Clara County Public Health Department, 2015 Birth Statistical Master File

In 2015, the low birthweight rates in California (6.8 per 100 births) and the U.S. (8.1) were similar to the overall county rate.^{13, 10}

^{xii} Infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth are considered low birth weight.

PRETERM BIRTHS

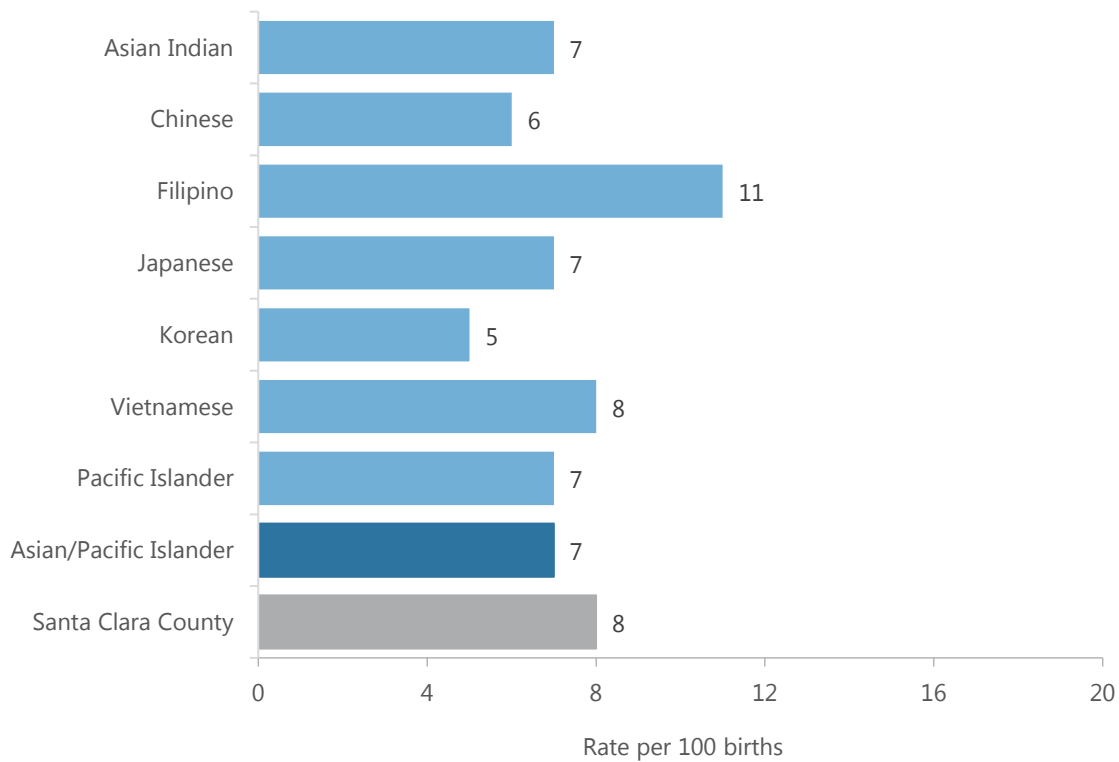
Why it's important

Preterm birth^{xiii} is linked with serious health complications among infants and is the leading cause of infant mortality. Preterm infants are at higher risk of neurological problems, cardiovascular complications, infections, and other health problems.¹⁷ National data show that although Asian/Pacific Islanders have the lowest percentage of preterm births compared to other racial/ethnic groups, disparities exist among the Asian/Pacific Islander subgroups.^{8, 16}

What the data tell us

In 2015, preterm birth rate among Asian/Pacific Islanders (7 per 100 births) was lower than the Santa Clara County rate (8). Among the Asian/Pacific Islander subgroups, Filipinos had the highest preterm birth rate (11) and Koreans had the lowest preterm birth rate (5).¹⁰

Preterm birth rate



Source: Santa Clara County Public Health Department, 2015 Birth Statistical Master File

^{xiii} Preterm birth is a live birth that occurs before the completion of 37 weeks of pregnancy; time needed for the full development of a fetus.

In 2015, the preterm birth rate of Santa Clara County (8 per 100 births) was similar to California (8.5) and lower than the U.S. (9.6).¹³ The preterm birth rate among Asian/Pacific Islanders (7) in the county was lower than the Asian/Pacific Islander rate in the U.S. (9).³

The preterm birth rate in Santa Clara County decreased from 13 per 100 births in 2006 to 8 in 2015. During this time period, the preterm birth rates decreased among the main Asian/Pacific Islander subgroups in the county. Preterm birth rate decreased the most among Pacific Islanders; from 17 per 100 births in 2006 to 7 in 2015. However, preterm birth rate decreased the least among Filipinos from 16 per 100 births in 2006 to 11 in 2015.⁴

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HEALTHY LIFESTYLES

Engaging in healthy lifestyles like exercise and eating nutritious food and avoiding health risk behaviors may help promote people's overall health and well-being.¹

PHYSICAL ACTIVITY

Why it's important

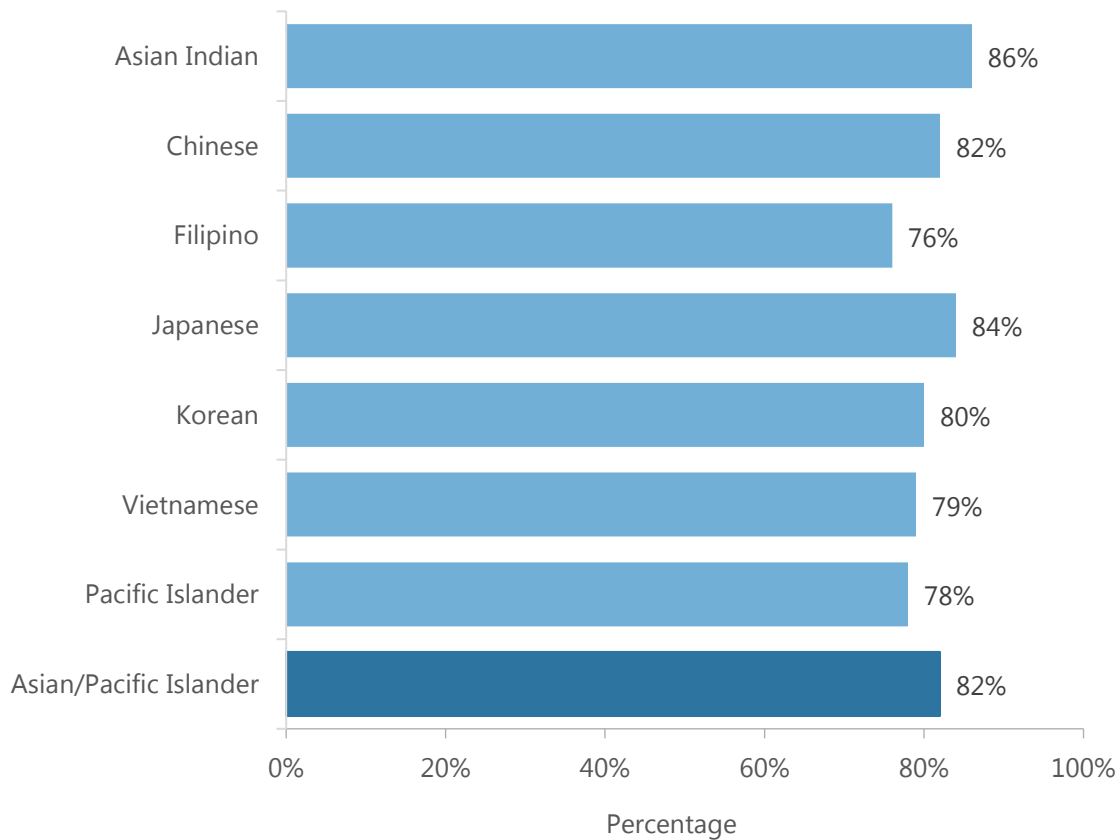
Regular physical activity may help control body weight, strengthen bones and muscles, and reduce the risk of heart disease, type 2 diabetes, metabolic syndrome, and some cancers. Exercise may also improve mental health and mood, reduce stress, increase overall physical fitness, and possibly increase the probability of living longer.² Among children and youth, being physically active is associated with better school performance and lower engagement in health risk behaviors.³

The Centers for Disease Control and Prevention (CDC) recommends that adults engage in muscle strengthening activities at least 2 days per week and either 150 minutes of moderate intensity aerobic activity or 75 minutes of vigorous intensity aerobic activity (or a mix of the 2) per week.⁴ The CDC also recommends that children and youth engage in moderate or vigorous aerobic physical activity daily for at least 60 minutes per day.⁵ Studies suggest that Asian Americans may be less likely to participate in leisure time physical activity.⁶

What the data tell us

More than 8 in 10 (82%) Asian/Pacific Islander survey respondents reported they participated in some physical activity or exercise in the past month. This percentage was highest among Asian Indian (86%) and Japanese (84%) survey respondents.⁷

Percentage of Asian/Pacific Islander survey respondents who participated in any physical activities or exercises in the past month



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, 19% of middle and high school students were physically active for at least 60 minutes per day during the past 7 days. This percentage was higher among White (28%) and African American (20%) students than among Latino (18%) and Asian/Pacific Islander (16%) students. Among Asian/Pacific Islander students, a higher percentage of Asian Indian students (29%) were physically active than other Asian/Pacific Islander students.⁸

Percentage of middle and high school students who were physically active at least 60 minutes per day during the past 7 days

	%
Santa Clara County	19
Race/Ethnicity	
African American	20
Asian/Pacific Islander	16
Latino	18
White	28
Asian/Pacific Islander subgroups	
Asian Indian	29
Chinese	16
Filipino	15
Japanese	17
Korean	17
Vietnamese	14
Pacific Islander	25

Source: California Healthy Kids Survey, 2015-16

NUTRITION

Why it's important

Balanced nutrition, including the intake of the recommended amounts of fruits and vegetables, promotes optimal growth and development and also lowers the risk of chronic diseases.⁹ Sugar-sweetened beverages (SSBs) are one of the largest contributors to the high amounts of added sugars in people's diets. Regularly drinking sugar-sweetened beverages is associated with obesity, diabetes, and heart and kidney diseases.¹⁰ Studies suggest that a higher percentage of Filipino, Chinese, and Vietnamese adults did not meet fruit and vegetable consumption recommendations when compared to all adults residing in California.¹¹

What the data tell us

In Santa Clara County, more than a quarter (27%) of Asian/Pacific Islander survey respondents ate 3 or more servings of vegetables and more than half (51%) ate 2 or more servings of fruit the previous day. These percentages were lowest among Korean survey respondents (21% and 47%, respectively).⁷

Percentage of Asian/Pacific Islander survey respondents who ate 3 or more servings of vegetables or 2 or more servings of fruit the previous day

	% 3+ servings of vegetables	% 2+ servings of fruit
Asian/Pacific Islander	27	51
Asian Indian	35	52
Chinese	27	50
Filipino	23	55
Japanese	28	49
Korean	21	47
Vietnamese	25	54
Pacific Islander	30	59

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, 28% of middle and high school students ate vegetables 3 or more times in the past 24 hours. This percentage was higher among Asian/Pacific Islander (31%) and White students (30%) than other racial/ethnic groups. The percentage of students eating fruits 2 or more times in the past 24 hours was highest among White students (60%) compared to other racial/ethnic groups and the county overall. Among Asian/Pacific Islander students, vegetable consumption in the past 24 hours was highest among Asian Indian students (43%), while fruit consumption in the past 24 hours was higher among Korean (64%) and Asian Indian (62%) students.⁸

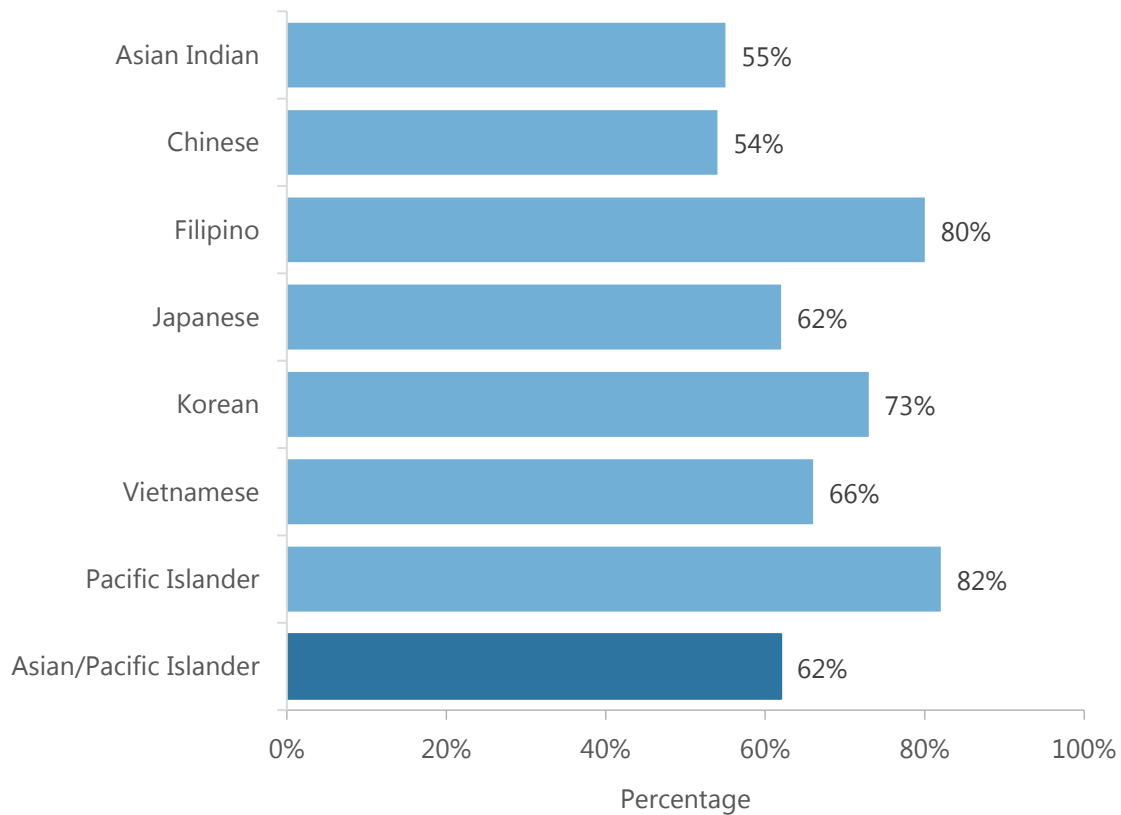
Percentage of middle and high school students who ate vegetables 3 or more times or fruit 2 or more times in the past 24 hours

	% ate vegetables 3+ times	% ate fruit 2+ times
Santa Clara County	28	54
Race/Ethnicity		
African American	28	51
Asian/Pacific Islander	31	53
Latino	24	53
White	30	60
Asian/Pacific Islander subgroups		
Asian Indian	43	62
Chinese	35	57
Filipino	25	50
Japanese	37	57
Korean	37	64
Vietnamese	29	51
Pacific Islander	25	53

Source: California Healthy Kids Survey, 2015-16

About 6 in 10 (62%) Asian/Pacific Islander survey respondents ate fast food 1 or more times in the past week. This percentage was highest among Filipino (80%) and Pacific Islander (82%) survey respondents.⁷

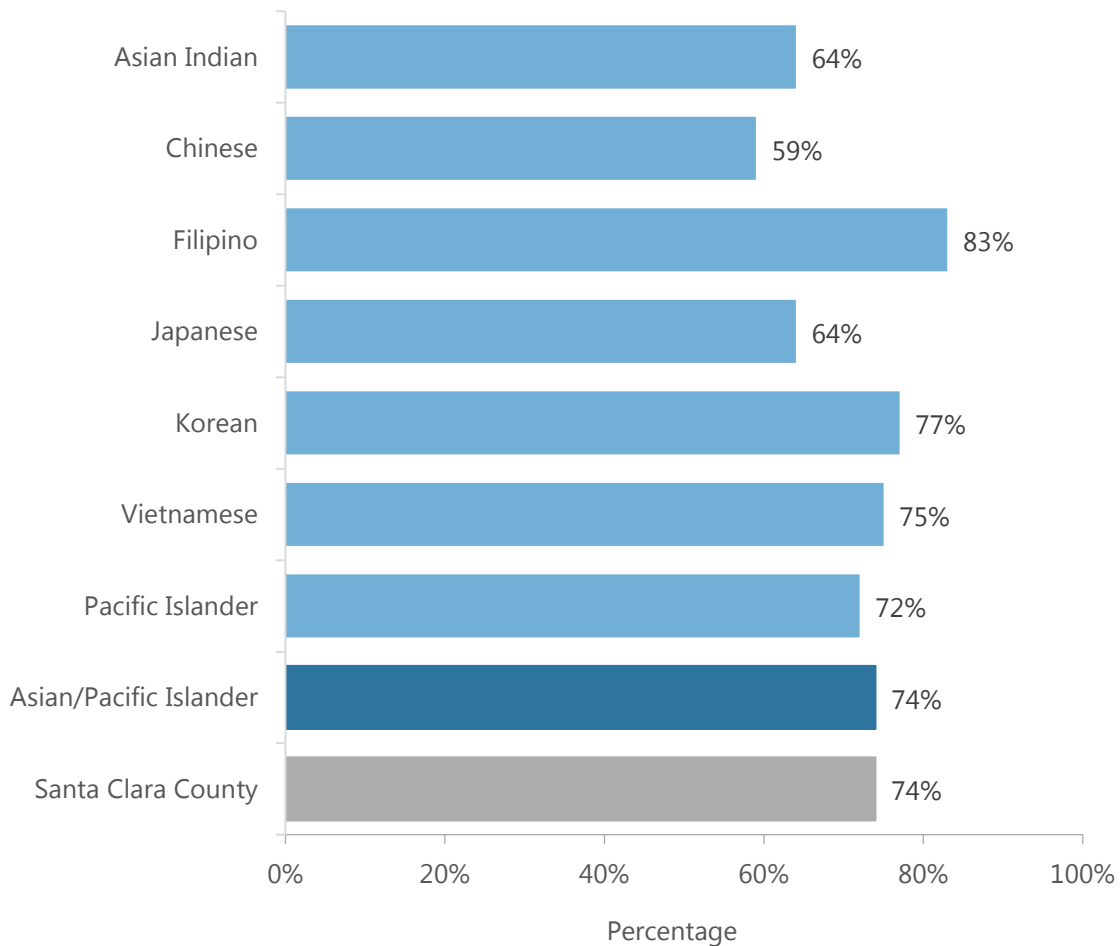
Percentage of Asian/Pacific Islander survey respondents who ate fast food 1 or more times in the past week



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, almost 3 in 4 (74%) middle and high school students ate fast food 1 or more times in the past 7 days. Fast food consumption was higher among Latino students (79%) than among African American (76%), Asian/Pacific Islander (74%), and White students (59%). Among the Asian/Pacific Islander students, fast food consumption during the past 7 days was highest among Filipino students (83%) than among other subgroups.⁸

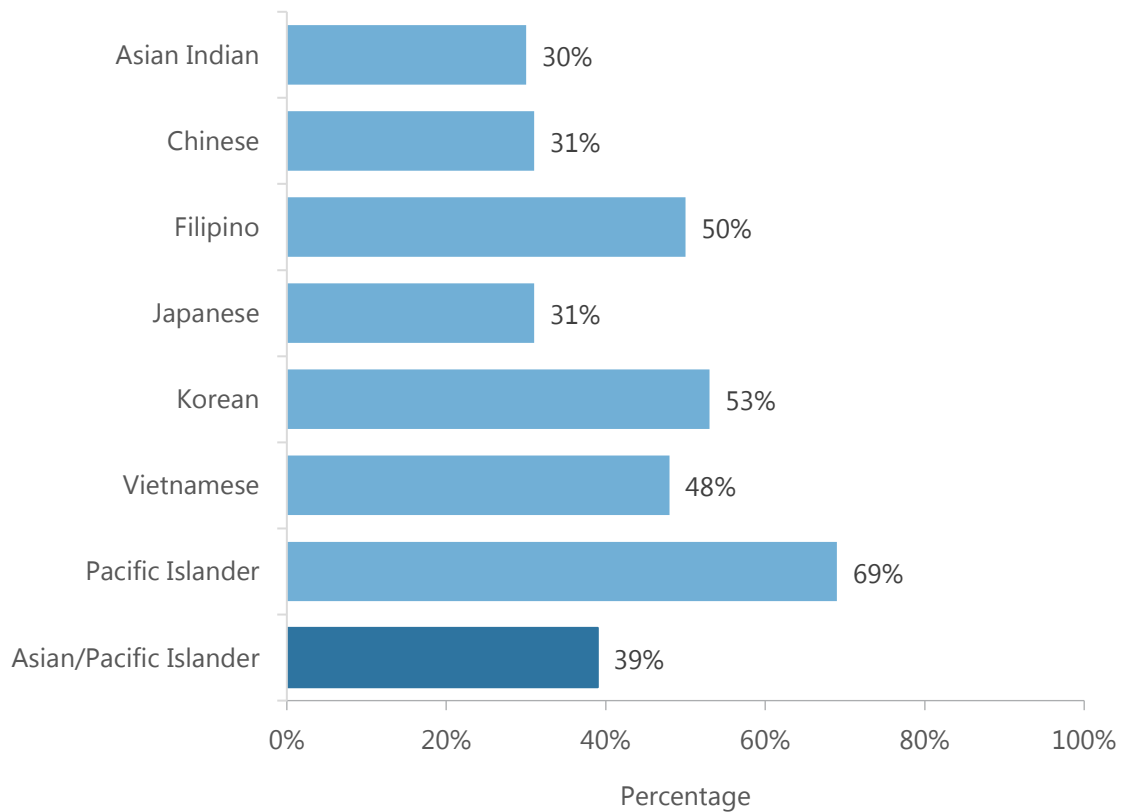
Percentage of middle and high school students who ate fast food 1 or more times in the past 7 days



Source: California Healthy Kids Survey, 2015-16

Almost 4 in 10 (41%) Asian/Pacific Islander survey respondents drank 1 or more sugar-sweetened beverages in the past week. This percentage was highest among Pacific Islander respondents (69%).⁷

Percentage of Asian/Pacific Islander survey respondents who drank 1 or more sugar-sweetened beverages in the past week



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, more than 1 in 3 (34%) middle and high school students drank soda pop in the past 24 hours. A higher percentage of Latino students (41%) drank soda pop in the past 24 hours than other racial/ethnic groups. Among Asian/Pacific Islander students, soda pop consumption in the past 24 hours was higher among Pacific Islander (37%), Filipino (32%), and Japanese (32%) students than among other subgroups.⁸

Percentage of middle and high school students who drank soda pop 1 or more times in the past 24 hours

	%
Santa Clara County	34
Race/Ethnicity	
African American	36
Asian/Pacific Islander	25
Latino	41
White	34
Asian/Pacific Islander subgroups	
Asian Indian	23
Chinese	20
Filipino	32
Japanese	32
Korean	15
Vietnamese	26
Pacific Islander	37

Source: California Healthy Kids Survey, 2015-16

OVERWEIGHT AND OBESITY

Why it's important

More than 72 million US adults are obese.^{xiv} Obesity is a serious health problem because it not only increases the risk of developing chronic diseases such as heart disease and diabetes, but also increases healthcare costs.¹² Asian/Pacific Islanders are generally less likely to be overweight or obese compared to other racial/ethnic groups, but this is increasing, particularly among younger generations. Among Asian/Pacific Islander subgroups, Pacific Islanders and Filipinos have higher rates of overweight and obesity.¹³

What the data tell us

Among Asian/Pacific Islander survey respondents, 28% were overweight and 9% were obese. Obesity was highest among Pacific Islander survey respondents (54%).⁷

^{xiv} Overweight and obesity are defined as having excess body weight (body mass index of 25.0 to 29.9 and 30 or more, respectively). For more information, visit: Defining Adult Overweight and Obesity. Centers for Disease Control and Prevention, <https://www.cdc.gov/obesity/adult/defining.html>. Accessed September 14, 2017.

Percentage of Asian/Pacific Islander survey respondents who are overweight or obese

	% overweight	% obese
Asian/Pacific Islander	28	9
Asian Indian	36	6
Chinese	22	6
Filipino	36	18
Japanese	30	7
Korean	26	4
Vietnamese	23	8
Pacific Islander	23	54

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

A lower percentage of Asian/Pacific Islander middle and high school students were overweight (13%) or obese (8%) than students from the other racial/ethnic groups and in the county overall. Among Asian/Pacific Islander students, the percentages of overweight or obesity were higher among Pacific Islander students (24% and 25%, respectively).⁸

Percentage of middle and high school students who are overweight or obese

	% overweight	% obese
Santa Clara County	17	14
Race/Ethnicity		
African American	22	14
Asian/Pacific Islander	13	8
Latino	21	20
White	12	11
Asian/Pacific Islander subgroups		
Asian Indian	13	5
Chinese	9	6
Filipino	18	14
Japanese	12	11
Korean	19	5
Vietnamese	14	6
Pacific Islander	24	25

Source: California Healthy Kids Survey, 2015-16

SMOKING AND TOBACCO USE

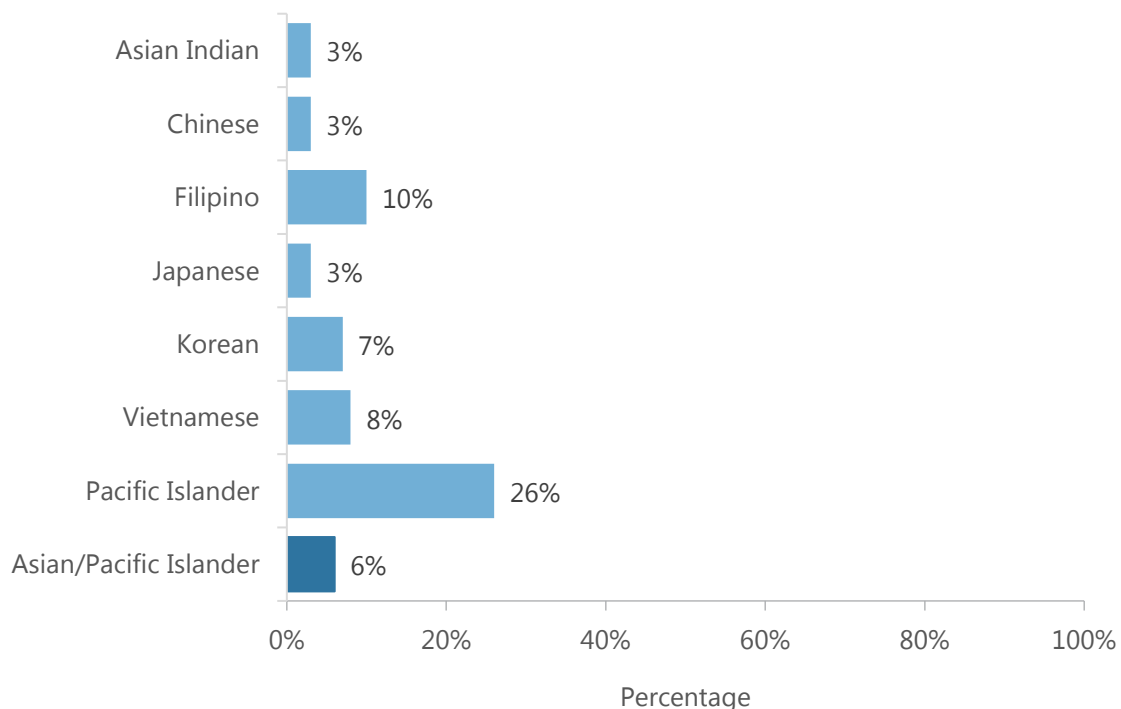
Why it's important

Nicotine (tobacco) use has both short and long term health consequences. It increases the likelihood for other health risk factors, including alcohol and illicit drug use. In recent years, the use of electronic cigarettes has increased over that of conventional cigarettes and all other tobacco products. National data suggest cigarette use among Asian Americans varies by subgroup and gender, with the lowest cigarette use among Asian Indians and Chinese and the highest use among Koreans. Nationally, cigarette use among Asian men was higher than among Asian women. This difference was greatest among Vietnamese men when compared to Vietnamese women. Cigarette use was high among both Korean men and Korean women.¹⁴

What the data tell us

In Santa Clara County, six percent (6%) of Asian/Pacific Islander survey respondents were current smokers. More than 1 in 4 (26%) Pacific Islander survey respondents were current smokers. Smoking was higher among male Asian/Pacific Islander survey respondents (11%) than among female Asian/Pacific Islander survey respondents (3%).⁷

Percentage of Asian/Pacific Islander survey respondents who are current smokers



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, the percentage of middle and high school students who reported smoking cigarettes 1 or more days in the past 30 days declined from 9% in 2006-08 to 3% in 2015-16.¹⁵ Among Asian/Pacific Islander students, smoking in the past 30 days was highest among Pacific Islander students (7%) than other subgroups.⁸

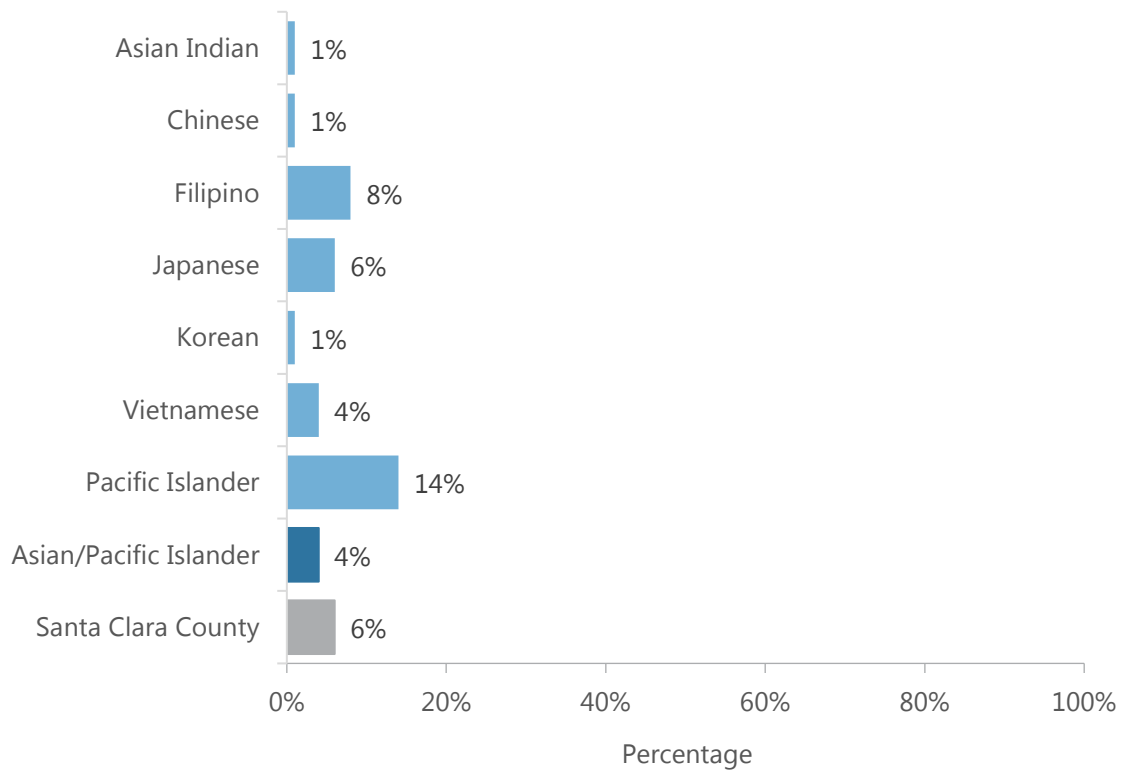
Percentage of middle and high school students who used a cigarette 1 or more days in the past 30 days

	%
Santa Clara County	3
Race/Ethnicity	
African American	5
Asian/Pacific Islander	1
Latino	4
White	3
Asian/Pacific Islander subgroups	
Asian Indian	--
Chinese	1
Filipino	2
Japanese	4
Korean	1
Vietnamese	2
Pacific Islander	7

Note: Data for Asian Indians are not presented due to small sample size.
Source: California Healthy Kids Survey, 2015-16

While cigarette use decreased among middle and high school students in the county, e-cigarette use 1 or more days in the past 30 days (6%) remained higher than current cigarette use among the students (3%). E-cigarette use in the past 30 days was slightly higher among Latino middle and high school students (9%) than among African American (7%), Asian/Pacific Islander (4%), and White (6%) students. E-cigarette use in the past 30 days was higher among Pacific Islander students (14%) than among other Asian/Pacific Islander students.⁸

Percentage of middle and high school students who used an electronic cigarette (e-cigarette) 1 or more days in the past 30 days



Source: California Healthy Kids Survey, 2015-16

ALCOHOL CONSUMPTION

Why it's important

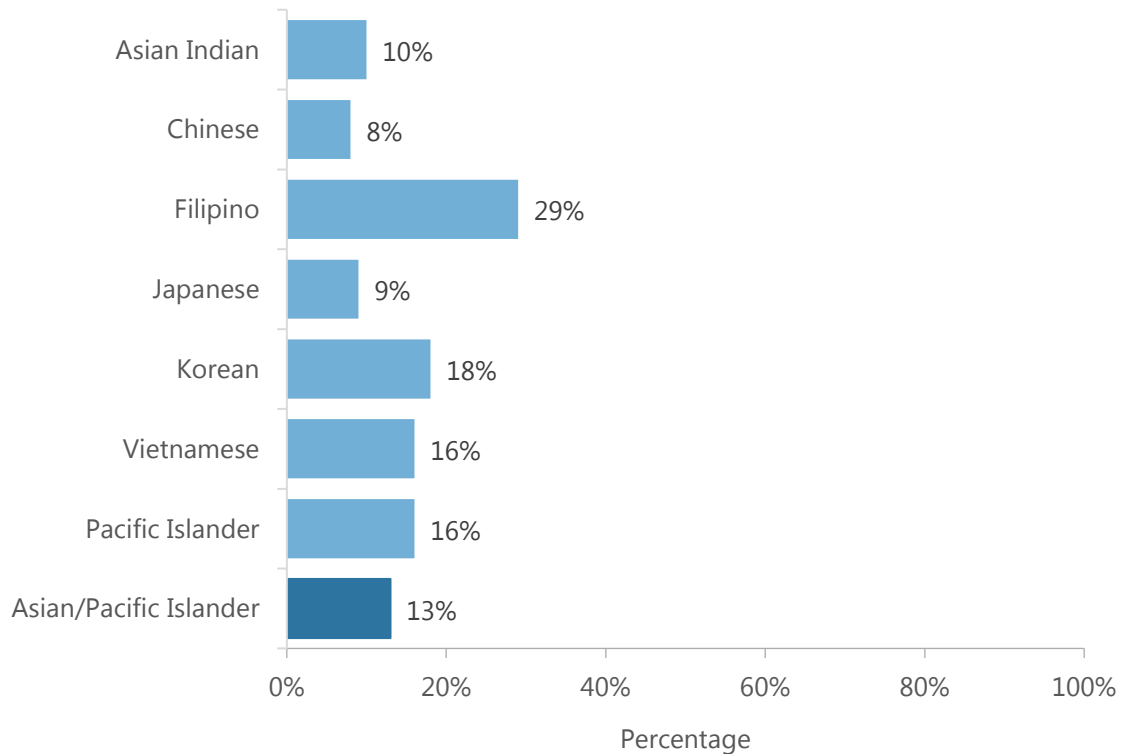
Excessive alcohol use is associated with negative health outcomes including impaired reflexes, learning and memory problems, heart disease, some forms of cancer, and mental health and social problems. Binge drinking^{xv} is linked to acute alcohol poisoning, risky sexual behaviors (unintended pregnancies, sexually transmitted infections), injury and violence.¹⁶ Research suggests that Asian Americans are less likely to misuse alcohol, but problematic drinking may be increasing among Asian American young adults, particularly among youth born in the United States. In addition, higher rates of drinking have been reported among Japanese, Korean, and multiracial Asian Americans when compared to Chinese and Vietnamese Americans.¹⁷

^{xv} Binge drinking is defined as drinking 5 or more drinks for men and 4 or more drinks for women during a single occasion.

What the data tell us

In Santa Clara County, 13% of Asian/Pacific Islander survey respondents binge drank 1 or more times in the past 30 days. This percentage was highest among Filipino survey respondents (29%). Binge drinking was higher among male Asian/Pacific Islander survey respondents (19%) than among female Asian/Pacific Islander survey respondents (10%).⁷

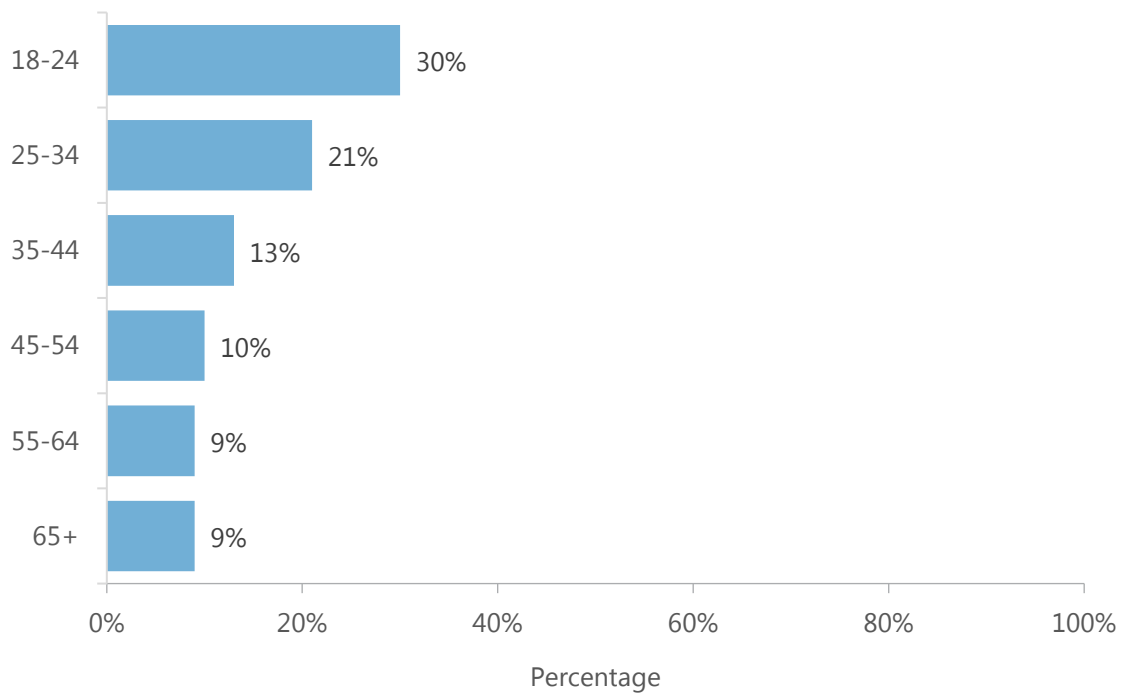
Percentage of Asian/Pacific Islander survey respondents who binge drank in the past 30 days



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Binge drinking also varied by age among the Asian/Pacific Islander survey respondents. Binge drinking was highest among survey respondents ages 18 to 24 (30%).⁷

Percentage of Asian/Pacific Islander survey respondents who binge drank in the past 30 days



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

The percentages for alcohol use and binge drinking in the past 30 days were lowest among the Asian/Pacific Islander middle and high school students (6% and 2%, respectively) compared to other racial/ethnic groups and the county overall. Among Asian/Pacific Islander students, alcohol use and binge drinking in the past 30 days were higher among Pacific Islander students (19% and 9%, respectively).⁸

Percentage of middle and high school students who drank alcohol or binge drank one or more days in the past 30 days

	% alcohol use	% binge drink
Santa Clara County	11	5
Race/Ethnicity		
African American	10	6
Asian/Pacific Islander	6	2
Latino	15	7
White	13	7
Asian/Pacific Islander subgroups		
Asian Indian	3	1
Chinese	4	6
Filipino	11	5
Japanese	8	3
Korean	4	2
Vietnamese	6	3
Pacific Islander	19	9

Source: California Healthy Kids Survey, 2015-16

DRUG USE

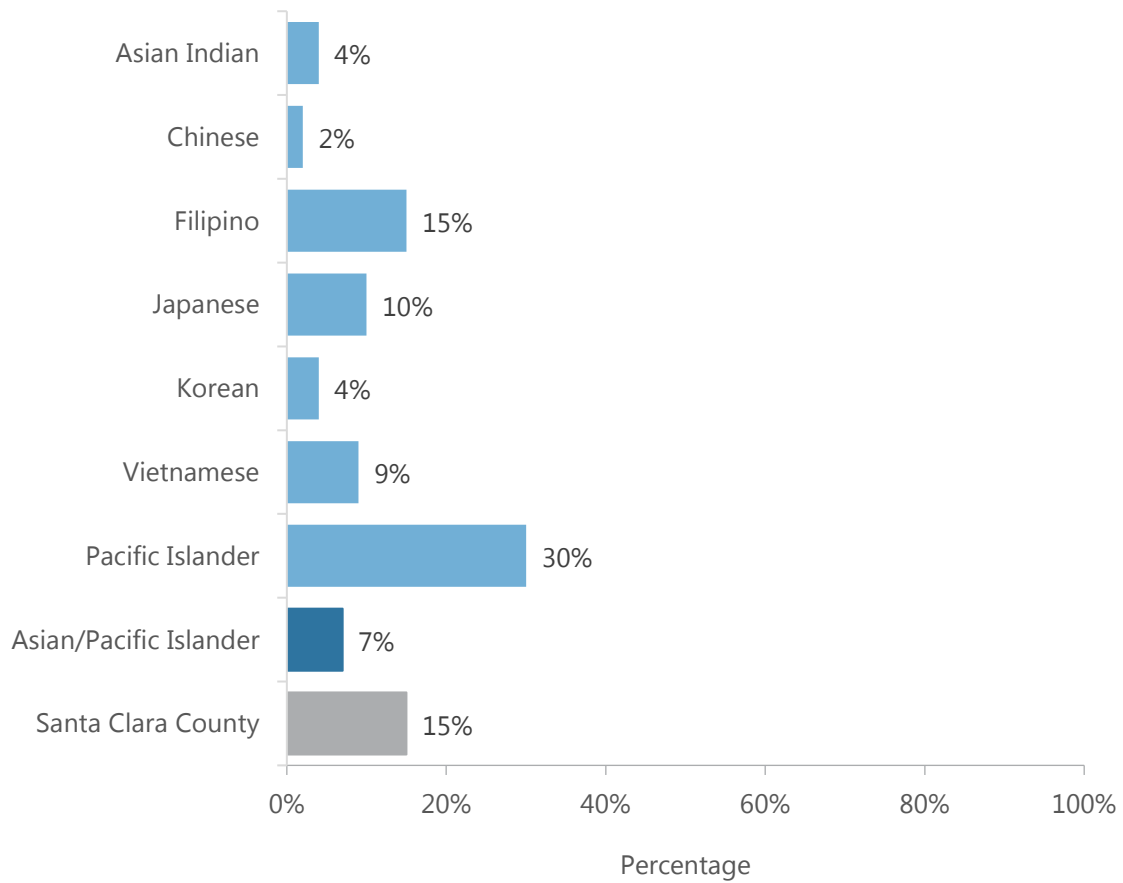
Why it's important

Drug use can affect a person's decision making abilities, increasing the likelihood of engaging in other health risk behaviors or developing addiction.¹⁸ Limited studies document drug use among Asian/Pacific Islander subgroups. Some research findings suggest higher use for some types of drugs among mixed race Asian/Pacific Islanders.¹⁹

What the data tell us

In Santa Clara County, 15% of middle and high school students had ever used marijuana. This percentage was higher among African American (24%) and Latino (22%) students than among Asian/Pacific Islander (7%) and White (13%) students. A higher percentage of Pacific Islander students (30%) ever used marijuana than other Asian/Pacific Islander students.⁸

Percentage of middle and high school students who ever used marijuana



Source: California Healthy Kids Survey, 2015-16

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INFECTIOUS DISEASES

TUBERCULOSIS

Why it's important

Worldwide, one-third of the population is infected with tuberculosis (TB).^{xvi} It is a major cause of disability and death and is more prevalent in developing countries including those in Asia. According to the World Health Organization, 60% of TB cases worldwide occurred in China, India, Indonesia, Nigeria, Pakistan, and South Africa.¹

Nationwide, Asian/Pacific Islanders are disproportionately affected by TB and are more likely to have multidrug-resistant TB than other racial/ethnic groups. Asian/Pacific Islanders have had the largest number of TB cases.² In California, Asian/Pacific Islanders account for more than half of the TB cases (53%) and have higher TB case rate compared to other racial/ethnic groups. TB case rate among Asian/Pacific Islanders in California decreased from 25.0 cases per 100,000 people in 2006 to 19.5 in 2015.³

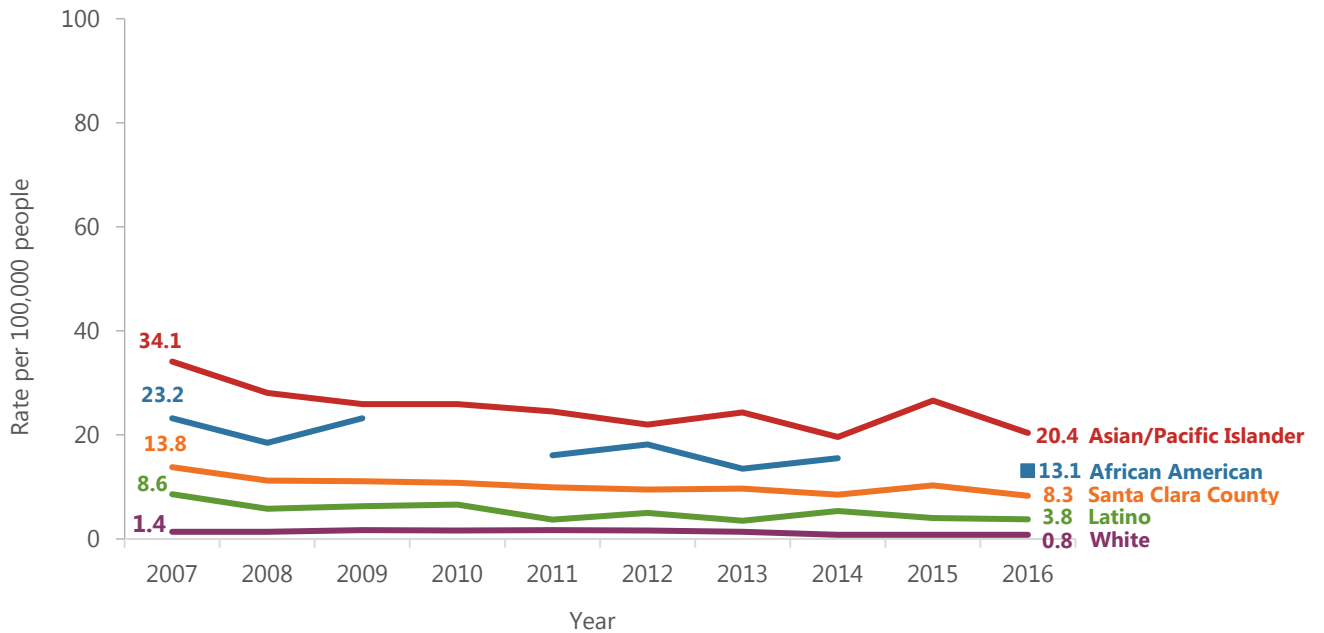
What the data tell us

In 2015, Santa Clara County had the third highest TB case rate in the state of California at 10.3 cases per 100,000 people compared to other counties. The county rate was nearly twice the state rate (5.5) and was ten times higher than the Healthy People 2020 target of 1.0.³

TB case rate in Santa Clara County decreased during the last decade from 13.8 in 2007 to 8.3 in 2016. Asian/Pacific Islanders had the highest TB case rate in the county compared to other racial/ethnic groups. TB case rate among Asian/Pacific Islanders decreased from 34.1 in 2007 to 20.4 in 2016.⁴

^{xvi} TB is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*. It is generally transmitted from person to person. TB usually occurs in the lungs, but infection can also occur in other organs, including the lymph nodes, bones, joints, brain, kidneys, and intestines. Symptoms include coughing, chest pain, weakness, weight loss, and night sweats. For more information, visit: Centers for Disease Control and Prevention. Tuberculosis General Information Fact Sheet. 2011. <https://www.cdc.gov/tb/publications/factsheets/general/tb.pdf>. Accessed September 8, 2017.

Tuberculosis case rate



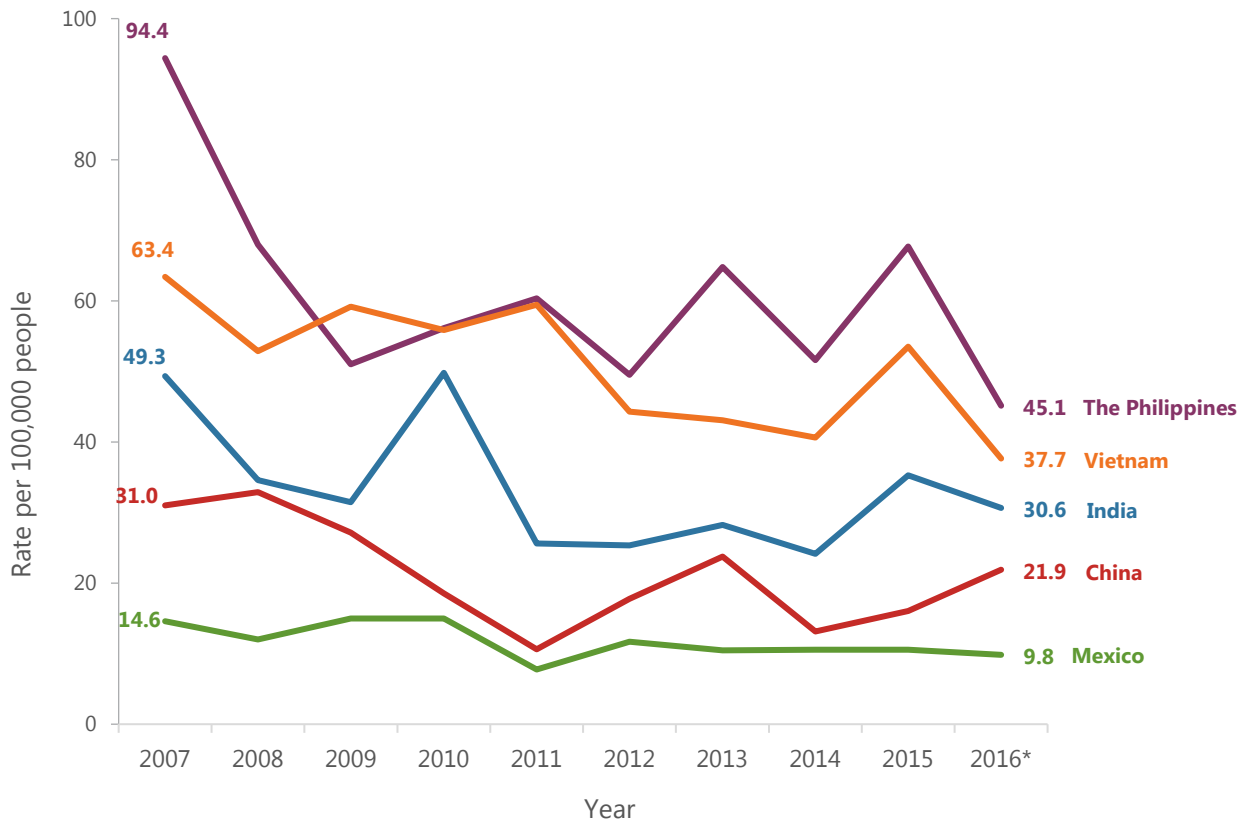
Note: Rates are not reportable for African Americans in 2010 and 2015.

Source: Santa Clara County Public Health Department, TIMS (2000-2009) & CalREDIE (2010-2016), data as of 2/16/17; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010. September, 2012; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060. February, 2017

In Santa Clara County, people born outside the United States have a higher TB case rate than people born in the U.S. Among the TB cases who were born outside the U.S., majority of the cases were among people born in China, India, the Philippines, and Vietnam.⁴

In Santa Clara County, Filipinos had the highest TB case rate in the county, followed by Vietnamese, Asian Indians and Chinese.⁴

Tuberculosis case rate by country of birth



Note: 2016 TB case rates are preliminary.
 Source: Santa Clara County Public Health Department, TIMS (2000-2009) & CalREDIE (2010-2016), data as of 2/16/17; U.S. Census, American Community Survey 1-Year Estimates, 2007-2015.

SEXUAL HEALTH

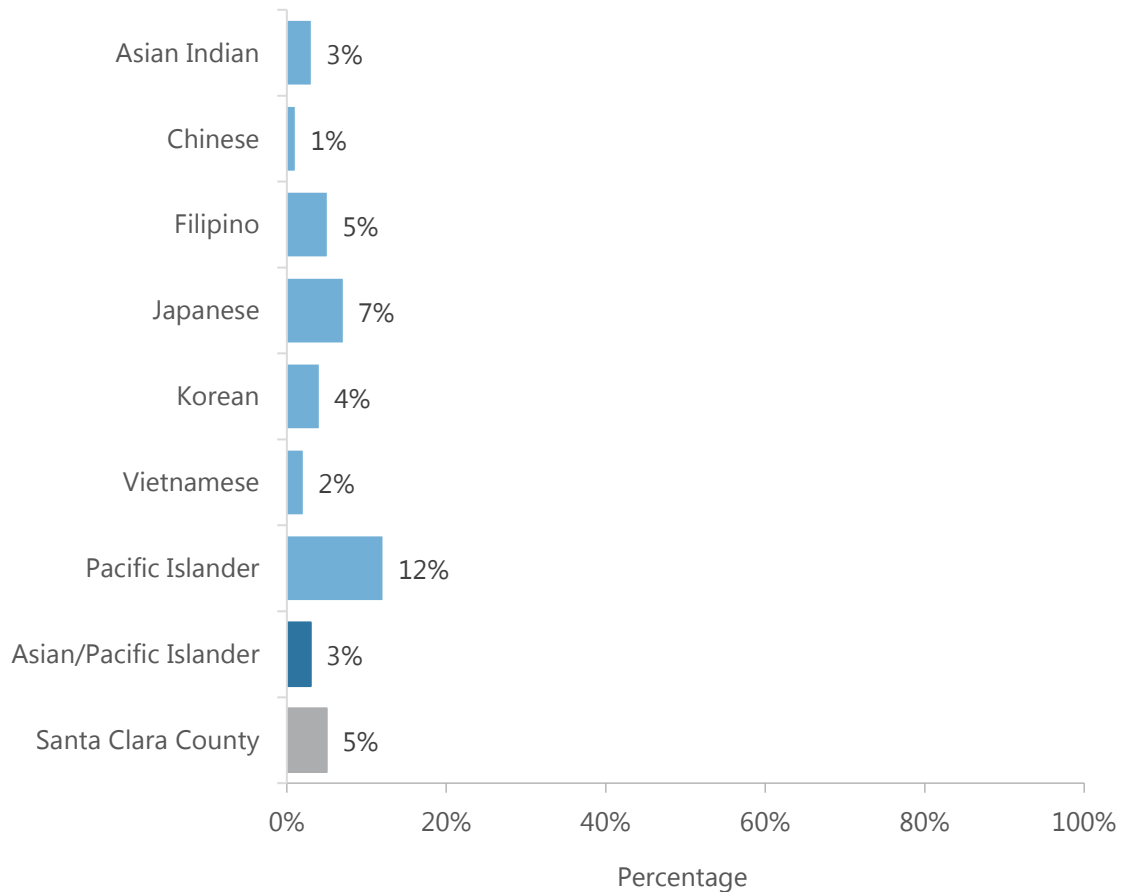
Why it's important

Sexually active adults and youth are at risk of acquiring Sexually Transmitted Diseases (STDs), such as HIV, syphilis, chlamydia and gonorrhea. The risk of infection increases among those who engage in risky behaviors like not using condoms, or having multiple sexual partners.⁵

What the data tell us

In Santa Clara County, 5% of the high school students had sexual intercourse with more than 1 person in the past 3 months. This percentage was higher among African American high school students (12%) than Asian/Pacific Islander (3%), Latino (8%) and White students (5%). Among the Asian/Pacific Islander students, this percentage was higher among Pacific Islander high school students (12%) than other Asian/Pacific Islander subgroups.⁶

Percentage of high school students who had sexual intercourse with more than 1 partner in the past 3 months



Source: California Healthy Kids Survey, 2015-16

SEXUALLY TRANSMITTED DISEASES

Why it's important

Sexually transmitted diseases^{xvii} (STDs) affect people of all ages, backgrounds, and economic levels. Most people are unaware of the risks and consequences of STDs.⁷ Nationwide, an estimated 20 million new infections occur each year, nearly half of them among young people ages 15-24.⁸ STDs pose a serious public health problem because many individuals are

^{xvii} Sexually transmitted diseases (STDs) represent a group of more than 25 diseases that are contagious and transmitted through sexual intercourse (vaginal, oral, or rectal) with a person who is already infected with a STD. STDs can be bacterial, parasitic, or viral infections and include HIV, syphilis, gonorrhea, and chlamydia. STDs can be transmitted between heterosexual or homosexual partners. For more information, visit: Centers for Disease Control and Prevention. Sexually Transmitted Diseases (STDs) at: <https://www.cdc.gov/std/general/default.htm>. Accessed August 9, 2017.

asymptomatic and therefore are not diagnosed or treated. This may result in STDs transmitted to partners even without visible symptoms. If left untreated, STDs can lead to other health problems; such as increased risk of getting or spreading HIV, reproductive health problems including infertility and ectopic pregnancy.⁷ Research shows cultural attitudes about avoiding pre-marital sexual activity and a lack of discussion on sexuality may have an impact on the health of certain ethnic groups.⁹

In 2015, chlamydia, gonorrhea and syphilis case rates increased nationwide. In 2015, chlamydia was the most reported condition ever nationwide with approximately 1.5 million cases.¹⁰

What the data tells us

Chlamydia:^{xviii}

In Santa Clara County, chlamydia rates steadily increased since 2009. Chlamydia was the most reported communicable disease in the county from 2007 to 2016. Chlamydia rates increased from 251.8 cases per 100,000 people in 2009 to 361.8 in 2016.¹¹

Gonorrhea:

Gonorrhea rates steadily increased since 2009. Compared to the rate in 2007 (50.1 cases per 100,000 people), Gonorrhea rate doubled in 2016 (100.6). Gonorrhea is the second most reported STD in the county.¹¹

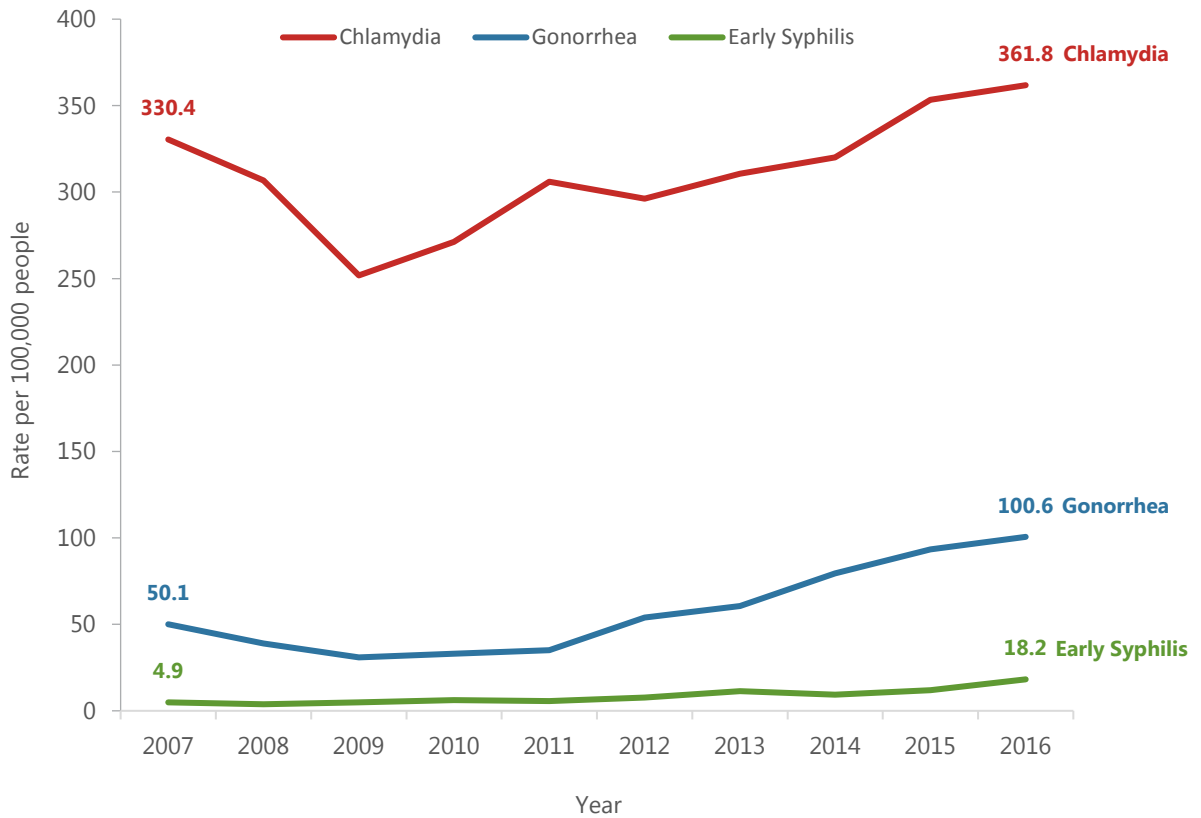
Syphilis:

Early syphilis^{xix} rates steadily increased over the past decade in the county from 7.7 cases per 100,000 people in 2012 to 18.2 in 2016.¹¹

xviii Due to missing race/ethnicity data, chlamydia and gonorrhea rates cannot be reported by race/ethnicity or Asian/Pacific Islander subgroups.

xix Syphilis is divided into following stages: primary, secondary, latent, and tertiary. Early syphilis includes primary, secondary, and early latent syphilis infections. In addition to sexual transmission, syphilis can be transmitted by a mother to her unborn child which could result in a stillbirth, other birth complications, or a low birth weight child. For more information, visit: Centers for Disease Control and Prevention. Syphilis – CDC Fact Sheet. 2017. <https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>. Accessed July 17, 2017

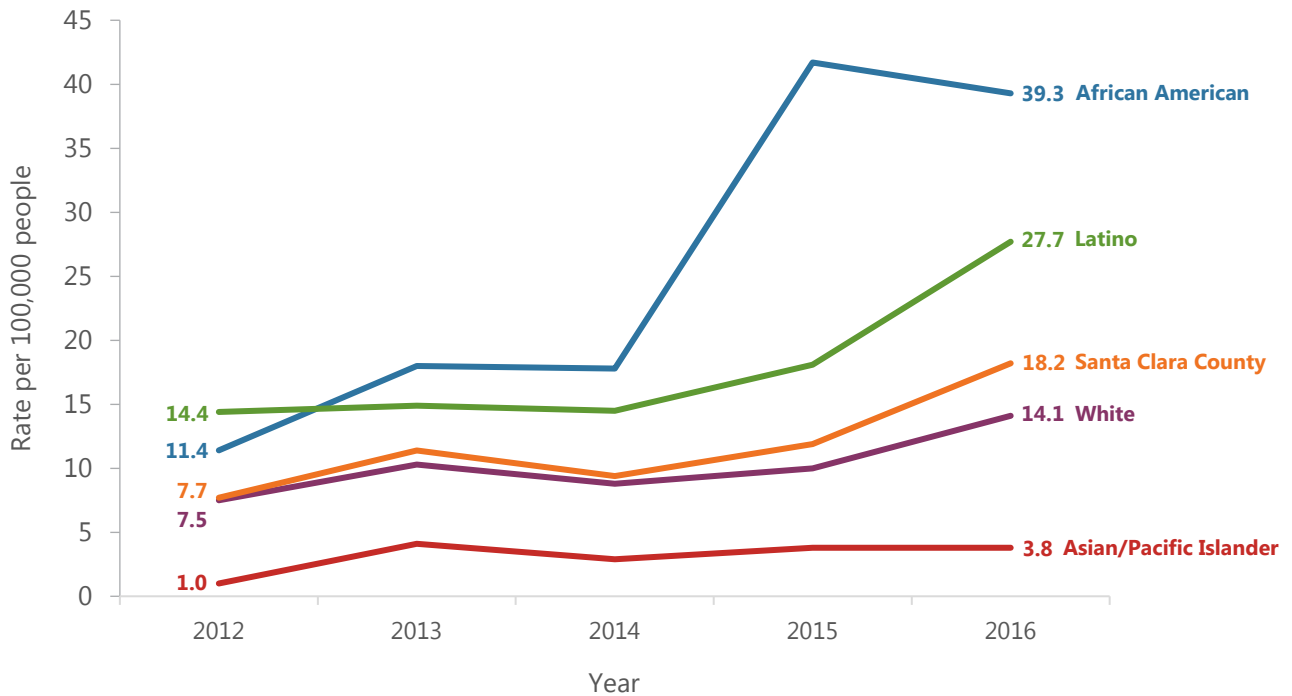
Sexually Transmitted Diseases (STDs)



Note: Early syphilis includes primary, secondary, and early latent syphilis infections
 Source: Santa Clara County Public Health Department, AVSS (2007-2011) & CalREDIE (2011-2016), data as of 5/5/17; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060. February, 2017

Early syphilis rates were lowest among Asian/Pacific Islanders in the county compared to other racial/ethnic groups. Early syphilis rates among Asian/Pacific Islanders increased from 1.0 cases per 100,000 people in 2012 to 3.8 in 2016.¹¹

Early syphilis rates



Note: Early syphilis includes primary, secondary, and early latent syphilis cases.

Source: Santa Clara County Public Health Department, CalREDIE (2012-2016), data as of 5/5/17; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010. September, 2012; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060. February, 2017

HIV/AIDS

Why it's important

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)^{xx} is a disease that can be fatal if left untreated. There is no cure for HIV/AIDS but HIV can be controlled with medication and transmission to others can be prevented.¹² Having multiple sex partners and/or the presence of other STDs increases the risk of contracting HIV during sexual activity.¹³ Some groups are at higher risk for getting HIV including gay, bisexual, and men who have sex with men (MSM), especially young African American and Latino gay and bisexual men, and people who inject drugs.¹⁴

^{xx} HIV is a viral infection that slowly weakens the body's immune system, making the individual susceptible to opportunistic infections and tumors. AIDS is the final stage of HIV infection. HIV is transmitted through sexual contact with an infected person, sharing contaminated needles and syringes, from a pregnant mother to her baby, or by breastfeeding.

HIV/AIDS has affected millions of people worldwide since the 1980s. In 2015, 39,513 people were diagnosed with HIV infection in the United States. Nationwide, the annual number of new HIV diagnoses fell by 9%, and the estimated number of annual HIV infections declined by 10% from 2010 to 2014.¹⁴

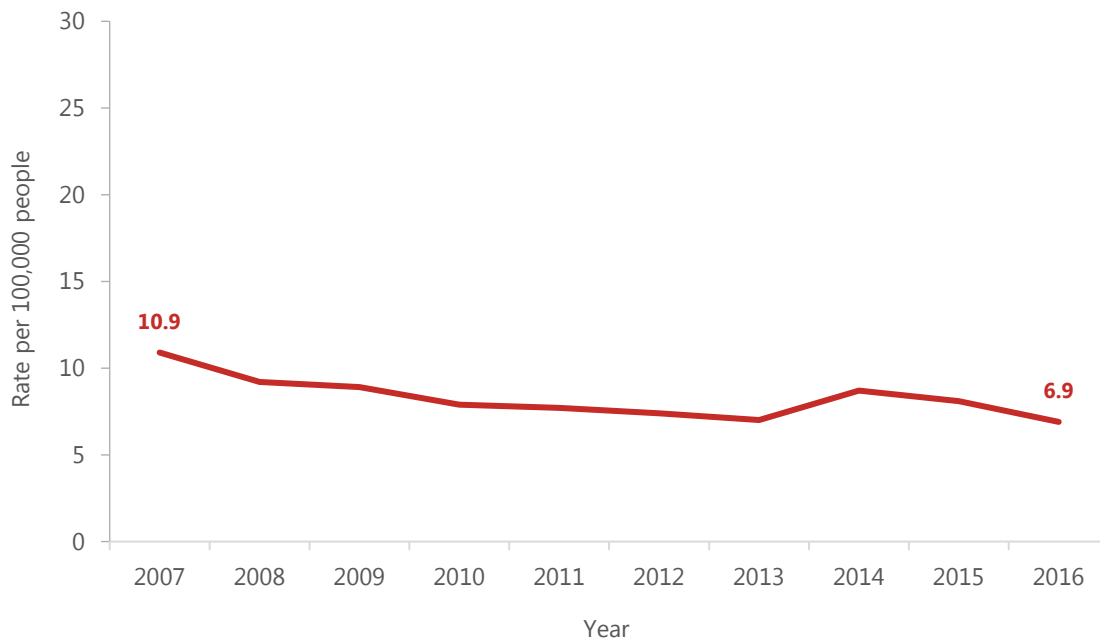
Approximately 1.1 million people in the U.S. were living with HIV infection at the end of 2014. Of those, 1 in 7 or 166,000 people had not received a diagnosis. Nationwide, the newly diagnosed HIV case rate increased among Asians from 4.7 cases per 100,000 people to 5.6 and decreased among Pacific Islanders from 11.0 to 7.9 from 2010 to 2014.^{14, 15}

In California, newly diagnosed HIV case rate among Asians was 5.3 cases per 100,000 people in 2010, and increased to 6.9 in 2014. Pacific Islanders had a rate of 14.9 in 2010, and decreased to 2.8 in 2014.¹⁶

What the data tells us

In Santa Clara County, the newly diagnosed HIV case rates decreased from 10.9 cases per 100,000 people in 2007 to 6.9 in 2016; a decrease of almost 37%.¹⁷

Newly diagnosed HIV case rate

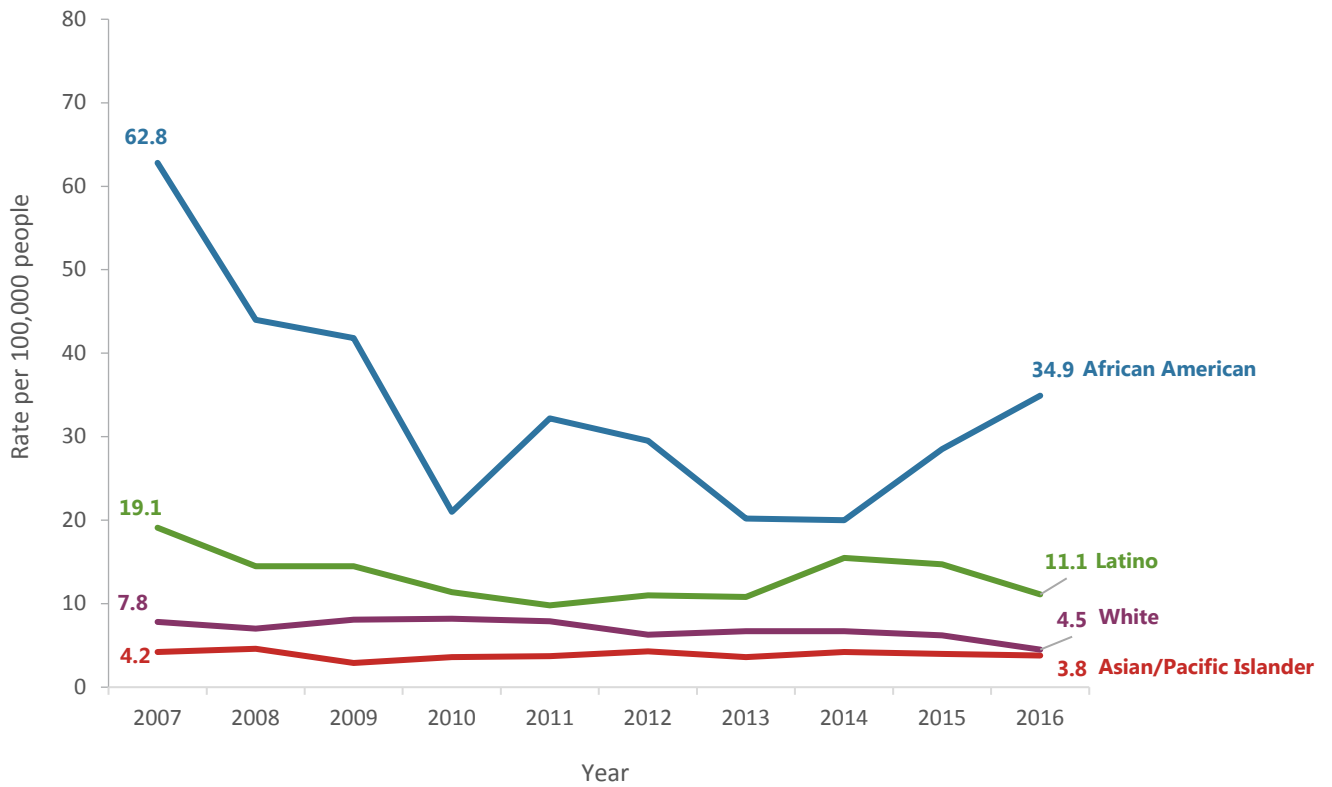


Source: Santa Clara County Public Health Department, eHARS, data as of 5/1/17; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010. September, 2012; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060. February, 2017

In Santa Clara County, newly diagnosed HIV case rate was lowest among Asian/Pacific Islanders and highest among African Americans during the past decade. Newly diagnosed HIV case rate

among Asian/Pacific Islanders remained stable during the past decade (4.2 cases per 100,000 people in 2007 and 3.8 in 2016).¹⁷

Newly diagnosed HIV case rates



Source: Santa Clara County Public Health Department, eHARS, data as of 5/1/17; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010. September, 2012; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060. February, 2017

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CHRONIC DISEASES

Chronic diseases are common and mostly preventable. Chronic diseases are responsible for a large share of healthcare spending in the U.S. Cancer, heart disease, and diabetes are major chronic health conditions. Many chronic diseases may be prevented through engaging in regular physical activity, having a healthy diet, and avoiding tobacco, drugs, and binge drinking. Nationally, 1 in 2 adults has at least 1 chronic health condition and 1 in 4 adults has 2 or more chronic health conditions.¹

CANCER

Why is it important?

Cancer^{xxi} is the second most common cause of death in the United States, accounting for 1 in 4 deaths annually.^{2, 3} In addition to genetics, behavioral and environmental factors may play a role in cancer occurrence and outcomes. The availability and accessibility of cancer screening services are vital for early detection and better health outcomes among cancer cases.⁴

Nationally, overall cancer risk among Asian/Pacific Islanders is lower than among Whites, African Americans, and Latinos; however rates for certain site specific cancers vary. Asian/Pacific Islanders have higher cancer incidence and mortality rates for some cancer sites such as stomach cancer, and liver cancer.⁵ Research findings suggest that cancer incidence and mortality rates among Asian Americans differ by subgroups. Country of origin and other cultural factors may play a role in determining cancer incidence and death rates among immigrant populations.^{5, 6}

What the data tell us

Cancer incidence^{xxii}

All sites: Among Santa Clara County residents, the age-adjusted cancer incidence rate for all sites combined was 426.6 cases per 100,000 people in 2010-14 (pooled years). Asian/Pacific Islanders had the lowest cancer incidence rate (345.4) compared to African Americans (522.6), Whites (484.1), and Latinos (395.9). Among Asian/Pacific Islander subgroups, Filipinos had the highest cancer incidence rate (353.3) and Koreans had the lowest rate (252.5). The county overall cancer incidence rate was slightly lower than the U.S. rate (442.7) and similar to the California rate (409.2).^{7, 8, 9}

^{xxi} Cancer is a chronic disease caused by uncontrolled growth of abnormal cells in the body. These abnormal cells tend to invade and destroy surrounding tissue and can spread, or metastasize, to other organs in the body. Cancer affects people of all ages, races, and socioeconomic levels.

^{xxii} Cancer data are presented for residents of Santa Clara County.

Female breast cancer: Asian/Pacific Islander females had a lower age-adjusted breast cancer incidence rate of 102.2 cases per 100,000 females than African American (160.7), White (147.5), and Latino females (110.6) in 2010-14 (pooled years). Among Asian/Pacific Islander subgroups, Asian Indian females had the highest breast cancer incidence rate (127.8) and Korean females had the lowest rate (49.4).⁹

Colorectal cancer: The age-adjusted incidence rate of colorectal cancer among Santa Clara County residents was 38.0 cases per 100,000 people in 2010-14 (pooled years). Asian/Pacific Islanders had an age-adjusted incidence rate of 37.3; similar to the rate among Latinos (37.3) and lower than the rates among African Americans (54.6) and Whites (38.9). Among Asian/Pacific Islander subgroups, the highest colorectal cancer incidence rate was among Japanese (40.5) and the lowest rate was among Asian Indians (18.5).⁹

Liver cancer: The age-adjusted incidence rate of liver cancer in Santa Clara County was 11.8 cases per 100,000 people in 2010-14 (pooled years). Asian/Pacific Islanders had a higher rate (18.9) than Whites (6.5), African Americans (16.6), and Latinos (17.0). Among the Asian/Pacific Islander subgroups, the highest rate was among Vietnamese (37.9) and the lowest rate was among Chinese (13).⁹

Lung cancer: The age-adjusted lung cancer rate in Santa Clara County was 43.4 cases per 100,000 people in 2010-14 (pooled years). Latinos (30.2) and Asian/Pacific Islanders (42.4) had lower rate than Whites (47.6) and African Americans (54.4). Among the Asian/Pacific Islander subgroups, Vietnamese (47.1) and Filipinos (45.4) had the highest rates and Japanese (26.4) and Asian Indians (26.5) had the lowest rates.⁹

Prostate cancer: The incidence rate of prostate cancer was 127.3 per 100,000 males in Santa Clara County in 2010-14 (pooled years). Asian/Pacific Islander males had a lower incidence rate of prostate cancer (81.5) than White (138.1), African American (210.9) and Latino males (129.9). Among subgroups, Asian Indian males (95.8) had the highest incidence rate and Vietnamese males (54.4) had the lowest incidence rate.⁹

Age-Adjusted cancer incidence rates per 100,000 people by cancer site and sex

	Santa Clara County	All API	Asian Indian	Chinese	Filipino	Japanese	Korean	Vietnamese
All Sites								
All	426.6	345.4	315.1	295.5	353.3	293.7	252.5	315.6
Male	477.2	371.8	315.8	311.8	391.6	308.3	304.4	363.5
Female	392.4	330.5	323.8	284.5	337.3	289.2	215.7	278.2
Breast								
Female	125.3	102.2	127.8	84.6	102.0	100.7	49.4	70.6
Colorectal								
All	38.0	37.3	18.5	32.3	39.0	40.5	29.7	32.6
Male	42.7	43.7	19.9	39.9	44.2	49.0	-	40.1
Female	34.1	32.2	17.2	26.1	35.7	33.5	-	26.2
Liver								
All	11.8	18.9	-	13.0	14.6	-	20.3	37.9
Male	17.1	29.0	-	19.6	23.7	-	-	58.7
Female	7.1	10.5	-	7.5	8.6	-	-	19.4
Lung								
All	43.4	42.4	26.5	39.7	45.4	26.4	31.3	47.1
Male	50.7	55.6	32.1	47.5	72.5	26.3	50.2	67.1
Female	38.0	32.6	21.2	33.7	29.2	26.2	-	31.3
Prostate								
Male	127.3	81.5	95.8	69.7	83.1	70.6	-	54.4

Note: Age-adjusted rates with the number of cases less than 20 are not presented. Rates for Pacific Islanders are not presented due to lack of data.
Source: Greater Bay Area Cancer Registry, 2010-2014; U.S. Census Bureau; 2010 Census.

Cancer mortality

All sites: In 2010-14 (pooled years), the age-adjusted all sites cancer mortality rate among Santa Clara County residents was 142.2 deaths per 100,000 people. This was lower than the U.S. rate (166.1) and California rate (149.0).^{7, 10} Asian/Pacific Islanders residing in the county had a lower age-adjusted cancer mortality rate of 120.5 deaths per 100,000 people than Whites (154.0), African Americans (201.4), and Latinos (139.5). Among Asian/Pacific Islander subgroups, Koreans had the highest age-adjusted cancer mortality rate (155.3) and Asian Indians had the lowest rate (72.7).⁹

Female breast cancer: Countywide, the age-adjusted breast cancer mortality rate was 18.0 deaths per 100,000 females. Asian/Pacific Islander females had a lower breast cancer mortality rate (11.8) than African American (33.6), White (21.7), and Latino females (15.5). Among Asian/Pacific Islander subgroups, Filipino females had the highest breast cancer mortality rate (17.7) and Vietnamese females had the lowest breast cancer mortality rate (8.0).⁹

Colorectal cancer: The overall age-adjusted mortality rate for colorectal cancer was 12.4 deaths per 100,000 people. Asian/Pacific Islanders had a lower rate of colorectal cancer mortality (11.5) than Whites (12.6), Latinos (12.6), and African Americans (23.5). Among the Asian/ Pacific Islander subgroups, Chinese had the highest colorectal cancer mortality rate (14.0) and Japanese had the lowest rate (9.2).⁹

Liver cancer: The age-adjusted mortality rate for liver cancer among Santa Clara County residents was 7.0 deaths per 100,000 people. Asian/Pacific Islanders had a higher mortality rate (11.8) than Whites (3.6), African Americans (7.9), and Latinos (10.8). Among Asian/Pacific Islander subgroups, Vietnamese had the highest mortality rate (24.4) and Filipinos had the lowest rate (7.1).⁹

Lung cancer: The age-adjusted mortality rate for lung cancer among Santa Clara County residents was 29.5 deaths per 100,000 people. The rate among Asian/Pacific Islanders was 27.0; lower than the rate among Whites (33.5), African Americans (38.5), but higher than Latino rate (19.7). Among the Asian/Pacific Islander subgroups, the highest mortality rate was among Koreans (37.8) and the lowest rate was among Asian Indians (8.9).⁹

Prostate cancer: The age-adjusted mortality rate for prostate cancer was 18.2 deaths per 100,000 males. The mortality rate among Asian/Pacific Islanders was 10.0, lower than African American (34.2), White (21.5) and Latino males (18.1). Among Asian/Pacific Islanders, Filipino males had the highest rate (17.0) and Chinese males had the lowest rate (7.1).⁹

Age-Adjusted cancer mortality rates per 100,000 people by cancer site and sex

	Santa Clara County	All API	Asian Indian	Chinese	Filipino	Japanese	Korean	Vietnamese
All Sites								
All	142.2	120.5	72.7	116.7	133.5	108.7	155.3	131.3
Male	170.0	148.2	72.5	137.2	177.4	133.3	194.1	169.7
Female	122.5	100.1	74.0	100.6	108.1	94.0	126.7	99.8
Breast								
Female	18.0	11.8	-	10.5	17.7	-	-	8.0
Colorectal								
All	12.4	11.5	-	14.0	10.8	9.2	-	11.1
Male	14.3	14.3	-	18.2	12.7	-	-	13.6
Female	11.0	9.4	-	10.5	9.6	-	-	8.9
Liver								
All	7.0	11.8	-	9.5	7.1	-	-	24.4
Male	10.4	18.7	-	16.9	-	-	-	39.4
Female	4.0	6.1	-	-	-	-	-	11.4
Lung								
All	29.5	27.0	8.9	28.5	31.6	22.1	37.8	29.1
Male	35.9	37.5	-	33.3	54.6	26.4	58.5	43.2
Female	24.8	19.2	-	24.8	18.3	19.8	-	18.1
Prostate								
Male	18.2	10.0	-	7.1	17.0	-	-	-

Note: Age-adjusted rates with the number of cases less than 20 are not presented in this table. Rates for Pacific Islanders are not presented due to lack of data. Source: Greater Bay Area Cancer Registry, 2010-2014; U.S. Census Bureau; 2010 Census.

CANCER SCREENING

Why is it important?

Cancer screening tests are vital for early detection of cancer and help improve survival and achieve better health outcomes of cancer patients. Recommended^{xxiii} cancer screenings vary by age and sex.¹¹ Studies suggest that cancer screening rate may be lower among Asian Americans when compared to other races/ethnicities.¹²

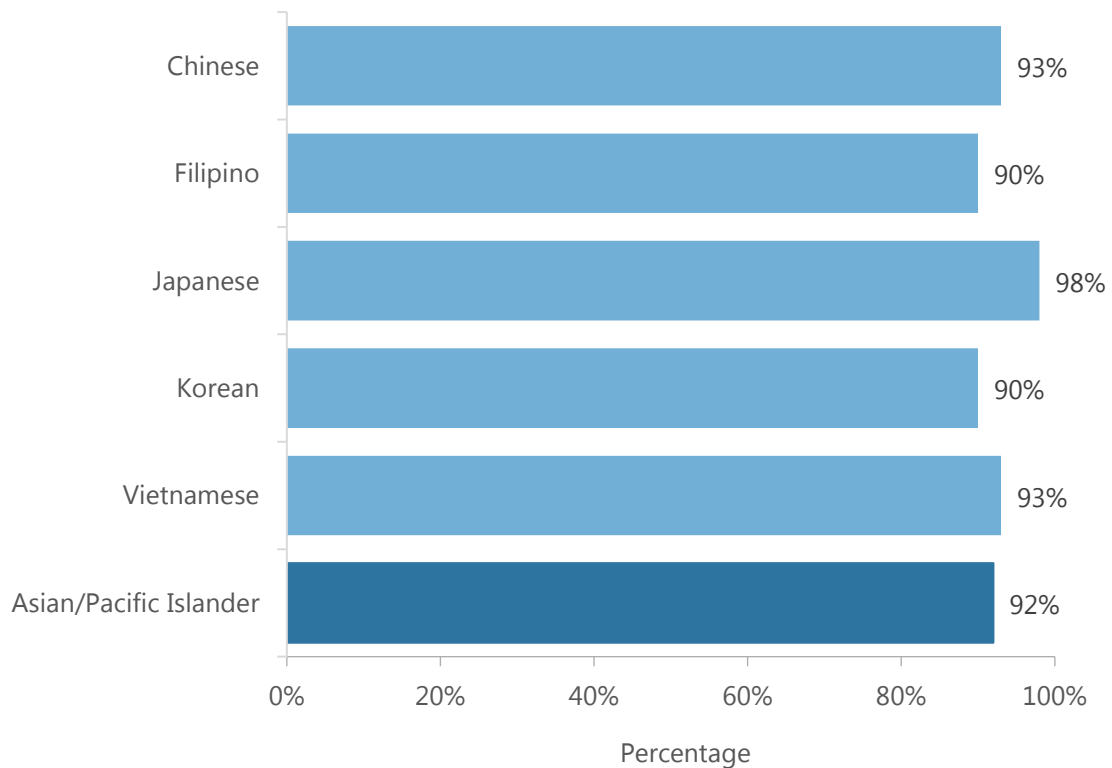
^{xxiii} To screen for breast cancer, the United States Preventive Services Task Force (USPSTF) recommends screening every two years using mammography for women ages 50 to 74. The USPSTF recommends screening for cervical cancer in women ages 21 to 65 using a Pap test. For women ages 30 to 65, it is recommended a combination of a Pap test and HPV test performed together every five years. To screen for colon cancer, USPSTF recommends that adults ages 50 to 75 are screened at least every 10 years by colonoscopy or more frequently every year with stool based tests (fecal occult blood tests (FOBT) and fecal immunochemical tests (FIT)).

What the data tell us

Breast cancer screening:

Among the Asian/Pacific Islander female survey respondents ages 50 to 74, 92% had ever received a mammogram. A slightly lower percentage of Filipino and Korean female survey respondents had ever had a mammogram (90% each). This percentage was highest among Japanese female survey respondents (98%).¹³

Percentage of Asian/Pacific Islander female survey respondents ages 50-74 who have ever had a mammogram

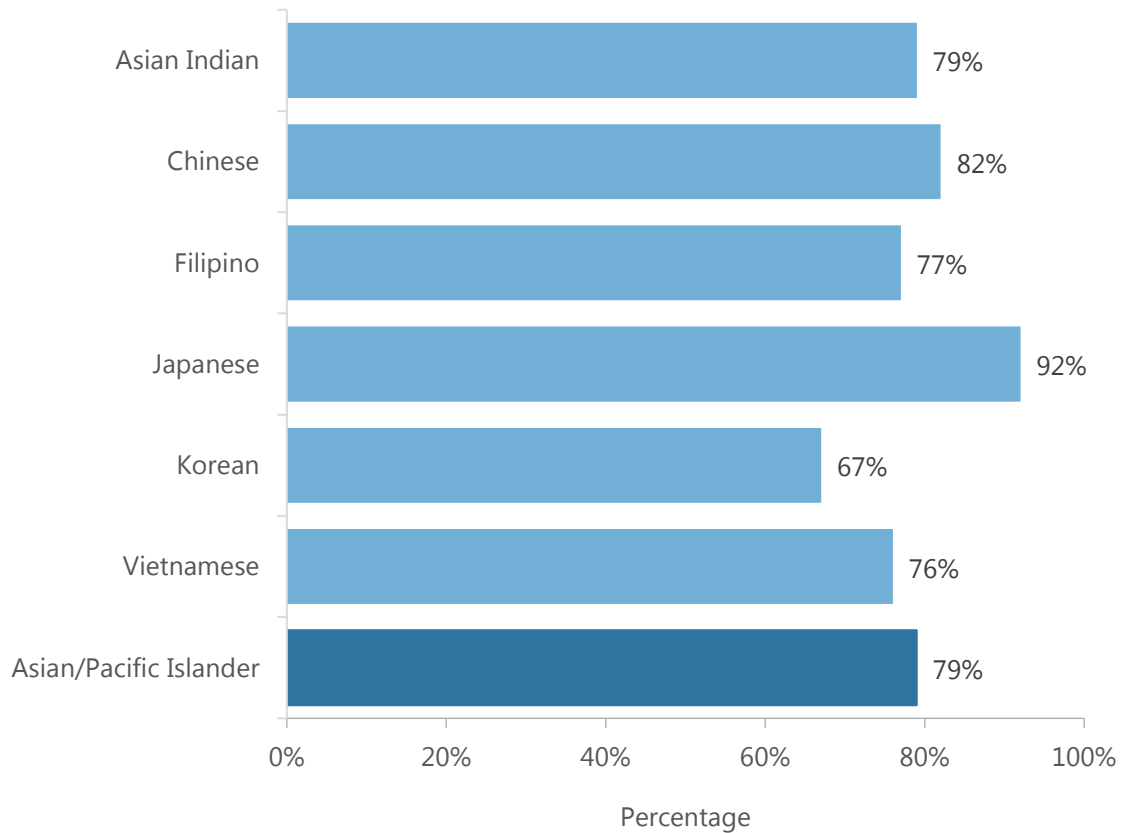


Note: Data for Asian Indians and Pacific Islanders are not presented due to small sample size.
Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Cervical cancer screening:

Nearly 8 in 10 (79%) Asian/Pacific Islander female survey respondents ages 18 to 65 had ever had a Pap test. This percentage was lowest among Korean female survey respondents (67%) and highest among Japanese female survey respondents (92%).¹³

Percentage of Asian/Pacific Islander female survey respondents ages 18-65 who ever had a Pap test



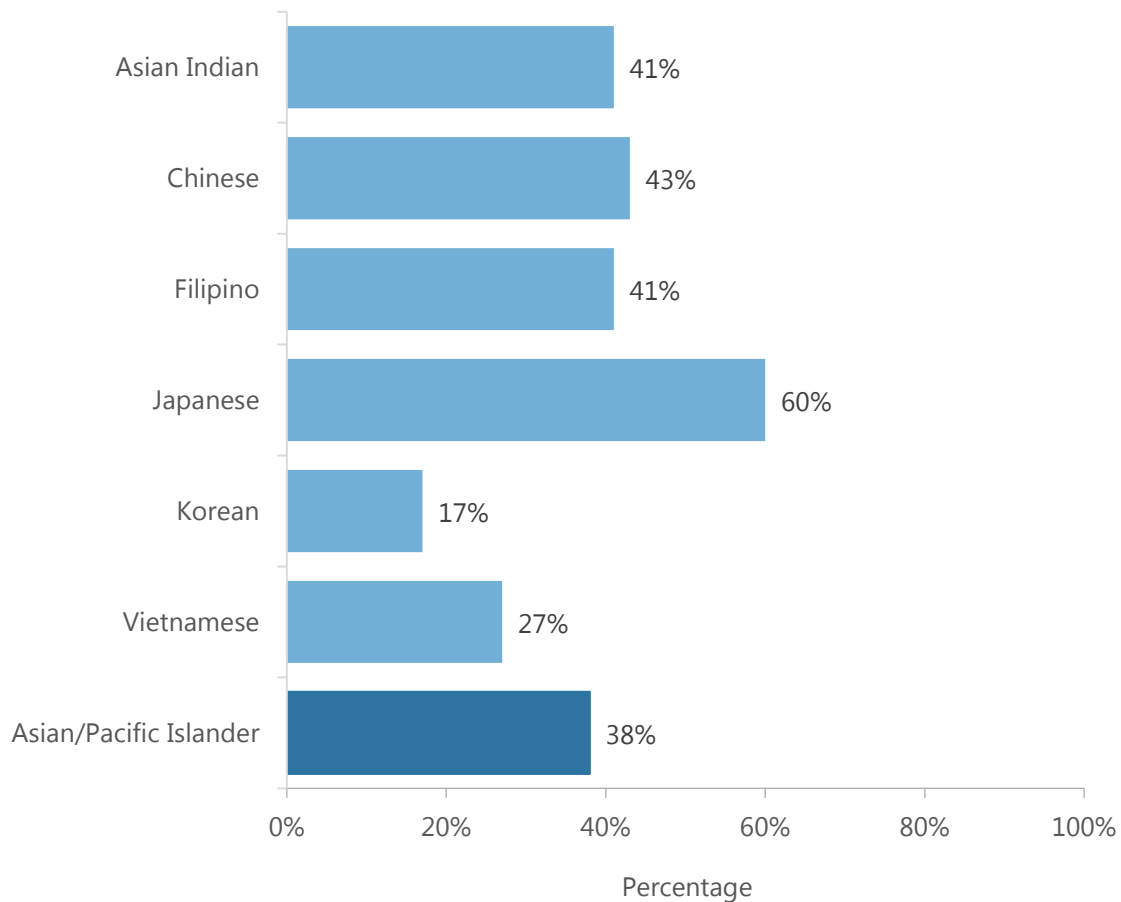
Note: Data for Pacific Islanders are not presented due to small sample size.

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Colorectal cancer screening:

Nearly 4 in 10 (38%) Asian/Pacific Islander survey respondents ages 50 to 75 had ever received a blood stool test. This percentage was highest among Japanese survey respondents (60%) and lowest among Korean survey respondents (17%).¹³

Percentage of Asian/Pacific Islander survey respondents ages 50-75 who ever had a blood stool test



Note: Data for Pacific Islanders are not presented due to small sample size.

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

HIGH BLOOD PRESSURE AND HIGH BLOOD CHOLESTEROL

Why is it important?

High blood pressure or hypertension can cause heart damage and health problems including heart disease and stroke.¹⁴ High blood cholesterol occurs when one's body has too much cholesterol in the arteries, blocking blood flow and can lead to heart disease and stroke. Both of these conditions may be reduced by exercising, eating a healthy diet and avoiding smoking and tobacco use.¹⁵

High blood pressure and high blood cholesterol are risk factors for heart disease. Some of these risk factors may be modified to reduce the risk of developing heart disease.¹⁶ Studies show varying risk of heart disease among Asian subgroups. Research findings suggest that Pacific

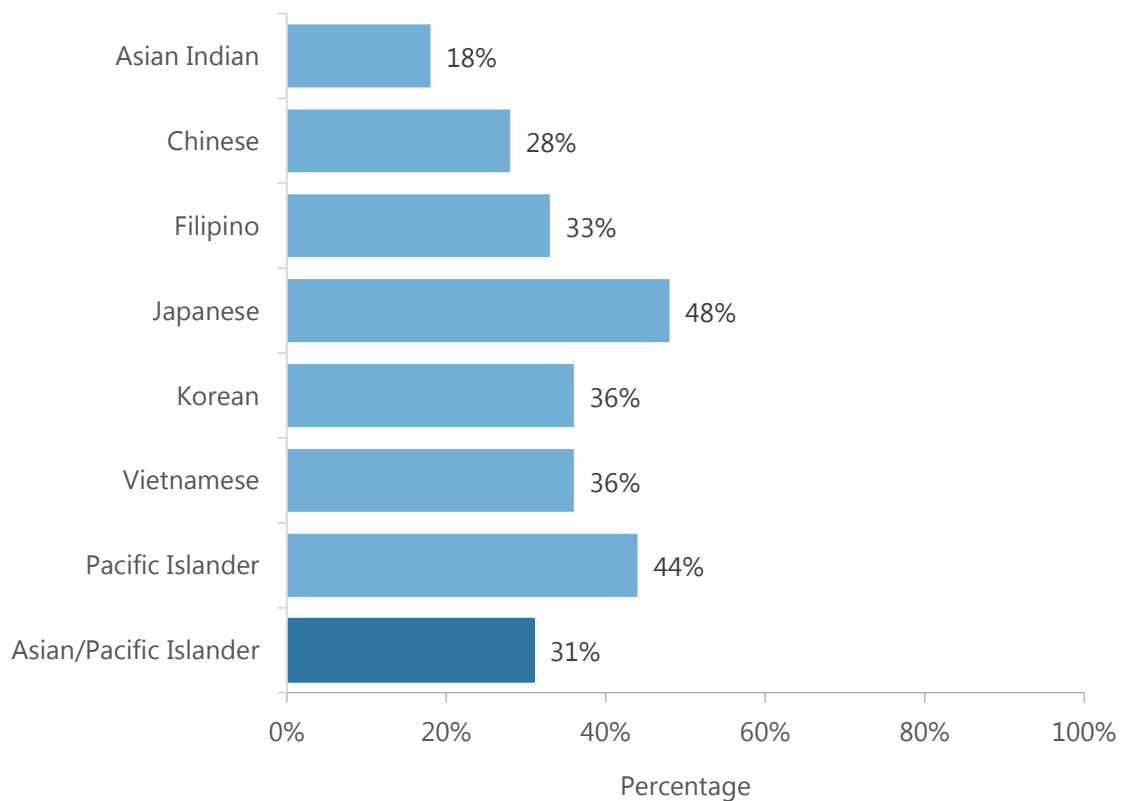
Islanders had the highest rate of coronary heart disease compared to other Asian subgroups.¹⁷ Furthermore, deaths due to cardiovascular disease vary within Asian subgroups; Asian Indians, Japanese, and Filipinos having the highest risk.¹⁸

What the data tell us

High blood pressure:

More than 3 in 10 (31%) Asian/Pacific Islander survey respondents had ever been diagnosed with high blood pressure. This percentage was higher among Japanese (48%) and Pacific Islander (44%) survey respondents and lowest among Asian Indian survey respondents (18%).¹³

Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with high blood pressure

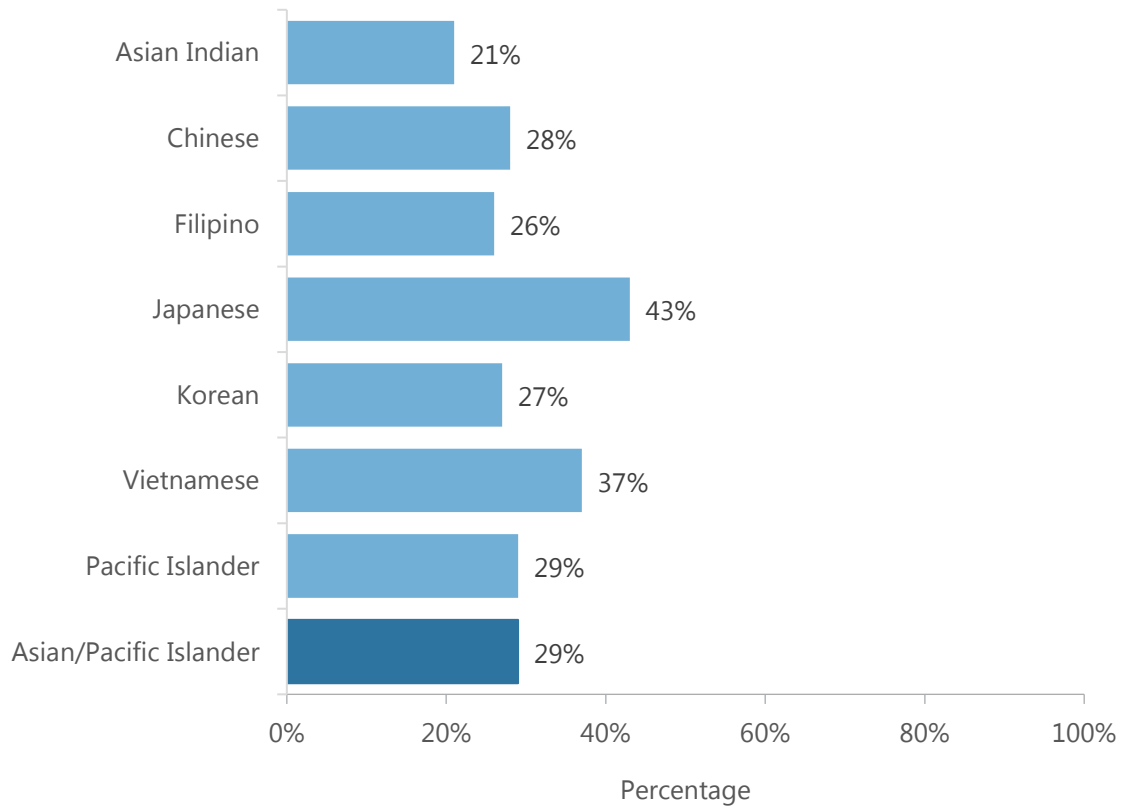


Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

High blood cholesterol:

Almost 3 in 10 (29%) Asian/Pacific Islander survey respondents were ever diagnosed with high blood cholesterol. This percentage was highest among Japanese survey respondents (43%) and lowest among Asian Indian survey respondents (21%).¹³

Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with high blood cholesterol



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

DIABETES

Why is it important

Diabetes is a chronic disease that causes high blood glucose (sugar) levels.^{xxiv} Type 1 diabetes results from the body's inability to produce insulin. Type 2 diabetes occurs when the body doesn't properly use insulin or stops responding to insulin.¹⁹

Prediabetes means that a person's blood sugar level is higher than normal, but it's not yet increased enough to be classified as diabetes. Without intervention, prediabetes is likely to develop into diabetes. An estimated 84.1 million adults, more than 1 in 3 adults, have prediabetes in the United States, and approximately 90% do not know about it.¹⁹ Research

^{xxiv} Insulin, a hormone produced by pancreas, helps the body's cells absorb glucose. Normally, the body adjusts the amount of insulin based on the level of glucose. However, with diabetes, this process doesn't work properly and glucose accumulates in the blood. For more information, visit: Centers for Disease Control and Prevention. About Diabetes. 2017. <https://www.cdc.gov/diabetes/basics/diabetes.html>.

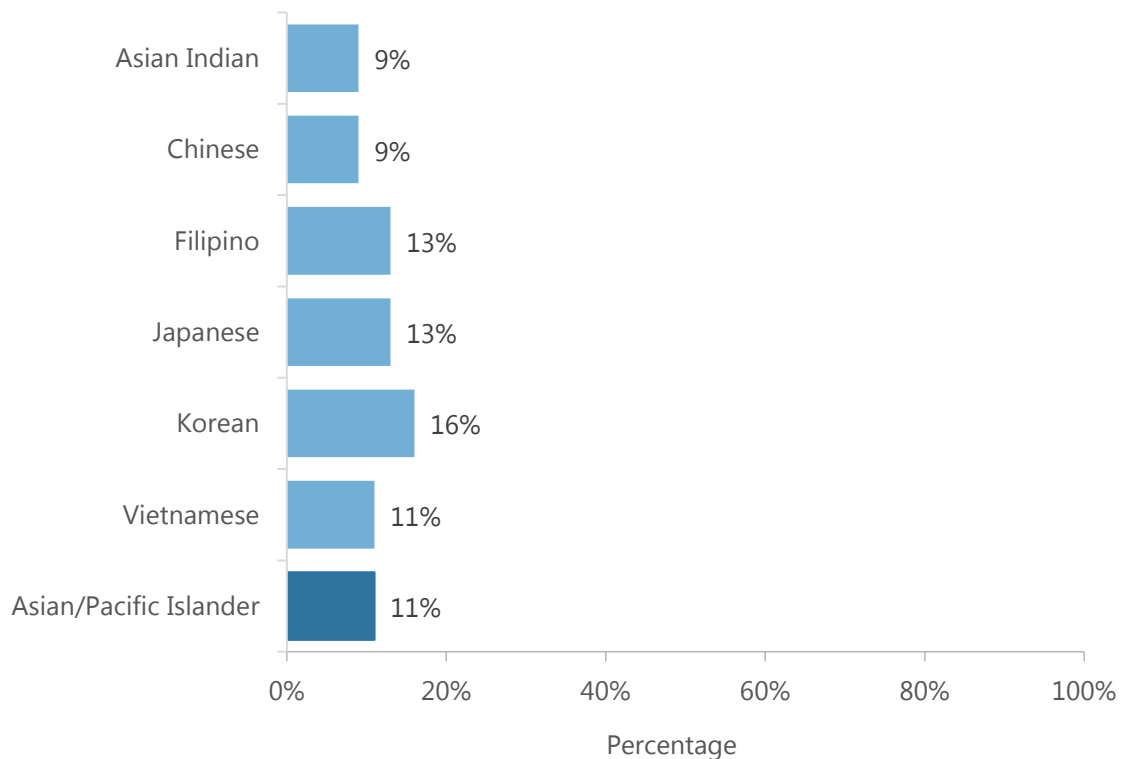
shows the long-term damage due to diabetes especially to the heart and circulatory system may already start during the prediabetes stage. However, with healthy lifestyle changes such as eating healthy foods, including physical activity in a person's daily routine, and maintaining a healthy weight, it is possible to either delay or prevent the onset of diabetes.²⁰

A study conducted in 2012 in Northern California region found that Pacific Islanders, South Asians, and Filipinos had the highest prevalence and incidence of diabetes among all racial/ethnic groups including African Americans, Latinos, and Native Americans.²¹

What the data tell us

More than 1 in 10 (11%) Asian/Pacific Islander survey respondents were ever diagnosed with diabetes. This percentage was higher among Korean survey respondents (16%) and lower among Asian Indian (9%) and Chinese (9%) survey respondents.¹³

Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with diabetes

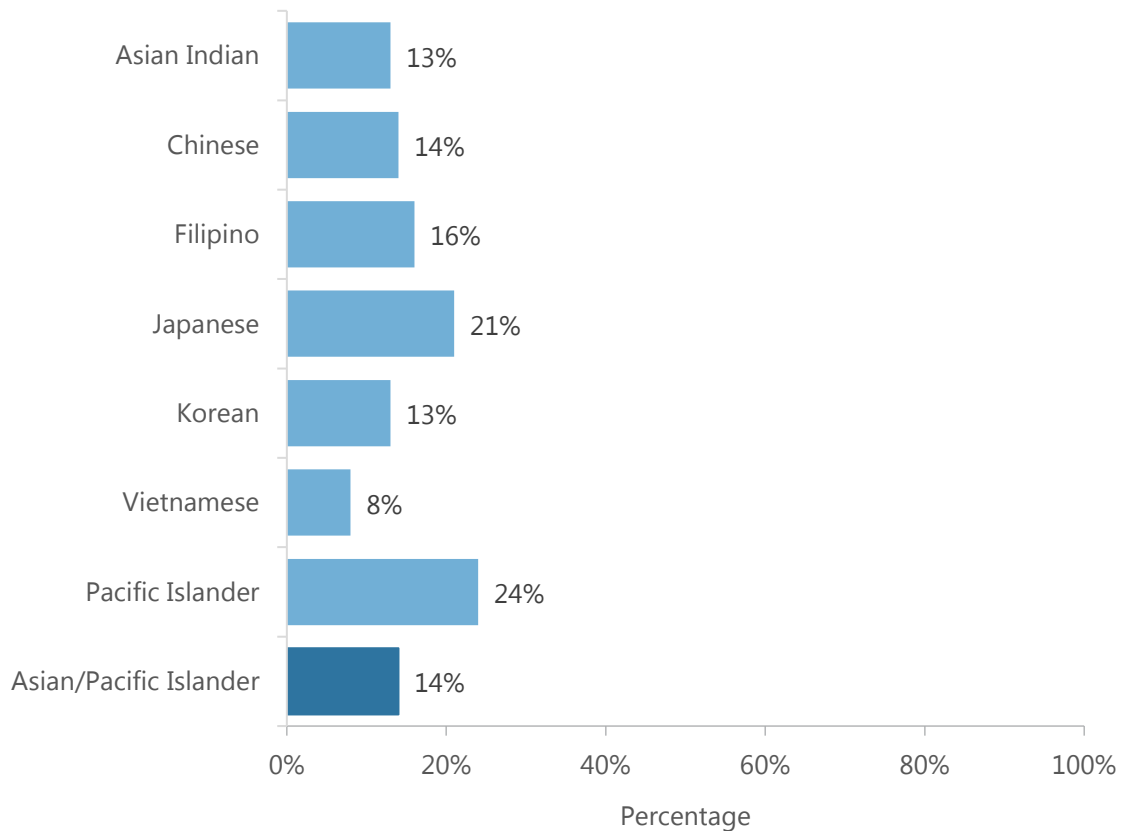


Note: Data for Pacific Islanders are not presented due to small sample size.

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Fourteen percent (14%) of Asian/Pacific Islander survey respondents were ever diagnosed with prediabetes. This percentage was higher among Pacific Islander (24%) and Japanese (21%) survey respondents and lower among Vietnamese (8%) survey respondents.¹³

Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with prediabetes



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

ASTHMA

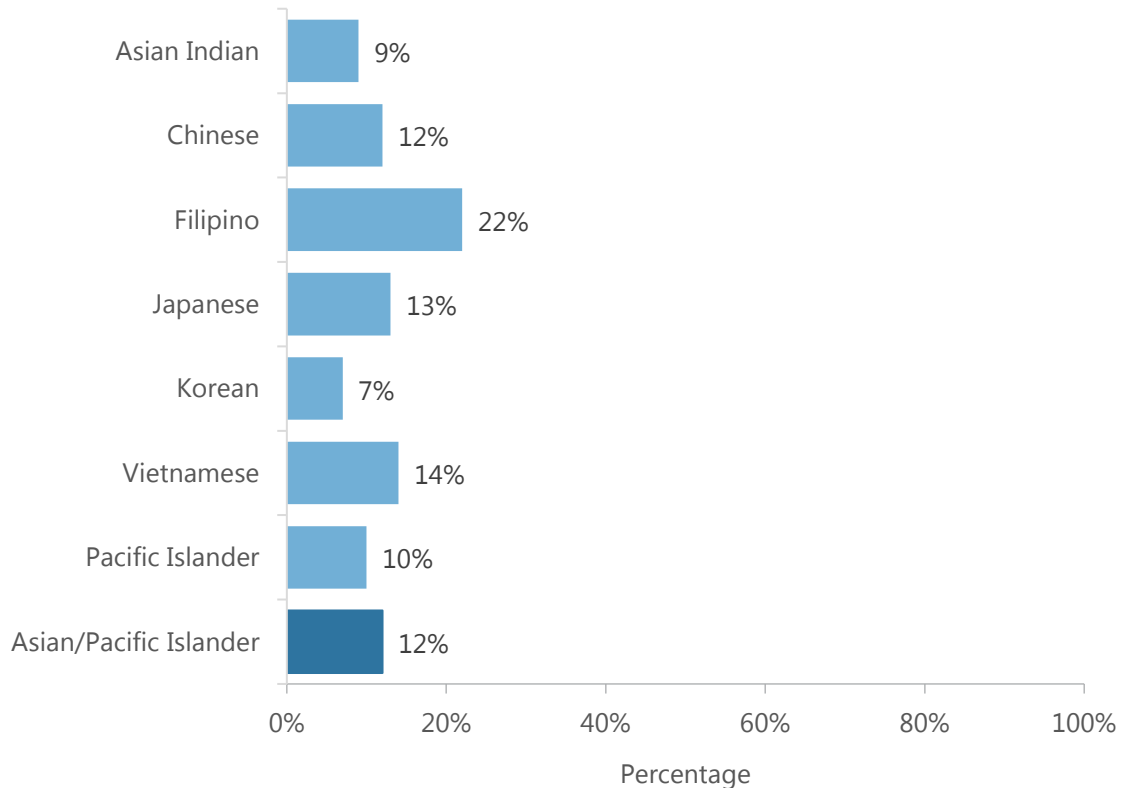
Why is it important

Asthma is a chronic disease that affects lungs. It inflames and narrows the airways, causing repeated episodes of wheezing, chest tightness, shortness of breath, and coughing. Asthma cannot be cured, but it can be controlled with appropriate treatment or medication.²² Studies suggest that Asians have the lowest asthma rate in the United States.²³

What the data tell us

Twelve percent (12%) of Asian/Pacific Islander survey respondents were ever diagnosed with asthma. This percentage was higher among Filipino survey respondents (22%) and lower among Korean survey respondents (7%).¹³

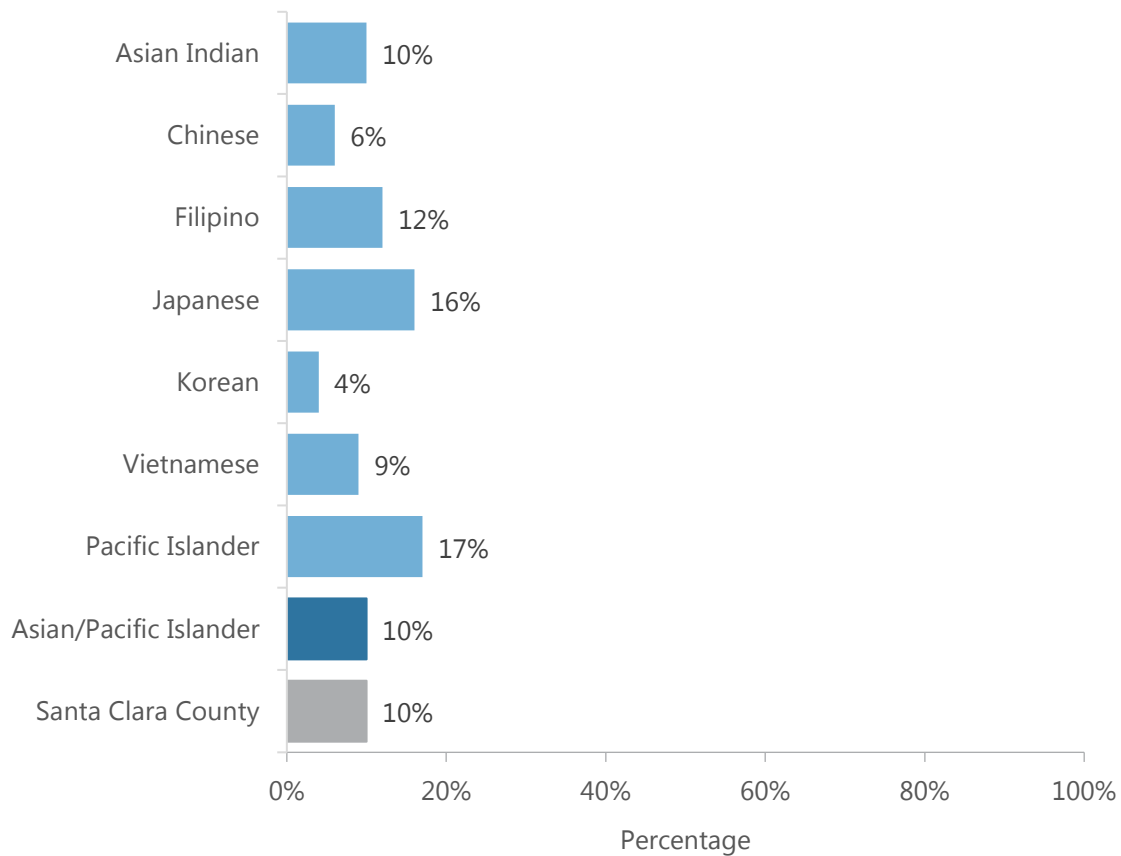
Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with asthma



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

One in 10 (10%) Asian/Pacific Islander middle and high school students had an asthma attack in the past 12 months; similar to the county overall (10%). Among Asian/Pacific Islander subgroups, a higher percentage of Pacific Islander (17%) and Japanese (16%) students had an asthma attack in the past 12 months. The percentages were lower among Korean (4%) and Chinese students (6%).²⁴

Percentage of middle and high school students who had an asthma attack in the past 12 months



Source: California Healthy Kids Survey, 2015-16

OSTEOPOROSIS

Why is it important

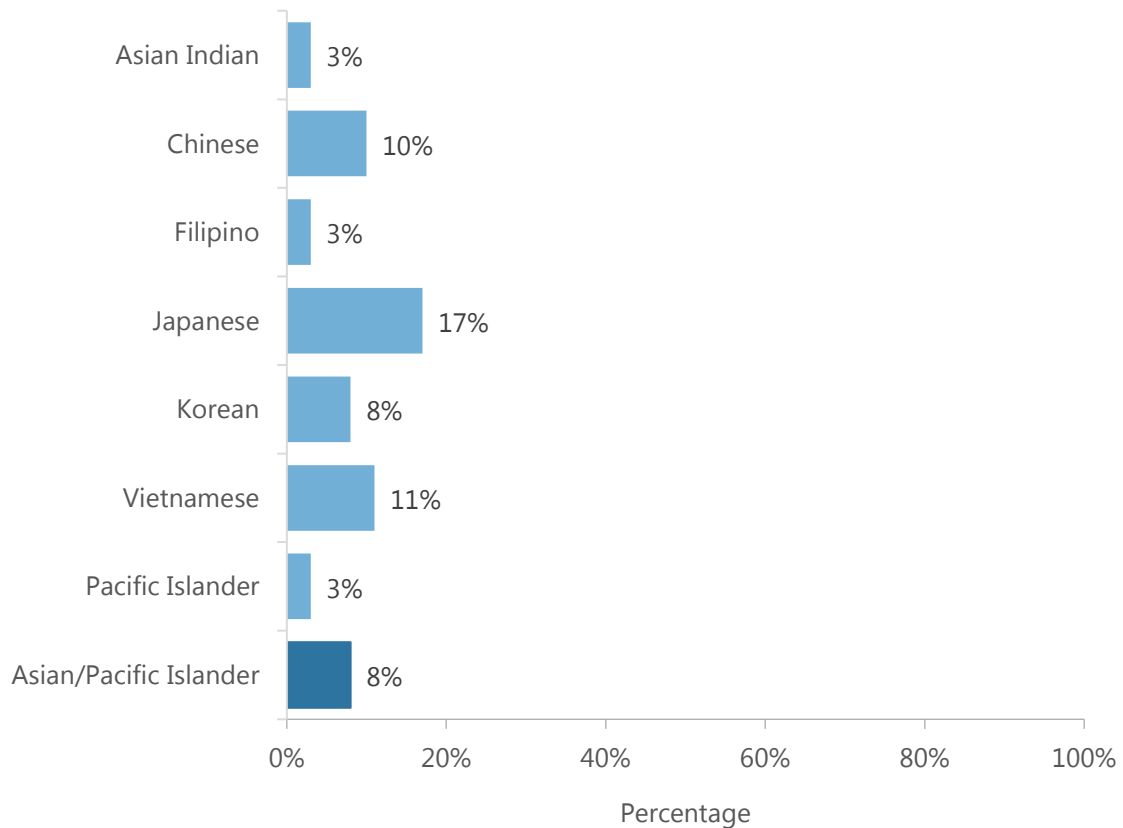
Osteoporosis is a condition where the bones are weak and can break easily.²⁵ This can lead to more harmful injuries caused by falls and accidents. Osteoporosis can occur at any age. More than 40 million Americans have low bone mass or osteoporosis leaving them at higher risk for fractures.²⁶

Studies show that Asian women in particular have higher risk of developing osteoporosis due to low calcium and vitamin D levels. Calcium along with vitamin D may help strengthen and maintain bones. Research shows Asian women consumed less calcium due to lactose intolerance.^{27, 28}

What the data tell us

Eight percent (8%) of Asian/Pacific Islander survey respondents had ever been diagnosed with osteoporosis. This percentage was higher among Japanese survey respondents (17%) and lower among Asian Indian, Filipino and Pacific Islander survey respondents (3% each).¹³

Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with osteoporosis



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

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MENTAL HEALTH

Physical and mental health are related with each other. Studies show that good mental health is associated with better physical health outcomes.¹ Research suggests that Asian Americans may have lower rates of mental illness than other racial/ethnic groups but are less likely to seek out treatment.²

EMOTIONAL WELL-BEING

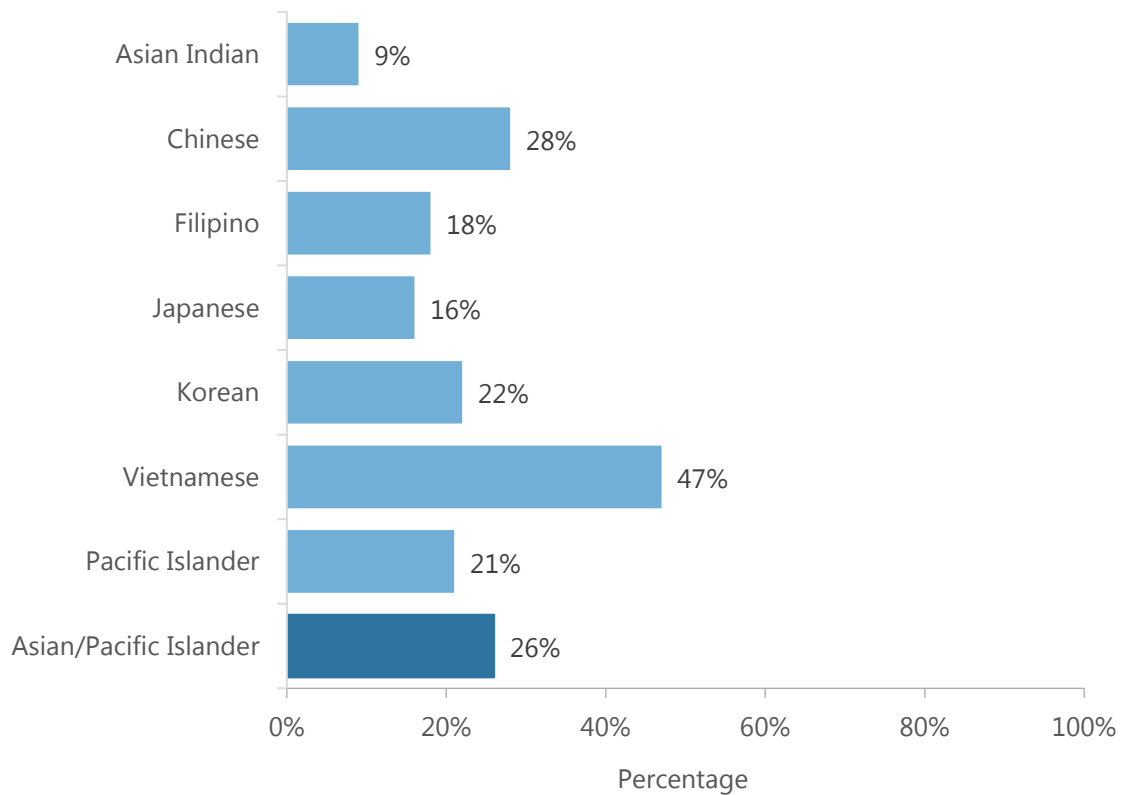
Why it's important

Emotional well-being is an important facet of optimal mental health. Emotional well-being is defined as perceived life satisfaction, happiness, and peacefulness.¹ Self-rated health status is considered an independent predictor of mortality.³ Previous research suggests in comparison to non-Hispanic Whites, other racial/ethnic groups may be less likely to report "excellent" or "very good" health. Among Asian subgroups, Chinese, Filipinos, Koreans, and Vietnamese were more likely to report "fair" or "poor" health.⁴

What the data tell us

Among Asian/Pacific Islander survey respondents, 26% reported that their health was fair or poor. This percentage was highest among Vietnamese (47%) survey respondents.⁵

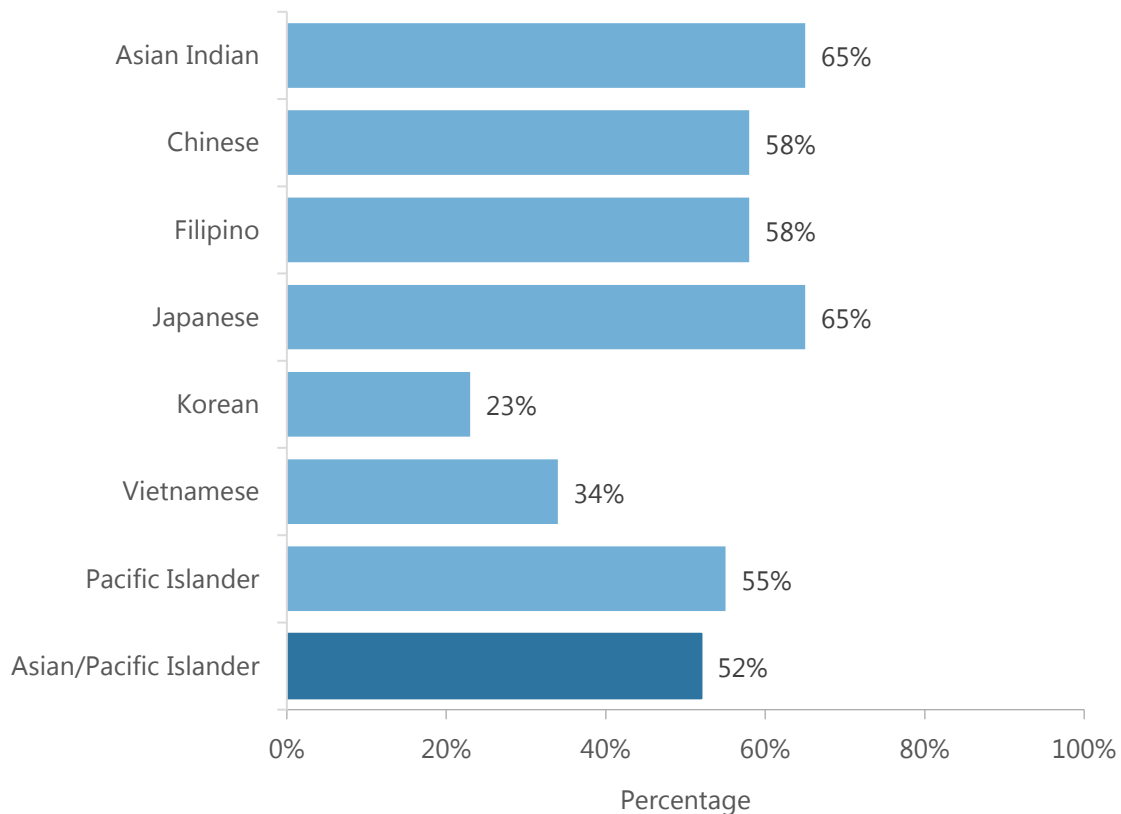
Percentage of Asian/Pacific Islander survey respondents who reported fair or poor general health



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

More than half (52%) of Asian/Pacific Islander survey respondents felt that they always or usually received the social and emotional support they needed. A lower percentage of Korean (23%) and Vietnamese (34%) survey respondents felt that they always or usually received the emotional support they needed.⁵

Percentage of adults who felt that they always or usually received the social and emotional support they needed



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

DEPRESSION

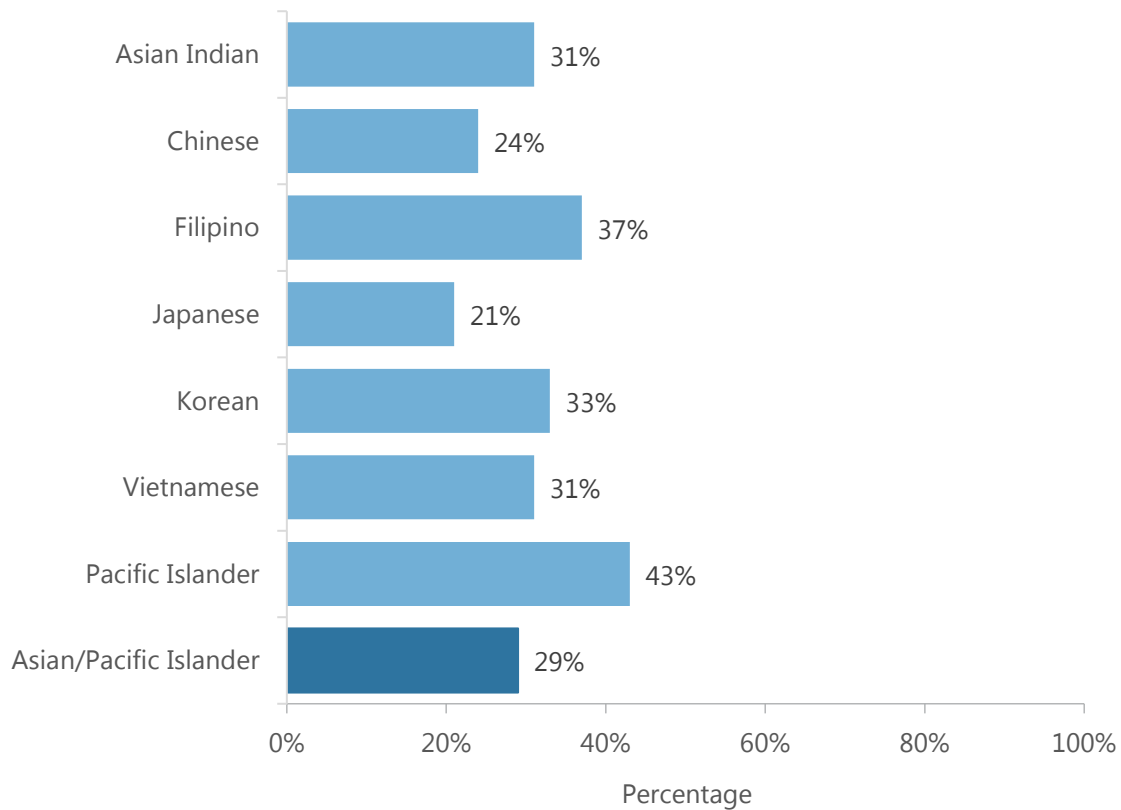
Why it's important

Mental illness is linked to poor physical health such as the onset of chronic health conditions like diabetes, heart disease, and asthma and with a greater tendency to engage in health risk behaviors like sedentary behavior, smoking, alcohol use, and others. Depression is the most commonly diagnosed mental illness and is estimated to affect more than a quarter of the adult population nationally. Depression is also a major cause of disability worldwide.¹ Studies suggest that there may be a high rate of depressive symptoms among Asian Americans, but that Asian Americans may be less likely to access treatment or receive quality care.⁶

What the data tell us

Almost 3 in 10 (29%) Asian/Pacific Islander survey respondents felt depressed 1 or more times in the past week. This percentage was highest among Pacific Islander survey respondents (43%).⁵

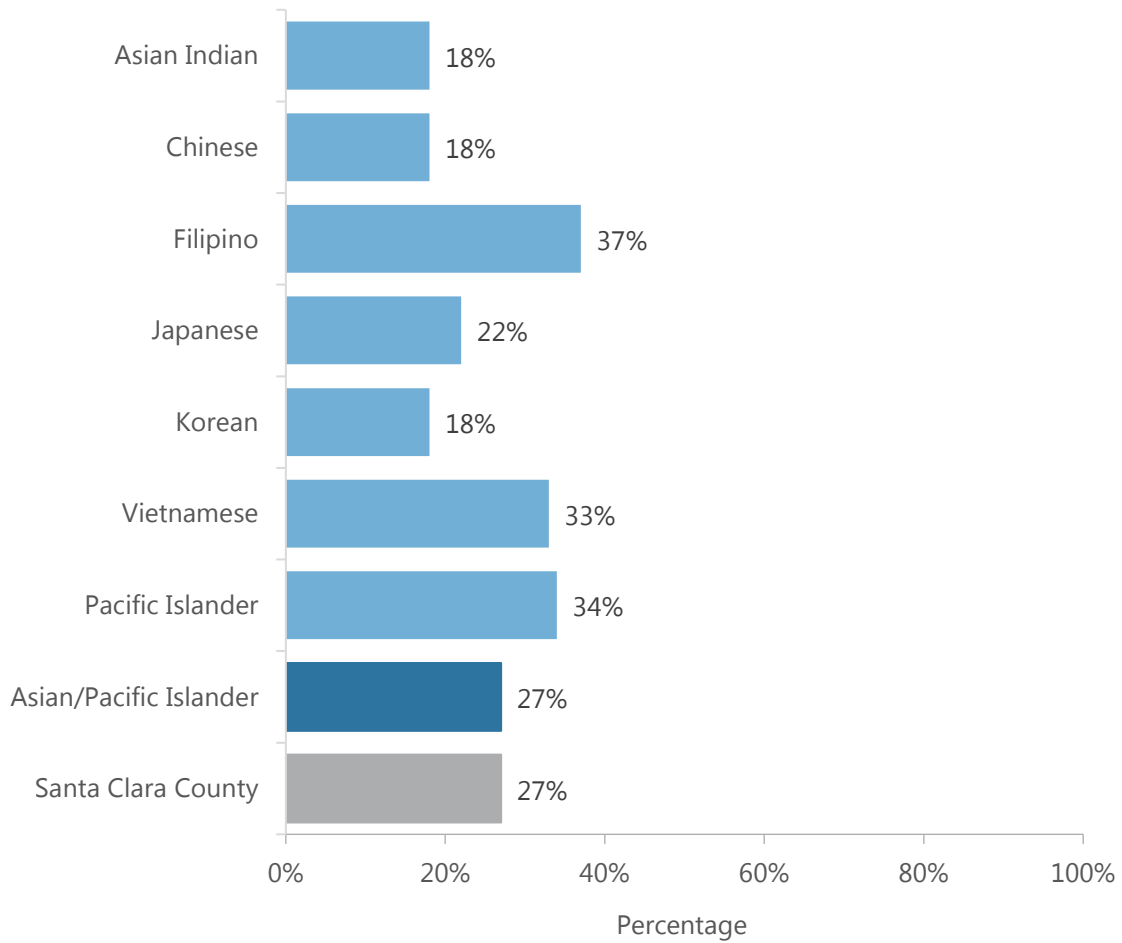
Percentage of adults who felt depressed 1 or more times in the past week



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

In 2015-16, more than a quarter (27%) of Asian/Pacific Islander middle and high school students in Santa Clara County felt sad or hopeless for 2 weeks or more in the past 12 months. This percentage was highest among Filipino students (37%), followed by Pacific Islander (34%) and Vietnamese (33%) students.⁷ Compared to the county, the percentage of middle and high school students reporting depressive symptoms was higher statewide (30%) in 2011-13.⁸

Percentage of middle and high school students who felt sad or hopeless for 2 weeks or more in the past 12 months



Source: California Healthy Kids Survey, 2015-16

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ACCESS TO HEALTHCARE AND HEALTHCARE UTILIZATION

Access to health insurance is an important factor influencing whether a person has an usual source of healthcare and if they are able to access care when needed. Having regular access to healthcare is associated with preventing illness and better management of chronic conditions.¹

HEALTHCARE ACCESS

Why it's important

People without health insurance are less likely to receive preventive care or screening tests. Delayed care may increase the risk of illness or other health concerns.² Research findings suggest that Asian Americans may spend less than Whites on healthcare expenses, but there is variation in spending by subgroup. Foreign-born status, language preference, and English proficiency may be a factor for some disparities in healthcare access, healthcare utilization and health expenditures (out of pocket expenses and payments from third parties like insurers) among Asian subgroups in the U.S.³

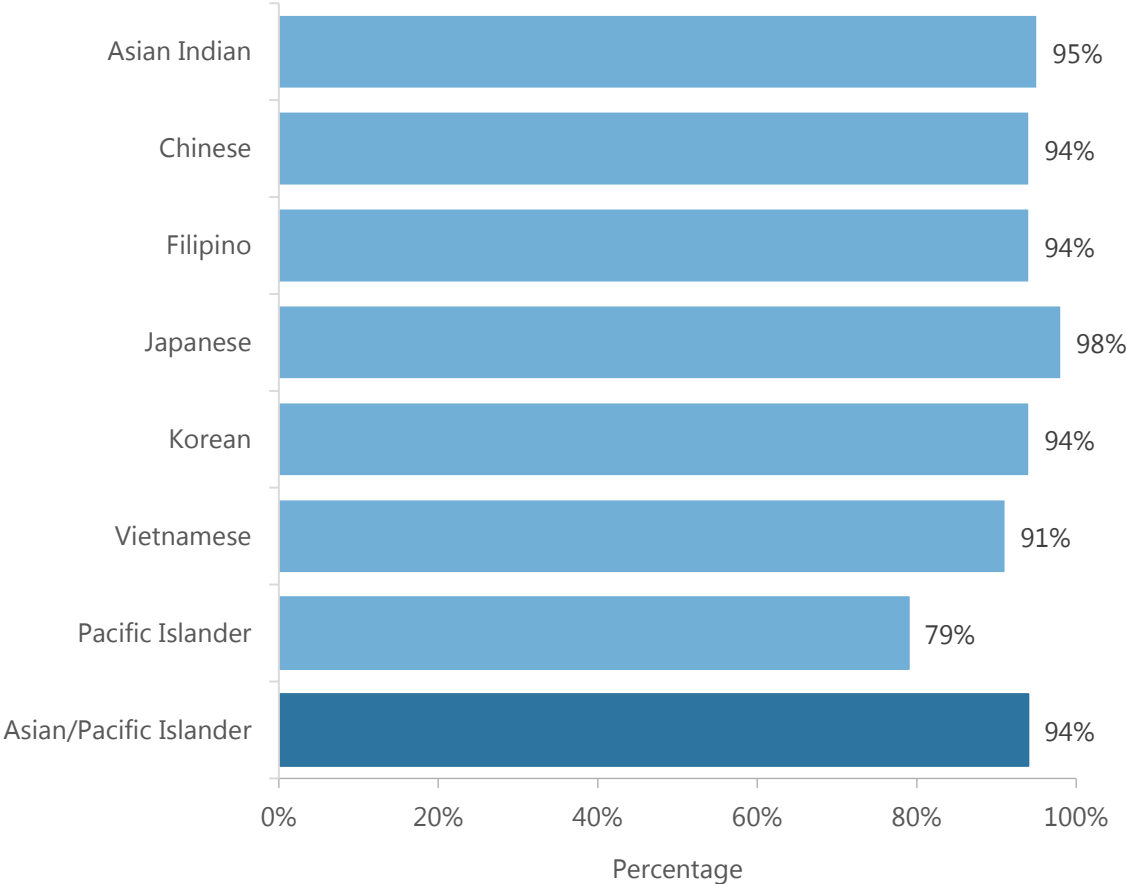
What the data tell us

Among the Asian/Pacific Islander survey respondents, 94% reported that they had health insurance. A lower percentage of Pacific Islander (79%) survey respondents had health insurance.⁴

Insurance coverage varied by age: lower percentage of survey respondents ages 18 to 24 (85%) had health insurance compared to other age groups: 25 to 44 (92%), 35 to 44 (95%), 45 to 54 (94%), 55 to 64 (93%), and ages 65 or older (94%).⁴

Healthcare coverage also varied by annual household income level; with the lowest level of coverage among survey respondents with annual household incomes of less than \$25,000 (88%) and the highest among survey respondents with annual household incomes of more than \$125,000 (98%).⁴

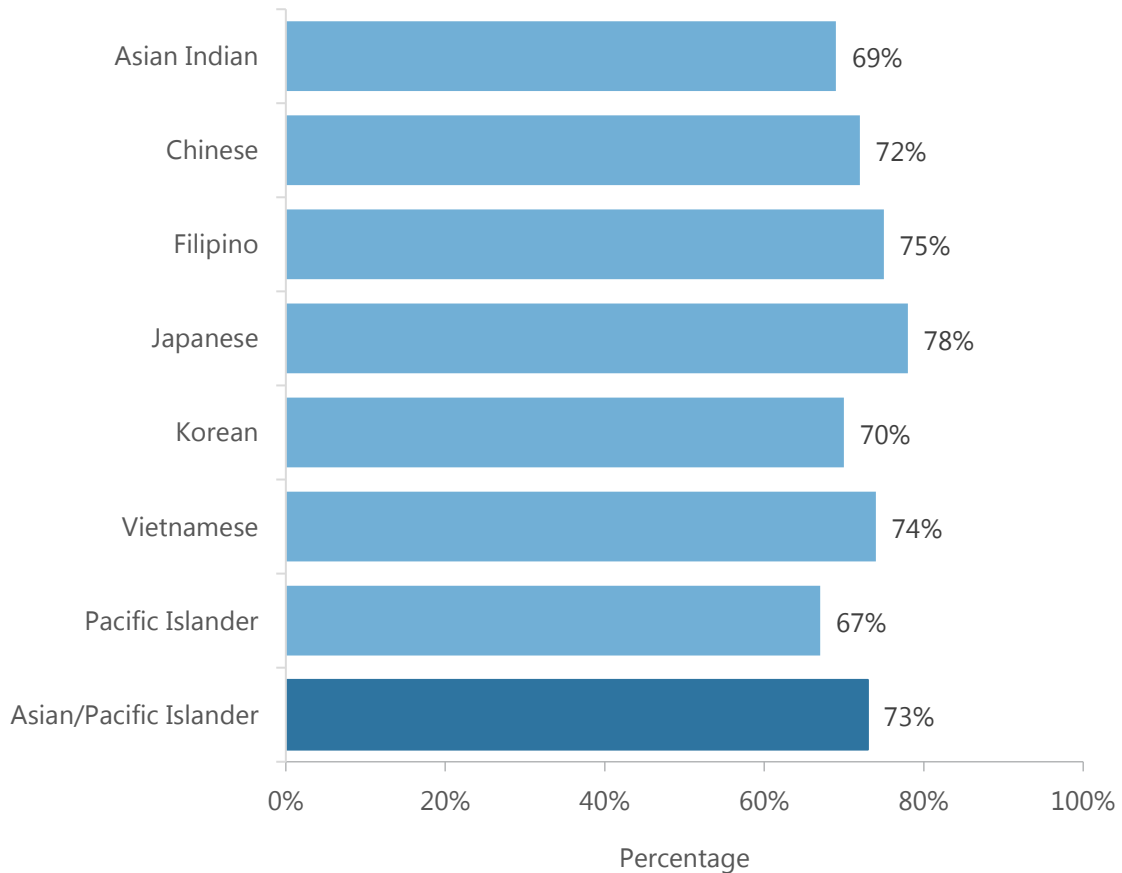
Percentage of adults who had health insurance



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Almost three-quarters (73%) of Asian/Pacific Islander survey respondents visited a doctor for a routine checkup in the past 12 months. This percentage was lowest among Pacific Islander survey respondents (67%).⁴

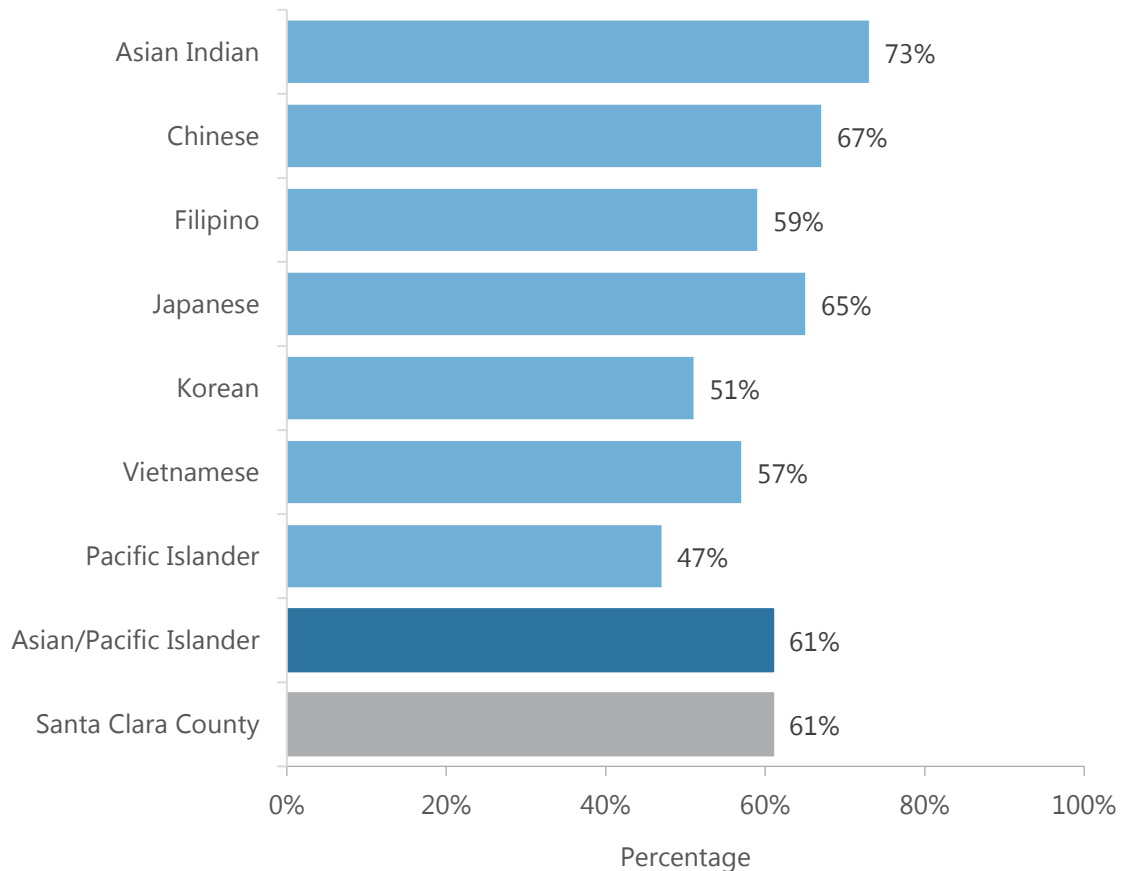
Percentage of adults who had a routine checkup in the past 12 months



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

In Santa Clara County, more than 6 in 10 (61%) middle and high school students had a routine checkup with a doctor in the past 12 months. Latino (59%), Asian/Pacific Islander (61%) and African American students (62%) had lower percentage of students who had a routine checkup with a doctor in the past 12 months than White students (71%). Among Asian/Pacific Islander subgroups, this percentage was lowest among Pacific Islander (47%) and Korean (51%) students.⁵

Percentage of middle and high school students who had a routine checkup in the past 12 months

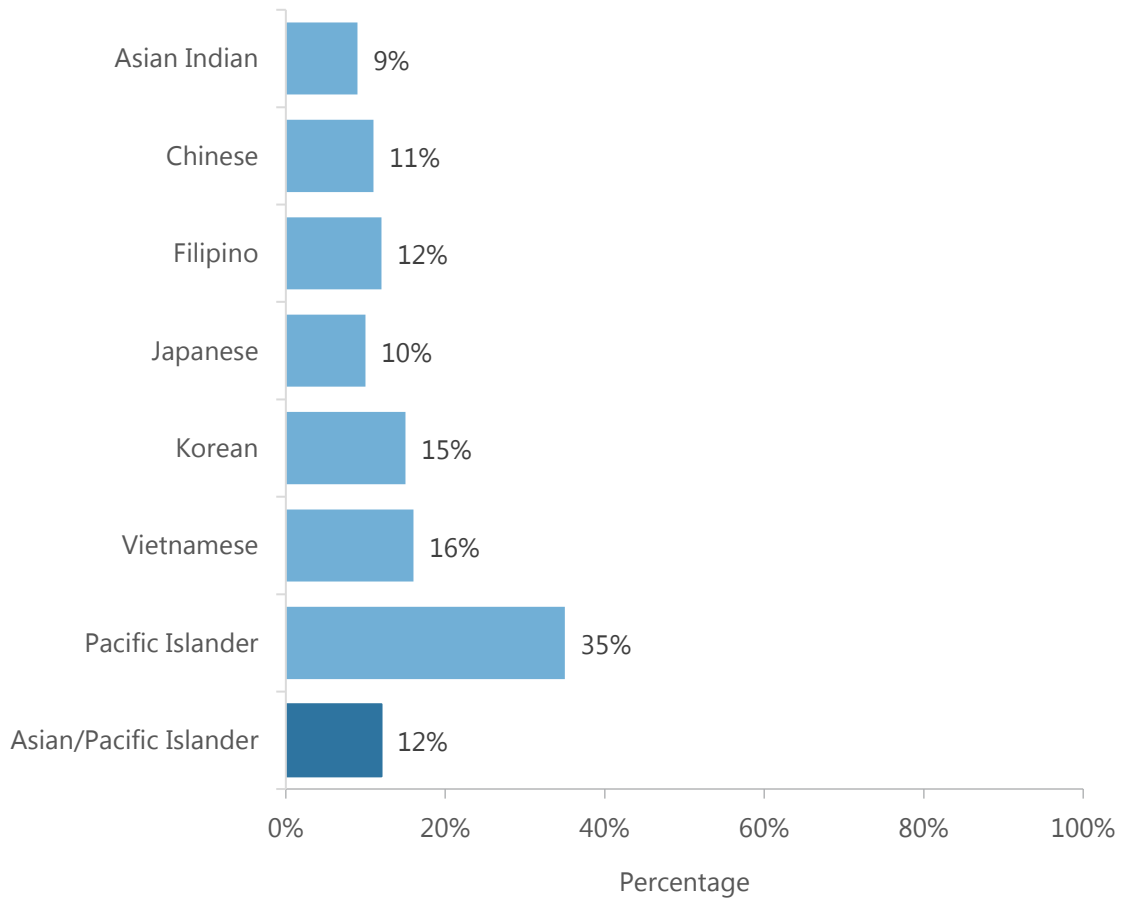


Source: California Healthy Kids Survey, 2015-16

More than half (56%) of survey respondents go to a private doctor, physician, or healthcare provider when they feel sick or are injured. Another 13% of survey respondents reported they take medicine at home without consulting a health professional when they feel sick or are injured.⁴

Twelve percent (12%) of Asian/Pacific Islander survey respondents reported they needed to see a doctor in the past 12 months but could not because of cost. This percentage was highest among Pacific Islander survey respondents (35%).⁴

Percentage of adults who needed to see a doctor in the past 12 months but could not because of cost

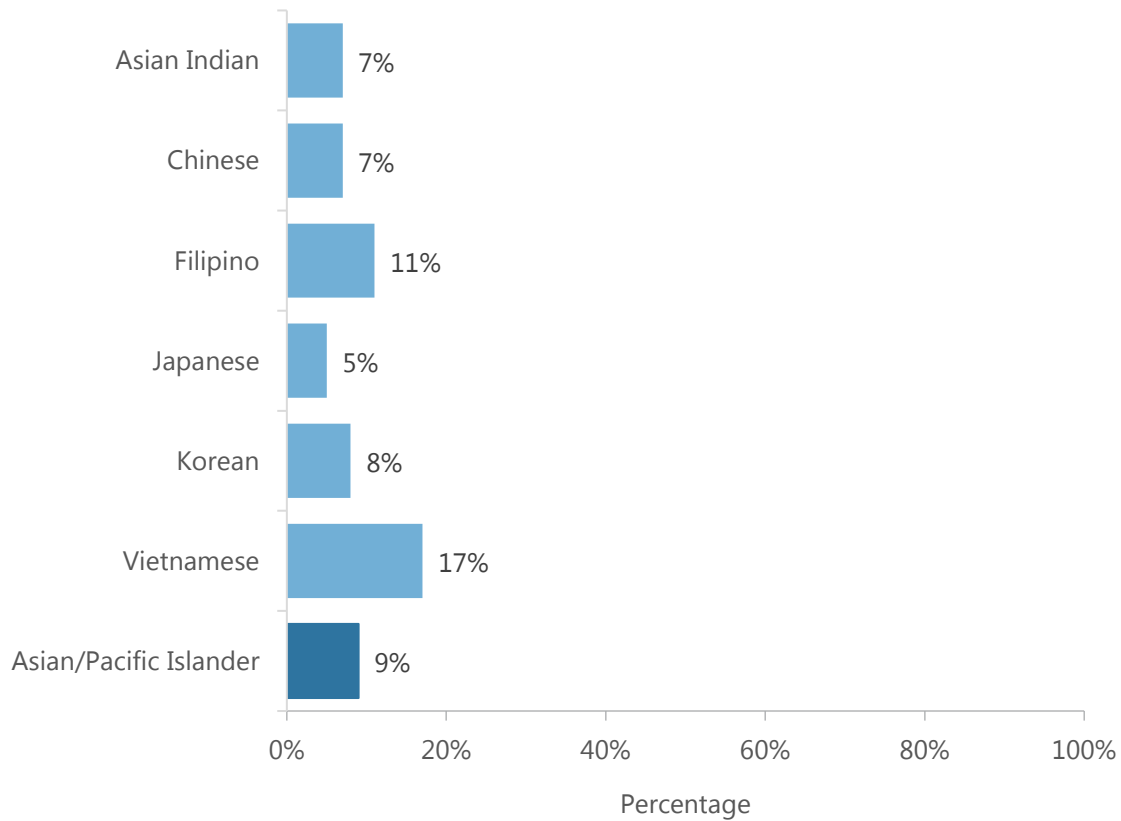


Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Among survey respondents who delayed getting needed medical care in the past 12 months, aside from cost, the most common reason for delaying care was not being able to get an appointment soon enough (38%).⁴

Almost 1 in 10 (9%) Asian/Pacific Islander survey respondents did not take their medication as prescribed due to cost in the past 12 months. This percentage was higher among Vietnamese (17%) and Filipino (11%) survey respondents.⁴

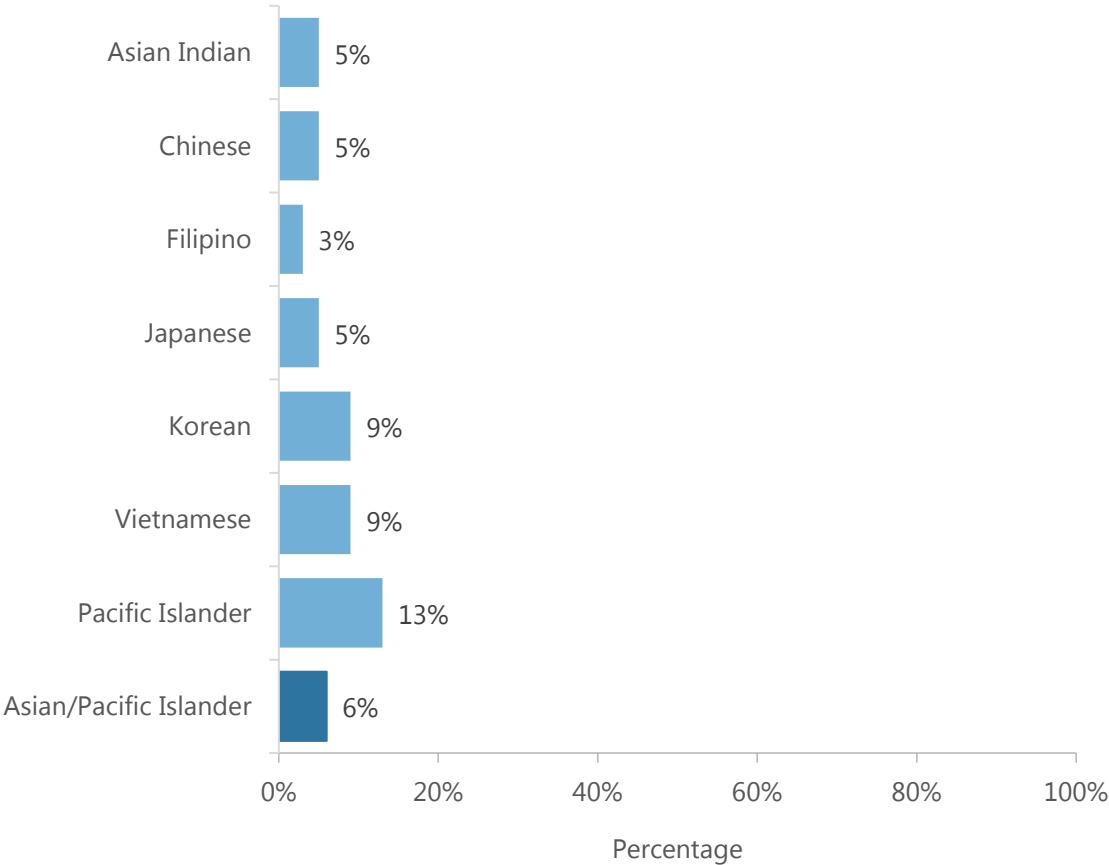
Percentage of adults who did not take medication as prescribed because of cost in the past 12 months



Note: Data for Pacific Islanders are not presented due to small sample size.
 Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Six percent (6%) of Asian/Pacific Islander survey respondents had a hard time understanding their doctor the last time they saw a doctor. This percentage was highest among Pacific Islander survey respondents (13%).⁴

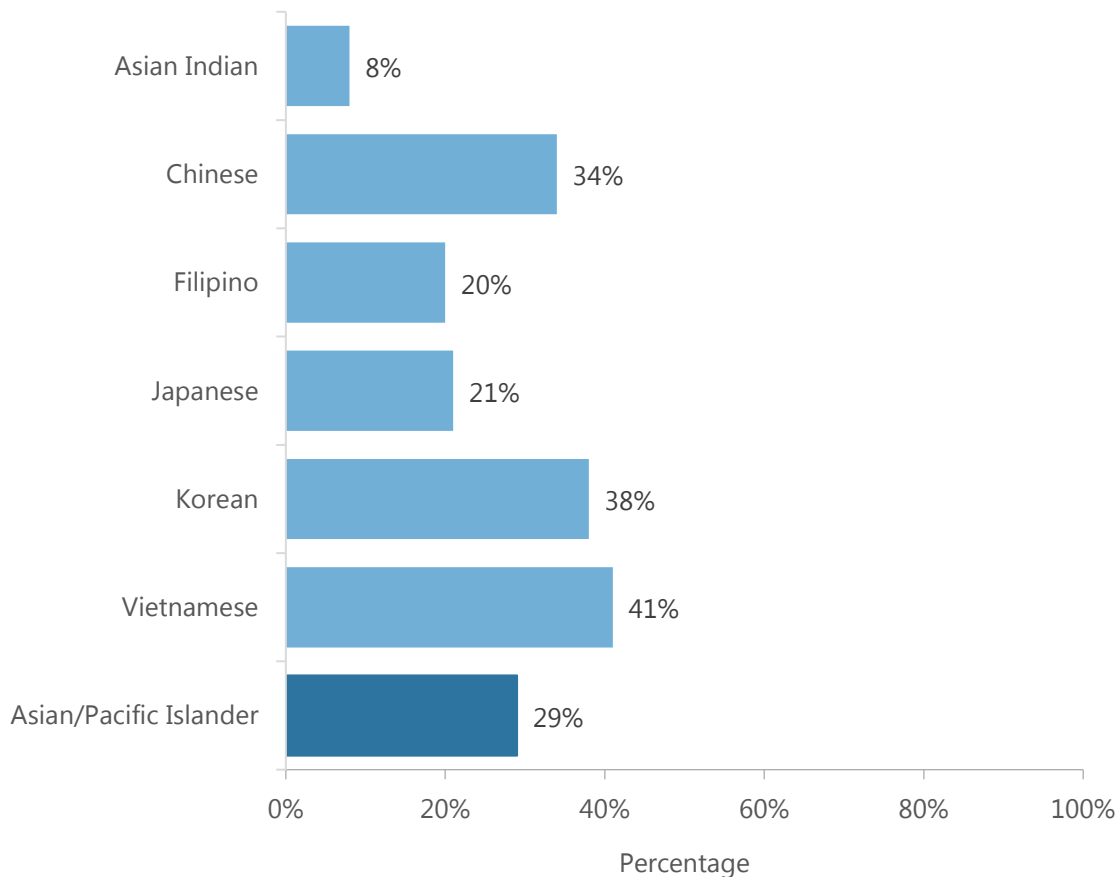
Percentage of adults who had a hard time understanding the doctor the last time they saw a doctor



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Almost 1 in 3 (29%) Asian/Pacific Islander survey respondents who had a hard time understanding the doctor needed someone to help them understand the doctor. This percentage was higher among Vietnamese (41%), Korean (38%), and Chinese (34%) survey respondents.⁴

Percentage of adults who had a hard time understanding the doctor and they needed someone to help understand the doctor



Note: Data for Pacific Islanders are not presented due to small sample size.

Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

ORAL HEALTH

Why it's important

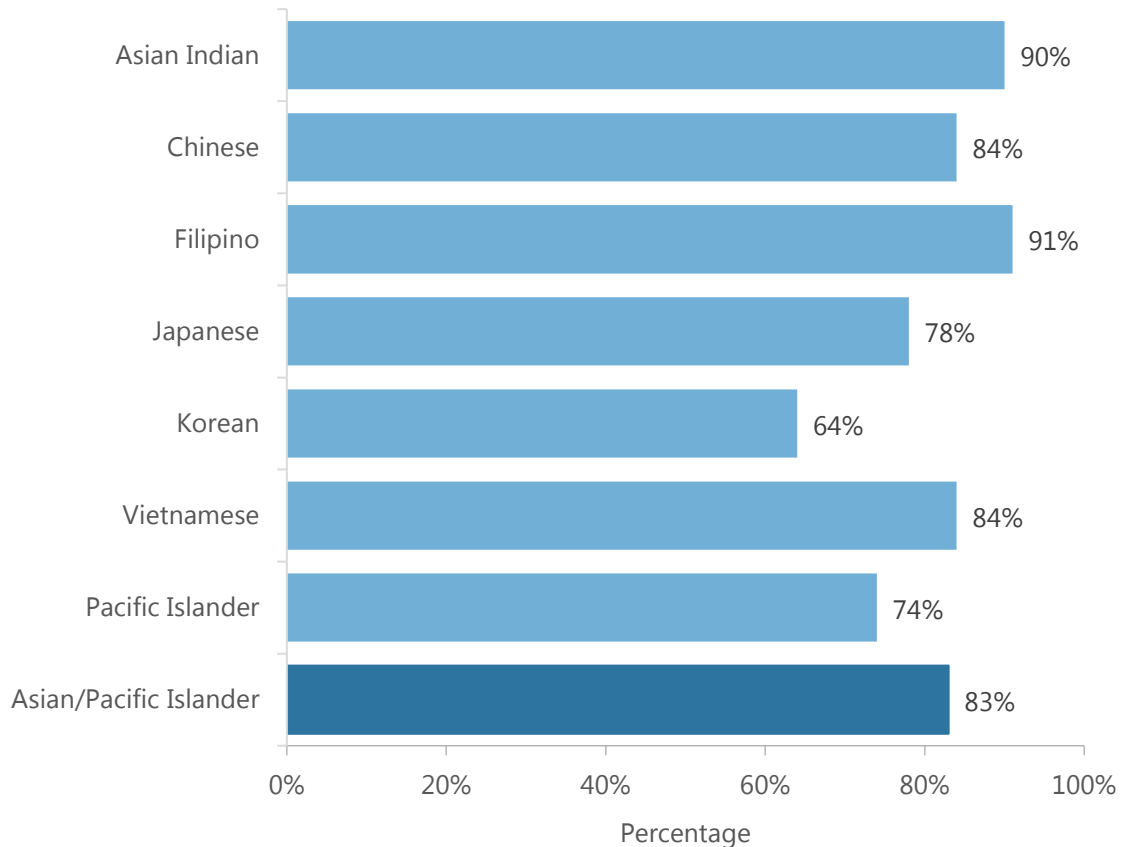
Oral/dental disease is a common chronic health condition. Among children, poor oral health is associated with pain, absence from school, and difficulty speaking and chewing. Among adults, poor oral health is linked to other chronic diseases such as heart disease, and diabetes.⁶

Research suggests there may be higher rates of early childhood caries among Asian/Pacific Islander preschool-aged children when compared to other racial/ethnic groups. Oral health care needs may also be higher among low income Asian/Pacific Islanders and among those with limited English proficiency.⁷

What the data tell us

Eighty-three percent (83%) of Asian/Pacific Islander survey respondents reported that they have dental insurance. This percentage was higher among Asian Indian (90%) and Filipino (91%) survey respondents and lower among Korean (64%) and Pacific Islander (74%) survey respondents.⁴

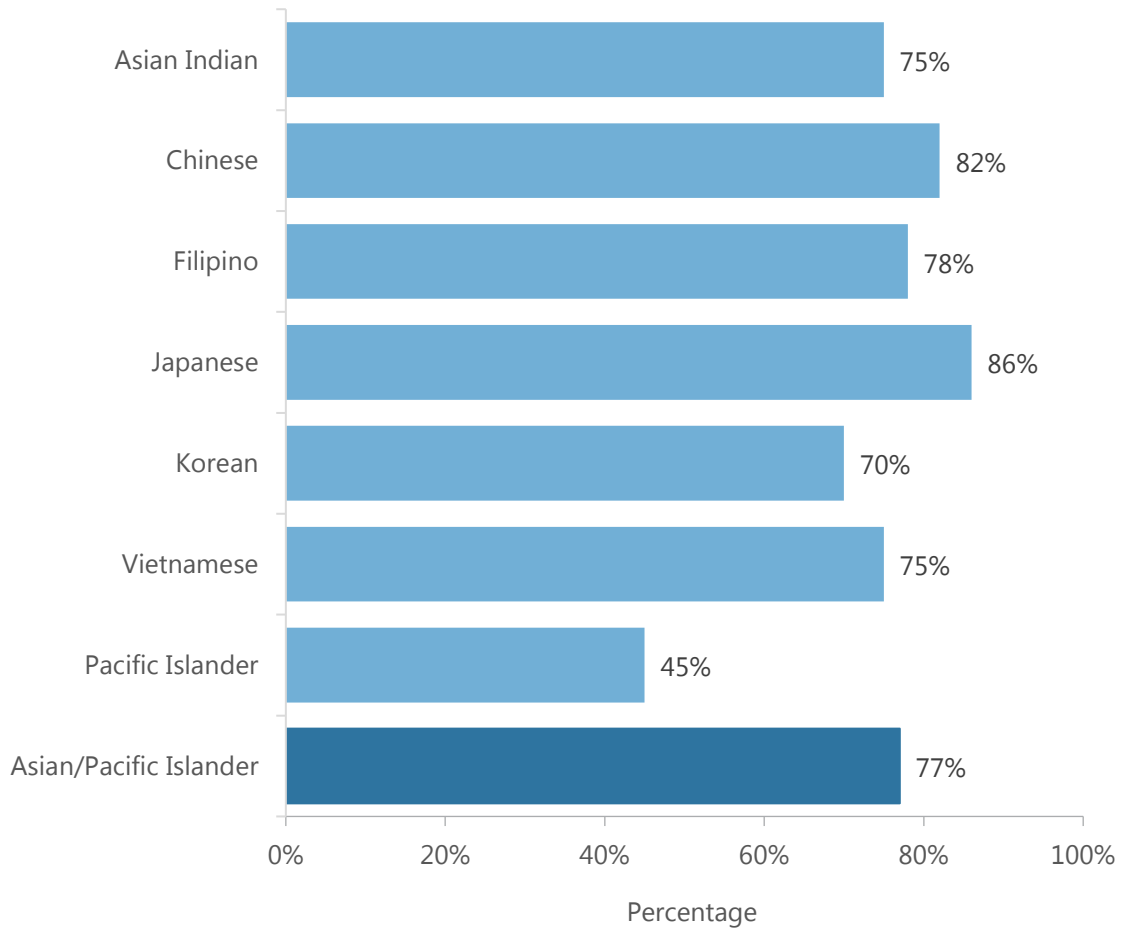
Percentage of adults who have dental insurance



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

More than three-quarters (77%) of Asian/Pacific Islander survey respondents had a dental checkup in the past 12 months. This percentage was lowest among Pacific Islander (45%) survey respondents.⁴

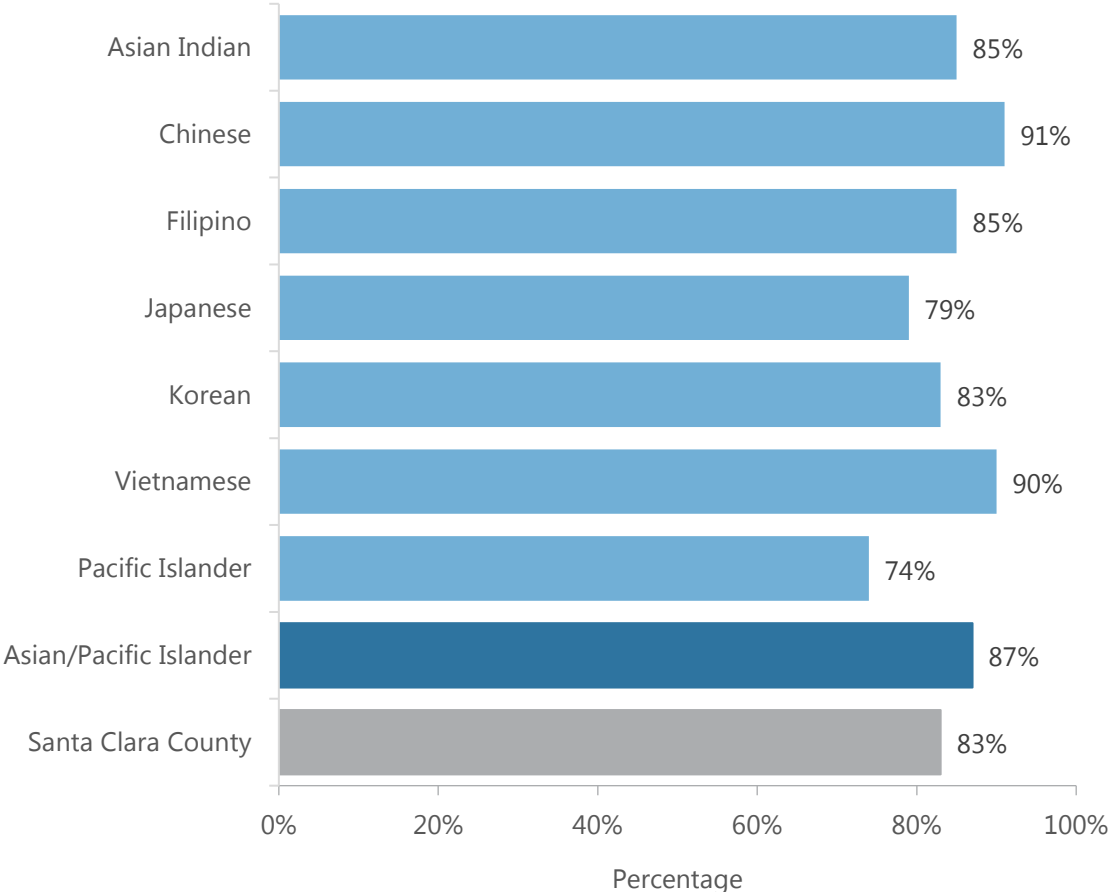
Percentage of adults who had a dental checkup in the past 12 months



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

Countywide, eighty-three percent (83%) of middle and high school students had a dental checkup in the past 12 months. This percentage was higher among Asian/Pacific Islander students (87%) compared to African American (79%), Latino (79%), and White (86%) students. Among Asian/Pacific Islander subgroups, this percentage was lowest among Pacific Islander students (74%).⁵

Percentage of middle and high school students who had a dental checkup in the past 12 months



Source: California Healthy Kids Survey, 2015-16

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VIOLENCE AND INJURY

Violence and injury affect people's lives throughout the life course and contribute to premature deaths and poor quality of life. Survivors of violence and injury are also at greater risk for physical or mental health problems.¹ Preventing violence and injury is essential for improving the health of a community.

Based on the intent, injuries are categorized as either unintentional injuries or intentional injuries. Unintentional injuries most often occur due to motor vehicle crashes, poisoning, or falls. Intentional injuries result from violent acts such as suicide, homicide, or assault.

LEADING CAUSES OF INJURY DEATHS

Why it's important

Understanding the leading causes of injury death is important for developing injury prevention programs. National data shows that unintentional motor vehicle traffic accidents (also referred to as crashes) is the leading cause of injury death among Asian/Pacific Islanders, followed by unintentional falls.²

What the data tell us

Suicide was the leading cause of injury deaths among Santa Clara County residents, accounting for 23% of the overall injury deaths during 2007-16 (pooled years). Suicide was also the leading cause of injury deaths among Asian/Pacific Islanders accounting for more than 1 in 4 (27%) injury deaths. Among the Asian/Pacific Islander subgroups, suicide was the leading cause of injury deaths among Korean (40% of all injury deaths), Chinese (32%), and Vietnamese (24%) residents.³

Unintentional fall was the second leading cause of injury deaths among the county residents, accounting for more than 1 in 5 (21%) injury deaths during 2007-16 (pooled years). Unintentional fall was the leading cause of injury deaths among Filipino (22% of all injury deaths) and Japanese (43%) residents. Motor vehicle traffic (MVT) accidents were the leading cause of injury death among Asian Indian residents (27% of all injury deaths), followed by suicide (26%).³

Leading causes of injury deaths

Cause	Santa Clara County, %	Asian/Pacific Islander, %
Intentional self-harm (suicide)	23	27
Unintentional falls	21	21
Unintentional poisoning	17	8
Unintentional MVT accidents	17	20
Assault (homicide)	8	8
Unintentional suffocation	2	3
Unintentional drowning/submersion	2	3
Unintentional fire/hot object or substance	1	1
Unintentional pedestrian injuries (other)	1	1
Natural/environmental injuries	1	-

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017

Leading causes of injury deaths

Cause	Asian Indian, %	Chinese, %	Filipino, %	Japanese, %	Korean, %	Vietnamese, %
Intentional self-harm (suicide)	26	32	19	19	40	24
Unintentional falls	10	24	22	43	13	17
Unintentional poisoning	7	4	12	8	2	11
Unintentional MVT accidents	27	19	19	14	15	20
Assault (homicide)	5	5	13	1	4	14

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017

UNINTENTIONAL INJURY DEATHS

Why it's important

Unintentional injuries are primarily accidental injuries. Motor vehicle crashes, falls, poisoning, suffocations, and drowning comprise the majority of unintentional injuries. Many unintentional injuries are preventable, yet they are a major cause of premature death and disability. National

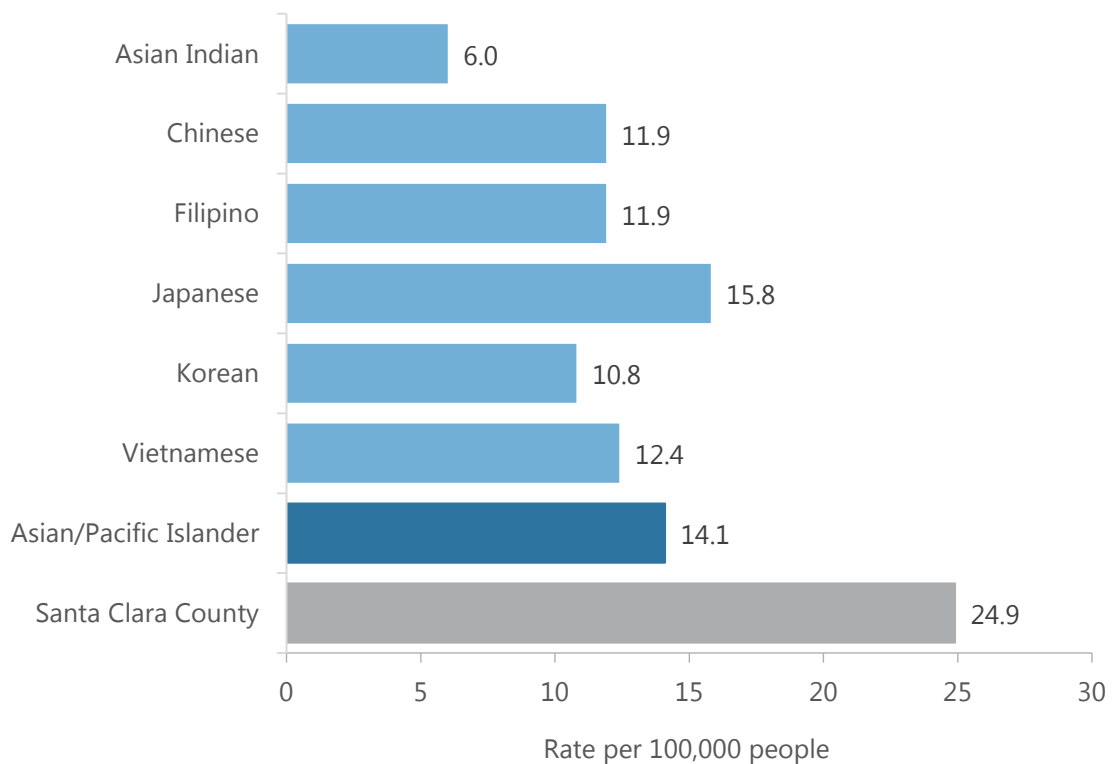
data indicate that Asian/Pacific Islanders have the lowest rate of unintentional injury deaths compared to other racial/ethnic groups.⁴

What the data tell us

In Santa Clara County, the age-adjusted death rate due to unintentional injuries was 24.9 deaths per 100,000 people during 2007-16 (pooled years). The age-adjusted rate of unintentional injury death was lower among Asian/Pacific Islander residents (14.1 deaths per 100,000 people) compared to the county overall. Among Asian/Pacific Islander subgroups, Japanese had the highest age-adjusted unintentional injury death rate (15.8 deaths per 100,000 people), followed by Vietnamese (12.4). Asian Indians had the lowest age-adjusted rate of unintentional injury death (6.0).³

Compared to the county, the age-adjusted injury death rate for unintentional injuries in the U.S. was higher for total population (40.5 deaths per 100,000 people) and Asian/Pacific Islanders (15.1) in 2014.⁴

Age-adjusted death rate due to unintentional injuries



Note: Data for Pacific Islanders are not presented due to small numbers.

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017. U.S. Census Bureau; 2010 Census.

MOTOR VEHICLE TRAFFIC ACCIDENTS

Why it's important

Motor vehicle traffic (MVT) accidents^{xxv} are one of the leading causes of injury death in the United States, despite being predictable and preventable. Risk factors for MVT collision deaths include not using seat belts, drunk driving, and speeding. Implementing effective strategies may reduce or prevent injuries and deaths and save millions of dollars spent in direct medical costs.⁵ Nationally, Asian/Pacific Islanders have the lowest rate of deaths due to motor vehicle traffic accidents compared to other racial/ethnic groups.⁴

What the data tell us

The age-adjusted death rate due to motor vehicle traffic collision injuries was 6.1 deaths per 100,000 people among county residents during 2007-16 (pooled years). Compared to the county, this rate was lower among Asian/Pacific Islanders (4.2). Among Asian/Pacific Islander subgroups, Vietnamese residents had the highest mortality rate due to motor vehicle traffic collision injuries (4.1) and Asian Indians had the lowest rate (2.8).³

Age-adjusted death rate due to unintentional injuries from motor vehicle traffic accidents

	Age-adjusted rate per 100,000
Santa Clara County	6.1
Asian/Pacific Islander	4.2
Asian Indian	2.8
Chinese	3.5
Filipino	3.2
Japanese	3.9
Korean	3.5
Vietnamese	4.1

Note: Data for Pacific Islanders are not presented due to small numbers.

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.

UNINTENTIONAL FALLS AMONG SENIORS

Why it's important

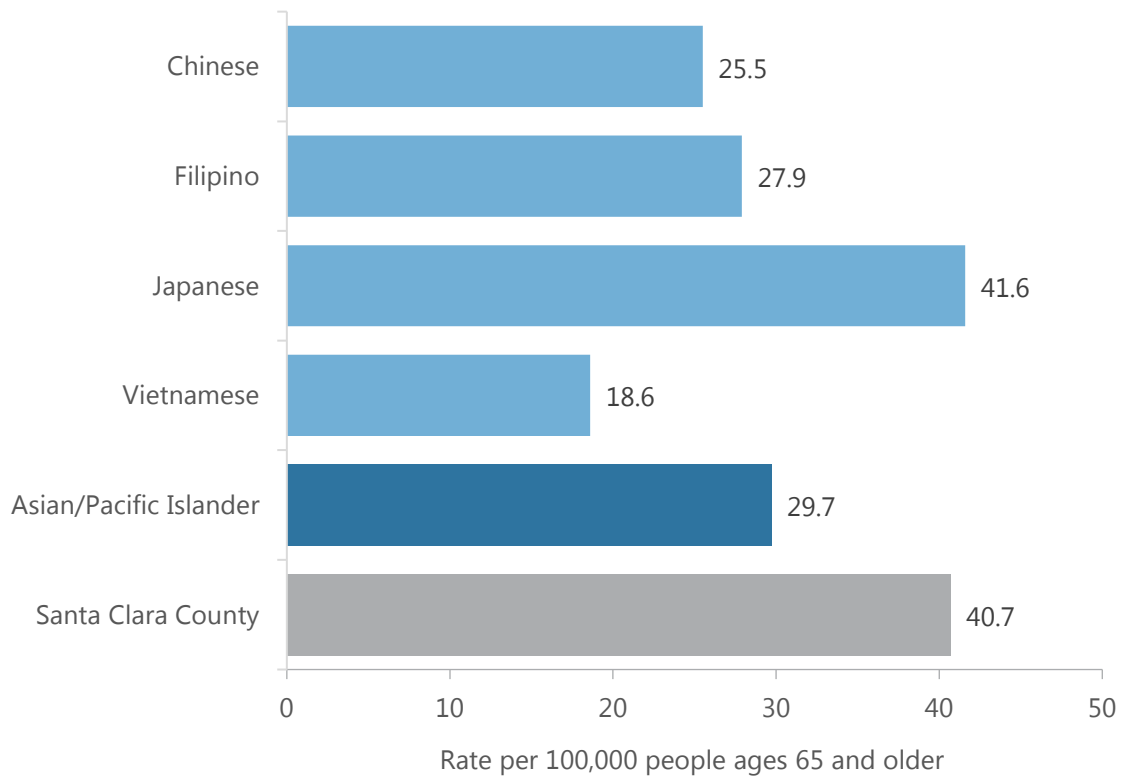
Unintentional falls is the leading cause of fatal and nonfatal injuries among adults ages 65 years and older (referred to as seniors in the report).⁶ More than 1 in 4 seniors fall each year in the U.S. and 1 in 5 falls result in serious injuries such as broken bones or head injuries.⁷ Nationally, unintentional falls is the leading cause of injury death among Asian/Pacific Islander adults ages 65 and older.²

^{xxv} MVT accidents occur when a vehicle collides with another vehicle, person, animal, or object.

What the data tell us

In Santa Clara County, the age-adjusted death rate due to unintentional falls among seniors was 40.7 per 100,000 seniors during 2007-16 (pooled years), higher than the rate among Asian/Pacific Islander seniors (29.7). Japanese seniors had the highest age-adjusted death rate due to unintentional falls (41.6) compared to other Asian/Pacific Islander subgroups. Vietnamese seniors had the lowest age-adjusted death rate due to unintentional falls (18.6).

Age-adjusted death rate due to unintentional falls among seniors



Note: Data for Asian Indians, Koreans and Pacific Islanders are not presented due to small numbers.

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.

FIREARMS

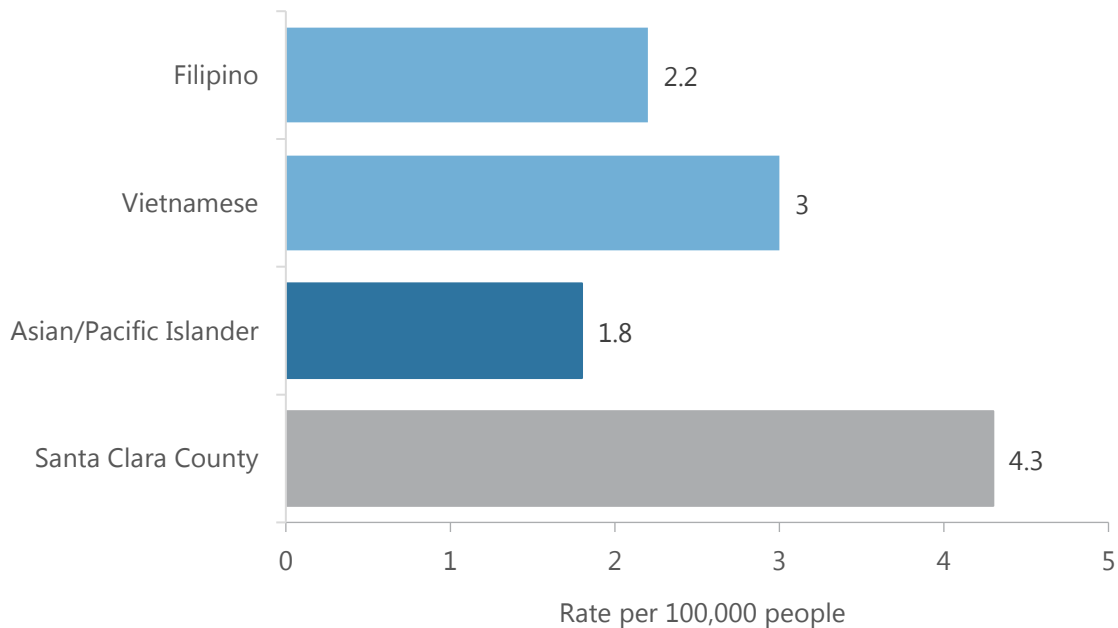
Why it's important

Firearms are commonly used means in homicide or suicide deaths; although unintentional firearm discharge often results in injury deaths and disability. Unintentional firearm injuries are preventable.⁸

What the data tell us

During 2007-16 (pooled years), the age-adjusted death rate due to firearms^{xxvi} was 4.3 deaths per 100,000 people among Santa Clara County residents. The rate among Asian/Pacific Islander residents was lower (1.8) compared to the county rate. Among Asian/Pacific Islander subgroups, the age-adjusted death rate due to the firearms was 3.0 per 100,000 people among Vietnamese and 2.2 among Filipinos.

Age-adjusted death rate due to firearms



Note: Data for Asian Indians, Chinese, Japanese, Koreans and Pacific Islanders are not presented due to small numbers.

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.

SUICIDE

Why it's important

Suicide is an important public health issue that impacts people across the lifespan. Suicide is a leading cause of death and contributor to premature deaths both statewide and nationally. In addition to high numbers of people who die from suicide annually, many more consider attempting suicide and/or receive medical care for self-inflicted injuries.⁹ Nationally, suicide ranked as the 10th leading cause of death among Asian/Pacific Islanders in 2015.²

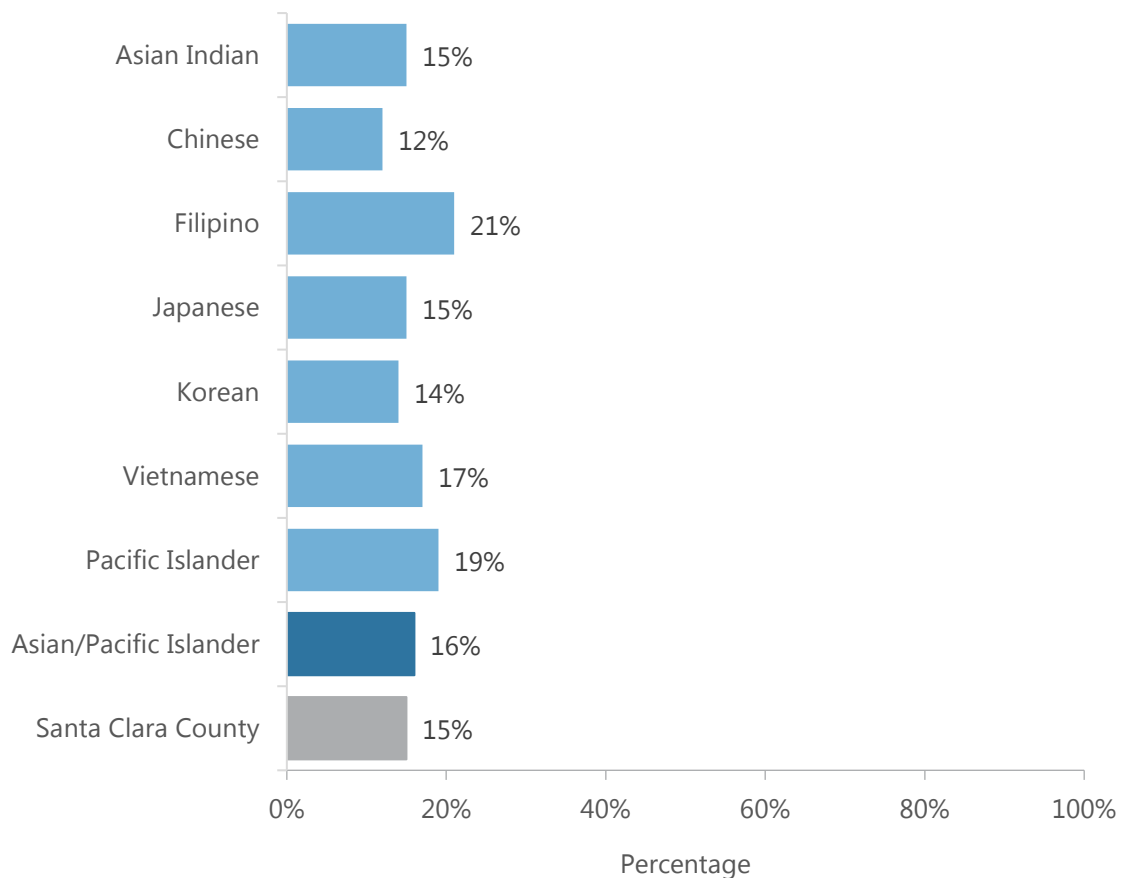
^{xxvi} Data includes firearm deaths due to all intents.

What the data tell us

Suicide ideation:

Nearly 1 in 6 Asian/Pacific Islander high school students (16%) reported they seriously considered attempting suicide in the past 12 months. Among Asian/Pacific Islander high school students, this percentage was higher among Filipino (21%) and Pacific Islander (19%) students.¹⁰

Percentage of high school students who seriously considered attempting suicide in the past 12 months



Source: California Healthy Kids Survey, 2015-16

Suicide deaths:

During 2007-16 (pooled years), the age-adjusted suicide rate was 8.1 per 100,000 people among Santa Clara County residents. The rate was lower among Asian/Pacific Islanders (5.2) than the county overall, Whites and African Americans. Among the Asian/Pacific Islander subgroups, Koreans had the highest age-adjusted suicide rate (8.0) and Asian Indians had the lowest age-adjusted suicide rate (2.8) compared to other Asian/Pacific Islander subgroups.

Age-adjusted suicide rate

	Age-adjusted rate per 100,000
Santa Clara County	8.1
Race/ethnicity	
African American	7.5
Asian/Pacific Islander	5.2
Latino	4.4
White	12.3
Asian/Pacific Islander subgroups	
Asian Indian	2.8
Chinese	5.7
Filipino	3
Korean	8
Vietnamese	4.8

Note: Data for Japanese and Pacific Islanders are not presented due to small numbers.

Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017. U.S. Census Bureau; 2010 Census.

HOMICIDE

Why it's important

Homicide is an intentionally caused fatal injury to another person. National data show that Asian/Pacific Islanders have the lowest rate of homicide compared to all other racial/ethnic groups.⁴

What the data tell us

In Santa Clara County, the age-adjusted homicide death rate was 2.8 per 100,000 people during 2007-16 (pooled years). Asian/Pacific Islander residents (1.4) had the lowest age-adjusted homicide death rate when compared to other racial/ethnic groups and the county overall. Among Asian/Pacific Islander subgroups, the age-adjusted homicide death rate among Vietnamese was 2.6 per 100,000 people.³

Nationally, the age-adjusted homicide rate for total population was 5.1 deaths per 100,000 people in 2015, higher than the county. Age-adjusted homicide rate among Asian/Pacific Islanders (1.5) in the U.S. in 2015 was similar to county Asian/Pacific Islander rate.⁴

INTIMATE PARTNER VIOLENCE

Why it's important

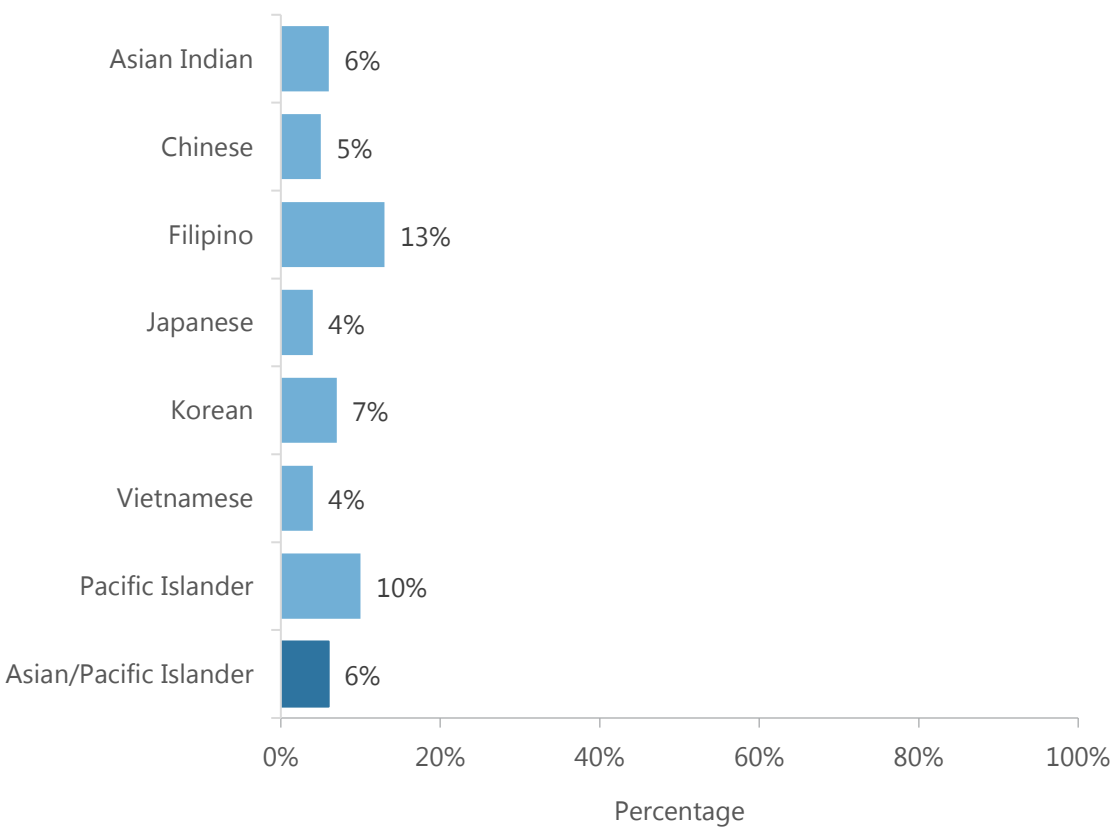
Intimate partner violence (IPV) is physical, sexual, or psychological harm perpetrated by current or former partner or spouse.¹¹ IPV is a serious public health concern and may result in death and

disability. Studies suggest that IPV among Asian Americans is low compared to the general U.S. population. However, the small relative numbers of Asian Americans may present challenges in estimating the prevalence of IPV especially by subgroups.¹²

What the data tell us

Among Asian/Pacific Islander survey respondents, 6% had a partner who ever hit, slapped, pushed, kicked, or hurt them in any way. This percentage was higher among Filipino (13%) and Pacific Islander (10%) survey respondents than among other Asian/Pacific Islander subgroups.

Percentage of Asian/Pacific Islander survey respondents who were ever hit, slapped, pushed, kicked, or hurt in any way by an intimate partner



Source: Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey

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MORTALITY

Mortality (death) data and trends are important in monitoring and evaluating the health status of a population and may help identify populations at greater risk of death from specific causes. Differences in death rates by demographic subpopulations, such as race/ethnicity, age and gender, may help specify differences in contributing factors such as access to health care, socioeconomic status, and prevalence of certain risk factors in a select subpopulation.¹

DEATHS FROM ALL CAUSES

Why it's important

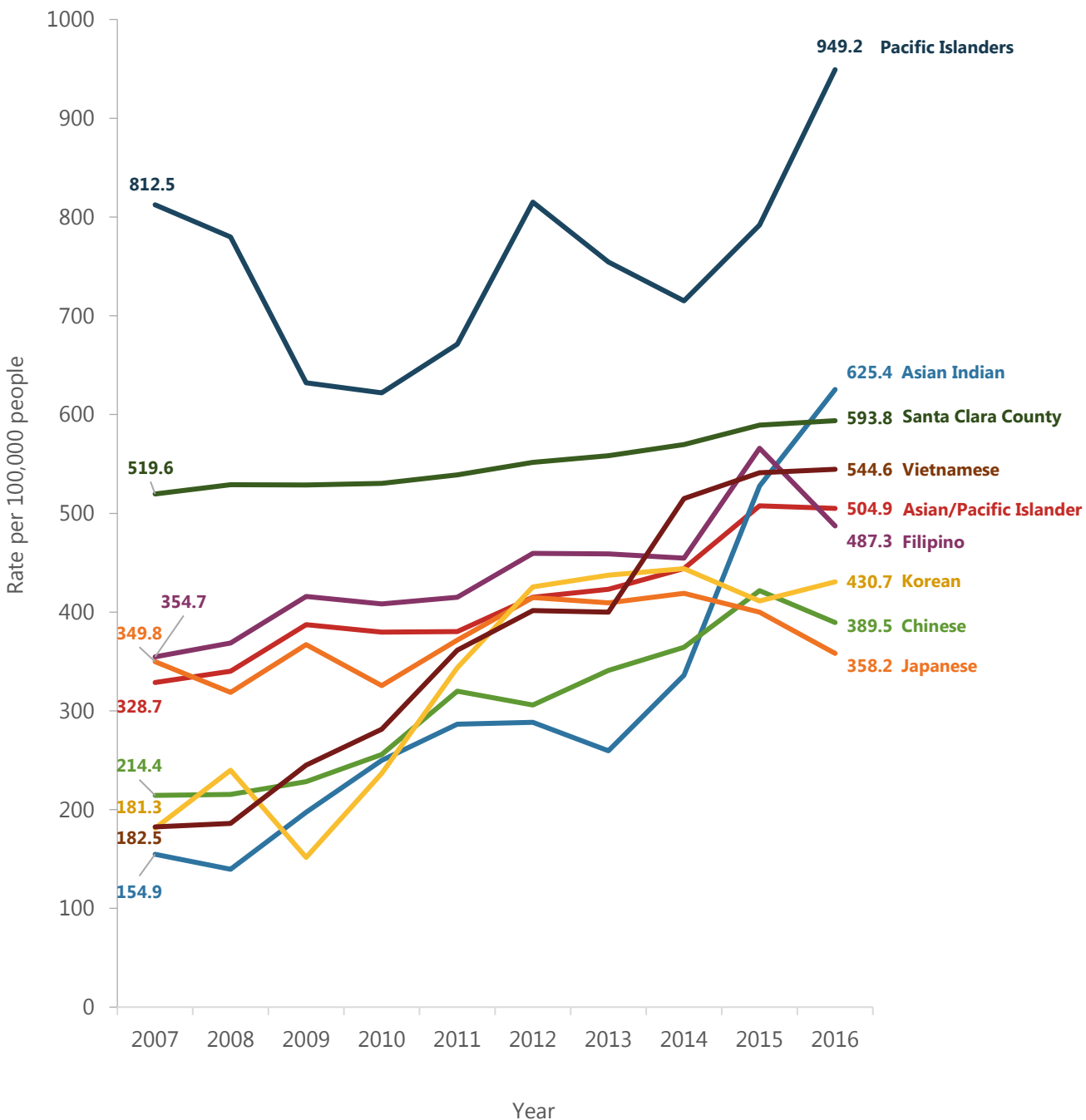
Death data may help to better understand the health status of the population by monitoring and evaluating the current and long-term mortality levels. In the U.S., the mortality rate from all causes has declined for the entire population and by racial/ethnic groups. Nationwide, Asian/Pacific Islanders had the lowest death rate compared to other racial/ethnic groups.¹

What the data tell us

In Santa Clara County, the age-adjusted mortality rate due to all causes increased from 519.6 per 100,000 people in 2007 to 593.8 in 2016. Similarly, among Asian/Pacific Islander residents, the age-adjusted mortality rate increased from 182.5 in 2007 to 2016 to 544.6 in 2016.² The age-adjusted mortality among Asian/Pacific Islander residents in Santa Clara County (399.9) was lower than the Asian/Pacific Islander rate in California (416.1)³ and the U.S. (405.4)⁴ in 2013.

Among the Asian/Pacific Islander subgroups in the county, Pacific Islanders had the highest age-adjusted mortality rate from all causes (949.2 per 100,000 people) in 2016, followed by Asian Indian (625.4) and Vietnamese (544.6) residents.²

Age-adjusted death rates (all causes)



Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.

LEADING CAUSES OF DEATH

Why it's important

Ranking the causes of death demonstrates the most frequently occurring causes of death in a population. This may help in better understanding the burden of cause-specific mortality relative to other causes of death.⁵ Nationwide, cancer is the leading cause of death among Asian Americans overall; however, differences in leading causes of death emerge when disaggregated by Asian/Pacific Islander subgroups.⁶

What the data tell us

In 2016, there were 10,014 deaths among residents of Santa Clara County. Of these, 2,173 deaths were among Asian/Pacific Islander residents of the county.⁷

From 2012 to 2016, the top ten causes of death accounted for nearly 3 in 4 deaths among both Santa Clara County (74%) and Asian/Pacific Islander (76%) residents. During the past decade, cancer and heart disease were the leading causes of death among both the county total population and Asian/Pacific Islander residents. Together, cancer and heart disease deaths accounted for nearly 1 in 2 deaths among both the county (46%) and Asian/Pacific Islander (46%) residents.⁸

Leading causes of death

	Santa Clara County, %
Malignant neoplasms	25
Diseases of the heart	21
Cerebrovascular diseases	5
Unintentional Injuries (Including motor vehicle accidents)	5
Diabetes mellitus	4
Chronic lower respiratory disease	4
Alzheimer's disease	3
Essential hypertension and hypertensive renal disease	3
Influenza and pneumonia	2
Chronic liver disease and cirrhosis	2

Source: Santa Clara County Public Health Department, VRBIS, 2012-2016. Data as of 05/26/2017

Leading causes of death

	Asian/Pacific Islanders, %
Malignant neoplasms	28
Diseases of the heart	18
Cerebrovascular diseases	7
Diabetes mellitus	6
Essential hypertension and hypertensive renal disease	6
Unintentional Injuries (Including motor vehicle accidents)	4
Chronic lower respiratory disease	3
Influenza and pneumonia	2
In situ neoplasms, benign neoplasms, neoplasms of unknown/uncertain behavior/site	1
Parkinson's disease	1

Source: Santa Clara County Public Health Department, VRBIS, 2012-2016. Data as of 05/26/2017

The top two leading causes of death were common among the main Asian/Pacific Islander subgroups; namely cancer (malignant neoplasms) and heart disease (Diseases of the heart).

Leading causes of death

	Asian Indian	Chinese	Filipino	Japanese	Korean	Vietnamese	Pacific Islanders
Malignant neoplasms	22	33	30	22	36	30	24
Diseases of the heart	24	19	20	21	14	16	28
Cerebrovascular diseases	4	8	6	5	8	8	6
Unintentional Injuries (Includes motor vehicle accidents)	6	4	3	4	4	4	3
Diabetes mellitus	7	3	7	5	4	6	10

Source: Santa Clara County Public Health Department, VRBIS, 2012-2016. Data as of 05/26/2017

LIFE EXPECTANCY

Why it's important

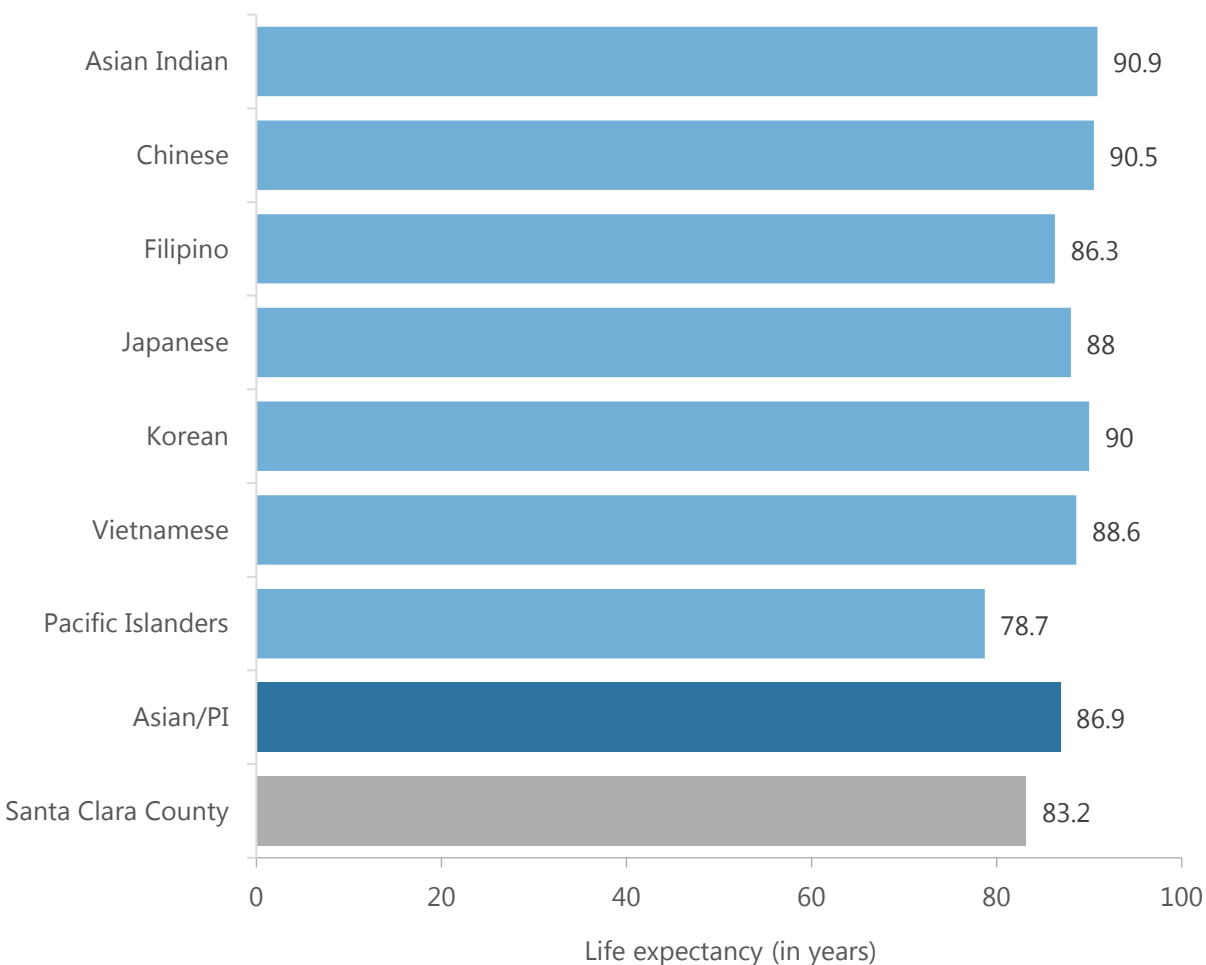
Life expectancy is an indicator of the overall health of a population. Life expectancy at birth is the average number of years a newborn baby is expected to live if the death rate at birth

continues to apply. Differences in life expectancy may show disparities in the contributing factors such as socioeconomic status, access to health care, and others.⁵ Nationally Asian/Pacific Islanders have the highest life expectancies at birth compared to other racial/ethnic groups.⁹

What the data tell us

Life expectancy at birth among Santa Clara County residents was 83.2 years during 2007-16 (pooled years). Asian/Pacific Islander residents (86.9 years) experience a higher life expectancy than the county overall. Among Asian/Pacific Islander subgroups, life expectancy was highest among Asian Indian residents (90.9 years), followed by Chinese (90.5 years), and Korean residents (90 years). Life expectancy was lowest among Pacific Islander (78.7 years) and Filipino (86.3 years) residents.²

Life expectancy



Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.

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CONCLUSION

This report is part of an effort to provide a comprehensive health assessment of the diverse Asian/Pacific Islander community residing in Santa Clara County. This health assessment is intended to provide elected leaders, community agencies, community organizations, advocates, and residents with information regarding the health status and disparities existing among Asian/Pacific Islander residents of the county. The Asian/Pacific Islanders have diverse needs and health concerns that vary by specific subgroup. However, the data typically are not disaggregated, or separated out by subgroup; thus these differences often go unreported. In particular, some Asian/Pacific Islander subgroups may experience higher rates of poor health outcomes, limited access to health care services, or live in environments that do not support optimal health.

Because of inadequate data availability and limitations, understanding existing disparities among the subgroups remains a challenge. Findings from this assessment further underscore the need to expand data collection efforts for both surveys and surveillance datasets, specifically by collecting and/or releasing data at the subgroup level. With increased attention and efforts to provide more detailed subgroup information, it is the goal of this report to serve as an important building block in the county's efforts to address disparities in the Asian/Pacific Islander community.

Community partnerships and alliances with community groups that work closely with different Asian/Pacific Islander subgroup populations may help to support efforts for targeted outreach to and specific interventions for the diverse communities residing in the county. The alliances might also advocate for expanded data availability by Asian/Pacific Islander subgroups.

METHODS

The findings presented in this report are derived from various quantitative data sources. The quantitative data sources include the Asian/Pacific Islander Health Survey and other existing data sources. All new data collection and analysis was conducted by the Santa Clara County Public Health Department.

QUANTITATIVE DATA COLLECTION

The 2017 Asian/Pacific Islander Health Survey was conducted from March 9, 2017 to July 5, 2017. The survey was limited to residents of Santa Clara County ages 18 and older who identified themselves as 1 of 6 Asian subgroups (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) or Pacific Islander.

The paper survey was comprised of two components: a core set of survey questions and an optional set of survey questions. Survey respondents who completed the core set of questions received a \$5 Target gift card. Additional incentives (a reusable shopping bag, drawstring bag, or stress ball) were given to respondents who completed an optional set of survey questions in-person. The survey was also distributed online with the core and optional set of questions combined together as one survey.

The survey was administered at various locations within Santa Clara County such as market places, community centers, religious organizations, clinics, libraries, festivals, and other community gathering places. The online survey was distributed via email by various community partners, promoted on social media (Facebook, Twitter, and Nextdoor) and available on the Santa Clara County Public Health Department website. Additional efforts were made to reach out to the homebound Asian/Pacific Islander population, but this is very hard-to-reach population. Efforts to distribute surveys through community groups that work with homebound adults resulted in a small response rate from this special population subgroup.

Results from the Asian/Pacific Islander Health Survey are not representative of Asian/Pacific Islanders residents of the county due to the methods used for selecting participants. Results provide information only about the survey respondents.

The survey included questions on a number of health and social topics. Questions on health status, access to healthcare, physical activity and nutrition, and demographics appeared in both the core and optional survey modules. Tobacco and other substance use and cancer screening questions were included only in the core survey. Questions on social and emotional health and intimate partner violence were included in the optional survey. These topics were selected by the Santa Clara County Public Health Department based on the topics of interest to key constituents and with input from Asian and Pacific Islander focused community partners.

Survey questions came from national health and local surveys, such as the Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS) including the Santa Clara County Public Health Department’s versions of this survey, the California Health Interview Survey, and the New York University Center for the study of Asian American health survey on community health resources and needs assessment. The survey instrument was translated from English into 6 languages (Mandarin, Hindi, Japanese, Korean, Tagalog, and Vietnamese) by a professional translation service.

QUANTITATIVE DATA ANALYSIS

Data analysis was limited to survey respondents who were adults (ages 18 and over) and identified themselves as Asian or Pacific Islander. In total 2,665 respondents met the criteria for inclusion in the survey. Some surveys were omitted from the analytic sample due to respondents not residing in the county, not identifying as Asian or Pacific Islander, survey administration error, or data quality issues.

Respondents were able to select multiple races/ethnicities, including multiple Asian/Pacific Islander subgroups. Respondents were categorized into 1 of the 6 Asian subgroups if they selected only 1 answer option for the survey when asked subgroup identification. Respondents who selected more than 1 race, ethnicity, or subgroup were categorized as “mixed or other Asian” and included in the overall response categories but not in the individual subgroup analysis. Due to sample size requirements, respondents who identified as Pacific Islander and some other race, ethnicity, or subgroup were categorized as Pacific Islander for the survey analysis.

Responses of don’t know or prefer not to answer were not included for the purpose of calculating percentages for individual indicators. In order to provide statistically reliable estimates, results were not reported for indicators where there were fewer than 50 responses for a given group.

SECONDARY DATA

Existing or “secondary” data from local, regional, state, and national surveys and databases were used when data on Asian/Pacific Islanders and Asian subgroups were available. Secondary data included data from the U.S. Census Bureau, American Community Survey, California Department of Education, California Department of Finance, California Healthy Kids Survey, birth and death records, cancer incidence and mortality (Cancer Prevention Institute of California), as well as from disease surveillance data sources that capture information on communicable diseases.

Age adjustment

Age-adjustment is a method used to make unbiased comparisons between groups with different age distributions in the population over time, or between different populations. For example, a county having a higher percentage of elderly people may have a higher rate of death

than a county with a younger population, mainly because the elderly are more likely to die. Age adjustment makes the different groups more comparable. A "standard" population^{xxvii} distribution is used to adjust rates. The age-adjusted rate is a rate that would have existed if the population under study had the same age distribution as the "standard" population. Thus, the age-adjusted rate is a summary measure adjusted for differences in age distributions.

To compare birth, death, and cancer rates among groups in the county, direct age-adjustment method was used. The 2000 U.S. population was used as the standard population. For age adjustment, rates were calculated using data from the U.S Census Bureau, 2010 Census.

Limitations

Public health surveillance data (births, deaths, infectious disease) utilized in the health assessment were subject to both misclassification and reporting bias; however, this bias is expected to be minimal.

Data on middle and high school students from the California Healthy Kids Survey (CHKS) were subject to selection bias as well. Only public schools participate in the CHKS and participation is subject to both school district and parent consent. The data are self-reported.

Incidence and mortality age-adjusted rates for specific cancers among certain Asian subgroups, are not presented due to small numbers resulting in lower reliability in the statistics. Cancer data for Pacific Islanders are not captured by the data source.

There are additional data sources utilized in this health assessment that are also subject to limitations. All information on health and social indicators on surveys utilized in the health assessment was self-reported and so is subject to reporting bias. Although wherever possible, the health assessment used validated survey questions from established sources, there is a possibility of measurement error for some indicators. The survey was administered in English, Mandarin, Hindi, Japanese, Korean, Tagalog, and Vietnamese. Santa Clara County residents who did not speak any of these languages could not take the survey. This may lead to under-representation of some residents.

^{xxvii} Standard population is the age distribution used as weights to create age adjusted rates, serving as uniform basis for the calculation of comparable measures. The National Center for Health Statistics recommends that the U.S. 2000 standard population be used when calculating age-adjusted rates.

ACKNOWLEDGEMENTS

Santa Clara County Board of Supervisors

Supervisors Dave Cortese, President, District 3

Supervisor Mike Wasserman, District 1

Supervisor Cindy Chavez, District 2

Supervisor Ken Yeager, District 4

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We are deeply grateful to all the community members who contributed their time and effort for participating in the 2017 Asian/Pacific Islander Health Survey.

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Thank you to all the interns that assisted with data collection, data entry, and various aspects of the report: Lina Bui, Carissa Cayanan, Jay Choe, John Rafael, Juan Edquiban, Fatima Israr, Qiwen Lei, Katherine Lin, Victor Ly, Prabhjot Sandhu, Kevin Schenk

Community organizations and partner agencies

American Kidney Fund, Asian American Recovery Services-Health Right 360, Asian Americans for Community Involvement, Asian Law Alliance, Berryessa Business Association, Berryessa Community Center, City of Cupertino, County of Santa Clara Social Services Agency, De Anza

Community College, El Camino Hospital, Evergreen Branch Library, Evergreen Community Center, Foothill Community Health Center, Galleria Market, Gurdwara Sahib of San Jose, Independence Adult Center, Indian Community Center, Japantown Business Association, Junior League of San Jose, Korean American Community Services, Korean Community Center of the East Bay, Korean Emmanuel Presbyterian Church, Korean United Methodist Church, Lead Filipino!, Lion Market, MAITRI, Milpitas Library, Momentum for Mental Health, Morgan Hill Library, Most Holy Trinity Parish, Net Effect Media, North East Medical Services , Pacific Coast Farmers' Market Association, Palo Alto Medical Foundation, San Jose State University, Seafood City, Silver Creek Family Clinic, St. Maria Goretti Church, Sunnyvale Hindu Temple, Super Kyo Po Market, Tafatolu Bingo Hall, The California Farmers' Market Association, Urban Village Farmers' Market Association, Valley Health Clinic, Vietnamese Reach for Health Coalition, Vision New America, Wesley United Methodist Church, Yu Ai Kai

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