## Health Profile of Asian Americans in the US and North Carolina

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Identifying AAPI Health Priorities in North Carolina

### Data Source

## Sociodemographic Profile:

- American Community Survey
  - 2022 5-year estimates
  - 2022 1-year estimates
- 2020 Decennial Census

#### Health Profile:

 2023 Behavioral Risk Factor Surveillance System

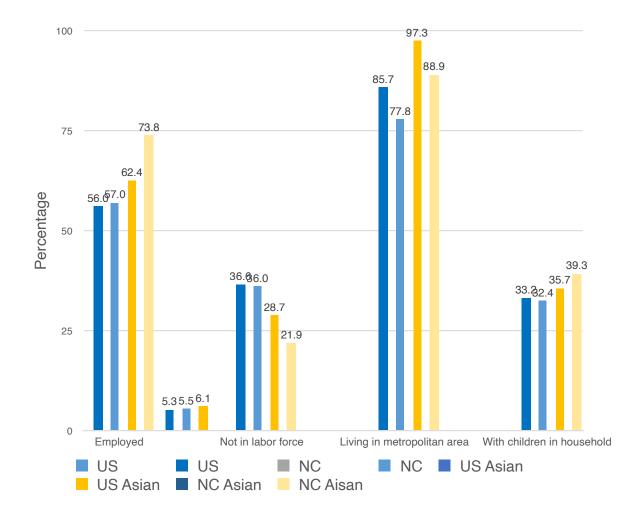
#### Sociodemographic characteristics-1

	US		US Asian		NC		NC Asian	
				Weighted				Weighted
	Sample N	Weighted %	Sample N	%	Sample N	Weighted %	Sample N	%
		Weighted		Weighted				
		N=		N=152058		Weighted		Weighted
Total	413806	24430992	11629	62	4025	N=8432985	80	N=303629
Race and ethnicity								
NH White	311519	57.60			2437	61.47		
NH Black	30865	11.97			699	20.15		
Hispanic	38392	19.00			377	10.08		
AIAN	6770	1.02			347	0.93		
Asian Americans	11629	6.22			80	3.60		
NHPI	1452	0.32			6	0.25		
Other	13179	3.85			79	3.52		
Age group (yrs)								
18-24	25242	12.49	1602	17.19	303	12.74	20	36.18
25-34	44056	16.58	2478	19.4	498	15.73	15	14.76
35-44	53743	16.45	2437	21.45	578	15.76	21	29.17
45-54	58239	15.07	1790	15.25	650	15.46	19	15.17
55-64	74135	15.91	1256	13.47	749	16.16	4	3.98
65-74	87595	13.71	1210	8.95	721	14.2	1	0.74
75+	70796	9.79	856	4.29	526	9.94	0	
Sex								
Male	194484	48.36	6291	49.37	1768	47.56	43	53.82
Female	219322	51.64	5338	50.63	2257	52.44	37	46.18
Educational attainment								
Graduate High School or less	125183	38.51	1931	19.67	1196	38.07	9	19.73
Attended College or Technical School	109496	29.99	2028	19.51	1113	31.47	13	26.5
Graduated from College or Technical School	177580	31.06	7573	60.24	1699	30.09	58	53.77
Unknown	1547	0.44	97	0.58	17	0.38		
Annual household income								
Less than \$25000	46539	12.1	964	8.25	435	10.26	12	14.67
\$25000 to <\$50000	82102	19.35	1717	13.43	861	21.55	8	17.22
\$50000 to <\$100000	103706	22.61	2578	18.7	963	23.37	12	14.73
\$100000 to <\$200000	74849	17.85	2407	21.52	640	15.96	20	22.35
\$200000 or more	26222	6.94	1426	14.32	234	5.72	11	10.55
Unknown	80388	21.16	2537	23.78	892	23.14	17	20.48
Marital status								
Married	213759	49.46	6261	55.61	2066	49.9	47	51
Unmarried	196983	49.66	5241	43.03	1932	49.15	31	46.98

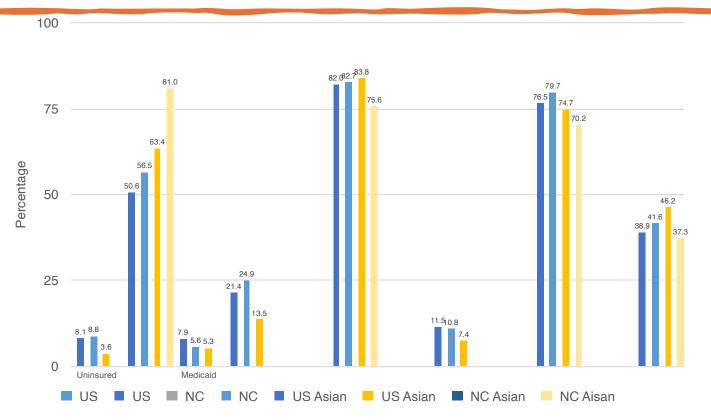
 Basic sociodemographic characteristics from BRFSS are comparable to previous statistics from the American Community Survey

## Sociodemographic characteristics-2

- Asian Americans are more likely to be employed and less likely to be out of labor force compared to general US population, and this pattern is more pronounced in NC.
- Asian Americans are more likely to resided in metropolitan areas and more likely have 1 or more children <18 years in the household.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.

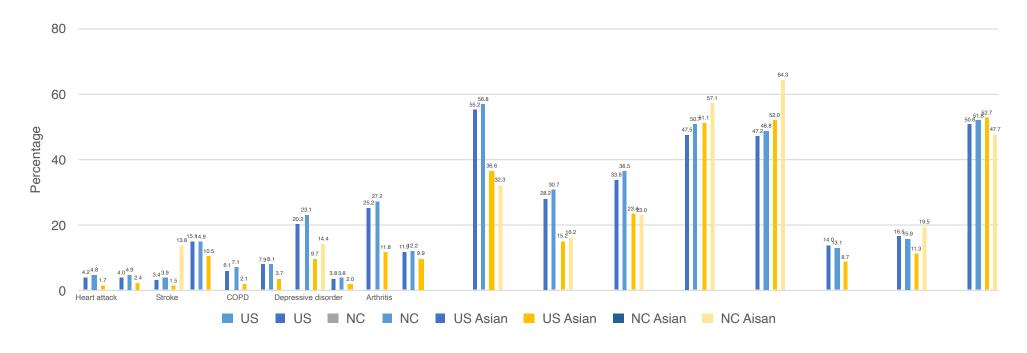


#### Access to Health Care



- Asian Americans are more likely to have private health insurance and less likely to be uninsured or with public insurance, less likely to be have care unaffordability compared to general US population.
- Regarding realized access to care, Asian Americans were less likely to receive routine checkup during the past year, and NC Asian were less likely to have flu shot during past year, compared to general US population.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.</li>

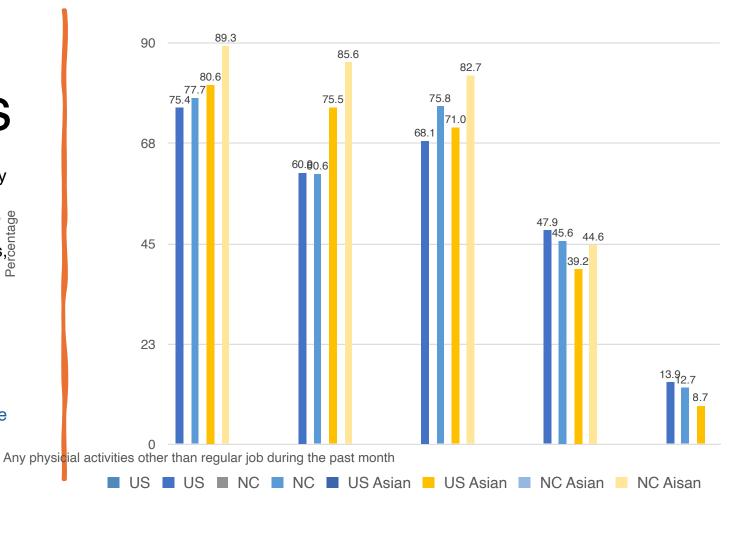
#### Health Status



- Asian Americans are generally healthier compared to general US population, given its younger composition.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.

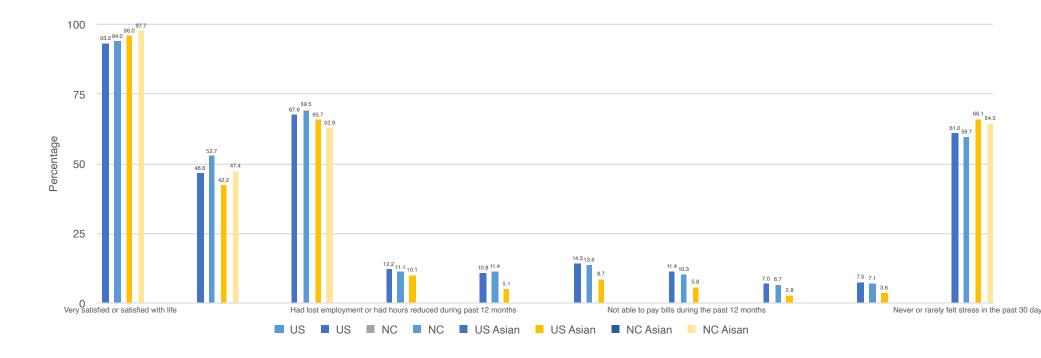
## Health Behaviors

- Asian Americans are more likely to have healthier behaviors, such as being physically active, such as a su
- The pattern was more pronounced for NC Asian.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.

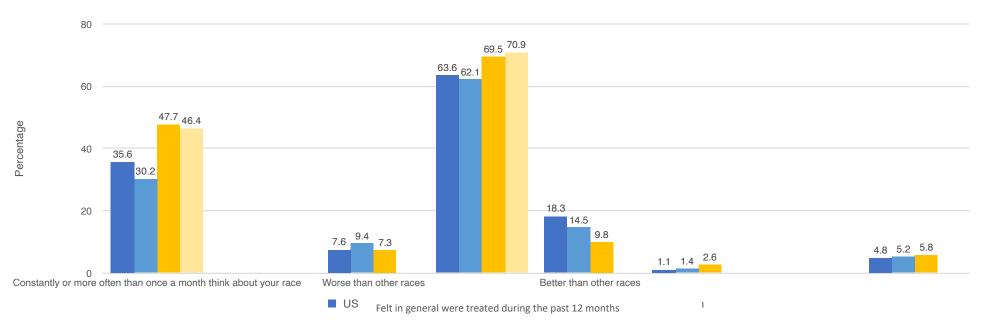


# Social Determinants and Health Equity

- Asian Americans less likely to receive social and emotional support when needed, and more likely to feel lonely, and less likely to have food insecurity or transportation barriers, compared to the general US population.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.

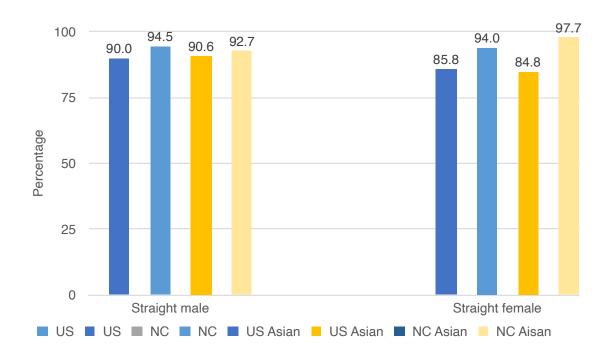


#### Reactions to Race



- Asian Americans are more conscious about their race than the general US population; they most reported
  feeling being treated the same as other races, although a higher percentage Asian Americans reported
  feeling physical symptoms because of treatment due to their race during the past 30 days, compared to the
  general US population.
- Caution needed for statistics of NC Asian due to small sample size. Estimates with <10 sample are not shown.

## Sexual Orientatio n



- Asian American are general compared to the US general population in terms of sexual orientation.
- Caution needed for statistics of NC Asian due to small sample size.

#### Summary

- Using a recent national sample, we found that compared to the general US population, Asian Americans were younger, generally have better health status and healthier behaviors.
- Although Asian Americans have higher insurance rate and reported less care
  unaffordability than the general US population, the realized access to care,
  measured by receiving routine checkup and flu shot during past year, were
  lower among Asian Americans. Future research are warranted to
  identified other non-cost barriers to health care access for Asian
  Americans, such as language barrier, time constraints, and information
  barriers.
- Compared to the general US population, Asian Americans received less social and emotional supported when needed.
- Nearly half of Asian Americans, including those in NC, constantly or often think about their race. Majority of Asian American felt they were treated the same with other races in general, however, a higher percentage of Asian American reported having physical symptoms due to treatment based on their race.
- Sexual orientation was similar among Asian Americans and the general US population.
- The sample size of Asian Americans in NC from BRFSS, one of the largest national survey, was insufficient to generate many important health-related estimates. Disaggregated estimates by Asian ethnicity or country origin are not feasible using BRFSS. Community-based research is much warranted.