

## Mortality Differentials among Asians and Pacific Islanders in the U.S.

The population of the United States is composed of a wide range of racial and ethnic groups representing tremendous diversity in culture and behaviors related to health. However, the analyses of health outcomes have often have been restricted to examination of the restricted racial categories of “black, white and other”. In 1997, the U.S. Office of Management and Budget issued a standard requiring the collection of ethnic data in Federal surveys according to the categories of American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American and White. While this effort aimed at producing data for additional subgroups within the U.S. population, the result has been unsuccessful for some groups due to the relatively small numbers within some of the ethnic categories. Analyses using single years of data frequently produced estimates that could not be reported due to lack of reliability and possibility of a breach in confidentiality.

The use of vital statistics provides another opportunity to examine the health of subgroups within the population. The cooperative system within the U.S. allows individual states to determine the racial and ethnic categories that are included on each state’s death certificate. Increasingly, states are adopting the inclusion of more detailed racial and ethnic categories. A previous analysis was conducted using data from 1992, the year states began collecting the more expanded set of racial and ethnic categories.<sup>1</sup> This analysis demonstrated the importance of separating the Asian/Pacific Islander category into its component subgroups. When the subgroups were analyzed

separately, the age-adjusted death rates ranged from 298.8 per 100,000 population for Japanese to 907.7 for Samoans<sup>a</sup>.

While there are a large number of deaths in the U.S., when examining some of the smaller racial and ethnic subgroups, the data available for a single year still can result in questions regarding the reliability of the estimates. Therefore, the present paper will update the research on mortality differentials of Asians and Pacific Islanders by pooling death records from 2003, 2004, and 2005.

Preliminary analyses shown in Table 1 indicate that by pooling three years of data, reliable age-adjusted mortality rates can be determined for the subgroups within the Asian and Pacific Islander populations found in the U.S. listed in the table.

**Table 1: Race/Ethnicity by Number of Deaths: U.S., 2003-2005**

	2003	2004	2005	Total
White	2,103,714	2,056,643	2,101,543	6,261,900
Black	291,300	287,315	293,389	872,004
American Indian/Alaskan Native	13,147	13,124	13,930	40,201
Chinese	8,776	8,980	9,633	27,389
Japanese	5,862	6,074	6,394	18,330
Hawaiian	594	577	607	1,778
Filipino	7,501	7,587	8,128	23,216
Asian Indian	2,472	2,624	3,326	8,422
Korean	2,516	2,631	3,071	8,218
Samoan	386	412	460	1,258
Vietnamese	2,020	2,090	2,510	6,620
Guamanian	137	164	185	486
Other API	9,863	9,374	9,330	28,567
	2,448,288	2,397,595	2,452,506	7,298,389

Further analyses will examine age and gender specific mortality and cause of death. Change in patterns overtime will be examined by comparing the current results to those found using 1992 data. Issues regarding reporting errors on ethnicity will be addressed.

a. Small population size limits the reliability of measure.

1. Hoyert, DL, Kung HC. Asian or Pacific Islander mortality, selected states, 1992. Monthly vital statistics report; vol 46 no 1, supp. Hyattsville, Maryland: National Center for Health Statistics, 1997.