Data to Action:

A Data and Policy Brief About Asian Americans, Native Hawaiians and Pacific Islanders in Orange County, California

September 2024

OC API TASKFORCE

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TASKFORCE

About the Orange County Asian and Pacific Islander Task Force

The Asian and Pacific Islander Task Force (https://wwwocapitaskforce.org/) was established in July 2020 by a group of Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) community leaders and non-profit organizations. At the time, AA and NHPI coalitions including Meet & Eat (an informal monthly gathering of AA and NHPI community organizations, college and university departments) and LOVE (Love Our Vulnerable Elderly) were meeting to address the needs of AA and NHPI communities prior to and during the pandemic. The community groups saw the acute impacts of COVID-19 and anti-Asian violence on AA and NHPI communities, especially among older adults and service workers. In response, Korean Community Services and the Orange County Asian and Pacific Islander Community Alliance organized a group of health and social service organizations to form the OC Asian and Pacific Islander Taskforce (APITF) to coordinate COVID-19 education, outreach, testing and vaccination efforts.

In 2022, through the Orange County Health Care Agency's Equity in OC Initiative (https://www.equityinoc.com/) and under the initial leadership of The Cambodian Family (TCF) and subsequently co-leadership with Vital Access Care Foundation (VACF) through the California Accountable Community for Health Initiative starting in 2023 (https://www.cachi.org/), the APITF expanded to include 19 community-based organizations that serve Asian American, Native Hawaiian and Pacific Islander, and Middle Eastern and North African communities throughout Orange County. Four years after its founding, APITF continues to grow its network of participating organizations and community members. We aim to elevate community voices, engage multi-sector stakeholders, and create sustainable and transformational changes in Orange County, California.

Photo courtesy of Vital Access Care Foundation (VACF)

Background

Orange County, California is home to the third largest Asian American population in the United States. 2020 Census data highlights the significant presence of the nearly 800,000 Asian Americans (AAs) and over 22,000 Native Hawaiians and Pacific Islanders (NHPIs) residing in Orange County, with the numbers continuing to rise. Notably, in cities such as Irvine and Westminster, AAs and NHPIs constitute approximately 50% of the population, underlining the substantial impact and influence they have in local communities. As these populations continue to expand and diversify within Orange County, it is paramount that AAs and NHPIs are not only recognized but actively engaged in decision-making bodies and leadership roles. Ensuring equitable access to opportunities, resources, and services becomes a shared responsibility to uphold the principles of inclusivity and social justice in a rapidly evolving demographic landscape.

Data to Action: A Data and Policy Brief About AAs and NHPIs in Orange County provides detailed demographic data and information about AA and NHPI communities in Orange County. The report draws on numerous government data sources including the 2010 Census, 2020 Census, the American Community Survey, the California Comprehensive Death File and various other reports. Data analysis was conducted by data analysts at OC Action, UCI Program in Public Health, and the Orange County Health Care Agency.

Our report also provides recommendations and case studies to help elected officials, government agencies and healthcare systems better understand how detailed AA and NHPI data can be used in policymaking, program planning and community response. The data tables and charts in the report are accompanied by highlights that summarize notable findings from the data. Some data tables are abbreviated in the narrative section, however a full list of available data tables are included in the Appendix.

Statement Regarding the use of Native Hawaiian and Pacific Islander

We align ourselves with the community and U.S. Census Bureau's identification of Native Hawaiian and Pacific Islanders (NHPI) residing in Orange County, California. The focus of our project are the diasporic communities residing in Orange County and hereafter use the term "Native Hawaiian and Pacific Islander" rather than the 1997 Office of Management and Budget's official categorization of Native Hawaiian and Other Pacific Islanders.

Statement Regarding the use of Middle Eastern and North African Data

The 2020 Census included for the first time Middle Eastern and North African (MENA) examples in a write-in response area for the White category. As a result, the U.S. Census Bureau reported for the first time population counts of MENA groups.[1]

We have included the population count data for MENA communities in this report however acknowledge the undercounting and likely inaccuracies of the reported MENA count. Only recently in March 2024 did the federal government create a stand-alone race and ethnicity category for MENA communities that is separate from the White category.[2] Implementation will take time, however, and additional research and funding is needed to ensure the collection of more accurate data in the next decennial Census and other population surveys.[3]

Policy Recommendations

Demographic Data

Problem

According to the 2020 Census one in four Orange County residents is Asian American (AA) or Native Hawaiian and Pacific Islander (NHPI), yet our communities continue to be aggregated together, and/or omitted from or pooled into an undefined "other" category in publicly reported data. Federal and state laws and policies require the collection and reporting of disaggregated race and ethnicity data, however the COVID-19 pandemic exposed data reporting gaps that impacted the distribution of public health resources.[4] Middle Eastern and North African (MENA) communities have been rendered even more invisible and only until March 2024 did the federal government create a new MENA category after tabulating MENA respondents exclusively within the White racial category in the decennial Census.[5] Disaggregated race and ethnicity data is needed to inform the development of more equitable resource distribution, policies, and health interventions for AA, NHPI and MENA communities. Our recommendations for county agencies and policymakers include:

Solutions

1. *Implement detailed demographic data collection as the default*

   - Ensure demographic data collected at the county level comply with federal and state standards for collecting detailed race and ethnicity data. Compliance with these standards will enhance data collection practices and provide a more comprehensive understanding of racial and ethnic disparities.
   - Disaggregation of race and ethnicity data should be the standard practice for data collection, tabulation and reporting to effectively address the unique needs and challenges faced by each community within the county.
   - Fully implement federal and state requirements for collecting detailed race and ethnicity data including the Office of Management and Budget's 2024 revisions to Statistical Policy Directive 15 (SPD-15), AB 1088 (codified at CA State Code 8310.5) and AB 1078 (codified at CA State Code 8310.7).

2. **Update data collection practices to enhance community visibility and representation.**

   - Consistently add and update racial/ethnic identifiers to accurately reflect the diversity of Orange County's resident population. Accurate data is needed to ensure all communities receive adequate attention and resources.
   - Conduct more research to understand multiracial and multiethnic reporting and data analysis. The use of race "alone" categories can erase certain racial/ethnic subgroups and mask the changing demographics of the county as the population becomes more multiracial and multiethnic. Data methodologies need to be updated to ensure a more accurate count in the next decennial Census and other data collection efforts.
   - Conduct periodic data reviews with community-based stakeholders and researchers to ensure existing data practices reflect the demographic diversity and intersecting identities of groups within Orange County.

3. **Improve public data accessibility and availability.**

   - Improve transparency throughout the data lifecycle by increasing public accessibility and clarity in data collection, analysis, and release processes.
   - Establish a Community Data Equity Advisory Committee or create continuous opportunities for community-based stakeholders and researchers to meet with county staff.

Photo courtesy of Vital Access Care Foundation (VACF)

Photo courtesy of the Pacific Islander Health Partnership

Health

Problem

Over 34,000 AA and NHPI individuals in Orange County lack health insurance. Even with health insurance coverage, accessing healthcare services presents formidable hurdles for AA and NHPI individuals due to language barriers, transportation, and other access challenges. COVID-19 was one of the top three causes of mortality for AAs and NHPIs from 2020-2022, and the pandemic exacerbated many existing disparities.

Notably, the aggregation of AA and NHPI data during the first few months of the pandemic obscured the fact that NHPIs had the highest mortality rates compared to any other racial group in Orange County. Post-pandemic, the prevailing healthcare system continues to operate under a one-size-fits-all approach, lacking the essential language services and cultural sensitivity necessary to adequately serve diverse populations. Consequently, many AA and NHPI communities find themselves marginalized and underserved.

Solutions

1. *Develop data-informed health equity practices.*

   - Implement inclusive data disaggregation practices to pinpoint specific health characteristics including race and/or ethnicity, gender, sex, sexual orientation, gender identity, disability, language, and/or migration status, enabling tailored interventions.
   - Supplement public data findings with peer-reviewed data when making decisions about the allocation of resources to communities that experience historical and ongoing inequities, such as AA and NHPI communities, which will help close the health disparities gap.

2. *Cultivate sustainable partnerships for health equity.*

   - Facilitate collaborations between community-based organizations (CBOs), health care plans, county departments, academic institutions and providers to cultivate a pipeline for Community Health Workers to enhance outreach and support within diverse communities.
   - Establish enduring funding mechanisms through collaborative efforts between the County and CBO partners to ensure sustainable support for health equity initiatives.

3. *Enhance accessibility measures in the collection, analysis, maintenance, and dissemination of county health data.*

   - Establish protocols for CBOs to collect, analyze, and share intake and program utilization data with relevant stakeholders.
   - Co-create data privacy clauses with CBOs for the reporting of granular detailed disaggregated data.

Photo courtesy of the Pacific Islander Health Partnership

Civic Engagement

Problem

AA and NHPI immigrant populations in Orange County are naturalizing and registering to vote at higher rates compared to a decade ago. Orange County is also home to Congressional District 45, which has the second highest concentration of Asian American voters in the state. Yet, the number of AA and NHPI registered voters in Orange County who participated in the 2024 primary election was below the county average. AA and NHPI voters are an increasingly important electorate and must be included in the various processes that shape the trajectory of the county's development and governance.

Solutions

1. ***Institutionalize community engagement practices at a systems level.***

    *   Create an Orange County community advisory council with representatives from various population groups and geographic areas to provide input and support on decennial census efforts and redistricting.
    *   Require the county CEO's office and agency heads to host periodic stakeholder engagement meetings to provide agency updates and solicit community feedback on agency programs and services.
    *   Work with community leaders to establish a participatory budget process as part of the county's annual budget cycle.

2. ***Invest in linguistically accessible and culturally sensitive community support services.***

    *   Establish responsive funding mechanisms that allow the OC Registrar's Office to fund CBOs to facilitate voter registration drives and get-out-the-vote efforts with a focus on organizations that work in communities that have been traditionally underserved and underfunded.
    *   Direct the CEO's office to conduct periodic reviews of all county service agencies regarding the quality, accessibility and utilization of culturally appropriate and in-language services.
    *   Promote county and community-based programs that assist with naturalization and voter education to promote civic engagement within immigrant and non-English speaking communities.

Orange County Demographics

The 2020 Census revealed shifts in the population count and growth of AA and NHPI communities in Orange County. The tables below highlight the population changes at the county level between the 2010 and 2020 Census for Asian American (AA), Native Hawaiian and Pacific Islander (NHPI), and Middle Eastern and North African (MENA) communities. We also list the 15 cities with the largest population groups for the AA, NHPI and MENA categories. A full list of cities by population group can be found in Tables 2-4 in the Appendix.

Population and Population Growth by Race and Hispanic Origin

Orange County, 2020; Ranked by Population Count

| Race and Hispanic Origin	2020 Census	Growth % 2010 to 2020
White*	1,198,655	-10%
Latino	1,086,834	7%
Asian American	792,539	33%
Middle Eastern and North African	102,916	NR
American Indian/Alaskan Native	88,563	136%
Black or African American	82,258	21%
Native Hawaiian and Pacific Islander	22,306	14%
Total Population	3,186,989	6%

Source: U.S. Census Bureau, 2020 Census DEC Demographic Profile, Table DP1.
NR = not reported
* Note: Figures for each racial group include both single race and multiracial people, except for White, which is single race, includes MENA, non-Latino. Figures do not sum to total.

Photo courtesy of The Cambodian Family

Population Growth by Race and Hispanic Origin

Orange County, 2010 to 2020; Ranked by Population Growth

AI/AN	136%
Asian American	33%
Black or African American	21%
NHPI	14%
Latino	7%
Total Population	6%
White	-10%
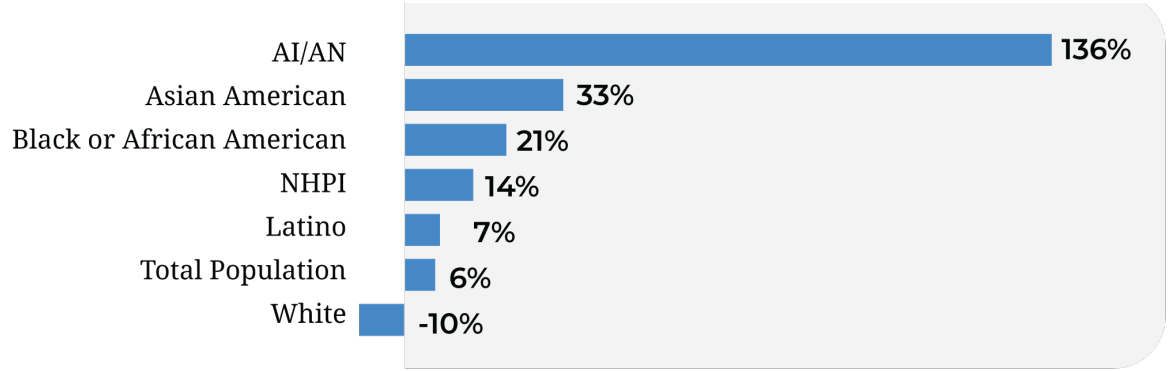
Source: U.S. Census Bureau, 2020 Census DEC Demographic Profile, Table DP1

MENA: Middle Eastern, North African

AI/AN: American Indian/Alaskan Native

NHPI: Native Hawaiian and Pacific Islander

City	Asian Americans in 2020	% of city in 2020	% Growth, 2010 to 2020
Irvine	153,684	45%	67%
Garden Grove	75,974	39%	15%
Anaheim	68,247	17%	24%
Westminster	48,602	49%	10%
Fullerton	42,085	25%	-5%
Santa Ana	40,772	11%	12%
Huntington Beach	33,236	15%	30%
Buena Park	29,779	31%	29%
Fountain Valley	24,482	39%	24%
Orange	21,967	13%	26%
Tustin	21,732	23%	28%
Cypress	20,654	36%	27%
Lake Forest	19,978	20%	65%
Yorba Linda	17,828	23%	55%
Brea	14,491	27%	82%

Source: U.S. Census Bureau, 2010 Census SF1, Table QT-P6; U.S. Census Bureau, 2020 Census DEC DHC, Table P7.

Highlights:

- Laguna Woods (133%), Rossmoor (91%), Brea (82%) experienced the largest growth in Asian American populations from 2010 to 2020.[7]
- More Asian Americans are moving to south Orange County cities such as Lake Forest, which had a population growth of 65% in 2020.[8]
- Asian Americans make up nearly 50% of the population in the cities of Midway, Westminster, La Palma and Irvine.[9]
- Fullerton saw the only decrease in Asian Americans at - 5%.
- The population of Asian Americans 65 years of age and older is growing rapidly. Cities with the highest growth in Asian Americans 65 years of age and older are Brea (207%), Laguna Woods (198%), Lake Forest (157%), Seal Beach (138%), and Irvine (135%).[10]

NHPI Population and Population Growth by City (Top 15)[11]

Orange County, 2020; Ranked by Population Count

City	NHPs in 2020	% of city in 2020	% Growth 2010 to 2020
Anaheim	2,867	0.7%	3%
Huntington Beach	1,788	0.8%	13%
Santa Ana	1,574	0.4%	0%
Irvine	1,562	0.5%	46%
Garden Grove	1,491	0.8%	8%
Costa Mesa	1,073	0.8%	8%
Orange	964	0.6%	34%
Fullerton	924	0.6%	17%
Buena Park	869	0.9%	7%
Westminster	838	0.8%	21%
Cypress	643	1.1%	33%
Mission Viejo	572	0.5%	31%
Lake Forest	557	0.6%	9%
Tustin	518	0.6%	-2%
Aliso Viejo	494	0.8%	53%

Source: U.S. Census Bureau, 2010 Census SF1, Table QT-P6; U.S. Census Bureau, 2020 Census DEC Demographic and Housing Characteristics File (DHC), Table P7.

Highlights:

- Villa Park, Laguna Woods, and Placentia experienced the largest growth in NHPI populations from 2010 to 2020.
- The cities with the largest NHPI population are Anaheim, Huntington Beach, and Santa Ana.
- Since 2010, the population of NHPI 65 years of age or older has increased more than 50%.[12]
- More NHPI 65 years of age or older are living in Anaheim, Garden Grove, Irvine, and Huntington Beach.[13]
- Placentia saw the largest growth of NHPI children under the age of 18 at 155% population growth.[14]
- Garden Grove had the largest decline in NHPIs, going from 1,673 in 2010 to 1,491 in 2020.
- Anaheim has the largest number of NHPI residents at 2,867 in 2020.

MENA Population by City (Top 15)[15]
Orange County, 2020; Ranked by Population Count

City	MENA in 2020
Irvine	26,860
Anaheim	9,959
Mission Viejo	6,314
Laguna Niguel	5,602
Huntington Beach	5,314
Newport Beach	4,189
Aliso Viejo	3,843
Lake Forest	3,375
Orange	2,851
Tustin	2,431
Fullerton	2,408
Yorba Linda	2,191
Fountain Valley	2,094
Costa Mesa	2,078
Laguna Hills	2,023

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001.

Highlights

- For the first time, the 2020 Census included MENA examples in a write-in response area for the White category. As a result, the U.S. Census Bureau reported population counts of MENA groups as part of the decennial census.[16]
- The City of Irvine has the largest population of MENA residents, followed by Anaheim and Mission Viejo.
- Percentage changes in population growth between 2010 and 2020 are not available for the MENA category.

AA and NHPI Population and Population Growth by Ethnic Group (Top 15)[17]

Orange County, 2020; Ranked by Population Count

Ethnic Group	Population in 2020	Percent Growth 2010 to 2020
Vietnamese	241,557	20%
Chinese (except Taiwanese)	138,463	39%
Filipino	119,566	25%
Korean	116,534	20%
Asian Indian	62,564	20%
Japanese	55,486	13%
Taiwanese	21,182	31%
Cambodian	9,963	29%
Pakistani	8,932	32%
Native Hawaiian	7,804	20%
Thai	7,539	30%
indonesian	6,929	37%
Samoan	5,638	8%
Laotian	3,521	13%
Chamorro	2,405	-4%

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001. Percent growth based on percentage change from U.S. Census Bureau, 2010 SF1, Tables PCT7 and PCT10; 2010 Census SF2, Table PCT1.

Photo courtesy of The Cambodian Family

MENA Population by Ethnic Group	
Orange County, 2020; Ranked by Population Count	

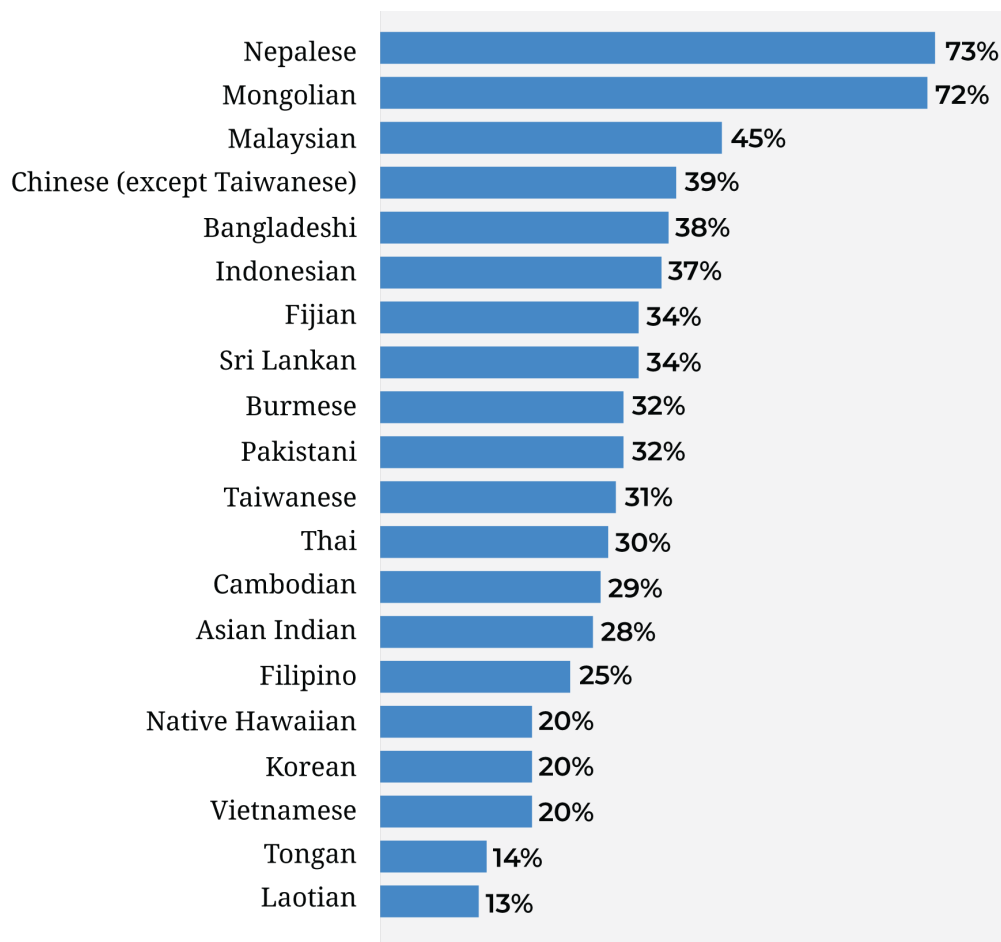| Ethnic Group	Population in 2020
Iranian	47,615
Egyptian	13,690
Lebanese	11,599
Syrian	5,291
Palestinian	3,651
Arab	3,594
Jordinian	3,446
Iraqi	2,329
Israeli	2,218
Moroccan	1,052
Assyrian	774
Saudi	398
Algerian	303
Tunisian	247
Libyan	201
Kurdish	191
Kuwaiti	170

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001.

Highlights:

- The Asian American ethnic groups with the largest population numbers in 2020 were Vietnamese, Chinese (except Taiwanese), and Filipinos. In 2010, the largest populations were Vietnamese, Korean and Filipino.[18]
- The Native Hawaiian and Pacific Islander ethnic groups with the largest population numbers in 2020 were Native Hawaiian, Samoan, and Chamorro (indigenous to Guam). In 2010, the largest populations were Native Hawaiian, Samoan, and Guamanian or Chamorro.[19]
- The 2020 Census collected and reported data on MENA ethnic groups for the first time. Iranians are the largest MENA ethnic group in Orange County, followed by Egyptians and Lebanese.

Population Growth by AA and NHPI Ethnic Group

Orange County, 2010 to 2020; Ranked by Population Growth

Ethnic Group	Growth
Nepalese	73%
Mongolian	72%
Malaysian	45%
Chinese (except Taiwanese)	39%
Bangladeshi	38%
Indonesian	37%
Fijian	34%
Sri Lankan	34%
Burmese	32%
Pakistani	32%
Taiwanese	31%
Thai	30%
Cambodian	29%
Asian Indian	28%
Filipino	25%
Native Hawaiian	20%
Korean	20%
Vietnamese	20%
Tongan	14%
Laotian	13%

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001. Percent growth based on percentage change from U.S. Census Bureau, 2010 SF1, Tables PCT7 and PCT10; 2010 Census SF2, Table PCT1.
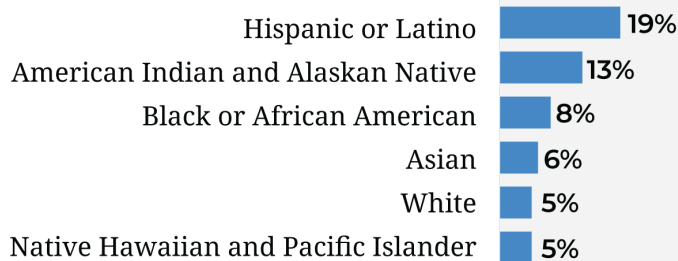
Highlights:

- The Nepalese and Mongolian populations in the county had the largest growth in population among Asian Americans between 2020 and 2010.
- Fijians and Native Hawaiians had the largest growth in population among NHPIs between 2020 and 2010.

Orange County Health

Orange County Health Insurance Coverage
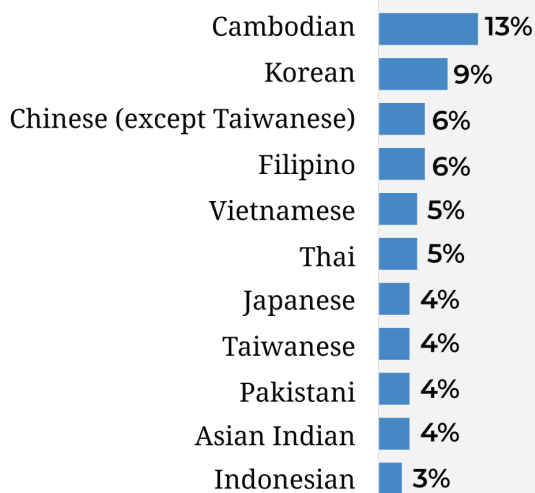
Uninsured by Race and Hispanic Origin

Orange County, 2021; Ranked by Percent Uninsured

Race/Hispanic Origin	Percent Uninsured
Hispanic or Latino	19%
American Indian and Alaskan Native	13%
Black or African American	8%
Asian	6%
White	5%
Native Hawaiian and Pacific Islander	5%

Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates, Table B27011
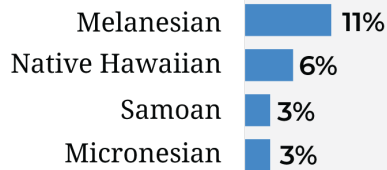
Uninsured by AA Ethnic Group

Orange County, 2021; Ranked by Percent Uninsured

Ethnic Group	Percent Uninsured
Cambodian	13%
Korean	9%
Chinese (except Taiwanese)	6%
Filipino	6%
Vietnamese	5%
Thai	5%
Japanese	4%
Taiwanese	4%
Pakistani	4%
Asian Indian	4%
Indonesian	3%

Source: U.S. Census Bureau, 2021 American Community Survey, 5-Year Estimates,Table B27011.
Figures do not sum to total

Uninsured by NHPI Ethnic Group

Orange County, 2021; Ranked by Percent Uninsured

Ethnic Group	Percent Uninsured
Melanesian	11%
Native Hawaiian	6%
Samoan	3%
Micronesian	3%

*Source: U.S. Census Bureau, 2021 American Community Survey, 5-Year Estimates, Table B27011. Figures do not sum to total. *Note: these were the only population categories that were provided by the US Census Bureau*

Highlights

- Over 34,383 Asian Americans in Orange County do not have health insurance. Less than half of uninsured Asian Americans (14,218) are not in the labor force.[20]
- Over 977 NHPIs in Orange County do not have health insurance.[21] Only 293 of uninsured NHPIs are not in the labor force.[22]
- Melanesians (11%) have the highest percentage of uninsured community members followed by Native Hawaiian (6%) and Samoan (3%).[23]
- Among Asian American ethnic groups, Cambodians (13%) and Koreans (9%) have the highest percentage of uninsured community members.

Photo courtesy of VACF

Public Health Insurance Rate by AA and NHPI Ethnic Group (Top 3)[24]

Orange County, 2021; Ranked by Public Health Insurance Rate

Rank	Asian American Ethnic Groups		NHPI Ethnic Groups	
1	Vietnamese	30%	Samoan	22%
2	Pakistani	21%	Polynesian	17%
3	Cambodian	17%	Native Hawaiian	15%

Source: U.S. Census Bureau, 2021 American Community Survey, 5-Year Estimates.

Leading Causes of Death by AA and NHPI Ethnic Group

Orange County, 2020-2022

	Race and Ethnic Group	No. 1 Cause	% of Total for Group	No. 2 Cause	% of Total for Group	No. 3 Cause	% of Total for Group
Asian Americans	Cambodian	Heart Disease	25%	Cancer	17%	COVID-19	16%
	Chinese	Cancer	26%	Heart Disease	19%	Stroke	8%
	Japanese	Heart Disease	21%	Cancer	20%	Alzheimer's Disease	11%
	Korean	Cancer	24%	Heart Disease	17%	COVID-19	12%
	Laotian	Cancer	22%	COVID-19	20%	Heart Disease	17%
	Thai	Cancer	32%	Heart Disease	24%	**	
	Vietnamese	Cancer	22%	Heart Disease	18%	COVID-19	15%
	Filipino	Cancer	22%	Heart Disease	19%	COVID-19	18%
	Indian	Heart Disease	26%	Cancer	19%	COVID-19	9%
	Indonesian	Cancer	27%	**		**	
	Pakistani	Heart Disease	24%	**		**	
	Taiwanese	Cancer	28%	Heart Disease	20%	Stroke	11%
NHPIs	Samoan	Heart Disease	26%	COVID-19	21%	Cancer	18%
	Hawaiian*	Cancer	24%	Heart Disease	22%	**	
	All NHPI	Heart Disease	21%	Cancer	19%	COVID-19	19%
	NHPI 2+ Identities	Heart Disease	21%	COVID-19	21%	Cancer	17%

*Source: California Department of Public Health, California Comprehensive Death File 2020-2022. Note: Figures are for single race. *Hawaiian includes multiracial/multiethnic people. Figures do not sum to total. **Some data are not reported due to suppression.*

Highlights:

- COVID-19 drastically changed the top three causes of death after 2019.[25]
- Cancer and heart disease remain the top two causes of death for most Pacific Islanders and Asian Americans.[26]
- Alzheimer's Disease remains the third cause of death for Japanese Americans.[27]
- All NHPI groups had COVID-19 as the top three causes of death, consistent with national and state trends that NHPIs had the highest COVID-19 death rates of all racial and ethnic groups in the U.S.[28]
- Chinese, Japanese, Thai, and Taiwanese were the only Asian groups where COVID-19 was not a Top 3 cause of death.
- Diabetes is now in the top five causes of death for Filipinos and Samoans.[29]
- From 2020-2022, more than 11,000 Asian Americans died, 1.5x more than 2017-2019.[30]
- Over 250 Pacific Islanders died in 2020-2022.[31]

Photo courtesy of The Cambodian Family

Photo courtesy of OCAPICA
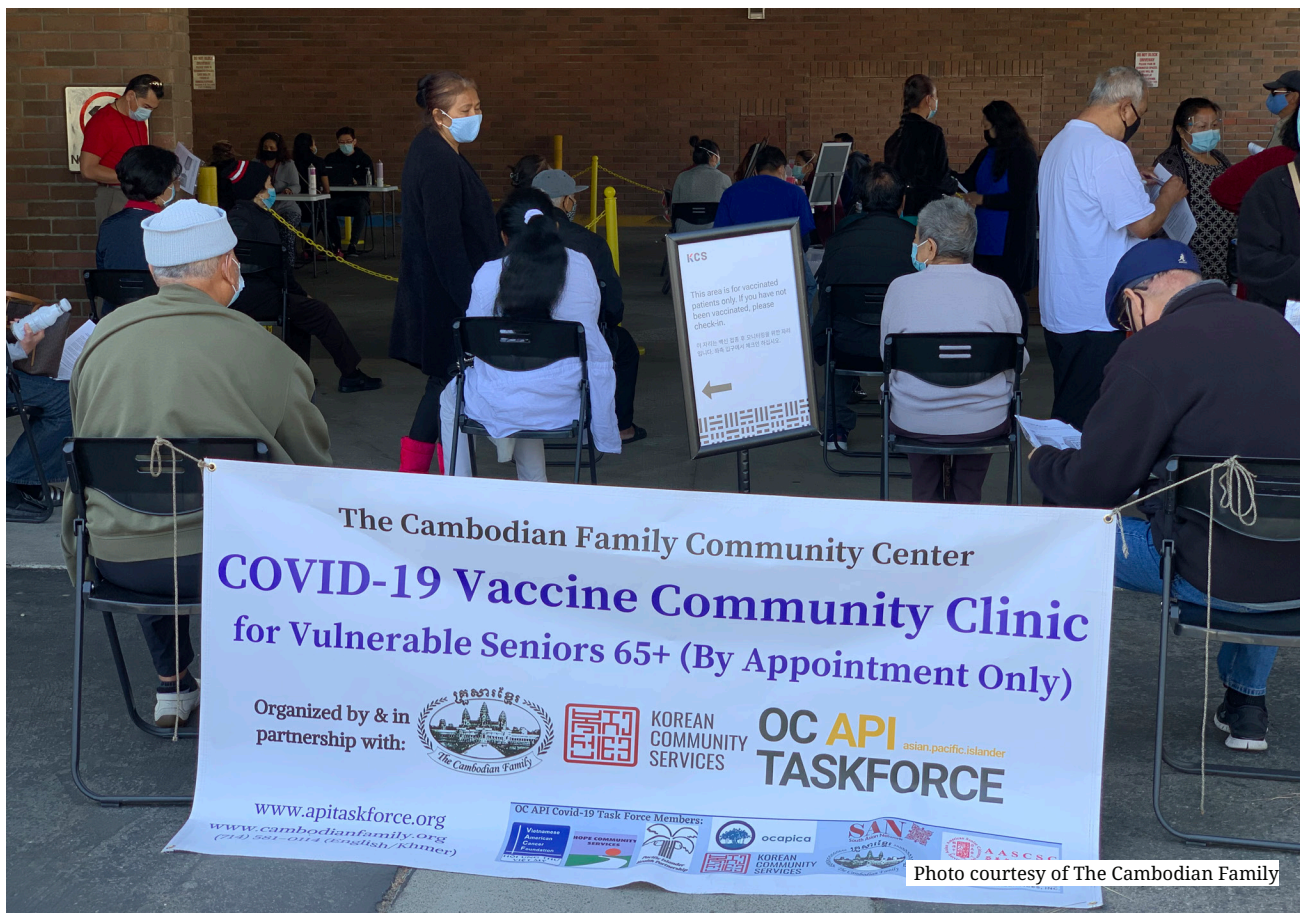
Case Study: Prioritizing NHPI Outreach through Data Advocacy

Problem

COVID-19 was among the top three causes of death in Native Hawaiian and Pacific Islander (NHPI) communities. Community-based organizations and researchers worked with public health agencies like the Orange County Health Care Agency (HCA) to disaggregate NHPI subgroups from the "Asian and Pacific Islander" category. This separation revealed NHPI communities suffered higher COVID-19 death rates

compared to any other racial groups. Many NHPI communities live in low-income and multigenerational households with limited access to resources, making COVID-19 prevention and mitigation efforts challenging. The COVID-19 pandemic also magnified and exacerbated preexisting health disparities within NHPI communities. Many NHPI families experienced a staggering amount of loss and consecutive funerals each week.[32]

As COVID-19 testing and vaccination efforts began, the community was directed towards large, expansive sites like Disneyland and the OC Fairgrounds. However, these sites proved challenging to navigate due to lack of language support, transportation services

and other essential accommodations. Furthermore, the initial vaccination tiers prioritized healthcare workers and older adults 75 years and older. Members of the Pacific Islander Health Partnership (PIHP) voiced concerns with HCA officials about the age limit, citing data from the Marshallese community whose elders' life expectancy doesn't reach the age of 65.

Solution

Asian American and Pacific Islander community leaders and OC COVID-19 Vaccine Taskforce members, including Mary Anne Foo, Executive Director at the Orange County Asian and Pacific Islander Community Alliance, and Cevadne Lee, a researcher at the University of California, Irvine, among others, stepped up their advocacy with the County and cited the critical need for disaggregated data and resources to support AA and NHPI communities. After persistent advocacy efforts, HCA provided crucial disaggregated COVID-19 data to the PIHP, SoCal Pacific Islander Community Response Team (SoCal PICRT), UCI, and the UCLA NHPI Data Policy Lab that informed targeted strategies and offered culturally competent care.

The OC Asian and Pacific Islander Taskforce (APITF), created by Korean Community Services (KCS), concurrently formed to provide COVID-19 outreach, education, testing and vaccinations linguistic and culturally tailored to AA and NHPI communities in OC. APITF worked closely with HCA to establish testing and vaccination clinics at venues frequented by AA and NHPI community members, such as churches, temples, and community centers. For example, OCAPICA co-hosted a vaccine clinic in partnership with PIHP and KCS to vaccinate approximately 174 community members, which included NHPI elders, religious leaders and food essential workers. It was the first and largest clinic to vaccinate a group of NHPIs in one setting in Orange County.

Conclusion

The success of vaccination clinics relied heavily on key partnerships with Federally Qualified Health Centers like KCS and Southland Integrated Services, HCA and CBOs. This exchange amplifies the significance of community collaboration and highlights the impact of collective efforts in addressing the challenges posed by the COVID-19 pandemic. Moving forward, continued partnership and engagement with community-based stakeholders will be essential in building towards equitable access to health care and promoting the well-being of AA and NHPI communities in Orange County.

Photo courtesy of Vital Access Care Foundation (VACF)

Case Study: Utilizing Data for Tailored Community-based Interventions

Problem

Cancer is the leading cause of death among Asian American communities in Orange County. During the COVID-19 pandemic, immunocompromised patients had to delay their preventative cancer screening appointments, due to COVID-19 stay at home orders, putting them at high risk of mortality. CBOs focused their efforts on reducing the risk of COVID-19 exposure by advocating for increased patient and provider telecommunication.

Community partners such as Vital Access Care Foundation (dba Vietnamese American Cancer Foundation) deployed telehealth strategies when the California Department of Health Care Services allowed some medical visits to take place over phone calls and video conferencing. Despite the efforts to make medical visits accessible using web-based platforms, patients ran into issues of language access and technical support. Although many community members were familiar with calling apps such as WeChat, Kakao Talk, and Facetime, these platforms were not HIPAA compliant and could not be used for communicating with health providers. Therefore, staff began training community members on how to navigate platforms such as Zoom and Doxy.Me; or using telephone visits.

Solution

Based on data about decreased cancer screenings during the COVID-19 pandemic, CBOs knew the importance of continuing to collect disaggregated subgroup cancer screening education data.[33] By building relationships through the Advancing Cancer Care Together (ACCT) network, community and academic partners increased community members' access and referrals to cancer specialists for screening and diagnosis.[34] These CBOs conducted outreach and disseminated information about when clinics would reopen and what services were available. Community members were educated to ask for preventative cancer screenings and financial support (ex. gas cards, screening incentives) during their clinic visits. CBOs also provided COVID-19 safety information and distributed PPE.

Importantly, CBOs provided social support and technical training through one-on-one sessions and webinars for senior/older adults looking to increase their knowledge and skill on how to utilize their electronic devices (ex. phones, laptops) to seek care. Adapting from in-person support to virtual communication allowed CBOs and community members to continue providing in-language assistance and information.

Conclusion

By implementing COVID-19 work-around strategies to provide assistance with cancer screenings and treatment during the pandemic, CBOs also played a critical role in identifying and addressing other needs in the community. The CBO partners organized Asian food meal deliveries, helped community members enroll in Medicaid if they recently lost their jobs, and made referrals to bilingual mental health professionals.

Photo courtesy of Center for Asian Americans in Action

Photo courtesy of The Cambodian Family

Orange County Civic Engagement

AA and NHPI immigrant populations in Orange County are naturalizing and registering to vote at higher rates compared to a decade ago. As immigration continues to shape the county's demographic and cultural landscape, AA and NHPI communities stand out as an increasingly important electorate committed to civic participation within Orange County and the state.

- Over 71% of Asian American and nearly 67% of Pacific Islander immigrants in Orange County are citizens, rates that exceed the average of all immigrants (58%). Since 2010, the number of naturalized Asian Americans and Pacific Islanders countywide has grown approximately 32% and 75% respectively.[35]
- Among Asian American ethnic groups in Orange County, Vietnamese (84%), Pakistani (82%), Cambodian (80%), Taiwanese (77%), and Filipino American (75%) immigrants are the most likely to have naturalized.[36]
- Among NHPI ethnic groups countywide, approximately 65% of foreign-born Native Hawaiian and 61% of foreign-born Samoan immigrants are U.S. citizens.[37]
- Of the over 588,000 voting-age Asian Americans in Orange County, nearly 81% are citizens and eligible to vote. Voting-age NHPI are even more likely to be eligible to vote, with over 93% U.S. citizens.[38]

AA Voting-Age Population by Legislative District

Orange County, 2022; Ranked by AA Voting-Age Population

	Legislative District	Cities/Census Designated Places	Number	Percent
OC Board of Supervisors	OCBOS1	Cypress, Fountain Valley, Garden Grove (partial), Huntington Beach, Midway City, La Palma, Los Alamitos, Midway City, Rossmoor, Seal Beach, Westminster.	166,983	34%
	OCBOS3	Anaheim (partial), Irvine (partial), Lake Forest, Mission Viejo, Modjeska, North Tustin (partial), Rancho Santa Margarita, Silverado, Trabuco Canyon, Tustin (partial), Villa Park, Williams Canyon, Yorba Linda.	157,104	30%
	OCBOS4	Anaheim (partial), Brea, Buena Park, Fullerton, La Habra, Los Alamitos, Placentia, Rossmoor, Santa Ana (partial), Stanton.	125,568	26%
State Assembly	AD70	Fountain Valley, Garden Grove, Huntington Beach (partial), Midway City, Seal Beach (partial), Stanton, Westminster.	152,819	41%
	AD73	Costa Mesa, Irvine, Tustin.	131,573	33%
	AD67	Anaheim (partial), Artesia (Los Angeles), Buena Park, Cerritos (Los Angeles), Cypress, Fullerton (partial), La Palma.	125,320	34%
State Senate	SD36	Artesia (Los Angeles), Buena Park (partial), Cerritos (Los Angeles), Cypress, Fountain Valley, Garden Grove (partial), Hawaiian Gardens (Los Angeles), Huntington Beach, La Palma, Los Alamitos, Midway City, Rossmoor, Seal Beach, Stanton, Westminster.	226,945	28%
	SD37	Aliso Viejo, Anaheim (partial), Costa Mesa, Fullerton (partial), Irvine, Lake Forest, Laguna Niguel, Laguna Woods, Modjeska, North Tustin, Orange (partial), Placentia (partial), Silverado, Trabuco Canyon, Tustin, Villa Park, Williams Canyon.	203,166	25%
	SD34	Anaheim (partial), Buena Park (partial), East Whittier (Los Angeles), Fullerton (partial), Garden Grove (partial), La Habra, Placentia (partial), Orange (partial), Santa Ana (partial), South Whittier (Los Angeles).	129,555	18%
Congressional	CD45	Artesia (Los Angeles), Brea (partial), Buena Park, Cerritos (Los Angeles), Cypress, Fountain Valley, Fullerton (partial), Garden Grove, Hawaiian Gardens (Los Angeles), La Palma, Lakewood (Los Angeles), Los Alamitos, Midway City, Rossmoor, Westminster.	238,572	39%
	CD47	Costa Mesa, Huntington Beach, Irvine, Laguna Beach (partial), Laguna Hills (partial), Laguna Woods (partial), Newport Beach, Seal Beach.	149,571	24%
	CD46	Anaheim (partial), Fullerton (partial), Orange (partial), Santa Ana, Stanton.	98,632	17%

Source: 2020 California Citizens Redistricting Commission, Report on Final Maps, December 26, 2021. OC Action analysis of Orange County Board of Supervisors districts, 2021.

NHPI Voting-Age Population by Legislative District

Orange County, 2022; Ranked by NHPI Voting-Age Population

	Legislative District	Cities/Census Designated Places	Number	Percent
OC Board of Supervisors	OCBOS1	Cypress, Fountain Valley, Garden Grove (partial), Huntington Beach, Midway City, La Palma, Los Alamitos, Midway City, Rossmoor, Seal Beach, Westminster.	2,344	0.48%
	OCBOS4	Anaheim (partial), Brea, Buena Park, Fullerton, La Habra, Los Alamitos, Placentia, Rossmoor, Santa Ana (partial), Stanton.	1,950	0.40%
State Assembly	AD67	Anaheim (partial), Artesia (Los Angeles), Buena Park, Cerritos (Los Angeles), Cypress, Fullerton (partial), La Palma.	1,626	0.44%
	AD70	Fountain Valley, Garden Grove, Huntington Beach (partial), Midway City, Seal Beach (partial), Stanton, Westminster.	1,540	0.41%
State Senate	SD36	Artesia (Los Angeles), Buena Park (partial), Cerritos (Los Angeles), Cypress, Fountain Valley, Garden Grove (partial), Hawaiian Gardens (Los Angeles), Huntington Beach, La Palma, Los Alamitos, Midway City, Rossmoor, Seal Beach, Stanton, Westminster.	2,58	0.32%
	SD34	Anaheim (partial), Buena Park (partial), East Whittier (Los Angeles), Fullerton (partial), Garden Grove (partial), La Habra, Placentia (partial), Orange (partial), Santa Ana (partial), South Whittier (Los Angeles).	2,114	0.29%
Congressional	CD45	Artesia (Los Angeles), Brea (partial), Buena Park, Cerritos (Los Angeles), Cypress, Fountain Valley, Fullerton (partial), Garden Grove, Hawaiian Gardens (Los Angeles), La Palma, Lakewood (Los Angeles), Los Alamitos, Midway City, Rossmoor, Westminster.	2,146	0.35%
	CD46	Anaheim (partial), Fullerton (partial), Orange (partial), Santa Ana, Stanton.	1,924	0.33%

Source: 2020 California Citizens Redistricting Commission, Report on Final Maps, December 26, 2021. OC Action analysis of Orange County Board of Supervisors districts, 2021.

Highlights

- There are nearly 365,000 Asian Americans and 1,000 NHPI registered to vote in Orange County. Asian Americans and NHPI make up roughly 20% and .05% of the county's total voter registration respectively.[39]

- Approximately 30% of Asian American and 27% of NHPI registered voters cast ballots in the 2024 Primary Election. In comparison, 37% of all registered voters countywide cast ballots in the election.[40]

- Asian Americans make up over 39% of the total voting-age population in Congressional District 45, the second highest concentration among Congressional districts in California. The district was drawn by the California Citizens Redistricting Commission in 2021 based on extensive feedback from community stakeholders and unites Asian American and immigrant communities of interest in Garden Grove, Westminster, Cerritos, Artesia, Buena Park, and Fullerton.[41]

- Orange County Board of Supervisors District 1 is home to over 2,300 voting-age NHPI, the largest number of any supervisorial district in Orange County.[42]

Photo courtesy of The Cambodian Family

Index/Appendix

Table 1: AA and NHPI Population and Population Growth by Ethnic Group

Orange County, 2020; Ranked by Population Count

Ethnic Group	Population in 2020	% Growth 2010 to 2020	Ethnic Group	Population in 2020	% Growth 2010 to 2020
Vietnamese	241,557	20%	Tongan	1,030	14%
Chinese, except Taiwanese	138,463	39%	Malaysian	822	45%
Filipino	119,566	25%	Sikh	781	-
Korean	116,534	20%	Guamanian	500	-
Asian Indian	62,564	28%	Fijian	448	34%
Japanese	55,486	13%	Mongolian	410	72%
Taiwanese	21,182	31%	Marshallese	402	-23%
Cambodian	9,963	29%	Kazakh	298	-
Pakistani	8,932	32%	Singaporean	296	-
Native Hawaiian	7,804	20%	Tahitian	167	-
Thai	7,539	30%	Uzbek	139	-
Indonesian	6,929	37%	Maori	118	-
Samoan	5,638	8%	Kyrgyz	75	-
Afghan	5,227	-	Palauan	64	-
Laotian	3,521	13%	Malay	60	-660%
Chamorro	2,405	-4%	French Polynesian	46	-
Sri Lankan	2,301	34%	Tajik	37	-
Bangladeshi	1,515	38%	Mien	36	-
Hmong	1,293	7%	Turkmen	25	-
Burmese	1,261	32%			
Nepalese	1,119	73%			

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001. Percent growth based on percentage change from U.S. Census Bureau, 2010 SF1, Tables PCT7 and PCT10; 2010 Census SF2, Table PCT1.

Table 2: AA Population and Population Growth by City

Orange County, 2020; Ranked by Population Count

City/Census Designated Place	Asian Americans in 2020	Percent of city in 2020	% Growth 2010 to 2020
Irvine	153,648	45%	67%
Garden Grove	75,974	39%	15%
Anaheim	68,247	17%	24%
Westminster	48,602	49%	10%
Fullerton	42,085	25%	-5%
Santa Ana	40,772	11%	12%
Huntington Beach	33,236	15%	30%
Buena Park	29,779	31%	29%
Fountain Valley	24,482	39%	24%
Orange	21,967	13%	26%
Tustin	21,732	23%	28%
Cypress	20,654	36%	27%
Lake Forest	19,978	20%	65%
Yorba Linda	17,828	23%	55%
Brea	14,491	27%	82%
Mission Viejo	14,450	13%	31%
Costa Mesa	12,749	10%	20%
Stanton	11,921	28%	27%
Placentia	11,516	19%	37%
Aliso Viejo	10,897	18%	24%
Newport Beach	9,894	11%	30%
La Habra	9,018	12%	41%
La Palma	8,378	48%	6%

City/Census Designated Place	Asian Americans in 2020	Percent of city in 2020	% Growth 2010 to 2020
Rancho Santa Margarita	7,744	14%	38%
Laguna Hills	5,890	16%	25%
Midway City	4,743	49%	15%
Ladera Ranch	4,578	15%	28%
Seal Beach	4,342	16%	56%
San Clemente	4,304	6%	24%
Laguna Woods	4,046	22%	133%
North Tustin	3,963	13%	58%
Los Alamitos	2,653	19%	48%
Dana Point	2,093	6%	39%
Rossmoor	2,037	17%	91%
San Juan Capistrano	1,965	5%	43%
Coto de Caza	1,873	11%	53%
Rancho Mission Viejo	1,583	13%	NR
Laguna Beach	1,575	6%	32%
Villa Park	1,322	20%	32%
Villa Park	1,322	20%	39%
Las Flores	1,186	17%	20%
Trabuco Canyon	103	9%	NR
Modjeska	38	5%	NR
Silverado	36	4%	NR

Source: U.S. Census Bureau, 2010 Census SF1, Table QT-P6; U.S. Census Bureau, 2020 Census DEC DHC, Table P7.

Table 3: NHPI Population and Population Growth by City

Orange County, 2020; Ranked by Population Count

City/Census Designated Place	HPIs in 2020	Percent of city in 2020	% Growth 2010 to 2020
Anaheim	2,867	0.7%	3%
Huntington Beach	1,788	0.8%	13%
Santa Ana	1,574	0.4%	0%
Irvine	1,562	0.5%	46%
Garden Grove	1,491	0.8%	-11%
Costa Mesa	1,073	0.8%	8%
Orange	964	0.6%	34%
Fullerton	924	0.6%	17%
Buena Park	869	0.9%	7%
Westminster	838	0.8%	21%
Cypress	643	1.1%	33%
Mission Viejo	572	0.5%	31%
Lake Forest	557	0.6%	9%
Tustin	518	0.6%	-2%
Aliso Viejo	494	0.8%	53%
Fountain Valley	476	0.8%	9%
San Clemente	406	0.6%	54%
Newport Beach	402	0.4%	23%
Stanton	378	0.9%	-6%
Rancho Santa Margarita	361	0.6%	37%
Yorba Linda	350	0.4%	43%
Placentia	342	0.6%	91%
Laguna Niguel	297	0.4%	2%

City/Census Designated Place	HPIs in 2020	Percent of city in 2020	% Growth 2010 to 2020
Brea	296	0.5%	39%
La Habra	294	0.4%	2%
Dana Point	178	0.5%	41%
Los Alamitos	176	1.3%	71%
La Palma	170	1.0%	29%
Seal Beach	163	0.6%	1%
Laguna Hills	142	0.4%	-5%
San Juan Capistrano	131	0.3%	15%
Ladera Ranch	130	0.4%	15%
North Tustin	126	0.4%	-9%
Laguna Beach	102	0.4%	62%
Coto de Caza	79	0.5%	-4%
Rossmoor	77	0.6%	54%
Laguna Woods	67	0.4%	139%
Midway City	63	0.7%	2%
Rancho Mission Viejo	55	0.5%	NR
Villa Park	38	0.6%	322%
Las Flores	30	0.4%	-12%
Silverado	9	0.9%	NR
Trabuco Canyon	6	0.5%	NR
Modjeska	5	0.7%	NR
Williams Canyon	1	0.9%	NR

Source: U.S. Census Bureau, 2010 Census SF1, Table QT-P6; U.S. Census Bureau, 2020 Census DEC DHC, Table P7.

Table 4: MENA Population by City

Orange County, 2020; Ranked by Population Count

City/Census Designated Place	MENA in 2020	City/Census Designated Place	MENA in 2020
Irvine	26,860	Cypress	1,118
Anaheim	9,959	Placentia	907
Mission Viejo	6,314	Brea	898
Laguna Niguel	5,602	Laguna Woods	826
Huntington Beach	5,314	Dana Point	808
Newport Beach	4,189	Laguna Beach	790
Aliso Viejo	3,843	La Habra	784
Lake Forest	3,375	North Tustin	679
Orange	2,851	San Juan Capistrano	562
Tustin	2,431	Coto de Caza	532
Fullerton	2,408	Stanton	504
Yorba Linda	2,191	Rancho Mission Viejo	357
Fountain Valley	2,094	La Palma	339
Costa Mesa	2,078	Seal Beach	318
Laguna Hills	2,023	Las Flores	291
Rancho Santa Margarita	1,926	Rossmoor	268
Westminster	1,639	Villa Park	231
Santa Ana	1,449	Los Alamitos	230
Garden Grove	1,394	Midway City	99
San Clemente	1,234		
Ladera Ranch	1,230		
Buena Park	1,180		

Source: U.S. Census Bureau, 2020 Census DEC Detailed DHC File A, Table T01001.

Table 5: Leading Causes of Death by AA and NHPI Ethnic Group

Orange County, 2017-2022

	Rank	Leading Cause of Death 2017-2019	Count	Leading Cause of Death 2020-2022	Count
Cambodian	1	Cancer	29	Heart Disease	25
	2	Heart Disease	19	Cancer	20
	3	-	-	COVID-19	19
	4	-	-	Stroke	14
		Total Deaths - All Causes	87	Total Deaths - All Causes	118
Chinese	1	Cancer	281	Cancer	314
	2	Heart Disease	207	Heart Disease	235
	3	Stroke	98	Stroke	102
	4	Alzheimer's	53	COVID-19	96
	5	Accidents (unintentional injuries)	43	Alzheimer's	72
		Total Deaths - All Causes	1,011	Total Deaths - All Causes	1,225
Hmong	1	*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	<11	Total Deaths - All Causes	12
Japanese	1	Heart Disease	219	Heart Disease	219
	2	Cancer	208	Cancer	216
	3	Alzheimer's	100	Alzheimer's	119
	4	Stroke	87	Stroke	74
	5	Chronic lower respiratory diseases	32	COVID-19	54
		Total Deaths - All Causes	927	Total Deaths - All Causes	1,054
Korean	1	Cancer	386	Cancer	438
	2	Heart Disease	224	Heart Disease	315
	3	Alzheimer's	97	COVID-19	214
	4	Stroke	83	Alzheimer's	127
	5	Influenza and pneumonia	64	Stroke	108
		Total Deaths - All Causes	1,340	Total Deaths - All Causes	1,854
Laotian		Heart Disease	16	Cancer	15
		-		COVID-19	14
		-		Heart Disease	12
		Total Deaths - All Causes	37	Total Deaths - All Causes	69

	Rank	Leading Cause of Death 2017-2019	Count	Leading Cause of Death 2020-2022	Count
Thai	1	*Fewer than 11 cases for any cause		Cancer	**19**
	2	-		Heart Disease	**14**
		Total Deaths - All Causes	**33**	Total Deaths - All Causes	**59**
Vietnamese	1	Cancer	**864**	Cancer	**1010**
	2	Heart Disease	**616**	Heart Disease	**833**
	3	Stroke	**317**	COVID-19	**666**
	4	Alzheimer's	**192**	Stroke	**305**
	5	Influenza and pneumonia	**130**	Alzheimer's	**197**
		Total Deaths - All Causes	**3,205**	Total Deaths - All Causes	**4,535**
Bangladeshi**		*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	**<11**	Total Deaths - All Causes	**16**
Fijian**		*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	**<11**	Total Deaths - All Causes	**<11**
Filipino	1	Cancer	**283**	Cancer	**325**
	2	Heart Disease	**280**	Heart Disease	**282**
	3	Stroke	**92**	COVID-19	**274**
	4	Diabetes	**59**	Stroke	**94**
	5	Alzheimer's	**37**	Diabetes	**68**
	6	Chronic lower respiratory diseases	**37**	-	
		Total Deaths - All Causes	**1,077**	Total Deaths - All Causes	**1,504**
Guamanian		*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	**13**	Total Deaths - All Causes	**20**

	Rank	Leading Cause of Death 2017-2019	Count	Leading Cause of Death 2020-2022	Count
Hawaiian[43] (includes multiracial/ multiethnic groups)	1	Cancer	16	Cancer	19
	2	Heart Disease	16	Heart Disease	17
		Total Deaths - All Causes	56	Total Deaths - All Causes	79
Indian (India Origin)	1	Heart Disease	137	Heart Disease	154
	2	Cancer	103	Cancer	113
	3	Stroke	31	COVID-19	52
	4	Accidents (unintentional injuries)	18	Stroke	34
	5	Alzheimer's	17	Alzheimer's	27
		Total Deaths - All Causes	434	Total Deaths - All Causes	588
Indonesian**	1	Cancer	14	Cancer	16
		Total Deaths - All Causes	50	Total Deaths - All Causes	59
Malaysian**	1	*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	<11	Total Deaths - All Causes	<11
Pakistani**	1	*Fewer than 11 cases for any cause		Heart Disease	13
		Total Deaths - All Causes	24	Total Deaths - All Causes	55
Samoan	1	Heart Disease	25	heart disease	26
	2	Cancer	16	COVID-19	21
	3	-		Cancer	18
	4	-		Diabetes	11
		Total Deaths - All Causes	<11	Total Deaths - All Causes	<11

	Rank	Leading Cause of Death 2017-2019	Count	Leading Cause of Death 2020-2022	Count
Taiwanese**	1	Cancer	**49**	Cancer	**52**
	2	Heart Disease	**21**	Heart Disease	**38**
	3	Stroke	**11**	Stroke	**20**
	4	-		COVID-19	**18**
		Total Deaths - All Causes	**138**	Total Deaths - All Causes	**187**
Tongan**		*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	**11**	Total Deaths - All Causes	**17**
Other, Multiple, or Unspecified Asian Identity	1	Cancer	**96**	Cancer	**110**
	2	Heart Disease	**72**	Heart Disease	**101**
	3	Stroke	**25**	COVID-19	**47**
	4	Alzheimer's	**14**	Stroke	**39**
	5	Diabetes	**13**	Accidents (unintentional injuries)	**27**
		Total Deaths - All Causes	**338**	Total Deaths - All Causes	**475**
Other, Multiple, or Unspecified PI Identity	1	Heart Disease	**15**	Heart Disease	**17**
	2	Cancer	**14**	COVID-19	**17**
	3	-		Cancer	**14**
		Total Deaths - All Causes	**54**	Total Deaths - All Causes	**82**
Both A & PI		*Fewer than 11 cases for any cause		*Fewer than 11 cases for any cause	
		Total Deaths - All Causes	**15**	Total Deaths - All Causes	**30**

Source: California Department of Public Health, California Comprehensive Death File 2020-2022, downloaded 3/13/2024.
* Note: Causes with fewer than 11 deaths are omitted.
** Newly required reported identity in 2022. Race is recoded based on text entry for more accurate count. See technical notes.

Table 6: Leading Causes of Death (Aggregated)

	Rank	Leading Cause of Death 2017-2019	Count	Leading Cause of Death 2020-2022	Count
Asian American	1	Cancer	2,336	Cancer	2,662
	2	Heart Disease	1,835	Heart Disease	2,264
	3	Stroke	769	COVID-19	1,485
	4	Alzheimer's	527	Stroke	811
	5	Influenza and pneumonia	323	Alzheimer's	638
		Total Deaths - All Causes	8,724	Total Deaths - All Causes	11,822
Native Hawaiians/ Pacific Islanders	1	Heart Disease	59	Heart Disease	55
	2	Cancer	45	Cancer	50
	3	Stroke	11	COVID-19	50
	4	-	-	Diabetes	17
	5	-	-	Stroke	12
		Total Deaths - All Causes	189	Total Deaths - All Causes	261

Technical Notes

Death Data Source:
California Department of Public Health, California Comprehensive Death File (CCDF) 2020-2022, downloaded 3/13/2024.

Cause of Death variable:
Final (underlying) Cause of Death variable in CCDF.

Cause of Death Categorization:
National Vital Statistics System's 50 Rankable Cause List, Table A (excluding group "Enterocolitis due to Clostridium difficile"), with addition of COVID-19 (U07.1). Heron M. Deaths: Leading causes for 2017.
National Vital Statistics Reports; vol 68 no 6.
Hyattsville, MD: National Center for Health
Statistics. 2019. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

Notes on Race Categorization:
All cases were selected from the death data if the multi-race status variable was "Non-Hispanic Asian", "Non-Hispanic Hawaiian/Pacific Islander" or if all of the following were true: (i) multi-race status was "2 or more races, any Hispanic status", (ii) hispanic variable was not yes, (iii)race1-final through race3-final did not include "White", "Black", "American Indian/Native American" "Eskimo", or "Aleut". The only exception is Hawaiian which includes decedents with any of the race variables describing their identity as Hawaiian, regardless of combination with any other identity.

Overall Asian and NHPI tables are based on the multi-race status variable in CCDF.

Detailed identities (Cambodian, Chinese, etc.) are based on the race1-final, race2-final, and race3-final variables. If multiple races were listed for an individual, the race for the detailed identity would show as: (i) "Other, Multiple, or Unspecified Asian Identity" if all races were Asian (ii) "Other, Multiple, or Unspecified Pacific Islander Identity" if all races were Pacific Islander, or (iii) "Both Asian and Pacific Islander" if the multi-race status was "2 or more races." Non-specific detailed race entries (i.e., "American", "Asian", "Pacific Islander") were deprecated in favor of a specific identity, if available. If only the non-specific race entry was available, the listed race would be "Other..." as described in the prior sentence.

To address changes in the required reporting of certain Asian and Pacific Islander identities for different years, the final race variable was re-coded based on the text entries of the race #1-text to race #3-text variables. For example, in early years if an individual had written in the death certificate "Pakistani," the final race would have been coded as "Asian-Specified," but the recoding of variables in this analysis correctly categorizes this case as "Pakistani." While this re-coding helps to address undercounting for the newly-required Asian and Pacific Islander identities, it cannot fully account for undercounting by virtue of these specific detailed identities not being available in the race drop-down field in the death certificate for earlier years and the need for an individual to type out the race in order to be identified. It is therefore advised that the counts provided for those races be interpreted with caution.

Notes on health insurance data:
Health insurance data are from 2021 American Community Survey 5-Year estimates. Fewer ethnic groups are available from the American Community Survey because of data instability and smaller sample size, therefore only groups with more than 4,000 persons are included.

Definitions

Asian or Asian American: A person having origins in any of the original peoples of the East Asia, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malaysian, Nepalese, Pakistani, Sri Lankan, Taiwanese, Thai, Vietnamese, Other Asian, specified, and Other Asian, not specified.[44]

Asian countries: Countries including Bangladesh, Bhutan, Burma, Cambodia, China, East Timor, India, Indonesia, Japan, Laos, Malaysia, Maldives, Mongolia, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand, and Vietnam.

Foreign-born: According to the U.S. Census Bureau, foreign-born includes anyone who is not a U.S. citizen at birth. This includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees), and undocumented individuals. Those born to U.S. citizen parent(s) abroad or born in American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands are native-born.

Health Insurance Coverage: For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private or public. Private health insurance is a plan provided through an employer or union, a plan purchased by an individual from a private company, or TRICARE or other military health care. Public coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and local medical programs for indigents (this program is included only for the Pacific Islands). People who had no reported health coverage, or those whose only health coverage was Indian Health service (this program is included only in the American Community Survey), were considered uninsured.[45]

Native Hawaiian and Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. This includes people who reported detailed Pacific Islander responses such as: Fijian, Guamanian or Chamorro, Marshallese, Native Hawaiian, Other Micronesian, Other Pacific Islander, not specified, Other Polynesian, Samoan, and Tongan.[46]

Pacific Islands: Including American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Hawai'i, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.[47]

Acknowledgements/Back Cover

Korean American Center

Korean Community Services

Orange County Asian and Pacific Islander Community Alliance

Orange County Herald Center

OMID Multicultural Institute for Development

Pacific Islander Health Partnership

South Asian Network

South Coast Chinese Cultural Center

Southland Integrated Services, Inc

Tiyya Foundation

Viet Rainbow of Orange County

Vital Access Care Foundation

Photos
All photos are courtesy of OC API Taskforce member organizations.

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Endnotes

1   For more information, please see U.S. Census Bureau, American Counts: 3.5 Million Reported Middle Eastern and North African Descent in 2020 (Sept. 21, 2023), https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-mena-population.html?utm_campaign=20230921msdecs1ccdtars&utm_medium=email&utm_source=govdelivery.

2   For more information about the revised federal race and ethnicity standards, see https://spd15revision.gov/.

3   See Sharon Ennis et. al, Center for Economic Studies, Examining Racial Identity Responses Among People with Middle Eastern and North African Ancestry in the American Community Survey, https://www2.census.gov/library/working-papers/2024/adrm/ces/CES-WP-24-14.pdf.

4   See case study on p. 20.

5   For more information about the revised federal race and ethnicity standards, see https://spd15revision.gov/.

6   See Table 2 in the Appendix for a full list by city.

7   See Table 2 in the Appendix for a full list by city.

8   Id.

9   Id.

10 U.S. Census Bureau, 2020 Census DEC DHC Table P12AF, P12Z.

11 See Table 3 in the Appendix for a full list by city.

12 U.S. Census Bureau, 2010 Census SF1, Table QT-P6; U.S. Census Bureau, 2020 Census DEC DHC T02001.

13 2020 Census DEC DHC P12AA, P12AG.

14 Id.

15 See Table 4 in the Appendix for a full list by city.

16 For more information, please see U.S. Census Bureau, American Counts: 3.5 Million Reported Middle Eastern and North African Descent in 2020 (Sept. 21, 2023), https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-mena-population.html?utm_campaign=20230921msdecs1ccdtars&utm_medium=email&utm_source=govdelivery.

17 See Table 1 in the Appendix for a full list by AA and NHPI ethnicities.

18 U.S. Census Bureau, 2010 SF1, Tables PCT7 and PCT10; 2010 Census SF2, Table PCT1.

19 Id.

20 U.S. Census Bureau, 2021 American Community Survey, Table B27011.

21 Id.

22 Id.

23 In 2020, the U.S. Census Bureau began tabulating race and ethnicity into "regional" racial and ethnic groups. Regional groups include Melanesian, Micronesian, Polynesian, Central Asian, etc. A full list of detailed and regional groups included can be found in at 2020 Hispanic Origin and Race Iterations List: https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/complete-tech-docs/detailed-demographic-and-housing-characteristics-file-a/2020-census-hispanic-origin-and-race-iterations-list.xlsx

24 Public coverage includes the federal programs Medicare, Medicaid and other medical assistance programs, VA and CHAMPVA Health Care; the Children's Health Insurance Program (CHIP); and individual state health plans. https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18.

25 See Table 5 in Appendix for a list of Top 5 causes of death in 2017-2019 by AA and NHPI Ethnic Group.

26 Id.

27 Id.

28 See Table 5 in Appendix for a list of the Top 5 causes of death; Penaia, C. S., Morey, B. N., Thomas, K. B., Chang, R. C., Tran, V. D., Pierson, N., Greer, J., & Ponce, N. A. (2021). Disparities in Native Hawaiian and Pacific Islander COVID-19 Mortality: A Community-Driven Data Response. American Journal of Public Health, 111(S2), S49–S52. https://doi.org/10.2105/AJPH.2021.306370.

29 See Table 5 in Appendix for a list of the Top 5 causes of death by AA and NHPI Ethnic Group.

30 See Table 6 in Appendix for a list of the Top 5 causes of death aggregated for Asian Americans and NHPIs.

31 Id.

32 Hoopai, U., Fifita, M., Kazner, C., Tanjasiri, S., & Lee, C. (2021, October). Navigating Pacific Islanders through the COVID-19 pandemic. In *APHA 2021 Annual Meeting and Expo.* APHA; Lee, C., personal communication, February 2021.

33 Impact of COVID-19 on Cervical Cancer Screening Rates Among Women Aged 21–65 Years in a Large Integrated Health Care System — Southern California, January 1–September 30, 2019, and January 1– September 30, 2020 | MMWR (cdc.gov).

34 Lee, C., Ahn, E., Foo, M.A., Huang, S., Nguyen, B., Nguyen, T., Tran, J., Bristow, R. and Tanjasiri, S.P., 2020. Abstract PO-021: A hub and spoke model to improve cancer care quality: Advancing Cancer Care Together (ACCT) for Asian American Medicaid beneficiaries in Orange County, California. *Cancer Epidemiology*, Biomarkers & Prevention, 29(12_Supplement), pp.PO-021.

35 U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates Selected Population Detailed Tables, Table B05003 and 2017-2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, Table B05003.

36 U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, Table B05003.

37 "Foreign-born Native Hawaiians" are individuals not born in the U.S. and identify as Native Hawaiian. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, Table B05003.

38 U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, Table B05003.

39 PDI, drawn April 4, 2024.

40 PDI, drawn April 4, 2024.

41 2020 California Citizens Redistricting Commission, Report on Final Maps, December 26, 2021.

42 OC Action analysis of Orange County Board of Supervisors districts, 2021.

43 Data sources (CDPH and OCHCA) use the term "Hawaiian."

44 https://www.census.gov/glossary/?term=Asian.

45 https://www.census.gov/glossary/?term=Health+insurance+coverage

46 https://www.census.gov/glossary/?term=Native+Hawaiian+or+Other+Pacific+Islander

47 https://www.ajsocal.org/wp-content/uploads/2021/06/CommunityofContrasts_OC2014.pdf

Notes