Health of Asians and Pacific Islanders
in New York City

New Yorkers of Asian and Pacific Islander (API) ancestry come from many different linguistic, religious, cultural and economic backgrounds. Some, for example, can trace their lineage to the expansion of Spain's Pacific Empire or the rise of the British Empire from the 16th to 19th centuries, both of which led Asian sailors, enslaved people and indentured servants to disperse across the globe, including to the United States (U.S.) The U.S. colonial and military engagements in the Philippines, Japan, Korea and Southeast Asia in the 20th century also brought Asians to the U.S. as colonial subjects, military brides, adoptees and refugees. While relocation to the U.S. may not have been a choice for many Asians, many others were drawn to the opportunities and sought a better life for themselves and their families in the U.S.

There is no single, defining API New York community, story or perspective.

Too often, the phrase "Asian American community" refers to East Asian ethnicities exclusively, and this can be harmful to the health and well-being of other API ancestry groups who are underrepresented as a result. Despite the "model minority" myth that suggests all APIs experience unprecedented health, economic and academic success, there are stark health and socioeconomic inequities across all API ancestry groups. Ultimately, this prevents APIs from being considered a racial or ethnic minority deserving of resources at societal, governmental and individual levels. Not only does the "model minority" myth erase the vastly different experiences of API communities, but it is also weaponized against Black and Indigenous communities, undercutting the struggle for racial equity.[1] Most recently, the

COVID-19 public health emergency is raising awareness about the need for data among more ancestry groups to further combat the preexisting social and health disparities that API, Black, Latino and Indigenous communities face.

Historically, selective immigration policies favoring skilled, professional workers such as the Hart-Celler Immigration and Nationality Act of 1965 have produced harmful, implicit biases (automatic, unconscious associations of stereotypes or attitudes toward particular groups) about the perceived health of API New Yorkers and have made the unique health needs of API communities seem less significant or complex than they really are. This misconception has affected the lives of many API New Yorkers, concealing the hardships and failing to address health needs faced by many API communities. Recognizing and dispelling the notion of APIs as a "model minority" is a crucial step to eliminating racial and ethnic health disparities (differences in health outcomes). Without accurate data to guide decision-making, we cannot hope to serve the many, varied communities represented by API New Yorkers.

Better representation through the collection, analysis and reporting of data has been at the foundation of advocating for the API community. Having granular ancestry group data about API New Yorkers is a first step toward creating visibility for API communities that are frequently underrepresented, allowing for the development of evidence-based policies and interventions to make health services and resources available at the local level.

For the complete report and appendix tables, visit **nyc.gov/health** and search for **Health of Asians and Pacific Islanders in New York City**.
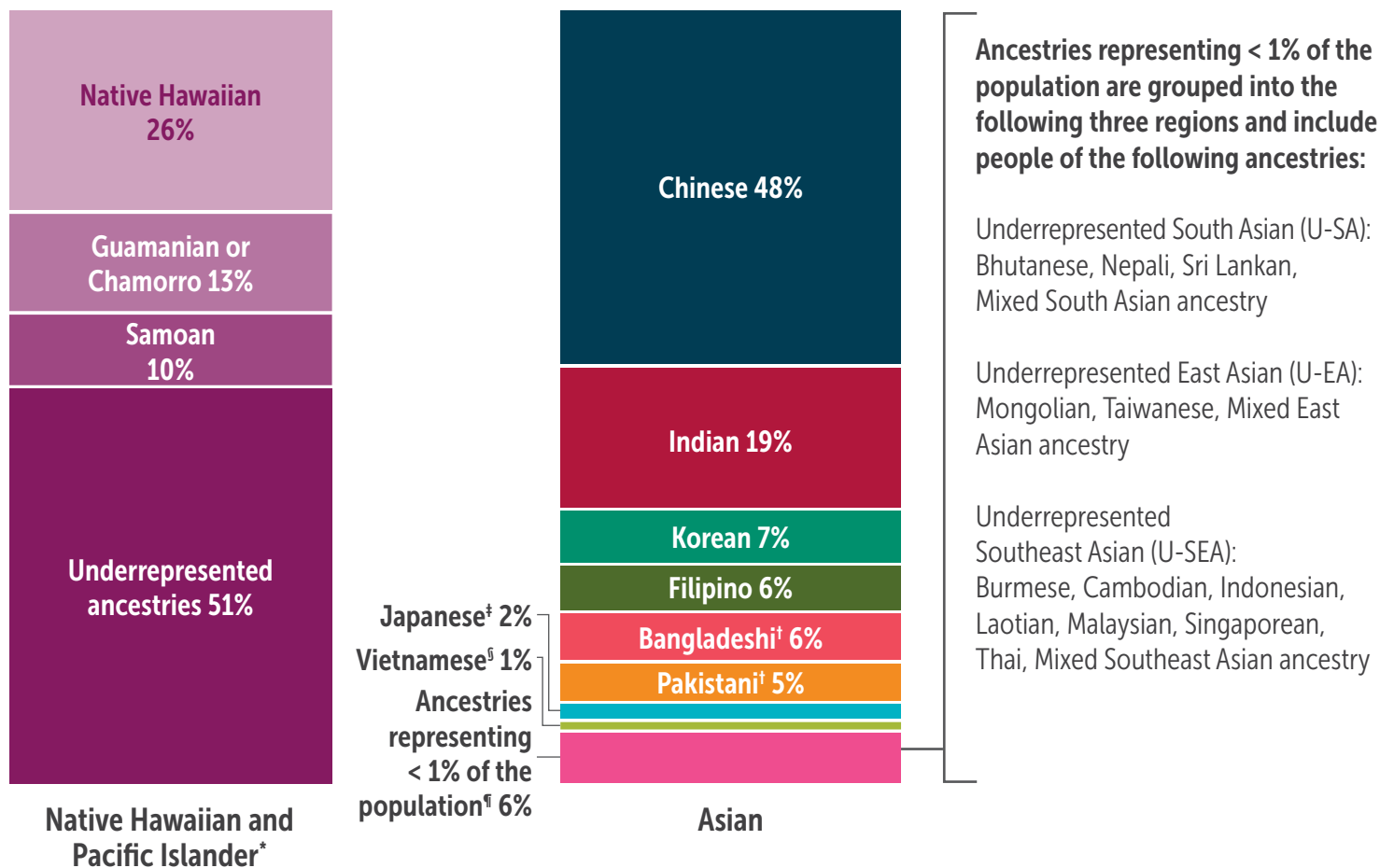
Asians and Pacific Islanders in New York City

New York City (NYC) residents who identify as API represent 14% of the NYC population. From 2000 to 2017, the Asian population grew by 48% to 1,198,000. Over the same time period, the Native Hawaiian and Pacific Islander (NHPI) population grew by 25% to 4,400.

Chinese New Yorkers are the largest ancestry group, representing nearly half of all Asians in NYC, followed (in order of largest to smallest) by people of Indian, Korean, Filipino, Bangladeshi, Pakistani, Japanese and Vietnamese ancestry. In this report,

there are 12 ancestries that represent less than 1% of the NYC API population that have been grouped into three Asian regions: South, East and Southeast. NHPIs represent less than 1% of API New Yorkers. Sixty-nine percent of APIs were born outside of the U.S. Among them, nearly 70% have lived in the U.S. for 10 years or more. The NYC neighborhoods with the highest percentage of API residents are Flushing, East Flushing, Queensboro Hill and Murray Hill in Queens, Chinatown in Manhattan, and Sunset Park East in Brooklyn.

API ancestries in NYC

Native Hawaiian and Pacific Islander*

- Native Hawaiian 26%
- Guamanian or Chamorro 13%
- Samoan 10%
- Underrepresented ancestries 51%

Asian

- Chinese 48%
- Indian 19%
- Korean 7%
- Filipino 6%
- Bangladeshi† 6%
- Pakistani† 5%
- Japanese‡ 2%
- Vietnamese§ 1%
- Ancestries representing < 1% of the population¶ 6%

Ancestries representing < 1% of the population are grouped into the following three regions and include people of the following ancestries:

Underrepresented South Asian (U-SA): Bhutanese, Nepali, Sri Lankan, Mixed South Asian ancestry

Underrepresented East Asian (U-EA): Mongolian, Taiwanese, Mixed East Asian ancestry

Underrepresented Southeast Asian (U-SEA): Burmese, Cambodian, Indonesian, Laotian, Malaysian, Singaporean, Thai, Mixed Southeast Asian ancestry

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* Native Hawaiian and Pacific Islanders (NHPIs) are presented as one group, separate from Asians in data from the American Community Survey (ACS) and NYC Health Department Community Health Survey (CHS) and Office of Vital Statistics (OVS). NHPIs are grouped with Asians in all other data.

† Bangladeshi and Pakistani ancestries are shown in data from ACS and OVS, grouped as Underrepresented South Asians (U-SA) in CHS.

‡ Japanese ancestry is shown in data from ACS and OVS, grouped as Underrepresented East Asians (U-EA) in CHS.

§ Vietnamese ancestry is shown in data from ACS and OVS, grouped as Underrepresented Southeast Asians (U-SEA) in CHS.

¶ Underrepresented Asians are grouped into three regions when possible. All other populations who identified as API but were unable to be grouped into any of the other ancestry groups were considered API, non-specified (U-NS).

Data source: American Community Survey (ACS), 2013-2017
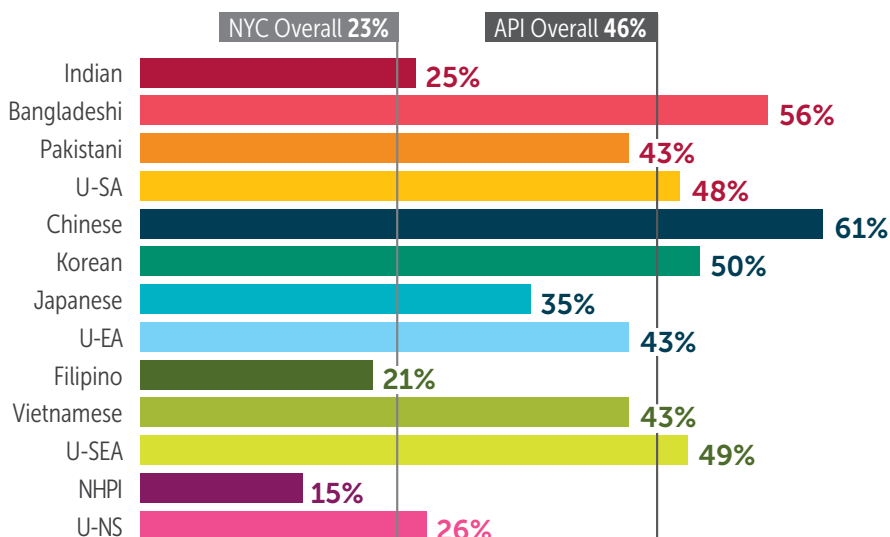
Social and Economic Conditions

English proficiency and economic stress

Structural barriers such as racism, language limitations, lack of access to living-wage jobs and inability to build wealth create income inequality and affect the economic security of some API New Yorkers. Poverty, unemployment and lack of education limit access to resources that promote health and prevent illness. These conditions are stressors that can also negatively impact behavioral health outcomes.
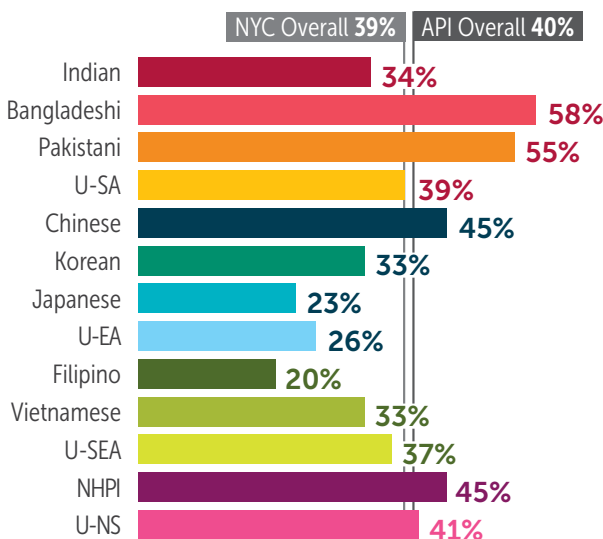
A higher proportion of API New Yorkers report speaking English "less than very well" compared with New Yorkers overall. Among APIs born outside of the U.S., the proportion is 59%, compared with 46% among APIs overall. Among all API ancestry groups regardless of birthplace, the percentage who speak English "less than very well" varies from 21% among Filipinos to 61% among Chinese. Fifteen percent of NHPIs speak English "less than very well."

The proportion of APIs who live below 200% of the federal poverty level does not differ from NYC overall. (For more information about the federal poverty level, visit aspe. hhs.gov/2021-poverty-guidelines.) However, Bangladeshi, Pakistani and Chinese ancestry groups all have higher rates of poverty compared with the citywide average. APIs have the highest income inequality of all racial and ethnic groups, and it is the visibility of APIs with high income that cause APIs with low income to become invisible.[2] Despite these higher proportions, API New Yorkers who qualify for low-income services are less likely to access the benefits available to them, potentially due to lack of awareness, immigration status, or linguistic or cultural accessibility. Additionally, structural bias informed by the "model minority" assumption that APIs have higher incomes may prevent API community organizations from receiving adequate funding.[3]

Limited English-speaking households[a]

NYC Overall **23%**   API Overall **46%**

Group	Percent
Indian	25%
Bangladeshi	56%
Pakistani	43%
U-SA	48%
Chinese	61%
Korean	50%
Japanese	35%
U-EA	43%
Filipino	21%
Vietnamese	43%
U-SEA	49%
NHPI	15%
U-NS	26%

Income below 200% of the federal poverty level

NYC Overall **39%**   API Overall **40%**

Group	Percent
Indian	34%
Bangladeshi	58%
Pakistani	55%
U-SA	39%
Chinese	45%
Korean	33%
Japanese	23%
U-EA	26%
Filipino	20%
Vietnamese	33%
U-SEA	37%
NHPI	45%
U-NS	41%

[a] Household where no one age 5 or older reports speaking English "very well".
U-SA: Underrepresented South Asians include participants who identified as Bhutanese, Nepali, Sri Lankan and/or mixed South Asian ancestry.
U-EA: Underrepresented East Asians include participants who identified as Taiwanese, Mongolian and/or mixed East Asian ancestry.
U-SEA: Underrepresented Southeast Asians include participants who identified as Burmese, Cambodian, Indonesian, Laotian, Malaysian, Singaporean, Thai and/or mixed Southeast Asian ancestry.
NHPI: Native Hawaiian and Pacific Islander, all ancestries grouped together.
U-NS: Underrepresented API, non-specified, includes all other participants who identified as API but were unable to be grouped into any of the other ancestry groups.

Healthy Living 🌸

Physical activity and smoking

Regular physical activity plays an important role in maintaining and improving one's overall health. API adults are less likely to have participated in physical activity in the past 30 days when compared with NYC overall (66% vs. 78%). Among public high school students, API teens are less likely to be physically active at least 60 minutes per day compared with White teens (18% vs. 26%). Among API public middle school students, only one-quarter (25%) are physically active at least 60 minutes per day, though this prevalence is similar to NYC public middle school students overall.
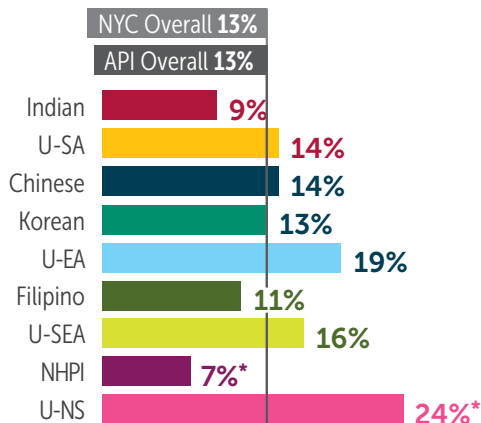
Students who are physically active at least 60 minutes per day in the past seven days

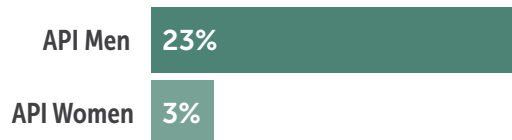|	Middle school teens	High school teens
API	25%	18%
NYC	24%	21%
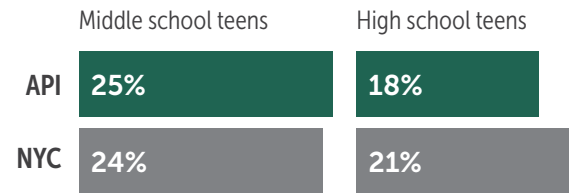
Smoking is a risk factor for heart disease, stroke and over 10 types of cancer, including lung cancer. Lung cancer is the leading cause of cancer death, and smoking is the reported cause in more than 80% of lung cancer deaths. About 13% of API adult New Yorkers currently smoke cigarettes, similar to NYC overall. However, API men are about six times more likely to smoke than API women. Among public high school students, API and Black students are less likely to smoke cigarettes compared with Latino and White students (both 3% vs. 5% and 7%, respectively).

One in nine API public high school students currently vapes [uses an electronic cigarette (e-cigarette) or similar device and products]. The prevalence of vaping among API and Black public high school students is lower than the prevalence among Latino and White public high school students. Additionally, smokeless tobacco products such as gutkha and paan play a significant social role in some API cultures, and can lead to nicotine addiction and cause serious health problems.
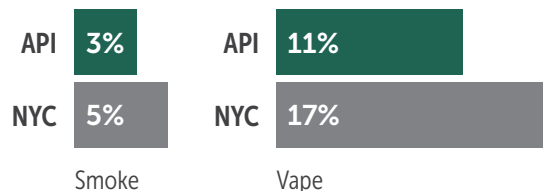
Adults who currently smoke

NYC Overall	13%
API Overall	13%
Indian	9%
U-SA	14%
Chinese	14%
Korean	13%
U-EA	19%
Filipino	11%
U-SEA	16%
NHPI	7%*
U-NS	24%*

API adults who currently smoke

API Men	23%
API Women	3%

High school students who currently smoke or use electronic vapor products in the past 30 days

	Smoke		Vape
API	3%	API	11%
NYC	5%	NYC	17%

U-SA: Underrepresented South Asians include participants who identified as Bangladeshi, Bengali, Bhutanese, Nepali, Pakistani and/or Sri Lankan.
U-EA: Underrepresented East Asians include participants who identified as Japanese and/or Mongolian.
U-SEA: Underrepresented Southeast Asians include participants who identified as Burmese, Cambodian, Indonesian, Laotian, Malaysian, Singaporean, Thai and/or Vietnamese.
NHPI: Native Hawaiian and Pacific Islander, all ancestries grouped together.
U-NS: Underrepresented API, non-specified, includes all other participants who identified as API but were unable to be grouped into any of the other ancestry groups.
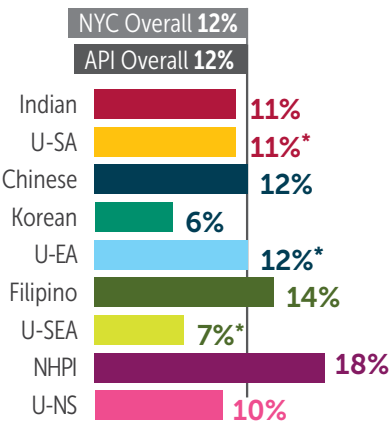* Interpret estimate with caution due to small sample size.

Health Care and Access 🌷

Health insurance

Having health insurance supports access to preventive and primary care services and reduces out-of-pocket medical costs. API adults are twice as likely to be uninsured as White adults in NYC. Among Asian ancestry groups, the percentages of adults without insurance varies from 6% among Koreans to 14% among Filipinos; this rate is 18% among NHPI adults. Compared with U.S.-born API adults, twice as many API adults born outside of the U.S. are uninsured (6% vs. 13%). API adults born outside of the U.S. may face challenges due to cultural differences and language inaccessibility in our health systems. Legislative barriers, such as the threat of being labeled a public charge, or a fear of unknown and high out-of-pocket costs may prevent many from seeking medical attention at all.[4]

Adults without health insurance

|	
NYC Overall	**12%**
API Overall	**12%**
Indian	**11%**
U-SA	**11%***
Chinese	**12%**
Korean	**6%**
U-EA	**12%***
Filipino	**14%**
U-SEA	**7%***
NHPI	**18%**
U-NS	**10%**

U-SA: Underrepresented South Asians include participants who identified as Bangladeshi, Bengali, Bhutanese, Nepali, Pakistani and/or Sri Lankan.
U-EA: Underrepresented East Asians include participants who identified as Japanese and/or Mongolian.
U-SEA: Underrepresented Southeast Asians include participants who identified as Burmese, Cambodian, Indonesian, Laotian, Malaysian, Singaporean, Thai and/or Vietnamese.
NHPI: Native Hawaiian and Pacific Islander, all ancestries grouped together.
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* Interpret estimate with caution due to small sample size.

Dental health

Oral health is an essential part of overall health, and regular visits to the dentist are important to maintain healthy teeth and gums. A higher percentage of API adults have never had a preventive dental cleaning compared with NYC adults overall. Additionally, a smaller proportion of API children get preventive dental care in the past 12 months compared with White and Latino children.

People who received preventive dental care

	Adults		Children ages 0-13 years	
	85%	96%	70%	75%
	API	**NYC**	**API**	**NYC**
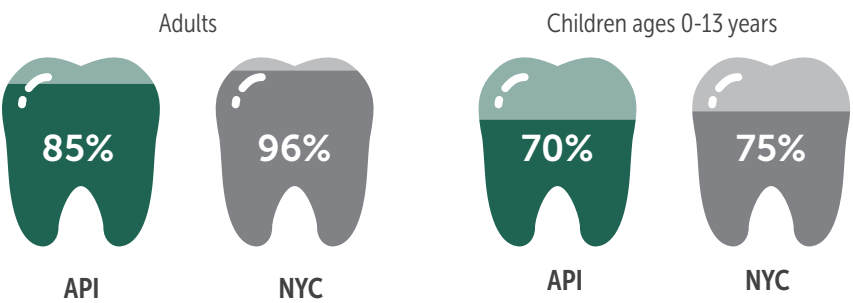
Mental Health

Mental health is a key part of overall well-being. Language, culture, and history — factors that influence mental health — vary among each API ancestry group. Access to culturally competent services and providers can influence one's connection to health care.[5] API New Yorkers may not have access to quality care in their primary language, and mental health-related questions a doctor may ask may not translate into all Asian dialects.[6] Due to these cultural or linguistic differences, health care providers may lack knowledge of the ways that APIs may speak about mental health issues, making it harder to correctly interpret their mental health needs.[7] As the population of API New Yorkers continues to grow, designing mental health programs that provide culturally and linguistically responsive mental health care requires an understanding of how language, culture and history influence well-being.

Postpartum depression

Postpartum depression is defined as a depressive episode that occurs within 12 months after giving birth.

Although postpartum depression is treatable with therapy or medication, it can cause substantial distress and impairment among parents who have recently given birth and is also associated with short- and long-term impacts on child development. In NYC, 18% of API people who gave birth experienced postpartum depressive symptoms compared with 14% citywide.
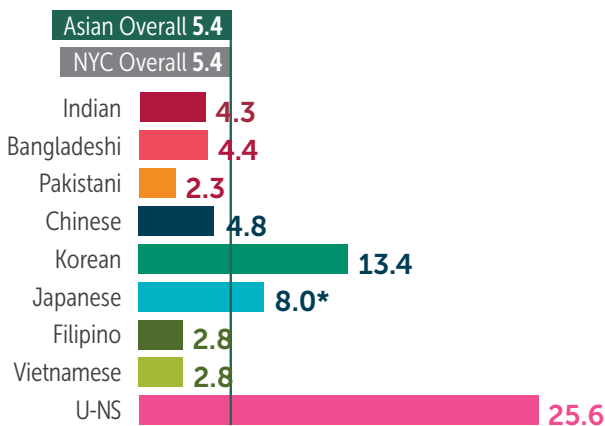
Postpartum depression by race/ethnicity groups

NYC Overall **14%**	
API	**18%**
Black	**20%**
Latino	**12%**
White	**18%**
Other	**14%**
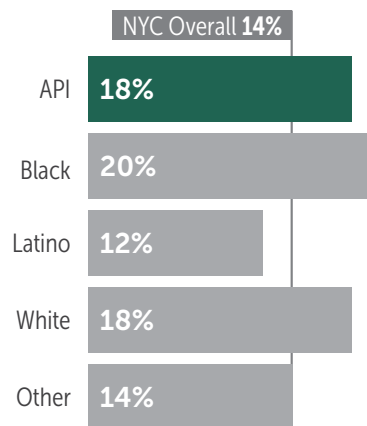
Suicide deaths

In 2008-2017, the average rate of suicide among APIs was 5.4 per 100,000, similar to the citywide rate. However, among Koreans and Japanese, this rate is higher than the citywide rate (13.4 and 8.0* per 100,000, respectively). Suicide is a leading cause of death in both South Korea and Japan[8] and is of particular concern among API teen girls.

Suicide rates[b]

Asian Overall **5.4**	
NYC Overall **5.4**	
Indian	**4.3**
Bangladeshi	**4.4**
Pakistani	**2.3**
Chinese	**4.8**
Korean	**13.4**
Japanese	**8.0***
Filipino	**2.8**
Vietnamese	**2.8**
U-NS	**25.6**

[b] Age-adjusted rates per 100,000 population. Rates among NHPIs cannot be shown due to small number of events.

U-NS: Underrepresented API, non-specified, includes all other participants who identified as API but were unable to be grouped into any of the other ancestry groups.
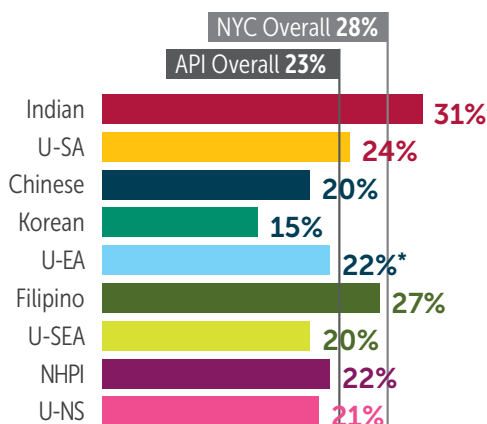
* Interpret estimate with caution due to small number of events.

Health Outcomes

High blood pressure

High blood pressure is the leading risk factor for stroke and heart diseases. API adults have a lower prevalence of high blood pressure compared with NYC overall, but this varies among API ancestry groups. Almost one-third of Indian adults (31%) have high blood pressure, a higher rate than adults who identify as Chinese, Korean, Underrepresented Southeast Asian or Underrepresented Asian, non-specified.

Adults with high blood pressure

Group	Percentage
NYC Overall	28%
API Overall	23%
Indian	31%
U-SA	24%
Chinese	20%
Korean	15%
U-EA	22%*
Filipino	27%
U-SEA	20%
NHPI	22%
U-NS	21%

U-SA: Underrepresented South Asians include participants who identified as Bangladeshi, Bengali, Bhutanese, Nepali, Pakistani and/or Sri Lankan.

U-EA: Underrepresented East Asians include participants who identified as Japanese and/or Mongolian.

U-SEA: Underrepresented Southeast Asians include participants who identified as Burmese, Cambodian, Indonesian, Laotian, Malaysian, Singaporean, Thai and/or Vietnamese.

NHPI: Native Hawaiian and Pacific Islander, all ancestries grouped together.

U-NS: Underrepresented API, non-specified, includes all other participants who identified as API but were unable to be grouped into any of the other ancestry groups.

* Interpret estimate with caution due to small sample size.

Cancer incidence

Cancer is the leading cause of death among API New Yorkers. API women have a higher rate of thyroid cancer compared with NYC women overall. API men have higher rates of liver and stomach cancer compared with NYC men overall.

Top five types of cancer

Women (rate per 100,000)	API	NYC
1. Breast	85.5	119.7
2. Thyroid (#5 NYC)	35.1	30.4
3. Lung and bronchus (#2 NYC)	30.5	40.5
4. Colon and rectum (#3 NYC)	24.8	33.3
5. Corpus uterus and NOS (not otherwise specified) (#4 NYC)	19.0	30.8

Men (rate per 100,000)	API	NYC
1. Lung and bronchus (#2 NYC)	55.2	56.6
2. Prostate (#1 NYC)	53.2	126.1
3. Colon and rectum (#3 NYC)	36.5	46.3
4. Liver/intrahepatic bile duct	23.0	18.0
5. Stomach	22.8	14.9

Data source: (High blood pressure) NYC Health Department Community Health Survey (CHS), 2014-2018; (Cancer) New York State Cancer Registry, 2012-2016

Resources and Resilience

This report reflects an initial step in understanding and addressing the current health realities faced by the very diverse API communities in NYC. Working to redress our history of discrimination and acknowledging the multicultural tensions endured by not only APIs but so many other marginalized communities is critical to resolving the inequities in health and well-being.

Although API communities struggle with many aspects of health, these communities also connect in the face of these challenges to promote health and well-being. These connections might come from faith-based networks, social media or community-based organizations, among others. As we have seen from large-scale social and public health events, such as the Black Lives Matter movement and the COVID-19 public health emergency, it is essential to the health of our city to build resilience, share resources and support one another.

Community Partner Resources

- Apicha Community Health Center
- Asian American Federation
- Asian Americans for Equality
- Bangladeshi American Community Development and Youth Services
- Charles B. Wang Community Health Center
  - Community Resources
- Chinese-American Family Alliance for Mental Health
- New York City Commission on Human Rights
- City University of New York Borough of Manhattan Community College: Building Asian American Studies Across the Community
  - Racial Injustice Resource
- Coalition for Asian American Children and Families
- Community Healthcare Network (Asian Health Services)

- Council of Peoples Organizations
- Gay Asian and Pacific Islander Men of New York
- General Human Outreach in the Community, Inc.
- Japanese American Social Services, Inc.
- Korean Community Services
- Mayor's Office of Immigrant Affairs
  - A Demographic Snapshot: NYC's API Immigrant Population
- New York University (NYU) Center for the Study of Asian American Health
- New York University College of Nursing
- South Asian Council for Social Services
- Seventh Avenue Family Health Center at NYU Langone
- United Territories of the Pacific Islanders' Alliance NYC

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