

Mortality Differentials among Asians and Native Hawaiians/Pacific Islanders in the U.S.: 2009-2011

Vital statistics provide opportunity to examine the health of diverse racial and ethnic groups within the U.S. Previous analysis conducted using 1992 data demonstrated the importance of separating the Asian/Pacific Islander (API) category into component subgroups. Subgroup analysis found age-adjusted death rates ranging from 298.8 per 100,000 population for Japanese to 907.7 for Samoans. When examining smaller ethnic subgroups in the U.S., data from a single year can result in questions regarding the reliability of the estimates, as occurred in the 1992 analysis. Preliminary analysis of mortality data obtained by pooling death records from 2004, 2005, and 2006 from the 15 states that collected detailed race/ethnicity data found a statistically significant difference between the age-adjusted death rates for Asians and NHPI.

Age-Adjusted Death Rates per 100,000 by Race, Selected States 2004-2006				
White	Black	AI/AN	Asian	NHPI
742.8	935.0	732.9	449.7	650.0

A comparison of the age-specific death rates of Asians and NHPI shows higher rates for NHPI at each age except for those 85 years and older.

	Age-Specific Death Rates by Race, Selected States 2004-2006				
	White	Black	AI/AN	Asian	NHPI
< 1 year	510.9	1,198.9	664.6	367.5	676.2
1-4 years	23.6	39.3	41.6	18.5	35.5
5-14 years	13.3	21.0	17.7	12.0	20.7
15-24 years	66.6	104.9	106.7	40.3	76.5
25-34 years	82.7	163.4	148.5	40.2	110.2
35-44 years	158.5	289.7	268.6	70.4	210.0
45-54 years	361.5	707.3	525.3	186.8	455.2
55-64 years	792.0	1,369.2	1,049.1	435.1	1,059.6
65-74 years	1,937.1	2,605.5	2,287.6	1,109.1	2,114.2
75-84 years	5,039.1	5,632.4	4,485.0	3,090.9	4,113.7
85+ years	13,835.2	12,247.0	8,103.2	9,312.3	6,322.4

This preliminary analysis of the death rates confirms the need to separate the Asian and NHPI groups when studying their health. Since the actual number of the NHPI in the United States is relatively small compared to Asians, the substantially higher death rates for NHPI are not adequately reflected in the data when combined with Asian populations. Yet not all states collect sufficient detail in their death certificates to permit analysis of the Asians and NHPI separately. The 2003 revision of the U.S. Standard Certificate of Death complies with the OMB-mandated minimum set of five races to be reported in federal data and the ability to report more than one race. However, as of 2009, only 30 states and the District of Columbia had adopted the 2003 certificate and

34 states allowed multiple race reporting. The states that provide sufficient detail on race on the death certificates to conduct this analysis contain approximately 85% of the NHPI population in the U.S. as reported in the 2010 Census.

These preliminary results include only deaths where a single race is reported on the death certificate. The present study updates the preliminary analysis to the most recent data available, pooling data from 2009-2011. It also extends the analysis to include the mortality of people for whom multiple races are reported. While multiple race was reported for only .4 percent of the population in those states that collected multiple race data, there were significant differences by racial group with NHPI most likely to have been reported as multiracial, (47.9 percent in 2009).

The present study will provide insight into the health of an understudied racial group within the U.S.