State of San Diego Asian Americans, Native Hawaiians & Pacific Islanders Report

December 2024

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Executive Summary

The Asian American, Native Hawaiian and Pacific Islander (AANHPI) community in San Diego County is both large and highly diverse, comprising 16.2% of the county's population.

This report reveals significant disparities in outcomes across AANHPI subgroups that are often hidden when data is aggregated.

The community's complexity is underscored by the fact that its members speak 67 distinct dialects, representing a rich cultural mosaic but also potential barriers to accessing essential services.

Key findings highlight the varying experiences and outcomes among AANHPI subgroups:

Demographics and Immigration

- The Filipino community is the largest single-race AANHPI group (4.4% of county population), followed by Chinese (1.8%) and Vietnamese (1.7%).
- Multiracial AANHPI residents comprise 4.3% of the county population, making them the second-largest AANHPI group.
- Over half (51.1%) of AANHPI San Diegans are first-generation immigrants.
- The community has strikingly different age profiles: multiracial AANHPI residents have a median age of 22, while Native Hawaiians have a median age of 53. Some groups, including the Chinese, Korean, Japanese, Cambodia, Filipino, Vietnamese, Other Southeast Asian, and Native Hawaiian communities, have large populations over 60 years old.

Health and Well-Being

- Health insurance coverage varies dramatically: while most groups have coverage rates below or near the county average, 23.9% of Native Hawaiians and 20% of Cambodians lack health insurance.
- Mental health is a critical concern: suicide was the leading cause of death among AANHPI youth, ages 15-24, in California in 2022.
- Food insecurity affects some groups disproportionately: 48.6% of Other Pacific Islanders and 45.2% of Cambodians participate in SNAP, compared to 8.5% of White, non-Latino residents.

Education and Economics

- Educational attainment varies widely: 93.7% of Asian Indians hold at least a bachelor's degree, compared to only 10.6% of Other Pacific Islanders.
- Income disparities are substantial: the median income for Asian Indians ($117,587) is nearly triple that of Cambodians ($42,945).
- Homeownership rates range from 74% among Thai residents to just 17% among Other Pacific Islanders (compared to 63% of White, non-Latinos).

Cultural Preservation and Integration

- The community speaks 67 distinct dialects, presenting both cultural richness and potential barriers to services. Interviews revealed that older immigrants who are not fluent in English struggle to connect socially and access services, while AANHPI members who were taught only English in the home struggle to participate fully in religious and cultural events.
- Anti-Asian discrimination remains a concern: nearly one in three Asian Americans reported being called a racial or ethnic slur in the past year.
- Geographic distribution poses challenges for community connection, with some groups concentrated in specific areas while others are dispersed. We provide a map of the AAANHPI community as a whole and a table showing the distribution of each subpopulation by zip code.

Leadership and Representation

- AANHPI-owned businesses contribute significantly to the local economy, generating $5 billion and creating 90,000 jobs in 2021 in San Diego County.
- Political representation is growing, but remains limited, with only four AANHPI individuals having served in elected office in the city of San Diego.
- Community organizations face capacity challenges, including leadership development and accessing funding.

Recommendations for Action

1. Invest in culturally and linguistically appropriate services for mental health, social connection for elders, and leadership and business development.
2. Support the development of shared community events and spaces to facilitate cultural preservation, elder support, mentorship, community building and a sense of belonging.
3. Expand leadership development programs and capacity building for AANHPI-led organizations.
4. Address geographic barriers to services through strategic location of resources and, where possible, transportation (especially for older community members).
5. Expand granular racial data collection to better understand and address disparities within the AANHPI community.

This analysis demonstrates that treating the AANHPI community as a monolith obscures significant disparities and may hinder effective intervention. Programs and policies should account for the diverse needs, challenges and strengths of different AANHPI subgroups.

Introduction

Asian Americans, Native Hawaiians and Pacific Islanders (AANHPI) represent a highly diverse population, consisting of 21 U.S. Census-recognized single-nationality identities and 71 multiracial categories that include at least one AANHPI identity.[1]

AANHPI communities speak more than 100 languages and dialects, reflecting a broad spectrum of cultural and linguistic diversity.[2] Beyond language and ethnicity, the differences among these groups extend to immigration statuses, ranging from recent immigrants to families who have been in the U.S. for generations. Socioeconomic disparities are also significant, with some subgroups attaining high levels of educational and economic achievement, while others face persistent challenges such as poverty and limited access to resources. Geographic backgrounds further contribute to this diversity, as individuals and families hail from vastly different regions across Asia, the Pacific Islands, and the U.S.

Given these wide-ranging differences, it is important to recognize that AANHPIs are not a monolithic group. San Diego County is home to more than half a million AANHPI residents (530,681), including 151,000 people of Filipino descent, 141,000 multiracial folks, 59,000 Chinese people, almost 55,000 Vietnamese residents, 47,000 Asian Indian San Diegans, and 86,000 across smaller ethnic groups.[3] Treating this diverse community together in a single, homogeneous category overlooks the distinct experiences, needs and challenges faced by different subpopulations. In actuality, the AANHPI community in San Diego differs across a variety of education, economic, health, social and cultural measures. A more nuanced approach to policy, research and community engagement will empower local organizations to address the specific issues within these diverse communities effectively. Disaggregating data for AANHPIs can help uncover disparities, promote equity and ensure that the unique voices and experiences within these populations are heard and elevated.

One of our interview participants stated a need that this report starts to address:

"I don't think that there's enough data in the region to understand the needs of the community, and I think that will direct where we spend time and resources…This is what they want and need, and we give it back to our community-based organization and say, 'here's the challenge. We would like for you to step into a need.'"

We hope that this report charts a map that the AANHPI community can use to navigate community needs and identify areas for further work.

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[1] This includes Native Hawaiians, six Pacific Island nationalities, 22 Asian nationalities, nine combinations of Asian nationalities, and 58 multiracial categories that include at least one AANHPI identity.

[2] Shimkhada, R., Scheitler, A. J., & Ponce, N. A. (2021). capturing racial/ethnic diversity in population-based surveys: Data disaggregation of health data for Asian American, Native Hawaiian, and Pacific Islanders (AANHPIs). *Population Research and Policy Review*, 40, 81-102.

[3] Original analysis of microdata from the U.S. Census Bureau's American Community Survey. Access to ACS data facilitated by the IPUMS database. Ruggles, S., Flood, S., Sobek, M., Backman, D., Chen, A., Cooper, G., Richards, S., Rodgers, R., & Schouweiler. M. (2024). IPUMS USA: Version 15.0 [dataset]. Minneapolis, MN: IPUMS.

To support our goal of getting a broad range of information about the AANHPI community in San Diego County and that information being as disaggregated as possible, we used several qualitative and quantitative data sources to answer our research questions.

For quantitative questions, wherever possible, we preferred data from the 2022 American Community Survey (ACS), conducted by the U.S. Census Bureau. This survey is a weighted 1% sample of all San Diego County residents. It offers respondents very detailed race options and has a relatively large sample, giving us the maximum opportunity to disaggregate different Asian American, Native Hawaiian and Pacific Islander groups from one another. We reported single-race groups in ACS that had more than 30 respondents[4] and grouped those with fewer in alignment with definitions from California State University San Marcos' "Defining Diaspora: Asian, Pacific Islander, and Desi Identities" and the preferences of the communities.[5,6]

The single exception to our 30-response threshold is the Native Hawaiian community. In the 2022 American Community Survey, the unweighted sample of Native Hawaiian respondents totaled 19 in 2022, which did not meet our minimum reporting criteria. However, in consultation with the community, and considering advocacy from the community in response to U.S. Office of Management and Budget (OMB) Directive No. 15,[7,8,9,10] we determined that there was not a suitable way to group this community with others. Although Native Hawaiians and Pacific Islanders may share some environmental or historical experiences, their cultures, migration patterns, and outcomes can differ significantly.[11,12]

[4] A sample size of 30 is the minimum size that approximates a normal distribution, see Kwak, S. G., & Kim, J. H. (2017). Central limit theorem: The cornerstone of modern statistics. *Korean Journal of Anesthesiology, 70(2)*, 144-156. Smaller sample sizes would likely lead to biased and/or unrepresentative estimates.

[5] CSUSM. (n.d.). Defining Diaspora: Asian, Pacific Islander, and Desi Identities. Student Life Cross-Cultural Center. https://www.csusm.edu/ccc/programs/diaspora.html

[6] Southeast Asia Resource Action Center. (2024, March 13). Over 1,700 Individuals Call on Census Director to Classify the Hmong as Southeast Asian. Press Room. https://www.searac.org/press-room/over-1700-individuals-call-on-census-director-to-classify-the-hmong-as-southeast-asian/

[7] CSUSM. (n.d.). Defining Diaspora: Asian, Pacific Islander, and Desi Identities. Student Life Cross-Cultural Center. https://www.csusm.edu/ccc/programs/diaspora.html

[8] Southeast Asia Resource Action Center. (2024, March 13). Over 1,700 Individuals Call on Census Director to Classify the Hmong as Southeast Asian. Press Room. https://www.searac.org/press-room/over-1700-individuals-call-on-census-director-to-classify-the-hmong-as-southeast-asian/

[9] Asian American Research Center, UC Berkeley (2024, May 8). *Being Seen: Our Power in Numbers for AANHPI Heritage Month.* AAPI DATA https://aapidata.com/blog/being-seen-our-power-in-numbers-aanhpi-heritage-month/

[10] Association of Asian Pacific Community Health Organizations, Comment Letter on Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards (OMB-2023-0001) (April 15, 2023), https://aapcho.org/wp-content/uploads/2023/05/AAPCHO-OMB-Directive-15-Comment-Letter.pdf

[11] Panapasa, S. V., Crabbe, K. M., & Kaholokula, J. K. (2011). Efficacy of federal data: Revised Office of Management and Budget standard for Native Hawaiian and Other Pacific Islanders examined. AAPI Nexus Journal, 9(1-2), 212-220.

[12] Quint, J., Matagi, C., & Kaholokula, J. K. (2023). The Hawai'i NHPI Data Disaggregation Imperative: Preventing data genocide through statewide race and ethnicity standards. *Hawai'i Journal of Health & Social Welfare, 82*(10 Suppl 1), 67–72.

For instance, Pacific Islanders have often migrated to Hawaii for economic or political reasons, while Native Hawaiians maintain deep Indigenous connections to the islands. Additionally, §4302 of the 2010 Affordable Care Act prompted the U.S. Department of Health and Human Services to establish data standards that distinguish Native Hawaiians from Pacific Islanders and expanded the NHPI race category to include "Guamanian or Chamorro" and "Samoan."[13]

Because we don't have an appropriate subgroup to add Native Hawaiians to, we report them on their own. When interpreting estimates reported for Native Hawaiians, note that there is a larger margin of error because these estimates are based on a small number of respondents.

Where ACS data was not available on a topic, we used more specialized sources and disaggregated them as much as possible. Some crucial topics, like youth mental health and substance abuse, are only available in data sources that do not offer granular racial options. We covered these topics because they are important to understand, and we offer them in the context of indicators that demonstrate diversity among AANHPI racial groups, which we hope will encourage more granular data collection about race.

We analyzed data about youth mental health among San Diego Unified School District high school students from the Youth Risk Behavior Surveillance System,[14] a regular survey of high school students conducted by the U.S. Centers for Disease Control and Prevention (CDC).

The quantitative data we analyzed reveals diversity in outcomes across groups and a variety of perspectives and experiences. To better understand these and ground our analysis more effectively in the San Diego community, we attended a Community Ambassador Session and conducted nine interviews with leaders in the San Diego AANHPI community. Summaries and quotes from the interviews are included throughout this report to contextualize quantitative findings and add human perspective: these quotes are anonymized and any mentions of specific organizations or people have been removed.

Findings

In this section, we will share what we learned about the diverse AANHPI community. This analysis reveals significant disparities in outcomes across AANHPI subgroups that are often masked when data is aggregated.

[13] Wu, S., & Bakos, A. (2017). The Native Hawaiian and Pacific Islander National Health Interview Survey: Data collection in small populations. *Public Health Reports (Washington, D.C.: 1974), 132*(6), 606–608.

[14] Centers for Disease Control and Prevention. 2023 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed on September 25, 2024.

The Asian American, Native Hawaiian and Pacific Islander (AANHPI) community in San Diego County is large and highly diverse, representing 16.2% of the county's population.

Just over half (51.1%) of AANHPI San Diegans are first-generation immigrants.

Race

There are many ways to define race, with definitions touching on, among other factors, physical features, social and cultural backgrounds, and geographic factors such as national origin.[15,16]

The U.S. Census Bureau and many other governmental organizations must comply with the 1997 OMB standards on race and ethnicity, which provide guidance on the collection of data on race. It defines five racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The U.S. Census Bureau defines Asian as "A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent" and *Native Hawaiian or Other Pacific Islander* as "A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands."[17] This approach creates just two groups for this widely varying population.

During the U.S. Civil Rights movement, coming together under one umbrella term such as "Asian" or "Asian American" allowed smaller groups to unite and organize for political power.[18] Reporting data in this way, however, conceals important differences between groups stemming from complex socio-historical differences.[19] Wherever possible, we report disaggregated data based on self-reported race. In some cases, unfortunately, this was not possible to do in all cases while maintaining statistical rigor.[20] When there were less than 30 survey respondents[21] in a particular group, we combined groups informed by the literature and in consultation with key informants.

[15] National Human Genome Research Institute (n.d.). *Talking Glossary of Genomic and Genetic Terms.* About Genomics. https://www.genome.gov/genetics-glossary/Race

[16] Asian Pacific Institute on Gender-Based Violence (n.d.). *Census Data & API Identities.* API-GBV Resources. https://www.api-gbv.org/resources/census-data-api-identities/

[17] U.S. Census Bureau (2022, March 1). *About the Topic of Race.* Race and Ethnicity Research. https://www.census.gov/topics/population/race/about.html

[18] Kambhampaty, A. P. (2020, March 12). At Census Time, Asian Americans Again Confront the Question of Who 'Counts' as Asian. Here's How the Answer Got So Complicated. *Time.* https://time.com/5800209/asian-american-census/

[19] Byon, A. (2020, May). *Everyone deserves to be seen. Recommendations for Improved federal data on Asian Americans and Pacific Islanders (AAPI).* IHEP AAPI Briefs. https://www.searac.org/wp-content/uploads/2020/05/ihep_aapi_brief.pdf

[20] When a sample is too small, we are making assumptions about a large group based on just a few individuals. The ACS is a 1% sample of the population and uses weighting to try to ensure that the sample represents the population in terms of a broad range of demographics, including gender and race. This means that a group that has 100 individuals in it is expected to have 1 person in the sample, weighted to represent all 100. However, a sample of one (or five, or 10) doesn't have enough diversity in it to reasonably describe the group. Estimates based on a small sample size will vary a lot year to year, and interpreting those estimates as accurate measurements of the community experience will mislead anyone trying to act on them. To ensure that we were using a sufficient sample, we identified the unweighted sample size for each group.

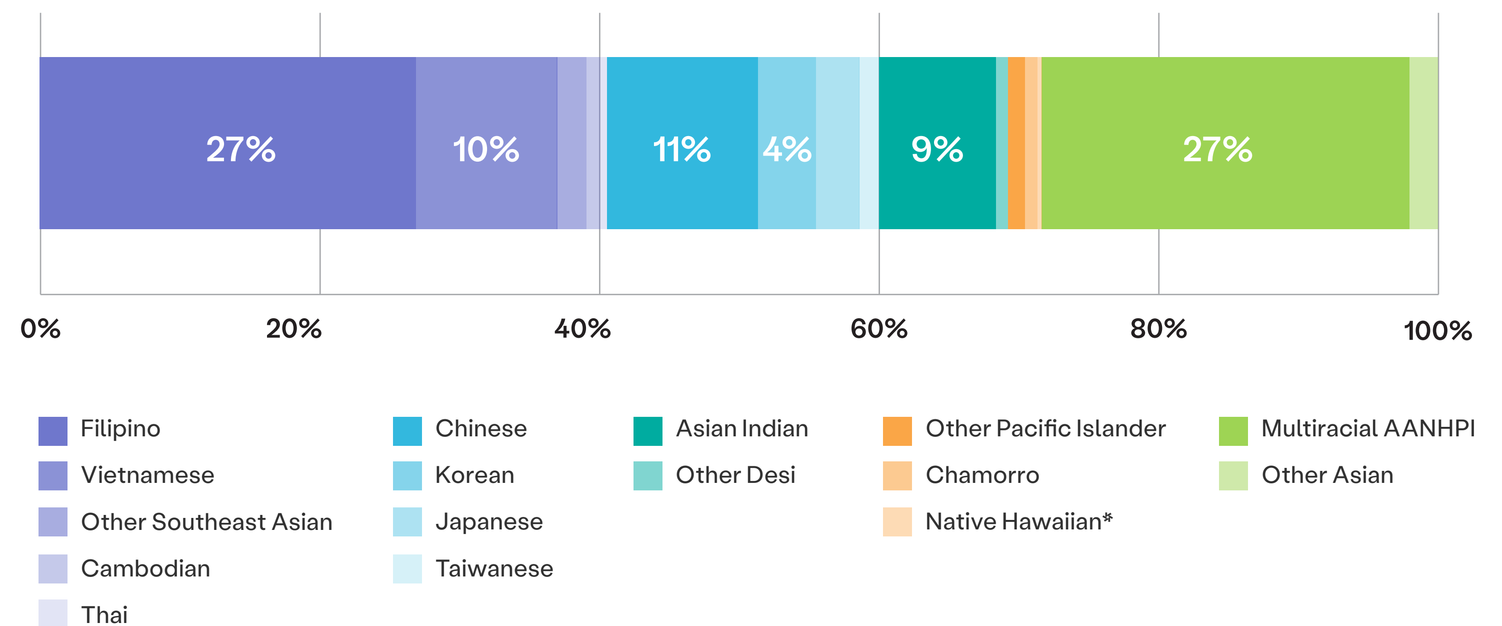
[21] A sample size of 30 is the minimum size that approximates a normal distribution. See Kwak, S. G., & Kim, J. H. (2017). Central limit theorem: The cornerstone of modern statistics. *Korean Journal of Anesthesiology, 70*(2), 144-156. Smaller sample sizes would likely lead to biased and/or unrepresentative estimates.

Using this approach, we created three new groups: an *Other Desi* group,[22] an *Other Southeast Asian group*,[23] and an *Other Pacific Islander group*.[24]

Of the almost 3.3 million people in San Diego County in 2022, 16.2% identified as AANHPI. The largest single-race group was Filipinos (4.4% of the population), followed by Chinese (1.8%), Vietnamese (1.7%), Asian Indian (1.4%), Korean (0.7%), and Japanese (0.5%). Other Southeast Asians accounted for 0.4% of the population and Other Pacific Islanders for approximately 0.2%. Cambodians, Chamorros, Other Desi, and Taiwanese each made up about 0.14% of the total population. The San Diego Thai community accounted for 0.1% of the total population and the Native Hawaiian community was the smallest, at approximately 0.05%* of the population.

Other AANHPI community members who selected Asian or Pacific Islander, but did not specify which specific group accounted for approximately 0.2% of the population in 2022. Figure 1 shows the AANHPI subgroups populations in San Diego County as of 2022 (see Table 2, in Appendix for number of people in each group and percent of total San Diego County population).

Figure 1: AANHPI Population Subgroups in San Diego County, 2022



[22] Including those reporting Bangladeshi, Bhutanese, Nepalese, Pakistani, and Sri Lankan as their race. All Desi groups with large enough sample size to be considered on their own are considered on their own.

[23] Including those reporting Burmese, Indonesian, Malaysian, and Hmong as their race. All southeast Asian groups with large enough sample size to be considered on their own are considered on their own.

[24] Including those reporting Native Hawaiian, Samoan, Tongan, Fijian, and Pacific Islander as their race. All Pacific Islander groups with large enough sample size to be considered on their own are considered on their own.

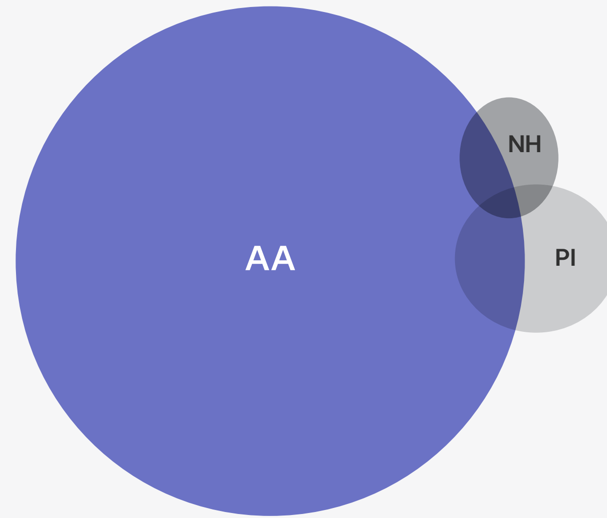
Demographics
Race

Multiracial

As Figure 1 shows, the second largest group of AANHPI San Diegans is multiracial AANHPI people. In San Diego County, 4.3% of the population identify as belonging to at least one Asian American, Native Hawaiian, or Pacific Islander group and another race, whether that be another AANHPI group or another group. We use an inclusive count to analyze multiracial community members in this section because we believe it more accurately captures the experiences of these individuals.

The largest group of multiracial AANHPI community members were those reporting at least one AANHPI race and White only (68,824 individuals), followed by AANHPI and Latino (42,514), AANHPI and some other race (31,022), AANHPI and Black (19,577), and at least two AANHPI groups (for example, Chinese and Native Hawaiian), with 16,655 people represented in this category. The smallest multiracial group was those reporting AANHPI and American Indian or Alaska Native (8,952). Again, individuals are counted in all the racial categories they belong to for this section, so are counted more than once and up to six times. Figure 2 illustrates the relative size of Asian American (AA), Native Hawaiian (NH) and Pacific Islander (PI) communities and the distribution of people who selected more than one race across those three groups. For example, the region overlapping between AA and NH shows the proportion of people who selected at least one Asian American identity and Native Hawaiian.

Figure 2: Multiracial AANHPI San Diegans, 2022



[25] People are counted in all groups that they identify as part of, so, for example, if a someone is Japanese, Black, and Native American, they would be counted once in the AANHPI and Black category and once in the AANHPI and American Indian and Alaska Native category. The exception to the rule is White: we do not include people reporting more than two races where one of those races is White because they are unlikely to be treated as White. The inclusive count can be contrasted with an exclusive count where every individual would only be counted once.

141,009

Multiracial AANHPI residents in San Diego County

AANHPI Representation in San Diego County 2005–2022

In this section, we take a big picture look at the size of the AANHPI community and its subgroups from 2005-2022.

Overall, the San Diego County AANHPI community, including multiracial AANHPI San Diegans, has increased in size over time, from 12.4% of the population in 2005 to 16.2% of the population in 2022.[26] The community is not a monolith, however, so we present information for smaller groups and disaggregated categories below.

Figure 3 shows how the disaggregated AANHPI community has changed over time; we can see that the multiracial AANHPI community has steadily increased since 2005, driving the increase in AANHPI population in San Diego County. Figure 4 shows the East Asian, Desi, Southeast Asian, and Native Hawaiian and Pacific Islander subgroups specifically.

East Asians

The proportional representation of East Asians in San Diego County has increased over time, from 2.8% of the population in 2005 to 3.1% in 2022. That is not true of all East Asians, however. While the Chinese, Korean and Taiwanese populations have increased (from 1.5% to 1.8%, 0.5% to 0.8%, and 0% to 0.1%, respectively), the Japanese population has decreased from 0.8% in 2005 to 0.5% in 2022.

Desi

The Desi population has also increased, from 0.6% of the population in 2005 to 1.6% of the population in 2022. Both Asian Indians and Other Desis have increased in proportional representation, from 0.6% to 1.4% and 0.03% to 0.1% of the population, respectively.

[26] The U.S. Census Bureau advises against comparing the ACS 2020 IPUMS 1-year data file to other ACS IPUMS sample years due to data collection issues during the COVID-19 pandemic. We have not reported data from 2020.

AANHPI Representation in San Diego County 2005–2022

Figure 3: AANHPI Representation in San Diego County, 2005-2022. Disaggregated.

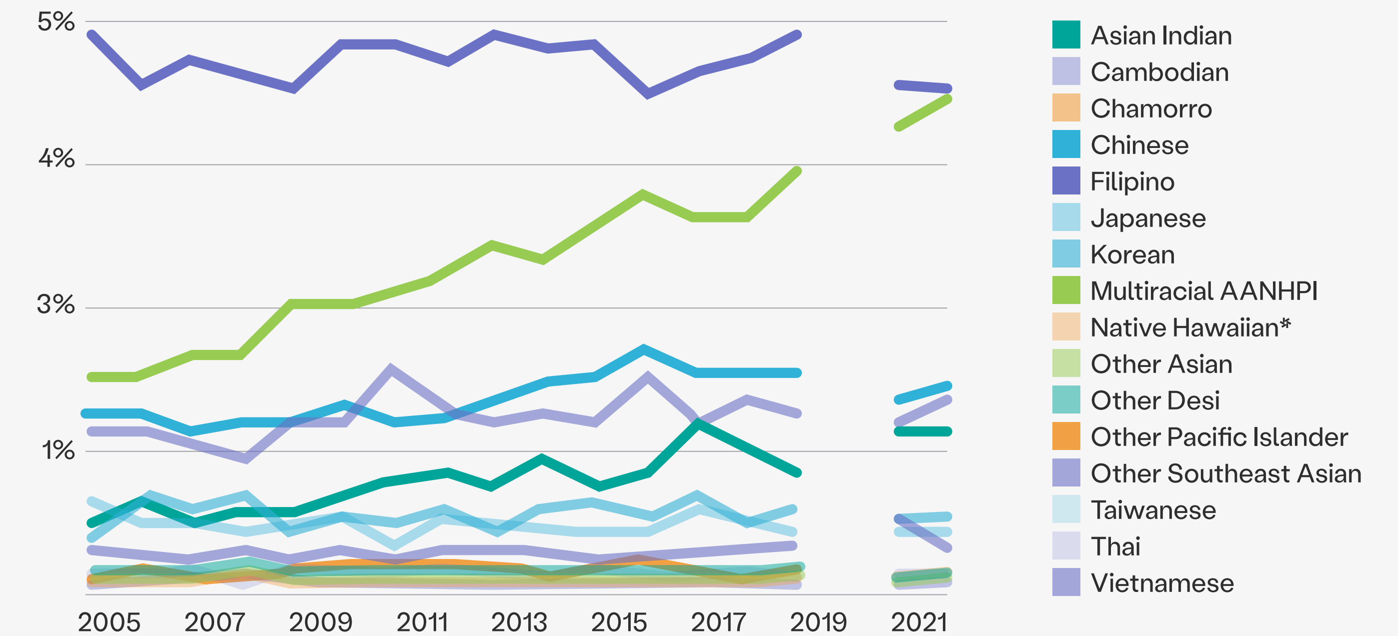
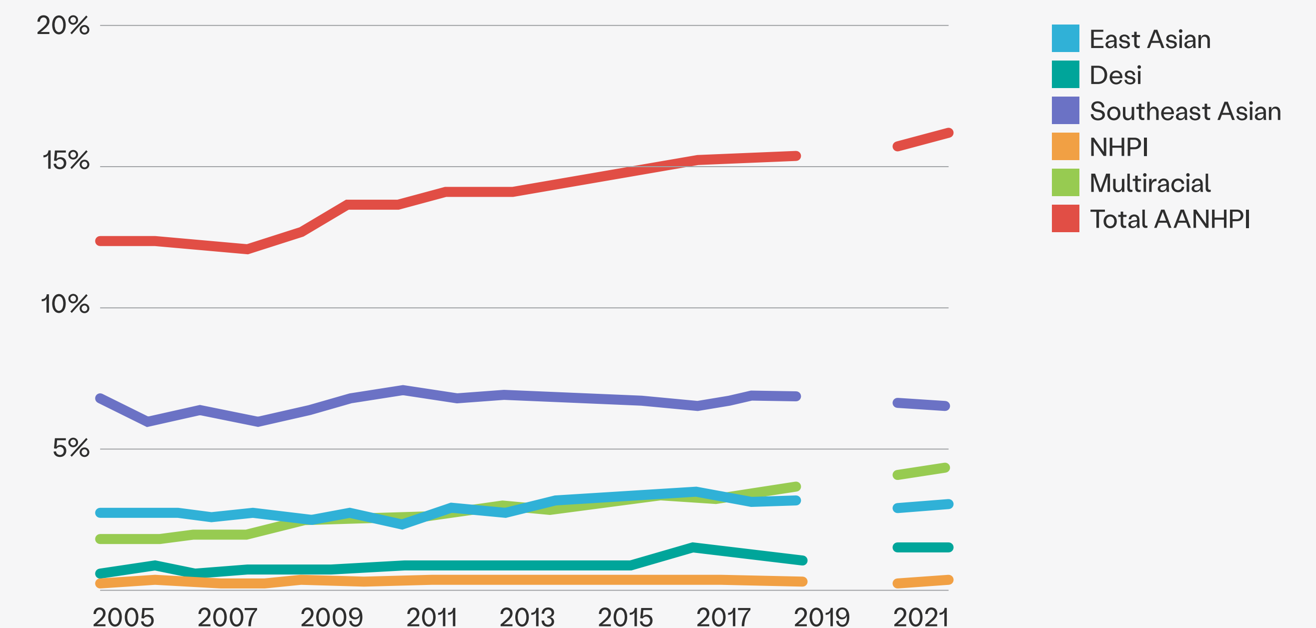


Figure 4: AANHPI Representation in San Diego County, 2005-2022. By subgroup.



Demographics
AANHPI Representation in San Diego County 2005–2022

Southeast Asians

In contrast to the rest of the AANHPI population in San Diego County, the Southeast Asian population has decreased slightly over time, from 6.8% of the population in 2005 to 6.6% in 2022. Like other groups, the Cambodian population has fluctuated over time but did not experience a net change between 2005 and 2022, starting and ending at 0.1% of the population. Similarly, the Thai and other Southeast Asian communities did not have a net change in the studied timeframe, starting and ending at 0.1% and 0.4% of the population, respectively. The Filipino population decreased, from 4.9% in 2005 to 4.4% in 2022. In contrast, the Vietnamese population increased slightly, from 1.4% in 2005 to 1.7% in 2022.

Native Hawaiians & Pacific Islanders

Native Hawaiians and Pacific Islanders have become a slightly larger part of the San Diego County population, increasing from 0.3% in 2005 to 0.4% in 2022. The Guamanian/Chamorro population fluctuated some over time but did not experience a net change between 2005 and 2022, remaining at 0.1% of the San Diego County population. The Native Hawaiian population may have decreased slightly, from 0.07% to 0.05%, but the small sample size in the American Community Survey provides a larger margin of error so this is unclear. Other Pacific Islander communities increased slightly from 0.1% of the population in 2005 to 0.2% in 2022.

Multiracial AANHPI

The share of multiracial AANHPI community members has increased over time, from 1.8% of the population in 2005 to 4.3% of the population in 2022.

36

Median age of AANHPI residents in San Diego County

Age Distribution

The median age of a group reveals some useful context for interpreting the rest of this report.

A younger median age signals that this community may have more childcare needs than another, otherwise similar community. It also means that we would expect that group to have less wealth on average, as wealth takes time to accumulate. With a higher median age, we would expect more retirees, who would be out of the workforce and not taking an income. In addition, that community may have more elder care needs.

In 2022, the median age in San Diego County was 37 years. Nationally, the median age was 39.2.[27] The median age for all San Diego County AANHPIs was slightly lower, at 36 years, but this conceals substantial differences within the community. Below we present the median age by subpopulation and community. This information can also be found in Table 3 in the Appendix.

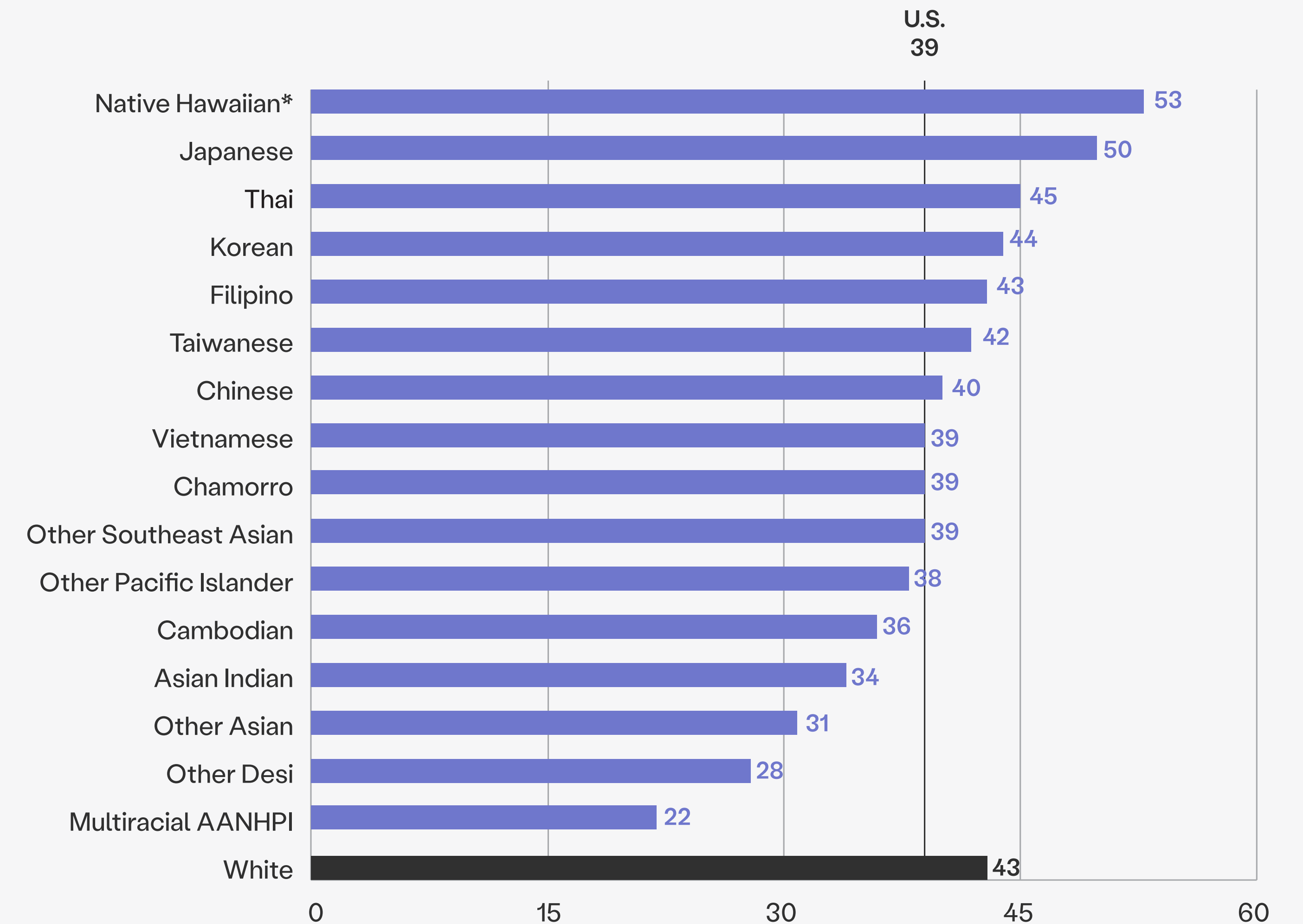
In Figure 5, we can see that the lowest median age among AANHPI subgroups is among the multiracial AANHPI group, with an average age of 22 years, and the oldest is Native Hawaiian* at 53 years. This is a striking range[28] of average ages. Native Hawaiian, Japanese, Korean and Thai San Diegans have average ages over 44, suggesting that these communities may have more retirees and higher elder care needs. The multiracial, Asian Indian and Other Desi groups have lower median ages than the county at large, meaning that they may have more childcare needs than other AANHPI subgroups.

Some groups, including the Chinese, Korean, Japanese, Cambodian, Filipino, Vietnamese, Other Southeast Asian and Native Hawaiian communities, have large populations over 60 years old. These communities may have particularly high elder care needs. Our interviews revealed needs in this area across the AANHPI community (see: Cultural Activities).

[27] U.S. Census Bureau. (2023). Age and Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101.* Retrieved October 4, 2024, from https://data.census.gov/table/ACSST1Y2023.S0101.

[28] Even if we ignore the Native Hawaiian average because of the small sample size, the average age of Japanese San Diegans is 50, which means the range is still very high.

Figure 5: Median Age by subpopulation in San Diego County, 2022



Demographics
Age Distribution

East Asians

As a group, East Asians had the highest median age (on par with that of White, non-Latinos) at 43 years. The median age for Chinese and Taiwanese people was slightly lower than that of the group, at 40 and 42 years, respectively. About 21% and 16% of Chinese and Taiwanese people are between the ages of 40 and 49, respectively. Koreans were slightly above the median age at 44 years, and the median age of Japanese San Diegans was among the highest of any AANHPI group at 50 years. About 20% of Koreans and 16% of Japanese folks are between the ages of 40 and 49.

Desi

The median age of Desis was younger than most Other AANHPI subgroups, with a median age of 33 years. Asian Indians' median age in 2022 was 34 years, about 31% of the population, while Other Desis tended to be younger at 28 years old, representing 29% of the population.

Southeast Asians

The median age of Southeast Asians in 2022 was greater than most other groups at 42 years. Thais had the third-highest median age of all AANHPIs at 45 years and Filipinos ranked fourth at 43 years. The median age of Vietnamese San Diegans was 39 years, Cambodians was 36 years, and that of Other Southeast Asians was 39 years. Age distribution highlights that 30% of Thais were between 40-49 years old, 17% of Cambodians were aged 30-39, 15% of Filipinos were 40-49, and 16% of Other Southeast Asians were between 30-39 age range.

Figure 6: Proportion of East Asians by age group in San Diego, 2022

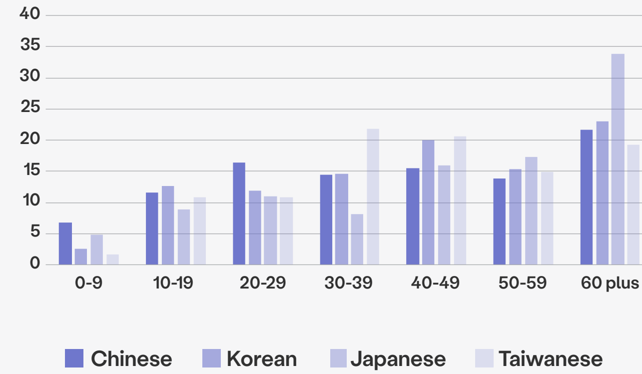


Figure 7: Proportion of Desis by age group in San Diego, 2022

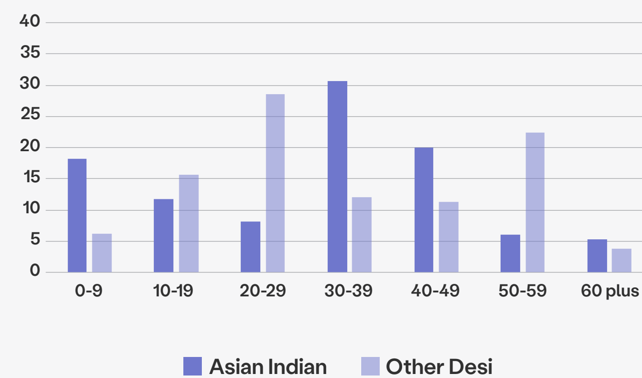
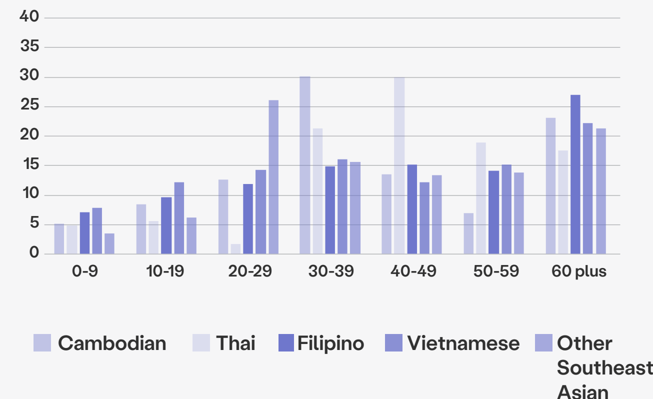


Figure 8: Proportion of Southeast Asians by age group in San Diego, 2022



Demographics
Age Distribution

Native Hawaiians & Pacific Islanders

The median age of Pacific Islanders was 38 in 2022. Chamorros' median age was 39, and that of Native Hawaiians was estimated at 53* years. Age distribution shows that approximately 24%* of Native Hawaiians were between 50-59 years old, 11% of Pacific Islanders were 30-39, and 14% of Chamorros were aged 30-39.

Multiracial AANHPI

Multiracial AANHPIs were the youngest subpopulation in 2022, with a median age of 22 years representing about 16% of the multiracial AANHPI population.

Figure 9: Proportion of Native Hawaiian and Pacific Islanders by age group in San Diego, 2022

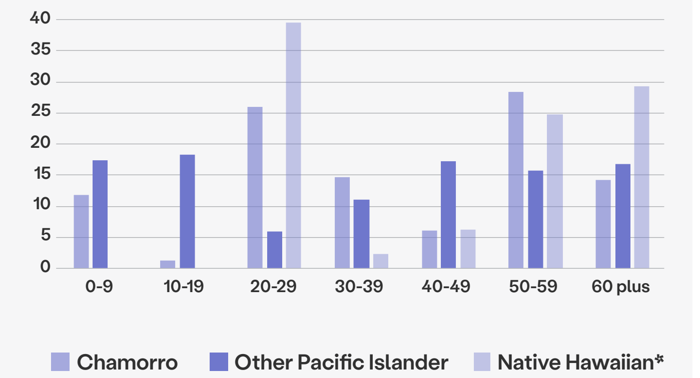
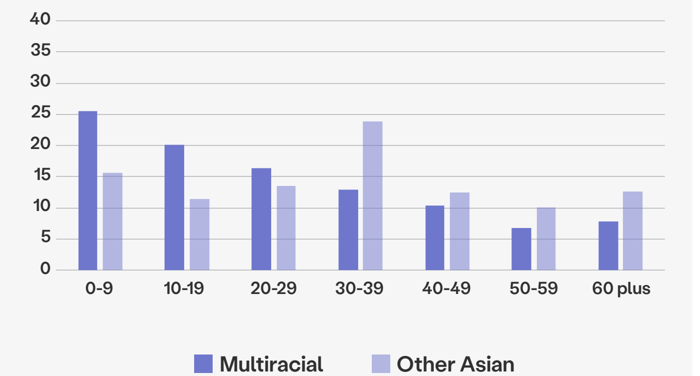


Figure 10: Proportion of Multiracial and Other AANHPI by age group, in San Diego, 2022



Sex

In the United States and in San Diego County, the sex ratio is close to 50:50.[29,30] For several AANHPI groups in San Diego County, that ratio is substantially different.

Below we discuss groups with a difference of at least five percentage points (the full breakdown can be viewed in Table 4, in Appendix). Thai, Japanese, Korean, Taiwanese and Other Pacific Islander women outnumber men. Native Hawaiian and Chamorro men outnumber women.

East Asians

There are considerably more Japanese and Korean women than men in San Diego County, with approximately 59% of each group identifying as female. Taiwanese women are similarly overrepresented compared to their male counterparts, at 58% of the Taiwanese population.

Southeast Asians

The sex stratification in the Thai community was the worst in any group, with Thai women outnumbering Thai men at a rate greater than 2:1.

Native Hawaiians & Pacific Islanders

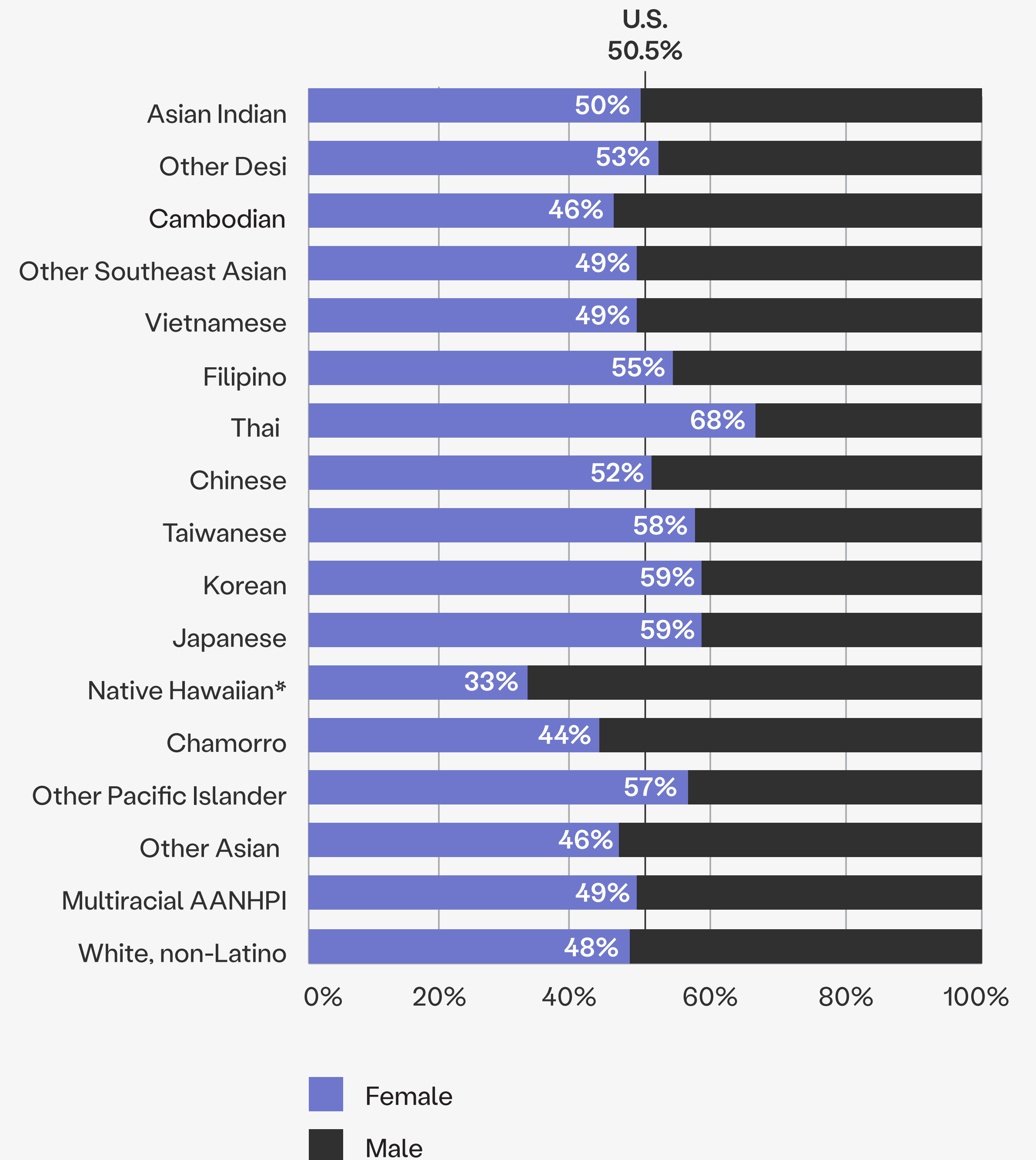
All Native Hawaiian and Pacific Islander groups had a sex ratio with a greater than five percentage point difference. There were more Chamorro men than women in San Diego County, with 56.3% of the population identifying as male. Similarly, 67.2%* of Native Hawaiians identified as male. Other Pacific Islanders, on the other hand, were more likely to be female, with 57.2% of the population identifying as such.

[29] U.S. Census Bureau. (2022). Age and Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101.* Retrieved October 4, 2024, from https://data.census.gov/table/ACSST1Y2022.S0101?q=sex

[30] U.S. Census Bureau. (2022). Age and Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101.* Retrieved October 4, 2024, from https://data.census.gov/table/ACSST1Y2022.S0101?q=sex%20san%20diego%20county

Demographics
Sex

Figure 11: AANHPI San Diegans, Sex Distribution, 2022



Disability

Disability data is collected through ACS, which asks respondents whether they have cognitive, vision, ambulatory, independent living, self-care or hearing disabilities.[31]

These conditions are all self-reported, so when interpreting these results, consider whether cultural or social norms within communities may lead some respondents not to report a disability. For that reason, caution should be taken when comparing groups with very different cultural and social norms. However, this data can still tell us about the level of perceived need within each community.

For reference, 13.0% of White, non-Latino individuals in San Diego County self-reported having a disability and the total national disability rate for all races is 13.4%.[32] Most AANHPI communities had lower rates of reported disability than the county-wide average (see Table 5, in the Appendix). Taiwanese, Asian Indians and Other Desi groups had rates lower than half of the county-wide average. As expected, groups with older median ages had higher reported disability rates. Cambodian, multiracial and Thai all had fairly high disability rates when considering their median ages.

East Asians

East Asians had a lower rate of self-reported disabilities than did White, non-Latinos at 7.5%. All East Asian subgroups followed this trend, with the rate of self-reported disabilities in the Taiwanese community at 3.4%, in the Korean community at 6.9%, in the Chinese community at 7.3%, and in the Japanese community at 10.3%.

Desi

As a group, Desis had the lowest rate of self-reported disabilities (2.3%). Asian Indians reported disabilities at a rate of 2.4% and Other Desis at a rate of 1.5%.

Southeast Asians

The rate of disabilities in the Southeast Asian community approached that of White, non-Latinos at 12.2%. The highest rate of disabilities in this group was amongst the Thai (18.2%), followed by Cambodians (15.5%), Filipinos (12.6%), and Vietnamese (11.6%). The lowest rate of disabilities was amongst Other Southeast Asians, at 7.7%.

[31] Ambulatory difficulties include "a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying." Independent living difficulties include "any physical, mental, or emotional condition lasting six months or more that makes it difficult or impossible to perform basic activities outside the home alone." Self-care difficulties include "any physical or mental health condition that has lasted at least 6 months and makes it difficult for them to take care of their own personal needs, such as bathing, dressing, or getting around inside the home." None of the disability categories include temporary conditions like broken bones or pregnancies.

[32] U.S. Census Bureau. (2022). Selected Social Characteristics in the United States. *American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP02.* Retrieved October 4, 2024, from https://data.census.gov/table/ACSDP1Y2022.DP02.

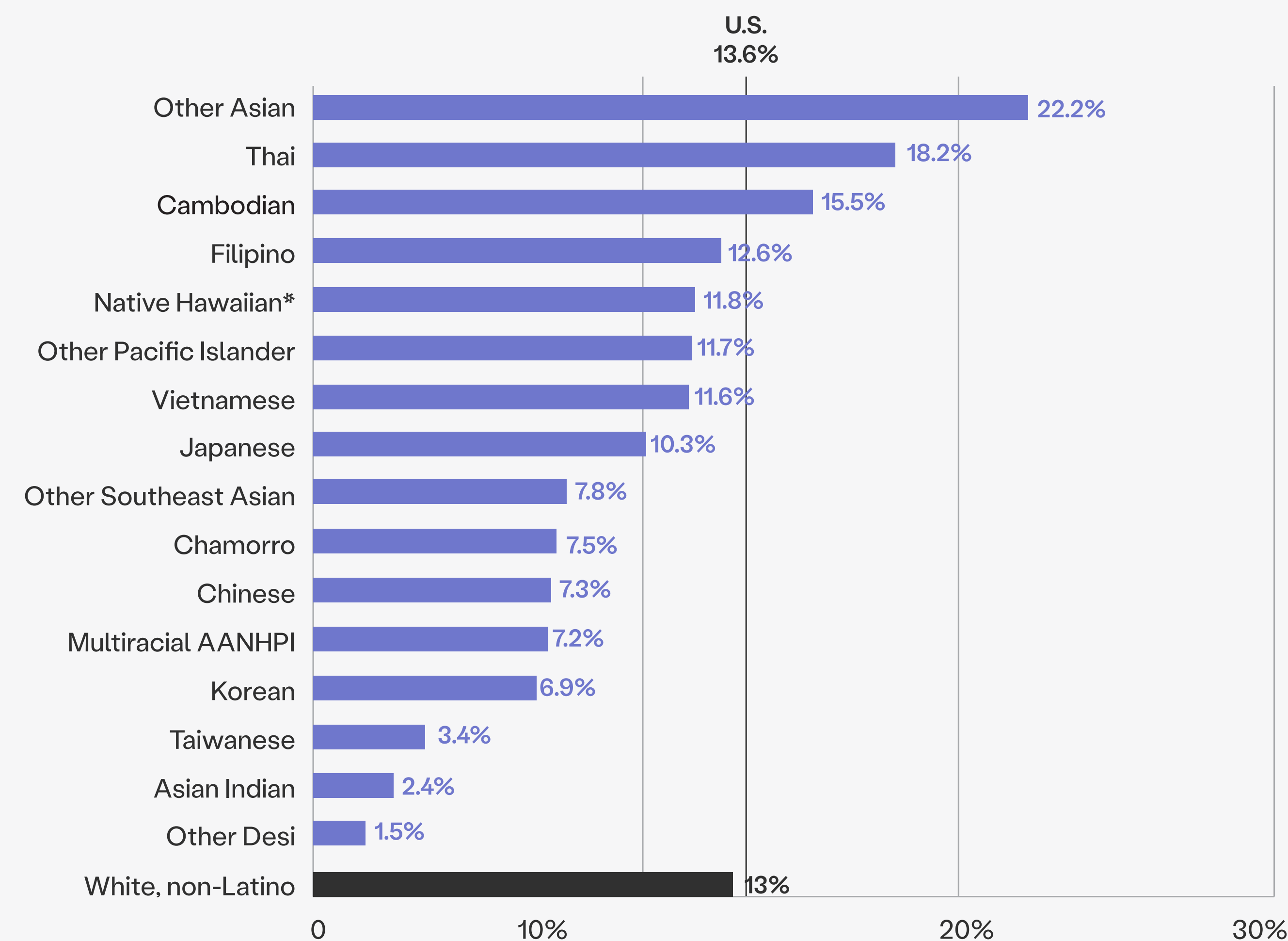
Native Hawaiians & Pacific Islanders

Approximately 10% of Native Hawaiians and Pacific Islanders reported a disability on the 2022 American Community Survey. Both Native Hawaiians and Other Pacific Islanders reported a disability rate around 11.7%; Chamorros' was lower at 7.5%.

Multiracial AANHPI

Multiracial AANHPIs reported disabilities at a rate similar to East Asians (7.2%).

Figure 12: AANHPI San Diegans, Disability Status, 2022



Immigration & Citizenship

Just over half (51.1%) of AANHPI San Diegans are first-generation immigrants.

This means that they have likely needed to learn a new language and are living in a country with different norms and systems than the one where they were born. They may struggle to navigate economic, healthcare, educational and government systems because of this transition. People who immigrated in their childhood may have an easier time learning the language and norms, but often must learn how to navigate these systems without parental guidance, or even learn to navigate them for their parents.

Refugees—people who migrate to a new country because it is unsafe for them to return home—often face additional barriers on top of those faced by traditional immigrants. Often, they had little warning that they needed to leave their home country, so they had limited opportunity to prepare for the move or their life in the U.S., for example by beginning to learn English, finding housing or finding work. In fact, they generally cannot apply for authorization to work for 180 days or until their asylum is granted. Acute economic need is very common among refugees.

San Diego is one of the top arrival points for refugees[33] and is designated by the state of California as a refugee-impacted county.[34] We don't have solid data on the refugee population of San Diego, but we do know who arrives here.[35] The largest groups of refugees are from countries with ongoing armed conflicts.

Refugee arrivals from AANHPI countries are fairly low. In the most recent report (2021-2022), the County of San Diego reported five refugees from Pakistan.[36] In the past decade, we have seen larger waves of refugees from AANHPI countries, particularly from Myanmar (Burma) (150 in 2012-2013, 154 in 2014-2015,[37] 13 in 2016-2017, 18 in 2017-2018, 43 in 2018-2019, 26 in 2019-2020, and nine in 2020-2021).

[33] Wolfe, J., & Abramson, M. (2024, June 4). San Diego Is Once Again a Top Migrant Entry Point. *The New York Times*. https://www.nytimes.com/2024/06/04/us/san-diego-migrants-california.html

[34] Department of Social Services (n.d.). *Refugee Impacted Counties*. State of California. https://www.cdss.ca.gov/refugees/refugee-impacted-counties

[35] Health and Human Services Agency (n.d.). *Refugee Arrivals Data*. San Diego County. Retrieved October 4, 2024, from https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/community_action_partnership/OfficeofRefugeeCoord2.html

[36] San Diego County Resettlement Agencies (2022, August 5). *Monthly Refugee Arrivals Report for FFY 21-22 by Country of Origin*. San Diego County. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/sd/community_action_partnership/Refugee%20Plan/RefugeeArrivals/Monthly%20Resettlement%20Agencies%20Arrivals%20Report%20by%20Country%20of%20Origin%20for%20FFY%2021-22.pdf

[37] Data was not publicly available from the County of San Diego for fiscal year 2015-2016 due to a broken link.

Low rates of current refugee arrivals from AANHPI countries does not mean that our region hosts few AANHPI refugees, however. San Diego County accepted very large waves of refugees associated with historical events preceding County of San Diego documentation, including an estimated 40,000 from Vietnam in the late 1970s and early 1980s[38] and a large number of Cambodian refugees between 1975 and 1979.[39]

Many people, after immigrating to the U.S., apply for and obtain U.S. citizenship. Of the approximately 271,000 AANHPI community members who reported having immigrated to the U.S. at some point in their lives, 71.2% had obtained U.S. citizenship by 2022.

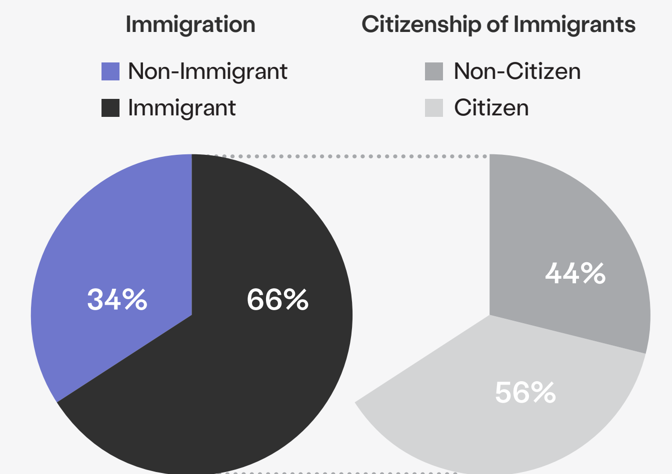
In this section, we will compare the number of first-generation immigrants (of all ages) and those obtaining U.S. citizenship across AANHPI subgroups. For information by detailed group, see Table 6 in Appendix. For reference, 9.8% of White, non-Latino San Diegans reported having immigrated to the U.S. with 69.8% of those reporting being a U.S. citizen in 2022.

Over half of Chinese, Japanese, Taiwanese, Korean, Asian Indian, Other Desi, Filipino, Thai, Vietnamese, Cambodian and Other Southeast Asian San Diegans are immigrants.

East Asians

As a group, East Asians had the greatest immigrant population at 66% (see Figure 13). Taiwanese and Korean San Diegans were the second- and third-largest immigrant populations among AANHPI groups, with 76.1% and 73.2% of each population, respectively, having immigrated to the U.S. at some point in their lifetimes. Both Chinese (64.8%) and Japanese (59.8%) San Diegans were more likely to have immigrated than the average AANHPI community member. Around 60% each of Taiwanese and Chinese immigrants, as well as 57.4% of Korean immigrants and 35.8% of Japanese immigrants had obtained U.S. citizenship by 2022.

Figure 13: Immigration and Citizenship, East Asian



[38] *The Rise of San Diego's Little Saigon*. (n.d.). Local Initiatives Support Corporation. Retrieved October 4, 2024, from https://www.lisc.org/our-stories/story/the-rise-of-san-diegos-little-saigon/

[39] Shek, K., & Auble, A. (1996). *Cambodians in California: Nine Oral History Interviews in One Volume*. California State University. https://oac.cdlib.org/view?docId=hb3n39n7pm&brand=oac4&doc.view=entire_text

Desi

In 2022, 61% of Desis reported having immigrated to the U.S. This included 59.2% of Asian Indians and 81.5% of Other Desis. Close to half (46.2%) of Asian Indians and 35.4% of Other Desi immigrants were citizens in 2022. See Figure 14.

Southeast Asians

Southeast Asians had the second-largest immigrant population of the AANHPI subgroups, with close to 64% having immigrated to the U.S. (see Figure 15). Sixty-nine percent of Other Southeast Asians were immigrants with 63% having obtained citizenship by 2022. On par with the group average, 64.3% of Filipinos reported having immigrated to the U.S. Eighty-five percent of Filipino immigrants were U.S. citizens in 2022. Filipinos were closely followed by Vietnamese and Thais with 62.6% and 59.4% of the population, respectively having immigrated to the U.S. The Vietnamese and Thai communities, however, had quite different citizenship rates. More than 80% of Vietnamese immigrants were citizens in 2022 while only 53.9% of Thais were. Close to half of Cambodians (49.6%) were immigrants, 90.6% of which were citizens.

Figure 14: Immigration and Citizenship, Desi

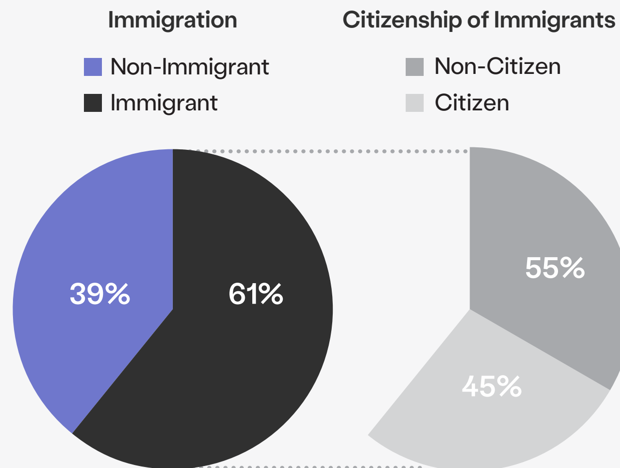
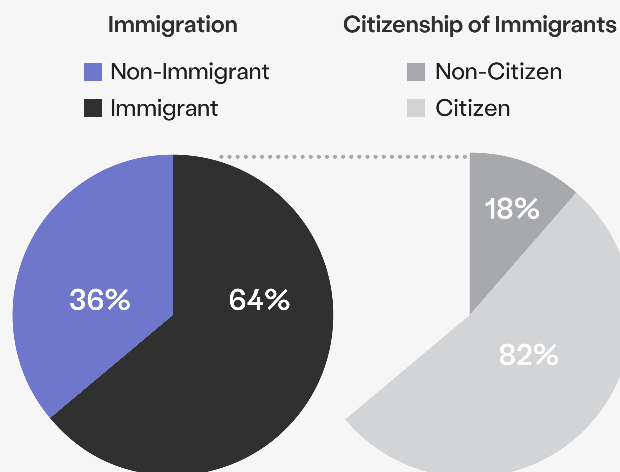


Figure 15: Immigration and Citizenship, Southeast Asian



Demographics
Immigration & Citizenship

Native Hawaiians & Pacific Islanders

In Figure 16 we can see that slightly over one-third of Native Hawaiians and Pacific Islanders were immigrants. Forty percent of Other Pacific Islanders and 35.3% of Chamorros immigrated to the U.S. Less than 3% of Native Hawaiians reported having done so. All Native Hawaiian* and Chamorro immigrants reported being a U.S. citizen while 67.9% of Other Pacific Islanders reported the same.

Multiracial AANHPI

Of all AANHPI groups, multiracial AANHPIs were the least likely to have immigrated to the U.S. and the most likely to obtain citizenship after immigration (see Figure 17). Only 18% reported having immigrated but 83.5% of those who immigrated were citizens in 2022.

Figure 16: Immigration and Citizenship, Native Hawaiian & Pacific Islander

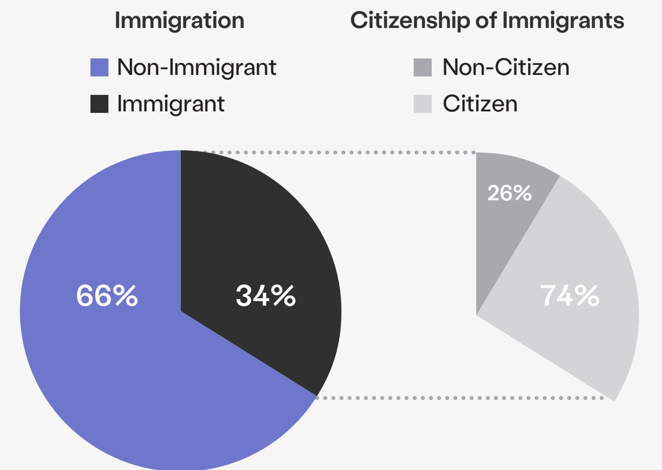
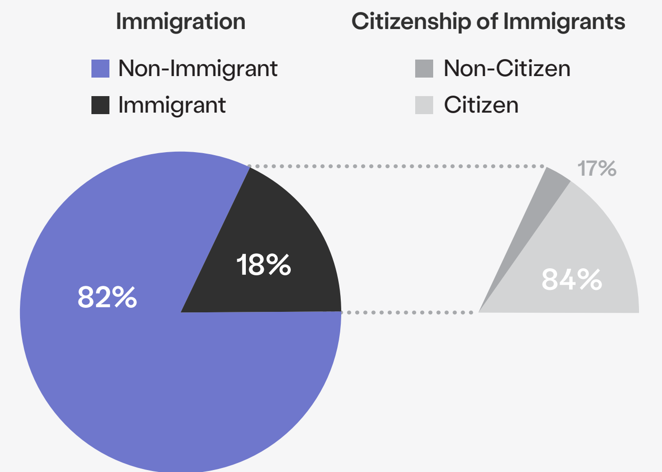


Figure 17: Immigration and Citizenship, Multiracial AANHPI



Veteran Status

In 2022, 6.2% of U.S. civilians ages 18 years and older reported having served in the U.S. military at some point in their lives.[40]

The veteran population (among all races) in San Diego County was higher than nationally, at 7.3%.[41] AANHPIs in San Diego have a slightly lower rate of past U.S. military service than the U.S. national rate, at 5.2% as a group. Thai and Filipino San Diegans, however, had higher rates of prior military service than White, non-Latino San Diegans. See Table 7, in Appendix for full breakdown.

East Asians

As a group, only 2.7% of East Asians reported being veterans. Japanese San Diegans had a higher rate of former service than the U.S. national rate at 6.6%, but less than 3% each of Korean, Chinese, and Taiwanese San Diegans reported being a U.S. military veteran.

Desi

Only a half percent of Desi San Diegans reported veteran service in 2022. All veterans in this group were Asian Indians; no other Desis in the ACS sample reported having served in the U.S. military.

Southeast Asians

Southeast Asians have the highest rate of veterans among AANHPI groups. While Thailand was less involved in U.S. conflicts than Laos or Vietnam, it remained a key U.S. military ally, participating in the Korean and Vietnam Wars, joint military exercises and the 1954 Southeast Asia Treaty Organization.[42] The War Brides Act brought many AANHPI women to the U.S., while the U.S. military presence in the Philippines and San Diego's role as Pacific Naval Headquarters drew a large Filipino population in the 1950s. After the Vietnam War, Camp Pendleton became a key processing center for Southeast Asian refugees. Many Thai, Filipino, and Southeast Asian immigrants pursued U.S. military service as a path to citizenship, education, and economic stability, significantly contributing to the community's veteran population.[43]

[40] U.S. Census. (n.d.). S2101. Veteran Status, San Diego County. American Community Survey 1-year estimates, 2022. https://data.census.gov/table/ACSST1Y2022.S2101?q=veterans

[41] U.S. Census. (n.d.). S2101. Veteran Status, San Diego County. American Community Survey 1-year estimates, 2022. https://data.census.gov/table/ACSST1Y2022.S2101?q=veterans%20san%20diego%20county

[42] US Department of State, Office of the Historian. Southeast Asia Treaty Organization (SEATO), 1954. https://history.state.gov/milestones/1953-1960/seato

[43] Yeh, C. (2009). San Diego's Asian Pacific Heritage. https://www.historians.org/perspectives-article/san-diegos-asian-pacific-heritage/

At 7.6% veterans, the group reported a higher rate of prior military service than did the average San Diegan. Thai and Filipino San Diegans both had higher proportions of veterans than White, non-Latinos (12.9% of Thais, 9.4% of Filipinos, and 8.8% of White, non-Latino San Diegans were veterans in 2022). Cambodians took the fourth spot with 7.7% of the population reporting veteran status. Southeast Asians with lower proportions of veterans included Vietnamese (3.4%) and Other Southeast Asians (2.7%). Thai San Diegans reported the highest level of former military service, at more than double the national rate and almost twice the larger San Diego rate.

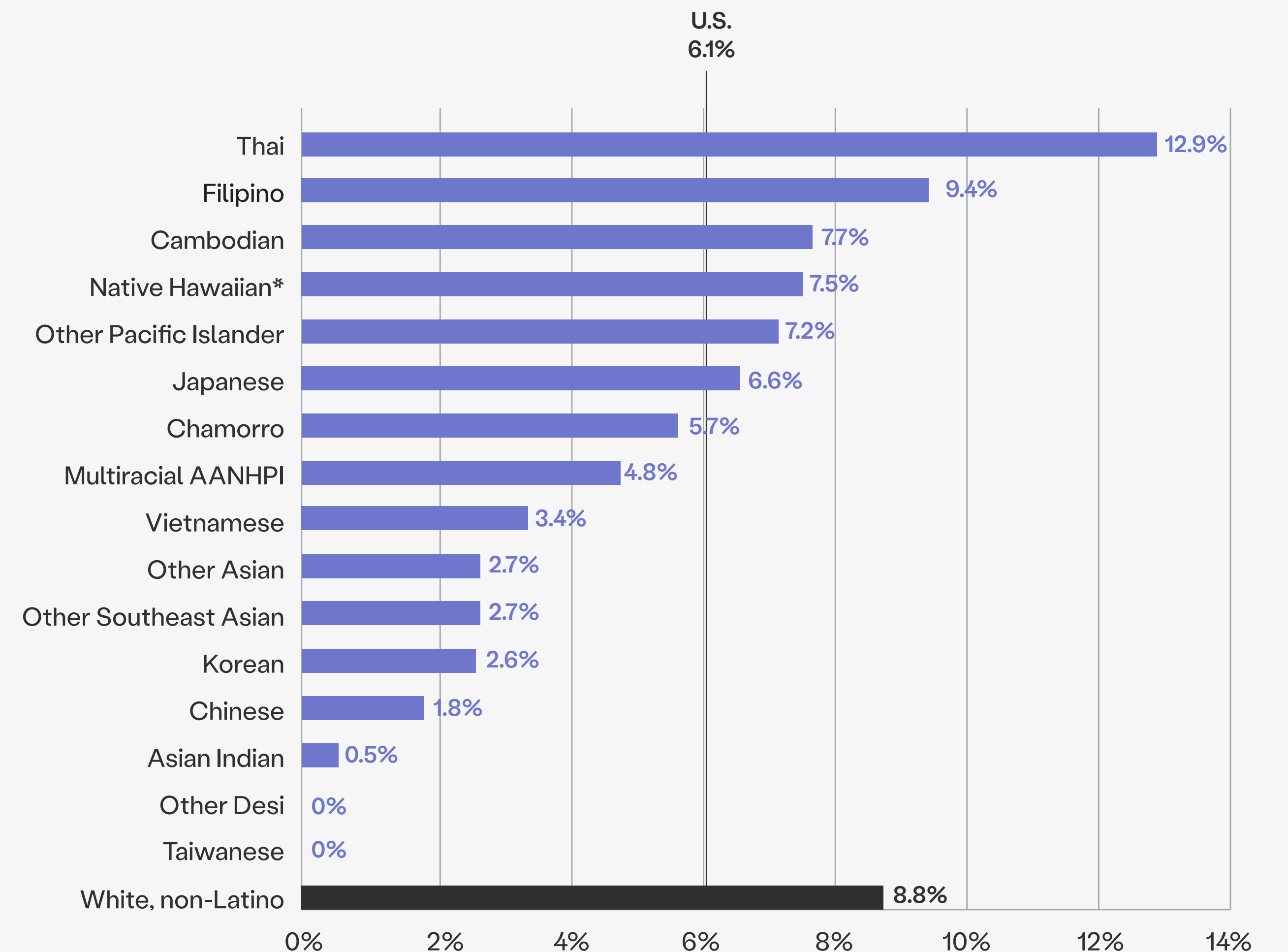
Native Hawaiians & Pacific Islanders

As a group, 6.6% of Native Hawaiians and Pacific Islanders were veterans. For veteran service, Native Hawaiians and Other Pacific Islanders' rate of veteran service did not differ much from one another, at 7.5%* and 7.2%, respectively. Chamorros have a lower rate of past service at 5.7%.

Multiracial AANHPI

Close to five percent of multiracial AANHPIs in San Diego County were veterans in 2022.

Figure 18: AANHPI San Diegans, Veteran Status, 2022



Health

16.7

Tuberculosis rate per 100,000 California AANHPI residents; compared to 1.0 for White, non-Latino Californians

Health outcomes can be influenced by a wide variety of genetic and environmental factors, which can of course vary across a population as diverse as AANHPI.

We would expect that circumstances and timing of immigration, geographic clustering of communities, information access, healthcare access and norms about healthy behaviors could vary across communities, for example.

Health

Effective July 1, 2022, the Accounting for Health and Education in Asian Pacific Islander (API) Demographics (AHEAD) Act (Assembly Bill 1726), which was passed in 2016, mandates the California Department of Public Health (CDPH) to collect and release disaggregated demographic data for specific AANHPI groups. These groups include Tongan Americans, Hmong, Indonesian, Malaysian, Bangladeshi, Pakistani, Sri Lankan, Taiwanese, Thai and Fijian individuals.[44]

The law requires the collection of key health indicators such as disease rates, health insurance coverage and birth/death rates. Additionally, it ensures transparency by mandating that CDPH provide detailed information about the methods of data collection, reporting practices and public access to this disaggregated data. This disaggregation is critical to identifying and addressing disparities within diverse AANHPI communities, which have historically been masked by aggregated data under broader "Asian" categories. For example, prior to disaggregation efforts, broad categorizations masked the fact that cancer is the leading cause of death for Filipino, Korean, Vietnamese and Chinese individuals. Additionally, Asian American mortality rates from liver cancer is nearly 40% higher than White, non-Latino individuals and for Native Hawaiians and Pacific Islanders mortality rates are 75% higher.[45]

One striking trend revealed by the disaggregated approach is the surge in breast cancer diagnoses among AANHPI women. Breast cancer is the most commonly diagnosed cancer in women for all AANHPI groups. Between 2000 and 2021, the rate of new breast cancer diagnosis in Asian American and Pacific Islander[46] women under 50 surged by 52%, rising from 36.4 cases per 100,000 to 55.3 per 100,000. This sharp increase far outpaces the 3% rise in breast cancer rates across all age groups and races during the same time period.[47]

In addition to cancer, tuberculosis [Figure 19] remains another public health concern disproportionately affecting AANHPI communities, particularly in California. In 2023, the TB case rate among Asian Americans in California reached 16.7 per 100,000, far exceeding the rate for White, non-Latino/a individuals at 1.0 per 100,000.[48] Similarly, Native Hawaiians and Pacific Islanders reported a case rate of 6.9 per 100,000, more than double the national average case rate of 2.9 per 100,000 in 2023.[49]

Current aggregated data often masks significant health disparities within the AANHPI population, limiting policymakers' and healthcare providers' abilities to address specific health risks, prevalence of chronic conditions, and barriers to healthcare access. By disaggregating health data for distinct subpopulations within the AANHPI community, we can uncover nuanced patterns that are essential for designing targeted, effective health programs and interventions. A data-driven understanding of health challenges among the AANHPI community would not only improve health outcomes but also support preventive measures that are culturally aligned and responsive to unique needs.

[44] AHEAD ACT, AB 1726, CA State Code 8310.7. (2016). http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1701-1750/ab_1726_bill_20160830_enrolled.pdf

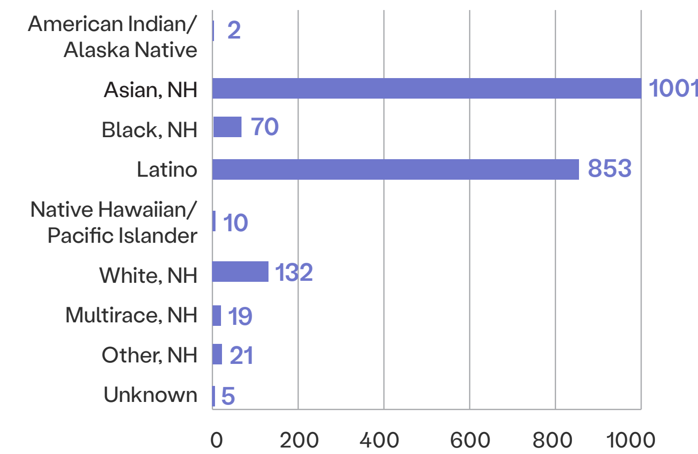
[45] American Cancer Society. (2024). Cancer Facts & Figures for Asian American, Native Hawaiian & Other Pacific Islander People 2024-2026. Atlanta: American Cancer Society, Inc. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/aanhpi-cancer-facts-and-figures/aanhpi-cff.pdf

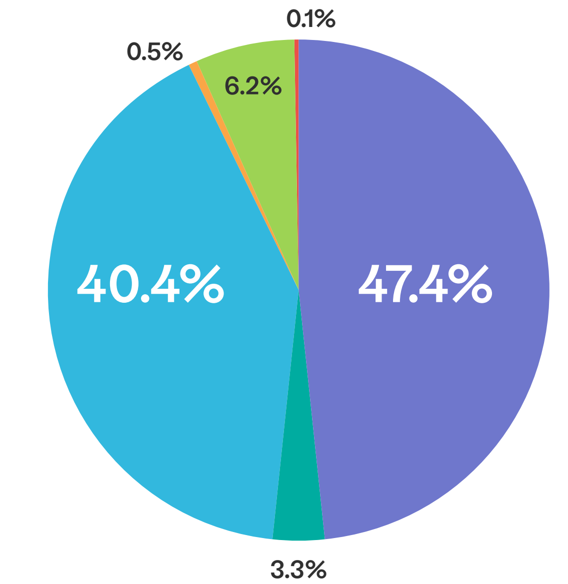
[46] The SEER database only reports a combined Asian/Pacific Islander race category and data is unavailable for Native Hawaiian women. Data is only available up to year 2021, and only available nationally.

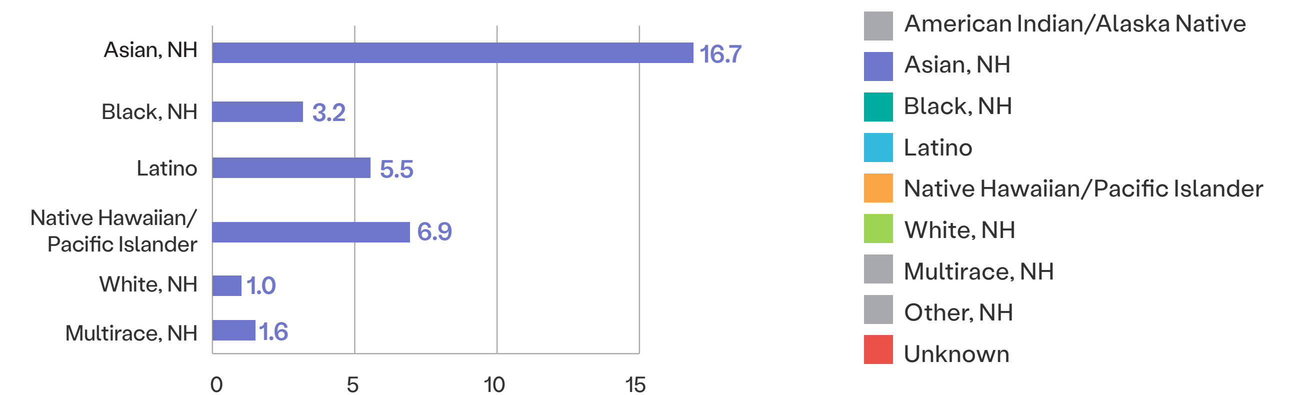
[47] National Cancer Institute. (2024, April 17). SEER*Explorer: An interactive website for SEER cancer statistics. Surveillance Research Program, National Cancer Institute. Available from: https://seer.cancer.gov/statistics-network/explorer/. Data source(s): SEER Incidence Data, November 2023 Submission (1975-2021), SEER 22 registries.

Therefore, it is essential for federal, state, and local health agencies to adopt data disaggregation practices and work closely with organizations to collect and analyze data responsibly. Only by committing to disaggregated health data collection and analysis can we aspire to close health gaps and ensure every member of the AANHPI community has access to the high-quality healthcare they deserve.

Figure 19: Tuberculosis Cases by Race/Ethnicity: California, 2014-2023







Note: Race/ethnicity groups with "NH" indicate non-Latino. Case rate is not calculated where the number of cases is less than 5 or Other/Unknown is specified. Denominators for computing rates are from the California Department of Finance, E-2 California County Population Estimates and Components of Change by Year; P-3 Population Projections Race/Ethnicity and Sex by Individual Years of Age; and the U.S. Census Bureau, American Community Survey. California Department of Public Health, Tuberculosis Control Branch. Visuals reflect provisional data as of February 2, 2024.

[48] California Department of Public Health (2024). California Tuberculosis Dashboard. https://cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB-California-TB-Dashboard.aspx

[49] Williams, P. M., Pratt, R. H., Walker, W. L., Price, S. F., Stewart, R. J., & Feng, P. I. (2023). Tuberculosis — United States, 2023. *MMWR Morbidity & Mortality Weekly Report, 73*, 265–270.

Health Insurance

One clear example of disparities within the AANHPI community is in health insurance coverage. In California, 6.5% of the population and nationally 8% of the total population was uninsured.[50]

While only 3.4% of White, non-Latino individuals in San Diego County were uninsured, Figure 20 shows that uninsured rates are much higher for some AANHPI groups. According to a study by the AAPI Data Project at University of California Riverside and the University of California Los Angeles Center for Health Policy Research (CHPR), 30% of Asian Americans in California reported difficulties accessing health services. The main barriers were financial cost, lack of awareness about available options, limited insurance coverage, and limited English proficiency. Notably, 70% of Asian Americans cited financial cost as a key barrier to accessing care. Additionally, there were statistically significant increases in healthcare delays due to system and provider barriers, including challenges in securing timely appointments.[51]

Native Hawaiian* and Cambodian San Diego have alarmingly high uninsured rates: more than five times the uninsured rates of White, non-Latino San Diegans. For more information, see Table 8 in Appendix.

[50] U.S. Census Bureau. (n.d.). Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2022. American Community Survey, 1-Year Estimates Subject Tables, Table HI05_ACS. https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.2022.html#list-tab-776654388

[51] Shih, H., Vinh, R., Ramakrishnan, K., Gasawai, P., Hughes, T., & Ponce, N. (2022). Impact of COVID-19 on Access to Health, Mental Health, and Social Services for Asian Americans, Native Hawaiians, and Pacific Islanders. Riverside, CA: AAPI Data. https://healthpolicy.ucla.edu/our-work/publications/post-pandemic-agenda-community-well-being-among-asian-americans-native-hawaiians-and-pacific

Figure 20: AANHPI San Diegans without Health Insurance, 2022

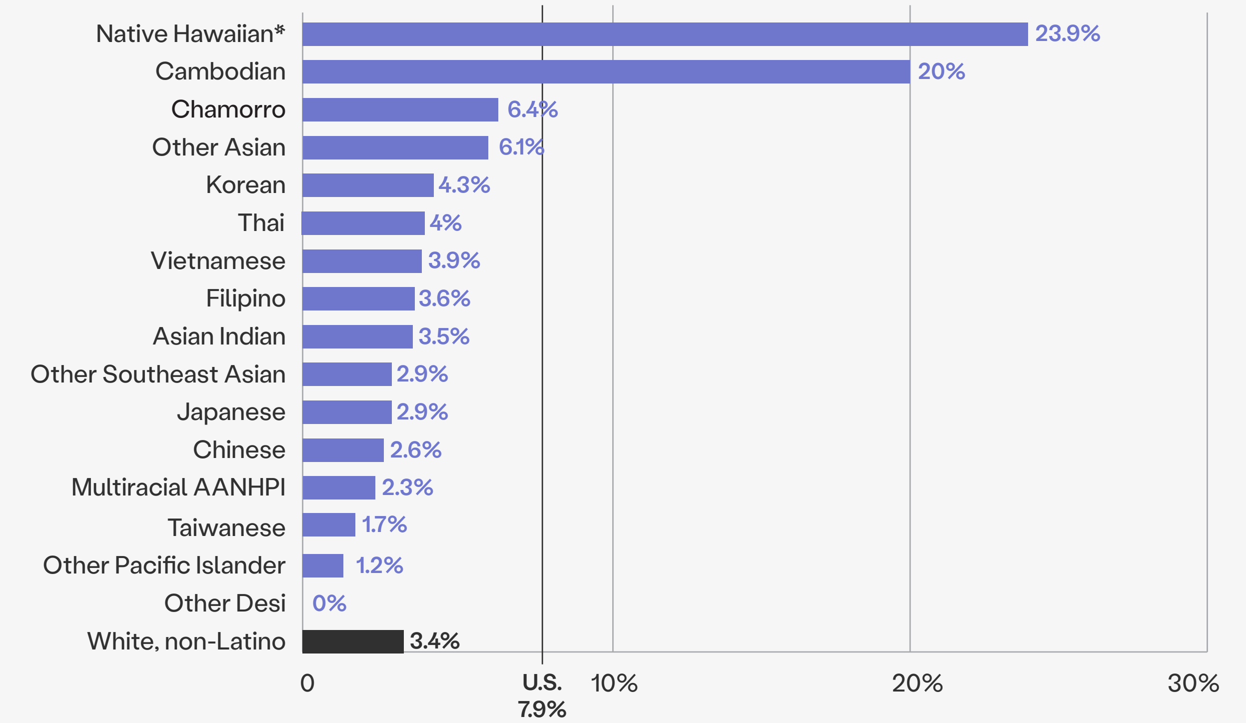
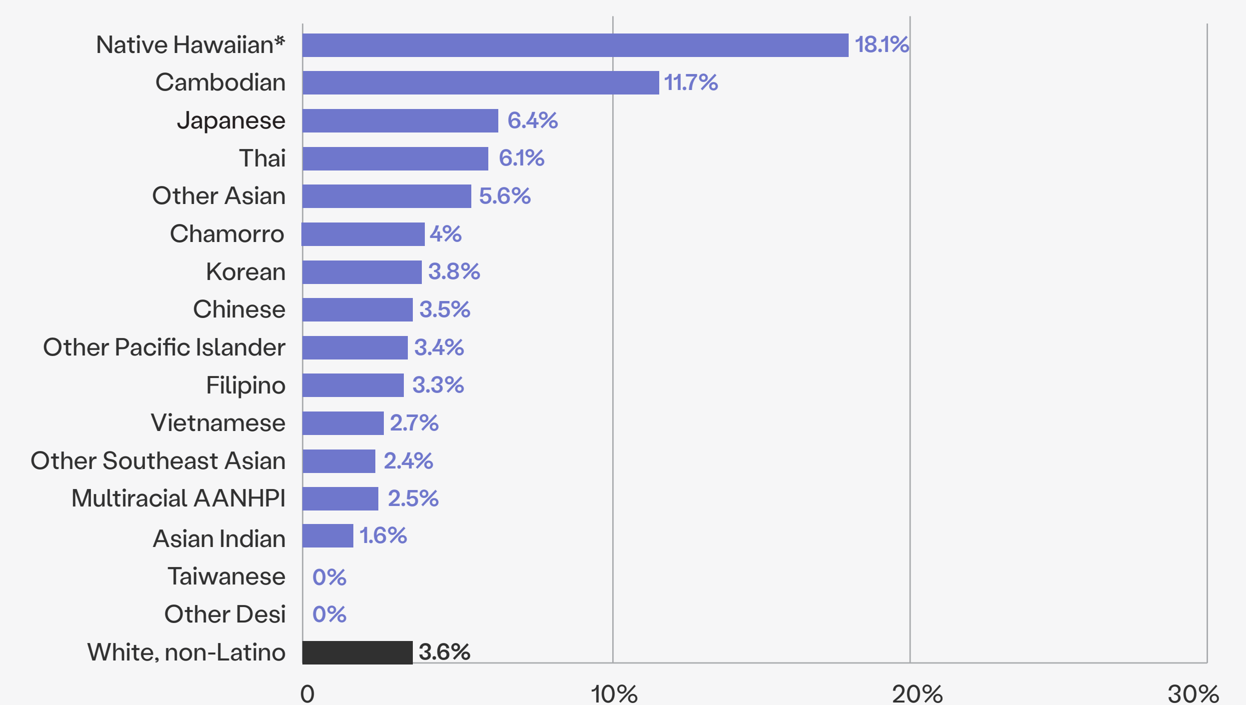


Figure 21: Employed AANHPI San Diegans without Health Insurance, 2022



Food Insecurity

Food insecurity is commonly measured through participation in the Supplemental Nutrition Assistance Program (SNAP) because it serves as a practical, widely available indicator of economic hardship and access to adequate nutrition.

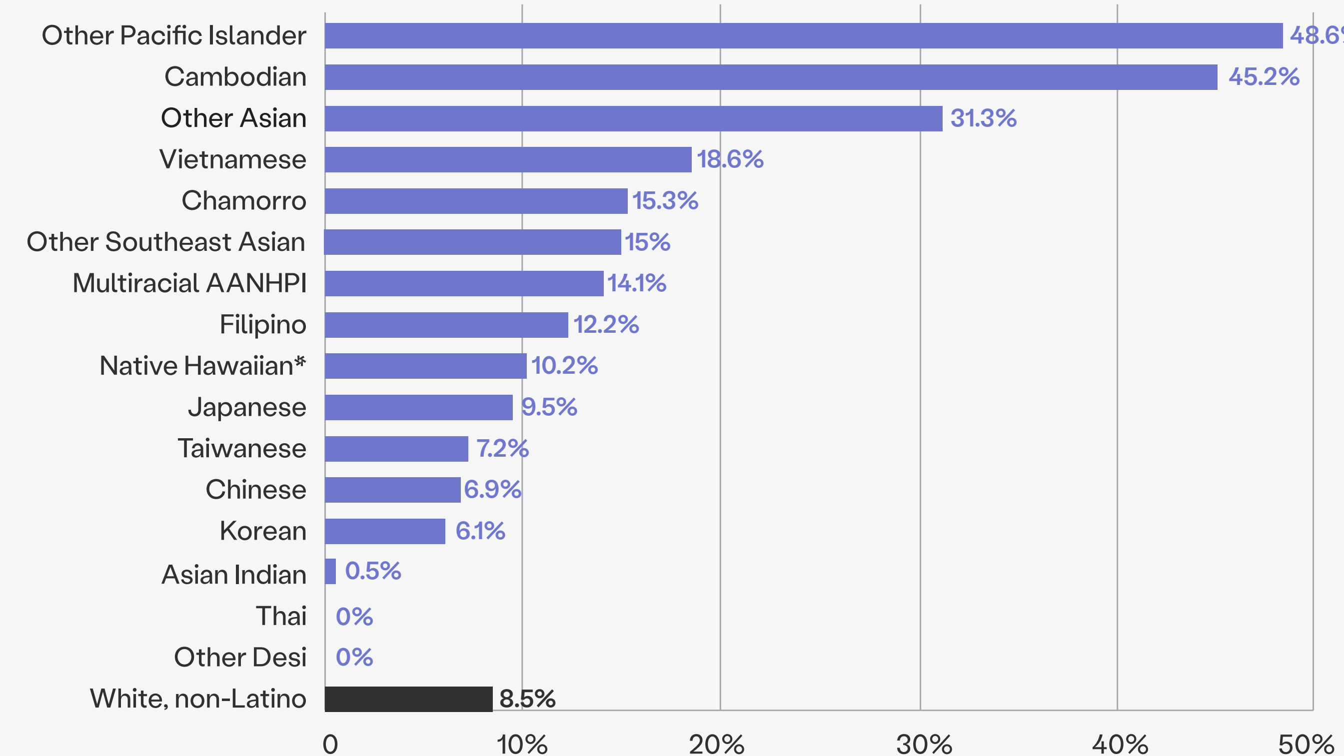
SNAP participation provides insight into how many households struggle to afford food, making it a key measure in research on food insecurity. SNAP participation is a useful proxy for food insecurity, but it is not without limitations. Not all food-insecure individuals or households are eligible for or participate in SNAP, which can result in underestimating the true extent of food insecurity. Some eligible households may not apply due to stigma, lack of awareness or barriers in the enrollment process. While SNAP itself is a federal program designed to alleviate food insecurity by supplementing low-income households' food budgets, the decision to apply for and receive benefits often reflects underlying economic vulnerabilities that put individuals at risk for poor health outcomes.

Individuals and households facing food insecurity can experience stress related to insufficient food resources, leading to poor diet quality and nutritional deficiencies. Over time, this can result in a range of negative health outcomes such as chronic diseases. Food insecurity is associated with increased risks for conditions such as diabetes, obesity and heart disease. It is also linked to poor mental health outcomes, including higher rates of depression, anxiety and stress. In children, food insecurity can have profound developmental consequences and is associated with higher rates of developmental delays, poor physical growth, cognitive development challenges and increased hospitalizations due to preventable illnesses. Food insecurity additionally can lead to higher healthcare costs and increased utilization of health services.[52,53]

[52] Hines, C. T., Markowitz, A. J., & Johnson, A. D. (2021). Food insecurity: What are its effects, why, and what can policy do about it? *Policy Insights from the Behavioral and Brain Sciences, 8*(2), 127-135.

[53] Leung, C. W., Kullgren, J. T., Malani, P. N., Singer, D. C., Kirch, M., Solway, E., & Wolfson, J. A. (2020). Food insecurity is associated with multiple chronic conditions and physical health status among older US adults. *Preventive Medicine Reports, 20*, 101211.

Nationally, 12.4% of the entire population across all races has participated in SNAP in the past year and 10.5% in California.[54,55] While 8.5% of White, non-Latino individuals in San Diego County participate in SNAP, the rates are notably higher among other groups: 48.6% of Other Pacific Islanders, 45.2% of Cambodians, 31.3% of Other Asian, 18.6% of Vietnamese, 15.3% of Chamorro, 15.0% of Other Southeast Asians, and 12.2% of Filipinos (see Table 9 in Appendix). Notably, 0% of Thai and Other Desi individuals participate in SNAP, which may indicate a disparity in access to services.



[54] U.S. Census Bureau. (n.d.). Selected Economic Characteristics. American Community Survey, 1-Year Estimates Data Profiles, Table DP03, 2022. https://data.census.gov/table/ACSDP1Y2022.DP03?q=food&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

[55] U.S. Census Bureau. (n.d.). Selected Economic Characteristics for San Diego County, California. American Community Survey, 1-Year Estimates Data Profiles, Table DP03, 2022. https://data.census.gov/table?q=food&g=050XX00US06073&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

Mental Health

When we originally scoped this report, we planned to include youth mental health because of the very high suicide rate among AANHPI youth.

However, several interview participants highlighted broader concerns about mental health in the AANHPI community and their subgroup communities. These discussions led us to expand our analysis, uncovering critical trends in adult AANHPI mental health and suicide rates that warrant further attention.

Further data analysis revealed that in 2022 for AANHPI individuals in California ages 25-34, suicide was the second leading cause of death, following unintentional injury and the fourth leading cause of death for 35- to 44-year-olds.[56] For comparison, among White, non-Latino individuals in California, suicide was similarly the second leading cause of death for those ages 25-34, but dropped to the fifth leading cause among those ages 35-44 (see Figure 23).

Gender disaggregation of the data provides additional insights. Suicide ranks as the leading cause of death for AANHPI males in California ages 20-24, the second leading cause of death for those ages 25-34, and the fourth for those ages 35-44. For AANHPI women, suicide ranks second for those ages 20-24, third for those ages 25-34, and fourth for those ages 35-44. For comparison, among White, non-Latino men in the same age groups, suicide ranks second for 20- to 24- and 25- to 34-year-olds, and fourth for 35- to 44-year-olds.

Figure 23: Ranking of Suicide as Top Cause of Death in California, 2022

Age	AANHPI Men	AANHPI Women	All Races & Sexes
20-24	1st	2nd	2nd
25-34	2nd	3rd	2nd
35-44	4th	4th	5th

[56] Centers for Disease Control and Prevention. (2024). Web-based Injury Statistics Query and Reporting System (WISQARS) Available from URL: www.wisqars.cdc.gov

One participant brought up his concerns with men's mental health in particular, describing how he sees the source of this problem and its dire potential consequences:

"A couple years ago we had two shootings perpetrated by Asian American older men up in Half Moon and San Francisco/Monterrey and so men in general are just lonely...we haven't been raised with the skills to express ourselves in ways or to reach out for help...I think mental health for Asian American men is something that doesn't get often talked about, and I think that's an urgent need in our community."

In California, 62.6% of adults with mental illness remain untreated (a total of 3,757,000 people). The state has one of the highest rates of untreated mental illness in the nation, trailing only Hawaii and Arizona.[57] A shortage of mental health providers exacerbates the problem, especially the lack of AANHPI mental health professionals who can offer culturally and linguistically appropriate care. For many AANHPI individuals, the absence of family counseling services available in native languages and the shortage of mental health providers with expertise in first-generation or immigrant care further deepens the gap in accessing appropriate mental health support. A recent study by AAPI Data and the UCLA Center for Health Policy Research revealed that in California, 42% of Native Hawaiian and Pacific Islanders and 31% of Asian Americans seeking mental health support had difficulty accessing services. The top barriers identified were financial cost, being unfamiliar with options to care and lack of health insurance.[58] The barriers identified in California are mirrored on a national level. A national study conducted by the National Alliance on Mental Illness (NAMI) revealed that 55% of Asian Americans needed mental health support but did not receive it.[59]

[57] Mental Health America. (2023). The State of Mental Health in America. https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf

[58] Tan, C., Lo, F., Ocampo, C., Galán, M. & Ponce, N. A. (2024). Piecing the puzzle of AANHPI mental health: A community analysis of mental health experiences of Asian Americans, Native Hawaiians and Pacific Islanders in California. Los Angeles, CA: AAPI Data and UCLA Center for Health Policy Research. https://aapidata.com/wp-content/uploads/2024/03/Piecing-the-Puzzle-of-AANHPI-Mental-Health-Report-2024.pdf

[59] National Alliance on Mental Illness. (2021). Communities of Color Face Greater Challenges Finding Effective Therapy, National Survey Finds. https://www.nami.org/press-releases/communities-of-color-face-greater-challenges-finding-effective-therapy-national-survey-finds/

The barriers to accessing mental health care are multifaceted. While the Affordable Care Act (ACA), enacted in 2010, mandates that most insurance plans cover mental health services, there are critical loopholes that leave many without adequate coverage. Short-term insurance plans, which do not have to comply with ACA standards, are exempt from covering mental health services. As of 2019, nearly 3 million individuals were enrolled in these short-term plans, leaving them without necessary mental health coverage. Additionally, the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, which aimed to ensure that mental health benefits are covered on par with physical health benefits, does not require all plans to include mental health coverage, leaving many gaps in care.[60,61]

Stigma surrounding mental health remains a pervasive issue within many AANHPI communities. It is important to note that characteristics and experiences of stigma vary significantly from nation to nation, and even within a nation. This stigma is deeply rooted in cultural, spiritual or religious norms that can discourage open conversations about mental health, such as framing it as a personal or familial failure or spiritual incompetency rather than a legitimate health concern.[62] Older age, male gender, some religious aspects and low socioeconomic status are all positively correlated with higher mental health-related stigma.[63]

Participants described an underutilization of mental health services in their community, a lack of mental health services and visibility in their home countries, a lack of emotional expression and social connection skills among men, and the importance of culturally sensitive mental health services.

Here's an example of one participant citing the lack of support for therapy and describing a traditional practice that some use as an alternative:

"So, they may not be supportive of their children going to a therapist, but they'll take them to like a healer…There's this spiritual kind of massage we call hilot and again, not all Filipinos practice…when someone is experiencing any kind of pain that could be physical, mental, emotional pain, that's because there is an upset spirit that's like living in you. So, you do the hilot to try to force that spirit out and make you regain your sense of self."

The lack of support for therapy may trace back to the homeland in this case:

"In the Philippines, for example, in the entire country, there is one behavioral mental health facility… culturally there, it's still frowned upon. There's not an understanding of mental/behavioral health quite yet, because it's not something they can see…even though there are physical symptoms that can happen from behavioral health, it's not, it's just not easily as diagnosed…However, people do want it, and people are getting it, but…I heard a case of a therapist, she would have to see her clients like in some closet somewhere, because it wasn't an acceptable thing."

[60] U.S. House of Representatives Committee on Energy and Commerce. (2020). Shortchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk. https://docs.house.gov/meetings/IF/IF14/20210323/111378/HHRG-117-IF14-20210323-SD023.pdf

[61] United States Government Accountability Office Report to Congressional Committees. (2022). Private Health Insurance: Limited Data Hinders Understanding of Short-Term Plans' Role and Value During the COVID-19 Pandemic. https://www.gao.gov/assets/gao-22-104683.pdf

[62] Vaishnav, M., Javed, A., Gupta, S., Kumar, V., Vaishnav, P., Kumar, A., Salih, H., Levounis, P., Ng, B., Alkhoori, S., Luguercho, C., Soghoyan, A., Moore, E., Lakra, V., Aigner, M., Wancata, J., Ismayilova, J., Islam, M. A., Da Silva, A. G., Chaimowitz, G., … Ashurov, Z. (2023). Stigma towards mental illness in Asian nations and low-and-middle-income countries, and comparison with high-income countries: A literature review and practice implications. *Indian Journal of Psychiatry, 65*(10), 995–1011.

[63] Kudva KG, El Hayek S, Gupta AK, et al. (2020). Stigma in mental illness: Perspective from eight Asian nations. *Asia-Pacific Psychiatry, 12*: e12380.

Another participant described their ideas for supporting mental health in her community, especially among older generations, through social connection, storytelling (or as described by another participant, "Talk Story"), and exercise:

"'Hey, aunties and uncles, we would love to, like, just kind of gather you together and hear stories of what your life was like…' You know, in their 40s to 60s, they'll show up for that. They'll show up for line dancing… They love Zumba, like there's stuff that they love that they will show up for. And we have to, we have to look at that as success. They've come—they've shown up. They're [telling] stories or telling us about themselves. They're willing to move, physically move, they're willing to dance. They're willing to sing, right? That's all good. That's all positive behavioral health outcomes. But it's hard. I don't think our funders have caught up to that. It's really hard to explain why that's so important for some of these communities…because it's not therapy, but therapy doesn't work for everybody… You have to think, right? It's not psychotherapy, it's not CBT (cognitive behavioral therapy), but it works. It works. If it keeps somebody alive and keeps them here, then that's working, right?"

Another participant described why culturally sensitive therapy is important for their community:

"There really is something to be said about having a mental health practitioner who understands your culture…And so how do we encourage our people to, number one, be okay, seeking help. That's another big thing. The other big part is, for a lot of AANHPI people, period, our folks are in such survival mode for so long that any kind showing, any kind of struggle or weakness in that way is not acceptable. So even if the services are there, they will not seek it."

Cultural perceptions of mental illness heavily influence how individuals engage with mental health treatment. Within AANHPI communities, mental health struggles can be associated with shame and dishonor, which may lead individuals to conceal their struggles and avoid seeking professional help. However, culture can also be a protective factor. Feeling rooted in one's culture and maintaining strong community ties can promote a sense of belonging, which studies suggest may help buffer against the development or exacerbation of psychiatric conditions.[64,65]

[64] Gopalkrishnan N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in Public Health, 6*, 179.

[65] Brance, K., Chatzimpyros, V., & Bentall, R. P. (2023). Increased social identification is linked with lower depressive and anxiety symptoms among ethnic minorities and migrants: A systematic review and meta-analysis. *Clinical Psychology Review, 99*, 102216.

Youth Health

Physical health, mental health and behavioral health of AANHPI youth is of particular interest, because the perspectives, habits and choices youth make have the potential to follow them for the rest of their lives.

The Youth Risk Behavior Surveillance System (YRBSS) tracks some critical indicators of high school students over time that ACS and other data sources do not. However, it does have two limitations of note. First, it doesn't survey all county high school students, but only San Diego Unified students. San Diego Unified is the largest school district in the county, but it may not represent the youth in the county as a whole. Second, YRBSS does not disaggregate racial data granularly. We report the aggregated data here to give a broad picture of youth health and encourage readers to consider that there is likely as much diversity in the AANHPI community in these indicators as there is in others. We encourage data collection in future YRBSS surveys and others to consider adopting a set of racial options similar to that of ACS so that the diversity can be revealed in the future to guide effective intervention.

Substance Use

Nicotine, tobacco, and alcohol have negative impacts on adolescents' brain development and "prime" them for damaging addictions throughout life.[66,67] In this section, we review tobacco, vape and alcohol use among San Diego Unified high school students.

We first present the percentage of San Diego Unified high school students who reported smoking cigarettes on at least one day of the previous month from 2013 to 2021. These analyses revealed a decrease in cigarette use over time, with less than 2% of Asian American students reporting cigarette use in 2021 (see Figure 24). Asian American students tended to smoke less than White students over the timeframe studied. Between 2017 and 2021, gaps between Asian and White groups narrowed, with both smoking abstinence rates rising over 96%.

While YRBSS data does not provide disaggregation by specific AANHPI subgroups, we can infer some smoking patterns based on known behaviors in countries of origin. For example, first-generation immigrants from countries with higher smoking rates, such as Indonesia or South Korea, may initially display higher rates of tobacco use, particularly among boys. Over time, as AANHPI youth acculturate to American norms—such as speaking English at home or residing in the U.S. for multiple generations—their smoking rates tend to align more closely with those of the general U.S. population.

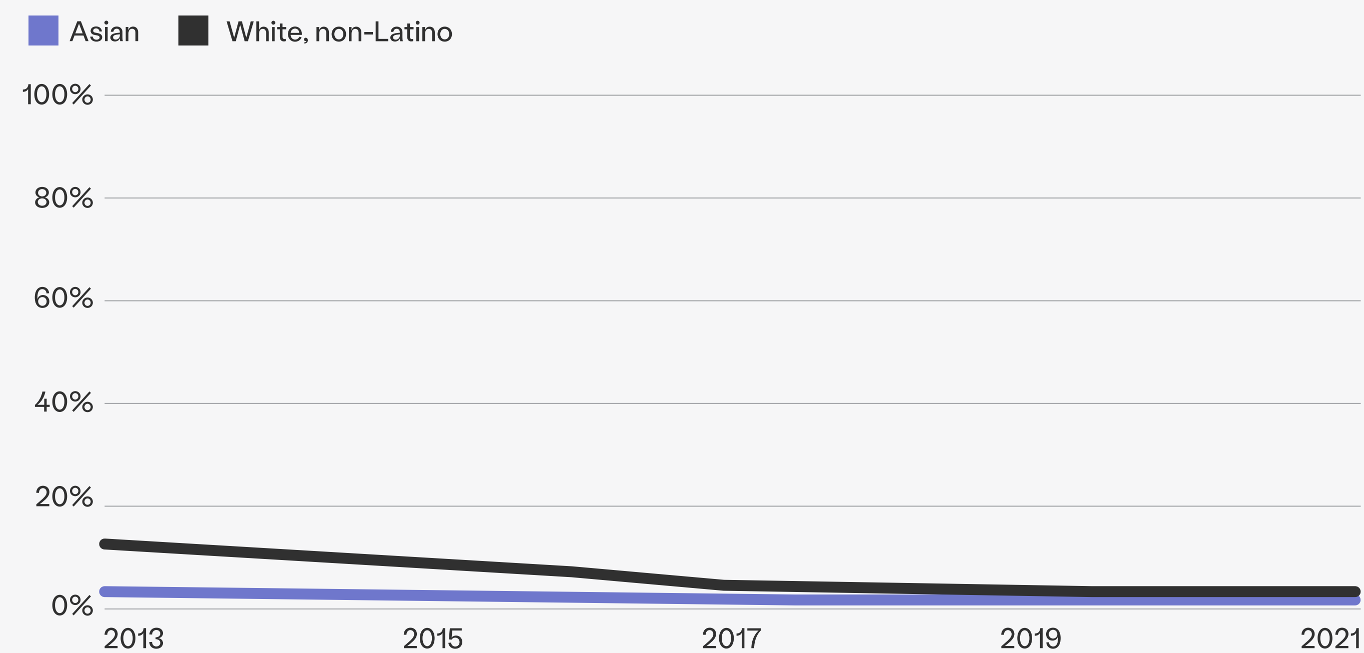
[66] Yuan, M., Cross, S. J., Loughlin, S. E., & Leslie, F. M. (2015). Nicotine and the adolescent brain. *The Journal of Physiology, 593*(16), 3397–3412.

[67] Marshall, E. J. (2014). Adolescent alcohol use: Risks and consequences. *Alcohol and Alcoholism, 49*(2), 160–164.

Research suggests that acculturation leads to declining smoking rates among AANHPI men, but it can also result in increasing smoking rates among women, a pattern consistent with broader U.S. trends in tobacco use.[68]

Some Asian and Pacific Island nations have higher cigarette use than the U.S. For example, 15.8% of Americans 15 and older in 2021 were cigarette smokers compared to 32.6% of people living in Indonesia and 25.2% of people living in China. South Korea, Samoa and the Philippines have overall smoking rates around 20%, but much more smoking among men (36.4% of men in the Philippines, 33.2% of men in South Korea, and 27.8% of men in Samoa, compared to 18.1% of men in the U.S.). Singapore and Bangladesh both have lower national cigarette smoking rates, but much higher rates among men than in the U.S.[69] If there is diversity among AANHPI subgroups obscured by the aggregation in YRBSS data, we would expect higher rates among students from these countries, especially among recent immigrants.

Figure 24: Percent of students who smoked cigarettes on at least one day of the previous month: Cigarette use among Asian American and White, non-Latino San Diego Unified high school students, 2013–2021



[68] An, N., Cochran, S. D., Mays, V. M., & McCarthy, W. J. (2008). Influence of American acculturation on cigarette smoking behaviors among Asian American subpopulations in California. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco, 10*(4), 579–587.

[69] *World Health Organization. (2021) "Global report on trends in prevalence of tobacco use 2000-2025, fourth edition".* https://www.who.int/publications/i/item/9789240039322

While cigarette smoking among adolescents has significantly declined over the past few decades, vaping has emerged as a growing concern. To gain a comprehensive understanding of nicotine use, it is essential to examine vaping behaviors in addition to traditional smoking. In this section, we present data on the percentage of San Diego Unified high school students who reported vaping in the previous month, disaggregated by race from 2015 to 2021 (data were unavailable prior to 2015).

The data reveals that Asian American students consistently reported lower rates of vaping compared to their White peers during this period (see Figure 25). This suggests that Asian American adolescents in the district may be less likely to engage in vaping, though the reasons for these differences require further exploration.

Compared to cigarette smoking, there is less available data on the prevalence of vaping within specific AANHPI subgroups. However, it's important to note that some countries with significant AANHPI populations, including Brunei, Cambodia, Laos, Singapore and Thailand, have implemented bans on e-cigarettes, while others have introduced regulatory measures. These national policies may influence vaping behaviors among recent immigrants from these regions or their descendants in the U.S., though more research is needed to understand the full impact of such policies on vaping trends among AANHPI youth.[70]

Finally, we present the percentage of San Diego Unified high school students who consumed alcohol at least once in the previous month by race from 2013 to 2021 in Figure 26. Compared to White, non-Latino students, Asian American students had consistently lower rates of alcohol use in all years observed with just under 16% of Asian students reporting using alcohol in 2013 and 2015 and the percentage declining in subsequent years.

Figure 25: Percent of students who vaped in the previous month: Vaping use among Asian American and White, non-Latino San Diego Unified high school students, 2013–2021

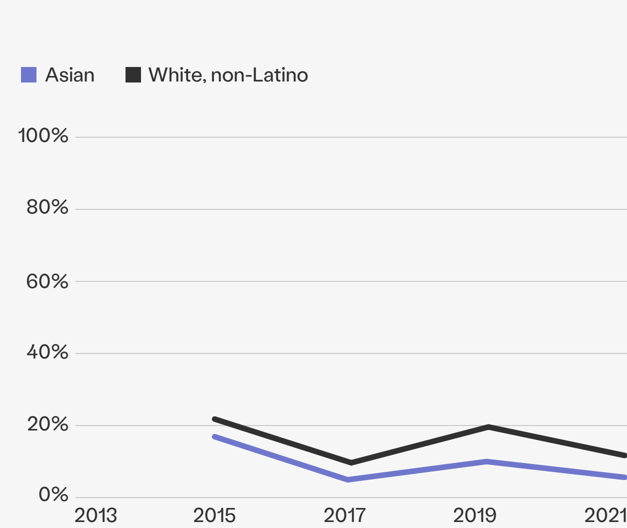
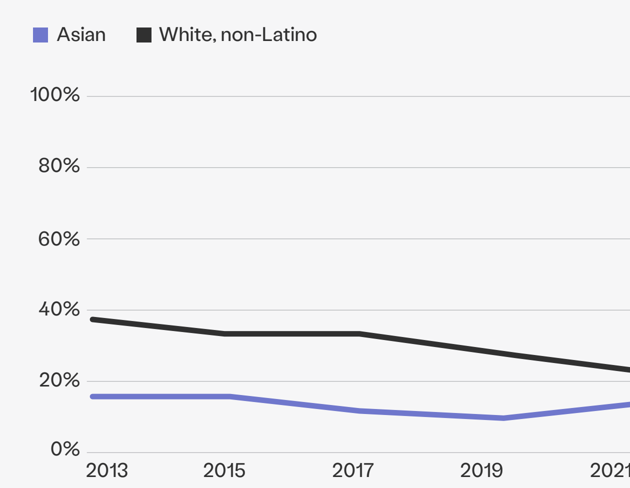


Figure 26: Percent of students who consumed alcohol at least once in the previous month: Asian American and White, non-Latino San Diego Unified high school students using alcohol, 2013–2021



[70] van der Eijk, Y., Ping, G. T. P., Ong, S. E., Xin, G. T. L., Li, D., Zhang, D., Shuen, L. M., & Seng, K. C. (2022). E-Cigarette markets and policy responses in Southeast Asia: A scoping review. *International Journal of Health Policy and Management, 11*(9), 1616–1624.

The research literature indicates diversity among AANHPI subgroups. In one study of Asian Americans between 12 and 17 years old, 10.3% of Filipino adolescents had used alcohol in the past month, compared to 9.2% of Korean, 8.6% of Japanese, 8.5% of multiracial Asian, 7.1% of Vietnamese, 6.2% of Chinese and 4.9% of Asian Indian adolescents.[71] We couldn't find recent research on Native Hawaiian adolescent alcohol use, but a metareview covering articles from 1995 to 2009 indicated that alcohol use among Native Hawaiian adolescents was an acute problem over that time period; Native Hawaiian adolescents were more likely than other races living in Hawaii to use alcohol, tobacco and other drugs.[72] Research indicates that Pacific Islander adolescents used alcohol more than average, and that culturally relevant activities, like sports, dance and choir, are associated with lower alcohol use.[73]

Youth Mental Health

Adolescence is a critical time for mental health, with far reaching implications for many aspects of life, influencing academic performance, social relationships, self-esteem and long-term life outcomes. Young people with poor mental health are at elevated risk for self-harm and suicide, and the AANHPI community faces these challenges as well.

Nationally, among AANHPI youth ages 15-19, 20-24 and 25-34, suicide was the second leading cause of death. When looking at the trends nationally across all racial groups combined, suicide was the second leading cause of death for those ages 10-14 and 20-24, and the third leading cause for youth ages 15-19.

In California, the crisis is particularly stark (see Figure 27). In 2022, suicide became the leading cause of death among AANHPI youth ages 15-19. Among AANHPI young adults ages 20-24, suicide was also the leading cause of death.

Figure 27: Ranking of Suicide in Youth as Top Cause of Death in California and Nationally, 2022

Age	AANHPI	White, non-Latino	National AANHPI	National, All Races
10-14	3rd	3rd	3rd	2nd
15-19	1st	3rd	2nd	3rd
20-24	1st	2nd	2nd	2nd

[71] Kane, J. C., Damian, A. J., Fairman, B., Bass, J. K., Iwamoto, D. K., & Johnson, R. M. (2017). Differences in alcohol use patterns between adolescent Asian American ethnic groups: Representative estimates from the National Survey on Drug Use and Health 2002–2013. *Addictive Behaviors, 64*, 154–158.

[72] Edwards, C., Giroux, D., & Okamoto, S. K. (2010). A Review of the literature on Native Hawaiian youth and drug use: Implications for research and practice. *Journal of Ethnicity in Substance Abuse, 9*(3), 153–172.

[73] Subica, A. M., Guerrero, E. G., Hong, P., Aitaoto, N., Moss, H. B., Iwamoto, D. K., & Wu, L.-T. (2022). Alcohol use disorder risk and protective factors and associated harms among Pacific Islander young adults. *Journal of Racial and Ethnic Health Disparities, 9*(5), 1818–1827.

Among AANHPI children ages 10-14, suicide was tied with influenza and pneumonia as the third leading cause of death. This represents an upward trend compared to 2021, where suicide consistently ranked behind unintentional injuries across age groups.

When examining these trends through a gendered lens, the data reveals further disparities. Among AANHPI boys ages 15-19 in California, suicide ranks as the leading cause of death, while it is the second leading cause for AANHPI girls in the same age group. By comparison, for White, non-Latino boys and girls in this age group, suicide ranks as the third leading cause of death.[74]

This alarming trend reflects the broader mental health crisis among teenagers. Recent studies have shown that mental health conditions leave a tremendous impact on the developmental trajectories of young people. According to a comprehensive CDC analysis, anxiety disorders and attention-deficit/hyperactivty disorder (ADHD) are the most common mental health conditions among U.S. children ages 3-17, affecting more than one in 11 children. The situation is even more concerning for older adolescents, with one in five American teenagers between 12 and 17 experiencing major depressive episodes. In 2019, a staggering 37% of high school students reported feelings of hopelessness or sadness, underscoring the widespread nature of mental health challenges in this age group.[75]

A participant's reflection on youth mental health:

"Every time I have these conversations with students, I always ask them, 'How many of you feel like when you're struggling or going through something that you could talk to your parents or your family?' And guess how many of them raise their hands? Not many. And that makes me so sad, because those are kids. They're my kid's age…and so it kind of kills me that they don't feel supported by my generation… because, like, we weren't supported in certain ways either…people sometimes end up perpetuating the trauma that they face without knowing it…How can we support our youth to be soft when they want to be soft, but be resilient when they need to be also?"

A particularly concerning aspect of this crisis is the lack of access to mental health care. Nationally, AANHPI youth with a Major Depressive Episode (MDE) are the least likely to receive specialized mental health services. A staggering 78% reported not receiving any mental health care in the past year. In California, this figure stands at 69.5%, meaning that nearly 7 in 10 AANHPI youth with an MDE do not receive the care they need—equating to approximately 287,000 AANHPI youth who remain untreated. Health coverage does not necessarily guarantee access to mental health services either.

Even among AANHPI youth with MDE who have private insurance that includes mental health coverage, 53% do not receive any care. For those whose insurance does not cover mental health services, the gap is even wider—64.1% go without care.[76]

[74] Centers for Disease Control and Prevention. (2024). Web-based Injury Statistics Query and Reporting System (WISQARS). Available from URL: www.wisqars.cdc.gov

[75] Bitsko, R. H., Claussen, A. H., Lichtstein, J., Black, L. J., Everett Jones, S., Danielson, M. D., & Ghandour, R. M. (2022). Surveillance of children's mental health–United States, 2013–2019. MMWR Supplements, 71(2), 1-42.

[76] Mental Health America. (2023). The State of Mental Health in America. https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf

In addition to healthcare, young people face barriers getting access to culturally competent mental healthcare. Immigrant students and the children of immigrants often have different language backgrounds, home lives and cultural expectations than other young people. It can be difficult for counselors without those experiences or familiarity with them to offer relevant help and advice.

There are about 4,800 youth-focused mental healthcare providers in San Diego County in 2024, including school psychologists and child, family and school social workers. Among those, 9% are Asian and just 10 individual professionals are Native Hawaiian or Pacific Islander (which rounds to 0%).[77] Given that over 16% of residents are AANHPI, that reflects a substantial underrepresentation of AANHPI counselors focused on youth mental health.

Here we present the percentage of San Diego Unified high school students who seriously considered suicide in the previous 12 months.

We also present the rate of students who had at least one suicide attempt in the previous year. Approximately 15% of Asian American students seriously considered suicide in 2013 (see Figure 28). By 2021, that rate had risen to 21.6%. In Figure 29 we can see a net downward trend for this population for suicide attempts, with 11.5% of Asian American students attempting suicide at least once in 2013 and only 8.4% doing so in 2021. Suicide attempts were higher among Asian American students than White, non-Latino students in 2021.

In 2021 (the most recent available data), among White, non-Latino San Diego Unified high school students, 54.2% reported experiencing poor mental health (measured as a self-reporting of symptoms including stress, anxiety and/or depression) at least sometimes in the previous month. Asian American students reported higher rates of poor mental health, with 57.3% having poor mental health at least sometimes in the previous month.

Figure 28: Percent of students who seriously considered suicide in the previous year: Suicidal ideation among Asian American and White, non-Latino San Diego Unified high school students, 2013–2021

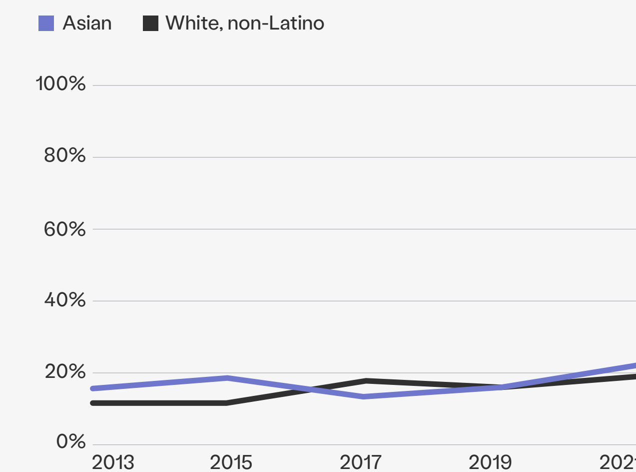
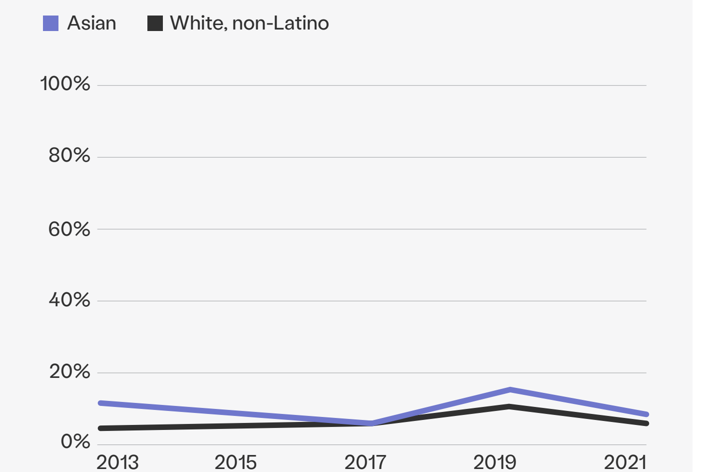
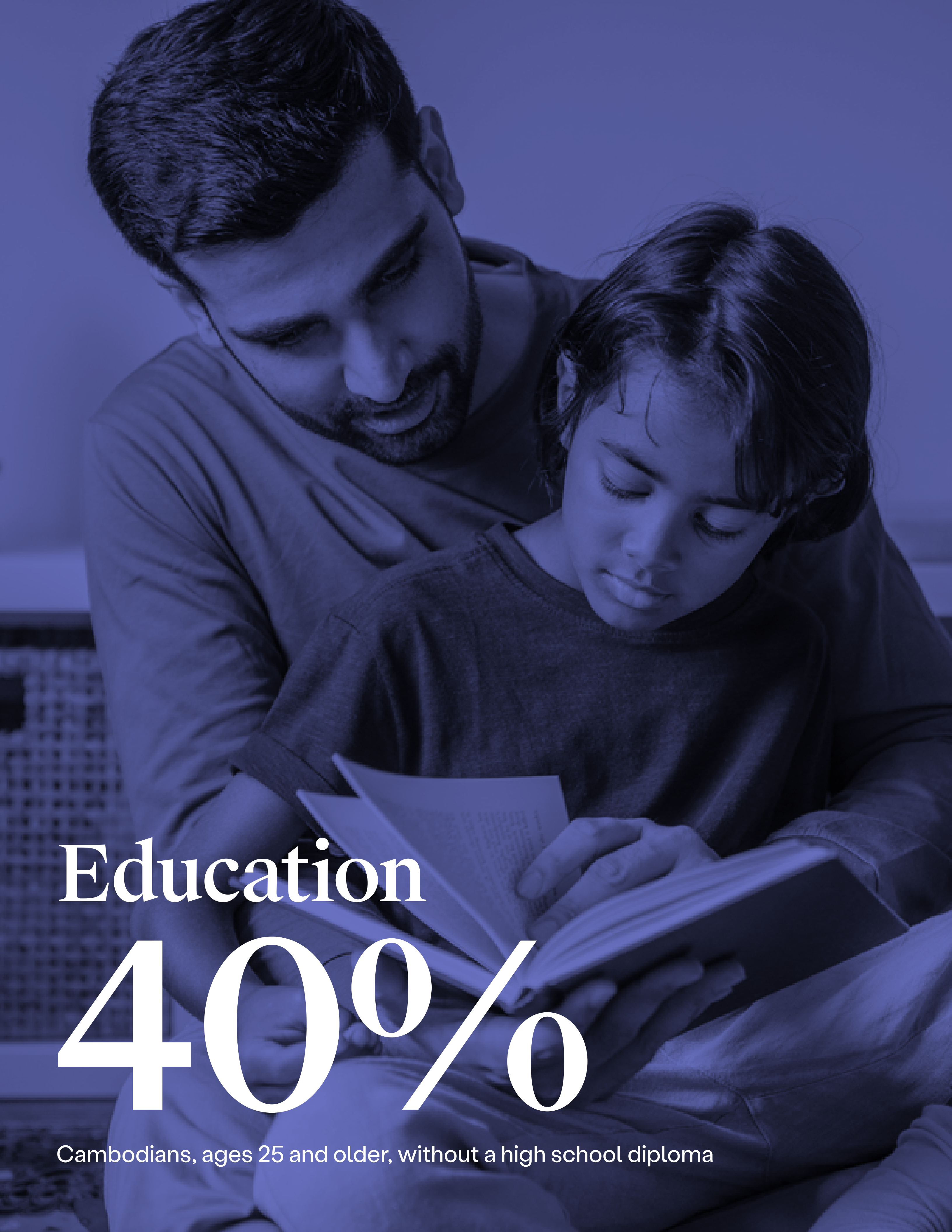


Figure 29: Percent of students who had at least one suicide attempt in the previous year: Suicide attempts among Asian American and White, non-Latino San Diego Unified high school students, 2013–2021



[77] Lightcast. (2024, October). Occupation Table.



When examining educational attainment among AANHPI communities, there is a prevailing narrative that Asian Americans as a whole are highly educated, often outperforming other racial and ethnic groups in higher education.

While this is true for certain subpopulations, disaggregated data reveals stark disparities in educational outcomes across AANHPI groups, shown in Figure 30 (also see Table 10 in Appendix). For reference, 21.6% of the U.S. population has a bachelor's degree, and 35.7% of the population hold at least a bachelor's degree.[78] In California, 22.5% of the population has a bachelor's degree and 37% of the population hold at least a bachelor's degree.[79]

At one extreme, 93.7% of Asian Indians, and 89.8% of Taiwanese individuals ages 25 and older hold at least a bachelor's degree in San Diego County. This achievement reflects a combination of factors, including historical migration patterns and access to educational opportunities both in their countries of origin and the U.S. Many individuals from these subpopulations arrive to the U.S. through high-skilled immigration programs, such as H-1B visas,[80] which prioritize highly educated and specialized workers, particularly in fields like technology, engineering, finance and medicine.

Other subpopulations face significant barriers to education. For instance, only 10.6% of Other Pacific Islanders, 12.1% of Chamorro individuals, and 14.7% of Native Hawaiians* ages 25 and older have achieved this level of education. This stark contrast points to structural inequities that disproportionately affect Native Hawaiian, Pacific Islander and Chamorro communities. These groups often contend with economic hardships, lack of access to quality schools, and limited educational support services, in addition to the impacts of colonization and militarization may contribute to lower levels of educational attainment.

Among some Southeast Asian subpopulations, similar disparities emerge, although their experiences are shaped by different historical and socioeconomic factors. In San Diego County, 40.2% of Cambodians and 20.0% of Other Southeast Asians aged 25 and older have not earned a high school diploma. The Southeast Asian American experience is heavily influenced by refugee and migration patterns following the Vietnam War and the Khmer Rouge Cambodian Genocide.[81] Many Cambodian, Laotian and Hmong refugees arrived in the U.S. under traumatic circumstances, often with limited formal education and significant language barriers and these challenges can persist across generations.

A participant shares their experience mentoring students on educational pathways after high school:

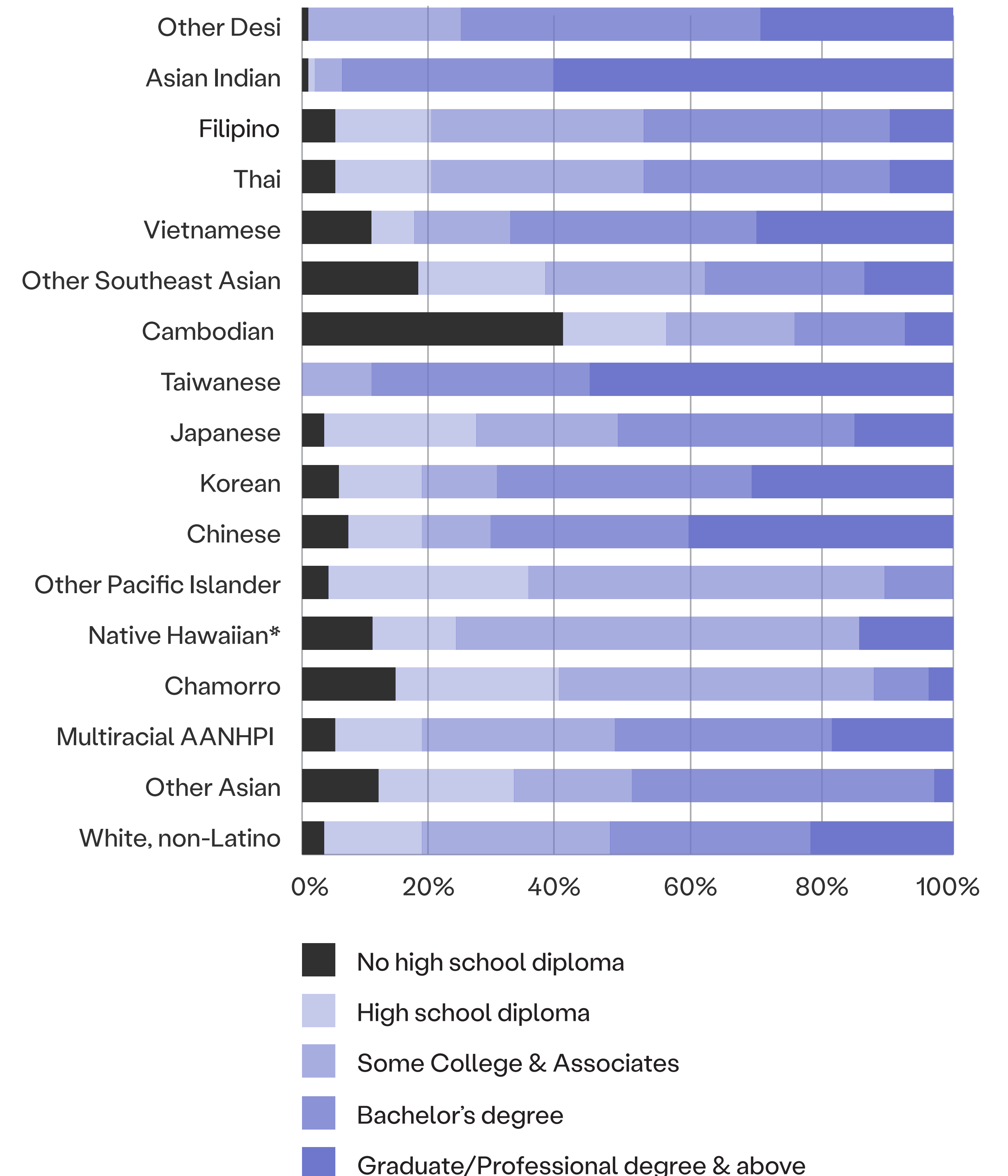
"When you're talking to the type A, straight-A students, I have to tell them, honey, you don't have to be perfect. It's okay if you don't get into that Ivy League. It's okay if you don't get into Cal or UCLA… you're still a valid, beautiful human being, like they need to hear that…There's this whole other layer of kids…their dads and uncles are just telling them to join the military…don't even bother going to college."

[78] U.S. Census Bureau. (n.d.). Educational Attainment. American Community Survey, 1-Year Estimates Subject Tables, Table S1501, 2022. https://data.census.gov/table/ACSST1Y2022.S1501?q=Education

[79] US Census Bureau. (n.d.) Educational Attainment. American Community Survey, 1-Year Estimates Subject Tables, Table S1501, 2022. https://data.census.gov/table/ACSST1Y2022.S1501?q=California%20Education

[80] Wage and Hour Division. (n.d.). H-1B Program. US Department of Labor. https://www.dol.gov/agencies/whd/immigration/h1b#:~:text=The%20H%2D1B%20program%20applies,of%20distinguished%20merit%20and%20ability.

[81] Asian Americans Advancing Justice. (2020). Southeast Asian American Journeys. https://www.searac.org/wp-content/uploads/2020/02/SEARAC_NationalSnapshot_PrinterFriendly.pdf



Economics/Finances

$20,000

Median income difference for Other Desis compared to White, non-Latino San Diegans

In this section, we will examine income and homeownership among AANHPI subgroups.

As a group, the median income of AANHPI individuals was second only to White, non-Latinos in San Diego County in 2022 ($60,327 compared to $66,642). However, this conceals considerable differences by subgroups.

Income

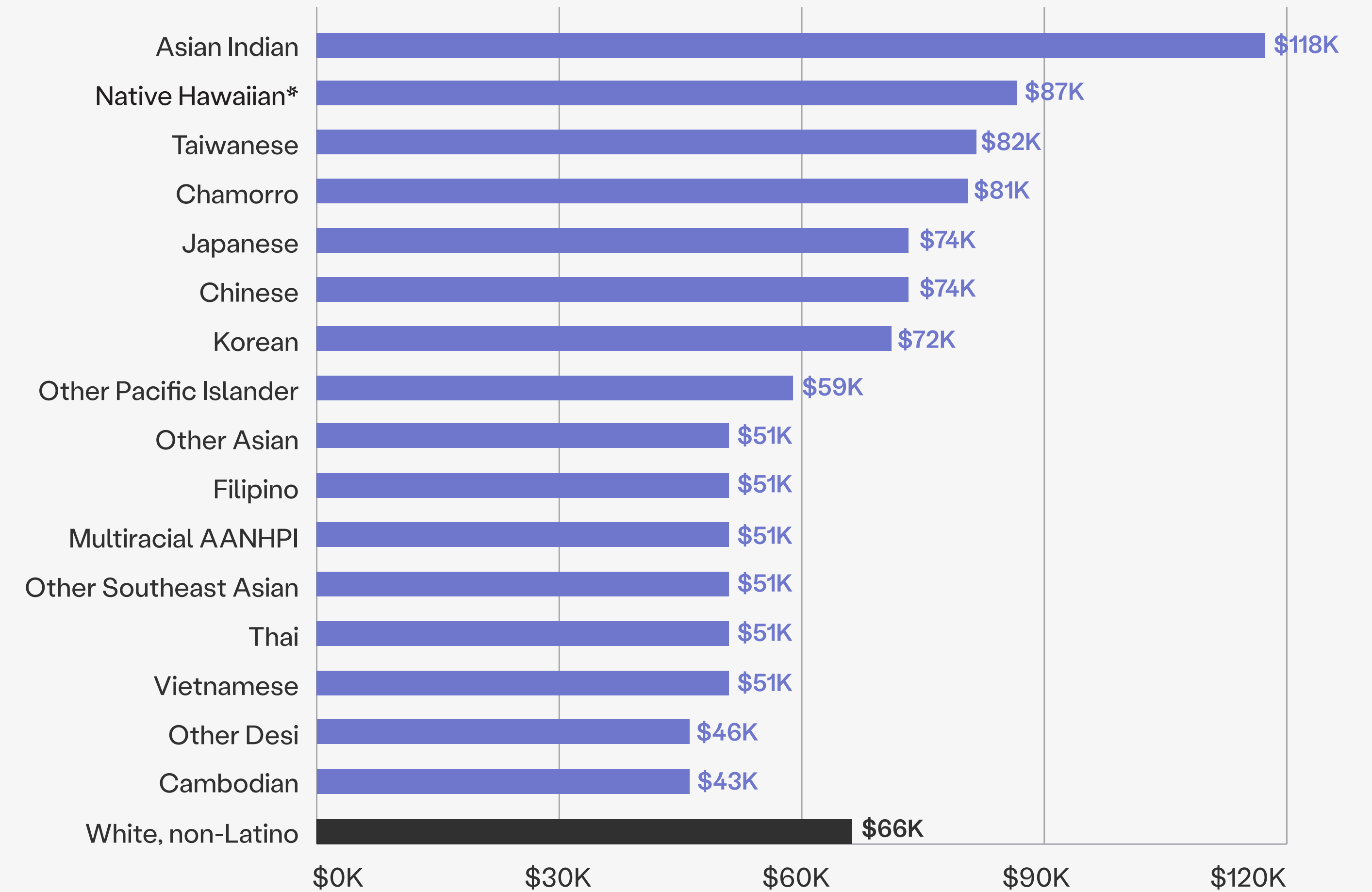
Here we analyze the total pre-tax inflation-adjusted median income, including any losses, of individuals who participated in the labor force (that is, individuals 16 years and older who were either working or seeking work).

As a group, the median income of AANHPI individuals was second only to White, non-Latinos in San Diego County in 2022 ($60,327 compared to $66,462). However, this conceals considerable differences by subpopulation, revealed in Figure 31 and Table 11 (in Appendix).

The median income of Cambodians was $42,945; less than a self-sufficient wage.[82] Other Desis made approximately $20,000 less per year than White, non-Latinos in San Diego County, and Other Asian, Filipino, multiracial AANHPI, Other Southeast Asian, Thai and Vietnamese individuals reported a median individual annual income of approximately $51,000.

In contrast, some groups made substantially more than the comparison group. Chamorro, Taiwanese and Native Hawaiian* San Diegans, for example, each had a median income above $80,000. The median income of Asian Indians was high at $117,587.

[82] The amount of money one would have to earn in order to pay all living expenses without outside support. Center for Women's Welfare, University of Washington. (2023). Overview. https://selfsufficiencystandard.org/the-standard/overview/. At PIC, we believe people should not work more than 40 hours per week so have both adjusted the 2021 self-sufficiency standard published by the University of Washington to reflect a 40-hour work and the increased cost of living in 2022. That adjusted standard was $21.07 per hour or $43,946.



Economics/Finances

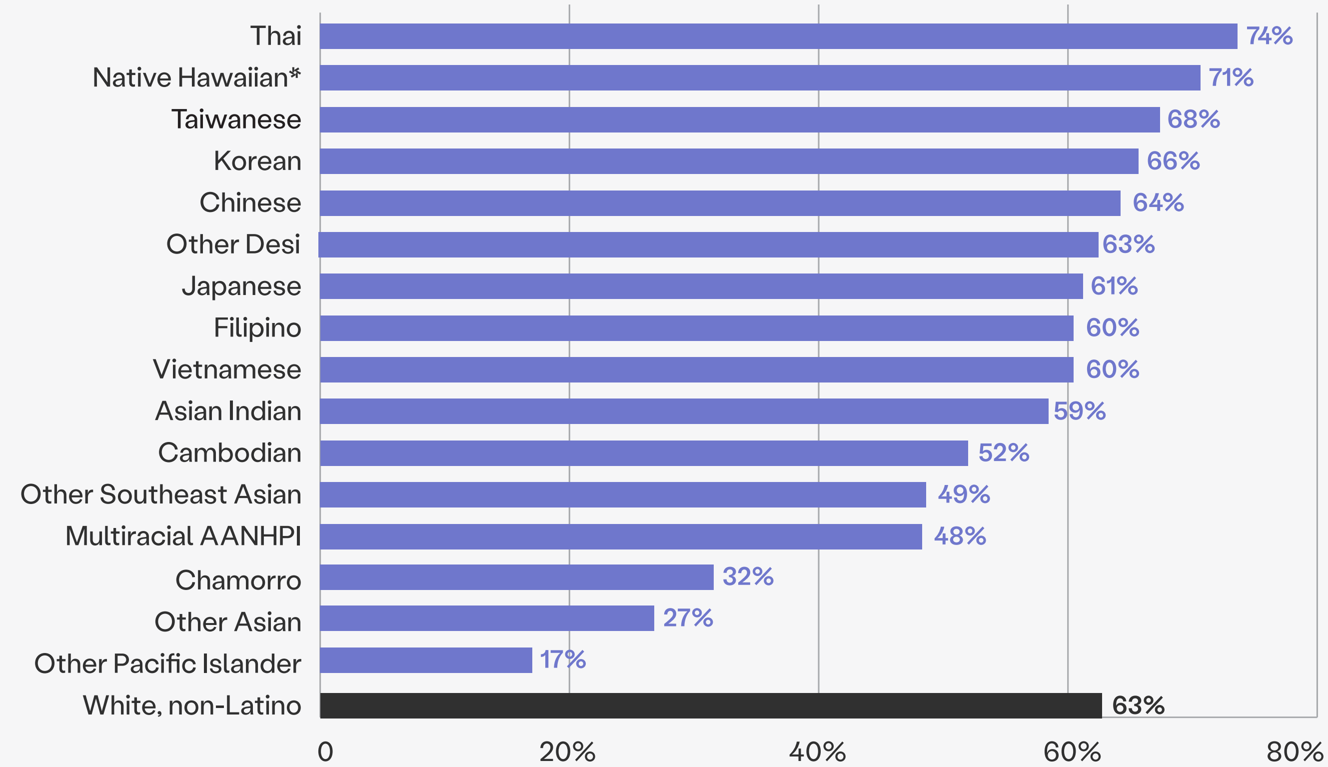
Homeownership

Owning one's home is a historically effective way to build wealth, stabilize housing costs and put down roots in a geographic community.

In San Diego County, 60.3% of non-Latino White residents own their home (that is, have a mortgage or have a paid-off home). This is about 5% less than the national rate of homeownership, which has hovered around 65% since 2021.[83] While 74% of Thai residents own their home, only 17% of Other Pacific Islanders do (see Table 12 in Appendix).

Figure 32 compares rates of homeownership across AANHPI subgroups. This difference is likely because of the lack of affordability of real estate in San Diego, even when compared to cost-of-living adjusted wages. This lack of affordability extends to renting as well, making it difficult for San Diegans to save a down payment.

Figure 32: Homeownership across AANHPI subgroups in San Diego, 2022



17%

Homeownership among Other Pacific Islanders in San Diego County

[83] Federal Reserve Bank of St. Louis. (2024, July 30). *Homeownership Rate in the United States.* https://fred.stlouisfed.org/series/RHORUSQ156N

Workforce participation among Japanese and Other Pacific Islander residents in San Diego County

In this section, we will examine labor force participation and unemployment among AANHPI subgroups.

The overall labor force participation rate in the U.S. was 63.5%, San Diego County in 2022 was 66.3%. The overall AANHPI labor force participation rate was 67.9%, but this conceals important differences in the community.

Labor Force Participation

Labor force participation is a measure of involvement in the paid workforce (including jobs that pay a wage but not unpaid labor in the home, such as childcare, cooking and housework) and includes people ages 16 years and older who are working or seeking work.

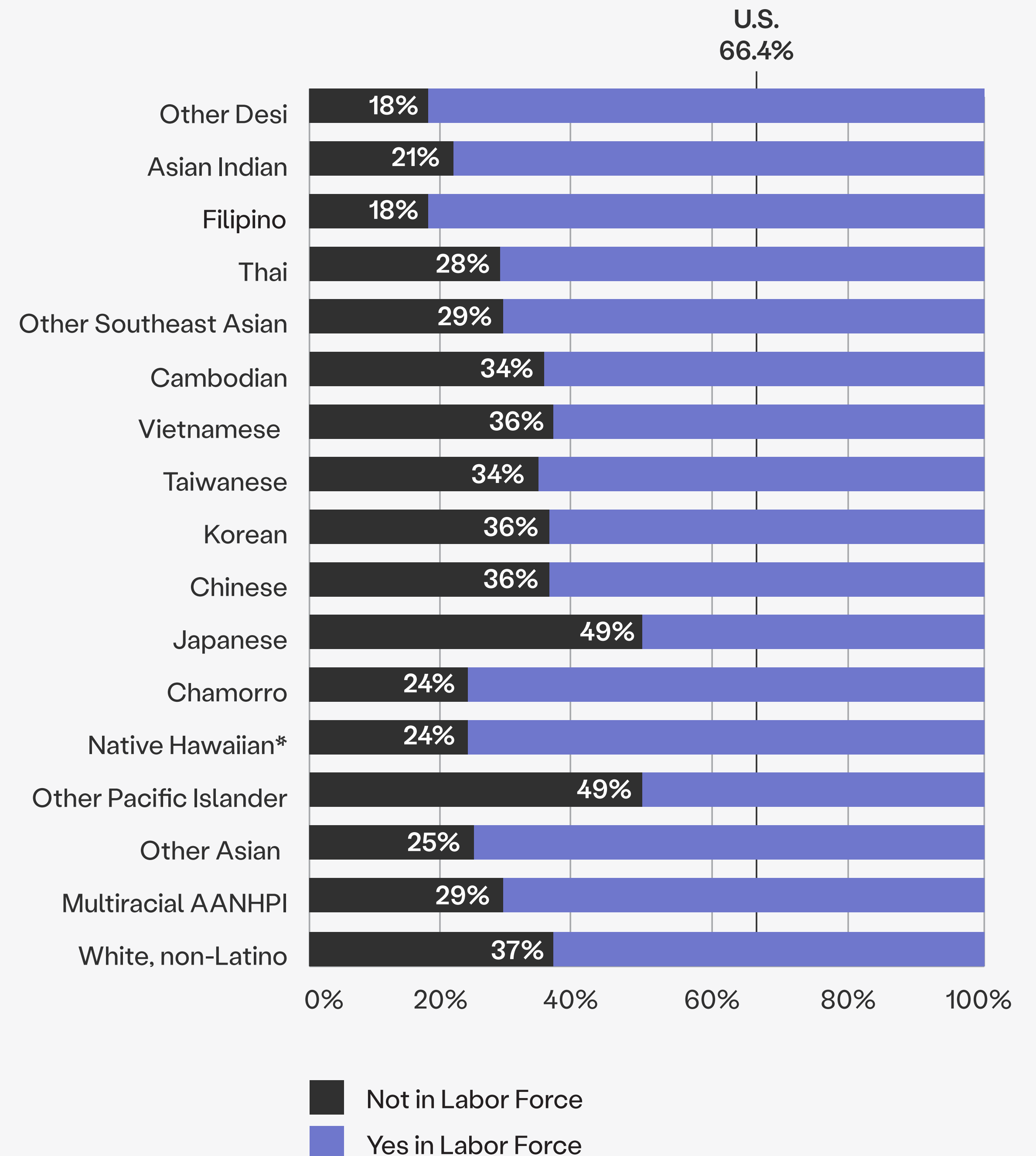
The overall labor force participation rate in the United States was 63.5%,[84] San Diego County in 2022 was 66.3%[85] and that of White, non-Latinos was 63.5%. The overall AANHPI labor force participation rate was more similar to that of the total population at 67.9%, but again, this conceals important differences in the community, revealed in Figure 33 and Table 13 (in Appendix).

Only about half of other Pacific Islander and Japanese individuals participated in the labor force in 2022, the lowest of the AANHPI groups. Groups with labor force participation rates between 70% and 80% included multiracial AANHPIs (71.2%), Other Southeast Asians (71.2%), Thais (71.9%), Other Asians (75.4%), Native Hawaiians (75.6%), Chamorros (76.4%), and Asian Indians (78.6%). The highest labor force participation rate among AANHPI groups in 2022 was for Other Desis at 82.4%.

[84] U.S. Census. (n.d.). DP03. Selected Economic Characteristics, United States. American Community Survey, 1-year estimates, 2022. https://data.census.gov/table?q=labor%20force&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

[85] U.S. Census. (n.d.). DP03. Selected Economic Characteristics, San Diego County. American Community Survey 1-year estimates, 2022. https://data.census.gov/table/ACSDP1Y2022.DP03?q=labor%20force%20participation%20san%20diego%20county

Figure 33: Labor force participation across AANHPI subgroups in San Diego, 2022



Unemployment

People who do not have a job but are available and looking for work are considered unemployed.

While this information is collected by the U.S. Census Bureau, the official unemployment measure is collected by the Current Population Survey (CPS), not the American Community Survey.[86] Here we do not report the official unemployment rate, but unemployment as reported in the ACS because it is a larger sample of San Diegans than is collected by the CPS. This includes people ages 16 years and over who were not working but who were seeking work.

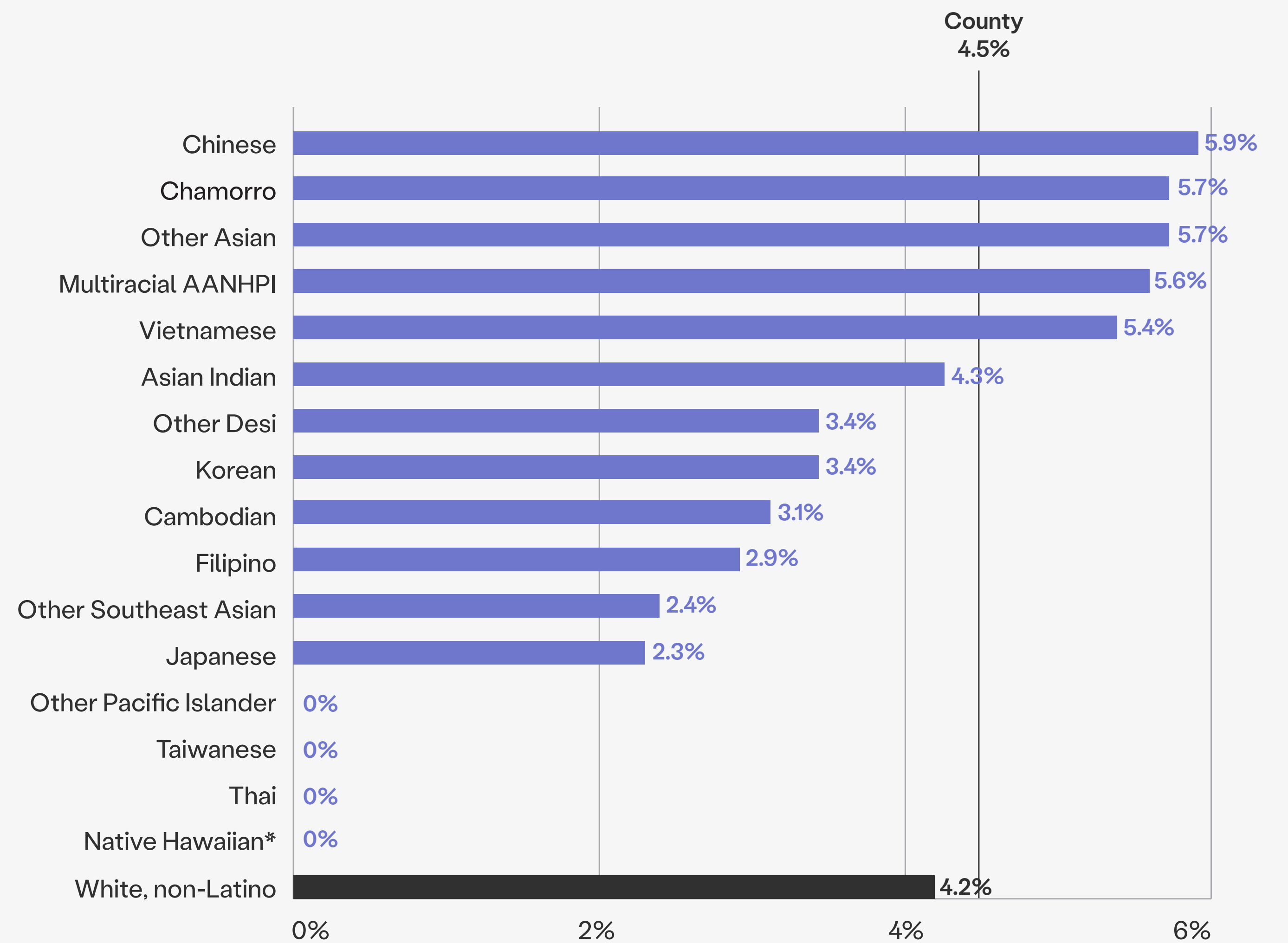
In 2022, both the White, non-Latino and AANHPI communities reported overall unemployment rates of 4.2%. Nationally, the unemployment rate was comparative at 4.3%.[87]

Four groups, Native Hawaiians*, Other Pacific Islanders, Taiwanese and Thai San Diegans reported an unemployment rate of 0% (this is likely an undercount compared to the official unemployment measure due to differences in methodology, but unemployment was still likely low in these communities). Other communities reporting low unemployment rates (below 3%) included Japanese, Other Southeast Asian and Filipino San Diegans. Those reporting particularly high rates (as compared to the White, non-Latino rate during the same year; above 5%) included Vietnamese, multiracial AANHPI, Other Asian, Chamorro and Chinese San Diegans. See Table 14, in Appendix, for complete accounting.

[86] U.S. Bureau of Labor Statistics. (2015). Labor Force Statistics from the Current Population Survey. https://www.bls.gov/cps/cps_htgm.htm#concepts

[87] U.S. Census Bureau. (n.d.) Selected Economic Characteristics. American Community Survey, 1-Year Estimates Data Profiles, Table DP03, 2022. https://data.census.gov/table?q=labor%20force&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

Figure 34: Percent unemployed AANHPI San Diegans, 2022



Cultural Preservation & Integration

67

distinct dialects spoken in the community.

A strong sense of belonging can foster social support, cultural continuity and resilience, which are essential for both mental and physical well-being.

Interview participants and other key informants discussed a balance between cultural connection and integration into San Diego's larger community.

Cultural Activities

Every one of our interview participants was interested in cultural preservation in some way.

"Cultural preservation work...really helps to enhance the sense of belonging and visibility that's really necessary for everyday folks, right in our community."

When our participants discussed cultural preservation, they included work within families (including everything from religion and language to trips to visit relatives abroad) and community cultural activities.

Community cultural activities were cited as a way that AANHPI community members celebrate their culture, build or maintain feelings of belonging, connect their children to the culture, bond over the immigrant experience, and recruit community members to longer-term participation in community organizations—a crucial step in building the capacity of these organizations. Some cultural activities mentioned by our participants include festivals, religious services, performances of cultural dance or music, sports and theater performances.

Notably, not one of our participants only discussed cultural events for their own national community. Although some participants expressed mixed feelings about their membership in the larger AANHPI umbrella, there was unequivocal enthusiasm about attending other communities' cultural events. This suggests that cultural activities may be an effective way to build unity across AANHPI communities without blending in a way that obscures diversity or inhibits cultural preservation.

For older AANHPI adults, especially those whose immediate family members—spouses, children or grandchildren—were born in the U.S., socialization within the community can serve as an important bridge to cultural familiarity. The socialization needs of AANHPI individuals with U.S.-born family members extend beyond older adults. For spouses and children born in the U.S., immersion in cultural and intergenerational gatherings within a community setting helps reinforce cultural connections that may be weakened by daily life outside the home. This can be particularly beneficial for those who feel distanced from their ancestral cultures due to cultural assimilation pressures. Shared activities, such as intergenerational activities, cultural festivals, "Talk Story," traditional language practice and religious activities, enable participants to build ties while engaging in cultural practices that might not be present in their immediate environment. Intergenerational connections are a cornerstone for maintaining cultural continuity within AANHPI families. These connections foster a sense of identity and belonging in younger generations while allowing older adults to contribute actively to the community.

For many AANHPI older adults, social isolation is a barrier to both mental and physical well-being. The 2023 surgeon general's report on the epidemic of loneliness and isolation made the point that isolation has a worse impact on an individual's health than smoking up to 15 cigarettes a day.[88] Research has shown that in older adults, social isolation increases the risk of all-cause mortality by 29%,[89] cancer mortality by 25%,[90] functional decline by 59%,[91] dementia by 40%[92] and death by 45%.[93] Some additional adverse health outcomes linked with social isolation in older adults include increased risk of heart disease, depression and suicidal ideation.[94] Elder care services and activities that are sensitive to cultural traditions and practices can be instrumental in reducing isolation and promoting health.

Interviewees discussed barriers to participation in cultural activities as a limitation to their feelings of community belonging. These barriers included geographic factors and language barriers.

Geographic Barriers

Interview participants from different communities mentioned geographic barriers to participation in cultural events. This is a problem that many small cultural communities face in San Diego: our county is very large and has many population centers. A big divide mentioned by our participants was between North County and central San Diego.

For example, one interviewee indicated that his cultural community was primarily across that divide.

"I live kind of closer to downtown and south of the 8, right? And...[this] community itself is primarily north of the 8...And so...community gathering points are kind of like north of me...it's not that I can't get in the car and drive there, but it doesn't make it as accessible...I mean [with a six-year-old], you got school, you got dinner, you got I mean, like, it's hard for us just hop in a car and drive up to an event and then it's late...those kind of cultural ties are just removed from a geographic perspective, because the gravitational, kind of, like pull, if you will, is really where the community is living."

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[88] Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Washington (DC): US Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

[89] Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science, 10*(2), 227–237.

[90] Fleisch, M., A., Illescas, A. H., Hohl, B. C., & Llanos, A. A. (2017). Relationships between social isolation, neighborhood poverty, and cancer mortality in a population-based study of US adults. *PloS One, 12*(3), e0173370.

[91] Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in older persons: A predictor of functional decline and death. *Archives of Internal Medicine, 172*(14), 1078–1083.

[92] Guarnera, J., Yuen, E., & Macpherson, H. (2023). The impact of loneliness and social isolation on cognitive aging: A narrative review. *Journal of Alzheimer's Disease Reports, 7*(1), 699–714.

[93] Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in older persons: A predictor of functional decline and death. *Archives of Internal Medicine, 172*(14), 1078–1083.

[94] Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Washington (DC): US Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

This interviewee also noted that it's harder for his family to know when the events are happening because the events are often advertised with flyers at local, North County restaurants and stores.

Another community member had the opposite experience with her cultural community:

"There are folks individually and want to really help bring full prominence and like visibility to North County, but there isn't nonprofit infrastructure to do that. And so, I think the question being is, for the larger orgs who do work in central San Diego, what is the incentive to come in? Or how do we support the growing of organization or individuals who want to create infrastructure to do work in North County?"

Interview participants indicated that their community needs a centralized space to coordinate services, host cultural activities and support social connection. Socialization was cited as a particular need for older adults and for AANHPI community members whose spouse or children were born in the U.S. Parents of young children discussed their desire to participate in cultural activities to build a connection between their children and their home country and culture.

"We are very good in our region in terms of looking at immigrant and refugee kind of support, right? And we have centers for those...just for anyone who is wanting any other resources that are AANHPI specific, there isn't a centralized place where you go to."

"I really struggle with that, but it's, it's just a reality, right? So, when you ask me about that cultural piece for my son...I struggle with that...I'm trying to figure out a way to get him to be more mindful of his identity, his bicultural identity."

"I was hearing from a lot of the organizations that came out and shared their you know, cultural performances was a lack of access to [rehearsal and performance] space."

"[I met an older woman in my community who told me] after the sun sets, like there's nowhere for her to go, like she's an older person, and she goes home because there's nowhere to go...it's dangerous outside. And then when she gets home...she doesn't have much to do. Most of the channels she doesn't understand because she doesn't speak English...It's a lonely existence for her after the sun sets. I think that is an urgent need for Asian Americans to have to have physical locations for them to convene and feel safe."

One solution that was suggested by more than one participant to solve these problems was a shared community center.

"But it would be great to see, really, to have all of these cultures have one center...it doesn't have to be that everyone has their own community center...it'd be great to see one that would be like essential for the beyond the community."

"Think of a piazza in Italy, like it's full of activities, lots of stuff going on...it's fun to be there. You show, hang out, you have a coffee, you run into XYZ. You ask about the kids...and some young person comes up and said, 'Hey, I hear you...understand affordable housing. I'm looking at this project'...we think about sort of designing a space that will draw...that would help people who are all very busy say to themselves, 'I want to make time to show up to this.'"

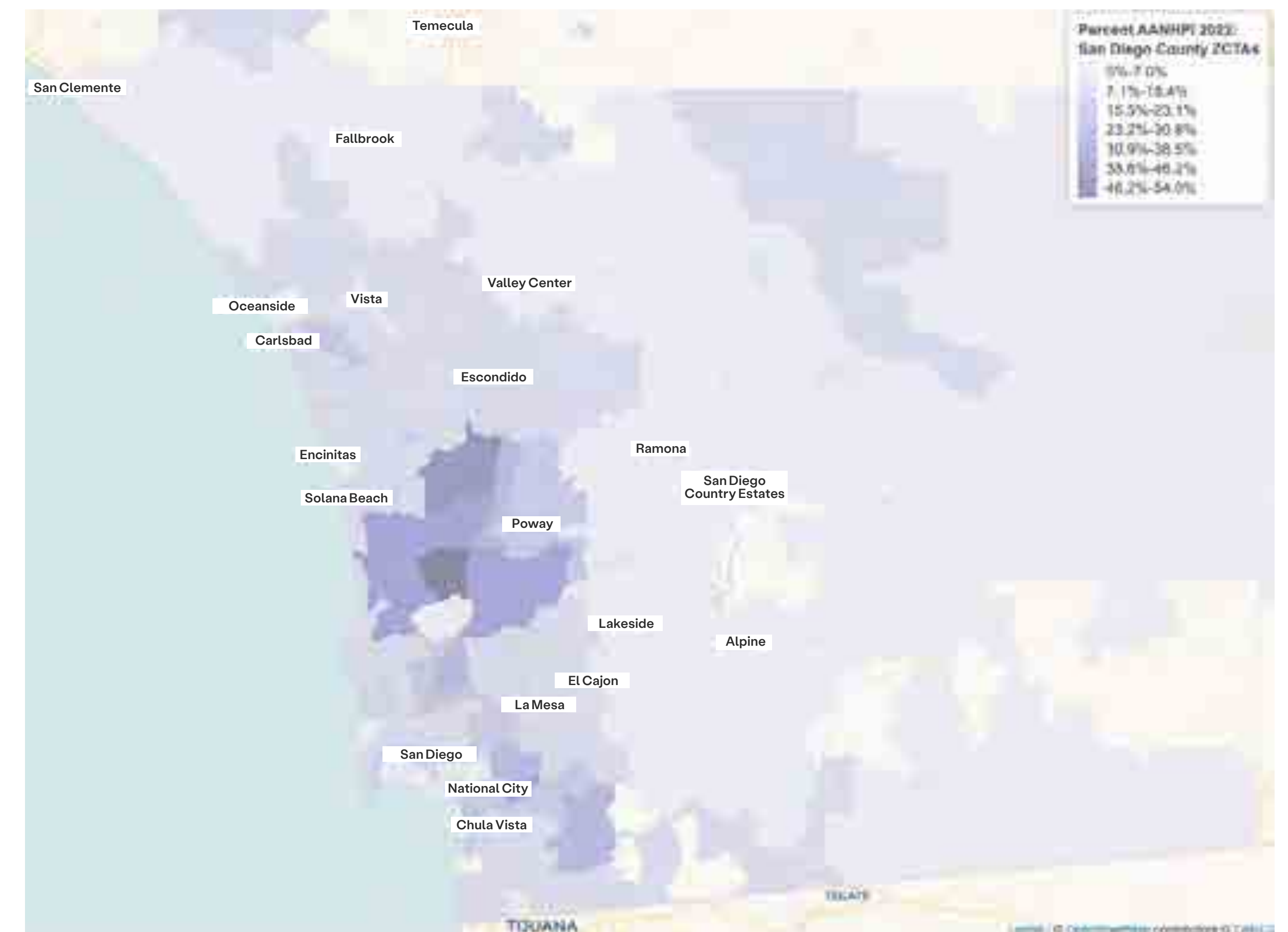
Participants who suggested this mentioned that they wanted a place that offered senior activities, assistance with applying for government services, mentorship and cultural programming. Nonprofit leaders we interviewed cited the importance of transportation, especially for seniors and youth, and the need to have service offerings reflect community needs, not just the needs of nonprofit leadership.

To help community-based organizations target activities, events, organizational headquarters and any other geographically-defined investments, we offer two resources: a map of the overall AANHPI community (Figure 35) and a table showing the proportionate concentration of each AANHPI subgroup (Table 1).

In Figure 35, zip codes with a darker tint of purple have a higher percentage of AANHPI community members. Nonprofit leaders could consider starting an AANHPI community center in the 92126 zip code (Mira Mesa area), where approximately 54% of the population is Asian, Native Hawaiian or Pacific Islander.

Table 1, below, presents the percent of each population living in select[95] San Diego County zip codes. We can see, for example, that 5.4% of all Chamorros living in San Diego County lived in the 91913 zip code in 2022. We have highlighted cells with 5% to 10% of a particular population in a zip code in light purple, those with 10% to 15% in a medium purple, and those with more than 15% of their population in a single zip code in dark purple.

Figure 35: AANHPI population concentration in San Diego County, 2022



[95] For conciseness, we have removed zip codes in which no group had less than 1% of their population living there.

Cultural Preservation & Integration
Cultural Activities

Table 1: Concentrations of AANHPI subgroups in San Diego by zip code, 2022

		Percent of Group									
Location	Zip code	Asian Indian	Chinese	Chamorro	Filipino	Japanese	Korean	Native Hawaiian	Vietnamese	Other Asian	Other Pacific Islander
Bonita	91902	0.1%	0.1%	1.6%	1.2%	1.0%	0.0%	0.0%	0.2%	0.4%	0.2%
Chula Vista	91910	0.4%	0.8%	0.8%	3.2%	2.3%	2.4%	1.1%	0.9%	1.2%	1.0%
	91911	0.1%	0.5%	2.6%	3.9%	2.3%	1.3%	3.1%	0.8%	1.9%	3.5%
	91913	0.8%	1.5%	5.4%	7.7%	1.4%	1.8%	0.0%	0.2%	1.2%	1.6%
	91914	0.3%	0.3%	0.6%	1.5%	0.6%	0.5%	0.0%	0.4%	0.4%	0.0%
	91915	0.0%	0.3%	1.3%	4.2%	0.7%	1.5%	0.0%	0.6%	1.5%	0.0%
La Mesa	91941	0.0%	0.4%	1.0%	0.7%	1.2%	0.2%	0.0%	0.9%	0.5%	1.4%
	91942	0.3%	1.2%	2.6%	0.7%	0.8%	0.6%	0.9%	0.7%	0.8%	0.0%
Lemon Grove	91945	0.1%	0.2%	0.2%	0.8%	1.0%	0.0%	0.0%	1.2%	0.7%	2.9%
National City	91950	0.0%	0.1%	4.5%	5.7%	0.9%	0.1%	0.0%	0.4%	0.4%	1.0%
Spring Valley	91977	0.0%	0.5%	3.6%	1.9%	1.8%	0.4%	0.1%	0.7%	1.0%	1.8%
	91978	0.0%	0.0%	0.6%	0.3%	0.5%	0.1%	0.2%	0.0%	0.0%	1.1%
Carlsbad	92008	0.6%	0.3%	1.4%	0.3%	3.3%	0.3%	0.0%	0.1%	0.6%	0.0%
	92009	2.8%	1.2%	0.0%	0.4%	0.6%	1.6%	0.0%	0.5%	1.0%	0.0%
	92010	1.5%	0.7%	0.0%	0.2%	0.5%	1.9%	0.0%	0.6%	1.2%	0.0%
	92011	0.9%	1.7%	0.0%	0.2%	1.5%	0.4%	0.0%	0.5%	0.5%	0.0%
El Cajon	92019	0.1%	0.3%	3.4%	0.6%	0.5%	0.0%	0.2%	0.1%	0.3%	0.0%
	92020	0.4%	0.9%	0.9%	0.5%	0.4%	0.4%	0.6%	0.9%	1.4%	7.1%
	92021	0.1%	0.3%	3.0%	1.0%	0.7%	0.5%	0.3%	0.6%	0.8%	1.2%
Encinitas	92024	1.2%	0.7%	0.0%	0.4%	0.8%	0.7%	0.9%	0.3%	0.7%	0.2%
Escondido	92025	0.2%	0.6%	0.0%	0.5%	0.3%	0.5%	1.0%	1.0%	0.9%	2.0%
	92026	0.4%	0.6%	0.0%	1.0%	1.7%	0.5%	3.0%	1.2%	2.0%	5.7%
	92027	0.5%	0.7%	0.9%	0.9%	1.0%	0.7%	0.9%	1.5%	0.9%	0.6%
Fallbrook	92028	0.4%	0.3%	1.4%	0.5%	0.8%	0.8%	1.5%	0.2%	0.2%	1.1%
San Diego – La Jolla	92037	1.6%	2.8%	1.5%	0.2%	2.1%	2.2%	0.4%	0.4%	0.8%	0.0%
Lakeside	92040	0.0%	0.1%	0.0%	0.2%	0.3%	0.0%	3.7%	0.1%	0.1%	1.8%
Oceanside	92054	0.6%	0.5%	1.6%	0.3%	0.7%	0.2%	1.1%	0.1%	0.3%	2.4%
	92055	0.1%	0.1%	0.3%	0.2%	0.0%	0.0%	2.3%	0.2%	0.2%	0.4%
	92056	1.1%	1.3%	0.2%	1.1%	1.6%	0.7%	5.6%	1.3%	0.7%	5.6%
	92057	0.4%	0.4%	0.0%	1.8%	1.6%	1.1%	0.6%	1.5%	0.7%	1.4%
	92058	0.1%	0.2%	1.3%	0.9%	0.8%	1.2%	0.3%	0.4%	1.0%	1.6%

Cultural Preservation & Integration
Cultural Activities

Table 1: Concentrations of AANHPI subgroups in San Diego by zip code, 2022

		Percent of Group									
Location	Zip code	Asian Indian	Chinese	Chamorro	Filipino	Japanese	Korean	Native Hawaiian	Vietnamese	Other Asian	Other Pacific Islander
Poway	92064	1.9%	1.5%	0.0%	1.2%	3.4%	2.3%	9.1%	2.7%	1.0%	0.0%
San Marcos	92069	0.7%	1.1%	0.0%	1.2%	1.2%	1.6%	0.0%	1.4%	2.0%	0.0%
	92078	3.5%	1.1%	0.0%	1.0%	0.8%	0.8%	0.0%	0.8%	1.7%	0.9%
Santee	92071	0.3%	1.0%	1.0%	0.8%	1.5%	0.3%	0.4%	1.2%	0.7%	1.1%
Vista	92081	0.5%	1.0%	1.4%	0.3%	0.8%	0.5%	0.6%	0.9%	0.3%	0.1%
	92083	0.0%	0.2%	0.6%	0.4%	1.4%	0.2%	7.4%	0.4%	0.6%	4.5%
	92084	0.3%	0.3%	0.0%	0.4%	1.7%	0.4%	8.2%	0.6%	0.8%	4.7%
San Diego – Marina	92101	1.5%	1.4%	0.9%	0.7%	1.8%	1.5%	7.4%	0.5%	0.8%	0.0%
San Diego – Golden Hill	92102	0.1%	0.1%	1.3%	0.3%	0.4%	0.2%	1.4%	1.6%	2.4%	0.3%
San Diego – Hillcrest	92103	0.4%	1.2%	0.1%	0.3%	0.5%	1.2%	0.0%	0.5%	0.5%	1.1%
San Diego – North Park	92104	0.5%	0.8%	0.0%	0.5%	0.9%	0.6%	1.0%	0.5%	1.1%	0.0%
San Diego – City Heights/ Oak Park	92105	0.6%	1.7%	0.0%	0.5%	0.6%	0.2%	0.0%	13.3%	10.9%	2.5%
San Diego – Mission Valley	92108	1.3%	1.2%	0.0%	0.7%	1.3%	0.6%	0.0%	0.6%	0.5%	1.0%
San Diego – Pacific Beach/ Mission Beach	92109	0.3%	0.6%	1.1%	0.3%	1.5%	0.6%	0.0%	0.4%	0.6%	1.1%
San Diego – Midway District	92110	0.1%	0.8%	0.4%	0.4%	1.1%	1.6%	2.4%	0.2%	0.9%	0.0%
San Diego – Linda Vista/ Kearny Mesa	92111	0.6%	1.7%	0.0%	1.1%	3.4%	1.5%	0.7%	5.4%	3.7%	0.7%
San Diego – Chollas View	92114	0.4%	0.5%	8.1%	7.9%	0.9%	0.7%	1.0%	1.4%	4.9%	8.9%
San Diego – Fairmont	92115	0.7%	1.8%	3.1%	0.7%	0.6%	1.1%	3.1%	5.4%	5.1%	6.8%
San Diego – Clairemont	92117	0.5%	1.8%	1.8%	0.7%	2.4%	2.8%	0.0%	2.0%	1.6%	0.0%
Coronado	92118	0.1%	0.1%	2.6%	0.1%	0.6%	0.3%	0.5%	0.0%	0.2%	0.0%

Cultural Preservation & Integration
Cultural Activities

Table 1: Concentrations of AANHPI subgroups in San Diego by zip code, 2022

		Percent of Group									
Location	Zip code	Asian Indian	Chinese	Chamorro	Filipino	Japanese	Korean	Native Hawaiian	Vietnamese	Other Asian	Other Pacific Islander
San Diego – Mission Trails	92119	0.2%	0.4%	0.0%	0.5%	1.1%	0.2%	0.0%	0.5%	1.6%	0.9%
San Diego – Allied Gardens	92120	0.1%	0.7%	1.8%	0.5%	0.8%	0.4%	0.0%	1.0%	0.7%	0.0%
San Diego – University City	92122	6.3%	9.1%	0.0%	0.4%	6.0%	6.0%	0.0%	1.5%	1.8%	0.5%
San Diego – Serra Mesa	92123	1.5%	1.3%	1.9%	1.5%	1.5%	2.4%	18.3%	2.2%	2.5%	0.2%
San Diego – Tierra Santa	92124	0.3%	1.3%	1.6%	0.5%	0.8%	1.6%	0.0%	1.3%	0.8%	0.1%
San Diego – Mira Mesa	92126	14.3%	7.0%	3.6%	9.7%	2.1%	4.0%	5.2%	16.3%	8.3%	1.3%
San Diego – Rancho Bernardo/ Rancho Santa Fe	92127	15.4%	5.4%	0.0%	1.5%	1.5%	8.9%	0.0%	2.7%	2.7%	0.0%
San Diego – Bernardo Village/ Carmel Mountain Ranch	92128	7.3%	4.6%	0.3%	1.8%	2.7%	5.2%	0.0%	1.8%	2.4%	1.6%
San Diego – Rancho Peñasquitos	92129	6.3%	7.7%	2.8%	2.3%	2.9%	6.6%	0.0%	5.0%	3.6%	0.4%
San Diego – Carmel Valley	92130	8.1%	12.6%	0.0%	0.7%	7.7%	10.9%	0.4%	2.1%	2.1%	1.1%
San Diego – Scripps Ranch	92131	6.5%	4.0%	0.0%	1.0%	2.0%	3.5%	0.0%	1.9%	1.2%	0.2%
San Diego – Paradise Hills/ Bay Terraces	92139	0.1%	0.1%	11.7%	5.7%	1.4%	0.2%	0.4%	0.3%	1.2%	0.9%
San Diego – Otay Mesa/ Tijuana River Valley	92154	0.2%	0.6%	8.6%	5.5%	1.1%	0.9%	0.0%	0.4%	0.9%	4.2%
San Ysidro	92173	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.6%	0.1%	0.0%	1.8%

Language

The San Diego AANHPI community's diversity is reflected in its language proficiency. As a whole, the community speaks 67 distinct dialects at home.

Multiple language proficiency can be a benefit for brain development among children and a professional advantage in adulthood. Further, proficiency in non-English languages can be a crucial connector for immigrants and their descendants to a homeland and diaspora communities in the U.S. However, it can be difficult to navigate systems and connect socially in the U.S. without English language proficiency, too.

Nationally, 8.4% of U.S. residents reports Limited English Proficiency (LEP), defined as "speaks English less than 'very well.'"[96] LEP can reduce access to social connection, public services, healthcare and education. For example, without English fluency, they may face difficulties accessing information about local events, civic activities and public services as well, which can lead to social isolation. Being proficient in English allows individuals to engage with broader societal activities, including participating in local governance, educational events and public forums. Further, language barriers can hinder the development of diverse social networks. English proficiency enables AANHPI individuals to form stronger ties with people of different cultural backgrounds, fostering mutual understanding and cross-cultural relationships, and the feeling of belonging in the community. For children and adults alike, English proficiency opens doors to higher education, professional training and lifelong learning opportunities. LEP adults may find it difficult to navigate the educational system, which can impact their ability to support their children's academic growth or participate fully in their own professional development. Finally, people with LEP may be at greater risk for poor health outcomes due to reduced access to services and difficulty understanding health-related communication. LEP often correlates with decreased utilization of preventive healthcare services and delays in seeking care. Providing multilingual health materials and interpretation services is crucial in improving access and reducing health disparities.

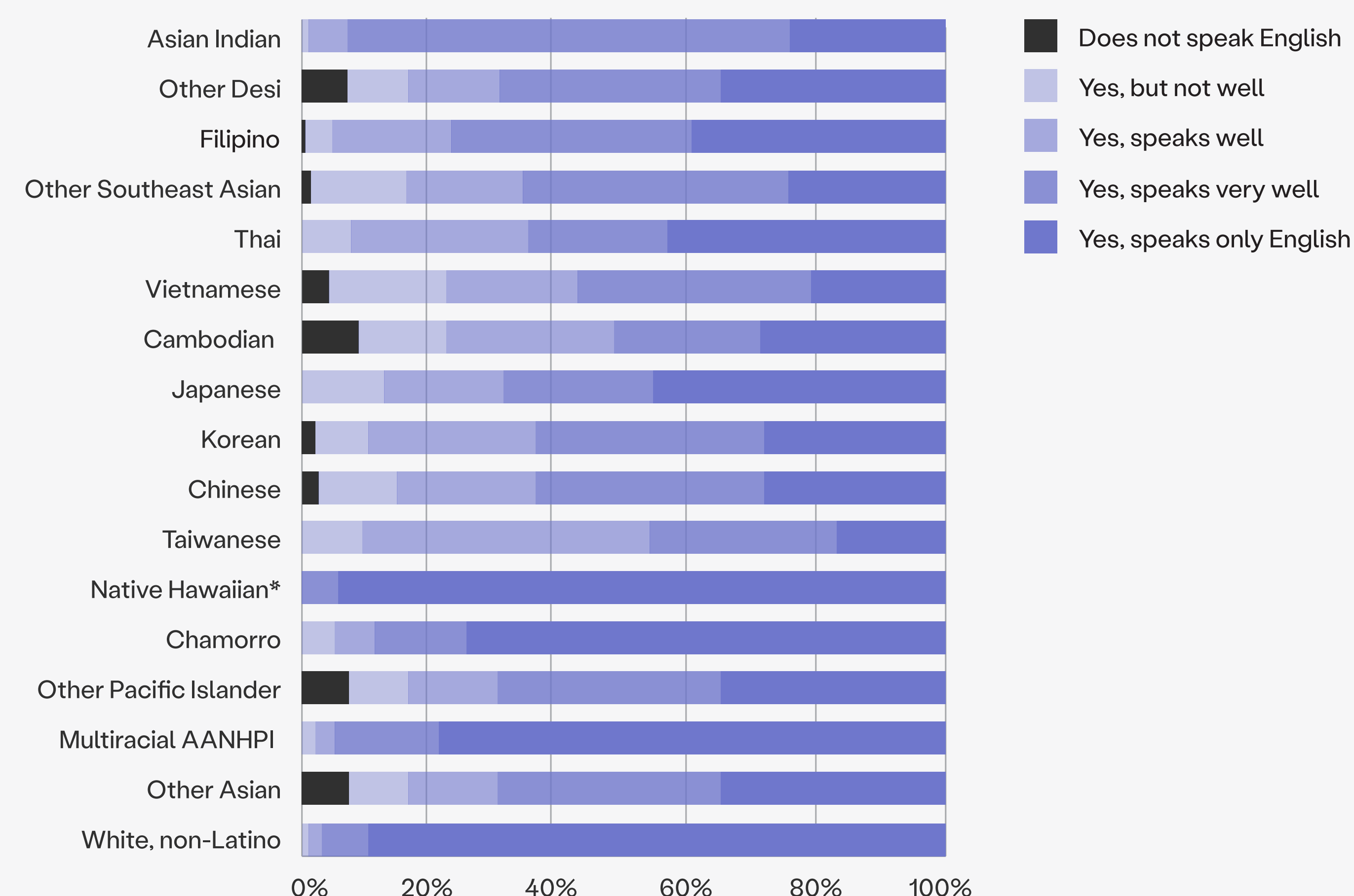
A notable portion of the AANHPI population faces language barriers. Figure 36 shows the proportion of the San Diego AANHPI population with their English proficiency levels (limited English proficiency is in light purple). These high rates of LEP among Vietnamese (18%), Southeast Asian (15%), Cambodian (14%), Japanese (12.5%) and Chinese (12%) communities suggest that these populations may face difficulty socially connecting with their English-speaking neighbors and accessing healthcare, education and other public services.

[96] U.S. Census Bureau (n.d.) Selected Social Characteristics in the United States. American Community Survey, 1-Year Estimates Data Profiles, Table DP02, 2022. https://data.census.gov/table?q=language&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

This may be particularly difficult for older generations, where limited English proficiency is often more prevalent than for younger folks (see Figure 37 and Table 15 in Appendix). For many groups, those ages 60 years and above reported the greatest difficulty with English. 95% of Cambodian elders (60+ years), for example, reported limited English proficiency in 2022. A couple of populations flouted the general trend. Chinese and Japanese individuals between 40 and 49 years reported the highest rates of LEP for their groups, and Vietnamese and Other Pacific Islanders between the ages of 50 and 59 had the highest rates of LEP. Often, when a groups' oldest members reported high rates of LEP, the age likely to be their children (ages 40 to 49 years) reported lower rates of LEP than the next youngest age group, those 30 to 39 years, likely because they have had to translate for their parents.

Enhancing English language proficiency in the AANHPI populations is crucial for fostering social inclusion, economic success, health access and educational attainment. However, it is equally important to support bilingual, multilingual, and culturally sensitive programs that respect and maintain the diverse linguistic heritage of these communities. Addressing language barriers, while promoting cultural understanding, can strengthen the ties between AANHPI populations and the broader community and society.

Figure 36: English proficiency across AANHPI subgroups in San Diego County, 2022

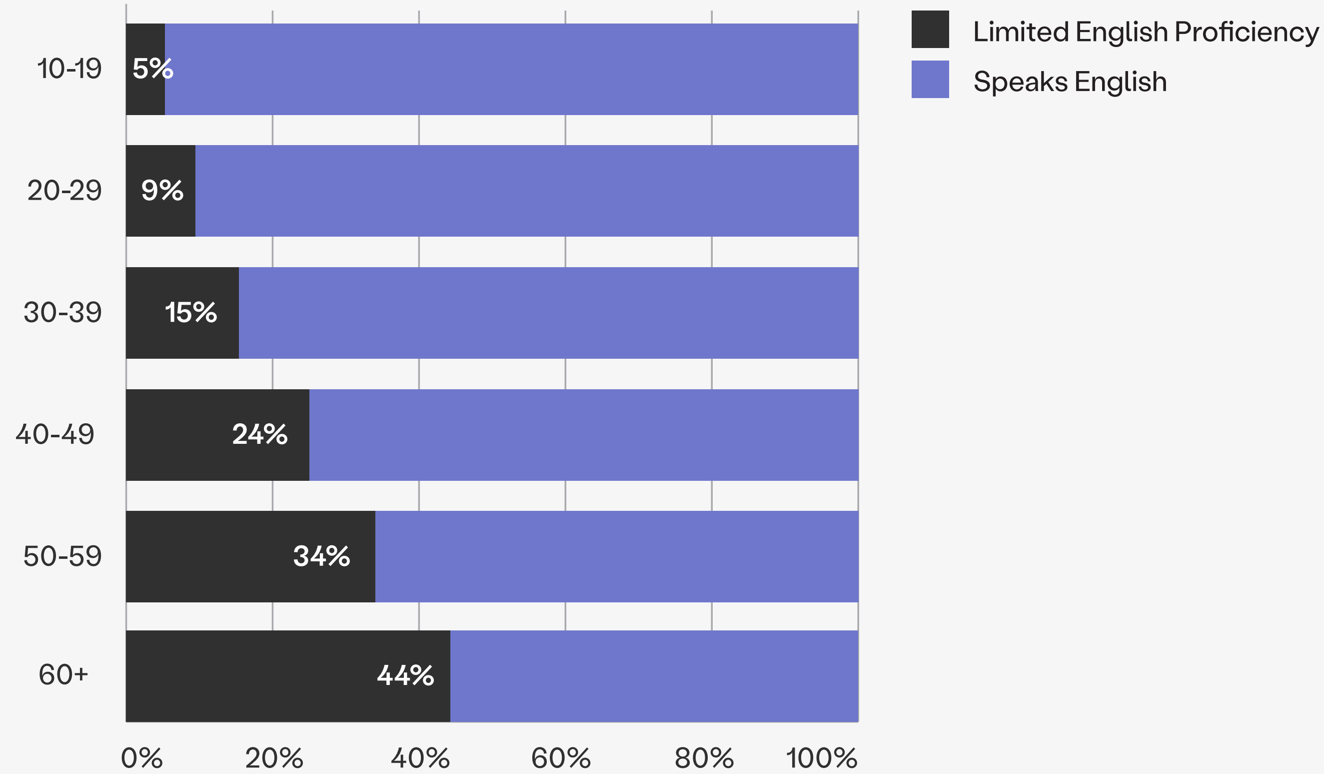


Cultural Preservation & Integration
Language

Our interviews with AANHPI leaders highlighted the importance of both English language proficiency for social and economic flourishing in San Diego, but also spoke about the social and emotional benefits of retaining and passing down additional languages. Participants whose parents had not taught them language(s) from their home countries described the difficulty that they now have getting themselves and their children integrated into the diaspora community.

"My parents were, you know, were immigrants to the United States. They spoke four different languages, with English being one of them. They had children and they were like, and I was born in '71, so like this is a time in space. In America, kind of like immigrant kind of new norms that our children need to speak English only. So, I don't have the language. And, you know, temples...only speak Hindi...in their prayers. So, it's inaccessible for my life. It's inaccessible for my son, and I can't make it accessible for my wife."

Figure 37: AANHPI San Diegans, English Language Proficiency, 2022



"My parents were immigrants to the United States. They spoke four different languages, with English being one of them. They had children and they were like...our children need to speak English only. So, I don't have the language."

Interview participant

Elevating new voices within the community not only diversifies leadership but also ensures that the community's needs are heard.

Leaders in community-based organizations (CBOs) who emerge from the community understand its specific needs and are better positioned to target and design services that are relevant and impactful.

Community-Based Organizations

Community members we interviewed were concerned about the overextension of current AANHPI leaders in the community. Often, leaders serve in multiple roles on a volunteer basis because there are not others available or prepared to take on leadership positions. This presents a dilemma in which leaders cannot develop others because they cannot relinquish their roles, and potential leaders are not stepping up because they have not yet received leadership training or may not have the experience necessary for the roles. For instance, while creating a mentorship program for young leaders may seem like the solution, the lack of available mentors with capacity and time to mentor makes implementation difficult.

One community leader discussed the need for both formal and informal mentoring. He described a need both for relationships in which more experienced community members can support each other and spaces for young people to learn from community leaders. He noted the impact that imposter syndrome can have on people who are the first in their family or community in a new space or position.

"[We should say] 'Congratulations. You got the job and here's four of us. Call any time we're going to check in on you. We're going to ride with you'... And when we talk about nurturing and building the next generation, these are people, these are young men and women who should already be walking into these opportunities armed with our painful experiences, ready for them to execute."

Interviewees also emphasized the need for capacity building in AANHPI CBOs. Leaders informed us that these smaller organizations may lack the fiscal infrastructure, knowledge of compliance requirements, articulating the impact of their work, evaluating programs or writing grants. Writing a successful grant proposal often requires not only presenting the work being done, but also demonstrating the measurable impact it has on the community.

"So, we're having to teach our organizations, okay, let's get financially stable. Let's talk about sustainability...I think for a lot of these smaller organizations, they don't even have that. They don't have that fiscal backing. They don't they don't know that they have to be in good standing with the state attorney general's office. They haven't filed their 990s[97] in like three years, things like that. So, getting themselves to compliance, and then, how do you write a proper grant? How do you how do you properly defend the work that you do and why it makes an impact, and showing that impact, all of that,...it's something that our community needs to improve on."

[97] Filing 990s and being in good standing with the attorney general's office are often necessary to qualify for funding sources like grants and to maintain tax-exempt status.

Businesses

The AANHPI community has long been a driving force in the U.S. economy, with AANHPI-owned businesses playing a pivotal role in generating economic growth, fostering job creation and promoting entrepreneurship. In 2021 alone, Asian American-owned firms generated $1.2 trillion in revenue for the United States and five million jobs while Native Hawaiian and Pacific Islander-owned firms generated $13.8 billion in revenue and 53,000 jobs.[98,99] In 2021, in San Diego County alone, AANHPI businesses made a significant impact, contributing $5 billion to the economy and creating 90,000 jobs. Moreover, AANHPI-owned businesses represent 13% of all regional businesses, outpacing the national average of 10%.[100]

Despite these impressive achievements, AANHPI business owners have faced numerous challenges in recent years, particularly during the COVID-19 pandemic. A survey by the Asian Business Association of San Diego revealed that 40% of AANHPI business owners are grappling with wage pressures, worker shortages and the rising costs of employee benefits.[101]

The community also faces racial discrimination and harassment. During the pandemic, 10% of respondents reported being victims of racial discrimination or race-related harassment. In addition to these social and economic barriers, some AANHPI business owners have faced difficulties related to language and technology.

Limited English proficiency and insufficient technological integration—such as the lack of mobile payment options, delivery app partnerships or a digital presence—hindered the ability of some businesses to adapt quickly to the changing market conditions brought on by the pandemic. As a result, many AANHPI businesses have experienced a slower revenue recovery, with nearly half (48.3%) of survey respondents anticipating a longer timeline to return to pre-pandemic operating levels compared to state and national respondents (38.1% and 42.1%, respectively). Furthermore, labor costs and labor shortages were identified as the top two major impediments to AANHPI business growth. More than 42% of respondents also cited state and federal taxes as significant concerns (but not local policies, regulations or permits),[102] which in combination with limited English proficiency and insufficient technological integration suggests larger systemic issues at play that will likely require targeted interventions at the state and federal levels to ensure the continued growth and success of AANHPI-owned businesses.

Despite these hurdles, the resilience and leadership of AANHPI entrepreneurs have been critical to sustaining their businesses and contributing to broader economic recovery. By acknowledging these challenges and advocating for greater support, the economic potential of AANHPI businesses can be fully realized, continuing their legacy as a cornerstone of innovation, growth and leadership in the U.S. economy.

[98] United States Department of Commerce, Minority Business Development Agency. (2021). 2021 Asian-Owned Firms. https://www.mbda.gov/sites/default/files/2024-10/2021-asian-american-owned-employer-firms.pdf

[99] United States Department of Commerce, Minority Business Development Agency. (2021). 2021 Native Hawaiian and Pacific Islander (NHPI)-Owned Firms. https://www.mbda.gov/sites/default/files/2024-10/2021-native-hawaiian-pacific-islander-owned-employer-firms.pdf

[100] The Asian Business Association of San Diego. (2022). The State of Asian & Pacific Islander-Owned (API) Businesses in San Diego County: 2021-2022. https://www.abasd.org/_files/ugd/4ec783_161549328140490baa4650cfcb0a235b.pdf

[101] The Asian Business Association of San Diego. (2022). The State of Asian & Pacific Islander-Owned (API) Businesses in San Diego County: 2021-2022. https://www.abasd.org/_files/ugd/4ec783_161549328140490baa4650cfcb0a235b.pdf

[102] The Asian Business Association of San Diego. (2022). The State of Asian & Pacific Islander-Owned (API) Businesses in San Diego County: 2021-2022. https://www.abasd.org/_files/ugd/4ec783_161549328140490baa4650cfcb0a235b.pdf

Leadership

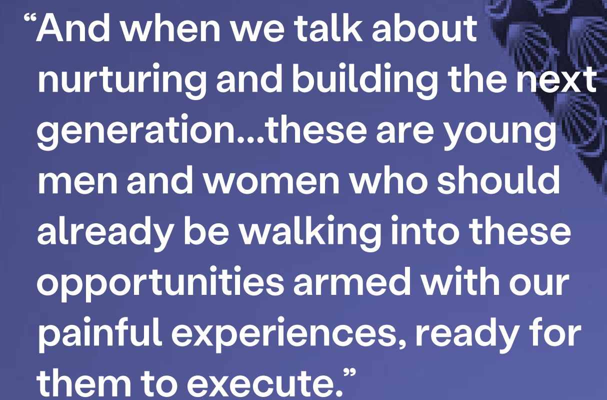
Politics

The AANHPI community's contributions are not limited to the private sector. There is an upward trend in AANHPI representation within political leadership in San Diego County. While AANHPI leaders in elected office have historically been vastly underrepresented, recent years have started to see a promising shift. The first AANHPI individual was elected to office in San Diego in 1963, but there was a 45-year gap until another AANHPI leader was elected in 2008. Since then, momentum has slowly been building, with subsequent representatives being elected in 2014 and 2022 for "The Convoy District" (City of San Diego's 6th District).

Although only four AANHPI individuals have currently served in elected office in the city of San Diego, this upward trend marks a significant step toward greater political inclusion and representation.

Moreover, the city's influential Port Commission, which had one AANHPI commissioner two decades ago, welcomed another AANHPI commissioner in 2024. Additionally, an AANHPI candidate recently won a seat in the State Assembly, further reflecting the community's growing involvement in shaping policy and governance at the state level.

While the numbers remain relatively low, the trajectory is encouraging. This rise in AANHPI political engagement mirrors broader national trends where increasing AANHPI representation is being seen across all levels of government, from city councils to federal offices. The increasing visibility of AANHPI leaders in both business and politics reflects a community whose influence and contributions are becoming ever more central to the nation's social, economic and political fabric.



"And when we talk about nurturing and building the next generation...these are young men and women who should already be walking into these opportunities armed with our painful experiences, ready for them to execute."

Interview participant

The history of anti-Asian rhetoric and discrimination in the United States is deeply rooted in federal immigration policies and social attitudes that have targeted the community for over a century.

These policies have not only shaped immigration patterns, but also fueled racialized narratives such as the "model minority myth",[103] "yellow peril",[104] and "perpetual foreigner" stereotypes[105] that have contributed to the ongoing hate crimes and discrimination against AANHPI individuals.

The Page Act of 1875 was a critical precursor to the broader exclusionary policies that followed.[106] This law was the first federal immigration law preventing certain populations from entering the U.S., primarily targeting women from East Asian countries, and it sought to restrict immigrants deemed "undesirable" explicitly linking this to Chinese women who were suspected of being sex workers or "morally corrupt." Although framed as a moral safeguard, the Page Act reflected and reinforced racist and sexist views of Asian women and established a legal precedent for the government explicitly targeting racial and ethnic groups for exclusion, paving the way for further discriminatory laws. It also marked the beginning of a broader effort to control the mobility of Asian women, painting them as vectors of moral and public health concerns, a narrative that has resurfaced in different forms, such as the fetishization and hypersexualization of Asian women in the media today.[107]

While exclusionary acts such as the Page Act and the Chinese Exclusion Act[108] have been repealed, their impact on the social fabric of the U.S. persists.

The COVID-19 pandemic triggered a sharp rise in anti-Asian rhetoric and hate crimes, with individuals of Asian ancestry being blamed for the virus's spread. This xenophobic scapegoating has led to a resurgence of racial slurs, harassment and physical attacks against AANHPI individuals across the country, including in San Diego County.

According to Stop AAPI Hate, 87% of reported hate acts in San Diego County involve harassment.[109] These incidents include verbal attacks, social media attacks and public shaming. The prevalence of harassment, rather than physical violence, highlights the insidious nature of anti-Asian discrimination, where everyday racism and microaggressions permeate public spaces, workplaces and online interactions.

Harassment can have long-term psychological impacts, contributing to feelings of fear, isolation or "othering," and anxiety among AANHPI populations. Data from the STAATUS Index (Social Tracking of Asian Americans in the United States), conducted by The Asian American Foundation, reveals that nearly one in three Asian Americans reported being called a racial or ethnic slur in the past year, 57% of Asian Americans stated they have "felt unsafe or uncomfortable because of their race, ethnicity or religion," and 66% of Southeast Asians stating feeling unsafe in day-to-day spaces.[110]

[103] Walton, J., & Truong, M. (2022). A review of the model minority myth: understanding the social, educational and health impacts. *Ethnic and Racial Studies, 46*(3), 391–419.

[104] Wu, L., & Nguyen, N. (2022). From Yellow Peril to Model Minority and Back to Yellow Peril. *AERA Open, 8*.

[105] Daley, J. S., Gallagher, N. M., & Bodenhausen, G. V. (2022) The pandemic and the "perpetual foreigner": How threats posed by the COVID-19 pandemic relate to stereotyping of Asian Americans. *Frontiers in Psychology, 13*:821891.

[106] "Loh-Hagan, V., Kwoh, J., Chang, J., & Kwoh, pat. (2022). Excluded From History: The Page Act of 1875. *Social Education.* https://www.socialstudies.org/system/files/2022-04/SE-86022273.pdf
The Page Act of 1875 (Immigration Act)," March 3, 1875, Forty-Third Congress, Sess. II. Ch. 141.

[107] Wadhia, S. S. & Hu, M.. (2002). *Decitizenizing Asian Pacific American women.* University of Colorado Law Review, 93, 325.

[108] U.S. National Archives and Records Administration. (2023). Chinese Exclusion Act (1882). https://www.archives.gov/milestone-documents/chinese-exclusion-act

[109] Stop AAPI Hate. (n.d.). "Hate Act Data." Accessed September 8th, 2024. https://stopaapihate.org/explore-our-data/

[110] The Asian American Foundation. (2024). STAATUS Index Report 2024. https://staatus-index.s3.amazonaws.com/2024/STAATUS_Index_2024.pdf

Community interviews reveal that AANHPI children are sometimes ridiculed for bringing traditional home-cooked meals to school. The smells and unfamiliar foods often draw unwanted attention, taunts and ostracism by their peers. This can reinforce a message that AANHPI children are different, foreign and not fully accepted in American culture. This alienation in educational settings not only can affect their self-esteem and identity development, but also mirrors the historical exclusion the community has faced for generations.

"I feel that's a challenge that a lot of immigrants face, because they are different, and they do have different practices, whether at home, they see different languages, they eat different foods. So, the kids that bring their own food to the schools for months, you know, they're embarrassed."

This experience of being "othered" is not limited to school lunches. Families have shared stories about how wearing cultural attire can provoke stares, comments or even outright hostility. Other community members remarked not feeling safe or comfortable in their own neighborhood pools when having family gatherings because of large gatherings with multigenerational family and friends and food eliciting stares and occasional commentary by others.

The cumulative effect of these experiences has profound emotional and psychological impacts on AANHPI individuals. Community members speak of a constant need to navigate between cultures, balancing the preservation of their cultural identities with the desire to avoid unwanted attention or harassment.

"Especially in the post-pandemic era that we're in, because our communities…faced high rates of racism. I had friends who were attacked on the street being blamed for COVID. It had nothing to do with COVID, right?…I don't know that it's stopped happening, but the effects of that have still stayed with our folks. A lot of our older folks are more afraid to leave their homes, which decreases their quality of life. We have a lot of family members who are then concerned for their elder family members' safety and well-being. So, there's all these little efforts we've tried, like we've had groups that were willing to kind of escort elders while they're on the trolleys and things like that. But none of that sustainable."

Conclusion

Disaggregating data across the San Diego AANHPI population allowed us to see wide gaps that were obscured by traditional reporting practices that lump so many groups together, including stark gaps in health insurance coverage, food insecurity, educational attainment, income and homeownership.

Qualitative data offered rich context to quantitative data and revealed problems that American Community Survey data doesn't measure, like the desire for a community center and the need for culturally sensitive mental health services.

We hope that calling attention to these gaps and offering data about the geographic distribution of these communities will help governments, philanthropies and community-based organizations effectively target their investments to improve the outcomes of those in most need.

Acknowledgments

This report was commissioned by San Diego Foundation and authored by the San Diego Regional Policy & Innovation Center:

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The Policy & Innovation Center would like to extend our gratitude to San Diego Foundation for their trust and generous support in making this project possible. Your commitment to advancing equity within the AANHPI community has been instrumental in the completion of this report. Many thanks to Amenah Gulamhusein and the AANHPI Fund Advisory Council for your leadership in creating the AANHPI Fund as well as your insights and feedback throughout this process.

We would also like to express our deepest appreciation to all the AANHPI community members, leaders, and our dedicated Community Ambassadors for contributing your voices and lived experiences through interviews and participation in the Community Ambassador Sessions. Your collective contributions have been critical in enriching this report, ensuring it reflects the needs and aspirations faced by the AANHPI community.

Appendix

Appendix

Table 2: Number & Percent of San Diego County Population that is AANHPI, 2022

	Number	Percent of San Diego County Population
East Asians		
Chinese	58,461	11.0%
Korean	21,349	4.0%
Japanese	17,063	3.2%
Taiwanese	4,707	0.9%
Desi		
Asian Indian	47,021	8.9%
Other Desi	4,616	0.9%
Southeast Asians		
Cambodian	4,589	0.9%
Thai	3,107	0.6%
Filipino	143,710	27.1%
Vietnamese	54,245	10.2%
Other Southeast Asian	11,645	2.2%
NHPIs		
Chamorro	4,434	0.8%
Native Hawaiian*	1,714	0.3%
Other Pacific Islander	6,854	1.3%
Other AANHPI		
Multiracial AANHPI	141,009	26.6%
Other AANHPI	6,157	1.2%

Table 3: Median Age of San Diego County AANHPIs, 2022

	Median age (in years)
East Asians	
Chinese	40
Korean	44
Japanese	50
Taiwanese	42
Desi	
Asian Indian	34
Other Desi	28
Southeast Asians	
Cambodian	36
Thai	45
Filipino	43
Vietnamese	39
Other Southeast Asian	39
NHPIs	
Chamorro	39
Native Hawaiian*	53
Other Pacific Islander	38
Other AANHPI	
Multiracial AANHPI	22
Other AANHPI	31

Appendix

Table 4: Sex of San Diego County AANHPIs, 2022

	Percent female	Percent male
East Asians		
Chinese	51.7%	48.3%
Korean	59.2%	40.8%
Japanese	59.4%	40.6%
Taiwanese	58.3%	41.7%
Desi		
Asian Indian	49.7%	50.3%
Other Desi	52.7%	47.3%
Southeast Asians		
Cambodian	46.1%	53.9%
Thai	67.5%	32.5%
Filipino	54.7%	45.3%
Vietnamese	49.3%	50.7%
Other Southeast Asian	48.6%	51.4%
NHPIs		
Chamorro	43.6%	56.4%
Native Hawaiian*	32.8%	67.2%
Other Pacific Islander	57.2%	42.8%
Other AANHPI		
Multiracial AANHPI	49.1%	51.0%
Other AANHPI	46.3%	53.7%

Table 5: Percent of San Diego County AANHPIs Reporting a Disability, 2022

	Percent with reported disability
East Asians	
Chinese	7.3%
Korean	6.9%
Japanese	10.3%
Taiwanese	3.4%
Desi	
Asian Indian	2.4%
Other Desi	1.5%
Southeast Asians	
Cambodian	15.5%
Thai	18.2%
Filipino	12.6%
Vietnamese	11.6%
Other Southeast Asian	7.8%
NHPIs	
Chamorro	7.5%
Native Hawaiian*	11.8%
Other Pacific Islander	11.7%
Other AANHPI	
Multiracial AANHPI	7.2%
Other AANHPI	22.2%

Table 6: Immigration & Citizenship Status of AANHPI Immigrants, 2022

	Percent immigrants	Percent of immigrants who are citizens
East Asians		
Chinese	64.8%	60.0%
Korean	73.2%	57.4%
Japanese	59.8%	35.8%
Taiwanese	76.1%	60.2%
Desi		
Asian Indian	59.2%	46.2%
Other Desi	81.5%	35.4%
Southeast Asians		
Cambodian	49.6%	90.6%
Thai	59.4%	53.9%
Filipino	64.3%	84.9%
Vietnamese	62.7%	81.5%
Other Southeast Asian	69.5%	63.1%
NHPIs		
Chamorro	35.3%	100.0%
Native Hawaiian*	2.5%	100.0%
Other Pacific Islander	40.4%	67.9%
Other AANHPI		
Multiracial AANHPI	17.9%	83.5%
Other AANHPI	67.2%	71.1%

Table 7: Percent AANHPI who are US Military Veterans, 2022

	Percent US military veterans
East Asians	
Chinese	1.8%
Korean	2.6%
Japanese	6.6%
Taiwanese	0.0%
Desi	
Asian Indian	0.5%
Other Desi	0.0%
Southeast Asians	
Cambodian	7.7%
Thai	12.9%
Filipino	9.4%
Vietnamese	3.4%
Other Southeast Asian	2.7%
NHPIs	
Chamorro	5.7%
Native Hawaiian*	7.5%
Other Pacific Islander	7.2%
Other AANHPI	
Multiracial AANHPI	4.8%
Other AANHPI	2.7%

Appendix

Table 8: Percent AANHPI Uninsured, 2022

	Percent uninsured
East Asians	
Chinese	2.6%
Korean	4.3%
Japanese	2.9%
Taiwanese	1.7%
Desi	
Asian Indian	3.5%
Other Desi	0.0%
Southeast Asians	
Cambodian	20.0%
Thai	4.0%
Filipino	3.6%
Vietnamese	3.9%
Other Southeast Asian	2.9%
NHPIs	
Chamorro	6.4%
Native Hawaiian*	23.9%
Other Pacific Islander	1.2%
Other AANHPI	
Multiracial AANHPI	2.3%
Other AANHPI	6.1%

Table 9: Percent SNAP Participation Among San Diego County AANHPIs, 2022

	Percent food insecure
East Asians	
Chinese	6.9%
Korean	6.1%
Japanese	9.5%
Taiwanese	7.2%
Desi	
Asian Indian	0.5%
Other Desi	0.0%
Southeast Asians	
Cambodian	45.2%
Thai	0.0%
Filipino	12.2%
Vietnamese	18.6%
Other Southeast Asian	15.0%
NHPIs	
Chamorro	15.3%
Native Hawaiian*	10.2%
Other Pacific Islander	48.6%
Other AANHPI	
Multiracial AANHPI	14.1%
Other AANHPI	31.3%

Table 10: Percent of AANHPIs with a bachelor's degree or higher, 2022

	Percent with a bachelor's degree or higher
East Asians	
Chinese	70.9%
Korean	70.0%
Japanese	51.4%
Taiwanese	89.8%
Desi	
Asian Indian	93.7%
Other Desi	75.6%
Southeast Asians	
Cambodian	24.4%
Thai	67.8%
Filipino	47.5%
Vietnamese	38.2%
Other Southeast Asian	32.9%
NHPIs	
Chamorro	12.1%
Native Hawaiian*	14.7%
Other Pacific Islander	10.6%
Other AANHPI	
Multiracial AANHPI	51.9%
Other AANHPI	49.4%

Table 11: Median income of San Diego County AANHPIs, 2022

	Median individual income[1]
East Asians	
Chinese	$73,619
Korean	$71,575
Japanese	$73,619
Taiwanese	$81,799
Desi	
Asian Indian	$117,587
Other Desi	$46,012
Southeast Asians	
Cambodian	$42,945
Thai	$51,125
Filipino	$51,125
Vietnamese	$51,125
Other Southeast Asian	$51,125
NHPIs	
Chamorro	$80,777
Native Hawaiian*	$86,912
Other Pacific Islander	$59,305
Other AANHPI	
Multiracial AANHPI	$51,125
Other AANHPI	$51,125

[1] Pre-tax, of people in the labor force

Appendix

Table 12: Percent of AANHPI Households who Own Homes, 2022

	Percent of households who own homes
East Asians	
Chinese	64.2%
Korean	65.8%
Japanese	61.4%
Taiwanese	67.6%
Desi	
Asian Indian	58.6%
Other Desi	62.5%
Southeast Asians	
Cambodian	52.1%
Thai	73.7%
Filipino	60.5%
Vietnamese	59.8%
Other Southeast Asian	48.8%
NHPIs	
Chamorro	31.7%
Native Hawaiian*	70.9%
Other Pacific Islander	17.0%
Other AANHPI	
Multiracial AANHPI	48.4%
Other AANHPI	26.7%

Table 13: Labor Force Participation Rate Among San Diego County AANHPIs, 2022

	Percent in labor force
East Asians	
Chinese	63.7%
Korean	64.4%
Japanese	50.8%
Taiwanese	66.0%
Desi	
Asian Indian	78.6%
Other Desi	82.4%
Southeast Asians	
Cambodian	65.5%
Thai	71.9%
Filipino	67.6%
Vietnamese	64.1%
Other Southeast Asian	71.2%
NHPIs	
Chamorro	76.4%
Native Hawaiian*	75.6%
Other Pacific Islander	50.7%
Other AANHPI	
Multiracial AANHPI	71.2%
Other AANHPI	75.4%

Appendix

Table 14: Percent Unemployed (Among AANHPI Labor Force Participants), 2022

	Percent unemployed[1]
East Asians	
Chinese	5.9%
Korean	3.4%
Japanese	2.3%
Taiwanese	0.0%
Desi	
Asian Indian	4.3%
Other Desi	3.4%
Southeast Asians	
Cambodian	3.1%
Thai	0.0%
Filipino	2.9%
Vietnamese	5.4%
Other Southeast Asian	2.4%
NHPIs	
Chamorro	5.7%
Native Hawaiian*	0.0%
Other Pacific Islander	0.0%
Other AANHPI	
Multiracial AANHPI	5.6%
Other AANHPI	5.7%

[1] Among labor force participants

Appendix

Table 15: Percent AANHPI with Limited English Proficiency by Age Group, 2022

	Age group					
	10 – 19 years	20 – 29 years	30 – 39 years	40 – 49 years	50 – 59 years	60+ years
East Asians						
Chinese	11.1%	14.5%	24.6%	60.4%	44.3%	55.2%
Korean	16.5%	15.2%	35.2%	28.5%	47.4%	56.6%
Japanese	10.0%	22.1%	33.1%	56.9%	13.7%	31.4%
Taiwanese	41.4%	15.7%	61.1%	55.8%	44.3%	73.5%
Desi						
Asian Indian	6.4%	5.2%	5.7%	5.6%	8.8%	25.8%
Other Desi	0.0%	3.3%	19.4%	5.6%	0.0%	0.0%
Southeast Asians						
Cambodian	23.1%	9.2%	40.7%	34.7%	87.2%	94.9%
Thai	0.0%	0.0%	24.6%	28.3%	45.9%	69.8%
Filipino	4.1%	11.4%	15.4%	20.7%	28.7%	39.7%
Vietnamese	15.1%	15.6%	26.6%	35.3%	77.0%	70.7%
Other Southeast Asian	0.0%	11.3%	15.5%	35.3%	57.6%	71.1%
NHPIs						
Chamorro	0.0%	0.0%	0.0%	0.0%	18.3%	42.8%
Native Hawaiian*	-	-	-	-	-	-
Other Pacific Islander	0.0%	0.0%	10.9%	0.0%	21.3%	19.2%
Other AANHPI						
Multiracial AANHPI	0.8%	2.4%	3.0%	7.8%	7.2%	15.8%
Other AANHPI	6.6%	20.0%	24.4%	9.8%	59.4%	63.4%

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