Exposing the Toll of COVID-19 on "Hidden" Asian American Populations: Recommendations for Data and Policy Action

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Asian Americans are a diverse group consisting of individuals tracing their heritage from 21 countries in East Asia, Southeast Asia, and the Indian subcontinent. The disproportionate impact of COVID-19 on Asian American subgroups dramatically exposed these disparities that have remained hidden due to lack of disaggregated data. Absent of a public information request, disaggregated Asian American data is not publicly available in all states except the state of Hawaii. The toll of COVID-19 on Asian American communities has been difficult to assess because disaggregated Asian American data is not publicly available in all states. Available evidence from public health was compiled to present the case for data disaggregation for the Asian American population. This study is the first to examine COVID-19 mortality nationwide for disaggregated Asian American subgroups and in California specifically, which is home to the largest number of immigrants in the U.S.

Among the key findings were the following:
- The lack of disaggregated Asian American data has hidden the needs of smaller Asian American subpopulations - namely Southeast Asian Americans - who suffered disproportionately from COVID-19 and who face sociodemographic stressors that make them vulnerable to poor health outcomes.
- Using different methodologies and datasets, we examined Asian American subgroup data in California as well as nationally to find differences in Asian American subgroups. The compilation of results here supports the "why" and the "how" of Asian race disaggregation. Greater data disaggregation categories and intermediate roll-up categories for states and counties can help tailor policy changes to Asian American communities in need.
- While data on Asian Americans as a group point to lower poverty levels than the U.S. average in 2015 (12% vs. 15%), this masks the fact that a number of Asian American subpopulations experience high poverty. The Hmong (28%), Bhutanese (33%) and Burmese (35%) sub-groups had the highest poverty rates out of all other Asian American groups.
- Data from the California Comprehensive Death File (Dynamic) on all COVID-19 mortality in 2020 from the California Department of Public Health on Asian American subgroups, revealed that population heterogeneity translated to COVID-19 inequities within the Asian category.
  - For example, among the working age population (18-64 years) Filipino Americans had the highest share of COVID-19 deaths among Asian Americans.
- The share of deaths among Filipino Americans is overwhelmingly higher than all other groups, with about 45% of all Asian American deaths among Filipino Americans. Vietnamese Americans were the second subgroup with the largest proportion of deaths at about 15% of the total.
- Among Asian Americans 65 years and older, Filipinos posted the largest share (32%) of COVID-19 deaths compared to the other groups. Other

subgroups with the large share of deaths in this older adult category were Chinese & Taiwanese at 24%, Korean at 13% and Cambodian at 12%.

- Among working aged Asian Americans (aged 18-64), COVID-19 unadjusted death rates per 100,000 were appreciably higher among Hmong (61.4), Cambodian (46.2), Laotian (36.4), Filipino (28.4), and Indonesian (25.3) populations. When aggregated together, the death rates for the aggregated category, "Asian", was 13.8.
- While mortality California data for Asian American subgroups for 2020 was obtained for this study, such a dataset is not available for the entire nation and not available in all states.
- Provisional case-fatality rates (CFRs) by state for Asian Americans, revealed that Asian Americans had the highest COVID-19 provisional CFR in 7 states and the District of Columbia: California, Texas, Illinois, Alaska, Utah, and Hawaii. These states comprise nearly half (46%) of the Asian American population in the U.S. We cannot discern from available data which Asian American subgroups are driving these high case fatality rates.
- The relationship of Asian American subgroup populations on the deaths-to-cases compared to non-Hispanic whites using state data showed different patterns, suggesting that aggregating all Asians would mask these differences between Asian American subgroups.
- Beyond mortality statistics, stigma, discrimination, and violence have uniquely impacted Asian Americans.
  - o Reports of being treated unfairly due to race/ethnicity grew from 4.9% to 8.7% from May 2020 to August 2020.
- While composite indices such as the Healthy Places Index (HPI) are valuable tools, for smaller Asian American racial/ethnic population groups that are geographically dispersed, these area-based composite measures may underrepresent their vulnerability related to COVID-19.

Recommendations:
- Collect and report at the minimum the Affordable Care Act (ACA) section 4302 guidelines and collection, tabulation and roll-up guidelines by the U.S. Office of Management and Budget.
- Adopt, at a minimum, the current U.S. Census 2020 racial categories for Asian Americans in data systems that collect and report population data on Asian Americans and include a write-in category.
- Present public-facing data for groups to at least 3 categories: East Asian, Southeast Asian, and South Asian.
- The CDC should support the data dashboard of The Atlantic Magazine's COVID Race Tracker Project. This Project was an essential public-facing tool to monitor the racial/ethnic inequities of the COVID-19 pandemic on a week-by-week basis.