MORTALITY PATTERNS AMONG SELECTED ASIAN AMERICANS IN ILLINOIS, 1992-1994

Only a few studies have described the general health risks and mortality patterns of different Asian subgroups in the United States. To our knowledge this is the first report to describe mortality patterns among the six largest Asian American subgroups in Illinois.

The single label that is used to identify Asians and Pacific Islander Americans, the third largest minority in the United States, is an oversimplification (*Healthy People 2000*).[1] Each of the Asian and Pacific Islander subgroups differ significantly in language, religion, lifestyle, diet, and health behaviors. Taken together, they are the fastest growing immigrant group in the United States. During the 1990s, their numbers have increased by 80 percent, from 3.8 million to 7.3 million. This growth rate is about 20 times the rate of non-Hispanic whites, six times that of blacks, and twice the growth of Hispanics.[2] In Illinois, Asian Americans compose 2.5 percent of the population; Filipinos and Asian Indians are the largest subgroups.

Data that depict the health status of Asian and Pacific Islander American in Illinois are limited. For this study, we looked at the Illinois vital statistics to describe mortality patterns among the six largest Asian American subgroups in Illinois. Deaths in Illinois are classified by race into white, black, American Indian, Chinese, Hawaiian, Japanese, Filipino, other Asian or Pacific Islander, and other. In 1992, Illinois added five additional Asian and Pacific Islander subgroups: Asian Indian, Korean, Samoan, Vietnamese, and Guamanian. This report describes the mortality patterns in the six largest Asian Americans subgroups — Chinese, Japanese, Filipino, Asian Indian, Korean, and Vietnamese — from 1992 through 1994.

Methods

Mortality data were ascertained from the Illinois Department of Public Health death master tapes for 1992 through 1994. Reported underlying causes of death allowed for specific mortality classification. Causes of death were coded using the International Classification of Diseases (ICD). We determined the leading causes of deaths for each of the Asian American subgroups by computing mortality rates per 100,000 population. These rates were age-adjusted by the direct method to the 1940 U.S. standard population. We used the 1990 U.S. Census information for Illinois to obtain the population estimates for each of the Asian American subgroups. This information was used to compare mortality rates among the Asian American subgroups with: non-Hispanic whites (White NH) and non-Hispanic blacks (Black NH).

Results

Table 1 shows that the five leading causes of death for all Asians and Pacific Islanders for 1992 to 1994 were heart disease, cancer, stroke, unintentional injuries and pneumonia. These five leading causes

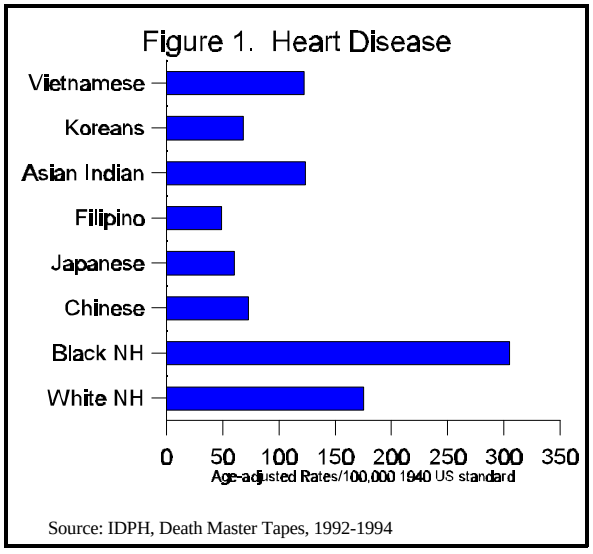
of death are the same for Illinois whites.

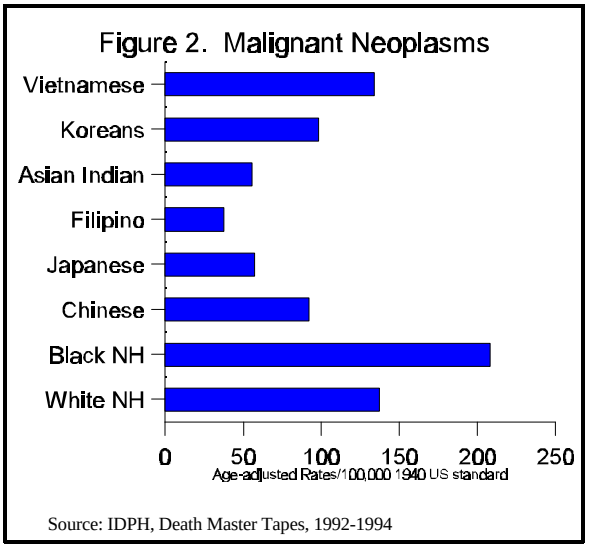
Table 1. Leading Causes of Death Asian/Pacific Islanders, Illinois 1992-1994

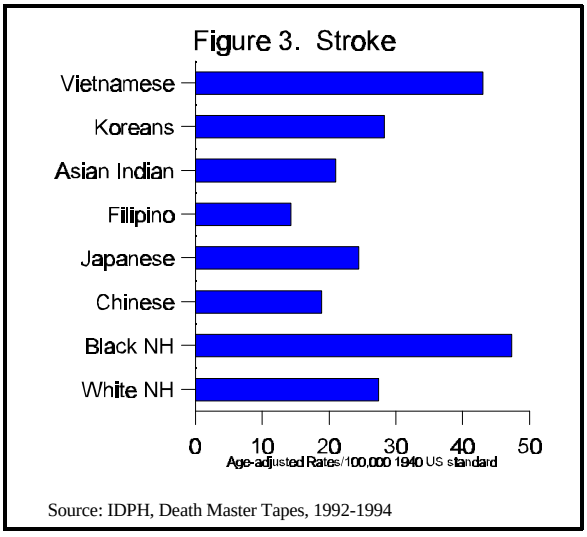
Causes of Death	AAR*	*Rank*
Heart Disease	86.6	1
Cancer	75.9	2
Stroke	22.3	3
Unintentional Injuries	14.1	4
Pneumonia	8.3	5

*Age-adjusted Rate, 1940 US standard

However, the relative rankings differ among the six largest Asian American subgroups. For example, malignant neoplasms were the leading cause of death among the Chinese, Koreans and Vietnamese while heart disease was the leading cause of death among the Japanese, Filipinos and Asian Indians. Figures 1, 2 and 3, show the relative mortality rates differences among the Asian American subgroups compared with non-Hispanic whites and non-Hispanic blacks for heart disease, malignant neoplasm and cerebrovascular disease, respectively. For heart disease, mortality rates among the Asian Americans were highest for Asian Indians (122.9 per 100,000 population) and Vietnamese (121.6 per 100,000 population). For malignant neoplasms, mortality rates were highest for the Vietnamese (133.4 per 100,000 population), Koreans (98.0 per 100,000 population) and Chinese (91.7 per 100,000 population). For cerebrovascular disease, rates for the Vietnamese subgroup were the highest (42.9), followed by the Koreans (28.2) and Japanese (24.4).







Discussion

Morbidity trends of any specific disease may be real and associated with underlying changes in risk status of the population or may reflect access barriers to medical care, which is especially true for the Asian American subgroups in Illinois. Any conclusions, however, should be made cautiously when examining annual rates for trends. Several factors are important

to consider:

a) Lack of precise populations exposed to risk requires using estimates that may be inaccurate; and

b) Rates based on small numbers of events tend to exhibit considerable variation over time because of random or chance fluctuations.

References:

1. U.S. Department of Health and Human Services. *Healthy People 2000.* U.S. Government Printing Office, Washington, D.C., 1990.
2. O'Hare WP, Felt JC. Asian Americans: America's fastest growing minority group. *Population Trends and Public Policy*. Population Reference Bureau, Inc. 1991;19:1-17.