CHANGEINSIGHT

ChangeInSight.org

# CHANGING TIDES

**Abridged**

## Screening for Social Determinants of Health in Asian American and Native Hawaiian/Pacific Islander Communities

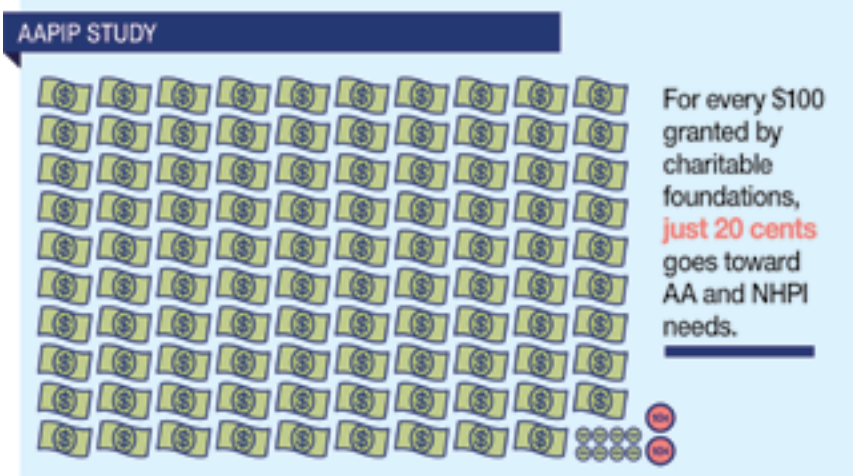
*Prepared by the Center for Social Impact at the Chinese American Service League in Chicago, Illinois*

## Introduction

Change InSight is the first community-driven data platform documenting the social risks and needs of the nation's Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities. With this data, Change InSight aims to end inequities for AA and NHPI communities and help these communities secure the resources they need from policymakers, funders, and community organizations.

As the fastest-growing racial group in the United States,[1] AA and NHPI communities have distinct needs, challenges, and experiences. However, federal data sets often group these diverse communities into a single entity (i.e., "Asians" or "Asian Americans"), despite the presence of more than 50 AA and NHPI ethnic subgroups in the U.S. Categorizing AA and NHPI individuals as one monolithic group hides meaningful differences among these communities, making it far more difficult for social service organizations, policymakers, and funders to adequately identify data-based solutions for individual groups.

Because the "Asian" demographic is generally depicted as having lower poverty rates and higher education rates, aggregated data feeds into the "Model Minority Myth," thereby fueling misconceptions that AA and NHPI communities do not need assistance in these areas.[2] For proof of the consequences these misconceptions have, look no further than the immense funding shortfall for AA and NHPI communities: Just 20 cents of every $100 awarded by charitable foundations in the U.S. goes toward AA and NHPI needs.[3] Change InSight seeks to address this problem by quantifying individual AA and NHPI communities' needs, starting with a group of 2,244 AA and NHPI individuals representing 16 different ethnic groups surveyed from April 1-June 24, 2022.




[1] Budiman, Abby; and Ruiz, Neil. "Asian Americans are the fastest-growing racial or ethnic group in the U.S." Pew Research Center. April 9, 2021. Retrieved from https://www.pewresearch.org/fact-tank/2021/04/09/asian-americans-are-the-fastest-growing-racial-or-ethnic-group-in-the-u-s/

[2] Liu, Clifford Z. MS et al. "The Model Minority Myth, Data Aggregation, and the Role of Medical Schools in Combating Anti-Asian Sentiment." Academic Medicine. Volume 97, Issue 6. June 2022.

[3] Kan, Lyle Matthew. "Seeking to Soar: Foundation Funding for Asian American and Pacific Islander Communities." Asian Americans/Pacific Islanders in Philanthropy. 2021.

*Changing Tides*, Change InSight's inaugural report, directly counters the issues posed by aggregated data by identifying unique social risk profiles for the five ethnic groups most represented in the data sample: Asian Indian, Chinese, Filipino, Korean, and Pakistani. With a risk profile developed for each ethnicity, Change InSight partners can easily identify the main risks affecting their home communities and advocate for solutions with policymakers and funders alike.

This abridged version of Changing Tides provides a condensed look at some of the most significant findings in the inaugural study. The full report, which contains further analysis, background, and methodology, is available at ChangeInSight.org.

Disaggregated data collected by Change InSight provides a more holistic and nuanced understanding of different communities' needs and promotes greater understanding and empowerment by:

- Addressing the social risks and needs of AA and NHPI populations through targeted data collection;
- Challenging misconceptions about the AA and NHPI populations using data;
- Increasing awareness of the shortfall in foundation funding for AA and NHPI organizations relative to these communities' population size and growth;
- Informing decision-making at a broader scale through data-driven policy insights; and
- Measuring the efficacy of existing solutions and identifying new risks as they emerge.

The data outlined in Changing Tides was collected by Change InSight partners: Apna Ghar, the South Asian American Policy & Research Institute (SAAPRI), the Indo-American Center (IAC), the Alliance of Filipinos for Immigrant Rights and Empowerment (AFIRE), the Hanul Family Alliance, and the Chinese American Service League (CASL). Each organization engages Chicagoland AA and NHPI communities through culturally relevant services, advocacy, and research.

## Who Are Asian Americans, Native Hawaiians, and Pacific Islanders?

Today, there are about 25.6 million[4] AA and NHPI individuals in the U.S., or approximately 7% of the general U.S. population, according to the most recent U.S. Census estimates. Asians and Asian Americans (AA) represent over 20 different countries of origin[5] and Native Hawaiians and Pacific Islanders (NHPI) have origins in over 14 countries and a sea of islands dotted across Australia, New Zealand, Melanesia, Micronesia, and Polynesia.[6] In all, there are more than 50 AA and NHPI subgroups in the U.S.

More than half of all AA and NHPI individuals were born outside the U.S. and immigrated for reasons such as work, school, and asylum.[7] With a population projected to surpass 46 million by 2060,[8] and with over 100 spoken languages, this growing and vibrant community has diverse needs, dreams, and challenges that have not been adequately documented.

**4** U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.
**5** Budiman, A., Ruiz, N.G. (2021, April 29). Key facts about Asian Americans[…]. Pew Research Center. April 9, 2021.
**6** Migration Data Portal. (2022, March 30). Migration data in Oceania. International Organization for Migration (IOM) Global Migration Data Analysis Centre. Retrieved from https://www.migrationdataportal.org/regional-data-overview/oceania#_edn1
**7** Budiman, A., Ruiz, N.G. (2021, April 9). Asian Americans are the fastest-growing racial or ethnic group in the U.S. Pew Research Center. Retrieved from https://www.pewresearch.org/fact-tank/2021/04/09/asian-americans-are-the-fastest-growing-racial-or-ethnic-group-in-the-u-s/
**8** Ibid.

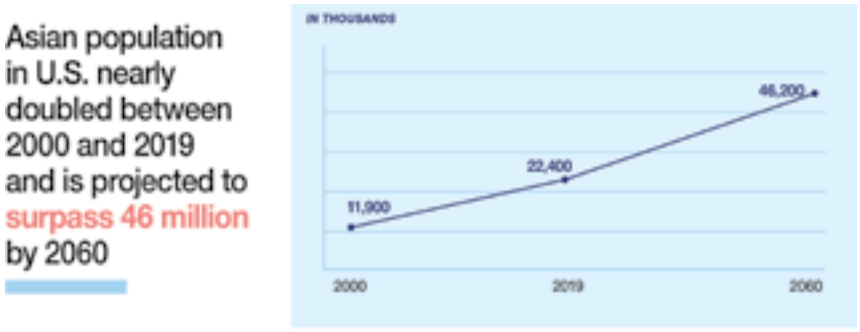
## Social Determinants of Health Data Matters

Social determinants of health (SDOH) are conditions in the environments where people live, work, play, and worship that play a critical role in shaping health outcomes.[9] SDOH are often grouped into focus areas such as: health care access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality.

National goals for transforming community health include "creating social, physical, and economic environments that promote attaining the full potential for health and well-being for all."[10] Change InSight is focused on addressing these environments by measuring SDOH, specifically within AA and NHPI populations, so social service organizations, policymakers, and funders can invest in data-backed solutions to challenges facing these communities.

Pictured as a river of conditions, upstream SDOH factors include socioeconomic conditions, environmental conditions, institutional power, and social networks,[11] while downstream factors consist of health behaviors, conditions, and outcomes.[12] As many as 50% of health outcomes are impacted by one's physical environment, along with social and economic factors.[13]

Robust SDOH data encourages better decisions at multiple stops along the stream, helping to break the cycles of health inequities that have afflicted AA and NHPI communities for too long.



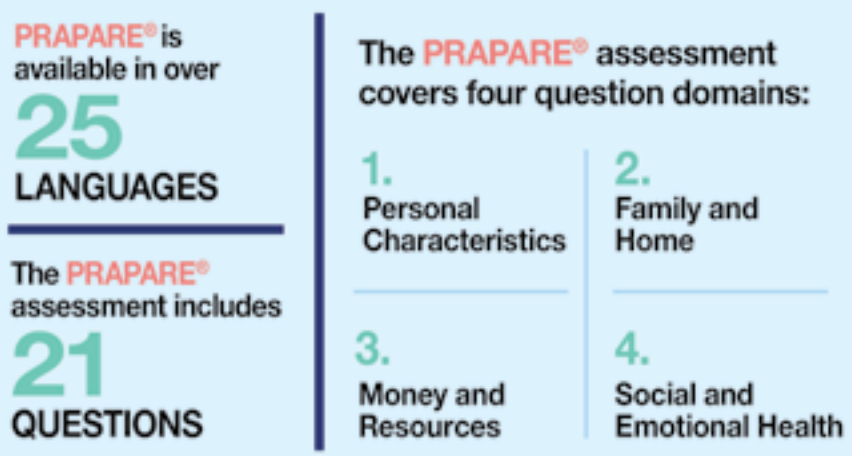

**Source:** U.S. Census Bureau 2017 population projections for 2020-2060. For 2011 through 2019, American Community Survey 1 year estimate (via Census Bureau data). For 2000 and 2010, census counts from Census Bureau, "The Asian Population: 2010" Census Brief, Table 6. For 1990, U.S. Census Bureau, "Asian Population 2000" Census Brief Table 2. For 1980 and earlier years, Campbell Gibson and Kay Jung. "Historical Census Statistics on Population Totals by Race. 1790 to 1990, and by Hispanic Origin, 1970 to 1990, for the United States, Regions, Divisions and States." U.S. Census Bureau.

**9** Healthy People 2030. (2022). Social Determinants of Health. Office of Disease Prevention and Health Promotion. Retrieved from https://health.gov/healthypeople/priority-areas/social-determinants-health
**10** Ibid.
**11** Bharmal, N., Derose, K.P., Felician, M., & Wedne, M.M. (2015, May). Understanding the Upstream Social Determinants of Health. RAND® Corporation. Retrieved from https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf
**12** Castrucci, B.C., and Auerbach, J. (2019, January 16). Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health. HealthAffairs at Project HOPE®. Retrieved from https://www.healthaffairs.org/do/10.1377/forefront.20190115.234942
**13** McGovern, L., Miller, G., & Hughes-Cromick, P. (2014, August 21). Health Policy Brief: The Relative Contribution of Multiple Determinants to Health Outcomes. Health Affairs. Retrieved from https://www.rwjf.org/en/library/research/2014/08/the-relative-contribution-of-multiple-determinants-to-health-out.html

## Methodology

Change InSight partners surveyed 2,244 Chicago-area AA and NHPI individuals using the **Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences** (PRAPARE®), a nationally recognized SDOH screening tool. It is available in more than 25 languages, consists of 21 questions, and covers four core domains: personal characteristics, family and home, money and resources, and social and emotional health. Other measures include incarceration history, refugee status, safety, and domestic violence.

Partner organization staff received training from Change InSight to ensure the assessments were uniformly issued. The training process also instructed staff on the empathic inquiry process, which helped foster deeper connections between service organizations and their clients.




## Results

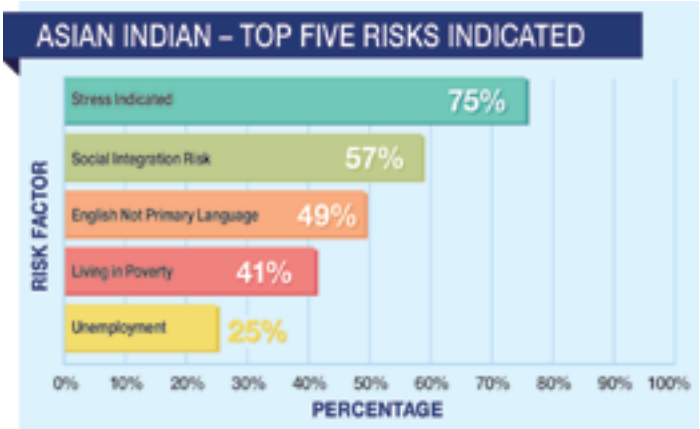
Change InSight staff analyzed the data collected to develop social risk profiles for Asian Indian, Chinese, Filipino, Korean, and Pakistani respondents. Although there were 16 AA and NHPI ethnic groups represented in the study, 91% of all respondents were from the five communities whose risk profiles are outlined in this report.

The top five ethnic groups in this initial sample shared many risks—which some public data sets might already suggest—but that is where the similarities end. Four factors shared in each of the communities' risk profiles included: limited English proficiency, low social integration, elevated stress levels, and living in poverty. Other risks illuminated urgent needs unique to specific communities, such as unemployment among Asian Indian respondents, lack of housing among Chinese respondents, unmet medical care needs among Filipino respondents, and low educational attainment among Korean and Pakistani respondents.

## Risk Profiles by Ethnicity

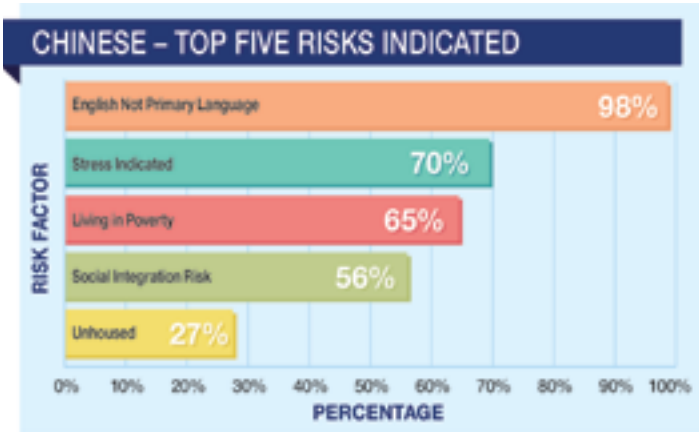
**The top five risk factors for ASIAN INDIAN respondents:**

1. Elevated stress levels: 75%
2. Low social integration: 57%
3. Limited English proficiency: 49%
4. Living in poverty: 41%
5. Unemployment 25%




**The top five risk factors for CHINESE respondents:**

1. Limited English proficiency: 98%
2. Elevated stress levels: 69%
3. Living in poverty: 65%
4. Low social integration: 56%
5. Lack of housing: 27%



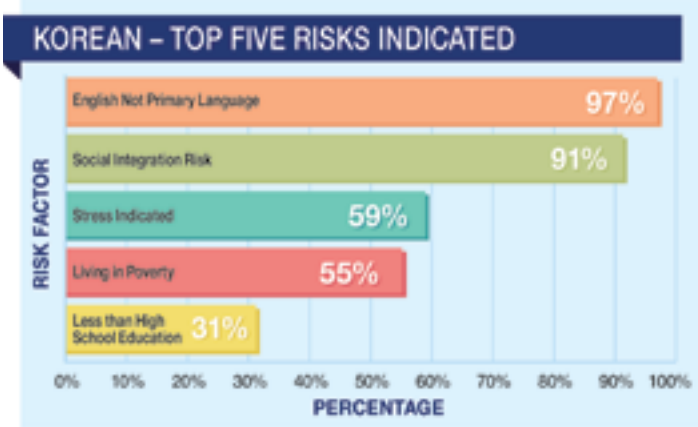

**The top five risk factors for FILIPINO respondents:**

1. Elevated stress levels: 78%
2. Unmet medical care needs: 66%
3. Limited English proficiency: 60%
4. Living in poverty: 57%
5. Low social integration: 52%

## Risk Profiles by Ethnicity

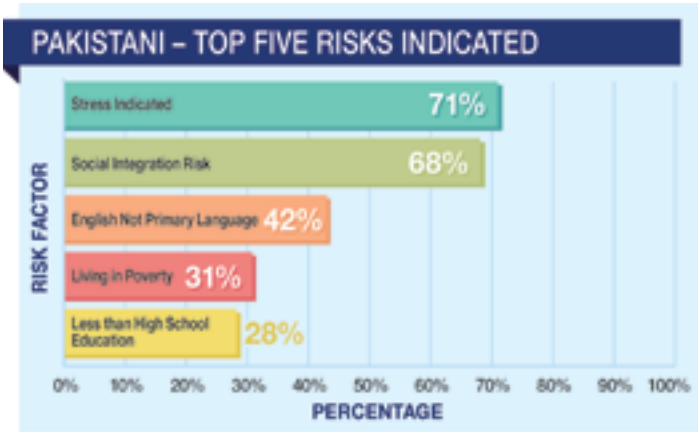
**The top five risk factors for KOREAN respondents:**

1. Limited English proficiency: 97%
2. Low social integration: 91%
3. Elevated stress levels: 59%
4. Living in poverty: 55%
5. Having less than a high school education: 31%




**The top five risk factors for PAKISTANI respondents:**

1. Elevated stress levels: 71%
2. Low social integration: 68%
3. Limited English proficiency: 42%
4. Living in poverty: 31%
5. Having less than a high school education: 28%



## How the Top Five Risks Impact Health Outcomes

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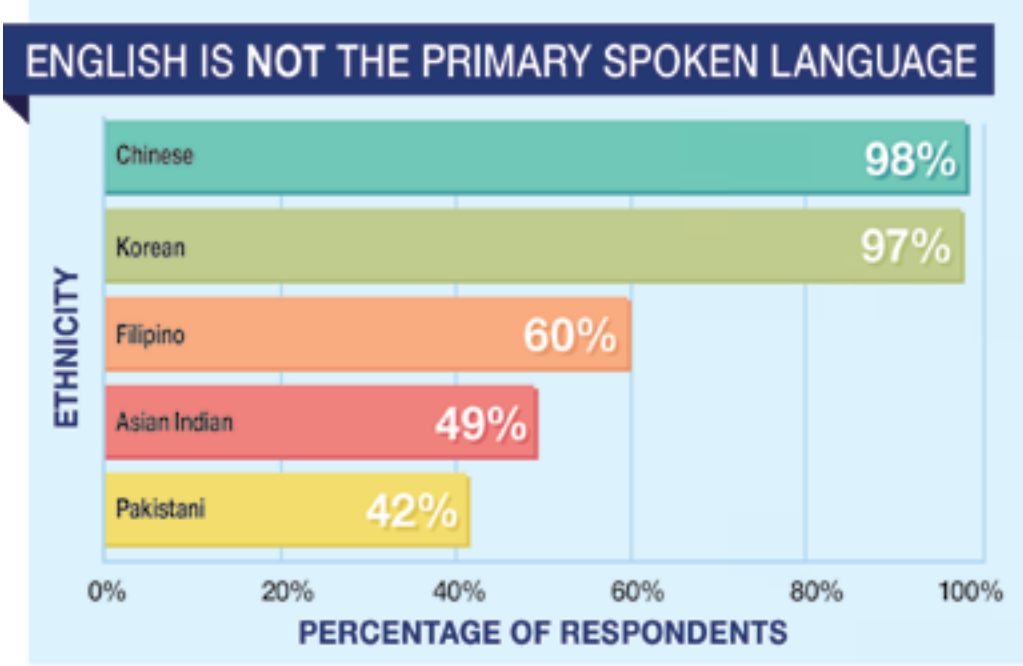
### LIMITED ENGLISH PROFICIENCY

When asked, *"What languages are you most comfortable speaking?"*, 80% of Change InSight™ participants indicated a language other than English. This is relevant because better English proficiency is tied to better access to health care. People who speak a language other than English are less likely to see a health provider, understand the point of certain medical procedures (i.e., age-dependent cancer screenings), and report poorer mental and physical health than their English-speaking counterparts.[14] English proficiency is related to acculturation, the process of adapting to a new culture.[15,16] The vocabulary, pronunciation, grammar, accents, slang, or other cultural elements present in a person's speech influence the degree to which medical outcomes are affected (for example, "15" may sound like "50" when spoken aloud).

The findings in *Changing Tides* indicate the need for more targeted language support to ensure the best possible health outcomes for AA and NHPI communities.




[14] Shi L, Lebrun L.A., Tsai J. (2009, December). The influence of English proficiency on access to care. Ethn Health, 14(6):625-42. Retrieved from https://doi.org/10.1080/13557850903248639

[15] Sam, D.., & Berry, J. (Eds.). (2016). The Cambridge Handbook of Acculturation Psychology (2nd ed., Cambridge Handbooks in Psychology). Cambridge: Cambridge University Press. Retrieved from https://www.cambridge.org/core/books/cambridge-handbook-of-acculturation-psychology/BC73427826525962C01C7D00ECFEA362

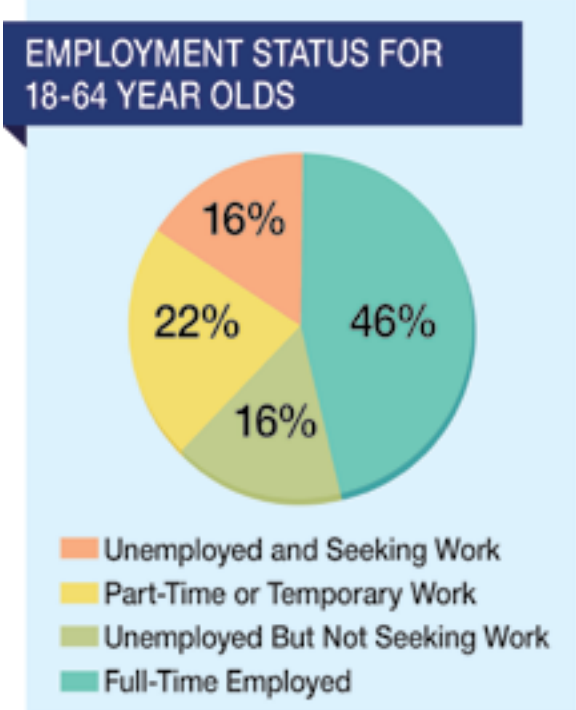
[16] Berry, J. W. (1997). Immigration, acculturation, and adaptation. Applied psychology; 46(1), 5-34. Retrieved from https://iaap-journals.onlinelibrary.wiley.com/doi/abs/10.1111/j.1464-0597.1997.tb01087.x

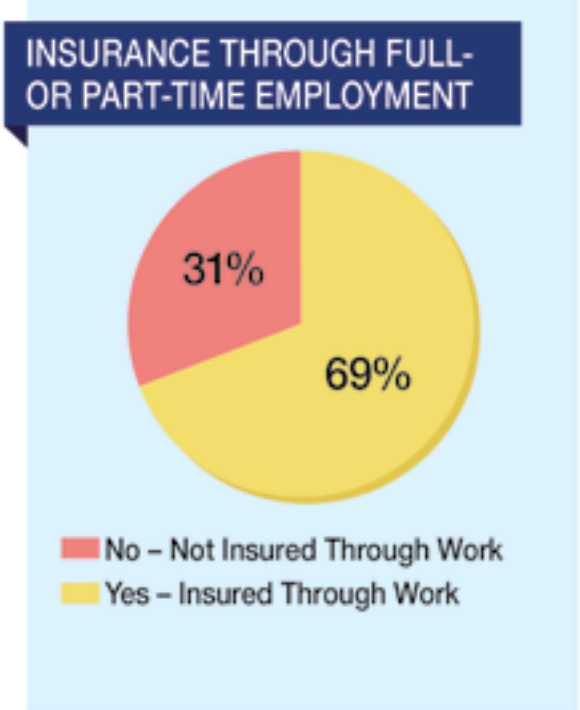
2

## UNEMPLOYMENT

There is ample evidence[17] that unemployment is associated with lower psychological well-being, more unhealthy behaviors, and higher morbidity and mortality. Aside from the indirect health value of gainful employment, benefits like health insurance coverage and sick leave often depend on employment status. People without health insurance are more likely to delay or forgo medical care. Consequently, they are more likely to be hospitalized[18] with a worse prognosis than people with health coverage.

However, it is important to note that employment status alone cannot predict health outcomes. Among Change InSight respondents, two-thirds (67%) of adults (18-64 years old) were employed part- or full-time, but less than one-third (31%) reported having health insurance through their job.




**17** Wilson, S.H. & Walker, G.M. (1993, May). Unemployment and health: a review. Public Health; 107(3):153-62. Retrieved from https://doi.org/10.1016/s0033-3506(05)80436-6

**18** Sommers,, B.D., & Simon, K. (2017). Health insurance and emergency department use—a complex relationship. N Engl J Med; 376:1708-1711. Retrieved from: https://www.nejm.org/doi/full/10.1056/NEJMp1614378

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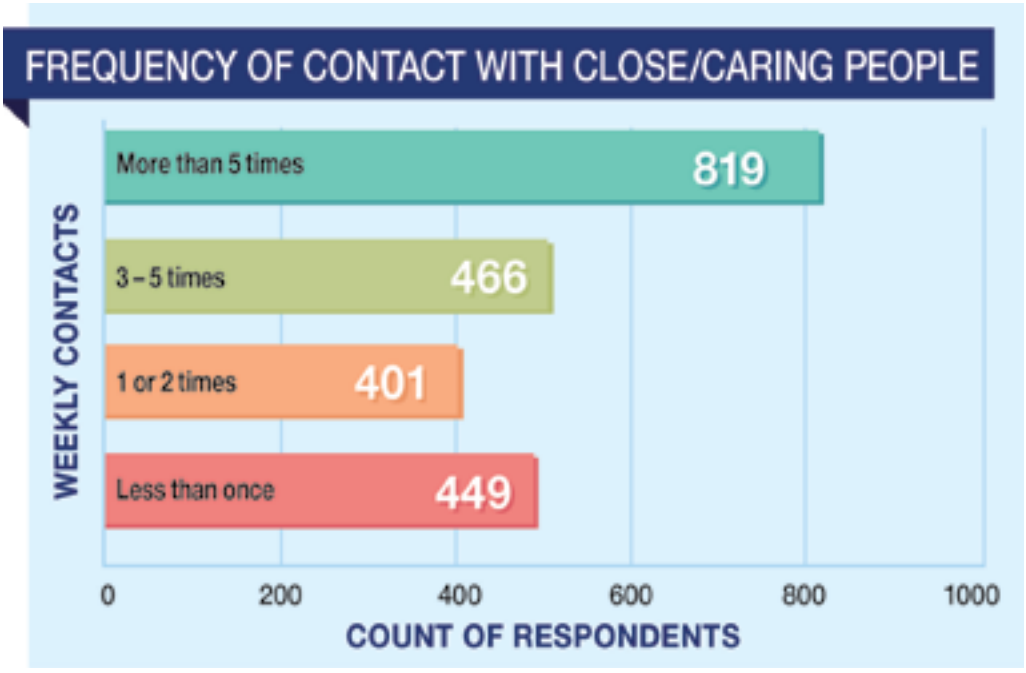
## LOW SOCIAL INTEGRATION

Research[19] shows that social relationships have short- and long-term effects on health, health behaviors, and mortality risks. Isolation can lead to psychological distress, severe mental illness, and even death. While the effects of feeling disconnected are well-documented, it is also critical for relationships to not only exist but be high-quality.

In a poll conducted by public opinion researchers in May and June 2022, nearly a quarter of Asian adults reported feeling unwelcome in their own neighborhood and 1 in 10 shared that they have no relatives, friends, or neighbors to rely on for social support.[20] Change InSight's assessment measures social integration by asking: *"How often do you see or talk to people that you care about and feel close to?"* A follow-up question asked individuals to specify to whom they felt close. Over one fifth of respondents (21%) reported not having regular contact with someone to whom they felt close




[19] Institute of Medicine. (2014). Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2. Washington, DC: The National Academies Press. Retrieved from https://doi.org/10.17226/18951

[20] Harvard University T.H. Chan School of Public Health. (2022, August 1). Personal Experiences of U.S. Racial/Ethnic Groups in Today's Difficult Times: A stark look at problems faced across racial/ethnic groups in the U.S. amid a period of inflation, political conflict, the pandemic, and other competing crises. NPR/Robert Wood Johnson Foundation/Harvard School of Public Health, Public Opinion Poll Series. Retrieved from https://www.rwjf.org/en/library/research/2022/08/personal-experiences-of-u-s-racial-ethnic-groups-in-todays-difficult-times.html

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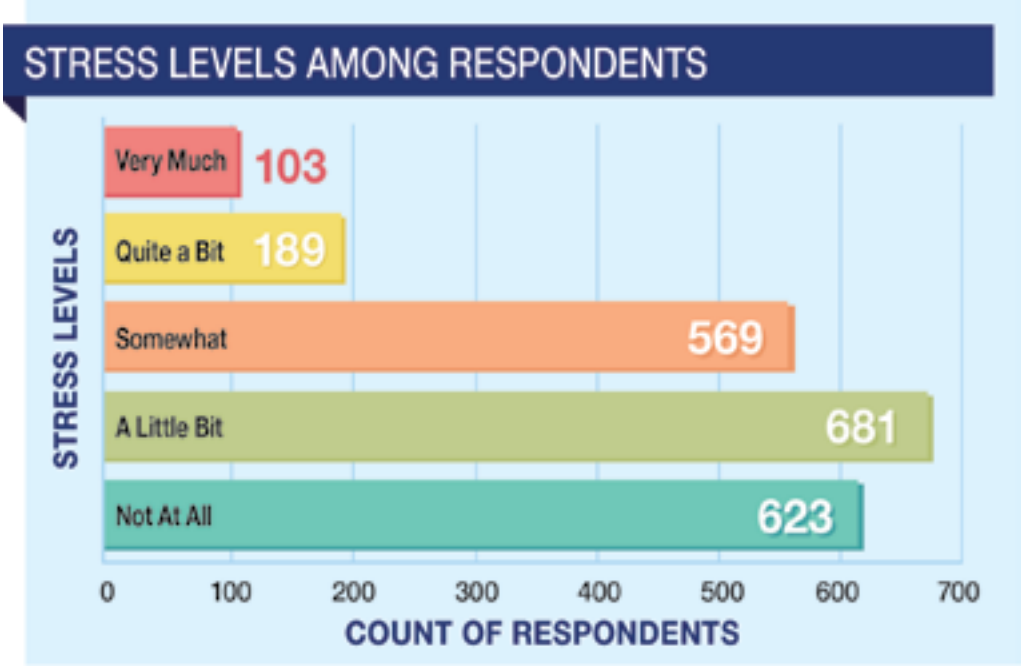
## STRESS

Prolonged exposure to stress carries a plethora of health risks, including cardiovascular illness, mental health issues, and pregnancy complications.[21] Change InSight revealed elevated stress levels in 71% of respondents, indicating stress is a widespread risk factor for immigrant communities. It is important to note that stress means something different to every individual; however, any level of stress can have negative effects.




[21] Issue Brief Series: Exploring the Social Determinants of Health: Stress and Health. Robert Wood Johnson Foundation. March 2011. Retrieved from http://www.nmpha.org/Resources/Documents/RWJF%20Issue%20Brief%20-%20Stress%20_%20Health.pdf

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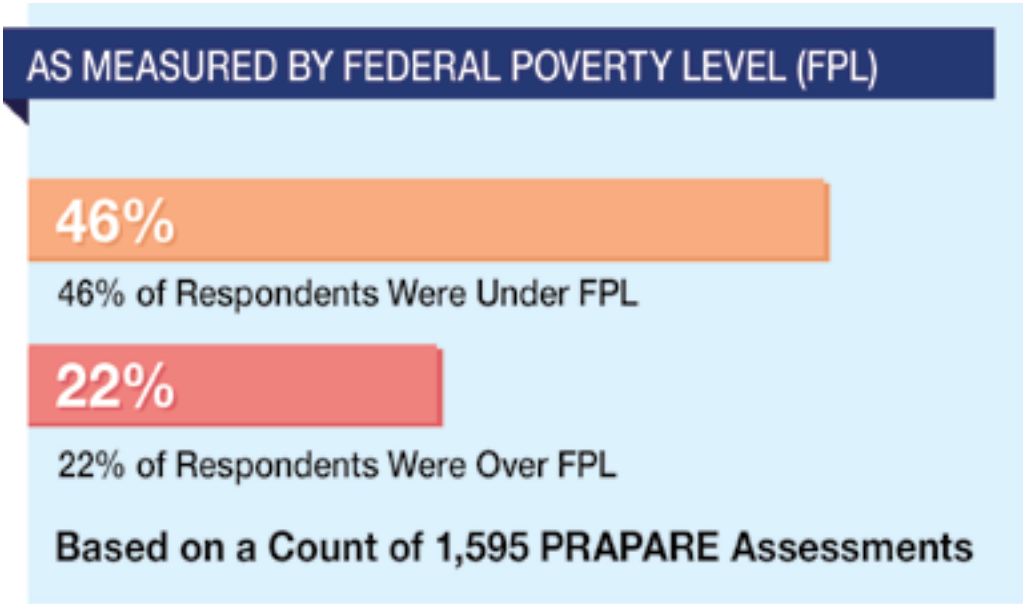
## LIVING IN POVERTY

More than half (57%) of Change InSight participants were considered "living in poverty" according to federal poverty guidelines, based on self-reported income and calculated by the number of people living in a household.

Poverty can create compounding risks at virtually every stage of an individual's life, from limiting health care, education, and employment opportunities to decreasing access to healthy food, which drastically lowers life expectancy.[22] Low income does not constitute a risk in and of itself. However, quality employment opportunities, when paired with supports such as quality health insurance, offer individuals better odds at building sustainable wealth and economic productivity.




Change InSight participants living in poverty (based on the U.S. Department of Health and Human Services poverty measures. Households with an annual income at or below 100% of this threshold are considered to be "living in poverty")

**22** Healthy People 2030. (2022). Poverty. Office of Disease Prevention and Health Promotion. Retrieved from https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

## Recommendations

The data in this report demonstrate the realities of AA and NHPI communities, some shared, and others distinct. These recommendations are a tentative framework for community stakeholders but are by no means a substitute for strategic collaboration, community engagement, and thought leadership.

### Shared risks offer an opportunity for shared solutions

Top risks, such as limited language accessibility, which is common across AA and NHPI communities, can be addressed in several ways. Prioritizing language accessibility by community organizations, health care providers, business owners, civic and social leaders will break major language barriers in AA and NHPI communities. Increasing access to translated materials, linguistically competent service staff, and training programs for bilingual staff will reduce disparities across multiple sectors.

### Economic mobility is critical to improved health

Leverage federal and community-based programs that empower small businesses, foster workforce development, increase access to social services, and expand investment opportunities with local businesses and schools. For example, government and nonprofit leaders could explore sustainable funding alternatives that offer AA and NHPI-owned businesses multiple avenues for growth.

### Reducing stress mitigates numerous health risks

Integrating culturally and linguistically competent healthcare providers is critical in providing a holistic, personalized approach to behavioral health services that reduces stigma while offering personalized clinical services and support. Public and private funders have the opportunity to support these initiatives by raising awareness and using their platforms to drive social innovation.

### Providing more opportunities for social integration lowers the risk of social isolation

Social service providers, community centers, and local leaders should develop an inclusive approach to socialization that incorporates technology, education, physical, and mental activities to enhance social cohesion through support groups in the community. Community venues, senior centers, and support groups increase socialization among members.

Even with the data revealed by Change InSight, there are still untold stories and challenges hidden by a lack of data. To leave no stone unturned, researchers should take care to identify culturally appropriate, ethically rigorous, and inclusive methods to document the needs and experiences of underrepresented communities.

## Building a Consortium for Change

Change InSight is transforming the way data is collected, synthesized, and shared to understand and empower underrepresented individuals to thrive in their communities.

*Changing Tides* lays the groundwork for Change InSight to exponentially grow its impact in the years to come. Already, Change InSight leadership is engaging with new partners to ensure the next annual report expands beyond the Chicago area to build SDOH risk profiles for additional local AA and NHPI groups in more geographies across the U.S. Not only will partnering with more local, regional, and national organizations generate richer data, but it will also provide a deeper understanding of the many unique AA and NHPI communities across the country.

Change InSight will continue to produce annual reports in addition to localized and regionalized reports as the partner network grows. With each report, the process will be thoughtfully evaluated to ensure partners are equipped with all the tools necessary to solicit targeted data, improve client and staff relationships, and increase client participation and voice, ultimately creating a more equitable future for all AA and NHPI communities.

## Partner Benefits

Change InSight equips social service organizations with an unprecedented level of precise data infrastructure that would be otherwise inaccessible for most agencies. With the ability to access comprehensive data through a tailored dashboard and filter it by various factors such as age, income, and educational attainment, social service agencies are able to acquire a far more intricate view of their communities than ever before.

Fact-finding that may have previously taken dozens of hours can be done nearly instantly once survey results are added to the Change InSight data platform. For instance, a partner organization can quickly view which of their elderly clients are unhoused, see who has lower levels of social integration, evaluate which educational opportunities are available to adults, and check who is eligible for income-related assistance and benefits. The Change InSight team works to ensure partners know how to navigate community dashboards, the data represented in each, and how this information applies to multiple scenarios. In doing so, educating partners is a reciprocal process that incites change for all stakeholders involved.

As of 2021, over half of U.S. health centers reported using PRAPARE®, making it one of the most common SDOH screening tools in the nation.[23] Health clinics using PRAPARE® have used this data to improve individual health outcomes, tailor specific interventions, and reduce overall costs associated with care.

Change InSight partner staff are trained in the PRAPARE® method and also become proficient in the empathic inquiry process, a conversational survey approach that improves care delivery in all aspects of organizations by promoting engagement through motivational interviewing and trauma-informed care. This training emphasizes values such as self-determination, respect, privacy, strengths, and trust, all of which are necessary to forge deeper connections with clients.

**23** HRSA Uniform Data System (UDS). (2021). National Health Center Program Uniform Data System (UDS) Awardee Data. Health Resources & Services Administration. Retrieved from https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=EHR&year=2021

## Testimonial

*The South Asian American Policy & Research Institute (SAAPRI) has an established track record of over 20 years of community-engaged research and advocacy on behalf of South Asian Americans in Chicagoland. We are always looking to utilize our expertise to engage in new community-based innovative, collaborative and participatory health equity surveys and interviews to engage our community members in discussions about the intersections of the diverse influences in their lives that influence their health and wellbeing. Hence, in our effort to identify the health access needs and disparities facing South Asian Americans in Illinois and to make policy recommendations to reduce these disparities, we are glad to have participated in the Change InSight project that aims to identify prominent social determinants of health (SDoH) impacting a range of Chicago's Asian American Pacific Islander communities and resources that would best help target some of these needs.*

***- Shobhana Verma, Executive Director***

# Acknowledgements

Change InSight collaborators—Apna Ghar, the South Asian American Policy & Research Institute (SAAPRI), the Indo-American Center (IAC), the Alliance of Filipinos for Immigrant Rights and Empowerment (AFIRE), the Hanul Family Alliance, and the Chinese American Service League (CASL)—would like to thank the dedicated staff who helped make this initiative possible by administering social determinants of health surveys. Collecting the critical data to build this report would not be possible without your dedication and support. This publication is sponsored by the Julian Grace Foundation and generous support of individual donors. Feedback, data, and lessons gained from this initiative will be used to improve the well-being of AA and NHPI communities in the coming years through data-driven decision-making and policy-making.

A sincere thank you is due to the individuals who took time to review drafts of this report and Hawthorne Strategy Group for their design input. We are deeply grateful to the people who chose to share their experiences, hopes, and strengths with us. Thank you.

**Report Team**
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**Former CASL staff*

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