



# CHANGING TIDES

Executive  
Summary

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.<sup>1</sup> 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.

*Changing Tides*, the inaugural Change InSight report, outlines risk profiles for five AA and NHPI communities across Chicagoland — Chinese, Asian Indian, Pakistani, Korean, and Filipino — and reveals both shared and unique needs. This data will serve as a baseline for organizations to shape policy, secure viable funding, and tailor programs that address their community's needs more directly.

Subsequent annual reports will include social needs data from AA and NHPI communities across the U.S. Mapping this data equips organizations with a deeper understanding of the conditions each community faces and empowers individuals to thrive where they are.

## Problem Statement

AA and NHPI individuals represent the fastest-growing racial or ethnic group in the United States, but for far too long, these communities have been categorized as one monolithic group (i.e. "Asians" or "Asian Americans"). This masks the diverse needs of individual communities, which breeds inequity, fuels harmful stereotypes, and excludes individuals from securing the support they need to thrive. When some communities miss out, all are affected.

Today, federal datasets continue to aggregate these groups, which ultimately leads to a critical lack of visibility of more than 50 AA and NHPI communities in the U.S. Failure to disaggregate this data has resulted in a dire shortage of culturally appropriate interventions: only 20 cents of every \$100 donated by charitable foundations in the U.S. goes to AA and NHPI communities.<sup>2</sup> Disaggregation offers a clearer picture on how to address needs specific to each community, thereby promoting opportunity and growth for all.

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<sup>1</sup> "Communities" primarily refer to "ethnicity" or "ethnic subgroups" in this publication.

<sup>2</sup> Kan, Lyle Matthew. "Seeking to Soar: Foundation Funding for Asian American and Pacific Islander Communities." *Asian Americans/Pacific Islanders in Philanthropy*. 2021.



## Solution

The time to act is now. Change InSight is revolutionizing data collection, focusing on social determinants of health (SDOH), conditions where people live, work, play, and worship that play a huge role in health outcomes and well-being.

Using PRAPARE®, a nationally validated and stakeholder-driven SDOH screening tool used by over half of U.S. health centers,<sup>3</sup> Change InSight partnered with six community-based organizations in the Chicagoland area to develop this inaugural report.

Between April 1 and June 24, 2022, Change InSight partners collected SDOH data from 2,244 Chicago-area AA and NHPI individuals representing 16 unique communities served at each organization. The top five communities in this report, which make up 91% of the entire sample, include Chinese, Asian Indian, Korean, Filipino, and Pakistani. While each group shares some similar risks, each group experiences these risks differently, as reflected in their individual risk profiles.

Change InSight uses the empathic inquiry method of data collection to yield stronger relationships between staff and clients, effectively bridging organizations and communities with a platform to share their needs and concerns more broadly.

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<sup>3</sup> 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>



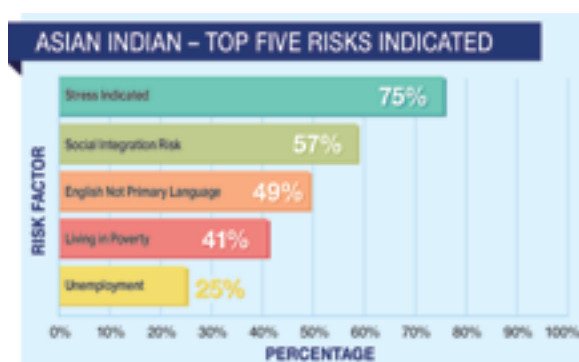


## Results

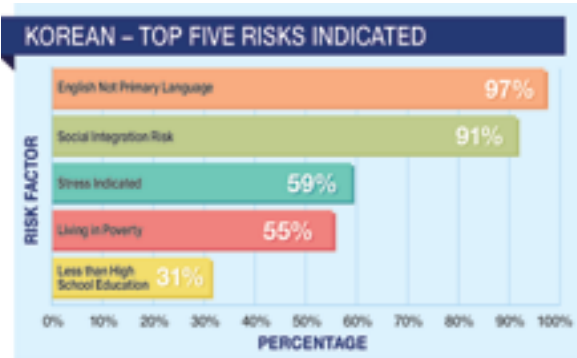
Risk profiles offer Change InSight partners a way to easily identify the main risks affecting the communities they serve. Four risk factors were shared among the top five ethnic groups: limited English proficiency, low social integration, elevated stress, and having income below federal poverty guidelines.

Other needs were specific to only certain communities' risk profiles. For example, 66% of Filipino respondents reported unmet medical care needs in the past year, whereas 27% of Chinese respondents indicated that they had unstable housing. Asian Indian respondents expressed unemployment as a top need, while Korean and Pakistani participants were identified as having lower educational attainment levels.

Risk profiles can help organizations understand how to maximize limited resources to address specific needs. Respondents with limited English proficiency often experience difficulty “fitting in,” which could also affect their ability to access high-quality health care or educational opportunities. Low social integration can lead to stress, depression, and anxiety. Living in poverty can contribute to compounding risks at multiple life stages, from limiting educational and health care opportunities to decreasing access to food and lowering life expectancy.<sup>4</sup>



<sup>4</sup> 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.

### **Acknowledgments**

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