



CHANGING TIDES

Policy
Recommendations

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

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Introduction

Change Insight aims to affect positive change within Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities through innovative data collection focusing on social determinants of health (SDOH) or environmental factors that impact an individual's health and well-being. High-quality data enables public, private, and nonprofit stakeholders to advocate for data-driven solutions, funding, and policies for their unique communities.

For too long, the unique needs and challenges of the United States' more than 50 AA and NHPI ethnic subgroups have gone undocumented due to aggregated data sources, which commonly categorize AA and NHPI groups as one monolithic "Asian" or "Asian American" community. Not only has this made identifying and solving AA and NHPI communities' issues more challenging, but it has also contributed to the harmful "Model Minority Myth" that makes it appear that AA and NHPI communities do not need assistance.

Changing Tides, Change InSight's inaugural report represents a major step toward a more equitable future for AA and NHPI communities. This document provides tailored policy recommendations inspired by the findings in *Changing Tides*, which was based on interviews with 2,244 AA and NHPI individuals surveyed by six Chicago-area social service organizations. As Change InSight gains more partners and expands its survey area in the future, subsequent reports will serve as a basis for further specific policy recommendations for communities across the country.

Changing Tides established risk profiles of the five top SDOH risk factors for Chinese, Korean, Filipino, Asian Indian, and Pakistani individuals in Chicagoland. These communities represented 91% of Change InSight's data sample. As Change InSight gathers more data and increases the sample size, risk profiles (or how they are ordered) may change or look different.

Policy recommendations in this document are centered on addressing the top SDOH risks identified in *Changing Tides*: limited English proficiency, unemployment, low social integration, stress, and living in poverty.



Change InSight’s results showed similar needs to a national sample of AA and NHPI individuals.

Risk Level	National sample (n=2,982)	Change Insight sample filtered by top 5 ethnic groups (n=2,101)
1	Limited English proficiency	Limited English proficiency
2	Low educational attainment	Unemployment
3	Stress	Low social integration
4	No insurance coverage	Stress
5	Unemployment	Higher poverty rates

Pictured as a river of conditions, “upstream” SDOH factors include socioeconomic conditions, environmental conditions, institutional power, and social networks, while “downstream” factors consist of health behaviors, conditions, and outcomes. This document includes both upstream and downstream interventions.

Upstream interventions focus on laws and regulations, including structures that impact health outcomes.

Midstream/downstream interventions focus on providing equitable access to care, including offering medical interventions, evaluations, clinical services, and treatment.



Public Policy Recommendations

1

LIMITED ENGLISH PROFICIENCY

Acculturation greatly affects access to quality and timely health care, educational attainment, employment, and social isolation.

Upstream

Recommendation: Strategically collaborate with partners for sustainable funding from local, national, public, and private agencies that promote equitable access to language services. This will reduce language disparities in health care and other sectors.

- Advocate for additional funding from local and state governments and partners to support AA and NHPI communities with limited English proficiency.
- Advocate for the state community college board and similar organizations as well as the Department of Homeland Security to increase funding for English as a second language and citizenship/immigration classes.

Downstream

Recommendation: Prioritize language accessibility and availability of translated materials for communities with English as a second language, and educate these communities about available resources.

- Ensure more culturally and linguistically accessible health systems in AA and NHPI communities.
- Recruit linguistically competent service providers in AA and NHPI communities.
- Ensure all state documents are translated into relevant AAPI and NHPI community languages.
- Apply for funding to develop more robust programs that meet communities' ESL needs.
- Develop training and credentialing programs for bilingual staff to serve as medical interpreters, home caregivers, etc.
- Provide affordable daycare services for parents attending ESL classes.



2

UNEMPLOYMENT

Unemployment is associated with lower psychological well-being, unhealthier behaviors, and higher morbidity/mortality. Aside from the indirect health value of gainful employment, benefits such as health insurance coverage and sick leave often depend on employment status. Unemployment can create financial instability, which impacts access to health care services, insurance, stable housing, healthy foods, and other basic needs.

Upstream

Recommendation: Capitalize on federal programs that increase access to grants, contracts, resources, and employment opportunities for AA and NHPI communities to promote businesses.

- Engage in specific outreach programs to advance inclusivity and access to contracts, federal grants, resources, and employment programs for AAs and NHPIs, and other underserved communities. This will increase opportunities for these communities to participate in federal programs, and partnership with these initiatives could bridge the gap for unemployment.

Downstream

Recommendation: Advocate for more education and workforce development training in AA and NHPI communities and schools while educating local businesses on favorable market policies to reduce unemployment.

- Organize job fairs with representatives from local and community-serving businesses to recruit members of AA and NHPI communities.
- Educate community members about how to access unemployment benefits during periods of joblessness.
- Educate local businesses to ensure legal and fair hiring and employment practices.
- Partner with local businesses to offer paid internships to AA and NHPI high school students to help teenagers obtain professional experience.
- Educate immigrant workers on fair labor laws and practices to prevent exploitation and discrimination against AA and NHPI individuals.
- Educate workers about the importance of obtaining health insurance coverage through high-quality jobs.



3

LOW SOCIAL INTEGRATION

Social integration refers to the number of relationships, the frequency of contact, and the quality of an individual's relationships and support systems. This measurement is more valuable in assessing a person's level of isolation than subjective feelings of loneliness. Of 2,135 *Changing Tides* participants, 449, or 21%, were at risk of isolation. Challenges with social integration can lead to isolation, depression, and mental health disorders. As a result of this work, these individuals are now visible.

Upstream

- Offer and increase access to improved mental and behavioral health services and advocacy for individuals with low social integration.
- Advocate for integrated care in AA and NHPi communities that recognizes cultural definitions of health and incorporates culturally appropriate practices (use of community health workers and interpreters, peer support specialists, etc.).

Downstream

Recommendation: Develop an inclusive approach to socialization that incorporates the use of technology, education, and physical and mental activities to enhance social cohesion through support groups in the community.

- Support community venues and senior centers that play an important role in preventing isolation. These venues integrate physical and mental activities, which increase socialization among members and allow them to discuss their well-being. (For example, Indo American Center Seniors Program, and the Chinese American Service League's Pine Tree Senior Council, are all self-driven social and civic engagement groups that empower seniors to remain active and engaged in the community through group activities, hobbies, and advocacy.)
- Create support groups for people with similar needs and experiences.
- Use technology to reduce isolation in different populations by incorporating video conferencing and media groups, especially for disabled community members. (Internet training should be made available to communities with limited access to technology. In such communities, community leaders could work with corporate partners to secure complementary or reduced-price internet and Wi-Fi-enabled devices to allow more individuals to access digital services and online groups.)
- Encourage participation in religious groups, which play a vital role in mitigating social isolation and provide opportunities for community members to commune through prayers and sharing.



4

STRESS

Prolonged exposure to stress carries a plethora of health risks, including cardiovascular illness, mental health issues, and pregnancy complications. 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.

Upstream

Recommendation: Leverage increased education, technology use, and funding to offer holistic, culturally and linguistically integrated behavioral health services that reduce stigma while offering personalized clinical services and support.

- Increase funding to improve access to evidence-based mental health screening, diagnosis, and treatment.
- Agencies may pursue funding from organizations that focus on stress management and behavioral health support, including:
 - ◆ National Institute for Health (NIH), which offers three- to five-year grants.
 - ◆ Substance Abuse and Mental Health Services Administration (SAMHSA), which offers two- to three-year grants
 - ◆ National Science Foundation (NSF), which funds critical research to understand, address, and end bias, discrimination, and xenophobia, including against AA and NHPI communities.

Downstream

- Increase awareness of AA and NHPI cultural attitudes to break barriers to and stigmas about mental health treatment. Stoicism is common in AA and NHPI communities, which can make it difficult to discern when a family member or friend needs mental health services. Consequently, significant numbers of AA and NHPI youths silently struggle emotionally.
- Reduce stress by incorporating new ways of providing services to break cultural and linguistic barriers. Telehealth services with linguistically competent clinicians can extend coverage to isolated areas in the community, providing treatment opportunities for community members who feel uncomfortable or ashamed going to behavioral health clinics.
- Provide families with digital literacy training to ensure they can utilize telehealth services.
- Ensure adequate broadband and cell phone access to allow individuals to access telehealth services.
- Recruit bilingual counselors for mental health interventions and education on stress management at individual and household levels.



- Ensure continuity and access to services in AA and NHPI communities by strengthening connections between health care providers to encourage warm handoffs.
- Train and integrate culturally competent peer support and behavioral health technicians in in-need communities.

5

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. Having a lower income means being able to afford fewer resources like food, housing, health care, and public benefits. In addition, the COVID-19 pandemic dealt a severe blow to job sectors where AA and NHPIs were overrepresented, such as food and retail.

Upstream

Recommendation: Engage in 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.

- Advocate for local, state, and federal programs that combat poverty, like the City of Chicago’s Resilient Communities Pilot Program that provides 5,000 struggling Chicago households with a \$500 monthly check to help recover from the COVID-19 pandemic.
- Enhance access to capital for AA and NHPI-owned small businesses to spur economic growth while reducing unemployment. Efforts may include training and counseling for AA and NHPI entrepreneurs to help them secure grants and other funding for their small businesses.
- Collaborate with community colleges and universities to increase clinical training enrollment for culturally and linguistically competent clinicians and develop a curriculum focused on skills training and development to increase access to family-sustaining careers, including STEAM programs, for youths.

Downstream

- Encourage business development that benefits community members while preventing negative consequences of new development in a low-income community (i.e., gentrification).
- Increase access to social services such as SNAP and WIC for community members.
- Fund programs that increase access to culturally appropriate foods.
- Partner with local businesses to invest in their local communities to reduce unemployment and poverty.



Conclusion

Changing Tides marks a major stride toward improving equity for all AA and NHPI individuals, providing clear and actionable findings that policymakers, service organizations, and funders can use to create lasting change in their communities.

Change InSight is committed to illuminating hidden challenges, improving individuals' lives, breaking the "Model Minority Myth," and fostering coalitions for change with a first-of-its-kind data collection initiative. Making this critical disaggregated data available to all is core to Change InSight's mission, as effective policy interventions require strong data to back them up.

As Change InSight grows, it will continuously track the efficacy of these data-backed solutions and uncover further needs for the communities served by Change InSight partner organizations. It will additionally produce individualized reports for partner organizations that provide deeper and more unique recommendations formulated for their communities.