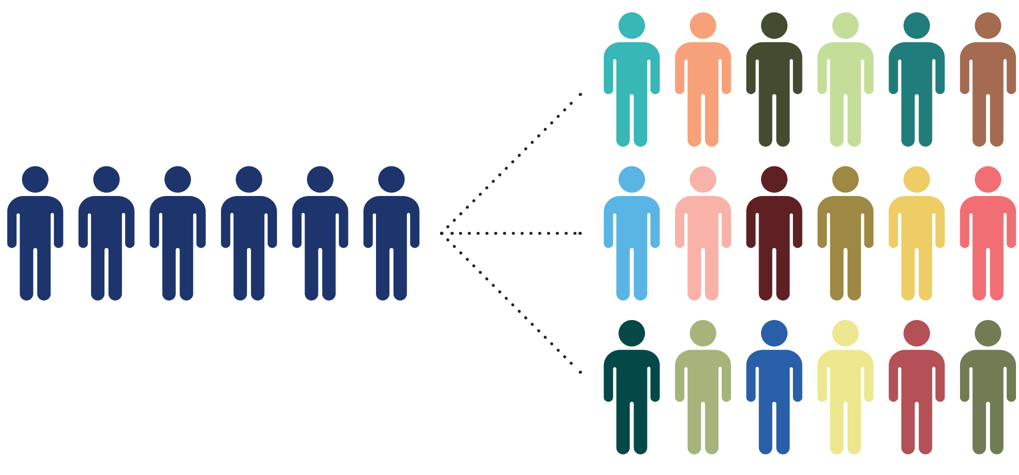
EXECUTIVE SUMMARY

Community Counts

Assessing Social Drivers of Health among Asian Americans, Native Hawaiians, and Pacific Islanders

Change InSight® is a nationwide partnership with community-based organizations (CBOs) that provide social services to Asian American, Native Hawaiian and Pacific Islanders (AANHPIs), and other underrepresented communities. **Change InSight® collects data on social drivers of health (SDOH)** among AANHPI communities using the PRAPARE® (Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences) assessment, then breaks it down by origin group to provide a clearer picture of each community's needs. **In 2023, 5,932 individuals from 19 CBOs in five states participated**.



Why Change InSight® Matters

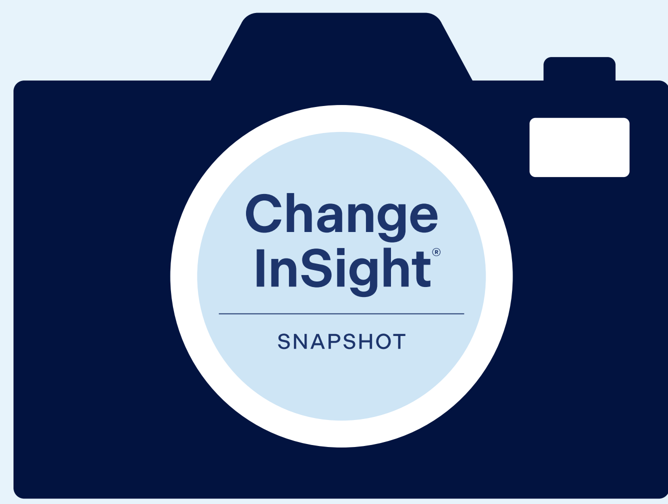
80% of health outcomes are influenced by SDOH, such as socioeconomic factors, physical environment, and health behaviors.

False narratives and stereotypes like the "Model Minority Myth" masks the risks faced by AANHPI communities because it assumes all Asians are the same, and that they are all successful and have few needs.

Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) have been incorrectly grouped in public datasets as "the same," despite being comprised of 50+ ethnicities, 100+ languages and dialects, and having origins all throughout Asia and the Pacific Islands.

When data is lumped together like this, specific risks, needs, and solutions become invisible. Thus, the purpose of the Change InSight® movement is to capture how AANHPI communities are negatively impacted by aggregation, and highlight the diversity and distinctiveness of these communities.

2023 Insights and Policy Recommendations



CHANGE INSIGHT® PARTNERS

19

NUMBER OF PARTICIPANTS

5,932

TOP 5 AANHPI ORIGIN GROUPS

Chinese
Asian Indian
Filipino
Pakistani
Korean

TOP 5 HEALTH RISK FACTORS

1—Limited English Proficiency
2—Living in Poverty
3—Less than High School Education
4—Social Isolation
5—High Stress

NOTE: There was a moderately large sample of non-Hispanic Whites and Black/African American respondents. Additionally, sample sizes vary, so caution is warranted when interpreting results.

Aggregated and Disaggregated Data and Policy Recommendations

RISK FACTOR	EFFECTS	% WITH INDICATED RISK AGGREGATED	DISAGGREGATED	POLICY RECOMMENDATIONS WAYS TO ADDRESS RISK FACTORS
Limited English Proficiency	• Psychological distress • Social isolation • Low health literacy • Difficulty navigating and understanding social services	73%	**Chinese 96%** Asian Indian 65% Filipino 22% Pakistani 63% Korean 87%	→ Implement a statewide language access plan that increases access to programs/services in state/local agencies for LEP populations → Support continuous funding for ESL programs → Employ culturally competent ESL teachers and translators → Offer age-appropriate English classes → Hire bi- and multilingual workers → Train providers to provide linguistically/culturally sensitive services
Living in Poverty	• Shorter life expectancy • Chronic health conditions • Inability to pay for adequate food, housing, and schooling	62%	**Chinese 67%** Asian Indian 51% Filipino 13% Pakistani 32% Korean 24%	→ Strengthen federal poverty reduction efforts → Invest in removing root causes of poverty (e.g., socioeconomic barriers) → Provide low-income families with essential resources and social services (e.g., SNAP, educational support, job skills) → Increase funding for AANHPI organizations
Less than High School Education	• Fewer job opportunities • Higher risk of harmful lifestyle choices (e.g., binge-drinking, smoking) • Chronic health conditions and diseases	34%	**Chinese 51%** Asian Indian 23% Filipino 2% Pakistani 16% Korean 7%	→ Increase access to educational support services/programs (e.g., tutoring) → Improve college readiness and encourage higher educational attainment → Invest in scholarships for AANHPI and at-risk youth → Recruit and retain AANHPI educators and school leaders → Disaggregate AANHPI data in K-12 schools → Prioritize mental health of AANHPIs
Social Isolation[1]	• Loneliness and stress • Higher risk of mental and physical illness (including dementia, stroke, heart disease) • Shorter life expectancy	15%	Chinese 17% Asian Indian 15% Filipino 8% Pakistani 12% **Korean 25%**	→ Provide age-appropriate networking and community-building activities → Increase access to culturally sensitive social support resources among AANHPI communities → Promote shared community spaces through various age-appropriate messaging strategies
High Stress	• Greater likelihood of mental health disorders • Greater likelihood of harmful lifestyle choices	17%	Chinese 10% Asian Indian 21% **Filipino 24%**[2] Pakistani 23% Korean 12%	→ Reduce stigma by emphasizing importance of mental health/well-being → Reduce barriers to access (e.g., cost, transportation) → Increase culturally/linguistically sensitive behavioral health services → Improve stress management techniques and social support systems → Provide psychosocial resources at a young age → Investigate stressors and coping mechanisms of individual communities

[1] Social isolation is less than one meaningful social interaction per week

[2] Only 8% of Filipino participants aged 65+ reported high stress levels.

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This report contains contributions from the following partner organizations:

Learn more about Change InSight® and read the full report at **CHANGEINSIGHT.ORG**