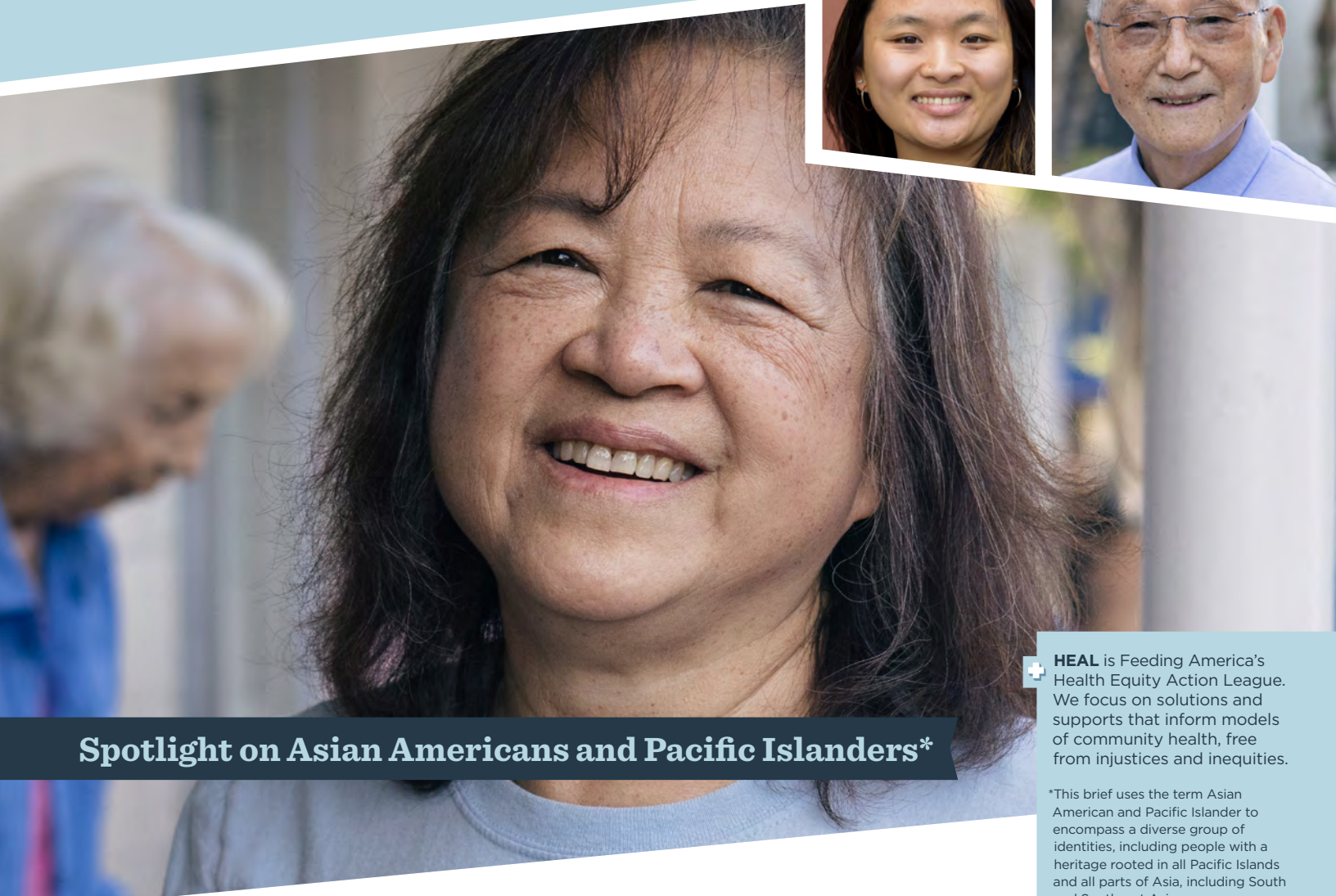


AT FIRST GLANCE

HUNGER HEALTH EQUITY



Spotlight on Asian Americans and Pacific Islanders*

HEAL is Feeding America's Health Equity Action League. We focus on solutions and supports that inform models of community health, free from injustices and inequities.

*This brief uses the term Asian American and Pacific Islander to encompass a diverse group of identities, including people with a heritage rooted in all Pacific Islands and all parts of Asia, including South and Southeast Asia.

Introduction

Food insecurity, defined as having limited access to enough food to lead a healthy and active lifestyle, impacted more than 38 million people, including more than 12 million children, in the United States in 2019.¹ The food insecurity rates among Asian American and Pacific Islander (AAPI) communities vary greatly, with some nationalities having greater food insecurity rates than others.

If a health outcome is seen to a greater or lesser extent between populations, there is disparity.² Health disparities amongst the AAPI community in the United States are based on nationality, immigrant status, or location of birth. There are 20.6 million individuals in the United States who identify as AAPI, making up 6.2 percent of the population. These individuals come from over 30 countries, all with unique cultures and backgrounds. Asian Americans have a 40 percent higher rate of diabetes than non-Hispanic white individuals. Additionally, the leading cause of death among Asian Americans is chronic liver disease. While non-Hispanic white individuals are 60 percent more likely to be obese, Filipino adults were 70 percent more likely to be obese than the overall Asian American population.³ To fully understand health disparities among this population, more understanding of disparities within AAPI communities is needed.

To achieve our vision of a hunger-free America, Feeding America commits to reducing the racial equity gap by understanding and addressing the priorities and needs of our most impacted communities, individuals, and families served. **This foundational issue brief describes food and health disparities within AAPI communities, provides key research questions and offers suggestions on immediate action to take so we all have a fair opportunity to live long and healthy lives.**



Asian Americans and Pacific Islanders come from over 30 countries, all with unique cultures and backgrounds.

— U.S. Department of Health and Human Services



Hunger

Despite gaps in the food insecurity data for the AAPI community, the existing data shows that food insecurity varies greatly within this population. Based on an analysis of the 2016-2020 Current Population Survey data, about 1 in 5 Pacific Islanders experienced food insecurity, while about 1 in 17 Asian Americans experienced food insecurity. Amongst AAPI communities, as seen in Table 1, Chinese Americans have a 2.3 percent food insecurity rate, while Filipino Americans have an 8.9 percent food insecurity rate.⁴

Food insecurity rates are also higher for individuals who are recent immigrants, defined as being born in or having one or both of their parents born in an Asian or Pacific Island country. Though little research has been done as to why this is the case, it is a similar experience to immigrants from other parts of the world. Issues such as low acculturation, language barriers, and poverty play a role in higher food insecurity among the immigrant community in the United States.⁵ Immigrants from Bhutan and Afghanistan have especially high rates of food insecurity at 30 percent and 25 percent respectively, while Indonesian and Chinese immigrants have the lowest rates of food insecurity at 3 percent.⁶

| | |
|--------------------------------|--------------|
| Asian Indian | 3.6% |
| Chinese | 2.3% |
| Filipino | 8.9% |
| Japanese | 3.5% |
| Korean | 4.8% |
| Vietnamese | 7.4% |
| Reporting other Asian identity | 12.6% |

Note: individuals who identify as Asian (only) are asked to further self-identify from among the options shown in this table

Table 1: *Individuals living in food-insecure households by Asian Group (2016-2020).* Calculations by Dr. Craig Gundersen for Feeding America, using a five-year average (2016-2020) from the Current Population Survey

Fewer than 1 in 10 people living in the U.S. eat enough fruits and vegetables. Nine in 10 consume too much sodium.

— Centers for Disease Control and Prevention



Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease.⁷ Asian Americans experience food insecurity and other factors at higher rates that have a negative impact on this population's health and quality of life.⁸ Some of these factors include infrequent medical visits, language and cultural barriers, and lack of health insurance. Compared to all other reported disease states, Asian Americans are most at risk for cancer, heart disease, stroke, and diabetes.⁹

The Office of Minority Health reports that Pacific Islanders have high rates of smoking, alcohol consumption, and obesity. This population also has less access to cancer prevention and control programs.¹⁰

DIABETES

Asian Americans are 1.4 times more likely to be diagnosed with diabetes than non-Hispanic whites. Individuals with Indian origin are 1.7 times more likely to be diagnosed with diabetes, as compared to non-Hispanic whites. Pacific Islanders are 2.5 times more likely to be diagnosed with diabetes, and to die because of diabetes, compared to the non-Hispanic white population.¹²

OBESITY

Pacific Islanders are 1.8 times more likely to be obese than non-Hispanic whites and three times more likely to be obese than the overall Asian American population.¹¹

HEART DISEASE

Pacific Islanders are 10 percent more likely to be diagnosed with coronary heart disease than non-Hispanic whites. Asian Americans are less likely than non-Hispanic white adults to have heart disease and they are 50 percent less likely to die from heart disease. Asian Americans have lower rates of being overweight or obese, lower rates of hypertension, and they are less likely to be current cigarette smokers.¹³

MENTAL HEALTH/TRAUMA

The overall suicide rate for the AAPI community is less than half that of the non-Hispanic white population, however, suicide was the leading cause of death for AAPI individuals ages 15 to 24 years old in 2019. Few statistics are known about mental health in the Pacific Islander community. Despite this, it is reported that, in 2019, Pacific Islanders were three times less likely to receive mental health services or to receive prescription medications for mental health treatment compared to non-Hispanic whites.¹⁴



Despite high rates of diet related disease, 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education, and employment.

— National Academy of Medicine

Equity

We know that food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity. There is limited research on health equity among the AAPI population, with most data combining this large group into one category. The model minority myth has also led to less attention paid and research done among subgroups of this population. For example, the overall poverty rate of the AAPI population is 9 percent, but broken into subgroups, the Mongolian American population has a 25 percent poverty rate.¹⁵

Racial and health inequity is embedded in historical, political, cultural, socio-economic systems and institutions.¹⁶ These inequities exist due to language, education, and cultural barriers, along with historical prejudice against the AAPI communities throughout the United States.

Racism in the health care industry, systemic barriers that limit access to care, and environmental factors all impact health implications for Asian Americans and Pacific Islanders. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association, provider bias can determine if a patient gets proper care.¹⁷ This includes Pacific Islanders reporting lower quality of care, with less prenatal care in the first trimester of pregnancy and having higher infant mortality than non-Hispanic white individuals. Additionally, Asian Americans are less likely to have a primary care physician, with Vietnamese Americans being three times more likely to skip a doctor's visit due to cost than the general US population in the United States. In order to improve health outcomes, structural and systemic circumstances must always be considered, acknowledged, and addressed.¹⁸

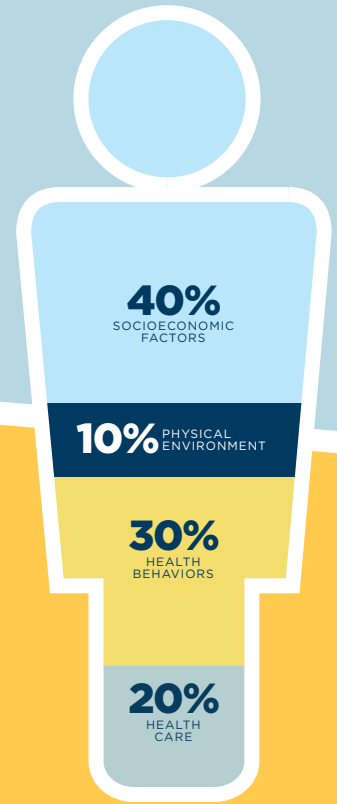


Figure 1:
County Health Rankings
& Roadmaps (2014)

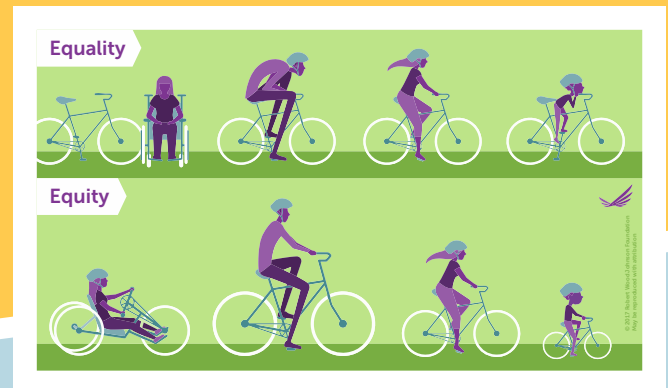


Figure 2: Robert Wood Johnson Foundation (2017)

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.

1 in 5 Pacific Islanders experience food insecurity, while about 1 in 17 Asian Americans experience food insecurity.

— 2016-2020 Current Population Survey



Consequences of Hunger and Inequity

Health and Well-being: Healthy bodies and minds require nutritious meals at every age. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and well-being. These individuals often stretch already limited budgets and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed to manage disease-specific diets. For example, over 65 percent of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80 percent of households reported having to choose inexpensive, unhealthy food to feed their families.¹⁹ Difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and delayed development in children. Members of food-insecure households are also more likely to struggle with psychological and behavioral health issues.²⁰

Quality of Life: There is growing recognition that historical racial segregation by neighborhood plays a role in quality of life. In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away.²¹

CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to nutritious food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for historically marginalized communities to advance health equity.



San Joaquin Valley has a 9-year disparity in life expectancy across the region's communities. Babies born a few miles away can expect to live 75 years, while others may live 10-12 years longer. Short distances can mean large differences in health.

Source: [Mapping Life Expectancy](#)

Health Equity Action Items: What Food Banks and Health Care Partners Can Do

Align with other national, state, and local organizations committed to improving health and advancing equity in communities of color.

Build trust, positive interactions, and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

Help make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

*Learn more about HEAL, and trends in hunger, health and equity by visiting **Hunger + Health and Feeding America Action** or contacting nutritionteam@feedingamerica.org.*

Hunger, Health and Equity Research Questions

- 1 How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
- 2 How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
- 3 What coping strategies and tradeoffs do food secure households make and what are the health consequences of these coping strategies. How does this differ by race and ethnicity?
- 4 How do hunger and health challenges affect multi-generational households of color?

For more information on Feeding America’s work on food insecurity among seniors and older adults, access the most recent reports [here](#).

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Feeding America is a nationwide network of food banks that feeds more than 40 million people through food pantries and meal programs in communities across America and leads the nation in the fight against hunger.



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