

# Spotlight on Health Equity: The Need for Culturally Tailored Approaches for Asian American Communities

## Executive Summary

This policy brief underscores the critical importance of adopting culturally tailored competent approaches to promote health equity within Asian American communities. By recognizing and addressing the unique cultural and linguistic factors that influence healthcare access, health literacy and health outcomes, policymakers can contribute significantly to addressing and reducing health disparities among this diverse population.

## Problem Statement

Asian American communities are incredibly diverse, encompassing a wide range of ethnicities, languages, cultures, socioeconomic backgrounds, traditions, citizenship and immigration status, and historical experiences. However, despite this heterogeneity, most federal offices, health care organizations, private entities and advocacy groups continue to lump all Asian subgroups as “Asians” to make funding, health care delivery, research agenda policy decisions. Recognizing and respecting the diversity within Asian American communities is crucial for developing policies, programs, and health care and social services that effectively meet the unique needs of each subgroup. It is essential to approach healthcare, education, and social services with cultural competence and a deep understanding of the specific contexts within which different Asian American communities exist.

## Diversity and Health Disparities within the Asian American Community

The Asian American population is the fastest rapidly growing segment of the US population projected to become the largest immigrant group in the US by 2065 (Pew Research Center, 2024). More than 20 million US-based Asians trace their roots to more than 20 countries in East Asia, Southeast Asia and the Indian subcontinent, majority of whom were born outside of the US. The six major groups that make up 85% of all Asian Americans include Chinese (24%), Indian (21%), Filipino (19%), Vietnamese (10%), Korean (9%), and Japanese (7%) (Pew Research Center, 2024).

There are also significant variations that exist among the various Asian American subgroups regarding socio-economic and health and health-related outcomes. For example, Indians have an annual median household income of \$123,700, while Bhutanese households have a median income of \$49,854 (Gebeloff, Lu, & Jordan, 2021). Hmong women experience a cervical cancer rate three times higher than the overall rate for all Asian Americans and four times higher than that of white women (Fang et al., 2010). Additionally, the diabetes and hypertension rates are highest among Filipino and Asian Indian Americans (Vicks et al., 2022).

Current treatments often adopt a “one-size-fits-all” approach towards any Asian American group without considering their unique lifestyle, culture and environment that can significantly influence their health outcomes. This includes distinct dietary habits, health beliefs, and attitudes towards illness and

***“I was new in this country in 1998 and more than the proficiency in English, it was more about the pronunciation and accent of my speech that made me hesitant, and I was afraid of making phone calls to make an appointment. The front desk staff voice tone was more intimidating rather than comforting. I had to be extra polite and explain myself again when they assumed that I knew everything about insurance...”***

*--Varsha Singh, DNP, APN, CT-CP, NEA-BC, FAHA, Advisory Board, South Asian Total Health Initiatives (SATHI) & Community Advisory Board Member, CAPHE*

## Example of a Population-specific, Culturally-tailored, and Community-oriented Intervention

Lifestyle Medicine, an emerging field in healthcare, is gaining recognition for its focus on the use of lifestyle interventions in the prevention, treatment, and management of disease. These novel approaches seem promising in improving Asian American health.

## Key Policy Recommendations

- Access to language-concordant and culturally-tailored health care services
  - Provide financial incentives for healthcare institutions to implement and sustain culturally competent practices.
  - Conduct targeted, culturally tailored outreach programs and interventions to promote preventive care and health screenings within Asian American communities.
  - Prioritize the development and implementation of evidence based culturally sensitive health education campaigns targeting prevalent health issues within the different Asian American subgroups.
  - Support the development of translated health materials and multilingual staff training programs.
  - Ensure that the education, preparation, and training of future health professionals include strategies how to address the diverse needs of the Asian Americans population.
- Foster partnerships between health care organizations including health insurance organizations, research institutions, and community-based organizations and faith-based institutions to enhance cultural competence, understanding, and trust.
  - Engage with Asian American community leaders and advocacy groups to ensure that policies are informed by community needs and priorities.
  - Create advisory committees to facilitate ongoing dialogue between researchers, health care providers and leaders, policymakers and community representatives.
  - Utilize diverse communication channels, including community-based organizations and ethnic media, to disseminate health information.
- Integrate culturally competent healthcare strategies into existing health policies and initiatives.
  - Advocate for the disaggregation of health data to identify disparities in the Asian American subgroups.
  - Advocate for funding allocation to develop, test, and implement evidence based culturally sensitive health education interventions.

## Voices from the Community

*“Leaders have responsibilities to recognize that the experience of Diversity, Equity, and Inclusion is unique to Asian Americans. There is a need for grants to fund initiatives to consider the unique needs of the AAPI community.”*

--Isabel Ching, LMSW, Executive Director, Hamilton Madison House, New York & Community Advisory Board Member, CAPHE

*“The healthcare delivery professionals must have cultural diversity and patience to be kind to anyone who may not be well versed with the system nuances or paperwork. Legislators need to promote the policies that advocate for equality, respect and inclusion.”*

--Varsha Singh, DNP, APN, CT-CP, NEA-BC, FAHA, Advisory Board, South Asian Total Health Initiatives (SATHI) & Community Advisory Board Member, CAPHE

*“Fundings of efforts and initiatives that aim to deliver culturally concordant care to Asian Americans should be a priority for the federal and state governments, including Medicare and Medicaid.”*

--Larry Lee, DCSW, LCSW, Board President, Coalition for Asian American Children and Families (CACF) & Community Advisory Board Member, CAPHE



References and Resources\_Policy Brief

Prepared by the CAHPE Community Engagement Core Staff and Community Partners

## Center for Asian Health Promotion and Equity (CAHPE)