Center for Asian Health Promotion and Equity (CAHPE)

RUTGERS HEALTH Institute for Health, Health Care Policy and Aging Research

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Living in East Asian neighborhoods may help protect against obesity and diabetes, while South Asian communities may face higher risks for heart and metabolic conditions.

Ethnic Enclaves, Mental Health, and Cardiometabolic Risk in Asian Americans

Eun Young Choi, PhD[1] and Virginia W. Chang, MD, PhD[2,3]

[1] Leonard Davis School of Gerontology, University of Southern California
[2] School of Global Public Health [3] Grossman School of Medicine, New York University
Email: choieuny@usc.edu & vc43@nyu.edu

Background

Many subgroups within the **Asian American (AA)** community face higher rates of **poor mental health and cardiometabolic (CMB) risk**, but the drivers of these disparities remain unclear. Very little is known about how Asian enclaves may shape AA mental and CMB health, with prior work largely **aggregating AAs homogenously**, obscuring important variation among subgroups with different countries of origin and language profiles.

Objective

This project will be the first to examine the role of disaggregated ethnicity-specific enclaves for AA's mental health and CMB risk.

Aim 1. Identify **differences in health status** by ethnic subgroups
Aim 2. Characterize **ethnic-specific Asian enclaves**
Aim 3. Examine how ethnic-specific Asian enclaves are **associated with health outcomes**

Methods

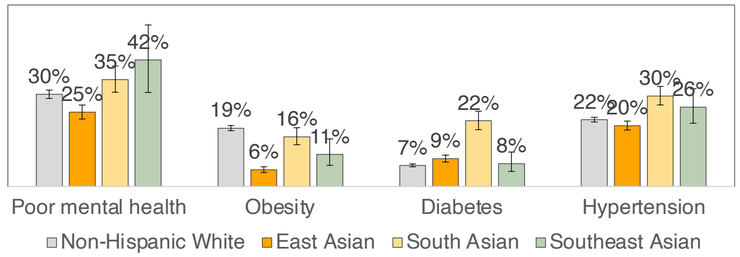
Data/Sample: 2015-2020 New York City Community Health Survey (NYCCHS) linked to 2015-2019 American Community Survey (ACS) 5-year estimates. Sample includes AA ages 18+, 51% female (N=6,810)

Measures
Asian groups: East Asian (Chinese, Korean, Japanese), South Asian (Indian), Southeast Asian (Filipino, Vietnamese)
Poor mental health: Depressive disorders (PHQ-8 ≥5) and psychological distress (K6 ≥5)
CMB risk outcomes: Obesity using BMI (kg/m2) values ≥30; Self-reported lifetime hypertension and diabetes
Ethnic enclaves: % of residents per PUMAs for each Asian group, with the top quintile indicating an ethnic enclave, subject to minimum thresholds (16% for East Asians, 10% for South Asians)
Covariates: Age, sex, nativity, Asian ethnic subgroup membership, marital/partner status, education, income, health insurance

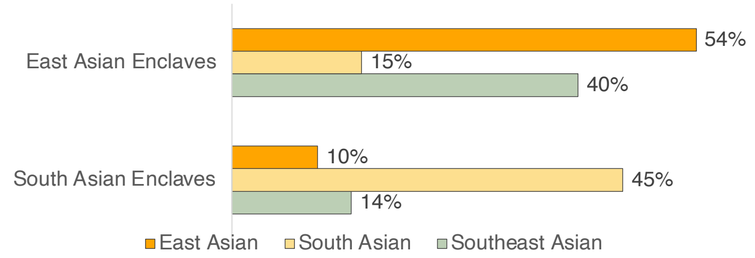
Analysis: Logistic regression models for each health outcome, adjusting the standard errors for PUMA clustering

Findings

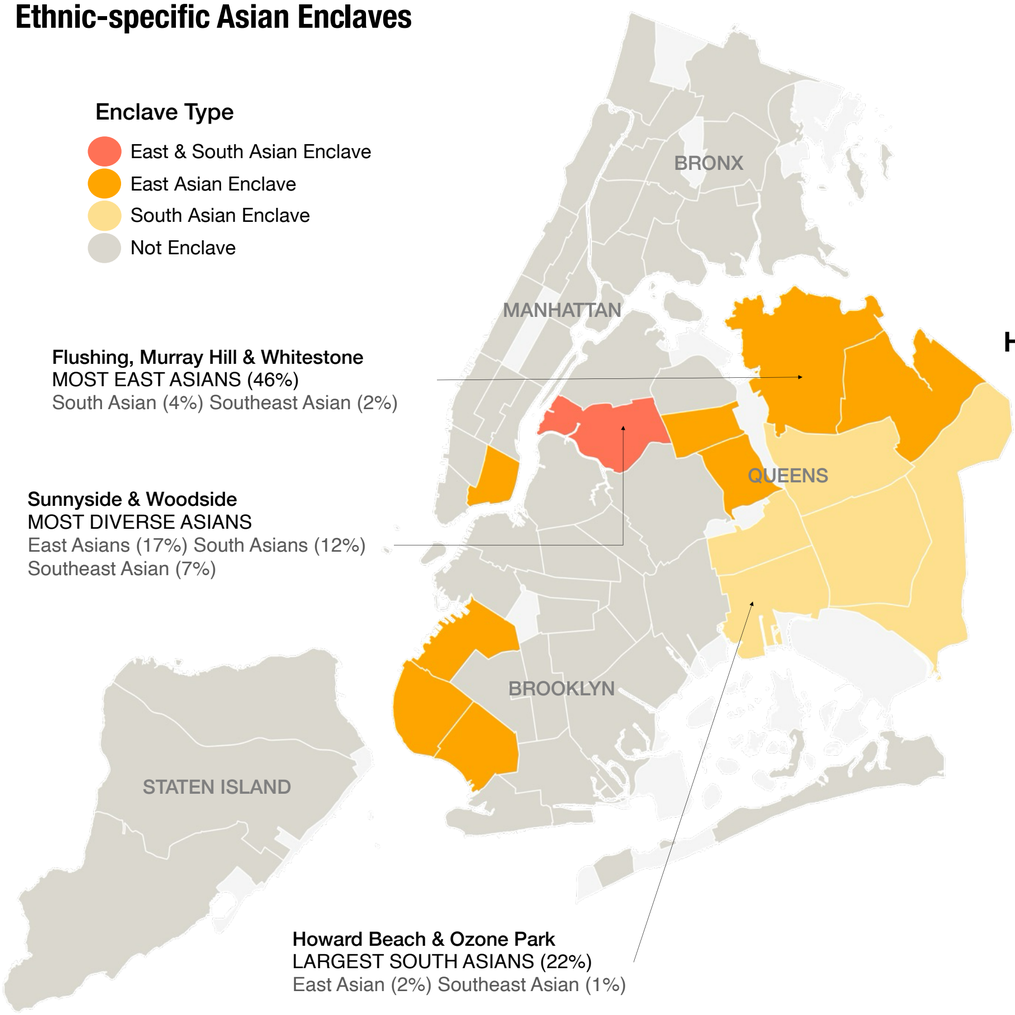
Differences in AA Mental and Cardiometabolic Health by Ethnicity



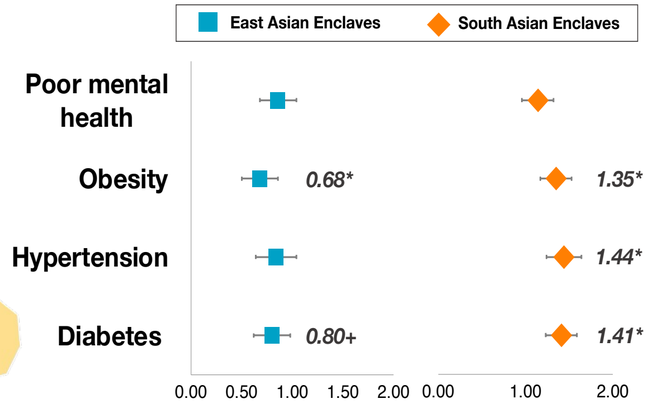
Up to 54% of AAs Live in Asian Enclaves



Minimum Geographic Overlap between Ethnic-specific Asian Enclaves



East Asian Enclaves Protective Against Obesity and Diabetes; South Asian Enclaves Increased Risk for All CMB Outcomes



Odd ratios from logistic regression models, adjusting for covariates. * $p < .05$; + $p < .10$.

Discussion

- Our findings **challenge the conventional view** that Asian enclaves are monolithically beneficial for health and redirects scholarly attention toward **disaggregated approaches** to investigating and uncovering AA health disparities.
- As a next step, we will also incorporate **neighborhood-level measures** such as economic factors and built and food environment measures to explore **explanatory pathways**.