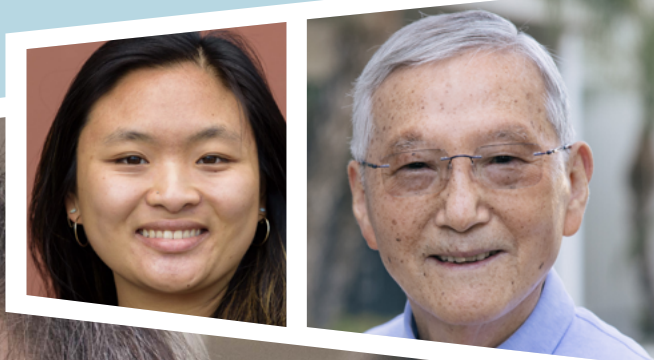


KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on Asian Americans and Pacific Islanders*

Feeding America focuses 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 or uncertain access to enough food to lead a healthy and active lifestyle, impacted more than 44 million people, including more than 13 million children, in the United States in 2022.¹

The food insecurity rates among Asian American and Pacific Islander (AAPI) communities vary greatly, with some nationalities experiencing greater food insecurity rates than others.²

The AAPI community is the fastest growing racial/ethnic group in the United States, doubling in size from 2010 to 2020.³ There are over 20 million individuals in the United States who identify as AAPI, making up around 6% of the population. These individuals come from over 30 countries, all with unique cultures and backgrounds.

If a health condition is experienced to a greater or lesser extent across population groups, there is disparity.⁴ Health disparities amongst the AAPI community in the United States are based on nationality, immigrant status, or location of birth.² Asian Americans have a 40% higher rate of diabetes than non-Hispanic white individuals.⁵ To fully understand health disparities among this population, more understanding of disparities within AAPI communities is needed. Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated.⁴

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 discussion questions and offers suggestions on immediate action to take so we all have a fair and just 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 due to limited data on AAPI subgroups, the existing data shows that food insecurity varies greatly within this population.⁶ 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% food insecurity rate, while Filipino Americans have an 8.9% food insecurity rate.⁶

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.⁷ Immigrants from Bhutan have especially high rates of food insecurity at 30%, while Indonesian and Chinese immigrants have the lowest rates of food insecurity at 3%.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

On average, only 1 in 10 people living in the U.S. eat enough fruits and vegetables. Most Americans consume too much sodium, which can increase one's blood pressure and risk for heart disease and stroke.

— 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.⁹ Some of these factors include infrequent medical visits, language and cultural barriers, and lack of health insurance.⁹ Compared to all other reported disease states, Asian Americans are most at risk for cancer, heart disease, stroke and diabetes.⁵ This population also has less access to cancer prevention and control programs.

DIABETES

Asian Americans are 1.4 times more likely to be diagnosed with diabetes than the non-Hispanic white population. Asian-Americans with Indian origin are 1.7 times more likely to be diagnosed with diabetes, as compared to the non-Hispanic white population.¹⁰ 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.¹

HEART DISEASE

Pacific Islanders are 10% more likely to be diagnosed with coronary heart disease than non-Hispanic white individuals.¹² Asian Americans are less likely than non-Hispanic white adults to have heart disease and they are 50% 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.^{14,15} Few statistics are known about mental health in the Pacific Islander community. Despite this, in 2019, reports show that 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 white individuals.



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

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%, but broken into subgroups, the Mongolian American population has a 25% poverty rate.¹⁶ Racial and health inequity is embedded in historical, political, cultural, socio-economic systems and institutions.¹⁷ 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.¹⁷ 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.¹⁸ 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.¹⁹ 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 U.S. population. In order to improve health outcomes, structural and systemic circumstances must always be considered, acknowledged, and addressed.¹⁹

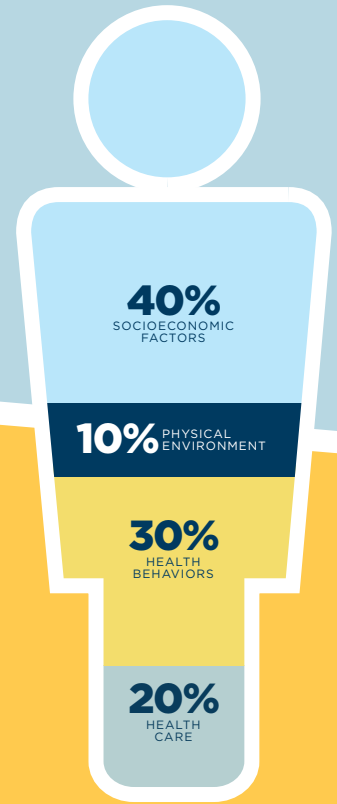


Figure 1: County Health Rankings & Roadmaps (2014)

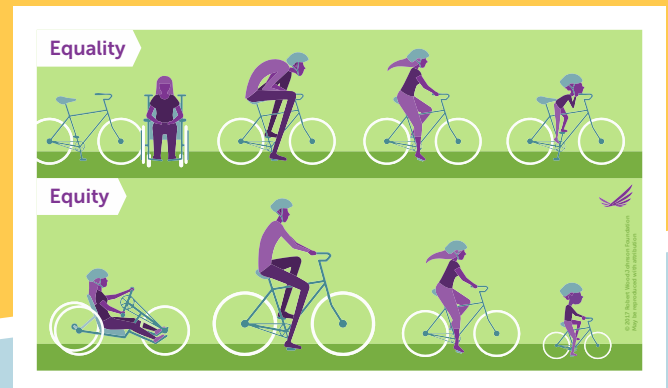


Figure 2: Robert Wood Johnson Foundation (2017)

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



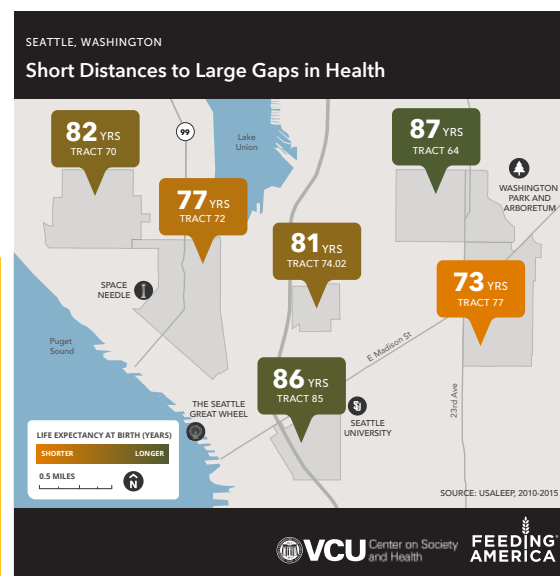
Consequences of Hunger and Inequity

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.²⁰ For example, over 65% 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% of households reported having to choose inexpensive, unhealthy food to feed their families.²⁰ 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.²¹

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.²²

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 that experience historical and economic disadvantages to advance health equity.



Seattle, Washington has a 14 year disparity in average life expectancy across the region's communities. Babies born a few miles away can expect to live 73 years, while others may live an average of 4-14 years longer. Short distances can mean large differences in health.

Figure 3. Virginia Commonwealth University (2015)

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 race & ethnicity and food insecurity **here** on the Feeding America website and about hunger, health and equity by going **here**.*



Hunger, Health and Equity Discussion 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 insecure 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?

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References

1. Rabbitt, M.P., Hales, L.J., Burke, M.P., & Coleman-Jensen, A. (2023). Household food security in the United States in 2022 (Report No. ERR-325). U.S. Department of Agriculture, Economic Research Service. doi.org/10.32747/2023.8134351.ers
2. Becerra, M. B., Mshigeni, S. K., & Becerra, B. J. (2018). The Overlooked Burden of Food Insecurity among Asian Americans: Results from the California Health Interview Survey. *International Journal of Environmental Research and Public Health*, 15(8), 1684. doi.org/10.3390/ijerph15081684
3. Pillai D, Ndugga N, Artiga S. Health Care Disparities Among Asian, Native Hawaiian, and Other Pacific Islander (NHOPI) People. 2023. Kaiser Family Foundation. Retrieved on March 22, 2024. Accessed at www.kff.org/racial-equity-and-health-policy/issue-brief/health-care-disparities-among-asian-native-hawaiian-and-other-pacific-islander-nhopi-people/
4. Centers for Disease Control and Prevention. 2022. What is Health Equity? www.cdc.gov/nchhstp/healthequity/index.html. Accessed on March 6, 2024.
5. U.S. Department of Health and Human Services: Office of Minority Health. Asian American Health. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=63.
6. Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2022). Map the Meal Gap 2022: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020. Feeding America.
7. Chilton, M., Black, M. M., Berkowitz, C., Casey, P. H., Cook, J., Cutts, D., Jacobs, R. R., Heeren, T., de Cuba, S. E., Coleman, S., Meyers, A., & Frank, D. A. (2009). Food insecurity and risk of poor health among US-born children of immigrants. *American journal of public health*, 99(3), 556–562. doi.org/10.2105/AJPH.2008.144394
8. Seligman, H.K., Jacobs, E.A., López, A., Tschann, J., Fernandez, A. (2012) Food insecurity and glycemic control among low-income patients with type 2 diabetes. *Diabetes Care*. 35 (2): 233 - 8
9. Min, L.Y., Islam, R.B., Gandrakota, N. et al. The social determinants of health associated with cardiometabolic diseases among Asian American subgroups: a systematic review. *BMC Health Serv Res* 22, 257 (2022). doi.org/10.1186/s12913-022-07646-7
10. U.S. Department of Health and Human Services: Office of Minority Health. Diabetes & Asian Americans. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/diabetes-and-asian-americans
11. U.S. Department of Health and Human Services: Office of Minority Health. Diabetes & Native Hawaiians/Pacific Islanders. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/diabetes-and-native-hawaiianspacific-islanders
12. U.S. Department of Health and Human Services: Office of Minority Health. Heart Disease & Native Hawaiians/Pacific Islanders. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/heart-disease-and-native-hawaiianspacific-islanders
13. U.S. Department of Health and Human Services: Office of Minority Health. Heart Disease & Asian Americans. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/heart-disease-and-asian-americans
14. U.S. Department of Health and Human Services: Office of Minority Health. Mental Health & Asian Americans. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/mental-and-behavioral-health-asian-americans
15. U.S. Department of Health and Human Services: Office of Minority Health. Mental Health & Native Hawaiians/Pacific Islanders. 2021. Retrieved March 20, 2024. Accessed at www.minorityhealth.hhs.gov/mental-and-behavioral-health-native-hawaiianspacific-islanders
16. Budiman, A. & Ruiz, N. (2021) Key facts about Asian Americans, a diverse and growing population. Pew Research Center. Retrieved March 20, 2024. Accessed at www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/#:~:text=Asians%20are%20less%20likely%20than,slightly%20higher%2C%20at%2016%25.
17. Center for the Study of Race and Ethnicity in America, “How Structural Racism Works” (lecture series, Brown University, 2015), accessed March 30, 2017, www.brown.edu/academics/race-ethnicity/programs-initiatives/signature-series/how-structuralracism-works-project
18. American Medical Association. COVID-19 FAQs: Health equity in a pandemic. Retrieved January 11, 2021, from www.ama-assn.org/delivering-care/health-equity/covid-19-faqs-health-equity-pandemic?gclid=CjwKCAjwkdL6BRAREiwA-kiczAqn4Ac3nis7gnO74nv9--hV4YSOfiRjpDMNVSit6W2mv1ukD3iFSRoCjEcQAvD_BwE
19. Health Disparities Among Asian Americans and Pacific Islanders. Pfizer. Retrieved on March 20, 2024. Accessed at www.pfizer.com/news/articles/health-disparities-among-asian-americans-and-pacific-islanders#:~:text=Native%20Hawaiians%20and%20other%20Pacific,Higher%20disease%20incidence.
20. Feeding America. Hunger & Food Insecurity in America. (2014). Retrieved November 13, 2020. Accessed at www.feedingamerica.org/hunger-in-america/impact-of-hunger
21. Feeding America. Importance of Nutrition on Health in America. Retrieved on March 11, 2024. Accessed at www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-nutrition.
22. Large Life Expectancy Gaps in U.S. Cities Linked to Racial & Ethnic Segregation by Neighborhood. NYU Langone News. (2019, June). Retrieved November 13, 2020, from www.nyulangone.org/news/largelife-expectancy-gaps-us-cities-linked-racial-ethnicsegregation-neighborhood

**JOIN THE MOVEMENT TO END HUNGER TODAY.
DONATE. VOLUNTEER. ADVOCATE. EDUCATE.**

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



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