To honor and celebrate AAPI Heritage month, we are looking closely at the nutrition and health challenges that AAPI folks face. The AAPI population refers to individuals from East and Southeast Asia, Pacific Islands of Melanesia, Micronesia and Polynesia. In addition to their extremely diverse cultural, linguistic, religious, and dietary backgrounds, nutrition and health needs and challenges vary.

A 2021 report released by the New York City Department of Health and Mental Hygiene (NYC DOHMH) sheds light on the Health of AAPI in New York City, who represent 14% of the population. The largest ancestry group include Chinese New Yorkers, followed by people of Indian, Korean, Filipino, Bangladeshi, Pakistani, Japanese, and Vietnamese descent. NYC’s AAPI population is rapidly growing. From 2000-2017, the Asian population grew by 48%, and Native Hawaiian and Pacific Islander (NHPi) grew by 25%. But compared to 78% of adult New Yorkers, only 66% of AAPI adult New Yorkers report their general health as “excellent,” “very good,” or “good.”

**What barriers to health do AAPI New Yorkers Face?**

Lack of fruit and vegetable access: A lower percentage of AAPI adults have access to fresh fruits and vegetables within a five-minute walk from their home compared to White New Yorkers (71% vs 82%).

Lack of health insurance: AAPI adults are twice as likely to be uninsured as White adults in NYC. Compared with U.S.-born AAPI adults, twice as many AAPI adults born outside of the U.S. are uninsured (6% vs. 13%). As per the Coalition of Asian American Children and Families (CACF), 21% of Asian American New Yorkers are underinsured and almost 40% of Asian Americans in NYC are enrolled in Medicaid.

Social Drivers of Health (SDOH) factors including language, education, racism, and poverty: 46% of AAPI households have limited English proficiency versus 23% NYC overall. Among AAPI adults aged 25 years and older, 24% do not have a high school education (compared with 19% overall NYC). The rise of hate crimes against AAPI folks as a result of xenophobia during the Covid-19 pandemic likely impacted AAPI folks' ability to go outside for physical activity and receive in-person healthcare. And lastly, AAPI has the highest income disparity of all racial/ethnic groups, and Bangladeshi, Pakistani, and Chinese ancestry groups have higher rates (58%, 55%, 45%) of households below 200% of the federal poverty level compared with 40% overall in NYC. This, along with the model minority myth, can affect the visibility of
**What are some of the causes of health disparities among AAPI folks?**

AAPI individuals are at risk for many chronic diseases but at lower BMIs compared to the general population. As a result, they are typically not screened for these chronic diseases unless considered overweight or obese, which commonly is in the later stages of the disease progression. Additionally, increased Westernization, or acculturation and assimilation, of traditional diets have resulted in increased consumption of sodium, saturated fats, and processed foods. These deviations from traditional, healthier diet patterns impact the nutrition and health of this population.

**What are we doing at God’s Love?**

At God’s Love, we are working to bridge this gap to better serve the AAPI population. We have two Chinese-speaking client-facing program staff members, and other program staff utilize interpreters as needed. Nutrition education materials have been translated and culturally adapted to several languages, including Simplified Chinese. Nutrition counseling is provided to adjust meals to familiar flavors and tastes. Academic partnerships are being established and maintained to improve connections with nearby AAPI communities. Research is being conducted to capture these efforts and will be shared in future conferences and presentations.

**References:**

- https://minorityhealth.hhs.gov/asian-american-health
- https://www.cacf.org/policy-advocacy/health-equity

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