

# MISUNDERSTOOD

誤解

理解

THE STATE OF CHINESE HEALTH IN NEW YORK CITY



Clarifying the reality of healthcare challenges for one of the fastest growing demographics in New York City —tying together the strands of reality, the challenges, and the promises of healthcare.

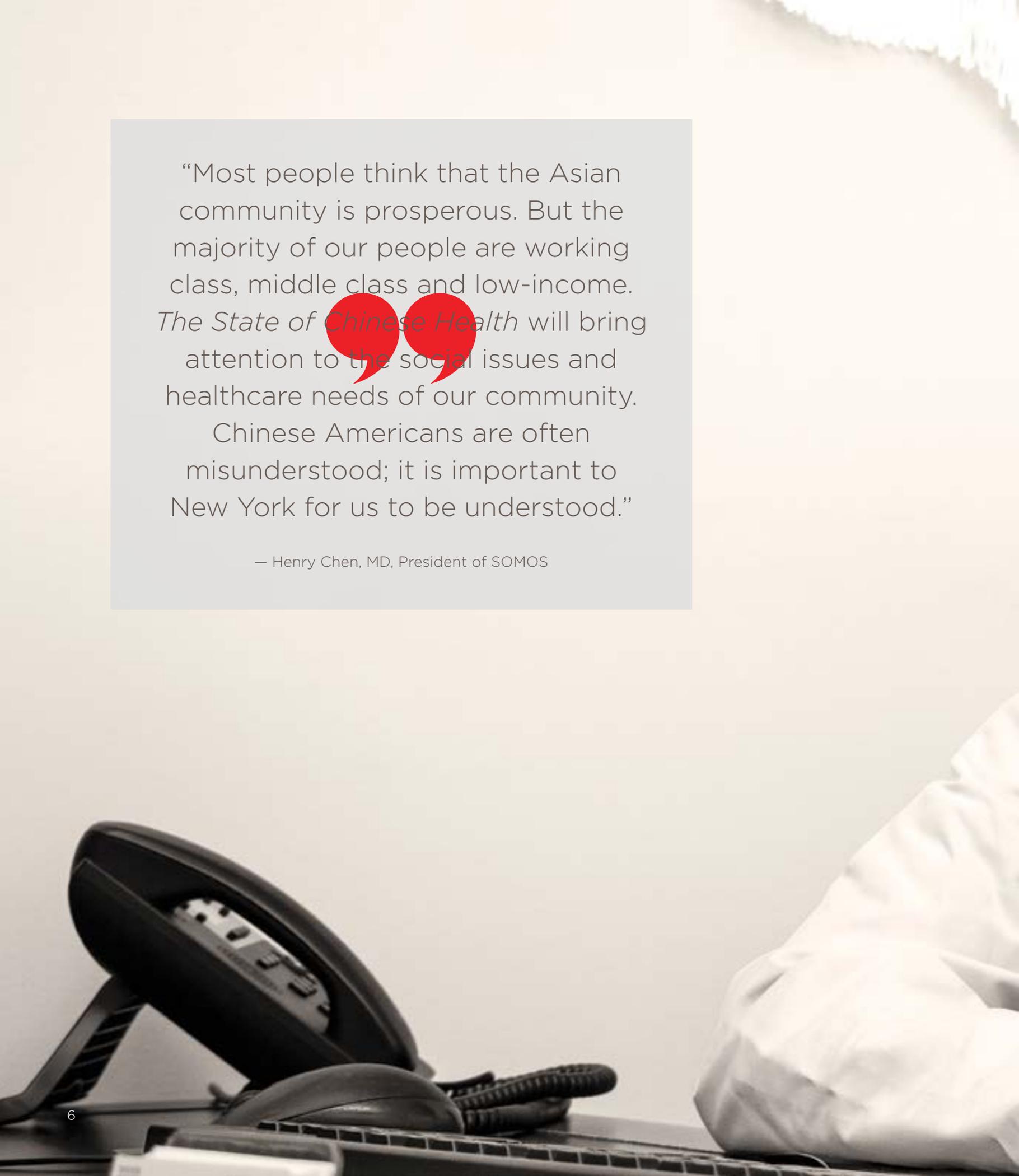


The Chinese knot, through its symmetry and feng shui, symbolizes good fortune and health. Through *The State of Chinese Health in New York City*, we strive to untangle the web of misperceptions that adversely impact Chinese New Yorkers' health so that we can get to a place of harmony, balance, and good health.



 **CONTENTS**

<b>MISUNDERSTOOD: THE STATE OF CHINESE HEALTH IN NEW YORK CITY</b>	9
Building the Case for More Culturally-Rich Health Resources and Delivery of Care	12
<b>CHINESE NEW YORK: UNDERSTANDING A GROWING, BUT VULNERABLE COMMUNITY</b>	15
A Patchwork of Chinese Immigration	16
A Growing but Vulnerable Market	18
The Problem with Data	20
<b>WHAT AILS US</b>	23
Perception versus Reality: We Are Not as Healthy as We Think	24
What Really Ails Us?	24
<b>Lung Cancer:</b> We Still Smoke	26
<b>Mental Illness:</b> We are Depressed	29
<b>Diabetes:</b> We are “Skinny Fat”	30
<b>Hypertension:</b> Our Hearts are Under Pressure	30
<b>Hepatitis B:</b> It’s in Our Blood	31
<b>CHALLENGES OF OUR OWN: BARRIERS TO HEALTH</b>	33
Limited Resources Magnifies Obstacles to Care	36
Language and Culture are a Matter of Life and Death	38
Ignorance is Not Bliss	42
<b>THE CULTURAL LANGUAGE OF HEALTH</b>	45
Inharmonious Medical Practices	48
Unhealthy Cultural Habits	50
Different POVs: Symptom versus Diagnosis	52
<b>UNTANGLING THE KNOT: LEARNING FROM POSITIVE INDICATORS OF GOOD HEALTH</b>	55
Reaching Out in Our Language and in Our Culture	57
<b>UNDERSTOOD: CREATING A CULTURALLY-FLUENT HEALTH INFRASTRUCTURE</b>	59
<b>APPENDIX</b>	66
Methodology	66
Endnotes	67



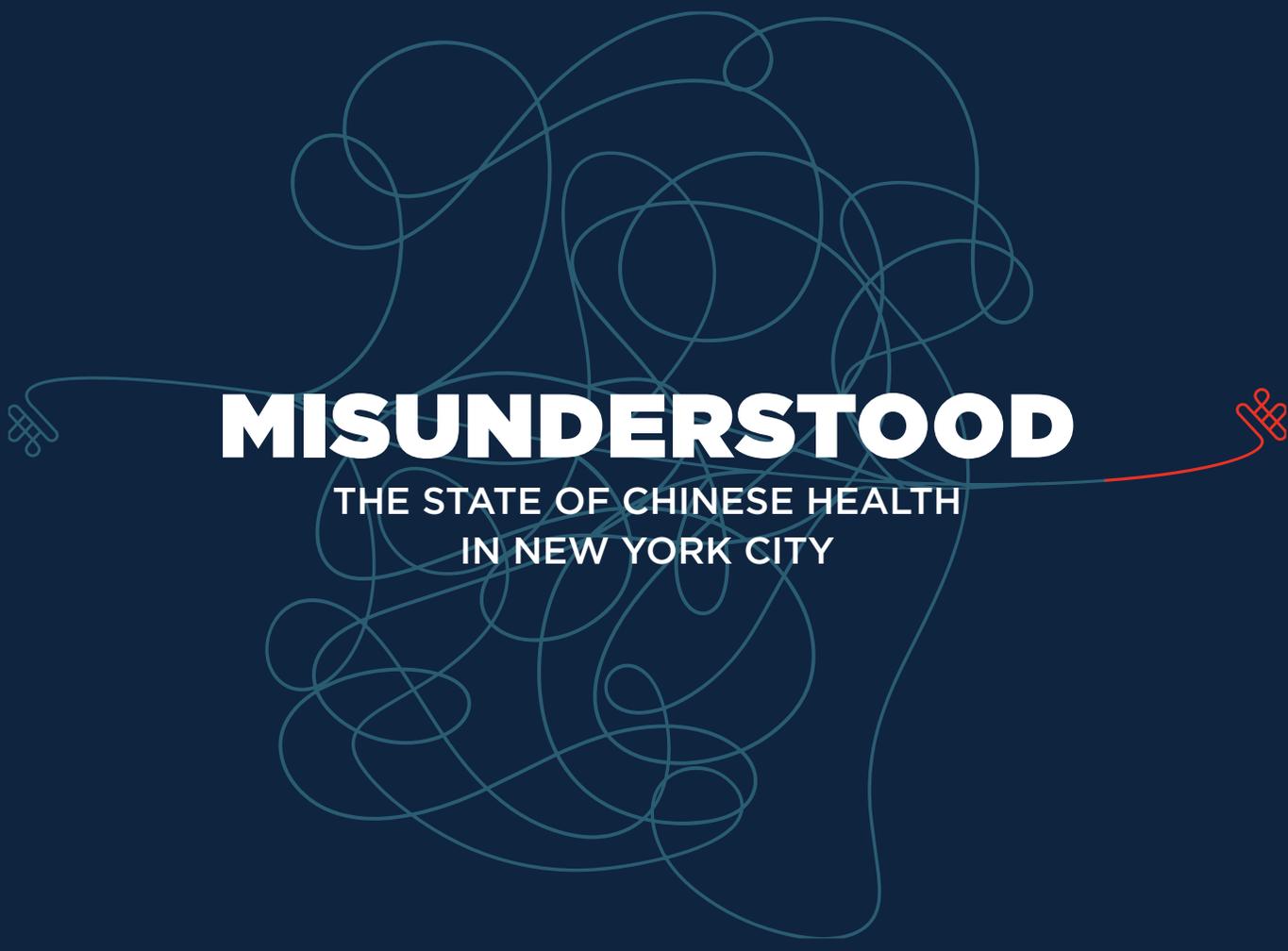
“Most people think that the Asian community is prosperous. But the majority of our people are working class, middle class and low-income. *The State of Chinese Health* will bring attention to the social issues and healthcare needs of our community.

Chinese Americans are often misunderstood; it is important to New York for us to be understood.”

— Henry Chen, MD, President of SOMOS







# **MISUNDERSTOOD**

THE STATE OF CHINESE HEALTH  
IN NEW YORK CITY



# MISUNDERSTOOD

## THE STATE OF CHINESE HEALTH IN NEW YORK CITY

**New York City is home to the largest Chinese population outside of Asia. Today, the greater New York metropolitan area boasts over 800,000 Chinese residents—16% of the entire US Chinese population.<sup>1</sup> The city’s numerous Chinatowns continue to be a thriving and vital part of the community, fueled by constant flows of immigration.**

In the bustling streets of Manhattan’s Chinatown or Brooklyn’s Sunset Park, the Chinese knot—which through its symmetry and feng shui, symbolizes good fortune and health—commonly hangs on lampposts, awnings, and doorways. Yet, despite the ubiquity of the symbol, the health of Chinese New Yorkers can be described as anything but harmonious. Even with their rapidly growing and evolving presence, the Chinese community’s diversity and unique cultural challenges are often overlooked, oversimplified, and misunderstood. This belies the real roadblocks they face relating to fundamental needs—the most important of all being their health.

This report aims to fill in this knowledge gap. Our research includes a first-of-its-kind, city-wide survey and in-depth interviews of Chinese New Yorkers, both of which were conducted in Chinese, allowing our Chinese respondents to answer in the comfort of their own language and in their own homes. Our study integrates the conversations we had

with the doctors that serve Chinese New Yorkers, as well as existing research and public data. In Chinese, there is an expression of “simplifying what is complicated” (化繁為簡). Through *The State of Chinese Health in New York City*, we strive to untangle the web of misperceptions that adversely impact Chinese New Yorkers’ health so that we can get to a place of harmony, balance, and good health.

This study is part of SOMOS’ broader effort to gain a comprehensive understanding of the general state of health of the populations we serve throughout New York City. SOMOS is a non-profit, physician-led network of nearly 3,500 community health providers in the Bronx, Brooklyn, Queens, and Manhattan, serving primarily immigrant communities of all ethnicities and ages—200,000 of whom are Chinese.

*The State of Chinese Health in New York City* serves as a companion piece to *The State of Latino Health in New York City*. Similar to *The State of Latino Health in New York City*, our goal is to inform key stakeholders and policymakers at the city, state, and federal level of the challenges that Chinese New Yorkers face. We hope this report will help identify solutions that will improve access to healthcare and promote a greater quality of life for Chinese New Yorkers and the vibrant communities in which we live.

## ❖ BUILDING THE CASE FOR MORE CULTURALLY-RICH HEALTH RESOURCES AND DELIVERY OF CARE

Despite its rapid population growth and having a rich, centuries-old history of living and working in New York City, the Chinese community is one of the most vulnerable and underserved segments in the city. Nearly 20% live under the poverty line, a third lack citizenship, and nearly two-thirds deal with language barriers.<sup>2</sup> This serves as important context to understanding their general state of health. Our key findings include:

1. Chinese New Yorkers are not as healthy as they think they are. Nearly 80% believe they are in good health and have a healthy lifestyle—and yet:
  - 70% report that they have been diagnosed with a health condition, with a sizable number having hypertension, depression, and diabetes
  - Only 52% say they don't smoke
  - Only 43% say they watch their diet carefully

This contradiction strongly suggests Chinese New Yorkers are downplaying their conditions—likely resulting in more fatal conditions in the future. Indeed, lung cancer, heart disease, diabetes, and suicide fall within the top 10 causes of mortality for Chinese New Yorkers.

2. Communication issues are an enormous health barrier, but it goes beyond speaking the same language. For health providers, it's also about being fluent in their culture. For Chinese New Yorkers, it's about being health literate.
  - Over 60% have limited English proficiency
  - 54% say most healthcare providers do not share their culture
  - 50% say they still don't understand what their doctors are saying even when the doctors speak Chinese

In-depth interviews of Chinese patients and a focus group with their doctors reveal how cultural misunderstanding often leads to lack of compliance with medical advice, denial of illness, and overall misalignment between doctor and patient.

3. Despite being underserved and lacking sufficient culturally-relevant health resources, ideal health conditions for Chinese New Yorkers are within reach.

- Over 90% have healthcare insurance
- 70% have a Chinese-speaking primary doctor
- 65% of Chinese New Yorkers visit their primary care doctors often
- Over 50% have a positive outlook on the healthcare system

Chinese New Yorkers who behave and feel this way generally have access to more resources such as established in-language community support, a Chinese-speaking primary doctor, and cost-effective care. Increasing these factors can tip the scales from being a community rife with misperceptions and disparities to a model of great health.

### Research Methodology:

- City-wide survey of 300 respondents that represent the demographic profile of the Chinese population living in New York City (conducted in Chinese and English)
- In-depth interviews of four low-income, Chinese-language dependent Chinese residents to gain deeper insights from at-risk, harder-to-reach patients (conducted in Mandarin)
- Focus group of 10 doctors that serve Chinese communities in New York City







# **CHINESE NEW YORK**

UNDERSTANDING A GROWING, BUT  
VULNERABLE COMMUNITY

# CHINESE NEW YORK

## UNDERSTANDING A GROWING, BUT VULNERABLE COMMUNITY

Coined in the 1960s, the term “model minority” was used to describe Chinese and other Asian Americans as a well-educated, healthy, and prosperous group with fewer problems to be addressed. While the “Model Minority Myth” has since been debunked countless times by social scientists and activists, it remains a persistent and injurious trope.

This section aims to provide a nuanced portrait of Chinese New Yorkers to fully understand and unpack their health challenges and needs.

### ❖ A PATCHWORK OF CHINESE IMMIGRATION

The diversity of the Chinese population in New York can be understood through the history of New York City’s Chinatowns. In the late 19th Century, Chinese immigrants trickled slowly into Lower Manhattan following growing anti-Chinese sentiment and the decline of mining in the Western states. The anti-Chinese sentiment culminated with the 1882 Chinese Exclusion Act, which was not lifted entirely until the passing of the 1965 Immigration and Naturalization Act.

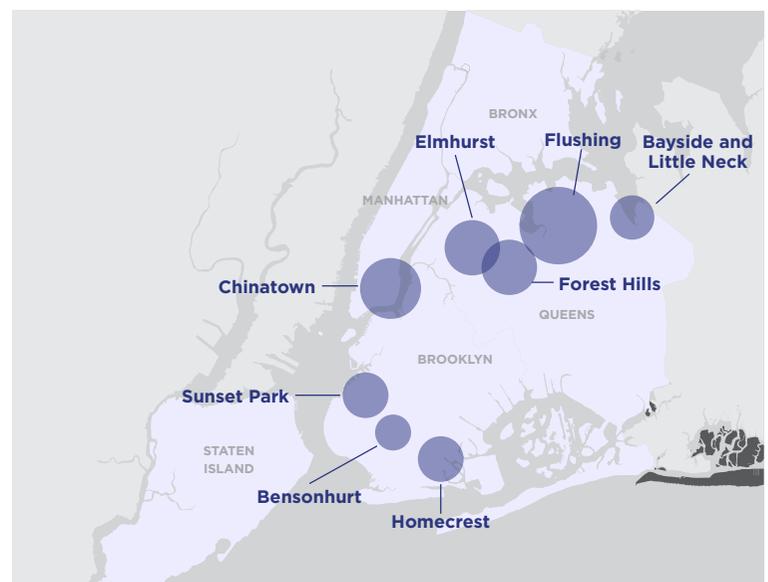
Following the 1965 Act, Manhattan’s Chinatown saw an influx of Chinese immigrants, mainly Cantonese speakers from Hong Kong and Guangdong Province. The post-1965 period also brought in a large number of Taiwanese immigrants, who mainly spoke Mandarin and had the benefit of higher educational and socioeconomic status. Having little in common with their Manhattan counterparts, they chose Flushing, Queens as their home. Later and larger waves coming from Mainland China also opted to settle around

the greater Flushing area as Mandarin was the lingua franca. More affluent segments crossed the Queens border to Nassau County.

Sunset Park, Brooklyn is often referred to as “Little Fuzhou” for its large population of Fuzhounese immigrants who sought more affordable housing compared to what existed in Manhattan’s Chinatown area. A large number are undocumented and are employed in low-paying occupations. The Chinese population has since expanded across the southern part of Brooklyn, from Bay Ridge to Coney Island.<sup>3</sup>

New York’s Chinatowns continue to be vibrant, ever-evolving communities, extending well past their original borders and giving rise to new satellite Chinatowns nearby (Figure 1).

Figure 1. New York’s Official and Unofficial Chinatowns



Source: Stephanie Tuder, “Believe it or not, New York City has Nine Chinatowns” *Eater New York*, February 25, 2019; Matthew Bloch, et. al, “Mapping Segregation,” *New York Times*, July 8, 2015



## ❖ A GROWING BUT VULNERABLE MARKET

Today, at an estimated 661,854 living in New York City Limits, the Chinese population is the fastest growing segment in New York City, growing by 50% since 2005 (**Table 1**).

The Chinese segment is also the largest Asian group in the city, making up about half of the Asian population in New York City.<sup>4</sup>

Statewide, Chinese New Yorkers have \$16.4 billion in spending power and contribute \$2.6 billion in state and local taxes.<sup>5</sup> In aggregate, Chinese New Yorkers' wealth appears to be just below that of New Yorkers overall. In 2017, the average per capita income for Chinese New Yorkers is estimated at \$30,565, compared to New York's overall per capita of \$35,761. Yet, amid their growing influence, a closer examination reveals considerable disparities.

Based on 2017 US Census estimates, nearly 20% of Chinese New Yorkers fall below the poverty line. Among those aged 65 and above, the percent impoverished jumps to 30% compared to 18% for the elderly in New York City overall (**Figure 2**). The neighborhoods with the largest Chinese populations have higher poverty levels: the poverty rate in Manhattan's Chinatown is 28% and the poverty rate in Brooklyn's Sunset Park is 26%—both well over New York City's poverty rate of 21% (**Table 2**). Moreover, about two-thirds lack English proficiency and a third of the Chinese population in New York lack US citizenship (**Figure 3**).

Being low-income, having poor English fluency, and lacking citizenship are not positive social determinants of health. The bottom line? **We are far from the prosperous “model minority”.**

**Table 1. Chinese Population Growth by Borough, 2017**

Area	Population	Percent of Total Population	% Pop. Change from 2005
New York City (city limits)	661,854	7.3%	+48.7%
Bronx	7,003	0.5%	-1.87%
Brooklyn	215,427	8.1%	+48.0%
Manhattan	120,670	7.2%	+24.7%
Queens	262,592	11.1%	+52.8%
Staten Island	23,071	4.8%	+88.1%

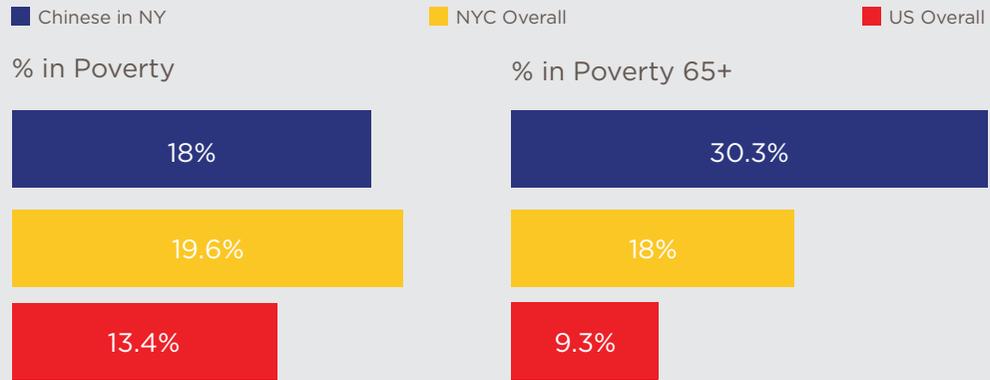
Source: US Census Bureau, 2017 American Community Survey, New York City Limits

**Table 2. Household Income and Poverty Rate by Borough, 2017**

Area	Median HH Income	Poverty Rate
New York City (city limits)	\$60,879	21%
Chinatown, Manhattan	\$43,316	28%
Flushing, Murray Hill & Whitestone	\$51,284	16.2%
Sunset Park, Brooklyn	\$47,970	26%

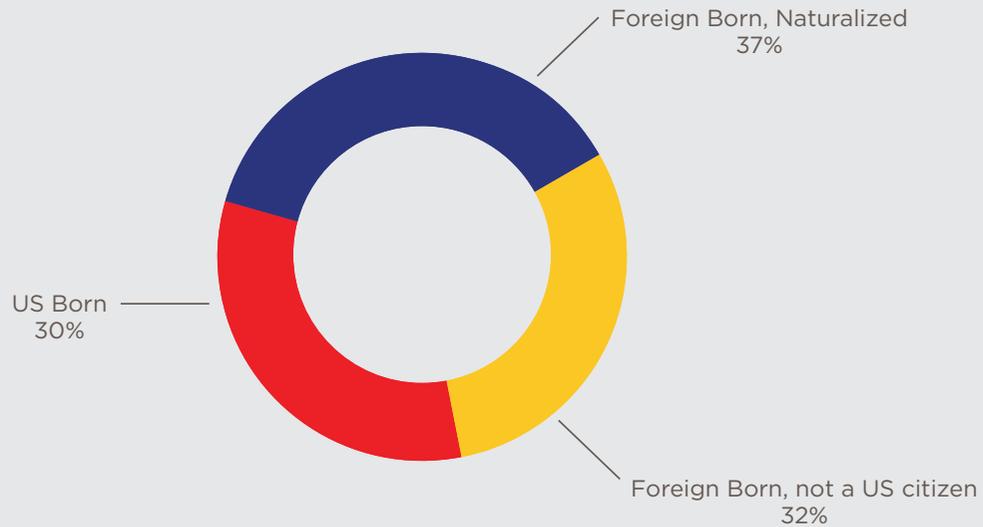
Source: US Census Bureau, 2017 American Community Survey, New York City Limits; Census Reporter Profile Page for NYC—District 7 PUMA and District 3 PUMA; An economic snapshot of the Greater Sunset Park Area, Office of the New York State Comptroller, 2016

**Figure 2. Poverty Level of Chinese New Yorkers, 2017**



Source: US Census Bureau, 2017 American Community Survey, 1-Year Estimates, Chinese alone or in combination, New York City Limits

**Figure 3. Nativity of Chinese New York Population, 2017**



Source: US Census Bureau, 2017 American Community Survey, New York City Limits

## ❖ THE PROBLEM WITH DATA

Funding to support Chinese communities continue to fall significantly short. According to the Asian American Federation, the Asian Pacific Islander (API) community received 1.4% of the total dollar value of New York City's social service contracts from fiscal year 2002 through 2014—despite the fact that the API community represents 13.5% of the city's total population.<sup>6</sup>

This is due in large part to data, from how it is collected to how it is analyzed, as it dictates how resources are distributed. Specific ways in which data has been problematic include:

- **Aggregated data:** According to Pew Research Center, the US Asian population is incredibly diverse and the most economically divided group in the US.<sup>7</sup> In New York City, vast income disparities exist among the Chinese population—not just across Asian ethnicities. Yet, when viewed in aggregate, Chinese New Yorkers appear to be nearly on par with non-Hispanic whites, resulting in fewer resources allocated to social services at the local, state, and federal levels.
- **Language challenges:** The Asian population is predominantly foreign-born and in-language dependent. Among the Chinese population in New York, a whopping 61% have Limited English Proficiency (LEP). However, research is often conducted in English, skewing the respondent base towards those who may have a better quality of life.
- **Complexity:** The complexity of the API landscape, coupled with the relatively small size of the population, deter researchers from diving deep into the community, resulting in a dearth of information when compared to other racial/ethnic groups.

The lack of accurate and robust data collected on API groups is a pervasive challenge and helps to inform why Chinese New Yorkers are often overlooked and misunderstood.





M9 VIA AVENUE 10

19



An abstract graphic on a dark blue background. It features a central text element 'WHAT AILS US' in white, bold, uppercase letters. The text is surrounded by a complex, tangled web of thin lines in light blue and red. The lines form loops and swirls, with some extending horizontally to the left and right, ending in small, stylized knot-like shapes. The overall composition is centered and visually busy, suggesting a state of confusion or complexity.

**WHAT AILS US**

# WHAT AILS US

## ❖ PERCEPTION VERSUS REALITY: WE ARE NOT AS HEALTHY AS WE THINK

SOMOS' citywide survey of 300 Chinese New Yorkers found that 80% of Chinese New Yorkers believe they are "in good health" and "have a healthy lifestyle" (Figure 4).

However, based on focus groups with the doctors serving Chinese patients, Chinese New Yorkers could be healthier. Doctors say that members of the Chinese community have a false sense of security regarding their health as many of their conditions go undetected, especially diabetes, hypertension, and Hepatitis B.<sup>8</sup>

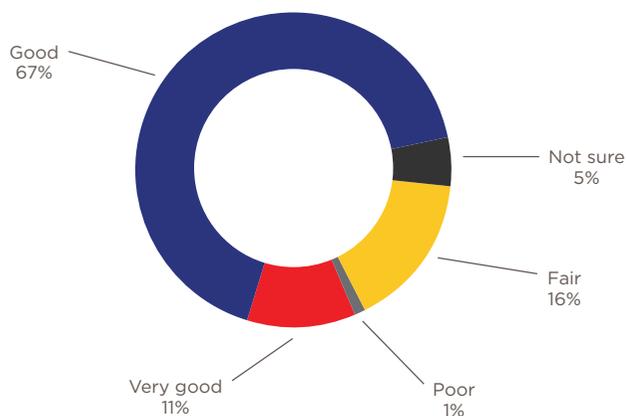
Indeed, when asked about their behaviors and lifestyle habits, Chinese New Yorkers' responses concur more so with their doctors' assessment. Nearly half indicate they smoke, 47% don't exercise regularly, 55% don't follow health professionals' advice, and nearly 60% don't watch their diet carefully (Figure 5).

## ❖ WHAT REALLY AILS US?

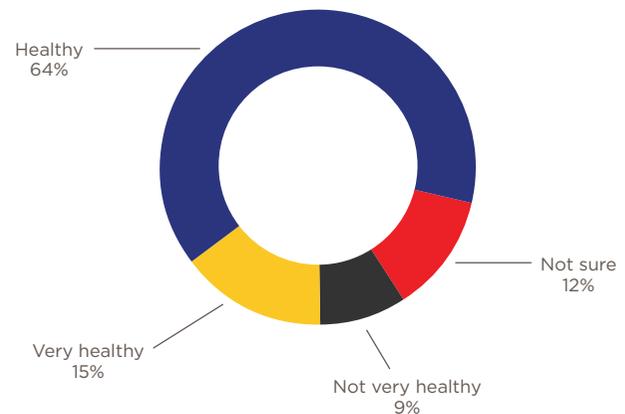
Moreover, in contrast to what Chinese New Yorkers think, 70% self-reported that they have been diagnosed with a medical condition. Just as their doctors say, hypertension, depression and diabetes rank high on the list (Figure 6).

Figure 4. Perceived Health Status

Would you consider that in general your health is?

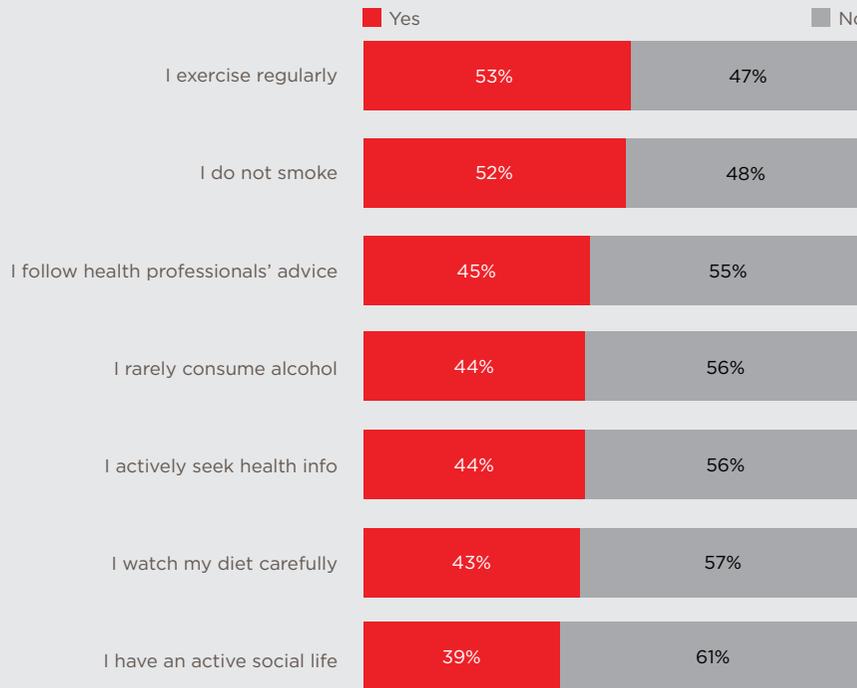


Do you have a healthy lifestyle?



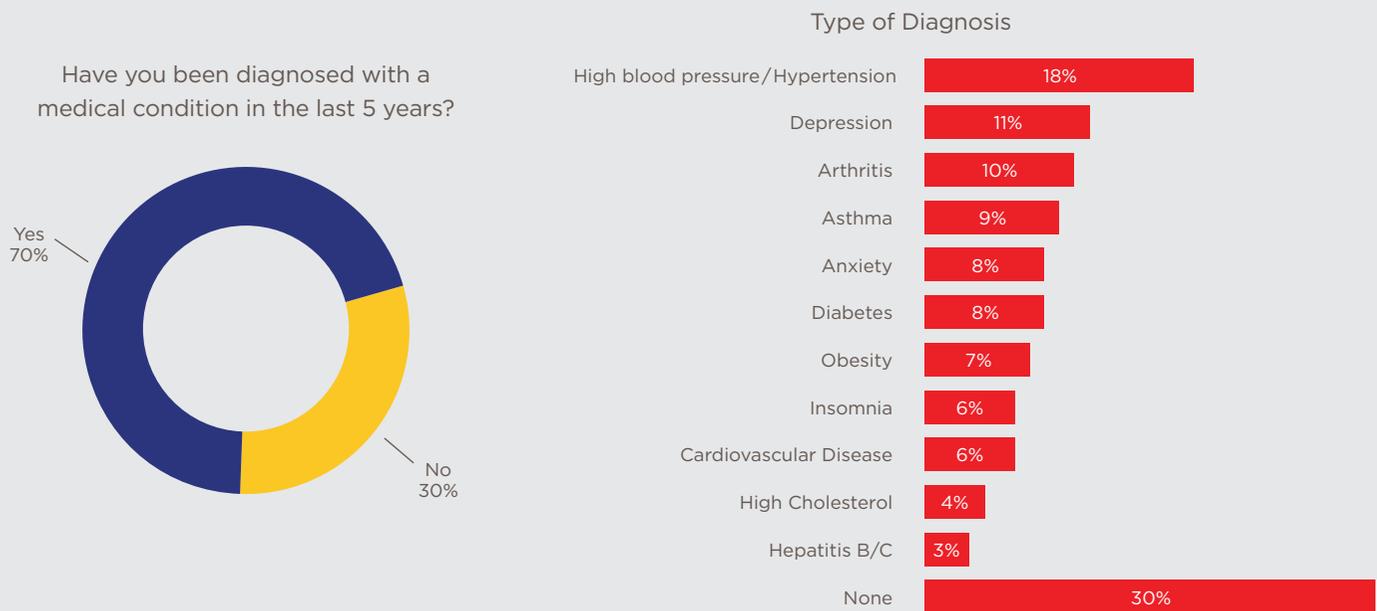
Source: SOMOS Health Survey of Chinese New Yorkers

**Figure 5. Participation in Healthy Lifestyle Habits**



Source: SOMOS Health Survey of Chinese New Yorkers

**Figure 6. Diagnoses Received**



Source: SOMOS Health Survey of Chinese New Yorkers

## LUNG CANCER

### ❖ WE STILL SMOKE

Cancer is the leading cause of death among Chinese New Yorkers. In fact, Asian Americans are the only segment that have cancer as the leading cause of death, both in New York City and in the nation.<sup>9</sup> Suicide is ranked 9th out of the top 10 causes, which is not on the list for New York City overall—strongly indicating that mental health support is needed for the Chinese New York community (**Table 3**).

That Chinese New Yorkers believe they are healthy in spite of their diagnoses suggests they are not taking their conditions seriously and remain untreated.

**Table 3. Leading Causes of Death among Chinese Americans in New York City, 2014**

Rank	Chinese in NY	NYC Overall
1	<b>Cancer 33%</b>	Heart Disease 31.1%
2	<b>Heart disease 23.9%</b>	Cancer 25.2%
3	<b>Stroke 5.3%</b>	Flu/pneumonia 4.2%
4	Flu/pneumonia 4.9%	Lower respiratory diseases 3.4%
5	Lower respiratory diseases 3.9%	Diabetes 3.4%
6	Accidents 2.9%	Stroke 3.4%
7	<b>Diabetes 2.7%</b>	Accidents 1.9%
8	<b>Hypertension 1.7%</b>	Hypertension 1.9%
9	<b>Suicide 1.5%</b>	Drug-related 1.7%
10	Nephrosis 1.4%	Alzheimer's diseases 1.5%

Source: NYC DOHMH Bureau of Vital Statistics, 2014 cited in *Mortality among Chinese New Yorkers*, New York City Department of Health and Mental Hygiene (June 2017)

The five leading cancers for the Chinese community in New York City, in rank order, are lung, colorectal, liver, stomach, and breast cancer. The lung cancer mortality rate among the Chinese New York population is 32.1 per 100,000 population, an increase of 70% from 2000 to 2014. During this same time period, the rate for New York City overall decreased by 16.4%.<sup>10</sup>

Based on the SOMOS Chinese Health Survey, only 52% of Chinese New Yorkers report to abstain from smoking. This suggests that 48% may smoke on some level, with higher numbers living in Brooklyn and Manhattan—where their communities of Sunset Park and Chinatown tend to be poorer and where lung cancer is the top cause of premature death (**Figure 7**).<sup>11</sup>

Chinese men who live in New York City are more likely to smoke and die from lung cancer than their female counterparts. According to the 2013-2015 New York City Community Health Survey, 27% of Chinese men are current smokers, which is nearly double the percentage for New Yorkers overall at 15% and seven times more than Chinese women at 4%.<sup>12</sup> Likewise, for New York City, the lung cancer death rate for Chinese men is 45.5 per 100,000 versus 21.0 per 100,000 for Chinese women.<sup>13</sup>



Figure 7.

### Unhealthy Scorecard: Brooklyn and Manhattan

Among the 52% who say they do NOT smoke:

- Only 26% live in Manhattan
- Only 27% live in Brooklyn versus nearly 50% in Queens

In addition, among the 43% of Chinese New Yorkers who say they watch their diet carefully:

- Only 20% live in Brooklyn versus 40% in Queens and Manhattan

*Source: SOMOS Health Survey of Chinese New Yorkers*



# MENTAL ILLNESS

## ❖ WE ARE DEPRESSED

Mental illnesses are not only disabling, but also widespread. Similar to New York City’s overall levels, over 10% of Chinese New Yorkers in the SOMOS citywide survey say they suffer from depression.<sup>14</sup> In Flushing—the largest Chinese New York City neighborhood—suicide is the third cause of premature death.<sup>15</sup> Respondents from SOMOS’ in-depth interviews attest that everyone in the community either personally suffers from depression, knows someone with the condition, or knows someone who has committed suicide.

And yet, for Chinese New Yorkers, it is the elephant in the room. SOMOS interviewees explain that mental illness for the Chinese community is a subject that is rarely talked about publicly, out of fear of being ostracized by a community where news spreads fast.<sup>16</sup> But, as the interviewees explain, depression is a common outcome for immigrants as adapting to a new cultural setting is overwhelming, grueling, and both isolating and suffocating.<sup>17</sup>

Depression also haunts US-born Chinese New Yorkers. Among the survey respondents who say they’ve been diagnosed with depression, 61% live in Manhattan and 61% are US-born (**Table 4**). The pressures of living in the city

coupled with unique challenges of being Chinese, such as meeting expectations of immigrant parents, feeling socially accepted, and gaining self-worth, are all major reasons.<sup>18</sup>

Yet, it is important to note that the number of US-born Chinese suffering from depression may be higher than their foreign-born counterparts because they may be more willing to seek help and self-report their diagnoses. As doctors serving the Chinese community point out, mental illness often goes undiagnosed among Chinese immigrants because doctors either lack the knowledge to screen for it or patients answer questions dishonestly.<sup>19</sup>

Despite how grave and commonplace mental health issues are, the API community in New York City only received 0.2% of contract dollars issued by the New York City Department of Health and Mental Hygiene from 2002 to 2014.<sup>20</sup> Adequate funding is required to give doctors, nurses, community advocates, and pharmacists the cultural training and resources they need to screen, treat, and build acceptance among the community effectively.

**Table 4. Chinese Diagnosed with Depression, by Borough and Generation**

Brooklyn	Manhattan	Queens
9.6%	60.7%	29.7%

1st Generation <i>Came to US as an adult</i>	1.5 Generation <i>Came to US as a youth</i>	2nd Generation+ <i>Born in the US</i>
11.3%	27.5%	61.2%

Source: SOMOS Health Survey of Chinese New Yorkers

“Our friend who suffered from depression committed suicide two weeks ago. He never went to see a doctor. He said if you actually bring yourself to see a doctor, that means you admit that you are really sick. That would be as terrible as being involved in a scandal.”

—46 year old female, Williamsburg, Brooklyn

## DIABETES

### ❖ WE ARE “SKINNY FAT”

Eight percent of Chinese New Yorkers surveyed in the SOMOS citywide poll report to have been diagnosed with diabetes, just below the city’s overall average of 11%.<sup>21</sup> However, according to the US Department of Health and Human Services, Asian Americans have the highest percentage of undiagnosed cases of diabetes across racial/ethnic groups.<sup>22</sup>

Chinese doctors in New York City explain that Chinese patients are held to a standard of health that does not apply to them. While being overweight is typically a tell-tale sign of Type-2 diabetes, generally many Chinese have a smaller body frame. Chinese tend to have less muscle and more visceral fat around their organs—a main cause of Type-2 diabetes. Thus, many Chinese with a lower body mass index (BMI) do not recognize the need for a regular wellness check. Their body type even fools some doctors; many doctors do not think to ask their Chinese patients to take the requisite blood tests to detect diabetes.

## HYPERTENSION

### ❖ OUR HEARTS ARE UNDER PRESSURE

Overall, Chinese Americans are at higher risk for hypertension. Nearly 20% of the survey respondents said they have been diagnosed with hypertension. Hypertension is the leading risk factor for heart disease and stroke—the second and third cause of death for Chinese New Yorkers.

Two key biological factors that contribute to their predisposition are their BMI and family history of hypertension. In general, Chinese have a higher percentage of body fat for a given BMI and their prevalence is higher if their parents had it. Social and cultural factors that contribute to hypertension are stress, high-salt diet, and lack of health literacy.<sup>23</sup>





## HEPATITIS B

### ❖ IT'S IN OUR BLOOD

Asian Americans are disproportionately predisposed to hepatitis B (HBV) because it is more common in Asian countries. There are 1.2 to 2 million people in the United States infected with HBV, and Asian Americans comprise over half of the cases, despite making up only 6% of the total US population.<sup>24</sup> In New York City alone, 91,587 people reported to have chronic HBV from 2014-2017. Sunset Park and Flushing are the top neighborhoods with the highest rates of newly reported HBV infection—the two most populous Chinese neighborhoods in the city. In addition, 53% of the pregnant women infected with HBV were from China—making it likely their child will have the virus since it can be transmitted from mother to child during or after pregnancy.<sup>25</sup>

Hepatitis B is the leading cause of liver cancer—which ranks third in the type of cancer plaguing Chinese New Yorkers. While HBV is a vaccine preventable disease, there are numerous reasons why many Chinese and other Asian Americans have not screened for it or have left it untreated. First, many immigrants who come to the US as adults do not come from a country in which the HBV vaccination is compulsory. In New York City, 95% with the disease are born outside the US. Second, much of it is due to language barriers; 85% of those in the city that have HBV need interpretation services. Third, symptoms are so mild that it often goes undetected. Finally, there is a cultural stigma attached to the condition.<sup>26</sup>

While many Asian Americans are born with the virus, due to risk factors that include injection drug use, sexual transmission, and other risky behaviors that increase contact with infected blood, HBV infection is often received as a personal failing. City-wide campaigns like “B Free NYC” (2004-2007) and “Be Certain” (2012) are raising awareness of HBV, decreasing stigma, and encouraging screening among at-risk communities.



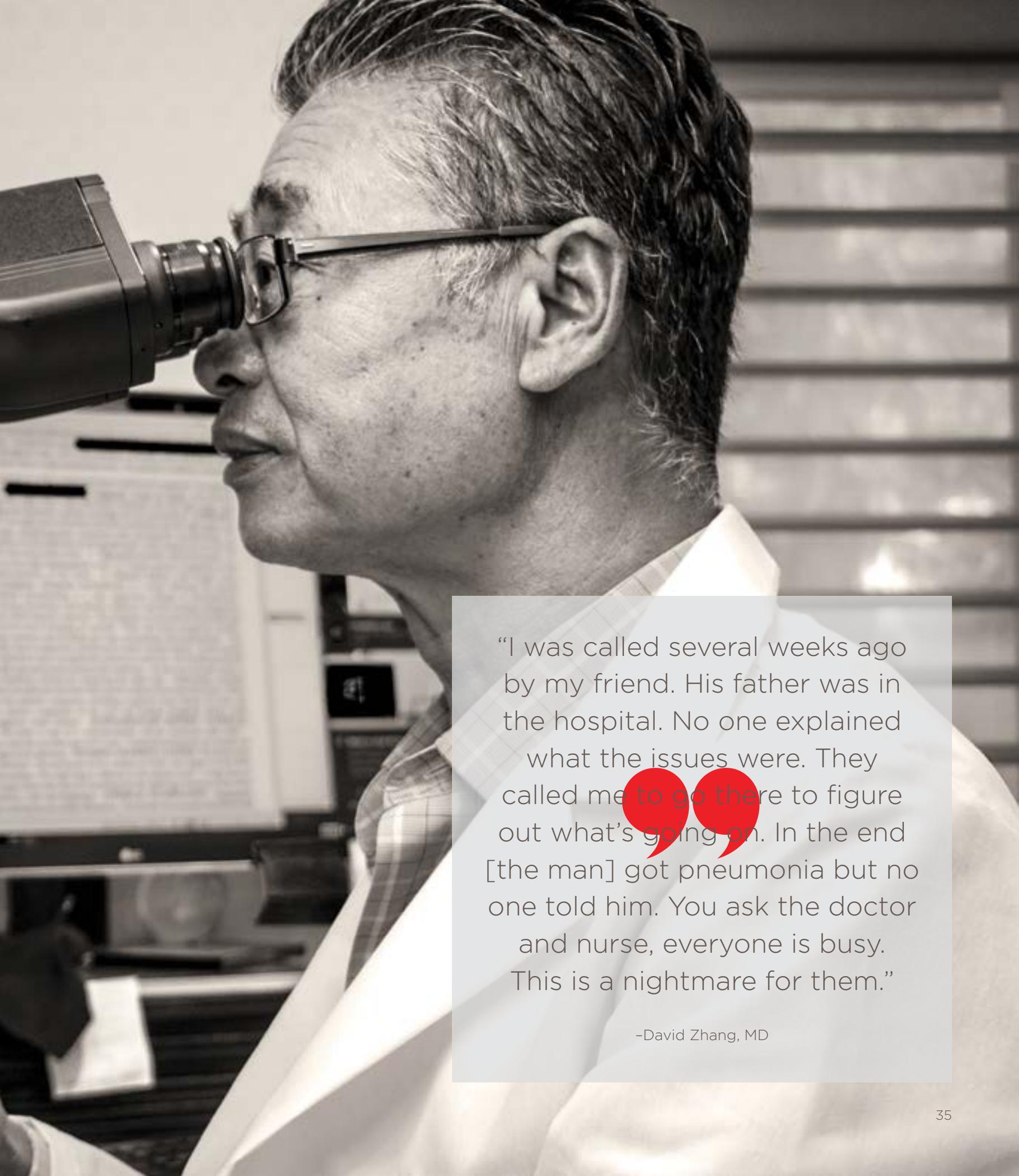


**CHALLENGES OF  
OUR OWN**

BARRIERS TO HEALTH



**Nikon** JAPAN  
Y-FL  
15000000



“I was called several weeks ago by my friend. His father was in the hospital. No one explained what the issues were. They called me to go there to figure out what’s going on. In the end [the man] got pneumonia but no one told him. You ask the doctor and nurse, everyone is busy. This is a nightmare for them.”

-David Zhang, MD

# CHALLENGES OF OUR OWN

## BARRIERS TO HEALTH

Why do Chinese New Yorkers die from lung cancer, stroke and heart disease, diabetes, suicide, and other preventative conditions? In this section, we unpack the core barriers to health for Chinese New Yorkers.

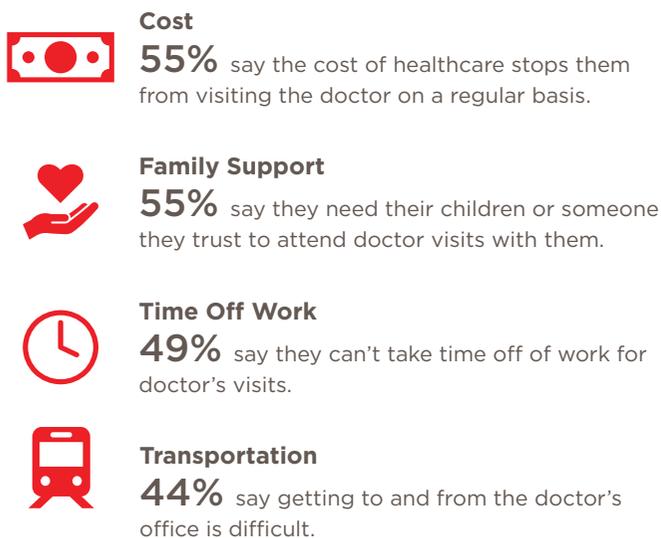
### ❖ LIMITED RESOURCES MAGNIFIES OBSTACLES TO CARE

The usual headaches associated with going to the doctor's office are exacerbated for Chinese New Yorkers and other immigrants of limited means. SOMOS' citywide survey of Chinese New Yorkers found that key barriers to care are affordability, language, transportation, and ability to take time off from work (Figure 8). The challenge is compounded for those who are less familiar with the process or have

transportation constraints, and thus reliant on relatives to accompany them.

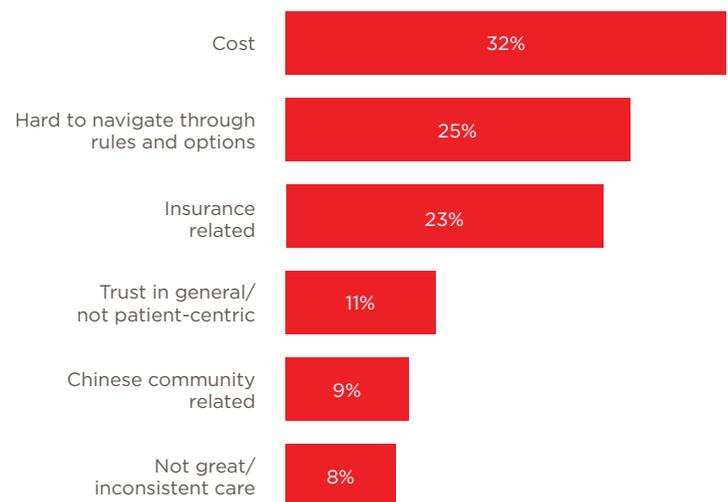
These obstacles often lead to negative emotions, specifically distrust. The SOMOS citywide survey found that 45% of Chinese New Yorkers feel negatively about the healthcare system. While 32% cited cost as the main source of frustration, many of the challenges are interrelated. For instance, costly visits and confusing billing codes often are reasons for why they see healthcare hard to navigate through, especially insurance plans. This ultimately generates distrust and suspicion (Figure 9). Indeed, many Chinese interviewed wondered whether doctors have outside agendas when making diagnoses.

Figure 8. Top Barriers



Source: SOMOS Health Survey of Chinese New Yorkers

Figure 9. Reasons for Negative Associations about the Healthcare System



Source: SOMOS Health Survey of Chinese New Yorkers



### Chinese living in Queens: In need of more accessible care

- Nearly HALF say transportation challenges deter them from seeing the doctor versus just 28% in Manhattan and 26% in Brooklyn
- HALF rarely go to the doctor (no more than once a year) versus Chinese in Manhattan and Brooklyn who go more frequently
- Over 75% have been diagnosed with a condition versus 59% in Manhattan and 65% in Brooklyn
- Nearly 60% feel negatively about the healthcare system versus just 33% in Manhattan and 44% in Brooklyn

*Source: SOMOS Health Survey of Chinese New Yorkers*

## ❖ LANGUAGE AND CULTURE ARE A MATTER OF LIFE AND DEATH

For Chinese New Yorkers, communication is the biggest barrier to care. 6 out of 10 Chinese New Yorkers have limited English proficiency (**Figure 10**). Compounding the challenge is health literacy. 50% of the SOMOS survey respondents report that they still do not understand medical terms and explanations even if their doctor speaks their native language. Moreover, 54% of Chinese New Yorkers say that most healthcare providers do not share or understand their culture.

Even among native-born, English speakers, navigating the New York healthcare system and understanding medical terms can be intimidating. But for the Chinese New Yorkers with language and cultural barriers, getting care can result in a distressing experience—from feeling disrespected, dealing with long delays before they find someone they can speak with, to not getting care in time. Language and culture can literally be a matter of life and death.

Fortunately, 70% of those surveyed in the SOMOS citywide survey reported to have a primary care doctor who speaks their Chinese dialect. Among the 30% that do not, half wish they did (**Figure 11**). According to Chinese-speaking doctors, a potential reason why such individuals have not found a doctor to meet their language needs is that many patients are illiterate or do not speak the main Chinese dialects of Mandarin or Cantonese. Moreover, while many Chinese-speaking doctors go to great lengths to accommodate

“The relationship between a primary care doctor and a patient is a business relationship.”

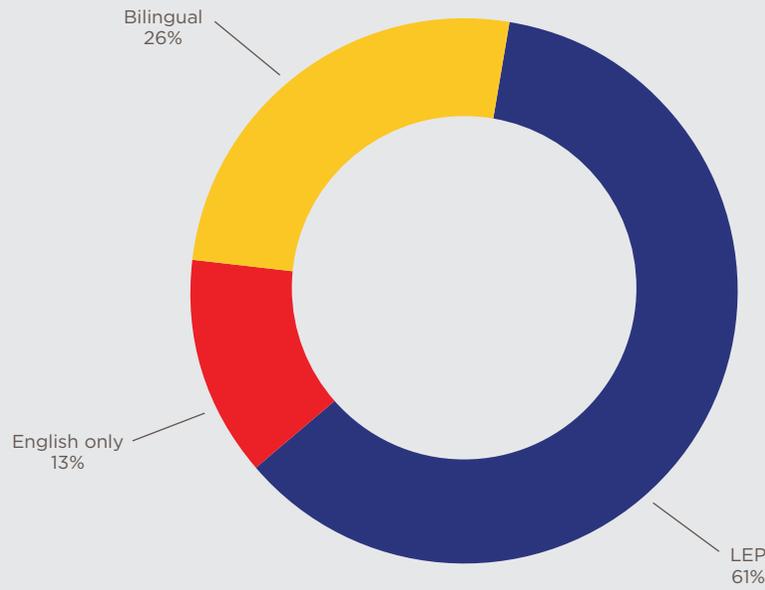
— 67-year-old male, Bay Ridge, Brooklyn

their patients—having multiple offices in Lower Manhattan, Sunset Park, and the larger Flushing area, as well as keeping long and weekend hours—the wait times can be too long.<sup>27</sup> This can deter patients from having a relationship with a Chinese-speaking primary care doctor.

More still, according to the Chinese-speaking physicians, the impact of language and cultural barriers is heavily felt once Chinese patients need the help of a specialist or need to go to the hospital. As Dr. Michael Li, a physician serving the Flushing area, explains, “Who is going to take care of them? Most doctors don’t speak their language. They do provide translation, but translation is not enough; it’s a culture thing. So they get lost.”<sup>28</sup>

Doctors serving the Chinese community universally agree that lack of culturally-competent hospital staff and social workers along with poor access to Chinese-speaking specialists, such as psychologists, surgeons, and speech therapists, are fundamental barriers for Chinese in New York.<sup>29</sup>

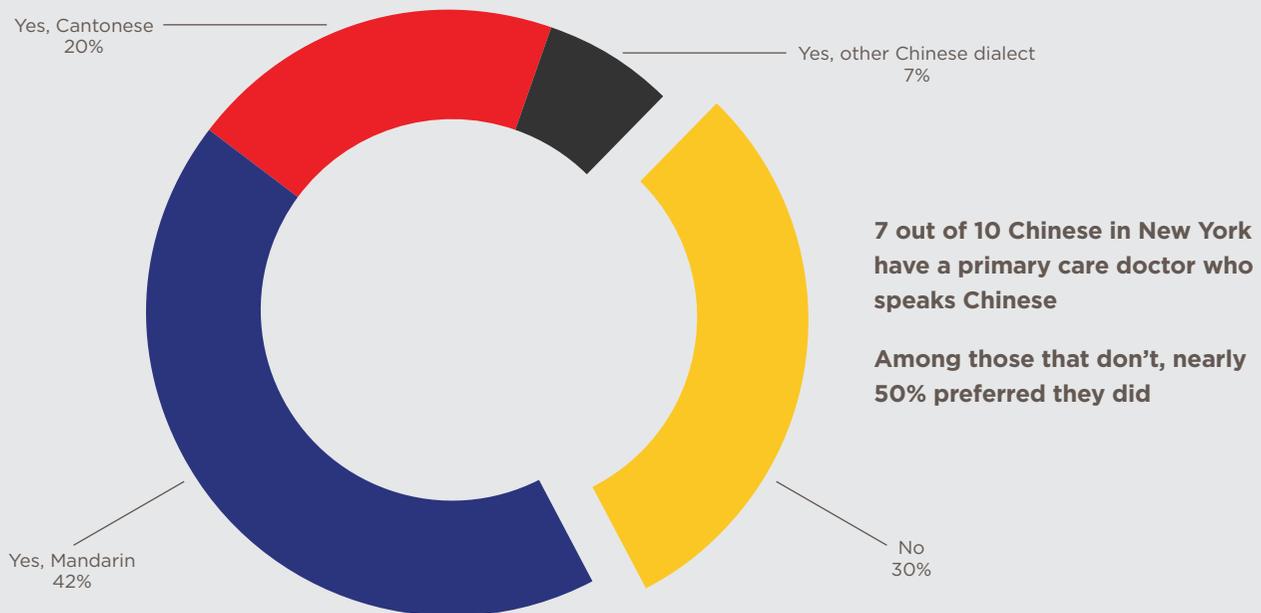
**Figure 10. Language Proficiency of Chinese New Yorkers, 2017**



Source: US Census Bureau, 2017 American Community Survey, 1-Year Estimates, Chinese only or in combination, New York City Limits

**Figure 11. Language Used with Primary Care Doctor**

Does your primary care doctor speak Chinese?



Source: SOMOS Health Survey of Chinese New Yorkers





“Every patient is different. It depends on their background, their culture, how long they’ve been in America, their education level. For new immigrants, they are not familiar with the New York healthcare system. Some don’t even speak Mandarin or Cantonese, so even if the doctor is Chinese, you need a translator.”

— Rui Er Teng, MD

## ❖ IGNORANCE IS NOT BLISS

Providing deeper and more culturally-nuanced insights, SOMOS' four in-home interviews with Chinese New Yorkers—all of whom are immigrant, low-income, and Chinese language dependent—identify four core reasons for opting out of seeing a doctor (**Figure 12**):

1. Belief that a doctor will find something wrong no matter what
2. Distrust in Western medical practices
3. Not wanting official news of a diagnosis
4. Stigma associated with certain diagnoses

According to the Chinese New Yorkers interviewed, everyone in the Chinese community knows that “one’s just asking for it” when they visit their doctor. They believe that doctors will find something wrong in order to get paid. Others avoid formal care because they view the drugs that US doctors prescribe to be ultimately harmful to their bodies. Many eastern cultures believe that pain is a result of being off-balance and thus drugs intended to address a condition in isolation will further aggravate the body.<sup>30</sup> Some simply don’t want to hear officially that they are sick.

The interviewees also attest that social stigma associated with diagnoses is a major deterrence for Chinese New Yorkers in seeking care. From disclosing symptoms to doctors to fear that such news would spread, diagnoses like mental illness, women’s health issues and even diabetes are considered off-limits because they are viewed as signs of personal weakness.<sup>31</sup> Such diagnoses are considered taboo in other cultures too—even within mainstream America—but when a community is close-knit and cultural beliefs are tightly held, stigma is anathema.

Figure 12: Reasons for Avoiding Professional Care



Belief that a visit will lead to more diagnoses



Belief that prescription medications are too strong and will create other health issues

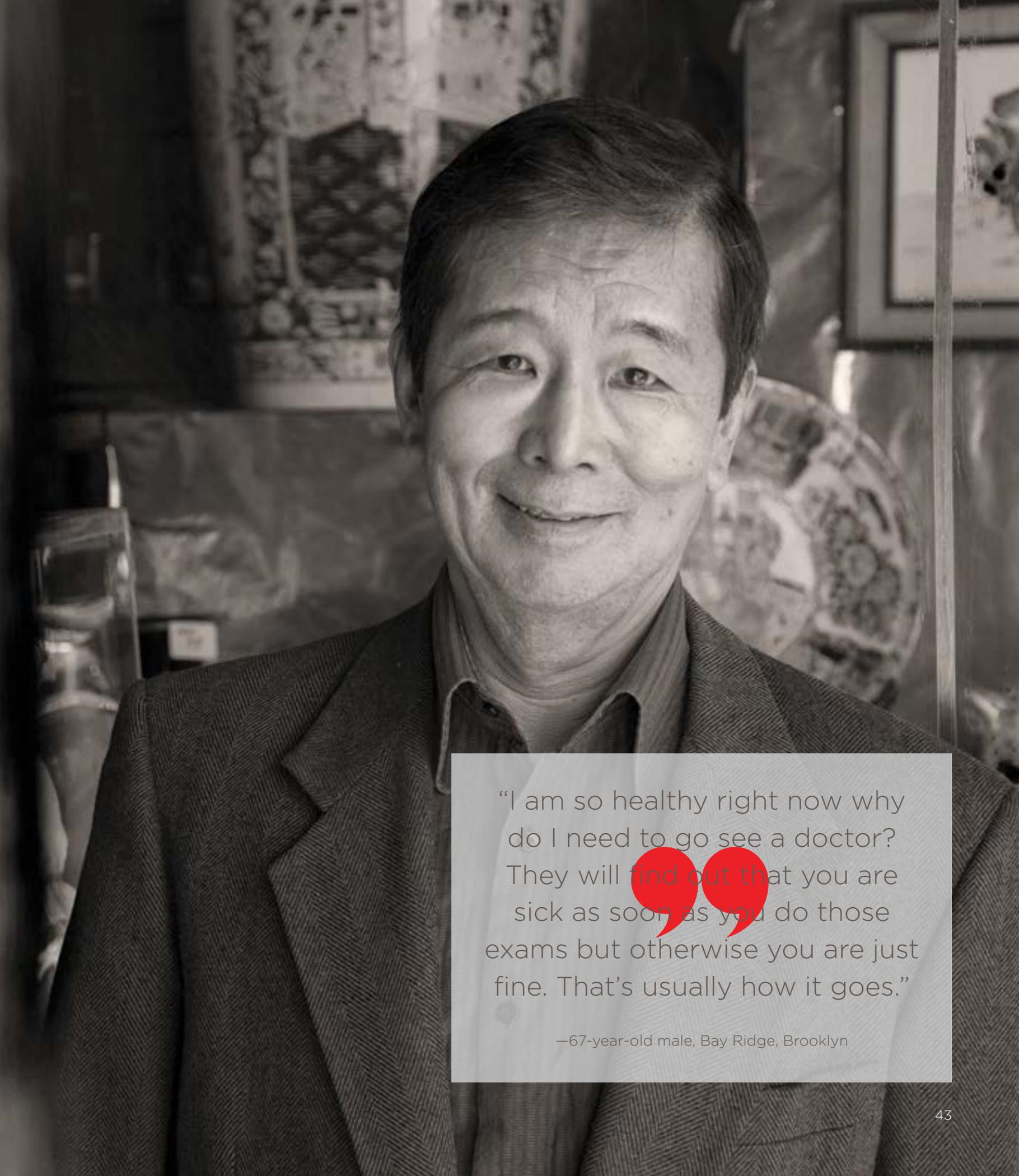


Abstain from seeking medical care/exams in fear of being told of illnesses



Not disclosing illnesses to avoid being stigmatized

Source: SOMOS in-depth interviews of Chinese New Yorkers



“I am so healthy right now why do I need to go see a doctor? They will find out that you are sick as soon as you do those exams but otherwise you are just fine. That’s usually how it goes.”

—67-year-old male, Bay Ridge, Brooklyn



The graphic features a central text block surrounded by abstract, hand-drawn lines. A prominent red line forms a large, looping shape that passes behind the text. A thinner blue line also loops around the text. At the ends of these lines are small, stylized knot-like symbols. The background is a solid dark blue.

**THE CULTURAL  
LANGUAGE OF HEALTH**



“The challenge for the patient is when they see someone who doesn’t understand their culture, who doesn’t understand their language, they aren’t going to get good service or care. How can you ask a patient to see a doctor who does not understand them?”

— Ming Zhu, MD



Digestive System



Notice

is now available.

1991.

# THE CULTURAL LANGUAGE OF HEALTH

To understand how cultural factors play a role in the health of Chinese New Yorkers, this section focuses on the insights derived from SOMOS' focus group with 10 doctors serving the city's Chinese communities, four in-home interviews with Chinese immigrant New Yorkers, and existing research. Findings reveal that Chinese cultural perspectives and traditions can adversely impact Chinese New Yorkers' health in unintentional ways.

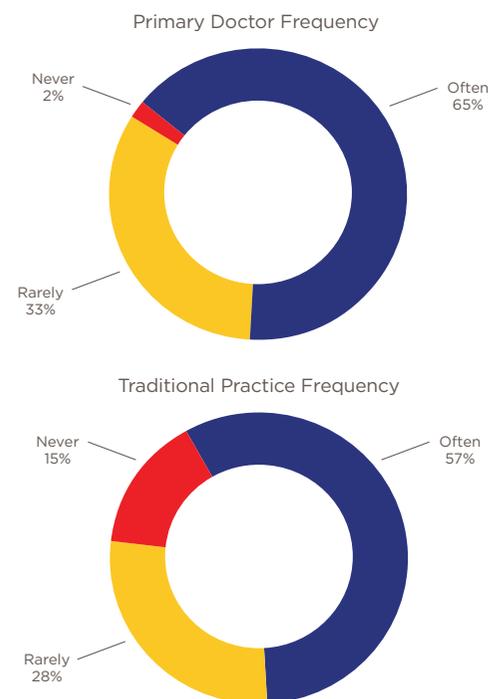
## ❖ INHARMONIOUS MEDICAL PRACTICES

Many Chinese patients tend to equally utilize Western and traditional Chinese medicine (TCM) practices: 65% surveyed in the SOMOS poll say they go to their primary care doctor and nearly 60% say they practice TCM regularly (Figure 13). Based on the in-home interviews with Chinese New Yorkers, Chinese patients believe that traditional remedies like acupuncture, foot reflexology, cupping, and herbal medicine are a more “thorough cure” that provides more long-term benefits. Chinese patients will go to primary care doctors for prescription drugs like antibiotics or to treat more serious conditions. This in itself is not a problem; in fact, such practice can often be beneficial. Many doctors who serve Chinese communities are well versed in traditional methods and incorporate them into their own practice.<sup>32</sup>

However, tradition can at times get in the way of proper medical attention. According to the SOMOS Doctors' Focus Group, problems arise when patients believe they can self-medicate with TCM as a workaround to formal care, do not disclose what they do at home, or do not comply with their

doctors' recommendations because it contradicts their own practices. Such cases can be very dangerous as doctors may not be aware of possible drug interactions. Moreover, some Chinese patients put more faith in TCM, consuming in-language programs that discuss the latest trends in TCM, without doing further research about proper application, safety issues, or efficacy. Indeed, regulations and knowledge on herbal medicine are often unstandardized and insufficient. Many herbal products, for example, have heavy metals, are unlicensed, and do not have labels that warn of potential contraindications.<sup>33</sup>

**Figure 13. Utilization of Primary Care Doctor versus Traditional Medicine**



Source: SOMOS Health Survey of Chinese New Yorkers



“I’ll take traditional Chinese medicine when I get a cold. It’s a more thorough cure. Acupuncture provides long-term benefits, not just to cure the superficial symptoms. I will go to see a primary doctor when I feel I need antibiotics.”

-43-year-old female, Coney Island, Brooklyn

## ❖ UNHEALTHY CULTURAL HABITS

The SOMOS citywide survey found that only 43% of Chinese New Yorkers watch their diet carefully. However, a core concern for the doctors serving the Chinese community is that their patients steadfastly believe their diet to be healthy enough. According to the Chinese-speaking doctors in New York, habits as innocuous as eating rice can be a silent killer for the community. Many Chinese people view white rice as a vital source of energy—and more importantly, a centerpiece of their culture. Indeed, instead of saying “hello,” many greet others with the question, “have you eaten rice?” This context helps to explain why doctors serving the community have a challenging time getting diabetic Chinese patients to reduce white rice intake to control their condition. Their patients see it as antithetical to their culture and thus impossible to implement.<sup>34</sup> While Chinese physicians are seeing some of their patients switching to brown rice or other alternatives, change is slow when it involves something deeply embedded in Chinese culture.

As well-meaning as they are, Chinese grandparents can also be a source of unhealthy cultural habits in the community. According to a study that evaluated Chinese pediatric patients at a community health center in New York City, care provided by grandparents is associated with childhood obesity in Chinese families. Grandparents often use meals as a way to pass down cultural traditions, express affection, and a means to feel useful in the family. Children are encouraged to eat large portions and often, which have resulted in higher rates of childhood obesity and an average BMI that is greater than 85th percentile.<sup>35</sup>

Smoking is another unhealthy cultural habit. Based on the New York City Department of Health and Mental Hygiene, Chinese men living in New York are almost seven times more likely than their female counterparts to be smokers. This is a rare case where stigma produces positive benefits; women in China are judged for smoking. Meanwhile, men in China (wherein 60% smoke) consider smoking a cultural norm, which persists in New York City.<sup>36</sup>





“You cannot say that they’re depressed because they don’t want to hear that. You basically have to communicate with them through their symptoms first. If you know that their insomnia is stemming from depression, you have to tell them that the medication will calm them down and help them sleep better at night.”

—Ming Zhu, MD

### ❖ DIFFERENT POVS: SYMPTOM VERSUS DIAGNOSIS

Results from the citywide SOMOS poll and the focus group with the doctors revealed yet another communication challenge: Chinese patients tend to focus on the symptoms while doctors focus on the diagnosis. When the respondents from the SOMOS poll were asked if they were concerned about any health conditions, “pain” was the most frequent open-ended answer (**Table 5**).

According to the Chinese-speaking doctors, a reason for the focus on symptoms is that they may not like the label of the diagnosis itself. As Dr. Ming Zhu, a Flushing-based physician, explains, “You cannot say that they’re depressed because they don’t want to hear that. You basically have to communicate with them through their symptoms first.” Even if the diagnosis may not have the stain of stigma, Chinese patients may want to minimize the issue by focusing on the

specific symptoms. Yet another reason goes back to health literacy; Chinese New Yorkers may be unfamiliar with the diagnosis, but pain is understood. For conditions that have yet to show negative impact, patients may continue habits that exacerbate the underlying problem.

Doctors serving Chinese patients urge other doctors, pharmacists, nurses, and health practitioners to strategize ways to best communicate their Chinese patients’ diagnoses, so that treatment is taken seriously. It starts with building trust through an understanding of Chinese language, and more importantly, Chinese culture.

**Table 5. Current Health Concerns**

Rank	Chinese in NY
1	Pain 18.4%
2	Diabetes 16.3%
3	High blood pressure/Hypertension 14.5%
4	Cost of healthcare with aging 12.8%
5	Heart disease 11.2%
6	High cholesterol 10.9%
7	Cancer 6.6%
8	Allergies 6.1%
9	Digestive problems 4.4%
10	Overweight/Obesity 4.0%

Source: SOMOS Health Survey of Chinese New Yorkers, open-verbatim comments







# UNTANGLING THE KNOT

LEARNING FROM POSITIVE  
INDICATORS OF GOOD HEALTH

# UNTANGLING THE KNOT

## LEARNING FROM POSITIVE INDICATORS OF GOOD HEALTH

While our research identifies major health barriers facing Chinese New Yorkers and the need for more culturally-relevant health resources, there are also many positive findings. Consistent with US Census data, the SOMOS citywide survey found that over 90% of Chinese New Yorkers have health insurance—nearly 50% through government-funded insurance. Moreover, 70% have a Chinese-speaking doctor and 65% report visiting their primary care doctor “often.” Moreover, half the Chinese New Yorkers have a positive view of the healthcare system (Figure 14).

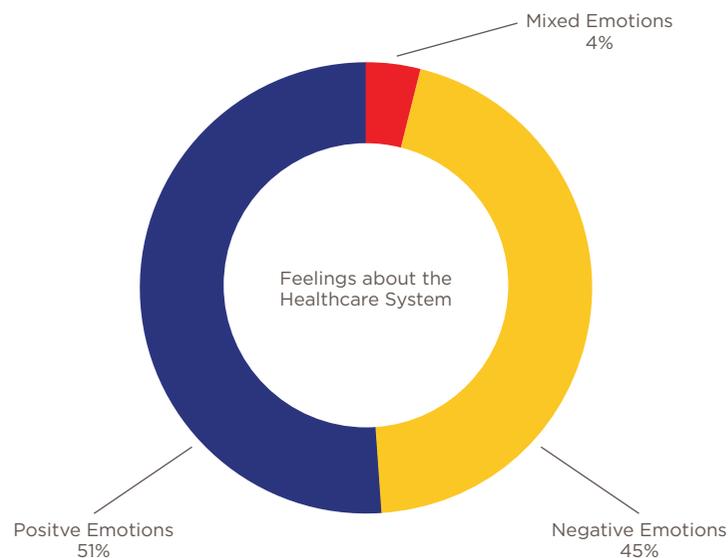
There’s a strong correlation between satisfaction and access to more health resources. Among the Chinese surveyed who feel positively about their healthcare:

- Two-thirds have a Chinese-speaking doctor
- 63% have government-funded healthcare via Medicaid or NY State of Health/Affordable Care Act
- Nearly 70% live in Manhattan, home to established Chinese community health centers, social service organizations, and Chinese adult schools (Figure 15)

“I’d give the healthcare system a 75-80 out of 100. A good system overall, but with holes.”

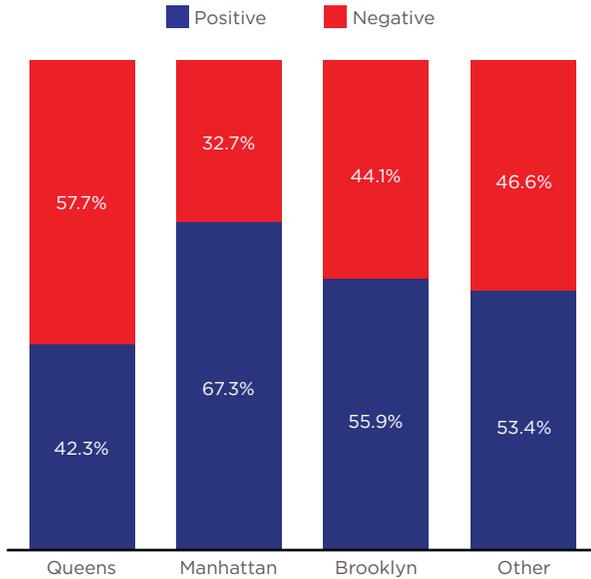
—48-year-old female, Williamsburg, Brooklyn

**Figure 14. Feelings about the Healthcare System**



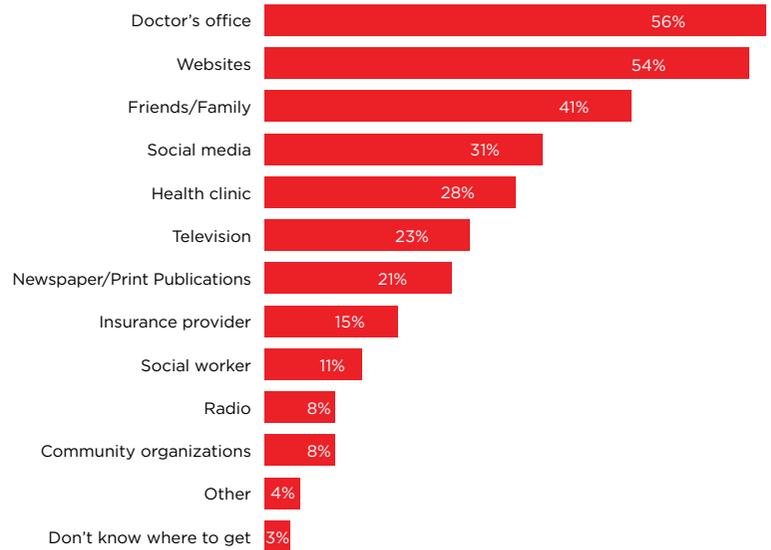
Source: SOMOS Health Survey of Chinese New Yorkers

**Figure 15. Feelings Associated with the Healthcare System, By Borough**



Source: SOMOS Health Survey of Chinese New Yorkers

**Figure 16. Sources of Health Information**



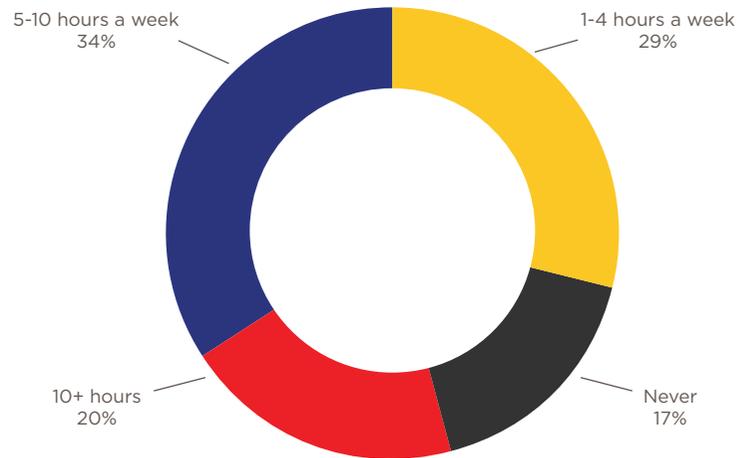
Source: SOMOS Health Survey of Chinese New Yorkers

## ❖ REACHING OUT IN OUR LANGUAGE AND IN OUR CULTURE

Community outreach plays a critical role in the utilization of healthcare services. The SOMOS citywide poll finds that Chinese New Yorkers get their health information through community centers, such as Chinese adult schools and health clinics (**Figure 16**). According to their doctors, their patients learn about public health insurance and Chinese-speaking doctors through referrals from friends and family.

Outreach via Chinese native media channels is also invaluable. According to the SOMOS citywide survey, over 80% of Chinese New Yorkers consume Chinese-language media (**Figure 17**). Interview respondents expressed enthusiasm for information on WeChat, a native social media app with near universal penetration among Chinese-speakers globally.<sup>37</sup> SOMOS has begun to create a robust application within WeChat to place culturally-relevant, informative health content within reach.

**Figure 17. Chinese Media Consumption**



Source: SOMOS Health Survey of Chinese New Yorkers





# **UNDERSTOOD**

**CREATING A CULTURALLY-FLUENT  
HEALTH INFRASTRUCTURE**

# UNDERSTOOD

## CREATING A CULTURALLY-FLUENT HEALTH INFRASTRUCTURE

With a population of over 800,000, the greater New York metropolitan area is home to the largest Chinese community outside of Asia. The rich history of Chinese in New York spans over a century and the vibrant community today continues to grow at an unprecedented rate of nearly 50%.

However, the results from this study demonstrate that the health of Chinese New Yorkers is uneven—with some thriving, some underserved and misunderstood, and a majority experiencing both. Chinese New Yorkers' health depends on having access to culturally-competent care, which is sorely lacking, leading to significant but surmountable barriers.

Much of the urgency to create a culturally-fluent health infrastructure comes from the fact that ideal health conditions for the Chinese community are in sight. The positive indicators offer lessons on how to further improve and make this community a model of health. We are confident that by taking the right steps, we can work towards a future where Chinese New Yorkers feel empowered to improve their overall well-being. Looking ahead, it is our hope that policymakers will use this study as a roadmap to create a stronger, healthier New York. We believe that the path to that goal runs through the city's Chinese communities.

**So how do we get there?** The following are policy recommendations that address the barriers revealed by *The State of Chinese Health in New York City*:

### FIRST & FOREMOST

❖ **Extend DSRIP and continue building a patient-centric system that fosters better healthcare and lowers costs.**

The obstacles that prevent Chinese New Yorkers from seeking regular care stem in large part from communication. Language and cultural barriers keep them from being able to communicate with their doctors, understand their doctor's prescriptions, and feel culturally supported. There is also a significant unaddressed chasm between Chinese New Yorkers' understanding of wellness—often influenced by Chinese customs and traditions—and healthcare—defined by Western practices. This gap fuels misunderstanding between Chinese patients and healthcare providers. Moreover, when healthcare practitioners cannot effectively communicate with their patients why they need additional services, labs, or appointments, it can lead to unresponsiveness and noncompliance.

Persistent income inequality exacerbates these health challenges. In addition to not receiving culturally-competent care, Medicaid patients often receive inconsistent care. The number of Chinese patients experiencing inconsistent care is vast: over 300,000 Chinese New Yorkers have publicly-funded insurance.<sup>38</sup> The root of the problem is how traditional forms of delivery rewards providers for the volume of care, regardless of the outcomes. For Chinese New Yorkers with limited financial resources, time, English proficiency, family support, and access to transportation, the possibility of getting unsatisfactory care alone deters

them from setting up or following through with doctor appointments. This results in patients forgoing preventative care until health conditions worsen to the point of requiring emergency care or hospitalization—which certainly comes at great cost to the state. In this fee-for-service model, patients are far from being at the center of healthcare.

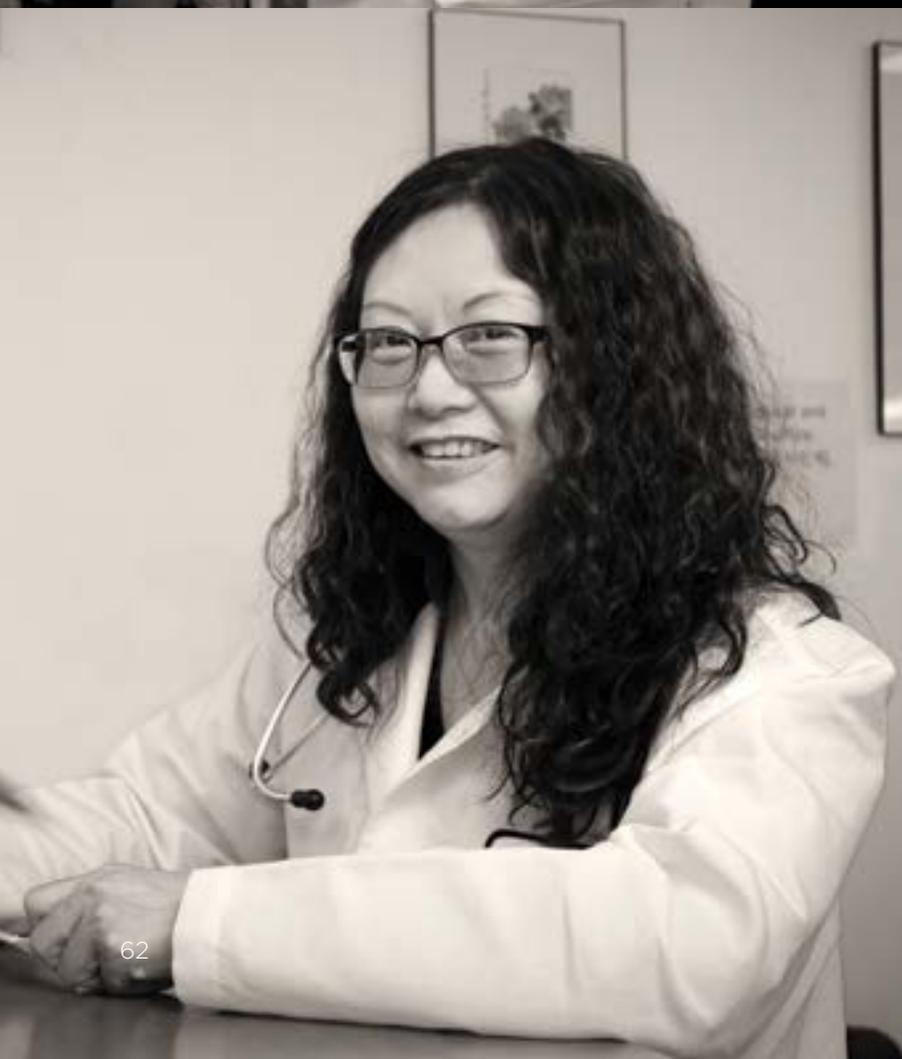
State-based solutions have started to chip away at this simmering crisis. Under New York State Governor Andrew Cuomo’s direction, a model called Delivery System Reform Incentive Payment (DSRIP) has been transitioning all providers to a value-based-payment paradigm that pays on the basis of overall patient health results. Through the support of the DSRIP program, SOMOS—the only physician-led network to be designated as a Value Based Payment Innovator by the New York State Department of Health—has been at the forefront in New York City in making this change. In the four years since SOMOS launched, we have:

- Successfully reduced potentially preventable hospital readmissions by 25.7%
- Reduced potentially preventable hospital admissions by 20.4%
- Engaged with a total of 1.34 million patients annually through DSRIP projects <sup>39</sup>

Such results have generated enormous savings to the state and taxpayers. Moreover, by holding providers accountable for the services they provide to their patients, DSRIP has encouraged a new model of care to emerge: total care. Total care takes into context all factors that impact patients’ health, including but not limited to cultural, linguistic, environmental, social, and economic factors. This results in helping lift the Chinese community, as well as other diverse, high-need communities with specific challenges that have never been met by the system.

For example, SOMOS has established a Patient-Centered Medical Home (PCMH) program, a team-based, holistic





model of care led by primary care physicians (PCPs) whereby patients can expect to have access to physical, mental, and social-related care from a range of healthcare providers: PCPs, specialists, community health workers, pharmacists, nutritionists, social workers, and therapists. PCMHs prioritize treating patients with respect, dignity, and compassion. This encourages patients to receive regular and comprehensive care—preventing costly procedures and, more importantly, creating a bond of trust between doctor and patient.

In addition, recognizing the role that primary care physicians play as trusted figures in their communities, SOMOS launched the Neighborhood-Based Primary Care (NBPC) program, which restores the community leadership role of the family doctor. PCPs are often on the front lines, seeing first-hand what ails their communities. NBPC empowers PCPs to organize community task forces that can address the social determinants of health that impact their patients' well-being, such as housing conditions, environmental issues, employment, safety, access to healthy food, and education.

Many in Chinese communities, especially immigrant families, tend to live in multigenerational households as well as nearby extended family and friends. Thus, through the NBPC model, the traditional family doctor can have a positive impact on entire neighborhoods. The more the New York City health system is integrated into a specific way a community is culturally shaped, the more patients are able to receive care. In short, programs like the PCMH and NBPC are spearheading an inclusive, 360-degree approach to improving the health of whole communities.

These early successes of the DSRIP program demonstrate the feasibility of a value-based-payment paradigm. More importantly, healthcare organizations like SOMOS feel empowered to explore and implement ambitious programs like PCMH and NBPC that aim to deliver holistic patient-centric care. But our job is far from done. With the renewal of the DSRIP program, we will ensure that these successes

are scalable and sustainable—bringing us to the point where we can transition to a for-profit, value-based-payment delivery model post-DSRIP that other healthcare systems can emulate. Currently, an extension of the program is under consideration.

**SOMOS supports this policy development and has recommended a two-phased approach, tiered into one- and three-year increments.**

## **SECOND**

### **❖ Continue building a robust community health worker program.**

Chinese-speaking community health workers (CHW) play a vital role in helping Chinese New Yorkers get insured, find their doctors, and get the support they need. CHWs are a part of the patients' community and thus share the same language, culture, and values. This allows CHWs to authentically connect with patients and serve as critical intermediaries between health providers and patients. CHWs make home visits, inform doctors and staff of factors that impact patients' health, keep appointments, and update and increase access of health records. As SOMOS President and long-serving doctor to the Chinese New York Community, Dr. Henry Chen, explained, a good number of Chinese immigrants live in impoverished households—and they largely go unnoticed. They live in homes where there are as many as 10 adults eating and sleeping in a single room with limited ventilation.<sup>40</sup> For them, having a CHW can save their lives.

SOMOS has been actively expanding its network of CHWs in the Bronx, Brooklyn, Queens, and Manhattan and improving ways CHWs can coordinate with medical providers, primary care teams, and community organizations to improve patient outcomes. Based on SOMOS' Access-to-Care metrics, the return on investment from one CHW at one PCP office for four weeks of focus on annual wellness visits is estimated to be \$96,848.<sup>41</sup> Continuing to build out, recruit, and train for

the CHW program is essential in establishing a vital lifeline between healthcare providers and patients.

**SOMOS strongly recommends greater public investment in culturally-competent, in-language fluent community health workers to engage with hard-to-reach, infrequent patients.**

## THIRD

### ❖ **Firmly establish partnerships with community-based organizations (CBOs) for community outreach.**

The SOMOS citywide survey indicates a correlation between satisfaction with the healthcare system and having access to established API community-based organizations (CBOs). Indeed, New York City-based CBOs like the Asian American Federation play an instrumental role in tracking the social determinants of health that impact patients' mental and physical health and getting the resources to address such factors. As such, the SOMOS CBO Partnership Program has been coordinating with CBOs to align objectives, increase health literacy in a culturally-relevant way, and better understand the funding needs of our communities. CBOs form a critical part of the community task force envisioned under the Neighborhood-Based Primary Care program. Such partnerships need to continue to ensure our collective efforts are productive and deliver the means for our communities to thrive.

**SOMOS strongly recommends greater public investment and multi-agency support for healthcare networks and community-based organizations.**

## FOURTH

### ❖ **Create partnerships with Chinese CBOs to improve nutrition in Chinese communities.**

The study revealed that Chinese New Yorkers are not as healthy as they think they are. Many Chinese food staples include empty carbohydrates like white rice and high sodium dishes that lead to a variety of long-term and chronic health complications—from diabetes to hypertension. By utilizing and coordinating with the city's robust network of Chinese and immigrant-serving community organizations, we can expand the footprint of Community-Supported Agriculture (CSAs) markets, urban rooftop farms, and farmer's markets in food deserts where many Chinese New Yorkers, particularly those in Brooklyn, reside. Local lawmakers and elected officials can play a critical role to help forge these partnerships in Chinese communities across the city.

**SOMOS recommends greater collaboration between healthcare providers and local community groups to expand nutrition programs and increase access to healthy food options for low-income Chinese communities.**

## FIFTH

### ❖ **Increase funding on Chinese-focused health education with an emphasis on reaching young people.**

Youth-focused, culturally-sensitive health education for Chinese New Yorkers can make all the difference. For healthcare providers and staff, this means having a deeper and more empathetic understanding of Chinese culture to better communicate diagnoses, combat persistent stigmas particularly around mental health, and offer useful health information that does not undermine their traditions. It is especially important to reach younger Chinese Americans in New York City to help overcome unhealthy habits that get passed down generationally and close the knowledge and cultural gap related to health.



Through SOMOS' network of CHWs and partnerships with CBOs, we've been active in providing Chinese-centered health education programs through health fairs in their communities and schools. We've been translating and distributing Chinese-language health resources as well as creating online content that features their peers and informs them of relevant health topics. Ultimately, cultural competency and health literacy can alleviate the distrust and disengagement found between Chinese patients and healthcare staff, which can in turn, reduce disparities in healthcare and improve patient outcomes.

**SOMOS strongly recommends and will urgently press for significantly enhanced funding for health education in all Chinese dialects (not just Mandarin and Cantonese) that can reach Chinese New Yorkers of all ages. Health literacy can combat the cultural stigmas and lack of awareness that permit persistent smoking, imbalanced diet and nutrition, and poor mental health. This is an area where the city can make an immediate difference, including among a younger generation born in this country.**

Building a healthy Chinese New York by being in our patients' communities, being culturally in-tune with our patients, reaching out to our patients, and empowering our patients has been SOMOS' focus for the last four years. We've seen major progress—but there is more in store. Renewal of DSRIP will give us the runway to continue the momentum of creating a sustainable, scalable, and for-profit value-based-payment model of delivery. Together, we can truly revolutionize the healthcare system to one that truly puts patients at the center.

# APPENDIX

## ❖ METHODOLOGY

All research and fielding took place in the spring and summer of 2019.

1. SOMOS Citywide Chinese Health Survey: An online survey of 300 Chinese residents in New York City was conducted from May 30 through June 16, 2019. It is a representative sample of the Chinese demographic profile in New York City based on US Census Bureau 2017 American Community Survey Estimates. It has a margin of error + 6% with a confidence interval of 95%. Respondents were given the option of answering the survey in English, Traditional Chinese, or Simplified Chinese. Respondent criteria included:

- Must be Chinese
- A resident of New York City
- At least 65% foreign
- 50/50 gender split
- At least 55% of the sample must speak more Chinese than English or only Chinese
- Must be 18+, at least 70% aged 35+

2. SOMOS Doctors' Focus Group: To gain an understanding of the unique experiences, challenges, and potential solutions to providing quality care to Chinese patients, a focus group of 10 doctors serving the Chinese community in New York was conducted on April 15, 2019.

3. SOMOS In-depth Interviews of Chinese New Yorkers: To gain a nuanced understanding of the most vulnerable Chinese New Yorkers relating to access to healthcare, four

one-on-one, in-home interviews with low-income/Medicaid-eligible, Chinese-language dependent Chinese residents in New York were conducted on June 19-20, 2019. Interviews were conducted in Mandarin. Respondent details include:

- 69-year-old female from Hong Kong living in Chinatown, Manhattan
- 67-year-old male from China living in Bay Ridge, Brooklyn
- 48-year-old male from Taiwan living in Williamsburg, Brooklyn
- 43-year old female from China living in Coney Island, Brooklyn

4. Secondary Research: To ensure research is comprehensive and insights are contextualized, we leveraged public information from the US Census Bureau and existing research, such as data from the New York Department of Health and Mental Hygiene, Asian American Federation, and studies from established academic institutions. See Endnotes for full list.

## ❖ ENDNOTES

1. US Census Bureau, 2017 American Community Survey 1-Year Estimates for New York City Metropolitan Statistical Area (Chinese alone or in any combination); The US Census Bureau defines the New York Metropolitan Area as including New York City, Long Island, the Mid and Lower Hudson Valley, Newark, Jersey City, Paterson, Elizabeth, and Edison, Bridgeport, New Haven, Stamford, Waterbury, Norwalk, and Danbury.
2. US Census Bureau, 2017 American Community Survey 1-Year Estimates for New York City (Chinese alone or in any combination)
3. Stephanie Tudor, "Believe it or not, New York City has Nine Chinatowns" Eater New York (February 25, 2019); Lawrence A. McGlenn, "Beyond Chinatown: Dual Immigration and the Chinese Population of Metropolitan New York, 2000," *Middle States Geographer* 35 (2002) 110-119; Ford Fessenden, et. al, "Then as Now -New York's Shifting Ethnic Mosaic," *The New York Times* (January 22, 2011)
4. US Census Bureau, 2017 American Community Survey, 1-Year Estimates, New York City (Chinese alone or in combination and Asian alone or in combination)
5. New American Economy Research Fund, "The Transcontinental Railroad at 150: The Contributions of Chinese Immigrants and Chinese Americans" (May 7, 2019)
6. Asian American Federation, *Analysis of City Government Funding to Social Service Organizations Serving the Asian American Community in New York City* (May 2015)
7. Rekish Kochhar and Anthony Cilluffo, "Income Inequality in the U.S. is rising most rapidly among Asians," *Pew Research Center* (July 12, 2018)
8. SOMOS Doctors' Focus Group (April 15, 2019)
9. Melonie Heron, "Deaths: Leading Causes for 2017," *National Vital Statistics Reports* (June 24, 2019)
10. Wenhui Li, et. al, "Mortality among Chinese New Yorkers," *New York Department of Health and Mental Hygiene: Epi Data Brief*, no. 91 (June 2017)
11. K. Hinterland K, et. al, "Community Health Profiles 2018: Brooklyn Community District 7: Sunset Park," *New York Department of Health and Mental Hygiene*, vol. 31, no. 59 (2018); K. Hinterland K, et. al, "Community Health Profiles 2018: Manhattan Community District 3: Lower East Side and Chinatown," *New York Department of Health and Mental Hygiene*, vol. 3, no. 59 (2018)
12. Liza King and Wen Qin Deng, "Health Disparities among Asian New Yorkers," *New York City Department of Health and Mental Hygiene: Epi Data Brief*, no. 100 (March 2018)
13. Wenhui Li, et. al, "Mortality among Chinese New Yorkers," *New York Department of Health and Mental Hygiene: Epi Data Brief*, no. 91 (June 2017)

14. Rugile Tuskeviciute, et. al, "Depression among New York City Adults," NYC Vital Signs, Vol. 17, no. 2 (April 2018)
15. K. Hinterland K, et. al, "Community Health Profiles 2018, Queens Community District 7: Flushing and Whitestone," New York Department of Health and Mental Hygiene, vol. 49, no. 59 (2018)
16. SOMOS In-depth Interviews with Chinese New Yorkers (June 19-20, 2019)
17. Ibid.
18. Jie Zhang, et. al, "Depression, anxiety, and suicidal ideation among Chinese Americans: a study of immigration-related factors." The Journal of Nervous and Mental Disease, Vol. 201, no. 1 (January 2013): 17-22
19. SOMOS Doctors' Focus Group (April 15, 2019)
20. Asian American Federation, Overcoming Challenges to Mental Health Services for Asian New Yorkers (October 2017); Asian American Federation, Asian American Seniors in New York City: An Updated Snapshot (August 2016)
21. Liza King and Wen Qin Deng, "Health Disparities among Asian New Yorkers," New York City Department of Health and Mental Hygiene: Epi Data Brief, no. 100 (March 2018)
22. National Institutes of Health, "News Releases: More than half of Asian Americans with diabetes are undiagnosed," US Department of Health & Human Services (September 8, 2015)
23. Mei-Lan Chen and Jie Hu, "Health disparities in Chinese Americans with hypertension: A review," International Journal of Nursing Sciences 1, no. 3 (September 2014) 318-322
24. Asian Liver Center, "What is Hepatitis B?," Stanford School of Medicine, accessed on August 3, 2019, <http://med.stanford.edu/liver/education/whatishepb.html>
25. New York City Department of Health and Mental Hygiene, Working toward a Hep Free NYC: Hepatitis A, B, and C in New York City, 2017 Annual Report (2018)
26. Ibid.
27. SOMOS Doctors' Focus Group (April 15, 2019)
28. Ibid.
29. Ibid.
30. Kelvin Chan, et. al, "An Overview on Adverse Drug Reactions to Traditional Chinese Medicines," British Journal of Clinical Pharmacology 80, no.4 (October 2015), 834-843
31. SOMOS In-depth Interviews with Chinese New Yorkers (June 19-20, 2019)
32. SOMOS Doctors' Focus Group (April 15, 2019)

33. Ibid.
34. Ibid; Angela Yee Man Leung, et. al, "Health literacy issues in the care of Chinese American immigrants with diabetes: a qualitative study," *BMJ Open* 4, no. 11 (November 2014)
35. Jennifer D. Lau, et. al, "The association of grandparent care with childhood overweight and obesity in Chinese American families," *Child Obesity* 15, no. 1 (September 26, 2018)
36. Liza King and Wen Qin Deng, "Health Disparities among Asian New Yorkers," New York City Department of Health and Mental Hygiene: Epi Data Brief, no. 100 (March 2018); Donald G. McNeil Jr., "New York Confronts Rampant Smoking among Chinese Men," *New York Times* (June 22, 2018)
37. Dauxe Consulting, 2018 WeChat Data Report (January 30, 2019)
38. US Census Bureau, 2017 American Community Survey 1-Year Estimates for New York City (Chinese alone or in any combination)
39. "Data Release Update: DSRIP SOMOS PPA Performance Updates from Baseline," New York State Department of Health, January 2020
40. SOMOS Doctors' Focus Group (April 15, 2019)
41. SOMOS, "Community Health Work Innovation" < <https://somoscommunitycare.org/community-health-work-innovation/>>

