2023 Regional Insights and Policy Recommendations

REGIONAL

East

SNAPSHOT
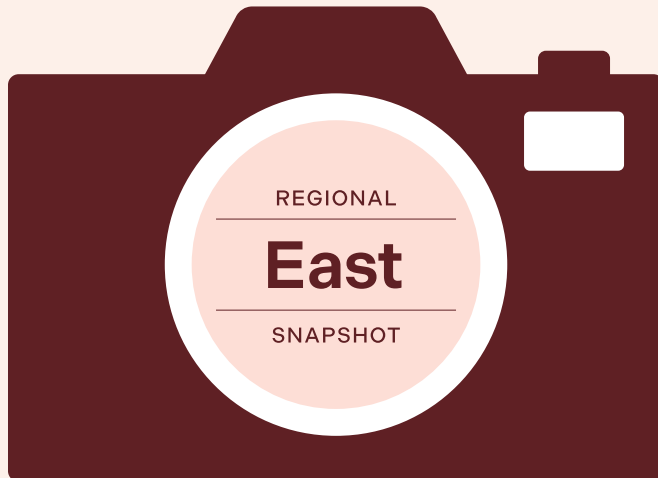
CHANGE INSIGHT® PARTNERS

7

NUMBER OF PARTICIPANTS

1,623

TOP 5 AANHPI ORIGIN GROUPS

Chinese
Asian Indian
Filipino
Bangladeshi
Pakistani

TOP 5 HEALTH RISK FACTORS

1—Limited English Proficiency
2—Living in Poverty
3—Lack of Transportation
4—Less than High School Education
5—High Stress

NOTE: There was a moderately large sample of non-Hispanic Whites and Black/African American respondents. Additionally, sample sizes vary, so caution is warranted when interpreting results.

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Aggregated and Disaggregated Data and Policy Recommendations (East)

RISK FACTOR	EFFECTS	% WITH INDICATED RISK AGGREGATED / DISAGGREGATED		POLICY RECOMMENDATIONS WAYS TO ADDRESS RISK FACTORS
Limited English Proficiency	• Psychological distress • Social isolation • Low health literacy • Difficulty navigating and understanding social services	**67%**	**Chinese 90%** Asian Indian 75% Filipino 15% Bangladeshi 71% Pakistani 42%	→ Implement a statewide language access plan that increases access to programs/services in state/local agencies for LEP populations → Support continuous funding for ESL programs → Employ culturally competent ESL teachers and translators → Offer age-appropriate English classes → Hire bi- and multilingual workers → Train providers to provide linguistically/culturally sensitive services
Living in Poverty	• Shorter life expectancy • Chronic health conditions • Inability to pay for adequate food, housing, and schooling	**50%**	Chinese 60% Asian Indian 59% Filipino 11% **Bangladeshi 69%** Pakistani 33%	→ Strengthen federal poverty reduction efforts → Invest in removing root causes of poverty (e.g., socioeconomic barriers) → Provide low-income families with essential resources and social services (e.g., SNAP, educational support, job skills) → Increase funding for AANHPI organizations
Lack of Transportation	• Barrier to seeking essential services (e.g., annual check-ups, medication pick-ups) • Fewer job opportunities • Limited ability to acquire sufficient resources	**36%**	Chinese 18% Asian Indian 28% Filipino 12% **Bangladeshi 37%** Pakistani 25%	→ Reduce bus/train fares through increased federal funding → Expand public transportation routes to reach underserved areas → Increase in-home care services → Assess perceptions of public transportation → Invest in AANHPI-owned businesses within the community → Identify resource shortages
Less than High School Education	• Fewer job opportunities • Higher risk of harmful lifestyle choices (e.g., binge-drinking, smoking) • Chronic health conditions and diseases	**23%**	**Chinese 57%** Asian Indian 36% Filipino 3% Bangladeshi 24% Pakistani 12%	→ Increase access to educational support services/programs (e.g., tutoring) → Improve college readiness and encourage higher educational attainment → Invest in scholarships for AANHPI and at-risk youth → Recruit and retain AANHPI educators and school leaders → Disaggregate AANHPI data in K-12 schools → Prioritize mental health of AANHPIs
High Stress	• Greater likelihood of mental health disorders • Greater likelihood of harmful lifestyle choices	**22%**	Chinese 13% Asian Indian 24% Filipino 25% **Bangladeshi 36%** Pakistani 26%	→ Reduce stigma by emphasizing importance of mental health/well-being → Reduce barriers to access (e.g., cost, transportation) → Increase culturally/linguistically sensitive behavioral health services → Improve stress management techniques and social support systems → Provide psychosocial resources at a young age → Investigate stressors and coping mechanisms of individual communities