

2023 Regional Insights and Policy Recommendations

MIDWEST



CHANGE INSIGHT® PARTNERS

7

NUMBER OF PARTICIPANTS

2,753

TOP 5 AANHPI ORIGIN GROUPS






Chinese
Asian Indian
Korean
Filipino
Pakistani

TOP 5 HEALTH RISK FACTORS

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

Aggregated and Disaggregated Data and Policy Recommendations (Midwest)

RISK FACTOR	EFFECTS	% WITH INDICATED RISK AGGREGATED / DISAGGREGATED	POLICY RECOMMENDATIONS WAYS TO ADDRESS RISK FACTORS
 <p>Limited English Proficiency</p>	<ul style="list-style-type: none"> • Psychological distress • Social isolation • Low health literacy • Difficulty navigating and understanding social services 	<p>81%</p> <p>Chinese 97% Asian Indian 56% Korean 89% Filipino 26% Pakistani 78%</p>	<ul style="list-style-type: none"> → 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
 <p>Living in Poverty</p>	<ul style="list-style-type: none"> • Shorter life expectancy • Chronic health conditions • Inability to pay for adequate food, housing, and schooling 	<p>54%</p> <p>Chinese 61% Asian Indian 31% Korean 23% Filipino 16% Pakistani 31%</p>	<ul style="list-style-type: none"> → 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
 <p>Less than High School Education</p>	<ul style="list-style-type: none"> • Fewer job opportunities • Higher risk of harmful lifestyle choices (e.g., binge-drinking, smoking) • Chronic health conditions and diseases 	<p>38%</p> <p>Chinese 57% Asian Indian 14% Korean 6% Filipino 1% Pakistani 19%</p>	<ul style="list-style-type: none"> → 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
 <p>Lack of Transportation</p>	<ul style="list-style-type: none"> • Barrier to seeking essential services (e.g., annual check-ups, medication pick-ups) • Fewer job opportunities • Limited ability to acquire sufficient resources 	<p>14%</p> <p>Chinese 11% Asian Indian 18% Korean 6% Filipino 15% Pakistani 31%</p>	<ul style="list-style-type: none"> → 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
 <p>High Stress</p>	<ul style="list-style-type: none"> • Greater likelihood of mental health disorders • Greater likelihood of harmful lifestyle choices 	<p>13%</p> <p>Chinese 8% Asian Indian 19% Korean 12% Filipino 22% Pakistani 20%</p>	<ul style="list-style-type: none"> → 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