Assuring the Health of Asian Americans, Native Hawaiians, and Pacific Islanders

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APIAHF’s Policy Priorities

- Expand access to health care;
- Improve quality of health care by promoting cultural and linguistic competency;
- Ensure a diverse and culturally competent health care workforce;
- Increase research on and improve data collection on our communities;
- Increase investment in community-based health promotion programs.
Do Asians Americans, Native Hawaiians, and Pacific Islander experience health and health care disparities?
Cancer

- Cervical cancer incidence is 5 times higher among Vietnamese women than White women.
- Cervical cancer incidence for Marshallese Islander women is 75 times greater than for US women.
- Native Hawaiians have the third highest breast cancer mortality rate in the nation and the state of Hawaii.

Hepatitis B

- An estimated 1.25 million Americans are chronically infected with HBV. Over half are AAs & PIs.
- As many as 1 out of 10 API Americans are chronically infected with HBV, compared with 1 in 1000 of Caucasian Americans.
- Up to 20,000 women in the US who give birth each year have chronic HBV infection; more than half of these women are AA or PI.
From 1992 to 2001, Overweight Increased Most Sharply for California API Low-Income Children, Increasing from 5.9% to 13.4%

Overweight = BMI > 95th percentile. Overweight is comparable to obesity in adults.
* Children 5 - >20 years old
Source: California Dept. of Health Services, Children’s Medical Services Branch, California Pediatric Nutrition Surveillance System
Diabetes and Pre-Diabetes Prevalence in NYC, by Race/Ethnicity, HANES, 2004

- White
- Black
- Hispanic
- Asian
Asian Americans Face Greater Communication Difficulties During Doctor Visits

- Involved patient in decisions about care as much as patient wanted: 78% White, 73% African American, 65% Hispanic, 56% Asian American
- Listened to everything patient had to say: 68% White, 68% African American, 57% Hispanic, 49% Asian American
- Understood patient’s background and values: 58% White, 57% African American, 61% Hispanic, 48% Asian American

SOURCE: The Commonwealth Fund 2001 Health Care Quality Survey
Asian Americans were Less Likely to Receive Preventive Care and Physician Counseling

SOURCE: The Commonwealth Fund 2001 Health Care Quality Survey
About Half or More of Hispanics and Asian Americans With Chronic Conditions Were Not Given Plans to Manage Their Condition at Home

SOURCE: The Commonwealth Fund 2006 Health Care Quality Survey
The reasons behind the disparities ...
Poverty Status of Nonelderly, 2004-2006

- Chinese: 72% Poor, 14% Near Poor, 14% Non Poor
- Japanese: 75% Poor, 11% Near Poor, 14% Non Poor
- South Asian: 79% Poor, 12% Near Poor, 17% Non Poor
- Vietnamese: 56% Poor, 20% Near Poor, 24% Non Poor
- 3rd Generation Plus: 72% Poor, 13% Near Poor, 14% Non Poor

Legend: Poor, Near Poor, Non Poor
Citizenship Status, 2004-2006

Asian

- Non-Citizen 12+ yrs: 10%
- Non-Citizen 6-11 yrs: 9%
- Non-Citizen <6 yrs: 13%
- Naturalized Citizen: 33%
- Native Citizen: 36%

Native Hawaiian/Pacific Islander

- Non-Citizen 12+ yrs: 8%
- Non-Citizen 6-11 yrs: 10%
- Non-Citizen <6 yrs: 4%
- Naturalized Citizen: 19%
- Native Citizen: 63%
Limited English Proficient Asian Americans
Percent of Population, 2000

Adapted from APIAHF: Diverse Communities, Diverse Experiences: The Status of Asian Americans and Pacific Islanders in the U.S. (A Review of Six Economic Indicators and Their Impact on Health), 2005
Health Insurance Status by Race/Ethnicity:
Total Nonelderly Population, 2006

Source: KFF and Urban Institute estimates
Health Coverage among the Nonelderly, 2004-2006

Chinese: 16% Employer, 11% Other Private, 11% Medicaid or Other Public, 32% Uninsured
Filipino: 14% Employer, 10% Other Private, 6% Medicaid or Other Public, 11% Uninsured
Japanese: 13% Employer, 6% Other Private, 11% Medicaid or Other Public, 11% Uninsured
Korean: 13% Employer, 31% Other Private, 8% Medicaid or Other Public, 11% Uninsured
South Asian: 13% Employer, 13% Other Private, 6% Medicaid or Other Public, 7% Uninsured
Southeast Asian: 20% Employer, 18% Other Private, 7% Medicaid or Other Public, 7% Uninsured
3rd Generation Plus: 12% Employer, 11% Other Private, 11% Medicaid or Other Public, 6% Uninsured
Native Hawaiian or Pacific Islander: 32% Employer, 16% Other Private, 6% Medicaid or Other Public, 8% Uninsured
Asian Other: 19% Employer, 11% Other Private, 8% Medicaid or Other Public, 6% Uninsured
Selected Asian Ethnicities, as % Overall CA Physicians:
US Medical Grads & International Medical Grads

- Chinese
- Korean
- Japanese
- Vietnamese
- Cambodian
- Lao/Hmong
- Indian
- Pakistani
- Filipino
- Samoan

Legend:
- IMG
- USMG
A Blueprint for the Health of Asian Americans, Native Hawaiians & Pacific Islander
Five Domains

- Guaranteed Affordable Health Care
- Guaranteed Access to High Quality Care
- Health Equity
- Healthy Communities
- Leadership, civic engagement, and political will
Guaranteed Affordable Health Care

- Guaranteeing Health Coverage for Immigrants
- Repeal Proof of Citizenshipship Requirements
- Coverage for Childless, Undocumented, and Other Uninsured Adults
Guaranteed Access to High Quality Health Care

- Assuring Culturally Competent and Linguistically Appropriate Care
- Assuring a Diverse Health and Health Care Workforce
- Expanding AA and NHPI Focused Community Health Centers
- Developing and Supporting Elements of the Health Care Safety Net
- Development of a Culturally and Linguistically Competent Emergency Preparedness Response System
- Developing Quality Standards that Account for Race and Ethnicity
Health Equity

- Collect and Disaggregate Data on Asian Americans, Native Hawaiians, and Pacific Islanders
- Expand and Fund Community-Based Prevention Programs and Supportive Services
- Support Community-Based Participatory Research
- Reauthorize the Native Hawaiian Health Care Improvement Act
Healthy Communities

- Strengthen community capacity and community infrastructure to address local health needs
- Create a social and economic environment that promotes health
- Uphold civil rights and address structural racism, such as within immigration reform
Leadership, civic engagement and political will

- Reinstate the White House Initiative for Asian Americans and Pacific Islanders
- Increase voter turnout
- Engage in health reform dialogues at all levels
- Support the development of future leaders
A New Day ????
Texas House Elections Committee on Tuesday, April 7th

"Can't you see that this is something that would make it a lot easier for you and the people who are poll workers if you could adopt a name just for identification purposes that's easier for Americans to deal with?"

– Congresswoman Betty Brown admonishing Ramey Ko, a representative of the Organization of Chinese Americans
Who’s Who in the Administration

- Christina M. Tchen, Director of Public Liaison, Office of Public Liaison
- Nancy-Ann DeParle, Director of the White House Office of Health Reform
- Kathleen Sebelius, nominee for Secretary of Health and Humans Services
- Howard Koh, nominee for Assistant Secretary for Health
- Christopher Lu, White House Cabinet Secretary
- Gary Locke, Secretary of Commerce