

Advocating for Asian American & Pacific Islander Health

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Asian & Pacific Islander American

Health Forum

APIAHF = “Health Forum”

*National Advocates for
Asian & Pacific
Islander Health*





ASIAN &

PACIFIC ISLANDER

AMERICAN

HEALTH FORUM

***APIA*HF**

- ▶ **1985 – Report on Black and Minority Health**
 - ▶ **1986 – First Asian American Health Forum in New York City**
- = Health Forum**



ASIAN 

PACIFIC ISLANDER

AMERICAN

HEALTH FORUM

***APIA*HF**

The mission of the Health Forum is to enable Asian Americans and Pacific Islanders to attain the highest possible level of health and well being.

APIAHF Policy Agenda

- ▶ Increase access to healthcare
- ▶ Improve quality of healthcare through cultural and linguistic competence
- ▶ Ensure a diverse and culturally competent healthcare workforce
- ▶ Increase research and improve data collection
- ▶ Increase investment in community-based health promotion/disease prevention programs

D_x ACCESS

- ▶ **Unequal access to healthcare**
- ▶ **Estimated 21% of Asian Americans and Pacific Islanders are uninsured**
- ▶ **However, there is wide variation by ethnicity, age, generation, income and citizenship.**

Rates of uninsurance

- ▶ Japanese - 13%
- ▶ **Non-Latino White - 14%**
- ▶ Chinese - 20%
- ▶ Filipino - 20%
- ▶ **AAPI Overall - 21%**
- ▶ **South Asian - 21%**
- ▶ Southeast Asian - 27%
- ▶ Korean - 34%

Rates of uninsurance

- ▶ 3rd generation or more AAPI - 8%
- ▶ Children (0-17) – 15%
- ▶ Citizen – 17%
- ▶ Citizen child / US born parent - 7%
- ▶ Citizen child / non citizen parent - 12%
- ▶ Non citizen child / noncitizen parent - 23%

Policy R_x

- ▶ Increase **access** to healthcare
- ▶ **Goal: Universal access**



Legislation...



D_x QUALITY

- ▶ **While health insurance is the key to accessing care, it is not a guarantee of quality health care.**
- ▶ **Even when access is equal, disparities may exist (IOM).**

D_x QUALITY

- ▶ **Unequal Treatment**
 - **Patient preference**
 - **Provider bias**
 - **System bias**

Policy Rx

- ▶ Improve **quality** of healthcare
 - Cultural and linguistic competence (civil rights)
 - Diverse and competent healthcare workforce

Legislation...



D_x HEALTH DISPARITIES

- ▶ **In addition to access and quality (health care), many other factors influence health outcomes such as behavior, socio-economic status, environment, genetics and discrimination.**

D_x HEALTH DISPARITIES

CHANDAK SAYS

- ▶ **AAPI-specific health projects comprised less than 2% of 1% of government grants (grants, not funds) from 1997 to 2000.**
- ▶ **Out of millions of citations in MEDLINE, fewer than 400 had data relevant to the health of AAPIs in the US.**

Policy R_x

- ▶ Increase research and improve **data** collection
- ▶ Increase investment in **community-based** health promotion/disease prevention programs

Legislation...



Legislative Agenda (109th)

- ▶ **Health Disparities Legislation**
- ▶ **Appropriations – Save Medicaid**

▶ ?

▶ ?

D_x POLITICAL CLIMATE

- ▶ Undocumented Alien Emergency Medical Assistance Amendments of 2004" (H.R. 3722)

| | Yea | Nay |
|-----|-----|-----|
| Rep | 86 | 133 |
| Dem | 2 | 197 |

- ▶ **Would have required ERs to ask immigration status and report to the Dept of Homeland Security**
- ▶ **Snuck back via CMS regulation making – and beat back.**

What is a lobbyist?

- ▶ A specialized kind of crook who wears good clothes and knows famous people in Washington.
 - John Sparks, VP for Government Affairs and Policy, American Symphony Orchestra League

What is a lobbyist?

▶ A person acting for a special interest group, who tries to influence the introduction of, voting on, legislation or the decisions of government administrators.

▪ Webster

YOU CAN LOBBY!



Advocates...

- ▶ Organize and amplify the voices of your members and constituents
- ▶ Make it possible for others to speak and act for themselves
- ▶ Demystify the policy making process
- ▶ Know whom to hold accountable
- ▶ Hold the marauders at the gate

Advocates...

- ▶ Tell their stories



Be an advocate

Tell your story...



Race matters

"...present-day inequalities between so-called "racial" groups are not consequences of their biological inheritance but products of historical and contemporary social, economic, educational, and political circumstances."

American Anthropological Association. Statement on "Race". 1998.

Health Equity

Equity, as envisioned by the IOM, is “the provision of health care of equal quality based solely on need and clinical factors.”

“...care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and SES.”

--(NHDR, 2003)

Health Forum Vision

- ▶ **APIAHF envisions a multicultural society where Asian American and Pacific Islander communities are included and represented in health, political, social and economic arenas.**