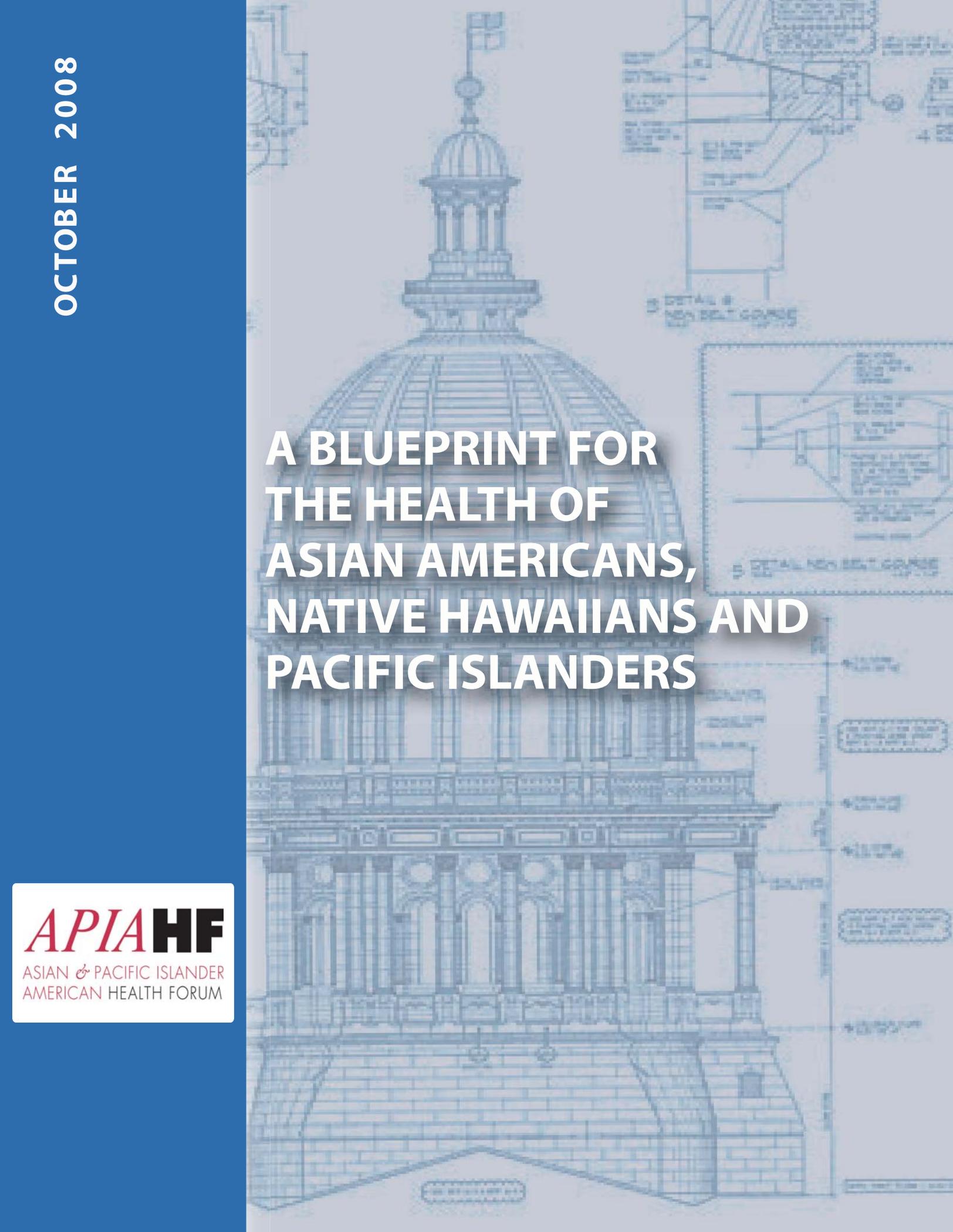


OCTOBER 2008



A BLUEPRINT FOR THE HEALTH OF ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS

APIAHF

ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM



The Asian & Pacific Islander American Health Forum (APIAHF) is a national advocacy organization dedicated to promoting policy, program, and research efforts to improve the health and well-being of Asian American, Native Hawaiian, and Pacific Islander communities. The mission of APIAHF is to enable Asian Americans, Native Hawaiians, and Pacific Islanders to attain the highest possible level of health and well-being. It envisions a multicultural society where Asian American, Native Hawaiian, and Pacific Islander communities are included and represented in health, political, social and economic areas, and where there is social justice for all.

Publication Date
October, 2008

INTRODUCTION

Over the past two decades, momentum has grown to address the health needs of Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities. In 1986, the Asian & Pacific Islander American Health Forum (APIAHF) was formed to address health disparities in AA and NHPI communities and has since worked with community advocates, public health leaders and policymakers to generate policy and systems changes that benefit our communities at the national and local levels.

These community-based efforts were recognized at the federal level in 1999, when President Clinton signed Executive Order 13125 which established the President's Advisory Commission on Asian Americans and Pacific Islanders and the White House Initiative on Asian Americans and Pacific Islanders, an interagency working group to improve the quality of life of Asian Americans and Pacific Islanders through increased participation in Federal programs where they may be underserved. In 2001, President George W. Bush signed Executive Order 13126 extending the Advisory Commission, which has released a number of reports that outline health disparities faced by AA and NHPI communities.

Other indicators of progress include the founding of the Congressional Asian Pacific American Caucus (CAPAC), the National Asian Pacific American Caucus of State Legislators (NAPACSL), the National Council of Asian Pacific Americans (NCAPA), the National Council of API Physicians and the Native Hawaiian Pacific Islander Alliance. This momentum pushes forward, with recent investments by the Ford Foundation and the W.K. Kellogg Foundation to address gender equity and health in AA and NHPI communities.

Creating an Asian American and Pacific Islander Health Agenda

In 2004, APIAHF convened its “Voices” conference in Washington D.C. to address growing disparities in education, employment, poverty and health in AA and NHPI communities. At a time when federal funding shifted away from local communities towards war and terrorism, the one-time, short-term interventions offered as quick “solutions” fell short of the attention and funding needed to address these complex and interrelated disparities. Our communities were also facing the erosion of civil rights, tight state budgets, and increased health care costs that were symptoms of widening economic disparities. The conference participants – community voices from diverse populations and regions – advocated for policies and programs that would improve the health and well-being of AAs and NHPIs. They shared experiences, skills and knowledge to empower local and regional health coalitions and community-based organizations; and made health policy accessible and relevant to all levels of organizing.

The outcome of the conference was the creation of the **Asian American and Pacific Islander (AAPI) Health Agenda**. Over the next four years, APIAHF convened national, regional and local conferences which brought together a diverse group of stakeholders from states with either high existing concentrations or high growth rates of AAs and NHPIs, with the aim to shape and build a wide base of support for the Agenda. Those convenings affirmed the continually compelling need to address the health of AA and NHPI communities.

This document, *A [Blueprint](#) for the Health of Asian Americans, Native Hawaiians and Pacific Islanders*, complements the AAPI Health Agenda and is based upon information and recommendations gleaned from the various conferences, workshops and meetings with AA and NHPI community groups and leaders held by APIAHF and others over the past two decades.

THE BLUEPRINT

Primary prevention and addressing the socio-economic and environmental determinants of health are also considered to be essential to improving health and well-being. More specifically for AA and NHPI communities, significant challenges remain in these areas: data collection, dissemination, and analysis; access to culturally and linguistically competent services; civil rights and equal opportunity; and community capacity to address local needs. This Blueprint calls for changes in policies, in systems, and in the fundamental ways that we address health for AA and NHPI communities, and serves to help guide APIAHF, our partners, and our communities into and through the coming decades. The following five domains are essential for Asian Americans, Native Hawaiians, and Pacific Islanders to address in order to attain optimal health and well-being:

1. **Guaranteed Affordable Health Care.** The cost of health care should not prevent any individual from obtaining necessary health care. Guaranteed affordable and adequate health insurance coverage should be available to all individuals, regardless of citizenship status and income level.
2. **Guaranteed Access to High Quality Care.** All individuals deserve high quality care. To have access to high quality care includes, but is not limited to, having a choice in providers; having access to culturally and linguistically appropriate health care; and assuring a diverse health and health care workforce to serve diverse populations.
3. **Health Equity.** Health equity means that every individual has a fair opportunity to attain optimal health and well-being. To achieve health equity, primary prevention and effective health programming must be supported. This requires appropriate data and research to inform how resources are allocated. In addition, the underlying socio-economic factors that drive health and health care disparities must be addressed.
4. **Healthy Communities.** Communities must have the capacity, infrastructure and resources to address existing and future health needs. This includes the capacity to manage and improve their social, economic, and physical environments now and in the future.
5. **Leadership, Civic Engagement, and Political Will.** To affect change, it is critical that Asian Americans, Native Hawaiians, and Pacific Islanders are increasingly and continuously engaged in taking leadership roles, setting agendas and assuring that equitable resources are invested in our communities. This includes supporting and preparing a new generation of leaders.

GUARANTEED AFFORDABLE HEALTH CARE

The cost of attaining health care should not be a barrier or deterrent to receiving necessary health care. Individuals should have guaranteed health insurance coverage that is affordable, adequate, and comprehensive. Affordability in an employer-based health coverage system means that coverage options must be affordable to both employers and employees. Unemployed individuals must also be provided with affordable coverage. Adequate health coverage would mean that individuals and families are not deterred from care because of high co-pays or high deductibles. Comprehensive coverage would include physical, mental, and dental care; substance abuse treatment; palliative and hospice care; prescription drug coverage; and other wrap-around services (such as health interpretation, case management, and health education) to assure high quality care.

For AA and NHPI populations, critical steps toward guaranteeing affordable health coverage within the existing health care financing system include national and state finance mechanisms that aim to provide universal health coverage or incremental improvements to the existing system. Until universal health coverage is enacted, key improvements needed in the existing employer-based system include:

- **Guaranteeing Health Coverage for Immigrants.** Immigrants who do not have access to employer-based coverage and meet the income requirements for public coverage should not be denied coverage due to their length of U.S. residency. States must have the option of expanding Medicaid and SCHIP coverage to low-income pregnant women and children who are currently ineligible because of less than five year's residence in the U.S.
- **Repeal Proof of Citizenship Requirements.** Administrative barriers to enrollment must be reduced, such as states obtaining proof of citizenship from Medicaid applicants and recipients. This barrier to coverage for eligible low-income U.S. citizens and legal residents has resulted in delays and drops in Medicaid enrollment.
- **Coverage for Childless, Undocumented, and Other Uninsured Adults.** States must have the option to expand Medicaid eligibility. Other options include the development of new insurance products and purchasing pools, tax incentives, and state/local mandated coverage programs.

GUARANTEED ACCESS TO HIGH QUALITY HEALTH CARE

High quality care warrants that appropriate care maximizes the likelihood of good health outcomes. At the most basic level, this requires health systems to be responsive to patients and to develop mechanisms for culturally and linguistically appropriate care. Having a choice of providers is also important. Particularly for underserved AA and NHPIs, access to community-based care and/or culturally competent private physicians is a major factor in finding a medical home. Necessary key improvements include:

- **Assuring Culturally Competent and Linguistically Appropriate Care.** The “National Standards for Culturally and Linguistically Appropriate Services in Health Care” should be adopted by all providers and health systems. This includes assuring meaningful access for Limited English Proficient populations, including timely, accurate, and appropriate medical interpretation and translation services.
- **Assuring a Diverse Health and Health Care Workforce** that better resembles and represents the diversity among AA and NHPI populations. This will require financing mechanisms that support the broad use of health interpreters, patient navigators, case managers, outreach workers, and others who can decrease cultural and other barriers between patients and health providers. Furthermore, programs must be developed to support the training and education of under-represented Asian American and Pacific Islander subgroups to become health care providers and health researchers.
- **Expanding AA and NHPI Focused Community Health Centers** as part of an adequate safety net, and providing culturally competent medical homes.
- **Developing and Supporting Elements of the Health Care Safety Net** that provide care to underserved communities and offering increased funding to those caring for high volumes of low income and underserved patients. This includes not only government funded programs but also support for private physicians working in ethnic underserved communities.
- **Development of a Culturally and Linguistically Competent Emergency Preparedness Response System.** Hurricane Katrina illustrates the need to develop an emergency preparedness response system that can effectively and efficiently reach AA and NHPI communities. This response system could serve multiple purposes, including assurance of an appropriate response to the pandemic flu, or other conceivable biological or natural emergency.
- **Developing Quality Standards That Account for Race and Ethnicity.** Accreditation, regulation, and monitoring of health providers and health systems should include quality measures that examine performance as related to racial and ethnic populations.

HEALTH EQUITY

Health equity means that every individual has a fair opportunity to attain optimal health and well-being. To achieve health equity, primary prevention and effective health programming must be supported. This requires appropriate data and research to inform how resources are allocated. In addition, the underlying socio-economic factors that drive health and health care disparities must be addressed.

- **Disaggregate Data on Asian American, Native Hawaiian and Pacific Islander Communities.** Although traditionally grouped together, there are many subgroups within AA and NHPI communities, each with unique cultures and histories. Disaggregated data reveal major disparities in health status and access to health care for certain AA and NHPI subgroups. Enriching data to provide information particular to each group provides national and state policymakers and local leaders with the ability to set priorities with insight and allocate resources to address racial and ethnic disparities in each community.
- **Support Community-Based Participatory Research.** Community-based participatory research (CBPR) provides a foundation for communities to have an equitable say in how research is conducted. Community representatives must be engaged in formal review processes and research allocation processes; academic institutions must strengthen their commitment to support CBPR as part of their community benefit obligations; and communities must be provided with the training and technical assistance to engage fully in partnerships with academic institutions.
- **Identify, Examine and Revise Social and Economic Policies that Negatively Impact AA and NHPI Communities.** Understanding the impact of economic, employment, and education policies on AA and NHPI communities is critical in decreasing health disparities. Research and evaluation of strategies that address the intersection of health and other social and economic factors must be included in the development of model programs.
- **Direct Resources Toward the Elimination of Health Disparities.** When data show that community specific disparities exist, evidence-based health programming must be supported and implemented at the national level, such as a federal mandate for routine Hepatitis B vaccination for high-risk populations and continued support for the Minority AIDS Initiative and the National Culturally-Specific Institutes on Domestic Violence.

HEALTHY COMMUNITIES

While there are many factors that contribute to the health of a community, this blueprint focuses on three areas that must be addressed first and foremost for the health and well-being of AA and NHPI communities:

- **Strengthen Community Capacity.** Private and public resources must be directed specifically to AA and NHPI communities to build the capacity to provide appropriate health and health care services. A national network of AA and NHPI communities must be developed and a collective effort supported to achieve local, state, and national policy and systems changes for health equity and healthy communities.
- **Create a Social and Economic Environment that Promotes Health.** The social, environmental and economic determinants of health must be addressed in efforts to build healthy communities and prevent the root causes of ill or poor health. Education, living-wage jobs with adequate benefits, affordable housing, and a clean environment do more to promote health than simply assuring the availability of health care services.
- **Address Structural Racism.** Racism manifested in public policies and institutional practices harms AA and NHPI communities and is a major barrier to achieving optimal health. AA and NHPI efforts must support research to identify and address issues of structural racism and how they manifest with respect to AAs and NHPs. Support is also needed for AA and NHPI community and national health advocacy organizations to prioritize community-driven legal and political action.

LEADERSHIP, CIVIC ENGAGEMENT, AND POLITICAL WILL

Asian Americans, Native Hawaiians and Pacific Islanders must move into leadership positions in the public and private sectors. AAs and NHPs must increase engagement in national, state, and local policy dialogues; become decision makers and opinion leaders; and be more actively engaged in political systems. To achieve these goals, AA and NHPI efforts must focus on the following priorities:

- **Create a Pipeline of Future AA and NHPI Health Leaders.** With the continuing growth of AA and NHPI populations, AA and NHPI leaders in the public, private and non-profit sectors must train, mentor, support and provide opportunities for the next generation of leaders. These new leaders must have a connection to and be knowledgeable about the community, and be effective in dealing with the politics and complexities of health, social, political, and financial systems. AA and NHPI health care providers and physicians must be engaged as leaders to advocate for our agenda at local, state, and national levels.
- **Civic Engagement.** The efforts of national and community based organizations to strengthen the advocacy skills of AA and NHPI individuals and communities must be supported and increased. National organizations must work closely with individuals and communities to discern what inspires active involvement in addressing issues of health and health care, and to ensure that the voices of our communities are heard in national health policy dialogue.
- **Representation of AAs and NHPs in the Public Sector.** AAs and NHPs working in federal and state agencies have been instrumental in assuring that our health issues are recognized. AA and NHPI elected officials and leaders within the public sector must support AA and NHPI individuals who are interested in working in the public sector to promote AA and NHPI health.
- **Federal Recognition of AAs and NHPs.** AAs and NHPs must advocate that the White House Initiative on Asian Americans and Pacific Islanders return to its focus on health and be housed at the Department of Health and Human Services, which is the original intent of Executive Order 13125.
- **State Efforts to Address AA and NHPI Health.** State-level AA and NHPI commissions need to engage in advancing the AA and NHPI agenda. We must advocate that state-level program and policy innovations that promote health equity can and should help shape national efforts.
- **Political Cohesion among AAs and NHPs.** Political cohesion provides a powerful base to achieve policy and systems change. We must work to unify our diverse and unique communities around common goals that benefit all AA and NHPI communities.

- **Multi-Cultural Partnerships.** We must engage in coalition building with fellow communities of color and other partners with converging interests to build a powerful base from which to advocate for change. Policies and systems that only impact AAs or NHPs are rare, so it is critical that AAs and NHPs lead, participate, and support multi-cultural efforts that benefit AAs and NHPs and the nation as a whole.
- **Political Power.** AAs and NHPs must vote. Low registration levels and low voter turnout minimizes our political power. A 2004 Urban Institute analysis of voting patterns indicated that Asians would have 500,000 more voters if we had registered at the same rate as whites. This clearly indicates that we can harness our potential strength for current and future elections.

CONCLUSION

In the past two decades APIAHF and our partners, comprising a diverse coalition of community advocates, public health leaders and policymakers, have worked hard to ensure that meaningful progress has been made toward addressing the specific needs of our communities at the national and local levels. There still remains much work ahead to address the five domains outlined in this Blueprint, but together, we can and will strengthen the ability of our communities to address health needs and to improve social, economic, and physical environments now and in the future.

The production of this document,
**A Blueprint for the Health of
Asian Americans, Native Hawaiians and Pacific Islanders,**
was funded in part by Health Through Action,
via support from the W.K. Kellogg Foundation.
The views expressed herein are of the authors and
may not necessarily reflect the opinions, official policies,
or positions of the funding organization.

Design and Layout by:
Almyra Ayos
almyra88@hotmail.com

Printed By:
Automated Graphic Systems, Inc.
White Plains, MD
(301) 843-1800

APIAHF

ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

Main office:

450 Sutter Street, Suite 600
San Francisco, CA 94108
415.954.9988 Tel
415.954.9999 Fax

Washington, DC office:

1828 L Street, NW, Suite 802
Washington, DC 20036
202.466.7772 Tel
202.466.6444 Fax

www.apiahf.org

