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National Advocates for Asian American, Native Hawaiian & Pacific Islander Health

January 13, 2011

U.S. Surgeon General Regina M. Benjamin, MD
Department of Health and Human Services
Office of the Surgeon General
200 Independence Avenue, SW
Washington, DC 20201

Re: *Comments on National Prevention and Health Promotion Strategy – Draft Vision, Goals, Strategic Directions, and Recommendations*

Dear Dr. Benjamin:

The Asian & Pacific Islander American Health Forum (APIAHF) and the Association of American Pacific Community Health Organizations (AAPCHO) thank the Department of Health and Human Services and the National Prevention Council for the opportunity to comment on the National Prevention and Health Promotion Strategy – Draft Vision, Goals, Strategic Directions, and Recommendations (NPS). We strongly support the Prevention Council's efforts in developing the draft NPS and applaud the development of comprehensive prevention strategies.

APIAHF and AAPCHO are dedicated to improving the health and wellbeing of Asian American, Native Hawaiian, and Pacific Islander communities (AA and NHPI). While HHS has made tremendous strides in developing policies, providing investments and promoting research to reduce health disparities, people of color and other vulnerable populations continue to experience differences in the health and health care outcomes when compared to their white counterparts. AAs and NHPIs in particular suffer disproportionately high rates of cervical cancer, stomach cancer, hepatitis B, mental health issues, and many other serious health impairments. In addition, high rates of uninsurance, affecting over one in six Asian Americans and one in four Native Hawaiian and Pacific Islanders, and limited English proficiency compound the obstacles these communities face in preventing illness and achieving good health.

For these reasons, we strongly support the development of the NPS. In addition, we urge the National Prevention Council to consider the following modifications and additions:

(SD 1 – 10) Incorporate Intimate Partner Violence, Reproductive Health and Healthy Sexual Development Across the Entire Strategy

- Incorporate intimate partner violence in a more comprehensive and integrated manner throughout the entire NPS, and across all strategies and recommendations. 41-61% of Asian Americans report experiencing intimate partner violence during their lifetime.[i] Nationally, intimate partner violence, including rape, physical assault and stalking, exceed $5.8 billion.[ii] Intimate partner violence causes not only immediate health consequences for women and their families, but is linked to chronic health conditions, including neurological and gynecological problems and increased risk of HIV/AIDS.

- Add reproductive health and the promotion of healthy sexual development across all strategies, where applicable. The draft NPS does not contain any

reference to reproductive health or sexual development. How young people think and make decisions about their bodies and sexuality affects current and future health outcomes. The NPS is a perfect opportunity to address how adolescents can develop healthy relationships, avoid unintended pregnancies, sexually transmitted infections (STI), and reduce reproductive coercion.

(SD2) Eliminate Health Disparities

Preamble:

- Add primary language access as a factor in eliminating health disparities to achieve health equity. Over one-third of Asian Americans are limited English proficient, and language barriers are widely know to reduce rates in enrollment and lower the quality of prevention, treatment and patient education programs. The addition of primary language (both spoken and written) would be consistent with the categories listed in section 4302 of the Affordable Care Act, which requires that any federally conducted or supported helath care or public health program, activity or survey collects and reports data on race, ethnicity, sex, primary language and disability status.
- Add immigration status as a factor in eliminating health disparities. Immigrants are often excluded from essential health, housing, and education services or are unable to meaningfully access these services. Such policies create threshold access barriers for immigrants, while the lack of culturally competent providers and limited translation and interpretation services make the availability of quality care even more difficult.
- Add a recommendation addressing how socioeconomic disparities in health will be addressed. Socioeconomic disparities in health are multi-factorial and differ among populations. The NPS should provide recommendations on how all stakeholders, including federal agencies, the private sector and community-based organizations can address these disparities.

<u>(R) Expand opportunities for health within communities and populations at greatest risk</u>.

- Add emerging risk populations as additional communities of focus. Asian Americans and Pacific Islanders represent some of the fastest growing racial groups in the United States with the Asian American population alone growing 72% between 1990 and 2000.[iii] The Census Bureau projects that by the year 2050, the number of Asian Americans and Pacific Islanders will be nearly 40 million or 9% of the population.[iv] While AA and NHPI HIV/AIDS cases account for approximately 1% of cases nationally,[v] the rate of new AIDS cases increased by 15% from 2002 to 2005.[vi] Taking into account emerging risk populations, such as HIV/AIDS within AAs and NHPI communities, will ensure that the NPS meets the goal of eliminating health disparities and addressing prevention across a diverse set of populations.

<u>(R) Integrate key data systems and streamline eligibility requirements in order to facilitate access to prevention and social services</u>.

- Consider immigration status when setting specific goals and measurable actions to achieve this recommendation. Our communities are overwhelmingly immigrant; over 60 percent of Asian Americans and 30 percent of Pacific Islanders living in the U.S. are foreign-born, representing the full spectrum of immigration status categories including lawful

permanent residents, refugees, asylees, U.S. nationals, undocumented immigrants and naturalized citizens. As such, many immigrants are excluded from essential health care services or are unable to meaningfully access these services due to confusing eligibility and enrollment requirements, especially for mixed-status families.

(SD9) Injury-Free Living

Preamble:

- Change "Injury-Free Living" to "Injury-and Violence-Free Living" to distinguish unintentional injuries from intimate partner violence related injuries from those caused by child abuse, domestic violence, elder abuse, sexual assault, trafficking, and other forms of family or gender-based violence.

(R) Prevent violence and abuse, including bullying, homicide and suicide through enhanced coordination between community-based organizations, law enforcement, community planners, public health and other social services.

- Add the promotion of healthy, respectful and nonviolent relationships as methods of preventing violence and abuse.

In conclusion, APIAHF and AAPCHO appreciate the opportunity to comment on the development of the NPS and applauds HHS and the Prevention Council for their commitment to reducing health and health care disparities among underserved communities. Please contact Priscilla Huang, Associate Policy Director, at phuang@apiahf.org with any questions or for additional information. We welcome future opportunities to work together on this important aspect of health reform implementation.

Respectfully,

Kathy Lim Ko
President & CEO
Asian & Pacific Islander American Health Forum

Jeffrey Caballero
Executive Director
Association of American Pacific Community Health Organizations

[i] This range is based on studies of women's experiences of domestic violence conducted among different Asian ethnic groups in the U.S. The low end of the range is from a study by A. Raj and J. Silverman, "Intimate partner violence against South-Asian women in Greater Boston," Journal of the American Medical Women's Association. 2002; 57(2): 111-114. The high end of the range is from a study by M. Yoshihama, "Domestic violence against women of Japanese descent in Los Angeles: Two methods of estimating prevalence," Violence Against Women. 1999; 5(8):869-897.

[ii] "Costs of Intimate Partner Violence Against Women in the United States." Atlanta, GA: Centers for Disease Control and Prevention and National Center for Injury Prevention and Control, (March 2003).

[iii] "The Asian Population: 2000 Census Brief," U.S. Census Bureau (February 2002).

[iv] "Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1993 to 2050," The U.S. Census Bureau (February 1996).

[v] "HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States and Dependent Areas in 2007 vol. 19," The Centers for Disease Control and Prevention (2009).

[vi] "Asian/Pacific Islanders and HIV/AIDS," The RYA HIV/AIDS Program (August 2008).