

ADVANCING THE HEALTH OF ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER CHILDREN & FAMILIES

For over 30 years, the Asian & Pacific Islander American Health Forum (APIAHF) has worked to advocate, advance and protect the health of the over 5 million Asian American (AA) and 437,500 Native Hawaiian and Pacific Islander (NHPI) children living in the U.S.

Public Charge & Protecting the Health and Security of Immigrant Children and Families: APIAHF serves as co-lead of the federal advocacy working group of the national Protecting Immigrant Families Campaign, co-chaired by the National Immigration Law Center and the Center for Law and Social Policy. Currently, APIAHF serves as the AA&NHPI sector lead on responding to the anticipated [public charge](#) regulation that would threaten the ability of immigrant families to apply for lawful permanent resident status (green card) if they or dependents, including U.S. citizen children, access certain government benefits for which they are eligible for. These benefits would be dramatically expanded beyond the current limited programs and could include CHIP, Medicaid, SNAP, WIC, head start and many programs impacting children, particularly zero to five. As a result, children and families would forgo or disenroll from critical health, safety, economic and educational supports, threatening their well-being now and across the lifespan.

One in four children in the U.S have one or more parents who are foreign-born. If the rule is finalized as drafted, an estimated 9.2 million children could be impacted, including 7.9 million U.S. citizen children. As part of the campaign, APIAHF is organizing a national comment strategy with the goal of submitting 10,000 comments to the U.S. Department of Homeland Security once the regulation is announced.

APIAHF continues to support and advocate for a permanent solution to DACA and, under the Obama Administration, strongly advocated for inclusion of health benefits through the ACA, CHIP and Medicaid for DACA eligible youth.

Children's Health Insurance Program (CHIP), Medicaid and the Affordable Care Act (ACA): CHIP and Medicaid together continue to provide coverage for over 9 million children (nearly 40% of all children in the U.S.). Thanks to the combined efforts of CHIP, Medicaid and the ACA, 95.9% of AA and NHPI children have coverage. 28% of AA children and half of NHPI children rely on CHIP and Medicaid for coverage.¹ This is why APIAHF supported CHIP funding in the 114th and 115th Congresses, [educating policymakers](#) about the impact of this critical program on racial and ethnic minority children and submitted testimony to the committees of jurisdiction.

From 2016-2017, APIAHF led a coordinated multi-state strategy to protect and defend the ACA and Medicaid from legislative attacks at the federal level. APIAHF continues to leverage its expertise on Medicaid and the ACA to protect the programs and ensure implementation continues to meet the needs of children and families, including by examining waivers and other changes to Medicaid and protecting essential health benefits, including maternity and newborn care. Lastly, APIAHF works in close partnership with national immigrant rights groups to continue to support adoption of the Immigrant Children's Health Improvement Act (ICHIA) option that allows states to extend coverage to eligible immigrant children.

¹ Samantha Artiga, et al., *Key Facts on Health and Health Care by Race and Ethnicity*, Kaiser Family Foundation, June 7, 2016, available at: <http://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-4-health-coverage/>.

Making Health Equity a Part of Health Care Quality Improvement & Delivery System Transformation:

APIAHF is one of only a handful of racial and ethnic health focused organizations working to insert health equity and disparities reduction for children and families into national efforts to improve the quality of health care and change how care is delivered and paid for. APIAHF serves on the Health Equity and Value Taskforce, which recently released a [white paper](#) that provides tangible policy solutions to improving health care quality for communities of color. In addition, APIAHF staff serve on the National Committee of Quality Assurance Consumer Advisory Committee and the Consumer and Payment Affinity Group of the Learning and Action Network, funded by the Centers for Medicare & Medicaid Services. Together, these positions allow APIAHF to insert the needs of AA and NHPI children and families into health system transformation efforts.

Healthy Eating, Active Living Programming: Funded through a variety of sources, including the federal CDC REACH program and WKKF (Built Environment), APIAHF has re-granted a total of \$4 million to local communities to create policy, systems and/or environmental changes which support and promote access to healthy foods and active lifestyles. These are critical factors to managing childhood obesity and to advancing wellness over the entire lifecycle. These positive changes have reached nearly 590,000 in 23 locales, including children and their families. APIAHF's national network of 40 community-based organizations in 27 states allows us to work locally, while having a national impact on facilitating healthy living for AA and NHPI children and their families.

Health Equity & Accountability Act (HEAA): HEAA serves as a comprehensive plan to eliminate health and health care disparities by building on previous health care access and quality improvement strategies. For over a decade, the Congressional Tri-Caucus—the Congressional Asian Pacific American Caucus (CAPAC), Congressional Black Caucus & Congressional Hispanic Caucus—has led reintroduction of HEAA each Congress. In 2011, APIAHF worked with CAPAC to update the HEAA to reflect significant gains in health access through the ACA and has continued to lead national advocacy for the bill.

In 2017 and 2018, APIAHF renewed that partnership by leading health equity advocates through the Community Working Group to strengthen HEAA to meet today's health challenges and has worked to introduce the bill in the House and Senate (pending) for the first time since 2012. HEAA provides legislative solutions and resources for communities of color and other underserved groups to improve the health of children and families including by (among others):

- Providing breastfeeding support and education that is culturally and linguistically accessible
- Increasing reimbursement for language services provided under CHIP
- Creating a grant program targeting healthy behaviors and learning among racial and ethnic minority women and children
- Ending the federal 5-year bar that prevents lawful permanent resident adults and children from accessing Medicaid
- Establishing a culturally appropriate campaign to reduce risk factors for sudden unexpected infant death and sudden unexplained death in childhood
- Creates grants to states to conduct comprehensive, age-appropriate and medically accurate sex education programs
- Establishes maternal mortality review committees and
- Strengthens national standards related to data collection, analysis and reporting to better understand disparities amongst children and other populations.

March of Dimes and Maternal Health: In early 2017, the March of Dimes launched their Prematurity Campaign Collaborative's Health Equity Workgroup as a way to address the impact of preterm birth and related infant death and childhood and adult disease. APIAHF has been active participant, often being the sole voice at the table for AA and NHPI children and families. In September 2017, APIAHF served as a panelist for a March of Dimes luncheon plenary during the annual CityMatCH conference focused on child and maternal health.