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ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

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

September 12, 2018

Karen Battle, Chief
Population Division
U.S. Census Bureau
4600 Silver Hill Road, Room 6H174
Washington, D.C. 20233

Dear Ms. Battle:

The Asian & Pacific Islander American Health Forum (APIAHF) welcomes this opportunity to provide comments on data products and tables developed by the Census Bureau using 2020 Census data. APIAHF is the nation's leading health policy group working to advance the health and well-being of over 20 million Asian Americans (AAs) and Native Hawaiians and Pacific Islanders (NHPIs) across the U.S. and its territories. The AA and NHPI population is a diverse group comprised of over 50 different ethnic groups and speaking over 100 different languages. As such, the data collected through the decennial census and American Community Survey (ACS) is very important in understanding the varied population characteristics of AA and NHPI communities across the country. Access to this data for detailed AA and NHPI groups is essential in the work that APIAHF does to address the varying health needs and barriers to access of the populations we serve.

Data that APIAHF Uses and Why We Rely on Census Data

APIAHF uses a variety of demographic data from Summary File 1. We use tables from Summary File 1 showing the Asian alone or in combination counts and Native Hawaiian and Other Pacific Islander alone or in combination counts to understand how the AA and NHPI population is growing across the U.S. This information is important to know for AAs and NHPIs as a whole, and also for the many detailed groups that make up the AA and NHPI population. The data helps us identify which AA and NHPI groups are growing most rapidly in which states, cities, and counties, and whether there are appropriate organizations and resources to support their specific health and other social needs. Specifically, Tables PCT7 and PCT8 are helpful for knowing the U.S. population of detailed AA and NHPI groups. Tables showing population counts for detailed AA and NHPI subgroups by state and the percentage change from 2010 are also helpful for us in identifying the largest detailed groups and which groups are growing most rapidly in which states. We use this data to identify and provide support to community-based organizations (CBOs) in those areas so they can best provide in-language and culturally appropriate support and services to these communities.

As a health-focused organization, APIAHF is very interested in health insurance coverage data cross-tabulated with various demographic variables for AAs and NHPIs. Some of the data that is most useful to us includes insurance type and uninsured status by detailed race, citizenship, place of birth, limited English proficiency, income, and poverty status. We use health insurance data by AA and NHPI detailed groups to track which groups have the

have the highest uninsured rates, which informs our efforts to identify and support community-based organizations who work with these communities to increase their health insurance coverage.

For the insured population, the demographic data helps us understand the source of coverage (private or Medicaid) so we can advocate for prioritization of in-language services and materials from private health plans and the Centers for Medicare & Medicaid Services (for Medicaid and Health Insurance Marketplace plans). We use income and poverty data by detailed AA and NHPI subgroups to identify the populations most likely to be eligible for expanded Medicaid coverage and subsidized premiums for plans purchased through the Health Insurance Marketplace. In addressing health disparities, social factors that impact health are also important, so having tables showing age, income level, national origin, poverty status, housing occupancy, and educational attainment crossed with health insurance status and type by AA and NHPI subgroups are helpful in our efforts to address the root causes of health disparities.

Data on limited English proficient individuals is very important for our work, as 1 in 3 AAs are limited English proficient. Insurance type and uninsured status by limited English proficiency helps us identify which AA and NHPI groups most need in-language support and assistance in obtaining health insurance coverage. For example, from ACS data, we know that Bhutanese, Burmese, and Nepalese have some of the highest rates of limited English proficiency among AAs and therefore face major challenges in accessing health care services. We share this data with federal policymakers and agency staff to support our efforts in advocating for providing better health-related in-language assistance, materials, and services to certain groups with high rates of limited English proficiency. It also helps in our efforts to share data with health systems and health plans on which AA and NHPI groups have the greatest need for in-language assistance in utilizing their health insurance coverage and accessing health care services. Having that data at different geographic levels is important because different regions have different linguistic communities.

Data on uninsured by citizenship and place of birth is helpful in understanding the uninsured AA and NHPI population. We use this data to identify any barriers in access to health care due to citizenship status. Place of birth data is also helpful in identifying which countries immigrant populations are coming to the U.S. from, specific barriers for these groups in getting health insurance coverage, and any significant social factors from these areas that might impact health status. We note that, as we have stated in comments on the proposed 2020 decennial Census questions, APIAHF does not believe that a citizenship question should be included on the decennial Census because the data that has been collected in the ACS has been adequate for policy and program decision making. As such, we strongly oppose the proposed citizenship question on the decennial Census and incorporate our previous comments herein.

APIAHF shares the data described above in various formats and with a variety of audiences to highlight the health needs and barriers to health care access that many AAs and NHPIs experience. We use decennial Census and ACS data often in regulatory comments, policy papers, fact sheets, social media posts, e-mails to our internal listserv, and in other methods of disseminating information to audiences such as federal and state health agencies, members of Congress, state legislators, community-based organizations, other advocacy organization, activists and the general public. This data is very important for our work in developing policy recommendations about how federal and state policymakers should invest resources in ensuring that AA and NHPI communities have adequate access to health insurance coverage and health care services, as well as appropriate quality of health care services.

Geography

In general, our geographic breakdowns of the above data are at the state level. However, it is also helpful to have data for detailed AA and NHPI groups at the county and zip code levels to share with our community based organization partners who are trying to best understand the characteristics and needs of the local communities they serve. Zip code data allows comparisons to Center for Medicare & Medicaid Services

enrollment data for Affordable Care Act coverage, which is published at that level of detail. For the AA and NHPI-serving community organizations we work with, it would be helpful to share data on the largest ethnic groups, language needs, and socio-economic information for their communities to help adequately allocate their often limited resources. This county-level and zip code data is also helpful for our community based organization partners who may be applying for local or state level grants and need demographic information on specific AA or NHPI populations to support their requests for funding.

Topical Briefs

The Asian Population 2010 Census Brief and Native Hawaiian and Other Pacific Islander Population 2010 Census Brief are very helpful in understanding the growth of the overall Asian and NHPI population for the U.S., and by state and growth of AA and NHPI subgroups. In addition to the data that was included in the 2010 Brief, we would suggest that it also include a listing of the top places with the largest increase in the Asian and NHPI populations since 2010 – not just places with the highest percentage of Asians and NHPIs. We would also like to see detailed AA and NHPI group population counts and movements by state and metropolitan area in order to understand which geographies have the largest growth of specific groups.

As AAs and NHPIs are the fastest growing racial/ethnic groups in the United States, the decennial Census provides important data to best understand this changing and very diverse population. Any 2020 Census data products that can further help us better understand the demographic characteristics of the multiple, detailed ethnic groups that make up the AA and NHPI population would be extremely valuable.

Thank you again for the opportunity to comment on the 2020 Census data products. Please direct any questions to Amina Ferati, APIAHF Senior Director of Government Relations and Policy (aferati@apiahf.org).

Sincerely,

Kathy Ko Chin
President & CEO