

PRINCIPLES FOR A HEALTHIER, MORE EQUITABLE NATION

Getting to Universal Coverage

At the Asian & Pacific Islander American Health Forum (APIAHF), **we believe in the right to health. Health is a human right** and as the primary means of accessing and financing care in the United States (U.S.), health coverage must be available to all persons residing in the country, *regardless of their race, ethnicity, immigration status, the language they speak, where they live, how they identify and how much money they make.* **Health equity** – the belief that everyone should have an opportunity at good health – drives our work and informs our values. Health equity is both a moral and economic imperative and critical to the U.S. being a nation with shared prosperity for all. As we look ahead to the next steps in coverage and access, **health equity must be the overarching goal** which any policy is benchmarked.

In order to achieve health equity, we must work toward a system of **universal coverage** in the U.S. Having over 27 million people without coverage and a usual source of care and an estimated 44 million underinsured is in opposition to our values and undermines our public health.¹ **But universal coverage is only the starting point, not the end goal.** Decades of work to identify and eliminate racial and ethnic health and health care disparities have made it clear that **access to coverage is not enough.** Policy proposals must tackle the multiple domains of health equity needed to create the conditions wherein every person lives a healthy life.

HOW TO EVALUATE UNIVERSAL COVERAGE PROPOSALS

APIAHF has developed this set of Principles against which to evaluate all proposals that aim to make a more just health care system. The Policy Options provide ways to determine if proposals align with our Principles and the needs of our families and communities. Decision makers, advocates, and community members should use these tools to determine if implementation were to occur, would the outcomes be different for Asian Americans, Native Hawaiians, and Pacific Islanders and other diverse populations?

¹ Sara R. Collins, Herman K. Bhupal, Michelle M. Doty, Health Insurance Coverage Eight Years After the Affordable Care Act, Commonwealth Fund, February 2019, available at: <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>.

APIAHF BELIEVES IN

Dignity of all people.

Universal right to health.

Values of respect, equity, fairness, compassion and kindness.

Importance of culture.

Expansive definitions of health, including what determines if one is healthy or not.

ACCESS

Health coverage eligibility must be available to all persons residing in the U.S., regardless of immigration status.

Health coverage and care must adhere to civil rights protections for all persons regardless, of their race, color, national origin, sex (including gender identity, gender expression, sexual orientation, sex stereotyping, sex characteristics, pregnancy) age, disability or health status.

Health care services and infrastructure must be available to all persons, regardless of socioeconomic status or geography.

QUALITY

Health care must be high quality, meaning it is patient-centered, responsive to cultural and linguistic needs and allows patients to receive the right care, at the right time and in the setting best suited for their needs.

Health care must be comprehensive and include the full range of health care services and treatments that adults and children require.

PAYMENT

Health care must be affordable based on income.

Health care must be delivered and paid for in a way that promotes health equity. It must identify, address, and aim to ultimately eliminate racial and ethnic health and health care disparities.

Payment must adequately compensate a diverse and bilingual workforce that reflects the needs of the communities it serves.

Payment must incentivize collaboration across stakeholders to work together to achieve the Triple Aim: better population health, lower costs and higher quality.

RESEARCH

Research addressing health must be actively shaped by and reflect the diversity of the country.

Research must include a financial commitment to reducing disparities in health outcomes.

HEALTHY COMMUNITIES AND PARTNERSHIPS

Health care stakeholders must identify and incorporate the underlying social determinants of health, including where people are born, grow, live, work, age, and worship, and the societal and structural components that affect them, including structural racism.

Health care resources must be equitably invested in racial and ethnic minority communities and other traditionally underserved groups and the organizations that serve them.

Health care must be coordinated with public health efforts to prevent the spread of disease, ensure access to screening and improve health outcomes.