



Health Care Reform for Asian Americans, Native Hawaiians & Pacific Islanders

Ho L. Tran, MD, MPH

President and CEO

Asian & Pacific Islander American
Health Forum

www.apiahf.org



ASIAN 

PACIFIC ISLANDER

AMERICAN

HEALTH FORUM

***APIA*HF**

The mission of the Health Forum is to enable Asian Americans and Pacific Islanders to attain the highest possible level of **health** and well being.

APIAHF Principles for Universal Coverage and Access to Quality Health Care

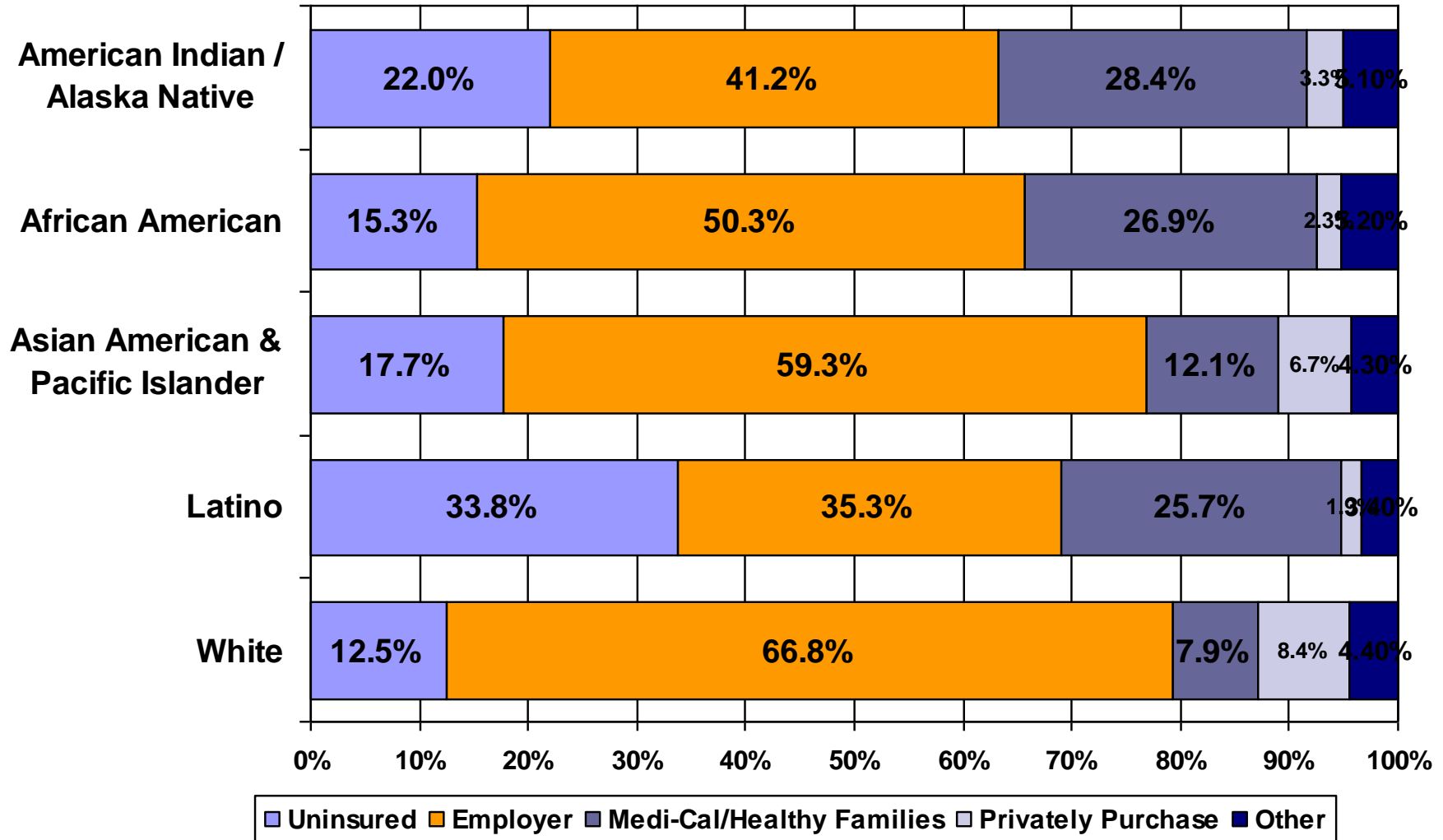
1. Affordable health coverage should be available to **all individuals** regardless of nativity or citizenship status.
2. Health coverage should offer **comprehensive benefits** that include oral, mental, and substance abuse coverage.
3. Any reform that is **employer-based must include affordable options** for small business employers and self-employed individuals.
4. **Systems of accountability** should be designed and implemented to monitor and track coverage and access to healthcare by AAPI ethnic subgroups.
5. Health care should be **linguistically and culturally appropriate**, accounting for the vast ethnic and linguistic diversity among AAPIs.
6. The healthcare **workforce should reflect the ethnic diversity** among AAPIs.
7. Health coverage and health systems should support evidence-based complementary alternative medicine.
8. Health coverage and health systems should promote **prevention** and primary care across the lifespan

Koreatown (LA) Market worker

- I have worked in three different Koreatown markets. Workers...often injure their backs, wrists, shoulders and necks while working... We try to treat our injuries ourselves or ignore the pain. Our families also suffer because we don't have health insurance. It costs so much to see a doctor that we don't go unless it is absolutely necessary. We try to treat our illnesses more cheaply, often just going to the pharmacy to buy some over the counter medicine. I am so worried about my daughters because they cannot see a doctor.

Source: Koreatown on the Edge: Immigrant Dreams and Realities in One of Los Angeles' Poorest Communities, Korean Immigrant Workers Advocates, March 2005.

Racial/Ethnic Group by Health Insurance Coverage, 2003, Ages 0-64



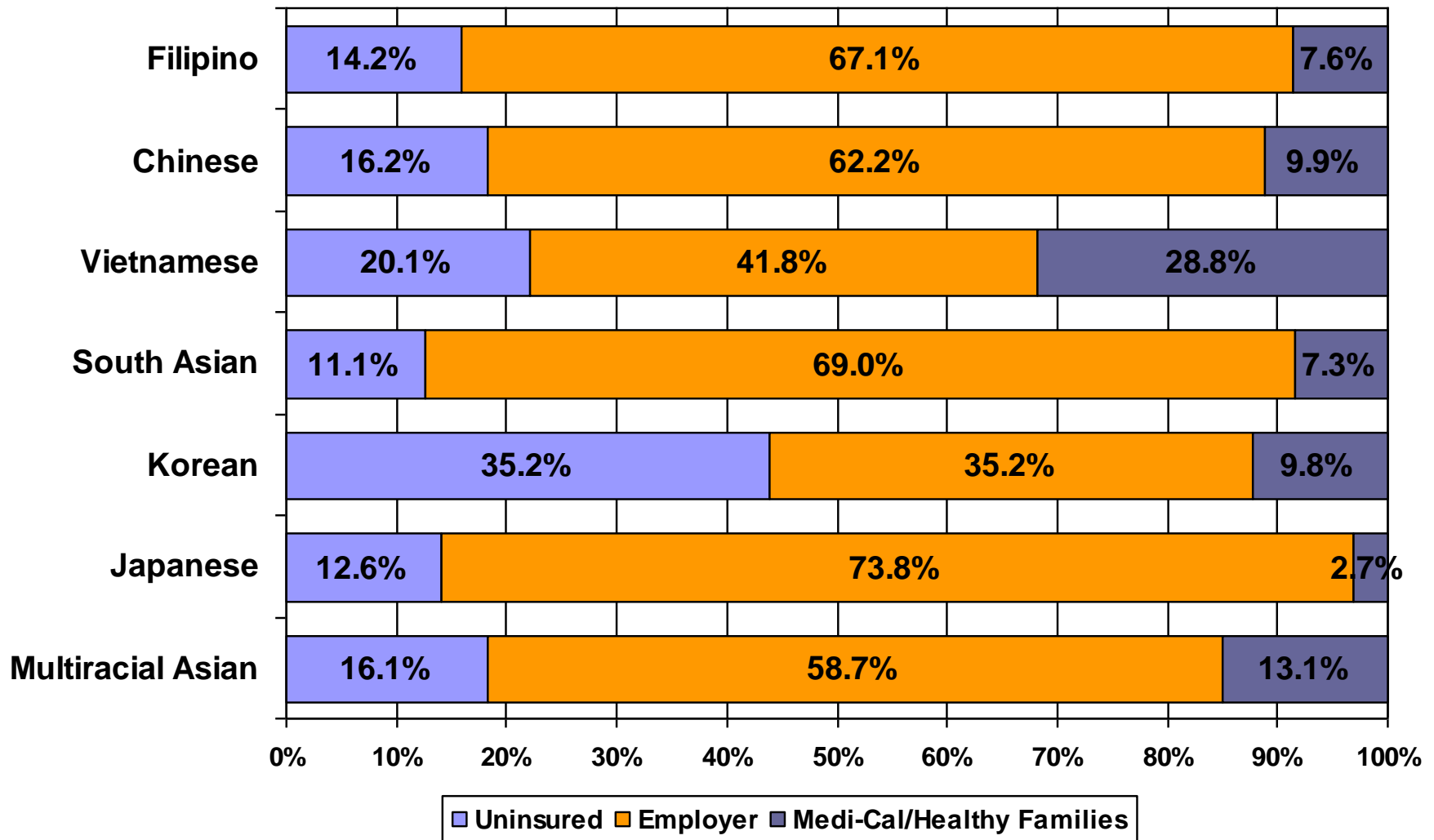
Source: The State of Health Insurance Coverage in California: Findings from the 2005 California Health Interview Survey (CHIS), July 2007

Asian American & Pacific Islander Health Insurance Coverage (Age 0-64)

- 18% uninsured all or part of year (2005)
- 59% employment-based insurance all year
- 12% Medi-Cal or Healthy Families all year
- 4% other insurance all year
- 7% privately purchased

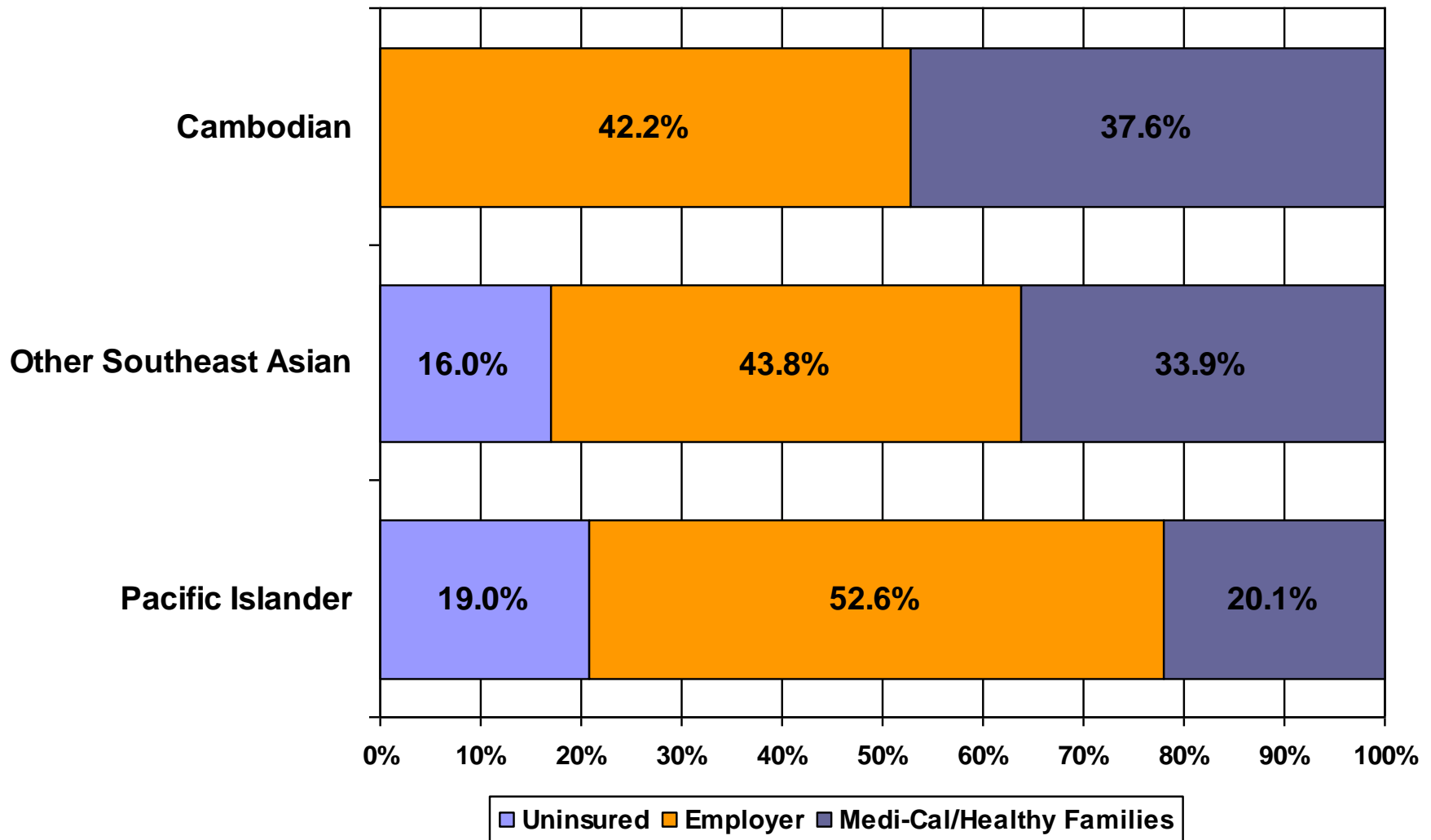
Source: The State of Health Insurance Coverage in California: Findings from the 2005 California Health Interview Survey (CHIS), July 2007, Exhibit 8, p.19.

Racial/Ethnic Group by Health Insurance Coverage, 2005, Ages 0-64



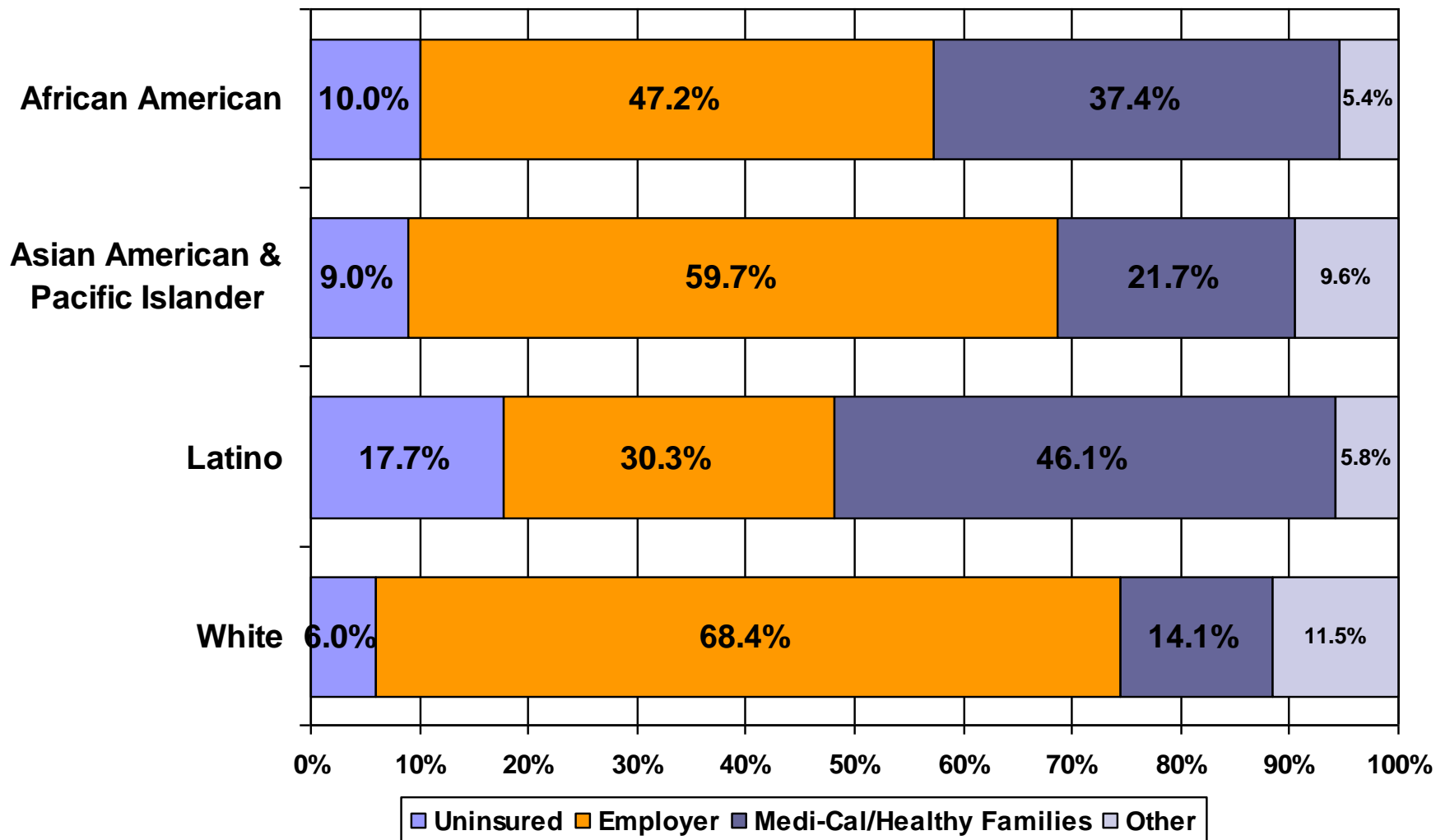
Source: The State of Health Insurance Coverage in California: Findings from the 2005 California Health Interview Survey (CHIS), July 2007.

Racial/Ethnic Group by Health Insurance Coverage, 2005, Ages 0-64



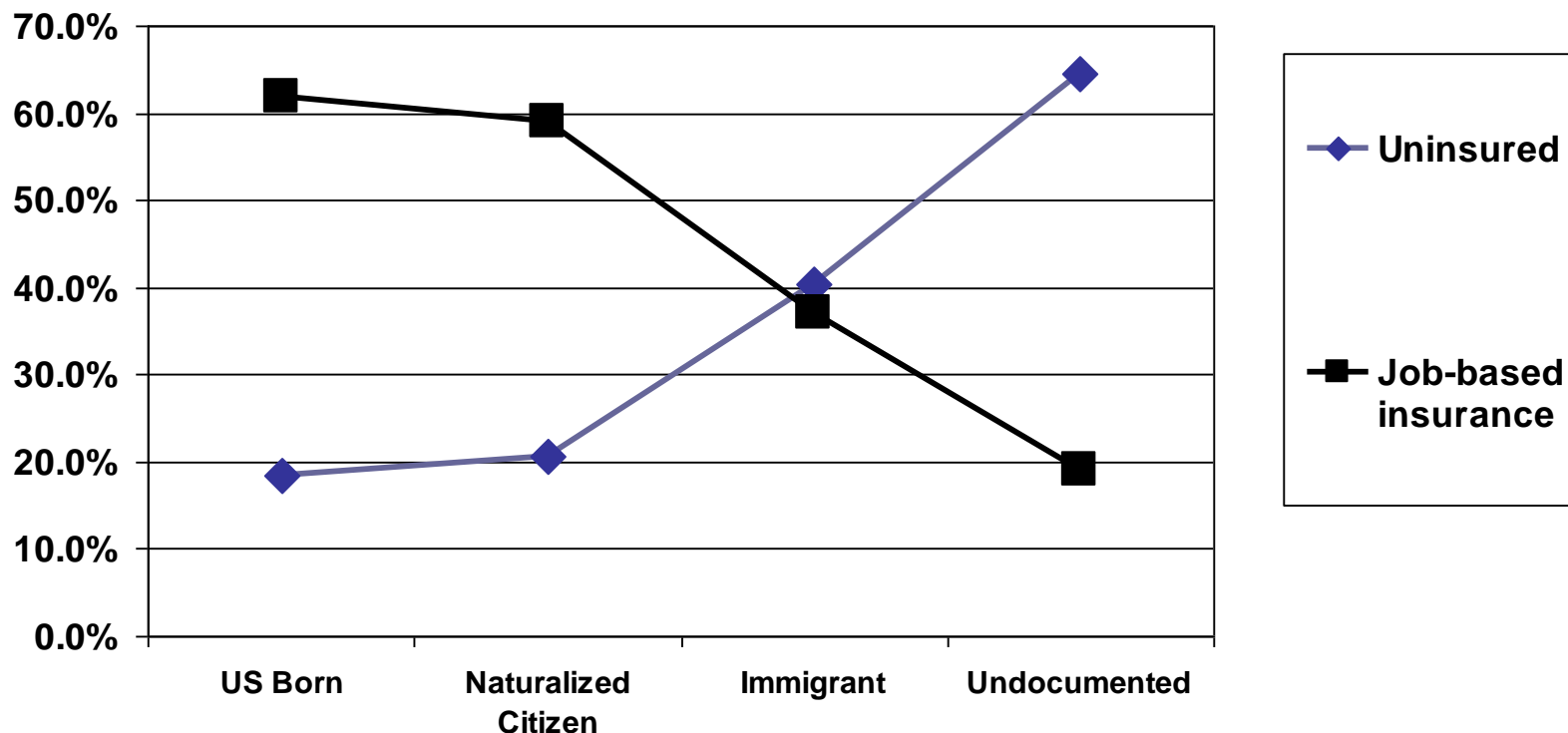
Source: The State of Health Insurance Coverage in California: Findings from the 2005 California Health Interview Survey (CHIS), July 2007.

Racial/Ethnic Group by Health Insurance Coverage, 2003, Ages 0-18



Source: The State of Health Insurance Coverage in California: Findings from the 2003 California Health Interview Survey (CHIS), August 2005, Exhibit 12, p.41.

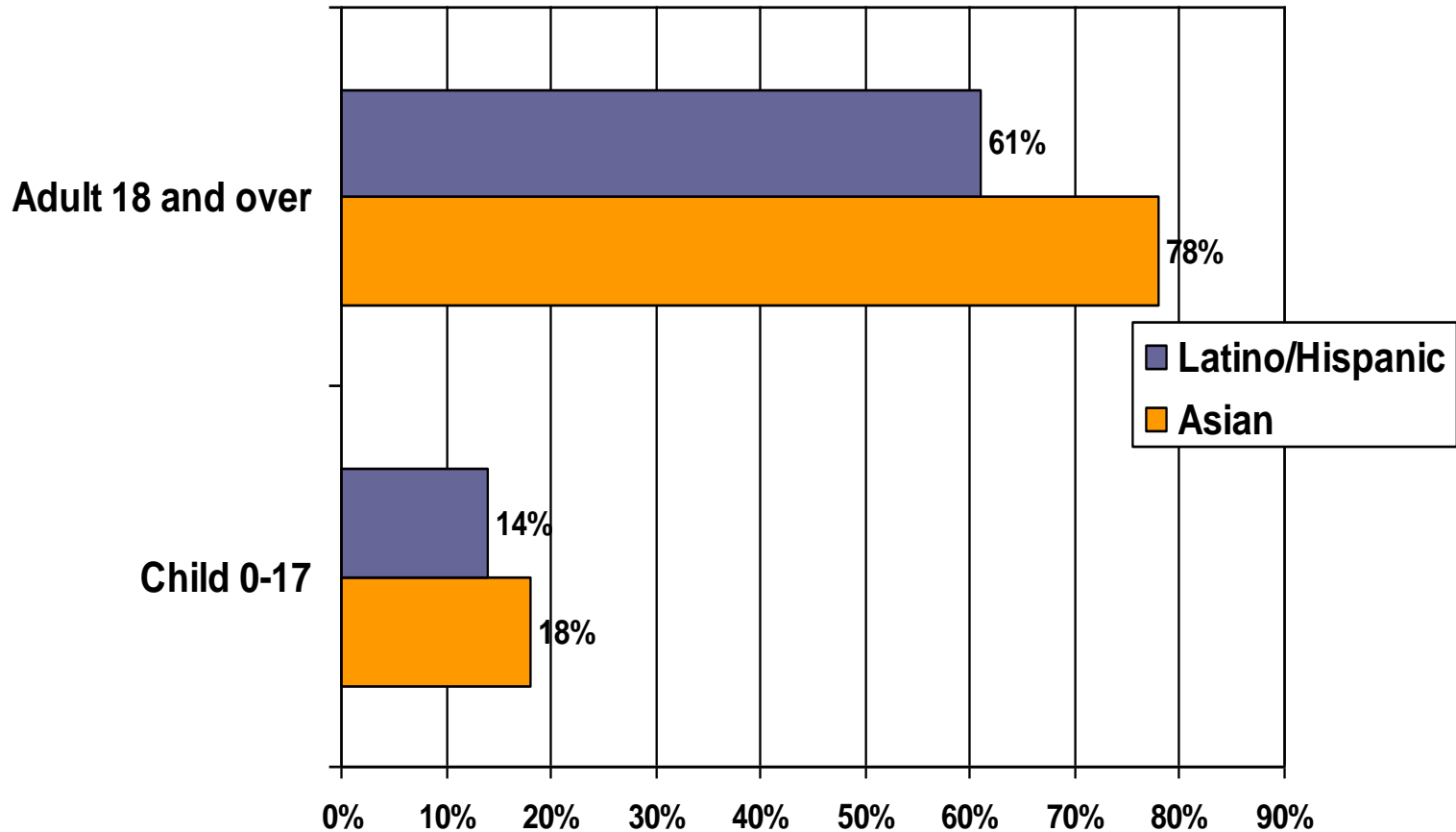
Health coverage disparities by citizenship & immigration status



Source: The State of Health Insurance Coverage in California: Findings from the 2003 California Health Interview Survey (CHIS), August 2005.

Californians Born Outside of the United States, Child and Adult

Asians and Latinos, Census 2000



Source: Asian Pacific American Legal Center, The diverse face of Asians and Pacific Islanders in California.

Uninsured employees do not have access to job-based insurance

Among employed but uninsured Asians--

- Over half (52%) work for employers that do not offer health benefits
- One in five (19.9%) are not eligible for their employer's plan



Goal of Health Care Reform

APIAHF supports universal, comprehensive, affordable and accessible health care that ensures cultural and linguistic access for all residents of the U.S. and territories.



Goal: Universal coverage

- Everyone will have health insurance regardless of race, ethnicity, and citizenship or immigration status.
- Having health insurance also will not depend on means testing, employment status, preexisting conditions, or any number of reasons that people are denied insurance policies today.
- Everyone will have health insurance.



Goal: Affordable

- Individuals and families will not avoid or delay care because of cost, nor will they be required to spend a significant portion of their income on health care.
- Any reform that is employer-based will include affordable options for small business employers and self-employed individuals.



Goal: Comprehensive

- The insurance that everyone has will cover a comprehensive array of health care goods and services including primary care, specialty care, prevention, mental health and oral health.

Goal: Accessible

- Just having an insurance card is no guarantee of access.
- In the reformed system, bureaucratic and policy barriers that delay or deny care will be gone
- Structural barriers such as physician supply, spotty referral networks, or provider location will also be addressed.
- Culturally and linguistically diverse U.S. population will have the same health care regardless of English proficiency or nativity.
- We still need the safety net.

What won't healthcare reform do?

- Remember that **UNEQUAL TREATMENT** documented health disparities among the **insured population**.

What we still need to do:

- Fix the legal, regulatory and operational conditions that create bias in the health care system
- Develop, implement, and fully fund culturally and linguistically appropriate services and care (5)
- Address discrimination, biases and stereotyping
- Diversify and increase the healthcare workforce (6)
- Collect data to monitor quality and improve health (4)
- Engage community voices to create the highest level of health and well-being.