THE AFFORDABLE CARE ACT AND THE ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITY

PAULO PONTEMAYOR
GOVERNMENT RELATIONS AND EXTERNAL AFFAIRS ADVISOR
October 8, 2012
BACKGROUND
• Overview of APIAHF
• Setting the stage
• The Affordable Care Act
• Health Equity and Accountability Act
• Conclusion
• Question and Answer
The Asian & Pacific Islander American Health Forum (APIAHF) influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.
Three Branches:

- IMPACT
- ENGAGEMENT
- ORGANIZATIONAL CAPACITY BUILDING
WHO WE ARE

IMPACT
MOVING AGAINST CANCER: Social Media as a Communications Strategy

This webinar will help you learn and gain an increased understanding of how to use social media to raise awareness on your advocacy priorities, amplify your community voices, and reach policy makers. This webinar will highlight strategies by presenting real world examples and sharing information on best practices challenges. Webinar attendees will receive a resource guide to help develop a social media strategy following the webinar.

Objectives:
- To learn how to use social media to engage audiences.
- To see examples of how other public health/cancer organizations are using social media.
- To develop strategies for social media to augment public health policy and advocacy priorities.

REGISTER TO JOIN THE WEBINAR NOW!
https://www2.gotomeeting.com/register/131738546
August 17, 2012 at 10am PST, 1pm EST, 11am CST

WHO WE ARE
WHO WE ARE

ORGANIZATIONAL CAPACITY BUILDING

C4H
CAPACITY FOR HEALTH

ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
SETTING THE STAGE
• Single-race Asians make up 4.8% of the U.S. population; combined with other races make up 5.6%.

• Single race NHPIs make up 0.2% of the U.S. population; combined with other races make up 0.4%.
SOCIOECONOMIC DISPARITIES

Source: 2007-2009 American Community Survey 3-Year Estimates
LIMITED ENGLISH PROFICIENCY

Asian Americans Face Greater Communications Difficulties During Doctor Visits

Source: The Commonwealth Fund 2001 Health Care Quality Survey

COMMUNICATION DIFFICULTIES

Involved patient in decision about care as much as patient wanted.
- White: 78%
- African American: 73%
- Hispanic: 65%
- Asian American: 56%

Listened to everything patient had to say.
- White: 68%
- African American: 68%
- Hispanic: 57%
- Asian American: 49%

Understood patient’s background and values.
- White: 58%
- African American: 57%
- Hispanic: 61%
- Asian American: 48%
Sources of Health Coverage

Source: 2009 American Community Survey 1-Year Estimates

Note: Totals may exceed 100% because individuals may have both private and public insurance.
# SOURCES of HEALTH COVERAGE by AA and NHPI GROUP

Source: 2009 American Community Survey 1-Year Estimates

Note: Totals may exceed 100% because individuals may have both private and public insurance.

<table>
<thead>
<tr>
<th>Group</th>
<th>Private Insurance</th>
<th>Public Insurance</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>72%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>79%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>44%</td>
<td>37%</td>
<td>23%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>52%</td>
<td>30%</td>
<td>21%</td>
</tr>
<tr>
<td>Chinese, Except Taiwanese</td>
<td>72%</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>Filipino</td>
<td>78%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Hmong</td>
<td>46%</td>
<td>43%</td>
<td>16%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>72%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Japanese</td>
<td>85%</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>Korean</td>
<td>66%</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>Laotian</td>
<td>59%</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>56%</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>80%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Thai</td>
<td>70%</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>59%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>49%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>66%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>Guamanian/Chamorro</td>
<td>72%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>70%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Samoan</td>
<td>60%</td>
<td>30%</td>
<td>17%</td>
</tr>
</tbody>
</table>
• The U.S. Asian American population alone grew **43% between 2000 and 2010**, and the NHPI alone population grew **35%** in the same time frame.

• Census Bureau projects that the number of Asian Americans and Pacific Islanders will be nearly **40 million or 9% of the population** by the year 2050.
WHAT did the SUPREME COURT DECIDE REGARDING the ACA?
Supreme Court decided on June 28 on the case of National Federation of Independent Businesses et al. v. Sebelius, Secretary of Health and Human Services, et al.

- 5-4 decision that the ACA was **constitutional**
- **Medicaid expansion mandate was struck** and is an option for states
- Chief Justice Roberts was joined in his majority opinion by Justices Stephen Breyer, Ruth Bader Ginsburg, Sonia Sotomayor and Elena Kagan.
- The dissenting opinion was authored by Justices Scalia, Kennedy, Alito, and Thomas.
The Supreme Court Decision was a victory for our communities:

• “Today is a significant victory for our entire nation and especially for communities of color,” said Kathy Lim Ko, APIAHF president and CEO. “The Court’s decision validates a landmark civil rights law that brings the work of equity and justice to the health arena.”

• While we celebrate this great achievement for our communities, NCAPA will continue to work to ensure that permanent residents with less than five years’ residency and undocumented immigrants will benefit from this historic health care reform. Additionally, we will continue our efforts to ensure that quality, affordable, and culturally and linguistically competent health care is made available to every American.

National Council of Asian Pacific Americans

RECREATION from NATIONAL AA and NHPI ORGANIZATIONS
The ACA and AA & NHPI COMMUNITIES
Four Areas:

- Health Care Access
- Health Care Quality
- Data Collection
- Health Equity
Happening Now:

- **2.7 million** Asian Americans and Pacific Islanders with private insurance now have access to expanded preventive services with no-cost sharing.

- **97,000** young Asian American and Pacific Islander adults between ages 19 and 25 who would have been uninsured now have coverage under their parent’s employer-sponsored or individually purchased health plan.
In the Future (2014 and beyond): Medicaid Expansions

- Nearly 1 in 10 AA adults (about 1 in 5 Bangladeshis and 1 in 6 Hmong) are likely to benefit from the Medicaid expansion.
- About 13% of NHPIs (1 in 5 Tongans and 1 in 6 Samoans) are likely to benefit than other NHPIs from the Medicaid expansion.
<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Medicaid Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>13%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>15%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>6%</td>
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<tr>
<td>Chinese</td>
<td>8%</td>
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<tr>
<td>Filipino</td>
<td>8%</td>
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<tr>
<td>Hmong</td>
<td>3%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>14%</td>
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<tr>
<td>Japanese</td>
<td>14%</td>
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<tr>
<td>Korean</td>
<td>17%</td>
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<tr>
<td>Laotian</td>
<td>10%</td>
</tr>
<tr>
<td>Malaysian</td>
<td>12%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>15%</td>
</tr>
<tr>
<td>Thai</td>
<td>13%</td>
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<tr>
<td>Vietnamese</td>
<td>15%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>15%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>8%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>8%</td>
</tr>
<tr>
<td>Samoan</td>
<td>17%</td>
</tr>
<tr>
<td>Tongan</td>
<td>17%</td>
</tr>
<tr>
<td>Other Polynesian</td>
<td>17%</td>
</tr>
<tr>
<td>Guamanian</td>
<td>8%</td>
</tr>
<tr>
<td>Other Micronesian</td>
<td>12%</td>
</tr>
<tr>
<td>Melanesian</td>
<td>14%</td>
</tr>
<tr>
<td>Other Native Hawaiian</td>
<td>19%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>21%</td>
</tr>
</tbody>
</table>

Source: APIAHF analysis of 2009 American Community Survey Public Use Microdata Sample (PUMS)
In the Future (2014 and beyond): Health Insurance Exchanges

- About 10% of AAs and NHPIs are likely to benefit from subsidies if purchasing insurance on health exchanges

- AA and NHPI ethnic groups with the highest unemployment rates are more likely to benefit (e.g. 18% of Koreans, 17% of Bangladeshis, 12% of Samoans, 10% Tongans)
Culturally and Linguistically Appropriate Care
• Language access requirements in the exchange enrollment and appeals process.
• National Health Care Quality Strategy and Plan
  – Incentives for “patient-centered” models of care
  – Linking of quality outcomes to payment
• Prevention and Public Health Fund
  – Includes new Community Transformation Grants targeting vulnerable communities.
• Grants for cultural competency training

IMPROVEMENTS in HEALTH CARE QUALITY

ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
Data collection requirements and reporting for race, ethnicity, primary language, sex and disability status (Sec 4302)

Race Data Standard

What is your race?
(One or more categories may be selected)

a. ___ White
b. ___ Black or African American
c. ___ American Indian or Alaska Native
d. ___ Asian Indian
e. ___ Chinese
f. ___ Filipino
g. ___ Japanese
h. ___ Korean
i. ___ Vietnamese
j. ___ Other Asian
k. ___ Native Hawaiian
l. ___ Guamanian or Chamorro
m. ___ Samoan
n. ___ Other Pacific Islander

Categories

These categories are part of the current OMB standard

These categories roll-up to the Asian category of the OMB standard

These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard
Health Equity (continued):

- Reaffirms and strengthens existing civil rights protections (Sec. 1557)
- Establishment of new Offices of Minority Health and elevation of National Center on Minority Health and Health Disparities to an Institute.
- Investments in workforce development and recruitment
What is the Health Equity and Accountability Act?

• Introduced by the **Tri-Caucus** (made up of the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Asian Pacific American Caucus) as a comprehensive health disparities elimination bill for racial and ethnic communities over the last 5 Congresses

• Rotates sponsorship in each Congress
  – CAPAC is the lead in the 112th Session
Congressional Tri-Caucus Health Task Force chairs
Community Working Group (Who)

• In late May, APIAHF started to convene advocacy groups to work on updating H.R. 3090 (111th version).

• This CWG is made up of a broad range of national and state advocacy organizations.

• Weekly meetings to discuss the scope, strategy and logistics of a HEAA in the 112th
Community Working Group (How)

• The CWG conducted an analysis of H.R. 3090 with the ACA, ARRA and other enacted laws.
• Developed educational and advocacy materials.
• The group conducts its work through content and strategy committees.
• The CWG works in partnership with Congressional Tri-Caucus and Senate staff.
What’s happened in the 112th Congress?

  – 83 co-sponsors (68 original)
The HEAA of 2011

• Title I Data Collection and Reporting
• Title II Culturally and Linguistically Appropriate Health Care
• Title III Health Workforce Diversity, Expansion and Training
• Title IV Improvement of Health Care Services
• Title V Improving Health Outcomes for Women, Children and Families
The HEAA of 2011 (cont.)

- Title VI Mental Health
- Title VII Addressing High Minority Impact Diseases
- Title VIII Health Information Technology
- Title IX Accountability and Evaluation
- Title X Prevention & Social Determinants of Health
• Senator Akaka introduced S. 2474 in April of this year
• Senator Inouye is an original co-sponsor
Administrative Implementation

- CAPAC Meeting with President Obama
- Meetings with Senior Administration Officials at HHS
- Next Steps
CONTINUED PARTNERSHIP WITH US
The Health Care Law and You: How does the ACA help Asian Americans, Native Hawaiians and Pacific Islanders in Region 9 (Arizona, California, Hawaii, Nevada, Guam and American Samoa)?

August 10, 2012

The Health Care Law and You: How does the ACA help Asian Americans, Native Hawaiians and Pacific Islanders in Region 9 (Arizona, California, Hawaii, Nevada, Guam and American Samoa)?

Speakers:
Herb Schultz, Regional Director, U.S. Department of Health and Human Services, Region IX
Dr. Tung Thanh Nguyen, Commissioner, White House Initiative on Asian Americans and Pacific Islanders
Doreena Wong, Project Director, Asian Pacific American Legal Center
Jonathan Tran, California Policy and Program Manager, Southeast Asia Resource Action Center

Re: California Small Employer Health Options Program

Dear California Health Exchange Board:

The Asian & Pacific Islander American Health Forum (APIAHF) thanks the California Health Benefit Exchange (“the Board”) for the opportunity to comment on the establishment of the new California Small Employer Health Options Program (SHOP). For over 25 years, APIAHF has dedicated itself to improving the health
Asian & Pacific Islander American Health Forum
Health Reform Resource Page
http://www.apiahf.org/hcr

Health Equity and Accountability Act in the 112th Congress
Paulo Pontemayor
Advisor for Government Relations and External Affairs
Asian & Pacific Islander American Health Forum
202-466-7772
ppontemayor@apiahf.org
www.apiahf.org