



IMMIGRANT STATUS AS A SOCIAL DETERMINANT OF HEALTH

Kathy Ko Chin
President & CEO

木屋新築等幾十天
所因墨例致牽連
可惜英雄無用武
只聽音來策祖輩
從今遠別此樓中
各位鄉君眾歡同
莫道其商容西式
設成三劫交如龜

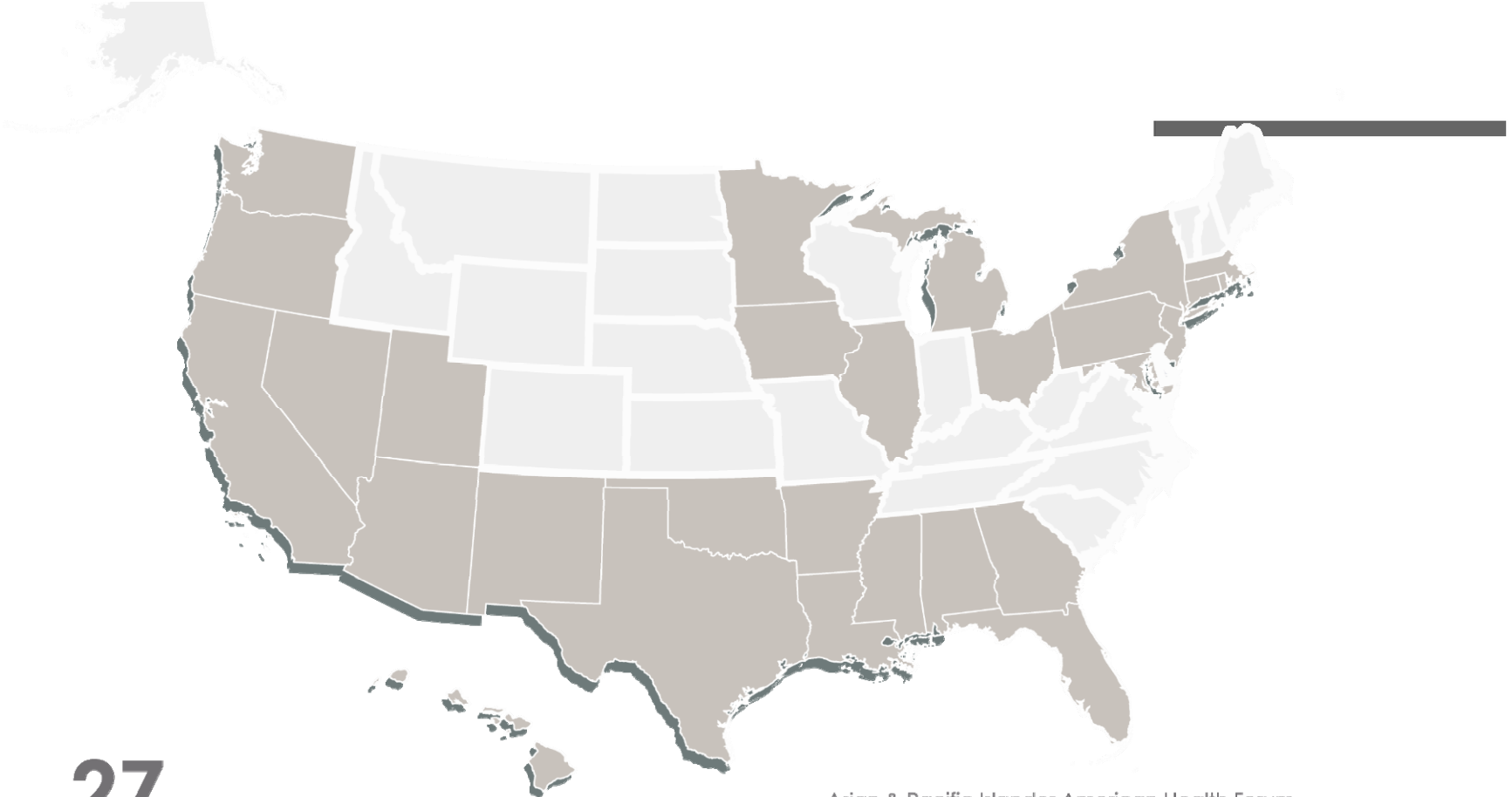
ABOUT APIAHF

Advocates for Health Justice

Founded in 1986 with headquarters in Oakland and an office in Washington DC, APIAHF is the oldest and largest health advocacy organization working with AA and NHPI communities across the nation, in the US Territories, and with the US-affiliated Pacific jurisdictions.

Mission

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.



27
states
100+
partners across
the country


TOTAL AA
POPULATION
19,167,716


TOTAL NHPI
POPULATION
1,262,434

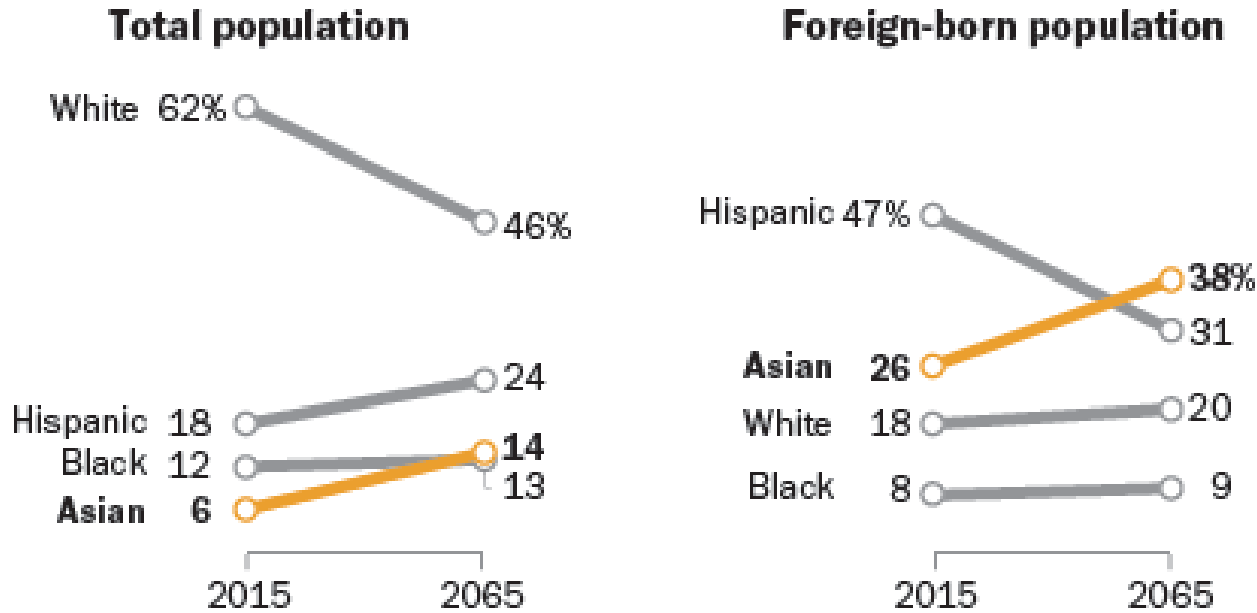
Asian & Pacific Islander American Health Forum

NATIONAL NETWORK

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

September 2017

By 2065, No Racial or Ethnic Group Will Be a Majority



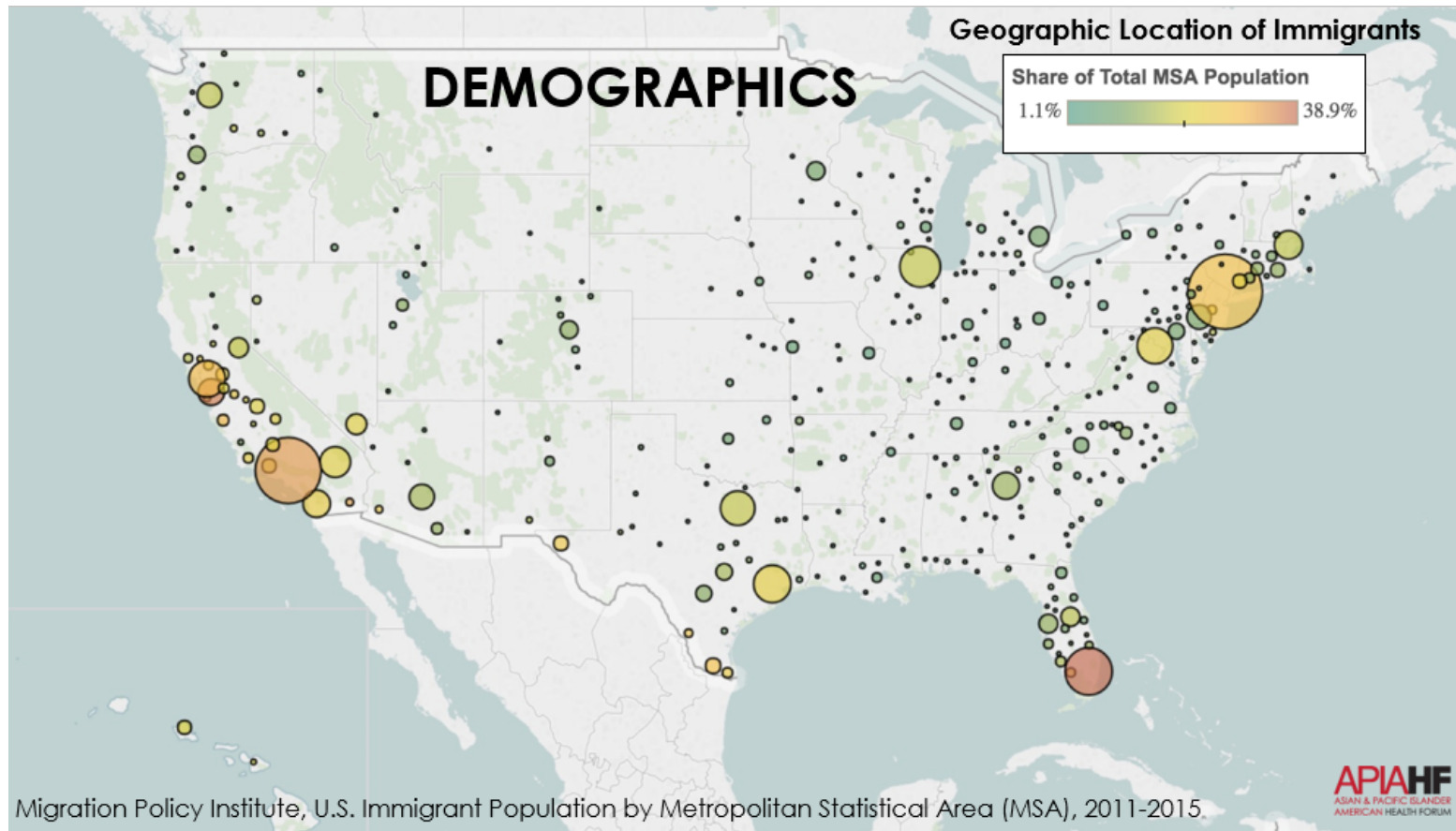
Note: Whites, blacks and Asians include only single-race non-Hispanics. Asians include Pacific Islanders. Hispanics are of any race. Other races included in totals but not shown.

Source: Pew Research Center projections

PEW RESEARCH CENTER

WHO ARE IMMIGRANTS?

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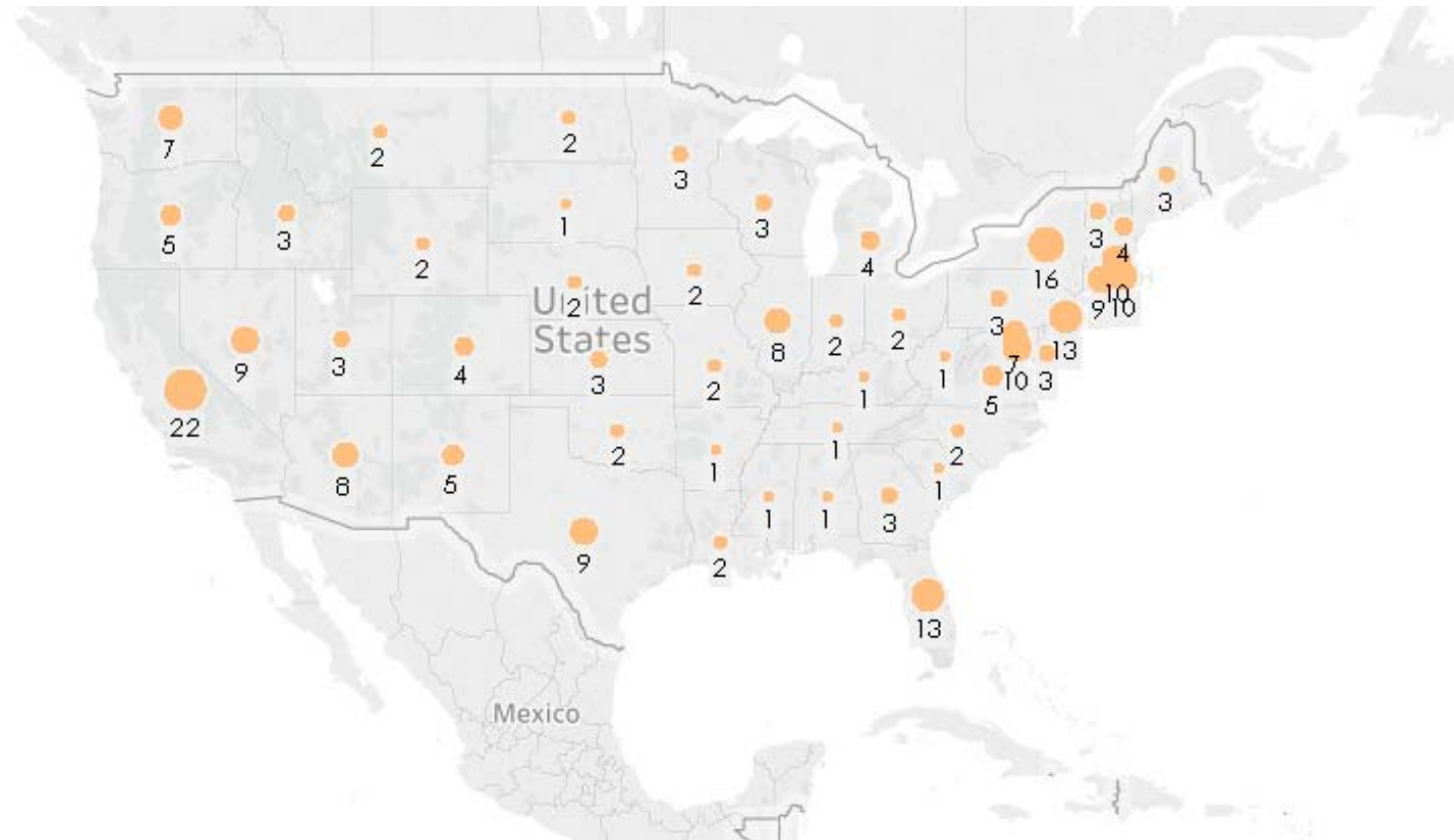


FOREIGN-BORN POPULATION

(Percent by State, 1990)

California	22
New York	16
Hawaii	15
Florida	13
New Jersey	13

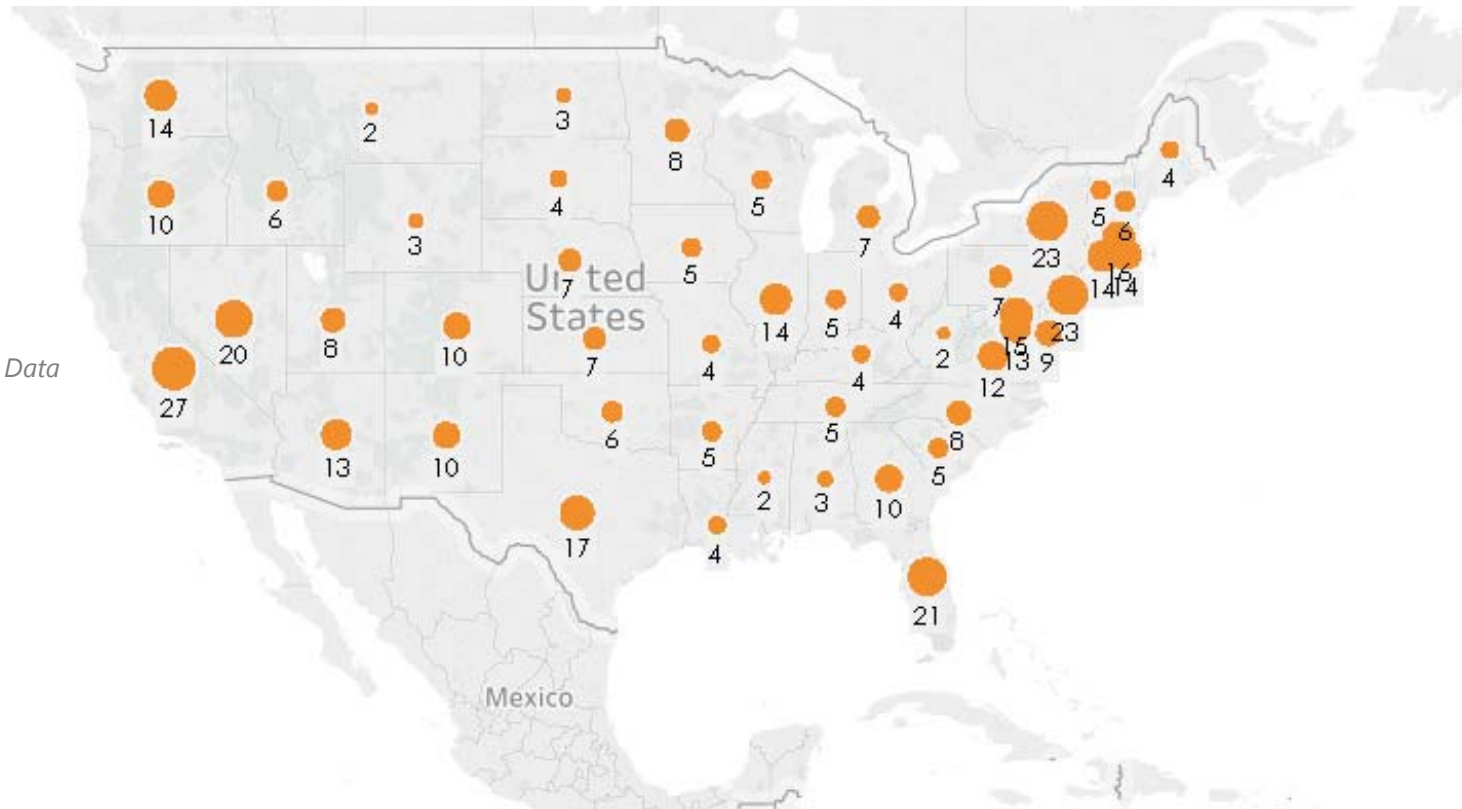
Source: 1990 U.S. Census Data



FOREIGN-BORN POPULATION (Percent by State, 2016)

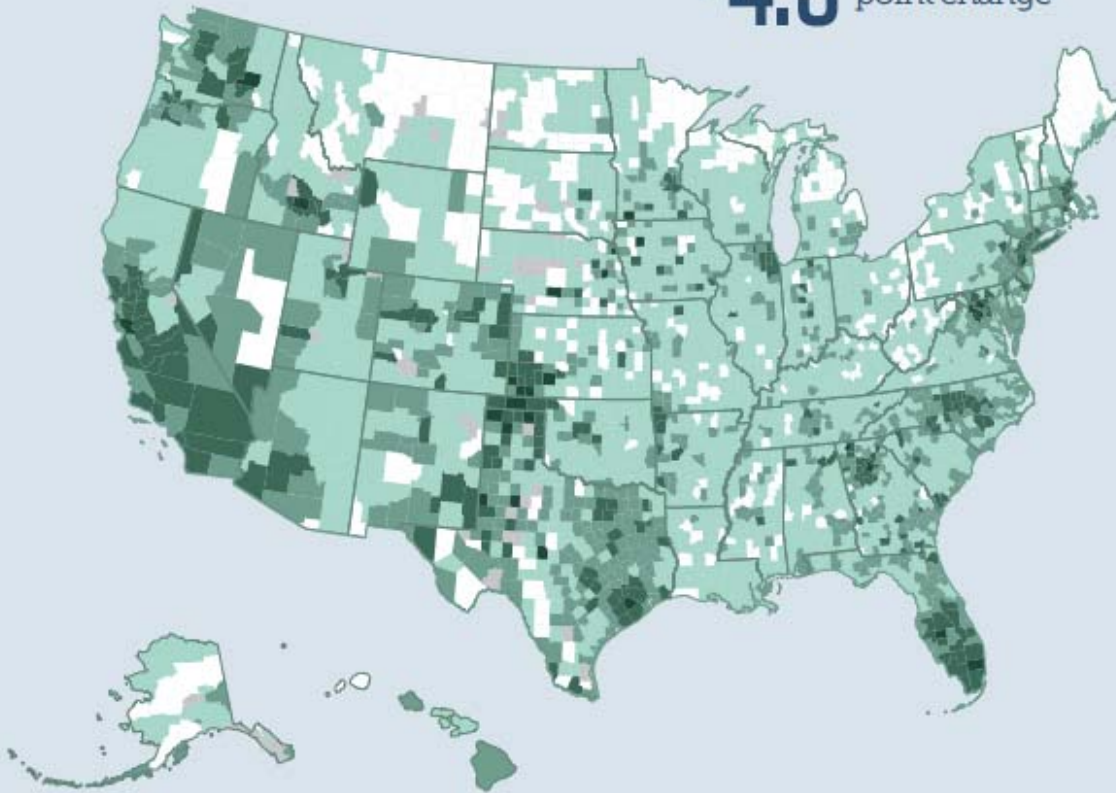
California	27
New York	23
New Jersey	23
Florida	21
Nevada	20

Source: 2016 American Community Survey Data



Change in foreign-born adults as a share of total adult county population from 1990 to 2012

+4.9 U.S. percentage point change



- 17-43 percentage point increase
- 7-16.9 percentage point increase
- 3-6.9 percentage point increase
- <3 percentage point increase
- Decline in foreign-born population

IMMIGRATION STATUS AS A SOCIAL DETERMINANT OF COVERAGE

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Sources: Pew's analysis of the 1990 decennial census and 2008-2012 American Community Survey

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IMMIGRATION STATUS AS A SOCIAL DETERMINANT OF COVERAGE

Sample of Immigration Statuses

Lawful Permanent Residents (Green Card Holders)

Humanitarian Visas (Asylees, Refugees, Temporary Protection Status, and Deferred Action and others)

Survivors of crimes, including Domestic Violence and Trafficking

Nonimmigrant Visas (Tourists, Workers, others)

Citizens of Compact of Free Association (COFA) nations

Undocumented

IMMIGRATION STATUS AS A SOCIAL DETERMINANT OF COVERAGE

Health Insurance Restrictions for Some Immigrant Populations

Bar from Medicaid and CHIP for Immigrants who have held lawful status for less than five years

Restriction on Medicaid for Immigrants Who Are Not “Qualified”

Restriction on Those Not Considered Lawfully Present for ACA and Non-Emergency Medicaid

IMMIGRATION STATUS AS A SOCIAL DETERMINANT OF COVERAGE

HEALTH CARE IS A
HUMAN RIGHT AND
PROVIDING HEALTH
COVERAGE TO
EVERYONE —
REGARDLESS OF
IMMIGRATION
STATUS — IS THE
RIGHT THING TO DO.



Photo credit: Health4All, The CA Endowment
<http://www.health4allca.org/>

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IMMIGRATION STATUS AS A SOCIAL DETERMINANT OF COVERAGE

Two Decades of Restricting Access...

- 1996 Personal Responsibility and Work Opportunity Reconciliation Act
- 2010 Affordable Care Act (expansion for lawfully present + restrictions on undocumented)
- 2013 Comprehensive Immigration Reform proposals
- 2017 ACA repeal bills

IMMIGRANT ACCESS TO CARE

Culturally and Linguistically Appropriate Healthcare

"compelling evidence exists that patients with limited English-language proficiency encounter... decreased likelihood of having a usual source of care, increased probability of receiving unnecessary diagnostic tests, more serious adverse outcomes from medical errors, and drug complications"

*-Institute of Medicine, Race, Ethnicity, and Language Data:
Standardization for Health Care Quality Improvement*

LIMITED-ENGLISH PROFICIENT POPULATION (Percent by State, 2016)

California	19
Texas	14
New York	14
New Jersey	13
Hawaii	12
Florida	12
Nevada	12

Source: 2016 American Community Survey Data



12

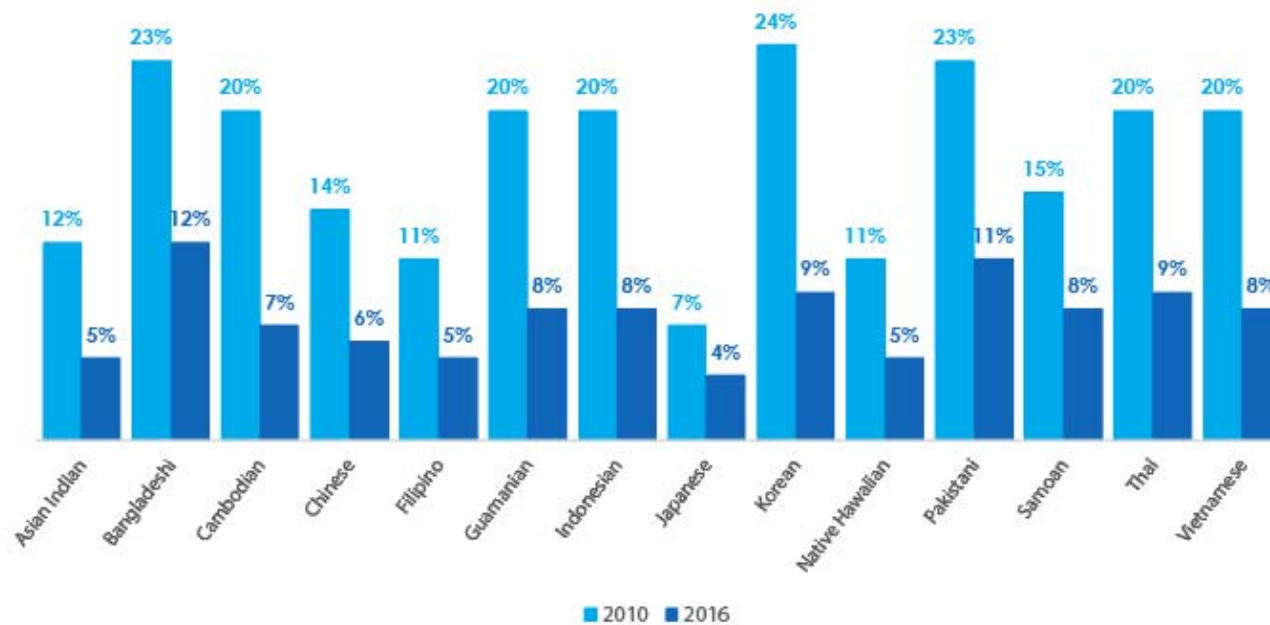
WHAT GETS MEASURED GETS DONE

Disaggregated Data Allows Us to See Disparities

- Immigrants are not a racial, ethnic, or geographic monolith
- Disaggregated data tell us who experience disparities and what interventions are most effective
- Providers can use disaggregated data to determine percentage of LEP, most common languages spoken, and who is eligible to be served in their areas

DATA ALLOWS US TO SEE DISPARITIES

Disparities in who is uninsured differ, but all groups have benefited from the ACA



ACTION FOR HEALTH JUSTICE



HEALTH INSURANCE EXCHANGES FOR ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER PARTNER STATES

HEALTH INSURANCE MARKETPLACES

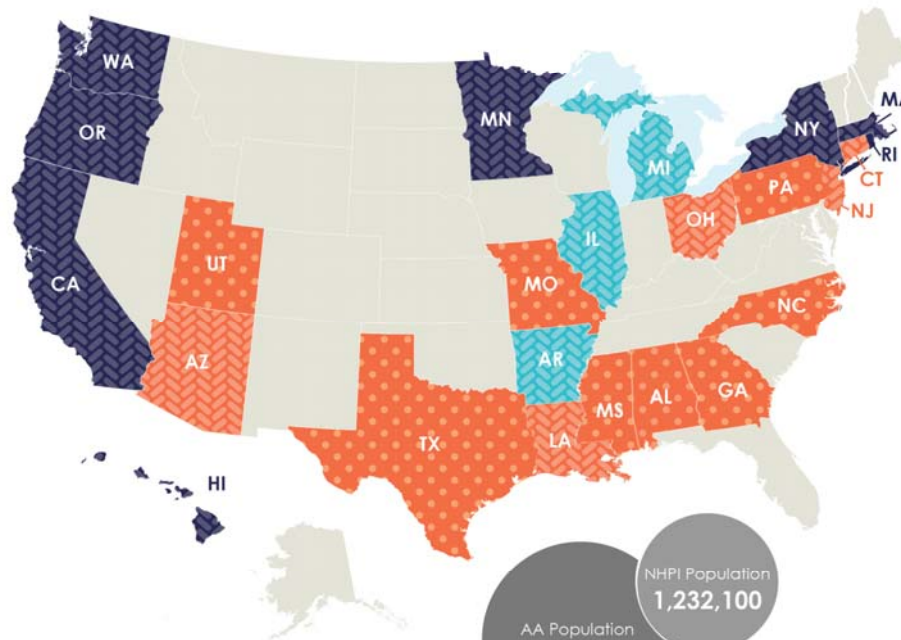
- STATE-BASED
- PARTNERSHIP
- FEDERAL

MEDICAID EXPANSION

- yes
- no

UNINSURED

STATE	AA	NHPI
AL	11,885	DNA
AZ	36,155	5,739
AR	8,563	DNA
CA	796,178	49,887
CT	19,209	DNA
GA	94,683	DNA
HI	44,622	26,684
IL	96,818	DNA
LA	22,836	DNA
MA	17,156	DNA
MI	36,180	DNA
MN	26,952	DNA
MS	8,256	DNA
MO	19,765	DNA
NJ	115,830	DNA
NY	244,342	3,628
NC	46,554	DNA
OH	31,549	DNA
OR	26,081	5,399
PA	62,459	DNA
RI	5,319	DNA
TX	240,629	9,068
UT	12,132	7,141
WA	85,291	13,099



AA Population
18,377,067

NHPI Population
1,232,100

TOTAL populations
in the 24 partner states.

Note
DNA = Data Not Available
AA = Asian American
NHPI = Native Hawaiian and Pacific Islander

Source
2013 American Community Survey 3-Year Estimates
Kaiser Family Foundation

Revised January 2016
Prepared by: AJ Tilong, Corina Chung, Jordan Schultz, APIAHF



SECTION 1557

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities.

- Language assistance services
- Notice of right to communications assistance
- Taglines with top 15 languages in the state
- Definitions for qualified translation and interpretation services
- Develop language access plans for meaningful access

The screenshot shows the HHS.gov Office for Civil Rights website. At the top, there is a blue header with the HHS.gov logo and the text "U.S. Department of Health & Human Services" and "Office for Civil Rights". Below the header is a search bar with the placeholder text "I'm looking for..." and a magnifying glass icon. To the right of the search bar is a link for "HHS A-Z Index". Below the search bar is a navigation menu with four items: "About OCR" (with a person icon), "Filing with OCR" (with a document icon), "Civil Rights" (with a shield icon), and "Health Information Privacy" (with a shield and plus icon). Below the navigation menu is a white box with the text "I would like info on. . ." and three links: "Contact the Office for Civil Rights", "Section 1557: Nondiscrimination", and "Health Information Privacy". To the right of this box is a banner for the "Final Rule Implementing Section 1557" featuring a collage of diverse people's faces. The banner text reads: "Section 1557 is the nondiscrimination provision of the ACA and applies to certain health programs & activities."



RECOMMENDATIONS FOR FUNDERS

How can stakeholders partner to improve immigrant health?



Listen to the Community

- Community-driven solutions can best address population needs
- Involving the voices of community leaders, as well as members, lead to not just, better policy outcomes, but greater buy-in and trust



Research and Metrics

- Data identifies disparities
- Economic impact research
- Messaging
- Measuring language and health
- Impact of anti-immigrant policies



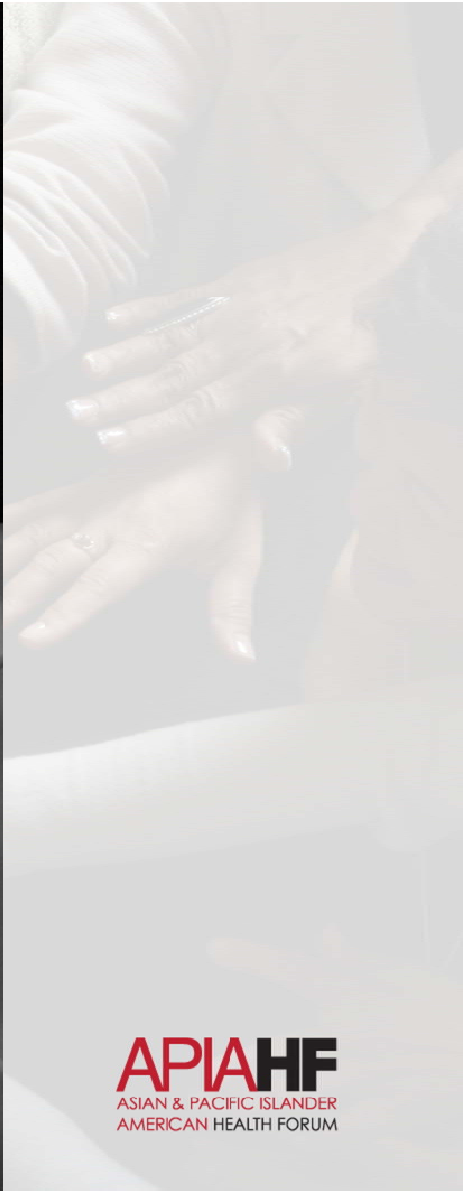
Delivery System for Funders

- A voice at the cost and quality table
- How are systems serving the remaining uninsured?
- Funding models that center immigrant health



Support Policy Change

- Federal protections
- Highlighting the good and fighting the bad in states
- Working with sanctuary cities
- Funding campaign infrastructure



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CONTACT

KATHY KO CHIN

President & CEO, APIAHF

kkochin@apiahf.org

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