



Health Factsheet

Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs) are the fastest growing racial population in the United States. With the historic enactment of the Affordable Care Act, many AAs and NHPIs gained access to affordable health insurance coverage and quality services. But more needs to be done to ensure AAs and NHPIs have meaningful access to these improvements, and to address the disparities in disease and health outcomes experienced by AAs and NHPIs.

This factsheet focuses on the key areas of work of NCAPA and its member groups. For more information on NCAPA's health priorities, please review the NCAPA Policy Platform on NCAPA's website: www.ncapaonline.org

Affordable Care Act (ACA) for AA and NHPIs

- 3.8 million Asian Americans with private insurance now have access to expanded preventive services with no cost sharing.
- 121,000 Asian Americans between the ages of 19–25 who would have been uninsured (including 53,000 women) now have coverage under their parents' health plans.
- About 5.5 million Asian Americans, including 2.1 million women, no longer have lifetime limits on their health insurance plans.
- AA and NHPi-serving community health centers provide quality, comprehensive health services that are affordable, linguistically accessible and culturally appropriate for more than 450,000 patients annually.
- The ACA recognizes the importance of integrated care and includes behavioral health as one of the 10 essential benefits for insurance coverage. Like other Americans, AAs and NHPIs will have access to treatment for mental health and substance use disorders.

- Twenty-four AA and NHPI organizations across 16 states have created a national collaborative to increase ACA outreach and enrollment in AA and NHPI communities.

Increasing language access

- With a population of approximately 16.6 million, AAs and NHPIs are the fastest-growing racial groups. They come from more than 30 countries and speak more than 100 languages.
- Approximately 71 percent of Asian Americans speak a language other than English at home. Approximately 32 percent of Asian Americans are limited English proficient (LEP) and experience some difficulty communicating in English.
- Approximately 21 percent of Asian American households are linguistically isolated, meaning that all members 14 years old and older speak English less than “very well” and would be considered LEP.
- AA and NHPI-serving community health centers serve a high percentage of patients (52 percent) in a language other than English. The number of such patients served by these centers increased 168 percent between 2000 and 2011.

Reducing AA and NHPI Health Disparities

- In 2010, the leading causes of death for AA and NHPIs were cancer, heart disease, stroke, accidents and diabetes.
- Asian Americans have the highest rates of liver cancer. Cancer is also the leading cause of death for Asian American women. They have the highest rates of new stomach cancer cases and have higher rates of cervical cancer. Vietnamese women have the highest rate of cervical cancer in the country.
- One in 12 Asian Americans has chronic hepatitis B. Hepatitis B causes 80 percent of liver cancer cases worldwide. Perinatal transmission is the primary method of hepatitis B transmission in the country, with 800 to 1000 transmissions occurring annually. Ninety percent of infants who acquire transmission from birth will become chronically infected.
- Research shows a direct correlation between depression and diabetes, heart disease and obesity, yet mental health problems are often ignored. Leaving these conditions untreated puts AAs and NHPIs unnecessarily at risk and drives up costs.
- AA and NHPI women experienced increased unintended pregnancy and teen pregnancy rates over the past decade, and there is evidence to show AA and NHPI women are much less likely than other racial groups to use contraception. Moreover, national data reveals that 35 percent of pregnancies end in abortion for AA and NHPI women -- the second highest percentage for all racial/ethnic groups, compared to 18 percent for white women.
- Older Asian American women have the highest suicide rate of all racial populations. AA and NHPIs are also at increased risk of depression and Post Traumatic Stress Disorder.

- Age-adjusted prevalence of diabetes in 2010 was three times greater among Native Hawaiians and Pacific Islanders than among whites.
- Native Hawaiians and Pacific Islanders smoke and drink more than other minorities and are more obese. NHPi adults also have the highest rate of depressive disorders and second-highest rate of anxiety disorders. Major causes of premature death among NHPis are obesity, cardiovascular diseases, cancer, and diabetes.
- AA and NHPis tend to enter the service delivery system through the primary care door due to the stigma around behavioral health, but primary care providers are often not properly trained to address behavioral health problems.

Improving Data Collection and Reporting

- Data disaggregation is foundational to efforts in understanding the cause, designing effective responses, and evaluating our progress when addressing disparities in sub-populations hidden in the larger population.
- The lack of data collection and disaggregation conceals many health problems among AA and NHPis are masked. For example, taken as one group, AA and NHPis suffer from diabetes less than the general population. However, when NHPis are separated out, their rate is double that of all Americans.
- The ACA took the historic first step of adding seven Asian and four Native Hawaiian and Pacific Islander subgroups to its surveys. Primary language and disability status will also be collected for the first time.

Sources: Asian & Pacific American Islander Health Forum; Asian Americans Advancing Justice; National Asian Pacific American Women's Forum; National Cancer Institute; U.S. Department of Health and Human Services, and the White House Initiative on Asian Americans and Pacific Islanders.