



AAPCHO April 19, 2016

ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

Assembly Member Rob Bonta
California State Assembly
State Capitol, Room 6005
Sacramento, CA 95814

RE: Support- AB 1726: Accounting for Health and Education in API Demographics Act (AHEAD Act)

Dear Assembly Member Bonta:

The Association of Asian Pacific Community Health Organizations (AAPCHO) is pleased to support Assembly Bill 1726: Accounting for Health and Education in API Demographics Act (AHEAD Act). AAPCHO is a national not-for-profit association of 35 community-based health care organizations, 29 of which are Federally Qualified Health Centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and access of medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders (AA&NHPIs) in the U.S., its territories, and its freely associated states. As such, disaggregated data by race and ethnicity is incredibly important in order to accurately and fully represent the communities which our member centers serve.

The AHEAD Act would illuminate economic, health, and educational disparities within AA&NHPI communities by requiring collection of disaggregated demographic data by California's public higher education institutions including the California Community Colleges, California State University, and the University of California systems and the Department of Public Health and Department of Health Care Services. This bill would also increase public access and awareness of this data by requiring these institutions and agencies to annually publish demographic data on their websites. Data collected would include, but would not be limited to, enrollment and graduation rates, disease rates, health insurance coverage, birth, and death rates.

Data has the power to reveal or to conceal the tremendous diversity within our communities. In particular, data on AA&NHPIs in general often overshadow unique challenges faced by Southeast Asian American (SEAA) and Pacific Islander students and refugee communities. These challenges include high rates of poverty, limited English proficiency, and cultural barriers that have resulted in low educational outcomes and impaired access to health care. A recent report, "The Academic Challenges of Southeast Asians at Fresno State," authored by Gong, Kubo, and Takahashi (2013), found that SEAA students fell behind their White, Hispanic, and other AA&NHPI peers in both graduation and retention rates.¹ Based on demographic data currently collected by the US Census, dramatic disparities in poverty rates have already been revealed. While 12% of Asian Americans in California live in poverty, a closer examination finds that 35% of Hmong, 28.8% of Cambodians, 23.5% of Laotians, and 17% of Vietnamese live in poverty. In addition, while 33.9% of all Asian Americans in California have limited English proficiency, 55.1% of Vietnamese, 41.6% of Cambodians, 38.7% of Hmong, and 38.4% of Laotians speak English with difficulty.²

¹ Gong, G.L., Kubo, H, Takahashi, Y. *The Academic Challenges of Southeast Asians at Fresno State*. 2013
http://www.fresnostate.edu/academics/oie/documents/documents-research/2014/SEA%20BRIEF_FINAL.pdf

² American Community Survey, 3 year estimates. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>



The Native Hawaiian and Pacific Islander (NHPI) population in California grew 29% between 2000 and 2010, a rate second only to Asian Americans. The use of a single “Asian Pacific Islander” data category results in an inaccurate and misleading portrait, particularly of NHPI communities. Only about one in three NHPI public school graduates in the 2012-2013 school year completed the course work required for University of California or California State University entrance. The NHPI admissions rate to UC schools in the fall of 2013 was lower than all other racial groups except for Blacks or African Americans. A recent report, “The State of Higher Education in California: Asian American Native Hawaiian Pacific Islander Report,” found that only 15% of NHPI in California age 25 years and older had a bachelor’s degree, compared to 31% for the entire state.

Without the collection and reporting of state data on smaller Asian American and Pacific Islander groups, their potentially greater needs are likely to be overlooked or underestimated. Research interviews conducted by the Southeast Asia Resource Action Center (SEARAC) found that despite high levels of eligibility, SEAA family enrollment in Covered California was particularly low. Each AA&NHPI subgroup experiences a range of different health challenges and disparities. Korean men are twice as likely to die of cancer as Asian Indian men. Filipino men are more than twice as likely to die from kidney disease as Korean men. Japanese women are nearly twice as likely to die of cancer as Asian Indian women.³ Uterine cancer incidence has more than doubled among Samoan women between 1990 and 2008, but has remained stable among Native Hawaiian women over the same time period.⁴ These figures demonstrate the importance of ensuring that our communities have continued access to data that accurately captures the state of our health.

Some AA&NHPI subgroups are not included in the bill, including the Lu Mien community, and we continue to advocate for their inclusion to help reveal assets and challenges of all Californians. We support AB 1726 as a critical step toward ensuring that all Californians are counted.

AB 1726 will give policymakers and decision-makers more information about the diverse communities that they serve, their struggles and their successes, and where they can grow in order to make better decisions in health and education.

Should you have any questions, please contact Isha Weerasinghe at isha@aapcho.org or (202) 731-9833.

Sincerely,

Isha Weerasinghe, Director of Policy and Advocacy
Association of Asian Pacific Community Health Organizations (AAPCHO)

³ National Center for Health Statistics, Centers for Disease Control and Prevention, 2003-2011 Mortality Data Files.

⁴ Liu et al. J Natl Cancer Inst. 2013 Aug 7; 105(15): 1086–1095.