

# Asian Americans: A diverse and growing population



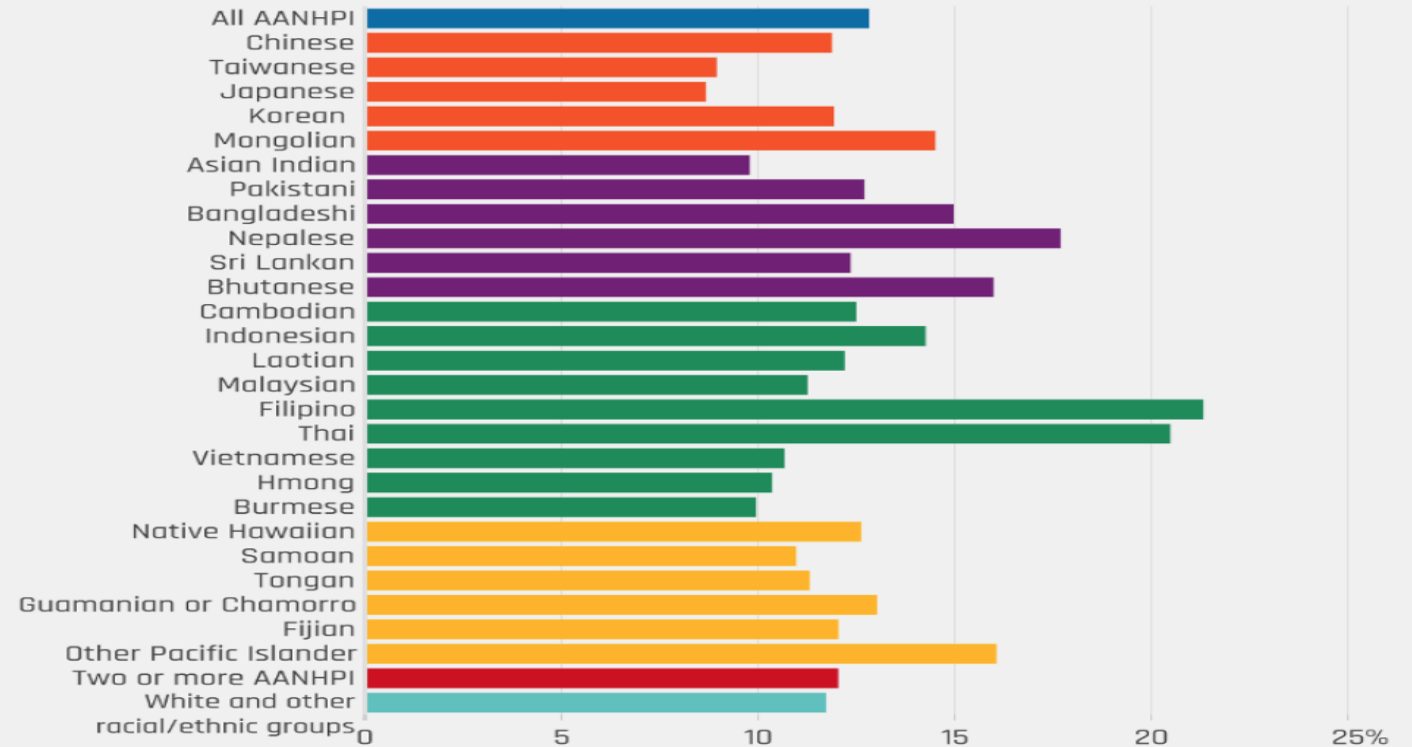
Julia Liou, MPH & Thu Quach, PhD  
Asian Health Services



Public Health Literature AAPs either lumped into Other, healthier, invisible, impotent

## Disaggregating Asian American, Native Hawaiian, and Pacific Islander front-line workers by subgroups shows wide heterogeneity

Breakdown of front-line workers by AANHPI subgroups compared to all front-line workers of other races and ethnicities



Source: Authors' calculations using the American Community Survey data, 2014–2018 5-year estimates.

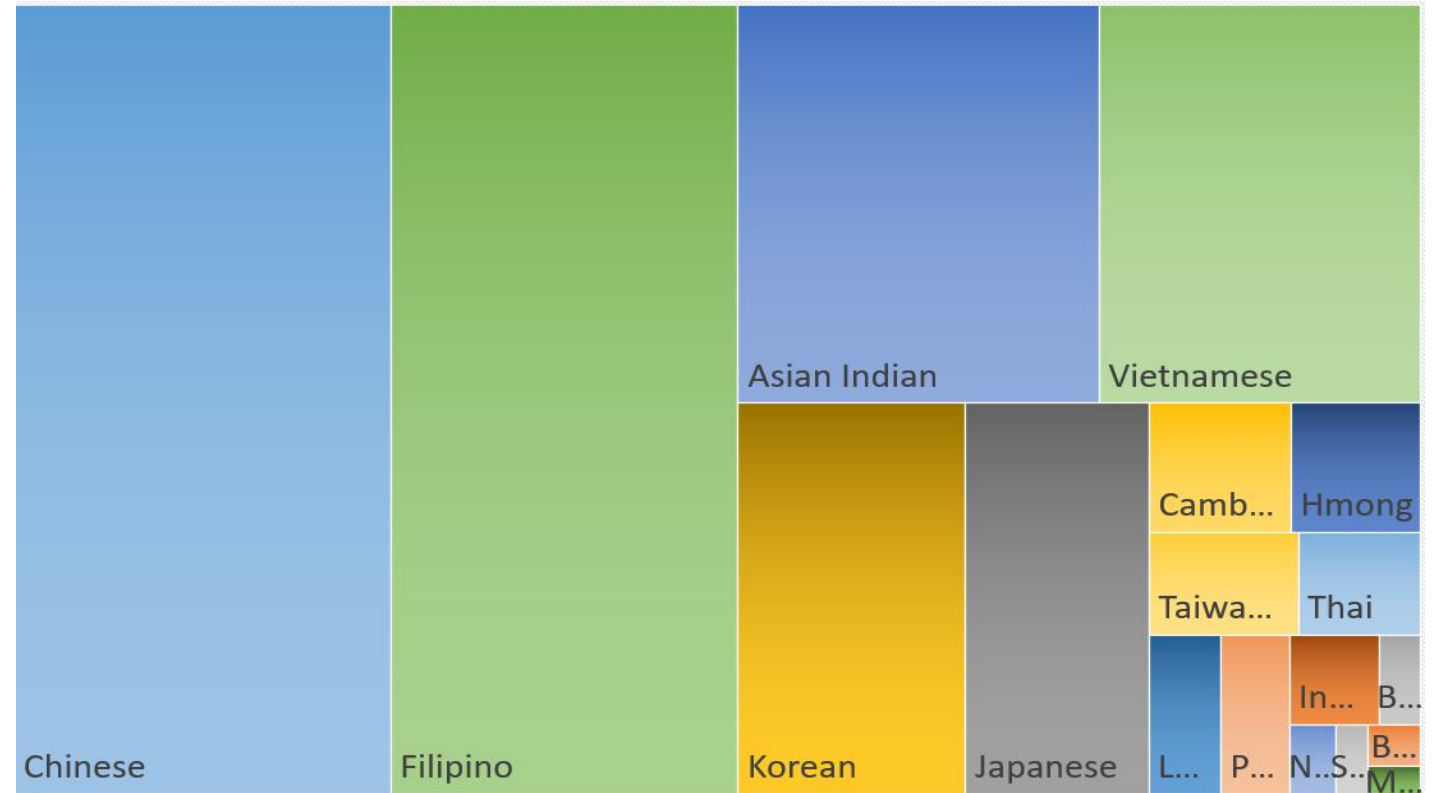
Note: Essential occupations include, but are not limited to, restaurant and food preparation workers, retail and sales workers, housekeeping and janitorial workers, police and firefighters, physicians and pharmacists, and other necessary hospital workers. Color groups align with Figure 2 racial/ethnic subgroups.

 Equitable Growth

- SHIFTING DEMOGRAPHICS
- 3% > 7% > 16% > 26% of the population, with many ethnicities, languages

# Diversity of Asian American groups

Asian Indian
Bangladeshi
Bhutanese
Burmese
Cambodian
Chinese
Filipino
Hmong
Indonesian
Japanese
Korean
Laotian
Malaysian
Nepalese
Other Asian
Pakistani
Sri Lankan
Taiwanese
Thai
Vietnamese



- 20 distinct Asian American ethnic groups



# Unpacking Hidden Disparities

- In the US, Filipino nurses make up 4% of workforce
- Nearly 31.5% of deaths among registered nurses
- In CA, Filipinos are  $\frac{1}{4}$  of Asian American population, but make up  $\frac{1}{3}$  of the deaths; and nearly 40% with COVID have died

## Nursing ranks are filled with Filipino Americans. The pandemic is taking an outsized toll on them

By USHA LEE MCFARLING @ushamcfarling / APRIL 28, 2020

[Reprints](#)



# Asian Health Services



- Founded in 1974 by students who saw language and cultural barriers to health care in Oakland Chinatown
- Federally qualified community health center with two pillars of **service** and **advocacy**
- Provides primary care, dental, behavioral health care to nearly 50,000 patients AND advocacy
- Cultural competency: 14 Asian languages, bicultural staff from communities we serve: *Cantonese, Mandarin, Vietnamese, Korean, Cambodian, Mien, Hmong, Lao, Mongolian, Tagalog, Burmese, Karen, Karenni, and Thai*
- Built in accountability: 51% patient/ consumer board and patient leadership councils



# Patient General Meetings

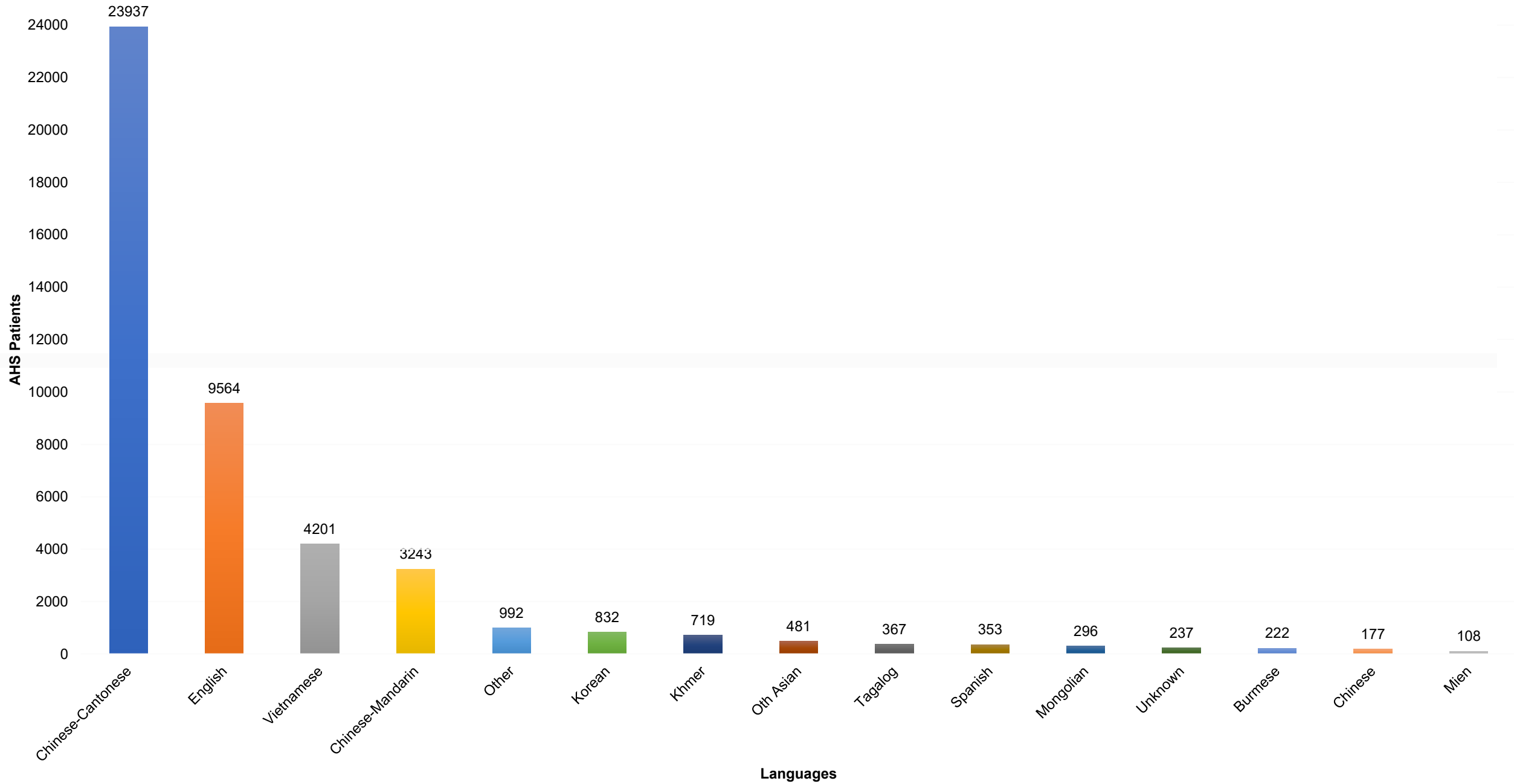
*with Simultaneous Interpretation in 12 languages (like United Nations)*



*“Our measure of success is not only in how many patients we see, but also in how many are empowered to assert their right to health care.” -Sherry Hirota, CEO*

# AHS Patients by Language

## Top 15



# Leadership Action for Healthy Community Approach

## City Planning Process





# Multi-Sector Collaboration

- ❑ Partnered with City to conduct workshops in language about urban planning, development, specific plans
- ❑ Community needs assessment with over 1100 community members
- ❑ Patients trained on conducting surveys and worked with researchers (traffic, env, etc.), commissioned reports
- ❑ Worked in collaboration with schools, churches, recreation and art centers, urban planners, researchers, etc.





# Elevating Community Voices







## Mobilizing Against Harmful Public Charge Rule Change

- **Public Charge** rule change penalizing immigrants for using basic services
- Mobilizing and leveraging the Asian American and Pacific Islander voice through formation of **One Nation AAPI Coalition**
- Over 100 national, state-based and local organizations under banner of #OneNation ([www.onenationaapi.com](http://www.onenationaapi.com))



# Public Charge Rule Change 2019

## Public Comments = Public Voice

**Total 267,000  
submitted  
comments!!!**



#ONENATION

**23,000 (1 in 11 comments)  
from One Nation partners**

**ASIAN HEALTH SERVICES**  
HEALTH CARE FOR ALL. ADVOCACY FOR THE UNDERSERVED.



**STAND WITH US AS  
#OneNation**  
**Challenge Trump's  
Back-Door Policy Against Immigrants**



**JOIN THE FIGHT**

What if you are an immigrant who has to choose between accessing health care services to stay healthy and able to reach US, leaving your family behind in the US?

What if you are an immigrant mother who must choose between paying penalties for your US born children or staying in the US?

This could become reality under a new proposed regulation where health-care providers must choose between basic services, like health care and food stamps, or keeping their family together in the US. The federal government can decide if you can become a green card holder based on the public assistance you receive and other factors, like health, family size, education, and how well you speak English.

Generations of our migrants in the last two centuries would not have made it to America under this rule.

This proposed rule is not about making immigrants self-reliant. It is to prevent every immigrant who built this country, from becoming legal permanent residents. It is part of a wave of attacks on all immigrant communities and their children here.

First Name

Last Name

Email Address

Address, Box #

City, State, Zip Code

City

State

Zip Code

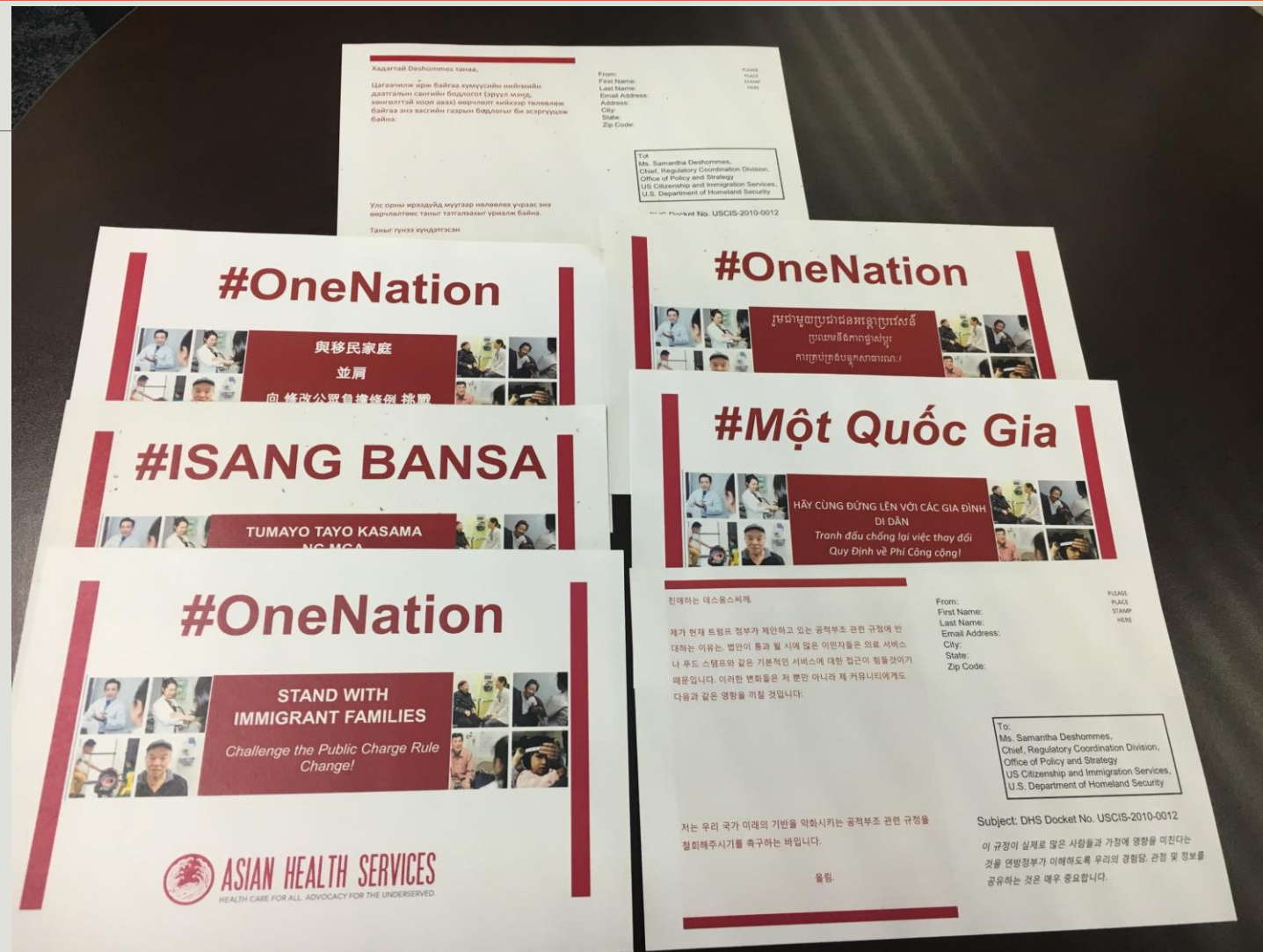
☒ I'd like to receive updates from AHSI Progressive Action

**TAKE ACTION**



**ASIAN HEALTH SERVICES**

# Postcards in Different Asian Languages



*Addressing  
language  
barriers and  
digital divide*



ASIAN HEALTH SERVICES

# Recommendation #1 for Engaging Diverse Asian American Populations

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- Invest in **community health centers** and **community-based organizations** who have deep roots, established trust, and in-depth understanding of diverse Asian American communities
  - Cultural and linguistic competency
  - Trusted source as messengers
  - Role of outreach, education, and engagement
  - Convene townhall meetings with stakeholders



# Recommendation #2 for Engaging Diverse Asian American Populations

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- **Engage with ethnic media and social media platforms specific to the diversity of Asian American communities**
  - Traditional TV
  - Radio
  - Print ethnic media
  - WeChat
  - YouTube