



Addressing Health Equity for Asian Pacific Americans in Connecticut

Issue Brief 2015-2016

ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION

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Executive Summary

Asian Pacific Americans (APAs) are the fastest growing minority group in Connecticut (CT). Dr. William Howe, a former Asian Pacific American State Commissioner stated, “the Asian community is the largest minority in 40 percent of Connecticut’s school districts.”¹ The APA population more than doubled in size in the last decade, notably with the increase of many Southeast Asian refugee and immigrant communities. Connecticut’s Asian American population grew from 95,368 in the year 2000 to 157,088 in 2010 – a 65% increase.² The diversity of APA communities means there are new and different health needs to address, among them language issues, health literacy, and health concerns related to poverty and trauma. A new report from CT looks at the many health access issues that affect APAs, specifically Southeast Asian refugees and immigrants from Cambodia, Laos, and Vietnam. Even with the implementation of the Affordable Care Act (ACA) and Culturally and Linguistically Appropriate Services (CLAS) standards, APAs continue to face barriers to healthcare. APAs remain some of the most neglected racial/ethnic minority groups in CT and in the US.

Based on mutual interest in the ultimate goal of strengthening Connecticut’s healthcare system’s ability to provide culturally competent and linguistically accessible services to the state’s APA communities, the Asian & Pacific Islander American Health Forum (APIAHF) and the Connecticut Asian Pacific American Affairs Commission (APAAC) developed a statewide Coverage to Care for Asian Pacific Americans (C2CAPA) Project in 2015. APAAC worked closely with multiple APA communities to address the rising needs of the diverse APA population. APAAC’s previous health efforts included partnerships with grassroots leaders from the Cambodian, Lao, and Vietnamese communities to conduct the state’s first needs assessment on the Southeast Asian communities in 2014. In this current C2CAPA effort, local community coalition partners provided ACA education and outreach in order to promote APA health insurance enrollment in CT. During these sessions, coalition partners documented community

¹ Campbell, Susan. “Asian-Americans Shun Mental Health Care.” Connecticut Health I Team. May 7, 2013. Accessed August 03, 2016. <http://c-hit.org/2013/05/07/asian-americans-shun-mental-health-care/>.

² “APA Facts.” Connecticut Asian Pacific American Affairs Commission. Accessed August 03, 2016. <http://ctapaac.com/areas-of-concern/apa-facts/>

members' previous and current barriers to accessing ACA education and healthcare services. The community feedback informed this issue brief.

Approach

This project was conducted with the help and partnership of three community-based organizations led by Southeast Asian leaders: the Connecticut Coalition of Mutual Assistance Associations (CCMAA), Khmer Health Advocates (KHA), and Lao Association of Connecticut (LAC). Each organization reached out to dozens of key community members and leaders to conduct key informant interviews and administer hundreds of surveys. Organizations used interpreters to conduct interviews in community settings. All interviews were translated from native languages into English for the study. Additionally, community leaders in partnership with the State Innovation Model's Consumer Advisory Board (SIM CAB) held a "Listening Forum" in October 2015, which attracted over 150 community members to learn about community perspectives on healthcare equity issues and to share relevant healthcare information.³

The C2CAPA Project goals are to:

- Identify the key healthcare stakeholders and who is working on healthcare in Connecticut's Southeast Asian community
- Understand knowledge of health equity and health disparity as it affects Connecticut's Southeast Asian community
- Understand the landscape of access to healthcare in Connecticut and awareness of healthcare services within the community
- Understand how key informants think about solutions to health issues

A total of **412** surveys and **81** key informant interviews were conducted.

The survey administrator analyzed quantitative data from survey results and qualitative information from key informant interviews. Survey responses were imported into Microsoft® Excel, where data analysis was completed.

Key Findings

Limited services exist to support APAs with healthcare access in CT. Most Southeast Asian refugees and immigrants encountered a range of difficulties relating to language, transportation, and cultural barriers when trying to address their healthcare needs.

APAs struggled mostly due to language and transportation barriers. Notably, many Southeast Asians continue to rely on family and friends to set up doctors' visits, to

³ Becker, Arielle Levin. "Language Barriers Compound Disease, Trauma for Southeast Asian Refugees." The CT Mirror. October 21, 2015. Accessed August 03, 2016. <http://ctmirror.org/2015/10/21/language-barriers-compound-disease-trauma-burden-in-southeast-asian-refugees/>.

interpret in healthcare settings, and to help decipher follow-up instructions. Additionally, many elderly APAs lack transportation to consistently get their annual check-ups, much less attend follow-up appointments. Reliance on community members for language help and for transportation prevent APAs from properly accessing healthcare. Translation and interpretation support from qualified professionals is critical to healthcare access for Southeast Asians.

APAs also struggled to find healthcare due to cultural barriers. Many felt that doctors do not understand them or the backgrounds. Community members wanted more APAs represented among healthcare providers, or that providers at least knew about their specific healthcare concerns. People wanted any ongoing healthcare research on APAs to have disaggregated data (by ethnic group) so healthcare providers and policy makers can understand the differences between different APA communities and treat them accordingly.

Recommendations

- 1. Offer Comprehensive and Reliable Translation and Interpretation Services:** While more bilingual and bicultural health providers are needed, one strategy to addressing APA healthcare access issues is a comprehensive plan to offer trained, qualified interpreters in healthcare settings and translated healthcare materials (including drug prescription, patient education, and shared decision-making materials) across different APA languages. Easy access to telephone and video interpreter services also should be part of the strategy. Trained interpreters help APAs understand their diagnoses, participate more fully in their healthcare, complete follow-up care, and engage in preventive behaviors. Behavioral health is a service for which it is especially important to have qualified, trained interpreters and translated materials.
- 2. Offer Culturally Appropriate Behavioral Health Services:** Mental health and addiction issues are already stigmatized in APA communities. Without these essential services, many APAs who can benefit from therapy or outpatient services cannot and will not use preventive behavioral healthcare. Many Southeast Asian refugees have trauma histories, post-traumatic stress disorder (PTSD), and lack language skills to address these issues. Without bilingual and bicultural staff and/or qualified, trained interpreters on staff, agencies may rely on family members, untrained staff, or community health workers to do this essential work. However, relying on family members or friends to provide verbal interpretation about subject matter that is personal and stigmatized in many communities can be detrimental to treatment. The commitment to offer interpretation and translation services should come from the Department of

Mental Health and Addiction Services (DMHAS) and from other state agencies whose charge is to help refugees adapt to life in the USA.

- 3. Offer Accessible Healthcare Providers or Transportation to Healthcare Appointments:** To address transportation issues, healthcare agencies should be within walking distance to APA communities, be within easy access to main bus lines and transportation hubs, or offer in-home services for community members who struggle to leave their home. In-home services can include helping people manage medications, offering therapeutic conversations to address mental health concerns or loneliness, and providing basic preventive medical care. Health insurance companies should ensure their provider networks offer services to meet these needs.
- 4. Train healthcare staff to be culturally competent and aware of issues specific to refugee communities:** In addition to language services, healthcare providers must seek to improve their hiring of bilingual and bicultural staff and offer culturally competent care. Hiring APA healthcare staff can help APA community members, but APA staff cannot always adequately represent all APA clients. Given the growing APA populations in CT and the diversity within the APA community, it is important that all clinicians are trained to be more culturally sensitive to different APA communities' needs. Creating an atmosphere of inclusion and offering culturally competent care are key elements to increasing APA access to healthcare. Culturally competent care includes providing interpretation services, knowledge of community needs and challenges, and a way to provide follow-up assistance. This can mean creating a welcoming office with understanding, reliable clinicians who listen and who help people feel at ease. Community Health Workers can also help clinicians provide culturally competent care for our APA communities.
- 5. Continue to Research APA Community Needs and Disaggregate the Data:** APA healthcare needs are distinct from other minority groups, and within the diverse APA community, it is important to distinguish which groups need what kinds of support. Disaggregation of APA health data by race/ethnicity and primary language is key to understanding the differences between Khmer, Lao, Vietnamese, and other Asian American groups in CT. Gathering this data should be an integral part to developing cultural competency for healthcare providers.

Conclusions

As the APA population continues to age and expand across the state and nationwide, we must do a better job of addressing APA communities' healthcare needs. To do this,

we must address gaps transportation, in translation and interpretation, and offer culturally competent care.

Before APA health equity can be advanced in Connecticut, APIAHF and APAAC believe that policymakers, potential funders, and community stakeholders must have an understanding and appreciation of APA health inequities and related social determinants of health. This issue brief is intended to help raise this awareness. Ultimately, we want to galvanize multi-sector attention and interest to better address the individual, community, and systematic barriers that can impede APAs from getting educated about the ACA, enrolling for health benefits, and navigating the healthcare system.

Due to state budget cuts, APAAC no longer exists as a standalone entity since July 1, 2016. APAAC was consolidated into the new legislative Commission on Equity and Opportunity (CE&O), which also includes the commissions on Latino and Black American communities. CE&O has a mandate to focus its efforts on quality of life for members of the African-American, Asian Pacific-American and Latino and Puerto Rican populations of the state: That all such members are (A) healthy, safe and achieve educational success; (B) free from poverty; and (C) free from discrimination. APAAC staff will work within the new, broader Commission to support APAs and all people of color in Connecticut. Although APAAC itself will no longer exist, its dedication to serving APAs and all marginalized peoples in Connecticut persists in the CE&O.