

The AACCP Newsletter

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Asian Americans, Native Hawaiians and Other Pacific Islanders Healthcare and Reform

An Interview with Jeffrey B. Caballero, MPH

Interviewed by Leonard D. Chan

Introduction

In an effort to participate in the healthcare discussions that are dominating our national attention, we've invited Jeffrey Caballero, executive director of the Association of Asian Pacific Community Health Organizations (AAPCHO), to answer a few of our questions.

AAPCHO is a national association of community health organizations that serve Asian and Pacific Islanders (API) across the United States, and its Pacific Island territories and freely associated states. AAPCHO performs multiple tasks for its member organizations including training and education, and serving as the advocate and voice for its membership.

Jeffrey Caballero has led AAPCHO as Executive Director since 1993. In this capacity, Mr. Caballero advocates for programs and policies that increase access to high-quality, comprehensive community health care services that are culturally and linguistically appropriate.

Mr. Caballero participates on numerous national committees that address issues affecting APIs, such as tuberculosis, hepatitis B, diabetes, and cancer. His work experience encompasses a variety of fields, from grassroots organizing, health education, to bone marrow transplant and primary health care. Mr. Caballero has played leading roles in the development of several national plans to reduce health disparities, including Eliminating Hepatitis B in Asian Pacific Islander Communities, Utilization of Health Information Technology to Eliminate Health Disparities, and Development of Patient Centered Medical Homes.

Recently, Mr. Caballero was a featured speaker on the topic of health care reform at the 2009 California Hepatitis Alliance Meeting and at the Asian American Healthcare Conference in Maryland. He also spoke at the US Department of Health and Human Services Office of Minority Health's 2009 World Hepatitis Day in Washington, DC.

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Rather than tackling the complex and thorny issues on how to go about changing our healthcare system, we wanted to get a sense of the current state of API American health, the healthcare system as it pertains to API Americans, and why we should care about healthcare reform.

Note that for the purpose of this interview, we will use the nomenclature that AAPCHO and the Office of Management and

Budget (OMB) has adopted for describing Asian and Pacific Islander Americans - that being Asian Americans & Native Hawaiians and other Pacific Islanders (AA & NHOPi).

Interview

One of the interesting things that I've learned is that the percentages of uninsured has been relatively level at around 16.7% since 1989, but that since the population is increasing, the actual number of people that are uninsured also increased during this period of time. Do AA & NHOPi have higher, same, or less percentages of uninsured? Are there any projections that show increasing divergence from the general public?

The percentage of uninsured people in the U.S. is even slightly lower right now than the double-decade average you noted-about 14%, or 1 in 7 Americans in general are uninsured. Compare this to the 1 in 6 Asian Americans and 1 in 4 in Native Hawaiians & Pacific Islanders who are currently uninsured, and you can clearly see the stark disparities in coverage across our communities.

There are several reasons for these higher uninsured rates, all complex and in some ways interconnected. Many Asian Americans own or work in small business that cannot afford to purchase health insurance, for example. Others might live in poverty and thus cannot afford available options to purchase health insurance. For members of either group I mentioned, one's immigration status is an added burden to access, as one must wait to become eligible for Medicaid/Medicare to access affordable care.

Without proper inclusion of some basic amendments that AAPCHO and our national partners have helped shape with our communities in mind, the proposed version of the Senate Finance Committee Health Reform Bill would increase the number of uninsured AA & NHOPi because so many more would not be eligible for subsidies to purchase insurance or Medicaid.

What is the state of our health - are we higher, same, or less healthy than the general public? Another interesting thing I've learned in my research is that the leading cause of death for AA & NHOPi is cancer and not heart disease like the general populace. Are there other glaring differences such as this? Do AA & NHOPi have special healthcare needs?

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Give Us Your Feedback

Please feel free to send us your reviews, comments, and book suggestions. You can contact us at -
aacpinc@asianamericanbooks.com

Up Coming Events

Here are some events that AACCP will soon be attending. Invite us to your events.

Date/Time	Event	Location
Oct. 10 9-4pm	9th Annual Teachers for Social Justice Conference	San Francisco, CA
Nov. 7 10am-4pm	5th Annual Artistry Faire Fine Arts and Asian Crafts	Palo Alto Buddhist Temple Gym Palo Alto, CA
Other Event of Interest that AACCP May Not Attend		
Oct. 1 7pm	A conversation with author Chitra Banerjee Divakaruni - kick-off event for One Book One Community: San Mateo Reads 2009	San Mateo Performing Arts Center San Mateo, CA
Oct. 28- Nov. 1	Nat. Assoc. for Multicultural Ed. (NAME) 2009 Conference	Grand Hyatt Denver, CO
Oct. 30- Nov. 2	CA Lib. Assoc. Annual Conference	Pasadena Convention Center Pasadena, CA
Nov. 1-30	National Novel Writing Month	In Your Home
Nov. 14 8-3pm	National Pacific Islander Educator Network (NPIEN) 8th Annual Education Conference	Paramount High School 14429 S. Downey Ave. Paramount, CA
Nov. 20-23	CA School Lib. Assoc. Conference 2009	Ontario, CA

Editor's Message

Hello Everyone,

Looks like I'm working on Hawaii time again. I'm late with the September issue of this newsletter. My apologies to you all except for those in Hawaii :).

Just had a funny experience with Google Maps (guess I was wasting too much time with this, but those people at Google have a sense of humor :). I was curious about what it would say if you couldn't actually drive to your destination location - some place overseas for example. So I entered the destination of Perth, Australia from San Francisco.

For some reason it told me to go to the state of Washington before "kayaking" to Hawaii, then Japan, and finally down to Australia. Perhaps it had to do with ocean currents, but in any case, it didn't even suggest for stopovers in the Philippines or Indonesia. The funniest part was selecting the option to do this journey by walking. It came up with the following - "Use caution - This route may be missing sidewalks or pedestrian paths."

This journey is estimated at 14,103 miles in length. Really makes you wonder about the pioneers that came to the US from Asia by other means than by airplane. Anyway, if you should considering taking this trip on foot and kayak, better set aside 189 days and nine hours.

Thank you very much Jeff Caballero and Tien Teng, also with AAPCHO, for making this month's newsletter possible. Healthcare is an import issue well worth all of our attention even if you may be growing tired of the debates and shouting. This is truly an issue of life and death. For those of you that may be against the current reforms, keep in mind that any good system always builds in the possibility for change and improvement. Let's hope that we get such a system.

Thanks Sharon, for help with the book descriptions.

Bye Everyone.

Leonard Chan
Executive Editor

AA & NHOPI Healthcare and Reform

(Continued from page 1)

We have health conditions such as hepatitis B, tuberculosis, thalassemia (which is an inherited blood disorders that cause the body to make fewer healthy red blood cells and less hemoglobin than normal. Complications include heart and liver disease, infections, osteoporosis, and other problems.) These conditions and a slew of others are significantly more prevalent in our community than others, yet unfortunately are traditionally underfunded so people are not getting the resources they need to get educated, get screened and get treatment.

Do we have deficiencies in AA & NHOPI healthcare givers? Do cultural and language differences require us to have more AA & NHOPI workers?

Culturally and linguistically appropriate health care is such a critical piece of building, protecting and sustaining a community's health, which is why our member health centers across the country play such significant roles in their neighborhoods and beyond. Community health centers-especially those that serve predominantly non-English speaking populations-are by definition informed by and responsive to their specific community's needs.

For some, this means staffing trained "patient navigators" that speak a patient's language to help make sure that the person fills out the right forms, sees the right specialist, and understands the care they've received. For other centers, it might mean a heavy investment in creating culturally tailored signage and health education materials, as well as frequent outreaches into the surrounding areas. We need to support the continuation of these enabling services and systems that for decades have helped millions of people and their families reach and use tools for better health.

Having said this, a critical component in health reform we have not yet secured is the provision to reimburse medical providers for language access services such as the use of interpreters. Because there are so many (more than 40%) Asian Americans who are limited English proficient, without language interpreters they do not truly receive the quality health care services they deserve.

What's the state of healthcare in US Pacific Island territories like Guam, the Northern Mariana Islands, and Samoa? Are their healthcare needs even more critical?

For people from the Pacific territories, the battle for equitable access to health care is occurring on two major fronts: Pacific Islanders living in the Pacific and Pacific Islanders living in the United States. Pacific Islanders living in the United States have a legal and lawful right to travel to/from the United States because of the agreement with the U.S. Unfortunately, they are not considered U.S. citizens, nor are they viewed as immigrants, so they are not eligible for Medicaid or any other public benefits if they live in poverty. Quite simply, they are stuck in an unfair, lose-lose situation. Therefore, as we are advocating in the current health reform debate, Pacific Islanders should be able to participate in the proposed Insurance Exchange, as well as receive subsidies if they are living in near-poverty, and Medicaid if they are in poverty.

On the other front, concerning Pacific Islanders living in the Pacific territories, the health reform battle centers on eliminating the cap set on Medicaid awarded by the United States. With the current Medicaid cap, the territories have limited funds regardless of the community's present need, so those living in poverty may not have access to this public service when they require it. Consider that medical providers in the Territories often have to refer complicated medical cases for management either in Guam or Hawaii. Transportation costs, as well as health care costs for medical cases from other Pacific territories and agreements with the U.S. are difficult to anticipate and/or budget; still, they are unquestionably necessary and thus a significant portion of a capped resource is immediately spent.

A report included on your website states that one of the problems is that AA & NHOPIs are a diverse group that need more research into the individual group's needs. Can you expand on this? Will healthcare reform address the needs for more research and targeted healthcare needs?

Thank you for bringing this up, Leonard, because it's absolutely essential that we improve our collective knowledge of AA &

NHOPI health challenges to ultimately develop better future health policies; indeed, the dearth of knowledge already impacts health policy today, oftentimes at our community's loss. We know, for example, that Vietnamese women have the highest mortality rates related to cervical cancer compared with women of any other racial/ethnic groups. If health reform does not have access provisions to reduce barriers to screening, prevention, and access to a regular primary care home, Vietnamese women would continue to suffer disproportionately compared to others.

What are some of the other failings of our current healthcare system in helping AA & NHOPIs?

A few major concerns for what's still lacking come immediately to mind. First, we do not have enough community health centers for all those in need in California or nationally. Community health centers provide a critical service as a vital part of the national safety net, because they provide a primary care home to those in our communities that are at greatest risks of not receiving care: the poor, the uninsured, those linguistically or culturally isolated/alienated. Our membership alone serves about 400,000 patients who are primarily AA & NHOPI and either underinsured or uninsured altogether.

Also, we need to be aware that even if we are successful in reforming our health care system and ensuring everyone gets access to health insurance, the country will still be facing its long-time primary care provider shortage. Even with health insurance, many people may still not have timely or appropriate access to health care services because there are simply not enough primary care professionals to meet the demand for care. Many argue that this is because primary care providers are not paid as well as other health care specialists and thus there's little incentive for med students to make that their focus. A fundamental shift in how we value our primary care physicians, nurses, assistants and health educators must happen for this to situation to truly change.

What do you foresee for AA & NHOPIs if we don't get healthcare reform?

AA & NHOPIs, like many other Americans, will see more and more of our salaries going towards buying health insurance at exorbitant rates, instead of savings for our children or our home-in other words, we'll be forced to pay more now to stay healthy and invest less in our futures. More people will go without insurance altogether and not seek health care services unless their health status condition can no longer avoid it; this would mean that diseases which are preventable or curable will not be diagnosed in time as well as more people would be using the emergency rooms-in short, more families would be suffering and we all would see more of our taxes paying for emergency room care. Already, \$18 billion is wasted each year on avoidable visits to ERs that could have been treated or prevented via visits to a primary care provider or community clinic.

Thank you very much for answering our questions Jeff. We wish you success on your efforts.

Some Useful Related Links

Centers for Disease Control and Prevention (CDC)

- General National Health Data - interactive database
<http://www.cdc.gov/nchs/hdi.htm>
- Health of Asian or Pacific Islander Population
http://www.cdc.gov/nchs/fastats/asian_health.htm
- National Health Interview Survey
<http://www.cdc.gov/nchs/nhis.htm>

US Department of Health and Human Services

- Office of Minority Health
<http://www.omhrc.gov/>

APIA Health Services Organizations

- Association of Asian Pacific Community Health Organizations (AAPCHO)
<http://www.aapcho.org/>
- AAPCHO's member organizations
<http://www.aapcho.org/site/aapcho/section.php?id=10956>

Healthcare Reform Information

- Henry J. Kaiser Family Foundation – proposal comparison
<http://www.kff.org/healthreform/sidebyside.cfm>

The Sox Kitashima - Not Forgotten Library Project

For those of you that are knowledgeable of the dealings of AACP, may have even volunteered on this project, or may have stumbled across the mailers and books at our store, you probably already know about this project.

Off and on during the past eight months, we've been sending our wonderful book *Birth of an Activist: the Sox Kitashima Story* to public libraries throughout California - nearly 1100 books in all so far. The project has been made possible by a grant from the Henri and Tomoye Takahashi Foundation of San Francisco, the heirs of Sox Kitashima, co-author Joy Morimoto, and AACP.

Do us a favor and check to see if your local library has received their copy yet or not and if possible please do us one more favor by helping us find homes for our books at your local school's library too. That's right, we want to give a copy of *Birth of an Activist* to any school that wants one.

Here's how to participate - find out the review process for your local school's library. If you work closely with one, work at one, or just know someone connected to one, ask the people in charge if they would like a copy of our book.

You can read about *Birth of an Activist* by going to
<http://asianamericanbooks.com/books/3189.htm>.

To order your gift copy go through the usual online ordering process, leave the billing information blank and enter in the "Special Instructions" box that you would like a "gift copy paid for by The Sox Kitashima - Not Forgotten Library Project." Make sure that the billing address is a legitimate school or school district office address that we can verify through the Internet (you can give us a web link if you like). We'll get back to you and let you know if we have any book left through this program. You can also order the book by phone or fax. Just say that you saw this article and would like to get your gift copy.

Remember, this is a limited offer that will last through the end of November while supplies and money for shipping last. Oh, if you would like to pay for the shipping, that would be appreciated too. That way we could reach more libraries and institutions that may not be able to afford the shipping.

Thank you.

Earthquake and Tsunami Relief for Samoa

We do not necessarily endorse the following organization, but they appear to be a legitimate website for earthquake and tsunami relief for Samoa. If you want to help, please check them and other possible organizations out. Thank you.

- GlobalGiving
<http://www.globalgiving.com/projects/south-pacific-tsunami-recovery-fund/>

ADDITIONS TO OUR WEBSITE

The following books are discounted for subscribers to our newsletter. The discounts on these books end October 21, 2009.

	<p>Erika-san</p> <p>By Allen Say 2009, 29 pages, Hardback.</p> <p>When a young girl named Erika sees a picture of an old Japanese cottage, on her grandmother's wall, she gets her life long inspiration to learn about Japanese culture and language. When she grows up she takes a teaching job in Japan. When Erika gets there, her expectations of finding a rustic Japan are initially thwarted. Finally she gets her teaching assignment changed to a remote Japanese island where she finds her dreamed of life and love.</p> <p>As all of Allen SAYS's books, <i>Erika-san</i> is beautifully illustrated and a must read.</p> <p>Item #3573, Normally \$17.00 ... for newsletter subscribers \$13.60</p>
	<p>Snow on Willow A Nisei Memoir</p> <p>By Jean Oda Moy 2009, 217 pages, Hardback.</p> <p>Jean Oda Moy's memoir is a unique account of a Japanese American living in Japan during World War II. Moy's experience of life in America and Japan gives a glimpse of what it felt like to live as an outsider in two cultures during historic times. Through hard times of racism, atomic bombs, typhoons and more, nothing can crush her indomitable spirit.</p> <p>Item #3574, Normally \$14.99 ... for newsletter subscribers \$11.99</p>
	<p>The Issei Prisoners of the San Pedro Internment Center</p> <p>By Stanley N. Kanzaki 2009, 270 pages, Paperback.</p> <p><i>The Issei Prisoners of the San Pedro Internment Center</i> is an interesting historic but fictionalized account of an America educated Japanese diplomat's son that gets interned during World War II at Justice Department camp in New Mexico. The main character Kenji Yamato goes from a privileged life being educated at UC Berkeley, University of Tokyo, and Oxford to hell like conditions of San Pedro, New Mexico.</p> <p>Read how the Issei prisoners of San Pedro persevere through their indignities and unjust incarceration.</p> <p>Item #3575, Normally \$15.00 ... for newsletter subscribers \$12.00</p>
	<p>Queen of Dreams</p> <p>By Chitra Banerjee Divakaruni 2005, 340 pages, Paperback.</p> <p>Like the deciphering of dreams this story is for the main character, named Rakhi, an unraveling of her mother's story and a journey of self-discovery. Rakhi, an Asian Indian American divorced mother living in Berkeley, discovers her dead mother's secrets by reading her dream journals. Rakhi's mother is no ordinary dream chronicler, she's a gifted dream interpreter that guides and aids her clients with their lives. Can Rakhi's mother help Rakhi? Read the <i>Queen of Dreams</i> and find out.</p> <p>Item #3577, Normally \$13.95 ... for newsletter subscribers \$11.16</p>
	<p>The Girl Who Drew a Phoenix</p> <p>By Demi 2008, 44 pages, Hardback.</p> <p><i>The Girl Who Drew a Phoenix</i> is a story of a young girl Feng Huang who finds a phoenix feather and attempts to draw a picture of the fabled bird, only to find out that it can't be done without a true understanding the phoenix's powers. Phoenix's are credited with the powers of wisdom, clear sight, equality, generosity and right judgement and Feng must go on a journey of self-discovery to appreciate those powers. In the end she learns that the powers are most valuable when shared with others. This is a visually stunning book with rich vibrant colors and beautiful illustrations.</p> <p>Item #3576, Normally \$21.99 ... for newsletter subscribers \$17.59</p>

