



The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian and Pacific Islander (API) women's organization in the country. Our mission is to build a movement to advance social justice and human rights for API women and girls. Successfully reforming health care requires putting patients first and improving how their care is delivered. This is particularly important for low health literacy, immigrant, and limited English proficient populations such as API women.

NAPAWF welcomes the chance to comment on the 10% threshold for translating Medicare plan materials that is codified here. Setting the threshold at 10% would negatively impact the API community. The 10% standard is far too high to reach the diversity found within the API diaspora. A more appropriate standard would be 5% of population or 500 persons in service area whichever is lower.

The Asian and Pacific Islander population is one of the fastest growing racial and ethnic groups in the United States, having grown more than 400% in the past thirty years. According to the US Census Bureau, APIs will continue this trend with annual growth rates that may exceed 4 percent and estimated to reach 41 million individuals by 2050.¹ There is great geographic dispersion as well, with APIs dispersed throughout the US. For example, although, just a few states, such as Hawaii, California, New Jersey, New York and Washington have API populations that exceed 5%, 11 other states have API populations between 3 and 5% of the total population. On a local level, this dramatically increases the number of local communities that have API populations that exceed the 5% threshold.

An additional characteristic of the API community is that it is also one of the most diverse communities, with over 30 different ethnicities and over 100 spoken languages. The largest subgroups of Asian populations are Chinese (23%), Filipino (20%), Asian Indian (16%), and Japanese, Korean, and Vietnamese (10% each). About half (46%) of those of Hawaiian or other Pacific Islander descent are native Hawaiian; other large subgroups within the Pacific Islander category are Samoan (15%) and Guamanian (11%). API community is also more likely to be limited English-proficient (LEP) than other groups. The percentage of persons 5 years or older who do not speak English at home varies among Asian American groups: 62 percent of Vietnamese, 50 percent of Chinese, 24 percent of Filipinos and 23 percent of Asian Indians are not fluent in English.² APIs are more likely to encounter significant communication difficulties in health care settings. These difficulties result in patients who are disadvantaged in the public arena as well as in the doctor's office. API patients are often unable to fully communicate the

¹ <http://www.census.gov/population/www/pop-profile/natproj.html>

² <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=53>

extent of their health issues and must rely on untrained family members and friends to interpret on behalf of an LEP patient which increases misunderstandings of how Medicare or other insurance plans work. These communication barriers can lead to misdiagnosis, prolonged and erroneous care, and/or serious injury or death.

The Patient Protection and Affordable Care Act has made it a priority to establish patient-centered care. This goal should extend to minority and limited-English proficient patients, who are more likely to suffer from barriers to care that lead to increases in health disparities, illness, and death. APIs report less satisfaction with health care, which is likely to directly related to their level of access to care. The Institute of Medicine recently released a report that eliminating barriers to access is a key component of reducing inequities in health care and eliminating health disparities.³ Taking steps to reduce language barriers would benefit API women, who have higher rates of cervical cancer and Hepatitis B infection than White women and are less likely to have health insurance coverage, have low rates of mammograms, pap smears, or preventive health screenings. Lowering the threshold for interpretation and translation services to 5% will increase the opportunity for the health community to interact with Asian and Pacific Islanders, provide better patient-centered care, and reduce the health disparities.

Thank you for your consideration of these comments.

Respectfully,

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³ <http://www.csuchico.edu/cjhp/5/2/112-127-shive.pdf>