



NAPAWF Urges HHS to Adopt Recommendations Proposed by the Institute of Medicine to Improve Access to Health Care Coverage for API Women and Girls

On July 19, the Institute of Medicine recommended that eight preventive health services for women be added to the list of services that health plans will cover at no additional cost to patients. The recommendations will be reviewed by HHS who will then determine which services will be covered and provided with no-cost sharing. In November, as part of the Women of Color United for Health Care Reform (WOCUHR), NAPAWF provided testimony on what should be included as preventive services. NAPAWF has also participated in a coalition on the Women's Health Amendment and signed on to statements indicating our support for birth control as part of preventive services. We are pleased that some of our suggestions are part of the recommendations.

The recommended services will increase API women's access to health care. API women face cultural and linguistic barriers to accessing care. By expanding the scope of preventive services, IOM is helping to remove the cost barrier to API women. The full report can be found [here](#). The additional services and their benefit to API women are:

- Improved screening for cervical cancer, counseling for sexually transmitted infections, and counseling and screening for HIV. Studies have found that the cervical cancer rate for Vietnamese American women is five times higher than that of non-Hispanic white women, which represents the highest rate for any racial or ethnic group.¹ Sexual discussions are taboo among many Asian and Pacific Islander cultures. Many adults and young people have difficulty with frank discussions about sexuality.² Addressing taboos associated with conversations about sexual behavior and increasing access to counseling and screening is an important step in reducing cancer disparity.
- A fuller range of contraceptive education, counseling, methods, and services so that women can better avoid unwanted pregnancies and space their pregnancies to promote optimal birth outcomes. On the national level, half of the six million pregnancies in the U.S. each year are unintended.³ 7 in 10 women of reproductive age (43 million

¹ National Asian Women's Health Organization (NAWHO), *Learning from Communities: A Guide to Addressing the Reproductive Health Needs of Vietnamese American Women* (1998).

² Okazaki, S. "Influences of Culture on Asian Americans' Sexuality." *The Journal of Sex Research* 2002 39(1): 34-41.

³ "Contraceptive Access in the United States" Center for Reproductive Rights. Accessed on December 22, 2010

women) are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method. 16% of black women, and about 9% of Hispanic, white, and Asian women at risk of unintended pregnancy were **not** using contraception in 2006–2008. Eliminating a co-pay for contraceptive services will increase the effective utilization of contraception and decrease the rate of unintended pregnancy.

- Services for pregnant women include screening for gestational diabetes and lactation counseling and equipment to help women who choose to breastfeed do so successfully. In 2006, American Indian and Alaska Native women were the groups most likely to receive late or no prenatal care (8.1 percent of births), followed by black women (5.7 percent) and Hispanic women (5.0 percent). Among Asian/Pacific Islander women in 2002 (the most recent year for which these data are available), those receiving late or no prenatal care ranged between 2.1 percent of births among mothers of Japanese and Chinese origin, and 4.7 percent of births for mothers of Hawaiian and part-Hawaiian origin.⁴ While the provision does not address prenatal care directly, increasing services for pregnant women will hopefully increase the number of API women who receive prenatal care generally.
- At least one well-woman preventive care visit annually for women to receive comprehensive services. Many API women forgo critical preventive health care: 29.2% of API women have not had a mammogram for the past two years, and 24.1% have not had a Pap Test in 3 years.⁵
- Screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally-sensitive and supportive manner. A national survey found that Asian-American females have lower rates of intimate partner violence than other groups. However, violence experts think this may be due to under-reporting. Community-based studies have had opposite results, finding that Asian-American women are more likely than any other group to face intimate partner violence in their lifetime.⁶ Increasing access to screening and counseling for interpersonal and domestic violence may both increase rates of reporting and decrease occurrence. NAPAWF is also pleased with the culturally sensitive part of the recommendation, as one of the barriers to reporting and seeking services for violence is lack of culturally appropriate care and resources.

NAPAWF urges HHS to meaningfully adopt and implement IOM's recommendations.

⁴ Child Trends in Data Bank. "Late or No Prenatal Care" Accessed on July 20, 2011: <http://www.childtrendsdatbank.org/?q=node/214>

⁵ National Asian Pacific American Women's Fo-rum, *Health Care Coverage and API women*. <http://napawf.org/wp-content/uploads/2009/10/>

⁶ Minority Women's Health: Violence: <http://www.womenshealth.gov/minority-health/asian-americans/violence.cfm>