



In Focus: The 2026 National AANHPI Women+'s Survey

Report: Immigrant Justice and the Health Equity and Access under the Law for Immigrant Families Act

Background

This report presents findings on immigration and immigrant health from the National Asian Pacific American Women's Forum's (NAPAWF) 2026 national survey of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) women and gender expansive people. Lake Research Partners and Sprout Insight conducted the survey in June 2026 with 1,200 respondents. Separate reports cover its findings on economic and reproductive health justice.

Founded in 1996, NAPAWF organizes and advocates with and for AANHPI women, girls, and gender expansive people across reproductive, economic, immigrant, and racial justice issues. NAPAWF commissions this survey each year in part because national surveys seldom include enough AANHPI respondents to examine differences among ethnic groups, and few are offered in Asian languages. Too often, our communities appear in public data as a single category, if they appear at all. Throughout this report, "women+" refers to women and gender expansive people, including nonbinary people and respondents who described their gender in another way.

The survey was fielded amid expanded immigration enforcement. It asked respondents both about experiences close to home—whether someone they know had been detained or deported or had changed their daily routines out of concern about immigration status—and about policies that would expand access to immigrant health coverage. Among those policies is the Health Equity and Access under the Law for Immigrant Families (HEAL) Act which NAPAWF advances with the Latina Institute for Reproductive Justice and other immigrant health and health equity partners. Many lawfully present immigrants face a five-year waiting period for Medicaid or the Children's Health Insurance Program (CHIP), while undocumented immigrants are excluded from federal Marketplace coverage. The HEAL Act would address these and other restrictions that place health coverage out of reach.

The findings reflect deep immigrant ties, the reach of immigration enforcement into daily life, and support for expanding health coverage. One in three AANHPI women+ (33%) was born outside the United States (U.S.); among those born here, six in ten (60%) have at least one immigrant parent. Since January 2025, 12% of respondents have known someone who was arrested, detained, or deported, and 23% have known someone (including themselves) who avoided travel, medical care,

work, or public spaces because of concerns about immigration status. Worry is more widespread: 41% worry often or sometimes that they or someone they know could be detained or deported, rising to about half of Vietnamese women+.

Respondents favor every HEAL Act provision tested. Nearly half strongly favor ending the five-year waiting period for Medicaid and CHIP (47%) and for Medicare as described in the survey (45%). Majorities favor coverage for undocumented immigrants brought to the U.S. as children (54%) and access to health insurance marketplaces (54%). The broadest agreement is with a statement about giving everyone a fair opportunity to be healthy, regardless of race, ethnicity, or class (83%). The sections that follow examine these findings across ethnicity, age, party identification, education, country of birth, and household income.

Methodology

Lake Research Partners and Sprout Insight designed and administered this online survey from June 10 to 22, 2026. The survey reached a total of 1,300 Asian American Native Hawaiian Pacific Islander women and gender expansive people, which includes a base sample of 1,200 Asian American (97%), Native Hawaiian and Pacific Islander (4% including 2% Native Hawaiian) women (99%) and gender expansive people (1%), with oversamples of 50 Japanese women and gender expansive people and 50 Korean women and gender expansive people. The oversamples were weighed down into the base sample to their proper proportion of the universe for a total sample size of 1,200.

Eligibility for the survey required respondents to self-identify as Asian American (97% of respondents) and/or Pacific Islander (4% of respondents), be at least 18 years old, and self-identify as a woman (99%), nonbinary person (1%), or a self-described gender aside from a man. The sample was drawn from an online panel and screened to be adults residing in the U.S. and designed to represent the diversity of AANHPI ethnicities nationally. Participants could complete the survey in English, Korean, Chinese (Simplified and Traditional), Tagalog, Vietnamese, and Hindi for language accessibility.

To ensure the sample reflects attributes of the actual population, the data is weighted to reflect the 2020 Census. The base sample of Asian American Native Hawaiian Pacific Islander women and gender expansive people was weighted slightly by region and age; Japanese women and gender expansive people were weighted by age; and Korean women and gender expansive people were weighted by region and age. Because the sample is based on those who initially self-select for participation in the panel rather than a probability sample, no estimates of sampling error can be calculated. All sample surveys and polls may be subject to multiple sources of error, including, but not limited to, sampling error, coverage error, and measurement error. If this poll were conducted among a probability sample, then the margin of error would be +/- 2.7 percentage points at the 95 percent confidence interval; the margin of error would be higher among subgroups.

Key Findings

A third were born outside the U.S.; most U.S.-born AANHPI women+ have an immigrant parent.

Two-thirds (67%) of AANHPI women+ were born in the U.S., while a third (33%) were born in another country. The share born in the U.S. ranges from 58% among Filipino women to 80% among Japanese women. Over seven in ten Vietnamese and Korean women are U.S.-born (72% each) and about two-thirds of Indian and Chinese women are U.S.-born (65% each).

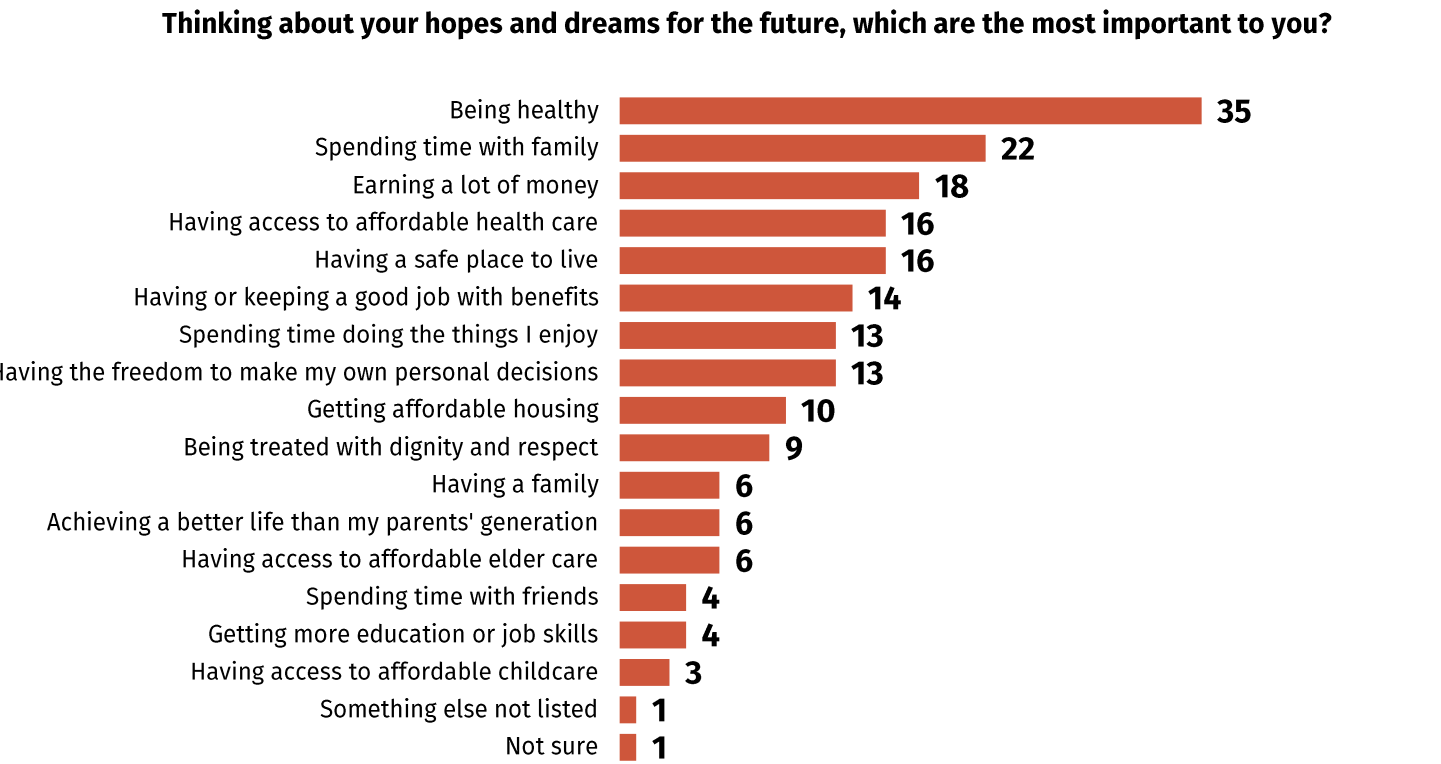
Six in ten U.S.-born AANHPI women+ (60%) have at least one parent born outside the U.S.; 38% say their parents were born in the U.S. This pattern holds across ethnicity, except among Japanese women. Seven in ten (72%) U.S.-born Japanese women say their parents were born in the U.S. (28% born in another country).

About a third of immigrant AANHPI women+ moved to the U.S. as minors (36% were under 18 when they moved to the U.S.), and a majority (59%) moved as adults.

Health is central to AANHPI women+’s hopes for the future.

Chart H.1 shows that one in five respondents (20%) name health care as one of the two most important issues facing the country. When asked about their hopes for the future, 35% choose being healthy—the most frequently selected response—and 16% choose access to affordable health care.

H.1. Most important hopes and dreams for the future (percent of AANHPI women+, two responses allowed)



Being healthy is the most frequently selected hope for the future across the demographic groups examined, with the exception of Native Hawaiian and Pacific Islander women+. Depending on the group, 24% to 46% select it.

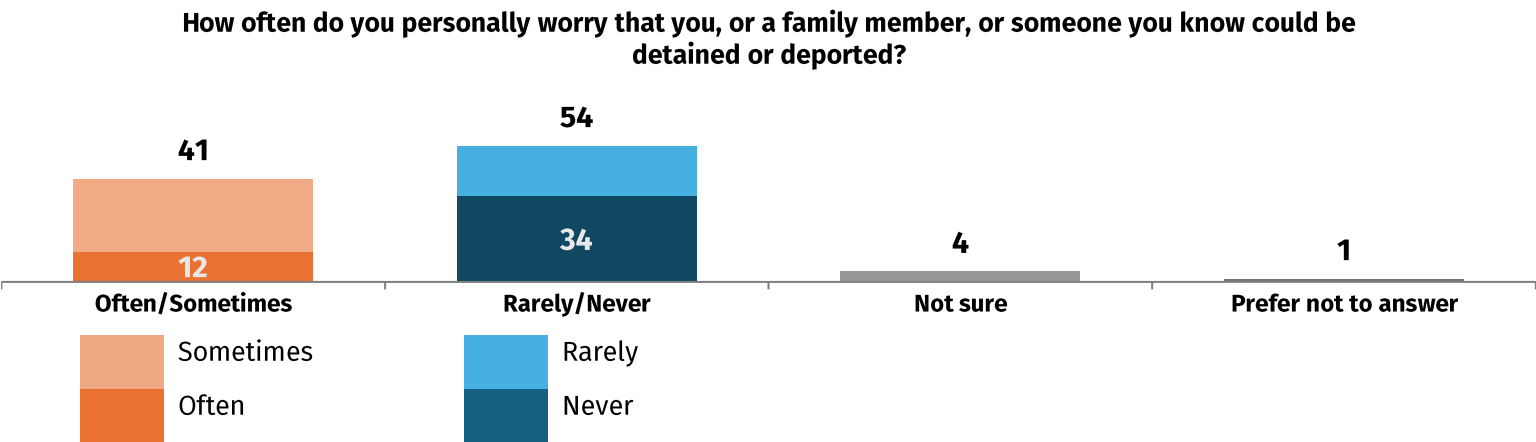
Immigration enforcement has reached communities and shaped daily life.

Recent immigration enforcement actions by the current administration have impacted a minority of AANHPI women+ personally.

About one in eight (12%) AANHPI women+ say they personally know someone who has been arrested, detained, or deported on immigration-related charges since President Trump took office in 2025 (83% do not know someone). A quarter (25%) of Native Hawaiian or Pacific Islander women say they know someone who has been arrested, detained, or deported on immigration-related charges. Seven percent of immigrants say they know someone who has been arrested, detained, or deported on immigration-related charges while 14% of U.S.-born AANHPI women+ say they know someone. More than one in five AANHPI women+ who care for someone with a serious physical or mental health condition (29%), or someone who needs help with self-care (24%), know someone who has faced immigration-related charges since President Trump took office in 2025. This is also true among unmarried women with a partner (27%), bisexual women (26%), and LGBTQ women (25%). Among those caring for someone with a disability, women age 30 and under, Muslim women, and Midwestern women, 20% report knowing someone who has faced immigration-related charges.

Concern about detention or deportation extends beyond those who know someone directly affected. Chart H.2 shows that four in ten AANHPI women+ say they often or sometimes worry that a family member, someone they know, or they themselves could be detained or deported. A little over half say they rarely or never worry about this.

H.2. Frequency of worry that oneself, a family member, or someone known could be detained or deported (percent of AANHPI women+)



For most demographic groups, a majority say they rarely or never worry about detention or deportation. Responses are more evenly divided among Indian and Korean women, younger respondents, Democrats, respondents without a college degree, U.S.-born respondents, and those with lower household incomes. Among Vietnamese women, 51% say they worry often or sometimes.

At least one in five LGBTQ women (28%), bisexual women (27%), women with a religious affiliation other than Christian, Jewish, Muslim, Hindu, Buddhist, or Sikh (23%; small sample size), caregivers for someone with a serious physical or mental health condition (23%), Midwestern women (21%), women under age 30 (21%), and unmarried women with a partner (20%) often worry about detention or deportation.

Since January 2025, 23% of AANHPI women+ say they or someone they know has avoided travel, medical care, work, or public spaces to avoid drawing attention to their immigration status. Across ethnicity, age, partisanship, education, parental status, urbanicity, country of birth, and household income, at least one in six AANHPI women+ (15% to 33% across these subgroups) say that since President Trump took office in 2025, they themselves, a family member, or someone they know has avoided traveling, getting medical care, or going to work or other public spaces because they did not want to draw attention to their immigration status. About a third or more caregivers for people with a serious health or mental health condition (40%) or children ages 0-12 (33%) or someone with a disability (32%), women under age 30 (35%), Native Hawaiian/Pacific Islander women (34%, note small sample size), Korean women (33%), LGBTQ women (32%), women in the East North Central region (32%), Muslim women (32%), and strong Democrats (32%) say they or someone they know has avoided these activities.

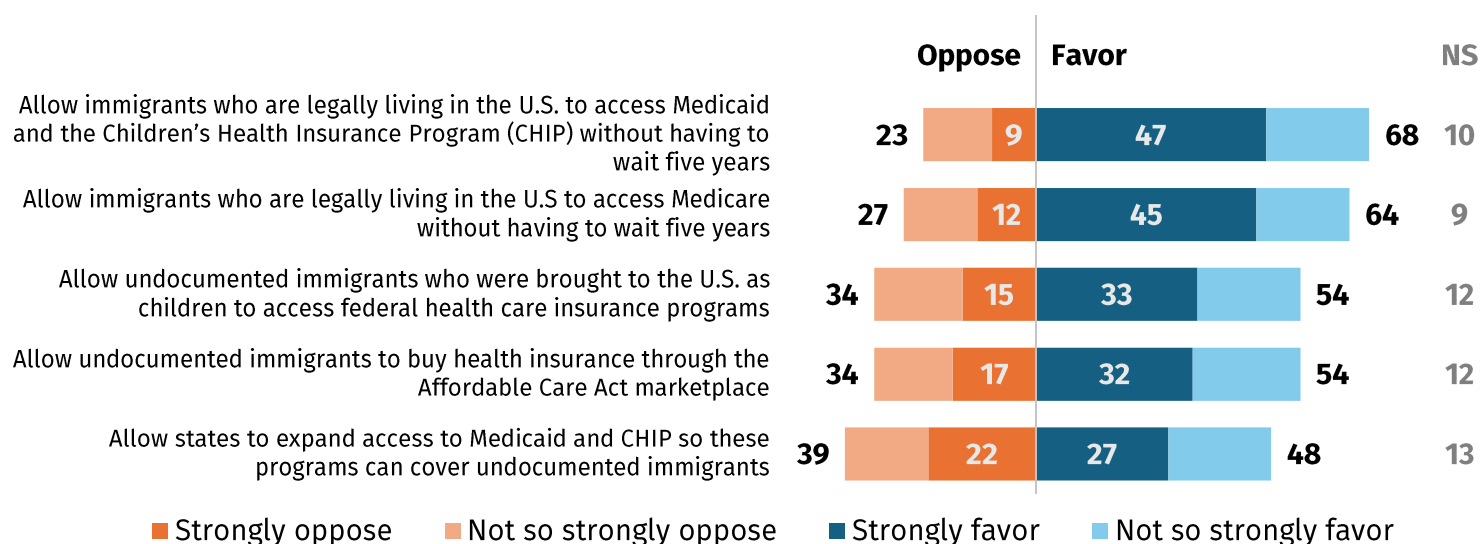
AANHPI women+ support expanding immigrants' access to health coverage.

As chart H.3 shows, AANHPI women+ are most likely to strongly favor policies that allow immigrants who are legally living in the U.S. to access Medicaid and CHIP (47% strongly favor, 68% favor) and Medicare (45% strongly favor, 64% favor) without having to wait five years.

Support is higher for provisions described as benefiting immigrants legally living in the U.S. than for those explicitly concerning undocumented immigrants. However, support remains substantial even when HEAL Act statements explicitly mention undocumented immigrants. Majorities favor allowing people brought to the U.S. as children to access federal health insurance programs (54%) and allowing undocumented immigrants to purchase coverage through the Affordable Care Act (ACA) marketplaces (54%). Nearly half favor allowing states to extend Medicaid and CHIP coverage to undocumented immigrants (48%).

H.3. Support for HEAL Act policies (percent of AANHPI women+)

(NS = not sure)



Messaging and Values

Health and wellbeing are prominent values for AANHPI women+.

When asked to assess statements about health and immigration status, most AANHPI women+ agree with values-based frames. Across ethnicities, the best-testing immigration-related statement centers on the universal opportunity for all to reach their best health and wellbeing (reinforcing the importance of health): “We all want to live in a country where everyone—no matter their race, ethnicity, or class—has a fair and just opportunity to reach their best health and wellbeing.” A majority strongly agree with this statement (53%) and over eight in ten agree overall (83%).

Agreement is broad across the statements in table H.4. Statements about a fair opportunity to be healthy and access to care with dignity draw the strongest agreement: 75% to 83% agree, and 45% to 53% strongly agree.

Agreement is somewhat lower for statements saying that immigration status and income should not determine access to care and that denying immigrants care puts families and communities at risk. Two-thirds (67%) agree with each, while 39% and 35%, respectively, strongly agree. The asset frames, which offer positive visions of immigrant justice and health justice, rate higher than these deficit frames which focus on the negatives.

H.4. Agreement with immigration and health statements (percent of AANHPI women+)

How much do you agree or disagree with the following statements?	% Strongly agree	% Agree
We all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing.	53	83
Every person deserves to be healthy and to access health care with dignity, regardless of how long they have been in the U.S.*	48	77
Every person deserves to be healthy and to access health care with dignity, regardless of what their immigration status is.*	45	75
A person's immigration status and income should not determine their health care coverage or broader access to care.	39	67
Health systems only work when everyone can access care. Denying immigrants, including undocumented immigrants, health care and coverage puts families, communities, and public health at risk.	35	67

*Split sampled

Table H.5 compares responses to two versions of a statement about health and dignity: one refers explicitly to immigration status, while the other refers to how long a person has lived in the U.S. Across most demographic groups, levels of strong agreement are similar. Chinese and Vietnamese women show higher strong agreement with the version that mentions immigration status. Filipino and Japanese women, college-educated and rural respondents, and respondents born outside the U.S. show higher strong agreement with the version that refers to length of residency.

H.5. Language experiment: subgroup responses to statements with and without explicit reference to immigration status

Language Experiment – “how long in the U.S.*” versus “their immigration status*” (*split sampled)	
More likely to strongly agree with explicit reference to immigration status (i.e., “what their immigration status is”)	→ Chinese, Vietnamese (note small sample size)
More likely to strongly agree without explicit reference to immigration status (i.e., “how long they have been in the U.S.”)	→ Filipino, Japanese (note small sample size), college-educated, rural, born in another country
Do not distinguish between statements that do and do not explicitly reference immigration status	→ AANHPI women+ across age, partisanship, parental status, and household income, non-college-educated women, urban and suburban women, women born in the U.S.

Table H.6 shows that over seven in ten (73%) AANHPI women+ feel convinced and a third (34%) feel very convinced by a longer form message focused on immigrants’ access to health care. This message starts with strong shared values of access to health care for all, caregiving, families, and dignity. The statements suggest that AANHPI women+ respond better to messages about everyone rather than singling out people by their immigration status or length of residency in the U.S. More focus on individuals’ health and wellbeing and less focus on healthy communities could also improve this message.

H.6. Share who find the long-form message on immigrants' access to health care convincing (percent of AANHPI women+)

Now, here are some statements people have made. How convincing is each statement - VERY convincing, SOMEWHAT convincing, NOT TOO convincing, or NOT AT ALL convincing?	% Very convincing	% Convincing
Everyone should be able to have access to the health care they need so that they can take care of themselves and their families with dignity. For too many people, their immigration status or how long they’ve been in the U.S. locks them out of health care. Let’s update our laws so immigrants have the coverage they need and deserve, our communities are healthier, and our economy is stronger for all.	34	73

Conclusion

Being healthy is the most frequently selected hope for the future among AANHPI women+, translating to support for the HEAL Act provisions tested here, particularly ending the five-year wait for Medicaid, CHIP, and Medicare as described in the survey. Statements emphasizing a fair opportunity to be healthy and access to care with dignity draw broad agreement.

The findings also show how immigration enforcement reaches beyond those directly affected. Four in ten respondents (41%) worry often or sometimes that they or someone they know could be detained or deported. Nearly a quarter (23%) say they or someone they know has avoided travel, medical care, work, or public spaces because of concerns about immigration status. One in eight (12%) knows someone who has been arrested, detained, or deported since January 2025.

Appendix

Demographics of AANHPI women+ surveyed

Table R.11 shows the demographic profile of the 1,200 respondents, weighted as described in the Methodology section. The sections that follow summarize attitudes among the six largest ethnic groups in the sample.

R.11. Demographic profile of AANHPI women+ surveyed (percent of respondents)

Asian Ethnicity		Race		Age	
Chinese	22%	Asian American	97%	Under 30	20%
Indian	22%	Native Hawaiian or Pacific Islander	4%	30-39	21%
Filipino	16%	Latino/a	2%	40-49	19%
Vietnamese	10%	Black	2%	50-64	23%
Korean	8%	Native American	1%	65+	17%
Japanese	7%	White	5%	Region	
Pakistani	3%	Middle Eastern or North African	0%		
Cambodian	2%	Pacific Islander Ethnicity		Northeast	20%
Thai	2%	Native Hawaiian	2%	Midwest	11%
Indonesian	1%	Samoan	1%	South	23%
Bangladeshi	1%	Chamorro	0%	West	45%
Laotian	1%	Fijian	0%	Gender	
Sri Lankan	1%	Tongan	0%		
Hmong	1%	Marshallese	0%	Parents' Immigration Status	
Malaysian	0%	Something else not listed	1%	Born in another country	60%
Mongolian	0%	Immigration Status		Parents born in U.S.	38%
Nepalese	0%	Born in U.S.	67%	Religious Identity	
Afghan	0%	Born in another country	33%		
Bhutanese	0%	Age Immigrated to US		Christian	35%
Something else not listed	3%			Hindu	14%
Party Identification		Under 10 years old	22%	Buddhist	11%
Democrat	46%	10-20 years old	24%	Muslim	7%
Independent/DK	25%	21-40 years old	42%	Jewish	1%
Republican	26%	41 years old and older	8%	Sikh	1%
Urbanicity		Education		Something else	5%
Urban	42%	High school or less	16%	None	23%
Suburban	47%	Post high school/some college	29%	Religiosity	
Rural	11%	College graduate	39%		
Marital status		Post graduate	16%	Once a week or more	25%
Married	52%	Parental Status		Sometimes	21%
Unmarried	47%	Yes	33%	Only on holidays	8%
Annual Household Income		No	66%	Almost never	39%
Under \$50k	32%	Multi-Generational Household		Sexual Orientation	
\$50k and above	66%	Yes	32%	Heterosexual/straight	88%
		No	66%	Bisexual	7%
				Lesbian	2%

Experiences and Attitudes among Chinese Women

- Nearly two-thirds of Chinese women were born in the U.S. (65% born in the U.S., 35% born in another country). Among U.S.-born Chinese women, nearly two-thirds (63%) say either of their parents were born in a country other than the U.S. Among immigrant Chinese women, 30% immigrated when they were under 18 and 67% immigrated as adults.
- When thinking about their hopes and dreams for the future, being healthy (45%) is most important.
- Chinese women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (39% strongly favor) and Medicare (40%) without having to wait five years.
- Chinese women strongly agree with the statement that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (48% strongly agree).

Experiences and Attitudes among Filipino Women

- Compared to their counterparts, Filipino women are most likely to have immigrated to the U.S. (41% born in another country, 58% born in the U.S.). Among U.S.-born Filipino women, two-thirds (67%) say either of their parents were born in a country other than the U.S. Among immigrant Filipino women, 31% immigrated when they were under 18 and 65% immigrated as adults.
- When thinking about their hopes and dreams for the future, being healthy (30%) is most important.
- Filipino women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (59% strongly favor) and Medicare (54%) without having to wait five years.
- Filipino women strongly agree with the statements that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (65% strongly agree) and that *every person deserves to be healthy and to access health care with dignity, regardless of how long they have been in the U.S.*¹ (63%). Filipino women are more likely to strongly agree with the health and immigrant-related statements than their counterparts.

Experiences and Attitudes among Indian Women

- Nearly two-thirds of Indian women were born in the U.S. (65% born in the U.S., 35% born in another country). Among U.S.-born Indian women, two-thirds (67%) say either of their parents were born in a country other than the U.S. Among immigrant Indian women, 34% immigrated when they were under 18 and 65% immigrated as adults.
- When thinking about their hopes and dreams for the future, being healthy (36%) is most important.
- Indian women are more likely to worry about detention or deportation, and split in how frequently they worry that themselves, a family member, or someone they know could be detained or deported (48% worry often or sometimes, 48% worry rarely or never).
- Indian women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (45% strongly favor) and Medicare (43%) without having to wait five years.
- Indian women strongly agree with the statement that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (45% strongly agree) and that *every person deserves to be healthy and to access health care with dignity, regardless of how long they have been in the U.S.** (46%).

¹ *Split sampled question

Experiences and Attitudes among Vietnamese Women

- Over seven in ten (72%) Vietnamese women were born in the U.S. (28% born in another country). Among U.S.-born Vietnamese women, about six in ten (61%) say either of their parents were born in a country other than the U.S. The sample size of immigrant Vietnamese women is too small for analysis.
- When thinking about their hopes and dreams for the future, Vietnamese women have multiple aspirations that are important to them and health is included in that list: being healthy (24%), earning a lot of money (22%), spending time doing the things they enjoy (22%), and having a safe place to live (20%).
- Half (51%) of Vietnamese women say they often/sometimes worry that themselves, a family member, or someone they know could be detained or deported (44% rarely/never). They are more likely to worry than other subgroups.
- Vietnamese women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (45% strongly favor) and Medicare (42%) without having to wait five years.
- Vietnamese women uniquely strongly agree with the statement that *every person deserves to be healthy and to access health care with dignity, regardless of what their immigration status is*² (51% strongly agree), followed by the statement that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (48%).

Experiences and Attitudes among Korean Women

- Over seven in ten (72%) Korean women were born in the U.S. (28% born in another country). Among U.S.-born Korean women, about six in ten (59%) say either of their parents were born in a country other than the U.S. The sample size of immigrant Korean women is too small for analysis.
- When thinking about their hopes and dreams for the future, being healthy (32%) is most important.
- Korean women split in how frequently they worry that themselves, a family member, or someone they know could be detained or deported (46% worry often or sometimes, 48% worry rarely or never). A third (33%) of Korean women know someone who has avoided traveling, getting medical care, or going to work or other public spaces because they didn't want to draw attention to their immigration status since Trump took office in 2025. These sentiments are elevated compared to other subgroups.
- Korean women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (51% strongly favor) and Medicare (47%) without having to wait five years. About four in ten Korean women strongly favor allowing undocumented immigrants who were brought to the U.S. as children to access federal health care insurance programs (43%) and allowing undocumented immigrants to buy health insurance through the Affordable Care Act marketplaces (40%). Korean women are more likely than other subgroups to strongly favor these HEAL Act policies that relate to undocumented immigrants.
- Korean women strongly agree with the statement that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (56% strongly agree).

² *Split sampled question

Experiences and Attitudes among Japanese Women

- Japanese women are least likely to have immigrated to the U.S. (80% born in the U.S., 20% born in another country). Unlike U.S.-born women of other ethnicities, seven in ten (72%) U.S.-born Japanese women say their parents were born in the U.S. (28% born in another country). The sample size of immigrant Japanese women is too small for analysis.
- When thinking about their hopes and dreams for the future, being healthy (40%) is most important.
- Japanese women are most likely to strongly favor HEAL Act policies that allow immigrants to access Medicaid and CHIP (40% strongly favor) and Medicare (38%) without having to wait five years.
- Japanese women strongly agree with the statements that *we all want to live in a country where everyone - no matter their race, ethnicity, or class - has a fair and just opportunity to reach their best health and wellbeing* (51% strongly agree) and that *every person deserves to be healthy and to access health care with dignity, regardless of how long they have been in the U.S.*³ (49%).

³ Split sampled question