Setting the Context to Advance Health Equity for Asian Americans, Native Hawaiians, and Pacific Islanders

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The history of Asian Americans can be traced as far back as 1763 when Filipino sailors settled in the Louisiana Bayou.
Mid 1800s: The first large wave of migration of Asian contract workers from China, Japan, Philippines, and Korea

1893: Hawaiian monarchy overthrown

1898: Hawai`i annexed by the US; Guam becomes US Territory

1899 American Samoa becomes US territory
From Trust Territories to Commonwealths and Compacts

U.S. Commonwealth (U.S. citizens)
- Commonwealth of the Northern Mariana Islands (finalized 1986)

Freely associated states (unrestricted access to the U.S. to live, work, and study)
- Federated States of Micronesia (1986)
- Republic of the Marshall Islands (1986)
- Republic of Palau (1994)
Large numbers of Chinese came to the US as contract workers for gold mines and railroad development.
Growing Anti-Asian Sentiment

• Riots
• Murders
• Anti-Asian Legislation
  – Chinese Exclusion Act of 1892
  – 1908 Gentlemen’s Agreement

By George Frederick Keller, San Francisco Wasp
1940s

Executive Order 9066 leads to internment of 110,000 Japanese Americans during World War II

Image Source: Los Angeles Museum of the Holocaust
1940s and 1950s

Between 1946 - 1958, 23 nuclear devices were detonated in RMI

1960s-1970s

• Immigration Act of 1965: Quota for Asian immigrants finally brought to same level as European nations

• Refugee Act of 1980: Major source of population growth for Vietnamese and other Southeast Asians from the mid 1970s and 1980s
1980s – 1990s

In 1982, Vincent Chin was beaten to death by two men in Michigan. Through a series of plea bargains and appeals, neither ever spent time in prison for their actions.

The outcry from the Asian community is thought of by many as the birth of the pan-Asian movement.

Image Source: New York Times
Since 9/11, there has been increasing anti-Islam, anti-Muslim, anti-Sikh, anti-Asian, and anti-immigrant sentiments. This has unfortunately resulted in increased harassment and hate crimes. Since the 2016 election, hate violence has increased 45%.
The Perpetual Foreigner

Regardless of how long an individual, their family, or their community has lived in the U.S., immigrants broadly, their descendants, and those who are Asian American or Pacific Islander are viewed as un-American.
Scott: Where you from? Your English is perfect.
Stella: San Diego. We speak English there.
Scott: Oh, uh, no, uh: Where .. are you ... from?
Group Discussion

1. How does the built environment create opportunities and barriers for AAs & NHPIs?
2. How has immigration impacted the health of AAs & NHPIs?
3. How does the model minority myth come into play in our work?
4. How does diversity within AA & NHPI communities impact the way we conduct outreach and engagement?
Built Environment

• National Tongan American Society
• New Mexico Asian Family Center
Immigration and Health

Healthcare for COFA Migrants

Arkansas Coalition of Marshallese

COFA Alliance National Network (CANN)
Model Minority Myth

The false perception that characterizes Asian Americans as a homogenous group that is universally successful and who are immune to the educational, economic, health, and other civic challenges faced by other minority groups.
Model Minority Myth

“Asian Americans are the highest-income, best-educated and fastest-growing racial group in the United States. They are more satisfied than the general public with their lives, finances and the direction of the country, and they place more value than other Americans do on marriage, parenthood, hard work and career success, according to a comprehensive new nationwide survey by the Pew Research Center.

Demystifying the Model Minority Myth

- Banyan Tree Project
- Health Rising Leadership Institute
Diversity and (In)Visibility

All too often, the American public and policy-makers view AAs and NHPIs as a community that lacks sufficient population size, critical mass, and civic engagement. From data reports, policies (and the discussions to craft them) to the media, AAs and NHPIs are often rendered invisible.
Invisibility in Data

Current Asthma Prevalence Percents by Age, Sex, and Race/Ethnicity, United States, 2015

- **Age**
  - Child: 8.4%
  - Adult: 7.6%

- **Sex**
  - Male: 6.5%
  - Female: 9.1%

- **Race/Ethnicity**
  - White: 7.8%
  - Black: 10.3%
  - Hispanic: 6.6%

Source: National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention
The Perpetual “Other”

Figure 5

Distribution of Poor Nonelderly Uninsured Adults in the Coverage Gap by Race/Ethnicity

- White: 44%
- Black: 30%
- Hispanic: 22%
- Other: 4%

Total People of Color: 56%
Total In the Coverage Gap: 3.1 Million

Acknowledging Diversity Within Communities: Disaggregated Data
Asian Population Estimates

Source: 2015 American Community Survey Microdata
NHPI Population Estimates

Source: 2015 American Community Survey Microdata
Below Poverty

Source: 2015 American Community Survey Microdata

- Asian: 13%
- Latino: 24%
- NHPI: 21%
- AI/AN: 28%
- Black: 27%
- White: 13%
Acknowledging Diversity Within Communities: Linguistically Relevant Programs and Resources
Asian Americans contend with numerous factors which may threaten their health. Some negative factors are infrequent medical visits due to the fear of deportation, language/cultural barriers, and the lack of health insurance.

Asian Americans are most at risk for the following health conditions: cancer, heart disease, stroke, unintentional injuries (accidents), and diabetes.

Asian Americans also have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease.

Asian Americans and Pacific Islanders make up less than 5% of the total population in the United States, but account for more than 50% of nearly one million Americans living with chronic hepatitis B.

Sources: HHS Office of Minority Health; CDC
In comparison to other ethnic groups, Native Hawaiians/Pacific Islanders have higher rates of smoking, alcohol consumption, and obesity. This group also has little access to cancer prevention and control programs.

Some leading causes of death among Native Hawaiians/Pacific Islanders include: cancer, heart disease, unintentional injuries (accidents), stroke and diabetes.

Some other health conditions and risk factors that are prevalent among Native Hawaiians/Pacific Islanders are hepatitis B, HIV/AIDS, and tuberculosis. The tuberculosis rate (cases per 100,000) in 2015 was 30 times higher for Native Hawaiians/Pacific Islanders, with a case rate of 18.2, as compared to 0.6 for the white population.
STRIVE


Capacity Building Assistance

• APIAHF is available to provide *free* technical assistance and training to CDC REACH, SPAN, and HOP Grantees

• For more information, contact us:

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