

Asian American and Pacific Islander Experiences Accessing Health Care



Advancing Health Equity

Health equity is realized when each individual has a fair opportunity to achieve their full health potential, regardless of their social, economic, demographic or other differences (World Health Organization, 2017). Reducing health inequities or disparities requires ensuring equity in access, treatments, and outcomes. **Asian Americans and Pacific Islanders (APIs) in the United States are a heterogeneous group**, with a broad range of cultures, languages, acculturation levels, health beliefs and practices (Asian & Pacific Islander American Health Forum, 2009). Due to this diversity, **some AAPI subgroups experience more inequities than others** (BMC Public Health, 2019). Community member experiences and stories from recent focus groups highlight stark disparities and fundamental barriers in accessing care. Key findings and recommendations from these community focus groups can begin to address existing health disparities and improve health care quality for all Californians.



Improving access to care

- Health plans and providers fail at providing adequate interpretation and translated materials for APIs. *“The interpreter service at the hospital is horrible... every time my grandmother goes to the hospital, I go to interpret. It makes [going to] the hospital a greater hassle.”*
- The health care system, particularly communicating with insurance plans, remains complex to navigate, *“the worst part of getting health care is calling your health plan.”*
- Health care services are either inaccessible or unaffordable. *“We didn’t have dental [coverage] so we would have to travel across the border to actually get dental [services] because we could not afford it here.”*

“If you ever have any kind of specialty needs they will ping pong you. Insurance, provider, insurance, provider...they will loop around and it takes forever...”

– Focus group participant

RECOMMENDATIONS

- Provide language assistance services, including qualified interpreters, translated documents in understandable, plain language in at least all Medi-Cal threshold languages, and notice of the right to language assistance services to all patients.
- Improve community-based health outreach, education, enrollment and navigation assistance for AAPIs.
- Increase access for AAPIs to dental care and specialty care services, and incentivize health care providers to serve the Medi-Cal population.



Improving experiences with providers

- Patients are unaware and rarely informed of their rights and continue to face disrespect, exclusion or discrimination. *“They just look at you in a different way. Oh, you don’t know English?” “Even if you speak the language, patients still feel discriminated against because they don’t understand their rights and American culture.”*
- Patients often feel rushed in making decisions about their care with little explanation. *“My mom was given so much medication and everyone was too busy to break it down and explain. These were all medications I had never heard of and it would have been nice if someone had explained what each was...”*

“My late father was in the ER, was left in a cold hallway for hours and couldn’t speak for himself...We had to train my mom to say and demand things, unfortunately, to get the care we need.”

– Focus group participant

RECOMMENDATIONS

- Ensure a culturally and linguistically competent health care workforce that understands AAPI needs and upholds patient rights, including cultural humility and implicit bias training for all health care providers.
- Promote comprehensive whole-person care that treats patients holistically and understands the complementary nature of traditional, non-Western practices.

METHODOLOGY

CPEHN and the Health Access Project (HAP) team at Asian Americans Advancing Justice-Los Angeles partnered in 2019 to learn more about the experiences of Asian American and Pacific Islander (AAPI) individuals and caregivers in accessing quality, culturally and linguistically appropriate care. HAP recruited ten community members living in the Los Angeles region. Participants had health coverage, used or had a family member who had used health care in the past year, were over 18 years old, self-identified as AAPIs and/or multiracials, and were available to participate at the designated time and place of the focus group.