



NCAPIP
National Council of Asian
Pacific Islander Physicians

The Impact of the Affordable Care Act on Asian Indian, Chinese, Filipino, Korean, Pakistani, & Vietnamese Americans

2015
FULL REPORT

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EXECUTIVE SUMMARY

Background

The Patient Protection and Affordable Care Act (ACA) has provided millions of Americans with health insurance coverage including the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities. However, information is scarce about the ways in which the ACA has affected and impacted the ethnic subgroups within the AANHPI communities during the first and second enrollment periods. These communities continue to face disparities in the midst of this new health care expansion. Furthermore, the end of the second enrollment period sparks much interest on how to increase enrollment in the remaining uninsured populations. These efforts are further complicated by the fact that social trends — e.g., socioeconomic status, cultural, language, etc. — are hidden behind aggregate data, concealing disparities that lead to the disproportionate access to healthcare in America.

Objectives

This study reviewed data and literature on select social determinants (insurance, language, nativity, education, economic status) that impact participation and enrollment in the ACA for AANHPIs, focusing on Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese Americans. The study also reviewed online in-language resources on ACA that were available to these six Asian American ethnic groups from federal, state, private, and community organizations.

Findings

There are approximately **18.9 million Asian Americans** and **1.2 million Native Hawaiian and Pacific Islanders** in the US (about 5.9% of the nation's total population). Asian Americans, Native Hawaiians, and Pacific Islanders comprise of more than 50 different ethnicities and speak over 100 languages. The six largest groups (i.e. Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese) make up **87.3%** of the total Asian American population.

Of the top 10 highest **uninsured** groups in the US, 5 are Asian Americans and 2 are Native Hawaiian and Pacific Islanders (Other 30.2%, Hispanic 28.4%, American Indian/Alaskan Native 21.6%, Pakistani 20.9%, Korean 20.5%, Cambodian 18.9%, Vietnamese 18.5%, Micronesian 18.3%, Bangladeshi 18.2%, and Samoan & Black 16.7%).

Uninsurance for the total US population is 14.5%, Whites 12.9%, and aggregate Asian Americans 13.9%. Chinese Americans have the highest uninsured population in absolute numbers (580,548 individuals; 12.9%). It is important to be mindful that a low percentage may represent hundreds of thousands of people.

Of the top 10 highest limited English proficient (**LEP**) groups, 8 are Asian American ethnic groups (Vietnamese 47.9%, Bangladeshi 42.8%, Hmong 40.5%, Chinese 40.1%, Taiwanese 38.3%, Cambodian 37.4%, Other 36%, Korean 35.8%, Laotian 34.7%, Hispanic 32.3%).

Language is a significant barrier to accessing health insurance through the ACA. LEP for US population is 8.5%, Whites 5.9%, Blacks 3.1%, and aggregate Asian Americans 30.6%.

Of the top 10 highest **foreign-born** groups, **ALL** are Asian American ethnic groups (Bangladeshi 70.9%, Asian Indian 67.8%, Taiwanese 65.7%, Pakistani 62.6%, Vietnamese 62.1%, Chinese 60.4%, Korean 60.2%, Indonesian 59.4%, Thai 53.9%, Cambodian 52.9%). Nativity status affects the likelihood of benefiting from government programs, having health insurance, and accessing quality care, as foreign-born individuals may be undocumented, non-US citizens, or LEP. These rates for the total US population are 13.1%, Whites 8.5%, Blacks 8.7%, American Indian/Alaskan Native 5.1%, Hispanics 35.2%, and aggregate Asian Americans 58.6%.

Of the top 10 highest **less than high school educated** groups, 6 are Asian American groups (Other 39.8%, Hispanic 35.3%, Cambodian 34%, Hmong 30.2%, Laotian 30.1%, Vietnamese 26.7%, Bangladeshi 17.8%, American Indian/Alaskan Native 17.3%, Chinese 17.3%, Black 16.2%). These rates for the total US population are 13.4%, Whites 11.5%, and aggregate Asian Americans 13.3%.

What is interesting and surprising about these rates is that many publications give the impression that Blacks and/or Hispanics face the highest inequalities in these categories. Yet these data clearly show otherwise. This stresses how essential it is to look at disaggregated data in order to avoid overlooking the inequalities that Asian American, Native Hawaiian, and Pacific Islander ethnic groups face.

There is a serious lack of **in-language resources** available to LEP, uninsured, and immigrant AANHPI communities, particularly for Asian Indian and Pakistani Americans.

The majority of the in-language resources on federal and state websites were in English and Spanish. Many resources targeted Asian Americans, but not in-language (the content was in English). In addition, finding the resources was very challenging. Most resources required extensive navigation through the websites, many of which were in English, posing another barrier for LEP communities. Sometimes more resources were found when an actual language (e.g., Chinese, Korean, Vietnamese) was typed into the search engine.

Covered California (the state marketplace for California) had 7 resources in Chinese, Vietnamese, Tagalog, and Korean. AARP (a national non-profit serving seniors) had 11 resources in Chinese, Vietnamese, Tagalog, and Korean. Asian Health Services (an FQHC in California) provided enrollment services in 11 Asian languages.

This study intended to identify the social trends in the 5 most populous states, counties, and cities for six Asian American ethnic groups. However, the Census Bureau's American Community Survey (ACS) data sets reviewed for this study (2013 and 2011-2013) did not report that information. As such, some ethnic groups have fewer than 5 counties or cities highlighted. Key findings from the Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese American population are highlighted in the following sections.

Asian Indian Americans

There are 3.4 million Asian Indians in the US. They make up the largest Asian American subgroup in 23 states, mostly in the South, Midwest and Northeast regions, many of which did not participate in the Medicaid expansion or state market exchanges.

The states, counties, and cities with the highest number of Asian Indians were:

<i>State</i>	<i>County</i>	<i>City</i>
CA 19%	Santa Clara, CA	New York City
NY 11%	Queens, NY	San Jose, CA
NJ 10%	Middlesex, NJ	Los Angeles, CA
TX 9%	Cook, IL	Chicago, IL
IL 6%	Alameda, CA	Houston, TX

More than two-thirds of Asian Indians are foreign-born and reside in the most populous states, counties, and cities. The uninsurance rate may be low nationally (10.4%) for Asian Indians but is higher at city and county levels (Chicago city 16.7%, NYC 15.1%, and Queens 14.6%).

Chinese Americans

There are 4.5 million Chinese Americans in the US. The top 5 counties and 4 cities with the highest number of Chinese Americans are either in CA or NY.

The states, counties, and cities with the highest number of Chinese Americans were:

<i>State</i>	<i>County</i>	<i>City</i>
CA 35%	Los Angeles, CA	New York
NY 16%	Queens, NY	San Francisco
TX 5%	Kings, NY	Los Angeles
HI 4%	San Francisco, CA	San Jose
MA 4%	Santa Clara, CA	

22.3% Chinese Americans are uninsured in Queens county, NY. It is important to take into account the absolute numbers as well as the percentages when evaluating data. Although less than 10% of Chinese Americans are uninsured in San Francisco city, this equates to 18,211 uninsured individuals. LEP is high among Chinese Americans: 66.7% in Queens, NY; 60.2% in New York City; and 55.6% in New York state. 26.5% Chinese Americans have less than high school education in San Francisco county and city.

Filipino Americans

There are 3.6 million Filipino Americans in the US.

The states, counties, and cities with the highest number of Filipino Americans were:

<i>State</i>	<i>County</i>	<i>City</i>
CA 42%	Los Angeles, CA	Los Angeles, CA
HI 10%	Honolulu, HI	San Diego, CA
TX 5%	San Diego, CA	New York, NY
IL 4%	Clark, NV	San Jose, CA
NV 4%	Alameda, CA	San Francisco, CA

Uninsurance rates for Filipino Americans are the highest in Nevada (16.6%) and Clark County, NV (16.1%). 11.3% of Filipinos are uninsured in the US. 17.3% of Filipinos have LEP in the US. California (19.5%) and Hawaii (21.3%) have the highest LEP Filipino Americans. Hawaii has the highest rate (15.1%) and California has the lowest rate (7%) of less than high school education for Filipino Americans.

Korean Americans

There are 1.7 million Korean Americans in the US. About 30% of all Korean Americans reside in the state of California. However, public data are available for only two cities on Korean Americans: New York and Los Angeles. This is especially concerning because Korean Americans have the 2nd highest rate of uninsurance (20.5%) among the Asian American ethnic groups (and 5th highest among all ethnic minorities).

The states, counties, and cities with the highest number of Korean Americans were:

<i>State</i>	<i>County</i>	<i>City</i>
CA 30%	Los Angeles, CA	Los Angeles, CA
NY 8%	Orange, CA	New York City, NY
NJ 5%	Queens, NY	
WA 5%	Bergen, NJ	
VA 5%	Fairfax, VA	

Uninsurance for Korean Americans are: 31.5% in Los Angeles city; 30.6% in Los Angeles County, CA; and 23.3% in California. LEP rates for Korean Americans are: 61.9% in Queens, NY; 50% in New York city; and 43.8% in New York state. 74.3% Korean Americans are foreign-born in Bergen County, NJ; and 69.9% of Koreans are foreign-born in New Jersey.

Pakistani Americans

There are approximately 480,585 Pakistani Americans currently residing in the US. Alarming, 20.9% of Pakistani Americans have no health insurance nationally. This is the 4th highest uninsurance rate among all ethnic minorities (and the highest among Asian Americans). Yet public information on Pakistani Americans is available only in three counties and one city.

The states, counties, and city with the highest number of Pakistani Americans were:

<i>State</i>		<i>County</i>	<i>City</i>
NY	18%	Kings, NY	New York City
TX	14%	Harris, TX	
CA	13%	Queens, NY	
VA	8%		
IL	7%		

Uninsurance rates for Pakistani Americans are: 41.8% in Harris County, TX; 39.1% in Texas; and 20.9% in the US. A high number of Pakistani Americans are foreign-born: 68.2% are foreign-born in Harris County, TX; 63.4% in New York; and 62.6% in the US. LEP rates for Pakistani Americans are: 50% in Kings County, NY; 37.7% in New York state; and 27.1% in the US.

Vietnamese Americans

There are approximately 1.9 million Vietnamese Americans currently residing in the US. There are many factors such as English proficiency, immigration history and occupation that may prevent Vietnamese Americans from enrolling in health insurance or accessing health services.

The states, counties, and cities with the highest number of Vietnamese Americans were:

<i>State</i>		<i>County</i>	<i>City</i>
CA	37%	Orange, CA	San Jose, CA
TX	13%	Santa Clara, CA	San Diego, CA
WA	5%	Los Angeles, CA	Houston, TX
FL	4%	Harris, TX	Los Angeles, CA
VA	4%		

Uninsurance rates for Vietnamese Americans are: 33.2% in Florida; 16.5% in Los Angeles county, CA; 29.8% in Houston city, TX; and 18.5% in US. Vietnamese Americans have the highest rate of LEP out of all minority communities including other Asian Americans, Blacks, and Hispanics. Their LEP rates are: 47.9% in US, 48.9% in Florida, 54.8% in Harris County, TX, and 58.3% in San Jose city, CA. 65.6% of Vietnamese Americans are foreign-born in Florida; 66.2% in Santa Clara County, CA; and 72.1% in Houston city, TX; and 62.1% in the US.

Policy Recommendations

All Asian American, Native Hawaiian and Pacific Islander (AANHPI) ethnic groups face key social gaps (e.g., uninsurance, LEP, education) in the states, counties, and cities they primarily reside in that adversely impact their access to health information and healthcare. The reviewed determinants (i.e. uninsurance, LEP, less than high school, unemployment, foreign-birth) for this study showed great variation and disparity by disaggregated data. The disparities were also significantly higher at city, county, and state levels compared to national levels.

There is still a serious lack of in-language resources available to many LEP, uninsured, immigrant, and low income AANHPI communities, particularly Asian Indian and Pakistani Americans.

Underserved and underrepresented AANHPI communities face many challenges and barriers in gaining access and coverage to the services and benefits offered by the ACA. These challenges continue to go unreported and unnoticed at federal, state and local levels as evidenced by the lack of linguistically appropriate materials on federal, state, and local government websites.

This study makes the following recommendations to improve access to care, especially for outreach and enrollment efforts in ACA:

- 1. Recognize and address the large health insurance related disparities that exist among limited English proficient, less educated, low income, or immigrant Asian Americans, Native Hawaiians, and Pacific Islanders.***
- 2. Support more in-language and bilingual resource development to facilitate health communication for Asian Americans, Native Hawaiians, and Pacific Islanders.***
- 3. Make disaggregated enrollment data available to improve data monitoring for access to care for Asian Americans, Native Hawaiians, and Pacific Islanders.***

The following section discusses the recommendations.

1. Recognize and address the large health insurance related disparities that exist among limited English proficient, less educated, low income, or immigrant Asian Americans, Native Hawaiians, and Pacific Islanders.

- All levels of government, health insurance companies, health providers, community-based organizations and non-profits need to continue to outreach to and educate AANHPIs about the ACA (i.e. marketplaces, Medicaid expansion) so they can benefit from the availability of affordable health insurance.
 - This outreach and education is particularly important for the hard-to-reach communities characterized by high concentrations of LEP, less education, low income, and immigrant populations.

- More outreach and education needs to happen at city, county and state levels as the disparities were significantly higher at these levels compared to national levels.
- Government (federal, state, and local) and private organizations (e.g., insurance companies, employers) need to work together to expand access to healthcare coverage for all US residents, including immigrants.
 - Support access to healthcare through the ACA for all AANHPI residents and their families of mixed immigration status.
- Federal, state, and local governments need to embrace programs such as Medicaid and Children's Health Insurance Program to ensure low income AANHPIs are able to access basic healthcare services.

2. Support more in-language and bilingual resource development to facilitate health communication for Asian Americans, Native Hawaiians, and Pacific Islanders.

- More linguistically appropriate in-language resources (factsheets, webinars, videos, workforce, etc.) are needed on all government agency websites, particularly the federal and state marketplace exchanges.
 - California has the highest number of Asian Indians in the US, of whom 21.9% are LEP. Yet Covered California did not have any translated materials in any Asian Indian languages (i.e. Hindi, Gujarati, etc.).
 - CMS did not have any translated materials in Hindi, Urdu, or Vietnamese.
 - Healthcare.gov did not have any translated materials in Hindi or Urdu. The website had two factsheets in Korean and one in Tagalog.
- The Financial Calculator needs to be translated in AANHPI languages on Healthcare.gov and all the state exchange websites.
- Partner with and provide resources (either money or technical assistance) to AANHPI ethnic community-based organizations to develop and disseminate their in-language culturally appropriate resources online. Such materials are tailored to the LEP, poor, or immigrant communities they serve and can reach more people and organizations working with similar hard-to-reach communities.

3. Make disaggregated enrollment data available to improve data monitoring for access to care for Asian Americans, Native Hawaiians, and Pacific Islanders.

- These types of disaggregated data collection and reporting are crucial to identify community needs and target programs effectively and efficiently, e.g., to understand which AANHPI communities are not getting enrolled through Medicaid and the Marketplaces and can be better targeted during outreach efforts.
- It would be useful to compare the coverage data provided by the Census Bureau for high need areas (as determined by high rates of uninsurance, LEP, low education, and immigrant population) with the actual enrollment data.
- Most federal, state, or local government agencies still do not collect or report disaggregated data on AANHPIs (the Census Bureau is the exception).
- Oversampling requires serious consideration in all types of government surveys to identify the needs of smaller sub-ethnic groups.
- Government agencies (federal, state, and local) and private foundations need to examine whether adequate resources are being invested to studying, understanding, and serving the needs of AANHPI communities.

BACKGROUND and SIGNIFICANCE

The Patient Protection and Affordable Care Act (ACA) has provided millions of Americans with health insurance coverage including Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities. The ACA has introduced more benefits and services with fewer restrictions — e.g., removing the penalties for having pre-existing conditions, increasing the age limit from 19 to 26 years old to be on parental insurance, eliminating gender discrimination, and providing many preventive services at no cost. The ACA has also extended health insurance coverage through federal and state marketplaces, and Medicaid expansion.

While these expansions are proving to benefit some, many AANHPI communities have faced challenges in gaining access and coverage to the services and benefits offered by the ACA, and these challenges continue to go unnoticed at federal, state, and local levels.

Information is scarce about the ways in which the ACA has affected and impacted the ethnic subgroups within the AANHPI communities during the first and second enrollment periods, as well as potential disparities these communities face in healthcare in the midst of this new health care expansion. Two publications identified that limited English proficiency (LEP), lack of culturally and linguistically competent resources, low levels of health literacy, immigration-related verification challenges, unreliable enrollment platforms, lack of funding, and negative state policies were major barriers to accessing health insurance through the ACA for many AANHPI communities (Action For Health Justice 2014; Khan et al. 2014).

Insurance coverage is a significant factor in access to healthcare. The underserved and under-represented communities of color are especially challenged with understanding the need for, obtaining information, enrolling and maintaining health insurance coverage. Reaching diverse populations with culturally and linguistically appropriate strategies to increase awareness of the benefits of health care reform are critical to optimizing enrollment in Medicaid expansion and the Exchanges through the ACA. There have been outreach efforts by non-profit and government agencies to inform the nation about Medicaid expansion and the health insurance marketplaces. However, gaps still exist in reaching, engaging and enrolling the disproportionately hard-to-reach, uninsured, or often non-English speaking monolingual populations.

The socio-demographic profile of AANHPIs indicates the need for more linguistically and culturally appropriate services. Thus, this study reviewed data on the following topics (i.e. health insurance, socioeconomic status, language, nativity status, education) that were considered significant in identifying the unmet social, cultural, and linguistic needs to access appropriate health services and information for the AANHPI populations. The goal also included identifying key issues and concerns that are relevant in developing future efforts of the ACA to maximize enrollment of AANHPIs, including attention to language access and health literacy issues for supporting targeted, culturally and linguistically appropriate outreach, education and enrollment activities.

This report includes disaggregated or granular data whenever possible as aggregate data conceal disparities in AANHPI communities. Granular data on race and ethnicity are particularly important for communities of color such as AANHPI communities who are the fastest growing and most diverse (comprised of more than 50 different ethnicities and speak over 100 languages).

It is important to evaluate not only the AANHPIs as a whole, but also identify the specific barriers each sub-ethnic group faces — e.g., socioeconomic status, cultural, language, etc. — and the disparities that have led to the disproportionate access to healthcare in America. It is important to look at data as a whole and also to look at disaggregated data to reveal trends that are hidden by aggregate data. Furthermore, the end of the second enrollment period sparked much interest on increasing enrollment for the remaining uninsured population, and on identifying any persistent disparities or barriers in ACA enrollment.

OBJECTIVES of the STUDY

1. To investigate and understand the population distribution of AANHPIs, at national, state, county, and city levels (top five states, counties, and cities where they are most concentrated), focusing on Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese Americans.
2. To investigate and understand the social determinants of health (e.g., socioeconomic, cultural, language, nativity, etc.) that perpetuate health disparities with an emphasis on those social determinants which affect attainment of health insurance for AANHPIs, focusing on Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese Americans.
3. To conduct a cross cultural comparison with aggregate and disaggregated data within the AANHPI population ethnic groups but also with African American, Hispanic, Native American, and White population groups to evaluate the similarities, differences and patterns of disparities faced by AANHPI ethnic groups in comparison to other racial groups.
4. To identify the ACA related in-language resources available to Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese Americans.
5. To present the usually complex socio-demographic data in a simple way so they are more accessible to community organizations, policymakers, funders, or entities trying to better understand and serve AANHPI communities.

METHODOLOGY

Study period:

This study was conducted from October to December 2014. The study findings are based on publicly available online data and literature review.

Data sources:

Secondary data from the U.S. Census Bureau's American Community Survey (ACS) were reviewed and analyzed:

2013	1-year estimates
2011-2013	3-year estimates

The study variables:

- Population distribution: national, state, county, and city levels
- Education: Less than high school
- Language: speaks English less than very well (limited English proficient)
- Nativity status: US-born, foreign-born
- Health insurance status: No health insurance coverage, public coverage
- Economic status: unemployment rate, and employment rate (e.g., management/business/science/arts, service, sales and office, natural resources/construction/maintenance, production/transportation/material moving).

These study variables were selected because they impact participation and enrollment in the ACA.

In-language resources on ACA:

This study reviewed online materials from government agencies (federal and state), AANHPI community organizations, and other private sector organizations. Mostly Google search was used to find these online resources. Sometimes more resources were found when an actual language (e.g., Chinese, Korean, Vietnamese) was typed into the search engine.

POPULATION DISTRIBUTION

The Asian American, Native Hawaiian, and Pacific Islander (AANHPI) population are the fastest growing and most diverse racial group in the US, with an overall population that is projected to almost triple over the next 50 years (to 48.5 million in 2060), with its share of the nation's total population rising from 5.1% to 8.2% (Colby et al. 2015). AANHPIs comprise of more than 50 different ethnicities and speak over 100 languages.

There are approximately **18.9 million Asian Americans** in the US (about 5.9% of the nation's total population). The six largest groups (i.e. Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese) make up **87.3%** of the total Asian American population (see *Table 1*).

The largest Asian American ethnic groups are:

<i>Chinese</i>	<i>4.5 million</i>
<i>Filipino</i>	<i>3.6 million</i>
<i>Asian Indian</i>	<i>3.4 million</i>
<i>Vietnamese</i>	<i>1.9 million</i>
<i>Korean</i>	<i>1.7 million</i>
<i>Japanese</i>	<i>1.4 million</i>

The states, counties, and cities with the largest number of Asian Americans are (see *Appendix 1*):

<i>State</i>	<i>County</i>	<i>City</i>
CA 32%	Los Angeles, CA	New York
NY 9%	Santa Clara, CA	Los Angeles
TX 7%	Orange, CA	San Jose
NJ 5%	Queens, NY	San Francisco
HI 4%	Honolulu, HI	San Diego

There are approximately 1.2 million Native Hawaiians and Pacific Islanders in the US (about 0.4% of the nation's total population). The five largest ethnic groups are: Native Hawaiian = 560,488, Polynesian = 784,292, Micronesian = 190,594, Samoan = 175,589, and Guamanian or Chamorro = 120,706 (see *Table 1*). Data for Tongans, Fijians, and Marshallese were not available for ACS 2013.

HEALTH INSURANCE

Health insurance is a means for financing a person's healthcare expenses and accessing the healthcare system. The US Census Bureau classifies health insurance coverage into 3 groups: private health insurance, government health insurance, and the uninsured.

About 14.5% of the total US population is uninsured. Among the racial groups, Whites have the lowest rate of uninsurance at 12.9%, followed by Asian Americans and Native Hawaiians and Pacific Islander, both at 13.9%, and Hispanics have the highest uninsurance rate at 28.4%. However, disaggregated data show much higher rates of uninsurance in some Asian American ethnic groups (see *Table 1*).

The AANHPI groups with the highest uninsurance rates are:

<i>Pakistani</i>	<i>20.9%</i>
<i>Korean</i>	<i>20.5%</i>
<i>Cambodian</i>	<i>18.9%</i>
<i>Vietnamese</i>	<i>18.5%</i>
<i>Micronesian</i>	<i>18.3%</i>
<i>Bangladeshi</i>	<i>18.2%</i>
<i>Samoan</i>	<i>16.9%</i>

These uninsurance rates are significantly higher than the average aggregate rates for AANHPIs. This shows that looking at just aggregate data gives a limited picture of the depth of the problem occurring in AANHPI communities. Chinese Americans have the highest uninsured population in absolute numbers (580,548 individuals; 12.9%). It is important to be mindful that a low percentage may represent hundreds of thousands of people.

Lack of healthcare coverage is also shown to be more common in children who do not speak English very well as opposed to nonimmigrant children. Children of immigrants are nearly twice as likely to be uninsured (15%) as are children of nonimmigrant families (8%) (Council of Community Pediatrics 2013).

Table 1: Distribution of Population by Race/Ethnicity and Insurance in US

	Total Population	Uninsured	Public Coverage
All	316,128,839	14.5%	31.6%
White	240,924,897	12.9%	30.5%
Black	43,624,267	16.7%	40.8%
Hispanic	53,986,412	28.4%	33.8%
AI/AN	5,252,044	21.6%	38.8%
Asian	18,913,544	13.9%	21.2%
Asian Indian	3,461,017	10.4%	13.8%
Bangladeshi	170,145	18.2%	40.7%
Cambodian	322,605	18.9%	30.5%
Chinese	4,520,101	12.9%	21.0%
Filipino	3,648,933	11.3%	20.4%
Hmong	286,211	15.6%	39.3%
Indonesian	112,005	15.6%	16.8%
Japanese	1,433,105	7.4%	22.1%
Korean	1,768,644	20.5%	17.9%
Laotian	261,324	15.7%	25.7%
Pakistani	480,585	20.9%	27.9%
Taiwanese	173,087	10.9%	14.5%
Thai	274,899	16.5%	20.9%
Vietnamese	1,907,256	18.5%	25.8%
NHOPI	1,226,149	13.9%	30.1%
Native Hawaiian	560,488	10.2%	31.7%
Guamanian	120,706	14.4%	21.8%
Micronesian	190,594	18.3%	30.0%
Polynesian	784,292	12.0%	31.5%
Samoan	175,589	16.9%	32.7%
Other	16,474,381	30.2%	34.4%

Data Source: Selected Population Profile in the United States, 2013 American Community Survey 1-Year Estimate [Table #S0201]

All race/ethnicities are alone or in combination except Hispanic. Hispanic is "Hispanic or Latino"

Data for Tongans, Fijians, and Marshallese were not available for ACS 2013. The ACS provides data on Tongans, Fijians, and Marshallese for the following years: 2012 1-year estimate, 2011-2013 3-year estimate, 2010-2012 3-year estimate, 2009-2011 3-year estimate (Tongan and Fijian). These data were not included in Tables 1,2,3 and Appendices 1,3,4 to maintain consistency with 2013 1-year estimates that were provided by the ACS for all other ethnicities.

LANGUAGE

On average 30.6% Asian Americans and 32.6% Hispanics have limited English proficiency (LEP). However, disaggregated data show much higher rates of LEP in some Asian American ethnic groups (see Table 2).

The Asian American ethnic groups with the highest rates of LEP are:

<i>Vietnamese</i>	<i>47.9%</i>
<i>Bangladeshi</i>	<i>42.8%</i>
<i>Hmong</i>	<i>40.5%</i>
<i>Chinese</i>	<i>40.1%</i>
<i>Taiwanese</i>	<i>38.3%</i>

Language is one of the most significant barriers to accessing quality healthcare. The lack of language support is associated with more emergency room visits, more lab tests, less follow-up from health providers, low health literacy among patients, and less overall satisfaction with health services (Ramakrishnan et al. 2014). Patients with LEP who do not have access to translated materials—such as policies and provisions of the ACA — in their native language can face difficulty understanding how to apply for insurance, if they are eligible to enroll, how to finance healthcare, as well as fully comprehend the benefits and programs that are covered by the insurance. LEP may also contribute to and exacerbate the health consequences of low health literacy (Sentell et al. 2012).

Moreover, patients who do not speak the same language as physicians tend to have difficulty communicating with their doctors, are less likely to report positive patient-physician interactions, and receive lower quality of care (AAPCHO 2005). *“Patients who face language barriers are less likely than others to have a usual source of medical care”* (Flores 2006). There are high numbers of LEP residents in the US and few in-language resources available for them in hospitals, clinics, and other healthcare facilities.

Individuals are considered to have limited English proficiency (LEP) when they are unable to communicate effectively in English because English is not their primary language and they have limited ability to read, speak, write, or understand English. The Census Bureau collects data on “speak English less than very well” which researchers have found to reflect LEP (Ulmer et al. 2009).

EDUCATION

On average, the rate for receiving less than high school education in Asian Americans (13.3%) is very similar to that of the general population (13.4%) and much lower than the Hispanic rate (35.3%). However, disaggregated sub-group data show much higher rates of less than high school diploma in some Asian American groups (**see Table 2**).

The Asian American ethnic groups with the highest “less than high school education” rates are:

<i>Cambodian</i>	<i>34.0%</i>
<i>Hmong</i>	<i>30.2%</i>
<i>Laotian</i>	<i>30.1%</i>
<i>Vietnamese</i>	<i>26.7%</i>
<i>Bangladeshi</i>	<i>17.8%</i>

Such high rates may reflect the lack of healthcare professionals (i.e. medical students and physicians) from these ethnic communities (AAMC 2014).

Less than high school education applies to those who did not graduate from high school. They tend to have blue-collar or part-time jobs, many of which do not provide insurance to their employees. Also, individuals without a high school diploma are more likely to live 6 to 9 years less than those who receive a high school diploma. In addition, those without a high school diploma are more susceptible to health disparities and are less likely to have access to healthcare in comparison to those with a higher socioeconomic status (Allensworth 2011).

NATIVITY

The percentages of foreign-born immigrants are strikingly high among all Asian Americans, by both aggregate and disaggregated data. On average 58.2% of Asian Americans are foreign born, which is double the percentage of Hispanic (35.2%) and seven times greater than that of the White (8.5%) and Black (8.7%) racial groups. Seven Asian ethnic groups have more than 60% of their communities who are foreign-born (see *Table 2*).

The Asian American ethnic groups with extremely high foreign-born rates are:

<i>Bangladeshi</i>	<i>70.8%</i>
<i>Asian Indian</i>	<i>67.8%</i>
<i>Taiwanese</i>	<i>65.6%</i>
<i>Pakistani</i>	<i>62.6%</i>
<i>Vietnamese</i>	<i>62.1%</i>
<i>Chinese</i>	<i>60.4%</i>
<i>Korean</i>	<i>60.2%</i>

Nativity status determines how likely an individual in the US is likely to benefit from government programs, have health insurance, and access quality care, as those who are foreign-born may not be U.S. citizens, undocumented, or self-employed – all of which affects health insurance status. Thus, looking at place of birth — foreign-born versus US-born — is important in order to see which groups, based on nativity status, may face these disparities. In fact, the low insurance rates among Asian Americans, particularly Korean American immigrants are closely associated with high rates of self-employment or employment in a small business and the related high premiums for non-group health insurance (Nguyen et al. 2013).

Table 2: Distribution of Population by Race/Ethnicity, Language, Education, and Nativity in US

	Total Population	Speak English Less than Very Well	Less than High School Diploma	Foreign Born*
All	316,128,839	8.5%	13.4%	13.1%
White	240,924,897	5.9%	11.5%	8.5%
Black	43,624,267	3.1%	16.2%	8.7%
Hispanic/Latino	53,986,412	32.3%	35.3%	35.2%
AI/AN	5,252,044	5.4%	17.3%	5.1%
Asian	18,913,544	30.6%	13.3%	58.2%
Asian Indian	3,461,017	19.7%	8.2%	67.8%
Bangladeshi	170,145	42.8%	17.8%	70.8%
Cambodian	322,605	37.4%	34.0%	52.8%
Chinese	4,520,101	40.1%	17.3%	60.4%
Filipino	3,648,933	17.3%	7.2%	50.0%
Hmong	286,211	40.5%	30.2%	38.3%
Indonesian	112,005	23.7%	5.0%	59.4%
Japanese	1,433,105	14.5%	4.6%	24.1%
Korean	1,768,644	35.8%	7.2%	60.2%
Laotian	261,324	34.7%	30.1%	47.7%
Pakistani	480,585	27.1%	11.7%	62.6%
Taiwanese	173,087	38.3%	5.6%	65.6%
Thai	274,899	30.4%	13.4%	53.9%
Vietnamese	1,907,256	47.9%	26.7%	62.1%
NHOPI	1,226,149	8.8%	11.8%	15.6%
Native Hawaiian	560,488	2.1%	7.7%	1.8%
Guamanian	120,706	4.1%	10.7%	4.7%
Micronesian	190,594	17.9%	16.0%	23.5%
Polynesian	784,292	4.8%	8.8%	5.5%
Samoan	175,589	9.7%	10.6%	7.3%
Other	16,474,381	35.5%	39.8%	39.8%

Data Source: Selected Population Profile in the United States, 2013 American Community Survey 1-Year Estimate [Table #S0201]

All race/ethnicities are alone or in combination except Hispanic. Hispanic is "Hispanic or Latino"

*Calculated from absolute numbers provided by ACS (see Appendix 3).

Tongan, Fijian, and Marshallese data were not available for ACS 2013.

Top 10 Ethnic Groups with Highest Rates of Uninsurance, LEP, Low Education, and Foreign-Birth

This study highlights the top 10 racial or ethnic groups with the highest rates of uninsurance, LEP, less than high school education, and foreign-born populations. All four tables show that Asian American ethnic groups make up most of these top 10 categories. Of the top 10 for highest LEP, 8 are Asian American ethnic groups. Of the top foreign-born populations, ALL are Asian American ethnic groups. Of the top 10 with highest less than high school, 6 are Asian American groups. Of the 10 highest for uninsurance, 5 are Asian American and 2 are Native Hawaiian and Pacific Islander ethnic groups.

What is interesting and surprising about these tables is that many publications and journal articles give the impression that Blacks and/or Hispanics have the highest inequalities in these categories. However, these data clearly show otherwise. This stresses how essential it is to look at disaggregate data in order to avoid overlooking the inequalities that Asian American, Native Hawaiian, and Pacific Islander ethnic groups face.

Top 10: LEP		
1	Vietnamese	47.9%
2	Bangladeshi	42.8%
3	Hmong	40.5%
4	Chinese	40.1%
5	Taiwanese	38.3%
6	Cambodian	37.4%
7	Other	36.0%
8	Korean	35.8%
9	Laotian	34.7%
10	Hispanic	32.3%

Top 10: Foreign-born		
1	Bangladeshi	70.9%
2	Asian Indian	67.8%
3	Taiwanese	65.7%
4	Pakistani	62.6%
5	Vietnamese	62.1%
6	Chinese	60.4%
7	Korean	60.2%
8	Indonesian	59.4%
9	Thai	53.9%
10	Cambodian	52.9%

Top 10: Uninsured		
1	Other	30.2%
2	Hispanic	28.4%
3	AI/AN	21.6%
4	Pakistani	20.9%
5	Korean	20.5%
6	Cambodian	18.9%
7	Vietnamese	18.5%
8	Micronesia	18.3%
9	Bangladeshi	18.2%
10	Samoa	16.7%

Top 10: Less than high school		
1	Other	39.8%
2	Hispanic	35.3%
3	Cambodian	34.0%
4	Hmong	30.2%
5	Laotian	30.1%
6	Vietnamese	26.7%
7	Bangladeshi	17.8%
8	AI/AN	17.3%
9	Chinese	17.3%
10	Black	16.2%

EMPLOYMENT and UNEMPLOYMENT

Asian Americans, Native Hawaiians, and Pacific Islanders have lower unemployment rates overall, but disaggregated data show that some groups like Guamanians (9.4%), Samoans (9.3%), Cambodians (7.3%), Hmongs (6.6%), Laotians (6.4%), and Bangladeshis (6.3%) have substantially higher percentage of unemployment compared to the total US population (5.3%) or Whites (4.6%). The unemployment rates for Hispanics (6.7%), AI/ANs (8.4%), and Blacks (9.4%) are comparable.

A high percentage of employed Asian Americans (49.1%), particularly Asian Indian (68.1%), Taiwanese (69%), Korean (48.5%), and Chinese (53.3%) Americans are in “management, business, science, and arts”. About 20% Asian American sub-groups are in the “sales” and “service” occupations. Fewer Asian Americans are working in the “natural resources and production” categories (*see Table 3*).

Occupation type and unemployment can determine insurance status and thus are determinants of health and healthcare. For example, certain professions provide health insurance, while others do not (Monheit 2000). White-collar workers have more benefits than blue-collar workers. Part-time workers do not have the same health insurance fringe benefits as full-time workers, whether they are white-collar worker or not.

The U.S. Census Bureau reports five categories of occupations: (a) management, business, science and arts, (b) sales and office, (c) service occupations, (d) natural resources, construction, and maintenance, and (e) production, transportation, and material moving. It also provides the percentages for unemployment.

Table 3: Employment and Unemployment of US Population by Race/Ethnicity

	Unemployed	Employed	Employed				
			Management, Business, Science	Service	Sales, Office	Construction, Maintenance	Production, Transportation
All	5.3%	57.9%	36.3%	18.4%	24.2%	8.9%	12.2%
White	4.6%	58.4%	37.9%	16.7%	24.5%	9.4%	11.5%
Black	9.4%	52.4%	28.2%	25.7%	25.8%	5.2%	15.1%
Hispanic/Latino	6.7%	60.3%	19.6%	26.5%	22%	15.4%	16.5%
AI/AN	8.4%	50.6%	28.8%	23.6%	23.7%	10.6%	13.3%
Asian	4.4%	60.7%	49.1%	17.2%	21.1%	3.3%	9.4%
Asian Indian	4.1%	64.6%	68.1%	7.0%	17.1%	1.5%	6.3%
Bangladeshi	6.3%	57.9%	38.6%	16.5%	30.7%	2.4%	11.8%
Cambodian	7.3%	57.8%	22.3%	22.2%	25.8%	3.9%	25.9%
Chinese	4.2%	58.2%	53.3%	17.2%	20.0%	2.8%	6.6%
Filipino	5.0%	64.2%	42.1%	21.4%	23.7%	4.3%	8.4%
Hmong	6.6%	58.9%	21.7%	18.3%	27.5%	3.7%	28.7%
Indonesian	5.1%	61.3%	41.2%	23.6%	19.9%	5.2%	10.0%
Japanese	3.4%	58.1%	50.8%	14.8%	24.5%	4.0%	5.9%
Korean	3.8%	57.6%	48.5%	15.3%	25.6%	3.0%	7.7%
Laotian	6.4%	59.6%	20.6%	19.8%	20.9%	5.8%	32.9%
Pakistani	4.8%	56.9%	47.2%	10.2%	28.8%	2.3%	11.4%
Taiwanese	3.7%	55.4%	69.0%	6.5%	20.3%	1.5%	2.7%
Thai	4.2%	61.2%	38.0%	28.3%	20.4%	4.0%	9.3%
Vietnamese	4.4%	61.5%	32.6%	29.4%	16.5%	4.9%	16.5%
NHOPI	7.4%	58.7%	28.4%	23.6%	26.8%	8.7%	12.5%
Native Hawaiian	6.7%	58.2%	28.9%	22.8%	27.1%	9.8%	11.4%
Guamanian	9.4%	60.5%	31.3%	19.9%	29.5%	7.4%	12.0%
Micronesian	9.1%	58.6%	24.8%	24.9%	27.1%	6.9%	16.3%
Polynesian	7.4%	57.7%	27.5%	22.8%	27.6%	9.7%	12.4%
Samoan	9.3%	55.6%	22.5%	24.1%	30.3%	7.8%	15.4%
Other	7.4%	61.6%	16.0%	28.9%	20.8%	16.1%	18.2%

Data Source: Selected Population Profile in the United States, 2013 American Community Survey 1-Year Estimate [Table #S0201]

All race/ethnicities are alone or in combination except Hispanic. Hispanic is "Hispanic or Latino"
Tongan, Fijian, and Marshallese data were not available for ACS 2013.

IN-LANGUAGE RESOURCES on ACA

This study also reviewed the in-language resources that were available for ACA outreach and enrollment purposes to Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese American communities. English language proficiency can be a barrier to accessing health insurance through ACA. Linguistically appropriate resources, such as flyers, instructions, or presentations, are important to carry information to Asian American subgroups. For example, although the rate of uninsurance is lower nationally for Asian Indians, in-language resources are still necessary in certain areas such as New York City or Cook County, Illinois, which have high uninsurance rates.

The Google search engine was primarily used to find the online resources. Sometimes more resources were found when an actual language (e.g. Chinese, Korean, Vietnamese) was typed into the search engine.

Online resources from twenty federal, state, private, and community-based organizations were reviewed. The resources ranged widely in content including (but not limited to) announcements for outreach and enrollment events, contact information for translation services or appointments for enrollment, benefits of ACA, eligibility, etc.

The majority of the resources on federal and state websites were in English and Spanish. Many resources targeted Asian Americans, but not in-language (the content was in English). In addition, finding the resources was very challenging. Most resources required extensive navigation through the websites, and many of which were in English, posing another barrier for non-English speaking communities.

Federal government websites that had ACA related resources:

Center for Medicare and Medicaid
Healthcare.gov

State government exchanges that had websites and ACA related resources:

Covered California -- had 7 resources in Chinese, Vietnamese, Tagalog, and Korean
Cover Oregon
New York State of Health
Illinois Health Matters

Private sector/Non-profit organizations:

AARP -- had 11 resources in Chinese, Vietnamese, Tagalog, and Korean.
Asian Health Coalition, Chicago, IL -- had resources in Arabic, Hindi, Gujarati, Nepali and Urdu.
Asian Health Services, Oakland, CA -- provided enrollment services in 11 Asian languages
National Council of Asian Pacific Islander Physicians -- had YouTube videos in Vietnamese and English

According to this review, the in-language resources that are available for Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese American communities are scarce even after the 2nd enrollment period ended.

ASIAN INDIAN AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are 3.4 million Asian Indians in the US. Asian Indians make up the largest Asian American subgroup in 23 states, mostly in the South, Midwest and Northeast, many of which did not expand Medicaid or do not have insurance market exchanges.

The states, counties, and cities with the highest number of Asian Indians were:

State	County	City
CA 19%	Santa Clara, CA	New York City
NY 11%	Queens, NY	San Jose, CA
NJ 10%	Middlesex, NJ	Los Angeles, CA
TX 9%	Cook, IL	Chicago, IL
IL 6%	Alameda, CA	Houston, TX

More than two-thirds of Asian Indians are foreign-born in these most populous states, counties, and cities. In the US 67.8% Asian Indians are foreign-born.

The uninsurance rate may be low nationally (10.4%) for Asian Indians. However, it is substantially higher at city and county levels: Chicago city 16.7%, NYC 15.1%, and Queens 14.6%.

Asian Indians have high rates of LEP in many of these locations: 25.7% in Cook county, IL; 25.5% in Queens, NY; and 19.7% in US.

5 most Populous States in the US for Asian Indian Americans



The Asian Indian community in New York, including Queens County and New York City, has higher rates of LEP, high-school dropout, unemployment, and uninsurance than other states, counties, and cities. However, enrollment in public insurance is higher in New York than in other states. As the second most populous state and the most populous city, this data indicates that a large population of Asian Indians is affected by factors that could limit their access to health insurance and enrollment.

In California, according to ACS 2013 estimates, 80% of the Asian Indian population speaks a language other than English at home, and 22% speak English less than “very well.” On average, about 20% of Asian Indians have LEP. This and other factors are especially detrimental to populations who suffer disproportionately from certain conditions. Asian Indians, like other Asian subgroups, have high rates of cancer, diabetes, cardiovascular disease, and hypertension. In fact, Asian Indian women in the US have a one in nine chance of getting breast cancer, the highest incidence for breast cancer in the world, including that of women in India (Alagiakrishnan 2001).

New York has a much higher proportion of Asian Indians who are uninsured or rely on public insurance than counties and cities in California. Santa Clara County, which includes San Jose city, has the lowest rate of LEP and highest rate of insurance, despite being the most populous county for Asian Indian Americans.

Table 4: Asian Indians in the most populous states, counties, and cities

	Population	Speak English less than very well	Less than high school	Public coverage	Un-insured	Un-employed	* Foreign born
USA (ACS 2013 1 year)	3,461,017	19.7%	8.2%	13.8%	10.4%	4.1%	67.8%
State (ACS 2013 1 year)							
California	675,041	21.9%	9.6%	14.8%	10.2%	4.7%	67.1%
New York	373,978	22.1%	15.5%	28.3%	11.4%	5.0%	67.1%
New Jersey	357,157	21.0%	7.3%	11.6%	9.4%	4.0%	70.4%
Texas	312,804	18.7%	6.0%	9.3%	11.1%	3.3%	68.4%
Illinois	213,269	22.8%	6.9%	15.3%	9.5%	4.6%	68.0%
County (ACS 2013 1 year)							
Santa Clara, CA	156,281	14.5%	4.4%	7.9%	4.2%	4.0%	71.9%
Queens, NY	145,485	25.5%	22.8%	39.0%	14.6%	6.9%	71.0%
Middlesex, NJ	118,372	23.0%	7.6%	9.4%	7.7%	3.6%	71.9%
Cook, IL	103,718	25.7%	6.6%	25.7%	11.9%	4.9%	68.4%
Alameda, CA	101,305	19.0%	7.7%	19.0%	6.2%	2.7%	69.6%
City (ACS 2013 1 year)							
New York City, NY	231,997	22.4%	19.6%	35.1%	15.1%	6.2%	69.2%
San Jose, CA	53,844	17.2%	6.0%	10.2%	5.6%	4.7%	71.5%
Los Angeles, CA	39,678	23.6%	8.6%	18.6%	13.5%	6.2%	67.5%
Chicago, IL	35,366	24.6%	9.2%	17.3%	16.7%	5.1%	63.0%
Houston, TX	32,262	22.3%	6.7%	11.7%	15.6%	3.3%	68.8%

Note: See Appendix 5 for details.

In-language Resources on ACA for Asian Indians **(in Hindi, Gujarati, Punjabi, and Marathi)**

Asian & Pacific Islander American Health Forum (www.apiahf.org)

The Health Care Law and You presentation (Hindi)

http://www.apiahf.org/resources/resources-database/health-care-law-and-you-hindi?aca_search=1

Asian Health Coalition, IL (<http://asianhealth.org>)

Flyer provides contact information for state-employed counseling in Arabic, Bosnian, Hindi, Gujarati, Nepali, and Urdu written in each of these languages.

https://www.dropbox.com/s/poeb2gdshw23c5z/Palmcard%20ACA_6.25X9.25.pdf?dl=0

New York State of Health (<http://nystateofhealth.ny.gov>)

The website includes resources and general information about the health plan coverage in Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Vietnamese, and Yiddish.

<http://info.nystateofhealth.ny.gov/AdditionalLanguageMaterials>

Individuals & Families Rack Card (Hindi)

<http://info.nystateofhealth.ny.gov/sites/default/files/Individuals%20and%20Families%20Rack%20Card%20-%20Hindi.pdf>

South Asian Network, Artesia, CA (<http://southasiannetwork.org>)

This flyer provides information about the Covered CA Enrollment Clinic in Artesia, CA, which provides in-person aid for insurance enrollment by appointment in Hindi, Gujarati, Punjabi, Marathi, Bengali, and Urdu. Community members can bring their documents to the SAN center to receive direct help in enrolling.

http://southasiannetwork.org/wp-content/uploads/2014/02/Enrollment-days_Events.jpg

This event is an education and outreach event (2013). Though it is not provided in different languages, it provides the opportunity for Q&A and one-on-one meetings with counselors.

<http://southasiannetwork.org/wp-content/uploads/2013/11/NetIP-flyer.jpg>

This seminar on Healthcare Reform provided information regarding the new law, benefits, and enrollment with educators present in Hindi, Bengali, and Urdu (2013).

<http://southasiannetwork.org/wp-content/uploads/2013/10/API-ACA-Event-Flyer-FrontPage.jpg>

United Sikhs

It is a non-profit organization “aimed at powering those in need.” The website states that resources in Punjabi are available by contacting ceed-usa@unitedsikhs.org.

Link: <http://www.unitedsikhs.org/blog/2013/10/affordable-care-act-open-enrollment-begins-today-are-you-ready-to-get-covered/>

CHINESE AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are 4.5 million Chinese Americans in the US (see Table 1). The top counties/cities with Chinese Americans are either in CA or NY.

The states, counties, and cities with the highest number of Chinese Americans are:

State	County	City
CA 35%	Los Angeles, CA	New York
NY 16%	Queens, NY	San Francisco
TX 5%	Kings, NY	Los Angeles
HI 4%	San Francisco, CA	San Jose
MA 4%	Santa Clara, CA	

22.3% Chinese Americans are uninsured in Queens County, NY. 16.8% are uninsured in New York city, NY. 15.7% of Chinese are uninsured in New York state; and 12.9% in US.

66.7% Chinese Americans are LEP in Queens County, NY. 60.2% are LEP in New York city, NY. 55.6% of Chinese are LEP in New York; and 40.1% in US.

26.5% Chinese Americans have less than high school education in both San Francisco county and city, CA. In the US 17.3% of Chinese have less than high school education.

5 most Populous States in the US for Chinese Americans



Table 5: Chinese Americans in the most populous states, counties, and cities

	Population	Speak English less than very well	Less than high school	Public coverage	Un-insured	Un-employed	* Foreign born
USA (ACS 2013 1 year)	4,520,101	40.1%	17.3%	21.0%	12.9%	4.2%	60.4%
State (ACS 2013 1 year)							
California	1,592,408	41.8%	16.4%	21.8%	11.5%	4.4%	60.0%
New York	710,866	55.6%	30.7%	35.6%	15.7%	4.4%	67.9%
Texas	216,210	33.8%	7.5%	11.6%	13.7%	3.1%	63.4%
Hawaii	185,807	15.8%	11.6%	30.6%	6.0%	5.1%	17.6%
Massachusetts	160,634	38.5%	15.5%	24.5%	4.2%	4.5%	61.6%
County (ACS 2013 1 year)							
Los Angeles, CA	481,178	47.8%	18.5%	4.1%	16.5%	4.1%	66.3%
Queens, NY	246,519	66.7%	27.8%	3.6%	22.3%	3.6%	73.8%
Kings, NY	207,340	62.1%	44.8%	6.4%	13.7%	6.4%	69.3%
San Francisco, CA	194,424	49.2%	26.5%	5.3%	9.4%	5.3%	62.0%
Santa Clara, CA	187,575	36.3%	8.0%	3.7%	6.4%	3.7%	61.2%
City (ACS 2013 1 year)							
New York, NY	582,134	60.2%	33.5%	39.9%	16.8%	4.7%	69.6%
San Francisco, CA	194,424	49.2%	26.5%	35.2%	9.4%	5.3%	62.0%
Los Angeles, CA	89,962	36.8%	18.8%	21.7%	12.8%	5.4%	56.4%
San Jose, CA	83,823	40.5%	10.2%	16.9%	7.6%	4.6%	62.8%

Note: See Appendix 6 for details.

It is important to take into account absolute numbers as well as percentages when evaluating data. Although less than 10% of Chinese Americans are uninsured in San Francisco city, this equates to 18,211 uninsured individuals.

15.7% of Chinese Americans are uninsured in the state of NY, this equates to 111,218 uninsured individuals. Thus, it is important to not only analyze disaggregate data, but also be fully aware of the absolute numbers in order to better understand our fellow Asian Americans.

In-language Resources on ACA for Chinese Americans **(in Cantonese, Mandarin)**

Asian Americans for Community Involvement, CA (<http://aaci.org/>)

Didn't have any online resources for ACA, but have multilingual (Vietnamese, Tagalog, Mandarin, and Spanish) "patient navigators" that can help patients navigate the health system

Asian American Health Initiative, MD (<http://aahiinfo.org>)

Good Health in Your Hands, Improving Communication Between Patient and Provider
<http://aahiinfo.org/pdf/publications/GoodHealth-Chinese.pdf>

Health and Social Service Resources for Montgomery County Residents
http://aahiinfo.org/phpages/wp-content/uploads/2014/10/Resources-Brochure_CHI.pdf

American Association of Retired Persons (<http://aarp.org>)

Has information in Chinese, Korean, Tagalog, and Vietnamese.

New Law and Medicare

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/208147-hcr-new-law-and-medicare-zh-final-aarp.pdf

What New Law Means to People 65+

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-for-65%2B72513-Traditional-Chinese.pdf

What New Law Means to Family Caregivers

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/what-it-means-for-family-caregivers-zh-final-aarp.pdf

Asian and Pacific Islander American Health Forum (<http://apiahf.org>)

The Health Care Law and You (Traditional)

<http://www.apiahf.org/resources/resources-database/health-care-law-and-you-traditional-chinese?>

The Health Care Law and You (Mandarin)

<http://www.apiahf.org/resources/resources-database/health-care-law-and-you-mandarin?>

The Health Care Law and You (Cantonese)

<http://www.apiahf.org/resources/resources-database/health-care-law-and-you-cantonese?>

The Impact of Health Care Reform on the Prevention of Cancer in Asian American, Native Hawaiian, and Pacific Islander Populations (Chinese)

<http://www.apiahf.org/resources/resources-database/impact-health-care-reform-prevention-cancer-asian-american-native-hawai?>

Asian Health Coalition, IL (<http://asianhealth.org>)

Has information in English, Cambodian, Chinese, Gujarati, Hindi, Urdu and Vietnamese, but no resources on ACA.

Contact information for state-employed counseling in Arabic, Bosnian, Hindi, Gujarati, Nepali, and Urdu written in each of these languages.

https://www.dropbox.com/s/poeb2gdshw23c5z/Palmcard%20ACA_6.25X9.25.pdf?dl=0

Asian Health Services, CA (<http://asianhealthservices.org>)

Provides services in English, Chinese (Cantonese, Mandarin), Vietnamese, Korean, Tagalog, Lao, Mien, Khmer, Karen, Mongolian, and Burmese. But no online ACA resources.

Asian Pacific American Network of Oregon (<http://www.apano.org>)

Offers resources in Korean, Vietnamese and Chinese concerning Cover Oregon on its website.
<http://www.apano.org/resources/>

Asian Pacific Health Care Venture, Inc., CA (<http://aphcv.org>)

Bilingual Enrollment workers available to discuss eligibility for federal, state, and local insurance plans. Languages include Bengali, Mandarin, Tagalog, Vietnamese, Thai, and Chinese.

<http://www.aphcv.org/services/enrollment/EnrollmentServices.php>

Centers for Medicaid & Medicaid Services (<http://cms.gov>)

Summary of Benefits and Coverage:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-template-chinese-2.pdf>

Uniform Glossary:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-uniform-glossary-chinese.pdf>

Why This Matters Summary of Benefits and Coverage for Yes Answers:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-why-this-matters-yes-answers-chinese.pdf>

Cover Oregon (<https://www.coveroregon.com>)

Has information in Spanish, Russian, Traditional and Simplified Chinese, Vietnamese, Korean, and Japanese.

Health Insurance Benefits Guide (Simplified)

http://resources.coveroregon.com/pdfs/simplified_chinese_materials/Health_Insurance_Benefits_Guide-Simplified-Chinese.pdf

Small Business Fact Sheet (Traditional)

http://resources.coveroregon.com/pdfs/traditional_chinese_materials/Fact_Sheet-Small_Business-Traditional_Chinese.pdf

Frequently Asked Questions (Simplified)

http://resources.coveroregon.com/pdfs/simplified_chinese_materials/Fact_Sheet-FAQs-Simplified_Chinese.pdf

Covered California (<http://coveredca.com>)

Has some information in Chinese, Hmong, Korean, Filipino, Lao, and Vietnamese.

Health Insurance Enrollment Form for individuals without financial support

http://www.coveredca.com/PDFs/paper-application/CACC-Non-sub%20App%20Form%20TCH_64MAX_26cb_032814.pdf

Paper Calculator – Fact Sheet on financial assistance

http://www.coveredca.com/chinese/fact-sheets/PaperCalculator_ENG_ZHO_Interactive.pdf

Special Enrollment Fact Sheet

http://www.coveredca.com/chinese/fact-sheets/Special%20Enrollment-Counselor%20fact%20sheet_TCN_9-4-14.pdf

Healthcare.gov (<http://healthcare.gov>)

Has some information in Korean, Chinese, Hindi, Tagalog, and Vietnamese. For assistance in Chinese, French Creole, French, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, or Vietnamese, please call 1-800-318-2596.

<https://www.healthcare.gov/language-resource/>

The Value of Health Insurance

<http://marketplace.cms.gov/outreach-and-education/value-of-health-insurance-chinese.pdf>

Beneficial and Affordable Health Insurance (card)

<http://marketplace.cms.gov/outreach-and-education/need-affordable-health-insurance-5x7-card-chinese.pdf>

Beneficial and Affordable Health Insurance (poster)

<http://marketplace.cms.gov/outreach-and-education/need-affordable-health-insurance-poster-chinese.pdf>

Illinois Health Matters (<http://illinoishealthmatters.org>)

ACA Facts: The New Health Care Law and Your Family

<http://illinoishealthmatters.org/wp-content/uploads/2012/09/Chinese-AHC.pdf>

International Community Health Services, WA (<http://ichs.com>)

It has certified in-person health navigators in Chinese (Cantonese, Mandarin), Korean, and Vietnamese.

ICHs Enrolls APIS in New State Health Marketplace

English: <http://www.ichs.com/2013/10/03/ichs-enrolls-apis-in-new-state-health-insurance-marketplace/>

Kokua Kalihi Valley Comprehensive Family Services (<http://kkv.net>)

KKV offers services in Chinese (Cantonese, Fukienese, Mandarin, Tienchu), English (including Pidgin), Filipino (Cebuano, Ibanag, Ilokano, Ilonggo, Pangasinense, Tagalog, Visayan), Japanese, Korean, Laotian, Micronesian (Chuukese, Marshallese, Pohnpeian), Samoan, Spanish, Thai, and Vietnamese. KKV offers in-language assistance in ACA, but does not have any online resources.

Los Angeles Department of Health Services (<http://dhs.lacounty.gov>)

Has information in Armenian, Chinese, English, Korean, Spanish, and Tagalog on "Health Reform and You" (also included on LA Department of Public Health website)

Los Angeles Department of Public Health (<http://publichealth.lacounty.gov>)

Health Care Reform and You:

<http://publichealth.lacounty.gov/plan/docs/HCR/HealthReformbrochureCHINESE.pdf>

California Pan-Ethnic Health Network: How Health Care Reform Benefits You:

<http://cpehn.org/sites/default/files/hcrchinese.pdf>

Health Consumer Alliance: The New Law Helps You!:

<http://healthconsumer.org/fs055LAchi.pdf>

National Partnership for Action to End Health Disparities (<http://minorityhealth.hhs.gov/npa>)

List of resources in Arabic, Chinese, Creole, English, Korean, Polish, Portuguese, Spanish, Russian, Tagalog, and Vietnamese.

<http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

The Affordable Care Act Resource Kit

English: <http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

New York City Health Insurance Link (<http://nyc.gov>)

Has information in Arabic, Bengali, Chinese, French, Korean, Russian, Spanish and Urdu all on its website.

http://www.nyc.gov/html/hia/html/resources_publications/Get_Covered.shtml

Are You Ready for Health Care Reform? - Uninsured New Yorkers:

http://www.nyc.gov/html/hia/downloads/pdf/FS_Chinese/AYR_Chinese/AYR-Uninsured-Chinese.pdf

Are you Ready for Health Care Reform? - Immigrants:

http://www.nyc.gov/html/hia/downloads/pdf/FS_Chinese/AYR_Chinese/AYR-Immigrants-Chinese.pdf

Small Businesses and Health Insurance:

http://www.nyc.gov/html/hia/downloads/pdf/FS_Chinese/SMB_Chinese/SB_Why_Purchase_Chinese.pdf

New York State of Health (<http://nystateofhealth.ny.gov>)

Has information in Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Vietnamese, and Yiddish.

<http://info.nystateofhealth.ny.gov/AdditionalLanguageMaterials>

Why It is Now Easier to Pay for Health Insurance Fact Sheet

<http://info.nystateofhealth.ny.gov/sites/default/files/Why%20It%20Is%20Now%20Easier%20to%20Pay%20for%20Health%20Insurance%20Fact%20Sheet%20-%20Chinese.pdf>

Why You Need Health Insurance Fact Sheet

<http://info.nystateofhealth.ny.gov/sites/default/files/Why%20You%20Need%20Health%20Insurance%20Fact%20Sheet%20-%20Chinese.pdf>

Substance Abuse and Mental Health Service Administration (<http://www.samhsa.gov>)

What Immigrants and Refugees Need to Know about the Affordable Care Act (Mandarin)

<https://www.youtube.com/watch?v=dQH2JkT3fDc>

Health Insurance: How Do I Get It, Pay for It and Use It
<https://www.youtube.com/watch?v=VAVMENkWOXY>

State of California Office of the Patient Advocate (<http://www.opa.ca.gov/>)

Has videos (<http://www.opa.ca.gov/Pages/YouTubeVideos.aspx>), healthcare quality report cards, etc.

Youtube Video - Your Right to an Interpreter (Mandarin with captions)
<https://www.youtube.com/watch?v=Uen4rttwYVo>

YouTube Video - Your Right to an Interpreter (Cantonese with captions)
<https://www.youtube.com/watch?v=nYtrA9zppdM>

YouTube Video - New Preventive Care Services Under Health Care Reform (Mandarin with captions)
<https://www.youtube.com/watch?v=noCQWHvQGTM>

Southeast Asian Mutual Assistance Association Coalition (<http://seamaac.org>)

SEAMAAC has conducted certified application counselor (CAC) trainings in the Philadelphia area so that there are bilingual counselors in English and Mandarin, Vietnamese, Khmer, Indonesian, Laotian, Hmong, Thai, Nepali, Burmese, Karen, and Chin.

General ACA information (Chinese)

http://seamaac.org/wp-content/uploads/2013/09/Chinese_ACA_and_Health_Insurance_Marketplace_Outreach_Material.pdf

Washington Health Plan Finder (<http://www.wahealthplanfinder.org>)

Has information on ACA in Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese.

Overview Fact Sheet

http://wahbexchange.org/files/3113/8687/8334/101176_FS_IF_Chinese.pdf

How to use Washington Health Plan Finder

http://wahbexchange.org/files/9113/8687/8460/Tips-How_to_Use_HPF_Chinese.pdf

Tips for buying a Qualified Health Plan

http://wahbexchange.org/files/4713/8687/8390/Tips-How_to_Buy_Chinese.pdf

White House Initiative on Asian Americans and Pacific Islanders (<http://whitehouse.gov/aapi>)

The website advertises in Chinese, Korean, Tagalog, and Vietnamese that: "If you have difficulty understanding English you may request language assistance services for Department information that is available to the public. These language assistance services are available free of charge."

Learn about the Health Insurance Marketplace

<http://youtu.be/F8RcN7MnSMw>

Learn about the Health Insurance Marketplace Google Hangout

<http://youtu.be/9NcSTx0fdBw>

Google Hangout

<https://plus.google.com/events/cuo9h92f0it32gil58vtiq999br8>

FILIPINO AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are 3.6 million Filipino Americans in the US (see Table 1).

The states, counties, and cities with the highest number of Filipino Americans were:

State	County	City
CA 42%	Los Angeles, CA	Los Angeles, CA
HI 10%	Honolulu, HI	San Diego, CA
TX 5%	San Diego, CA	New York, NY
IL 4%	Clark, NV	San Jose, CA
NV 4%	Alameda, CA	San Francisco, CA

16.6% Filipino Americans are uninsured in Nevada. 16.1% are uninsured in Clark County, NV. 11.3% of Filipinos are uninsured in the US.

17.3% of Filipino Americans are LEP in the US, and 21.3% in Hawaii. 4 cities in California have LEP of over 20% (San Francisco, Los Angeles, San Diego, and San Jose).

5% of Filipino Americans are unemployed in the US. Hawaii (4%), Texas (3.2%), and Honolulu county, HI (3.1%) have the lowest unemployment rates for Filipino Americans.

Hawaii has the highest rate (15.1%) of less than high school education for Filipino Americans and California has the lowest rate (7%).

5 most Populous States in the US for Filipino Americans



Table 6: Filipino Americans in the most populous states, counties, and cities

	Population		Speak English less than very well	Public coverage	Un-insured	Less than high school	Un-employed	Foreign -born
		%	%	%	%	%	%	%
USA	3,648,933	100	17.3	20.4	11.3	7.2	5.0	50.0
State (ACS 2013 1-year)								
California	1,529,086	41.9	19.5	22.2	12	7	5.7	53.1
Hawaii	347,929	9.5	21.3	27.6	5.9	15.1	4.0	31.0
Texas	168,253	4.6	12.7	13.7	12.3	4.8	3.2	54.1
Illinois	154,883	4.2	16.5	17.9	12.3	4	5.2	60.2
Nevada	138,772	3.8	17.7	17	16.6	8.9	5.2	53.0
County (ACS 2013 1-year)								
Los Angeles, CA	383,436	10.5	21.4	22.9	14.3	5.8	5.7	59.3
Honolulu, HI	237,245	6.5	21.9	27.5	5.2	16.5	3.1	31.7
San Diego, CA	191,150	5.2	22.3	23.3	9.6	8.6	4.5	51.8
Clark, NV	121,453	3.3	17.3	17.7	16.1	8.8	5.1	52.3
Alameda, CA	113,275	3.1	22.3	22	9.9	6.1	5.5	55.0
City/Place (ACS 2011-2013 3-year)								
Los Angeles, CA	141,559	3.9	23.4	23.2	17.6	5.5	6.5	64.6
San Diego, CA	96,225	2.6	24.5	22.3	10.8	7.5	4.7	55.6
New York, NY	78,707	2.2	18.8	22	10.5	5.1	5.4	66.1
San Jose, CA	65,159	1.8	24.2	19.4	10.7	8.7	7.0	57.4
San Francisco, CA	43,566	1.2	23.5	28.1	11.5	11.4	6.0	58.5

Note: See Appendix 7 for details.

For states and counties the base/denominator used was from the ACS 2013 1-year estimate
"US = 3,648,933".

For cities, the base/denominator used was from the ACS 2011-2013 3-year estimate
"US = 3,570,471".

In-language Resources on ACA for Filipino Americans (in Tagalog)

Asian Americans for Community Involvement, Santa Clara (<http://aaci.org/>)

Didn't have any resources for ACA, but have multilingual (Vietnamese, Tagalog, Mandarin, and Spanish) "patient navigators" that can help patients navigate the health system

Asian Pacific American Network of Oregon (<http://www.apano.org>)

Has resources in Korean, Vietnamese and Chinese concerning Cover Oregon. It also includes numbers of Asian Health centers along with 2012 voter guides in English, Chinese, Hindi, Korean, Samoan, Tagalog and Vietnamese. <http://www.apano.org/resources/>

Asian American Health Initiative (<http://aahiinfo.org>)

Health and Social Service Resources for Montgomery County Residents
http://aahiinfo.org/phpages/wp-content/uploads/2014/10/Resources-Brochure_TAG.pdf

American Association of Retired Persons (<http://aarp.org>)

AARP has educational fact sheets in Korean, Chinese, Vietnamese, and Tagalog.

What the New Law Means to People Under 65

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-for-Under-65-73013-Tagalog.pdf
http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-for-Under-65-73013-Tagalog.pdf

What the New Law Means to People 65+

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-for-65%2B72513-Tagalog.pdf

What the New Law Means to Small Business Owners

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Employers-725-13-Tagalog.pdf

What the New Law Means to Small Business Employees:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Small-business-employees-72213-Tagalog.pdf
http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Small-business-employees-72213-Tagalog.pdf

What the New Law Means to People with Limited Income:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-means-to-limited-income-8813-Tagalog.pdf
http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-means-to-limited-income-8813-Tagalog.pdf

What the New Law Means to People with Moderate Income:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-means-to-limited-income-8813-Tagalog.pdf
http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-means-to-limited-income-8813-Tagalog.pdf

The Health Care Law: Preventive Benefit:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Preventive-Wellness-8113-Tagalog.pdf
http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Preventive-Wellness-8113-Tagalog.pdf

The Health Care Law: Key Improvements to Insurance Practices

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/key-improvements-to-health-insurance-practices-tl-aarp.pdf

Asian & Pacific Islander American Health Forum (<http://apiahf.org>)

The Health Care Law and You:

http://www.apiahf.org/resources/resources-database/health-care-law-and-you-tagalog?aca_search=1

YouTube Video -- "Health Care Law and You"

<https://www.youtube.com/watch?v=jipe9kS5kZ4>

Asian Health Services (<http://asianhealthservices.org>)

Provides services in English, Chinese (Cantonese, Mandarin), Vietnamese, Korean, Tagalog, Lao, Mien, Khmer, Karen, Mongolian, and Burmese. Patients can call the membership office for questions regarding their health insurance status and ACA at (510) 986-6880.

Asian Pacific Health Care Venture, Inc. (<http://aphcv.org>)

Bilingual Enrollment workers are available to discuss eligibility for federal, state, and local insurance plans in Bengali, Mandarin, Tagalog, Vietnamese, Thai, and Chinese.

<http://www.aphcv.org/services/enrollment/EnrollmentServices.php>

Centers for Medicaid & Medicaid Services (<http://cms.gov>)

Summary of Benefits and Coverage:

<http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-tagalog-second-year-pdf.pdf>

Uniform Glossary:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-uniform-glossary-tagalog.pdf>

Why This Matters Summary of Benefits and Coverage for Yes Answers:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-why-this-matters-yes-answers-tagalog.pdf>

Why This Matters Summary of Benefits and Coverage for No Answers:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-why-this-matters-no-answers-tagalog.pdf>

Covered California (<http://coveredca.com>)

Website has some information in Chinese, Hmong, Korean, Filipino, Lao, Tagalog and Vietnamese.

Application for Health Insurance with Financial Assistance http://www.coveredca.com/PDFs/paper-application/CA-SingleStream%20App%20Form%20TAG_92MAX.pdf

Application for Health Insurance without Financial Assistance

http://www.coveredca.com/PDFs/paper-application/CACC-Non-sub%20App%20Form%20TAG_64MAX_18cb_032814.pdf

Find out if you qualify for financial assistance to help pay for health insurance

http://www.coveredca.com/tagalog/fact-sheets/PaperCalculator_ENG-TAG_Interactive.pdf

2015 Covered California Fact Sheet

http://www.coveredca.com/tagalog/fact-sheets/CC_FactSheet_Individual_TAG_9-15-14.pdf

Step-by-step Guide in Enrolling in Quality Health Care

http://www.coveredca.com/tagalog/fact-sheets/Enrollment_lay17_TAG.pdf

Getting More Affordable Health Care Coverage: What You Need to Know

http://www.coveredca.com/tagalog/fact-sheets/WYN TK_trifold_lay24_TAG.pdf

Healthcare.gov (<http://healthcare.gov>)

The website has information about the federal Marketplace and the ACA in Korean, Chinese, Hindi, Tagalog, and Vietnamese. For assistance in Chinese, French Creole, French, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, or Vietnamese, please call 1-800-318-2596.

<https://www.healthcare.gov/language-resource/>

The Value of Health Insurance

<http://marketplace.cms.gov/outreach-and-education/value-of-health-insurance-tagalog.pdf>

Illinois Health Matters (<http://illinoishealthmatters.org>)

ACA Facts: The New Health Care Law and Your Family

http://illinoishealthmatters.org/wp-content/uploads/2014/03/2034532_225995.0214_BC_Tagalog_Factsheet_IL_r1.pdf

Health Insurance Tax Credits

http://illinoishealthmatters.org/wp-content/uploads/2014/03/2034530_225993.0214_IL-Be-Covered-Tax-Credits_Tagalog_R1.pdf

Types of Insurance Plans on the Marketplace

http://illinoishealthmatters.org/wp-content/uploads/2014/01/SettingUpAccount_PlanTypes_IL_ENG_TL.pdf

Los Angeles Department of Public Health (<http://publichealth.lacounty.gov>)

Health Care Reform and You:

<http://publichealth.lacounty.gov/plan/docs/HCR/HealthReformbrochureTAGALOG.pdf>

California Pan-Ethnic Health Network: How Health Care Reform Benefits You:

<http://cpehn.org/sites/default/files/hcrtagalog.pdf>

Health Consumer Alliance: The New Law Helps You!:

<http://healthconsumer.org/fs055LAtag.pdf>

National Partnership for Action to End Health Disparities (<http://minorityhealth.hhs.gov/npa>)

Has a list of resources in Arabic, Chinese, Creole, English, Korean, Polish, Portuguese, Spanish, Russian, Tagalog, and Vietnamese.

<http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

The Affordable Care Act Resource Kit

English: <http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

White House Initiative on Asian Americans and Pacific Islanders (<http://whitehouse.gov/aapi>)

The website advertises in Chinese, Korean, Tagalog, and Vietnamese that:

"If you have difficulty understanding English you may request language assistance services for Department information that is available to the public. These language assistance services are available free of charge. If you need more information about interpretation or translation services, please call 1-800-USA-LEARN (1-800-872-5327) (TTY: 1-800-437-0833), or email us at whitehouseaapi@ed.gov.

Or write to:

White House Initiative on Asian Americans and Pacific Islanders
550 12th Street, SW
Washington, D.C. 20024"

Info-graphic on the AAPI Community: Affordable Care Act

http://www.whitehouse.gov/sites/default/files/docs/aca_aapi_infographic.pdf

Additional ACA Resources:

<http://www.ed.gov/edblogs/aapi/issue-areas/the-affordable-care-act/affordable-care-act-resources-for-consumers/>

KOREAN AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are 1.7 million Korean Americans in the US (see *Table 1*). About 30% of all Korean Americans reside in the state of California. However, ACS provides only the data from two cities on Korean Americans: New York and Los Angeles. This is especially concerning as Korean Americans have the 2nd highest uninsurance (20.5%) among Asian American ethnic groups.

The states, counties, and cities with the highest number of Korean Americans were:

<i>State</i>	<i>County</i>	<i>City</i>
CA 30%	Los Angeles, CA	Los Angeles, CA
NY 8%	Orange, CA	New York City, NY
NJ 5%	Queens, NY	
WA 5%	Bergen, NJ	
VA 5%	Fairfax, VA	

31.5% Korean Americans are uninsured in Los Angeles city. 30.6% are uninsured in Los Angeles county, CA. 23.3% of Koreans are uninsured in California; and 20.5% in US.

69.9% of Koreans Americans are foreign-born in New Jersey, 74.3% are foreign-born in Bergen County, NJ, and 60.2% in US.

55.4% Korean Americans are LEP in Los Angeles city. 50.9% are LEP in Los Angeles County, CA. 42.3% of Koreans are LEP in California, and 35.8% in US.

5 most Populous States in the US for Korean Americans



Table 7: Korean Americans in the most populous states, counties, and cities								
Geography	Total Population		Speaks English less than "very well"	Public health insurance	Un-insured	Less than high school	Un-employed	Foreign -born
	No.	%*	%	%	%	%	%	%**
USA (2013 1-year ACS)	1,768,644	100.0	35.8	17.9	20.5	7.2	3.8	60.2
State (2013 1-year estimate ACS)								
California	525,295	29.7	42.3	20.1	23.3	6.4	3.7	62.9
New York	144,108	8.1	43.8	21.8	20.0	7.1	3.4	66.1
New Jersey	94,055	5.3	38.7	13.6	27.0	4.1	5.1	69.9
Washington	88,753	5.0	35.0	21.1	18.2	10.2	5.8	58.8
Virginia	85,519	4.8	34.9	12.3	21.2	7.0	2.4	59.8
County (2011-2013 3-year estimate ACS)								
Los Angeles, CA	233,380	13.2	50.9	22.0	30.6	7.4	4.7	69.5
Orange, CA	99,159	5.6	47.7	17.2	28.9	5.2	4.3	68.0
Queens, NY	60,922	3.4	61.9	30.8	30.2	9.8	4.3	77.7
Bergen, NJ	57,005	3.2	43.9	17.2	30.0	4.1	3.4	74.3
Fairfax, VA	46,409	2.6	44.7	13.2	25.3	6.6	4.5	69.5
Place (2013 1-year estimate ACS)								
Los Angeles, CA	115,580	6.5	55.4	24.0	31.5	7.6	4.4	70.3
New York City, NY	93,129	5.2	50.0	22.5	24.0	7.7	3.6	69.2
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N

Note: See Appendix 8 for details.

The American Community Survey provides data on Korean Americans in two most populous cities (Los Angeles and New York) for the following years: 2013 1-year estimate, 2012 1-year estimate, 2011 1-year estimate, 2011-2013 3-year estimate, 2010-2012 3-year estimate, 2009-2011 3-year estimate.

Korean Americans may have higher rates of uninsurance as many foreign-born Korean Americans may not want to buy health insurance in America. Health insurance is compulsory, universal, and relatively inexpensive in Korea, but US health premiums are more expensive and health insurance is voluntary in the US. The willingness to pay for costly health insurance premiums among Korean immigrants may be lower, especially among those who experienced and were accustomed to the Korean health insurance system. Also, Korean immigrants may have the option to continue to receive care in Korea, which may be another disincentive to purchase health insurance in the US market.

In-language Resources on ACA for Korean Americans (in Korean)

Asian American Health Initiative (<http://aahiinfo.org>)

Good Health in Your Hands, Improving Communication Between Patient and Provider
<http://aahiinfo.org/pdf/publications/GoodHealth-Korean.pdf>

Health and Social Service Resources for Montgomery County Residents
http://aahiinfo.org/phpages/wp-content/uploads/2014/10/Resources-Brochure_KOR.pdf

American Association of Retired Persons (<http://aarp.org>)

Has fact sheets related to the ACA in Korean, Chinese, Tagalog, and Vietnamese.

How the Health Care Law Benefits You

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/207993-hcr-how-new-law-benefits-you-ko-final-aarp.pdf

What the New Law Means to People Under 65

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/what-it-means-for-people-50-64-ko-final-aarp.pdf

What the New Law Means to Small-Business Owners

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Employers-72513-Korean.pdf

Asian & Pacific Islander American Health Forum (<http://apiahf.org>)

General Information about Health Care Law in PowerPoint Presentation

http://www.apiahf.org/sites/default/files/Korean-General%20Health%20Care%20Law%20Slides_Final.ppt
http://www.apiahf.org/sites/default/files/Korean-General Health Care Law Slides_Final.ppt

YouTube video – “Health Care Law and You”

https://www.youtube.com/watch?feature=player_embedded&v=1M_wn8s52eE

Health Care Reform and its Impact on Asian American, Native Hawaiian, and Pacific Islander Populations: Frequently Asked Questions

<http://www.apiahf.org/sites/default/files/APIAHF-Factsheet10f-2010.pdf>

Asian Health Coalition (<http://asianhealth.org>)

Has resources in English, Cambodian, Chinese, Gujarati, Hindi, Urdu and Vietnamese; but not related to ACA.

Contact information for state-employed counseling in Arabic, Bosnian, Hindi, Gujarati, Nepali, and Urdu.

https://www.dropbox.com/s/poeb2qdswh23c5z/Palmcard%20ACA_6.25X9.25.pdf?dl=0

Asian Health Services (<http://asianhealthservices.org>)

Provides services in English, Chinese (Cantonese, Mandarin), Vietnamese, Korean, Tagalog, Lao, Mien, Khmer, Karen, Mongolian, and Burmese. Patients can call the membership office for questions regarding their health insurance status and ACA at (510) 986-6880.

Asian Pacific American Network of Oregon (<http://www.apano.org>)

Offers resources in Korean, Vietnamese and Chinese concerning Cover Oregon.

<http://www.apano.org/resources/>

Centers for Medicaid & Medicaid Services (<http://cms.gov>)

YouTube video – “Health Insurance Marketplace Literacy”

<http://youtu.be/OnGtrZRYRvE>

YouTube video – “Health Insurance Marketplace 101”

<http://youtu.be/qIPwvruSrao>

Cover Oregon (<https://www.coveroregon.com>)

Has information on ACA in Spanish, Russian, Chinese (Traditional, Simplified), Vietnamese, Korean, and Japanese.

Health Insurance Benefits Guide

http://resources.coveroregon.com/pdfs/korean_materials/Health_Insurance_Benefits_Guide-Korean.pdf

Small Business Fact Sheet

http://resources.coveroregon.com/pdfs/korean_materials/Fact_Sheet-Small_Business-Korean.pdf

Frequently Asked Questions

http://resources.coveroregon.com/pdfs/korean_materials/Fact_Sheet-FAQs-Korean.pdf

Covered California (<http://coveredca.com>)

Has information in Chinese, Hmong, Korean, Filipino, Lao, and Vietnamese.

Health Insurance Enrollment Form for individuals with financial support

https://www.coveredca.com/PDFs/paper-application/CA-SingleStream%20App%20Form%20KOR_91MAX.pdf

Paper Calculator – Fact Sheet on financial assistance

https://www.coveredca.com/korean/fact-sheets/PaperCalculator_ENG_KOR_Interactive.pdf

Special Enrollment Fact Sheet

https://www.coveredca.com/korean/fact-sheets/Special%20Enrollment-Counselor%20fact%20sheet_KOR_9-4-14.pdf

[https://www.coveredca.com/korean/fact-sheets/Special Enrollment-Counselor fact sheet_KOR_9-4-14.pdf](https://www.coveredca.com/korean/fact-sheets/Special%20Enrollment-Counselor%20fact%20sheet_KOR_9-4-14.pdf)

Healthcare.gov (<http://healthcare.gov>)

Has information about ACA in Korean, Chinese, Hindi, Tagalog, and Vietnamese. For assistance in Chinese, French Creole, French, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, or Vietnamese, please call 1-800-318-2596.

<https://www.healthcare.gov/language-resource/>

The Value of Health Insurance

<https://marketplace.cms.gov/outreach-and-education/value-of-health-insurance-korean.pdf>

Health Insurance Marketplace Consumer Application

<https://marketplace.cms.gov/applications-and-forms/marketplace-consumer-application-family-korean.pdf>

Holy Name Medical Center (<http://kholyname.com>)

Affordable Care Act Special Enrollment Program

<http://kholyname.com/?lang=en&s=affordable+care+act&lang=en>

http://www.kholyname.com/html/img/obama_ad_bw.pdf

Illinois Health Matters (<http://illinoishealthmatters.org>)

ACA Facts: The New Health Care Law and Your Family

<http://illinoishealthmatters.org/wp-content/uploads/2012/09/Korean-AHC.pdf>

Kokua Kalihi Valley Comprehensive Family Services (<http://kkv.net>)

KKV offer services and in-language assistance in Chinese (Cantonese, Fukienese, Mandarin, Tienchu), English (including Pidgin), Filipino (Cebuano, Ibanag, Ilokano, Ilonggo, Pangasinense, Tagalog, Visayan), Japanese, Korean, Laotian, Micronesian (Chuukese, Marshallese, Pohnpeian), Samoan, Spanish, Thai, and Vietnamese. But no online ACA resources.

Korean American Community Services, Chicago (<http://kacschicago.org>)

The costs of premiums for individuals in certain federal poverty levels enrolled in ACA

http://kacschicago.org/main/index.php?document_srl=96421&mid=d6

Health Care Reform Guide

http://kacschicago.org/main/index.php?mid=d3&page=1&listStyle=list&document_srl=2298

Korean Community Center, East Bay (<http://kcceb.org>)

Outreach & Education of Affordable Care Act in Power-point Presentation (English)

<http://cpehn.org/sites/default/files/newerakceebpresentationoakland10-13.pdf>

The Affordable Care Act (Korean)

https://www.youtube.com/watch?v=I5_52_Uvsyc

Korean Community Service Center, Washington (<http://kcscgw.org>)
ACA Enrollment information (English)
<http://www.princegeorgescountymd.gov/sites/Health/Resources/Pages/Affordable-Health-Insurance.aspx>

Korea Daily (<http://koreadaily.com>)
Frequently Asked Questions & Answers, Videos, and Current News about the ACA
<http://www.koreadaily.com/etc/event/2013/obamacare/>

Korean Resource Center, MD (<http://ikorean.org>)
Question & Answers about the ACA
http://www.ikorean.org/uploads/3/3/4/7/3347041/77_qa_obama_care_health_insurance.pdf

Korean Resource Center, Orange County (<http://krcla.org>)
KRC provides low-income families, seniors and children with free consultation on access to federal or state government sponsored health care programs which include ACA and Medi-Cal, and assists them in filling out application forms for those programs.

Los Angeles Department of Health Services (<http://dhs.lacounty.gov>)
It provides basic information about the ACA and documents in Armenian, Chinese, English, Korean, Spanish, and Tagalog on "Health Reform and You"

Health Reform and You
http://file.lacounty.gov/dhs/cms1_202492.pdf

Los Angeles Department of Public Health (<http://publichealth.lacounty.gov>)
California Pan-Ethnic Health Network: How Health Care Reform Benefits You:
<http://cpehn.org/sites/default/files/hcrkorean.pdf>

Health Consumer Alliance: The New Law Helps You!:
<http://healthconsumer.org/fs055Lakor.pdf>

National Partnership for Action to End Health Disparities (<http://minorityhealth.hhs.gov/npa>)
Has a list of resources in Arabic, Chinese, Creole, English, Korean, Polish, Portuguese, Spanish, Russian, Tagalog, and Vietnamese.
<http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

The Affordable Care Act Resource Kit (English)
<http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

New York City Health Insurance Link (<http://nyc.gov>)
Resources available in Arabic, Bengali, Chinese, French, Korean, Russian, Spanish and Urdu.
http://www.nyc.gov/html/hia/html/resources_publications/Get_Covered.shtml

Are You Ready for Health Care Reform? - Uninsured New Yorkers:
http://www.nyc.gov/html/hia/downloads/pdf/FS_Korean/AYR_Korean/AYR-Uninsured-Korean.pdf

Are you Ready for Health Care Reform? - Immigrants:
http://www.nyc.gov/html/hia/downloads/pdf/FS_Korean/AYR_Korean/AYR-Immigrants-Korean.pdf

New York State of Health (<http://nystateofhealth.ny.gov>)
Resources available in Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Vietnamese, and Yiddish.
<http://info.nystateofhealth.ny.gov/AdditionalLanguageMaterials>

Young Adults Fact Sheet
<http://info.nystateofhealth.ny.gov/sites/default/files/Young%20Adults%20Fact%20Sheet%20-%20Korean.pdf>

Individuals & Families Rack Card
<http://info.nystateofhealth.ny.gov/sites/default/files/Individuals%20and%20Families%20Rack%20Card%20-%20Korean.pdf>

Obamacare Korean Agent (<http://obamacare.kr>)

Its website has information in Korean about the ACA, its financial and health benefits, and Medicare Part A through D. It has a list of Korean Covered California Certified Insurance Agents by city, name, agency, phone, and address.

Health benefits to Individuals and Families

<http://www.obamacare.kr/529644826046300-5288847532542524576850500---440605106444284-44032513135064044172-4414844053-548125346951012-5122844277.html>

Financial Aid Information

Korean: <http://www.obamacare.kr/529644826046300-5288847532542524576850500---5111651221-5164850896.html>

Korean Covered California Certified Insurance Agents List

English: <http://www.obamacare.kr/covered-california-certified-korean-agent-list.html>

St. Andrew Kim Korean Catholic Center, Oakland (<http://oakcc.org>)

The website, entirely in Korean, provides information about the ACA, YouTube videos, webinars, and fact sheets.

St. Andrew Kim blog on the Affordable Care Act

<http://www.oakcc.org/node/2339#.VGT0lpMXT6c>

Substance Abuse and Mental Health Service Administration (<http://www.samhsa.gov>)

What Immigrants and Refugees Need to Know about the Affordable Care Act

https://www.youtube.com/watch?v=kch5mr_CbcY

Health Insurance: How Do I Get It, Pay for It and Use It

<https://www.youtube.com/watch?v=0-nee0ZXREM>

Washington Health Plan Finder (<http://www.wahealthplanfinder.org>)

Has information on ACA in Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese.

Checklist to apply for free and low-cost health insurance

http://wahbexchange.org/index.php/download_file/view/2493/456/

Immigrant Fact Sheet

http://wahbexchange.org/index.php/download_file/view/2495/456/

Citizen and immigration eligibility chart

http://wahbexchange.org/index.php/download_file/view/2548/456/

White House Initiative on Asian Americans and Pacific Islanders (<http://whitehouse.gov/aapi>)

The website advertises in Chinese, Korean, Tagalog, and Vietnamese that: "If you have difficulty understanding English you may request language assistance services for Department information that is available to the public. These language assistance services are available free of charge. If you need more information about interpretation or translation services, please call 1-800-USA-LEARN (1-800-872-5327) (TTY: 1-800-437-0833), or email us at whitehouseaapi@ed.gov.

Additional ACA Resources:

<http://www.ed.gov/edblogs/aapi/issue-areas/the-affordable-care-act/affordable-care-act-resources-for-consumers/>

Learn about the Health Insurance Marketplace Google Hangout (Korean)

<http://youtu.be/3MA2kc8gjd0>

Young Nak Outreach & Transformation Foundation (<http://ynotfoundation.org>)

The main office offers services to help individuals enroll in Covered California by appointment.

Help with Enrolling in Obamacare

<http://ynotfoundation.org/kr/오바마-케어-가입을-도워드립니다/>

PAKISTANI AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are approximately 480,585 Pakistani Americans currently residing in the US. Pakistani Americans have the highest uninsurance rates (20.9%) among all Asian ethnic minorities. There is also a high percentage (62.6%) of foreign-born Pakistani American immigrants who may be experiencing difficulty in navigating the health insurance system.

The states, counties, and city with the highest number of Pakistani Americans were:

State	County	City
NY 18%	Kings, NY	New York City
TX 14%	Harris, TX	
CA 13%	Queens, NY	
VA 8%		
IL 7%		

Uninsurance rates for Pakistani Americans were high: 20.9% in the US, 39.1% in Texas, and 41.8% in Harris County, TX.

Foreign-born rates for Pakistani Americans were: 62.6% in the US; 63.4% in New York; and 68.2% in Harris County, TX.

LEP rates for Pakistani Americans were: 27.1% in the US, 37.7% in New York, and 50.0% in Kings County (Brooklyn), NY.

Unemployment rates for Pakistani Americans were: 4.8% in the US, 6.4% in California, and 6.9% in Harris County, TX.



Table 8: Pakistani Americans in the most populous states, counties, and cities

	Population		Speak English less than very well	Public coverage	Un-insured	Less than high school	Un-employment	Foreign-born
USA (ACS 2013 1-yr)	480,585	100%	27.1%	27.9%	20.9%	11.7%	4.8%	62.6%
USA (ACS 2011-2013)	428,673	100%	27.0%	27.5%	21.8%	12.9%	5.20%	62.9%
ACS 2013 1 year								
New York	88,779	18.5%	37.7%	53.7%	10.0%	18.0%	4.0%	63.4%
ACS 2011-2013 3 year								
New York	79,044	18.4%	37.5%	49.5%	13.3%	20.3%	4.50%	64.9%
Texas	57,739	13.5%	28.7%	18.1%	39.1%	15.6%	6.00%	66.9%
California	55,511	12.9%	25.5%	26.1%	13.2%	11.5%	6.40%	58.4%
Virginia	32,250	7.5%	25.6%	19.0%	25.8%	10.7%	4.10%	63.3%
Illinois	30,768	7.2%	22.4%	30.2%	23.8%	9.5%	6.30%	63.9%
ACS 2011-2013 3 year								
Kings, NY	23,206	5.4%	50.0%	63.6%	12.4%	29.9%	5.40%	64.6%
Harris, TX	21,559	5.0%	28.5%	22.2%	41.8%	14.0%	6.90%	68.2%
Queens, NY	20,290	4.7%	38.8%	54.6%	14.2%	21.0%	5.20%	69.0%
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N
ACS 2011-2013 3 year								
New York, NY	52,804	12.3%	41.1%	56.0%	12.6%	24.2%	4.50%	66.1%
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N

Note: "N" stands for not reported. See appendix 9 for details.

This study does not have the 5 most populous counties or cities because the American Community Survey provides data on Pakistani Americans in ONE city and THREE counties for the following years of datasets that were reviewed:

2013 1-year estimate
2011-2013 3-year estimate

In-language Resources on ACA for Pakistani Americans (in Urdu)

Asian Health Coalition, IL (<http://asianhealth.org>)

Flyer provides contact information for state-employed counseling in Arabic, Bosnian, Hindi, Gujarati, Nepali, and Urdu written in each of these languages.

https://www.dropbox.com/s/poeb2qdswh23c5z/Palmcard%20ACA_6.25X9.25.pdf?dl=0

New York City Health Insurance Link (<http://nyc.gov>)

The website has many resources in Arabic, Bengali, Chinese, French, Korean, Russian, Spanish and Urdu. It contains information for immigrants and small business owners.

http://www.nyc.gov/html/hia/html/resources_publications/Get_Covered.shtml

Are you Ready for Health Care Reform? – Immigrants (Urdu)

http://www.nyc.gov/html/hia/downloads/pdf/FS_Urdu/AYR_Urdu/AYR-Immigrants-Urdu.pdf

Small Businesses and Health Insurance (Urdu)

http://www.nyc.gov/html/hia/downloads/pdf/FS_Urdu/SMB_Urdu/SB_Why_Purchase_Urdu.pdf

New York State of Health (<http://nystateofhealth.ny.gov>)

The website includes resources and general information in Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Vietnamese, and Yiddish.

<http://info.nystateofhealth.ny.gov/AdditionalLanguageMaterials>

Individuals & Families Rack Card (Urdu)

<http://info.nystateofhealth.ny.gov/sites/default/files/Individuals%20and%20Families%20Rack%20Card%20-%20Urdu.pdf>

Immigrants Fact Sheet (Urdu)

<http://info.nystateofhealth.ny.gov/sites/default/files/Immigrants%20Fact%20Sheet%20-%20Urdu.pdf>

South Asian Network, Artesia, CA (<http://southasiannetwork.org>)

This flyer provides information about the Covered CA Enrollment Clinic in Artesia, CA, which provides in-person aid for insurance enrollment by appointment in Hindi, Gujarati, Punjabi, Marathi, Bengali, and Urdu. Community members can bring their documents to the SAN center to receive direct help in enrolling.

http://southasiannetwork.org/wp-content/uploads/2014/02/Enrollement-days_Events.jpg

This event is an education and outreach event (2013). Though it is not provided in different languages, it provides the opportunity for Q&A and one-on-one meetings with counselors.

<http://southasiannetwork.org/wp-content/uploads/2013/11/NetIP-flyer.jpg>

This seminar on Healthcare Reform provided information regarding the new law, benefits, and enrollment with educators present in Hindi, Bengali, and Urdu (2013).

<http://southasiannetwork.org/wp-content/uploads/2013/10/API-ACA-Event-Flyer-FrontPage.jpg>

United Sikhs

It is a non-profit organization “aimed at powering those in need.” The website states that resources in Punjabi are available by contacting ceed-usa@unitedsikhs.org.

Link: <http://www.unitedsikhs.org/blog/2013/10/affordable-care-act-open-enrollment-begins-today-are-you-ready-to-get-covered/>

VIETNAMESE AMERICANS

Population, Language, Insurance, Education, Nativity, and Employment in the Most Populous States, Counties, and Cities

There are approximately 1.9 million Vietnamese Americans currently residing in the US. There are many factors such as language proficiency, immigration history and occupation that may prevent Vietnamese Americans from enrolling in health insurance or accessing health services.

The states, counties, and cities with the highest number of Vietnamese Americans were:

State	County	City
CA 37%	Orange, CA	San Jose, CA
TX 13%	Santa Clara, CA	San Diego, CA
WA 5%	Los Angeles, CA	Houston, TX
FL 4%	Harris, TX	Los Angeles, CA
VA 4%		

Uninsurance rates for Vietnamese Americans were: 33.2% in Florida, 29.8% in Houston, and 18.5% in the US.

Vietnamese Americans have the highest rate of LEP (47.9% in US) out of all minority communities including other Asian Americans, Blacks, and Hispanics. These LEP rates are 58.3% in San Jose city, CA; 48.9% in Florida, and 54.8% in Harris County, TX.

72.1% Vietnamese Americans are foreign-born in Houston; 66.2% in Santa Clara county, CA; and 62.1% in US.

Vietnamese Americans have a high rate of less than a high school education in Washington (30.9%), Los Angeles county (30.4%), CA, and Houston City, TX (30.6%).



Table 9: Vietnamese Americans in the most populous states, counties, and cities								
	Total Population		Speaks English less than "very well"	Public coverage	Un-insured	Less than high school	Un-employed	Foreign -born
	Number	%*	%	%	%	%	%	%**
USA (ACS 2013 1 yr)	1,907,256	100.0	47.9	25.8	18.5	26.7	6.7	62.1
USA (ACS 2011-2013)	1,887,031	100.0	49.2	26.4	19.0	28.6	5.2	62.7
State (ACS 2013 1-year)								
California	711,188	37.3	48.6	30.4	14.7	25.0	8.6	62.0
Texas	241,900	12.7	48.6	21.8	24.2	24.9	5.1	64.4
Washington	91,382	4.8	45.5	26.7	18.6	30.9	6.1	62.1
Florida	76,857	4.0	48.9	22.7	33.2	29.1	6.8	65.6
Virginia	66,867	3.5	42.5	15.9	14.0	22.4	5.6	62.5
County (ACS 2013 1-year)								
Orange, CA	209,730	11.0	49.7	32.3	13.1	22.1	7.4	63.8
Santa Clara, CA	143,375	7.5	54.6	32.9	14.2	26.6	11.4	66.2
Los Angeles, CA	117,411	6.2	50.4	30.1	16.5	30.4	9.1	61.9
Harris, TX	89,739	4.7	54.8	30.8	18.9	26.5	6.3	68.9
City/Place (ACS 2011-2013 3-year)								
San Jose, CA	110,788	5.9	58.3	35.4	15.1	29.8	11.9	67.7
San Diego, CA	43,736	2.3	49.9	31.3	17.0	29.6	9.4	61.9
Houston, TX	37,464	2.0	58.6	31.6	29.8	30.6	8.1	72.1
Los Angeles, CA	24,119	1.3	40.3	28.9	16.3	24.5	10.9	59.1

See Appendix 10 for more detail.

Vietnamese Americans may have higher rates of uninsurance for two reasons: they are a fairly recent immigrant group (first wave arriving in 1975), and come from a nation where health insurance is not the norm (Ryu 2002).

Employment type may also affect insurance status. Vietnamese Americans have the highest percentage out of all minorities in a "service occupation" (29.4%) and the lowest percentage out of all minorities in "sales and office occupations" (16.5%). It is of interest to note that Vietnamese Americans show the lowest occupation rate in management, business, science, and art occupations compared to all other Asian American subgroups at 32.6%. Furthermore, Vietnamese Americans have the highest rates of those working in production, transportation, and material moving occupations, tying with Hispanics at 16.5% (only Other race showing a higher rate at 18.2%).

In-language Resources on ACA for Vietnamese Americans (in Vietnamese)

Asian American Health Initiative, MD (<http://aahiinfo.org>)

Good Health in Your Hands, Improving Communication Between Patient and Provider
<http://aahiinfo.org/pdf/publications/GoodHealth-Viet.pdf>

Health and Social Service Resources for Montgomery County Residents
http://aahiinfo.org/phpages/wp-content/uploads/2014/10/Resources-Brochure_VIE.pdf

American Association of Retired Persons (<http://aarp.org>)

AARP has educational fact sheets related to ACA in Korean, Chinese, Vietnamese, and Tagalog.

New Law and Medicare:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/208147-hcr-new-law-and-medicare-vi-final-aarp.pdf http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/208147-hcr-new-law-and-medicare-ko-final-aarp.pdf

What New Law Means to Family Caregivers:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/what-it-means-for-family-caregivers-vi-final-aarp.pdf http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2012-08/asian-lang/what-it-means-for-family-caregivers-ko-final-aarp.pdf

What the New Law Means to Small-Business Owners:

http://www.aarp.org/content/dam/aarp/health/healthcare_reform/2013-09/ACA-Factsheet-Employers-72513-Vietnamese.pdf

Asian and Pacific Islander American Health Forum (<http://apiahf.org>)

The Health Care Law and You presentation:

http://www.apiahf.org/resources/resources-database/health-care-law-and-you-vietnamese?aca_search=1

Health Care Reform and its Impact on Asian American, Native Hawaiian, and Pacific Islander Populations: Frequently Asked Questions

<http://www.apiahf.org/resources/resources-database/health-care-reform-and-its-impact-asian-american-native-hawaiian-and--0?>

Asian Health Services (<http://asianhealthservices.org>)

Provides services in English, Chinese (Cantonese, Mandarin), Vietnamese, Korean, Tagalog, Lao, Mien, Khmer, Karen, Mongolian, and Burmese. Patients can call the membership office for questions regarding their health insurance status and ACA at (510) 986-6880.

Asian Pacific Health Care Venture, Inc. (<http://aphcv.org>)

Bilingual Enrollment workers are available to discuss eligibility for federal, state, and local insurance plans in Bengali, Mandarin, Tagalog, Vietnamese, Thai, and Chinese.

<http://www.aphcv.org/services/enrollment/EnrollmentServices.php>

Boat People SOS (<http://bpsos.org>)

BPSOS mentions on their website that they offer programs and have provided services for enrolling in ACA. However, there were no online resources available through BPSOS.

Covered California (<http://coveredca.com>)

It is the marketplace implementing the ACA in California. Their website offers fact sheets, informational brochures, and applications in various languages including Chinese, Hmong, Korean, Filipino, Lao, and Vietnamese.

Application for Health Insurance with Financial Assistance

http://www.coveredca.com/PDFs/paper-application/CA-SingleStream%20App%20Form%20VIE_92MAX.pdf

Application for Health Insurance without Financial Assistance

http://www.coveredca.com/PDFs/paper-application/CACC-Non-sub%20App%20Form%20VIE_64MAX_21ea_032914.pdf

Step-by-step Guide in Enrolling in Quality Health Care

http://www.coveredca.com/vietnamese/fact-sheets/Enrollment_lay17_VIE.pdf

Cover Oregon (<https://www.coveroregon.com>)

Has information in Spanish, Russian, Traditional and Simplified Chinese, Vietnamese, Korean, and Japanese.

Health Insurance Benefits Guide:

http://resources.coveroregon.com/pdfs/vietnamese_materials/Health_Insurance_Benefits_Guide-Vietnamese.pdf

Small Business Fact Sheet:

http://resources.coveroregon.com/pdfs/vietnamese_materials/Fact_Sheet-Small_Business-Vietnamese.pdf

Healthcare.gov (<http://healthcare.gov>)

Has information in Korean, Chinese, Hindi, Tagalog, and Vietnamese. For assistance in Chinese, French Creole, French, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, or Vietnamese, please call 1-800-318-2596.

<https://www.healthcare.gov/language-resource/>

The Value of Health Insurance

<http://marketplace.cms.gov/outreach-and-education/value-of-health-insurance-vietnamese.pdf>

Health Insurance Consumer Marketplace Application

<http://marketplace.cms.gov/applications-and-forms/marketplace-consumer-application-family-vietnamese.pdf>

Illinois Health Matters (<http://illinoishealthmatters.org>)

ACA Facts: The New Health Care Law and Your Family

<http://illinoishealthmatters.org/wp-content/uploads/2012/09/Vietnamese-AHC.pdf>

Los Angeles Department of Public Health (<http://publichealth.lacounty.gov>)

California Pan-Ethnic Health Network: How Health Care Reform Benefits You:

<http://cpehn.org/sites/default/files/hcrvietnamese.pdf>

Health Consumer Alliance: The New Law Helps You!:

<http://healthconsumer.org/fs055ORvie.pdf>

Mary Queen of Vietnam Community Development Corporation (<http://mqvncdc.org>)

MQVNCDC mentions on their website that they have assisted with enrollment in the ACA by providing in-language one-on-one guidance for the limited English proficient Vietnamese community. Online resources were not available.

National Council of Asian Pacific Islander Physicians (<http://ncapip.org>)

NCAPIP ACA Resource Center

<http://www.ncapip.org/resources/page63/>

Medical Billing & Coding and Understanding the ACA

<http://www.medicalbillingandcoding.org/resources/>

YouTube videos about the Marketplace and Covered California in English and Vietnamese

https://www.youtube.com/channel/UC_IWBKijRWkkXPGHUSxcAlg

National Partnership for Action to End Health Disparities (<http://minorityhealth.hhs.gov/npa>)

List of resources in Arabic, Chinese, Creole, English, Korean, Polish, Portuguese, Spanish, Russian, Tagalog, and Vietnamese.

<http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

The Affordable Care Act Resource Kit

English: <http://minorityhealth.hhs.gov/NPA/Materials/AffordableCareActResourceKit.pdf>

New York State of Health (<http://nystateofhealth.ny.gov>)

Has resources in Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Vietnamese, and Yiddish.

<http://info.nystateofhealth.ny.gov/AdditionalLanguageMaterials>

Individuals & Families Rack Card

<http://info.nystateofhealth.ny.gov/sites/default/files/Individuals%20and%20Families%20Rack%20Card%20-%20Vietnamese.pdf>

Immigrants Fact Sheet

<http://info.nystateofhealth.ny.gov/sites/default/files/Immigrants%20Fact%20Sheet%20-%20Vietnamese.pdf>

Substance Abuse and Mental Health Service Administration (<http://www.samhsa.gov>)

Health Insurance: How Do I Get It, Pay for It and Use It

<https://www.youtube.com/watch?v=IKIQUpMOVj4>

State of California Office of the Patient Advocate (<http://www.opa.ca.gov/>)

They have videos for health care consumers to access the health care services

(<http://www.opa.ca.gov/Pages/YoutubeVideos.aspx>).

If You Need Help with Your Health Plan

http://www.opa.ca.gov/Documents/OPAMaterials/Other/FactSheet_Need_Help_Vietnamese.pdf

Your Right to an Interpreter

http://www.opa.ca.gov/Documents/OPAMaterials/Other/FactSheet_Interpreter_Vietnamese.pdf

Dental Care for Children

http://www.opa.ca.gov/Documents/OPAMaterials/Other/FactSheet_Dental_Care_Vietnamese.pdf

Southeast Asian Mutual Assistance Association Coalition (<http://seamaac.org>)

Has conducted certified application counselor (CAC) trainings so that there are bilingual counselors in English and Mandarin, Vietnamese, Khmer, Indonesian, Laotian, Hmong, Thai, Nepali, Burmese, Karen, and Chin.

General ACA information (Vietnamese)

http://seamaac.org/wp-content/uploads/2013/09/VN-ACA_and_Health_Insurance_Marketplace_Outreach_Materials.pdf

Washington Health Plan Finder (<http://www.wahealthplanfinder.org>)

Has information in Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese.

Tips for buying a Qualified Health Plan

http://wahbexchange.org/files/7013/8687/9541/Tips-How_to_Buy_Vietnamese.pdf

Checklist to apply for free and low-cost health insurance

http://wahbexchange.org/files/5413/8687/9571/Tips-Checklist_Vietnamese.pdf

Immigrant Fact Sheet

http://wahbexchange.org/files/8213/8687/9621/Tips-Immigrants_Vietnamese.pdf

White House Initiative on Asian Americans and Pacific Islanders (<http://whitehouse.gov/aapi>)

The website advertises in Chinese, Korean, Tagalog, and Vietnamese that: "If you have difficulty understanding English you may request language assistance services for Department information that is available to the public. These language assistance services are available free of charge.

Info-graphic on the AAPI Community: Affordable Care Act

http://www.whitehouse.gov/sites/default/files/docs/aca_aapi_infographic.pdf

Additional ACA Resources:

<http://www.ed.gov/edblogs/aapi/issue-areas/the-affordable-care-act/affordable-care-act-resources-for-consumers/>

Learn about the Health Insurance Marketplace (Vietnamese)

http://youtu.be/Im_OmnL5uM

POLICY RECOMMENDATIONS

All Asian American, Native Hawaiian and Pacific Islander (AANHPI) ethnic groups face key social gaps (e.g., uninsurance, LEP, education) in the states, counties, and cities they primarily reside in that adversely impact their access to health information and healthcare. The reviewed determinants (i.e. uninsurance, LEP, less than high school education, unemployment, foreign-birth) for this study showed great variation and disparity by disaggregated data. The disparities were also significantly higher at city, county, and state levels compared to national levels.

There is still a serious lack of in-language resources available to many LEP, uninsured, immigrant, and low income AANHPI communities, particularly Asian Indian and Pakistani Americans.

Underserved and underrepresented AANHPI communities face many challenges and barriers in gaining access and coverage to the services and benefits offered by the ACA. These challenges continue to go unreported and unnoticed at federal, state and local levels as evidenced by the lack of linguistically appropriate materials on federal, state, and local government websites.

This study makes the following recommendations to improve access to care, especially for outreach and enrollment efforts in ACA:

- 1. Recognize and address the large health insurance related disparities that exist among limited English proficient, less educated, low income, or immigrant Asian Americans, Native Hawaiians, and Pacific Islanders.***
- 2. Support more in-language and bilingual resource development to facilitate health communication for Asian Americans, Native Hawaiians, and Pacific Islanders.***
- 3. Make disaggregated enrollment data available to improve data monitoring for access to care for Asian Americans, Native Hawaiians, and Pacific Islanders.***

The following section discusses the recommendations.

1. Recognize and address the large health insurance related disparities that exist among limited English proficient, less educated, low income, or immigrant Asian Americans, Native Hawaiians, and Pacific Islanders.

- All levels of government, health insurance companies, health providers, community-based organizations and non-profits need to continue to outreach to and educate AANHPIs about the ACA (i.e. marketplaces, Medicaid expansion) so they can benefit from the availability of affordable health insurance.
 - This outreach and education is particularly important for the hard-to-reach communities characterized by high concentrations of LEP, less education, low income, and immigrant populations.
 - More outreach and education needs to happen at city, county and state levels as the disparities were significantly higher at these levels compared to national levels.
- Government (federal, state, and local) and private organizations (e.g., insurance companies, employers) need to work together to expand access to healthcare coverage for all US residents, including immigrants.
 - Support access to healthcare through the ACA for all AANHPI residents and their families of mixed immigration status.
- Federal, state, and local governments need to embrace programs such as Medicaid and Children's Health Insurance Program to ensure low income AANHPIs are able to access basic healthcare services.

2. Support more in-language and bilingual resource development to facilitate health communication for Asian Americans, Native Hawaiians, and Pacific Islanders.

- More linguistically appropriate in-language resources (factsheets, webinars, videos, workforce, etc.) are needed on all government agency websites, particularly the federal and state marketplace exchanges.
 - California has the highest number of Asian Indians in the US, of whom 21.9% are LEP. Yet Covered California did not have any translated materials in any Asian Indian languages (i.e. Hindi, Gujarati, etc.).
 - CMS did not have any translated materials in Hindi, Urdu, or Vietnamese.
 - Healthcare.gov did not have any translated materials in Hindi or Urdu. The website had two factsheets in Korean and one in Tagalog.

- The Financial Calculator needs to be translated in AANHPI languages on Healthcare.gov and all the state exchange websites.
- Partner with and provide resources (either money or technical assistance) to AANHPI ethnic community-based organizations to develop and disseminate their in-language culturally appropriate resources online. Such materials are tailored to the LEP, poor, or immigrant communities they serve and can reach more people and organizations working with similar hard-to-reach communities.

3. *Make disaggregated enrollment data available to improve data monitoring for access to care for Asian Americans, Native Hawaiians, and Pacific Islanders.*

- These types of disaggregated data collection and reporting are crucial to identify community needs and target programs effectively and efficiently, e.g., to understand which AANHPI communities are not getting enrolled through Medicaid and the Marketplaces and can be better targeted during outreach efforts.
- It would be useful to compare the coverage data provided by the Census Bureau for high need areas (as determined by high rates of uninsurance, LEP, low education, and immigrant population) with the actual enrollment data.
- Most federal, state, or local government agencies still do not collect or report disaggregated data on AANHPIs (the Census Bureau is the exception).
- Oversampling requires serious consideration in all types of government surveys to identify the needs of smaller sub-ethnic groups.
- Government agencies (federal, state, and local) and private foundations need to examine whether adequate resources are being invested to studying, understanding, and serving the needs of AANHPI communities.

BIBLIOGRAPHY

- AAPCHO. AAPI Limited English Proficiency (LEP). Association of Asian Pacific Community Health Organizations. June 2005.
- Action For Health Justice. Improving the Road to ACA Coverage: Policy Recommendations for Enrollment Success. Asian & Pacific Islander American Health Forum, Association of Asian Pacific Community Health Organizations, Asian Americans Advancing Justice | AAJC, Asian Americans Advancing Justice | Los Angeles. 2014.
- Alagiakrishnan K, Chopra A. Health and Health care of Asian Indian Elderly. Stanford University. 2001.
- Allensworth DD. Addressing the Social Determinants of Health of Children and Youth: A Role for SOPHE Members. Health Education & Behavior. August 2011; 38:331-338.
- American Community Survey. Demographic and Housing Estimate. DP05. 2013 1-Year Estimates.
- American Community Survey. Selected Population Profile in the United States. S0201. 2013 1-Year Estimates.
- APIAHF. Improving the Road to ACA Coverage: Lessons Learned on Outreach, Education, and Enrollment for Asian American, Native Hawaiian, and Pacific Islander Communities. Asian and Pacific Islander Health Forum. 2014.
- Cardinali G, Rhyne RL, Fleg A, Corum BN, Tsewang D, Jo A, Liederman J, North C. Underinsurance Before the Implementation of the Affordable Care Act: from the Research Involving Outpatient Settings Network (RIOS Net). J Am Board Fam Med. 2014; 27:855-7.
- Chu R, Wong D, Robinson W, Finegold K. The Affordable Care Act and Asian Americans and Pacific Islanders. ASPE Research Brief. Department of Health and Human Services. April 2012.
- Claxton G, Rae M, Panchal N, Whitmore H, Damico A, Kenward K. Health Benefits in 2014: Stability in Premiums and Coverage for Employer-Sponsored Plans. Health Affairs. 2014; 33(10):1851-1860.
- Council on Community Pediatrics. Providing Care for Immigrant, Migrant, and Border Children. American Academy of Pediatrics. Pediatrics. June 2013; 131(6):1-7.
- Colby SL, Ortman JM. Projections of the Size and Composition of the U.S. Population: 2014 to 2060. Population Estimates and Projections. Current Population Reports. U.S. Census Bureau. March 2015. P25-1143
- Doty MM, Blumenthal D, Collins SR. The Affordable Care Act and Health Insurance for Latinos. Journal of the American Medical Association. 2014; 312(17): 1735-6.
- Flores G. Language Barriers to Health Care in the United States. New England Journal of Medicine. 2006; 355:229-231.
- Fried B, Pintor JK, Graven P, Blewett LA. Implementing Federal Health Reform in the States: Who is Included and Excluded and What are Their Characteristics? Health Services Research. 2014; 49 (S2): 2062–2085.
- Gambino CP, Acosta YD, Grieco EM. English Speaking Ability of the Foreign-Born Population in the United States: 2012. American Community Survey Reports. June 2014. ACS-26.
- Hawkins, C, Cohen, B. Affordable Care Act standards for race and ethnicity mask disparities in maternal smoking during pregnancy. Prev Med. 2014; 65: 92-95.
- Hoeffel EM, Rastogi S, Kim MO, Shahid H. The Asian Population: 2010. 2010 Census Briefs. U.S. Census Bureau. March 2012.
- Johnson R. Unemployment by Education Level: A Drastic Gap. The Morning Star. 2014.
- Khan S. Social Determinants of Health, Health-Healthcare Disparities, and Asian Pacific Islander Americans. Power Point Presentation for UC Berkeley URAP training, slide no. 13-15. National Council of Asian Pacific Islander Physicians. Fall 2014.
- Khan S, Chan P, Chan D, Kazner C. ACA Outreach and Enrollment Challenges in Asian American, Native Hawaiian, and Pacific Islander Communities: Some Findings. Webinar. Substance Abuse and Mental Health Services Administration. 2014.
- Monheit AC, Vistnes JP. Race/Ethnicity and Health Insurance Status: 1987 and 1996. Med Care Res Rev. 2000; 57(1): 11-35.
- Nguyen AT. The Vietnamese Population in the United States: 2010. Boat People SOS. Brief. June 2011.

Nguyen D, Choi S, Park SY. The Moderating Effects of Ethnicity and Employment Type on Insurance Coverage: Four Asian Subgroups in California. *J Appl Gerontol*. 2013; 1-21.

Pandya C, Batalova J, McHugh M. Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity. Migration Policy Institute. December 2011.

Ramakrishnan K, Ahmad FZ. Language Diversity and English Proficiency. Part of the "State of Asian Americans and Pacific Islanders" series. Center for American Progress. 2014.

Ramakrishnan K, Ahmad FZ. State of Asian Americans and Pacific Islanders Series: a Multifaceted Portrait of a Growing Population. Center for American Progress. 2014.

Ryan C. Language Use in the United States: 2011. American Community Survey Reports. August 2013.

Ryu H, Young WB, Kwak H. Differences in Health Insurance and Health Service Utilization among Asian Americans: Method for Using the NHIS to Identify Unique Patterns between Ethnic Groups. *Int J Health Plann Manage*. 2002; 17(1): 55-68.

Sentell T, Braun K. Low Health Literacy, Limited English Proficiency, and Health Status in Asians, Latinos, and Other Racial/Ethnic Groups in California. *J Health Community*. 2012; 17(Suppl 3): 82-99.

Siegel P, Martin M, Bruno R. Language Use and Linguistic Isolation: Historical Data and Methodological Issues. Paper. U.S. Census Bureau. 2001.

Smith JC, Medalia C. Health Insurance Coverage in the United States: 2013. Current Population Reports. U.S. Census Bureau. September 2014. P60-250.

Ulmer C, McFadden B, Nerenz DR. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Institute of Medicine of the National Academies. 2009.

AHC. Impact of the Affordable Care Act on Uninsured Asians in Illinois: Moving from Eligible to Enrolled. Asian Health Coalition. July 2013.

APPENDIX 1: Distribution of Population by Race-Ethnicity and Insurance in USA

Race and Hispanic Origin	Total Population		Health Insurance				
			Civilian non-institutionalized population	No Health Insurance Coverage		Public Coverage	
	Absolute Number	%*		Absolute Number**	%	Absolute Number***	%
All Races	316,128,839	100.00	311,158,104	45,117,925	14.5	98,325,961	31.6
White	240,924,897	76.21	237,612,505	30,652,013	12.9	72,471,814	30.5
African American	43,624,267	13.80	42,276,885	7,060,240	16.7	17,248,969	40.8
Hispanic	53,986,412	17.08	53,264,531	15,127,127	28.4	18,003,411	33.8
American Indian & Alaska Native	5,252,044	1.66	5,118,164	1,105,523	21.6	1,985,848	38.8
Asian American	18,913,544	5.98	18,805,959	2,614,028	13.9	3,986,863	21.2
Asian Indian	3,461,017	1.09	3,454,152	359,232	10.4	476,673	13.8
Bangladeshi	170,145	0.05	170,029	30,945	18.2	69,202	40.7
Cambodian	322,605	0.10	319,189	60,327	18.9	97,353	30.5
Chinese	4,520,101	1.43	4,500,370	580,548	12.9	945,078	21.0
Filipino	3,648,933	1.15	3,616,447	408,659	11.3	737,755	20.4
Hmong	286,211	0.09	285,091	45,615	16.0	112,041	39.3
Indonesian	112,005	0.04	111,624	17,413	15.6	18,753	16.8
Japanese	1,433,105	0.45	1,422,753	105,284	7.4	314,428	22.1
Korean	1,768,644	0.56	1,753,900	359,550	20.5	313,948	17.9
Laotian	261,324	0.08	258,232	40,542	15.7	66,366	25.7
Pakistani	480,585	0.15	479,775	100,273	20.9	133,857	27.9
Taiwanese	173,087	0.05	172,740	18,829	10.9	25,047	14.5
Thai	274,899	0.09	272,076	44,893	16.5	56,864	20.9
Vietnamese	1,907,256	0.60	1,897,519	351,041	18.5	489,560	25.8
NHOPI	1,226,149	0.39	1,201,343	166,987	13.9	361,604	30.1
Native Hawaiian	560,488	0.18	549,538	57,170	10.2	177,675	31.7
Guamanian or Chamorro	120,706	0.04	118,255	17,029	14.4	25,780	21.8
Micronesian	190,594	0.06	186,556	34,140	18.3	55,967	30
Polynesian	784,292	0.25	768,550	92,226	12.0	242,093	31.5
Samoan	175,589	0.06	171,549	27,619	16.1	56,097	32.7
Other race	16,474,381	5.0	16,255,648	4,909,206	30.0	5,591,943	34

Source: U.S. Census Bureau, 2013 American Community Survey, 1-Year Estimates.

Note: Population of major races and Asian American sub-ethnic groups in the United States is indicated by number and percentage.

One race alone or in combination with one or more other races applies for all figures except for Hispanic, which is Hispanic or Latino (of any race).

Columns marked with asterisks were calculated for this study.

*To calculate total population %:

% was calculated from the absolute numbers provided by Census Bureau.

For all groups & subgroups the base/denominator used was = "All races = 316,128,839".

e.g. Asian: = Asian / All Races = 18,913,544 / 316,128,839 = 6.0%

**To calculate absolute number for "No Health Insurance Coverage":

Absolute number was calculated from the % provided by Census Bureau. This % is based on "civilian non-institutionalized population" absolute numbers, which is different from the total population number.

e.g. for All Races

Total population = 316,128,839

Civilian non-institutional population = 311,158,104

e.g. Uninsured All Races: 311,158,104 x 14.5% = 45,117,925

e.g. Uninsured White: 237,612,505 x 12.9% = 30,652,013

e.g. Uninsured Asian: 18,805,959 x 13.9% = 2,614,028

e.g. Uninsured Korean: 1,753,900 x 20.5% = 359,550

***To calculate absolute number for "Public Coverage":

Absolute number was calculated from the % provided by Census Bureau. This % is based on "civilian non-institutionalized population" absolute numbers, which is different from the total population number.

e.g. for All Races

Total population = 316,128,839

Civilian non-institutional population = 311,158,104

e.g. Public coverage All Races: 311,158,104 x 31.6% = 98,325,961

e.g. Public coverage White: 237,612,505 x 30.5% = 72,471,814

e.g. Public coverage Asian: 18,805,959 x 21.2% = 3,986,863

e.g. Public coverage Korean: 1,753,900 x 17.9% = 313,948

Appendix 2: Asian Americans in 5 most populous states, counties, and cities in USA

Asian Americans		
	Total Population	
	Number	%
United States	18,913,544	100.0
State (2013 1-year estimate ACS)		
California	5,959,446	31.51
New York	1,708,354	9.03
Texas	1,257,835	6.65
New Jersey	866,717	4.58
Hawaii	783,648	4.14
County (2013 1-year estimate ACS)		
Los Angeles County, California	1,559,993	8.25
Santa Clara County, California	673,650	3.56
Orange County, California	648,511	3.43
Queens County, New York	592,680	3.13
Honolulu County, Hawaii	590,515	3.12
City/Place (2013 1-year estimate ACS)		
New York, New York	1,220,500	6.45
Los Angeles, California	497,330	2.63
San Jose, California	357,507	1.89
San Francisco, California	303,922	1.61
San Diego, California	270,546	1.43

Appendix 3: Population by Race-Ethnicity, Language, Education and Nativity in USA

	Total Population		Language			Education			Nativity			
Race	Absolute Number	%*	Total US Population 5 years and over	Speak English less than "very well"		Total US Population 25 years and over	Less than High School Education		US Born		Foreign Born	
				Absolute Number**	%		Absolute Number***	%	Absolute Number	%****	Absolute Number	%*****
Total Population	316,128,839	100	296,358,760	25,190,495	8.5	210,910,615	28,262,022	13.4	274,780,773	86.9	41,348,066	13.1
White	240,924,897	76.21	226,520,814	13,364,728	5.9	164,366,441	18,902,141	11.5	220,420,420	91.5	20,504,477	8.5
Black or African American	43,624,267	13.80	40,144,726	1,244,487	3.1	25,751,903	4,171,808	16.2	39,826,074	91.3	3,798,193	8.7
Hispanic or Latino (of any race)	53,986,412	17.08	48,895,061	15,793,105	32.3	29,673,441	10,474,725	35.3	34,994,072	64.8	18,992,340	35.2
American Indian and Alaska Native	5,252,044	1.66	4,832,133	260,935	5.4	3,066,739	530,546	17.3	4,986,345	94.9	265,699	5.1
Asian	18,913,544	5.98	17,558,753	5,372,978	30.6	12,183,870	1,620,455	13.3	7,901,805	41.8	11,011,739	58.2
Asian Indian	3,461,017	1.09	3,159,803	622,481	19.7	2,292,828	188,012	8.2	1,115,082	32.2	2,345,935	67.8
Bangladeshi	170,145	0.05	157,159	67,264	42.8	104,504	18,602	17.8	49,591	29.1	120,554	70.9
Cambodian	322,605	0.10	295,452	110,499	37.4	190,599	64,804	34	151,984	47.1	170,621	52.9
Chinese	4,520,101	1.43	4,242,982	1,701,436	40.1	2,943,720	509,264	17.3	1,788,111	39.6	2,731,990	60.4
Filipino	3,648,933	1.15	3,382,811	585,226	17.3	2,297,028	165,386	7.2	1,825,813	50.0	1,823,120	50.0
Hmong	286,211	0.09	252,632	102,316	40.5	122,118	36,880	30.2	176,474	61.7	109,737	38.3
Indonesian	112,005	0.04	103,161	24,449	23.7	67,370	3,369	5	45,468	40.6	66,537	59.4
Japanese	1,433,105	0.45	1,325,567	192,207	14.5	930,440	42,800	4.6	1,087,156	75.9	345,949	24.1
Korean	1,768,644	0.56	1,644,855	588,858	35.8	1,142,389	82,252	7.2	703,387	39.8	1,065,257	60.2
Laotian	261,324	0.08	237,115	82,279	34.7	147,400	44,367	30.1	136,463	52.2	124,861	47.8
Pakistani	480,585	0.15	436,862	118,390	27.1	273,033	31,945	11.7	179,691	37.4	300,894	62.6
Taiwanese	173,087	0.05	163,422	62,591	38.3	119,760	6,707	5.6	59,429	34.3	113,658	65.7
Thai	274,899	0.09	250,669	76,203	30.4	173,379	23,233	13.4	126,731	46.1	148,168	53.9
Vietnamese	1,907,256	0.60	1,778,460	851,882	47.9	1,209,759	323,006	26.7	723,417	37.9	1,183,839	62.1
Native Hawaiian & other Pacific Islander	1,226,149	0.39	1,108,787	97,573	8.8	659,537	77,825	11.8	1,034,762	84.4	191,387	15.6
Native Hawaiian	560,488	0.18	504,819	10,601	2.1	300,463	23,136	7.7	550,161	98.2	10,327	1.8
Polynesian	784,292	0.25	704,749	33,828	4.8	411,465	36,209	8.8	740,511	94.4	43,781	5.6
Samoan	175,589	0.06	154,990	15,034	9.7	83,721	8,874	10.6	162,672	92.6	12,917	7.4
Micronesian	190,594	0.06	168,851	30,224	17.9	95,657	15,305	16	145,757	76.5	44,837	23.5
Guamanian or Chamorro	120,706	0.04	108,613	4,453	4.1	62,606	6,699	10.7	114,952	95.2	5,754	4.8
Other race	16,474,381	5.21	14,928,493	5,299,615	35.5	9,047,939	3,601,080	39.8	9,910,422	60.2	6,563,959	39.8

Source: Selected Population Profiles of the US, American Community Survey 1-Year Estimate [Table #S0201]

All race/ethnicities are alone or in combination except Hispanic. Hispanic is "Hispanic or Latino"

Columns marked with asterisks were calculated for this study.

* To calculate total population %:

% was calculated from the absolute numbers provided by Census Bureau.

For all groups & subgroups the base/denominator used was "All races = 316,128,839".

e.g. Asian: = Asian / All Races = 18,913,544 / 316,128,839 = 6.0%

** To calculate LEP

This absolute number is "population aged 5 years or older", which is different from the total population.

Total population = 316,128,839

Total population ≥ 5 yrs = 296,358,760

So, the base/denominator number will be different for each group and subgroup.

e.g. All Races = 296,358,760 x 8.5% = 25,190,495

e.g. White = 226,520,814 x 5.9% = 13,364,728

e.g. Asian = 17,558,753 x 30.6% = 5,372,978 (I get 5,373,009)

e.g. Filipino = 3,382,811 x 17.3% = 585,226

***To calculate education (less than high school diploma)

Absolute no. was calculated from %. This absolute number is "population aged 25 years or older", which is different from total population.

Total population = 316,128,839

Total population ≥ 25 yrs = 210,910,615

So, the base/denominator number will be different for each group and subgroup.

e.g. All Races: 210,910,615 x 13.4% = 28,262,022

e.g. White: 164,366,441 x 11.5% = 18,902,141

e.g. Asian: 12,183,870 x 13.3% = 1,620,455

e.g. Filipino: 2,297,028 x 7.2% = 165,386

**** & *****To calculate nativity status (foreign born and US born)

% was calculated from the absolute numbers provided by Census Bureau.

e.g. All Races: 41,348,066 / 316,128,839 = 13.1% = total foreign born / total population

e.g. White: 20,504,477 / 240,924,897 = 8.5% = white foreign-born / white population

e.g. Asian: 11,011,739 / 18,913,544 = 58.2% = asian foreign-born / asian population

e.g. Filipino: 1,823,120 / 3,648,933 = 49.9% = filipino foreign-born / filipino population

APPENDIX 4: Population by Race-Ethnicity and Employment in USA

Race	Total population	Population 16 years and over (in labor force + not in labor force)	Unemployment		Employment						
			Absolute Number*	%	Absolute Number	%	Management, business, science, and arts	Servic e	Sales and office	Natural resources, construction, and maintenanc e	Production, transportati on, and material moving
							%	%	%	%	%
All races	316,128,839	250,835,999	13,294,308	5.3	145,128,676	57.9	36.3	18.4	24.2	8.9	12.2
White	240,924,897	193,199,084	8,887,158	4.6	112,895,505	58.4	37.9	16.7	24.5	9.4	11.5
Black or African American	43,624,267	32,477,935	3,052,926	9.4	17,014,116	52.4	28.2	25.7	25.8	5.2	15.1
Hispanic or Latino	53,986,412	38,071,639	2,550,800	6.7	22,946,861	60.3	19.6	26.5	22.0	15.4	16.5
American Indian and Alaskan Native	5,252,044	3,858,164	324,086	8.4	1,951,464	50.6	28.8	23.6	23.7	10.6	13.3
Asian	18,913,544	14,657,569	644,933	4.4	8,889,948	60.7	49.1	17.2	21.1	3.3	9.4
Asian Indian	3,461,017	2,641,728	108,311	4.1	1,706,141	64.6	68.1	7.0	17.1	1.5	6.3
Bangladeshi	170,145	125,154	7,885	6.3	72,403	57.9	38.6	16.5	30.7	2.4	11.8
Cambodian	322,605	239,894	17,512	7.3	138,605	57.8	22.3	22.2	25.8	3.9	25.9
Chinese	4,520,101	3,600,476	151,220	4.2	2,094,515	58.2	53.3	17.2	20.0	2.8	6.6
Filipino	3,648,933	2,784,471	139,224	5	1,788,362	64.2	42.1	21.4	23.7	4.3	8.4
Hmong	286,211	185,521	12,244	6.6	109,355	58.9	21.7	18.3	27.5	3.7	28.7
Indonesian	112,005	84,643	4,317	5.1	51,909	61.3	41.2	23.6	19.9	5.2	10.0
Japanese	1,433,105	1,105,671	37,593	3.4	642,038	58.1	50.8	14.8	24.5	4.0	5.9
Korean	1,768,644	1,380,205	52,448	3.8	794,452	57.6	48.5	15.3	25.6	3.0	7.7
Laotian	261,324	183,196	11,725	6.4	109,190	59.6	20.6	19.8	20.9	5.8	32.9
Pakistani	480,585	345,930	16,605	4.8	196,986	56.9	47.2	10.2	28.8	2.3	11.4
Taiwanese	173,087	146,840	5,433	3.7	81,304	55.4	69.0	6.5	20.3	1.5	2.7
Thai	274,899	204,362	8,583	4.2	125,149	61.2	38.0	28.3	20.4	4.0	9.3
Vietnamese	1,907,256	1,458,925	64,193	4.4	897,182	61.5	32.6	29.4	16.5	4.9	16.5
Native Hawaiian and Other Pacific Islander	1,226,149	857,237	63,436	7.4	503,209	58.7	28.4	23.6	26.8	8.7	12.5
Native Hawaiian	560,488	390,152	24,970	6.4	226,905	58.2	28.9	22.8	27.1	9.8	11.4
Polynesian	784,292	536,639	39,711	7.4	309,578	57.7	27.5	22.8	27.6	9.7	12.4
Samoan	175,589	112,769	10,488	9.3	62,646	55.6	22.5	24.1	30.3	7.8	15.4
Micronesian	190,594	125,503	11,421	9.1	73,574	58.6	24.8	24.9	27.1	6.9	16.3
Guamanian or Chamorro	120,706	82,836	7,787	9.4	50,133	60.5	31.3	19.9	29.5	7.4	12.0
Some other race	16,474,381	11,707,612	781,812	7.3	7,209,767	61.6	16.0	28.9	20.8	16.1	18.2

Source: Selected Population Profile in the US, 2013 American Community Survey 1-Year Estimate [Table #S0201]

All race/ethnicities are alone or in combination except Hispanic. Hispanic is "Hispanic or Latino"

Columns marked with asterisk are calculated (see Methodology for details)

In labor force: [civilian (employed + unemployed) + armed]; Not in labor force

* Unemployment Calculated

Absolute number was calculated from %. This absolute number for employment status is “population aged 16 and over” is 250,835,999 which is different from the total population of 316,128,839.

e.g. All Races:

= Total population x percentage unemployed = $250,835,999 \times 5.3\% = 13,293,308$

e.g. White:

= Total white population x percentage unemployed = $193,188,084 \times 4.5\% = 8,693,959$

e.g. Asian:

= Total Asian population x percentage unemployed = $14,657,569 \times 4.4\% = 644,933$

e.g. Filipino

= Total Filipino population x percentage unemployed = $2,784,471 \times 5\% = 139,224$

Civilian Labor Force: Civilian Labor Force, by Census definition, consists of people classified as employed or unemployed 16 years old and over who were either (1) “at work,” that is, those who did any work at all during the reference week as paid employed, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work,” that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Those who worked around the house or did unpaid work for religious, charitable, and similar organizations are excluded. Civilian Labor Force particularly excludes the employed members of the U.S. Armed forces (people on active duty with the US Army, Air Force, Navy, Marine Corps, or Coastal Guard. NOT IN LABOR FORCE: those who are not employed and not looking for jobs; most are in school or retired.

APPENDIX 5: Asian Indians in 5 most populous states, counties, and cities in USA

			Language			Education			Unemployed			Health Insurance				US born		Foreign born		
	Populatio n No.	Populatio n %	Population ≥ 5 Years	Speaks English "less than very well"		Population ≥ 25 years	Absolut e No**	%	Populatio n ≥ 16 years	Absolut e No. *	%	Civilian Populati on (non- instituti onalled)	Public Health Insurance Coverage		No Health Insurance Coverage		Absolute Number	%*	Estimate	%*
				Absolute No. *	%								Absolute No.**	%	Absolute No.***	%				
USA	3,461,017	100	3,159,803	622,481	19.7	2,292,828	188,012	8.2	3,600,476	147,620	4.1	3,454,152	198,466	13.8	580,548	10.4	1,115,082	32.2	2,345,935	67.8
USA (2011- 2013)	3,357,414	100	3,059,536	630,264	20.6	2,216,909	197,305	8.9	2,562,333	115,305	4.5	3,350,401	469,056	14.0	381,946	11.4	1,063,058	31.7	2,294,356	68.3
States (5 highest) 2013 1-year																				
California	675,041	19.5	615,831	134,867	21.9	452,409	43,431	9.6	515,050	24,207	4.7	673,853	99,730	14.8	68,733	10.2	222,108	32.9	452,933	67.1
New York	373,978	10.8	347,485	76,794	22.1	247,855	38,418	15.5	301,376	15,069	5.0	372,459	105,406	28.3	42,460	11.4	122,990	32.9	250,988	67.1
New Jersey	357,157	10.3	324,686	68,184	21.0	242,844	17,728	7.3	270,967	10,839	4.0	356561	41,361	11.6	33,517	9.4	105,864	29.6	251,293	70.4
Texas	312,804	9.0	286,928	53,656	18.7	206,402	12,384	6.0	163,227	5,386	3.3	213190	19,827	9.3	23,664	11.1	98,822	31.6	213,982	68.4
Illinois	213,269	6.2	194,627	44,375	22.8	142,121	9,806	6.9	235,856	10,849	4.6	312,436	47,803	15.3	29,681	9.5	68,216	32.0	145,053	68.0
Counties (5 highest) 2013 1-year																				
Santa Clara, CA	156,281	4.5	140,366	20,353	14.5	105,265	4,632	4.4	115,677	4,627	4.0	156,171	12,338	7.9	6,559	4.2	43,925	28.1	112,356	71.9
Queens, NY	145,485	4.2	135,488	34,549	25.5	94,329	21,507	22.8	117,464	8,105	6.9	145,095	56,587	39.0	21,184	14.6	42,220	29.0	103,265	71.0
Middlesex, NJ	118,372	3.4	107,764	24,786	23.0	77,845	5,916	7.6	87,704	3,157	3.6	118,081	11,100	9.4	9,092	7.7	33,246	28.1	85,126	71.9
Cook, IL	103,718	3.0	95,159	24,456	25.7	71,498	4,719	6.6	81,825	4,009	4.9	103,718	17,113	16.5	12,342	11.9	32,796	31.6	70,922	68.4
Alameda, CA	101,305	2.9	92,789	17,630	19.0	68,445	5,065	7.4	74,834	2,021	2.7	101,151	9,508	9.4	6,271	6.2	30,831	30.4	70,474	69.6
Cities (5 highest) 2011- 2013 3-year																				
New York City, NY	231,997	6.7	215,798	48,339	22.4	157,302	30,831	19.6	187,434	11,621	6.2	231,293	81,184	35.1	34,925	15.1	71,520	30.8	160,477	69.2
San Jose, CA	53,844	1.6	48,737	8,383	17.2	36,028	2,162	6.0	40,449	1,901	4.7	53,823	5,490	10.2	3,014	5.6	15,336	28.5	38,508	71.5
Los Angeles, CA	39,678	1.1	36,420	8,595	23.6	26,988	2,321	8.6	32,260	2,000	6.2	39,612	7,368	18.6	5,348	13.5	12,882	32.5	26,796	67.5
Chicago, IL	35,366	1.0	32,648	8,031	24.6	24,969	2,297	9.2	29,556	1,507	5.1	35,350	6,116	17.3	5,903	16.7	13,078	37.0	22,288	63.0
Houston, TX	32,262	0.9	28,829	6,429	22.3	22,175	1,486	6.7	25,445	840	3.3	32,220	3,770	11.7	5,026	15.6	10,058	31.2	22,204	68.8

Asian Indian population alone and in any combination"

The 3-year estimate base/denominator used was "Total Asian Indian population" = 3,357,414

e.g. San Jose =Asian Indians in San Jose/ Total Asian Indians = 53,844/ 3,357,414=1.6%

Columns marked with asterisk were calculated for this study.

APPENDIX 6: Chinese Americans in 5 most populous states, counties, and cities in USA

	Total Population		Language			Education			Employment			Health Insurance				Nativity				
			Population 5 Years and Over	Speaks English less than "very well"		Population 25 years and over	Less than High School Education		Unemployed			Civilian Noninstitutionalized Population	Public Health Insurance Coverage		No Health Insurance Coverage		US born		Foreign born	
				Absolute Number **	%		Absolute Number ***	%	Population 16 years and over	Absolute Number ****	%		Absolute Number ***	%	Absolute Number *****	%	Absolute Number	%****	Absolute Number	%****
	Absolute Population	%*																		
USA	4,520,101	100%	4,242,982	1,701,436	40.1	2,943,720	509,264	17.3	3,600,476	151,220	4.2	4,500,370	945,078	21	580,548	12.9	1,788,111	39.6	2,731,990	60.4
States: 5 highest, 2013 1-year																				
California	1,592,408	35.2	1,500,147	627,061	41.8	1,101,269	180,608	16.4	1,305,082	57,424	4.4	1,586,302	345,814	21.8	182,425	11.5	637,448	40.0	954,960	60.0
New York	710,866	15.7	670,914	373,028	55.6	499,976	153,493	30.7	588,064	25,875	4.4	708,395	252,189	35.6	111,218	15.7	228,030	32.1	482,836	67.9
Texas	216,210	4.8	201,432	68,084	33.8	139,657	10,474	7.5	166,161	5,151	3.1	215,343	24,980	11.6	29,502	13.7	79,157	36.6	137,053	63.4
Hawaii	185,807	4.1	169,916	26,847	15.8	111,727	12,960	11.6	136,911	6,982	5.1	183,506	56,153	30.6	11,010	6	153,085	82.4	32,722	17.6
Massachusetts	160,634	3.6	150,914	58,102	38.5	100,602	15,593	15.5	128,933	5,802	4.5	159,595	39,101	24.5	6,703	4.2	61,614	38.4	99,020	61.6
Counties: 5 highest, 2013 1-year																				
Los Angeles, CA	481,178	10.6	457,215	218,549	47.8	346,828	64,163	18.5	407,949	16,726	4.1	479,163	105,416	22.3	79,062	16.5	162,108	33.7	319,070	66.3
Queens, NY	246,519	5.5	233,511	155,752	66.7	185,904	51,681	27.8	209,287	7,534	3.6	245,461	82,475	33.6	54,738	22.3	64,556	26.2	181,963	73.8
Kings, NY	207,340	4.6	193,091	119,910	62.1	144,874	64,904	44.8	168,208	10,765	6.4	206,641	103,321	50	28,310	13.7	63,641	30.7	143,699	69.3
San Francisco, CA	194,424	4.3	186,187	91,604	49.2	149,551	39,631	26.5	169,786	8,999	5.3	193,738	68,196	35.2	18,211	9.4	73,882	38.0	120,542	62.0
Santa Clara, CA	187,575	4.1	174,872	63,479	36.3	130,353	10,428	8	149,079	5,516	3.7	187,569	28,510	15.2	12,004	6.4	72,786	38.8	114,789	61.2
Cities: 5 highest, 2013 1-year																				
New York, NY	582,134	12.9	550,705	331,524	60.2	428,190	143,444	33.5	490,227	23,041	4.7	580,123	231,469	39.9	97,461	16.8	176,847	30.4	405,287	69.6
San Francisco, CA	194,424	4.3	186,187	91,604	49.2	149,551	39,631	26.5	169,786	8,999	5.3	193,738	68,196	35.2	18,211	9.4	73,882	38.0	120,542	62.0
Los Angeles, CA	89,962	2.0	84,761	31,192	36.8	58,843	11,062	18.8	77,192	4,168	5.4	89,212	19,359	21.7	11,419	12.8	39,184	43.6	50,778	56.4
San Jose, CA	83,823	1.9	78,209	31,675	40.5	58,758	5,993	10.2	67,104	3,087	4.6	83,818	14,165	16.9	6,370	7.6	31,145	37.2	52,678	62.8

APPENDIX 7: Filipino Americans in 5 most populous states, counties, and cities in USA

	Total Population		Language			Health Insurance					Education			Employment			Nativity			
			Population 5 years and over	Speak English Less than "Very Well"		Civilian noninstitution- alized Population	Public Health Insurance Coverage		No Health Insurance Coverage		Population 25 years and over	Less than High School Education		Unemployed			US Born		Foreign Born	
	Absolute Number	%*		Absolute Number**	%		Absolute Number***	%	Absolute Number****	%		Absolute Number*****	%	Population 16 years and over	Absolute Number*****	%	Absolute Number	%*****	Absolute Number	%*****
USA	3,648,933	100	3,382,811	585,226	17.3	3,616,447	737,755	20.4	408,659	11.3	2,297,028	165,386	7.2	2,784,471	139,224	5	1,825,813	50.0	1,823,120	50.0
USA (2011-2013)																				
States: 5 highest, 2013 1-years																				
California	1,529,086	41.91	1,430,265	278,902	19.5	1,518,032	337,003	22.2	182,164	12	1,001,852	70,130	7	1,197,403	68,252	5.7	717,685	46.9	811,401	53.1
Hawaii	347,929	9.54	316,823	67,483	21.3	343,991	94,942	27.6	20,295	5.9	204,547	30,887	15.1	254,063	10,163	4	240,220	69.0	107,709	31.0
Texas	168,253	4.61	156,791	19,912	12.7	165,395	22,659	13.7	20,344	12.3	100,047	4,802	4.8	123,016	3,937	3.2	77,236	45.9	91,017	54.1
Illinois	154,883	4.24	143,961	23,754	16.5	154,404	27,638	17.9	18,992	12.3	101,827	4,073	4	120,100	6,245	5.2	61,672	39.8	93,211	60.2
Nevada	138,772	3.80	130,028	23,015	17.7	138,217	23,497	17	22,944	16.6	91,518	8,145	8.9	109,898	5,715	5.2	65,181	47.0	73,591	53.0
Counties: 5 highest, 2013 1-year																				
Los Angeles, CA	383,436	10.51	361,558	77,373	21.4	382,021	87,483	22.9	54,629	14.3	266,818	15,475	5.8	310,298	17,687	5.7	156,148	40.7	227,288	59.3
Honolulu, HI	237,245	6.50	216,594	47,434	21.9	233,940	64,334	27.5	12,165	5.2	142,484	23,510	16.5	177,715	5,509	3.1	161,957	68.3	75,288	31.7
San Diego, CA	191,150	5.24	178,669	39,843	22.3	187,358	43,654	23.3	17,986	9.6	123,682	10,637	8.6	149,446	6,725	4.5	92,063	48.2	99,087	51.8
Clark, NV	121,453	3.33	113,670	19,665	17.3	120,930	21,405	17.7	19,470	16.1	80,289	7,065	8.8	95,903	4,891	5.1	57,876	47.7	63,577	52.3
Alameda, CA	113,275	3.10	105,589	23,546	22.3	112,586	24,769	22	11,146	9.9	77,361	4,719	6.1	89,368	4,915	5.5	51,009	45.0	62,266	55.0
Cities: 5 highest, 2011-2013 3-year																				
Los Angeles, CA	141,559	3.96	134,528	31,480	23.4	141,082	32,731	23.2	24,830	17.6	102,146	5,618	5.5	118,715	7,716	6.5	50,141	35.4	91,418	64.6
San Diego, CA	96,225	2.69	89,896	22,025	24.5	94,427	21,057	22.3	10,198	10.8	64,398	4,830	7.5	77,515	3,643	4.7	42,711	44.4	53,514	55.6
New York, NY	78,707	2.20	74,135	13,937	18.8	78,431	17,255	22	8,235	10.5	58,672	2,992	5.1	67,391	3,639	5.4	26,706	33.9	52,001	66.1
San Jose, CA	65,159	1.82	61,015	14,766	24.2	65,011	12,612	19.4	6,956	10.7	43,497	3,784	8.7	52,189	3,653	7	27,766	42.6	37,393	57.4
San Francisco, CA	43,566	1.22	41,725	9,805	23.5	43,334	12,177	28.1	4,983	11.5	32,329	3,686	11.4	37,129	2,228	6	18,075	41.5	25,491	58.5

All races "alone or in any combination"

*Columns marked with an asterisk were calculated for this study

For states and counties the base/denominator used was from the ACS 2013 1-year estimate "United States = 3,648,933".

For cities, the base/denominator used was from the ACS 2011-2013 3-year estimate "United States = 3,570,471".

APPENDIX 8: Korean Americans in 5 most populous states, counties, and cities in USA

			Language Spoken At Home and Ability to Speak English			Educational Attainment			Employment Status			Health Insurance Coverage						Nativity Status			
			Popula- tion ≥ 5 Years	Speaks English less than very well		Popula- tion ≥ 25 Years	Less than high school		Popula- tion ≥ 16 Years	Unemployed		Civilian Populatio n (non- institutio nalized)	With public health insurance coverage		No health insurance coverage		U.S. Born		Foreign-born		
	Number	%	Number	No. *	%	Number	No. *	%	Number	No. *	%	No.	No.*	%	No.*	%	No.	%*	No.	%*	
USA (ACS 2013)	1,768,644	100.0	1,644,855	588,858	35.8	1,142,389	82,252	7.2	1,380,205	52,448	3.8	1,753,900	313,948	17.9	359,550	20.5	703,387	39.8	1,065,257	60.2	
USA (ACS 2011-2013)	1,762,176	100.0	1,633,317	614,127	37.6	1,121,880	83,019	7.4	1,371,152	58,960	4.3	1,747,195	311,001	17.8	377,394	21.6	680,697	38.6	1,081,479	61.4	
State (ACS 2013 1 yr estimate)																					
California	525,295	29.7	492,179	208,192	42.3	361,056	23,108	6.4	427,588	15,821	3.7	523,162	105,156	20.1	121,897	23.3	195,018	37.1	330,277	62.9	
New York	144,108	8.1	134,604	58,957	43.8	98,302	6,979	7.1	117,996	4,012	3.4	143,321	31,244	21.8	28,664	20.0	48,858	33.9	95,250	66.1	
New Jersey	94,055	5.3	89,073	34,471	38.7	63,510	2,604	4.1	74,207	3,785	5.1	93,648	12,736	13.6	25,285	27.0	28,283	30.1	65,772	69.9	
Washington	88,753	5.02	83,005	29,052	35.0	55,703	5,682	10.2	68,399	3,967	5.8	87,643	18,493	21.1	15,951	18.2	36,538	41.2	52,215	58.8	
Virginia	85519	4.8	79,251	27,659	34.9	55,214	3,865	7.0	66,316	1,592	2.4	84,627	10,409	12.3	17,941	21.2	34,413	40.2	51,106	59.8	
County (ACS 2011-2013 3 yr estimate)																					
Los Angeles, CA	233,380	13.2	220,173	112,068	50.9	170,196	12,595	7.4	197,040	9,261	4.7	232,323	51,111	22.0	71,091	30.6	71,255	30.5	162,125	69.5	
Orange, CA	99,159	5.6	92,902	44,314	47.7	65,996	3,432	5.2	78,602	3,380	4.3	98,900	17,011	17.2	28,582	28.9	31,717	32.0	67,442	68.0	
Queens, NY	60,922	3.4	57,266	35,448	61.9	45,987	4,507	9.8	52,906	2,275	4.3	60,748	18,710	30.8	18,346	30.2	13,566	22.3	47,356	77.7	
Bergen, NJ	57,005	3.2	53,477	23,476	43.9	39,223	1,608	4.1	45,334	1,541	3.4	56,841	9,777	17.2	17,052	30.0	14,670	25.7	42,335	74.3	
Fairfax, VA	46,409	2.6	43,621	19,499	44.7	31,299	2,066	6.6	36,480	1,642	4.5	46,019	6,075	13.2	11,643	25.3	14,170	30.5	32,239	69.5	
Place/City (ACS 2013 1 yr estimate)																					
Los Angeles, CA	115,580	6.5	109,623	60,731	55.4	88,059	6,692	7.6	100,861	4,438	4.4	115,421	27,701	24.0	36,358	31.5	34,279	29.7	81,301	70.3	
New York, NY	93,129	5.2	87,717	43,859	50.0	70,647	5,440	7.7	80,755	2,907	3.6	92,898	20,902	22.5	22,296	24.0	28,693	30.8	64,436	69.2	
N	N	N			N			N			N			N		N	N		N	N	
N	N	N			N			N			N			N		N	N		N	N	
N	N	N			N			N			N			N		N	N		N	N	

Source: U.S. Census Bureau, 2013 American Community Survey, 1-Year Estimates.

"N" stands for not reported. Columns marked with asterisks were calculated for this study (see details in method section). The total populations of Korean alone or in combination with one or more races as well as of Asian American alone or in combination with one or more other races are indicated in number and percentage for the five most populous states, counties, and cities.

APPENDIX 9: Pakistani Americans in 5 most populous states, counties, and cities in USA

	Total Population		Language			Health Insurance					Education			Employment			Nativity			
			Population 5 years and over	Speak English Less than "Very Well"		Civilian noninstitutionalized Population	Public Health Insurance Coverage		No Health Insurance Coverage		Population 25 years and over	Less than High School Education		Population 16 years and over	Unemployed		US Born		Foreign Born	
	Absolute Number	%*		Absolute Number**	%		Absolute Number*	%	Absolute Number*	%		Absolute Number*	%		Absolute Number***	%	Absolute Number	%**	Absolute Number	%**
USA (ACS 2013 1-yr)	480,585	100%	436,862	118,390	27.1%	479,775	133,857	27.9%	100,273	20.9%	273,033	31,945	11.7%	345,930	16,605	4.8%	179,691	37.4%	300,894	62.6%
USA (ACS 2011-2013)	428,673	100%	389,539	105,176	27.0%	427,711	117,621	27.5%	93,241	21.8%	242,471	31,279	12.9%	307,654	15,998	5.20%	159,070	37.1%	269,603	62.9%
State(s): (2013 ACS 1-year estimate)																				
New York	88,779	18.5%	80,509	30,352	37.7%	88,633	47,596	53.7%	8,863	10.0%	49,040	8,827	18.0%	62,399	2,496	4.0%	32,456	36.6%	56,323	63.4%
States: 5 highest (2011-2013 ACS 3-year estimates)																				
New York	79,044	18.4%	71,663	26,874	37.5%	78,919	39,065	49.5%	10,496	13.3%	43,948	8,921	20.3%	55,390	2,493	4.50%	27,736	35.1%	51,308	64.9%
Texas	57,739	13.5%	52,743	15,137	28.7%	57,544	10,415	18.1%	22,500	39.1%	34,028	5,308	15.6%	42,695	2,562	6.00%	19,114	33.1%	38,625	66.9%
California	55,511	12.9%	50,681	12,924	25.5%	55,433	14,468	26.1%	7,317	13.2%	30,869	3,550	11.5%	40,250	2,576	6.40%	23,091	41.6%	32,420	58.4%
Virginia	32,250	7.5%	29,076	7,443	25.6%	32,172	6,113	19.0%	8,300	25.8%	18,014	1,927	10.7%	23,171	950	4.10%	11,838	36.7%	20,412	63.3%
Illinois	30,768	7.2%	27,719	6,209	22.4%	30,768	9,292	30.2%	7,323	23.8%	18,756	1,782	9.5%	22,624	1,425	6.30%	11,092	36.1%	19,676	63.9%
Counties: 5 highest (2011-2013 ACS 3-year estimates)																				
Kings, NY	23,206	5.4%	20,556	10,278	50.0%	23,185	14,746	63.6%	2,875	12.4%	12,489	3,734	29.9%	15,773	852	5.40%	8,220	35.4%	14,986	64.6%
Harris, TX	21,559	5.0%	19,707	5,616	28.5%	21,538	4,781	22.2%	9,003	41.8%	13,017	1,822	14.0%	16,023	1,106	6.90%	6,856	31.8%	14,703	68.2%
Queens, NY	20,290	4.7%	18,617	7,223	38.8%	20,283	11,075	54.6%	2,880	14.2%	11,778	2,473	21.0%	14,793	769	5.20%	6,281	31.0%	14,009	69.0%
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Cities: 5 highest (2011-2013 ACS 3-year estimates)																				
New York, NY	52,804	12.3%	47,705	19,607	41.1%	52,754	29,542	56.0%	6,647	12.6%	29,689	7,185	24.2%	37,609	1,692	4.50%	17,894	33.9%	34,910	66.1%
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

"N" stands for not reported.

APPENDIX 10: Vietnamese Americans in 5 most populous states, counties, and cities in USA

	Total Population		Language			Health Insurance					Education			Employment			Nativity			
			Population 5 years and over	Speak English Less than "Very Well"		Civilian noninstitutionalized Population	Public Health Insurance Coverage		No Health Insurance Coverage		Population 25 years and over	Less than High School Education		Population 16 years and over	Unemployed		US Born		Foreign Born	
	Absolute Number	%*		Absolute Number**	%		Number*	%	Number*	%		Number**	%		Number***	%	Number	%**	Number	%**
USA (ACS 2013 1-yr)	1,907,256	100	1,778,460	851,882	47.9	1,897,519	489,560	25.8	351,041	18.5	1,209,759	323,006	26.7	1,458,925	64,193	4.4	723,417	37.9	1,183,839	62.1
USA (ACS 2011-2013)	1,887,031	100	1,756,397	864,147	49.2	1,876,487	495,393	26.4	356,533	19.0	1,195,506	341,915	28.6	1,441,256	74,945	5.2	703,257	36.9	1,183,774	62.1
States: 5 highest, 2013 1-year ACS Estimate																				
California	711,188	37.3	667,344	324,329	48.6	706,911	214,901	30.4	103,916	14.7	470,092	117,523	25.0	555,542	29,999	5.4	270,491	38.0	440,697	62.0
Texas	241,900	12.7	226,500	110,079	48.6	241,425	52,631	21.8	58,425	24.2	150,594	37,498	24.9	184,277	6,265	3.4	86,226	35.6	155,674	64.4
Washington	91,382	4.8	83,155	37,836	45.5	90,923	24,276	26.7	16,912	18.6	54,659	16,890	30.9	65,714	2,629	4.0	34,645	37.9	56,737	62.1
Florida	76,857	4.0	71,361	34,896	48.9	76,778	17,429	22.7	25,490	33.2	48,291	14,053	29.1	58,730	2,584	4.4	26,475	34.4	50,382	65.6
Virginia	66,867	3.5	61,907	26,310	42.5	66,563	10,584	15.9	9,319	14.0	41,530	9,303	22.4	49,650	1,986	4.0	25,099	37.5	41,768	62.5
Counties: 4 highest, 2013 1-year ACS Estimate																				
Orange, CA	209,730	11.0	197,587	98,201	49.7	209,034	67,518	32.3	27,383	13.1	142,202	31,427	22.1	165,876	7,630	4.6	76,006	36.2	133,724	63.8
Santa Clara, CA	143,375	7.5	135,158	73,796	54.6	142,891	47,011	32.9	20,291	14.2	96,408	25,645	26.6	111,260	8,233	7.4	48,424	33.8	94,951	66.2
Los Angeles, CA	117,411	6.2	111,844	56,369	50.4	116,708	35,129	30.1	19,257	16.5	79,192	24,074	30.4	93,651	5,244	5.6	44,757	38.1	72,654	61.9
Harris, TX	89,739	4.7	84,410	46,257	54.8	89,718	27,633	30.8	16,957	18.9	59,152	15,675	26.5	70,232	2,809	4.0	27,931	31.1	61,808	68.9
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Cities: 4 highest, 2011-2013 3-year ACS Estimate																				
San Jose, CA	110,788	5.8	103,686	60,449	58.3	110,568	39,141	35.4	16,696	15.1	74,463	22,190	29.8	86,219	6,380	7.4	35,822	32.3	74,966	67.7
San Diego, CA	43,736	2.3	41,392	20,655	49.9	43,507	13,618	31.3	7,396	17.0	27,516	8,145	29.6	34,758	2,051	5.9	16,681	38.1	27,055	61.9
Houston, TX	37,464	2.0	35,007	20,514	58.6	37,338	11,799	31.6	11,127	29.8	25,640	7,846	30.6	30,313	1,637	5.4	10,448	27.9	27,016	72.1
Los Angeles, CA	24,119	1.3	22,946	9,247	40.3	23,960	6,924	28.9	3,905	16.3	15,673	3,840	24.5	20,284	1,339	6.6	9,857	40.9	14,262	59.1
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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