



CACF Health Equity Agenda

The Asian American Pacific Islander (AAPI) community makes up nearly 10% of the state of New York’s population and almost 18% of New York City’s population. This diverse community includes the East, Southeast, South, Central Asian, and Indo-Caribbean diasporic populations of New York, as well as Native Hawaiian and Pacific Islander populations of New York. Despite the reality that our growing New York AAPI community faces significant levels of poverty, overcrowding, uninsurance, and linguistic isolation that exacerbate our health issues – we are often rendered invisible. The Coalition for Asian American Children and Families’ (CACF) health policy and advocacy work centers the AAPI community because we see that our needs are consistently overlooked and remain unmet. **We envision an equitable healthcare system in which all marginalized communities, which includes our AAPI community, are able to center their wellbeing, free of oppression in all of its forms.** An equitable healthcare system for the AAPI community must be both **culturally responsive** and **linguistically accessible**.

We see this vision of health equity achieved through five fundamental processes: **1) community-based research for data-driven action; 2) coalition building for community-centered solutions; 3) implementing inclusive and equitable policies; 4) increasing representation of marginalized communities in healthcare leadership and governance roles; and 5) investing in shared and systemic accountability.**

Cultural Humility

An equitable healthcare system for the AAPI community must be rooted in the practice of **cultural humility**. The practice of cultural humility recognizes that healthcare professionals can never be entirely competent about the ever changing and dynamic nature of their patient’s identities. Cultural humility, or cultural responsiveness, recognizes the complex intersections of a person’s identities and how systemic oppression deeply impacts their mental and physical wellbeing. It is a more evidence-based way of approaching healthcare that emphasizes a lifelong process of self-reflection to acknowledge one’s own biases. The diverse AAPI population is constantly fighting the harmful impacts of being seen as monolithic, which prevents our needs from being recognized and understood. Thus, a culturally responsive healthcare system is necessary to address the health issues in our AAPI community and achieve health equity for all.

Recommendations

Training

- Reimagine the training of students and practitioners in the healthcare field, including the mental health field, to be more culturally responsive



Coalition For Asian American Children+Families

- Develop these trainings in partnership with community-based organizations who are familiar with the communities the healthcare system serves
- Deliver the training sessions routinely in healthcare settings, as becoming culturally responsive requires a lifelong commitment to self-reflection and self-critique

Pipeline

- Create more opportunities for those most impacted in our communities to become leaders in the healthcare system
- Expand first- and second-generation immigrant representation in NYC's healthcare workforce

Invest in Community-Based Organizations (CBOs)

- Invest in CBOs to work with healthcare institutions to provide culturally responsive care as CBOs already work closely with and in our communities to meet their needs

Language Access

As the AAPI population comprises over 100 languages, an equitable healthcare system must also be **linguistically accessible**. Language barriers are a huge obstacle faced by many folks in immigrant communities, especially in the AAPI community. In New York City, AAPIs have the highest rate of linguistic isolation of any group, as 46% have limited English proficiency (LEP), meaning that they speak English less than very well, according to a recent report from the New York City Department of Health and Mental Hygiene. Moreover, more than 2 in 3 Asian seniors in New York City are LEP, and approximately 49% of all immigrants are LEP. Language barriers can prevent folks from accessing vital healthcare services. Despite there being 76 language access policies targeting healthcare settings in New York, many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. In addition, the COVID-19 pandemic and the rise of anti-Asian racism has intensified the mental health issues of the AAPI community in NYC, causing an even higher demand for mental health services. Despite this increased demand, there is still a lack of access to these services due to an absence of both linguistically accessible and culturally responsive care. Language justice is central to a healthcare system that can adequately provide care to the AAPI community through a culturally responsive lens.

Recommendations

Accountability

- Demand institutions to collect more data on translation and interpretation services and service utilization
- Invest in community advisory boards to ensure accountability of language access complaints and overall quality of language services in healthcare institutions



Quality

- Increasing the number of translated forms and informational signs about available language services, in partnership with community reviewers who can confirm the accuracy of the translations
- Improve language accessibility in telehealth appointments by including clear instructions to utilize technology in patients' preferred language and ensure that remote interpreters are readily available

Pipeline

- Spearhead a program partnering with community-based organizations to increase the availability of liaisons/navigators who can interpret for patients and help them navigate the healthcare system
- Create more opportunities to increase the number of practitioners who speak the languages of the communities they serve