Driving Change and Getting Results in Challenging Time

A Grassroots Perspective

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Asian American Center of Frederick

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OBJECTIVES

1. My Story – Health Disparities
2. The Asians America in Maryland
3. The Asian American Center
4. The Affordable Care Act
5. Your Role to drive change and get results
The Demographics and Health Challenges of Asian American in America

18.2 million

The estimated number of U.S. residents in 2011 who were Asian, either alone or in combination with one or more additional races.
The three largest Asian groups in the United States in 2011

Chinese (4 million)(except Taiwanese descent), Filipinos (3.4 million), and Asian Indians (3.2 million). followed by Vietnamese (1.9 million), Koreans (1.7 million) and Japanese (1.3 million).
Maryland APIs: Population and Health Data Highlights

2010 Census
Maryland Total = 5,773,552
Asian = 318,853 - 5.5%
Pacific Islander = 3,157 - 0.1%
The largest Asian groups in Maryland in 2010

Asian Indians contributed the largest proportion (25.2%);
Chinese (except Taiwanese) were 20.6%.
Koreans and Filipino were 15.5% and 14.0% of the total Asian population, respectively.
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Population</th>
<th>API Population</th>
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</thead>
<tbody>
<tr>
<td>HOWARD</td>
<td>287,085</td>
<td>14.36%</td>
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<tr>
<td>MONTGOMERY</td>
<td>971,777</td>
<td>13.94%</td>
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<tr>
<td>BALTIMORE</td>
<td>805,029</td>
<td>4.98%</td>
</tr>
<tr>
<td>FREDERICK</td>
<td>233,385</td>
<td>3.83%</td>
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</tbody>
</table>
Between the 2000 and 2010 in United States

46%
growth of the Asian censuses, which was more than any other major race group.
Income, Poverty and Health Insurance

$67,885
Median household income for the Asian alone population in 2011.

12.8%
The poverty rate for the Asian alone population in 2011.

15.4
Percentage of single-race Asians without health insurance coverage in 2011.
10 Leading Causes of Death Among Asians in America

**USA**
- Cancer
- Heart Disease
- Stroke
- Unintentional Injuries
- Diabetes
- Influenza and Pneumonia
- Chronic Lower Respiratory Disease
- Kidney Disease
- Alzheimer’s Disease
- Suicide

**Maryland**
- Cancer
- Heart Disease
- Stroke
- Accidents
- Diabetes
- Flu & Pneumonia
- Septicemia
- Kidney
- Chronic lung Disease
- Alzheimer’s Disease
Proportion of Population Without Health Insurance (at the time of the survey) Maryland 2006 to 2010

- White – 7.2 %
- Black – 15.0%
- Asian - 10.1%
- Hispanic – 17.1%
- Others – 38.6 %
Proportion Who Have Never Visited a Doctor for a Routine Checkup (Age 18-44), Maryland 2006 to 2010

White - 0.6%
Black – 0.7%
Asian – 2.5%
Hispanic - 3.1%
Others – 0.6%
Stomach Cancer Mortality Rate in Maryland, 2005 to 2009

Per 100,000 deaths

• White – 3.0
• Black – 6.2
• Asian – 8.5
Liver Cancer Mortality Rate in Maryland, 2005 to 2009

Per 100,000 deaths

- White – 4.6
- Black – 7.1
- Asian – 7.2
Cancer caused the most death
Lung cancer mortality has the largest share
API were 1.4 times more likely to be without health insurance, not able to afford to see a doctor than their White counter part
Asian or Pacific Islanders in Maryland were 1.3 times more likely to die from viral Hepatitis compared to Whites.
API women were 1.2 times more likely than white women in Maryland to receive no prenatal care.
API in Maryland were 2.8 times more likely to die from stomach cancer than Whites; and were 1.6 times more likely to die from liver cancer than Whites.
Asian women in Maryland had the lowest percentage of having mammogram and Pap smear across all racial and ethnic groups

Proportion of Women Age 18 or Older with Intact Cervix Ever Had a Pap Smear, Maryland 2006 to 2010

White – 94.7  Black – 93.1  
Asian – 85.1  Hispanic – 90.5  Other – 93.1
Tuberculosis incidence was significantly higher for Asian than Whites and Blacks in Maryland.
What drive the change?
What is a “Health Disparity”?

Inequality
Difference in Condition, Rank
Lack of Equality; opportunity, treatment, or Status

Inequity
Unfair & Unjust

Unnecessary and Avoidable
CDC’s Vision for the 21st Century
“Health Protection...Health Equity”

CDC Mission

Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, preparedness for new health threats, and prevention of disease, injury and disability.
OMHHE Guiding Principal

Increasing CDC’s Impact on The future health of the nation will be determined to a large extent by how effectively we work with communities to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death. Health Equity
What is “Health Equity”?

Health Equity is attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
Asian American Center of Frederick

Translation from theory to practice - outcome based and impact driven.

aacfmd.org
Maryland's Cigarette Restitution Fund Program
Sustainable Minority Outreach and Technical Assistance Model.
A Comprehensive Model For African-American And Other Minorities

Maryland Department of Health and Mental Hygiene
Parris N. Glendening, Governor • Kathleen Kennedy Townsend, Lt. Governor • Georges C. Benjamin, MD,
Secretary Carlessia A. Hussein, Dr.PH, Director CRFP Prepared by Naomi Booker & Associates
Phases of a Social Determinants of Health Initiative

Figure adapted from Brownson et al, 2003 and Green et al, 1991.
Traditional Needs and Problem Solving Approach

- Focus on LACK rather than discovery of Strengths
- Utilized the Needs-Based Approach
- Highlight Programmatic vs. Wholistic Approach
- Focus on Models instead Mobilization of the entire Community
- Conveys a message of incompetency in communities and organizations
- Funds the Problem rather than the Power in People
## Value of Asset Appreciation

<table>
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<tr>
<th>NEEDS</th>
<th>ASSETS</th>
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<tr>
<td>focuses on deficiencies</td>
<td>focuses on effectiveness</td>
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<tr>
<td>results in fragmentation of responses to local needs</td>
<td>builds interdependencies</td>
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<tr>
<td>makes people consumers of services; builds dependence</td>
<td>identifies ways that people can give of their talents</td>
</tr>
<tr>
<td>residents have little voice in deciding how to address local concerns</td>
<td>seeks to empower people</td>
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</table>
Asset Mapping

- It uncovers talents/skills found in the organization and community today
- Builds Organizational Self-Sufficiency rather than dependency
- Relationship Driven: Seeks to build linkages among local people, institutions, and organizations
Method for Capacity Building

- Map all skills, resources and tools
- Observe assets from a distance
- Join the Assets to the Outcome
- Optimize the Opportunities
Hidden Assets

- Staff
- Volunteers
- Non-Profit Partners
- Suppliers and Vendors
- Local Organizations
- Board Members
Step One: Capacity Inventory of your People

- List the Skills and Abilities of all Volunteers, Team and Staff
- What are their Affiliations and Connections?
- Who do they have relationships with that could be useful?
- What are their Activities?
Step Two: Map Internal/External Assets

- Kinships and Friends or your Friends
- Economic connections by geography or transaction
- Educational Institutions
- Political Access
- Religious links to members or leaders
- Associations that are informal or formal and active
Step Three: Connecting the Dots

- Connect your Mission with the Assets
- Visualize the Partners as Bridges to National or Regional connections
- Who moves us closer to new resources?
- Why would they partner with us?
- Who can take us to new places?
Evaluate Technology, People and Physical Assets

- Observe the Best in Class
- Survey your team
- Ask questions
- Visit Top Businesses
- Invite Vendors to Sell to You
- Review Best Practices
Board Assets

- Map Your Board
- Measure their Time
- Do they have special talents?
- What their connections?
- Research their Connections
- Become friends of their friends
Most Valuable Assets…of all Time

- People that are transformational
- Brand, Mission and Reputation Integrity
- Results that improve lives
- Physical tools for the mission
- Economic resources for financial capital
- Institutions that collaborate to activate…
- Affiliations that elevate your credibility
Ideas

- Identify opportunities
- Define the Outcomes
- Expand thinking
- Abandon limitations
- Seek innovation and new paths
So What About the Affordable Care Act?

Have you heard of the ACA but it is too complex to understand?

• Is the ACA being implemented in Maryland?
• Is Medicaid being expanded in Maryland?
• Is MD doing an Exchange?
Maryland: A National Leader

• Commitment and Leadership
• Effective Process:
  • Health Care Reform Coordinating Council;
  • Office of Health Care Reform; &
  • Health Benefit Exchange Board
• Roadmap
The Patient Protection and Affordable Care Act

A 3-Legged Stool:

1. Everyone is “in”
2. Personal responsibility
3. Affordability

© 2012 Maryland Women’s Coalition For Health Care Reform
In Maryland

249,000 projected to get coverage in 2014, with nearly 340,000 by 2016.

66,000 Maryland small businesses are eligible for tax credits
Patient Protections: What We Have Gained to Date

By 2011:

• 51,868 young adults can stay on their parents’ health plans

• 52,234 seniors got help paying for their prescription drugs

• 1,153,000 individuals gained preventive care coverage without co-pays or deductibles

• 2,251,000 no longer have to worry about lifetime limits for their care
What Came First?
Patient Protections

• Young adults up to age 26 stay on their parents’ plans - 52,000 in Maryland
• Children with pre-existing conditions get covered
• See the doctor of your choice
• No pre-authorization to go to the Emergency Room
Affordability in the Affordable Care Act

• Expand Medicaid program: individuals with incomes up to 138% FPL.
• Tax-credits to individuals with incomes between 138% & 400% FPL.
• Tax credits for small businesses.
• Creates Individual and Small Business Health Options Exchanges.
• Qualified health plans – 4 “metal” levels
Even More Protections

- Insurance cannot be rescinded without cause
- No lifetime or annual limits on care - 2.25 million benefiting (1/2 m. children)
- Doughnut hole closes for seniors in 2010,
- 32,172 Maryland seniors received $250 rebate
- Seniors get wellness visits
- Insurance carriers have to spend more of your dollars on your care
The Health Benefit Exchange: A Health Insurance Supermarket!

- Exchange will describe each plan in a standard format
  - Monthly cost and co-pays
  - Plan performance on quality measures
  - Plan ratings by quality and price

- Compare Apples to Apples
- Can’t decide between a Fuji and a Rome? Get help!

- Website
- Telephone hotline
- Navigators
Immediate Benefits of the ACA

**Consumer Protections**

- Insurance companies can no longer:
  - Impose annual or lifetime limits on benefits
  - Deny coverage for gender or pre-existing conditions or rescind coverage if you get sick
  - Charge a co-pay for preventive care like cancer screenings.

- Insurance companies must send rebate checks to members if they spend less than 80% of the members’ premiums on care.
How does it impact the health of Asian Americans?

• By increasing their access to affordable health insurance coverage and high-quality care.

• Valuable benefits, including coverage for young adults and preventive services without cost-sharing, are already in effect and benefiting Asian Americans and Pacific Islanders across the country!
Expanded Insurance Coverage

The 2.5 million young adults who have benefitted from this provision of the Affordable Care Act, an estimated

97,000 are Asian American and Pacific Islander.
Prevention, Prevention, Prevention

- Women’s preventive care without co-pays and deductibles
- Well woman visit
- Breast feeding support
- Family planning services, including contraception
- Screenings for HIV, STI, and domestic violence
- Mammograms and cervical cancer screenings
- HPV testing
The Affordable Care Act benefits Asian Americans and Pacific Islanders in many other ways, including:

• Improving Chronic Disease Management
• Increasing Access to Community Health Centers
• Strengthening Cultural Competency in Health Care
• Addressing Health Disparities
<table>
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<tr>
<th>Benefit</th>
<th>Number of Asian Americans and Pacific Islanders Affected</th>
<th>When Effective</th>
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<tr>
<td>Expanded Insurance Coverage (ages 19-25)</td>
<td>97,000</td>
<td>Plan years beginning on or after September 23, 2010</td>
</tr>
<tr>
<td>Preventive Health Services (Private Insurance)</td>
<td>2.7 million</td>
<td>Plan years beginning on or after September 23, 2010</td>
</tr>
<tr>
<td>Preventive Health Services (Medicare)</td>
<td>867,000</td>
<td>January 1, 2011</td>
</tr>
<tr>
<td>Expanded Eligibility and Insurance Coverage (ages 0-64)</td>
<td>2.0 million (Asian Americans only)</td>
<td>January 1, 2014</td>
</tr>
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What Role will you play?

http://www.healthdataconsortium.org/about/video-what-role-will-you-play

http://www.youtube.com/watch?v=IZLtFgh-gPw
Thank You!