

**Testimony for the May 7, 2003 Meeting of
the White House Commission on
Asian Americans and Pacific Islanders**

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In response to the final draft of Commission's report on health

Thank you commissioners for inviting me to testify today.

First, I want to commend you for prioritizing health. In your travels across the country, I know that our communities presented you with many issues, so I'm glad that you chose health to do a report on.

We at the Health Forum are interested in making sure that what you contribute is unique, will help move the issue along, and, as Commissioner Carlotta said, is implementable.

That being said, I want to start by saying that I do not think that what we need is another comprehensive report on AAPI health. What we need are specific recommendations and just enough data to support those recommendations.

This is a book that the Health Forum produced. It is called **Confronting Critical Health Issues of Asian and Pacific Islander Americans**. It is comprehensive analysis of the health status of Asian Americans and Pacific Islanders, covering such topics as diabetes, mental health, HIV/AIDS as well as access to care and health policy. It is now 10 years old so the statistics are probably out of date. However, in the way the book describes the barriers and other factors that impact negatively on our health, the book is still very relevant (and sadly accurate).

It is time to move beyond recommending that we need culturally competent programs, and start designing those programs, evaluating them, disseminating them.

So I have 3 specific recommendations for you.

- Be specific
- Be human and
- Be proud.

1st - Be specific:

In order for your recommendations to really be useful, they have to be specific. And they should name an actor. You are a commission and it is your role to make recommendations to specific agencies about specific actions they can take to improve our health. For example:

- I know you have a lot of recommendations about data. Those should be directed to the National Center for Health Statistics (NCHS), which is a part of the Centers for Disease

Control and Prevention (CDC). Also, the National Center for Minority Health and Health Disparities (NCMHD) at NIH has a role to play in increasing research and data collection in our communities.

- When it comes to the area of language access, one of the major actors is the Centers for Medicare and Medicaid Services (CMS). It would be useful to recommend that CMS make funding available through Medicaid so that translation and interpretation services could be paid for.

2nd - Be human:

What I mean by this is that along with the statistics, you need the stories. You cannot tell from the draft that you visited a number of locations across the country, including community health centers. I'm sure that in your meetings with the community, you heard many stories that illustrate the problems our communities face. This would a great way to mention, as Commissioner Muramoto has, the Marshall Islands and the toll that America's atomic bomb testing still exacts on their health. To complete the picture, you need the stories to support the statistics and statistics to support the stories.

3rd Be proud:

Finally, share our success stories. Talking about our problems should be balanced with descriptions of the good work that is going on in our communities. Again, I'm sure you heard many stories about the good things that are going on. We should acknowledge those and give thanks for their dedication.

In closing, I want to remind you that health is something that is influenced by many factors: individual behavior, environmental factors, access to care, quality of care, discrimination, culture. You can't control individual behavior, but as a Commission you can make recommendations to improve the policies and programs that do impact on our health.

Thank you.

Note: At the end of the hearing, the Commission voted to accept the final draft of the report with possible changes in consideration of the testimony heard today.