

NAPAWF

National Asian Pacific American Women's Forum

PLATFORM PAPERS

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This collection of Platform Papers describe the six issue areas that form the basis for NAPAWF's work. The Platform Papers are not meant to provide a complete list of issues and concerns in these areas. Nor does the format of this collection assume that the issues discussed can be neatly separated into six areas. Rather, the Platform Papers are intended to be works-in-progress that serve as companions to the organization's grassroots work.

PLATFORM PAPER ON

HEALTH

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ISSUE AREAS

- Access to appropriate primary and reproductive health care, including a full-range of family planning options
- Knowledge and information about diverse health issues
- Protection of reproductive rights and freedom
- Promotion of traditional health methods

PROBLEM STATEMENTS

The health status of Asian and Pacific Islander women and girls is as diverse as their immigration histories, their socioeconomic and physical characteristics, and their ethnic and sexual identities. But this diversity is obscured by poor data collection and inadequate research which does not recognize the particular health issues of distinct groups of API women and girls. For example, most national health data has been limited to Chinese, Japanese, Filipinos, and in some cases, Native Hawaiians and Vietnamese. Until 1992, the National Center for Health Statistics (NCHS) separated vital statistics for Asians and Pacific Islanders into only 5 groups: Chinese, Japanese, Filipino, Hawaiian and "Other API." In 1992, NCHS broke down the data in the "Other API" group to Asian Indian, Korean, Vietnamese, Guamanian (Chamorro), Samoan and "Remaining API." This latter category is assumed to be comprised primarily of persons of Cambodian, Laotian, Thai, Hmong and Pakistani descent.

Consequently, the health care needs of many API women and girls -- notably, those who are immigrant, indigenous, non-English speaking, lesbian/bisexual/transgendered, disabled, or poor -- remain largely

unknown and unaddressed by existing health care systems and, in the cases of sexual identity and disability, marginalized by the API community. In addition, the absence of accurate data and representation in the media perpetuates the stereotype that Asians and Pacific Islanders are a healthy minority that needs no services.

Barriers that most commonly limit access to primary and reproductive health care services for many Asian and Pacific Islander women and girls are: lack of insurance; lack of quality interpretation services, bilingual providers, and translated materials about health plans and health education; lack of bicultural providers; patients' unfamiliarity with western health care systems, particularly managed care; providers' unfamiliarity or insensitivity to Asian and Pacific Islander health belief systems; transportation difficulties; and lack of affordable childcare services.

The passage of "welfare reform" law in 1996 eliminated Aid to Families with Dependent Children (AFDC) as a federal entitlement and replaced it with the Temporary Assistance to Needy Families (TANF) block grants to states. The new block grants come with a host of new restrictions which attempt to regulate women's private lives, including a state option to place a "family cap" on women receiving TANF benefits. In other words, women who have additional children while on welfare may not receive an increase in assistance. Under these circumstances, the idea of "choice" takes on new meaning for all Asian and Pacific Islander women and girls, not just the expectant undocumented mother who wrestles to "choose" between abortion or giving up her child for adoption in order to retain adequate financial assistance. In addition, stricter eligibility requirements for other cash assistance and nutrition programs, such as Supplemental Security Income (SSI) and Food Stamps, were instituted. Citizenship status is increasingly being used by federal and state policymakers as a requirement to receive public benefits, including Medicaid benefits.

For Asian and Pacific Islander women, particularly low-income, the quality and accessibility of health care are further eroded by the trend to privatize health systems as well as by cuts in public funding. Because of its relatively low cost, managed care has become one of the most popular forms of health care. Increasingly, state governments are contracting with managed care organizations to serve Medicaid populations. As managed care organizations begin to serve low-income populations, such as women and children on Medicaid, the availability of the full range of health care services, including family planning services (and safe abortions in particular), becomes more uncertain.

PLATFORM GOALS

- To improve the general and reproductive health and well-being of all API women and girls.
- To protect and strengthen the right of API women and girls to take control of their health.

ISSUE AREA OBJECTIVES

- Promote culturally competent and linguistically accessible health and human services for API women and girls, including traditional methods of healing and better-educated providers.
- Increase public and private funding for research and data collection that disaggregates for various ethnic groups; promote research on specific

health issues that affect API women and girls (such as breast and cervical cancer, reproductive tract infections, HIV/AIDS, STDs, adolescent pregnancy prevention).

- Promote a holistic view of health that includes both mental and physical health and also recognizes that there are other determinants of health, such as socioeconomic status and degree of linguistic isolation.
- Advocate and organize for universal health care for all people and for increased public health care spending that especially addresses the needs of those who are not covered by private health insurance.
- Organize and advocate to protect the reproductive freedom of all women and girls. All women should have a full range of family options available to them and have full understanding of the risks and advantages of various forms of contraception. These should be made available to them in the language and manner they can understand best. Undocumented women should be given adequate prenatal care and women on welfare should have the freedom to choose whether to have another child without punitive or coercive government policies.

ISSUE AREA STRATEGIES

- Promote culturally and linguistically competent, gender-sensitive health care as well as increased research on women's health through formal relationships and coalitions with other national women's health organizations, especially women of color organizations (e.g. Black Women's Health Project, National Women's Health Network, Healthy Mothers-Healthy Babies, etc.)
- Advocate for improved health care access and disaggregated health data collection on API women through formal relationships and coalitions with other national, statewide, and local Asian and Pacific Islander health advocacy organizations (e.g. APIAHF, AAPCHO, APIRH, NAWHO, NAPAFASA).
- Develop and strengthen strategic relationships with the federal Offices for Women's Health and for Minority Health as well as with the Regional Directors of Women's Health to improve public health funding for API women and to promote educational forums on API women's health issues.
- Develop and implement a legislative education and advocacy campaign aimed at local government bodies and legislative health committees to ensure that API women's health needs are adequately addressed.
- Protect abortion access and broaden the definition of reproductive choice to include API women's perspectives through coalition work with national, statewide and local reproductive freedom groups (e.g. Planned Parenthood and National Abortion and Reproductive Rights Action League).

CURRENT ACTIVITIES

- Bay Area California NAPAWF members attended APIAHF conference and met with other Asian and Pacific Islander women interested in health issues.
- NAPAWF's temporary office space is being subsidized by Asians and Pacific Islanders for Reproductive Health.
- NAPAWF members in Southern California attended 25th Anniversary of Roe v. Wade gathering.

NATIONAL CAMPAIGN PROPOSAL

Objective

To educate the public and build publicity for NAPAWF and its Platform Issues and Goals

Strategies

- Develop and distribute a survey that will be used by each chapter to create a "scorecard" that measures local and regional government strengths and weaknesses in addressing the unique issues and needs of API women and girls as defined in the NAPAWF Platform.
- Organize an Education Tour and Government and Community Accountability campaign whereby NAPAWF representatives travel to various chapter locales to assist in highlighting the local community and government response to the unique issues and needs of API women and girls.
- Build the media advocacy skills of host chapters by launching local media campaigns to publicize the tours and the "scorecard" results.
- Culminate campaign with a national NAPAWF fundraising, education, and relationship-building tour of New York-based foundations and Washington, D. C. organizations and government agencies that work in areas related to our Platform areas. (e.g. NY: Ford Foundation, Ms. Foundation, Sister Fund; Washington, D.C.: the Office of Women's Health, U.S. Department of Labor, Interagency Working Group [doing follow-up work on the Beijing Platform for Action], First Lady Hillary Clinton, Secretary of Health and Human Services Donna Shalala, Office of Civil Rights).

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