

# Health Care for All

Health Access Recommendations for Asian Americans in Illinois  
By Asian Americans in Illinois

## Executive Summary

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The purpose of this project is to identify the health access needs and disparities facing Asian Americans and Pacific Islanders (AAPIs) in Illinois and to make policy recommendations to reduce these disparities. This project is funded by the Illinois Department of Public Health (IDPH) Center for Minority Health and conducted by the Asian Health Coalition of Illinois in collaboration with the South Asian American Policy and Research Institute (SAAPRI), the Asian American Institute, and the Asian and Pacific Islander American Health Forum (APIAHF).

On-line surveys and in-depth telephone and face-to-face interviews were conducted by SAAPRI with key informants from 20 community-based organizations and service providers. The surveys and interviews addressed client demographics, health access barriers, and policy recommendations. We also asked key informants to provide client stories that illustrate specific health access barriers.

Key informants identified the following health access barriers for AAPIs:

- Language barriers
- Lack of health insurance
- Low income
- High cost of prescription drugs
- Cultural barriers
- Transportation barriers

Policy recommendations include:

### Access

- Cover all Illinois residents, regardless of length of stay in U.S., documentation status, and employment status.
- Require comprehensive coverage, including prescription drugs, preventive screenings, alternative medicines, and dental and mental health services.

### Quality of Care

- Increase the number of bilingual health care providers who are bilingual and culturally competent.
- Enforce national and local health interpretation requirements.

### Consumer Participation

- Include AAPI participation in the Adequate Health Care Task Force.
- Appoint AAPI consumer representatives to Illinois health policy commissions.

#### Small Business Participation

- Develop affordable coverage options for small businesses.

#### Data

- Require the collection of disaggregated AAPI ethnic group data by hospitals, clinics, and health systems.
- Require regular review, publication, and dissemination of disaggregated AAPI health data.

#### Suggestions for the future

The project clearly demonstrated the need to conduct a more comprehensive, detailed, and comparative assessment of the access to health barriers experienced by AAPIs in Illinois. This was obvious from the wealth of information offered by the key informants, the complex nature of the barriers and the recommendations offered.

The primary limitations on the project were the limited availability of time and the lack of ethnic specific and client level information. Working with an aggressive timeline of three months was difficult given the constraints of the service agencies which are understaffed and have multiple demands on their time.

The project relies on the perceptions of the interviewees who are experienced in providing services in the community. However, it is not uniformly grounded in data, which is primarily due to the limited time available to gather the information. For instance, while some key informants reviewed their existing data or research to respond to the questions others used their observations. In order to better quantify the learning from the project, it would be important to follow up with some detailed analysis of data collected by the agencies over a fixed period.

The project relies on anecdotal information through client narrated stories for client specific information. These are important to provide context and reality to the project. However, it would be important to get client level data on barriers to accessing healthcare services through surveys, interviews and focus groups to get a better understanding of the barriers as well as to get some recommendations.

Finally, it is important to review policy and legislation from other states as a benchmark to the recommendations made in this brief. This would provide a compelling argument for policy makers and legislators in Illinois to promote policies that are creative and consider the welfare of minority groups such as AAPIs without compromising the greater good. It is also necessary to flesh out the recommendations that are provided in this brief, to make them more specific. For instance, it would be useful to understand the cost-benefit analysis of some of the recommendations; to look at the geographic areas for filling gaps in specific services such as Federally Qualified Health Care Centers; provide detailed recommendations for targeted areas of funding and so on. To provide this level of detail would mean additional time and information collection and analysis.