

Call to Action:

A Health Care Reform
Advocacy Toolkit for
Asian Americans
Native Hawaiians
and Pacific Islanders













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July 2009

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Dear Advocate,

Thank you for joining our campaign in support of health care reform. Our goal is to create strong momentum from advocates and community members to pressure Congress and the President to pass health care reform that provides quality affordable health care for all!

The Asian & Pacific Islander American Health Forum (APIAHF) created this toolkit to help community members build support for quality affordable health care benefiting Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities.

We hope that it will serve as a useful guide to help you in your advocacy efforts, and make sure you check in with us if you need any assistance. This toolkit describes many ways you can get involved and provides some background information and talking points to help you prepare.

The talking points we have included do not represent all of the issues that affect AA and NHPI communities, nor do they represent all of the issues that will be addressed in health care reform. The talking points that we have included are issues that have been identified by APIAHF as relevant to most of the work that we as an organization – and our partners – do on a daily basis.

For example, the sample letters to legislators, opinion editorials, and letters to the editor focus on language access. APIAHF is focusing on language access in our advocacy and communications work because we believe that whether one is focused on fighting cancer, HIV or Hepatitis B, people in our communities cannot receive good quality care if they cannot understand and communicate effectively with their health care providers. We encourage you to read the talking points we've included, and to use our samples as guides to advocate for the issues that are most pressing to your community.

At the end of this guide, we have included lists of the members of key committees in the U.S. Senate and U.S. House Representatives. Check to see if the legislator who represents you is a member of these committees. If so, it's even more critical that you voice your opinion on health care reform because these are the Members of Congress who are leading the process.

Also, if you need additional information about health care reform and how it will affect AA and NHPI communities, please visit APIAHF Health information Network, which you can find online at www.apiahf.org/healthinfo.

Please feel free to contact Mona Bormet, Advocacy Program Specialist at mbormet@apiahf.org or Wendy Ho, State Policy Analyst at who@apiahf.org. Thank you again for voicing your support for health care reform. Together, we can enact real change!

Sincerely,

Mona Bormet

Advocacy Program Specialist

Mona & Bounet

II. Be Informed About Health Care Reform



We welcome you to join our network to advance a movement for optimal health and well-being of AAs and NHPIs. For updates on health care reform and issues affecting our communities, you can sign up for APIAHF's Health Information Network by visiting www.apiahf.org/healthinfo.

You may also keep up to date on action alerts from our policy advocacy division, which help our communities stay engaged with their state and federal legislators. Please visit www.apiahf.org/takeaction.

You can also follow APIAHF on the Internet at:

Twitter:

www.twitter.com/apiahf

Youtube:

www.youtube.com/apiahf

Facebook:

www.facebook.com/apiahf

We encourage you to visit the following Web sites for information specific to AA and NHPI Communities.

Asian American Justice Center: www.advancingequality.org

Association of Asian Pacific Community Health Organizations: www.aapcho.org

Council for Native Hawaiian Advancement: www.hawaiiancouncil.org

Japanese American Citizens League: www.jacl.org

National Asian American Pacific Islander Mental Health Association: www.naapimha.org

National Asian Pacific American Families Against Substance Abuse: www.napafasa.org

National Asian Pacific American Women's Forum: www.napawf.org

National Korean American Service & Education Consortium: www.nakasec.org

National Coalition for Asian Pacific American Community Development: www.nationalcapacd.org

OCA: www.ocanational.org

Pacific Islander Health Officers Association: www.pihoa.org

Pacific Islander Health Partnership: www.pacificislanderhealthpartnership.org

Papa Ola Lokahi: www.papaolalokahi.org

South Asian Americans Leading Together: www.saalt.org

Southeast Asia Resource Action Center: www.searac.org

We encourage you to read your local newspapers for articles on health care reform as it is debated in the U.S. House of Representatives and the U.S. Senate. Here are some great resources for news on health care reform.

Kaiser Health News produces the latest information on health issues and covers health stories from Washington DC and across the country. www.kaiserhealthnews.org

Health Care for America Now! is an online blog that posts health care news articles daily. blog.healthcareforamericanow.org

The Washington Post tracks the debate over National Health Care Reform. voices.washingtonpost.com/health-care-reform

The New York Times provides a list of articles and resources about several health care issues. bit.ly/NYTCoverage

Politico covers the Obama administration's push for changes to the U.S. health care system. topics.politico.com/index.cfm/topic/HealthCareReform

The Hill is a daily congressional newspaper that covers health care. www.thehill.com

Roll Call is a congressional newspaper that covers people, politics, and events on Capitol Hill. www.rollcall.com

The National Immigration Law Center (NILC) is an organization that is committed to protecting and promoting the rights of low income immigrants and their family members. The NILC's Web site provides information on immigration as well as health care reform. www.nilc.org/immspbs/health/index.htm#reform

The National Health Law Program (NHeLP) is a public interest law firm that is dedicated to improving the health care for America's working poor and unemployed. NHeLP's Web site provides information on issue areas such as language access and children's health. www.healthlaw.org

The National Council of La Raza (NCLR) is a national Latino civil rights and advocacy organization. NCLR's Web site includes information and resources on the health care reform debate. www.nclr.org/content/policy/detail/52293

The Department of Health & Human Services manages a Web site Managed on health care reform. www.healthreform.gov

The Congressional Research Service prepared an introduction to health care reform for members of Congress in April, 2009. opencrs.com/document/R40517

You can follow coverage at Slate.com's Health Care Reform: An Online Guide to Media Coverage and Commentary. www.slate.com/id/2220222

III. Engage Your Community!

HOST A HEALTH CARE REFORM HOUSE PARTY

One of the most important things we can do to realize health care reform is talk about it in our communities and educate one another about how health care reform will help us as individuals and as a community.

Invite your friends, family members and co-workers over for an educational evening to learn about the issues and discuss their own experiences with health care and how the system can be improved. This is also a perfect opportunity to organize your community around advocacy activities such as a letter-writing campaign to Members of Congress.

There are Web sites where you can sign up to host a house party. There are also many that provide resources to help people plan events in their communities. Here are two examples:

www.barackobama.com/issues/healthcare/index.php

healthcareforamericanow.org/page/content/housepartytoolkit

PLAN A BROWN BAG LUNCH AT YOUR WORKPLACE

Many workplaces will allow employees to hold lunch-time meetings in a conference room. Ask your human resources department or management about hosting a brown bag lunch where you and your fellow employees can discuss health care reform.

ORGANIZING YOUR EVENT

Before the Event. Two to three weeks ahead of time, promote your event with invitations, flyers, or posters displayed throughout your workplace and/or neighborhood. Word of mouth is always key, but don't forget to use social media sites such as Facebook, Twitter, and Evite to get the word out.

At the Event. Welcome people as they arrive, collect contact information for follow up, and perhaps offer nametags if many of the people you invited do not already know each other. Consider asking people to share health care stories or contribute discussion questions (see our suggestions) in order to make the issue relevant and personal. Be sure to allow time for fun – networking, food and drinks are always a welcome part of any social gathering.

After the Event. Thank people for attending and be sure to follow up with them if a letter writing campaign or other activities were agreed upon. Ask people if they took away specific messages about health care reform and advocacy for AA and NHPI communities. Ask them to participate in specific health care reform activities if they haven't yet done so. Get feedback on how you could improve the event in the future, and whether you should host another one in the future.

QUESTIONS AND TALKING POINTS TO GET THE CONVERSATION GOING

It's likely that participants will have varying degrees of familiarity with health care reform. Use these different questions provided by the Association of Asian Pacific Community Health Organizations (AAPCHO) www.aapcho.org, and talking points as springboards for a broader, richer discussion that will include, engage and educate everyone regardless of where they stand.

"I don't know much about the health care reform issue, to be honest—I haven't had the time to really follow it and am now totally confused. Sorry, I don't have much to add."

You are definitely not alone in feeling confused and overwhelmed by all the facts, figures, and talk swirling around this tough issue. If you've ever experienced the frustration of figuring out insurance forms, had to pay a pharmacy bill out of your own pocket, tried to help someone with a pre-existing condition apply for coverage, or felt trapped in a job for fear of losing coverage, then you already have insight into the health care reform debate.

"There's no way we can afford health care reform when our nation is already in so much debt. The Democrats are not being realistic."

Health care reform certainly won't be cheap, but the long-term costs of carrying on the status quo present a grim financial future. A recent study concluded that today's \$2.4 trillion annual health care tab would climb to \$4.4 trillion by 2018 if nothing is done to control costs. To finance reform, two-thirds will be paid for by reducing waste, fraud and abuse in existing programs and by ending overpayments to insurance companies. President Obama has proposed re-allocating these savings – worth over \$600 billion – to alleviate the cost of reform. In addition to the committed savings from the health care industry (e.g., insurance companies, hospitals, etc), reforming our system will actually save the average family about \$2500 a year.

"I am scared of reforms that will reduce the quality of the health care we receive. With an increased demand for care from individuals who will have access to health care, getting good treatment will be much tougher."

Access to care doesn't mean that the care is good. In fact, a Dartmouth College study found that patients who receive more care actually fare worse than those who receive less care. Not only will health care reform work to create a better system that focuses on preventative and primary care (so that we don't get sick in the first place), it will also create incentives that reward doctors for actually making patients healthier – not for piling on more expensive treatments.

"Isn't it a little socialist to give the government control over our health care? I want to make my own health care decisions without government intervention. We have insurance now so why would we want to put that at risk?"

In a socialist approach to health care, the government controls hospitals and insurance. The health care reform legislation being debated in Congress does not propose that. There are proposals that would allow government-run health insurance to compete with private insurance companies. This would not eliminate private insurance, but it would give people who cannot afford private health care an alternative. It will also incentivize private insurance companies to work more effectively.

What's more, reforming health care in America means building on our strong foundation of employer-based health insurance. Simply put, if you like what you have, you can keep it. If you don't, or if your employer doesn't offer a plan, you will have options – including the proposed public plan. You will have access to coverage, no matter what.

IV. Engage Your Legislators!

CALL YOUR LEGISLATORS IN SUPPORT OF HEALTH CARE REFORM



Encourage members of your community to make phone calls or send emails to their lawmakers. Phone calls let legislators know what their constituents are thinking, and this form of grassroots lobbying can have a huge impact. Members of Congress record and track the number of phone calls and emails they receive in favor of or against particular issues or legislation, which helps them decide which way to vote.

Calling your lawmakers is easy! Remember, they are your public servants, and you have the right to let them know how you feel and how they should vote on certain bills.

To call your Representative or Senator, you will need the following information:

Your zip code and the name of your State.

In some cases, you may need your address.

The telephone number of the U.S. Capitol switchboard: (202) 224-3121

The name and number of the bill you are calling about.

For bills in the House of Representatives, the bill number will begin with H.R. (such as H.R. 1234). For bills in the Senate, the bill number will begin with S. (such as S. 456). Be aware that bills in the House and Senate are handled separately, so the same bill can have a different number in the House and Senate.

To call your Representative or Senator, follow these steps:

Call the U.S. Capitol switchboard at (202) 224-3121. It's best to call in the morning so you don't have any problems because of different time zones between your state and Washington, D.C.

When the switchboard operators answers, ask to be connected to the office of your Representative or Senator. If you want to speak with your Representative's office, you'll need to give the operator your zip code. Sometimes there are more than one congressional districts in a zip code, so you may need to give the operator your full address to determine your Representative. The operator will then connect you to your Representative's office.

If you want to speak with your Senator's office, you'll need to identify what State you live in. Every state has two Senators, so you can ask the operator to give you one phone number to call later and to connect you directly with the other office. The operator will then connect you to your Senator's office.

When a staffer in the Representative or Senator's office picks up, politely introduce yourself and say that you'd like the Representative or Senator to support (or oppose) the bill you're calling about. Ask to talk with someone who can tell you the Senator or Representative's position on health care. Be sure to identify the bill by both its name and number. The staffer may ask you for your address or zip code to confirm that you live in the district. The staffer will make a note of your call and your support or opposition to the bill.

It's that easy! Congratulations! You've successfully called your Members of Congress and have exercised your rights!

SAMPLE PHONE SCRIPT FOR THE U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES

I am calling to urge [Rep. or Sen. Name] to support, and to tell their colleagues to support health care reform that provides affordable health care for all Americans and allows everyone to participate in our health care system.

There are nearly 47 million Americans who are uninsured, including one in six Asian Americans and one in four Native Hawaiians and Pacific Islanders. In order to ensure that everyone is covered, health care reform must:

Promote affordability. Provide equal access to coverage. Expand public programs. Eliminate barriers to participation.

In order for health care reform to be effective, people must be able to understand and communicate with their doctors and nurses. Poor communication costs our health care system more than \$69 billion a year.

Please tell [Rep. or Sen. Name] to support adequate funding for health and health care services that are culturally competent and provide language access. This includes funding for hospitals and health care providers to hire bilingual staff and the translation of educational materials.

Allowing everyone to participate in our health care system will not only help prevent unnecessary disease and suffering, but it will also reduce costs for medical care as more people receive preventive care instead of emergency care.

Thank you for you time and consideration.

SEND A LETTER (EMAIL OR FAX) TO YOUR MEMBER OF CONGRESS!

Encourage members of your community to write letters to their lawmakers. Like phone calls, letters also inform legislators about the opinions of their constituents and how they should vote on legislation.

Writing to your lawmakers is easy! Feel free to use the following sample letter to write your Members of Congress. Feel free to make it more personal, or update it with information specific to your district.

You can find more letters you can send to your legislator on the APIAHF Action Center: www.apiahf.org/takeaction

SAMPLE LETTER TO A LEGISLATOR REGARDING LANGUAGE ACCESS

Dear [Rep.	or Sen.	
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I am writing to ask that you urge your support of legislation that provides affordable health care for all Americans and allows everyone to participate in our health care system.

Health care reform should include full federal reimbursement for qualified medical interpreters and translators who provide services under Medicaid, the Children's Health Insurance Program and in all Medicare programs. For the 23 million American in the process of learning English, communication problems with their doctor can lead to needless pain and suffering.

According to the Institutes of Medicine, poor communication between providers and patients can lead to dangerous medical errors and cost the U.S. health care system more than \$69 billion every year. The American Hospital Association supports incentives for making appropriate language services available when and where they are needed. As the diversity of our nation increases, providing interpreters and translators makes good business sense for doctors who want to increase their patient base.

Please support health care reform that ensures everyone will have access to quality affordable health care and prevention programs they need in languages they can understand. Thank you for your consideration and I look forward to your response.

Sincerely,

[Your Name]



VISIT YOUR LEGISLATORS DURING THE CONGRESSIONAL RECESS IN AUGUST!

Most legislators leave Washington DC for the month of August and head home! We encourage you to meet with your Members of Congress during the August Congressional recess. This is a great opportunity to meet with your legislators and ask that they support and advocate for the passage of health care reform this year. This brief section will give you the basic information you need before, during, and after those meetings.

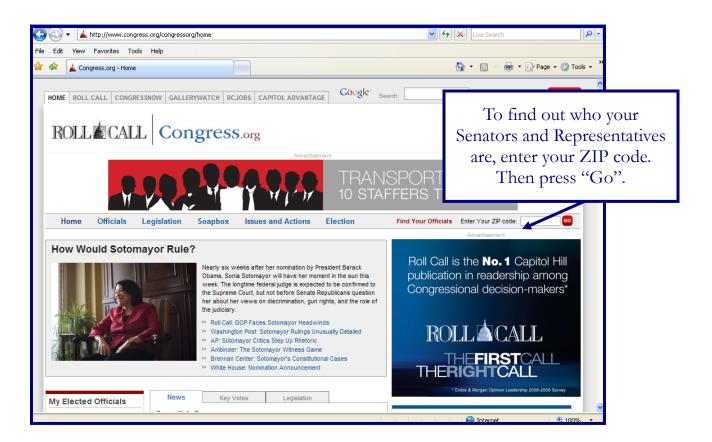
In the health care reform debate, there are many people at the table, and we need to make sure that AA and NHPI voices are not left out. We need to make sure that our Senators and Representative will do the right thing for our families, our communities and our economy.

To set up your own meeting during the August Congressional recess, follow these easy steps:

Find out who represents you in Congress

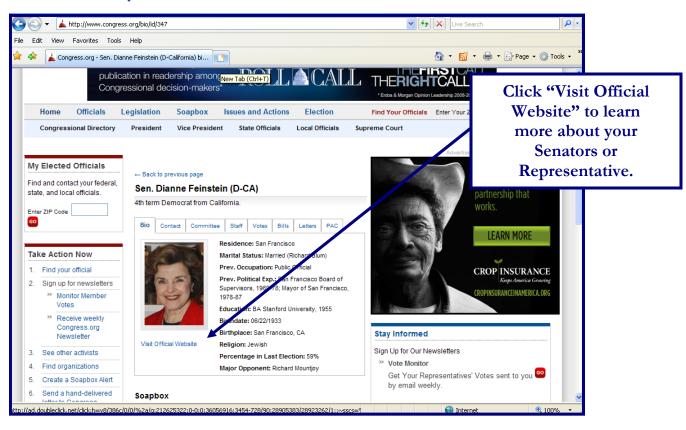
Go to www.congress.org to find out who your Senators and Representatives are.

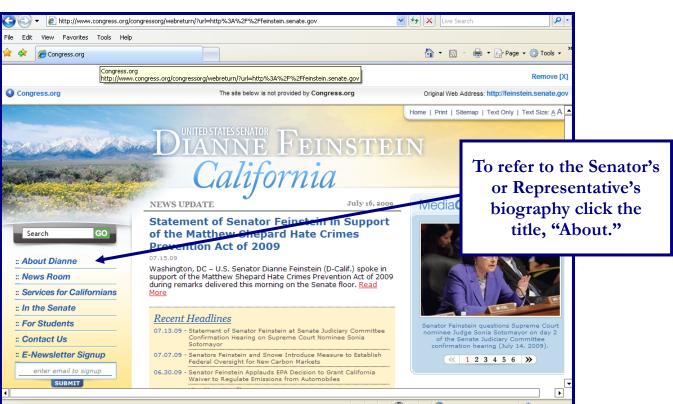
Enter your ZIP Code in the "Find Your Officials" box located on the top right.











Schedule a Meeting

Call your U.S. Senator or Representative and ask to speak to the scheduler in their district or state office. Senators often have more than one state office, so be patient in figuring out who you need to speak with. When you do reach the appropriate scheduler, give them the following information:

You would like to set up an appointment to meet with your legislator or staff.

The name of your city or town in their district or state you are from.

You are interested in discussing health care reform.

How many people will be attending the meeting.

If any prominent community leaders will be attending the meeting.

Once you have the meeting with your legislator scheduled, there are a few simple, yet important steps you can take to make sure that you and your group are ready for the meeting.

Do a Background Check. Refer to online biographical sketches or check campaign statements, news articles or additional sources of information to learn about your Representative's or Senator's prior occupation, religion, political and social memberships, areas of interest, and positions on issues such as the economy, health care and the environment. This information can help inform how you approach your meeting.

Check in with Allies in DC or at a state organization. There are valuable resources in Washington, DC, and in your state with knowledge about what role your Representative or Senator played in past attempts at health care reform. If you are part of a national, regional, or state network or organization, we encourage you to talk with your point person on health care. Please let this organization know that you have scheduled a visit with your Representative or Senator.

Be Prepared. Assign a facilitator and develop an agenda for each meeting. Think about who best represents your organization or coalition that can also help to build a relationship with this Member of Congress. Try to find close allies that could build trust or respect with the Member of Congress, or their staff, and invite them to come. Invite a family that is directly affected by our health care system so that they can tell their personal story.

See! That wasn't too hard. Now you're ready to meet with your Member of Congress!



The Meeting

Be sure to check in with the person at the front desk and tell them your name, what organization you are with and who you are meeting with. The following tips are a good outline to follow for communicating your needs to your legislator:

Introductions. Thank the staff or legislator for the meeting and explain to them who your group is, who the members are, and why you are visiting.

Address the Issue. Include a very brief summary and data (if available) for the legislator's district, or nationally.

Importance to Speakers and Legislator. Include a personal story about how the issue has affected you, your family, and people living in the legislator's district.

Provide Information. If you have a fact sheet or a brochure about your organization give those to the legislator and staff.

The Ask. Conclude the meeting with a request from the legislator. Maybe you ask the legislator to attend an event in the district or request another meeting. Just make sure that you have something to follow up on, a reason to contact the office again.

Follow Up. Make sure you thank the Member of Congress and their staff for their valuable time. Remember to send a thank you email to the staff member when you return home and follow up on anything you promised. We encourage you to send the office invitations to events in your community so they can learn more about your organization and community.

Let us know how your meeting went. Insights gained from your meetings will be useful for your colleagues in Washington. If you are part of a national organization or network, please report to that organization. If you are not, please send a quick note by email to Mona Bormet at mbormet@apiahf.org to let us know how your meeting went.

Do's and Don'ts

Do

- Be Early.
- Wear business or business casual attire.
- Bring business cards.
- Develop an Agenda.
- Stick to 2-3 points.
- Develop relationship with the staff.
- Ask to take a picture if you have a camera.
- Have fun!

Don't

- Wear jeans, t-shirts or flip flops.
- Be offended if the meeting lasts 15 minutes or less.
- Be surprised if you meet with a staffer.
- Be surprised if they do not know about your community.
- Talk about 10 different things.
- Be surprised if your meeting occurs in the front office or in the hallway.
- Be surprised if the staff member interrupts to ask questions.

ATTEND A TOWN HALL MEETING

During the August Congressional recess many legislators hold town hall meetings in their states and districts to hear firsthand the needs and concerns of their constituents. To find an upcoming town hall meeting in your community call the nearest district offices of your Senators and Representative or search their Web sites for information.

Read the legislator's biography and other information on their website to familiarize yourself with the legislator's positions on issues. It is also important to know what committees he or she sits on and how they have voted on issues related to health care in the past.

It is important to prepare a message about the issue that will be discussed at the meeting. Preparation prior to the meeting will ensure that your message is clear and concise.

Tell a Personal Story

Be ready to share a relevant and compelling brief story that conveys the impact health disparities have on you and your community. You can also share a personal story about a person you know or a group you represent or work with.

Provide Accurate and Compelling Statistics

Provide information that shows health disparities exist in the legislator's state or district and are affecting constituents.

Ask a Question

Be sure to ask the legislator a specific question about his or her view on a particular issue being debated in Congress. Try to restate your message in the question – we've provided some examples for you on the next page.

Follow Up

Call, send an email or schedule a meeting with the legislator or staff to let them know that you attended the meeting and want to follow up to learn more about what is happening around health care reform legislation.

SAMPLE QUESTIONS FOR A TOWN HALL MEETING

- 1. Providing coverage does not mean access to quality care from providers that we can understand and have our trust. Given the diversity of our state, how will you make sure that the health care workforce the doctors and nurses who help care for us reflect that diversity?
- 2. I believe the goal of health care reform is a healthier America, and part of this is addressing the disparities in health that we see in this state. How do we make sure that current health care reform ensures that health is a human right and gives us all access to the best care, despite one's income, education, immigration status, race or sexual orientation?
- 3. Small businesses are the heart of the American economy and are integral in helping the country's economic recovery. Despite these contributions, many small business owners cannot afford to provide health insurance to their employees. How can we ensure that small businesses can afford to provide health care coverage for their employees?
- 4. Providing affordable quality health care to all Americans is a priority and it's critical to reform our health care system now to save us money in the long-run. Poor communication between providers and patients can lead to dangerous medical errors and costs the U.S. health care system more than \$69 billion every year. Given the great diversity of our nation, how do we ensure that the estimated 23 million Americans who don't yet speak English proficiently are able to communicate with their health care providers?
- 5. Employers are penalized by paying higher premiums for health care coverage when they employ people who have disabilities. How can we make sure that businesses are not punished for hiring people in the disabilities community and ensure that health care coverage reaches all Americans, not just some?
- 6. Americans come from varying cultural backgrounds and many have difficulty speaking English. What will the health care reform legislation do to ensure that Americans not only have health care coverage, but have access to culturally competent health care?

V: Engage the Media!

SEND AN OPINION EDITORIAL TO YOUR LOCAL AND ETHNIC NEWSPAPERS

Policymakers read the opinion section of their local newspapers to understand the opinions of their constituents. Take a shot and write an op-ed to your local newspaper and ethnic newspaper. The more you write, the better you will get at it. News articles and opinion editorials (op-eds) can also give credibility to your arguments when meeting with your legislators, so if you do get one published, use it to your advantage. The following are some helpful tips based on information from David Jarmul at Duke University. For more of his helpful tips, visit http://news.duke.edu/duke_community/oped.html.

Track the news and jump at opportunities. Timing is essential. Your op-ed should be relevant to current affairs and of interest to your local newspaper's readers. Look for news stories in your local paper about the health care reform debate at the national, state or local level. Submit an op-ed when you think you can add to the debate.

Limit the article to 750 words. Shorter is even better. Unfortunately, newspapers have limited space to offer, and editors generally won't take the time to cut a long article down to size.

Make a single point – well. You cannot solve all of the world's problems in 750 words. Be satisfied with making a single point clearly and persuasively. If you cannot explain your message in a sentence or two, you're trying to cover too much.

Tell readers why they should care. Put yourself in the place of the busy person looking at your article. At the end of every few paragraphs, ask out loud: "So what? Who cares?" Explain why. Appeals to self-interest are usually the most effective.

Offer specific recommendations. An op-ed does not simply describe a situation; it is your opinion about how to improve matters. Don't be satisfied with analysis, in an op-ed article you need to offer recommendations.

Showing is better than discussing. People remember colorful details better than dry facts. When writing an op-ed article, therefore, look for great examples that will bring your argument to life.

Use short sentences and paragraphs. Look at some stories in the New York Times or your local newspaper, and count the number of words per sentence. You'll probably find the sentences to be quite short. You should use the same style, relying mainly on simple declarative sentences. Cut long paragraphs into two or more shorter ones.

Don't be afraid of the personal voice. Personal Stories can make facts and statistics come alive and make your point memorable to your audience. Seek out stories or examples that tie into your audience's feelings. Keep the plot simple and vivid – not every detail is important.

Avoid jargon. If a technical detail is not essential to your argument, don't use it. When in doubt, leave it out. Simple language doesn't mean simple thinking; it means you are being considerate of readers who lack your expertise and are sitting half-awake at their breakfast table or computer screen.

Use the active voice. Active voice is nearly always better than passive voice. It's easier to read, and it leaves no doubt about who is doing the hoping, recommending or other action.



HOW TO SUBMIT AN OPINION EDITORIAL

Look on your local newspaper's Web site to find out where to submit an op-ed. Most newspapers also list their guidelines for choosing which op-eds they will print. Be sure to include your contact information, and say whether you have a photo of yourself available. Most papers now accept articles by e-mail.

SAMPLE OP-ED ON LANGUAGE ACCESS

A report from the federal government released this week highlights in stark terms what we already know: Minorities and low-income Americans are more likely to be sick and less likely to get the care we need. And one of the biggest barriers we face to getting good care is the ability to communicate with our doctors. Communication problems between doctor and patient cause a lot of needless pain and suffering, can ultimately cost lives, and cost our country billions of dollars.

We can all identify with the experience of visiting a doctor's office, and the doctor reciting a list of unfamiliar terms. Perhaps it's the name of a medication you've never heard of, or an unfamiliar condition. Sometimes they seem to be speaking a different language. For millions of Americans in the process of learning English, it's even more difficult.

[Insert a story here, about yourself, or someone you know, that can illustrate the issue in a way that people can relate to in personal way]

Some 23 million Americans are not completely proficient in English. Poor communication between providers and patients can lead to medical errors. These mistakes are dangerous to patients and cost the U.S. health care system more than \$69 billion every year, according to the Institute of Medicine. When people don't understand their doctors, and their doctors don't understand them, good medical care simply can't happen. Medical communication issues are pervasive—for those whose parents and grandparents grew up speaking English and those who didn't; for those born in this country and those born in other countries. As a nation of immigrants, we are all affected.

An important first step is providing full federal reimbursement for qualified medical interpreters and translators who provide services under Medicaid, SCHIP, and Medicare. Making appropriate language services available is also supported by the American Hospital Association. As our nation becomes more diverse, providing interpreters and translators makes good business sense for doctors who want to provide quality services, as well.

The push to provide affordable, high-quality health care is coming from the ground up, across the entire nation. We now have the opportunity to ensure that all Americans [refer back to the personal story if you like] have access to the care they need in languages they can understand.

[Include your contact information. If you are representing an organization, or have a back ground that is relevant, include a short bio – no longer than 100 words – that can be printed to give the reader some context.]

SEND A LETTER TO THE EDITOR OF YOUR LOCAL AND ETHNIC NEWSPAPERS

Another effective strategy for advocating for health care reform is responding to stories in your local, ethnic and community newspapers with a letter to the editor. When you think a story could have provided better context to how your community will be affected by health care reform, or did not include your community's perspective on an issue, write a letter to the editor that will provide it's readers with more information. Following are some tips from Burness Communications www.burnesscommunications.com on how to write letters to the editor.

Identify your target publications and programs. Select a few local outlets to focus your opinion letter placement efforts on. Don't forget ethnic specific publications, community and weekly newspapers. Once you have your target list, you're ready to respond when an opportunity surfaces.

Research the letters policy for each venue on your target list. Most publications and programs publicize what they want in a letter to the editor, and how and to whom to send it. Check your local newspaper's Web site for guidelines.

Reference a recent print or broadcast article. Write your organization's letter as a direct response to recent coverage, building on the focus presented or emphasizing how your organization's perspective wasn't presented (and presenting it clearly).

Respond as quickly as you can. If there's an issue or news story that's getting a lot of attention in the press, draft a letter or at least key message points so your nonprofit is prepared to finalize and submit your letter pronto.

Hone your opinion letter writing style, before you're on deadline to submit it. Read letters in your target venues on a regular basis to learn how to write the most effective letter.

Be Concise. Include a maximum of 200 words. The publication will shorten your letter to fit its format. The more it has to edit, the less control you have of what gets printed. Include two to three paragraphs, each with no more than three sentences.

State Your Point Early and Clearly. Lead with (and maintain focus on) your most important point and provide concise examples to back the point up.

Include Your Contact Information. Your contact information is a prerequisite for most publications to print your letter. Include your full name, title, organization name, address, phone number and email at the top of the page and sign the letter at the bottom.

Don't write too often. Once every three months is as often as you should write. Avoid being abusive or strident.

Follow Up. Make a follow-up phone call to the editor in question to make sure your letter has been received. It's best to keep calling until you get through, rather than leaving a voicemail message.

SAMPLE LETTER TO THE EDITOR ON LANGUAGE ACCESS

Re: [INSERT ARTICLE HEADLINE HERE, Page Number]

In the midst of the debate about ways to control health care costs, we often ignore reforms that will save the health care system money.

For example: Some 23 million Americans are working to communicate effectively in English but struggle to. The Institute of Medicine estimates that patients' inability to communicate with their doctors or understand medical information costs the U.S. \$69 billion every year. When people don't understand their doctors, and their doctors don't understand them, affective health care simply cannot happen.

[If you have a local or personal example, insert here. For example, in California, one in five people have trouble speaking English. Please make sure whatever statistics, examples or stories you use are accurate.]

Simple steps like government payments for language services that help patients understand their doctors could provide better care, prevent medical errors and save us money in the long run.

[Insert Name, Organization, Title, Phone, Address]



VI: Talking Points on Health Care Reform

GUARANTEED AFFORDABLE HEALTH COVERAGE FOR ALL

Background:

There are nearly 47 million Americans who are uninsured, including one in six Asian Americans and one in four Native Hawaiians and Pacific Islanders (AAs and NHPIs). Individuals without insurance are more likely to lack a usual source of care. With less access to a usual source of care, uninsured Americans are less likely to use preventive services and timely and appropriate medical care. The lack of a usual source of care is particularly pronounced for uninsured AAs and NHPIs, who are more likely than non-Hispanic whites to lack a usual source of care.

In order to ensure that everyone is covered, health care reform must promote affordability, equal access to coverage, the expansion of public programs and the elimination of barriers to participation. Some of the most vulnerable populations who are currently not able to access affordable coverage include children in immigrant families, low-income parents, residents of rural areas, low-wage working adults with no children, refugees, and some Pacific Islanders.

As a start, we should be providing health coverage for parents of lower-income children. Because healthy children need to be raised by healthy families in healthy communities, providing care for their parents is critical to the health of our nation.

Health reform should require that everyone pay a fair share for health care they can afford, and immigrants should have the opportunity to pay for health care like everyone else. Many legal immigrants pay the exact same taxes as U.S. citizens, but are often forbidden from using Medicaid and Medicare paid for by these taxes. Health reform must be inclusive and must end the unfair treatment of immigrants and Pacific Islanders.

Allowing everyone to participate in our health care system, which should require everyone to pay their fair share for health coverage, will not only help prevent unnecessary disease and suffering, but will also reduce costs for the medical care as more people receive preventive care instead of emergency care.

Actions:

At a minimum, affordable and comprehensive coverage must be available to all children, their parents and pregnant women.

Income eligibility for Medicaid must be raised to at minimum 200% FPL.

States must be allowed to cover low-income adults with no dependent children in Medicaid.

All lawfully residing immigrants must be able to enroll in Medicaid without a five year waiting period and without sponsor deeming restrictions.

Pacific Islanders from the Freely Associated States must be included and eligible for all federal public programs.

HEALTH CARE WE CAN UNDERSTAND

Background:

When people don't understand their doctors, and their doctors don't understand them, quality health care simply cannot happen. Some 23 million Americans are working to communicate effectively in English but are not yet able to; these Americans often struggle to get appropriate care. Communicating effectively with doctors and nurses is a pervasive issue for those who grew up speaking English and those who didn't; for those born in this country and those born in other countries.

The 2002 Institute of Medicine's (IOM) report on Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, established a clear and direct link between quality care and language access:

Language barriers ... affect the delivery of adequate care through poor exchange of information ... misunderstanding of physician instruction, ... (and) decreased adherence with medication regime.

Broader use of professional interpretation services has been hampered by a number of logistical and resource constraints. For example, in some regions of the country, few trained professional interpreters are available, and reimbursement for interpretation services via publicly funded insurance such as Medicaid is often inadequate.

According to the IOM, patients' inability to understand their providers and health information costs the U.S. \$69 billion every year.

These findings have been validated by major health organizations (physician groups, nurses' groups, hospital groups, and others) that support government payments for language services as a necessary step in ensuring quality health care.

Actions:

Increase reimbursement and funding for language services in health care. Provide full federal reimbursement for language assistance services in Medicaid, the Children's Health Insurance Program and in all Medicare programs

Require all health plans participating in the national insurance exchange to adopt the CLAS standards.

Establish uniform and consistent standards for data collection of race, ethnicity and language for all Federal health programs. At a minimum, the Medicaid, CHIP and Medicare programs should all collect data on race, ethnicity and primary language in a uniform and consistent manner.

Promote funding to develop interpreter certification standards and training to increase the supply of trained interpreters.

Provide funding to build the capacity of state and local health agencies and provider organizations to develop centralized interpreter and translation services, develop interpreter certification standards and training, and use technology including videoconferencing and telemedicine. Once the infrastructure for language services in built, it can be sustained through the available federal reimbursement mechanisms and through contributions from participating health plans and providers.

COMMUNITY HEALTH WORKERS

Need for High-Quality, Low-Cost Care

Sky-rocketing health care costs, high rates of uninsured and under-insured populations, and geographic and cultural access barriers have created an increasing demand for high-quality, low-cost care in underserved areas. These challenges affect communities across America, including Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs).

AA and NHPI populations face higher rates of uninsurance (21.8%) than most other populations. Research also shows that AA and NHPI populations are less frequently understood by their health providers than are other populations, and receive less guidance for managing chronic conditions. AA and NHPI women have lower HIV testing rates than any ethnicity, and are also less likely to report cases of domestic violence.

Community Health Workers (CHWs): Examples of Success

CHWs, employed by programs across the country to provide basic care for underserved populations, are most often hired from the communities in which they serve, thus providing culturally appropriate care.

There were 86,000 CHWs in the United States in 2000. CHWs serve diverse populations: 78% serve Hispanic/Latino populations, 68% serve African Americans, 64% serve Non-Hispanic Whites, and 34% serve AAs and NHPIs.

The Charles B. Wang Community Health Center in New York City has employed CHWs to screen nearly 400 AAPI patients for Hepatitis B over 2 years. 81 community members have started the Hepatitis B vaccination series, and 8 have been referred for treatment.

Asian Health Services in Alameda County, CA serves approximately 300 pregnant women annually by using CHWs in the delivery room. CHWs provide language access, coach women through the birthing process, and assist with massages and advice to increase comfort.

In 2004, Arizona Health Start's CHWs conducted 9,718 visits to roughly 2400 clients, resulting in a 94% immunization rate for two-year-olds. CHWs also conducted home visits and provided case management to pregnant and post-partum women.

Actions:

CHWs increase access to critical health services such as screenings and basic care follow-up visits for underserved and difficult-to-reach populations. AA and NHPI populations could particularly benefit from community health workers considering the language, insurance, and cultural barriers they face.

Support the evaluation of CHW programs to demonstrate the return on investment of utilizing CHWs as part of the overall health care system.

Develop a stable financing mechanism for CHWs as a critical step in promoting the expansion of a culturally diverse and representative health care workforce.

Promote and support CHW programs as a stepping-stone for the recruitment, training, and development of a health workforce pipeline within under-represented communities.

COMMUNITY HEALTH CENTERS

Background

America's community health centers (CHCs) provide affordable, high-quality preventive and primary health care to more than 18 million people in more than 7,000 communities nationwide. What's more, CHCs make up the backbone of the United States' health care safety net, caring for more than 1 out of every 5 low-income uninsured person and providing almost 1 out of every 5 Medicaid and State Children's Health Insurance Program visits.

CHCs also play a critical role in reducing America's health disparities and improving people's overall health by pairing comprehensive medical services with a range of non-clinical "enabling" services that lower cultural and linguistic barriers to receiving care. This approach effectively shrinks medical expenses for CHC patients by 41 percent, compared to that of patients seen elsewhere, and generates up to \$18 billion in savings each year for the health system.

In fact, expanding the community health center program to adequately serve the estimated 60 million medically disenfranchised people in America would generate more than \$80 billion in health care savings each year!

Given the current economic environment, CHCs need our support now more than ever to sustain and improve the important services they provide to millions of people. One way is to make sure that private health insurance companies appropriately reimburse health centers for the full spectrum of care provided to their customers. If coverage expansion through the private insurance market were held to the same payment standards for health centers as that of public programs, CHCs would be able to use available funds as they were intended instead of making up for gaps in reimbursement.

Actions

Preserve payment mechanisms for Federally-Qualified Health Centers in Medicaid, Children's Health Insurance, and Medicare

Include mechanisms to ensure the full participation of, and appropriate reimbursement to Federally-Qualified Health Centers in any expansion of private insurance.

Insist that everyone should have *the choice* of a community health center as his or her health care home, and every health center should be appropriately reimbursed for the high value preventive and primary health care it provides.

Expand community health centers via measures in health care reform in order to reach those who most need a health care home.

Appendix A. Key Committees



U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Democrats by Rank

Edward Kennedy (MA) Christopher Dodd (CT) Tom Harkin (IA) Barbara A. Mikulski (MD)

Jeff Bingaman (NM) Patty Murray (WA) Jack Reed (RI) Bernard Sanders (VT)

Sherrod Brown (OH) Robert P. Casey, Jr. (PA)

Kay Hagan (NC) Jeff Merkley (OR)

Republicans by Rank

Michael B. Enzi (WY) Judd Gregg (NH) Lamar Alexander (TN) Richard Burr (NC) Johnny Isakson (GA) John McCain (AZ) Orrin G. Hatch (UT) Lisa Murkowski (AK) Tom Coburn, M.D. (OK) Pat Roberts (KS)

U.S. SENATE COMMITTEE ON FINANCE

Democrats by Rank

Max Baucus (MT)

John D. Rockefeller IV (WV)

Kent Conrad (ND) Jeff Bingaman (NM) John F. Kerry (MA) Blanche L. Lincoln (AR) Ron Wyden (OR)

Charles E. Schumer (NY) Debbie Stabenow (MI) Maria Cantwell (WA)

Bill Nelson (FL) Robert Menendez (NJ)

Thomas Carper (DE)

Republicans by Rank

Chuck Grassley (IA) Orrin G. Hatch (UT)

Olympia J. Snowe (ME)

Jon Kyl (AZ) Jim Bunning (KY) Mike Crapo (ID)

Pat Roberts (KS) John Ensign (NV)

Mike Enzi (WY)

John Cornyn (TX)

U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON ENERGY AND COMMERCE

Democrats by Rank

Henry A. Waxman (CA-30)

John D. Dingell (MI-15)

Edward J. Markey (MA-7)

Rick Boucher (VA-9)

Frank Pallone, Jr. (NJ-6)

Bart Gordon (TN-6)

Bobby L. Rush (IL-1)

Anna G. Eshoo (CA-14)

Bart Stupak (MI-1)

Eliot L. Engel (NY-17)

Gene Green (TX-29)

Diana DeGette (CO-1)

Lois Capps (CA-23)

Mike Doyle (PA-14)

Jane Harman (CA-36)

Jan Schakowsky (IL-9)

Charles A. Gonzalez (TX-20)

Jay Inslee (WA-1)

Tammy Baldwin (W-I2)

Mike Ross (AR-4)

Anthony D. Weiner (NY-9)

Jim Matheson (UT-2)

G.K. Butterfield (NC-1)

Charlie Melancon (LA-3)

John Barrow (GA-12)

Baron P. Hill (IN-9)

Doris O. Matsui (CA-5)

Donna M. Christensen (VI)

Kathy Castor (FL-11)

John P. Sarbanes (MD-3)

Christopher S. Murphy (CT-5)

Zachary T. Space (OH-18)

Jerry McNerney (CA-11)

Betty Sutton (OH-13)

Bruce L. Braley (IA-1)

Peter Welch (VT)

Republicans by Rank

Joe Barton (TX-6)

Ralph M. Hall (TX-4)

Fred Upton (MI-6)

Cliff Stearns (FL-6)

Nathan Deal (GA-9)

Ed Whitfield (KY-1)

John Shimkus (IL-19)

John B. Shadegg (AZ-3)

Roy Blunt (MO-7)

Steve Buyer (IN-4) George Radanovich (CA-19)

Joseph R. Pitts (PA-16)

Mary Bono Mack (CA-45)

Greg Walden (OR-2)

Lee Terry (NE-2)

Mike Rogers (MI-8)

Sue Wilkins Myrick (NC-9)

John Sullivan (OK-1)

Tim Murphy (PA-18)

Michael C. Burgess (TX-26)

Marsha Blackburn (TN-7)

Phil Gingrey (GA-11)

Steve Scalise (LA-1)

U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON WAYS AND MEANS

Democrats by Rank

Charles B. Rangel (NY-15)

Fortney Pete Stark (CA-13)

Sander M. Levin (MI-12)

Jim McDermott (WA-7)

John Lewis (GA-5)

Richard E. Neal (MA-2)

John S. Tanner (TN-8)

Xavier Becerra (CA-31)

Lloyd Doggett (TX-25)

Earl Pomeroy (ND)

Mike Thompson (CA-01)

John B. Larson (CT-01)

Earl Blumenauer (OR-3)

Ron Kind (WI-3)

Bill Pascrell Jr. (NJ-8)

Shelley Berkley (NV-1)

Joseph Crowley (NY-7)

Chris Van Hollen (MD-8)

Kendrick Meek (FL-17)

Allyson Y. Schwartz (PA-13)

Artur Davis (AL-7)

Danny K. Davis (IL-7)

Bob Etheridge (NC-2)

Linda T. Sanchez (CA-39)

Brian Higgins (NY-27)

John A. Yarmuth (KY-3)

Republicans by Rank

Dave Camp (MI-4)

Wally Herger (CA-2)

Sam Johnson (TX-3)

Kevin Brady (TX-8)

Paul Ryan (WI-1)

Eric Cantor (VA-7)

John Linder (GA-7)

Devin Nunes (CA-21)

Pat Tiberi (OH-12)

Ginny Brown-Waite (FL-5)

Geoff Davis (KY-4)

Dave G. Reichert (WA-8)

Charles W. Boustany Jr. (LA-7)

Dean Heller (NV-2)

Peter J. Roskam (IL-6)

U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON EDUCATION AND LABOR

Democrats by Rank

George Miller (CA-07)

Dale E. Kildee (MI-05)

Donald M. Payne (NJ-10)

Robert E. Andrews (NJ-01)

Robert C. Scott (VA-03)

Lynn C. Woolsey (CA-06)

Rubén Hinojosa (TX-15)

Carolyn McCarthy (NY-04)

John F. Tierney (MA-06)

Dennis J. Kucinich (OH-10)

David Wu (OR-01)

Rush D. Holt (NJ-12)

Susan A. Davis (CA-53)

Raúl M. Grijalva (AZ-07)

Timothy H. Bishop (NY-01)

Joe Sestak (PA-07)

Dave Loebsack (IA-02)

Mazie Hirono (HI-02)

Jason Altmire (PA-04)

Phil Hare (IL-17)

Yvette Clarke (NY-11)

Joe Courtney (CT-02)

Carol Shea-Porter (NH-01)

Marcia Fudge (OH-11)

Jared Polis (CO-2)

Paul Tonko (NY-21)

Pedro Pierluisi (PR)

Gregorio Sablan (Northern Mariana Islands)

Dina Titus (NV-3)

Judy Chu (CA-32)

Republicans by Rank

John Kline (MN-02)

Thomas E. Petri (WI-06)

Howard "Buck" McKeon (CA-25)

Peter Hoekstra (MI-02)

Michael N. Castle (DE-At Large)

Mark E. Souder (IN-03)

Vernon J. Ehlers (MI-03)

Judy Biggert (IL-13)

Todd Russell Platts (PA-19)

Joe Wilson (SC-02)

Cathy McMorris Rodgers (WA-05)

Tom Price (GA-06)

Rob Bishop (UT-01)

Brett Guthrie (KY-2)

Bill Cassidy (LA-6)

Tom McClintock (CA-4)

Duncan D. Hunter (CA-52)

Phil Roe (TN-1)

Glenn "GT" Thompson (PA-05)

We hope that our advocacy toolkit has been helpful in your efforts to advocate for the health and well-being of our communities.

We encourage you to contact us for further information or assistance in your advocacy efforts. Please also share with us your experiences in using this guide and how it can be improved in the future.

We encourage you to especially share with us your successes in communicating the needs of your community to your elected officials and other policymakers.



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The Asian & Pacific Islander American Health Forum is a national health policy organization for Asian Americans, Native Hawaiians and Pacific Islanders. Our mission is to advocate for greater recognition, inclusion and engagement of Asian Americans, Native Hawaiians and Pacific Islanders on policies and programs that are critical to the health and well-being of our diverse and vibrant communities.

www.apiahf.org