



Southeast Asia Resource Action Center

2007 CALIFORNIA POLICY PRIORITIES

1. **Eliminate Barriers to Accessing Care:**

California is home to the largest community of Southeast Asian (SEA) Americans numbering almost 800,000. Most arrived in the United States as refugees fleeing war torn countries of Cambodia, Laos, and Vietnam after the end of the Vietnam War in 1975. Most adults from these communities arrived in the U.S. with low levels of formal education and very few marketable job skills. Because of these reasons, many were not able to work in the U.S. and therefore are unable to access Social Security retirement benefits and more likely to live at home, becoming socially and linguistically isolated. In California, approximately 40% of the Asian population is limited English proficient (LEP). Significant amounts of that statistic are Southeast Asian—62% are Vietnamese and 56% are Cambodian.

A. Certified Interpreters and Translators: California enacted the Bilingual Services Act in 1973. This act requires that State agencies, working directly with the public, employ a sufficient number of qualified personnel to reflect the needs of their immediate, non-English speaking community to ensure the accuracy of information being distributed verbally or by written communication. This act, however, does not provide for trained and certified interpreters or translators. It is estimated that only 44% of the 46 organizations serving Southeast Asians in California offer interpretation and translation services. Certified interpreters and translators are needed to avoid unnecessary procedures and improper diagnosis as a result of the inability of physicians to communicate with their patients and vice versa.

Recommendations:

- The State must require the certification of interpreters and translators to ensure that LEP individuals receive accurate and necessary health information.
- Increase state funding to train and certify medical interpreters and translators.
- Provide a legislative amendment to the Bilingual Services Act to hold hospitals, healthcare providers and health plans accountable to LEP communities by ensuring that trained interpreters and translators are accessible to their clients.

B. Protecting Health of LEP Communities: The State of California is often victim to an array of natural disasters among which include earthquakes, fires and floods. In addition to natural disasters, California is home to nuclear power plants and a number of oil refineries where accidents affecting the surrounding neighborhoods do occur. California is ill-prepared to meet the needs of LEP communities when disaster strikes therefore potentially exposing these communities to harmful toxins that could result in long term disabilities and illnesses like asthma or skin irritations.

Recommendations:

- Legislation must be created to mandate that a state-wide, multi-lingual emergency alert system be developed to ensure that all LEP communities are aware and properly notified of emergency situations affecting them.
- Legislation must ensure that multi-lingual emergency preparedness and recovery materials for LEP communities are available so that in the event of a natural disaster or accident, these communities will be appropriately prepared.

C. Restore Prescription Benefits of Medi-Cal Recipients: The implementation of Medicare Part D for prescription medications has incurred a number of difficulties for low-income older adults in California. The drug plans in California failed to provide multi-lingual services to LEP individuals. The ability to obtain linguistically appropriate information is particularly important for Southeast Asian elders who qualify for both Medicare and Medi-Cal (dual eligibles). Dual eligibles are Medicare beneficiaries who are most in need and who are also likely to be LEP than other Medicare beneficiaries. The higher co-payments of prescription drugs pose significant financial burdens to low income beneficiaries, most of which are on fixed income.

Recommendations:

- Legislation to require drug plans to hire and contract with trained interpreters with a demonstrated knowledge of medical and technical terminology. Legislative enforcement is needed to ensure quality training of customer service representatives to best serve LEP clients.
- State must ensure that written, translated materials in areas with significant LEP populations are available.
- State must restore funding for Medi-Cal to relieve the burdens of the cost of co-payments for prescription drugs.

2. Data Collection and Statistics

While Asian Pacific Americans (APA) are often misperceived as a homogeneous group, they actually represent diverse cultures, languages, and ethnic groups. The misperception results in a wide range of socio-economic, educational, and health disparities. Overall data may show that APAs are doing better than average on national socioeconomic indicators, but when data is separated out by ethnic group, it is clearly demonstrated that certain communities, especially among Pacific Islander and Southeast Asian ethnic groups, have some of the highest poverty rates in the state.

A. Expand Health Care Access through Data and Research: Accurate demographic data is critical for developing effective policies that respond to the needs of the community. Currently, there is insufficient information on the Southeast Asian American community and its needs as it relates to healthcare and education, making it impossible to meet the community's real needs. Moreover, the lack of accurate data on the particular needs of the many ethnic subgroups compounds the stereotypes that miss significant pockets of the great need in the Southeast Asian American community.

Recommendations:

- Legislation should require State funded agencies to expand the data collection of more ethnic APIA communities, including Southeast Asian

American communities. This will ensure that the needs of underrepresented and underserved communities are met.

- Appropriate State funding for research and data collections and involve community organizations in this process.

3. Mental Health Needs of Southeast Asian Americans

Southeast Asian refugees are highly vulnerable to mental health illnesses due to traumatic experiences and stress endured during war and oppressive government regimes in their homelands. For example, over 70% of Southeast Asians Americans who receive mental health care met the diagnostic criteria for Post Traumatic Stress Disorder (PTSD)

A. **Mental Health:** The Mental Health Services Act (MHSA) provides that mental health agencies' services should expand programs to include "linguistically and culturally competent approaches for underserved populations". MHSA also states that the designing of services should "reflect the cultural, ethnic and racial diversity of mental health consumers" through consultation with stakeholders. This law lacks critical language on how to raise awareness of mental health services through outreach to "underserved populations." The Southeast Asian community is one such overlooked and underserved population. It is essential to outreach to these communities because these are the communities that are highly vulnerable and also hold the highest amount of stigma against such services.

Recommendations:

- Legislation should provide for the allocation of additional funding to the training and education aspect of MHSA to increase bilingual and bicultural mental health professionals for underserved communities such as Southeast Asian American communities.