



Asian Patients Confront Multi Pandemics: Racism, Immigration, and COVID-19

Introduction

The COVID-19 crisis has disproportionately impacted Asian Americans and their families. Asian American communities were [more likely to test positive](#) for COVID-19 infection and they have among the highest rate of hospitalization and mortality among race/ethnic groups.¹ At the same time, the [“chilling effects” from public charge](#) and other anti-immigrant policies caused fear and confusion about seeking health care—[resulting in delayed or forgone care](#).^{2,3} This has been exacerbated by increased incidence of overt [racism and xenophobia](#) experienced by Asian Americans during the pandemic.⁴ Federal policymakers must:

- Ensure that adequate resources are available at the community level to support trusted messengers, like health centers, that are critical to overcome the pandemic, outreach to community members, and provide community-oriented solutions to rises in racism.
- Invest in a multilingual mental health workforce that can respond to the growing mental health needs of Asian American patients.
- Remove discriminatory anti-immigrant laws, such as the five-year bar, and provide eligibility for federal benefit programs such as Medicaid.
- Reimburse health care providers for the additional costs of providing language services and funding should prioritize supporting trusted community-based organizations with established relationships to develop additional materials and support outreach and services in their communities.

Background

Prior to the [Biden administration’s revocation](#) of the Trump-era public charge rule in March of 2021, many families were forced to choose between staying with their loved ones and addressing basic needs, including health care.⁵ The inclusion of the additional programs in the 2019 rule—specifically those that provide food, housing, and healthcare support—had immediate effects on access to services lawfully available to individuals or family members because of fear that obtaining the services might have on their immigration status. Patients at community health centers (CHCs) and other health and social services organizations were foregoing essential services, disenrolling from benefits for which they were eligible, or just not showing up to receive necessary health care - the “chilling effects” of the public charge rule. Fear and anxiety among many immigrant communities, as well as long-standing barriers to healthcare, were further exacerbated during the COVID-19 pandemic.

About Us

Mailing Address

PO Box 590730
San Francisco, CA
94159

Phone

(510) 272-9536

Fax

(510) 272-0817

AAPCHO Member Contributors

Asian Health Services

Alameda County, CA

HOPE Clinic

Houston, TX

International Community Health Services

King County, WA

North East Medical Services

San Francisco, CA

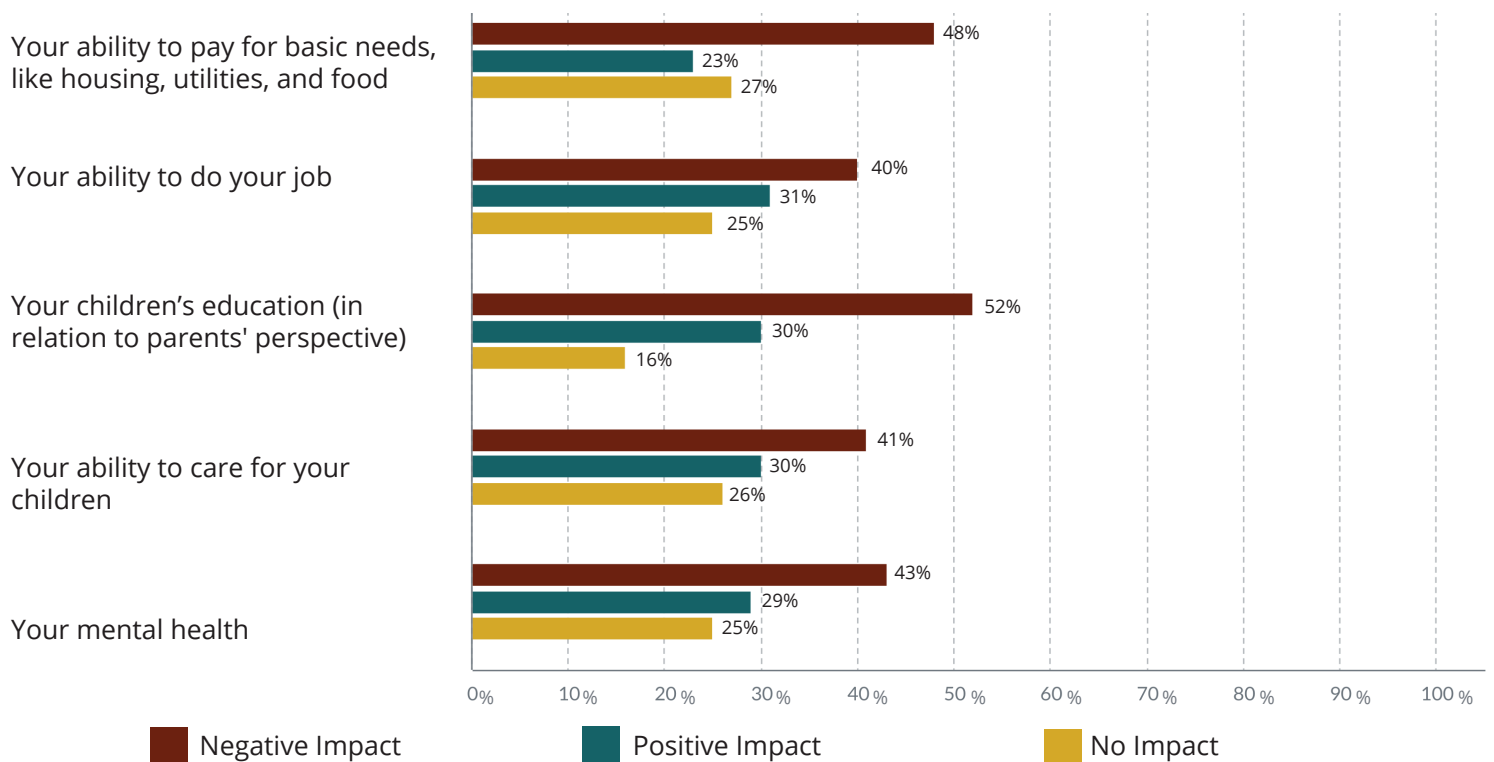
In particular, Asian immigrants, Asian Americans (AA), and their loved ones were disproportionately impacted by COVID-19 and public charge. Since the beginning of the pandemic, [more than 6,600 anti-Asian hate incidents](#) have been reported, representing only a fraction of total hate incidents inflicting Asian community members across the country.⁴ In 2020, there was a [150% increase in hate crimes](#) against Asian Americans, and continued anti-Asian rhetoric related to COVID-19 persists.⁶ While this report focuses on the experiences of Asian Americans, we note that COVID-19 has also disproportionately affected Native Hawaiian (NH) and Pacific Islander (PI) populations.

To better understand how Asian immigrants have been affected by the pandemic, shifting immigration policies like public charge, and the recent rise in anti-Asian sentiment and actions, the KFF (Kaiser Family Foundation), Association of Asian Pacific Community Health Organizations (AAPCHO), and four AAPCHO member community health centers—Asian Health Services in Oakland, CA; HOPE Clinic in Houston, TX; International Community Health Services in Seattle, WA; and North East Medical Services in San Francisco, CA—administered an [in-language survey](#) in early 2021 to over 1,000 patients and community members.⁷ AAPCHO prepared this policy brief drawing on the survey results; complete survey findings are available from KFF.

Impact of Public Charge and COVID-19

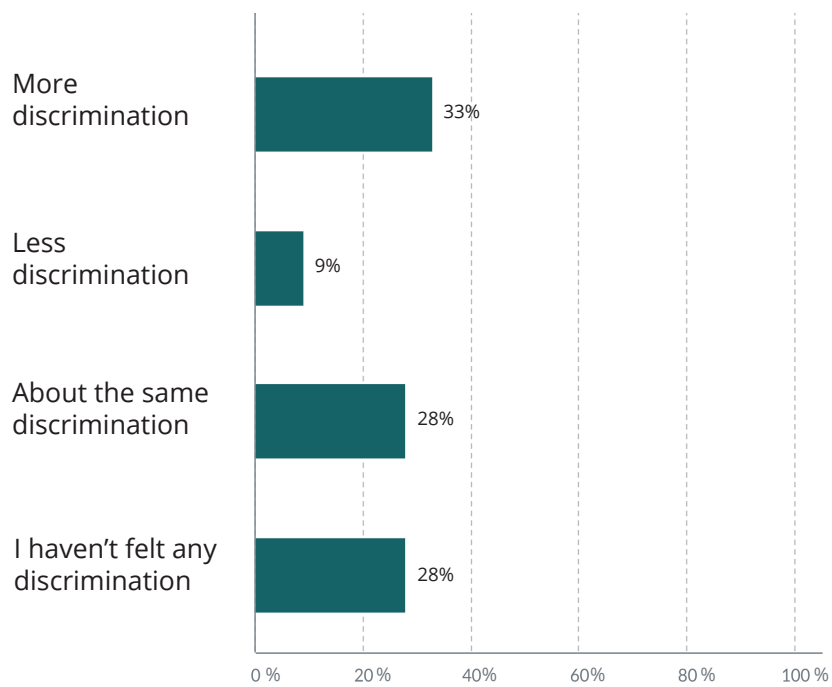
Asian Americans and Asian immigrants face multi pandemics from COVID-19. These communities are not only more likely to test positive for COVID-19 infection and have among the highest rate of hospitalization and death among race/ethnic groups, but they are also increasingly victims of hate and xenophobia, and disproportionately impacted by anti-immigrant policies such as the Trump-era public charge rule and statutory restrictions that prohibit many non-citizens from accessing public health programs.

Figure 1. What type of impact has the coronavirus pandemic had on each of the following?



Asian American patients report experiencing overt racism and xenophobia on top of experiencing the fear of the pandemic and high rates of infection. According to the KFF survey, 33% of health center patients reported that they have experienced more discrimination since the COVID-19 pandemic began. AAPCHO member community health centers have also reported patients who fear seeking help and other resources; fear being in the community; and who have experienced emotional trauma as a result of harassment of Asian American communities during the COVID-19 pandemic. Anti-Asian hate and violence can cause collective psychological harm in a community such as loss of sense of safety, collective grieving, and strong public fear in addition to the personal harm endured. Patients at CHCs are reporting that they are afraid to leave their homes and prevent their children and/or elderly parents from leaving their homes, sometimes causing intergenerational trauma.

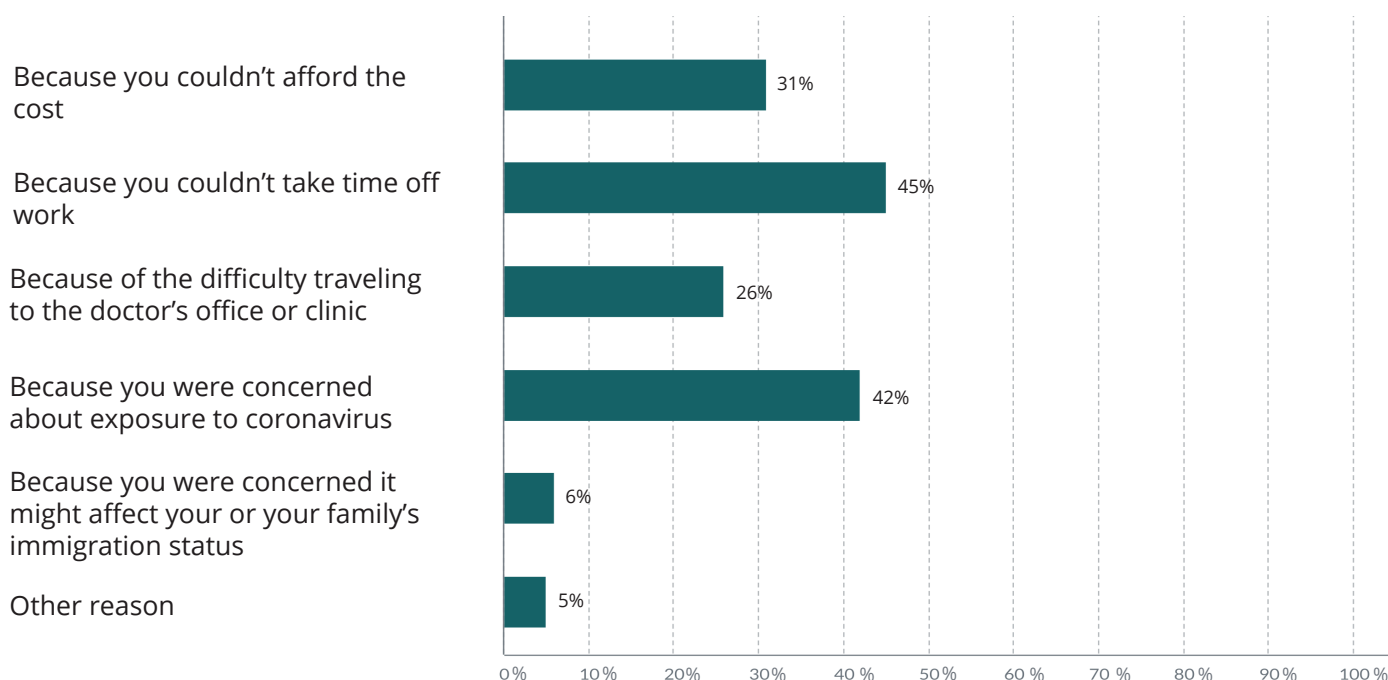
Figure 2. Have you personally felt more discrimination or less discrimination based on your racial or ethnic background since the coronavirus pandemic began in the U.S., or has the discrimination been about the same?



Asian Americans face additional barriers in accessing the health care system. Federal law prohibits many immigrants from accessing health and other public benefits programs, such as Medicaid, for the first five years of residing in the U.S. Nearly half of all Asian Americans are foreign-born with 58 percent of these individuals having yet to naturalize, making them largely ineligible for these programs. Findings from the KFF survey indicated that 54% of Asian American patients reported that they do not have enough information on recent changes to U.S. immigration policy, such as public charge, to understand how they and their families might be impacted. Moreover, a quarter (25%) of surveyed Asian health center patients say they did not apply for or stopped participating in a government program to help pay for health care, food, or housing during the past year, because they were afraid it might affect them or a family member's immigration status.

Throughout the pandemic, Asian American patients have struggled to receive information on COVID-19 or obtain treatment at a health care setting in a language they could understand. The Asian American community is incredibly diverse with more than 22 million people who trace their heritages to over fifty ethnic groups speaking more than 100 different languages. Nearly half of Asian Americans are foreign born and 34% are limited English proficient. Nearly half (44%) of households that speak an Asian or Pacific Islander language at home speak English less than very well.⁸ Language barriers are among the critical challenge cited among Asian Americans to accessing health care and receiving information.⁹ Community health centers are important trusted messengers that play a critical role in communicating accurate information in a linguistically and culturally appropriate way. Language barriers affect how limited English proficient patients can access important health care and social/enabling services, in particular COVID-19 testing and vaccinations, as well as the quality of care or services (i.e., interpretation during the visit).

Figure 3. Were any of the following a reason that you put off or did NOT get health care?



Health centers have worked to help patients overcome anti-immigrant laws, but the past four years not only included anti-immigrant laws, but also the use of the health care system, government institutions and programs, and community-based services to identify and target immigrants and families. Health centers have been critical in supporting individuals who are experiencing prejudice and racism in their communities. The culturally and linguistically appropriate services that community health centers provide are vital to combating COVID-19 and promoting confidence in vaccines.

Recommendations

1. The chilling effects from public charge and other anti-immigrant policies from the past four years continue to resonate among Asian Americans, causing confusion to and distrust in seeking health care that has been exacerbated by COVID-19 and the rise in anti-Asian racism. **While the Biden administration has rescinded the public charge rule, it must ensure that adequate resources are available at the community level to support trusted messengers - like health centers - that are critical to overcome the pandemic, outreach to community members, and provide community-oriented solutions to rises in racism.**
2. The compounded impacts of COVID-19, economic downturn, and anti-Asian hate has mental health impacts on many health center patients. **There should be immediate deep investments in a multilingual mental health workforce that can respond to the significantly growing mental health needs of Asian American patients.**
3. Language barriers are significant obstacles for patients to obtain the care they need. Patients should be able to receive care in a language they can understand at all points of the patient experience through multilingual staff, qualified interpreters, and translated materials and signage. Translated materials alone are not meaningful access. **Health organizations should be reimbursed for the additional costs of providing language services and funding should prioritize supporting trusted community-based organizations with established relationships to develop additional materials and support outreach and services in their communities.**

4. **Congress should remove discriminatory anti-immigrant laws, such as the five-year bar, and provide eligibility for federal benefit programs such as Medicaid.** Health care access for persons residing in the country is essential for mitigating the impacts/spread of preventable infectious diseases like COVID-19. Statutory barriers prevent residents from accessing health care and other services even when eligible and further impacts health outcomes and the prevention of infectious diseases like COVID-19.

If you have any questions related to this issue brief, please contact us at policy@aapcho.org and research@aapcho.org.

Endnotes

1. Lily Rubin-Miller, Christopher Alban, Samantha Artiga, and Sean Sullivan, "COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data," KFF (Kaiser Family Foundation), September 2021
2. Nghi Huynh, "Public Charge: An Injustice and Its Chilling Effects on AAPI and Low-Income Communities," Asian American Policy Review, October 2020
3. Agnes Constante, "Why the Asian American Covid data picture is so incomplete," NBC Asian America, October 2020
4. Russell Jeung PhD, Aggie J. Yellow Horse, PhD, and Charlene Cayanan, "Stop AAPI Hate National Report 3/19/20 - 3/31/21" Stop AAPI Hate, May 2021
5. Homeland Security Department "Inadmissibility on Public Charge Grounds; Implementation of Vacatur," Federal Register, March 2021
6. National Council of Asian Pacific Americans, "Asian American Day of Action," March 2021
7. Samantha Artiga, Latoya Hill, Bradley Corallo, and Jennifer Tolbert, "Asian Immigrant Experiences with Racism, Immigration-Related Fears, and the COVID-19 Pandemic," KFF (Kaiser Family Foundation), June 2021
8. 2019 American Community Survey 1-Year Estimates Data Profiles, U.S. Census Bureau, <https://bit.ly/3iOLVWf>
9. Matthew K. Chin, Lan N. Đòàn, Stella K. Chong, Jennifer A. Wong, Simona C. Kwon, and Stella S. Yi, "Asian American Subgroups And The COVID-19 Experience: What We Know And Still Don't Know", <https://www.healthaffairs.org/doi/10.1377/hblog20210519.651079/full/>

Acknowledgements

AAPCHO Members: Asian Health Services staff, HOPE Clinic staff, International Community Health Services staff, North East Medical Services staff

AAPCHO Staff: Adam Carbullido, *Director of Policy and Advocacy*; Jeffrey Caballero, MPH, *Executive Director*; Jen Lee, MPH, *Deputy Director*; Joe Lee, MSHA, *Director of Strategic Initiatives and Partnerships*; John Nguyen-Yap, *Associate Director of Health Equity*; Kristine Cecile Alarcon, MPH, *Associate Manager, Communications and Engagement*; Vivian Li, MS, *Research Project Manager and Analyst*; Rosy Chang Weir, PhD, *Director of Research*

Disclaimer: This publication was supported by the RCHN Community Health Foundation. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement of, the KFF and RCHN Community Health Foundation.