



**Policy Update
December 2024**

Centers for Medicare & Medicaid Services: Partner Tools & Toolkits for Outreach about Marketplace Insurance

<https://www.cms.gov/marketplace/in-person-assisters/outreach-education/partner-tools-toolkits>

The Centers for Medicare & Medicaid Services has developed multilingual toolkits to support outreach, education, and enrollment in marketplace health insurance. The tools are available in English, Chinese, Korean, Tagalog, and Vietnamese. Open enrollment ends January 15, 2025.



U.S. Census Bureau: Health Insurance Coverage in the United States, 2023

<https://www2.census.gov/library/publications/2024/demo/p60-284.pdf>

According to data from the Current Population Survey, the percentage of Asian American adults aged 19 to 64 without health insurance fell from 7.4 percent in 2022 to 6.8 percent in 2023 while the overall the rate of uninsurance among all Americans remained unchanged (10.8 percent in 2022, 10.9 percent in 2023). Among insured Asian Americans, 71.4 percent had private coverage and 29.2 percent had publicly funded health insurance (such as Medicaid, Medicare, and Veterans Administration). Unfortunately, data were not reported separately for Native Hawaiians and Pacific Islanders.

White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders and AAPI Data: Asian American, Native Hawaiian, and Pacific Islander Communities: 2024 National Overview

https://www.hhs.gov/sites/default/files/whiaanhpi-aapi-data-national-factsheet.pdf?mc_cid=41ce1e6e09&mc_eid=1edee77f5c

In 2022, there were 24.2 million Asian Americans (7.2 percent of the total U.S. population) and 1.6 million Native Hawaiians and Pacific Islanders (0.5 percent of the total U.S.

population. According to American Community Survey 2022 Five-Year data, 11.4 percent of Native Hawaiians and Pacific Islanders did not have health insurance, compared to 6.1 percent of Asian Americans, and 9 percent of all Americans. The highest rates of uninsurance among Asian Americans and Native Hawaiians and Pacific Islanders were among Mongolians (24.6 percent), Marshallese (23.3 percent), Tongans (13.6), Burmese (11.1 percent), and Nepalese (10.8 percent). These data are slightly different than the data reported from the Current Population Survey.

2. LARGEST ETHNIC GROUPS

ASIAN AMERICAN		NATIVE HAWAIIAN & PACIFIC ISLANDER	
Chinese	5,205,461	Native Hawaiian	680,442
Asian Indian	4,768,846	Samoa	256,997
Filipino	4,436,992	Chamorro	143,947
Vietnamese	2,293,392	Tongan	78,871
Korean	1,989,519	Fijian	54,006
Japanese	1,586,652	Marshallese	52,624
Pakistani	687,942	Other Micronesian	45,364
Cambodian	364,006	Guamanian	24,279
Hmong	335,919	Chuukese	12,464
Taiwanese	333,289	Palauan	12,202

Data Source: AAPI Data's analysis of U.S. Census Bureau. (2023). 2020 Decennial Census, DEC Detailed Demographic and Housing Characteristics File A. Includes detailed group alone and detailed group in combination with other groups.

JAMA Network Open: Asian American Diversity and Representation in the Health Care Workforce

Ko M, Dinh K, Iv S, Hahn M. Asian American diversity and representation in the health care workforce, 2007 to 2022. JAMA Netw Open. 2024;7(10):e2440071

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2824975>

This cross-sectional study of data from the American Community Survey from 2007-2022 examined the representation of Asian American subgroups in several U.S. health professions. Indian, Pakistani, and Chinese Americans predominated among physicians; Filipinx Americans were more than half of all Asian Americans among registered nurses and nursing assistants; and Bangladeshi and Chinese Americans had the highest representation among home health aides. Hmong and Cambodian American remained significantly under-represented across all these health professions. These findings underscore the importance of disaggregated data in highlighting underlying disparities in Asian American health workforce diversity.

JAMA Network Open: Asian American Representation in Medicine by Care Stage and Residency Specialty

Santos PMG, Oronce CIA, Shah K, et al. Asian American representation in medicine by career stage and residency specialty. JAMA Netw Open. 2024;7(11):e2444478.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826364>

While Asian Americans are well-represented in medicine overall, aggregation in workforce analyses often conceal disparities in representation across subgroups. This cross-sectional study analyzed Association of American Medical Colleges (AAMC) data on medical school applicants, matriculants, graduates, residents, and faculty enrolled or employed at US allopathic schools from 2013 to 2021 who

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identified as Asian American. Laotian, Cambodian, and Filipino Americans were consistently underrepresented across the physician workforce pathway, from being a medical school applicant to being a faculty member. Indonesian and Vietnamese Americans also are underrepresented among medical school faculty. Efforts to promote diversity in medicine should use disaggregated data and account for these disparities.

JAMA Network Open: Disaggregating Asian American Data to Enhance Medical Education and Patient Care

Nguyen M, Boatright D, Fancher TL. Disaggregating Asian American data to enhance medical education and patient care. *JAMA Netw Open*. 2024;7(11):e2444485.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826367>

A nuanced understanding of Asian American subgroups is essential for providing both culturally humble care and a physician workforce that represents the diversity of the U.S. population. Medical professionals must be prepared to address a wide range of cultural practices, health beliefs, languages, literacy, and needs among diverse Asian Americans. Southeast Asian communities (such as Vietnamese, Cambodian, Laotian, and Hmong) experience lower educational attainment due to varying immigration experiences and limited access to resources. Nearly 70% of Asian American medical students report microaggressions, and Asian American residents receive lower competency milestone ratings compared to their White peers. To promote equitable pathways in medicine for Asian Americans, medical education and organizations must reconsider their equity and anti-racism efforts to fully include the experiences of Asians in America.

JAMA Network Open: Race, Gender, and Faculty Retention in Academic Medicine.

Scheuermann TS, Clark L, Sultana N, et al. Race, gender, and faculty retention in academic medicine. *JAMA Netw Open*. 2024;7(11):e2445143

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826168>

This cohort study analyzed Association of American Medical Colleges data from 155 medical schools from 1978 to 2021 to examine differences in faculty retention by gender and race. About 40% of full-time faculty members were women, and gender disparities in medical school faculty retention have decreased over the past decade. About 19% of faculty members were Asian American and 0.3% were Alaska Native, American Indian, Native Hawaiian, and Pacific Islander. Faculty who were underrepresented in medicine left academic positions a median of 1 to 4 years earlier than their White counterparts. These findings underscore the need for academic medicine to develop targeted strategies to retain a diverse workforce, fostering equity, and supporting the career advancement of all faculty members.

JAMA Network Open: Representation of Native Hawaiian and Pacific Islander Individuals in Clinical Trials

Taira DA, Ranken MS, Seto BK, et al. Representation of Native Hawaiian and Pacific Islander individuals in clinical trials. *JAMA Netw Open*. 2024;7(10):e2442204

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2825439>

Diverse participation in clinical trials is essential to ensure that new pharmaceutical products are safe and effective across all demographic groups. This cross-sectional study of participants in clinical trials for the ten best-selling drug products that were approved by Food and Drug Administration from 2006 to 2021 revealed that Native Hawaiian and Pacific Islander participation was either unknown (for 6 of the products) or significantly lower than their proportion of the U.S. population. This underrepresentation is particularly concerning given the higher risk among Native Hawaiian and Pacific Islander individuals for type 2 diabetes, cancer, and other diseases that would benefit from these drug products. It is crucial to prioritize enrolling these populations in clinical trials by establishing study sites and conducting post-market studies in Hawai'i and other key geographic regions.

National Academy of Medicine: Dr. Joseph Keawe'aimoku Kaholokula Elected to National Academy of Medicine

<https://jabsom.hawaii.edu/news-events/news/2024/10/kaholokula-elected-to-nam-2024.html>

Dr. Joseph Keawe'aimoku Kaholokula, Professor and Department Chair of Native Hawaiian Health at the John A. Burns School of Medicine, University of Hawai'i, has been elected to the National Academy of Medicine (NAM). Dr. Kaholokula is believed to be the first Native Hawaiian elected to the NAM, who recognized his "pioneering evidence-based interventions using Indigenous cultural values and practices to improve cardiovascular, diabetes, and obesity disparities for thousands of Native Hawaiians and Pacific Islanders (NH/PI). He spans science and practice, provides direction to health care systems serving NH/PI, advocates for NH/PI, and develops NH/PI scientists."

Pew Research Center: The Hardships and Dreams of Asian Americans Living in Poverty

<https://www.pewresearch.org/race-and-ethnicity/2024/03/27/the-hardships-and-dreams-of-asian-americans-living-in-poverty/>

The "model minority" myth perpetuates the misconception that Asian Americans are economically successful, and there is little known about Asian Americans who are poor. 79% of Asian Americans living at or below poverty reported that they had one or more financial challenges, such as receiving food from a food bank or a charitable organization, losing their health insurance, having problems paying for their rent or mortgage, having trouble paying for medical care for themselves or their family, having trouble paying their bills, or being unable to save money for emergencies; 28% had trouble paying for medical care and 10% had lost health insurance. The findings are based on a survey of 561 Asian Americans from a nationally representative panel from July 2022 to January 2023, and 18 focus groups with 144 participants from 11 Asian national origin groups in different regions across the U.S. conducted in February 2023.

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