

Testimony of Laurie Julian
Before the General Administration & Elections Committee

H.B. 5321 An Act Creating an Asian Pacific American Affairs Commission
February 20, 2008

Senator Gayle Slossberg, Representative Christopher Caruso, and members of the Committee, my name is Laurie Julian, Legislative Chair of the Asian Pacific American Affairs Coalition of Connecticut. The Asian Pacific American Coalition is a non-partisan group of concerned citizens who are leaders in their respective Asian communities, volunteering their time and resources to advocate on behalf of Connecticut's Asian Pacific Americans.

We ask for your support to pass H.B. 5321 so that the Commission can begin operating and address the essential needs of one of the fastest growing populations in Connecticut. As the attached chart indicates the Asian population is projected to grow by 113 percent between 2000 and 2025, the Hispanic population by more than 99 percent, the black population by more than 50 percent, and the white population by only 2.5 percent.

As you will see this afternoon, Asian Americans are exceedingly diverse, coming from nearly fifty countries and ethnic groups, each with distinct cultures, traditions, and histories, and they speak over 100 languages and dialects. The diversity within this category is seen not only in nationalities and languages but also in disparate poverty rates, educational attainment and other socioeconomic characteristics. In particular, language and cultural barriers significantly impact health care access. The cultural fear of Western medicine institutions and procedures results in the avoidance of prevention and screening services. So many fall between the cracks of our health care system and diseases go undetected - without treatment or care.

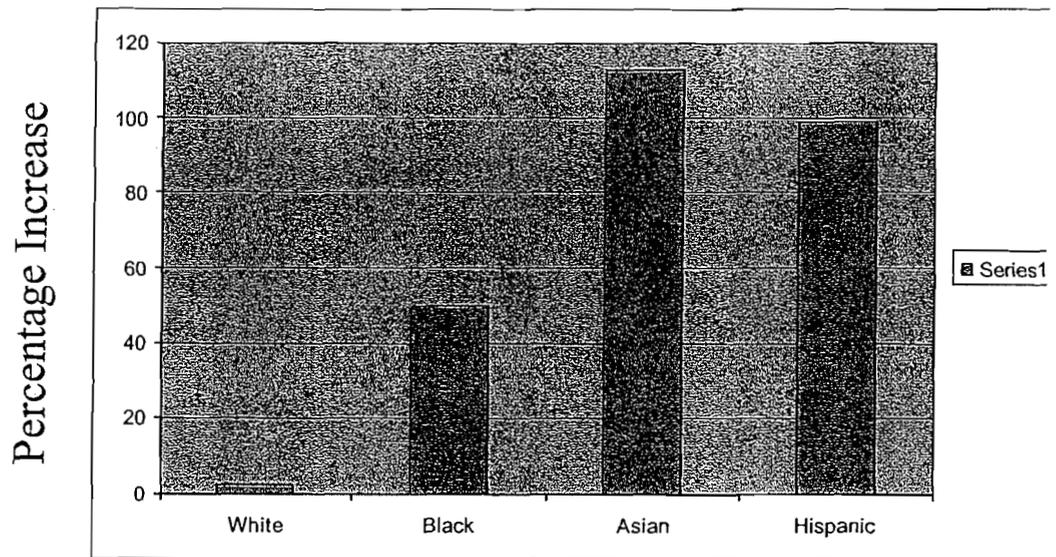
In terms of potential health concerns, Vietnamese American women have the highest rate of cervical cancer, and the Asian American group as a whole has an elevated cervical cancer incidence rate. Tuberculosis rates are highest among Asian Americans. In some Asian American populations, cancer replaces heart disease as the leading cause of death. This pattern is not seen in other racial and ethnic groups. There are also disparities in various cancer sites that can be measured at the national level by country of origin. (See figure below).

Establishing a Commission is a critical part of the solution to addressing mental health and health care disparities among this population, as well as barriers to English language instruction, housing, access to courts and civil rights. The Commission will also create partnerships with private and public organizations in the economic development area. It will provide a central location to serve as a resource for the public to obtain information and access to agencies and services. It will conduct education outreach to increase prevention strategies in health care. On the state level, data of Asian American and Pacific Islanders has not been collected and therefore knowledge of needs have been limited. The Commission will serve as a liaison to the Asian community and advise the Governor, the Legislature, state

agencies on issues relating the health, social, educational economic development, civil rights and myriad of concerns of interest to the Asian community.

In closing, I thank the Committee for your time and consideration in supporting H.B. 5321 to address the needs of the growing Asian population. I appreciate the opportunity to provide this testimony. If you have any questions feel free to contact me at (860) 286-0144.

PROJECTED PERCENTAGE INCREASE IN CONNECTICUT POPULATION GROUPS



Connecticut's Asian population will grow by more than 113 percent between 2000 and 2025, the Hispanic population by more than 99 percent, the black population by more than 50 percent, and the white population by only 2.5 percent.

Source: U.S. Census Bureau. Projected State Populations, by Sex, Race and Hispanic Origin: 1995-2025.

Figure 68. National Cancer Statistics for Asian American Men and Women

- Cancer has been the leading cause of death for female Asian Americans since 1980. In fact, Asian American females are the first U.S. population to experience cancer as the leading cause of death.
- Cervical cancer is a significant health problem in Korean American women.
- Cervical cancer is the number one incident cancer in Vietnamese women, whereas breast cancer is the number one incident cancer for all other racial and ethnic groups.
- Only 48 percent of Filipino and 41 percent of Korean women receive Pap smear tests within the recommended time.
- Southeast Asian women have higher invasive cervical cancer incidence rates and lower Pap testing frequencies than most other ethnic groups in the United States.
- Young Asian women have lower participation in Pap tests and breast self-exams.
- Breast cancer incidence in Japanese American women is approaching that of U.S. Whites.
- Some studies indicate that approximately 79 percent of Asian-born Asian American women with breast cancer have greater proportion of tumors larger than 1 cm at diagnosis.
- Liver cancer, usually caused by exposure to the hepatitis B virus, disproportionately affects Asian Americans. This is the reason why the third leading cancer among Asian Americans is liver cancer.
- Approximately one-half of women who gave birth to hepatitis B-carrier infants in the United States were foreign-born Asian women.
- Vietnamese men have the highest rates of liver cancer for all racial/ethnic groups.
- The incidence of liver cancer in Chinese, Filipino, Japanese, Korean, and Vietnamese populations are 1.7 to 11.3 times higher than rates among White Americans.
- Korean men experience the highest rate of stomach cancer of all racial/ethnic groups and a five-fold increased rate of stomach cancer over White American men.
- Lung cancer rates among Southeast Asians are 18 percent higher than among White Americans.
- Filipinos have the second poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (second to American Indians).
- Twenty-five percent of Filipino and 38 percent of Korean women receive adequate and timely colorectal cancer screening.

Source: Rev. Paul Lin, BTh, MD, Relationship Manager, Rocky Mountain Division, American Cancer Society