



House Health Finance and Policy Committee

Monday, March 22, 2021 at 1:00 pm - 2:00 pm on [Zoom](#)
KaYing Yang, Director of Programs & Partnerships (kaying@caalmn.org)

Hello Madam Chair and Members of the Committee:

My name is KaYing Yang. I am the Director of Programs and Partnerships at the Coalition of Asian American Leaders (CAAL). CAAL is a network of over 4,000 Asian Minnesotans working on community priorities to ensure equity is achieved for Asian Americans.

I'm testifying in support of HF 2113. The Asian Minnesotan population is over 270,000 consisting of 40 different ethnic groups, speaking more than 100 languages, each experiencing COVID-19 in a unique and negative way. When the Asian American community is regarded as a singular community, this results in inaccurate assumptions, less targeted responses, and difficulty in estimating the impact of COVID-19.

Like other ethnic minorities we are facing barriers in accessing health, education, and economic resources. We have an additional negative experience being singled out as "Chinese" and the cause of the current Covid-19 crisis - a very dangerous form of racism and xenophobia.

CAAL supports HF 2113 because we have witnessed how those who do not speak English well often have to wait weeks longer than English speakers to access COVID testing due to the lack of translation and interpretation services. While we encourage continued investments in translation and interpretation, we also urge you to consider communities' long-term needs for bilingual and bicultural staff.

CAAL also wants to work with the Director of Equity to **improve statewide collection of disaggregated data** as we hear over and over that precise data about our communities does not exist or is of poor quality.

As a whole, Asian Americans in Minnesota only make up 5% of the population, yet they represent 6% of all COVID hospitalizations and 8% of COVID ICU cases (MDH Surveillance site). In Ramsey County, where the largest Hmong community resides, Asian Americans represented 18% of COVID cases and 16% of the deaths, the highest percentage for any population of color. And despite being 5% of Minnesota's population, only 3% of Asian Minnesotans have been vaccinated.

Unfortunately, when data is only reported at the aggregate level, we only receive generalized data that falls under the "Asian" category. Current data collection practices obscures the great

disparities within these populations and prevents health officials and policy makers from making sound, data-driven decisions to allocate resources to meet the unique needs of each distinct community.

Equity cannot be realized if the policies in HF 2113 are not implemented, and until significant changes are made, our communities will continue to be invisible to policymakers.

Thank you for the opportunity to testify in support of this important bill.

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