



Ohio Asian American Health Coalition

Round 2 – Continuing the
Conversations

Report to the Community 2016



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The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity.

Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at <http://minorityhealth.hhs.gov/npa/>.

Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The Ohio American Health Coalition Health Disparity Reduction Plan in this document is a result of this process.





Ohio Asian American Health Coalition



The Ohio Asian American Health Coalition (OAAHC) had its beginning in 2002 when a small group of individuals came together to plan a statewide Ohio Asian American Health Conference.

At the second Asian American Health conference held in 2005, the group began to develop an agenda and organization structure for what would become a state - wide coalition. The Ohio Asian American Health Coalition (OAAHC) established a mission of eliminating social inequities that contribute to disparities in the quality of life of Ohio's Asian American and Pacific Islanders through community research, education, and advocacy. The OAAHC is now a 501(c)(3) organization that has led a number of statewide initiatives, a CDC funded HepB screening project for Immigrant Foreign-born Asian and African populations in Central Ohio, and a multi-state Affordable Care Act to serve Ohio population.

Other projects include:

- The Health Through Action (HTA) project funded by the Kellogg Foundation carries out public forums, educational workshops, strategic planning meetings, health needs assessments, and hepatitis B screenings.
- A Center for the Elimination of Disparities (CEED) grant from the New York School of Medicine to support the development of a publication that provides information about the hepatitis B virus and a list of prevention and treatment resources for this disease.
- Sponsored the first Asian Legislative Day in 2010 that brought hundreds of participants to the Ohio Statehouse to learn about the legislative process and to meet Ohio representatives and senators.
- Sponsored four Asian American Health Conferences in different large cities in the state.
- Served as the lead agency for the Local Conversations on Asian American health.

Update to the Local Conversations:

History of OAAHC since the first Local Conversation is very positive. The Organization has grown since 2011, recognized at all levels of city, state and national level.

Governor Strickland started the process of creating an Advisory Council for Asian Americans. Under Governor John Kasich's administration an executive order was issued to establish the Ohio Asian American and Pacific Islander's Advisory Council in 2011.

The Ohio Governor's Asian American Pacific Islander (AAPI) Advisory Council was appointed by Governor Ted Strickland on March 17, 2010, to serve as an advisory body. The Council met periodically as a group and also within their respective committees between April and December of 2010. Each member of the Council served on at least one of the following four committees: (1) Economic and Workforce Development (2) Health Issues and the Health Care System (3) Art, Culture, and Education and (4) Immigration and the Criminal Justice system. Each member contributed in preparing this report in hopes that it will contribute toward making Ohio's government more responsive to the needs of all of its diverse citizens.

Ohio's Asian American Pacific Islander (AAPI) population is approximately 228,000. Having increased by 40% between 2000 and 2009, it is one of Ohio's fastest-growing demographic groups. The majority of AAPI's live in metropolitan areas including Columbus (32%), Cleveland -Akron (29%), Cincinnati (11%), and Dayton-Springfield (9%). Asian Indians comprise Ohio's largest Asian ethnic subgroup (29%), followed by Chinese (23%), Filipino (9%), Korean (9%), Vietnamese (8%), and Japanese (5%). Another 15% of Ohio's AAPIs include ethnicities associated with other South Asian, Southeast Asian, and Eastern Asian countries or regions. While the overall poverty rate of AAPIs in Ohio is slightly lower than the state's average, the rates vary widely according to ethnic subgroup. Similarly, English fluency also varies widely across ethnic groups. Therefore, generalizations about the social and economic well-being of Ohio's AAPIs may be misleading, especially among recent immigrants from Southeast Asian and among Native Hawaiians and Pacific Islanders.

Ohio Asian American and Pacific Islanders Advisory Council has published the first comprehensive report that was shared with Governor of the State of Ohio and submitted to Ms. Kiran Ahuja at the Department of Education to share it with President Obama's administration.

Ohio Asian American Health coalition in partnership with Midwest hosted a White House Conference at the Ohio State University in Meiling Hall. There were 450 people in attendance, and it was live streamed nationally.

Economic and Workforce Development

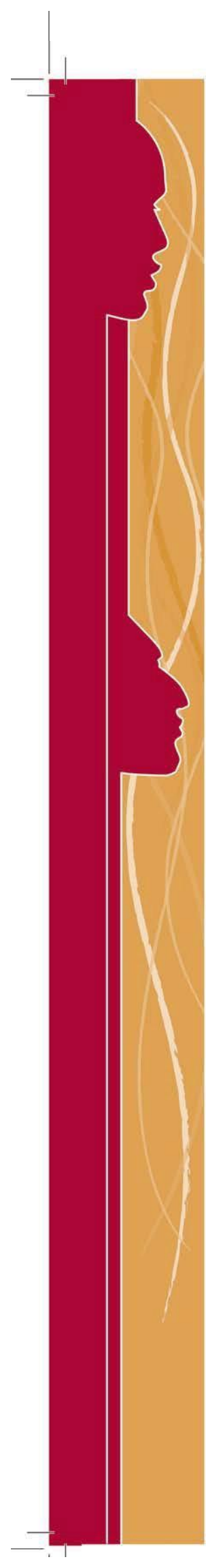
The majority (57%) of Ohio's AAPIs in the workforce hold a management, professional, or related occupation, and Asian-owned nonfarm businesses comprise 22% of all minority-owned businesses (and 2.1%) of all nonfarm businesses. While Ohio's Asian-owned businesses earn less (59%) than those with White ownership, they are more likely to have paid employees. For example, over one-third (34%) of Asian-owned firms have paid employees (compared to one-fifth (20%), of White-owned firms). Almost one-half of Asian-owned businesses are associated with health care or social assistance (17%), accommodation or food services (16%), or professional, scientific, and technical services (15%). Entrepreneurship among Ohio's AAPIs has been high, and Ohio's Asian -owned businesses are providing a multitude of community services. However, there appears to have been a general reluctance to participate in public programs, including those designed to enhance minority businesses. In general, we believe that the effectiveness of economic assistance programs for AAPI communities depends upon (1) active marketing in languages understood by members of those communities, and (2) collaboration with leaders of those communities. More specifically, assistance programs created to enhance Asian-owned businesses must include (1) a variety of services that address varied needs from financial literacy and information concerning start-up procedures to programs for older, more established firms, (2) more active outreach to create familiarity and promote trust, and (3) comprehensive evaluation to determine their effectiveness, especially among recent immigrant populations.

Health Issues and the Health Care System

While the health status and access to health care services among Ohio's AAPIs can appear satisfactory, such assessments must be mitigated by unique challenges. These include limited English proficiency, absence of a regular source of care, different risks factors, and disparities in the prevalence of illnesses such as certain types of cancer and infectious diseases.

Cancer is the leading cause of death among AAPIs. The incidence of liver, stomach and, among women, breast and cervical cancers, are higher than in the general population. While many of these cancer deaths can be prevented through early diagnosis and treatment, members of AAPI populations are diagnosed at later stages of disease progression than are those in the general population. Further, while hepatitis B infections and subsequent hepatitis B-induced liver cancer can be prevented through screenings and





vaccinations, such procedures are seriously underutilized. Therefore, our recommendations include an increased focus upon health screenings of Ohio's AAPIs.

We also note that wide disparities in the prevalence rates of particular diseases within Ohio's AAPI Populations can be masked when reference is made to aggregated health data. For example, higher incidences of tuberculosis, cardiovascular disease, diabetes and cancer induced by hepatitis B viral infection, depression, and domestic violence have been associated with particular countries of origin, generation, age, and/or gender. Therefore, we call for more systematic collection of disaggregated data on health that is specific to Asian subgroups. The accumulation of such data will permit identification of the social determinants of certain diseases within AAPI populations, development of culturally appropriate strategies for screenings and treatment of such diseases, and greater community involvement and commitment to better health.

Art, Culture, and Education

Ohio's AAPIs represent many diverse ethnic, cultural, and linguistic backgrounds. Each community has a unique set of customs, traditions, and art forms, including music, dance, visual arts, and food, thereby adding to Ohio's rich cultural life. On a grassroots level, Ohio's AAPI communities have established festivals to showcase Asian culture and arts. One of the most prominent is the annual Asian Festival held in Columbus, Ohio. AAPI organizations in Dayton, Cincinnati, and Cleveland have organized similar Asian Festivals with great success. In order to sustain the valuable educational and cultural contributions provided by these events, we urge increased support for these, and other, cultural activities provided at no charge to the public.

Ohio currently serves approximately 29,000 Limited English Proficiency students from grades K -12. In over one-half of Ohio's AAPI households (53%), a language other than English is spoken at home.

Among these households, about one-fourth (26%) are "linguistically isolated," (having no one over 13 years of age who speaks English "very well"). Immigrant parents in such households may rely on their children to translate important documents, including those from school or from health care providers.

Consequently, tension may occur as traditional roles of parents and children are compromised. We believe that including more AAPI community leaders in policy-making, planning, and decision-making bodies of Ohio's educational and cultural institutions can result in more beneficial multi-cultural and multi-faith educational opportunities for all Ohioans.

The Asian community in Columbus, Ohio celebrates the largest Asian Festival that consists of 15 different ethnicities. This festival is known for its uniqueness throughout the country. In the past ten years, other communities across Ohio have participated in similar events--Asian Festival in Cleveland, Taste of Asia in Cincinnati, Asian Festival in Dayton, and Dragon Boat event in Columbus and Toledo. It is a great achievement to bring Asian groups with genuinely diverse traditions, practices, and rich cultural values together. Through these traditional fun festivals we are sharing and better understanding each other.

Required Elements

The OAAHC conducted community forums comprised of community members of Bangladeshi, Bhutanese/Nepali, Burmese, Cambodian, and Lao nationality. These communities are more recent immigrant communities and there needs to be additional information collected. This process was performed only in Columbus. We gathered similar information from OAAHC member organizations. Our member organizations provided input, and some of the information also came from member organizations' websites. All community sessions were free, open to the public, held in public locations, and located in handicap accessible facilities.

OAAHC member organizations provide grass root services to community members. Each member organization has a unique structure and set of responsibilities to meet the needs of community members. Some member organizations are further ahead in progress in comparison to others. Thus needs are very different depending on whom we are having conversation with.

Activities during the Local Conversations FY 2016 included planning, advertising, hosting, and following up. Planning meetings conducted by OMHCPH staff included preparing and reviewing the Local Conversations 2011 report, working with CPH Communications and Public Affairs to develop marketing materials, working with REEP (Research and Evaluation Enhancement Program) evaluator to design an evaluation tool, working with CPH's Office of Epidemiology and Surveillance to develop an electronic assessment tool via SurveyMonkey, and identifying locations throughout Columbus, Ohio to host the Local Conversations 2016. Local Conversations 2016 occurred in the form of community forums. Meeting minutes, sign in sheets, and evaluations were used as documentation, and provided to The OCMH in the quarterly and year end reports.

Community forums were open to community members, Local Conversation 2008 participants, community-based organizations, and new community partners as determined by OAAHC. The OCMH and Executive Committee of the Coalition were informed through email communication, materials development, regarding all Local Conversations 2016 activities.

To collect data used SurveyMonkey, however worked with community interpreter to collect data on SurveyMonkey.

Continuing the Local Conversations -Round 2

The Round 2 conversations focused on surveys and issues in response to health disparities. Participants in the conversation prioritized issues from 2011. OAAHC conducted a total of 4 forums for community members from the Bangladeshi, Bhutanese/Nepalese, Cambodian, Lao, and Thai. OAAHC reached a total of 200 community members through these four community meetings.


OAAHC provides support to nine community based Asian organizations in Ohio, including: the Asian American Community Services (Columbus); the Asian American Council (Dayton); the Asian Community Alliance (Cincinnati); the Asian Resource Center (Toledo); Asian Festival Corporation (AFC), Asian-American Community Services (ACSC), Asian Services in Action (Akron and Cleveland); the Chinese Association of Greater Toledo, Lao Mutual Association of Ohio .

Ohio Asian American Health coalition: OAAHC strives to improve the quality of life of Ohio Asian American and Pacific Islanders. OAAHC strives to eliminate social inequities that contribute to disparities in the quality of life of Ohio's Asian American and Pacific Islanders (AAPI) through community research, education and advocacy.

Asian American Community Services (AACS): AACS is the premier non-profit community-based organization serving needs of all Asian Pacific Islanders in Central Ohio. Since 1976, AACS has led efforts to empower and develop the local Asian community through its expansive and proactive programs and services.

The Asian Community Alliance (ACA): ACA was incorporated in 2004 as a 501(c)(3) nonprofit organization to serve as the connector between the various Asian communities and social service organizations in Greater Cincinnati. ACA actively engage and collaborate with Asian community leaders and local





social service agencies in developing focus groups, educational programs and outreach services tailored to the needs of our rapidly growing ethnic groups.

Asian Services In Action (ASIA) is the largest AAPI -focused health and social service 501(c)(3) agency in the State of Ohio. For 20 years, we have taken on the most challenging tasks to help the underserved low-income and immigrant communities. ASIA-ICHC delivers comprehensive, culturally and linguistically appropriate healthcare on a sliding scale to all community members, especially those who face economic or language barriers to care. This is the first Federally Qualified Asian Healthcare agency in Ohio.

Asian Festival Corporation: This is an annual event with more than 100,000 visitors and will continue to grow, thanks to the strong participation of many people regardless of origin and ethnicity. As a result of the tremendous success, the festival has received strong support from state, city, corporate, and communities every year since its beginning in 1995. The festival is also recognized as one of the major special events in Central Ohio. Asian Festival promotes the importance of cultural diversity in building a vibrant, prosperous, and healthy community.

Asian-American Community Services: This organization provides a meal program six days a week to Columbus area elderly population in the comfort of a restaurant to meet the both social and nutritional needs. This program is supported by Life Care Alliance that provides transportation to the needed members. In collaboration with AACS, the organization operates free health clinic for uninsured and underinsured Asians.

Chinese Center Association of Greater Toledo: The purpose of this Center shall be exclusively educational and charitable within the meaning of section 501(c)(3) of the Internal Revenue Code, and the Ohio Revised Code Chapter 1702: Nonprofit Corporation Law. The Center's purpose includes, but is not limited to: studying the Chinese language, promoting the understanding of Chinese culture, and providing a network of support among individuals or organizations having a common interest in the Chinese cultural heritage.

Geographic Scope

The geographic focus for the Round 2 - Continuing the Conversations conducted by the Ohio Asian American Health Coalition statewide in scope.

Demographic Profile of the Asian American Population in Ohio

According to the 2010 census, there are more than 238,000 Asian Americans living in Ohio and they make up 2.1% of the state's population. Ohio's Asian American population has grown by 49% since 2000 and has more than quadrupled since 1980, making it the fastest growing racial/ethnic population in Ohio. The majority of Asian Americans in Ohio live in the state's metropolitan areas with the largest concentration in Franklin County followed by Cuyahoga County. Currently, over 286,000 AAPI residents (73% increase from 2000) live in Ohio, and over 50,195 APIs live in Franklin County. The largest populations of AAPIs in Ohio include Indian (81,000), Chinese (59,000), Filipino (26,000), Korean (22,000), Japanese (20,000), and Vietnamese (18,000). Ohio is home to a significant AAPI refugee population including Laotian, Cambodian, Burmese, and Bhutanese -Nepali ethnic groups.

Strategic Plan: Asian Community – Round Table 2- Continued the Conversations

In the limited number of group meetings the findings of the community needs are similar as the ones in 2010. However, it has shifted to new immigrant populations. In discussion at the community forums, we provided the Local Conversation from 2010 and asked them to give us the needs of the community. There are few additional challenges such as some new immigrant and refugee populations that are suffering from PTSD, and the need for better behavioral health support in addition to physical health support. New immigrant populations also feel cultural and linguistic barriers as well as acculturation stress, this may leave many immigrant parents feeling overwhelmed and stressed by conflicts with their children. Parents often feel helpless and hopeless in terms of their parenting ability while

their children often feel “trapped” between two cultures and perceive their parents as unnecessarily strict, unfair, or not understanding of their struggles. Without timely and culturally competent intervention, family ties and parenting relationships are strained, and the risk of developing emotional and/or behavioral problems increases for the children. This is very interesting and lesson learned in the process.

Objective: To support capacity building at all levels of decision making as a means to promote leadership development training for adults and youth

Goal 1. Arrange leadership, internship, and mentorship workshops, and scholarship programs.

Goal 2. Develop leadership tools to assist communities in effectively implementing health disparity related messages and services

Goal 3. Strengthen and broaden statewide and local leadership to address health disparities.

Goal 4. Provide cultural competency training and enhance linguistic services

Objective: To identify and develop programs that address the needs of Asian community throughout the state of Ohio.

Goal 1. To meet the transportation needs.

Goal 2. To increase awareness and knowledge and value of Health screening to result in a healthy community.

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Goal 4. To keep diversity and take advantage of multi -cultural/ethnic/cultural pride as asset balancing with acculturation

Object access for the Asian community, especially the emerging populations, work towards eliminating health disparities and reducing inequalities.

Goal 1. Improve access to insurance and health - care to uninsured and underinsured individuals.

Goal 2. To meet transportation needs related to healthcare access.

Goal 3. To work with local parks & recreation services to provide language schools, health promotion programs, and social and cultural events.

Goal 4. To create an inventory of services and make it available online in the major Asian languages for distribution to the general public, and private and public health organizations, and government agencies.


Goal 5. To create a database to distribute to private, public health and government agencies of the need and impact of health disparities in the Asian community.

Goal 6. Increase the number of free health services in the Asian community, including dental, medical, mental health and social services.

Notes: Regional needs of the Asian population vary by residential location, economy, transportation, employment opportunity growth and accessibility of health care.



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Ohio Asian American
Health Coalition

Local Conversations on
Minority Health

Report to the
Community 2011

The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity.

Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the *National Stakeholder Strategy for Achieving Health Equity*, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at <http://minorityhealth.hhs.gov/npa/>.

Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

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At the second Asian American Health conference held in 2005, the group began to develop an agenda and organization structure for what would become a state- wide coalition. The Ohio Asian American Health Coalition (OAAHC) established a mission of eliminating social inequities that contribute to disparities in the quality of life of Ohio's Asian American and Pacific Islanders through community research, education, and advocacy. The OAAHC is now a 501(c)(3) organization that has led a number of statewide initiatives, including, among others:

- The Health Through Action (HTA) project, funded by the Kellogg Foundation, which carries out public forums, educational workshops, strategic planning meetings, health needs assessments, and hepatitis B screenings.
- A Center for the Elimination of Disparities (CEED) grant from the New York School of Medicine to support the development of a publication that provides information about the hepatitis B virus and a list of prevention and treatment resources for this disease.
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OAAHC provides support to seven other Asian organizations in Ohio, including: the Asian American Community Services (Columbus); the Asian American Council (Dayton); the Asian Community Alliance (Cincinnati); the Asian Resource Center (Toledo); Asian Services in Action (Akron and Cleveland); and the Chinese Association of Greater Toledo.

Geographic Scope

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American population is varied in countries of origin, including individuals of Chinese, Japanese, Filipino, Vietnamese, Thai, Cambodian, Asian Indian, Pakistani, Hmong, Pacific Islander, Laotian, Korean and Bhutanese/Nepalese descent. Of these groups, the greatest numbers are Asian Indian (29.5%) and Chinese (23.5%). The Ohio Vietnamese community, while smaller, has experienced significant growth since 1990 and now stands at 7.6%.

Compared to other ethnic groups in Ohio, Asian Americans fare better on a number of socioeconomic indicators. Median income is higher than for Ohioans as a whole. Unemployment rates for Asian Americans are lower than for other groups in the state and they are more highly represented in professional occupations. However, some of these data may be misleading. For example, although the overall poverty rate for Asian Americans is slightly below state rates, there is significant variation in the rate by ethnic subgroup. Eighteen percent of Native Hawaiians/Pacific Islanders are living below the poverty line—much higher than the 10.8% poverty rate for Caucasians in the state.

Health Disparity Indicators

Health disparities among Ohio's Asian Americans are difficult to determine. In general, state-specific data indicate that for Asian Americans—as well as for other less numerous groups in the state—there were not sufficient data to report disease incidence, behavioral risk factors, or mortality rates with any degree of confidence. This may occur either because data on race and ethnicity were not collected or because the sample size was not large enough to permit statistical analysis. As a result, these smaller groups may either be excluded from report results, or they may be lumped together into a meta-category of “other” which does not allow for discrimination of differences in the diverse health problems affecting Native Americans, Asian Americans and Latinos.

At the national level, Asian Americans are the only racial/ethnic group that experience cancer as the leading cause of death. Certain kinds of cancer (e.g., liver and cervical) are especially prevalent for Asian Americans. However, rates of these cancers are unavailable at the state level. Data are still less available for subgroups within the larger Asian American population, making it difficult to determine if there is excessive prevalence of particular diseases among subgroups such as Pacific Islanders or Southeast Asians.

Known health disparities in Ohio's Asian American population include elevated rates of Hepatitis B (a risk factor for certain cancers); screenings in urban areas have yielded rates of HBV ranging from 5.4% to 17.6%; these rates compare unfavorably to overall prevalence rates of less than 1%. Tuberculosis rates are similarly high. Although Asian Americans constitute only slightly more than 2% of the state's population, they account for nearly 20% of the tuberculosis cases identified by the Ohio Department of Health. Even higher rates (25.3%) of tuberculosis were found among Asian Americans in Hamilton County.

Asian Americans in Ohio also experience unique risks to health equity. Limited English proficiency jeopardizes access to health care and can hinder good patient/ health care provider communication. Roughly four of five Asian American Ohioans speak a language other than English at home. More than 25% of Ohio's Koreans, Vietnamese, and Cambodians report speaking English “not well” or “not at all.” Language challenges may be partially responsible for the fact that Asian Americans in Ohio are significantly less likely to report a regular source of health care than Whites.

Data Sources:

Ohio Asian American Pacific Islander Advisory Council (2010). A report on the status of Ohio's Asian American Pacific Islander community, http://www.asiainc-ohio.org/wp-content/uploads/2011/04/AAPI_Report_Final.pdf.

Ohio Department of Development (2010). Ohio Asian Americans, <http://www.development.ohio.gov/research/files/p0009.pdf>





Local Conversations on Minority Health

Phase I

The first Ohio Asian American Health Coalition Community Conversation on Minority Health began with a dinner and networking meeting on June 27 and continued with a community gathering and group discussion on June 28, 2008. A total of 55 individuals attended the dinner meeting and 72 participated in the second day Local Conversation. Participants came from communities around the state and represented all major Asian American sub- groups living in Ohio. The event resulted in the identification of needs related to resources, services, capacity building, and infrastructure and the beginning development of a set of strategies to meet these needs.

Resources

All groups identified a need for additional language resources as a major need. Language differences present barriers at health visits and fear of not being able to communicate with health professionals often deters many Asian American consumers from seeking health services. This issue is especially complex for the Asian American community because of the number of languages spoken. Although there are some interpreter services available in most communities around the state, additional resources are needed in most locations and there is often a lack of awareness of the existing resources. The groups believed that more training programs for interpreters would help to meet this need. At the same time, the groups noted a need for concurrent ESL training, particularly for elderly and new immigrant youth so that the need for interpreters would be reduced. However, there was also a belief that there should be efforts to preserve cultural identity and native language skills for youth and thus a need for more native language programs for second or third generation Asian American children and adolescents was also identified.

Participants identified a critical need for more translated materials in written, graphic and audio formats. Translated materials are needed in a variety of areas, including information on specific health concerns, emergency preparedness, and guidance on qualifications for public health insurance. Translated information in different languages is also needed on proper use of medication. The need for translated health education materials is especially important for newer immigrant populations, who need general information to orient them to their host country's healthcare system in addition to information on specific health needs.

The need for written resources about health services available to local Asian American communities, including listings of ethnic physicians, free clinics, opportunities for free health screenings, places where free or low cost medicines may be obtained, translated health education materials, community health promotion events, and interpreter services. There was also a belief that the heterogeneity of Ohio's Asian Americans creates special problems in outreach to the diverse communities and that multiple venues and media should be used for broad dissemination of information about health resources.

Finally, resource needs include additional funding for health care and health promotion services and the development of additional health programs utilizing the services of volunteers to meet the needs of uninsured and underinsured Asian Americans. Funding resources should also be developed for print dissemination of newsletters and other materials that would provide information about local health resources targeting this population.

Services

Current health data on Asian Americans are rarely disaggregated by sub-groupings, making it difficult to evaluate

risk factors, disease incidence, and behavior patterns that may vary widely among Chinese, Japanese, Asian Indians, and Southeast Asians from various countries. More accurate sub-group data is important for planning services and for bringing attention and resources to bear on the health disparities affecting many Asian American communities.

The group identified health service needs, including services in the areas of mental health, treatment for gambling, tobacco cessation, diabetes education and treatment, alcohol addiction treatment and prevention, hepatitis B, tuberculosis, asthma, second hand smoke exposure, women's health issues (particularly domestic violence and prenatal care and education), human trafficking and prostitution. The group prioritized a more intensive focus on prevention services in general, including culturally specific nutrition education. They felt that the health needs of seniors are not adequately addressed, particularly with regard to mental health services.

Their challenges include learning about their children's schools; they may not understand school policies or expectations for students and parents unless they encounter other parents who speak the same language and who are more experienced with host county schools.

Finally, participants pointed to incidents of hate crime against Asian Americans (an incident of a young man on a bicycle being run off the road because he was in ethnic dress), expressed that programs to educate mainstream populations about the Asian culture and to promote tolerance and understanding.

Capacity Building

Along with the need for better data on health disparities, there is a need for health provider education about the diverse health needs of Asian Americans. Many health professionals buy in to the myth of the "model minority" and believe that there are no health disparities affecting Asian Americans. This education needs to include information on diseases likely to affect certain sub-groups (e.g., osteoporosis among Japanese Americans) and on norms or disease markers that may differ for Asian Americans such as standards for low birth weight for infants and body mass index for adults. Health professionals may be unaware of the differences in manifestation of disease or risk factor variables in Asian American populations, potentially compromising the quality of health care.

Cultural competency training is needed for practicing health professionals and for health professional trainees. The infrastructure group recommended that there should be encouragement for making participation in cultural competence development activities and/or the demonstration of cultural competence a component of the evaluation of health professionals' work.

To develop the capacity of Asian communities to help address health disparities, need for the involvement of community representatives in the broader mainstream community organizations to bring about greater awareness of health care needs and health care access issues specific to Asian populations. Asians need to volunteer for a variety of roles in community organizations (e.g., cultural broker, interpreter, advisor on program development). Leadership development programs are needed to promote this volunteerism and to build the skills needed to serve on policy boards and advisory committees. They should include training on advocacy and should place a special emphasis on involving youth to become activists in their schools and communities.

Infrastructure

Participants identified a lack of health insurance is a major infrastructure problem. For those with health insurance, the high deductibles are a significant problem as is the high cost of medicines. The Ohio Asian American Health Coalition is beginning to work with partners to develop additional resources of free or low cost health services for Asian Americans in Ohio.

Better transportation to health services is another critical infrastructure need. For low income patients, a lack of reliable, affordable transportation is a barrier to getting to medical appointments





and attending prevention programs.

Participants identified a need for community centers to be established that would incorporate language schools, health promotion services such as exercise, social and cultural events, and serve as a “one stop shop” for information resources, including inventories of locally available services.

Phase II

Phase II of the Local Conversations began with a survey of OAAHC members to capture perceptions of individuals who were not able to participate in the first Local Conversation. The recommendations from the first Local Conversation were then presented at a second statewide meeting convened for the purpose of prioritizing the recommendations and developing a strategic plan.

Strategic Plan

Asian Community - Local Conversation II Action Plan for Capacity Building

Objective

To support capacity building at all levels of decision making as a means to promote leadership development training for adults and youth.

Which need(s) does this objective address?

Capacity Building - Cultural competency training for students and providers in healthcare/social service/nursing professions.

How is this objective linked to the process of eliminating health disparities?

Increases the understanding of other cultures and gives the reason for learning to be more respectful of others' needs, making health professionals more willing to serve the needs of underserved.

STRATEGY

Goal

Arrange leadership, internship, and mentorship workshops, and scholarship programs.

IMPLEMENTATION PLAN Action steps

Expand access to local regional leadership training to guide prevention and wellness activities. Engage Community Based Organizations (CBO) as equal partners in conducting local assessments. Partner with private, academic, and government institutions on health disparity activities. 7

Arrange local leadership training to build coalitions, work with local and state leadership, and develop effective collaborations.

Assist with health-related activities and workshops focused on enhancing understanding of Asian health disparities in the community.

Measures

Create survey for each individual to complete at the beginning of each session.

Number of individuals participating in the standardized, regional trainings.

Outcomes

Number of people reached, tools developed, improved learned resources.

STRATEGY

Goal

Develop leadership tools to assist communities in effectively implementing health disparity related messages and services.

IMPLEMENTATION PLAN Action steps

Identify regional representatives to serve as community navigators/outreach workers.

Identify and develop essential tools and a cohesive message for community navigators to use to communicating the message to people with language barriers.

Measures

Increased awareness in the community of health disparities and lowering inequities in the Asian community.

Outcomes

Increased numbers of Asian Americans in the population served by CBOs.

STRATEGY**Goal**

Develop online tools for outreach and statewide collaboration.

1. Involve young techsavvy groups
2. Good webpage development
3. Online collaboration
4. Listserv/data *IMPLEMENTATION PLAN Action steps*

Arrange “Train the trainer” sessions.

Use social media to promote the capacity building training activities.

Collaborate with host organizations and groups to develop online collaboration tools.

Measures

Number of CBOs using online tools to conduct outreach.

Monitor progress using online web analytics tools.

Outcomes

Increased communication among the CBOs and encourage new CBO's become members.

Increased number of youth participants.

STRATEGY**Goal**

Strengthen and broaden statewide and local leadership to address health disparities.

Provide cultural competency training and enhance linguistic services.

IMPLEMENTATION PLAN Action steps

Provide technical assistance, funding, and resources to improve CBO capacity for collecting, reporting, analyzing, and using data for competitive submissions for research and funding from foundations and government agencies.

Provide this technical assistance service to local public agencies and government entities.

Measures

Increased allocation of funding, technical assistance and other resources by agencies and associations.

Better understanding of needs of Asian American Pacific Islander communities.





Outcomes

Engaging community leaders in decision making processes.

Asian Community - Local Conversation II Action Plan for Resources

Notes: Regional needs of the Asian population vary by where they live, economy, transportation, employment opportunity growth and access to health care.

Objective

To identify and develop programs that address the needs of Asian community throughout the state of Ohio.

Which need(s) does this objective address?

Community resources needed in accessing health care, social and economic services on a broad spectrum.

How is this objective linked to the process of eliminating health disparities?

In identifying the needed resources and community needs through collaborations the community members will be able to participate in improving the lives and contribute to the development of the society. This will reduce health disparities and decrease inequities.

STRATEGY

Goal

To meet the transportation needs.

IMPLEMENTATION PLAN Action steps

Work with local public and private agencies in providing a database of available public transportation.

Develop a community directory with contact people listed and make it available in languages that are crucial.

Work with CBOs to get funding to provide transportation services.

Arrange carpool to members on prearranged/scheduled basis.

Measures

Develop a survey and measure the success on quarterly basis.

Outcomes

Empowerment of the community will result in healthy neighborhoods.

STRATEGY

Goal

To increase awareness and knowledge and value of Health screening to result in a healthy community.

IMPLEMENTATION PLAN Action steps

Measure success through the public forums and online surveys.

Measures

Increase education on health screening and preventive care.

Create a Community Health Advocates program to reach out to community with language barriers.

Arrange health screenings in public places such as temples, church and social gatherings to reach out to most people.

Provide language- specific education materials.

Obtain health literature from national agencies (such as AAPCHO).

STRATEGY

Goal

To improve language and cultural competency resources, helping the public to understand cultural differences and respect individuals who have language and cultural barriers.

IMPLEMENTATION PLAN Action steps

Develop and/or identify cultural competency training programs about the Asian-American community and educate the community based organizations through the trainings. Encourage the CBOs train their staff.

Make language resource materials (hard copy and electronic) available to local public health clinics.

CBOs to organize scheduled training sessions to educate healthcare providers/ social workers/agencies of the needs of the community.

Measures

Number of cultural competency trainings held at agencies.

Attendance in the festivals and activities.

Outcomes

Change in the public acceptance and treatment of or communities of diversity will be evident.

STRATEGY

Goal

To keep diversity and take advantage of multi-cultural/ethnic/cultural pride as asset balancing with acculturation.

IMPLEMENTATION PLAN Action steps

Participate in local, regional and national events.

Set up new cultural festivals and support existing festivals (e.g. Asian Festival of Columbus, Asian Cultural Festival of Dayton, etc.)

Make health one of the components of these festivals and increase the cultural diversity knowledge within the area.

Initiate language programs for next generation Asians.

Measures

Perform survey & data collection; share it with public, private foundations and corporations.

Future generation will be prepared for global challenges.

Develop proposals for submission to diverse funding sources.

Outcomes

Increased funding will be measured in all the regions.

The result should be increased funding. Appreciation of other cultures.

Evaluation survey can be used to measure the success.

Appreciation of language proficiency.





Asian Community - Local Conversation II Action Plan for Infrastructure

Objective

To create infrastructure to provide better healthcare access for the Asian community, especially the emerging populations.

Which need(s) does this objective address?

Barriers to healthcare access.

How is this objective linked to the process of eliminating health disparities?

Promoting equal access to healthcare services and reducing inequalities will increase morale, reduce stress, and improve the health of the community.

STRATEGY

Goal

Statewide Ohio Asian American Health Coalition to be more inclusive and address the issues of the community.

IMPLEMENTATION PLAN Action steps

Solidify the network of local CBOs working together, improve collaboration among these organizations, and provide better communication statewide.

Work with local public health clinics and medical hospitals that are already FQHC or trying to become one.

Measures

At the end of the year, measure the success based on input from CBOs.

Encourage each CBO to at least have one partnership with major healthcare organization.

Outcomes

Better access to healthcare needs of AAPI community.

STRATEGY

Goal

Improve access to insurance and health-care to uninsured and underinsured individuals.

IMPLEMENTATION PLAN Action steps

Work with insurance companies to explore the possibility of providing health insurance to meet healthcare and medication needs.

Measures

Set up special program in partnership with funding agencies.

Outcomes

Increased number of small business owners & individuals with insurance.

STRATEGY.

Goal

To meet transportation needs related to healthcare access.

IMPLEMENTATION PLAN Action steps

Develop a resource directory to include available transportation services with translated material wherever possible. Make this available online. Arrange carpool to members on prearranged/scheduled basis.

Work with CBOs to obtain funding to provide transportation services.

Measures

Monitor the amount of transportation services used.

Modify based on the needs.

Outcomes

Satisfaction of people that need to get to doctors' appointments.

Increases service potential for CBOs.

STRATEGY

Goal

To work with local parks & recreation services to provide language schools, health promotion programs, and social and cultural events.

IMPLEMENTATION PLAN Action steps

Some cities are already providing this service. For those not providing the service, advocate for the initiation of such services.

Measures

Monitor how many more are providing this service since the beginning of this program.

Outcomes

Document the progress, share with local media.

ASIAN Community - Local conversation II Action Plan for Services

Objective

Provide opportunities for individuals and organizations to collaborate by building capacity for all Asians to work towards eliminating health disparities and reducing inequalities.

Which need(s) does this objective address?

To develop and implement ways to increase collaboration among Asian community-based organizations in the state of Ohio to make the process more efficient and equitable.

How is this goal linked to the process of eliminating health disparities?

To enhance the ability of community-based organizations (CBOs) to be effective partners in local efforts to eliminate health disparities. Through the organizational empowerment, the overall goal is to assist CBOs be equal and effective service providers to their communities.

STRATEGY

Goal

To create an inventory of services and make it available online in the major Asian languages for distribution to the general public, and private and public health organizations, and government





agencies.

IMPLEMENTATION PLAN Action steps

Identify local health resources.

Identify free health services.

Coordinate and update information on ongoing basis.

Make this inventory available to all health service providers, government; and social service agencies.

Include in the resource inventory the availability of Interpreter services through CBOs.

Make this resource information available online.

Include social media as a mechanism to disseminate the resource inventory.

Measures

Measure success through online surveys documenting use.

Outcomes

Increased use of health resources by Asian American consumers.

STRATEGY

Goal

To create a database to distribute to private, public health and government agencies of the need and impact of health disparities in the Asian community.

IMPLEMENTATION PLAN Action steps

Make this available to public health agencies.

Create this information online and make social media to disseminate the information.

Measures

Empowers Community Based Organizations and keeps track of usage of resource information.

Outcomes

Understanding of the needs and diversity of the Asian population.

STRATEGY

Goal

Increase the number of free health services in the Asian community, including dental, medical, mental health and social services.

IMPLEMENTATION PLAN Action steps

Support existing local free health clinics and screening programs through both logistical assistance as well as funding support.

Identify communities and cities needing free health services and work with local CBOs in the development of programs, including identification of providers, available funding resources, legal information, and logistical support.

Compile a database of all health service screenings, including dental, medical, mental health, domestic violence and children's services.

Measures

This awareness will become evident in the treatment underserved population.

Outcomes

Better understanding of diversity of Asian population and needs.

STRATEGY

Goal

To create resource directory of Asian community including demographics.

IMPLEMENTATION PLAN Action steps

Support existing directories, such as in Cincinnati and Columbus, through logistical supporting and funding opportunities.

Develop translations of this directory into different Asian languages and distribute in all major media outlets including temples, church, grocers and health care providers.

Measures

Communication and understanding of community will be increased.

Outcomes

Better understanding of diversity of Asian population.

STRATEGY

Goal

To identify funding opportunities for Asian CBOs throughout the state of Ohio.

IMPLEMENTATION PLAN Action steps

Make a list of all funding opportunities available for technical assistance and navigator programs.

Connect organizations with resources such as local funders, private donors, corporate funders, and agencies.

Identify team of "experts" to assist with reviewing and grant writing proposals.

Measures

Monitor new funds received by CBOs.

Outcomes

Better opportunities and increased funding.

Outcomes

Increased use of health resources by Asian American consumers.



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