



Toward Asian American, Pacific Islander, and Native Hawaiian Health and Well-Being

Building a Statewide Infrastructure for Change

It was a momentous day in Ohio history as over 400 people converged on the state capitol to mark the first Asian American Pacific Islander Legislative Day on June 8, 2010. They were students and seniors, recent refugees and second-generation citizens, low-income and middle-class. Standing in the majestic pillared atrium of the Ohio Statehouse, the group not only represented the diversity within the Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) umbrella, but also a regional cross-section of the state. Most had never before visited the Ohio Statehouse in Columbus, and the day marked their first exposure to the political process and their first-time of raising their voices to affect change.

“This day is another important turning point for us,” Dr. Yung-Chen Lu, the event’s chairman, told the crowd. “We must learn and dialogue with each other and take that back to our regions and begin identifying our issues and organize around them.”

The **Ohio Asian American Health Coalition (OAAHC)** is a statewide alliance of eight member organizations focused on the health and well-being of Ohio’s Asian American population. Formally formed in 2005, the mission of OAAHC is to eliminate inequities that contribute to health disparities through a three-pronged strategy of research, education, and advocacy. Partners include representative panethnic service and advocacy organizations across all four regions of the state.



Ohio's AA and NHPIs

Since 1980, the number of AA and NHPIs in Ohio has quadrupled to about 228,000 in 2010, representing two percent of the state's population. AA and NHPIs have a concentrated presence in major metropolitan areas, with one third living in Columbus, and about 29 percent residing in the Cleveland-Akron area.

The population is extremely diverse. Currently, Asian Indians make up a third of Ohio's AA and NHPIs, followed by Chinese (23 percent), Filipinos (9 percent), and Koreans (9 percent). Ohio also has been a popular receiving ground for refugees, including Vietnamese and Laotians who arrived in the 1980s and 1990s. In the past decade, five different Burmese ethnic groups have settled in northeast Ohio. The overall AA and NHPI population includes those more financially well-off who arrived in the 1960s as health care professionals, as well as those drawn to the state's universities. It also includes large numbers of immigrants who are employed as low-income service workers.

228,000

Total AA and NHPIs

2%

Percent of Ohio's Total Population

40%

increase in Ohio AA and NHPI
population 2000 – 2009

CONTINUED FROM PAGE 1

The event signified a milestone in the growth of the Ohio Asian American Health Coalition (OAAHC). Just two years prior, in 2008, the coalition became one of seven groups nationwide chosen for a four-year Health Through Action (HTA) grant by the W.K. Kellogg Foundation to reduce health disparities by building the capacity of AA and NHPI communities. At the time of the grant award, the coalition was still very much in a fledgling stage. The community organizations and individuals who founded the coalition were energetic and motivated, but the group lacked a collaborative infrastructure and 501(c)3 status. Furthermore, most of OAAHC's members were centered in the state capital. Given small overall percentages of AA and NHPIs in Ohio, the coalition recognized that its ability to address health issues affecting AA and NHPI communities was limited by a lack of statewide presence and limited community capacity to affect change.

As documented in this case study, the HTA grant provided critical resources that not only brought the 2010 Legislative Day to fruition, but helped propel the OAAHC to the place it currently holds as a voice for AA and NHPI communities in 2012.

The coalition successfully organized partners across the state – initially around addressing Hepatitis B disparities – but eventually around a broader range of health issues facing Ohio's AA and NHPI community. Through data gathering and statewide conversations on health issues, coalition members began to more fully understand the power and potential of working together. By the close of the HTA grant award, OAAHC members had earned a place for AA and NHPIs voices in regional and statewide health policy discussions. In addition, connections forged through HTA brought Ohio's AA and NHPIs additional visibility that had historically been reserved for the two coasts and positioned the state as a key player in the national movement for AA and NHPI health.

* Population data is cited from "A Report On The Status Of Ohio's Asian American Pacific Islander Community," (December 28, 2010). Retrieved from http://www.asiainc-ohio.org/wp-content/uploads/2011/04/AAPI_Report_Final.pdf

From Festival to Coalition

The first significant efforts to organize Ohio AA and NHPIs around health issues began in the 1990s. At that time, very few programs targeted AA and NHPIs, and public funding dedicated to their health was extremely limited. According to one of OAAHC's founders, Dr. Yung-Chen Lu, the small numbers of AA and NHPIs in Ohio meant that the population and their issues were largely "invisible."

Thus in 1995, Dr. Lu and other leaders organized an "Asian Festival" with a dual purpose: to offer AA and NHPIs health services and to educate others about the community. The Columbus event was a free cultural showcase that included food, art, entertainment, educational exhibits – and health screenings. The festival has become one of the city's biggest annual events, growing from 18,000 attendees to more than 150,000 by 2010. In organizing the festival, the leaders made fundraising connections and raised awareness of AA and NHPI health issues among city officials.

Still, the Ohio AA and NHPI community felt that more could be done. In 2002, AA and NHPI leaders won funding from the Ohio Commission on Minority Health to hold the first statewide conference on Asian American health. Stakeholders from Ohio's public health system and AA and NHPI communities formally came together in Columbus and established shared priorities around improving outreach to AA and NHPI communities.

In 2005, the second statewide health conference held in Cleveland became what many leaders called a key turning point for Ohio's AA and NHPI health movement. By then, AA and NHPI leaders had recognized that they lacked a statewide infrastructure for people to step forward and meaningfully work together. Therefore, multiple conference sessions focused on coalition-building models. "There was a lot of energy around how to take action on some of the issues we were discussing," recalled Dr. Ron Katsuyama, an OAAHC founder. By the end of the conference, the Ohio Asian American Health Coalition was formed.

The coalition's formation could not have come at a more serendipitous time. Just as OAAHC was seeking start-up funding, Health Through Action was trying to identify grantees for its multi-year community capacity building program. As Dr. Manju Sankarappa, OAAHC's current executive director, said of the HTA grant, "It was just what we needed."

Addressing Hepatitis B Disparities

When OAAHC received funding from HTA, coalition members proposed targeting Hepatitis B, a viral infection of the liver that disproportionately impacts and kills AA and NHPIs. Their strategy included improving data collection and research on the state's AA and NHPI population and providing training and support for outreach and advocacy related to the disease. Using census data, the collaborative identified four areas with the greatest concentration of Asians – Columbus, Toledo, Dayton/Cincinnati, and Akron/Cleveland. Four regional coordinators from these areas were then hired to help organize and leverage partnerships among various community groups.

Ohio state officials had long focused on those who were vulnerable to Hepatitis B. AA and NHPIs, however, had been left out. Obscured by the model minority myth and a lack of data, AA and NHPIs were not classified as an "at-risk" population, and therefore were denied easy access to resources such as vouchers for screenings and vaccinations. Dr. Katsuyama recalled asking public health clinics in Dayton to offer screenings for the virus in 2006 and being told that such initiatives were "not cost-effective" since Asians were not more vulnerable than the rest of the community.

OAAHC had been laying the groundwork for getting the "at-risk" designation, and the HTA funding added critical momentum. Karen Jiobu, the coalition's Columbus regional coordinator, helped organize and follow up on talks that had been in progress with the Columbus Health Department. In 2009, the AA and

The Power of Collaboration

In reflecting back on the past four years, OAAHC members recognize that the quick progress made in the Hepatitis B arena was in large part driven by the cross-regional networks built through HTA. Some partners described not having to “reinvent the wheel” when developing consent forms or fact sheets. Others emphasized the value of having point people within the network with expertise in navigating Hepatitis B screening and vaccination protocols. Dr. Katsuyama, a leader in the Dayton area, explained, “We have the coalition to draw on, not just our regional expertise.” Citing linguistic ability as an example, he shared: “Before, I think I would have felt comfortable saying that we had capacity to translate into at least five ethnic languages, but now... if they say, ‘Bhutanese?’ I can now confidently say we can cover these kinds of requests. These are the things that we do now almost without even thinking, because of the networks that have been built through HTA.”

NHPI community in Columbus won classification as “at risk” for Hepatitis B. This created a ripple effect, as the Columbus public health commissioner helped champion a statewide “at-risk” designation for AA and NHPIs. With this designation, OAAHC was able to ensure that regional partners could provide free Hepatitis B screening vouchers in their outreach efforts.

Meanwhile, OAAHC was building infrastructure to launch a campaign to spread awareness of Hepatitis B. OAAHC received a mini-grant to develop a statewide Hepatitis B resource directory, and regional coordinators actively facilitated health education within their respective communities. In addition to meeting regularly to discuss strategies, regional coordinators also shared fact sheets, screening consent forms, and translation services. The impact of Hepatitis B on AA and NHPIs was discussed at organized physicians dinners as well as community hubs such as Asian grocery stores, Chinese language schools, and Buddhist temples. In Columbus, OAAHC formed a partnership with the Asian Pacific American Medical Students Association at Ohio State University, whose members helped organize and staff screenings.

Ultimately, over the four years, OAAHC partners around the state screened more than 1,500 people for Hepatitis B, a number that Ms. Jiobu said would have

been higher if more funding had been available. Community members who test positive are now getting follow-up calls on treatment options. In 2009, a Hepatitis B free clinic opened as part of the Asian Free Clinic at Ohio State University. Ms. Jiobu shared that she no longer has to explain to most community members in Columbus what Hepatitis B is because “the awareness is out there.” Given the successes so far, Ms. Jiobu said, with continued national funding and attention, “Hepatitis B could go the way of small pox.”

Amplifying Ohio’s AA and NHPI Community Voice

Meanwhile, the OAAHC was also leveraging its new statewide infrastructure to achieve broader goals around AA and NHPI health issues. Two statewide community health conversations, held in 2008 and 2009, identified needs that the collaborative could focus on as priorities. While the Ohio Commission on Minority Health funded the events, OAAHC drew on HTA resources to reach deeply into Ohio’s AA and

NHPI community and attract a diverse group of participants. Through small discussion groups, participants shared stories about the challenges they faced within the health care system, including the lack of interpreters and the need for affordable health insurance.

The issues emerging from these conversations were not new. The venue, however, provided a way for OAAHC and its partners to turn what they knew to be true anecdotally into a formal report – one which continues to inform their policy advocacy work and serves as a key reference in conversations with state officials. For example, Michael Byun, HTA project director, described how they leveraged report findings to ensure that OAAHC, and the AA and NHPI communities it represents, were included in Ohio State Department of Insurance meetings. He notes: “We were able to say, ‘This is an important issue. It’s a theme that has come up in our communities, and it’s important for us to be at the table.’”

To further tell the “story” of Ohio’s AA and NHPI community health, the collaborative spearheaded the Asian American Health Survey in 2009. HTA provided funding for the Asian Community Alliance (ACA) in Cincinnati to develop the tool, which was then adapted and translated into three languages – Chinese, Korean, and Vietnamese – and used by other OAAHC partners. In Cincinnati, the 472 collected surveys represented the first comprehensive health needs assessment of the area’s AA and NHPI community. In Cleveland, the survey was administered to 120 residents by piggy-backing it onto community events. The results were included in Asian Services in Action, Inc. (ASIA)’s successful application for a planning grant for a community health center.

Most successfully, OAAHC has institutionalized legislative days as annual events where AA and NHPIs gain insight into the policy process and raise issues to their legislators. Each legislative day has built on the previous one. The first was an introduction to lawmakers and the policymaking process while the second offered opportunities for meaningful dialogue with policymakers. The third and most recent legislative day shifted focus from raising general awareness about policy issues to honing in on policy solutions to address AA and NHPI health

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needs. Findings from breakout sessions during this 2012 Legislative Day are being compiled in a report to formulate priorities and inform state policy.

The legislative days have become so popular and crucial that, after the sunset of HTA funding, the 2012 event was supported through dollars raised by the community. “It’s important for Asians to communicate with representatives,” said Katharine Lu, a Columbus resident and legislative day participant. “They need to hear our voice.”

Toward AA and NHPI Representation in State and National Health Policy

Overwhelmingly, OAAHC partners agreed that the last four years have led to increased visibility of critical health issues within Ohio’s AA and NHPI community... and beyond. As the community raises its voice, it ensures that state policy initiatives and resources prioritize AA and NHPI interests. The growing statewide advocacy capacity includes OAAHC members with formal seats at regional and state policy tables, and the coalition itself positioned as a “go-to” organization for AA and NHPI health issues.

The concerns of Ohio’s AA and NHPIs now are officially recognized with the state’s first Asian and Pacific Islander Advisory Council – the formation of which was driven by OAAHC members [see text box]. Among the Advisory Council’s key accomplishments was a comprehensive report on the state’s AA and NHPI community, presented to the governor’s office in 2010. One section of the report was devoted to health issues, underscoring the need for better statewide health data on AA

Navigating the Road to Representation

The first formal inclusion of AA and NHPI voices in Ohio state government originated from a campaign promise. At a fundraiser in 2005, Ted Strickland, then the Democratic candidate for governor, vowed that he would get AA and NHPIs involved in his Administration if elected. After winning the election, he was publicly reminded of his pledge by Dr. Yung-Chen Lu when attending an Asian community event – and as a result, agreed to explore formation of an Asian American commission. The crowd, estimated at approximately 5,000, gave Governor Strickland a standing ovation upon hearing his announcement.

The road to representation, however, was long and filled with obstacles. A lack of funding meant that a commission – with a formal budget and grant-making authority – was not possible. A governor’s “advisory council” was instead approved by the state legislature as an alternative means of focusing policy attention on the needs of the state’s AA and NHPIs. Despite this win, the governor’s legal counsel blocked its formation.

When the legal counsel left in 2007, Dr. Lu re-approached Strickland and reminded him again

about his stated commitment to Ohio’s AA and NHPI community. In March 2010 – nearly five years after his campaign promise – Strickland established Ohio’s first Governor’s AAPI Advisory Council. Eight of the twelve council members (including Dr. Lu, the chairman) were part of OAAHC. The council was, as Strickland said, “recognition of the important role of Asian Americans in Ohio’s history and Ohio’s future.”

The 2010 gubernatorial election, a close contest, introduced a new challenge, as OAAHC carefully positioned itself as a non-partisan advocate for AA and NHPI issues with both candidates. When Republican Governor John Kasich was sworn into office, he was not initially convinced of the council’s value. After discussions with AA and NHPI leaders, however, Kasich issued an executive order to re-establish the council, now renamed the Ohio AAPI Advisory Council. The victory was hailed as another step forward toward AA and NHPI inclusion in state-level policy and testimony to the importance of persistence in getting community voices heard. Recognizing both successes to date and how far there is yet to go, Dr. Lu noted, “One step at a time, one step at a time.”



Members of the Governor’s AAPI Advisory Council meeting with Governor Ted Strickland

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and NHPs and cultural competency training for health care providers.

The Advisory Council also has created avenues for AA and NHPI leaders to cultivate relationships with state department heads and health officials. OAAHC partners have met with the Health Policy Institute of Ohio and the health equity coordinator for the state's Health Department to explore ways to increase the collection of disaggregated data. Dr. Sankarappa, OAAHC's director, has a standing quarterly meeting with the director of the Ohio Health Department and sits on Ohio's Health Disparities Collaborative. Lynn Stevens, minority affairs director for Gov. John Kasich, called OAAHC an "important voice for the community."

Within the national health arena, OAAHC partners are reporting greater influence as a direct result of HTA. The Columbus area's successful Hepatitis B efforts drew national attention, and Ms. Jiobu now sits on the National Task Force on Viral Hepatitis B for AAPs. OAAHC members gave several examples of national AA and NHPI partners not only visiting Ohio, but investing resources in OAAHC and its member organizations. In June 2011, HTA-Ohio partners visited the White House as part of an AA and NHPI delegation to be briefed on the administration's policies. In June 2012, the White House Initiative on Asian American Pacific Islanders (WHIAAPI) asked Ohio partners to host a Midwest Regional Action Summit in which administration officials held roundtable discussions with AA and NHPI groups from Minnesota, Indiana, Ohio, Michigan, and Illinois.

Several OAAHC members emphasized the significance of the national dialogue on AA and NHPI issues shifting from the coasts to be more inclusive of AA and NHPI communities in other regions. Mr. Byun

recognized that the 2012 presidential election and Ohio's swing state status contributed to the national attention. Still, he noted that Ohio's ability to capitalize on this opportunity can be credited to the capacity built through HTA. "It's exciting," he shared. "There are a lot of things happening where we [are now] able to leverage resources on behalf of the state, and vice versa."

Looking Forward

While appreciating their successes, OAAHC members are also mindful of the work that lies ahead. They recognize that a key next step will be translating heightened awareness of AA and NHPI community health issues into sustained resources for their community. Even the existence of the Asian American Pacific Islander Advisory Council, one of the most visible wins of the last four years, is tenuous, having not yet achieved the "commission" status that brings financial support from the state budget. Further, while OAAHC has forged important cross-regional linkages between AA and NHPI organizations in Ohio, several OAAHC members expressed a desire to increase outreach to the most vulnerable low-income and refugee populations, as well as build intergenerational bridges with young AA and NHPI leaders.

Moving forward, OAAHC's members recognize that multiple levels of change are required for achieving optimal health and well-being of Ohio's AA and NHPI families and children. "It is one thing to change our communities so that we can be effective," Mr. Byun said. "But it is another thing to do this system level work where you're changing the institutions and system so that they can work on behalf of our communities."

This paper is one in a series of evaluation products emerging from Social Policy Research Associates' evaluation of Health Through Action (HTA), a \$16.5 million, four-year W.K. Kellogg Foundation supported initiative to reduce disparities and advance healthy outcomes for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) children and families. A core HTA strategy is the Community Partnerships Grant Program, a multi-year national grant program designed to strengthen and bolster community approaches to improving the health of vulnerable AA and NHPIs. Ultimately, seven AA and NHPI collaboratives and 11 anchor organizations in 15

states around the country were supported through this program, with the Asian & Pacific Islander American Health Forum serving as the national advocacy partner and technical assistance hub.

Each of the HTA partners listed below has made meaningful inroads towards strengthening local community capacity to address disparities facing AA and NHPIs, as well as sparked a broader national movement for AA and NHPI health. The voices of HTA partners – their many accomplishments, moving stories, and rich lessons learned from their experience – serve as the basis of our evaluation.

National Advocacy Partner

Asian & Pacific Islander American Health Forum

HTA Regional Collaborative Partners

HTA-CA: Community LEAD

- Lead agency: Asian Health Services

HTA-AZ: Asian American Health Coalition

- Lead agency: Asian Pacific Community in Action

HTA-NY: Project CHARGE

- Lead agency: Coalition for Asian American Children and Families

HTA-OH: Ohio Asian American Health Coalition

- Lead agency: Asian Services In Action

HTA-HI: Lei Hipu'u o Kalihi Valley Coalition

- Lead agency: Kokua Kalihi Valley Comprehensive Family Services

HTA-GA: Georgia Asian Pacific Islander Community Coalition

- Lead agency: Center for Pan Asian Community Services

HTA-TX: Houston Asian American Health Collaborative

- Lead agency: HOPE Clinic

HTA Organizational Partners

- West Michigan Asian American Association
- Asian Pacific American Network of Oregon
- Asian Pacific Islanders with Disabilities of California
- Mississippi Coalition for Vietnamese American Fisherfolk and Families
- Mary Queen of Viet Nam Community Development Corporation
- Minnesota Asian/American Health Coalition
- New Mexico Asian Family Center
- National Tongan American Society
- Socioeconomic Development Center for Southeast Asians
- Samoan National Nurses Association
- Vietnamese American Young Leaders Association – New Orleans

August 2012

Social Policy Research Associates

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