



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

Advocating for a Place in Health Disparity Dialogues

In the South, dialogues about race have historically been narrowly framed using a black/white paradigm. Thus when a high-profile 2008 report on health disparities in Georgia again lumped Asian Americans, Native Hawaiians and Pacific Islander (AA and NHPI) data into the “other” racial category, community members were disappointed, but not surprised. However, this time, they took action. Led by the Georgia Asian American Pacific Islander Community Coalition (GAAPICC), community leaders demanded a correction to a population data error in the report. Georgia officials and researchers not only addressed the error, but also worked with GAAPICC to issue a formal addendum in 2011 that, for the first time, presented data on the health of Georgia’s AA and NHPIs.

Helping Georgia officials realize how diversity has expanded in the state has been the cornerstone of GAAPICC’s work. As the state’s fastest growing minority population becomes more knowledgeable and organized, it can no longer be easily ignored.

The **Georgia Asian American Pacific Islander Community Coalition (GAAPICC)** was founded in 2005 to support the health and health care needs of Asian American and Pacific Islanders living in Georgia. The coalition’s main strategies include helping community members to navigate health care services, advocating for the disaggregation of health data at the local and state levels, and facilitating opportunities for community learning and dialogue. GAAPICC’s work is led by 15 partners, which include panethnic and ethnic-specific cultural organizations.



POPULATION AT A GLANCE

Georgia's AA and NHPIs

As early as the 1600s, Georgia has been home to AA and NHPIs, who first came as agricultural and industrial workers. But in the past two decades, the community has grown dramatically, altering the traditional Southern black-and-white racial dynamic. In the 2000 census, Georgia had the second-fastest growing AA and NHPI population in the nation, and in 2010, recorded the fifth largest growth.

In 2010, 321,266 AA and NHPIs lived in Georgia, representing 3.3 percent of the total population. Most are concentrated in the Atlanta metropolitan region. In Atlanta, they make up as much as 15 percent of residents.

The AA and NHPI community is diverse, representing a mix of immigration history, English proficiency, education, and socio-economic status. Indians are the largest group (96,116), followed by Koreans (52,431), Chinese (45,849), Vietnamese (45,263), and Filipinos (17,923). About 50,000 residents were counted in the census' "Other Asian" category, which includes Burmese, Laotians, and Thais.

321,266

Total AA and NHPIs in 2010

3.3%

of Georgia's Total Population in 2010

81.1%

increase in Georgia's AA and NHPI population 2000 – 2010

**Population data is cited from the U.S. Census Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data.*

CONTINUED FROM PAGE 1

Over the past decade, the growth of Georgia's AA and NHPI population has ushered in a window of opportunity for communities to shift the dialogue to more fully represent their issues and interests. However, that community capacity was limited until 2008, when GAAPICC, with the Center for Pan Asian Community Services (CPACS) serving as the lead agency, became one of seven collaboratives chosen for a four-year Health Through Action (HTA) grant by the W.K. Kellogg Foundation.

As documented in this case study, HTA resources supported the capacity building of the fledgling coalition of partners to meaningfully address the health and well-being of Atlanta's AA and NHPI communities. In their work, the strategies encompassed community strengthening, racially-based research and data analysis, and advocacy. The result was a collaborative positioned to serve as a regional hub for AA and NHPI health services and advocacy in the South.

Forming a Shared Identity: The Origins of GAAPICC

Although the explosive growth of the AA and NHPI population since 2000 had created vibrant communities throughout metropolitan Atlanta, a sense of shared identity had been harder to cultivate. Since many residents were first-generation immigrants, they identified themselves by their specific ethnic group, rather than as an Asian American. Moreover, though every AA and NHPI community had cultural organizations, businesses, and religious groups that worked to bring information and resources to constituents, there was only one pan-Asian service organization: CPACS. As the largest AA and NHPI service provider in the state, CPACS served more than 6,000 clients a year at its health clinic.

Increasingly, however, CPACS leaders felt that at meetings with government agencies and "mainstream" groups, concerns from the AA and NHPI community

“HTA was the fuel that instigated the movement that needed to happen.”

were often misunderstood or dismissed. CPACS staffers felt that they had to continually explain to health agencies the diversity within the AA and NHPI community. Some health administrators even questioned: “Asians are rich, why do they need services?”

This is the context in which CPACS executive director Chaiwon Kim convened AA and NHPI community organizations in 2005 and asked if they wanted to form a coalition. “We wanted to come together to talk about the issues, to start learning from each other, knowing that there is power in numbers,” said Marianne Chung, associate director of CPACS, who would later become the HTA project director. From this initial meeting, the Georgia Asian American Pacific Islander Community Coalition (GAAPICC) was born.

GAAPICC made some strides quickly. Winning small grants, the group created a decision-making and communication structure and hosted a planning retreat for members to brainstorm priorities. The coalition also began gaining visibility. After members saw a new report showing that large numbers of Atlanta’s AA and NHPI population were low-income, GAAPICC organized a briefing with elected officials. “That was the first indication of what GAAPICC could do,” said Wendy Ho of the Malaysian Association of Georgia.

Still, the coalition was fragile. Most of its core partners were volunteer-based social and cultural organizations with little policy advocacy experience. Collaborative relationships consisted primarily of going to each other’s events. For some, that low level of commitment was enough. Many community members, particularly the more well-educated and affluent ones, resisted raising the perception that the AA and NHPI community needed help.

However, the infusion of HTA resources and support helped galvanize the coalition, linking them to a national network and pulling members together to work on health care access, an issue that cut across

all their communities. The timing, coming shortly after GAAPICC had developed an infrastructure, was opportune. As Julia Lee, a former program coordinator for GAAPICC said, “HTA was the fuel that instigated the movement that needed to happen.”

Getting Stronger Together

To kick off the HTA initiative, GAAPICC demonstrated what its partners could achieve as a unifying force. In May 2008, GAAPICC hosted Georgia’s first AA and NHPI cancer summit, “ACT: Asian Americans Coming Together. It’s in Our Hands: First Steps to Eradicate Cancer.” More than 75 people attended, including community members and health care providers as well as representatives of state legislators, the American Cancer Society, and the Center for Disease Control. The one-day convening included sessions on the unequal burden of cancer in the AA and NHPI community and how to get concerns on the legislative agenda.

The event cleared a path for GAAPICC to build relationships with mainstream organizations and public agencies. The governor declared May 31 as AA and NHPI Cancer Awareness Day, and since the summit, one Congressman has been sending a staff member to GAAPICC’s meetings and events. The power behind the coalitions collective efforts was motivating. “The cancer summit raised a lot of awareness... we were not able to do this before as the Laotian American Society (alone),” shared Amphone Sengchanh.

GAAPICC also strengthened relationships within the Atlanta-area AA and NHPI community. The coalition invested in fostering a sense of shared history and collective identity through Pepper Talks, a series of monthly dialogues launched in 2010. Pepper Talk discussions ranged from racial identity of Korean adoptees, to the state’s redistricting policies, to movement-building within AA and NPHI fraternities and sororities. The gatherings were described as a place where people of diverse racial backgrounds

“It was like we formed a family – a space where we can openly talk about our issues.”

could learn more about the Atlanta AA and NHPI community, as well as about themselves. Pepper Talk meetings also became a critical vehicle for community members to both learn about and express their opinions on policy issues affecting the community. The Atlanta Regional Transportation Commission, which attended a Pepper Talk on whether taxes should be raised to support regional transportation, commented that the forum was one of the most useful community meetings on the issue.

As the capacity of GAAPICC grew, so did the strength of its members. The HTA grant paid for the hiring of two staff members as well as investments in capacity-building trainings. More established members helped mentor and collaborate with newer groups on fundraising and organizational development. With such assistance, the Vietnamese American Community of Georgia shifted from being a culturally-focused organization to providing social services and acquiring 1,000 square feet of office space. Another partner, Culture Connect, grew so much that it became ineligible for some sources of funding because its budget exceeded \$1 million. CPACS underwent the biggest transformation, tripling its revenue, increasing services and expanding its mission from direct-service work to include advocacy, research, and capacity building (see text box).

With GAAPICC as a medium, coalition partners also began establishing and strengthening relationships, with some working on other projects outside of the collaborative. The Philippine American Women’s Association of Georgia, for example, made connections with the Laotian American Society because of their joint interest in domestic violence issues. In general, the greater awareness of GAAPICC members of each other’s work meant they could refer community members to a wider network of services.

For leaders in the AA and NHPI community, GAAPICC was a bridge for relationships with each other. One CPACS staff member shared: “At our mid-year reflection, someone said that it was like we formed a family – a space where we can openly talk about our issues.”

Empowered By Data

Even as most residents in Georgia realized that the AA and NHPI population was increasing, those changes were not being reflected in the data. With the only racial categories listed in published data reports as “black,” “white,” and “other,” AA and NPHIs were virtually invisible. For years, Atlanta’s AA and NHPI community had asked for better data from various health agencies in order to assess needs, but was told none was available.

In 2008, an oversight resulted in data that was so grossly inaccurate that it galvanized the community. A report on health disparities among Georgia’s diverse racial groups said that AA and NPHIs were .1 percent of Gwinnett County’s population – rather than 10 percent. “It was definitely a slap in the face for us,” shared Lindsay Romasanta, a former HTA coordinator, who noted frustration with the fact that not only did they not have data on health disparities for the AA and NHPI community, but the limited population data they had was incorrect.

Drawing on its emerging strength as a coalition, GAAPICC went beyond asking for a correction. It helped the state’s Minority Health Advisory Council and researchers obtain more comprehensive data on AA and NPHIs. After researchers developed a health access survey, GAAPICC members translated it into Chinese, Korean, and Vietnamese. Leveraging each organization’s deep community trust, coalition partners collected more than 1,200 surveys, with 12 ethnic groups represented. The data was compiled into a formal addendum to the 2010 Georgia Health Equity Initiative Health Disparities Report, released by the Georgia Office of Minority Health in 2010.

Organizational Transformation:

The Center for Pan Asian Community Services (CPACS)



Since its founding in 1980, CPACS has served AA and NHPI immigrants. Now, its outreach work includes policymakers – and making sure that both groups interact.

The HTA investment of funding and training has fundamentally transformed the way the agency views its mission. Rather than simply focusing on the short-term needs of individuals and families, CPACS is helping to ensure the long-term health of the AA and NHPI community. To do so, CPACS is helping policymakers understand the issues and concerns of residents. In July 2012, capacity building, research, and advocacy officially became part of CPACS' mission, comprising the "three-legged stool" needed to support and enhance direct services.

Direct service organizations such as CPACS have traditionally been hesitant to get involved in advocacy, and indeed some staffers initially felt uncomfortable about the shift. But they are realizing the new mission will lead to bigger benefits for their community. "We are really shifting the agency," said CPACS Deputy Director Marianne Chung. "We are flipping it upside down and saying, 'Yeah, the work you have been doing is important, but also you have to look at the big picture. If we can impact this legislation, if we impact this policy, then your life will be so much easier.'"

Through HTA resources, CPACS gained both the knowledge and the confidence to expand its work. By leveraging the HTA grant into other funding opportunities, the agency's revenue has tripled, allowing it to increase capacity. Policy advocacy has been integrated into the agency's internal

structure, particularly with the development of its research capability.

The agency, which once kept data on paper records, created a research institute in 2010, with an online database and two staffers devoted to research. All employees, however, are charged with not only keeping better track of the services provided, but lifting up the data to inform program decisions and policy advocacy. "Within CPACS now, we think differently," Chung said. "We do think about the 'so what question'...What is the end policy change that we want?"

Armed with their answers, CPACS staffers have become proactive engaging policymakers. Trainings from the Asian & Pacific Islander American Health Forum have provided CPACS staff with the language and tools to explain their concerns to legislators. Demonstrating their visibility, CPACS staffers have been invited to sit on several boards including the Office of Minority Health Region IV Health Equity Council and the Metro Atlanta Advisory Board Health Impact Assessment. But CPACS staffers know that showing up at the table is not enough; they have to assert their needs. As Executive Director Chaiwon Kim shared: "We go this mainstream meeting, and we voice out."

As CPACS grows, it also is helping to strengthen partners. CPACS has made investments in bringing training and resources to other members of GAAPICC. In time, Ms. Chung said, CPACS' development can have a snowball effect on other agencies. She noted how much the HTA initiative had changed CPACS: "HTA opened our eyes to see more, helped us to dream more."



Members of Georgia's Asian American, Native Hawaiian and Pacific Islander community, at the 2012 Annual TEA Walk.

Community members ended up serving as a “more than equal partner,” shared Dr. Rust, a Morehouse School of Medicine professor who was the report’s lead researcher. With GAAPICC’s help, Rust said, he and others have been able to “work through challenges of our own ignorance and follow their lead as experts in their communities.”

As the partnership raised the issue of AA and NHPI data, other advancements were made. Dr. Rust supported GAAPICC’s successful push to have the state’s health data repository include “Asians” as a category, disaggregating them from the catch-all “other” box. He also helped convince the Georgia Department of Community Health to add questions about linguistic and culturally competent services to its annual survey of hospitals. Among the findings from the new questions: less than half of the hospitals had any paid interpreter on staff.

Meanwhile, CPACS was spurred to add data capacity to its own framework. CPACS hired employees dedicated to research, and many staff members were trained on research methods, with the help of Georgia State University. Data now informs program

improvement decision-making as well as policy advocacy. In 2010, CPACS launched a research institute, becoming a go-to organization for AA and NHPI community data and offering data workshops to other AA and NHPI organizations in the Southern United States.

Transforming Into Advocates

The HTA collaborative worked to turn the community’s increased visibility into the power to change policy. Many GAAPICC partners represented first-generation immigrants who had little experience with civic participation. Their organizations’ leaders had made little contact with legislators and had no idea how to begin such a relationship.

HTA made advocacy less daunting, with GAAPICC members taking small steps toward greater engagement. In planning events such as the cancer summit and Pepper Talks, GAAPICC members gained

**“We let them hear our voice.
And they are listening.
We are transformed.”**

experience in reaching out to elected officials. Those activities also helped gain seats at policy tables, from a Gwinnet County advisory board to the Office of Minority Health Region IV Health Equity Council. And thanks to HTA trainings, GAAPICC leaders go into those meetings with advocacy in mind. “We let them hear our voice. And they are listening,” Ms. Kim shared. “We are transformed.”

In 2011, GAAPICC partners made their boldest – and most successful – foray into connecting with lawmakers. As part of a project involving HTA sites around the country, on March 23, 2010, GAAPICC celebrated the first anniversary of the Affordable Care Act (ACA) by thanking legislators who had supported the law. The excitement around GAAPICC’s visit to U.S. Rep. John Lewis’ office was palpable. Ten GAAPICC representatives traveled on a “party bus,” bearing gifts including Korean rice cakes, Vietnamese money envelopes, and cupcakes. More than 200 community members had signed a birthday card, and OPACS members had produced a video showcasing appreciation for ACA. “That experience gave us a way to go to our legislators, but not in a way to fight for something that was an injustice,” Ms. Chung said. “It was a safe and fun way, and that made them remember us.”

With the connections made during the light-hearted celebration came serious opportunities for advocacy. At that meeting, Lewis invited the group to an upcoming dialogue about women’s issues, and later, to a forum on voting rights and redistricting. In turn, his staffers attended a GAAPICC-sponsored gathering. A few months after the ACA anniversary visit, Lewis spoke at CPACS’s biggest community advocacy event, the TEA (Together Empowering Asians) Walk. Calling AA and NHPs an “important segment” of Georgia’s population, Rep. Lewis emphasized the walk’s “We Are One” theme: “We’re one family; we’re one house. We all live in the same house.”

The growth of the annual TEA Walk demonstrates a mounting interest by AA and NHPs in civic participation and a strengthened base for future community organizing. The event, founded by CPACS in 2005, drew 150 participants the first year. In recent years, about 1,500 have marched along a two-mile stretch of Buford Highway, holding up signs and American flags to underscore the importance of the growing presence of AA and NHPs in the Atlanta region.

Looking Forward

GAAPICC members realize that they have more work ahead to leverage their growing power. The HTA experience has shown the community’s ability to mobilize, but the coalition itself was described as not quite yet a “well-oiled advocacy machine.” CPACS staff are still currently sitting as primary representatives at policy-making tables, and continuing investments in building capacity of GAAPICC partner organizations were therefore described as critical next steps to expanding the influence of the AA and NHP community.

At the same time, the past five years have laid the groundwork for important change to come. As coalition members reflected, it is not just the knowledge and skills that have been gained through HTA, or even new or strengthened relationships with key policymakers and state agencies that positions them well. It is the relationships with each other, and the emergence of an authentic and unified panethnic AA and NHP community voice, that will ensure that the community they collectively represent continues to be heard and included in the decisions that affect their health.

GAAPICC members are already seeing a shift in how others see the AA and NHP community. As Project Director Marianne Chung noted: “There’s a raised consciousness that was not there before, that they have to acknowledge the Asian American community in Georgia. It’s something they know they need to consider and include.”

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

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