HEALTH THROUGH ACTION

NEW YORK

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

Creating a Seat at the Table for Community Voice

On March 23, 2011, Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) groups flooded the offices of New York national lawmakers, bearing birthday cards and cupcakes. They were celebrating the first anniversary of the passage of the Affordable Care Act (ACA), thanking their representatives for supporting legislation that had powerful implications for community health.

The effort was spearheaded by Project CHARGE (Coalition for Health Access to Reach Greater Equity), a coalition of 14 AA and NHPI organizations working together on behalf of their shared community. The festivities that accompanied the one-year anniversary of the Affordable Care Act were not just a celebration of the law. They also marked a celebration of the tremendous path that Project CHARGE and its members had blazed in its efforts to promote health access on behalf of New York's AA and NHPI communities.

Project CHARGE (Coalition for Health Access to Reach Greater Equity) is the first pan-Asian coalition for health care in New York City. The coalition uses community education and collective advocacy at the local and state levels to increase and sustain Asian Americans' access to health care, including their access to language access and culturally competent case management and navigation services. Project CHARGE's 14 partners include pan-Asian and ethnic-specific health and social service organizations, health clinics, and universities.

POPULATION AT A GLANCE

New York City's AA and NHPIs

Nearly one in seven New Yorkers trace their heritage to AA or NHPI countries, the most of any city in the country. The AA and NHPI community is the fastest growing group in New York, jumping 30 percent in the past decade, to about 1.14 million residents. The population has spread beyond traditional enclaves such as Manhattan's Chinatown to neighborhoods throughout the city's five boroughs. More than 70 percent are foreign-born, although the number of native-born residents is rising.

The community's diversity is astounding, with people from more than 40 cultures and ethnic groups who speak more than 150 languages and dialects. The Chinese are the largest group (44 percent), followed by Indian (21 percent), Korean (9 percent), Filipino (7 percent), and Bangladeshi (5 percent). Emerging groups include the Nepalese, Burmese, and Bhutanese, most of whom arrived in the past decade on asylum and refugee visas.

1.14 million
Total AA and NHPIs in 2010

13.9%
of New York City's Total Population in 2010

30%
increase in New York City's AA and NHPI population 2000 – 2010

**Asian Americans in New York City: A Decade of Dynamic Change 2000-2010. www.aafny.org/pdf/AAF_nyc2010report.pdf*

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Just four years earlier, health care reform seemed like a distant dream, and even Project CHARGE itself an ambitious idea. The coalition of AA and NHPI groups, most of which had never previously worked together on large-scale initiatives, had formed as a result of a four-year Health Through Action grant (HTA) from the W.K. Kellogg Foundation. As one of seven groups nationwide receiving funds to reduce health disparities by building community capacity, Project CHARGE sought to unite and raise the visibility of the largest AA and NHPI community in the country.

As documented in this case study, the HTA funding helped the fledgling collaborative develop its advocacy capacity just as health care legislation was moving forward. With an emphasis on shared leadership and lifting up community voices, Project CHARGE created a strong base of support that attracted attention from policymakers. True to its name, Project CHARGE seized the window of opportunity to ensure that AA and NHPI views were represented in the health care reform debate. And as the coalition strengthened, it became well-positioned to affect the implementation of ACA and broaden its outreach to other health disparity issues.

Creating a Vision and Structure for Change: The Launch of Project CHARGE

New York City's AA and NHPI community of 1.14 million residents is larger than the entire population of most cities, but prior to Project CHARGE's formation, those numbers had not translated into much visibility or power. At any given time, just one or two Asian Americans were serving in the state legislature or city council. Of the city contract dollars that go through social service agencies, the AA and NHPI community received only .24 percent, though it makes up close to 14 percent of the population. Within the community, there was a multitude of organizations, but many lacked

capacity for coordination. Most agencies were service providers, narrowly focused on working with specific ethnicities and immediate concerns. While some groups had worked together on a few issues, the partnerships had not been long-lived.

The call for HTA proposals happened to come at an opportune time, when some groups were in the midst of planning an annual New York City Asian American health conference. These groups were already focused on health issues and had good relationships working with each other. They saw the HTA grant as enabling their collaborative efforts to grow in magnitude and sustainability.

The launch of the first, large-scale pan-Asian health coalition was exciting in large part because of the diversity of partners at the table. The coalition reflected a holistic approach to health, including health organizations as well as agencies focused in youth development, domestic violence, community development, housing, and other social services. Partners ranged in staff size from 1 to 400 and served the breadth of New York City's AA and NHPI population. Such diversity offered a wide array of expertise and a broad base of supporters. Yet, some partners also acknowledged the potential complications of such a mix.

Thoughtful and strategic decisions early on, however, created a solid foundation for authentic and equitable collaboration. The lead agency, the Coalition for Asian American Children and Families (CACF), was a pan-Asian organization perceived to be ethnically neutral and extremely mindful of its role as a facilitator within the coalition. Senior leaders from each partner agency were required to attend monthly meetings to ensure commitment to the project. HTA Project Director, Noilyn Abesamis-Mendoza, hired from the New York University Center for the Study of Asian American Health, was lauded for her ability to navigate ethnic politics and her commitment to fostering a model of shared leadership within the coalition.

The vision of the coalition also fostered meaningful engagement from all partners. At an all-day retreat of coalition partners, the group rejected the idea of focusing on a narrow health issue and decided to tackle the issue of health care access. The issue encompassed all communities, as well as impacted other arenas such as education and employment. Even service providers that had rarely engaged in advocacy recognized that a strong collaborative advocating for health access would ultimately strengthen their own programs, outreach, and effectiveness. As Rhodora Ursua, acting executive director of the Kalsugan Coalition, said: "It's kind of hard to set aside the time and resources to dedicate to advocacy. But when we all came together and saw that health access was a cross-cutting issue that we could all address together, something that affected all of our communities… that really got people invested."

"We all came together and saw that health access was a cross-cutting issue that we could all address together..."

With the HTA funding and platform, the groups felt empowered to take a leap of faith into a collaboration that had never been tried before. Project Director Abesamis-Mendoza said the AA and NHPI community had the ability and expertise – and the growing numbers – but needed support to find a collective voice. As she noted: "There's much more of a larger sense of ownership because this is a larger movement."

Laying the Groundwork

From the beginning, Project CHARGE was intentional about having service providers at the table to serve as critical links to the affected populations they were representing. The preponderance of service providers with little advocacy experience within the coalition, however, required a sustained focus on advocacy capacity building. Through monthly training sessions, Project CHARGE not only introduced advocacy knowledge and skills through an established curriculum, but

Fostering Successful Collaborative Development

Across the board, Project CHARGE's members remarked that – in a city where politics has historically served as a wedge between groups – their development as a collaborative served as the basis of their success. For example, initially, all partners were required to send someone at the decision-making level, rather than a token representative, to the coalition's monthly meeting to facilitate expedient collaborative decision-making. In turn, each partner organization received a stipend of $4,000. Although modest, the stipend signified the coalition's investment in its members, and secured the commitment of partners to continue sending representatives despite staff turnover that occurred over the course of four years.

The coalition also functioned with clear transparency and attention to shared power. At a facilitated retreat prior to its formal launch, members hammered out details about infrastructure, communications, and decision-making. They discussed group work styles and brainstormed ways to foster collaboration and minimize tensions. Between the monthly meetings and annual retreats, partners used technology to keep each other informed. As Project Director Noilyn Abesamis-Mendoza said: "The strength of our collaborative is due to the transparency of the work."

also regularly brought experts in to provide in-depth issue briefings to coalition partners. According to Project Director Abesamis-Mendoza, the trainings were intended to create a paradigm shift in how partners approached serving their community, by linking their service efforts to "the bigger picture of what it means to be at the table, be engaged, be counted, and to demand that our needs are being met when policy decisions go down."

Looking back, coalition partners agreed that early investments in advocacy capacity building were critical for strengthening shared leadership within the coalition. The gatherings gave partners a common language and a set of tools through primers on the legislative process, discussions of health care policies, and strategy sessions on relationship building with policymakers. Some said the trainings gave them access to information on health policy issues that smaller organizations or those not focused on health care might not have had otherwise. One member reflected: "It really leveled the playing field in a way."

Also laying the groundwork for change, the coalition made an early decision to formally document community voices and concerns. Project Director Abesamis-Mendoza remembers, "At the time (HTA/CHARGE was first launched) there was such a lack of information. People were really hungry to understand 'What are some of the basic challenges AA and NHPI populations face related to health access?'"

In the summer of 2009, Project CHARGE organized a series of health care chats aimed at surfacing key health issues for New York City AA and NHPIs. Community members were asked questions about key health issues that they faced. The candid feedback, from a total of 128 participants representing nine different ethnic groups offered a compelling framework for the coalition's growing advocacy efforts. Surprising many coalitions members, cost and affordability were

the biggest concerns, even topping culturally-competent services.

The findings created an entry point for Project CHARGE to continue to strengthen its relationships with other health access groups and policymakers. As CHARGE partner Henrietta Ho-Asjoe noted, the community chats gave Project CHARGE credibility: "It's more powerful to say, 'Look it's not just us saying this. These are the voices, these are the quotes from them. And it's not just from one ethnic community.'" The group started to become a "go to" source for health access concerns of the AA and NHPI community. After meeting with the director of intergovernmental affairs for Sen. Kirsten Gillibrand, the coalition's lead agency, CACF, was invited to be part of the senator's community health committee.

At the beginning of 2010, the halfway point of its grant period, Project CHARGE's work reached a critical juncture. Debate over federal health care reform was heating up. The U.S. House of Representatives had just passed its version of a bill, and the Senate was taking up the issue. Project CHARGE found itself suddenly positioned to serve as a representative advising body on AA and NHPI health when it was most needed.

Capitalizing on a Window of Opportunity

With the debate on health care reform reaching a fevered pitch, Project CHARGE seized the opportunity to include AA and NHPI voices. The coalition was in the process of summarizing findings from their 2009 community health chats, and therefore lifted up some of the most critical challenges to AA and NHPI health care access and tied implications to an analysis of pending federal legislation. Coalition members recollect that federal legislation was moving so quickly through the House and Senate during that window, they had to edit and re-edit the report to ensure their policy recommendations were relevant. Their efforts paid off. The final report–Healing the Health Care System: Asian American Voices for Health Care Reform – was released just one month before the Affordable Care Act was passed. The timeliness of the release positioned Project CHARGE as an authority on AA and NHPI issues during the debate.

> *"They said... Project CHARGE should be at the table."*

The coalition continued to gain traction as it held its first State Advocacy Day, on May 12, 2010, less than two months after President Obama signed the health care bill into law. It was the first time that a group representing the AA and NHPI community had gone to the capitol. As Sapna Pandya, formerly the South Asian Health Initiative representative to Project CHARGE, observed: "I think that they sit up and take notice when they see a bunch of groups come together around something." At meetings with 24 lawmakers, coalition members –armed with their report and using HTA talking points – were unified around a set of recommendations to ensure that the needs of AA and NHPIs would be met in the new health care system. They specifically asked about New York's plans for setting up an advisory council, a provision in the new law that many lawmakers were not even familiar with at that time.

The work culminated in a major victory. Soon after its visit to the capitol, several assembly members and state senators who met with the coalition wrote letters recommending the coalition and Project CHARGE be appointed to the New York State Governor's Health Care Reform Advisory Committee. Project CHARGE was chosen over a number of more well-established health policy groups, was the only group representing the AA and NHPI community, and was just one of two groups representing immigrant groups. Project Director Abesamis-Mendoza described the phone call from the governor's office: "They said to us that they've been hearing a lot about our group and our work and thought Project CHARGE should be at the table."

Growing Power

With greater visibility of the AA and NHPI community, Project CHARGE accelerated its development of relationships with policymakers as well as the capacity of its partners. As Ms. Abesamis-Mendoza noted, Project CHARGE viewed Affordable Care Act as the "floor and not the ceiling."

As the nitty-gritty work of implementing health care reform moved forward, Project CHARGE was proactive in ensuring the inclusion of the AA and NHPI community. The coalition served as a bridge between service providers, community members, and policymakers. Project CHARGE partners not only testified at public hearings on issues such as the state health insurance exchange, but also organized gatherings that allowed policymakers and community members to meaningfully interact. For example, a community health forum, organized by Project CHARGE in October 2010, provided a venue to answer specific questions that community members had about their eligibility for subsidies and the individual mandate. It also was a chance for key decision makers at federal and state levels to hear about specific concerns from consumers. An official at the New York Department of Health later said that feedback from the forum shaped the agency's outreach strategy.

Project CHARGE members also found themselves being invited to join more policy tables, giving them a bigger platform for advocacy. Some reflected that the very existence of the coalition made it easier for policymakers to include the AA and NHPI community without having to navigate through the politics of New York's numerous groups. Project Director Abesamis-Mendoza describes: "They come to us, (saying) 'give us recommendations (for who should sit on this committee),' and we're able to say, 'Okay. We're going to recommend these organizations.'" Among the most high-profile

Toward a Model of Shared Leadership

Project CHARGE's success can be found in not just in the policy seats that they were able to gain through HTA, but also in their approach to shared leadership. Coalition partners emphasized the critical importance of an approach to political empowerment in which there was no single "face" of the collaborative. Rather, Project CHARGE members rotate responsibilities by sitting on various policy advisory bodies, and the project director is intentional about nominating partners and/or supporting them in submitting applications to serve on public boards. Even when a formal invitation goes to the project director, she has been intentional about bringing another partner along with her and eventually transitioning responsibility to that person. Further, once at the table, representatives are explicitly coached about how to effectively represent both their respective organization and Project CHARGE. As shared by one partner, "Certainly, Project CHARGE through the years – through all the trainings, all the meetings – has taught all of us how to be outspoken and at least know some of the data. So that when we do speak, we are equipped with the data and framing."

From left to right: Health care reform rally in Washington, D.C.; Project CHARGE launch and press briefing at City Hall; Visits to national lawmakers on the one year anniversary of the passage of the Affordable Care Act

policy tables that coalition partners sit at are the Medicaid Redesign Team Health Disparities Workgroup, the Department of Health and Human Services' Region II Health Equity Council, and New York's Health Benefit Exchange Regional Advisory Committee.

As Project CHARGE has grown in influence, AA and NHPI issues have also earned a place in health policy debate. New York City advocacy groups who had previously dismissed AA and NHPI community concerns have since reversed their positions, and actively pursued Project CHARGE to serve as steering committee members representing their community. A 2010 report on language access included specific references to AA and NHPI languages. Members of Project CHARGE, who were interviewed for the project, doubt that the inclusion would have happened prior to the HTA initiative.

Sustaining Success

While the achievements of Project CHARGE to date have been impressive, several members say that its full potential has yet to be realized. Given New York's sizable AA and NHPI community, the coalition's work so far "is just the tip of the iceberg," said Suki Terada Ports, executive director of the Family Health Project. "It's the infant beginning to reach out and be seen."

The state advocacy day has now become an annual event, with more partners taking on different roles in shaping and organizing it. The visits have sharpened in their focus; rather than just raising the visibility of AA and NHPIs, the community has increasingly sharpened its focus on specific *policies* that impact AA and NHPI health. Project Director Abesamis-Mendoza remarked that the growing confidence and savvy of coalition members is evident and that they return from each capitol visit with new levels of sophistication in their understanding of the legislative process and how to navigate it.

The significance of HTA is not just the growing capacity of individual members to influence change on behalf of New York's AA and NHPI community. The legacy of the last four years been in the coalition itself, and the collective power represented within Project CHARGE. Project Director Abesamis-Mendoza explains, "We lose out when one of our partners is not at the table. They don't bring their perspective, their knowledge, and their resources if they are not participating. Ultimately, we are stronger together."

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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