

ASIAN AMERICAN LOCAL CONVERSATION ON MINORITY HEALTH

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Sponsors: Asian American Health Coalition
Ohio Commission on Minority Health

Co-Sponsors: Asian Pacific Islander American Health Forum/W.K. Kellogg
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The 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. A total of 82 individuals participated. They came from communities around the state and represented all major Asian American sub-groups living in Ohio (Chinese, Japanese, Filipino, Vietnamese, Thai, Cambodian, Asian Indian, Pakistani, Hmong, Pacific Islander, Laotian, and Korean).

Participants were broken into four groups where they discussed health disparity needs related to services, resources, capacity building, and infrastructure. At the end of the discussion of needs, participants went through an exercise in which they prioritized the needs identified. A discussion of strategies to meet the needs followed. Although each breakout group had an assigned topic, the discussion among the groups covered overlapping topics. Thus, the description of group discussion results that follows reflects the contributions of all groups to each topic area.

SUMMARY OF SMALL GROUP DISCUSSIONS

Resources

Identification of needed health resources crossed all discussion groups. 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. For example, one participant described an incident with an Asian woman without health insurance who received medicine for high blood pressure. When her blood pressure went down, she stopped taking the medicine both because she lacked money for more medicine and because she believed that the problem was solved. Of course, without the medicine, her blood pressure went back up. Translated materials with medication instruction might have helped her better understand what she needed to do. 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.

A third cross-cutting resource need was 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. Many excellent resources were identified in diverse locations (e.g., a free health clinic in a Korean church in the Cleveland area, a Lucky Senior Group in the Akron area, etc.) but there was a perception that many potential consumers of such services were unaware of their existence. 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

The top need identified by the group discussing gaps in services was for additional data on the health needs of Asian Americans. 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 are important for planning services and for bringing attention and resources to bear on the health disparities affecting many Asian American communities. City and county level data are particularly needed.

The group identified numerous 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. Although health screenings are available through programs such as the Asian Festival Health Fair, more such programs are needed in different locations. They also need to be offered more frequently and marketed broadly to reach the widest possible audience.

The group identified vulnerable populations needing additional services. They felt that the health needs of seniors are not adequately addressed, particularly with regard to mental health services and to the prevention of abuse. Other vulnerable groups include children, pregnant women (especially calling attention to the scarcity of prenatal programs for Asian American women), new mothers lacking health insurance, and new immigrants. New immigrants face a variety of challenges, including unfamiliarity with western health concepts and systems. 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. Participants believed that there was a pressing need to develop friendship networks where those who have been here longer can provide help and support to newer immigrants.

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

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. Additionally, incidences of glaucoma without high eyeball pressure have been found in Asian patients. 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 also needed for health service providers. This training should include general information on the backgrounds and cultures of the

various Asian groups in Ohio, guidance on Asian American expectations in health care encounters, and on sensitivity to patient cultural preferences and beliefs in health care treatment. In addition, there should be an emphasis on explaining Asian American views of alternative medicine and traditional health practices and promoting a blend of eastern and western concepts in patient treatment. 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.

For organizations providing health services to Asian Americans, there is a need to develop capacity in seeking funding support. These organizations need training to help them become more knowledgeable and competitive in the search for funding for health services. Organizations need help in identifying funding sources (including opportunities among private organizations, corporations, and hospitals) and in writing proposals that make a persuasive case for funding to meet the needs of their communities and meet the technical requirements of the funding organization.

To develop the capacity of Asian communities to help address health disparities, there is a 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, particularly for those who are under 65 and those who are more recent immigrants with green cards. Ohio Medicaid serves only those who obtained their green cards in 1996 or earlier. For those with health insurance, the high deductibles are a significant problem as is the high cost of medicines. While there are existing free health services in some communities in the state and the Asian American Health Coalition is beginning to work with partners to develop others, additional development of free or low cost health services for Asian Americans in Ohio is greatly needed. There should be active programs to encourage the donation of time by physicians and other health professionals for free health care services on a regular basis.

Better transportation to health services is another critical infrastructure need. For low income patients, a lack of reliable, affordable transportation is a barrier for getting to medical appointments and attending prevention programs. Participants believed that there was a need for community-based agencies to work together to coordinate transportation services for efficiency and increased access.

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. Although there was discussion of whether such

centers should be Pan-Asian center or for specific Asian subgroups, no consensus was reached.

Participants believed that the infrastructure would benefit from additional voice for Asian Americans at the state government level. Specifically, the view was advanced that belief was that an Asian American Council to advise the governor on Asian American health needs would help to focus attention on the health disparities affecting this population and generate resources to address these needs. Participants recognized the benefits to the community from organizing a state level Asian American Health Coalition, particularly in terms of bringing in new partnerships and programs. They believed that additional infrastructure development in the form of city, county, or regional coalitions would provide even more benefit.

A summary of needs identified by the Asian American Local Conversation on Minority Health participants appears on the page that follows.

SUMMARY OF NEEDS IDENTIFIED

Resources

- Language resources
 - Additional interpreters for health services
 - Training programs for interpreters
 - ESL training for elders, youth, and new immigrants
 - Native language programs for 2nd and 3rd generation Asian
- Lack of information on services available in local communities
- Funding for health care and health promotion programs
- Translated health education materials
 - Specific health conditions
 - Medication instructions
 - Orientation to U.S. healthcare system

Services

- Access to research data on health needs of Asian Americans, disaggregated by sub-group
- Additional service need areas
 - Mental health
 - Gambling
 - Tobacco cessation and second hand smoke exposure
 - Diabetes education and treatment
 - Alcohol addiction treatment and prevention
 - Hepatitis B
 - Tuberculosis
 - Asthma
 - Women's health issues
 - Human trafficking and prostitution
- More free health screenings for a variety of diseases, offered more frequently and in more locations
- Hate crime prevention
- Services targeting vulnerable populations
 - Children and adolescents
 - Elders
 - Pregnant women and young mothers
 - New immigrants

Capacity Building

- Health provider training on health disparities affecting Asian Americans
 - Specific diseases affecting particular sub-groups
 - Differing norms or disease markers for Asian Americans
- Leadership development training for adults and youth
- Cultural competency training for both those in the education pipeline and for current service providers
 - General information on background and culture of Asian American sub-groups
 - Cultural health beliefs
 - Alternative medicine and traditional health practices
 - Patient expectations in healthcare encounters

Infrastructure

- Lack of health insurance or insurance inadequate to meet healthcare and medication needs
- Lack of reliable, affordable transportation to get to health services
- Community centers incorporating:
 - Language schools
 - Information resources
 - Health promotion programs
 - Social and cultural events
- Asian American Council appointed to advise the governor on Asian American health needs
- Additional coalition development at local and regional levels

Recommendations

1. Promote volunteerism of doctors and other health professionals and the provision of free health clinics on a regular basis.
2. Increase number of free health screenings offered in ethnic community settings and efforts to provide follow up and referral services for those with abnormal screenings.
3. Advocate for additional funding and better language access to support health services needed in Asian communities.
4. Provide increased translator and interpreter services for patients with limited English proficiency.
5. Offer and market additional ESL programs for elders, youth, and new immigrants.
6. Address transportation needs by recruiting volunteer drivers for buses to provide transportation to health services.
7. Look at successful transportation models from other communities; e.g., agencies that have come together to address transportation needs collectively.
8. Encourage schools to provide orientations to parents in their native languages.
9. Develop friendship networks for new immigrants that use 1st generation volunteers.
10. Develop local resource inventories that include information on free health services, interpreter services, and ethnic doctors in the region.
11. Distribute health resource information to new immigrants as they arrive.
12. Utilize a variety of media (newsletters and other print materials, audio, video, radio and TV spots, and presentations) in different languages to disseminate health information and inventories of local resources in a variety of venues (schools, churches, senior centers, and other community locations).
13. Research best practices in health care and health promotion service delivery and work to replicate successful models (e.g., the Lucky Senior Group operated by Asian Services in Action) in other communities.
14. Create pipeline development programs to address shortage of Asian American health providers.
15. Create community health partnerships with academic institutions and with religious organizations.

16. Recruit Asian Americans to relocate and stay in Ohio.
17. Encourage corporations to provide help in acculturating their Asian employees.
18. Market the concept of volunteering so that Asian groups will have more visibility and can teach others about their cultures.
19. Provide training for Asian American health service provider organizations on researching funding sources and grant writing.
20. Demand to have an Asian American Council to advise the governor on Asian American health needs.
21. Promote greater participation of Asian Americans on boards and commissions.
22. Advocate and market for the acceptance of alternative medicine.
23. Encourage organizations to make cultural competency a part of employee evaluations.
24. Provide opportunities for networking and dialogue across geographic boundaries.
25. Encourage Asian American community to vote for candidates who will support their interests.