

# HEALTH through ACTION

A PARTNERSHIP PROGRAM TO CLOSE HEALTH GAPS FOR  
ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS



## THE CHALLENGE

The U.S. health care system is broken, and Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPs) disproportionately feel the pain of this broken system. Like many other minority communities in the United States, AA and NHPI communities have higher rates of certain preventable diseases, such as Hepatitis B, tuberculosis, and certain cancers. Nearly one in five is uninsured. In large part these problems result from a mix of poverty, cultural barriers, and language problems that prevent AA and NHPI individuals from obtaining health insurance and high-quality health care.

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## ONLY 64 PERCENT OF ASIAN AMERICAN WOMEN RECEIVE A REGULAR CERVICAL CANCER SCREENING, LOWER THAN ANY OTHER ETHNIC GROUP



- Many AA and NHPI individuals (12 percent) are poor<sup>1</sup>, and some ethnic groups are more likely to lack insurance than are other minorities. For example, 1 in 3 Korean Americans and 1 in 4 Native Hawaiians and Pacific Islanders are uninsured.<sup>2</sup>
- Only 64 percent of Asian American women receive a regular cervical cancer screening, lower than any other ethnic group.<sup>3</sup>
- Only 42 percent of Asian Americans age 50 or older have received a colon cancer screening.<sup>4</sup>
- The liver cancer rate among Vietnamese American men is more than 11 times that of white men.<sup>5</sup>

More than 15.5 million Asian Americans, Native Hawaiians, and Pacific Islanders live in the United States. Communities across the nation are home to AA and NHPI families from many nations. This diverse population includes both recent immigrants and longstanding U.S. citizens. It includes people with origins in dozens of nations that are geographically, racially, culturally, and linguistically distinct. Across these peoples, the medical problems, approaches to staying healthy, and patterns of seeking health services also vary markedly.

### THE HEALTH THROUGH ACTION PROGRAM

**Health Through Action (HTA)** is a  \$16.5 million, five-year partnership between the W.K. Kellogg Foundation and the Asian and Pacific Islander American Health Forum (APIAHF). This is the first such cooperative effort to improve health and reduce health care disparities for the AA and NHPI population. APIAHF serves as the program office and coordinating organization for this initiative.

HTA employs a multi-pronged approach, involving both local and national efforts, to:

- **Strengthen community capacity** through funding and technical assistance
- Improve **data collection and research** on AA and NHPI populations and issues
- Build a **national network** of communities and organizations that can more effectively organize and advocate for AA and NHPI health
- Provide training and support for those involved in **policy initiatives and advocacy** and
- Develop and implement a **Native Hawaiian and Pacific Islander health agenda**.

### HTA'S COMMUNITY PARTNERSHIPS

A vital component of the HTA program can be found at the grassroots level. In late 2007, HTA's Community Partnerships program awarded multiyear grants to 12 AA and NHPI coalitions in 10 states. The program provides these local partnership not just funds; APIAHF also provides technical assistance related to organizational development and sustainability, coalition building, advocacy, data, local evaluation, and strategic communications. The community partnerships work to strengthen their coalition partners as well as their communities' approaches to improving the health of AA and NHPI residents. As the following brief descriptions indicate, they provide direct services to meet local needs, they raise awareness of specific health issues, and they work to increase local resources for health care.

In **Phoenix, Arizona**, a four-year project aims to develop a sustainable capacity for health improvement programs and policies within AA and NHPI communities. It has developed a broad-based steering committee, engaged in collaborative strategic planning, and worked on members' leadership development and advocacy skills. Through phone surveys, focus group work, and key informant interviews, the project is informing its program and policy efforts to decrease the impact of cancer and improve the health status of AAs and NHPIs in Arizona. **Lead Agency: Asian Pacific Community in Action**

## ONLY 42 PERCENT OF ASIAN AMERICANS AGE 50 OR OLDER HAVE RECEIVED A COLON CANCER SCREENING



An **Oakland, California**-based four-year project is strengthening the ability of Asian Health Services' Patient Leadership Councils to meet community health needs, by improving English language proficiency and health literacy and by using stories as an advocacy tool. It is increasing engagement with Korean, Vietnamese, Cambodian, and Lu Mien community organizations and supporting their development. This includes activities from strategic planning to establishing linkages with elected representatives. It is also documenting and disseminating lessons learned to share with other health organizations. A prime policy concern has been proposed service cuts for new legal immigrants under the state Medicaid program, MediCal. **Lead Agency: Asian Health Services**

In **Carson, California**, a two-year project aims to strengthen the capacity of the lead organization through organizational development, including: training and development of the staff and volunteer workforce; increasing revenues; enhancing existing leadership and developing new leaders; and developing supportive partnerships with various Samoan community groups. Programmatically, the project focuses on improving access to primary health care, especially for people at risk from chronic conditions, such as obesity, cancer, diabetes, and hypertension. **Lead Agency: Samoan National Nurses Association**

A two-year project based in **Oakland, California**, is working to strengthen the staff and board of the lead agency, so that it can successfully give a face and voice to AAs and NHPIs with mental and physical disabilities. The project provides technical assistance to community-based organizations and leadership training to individuals with disabilities, conducts data research, and is developing a statewide, web-based clearinghouse of resources and information. It also will work to increase awareness and understanding by mainstream as well as AA and NHPI groups about the issues and best practices for addressing disabilities for AAs and NHPIs. **Lead Agency: Asian and Pacific Islanders with Disabilities in California**

**Atlanta, Georgia's** coalition is striving to strengthen partnerships within the area's diverse AA and NHPI communities and to foster collaborative approaches to improving the overall health of AAs and NHPIs in the state. Under this four-year project, the coalition has worked with the state Minority Health Advisory Council to improve reporting of health statistics related to AAs and NHPIs, is developing a community health navigation program, and is engaged in advocacy, especially around access to health services and cancer treatment. In 2009, it helped organize a statewide conversation on health care reform. **Lead Agency: Center for Pan Asian Community Services**

In **Honolulu, Hawai'i**, the coalition, called Lei Hīpu`u o Kalihi Valley, has built its vision for early childhood health and well-being on insights from representatives of Hawai'i's diverse Pacific Islander communities. With this guidance, strong, positive relationships are building between families, service providers, community organizations, and the `aina (land). As a result, accessibility and cultural competency of services that support quality of life for families with young children are being enhanced. The four-year project also is piloting the first Medical-Legal Partnership for Children in Hawai'i with the University of Hawai'i William S. Richardson School of Law. **Lead Agency: Kokua Kalihi Valley Comprehensive Family Services**

The four-year project of the **New York City** coalition, Project CHARGE (Coalition for Health Access to Reach Greater Equity) focuses on increasing access to public and private, employer-based health insurance. It advocates expanded services for people enrolling in public plans, including culturally competent and language-accessible enrollment initiatives and expansion of critical "enabling services," such as language assistance, transportation, outreach, health education, and case management. It promotes collective advocacy to improve policies, funding, and pan-Asian interests in health care access and quality and provides information on the state budget development and legislative processes. **Lead Agency: Asian American Coalition for Children and Families**

## 1 IN 3 KOREAN AMERICANS AND 1 IN 4 NATIVE HAWAIIANS AND PACIFIC ISLANDERS ARE UNINSURED



The **Minneapolis, Minnesota**, project is working to strengthen and diversify its coalition. This four-year project is developing a “Minnesota Community Blueprint for Asian and Pacific Islander Health,” based on hundreds of past community recommendations. Data collection to document disparities is a priority, as is ongoing advocacy, including a hearing on “Asian Health Disparities in Minnesota,” in which 17 federal, state, and local officials heard testimony describing the impact of health disparities and a panel on the imminent state budget deficit and how to advocate for AA and NHPI communities in the budget process.

**Lead Agency: Minnesota Asian American Health Coalition**

The **Ohio** coalition is creating an active statewide Asian Health Coalition to advocate for systems, funding, and policy changes, particularly related to Hepatitis B. Its strong regional network of community advocates (individuals and organizations) works both independently and in coordination with the statewide coalition. For example, the coalition conducted the first statewide Asian American conversation on health. This four-year project also is working to strengthen the state’s Asian American research community, improve researchers’ collaboration with ethnic communities and organizations, and encourage projects using community-based participatory research methods. **Lead Agency: Asian Services In Action**

A one-year project in **Providence, Rhode Island**, is working to strengthen relationships among underserved communities of Southeast Asians in the city. It is conducting a needs assessment for health and social services among these populations and training and support for professional development among board and staff. Through its activities, the project hopes to foster a better understanding of local Southeast Asian communities and their needs, while strengthening organizational capacity. **Lead Agency: Socioeconomic Development Center for Southeast Asians**

The collaborative based in **Houston, Texas**, is working to empower members and the local Asian American community to take a proactive approach to health disparities, especially

those related to cancer education and screening and Hepatitis B screening (in partnership with the city health department). This four-year project is making progress toward cultivating new advocates, such as Asian Pacific Islander medical students and leaders from previously unreached groups, such as South Asians and Southeast Asians. In 2008, it was the local host for the annual Congressional Tri-Caucus Minority Health Summit.

**Lead Agency: Houston Asian American Health Collaborative**

Under a two-year project, a group based in **Salt Lake City, Utah**, is working to strengthen the lead agency’s organizational capacity through board development, increased networking, staff training, and working toward financial sustainability. Programmatically, its primary concern is to develop and implement a program to reduce obesity and diabetes among Pacific Islanders. This includes efforts to increase awareness of the health toll of excess body weight and increase opportunities for physical exercise. **Lead Agency: National Tongan American Society**

- 1 U.S. Census Bureau. *Income, Poverty, and Health Insurance Coverage in the United States: 2008*. Issued September 2009.
- 2 Henry J. Kaiser Family Foundation. “Race, Ethnicity & Health Care.” *Fact Sheet*. April 2008.
- 3 U.S. Agency for Healthcare Research & Quality. *2007 National Healthcare Disparities Report*. Table 3a.
- 4 U.S. Agency for Healthcare Research & Quality. *2007 National Healthcare Disparities Report*. Table 5a.
- 5 Asian American Network for Cancer Awareness, Research and Training. “Liver Cancer Control Interventions for Asian Americans.”



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For more information about the HTA initiative, please visit [www.healththroughaction.org](http://www.healththroughaction.org).