

## Health Equity through Enhanced Data

# CENTER FOR PAN ASIAN COMMUNITY SERVICES, INC.

### BACKGROUND, OBJECTIVES, AND HOW IT ALL BEGAN

According to the 2012 U.S. Census Bureau, Asian Americans (AAs) are currently the fastest growing population in comparison to any other racial category in the nation. Furthermore, Georgia is one of the top five states with the most growth nationally. Despite the rapid growth of Asian immigrants throughout the United States, there is a lack of health data about AAs. The Center for Pan Asian Community Services (CPACS) realized the importance of improving AA data collection and dissemination in Georgia to both state and local partners. Due to the lack of existing data, CPACS developed innovative strategies to collect and analyze data on Asian Americans in Georgia. For example, CPACS collects health disparities data through community surveys and interviews. CPACS uses advanced data collection and data analysis software such as electronic health records, Efforts to Outcomes software, Client Intake Forms, and other similar data collection software to effectively track our client data.

Additionally, CPACS developed the Georgia Asian Pacific Islander Community Coalition (GAAPICC), led by community organizations and individuals. This coalition aims to improve the overall well-being of all Asian American and Pacific Islander and to improve the data collection of Asian American and Native Hawaiian Pacific Islander (AA and NHPI) community. CPACS has also partnered with many government agencies such as local and national-level organizations to collect and analyze health data around AAs, realizing the need to not only collect and analyze data but to also disseminate findings to organizations, stakeholders, and the general public. Therefore, CPACS develop and disseminate white papers to highlight important and relevant information that address specific issues in the community.

One example of CPACS collaborative efforts with government entities, coalitions, and the community was when CPACS conducted the first community assessment of AAs with developmental disabilities and their families in Georgia. CPACS collaborated with GAAPICC and The Georgia's Council of Developmental Disabilities to conduct this community assessment. Major goals of the community assessment included: (1) identify needs and barriers that prevent access to services; (2) identify needs and barriers of service providers; (3) increase awareness of Asian American disability needs in both the AA community and organizations serving the community; and (4) facilitate community-led solutions. The findings emphasized the importance of culturally and linguistically appropriate programs based on ethnic diversity for AAs with developmental disabilities and their caregivers, as well as the importance of cooperation among community members, caregivers, policy makers, and service providers. CPACS documented, published, and disseminated the assessment findings through white papers.

### COALITIONS AND/OR PARTNERSHIPS

CPACS was funded by the Governor's Council of Developmental Disabilities (GCDD) through a GCDD Innovative Grant to do the first community assessment of AAs with developmental disabilities in Georgia. The Georgia Governor's Council of Developmental Disabilities focuses on policy initiatives, public awareness, advocacy programs and community building. Thus, CPACS developed a partnership with GCDD to develop and implement the disabilities study.

To conduct the developmental disabilities case studies, CPACS also partnered with GAAPICC, a community-led group of over 25 organizations and individuals aimed at bringing the diverse AA and NHPI community in Atlanta together, and finding ways to improve the overall wellbeing of all AAs and NHPIs in Georgia. The Coalition provides a safe place for open dialogue and information sharing for the API community and others who serve the API community. GAAPICC's mission is to "promote unity and improve the well-being of all Asians and Pacific Islanders in Georgia through advocacy, education, and community programs," with its shared vision of "Together in America: A partnership of hope and prosperity." Strengthening partnerships within Atlanta's diverse AA and NHPI communities and fostering collaborative approaches to improve the overall health of AAs and NHPIs in Georgia, has always been both CPACS's and GAAPICC's comprehensive goal.

## STRATEGIES AND ACTIVITIES

CPACS collaborated with GAAPICC coalition members and faith-based organizations to recruit participants in the community. Through the various organizational support, CPACS was able to conduct five focus groups and ten in-depth interviews with metro-Atlanta service providers.

The study focused on documenting the experience of caregivers through five focus groups. They were caregivers of Asian Indian, Chinese, Korean, and Vietnamese descent. All focus groups were conducted in language and lasted approximately two hours. Focus groups were held at CPACS facility or at a participant's home and each session was audio-recorded. These recorded were transcribed and translated into English. The interviews were conducted by telephone or in-person with Asian and non-Asian service providers. Each interview lasted 25 to 45 minutes and the interview questions were developed by CPACS based on the project goals. And CPACS also developed a team to compile and analyze the collected data to find commonalities and differences across the various focus groups.

The study found that many service providers had significant difficulty reaching out to the AA community. For example, many service providers lacked culturally competent community liaisons to target different ethnic groups and facilitate a connection with the community of interest. In contrast, caregivers perceived that service providers did not reach out to their communities. There are at least two factors that may contribute to this gap: cultural dissonance and the perpetual belief in the model minority myth. Often times, Asian and non-Asian providers try to use existing model programs and replicate them without properly adapting the model to the target population. At the same time, some AAs think that they can overcome their barriers once they have acquired language skills, while others who are proficient in English believe that language is not enough to reach equality - systematic and racial barriers exist. For example, many providers have preconceived notions about different AA cultures which often lead to significant misconception about the specific needs in the community. Additionally, providers lack culturally competent health care trainings to better identify and address disparities. To address these issues, service providers and caregivers must learn how to work together. The tension resulting from combining two distinct cultures often create misunderstandings and challenges for both caregivers and service providers. Therefore as part of this initiative, CPACS published a white paper to highlight policy recommendations addressing these issues for policy makers, service providers, caregivers, and the general community.

After analyzing the data, CPACS developed a method and a format of publishing the white paper. CPACS decided on a standard format to include: Introduction, Methodology, Results, Discussion, and Recommendation.

After publishing the white paper, CPACS distributed it to the target audience and raise awareness about the community issues. CPACS reached out to funders and to the community to present the

findings and conducted follow-up meetings with the Governor’s Council to report recommendations. CPACS was not only able to raise awareness about the community issues but develop programs at CPACS addressing these issues.

## OUTCOMES AND ACCOMPLISHMENTS

CPACS was able to publish a white paper identifying disability needs and barriers of service providers that work with the AA population. Additionally, CPACS was able to highlight policy recommendations to increase access to supportive services. The importance of promoting comprehensive and culturally competent systems for people with developmental disabilities and increasing funds to address the needs of diverse populations with developmental disabilities was emphasized. In partnership with GAAPICC, CPACS published 350 copies of the white paper report and held a disability presentation which was also presented in Vietnamese and Korean to report the findings. The findings were disseminated to mainstream providers of services such as state and local health departments and the Governor’s Council on Developmental Disabilities, as well as other developmental disabilities professionals such as teachers, service providers, therapists, specialists, and lawyers. The report also included an Executive Summary and fact sheet which was translated in Vietnamese, Korean and Chinese for all community members. CPACS also placed advertisements in local Korean ethnic newspapers to raise awareness about the issues. Through these methods, CPACS was able to host community forums and events in collaboration with local churches, including Korean and Vietnamese churches, to present the findings. CPACS also identified churches that had pre-existing disability services to reach more participants and also assisted local organizations to organize support programs for individuals living with disabilities and their families. For example, a Korean agency organized Korean family network groups to empower individuals in the community and address similar barriers. Thus, CPACS was able to reach not only policy makers but also community members and raise awareness about the community issues. Through this published white paper and dissemination of findings, CPACS was able to strengthen existing collaboration with GAAPICC and gain new coalition partners.

## CHALLENGES ENCOUNTERED

Initially, there were some challenges to recruit participants for the interviews due to a lack of staff and community member’s time with lengthy interviews and language barriers. However, CPACS collaborated with their coalition partners to provide in-language access and increase the numbers of outreach for recruitments. CPACS also collaborated with local churches, such as Vietnamese and Korean churches, to encourage participation and provide input about their ethnic community. Additionally, CPACS had difficulties communicating with policy makers and how to disseminate the findings. It is challenging to reach out and communicate with policy makers due to their demanding schedules. During this project, CPACS tried to communicate directly with policy makers but struggled to express our needs for the community. For this reason, it is critical to effectively communicate with policy makers through analyzed policy manuals that can be easily disseminated through various outreach methods. Thus, CPACS developed white papers to publish and disseminate findings to policy makers without struggling to organize meetings.

## LESSONS LEARNED

CPACS found that policy makers, researchers, and service providers must promote comprehensive and culturally competent systems for people with developmental disabilities (including medical services, school systems, social services, insurance companies, and dental services). However, it is not simple to reach out and highlight the importance of our community needs. Thus, CPACS developed a method of

disseminating our work through a white paper and presenting it to stakeholders to advocate for more effective use of the resources. CPACS has presented the findings to the funders and to the community. Additionally, CPACS conducted community educational campaigns to dispel cultural specific myths about individuals with disabilities as well as the model minority myth. CPACS received enthusiastic support. It increased local awareness of the issues of AAs with developmental disabilities and inspired discussions on how to design programs that better reflect the needs of the local community.