

## Health Equity through Enhanced Data

# HOUSTON ASIAN AMERICAN HEALTH COLLABORATIVE HOUSTON ASIAN AMERICAN CANCER OUTREACH AND EDUCATION PROJECT

### BACKGROUND

Houston, Texas is the nation's fourth most populous city with a population over 2 million, or 5.5 million when including the surrounding cities and counties that make up the Houston Metropolitan Statistical Area or MSA (Census 2012). Although Houston is known for the Texas Medical Center, which includes 13 renowned hospitals and various academic and healthcare-providing entities, these resources are generally less available to underserved populations, especially those without insurance. In Harris County 1.4 million people or more than 30 percent of the population are without health insurance, among the highest rate in the nation. According to an Asian American Health Needs Assessment (AsANA) conducted in 2005, approximately 20 percent of the local Chinese population and 30 percent of the Vietnamese lack health insurance. Publicly funded services (Medicaid and CHIP) are not easy to acquire and presents multiple hurdles.

With the mission to reduce health disparities of vulnerable Asian Americans (AAs) in Houston in a coordinated way by strengthening the capacity of local AA community-based organizations (CBOs) and by capitalizing on local assets, the Asian American Health Coalition (AAHC) of Greater Houston and community partners established the Houston Asian American Health Collaborative (HAAHC) as a project committee of the Health Coalition, with the following objectives:

- 3 Build its capacity to empower member organizations and the local AA community to proactively address health disparities and positively impact policy and systems change
- Reduce health disparities related to cancer and other chronic diseases prevalent among Houston's AA population
- Affect policy and systems change locally and at a broader level

By establishing the collaborative focusing on Health Through Action (HTA) community impact, more resources could be leveraged because more specific goals could be achieved. The collaborative was a grassroots initiative, reaching out to the local community to reduce health disparities. Because of its local presence, more local CBOs were more likely to join and participate in order to directly impact their population.

### COALITION AND PARTNERSHIP

For the purpose of inclusiveness and community-wide endeavor, partnership and participation of HAAHC activities consisted of the following:

- AA and Native Hawaiian and Pacific Islander (NHPI) partners, locally and nationally (e.g., Chinese Community Center, Asian Cancer Council, Light and Salt Association, and Asian & Pacific Islander American Health Forum)
- AA-serving organizations (e.g., City of Houston Health Department, Texas Department of State Health Services, Harris County Healthcare System, and Harris County Public Health and Environmental Services)

- Other health and human service coalitions and associations whose population would also coincide and who could leverage support and resources together (African American Health Coalition, Hispanic Health Coalition, Native American Health Coalition, Harris County Healthcare Alliance, and Gateway to Care)
- Elected Officials (e.g., Texas District 13 State Representative Gene Wu, District 9 Congressman Al Green)

As a trusted entity that served Houston's AA community for many years, AAHC served as the lead agency for the initiative. HAAHC established a formal structure to ensure mutual authority and accountability for success, as well as representation and buy-in of members (such as governing council, by-laws, and regular meetings). The structure ensured that appropriate procedures and measures were in place so that there was equal representation and not a monopoly by one member. Each party had a responsibility to uphold and the power to keep other members accountable. Through the steadfast networking and capacity building, many local partners have risen up to take the lead in addressing health disparities and collecting vital data and evaluation. Project staff from AAHC facilitated collaboration to ensure high productivity, equitable decision-making, and on-going communication and coordination. HAAHC meet regularly and communicated via group emails to plan and implement activities.

## STRATEGIES

The main goal of reducing the cancer burden in the AA and NHPI populations of Houston was attained by providing outreach and promoting cancer screening activities. These include utilizing social media, collaborating with other organizations, and developing an evidence-based cancer prevention work plan to collectively address cancer burden and disparities in the AA and NHPI communities. Unified by this goal, the community partners were given the opportunity to work collaboratively as a group as well as take the lead on certain events. Taking on a leadership role allowed for community leaders to have more creativity in planning events but, more importantly, more responsibility in collecting meaningful data and evaluating the outcome of the events.

There were several key strategies and activities. The first involved providing technical assistance on cancer prevention, intervention, and coordinated referrals for partners to increase access for the AA and NHPI populations. This was done through conducting comprehensive needs assessments and focus groups, identifying chronic diseases with highest needs and existing barriers to health services through comprehensive intake forms, and developing surveys and evaluation forms for each event; conducting train-the-trainer education and outreach activities aimed at AA and NHPI groups to increase awareness on cancer facts/interventions and available community resources using credible resources and effective outreach approaches; increasing qualified community health workers in greater Houston that are culturally and linguistically competent to gain access to leadership and networking opportunities with national collaborative organizations.

The second key strategy involved the dissemination of knowledge and findings among stakeholders locally and communities nationally. Dissemination activities involved the use of social media and local media, such as ethnic radio and television media air-time purchased by local community based organizations (e.g., Light and Salt Association and VN Teamwork). Because of this partnership, some of the time available was dedicated to addressing cancer related health topics and the resources available for help. With each broadcast, approximately 4,000 people were outreached to. HAAHC also sought opportunities to be "at the table" at conferences and meetings and learned how to present a strong statement with supportive data. With the technical assistance provided, the partners gained the confidence and the strategy on how to propose their view in an evidence-based manner. This training gave them the opportunity to take on leadership in the community and raise more awareness for their

priorities. Organizations, such as Light and Salt, were able to benefit from the assistance and take up the torch and continue applying for grants and support cancer screening education. Lastly, HAAHC was an integral part of health advisories and committees both locally and nationally.

The third major activity involved empowering the AA community and collaborative organizations to engage in advocacy, as well as policy and systems change efforts. Town halls meetings, meetings with elected officials and decision makers, and forums and summits were convened to create opportunities for community discussion and learning. HAAHC members were also linked to mainstream advocacy and policy groups and initiatives.

The last major activity involved strengthening and ensuring long-term successes and the viability of collaborative. To do so, regular collaborative partners meetings were held to debrief on progress and annual strategic planning gatherings were organized to reflect back and plan forward. Community partners and young community leaders participated in continuous capacity training and leadership development. Seeking and leveraging funding and resources was also a major priority of the collaborative to ensure sustainability.

## OUTCOMES AND ACCOMPLISHMENTS

At the end of this project the community partners grew more independent and were able to take the lead on other preventative projects. Based on their capacity, some partners began applying for their own grants and seeking out other educational opportunities to outreach to the community.

Light and Salt, a community based organization located in the Southwest Houston area, who specializes in cancer support, patient navigation, and health education targeting the Chinese community, expanded their capacity in many ways. They applied for the Cancer Prevention Research Institute of Texas (CPRIT) grant for outreach and education and agreed to take the lead in coordinating the future AA cancer collaborative outreach and education in Houston. This is a continuation of original HTA partnership and added new partners during HTA project. Partners includes the American Cancer Society, VN Teamwork, Korean Nurses Association, Indian Cancer Association Network, and other partners, and has the goals of outreach and educating the Asian population about the importance of prevention screenings.

The project also successfully created many dissemination opportunities to raise awareness on AA and NHPI health disparities. Dissemination activities included using social media, working with local media, and hosting town halls and forums, hill visits, conference, and meeting presentations with the previously mentioned partners. One major conference was the first Regional VI AA and NHPI summit, hosted by HAAHC. Over 100 attendees from Region VI states (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) participated in a one date conference on AANHPI health equity and disparity issues.

Other accomplishments included the successful leveraging of additional funds and resources to expand screening activities and cancer education efforts through grant funding from Cancer Prevention and Research Institute of Texas (CPRIT), Gilead, and Office of Minority Health. Collaborative partners utilized success from HAAHC partnership to leverage resources enabling their organizational growth.

## CHALLENGES

One of the key challenges for this project is that the AA and NHPI communities in Houston are very diverse with each community being at a different stage of readiness for cancer education and intent to be screened or make other behavioral changes to reduce or prevent cancer. Most partners could only focus on their specific ethnic population, rather than the AA and NHPI population as a whole. Because the AA and NHPI population is so diverse, each country with a different language and various dialects, it is almost impossible to communicate with everyone in one unified language. Even within

a certain culture, there may be different dialects that make it hard to communicate with people in their native tongue. HAAHC also faced the challenge of low health literacy of targeted audiences and a different cultural framework for viewing health and treatment of disease. Some populations, such as the Burmese refugees, were illiterate in both English and their native language. Without the ability to disseminate written information, the help of community partners to outreach and educate these populations was imperative. To raise health literacy through education and awareness, HAAHC faced the difficulty of assembling culturally and linguistically appropriate educational materials in all the different languages which the AA and NHPI communities use. There were some educational materials available in languages, such as Vietnamese, Korean, and Chinese (both simplified and traditional), but there were not any available in Burmese, Nepalese, Hindi, or Urdu. There are also very unique dialects, such as Chin and Karen, that had to be painstakingly translated from English documents. Many of these languages were not easily accessible because of the lack of electronic translation services. In order to translate the documents in the necessary languages, hiring professional translation services would be very expensive and time consuming. Often members of the AAHC and/or Asian Cancer Council will assist to interpret presentation slides and handouts. Even common languages, such as Chinese, proved challenging because it has different written forms for individuals from different areas (traditional for Taiwan, Hong Kong and simplified for China).

Other challenges faced were the variety in capacities and resources of community partners where one group carried more burden than another. Some partners were more established and were able to take the lead on more projects than others. Lesser established partners needed more time and capacity building trainings to achieve a more independent role. One of the lead partners, Light and Salt Association, was established in 1997 and has a prominent presence in the Greater Houston Area. Because of their long time work, they have the trust and cooperation from the community and therefore a greater influence and an advantage towards leveraging resources. Other communities, such as the Burmese or the Filipino community, are less established and organized in the community and, in turn, require more capacity building training in order to become more independent.

The lack of resources and funds during tough economical times placed strain on partnership efforts. Education funds from grants such as the Cancer Prevention and Research of Texas (CPRIT) were reduced because they had a moratorium and could not release the funds. The lack of funds also limited the opportunity for growth in their capacity building because they had fewer resources to be able to travel, network, and host independent events.

## LESSON LEARNED

The joint collaborative efforts of providing cancer prevention education while offering cancer screening services is a unique opportunity that HOPE Clinic hopes to build as part of an evidence-based plan. In addition, capacities have been built within other organizations and professionals in that they will continue to become more aware of the importance of cancer education and screening activities. Capacity building takes time to grow as a strong foundation, but once the foundation is established, the partners can build up other partners and health to reach out to the community effectively.