

COMMUNITY HIGHLIGHTS

Asian Services in Action

Improving Access to Primary Health Services for Asian American Immigrant and Refugee Communities

Read how Asian Services in Action supports the health of immigrant and refugee communities by addressing gaps in access to primary health services.

Access to Health Services and Primary Care

Poverty, quality of housing, and access to health care are examples of social conditions that determine health outcomes. Many people experience economic, social, cultural, linguistic, and geographic barriers that limit their access to health services. Without access to health services, people have poorer health outcomes than people who have access to health services. Variations in these social determinants and others, as described in [Healthy People 2020](#), explain why there are health disparities and why many people are not as healthy as they could be. Read [this descriptive summary](#) to learn how access to health services affects health outcomes and health disparities.

Many immigrants and refugees encounter linguistic, cultural, psychological, and legal barriers when they access health care services because health care services and systems are not designed for them. Fortunately, there are many ways for health care leaders to help immigrant and refugee communities overcome these barriers. Leaders can increase language access across an individual's health care experience by employing people who speak multiple languages and ensuring prompt telephone access to interpreters. Leaders can design treatment and services around the communities' diverse, health-related beliefs, educate staff about the role of trauma in the communities' experiences, and incorporate trauma-informed services in care delivery. Health care leaders can communicate and coordinate with leaders of federal, state, and immigration-related legal services to overcome refugees' legal barriers. Leaders can also dedicate resources to the coordination of immigrant and refugee services.

The Local Asian American Context

There are approximately 324,000 Asian Americans and 4,100 Pacific Islanders living in Ohio. Together, they represent nearly thirty different ethnicities.^{1,2} Sixty-one percent of Asian Americans and 17% of Pacific Islanders in Ohio are foreign-born.³ Asian Americans make up nearly one-third of the foreign-born population in Ohio.⁴ Twenty-eight percent of Asian Americans and 7% of Pacific Islanders have limited English proficiency.⁵ Since 2002, nearly 3,100 refugees from Asian countries, mainly Burma and Nepal, have resettled in Ohio.⁶

1 U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates.

2 U.S. Census Bureau, 2010 Census. Summary File 2, Tables PCT3, PCT4, PCT7, PCT9, PCT10, PCT15, PCT18, PCT22, PCT24, PCT28, PCT31, PCT32, PCT36, PCT37, PCT39, HCT2, HCT4, HCT5, and HCT7.

3 ibid

4 Migration Policy Institute, "Ohio 2017 State Demographics Data," Accessed Sept. 23, 2019, <https://www.migrationpolicy.org/data/state-profiles/state/demographics/OH>.

5 U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

6 Omaha World-Herald, "Refugee resettlements in the U.S. Ohio, 2018," Omaha World-Herald, Accessed Sept. 23, 2019, <https://dataomaha.com/refugees/state/>

Making Health Care Accessible to Asian American and Pacific Islander (AAPI) Refugees



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Community Based Organization Addressing Access to Primary Care & Health Services

[Asian Services in Action](#) (ASIA) is the largest AAPI-focused health and social services organization in the state of Ohio. It primarily operates in Northeast Ohio with offices located in Cleveland and Akron. ASIA provides culturally and linguistically appropriate information and services to help the AAPI community achieve self-sufficiency, equal access to opportunities, deep engagement in civic life, understanding from their neighbors, and optimal health and well-being.⁷

Some AAPIs find it challenging to access health care in Ohio. In Cleveland, there are three hospitals located in a four-mile “Health-Tech Corridor,” but the AAPI population living nearby cannot take advantage of these facilities because they do not offer in-language or culturally-informed services. As Elaine Tso, the Chief Executive Officer of ASIA, says:

*“There’s a difference between proximity and access.
Just because it’s there doesn’t mean it’s accessible to our communities”*

Innovative, Culturally-Informed Approach

ASIA’s culturally-tailored, in-language services expand access to quality health care for AAPI immigrants and refugees in Ohio. Their work is centered in strategies that elevate and include the community’s rich and diverse cultures and reflect three [AANHPI Racial Equity Framework](#) strategies: raising the visibility of our communities, incorporating culture, and fostering community self-determination.

After an influx of refugees resettled to Northeast Ohio in 2006, the Federally Qualified Health Centers (FQHCs) serving immigrant and refugee populations in the area could not meet the increased demand for culturally-informed health services. ASIA **raised the visibility of this growing community by telling its story through data.** ASIA documented to the Health Resources and Services Administration that the AAPI immigrants and refugees in the area were a Medically Underserved Population and secured funding to establish two of their own FQHCs. ASIA now serves over 58,000 individuals annually.

One of our clients was an elderly man who was a refugee ten years prior to his visit. By the time he came to us he had been trying for years to adjust his status. His green card application had been lost. He was in danger of losing his status if he did not get his green card within the year. An ASIA immigration and legal services case worker found out he needed a medical exam to process his application. She got him in at the last moment by coordinating with ASIA’s different departments. After that, he was quickly able to obtain his status adjustment.

– Elaine Tso, ASIA CEO

In order to deliver quality care across a patient’s health care experience, ASIA **incorporates culture into the delivery of health care services.** ASIA invests in staff who can provide daily services in 19 languages and dialects and provides full-time employment to bi- and multilingual staff who are fluent in Chinese, Nepali, Burmese, Mon, Karen, Hmong, Swahili, and Pashtu.

When staff cannot interpret for a patient, they can access a 24/7 language line. ASIA’s staff track the number of languages each department serves, collect data to understand which languages are spoken most frequently, and analyze data to pinpoint which appointments are unfulfilled due to language barriers.⁸

ASIA is also committed to offering culturally-tailored services. For example, when ASIA staff observed many of their chronic pain patients preferring acupuncture treatment to pain medications, the clinic dedicated several

⁷ ASIA Ohio, “Mission, Vision, History,” ASIA Ohio, Accessed December 14, 2020, <http://www.asiaohio.org/mission-vision-history/>.
⁸ “ASIA, Inc. Publishes 2018-2019 Annual Report,” ASIA Ohio, November 26, 2019, <http://www.asiaohio.org/2019/11/26/asia-inc-publishes-2018-2019-annual-report/>.

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rooms to acupuncture services.⁹ Providers and staff at ASIA respect and understand their clients' desire for treatments like acupuncture and bring this awareness to each interaction with their clients.

ASIA **enhances the ability of their clients to achieve self-determination** by helping clients navigate and complete complex legal, immigration, and health-related processes and applications through in-language, culturally-informed, wrap-around services. Incorporating culture into the delivery of ancillary services removes additional barriers to health care that are unique to refugees and immigrants.

ASIA helps the Ohio AAPI community achieve holistic health and wellness by meeting its clients' needs across multiple social determinants of health. Furthermore, ASIA staff build trust and understanding with their clients, which makes ASIA a comfortable place to access health services.

Lessons Learned

AAPI immigrants and refugees have unique barriers to health care in addition to those common to underserved communities. As ASIA demonstrates, health care providers who want to make their services more accessible to AAPI immigrant and refugee communities must tailor their services to the communities' cultures, provide services in-language, and acknowledge the role trauma plays in their patients' lives. Health care providers should also coordinate care with other critical legal and immigration-related services to support the communities' overall health and wellbeing. ASIA strongly encourages other health care providers to follow their recommendations:



- **Address cultural barriers:** In order to eliminate cultural barriers to health care for AAPI refugees and immigrants, providers must educate themselves about their clients' diverse, health-related cultural beliefs and practices. They must also cultivate an understanding of cultural roles and expectations for each ethnic group they serve. Then they must incorporate this knowledge into health care service delivery and treatment.
- **Remove language barriers:** Incorporate language access across a client's health care experience: advertise in multiple languages with community-specific images, conduct outreach in multiple languages, include interpreters or native speakers in community meetings where services and procedures are described, ensure language access when clients make appointments and receive test results, and, of course, deliver services in the client's preferred language.

This case study was produced by the Asian & Pacific Islander American Health Forum, in collaboration with the National Coalition for Asian Pacific American Community Development and Asian Services in Action. It was supported by funds from the Centers for Disease Control and Prevention's Center for State, Tribal, Local and Territorial Support.

December, 2020



⁹ ibid