

# ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER NETWORKS FOR COMMUNITY HEALTH

## Results of a National Survey of Community-Based Organizations

SUMMER 2023









## MISSION

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians and Pacific Islanders (AANHPI).

## VISION

APIAHF envisions a world where all people share responsibility and take action to ensure healthy and vibrant communities for current and future generations.



# TABLE OF CONTENTS

Letter From The President and CEO	6
Executive Summary	8
What’s New	12
Geographic Coverage	14
Ethnic Communities Served	15
Age Groups Served	17
How Partner Community Organizations Are Funding Key Health-Related Services	18
Health Programming I What Is Funded and Where Are The Gaps	19
Priorities For Increased Support In Health Programming	20
Social Determinants of Health	22
Challenges In Helping People Enroll In Health Coverage	26
Priorities For Training and Technical Assistance	28
Priorities For Advocacy	29
Gratitude and Acknowledgments	30







# LETTER FROM THE PRESIDENT AND CEO

We are pleased to provide this report, informed by APIAHF's third national survey of community-based organizations that serve and are rooted in Asian American, Native Hawaiian and Pacific Islander (AANHPI) communities. We are humbled by the incredible expansion of our partner network and appreciate the growing number of community-based organizations that participated in this survey. The mosaic of their voices reflects what we have learned from the 2020 U.S. Census: our collective community is increasingly diverse and increasingly geographically dispersed across all fifty states, Puerto Rico, the U.S. Virgin Islands and the Pacific Territories.

With the acute phase of the COVID-19 pandemic behind us, we have breathed a sigh of relief and taken stock, all while continuing to honor loved ones lost. In this report, we provide data and analysis for decision-makers at all levels, with actionable information on how to better engage and resource community-based organizations to promote racial and health equity more effectively to better contribute to the prevention, response and recovery to current and future public health emergencies.

The report offers analysis for addressing the social determinants of health to ensure more cost-efficient and outcome-effective coordination of public services among and between the health, education, human services, public safety, transportation and private sectors.

It explores which funding mechanisms are most responsive to the needs front line workers see in their neighborhoods and hometowns while also highlighting the growing unmet needs for intersectional LGBTQI+ and people with disabilities. Finally, this report provides insights into areas where investments in longer-term, sustainable solutions can shift the paradigm from facilitating access to services and treatment to aspiring for achieving prevention and wellness.

Please join me in recognizing the inspiring, hard work and generosity of the 98 community-based organizations participating in this study. This vibrantly diverse panoply of community champions represents the voices of tens of millions of people in Asian American, Native Hawaiian and Pacific Islander communities whose health and well-being are integrally linked to the productivity and prosperity of communities throughout the nation and its territories.



A stylized handwritten signature in black ink, appearing to read 'Juliet K. Choi'.

Juliet K. Choi,  
President & CEO





PHOTO CREDIT: WAIANAE COAST COMPREHENSIVE HEALTH CENTER (WCCHC)

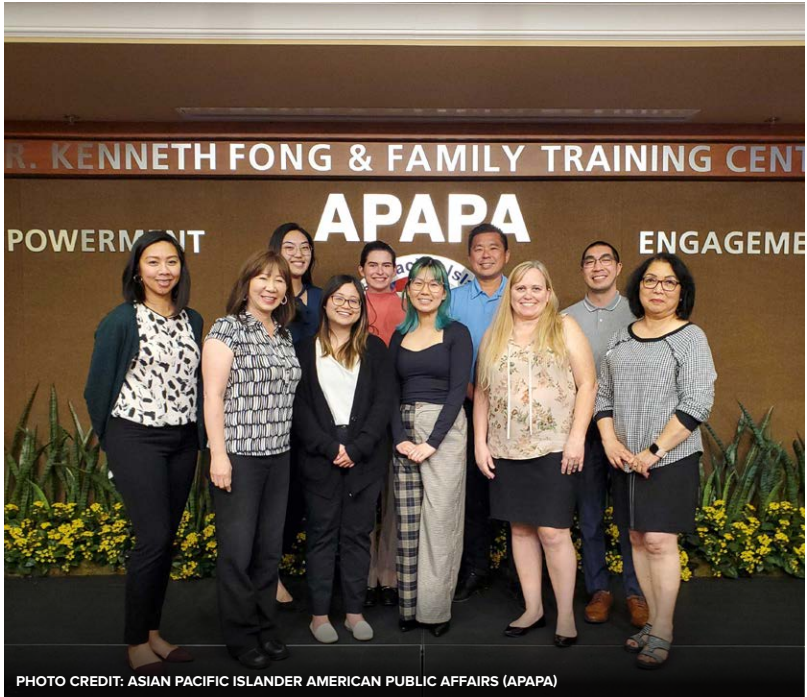


PHOTO CREDIT: ASIAN PACIFIC ISLANDER AMERICAN PUBLIC AFFAIRS (APAPA)



PHOTO CREDIT: PACIFIC ISLANDER HEALTH PROJECT



PHOTO CREDIT: NEW MEXICO ASIAN FAMILY CENTER (NMAFC)



PHOTO CREDIT: ASIAN COMMUNITY DEVELOPMENT COUNCIL COMMUNITY CENTER (ACDC)



PHOTO CREDIT: ASIAN COMMUNITY DEVELOPMENT COUNCIL COMMUNITY CENTER (ACDC)



# EXECUTIVE SUMMARY

The Asian & Pacific Islander American Health Forum pursues health equity for Asian American, Native Hawaiian and Pacific Islander communities as part of a growing network of government and non-government organizations working towards a healthier future for our communities, our states and our country.

Our role is to help elevate the voices of our communities to champion improvements in our public health system, and to ensure our partner organizations are fully integrated into the public health system from policy formulation to program implementation and evaluation to better serve our communities.

We designed this report to provide actionable information to funders, elected officials and government at the local, state and federal levels committed to improving public health, racial justice and health equity based on what we heard from community-based organizations who participated in a survey from September 1 to October 31, 2022.

The third survey has evolved since 2021 when we first sought to identify urgent gaps in community-based organizations' capacity to respond to COVID-19. The survey is now a tool to surface both the opportunities and gaps that exist to improve the health of AANHPI communities more broadly.



# EXECUTIVE SUMMARY

98 community-based organizations responded to a survey, answering questions in five categories:

- Health Program Delivery
- Programs Addressing Health-Related Social Needs, Also Called Social Determinants of Health
- Other Programs, Not Directly Related To Health
- Advocacy Priorities
- Organizational Capacity To Advocate For and/or Deliver Health-Related Programs

Community partners reported serving members of 43 distinct communities, from Afghans to Yapese, with Burmese and Maldives communities being reported for the first time, as well as mixed race Asian Pacific Islander Desi Americans. The organizations provide insight into the complex cultural and language needs of a growing number of distinct Asian American, Native Hawaiian and Pacific Islander communities across all of the Pacific Territories, all 50 states and the District of Columbia.



# EXECUTIVE SUMMARY

The survey questions explored five integrated areas where APIAHF, funders, elected officials and government agency administrators at the local, state and federal levels can focus attention:

## Health Program Delivery

- |                               |   |
|-------------------------------|---|
| Addiction and Substance Abuse | Maternal and Child Health Care, Including Referrals |
| COVID-19 Response             | Medical Translation and Interpretation              |
| Health Care Coverage          | Medical Transportation                              |
| Health Care and Referrals     | Mental Health Care                                  |
| Health Education              | People With Disabilities                            |
| Healthy Living Education      | Sexual Health and HIV                               |
| LGBTQI+ Health                | Vaccination Programs                                |

## Programs Addressing Health-Related Social Needs, Also Called Social Determinants of Health

- |                            |  |
|----------------------------|--|
| Domestic Violence          | Non-Medical Translation and Interpretation |
| Elder Services             | Physical Fitness                           |
| English Language Education | Public Benefits                            |
| Food Access                | Public Safety                              |
| Help Paying Utilities      | Refugee Resettlement                       |
| Housing Assistance         | School Liaison                             |
| Immigration Services       | Social Services and Access to Benefits     |
| Job Training and Placement | Transportation                             |
| Legal Services             | Tutoring                                   |

## Organizational Capacity To Advocate For and/or Deliver Health-Related Programs

- |                                  |                        |
|----------------------------------|------------------------|
| Board Development and Governance | Fundraising            |
| Coalition Building               | Leadership Development |
| Communications Training          | Political Advocacy     |
| Community Health Education       | Program Development    |
| Community Organizing             | Program Evaluation     |
| Community Outreach               | Program Management     |
| Conducting Original Research     | Staff Management       |
| Financial Management             | Strategic Planning     |

## Advocacy Priorities

- |                                     |   |
|-------------------------------------|---|
| Access to Health Insurance          | Language Access                                 |
| Data Equity and Data Disaggregation | Native Hawaiian Pacific Islander Representation |
| Equity In COVID-19 Response         | Racial Justice                                  |
| Health Equity                       | Technology Access                               |
| Immigration                         |   |

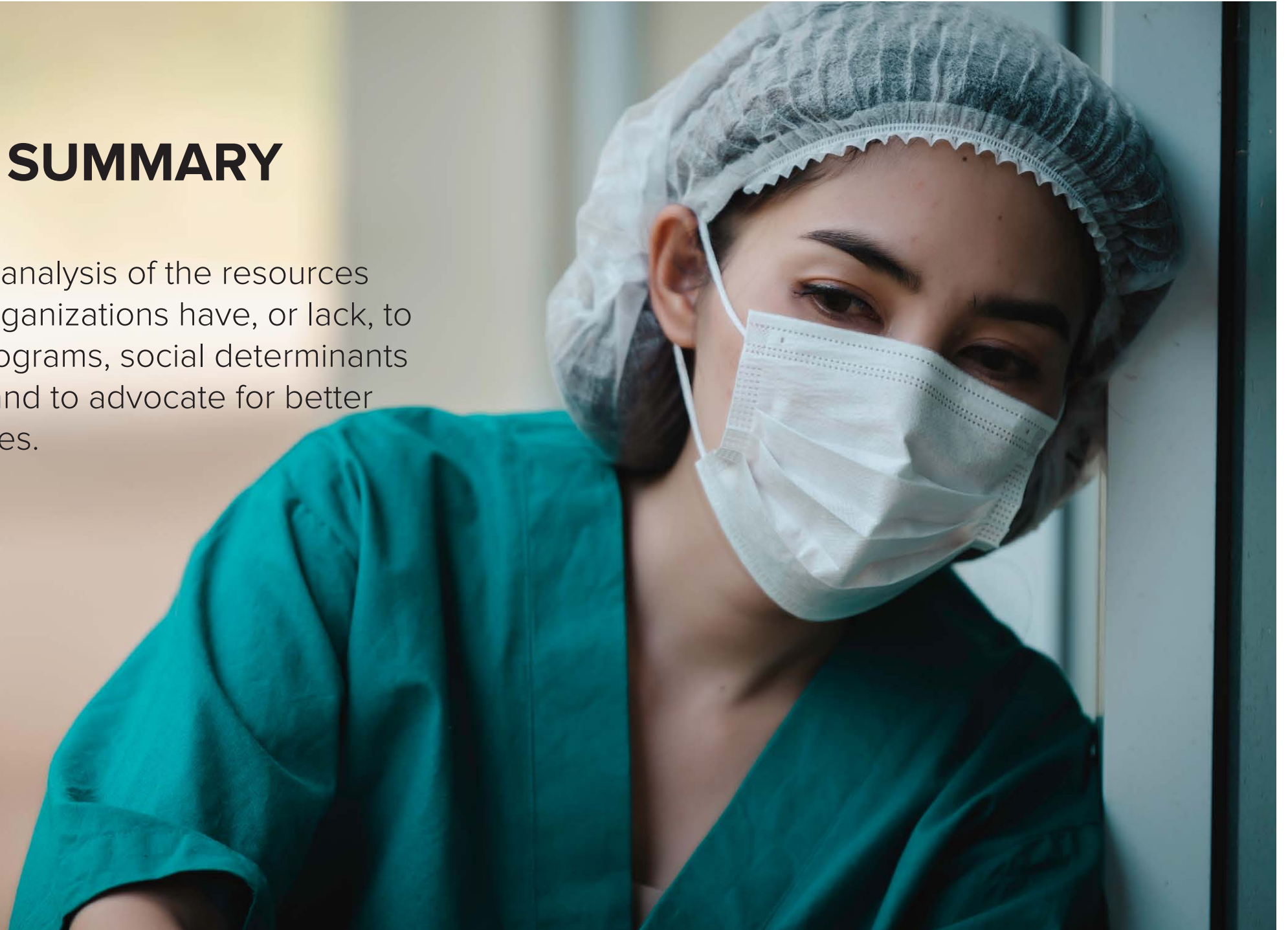
## Other Programs, Not Directly Related To Health

- |                                 |                      |
|---------------------------------|----------------------|
| Advocacy and Voter Registration | Census Outreach      |
| Arts                            | Community Organizing |



# EXECUTIVE SUMMARY

The report offers an analysis of the resources community-based organizations have, or lack, to implement health programs, social determinants of health programs and to advocate for better policies and resources.





# WHAT'S NEW

## For elected officials?

The analysis of current programs and the unmet need for programs, addressing the social determinants of health (page 24) highlight areas where laws or policies can be strengthened to ensure more cost-efficient and outcome-effective coordination of public services among and between the health, education, public safety, transportation and human services sectors.

## For local, state & federal agencies?

The analysis of current health programs (page 19) explores which funding mechanisms are most responsive to the needs front line workers see in their communities. Of particular note is the unmet need (page 21) to provide programs for intersectional LGBTQI+ and people with disabilities within the broader Asian American, Native Hawaiian and Pacific Islander communities.

## For funders?

The analysis of current programs and program needs, for addressing the social determinants of health (page 24) and advocacy priorities (page 29) offer insights into investing in longer-term, sustainable solutions to shift the paradigm to achieving health equity and a well society.





PHOTO CREDIT: VIETNAMESE AMERICAN COMMUNITY OF AUSTIN TEXAS (VACAT)



PHOTO CREDIT: VIETNAMESE AMERICAN COMMUNITY OF AUSTIN TEXAS (VACAT)



PHOTO CREDIT: LES TALUSAN



PHOTO CREDIT: ORANGE COUNTY ASIAN PACIFIC ISLANDER COMMUNITY ALLIANCE (OCAPICA)



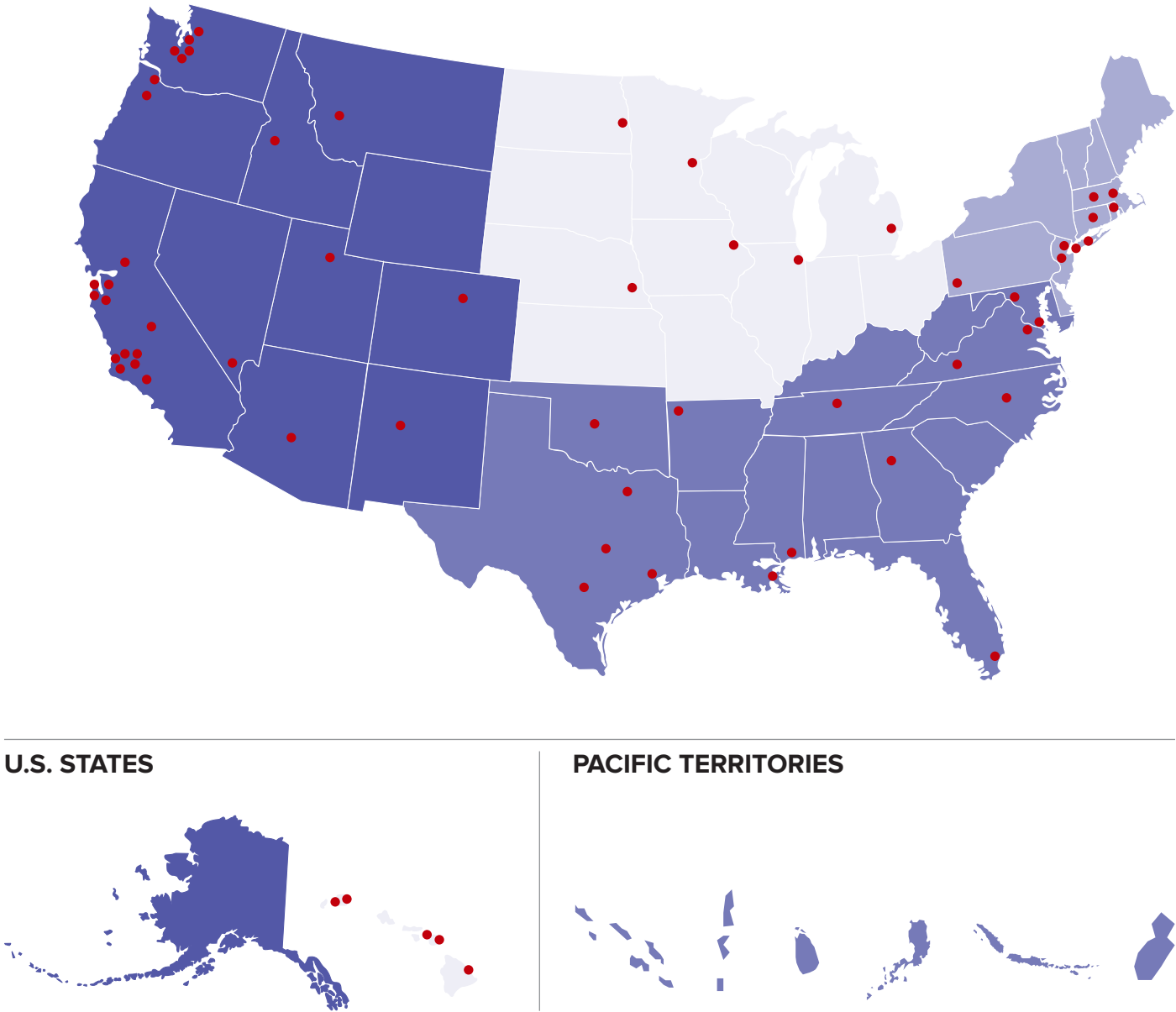


# GEOGRAPHIC COVERAGE

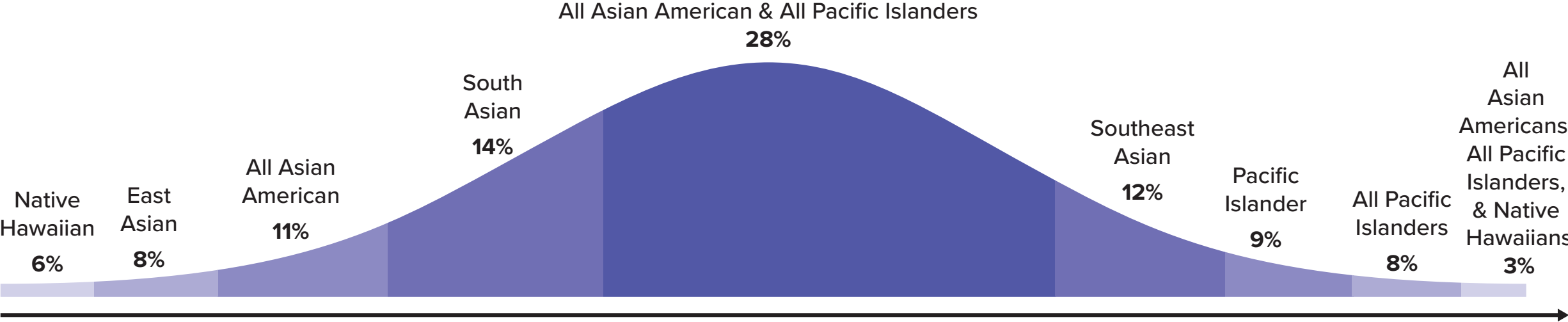
98 community partners submitted responses to the 2022 survey, representing a 22% increase in participation over 2021.

In aggregate, the community partners in the survey provided services in all of the Pacific Territories, 50 states and the District of Columbia. 21% of organizations reported serving clients in all U.S. states. The shading on the map indicates where the 98 respondents report they are serving communities in one or more states in the region: 52% in the West, 21% in the Northeast, 16% in the Midwest, 39% in the South, 9% in Hawai'i and 32% in the Pacific territories.

Dots on the map indicate the reported headquarters locations of the 98 respondents.



# ETHNIC COMMUNITIES SERVED



One third of community partners reported serving “all Asian American groups,” “all Pacific Islander groups” and “Native Hawaiians.” An additional 11%, 8% and 6% of organizations reported serving only “all Asian American groups” or “all Pacific Islander groups” or “Native Hawaiians,” respectively.

This indicates that more than half of community partners stand ready to serve diverse populations comprising many communities with as many as 43 or more different cultural and language needs.



# ETHNIC COMMUNITIES SERVED

Community partners reported serving members of 43 distinct communities. These communities have diverse cultures, social norms and languages, requiring community organizations to have an equally diverse set of language skills and cultural understanding among their staff.

**Key Findings of Respondents:**

- 28% serve All Asian American and Pacific Islander communities
- 11% serve All Asian American communities
- 14%serve Members of one or more South Asian communities
- 12% serve Members of one or more Southeast Asian communities
- 8% serve Members of one or more East Asian communities
- 17% serve Members of one or more Pacific Islander communities
- 6% serve Native Hawaiians
- 3% serve All Asian American, All Pacific Islanders and Native Hawaiians

- Afghan
- Asian Indian
- Bangladeshi
- Bhutanese
- Bruneian
- Burmese
- Cambodian
- Carolinian
- Cham
- Chamorro
- Chien
- Chinese
- Chuukese
- Fijian
- Filipino
- Hmong
- Indonesian
- Japanese
- Karen
- Karenni
- Korean
- Kosraean
- Laotian
- Malaysian
- Maldives
- Marshallese
- Mien
- Mongolian
- Native Hawaiian
- Nepalese
- Niuean
- Pakistani
- Palauan
- Papua New Guinean
- Pohnpeian
- Samoaan
- Sri Lankan
- Taiwanese
- Thai
- Tokelauan
- Tongan
- Vietnamese
- Yapese

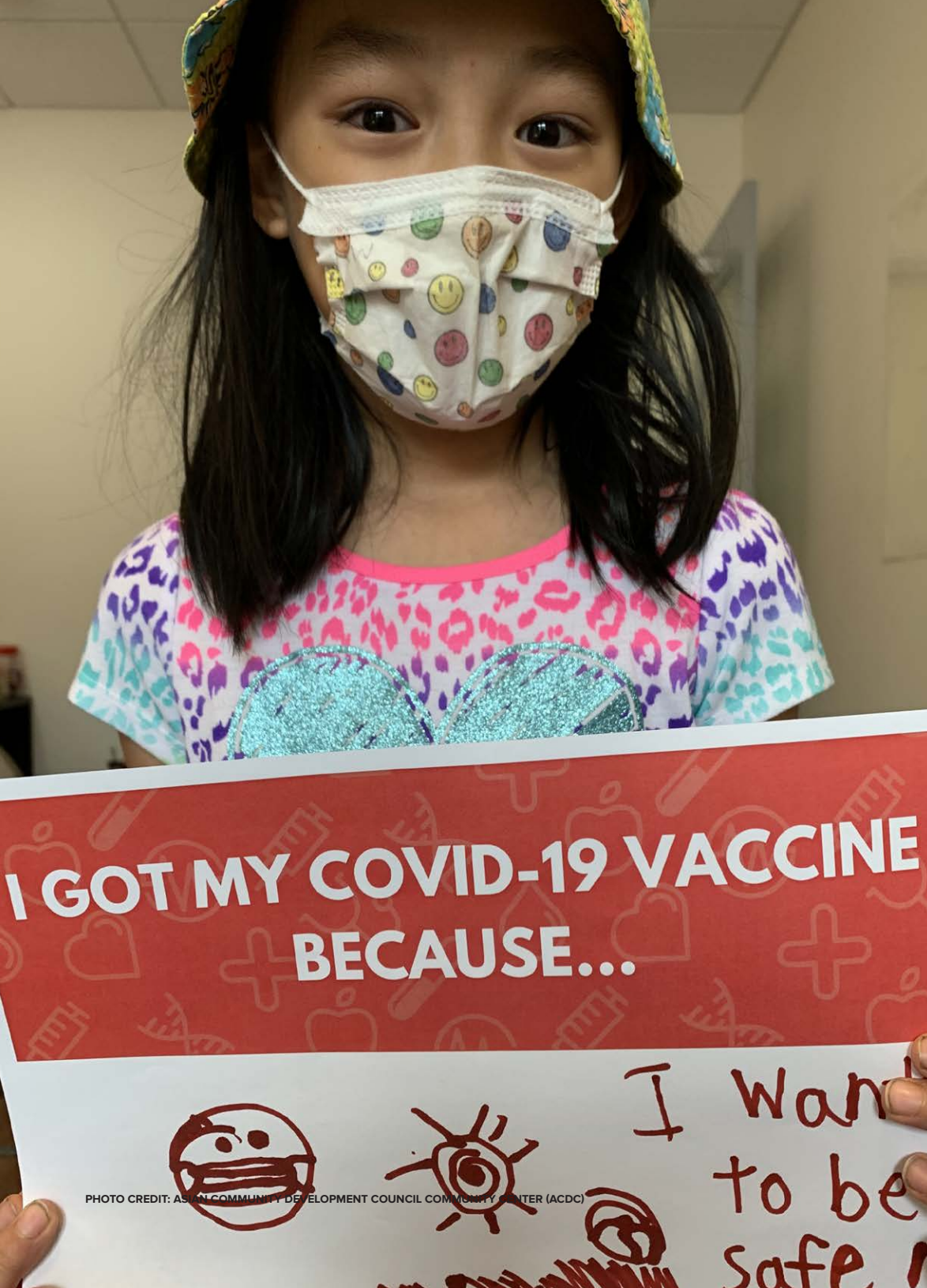


PHOTO CREDIT: ASIAN COMMUNITY DEVELOPMENT COUNCIL COMMUNITY CENTER (ACDC)

## AGE GROUPS SERVED

17%          

Of organizations report that they serve all age groups from birth and beyond age 65.

50%          

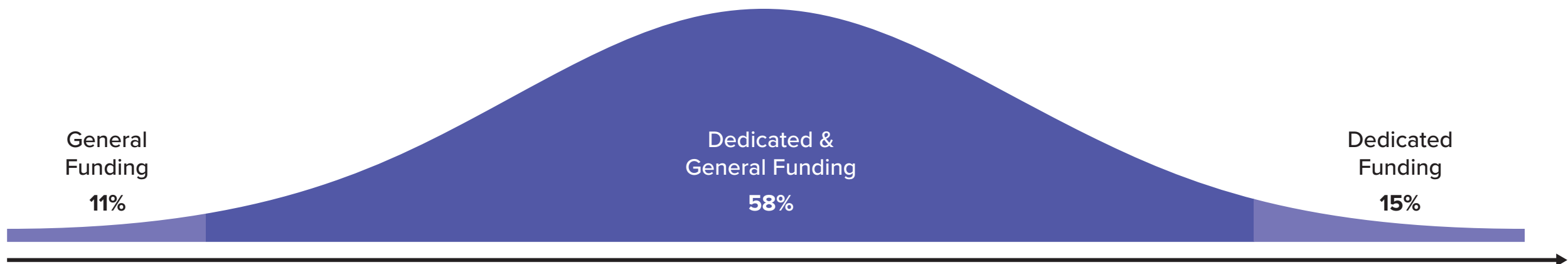
Of community partners reported that they did not focus special attention on members of any particular age group.

40%          

Of respondents report providing services tailored to children, with more than half of those serving ages 0-18. Sixteen organizations focused specifically on school-aged children (6-18), while two organizations focused specifically on children aged 5 and under.



# HOW PARTNER COMMUNITY ORGANIZATIONS ARE FUNDING KEY HEALTH-RELATED SERVICES



“Dedicated funding” refers to income that community-based organizations receive through grants or contracts that is intended to support activity related to specific purposes.

When a foundation, government, corporation or other donor gives dedicated funding for a specific purpose, this action can be taken as a concrete acknowledgement that they regard it as a priority. “General funding” most often comes from foundation or corporate grants, or through individual contributions and offers organizations more flexibility to address local needs.

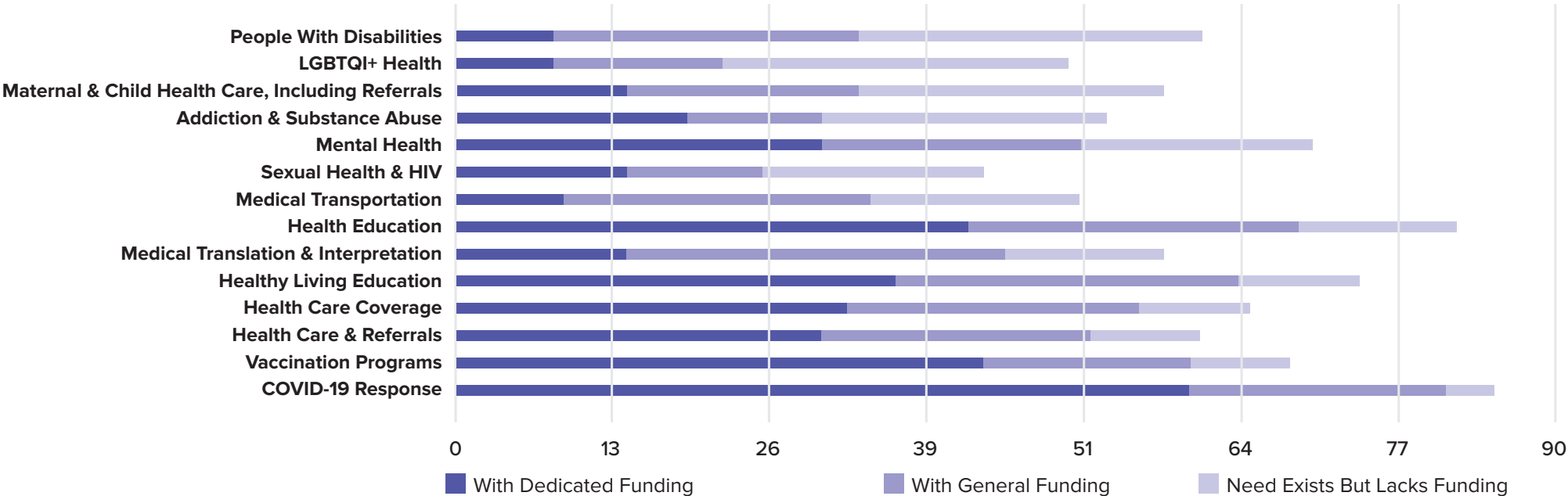
Only 15% of partner organizations reported that they deliver one or more of the key health-related services studied in this survey with dedicated funding only. 58% of organizations reported using a combination of dedicated and general funding for the relevant services. 11% of organizations reported delivering the relevant services with general funding only.

# HEALTH PROGRAMMING |

## WHAT IS FUNDED AND WHERE ARE THE GAPS

The figure shows where funding sources align with priority health-related services for Asian American, Native Hawaiian and Pacific Islander communities, as well as the gaps that still exist.

The darker colored bars indicate the percentage of organizations with dedicated funding for each health program, the medium colored bars indicate the percentage of organizations that provide each health program using general funds, while the lightest colored bars indicate the gap - the percentage of organizations that see the need to provide new health programs to their communities, but lack funding.



“Our Community Health Worker (CHW) program is expanding in large part to new funding from the Health Resources and Services Administration (HRSA.gov). We registered as an Accredited CHW Apprenticeship program and will be placing our alumni at various community serving organizations for practical training and employment.”  
- Asian American Center of Frederick (Maryland)



# PRIORITIES FOR INCREASED SUPPORT IN HEALTH PROGRAMMING

At least one quarter of the partners in the survey carry out the following activities using general funding. By using their more flexible resources to support this work, partners are indicating in a very concrete way that those activities are extremely important to them and their communities.

**43%**

Medical Translation & Interpretation

**30%**

Healthy Living Education

**27%**

Medical Transportation

**43%**

Health Advocacy

**28%**

Health Education

**26%**

People With Disabilities



# PRIORITIES FOR INCREASED SUPPORT IN HEALTH PROGRAMMING

At least one quarter of community partners report that they would like to provide the following specific services of importance to their communities, if they had new funding resources.

**30%**  
LGBTQI+ Health

**29%**  
People With Disabilities

**26%**  
Maternal & Child Health Care



Local, state and federal program administrators should reflect on...

...the unmet needs of intersectional LGBTQI+ and people with disabilities within the broader Asian American, Native Hawaiian and Pacific Islander minority communities.



# SOCIAL DETERMINANTS OF HEALTH

The basic necessities of life – food, shelter, transportation, physical safety, participation in decision-making, education and job opportunities – are prerequisites for health.

These factors are often described as “social determinants of health,” which are defined by the U.S. Centers for Disease Control and Prevention (CDC) as “conditions in the places where people live, learn, work and play that affect a wide range of health and quality-of-life risks and outcomes.”<sup>1</sup>



<sup>1</sup> Addressing Social Determinants of Health Through Community Research. U.S. Centers for Disease Control and Prevention (CDC). Accessed February 20, 2023 (see [here](#)).



# SOCIAL DETERMINANTS OF HEALTH |

## WHAT IS FUNDED AND WHERE ARE THE GAPS

We engaged our community-based organizations about their activities related to the social determinants of health as defined in the U.S. Centers for Medicare and Medicaid Services Accountable Health Communities Model.<sup>2</sup>

The following figure shows which community partners participating in this survey are:

Receiving dedicated funding for programs related to mitigating the social determinants of health.

**DARK**

Implementing programs related to mitigating the social determinants of health with general funds.

**MEDIUM**

Committed to engage in programs to mitigate the social determinants of health, if resources were available.

**LIGHT**

Elected officials should look for...

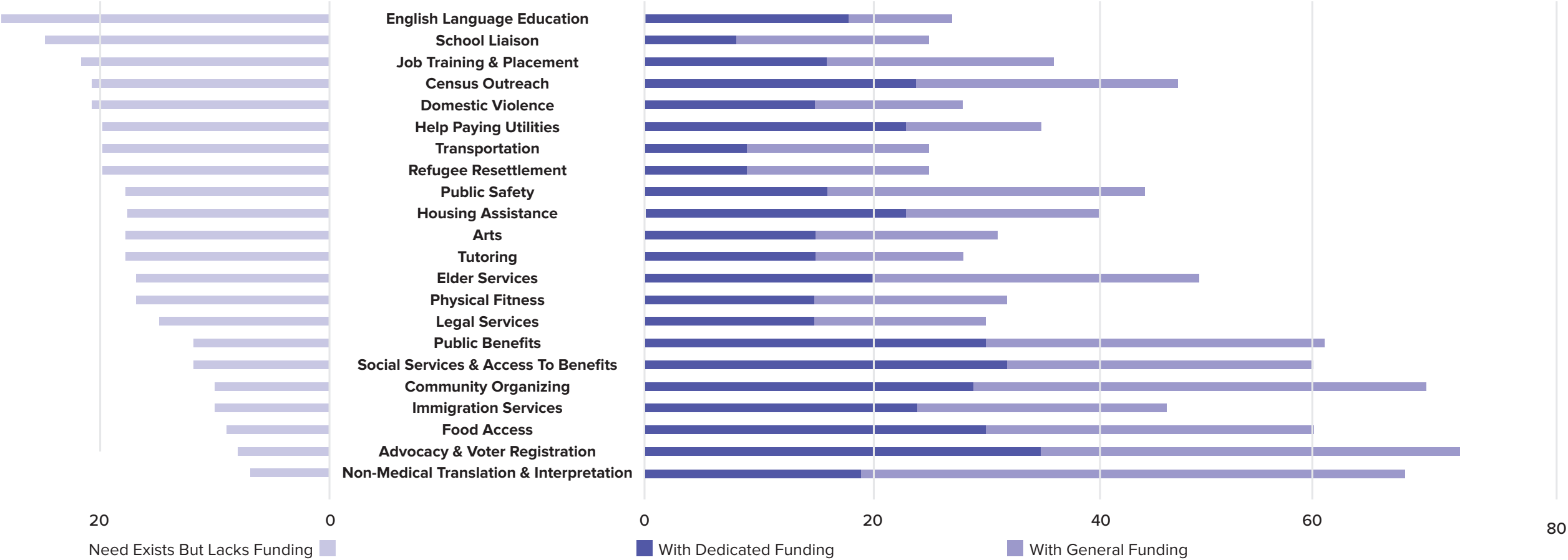
...opportunities to reduce costs and promote more effective outcomes by improving coordination of public services among and between health, education, public safety, transportation and human services.

<sup>2</sup> APIAHF made reference to the following in drafting this survey: The Accountable Health Communities Health-Related Social Needs Screening Tool. Accessed February 20, 2023 (see [here](#)).



# SOCIAL DETERMINANTS OF HEALTH |

## WHAT IS FUNDED AND WHERE ARE THE GAPS



# EMERGING PRIORITY SOCIAL DETERMINANTS OF HEALTH: THE INTERSECTIONALITY OF HEALTH JUSTICE AND EDUCATION JUSTICE

More than 40% of organizations surveyed are providing medical interpretation and translation services using general funds, while an additional 15% need to provide these services but do not have resources to do so.

Only 15% of organizations surveyed have dedicated funding to provide medical translation and interpretation services. Therefore, it is not surprising that one-quarter of community partners stated that with additional resources, they would begin programming in English-language education and school liaison work.

“We provide interpretation and translation on behalf of state and local agencies (such as police departments, housing, DCF, safety net programs, health care and school institutions) that do not have or are not willing to provide the linguistic support. This amounts to countless hours of free, unfunded support for the state.”

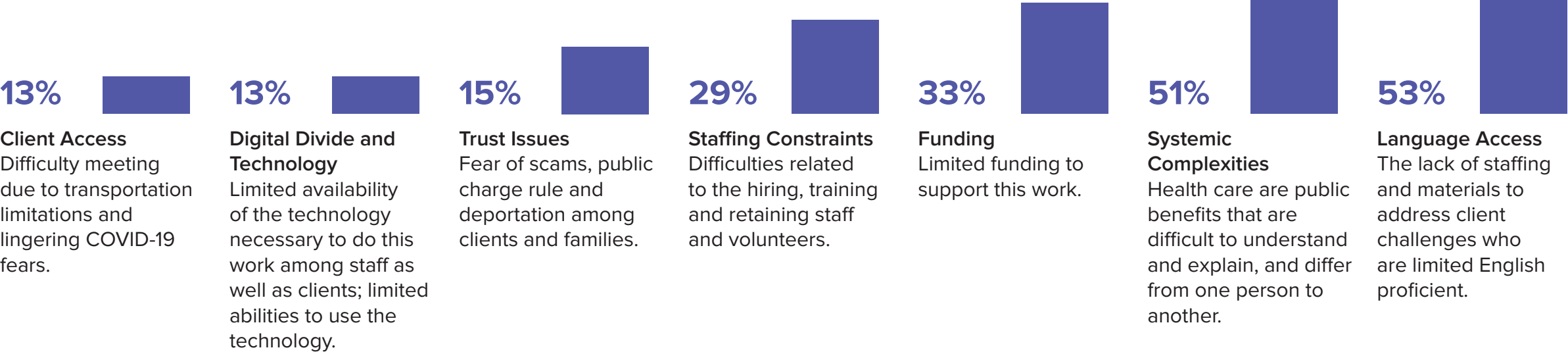
- Asian Task Force Against Domestic Violence (ATASK)



# CHALLENGES IN HELPING PEOPLE ENROLL IN HEALTH COVERAGE

Community partners reported difficulties navigating complicated bureaucratic systems, particularly for people who are limited English proficient and concerned about their immigration status.

They also reported difficulty managing this complex work in the context of community diversity, particularly given the pervasive lack of funding, limited staff capacity and technological limitations on the part of service providers, government agencies as well as clients.



# CHALLENGES IN HELPING PEOPLE ENROLL IN HEALTH COVERAGE

“We currently receive limited funding for our outreach/education/enrollment (OEE) and it is short-term funding (less than 6 months). Therefore, we have faced significant challenges in building our capacity to sustain this OEE service, as we have to either lay off or reduce staff time when there is a lack of funding.

As a result, we have to put our clients on a waitlist or refer them to other providers in the community. However, since we are the only organization serving the Cambodian community in Orange County, CA, it is very challenging for our monolingual/limited English clients to seek OEE services at other provider locations due to cultural, linguistic and/or transportation barriers; many of our clients would rather be placed on a waitlist than see a stranger.

In addition, the majority of our clients are recently-arrived immigrants and are often afraid of applying for the benefits for which they are eligible due to fears regarding public charge and/or immigration status. The time needed to educate community members on the myths and misconceptions of public charge adds time to the overall enrollment process.

Moreover, once our community members are enrolled in healthcare coverage, they do not know how to navigate the healthcare system or utilize their benefits (i.e., choosing providers, changing providers, understanding MediCal benefits, accessing mental health services, etc.). As a result, they often come back to our health navigators to help them navigate the process.”

**-The Cambodian Family**

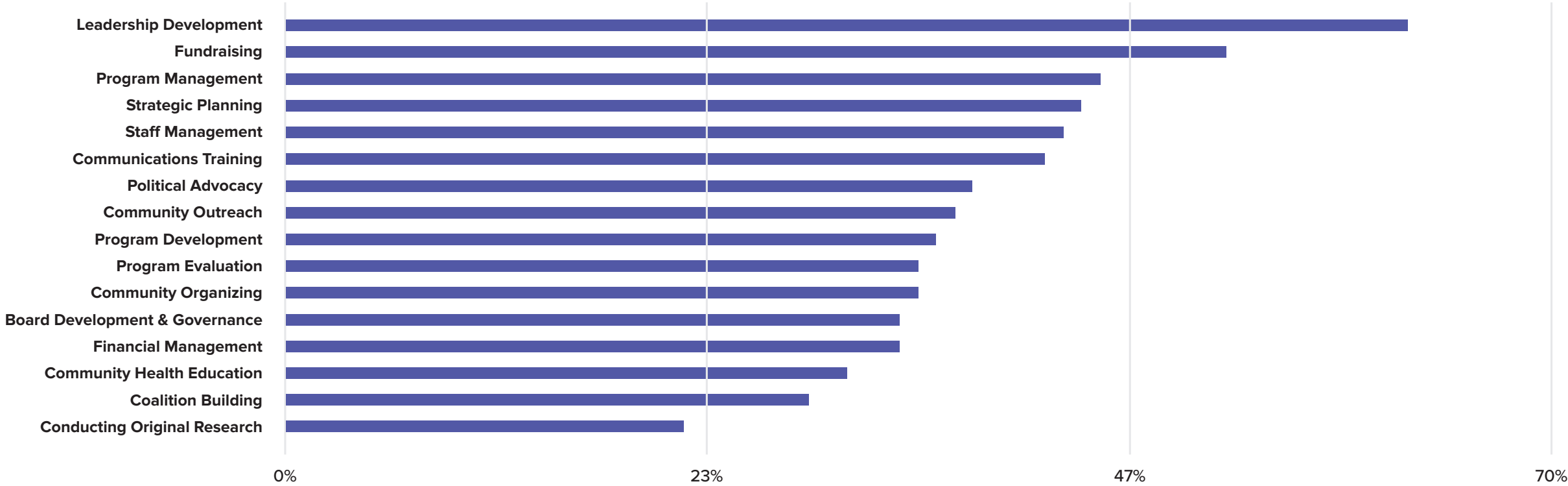


PHOTO CREDIT: THE CAMBODIAN FAMILY



# PRIORITIES FOR TRAINING AND TECHNICAL ASSISTANCE

Providing training and technical assistance (also known as Capacity-Building Assistance or CBA) is important to APIAHF’s mission, but this is also an area that foundations, corporations and government program administrators should be looking to invest to ensure a solid foundation for effective and sustained program delivery in target communities.





# PRIORITIES FOR ADVOCACY

Only 23 community-based organizations responded that they have dedicated funding for health advocacy programs. 43% do their advocacy work with general funding and 22% would do advocacy work if resources were available. These are the issues they prioritized:

## **Health Equity | 82%**

Advocating for equal access to quality and affordable health care as well as community representation in clinical trials, rare diseases and other areas of health.

## **Data Equity & Data Disaggregation | 80%**

Utilizing federal, state and local governments to collect and report on data specifically focused on different Asian American, Native Hawaiian and Pacific Islander communities.

## **Language Access | 79%**

Ensuring that English-language proficiency is not a barrier to accessing public services and government agencies have language access plans.

## **Access To Health Insurance | 76%**

Protecting the Affordable Care Act, closing the Medicaid coverage gap, ensuring access to Medicare programs, including Medicare Advantage and affordable Marketplace options.

## **Racial Justice | 66%**

Taking positions on hate crimes, discrimination, civil rights, policy and public safety reform.

## **Native Hawaiian & Pacific Islander Representation | 64%**

Ensuring that Native Hawaiians and Pacific Islanders are recognized by government and others as distinct from Asian Americans.

## **Immigration | 63%**

Taking positions on paths to citizenship, refugee resettlement, asylum rights, immigrant detention, DREAM Act and rights of undocumented immigrants.

## **Equity In COVID-19 Response | 55%**

Ensuring equity in access to testing, vaccination and treatment.

## **Technology Access | 46%**

Increasing opportunities for individual access to the computers, broadband, cellphones and internet that they need.

**Local, state  
and federal  
program  
administrators  
and elected  
officials take  
note of...**

...areas where  
our community  
partners see  
specific solutions  
to tangible  
problems.



# GRATITUDE AND ACKNOWLEDGMENTS

APIAHF sincerely thanks our community partners who took the time to share their powerful stories - your strengths, needs, priorities and hopes with us - by completing the 2022 CBO survey.

We know how busy you are.

Our community partners inspire us - we so value you and look forward to continuing to grow our partnerships and lifting up your voice.

### **PREFERRED CITATION FOR THIS REPORT**

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