National Outreach and Engagement Strategies for Asian American and Pacific Islander Populations

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Background

From 2000 to 2010, the Asian American population doubled in size and currently equates to about 7% of the Austin Travis County total population, which is above the state average of 4.4% (2010 U.S. Census Bureau). While the total share is relatively small, this population comprises a diverse group of people from many different countries, cultures, faiths, and languages. As this population continues to grow at a rapid rate, a deeper understanding of its diverse and unique challenges on a disaggregated level is necessary in order to address specific needs and provide care in a culturally and linguistically appropriate manner.

The Austin Travis County Asian American Health Assessment in 2013-2014 collected perspectives and beliefs on key health issues (diabetes, cancer, behavioral health, hypertension, obesity, etc.) from focus groups for 5 Asian ethnic subpopulations in addition to two vulnerable Asian populations, seniors and refugees. The Health Assessment proposed recommendations to address the needs and health issues of these communities:

- Improve **Outreach** to subpopulations
- Focus on **Prevention**
- Increase **Access** to health care
- Provide **Culturally sensitive** health care

On August 11, 2000, the President signed Executive Order 13166 requiring that agencies receiving Federal funds provide meaningful access to clients who are Limited English Proficient (LEP). To provide guidance on this requirement, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care was published by the Office of Minority Health (OMH) along with The Blueprint to provide a framework of strategies and guidance for implementing these strategies for all healthcare organizations in order to best serve the nation's growing diverse communities. This current project seeks to expand on the findings from previous projects by researching and identifying outreach and engagement strategies and activities that will meet the National CLAS Standards and improve health service utilization and health promoting behaviors of Asian and Asian American populations in central Texas.

Research Methods

Identification of Organizations

The researchers identified potential organizations to contact by searching the web for pan-Asian and ethnic Asian health centers and health-oriented community organizations, and through speaking with national leaders and community stakeholders. The Asian Pacific Islander American Health Forum (APIAHF), a national organization dedicated to improving health of Asian American and Pacific Islanders (AAPI's), was also contacted to assist researchers with finding appropriate organizations and contacts. From this initial list, organizations that performed a form(s) of community outreach, engagement or communication were identified. These included utilizing ads or content for Asian ethnic media, lay or community health workers, patient navigators, language interpretation or translation, community education (i.e. classes, workshops, seminars, etc.), community events (i.e. health fairs or screenings), and partnerships and collaborations with community organizations. Finally, the list of organizations was further narrowed to organizations with one or more of the following attributes:

- Location has a large Asian share of the total population
- Location has Asian share of total population similar to Austin (6.8%)
- Organization serves at least Vietnamese and/or Korean community members (Two groups with the greatest rates of linguistic isolation in Austin/Travis County)
- Organization has language access or language assistance services (Bilingual staff, interpreters or interpreter service, translators or translated materials)
- Organization has a program or model that is innovative (i.e. implementing a pilot study, received seed money, received an award related to innovation)
- Organization has a lay or community health worker or patient navigation program
- Organization does community-based activities (i.e. outreach or events in places where community members congregate, educational classes or workshops with community members, etc.)

Research Methods (continued)

- Organization partners or works closely with community-based organizations to accomplish goals

Limitations

Only organizations with a web presence in English were identified through our web search. Therefore, some organizations who are doing work relevant to this project may not be captured if they do not have a website in English. Additionally, keywords used for the web search may not have matched words on organizational websites that are doing work relevant to this project. Despite these limitations, the researchers generated a list of about 50 organizations. After further screening using the above criteria, 23 were identified to contact for interviews and 15 interviews were conducted.

Data Collection

First, an interview guide was created that included questions about overall health related outreach and engagement strategies, community health worker and patient navigation programs, language access and assistance programs, materials translated in Asian languages, and overall strengths and barriers experienced by their program or organization. The researchers contacted 23 total organizations primarily via email at least two times. Eight organizations did not respond back for interview or had invalid emails. In the end, a total of 15 phone interviews were completed, each lasting approximately 40 minutes. All interviews were recorded, except three, due to technical errors, and notes were taken for each call.

Description of Participating Organizations

The researchers spoke with organizational contacts from eight different states including Arizona (1), California (3), Georgia (1), Ohio (1), Michigan (1), New York (3), Texas (3), and Washington (2). About half of the contacts were from western states. A variety of organizations were interviewed including non-profits, health and humans service agencies, local government, Federally Qualified Health Centers (FQHCs), and community-based research centers. Overall, organizations located in the western and eastern states had relatively large Asian shares of the total population, ranging from 15% to 30%.

Description of Participating Organizations (continued)

Other locations including Phoenix, Houston, and Cleveland had Asian shares that were less than or similar to the Travis County's Asian share of its totalpopulation (6.8%), ranging from 1% to 6.9%. Additionally, the majority of participating organizations was pan-Asian and served multiple ethnic groups. One organization interviewed mainly served Korean and Korean Americans. Furthermore, most organizations were established more than 10 years, and several were established 30 plus years ago. Attachment 1 provides more detail about each organization interviewed.

Analysis

All interview notes were compiled, and the researchers reviewed and compared the following elements for each organization:

- General outreach and engagement strategies and activities performed by the organization or staff
- Strategies for providing language access and/or language assistance
- Community-based strategies and activities related to outreach and engagement, especially as they pertain to specific ethnic groups or cultures
- Use of partnerships or collaborations with other organizations for outreach and engagement, including ethnic media
- If applicable, any results or outcomes, quantitative or qualitative, from outreach and engagement efforts or programs (i.e. program reports, number of people served or reached, number of services delivered, focus group feedback, media usage, health outcomes, etc.)
- Major barriers and successes
- Sustainability of programs

Researchers noted themes common among organizations, as well as insights that were unique to one or several organizations. In the following section, major themes are organized into four sections: 1) Outreach and engagement strategies and activities; 2) Language access and assistance; 3) Partnerships; and 4) Community Health Worker and Health Navigator Programs.

Findings

Outreach and Engagement Strategies and Activities

While the communities that the organizations serve varied greatly, several common strategies and activities were utilized in some form or fashion among a number of the organizations. The following strategies and activities related to outreach and engagement were noted as essential practices from the participating organizations:

1) Focus on meeting needs identified by the community

As a best practice, interviewees discussed the importance of learning and identifying specific needs of community members. When working with multiple AAPI communities, a general expectation is that there are specific needs for each ethnic community as well as sub-groups within that community. Once needs are identified, which may not be health related, it is recommended that an organization be sensitive to community members' desires and address or support them as best as possible. For example, one interviewee from a California-based organization described how she achieved receiving vile specimen donations for cancer research from over 400 community members after she offered to meet their own health interests:

> *"People were not interested in donating vile specimens, that concept was very, very foreign…People wanted more screenings on Hep. B and stuff. So I asked them, if I came out and did free Hep. B and hemoglobin A1c screenings, would you consider donating an extra tube for cancer research? And everyone was like 'Oh yeah, I'll donate it if you're doing it already.'"* (Asian American Network for Cancer Awareness, Research & Training (AANCART), California)

Community members may be more inclined to participate in a project when their personal needs or interests are met.

2) Tailor outreach and engagement activities to each community and sub-community

When conducting outreach or communication to multiple Asian ethnic groups, organizations should plan to employ different methods among and within the various ethnic groups as the AAPI population is extremely diverse.

Findings (continued)

One interviewee from a Phoenix-based organization discussed using multiple strategies to tailor to the diverse demographics of one ethnic community in the area:

> *"We have a really robust Chinese community here, but it's really 19 or 20 different communities within that. So having a strategy to outreach to the Chinese community is really having 20 strategies to reach out to the community, because there's language differences, there's historical and political challenges…mainland China, Taiwan, subgroups within China. So really understanding that and committing to work at a very community level is really important."* (Asian Pacific Community in Action, Arizona)

Another interviewee from a Texas-based organization emphasized the importance of respecting the culture and languages of the various ethnic subpopulations when coordinating health fairs. Instead of combining multiple ethnic communities into a single health fair, he discussed that supporting health fairs already established by individual ethnic communities was usually more effective, as underlying cultural themes make those fairs more attractive to their communities. Knowledge of cultural beliefs and attitudes, languages, and histories, in addition to population demographics such as socioeconomic status, age, education level, and language proficiency can greatly inform outreach and communications to community members.

3) Build trust and credibility with community members

As one interviewee from a Texas-based organization stated, *"Trust is hard to build and easily broken"* when working with community members. (Gateway to Care, Houston) When describing the work of his organization's community health workers and their relationships with community members, he stated to avoid making promises to fulfill certain needs or requests from individuals, as resources outside that staff member's control may not be available.

In the event that a staff member cannot meet his or her promise, the individual may quickly lose trust in the staff member or the organization. Instead, he recommended to assure the individual that his/her needs will be addressed as best as possible, and be honest when no assistance can be given at a certain time.

Findings (continued)

Another strategy for building trust and credibility is consistently being present at organizational events and functions in communities. This was described as an effective and necessary process for building trust and establishing a positive reputation for an organization among community members. Additionally, creating a consistent media presence can also be an effective strategy. One organization in California consistently and strategically produced content for the ethnic media to help rebrand their organization and build credibility and trust among community members:

> *"Our agency was known as a domestic violence agency before in the past years, so we had to promote a lot through Korean media that our agency is strongly committed to mental health as well, and that we're well prepared and well qualified to deliver services to the community…Over 4 to 5 years, I invested a lot of time to do, to get good media coverage."* (Korean American Family Services, California)

4) Involve community members in outreach or engagement efforts

One strategy common among many organizations that inherently involves community members was the use of community health workers, sometimes called health or patient navigators, to assist other community members with accessing health and other resources. The bilingual and bicultural knowledge and experience that many community health workers have is often mutually beneficial to organizations and the populations they serve. Naturally, outreach and engagement may be one of many activities performed by a Community Health Worker (CHW).

Additionally, when developing content or materials for use by community members, getting feedback or perspectives from beneficiaries of the products is essential. Investing time to learn perspectives from community members and providing the opportunity for feedback can create buy-in from community members and result in a more meaningful and useful product. One interviewee from a California-based organization described how an educational video about cancer screening took three years in the making due to back and forth feedback and edits from multiple Asian ethnic organizations. In the end, time spent was not wasted as community members appreciated the opportunity to provide feedback.

Findings (continued)

5) Work with local ethnic media to educate about health topics and events

Most organizations discussed producing various content for ethnic media. Some spoke mainly of developing print and/or radio ads for newspapers to promote health events or services, educate on health issues, or posting positions for hire. A few discussed developing content for articles or hosting a radio session to speak about a relevant health issue. In addition, many of the organizations discussed posting content on social media such as Facebook. For some media content, staff may also need to spend time educating media professionals on the organization's work and health content. For example, one California-based organization discussed educating reporters on mental health topics, which can be a taboo topic among AAPI ethnic communities:

> *"I also have to educate the Korean media as well because reporters are not that familiar with mental health topics, because it's a very stigmatized topic that Asian culture can discuss, so I try to utilize a lot of opportunities with the media to deliver educational messages and to lower down the guard that you know mental health is not something you feel guilty or you feel ashamed about."* (Korean American Family Services, California)

Language Access and Assistance

According to the National CLAS Standards, offering communication and language assistance and informing individuals of the availability of these resources is vital to advancing health equity and quality of care. These standards are also inherent to successful outreach and engagement of AAPI populations. Organizations can achieve these standards by providing forms of communication, interpretation, and translation and notifying individuals of these resources through proper signage or other communications. Methods and experiences regarding language access and assistance discussed by organizations are presented below:

1) Language identification

Research has shown that common barriers to accessing services among individuals with limited English proficiency are the lack of available language services or the lack of awareness that such services exist.

Findings (continued)

While not discussed in-depth by participating organizations, an important component of language assistance is the language identification process. According to Standard 6 of the CLAS Standards, organizations should have a process for informing individuals in their preferred language, as determined by a language identification tool (i.e. "I Speak" cards), that language assistance is available. Pre-existing language identification cards can be downloaded from the Culture Connect website, and further information about developing a method for providing notice of language assistance can be found in *A Blueprint for Advancing and Sustaining CLAS Policy and Practice (April 2013).*

2) Bilingual staff

The greatest language access asset to organizations is having bilingual staff members on their team. In-person, one-on-one communication is the most preferred method of communication for these organizations because in most cases no interpreter is needed if an appropriate bilingual staff member is available. All organizations interviewed have bilingual staff members, many of whom are recognized as community leaders for a certain ethnic community or are very connected to an ethnic community. For some organizations, particularly in locations with a smaller Asian share of the total population, finding individuals with these skills can be a very organic process that can be very challenging or time intensive. One contact from a Phoenix-based organization described the difficulty of finding bilingual individuals to participate in a training program:

> *"[Finding bilingual individuals], it's not an easy [task], it's retail. It's sitting in church services, getting to know congregates, getting to know who's fluent… who's multilingual and fluent…We have some success with ads in ethnic media, but it's really an on the ground strategy…It's door-to-door."* (Asian Pacific Community in Action, Arizona)

Furthermore, investing in the development of these staff members can be an important strategy for an organization. As individuals with bilingual skills are often in demand in many areas, losing such a staff member can result in a major skill or knowledge gap for the organization.

Findings (continued)

3) Interpretation

In cases where a bilingual staff member is not available, organizations described resorting to in-person or phone interpreters. This situation primarily occurs when staff members are faced with a new, emerging language and/or a language spoken by a relatively small portion of the area's population. Among these communities, interpreters are often needed for languages spoken by individuals from Burma, Nepal and surrounding countries.

One Seattle-based organization discussed using a video interpretation service provided by a company called CTS Language Link. This organization started using video interpretation mid-2014, and feedback from clients thus far has been positive, and both staff and clients prefer using the video interpretation over phone interpretation. While bilingual staff is the preferred method of communication for most organizations, outside interpretation helps fill language gaps of staff members. However, there are still challenges and issues concerning the quality of the interpreter and the interpretation, which may be beyond the organization's control.

Interpretation services through CTS Language Link are reimbursable through Medicaid in Washington State, but it is not a billable service on most private health insurance plans. In general, these services tend to be expensive, and organizations who work with patients tend to only use them with Medicaid patients.

3a) Medical interpreter programs

Two organizations train and certify individuals in medical interpretation using the *Breaking Boundaries in Healthcare®* program, but each organization utilizes these individuals in different ways. One organization is incrementally building a workforce of medical interpreters for its community, as there is a lack of staff that speak Asian languages at most local clinics. After individuals earn certification, they usually work on a part-time or as needed basis. In contrast, the other organization trains and certifies existing staff members, primarily full-time CHWs who perform other duties in addition to interpretation, as well as other external professionals and interested community members.

Findings (continued)

Becoming certified through this medical interpretation program is intensive and require 40 hours of instruction and passing an exam. Medical interpreters can then be placed in medical facilities or work as a contractor.

3b) Interpretation as a business

Some organizations have leveraged their assets of their bilingual staff by creating an interpretation business that generates revenue for the organization. For example, one Ohio-based organization provides in-person interpretation and translation services for a fee to county and government agencies, courts, hospitals, and other entities. Additionally, this organization also secured a franchise called Culture Connect from Atlanta, Georgia to provide a medical interpretation certification program, known as the *Breaking Boundaries in Healthcare®*. This program trains internal staff as well as interested external professionals or community members and generates further revenue for the organization.

4) Translation and translated materials

Another best practice for language access recommended by the National CLAS Standards is the availability of translated signage, materials, and language identification cards in the clients' preferred language(s). Most organizations had translated materials as resources for clients or community members. Many of these were existing materials from other sources, but a number of organizations also created or modified translated materials in-house.

While materials in Asian languages can be useful for consumers, they should not, however, substitute bilingual communication or interpretation given a number of limitations. On the west coast, for example, Hmong and Vietnamese populations in some areas have low literacy levels, so translated materials will not be useful. Secondly, when translating from English, an intelligible phrase or words from an Asian language may not exist to appropriately describe the original English terms. Additionally, existing translations may be outdated or not tailored adequately for the local demographics or area. Thus, quality assurance checks on translations are necessary, and as a business practice, bilingual staff members at organizations interviewed should review any material that would be distributed to the public.

Findings (continued)

There is a wealth of existing materials that are readily downloadable from the web. Many organizations spoke of finding existing materials rather than 'reinventing the wheel', and then adapting the materials if needed and possible. Some sites mentioned as having usable, quality translations are listed below:

- Asian American, Native Hawaiian, and other Pacific Islander Community Health Centers (AAPCHO)
- American Heart Association
- Asian Pacific Islander Association Health Forum
- Asian American Network for Cancer Awareness, Research, and Training
- National Cancer Institute

For further information on the advantages and limitations of interpretation and translations, refer to the National CLAS Standards: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.

Partnerships

In general, relationships with community leaders and organizations were vital to the organizations' work and improving the health status of AAPI populations. Collaborating with other organizations was described as essential for outreach efforts, organizing and implementing events, identifying key community leaders, and building organizational credibility and trust with community members. For many of the organizations that have long been in existence, these relationships and networks have been built over time. While these organizations maintain existing relationships, they also continue to form relationships with new groups that settle into their areas or with new staff at partnering organizations. The following were identified as important strategies and activities for establishing and maintaining partner relationships:

1) Find someone connected to the community

Finding an individual connected to a community, whether as a staff member or as an organizational partner, was described as a business practice by most organizations. These individuals were usually community leaders or advocates

for their communities already, and are dedicated to their fellow community members. Meeting with leaders of ethnic associations, some of which are voluntarily run, can be a good starting point for finding community leaders. For some larger populations, particularly Korean, Chinese, and Vietnamese communities, faith based leaders can be valuable connections to organizations, as they are often recognized as community leaders.

When searching for community leaders, many organizations described the process as very organic and word-of-mouth. This was the case in areas with both relatively large and small populations and with organizations that have been in existence for many years. Depending on an organization's existing resources and connections, the process can also be very time intensive. For example, one interviewee from a Michigan-based organization stated that developing relationships with new leaders after staff turnover at a partner agency took around one year of networking. Furthermore, once community leaders are found and on-boarded as staff, much time is also spent to train and educate these individuals, some of whom may not have college degrees or extensive educational backgrounds.

2) Build trust and relationships with organizations and leaders

Similar to the activities described for building trust with individual community members, the same case applies to community organizations and leaders. Being present at organizational events, meetings, and functions was mentioned as a vital and necessary step for building trust, especially with organizations or communities that are new to an area. Participating in formal networks of organizations, such as task forces or coalitions, is another way an organization can connect with others and build credibility for the organization.

For collaborative projects, respecting the knowledge of community-based and ethnic organizations and letting them take ownership of certain project components can be very important. Oftentimes, members of these organizations are knowledgeable about what is happening in their community and their needs and concerns. They also hold more cultural and linguistic insights to their community. One final point to mention is that this work can take many years in the making. Many of the organizations interviewed have been in existence for a long time, but relationships can take anywhere from two to ten years to build.

Findings (continued)

3) Apply and work collaboratively on grants with partners

Formalizing partnerships and collaborations through contracts of grant applications can be an effective strategy for building relationships. After projects are complete, continuing to support these partner organizations, especially through financial means, can build further trust and security in the relationship. One Ohio-based organization discussed the impact from making long-term financial investments in partners, particularly as sub-recipients on grants:

> *"We've been successful in leveraging a lot of these federal contracts because we write, on average, between 50-70% of any federal grants that we write, we allocate those moneys, 50 to 70% of the total grant award to our partners…on average. That is a really important strategy, an important mobilization tactic because there is greater response."*
> (Asian Services in Action, Ohio)

Additionally, grants dedicated specifically to capacity building, can greatly help initiate connections and build collaborative partnerships centered on a common goal. These types of grants usually require forming relationships with community-based organizations and creating coalitions to achieve a shared goal. In the process, creating a formal contract with organizations allows them to claim ownership over a project, and all parties involved are held accountable for fulfilling the work.

4) Support local organizations in achieving their goals or projects

Providing support to organizations, especially monetary funds, is another essential element to building and maintaining relationships with partners. In many areas, ethnic service and community-based partner organizations may lack infrastructure, be run primarily by volunteers, or have non-profit status. If monetary funds are not available, however, interviewees spoke of providing training opportunities or resources and assistance to help partner organizations achieve their specific organizational interests or projects.

Findings (continued)

Community Health Worker and Health Navigator Programs

1) Role and definition of community health workers (CHWs) and navigators

Many organizations, especially ones that have clinics and provide direct services, have non-clinical staff that assist individuals with accessing care, information, or resources. Different names are used for this role, including community health worker (CHW), health navigator, or patient navigator, which may be due to unclear or inconsistent state legislation regarding the definition, training, and certification of CHWs as well as funding, grant requirements, or organizational preference(1). However, most of these roles are based on a community or lay health worker model and the American Public Health Association's (APHA) definition of a CHW(2).

According to APHA, CHWs are usually frontline workers who have a shared culture, language, background, and experiences with the population they serve and are trusted members of their community.[1] Many organizations described these individuals as a connector, a bridge between a community and a clinic or organization because of their bicultural understanding, bilingual or multilingual skills, and relationships with community organizations and members.

In most cases, CHWs or navigators are found through word-of-mouth and are recognized to be well-connected and informed about the experiences and activities of a certain ethnic community. The definition for community health worker for Texas, as stated by the DSHS' Promotor(a) or CHW Training and Certification program closely aligns with the APHA definition.

The Pew Health Professions Commission (1994) asserts that incorporation of CHWs into the health care system will improve the delivery of preventative and primary care to America's diverse communities. More support is growing for integrated healthcare teams that include a CHW on the clinical team alongside physicians and other healthcare providers. Thus, in the coming years, the role and funding for CHWs may change as clinical systems adopt these integrated models and advocates continue to push for CHWs to be a recognized occupation instead of a certification.

(1) http://www.nashp.org/state-community-health-worker-models
(2) http://www.dshs.state.tx.us/mch/chw.shtm#Requirements

Findings (continued)

Furthermore, while 'patient navigator' is sometimes used interchangeably with community health worker, that role has a distinct beginning from the cancer prevention field. The term "patient navigation" was first used for a breast cancer prevention program in Harlem, New York created by Dr. Harold P. Freeman, who partnered with the American Cancer Society (ACS)(3). This patient navigation program assisted low-income women with obtaining breast cancer screening and follow up care. Today, patient navigators are often available for cancer prevention programs and some other chronic diseases such as diabetes. Funders such as Komen Foundation and the National Cancer Institute recognize the importance of population health and fund patient navigator programs focused on specific Asian or ethnic communities. In general, CHW and patient navigator roles performed similar activities across the organizations, but for some organizations, patient navigation is more a subset of a CHW's responsibilities or is a separate role from CHWs.

2) <u>Duties of CHWs and navigators</u>

Depending on the organization, community health workers or navigators may perform a wide array or specific set of activities and services including community outreach and education, screening, advocacy, healthcare and resource navigation, Affordable Care Act (ACA) enrollment, and even counseling and case management. They often work in both clinic and community settings and with patients and non-patients.

Individuals who do active outreach and education to community members target a specific Asian ethnic community. Depending on the demographics of an area and available funding, an organization may have up to 12 CHWs who speak a total of 15 Asian languages and target multiple AAPI populations.

Some organizations differentiated the roles of patient navigators and community health workers. In one Seattle-based organization, patient navigators work primarily with clinic patients and focus on navigating the health care system with patients to meet their healthcare needs. Some duties include assisting with completing forms, creating billing plans, making referrals to providers and agencies, and educating patients on the healthcare system and healthcare issues. Additionally, this organization's community health workers may work with patients and non-patients in the community and perform

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(2) http://www.dshs.state.tx.us/mch/chw.shtm#Requirements
(3) http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3623288/

Findings (continued)

community outreach and education activities as well as referrals to other services and resources. In other organizations, patient navigation was a subset of the activities performed by a community health worker.

3) Other community-based roles

One organization based in Atlanta developed a transportation program that employed bilingual staff members from underserved AAPI population as drivers to transport community members to and from health facilities. Due to limited public transportation options in the area, the Center for Pan-Asian Community Services (CPACS) partnered with the city to provide two buses, which operate on scheduled bus routes, as well as vans to pick up clients. The drivers, like many community health workers, are also bilingual and knowledgeable about certain AAPI ethnic communities, and they also act as helpful navigators for patients interfacing with the healthcare system.

4) Certification and training

At present, there is no national standard for training or certification of CHWs, and many are trained on the job(4). Some states have developed core competencies for CHW trainings, including the State of Texas. Most CHWs or navigators working at these organizations completed a formal training that was developed either in-house or by the state. For the State of Texas, the Department of State Health Services is responsible for reviewing and approving all CHW certification, training, and continuing education(1,2).

State CHW certification requires 160 hours of training, although one certified training organization in Austin expanded it to 210 hours. The Gateway to Care program in Houston keeps in contact with the CHWs they train in order to maintain relationships and communicate important changes in rules, procedures, or laws.

In addition, some organizations may have more stringent requirements for 'patient navigator' positions such as a professional license and/or experience as a health professional (i.e. nurse or social worker). This is usually not the case for community health worker positions. In contrast, one California-based organization developed a curriculum to train community college students to perform patient navigation services.

(4) CHW http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities

Findings (continued)

In alignment with the community health worker model, these students were bilingual and often had shared experience or understanding of underserved populations in the area. Upon completion, many students can transition this experience into a career.

Lastly, at this point in time, community health worker and navigator roles are often not reimbursable by the federal government or billable by insurance, and most organizations are supporting their lay or community health worker salaries through a grant and/or a foundation. In Texas, CHWs can only be compensated if they receive state approved training and certification.

Summary of Recommendations

1. Identify and prioritize community needs by using tools such as community needs assessments, focus groups and surveys.

2. Tailor outreach and engagement activities for each ethnic community as well as the diverse demographics within those sub-communities.

3. Build relationships and trust within the community and involve them in developing programs.

4. Use Community Health Workers and Patient Navigators as a bridge to the community. This has proven to be a reliable strategy in many localities.

5. Use ethnic media outlets and social media to communicate health messages and information to the community.

6. Explore options for addressing Limited English Proficiency since language is a major barrier to accessing health services for many at-risk individuals. Options include bilingual staff, translation services, medical interpretation and translated materials.

7. Support communities by educating government agencies on implementing CLAS standards for all health related programs. Provide tools and resources to comply with CLAS.

8. Foster relationships with community leaders and organizations to develop a "Culture of Health" within each community, emphasizing awareness, education and healthy lifestyles.

9. Formalize partnerships and collaborations through joint grant applications and other funding avenues, leveraging the impact in the community.

10. Strengthen community organizations by mentoring and supporting capacity building or community development grants.

Attachment 1: Organizational Details

Organization: Houston Health Department -Planning, Evaluation, Research

Type: Government

Location: Houston, Texas

Contact: Beverly Gor, Staff Analyst; (832) 393-4738 beverly.gor@houstontx.gov

URL: http://www.houstontx.gov/health/

Population served: All – including Vietnamese, Indian, Chinese, Filipino, Korean.

Language Access: Staff speak 14 languages. Some materials in Chinese and Vietnamese.

Description: Outreach for disease awareness, prevention, education. Grant funding for cancer, hepatitis B, Hope (free) clinic, social services, community health workers. ACA insurance enrollment.

Lessons: Trust factor – find leaders who can be a broker/bridge to the community. Decision matrix for focus: (1) population size, (2) limited English population, (3) staff language, (4) funding: grants for CHW and ACA enrollment.

Organization: Asian Americans for Community Involvement (AACI)

Type: Non-profit

Location: Santa Clara County, California

Contact: Michelle Lew

URL: http://aaci.org/

Population served: Chinese, Filipino, Vietnamese, Cambodian

Language Access: Bilingual staff or language line. County Health Department is responsible to provide translated materials.

Description: Began as advocacy, but now providing health & human services. Used a 3 year grant to develop non-clinical health navigation curriculum and trained 160 community college students. Does ACA enrollment and variety of health and human services.

Lessons: Difficult to reach Indian communities due to non-identification with “Asian” label. Navigation training for students helped career ladder placements.

Organization: Korean American Family Services (KFAM)

Type: Non-profit

Location: Los Angeles, California

Contact: Ahlim Kim

URL: http://kfamla.org/

Population served: Primarily Korean

Language Access: Bi-cultural and bilingual staff members help clients access other bi-cultural services. Organization does its own translation of materials.

Description: Established 1983 for domestic violence. Mission is to support Koreans in LA with counseling, education and other social services. Does annual screening event with 20 – 25 Mental Health professionals.

Lessons: LA has 22 Korean media outlets. First generation Koreans usually prefer traditional media, and many second-generation prefer social media. Some Korean social networking/forum sites are also popular. Use positive words to offset stigma of mental health topics such as "Healthy Minds, Healthy Life

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Organization: Asian American Network for Cancer Awareness, Research & Training (AANCART)

Type: Grant funded Research organization

Location: Sacramento (main center), Los Angeles, San Francisco, Honolulu

Contact: Julie Dang

URL: http://www.aancart.org/about-us

Population served: Community- based participatory research on cancer prevention and screening for Cambodian, Chinese, Filipino, Hmong, Korean and Vietnamese populations

Language Access: Bi-lingual staff help translate written materials. Also produced cancer prevention video in multiple Asian languages that's available through website

Description: Research to reduce cancer disparities for Asian Americans. Primarily funded by NCI and NIH. Uses evidence-based CBPR and CHW models in multiple communities.

Lessons: Each community must identify community leaders and utilize appropriate available media outlets. Be sure to follow through to build trust in community. Once trust is built, you become a community insider

Organization: International Community Health Services

Type: FQHC

Location: Seattle, Washington

Contact: Abbie Zahler, Health Advocacy Manager

URL: http://www.ichs.com/

Population served: Chinese, Vietnamese, Korean, Laotian, Filipino, Cambodian, others

Language Access: 15 – 18 languages available plus video interpretation (FQHC/Medicaid reimbursable). Website translated in 4 languages.

Description: FQHC serving immigrant populations. 12 Community Health Worker staff/ 15 languages (mostly grant-funded). Culturally and linguistically appropriate health services to improve the health of AAPI in the broader community.

Lessons: Health educators serve patients and non-patients but it's a way to spread messaging and education to more people in the community.

Organization: Asian Pacific Community in Action (APCA)

Type: Non-profit plus free health clinics

Location: Greater Phoenix, AZ – Maricopa County

Contact: Llyod Asato

URL: http://www.apcaaz.org/

Population served: Pan-Asian

Language Access: Bilingual staff in over 30 languages. Has a nationally accredited medical interpreter training program (bridging cultures). Intensive work translating DEEP and CDSMP curriculums in Korean.

Description: APCA provides culturally competent care though free health clinics, community workshops, training and building workforce, and advocating for better AAPI care. Work closely with faith-based organizations, restaurants, ethnic media and culturally specific social media.

Lessons: Work with community to host "pop up" clinics. Use school-based clinics and mobile health vans to provide services to a dispersed community. Medical interpreter training is good for part-time. Understand and adjust to diverse communities, even within one ethnic group. The entire system is responsible for health, not just one organization.

Organization: Charles B. Wang Center

Type: FQHC

Location: New York, NY

Contact: Shao Chee Sim, Chief Strategy Officer

URL: http://www.cbwchc.org/

Population served: primarily Chinese immigrants (50% of Asian population), but also some Koreans

Language Access: Much material translated into Chinese and some also in Korean.

Description: Provide quality, culturally relevant health care and education. Advocate for underserved, with focus on Asian Americans.

Lessons: In meeting community needs, make sure your proposal doesn't duplicate what is already being provided.

Organization: West Michigan Asian American Association (WMAAA)

Type: Non-profit, "connector" organization

Location: Grand Rapids, Michigan (plus multiple counties)

Contact: Minnie Morey

URL: http://www.wm-aaa.org/

Population served: 7 ethnic groups

Language Access: 14 certified navigators (Vietnamese, Indian, Chinese, Korean, Filipino, refugees)

Description: Formed by merger of 2 organizations in 2011. Builds collaborative, active and committed AAPI communities in West Michigan focused on healthcare, education and empowerment. No extensive staff, but rather help orgs. connect on projects. Big push for ACA enrollment (31% Koreans were uninsured when ACA started).

Lessons: Disparate organizations can come together with common focus on health. Hospital provides patient navigator training, providing navigators for the entire healthcare system. Learn about the community, but don't take sides. Stories help explain the need for insurance.

Organization: HOPE Clinic

Type: FQHC

Location: Houston, Texas

Contact: Shane Chen, COO and Cathy Phan, Health Initiatives Manager

URL: http://hopechc.org/about-us/

Population served: All AAPI communities, primary Vietnamese, Chinese, Burmese, Korean

Language Access: 14 languages supported in clinic

Description: Established by Asian American Health Coalition in 2002 to provide quality healthcare without prejudice in a culturally and linguistically competent manner. "Light & Soul" provides ACA navigation for Asians in multiple Texas cities, including Austin and Houston.

Lessons: Create a coalition of interested parties around specific health issues. Respect the cultural background of community organizations instead of lumping everyone together (i.e. health fairs). Collaborate with Health Dept. and Healthcare District.

Organization: Center for Pan Asian Community Services (CPACS)

Type: FQHC with Social Services

Location: Atlanta, Georgia

Contact: Karuna Ramachandran, Health Programs Director

URL: http://www.cpacs.org

Population served: Chinese, Korean, Vietnamese, starting Nepalese

Language Access: 7 core languages, with capacity for 16 languages through staff. Language priorities community driven. In-house translation of website.

Description: Multi-functional service organization: FQHC, preventative health, social services, housing, education, advocacy and research. Transportation department has multi-lingual/cultural drivers who also function to develop relationships within the community and act as health navigator. 90% funding for navigators from non-government sources.

Lessons: GAPIC is an umbrella collaboration of multiple communities. Komen Foundation has translated materials and videos for breast cancer. Health navigators and bilingual staff (from the community) are the key to connecting with community members. Foundations understand population health, so these entities should be sought after for support.

Organization: New York City Health and Hospital Corporation (NYCHHC)

Type: Integrated Healthcare system (similar to Travis County Healthcare District)

Location: New York, NY

Contact: Henrietta Ho-Asjoe

URL: http://www.nyc.gov/html/hhc/html/

Population served: All populations, Chinese largest, Vietnamese, Korean, South Asian, Bengali

Language Access: Website translated in 91 languages. Materials should be at 3rd grade level. Some clients

Description: integrated healthcare system of hospitals, neighborhood health centers, long-term care, nursing homes and home care -- the public safety net healthcare system of New York City. Community resource and research. Some prevention programs: diabetes, hypertension.

Lessons: Build relationships with community leaders. Let partner organizations take the grant lead whenever possible

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Organization: Gateway to Care

Type: Non-Profit

Location: Houston, Texas

Contact: Angel Rivera – Community Health Worker training, Karen Dunn – navigation services

URL: http://www.gatewaytocare.org

Population served: multiple, including Vietnamese, Urdu, Pakistan

Language Access: CHW training in English, Spanish and Vietnamese (20 wks, 150 hrs)

Description: Access to care for low-income populations, including AAPI. Extensive community collaborations. Robust Community Health Worker (CHW) program, using RAISE. Navigation program gets people to “right place at right time, and at the right level”. 190 collaboration partners.

Lessons: More focus on getting people into the healthcare system, not “health promotion”. Cultivate a “culture of health” within the communities. Faith traditions can bring more client access and resources. Building trust is very hard and time consuming, but it can be lost quickly. Keep your word, don’t make promises but focus on meeting the need.

Organization: Asian Counseling and Referral Service (ACRS)

Type: Non-profit (Human Services and Behavioral Health programs)

Location: Seattle, Washington

Contact: Victor Loo

URL: www.acrs.org/

Population served: low-income AAPI clients, but open to all

Language Access: Staff speak over 40 languages. Translated materials in 8 languages

Description: Largest multi-service, multi-cultural Asian & Pacific American organization in the Pacific Northwest. Attend larger community sponsored festivals, health fairs, events, but also collaborate for joint events. Extensive use of volunteers and volunteer coordination.

Lessons: Asians usually rely on word-of-mouth for information. Students can be helpful. Churches can help reach Koreans. Cultivate and mentor community leaders hired on as staff members. It's a plus to have bi-cultural and bi-lingual staff, but important to retain staff due to extensive training curve.

Organization: NYU Center for the Study of Asian American Health (NYU/CSAAH)

Type: University Research Center

Location: New York, NY

Contact: Catlin Rideout

URL: http://www.med.nyu.edu/asian-health/about-us

Population served: Pan-Asian, but specific projects for Korean, Filipino, and Vietnamese

Language Access: Most staff are bilingual and can provide a cultural filter for planned research. Currently working on a program to develop culturally appropriate public health materials for New York City (Filipino, Korean, Indian, Sikh, Bangladeshi)

Description: Mission to reduce health disparities in the Asian American community through research, training and partnership. Strong reliance on Community Based Participatory Research (CBPR) which requires community partnerships.

Lessons: Community Health Workers improve the delivery of preventive and primary care to diverse communities. Be transparent about the budget and include community partners in the funding.

Organization: Asian Services in Action (ASIA)

Type: FQHC plus health promotion

Location: Cleveland, Ohio

Contact: Michael Byun, Executive Director

URL: http://www.asiaohio.org

Population served: Pan-Asian

Language Access: Translation and Interpreting Dept. provides "Breaking Boundaries in Healthcare" interpreting program and generates revenue-providing interpreters to city/county/government. agencies and others.

Description: ASA provides direct care (FQHC) as well as community interventions/health promotion. Extensive program work through Cultural Language Schools. Bilingual CHWs promote programs in the community. ASA has long-term relationships with community partners and includes them extensively in grant applications.

Lessons: RAISE program is model structure for community engagement (Policy, Systems, and Environment). http://www.asiaohio.org/programs/cheri/raise/