Asian American Native Hawaiian Pacific Islander Health Initiative

POLICY RECOMMENDATIONS

EXECUTIVE SUMMARY

Asian Americans, Native Hawaiians & Pacific Islanders (AANHPI) have been among our country's fastest growing racial groups and now make up 6% of the country's total population. California and Hawai`i are home to the largest Asian American (6.3 million) and Native Hawaiian & Pacific Islander (641 thousand) population in the U.S. (Census, 2010). San Gabriel Valley in Los Angeles County is home to 406,000 Asian Americans and Pacific Islanders, the largest concentration in the U.S. (CHIS, 2015). This rapid growth, combined with social and economic diversity, make AANHPIs a complex community to understand and serve.

Heart disease and stroke remains the #1 and #3 killers of AANHPIs, yet many lack access to culturally appropriate health environments. High blood pressure and Type 2 diabetes have been identified as key risk factors facing Americans with respect to their health by American Heart Association (AHA) and other organizations monitoring health trends across the U.S.. In California, 23% of AANHPI adults have hypertension; 32% are considered overweight/obese; and despite having a lower body weight, the prevalence of diabetes was 3x greater among AANHPIs than non-Hispanic Whites (CHIS, 2011). From 1997 to 2011, AANHPIs had the highest jump in diabetes rates (68%) compared to all other racial groups. For Native Hawaiians and Filipinos, the prevalence of overweight/obesity is 75.2% and 55% in the U.S. (BFRSS, CDC, 2006). As identified in the Los Angeles County –San Gabriel Valley -Service Planning Area 3 (SPA 3) report, cardiovascular disease is the #1 and stroke is the #2 cause of mortality. Overweight, obese, and hypertensive individuals, especially among minority and low socioeconomic communities, are particularly at high-risk for developing related health complications and are more likely to develop them at a younger age.

The Asian American, Native Hawaiian & Pacific Islander Health Initiative was formed in 2013 to bridge the work of local community-based organizations to create a cross-sector approach to addressing the health disparities in AANHPI communities, with a specific focus on LA County. The coalition has grown to include its work across all of California. The Initiative's work is threefold:

Develop a strong relationship between AANHPI communities and to recognize, prioritize and address the AANHPI health disparities.

Consolidate and coordinate mutually reinforcing activities of our organizations to eliminate duplication and maximize our shared resources.

Analyze and tailor currently used evidence-based strategies that will work for the AANHPI communities we serve.

Building on our collective efforts, in 2016, the Initiative brought together AANHPI stakeholders for our 2nd annual AANHPI Health Summit. During this summit, we discussed solutions and strategies to address Asian American & Pacific Islander health disparities. The summit was also a vehicle to improve strategies identified by the Los Angeles County Community Health Improvement Plan (thinkhealthla.org) and include strategies specific to the Asian American, Native Hawaiian, and Pacific Islander community.

KEY FINDINGS:

With our current political climate, accessibility of healthcare coverage is a constant concern for low-income community members in Los Angeles County. Access to mental, dental, preventative, and other specialty care for uninsured and Medi-Cal populations already comes with many barriers before even considering the newest federal policy implications, especially when you consider the additional layers of needing to provide these services in different AANHPI languages, and having care and treatments align with cultural beliefs and practices.

Additionally, when we move beyond access to care and start looking at environmental factors that contribute to health, a one-size-fits all solution does not capture the complexity that is needed to address major factors preventing and/or contributing to the rise in chronic disease in AANHPI communities.

The following key findings are the culmination of what we gathered from a diverse, cross-sector of trusted leaders in AANHPI nonprofits, city staff, community leaders and healthcare clinics at the 2nd annual AANHPI Health Summit held in July 2016. These findings highlight issues for AANHPIs in the areas of access to healthcare, healthy eating, physical activity, and tobacco, and provides innovative and culturally-relevant solutions to these health issues impacting our communities. Cookie-cutter strategies to public health that may work in other communities, sometimes miss out on the language accessibility and cultural awareness so integral to ensuring healthier AANHPI communities.

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SUMMARY OF KEY FINDINGS

Increase Linkages Between Health Care Services and Community-Level Prevention Services

Possible Solutions:

- Identify and create opportunities for collaboration among different stakeholders is key: Utilizing a collective impact model will integrate public health and medical practices with community-based resources to manage health conditions and address social determinants of health.
- Research and provide certification for more holistic and culturally-relevant practices: Many AANHPI cultural beliefs are intertwined in health behaviors and we need more evidence-based program models that are tailored to our communities instead of adapted or one-size fit all programs. Broad, generalized interventions on things like diet, and exercise, miss out on the importance of culture, language, and traditions that can make health behavior change more achievable.
- Increase research on "promotora" models that are already working in AANHPI communities: While patient navigators and other promotora models have worked well in Latino and African American communities, it is often overlooked how impactful similar models work in AANHPI communities.
- Encourage ongoing statewide efforts for certification and reimbursement through payers for Asian American, Native Hawaiian, and Pacific Islander patient navigators and community health workers.

Increase Opportunities for Healthy Food

Possible Solutions:

- Improve efforts in signing up AANHPI communities for CalFresh (food stamps): AANHPIs have one of the lowest rates of signing on for CalFresh (2%). To raise these numbers, leaders must be able to address issues preventing community members from signing up when they qualify, specifically around language access of SNAP forms, pride/shame for taking government money, and understanding the impacts to citizenship for taking government money.
- Ensure AANHPI voices in sugary drink campaigns such as SSB Taxes and Fees: While the major sources of added sugars in American diets are soft drinks, sugars, candy, cakes, cookies, pies and fruit drinks; Added sugars in AANHPI communities come in drinks that often are masked behind soda, such as boba/bubble tea, Vietnamese/Thai iced coffee, or Hawaiian iced teas.
- Integrate healthy AANHPI cultural foods into school meals: While Farm to School policy efforts have really taken off, there is a missing gap of connecting local Asian farmers to these schools.
- Increase the amount of culturally-relevant items that qualify for WIC and CalFresh: Historically, WIC and CalFresh subsidies have primarily focused on staple American foods such as breads and cereals; fruits and vegetables; meats, fish and poultry; and dairy products. It is difficult for low-income AANHPI families to access culturally-relevant foods because this demographic often times live in food deserts where access to fresh and high quality foods is already difficult to come by, let alone culturally-relevant groceries stores.

Increase Opportunities for Physical Activity

Possible Solutions:

- Ensure AANHPI voices in park investments such as Measure A: Certain AANHPI communities are located in park-poor neighborhoods in Los Angeles County. With the recent passing of Measure A, and a state parks bond on the ballot in 2018, new funding sources need to address the lack of park space that AANHPI community members face. This includes ensuring new investments are culturally-relevant and language accessible, while also involving local AANHPI community members throughout the entire process.
- Support culturally-relevant programming at parks: Park programming needs to match the diversity of the communities surrounding the area. This includes low body impact exercises such as tai chi and yoga, and also high impact such as hula, fan dancing, drumming.
- Encourage joint use agreements: Working with groups like the Los Angeles County Joint/Shared-Use Moving People to Play Task Force (JUMPP), local government agencies need to make the process for joint use agreements easier to implement.

Reducing Tobacco Consumption

Possible Solutions:

- Support smokefree housing: Encourage policies to create smokefree environments in multi-unit housing within specific municipalities.
- Enforce smokefree businesses: Hold local cities and small cities accountable in implementing already-passed policies on smoke-free outdoor dining patios and parks.
- Ensure that Proposition 56 funding goes back to communities in need: Proposition 56 allocates revenue primarily to increase funding for existing healthcare programs; also for tobacco use prevention/control programs, tobacco-related disease research and law enforcement and several other items. Of utmost importance for communities of color is vigilant oversight of how the funding is spent and granted out, especially whether it is reaching AANHPI communities in most need.
- Implement tobacco retail license programs: Encourage local jurisdictions to implement strong Tobacco Retail Licenses (TRL) in the community, with additional plug-ins limiting the sales of flavored and fruity products from schools and youth sensitive areas. In regards to enforcement, many retailers in these communities are first generation Asian Americans, often with limited language capacity and cultural barriers. There needs to be education and engagement with these small-business owners.

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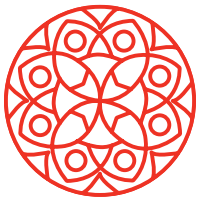


Featured throughout the report are mandalas which are sacred pieces of Buddhist and Hindu artwork used to evoke healing.

Increase Linkages Between Health Care Services and Community-Level Prevention Services Solutions

Numbers & Statistics

USA:

- 2 million uninsured AANHPIs in the U.S. can get insurance through the Affordable Care Act (White House Initiative AANHPI, 2014)
- 1 in 4 Korean Americans lacks health insurance
- 1 in 5 Vietnamese Americans lacks health insurance
- 1 in 4 Native Hawaiian And Pacific Islanders has not seen a doctor in the last year
- 1 in 4 Filipino Americans don't know they have hypertension (American Heart Association Statistical update, 2016)
- 4 out 5 AANHPIs in the U.S. are eligible for either free or subsidized health insurance if they were enrolled in health coverage (HHS, ASPE/OMH-FamiliesUSA.org, 2014)
- Asian American subgroups (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) presented the highest stroke mortality compared to other Asian subgroups, leading to be the #3 cause of death (Hastings, 2014)
- Over 1 in 3 AANHPIs are Limited-English Proficient (White House, 2014)
- AANHPIs are the least among all racial groups to not see a doctor in the last year (White House, 2014)
- Immigrant Filipinos and Vietnamese were less likely to get a checkup compared with foreign-born Chinese.
- Koreans and other Asians had a higher probability of getting a checkup when living in a predominantly Asian neighborhood.
- The Affordable Care Act helped 5.5 Million AANHPIs to not have lifetime limits on health insurance coverage (White House, 2014)

California:

- 5.9% of Asian Americans and 15% of Native Hawaiians Pacific Islanders lacks health insurance (ACS, 2015)

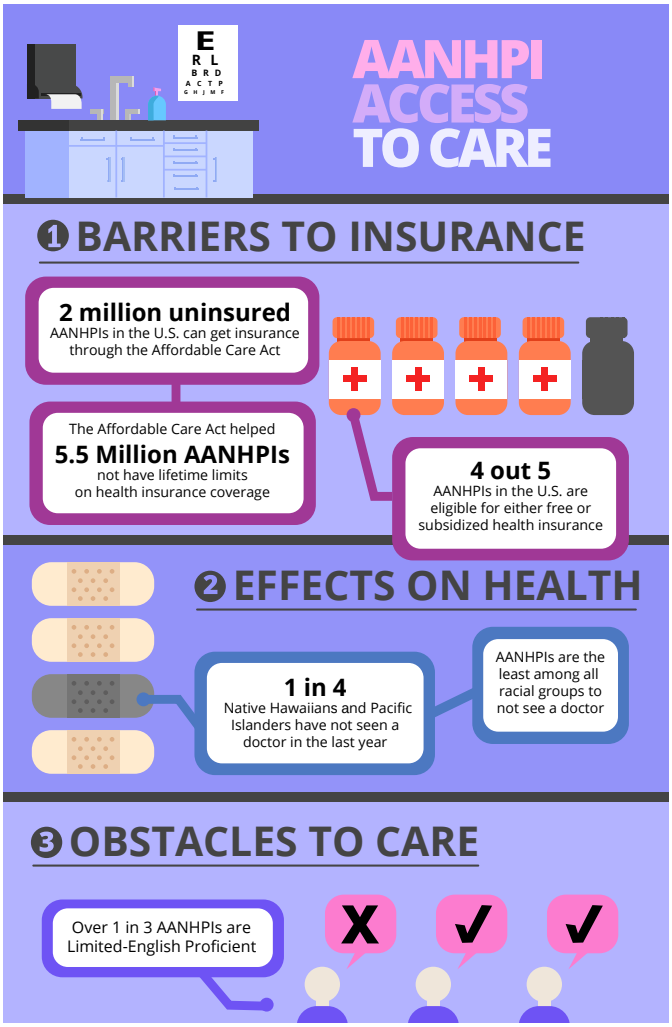
Los Angeles:

- 8.11% of Asian Americans and 6.4% of Native Hawaiians Pacific Islanders lacks health insurance (ACS, 2015)
- #1 cause of death for AANHPIs in Los Angeles County is heart disease, #2 is stroke, #3 is cancer (CHIS, 2014)

Possible Solutions

- Identify and create opportunities for collaboration among different stakeholders is key: There are several groups and organizations working on the same issue (businesses, hospitals, elected officials, community-based organizations, state and local county offices, etc). Utilizing a collective impact model will ensure a common agenda, mutually reinforcing activities, shared measurement systems, and coordinate communication of all stakeholders. Sharing successes and challenges with each other will help us strengthen each other. Through collaboration and coordinating health care delivery, we can help fill gaps in needed services. This includes integrated public health and medical practices with community-based resources to manage health conditions and address social determinants of health. AANHPI stakeholders can participate in statewide coordinated care coalitions to bring in an AANHPI lens.

- Research and provide certification for more holistic and culturally-relevant practices: Many of our cultural beliefs are intertwined in health behaviors and we need more evidence-based program models that are tailored to our communities instead of adapted or one-size fit all programs. This includes the need to conduct more research on mental health, patient navigation, cultural competence, and holistic care. Los Angeles County and other counties in CA have been piloting a Whole Person Care initiative to coordinate health, behavioral health, and social services in a patient centered manner with goals of improved patient health and wellbeing through more efficient and effective use of resources. AANHPI voices are key to providing systematic coordination among clinical and community entities.
- Increase research on "promotora" models that are already working in AANHPI communities: While patient navigators and other promotora models have worked well in Latino and African American communities, it is often overlooked how impactful similar models work in AANHPI communities. We need government agencies to recognize how these models work in AANHPI communities, and provide funding to research and evaluate their significance.
- Encourage ongoing statewide efforts for certification and reimbursement through payers for Asian American, Native Hawaiian, and Pacific Islander patient navigators and community health workers.



Case Study

Since 1994, the Chinese Community Cardiac Council of the American Heart Association | American Stroke Association (AHA) has partnered with Chinese Community Health Care Association (CCHCA), to improve the health of the Chinese American and Asian American community living in San Francisco. Chinese Community Cardiac Council was established by American Heart Association volunteers and staff to better address heart health needs of the Chinese community in San Francisco.

The partnership began as a 1-year community benefit grant from CCHCA to AHA to host a community heart health conference that eventually evolved to an annual Community Heart Health Conference in San Francisco, CA. The partnership over time has evolved to include local health providers to participate in the Chinese Community Cardiac Council, strategic planning on cardiovascular disease in the Chinese Community, funding programs and campaigns in the community, and also conduct community-based heart and stroke research in the community.

Some examples of past programs include:

- Kids Cook with Heart
- Hands-only CPR in Chinatown
- Chinese restaurant project – a community survey and then working with restaurant to encourage them to use healthier ingredients and make minor modifications to their cooking methods if a customer requested it.
- Chinese Language School Essay and Art Contests
- Adaptation of Everyday Choices for a Healthier Life – worked with American Cancer Society and the American Diabetes Association on this 3 year project.

Currently, Chinese Hospital staff and AHA's Chinese Community Cardiac Council are working on a stroke awareness project. The first year they developed a questionnaire to ascertain the level of awareness of stroke warning signs, first response, and risk factors in the Chinese American community in the San Francisco Bay Area to guide future educational efforts. Survey results have led to a public awareness campaign, led by the American Heart Association Chinese Community Cardiac Council that adapted the AHA|ASA "Face.Arm.Speech.Time." 談. 笑. 用. 兵. campaign into linguistically and culturally appropriate material for the Chinese American audience.

This 23-year community and CCHCA partnership is an example of how a small grant can be sustained and lead to bigger collective impact.

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Increasing Opportunites for Healthy Food Solutions

Numbers & Statistics

USA:

- 79% of Asian-Americans agree they prefer cooking with fresh food rather than canned or frozen food. (Nielsen, Asian Americans: Culturally-Diverse and Expanding Their Footprint)
- 9% of Asians and 11.7% of Native Hawaiian or Other Pacific Islander have diabetes in the United States, 2015 (National Health Interview Survey- 2015 SHS Table A-4)
- Boba drinks, popular drinks in AANHPI communities, range between 25-45 grams of sugar, more than a can of soda! (Min, J.E., et.al, 2016).

CA:

- The Diabetes Study of Northern CA (DISTANCE) "Elevated Rates of Diabetes in Pacific Islander and Asian Subgroups" (Diabetes Care, Vol 36, March 2013)
- Although there are no available published data on boba consumption among youth in California, 50% of children, teens, and adults drink at least one serving of SSB daily (Keihner et al. 2012).
- 63% of Asian adolescents in California drink 1 or more sugary drinks per day (CHIS, 2005-2013).
- 23% of AANHPI adults have hypertension; 32% are considered overweight/obese; and despite having a lower body weight, the prevalence of diabetes was 3x greater among AANHPIs than non-Hispanic Whites (CHIS, 2011)

LA:

- The three leading causes of premature death in 2006 among Asian and Pacific Islanders are coronary heart disease, motor vehicle crash, and stroke (DPH OHAE- The Life Expectancy of LA County Residents)
- 86.5% (estimated number 200,000) of population of Asian Americans who reported a parent/guardian/decision maker rated community access to fresh fruits and vegetables as excellent or good (DPH OHAE- LA HealthDataNow!)
- *55.1% (estimated number 3,000) of population of Native Hawaiian and other Pacific Islander who reported a parent/guardian/decision maker rated community access to fresh fruits and vegetables as excellent or good (DPH OHAE- LA HealthDataNow! *estimate may be statistically unstable)
- 11.8% of Asians who reported eating 5 or more servings of fruit/vegetables in the past day (LA County Health Survey, 2015) [no data for NHOPI]
- Asian Americans had the highest increase in diabetes rate from 2007-2011, jumping up 68%.
- Diabetes is the fastest-growing cause of death for NHPIs in Los Angeles County. In contrast, the number of deaths caused by diabetes for all other racial groups decreased between 2005 and 2010. (Advancing Justice Report on LA County, pg. 22)