



# Outreach and Engagement Strategies for Asian American Subpopulations *Final Report*      *August 2016*



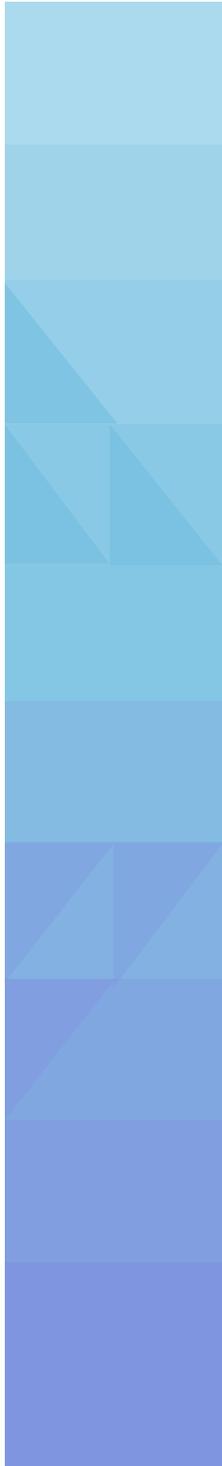
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# Outreach and Engagement Strategies Final Report

## Purpose

The purpose of this report is to summarize the results of each of the four (4) project objectives and recommend next steps to sustain the impact of these objectives and expand to other subpopulations



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## I. Background

The 2014 Asian American Health Assessment, conducted by the Asian American Resource Center (AARC) Nonprofit, identified barriers faced by Asian American subpopulations in Austin-Travis County. Recommendations were centered around:

- Improving **outreach** to subpopulations
- Focusing on **prevention**
- Increasing **access** to health care
- Providing **culturally sensitive** health care

There were many specific recommendations in the Assessment, but a core element was the ability to communicate effectively with subpopulations.

The US Department of Health and Human Services has provided Culturally and Linguistically Appropriate Standards (CLAS) for Health Care and the intent was further enhanced by Section 1557 of the Affordable Care Act. This project provides a roadmap for meeting these standards for Asian American subpopulations in Austin/Travis County. Each subpopulation may require different approaches.

As an adjunct to the Asian American Health Assessment, we determined outreach and engagement strategies for specific subpopulations are needed to ensure that communications are understood with an appropriate cultural context.

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## II. Overview/Objectives

**Overall Program Purpose: Develop culturally and linguistically appropriate outreach strategies to encourage healthy behaviors and service utilization among Asian American subpopulations.**

The healthcare system in the United States is very different from most Asian countries. Understanding health insurance options and navigating the system is challenging for many Asian Americans, especially those who are foreign-born with limited English skills. To address these challenges, cities around the country have established clinics to serve specific populations. Many of these clinics have evolved to serve other populations as well due to their effectiveness and applicability in reaching underserved populations. Austin and Travis County have unique challenges in that there are few health clinics dedicated to providing culturally appropriate services to Asian American subpopulations. However, the community does have clinic systems serving low-income populations. The challenge for the Asian American community is in accessing culturally and linguistically appropriate prevention and primary care services.

This report describes key elements for a program that would provide information and individual support to subpopulations accessing and utilizing the healthcare system. There **are four main objectives** for this project:

- Objective 1: Research and review programs, models, and best practices related to outreach and engagement to Asian minority populations from other communities.
- Objective 2: Identify existing translated materials and key local education/prevention materials not currently translated.
- Objective 3: Review outreach/engagement strategies in other communities and recommend strategies for 2 local limited English subpopulations.
- Objective 4: Recommend key elements of a Health Ambassador/Community Health Worker program for Asian American subpopulations in Austin/Travis County.

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## III. List of Milestones

Milestone 1: List of Communities and Organizations

Milestone 2: National Outreach and Engagement Strategies for Asian American and Pacific Islander Populations

Milestone 3: Assessment of Translated Materials and Resources with Recommendations for HHSD Implementation

Milestone 4: Inventory of Asian American Organizations (by subpopulation) and Events for community engagement

Milestone 5: Outreach and Engagement Strategies for Korean and Vietnamese Populations in Travis County

Milestone 6: Report on Community Health Worker and Health Navigator Programs in other communities

Milestone 7: Evaluation of Community Health Worker Programs in Austin, Texas

Milestone 8: Recommended Elements for Successful Health Ambassador/Community Health Worker Programs for Asian American Communities in Austin/Travis County

Milestone 9: Summarize the results of each of the four (4) project objectives and recommend next steps to sustain the impact of these objectives and expand to other subpopulations

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## IV. Results from Program Objectives

**Objective 1: Research and review programs, models, and best practices related to outreach and engagement to Asian minority populations from other communities.**

The researchers identified potential organizations by searching for pan-Asian and ethnic Asian American health centers and health-oriented community organizations, and interviewing national leaders and community stakeholders. From this initial search, 23 organizations that performed community outreach, engagement or communication or met project scope criteria were identified for interviews.

Fifteen total interviews were conducted discussing 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. Finally, all interview recordings were reviewed, and major themes were identified and discussed in a formal report (Milestone 2).

Best practices identified from the interviews were:

- Develop tools to identify community needs
- Tailor outreach/engagement for each subpopulation and sub-community
- Build relationships and trust with leaders and community
- Use Patient Navigators or Community Health Workers as a bridge to the target community
- Use social media and ethnic media outlets for health messages
- Help providers comply with CLAS and provide opportunities for clients to learn conversational English
- Formalize partnerships with community organizations and develop their capacity through grants

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## IV. Results from Program Objectives (cont.)

### **Objective 2: Identify existing translated materials and key local education/prevention materials not currently translated.**

Discussions with HHSD managers from the nine different units and research on existing materials from other organizations were conducted to identify both translated materials and materials to be translated. The **Asian Language Materials Workbook** was created, which contains an inventory of existing materials identified by HHSD managers and a spreadsheet of links to pre-existing translated materials. Additionally, a **priority list for material translations** was established, based on discussions with HHSD managers from the nine units:

- **Priority #1:** Information that affects the **general public or addresses immediate concerns**, such as flu prevention, natural disasters, and agency services, hours, and contact information
- **Priority #2:** Information on **major chronic diseases**, including diabetes and smoking and tobacco use
- **Priority #3:** Information **related to target populations**, such as anti-tobacco or mother-friendly worksite initiatives

### **Objective 3: Review outreach/engagement strategies in other communities and recommend strategies for 2 local limited English subpopulations.**

Using the research into effective outreach strategies in other communities, AARC researchers decided to assess whether those strategies would work in Austin/Travis County. In collaboration with a UT research team, places and events were identified where Asian American subpopulations could be engaged through outreach efforts. These included businesses, churches/temples, markets, cultural events and media outlets. A spreadsheet was developed with the following categories: General, Chinese/Taiwanese, Vietnamese, South Asian, Korean, Filipino, Health Fairs and Cultural Events.

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## IV. Results from Program Objectives (cont.)

The Vietnamese and Korean communities have been identified as two of the larger Asian American subpopulations in Austin/Travis County with significant language barriers. Roughly half of each community speaks English “less than very well”. In addition to language barriers, these groups are more likely to be uninsured and have less awareness of health issues than other Asian American groups in Austin/Travis County. Focus groups were conducted with the Vietnamese Community (3/13/2016) and the Korean Community (4/2/2016). Specific strategies for the Vietnamese Community and for the Korean Community are provided in the milestone 5 report, which:

- Identifies specific barriers and health issues for each group.
- Provides immigration patterns and characteristics of the Vietnamese and Korean populations
- Describes how each population seeks out health information (including behavioral health), family units, social networks, and the role of religion and faith.
- Identifies the geographic concentrations of each population as well as the overall projected growth of Asian American populations based on an analysis by Central Health
- Suggests targeted groups for outreach: Seniors, Uninsured, Undocumented, Youth and Adolescents

**Objective 4:** Recommend key elements of a Health Ambassador/Community Health Worker program for Asian American subpopulations in Austin/Travis County.

Of the 15 organizations identified and interviewed as part of the national research four (4) had attributes applicable for a program in Austin/Travis County:

- Asian Americans for Community Involvement (AACI) Santa Clara, California

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## IV. Results from Program Objectives (cont.)

- Center for Pan Asian Community Services (CPACS) Atlanta, Georgia
- Gateway to Care (GTC) Houston/Harris County, Texas
- International Community Health Services (ICHS) Seattle, Washington

Those four (4) programs are described in milestone 6, “Report on Community Health Worker and Health Navigator programs in other communities.”

The next step was to determine the role of existing Health Ambassadors or Community Health Workers in Austin/Travis County and what type of training they receive. An initial assessment of existing organizations that train and/or use Community Health Workers was conducted. The following State-certified CHW training organizations were included:

- PromoSalud (Latino Healthcare Forum)
- Promotora/Community Health Workers of Travis County
- El Buen Samaritano Episcopal Mission
- Texas A& M Science Center – online
- Cardea Services

Two non-State Certified CHW organizations were also included:

- Austin/Travis County Health & Human Services Department
- Seton Total Health (Emergency Department)

After considering lessons learned from other communities and the challenges with the CHW training certification process in Texas, it is recommended that existing CHW certification programs be initially used to train Community Health Workers for the Asian American Communities. Once an effective Health Navigator/Community Health Worker program is established, a separate certification training program that implements culturally appropriate elements for Asian Americans could be developed.

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## V. Elements of a Health Navigator Program for Asian Americans in Austin/Travis County

1. Community Health workers should be certified by the State and have strong ties to the community they serve.
2. To ensure sustainability of the program, workers should be full-time paid staff with health insurance and other benefits under a stable organization or institution.
3. Initial steps should include the development of a standard intake form, operational manual and resource guide within the community.
  - a. Operational manual should include access to safety net benefits, insurance, disease prevention strategies, public health outreach and navigating the medical system.
4. Outreach must be specialized for each community.
5. Community Workers can work with the community to identify appropriate physicians to meet their needs.
6. Once the basic processes are developed for the initial communities, interpreters can be used to access other communities until the demand in those communities requires a dedicated CHW.
7. A pilot program can help test ways to address barriers and improve program design.

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## VI. Conclusion

There is strong evidence that Community Health Navigator/CHW programs are effective, but **dedicated long-term funding is needed for a stable program**. These programs improve the ability of providers to reach these communities and increase the comfort level for clients seeking services. **A Community Health Navigator/CHW program using state-certified Community Health Workers** could be a very effective model for serving the Asian American Community and others who experience language and cultural barriers and improving access to healthcare.

