Project CHARGE:
*Coalition for Health Access to Reach Greater Equity*

Noilyn Abesamis-Mendoza
Asian American Health Conference 2009
Gaithersburg, Maryland
Outline

♦ Summary of Health Through Action Initiative
♦ Asian Americans in New York City
♦ Summary of Project CHARGE
  ❖ Capacity Building
  ❖ Results from Coalition Evaluation
  ❖ Current Activities
  ❖ Lessons Learned
Health Through Action – Community Partnerships Grant Program
HTA Aims

♦ Strengthen community capacity to address local health needs
♦ Build a national network for AA and NHPI health
♦ Strengthen national policy and advocacy efforts
♦ Increase data collection and research on AA and NHPI health
♦ Support the development and implementation of a NHPI health agenda
HTA Framework

Local communities

APIAHF & national organizations

Health agenda(s)
Network/Partnerships
Data
Programs & Services
Policy/Advocacy

Capacity
Visibility
Resources
Policy
Systems

Healthy Communities
Reduce & Eliminate Disparities
Equitable Access to Quality Healthcare

Optimal Health & Well-being
Health Through Action – Community Partnerships Grant Program

♦ HTA – Arizona  HTA – California (APIDC)
♦ HTA – California (AHS)  HTA – California (SNNA)
♦ HTA – Georgia  HTA – Rhode Island
♦ HTA – Hawaii  HTA - Utah
♦ HTA – Minnesota
♦ HTA – New York
♦ HTA – Ohio
♦ HTA – Texas
Asian Americans in New York City

The Asian American population is 999,030 and nearly 12% of the City.

1 out of 2 is born into poverty

4 out of 5 are foreign-born

More than 50 of the over 200 languages spoken in the City are Asian languages.

1 out of 5 does not have health insurance

Asian Americans have the highest rate (28%) of linguistic isolation

*Source: Asian American Federation, Census Information Center, American Community Survey 2006
Crisis & Opportunity

♦ Twin Crisis in NYS
  ❖ Deficit in Billions/Cuts in Programs & Services
  ❖ Wall Street Crash
♦ Decrease funding for CBOs
♦ New leadership
♦ Renewed commitment to public health
♦ Advocacy playing a bigger role for social services
HTA-NY

♦ Project CHARGE
  (Coalition for Health Access to Reach Greater Equity)

♦ 15 partners

♦ Ensure access to health care
  ❖ Expansion of public coverage, Family Health Plus
  ❖ Reimbursement of enabling services
## Who are the Partners?

<table>
<thead>
<tr>
<th>Partners</th>
<th>Target Population</th>
<th>Specialty</th>
<th>Years in Existence/Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AAFE</td>
<td>Pan-Asian</td>
<td>CBPR, Coalition Building, Community Development, Community Health Center, Community Health Workers</td>
<td>Under 5 years: 4</td>
</tr>
<tr>
<td>2. APICHA</td>
<td>South Asian</td>
<td>Cardiovascular Disease, Diabetes, Domestic Violence</td>
<td>5 years – 10 years: 0</td>
</tr>
<tr>
<td>3. CACF – Coordinating Agency</td>
<td>Southeast Asian</td>
<td>Economic Development, Health Advocacy, Hepatitis B</td>
<td>10 – 20 years: 3</td>
</tr>
<tr>
<td>4. CSAAH</td>
<td>Low-income</td>
<td>HIV/AIDS, Housing</td>
<td>20+ years: 8</td>
</tr>
<tr>
<td>5. CBWCHC</td>
<td>Immigrant</td>
<td>Language Access, LBGTQ</td>
<td></td>
</tr>
<tr>
<td>6. CCNY/AOP</td>
<td>LGBTQ</td>
<td>Mental Health, Substance Abuse, Women’s Issues</td>
<td></td>
</tr>
<tr>
<td>7. CPC</td>
<td>Religious Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. FHP</td>
<td>Ethnic-Specific: Bangladeshi, Chinese, Cambodian, Filipino, Korean, Japanese, Indian, Pakistani, Vietnamese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. HSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. KC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. KCS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. MAAAWS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. NYAWC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. SAHI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. John Chin - Evaluator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. CRE – Cap. Bldg Advisor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Capacity Building

♦ Coalition Development & Maintenance
♦ Coalition Evaluation
♦ Capacity of Coordinating Agency
♦ Policy Advocacy
♦ Technology & Communications
♦ Sustainability
Outcome Evaluation Objectives

♦ To determine the degree to which the following project outcomes were achieved:
   ❖ increase organizational capacities of coalition members

   ❖ strengthen collaborations among API CBOs, health providers, research institutions, and advocacy organizations

   ❖ Promote collective efforts to improve policies, funding, services, and systemic change to increase health access and quality care

   ❖ Enhance the understanding of decision makers and stakeholders on API health barriers and disparities through documentation, strategic communications, and research

   ❖ Expand dissemination of learnings and best practices that increase health access for low-income API immigrants
## Policy Advocacy Capacity of Individual Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge of a range of legal, administrative and legislative advocacy strategies to advance Asian and Pacific Islander health issues.</td>
<td>3.5</td>
</tr>
<tr>
<td>• Knowledge of existing and proposed healthcare reform models that may affect access to care for Asian and Pacific Islander communities.</td>
<td>3.2</td>
</tr>
<tr>
<td>• Ability to analyze current policy and political issues to develop effective solutions that benefit Asian and Pacific Islander communities.</td>
<td>3.4</td>
</tr>
<tr>
<td>• Working relationships with decision-makers who have the potential to influence policy decisions related to my organization’s advocacy objectives.</td>
<td>3.5</td>
</tr>
<tr>
<td>• Working relationships with individuals/groups that are not direct decision-makers but can influence key decision-makers.</td>
<td>3.7</td>
</tr>
<tr>
<td>• Understanding of the types and extent of advocacy that our organization can do within the boundaries set by law.</td>
<td>3.7</td>
</tr>
<tr>
<td>• Skills to design and implement media and other communication strategies to build public and political support for my organization’s advocacy objectives.</td>
<td>3.5</td>
</tr>
<tr>
<td>• Skills to design and implement media and other communications strategies to weaken opposition to my organization’s advocacy objectives.</td>
<td>2.9</td>
</tr>
</tbody>
</table>

1 = No Capacity ↔ 5 = Very High Capacity
Current Activities

♦ Continue Coalition Evaluation
♦ Community Discussions
♦ Convening of Experts
♦ White Paper
♦ Continue Advocacy
Lessons Learned

♦ Flexibility
♦ Political Feasibility
♦ Role of Lead Organization & Partners
♦ Expanding Beyond Health
♦ New Technologies
♦ Technical Assistance
♦ Role of Evaluation
♦ Transitions/Changes
For more information

Noilyn Abesamis-Mendoza, MPH
Manager, Health Policy
Coalition for Asian American Children and Families (CACF)
50 Broad Street, 18th Floor
New York, NY 10004
(212) 809-4675
www.cacf.org
namendoza@cacf.org