



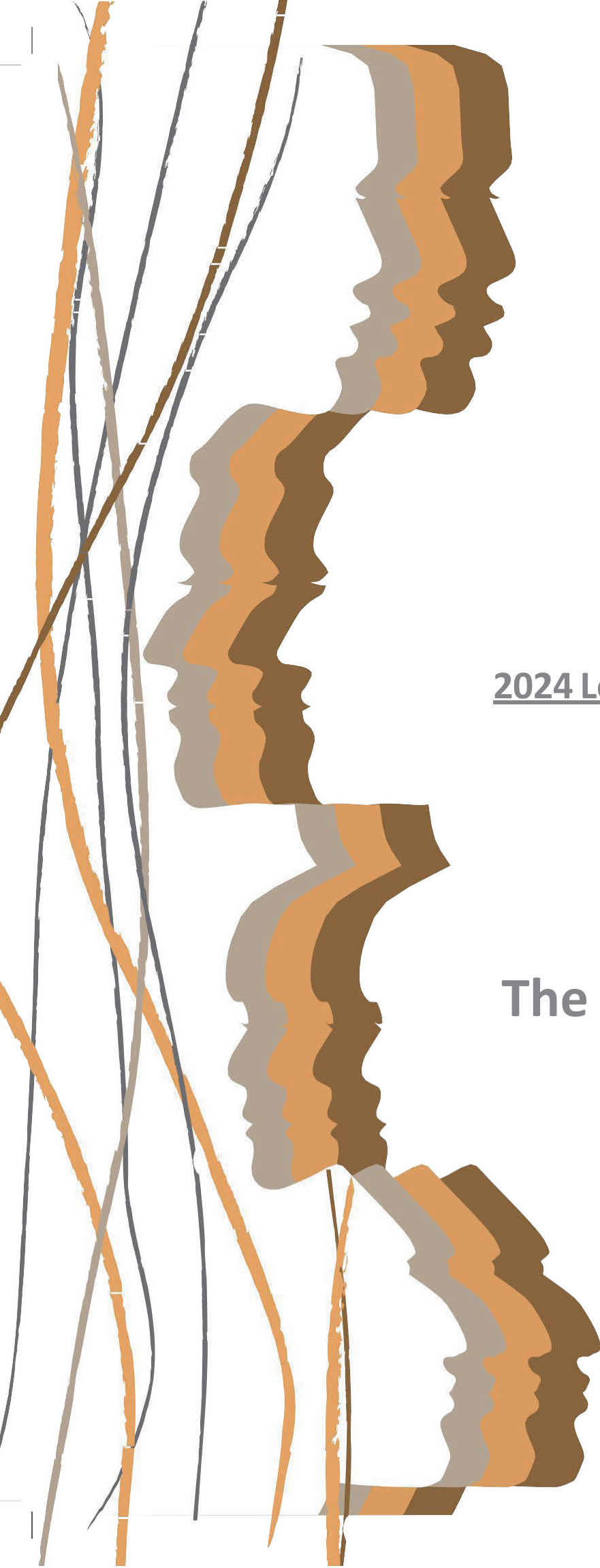
## **Commission on Minority Health**

### **2024 Local Conversations Round 3: From Input to Action**

hosted by

**The Ohio Asian American  
Health Coalition**

**Report to the Community**





## ADDRESSING HEALTH INEQUITIES IN THE ERA OF COVID-19

Disparities in COVID-19 health outcomes stem from health inequities rooted in systemic and unjust social and economic policies. The pandemic has worsened existing health inequities, disproportionately affecting communities of color, immigrant communities, people with disabilities, and other marginalized groups. Congress must act now. This graphic illustrates concrete steps that the federal government and states must take to mitigate the impact of the immediate crisis, and policy solutions to adopt once the national emergency declaration has been lifted.

### 5 PRIORITIES TO ACHIEVE:

## HEALTH EQUITY



#### PRIORITY ①

##### Address the Social Determinants of Health

Social determinants of health are the conditions in which people live, learn, grow, work and play; they are key factors which drive health outcomes and healthcare costs, and they have been completely upended by COVID-19.

#### PRIORITY ②

##### Build Strong Financial Incentives for Improved Health Equity in Our Health Care System

We can help close the disparity gap by integrating performance measures into payment models that aim to reduce health disparities.

#### PRIORITY ③

##### Organize and Build a Robust Health Infrastructure in Marginalized Communities

The equitable allocation of new resources is critical for many low-resourced areas to bolster the capacity needed to implement staff-intensive steps like widespread testing and contact tracing.

#### PRIORITY ⑤

##### Expand Access to Ethical and Culturally Appropriate COVID-19 Treatment

Improvements to home and community-based services (HCBS) must be made. Healthcare should be accessible to everyone, regardless of what culture they hold or language they speak.

#### PRIORITY ④

##### Ensure Equitable Access to Affordable Health Insurance

Health coverage must be available and affordable to the entire population, no exceptions.

## HEALTH DISPARITIES



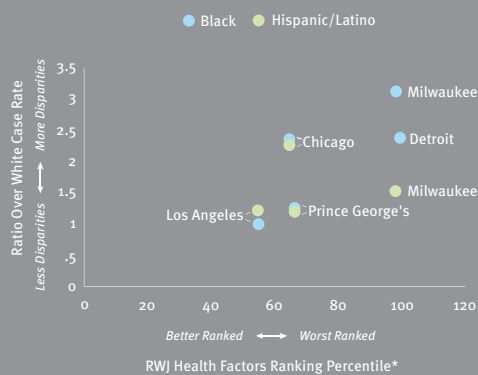
NEARLY  
**2X**  
GREATER

Nationally, African-American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. In four states, the rate is three or more times greater.<sup>1</sup>

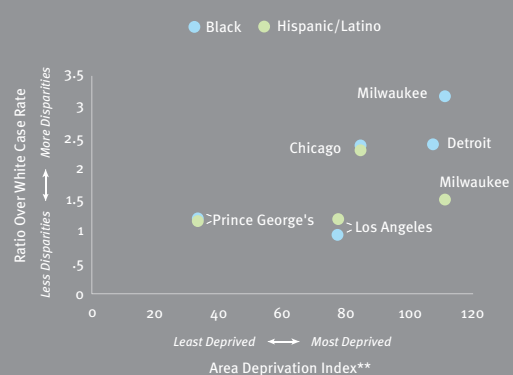
Hispanics/Latinos make up a greater share of confirmed cases than their share of the population. In eight states, it's more than four times greater.<sup>1</sup>

IN  
**42**  
STATES  
+ D.C.

COVID Case Disparity Correlates With Health Factors



COVID Case Disparity Correlates With Area Deprivation Index



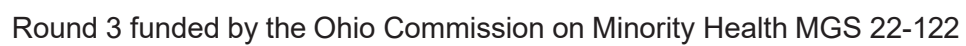
\*The Robert Wood Johnson (RWJ) Foundation County Rankings includes two composite scores, one representing how healthy counties are within the state (health outcomes), and the other measuring a variety of health factors (behaviors, clinical care, and the social, economic, and physical environment) that influence health outcomes. For example, see their rankings for Texas.

\*\*The Area Deprivation Index (ADI) is a measure created by the Health Resources and Services Administration (HRSA), accounts for rankings of socioeconomic status by region and is used by health systems and providers to target program delivery; Quintile 1 (privileged) to Quintile 5 (deprived).

<sup>1</sup>Daniel Wood and Maria Goody, "What Do Coronavirus Racial Disparities Look Like State by State?" National Public Radio, May 30, 2020, available online at <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.



## Report to the Community 2023



## The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity.

Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions. HHS will reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at [mih.ohio.gov/local-partnerships/local-conversations](http://mih.ohio.gov/local-partnerships/local-conversations).

## Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state. In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined local action plans. In Phase III, the Commission initiated a partnership with the Ohio Department of Health to support their efforts to fulfill the expectations for the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

## About OAAHC

Ohio Asian American Health Coalition (OAAHC), is a non-profit organization dedicated to advancing healthcare resources and opportunities for Ohio's Asian American community. We are committed to providing education, advocacy, and resources to empower individuals and families in pursuit of better health and general well-being.

We strive to foster understanding between diverse cultures by creating meaningful dialogue and a sense of community. Through our programs, we hope to impact the lives of Asian Americans in Ohio by providing them with the tools they need to become successful and vibrant members of society. Additionally, we seek to raise awareness about issues impacting this population so that policies can be created and implemented that will enable Asian Americans to fully participate in their communities.

OAAHC is an active presence in Ohio, advocating for healthcare rights, addressing disparities, and safety of Asian Americans in this state. We hold community events, and health fairs, and collaborate with our 8 member organizations (Asian Community Alliance. ACA Cincinnati, Asian American Council (AAC) Dayton Asian Services in Action (ASIA Inc), Cleveland/Akron, Asian American Community Services (AACS) Columbus, Asian Festival Corporation (AFC) Columbus, Bhutanese Community in Central Ohio (BCCO), Asian-American Community Service Council (ACSC), Lao Volunteer Organization (LVO) Columbus) located across the State of Ohio to bring awareness to topics such as healthcare access, education, research, immigration rights, and more. Our organization connects individuals with resources that are available to them so they can navigate their legal options, access job and career training opportunities, find mental health services, and more.

We truly value the contributions of our member organizations and volunteers; and hope that everyone who is part of OAAHC will help shape a better future for Ohio's Asian Americans.

## Local Conversations – Timeline

### 2008

The local offices of minority health began to look at action planning in response to health disparities by hosting community local conversations. Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers. Participants were broken into 4 groups where they discussed needs related to:

- Services

- Resources
- Capacity building
- Infrastructure

Identified needs included:

- Health communications campaigns about healthy lifestyles as a top priority.
- Additional resources to address the needs of emerging populations in Ohio
- Greater attention to prevention as a general health service need.
- Increase collaboration and partnerships among non-profit organizations for information and resources sharing

## **2010**

The local offices conducted a second community Local Conversations meeting. Each participant was again assigned to a workgroup as they came to the session. They were also given copies of the Local Conversations report from the 2008 session and were asked to prioritize issues from that report. Each workgroup was provided with an Action Plan Development sheet to create the agreed-upon action plan. All four workgroups reported as a whole their first priority and recommended plan of action. Participants helped the local offices craft the Local Conversations on Minority Health Report to the Community 2011. These reports represented the views, needs, and recommendations of our communities Statewide. The strategic focus of these statewide documents included:

- Increased awareness of health disparities
- Strengthened leadership
- Enhanced patient-provider communication
- Improved cultural and linguistic competency in delivering health services
- Coordinate and utilize research and outcome evaluation

## **2016**

The content area for the FY 2016 Local Conversations was aligned with the NPA and covered services, resources, infrastructure, and capacity building that mirrored Local Conversations 2008. The Round 2 conversations focused on action planning in response to health disparities. Participants in the conversation reviewed survey results, issues from the 2011 report, and discussed the following questions:

- What programs and services are currently available to underserved communities to address these top health concerns?

- What collaborative efforts can be done among the MHAC to address the barriers shared?

Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers.

### **2022 - 2023**

Local Conversations Round 3 was initiated in Fall 2022 and completed the Fall 2023. Focused on meaningful conversations between members in the community through town halls and gatherings. The FY 2022 Local Conversations emphasized the need to strengthen community partnerships in addressing health disparities. While discussing top health concerns and needs of the community, participants or individuals focused on identifying collaborative efforts that could be implemented among Asian Americans in Ohio to address shared barriers. These local conversations brought together a diverse group of attendees including residents from racial/ethnic populations, state and local representatives, and service providers. This allowed for a comprehensive and inclusive discussion on ways to improve health outcomes in underserved communities.

### **Ohio Demographics**

Approximately 24 million individuals of Asian descent live in the United States as of 2020 and is projected to reach 46 million by 2060. This number includes mixed-race or multiracial people.

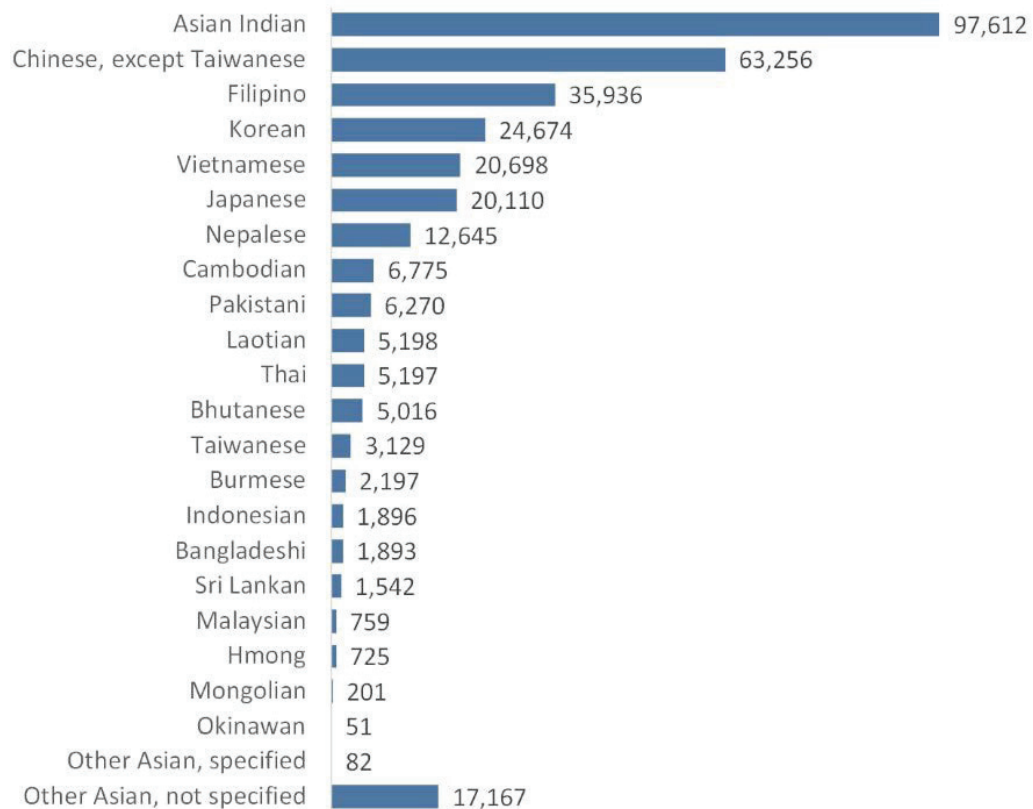
Our communities are very diverse, in terms of languages, cultures, socioeconomic statuses, and other experiences. There are Asian people all over the world.

We use the U.S. Census Bureau definition of Asians as people with heritage from East Asia, Southeast Asia, and the Indian subcontinent. Countries identified below are based on the U.S. Census definition:

Bangladesh, Bhutan, Brunei, Burma, Cambodia, China, India, Indonesia, Japan, Korea, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Timor Leste, Vietnam

#### **SOME FACTS:**

- Ohio has 377,000 Asian Americans and 15,000 Native Hawaiian and Pacific Islanders.
- We make up 3% of Ohio's total population.
- The bar graph below shows the number of people per ethnic group.



## HEALTH DISPARITIES IN THE ASIAN POPULATION

Health disparities continue to exist in communities of color. Although numerous efforts and initiatives have addressed these disparities on the state and national level, the goal of health equity for all has not yet been fully achieved. Numerous factors contribute to health disparities including the social determinants of health.

There are wide disparities in the prevalence and incidence of diseases in the Asian community due to the heterogeneity of the population. When data are collected and referenced as an aggregate, there is no clear understanding of the real health issues in the Asian subgroups thus health problems can be masked leading to the incorrect assumption that Asians are health exemplars.

A more systematic collection of disaggregated data can yield to understanding of the diverse health needs and prevalence of diseases specific to the Asian subgroups. For example, the high incidence of tuberculosis, cancer, cardiovascular disease, diabetes, hepatitis B, and depression vary from countries of origin. Disaggregated data allows for tailoring the strategies to treat the health conditions specific to the Asian subgroup in culturally sensitive and linguistically appropriate services.

One respondent from the focus group session in Local Conversation Round 3 clearly articulated the heterogeneity of the Asian population and the need to disaggregate data collection. “not grouping them together is the best way to go because each group is going to be different, their needs are going to be different, their cultural



background is different and how they are going to react to what you have to offer will be different. So, everything must be tailored to each community” (subgroups).

More research is required to focus on smaller-sized subgroup populations to obtain accurate results and address health disparities for all groups. The U.S. Department of Health and Human Services Office of Minority Health reports that Asian Americans have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease/smoking, hepatitis B, HIV/Tuberculosis, and liver disease.

### **Cancer**

Cancer continues to be the number one cause of death among Asian Americans. (Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

The incidence of liver, stomach as well as breast, and cervical cancers is higher than in the general population. While many of these cancer deaths can be prevented through early diagnosis and treatment, AAPI populations are diagnosed at a later stage of the disease progression thus leading to poor prognosis and death.

### **Cardiovascular Disease**

Heart disease is the second leading cause of death among Asian Americans.

(Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

### **Diabetes**

Diabetes affects approximately 20% of Asian Americans and an estimated 32% of Asian Americans have pre-diabetes.

(Source: Joslin Diabetes Center, Harvard Medical School Affiliate, “One in Two Asian Americans Develop Diabetes or Pre-diabetes in Their Lifetime”: <https://aadi.joslin.org/en/diabetes-mellitus-in-asian-americans>)

### **Hepatitis B**

Asian Americans account for 5% of the total population in the United States but account for

over half of the chronic Hepatitis B cases in America. It is estimated that 1 in 12 Asian Americans are living with Hepatitis B.

(Sources: Centers for Disease Control and Prevention, “Asian Americans and Pacific Islanders

and Chronic Hepatitis B: <https://www.cdc.gov/hepatitis/populations/api.htm>; U.S. Food and

Drug Administration, “Asian Americans and Hepatitis B:

Hepatitis B infections and subsequent hepatitis-related liver cancer can be prevented through screenings and vaccination however these preventative measures are underutilized in the Asian communities.

### **Mental Health**

Among women ages 15-24, Asian Americans have the highest suicide mortality rates across all racial and ethnic groups.

(Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

Asian Americans are three times less likely to seek treatment for mental challenges compared to other populations.

### **Osteoporosis**

Asian American women have a high risk of developing osteoporosis due to many risk factors, including lower body weight, low calcium intake, and lactose intolerance, to name a few.

(Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases, “Osteoporosis and Asian American Women”: [Bone Health and Osteoporosis | NIAMS \(nih.gov\)](https://www.nih.gov/bone-health-and-osteoporosis))

### **Tobacco Use**

Approximately 1 in 11 Asian American adults smoke cigarettes. An estimated 1 in 7 Asian American men smoke cigarettes.

(Source: Centers for Disease Control and Prevention, “Tips from Former Smokers: Asian Americans”: <https://www.cdc.gov/tobacco/campaign/tips/groups/asian-american.html>)

## **Continuing the Local Conversation Round 3**

The Local Conversation Round 3 was conducted through virtual focus group meetings and town hall meetings in Ohio. There were four virtual focus discussions that were conducted in August 2022. Participants of the focus group are member organizations of the Ohio Asian American Health Coalition or a stakeholder for the Asian community in the state of Ohio. The participants of the town hall meetings are community members of the different sub-Asian groups. Town hall meetings were conducted in the different counties in the state of Ohio from September 2022 – March 2023. The Local Conversation Committee prepared ten questions for the participants that address health equity, health disparities, and health issues and concerns that will address and create strategies to improve the health of Asians in Ohio.

The Focus Groups and Town Halls that we hosted represented various Asian subgroups (Filipino, Japanese, Indian, Burmese). We heard from different



Asians with diverse backgrounds, experiences, and perspectives. Each individual brought a unique perspective to the conversation that helped us develop a better understanding of how our voices resonate with these different communities. We also gained valuable insights from our groups about the best ways to reach out and engage not only Asian Americans but all diverse groups. By taking a comprehensive approach to making sure that we are representing all voices, we are creating an inclusive environment for everyone.

## 2022 Survey Questions:

1. What does health equity mean to you?
- 2-3. What health issues are important to you and your community? What are the top 3 health concerns in your community?
- 4-5. What are the barriers to health care? What are strategies that have been successful in addressing these barriers?
6. What programs or services are currently available to address health disparities?
- 7-8. What type of information would you like to learn more about? What is the best way to reach your communities?
9. How are you and your community impacted by the Covid-19 pandemic? What type of services did you need related to Covid-19?

## Summary of Participation from 4 Virtual Focus Groups and 11 In-Person Town Hall Meetings Conducted (August 2022 to March 2023)

Type of Local Conversation Conducted	Date	Location	Asian Organizations/Community	Count of Participants
Virtual Focus Group 1	8/6/2022	Virtual	Various	7
Virtual Focus Group 2	8/9/2022	Virtual	Various	7
Virtual Focus Group 3	8/16/2022	Virtual	Various	6
Virtual Focus Group 4	8/18/2022	Virtual	Various	10
In-Person Town Hall 1	9/10/2022	Dayton, Ohio (Montgomery County)	Various (Chinese, Filipino, etc.)	15
In-Person Town Hall 2	10/29/2022	Hilliard, Ohio (Franklin County)	Filipino American Rosary Group	17
In-Person Town Hall 3	11/12/2022	Galloway, Ohio (Franklin County)	Burmese Chin Community	5
In-Person Town Hall 4	11/15/2022	Columbus, Ohio (Franklin County)	Federation of Indian Association (Asian Indian)	15
In-Person Town Hall 5	1/8/2023	Reynoldsburg Ohio (Franklin County)	Bhutanese Community of Central Ohio (BCCO)	25
In-Person Town Hall 6	1/14/2023	Mason, Ohio (Warren County)	Asian American Coalition Ohio (Chinese)	31
In-Person Town Hall 7	1/21/2023	West Chester, Ohio (Butler County)	Asian American Coalition Ohio Youth (Embrace)	22
In-Person Town Hall 8	1/29/2023	Akron, Ohio (Summit County)	Bhutanese Community Association of Akron, Inc.	18

In-Person Town Hall 9	2/26/2023	Westchester, Ohio (Butler County)	Indian Dance Group	11
<b>Type of Local Conversation Conducted</b>	<b>Date</b>	<b>Location</b>	<b>Asian Organizations/ Community</b>	<b>Count of Participants</b>
In-Person Town Hall 10	3/12/2023	Columbus, Ohio (Franklin County)	Zomi Christian Church Youth Group	17
In-Person Town Hall 11	3/18/2023	Westerville, Ohio (Franklin County)	Philippine Nurses Association of Central Ohio (PNACOH)	18
<b>Total Participants</b>				<b>224</b>

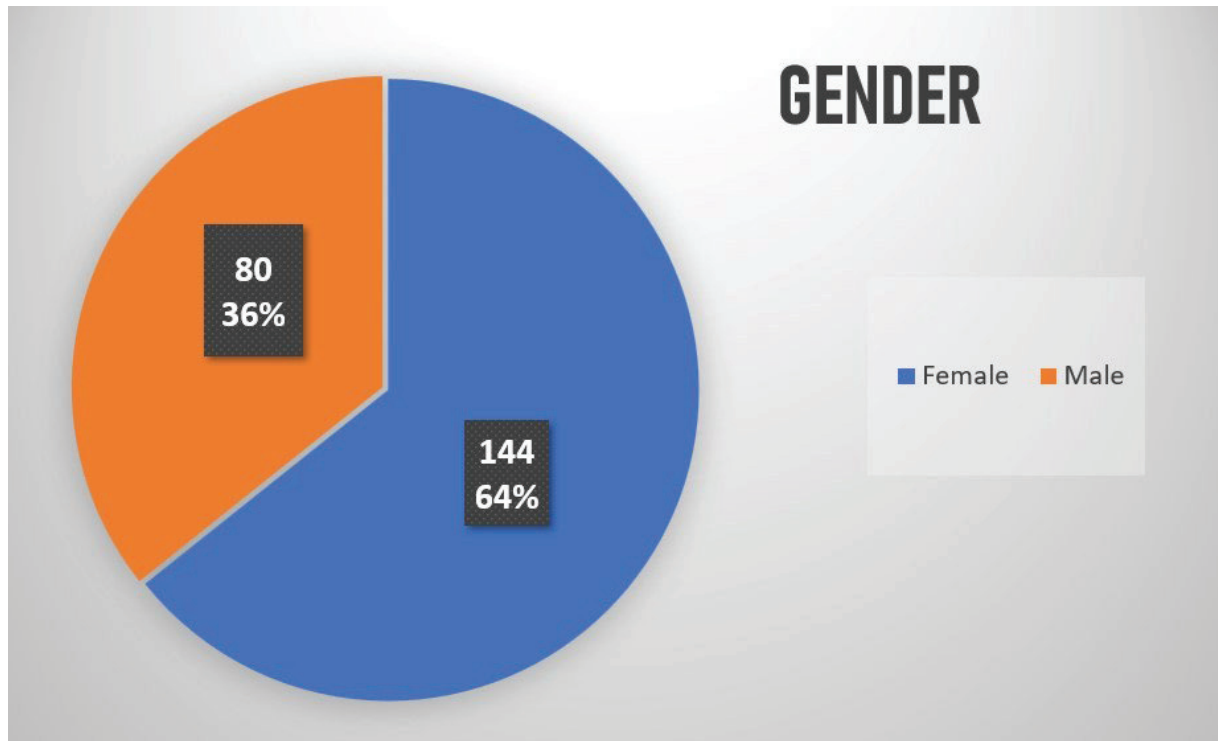
### Participating Organizations and Agencies:

The OAAHC would like to thank existing agencies and new local organizations that participated in Round 3 continuing the Local Conversations Report to the community 2022-2023 process:

Asian American Coalition of Ohio, Cincinnati Youth Chapter  
 ASIA Incorporated  
 Asian American Alliance (AAA)  
 Bhutanese Community Association of Akron, Inc.  
 Community Leaders  
 EMBRACE (Youth Group in Cincinnati, Ohio)  
 Emmanuel Chin Baptist Church  
 Federation of Indian Associations  
 Filipino Rosary Group  
 Indian Dance Group Cincinnati  
 Asian American Council  
 Philippine Nurses Association- Cincinnati and Kentucky  
 Philippine Nurses Association of Central Ohio (PNACOH)  
 Zomi Christian Youth Group

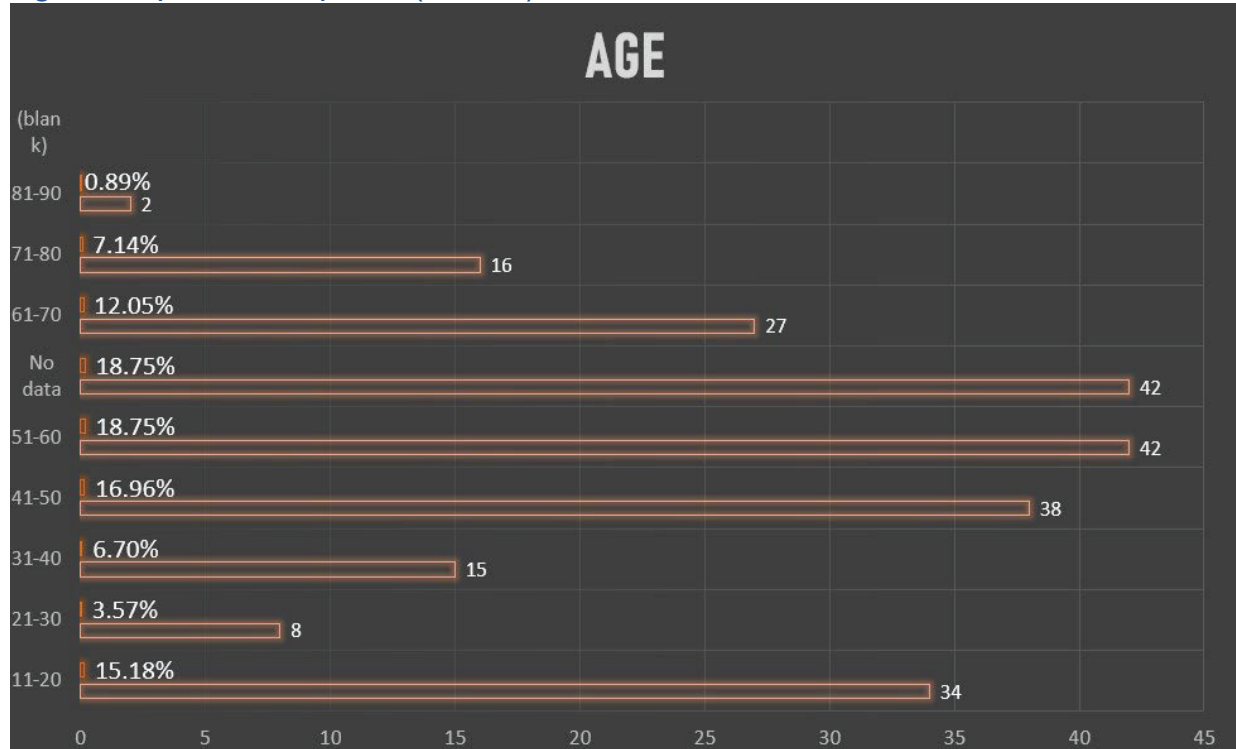
## Demographic Data of Participants

### Gender of Participants (N=224)



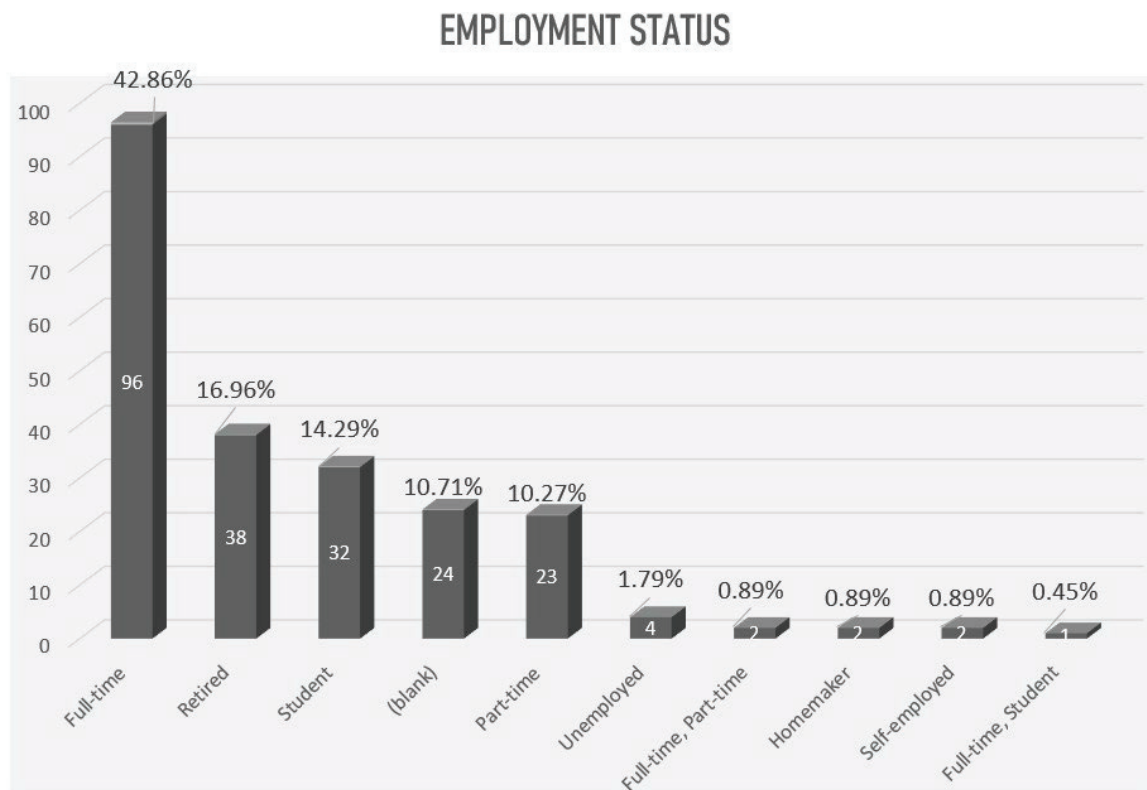
**Fig 1.** There are more female participants in Local Conversations Round 3.

### Age Group of Participants (N=224)



**Fig 2.** The majority of the participants were between the ages of 41-50 and 51-60.

### Employment status of participants (N=224)



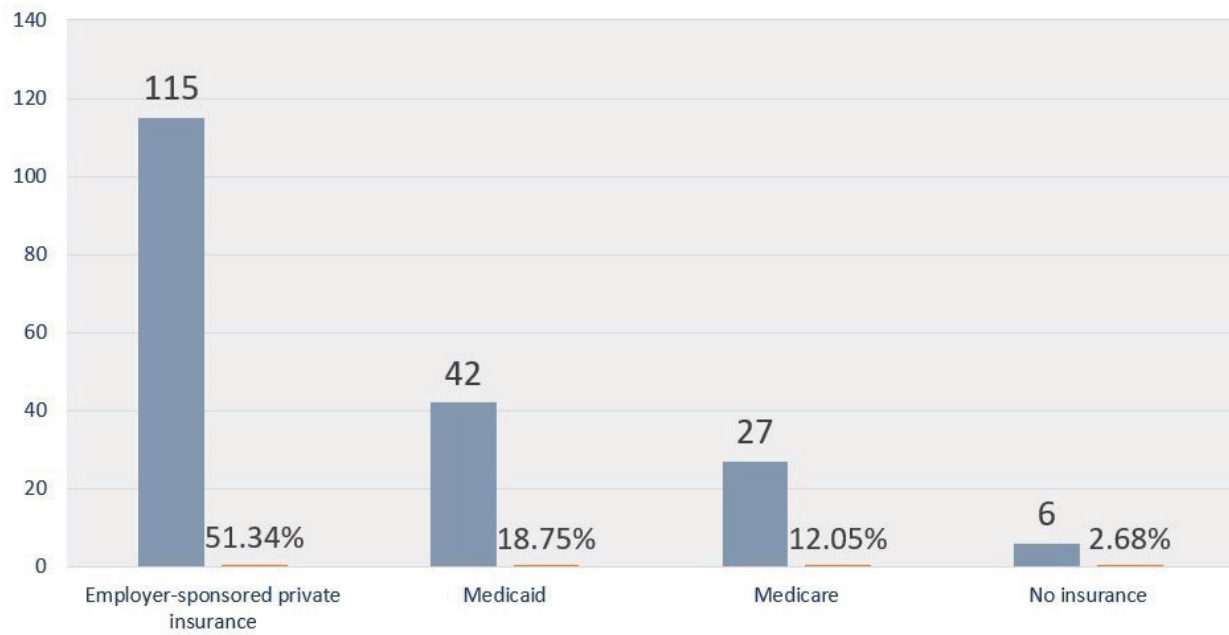
3. Almost fifty percent of participants were employed full-time.

#### Level of Education of Participants (N=224)

Level of Education	Count of Participants	Percent of Participants
High school student	39	17.41
College student	12	5.36%
College Graduate	63	28.13%
PhD/Doctorate	6	2.68%
Master's and other graduate degrees	65	29.02%
No data	39	17.41%
<b>Total</b>	<b>224</b>	<b>100%</b>

**Fig 4.** There are at least sixty percent of participants who are college graduates and have Master's degrees combined.

### Health Insurance of Participants (N=224)



**Fig 5.** More than fifty percent of participants have medical insurance provided by their employer.

### Ethnicity of Participants (N=224)

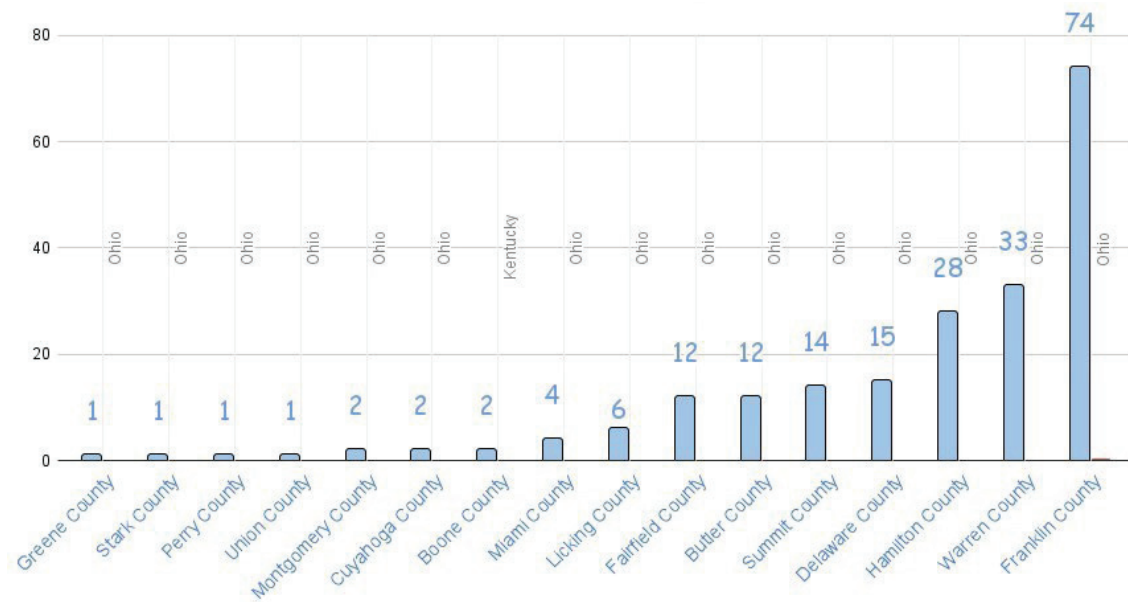
Ethnicity	Count of Participants	Percent of Participants
Filipino	50	22.32%



Chinese	45	20.09%
Asian-Indian	42	18.75%
Burmese-Zomi	17	7.59%
Burmese Chin	5	2.23%
Bhutanese-Nepali	16	7.14%
Bhutanese	12	5.36%
Nepali	12	5.36%
Thai	5	2.23%
Japanese	4	1.79%
Pakistani	2	0.89%
Caucasian	2	0.89%
Biracial (Filipino and American)	1	0.45%
Singaporean	1	0.45%
Karen	1	0.45%
Vietnamese	1	0.45%
Korean	1	0.45%
No data	7	3.13%
<b>Total</b>	<b>224</b>	<b>100%</b>

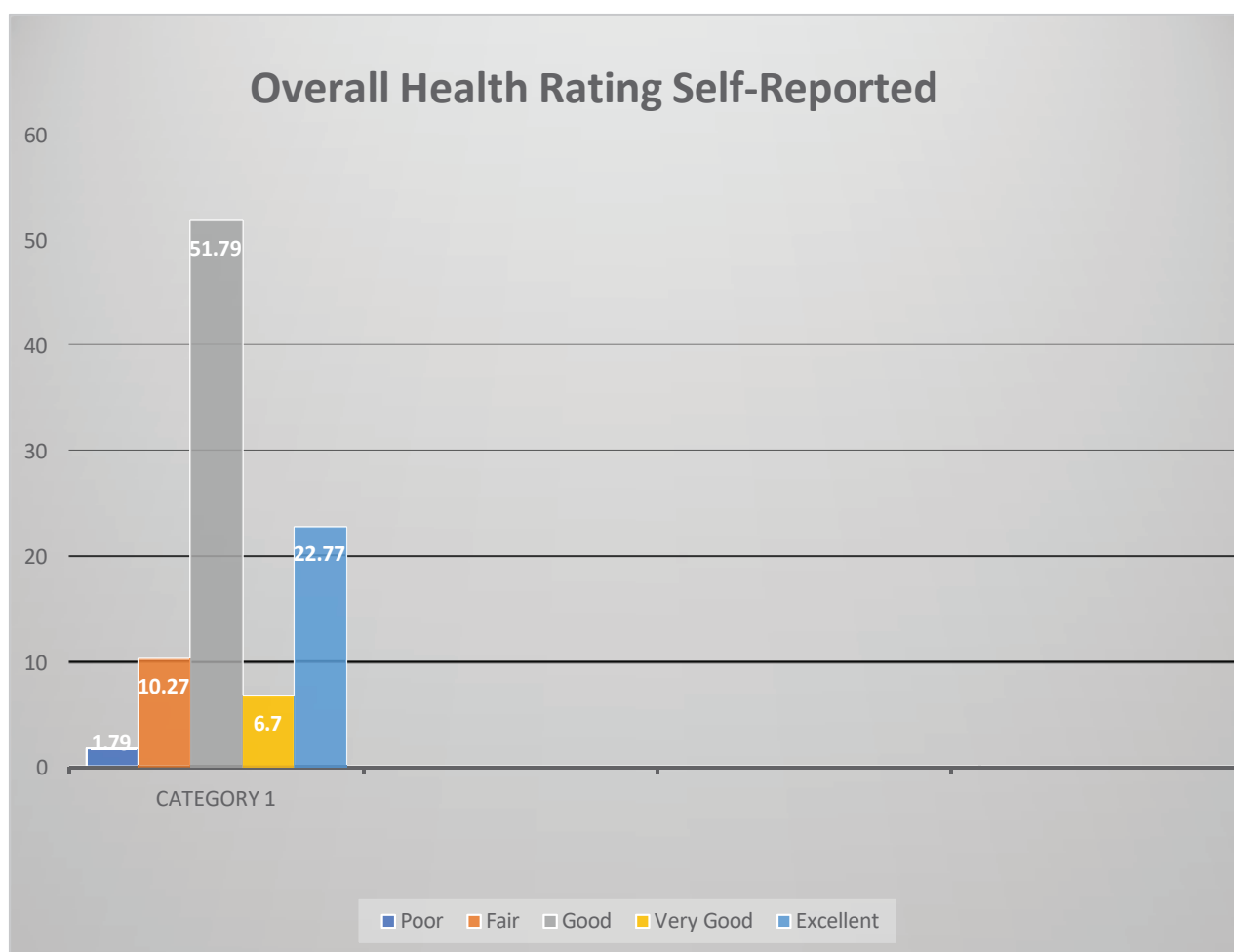
**Table 1.** Filipino, Chinese, and Asian-Indian are the top 3 Asian subgroups participants.

## Ohio Counties of Participants (N=224)



**Fig 6.** At least there are sixteen counties represented in Local Conversation Round 3. Franklin County has the most participants.

### Overall Health Rating Self-Reported by Participants (N=224)



**Fig 7.** Fifty-two percent of participants reported their overall health is Good.

## Summary of Findings from the Four Focus Groups and Eleven Town Hall Meetings

Summary of Focus Groups was conducted by the Ohio Asian American Health Coalition (OAAHC), in collaboration with the Philippine Nurses Association of Central Ohio (PNACOH), Asian Festival Corporation and OhioHealth.

### Focus Group 1

Discussion in Focus Group 1 centered on developing more culturally and linguistically appropriate health resources for Asian communities. Participants wanted to learn more about increasing health literacy for Asian patients, especially if healthcare providers are unable to provide interpretation services. The Covid-19 pandemic further exacerbated the need for translation and interpretation of health information, highlighting the language barrier. Another health issue cited was mental health, especially among Asian LGBTQ communities. Participants report that community organizations such as nonprofits or faith-based services are the best way to reach their community.

Major themes in this focus group included increasing culturally and linguistically appropriate healthcare resources and making the community aware of these resources. Participants also discussed the need for increased funding for these resources, possibly through collaboration with other local organizations.

### Focus Group 2

Participants in Focus Group 2 primarily focused on cultural barriers between Asian communities and healthcare providers. There was great discussion, especially in the context of diabetes and how Asian food culture should be taken into consideration when discussing dietary changes with patients. Participants also cited lack of health information as a concern within their community, particularly related to diseases such as hepatitis B and tuberculosis which disproportionately impact refugee communities. Another barrier to health care discussed was the heterogeneity within the Asian demographic and the need for more data for different subgroups of Asians. While some Asian communities seemed to have access to many resources to address health disparities, other communities struggled to identify available services.

Major themes included cultural barriers between community members and their healthcare providers. One main example discussed was diabetes and the role of diet changes. Participants also noted the differing needs among different Asian subgroups.

### Focus Group 3

Participants reported that educating healthcare providers about the specific needs of Asian populations was an important health issue. Cultural differences between Asian patients and providers were cited as a barrier to health care, which can be addressed through more community liaisons. Participants also voiced that Asian healthcare providers could have a greater role in leadership and advocacy for their communities. Other topics discussed included technology and transportation as barriers to healthcare, which have been exacerbated by Covid-19.

Major themes in this focus group included increasing health literacy among Asian populations, the need for trust in the healthcare system, and the need for leadership from Asian healthcare workers.

#### Focus Group 4

Focus Group 4 predominately discussed the effects of mental health due to the stress of immigration, racism, and discrimination of Asian Americans. These stressors were acutely elevated during the COVID-19 pandemic and seemed to impact children and adolescents especially. A major barrier to health care was educating healthcare providers about the unique needs of Asian populations. Participants reported their communities were interested in learning more about how to navigate the American health system because it can be very different from that of other countries. They cited community programs and social organizations as ways to best reach their communities and eliminate health disparities.

Major themes in this focus group included mental health especially with the Covid-19 pandemic, community spaces and programs, better education for patients and providers.

#### Town Hall Meeting 1 with the Asian Community in Dayton

On September 10, 2022, the Ohio Asian American Health Coalition (OAAHC), in partnership with the Philippine Nurses Association of Central Ohio (PNACOH), Asian Festival Corporation, and OhioHealth conducted an in-person Town Hall meeting at the Dayton Public Library in Montgomery County. Findings were summarized by the collaborative team.

The findings from the Dayton, Ohio town hall meeting are tabulated and related to the principles and actions of the Ohio Commission on Minority Health's COVID-19 position statements as well as the National Partnership for Action (NPA) to End Health Disparities.

Health equity for them is to have access to health no matter what their age, gender, and their economic status that has accessible resources such as interpreters. The top 3 health concerns in the community are mental health issues, health services that are culturally competent, and physical activities for Asian seniors. Due to language barriers, access to care, and lack of interaction in the community, programs such as health seminars, and education on accessing resources would benefit the Asian community. Information such as education on the prevention of diseases, women's health, fitness, diet, and lifestyle can help improve quality of life. There are many of them that were affected by COVID-19. Asian seniors were impacted by increased isolation, and decreased socialization. Programs that will help senior citizens to provide education on technological use.

#### Town Hall Meeting 2 with the Filipino American Rosary Group in Columbus

On Oct 29, 2022, the Ohio Asian American Health Coalition (OAAHC), in partnership with the Philippine Nurses Association of Central Ohio (PNACOH) conducted an in-person Focus group meeting at the Columbus Ohio Franklin County. A total of 17 persons participated in the Filipino Rosary Group. Health equity to them is to have free access to health services, and equal treatment and not based on economic status, ethnic background, and professional background. The top 3 health issues are Diabetes, Cardiovascular disease, and Mental Health. Barriers to accessing health care such as lack of awareness, resources, and education on accessing

health services that are convenient and free for the unemployed and retirees. They added that due to cultural differences, not being comfortable saying what they need personally like mental health problems hindered from seeking health professionals. Services or programs such as providing education on where to go when needing such services that are free and accessible would improve their overall health. In order to eliminate health disparities in the Asian community providing education and free services to teach this community how to access such services not only for medical but mental needs. Set up frequent activities for retirees to keep them active in the community. Reaching to Filipino providers who are willing to serve their own community for free or even discounted health services where they can afford to seek help when needed. The Filipino Rosary group in Columbus were also impacted by COVID-19 many individuals were physically and mentally affected, the loss of family members, friends, colleagues, hobbies, work, and limits their outdoor activities such as party gathering and sports. There were free COVID-19 testing, vaccination, booster, and even frequent updates on what is happening to improve COVID-19 available services and programs during the pandemic.

### Town Hall Meeting 3 with Burmese Chin Community in Columbus

For the Burmese Chin community, health equity is to have available free health services for their community who can speak and understand their culture, especially for their parents. The discussion in the Burmese Chin Community centered on developing more community services to target the linguistic and health needs of the community. Participants wanted help setting up services for the community and having experts visit. Participants expressed an urgent need for language services to access healthcare, translate, and interpret health information. Another health issue expressed was mental health issues among the children due to cultural barriers and stigma. The community did not experience severe outcomes from the COVID-19 pandemic due to the help of the Columbus Health Department's visitation for vaccines and the close-knit structure of the community. Participants reported that local organizations in the community and community health workers trained within the community are the best ways to address these barriers.

Major themes in this town hall included mental health, language barriers, cultural barriers, education for health information, and the need for outreach programs.

### Town Hall Meeting 4 with the Federation of Indian Association in Columbus

Discussion in the Federation of the Indian Association centered on the development of appropriate outreach to overcome the cultural and social stigma among the community. The top 3 health issues are Diabetes, Cardiovascular disease, and cancer. Barriers to health care due to social stigma and fear of sharing information with professionals often lead to isolation. Participants highlighted the strong cultural stigma against communication about health issues and the lack of trust in others. Participants recognize this issue and need strong outreach within the community but continue to face challenges. The health issue cited was that mental health and substance abuse were under-discussed. Participants did not express any issues related to

the COVID-19 pandemic. The best way to reach the community is through community-organized events and outreach from trusted members within the community.

Major themes in this town hall included mental health, chronic health conditions, cultural and social stigma, and the need for better community outreach to overcome stigma.

## Town Hall Meeting 5 with the Bhutanese Community of Central Ohio

Health equity to them is to be able to communicate with providers without barriers and misunderstandings. The top 3 health concerns of the Bhutanese community are Diabetes, high cholesterol, and hypertension. Discussions with the Bhutanese community centered on the barriers to health such as transportation, language, culture, and the need for various community programs. Participants expressed several difficulties in accessing health care. They highlighted the difficulties in communication with the health care providers, and even access to digital translators is sometimes inaccurate. Many expressed hesitations about asking doctors about the medications they are taking. The community also experiences issues with access to transportation, which impacts their ability to visit healthcare providers and participate in community events. Participants expressed interest in learning more about digital health information sessions, dietary recommendations, and exercise classes. The Bhutanese community reported that they did not get affected by COVID-19 in comparison to other Asian communities. However, they all completed their vaccination and boosters.

Major themes in this town hall included discussion about barriers to health such as transportation, language, culture, and the need for various community programs.

## Town Hall Meeting 6 with the Asian American Coalition of Ohio (AACO) Cincinnati Youth Chapter

Discussions with the AACO Cincinnati Youth Chapter centered on the barriers to health such as the increased need for health information, medical research among the Asian subgroups, mental health awareness, and stigma, language, cultural, financial, and transportation barriers. The diverse group of participants included individuals from the Chinese, Filipino, and Indian physician groups. Participants emphasized the need for more research on health information based on Asian subgroups. Many symptoms or diseases may appear in Asians differently than in the current model. Participants also heavily discussed the impact of language and cultural barrier that is unique to the Asian community. The significant language and cultural barrier significantly hinder one's ability to communicate and develop trust with health care professionals. In addition, cultural barriers also prevent the discussion of taboo topics such as mental health, nursing homes, and will preparation. Many participants express the need for more health information to be dispersed and accessible to the community. Several suggestions have been developed which include but are not limited to increasing the promotion of public health awareness and providing information on the free or low-cost services the public health district offers to reduce healthcare barriers for API residents.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language, cultural, financial, and transportation barriers.

## Town Hall Meeting 7 with EMBRACE Youth Group in Cincinnati

Discussion in the town hall group with EMBRACE in Cincinnati centered on areas of disparities, including the lack of health information, mental health awareness and stigma, language and transportation, and stress experienced by health care workers. Participants highlighted the increase in mental health issues, especially those caused by the COVID-19 pandemic. Mental health is still very under-discussed in the Asian community and continues to impact health care workers, especially nurses. Another major topic of discussion was the different health care needs of Asians, which are not addressed by the American health care systems. In addition, there is difficulty in accessing health care due to a lack of available transportation among the elderly, a lack of health information, language barriers with the providers, and the complexity of navigating insurance plans. Participants proposed several effective methods to reduce disparities, including more community involvement, digital health information, increased discussion about mental health, and increased awareness and appreciation of health care workers.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language and transportation barriers, and the importance of the roles of nurses in the community.

## Town Hall Meeting 8 with the Bhutanese Community Association of Akron (BCAA)

The discussion in the town hall group with the Bhutanese Community Association of Akron centered on the need for health information, mental health awareness and stigma, violence in the community, cultural barriers, and community programs that will benefit the older adult and the youth. The language barrier is one of the main issues in seeking healthcare and other services provided by the government. Although there is an option for interpreters, the community still finds disconnect from the healthcare provider because they feel that they do not fully understand their culture, which contributes to their problems. Asian violence is a concern in the community. They feel unsafe outside because of the news they hear and how other people have been treated. They feel that violence does not just affect the person physically as well as emotionally. It also created an economic impact because most people that have businesses decided to close because of the violence they experience. Most members of the BCAA are refugees, and there has been an issue of the generation gap between the children born and raised in the US culture. Parents have been feeling “stupid” because they cannot help their children in their school. When it comes to mental health issues like feeling down and anxious, parents think that they are just losing their faith and that things will pass. The children are hesitant to discuss mental health issues because they know that it is not acceptable in the culture. When it comes to chronic disease, hypertension, diabetes, vitamin deficiency, and



addiction are common in the community. Because of the culture many members of the community delay seeking treatment for the disease. The BCAA community feels that the community can benefit from community outreach programs and with the help of the officers they can make the community be engaged.

Major themes in this town hall discussed disparities such as the need for health information, mental health awareness and stigma, violence in the community, cultural barriers, and community programs that will benefit the older adult and the youth.

## Town Hall Meeting 9 with the Indian Dance Group Cincinnati at the Nrityarpana School of Performing Arts

The discussion in the town hall group with the NrityArpana School of Performing Arts centered on areas of disparities, including the lack of health information, mental health awareness and stigma, and cultural barriers. Participants highlighted chronic health issues such as diabetes, high blood pressure, and especially the prevalence of cardiovascular diseases due to genetic predisposition. Cultural barriers were discussed as one of the major barriers to seeking health care services due to reliance on home remedies, friends and family for support, and cultural stigma associated with mental health. Participants expressed the need for more mental health information and services but also their concern that individuals were not reaching out due to their reliance on the close-knit community. During the COVID-19 pandemic, many students expressed that they experienced high levels of social isolation due to school being virtual.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, and cultural barriers in seeking health services.

## Town Hall Meeting 10 with the Zomi Christian Church Youth

Discussion in the town hall group with Zomi Christian Church Youth centered on areas of disparities, including the lack of health information, mental health awareness and stigma, language, and cultural barriers. Participants highlighted mental health issues in the community due to religious and cultural stigma. Many express that they don't know what mental health issue is or know who to talk to when they are experiencing stress or depression. Another major topic of discussion was the lack of health information and awareness of health care in the community. Most of the participants are in their teenage or early adult years without significant health issues. However, many expressed their interest in learning about routine exams. In addition, there is difficulty in accessing health care due to time constraints and language barriers in the community. Many of the participant's parents work multiple jobs and needed their children to help them translate due to the lack of Zomi translators in the hospitals. Participants proposed several effective methods to reduce disparities, including more community involvement, digital health information, and increased discussion about mental health.

Another adversity that the Zomi community here in Columbus, Ohio faced was an unhealthy lifestyle. Coming from slums and low-income neighborhoods back in Burma and Malaysia, most families also brought unhealthy lifestyles such as excessive smoking, alcoholism, and bad hygiene. Fortunately, as time passes, these unhealthy types of behavior slowly diminish, however, other health problems start to arise in the community. Common health problems that the ZCC Columbus community faces now include diabetes, high cholesterol level, kidney stone, cancer, being overweight, and mental health. A factor that contributes to the problem is their strong grip on their faith and beliefs. The idea is that with enough faith all of their problems will go away. In addition, the people with authority in the church seem to not think of these health problems as a concern to focus on. This can be seen in their lack of concern for mental health awareness since it is mainly the youth group that tends to bring this topic of mental health to the community.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language, and cultural barriers.

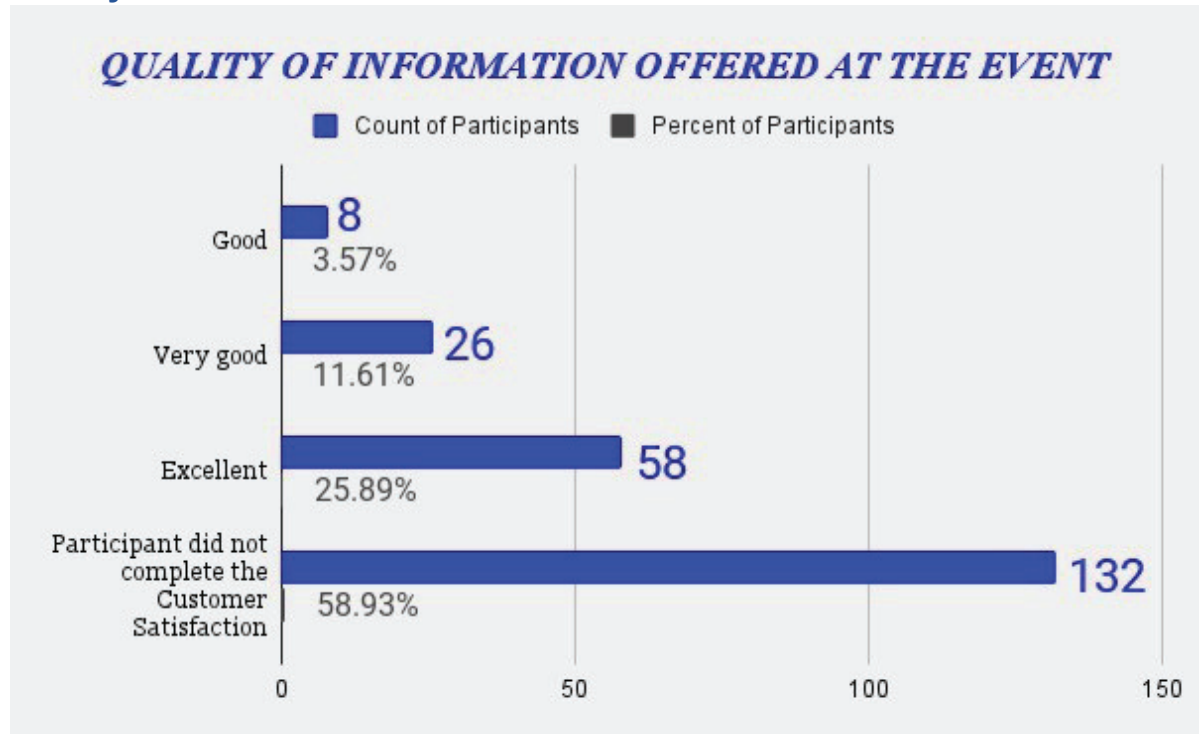
## Town Hall Meeting 11 with the Philippine Nurses Association of Central Ohio

The discussion in the town hall group with the Philippine Nurses Association of Central Ohio centered on areas of disparities, including the lack of health information, mental health awareness and stigma, and cultural barriers. Participants highlighted chronic health issues that are more prevalent among the Filipino population, such as diabetes, hypertension, and gut issues. Language was surprisingly not a major barrier, as many Filipinos are fluent in English. However, a major barrier is the lack of knowledge about health information, including how to obtain health insurance. In addition, cultural barriers are a major factor in why some patients are hesitant to seek medical treatment. Participants expressed that cultural differences also make it difficult to seek mental health treatments, especially for seniors. Many expressed the need to increase the availability of health information and the need for outreach programs. Participants expressed concern about comorbidity and treatment for COVID-19 as it has impacted their health in the long term.

Major themes in this townhall discussed areas of disparities such as the need for health information, mental health awareness and stigma, and cultural barriers.

Participants Satisfaction Survey Results as follows:

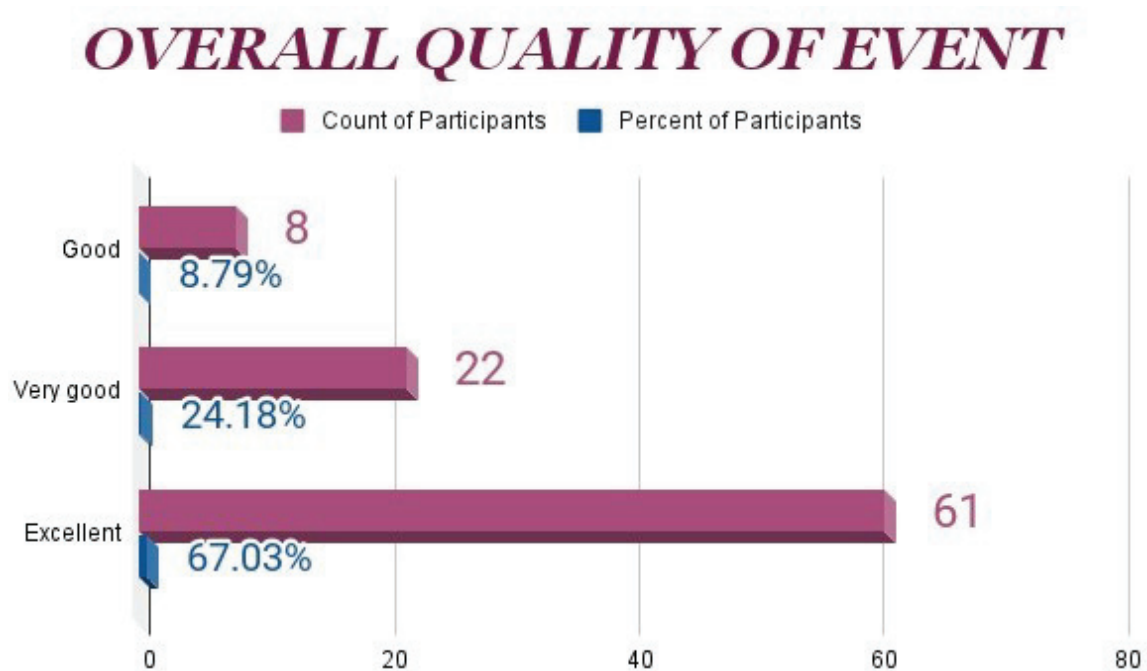
1. **Quality of information offered at the event.**



## 2. Organization of the event

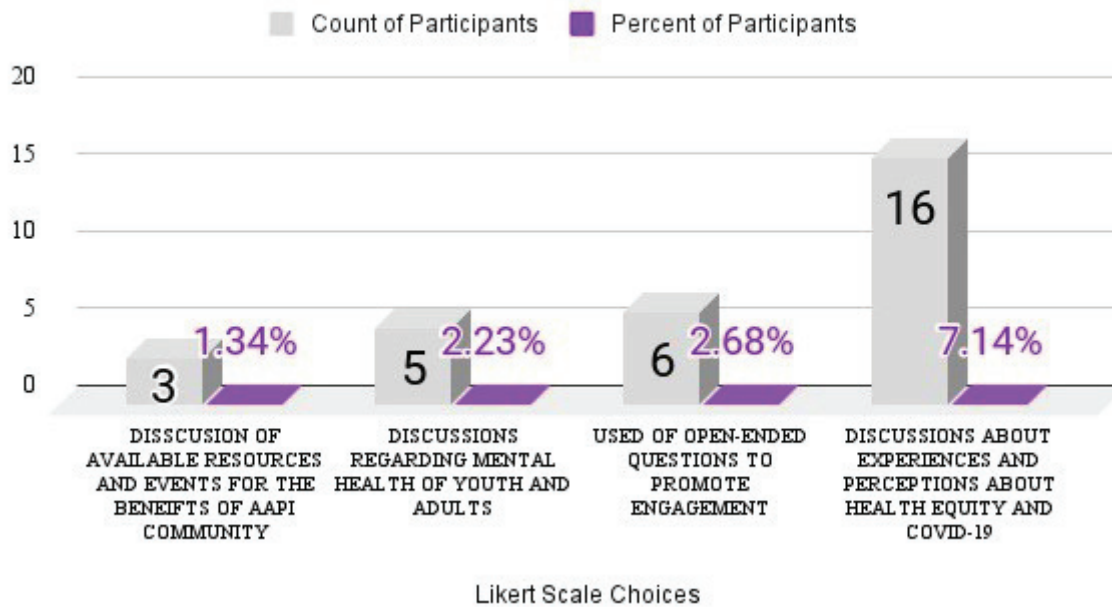


## 3. Overall quality of the event



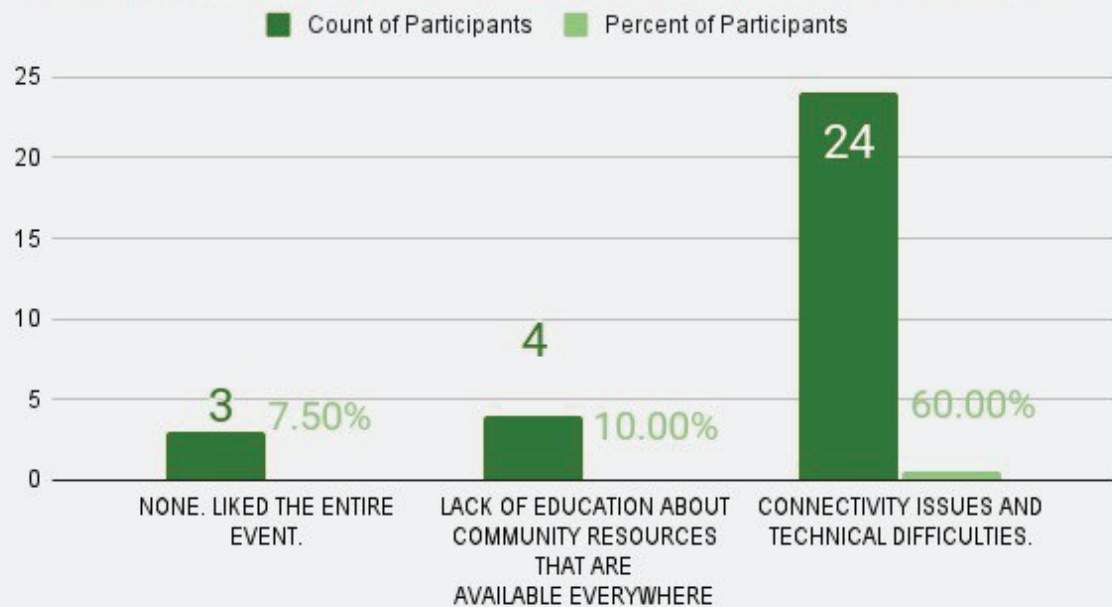
4. “Which aspect of the event did you like the most?”

**TOP 4 PARTICIPANT'S LIKE THE MOST ABOUT THE EVENT**

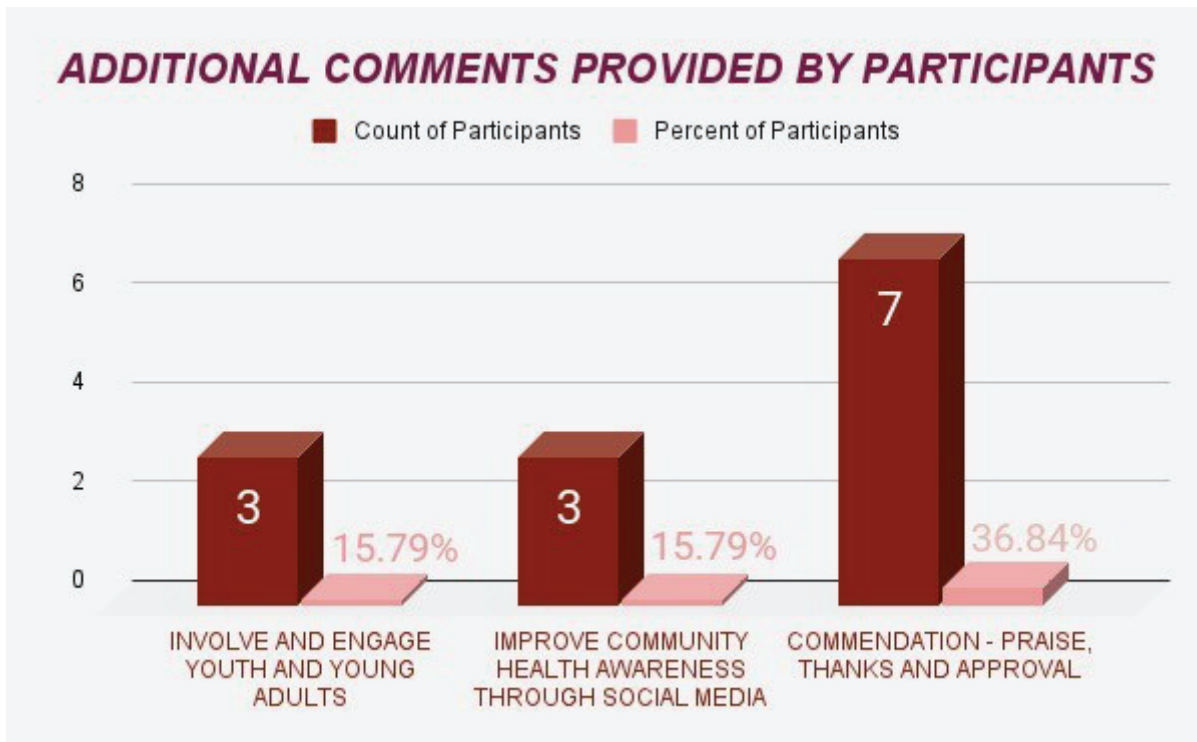


5. “Which aspect of the event did you like the least?”

**TOP 3 PARTICIPANT'S LIKE THE LEAST ABOUT THE EVENT**



## 6. Additional comments provided by participants



Participants commented on additional topics and activities such as (a) improving community health awareness through social media; (b) involving and engaging youth and adults; (c) education on quality of life from birth to death; (d) information on action steps to address the needs; (e) mental health discussion; (f) panel discussion on Asian health needs; (g) provide liaison for the Asian community.

60% of the participants answered that they liked the entire event. A total of 10% answered that there was a lack of education about community resources that are available locally, especially about health insurance, mental health, and access to care. Considering that the focus groups and town halls were conducted primarily to assess the needs of Asian communities throughout Ohio as it relates to health equity, COVID-19, and partnerships, the events were not focused on providing education. The Ohio Asian American Health Coalition, in partnership with the Philippine Nurses Association of Central Ohio (PNACOh) and OhioHealth, will provide community-based education and engagement to address the findings of Local Conversation.

Overall, the participants' survey findings show that there are challenges in recruiting and collecting data from the participants. On the other hand, the results describe the positive comments about the local conversation Round 3 events. To improve the data collection and increase participation highly recommended to assign personnel or liaisons to work with the Asian community with the type of events.

## Appendix A: Participants Satisfaction Survey Tool

### EVALUATION FORM

We would appreciate it if you could complete the evaluation form. Your response will help improve our quality of service in the future. Your answers will remain anonymous and will never be linked to you personally.

- Please rate the quality of the following: The information offered at the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Please rate the quality of the following: The information offered at the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- The organization of the event

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- The overall quality of the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Which aspect of the Focus Group Discussion did you like the most?

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Which aspect of the Focus Group Discussion did you like the least?

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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Any other comments?

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### **Local Conversations Recommendations:**

- Continue to collaborate with local stakeholders and community leaders to address health disparities.
- Address community needs through education and awareness to achieve health equity
- Develop resources and health services that are more individualized and tailored to the Asian subgroup community
- Develop programs for each Asian community based on their needs to address their health concerns and issues.
- Improve Asian community liaisons and advocate for those who are in underserved Asian communities.
- Need legislative support to create a much-needed Ohio Commission on AAPI affairs to serve as an advocate for the needs of the numerous Asian subgroups across the state needing information, funding, and support. It is truly important to emphasize the need for a creation of an AAPI Commission to support the diverse needs of the various Asian community subgroups
- Asian language access because we see the compliance issue in healthcare settings such as hospitals. There are different dialects in Asian countries.

The recommendations mentioned above stress the importance of collaboration, education, and tailored resources in addressing health disparities within Asian subgroups. By working closely with local stakeholders and community leaders, we can better understand the unique needs and concerns of each subgroup and develop targeted programs to address them.

One key aspect that must be addressed is the issue of language access within healthcare services. With a diverse range of languages spoken among Asian subgroups, it is crucial to provide resources and services in multiple languages to ensure effective communication and understanding between patients and healthcare providers.

Additionally, the creation of an AAPI Commission would serve as a vital advocate for the various needs of different Asian subgroups. This commission would help bridge the gap between communities and government by providing information, funding, and support to those in underserved Asian communities. By working together, we can create a more inclusive and equitable healthcare system for all members of the AAPI community.

Advocacy is also crucial in addressing health disparities within the Asian community. This includes not only advocating for language access and tailored resources, but also for policy changes that promote equity and address systemic barriers. The proposed Ohio AAPI Commission can play a crucial role in advocating for policy changes at both the state and federal level.

In conclusion, the recommendations presented above are essential in addressing health disparities within Asian subgroups. By prioritizing collaboration, education, tailored resources, and advocacy, we can work towards creating a more equitable healthcare system that meets the diverse needs of all members of the AAPI community. But our efforts should not stop here; continued research, data collection, and community engagement are crucial in identifying and addressing health disparities within the AAPI community. Together, we can strive towards better health outcomes for all members of our diverse and resilient community.



## **The National Partnership for Action to End Health Disparities**

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity.

Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions. HHS will reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at [mih.ohio.gov/local-partnerships/local-conversations](http://mih.ohio.gov/local-partnerships/local-conversations).

## **Ohio's Response to the NPA**

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined local action plans. In Phase III, the Commission initiated a partnership with the Ohio Department of Health to support their efforts to fulfill the expectations for the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

In Phase III, the 2024 Local Conversation Initiative, the Ohio Commission on Minority Health received partial funding support for the “Local Conversation Initiative” from the *Ohio Department of Health through a sister state agency partnership*.

This federal funding support was provided by the *Ohio Department of Health through the Center for Disease Control and Prevention Grant – Initiative to address COVID-19 Health Disparities Among populations at High-Risk and Underserved, including racial and ethnic minority populations and rural communities*. This funding provided an opportunity to obtain input from participants on the impact of COVID-19 with their communities.

During this round of the local conversations the Ohio Commission on Minority Health supported 16 local conversations across the state. These efforts were geographically based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and African American groups, which brought in representatives from these populations across the state.

## About OAAHC

Ohio Asian American Health Coalition (OAAHC) is a non-profit organization dedicated to advancing healthcare resources and opportunities for Ohio's Asian American community. We are committed to providing education, advocacy, and resources to empower individuals and families in pursuit of better health and general well-being.

We strive to foster understanding between diverse cultures by creating meaningful dialogue and a sense of community. Through our programs, we hope to impact the lives of Asian Americans in Ohio by providing them with the tools they need to become successful and vibrant members of society. Additionally, we seek to raise awareness about issues impacting this population so that policies can be created and implemented that will enable Asian Americans to fully participate in their communities.

OAAHC is an active presence in Ohio, advocating for healthcare rights, addressing disparities, and safety of Asian Americans in this state. We hold community events, and health fairs, and collaborate with our 8 member organizations (Asian Community Alliance. ACA Cincinnati, Asian American Council (AAC) Dayton Asian Services in Action (ASIA Inc), Cleveland/Akron, Asian American Community Services (AACS) Columbus, Asian Festival Corporation (AFC) Columbus, Bhutanese Community in Central Ohio (BCCO), Asian-American Community Service Council (ACSC), Lao Volunteer Organization (LVO) Columbus) located across the State of Ohio to bring awareness to topics such as healthcare access, education, research, immigration rights, and more. Our organization connects individuals with resources that are available to them so they can navigate their legal options, access job and career training opportunities, find mental health services, and more.

We truly value the contributions of our member organizations and volunteers; and hope that everyone who is part of OAAHC will help shape a better future for Ohio's Asian Americans.

## Local Conversations – Timeline

### 2008

The local offices of minority health began to look at action planning in response to health disparities by hosting community local conversations. Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers. Participants were broken into 4 groups where they discussed needs related to:

- Services

- Resources
- Capacity building
- Infrastructure

Identified needs included:

- Health communications campaigns about healthy lifestyles as a top priority.
- Additional resources to address the needs of emerging populations in Ohio
- Greater attention to prevention as a general health service need.
- Increase collaboration and partnerships among non-profit organizations for information and resources sharing

## **2010**

The local offices conducted a second community Local Conversations meeting. Each participant was again assigned to a workgroup as they came to the session. They were also given copies of the Local Conversations report from the 2008 session and were asked to prioritize issues from that report. Each workgroup was provided with an Action Plan Development sheet to create the agreed-upon action plan. All four workgroups reported their priority and recommended plan of action. Participants helped the local offices craft the Local Conversations on Minority Health Report to the Community 2011. These reports represented the views, needs, and recommendations of our communities Statewide. The strategic focus of these statewide documents included:

- Increased awareness of health disparities
- Strengthened leadership
- Enhanced patient-provider communication
- Improved cultural and linguistic competency in delivering health services
- Coordinate and utilize research and outcome evaluation

## **2016**

The content area for the FY 2016 Local Conversations was aligned with the NPA and covered services, resources, infrastructure, and capacity building that mirrored Local Conversations 2008. The Round 2 conversations focused on action planning in response to health disparities. Participants in the conversation reviewed survey results and issues from the 2011 report, and discussed the following questions:

- What programs and services are currently available to underserved communities to address these top health concerns?

- What collaborative efforts can be done among the MHAC to address the barriers shared?

Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers.

### **2022 - 2023**

Local Conversations Round 3 was initiated in Fall 2022 and completed the Fall 2023. Focused on meaningful conversations between members in the community through town halls and gatherings. The FY 2022 Local Conversations emphasized the need to strengthen community partnerships in addressing health disparities. While discussing top health concerns and needs of the community, participants or individuals focused on identifying collaborative efforts that could be implemented among Asian Americans in Ohio to address shared barriers. These local conversations brought together a diverse group of attendees including residents from racial/ethnic populations, state and local representatives, and service providers. This allowed for a comprehensive and inclusive discussion on ways to improve health outcomes in underserved communities.

### **Ohio Demographics**

Approximately 24 million individuals of Asian descent live in the United States as of 2020 and is projected to reach 46 million by 2060. This number includes mixed-race or multiracial people.

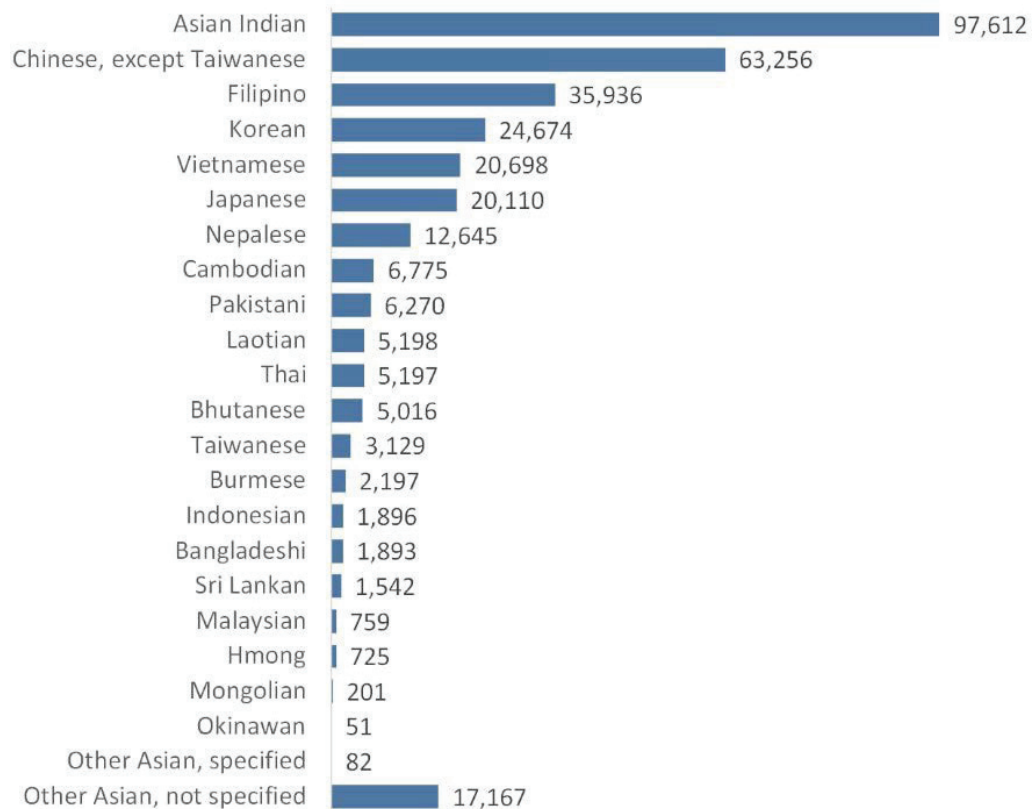
Our communities are very diverse, in terms of languages, cultures, socioeconomic statuses, and other experiences. There are Asian people all over the world.

We use the U.S. Census Bureau definition of Asians as people with heritage from East Asia, Southeast Asia, and the Indian subcontinent. Countries identified below are based on the U.S. Census definition:

Bangladesh, Bhutan, Brunei, Burma, Cambodia, China, India, Indonesia, Japan, Korea, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Timor Leste, Vietnam

#### **SOME FACTS:**

- Ohio has 377,000 Asian Americans and 15,000 Native Hawaiian and Pacific Islanders.
- We make up 3% of Ohio's total population.
- The bar graph below shows the number of people per ethnic group.



## HEALTH DISPARITIES IN THE ASIAN POPULATION

Health disparities continue to exist in communities of color. Although numerous efforts and initiatives have addressed these disparities on the state and national level, the goal of health equity for all has not yet been fully achieved. Numerous factors contribute to health disparities including the social determinants of health.

There are wide disparities in the prevalence and incidence of diseases in the Asian community due to the heterogeneity of the population. When data are collected and referenced as an aggregate, there is no clear understanding of the real health issues in the Asian subgroups thus health problems can be masked leading to the incorrect assumption that Asians are health exemplars.

A more systematic collection of disaggregated data can yield to understanding of the diverse health needs and prevalence of diseases specific to the Asian subgroups. For example, the high incidence of tuberculosis, cancer, cardiovascular disease, diabetes, hepatitis B, and depression vary from countries of origin. Disaggregated data allows for tailoring the strategies to treat the health conditions specific to the Asian subgroup in culturally sensitive and linguistically appropriate services.

One respondent from the focus group session in Local Conversation Round 3 clearly articulated the heterogeneity of the Asian population and the need to disaggregate data collection. “not grouping them together is the best way to go because each group is going to be different, their needs are going to be different, their cultural

background is different and how they are going to react to what you have to offer will be different. So, everything must be tailored to each community” (subgroups).

More research is required to focus on smaller-sized subgroup populations to obtain accurate results and address health disparities for all groups. The U.S. Department of Health and Human Services Office of Minority Health reports that Asian Americans have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease/smoking, hepatitis B, HIV/Tuberculosis, and liver disease.

### **Cancer**

Cancer continues to be the number one cause of death among Asian Americans. (Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

The incidence of liver, stomach as well as breast, and cervical cancers is higher than in the general population. While many of these cancer deaths can be prevented through early diagnosis and treatment, AAPI populations are diagnosed at a later stage of the disease progression thus leading to poor prognosis and death.

### **Cardiovascular Disease**

Heart disease is the second leading cause of death among Asian Americans.

(Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

### **Diabetes**

Diabetes affects approximately 20% of Asian Americans and an estimated 32% of Asian Americans have pre-diabetes.

(Source: Joslin Diabetes Center, Harvard Medical School Affiliate, “One in Two Asian Americans Develop Diabetes or Pre-diabetes in Their Lifetime”: <https://aadi.joslin.org/en/diabetes-mellitus-in-asian-americans>)

### **Hepatitis B**

Asian Americans account for 5% of the total population in the United States but account for over half of the chronic Hepatitis B cases in America. It is estimated that 1 in 12 Asian Americans are living with Hepatitis B.



Hepatitis B infections and subsequent hepatitis-related liver cancer can be prevented through screenings and vaccination however these preventative measures are underutilized in the Asian communities.

### **Mental Health**

Among women ages 15-24, Asian Americans have the highest suicide mortality rates across all racial and ethnic groups.

(Source: Centers for Disease Control and Prevention, National Vital Statistics Reports; Volume 67, Number 6, “Leading Causes of Death for 2016”: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf))

Asian Americans are three times less likely to seek treatment for mental challenges compared to other populations.

### **Osteoporosis**

Asian American women have a high risk of developing osteoporosis due to many risk factors, including lower body weight, low calcium intake, and lactose intolerance, to name a few.

(Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases, “Osteoporosis and Asian American Women”: [Bone Health and Osteoporosis | NIAMS \(nih.gov\)](https://www.niams.nih.gov/health-topics/bone-health-and-osteoporosis))

### **Tobacco Use**

Approximately 1 in 11 Asian American adults smoke cigarettes. An estimated 1 in 7 Asian American men smoke cigarettes.

(Source: Centers for Disease Control and Prevention, “Tips from Former Smokers: Asian Americans”: <https://www.cdc.gov/tobacco/campaign/tips/groups/asian-american.html>)

## **Continuing the Local Conversation Round 3**

The Local Conversation Round 3 was conducted through virtual focus group meetings and town hall meetings in Ohio. There were four virtual focus discussions that were conducted in August 2022. Participants of the focus group are member organizations of the Ohio Asian American Health Coalition or a stakeholder for the Asian community in the state of Ohio. The participants of the town hall meetings are community members of the different sub-Asian groups. Town hall meetings were conducted in the different counties in the state of Ohio from September 2022 – March 2023. The Local Conversation Committee prepared ten questions for the participants that address health equity, health disparities, and health issues and concerns that will address and create strategies to improve the health of Asians in Ohio.

The Focus Groups and Town Halls that we hosted represented various Asian subgroups (Filipino, Japanese, Indian, Burmese). We heard from different



Asians with diverse backgrounds, experiences, and perspectives. Each individual brought a unique perspective to the conversation that helped us develop a better understanding of how our voices resonate with these different communities. We also gained valuable insights from our groups about the best ways to reach out and engage not only Asian Americans but all diverse groups. By taking a comprehensive approach to making sure that we represent all voices, we are creating an inclusive environment for everyone.

## 2022 Survey Questions:

1. What does health equity mean to you?
- 2-3. What health issues are important to you and your community? What are the top 3 health concerns in your community?
- 4-5. What are the barriers to health care? What are strategies that have been successful in addressing these barriers?
6. What programs or services are currently available to address health disparities?
- 7-8. What type of information would you like to learn more about? What is the best way to reach your communities?
9. How are you and your community impacted by the Covid-19 pandemic? What type of services did you need related to Covid-19?

## Summary of Participation from 4 Virtual Focus Groups and 11 In-Person Town Hall Meetings Conducted (August 2022 to March 2023)

Type of Local Conversation Conducted	Date	Location	Asian Organizations/Community	Count of Participants
Virtual Focus Group 1	8/6/2022	Virtual	Various	7
Virtual Focus Group 2	8/9/2022	Virtual	Various	7
Virtual Focus Group 3	8/16/2022	Virtual	Various	6
Virtual Focus Group 4	8/18/2022	Virtual	Various	10
In-Person Town Hall 1	9/10/2022	Dayton, Ohio (Montgomery County)	Various (Chinese, Filipino, etc.)	15
In-Person Town Hall 2	10/29/2022	Hilliard, Ohio (Franklin County)	Filipino American Rosary Group	17
In-Person Town Hall 3	11/12/2022	Galloway, Ohio (Franklin County)	Burmese Chin Community	5
In-Person Town Hall 4	11/15/2022	Columbus, Ohio (Franklin County)	Federation of Indian Association (Asian Indian)	15
In-Person Town Hall 5	1/8/2023	Reynoldsburg Ohio (Franklin County)	Bhutanese Community of Central Ohio (BCCO)	25
In-Person Town Hall 6	1/14/2023	Mason, Ohio (Warren County)	Asian American Coalition Ohio (Chinese)	31
In-Person Town Hall 7	1/21/2023	West Chester, Ohio (Butler County)	Asian American Coalition Ohio Youth (Embrace)	22
In-Person Town Hall 8	1/29/2023	Akron, Ohio (Summit County)	Bhutanese Community Association of Akron, Inc.	18

In-Person Town Hall 9	2/26/2023	Westchester, Ohio (Butler County)	Indian Dance Group	11
<b>Type of Local Conversation Conducted</b>	<b>Date</b>	<b>Location</b>	<b>Asian Organizations/ Community</b>	<b>Count of Participants</b>
In-Person Town Hall 10	3/12/2023	Columbus, Ohio (Franklin County)	Zomi Christian Church Youth Group	17
In-Person Town Hall 11	3/18/2023	Westerville, Ohio (Franklin County)	Philippine Nurses Association of Central Ohio (PNACOH)	18
<b>Total Participants</b>				<b>224</b>

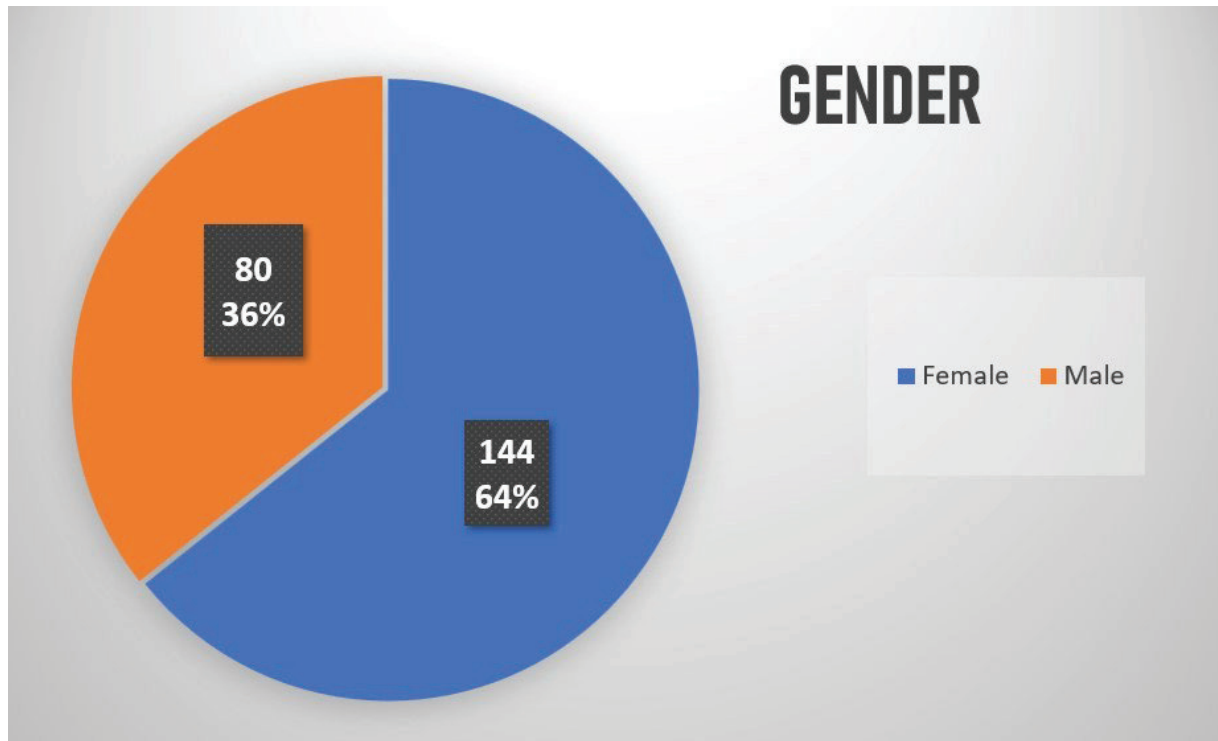
### Participating Organizations and Agencies:

The OAAHC would like to thank existing agencies and new local organizations that participated in Round 3 continuing the Local Conversations Report to the community 2022-2023 process:

Asian American Coalition of Ohio, Cincinnati Youth Chapter  
 ASIA Incorporated  
 Asian American Alliance (AAA)  
 Bhutanese Community Association of Akron, Inc.  
 Community Leaders  
 EMBRACE (Youth Group in Cincinnati, Ohio)  
 Emmanuel Chin Baptist Church  
 Federation of Indian Associations  
 Filipino Rosary Group  
 Indian Dance Group Cincinnati  
 Asian American Council  
 Philippine Nurses Association- Cincinnati and Kentucky  
 Philippine Nurses Association of Central Ohio (PNACOH)  
 Zomi Christian Youth Group

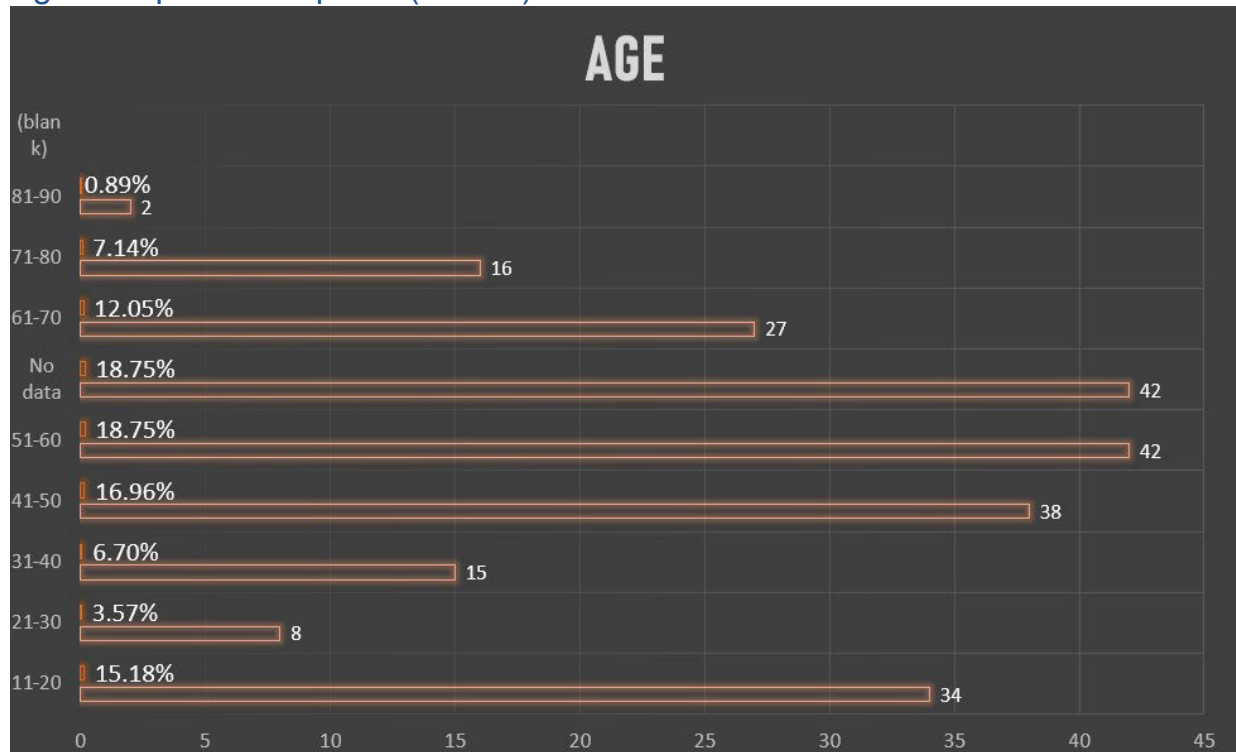
## Demographic Data of Participants

Gender of Participants (N=224)



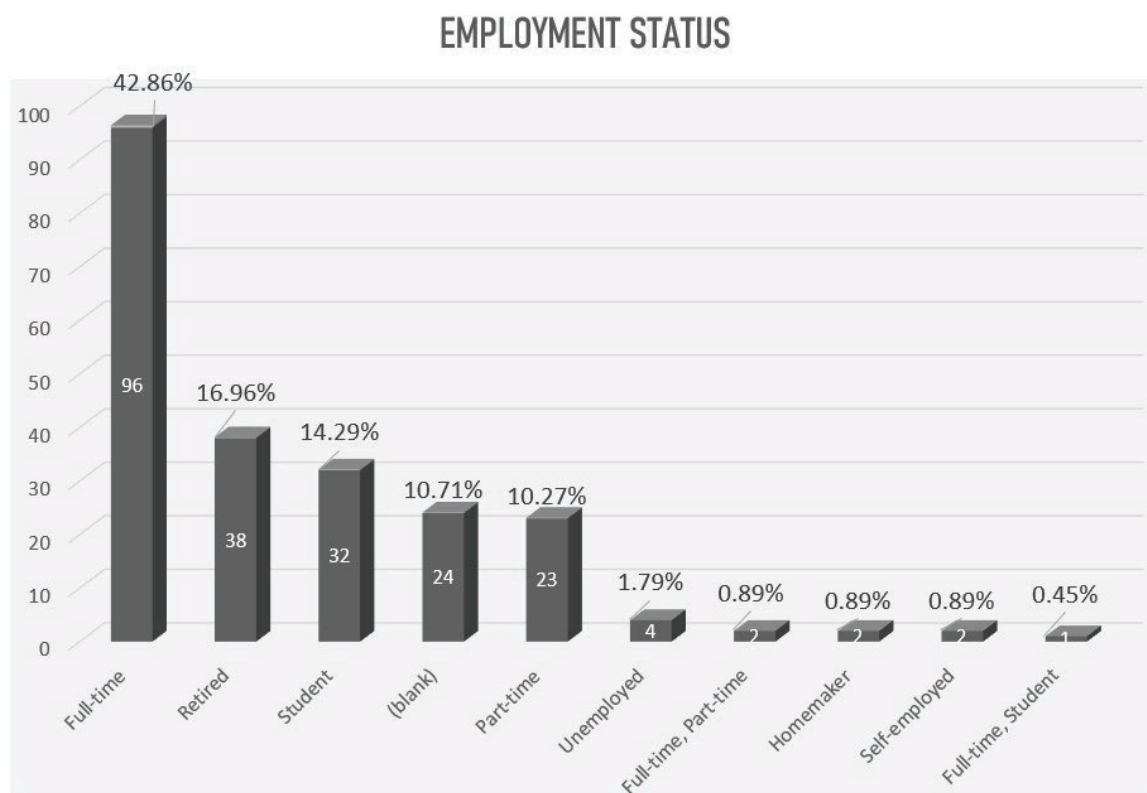
**Fig 1.** There are more female participants in Local Conversations Round 3.

### Age Group of Participants (N=224)



**Fig 2.** The majority of the participants were between the ages of 41-50 and 51-60.

### Employment status of participants (N=224)



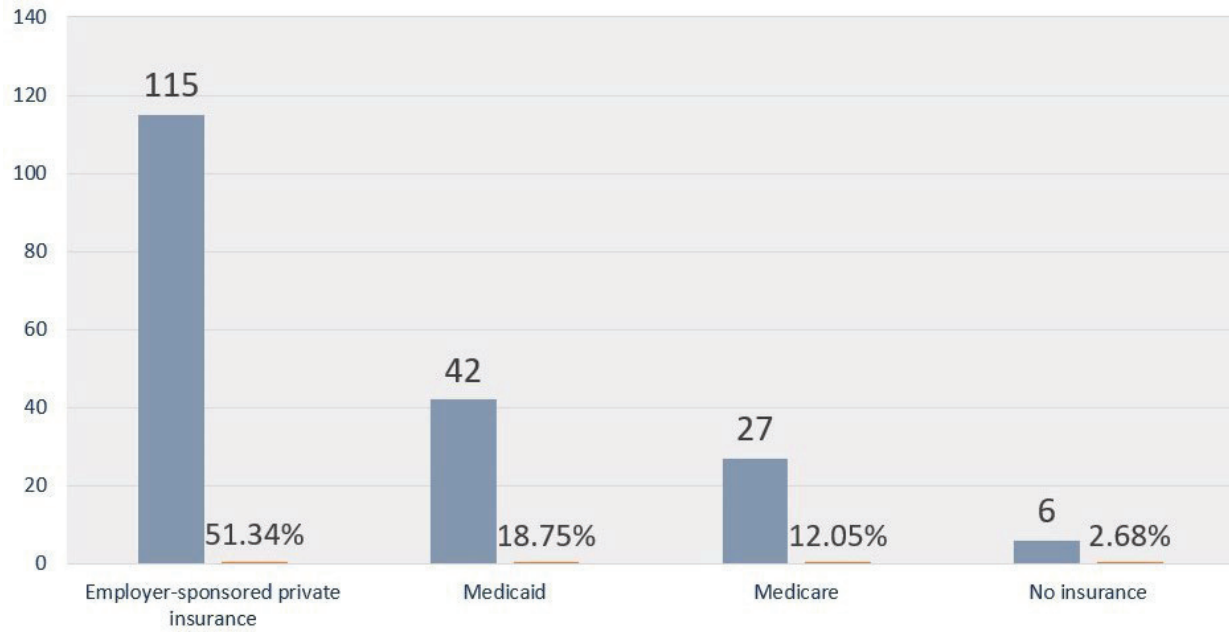
3. Almost fifty percent of participants were employed full-time.

#### Level of Education of Participants (N=224)

Level of Education	Count of Participants	Percent of Participants
High school student	39	17.41
College student	12	5.36%
College Graduate	63	28.13%
PhD/Doctorate	6	2.68%
Master's and other graduate degrees	65	29.02%
No data	39	17.41%
<b>Total</b>	<b>224</b>	<b>100%</b>

**Fig 4.** There are at least sixty percent of participants who are college graduates and have Master's degrees combined.

### Health Insurance of Participants (N=224)



**Fig 5.** More than fifty percent of participants have medical insurance provided by their employer.

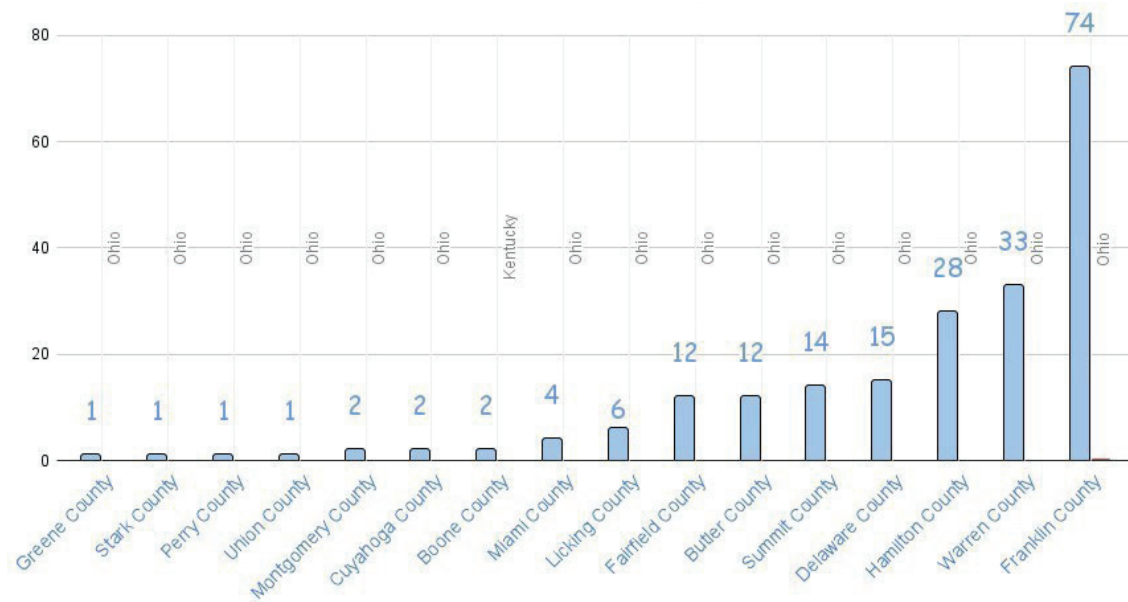


### Ethnicity of Participants (N=224)

<b>Ethnicity</b>	<b>Count of Participants</b>	<b>Percent of Participants</b>
Filipino	50	22.32%
Chinese	45	20.09%
Asian-Indian	42	18.75%
Burmese-Zomi	17	7.59%
Burmese Chin	5	2.23%
Bhutanese-Nepali	16	7.14%
Bhutanese	12	5.36%
Nepali	12	5.36%
Thai	5	2.23%
Japanese	4	1.79%
Pakistani	2	0.89%
Caucasian	2	0.89%
Biracial (Filipino and American)	1	0.45%
Singaporean	1	0.45%
Karen	1	0.45%
Vietnamese	1	0.45%
Korean	1	0.45%
No data	7	3.13%
<b>Total</b>	<b>224</b>	<b>100%</b>

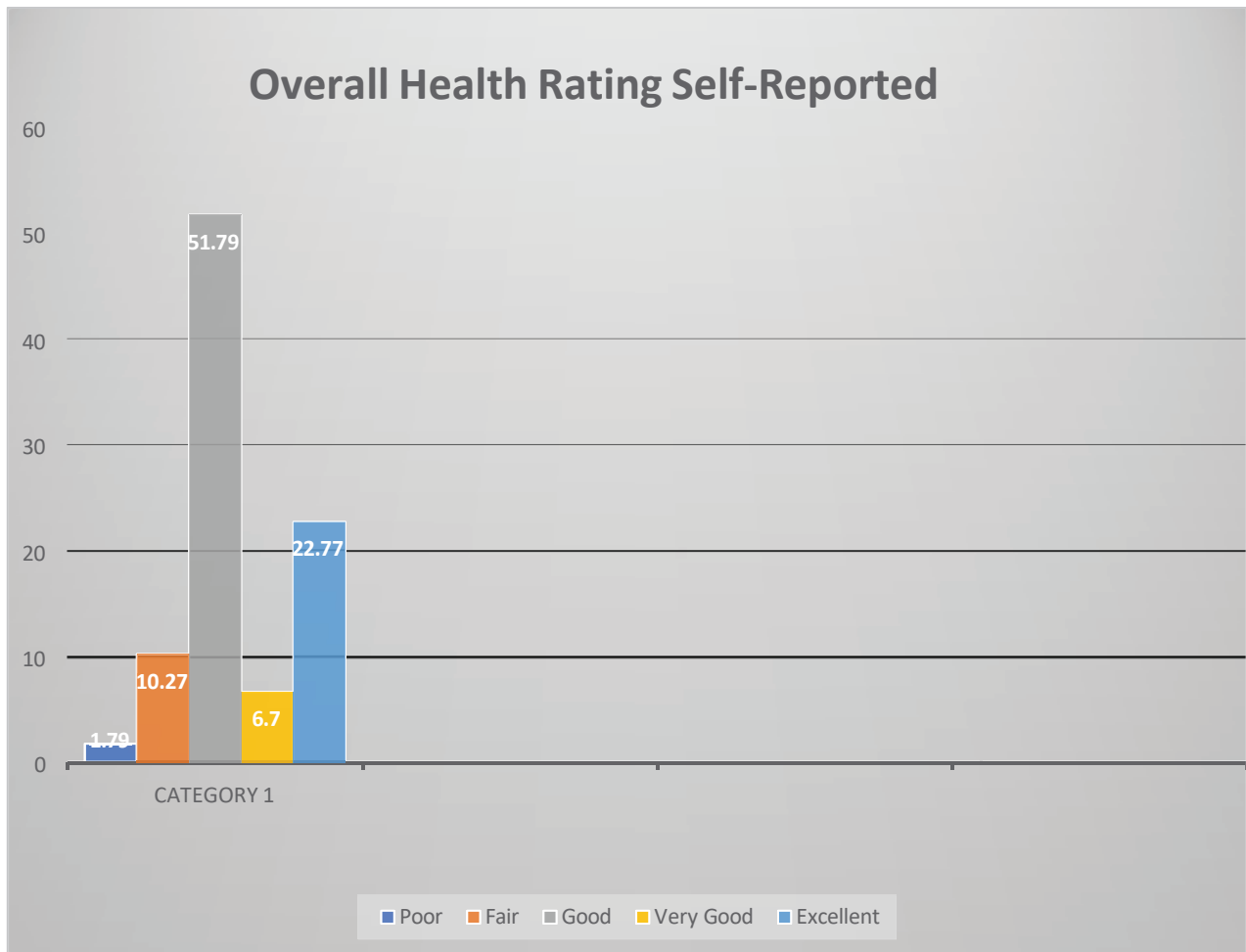
**Table 1.** Filipino, Chinese, and Asian-Indian are the top 3 Asian subgroups participants.

## Ohio Counties of Participants (N=224)



**Fig 6.** At least there are sixteen counties represented in Local Conversation Round 3. Franklin County has the most participants.

### Overall Health Rating Self-Reported by Participants (N=224)



**Fig 7.** Fifty-two percent of participants reported their overall health is Good.

## Summary of Findings from the Four Focus Groups and Eleven Town Hall Meeting

Summary of Focus Groups was conducted by the Ohio Asian American Health Coalition (OAAHC), in collaboration with the Philippine Nurses Association of Central Ohio (PNACOH), Asian Festival Corporation and OhioHealth.

### Focus Group 1

Discussion in Focus Group 1 centered on developing more culturally and linguistically appropriate health resources for Asian communities. Participants wanted to learn more about increasing health literacy for Asian patients, especially if healthcare providers are unable to provide interpretation services. The Covid-19 pandemic further exacerbated the need for translation and interpretation of health information, highlighting the language barrier. Another health issue cited was mental health, especially among Asian LGBTQ communities. Participants report that community organizations such as nonprofits or faith-based services are the best way to reach their community.

Major themes in this focus group included increasing cultural and linguistically appropriate healthcare resources and making the community aware of these resources. Participants also discussed the need for increased funding for these resources, possibly through collaboration with other local organizations.

### Focus Group 2

Participants in Focus Group 2 primarily focused on cultural barriers between Asian communities and healthcare providers. There was great discussion, especially in the context of diabetes and how Asian food culture should be taken into consideration when discussing dietary changes with patients. Participants also cited lack of health information as a concern within their community, particularly related to diseases such as hepatitis B and tuberculosis which disproportionately impact refugee communities. Another barrier to health care discussed was the heterogeneity within the Asian demographic and the need for more data for different subgroups of Asians. While some Asian communities seemed to have access to many resources to address health disparities, other communities struggled to identify available services.

Major themes included cultural barriers between community members and their healthcare providers. One main example discussed was diabetes and the role of diet changes. Participants also noted the differing needs among different Asian subgroups.

### Focus Group 3

Participants reported that educating healthcare providers about the specific needs of Asian populations was an important health issue. Cultural differences between Asian patients and providers were cited as a barrier to health care, which can be addressed through more community liaisons. Participants also voiced that Asian healthcare providers could have a greater role in leadership and advocacy for their communities. Other topics discussed included technology and transportation as barriers to healthcare, which have been exacerbated by Covid-19.

Major themes in this focus group included increasing health literacy among Asian populations, the need for trust in the healthcare system, and the need for leadership from Asian healthcare workers.

#### Focus Group 4

Focus Group 4 predominately discussed the effects of mental health due to the stress of immigration, racism, and discrimination of Asian Americans. These stressors were acutely elevated during the COVID-19 pandemic and seemed to impact children and adolescents especially. A major barrier to health care was educating healthcare providers about the unique needs of Asian populations. Participants reported their communities were interested in learning more about how to navigate the American health system because it can be very different from that of other countries. They cited community programs and social organizations as ways to best reach their communities and eliminate health disparities.

Major themes in this focus group included mental health especially with the Covid-19 pandemic, community spaces and programs, and better education for patients and providers.

#### Town Hall Meeting 1 with the Asian Community in Dayton

On September 10, 2022, the Ohio Asian American Health Coalition (OAAHC), in partnership with the Philippine Nurses Association of Central Ohio (PNACOH), Asian Festival Corporation, and OhioHealth conducted an in-person Town Hall meeting at the Dayton Public Library in Montgomery County. Findings were summarized by the collaborative team.

The findings from the Dayton, Ohio town hall meeting are tabulated and related to the principles and actions of the Ohio Commission on Minority Health's COVID-19 position statements as well as the National Partnership for Action (NPA) to End Health Disparities.

Health equity for them is to have access to health no matter what their age, gender, and their economic status that has accessible resources such as interpreters. The top 3 health concerns in the community are mental health issues, health services that are culturally competent, and physical activities for Asian seniors. Due to language barriers, access to care, and lack of interaction in the community, programs such as health seminars, and education on accessing resources would benefit the Asian community. Information such as education on the prevention of diseases, women's health, fitness, diet, and lifestyle can help improve quality of life. There are many of them that were affected by COVID-19. Asian seniors were impacted by increased isolation, and decreased socialization. Programs that will help senior citizens to provide education on technological use.

#### Town Hall Meeting 2 with the Filipino American Rosary Group in Columbus

On Oct 29, 2022, the Ohio Asian American Health Coalition (OAAHC), in partnership with the Philippine Nurses Association of Central Ohio (PNACOH) conducted an in-person Focus group meeting at the Columbus Ohio Franklin County. A total of 17 persons participated in the Filipino Rosary Group. Health equity to them is to have free access to health services, and equal treatment and not based on economic status, ethnic background, and professional background. The top 3 health issues are Diabetes, Cardiovascular disease, and Mental Health. Barriers to accessing health care such as lack of awareness, resources, and education on accessing

health services that are convenient and free for the unemployed and retirees. They added that due to cultural differences, not being comfortable saying what they need personally like mental health problems hindered from seeking health professionals. Services or programs such as providing education on where to go when needing such services that are free and accessible would improve their overall health. In order to eliminate health disparities in the Asian community providing education and free services to teach this community how to access such services not only for medical but mental needs. Set up frequent activities for retirees to keep them active in the community. Reaching to Filipino providers who are willing to serve their own community for free or even discounted health services where they can afford to seek help when needed. The Filipino Rosary group in Columbus were also impacted by COVID-19 many individuals were physically and mentally affected, the loss of family members, friends, colleagues, hobbies, work, and limits their outdoor activities such as party gathering and sports. There were free COVID-19 testing, vaccination, booster, and even frequent updates on what is happening to improve COVID-19 available services and programs during the pandemic.

### Town Hall Meeting 3 with Burmese Chin Community in Columbus

For the Burmese Chin community, health equity is to have available free health services for their community who can speak and understand their culture, especially for their parents. The discussion in the Burmese Chin Community centered on developing more community services to target the linguistic and health needs of the community. Participants wanted help setting up services for the community and having experts visit. Participants expressed an urgent need for language services to access healthcare, translate, and interpret health information. Another health issue expressed was mental health issues among the children due to cultural barriers and stigma. The community did not experience severe outcomes from the COVID-19 pandemic due to the help of the Columbus Health Department's visitation for vaccines and the close-knit structure of the community. Participants reported that local organizations in the community and community health workers trained within the community are the best ways to address these barriers.

Major themes in this town hall included mental health, language barriers, cultural barriers, education for health information, and the need for outreach programs.

### Town Hall Meeting 4 with the Federation of Indian Association in Columbus

Discussion in the Federation of the Indian Association centered on the development of appropriate outreach to overcome the cultural and social stigma among the community. The top 3 health issues are Diabetes, Cardiovascular disease, and cancer. Barriers to health care due to social stigma and fear of sharing information with professionals often lead to isolation. Participants highlighted the strong cultural stigma against communication about health issues and the lack of trust in others. Participants recognize this issue and need strong outreach within the community but continue to face challenges. The health issue cited was that mental health and substance abuse were under-discussed. Participants did not express any issues related to

the COVID-19 pandemic. The best way to reach the community is through community-organized events and outreach from trusted members within the community.

Major themes in this town hall included mental health, chronic health conditions, cultural and social stigma, and the need for better community outreach to overcome stigma.

## Town Hall Meeting 5 with the Bhutanese Community of Central Ohio

Health equity to them is to be able to communicate with providers without barriers and misunderstandings. The top 3 health concerns of the Bhutanese community are Diabetes, high cholesterol, and hypertension. Discussions with the Bhutanese community centered on the barriers to health such as transportation, language, culture, and the need for various community programs. Participants expressed several difficulties in accessing health care. They highlighted the difficulties in communication with the health care providers, and even access to digital translators is sometimes inaccurate. Many expressed hesitations about asking doctors about the medications they are taking. The community also experiences issues with access to transportation, which impacts their ability to visit healthcare providers and participate in community events. Participants expressed interest in learning more about digital health information sessions, dietary recommendations, and exercise classes. The Bhutanese community reported that they did not get affected by COVID-19 in comparison to other Asian communities. However, they all completed their vaccination and boosters.

Major themes in this town hall included discussion about barriers to health such as transportation, language, culture, and the need for various community programs.

## Town Hall Meeting 6 with the Asian American Coalition of Ohio (AACO) Cincinnati Youth Chapter

Discussions with the AACO Cincinnati Youth Chapter centered on the barriers to health such as the increased need for health information, medical research among the Asian subgroups, mental health awareness, and stigma, language, cultural, financial, and transportation barriers. The diverse group of participants included individuals from the Chinese, Filipino, and Indian physician groups. Participants emphasized the need for more research on health information based on Asian subgroups. Many symptoms or diseases may appear in Asians differently than in the current model. Participants also heavily discussed the impact of language and cultural barrier that is unique to the Asian community. The significant language and cultural barrier significantly hinder one's ability to communicate and develop trust with health care professionals. In addition, cultural barriers also prevent the discussion of taboo topics such as mental health, nursing homes, and will preparation. Many participants express the need for more health information to be dispersed and accessible to the community. Several suggestions have been developed which include but are not limited to increasing the promotion of public health awareness and providing information on the free or low-cost services the public health district offers to reduce healthcare barriers for API residents.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language, cultural, financial, and transportation barriers.

## Town Hall Meeting 7 with EMBRACE Youth Group in Cincinnati

Discussion in the town hall group with EMBRACE in Cincinnati centered on areas of disparities, including the lack of health information, mental health awareness and stigma, language and transportation, and stress experienced by health care workers. Participants highlighted the increase in mental health issues, especially those caused by the COVID-19 pandemic. Mental health is still very under-discussed in the Asian community and continues to impact health care workers, especially nurses. Another major topic of discussion was the different health care needs of Asians, which are not addressed by the American health care systems. In addition, there is difficulty in accessing health care due to a lack of available transportation among the elderly, a lack of health information, language barriers with the providers, and the complexity of navigating insurance plans. Participants proposed several effective methods to reduce disparities, including more community involvement, digital health information, increased discussion about mental health, and increased awareness and appreciation of health care workers.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language and transportation barriers, and the importance of the roles of nurses in the community.

## Town Hall Meeting 8 with the Bhutanese Community Association of Akron (BCAA)

The discussion in the town hall group with the Bhutanese Community Association of Akron centered on the need for health information, mental health awareness and stigma, violence in the community, cultural barriers, and community programs that will benefit the older adult and the youth. The language barrier is one of the main issues in seeking healthcare and other services provided by the government. Although there is an option for interpreters, the community still finds disconnect from the healthcare provider because they feel that they do not fully understand their culture, which contributes to their problems. Asian violence is a concern in the community. They feel unsafe outside because of the news they hear and how other people have been treated. They feel that violence does not just affect the person physically as well as emotionally. It also created an economic impact because most people that have businesses decide to close because of the violence they experience. Most members of the BCAA are refugees, and there has been an issue of the generation gap between the children born and raised in the US culture. Parents have been feeling “stupid” because they cannot help their children in their school. When it comes to mental health issues like feeling down and anxious, parents think that they are just losing their faith and that things will pass. The children are hesitant to discuss mental health issues because they know that it is not acceptable in the culture. When it comes to chronic disease, hypertension, diabetes, vitamin deficiency, and



addiction is common in the community. Because of the culture many members of the community delay seeking treatment for the disease. The BCAA community feels that the community can benefit from community outreach programs and with the help of the officers they can make the community engaged.

Major themes in this town hall discussed disparities such as the need for health information, mental health awareness and stigma, violence in the community, cultural barriers, and community programs that will benefit the older adult and the youth.

## Town Hall Meeting 9 with the Indian Dance Group Cincinnati at the Nrityarpana School of Performing Arts

The discussion in the town hall group with the NrityArpana School of Performing Arts centered on areas of disparities, including the lack of health information, mental health awareness and stigma, and cultural barriers. Participants highlighted chronic health issues such as diabetes, high blood pressure, and especially the prevalence of cardiovascular diseases due to genetic predisposition. Cultural barriers were discussed as one of the major barriers to seeking health care services due to reliance on home remedies, friends and family for support, and cultural stigma associated with mental health. Participants expressed the need for more mental health information and services but also their concern that individuals were not reaching out due to their reliance on the close-knit community. During the COVID-19 pandemic, many students expressed that they experienced high levels of social isolation due to school being virtual.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, and cultural barriers in seeking health services.

## Town Hall Meeting 10 with the Zomi Christian Church Youth

Discussion in the town hall group with Zomi Christian Church Youth centered on areas of disparities, including the lack of health information, mental health awareness and stigma, language, and cultural barriers. Participants highlighted mental health issues in the community due to religious and cultural stigma. Many express that they don't know what mental health issue is or know who to talk to when they are experiencing stress or depression. Another major topic of discussion was the lack of health information and awareness of health care in the community. Most of the participants are in their teenage or early adult years without significant health issues. However, many expressed their interest in learning about routine exams. In addition, there is difficulty in accessing health care due to time constraints and language barriers in the community. Many of the participant's parents work multiple jobs and needed their children to help them translate due to the lack of Zomi translators in the hospitals. Participants proposed several effective methods to reduce disparities, including more community involvement, digital health information, and increased discussion about mental health.

Another adversity that the Zomi community here in Columbus, Ohio faced was an unhealthy lifestyle. Coming from slums and low-income neighborhoods back in Burma and Malaysia, most families also brought unhealthy lifestyles such as excessive smoking, alcoholism, and bad hygiene. Fortunately, as time passes, these unhealthy types of behavior slowly diminish, however, other health problems start to arise in the community. Common health problems that the ZCC Columbus community faces now include diabetes, high cholesterol level, kidney stone, cancer, being overweight, and mental health. A factor that contributes to the problem is their strong grip on their faith and beliefs. The idea is that with enough faith all of their problems will go away. In addition, the people with authority in the church seem to not think of these health problems as a concern to focus on. This can be seen in their lack of concern for mental health awareness since it is mainly the youth group that tends to bring this topic of mental health to the community.

Major themes in this town hall discussed areas of disparities such as the need for health information, mental health awareness and stigma, language, and cultural barriers.

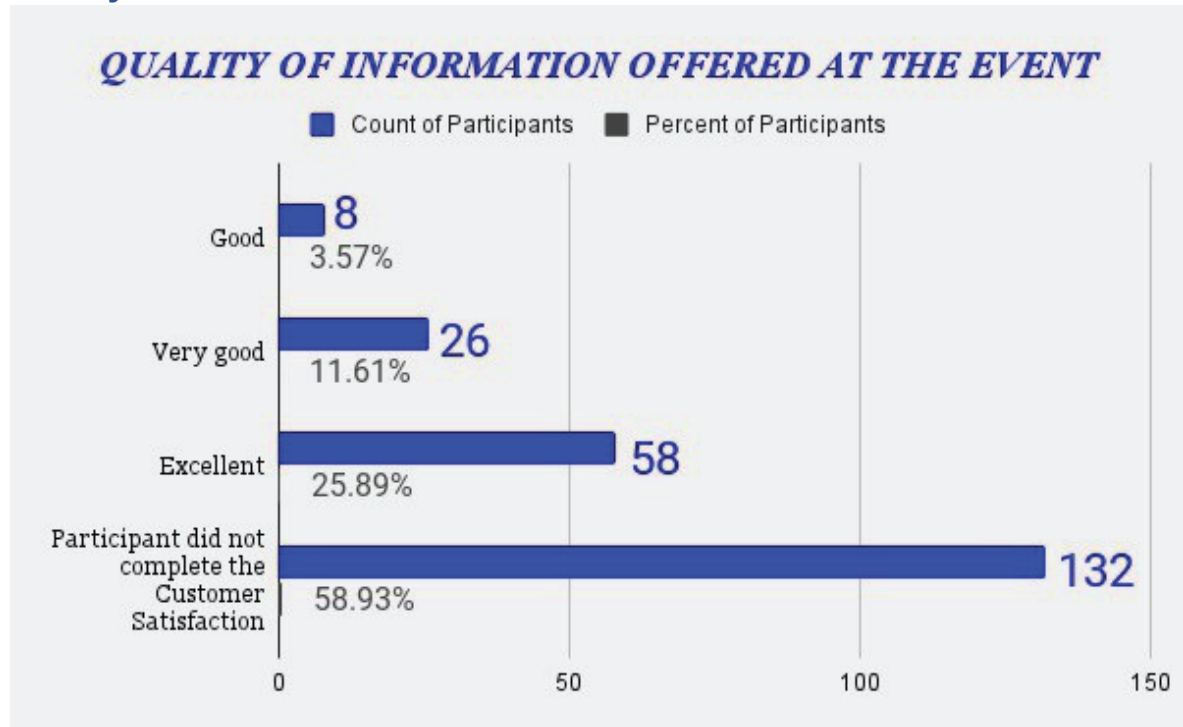
## Town Hall Meeting 11 with the Philippine Nurses Association of Central Ohio

The discussion in the town hall group with the Philippine Nurses Association of Central Ohio centered on areas of disparities, including the lack of health information, mental health awareness and stigma, and cultural barriers. Participants highlighted chronic health issues that are more prevalent among the Filipino population, such as diabetes, hypertension, and gut issues. Language was surprisingly not a major barrier, as many Filipinos are fluent in English. However, a major barrier is the lack of knowledge about health information, including how to obtain health insurance. In addition, cultural barriers are a major factor in why some patients are hesitant to seek medical treatment. Participants expressed that cultural differences also make it difficult to seek mental health treatments, especially for seniors. Many expressed the need to increase the availability of health information and the need for outreach programs. Participants expressed concern about comorbidity and treatment for COVID-19 as it has impacted their health in the long term.

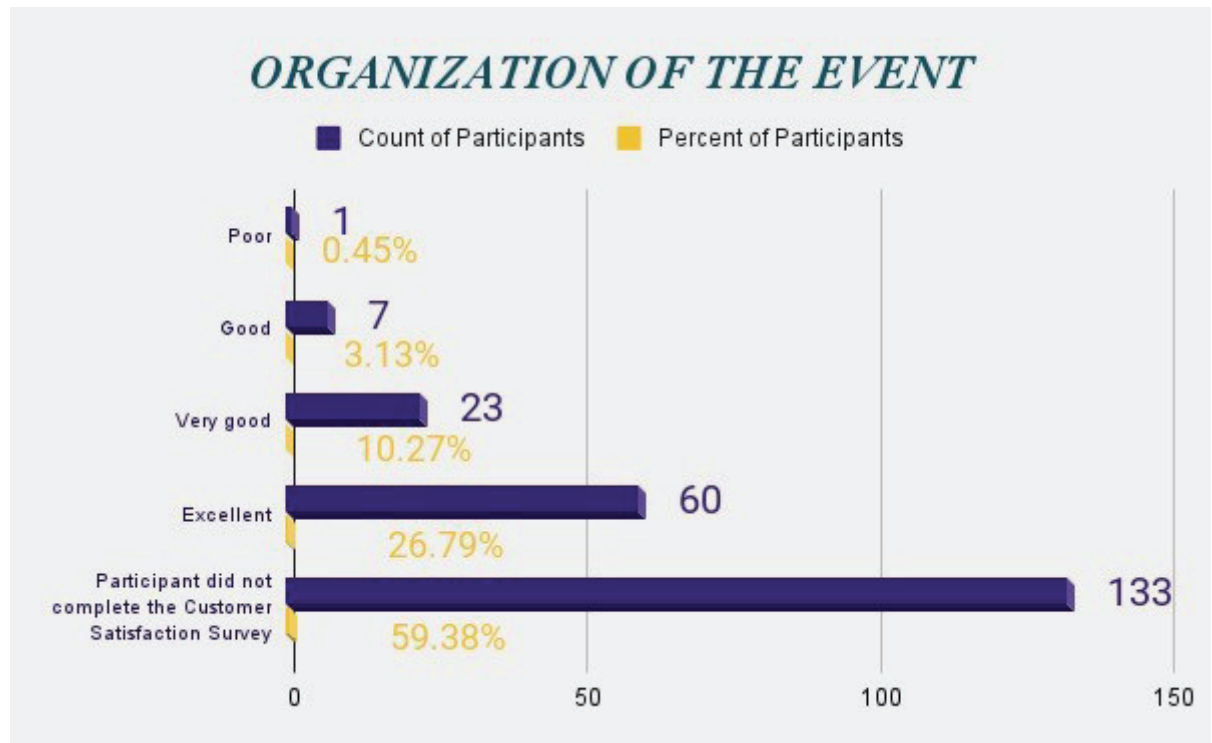
Major themes in this townhall discussed areas of disparities such as the need for health information, mental health awareness and stigma, and cultural barriers.

Participants Satisfaction Survey Results as follows:

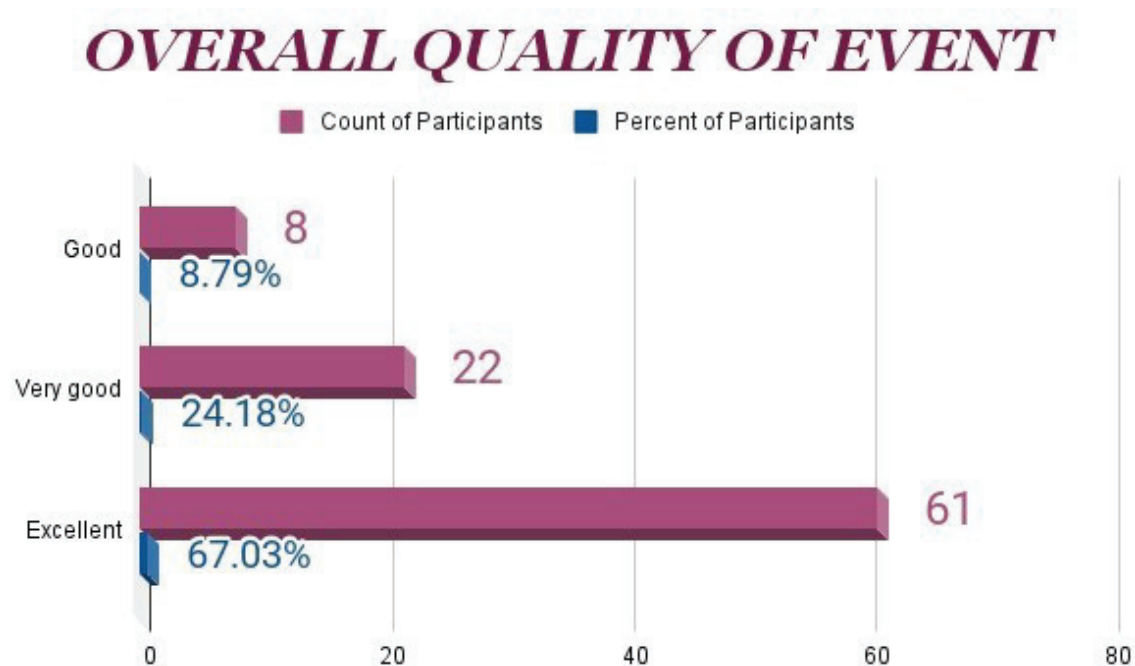
1. **Quality of information offered at the event.**



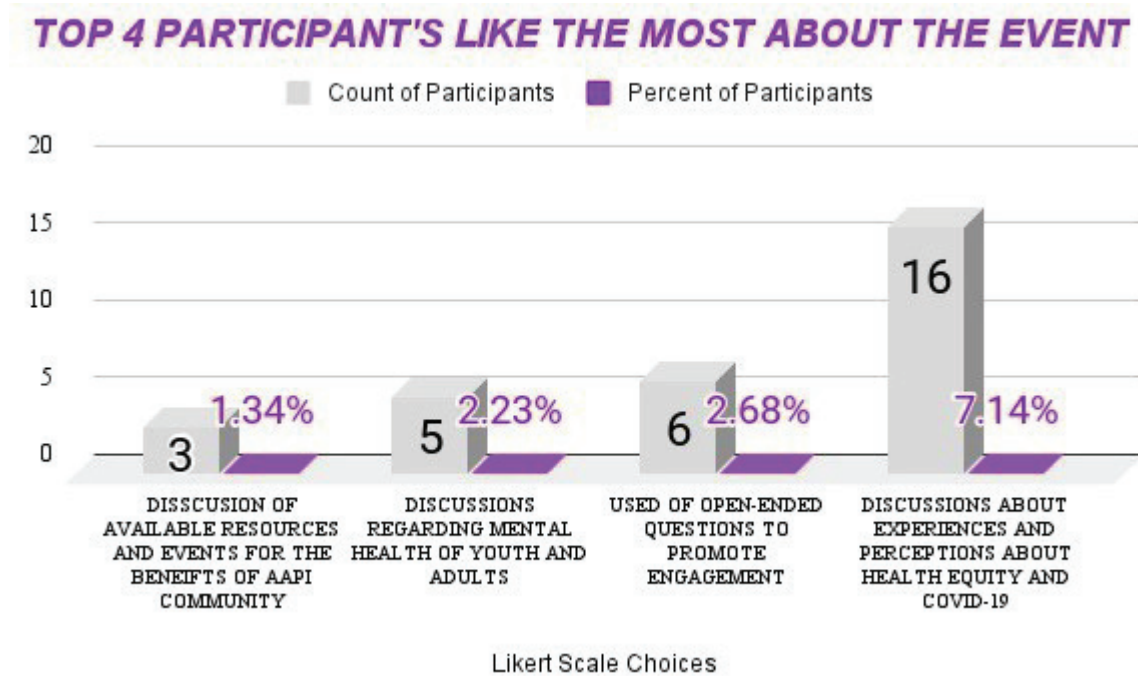
## 2. Organization of the event



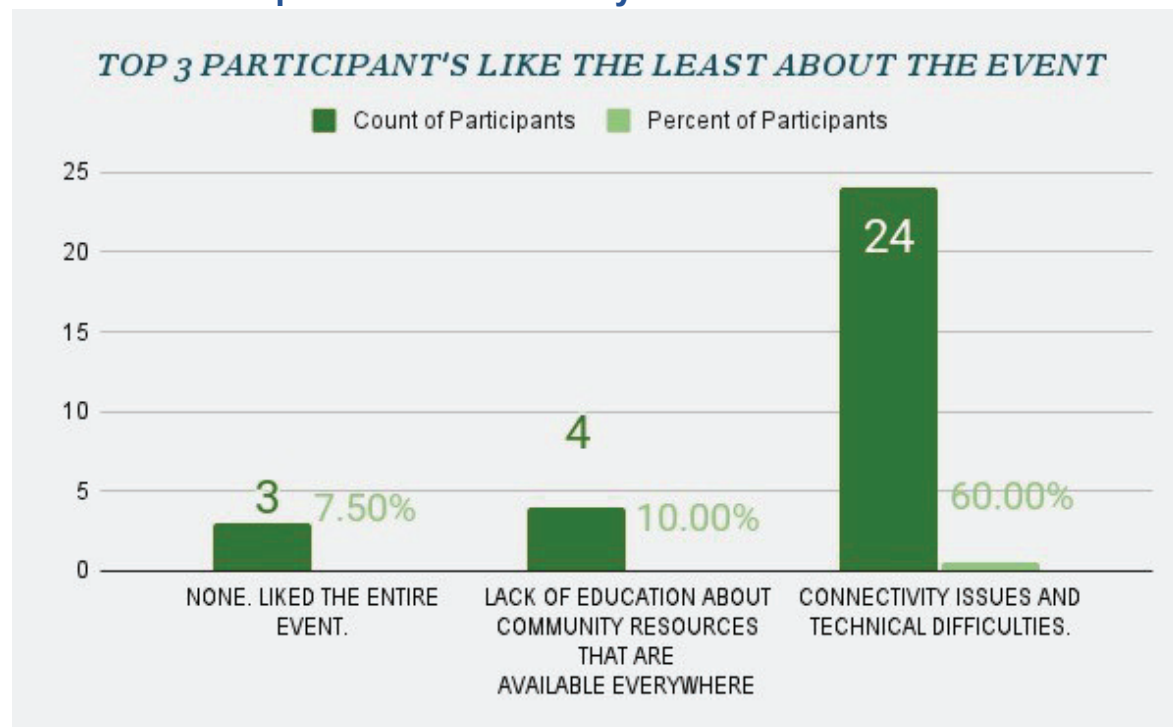
## 3. Overall quality of the event



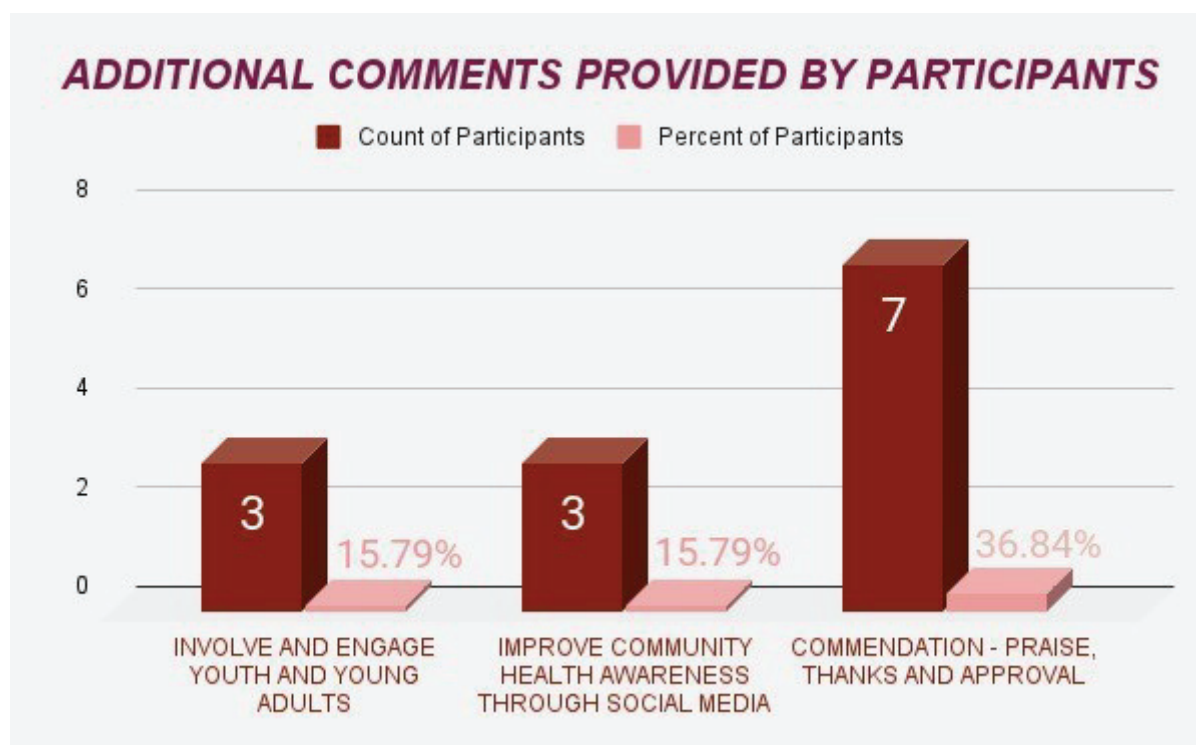
4. “Which aspect of the event did you like the most?”



5. “Which aspect of the event did you like the least?”



## 6. Additional comments provided by participants



Participants commented on additional topics and activities such as (a) improving community health awareness through social media; (b) involving and engaging youth and adults; (c) education on quality of life from birth to death; (d) information on action steps to address the needs; (e) mental health discussion; (f) panel discussion on Asian health needs; (g) provide liaison for the Asian community.

60% of the participants answered that they liked the entire event. A total of 10% answered that there was a lack of education about community resources that are available locally, especially about health insurance, mental health, and access to care. Considering that the focus groups and town halls were conducted primarily to assess the needs of Asian communities throughout Ohio as it relates to health equity, COVID-19, and partnerships, the events were not focused on providing education. The Ohio Asian American Health Coalition, in partnership with the Philippine Nurses Association of Central Ohio (PNACOh) and OhioHealth, will provide community-based education and engagement to address the findings of Local Conversation.

Overall, the participants' survey findings show that there are challenges in recruiting and collecting data from the participants. On the other hand, the results describe the positive comments about the local conversation Round 3 events. To improve the data collection and increase participation highly recommended to assign personnel or liaisons to work with the Asian community with the type of events.

## Appendix A: Participants Satisfaction Survey Tool

### **EVALUATION FORM**

We would appreciate it if you could complete the evaluation form. Your response will help improve our quality of service in the future. Your answers will remain anonymous and will never be linked to you personally.

- Please rate the quality of the following: The information offered at the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Please rate the quality of the following: The information offered at the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- The organization of the event

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- The overall quality of the event.

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Which aspect of the Focus Group Discussion did you like the most?

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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- Which aspect of the Focus Group Discussion did you like the least?

<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
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Any other comments?

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### **Local Conversations Recommendations:**

- Continue to collaborate with local stakeholders and community leaders to address health disparities.
- Address community needs through education and awareness to achieve health equity
- Develop resources and health services that are more individualized and tailored to the Asian subgroup community
- Develop programs for each Asian community based on their needs to address their health concerns and issues.
- Improve Asian community liaisons and advocate for those who are in underserved Asian communities.
- Need legislative support to create a much-needed Ohio Commission on AAPI affairs to serve as an advocate for the needs of the numerous Asian subgroups across the state needing information, funding, and support. It is truly important to emphasize the need for a creation of an AAPI Commission to support the diverse needs of the various Asian community subgroups
- Asian language access because we see the compliance issue in healthcare settings such as hospitals. There are different dialects in Asian countries.

The recommendations mentioned above stress the importance of collaboration, education, and tailored resources in addressing health disparities within Asian subgroups. By working closely with local stakeholders and community leaders, we can better understand the unique needs and concerns of each subgroup and develop targeted programs to address them.

One key aspect that must be addressed is the issue of language access within healthcare services. With a diverse range of languages spoken among Asian subgroups, it is crucial to provide resources and services in multiple languages to ensure effective communication and understanding between patients and healthcare providers.

Additionally, the creation of an AAPI Commission would serve as a vital advocate for the various needs of different Asian subgroups. This commission would help bridge the gap between communities and government by providing information, funding, and support to those in underserved Asian communities. By working together, we can create a more inclusive and equitable healthcare system for all members of the AAPI community.

Advocacy is also crucial in addressing health disparities within the Asian community. This includes not only advocating for language access and tailored resources, but also for policy changes that promote equity and address systemic barriers. The proposed Ohio AAPI Commission can play a crucial role in advocating for policy changes at both the state and federal level.

In conclusion, the recommendations presented above are essential in addressing health disparities within Asian subgroups. By prioritizing collaboration, education, tailored resources, and advocacy, we can work towards creating a more equitable healthcare system that meets the diverse needs of all members of the AAPI community. But our efforts should not stop here; continued research, data collection, and community engagement are crucial in identifying and addressing health disparities within the AAPI community. Together, we can strive towards better health outcomes for all members of our diverse and resilient community.







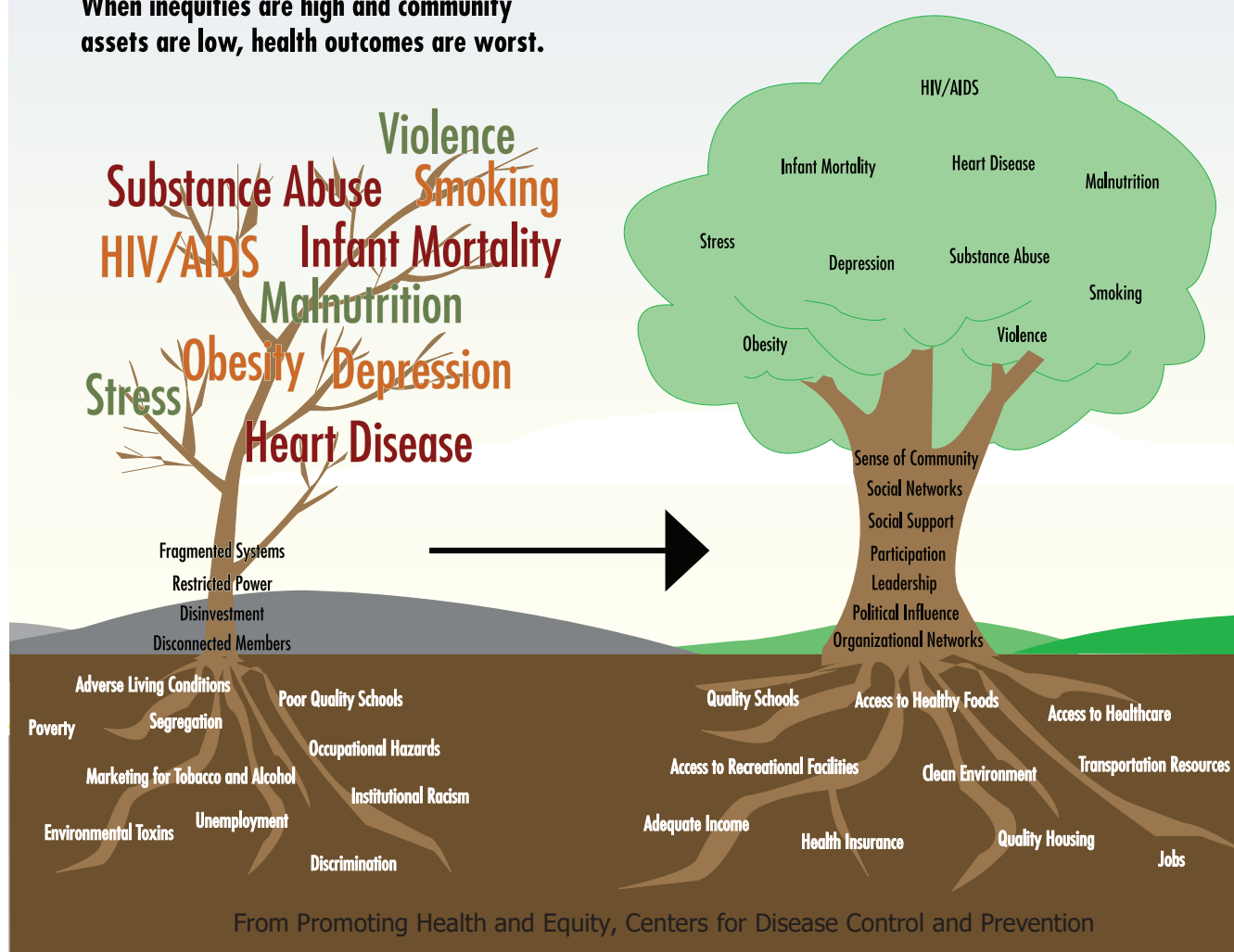
# Commission on Minority Health

## Growing Communities: Social Determinants, Behavior and Health

Our environments cultivate our communities and our communities nurture our health.

**When inequities are high and community assets are low, health outcomes are worst.**

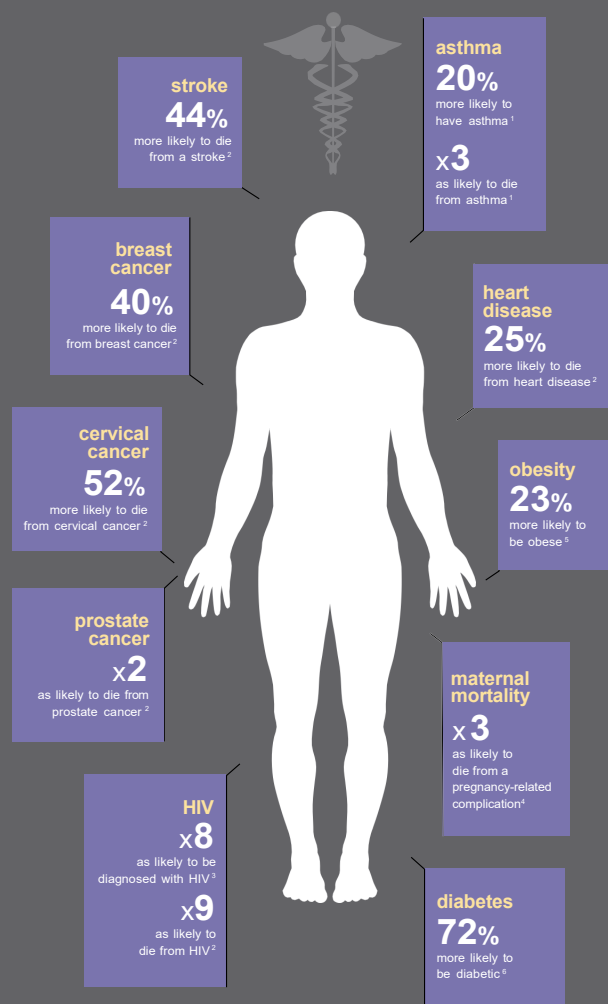
**When inequities are low and community assets are high, health outcomes are best.**



# African American Health Inequities Compared to Non-Hispanic Whites

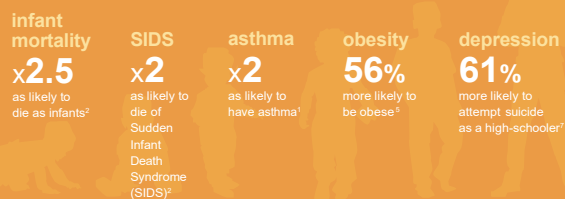
Racial and ethnic health inequities are undermining our communities and our health system. African Americans are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect African Americans in the United States compared to non-Hispanic whites.

## AFRICAN AMERICAN HEALTH INEQUITIES: ADULTS



## AFRICAN AMERICAN HEALTH Inequities: CHILDREN

Compared to non-Hispanic white children, African American children are more likely to suffer from the following:



**How do we reduce racial and ethnic health inequities?**  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.

# Asian American, Native Hawaiian, & Pacific Islander Health Inequities Compared to Non-Hispanic Whites

Racial and ethnic health inequities are undermining our communities and our entire health care system. Asian Americans (AAs) and Native Hawaiians and Pacific Islanders (NHPIs) experience significant health inequities that are often inadequately reported or not reported at all. AAs and NHPIs are the fastest growing racial groups in the nation, and one of the most diverse, tracing their heritage to more than 50 different countries. Yet data on the AA and NHPI population is lumped together, masking the distinct health needs within AA and NHPI populations. In this infographic, we compare the health outcomes of non-Hispanic whites with that of AA and NHPIs, with disaggregated data where available.

## ASIAN AMERICAN, NATIVE HAWAIIAN, & PACIFIC ISLANDER HEALTH INEQUITIES: ADULTS

### Stomach Cancer

Women

**76%**

more likely to develop stomach cancer (Asian and Pacific Islanders)<sup>2</sup>

**x2.6**

as likely to die from stomach cancer (Asian and Pacific Islanders)<sup>3</sup>

Men

**53%**

more likely to develop stomach cancer (Asian and Pacific Islanders)<sup>2</sup>

**x2**

as likely to die from stomach cancer (Asian and Pacific Islanders)<sup>3</sup>

### Obesity

**76%**

more likely to be obese (Native Hawaiian and other Pacific Islanders)<sup>4</sup>

### Pre-natal care

**47%**

more likely to receive late or no prenatal care (Chinese Americans)<sup>5</sup>

**x2**

as likely to receive late or no prenatal care (Hawaiian and part Hawaiian)<sup>1</sup>

### Hepatitis

**68%**

more likely to contract hepatitis A (Asian and Pacific Islanders)<sup>6</sup>

**x18**

as likely to contract chronic hepatitis B (Asian and Pacific Islanders)<sup>7</sup>

### Tuberculosis\*

**x5**

as likely to contract tuberculosis (Asian Americans)<sup>8</sup>

**x16**

as likely to contract tuberculosis (Native Hawaiian and Pacific Islanders)<sup>4</sup>

\*Among U.S.-born persons

### Diabetes

**76%**

more likely to be diabetic (Native Hawaiian and Pacific Islanders)<sup>9</sup>

**51%**

more likely to be diabetic (Asian-Indian Americans)<sup>7</sup>

**50%**

more likely to develop end-stage renal disease (Asian Americans)<sup>2</sup>

### Liver Cancer

Women

**72%**

more likely to develop liver and IBD cancer (Asian and Pacific Islanders)<sup>2</sup>

**47%**

more likely to die from liver and IBD cancer (Asian and Pacific Islanders)<sup>3</sup>

\*IBD = Intrahepatic Bile Duct Cancer

Men

**66%**

more likely to develop liver and IBD cancer (Asian and Pacific Islanders)<sup>2</sup>

**58%**

more likely to die from liver and IBD cancer (Asian and Pacific Islanders)<sup>3</sup>

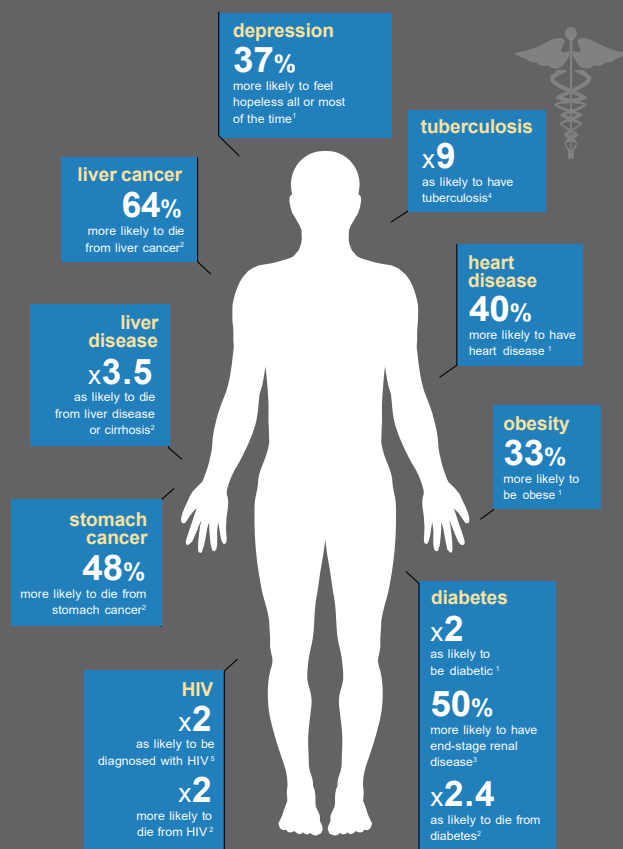
\*IBD = Intrahepatic Bile Duct Cancer

Our common prosperity demands a health system where everyone can attain the best possible health and health care. The roots of health and health care inequities are many, and they run deep in American society—from environmental factors, to living conditions, to lack of access to care, to discrimination, to name just a few. Nevertheless, we can, and must work together to eliminate them to ensure a better future for all.

# American Indian & Alaska Native Health Inequities Compared to Non-Hispanic Whites

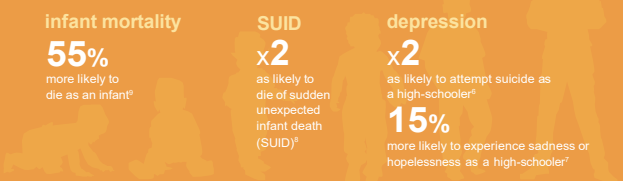
Racial and ethnic health inequities are undermining our communities and our health system. American Indians and Alaska Natives are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect American Indians and Alaska Natives in the United States compared to non-Hispanic whites.

## AMERICAN INDIAN & ALASKA NATIVE HEALTH INEQUITIES: ADULTS



## AMERICAN INDIAN & ALASKA NATIVE HEALTH INEQUITIES: CHILDREN

Compared to non-Hispanic white children, American Indian and Alaska Native children are more likely to suffer from the following:

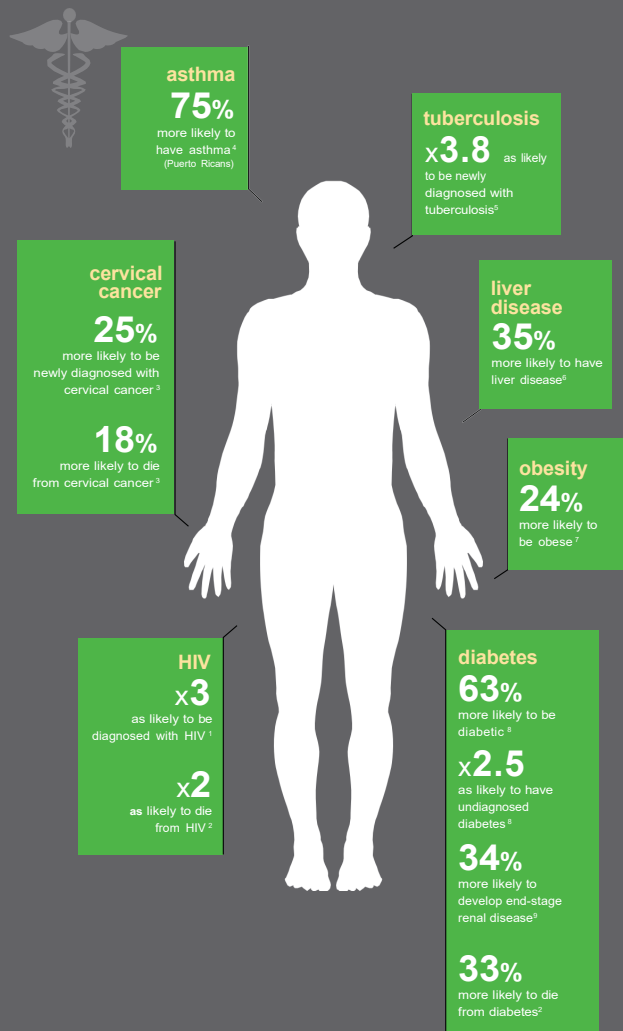


How do we reduce racial and ethnic health inequities?  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.

## Latino Health Inequities Compared to Non-Hispanic Whites

Racial and ethnic health inequities are undermining our communities and our health system. Latinos are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect Latinos in the United States compared to non-Hispanic whites.

### LATINO HEALTH INEQUITIES: ADULTS



### LATINO HEALTH INEQUITIES: CHILDREN

Compared to non-Hispanic white children, Latino children are more likely to suffer from the following:



How do we reduce racial and ethnic health inequities?  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.



## **Commission on Minority Health**

**Good Health Begins with You<sup>®</sup>**

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If so join our list serv to receive related information.**

**Email us at [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov)**

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