

Group Health Foundation Report

Submitted by the International Examiner

IE mission and background:

The International Examiner (IE) community newspaper began in 1974 and at that time was the only nonprofit publication primarily aimed at Asian Pacific Americans (APA) in the country. While it initially began as a newspaper for the Chinatown-International District of Seattle, it quickly evolved as a newspaper for the APA community in King County and the Pacific Northwest. Its birth and evolution coincided with the emergence and growth of the Asian American movement in the United States. The goal of the IE was empowerment: To provide the local APA community with news about important issues and events relevant to their lives.

The IE's mission is to promote critical thinking, dialogue and action by providing timely, accurate, and culturally sensitive coverage of relevant APA matters. The IE currently publishes a twice-monthly print newspaper with a readership of 20,000 and operates a news website updated nearly every day with 100,000 – 140,000 impressions per month. It is distributed throughout the greater Seattle area at over 360 locations.

1. How have you engaged, convened, and maintained relationships with your community/communities?

Both the IE and its partner in this project, International Community Health Services (ICHS), have 40+ years of history serving the APA community in the greater Seattle area. Community activism and advocacy for underserved, marginalized, low-income communities has been at the core of both organizations' missions since they were founded.

The IE works strategically to ensure coverage and to give a voice to APA communities that are not represented regularly (or at all) in mainstream media. We interact with the APA communities we write about through freelancers, our readers, organizations and agencies, and with community leaders, all of whom pitch stories to us. In 2017, we began our Advocacy Journalism Fellowship Program, which engages four fellows per year in 2017, 2018 and 2019 to do a deep dive into APA populations and communities that even the IE has not adequately represented. We finished up our first year of training the four fellows to be both community leaders/activists and journalists who are trusted within the communities they've been assigned to. Communities in 2017-2018 included Thai, Samoan, Pakistan and Cambodian populations in the region. At the end of each year, the fellows will become freelancers who continue to represent and write for these communities for the IE.

ICHS was founded as a health clinic in Seattle's Chinatown-International District (CID) to serve members of a diverse Asian population, many of whom were immigrants and/or refugees, low-income and for whom English was their second language. Decades later, now with clinic locations in the CID, Holly Park, Bellevue, and Shoreline (as well as school-based health clinics and a mobile dental clinic), the mission of ICHS remains the same: to provide culturally- and linguistically-appropriate health and wellness services to anyone in need, and to promote health equity for all.

At the heart of ICHS's efforts to build greater health equity is its work – through staff and programs – that “meet people where they are.” A hallmark of ICHS's work to connect the underserved with health resources, are individual efforts from those who belong to and represent the very communities that ICHS serves. ICHS's community outreach team is made up of multilingual specialists who build trust and relationships within King County's minority, immigrant and refugee communities, armed with cultural insight, language skills, patience and knowledge. They go where people live, work, play and pray to open dialogue, improve understanding and inspire action to improve health outcomes. ICHS's community advocates are known by name and by sight as trusted sources of health and social service information, a bridge to ICHS's clinics and health care services, and a point of referral to other community organizations and resources. They bring ICHS right to the community's doorstep and are often a trusted first point of contact long before a person has ever stepped foot within an ICHS clinic or seen an ICHS health care provider.

2. How have you co-designed or co-created solutions with your community/communities?

From April, 2017, through April, 2018, the IE and ICHS teamed up to produce sponsored content that included a monthly health column and two ads. Content ran once a month, except for August, 2017, in which six articles ran in a special ICHS issue highlighting individual patient stories and how health centers are a vital part of the nation's safety net for the underserved. The special issue also included an ad listing health-focused ICHS community events open to the public during National Health Center Week. Another ran in November to raise awareness of hepatitis B, which disproportionately impacts the APA community. The IE also posted all content on its news website and on its social media pages. Stories included:

1. Pathways to health -- Get walking for health equity
2. Asian Americans must act to end hepatitis B
3. Breast health outreach: An unknown pain brought ICHS health worker closer to patients
4. Sick with worry: Asian Americans ignore the need to heal in a climate of fear
5. Teresita Batayola: A hard-fought battle won--for now
6. Saving America's health centers: Not going back
7. Saving America's health centers: Surviving for a second chance
8. Waiting for the sun
9. ICHS vision clinic to reach a diverse group of patients
10. Multimedia collaboration between community organizations to add voice in support of continued health care funding
11. The health of our community begins with your vote
12. Many still need help understanding health insurance
13. "At 66 I feel the best I ever have"--The importance of diet and exercise
14. Many Asian Americans don't know they have diabetes
15. The pain of separation, an immigrant's account of the holiday season
16. Screening and vaccinations for cervical cancer saves lives
17. Reducing Asian Americans' risk of heart disease
18. Get the straight poop on colon screenings!
19. ICHS: The juice on teen boozing

Topics ranged from tips on accessing direct health services to registering for health insurance to mental health issues to showing the connection between health care and civic engagement/voting

to illuminate a spectrum of issues upstream and downstream that affect health. Topics were specific to health issues that affect APA populations at a higher percentage but are often not addressed due to stigma and/or model minority myth factors. (Screenshot samples below.)

Sick with worry: Asians and minorities ignore the need to heal in a climate of fear

Pathways to Health

By International Community Health Services

Increased fear of discrimination and harsh immigration policies are causing mental anguish for people in Seattle's minority, immigrant, and refugee communities. The unease is so prevalent it's keeping them from seeing a doctor or therapist, and creating paralysis when the community could most use the support of counseling and other health-related services.

"Patient anxieties have increased along with certain executive actions and the loud national debate on health care," said Randon Aea, behavioral health manager at International Community Health Services (ICHS).

ICHS providers are seeing distress that interferes with patients' daily lives and decisions, including an increase in complaints of sleeplessness, paranoia of being followed, difficulty concentrating, and hypervigilance.

"Patients have increased anxiety about their health care benefits being cut and their immigration status questioned," said Jeshmin Bhaju, ICHS psychologist. "Some feel an urgency to apply for U.S. citizenship, while others are not sure about making travel plans to visit other countries because they fear not being allowed back into the United States."

"I have patients in the process of seeking political asylum. They are worried they will be deported. Some have already experienced trauma in the process of leaving their home country to come to the United States," said Joe Gobunquin, behavioral health specialist at ICHS. "They may already have post-traumatic stress disorder."

Lusa Hung, ICHS psychologist, says the impact extends beyond fears of deportation to include those already on the path to citizenship.

with mental health services. Newcomers in a strange land, marginalized from the mainstream—transportation, child care, cost, insurance, and time off already offer a challenge.

Some find other reasons to stay away.

"People with mental illness are taught to feel shame, to believe they have a character or moral deficiency. This perception is especially true among many ethnic communities," said Aea. "Most people don't want to deal with why they experience certain feelings, they just want them to go away. Those seeking treatment are the brave ones."

Sometimes, help literally gets lost in translation. Medical professionals like those at ICHS, who are trained to be culturally sensitive, as well as fluent in other languages, help bridge gaps.

"Communication is influenced by the translator's cultural filter and biases, as well as their interpretation ability," said Aea. "We tend to generalize people of different cultures based on our past interactions. People may misread cues."

Healing starts with community, compassion and kindness

"Whatever the source of anxiety, we can make a difference with how we respond," said Aea.

Health care centers—falling under a category with hospitals, schools, places of worship, protests, funerals, and weddings—are considered "sensitive locations" by Immigrations and Customs Enforcement (ICE). This designation generally bars agents from searching, interviewing or arresting potential undocumented immigrants.

In addition to preparing staff in how to respond in the unlikely event of an ICE inquiry, ICHS takes precautions with patient informa-

About ICHS

Founded in 1973, ICHS is a non-profit community health center offering affordable primary medical and dental care, acupuncture, laboratory, pharmacy, behavioral health WIC, and health education services. ICHS' four full-service medical and dental clinics—located in Seattle's International District and Holly Park neighborhoods; and in the cities of

Bellevue and Shoreline—serve nearly 29,000 patients each year. As the only community health center in Washington primarily serving Asians and Pacific Islanders, ICHS provides care in over 50 languages and dialects annually. ICHS is committed to improving the health of medically underserved communities by providing affordable and in-language health care. For more information, please visit: www.ichs.com. ■

What it means to be welcome

As a Federally Qualified Health Center, International Community Health Services' (ICHS) doors have always been open to any and everyone. Recently the community health center has taken extra steps to make sure patients feel welcome—including staff training and a welcome statement posted in all clinics that make it clear patient dignity, privacy and security are a priority.

"ICHS is providing staff training to offer consistent and considered responses to patient concerns about issues such as disclosure of personal information and immigration status. We also make sure our staff are aware of resources such as free legal support, that can be passed along to ease some of the challenges facing our community members," said Michael McKee, director of health services and community partnerships at ICHS.

Patients and visitors to ICHS' International District, Bellevue, Holly Park, and Shoreline clinics will soon be greeted with multilingual posters offering reminders of ICHS' commitment to health care for all, regardless of ability to pay.

"We've created a message that reminds patients how much we value them—how much we truly value everyone," said McKee. "We will be launching this as a welcoming statement to further help put people at ease."

"Our clinic works alongside patients to support them in achieving their health goals. An important aspect of this partnership is that patients feel comfortable and relaxed about going to see their health care team," said Teresa Lee, ICHS family physician. ■

Welcoming Statement

Get the straight poop on colon screenings!

By International Community Health Services (ICHS)

Colon cancer is the second leading cause of cancer-related deaths in the United States. Nearly 140,000 people are diagnosed annually, according to the Centers for Disease Control. Usually starting as non-cancerous cells in the large intestine, screening tests help detect polyps so they can be removed before they become cancerous.

Screening begins at age 50. The type of test, which may or may not include a colonoscopy, depends on a patient's risk and needs.

"People start feeling embarrassed and squeamish about a test that involves the intestinal tract," said Minh Nguyen Wichman, a community advocate at ICHS. "But this embarrassment is not worth a risk to your health."

"Dr. Sperry asked me why I hadn't been screened for colon cancer," said James, a patient at International Community Health Services (ICHS) Shoreline Clinic, who prefers to be identified by his first name. "I was 58 and hadn't gotten around to it. Most of us at that age feel like we have our whole lives ahead of us, but, as you get older you start to realize that some things need addressing."

James was sent home with a Fecal Occult Blood test (FOBT), which is given to those with an average risk of colon cancer.

"Dr. Sperry explained that there was a new way of screening for colon cancer," he said. "They gave me a kit to take home. In it was a small paper and a cardboard wand.

This paper captures some stool sample and all I did was send that back to the doctor."

Within two weeks James received a call to tell him that his results were positive and he would need a follow up.

"I was so scared," he said. "I was stressed and nervous when they told me I would need a colonoscopy. I was nervous because I had heard horror stories from friends."

James was scheduled for a colonoscopy at Swedish Hospital in Ballard and given a

mixture to drink the night before to clear out his colon.

"Let's just say that the toilet and I were best friends for about five hours," he laughed. "I have to say, all the things I had imagined and rumors I had heard were false. I can tell you that I felt no pain at all and it was over pretty quickly."

Luckily for James, the doctors saw nothing and gave him the all clear.

"I was so relieved! They told me to come back after five years. Now I laugh that I was so scared over this," he said. "If something like this can save your life then do it."

"Colonoscopies are a great preventative procedure that can be intimidating because of the prep," said Minh. "But once people have done it they are surprised by how quick the whole thing is."

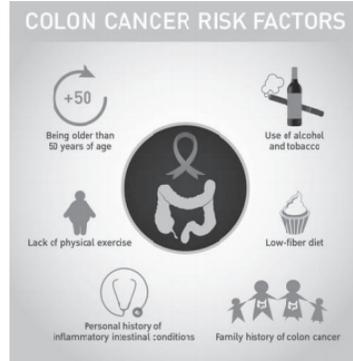
Minh provides referrals to the Breast Cervical Cancer Health Program (BC-CHP), which assists those who are eligible with free breast and colon cancer screenings. Those at risk of colon cancer include

people who are over 50, have a family history, eat a low-fiber/high fat diet and are obese. Smoking, diabetes, drinking alcohol and radiation therapy for cancer can also increase risk.

"Maintaining a healthy weight, diet and exercise can reduce the risk of colon cancer," said Wichman. "But regular screenings are the best prevention. Don't put them off."

For more information about free colon cancer and other screenings, call ICHS at: 206-783-3700. ICHS accepts most insurance plans, including Medicaid, and has a sliding fee scale for those who are uninsured.

International Community Health Services (ICHS) provides culturally and linguistically appropriate health services to improve the wellness of King County's diverse people and communities. ICHS serves as part of the health safety net supporting the area's neediest and most vulnerable, including immigrants, refugees, elderly and the young. ICHS' commitment to health equity includes supporting safer neighborhoods, nutritious foods, green spaces, jobs, housing and economic opportunity. Since its founding in 1973, ICHS has grown from a single store-front clinic in Seattle's Chinatown-International District with deep roots in the Asian Pacific Islander community, to employ more than 500 people and serve nearly 29,000 patients at eight clinic locations in 2016. For more information, please visit: www.ichs.com.



An uncertain future—who's impacted by health care

By International Community Health Services

Community health centers provide comprehensive health services for millions of Americans—many of whom also count among the country's most vulnerable and underserved.

They are neighbors and coworkers, students and seniors. They are immigrants and refugees, professionals and laborers. What they have in common is the desire to feel safe, seek opportunity, and find prosperity, as part of the age-old American Dream. Central to making that dream come alive is the basic and fundamental human need for affordable health care.

These are the people and stories behind the uncertain future of the changes wrought by the Affordable Care Act, state expansion of Medicaid, and our nation's more than 1,000 federally funded community health centers.



A patient and provider at ICHS Holly Park Medical and Dental Clinic. • Photo by Joel Aguilar

A hard-fought battle won—for now

By Teresita Batayola, ICHS CEO

Healthcare for those who need it the most is a long fight that is not done—from the callous proposals within the House's passage of the American Health Care Act and Senate members' secret debates on the Better Care Reconciliation Act to the varying threats proposed in a "Medicaid wraparound," "straight repeal," "repeal and two-year delay to replace" and most recently, the



unless it is renewed. In 2014, the program covered 42,637 children through Washington Apple Health for Kids.

ICHS serves many of our community's neediest and most vulnerable—immigrants, refugees, the elderly, the young—people who already face a number of barriers to care, beyond their ability to access health insurance or care from a doctor. As a Federally

equity, offer a frontline resource in addressing the opioid epidemic, and train and fill the need for a future generation of qualified health care professionals.

For 44 years, ICHS has embraced all people and turned no one away. Our promise has stayed constant since our modest start as a one-room clinic in 1973. ICHS is here to serve our communities as your medical and dental home. Join us as we stand

3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

Through coverage, the IE works strategically to dispel the false notion that comes from decades of racial stereotyping that people of Asian descent are a “model minority.” This notion is racist, and, in presenting APAs as a homogenous population under disaggregated data, it does a great disservice in preventing the true story of APA marginalizations (health, socioeconomic, education, etc.) to be told in the media. As one of the most diverse racial groups in the U.S., APAs come from more than 50 distinct ethnic backgrounds, speaking over 100 different languages and dialects. APAs in America have heritage from regions as diverse as the Pacific Islands (e.g., Tonga, Samoa, Guam); East Asia (e.g., China, Korea, Japan); South Asia (e.g., India, Nepal, Afghanistan); and South East Asia (e.g., Cambodia, Vietnam, Philippines). Each population has its own unique set of demographics and statistics.

The ICHS ads and stories reflected health concerns and disparities that occur among the various APA ethnicities, such as hepatitis B, breast cancer, heart disease, diabetes and mental health issues to 1) communicate to readers and these ethnic populations that these health issues are prevalent among APAs and they can be prevented and/or treated; 2) to communicate to the broader public the health disparities prevalent among APAs; and 3) to destigmatize these health issues among the APA ethnicities experiencing them at higher than average rates. Mental health issues, in particular, often go untreated among APA people out of stigma and shame.

4. What about your organization’s way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

The IE community newspaper began in 1974 and was the only nonprofit publication primarily aimed at APAs in the country. While it initially began as a newspaper for the CID, it quickly evolved as a newspaper for the APA community in King County and the Northwest. Its birth and evolution coincides with the emergence and growth of the Asian American movement in the United States.

The goal of the IE was empowerment: To provide the local APA community with news about important issues and events relevant to their lives. That is, to empower and self-determine what issues and events were important and relevant for APAs. Without a platform like the IE, decades of news, history, culture and voices from these diverse communities would have been lost, as mainstream media has historically not covered what is happening within the heart of the APA community. The continued existence of the IE is an act of empowerment as well as a process of building a unified APA community with an evolving identity.

With this strong history and track record of delivering APA-relevant news and stories, we’ve become a trusted source of news not just for our readership but also for community leaders, elected officials, policy makers and nonprofit organizations serving APA populations.

5. What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don't hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

Similar to the way that mainstream media does not provide a sufficient voice for ethnic communities, there are also disparities in coverage within the APA community. For example, the IE has the difficult task of covering several dozen specific groups who fall under the APA umbrella. A larger portion of our coverage of the APA community has historically tended to focus on groups such as the Chinese, Japanese, and Filipino American communities, who have longer immigration histories here and have had more time to establish their voices in the Northwest. It is important that as a newspaper, we recognize this disparity and actively reach out to specific groups who need to be more engaged in news media, such as the Cambodian, Thai, South Asian, and Pacific Islander communities.

6. What changes have you seen that give you hope about a future that is more equitable?

We are seeing schools and other institutions working to disaggregate data for APA ethnicities, showing more accurate numbers around disparities (and non-disparities), which sheds better light on which communities are in need of more services, be they around health, education, socioeconomic or other factors.