ORANGE COUNTY ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER COLLECTIVE

HEALTH EQUITY PLAN

This document was produced as part of a Centers for Disease Control and Prevention (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 (CDC-RFA-OT21-2103), which was completed in 2024.

EQUITY IN OC

An Initiative of OC health CARE AGENCY

CONTENTS

The plan is divided into the following sections:

INTRODUCTION

The Orange County Health Care Agency (HCA) Office of Population Health and Equity (OPHE) received nearly $23 million in grant funding from the Centers for Disease Control and Prevention (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 (CDC-RFA-OT21-2103).

The long-term strategies of this two-year **Equity in OC Initiative** will:

- Expand existing and/or develop new mitigation and prevention resources.
- Increase or improve data collection, reporting, and infrastructure.
- Build, leverage, and expand capacity and infrastructure of local health departments.
- Mobilize partners and collaborators to advance health equity & address social determinants of health.

As a part of EiOC, seven Population Health Equity Collectives were created:

- Asian American, Native Hawaiian, and Pacific Islander community
- Black or African American community
- Individuals with disabilities
- Latino, Hispanic, Chicano, or Latin American community
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community
- Older adult community
- South Asian, Middle Eastern, North African (SAMENA)

The overarching goals of these Collectives are to:

- Address health inequities and improve social determinants of health through collaboration, partnership, and inclusion of lived experiences and authentic voices.
- Overcome inequitable access to opportunities, resources, and support services for targeted and prioritized populations in Orange County.
- Build and support cohesive and sustainable Collectives in Orange County, and address systemic health inequities facing prioritized impacted communities.
- Provide venues for community voice in identifying and determining solutions, and priorities in addressing health inequities of the Collective.

PURPOSE OF THIS PLAN

The purpose of the Health Equity Plan (HEP) is to support the creation of practical, meaningful, and sustainable improvements in the health and well-being of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities in Orange County. The HEP for each community will guide the vision, including unique strategies and calls-to-action that will help to propel the community toward health equity.

PRINCIPLES OF EQUITY

For AANHPI communities in Orange County, we, the members of the Asian and Pacific Islander Population Taskforce (APITF) Population Health Equity Collective (PHEC), are operating under the common shared understanding of what will lead to health equity for our community.

The current APITF collaboration defines equity as the absence of institutional and systemic barriers to access, opportunities, and outcomes, and the presence of a fair and just system where all individuals can reach their full potential. To prioritize equity in governance, operation, and program priorities, the APITF strives to align its activities with its HEP and seeks to incorporate the voices of the most marginalized and disadvantaged in our decision-making processes.

COLLECTIVE MEMBERSHIP

APITF's PHEC is comprised of local organizations and community members with the vision of achieving health equity for AANHPI communities in Orange County. Our Collective has a total of 19 organizational members and over 180 community members engaged in the work.

History of Collaboration and Formation of the APITF

The APITF was established in July 2020 in response to the COVID-19 pandemic. The collaborative's initial project, first led by the Orange County Asian and Pacific Islander Community Alliance and then expanding under Korean Community Services, focused on providing COVID-19 education, prevention, and vaccination services in coordination with the HCA. These efforts targeted hard-to-reach and high-risk AANHPI communities within Orange County, such as monolingual non-English speakers, older adults and families with low-incomes.

In 2022, through HCA's Equity in OC initiative and under the leadership of The Cambodian Family, APITF's membership expanded again to include the 19 community-based organizations that serve AANHPI and Middle Eastern and North African (MENA) communities listed below.

Type of Partner Organizations	Name(s) of Partner Organizations
Faith-Based Organizations	Orange County Herald Center
Healthcare Providers	Korean Community Services
Health-Related Organizations	Southland Integrated Services, Inc.
Mental or Behavioral Health Organization	OMID Multicultural Institute for Development, Korean Community Services
Nongovernmental/Nonprofit Organizations	Access California Services, Afghan American Muslim Outreach Ahri Center, APAIT, BPSOS Center for Community Advancement, Center for Asian Americans in Action, Korean American Center, Korean Community Services, Orange County Asian and Pacific Islander Community Alliance, South Asian Network, South Coast Chinese Cultural Center, The Cambodian Family, Tiyya, VACF, Viet Rainbow of Orange County

Collectively, the APITF PHEC organizations serve the following communities:

- Asians and Asian Americans, including individuals of Afghan, Bangladeshi, Bhutanese, Cambodian, Chinese, Korean, Indian, Nepalese, Pakistani, Sri Lankan, and Vietnamese descent
- Latino/x
- Middle Eastern and North Africans
- Native Hawaiians and Pacific Islanders, particularly Chamorro, Marshallese, Native Hawaiian, Samoan, and Tongan communities
- Immigrants, refugees, asylees, and undocumented individuals
- LGBTQIA+ people and people of all gender identities
- Monolingual non-English speakers and limited English speakers
- People living with HIV or at-risk of HIV/STIs
- People challenged with mental health and substance use disorders
- People with low incomes
- Children and young adults
- Seniors and older adults
- Justice-involved individuals
- Domestic violence survivors
- People of numerous faith backgrounds including Buddhism, Christianity, Islam, Hinduism, Jainism, Sikhism, and Zoroastrianism

The APITF PHEC organizations largely serve these populations living in the following cities in Orange County:

- Anaheim
- Anaheim Hills
- Buena Park
- Fountain Valley
- Fullerton
- Garden Grove
- Huntington Beach
- Irvine
- Laguna Niguel
- Laguna Woods
- Lake Forest
- Mission Viejo
- Newport Beach
- Santa Ana
- Stanton
- Tustin
- Westminster
- Yorba Linda

Some APITF PHEC organizations also serve communities in Los Angeles County.

Membership and Power-Sharing Model

APITF's PHEC initial membership consisted of a smaller group of organizations, most of whom had been involved with the APITF COVID-19 project. Under the leadership of The Cambodian Family (TCF), the number of partner organizations expanded to include additional AANHPI organizations as a PHEC. TCF also worked with OCHCA to facilitate invitations to community-based organizations that primarily serve the MENA community in Orange County. Due to the categorical limitations of the original funding source, MENA-serving organizations could not operate as its own population collective and joined the collective efforts under APITF. Once the additional organizations were onboarded to the APITF PHEC, all member organizations participated in monthly 90-minute virtual meetings and other activities. All organizations also received subgrants for their role in the APITF PHEC.

The APITF developed a process for new organizations that will continue through the project period. This can be found in Appendix A.

APITF PHEC's implementation approach consisted of two parts. A project team consisting of staff from TCF and two organizational consultants—Children's Cause OC and Center for Asian Americans in Action—who met weekly to discuss, research, and plan activities in furtherance of APITF PHEC's goals and objectives. Staff from Vital Access Care Foundation (VACF) also joined the weekly project team meetings starting in the middle of the grant period to ensure coordination and alignment between the APITF PHEC and the AANHPI Community Capacity for Housing projects. The latter project emerged from APITF PHEC as an Equity in OC-funded initiative to build the capacity of AANHPI-serving organizations to address affordable housing issues impacting our communities.

During the first phase of the project, APITF initiated the beginnings of a power-sharing structure by engaging in participatory decision-making practices throughout the grant period. During the full APITF membership monthly meetings, the project team shared relevant Equity in OC and project updates, facilitated group discussions, utilized decision-making tools such as jam boards and surveys to prioritize policy areas and goals, and provided trainings to ensure members felt informed about their votes. Members also had opportunities to provide input, ask questions and present additional options to the group before decisions were made. In addition to the monthly meetings, some PHEC member organizations volunteered to participate in additional committees and workgroups. The APITF PHEC plans to draft and formalize its governance structure as part of its second-year implementation activities.

PROCESS AND DATA

To help facilitate the initial brainstorming process for identifying APITF PHEC's health equity goals and focus areas, a workgroup of volunteers from the full PHEC membership met with the project team at the beginning of the project period. From there, APITF's project team presented the work group's recommendations to the full PHEC membership and used a series of jamboard sessions to share and gather ideas. Once the three priorities were identified, PHEC members conducted a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis to assess feasibility and potential impact. From there, APITF PHEC members participated in virtual trainings about each priority area followed by a group prioritization process to identify the top three policy strategies and ideas for each topic.

APITF PHEC's health equity goals were informed by various data sources. Advance OC provided a Population Profile Overview for AANHPI. APITF's project team also conducted a literature review of existing demographic and data reports about AANHPI communities in California and Orange County. This review confirmed existing gaps in detailed data on AANHPI subgroups in Orange County and became one of the group's policy advocacy priorities.

"... The APITF Collective has played a transformative role in reshaping the landscape of equity work. By amplifying the voices and experiences of the most diverse API communities, the APITF has driven meaningful engagement in influencing policies, improving practices, and promoting equity. Its efforts have not only fostered a more comprehensive understanding of equity but have also inspired broader conversations and actions within the larger equity movement." —Becky Nguyen, VACF

Overall, this process led us to the creation of the following three focus areas: 1) increased data equity, particularly the increased collection and reporting of AANHPI subgroup data, 2) increased access to linguistically appropriate and culturally responsive Mental Health Services Act (MHSA)-funded services, and 3) increased organizational capacity to address access to safe and affordable housing as a social determinant of health. These three priority areas will be the focus of our work for the upcoming 2-3 years.

STRATEGIC HEALTH EQUITY ACTION AREAS

APITF PHEC identified the following health equity action areas for the next 2-3 years: 1) data equity 2) equitable access to linguistically and culturally appropriate mental health services, and 3) equitable access to safe and affordable housing as a social determinant of health.

1 Policy and Systems Changes

Increased Data Equity

AANHPI are not homogeneous, and their health outcomes and health care needs may vary significantly between specific subgroups. Yet, data collected by local health departments, the state, and federal government often aggregates these populations into one broad category, which can mask disparities and hinder effective health interventions and policy development. To address this, APITF developed strategies to increase opportunities for stakeholder engagement with HCA and cities to provide input on data sharing practices and disaggregated race and ethnicity data collection and reporting standards.

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Advocate for increased transparency and inclusiveness through periodic stakeholder engagement opportunities with HCA's interagency data working group.	HCA forms an advisory group comprised of community-based organizations, academic researchers and HCA epidemiologists to meet quarterly.	APITF conducts outreach to other PHECs to collaborate on advisory group request. APITF and other PHECs submit letter to HCA requesting meeting to discuss formation of advisory group. PHECs meet with HCA data team. Advisory group is formed by Q3 2024.	Q4 2023 – Q3 2024
Advocate for HCA to develop policies and practices re: the release of program utilization data collected from CBO and health care contractors.	HCA develops a policy for how intake and program utilization data completed by CBOs is collected, analyzed and released.	APITF conducts assessment among community-based organizations (CBO) members to collect info about past collection practices and to identify scope of data requests. APITF conducts literature review to identify best practices and limitations of data sharing and interoperability. APITF works with HCA data advisory group to develop draft policy.	Q4 2023 – Q2 2025

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Work with city officials to develop standard operating procedures (SOP) for collecting and reporting demographic data that aligns with national and state standards.	At least one city in Orange County will develop or update their SOPs for collecting and reporting data to be include an expanded list of demographic categories.	APITF designs and conducts survey of top 10 Orange County cities with highest AANHPI populations to assess current data collection and reporting practices. APITF analyzes survey results, publishes findings and develops recommendations for improving data practices. APITF conducts briefing with city representatives. APITF works with city representatives to implement improvements.	Q1 2024 – Q3 2025

Equitable Access to Linguistically and Culturally Appropriate Mental Health Services

APITF PHEC members identified ongoing challenges with providing and/or referring community members with linguistically appropriate and culturally responsive mental health services in Orange County. The PHEC members who are mental or behavioral health providers reported a high demand for such services among community members, yet also being disconnected from some of the county-level policy making tables and processes that determine funding allocations. As such, the APITF PHEC proposes the following strategies to increase AANHPI engagement in these processes:

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Advocate for the equitable distribution of MHSA funds at the county level.	The county establishes a MHSA Responsive Funding Mechanism to target populations that have underutilized MHSA-funded services.	APITF creates a MHSA funding tracker to monitor the annual distribution of MHSA funds. At least one APITF partner organization attends Behavioral Health Advisory Board (BHAB) and Behavioral Health Equity Committee (BHEC) meetings and reports back to group. Request additional data reporting on MHSA penetration rates for AANHPIs. Prepare and submit written comments during annual plan update.	Q2 2023 – Q2 2025
Recruit AANHPI community leaders to serve on the BHAB and BHEC.	Increase AANHPI representation in the public mental health system decision making process.	APITF members compile a list of potential AANHPI community leaders for recruitment. APITF conducts outreach and preps interested applicants. APITF submits letters of support to the Board of Supervisors. 1-2 AANHPI community leaders are successfully appointed to the BHAB and BHEC.	Q3 2023 – Q4 2024

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Advocate for the establishment of a task force or advisory group consisting of AANHPI mental health professionals and community leaders.	HCA establishes a special advisory group that will help guide HCA's decision-making around mental health services, budgeting, and policy, including advancing Community Defined Evidence Practices (CDEP) offered through the California Reducing Disparities Project.	Identify and meet with AANHPI mental health providers to identify potential advisory group members. Submit a letter to the BHEC and BHAB members outlining the need for the special advisory group. APITF hosts a "pilot meeting" with advisory group members, HCA staff, BHAB and BHEC members. HCA establishes the special advisory group.	Q2 2024 – Q4 2024
Engage with city officials and local schools to develop and implement policies that increase collaboration with local CBOs to provide mental health programs focused on the AANHPI community.	At least one APITF PHEC partner organization establishes a new partnership with a city or school focused on mental health support within AANHPI communities.	Develop relationships with superintendents and mayors. Propose goals for additional partnerships with AANHPI organizations. Develop and present proposal to superintendent or mayor for them to bring to school district or city governing body for approval that includes authorization for funding. Contract negotiations with staff and implementation.	Q2 2024 – Q4 2025

Equitable Access to Affordable Housing as a Social Determinant of Health

APITF PHEC's housing access work overlaps with the AANHPI Community Capacity for Housing Project led by VACF. All APITF PHEC organizations were invited to participate in the APITF Housing Capacity Project's trainings, which were offered every two weeks since the beginning of March and will continue through the rest of the year. The organizations that have been participating in the Housing Capacity Project identified the following three housing policy priorities:

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Advocate for continued county support for capacity-building initiatives for AANHPI-focused organizations to effectively engage in housing policy advocacy, housing development, and the provision of housing-related services.	County continues to allocate funding for capacity-building housing initiatives that support the unique needs of AANHPI residents.	Meet with at least three Orange County Board of Supervisors (BOS) to educate them about the importance of capacity-building initiatives for AANHPI community-serving organizations. Monitor state and federal developments to identify potential funding sources. Work with housing advocacy organizations to share joint advocacy priorities. Work with BOS staff to develop funding ask.	Q2 2023 – Q2 2024

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Ask city officials to allocate funding and resources to housing programs and services specifically addressing the needs of AANHPI residents, such as culturally and linguistically appropriate housing counseling and support services.	At least one city in Orange County considers new funding and/or housing support services to AANHPI residents.	Conduct assessment of housing support policy proposals among Orange County cities that overlap with APITF PHEC service areas. Create a policy tracking tool and a process of updating policy changes. Prioritize 1-2 city council proposals for advocacy. Create a policy campaign to support the proposal(s), including community trainings, and attending city council meetings.	Q4 2023 – Q4 2024
Promote city-level policies that promote affordable housing development, including inclusionary zoning, density bonuses, and expedited permitting processes for projects that target AANHPI communities.	At least one city in Orange County considers new policy aimed at addressing affordable housing within AANHPI communities.	Conduct assessment of affordable housing policy proposals among Orange County cities that overlap with APITF PHEC service areas. Create a policy tracking tool and a process of updating policy changes. Prioritize 1-2 city council proposals for advocacy. Create a policy campaign to support the proposal(s), including community trainings, TPs and attending city council meetings.	Q4 2023 – Q4 2024

2 Meaningful Partnerships, Power Building, and Power Sharing

The current APITF PHEC members are community-based organizations that provide a range of health and social services in multiple languages. Collectively, we provide these services primarily to AANHPI, Latinx, and MENA communities throughout Orange County. In addition to the partners already engaged, we believe that to be fully representative, we need to expand our Collective's membership both in terms of type of partner organization and communities served. We have also been in communication with a few entities who are interested in partnering with APITF PHEC such as CalOptima, and we plan to outreach to academic institutions, businesses and corporate employee resource groups.

We also recognize the need to deepen our engagement with underserved populations within the AANHPI community such Native Hawaiian and Pacific Islander-serving organizations. APITF PHEC members have already learned from the MENA-serving partner organizations and Pacific Islander Health about their communities and some of the data equity challenges they face as smaller subgroups. APITF has created a learning community and we plan to continue providing opportunities for the PHEC members to learn from each other about their respective service communities. Additionally, we are committed to supporting the equity initiatives of other PHEC and non-PHEC groups. We understand the MENA-serving organizations have now created their own PHEC and we have communicated our support in their efforts.

Our partnerships with HCA have also expanded through Equity in OC. Travers Ichinose, an epidemiologist at HCA, invited APITF PHEC members to participate in a focus group about HCA's new health data portal. He also joined our February PHEC meeting to listen to and provide updates about HCA's plans for updating their data guidelines and hear feedback from partner organizations about other community data needs.

In March, APITF invited Michelle Smith, MHSA Coordinator, to present the proposed Orange County Mental Health Services Act Three-Year Program and Expenditure Plan for FY 2023-24 through FY 2025-26. In April, APITF invited Xuan Tran and Jane Sanchez from OC Navigator to present their OC Navigator platform, a community-driven, multilingual online navigation tool for Orange County residents to find and connect to resources, including health, wellbeing, and other supportive services across public and private settings. These meetings helped the APITF PHEC members identify the policy and systems change priorities described above.

Since the creation of the APITF PHEC, additional HCA-funded projects and partnerships have continued to grow and expand under the APITF umbrella. VACF is leading the AANHPI Community Capacity for Housing project, which is part of an initiative funded by Equity in OC to support Housing is Health, one of the three Social Determinants of Health Action Areas.

APITH PHEC also plans to explore work with other Equity in OC PHECs and consider additional cross-community collaborations. Some of the APITF partner organizations already participate in other PHEC and Equity in OC improvement teams such as the LGBTQ+, Older Adults and housing groups. We believe many, if not all, PHECs are interested in working with HCA to increase data accuracy and transparency within and across population groups. As such, some of our data equity strategies involve engaging with other PHECs to advocate for increased stakeholder engagement as HCA updates its PHS data guidelines.

Strategies to Build Partnerships and Power	Objective	Measurable Outcome	Timeline
Deepen APITF PHEC's engagement and understanding of underrepresented AANHPI communities.	APITF PHEC's membership is more representative of AANHPI communities.	APITF members identify underrepresented AANHPI communities within PHEC. APITF PHEC conducts outreach to community-based organizations working within these communities for engagement. APITF PHEC invites additional organizations representing these communities to join the APITF. APITF project team onboards new members.	Q3 2023 – Q4 2023
Broaden the types of entities APITF PHEC partners with and maintain and expand HCA partnerships.	APITF PHEC's partnerships are more representative of multi-sector collaborations.	APITF PHEC identifies additional entities for potential health equity partnerships such as health care systems, academic institutions, businesses, and corporate employee resource groups. APITF project team conducts outreach and shares.	Q3 2023 – Q4 2023
Outreach to other Equity in OC PHECs to build solidarity beyond the project period.	APITF PHEC engages in at least one cross-community collaboration with another PHEC.	APITF project team invites each PHEC to present at APITF meetings to introduce their PHEC, share policy priorities and discuss potential collaborations. Invite other PHEC members to meetings with HCA on data equity. Identify shared policy priorities with at least one PHEC and invite collaboration.	Q4 2023 – Q4 2024

3 Infrastructure, Data, and Other Capacities

Overview

In order to promote health equity and to execute the strategies described above, the APITF PHEC recognized the critical importance of strengthening infrastructure, data capabilities, and other organizational capacities. Our work is rooted in the belief that robust data and robust infrastructure are pivotal to addressing the health inequities faced by AANHPI communities in Orange County.

Over the initial 12-month project period, the APITF PHEC prioritized initiatives that augmented our data management systems, enhance the capabilities of our staff, and created robust organizational structures capable of implementing our strategic vision. A key component of this effort was to leverage our partnerships with both community and governmental organizations, and to foster an environment of data transparency and sharing.

For APITF PHEC, building infrastructure also meant ensuring that we have the financial resources, technological tools, and human capital necessary to implement our initiatives. This involves not only securing the necessary funding but also developing the skills and knowledge of our staff and volunteers.

These efforts are vital for enabling our partner organizations to deliver effective, culturally, and linguistically appropriate services. They also provide the foundation needed to advocate for policies and systems changes that will improve health equity for AANHPI communities.

Data Collection and Analysis Process for the PHEC Project

The process of collecting and analyzing AANHPI health data for the PHEC project involved a multi-step process to ensure a more informed understanding of the health and health care landscape in these communities.

First, we reviewed data from Advance OC and Orange County Agency's Health Equity Map. Advance OC presented its AANHPI Population Profile during a APITF PHEC meeting and provided information regarding health disparities and social determinants of health at the neighborhood level. Similarly, the Health Equity Map provided geographic data that illustrated the spatial distribution of health disparities within Orange County.

The second step involved sourcing data from additional resources such as AAPI Data. AAPI Data serves as a national publisher of demographic data and policy research on Asian Americans and Pacific Islanders. This supplemental data was instrumental in fulfilling data needs not addressed by Advance OC. The data from AAPI helped in providing a more nuanced understanding of the diverse health needs and challenges faced by different ethnic subgroups within the broad AANHPI community. This step further strengthened the analysis by adding depth and breadth to the understanding of health disparities and the factors contributing to them.

Third, the APITF project team conducted a literature review to inform our understanding of the current state of research and data concerning health disparities and the priority issue areas identified by the APITF PHEC as they relate to AANHPI communities. It encompassed peer-reviewed articles, reports from health organizations, policy briefs, and other relevant scholarly and professional resources. This step provided a valuable contextual background, highlighted existing gaps in knowledge, and identified successful interventions or strategies employed in other regions or similar demographic groups.

Finally, based on the synthesized findings from the above steps, recommendations were prepared for future research studies that would be beneficial to AANHPI communities but were beyond the scope of the first year of the project. These recommendations serve as a roadmap for future initiatives, indicating areas where further research could yield significant insights. For instance, recommendations include studies focused on mental health, specific disease prevalence, health behaviors, or access to health services within certain AANHPI subgroups. These suggested studies are intended to deepen understanding of the unique health needs of AANHPI communities and to guide the development of targeted, effective interventions and policies. Understanding the complex interplay between location, access to health services, and health outcomes will be needed to successfully implement longer-term strategies that will eliminate AANHPI health disparities.

Through these four steps, the APITF PHEC was able to collate, analyze, and interpret a wealth of data about health disparities among AANHPI communities in Orange County. This rigorous approach to data collection and analysis forms the bedrock of their work, guiding their strategic initiatives and informing their advocacy efforts.

Structural Barriers for AANHPI Health Data

The project had to work within the context of existing constraints for public health data for AANHPI communities due to the aggregation of existing datasets that hide the true health disparities of specific populations.

Documenting the health needs of the diverse AANHPI populations was a challenging task due to the structural limitations in data collection. AANHPI health needs vary significantly among subgroups, and disaggregated data must be consistently collected and reported to adequately identify and monitor the disparities. Yet, public health data, health studies and even administrative data is often aggregated into one broad "API" category when reported or are sometimes not reported at all, which can mask disparities and hinder the development of effective health interventions and policies.

The study titled "Trends in Collection of Disaggregated Asian American, Native Hawaiian, and Pacific Islander Data: Opportunities in Federal Health Surveys" published in the American Journal of Public Health sheds light on these limitations.[2] Despite the AANHPI populations being diverse, with origins from 50 countries and speaking over 100 languages, they are often treated as a monolith in many federal surveys. While there has been progress over the past decade in increasing the collection of disaggregated AANHPI data, opportunities to expand these efforts remain.

In 2011, less than a third of health surveys administered by the US Department of Health and Human Services (HHS) collected disaggregated data for Asian Americans, and only 13% did so for Native Hawaiians and Pacific Islanders. By 2019, this had increased to two-thirds of the surveys collecting disaggregated data for these groups, but there is still a significant need to continue this trend. Moreover, very little intersectional data exists on AANHPI populations and other demographic characteristics such as sexual orientation and gender identity, age, language or disability.

Collecting disaggregated data has been a priority for over 20 years, recognizing that such granularity is crucial to identify various experiences of care in ethnic subgroups and inform robust, targeted interventions, health policies, and resource allocation. However, the absence of such data or failure to report disaggregated data can unintentionally reinforce biases and conceal health inequities among AANHPI Orange County residents.

While surveys like the National Health Interview Survey (NHIS), National Survey on Drug Use and Health (NSDUH), and Medical Expenditure Panel Survey (MEPS) began collecting limited AANHPI subgroup data, the review by Nguyen, Lew, and Trivedi found that the extent of the data collected depends on the surveys themselves. The Affordable Care Act (ACA) of 2010 mandated the HHS to establish data collection standards for race, ethnicity, sex, primary language, and disability status, which included more granular data collection for some AANHPI subgroups. However, many barriers still exist, including a lack of outreach to community organizations, limited language assistance, and the need for oversampling approaches to adequately represent minority populations.

The failure to disaggregate data effectively masks the variations in access to medical resources and health outcomes within the AANHPI community. For example, the rates of diabetes are higher among Filipinx, Asian Indian, and Korean adults, while Chinese and Korean people have a higher prevalence of current smoking. Native Hawaiians and Pacific Islanders population face a higher burden of certain chronic diseases, such as obesity, diabetes, and cardio-vascular disease. These specific health challenges cannot be adequately addressed without recognizing and understanding these disparities.

While strides have been made in improving the collection of disaggregated AANHPI health data, structural limitations still persist, obscuring the complex health landscape within the AANHPI communities. To promote health equity, it will be crucial to continue expanding efforts to collect, analyze, and report disaggregated data, furthering our understanding and capability to address the unique health needs of these diverse populations.

Data Findings and Research Recommendations

Understanding the health needs of AANHPI populations is complex and fraught with challenges. One of the major limitations in health data collection is the aggregation of these diverse communities into a single category. As we have seen through the PHEC project, this approach can mask significant disparities among different AANHPI subgroups and therefore fails to fully capture the specific health needs of these populations. The following are initials findings from the first 12 months of the project:

- **Aggregation of AANHPI Data Masks Disparities** – As pointed out in the study by Nguyen et al., health data for AANHPI populations is often aggregated, treating diverse populations as a monolithic group. This aggregation fails to account for the rich diversity within AANHPI populations, which includes individuals originating from 50 countries and speaking more than 100 languages. Aggregated data can potentially overlook disparities in health outcomes among different AANHPI subgroups and fail to highlight specific needs of each subgroup. As such, aggregated data can mask health inequities, perpetuating systemic biases.
- **Insufficient Disaggregation** – Despite the increase in data disaggregation from 2011 to 2021, there are still notable gaps in data collection. As per the study, only 67% of HHS-administered surveys collected disaggregated data for AANHPI subgroups by 2019. These data gaps can inhibit the understanding of specific health trends, such as the higher prevalence of diabetes in Filipinx, Asian Indian, and Korean adults or higher rates of obesity among Pacific Islander people.
- **Lack of Consistent Collection and Reporting** – Disaggregated AANHPI health data is not consistently collected and reported across all surveys and health departments. The lack of standardized collection and reporting practices can hinder the comparison of health outcomes across different studies and regions, impacting the development of effective, targeted interventions and health policies.
- **Language Barriers** – Many AANHPI individuals face language barriers that can limit their ability to participate in surveys and accurately report their health conditions and needs. This challenge is often overlooked, resulting in incomplete or inaccurate data collection.

- **The Impact of COVID-19** – The pandemic has affected data collection practices, with many surveys and systems disrupted due to public health measures and changes in priorities. This disruption can create a gap in understanding the health trends among AANHPI populations during the pandemic years and their potential long-term effects.
- **Lack of Meaningful Community Engagement** – Many of the organizations and community members in APITF PHEC shared their experiences of feeling frustrated by the demand for data reporting by the county and with little data transparency or the release of reported data by the county.

In light of these structural limitations, strategies for improving the collection of disaggregated AANHPI data include increased collaboration with community organizations, enhancing language assistance, and implementing oversampling approaches. Improved data collection and reporting can play a crucial role in addressing health disparities and informing policy decisions and interventions to better serve the diverse AANHPI communities.

Furthermore, the existing AANHPI health data reports provided by the PHEC project demonstrate a need for expanded and enhanced data collection methods. These reports reveal valuable insights into different facets of AANHPI health and well-being, emphasizing the need for comprehensive, disaggregated data to address complex health needs effectively.

Based on all of the data and reporting currently available, APITF recommends the implementation of Orange County-specific new research studies that go beyond what's possible to complete during the PHEC project period including:

- **Longitudinal Study on AANHPI Health Trends** – To better understand the changing health dynamics within the AANHPI communities, the project could propose a longitudinal study tracking health trends over time. This could include an examination of how social determinants of health, such as income, education, racism, sexism, immigration status, and access to healthcare, influence health outcomes in various AANHPI subgroups. The study could also assess how these health outcomes evolve with changing social, economic, and environmental contexts. Importantly, data should be disaggregated to highlight the health needs and outcomes of different AANHPI subgroups.
- **AANHPI Mental Health Disparities Study** – Given the increasing concern about mental health issues across all populations and the specific stressors affecting AANHPI communities, a comprehensive study on mental health disparities among AANHPI subgroups could be valuable. This research should focus on identifying the prevalence of different mental health conditions, assessing access to mental health services, and exploring cultural perceptions and stigma related to mental health in each AANHPI subgroup.
- **Cost Analysis of Language and Cultural Barriers in Health Care** – This study could focus on the cost of language and cultural barriers to healthcare systems on AANHPI subgroups who experience negative health outcomes due to these barriers. It could also investigate the cost effectiveness of language translation services, cultural competency training for healthcare providers, and the potential cost savings of improved language and cultural services on health outcomes.
- **Investigation into AANHPI Health Behaviors and Lifestyle Factors** – This research could examine health behaviors and lifestyle factors (e.g., diet, physical activity, substance use, and healthcare utilization) across different AANHPI subgroups. This information could inform culturally tailored prevention and intervention programs to promote healthy behaviors and lifestyles in each community.
- **COVID-19 and Its Impact on AANHPI Communities** – A dedicated study on the impact of the COVID-19 pandemic on AANHPI communities is necessary. It should consider factors such as infection rates, access to testing and vaccination, experiences of discrimination, economic impacts, and mental health effects. This study could also explore how these factors vary among different AANHPI subgroups.

- **A Comprehensive Study on AANHPI Children's Health** – Children's health is often overlooked in community-wide studies. A study focused on AANHPI children and adolescents' health needs, access to healthcare, and health outcomes could be valuable. It could include physical, mental, and developmental health aspects and investigate the role of social determinants such as family income, education level, and linguistic isolation.
- **A Study on Older Adult AANHPI Health Needs** – Older Adult populations often have unique health needs. A study focusing on the elderly within AANHPI communities could be beneficial to understand their healthcare needs, utilization, and outcomes. This study could also explore the role of cultural values and practices on elderly care in these communities.
- **A Study on the Impact of Stigma on LGBTQ+ People in AANHPI Communities** – The Trevor Project published a seminal report—one of the first of its kind—just one year ago on the mental health and wellbeing of LGBTQ+ Asian American and Pacific Islander youth. Much more research is needed to better understand how stigma and other challenges impact the health of LGBTQ+ Asian Americans and Pacific Islanders, and how county health departments can provide safe environments that are welcoming and supportive of LGBTQ+ individuals.

Strategies

Below is a detailed list of the APITF PHEC's infrastructure, data, and capacity building strategies, along with their objectives, measurable outcomes, and timelines:

Strategies to Strengthen Infrastructure, Data or Other Capacities	Objective	Measurable Outcome	Timeline
Enhance data management systems for improved data collection and analysis.	Streamline data collection and processing to provide timely and accurate insights into health disparities in AANHPI communities.	Implementation of a new survey and data collection methods and shared collection of datasets and reports.	Q3 2023 – Q2 2025
Organize training programs for staff and volunteers.	Increase knowledge and skills among APITF PHEC members in areas such as data collection, analysis, policy advocacy, and service delivery.	At least 80% of APITF PHEC staff and volunteers undergo training by the end of the project period.	Q2 2023 – Q1 2024
Secure additional funding and resources.	Ensure the sustainability of the APITF PHEC's initiatives and projects.	Funding secured for the 2023-2024 and 2024-2025 fiscal years.	Q3 2023 – Q4 2025
Foster partnerships for data sharing and collaboration.	Enhance data transparency and accessibility among APITF PHEC partners and other stakeholders.	Establishment of data sharing agreements with partner organizations or other stakeholders	Q4 2023 – Q4 2025
Strengthen relationships among APITF PHEC members.	Continue to build trust by organizing opportunities for APITF members to meet in-person meetings and learn about each organization's work. APITF will also create a process for formalizing its governance structure.	Develop operating document for APITF re: governance, communications, and conflict resolution.	Q3 2023 – Q1 2024

These strategies are designed to work together in a synergistic manner. By strengthening our infrastructure, data capabilities, and other capacities, the APITF PHEC is now better equipped to support AANHPI communities of Orange County and promote health equity.

1. The workgroup included staff representatives from Access California Services, Afghan American Muslim Outreach, BPSOS, Pacific Islander Health Partnership, and Tiyya.
2. Kevin H. Nguyen, Kaitlyn P. Lew, Amal N. Trivedi, "Trends in Collection of Disaggregated Asian American, Native Hawaiian, and Pacific Islander Data: Opportunities in Federal Health Surveys", American Journal of Public Health 112, no. 10 (October 1, 2022): pp. 1429–1435, available at https://doi.org/10.2105/AJPH.2022.306969.