

Community Building Among Asian Pacific Islanders

A Symposium on Integrating HIV, Substance Use, Mental Health and Primary Care Services

August 6, 2009

APACTS Symposium

“Community Collaboration Among Asian Pacific Islanders”

A Symposium on integrating

HIV, Substance Use, Mental Health and Primary Care Services

10:00 – 10:30 Registration, Welcome, Opening Remarks

10:30 – 11:00 Keynote “The Importance of Community Collaboration”

Curtis Chin, Asian Pacific Americans for Progress

11:00 - 12:00 Panel One: “Barriers, Challenges, and Solutions to Community Collaboration.”

Raniyah Abdus-Samad, Black AIDS Institute

Rev. Dr. Jonipher Kwong, Faith for Equality

Lola Sablan-Santos, Guam Communications Network

Moderator: Dan Field, APAIT

12:00 – 12:30 Group Discussion/Strategy Session

12:30 – 1:30 Lunch

1:30 – 3:00 Panel Two: “Why We Do What We Do: Client Testimonies”

Moderator: Jeanne Shimatsu, AADAP

Panelists: William, Z., Danny, C.

3:00 – 3:45 Group Activity Darren Kaw

3:45 – 4:00 Post-test/Evaluation

Keynote: Curtis Chin, Asian Pacific American for Progress

Mr. Chin relayed his experience in activism and community collaboration by discussing his work on a project exploring the case of Vincent Chin, an Asian American who was murdered because of his race in 1982. His assailants saw no jail time and were merely fined.

Mr. Chin described the Community's Response to the incident:

The community "was shocked." The two killers took the life of a man and all they got was a \$3,000 fine? The Asian community didn't know what to do. They were a small community with very little political clout. There were 1.2 million people in the city, but only 8,000 of them were Asian American or Pacific Islander and most were foreign-born. And like most immigrant-based communities, most of the members were more concerned with earning a paycheck rather than fighting for their own political empowerment. There were no civil rights or social service organizations and no elected officials. But the organizers knew they had to act and they had to act fast.

Need for Collaboration:

A meeting was called at the Chinese restaurant where Vincent worked part-time as a waiter to pay for school. In attendance were lawyers, journalists and average community members who debated whether to be passive and write polite letters to the editor of a newspaper or take to the streets. They decided the injustice was too great and they decided to vocalize what they felt.

With no infrastructure in place and few resources, the leaders had to rely on their passion and had to think creatively. They started by reaching out to the community in the only way they knew how. Each year in Detroit, there was annual food festival in Hart Plaza called the Far East Festival featuring restaurants from all over Asian and the Pacific Islands. The restaurant owners at that initial meeting took the contact list from the food festival and started calling all the other restaurant owners who, in turn, spread the word to their individual ethnic communities.

Next, the organizers reached outside of their community to a group they thought would be sympathetic to their cause: African Americans, a group who similarly felt unfair treatment by law enforcement. Using their political clout, the group, which by now had named themselves American Citizens for Justice, was able to arrange meetings with elected officials who in turn opened doors.

Working with African American reporters, they were able to get the word out to the general public, including an article in the New York Times which made the case national. That's how they got the numbers of people to attend their rallies and raised so much public pressure

The Results:

With a united Asian American and Pacific Islander community and a diverse coalition of allies, the community was able to achieve some measure of success. In addition to getting the U.S. Justice Department to file charges in November 1983, the legal team got a federal grand jury to agree that the murderers, Ebens and Nitz, had violated Chin's civil rights and conspiracy. This was the first time that a hate crime was applied to an Asian American. In fact, it was the first non-African American/white case

and since then, hate crimes have been expanded to include Latinos, women, gays and lesbians and other groups. (The verdict was eventually overturned, but it established this precedent.)

In Michigan changes were taking effect as the community rallied for legal reform. In 1985, the Crime Victims Rights Act was created to clarify the participation of felony crime victims in the criminal justice process. New mandatory minimum laws also imposed prison terms for those found guilty of certain crimes. Although these were steps taken too late for Vincent Chin, they emerged from his tragic death to give justice to other victims and helped shape the legal standing of subsequent hate crime lawsuits.

Over 25 years later, the Vincent Chin case remains an important part of the civil rights struggle in America and continues to inspire a new generation of civil rights activists.

Panel One: “Barriers, Challenges, and Solutions to Community Collaboration”

Panelists: Rev. Dr. Jonipher Kwong, Faith for Equality; Raniyah Abdus-Samad, Black AIDS Institute; Lola Sablan-Santos, Guam Communications Network

Moderator: Dan Field, APAIT

Key Points from Rev. Dr. Jonipher Kwong, Faith for Equality

Reverend Dr. Kwong pointed out that API’s are composed of various ethnic groups which have not always gotten along with each other. The community is like the “Tower of Babel,” where different languages are spoken. People are certainly being left out of the conversation.

Other considerations that separate us include the “Generation Gap,” the recently immigrated, the American born, class, gender, and sexuality. Unfortunately, we also have the need to compete against each other when it comes to funding. (“We have the idea that we have to fight each other for the same pot of money.”)

There are egos to contend with. There is difficulty in discussing important subjects like sex and HIV. In faith communities abstinence seems to be the only way of dealing with prevention. What are other ways to talk about prevention?

There are complications in dealing with counseling or mental health among API’s and those in faith communities. For API’s mental health is only for “crazy people,” while people of faith might associate with “demonic possession.”

Solutions to this could include:

- Normalizing the discussion, removing shame and stigma from the situation. Nelson Mandela normalized the rate of HIV in his country by bringing up his son's status
- If you've been through it, share it. The only way to get through shame and stigma is to love someone through it
- Bridging gap between communities, organizations, values by beginning to talk about what we have in common
- Work together instead of polarizing each other
- Diversity is a strength and should not be used to divide
- Shift perspectives to see how things intersect and how people can work together
- Stop thinking there is a scarcity of resources, in reality there is a lot (think of resources as a river, it is not just there, it takes time for all the little streams to come together to form the mighty river. People may want to build dams to divert the river because of scarcity, but that kills the river because the streams become slower and slower)
- This is not ultimately about building coalitions but about building a movement
- People have shared responsibilities with each other; keep the common good in the forefront and in the end the community will be judged on the quality of care and compassion it shows each other and the lives they transform in the process.

Key Points from Raniyah Abdus-Samad, Black AIDS Institute

Black AIDS Institute is the only national think tank for African Americans. The organization conducts capacity building, technical assistance, etc. from a uniquely black point of view

Why collaboration is important:

It's important for communities of color to collaborate because they are so disenfranchised. Collaboration builds power as a community. Nonprofits, resources are very scarce, so combining resources can get over resource barriers. Bring in diversity in a community. No community of color is homogeneous. Allow all different groups to come together and take stake.

What Barriers may arise:

It's hard to work with those in your own community because of the stigma that arises. In talking about HIV/AIDS, one might hear derogatory remarks ("Oh but we're not gay." or "I don't want to work with the drug users.") It's hard to get people to collaborate or to buy into the work.

There are limited resources. What can your agency bring to the table? They might expect money from you. That isn't always possible. What are other resources that your agency can offer.

What are some solutions?

The Black AIDS Institute plans for activities in all sectors because it involves all people in the community. These can include important key stakeholders like fraternities, sororities, or celebrities. If they buy in, you get the buy-in from their constituents

One example was incorporating HIV testing at the at the Essence Music Festival (New Orleans). There are over 60,000 black people there. BAI saw it as a great opportunity to provide testing and saw Essence as stakeholder to reach constituents. It took much negotiation because the organizers wanted the event to be fun and wanted to minimize drama from HIV testing. Eventually Essence agreed to allow testing but they couldn't pay for anything.

BAI had to collaborate. Black AIDS Institute contacted Orasure, who said they will donate test kits to the New Orleans health department. The New Orleans health department said they can provide tests, but not the actual testers. BAI had to ask Community Based Orgs to volunteer testers. BAI needed 5-6 testers each day.

Coalitions had to be formed and people had to come together from the Department of Health, Orasure, Essence, and CBOs. A potential barrier was that Essence wanted clients to sign a 2 page release form to waive liability. Black AIDS Institute had to fight back because the waiver would create stigma and act as a barrier to testing. Fortunately, BAI won and people didn't have to sign release waivers.

On the day of the event, Essence agreed to put testers in front of the stadium, the Louisiana Health Department provided video information and individual counseling with test results. One thousand people tested over the weekend. The resources weren't really monetary but volunteer resources were needed for a successful event. Black AIDS Institute is now partnering with large organizations and local public health departments and CBO organizations. It was a great model to get people involved in something involving stigma. Having celebrities get tested also helped.

Lessons learned:

1. To overcome stigma you need to have buy-in from the community
2. Link into existing events and fairs
3. Meeting others where they are is important (take baby steps if needed)

Key Pointes from Lola Sablan-Santos, Guam Communication Network

Guam Communication Network had the first Pacific Islander HIV collaborative in the US. Principals on community collaborations: There must be common concern or issue; Stakeholders (university or faith based) must be involved; communication must be present (oral/written); every member has to have ownership in collaborative; respect for each other and their views and respect for why you are there.

Principals as a recipe:

1. Mix equal parts of community involvement, include common cause or issue, add assigned agreements and sign off
2. Blend together and set aside
3. Bring to the table all the agreements and cultural values
4. Blend and stir until through understanding
5. Place in community settings 1-3 years, monitor with evaluation
6. Presentations w/ PR, articles, showcase in cohesive, goal oriented activities

Other ingredients include: clarity, culture, Faith, fellowship, family, fun, food

Background on the PI HIV Collaborative:

Three years ago with funding from OMH, GCN put together a PI collaborative to build their capacity in HIV programming. A call was put to for members. Community Based Organizations and faith based orgs came together. In the first year of the project the collaborative was challenged with faith based organizations who wanted to focus on abstinence. Two strategies were needed: one for faith based and one for community based organizations.

Some challenges that came along:

- not all groups got along
- one group from Orange County didn't want to attend trainings but wanted the money anyway
- another San Diego group always challenged what was being done
- it took time to build relationships.

Lessons learned: It takes time to build relationships and have to work with people who have common interest or goal.

Outcomes for the project included:

1. Video and audio products produced by community – design, talent, etc.
2. Two public service announcements created and eventually seen by 500,000 people in San Diego county
3. Organizations applied for other funds, grants for breast cancer, cervical cancer, attending conferences
4. PI group at table for HIV 10 year planning program
5. First Samoan church to do interventions on HIV came to be
6. For world prayer day, prayed for people of New Guinea, which has a high HIV prevalence

Panel discussion

Question: What are some of the challenges you see in your community and how you address issues to create space to allow discussion to happen (religious and youth communities)

Lola: We always had youth involved in programs such as tobacco control. Youth were strong in doing lots of media work. Many community members were designers. Kids were involved in the final product and they were excited to be part of the video work.

If kids have to do volunteer hours, you can get them that way. Give them the recognition for schools and scholarship.

Jonipher: In conversations with very conservative Baptist churches, set up time to “talk story,” getting to know each other, through conversations they discover they are both getting flak from both sides. Gays see them as homophobic while church group gets flak for being too liberal for supporting AIDS work in Africa. Gay religious groups also gets flak from both sides. They realize there are other things they can work on that is not as explosive. What else can they do together so it doesn't focus on places where there is difference or controversy. When it comes down to it, it is about our common humanity.

Audience member added: How can you bring the church into the topic of HIV or mental health as it can be very hard to reach out to the elders and get across stigma? Get down to their level and open up, once you open up, they will open up. Bring it home, this could be your son or daughter.

Panel Two: “Why We Do What We Do: Client Testimonies”

Panelists: Z, D, W, C

Moderator: Jeanne Shimatsu

(For the purposes of confidentiality, client’s full names were not used. Their stories were altered for clarity and to maintain anonymity.)

Z’s Testimony:

I’m a second generation Chinese American woman. I didn’t have much family support growing up. My parents were separated and I didn’t have strong spiritual support. My father drank often. I got into drugs as way to get out. I used meth. I became a party person. I joined basketball to avoid depression. Through my meth, I lost 30 pounds and I liked it. Everyone liked my weight loss.

I finally admitted I was addicted to meth.

I searched for ways to fight my addiction: went to a bootcamp, underwent family counseling, and my mother also tried to find counseling services. Nothing was working out. I relapsed.

My mom had me live on my own. I became homeless. I went to treatment at the Asian American Drug Abuse Program. I graduated in two years. My transition was a difficult phase but the agency was there for me. I received job training skills and experience, made friends with others in my same situation.

I tried working things out with my mother. I underwent more counseling and I’m rebuilding trust through AADAP support. Everything started falling into place. I’m now working in the substance use field. And I’m rebuilding my relationship with my mother.

Also, it’s important not to enable addicts.

D’s Testimony:

I became a drug addict in college. I used marijuana. It gave me a false sense of happiness. I became depressed.

I felt a lot of pressure from parents to finish college. I had a lot of expectations from my family. I felt I had to get away from stress and the expectations. Smoking marijuana temporarily relieved my stress.

I started taking anti psychotic medication because I suffered from paranoia. It placed me in a different state of reality

I started by rationalizing my thoughts and went to Downtown Mental Health through Team 360 at APAIT. It helped me overcome my addiction. I reflected on what was going on and realized what I needed to overcome my problems. I used a slogan "total freedom" which opened my eyes. Freedom to me was setting boundaries to separate me from my drug use.

I fought depression through finding happiness in life and realized that there is support out there. The only way I got out of my addiction was by getting involved.

W's Testimony:

This is my first testimonial. I'd never done this before. I'm hoping this will save my life. I grew up on the islands. I was part of big family, socialized a lot, drank a lot, laughed. I spent time with grandparents, aunts, uncles. I was very close to my grandmother. In my early childhood, it was very family oriented. Everyone seemed to know I was gay except for me. I danced the hula, played with dolls, old stereotypes.

I felt like my family didn't really understand me. My life was difficult. I had one sister caught smoking pot. She was sent to a halfway home for a month. One sister got pregnant at 18. I smoked pot at around 18. I used because I was insecure. I felt bad, ugly. I didn't know what the words "fag, sissy" meant.

I was living in a small community and couldn't live my own life. I moved to LA. I found freedom but that came with choices, both good and bad. I didn't come to terms with my homosexuality. I went to bars, bathhouses, sex clubs. I suffered abuse, physical, emotional, and sexual. I needed to be with someone with my same ancestry. I started using meth, but didn't understand why I started using it.

I owe a lot to APAIT and my therapist Hiromi.

C's Testimony:

(C, a teenager, sang a sad song with acoustic guitar)

I play in a band, into the arts and music. My parents were first generation looking for the "American dream." My dad's business didn't work out. He became an alcoholic. I did not have a father figure. I felt like I had no strong family structure

I heard about a hip hop class at Asian Pacific Health Care Venture through high school friends. It was a good way of getting away from my family problems by joining Youth activities. I became involved in high school.

I had a sense of belonging when joining activities at the clinic. I gained positive energy since I didn't have that at home.

Panel Discussion

Audience Comment: Praise to W for being able to open up about his personal life and breaking the barriers of the “island mentality.”

Question: Has the program helped him cope?

W: Although I have had difficulty sharing my identity with family, I feel relieved opening up and having my parents know. It’s still complicated since I comes from a spiritual family. I’m respected although my parents have a hard time coping and understanding.

Question: Does Z find it helpful to work with the community that she was in? When should family enter the healing process?

Z: Family won’t always come around. You can’t change your family, but you can change yourself. Accept issues in your family and the roles you play.

Question: How has your relationship improved after accessing services?

Z: There still wasn’t much support. My parents are always away, parents have a bitter separation. My father is still not in the picture but I have accepted the situation.

Question: What type of advice do you have for agencies to help serve future clients?

D: Be there when they are ready to receive help.

W: Just be sure to be sensitive to the population. (Cultural background/sexual orientation). Making sure to have a safe environment.

C: Patients are sometimes afraid to ask for help. Just be able to communicate with them. Build rapport.

Z: Encourage clients to be independent. Help people focus on themselves and get back on track. Without outside support, people will not see the bigger picture.

Question: What works when it comes to dealing with recovery from hitting “rock bottom”, what wouldn’t work?

D: Motivation is the key. Help patients see that there are other options for help.

C: Help patients realize their problems. Sometimes it’s important to hit rock bottom to realize what was going on.

W: Working, having responsibilities, staying focused helps them recover from rock bottom.

Collaboration Activity

Participants were asked to build a structure and observe how people best worked together.

In completing their tasks, they emphasized the importance of:

- time management
- pointing out specific roles
- Sharing ideas from different groups
- Providing the opportunity to give input.
- Open lines of communication is important
- Having a strong foundation is key to building anything

Participants were asked to suggest other agencies APACTS might want to work with. Their suggestions:

- Samoan Nurses Association
- Pacific Islander Council
- NHPI Health Alliance
- Clubs within college campuses (UCLA, USC, Asian American Studies programs)
- More Samoan/Tongan Churches
- Public Sector/Public Health Departments
- Satrang
- Khmer Girls in Action
- Planned Parenthood VOX “Voice”
- Koreatown Immigrant Workers Association
- API Equality

Participants were asked to suggest successful collaboration techniques:

- Being active in the community (exposure/awareness of different health issues within the community)*
- Sharing information with partners and stakeholders
- Community leaders facilitate and be consistent and focus on matter at hands
- Contact via all venue with technology (twitter, e-mail, net/webinars, etc)
- Continue building referral system

- Common interest among CBO's and FBO's
- CBO communicates with collaboration
- Be sensitive to all cultures (ethnic, LGBT, etc)*
- Follow-up (ie, Thank You Cards and phonecalls)
- Acknowledge people in the collaboration
- Tele-conference if not face to face
- Regular scheduled meetings that does nto change
- Rotate meeting locations
- Awareness of common problem
- Get on a personal level: build rapport
- Directory of all agencies, available to all
- Finding common ground
- Ground rules (respect, understanding, listening)
- Enhancing networking sessions by goal setting
- Power of youth involvement, not only among peers to to greater community
- Evaluate staff, organization
- Develop advisory committee (purpose of assessment)

What worked for clients

- Be person-centered and not goal centered (express compassion)
- Get family educated-to be involved in recovery
- Make environment safe to discuss issuses
- Challenging the "Island" mentality (stigma)
- Educational Value (self-reflection)
- Working with others to tell their stories (pay forward)
- Group discussions on culture
- Family to be included to recover process
- Discuss family issue
- Encourage clients to be independent
- Understand relapse is part of recovery
- Motivation: develop discrepancy (where they are and where they want to be)
- Knowing "hitting rock bottom" is not going to happen to all
- Know that responsibility and keeping busy is helpful to staying in recovery

What Does Not Work for Clients

- Mainstream community services
- Enabling cycle of dependency (encourage independence, self motivation)
- There is no "cookie cutter" plan, everyone is different

APACTS Lead Agencies

Asian Pacific AIDS Intervention Team

www.apaitonline.org

The mission of Asian Pacific AIDS Intervention Team (APAIT) is to positively affect the quality of life for Asian and Pacific Islanders living with or at-risk for HIV/AIDS by providing a continuum of prevention, health and social services, community leadership and advocacy to the Southern California region

Asian American Drug Abuse Program

www.aadapinc.org

AADAP, Inc. serves people throughout Los Angeles County. Programs have expanded to include water conservation, HIV/AIDS outreach and cross training, drug court services for the Inglewood Municipal Courts, tobacco education, and a for profit business venture, MTC Construction.

Asian Pacific Health Care Venture

www.aphcv.org

APHCV is a Community Health Center whose mission is to advocate for and provide quality health care services to all persons in a culturally competent manner. We offer service with a particular focus on low-income families and underserved Asians and Pacific Islanders. We also offer programs of health education and community economic development within our catchment area as well as other regions in Los Angeles County.

Collaborating Organizations

Asian Youth Center

www.asianyouthcenter.org

Serves the social services needs of youth and families, with a focus on Asian immigrants with programs that enable youth and families to adapt and contribute to a multi-cultural society.

Chinatown Service Center

CSC is a team of bilingual social service professionals, clergy and volunteers and provides a wide-range of counseling, education, and cultural programs primarily for new immigrants, children, and senior citizens.

Guam Communications Network

www.guamcomnet.org

Facilitates increased public awareness of the issues concerning the people, island and culture of Guam through education, coalition building and advocacy

Japanese American Citizens League Pacific Southwest District Council

www.jaclpsw.org

Advocates for the Asian and Pacific islander Community in civil rights, public policy and community preservation

Kanana Fou Samoan Congressional Christian Church of Wilmington

Kanana Fou is a Samoan Christian church whose mission/purpose is growing disciples of Jesus Christ by seeking God, sharing love, and serving others.

Korean Resource Center

www.krcla.org

Empowers the Korean American, low-income immigrant and people of color communities through social services, education, culture, advocacy, and grassroots organizing. KRC is guided by the principles *Live Rightly, Know our Roots, Empower Ourselves, and Live in Harmony*

Korean Youth Community Center

www.kyccla.org

Programs and services specifically directed towards recently-immigrated, economically-disadvantaged youth and their families who experience coping and adjustment difficulties due to language and cultural barriers.

National Organization for the Advancement of Chamorro People

The NOACP was founded in 1992 with the objective to engage in, advance, promote, and encourage education, training, research and related activities to preserve the culture and customs of the Chamorro people.

Pacific Asian Counseling Services

www.pacsla.org

Strives to enrich the lives of children and families through counseling and caring by providing culturally sensitive and language specific services with expertise in the immigrant Asian Pacific Islander populations

Searching to Involve Pilipino Americans

www.esipa.org

Providing innovative programs that will inspire and empower the Filipino youth in the US to make smart choices, bring families together, and revitalize the community. SIPA promotes education, leadership and cultural and financial self-reliance in order to make an active, vibrant community with empowered individuals as its members.

South Asian Network

www.southasiannetwork.org

Informs and empowers South Asian communities by acting as an agent of change in eliminating biases, discrimination and injustices targeted against persons of South Asian origin and by providing linkages amongst communities through shared experiences. Strives to provide multilingual, culturally appropriate approaches to community organizing encompassing community outreach and education, direct service, and policy advocacy in five focus areas: immigration, public health, violence prevention, hate crime/discrimination and civil liberties.

Thai Health and Information Services, Inc.

www.thaihealth.org

Strives to enhance the quality of life of Thai individuals and families in Los Angeles County through the provision of culturally and linguistically appropriate health, mental health, and social services

United Cambodian Community

www.ucclb.org/welcome/

The mission of UCC is to provide necessary services to the Cambodian community of Long Beach, as well as other low-income groups needing assistance.