















### NICOS Chinese Health Coalition Chinatown/ Chinese Community Health Issues

Presented by Michael S. Liao, MSW

Director of Programs

August 20, 2019



### **NICOS Chinese Health Coalition**

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### Partial Membership List

Today, NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals.

- APA Family Support Services
- Asian and Pacific Islander American Health Forum
- Cameron House
- Chinatown Child Development Center
- Chinatown Community Development Center
- Chinatown North Beach Mental Health Services
- Chinatown Public Health Center
- Chinatown YMCA
- Chinese Community Health Care Association
- Chinese Community Health Plan
- Chinese Hospital
- Chinese Newcomers Service Center
- Chinatown Community Children's Center

- Gordon J. Lau Elementary School
- Gum Moon Women's Residence/ Asian Women's Resource Center
- Kai Ming, Inc.
- Kaiser Permanente
- Newcomers Health Program
- North East Medical Services
- On Lok Lifeway
- Richmond Area Multi-Services, Inc.
- San Francisco Chinatown Lions Club
- Scorch LLC
- Self-Help for the Elderly
- UCSF-Memory and Aging Center
- UC Davis
- Individual Members



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### Advocacy: Recent/ Current Efforts



Advocacy is a core component of NICOS' mission. NICOS was founded in 1985 when five of the largest health care organizations in Chinatown came together to form a representative voice for the Chinese community.



- Sugary Drinks Distributor Tax + API Health Equity Seat at the Advisory Committee
- Prop 56 Tobacco Tax (DentiCal)
- Opposition to the Citizenship Question on the Census 2020
- Opposition to new proposed Public Charge Rule





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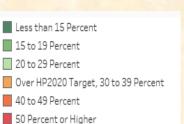
### Chinatown Children's Oral Health

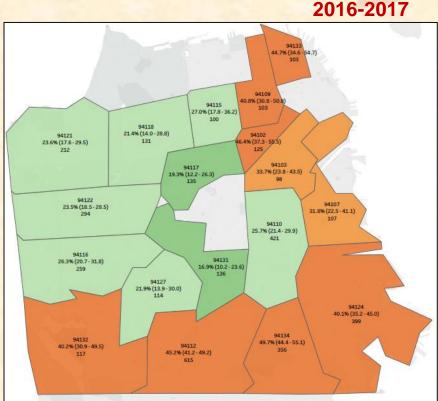






Percentage of SFUSD kindergarteners who experienced dental caries by zip code







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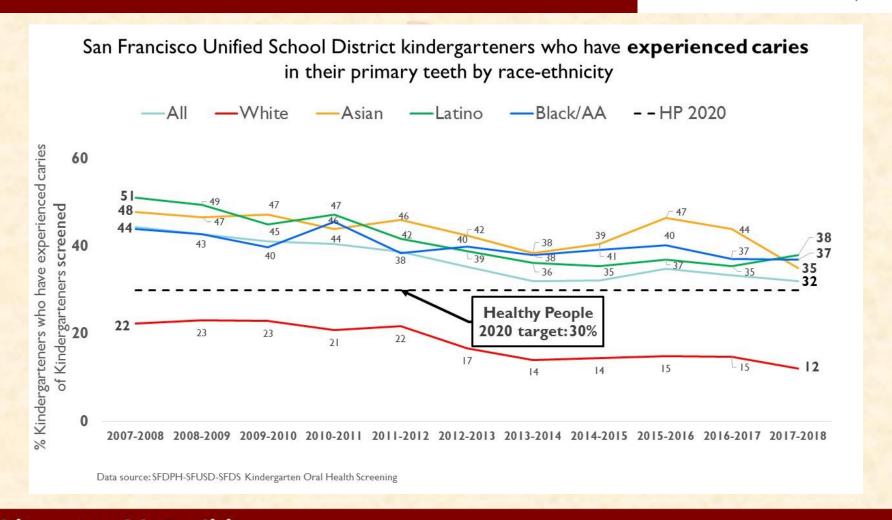
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### Chinatown Children's Oral Health











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### Chinatown Children's Oral Health









The Chinatown Task Force on Children's Oral Health (CTFCOH) was founded in July 2015. The Task Force is comprised of community leaders, health and human service providers, students and concerned individuals motivated to address children's oral health issues through utilizing a collective impact approach.



- SF DTI focus group in Chinatown with parents/ caregivers in 2018:
  - Family elders view baby teeth as not important
  - Desired more child-friendly strategies to increase child acceptability
  - Trusted community programs, schools, media
  - Felt elders should be included in interventions

 CTFCOH developed media campaign around slogan:





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### Chinatown Disaster Preparedness & Response

Funding:





The Chinatown Disaster Preparedness Committee (CDPC) was established after the Loma Prieta Earthquake in 1989. With a membership consisting of public and private organizations, the Committee is dedicated to providing disaster preparedness resources that suit Chinatown's specific language and demographic needs.



### Chinatown Disaster Preparedness Committee (CDPC) Disaster Mission Statement:

#### **Preparedness Phase**

Coordinate disaster-related trainings for local residents and staff | Test preparedness of the community through regular drills Act as information/ resource clearinghouse for Chinatown | Establish agreements with public, private and community entities Develop a local Chinatown Disaster Response workforce

#### **Response Phase**

Provide linkages to local resources and assess needs | Coordinate communication bet. Chinatown ICC and SFNERT/SFFD, EOC Be the language bridge to the community – to broadcast information

### **Recovery Phase**

Disseminate available info. to the community on financial recovery efforts Be the information clearinghouse for Chinatown community

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### Chinatown Disaster Preparedness & Response





### **Examples of CDPC Activities**

- Outreach & Education (Chinatown Community Health Fair, District Attorney's Chinatown Community Resource Fair)
- Trainings (Cantonese NERT classes, ICS trainings, HAM radio certification, Shelter Operations training, etc.)
- Drills (ShakeOut earthquake drills, tabletop drills, search and rescue NERT drills, etc.)
- Communications (e-mail/texting groups, FRS/ HAM radios, runners)
- Coordination (MOUs with partner agencies, caches of supplies/ equipment in neighborhood)
- PG&E Resilient Communities Grant: Chinatown CDC, NICOS and SF Environment identify cooling/ heat-relief centers, develop and implement Chinatown extreme heat response plan, develop and disseminate in-language PSA



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### Chinatown Disaster Preparedness & Response





### **Emerging Issues**

## Climate Change Triple Threat: Extreme Heat, Power Shutoffs, Air Quality Concerns

 Chinatown lacks trees and greenery that provide natural heat relief.
 Community under-prepared for extreme heat and lacks cooling/ heat-relief centers.

### Sociopolitical Threats/ Challenges

- Immigration/ ICE Raids Response
- Active Shooter Preparedness





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### **CLAS ACT Project**

Culturally & Linguistically Appropriate Services, Advocacy, Consultation & Training



### **Project Overview**

 Provides free technical assistance, training, and resources to enhance organizational cultural competency and responsiveness



- Training Topics: General cultural responsiveness; implicit bias; language access; LGBTQ-issues; transgender-responsive care; working with ethnic groups (Asian American, African American, Latinx communities); disability-issues,
- Consultation: organizational policies to diversify staff; focus groups for staff and client feedback; trans-affirming policies; way-finding designs; linguistic access
- Serves 600-900 professionals annually
- National CLAS Standards (Federal Office of Minority Health, Rev. April 2013) serve as framework for project

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### **CLAS ACT Project**

Culturally & Linguistically Appropriate Services, Advocacy, Consultation & Training



### **Emerging Issues**

# Diversity and Demographic Shifts in Chinatown and among Chinese population



- Lack of bilingual/ bicultural workforce in mainstream health/ social service organizations
- Shifts in population served by Chinatown-based organizations
- Lack of Chinese-focused services in areas where large Chinese pop. is current residing (e.g. Visitacion Valley, Bayview)



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### Addictions within Chinese Communities

# Gambling Gaming Tobacco/ Nicotine



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### Chinese Community Problem Gambling Project





A pioneering program addressing the issue of problem gambling in the Chinese community. Includes training for service providers; helpline and referral services for problem gamblers and their families; and education and outreach to the general public.



Gambling Among Chinese
Adults in San Francisco: 14.5%
meet criteria for problem
gambler, 21% meet criteria for
pathological gambler
(Wong and Toy, 1999)

California Problem Gambling
Prevalence Study: APIs who are
less acculturated are almost 3x
as likely to be addicted to
gambling (Volberg et al., 2006;
Lui & Chung, 2007)

Problem gambling among San Francisco Youth: 11% among API youth vs. 2-6% national average (Chiu & Woo, 2012)

San Francisco State University Problem Gambling Survey: 12.8% of AAPI students are probably pathological gamblers (15.7% of foreign-born AAPI students) (Zhao, Lee, Kuwatani, 2016)

Gamhling still disproportionately impacts API **vo**un mav be prominent issue mong API youth seem to have greater problems with both gambling and games



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### Chinese Community Tobacco Use Focus Groups

Funding:



### **Focus Group 1**

Older Chinese Immigrant Men (60+)
January 2019

### **Focus Group 2**

College-age Chinese Americans (18-25) February 2019

### **Focus Group 3**

Middle-age Chinese Immigrant Men (25+)
March 2019

### **Key Findings:**

- General lack of information or at-times misinformation about health impacts
- Intersection of race, age, and gender influences usage and product preference
- Motivators to smoke: family influence and stress relief
- Motivators to quit: family and personal relationships & finances
- Barriers to seeking medical care: for less acculturated cost; for older: don't see the point
- Barriers to quit: Less acculturated: see lack of self-determination as main barrier; for more acculturated: discomfort, social aspect and habituation
- Social stigma placed on smoking seen as challenge/barrier to seek help
- Older, less acculturated tended to trust CBOs; younger, more acculturated prefer lived experience/ peer-to-peer

#### **Recommendations:**

- When creating interventions and campaigns, focus on how smoking impacts the family, use children as spokesperson
- Emphasize the financial benefits of quitting smoking
- Utilize spokespersons with lived experience with quitting smoking
- For those less acculturated, use the addiction-model to educate clients, and utilize strategies such as motivational interviewing
- For those more acculturated, create programs that focus on non-judgmental, peer-to-peer support
- Role of medical professionals: doctor's 3-minute conversation about smoking cessation is critical
- Need more education to debunk myths and misconceptsions about tobacco use, esp. with newer products such as ecigarettes

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### Additional Community Health Concerns

- Housing/ Homelessness SROs, precarious housing, homelessness in the neighborhood
- Mental Health immigrant stress levels, depression, stigma, suicide
- Disability voice of Chinese/ Asian Americans with disabilities is underrepresented
- Safety/ Violence increasing crime and violence toward Chinese/ Asian community, Chinatown underserved by SFPD
- Seniors loneliness, mental health
- Workforce dearth of bilingual/ bicultural health workforce

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### THANK YOU!

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