Welcome

A REFLECTION OF 30 YEARS OF SERVICE

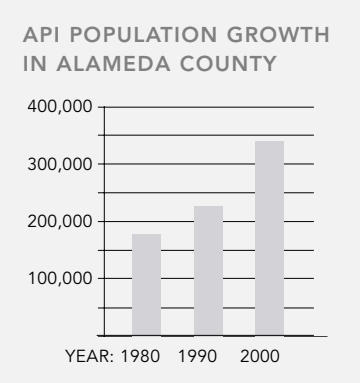
I came to AHS as an uninsured patient in 1976. The doctors were better than any other I'd ever experienced. When a job opened up at AHS, I knew that this was the place I could make a meaningful impact with my life.

Asian Health Services emerged out of a community and student-driven effort of the East Bay Asians for Community Action in 1973. A health committee conducted a forty-block door-to-door survey of Oakland's Chinatown/ Manilatown and found that residents used health care half as often as the general U.S. population. The committee cited language barriers and lack of affordable health care as the greatest deterrents to access.

In 1970, Asian and Pacific Islanders (APIs) accounted for 3% of Alameda County's population. Since then, the API population has almost doubled during each ten-year period, and now makes up more than 23% of the county residents.

The exponential growth of the API population has led to an increasing demand for accessible health care services. During its first year of operation, AHS provided over 1500 visits. AHS now provides 65,559 medical visits a year and has an annual budget of $15 million. AHS continues to be a model of culturally competent care in nine different languages, and recently, opened a state-of-the art dental clinic that has provided services to over 7,400 patients in its first year.

Since 1970, the API population in Alameda County has almost doubled during each ten-year period. APIs now make up more than 23% of the county residents.



But success, we have said, should not be measured solely by how many patients we serve, but by how our community understands and asserts its rights to health care. How to execute this vision of both being a service to the Asian community and being a vehicle for positive social change has taken the staff, volunteers, and patients through many challenges over the years. However, AHS continues to prevail in its mission to serve and advocate for the Asian community by ensuring access to health care services regardless of income, insurance status, immigration status, language, or culture. While it is a challenge to measure what has been accomplished, we have endeavored to reflect on our history through a series of interviews. We are pleased to share some of the highlights of this history through this 30th Anniversary Commemorative Booklet.

Sherry Hirota
Chief Executive Officer

The History of Asian Health Services

FAR LEFT: SOME OF AHS'S FIRST STAFF: WARREN LEE, KAREN MORI, CHRISTINE ARANETA, ALAN CHAN. LEFT: SUE CHAN, GENE TOM.

1965
Congress passes new immigration law that allows Chinese immigrants to bring their families to America.

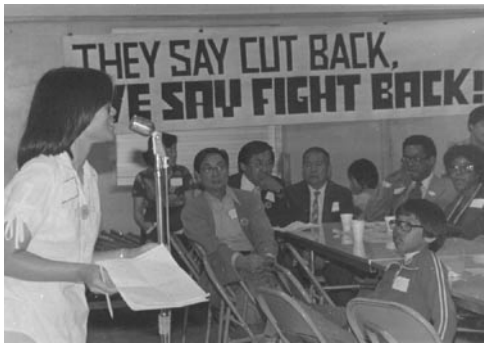
1968-69
San Francisco State College Strike calls for the establishment of Ethnic Studies

1973
Asian Health Services is incorporated

1974
Steve Yee, First Executive Director, is hired

AHS'S ROOTS IN COMMUNITY ORGANIZING

To look back into the roots of Asian Health Services (AHS) is to **get a glimpse of the political activism of Asian American students fighting for social justice in the late 1960s and early 1970s.** During this time, Oakland Chinatown grew rapidly in size and diversity, and its social and economic needs burgeoned due to a large influx of immigrants. After the East Bay Asians for Community Action (EBACA) met with 11 community organizations in 1973, it became clear that Asians in Oakland and other parts of Alameda County needed low cost health care.



AHS's Teri Lee protests Proposition 13's cuts to health care in 1978.

DR. SUE CHAN
AHS'S 1ST PHYSICIAN & MEDICAL DIRECTOR

"From the outset, the individuals who came together to form AHS were inspired by the ideals of the civil rights movement of the 60's, to fight for justice and equality in all sectors of society. The vision was to be part of an informed, vocal Asian community, advocating for equal access in education, employment, housing, voting as well as asserting our right to affordable, quality health care. We held to the principles set forth by the World Health Organization that health was not just the absence of disease but was the total well being of an individual and their community."

DAVID SANGER

"We have always had a philosophy on two fronts – provide care when it's needed, and do it in an appropriate language and culturally sensitive manner. The other part is to involve the entire health care system in clinical advocacy and political activism to make changes in health care institutions and public policy."

–DR. STEVE YEE
AHS'S 1ST EXECUTIVE DIRECTOR & CURRENT BOARD MEMBER

FROM LEFT: OUTREACH AT AHS' FIRST HEALTH FAIR. CLINIC SERVICES IN 1974.

1974 continued
AHS's services are provided in Cantonese, Mandarin, and Tagalog.

ROOTS, CONTINUED

ROBERT PON
FORMER AHS CLINIC COORDINATOR

"There was a preponderance of evidence to establish the need for AHS. There was a large underserved population, particularly immigrants who were having difficulty getting care. There was one private MD in Chinatown, but local community members needed bilingual and bicultural providers. The problems were terrible when they visited existing institutions."

Don Tamaki, Marilyn Mar, Serena Chen, and Mike Yee, leaders of the EBACA health team, discovered that the volume of Asian patients seen by Alameda County's Department of Health Services was exceedingly low.

WE CALLED IT 'ASIAN HEALTH SERVICES'

"We conducted an assessment to survey the needs of the community and to make political types aware of lack of services in that community. We got a grant and we held an Asian Health Day in the fall of 1973. We had a huge turnout. We did blood pressure screening, health education, etc. It highlighted such a great need that Alameda County gave us a grant to look at creating a health project, which we then called Asian Health Services." –**DR. STEVE YEE**

ROSE LOUIE, FORMER AHS NURSE AND LONG-TIME VOLUNTEER HELPS TO ASSESS HEALTH NEEDS IN THE COMMUNITY.

In 1974, AHS was incorporated and it hired Dr. Steve Yee as its first Executive Director. Housed at 10th and Harrison Streets, young students and volunteers staffed the one-room clinic. By 1975, with increased funding from Alameda County, AHS was able to hire its first medical doctor, Dr. Sue Chan. Within two years, AHS had four staff – a fulltime physician, a medical assistant, a receptionist, and a part-time optometrist.



FROM LEFT: EARLY AHS GENERAL MEETING PARTICIPANTS. INTERPRETERS AT THE MEETING.

1976
AHS holds its first Annual General Membership Meeting

"I was happy to hear about the laws requiring interpreters for patients, but I wondered whether the other health care providers are aware of the law and their responsibilities. I am especially worried when I go for specialty care because there usually is no interpreter."

–**TRAN THI YEN**, AHS PATIENT, 1999 GENERAL MEETING

GENERAL MEETINGS: WHAT DEMOCRACY LOOKS LIKE

Members listen to interpretations on headsets at the General Membership Meetings.

"How to change society comes from organized movements, and to demand changes on their own behalf--this was the strategy, but it was difficult to make it happen. You had third generation leadership organizing first generation staff and patients. Immigrants often feel they have no rights and this is their fate. This took education... we had huge membership meetings, but how to convey the concept of advocacy... these were big challenges."

DIANNE YAMASHIRO-OMI
FORMER AHS CO-ADMINISTRATOR AND CALIFORNIA ENDOWMENT SENIOR PROGRAM OFFICER

Each year, AHS convenes a meeting with its patients. This General Membership Meeting helps to inform patients about health care policies that affect them, obtain feedback on AHS's services, and identify any service gaps it should address. Patient input provided at these meetings determine AHS's service priorities and strategic planning for the subsequent year. At AHS's first general membership meeting, only one patient attended.

The lack of attendance didn't discourage staff however. The low turn-out, the staff's grassroots instincts told them, was not due to the patient's disinterest in their own health care.

AHS prioritized establishing trust with its patients through community outreach and clinical visits. During each patient's visit, providers personally invited patients to attend general meetings while staff made personal follow-up phone calls. Now, 300 to 400 patients attend AHS's general meetings. Due to the diversity of patients AHS serves, these forums are conducted in nine different languages simultaneously using headset technology. By doing this, patients can express their concerns in their own language.

Federal, state and local health officials often compare AHS's general forums to a United Nations meeting. Former Office of Civil Rights Director Tom Perez remarked that **AHS's general meeting is a profound example of a participatory democracy.**

DUNG NGUYEN, AHS'S FIRST VIETNAMESE COMMUNITY HEALTH WORKER.

1978
Landmark Bakke decision – minimum quotas for minorities

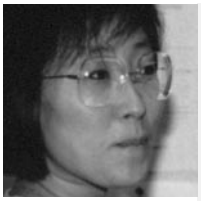
AHS language capacity expands to Vietnamese and Korean.

A formal health education component is established.

COMMUNITY HEALTH WORKERS

"I started working at AHS in 1977, and I was the first Vietnamese person to work at AHS. I had learned from my own experience what it was like to be a new immigrant who had to look for health care services. I interpreted at the clinic, Highland, Central Health District, helped people apply for food stamps, Medi-Cal, and WIC; helped with housing needs of those who were newly arrived; helped parents deal with school and helped them with English. In Vietnamese, there is no word for advocacy – I had to explain to the Vietnamese community that when you need something you try to get it, but in the U.S. you have to fight for it."

–**DUNG NGUYEN**, COMMUNITY HEALTH WORKER (PICTURED, LEFT).



STELLA HAN
AHS LEAD INTERPRETER

"When AHS was organizing, it was exciting – it made you feel like you were alive, that you were doing something, and it gave you energy... I remember when the Bakke decision was a big issue – that was a major thing to get involved in. And we got involved in the smaller issues like trying to find resources where non-English speaking people could go. The agency was there at the time and helped new immigrants feel that their life was more settled."

In order to reach out to the community, AHS obtained job training funds to hire community members to establish trust between the patients and providers, help patients navigate the health system, translate and interpret, and be trained in preventative care.

Through dedicated community members like Stella Han and Dung Nguyen, **AHS pioneered the concept of the Community Health Worker.** While traditional health facilities had one health educator with an extensive public health background, AHS found it more effective to enlist a team of community health workers that would learn everything from Family Planning and HIV/AIDS to hypertension. Since AHS's Community Health Workers were leaders that knew their communities, they helped the community develop a greater sense of ownership in prioritizing and finding solutions to their health problems and issues.

ANTI-PROP. 13 PROTESTS.

Proposition 13, dubbed the Property Tax Revolt, passes. Prop. 13 reduces property taxes by 57% until the property is sold.

AHS organizes patients to protest human service funding cuts that result from Proposition 13

"It was dramatic to see the Asian community at the Proposition 13 hearings who, for all intents and purposes, had been invisible to the Board of Supervisors before."

–DR. SUE CHAN

HEALTH CARE IS A RIGHT: AHS AND PROPOSITION 13

Proposition 13, a 1978 state initiative that decreased property taxes, resulted in severe cuts in human services. As a result, **Alameda County announced that all community-based contracts would be terminated. In response, AHS played a key role in creating a coalition of organizations** that previously had never worked with each other. AHS also mobilized its patients and staff to testify at the Alameda County Board of Supervisor hearings and on television using AHS interpreters.

Patients turned out to be an incredible force. For immigrants to come out to a protest demonstration was signficant. Their presence demonstrated the level of support AHS held within the community and that immigrant communities who were easily dismissed could take strong action.

–**TERI LEE**, FORMER AHS HEALTH EDUCATION COORDINATOR

From the protest parades to the demonstrations at Highland Hospital, the message that health care is a right pervaded. It also made clear to county officials that language access services were essential to properly serving the county's growing low-income Asian immigrant population. To the relief of both patients and staff, AHS did not lose its funding. Moreover, only a small number of community-based organizations experienced funding cuts.

TESSIE GUILLERMO
FORMER AHS FISCAL MANAGER AND PRESIDENT AND CEO OF COMMUNITY TECHNOLOGY FOUNDATION OF CALIFORNIA

"It didn't strike me then how profound it was to have staff institutionalize their work in advocacy, and define advocacy in its strategic vision. At my first staff meeting, the subject was 'What is Advocacy?' During Proposition 13, we went to the Board of Supervisors. Sherry was leading a coalition of diverse community and labor organizations and organizing patients who didn't speak English AND she was advocating not just for AHS, but for all human services and being responsive to the needs of all communities."

"Proposition 13 brought a lot of issues to a head – what role does a health organization take in a political movement? We did advocacy in the exam rooms. We would tell them, 'Don't be afraid to seek help for translations, otherwise, you won't get good care.' Even if you have no education, no insurance, we respect you and will treat you with dignity. You are entitled to no less than anyone else."

DR. WINSTON WONG
FORMER AHS MEDICAL DIRECTOR AND CLINICAL DIRECTOR OF COMMUNITY BENEFITS AT KAISER PERMANENTE

AHS'S MULTILINGUAL APPROACH HAS BEEN A ROLE MODEL FOR OTHER ORGANIZATIONS.

"I came to the U.S. in 1995. My biggest problem is related to language barriers. I have asthma and have problems communicating with English-speaking people. I feel embarrassed when I can't communicate at the doctor's office."

–MR. DE, AHS PATIENT, 2000 GENERAL MEETING

1979
Federal Urban Health Initiative (Community Health Center Program of the Bureau of Primary Health Care Title 330) allows funds to go specifically to primary care clinics targeting Asian indigent patients.

1981
AHS and other agencies file an Administrative Complaint with the Office of Civil Rights against Highland Hospital for discriminating against non-English speaking persons by its lack of language accessible services.

AHS moves into its new site at the Asian Resource Center

BUILDING COMMUNITY CAPACITY: LANGUAGE ACCESS

Language barriers are a significant problem for the majority of AHS patients. Nearly 90% of the patients are best served in a language other than English.

"I remember that people at the County Hospital would say – how come patients never asked us for translators? So, when we went before the Board of Supervisors, we brought the patients and SHOWED them the need! That's the strength of the organization – the people who use the clinic."

–DR. STEVE YEE

In 1981, a significant question arose as to whether language access was an issue of health care competency or civil rights.

DONN GINOZA
AHS BOARD VICE PRESIDENT

"When I was working with Legal Aid in East Oakland, one of the major issues that came up was language access and cultural competency at Highland Hospital. At that time, there were some very serious cases. So, Legal Aid and the consortium [of Alameda clinics] filed a complaint through the Office of Civil Rights (OCR) against Highland Hospital. As a result, Highland Hospital agreed to develop a staff of translators, which covered five languages. It was a TREMENDOUS breakthrough!!"

As a result of negotiations with the local community clinics and the Office of Civil Rights, Highland Hospital established a core unit of interpreters in 1981.

"I helped to persuade Highland to hire Vietnamese staff. I learned a lot from working at AHS for 20 plus years: asserting our rights, helping the community be in a better situation, that the health care system should benefit the community. I benefited from working at AHS because I learned how to fight for our rights as a newcomer needing health care. I learned that you should always speak up because if we didn't rally at Highland they wouldn't have hired interpreters."

–**DUNG NGUYEN**, AHS COMMUNITY LIAISON UNIT MANAGER

LANGUAGE ACCESS: IT'S THE LAW

Title VI of Civil Rights Act of 1964 (42 U.S.C. Section 200d, 45 CFR Part 80) prohibits recipients of federal financial assistance from discriminating against persons based on race, color or national origin. This has been interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of bilingual services.

APIAHF

1983
Alameda County contracts with AHS to provide medical services to medically indigent adults

1984
AHS creates the Labor Coach program, a national award-winning program serving low-income, limited English speaking pregnant mothers

1986
AHS helps establish the Asian & Pacific Islander American Health Forum

1987
AHS assists in the founding of the Association of the Asian Pacific Community Health Organizations

CULTURAL COMPETENCE

"Without my labor coach, I wouldn't have known how to call a nurse. My husband was in China, so I would have been alone, but my labor coach stayed with me the entire time. She translated any questions I had. Being in the pain I was in and if I were by myself, I would have been too scared to talk to the doctor." –AHS PERINATAL PROGRAM PATIENT

In 1984, AHS created the Labor Coach Program, which is a national award-winning program that provides language-appropriate and culturally-competent support services to women about to give birth. As trained bilingual volunteers, the labor coaches ensure effective communication between the patient and doctor during labor and delivery.

In 1994, AHS collaborated with the Latino Coalition for a Healthy California to advocate for Cultural and Linguistic Requirements for all MediCal Managed Care Contracts. These landmark provisions ensured access to 24-hour interpreter services, bilingual materials, and bilingual staff at key points of patient contact for two-thirds of the languages spoken by beneficiaries throughout the State of California.

Starting in May 1996, AHS played a key role as a member of the California Health Department's Task Force on Multi-Cultural Competence. Cultural competency, according to the Task Force, requires that individuals and systems value as well as use health related beliefs, practices, languages, histories, and address the current needs of a cultural group being served. As a member of this task force, **AHS helped to establish statewide standards for linguistically and culturally accessible health services.**

AHS DEMANDS BETTER THAN VETERINARY CARE

In 1996, a 58-year-old Cantonese-speaking woman underwent eye surgery at Highland Hospital. An interpreter provided instructions and informed consent prior to the surgery, but left shortly after. Two hours into the four-hour surgery, the anesthesia wore off and the patient began to feel intense pain. With no interpreter available, the patient tried to draw attention to her pain by repeatedly saying "doctor" in English. However, the patient's attempts at communication were ignored and no attempt was made to call an interpreter. As a result, the patient suffered through the last two hours of surgery without adequate anesthesia.

"From the standpoint of institutional quality or patient care, AHS epitomizes what it is to be culturally competent. It is sensitive to where the community is located, their language and culture. Early on, the agency made sure that it would hire at least two people in each language before it would address the needs of each community. In the 80's, the needs became more diverse with the growth of the Cambodian, Lao, and Mien population in the Bay Area."

DR. ARTHUR CHEN
FORMER AHS MEDICAL DIRECTOR AND ALAMEDA ALLIANCE FOR HEALTH MEDICAL DIRECTOR

KEVIN FONG (LEFT) SPEAR-HEADS THE HIV/AIDS PROGRAM

"I came to AHS in 1989 and took my job seriously. I put my patients and family first, myself last."

–**MAEY SAETURN**, AHS BILLING ASSISTANT (PICTURED AT LEFT)

1988
AHS establishes HIV education and prevention services program

1989
AHS language capacity expands to Laotian and Mien

HIV testing and counseling in six languages is added

Smoking and health promotion/disease prevention work begins

AHS's groundbreaking bilingual survey of nearly 300 Chinese residents is conducted. Findings reported in CDC publication.

ASIAN HEALTH ADVOCACY: BATTLING THE MODEL MINORITY MYTH

"There will never be an Asian clinic funded..." –ANONYMOUS HEALTH CONSULTANT

THE NEED FOR A NATIONAL VOICE

"We needed to form the Asian Pacific Islander and American Health Forum (APIAHF) and the Association of Asian Pacific Community Health Organizations (AAPCHO) because people weren't collecting data on Asians – it was the Black/White/Other paradigm. Given AHS's advocacy goals, there was no choice but to go national." –**DR. ARTHUR CHEN**

LAURIN MAYENO
FORMER AAPCHO EXECUTIVE DIRECTOR

"We had to say, 'Asians are sick, too.' And we had to convince them how bad off we were and this created deep grief... we had to play a potentially divisive game in order to get a piece of the pie!"

AHS played a key role in the formation of APIAHF and AAPCHO. APIAHF is a national advocacy organization that promotes policy, program, and research efforts to improve the health status of APIs. AAPCHO is a national network of community health centers serving the API population.

APIAHF's and AAPCHO's advocacy efforts culminated in the historic establishment of Presidential Executive Order 13125 in 1999 that recognized the needs of APIs at the federal level. For the first time, it required a coordinated federal effort to improve the quality of life and the mobilization of resources to address unmet needs in the areas of health, education, housing, economic and community development for APIs.

Despite the rapid population growth of API communities, very little was done to respond to their needs. In fact APIs were seen as the healthy minority. This model minority myth was perpetuated by the absence of data and research.

In 1990, AHS organized the first statewide public hearing on API health needs. Sponsored by Lieutenant Governor Leo McCarthy, the statewide hearing provided a way for clients and providers to testify before elected officials about the barriers APIs faced when accessing health care. It also uncovered startling statistics: **Asians were six times more likely to carry Hepatitis B and five times more likely to have tuberculosis** compared to other groups, and **up to 36% of Southeast Asian immigrants and 5-10% of Chinese immigrants were affected by Thalassemia.**

Published in a special report entitled, "California Asian Health Issues in the 1990s," the statewide public hearing became a model format for other communities to document local needs.

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SHERRY HIROTA, AHS CHEIF EXECUTIVE OFFICER (RIGHT) SPEAKS AT THE STATEWIDE HEARING ON API HEALTH ISSUES.

1990
AHS organizes the first-of-its kind public hearing on health issues affecting California's API population

Disadvantaged Minority Health Act

1991
HIV primary care and case management services, youth AIDS prevention services and adolescent clinical services are added

1993
AHS receives large grants to develop a "language bank" of trained medical interpreters

Tessie Guillermo speaks at the Statewide Hearing.

The lack of data on Asians forced AHS to begin its own health risk surveys and research. One of AHS's surveys was a groundbreaking bilingual survey of nearly 300 Chinese residents. This survey showed that one-third of the participants had no health insurance, 80% did not speak English fluently, males had higher than average smoking rates, and almost half the women never had a pap smear.

AHS continued to address previously ignored Asian subgroups by conducting a Korean American Community Health Survey in 1994 and conducting Vietnamese and Iu Mien surveys through various collaborations. As a result, the documentation of health studies, cases of discrimination in language access, and eligibility and deportation cases have led to a more balanced description of API health needs that AHS has shared with public health officials, legislators, and policy makers. The inclusion of API concerns in the Disadvantaged Minority Health Act of 1990 was predicated by testimonies, case studies, and data acknowledging that health access problems and discrepancies in health status affected APIs. This, in turn, indicated the need for programs and funding.

"I have come to the conclusion that perhaps some type of community organization or agency which can provide multilanguage translation and cultural educational series should be made available to health care providers as well as the people of the community."

R.B. ROCAMURA

DR. DAVID DER, OF THE CHINESE AMERICAN PHYSICIANS SOCIETY, AT THE STATEWIDE HEARING

"While battling the model minority myth, we gained insights into the relationships of race and developing coalitions with African American and Latino organizations, and other underserved populations. We realized that Blacks and Latinos did not have adequate resources to deal with their disparities in health and that we had to lead with that agenda. AHS and AAPCHO clinics also knew that they could not keep up with the demands of their communities without visibility and power." –**TESSIE GUILLERMO**

"AHS has balanced being an incredible advocate, but not to the detriment of others. AHS has been unique in bringing many different groups to the table with advanced coalition work and mutual responsibility. This is both rare and hard when we are dealing with tooth-and-nail issues – to address needs, and to be self-aware of working with others with an eye on a bigger prize."

RALPH SILBER
CEO OF ALAMEDA HEALTH CONSORTIUM AND COMMUNITY HEALTH CENTER NETWORK

1996
AHS raises $2.5 million through its Capital Expansion Project and moves into its current home, a 30,000 sq. ft. medical center, located on 8th and Webster Streets

Adult Medical Services at Hotel Oakland (AMSHO), a satellite site of AHS is established to provide care to seniors

1998
AHS and La Clinic de la Raza receive $5 million to establish the Community Voices program

1999
Executive Order 13126: Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs is signed by President Clinton.

IMMIGRANTS AND UNIVERSAL COVERAGE

"Proposition 187 was devastating to many in the immigrant communities and resulted in actual deaths of those who chose not to seek health care because they were afraid of being deported. The terrible impact of Prop 187 also mobilized the immigrant communities to fight back. Everyone knows now that you cannot pick on immigrants without paying the price. Also, AHS and other organizations mobilized to create programs that were open to all immigrants."

–**DONG SUH**, FORMER POLICY APIAHF ADVOCATE AND AHS POLICY & PLANNING DIRECTOR

WHO IS UNINSURED

According to County of Alameda Uninsured Survey (CAUS):

- 18% of the 140,000 uninsured adults in Alameda County are APIs.
- An insurance divide exists based on English fluency and duration of U.S. residency.
- Noncitizens are 2-3 times more likely to be uninsured compared to citizens.

The lack of health care coverage in the API community has often been overlooked and exacerbated by anti-immigrant policies. **Policies such as Proposition 187 in 1994 and the 1996 Welfare Reform Act denied public benefits to undocumented and legal immigrants, and erected huge barriers to health care.**

Asian Health Services joined forces with La Clinica de la Raza, and the Alameda Health Consortium to highlight the unfair treatment of immigrants and to demonstrate that meaningful health care reform could not take place without addressing the immigrant question. With the support of the W.K. Kellogg Foundation, Alameda County, and the Alameda Alliance for Health, AHS commissioned UCLA's Dr. Ninez Ponce to conduct the County of Alameda Uninsured Survey (CAUS) in 2000.

CAUS found that immigrants make up 53% of uninsured Alameda County residents and that the vast majority of the 140,000 uninsured adults in Alameda County are working. **Supervisor Alice Lai-Bitker used CAUS in her plan towards universal coverage, which was later adopted by the Alameda County Board of Supervisors.**

Fortunately, the Alameda Alliance for Health opened up Family Care, a new health insurance plan that is offered to all Alameda County residents regardless of immigration status. AHS has been one of the top enrollees in the county for Family Care. In fact, almost one out of every six enrollees in Family Care are AHS patients.

YOUTH LEADERS AT AHS SUCESSFULLY LOBBIED TO MAKE AN OAKLAND CHINATOWN INTERSECTION SAFER.

MURAL: AHS/AYSC ARTISTS, PHOTO SCOTT BRALEY

2001
Teen Clinic is established

2002
AHS discovers that Oakland Chinatown has the highest number of accidents in the Oakland and embarks on a pedestrian safety campaign

"AHS doesn't advocate for just one part of the Asian community. The pedestrian safety campaign is a good example. AHS has always seized the opportunity to do advocacy in different forms that always relates to AHS's central themes."

–DONN GINOZA

BUILDING COMMUNITY ASSETS

AHS strives to be a vehicle through which low-income Asians can obtain services that meet their basic needs, a vehicle to engage in broader issues that impact the community, and a vehicle to voice the community's agenda. AHS continues to be cognizant that building community assets over the years involves developing the capacity to have a voice in a multitude of issues that affect health, wellness, and the ability to thrive. An example of AHS's dedication to building the community's assets is its involvement in championing pedestrian safety in Chinatown.

On January 16, 2001, Mr. Hong Yee, the father of Dr. Steve Yee, became a tragic victim of the traffic that saturates Oakland Chinatown. Discovering that Oakland Chinatown has the highest number of accidents in Oakland, AHS embarked on a pedestrian safety campaign in partnership with the Oakland Chinatown Chamber of Commerce (OCCC) and several other local community organizations. The campaign focused on community outreach and education about pedestrian safety issues in Oakland Chinatown.

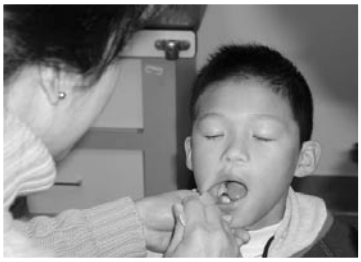
After AHS youth leaders presented data depicting the types of serious pedestrian conflicts occurring in Oakland Chinatown to the Oakland City Council, the Council allocated funding to install the city's first "scramble system." This four-way crosswalk, which allows a pedestrian-only phase, has significantly reduced pedestrian and auto conflicts.

"Neighborhood health centers were created to serve the disadvantaged. Communities could go to the health centers for integrated health care that was essential for access to minority populations. Community institutions like AHS are not just programs. They are vehicles of developing a culture within the mainstream that upholds an equal partnership which improves the health of our communities."

-DR. ROLLAND LOWE
FORMER CALIFORNIA MEDICAL ASSOCIATION PRESIDENT

PEDESTRIAN SAFETY FACTS: OAKLAND CHINATOWN

- Over 20,000 shoppers, tourists, and residents visit Chinatown every weekend
- 14,000 vehicles travel on Webster and 8th Street on a daily basis
- About 1/3 of Chinatown pedestrians are 65 years and older.



FROM LEFT: DAVE KEARS AND HENRY CHANG AT THE DENTAL OFFICE. A PATIENT RECEIVES SERVICES IN THE PEDIATRIC DENTAL ROOM.

SHERRY HIROTA (CEO) PROVIDES EXPERT TESTIMONY AT THIS GROUNDBREAKING FORUM.

2003
AHS's state-of-the-art dental facility opens. Since last year, the clinic has served 7,400 patients.

Unity of the Tri-Caucus: Black, Latino, Asian Congressional Caucus and communities of color ensure a national response to health disparities

EXPANSION OF SERVICES TO ADDRESS DENTAL HEALTH CARE NEEDS

CONNIE CHANG, AHS BOARD PRESIDENT

"I was a community liaison and tutor at Lincoln Elementary at the time. We held health fairs and that's where the idea of a dental clinic came up. At the time, we would get dentists to come check all the kid's teeth. Everybody's teeth were really bad. We found out that a lot of the kids and their parents didn't know how to brush their teeth. We had dental posters, dental kits, and we tried to explain how and why to brush your teeth! But, I knew that if they were to be truly healthy that they all needed to get serious dental help!"

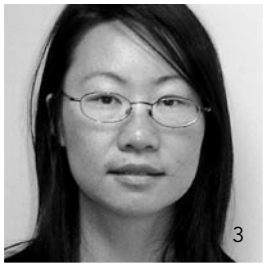
THE NEED FOR DENTAL CARE

- Only 1/4 of AHS's adult and pediatric patients had seen a dentist in 2001.
- 55.5% of Asian children ages five to nine have primary and/or permanent cavities.

"I have been in the U.S. and a part of AHS for eighteen years. As a senior citizen, I am concerned about diet and nutrition. But, how can I have good nutrition without good teeth? In order to have a good diet and nutrition, I need to have good dental care." –ELDERLY KOREAN AHS PATIENT

Lack of oral health services and providers has been a chronic and persistent problem for AHS's patients. It was not uncommon that the only time a patient sought dental care was only for acute and painful dental abscesses. Since AHS began, Connie Chang has been a tireless advocate for dental services after seeing firsthand the acute dental health care needs of the Asian community. Through general meetings and patient surveys, AHS patients cited dental services as the most important service that AHS should add.

In 2002, the dream envisioned by the community and kept alive by Connie Chang finally became a reality. Equipped with digital radiology and electronic medical records, AHS's dental clinic is a state-of-the art facility.



1 CONNIE CHANG
2 KEVIN FONG
3 JING LIU
4 MACY LIEU
5 PAT AGUILERA

REFLECTIONS

"I was really impressed with AHS, and that's why I stayed on the board for so long. I was just so impressed with the women here and all the work they did.... I wasn't used to seeing this – it was a man's world back then."

(1) **CONNIE CHANG**, BOARD MEMBER

"What I love about AHS is that all the AHS alumni, people get it. Everyone on staff knows the mission, understand it and live it. It builds a foundation of trust and community. It is a mystery to others on how we carry ourselves. Make sure the secret is not tied to individuals but rooted firmly like a tree that needs care and nurturing."

(2) **KEVIN FONG**, FORMER HIV/AIDS PROGRAM COORDINATOR

"My parents have come to AHS, and a lot of my relatives do too. That was a wake-up call to me to come here. Working here is like coming back to a community I'm familiar with and now, I can do something to help my community and that's a good feeling."

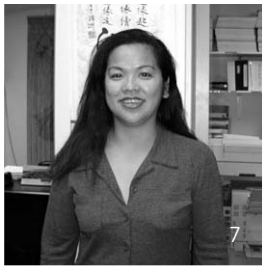
(3) **JING LIU**, NUTRITIONIST

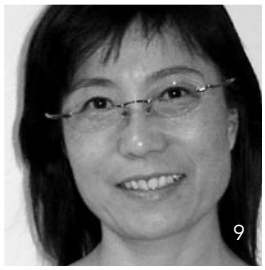
"At AHS, I've learned things that I never learned in school. I learned all about HIV, STDs, how to speak publicly, do workshops, interact with our community and participate in festivals. The experience has been unforgettable!"

(4) **MACY LIEU**, YOUTH PROGRAM PEER LEADER

"What an opportunity – to build an organization based on a value system that you respect... It's once in a lifetime."

(5) **PAT AGUILERA**, FORMER CHIEF FINANCIAL OFFICER




6 MANITH THAING
7 MEAY SAETURN
8 VANESSA QUACH
9 JENNIFER WONG
10 DON TAMAKI

REFLECTIONS CONTINUED

"My whole family used to be patients here. I think it was meant for me to work here. My mom is always referring people to me now that she knows I'm a counselor. It's a great link to the Southeast population because often, there isn't that bridge."

(6) **MANITH THAING**, YOUTH SERVICES COMMUNITY HEALTH SPECIALIST

"I like my job. When I was recruiting members, it was pretty cool. I talked to Mien and Laotian people, and told them we're providing this language, so if you're interested in coming to see the doctor, we're here. I felt proud that I was able to help somebody that needed it."

(7) **MEAY SAETURN**, BILLING ASSISTANT

"My early volunteer work as a high school student at Asian Health Services taught me the importance of serving the community. It has shaped my current involvement with the community."

–**CARL CHAN**, FORMER AHS YOUTH VOLUNTEER (NOT PICTURED)

"When patients have a choice of where to get their health care and still come here, then you know they really come for the quality of services. People in the community tell me that our doctors are not only very qualified and professional, but are also very concerned about their patients. I know that our job is appreciated by the patients and the community, which makes the job a fulfilling one."

(8) **VANESSA QUACH**, MEMBER SERVICES MANAGER

"I initially came to AHS to become a patient, but ended up getting a job! I felt like family when I started. We were very political and weren't just working to work, but saw that policies needed to change. I still feel like family here."

(9) **JENNIFER WONG**, ACCOUNTING GRANTS SPECIALIST

"AHS thinks globally in terms of where the community is going and where the agency fits in. Only a few have this kind of competence and vision. AHS has an element that recognizes the causal conditions that still exist and with that, uses its ability to turn towards policy while shaping how bilingual services are delivered. In this way, AHS really starts to address the root causes of the problem."

(10) **DON TAMAKI**, MANAGING PARTNER OF MINAMI, LEW & TAMAKI LLP.

UNIVERSAL HEALTH CARE BECOMES A NATIONAL PRIORITY

2004
AHS celebrates its 30th anniversary

2005

WHAT THE FUTURE HOLDS

AHS has defined its own agenda based on the needs of its patients, staff, board, and community at-large. As such, its history, organizational culture, and leadership have been shaped by its mission. **The challenge now is to document and codify the relevant parts of this history, institutionalize the culture, and nurture the professional and philosophical leadership of the future.**

Community activists learned on the job and had the opportunity to assume leadership. Political activity was seen as part of the job, and was viewed as a way to create mechanisms to address the whole patient. This was consciousness-raising, not direct service. The informal settings allowed a whole generation of community workers to experiment with less hierarchy, and increased AHS's ability to close class and cultural gaps among its staff and increased the cultural competence and efficacy of its work.

Kathy Ko, former AHS Chief Operations Officer, explains, "At AHS there is a different leadership model. It is in the top percentile of clinics. AHS's strong base of leadership includes vision, politics, commitment, AND the ability to implement. The principles are still relevant today. Right now, health care in the context of a progressive agenda requires re-injecting energy into the belief system."

There needs to be a clear call for action or a galvanizing place for movements."

DR. WINSTON WONG

"We need more activists to make access to quality healthcare for everyone a true social and political movement."

DIANNE YAMASHIRO-OMI

"I see AHS as being a model for what a community-based agency should be: community-focused, change-oriented, dynamic staff of advocates, a place where political ideals are part of the workplace," Dianne Yamashiro-Omi, former AHS Co-Director comments. "We need more organizations like AHS to serve as a training ground for future change-agents guided by an understanding of U.S. immigration history, the civil rights movement, and our current efforts to insure access to health care as a basic right regardless of age, gender, ethnicity, economic or immigration status, language, or sexual orientation. We need more activists to make access to quality healthcare for everyone a true social and political movement. AHS is the model that brings staff and patients together as advocates for health."

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WHAT THE FUTURE HOLDS CONTINUED

"Our generation benefited," Dr. Winston Wong explains,"But, the big challenge is the next generation because their experience is less vivid than ours was. It is a challenge to be forthright and a strong voice for so many immigrant Americans who are more marginalized than ever. There needs to be a clear call for action or a galvanizing place for movements of equitable access, universal coverage, or justice for Cambodian youth. There are some great leaders in the community health clinic world. This should be formalized in an academy where these leaders would come back and formalize internships."

"For the next generation, AHS offers a safe place and services," comments Pancho Chang, AHS Board member. "It offers an opportunity to be heard and it offers a chance to lead. For new leaders, AHS provides a great opportunity for growth and the chance to determine their own direction."

As Dr. Rolland Lowe has stated, "It is important for leaders to not just focus on the successfulness of the program but the strength of the philosophy. Every program is an example, and every injustice is a rallying point to raise political consciousness. We are not programs that should operate in silos, so all programs should highlight the need for fundamental change. Right now, more Americans do not have health insurance. Our leadership role is to understand the broader prospective and to educate."

"Right now, more Americans do not have health insurance. Our leadership role is to understand the broader prospective and to educate."

DR. ROLLAND LOWE

We believe the principles of equal access to quality, affordable and culturally competent health care are still relevant today as they were thirty years ago.

AHS will remain in the forefront of ensuring that immigrants are included in universal health coverage and health reform. We will organize the political will to realize language access and cultural competence as an enforced standard of quality care. And we will continue to use the institutional capacity of Asian Health Services to be a voice for our community's wellbeing and needs.

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