

# AAQOL Commission Health Workgroup

## Members:

Commissioner Kavita Radhakrishnan (Lead)  
Commissioner Vince Cobalis  
Commissioner Catherina Conte  
Commissioner Molly Wang

**Scope of Workgroup:** To address health and wellness needs of underserved Asian American communities residing in the city of Austin

**Date of Meeting:** April 10, 2018

**Location of Meeting:** Asian American Resource Center

## In Attendance:

Commissioner Kavita Radhakrishnan  
Community Member Hailey Easley (AARC Non-profit)  
Commissioner Catherina Conte (Through Phone)  
Community Member Kitty Ho (PCC)  
Community Member Veena Viswanathan (APH)  
Community Member Ly Binh (APH Health Equity Unit)  
Philip Huang (APH)  
Haruna Miyakado Steger (APH)

## Topics Discussed:

- Ms. Steger presented data on health status of Asian American adult patients who used safety net clinics in Travis county during 2016. Typically these patients are 200% of federal poverty level
- Data was collected by Integrated Care Collaboration (ICC) – a non-profit alliance of safety net clinics in Central Texas and one of the very few networks that maintain a Health Information Exchange. Data was analyzed by APH
- Data was presented for chronic diseases of diabetes, hypertension, high cholesterol and behavioral health for the racial/ethnic groups of White, Black, Hispanic and Asian.
- ICC data was compared with BRFSS data when possible. Important results are summarized below:
  - 1.7% of safety net clients were Asians whereas 6.1% of Travis county are Asians
  - Largest proportion of Asian clients who used safety-net clinics came from the Rundberg/Lamar area followed by Windsor Park and Mueller areas. Pflugerville had the second highest sheer number of Asian using safety net clinics.
  - 31.3%, 27%, 17.7% and 8% of Asian clients in safety net clinics had hypertension, cholesterol, diabetes and behavioral health issues respectively.

- Asians had the greatest percentage difference in chronic disease prevalence between safety net clinic data from ICC (higher) and BRFSS data. We have to be mindful that BRFSS data is collected from all income levels whereas safety net clinic data from ICC data was collected from mostly among the indigent population.
- While all races/ethnicities illustrate greater diabetes visits to safety net clinics than prevalence (BRFSS) indicate, Asians had the greatest percentage
  - Diabetes (17.7%) than BRFSS (5.4%)
  - Hypertension (31.3%) than BRFSS (17.3%)
  - Greater % of Asians visited safety net clinics for high cholesterol than any other race/ethnicity
  - Asians had the lowest % of safety net clinic visits for behavioral health issues (Whites the highest).
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**Next Meeting:** May 8, 2018

Agenda

Community Involvement Manager at CapMetro, Jackie Nirenberg

**Address transportation barriers – Discussion with CapMetro**

Cap Metro – In order to address transportation barriers faced by many Asian American immigrants and refugees to access healthcare, we will be inviting CapMetro to our health workgroup meeting in May. The goal would be to explore available options for reduced or discounted fare rides and making such options available in an accessible language or medium. Also explore UT Nursing public health student projects to build a database of transportation options to common safety-net clinics or health centers and develop guidelines to complete forms for reduced/discounted fares.