Building Panethnic Coalitions in Asian American, Native Hawaiian and Pacific Islander Communities: Opportunities & Challenges
This paper is one in a series of evaluation products emerging from Social Policy Research Associates’ evaluation of Health Through Action (HTA), a $16.5 million, four-year W.K. Kellogg Foundation supported initiative to reduce disparities and advance healthy outcomes for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) children and families. A core HTA strategy is the Community Partnerships Grant Program, a multi-year national grant program designed to strengthen and bolster community approaches to improving the health of vulnerable AA and NHPIs. Ultimately, seven AA and NHPI collaboratives and 11 anchor organizations in 15 states around the country were supported through this program, with the Asian & Pacific Islander American Health Forum serving as the national advocacy partner and technical assistance hub.

Each of the HTA partners listed below have made meaningful inroads towards strengthening local community capacity to address disparities facing AA and NHPIs, as well as sparked a broader national movement for AA and NHPI health. The voices of HTA partners – their many accomplishments, moving stories, and rich lessons learned from their experience – serve as the basis of our evaluation.

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**National Advocacy Partner**
Asian & Pacific Islander American Health Forum

**HTA Regional Collaborative Partners**

- **HTA-CA: Community LEAD**
  - Lead agency: Asian Health Services
- **HTA-AZ: Asian American Health Coalition**
  - Lead agency: Asian Pacific Community in Action
- **HTA –NY: Project CHARGE**
  - Lead agency: Coalition for Asian American Children and Families
- **HTA-OH: Ohio Asian American Health Coalition**
  - Lead agency: Asian Services In Action
- **HTA-HI: Lei Hipu‘u o Kalihi Valley Coalition**
  - Lead agency: Kokua Kalihi Valley Comprehensive Family Services
- **HTA-GA: Georgia Asian Pacific Islander Community Coalition**
  - Lead agency: Center for Pan Asian Community Services
- **HTA-TX: Houston Asian American Health Collaborative**
  - Lead agency: HOPE Clinic

**HTA Organizational Partners**

- West Michigan Asian American Association
- Asian Pacific American Network of Oregon
- Asian Pacific Islanders with Disabilities of California
- Mississippi Coalition for Vietnamese American Fisherfolk and Families
- Mary Queen of Viet Nam Community Development Corporation
- Minnesota Asian/American Health Coalition
- New Mexico Asian Family Center
- National Tongan American Society
- Socioeconomic Development Center for Southeast Asians
- Samoan National Nurses Association
- Vietnamese American Young Leaders Association – New Orleans

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Social Policy Research Associates
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The Asian American, Pacific Islander and Native Hawaiian (AA and NHPIs) U.S. population is made up of over 18 million people, tracing their heritage to more than 50 countries, speaking over 100 languages, and coming from countless cultural traditions. According to the last Census, the AA and NHPI population has grown over 40 percent in the last decade. In many states, AA and NHPIs are the fastest growing population and by 2020, is expected to number over 23 million. As numbers continue to grow, a natural question arises about how to strategically leverage and mobilize growing numbers of AA and NHPIs behind a change agenda aimed at addressing the myriad health challenges facing AA and NHPI communities and ultimately advancing their collective health and well-being.

It is within this context that the W.K. Kellogg Foundation and the Asian Pacific Islander American Health Forum (APIAHF) launched “Health Through Action” (HTA), a four year, $16 million effort aimed at strengthening regional and national advocacy capacity to advance the health and well-being of AA and NHPIs across the country. Ultimately, HTA invested in seven panethnic collaboratives and 11 additional AA and NHPI anchor organizations to spearhead regional and statewide change efforts, with the intention that these local efforts would ultimately roll up into a national movement for AA and NHPI health. Located across the country – including California, Oregon, New Mexico, Arizona, Texas, Hawaii, Ohio, Michigan, New York, Georgia, Rhode Island, and Louisiana – these HTA partners serve as critical on-the-ground catalysts towards this end.

This paper is one of a series of learning papers emerging from the evaluation of HTA. It is specifically focused on surfacing understanding about the opportunities and challenges faced by HTA partners in their efforts to organize panethnic coalitions on behalf of their diverse constituencies. Currently, the literature is limited in its attention to what it really takes to engage panethnic groups in social change efforts to address racial disparities. By unpacking the challenges and strategies of HTA partners, this paper provides a starting point for meaningful dialogue both about the complexity of this challenge and the opportunities to strengthen and support communities of color in this endeavor.

The Power and Potential of Panethnic Coalitions

The formal definition of “panethnicity” is “the grouping together, and collective labeling, of various independently distinguishable, self-identified and self-sustained ethnicities into one all-encompassing group of people.” This “grouping” or “lumping,” of all Asian peoples into one category by members of the dominant culture was a common practice in early Asian American history. At that time, the external imposition of a collective identity was actively resisted by Asian-origin groups, many of whom made specific efforts to distinguish themselves from one

another out of fears of falling victim to racist attacks that were in theory aimed at one specific group but in reality were leveled against anyone lumped under the “Asian” label.

By the 1960s, however, the birth of the Asian American movement signaled a shift in political consciousness and strategy. Groups that had been working so hard to “disidentify” with one another recognized that they continued to be persecuted as a collective and that ultimately, their struggles against this common fate of subjugation and discrimination would best be served by banding together under a collective identity.

Asian Americans took ownership of the panethnic Asian American label, and used it as a powerful vehicle for advocacy. It was a successful strategy – banding together increased their numbers and resulted in greater power to effect change in electoral politics, in services to their communities, in advancing civil rights, and in efforts to create more equitable systems that were inclusive of their communities. Since then, for AA and NHPI panethnic coalitions representing oppressed communities, mobilizing under a collective identity has been critical to their effectiveness as political instruments. It has enabled them to speak “with one voice” in order to “confront the dominant society on their own terms”\(^2\) and thereby have a collective sense of agency in efforts to effect systemic change.

More than 50 years later, for Health Through Action grantees, a panethnic frame is not seen as an externally imposed one at all. Rather, it has been described as a necessary and natural frame for aggregating power and advancing a collective agenda. Especially given the historic invisible status of AA and NHPI populations, many HTA grantees emphasize the importance of panethnic coalitions for raising visibility of critical issues affecting their communities that might not otherwise come to light. There is an implicit acknowledgment that the level of visibility they have earned around AA and NHPI health would not have occurred if each ethnic group championed its own health issues exclusively. Further, some of the traction that they are seeing from their regional advocacy – such as formations of governors’ AA and NHPI advisory councils, targeted resources for AA and NHPI health outreach and programming, changes in how AA and NHPI health data are being tracked and disseminated – are all attributed to aggregated power emerging from their collective action.

### The Challenges of AA and NHPI Coalition Building

While underscoring the potential power of coalition building across AA and NHPIs, HTA grantees have also shared that the process of building panethnic coalitions is not easy to do. As shown on the text box on the next page, the sheer diversity captured within the AA and NHPI umbrella adds a unique layer of complexity to coalition building and collective action. HTA partners expressed the importance of recognizing not just the range of ethnic groups, cultures, and languages captured within the AA and NHPI umbrellas, but the intersectionality of the multiple layers of identity embodied in the people that make up the Asian American, Native Hawaiian, and Pacific Islander population.

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TOWARD A COLLECTIVE IDENTITY: 
The Asian American, Native Hawaiian, Pacific Islander Context

Health Through Action partners share that diversity in the AA and NHPI community is not well understood, even by people within the community itself. Beyond the specific ethnic groups represented within the AA and NHPI population, there are multiple dimensions of identity that introduce additional layers of complexity to panethnic coalition building efforts. HTA partners describe these aspects of intersectional identity as influencing the degree to which different community members embrace a shared AA and NHPI identity and/or see themselves reflected in the social change goals being advanced by AA and NHPI coalitions:

**LANGUAGE.** The sheer number of languages spoken by different AA and NHPI ethnic groups pose serious challenges to facilitating cross-ethnic dialogue and development of a common change agenda. The issue is far more complex than most realize. In addition to the officially recognized 100+ “national” AA and NHPI languages, there are multiple regional languages spoken by people from these nations. In the Philippines, for example, while Tagalog is officially its “national language,” there are also 12 officially recognized “regional languages” and, in reality, over 120 documented languages spoken in the country.

**RELIGION.** A wide range of religions and belief systems are represented within the AA and NHPI umbrella. These include (but are not limited to) Confucianism, Buddhism, Hinduism, Islam, Sikhism, Christianity, and a range of indigenous spiritual beliefs. Understanding and being sensitive to the range of religions practiced within the AA and NHPI community is described as critical to building harmony and trust across groups. Moreover, sensitively understanding the role that religion plays in each community is also critical since religious institutions often serve as key entry points for accessing community.

**IMMIGRATION HISTORY.** A community’s level of “establishment” within the U.S. and the general circumstances under which they immigrated here have significant impact on a group’s ability and willingness to embrace and advocate under the AA and NHPI label. Groups that have been here longer typically have greater familiarity with U.S. systems and can therefore more strategically advocate for change than newer immigrants who may be still learning how to navigate U.S. bureaucracy. Moreover, those who voluntarily come to the U.S. from developed countries to pursue education or employment have a very different orientation than those who emigrate to the U.S. as refugees, bringing with them trauma that can negatively influence their willingness and/or ability to engage in politically-motivated efforts.

**NATIONAL POLITICAL HISTORY.** Inter-ethnic conflict can also pose significant constraints to a coalition’s sense of solidarity. Embedded within the psyche of many AA and NHPIs is also a strong sense of affiliation with their homeland and with its historical political history. Different ethnic group members may hold strong resentment towards others as a result of homeland conflicts and/or thousands of years of domination by other Asian, Native Hawaiian, or Pacific Islander groups.

**SOCIOECONOMIC STATUS (SES).** There is great disparity in socioeconomic status across AA and NHPI groups. While the 2010 U.S. Census reports the median household income for AA and NHPIs as slightly higher than the average population, the poverty rate among Hmong is a staggering 37.8 percent, among Cambodians 29.3 percent, among Laotians 18.5 percent, and among Vietnamese 16.6 percent.* Immigration patterns and level of establishment help shape this disparity – e.g. those who arrived in the U.S. soon after the enactment of the Immigration Act of 1965 tended to be more highly educated and well off, whereas the wave of immigrants that arrived as a result of the Refugee Act of 1980 tended to come from rural areas, with lower levels of education and less marketable skills within the U.S. economy. This disparity must be carefully navigated within panethnic advocacy. While the issues championed by panethnic coalitions typically target those most economically vulnerable, these are the communities least available to engage in systems change work as they struggle with issues of meeting basic needs and family survival. As a result, leadership in panethnic coalitions is often made up of predominantly middle-class professionals advocating on their behalf.**

**GEOGRAPHY.** Regional context plays a significant role in identity ascription in a number of ways. For example, in regions with smaller and less diverse AA and NHPI populations, there is often a greater need (and therefore willingness) to band together under a larger panethnic label. By contrast, in regions with larger and more diverse AA and NHPI populations and therefore more ethnic-specific infrastructure, there is often a greater tendency to prioritize an ethnic-specific identity over a panethnic identity. Perceived levels of race-based threat also differ across regions and can therefore influence identity ascription, either by uniting people to band against oppressive actions, or causing them to shy away against participating in actions that would increase levels of conspicuousness.

**LABEL ASCRIPTION.** Not everyone who falls under the AA and NHPI label understands how or why he or she fits under it. Whether they came to the label as part of a purposeful and strategic move to gain power by association or whether they came to it through a mechanism of bureaucratic default (e.g. census categorization), the level to which community members understand and feel ownership over the label-ascription process plays a significant role in how they feel about the label.

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Underscoring this point, one HTA leader likened challenges and opportunities of panethnic coalition building to commissioning an “AA and NHPI drum symphony.” The analogy acknowledges the tremendous potential power behind aggregating drums from around the world in a powerful “call to action” opus that commands the attention of everyone who hears. At the same time, it brings into focus the inherent, multi-faceted challenges of achieving this goal, given the diversity of AA and NHPI drums and drum traditions – from the booming bass of the Japanese daiko, to the thavil barrel drum from South India, to the hourglass Korean janggu, to the sharp dry sound of the Chinese bian gu, to the bamboo kagul slit drum within the Philippine tradition, to the huge Tongan nafa, to the Tahitian toere:

- How does one weave together a coherent symphony that holds meaning for different drum traditions that have existed on their own for thousands of years?
- Further, how do you ensure that the unique cultural elements of individual ethnic traditions are not lost in the larger swell of the whole? That the voices of most vulnerable are not drowned out? That space is created to honor cultural traditions – like the Hmong – who may have a fundamental cultural disconnect with the drum as a “call to action”?

These are the questions that echo those voiced by HTA partners who have also struggled with the challenge of meaningfully bringing diverse AA and NHPI ethnic groups together with a shared commitment to each other and to collaborative action. The next two sections discuss the dual-sided challenge of fostering a group consciousness that unifies ethnic partners, while simultaneously honoring and attending to the diversity present within the AA and NHPI population.

Fostering a Panethnic Consciousness

A fundamental challenge within AA and NHPI coalition building is the formation and fostering of a panethnic consciousness. While “collective identity” and “collective consciousness” are often erroneously conflated with one another, these are in fact two distinct constructs. The formation and use of a collective identity under which to mobilize is an advocacy strategy, employed by groups towards the achievement of a specific goal. Within panethnic coalitions, a collective identity is often a given. However, while groups may come together on various occasions under one label in response to external threats, this does not always mean that panethnic communities embrace a true collective consciousness.

Collective “consciousness” refers to a kind of mindset, an awareness of shared circumstances and values that becomes a motivating force for working in solidarity. Literature emphasizes the importance of attending to the health of a collaborative body’s collective consciousness – of uncovering, uplifting, and embracing that which brings panethnic groups together – for this is ultimately the key to sustaining and ensuring the long-term health and vibrancy of the collaborative. As stated in a seminal work on the topic, “while panethnic groups may be circumstantially created, they are not circumstantially sustained.”

Looking across Health Through Action grantees, the level of panethnic consciousness across constituent groups varies significantly across regional contexts. For example, the Ohio HTA partner described relatively few challenges with fostering an AA and NHPI group consciousness in their advocacy work, in large part because the service delivery structure is already panethnic by design due to the low numbers of AA and NHPIs in Ohio. As explained by the HTA partner there, “There’s a lot of motivation on the state level for us to work pan-Asian. We’re small – we

3. Ibid., p. 164.
recognize in order to have strength in numbers, we have to collaborate... that's really ingrained in a lot of people's psyche here.”

In other regions of the country with larger numbers of AA and NHPIs – and typically greater presence of ethnic enclaves and infrastructure – some HTA partners reported struggling with building trust with and recruiting specific ethnic partners who have not historically identified with an Asian-American label, such as Asian Indians or Pacific Islanders. Others reported different challenges across more established Asian American populations, noting in particular that strong primary ethnic affiliation can have an impact on larger group affinity. The HTA-Texas partner describes how this manifests itself with the Chinese community in her region, noting “We have had people who’ve been here for years, who haven’t really stepped out of their shell, out of their own community... they’re so tied to their community that that’s all they focus on. They only speak Chinese, they only go to Chinese doctors, only go to Chinese hair salons.” Thus, while having a solid infrastructure provides much needed support to ethnic-specific communities, the sense of comfort it produces can inhibit any desire (or perceived need) to reach out to align with a larger panethnic group.

A few HTA partners noted that – at a base level – interethnic conflict has also prohibited a natural sense of solidarity and group consciousness in their regions. In some cases, conflicts among homeland countries have carried forward to U.S. relations, with two HTA partners giving examples of working with Southeast Asian community partners who have high levels of suspicion and mistrust of each other. In other cases, oppression of specific ethnic groups here in the U.S. continues to serve as barriers to groups coming together in meaningful alliance. This is particularly the case in Hawaii, where Native Hawaiians have suffered injustices at the hands of other Asian ethnic groups throughout the state’s history. As the HTA-HI partner shared, “You can’t just get us to the point of saying we’re all aggregated without recognizing that even within our own Asian American Pacific Islander Native Hawaiian group, there are grievances.”

Lessons From the Field: HTA Partner Strategies
HTA partners emphasize that in order to foster a stronger sense of panethnic consciousness, they have to create wider and clearer channels for dialogue across communities as well as safe spaces for learning about one another, for airing grievances, for healing, and for celebration. Several offered emerging strategies for not just bringing different groups to the table, but fostering a deeper sense of trust and mutual commitment to each other.

Investing in time and space for relationship building.
In their partner cultivation efforts, all HTA partners described the importance of authentic outreach that recognizes and honors the deep and influential history and cultural infrastructure of different AA and NHPI ethnic groups. Many stressed the importance of not rushing to agenda planning, but instead creating meaningful space and time for relationship building.

For example, the HTA-NY partner, Project CHARGE, brought their coalition partners together in a
retreat setting at the onset of their work together. Many HTA partners also explicitly integrate ongoing relationship-building activities at regular coalition meetings. Even before a collective agenda for change was even broached as a possibility, Lei Hīpu’u in Hawaii spent months sponsoring “talk story” sessions in which community service providers connected as individuals. Several HTA partners talked about the unspoken value of sharing food and cultural traditions, or making an effort to attend events and cultural celebrations of various ethnic partners.

These opportunities were described as critical opportunities for collaborative partners to come together and connect with each other beyond ethnic boundaries, and build the trust and common bonds necessary to forge meaningful partnerships. The HTA-Hawaii partner summarized, “Suddenly people find more ways to be similar than they find ways to be separate. Part of that is setting up the environment for people to connect with each other.”

**Emphasizing points of commonality.** Particularly given the social construction of the “Asian American, Native Hawaiian, and Pacific Islander” label, the points of connection across ethnic partners may not always be obvious. Beyond the sharing of cultural traditions described above, HTA partners have also intentionally fostered a sense of inter-connectedness by pointing out common points of struggle and oppression across groups. Many formed their coalitions after first holding facilitated dialogues about common challenges faced in advancing community health and well-being in respective ethnic communities. A few have explicitly introduced a social determinants of health framework as a strategy for finding common ground for collective action. In Georgia, the Georgia Asian Pacific Islander Community Coalition structured a year-long series of community dialogues that focused on weaving a shared history and emphasizing shared experiences [see sidebar]. The HTA-CA partner, Community LEAD, capitalized upon the 2010 Census – and the universal undercount of AA and NHPI groups – as an entry point for connection across its diverse coalition partners. Especially where interethnic conflict was present, HTA partners raised the importance of being mission-driven and doggedly focused on shared goals rooted in community health and well-being as the foundation of their coalition work. As shared by one partner, “We keep the focus on health. So [though] when they come to the meeting they sit on different sides of the room… the whole point is ‘look this is the issue at hand and you guys need to take it back to your community.’”

**Targeting bridge builders.** Almost across the board, HTA partners also raised the importance of engaging community leaders and gaining their support and trust as a key strategy – not just for fostering group consciousness, but for ultimately attaining buy-in to a larger panethnic agenda. Many shared examples of targeting individuals who can serve as “bridge builders” across cultures – those who are deeply rooted in community culture and values, who can embrace a broader panethnic consciousness, and who are positioned to engage and motivate others. Community gatekeepers, such as church leaders and respected community elders, were described as examples of trusted figures who have played this role within their coalitions. Others shared that they have successfully leveraged younger community leaders who were described as bringing more of a cross-cultural world view to collaboration. As shared by one HTA partner, “We really prioritize, within our organizing, the empowerment of the younger generation, the folks who are bilingual and
bicultural, and those folks that we feel like are critical for being able to bridge generations.”

**Giving attention to healing and reconciliation.**

Finally, a few HTA partners also highlighted the importance of acknowledging current and historic tensions within and across AA and NHPIs and making a concerted effort to address them. One grantee shared, “if you don’t address how we got to where we are, you’re never going to get to a new place.” HTA partners discussed focusing on finding common ground where groups share mutual interest as a starting point for bringing them to the table, as well as engaging neutral leaders or lead organizations who are not perceived as having a political affiliation with one group over another to serve as brokers for relationship building.

**Attending to Diversity Within Unity**

While working to bring ethnic partners together under a collective AA and NHPI identity, HTA partners simultaneously expressed a mindfulness around attending to the diversity across the groups that they are representing. Intuitively, they understand that health issues and solutions are shaped by the cultural realities of different AA and NHPI populations, and that there is no “one size fits all” advocacy agenda that can address the range of health-related challenges present within the AA and NHPI communities they represent. Particularly given the historical divisiveness of the “model minority myth,” multiple partners explicitly expressed a priority for not obscuring the unique issues of individual –and most vulnerable – communities within their coalitions as a consequence of aggregating AA and NHPI power and voice. Specific Pacific Islander ethnic partners within HTA also underscored this point, pleading for their community’s issues and voices to be a part of the larger movement for AA and NHPI health and not to be “left behind.”

On the occasion of Georgia Asian Pacific Islander Community Coalition’s 6th anniversary, 30 Atlanta-area community members gathered at the Center for Pan Asian Community Services to hear a panel focused on Asian American adoptees. The discussion was deeply moving, as panelists shared the rarely discussed reality of growing up Asian American within white families, and their painful experiences with discrimination on multiple levels. Together, participants explored the meaning of racial identity and what it means to be “Asian American.”

The discussion was the last in a series of talk story sessions. Topics for the series have ranged from a screening and discussion about “Nerakhoon,” a documentary on a family’s emigration from Laos; an exploration of movement building within Asian American fraternities and sororities; and a briefing about re-districting policies and their impact on Atlanta’s Asian American community.

The conversations are critical opportunities to engage in dialogue on a range of topics of interest to Atlanta-area AA and NHPIs. More than an educational forum, however, organizers describe a broader purpose for the series that is rooted in goals of fostering group consciousness. Marianne Chung, Associate Director, explains:

> If an African-American man talks to an African American boy about slavery, they have that shared understanding of their history and from that they can move forward. In API communities, we don’t have that shared history. The history of a Vietnamese person coming to America versus a Korean or Japanese person is very different. We don’t have that shared history. And because we don’t have that shared history, we don’t see ourselves as a collective moving forward. Through our Pepper Talk Series, we keep trying to highlight the histories and perspectives and different parts within our community so we can better understand each other.

Organizers have observed a greater sense of AA and NHPI community cohesion emerging from the Pepper talk series that they continue to leverage for the broader panethnic advocacy. Again, Marianne Chung emphasizes, “We need to know our collective history; we need to know our collective story in order to be strong.”
Operationalizing this priority, however, was described as a tremendous challenge.

Given a reticence to speak “on behalf” of others, multiple HTA partners expressed concerns about how best to take a stand on behalf of an extremely diverse community. One partner described feeling a “level of unsettled anxiety about being authentic about representation,” always carefully communicating the limitations of who his coalition represents. Another similarly expressed self-consciousness about being called upon to make a public statement about pending legislation or an issue facing AA and NHPIs, and not having the time to poll the community to hear directly from them about what they think. While wanting to honor diverse community input, this partner felt like being over cautious was a potential weakness, as the cost of hesitation might result in not having any AA and NHPI voices at all in the public debates on issues that affect them.

The challenge of authentic inclusion was expressed most acutely given that the most vulnerable communities were described as least likely to be at the table, to see themselves within the panethnic umbrella, and to be ready to actively participate and mobilize community behind a change agenda. HTA partners discussed the complexity of building the readiness of specific ethnic partners to participate in advocacy activities. A few acknowledged, for example that newer immigrant communities are focused on issues of basic needs and survival such that systems change goals naturally become secondary priorities. Newer immigrant communities were also described as having little experience with western advocacy approaches and civic engagement, and fewer community members are even eligible to vote. Language diversity within the AA and NHPI population compounds the issue, with one HTA partner expressing, “We cannot do 14 meetings in 14 languages. But that means, who are we including? They are the ones who can speak English… and we struggle with that all the time.”

Lessons From the Field: HTA Partner Strategies

As HTA partners grappled with these complex challenges, some offered examples of specific strategies they have tried related to operationalizing equity within their panethnic advocacy efforts. Most agreed that it was not enough to “value” or “prioritize” inclusion. Especially in challenging economic times when resources for marginalized communities are scarce, explicit attention to structures and practices were described as necessary for ensuring that coalitions strike the right balance of proactively attending to diversity within panethnic coalitions.

Creating Structures for Meaningful Community Input. Recognizing myriad limitations that might prevent specific ethnic communities from actively participating in coalition work, many HTA partners have engaged in specific tactics to ensure that the voices of more vulnerable populations inform their advocacy. Most commonly, these took the form of in-language surveys and focus groups. For example, to inform their health care reform advocacy efforts, Project CHARGE engaged in intensive community dialogues – ultimately hosting a series of 15 in-language “community health care chats” and one-on-one interviews.
to hear Asian Indian, Bangladeshi, Nepalese, Chinese, Filipino, Japanese, Korean, Pakistani, and Vietnamese community health concerns. According to Project CHARGE, this investment allowed them to hear voices of ethnic community voices that were not a part of their formal coalition.

Other HTA partners created specific ongoing coalition structures for community input. Asian Health Services, the HTA-CA partner, has created Patient Leadership Councils in the Cambodian, Cantonese, Korean, Mandarin, and Vietnamese communities to serve as a direct line to these under-represented communities. Volunteer advocates who participate in the Patient Leadership Councils promote health education and advocate for their communities, as well as provide community-level feedback on health issues that ultimately shapes Asian Health Services’ advocacy agenda. As shown on the next page, the Asian Pacific American Network of Oregon has created a multi-layered approach for similarly soliciting feedback from a broader set of community voices beyond those represented within their formal coalition.

Continuous commitment to capacity building for ethnic-specific partners. Literature refers to ethnic-specific organizations as “a necessary building block for successful pan-Asian collective action.”4 Across-the-board, HTA partners acknowledge this point and therefore express a strong commitment to capacity building of ethnic partners. Some HTA partners accomplished this through re-granting HTA resources to their coalition partners to strengthen their organizational capacity, support their service delivery activities, and/or financially compensate for their participation in coalition work. Many HTA partners regularly incorporate trainings – spanning topics as diverse as “advocacy 101,” social media, evaluation, or briefings on specific policy topics – into their collaborative meetings. Still others have implemented models in which the lead agency of the collaborative was explicitly charged with providing coaching and mentoring to collaborative members (e.g., through serving as a fiscal agent for collaborative fund development efforts, providing in-kind resources such as office space or technology, etc.).

Sharing power and championing ethnic-specific agendas. The literature emphasizes the importance of panethnic coalitions championing ethnic-specific agendas as a critical aspect of coalition sustainability.5 The few examples of this occurring among HTA partners are powerful testimony to what can be accomplished through power sharing within the AA and NHPI community. In Hawaii, for example, when the Hawaii Department of Health put forward a Basic Health Plan that withdrew critical health benefits afforded the state’s Micronesian population through the Compact of Free Association,6 the issue was not owned by the Micronesian community alone. Rather, members of the panethnic group of service providers

5. See for example, (Espiritu, 1992, page 170), which cites, “To make themselves accessible to the broadest constituency, panethnic organizations often lobby simultaneously for both panethnic and ethnic-specific causes – thereby emphasizing both the commonality of interest in the preservation of the rights and existence of subgroups. In their words panethnic associations thrive when they are willing to include and share power with the ethnic sub groups.”
who make up the HTA-HI collaborative recognized the broader discrimination targeting this newest group of HI immigrants, and provided direct advocacy and legal support to Micronesian community partners as they rose in protest at the state level.

**Promoting a philosophy around asset-based approaches to engagement.** Implicit in all the strategies above is a strong sense from HTA partners of the importance of asset-based approaches to honoring the rich diversity represented within the AA and NHPI umbrella. HTA partners consistently shared an underlying philosophy that recognizes that true expertise and power fundamentally lies within ethnic communities themselves. As explained by one HTA partner, even in their capacity-building work with vulnerable communities and organizations, it has been important for them “to not confuse capacity building with a lack of community assets.” A few HTA partners emphasized the importance of leveraging cultural infrastructure and honoring self-determination of ethnic communities in their panethnic advocacy. As one HTA partner shared, their advocacy has largely been successful because of its explicit focus on “supporting people towards their own priorities and goals and dreams, instead of giving them priorities and goals and dreams and asking them to sign on.”

**Implications for Funding Partners**

The complex challenges and emerging strategies of HTA partners presented in this paper provide valuable insight for those committed to community-driven advocacy to address racial disparities. Further, their experiences offer clear implications for funders to consider as they invest in coalitions representing diverse constituencies like the Asian American, Native Hawaiian, and Pacific Islander population:

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**ASIAN PACIFIC AMERICAN NETWORK OF OREGON**

The Asian Pacific American Network of Oregon (APANO) is a volunteer-based grassroots organization that seeks to advance equity by empowering, organizing, and advocating with Asian and Pacific Islander (API) communities across Oregon. While APIs are the second largest and fastest growing population in Oregon, the infrastructure for serving this community is relatively poor. Moreover, the diversity and geographic spread of the population adds layers of complication to advocacy work. Ensuring that they are working towards a shared vision for change is therefore both a critical challenge and a high-priority goal for APANO, which offers multiple entry points for community engagement:

**Introduction to APANO** These interactive workshops are designed to introduce APANO and highlight the “Power of Participation” for APIs that are new to social change work.

**Many Rivers Listening Circle Project** These ongoing listening circles were devised as a way for under-represented API communities to inform policy advocacy strategies and ultimately improve APANO’s accountability to these communities.

**APANO’s HEART** APANO’S Health Equity and Reform Team (HEART) engages interested community members in addressing health disparities facing Oregon’s API community through monthly meetings.

**Policy Advocacy / Civic Engagement Work Group** This ongoing working group helps guide the process for developing a legislative agenda for APANO.

**Youth Advocacy Institute** APANO’s Youth Advocacy Institute aims to engage younger generations in APANO advocacy by bringing youth and youth mentors together to bridge the gap between the younger and older generations, deepen understanding of a pan-Asian/Pacific Islander culture, and learn new skills to help unify and advocate for community needs.

By offering multiple points of entry into their advocacy work, APANO is better able to ensure participation from a wide array of community members, which is important to the organization. As APANO’s Coordinator shared, “When engaging with APANO, we have a lot of people who need to buy in. It’s not about one person making a decision. It really needs to be a group decision.”
Patience and flexibility for meaningful relationship building. The experiences of HTA partners – particularly those who came together at the onset of this funding initiative – provide evidence of an “arc” of collaborative development in which upfront investments in meaningful relationships building is foundational for collaboration. Particularly given the diversity of the AA and NHPI population, it may be unrealistic to assume a preexisting panethnic consciousness that would serve as a starting point for collective action. In supporting meaningful panethnic racial disparity work, therefore, funders may want to consider multi-year timelines that include space for upfront relationship building.

Expanding definitions of advocacy capacity building support. The emerging strategies shared by HTA partners in fostering an AA and NHPI group consciousness are notable in that they imply a need for a type of advocacy capacity building that is not recognized within traditional frameworks. Namely, fostering a sense of inter-connectedness and attending to racial reconciliation and healing require skilled facilitation, as well as shared racial justice frameworks and language to effectively move panethnic groups forward. An opportunity therefore exists for funders to explicitly invest in and promote racial reconciliation and healing as a part of advocacy focused on issues of racial disparity.

Redefining notions of “powerful” coalitions. While typical assumptions about “powerful” coalitions are often rooted in the volume of their voice in policy debates, the experiences of HTA partners suggest that their power is defined in the timbre of their voice and the degree to which the nuanced aspects of AA and NHPI experiences are brought to bear in the health policy decisions that affect their lives. This suggests a different yardstick of defining success. Success may not simply just be about counting policy wins, but also the assurance that these policy wins are authentically informed by the experiences and voices of the most vulnerable AA and NHPI children and families they are intended to target.

Investments in capacity building. Finally, the findings in this paper resonate with HTA’s theory of social change, which is deeply rooted in collaborative and organizational capacity-building goals. Priorities around self-determination of vulnerable communities must go hand-in-hand with capacity building. Findings in this paper underscore the potential of panethnic coalitions as a vehicle for not just leveraging power, networks, and resources within the AA and NHPI umbrella, but also in targeting direct and asset-based capacity building support to individuals, organizations, and collaboratives to ensure the strength of the greater whole.

Conclusion

Despite the unquestionable potential behind an AA and NHPI movement for health equity, the experiences of HTA partners suggest the unique challenges the AA and NHPI population faces in building panethnic coalitions for change. Notably, as HTA partners reflected on their AA and NHPI coalition-building efforts in their local regions, an overwhelmingly common observation was how little acknowledgement has been placed on the complexity of managing this challenge and how limited the opportunities have been to have meaningful dialogue that unpacks promising practices for this community. Many of the emerging strategies shared through this paper lay the groundwork for such a dialogue by considering how to build an enduring collective within which all members can clearly see themselves and their relationships to one another – one that calls its members to action and reignites their collective consciousness and which also authentically represents the diversity of the AA and NHPI umbrella.