

DIALOGUE4HEALTH WEB FORUM
BECOMING THE HEALTHIEST NATION: ADDRESSING THE MULTIPLE
DETERMINANTS OF ASIAN AMERICAN AND PACIFIC ISLANDER HEALTH
Tuesday, May 19, 2015
5:00 p.m. – 6:06 p.m. EST

REMOTE CART

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>> Joanna Hathaway: Hello and welcome to Becoming the Healthiest Nation: Addressing the Multiple Determinants of Asian American and Pacific Islander Health. My name is Joanna Hathaway. I will be running today's Web forum along with my colleague, Holly Calhoun. Closed captioning will be available throughout today's Web forum. Karen with Home Team Captions will be providing captioning. The captioning will be available in the Media Viewer panel, which can be accessed by clicking on an icon that looks like a small circle with a film strip in it. On a PC this can be found in the top right-hand corner of your screen. And on a Mac it should be located in the bottom right-hand corner of your screen. In the Media Viewer window you will see the "show/hide header text." Click on this, please, in order to see more of the live captioning. During the Web forum another window may cause the Media Viewer panel to collapse. Don't worry. You can always reopen the window by clicking on an icon that looks like the circle with the small film strip running through it. If you experience technical difficulties during this Webex session, dial 1-(866)229-3939. Write the number down. The audio portion of the Web forum can be heard through your computer speakers or headset plugged into your computer. If at any time you are having technical difficulties regarding audio, please send a question in the Q&A panel and Holly and I will provide the teleconference information to you. Once the Web forum ends a survey evaluation will open in a new window. Take a moment to complete the evaluation as we need your feedback to improve our Web forums.

The recording and the presentation slides will be posted on the website at dialogue4health.org. We are encouraging you to ask questions throughout the presentation. Click the question mark icon. Type your question if and hit send. Send your question to all panelists. We will be addressing questions throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on the screen now. Please select your answer from the available choices and click the "submit" button. I am attending this Web forum: A, individually; B, in a group of 2 to 5 people; C, in a group of 6 to 10 People and D, in a group of more than ten people. Hit submit.

Once you're done with the question, click on the icon.

It is my pleasure to introduce Elena Ong as moderator. She is the President & CEO of the Asian and Pacific Islander Caucus for Public Health, a Governing Council Member at the American Public Health Association, the Vice President of the Southern California Public Health Association, and a member of the California Health Interview Survey's Multicultural Technical Advisory Committee. She is also the Director of Public Policy and Public Affairs at Ong and Associates, where she is currently working on a project related to the Minimum Wage, and an Asian Pacific American Institute for Congressional Studies project on "The Future of Asian Americans & Pacific Islanders in 2040."

Elena, go ahead.

>> Elena Ong: Thank you so much -- can you hear me?

>> Joanna Hathaway: Sure can.

>> Elena Ong: Thank you, Joanna, for your interests discussion and welcome and aloha, everyone, to the Third Annual Caucus for Public Health: Becoming the Healthiest Nation. I returned from Washington, D.C. last week where the President, the White House initiative on Asia-Pacific commemorated Asian American and Pacific Islander Heritage Month. And as you know, Asian Americans and Native Hawaiian Pacific islanders are everywhere, not just the states, but in the Territories and throughout Oceania. Pacific Islanders and Native Hawaiians are two of the fastest growing racial minorities. And by 2040, one in ten Americans will be of Pacific Island descent. Disaggregate the data and you find that we experience disparities in cigarette smoking, cancer screening, hypertension, diabetes, obesity, asthma, depression, suicide. If this is left unchecked the disparities could worsen and American's health gap could widen. We need to leverage today to create a healthier tomorrow. We can become the healthiest nation by redirecting the trajectory of our health by working with the two fastest growing nations, multiple determinants of health and health policies.

Towards that end we have three fabulous presenters: Carmen Nevarez, Emi Chutaro, and Lisa Hasegawa. And what I want to do before I introduce our speaker is take a poll and see if you're familiar with the vision to become the healthiest nation in one generation.

A, it's part of my job. B, I'm in. I've already signed to become the healthiest nation pledge. C, I've heard about it but not yet signed the pledge; and D, I never heard of it and want to know more. Please answer those questions and that's great.

I will introduce Carmen Nevarez, Vice-president for External Relations, Preventive Medicine Advisor, Public Health Institute; Past President of the American Health Association. And she is going to talk about PIHOA.

>> Carmen Nevarez: Good afternoon and welcome to everybody on this call. The Asian and Pacific Islander Caucus' goal for the next 15 years is to become the healthiest nation in a generation. We must focus on the multiple determinants of health. Can we become the healthiest nation? Americans believe we are the healthiest in the world. We only rank 34th in life expectancy. Americans live shorter lives and suffer more health problems than peers in other advanced countries. Americans perform poorly on most measures of health.

Within the U.S., we have shocking differences or disparities in life expectancy based on where we live, up to 15 years of difference in life expectancy based on our income, ten years of difference in life expectancy. Based on our education, nine years. Based on our race, seven years.

And what's more, even our most advantaged people live shorter lives than peers in other countries.

It is not all about choice. Neighborhood, climate, food, are all examples of factors that impact health. Let's not forget that making healthier choices requires the opportunity to make that healthier choice. You have to have a healthy choice in order to make that

healthy choice. Inequities in these factors have a greater impact on people of their color and on their health.

Americans focus less on prevention, spending only 3 percent on healthcare related prevention and health programs while nearly 50 percent of the people in our country suffer from preventable chronic disease. We have more people in poverty, so we have more people with poor health. And finally, where we live matters. Where we live should be safe and have accessible places to walk, exercise and play. But in the U.S., gun homicides are 20 times higher than in peer countries. And nearly 50 percent of Americans live in communities with unhealthy levels of air pollution. That's why this Web forum takes an upstream approach to addressing the issues that impact AAPI health. Specifically we will discuss the social determinants of health in the Pacific Islands through the perspective of climate change and organizing for racial justice, healthy neighborhoods and financial sustainability. This is something we need to do together. That is why as past president of PIHOA I would like you to join APHA's effort to become the healthiest nation. Final slide, join the movement. Together we can join this. Join the movement, spread the word.

Back to you, Elena.

>> Elena Ong: Thank you so much, Dr. Nevarez.

Before we introduce Lisa Hasegawa who is going to be talking about poverty, I wanted to ask if you're familiar with community organizing and the answers is A, yes, it's a major part of my job. B, I work closely with community organizers and believe it's an essential strategy to eliminate health disparities. C, I know community groups that we could partner with. D, I never thought about partnering with community organizing groups but I want to know more. Or E, I do not anticipate incorporating that into my work.

It is my pleasure to introduce Lisa Hasegawa, Executive Director for National Coalition for Asian Pacific American Community Development. NCAPACD is dedicated to meeting the needs of Asian American, to improve the quality of life for low income Asian American and Pacific Islanders by promoting economic vitality, civic and political participation and racial equity. National Coalition for Asian Pacific American Community Development is also the first and only national AAPI serving as a HUD housing counseling intermediary. Lisa?

>> Lisa Hasegawa: Hello, everybody. It's great to be here. Thank you to Elena for inviting me to participate today. So as many of you all know or well, maybe you don't know, but my background is in public health even though I have been working for the past 15 years on housing, community and economic development issues. As many of us familiar with public health we talk about a lot of these sectors as social determinants of health. I want to talk a little bit about our report that came out last year and actually, okay, here we go. So we came out with a report called "Spotlight on Asian American and Pacific Islander Poverty." I was going to talk about the data in this report. I'll go through that quickly. They actually asked me to talk not only about the data, but also about some of the strategies that we have used and that many of our groups are using in terms of the community organizing work and also the financial sustainability and financial capability work. Even though the slides are again more about statistics from our poverty report I will also be talking about some of our strategies.

So really quickly I'll tell you that we felt it was important to really do this report focusing on the poor people in our community because so often we are seen as a mono-minority and there is not a lot of attention to AAPI communities when they are talking about strategies that are affecting low income communities. Sometimes they are not necessarily thinking about our communities.

We wanted to put a stake in the ground and dig deep into the demographics of who the poor Asian American and Pacific Islander communities are and where they live so that we can really get a better handle on that.

One thing that is also interesting that I'll say as a preface before I get into the data is the fact that we think that disaggregated data is very important, as all of you know in doing the health work, the data disaggregation is very important so that we know what the disparities are for the different ethnic groups. We feel that is very important but at the same time we also felt that it was important to look in the aggregate at the demographics of our overall AAPI poverty population.

That's what we really tried to take a look at. In the wake of -- the AAPI population is surpassing 2 million. That's how many Asian American and Pacific Islanders are poor. The AAPI population growth in the next slide from 2000 to 2012 the poor population grew by over 600,000 to almost 2.1 million. Essentially that is a 46 percent -- 45 percent, 46 percent increase in the poverty population. So because you have seen the statistic often that AAPIs are one of the fastest growing minority groups. Yes, that's true, but because that is true the rate of poverty looks like it didn't really change because the overall population has grown so quickly.

When you just look at those who are poor, the poverty population has grown by 45 percent. That actually is a shocking figure. Those of you working in community based organizations focus on low income AAPIs. That means the number of poor people that are eligible for the services has increased by 45 percent in the wake of the recession.

So that's that chart.

These are things that I'm sure many of you, awful you already know. Over 22 ethnic categories, 17 ethnicities that are Asian and 5 that are Pacific Islander. The largest are poverty groups, this is surprising to folks sometimes, a quarter of the poor population is Chinese, Asian Indian is the next highest poverty population. Followed by Vietnamese, Korean and Filipino. The highest poverty rates are amongst the Hmong, Tongan, and Bangladesh populations. You look at the demographics, it's important to know that one father of the AAPIs are Chinese. For example, national capacity, we have organizations that work in a lot of the China towns and the rates of poverty for the Chinese community even when you are looking at it in disaggregated, basis, it misses the fact that there are so many poor Chinese people in our community. We felt that there are different ways to look at the data in the aggregate as well as disaggregated.

So that is that chart. AAPIs have high rates of households with limited English proficiency. This is something that many of you already know. I won't spend too much time on that.

This is the age profile of the poor Asian American and Pacific Islander population. You can see that it's somewhat different depending on the population. For the Asian American poor population is older than the U.S. poor population, and Native Hawaiian, the poor population is younger than the U.S. poor population. Break it down by ethnicity there are different age profiles particularly among south Asians and southeast Asians. You can see there that the Hmong community is a much younger community and many more who are, over half of the poor Hmong folks are children and for the Bangladeshi community, a lot of them are poor working adults and even for the general Asian population, many are poor working adults.

We took a look at the demographics in terms of who but where. So for looking at the places in the country where there are the most poor AAPIs, they are most concentrated in these five metropolitan service areas. New York, Los Angeles, San Francisco, Chicago and Seattle. Those are probably not a surprise to you.

This is another map looking at, or showing the fact that AAPI poor are very concentrated in metropolitan areas. And we actually found an interestingly more so than any other

racial or ethnic group, poor AAPIs are concentrated in metropolitan urban areas and in a limited number of metropolitan areas.

In other words, our poor AAPIs are the most concentrated, whereas with other communities they are spread out more evenly around the country and not necessarily just in urban areas. The red is Native Hawaiian and Pacific Islander poor population and the blue is Asian American poor population.

You can see that those are the top 10MSAs for both Asian Americans and Pacific Islanders. You will see that places like Fayetteville, Arkansas, and Honolulu cities are the highest for Pacific Islanders; in addition to Seattle, San Francisco, and Los Angeles. San Francisco, Seattle and Los Angeles are in the top ten for both Asian Americans and for Native Hawaiians and Pacific islanders.

And this is just showing the point that I just made, that we are more concentrated than any other racial or ethnic group in metropolitan areas.

So this is going to be the precursor for what I am going to be talking about in terms of organizing. And organizing and health. So AAPI poor are disproportionately concentrated in very high housing cost regions. So from that analysis that we did, almost half of AAPI poor live in high cost housing markets and no other race or ethnicity is as concentrated in these high cost housing markets.

So it is understandable that affordable housing, if you are looking at improving the situation for poor AAPIs, that affordable housing, increasing the supply and access to affordable housing is one of the key strategies.

So the other point that I want to make is although I have been talking a lot about urban areas and the concentration in urban areas, the growth of poverty actually has been quite dramatic in the suburbs. So we are seeing this trend that, about the suburbanization of poverty. That is not unique to Asian Americans and Pacific Islanders. We have been following this trend line and we may see the distribution of poverty being different out into the suburbs in the future but actually if our organizing has anything to do with it we will see that people even if they are poor are able to actually stay, choose to stay in areas of high opportunity and not have to necessarily move out into the suburbs.

So these are some of our high level recommendations. And I was wondering if somebody can send me a note about how much time I have left in my presentation.

That would be great, thanks.

So these are some of our findings and recommendations. The poor population is growing rapidly. We definitely need more resources and renewed efforts. I think that there has been a sense that the poor population has decreased or has basically stayed the same. There is not really a lot of need. I would ask the participants in this call to share the findings of this report, that the AAPI poor population is growing quickly and we are very concerned.

Relevant solutions are important because the AAPI population is diverse and affordable housing is one of the key strategies and also the trend about AAPI poverty increasing into the suburbs.

So that is the end of the statistics. And can I just pause and ask again how much time I have left?

Okay. Thank you. So these resources, I just wanted to say that we have about 100 organizations around the country that are working on affordable housing issues. I can say that in the housing and community development world there is a focus on looking at the built environment in the public health world. I think that the housing and the community is starting to come around to see that they have an important role to play in improving the health of poor populations in poor communities and neighborhoods, changing the trajectory.

We feel as National CAPACD, we adopted our strategic plan last year looking at racial justice as the broader frame in terms of why we are doing this work. So often we think that Asian Americans and Pacific Islanders are pitted against each other. The model minority mean is more often used to denigrate other communities of color as opposed to lifting up or complementing Asian Americans. So we have felt that the broader racial justice frame is very important. We have been doing a lot of work at looking at the intersection between community organizing and community development. Many of you are probably familiar with community health centers. Those and community development corporations are those nonprofits that do nonprofit real estate development as community health centers do primary care delivery. Both of those entities, federal resources for CDCs and community health centers came as a result of the war on poverty and was really about getting resources, federal resources into the hands of community organizers. So I think that with the growth of poverty in our communities, with a lot of the celebrations looking back 50 years since the war on poverty there has been a lot more attention to the fact that we need to reembrace community organizing as a core strategy for neighborhood improvement and empowerment.

I put a couple of resources up there of some of the organizations and the convening that is coming up in July that is looking at those intersections between community organizing and health. Housing and health resources, I'm sure that many of you have seen the things that have come out from the health organizations. Those two resources from the national housing conference and the Federal Reserve Bank of San Francisco are from the housing perspective and looking at how housing and community development impact health. If you are interested in really learning more about community organizing and/or affordable housing and community development, three organizations there I've listed that are national networks of community development organizations at the state level and locally. So hopefully those will be resources for you as well so you can all reach out to housing and community development organizations as you think about improving the health of low income AAPIs. Thank you.

>> Elena Ong: Terrific. It's my turn. What I want to do is give you another poll. Hold on for one second, folks. Lisa mentioned community organizing and 38 people basically said that they work with community organizers. There is a lot of interest in what you do, Lisa, and you are doing a great job.

Poll 4 also related to Lisa's presentation is the question: To what extent to your health strategies include efforts to improve housing, neighborhoods and the built environment? A, it's a major part of my job. B, I work closely with community development and or affordable housing development organizations to improve neighborhoods and housing conditions.

C, I know of housing and community development groups that we could partner with. D, I never thought about partnering with housing and community development groups but I want to know more. E, I do not anticipate incorporating house and community development into my work.

It is now my pleasure to introduce Emi Chutaro, Executive Director on the Secretariat Staff of the Pacific Island Health Officers Association. She is from the Marshall Islands and worked for the past 16 years in national government community-based and international organization. PIHOA is a health policy strategic engagement technical assistance organization governed by the chief health officials of the U.S. Territories of American Samoa, Guam and Commonwealth of the Northern Mariana Islanders, the U.S. freely-associated states of Marshall Islands, Palau, and Micronesia.

Their current initiatives include health workforce development, health information management systems, health systems performance improvement, laboratory

strengthening, strategic engagement and coordination and regional health policy development.

Welcome, Emi.

>> Emi Chutaro: Thank you very much, Elena. I appreciate the introduction and also to thank you for inviting me to speak today. Elena asked me to sort of shift perspectives a little bit and talk about the Pacific Islander experience within the islands. And to specifically talk about some of the social determinants of health particularly from the climate change perspective.

First of all, I want to start and say I'm not a climate change expert. In discussing about the social determinants of health in regards to climate change I wanted to take it from the perspective of a personal experience, particularly from the experience as a Marshallese growing up in an atoll environment.

Thank you to everyone, good morning, good afternoon, good evening, wherever you are from.

I wanted to talk a little bit then about who we are. Who is the Pacific Island Health Officers Association, what we do, where we work. As I was saying earlier, talking about my personal journey with regard to climate change growing up in the Marshall Islands and what does that mean in terms of impact for overall population health in the islands. It is shared experience not only in the Marshall Islands but the other Pacific islands. I want to talk a little bit about some of the policies and approaches to potentially addressing climate change impact within the Pacific Islands.

So who we are, we were established back in 1986 by the Pacific health officials as a nonprofit chartered in the Commonwealth of northern mar that islands, CMI. We are regional health policy voice for the islands and we coordinate a lot with the U.S. federal agencies, particularly HHS, Region 9, HRSA as well as a number of international organizations like WHO, secretary of the Pacific community and others. Three offices, with the headquarters here in Honolulu. And we also have some offices in Guam and in Palau.

As I was saying earlier we coordinate a lot of work with the CDC. We have a number of CDC public health advisors and epidemiologists collocated with us out of our Guam office. They provide direct technical support to all six jurisdictions within the U.S. affiliated Pacific islands.

We are also the Secretariat for the regional health committee of the Micronesian chief executives forums. These are the presidents and governors of the five U.S. affiliated islands, Guam CNMI, Federated States of Micronesia and the Pacific Islands. American Samoa, but there are discussions of bringing them into the Micronesian chiefly executives forum. We are very excited about the wider Pacifics, the 22 Pacific Islands and territories to the Pacific heads of health and the ministers of health endorse PIHOA as the technical health agency to work alongside of the World Health Organization and the community. We are excited about what this means for us.

Quickly on what we do. As Elena mentioned we actually focus most of our work on health systems strengthening. Really a broad based and not so much focused on a particular disease or intervention per se but looking at those cross-cutting interdisciplinary areas that benefit multiple areas of health service delivery. We do a lot of direct support for ancillary services, particularly with lab strengthening?

Assessing existing health information management systems and identifying gaps where we can provide support to strengthen those existing systems. Looking at health systems performance improvements, working with quality improvement managers. Working towards quality assurance. Workforce development is another key area. We work a lot with the local community colleges to be able to provide courses that look at health careers, development, nurse practitioner, public health essentials, et cetera.

And we also look at strategic engagement and health policy development from a regional perspective engaging a lot with a number of other regional partners including WHO, HRSA, Region 9 HHS and looking at how we can better coordinate the work that we are all doing, the resources available to all of us as technical agencies and ensuring that there's a comprehensive and combination and synergistic action among all of us to be able to support the priorities of the Pacific countries and territories.

To kind of give you a perspective on things and the scale, the geographic scale of where we work, what you see here is a map of the Pacific. The circles are the six Pacific Island jurisdictions that we work with. Palau being on the far left, Republic of Palau being on the left and American Samoa on the right middle bottom. Then the rest sort of in the center of the central Pacific there.

This area encompasses, if you look at American Samoa, it is equivalent to where Florida would be. Palau and the Northern Marianas would be roughly here. You are looking across five time zones along intersection to the American far west which is off the right on the screen and the State of Hawaii. I want you to bear that in mind as I talk a little bit further in other slides when I talk about climate change. I wanted also to point out that we are a very culturally rich, socially diverse area, over 14 different languages and dialects are spoken. Highly urbanized areas, as you can see in Guam, for example. To areas in parts of the areas where you have people living a traditional lifestyle and don't have access to cell phones, haven't really seen a computer. You look at it from a socially diverse environment as well.

So bearing sort of the geographic dispersion, the isolation that that entails and the cultural diversity and language that we have to work across, then when we talk about climate change and what that entails, there are a number of vulnerabilities and challenges that we have to address when we are talking about health and wellbeing.

This is an example of the sort of mix of what we have. Here you have photos of low lying Atolls. We have a mix of volcanic islands, a good portion of the islands are low-lying islands or atolls, meaning they don't have mountains or big hills.

The bottom two photographs, one is of Majura Atoll on the bottom left. That's where I grew up. That's my home. And I grew up most of my life and my family is still there. My father, my brothers and my cousins and what not, extended family still reside there.

On the right you see a bridge and we often tease that this bridge is sort of our mountain. This is the highest sort of physical feature on the island of Majura. Bear that in mind when I speak about that further in the other slides.

What I mentioned earlier about the geographic isolation on the far left you have the island of Kiribas, in Yap, and that is from the view of a six-seater prop plane on the runway and the hut on the left in the middle of the photograph is the check-in airport lounge.

And on the right you have a photograph here of the supply ship in the Marshall Islands that goes out to each of the islands. Unfortunately the supply ship cannot actually get into the lagoon. The only way you can transport supplies is by these little motorboats that can, that are light enough to traverse the shallow reefs to get into the lagoons.

When you think about vaccinations and supply issues for certain vaccines that need to be kept at a certain temperature and you have to transport them in this way, there are challenges in terms of quality and comprehensive service delivery as well as the expense it entails. Imagine the fuel costs to be able to deliver just immunization runs to some of the isolated outer islands.

Bear this in mind when I come to talking about climate change. Again as I said earlier I'm going to talk about it in terms of my own personal experience. This here is a photo of Majuro, the island that I grew up at the far end of the island. The area is called Rita.

And this is basically a normal overcast day. And what you see here is a combination of

what we call high tides, normal high tides and full moon. You have king tides, extraordinarily higher tides than normal.

When you sort of compound that by thermal expansion of the seas due to climate change and that then impacting sea level rise. When you look at that combination of factors, this is what we are seeing and experiencing in our islands. What I've seen as a child growing up until now is that these events are becoming much more frequent. And not only much more frequent but the extent of damage is becoming much more visible. I'll talk a little bit more about the other damage and the results on quality of life and health.

But the really critical issue now is that we are seeing salt water intrusion into our fresh water lens, which is a little bit underneath the surface of the Atolls. This is going to have a significant impact on the inhabitability of our islands, particularly with the plants that depend on that fresh water lens to be able to survive the very high salinity environments. Of course, damage to crops and property.

So here are just some examples of where I live. Again this is on Majuro. The far top left is where my sis ten in law works, the ping building there. The top right is the airport. So you can see this is the road going along the airport. That happens pretty much frequently on a daily basis when you get high tides, you see that.

Then on the bottom left is actually the road that is immediately next to where I went to school. My elementary school. Again that is a fairly frequent occurrence.

So as developing countries and territories, what we are seeing with climate change, it is already compounding existing social, economic, political development challenges. And what we are now experiencing is what folks are now terming climate change refugees. We are already seeing that. What you see here are two photographs that I wanted to highlight. One is with the storm surges and rising sea level and with the king tides, basically the world's trash is coming up on to our shores. At times when the water actually goes into the residential areas, you are talking rotting debris. You're talking about rusting materials. In islands where they don't have public to public sewage and toilets, fecal material washes up to the residential areas.

That in turn seeps down into the fresh water lens. So again for those who don't have access to public water, they rely on groundwater wells. What we are seeing, particularly in the urban areas, is fecal contamination and other contamination of the groundwater lens. That is creating some very significant health impacts in terms of diarrheal infections, dysentery, et cetera. On the left you have a photograph and again this is near my elementary school. This is a normal clear day. No, it is not a storm surge. It is a clear day and yet you have the king tides here and that comes on to the graves. What we have seen in a lot of the water quality testing is that there is embalming fluid actually found in the water lens and if bodies have been embalmed, that seeps into the coffins and the water lens. There are issues here about safe drinking water and the impacts of that to health.

So determinants of health and wellbeing are greatly challenged in our islands.

Of course I'm presenting an extreme view, but this is a view that all of us in the islands and not just in the northern Pacific with the U.S. affiliated islands but also the Southern Pacific brothers and sisters, we are experiencing the shared common impacts of rising sea levels as a result of climate change.

So when we look at different determinants of health, looking at safe shelter, that is a challenge. Constant and frequent damage to homes, folks who are migrates from the coastal areas into the inner residential areas creating conditions of over crowding. In some cases forcing people to look at other alternatives to live. I'm going to talk a little bit more about the migration out from the islands to the mainland U.S. or Hawaii or Guam or other places seeking refuge.

And then, of course, you have the impacts to health and education. My school that I went to in Majura, I have been to the kindergarten, near the graves that you saw earlier. And they are constantly getting washed out frequently. So they have had to move the kindergarten to another location.

But then there are school days that are lost as a result of that. Then there are some schools in the outer islands where the schools are very, very, very close to the water's edge. Some of those schools actually had to shut down. And we are looking at then also effects to income and economic development. If you have frequent and constant damage to businesses, to agriculture and agricultural activities, that's a high risk for those who want to maintain businesses in the islands. A lot of folks are not wanting to invest further in business development in the islands because of the risk and the cost entailed to constantly ensure that damage are repaired and that impacts the availability of opportunities for income and employment for many folks who don't have other alternatives for income.

Of course, as you have folks moving from certain locations, moving to urban areas that are not able to absorb the number of people in terms of the number of seats in the schools and being able to provide effective clinical services, for example, that has a compounding effect in terms of being able to maintain appropriate social safety nets for the islands. Of course, environmental health, coastal erosion, sanitation, coral bleaching and that having an impact in terms of access to local food and produce, not just on land but even in the marine environment.

So we are seeing a whole number of impacts. I just have three more slides to go. For us climate change is not some amorphous ideas that a lot of people are spouting and debate about whether it is happening or not happening. It is important to talk about going green and carbon emissions reduction, et cetera. For us it is really about survival and trying to maintain our rich cultural and diverse heritage. Interestingly enough, on Friday I met with the U.S. Pacific Command as well as the NOAA folks and they confirmed that predictions as they hold, within 50 to 70 years most of the low lying Atolls in the Pacific will be such that they will no longer be habitable, some like Tuvalu and Kiribas have established plans where they negotiated with governments of New Zealand and Australia for a multiyear quota of migrants moving from the islands to those environments and establishing programs and communities of resiliency so that once it gets to the point where you see mass exodus of people from those islands, those established communities in Australia and New Zealand will be able to absorb them and provide appropriate safety nets to support them.

What we see in the Pacific is that we need policies and support that really look at both, not just the intermediate and long-term effects of climate change but about the immediate effects of climate change and how to change those.

We need policies, investment to strengthen the resiliency of our islands so we can continue or human survival. We may need to look at innovative technologies appropriate to our island context. Are there alternative practices for food production that we can look at that are able to with stand high salinity environments, for example? And other innovative solutions to urban planning.

At the same time looking at what Lisa presented and what Carmen presented earlier, this is the background. This is the motivating factors as to why a lot of folks from the islands are moving to the United States. They are moving to the main land United States and there are implications then in terms of policy, addressing poverty, addressing housing and what not of Pacific Islander populations who inevitably will be moving to the United States and establishing themselves in the United States.

I think there are implications not just for now but also the future of what policies will need to be put in place for addressing social determinants of health for what we are knowing to be climate change refugees in the very near future.

Thank you very much. If you have questions, I'm happy to answer. Thank you.

>> Elena Ong: Thank you so much, Emi. That was fabulous. Actually I would like to encourage everyone to queue up their questions and go ahead p and follow the instructions once we get to them.

Let's see. Where are these instructions? That would not be it.

To submit questions regarding the Q&A feature, go to the Q&A button and go ahead and submit a question to all the panelists. And what I would like to do is begin with the moderator's question. I thought a great deal about what it means to become the healthiest nation in one generation. And I think that while I support APHA eviction to do that by addressing social determinants of health but we can only look at university coverage of other nations and doing what we can do as individuals and policymakers to effect climate change. This is certainly the reason that Emi was suggesting that people are losing their land. They are living 15 feet away from oceanic rise and losing their homes. They have no other place to go. Forty, 50 years from now their islands are going to be gone. What we need to do is take responsibility, where we live is a specific, either Pacific Islands or the Continental U.S., to figure out what we can do as individuals and as policymakers to effect that change.

Lisa and Emi, I wanted to ask: What is the number one take away, the one thing we can do to have an impact on poverty and climate change? Lisa?

>> Lisa Hasegawa: Sure, this is Lisa. I think it is hard to say one thing around poverty, but certainly I think I raised the issue of affordable housing. What I really feel like we need to do is bring together the health and community development sectors and have a broader frame around what needs to happen for vulnerable communities whether it be health or social. I think that there needs to be more collaboration in that arena. I think that both community development and community health folks need to work more closely with organizers. They may appear as community health workers or neighborhood organizers, but they are organizers. I think we have to lift up their voices and their work a little bit more than we have been in the past.

>> Elena Ong: Thank you. Emi?

>> Emi Chutaro: Thank you, Elena. I'm with Lisa. I think that there are multiple layers to answering this. I sort of have a two pronged answer. One is, okay, if you are talking about Pacific Islander populations residing in the United States currently, there are a number of activities that can be done to build resiliency, community resiliency on Pacific Island populations and communities already residing in the United States. Building awareness amongst these individuals in these communities, knowing that within a generation there will be more of us coming from the islands because of impacts of climate change. So there needs to be policies, community development work, et cetera, that needs to be done as what Lisa was saying and the coordination for that and the collaboration to in my mind build the absorptive capacity of these communities to be able to support those who will be most definitely coming in from the islands and who may not necessarily be prepared for residing with the high quality of life here in the United States. So it is about building that resiliency and absorptive capacity on one hand.

For those who are residing in the islands, community development plays a very critical role to enabling one, an awareness of what climate change impact will be in the next 50 to 70, or 100 years. And start planning for that. Having sort of a reality check that this is sort of inevitable to some extent for some of the islands, and we need to be prepared for that. If that means sort of going the route of Tuvalu and Kiribas, where you have the exodus plans. But it's also about community development in terms of building resiliency,

making sure we are able to provide sufficient education services, health services now so that we can have a healthier population within the islands. Then not necessarily bringing problems and challenges when they come in to the United States, which is what we are experiencing currently in the state of Hawaii, what they call the migrants coming in and seeking tertiary services and education here in Hawaii and all the social justice problems that seems to entail.

It is preparation really from our side of the islands.

>> Lisa Hasegawa: Elena, I wanted to make one comment also. I think that after watching Emi's presentation, what seemed to be a theme actually was the fight against displacement. So we often talk about anti-displacement work. I think that there was a lot of synergy with what I was seeing in Emi's presentation. People are being displaced. The other thing I didn't talk that much about in terms of community development, up community development, when I say CDC, I don't mean centers for disease control, it is non-profit development and planning organizations, community development coalitions. There's a role that they can play with respect to land use, a lot of them are doing green building and sustainable neighborhoods, climate emissions, et cetera. There's a lot of intersection between the work that Emi's group is doing and the work that public health groups are doing.

>> Elena Ong: This is a question from Priscilla: She works in Hawaii, and wonders about the intersection, geographic intersection of migrants to those islands. So I don't know if there's something from an economic development point of view, jobs development point of view, Lisa, that you think needs to happen in Hawaii? And what poverty looks like in Hawaii currently? Emi, the same question for you.

>> Lisa Hasegawa: Sure, I actually answered that. I said that for capacity we have been working mostly with Native Hawaiians and less so with Pacific Islander groups. We know there are many needs. We have been working with the Council of Native Hawaiian Advancement. And if there's a need to learn more about community development work and resources, they know our world very well.

I think there's also an organization called the Pacific gateway center. I know they do work there have been people working with Pacific Islanders like the Marshallese, and I'm sure there are more.

>> Emi Chutaro: Thank you, Lisa and Priscilla, for the question because I think this goes to the heart of some of the issues we are experiencing here in Hawaii and the negativity that goes around Micronesian that are currently residing here in Hawaii as well as those coming in.

I think the first and foremost, one suggestion is really about compassion and awareness raising within a number of key groups here in the state of Hawaii. It is very unfortunate that you have fairly focal groups here in the State of Hawaii who are very anti-Micronesian, to say the least. And that is clouding a little bit the conversations, the deep, meaningful conversations that need to happen in terms of what are the effective programs, what are the effective interventions to support Micronesian community groups coming in from the islands and being able to survive. At least maintain a minimum quality of life here in the State of Hawaii.

And compassion really is the first thing. Building that compassion within all the various groups here in the state of Hawaii is one start.

Then as Lisa mentioned there are a lot of organizations working in this area. And I was actually very surprised. There is a huge number of community Micronesian groups independently working away with each other and working with the University of Hawaii, various programs that have their own subgroups and communities that they work with, various Micronesian groups. We need to bring all those folks together, together in a similar conversation. So one suggestion that was had was to convene another summit.

I think there was a summit back in 2004. Micronesian Summit that was held in the Hawaii Convention Center. A lot of folks are saying it's high time for us to convene the summit together. Bring all the Micronesian groups, and those against the Micronesian groups to start the dialogue to understand the challenges that the Micronesians have coming in and their experience in the islands.

One quick story, if I may. That is my uncle, he comes from the outer islands of Malay. He barely speaks English. When he came here he was able to get a job working with one of the churches. He came in. All of a sudden his wife brought in her cousins. And his cousins brought more cousins. So he ended up taking care of a number of individuals.

Now, where he lived, he lived in an apartment that had a maximum capacity of eight individuals. And he sort of maxed that out. So he got evicted. Now he's one of those homeless people living at Kaka'oko, but it was because the homeowner at that point said we've already exceeded the capacity limit for this location. It's hard because from a cultural perspective, Marshallese cannot say no, they must support their family members. I am highlighting what seems to be a problem from a western perspective is not really a problem from a Pacific perspective. Those are the kind of compassionate stories that I think need to come out to explain what could underpin some of folks issues with Micronesians residing here in Hawaii.

>> Lisa Hasegawa: There are a couple of other organizations, safe access for community equity and also (Pazuta), they are trying to convene community based organizes from across the Pacific to be more involved at the federal level to engage with the White House Initiative on AAPIs. I know there was a Pacific Islander convening in conjunction with the Council of Native Hawaiian Investment where they were trying to raise these issues at the federal level. I think there's movement.

>> Elena Ong: Thank you so much. We are close to running out of time. I want to thank so much our presenters, Dr. Carmen Nevarez, Lisa Hasegawa, Emi Chutaro and our sponsor the California endowment and I also want to thank our community cosponsors.

And I am really proud. We have 45 in total. More than half actually use the term Pacific Islander in their name. It has been a goal of mine to move us towards Pacific Islander parity. I think we are getting close to that. I want to thank you for being part of this today and want to thank the phenomenal women behind the scenes of this process.

Thanks also to Holly Calhoun and Joanna Hathaway from Dialogue4Health. They did a great job in less than two weeks. And a shout-out to Natalie, Nicky Banister, and a number of other people who worked on this as well and collaborating with our community partners.

Let me say this. We've got our organization, the Asian Pacific American Heritage Month, we have been around for 45 years and are a 501(c)(3) and are recruiting members for the world. Same as with Pacific Islander parity and I want to shout out and thank people on the call to actually e-mail me at AAPIcaucus.org and let me know if you want to serve in some capacity. But our goal is to advance health equity by the year 2030 through becoming the healthiest nation in a generation.

Also I wanted to encourage you to come to the 143rd meeting of health in all policies. And you can check out the information on www.APHA.org. Be sure to come to the APIC Effect: Ensuring a Healthy Future for AAPI Adults. We have scientific discussions, our business meeting, a great student and young professional social and awards social on Tuesday night, on November 3rd.

With that I wanted to say thank you so much. And the recording and slides will be available at www.dialogue4health.org and if you basically check out PIHOA.org or

National Coalition for Asian Pacific American Community Development.org, find out how to contact Lisa and Emi if you have further questions not answered on today's call.
Thank you so much!