Vietnamese Reach for Health Coalition

Liên Hội Bảo Vệ Sức Khỏe Cộng Đồng Việt Nam

www.VietHealthCoalition.org

STRATEGIC PLAN

2011 - 2013

Coordinating Agency:

Cancer Prevention Institute of California

2201 Walnut Avenue, Suite 300

Fremont, CA 94538

December 2010

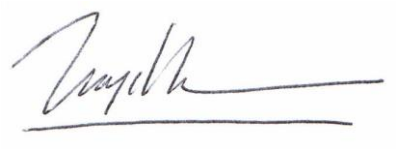
Chair's Message

For the last 30 years, we have focused our strategies on promoting health equities in the Vietnamese community with passage of education and collaborative efforts. In 1999, through a grant from REACH 2010 grant from Center for Disease Control and Prevention (CDC), the University of California San Francisco, *Suc Khoe La Vang* (SKLV) convened health stakeholders to address health disparities in the Vietnamese population in Santa Clara County. The group became the Vietnamese REACH for Health Initiative (VRHI) Coalition.

The first disease the VRHI Coalition addressed was cervical cancer, which affected the Vietnamese population five times higher than the general Caucasian population. Building on the success of that work, SKLV and VRHI Coalition were able to secure additional funding to address breast cancer in the Vietnamese population in the county. Through that 8 years period, including 8 Community Forums, 8 Annual Retreats, training hundreds of lay health workers, and advocating for Every Woman Counts program for over 4,000 women of all ethnicities annually in Santa Clara County, the coalition as an entity strengthened and increased its competency in providing effective interventions to address health disparities, and its ability to actively participate in community based participatory research.

VRHI Coalition's commitment and energy was seen as a unique asset by its members and its work addressed a gap in the community. In light of that, the coalition decided to move away from being a project-based coalition to becoming an independent coalition with broader and more long-term goal. With this decision, the coalition became the Vietnamese Reach for Health Coalition (VRHC) and embarked on a strategic planning process to clarify, recommit, and develop a plan for achieving its mission and vision. The following document reflects more than one year of work that took place with the help of two skilled facilitators.

I am very proud of the work the coalition has done and look forward to carrying out the work in the blueprint. Thank you to all the members, consultants, and funders, especially The Health Trust, who made this process and resulting document possible. Your assistance in this work is an investment and a reflection of your commitment to the health of the community.



Tuyet Ha-Iaconis
Manager Global Health Strategies, American Cancer Society
Chair, Vietnamese Reach For Health Coalition
December 2010

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Vision and Mission

Vision
We, the Vietnamese Reach for Health Coalition, envision a Vietnamese American community free from the burden of preventable diseases, a community which is aware and knowledgeable of health promotion and disease prevention, where all of its members have equal access to affordable, culturally, and linguistically appropriate health services, and actively participate in their own health care to achieve optimal quality of life.

Mission
The Vietnamese Reach for Health Coalition's mission is to promote health equity among Vietnamese Americans in the Bay Area Counties of California through advocacy, education, research and collaborative efforts.

Introduction

The purpose of this document is to serve as a blueprint for achieving the vision and mission of the Vietnamese Reach for Health Coalition. It helps identify where the organization wants to be at some point in the future and how it is going to get there. The current document reflects more than a year of planning activities through quarterly meetings and retreats. The planning work was facilitated by consultants.

Historical Context

The Vietnamese Reach for Health Coalition (VRHC) consists of representatives from 16 organizations and 5 community representatives (see Member List in Appendix) representing health providers (public and private), health plans, community organizations and representatives, researchers and the Public Health Department Northern California. A couple of key strengths of VRHC are having complementary expertise from both academic researchers and community leaders and grounding the work in both scientific and community knowledge and participation.

In 1999, a group of community representatives and organizations came together as a result of the Centers for Disease Control and Prevention (CDC) planning grant received by University of California San Francisco, *Suc Khoe La Vang*. This planning grant was part of Racial and Ethnic Approaches to Community Health (REACH 2010). REACH 2010 was a national initiative prioritizing six health priority areas with the goal of eliminating disparities in health status experienced by racial and ethnic minority populations by 2010. Forty communities throughout the nation were initially funded as demonstration projects. The planning grant launched the Vietnamese REACH for Health Initiative.

For the next seven years, the coalition received CDC REACH 2010 funding to address the cervical and breast health disparities faced by Vietnamese women in Santa Clara County. Five mutually re-enforcing interventions were developed and tailored with input from the coalition members. The interventions included: 1) Media Campaign; 2) Lay Health Worker Outreach (LHWO); 3) Patient Navigation; 4) Continuing Medical Education; and 5) Community Forum.

Committed to improving the overall health status of the Vietnamese population in Santa Clara County, the coalition secured additional funding (see attached "Funding Secured To Date" list) to address additional health issues such as hepatitis, tobacco use, and colorectal health. Furthermore, coalition members individually secured funding to implement additional health initiatives in the Vietnamese community to supplement the coalition's work (e.g. Komen for the Cure San Francisco, Cancer Prevention Institute of California, UCSF *Suc Khoe La Vang*).

Through these interventions and the active engagement of coalition members, VRHC has strived collectively to achieve its mission to promote health equity in Vietnamese Americans in the Bay Area. This resulted in the following accomplishments:

Coalition Capacity

- Key participant in successfully securing grants totaling approximately $12M.
- Received "Partner in Closing the Health Gap" during the commemoration of the 40th anniversary of the Civil Rights Act of 1964.
- Coalition organizations have developed and/or strengthened their capacity to address health issues among the Vietnamese population.
- Approximately 125,000 people (not distinct users) were served throughout Santa Clara County.
- Successful collaboration with state-funded Cancer Detection Program: Every Woman Counts (CDP:EWC) Central Coast to reach Vietnamese women at high risk for breast and cervical cancer.
  - Increased number of clinical providers to serve low-income and underinsured women.
  - Approximately 17% of all groups receiving CDP:EWC services in Santa Clara County were Vietnamese women.
- Advocacy activities resulted in restoration of federal funding for breast and cervical cancer screening and treatment in Santa Clara County
- Over 15 publications on a variety of topics, including successful lay health worker model and extensive health statistics in the Vietnamese community.

Interventions

1) Media Campaign
   - VRHC cancer information website has approximately 1,200 visitors and over 10,000 hits per month.
   - Developed and printed 30,000 copies of a bilingual breast cancer booklet.
   - Annually, distributed publications and other health collateral (e.g. silk roses w/screening messages, calendar with health information) to over 30 venues and events.
   - Established advertisement presence regarding identified health issues on television (3 shows), radio (3 programs), and newsprint (4 outlets).

2) Lay Health Worker Outreach (LHWO)
   - After meeting with Lay Health Workers (LHWs) 47.7% of Vietnamese-American women who never had a Pap test received one and more than 90% planned to get a breast examination and mammogram.
   - 164 women (duplicated) were trained as lay health workers and are a ready resource for community health education. These LHWs reached more than 2,000 women.

3) Patient Navigation
   - Over 1,500 Vietnamese-American women called the patient navigator for help with breast and cervical screenings.

4) Continuing Medical Education (CME)
   - Over 150 providers were educated about breast and cervical cancers, and hepatitis.

5) Community Forum
   - A free health forum held in the fall that is geographically based and accessible to a large concentration of Vietnamese population in Santa Clara County.
   - The all-day forum draws over 300 individuals and is conducted primarily in Vietnamese.
   - Topics addressed at forum include cervical health, breast health, colorectal cancer screening, tobacco cessation, TB, and Hepatitis B.
   - Hosted twelve forums to date.

In 2009, after a decade of established history of successfully working together to address health disparities for Vietnamese-Americans in Santa Clara County, the VRHC members wanted to move away from a project based coalition to an independent entity. The coalition unanimously voted to embark on a strategic planning process. Recognizing the need to continue addressing Vietnamese health issues, to promote stability, and to strengthen capacity, The Health Trust funded the coalition to develop a strategic plan. The strategic plan will serve as a blueprint for coalition activities, including organizational capacity building, in the next three years to enable the coalition to move towards the realization of its mission.

Environmental Scan

Introduction

The coalition engaged in a SWOT (Strengths, Weakness, Opportunities, and Threats) analysis identifying internal strengths and weaknesses as well as external opportunities and threats. Global themes were identified that were consistent throughout all five goals and for overall coalition which were followed by an in-depth analysis for each goal. Findings are detailed in the following matrices.

Global Themes
The Coalition has unique strength but two notables are the diverse organizational representation and commitment to the mission of promoting health equity in Vietnamese Americans in the Bay Area Counties.

INTERNAL	
Strength	▪ A volunteer driven coalition that includes diverse stakeholders who represent varied expertise, knowledge, experience, and work settings. ▪ Coalition's established longevity serving the Vietnamese American community for 10 years. ▪ Coalition has clearly defined and committed to its mission and vision. ▪ Respect and good inter-relationships, and teamwork among coalition members. ▪ Community members know of VRHC's reputation and familiar with its work. ▪ Has increased evaluation and research capacity. Able to collect data and report findings. ▪ Health issues addressed are diverse, including cervical health, breast health, hepatitis B, tobacco use, colorectal health, and mental health.
Weaknesses	▪ Members have other competing priorities that distract from VRHC's goals. So implementation and management of activities are perceived rushed. ▪ Coalition does not have an established operational infrastructure with permanent salaried staff. ▪ Financial position is weak to maintain operations, implement activities, accomplish goals, and future planning. ▪ Coalition activities focus on health issues and activities based on available funding rather than community's priorities. ▪ Coalition has not conducted a formal literature review or wide-scale community assessment.
EXTERNAL	
Opportunities	▪ Coalition has developed an extensive network of partners, including legislators, policymakers, foundations, business, and community service providers. ▪ Take advantage of national Healthcare Reform. ▪ Identify competitors and convert them into partners. ▪ Impact of health disparity issues legitimized at a national level. ▪ Pursue increased funding for health disparity work, agencies, and programs at federal level. ▪ Explore new revenue streams (e.g. consulting services).
Threat	▪ Impact of government budget cuts (e.g. Federal, State, County, and City) on coalition work. ▪ Funding and resources dedicated to community health are diminishing. ▪ The possibility of competitors (another coalition or single agency) may be better positioned to do coalition's work. ▪ Other issues (e.g. education, job, immigration, safety) compete with health as a priority for the Vietnamese community. ▪ Lack of community support for long-term self-sustainability. ▪ Regional demographics are changing.

GOAL 1: Continuing Education for Providers Serving Vietnamese Americans

INTERNAL	
Strength	▪ Established curriculum and framework to conduct CME ▪ Experienced coalition members to implement curriculum
Weaknesses	▪ Capacity and expertise to implement curriculum limited to a few coalition members ▪ Limited or no experience with developing and implementing continuing education beyond physicians affiliated with Vietnamese medical associations
EXTERNAL	
Opportunities	▪ Increase need of primary care providers with capacity to serve newly insured and diverse population
Threat	▪ Changes in certification and credentialing requirements based on federal healthcare reform ▪ Changing Santa Clara County patient demographics as a result of federal healthcare reform – will Vietnamese population be a top priority

GOAL 2: Advocacy and Policymaker Education

INTERNAL	
Strength	▪ Members have grounded understanding of VRHC and capacity to bring new members up to speed quickly ▪ Coalition members value and experienced in advocacy ▪ Track record of successful advocacy and policy campaigns (e.g. re-instated BCCP federal provider within Santa Clara County) ▪ The composition of VRHC is diverse and can be a powerful advocacy voice (ex. CBOs, research institutions, physicians associations, hospitals, VMC, community, etc.)
Weaknesses	▪ Rely primarily on current/past members to transfer institutional knowledge ▪ Few tangible collaterals that document VRHC's history and activities for dissemination ▪ Process for decision-making on advocacy issues and action items has not been developed and tested ▪ Follow up work and efforts required for advocacy maybe a challenge given the lack of staff and the number of times that VRHC meets.
EXTERNAL	
Opportunities	▪ Expand legislative relationships beyond the few key champions (e.g. city, county, state, federal) ▪ Build upon media relationships to develop VRHC marketing/PR campaign ▪ Collaborate with other non-Vietnamese coalitions and groups regarding health disparities in order to maximize time/efforts ▪ The Vietnamese constituency has an audience with local policymakers given the size of the population ▪ Local Government officials (ex. City of San Jose) recognize the need to provide services to the Vietnamese community
Threat	▪ Other legislative issues take precedence over improving status of Vietnamese health ▪ Census 2010 results and impact on re-districting

GOAL 3: Health Care Access and Barriers for Vietnamese Americans

INTERNAL	
Strength	▪ Body of knowledge (e.g. research findings, journal articles, publications, social marketing materials) contributed to date in understanding access and barriers ▪ Quality materials developed, tailored, and carefully evaluated based on rigorous research ▪ Lay health worker intervention a replicable best practice ▪ Standardization of community forum format ▪ Effective system model of addressing barriers at multiple-levels (e.g. Community Forum, LHW, social marketing, coalition, provider education, advocacy)
Weaknesses	▪ Decentralized organization of materials developed and available to date ▪ Prioritized and focused interventions based on community input rather than coalition ▪ Health messages have a limited life span
EXTERNAL	
Opportunities	▪ Partnerships with local research institutions as CBPR becomes a priority research agenda ▪ Impact of federal healthcare reform to ensure accessible and quality healthcare services to diverse populations
Threat	▪ Other legislative issues take precedence over improving status of Vietnamese health ▪ Census 2010 results and impact on re-districting ▪ Budget issues and funding competing interests continue to be challenge and it does not appear that it will improve anytime soon

GOAL 4: Capacity Building for Vietnamese American Health Data and Research

INTERNAL	
Strength	▪ Current data readily accessible to coalition members ▪ Expertise to manage data, analyze, and conduct research exist within coalition ▪ Outlets to disseminate data findings to community ▪ Coalition with advocacy capacity to push for more appropriate data collection in the State of California ▪ Secured funding to build, mentor, and sustain partnerships to pursue community based participatory research
Weaknesses	▪ No track record creating, managing, and tracking a comprehensive data registry ▪ Limited resources to collect primary data and create/maintain a comprehensive data registry ▪ Members' capacity to initiate, plan, and implement research varies
EXTERNAL	
Opportunities	▪ Partner and mentoring from data registry groups that aggregate data (e.g. CPIC, CHIS) ▪ Federal Healthcare Reform prioritizes effective health information systems ▪ Asian languages added to some national datasets (e.g. NHANES) ▪ Opportunity to link with many reputable and accomplished research institutions throughout the Bay Area
Threat	▪ Insufficient sampling to ensure statistical significance

GOAL 5: Strengthen Administration and Operational Infrastructure

INTERNAL	
Strength	▪ Strong member support and committed leadership to establish infrastructure ▪ Established processes, protocols, and procedures ▪ Incorporate administrative best practices from members
Weaknesses	▪ No "bricks or mortar" – facility to house operational activities and staff
EXTERNAL	
Opportunities	▪ Draw support from agencies that specialize in assisting organizations to build capacity
Threat	**<Specified in "Global Themes>**

Logic Model

PROBLEMS/CHALLENGES What is the problem?	**THEORY OF CHANGE** Why do we think this will work?	**INTERVENTION** What can we do to address the problem?	**TARGET POPULATION** Who will benefit?	**OUTCOME/WHAT DOES CHANGE LOOK LIKE?** What are the outcomes we are striving for?	**EVALUATION/EVIDENCE OF CHANGE** How will we know we are making a difference? How will we measure it?
1. Providers treating Vietnamese Americans in Bay Area need continuing medical education on preventative guidelines and treatment of health issues that disproportionately affect the Vietnamese American community.	***Social Cognitive Theory*** describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other. According to SCT, one of the main three factors affect the likelihood that a person (e.g. the provider) will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies.	1. 1.To provide annual continuing medical education to Vietnamese physicians serving the Vietnamese community in the Bay Area.	Vietnamese physicians serving the Vietnamese community in the Bay Area.	1.1a. By 2013, conduct three Continuing Medical Education (CME) sessions on topics identified as priority for the community (e.g. Hepatitis B, colorectal cancer, CVD, breast & cervical cancer, TB, tobacco-related diseases, mental health).	1.1a. Through pre- and post-session surveys at each CME session, participants will report increased knowledge and awareness of topic.
				1.1b. By 2013, identify, develop, and implement three special focus CME education sessions.	1.1b.Summary of CME education sessions conducted annually detailing topic and number of participants.

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	Diffusion of Innovations Theory addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another.	1.2. To provide (grand round) presentations to major health systems and health plans that serve a large number of Vietnamese Americans in the Bay Area on specific health issues.	Major health systems and health plans that serve a large number of Vietnamese Americans in the Bay Area.	1.2a. By 2011, review and revise grand round presentation curriculum	1.2a. Production of revised grand round presentation curriculum.
				1.2b. By 2013, pilot revised grand round presentation curriculum.	1.2b. Number of health systems and plans that participated in grand round presentation with pre- and post-session surveys.
				1.2c. By 2013, evaluate grand round presentation curriculum and develop recommendations for continuation.	1.2c. Summarized evaluation data analysis with written recommendations to share with VRHC members.
		1.3. To provide continuing education to allied health workers serving the Vietnamese community in the Bay Area.	Allied health workers serving the Vietnamese community in the Bay Area.	1.3a. By 2012, conduct provider assessment and develop Continuing Education Units (CEU) curriculum.	1.3a.Summary of provider assessment and production of CEU curriculum.
				1.3b. By 2013, pilot new CEU curriculum.	1.3b. Number of allied health workers that participate in CE with pre- and post-session surveys.

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				1.3c. By 2013, evaluate CEU curriculum and develop recommendations for continuation.	1.3c. Summarized evaluation data analysis with written recommendations to share with VRHC members.
		1.4. To identify and develop relationships with partners to collaborate on continuing education for health providers serving Vietnamese.	Academia, CBOs, health organizations, health plans, businesses, and other appropriate groups.	1.4a. By 2012, assess local organizations (e.g. academia, CBOs, health organizations, health plans, businesses) for their capacity to provide continuing education services.	1.4a. Summary of assessment to share with VRHC members.
				1.4b. By 2013, identify and seek partners to implement all phases of VRHC continuing education activities.	1.4b. A list of prospective partners.
				1.4c. By 2013, convene partners to identify roles, develop	1.4c. Number of partners convened and executed MOUs.

PROBLEMS/CHALLENGES What is the problem?	**THEORY OF CHANGE** Why do we think this will work?	**INTERVENTION** What can we do to address the problem?	**TARGET POPULATION** Who will benefit?	**OUTCOME/WHAT DOES CHANGE LOOK LIKE?** What are the outcomes we are striving for?	**EVALUATION/EVIDENCE OF CHANGE** How will we know we are making a difference? How will we measure it?
				expectations, and execute MOU.	
2. Policy makers are not fully informed about the health needs of Vietnamese Americans and insufficient funds are available for Vietnamese American health programs in Santa Clara County.	***Communication Theory*** investigates how messages are created, transmitted, received, and assimilated. Focused on improving the health of communities rather than examining the underlying processes of communication, *public health communications* is the scientific development, strategic dissemination, and evaluation of relevant, accurate, accessible, and understandable health information,	2.1.To increase VRHC's visibility and its work through marketing and promotion.	General public.	2.1a. By 2011, review, update, and develop promotional material packet (e.g. VRHC Factsheet, brochures, flyers).	2.1a. Production of promotional materials.
				2.1b. By 2011, develop an outreach and promotion campaign calendar.	2.1b. Production of outreach and promotion campaign calendar.
				2.1c. By 2012, develop social media presence including website, social networks (e.g. LinkedIn, Facebook, Twitter).	2.1c. Production of social media presence.
				2.1d. By 2013, conduct on-going informational and outreach meetings with community, legislators, and funders.	2.1d. Number and description of informational and outreach meetings.

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	communicated to and from intended audiences to advance the public's health. ***Agenda Setting*** involves setting the media agenda (what is covered), the public agenda (what people think about), and the policy agenda (regulatory or legislative actions on issues).			2.1e. By 2013, launch and promote social media presence.	2.1e. Tracking and documentation of social media presence.
				2.1f. Identify and leverage media contacts of coalition members (2011-13)	2.1f. A list of media contacts of coalition members.
		2.2. To develop an advocacy decision-making infrastructure.		2.2a. By 2012, plan, assess, and develop advocacy decision-making infrastructure.	2.2a. Production of decision-making infrastructure.
				2.2b. By 2013, adopt advocacy policy and procedure formally by VRHC members.	2.2b. Advocacy policy and procedure documentation adopted by VRHC members.
		2.3. To facilitate opportunities for VRHC members to respond to timely advocacy issues.	VRHC members.	2.3a. By 2013, foster environment for VRHC members to share advocacy opportunities and recommendations for action.	2.3a. Documentation of advocacy opportunities and activities formally during coalition meetings.

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				2.3b. By 2013, transition to advocacy making infrastructure.	2.3b.Written framework of advocacy making infrastructure.
3. Vietnamese Americans' access to health care is limited by lack of health literacy and cultural, linguistic and financial barriers.	***Social Cognitive Theory*** describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other. According to SCT, one of the main three factors affect the likelihood that a person (e.g. the provider) will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies. ***Diffusion of Innovations Theory***	3.1. To assess the literacy, cultural and linguistic services and needs of major health providers in the Bay Area serving Vietnamese Americans.	Health providers in the Bay Area serving Vietnamese Americans.	3.1a. By 2011, develop assessment tool and mechanism to administer tool (e.g. survey, interview questions, focus group).	3.1a. Production of assessment of tool.
				3.1b. By 2011, identify health providers and arrange opportunity to conduct assessment.	3.1b. List of prospective health providers.
				3.1c. By 2013, conduct assessment and collect information	3.1c. Summary of assessment.
				3.1d. By 2013, analyze findings, develop recommendations, and report to VRHC members	3.1d. Documentation of findings and recommendations shared with VRHC members.
		3.2. To disseminate health materials currently available	Vietnamese Americans in the Bay Area.	3.2a. By 2011, assess and develop a bibliography of	3.2a. Documented summary of bibliography publications.

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	addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another. ***The Health Belief Model*** addresses the individual's perceptions of the threat posed by a health problem, the benefits of avoiding the threat, and factors influencing the decision to act. ***The Precaution Adoption Process Model*** specifies seven distinct stages in the journey from lack of awareness to adoption	through VRHC or related organization projects.		publications produced by VRHC.	
				3.2b. By 2012, make publications soft-copy or electronic ready for public distribution and website access.	3.2b. Presence of publications on website and tracking of website traffic.
				3.2c. By 2013, identify, update, and re-produce materials for hard print.	3.2c. List of publications for reproduction and number of materials distributed.
				3.2d. By 2013, promote availability of publications and distribute in available format.	3.2d. Summary of promotion methods and outlets.
		3.3. To implement a community intervention(s) that is low to no-cost for an identified special focus area.	Vietnamese Americans in the Bay Area.	3.3a. By 2011, conduct literature review of successful Vietnamese health programs.	3.3a. Documented summary of literature view.
				3.3b. By 2011, identify focus area to address throughout 3 year period.	3.3b. Documentation of focus area.

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	and/or maintenance of a behavior.			3.3c By 2011, develop implementation plan for community interventions (e.g. community forums, group sessions, individual activities).	3.3c. Documented implementation plan.
				3.3d. By 2013, implement community interventions.	3.3d. Document number of interventions conducted and number of participants.
				3.3e. By 2013 evaluate intervention activities and develop recommendations for next strategic period.	3.3e. Summarized evaluation data analysis with written recommendations to share with VRHC members.
4. There is inadequate health data on Vietnamese Americans in Santa Clara County and the United States due to under sampling and lack of culturally and linguistically appropriate data collection methods.	***Diffusion of Innovations Theory*** addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another.	4.1. To assess and identify currently available health-related data on Vietnamese Americans.	Vietnamese Americans.	4.1a. By 2012, identify county and local health data collected by public, government, and CBOs.	4.1a. Documented listing and summary of data findings.
				4.1b By 2012, review CHIS and other statewide data.	4.1b. Documented listing and summary of data findings.
				4.1c. By 2012, evaluate American Community	4.1c. Documented listing and summary of findings.

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	In ***Participatory Action Research,*** the people who are being studied take an active role in some or all phases of the research. Participatory research builds an alliance between professional researchers and lay participants, and enables a dialogue between them.			Survey and Census 2010 data to identify demographic data collected.	
				4.1d. By 2013, summarize findings detailing data strengths, gaps, and recommendations into a white paper.	4.1d. Summarized integrated data analysis with written recommendations to share with VRHC members.
		4.2. To develop and collect health data on Vietnamese Americans in the Bay Area.	Vietnamese Americans in the Bay Area.	4.2a. By 2011, identify organizations and initiatives collecting health data involving Vietnamese Americans.	4.2a. Documented listing of data collection sources.
				4.2b. By 2012, assess data currently collected: identify benchmarks and gaps.	4.2b. Documented assessment of data collected.
				4.2c. By 2012, develop data collection and mining system that will aggregate and expand current information.	4.2c. Documentation of data collection and mining framework and process.

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				4.2d. By 2013, establish a comprehensive data registry and collect data.	4.2d. Data registry system.
		4.3. To develop a community engaged research agenda.	Vietnamese Reach for Health Coalition.	4.3a. By 2011, assess coalitions research capacity.	4.3a. Summary of assessment to share with VRHC members.
				4.3b. By 2012, identify research priorities based on current data findings on Vietnamese Americans in the Bay Area.	4.3b. Documented listing of research priorities.
				4.3c. By 2013, develop a concept paper for proposed research activities.	4.3c. Concept paper developed and disseminated publicly.
5. The coalition's current administration and operational Infrastructure is underdeveloped to execute and sustain coalition's activities.	***Organizational Development Theory*** is a planned, organization-wide effort to increase an organization's	5.1. To strengthen member's organizational development.	Vietnamese Reach for Health Coalition.	5.1a. By 2012, assess member's current organizational capacity.	5.1a. Summary of assessment to share with VRHC members.
				5.1b. By 2013, identify and prioritize organizational development services to	5.1b. Documented menu of development services available to VRHC members.

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	effectiveness and viability.			offer members.	
				5.1c. By 2013, initiate organizational development services to members.	5.1c. Number of participating members and type of organizational development services provide with pre- and post-service surveys.
		5.2. To identify and recruit personnel to administer coalition's activities.	Vietnamese Reach for Health Coalition.	5.2a. By 2011, develop staffing plan.	5.2a Documented staffing plan to share with VRHC members.
				5.2b. By 2012, develop funds to finance personnel.	5.2b Secured funds to support proposed staffing for at least 2 fiscal years.
				5.2c. By 2013, recruit and hire personnel.	5.2c. Personnel hired and trained.
				5.2d. By 2013, develop personnel monitoring, evaluation, and feedback process.	5.2d. Documented framework for VRHC coalition leadership to evaluate and monitor executive personnel.

Work Plan

3 Year Work Plan
January 1, 2011 – December 31, 2013

Goal 1: Continuing Education for Providers Serving Vietnamese Americans

To provide continuing medical education on prevention and treatment of several health issues to health providers serving Vietnamese Americans in the Bay Area.

Objective 1.1: To provide annual continuing medical education to Vietnamese physicians serving the Vietnamese community in the Bay Area.

Activities

A. Conduct Continuing Medical Education (CME) sessions (2011-13).
B. Each year identify, develop, and implement a special focus CME education session (2011-13).

Objective 1.2: To provide (grand round) presentations to major health systems and health plans that serve a large number of Vietnamese Americans in the Bay Area on specific health issues.

Activities

A. Review and revise grand round presentation curriculum (2011)
B. Pilot revised grand round presentation curriculum (2012-13)
C. Evaluate grand round presentation curriculum and develop recommendations for continuation (2012-13)

Objective 1.3: To provide continuing medical education to allied health workers serving the Vietnamese community in the Bay Area.

Activities

A. Conduct provider assessment and develop Continuing Education Units (CEU) curriculum (2011-12)
B. Pilot new CEU curriculum (2013)
C. Evaluate CEU curriculum and develop recommendations for continuation (2013)

Objective 1.4: To identify and develop relationships with partners to collaborate on continuing education for health providers serving Vietnamese.

A. Assess local organizations (e.g. academia, CBOs, health organizations, health plans, businesses) for their capacity to provide continuing education services (2011-2012)
B. Identify and seek partners to implement all phases of VRHC continuing education activities (2011-2013)
C. Convene partners to identify roles, develop expectations, and execute MOU (2013)

Goal 2: Advocacy and Policymaker Education

To increase policy makers knowledge and awareness about the health needs of Vietnamese Americans and increase the funding available for Vietnamese American health programs in the Bay Area.

Objective 2.1: To increase VRHC's visibility and its work through marketing and promotion.

Activities

A. Review, update, and develop promotional material packet (e.g. VRHC Factsheet, brochures, flyers) (2011)
B. Develop an outreach and promotion campaign calendar (2011)
C. Develop social media presence including website, social networks (e.g. LinkedIn, Facebook, Twitter) (2011-12)
D. Conduct on-going informational and outreach meetings with community, legislators, and funders (2012-13)
E. Launch and promote social media presence (2012-13)
F. Identify and leverage media contacts of coalition members (2011-13)

Objective 2.2: To develop an advocacy decision-making infrastructure.

Activities

A. Plan, assess, and develop advocacy decision-making infrastructure (2011-12)
B. Adopt advocacy policy and procedure formally by VRHC members (2013)

Objective 2.3: To facilitate opportunities for VRHC members to respond to timely advocacy issues.

Activities

A. Foster environment for VRHC members to share advocacy opportunities and recommendations for action (2011-13)
B. Transition to advocacy making infrastructure (2013)

Goal 3: Health Care Access and Barriers for Vietnamese Americans

To increase the Vietnamese Americans' access to health care by reducing barriers in health literacy and cultural, linguistic and financials.

Objective 3.1: To assess the literacy, cultural and linguistic services and needs of major health providers in the Bay Area serving Vietnamese Americans.

Activities

A. Develop assessment tool and mechanism to administer tool (e.g. survey, interview questions, focus group) (2011)
B. Identify health providers and arrange opportunity to conduct assessment (2011)
C. Conduct assessment and collect information (2012-13)
D. Analyze findings, develop recommendations, and report to VRHC members (2013)

Objective 3.2: To disseminate health materials currently available through VRHC or related organization projects.

Activities

A. Assess and develop a bibliography of publications produced by VRHC (2011)
B. Make publications soft-copy or electronic ready for public distribution and website access (2012)
C. Identify, update, and re-produce materials for hard print (2013)
D. Promote availability of publications and distribute in available format (2011-13)

Objective 3.3: To implement a community intervention(s) that is low to no-cost for an identified special focus area.

Activities

A. Conduct literature review of successful Vietnamese health programs (2011)
B. Identify focus area to address throughout 3 year period (2011)
C. Develop implementation plan for community interventions (e.g. community forums, group sessions, individual activities) (2011)
D. Implement community interventions (2012-13)
E. Evaluate intervention activities and develop recommendations for next strategic period (2013)

Goal 4: Capacity Building for Vietnamese American Health Data and Research
To increase quantity and quality of health data and research on Vietnamese Americans in the Bay Area, California, and the United States.

Objectives 4.1: To assess and identify currently available health-related data on Vietnamese Americans.
Activities

A. Identify county and local health data collected by public, government, and CBOs (2011-12)
B. Review CHIS and other statewide data (2011-12)
C. Evaluate American Community Survey and Census 2010 data to identify demographic data collected (2011-12)
D. Summarize findings detailing data strengths, gaps, and recommendations into a white paper (2013)

Objective 4.2: To develop and collect health data on Vietnamese Americans in the Bay Area.
Activities

A. Identify organizations and initiatives collecting health data involving Vietnamese Americans (2011)
B. Assess data currently collected: identify benchmarks and gaps (2011-12)
C. Develop data collection and mining system that will aggregate and expand current information (2012)
D. Establish a comprehensive data registry and collect data (2013)

Objective 4.3: To develop a community engaged research agenda.
Activities

A. Assess coalitions research capacity (2011)
B. Identify research priorities based on current data findings on Vietnamese Americans in the Bay Area (2011-12)
C. Develop a concept paper for proposed research activities (2013)

Goal 5: Strengthen Administration and Operational Infrastructure
To build the coalition's organizational capacity to execute and sustain coalition's activities

Objectives 5.1: To strengthen member's organizational development.
Activities

A. Assess member's current organizational capacity (2011-12)
B. Identify and prioritize organizational development services to offer members (2012-13)
C. Initiate organizational development services to members (2013)

Objective 5.2: To identify and recruit personnel to administer coalition's activities.
Activities

A. Develop staffing plan (2011)
B. Develop funds to finance personnel (2011-12)
C. Recruit and hire personnel (2012-13)
D. Develop personnel monitoring, evaluation, and feedback process (2013)

Appendix A: Members

1. Asian Americans for Community Involvement
2. American Cancer Society
3. Anthem Blue Cross
4. Cancer Prevention Institute of California
5. Catholic Charities – John XXIII Multi-Service Center
6. Community Health Partnership
7. Immigrant Resettlement & Cultural Center
8. Kaiser Permanente
9. Premier-Care Group
10. Santa Clara County Public Health Department
11. Santa Clara County Ambulatory &Community Health Services
12. Santa Clara Family Health Plan
13. South East Asian Community Center
14. Vietnamese Physicians Association of Northern California
15. Vietnamese Voluntary Foundation, Inc.
16. Vietnamese Community Health Promotion Project of UC San Francisco
17. Community Representatives (5)

Appendix B: Funds Secured

TYPE	FUNDER
Government	▪ California Department of Public Health ▪ Centers for Disease Control and Prevention ▪ National Center on Minority Health and Health Disparities ▪ National Institutes of Health
Community Foundations	▪ The Health Trust
Corporate Foundations	▪ Anthem Blue Cross ▪ Bristol Myers Squibb (BMS)
Research Organizations	▪ Cancer Prevention Institute of California ▪ University of California at San Francisco
Donations and Contributions	▪ American Cancer Society ▪ Asian Liver Center ▪ Kaiser Permanente San Jose ▪ Kaiser Permanente Santa Clara ▪ Santa Clara Family Health Plan

Appendix C: Operating Guidelines

OPERATING GUIDELINES for VIETNAMESE REACH FOR HEALTH COALITION

I. **Name:** Vietnamese Reach for Health Coalition (VRHC)

II. **Vision:** We, the Vietnamese Reach for Health Coalition, envision a Vietnamese American community free from the burden of preventable diseases, a community which is aware and knowledgeable of health promotion and disease prevention, where all of its members have equal access to affordable, culturally, and linguistically appropriate health services, and actively participate in their own health care to achieve optimal quality of life.

III. **Mission:** The Vietnamese Reach for Health Coalition's mission is to promote health equity among Vietnamese Americans in the Bay Area Counties of California through advocacy, education, research and collaborative efforts.

IV. Membership

A. *Classification of Members*: The VRHC shall have two classes of members: 1) Regular Members and 2) Affiliate Members.

1. REGULAR MEMBERSHIP: Regular membership may be extended to organizations or individuals that actively work to accomplish the Vision and Mission of the VRHC.
   a. A Regular Member organization or individual has voting privileges on all VRHC business. A Regular Member must be in good standing to vote, which means he or she may not be absent from more than 2 Coalition meetings in a year.
   b. Before approving a new Regular Member, the Coalition Members should observe an informational presentation at a Coalition meeting by the proposed member.
   c. A Regular Member shall serve until the end of individual's term or until resignation, is removed (by a 2/3 vote), or is otherwise disqualified from serving.
   d. Membership Eligibility:
      1) Invitation by an existing Member or self-nomination.
      2) Both invited and self-nominated organizations/individuals will be subject to a majority vote of approval by the Coalition based on whether they are aligned with VRHC's Vision and Mission.
   e. Membership Term: Each regular member shall have a term of 3 years. Renewal of term will be considered at the end of each term.
2. AFFILIATE MEMBERSHIP: Affiliate membership may be extended to organizations or individuals whose goals are compatible with the Vision and Mission of the VRHC but who do not intend to commit to regular participation in its meetings or Committees. Affiliate Members may attend VRHC meetings and participate in discussion of VRHC business but may not vote.
3. Size of VRHC: The size of the Coalition may change over time but it is subject to a majority vote of approval by the Regular Members.

B. *Officers and Other Positions*

1. The Officers shall consist of a Chair and Vice Chair. Each shall serve a term of 2 calendar years until re-election or their successors are elected. No officer may serve the same office for more than two consecutive terms.
2. The Vice Chair is eligible to become Chair after the Chair's term has ended with approval by a majority vote of the Coalition members. Otherwise, a new Chair and Vice Chair will be identified and elected by a majority vote of the Coalition members.
3. The Secretary will be a volunteer Regular Member or staff member of the Regular Member's agency. The Chair appoints the Secretary with approval by a majority vote of the Coalition members. There is no term limit for the Secretary position, but must be re-appointed each year.
4. Roles and Responsibilities
    a. Chair: The Chair shall preside at all meetings of the Coalition, develop and approve meeting agendas, serve as the representative for the Coalition with external bodies, and make executive decisions. Will provide oversight and track Coalition's financial transaction, including serving as a liaison between the Coalition and its Fiscal Sponsor.
    b. Vice Chair: The Vice Chair will collaborate with the Chair's activities and serve in the Chair's absence.
    c. Secretary: The Secretary will record meetings, generate minutes, work with the Chair and Vice Chair to develop agendas, coordinate meeting logistics, distribute communications to Coalition members, and coordinate Coalition activities. The Secretary will be responsible for archiving records and passing them to the successor.

V. Committees:

Committees are tasked with carrying out respective work plans and reporting back their progress to the Coalition. Each committee will have a Lead and Co-Lead to convene members, facilitate meetings, and ensure that progress is being made on work plans. Frequency of meetings will vary depending on the committee's needs. The Lead, with Co-Lead, may engage non-members to carry out or assist with parts of the work plan. Current Committees include:

1. Continuing Medical Education
2. Advocacy and Policy Maker Education/Public Relations
3. Health Care Access and Barriers
4. Capacity Building for Vietnamese Health Data & Research
5. Ad Hoc Committee

VI. Meetings

A. Regular meetings of the Coalition shall be held quarterly at a place designated by the Chair. One of the quarterly meetings will be an annual retreat.

B. Special meetings (e.g., individual project meetings) will occur based on the project needs.

VII. Voting

A. Whenever possible, the Coalition will strive for consensus while still remaining true to the VRHC Mission statement.

B. When voting is required (e.g., for approval of minutes, addition of a new member, financial or other decisions requiring Coalition Member support), each Regular Member organization or individual is allowed only one vote. In case of a tie vote, the Chair will decide the outcome.
C. Coalition actions. VRHC Regular Members can only vote on business when a majority quorum is present at a meeting. In some cases, voting may occur between meetings by written or electronic means, provided a quorum of Regular Members votes. A majority vote carries the action.
   i. The presence of a majority of Regular Members of the entire Coalition shall constitute a quorum.
   ii. A quorum is 50% plus one of Regular Members.

VIII. Prompt Action Without Meeting

Where a matter requires prompt action by members before a meeting can be called, the Chair may poll the members with a proposal and identify a deadline that is reasonable under the circumstances for communicating a response. If no response is received from a Regular Member organization or individual and the Chair has good reason to believe that the officer or member or contact person for the organization received the proposal, the Chair may presume that the Regular Member organization chooses to abstain from voting on the proposed action.

IX. Fiscal Policies

A. Fiscal Sponsor: The Fiscal Sponsor is the formal entity that provides financial tracking, reimbursement and compliance with funders' requirements, and issues regular reports to the Chair, who oversees all financial transactions. If funding is available, the Fiscal Sponsor may be paid a pre-approved negotiated indirect cost.
B. The Fiscal Sponsor will issue an annual report of income and expenditures to the Chair for Coalition Members' approval.
C. The Fiscal Sponsor's term will be two years. At the end of the term, the Chair and Vice-Chair will review the Fiscal Sponsor and may recommend for renewal to Coalition Members by majority vote, or a new Fiscal Sponsor will be identified.
D. Fiscal actions requiring Coalition approval will include budget allocations by the Chair/Vice Chair upon recommendations from its funders and to approve development of its own grant budgeted. Payment of outstanding invoices by the Fiscal Sponsor will be approved by Chair and deferred to Vice Chair as needed.
E. The VRHC will operate within its own annual budget; no debt will be incurred.

X. Records

The VRHC shall keep minutes of all its meetings and records of all its financial transactions in an electronic format for up to 7 years from date of documentation. These records will be accessible to the Chair, Vice Chair, and Regular Members of the Coalition.

XI. Amendments of By-Laws

Amendments to the By-Laws may be considered as needed but will require a vote of approval of 2/3 of the VRHC's Regular Members.

Adopted by the Vietnamese Reach for Health Coalition on November 9, 2010.