



Oklahoma City Asian Health Fair: A Community Approach to Creating Accessible Health Services

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INTRODUCTION

- Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities face language, cultural, and financial barriers to healthcare and are underrepresented in medical research studies.^{1, 2}
- The Oklahoma Asian Health Coalition has hosted an annual Asian Health Fair (AHF) in the Oklahoma City Asian District since 1993 to bridge the gaps from these barriers.
- AHF aims to provide accessible access to healthcare for the local AANHPI communities through interpreter services and free health screenings, including vitals, physical exams, vision, and dental screenings as well as hepatitis testing, and vaccinations.
- The Oklahoma Asian Health Coalition serves up to 280 patients in the local community each year.

METHODS

3 months prior: Began Asian Health Coalition biweekly meetings.

Found an accessible location inside the Asian District.

Determined services and selected. providers/preceptors.

Planned outreach and volunteer recruitment.

1.5 months prior: **Promoted the event** using English, Vietnamese, and Chinese flyers and social media posts.

1 month prior: **Volunteer recruitment** of healthcare students and undergraduate translators.

Day of AHF:

Set-up in the morning.

Data collection during the fair.

After AHF: Data analyses to determine the most utilized services.

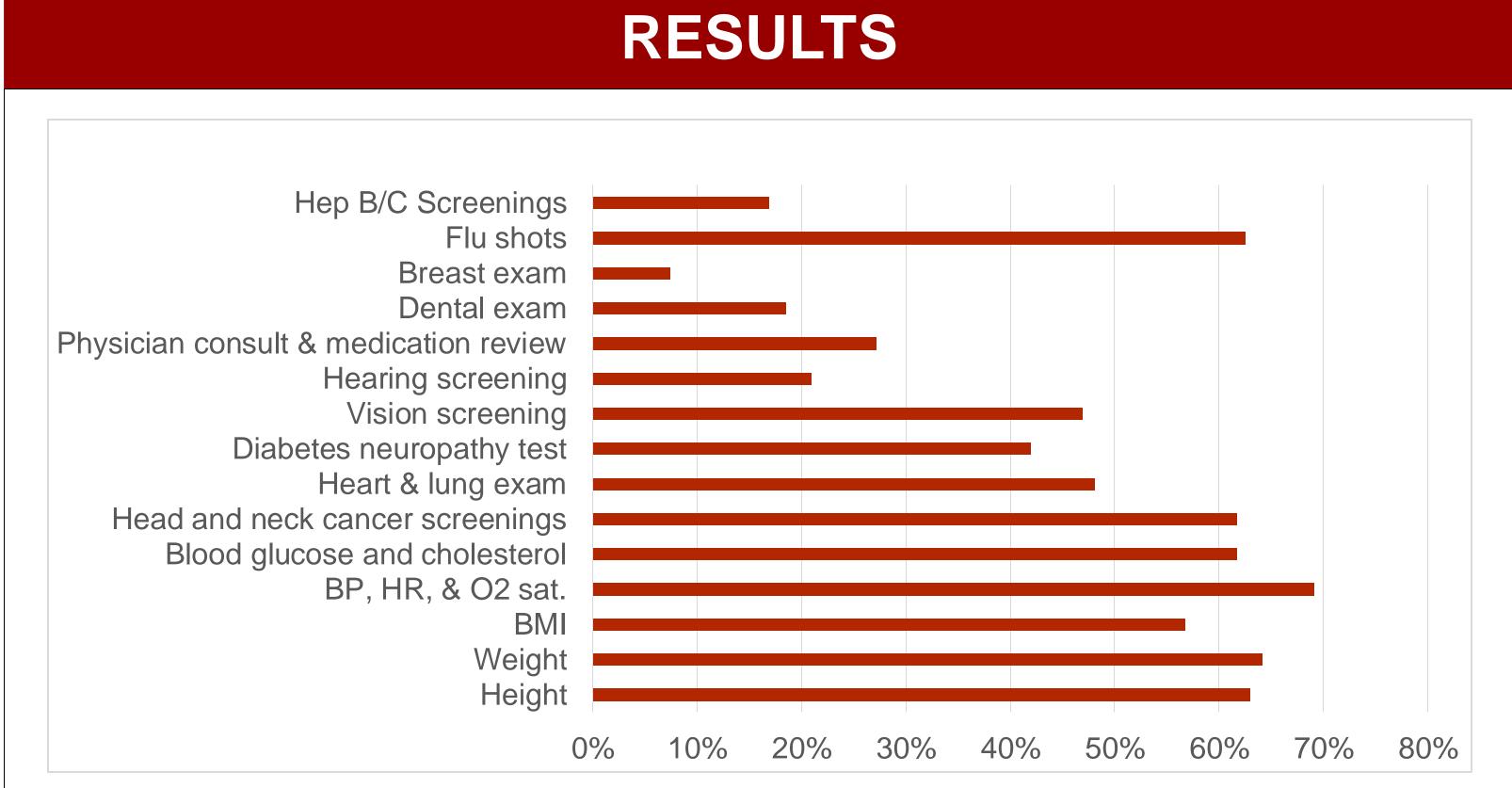


Figure 1. Percentage of patients who utilized each of the services at the 2023 AHF.

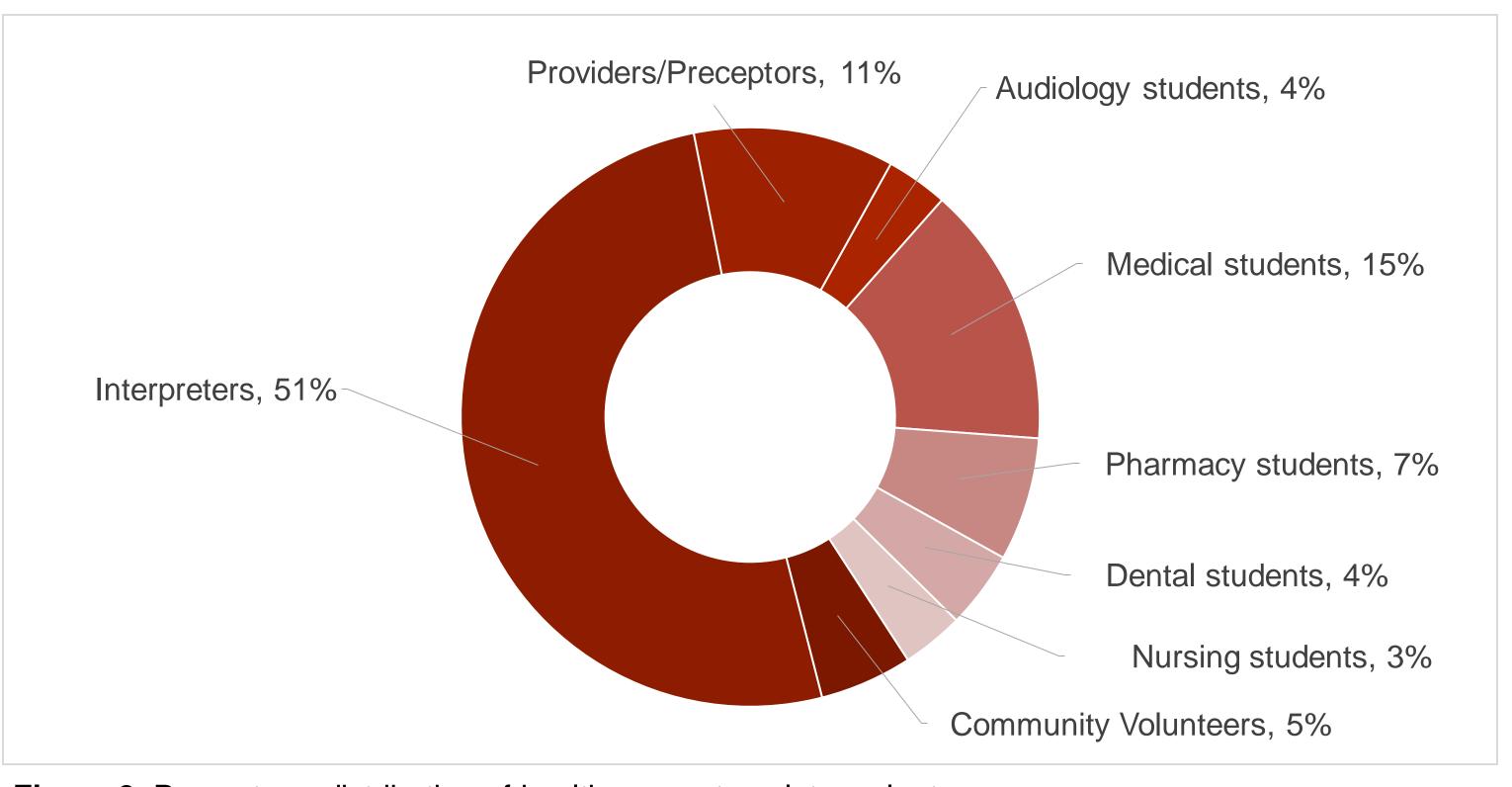


Figure 2. Percentage distribution of healthcare or translator volunteers.

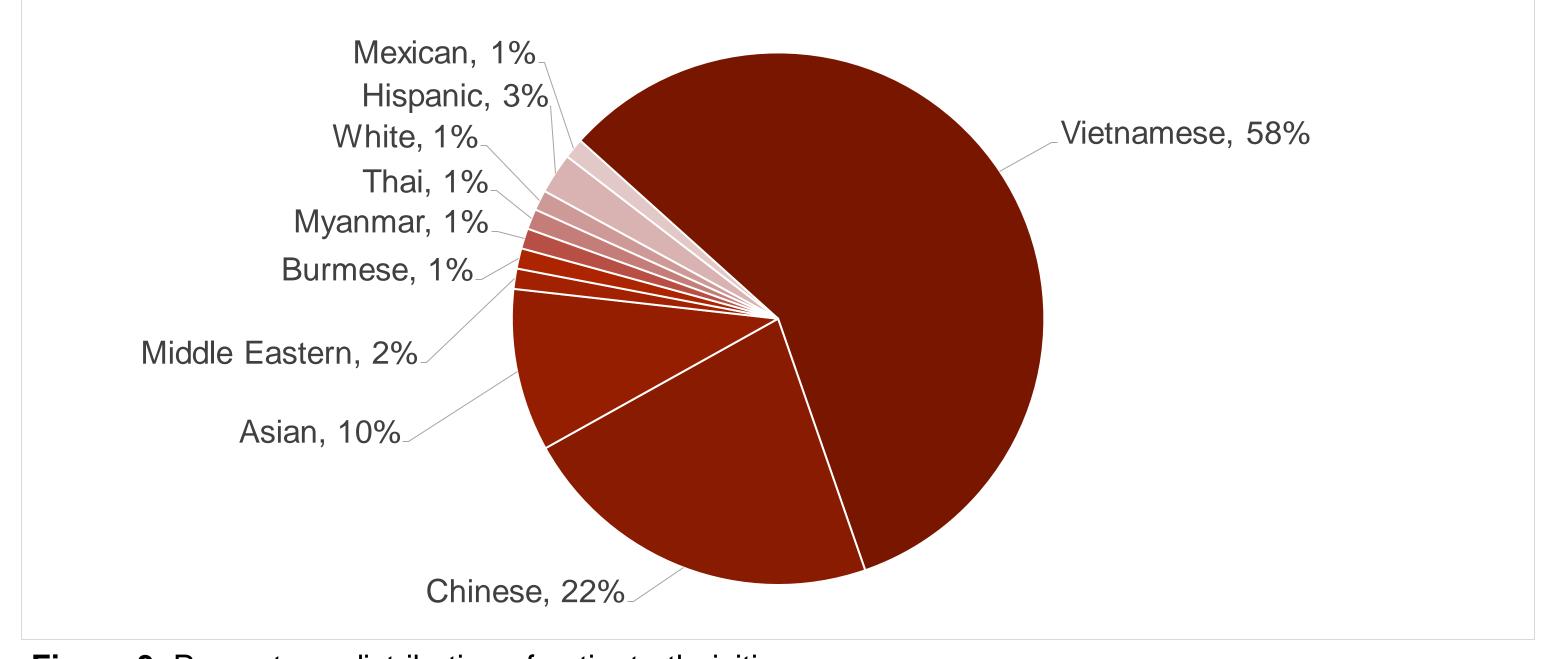


Figure 3. Percentage distribution of patient ethnicities.

DISCUSSION

- The 2023 Oklahoma City Asian Health Fair served <u>136</u> patients, and the most used services were flu shots (63%), vitals (60-65%)*, head and neck cancer screenings (59%), heart and lung exams (46%), vision screenings (45%), and diabetic neuropathy screenings (40%).
- On-site language translation was vital in creating an accessible space as 60% of patients worked with an interpreter. The most utilized language services were **Vietnamese** and **Chinese**.
- An interdisciplinary and interprofessional approach allowed for a streamlined and comprehensive health fair for the Oklahoma City AANHPI community.
- Outreach through local AANHPI community channels was essential for both recruiting volunteers and publicizing the fair.

*Vitals included height, weight, BMI, blood pressure, heart rate, oxygen saturation, blood glucose, and cholesterol testing. A range is provided as not all patients opted to check each of those services provided.

CONCLUSIONS

The Asian Health Fair continues to provide an important healthcare access point for AANHPI communities in Oklahoma City. Given the underrepresentation of these communities in medical research studies, improving the data collection and reports of findings is essential to better the health outcomes for this population.³ For improved data collection, a more thorough checkout system should be implemented. For widening our reach, we recommend direct outreach to AANHPI communities that were underrepresented at the Asian Health Fair through engagement and publicity in local community spaces.

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