

Planting the Seed of HOPE: CULTIVATING HEALTH CARE IN HOUSTON

By Thu Huong Vu

The HOPE Clinic staff stands in front of its location on Corporate Drive, 2007.
Photo courtesy of HOPE Clinic.



On October 18, 2012, a celebration was held in honor of the HOPE Clinic. On that same day ten years before, the HOPE Clinic began its mission to provide culturally and linguistically competent health care to underserved populations in Houston. Over the past ten years, HOPE Clinic grew tremendously. What started out as a once-a-month venture in a small classroom at the Chinese Community Center has grown into the fully functional, Federally Qualified Health Center that we see today. Though the clinic just celebrated its tenth anniversary, the history that led up to the establishment of the clinic began much earlier.

At the time of the Gold Rush in 1849, Chinese workers arrived at the West Coast seeking new economic opportunities, one of which was building the first transcontinental railroad, the Central Pacific, from 1864 to 1869. Their presence, however, raised economic fears among Americans, who attributed unemployment and declining wages to Chinese workers.¹ This fear resulted in the passing of the Chinese Exclusion Act. Signed into law on May 6, 1882, by President Chester A. Arthur, the Chinese Exclusion Act halted Chinese immigration for ten years and prohibited Chinese from becoming U.S. citizens. When this law expired in 1892, Congress extended it for another ten years in the form of the Geary Act before making the extension permanent in 1902.

The Chinese Exclusion Act, the first major law restricting immigration to the United States, foreshadowed other acts restricting immigration in the 1920s. During

World War II, China became an ally to the United States in the war against Japan, and the Magnuson Act of 1943 repealed the exclusion act. Still, the new act only allowed entry into the United States for 105 Chinese immigrants per year. With the passage of the Immigration Act of 1965, all previous national-origins policies were eliminated and large-scale Chinese immigration began. The first wave of immigrants started arriving from China, Taiwan, and Hong Kong in search of better education and work opportunities. Several more waves of Vietnamese refugees started arriving in the late 1970s and 1980s because of the Vietnam War. Rogene Gee Calvert, one of the founding members of the Asian American Health Coalition of Greater Houston, explains the visible transformation of demographics in Southwest Houston:

So if you look at the evolution of Southwest Asian town or Chinatown from, I'd say about Fondren and Gessner and you go west, it's mainly Chinese. It's because that's who moved there first, and that was the new Chinatown. And of course, as you keep going west and past the beltway, you see more Vietnamese, because that's when they started to come and buy property and so they moved further west, and now, it goes all the way to Highway 6, and it's just really huge.²

The number of Asians arriving in Houston continued to grow, and so did their need for health care. However, this was where these first-generation Asian Americans



Rogene Gee Calvert is one of the founding members of the Asian American Health Coalition of Greater Houston.

Photo courtesy of Rice University Digital Scholarship Archive, Houston Asian American Archives oral histories.

met their greatest hurdle: the language barrier. In some cases, the sick came into a hospital district clinic or a hospital ER and sat there waiting all day not recognizing they had been called because the nurse did not pronounce their names correctly. In other cases, patients would be unable to describe in English the health problems that they had, or they did not understand the instructions regarding their medication. Because of these issues, Asian Americans became reluctant to come into clinics for health services. The hospital district even formed an Asian outreach team who went across the city in an attempt to get Asian patients to come into the clinics.³ However, this was not enough for the Asian community, and it was not enough for one group of women: Dr. Beverly Gor, Rogene Gee Calvert, Karen Tso, and Lynne Nguyen.



Beverly Gor, Ed.D., born and raised in Houston, helped form the Asian American Health Coalition of Greater Houston to address the medical needs of the growing Asian population.

Photo courtesy of M. D. Anderson Cancer Center.

Previously acquainted with each other, Dr. Beverly Gor and Lynne Nguyen started working together following a discussion session to brainstorm health issues in the local Asian community at a conference on Southeast Asians mental health issues.⁴ Rogene Gee Calvert and Karen Tso joined them shortly after they started working towards this project, and they became colleagues who spent time outside their regular work schedule trying to identify some of the unmet needs of the Asian community. Born and raised in Houston, both Gor and Calvert witnessed first-hand the growth of the local Asian American community. A graduate of

the University of Texas at Austin, Calvert had a long career in the non-profit sector and a lifelong dedication to the cause of Asian Americans. As she traveled over the years, she saw community health centers and mental health centers for Asian Americans in cities with smaller Asian populations than Houston. The idea of building a community health clinic for Asian Americans in Houston took root, and in 1994, Dr. Beverly Gor, Rogene Gee Calvert, Karen Tso, and Lynne Nguyen joined hands to form the Asian American Health Coalition of Greater Houston (AAHC).

At that time, the AAHC mainly worked on educa-

tion and advocacy. Advocacy was needed because very little data or research existed on the Asian American community in general and none in Houston specifically. Since Asian American patients did not seek care in the public health service system, the assumption was that they had no problems. The coalition needed to demonstrate the need for culturally and linguistically competent health care.

The AAHC spent its early days looking for funding and developing capacity. It took a long time, and they had to draw data from other Asian communities. "The four of us did many a nights, in somebody's kitchen table, writing grants, just planning ideas," said Dr. Gor.⁵ The Texas Department of Health gave the AAHC its first community planning grant to plan the community health center. Other grants followed from the Robert Wood Johnson Foundation, the Aetna Foundation, and the Komen Foundation. Slowly, the coalition built up the funds and the capacity. Eight years later, in 2002, the HOPE Clinic was established as part of the Asian American Health Coalition.

Initially, the HOPE Clinic opened for four hours a month at the Chinese Community Center. One doctor and volunteers from the church comprised the entire



Lynne Nguyen, pictured here, and Dr. Beverly Gor began to work together on health issues in the local Asian community and were later joined by Rogene Calvert and Karen Tso forming the Asia American Health Coalition.

Photo courtesy of M. D. Anderson Cancer Center.



An outreach event in the early days of the Asian American Health Coalition.
Photo courtesy of AAHC.



Educators Jessica Chang and Yu Zhang (left) lead a Healthy, Happy Asian Family workshop at Viet Hoa supermarket to teach the best grocery purchase practices to those at risk of diabetes.

Photo courtesy of HOPE Clinic.

staff. The five dollars charged for a visit and a few other grants represented its main sources of funding. The majority of the patients were Asians, with a small number of Hispanics patients.

The clinic vastly expanded following Hurricane Katrina in 2005 when the Vietnamese population living in the Gulf Coast area started coming into Houston. Around 15,000 Vietnamese fled from the Gulf and evacuated to Houston.⁶ Among them, those who spoke English went to the George R. Brown Convention Center, while the Vietnamese radio station directed those unable to understand English to go to Hong Kong City Mall.⁷ The HOPE Clinic worked with a partner organization, Boat People S.O.S., using their office in Hong Kong City Mall to see patients during that time. The HOPE Clinic took care of medical needs, and Boat People S.O.S. provided social services. Many of these individuals had medical needs, having left their homes in hurry, leaving behind their medications.

The HOPE Clinic operated in Hong Kong City Mall before slowly shifting its operations back to the Chinese Community Center. The clinic saw over 3,000 patients during the Katrina period, more than any other community health center in Houston during that time.⁸ Following Katrina, people began to take notice of the HOPE Clinic, and word-of-mouth referrals drove the clinic's increasing growth.

In 2007, the clinic relocated to its current office at 7001 Corporate Drive and increased its hours of operation to four days a week, closing on Wednesday. In 2008, it accounted for approximately 5,000 to 6,000 patient visits. Although the clinic was somewhat modeled after a few other community health centers serving the Asian community, such as the Charles B. Wang Community Health Center in New York, the Chinatown Health Center in

California, and the Asian Health Services in Oakland, the founders wanted to establish a Federally Qualified Health Center (FQHC). In November 2008, its goal became a reality and the HOPE Clinic received designation as a FQHC Look-Alike.

An FQHC Look-Alike organization meets all of the eligibility requirements to receive grant funding under Public Health Service Section 303, but does not receive the grant.⁹ This designation allowed the clinic to receive many of the same benefits as FQHCs, such as cost-based reimbursement for services provided under Medicare, enhanced Medicaid reimbursement, and eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug



The Asian Cancer Council supported the Making Strides breast cancer event at the University of Houston, May 7, 2011.

Photo courtesy of HOPE Clinic.

Pricing Program.¹⁰ These, in turn, allowed the clinic to start building sustainability, because up until then the clinic had always been a cash clinic. “Every patient that we see is an expense. Because we charge twenty dollars and the cost of the visit is a hundred and thirty dollars, so it’s a hundred and ten dollars that we lose every single patient we see. So we have to make it up with other income, which is the Medicare/Medicaid insurance,” explained Dr. Andrea Caracostis, chief executive director of HOPE Clinic.¹¹ In addition, the clinic also began accepting some of the major health insurances.

At that time, the HOPE Clinic had seven employees. Dr. Richard Andrews, chief medical officer of the HOPE Clinic, joined the staff that same year. “When I first started here, there was one doctor, but that doctor was going to be leaving soon, and the clinic was about maybe thirty or forty percent as big as it is now, so one-third of this size,” Dr. Andrews shared.¹²

With the new FQHC Look-Alike status and Medicaid enhancements, HOPE Clinic began expanding its operations. In 2009, HOPE Clinic hired a second physician – a pediatrician – and began operating full-time, five days a week. A year later, a second family practitioner joined the clinic, and the number of patient visits reached close to 9,500.¹³ In 2011, HOPE Clinic implemented its largest expansion yet, doubling the number of patient exam rooms from ten to twenty, adding three new pediatricians for children, two family practitioner and internal medicine physicians for adults and seniors, and an obstetrician/gynecologist for expecting mothers. Evening hours were also added for Tuesday and Thursday to accommodate working parents. The expansion was more than well-justified; the number of patient visits had increased by forty-two percent from the previous year to over 13,000.¹⁴ Finally, all these efforts paid off the following year.

In June 2012, HOPE Clinic received FQHC funding and officially became a Federally Qualified Health Center. Today, HOPE Clinic has eight physicians and a unique staff of over forty members providing services

The HOPE Clinic has expanded rapidly since its early days and attended the Together Empowering Asian Americans in Atlanta, Georgia, supporting the Center for Pan Asian Community Services.

Photo courtesy of HOPE Clinic.



in fourteen different languages. By the end of 2012, the clinic received a total of 15,879 patient visits.¹⁵ Along with the expansion of the facility came a change in the demographic of the patients. In the beginning, the clinic received mostly Asian patients, mainly Chinese, Vietnamese, and Korean, as well as a substantial number of Hispanics and some African Americans. Over time, however, other ethnic groups arrived in Houston: African and Iraqi immigrants, and Burmese, Nepalese, and Bhutanese refugees. HOPE Clinic needed to expand its services to these populations as well. Knowledge of multiple languages, therefore, remains an urgent need for the clinic where translators are always in high demand. “We have several Vietnamese speakers in the clinic, but sometimes ... three of them are on vacation, and one of them is sick, and two of them are already being used for something else. The same with Mandarin, or Cantonese, or Arabic, or all the other languages we have,” said Dr. Andrews.¹⁶

HOPE Clinic has many plans for the future. “Being an FQHC ... we’re committed to broadening our health services, so health services will be more varied than in the past,” said Calvert.¹⁷ The clinic currently refers out for dental and optometry services, but they look to add them in the near future. The board of the HOPE Clinic is also exploring related services that have to do with the populations’ unmet needs, such as senior services that combine health needs with residential and social services, or the training of staff in areas of language assistance. Studies are being conducted to see which of these services are feasible and sustainable.¹⁸

Dr. Gor stated that she would also like to see the development of an Asian long-term care clinic, with an Asian menu and Asian-oriented physical and recreational activities. “There’s a reluctance in the Asian community to have your loved one go into a long term care facility because of the lack of cultural competence in those facilities,” she said.¹⁹ Gor also looks forward to possibly relocating the clinic to its own space. The clinic has already expanded three times in its current location, which it rents. If the clinic owned the property, it would qualify for community block grant and other funding.

Identifying the importance of the HOPE Clinic, Calvert stated, “We are the only community health clinic FQHC that serves the Asian/Pacific Islander community in Texas.”²⁰ With the ever growing need for more diverse services and greater language competencies, the HOPE Clinic will inevitably continue to grow in its capacity. Though the clinic might reach out to other ventures not directly related to health care that would complement its services, it will stay true to its mission, just as it has all these years: “To provide quality health care without any prejudice to all people of greater Houston, in a culturally and linguistically competent manner.”²¹

Thu Huong Vu is a recent graduate of the University of Houston. She was a member of the Honors College, majoring in biology and minoring in medicine & society.