

HHA# 00796

Interviewee: Calvert, Rogene Gee & Andrea Caracostis

Interview Date: October 23, 2012

University of Houston
Oral History of Houston Project
Houston History Class

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Place: Conference room at HOPE Clinic

Interviewer: Thu Huong Vu

Transcriber: Michelle Kokes

Keywords: HOPE Clinic, HOPE Clinic, Asian American Health Coalition, AAHC, Rogene Gee Calvert, Andrea Caracostis, community health clinic, Asian American health, healthcare, health clinics, Beverly Gor, mental health, Lynn Nguyen, advocacy, Hurricane Katrina, Boat People SOS, Hong Kong Center, Medicaid, Medicare

Abstract:

Rogene Gee Calvert speaks about her interest in the welfare of the Asian American community in Houston and how she came to cofound the Asian American Health Coalition and later the HOPE Clinic. She recounts the early days of the HOPE Clinic, the problems that they encountered in establishing and running the clinic, and the clinic's growth and achievements. Dr. Andrea Caracostis discusses her involvement with the HOPE Clinic and the work she has done with the clinic thus far. She goes into detail about the growth of HOPE Clinic in terms of funding and federal designation. The two women wrap up the interview by stating their plans to expand HOPE Clinic's capacity and services and their commitments to the clinic's mission.

UNIVERSITY OF HOUSTON
ORAL HISTORY OF HOUSTON PROJECT

Rogene Gee Calvert & Andrea Caracostis

Interviewed by:

Thu Huong Vu

Date:

October 23, 2012

Transcribed by:

Michelle Kokes

Location:

Conference room at HOPE Clinic, Houston, Texas

RC: What is this for again?

TU: Yes it is for the Oral History Project and...

RC: For Rice?

TU: No for the University of Houston.

RC: The Asian American Studies program?

TU: No, it's for the Oral History Program.

RC: Under what library?

TU: The Oral History Project in the Department of History.

RC: Department of History? Okay do you all know about the Rice Houston Asian Archives project?

TU: No.

RC: Okay. If you could give me the name of your director or you instructor, whoever. I'd like to tell them about that project. You all need to know about each other.

TU: Yes.

RC: And also just wonder what your parameters are. What are you all doing an oral history on?

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TU: Well we do a different field but we are focusing on Houston. We are writing an article for the biannual Houston History Magazine and we just pick different subjects to write about and I just wanted to talk about healthcare in Houston and I want to talk about health clinics.

RC: Okay so the general topic is healthcare in Houston and you are just particularly interested in Hope Clinic and how we've been able to serve the community that we serve?

TU: Yes.

RC: Okay.

TU: The whole project interest is actually focused on Houston as a whole just not specifically in healthcare but in other subjects.

RC: And not just about Asians?

TU: Yes, not just about Asians.

RC: Okay.

TU: Can you sort of briefly introduce yourself?

AC: Well I'm Andrea Caracostis. I'm the CEO here.

RC: I'm Rogene Gee Calvert and I'm one of the co-founders and immediate past president of the board.

TU: Thank you. Could you tell me briefly something about the Asian American Health Coalition?

RC: Well, let me start since I have to leave. The Asian American Health Coalition was an organization that was started in 1994 by several of us who thought it was important that Houston Asian American community have services in their language that was culturally and linguistically competent to the community. At that time in 1994 we were seeing a great number of Vietnamese, of course, come as refugees, Chinese had started to come you know in the eighties

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after the Nixon I guess opened up relations with China. A lot of Chinese from the mainland started coming and of course we have always had the Chinese from Taiwan, Hong Kong and other parts of Asia come. So the Chinese population is growing, the Vietnamese population is growing and we didn't have a whole lot of services that addressed the needs of that group. They were first generation so language was a major problem. Some of us and I think Beverly Gore is going to be here I think Dr. Gore will be here. Lynn Nguyen is the other person that was real critical to the development. We had known that other communities with smaller numbers than Asian population had these kinds of services in health, mental health, social services. That's why we said, "Well, our population needs the same thing." So we got together. Glen and Beverly were part of a conference, a mental health conference and helped encourage them to identify some of the needs. They got together, I joined in shortly after that and we created the Asian American Health Coalition because we didn't... we all work full time. We didn't have a whole lot of time to put into it but we wanted to see this develop. The Asian American Health Coalition was really doing more advocacy and education at the time. Advocacy because we had to prove to others that we had a need in Houston for our community. Back then there were no data, very little research about Asian Americans in general and none in Houston. So it was hard to build a case to say why we needed these services. We would hear stories about our Asian community going to like the hospital district to get services and they would sit there for hours because they wouldn't hear their name called because staff wouldn't pronounce their name correctly. They were not real culturally competent in terms of knowing the various groups of people they were serving. These people would sit there all day waiting to come to find out their name had been called hours earlier. It was very hard for them to talk about what their problems were. We weren't seeing Asians in the public system, they weren't showing up for services.

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Consequently people thought we had no problems because our numbers weren't proving it. So it took a group like us to say to people, "You're not seeing us because our people don't show up. They don't show up because people don't know their language and their culture and they don't respond to them." It took a long time. We had to use data from other communities to show what was happening to the Asian community. We got little grants as best we could, based on our relationships with folks. Gradually about eight years later we were able to build on all of that experience and said, "If we are going to have a clinic, which was really our dream in the first place, we better start." So in 2002 we opened HOPE Clinic as part of the Asian American Health Coalition. It was a major program that we decided to venture into with volunteers. We opened 4 hours a month, the last Tuesday or Thursday of the month it was the same every month. It was all volunteers from the Chinese Baptist Church that helped provide services. We charged \$5 a visit just so that people would pay a little something and that's what we did for about two years and again gradually we were able to get some grants to help add to the programming and then Katrina broke out in 2005, Hurricane Katrina and that's when we really ramped up because the Vietnamese that lived in the gulf coast area that was hit by Katrina started to come to Houston and we worked with a sister organization called BP, Boat People SOS at Hong Kong Center. They gave us space to see clients at that time. We saw about 3,000 clients during the Katrina period for three weeks. After that it was just not the same for us, we increased our hours even more and had more staff. I'm going to turn over to Andrea now because she came shortly after that. All I can say is what we did with the Asian American Health Coalition is slowly build toward what we wanted. It took many years and perseverance to do that but a lot of good people had a lot of confidence in us and saw the need and slowly we could build the case that our community was growing. It did have needs for services. We were able to get more grants and

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more funding to help build the clinic into a full-fledged clinic. But our best thing was in 2003...In late 2007 we had a chance to hire Andrea. She was our second executive director CEO. Our first one was really good in helping us get grants to build the clinic. She was good at that but Andrea understood what Federally Qualified Health Clinic meant and was able to get it operational.

TU: Can you tell me some more about...?

AC: Are you taping?

TU: Yes, that is why I need you to sign this.

AC: That's fine is that a tape recorder?

TU: This is...

AC: I was wondering, you weren't writing very much but...

TU: I'm recording. I might have to transcribe that's why. Could you tell me what the clinic was like in the beginning?

AC: Well in 2007 when I came it was open four days a week and closed on Wednesdays and we had one doctor providing care those four days. I think we operated with one doctor for a whole year until May 2008. No, May of 2009. The first thing we did is in November 2008 we got our designation of Federally Qualified Health Center localized. That designation allowed us to get enhanced Medicaid reimbursement which means that we could get additional funds for our Medicaid patients and start building the sustainability of the clinic because until that day we had always been just a cash clinic. We started taking most of the insurances, got our new Medicaid number, new Medicare number. We did all the administration work that needed to be done to be officially a clinic. I think that was what happened in all 2008 was all the administration, getting the grant, getting the numbers, writing the grants to sustain the clinic for a whole year which was

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a very hard year. At that point we were only seven employees here at the Hope Clinic. In 2009 we hired our pediatrician. Another thing that happened in 2008 is that we started a planning process so we did a community needs assessment, a thorough strategic planning, a business plan and a clinical plan, all the skeleton to build the clinic. In 2009 we hired our second provider who was a pediatrician and we opened 5 days a week. So we are open every day, we hired the pediatrician and the pediatrician made a big difference in the clinic because most of the kids are Medicaid whereas not most of the adults are mostly not Medicaid eligible and that's really increase the income of the clinic and we have that. At the end of 2010 we hired our second family practitioner and that way we have more adult and kids access and you know little by little we have hired more physicians. We have had some more patients. We also expanded the clinic. We added a section for the administration. We have more exam rooms so we just keep growing from there.

TU: Alright.

AC: I think the next big land mark is this year in June we got our FQHC funding from the government... we never have gotten any federal money. We just recently got some funding by the federal government which is very important for a clinic like us.

TU: Oh so up until now you just use the fees and say...

AC: Grants.

TU: About how many people came through the clinic in those first few years?

AC: I can send you the numbers. I can't remember off the top of my head. I think in 2008 we saw maybe, I don't know, 5,000 visits, 6,000 visits I think.

TU: And what was the demographic that makes up that number?

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AC: The demographic at that point was very heavily on the Asian and less on the Hispanic and African Americans and now it's changed. We have more Asians number wise but the percentage that has changed so we have still 40% Asians but 35% Hispanics and 10% African American so it really has changed.

TU: What kind of problems do you encounter in those days?

AC: What problems?

TU: Yes.

AC: All kind of problems. Financial problems, specifically trying to have enough money to grow yet at the same time keep our balance because when you grow you always need more capital. If you don't grow you don't become sustainable. There were some hard days but thank God we've always been able to make the next pay check and...

RC: When things look really low something would happen that would pull us out of it. I think another challenge we have is because we had so many diverse population and it's even gotten more so now but early days primarily Chinese, Vietnamese, Korean and Spanish, Hispanic. We started getting a lot of the other immigrants like African immigrants and Iraqi and refugees from Asian-Burmese and Nepalese and Bhutanese but now one of the challenges is being able to speak languages that people will feel comfortable. We have these providers that can speak the language and it's just the challenge.

TU: The expansion of the clinic, did it begin when you started receiving the federal grant?

AC: Well the expansion of the clinic really began when we started... we did get our Medicaid enhancement because we had... we knew that we would be rewarded for the investment that we made whereas before it was always...

RC: There was always cash.

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AC: Every patient that we see is an expense because we charge \$20 and the cost of that visit is \$130 or its \$110, we lose every single patient that we see. So we have to make it up with other income which is the Medicaid and the insurance income which has to make up for that loss.

TU: Did you receive some support from any local organizations?

AC: Yes we are very thankful you can see on your brochure there is a list of the foundations that give us money.

RC: Most of the private money that we got was from the local foundations. Early on we had one grant from a national foundation but it was through another Asian organization at the national level. Locally we haven't really gotten any national foundations. It's all been local and private.

AC: We got like a grant from Kellogg and another was from the Crescent Foundation you will see the names there and these are national foundations.

TU: Yes. Did the goal of the clinic shift in any way as the clinic grows?

AC: I don't think so. I think we have stayed pretty true to our mission.

RC: Serving the underserved.

AC: And the language access. That I think is what has made us strong is the fact that we have really remained true to the founders and the board really intended at the beginning which is to provide access to those with limited language could have the capacity and ability.

RC: But being a FQHC we are obligated we are committed to broadening our health services so health services will be the more varied than in the past because we have to now. Dental will be adding optometry, right now we refer out or something but we are hoping we can provide more of that ourselves, mental health... in the future the board is looking at, with suggestion from Andrea, is maybe looking at related services to help with our population. Maybe some

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senior services in terms of combining health with their other needs like residential or social service. Maybe training people more in the area of providing language assistance. Because we have such a great staff who have different language abilities maybe doing more training of staff. We've talked about other kind of ventures that are related but not health, necessarily providing health. I think what she said is right that the board will always stay true to the mission of being a health care provider but where it makes sense and where it benefits the clinic it doesn't take us too far away from what we are doing but it complements what we are doing. We might look at other avenues.

TU: Is any of that, what you mentioned, is anything going on right now is it in the work? Are you working toward anything right now?

AC: Well we are doing some studies to see if it is feasible, if it is sustainable.

TU: I guess that's it. Do you have anything else that you want to say?

AC: No I think you are right if you have any other questions you can just email us.

RC: Yeah we just celebrated our 10th anniversary at the clinic!

TU: Yes I heard! Just on Thursday.

RC: We are real proud of that and so you know we have over 40 staff now and they speak thirteen languages and we are seeing 13,000 patients you will see all those numbers in the annual report. The growth is just phenomenal and of course expanding to the other side, the physical space, we are just bursting at the seams.

AC: This month we have actually already reached 13,000.

RC: So it's time to expand again, I'm sure.

AC: Seeing 13,000 and another 13,000 in 9 months, we have 3 months to go for October,

November and December.

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RC: So we will surpass 13,000.

AC: Yes definitely probably 15-16,000 visits this year.

RC: At the end of the year wow!

AC: We are seeing an average of 1,500 a month.

RC: But we are the only community health clinic FQHC that serves the Asian Pacific Islander community.

AC: In Texas.

RC: In Texas, for sure.

TU: Could you tell me what was that project at Rice that you mentioned earlier?

RC: It's called the Houston Asian Archives and it's in the Chao Center and the Chao Center is part of the Humanities department. I'm not clear where it sits.

AC: It's the Center for Asian Studies you can look it up on the Rice website.

RC: But it is a very active oral history project. I think it's good for you to see what they are doing. Especially if it happens to be Asians, for you it would be interesting okay?

TU: Yes, alright. Thank you so much.

End of interview