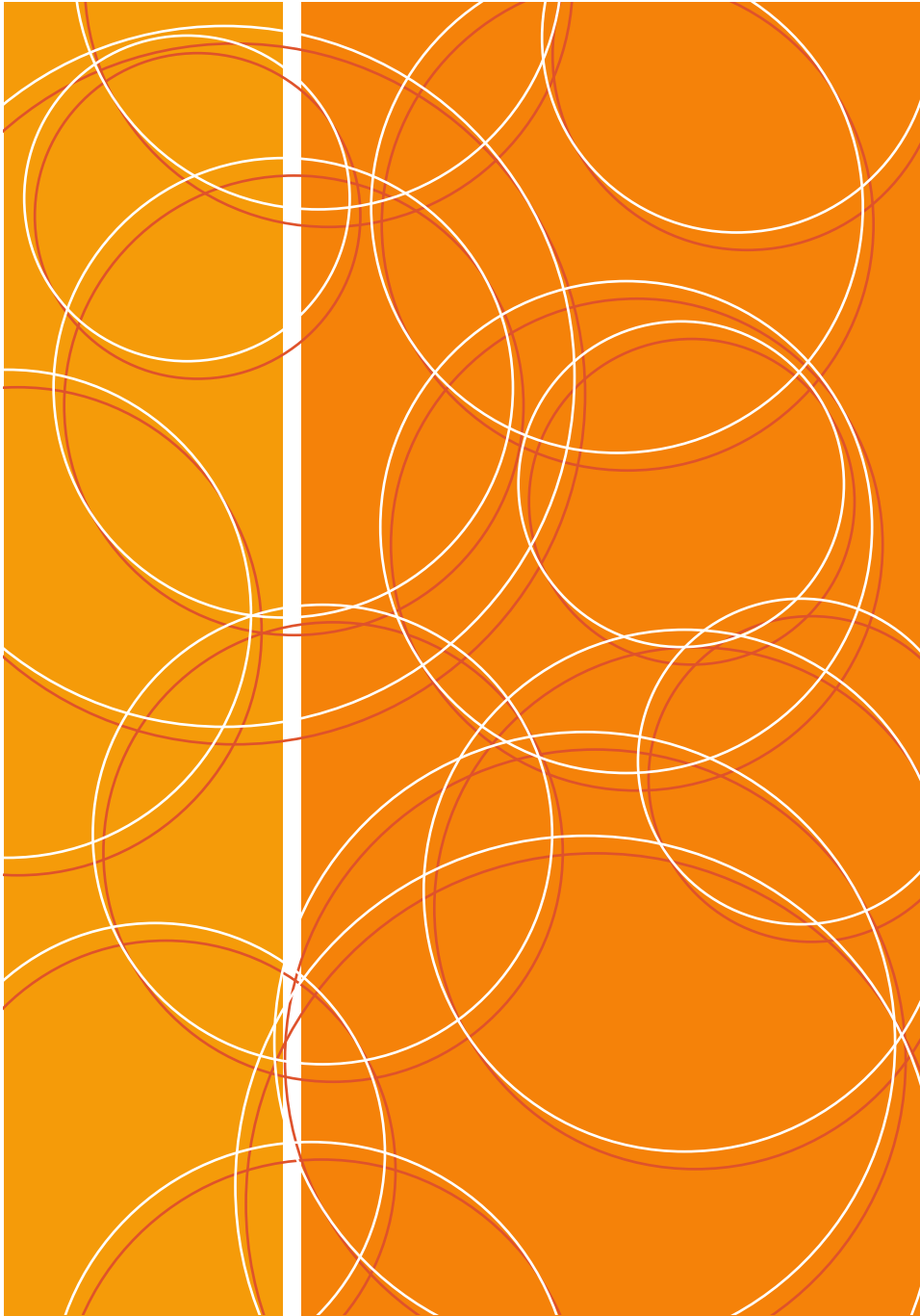


# health equity through **action**

Improving Health Outcomes for Asian Americans in Montgomery County, MD



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## EXECUTIVE SUMMARY

**A**S THE first program designated to Asian American health within the Montgomery County Department of Health and Human Services (MCDHHS), the Asian American Health Initiative (AAHI) is committed to improving the health of Asian Americans in the County, in conjunction with parallel efforts state- and nationwide. This document describes AAHI's strategic plan for 2011-2015, descriptions and contexts for its strategic targets, and the action plan to meet these objectives for the next five years. This strategic plan is embedded in a framework which is rooted in a health equity paradigm, taking into account an understanding and incorporation of multi-factorial social determinants of health.

AAHI's programmatic approach is largely informed by a number of key sources of information. A critical review of the scientific literature culminated in a list of disparities common among Asian Americans nationally. Through its two needs assessments in 2005 and 2008, AAHI identified the specific health concerns of Asian Americans in Montgomery County, as well as the barriers faced by the community in terms of education, access, value of prevention, and culturally- and linguistically-competent providers and services. Complementing community-based sources of information were

critical analyses of presentations and dialogue from its 2009 Asian American Health Conference, which generated recommendations for enhanced and expanded programmatic approaches. Assessment of internal evaluative records illustrated domains in which AAHI has been successful in its programmatic efforts as well as areas where AAHI—and its constituent communities—may benefit from organizational restructuring and refinement. Furthermore, AAHI has aligned its strategic initiatives and actions with broader MCDHHS strategic plans and priorities. AAHI's strategic plan supports the current priorities of the MCDHHS to increase access to quality health care and to improve the public's health by increasing public education, eliminating racial and ethnic health disparities, and reducing the incidence, morbidity and mortality related to chronic diseases/disorders. The triangulation of these sources of data provided a comprehensive baseline of information in which AAHI was able to define its strategic goals and objectives between 2011 and 2015.

Following the paradigm shift espoused by major health institutions, AAHI will align its efforts to adopt a more wellness-oriented approach to improving the health and well-being of Montgomery County's Asian American population.

In order to do so, AAHI will revisit its organizational mission and articulated objectives to evaluate areas in which it was successful in meeting these goals. Based on this assessment, AAHI will consider adapting its organizational vision to be consistent with progressive and dynamic approaches in the field of public health, as well as implementing systemic changes to its programmatic offerings to emphatically address the complex social and environmental determinants of Asian American health disparities. Equally pivotal is ensuring that AAHI's reorganization addresses explicit community concerns while mobilizing it to take action regarding their own potential for optimal health. In order to ensure that any restructuring process takes into account multiple and diverse stakeholder perspectives, AAHI will triangulate multiple sources of data to reflect the priorities and concerns of its supporters and constituents. The reflection and evolutionary process may result in AAHI consolidating existing programs while initiating newer ones which, in sum, have a broad, multi-level impact on the root causes of Asian American health disparities. As a result, this broad strategic planning perspective may inform the mechanism in which the ensuing strategic targets are accomplished.

# SUMMARY OF STRATEGIC TARGETS FOR 2011–2015

Enhance AAHI's efforts in ensuring that Asian Americans optimize access opportunities to quality health services by expanding its services which emphasize "upstream" preventive approaches, liaison at-risk populations with existing resources and assist community members in navigating the American healthcare system.

Dedicate efforts and activities which promote community mobilization and empowerment and facilitate the ability of Asian Americans to define their own health priorities, take active steps to address health concerns, and participate in advocacy efforts for other decision-makers to take action to improve the health and well-being of Asian American population groups.

## Strategic Target A

### Enhance Access to Culturally & Linguistically Competent Care

Through its highly successful Health Promoters and Patient Navigator Programs and network of community volunteers, AAHI will enhance its commitment to improving Asian Americans' access to quality care by improving efficiency and seeking out cost-effective tools. To achieve this goal, AAHI will ensure that Asian Americans—especially those that are the most vulnerable and/or underserved—continue to be connected to existing health resources and services and receive hands-on assistance in navigating the health care system. Health promoters will build on upon their impressive outreach within diverse segments of the Asian American community through enhanced training in screening, referrals, and community networking. AAHI will continue to seek and develop partnerships to extend the availability of free or low cost preventative screenings and vaccinations, widely distribute its Patient Medical Guide and other culturally-appropriate health resources, provide information on its website about the availability of health service agencies and care providers who speak Asian languages and are aware of cultural attributes of health and disease, advocate for inclusion of alternative and complementary techniques in practice, and provide referrals and services at small businesses and other venues where Asians congregate. In addition, AAHI will pursue opportunities to develop resource-sharing endeavors with logical stakeholders, such as organizations or services focusing on housing and transportation, to create a comprehensive approach to creating conditions that enable optimal health for Asian Americans in Montgomery County and throughout the state.

## Strategic Target B

### Promote Community Mobilization & Empowerment

In addition to AAHI's specific programs which aim to increase access to quality health care services and providers, it will also dedicate activities to empower communities to articulate and address their own defined health concerns. To achieve this, AAHI will embark on mobilizing community members in diverse settings, provide information and technical assistance pivotal for Asian Americans to define and take action in addressing their own health concerns, and advocate on their behalf to stakeholders who have influence on creating conditions that promote community health and well-being. Specifically, AAHI will host community forums to increase awareness about the existence and impact of Asian American health disparities. AAHI will also provide practical information on how to mobilize other community members in an effort to make certain that policies and conditions are conducive to promoting health and well-being and ensure that community voices are represented to key health leaders and policy makers at the local, state, and federal level. In addition, AAHI will convene workgroups comprised of specific Asian American subpopulations to elicit specific subgroup concerns and ensure that distinct considerations are represented in AAHI's overarching goal to improve the health of all Asian Americans in Montgomery County.

# SUMMARY OF STRATEGIC TARGETS FOR 2011–2015

Strengthen existing partnerships and initiate new collaborations at local, state, and federal level, including public and government-based health agencies, health service providers, community-based organizations, academic/research institutions, private entities, and advocacy groups.

Enhance data collection strategies and reporting of information to multiple stakeholders committed to improving Asian American health.

## Strategic Target C

### Strengthen Partnerships & Collaborations

AAHI has built a strong foundation of partnerships with Asian American community- and faith-based organizations in Montgomery County. In addition, AAHI works with a diverse array of key stakeholder groups throughout the state as well as at the national level. AAHI will continue to invigorate existing relationships while exploring strategic partnerships with organizations aligned with its own vision and community commitment. As an emerging leader in Asian American health, AAHI will seek to provide consultation to its partners to build capacity within their organizations and constituents to assist them in making a comprehensive vision of health and well-being a more central component of their mission. AAHI will also make concerted efforts to reach out to occupational and community groups which include a high representation of Asian American constituents. In a climate of limited public resources, AAHI will be proactive in building public-private partnerships with key stakeholders in the health care delivery system, business sector, and social welfare agencies to minimize duplication of services and increase efficiency by streamlining provision of key health resources.

## Strategic Target D

### Enhance Data Collection & Reporting

A large component of AAHI's vision is to monitor the health of Asian American residents in Montgomery County. To date, little quantitative data exists which provide an evidence-base to support that objective. In fact, AAHI has been one of the leading organizations in collecting robust datasets reflecting the local health profile of Asian American residents. AAHI has also disseminated this important information in a variety of settings, including at local community meetings, professional conferences statewide and nationally, policy-oriented forums, and academic settings. AAHI will expand its dissemination strategy by publishing key research activities in peer-reviewed journals and ensuring access to multiple stakeholders through timely provision on its website. AAHI will continue to collect data that has local impacts and will support the improvement and usability of national health survey data through oversampling of Asian American populations and disaggregation of health indicator data pertaining to specific Asian American subgroups. Accordingly, AAHI will continue its participation in *Healthy Montgomery*, a collaborative, community-driven data surveillance project at the sub-county level.

# SUMMARY OF STRATEGIC TARGETS FOR 2011–2015

## Strategic Target E

### Establish Organizational Sustainability

As publicly-funded organizations—such as AAHI—often and will continue to bear the brunt of budget cuts, AAHI will prospectively identify creative mechanisms to diversify its funding portfolio to ensure that its pivotal and irreplaceable programs remain in existence at full capacity. In addition, targeted revenue streams will enable expansion and enhancement of AAHI's programs should unfortunate cuts to its core budget be implemented. AAHI will continue to support funding parity from Montgomery County to ensure that Asian American health concerns receive an equitable share of resources from local government. Supplementary options for increased and diversified funding include grants (from national/state government, foundation, and private entities) for organizational capacity building and technical assistance, relevant health research for Asian American populations, community-based health promotion activities, training the next generation of professionals, addressing Asian American health concerns, and interventions targeting the social determinants of disproportionate burdens of disease impacting Asian Americans. Procuring an equitable and diversified portfolio of funding sources will optimize AAHI's ability to sustain and improve pivotal programs ensuring the health and well-being of Montgomery County's diverse Asian American constituents.

Diversify sources of funding which cover operational expenses, research activities, and restructured/expanded programmatic offerings, including sustained/increased public and/or government-based resources, foundation and private funding, and categorical grants/contracts to optimize organizational function.

# ASIAN AMERICAN HEALTH INITIATIVE

**P**ART OF the Montgomery County Department of Health and Human Services (MCDHHS), the Asian American Health Initiative was formed in 2005 to address the unique and neglected health needs of Montgomery County's Asian American residents. With an organizational mission and goals designed to meet recommendations from the scientific health literature, gaps in existing services, and knowledge of social and cultural issues specific to Montgomery County's Asian American population, AAHI formulated its programs to target specific disparities, offer desired services that previously had been unavailable to community members, and improve access to existing resources.

## Mission

To identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available for all Asian Americans in Montgomery County.

## Activities and Accomplishments

In line with the Montgomery County Department of Health and Human Services' goal to achieve health equity among minority populations, AAHI programs target disparities and risk factors of concern impacting Asian Americans, with a primary emphasis on cancer, osteoporosis, hepatitis B, diabetes, and tobacco use. To ensure that public health services reach their intended audiences, community outreach has been a key component of AAHI's efforts to date. AAHI has targeted more than 13 communities since it was established, partnering with dozens of local community- and faith-based organizations to coordinate health fairs, seminars, and educational activities that raise awareness of specific issues of public health. Averaging nearly 40 events per year, AAHI outreach activities facilitate the dissemination of important culturally-appropriate health information, provide technical assistance and support to community members. Unique to the Asian American community is the

diverse composition of its members. Mindful of the barriers posed by language and navigation of an unfamiliar health care system, AAHI has bridged the communication gap by implementing the successful Health Promoters and Patient Navigator Programs. AAHI's cadre of bilingual and bicultural volunteer health promoters assist program staff to identify community partners, develop cultural awareness, and provide language assistance during outreach events. Health promoters greatly reduce language and cultural barriers, helping AAHI to reach out to and educate even the most isolated communities in Montgomery County. Launched in March 2008, the Patient Navigator Program was created in direct response to concerns expressed by Montgomery County's Asian American residents regarding the community's access to health care. AAHI patient navigators assist limited-English speaking and low-income County residents who are attempting to access County services but do not have the knowledge, language skills, or support system to do so independently. The sum of these activities have not only raised awareness of health promotion strategies by community members, but also expanded their access to quality health care services by increased knowledge of existing resources.



In addition to its direct service and health promotion activities, as a primary endeavor, AAHI works to identify the health care needs and monitor the health status of the Asian American communities of Montgomery County. As one of the major issues in health research is the lack of disaggregated data within this population, AAHI has made concerted efforts to fill these gaps. Not only does AAHI collect program data on an ongoing basis, it has taken a lead role in spearheading community-based research activities which provide nuanced health and demographic information about the Asian American population in Montgomery County. AAHI's 2008 needs assessment report, *Asian American Health Priorities: Strengths, Needs, and Opportunities for Action*, and the 2009 Asian American Health Conference and Conference Proceedings have resulted in a significant contribution of rigorous health information relevant to the welfare of Asian Americans in Montgomery County. Moreover,

results of both efforts were disseminated to diverse audiences throughout the state and across the country in a variety of forums. Understanding the implications of local data for regional and national initiatives, AAHI has taken proactive steps to increase the breadth and depth of its partnerships.

Through its first five years of operation, AAHI has made an impressive array of strong and sustainable collaborations with leading Asian American health organizations at the national level, including advocacy groups, professional health associations, academic institutions, and government entities. By assuming a significant role within the Asian American health movement and larger efforts to eliminate racial and ethnic health disparities, AAHI has accumulated a remarkable portfolio of programs and partnerships that meet the needs of the local community and contribute to efforts to improve Asian American health prospects throughout the United States.

## Context

The field of public health has accomplished great success in increasing life expectancy and improving quality of life by adopting a prevention-oriented philosophy and enabling the modification of behaviors leading to adverse health outcomes. These efforts include increasing access to preventive services (e.g., early screening), implementing target health education campaigns, and creating policies which prevent disease and promote well-being. Although such initiatives have achieved significant progress, it has also culminated in the realization that racial/ethnic minority groups in the United States do not achieve commensurate levels of health improvement as the general population. As such, organizations like AAHI have formed to address the unique concerns of disproportionately impacted communities. In the more recent past, there has also been a paradigm shift in public health from addressing specific health disparities to understanding and intervening upon the social



determinants of health to ultimately achieve equity among populations representing diverse racial, ethnic, and cultural backgrounds.

Given the transition of the field to a more “upstream” approach which addresses root causes of health disparities, AAHI intends to embark on an organizational restructuring process which reflects the recommendations and priorities articulated by the Centers for Disease Control & Prevention, National Institutes of Health, MCDHHS, and other major health institutions. As AAHI has made significant progress in understanding the specific health concerns of Montgomery County’s Asian American population—and intervening on disparities through increased access, provision of culturally-appropriate services and resources, and enhanced data collection efforts—it looks to increase its impact by adopting a more comprehensive approach which target inequities at multiple levels.

Consistent with what is seen in national data, the primary diseases and conditions identified by respondents in the 2008 needs assessment included cancer, cardiovascular disease, hepatitis B, diabetes, mental health, and arthritis/joint problems among the elderly. Respondents also readily identified health risks such as smoking among Asian American men and youth, as problems in their communities. They also identified post-immigration changes in diet and lifestyle as risk factors contributing to cardiovascular disease and were concerned that obesity might become a problem in their communities. An additional behavioral health risk identified in the needs assessment is the failure to seek preventive care. Many noted that it is common in the Asian immigrant communities for a visit to a health care provider to be seen as only something done when one is sick, a finding that is documented in the literature on Asian American health care beliefs. Thus, rates of screenings and provider education on healthy diet and behavior

are low. Finally, the report indicated that there is considerable lack of knowledge and awareness about health risks, preventive health care, and the availability of public resources in this population.

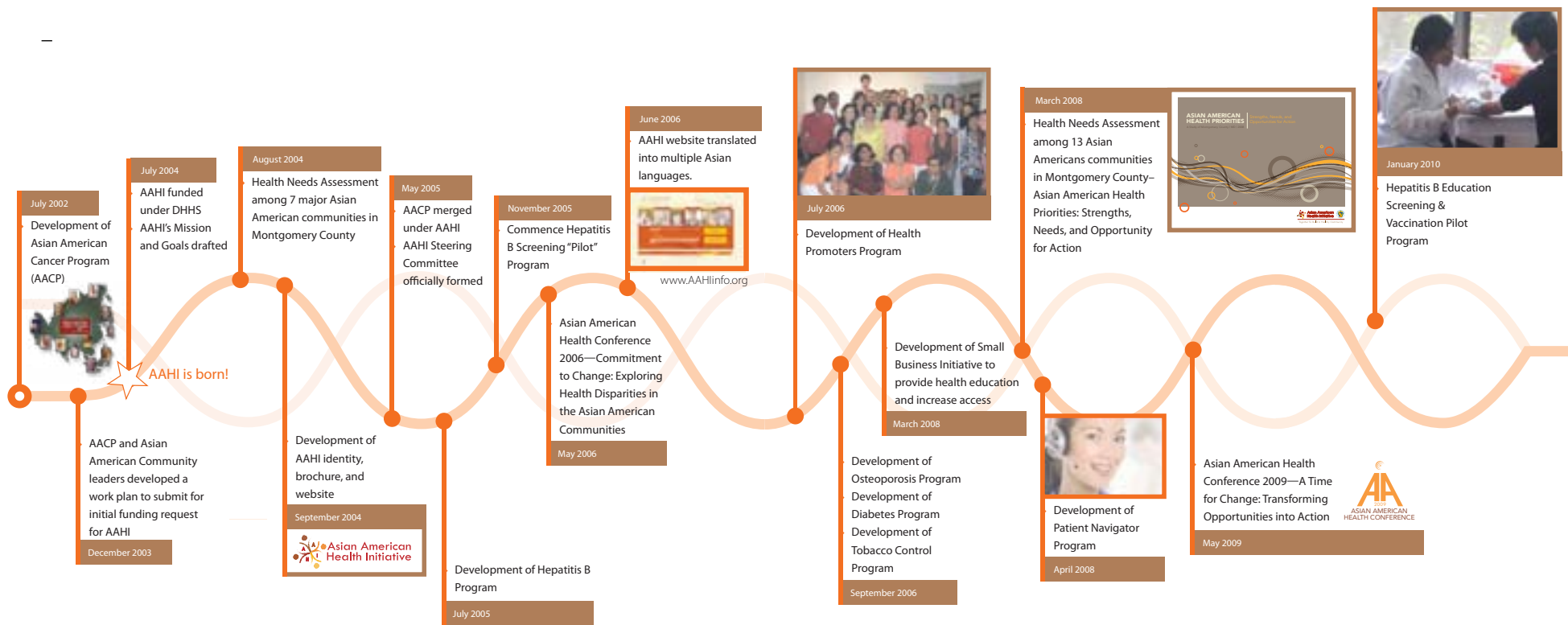
These considerations call for programmatic initiatives that intervene at multiple levels and help create conditions which allow Asian Americans to achieve optimal health. As such, AAHI will embark on a critical strategic planning and restructuring process to ensure that its future organizational activities are aligned with a socio-ecological approach to health promotion and ultimately, reduce the prevalence and severity of disproportionate burdens of disease among Asian Americans in Montgomery County.



*“We will work together to address the system, not just the symptom.”*

*AAHI Health Promoter*

# AAHI ACHIEVEMENTS



# ASIAN AMERICANS IN MONTGOMERY COUNTY

**A**N ASIAN American is a person of Asian ancestry who was born in or immigrated to the United States. Asian Americans represent a culturally and linguistically diverse segment of Montgomery County's population, with roots in the Far East, Southeast Asia, and the Indian subcontinent. According to the Census Bureau, in 2006 about 13.3% of the County's population was Asian American, totaling some 124,605 residents.<sup>1</sup> This number grew at a rate of 62% from 1990 to 2006.

The largest subgroup of Asian Americans in Montgomery County identify themselves as Chinese, representing almost one third (30.1%) of the total. Another 22.3% are Asian Indian; 15% are Korean; 8.4% are Vietnamese; 7.0% are Filipino; and 4.1% are Japanese, with 12.9% belonging to other Asian American subgroups.<sup>1</sup> The 12.9% of Montgomery County's Asian Americans identified as "Other Asian" above, some 16,920 individuals, represent a variety of Asian American communities. The Pakistani, Cambodian, Thai and Bangladeshi communities were the largest of these groups in 2006 (see Figures on next page). The diversity of its population is widely regarded as one of Montgomery County's greatest resources and strengths. Asian Americans are active participants in all segments of County life.

Most Asian Americans in Montgomery County are immigrants. Approximately three out of four Asian Americans residing in Montgomery County were foreign-born.<sup>1</sup> Asian American immigrants face the same challenges faced by other immigrant groups. The MCDHHS has noted that there are three distinct groups of immigrants: (i) affluent, well-educated professionals; (ii) those who are educated but relegated to low paying jobs due to language barriers or citizenship status; and (iii) those who may be illiterate in their own languages, looking for work or stringing low-paying jobs together, often working in food and retail establishments or in janitorial or other menial labor jobs.<sup>2</sup> This description is as true of Asian Americans in Montgomery County as it is of immigrants from other parts of the world.



Figure 1: Population Trends in Montgomery County, MD

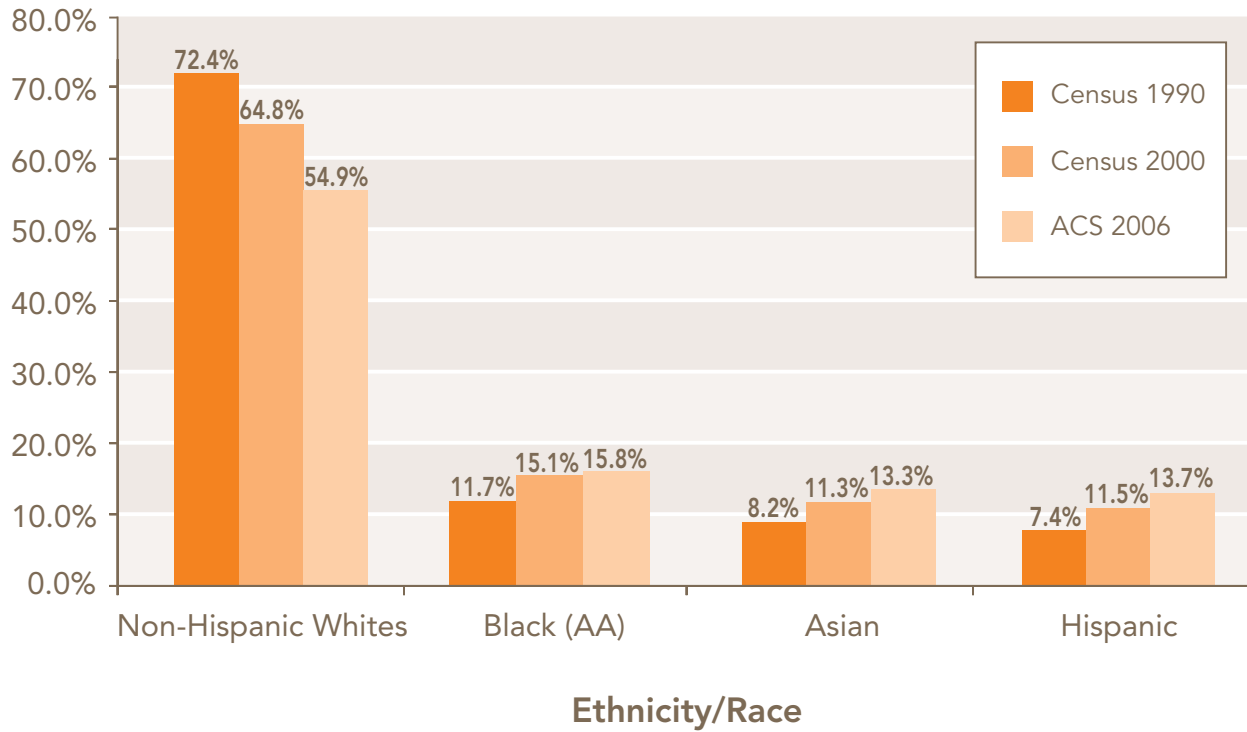
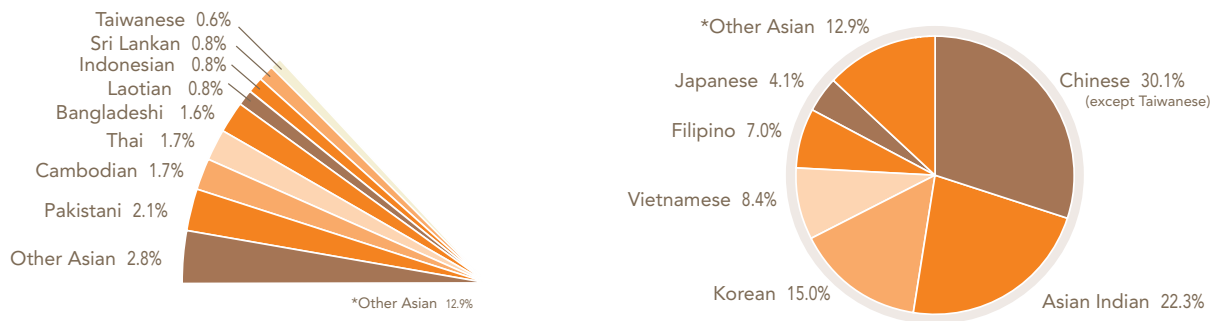


Figure 2: Asian American Subgroups in Montgomery County, MD



Sources: 2006 American Community Survey; 2000 Census, 1990 Census, U.S. Census Bureau.



# DEBUNKING THE MODEL MINORITY MYTH

**D**UE TO the visible achievements of certain subgroups in educational attainment and skilled labor, Asian Americans have been often considered a “model minority” among the mainstream U.S. population. These successes have translated into conceptions of high socioeconomic status and, by extension, assumptions of positive indicators of health. While these ascriptions may be true for a small segment of the Asian American population, significant social, economic, and health indicators of disadvantage are apparent for many community members. Thus, the mythical yet influential “model minority” label obscures the plight of many vulnerable Asian American communities, some of which have equal or worse characteristics than more commonly denoted underserved minority populations. As one of the primary aims in the field of public health is to eliminate racial and ethnic health disparities, recognizing and dispelling the notion of Asian Americans as a “model minority” is paramount to accomplishing that objective.

## Income

According to the 2006 – 2008 American Community Survey (ACS)<sup>1</sup> estimates, 8.0% of all Asian American families in the United States lived under the poverty line. More than one of every 10 Asian Americans lived in poverty, greater than the 9.2% rate for non-Hispanic whites. Poverty rates for more than half of all Asian American subgroups are over 10%, with over a quarter of Hmong Americans living in poverty. Although the median Asian American household income was over the value for their non-Hispanic white counterparts, this was largely due to the extreme economic success of a handful of subgroups. Moreover, data indicates that more Asian American family members work per household to attain the same household income as compared to non-Hispanic whites.<sup>3</sup> The five most socioeconomically disadvantaged Asian American subgroups report household incomes less than that of non-Hispanic whites. Bangladeshis, Cambodians, Hmong, Indonesians, Laotians, and Pakistanis all have unemployment rates higher than the national average. The ACS also found that the poverty rate for non-Hispanic whites in Montgomery County was 3.0%, while the Asian American rate was 4.6%.<sup>4</sup>

## Education

A prime determinant of employment and income is educational attainment. Over 14% of Asian Americans have less than the equivalent of a high school degree, over the rate of non-Hispanic whites. Four Asian American subgroups have a quarter of the population that fall within this category. One third of Asian Americans only have a high school degree, while over half of Cambodian, Hmong, Laotian, and Vietnamese Americans have this equivalency.<sup>5</sup>

More than one fourth of Asian American adults in Montgomery County have advanced degrees. Despite these measures of success, Asian Americans who lack a high school diploma are disproportionately represented in the County as compared to the state of Maryland as a whole. In Maryland in 2007, non-Hispanic whites and Asian Americans were equally likely to lack a high-school education. In Montgomery County, however, Asian Americans were more than twice as likely as non-Hispanic whites to lack a high-school diploma.<sup>6</sup>

## Employment

Despite the significant educational achievements of many Asian Americans, this population still faces large barriers in assuming positions of professional leadership. Stereotypes that Asian Americans are quiet, hardworking, good at math and science, but are also passive and non-confrontational have created real barriers for this community. Referred to as the “glass” or “bamboo ceiling,” Asian American personnel are often underrepresented in high ranking positions within the public sector and private industries.<sup>7, 8, 9, 10</sup> Whether positive or negative, such misperceptions have generated obstacles for Asian Americans to advance professionally.

For instance, although Asian Americans comprise a relatively high proportion of faculty positions nationwide, there is an incommensurate representation in academic administrative leadership.<sup>7</sup> According to a US Equal Employment Opportunity Commission (EEOC) report from their Asian American Pacific Islander Work Group, compared to non-Hispanic whites, Asians are less likely to be chief executives or high-level managers.<sup>8</sup> Another study also showed that Caucasian engineers surpass their Asian American counterparts in advancement rates to managerial and upper-tier positions.<sup>9</sup> While the disparities can depend on industry, occupation, and geographic location, these indicators suggest that there exists an upper limit of professional attainment for Asian Americans, despite high educational achievements.

## Health Disparities

There are striking health disparities between individuals of Asian descent and other Americans. Asian Americans are disproportionately affected by many health conditions, some examples are outlined in a chart found on the next page.

## Healthcare Coverage

Between 2004 and 2006, an estimated 17% of Asian Americans were uninsured, with rates over 20% for Koreans, Vietnamese, Bangladeshis, and Pakistanis. Even among Asian American communities who have coverage, most are less likely to have employer-based coverage, suggesting that issues of quality and comprehensiveness might be significant. In fact, one in 10 Asian Americans are dependent on Medicaid or other public sources of coverage, with rates close to 20% for Southeast Asians in the United States. Maryland coverage rates are similar to national figures. In Maryland, Asians are more likely to be without health insurance than non-Hispanic whites, and are more likely to be unable to afford care when they need it.<sup>12</sup>

Additionally, Montgomery County is home to more than 40 percent of Maryland’s Asian American-owned businesses. More than one in ten businesses in Montgomery County is Asian American owned. These businesses employ over 50,000 workers with an annual payroll of more than \$1.5 billion.<sup>13</sup> Often owners cannot afford to provide insurance for workers or for themselves.

## Language

Even for Asian American subgroups achieving economic and professional successes, they exhibit other characteristics indicative of disadvantage. For instance, despite high levels of economic and educational success, approximately one-third of Asian Indians and Chinese Americans speak English “less than very well”. The rates for limited English proficiency among Asian Americans range from 18.8% (Filipino) to over 50% (Vietnamese).<sup>5</sup> These indicators emphasize the necessity for a diverse array of culturally- and linguistically-appropriate social services for the most disadvantaged segments of the Asian American population.

## Conclusion

Although many of these (and other) disparities are related to issues of access and receipt of culturally-appropriate and quality care, other social and cultural factors do contribute to the disproportionate burden of illness among Asian Americans. For instance, many Asian Americans subscribe to faiths which suggest that health outcomes are predetermined (e.g. karma). Other subgroups are fearful that diagnoses of certain conditions (e.g. reproductive cancers) may be perceived to be a consequence of stigmatized behaviors, such as sexual activity. As a consequence, many community members may choose to avoid screening for such illnesses. Many Asian American populations do not recognize the medical basis of mental disorders and marginalize groups that exhibit such symptoms. The sum of these factors may lead to a community mentality which may de-emphasize the value of prevention. Although some of these factors are related to interactions with the health care system, many are outside the domain of clinical care and must be addressed at the community level.

These socio-demographic and health indicators provide substantial evidence that Asian Americans are indeed significantly disadvantaged in certain realms and do not equivocally enjoy the perceived benefits of a “model minority” label. The bimodal distribution of social, economic, and educational characteristics, coupled with the diversity of over 50 different ethnic groups represented, make Asian Americans a population with actual needs requiring unique approaches to addressing community health prospects. As such, public officials have a responsibility to ensure that dedicated organizations exist which provide culturally-appropriate, high quality, and community-based programs and services which address these distinct needs and concerns.

## ASIAN AMERICAN HEALTH DISPARITIES

The amalgamation of these sociodemographic characteristics belies a “model minority” attribution. Moreover, the assumption of positive health indicators based on a false ascription of wealth and education is clearly evident by the existence of significant health disparities among Asian Americans. The following illustrate some of the health inequities impacting the Asian American population:

### CANCER

- » Asian Americans are the only segment of the U.S. population to suffer cancer as the leading cause of death.
- » Asian American women have the lowest breast cancer screening rate among any segment of the population and are typically diagnosed at a later stage of illness.
- » Asian Americans have the highest rates of liver and stomach cancer, are twice as likely to die from stomach cancer as non-Hispanic whites, and are nearly 2.5 times more likely to die of liver cancer.

### HEPATITIS B

- » Though Asian Americans represent only 4.5% of the population, they account for more than half of the estimated 1.3-1.5 million chronic hepatitis B cases in the U.S.
- » Chinese, Korean, and Vietnamese American men, respectively, are 6, 8, and 13 times more likely than non-white males to develop hepatitis B.
- » The hepatitis B-related death rate among Asian Americans is 7 times greater than the rate among non-Hispanic whites.

### DOMESTIC VIOLENCE

- » 13% of Asian American, Native Hawaiian, and Pacific Islander women have experienced physical assault in their lifetime.
- » According to a 2000-2001 Project AWARE survey conducted in the Washington, D.C. area, 81.1% of Asian American women reported experiencing at least one form of intimate partner abuse—emotional, physical, etc.—in the past year, while 32% experienced physical or sexual abuse at least “occasionally” during the past year.

### MENTAL HEALTH

- » Asian American adolescent girls reportedly have the highest rates of depressive symptoms compared to girls of other ethnicities.
- » Asian Americans are one quarter as likely as non-Hispanic whites, and half as likely as African Americans and Hispanic Americans to seek mental health services.

### OSTEOPOROSIS

- » Lactose intolerance prevalence rates range from 90 to 95% for Asian Americans, posing a significant barrier in vitamin D and calcium intake as both are critically essential in bone strength and growth.
- » Asian American women run a high risk of developing osteoporosis. The average intake of calcium—a nutrient essential to bone health—among Asian American women is estimated to be half that of Western population groups.

### HEART DISEASE

- » Among Asian Americans ages 18 and older, 5.6% have heart disease, 3.8% have congenital heart disease, 16.1% have hypertension and 1.8% have had a stroke.
- » Cardiovascular disease is the leading cause of death among South Asians in the United States.

### TOBACCO

- » Asian American youth—grades 7 through 12—have shown the greatest increase in smoking rates among all racial and ethnic groups in their age group.
- » Among all ethnic groups, Asian Americans were least likely (26%) to have exposure to advertisements for Maryland’s tobacco cessation helpline 1-800-QUIT-NOW.

### DIABETES

- » An estimated 7.5% of Asian Americans have diabetes, and are more likely to develop type-2 diabetes (compared to non-Hispanic whites) despite having lower body weight.
- » Adjusted for age, sex, and body mass index, Asian American prevalence of diabetes is 60% higher than non-Hispanic whites.
- » Asian Indian American women have a gestational diabetes rate of 8.6% (as compared to 3.8% for non-Hispanic whites).



# STRATEGIC

# PLAN

# DEVELOPMENT

**I**N ORDER to identify and define feasible focus areas to target in the coming five years, AAHI consulted a variety of sources relevant to moving the organization forward. AAHI's five strategic targets incorporate the recommendations of the 2005 and 2008 county-wide Asian American health needs assessments and the perspectives articulated at the 2006 and 2009 Asian American Health Conferences. Additionally, evaluation measures and quality of service data collected at health fairs, outreach events, and health screenings were analyzed to inform the direction of future AAHI efforts for the advancement of the health of its constituent Asian American communities. Input from community members, community partners, and the AAHI Steering Committee was integral in the development process. This section describes the primary mechanisms and frameworks that guided the formation of AAHI's strategic targets.

## Program Evaluation

AAHI has already begun to address both the lack of health data on Asian Americans in the County as well as lack of subgroup-specific health data through various program efforts that now incorporate data collection as a fundamental aspect of planning and implementation. With the assistance of health promoters and community volunteers, data is collected at health fairs, outreach events, health screenings, and through the Patient Navigator Program's (PNP) Request Data System (RDS). Through these efforts and with guidance from the AAHI Steering Committee, AAHI is beginning to piece together the complexities and unique needs of this diverse population.

More specifically, data from the RDS indicate the majority of callers to the PNP were uninsured and learned about the program at AAHI outreach events, as expected by AAHI's targeted outreach strategy. Feedback from the high percentage of uninsured callers confirms that this program is an invaluable resource for Asian American County residents seeking information, access to available resources, and help with qualifying for public assistance for those who otherwise would not be able to do so. Moreover, satisfaction and quality of service measures for all AAHI health programming are consistently superior; however, on a broader level, community members and constituent organizations have expressed a desire for greater

opportunities for civic engagement and community empowerment in the area of Asian American health both locally and beyond. Mobilizing community members, regional leaders, and stakeholders to build healthier communities by encouraging active participation in advocacy efforts and awareness-raising activities are worthy endeavors to consider. Quite simply, community engagement strategies harness community energy and social capital, making change possible by unifying and giving voice to community members. Proposed initiatives include advocacy workshops and community forums.

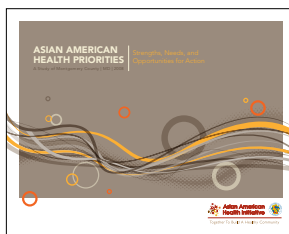
Such feedback from the community highlights the prevailing trend to integrate a more contemporary approach to health and health disparities in AAHI's efforts, underscoring the growing awareness of social forces to individual health and recognizing that it exists in a social, political, and environmental context. Shifting the focus from an illness model to a wellness model for public health will be a beneficial approach to addressing health disparities in the County's Asian American population.

Furthermore, AAHI has aligned its strategic initiatives and actions with broader MCDHHS strategic plans and priorities. AAHI's strategic plan supports the current priorities of the MCDHHS to increase access to quality health care and to improve the public's health and the Department's

focus on increasing public education, eliminating racial and ethnic health disparities, and reducing the incidence, morbidity and mortality related to chronic diseases/disorders. Within these parallel perspectives, AAHI's target areas support the interconnected, concurrent efforts toward achieving positive health outcomes that will benefit County residents. Additionally, AAHI participates in the Community Health Improvement Process (CHIP), a MCDHHS workgroup to establish an ongoing, sustainable method for better understanding and addressing health disparities and related health issues at the sub-county level.

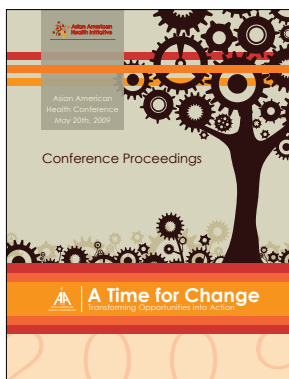


## Community Feedback: Locally, Statewide, and Nationally



### 2005 and 2008 Needs Assessments

Prompted by the lack of local data on the health status and health concerns of Asian Americans in Montgomery County, an initial community health needs assessment focusing on seven major Asian American communities in the County was completed in 2005<sup>14</sup> in order to gain insight into the health concerns of AAHI's target population. Thereafter, AAHI sponsored a second, more comprehensive needs assessment to clarify issues raised in the first study and extend data gathering to groups not represented in the initial project; the comprehensive report entitled, *Asian American Health Priorities: Strengths, Needs, and Opportunities for Action*,<sup>15</sup> was released in 2008. Respondents in latter study represented 13 Asian American groups in Montgomery County: the Asian Indian, Burmese, Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Nepalese, Pakistani, Taiwanese, Thai, and Vietnamese communities. Both needs assessments illuminated a number of significant health and health care concerns important to members of the Asian American communities in the County and generated valuable qualitative and quantitative data.

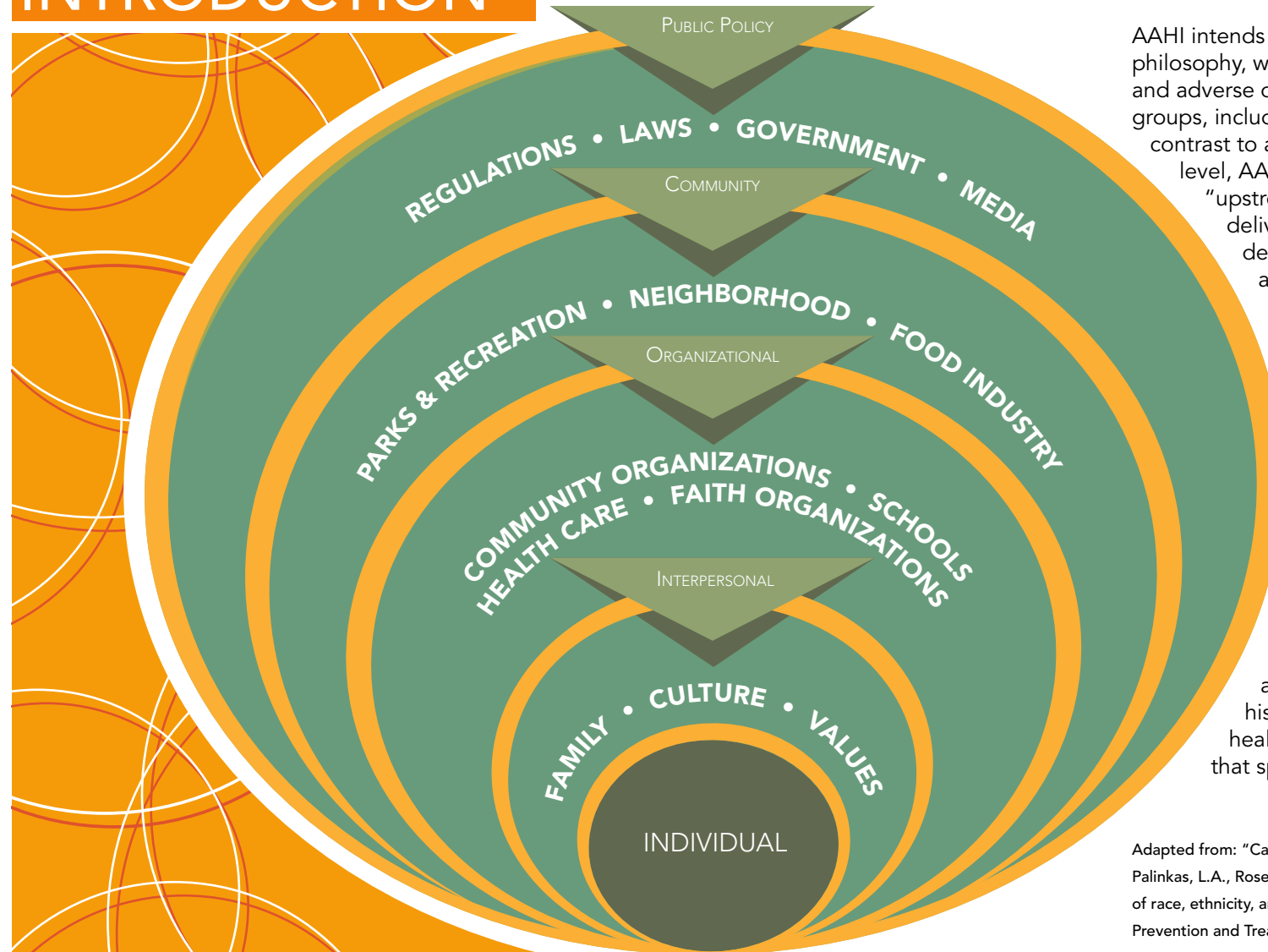


### 2009 Asian American Health Conference Proceedings

Taking the specific recommendations generated by the community health needs assessments into mind and building off the momentum created by AAHI's 2006 Asian American Health Conference (*Commitment to Change- Exploring Health Disparities in the Asian American Community*), AAHI convened the 2009 Asian American Health Conference (*A Time for Change-Transforming Opportunities Into Action*), a compelling, one-day assembly of researchers, providers, leaders, advocates, and community members to highlight the motivation and means to attain health parity. In addition to a profound range of presentations connected to Asian American health, the Conference culminated with a synthesis and discussion of specific targets in context of defining and progressing AAHI's five-year strategic goals. Attendees partook in an interactive forum in which they were invited to comment on Conference components and content. The dialogue from this concluding session was analyzed for insight related to critically defining AAHI's priority targets in context of informing AAHI's long-term strategic planning efforts. The feedback and recommendations generated by the Conference provided invaluable information to incorporate into future organizational activities to meet the specific health needs of the Asian American population in Montgomery County.

# STRATEGIC TARGETS: AN INTRODUCTION

**I**N EMBARKING on this strategic planning process, AAHI is taking a critical look at the current discourse in addressing racial/ethnic health disparities and distinguishing unique characteristics that are applicable to improving the health and well-being of Asian Americans in Montgomery County. As such, AAHI aims to create specific targets that effectively and comprehensively facilitate the conditions that allow community members to attain highest possible indicators of optimal health. These targets, detailed below, are embedded in conceptual frameworks that reflect the current discourse in minority health improvement and impacts Asian Americans specifically.



AAHI intends to adopt a “health equity” philosophy, which results in the absence of excess and adverse disparities in health among social groups, including racial and ethnic minorities. In contrast to addressing inequities at the outcome level, AAHI will aim to incorporate a more “upstream” approach to its program delivery, allowing it to address the social determinants of health. By implementing activities that target community-level and behavioral factors, coupled with informing policies that facilitate the conditions that enable optimal community health, AAHI will be able to have a broader impact on the ability of Asian Americans in Montgomery County to pursue optimal health. Specifically, AAHI will incorporate a socio-ecological model of health promotion.

This framework recognizes the complex and dynamic interplay of multiple factors that extend beyond an individual’s ability to determine his or her health prospects. As the only health program in Montgomery County that specifically addresses the needs of

Adapted from: “Caprio, S., Daniels, S.R., Drewnowski, A., Kaufman, F.R., Palinkas, L.A., Rosenbloom, A.L., & Schwimmer, J.B. (2008). Influence of race, ethnicity, and Culture on Childhood Obesity: Implications for Prevention and Treatment. *Obesity*, 16, 2566–2577.

Asian American residents, AAHI believes it is imperative that its programming reflects a broader, interdisciplinary approach to understanding and addressing health disparities found among its constituents.

To this end, one identified structural impediment is the misconception that Asians in the United States are a “model minority” and consequently, do not face the same barriers that other minority populations face for outcomes in health and other social indicators. Based on an aggregation of measures of success among multiple subgroups, this artificial categorization masks significant variables of disadvantage among certain

“With our understanding of the intricate relationship between health and social and economic factors, we will continue our efforts towards health equity and eliminating health disparities.”

*AAHI Staff*

segments of the Asian American population. The assumption of a singular, homogeneous Asian American population impedes the ability of health professionals to create focused and culturally-appropriate interventions that target social and structural influences on poor health prospects. With these considerations in mind, AAHI is committed to highlighting health concerns that are on-par or poorer than their minority counterparts more commonly-accepted as underprivileged. Moreover, AAHI intends to dedicate its strategic planning efforts to restructure and expand its programmatic offerings to ensure that inequities related to health indicators are addressed in a culturally-appropriate fashion. Strategic planning activities include maximizing the involvement and contributions of AAHI stakeholders (e.g., Steering Committee members, engaged community members, organizational interns). In addition, AAHI will enhance its mechanisms of communication (e.g., website, listservs, organizational reports and materials, social networking forums) to facilitate access to quality care, disseminate health information, and engage the Asian American community in Montgomery County. Through an iterative strategic planning process, AAHI is confident that its future efforts positively impact the health and well-being of the constituents to whom it is responsible.

The remainder of this document presents the five strategic targets that will shape AAHI’s priorities and development over the next five years. Please note that the strategic targets are not prioritized by the order in which they appear. The strategic plan is meant to be a living document that will be flexible and provide guidance even as conditions change. As such, results and strategic targets will be refined as new information becomes available.

“We are committed to addressing the socioeconomic variables that affect health in order to ensure positive health outcomes for the Asian American community.”

*AAHI Steering Committee*

## STRATEGIC TARGET

# A

## ● ENHANCE ACCESS TO CULTURALLY & ● LINGUISTICALLY COMPETENT CARE

Enhance AAHI's efforts in ensuring that Asian Americans optimize access opportunities to quality health services by expanding its services which emphasize "upstream" preventive approaches, at-risk populations with existing resources and assist community members in navigating the American healthcare system.

### RATIONALE

**N**EEDS ASSESSMENT respondents identified a number of barriers Asian Americans face in receiving culturally-competent care in Montgomery County. These include insurance status, transportation problems (especially for seniors), language barriers, cultural beliefs about health and medicine, fears related to immigration status, and the lack of Asian language providers. Since its inception, AAHI has successfully worked to increase access to healthcare for Asian Americans in the County. Through AAHI programming and initiatives such as the Patient Navigator Program and the Health Promoters Program, many Asian Americans in the County have gained access to care that otherwise may have eluded them.

The Health Promoters Program relies on active, bilingual, and bicultural members of diverse Asian American communities to facilitate AAHI's delivery of culturally-competent resources. The Health Promoters Program adopts a Community Health Worker approach, which recommends trusted and visible community members to serve as vehicles of communication and support for others who may not be able to access more formal means of health services and information. The Community Health Worker has been demonstrated to be very effective among minority populations, and

internal assessments of AAHI's Health Promoters Program mirror this success. Not only do health promoters have intimate cultural knowledge of the community, but they are familiar also with mainstream institutions, processes, and resources available throughout the County. Health promoters are bilingual and bicultural, most having immigrated to the United States as adults. Nearly all are employed full-time and have demonstrated through their volunteer service a passion and commitment to improving the health of their respective communities.

The Patient Navigator Program helps patients navigate through the health care system by providing access and identifying resources. This program is especially important for underserved Asian American community members, whose socio-economic status, English proficiency, or ability to pay for health services (uninsured/underinsured) may be a potential barrier to care.

AAHI is committed to enhancing these efforts to continue reaching more segments of the Asian American community and improving access points for community members—especially those that are the most vulnerable and/or underserved—to quality health care services and resources.

### OBJECTIVES

- Improve AAHI's efforts (e.g. Health Promoter Program and community outreach opportunities) to provide health information, materials, and resources to Asian Americans through multiple vehicles of dissemination;
- Enhance AAHI's ability to outreach into diverse and underserved segments of the Asian American community to improved access to care;
- Develop an expanded network of partnerships to extend the availability of free or low-cost preventative and treatment services to disenfranchised Asian Americans;
- Pursue opportunities to seek efficient, cost-effective, shared-endeavors with organizations with overlapping organizational objectives.

## STRATEGIES

**T**O ENHANCE AAHI's community outreach efforts, AAHI will energetically continue to recruit motivated community members to serve as valuable liaisons to reach diverse and underserved segments of the Asian American community. AAHI will also make concerted efforts to identify Asian American subgroups that are underrepresented in its current program planning (and for access to health services and resources, in general) and recruit community leaders to participate in these initiatives to ensure that their unique concerns, related to accessing health care, are addressed.

For health promoters specifically, AAHI will expand its training efforts to ensure that knowledge of all existing health services and resources in the County are imparted to diverse segments of the Asian American community. In addition, AAHI will also create a leadership development component of its training curriculum to ensure that health promoters not only serve as the transmitters of valuable information, but also encourage community members to become involved in civic engagement and advocate on behalf of their own health priorities. Furthermore, it is AAHI's hope that invaluable medical navigation services such as the successful Patient Navigator Program will

continue in order to enable community members to successfully access quality, culturally-competent health care services.

As the landscape of available public health services is rapidly changing due to health reform, AAHI is committed to serving as a key access point for Asian Americans to be aware of the spectrum of changes regarding culturally-competent health resources, service providers, and availability of screenings and vaccinations. As AAHI continues to update its repository of information, it will share this information widely through its health promoters, community volunteers, local outreach events and forums, existing programs, website, and other vehicles of dissemination. For specific services not currently accessible by community members, AAHI will proactively seek partnerships with organizations that are able to fill gaps in resources needed to ensure that Asian Americans are able to access a comprehensive array of health options.

Given AAHI's emphasis on pursuing a socio-ecological approach to understanding and addressing Asian American health concerns, it is imperative that organizations who do not focus specifically on health—yet have indirect

influences on health prospects and outcomes—be incorporated in any multi-level strategy. Accordingly, AAHI staff and Steering Committee members will explore potential resource-sharing endeavors with logical partners, such as transportation and housing groups. By pursuing strategic partnerships, AAHI will be able to provide a more holistic approach to enabling Asian Americans to access quality health services and concurrently, inform logical stakeholder groups about potential activities that they may be able to pursue to increase their impact among Montgomery County's diverse communities, including Asian Americans.

As a result of these efforts, AAHI assumes that improved access mechanisms and enhanced programmatic activities must be conveyed to Asian Americans in a comprehensive fashion. To increase dissemination capacity, AAHI will utilize multiple, creative mechanisms to ensure that community members are aware of the various health services and resources available to them. Such vehicles of communication will include a regularly updated website (with in-language capacity and downloadable materials), an e-mail listserv, newsletters, and other social media.

## STRATEGIC TARGET

# B

## PROMOTE COMMUNITY MOBILIZATION & EMPOWERMENT

Dedicate efforts and activities which promote community mobilization and empowerment and facilitate the ability of Asian Americans to define their own health priorities, take active steps to address health concerns, and participate in advocacy efforts for other decision-makers to take action to improve the health and well-being of Asian American population groups.

### RATIONALE

**A**S PART of an overarching approach to achieve health equity among minority populations in the United States, contemporary frameworks have emphasized the valuable roles that diverse communities play in defining and participating in the movement to eliminate health disparities. Often referred to as “community-based participatory research,” this orientation recommends that communities serve as highly influential partners to any health initiatives targeting their prospects, including those implemented by ethnic-specific organizations. In numerous instances, community members who are mobilized, engaged, and proactive participants in all stages of the program planning process have demonstrated remarkable impacts in defining and improving upon the health priorities of their constituent populations. A high level of sustained community participation provides timely, meaningful information for organizations to develop programs, and activities that accurately

reflect that concerns and priorities of a given community. By including community members in the planning, implementation, and evaluation processes, they are empowered to take action on their self-defined concerns and priorities.

In alignment with a community-based paradigm, AAHI will dedicate specific efforts to mobilize Asian Americans in Montgomery County by encouraging community participation in AAHI’s existing and future programs and facilitating empowerment efforts by providing information about health disparities, dissemination of technical assistance about program planning and policymaking processes, and identifying areas for civic engagement that may have positive impacts on the health and well-being of Asian Americans.

### OBJECTIVES

- Mobilize and engage the Asian American community in Montgomery County to inform and advise AAHI on health concerns and priorities of diverse population groups;
- Provide technical assistance to educate, mobilize, and empower Asian Americans to enable them to take action on their own health prospects.



## STRATEGIES

**I**N ORDER to ensure that AAHI represents the health priorities of all Asian Americans in Montgomery County, it will convene subgroup-specific workshops to initiate a dialogue with community members regarding specific issues and concerns. To achieve this goal, AAHI will identify key community leaders through its existing networks. Based on these relationships, AAHI staff will work with these community members to identify a core group of subgroup representatives to create a workgroup. Once organized, AAHI will undertake a participatory process in which Asian American subgroup-specific workgroups will define their community's health concerns, prioritize their

importance, and brainstorm strategies that AAHI may facilitate to address them through its programs and partnerships. Workgroups will also be asked to provide input on culturally-appropriate approaches as well as mechanisms to implement and evaluate any suggested initiatives. These subgroup-specific committees will also serve as the liaison between AAHI and the larger Asian American community and serve to provide a feedback loop with AAHI's programming and community impacts.

In addition to these workgroups, AAHI will also undertake a larger effort to provide programmatic information, provide technical assistance, and

promote civic engagement among Montgomery County's Asian American community. These activities may take place in the form of community forums, website updates, and distribution of materials at ethnic outlets and community events. The content of these various modes of communication and interaction will largely consist of community-defined priorities and requests for assistance, although AAHI will also use these opportunities to highlight programmatic changes, updated information and resources, and provision of new and enhanced services.



**STRATEGIC TARGET** **C** **STRENGTHEN PARTNERSHIPS & COLLABORATIONS**

Strengthen existing partnerships and initiate new collaborations at local, state, and federal level, including public and government-based health agencies, health service providers, community-based organizations, faith-based organizations, academic/research institutions, private entities, and advocacy groups.

**OBJECTIVES**

- Sustain and enhance current partnerships;
- Initiate new partnerships with a diverse array of health-related organizations;
- Seek out collaborative activities and endeavors that advance overlapping organizational objectives and goals.

**RATIONALE**

**P**ARTNERSHIPS AND collaborative activity are the cornerstones of a comprehensive approach targeting social and structural determinants of health disparities. Effective coalitions enable a large scope of service delivery and resource distribution while ensuring that efforts have minimal duplicative properties. The diverse and active Asian American community- and faith-based organizations in Montgomery County provide both cultural insight to AAHI program development and access to their memberships and congregations. In order to meet the health needs of the Asian American communities in the County, it is essential that AAHI continue and expand collaborative ties with these groups. In order to help these groups serve a more central role in addressing the health concerns of their constituents, AAHI must strengthen its existing partnerships to enhance collaborative provision of services and resources.

In addition, there exists a substantial Asian American business and civic community in Montgomery County that may serve as invaluable partners to help underwrite the Asian American public health effort. In an environment of declining public resources, AAHI must be proactive in developing public-private partnerships to develop collaborations that will benefit the health and well-being of Asian Americans in Montgomery County. In addition to the development of new partnerships with diverse stakeholders, AAHI must assume a leading role in defining common objectives benefiting all coalitional partners and implementing initiatives that improve and health and well-being of Asian Americans in Montgomery County.



## STRATEGIES

**AAHI** WILL CREATE a repository of existing partnerships and assess the breadth and depth of collaborative activities undertaken to date. Based on this evaluation, AAHI will consult with existing partners to provide technical assistance in developing expanded health programs, such as health ministries or organizational wellness programs, whereby the organizations bring health into their organizations as a core focus. AAHI will reciprocate by ensuring that coalitional constituents are aware of AAHI's programs and services and will make proactive efforts to outreach to affiliated community members.

Concurrently, AAHI will take an inventory of public and private organizations in the surrounding vicinity which have implicit or direct objectives and commitments to impacting the health of Asian Americans in Montgomery County. AAHI representatives will explore joint ventures that may benefit all parties while concurrently contributing to promoting the health of Asian Americans in the County. Based on a comprehensive evaluation of time and resources limitations, AAHI will pursue feasible collaborative endeavors that expand and enhance the provision of resources and services for diverse Asian American communities. AAHI will make concerted efforts to clearly articulate roles

and responsibilities of each party and ensure that any collaborative activity has conceptual and/or empirical associations with specific impacts related to the improvement of Asian American health. To the extent possible, AAHI and its partners will maximize community participation in any coalitional activity that it involves itself in.

As part of the effort to build and strengthen partnerships and collaboration, AAHI and the AAHI Steering Committee will work together to leverage Asian American resources, including funding, space, time, and business networks, toward improving the health of vulnerable Asian Americans in the County.

## STRATEGIC TARGET



## ENHANCE DATA COLLECTION &amp; REPORTING

Enhance data collection strategies and reporting of information to multiple stakeholders committed to improving Asian American health

## RATIONALE

ONE ELEMENT of AAHI's mission is to identify the health care needs and monitor the health status of Asian American communities in Montgomery County. Health data on Asian Americans in the County is essential to the accomplishment of that mission. Local health surveillance is normally accomplished through analysis of both local and national data. In the case of Asian Americans in Montgomery County, there are insufficient data at both levels.

National estimates of health status, health risk behaviors, and access to care are developed by sampling individuals or households across the country. These national surveys are often very useful in providing data for large minority communities. Only in the last decade, however, have major surveillance systems begun to collect disaggregated Asian American subgroup data; previous research had used a combined "Asian" or "Asian/Pacific Islander" demographic category. The sample sizes of many Asian American subgroups in most national health surveys, however, are too small to allow stable estimates at the local level. Some national surveys are beginning to oversample specific Asian American populations in order to address this problem. These surveys are generally conducted only in English and Spanish, resulting in the oversight of many Asian Americans who

may have health needs related to linguistically-competent care and access issues related to their immigrant status.

In order to assess and track the health status of Asian Americans in Montgomery County, local data is desperately needed. Such data are not only critical to describing the population's health, they are also important to direct public resources to where they are most needed. AAHI, and more generally MCDHHS, programming can be more effective when based on robust and representative local data. AAHI programs provide data about the individuals with whom the program has contact with, and it has been fortunate to have conducted an extensive qualitative needs assessment, but population-based surveillance data are needed.

In addition to collecting preliminary population-level data, AAHI program data are used to gauge customer satisfaction with AAHI services, indicate areas where AAHI programming could be enhanced or expanded, and provide a basis for AAHI's program evaluation. AAHI has developed databases for some of its program data, which, coupled with findings from its needs assessment, provides an initial snapshot of the Asian American health profile in Montgomery County.

## OBJECTIVES

- Conduct a formal outcome evaluation based on AAHI programming;
- Develop organizational capacity to enhanced data collection and analysis efforts;
- Enhance the breadth and depth of Asian American health data in Montgomery County.



## STRATEGIES

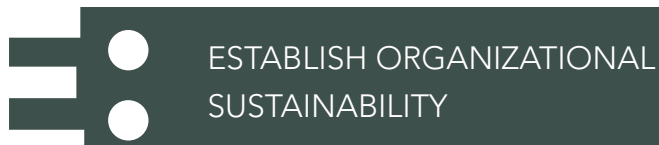
**AAHI** IS FORTUNATE to have programmatic data that provides insight about health indicators unique to Asian American communities in Montgomery County. In order to examine and disseminate pertinent analyses to a diverse community of stakeholders, AAHI will solicit the assistance of community partners and researchers to illustrate the local disparities impacting its constituents and the potential impact of AAHI's programming on these inequities. The purpose of conducting these assessments is two-fold: one would be to generate representative data to augment the existing gap in the scientific literature and the other would be to perform an outcome evaluation of AAHI's programs. Findings from these analyses would be disseminated to County officials, organizational partners, other stakeholders, and community members. In addition,

evaluative components would play a key role in the restructuring process that AAHI will be embarking on, detailed in Strategic Target A. Based on these conclusions, AAHI will continue to both devise new means of program data collection and develop databases to facilitate analysis of program data.

In order to increase its capacity to collect robust population-based data, AAHI will also explore programmatic options to enhance its surveillance and analytical efforts. Based on the availability of resources and partnerships with local public health agencies and universities, AAHI will focus on enhancing its existing mechanisms of data collection and evaluation tools to increase procedural capacity while assessing its ability to develop dedicated infrastructure for increased research activity. Collection and analysis of key indicators is not only pivotal for the improvement

of AAHI's effort, but will provide meaningful and necessary information to other stakeholders with a vested interest in improving Asian American health to accomplish associated objectives. By soliciting resources and partnerships that facilitate a rigorous approach to collecting meaningful data, AAHI will play a central role in increasing the breadth and depth of existing data while contributing to the scientific base of information to improve the health of Asian Americans in Montgomery County and beyond. Concurrently, AAHI will continue to be proactive in its participation the *Healthy Montgomery* Community Health Improvement Process. Through this effort, MCDHHS, other public agencies, hospitals, foundations, and non-profit organizations will work to establish an ongoing, sustainable method for better understanding and addressing health disparities and related health issues at the sub-county level.

## STRATEGIC TARGET



## ESTABLISH ORGANIZATIONAL SUSTAINABILITY

Diversify sources of funding which cover operational expenses, research activities, and restructured/expanded programmatic offerings, including sustained/increased public and/or government-based resources, foundation and private funding, and categorical grants/contracts to optimize organizational function.

## RATIONALE

**I**N THE current economic climate, public resources dedicated for social welfare (including protection of public health) are undergoing major reductions in allocation and sustenance of support. In certain situations, key public health functions are being eliminated or enveloped into other programs and organizations whose existing base of resources may not be sufficient to take on these added responsibilities. While sources of public funding remain unpredictable and subject to reductions and eliminations, organizations which provide unique services and programs must explore creative and alternative sources of revenue to sustain current operational expenses and necessary enhancements and expansions.

In order to be sustainable in the short- and long-term, community-based and social service organizations—such as AAHI—must be able to maintain a diversified funding portfolio to buffer the reduction or elimination of resources from any single source. Publicly-funded agencies often rely on complementary sources of government funding as well as grants and contracts from foundations and other agencies committed to organizational capacity building and population-based health promotion. A diversified funding portfolio also enables organizations to pursue specific projects and activities by the procurement of categorical resources dedicated to certain endeavors. As AAHI undergoes its restructuring process, identifying both categorical and unrestricted sources of funding will be pivotal to sustaining current levels of activity while pursuing any new programs or functions.

## OBJECTIVES

- Provide the rationale for and recommend funding parity for Asian American health programming;
- Explore extramural funding sources to sustain current operational and programmatic functions;
- Seek out sources of support that facilitate expanded and target activities aligned with organizational mission.



## STRATEGIES

**P**RIOR TO seeking any external sources of funding, AAHI will support sustained levels of funding from its primary source, Montgomery County. In order to legitimize this request, AAHI will provide Montgomery County officials with the necessary and updated information detailing its background, evidence for the gap in health services/programs that it fills for one of the County's most underserved populations, and the impact that it has made on addressing specific Asian American health disparities. AAHI's strategies will align with recommendations from the state and national levels to achieve equity in the distribution of resources across minority health program.

To optimize AAHI's ability to remain a sustainable organization with a high-quality array of services, it will also explore revenue streams which may help subsidize its operational expenses and infrastructural growth. As many foundations and large health organizations (both public and private) offer capacity building and technical assistance grants, AAHI will explore appropriate opportunities to further develop its organizational structure and staffing plan to ensure that it is effectively meeting its mission and objectives. Through its vast network of partners focusing on Asian American populations and public health, AAHI is confident that it will be able to secure streams of revenue that allow it to maintain its current level of activity.

In addition to maximizing its ability to remain at current programmatic capacity, AAHI will seek out categorical sources of funding which will allow it to pursue specific activities and programs commensurate with its aim to align itself with a health equity model of program delivery. Specifically, AAHI will consider applying to grants or contracts which enhance its programs focusing on behavioral determinants of health disparities and increased community awareness through health education campaigns and dissemination of knowledge-based resources. AAHI will also pursue funding sources that allow it to build up its research capacity, with a specific emphasis on community-based approaches to improved and representative data collection. Concurrently, AAHI will also explore opportunities to assume a more "upstream" role in addressing inequities, such as focusing on structural influences and the "built environment", community mobilization and empowerment, and collaborative activity with logical stakeholders to comprehensively improve the ability of Asian Americans to pursue optimum health. AAHI has developed extensive networks with local and national minority health organizations and can rely on technical assistance and support to successfully secure program- and activity-specific funding. These additional streams of revenue may also provide support for additional staff and associated overhead costs. The sum of these efforts will maximize AAHI's ability to sustain its current activity, enhance its programs to achieve the objectives outlined with its redefined

mission, and expand to incorporate new services and initiatives which intervene upon multi-level influences on disproportionate indices of health present among Asian Americans.

AAHI will prospectively identify creative mechanisms to diversify its funding portfolio to ensure that its pivotal and irreplaceable programs remain in existence at full capacity. In addition, targeted revenue streams will enable expansion and enhancement of AAHI's programs should unfortunate cuts to its core budget be implemented. AAHI will continue to support the movement for funding parity at different levels of administration to ensure that Asian American health concerns receive an equitable share of resources. Supplementary options for increased and diversified funding include grants (from national/ state government, foundation, and private entities) for organizational capacity building and technical assistance, relevant health research for Asian American populations, community-based health promotion activities, training the next generation of professionals, addressing Asian American health concerns, and interventions targeting the social determinants of disproportionate burdens of disease impacting Asian Americans. Procuring an equitable and diversified portfolio of funding sources will optimize AAHI's ability to sustain and improve pivotal programs ensuring the health and well-being of Montgomery County's diverse Asian American constituents.

# CONCLUSION

**A**SIAN AMERICANS in Montgomery County represent a culturally and linguistically diverse group of communities with many strengths and much to offer the intellectual, social, cultural, and economic environment of the County. The successes of a portion of the Asian American population should not be misleading, however, to the very real need experienced by segments of every Asian American subgroup in the County. The very diversity that contributes to the Asian American communities' strength also challenges a health care system that is ill-prepared to meet the needs it presents.

The strategic direction outlined above will shape the development of AAHI's commitment to the health care of vulnerable Asian Americans in Montgomery County for the next five years. All of the targets are equally important and overlap to a large extent, especially in the means by which each must be addressed. In all areas of program growth, AAHI will adhere to its fundamental model of addressing the social determinants of health through community empowerment, health education and promotion, as well as provision of and access to linguistically- and culturally-appropriate care. In order to accomplish these objectives, AAHI will also undergo organizational restructuring and refinement to ensure that its activities and approaches are consistent with government recommendations and community priorities.

## Continued Commitment to the Community

AAHI will continue its educational and linguistically- and culturally-competent access outreach in the community and will enhance efforts through creative and cost-effective mechanisms. The AAHI health promoters have contributed significantly to the program's ability to connect with the various communities and develop programming for them at outreach events. With enhanced training on education, screenings, and referrals, health promoters can also help to extend AAHI's reach into new settings such as small businesses and into their home communities. With support and technical assistance from AAHI, community- and faith-based organizations can assume more responsibility for addressing the health of their members and congregants as part of their own core missions and ministries. The Patient Navigator Program dovetails with the AAHI outreach efforts by allowing the community to "reach in" to AAHI for information and assistance in accessing care.

## Shared Responsibility to Meet the Challenge

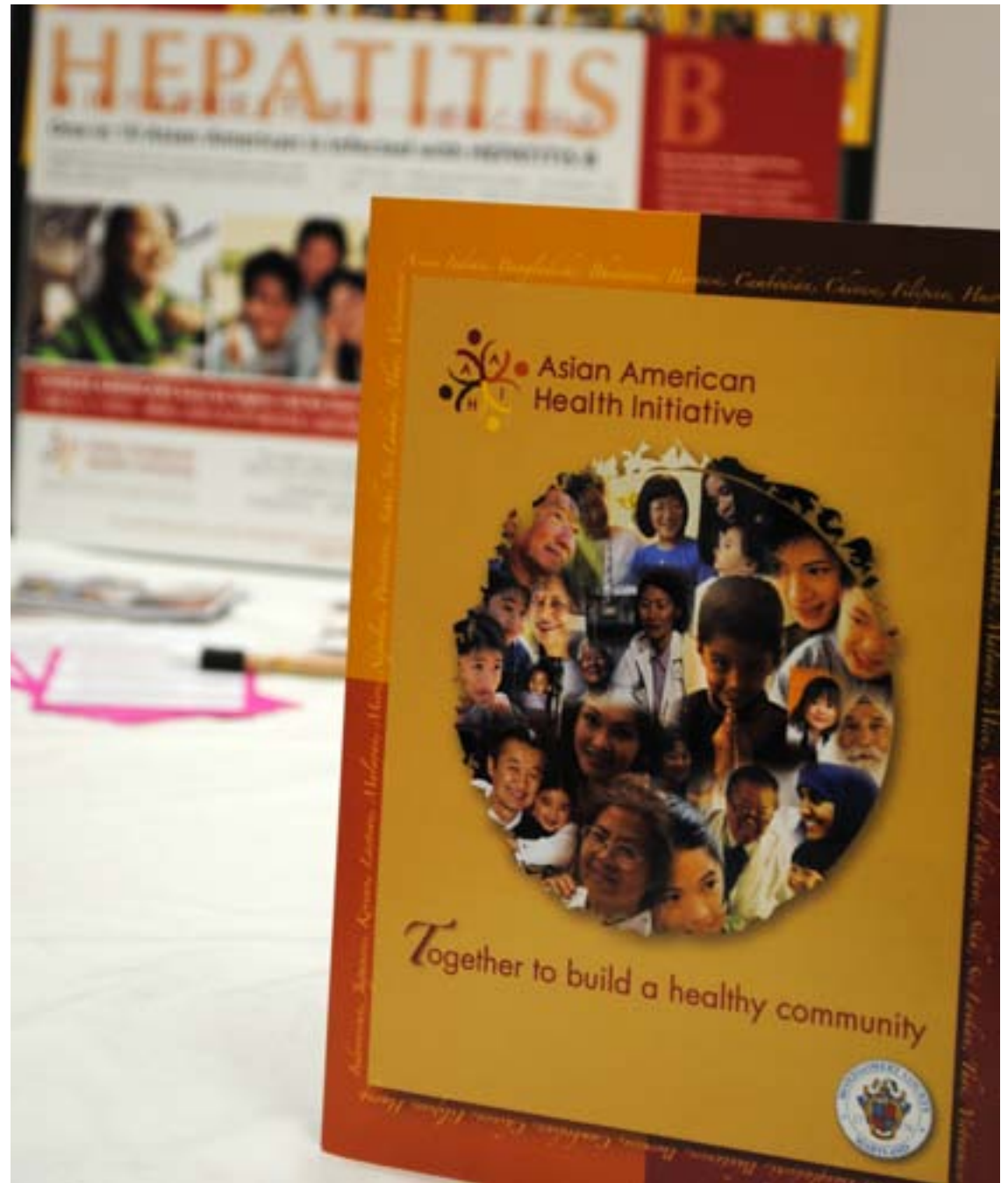
As budget shortfalls continue to constrain public programs, AAHI faces the possibility that the most vulnerable County residents may "fall through the cracks." This is the very time when local governments must be most vigilant in their responsibilities to protect the health and well-being of their constituencies. AAHI must be proactive in developing and promoting accessible programs for the most vulnerable Asian Americans in the County, including those who are low-income, uninsured or underinsured, and with limited English Proficiency (LEP). AAHI needs to continue multilingual and multicultural outreach to educate these communities about County programs and eligibility guidelines. AAHI must also continue to collect and disseminate meaningful Asian American health data so that other stakeholders may act on disparities on common concern.

In order to meet its responsibilities to the vulnerable members of our community, AAHI must mobilize all of its community resources. Government cannot succeed alone; it needs the help and support of the



broader community. AAHI will seek to collaborate with both public and private organizations to facilitate all Asian Americans in Montgomery County getting the health information and access to culturally competent health care that they need. To ameliorate the dependency on limited government resources, AAHI will also explore alternative and complementary streams of funding to ensure sustainability of its current programming and potential enhancements to meet the health needs of Montgomery County's diverse Asian American population.

Through both a strengthened Steering Committee and enhanced outreach and networking in the Asian American civic and business communities, AAHI aims to forge new relationships that can lead to additional support of its educational mission, enhancement of the availability of culturally competent care, and the development of better data to efficiently direct AAHI resources to where they are most needed. All AAHI programs are designed to address the increasing need as the overall economy worsens, and AAHI is, in most cases, the only source of vital health information, screening, and referral available to many residents in vulnerable communities. In order to both sustain and enhance AAHI programming, it is important that the County continue to support AAHI's mission and also that sources of support be developed in the broader community. Organizational refinement, access to care, community empowerment, collaboration, data collection and organizational sustainability can all be enhanced through the judicious development and use of resources in the broader community. A continued commitment to ensuring that perspectives and input from AAHI's constituency is incorporated in every aspect of its programming will enable AAHI's ability to accomplish its mission of eliminating Asian American health disparities in Montgomery County and beyond.





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