

Asian

Achievements
through Power



American



Health



Initiative

ANNUAL
REPORT
FY
2009

Message from the Leadership

The Asian American Health Initiative is proud to release its Fiscal Year 2009 Annual Report. In the five years since its inception, AAHI has worked tirelessly to eliminate health disparities that exist between Asian Americans and their non-Asian counterparts in Montgomery County. This report documents those efforts in the context of wider Asian American health disparities and barriers to healthcare. By weaving together various programmatic achievements, AAHI hopes to shed light upon culturally- and linguistically-competent mechanisms to meet these challenges among a diverse constituency.

The Asian American population is one of the fastest growing in Montgomery County and designing programs to improve community outreach and education among such a diverse cohort is a top priority. Bilingual lay community health workers, through AAHI's successful Health Promoters Program, have had marked success in reaching even the most isolated Asian communities, while AAHI patient navigators help County residents with limited English-language skills find their way through the healthcare system by facilitating access, identifying resources, and providing medical interpretation services.

FY09 was a challenging year for social service and public health agencies dependent on government funding. AAHI faced programmatic reductions across the board as a result of countywide budget cuts but dealt with adversity

astutely. We were able to make progress on key objectives, while expanding efforts with partners and collaborators, both locally and nationally.

Last year, AAHI released Asian American Health Priorities: Strengths, Needs, and Opportunities for Action, an in-depth look at the unique health needs of 13 Asian American groups residing in Montgomery County. Since its dissemination, AAHI has been pleased to work with the wider Asian American health movement by engaging local and national experts in the public discourse on Asian American health needs. In May of last year, AAHI brought together many of these leaders for the 2009 Asian American Health Conference. The Conference served as a pivotal event in AAHI's evolution toward becoming a leading advocate for Asian American health.

We would like to extend our special thanks to the members of the AAHI Steering Committee, community partners, and dedicated staff and volunteers for a successful year. In FY10, we will continue to build off of our past achievements in response to the health needs of Asian Americans in Montgomery County.



Julie Bawa, MPH
Program Manager, AAHI



Harry Kwon, PhD, MPH, CHES
Chair, AAHI Steering Committee



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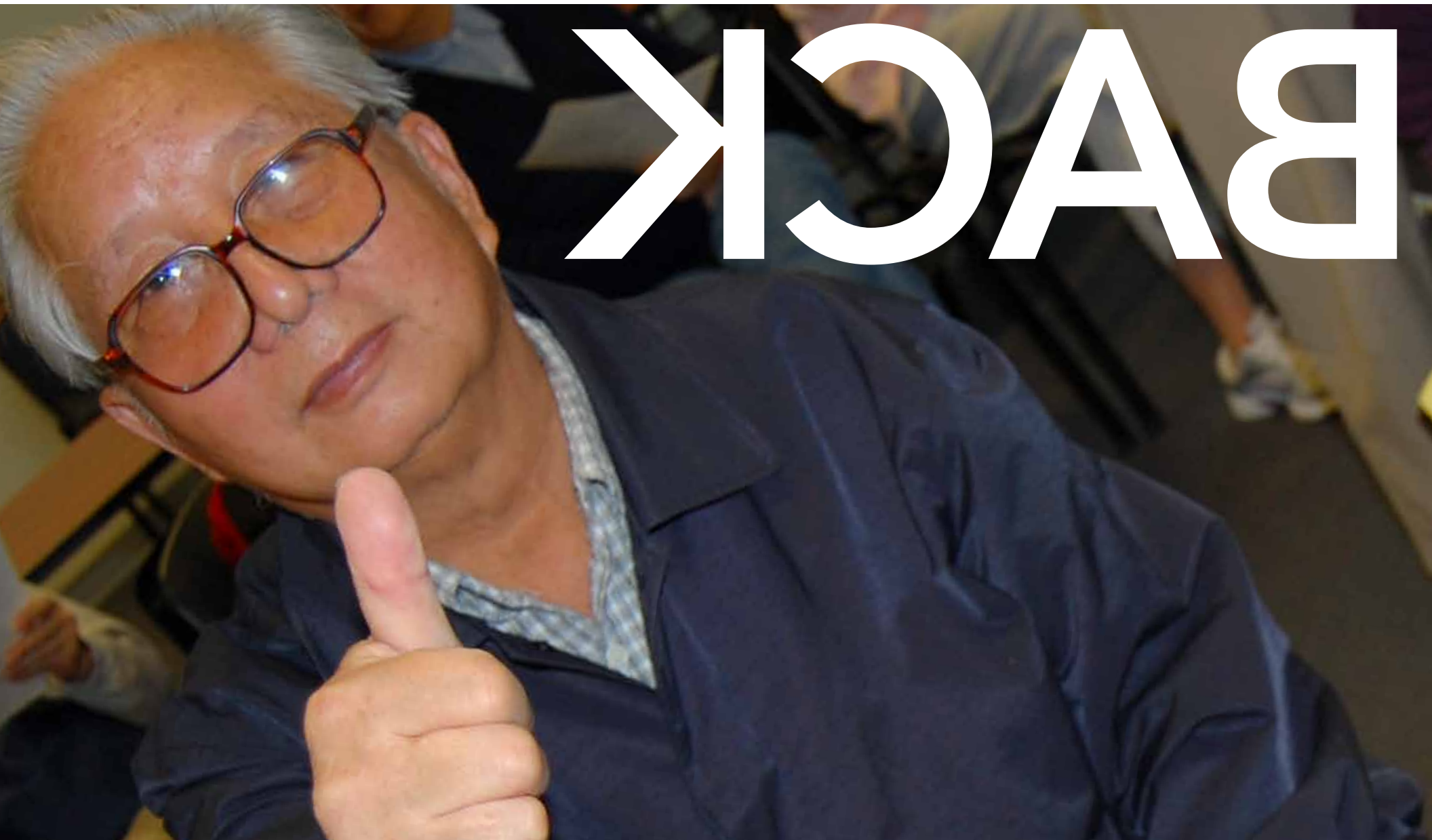
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LOOKING

BACK



ABOUT AAHI



A part of the Montgomery County Department of Health and Human Services, the Asian American Health Initiative was established in fiscal year 2005 with the support of the County Executive and County Council in direct response to the growing health needs of Asian Americans residing in the County.

Since its inception, AAHI has strived to create linguistically and culturally appropriate health programs that directly address the health care needs of Asian Americans in the County. In addition, AAHI has partnered with numerous community- and faith-based organizations to reach out to isolated communities.



Our 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.

Goals

- To conduct an in-depth data collection, analysis, and reporting of health status for the different ethnic groups in the Asian American community.
- To expand and improve the existing health services available to Asian Americans
- To ensure the availability of quality health care directed to the specific needs of the different ethnic groups in the community
- To provide outreach programs to inform and educate the different ethnic groups about the accessibility and the availability of health care services
- To remove barriers preventing all ethnic groups in the Asian American community from receiving a fair share of health services

ASIAN AMERICAN DEMOGRAPHIC PROFILE

Asian Americans comprise approximately 4-5% of the general U.S. population, representing over 50 different ethnicities and speaking more than 100 languages. They are substantially diverse in terms of socioeconomic status, English proficiency, health needs, and cultural identity. Asian subgroups have distinct patterns of migration into the United States, subscribe to numerous religions and faiths, and assume a diverse array of educational levels and occupational roles.

As a whole, Asian Americans have often been deemed a “model minority” yet have suffered through significant instances of historical and institutional

discrimination. Culturally, there exist myriad beliefs relating to health and wellness, causes of disease and illness, and traditional remedies for preventive and curative purposes. Although most government data collection agencies have collected demographic (including health indicator) data in an aggregated Asian/Pacific Islander category, AAHI purposely chooses to focus on Asian Americans in order to respect the complexity of the diversity encompassing both Asian and Pacific Islander populations.

Did you know?

Key National Demographics

2008 Estimated Population

15.2 million (5%) U.S. residents identify as Asian alone or Asian in combination with one or more other races

Asian American Population Growth (1990–2000)

63.24% (with some subgroups reporting growth of over 100% in the same period (Asian Indians, Bangladeshis, Pakistanis)

Projected Asian American population in 2050

40.6 million (9.2% of total)

Projected Asian population increase between 2008 and 2050

153%

Breakdown of Asian Subgroups in Montgomery County

Asian Americans are one of the fastest growing and most diverse ethnic groups in Montgomery County, representing about 13.3% of the total County population. Moreover, a significant number of Asian Americans suffer from limited income, lack of health insurance, and limited English comprehension skills. These characteristics, in combination with a variety of other factors—such as knowledge and beliefs regarding causes of disease, modes of treatment, and value of prevention—often hinder Asian Americans from seeking out or obtaining quality health care.



Click on a graph to see the larger version above.

Did you know?

Asian Americans in Montgomery County

- 124,605 (13.3%) residents are Asian American
- 60% population growth from 1990 to 2000, the largest increase among any ethnic group
- 45% of Maryland's Asian American population resides in Montgomery County
- 5th largest jurisdiction on the East Coast in terms of Asian American/Pacific Islander population
- 15.4% of Montgomery County Public School students are Asian American
- 5.8 % of Asian Americans live below the poverty line, compared to 3.1% of non-Hispanic whites
- 73.7% were born outside the United States
- 83.8% speak a language other than English at home
- 36.9% speak English "less than very well"

ASIAN AMERICAN HEALTH DISPARITIES

Similar to other communities of color, there exist tremendous disparities in health outcomes and indicators among Asian Americans. Disproportionate burdens of particular note include cancer, hepatitis B, and osteoporosis.

National data indicate Asian Americans are the first segment of the population to suffer cancer as the leading cause of death. They account for roughly half of the chronic hepatitis B cases in the

country, are five times more likely than the general population to contract tuberculosis, and are less likely to seek out cancer screening services than other ethnic groups. Social determinants, environmental factors, knowledge of health risks and available resources, as well as insurance status and access to culturally-competent care, all play a hand in determining risk.

“This country was built by immigrants. Its growth and progress will depend on immigrants. Understanding each other will create a unified society. Disparity will result in separation and division. Let's work together toward the goal of eliminating the disparity.”

Steering Committee Member

Leading Causes of Death among AAPI, CDC 2004

	Males	Females	Total Population
1	Cancer	Cancer	Cancer
2	Heart disease	Heart disease	Heart disease
3	Stroke	Stroke	Stroke
4	Accidents	Diabetes	Accidents
5	Chronic lower respiratory disease	Accidents	Diabetes
6	Diabetes	Influenza and pneumonia	Influenza and pneumonia
7	Influenza and pneumonia	Chronic lower respiratory disease	Chronic lower respiratory disease
8	Suicide	Alzheimer's disease	Suicide
9	Kidney disease	Kidney disease	Kidney disease
10	Homicide	Hypertension	Alzheimer's disease

Table Source: CDC, Health, United States 2006.

Research indicates significant barriers to accessing quality health care. A recent study of the Kaiser Commission on Medicaid and the Uninsured found that Asian Americans are less likely than non-Hispanic whites to receive health insurance from their employers, and of those who do not receive employer-sponsored coverage, only 9% purchase insurance independently. Compounding the problem, Asian Americans are often burdened by limited-English proficiency and a poor understanding of the U.S. health care system. Members of the community may not know the right questions to ask—or even whom to ask—and lack an understanding of how to assess their problems in a new cultural context.

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.

Heart Disease

- Among Asians age 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 (NHIS 2003, CDC/NCHS).
- Cardiovascular disease is the leading cause of death among South Asians in the United States.

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 mln 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 the white population.

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 women have a gestational diabetes rate of 8.6% (as compared to 3.8% for non-Hispanic whites).

Osteoporosis

- Asian women run a high risk of developing osteoporosis. The average intake of calcium—a nutrient essential to bone health—among Asian women is estimated to be half that of Western population groups.

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.

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.

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 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.

5 YEARS of ACHIEVEMENTS

In response to a diverse demographic profile and the existence of significant health disparities (including their social, cultural, and behavioral antecedents), AAHI was formed in 2005 with a mission of addressing the unique and neglected health needs of the Asian American population in Montgomery County. Based on 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 certain disparities, provide specific services unavailable to community members, and liaise with public health and social service agencies to increase awareness and provide access to existing resources. Providing guidance throughout the organization's growth and development, the AAHI Steering Committee comprises a diverse group of professionals and community leaders who provide expertise and technical assistance in the design and development of program activities. Specifically, AAHI engages in programs

and activities which target health disparities and risk factors of concern impacting Asian Americans: cancer, osteoporosis, hepatitis B, diabetes, and tobacco use. Cognizant of the barriers posed by language and navigation of an unfamiliar health care system, AAHI has actively bridged the communication gap by implementing the successful Health Promoters and Patient Navigator programs. 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.



To address the need for disaggregated data at the local level, health promoters collect data on age, gender, and ethnicity for every individual screened at AAHI outreach events.

In addition to AAHI's commitment to directly improve the health of its local constituent community, it also participates in broader efforts which contribute to a large-scale movement to eliminate Asian American health disparities. As one of the major issues in health research is the lack of disaggregated data within the Asian American 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. 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. In addition to coalitions with local health care providers, social service agencies, and community- and faith-based organizations, 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 all 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 data collection efforts needed to improve Asian American health prospects throughout the United States.

5 YEARS of ACHIEVEMENTS 2005-2009



POWERFUL

Achievements



2009

AT A GLANCE



Health Promoter Orientation
August 2008



Steering Committee Retreat
September 2008



AAHI presents at the APHA Conference
October 2008



CASSA Health Fair
October 2008



Health screenings at Guru Nanak
Foundation, January 2009



Cultural Exchange Workshop with
County Health Initiatives, February 2009



CCACC Health Fair
May 2009



AAHI Asian American Health Conference
May 2009

Knowledge is POWER

Health Condition Specific Programs

AAHI has put considerable resources to implement programs that target specific health disparities and their behavioral determinants. Program planning for health among minority communities requires an intricate balance of technical expertise and community participation. As such, AAHI reviewed the scientific literature to ensure that it was addressing evidence-based disparities impacting Asian American communities. However, prior to implementing any specific program, AAHI guaranteed that these defined disparities were

indeed issues of concern within the Asian American community in Montgomery County. Optimizing on its relationships with key community leaders representing diverse subgroups, AAHI was able to conclude which programs it should focus on to address genuine local concerns.

Based on these multiple sources of information, AAHI responded by creating five behavioral health and condition-specific programs targeting *cancer, hepatitis B, diabetes, osteoporosis, and tobacco*. Each program incorporates health education measures, while the cancer, osteoporosis, and diabetes programs provide specific screening measures that assist early detection and facilitate disease management in the community.

Health Education



In cooperation with various community- and faith-based organizations, County offices, non-profit health care providers, and small-business owners, as well as auxiliary AAHI initiatives, the five condition-specific programs focused efforts to diversify activities and reach out to underserved and underinsured populations. Many of these activities revolve around educational efforts—through facilitation of seminars and dissemination of culturally-appropriate materials—as well the provision of screening and referral services.

In addition to providing one-on-one counseling and individual educational sessions, as one of its core activities, AAHI partners with community- and

faith-based organizations to provide health seminars tailored to specific groups of individuals. The seminars are conducted by trusted members of that community, such as doctors and religious leaders, in partnership with low-cost medical providers. Following group seminars, individuals have an opportunity to consult with doctors and health educators to learn more about the specific condition and seek out screening and treatment opportunities, where available.

Literature and Resource Development

To supplement group presentations and one-on-one interventions, AAHI has made continuous efforts to develop and disseminate multilingual, culturally-relevant educational materials in the five years since its founding. The organization's library consists of pamphlets, brochures, booklets, and posters regarding illnesses relevant to the Asian American community: cancer, diabetes, hepatitis B, and osteoporosis.



All resources are available in English, Chinese, Hindi, Korean, and Vietnamese, with some materials available in Tagalog.



Tobacco Cessation Output Measures

53 one-on-one cessation sessions

11 smokers received one-on-one counseling

5 sessions per smoker (average)

100% of smokers completed counseling

Tobacco Cessation

Tobacco use among Asian American communities remains an issue of public health concern. In addition to socially-ascribed value of tobacco use among certain segments of the community, notably immigrants and men, the tobacco industry has made strategic efforts to target Asian Americans in marketing and promoting its products. Given this unique combination of cultural factors and cooptation through

advertising, tobacco control efforts must take into account the multi-level influences that result in tobacco use. Recognizing the complexity of this issue, AAHI staff were selected to participate in a leadership training facilitated by Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), a nationally-recognized Asian and Pacific Islander tobacco control and prevention organization. As a result of this training,



AAHI health promoters demonstrate a Carbon Monoxide screening for health fair participants.

AAHI was able to implement its tobacco cessation program which enabled individualized sessions to address unique issues related to quitting among Asian Americans in Montgomery County. During its short tenure, AAHI has conducted 53 one-on-one sessions, with all participants completing the tobacco cessation program in its entirety. Given the tremendous response from community members in such a short time frame, this program indicates that AAHI is indeed filling a gap in increasing access to culturally-appropriate harm reduction efforts.



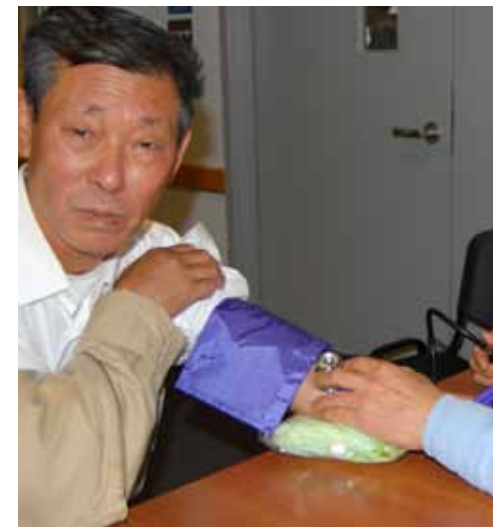
AAHI health promoters educate the community about the importance of conducting regular self breast examinations.

Mammogram Assistance

To support its educational objectives, AAHI was able to leverage additional funding through Mammogram Assistance Program Services (MAPS) to expand efforts to combat breast cancer in Montgomery County. In collaboration with Holy Cross Hospital in Silver Spring, AAHI educated Asian American communities on breast cancer awareness, promoting the importance of preventative screenings by dispelling myths and misconceptions about breast cancer. Upon completion of MAPS training events, AAHI health promoters reached out to Asian American women, providing education on how to perform a self breast examination, as well as referrals to free breast cancer screenings in the County.

Screenings Performed

907	bone density screenings
292	diabetes-related screenings
42	breast & cervical cancer screenings
27	colorectal cancer screenings
20	prostate cancer screenings



Screenings & Health Referrals

In addition to providing educational resources, AAHI also offers various screening and referral services throughout the County through its participation in health fairs and small-business outreach. Timely and regular screenings have been shown to have significant impact on early detection and successful treatment for many chronic

conditions. Taking these professional guidelines into account, AAHI provides fast and free bone-density screenings using mobile ultrasound as part of its osteoporosis program and preventive screenings for diabetes and respiratory illnesses, as well as referrals to the appropriate health professionals for cancer screenings for high-risk community members.

As a part of its client care coordination efforts, AAHI—with the assistance of volunteer health promoters and patient navigators—maintains an open line of communication with patients, making necessary phone calls to remind clients of appointments and to notify them about necessary documentation in order to qualify for and obtain free screenings.

the POWER of Diversity

Health Promoter Program

Given the diversity of the Asian American population, it is imperative that individuals who identify with and understand the specific cultures become leaders in their own communities, addressing health disparities and working to improve the general well-being of their peers. These individuals also serve as pivotal “gatekeepers” for health professionals to gain entry into Asian communities and are trusted by

fellow community members as valuable sources for information about health issues and available resources. Often referred to as “community health workers”, AAHI organized and trained committed community members—health promoters—to address issues of concern impacting Montgomery County’s Asian American population and serve as liaisons between services/resources and affected community members.

Health Promoter Profile

Health promoters are active members of the community that they represent and speak the native language of the population they identify with. Not only do they have intimate cultural knowledge of the community, but they are familiar also with mainstream institutions, processes, and resources

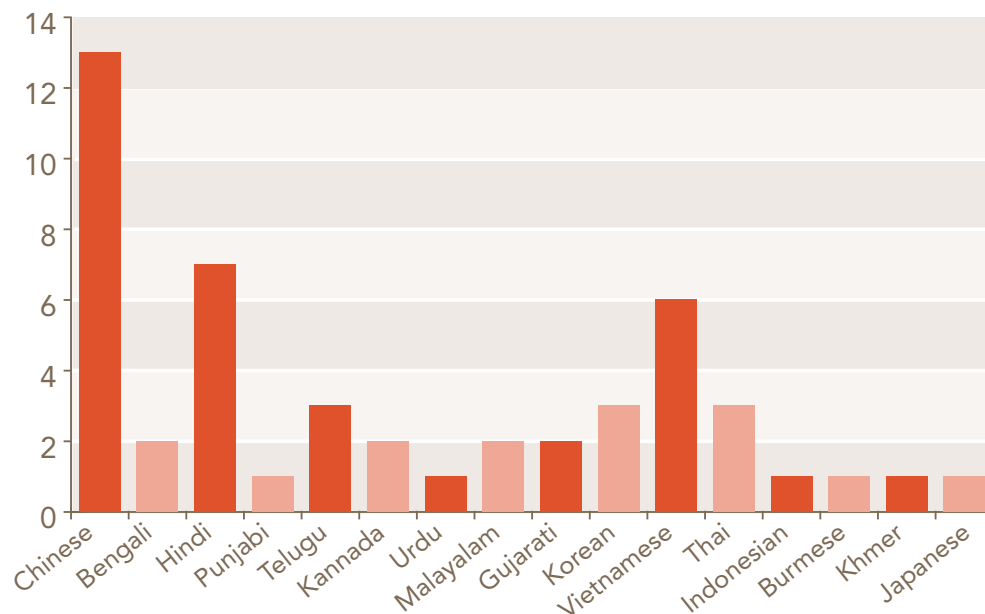
available throughout the County.

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.

Not only do health promoters reflect the demographic distribution of Asian Americans in Montgomery County, AAHI also makes concerted efforts to ensure they are able to reach the diversity within various subgroups.

As the graph to the left illustrates, within their efforts targeting South Asian populations, health promoters are able to reach regionally-diverse communities by speaking in seven different languages (Bengali, Hindi, Punjabi, Telegu, Kannada, Gujarati, and Urdu). Similarly, health promoters also are proficient in a number of Chinese dialects, such as Mandarin and Cantonese. These efforts ensure that underrepresented segments of diverse Asian American communities are able to gain from all of the various services provided by AAHI's health promoters.

Languages spoken by AAHI health promoters



Overview of Health Promoters, FY09

	2008	2009
Health Promoters	18	39
Languages/Dialects Spoken	8	20
Communities Represented	7	12

Through a grant awarded by the State of Maryland's Minority Outreach and Technical Assistance (MOTA) program, AAHI health promoters—in partnership with Holy Cross Hospital, Community Ministries of Rockville, CASA de Maryland, African American Health Program, and the Maryland Commission on Indian Affairs—took part in the

Minority Empowerment Communities Project (MCEP) to build capacity in racial and ethnic communities through empowerment and education that will impact cancer and tobacco healthcare decisions. MOTA training events provided participants with valuable technical skills and culturally-competent means of assisting the public.

Once they are equipped with the skills necessary to serve the community, AAHI health promoters provide assistance in several ways and help to bridge the gap between patient and staff. Trained health promoters perform the following tasks critical to AAHI's success:

- Provide access to isolated communities;
- Serve as a link to community leaders and partners;
- Assist in planning and preparation for outreach events;
- Inform AAHI staff about culturally sensitive issues;
- Promote upcoming events among communities;
- Educate community members at health fairs and seminars;
- Aid in data collection in the community and at outreach events;
- Provide interpretation/translation assistance as needed.

Achievements

To educate the diverse Asian American community, AAHI's health promoters are trained to inform about health topics that deeply affect Asian Americans, working in close collaboration with AAHI's five condition-specific programs: Cancer, Hepatitis B, Osteoporosis, Diabetes, and Tobacco Cessation.

AAHI's health promoters began the year with a day-long orientation, gaining valuable insight into AAHI's programmatic efforts. Participants received comprehensive training on their duties as community liaisons and learned about barriers that preclude Asian Americans from accessing quality care. Throughout the course of the year, health promoters took part in training workshops on health-specific topics, as well as AAHI program meetings to share experiences, provide feedback on outreach events, and learn about recent AAHI program developments.



Health Promoter Story



“When I first saw the advertisement for recruiting Health Promoters in the Chinese newspaper, my curiosity drove me to apply. Five years have gone by, now I am a well trained and experienced Health Promoter. The main reason that I stayed in this program is because I get to reach out to my community as well as other ethnic communities, serving and educating those who have less of a concept of preventive care and the importance of early treatment. I am reaching out to those who are not accustomed to the idea of self advocacy,

who are shy about seeking help and who are not aware of the ample resources in the County. I am reaching out to those who don't have health insurance and who cannot speak the language.

I have gained tremendous medical knowledge through this program and was given many opportunities to participate in conferences and trainings; I've also gotten to know others who share the same passion like me—spreading the message of building a healthy community.”

Lily Shen, AAHI Health Promoter since 2005

Health Promoter Contributions FY09

13 trainings were attended (MOTA technical trainings, AAHI programs, privacy issues, and health related)

1,221 training hours

33 outreach events were attended

833 hours were contributed to outreach activities

285 hours were contributed to auxiliary AAHI program activities

Quality Measures

16 health promoters were retained from 2008

89% of health promoters were retained 2008-2009

23 new health promoters for FY09

100% of health promoters were satisfied with the program (based on a mid-year assessment)

100% of health promoters agreed or strongly agreed that program is impactful and benefits the communities served (based on a mid-year assessment)

emPOWERment at work

Reaching out to Diverse Communities

In order to ensure that public health services reach their intended audiences, community outreach is a pivotal component of implementing successful programs. Especially among minority populations, a comprehensive outreach strategy assures that residents increase their knowledge regarding specific health concerns impacting their community and are aware of culturally-appropriate programs and other resources available locally. Given its organizational emphasis on health promotion, AAHI has implemented

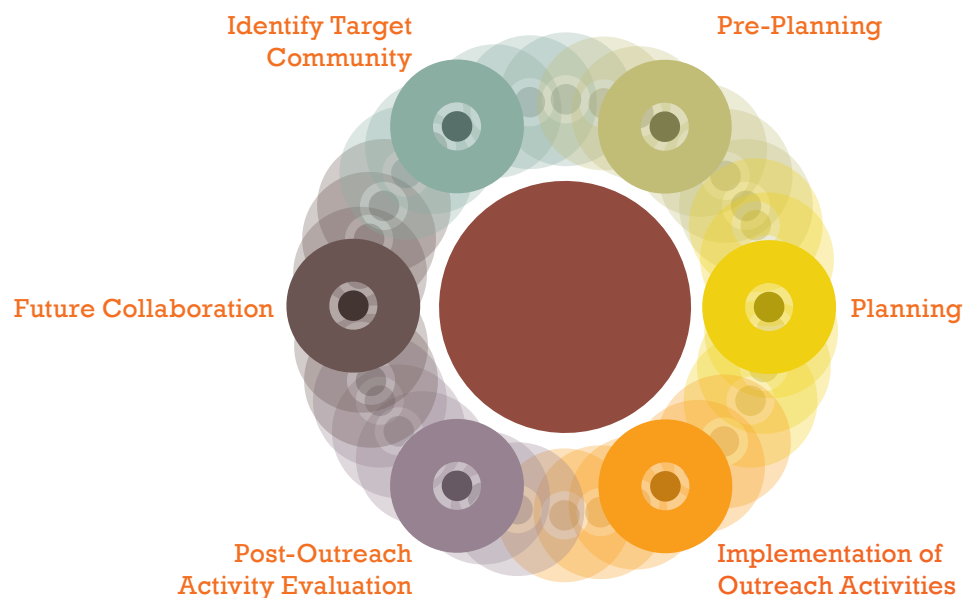
programs designed to improve community outreach and education among such a diverse cohort. These programs facilitate the dissemination of important health information and provision of technical assistance and support to community members by trained, multilingual individuals who share a cultural background with the population they serve.

Outreach Planning Process

Means of outreach take many forms, including in-house developed education seminars, tabling at cultural festivals, health fair participation, and one-on-one consultation to name a few. The planning and preparation of an event is an intricate, phased process, involving community building and organizing strategies. Depth of knowledge and prior collaboration with a community or organization, level of involvement and scope of project, and specific event goals all factor into the time required to plan the event. Through "gatekeepers" (e.g. health promoters or patient navigators) and stakeholders, AAHI is able to gain entry into many communities and establish mutually beneficial relationships of support and trust. Thereafter, AAHI works with

community members to understand their specific health needs and to collectively assess the community's needs, capacities, and strengths. This multifaceted community-based process helps set health priorities specific to each respective population, leading to the development of an outreach/intervention strategy.

Undoubtedly there exist a great many nuances and possible variations in the planning process. AAHI has forged many fruitful, long-standing relationships with Asian American communities throughout the County and continues to reach out to potential community partners where opportunity for lasting collaboration may exist.



Detailed Breakdown of Outreach Events in the Community

37 outreach/small business events

13 communities reached*

89 health referrals
based on consultation and assessment of clinical and behavioral risk factors

1199 screenings
including bone density, blood pressure, osteoporosis, diabetes, and heart disease

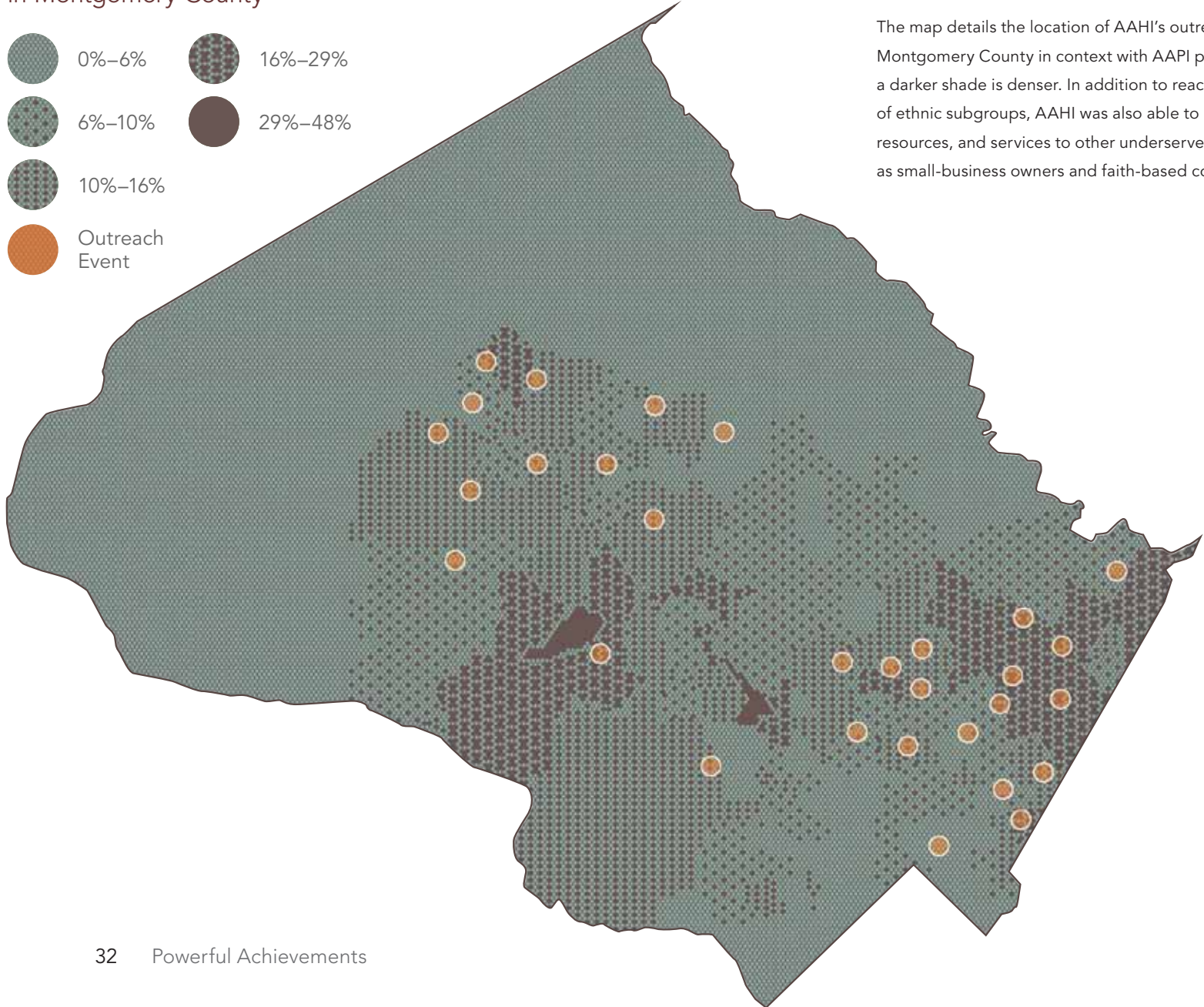
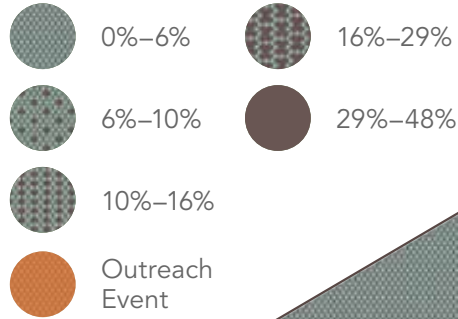
3010 educational encounters**
These activities occur at health fairs, seminars, and one-on-one outreach to community members

555 self-improvement contracts signed
Voluntary self-contract promising to take efforts to reduce their risk of osteoporosis

*Communities include specific racial/ethnic populations as well as faith-based communities

**"Educational encounters" refer to a specific topical session conducted with one individual. Thus, one individual receiving many educational sessions would be counted multiple times in this chart

Percentage of Asians in Montgomery County



Community-focused outreach

The map details the location of AAHI’s outreach events throughout Montgomery County in context with AAPI population density, where a darker shade is denser. In addition to reaching a broad spectrum of ethnic subgroups, AAHI was also able to provide information, resources, and services to other underserved Asian subgroups, such as small-business owners and faith-based communities.

Types of Outreach Events

Upcounty

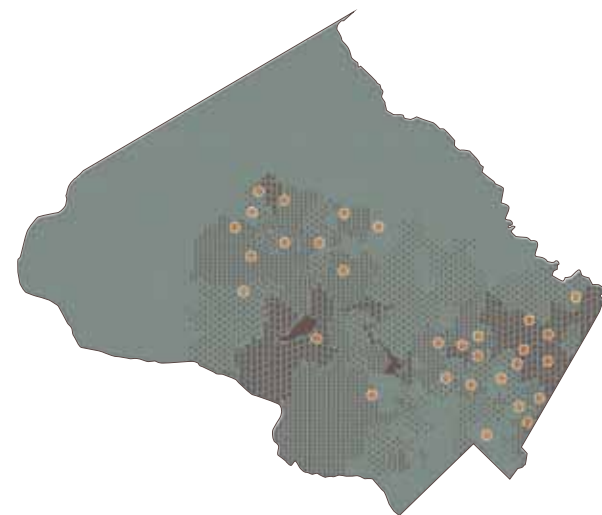
- Annual Chinese Lunar New Year Festival
- Chad Raat Festival (Asian Indian community)
- Chin National Day (Burmese community)
- aEvergreen Chinese Senior Club Health Fair
- Gaithersburg Chinese Alliance Church Health Fair
- Islamic Center of Maryland Health Fair (Bangladeshi & Pakistani communities)
- St. Rose of Lima Church (Filipino community)

East County

- Idara Jaferia Islamic Center (Pakistani community)
- Muslim Community Center (Asian Indian, Bangladeshi & Pakistani communities)

Mid-County

- Chinese Culture and Community Center Health Fair
- Ebenezer Korean Church Health Fair
- American Chinese School Inc. Health Fair
- International Buddhist Center Health Fair (Sri Lankan community)
- Taiwanese Presbyterian Church of Washington Health Fair
- Small business outreach: Good Fortune Restaurant and China Jade Restaurant



Down County

- American Indian Heritage Month Celebration
- Asian Indian Republic Day
- Burmese American Buddha Association Health Fair
- Cambodian New Year Festival
- Korean Global Mission Church
- Guru Nanak Foundation of America Health Fair (Asian Indian community)
- Indian House of Worship Health Fair
- Maryland Vietnamese Mutual Association Long Branch Senior Center Health Fair
- Southern Asian Seventh-day Adventist Church Health Fair
- Vietnamese Tet Festival
- Wat Thai Temple Health Fair
- Small business outreach: U Nail Salon

Bridges to POWER

The Patient Navigator Program

As AAHI's newest initiative, the Patient Navigator Program (PNP) proved to be a valuable community resource in FY09. Launched in March 2008, in partnership with Cross Cultural (CC) Infotech, PNP addresses the growing need for culturally and linguistically appropriate health services for Asian Americans in Montgomery County. The program helps patients navigate through the health care system by providing access and identifying resources for Montgomery County's Asian American residents. 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. Based on successful approaches in other minority communities, AAHI designed the program to cater to the specific needs of Montgomery County's Asian American residents, with a focus on assisting patients to overcome the cultural and linguistic complications that often arise during interactions with the health care system.



AAHI staff and patient navigators review a Request Data System report to gain insight to the community and inform the strategic planning process.



Program Overview

Navigators are available to assist patients with scheduling appointments at County safety net clinics, provide face-to-face medical interpretation, and translate documents as needed. Navigators also work to empower patients by providing them with the information they need to understand their diagnosis and treatment options, communicate with doctors, and ask questions to get the answers they need.

To maintain a high-quality service, navigators attend trainings and informational sessions regarding County services. Additionally, two navigators completed the Teaching of Interpretation course offered by the Monterrey Institute of International Studies, in collaboration with the University of Maryland.

Understanding the Patient's Needs: Request Data System

To complement navigation services, CC Infotech and AAHI developed the Request Data System (RDS), a valuable tool used to capture pertinent real-time data for assessing goals and objectives related to PNP.

The data are analyzed using several parameters: nature of call, gender, age, insurance status, ethnicity and preferred language of the patient.

RDS-generated reports are used to assess objectives and evaluate program efficacy.

Reported information can assist in formal recommendations to the County regarding needed areas of improvement.



Click on a graph
to see the larger
version above.

2009 Patient Navigator Program Achievements

5149 calls received

982 patients registered with PNP

1111 appointments scheduled

90% of qualifying patients linked to County services

339 over-the-phone medical interpretations

938 in-person medical interpretation appointments

100% patient satisfaction (as reported through patient evaluations)



Patient Story

In March 2008 we first visited a local community center for treatment for my wife. For six months several diagnostic tests were ordered, but the costly ones were not possible and very little treatment was actually given.

Things became complicated when the coordinator at this clinic became hostile toward us and asked us to go elsewhere for treatment. At that time, I approached PNP for help. Our patient navigator got us an appointment at Under One Roof the same week. She helped my wife, who has limited English proficiency, with interpretations at her appointments. In September my wife got a referral to the National Institutes of Health Clinical Trials in Bethesda, where she received treatment immediately. After a month of tests, surgery was conducted in October 2009. She is improving well now.

Thanks to the excellent patient navigation provided by Asian American Health Initiative my wife is getting further treatment. She had eye, ear, and dental exams and treatment provided at affordable costs. A colonoscopy and endoscopy were also conducted. Currently, she is awaiting treatment for rheumatoid arthritis.

Thanks to the information received from PNP my family and I also received primary and urgent care. For an individual with limited income and no health insurance it is impossible to get treatment. Programs like Asian American Health Initiative help close the gap for those suffering with ill health and no insurance.

PNP patient

POWER TOOLS

Data Collection & Dissemination

In addition to its direct service activities, AAHI has played an active role in data collection and analysis in filling the gap of health research examining indicators among Asian American subgroups. As such, AAHI has taken on a leadership role in analyzing and assessing the needs of Asian Americans locally. A 2008 needs assessment report and subsequent scholarly articles have resulted in a significant contribution of rigorous health information relevant

to the welfare of Asian Americans. Moreover, results of these findings have been disseminated to diverse audiences throughout the state and across the country in a variety of forums. This information has been pivotal in generating comparative data about Asian American health prospects through the United States and facilitating the design of multi-level intervention strategies which target disparities in Montgomery County.

Data Collection

One of the most significant challenges in Asian American health is the lack of subgroup-specific data by large-scale surveillance systems. Without this information, significant disparities facing specific Asian subgroups are attenuated by inclusion with non-affected subgroups to arrive at population estimates. As such, resources may not be allocated appropriately to ensure that the health needs of underrepresented Asian subgroups are addressed. In addition, data collection systems must take into account the variety of social and cultural determinants that influence disproportionate outcomes among

different Asian American subgroups. To address this paucity in data, AAHI works to identify the health care needs and monitor the health status of diverse Asian American communities in Montgomery County as one of its primary endeavors. Disaggregated 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, however, data are insufficient at both levels to glean meaningful information about subgroup disparities.





Program Coordinator Perry Chan leads efforts to collect patient data on osteoporosis, diabetes and heart disease to better understand local trends.

AAHI has already begun to address these gaps through various program efforts that now incorporate data collection as a fundamental aspect of planning and implementation. Through the Patient Navigator Program's Request Data System



and data collected at health fairs, outreach events, and community health screenings, AAHI is beginning to piece together the complexities and unique needs of this diverse population.

In 2009, AAHI joined a County taskforce aimed to eliminate racial and ethnic gaps that exist in health status. As a participant of the Community Health Improvement Process (CHIP), AAHI assisted with compiling data on demographic characteristics and health outcomes across several indicators for the racially, ethnically, and linguistically diverse populations of Montgomery County. CHIP brings County Department of Health and Human Services and other public agencies together with hospitals, foundations, and non-profit organizations to identify problems and strategize solutions based on key data.



A PDF version of this report is available [here](#)

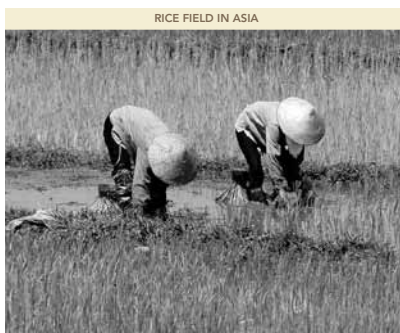
2008 Needs Assessment Report

As part of its continuing effort to meet the demands of the ever-changing health needs of the Asian American population and address the gaps in local data, AAHI published the 2008 needs assessment report *Asian American Health Priorities: Strengths, Needs, and Opportunities for Action*. Recognizing the importance of collecting comprehensive health information to reduce health disparities among all minority groups, AAHI conducted two health needs assessments, the first in 2005 and the second in 2007, to identify the health needs of the County's Asian American communities.

In the form of qualitative focus groups and quantitative surveys, the assessment targeted the health needs of 13 of the County's largest Asian communities: Indian, Burmese, Cambodian, Chinese,

Filipino, Indonesian, Japanese, Korean, Nepali, Pakistani, Taiwanese, Thai, and Vietnamese. To ensure a robust representation of Asian American health status, the report incorporated the findings of the 2007 assessment with those of the 2005 assessment. These data were triangulated with analyses of existing literature and available health status data to provide a first-time snapshot of these communities.

Community members discussed a variety of health issues such as general health knowledge and concerns, lifestyle behaviors, and accessing and receiving health care (e.g. attitudes and knowledge, physical access to health care services, patient-provider communication, and physician preference). Mental health emerged as a significant concern, particularly for



RICE FIELD IN ASIA



ANGKOR WAT IN LOTUS POND, CAMBODIA

adolescents, young adults, and seniors. Other frequently mentioned health concerns were cardiovascular diseases and related conditions, diabetes, and cancer. Hepatitis B virus infection also was seen as a risk in many communities.

The report presented a number of recommendations designed to impact the health and well-being of Montgomery County's diverse Asian American community. Suggested action items include expanding health promotion and disease prevention programs to raise community awareness and knowledge of issues disproportionately impacting Asian Americans, strengthening access to and improving quality of health care services by maximizing utility of existing resources and increasing community health literacy, enhancing collaborations

and partnerships with community- and faith-based organizations, and improving capacity to obtain, monitor, and analyze health data on an ongoing basis to enhance AAHI's program planning and evaluation efforts. These recommendations served as the foundation for the 2009 AAHI Asian American Health Conference and informed AAHI's strategic planning process for the next five years.

Publications:

A full copy of the report is available at:
<http://AAHIinfo.org/>

Subsequent articles detailing the findings of the assessment have been featured in national Journals and are available online at:

<http://www.ncbi.nlm.nih.gov/pubmed/>

the POWER of Collaboration

2009 Asian American Health Conference

AAHI convened the 2009 Asian American Health Conference A Time for Change—Transforming Opportunities into Action to disseminate local findings and share best practices among ongoing public health initiatives across the country. In addition to an expert array of conceptual and substantive sessions—presented on by key organizational leaders, policymakers, researchers,

practitioners, and advocates—related to Asian American health, the 2009 Asian American Health Conference also facilitated AAHI's strategic planning process in defining its long-term strategic targets and future directions to explore or pursue for the betterment of the health of its constituent Asian American population.

More than 300 public health professionals, including medical care providers, community health advocates, health educators, researchers, policymakers, and community leaders and partners gathered in Gaithersburg, MD on May 20 for the day-long event. The Conference began with recognition of Asian Pacific Islander Heritage Month and acknowledgement of Conference planners, supporters, and advocates. The substantive part of the Conference included context-setting overview sessions followed by a set of breakout sessions elucidating themes generated by the community health needs

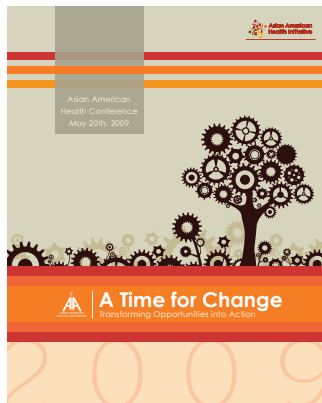
assessment, and concluded with two critical synthesis sessions, which included an interactive forum with participants and selected speakers.

By and large, attendees found the Conference to be of high quality, contain useful content, and were overall satisfied with the breadth and depth of Conference activities. An informal networking session followed the major Conference events, in which more acknowledgements were presented and attendees were able to share experiences and potential arenas of collaborations.

Analysis of the day's events found that AAHI had made significant progress in four target areas outlined in the 2008 needs assessment report:

- Increasing knowledge and raising awareness of health promotion;
- Expanding access to quality health care services
- Broadening partnerships and collaborations
- Enhancing data collection and reporting

"[The interactive forum] got us to think about how we will take lessons learned from Conference back home to apply to our own settings"



A PDF version of the conference program book is available [here](#)



In addition, the Conference generated other suggestions that were not identified by the community health needs assessment. Areas where AAHI may expand or improve its efforts include more policy advocacy activities, dissemination of organizational information to a wider and more diverse audience, more opportunities for professional development, and diversifying its own funding portfolio. All in all, the input, feedback, and recommendations generated by the Conference provided invaluable information which AAHI may be able to incorporate into its organizational activities to meet the specific health needs of the Asian American population in Montgomery County.

the POWER of Unity

Other Achievements

AAHI staff, steering committee members, and volunteers have assumed leadership roles and maintain active membership in various local boards and professional groups. Believing collaboration and unity are essential to achieving health equity, AAHI has participated in the following Workgroups in 2009:

AAHI Workgroup Involvement

- Health Equity Initiative
- Hep B-Free DC Network, Co-chair
- Blue Ribbon Panel Member, Adventist Healthcare Center for Health Disparities
- Community Advisory Board Member, Maryland Asian American Cancer Program (Community-based Participatory Research Grant), Johns Hopkins Bloomberg School of Public Health

- Hepatitis B Taskforce
- Montgomery County Cancer Coalition
- Montgomery County Tobacco Free Coalition
- Multicultural Outreach Workgroup, National Institute of Arthritis and Musculoskeletal and Skin Disease, National Institutes of Health
- Regional Conservation Health Disparities Blueprint, Office of Minority Health, US Department of Health and Human Services

AAHI Participation at the State and National Level

Date	Date & Details	Function	Title
October 25-29, 2008	136th American Public Health Association Meeting and Exposition, San Diego, California	Presenter	"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
			"Reducing the Prevalence of Osteoporosis Among Diverse Asian American Populations through Education and Screening"
			"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
November 12, 2008	15th Maryland State Council on Cancer Control Conference Baltimore, MD	Exhibitor	N/A
December 1, 2008	World AIDS Day Silver Spring, MD	Presenter	N/A
December 4, 2008	Morgan State University Baltimore, MD	Guest Lecturer	N/A
December 16-18, 2008	National Institutes of Health Summit: The Science of Eliminating Health Disparities National Harbor, MD	Presenter	"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
			"Reducing the Prevalence of Osteoporosis Among Diverse Asian American Populations through Education and Screening"
			"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
February 25, 2009	3rd National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health National Harbor, MD	Presenter	"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
			"Identifying Strengths, Needs, and Opportunities for Action among Diverse Asian American Communities.
			"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
June 24, 2009	ABC News Special: Questions for the President: Prescription for America	Panel Audience Participant	Representing Asian Americans in a conversation with President Barack Obama on the Future of the Nation's health care system.

Proclamations Received by AAHI in May 2009



Be it hereby known to all that sincerest congratulations are offered to the Asian American Health Initiative in recognition of addressing and identifying the health care needs of the Asian American community. AAHI's efforts to eliminate health disparities among vulnerable populations is an affirmation of their commitment to health parity.

Delegate Susan Lee (MD Legislative District 16)

The County Executive of Montgomery County, Maryland awards this certificate to Asian American Health Initiative (AAHI) in recognition and appreciation of your strong commitment to reducing health disparities and the widespread barriers that prevent Asian Americans from accessing quality health care services. We recognize AAHI's contributions to providing culturally and linguistically competent health care services and education programs as a vital component to the strength and character of Montgomery County

Executive Isiah Leggett (Montgomery County)

Be it known: That on behalf of the citizens of this state, in recognition of a special tribute to honor the Asian American Health Initiative for its commitment in addressing and identifying the health care needs of the Asian American Community... in appreciation of your efforts to eliminate health disparities among vulnerable populations; and as the people of Maryland join in expressing our deep appreciation for your positive contribution to our state, we are pleased to confer upon you this governor's citation.

Governor Martin O'Malley (State of Maryland)



Recognition



AAHI Steering Committee members accept an award from the County Executive for their contributions to the Asian American communities of Montgomery County. As an advisory board to AAHI, Committee members provide expertise and technical assistance in the design and development of program activities.

Award to Steering Committee Members

The County Executive of Montgomery County, Maryland Awards this Certificate to AAHI Steering Committee members in recognition and Appreciation for your strong commitment as a member of the AAHI Steering Committee to eliminate health disparities among the Asian American

communities in Montgomery County. You have my thanks and gratitude for helping to make our community a better place to live and work.

Isiah Leggett
County Executive
May 20, 2009

Award to Julie Bawa

In recognition of Julie Bawa, MPH
In appreciation for your vision, dedication and leadership of the Asian American Health Initiative

Presented by the Asian American
Health Initiative Steering Committee
May 20, 2009



LOOKING
Ahead
Planning for a Successful Future

LOOKING Ahead

Planning Ahead for a Successful Future

During its short existence, AAHI has taken an active role in addressing and eliminating Asian American health disparities in Montgomery County, in collaboration with numerous partners and supporters. Through its education, screening, and referral programs, AAHI has targeted disproportionately high rates of specific diseases among Asian Americans, as well as increased awareness and education regarding modifiable behaviors that influence these disparities. Not only has AAHI utilized community-based initiatives which mobilize and empower Asian Americans in the local vicinity, AAHI has

also become a large presence outside of its geographic boundaries. The latter consideration is illustrated clearly in AAHI's increased participation in and invitations to professional conferences and national minority health coalitions, as well as recognition of its efforts to improve Asian American health in academic journals, community forums, and other mechanisms of information dissemination. Reciprocally, AAHI has been fortunate enough to have leading organizations and highly-reputable health professionals participate in its two national conferences and local data collection efforts. In summary, AAHI has demonstrated its invaluable role with the community it serves as well as its contributions to the larger public health movement to end racial/ethnic health disparities.





However, as newer paradigms of public health emerge and stakeholders shift priorities related to theory, research, and practice, organizations charged with protecting and promoting the well-being of understudied and underserved populations must adapt to the changes in a timely and strategic manner. AAHI's future directions are no exception.

During its inception, the focus of the field of minority health and health disparities put a primary emphasis on the elimination of singular diseases which were overrepresented among racially and ethnically diverse communities. Among other recommendations, researchers and practitioners alike stress the importance of identifying illnesses for which early screening serves as a huge determinant of prevention and successful treatment.



Following these guidelines, AAHI has been keenly focused on the increasing disparity of hepatitis B among its local Asian American community and expanded its hepatitis B program to ensure that it fills a glaring gap in the lack of screening services for a highly at-risk population. As AAHI continues its programmatic efforts, it needs to pay critical attention to both scientific and community advances in disease prevention to optimize its efforts to addressing emerging disparities at an early stage.

However, the field of public health has also moved from a disparity-specific model to assess "root causes" of disproportionate burdens of illness, to creating the social, environmental, and structural conditions which enable all communities to pursue



optimal health and well-being. Accordingly, government agencies, health organizations, and funders of health initiatives have emphasized addressing the “social determinants of health” and improving social and physical conditions, such as the “built environment”, to reduce adverse exposures and enable healthy

lifestyles. This paradigm shift largely stems from a social ecological model, in which an interplay of multiple and dynamic factors over time have been demonstrated to contribute to community health outcomes. Given this movement away from targeting specific diseases singularly, AAHI must examine its

vast programmatic database and institutional history to determine how it can effectively realign its efforts to meet conceptual and practical shifts in the field of public health. As AAHI meets an important and unaddressed need among Montgomery County’s Asian American community, it must make these changes while ensuring that its governing philosophy and commitment to improving population remains intact. While moving forward, AAHI plans to examine the content and recommendations generated from its most recent Asian American Health Conference to evaluate how to shift these priorities in alignment with others who have pursued similar programmatic transitions. Specifically, AAHI will be focusing on more preventive efforts, targeting increasing community



knowledge of behavioral determinants of multiple health conditions as well as expanding its ability to provide greater access to quality health care services.

As lack of data remains a major issue for all organizations working to improve Asian American health, AAHI will continue to collect programmatic and community-based health data, while ensuring this information reaches key

audiences, including policy makers and health researchers. Making key improvements on these areas are consistent with the recommendations generated from the 2008 needs assessment report and echoed during both the didactic and interactive sessions presented during the 2009 Asian American Health Conference.

In context of the delicate economic environment, AAHI also plans to broaden its partnerships and collaborations at the county, state, and national level so that crucial resources are utilized efficiently and with the broadest impact possible. For instance, there may exist opportunity for Montgomery County's three ethnic health initiatives to work together on common issues impacting

their collective target populations. Additionally, new program objectives and activities may open doors to alternative funding opportunities in the form of program support grants. AAHI will embark on a longer-term strategic planning process that addresses Montgomery County's growing Asian population and allows for incremental yet impactful changes in its program planning efforts in the context of economic uncertainty. A number of recommendations, originating from the scientific literature as well as AAHI's organizational and community partners, have focused on key themes reflecting the shift in minority health priorities. As an organization which collects a wealth of important health data, AAHI will have to focus on ensuring that such information reaches



a broader audience. Dissemination of its public health practice activities may enable partnerships with organizations across the country that focus on Asian American populations. Participating in cross-national partnerships will increase its research capacity as well as expand its exposure to community-based approaches effective in other Asian ethnic enclaves.

Similarly, in order to focus on more “upstream” determinants, AAHI may need to restructure its existing organizational framework incrementally to address more of the “root causes” of the disparities impacting its local Asian American community. As such, AAHI needs to undertake an internal assessment to determine which of its programs may function more effectively as a consolidated unit, what other areas

would require programmatic emphasis, and ensure that any realignment is consistent with its mission and responsibilities to both the community and its supporters.

Finally, as the United States moves toward a new era of health reform, AAHI must incorporate more policy advocacy efforts in its future endeavors. Not only will these activities increase AAHI’s presence as a leading minority health organization and influence implications for increased resources, it will also serve as a voice for Asian Americans—especially those who are most underserved and disadvantaged—to ensure that their concerns and needs are represented in decision-making environments.



COMMUNITY Resources

AAHI Steering Committee



The AAHI Steering Committee comprises 15 professionally and ethnically diverse group of stakeholders from the local community who advocate, advise, and assist AAHI with its efforts to eliminate health disparities in Montgomery County.

The dedicated members of the Committee provide a wealth of expertise and intimate knowledge of their respective communities.

CHAIR

HARRY KWON, PhD, MPH
MONTGOMERY COUNTY
RESIDENT

CO-CHAIR

MENG K. LEE
CHINESE CULTURE AND
COMMUNITY SERVICE CENTER

PAST-CHAIR

HOAN DANG
MARYLAND VIETNAMESE MUTUAL
ASSOCIATION

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PAUL HAN, MD, MPH
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BANGLADESHI COMMUNITY,
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NERITA ESTAMPADOR, MD
MONTGOMERY COUNTY
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WILBUR FRIEDMAN
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SAM MUKHERJEE, PhD
ASIAN INDIANS FOR
COMMUNITY SERVICE, INC.

ANTHONY TRAN, MPH, MT
MONTGOMERY COUNTY
RESIDENT

SOVAN TUN, PhD
CAMBODIAN BUDDHIST SOCIETY, INC.

FY09 Steering

Committee Members:

- Volunteered more than 700 hours in support of AAHI's program efforts;
- Offered expertise and guidance in the planning process of the 2009 Asian American Health Conference;
- Forged new partnerships and opportunities for collaboration through networking efforts at professional conferences;
- Advocated on behalf of AAHI to obtain funding for programs that directly and indirectly address Asian American health disparities;
- Provided support to County-wide initiatives including the Community Health Improvement Process;
- Served as liaison between AAHI and Asian American advocacy groups, including the Asian American Advisory Group to the County Executive;
- Advised AAHI and coordinated training efforts on data collection;
- Collaborated with leadership of the African American Health Program and Latino Health Initiative to secure funding for activities and programs that address minority health inequities;
- Met with Montgomery County Council members and County Executive to share findings from the 2008 needs assessment report Asian American Health Priorities: Strengths, Needs, and Opportunities for Action, which provides strong rationale for the need to augment resources to eliminate health disparities in the Asian American community;
- Completed day-long training related to their roles as advocates and advisors for AAHI at the annual retreat, facilitated by prominent Asian American advocate Gem Daus;

Community Partners and Collaborators

African Women's Cancer Awareness Association	Long Branch Senior Center	Montgomery County Office of Human Rights
American Cancer Society	Maryland Vietnamese Mutual Association	Montgomery County Office of Partnership
Asian American Anti-Tobacco Foundation	Montgomery College Muslim Community Center	Woman's Cancer Control Program
Asian American Lead	New Covenant Fellowship Church	Maryland Commission on Indian Affairs
Asian Indians for Community Service	Our Lady of Vietnam	Maryland Department of Health and Mental Hygiene, Center Health Promotion
Bethany Presbyterian Church	Primary Care Coalition	Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities
Boat People, SOS	St. Rose of Lima Church	Nueva Vida
Burma American Buddhist Association	Tzu Chi Foundation	Asian Pacific Islander Caucus for Public Health (API Caucus)
Cambodian Buddhist Society	University of Maryland School of Public Health	Asian Pacific Partners for Empowerment and Leadership
Casa de Maryland	Washington Japanese Alliance Church	Hepatitis B - Patient Advocacy Liaison (B-PAL) Program, Bristol-Myers Squibb (BMS)
Chinese American Senior Services Association	Washington Kali Temple	Hepatitis B Initiative-DC
Chinese Bible Church of Maryland	Wat Thai Washington, DC	Hepatitis B Taskforce
Chinese Cultural and Community Service Center	CCACC Volunteer Pan-Asian Health Clinic	National Cancer Institute
Circle of Rights	Holy Cross Hospital	National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Community Ministries of Rockville	Mobile Medical Clinic	U.S. Census Bureau
Cross Cultural Infotech	Montgomery County Gastroenterology	
Crusader Lutheran Church	Montgomery General Hospital	
Ebenezer Korean Church	People's Community Wellness Center	
Gaithersburg Chinese Alliance Church	Shady Grove Hospital	
Global Mission Church	Suburban Hospital	
Guru Nanak Foundation of America	Washington Adventist Hospital	
International Buddhist Center	African American Health Program	
Islamic Center of Maryland	Cigarette Restitution Fund Program	
Korean Community Service Center	G.O.S.P.E.L.	
Korean Presbyterian Church	Latino Health Initiative	

How to Get Involved

Health Promoters

Applications for the Health Promoter Program are accepted on a rolling basis. Health promoters are trained by AAHI in areas of health education, health resources, and County and AAHI services. Health promoters, in turn, educate their communities about available services and resources.

For more information about the program, or to apply, visit the AAHI website to download an application form.

Volunteers

Volunteers have the opportunity to assist with health fairs and outreach events. Their participation ranges from translation and cultural competency support to event planning and setup. AAHI is continually searching for dedicated volunteers.

Community Partners

AAHI has long-standing partnerships with many community- and faith-based organizations. With these organizations, AAHI plans health events and participates in cultural festivities. If you are interested in partnering with AAHI, please contact AAHI staff.

Interns

AAHI seeks interns during the summer, fall, and spring semesters. Interns have an opportunity to assist staff with research, developing educational materials, and implementing programs, health fairs, and general outreach efforts. Interns are typically very involved with AAHI projects and gain firsthand experience with community health.

If you are a current student pursuing a degree in Community or Public Health and are interested in an internship at AAHI, please email your resume and a letter of interest to

info@AAHIinfo.org

Steering Committee Members

The Asian American Health Initiative Steering Committee comprises a professionally and ethnically diverse group of stakeholders from the local community who advocate, advise, and assist AAHI with its efforts to attain health parity in Montgomery County. The dedicated members of the Committee provide a wealth of expertise and intimate knowledge of their respective communities. AAHI is currently recruiting additional members who can actively support the organization to achieve its mission and goals. If interested, please download a copy of the application form at the AAHI website.

Contact Information

Mailing Address

Montgomery County Department of
Health and Human Services

Asian American Health Initiative
1335 Piccard Drive, Lower Level
Rockville, MD 20850

Telephone

(240) 777-4517

Fax

(240) 777-4564

Website

www.AAHInfo.org

General Information

info@aahinfo.org

Acknowledgements

AAHI would like to express its deep appreciation to the County Executive, members of the Montgomery County Council, the Department of Health and Human Services, the AAHI Steering Committee, community partners, staff, and volunteers for their unwavering support during the 2009 fiscal year.

Editorial

Julie Bawa, MPH
Program Manager

Perry Chan
Senior Program Coordinator

Arnab Mukherjea, DrPH, MPH
*University of California, Berkeley
School of Public Health*

Craig Lassner, MPP
Project Consultant

Design

Sariel Lehyani
Project Consultant

Ned Drummond
Design Intern