

Montgomery County - DHHS
Asian American Health Initiative (AAHI) Steering Committee Meeting
December 12, 2012

<u>Steering Committee</u>	<u>Present</u>	<u>Steering Committee</u>	<u>Present</u>
Sam Mukherjee (Chair)	X	Ji-Young Cho	X
Anis Ahmed		Wilbur Friedman	X
Nerita Estampador	X	Harry Kwon	
Lester (Jao) Lacorte	X	Meng K Lee	X
Sunmin Lee	X	Michael Lin	X
Wendy Shiau	X	Sovan Tun	
<u>AAHI Staff</u>	<u>Present</u>		
Perry Chan	X		
Betty Lam	X		
Jamie Lok Weng	X		
Sanjana Quasem	X		
Jasmine Vinh	X		

Welcome/Introductions

Sam Mukherjee called the meeting to order at 6:40pm and motions to record the meeting. No one objects and so the meeting is recorded.

Approval of Agenda

Agenda approved.

Approval of May 1st, 2012 Minutes

Wilbur Friedman motions to approve the minutes and suggests that changes can be made in the next 48 hours.

Wendy seconds.

Minutes approved but subject to changes until Friday, December 14, 2012 COB.

Holiday Party/Farewell

- Perry Chan draws the Committee’s attention to Jamie Weng and her leaving AAHI. Jamie’s last day at AAHI is Friday, December 13th, 2012. She will join HRSA starting the following week. Jamie thanks the Committee for their support and well wishes.

- Sam presents a Certificate of Appreciation on behalf of the AAHI Steering Committee to Jamie for her dedication and service.

Perry hopes to fill the position ASAP. He will keep everyone posted on the status.

- Wendy emphasizes that there is a need for permanent staff to stabilize AAHI.
- Betty Lam notes that Perry as an Acting Manager is a stabilizing force at AAHI and expresses gratitude to the AAHI staff, which has not changed for almost 2 years. Betty describes AAHI as a training ground for new college graduates. Betty notes that AAHI may need to look into how AAHI can keep staff longer in order for the program to grow. They come back and serve the community in another capacity in the public health field, so it is not a complete loss.
- Wendy maintains that there is a need for permanent staff.

Meng K Lee asks about Karen Ho Chaves status on the Committee.

- Sam informs that Karen will not active for the next several months, but that it is not a permanent resignation.

AAHI Program Updates

Updates from Program Manager

- Perry offers AAHI Outreach numbers as of the beginning of FY2013 on July 1, 2012, AAHI has had:
 - Outreach events: 21
 - Small Business Outreach: 72
 - Educational Encounters: 1768
 - Basic Screenings: 395
 - Referrals: 549

Hepatitis B Project

- Perry thanks Nerita Estampador for her support in helping to administer the vaccination shots and providing volunteer physicians for the Filipino American Hepatitis B Project.
- Perry breaks down the project numbers:
 - 38 individuals educated
 - 38 individuals screened
 - 36 had the opportunity to speak one-on-one with a physician about the results of their screening
 - 20 individuals with “at-risk” status
 - 18 individuals with “immune” status
 - 0 individuals with “infected” status
- Sam inquires about the budget for the Hepatitis B projects for the current FY.
 - Perry informs that a majority of the budget is spent on the screenings and vaccinations. The two current Hepatitis B projects include the Filipino American Hepatitis B Project, mentioned earlier, and the CCACC STOP B Program, which AAHI offers technical assistance by working with CCACC to conduct education,

screening, vaccination, and treatment referrals for Hepatitis B through the program.

- Sam asks about the Vietnamese group from last year.
 - Perry mentions that the SMASH B project with VNMAP is finished. The evaluation report is available on the AAHI website. In total, 167 participants were screened.
 - Perry adds that the Committee strongly advocated for Hepatitis B to the County Council, so when they had received a Hepatitis B proposal, it is more likely they will want to offer support.
 - AAHI pushed for the publication to have the project be sustainable for those who want to learn from and improve upon the model when they implement their own Hepatitis B programs.

ECHO Workshop

- Perry thanks Sam and Wendy for their attendance and support in the recruitment of new Committee members.
 - 52 registered
 - 27 attended
 - 14 different organizations represented
 - 2 ethnic newspaper reporters present to cover the event

Million Hearts Project

- HHS received a grant through the Department of Health and Mental Hygiene (DHMH) to conduct outreach on heart health. AAHI is one of the many partners involved in this project. The Million Hearts project focuses on 4 areas, referred to “ABCS”:
 - Appropriate aspirin therapy
 - Blood pressure
 - Cholesterol
 - Smoking cessation
- Perry notes that the original funding source for the grant is CDC; DHMH received the grant, which has been subcontracted to 5 jurisdictions in Maryland.
- The funding amount is \$12,000 for the span of 15 months.
- Perry lists the partners for this project, which include the 3 Minority Health Initiatives (AAHP, LHI, AAHI), and MOTA (including Holy Cross Hospital, Community Ministry of Rockville, and a few Montgomery Cares Clinics and hospitals), who will provide outreach and health education to their respective target populations.
- Closing the gap between outreach and clinic: The goal is to provide outreach and health education to at-risk populations, and then refer them to participating Montgomery Cares Clinics for an appointment.
- Sam asks if this is a clinic-based outreach.
 - Perry reaffirms that this is a community-based outreach, and that AAHI will use their current outreach network and infrastructure (via Health Promoters at health events and small business outreach) to refer those at-risk to the clinics.
- Sam also asks if AAHI has any materials or handouts detailing the ABCS principles.

- AAHI will use a handout provided by CDC, which AAHI will translate in selected Asian languages. The theme of the handout is heart disease prevention.
- Nerita asks will AAHI recommend aspirin use as a preventive measure.
 - Perry clarifies that AAHI's outreach approach is from wellness aspect. AAHI will offer education on the risk factors, what is the normal range for blood pressure, etc. If clients are interested in receiving medical help, AAHI will connect to them to a clinic to talk to a healthcare provider.
- Sam asks where the handout will be made available (online or hardcopies).
 - Perry will provide a hardcopy of the handout at the next meeting and also send a PDF copy as an email attachment to Committee members.
 - Sam notes it would be helpful for some of the Committee members to have some background information when they attend outreach events.
- Perry hopes that through this project, AAHI can build closer relationships with the participating clinics. In turn, the clinics will become more aware of the language needs and the social determinants of health of the Asian Americans we refer to them. AAHI can offer the technical assistance to the clinics of how to better serve Asian Americans, even after the project's end date
- Perry elaborates of the project's scope of work. AAHI will need to educate 150 people and make 20 client referrals to the clinics in the 15-month time period.
 - Perry adds that the grant money will be allocated for the Health Promoters, operating expenses (i.e. translation), and a part-time coordinator position.

Mental Health

- In the 2008 Needs Assessment report, mental Health was one of the topics of concern shared among all of the 13 Asian communities.
- AAHI's activity around mental health is limited. Previous awareness efforts include a media campaign and publishing translated educational articles in ethnic newspapers.
- With the MHI/P, perhaps AAHI can collaborate with other services, such as the Behavioral Health & Crisis Services, to address more services.
- Sam emphasizes that AAHI needs to work on this because mental health is a growing issue. He notes that lack of funding is a problem every year. He suggests using a handout or having a doctor speak on the topic.
 - Perry mentions that about 2 years ago, AAHI worked with the DC Japanese Mental Health Network to give a talk to the Japanese church in Rockville.
 - Educational awareness is always the first step, but based on AAHI's experience, the main challenge for those want to seek professional help is *where* can they go, which brings into light other aspects (resources for uninsured or insured).
- Perry notes other difficulties including that there is a lack of mental health professionals who speak other languages to cater to the needs of Asian Americans. He adds that culture plays a big role as well – mental health is a taboo subject.
 - Sam agrees with Perry that the stigma associated with mental health is strong.
 - Sunmin Lee agrees with Perry and Sam. Referring to the data from the needs assessment, language and culture difference are huge barriers. She points out

that greater issue is many people do not want to recognize mental health as an issue and that inviting a speaker to talk is a good idea.

- Sam opens the floor for suggestions.
 - Wendy recommends continuing publishing articles in ethnic newspapers, which are free and easily accessible for the community.
 - Nerita mentions that she will recruit a psychologist she knows. Through her experiences, it is indeed difficult to find professional mental healthcare providers who are culturally-sensitive. She adds that a majority of these providers are employed by the federal, state, or local government so they cannot serve as private care providers. Also, the cost for mental health counseling is expensive.
 - Wilbur adds that sessions for Abused and Battered women, maybe have them inform the women at these session of mental health counseling resources for people without insurance and those on Medicaid.
- Michael Lin reiterates that there is a need to talk about mental health. We can use more partnerships, such as with the Mental Health Association of the County.
 - Sam had contact with them and points out that a lot of their current services are tailored to the Jewish community.
 - Michael suggests have them share materials and perspectives on mental health.

Lyme Disease Awareness and Prevention – Proposal to George Leventhal

- At the MD state level, Sam helped Susan Lee create a bill that was finally passed.
 - Starting May of next year, the Governor is declaring Lyme disease awareness month in the state of Maryland
- Fairfax County, Virginia has one of the best Lyme disease prevention programs in the nation. Montgomery County on the other hand, has none and there is a lack of data.
- To address this lack of data, Sam suggests that AAHI, LHI, and AAHP draft a letter.
 - Nerita notes this is public health issue that should be taken up with the Infectious/Communicable Disease section of the department.
 - MK feels that AAHI should focus on outreach to the Asian population and help translate materials.
 - Wilbur adds that we can use Lyme disease awareness month as a “kickoff.”
 - Betty mentions that there had been public activity and education on Lyme disease through the County. Awareness needs to come from the community, then the Council will check with the Health Officer in the department.
 - Ji-Young Cho says that the Fairfax County Lyme disease prevention program is indeed very actively involved in community outreach work.
- Sam wants to decide by our next meeting in January the next steps to adequately approach this.
- Betty will find out the details of the County department’s current Lyme disease awareness and education efforts.

Liaison Update ***Healthy Montgomery***

- Sam emphasizes the need to appoint an active representative who can update the Committee and provide feedback at the Healthy Montgomery meetings.
- Perry sat in at the last Healthy Montgomery meeting:
 - There are 6 Priority Areas: Behavioral health, cancer, cardiovascular disease, diabetes, maternal and infant health, and obesity.
 - Work groups were established on Behavioral Health and Obesity.
 - Behavioral health work group focuses on developing an integrated system for patients and providers to easily access information on healthcare services.
 - Obesity work group highlights the need for partnerships with obesity prevention programs, how to sustain funding, and creating a website.
- A draft of the meeting minutes is available online on the Healthy Montgomery website: http://www.healthymontgomery.org/javascript/htmleditor/uploads/HM_Mtg_Minutes_Sept_10_2012_DRAFT_uploaded.pdf
- Karen was the Steering Committee's representative for Healthy Montgomery and can no longer attend.
- The Healthy Montgomery meetings are usually held in the evenings from 6pm-8pm and meet every three months.
- Wendy volunteers to attend the meetings in the future.
 - Sam thanks Wendy and notes that final decisions will be made at the next meeting in January.

Commission on Health

- Harry Kwon has been attending meetings. There are no substantial updates.

CE Asian American Advisory Committee

- There are no updates to report.

Governor's Commission

- There are no updates to report.

Recruitment Drive

- During the last ECHO Workshop, Sam spoke to the Japanese group who expressed interest. Another representative from the Korean group was also interested.
- Perry sent follow-up emails to 2 individuals who have expressed interest in being on the Committee. No response from either party yet.
- Sam highlights the need for more representatives to be real bridges to the community.
 - He points out that AAHI is behind LHI and AAHP in this way. AAHI is too reliant on the Health Promoters.
 - He adds that AAHI is not necessarily looking for expertise, but a link to the community so that we can be informed on their needs.
- We do not have the major communities such as Japanese and Vietnamese.

MHI/P Update

- Betty explains the background and goal of the Minority Health Initiatives and Programs.

- The 3 minority health initiatives have been involved with HHS in an assessment of how we address health disparities within racial-ethnic population, which has now evolved into how HHS can capitalize on the expertise on the 3 minority health initiatives to influence and effect change throughout the whole department to effectively serve these populations.
- Betty clarifies that this is not starting new structure, but that the initiatives are working with HHS. The approach of education and outreach will remain in the same direction.
- There will be a higher level of involvement, such as an expanded role of staff and Steering Committees behind the 3 groups.
- There are 3 priority areas identified:
 - Workforce: How to equip them with the knowledge, skills, and tools to deal with the changing population in the County and recruitment of workforce proportional to diversity seen in the population.
 - Access to Quality and Equitable Services: Ensuring the quality of culturally and linguistically competent services, educating the community of these services during outreach, assessment of how they are currently serving the community.
 - Systemic and Systematic Approach to Policy, Programs, and Infrastructure: Data collection, evaluation, and accountability – HHS is looking for strategies around a standardized way of collecting racial-ethnic/language data and outcomes of programs (rather than the amount of handouts that were distributed).
- Currently, the discussions are around making recommendations that fall within these 3 priority areas.
- A report will be published describing the process, what has been collectively come to support, and the relationship between the direction of the department and the minority health programs.
- The recommendations will allow HHS, strategically, understand and adopt the issue around addressing health disparities and health equity as a whole department rather than it be the responsibility of the 3 separate health initiatives.
- Not just health issues, but also coordination of social services and policy.
- Betty notes that Tuesday, December 18, 2012 is the last meeting of the year.
- Sam brings up the possibility of restructuring or expanding the Committee to equip them with skills to communicate and coordinate with the other minority health initiatives.

SC Informal Discussions / Private Meeting

Future Meeting Dates for 2013

- February 2013
- Final date is TBA.

Adjourn Time: 8:55pm