AGENDA at a glance

7:30 am  Registration and Continental Breakfast
8:30 am  Conference Opening
9:00 am  Welcoming Remarks
9:30 am  Keynote Address
10:10 am Presentation: Assuring the Health of Asian Americans, Native Hawaiians, and Pacific Islanders
10:30 am  Morning Break
10:45 am Plenary Session: Assessing the Needs and Guiding the Future
         Luncheon
1:00 pm  Breakout Session 1
2:15 pm  Breakout Session 2
3:15 pm  Afternoon Break
3:30 pm  Call to Action
4:00 pm  Interactive Forum: "Together to Build a Healthy Community"
4:30 pm  Closing Remarks

* Please see page 32 for detailed agenda.

Networking Reception
Please join us for a Networking Reception
coproduced by Asian Pacific Islander Caucus for Public Health (API Caucus).
5–7pm at Hilton Gaithersburg

contents
2  Acknowledgments
3  Welcome
6  Letters of Support
22  Asian American Demographic Profile
24  Asian American Health Initiative (AAHI)
30  About the Conference
32  Agenda
38  Plenary Session Overview
40  Breakout Sessions Overview
44  Keynote Speaker
46  Biographies
66  Presentations
112  Exhibitors
118  AAHI Celebrates Asian Pacific American Heritage Month
121  Attendees List
130  Notes
134  Floor Map of Hilton Hotel
The Asian American Health Initiative would like to thank the Honorable Isiah Leggett (County Executive), members of the County Council, Uma Ahluwalia (Director, Department of Health and Human Services), Betty Larm (Chief, Office of Community Affairs), Dr. Ulder Tillman (Montgomery County Health Officer), Patricia Horton (Special Projects Officer, Public Health Services), and members of the AAHI Steering Committee for their continued support. AAHI extends our sincere appreciation to the many individuals who have dedicated their time and efforts in helping us make this Conference possible.

Conference Planning Advisory Group
We would like to acknowledge the following individuals for providing us guidance and directions in developing the Conference agenda and program:

- Gem Daus, MA
- Paul Han, MD, MA, MPH
- Henrietta Ho-Asjoe, MPS
- Harry Kwon, PhD, MPH, CHES
- Arnab Mukherjee, DrPH(c), MPH

Conference Volunteers
Shamim Begum
Leigh Chang
Jean Ko Ko Gyi
Dinh Luong
Apitchaya Pimpawathin
Beth Rithipol
Suparna Shah
Lily Shen
Elaine Ting
Maggie Tung

Special Thanks
Asian Pacific Islander Caucus for Public Health (API Caucus)
Co-sponsor of Networking Reception
Jammie Cheung
AAHI Intern
Amy Tse
AAHI Intern
Amy Zhang
AAHI Intern
Holy Mackerel Designery
Conference Program Book Designer

Dear Friends, Colleagues, and Partners:

It is our great pleasure to welcome you to the Asian American Health Conference 2009, "A Time for Change: Transforming Opportunities into Action." We are excited to convene such a highly diverse and informed audience of researchers, practitioners, and leaders from across the nation. Today’s conference is going to be about change and action. Through thought-provoking panels, breakout sessions and dialogue, we will share best practices in eliminating health disparities in the Asian American community and carry these ideas out to the nation at large.

Many of you joined us at our first Asian American health conference in 2006 as we captured a better understanding of Asian American health disparities. Much has happened since then. Together with our partner organizations, AAHI has successfully reached out to many underserved Asian American communities and developed innovative programs and services to facilitate access to health care. The number and diversity of our populations have also increased rapidly, which requires that we continue to consider a broad array of options to address emerging health care challenges. As part of our efforts to address the ever-changing health care needs of our community, AAHI has recently released the report 'Asian American Health Priorities: Strengths, Needs and Opportunities for Action.' This conference is indeed an important opportunity for all of us to explore the major themes, health concerns, and recommendations presented in this report.

We have come a long way since our first conference. Now, we must challenge ourselves to implement actions to achieve high quality health care for all Asian Americans. This year’s conference is designed to highlight expertise, skills and knowledge in the arenas of health access, health promotion, partnerships and collaboration, and data collection. The conference will broaden and strengthen partnerships at the local, state and national levels to strategize how to effectively eliminate health disparities in Asian American communities. Together, we will ensure that culturally and linguistically appropriate health care services are available whenever and wherever they are needed.

We applaud and celebrate your commitment to reducing health disparities in the Asian American community. We sincerely thank our supporters, partners, and all of you for coming. We hope that this conference will be a time for change as we empower our communities to take action on the health problems faced by Asian American communities.
May 20, 2009

Dear Conference Participants:

It is my great pleasure to extend warm greetings to everyone attending the Asian American Health Conference 2009. I am proud to support the conference’s goal to eliminate health disparities in the Asian American community by “Transforming Opportunities into Action.”

As the diversity and number of minority populations in Montgomery County increases, it becomes even more crucial to understand the complexities of health needs within the different communities. To ensure that culturally and linguistically appropriate health services are available to our minority populations, the County established three minority health initiatives, including the Asian American Health Initiative (AAHI). Since its inception in 2005, AAHI has positively impacted the health status of Asian Americans in the county through developing programs that focus on eliminating health disparities.

Because the Asian American community is one of the fastest-growing populations in Montgomery County, it is essential that segregated health data be collected to provide a sound basis for decision-making. This conference represents a unique opportunity to mobilize the community towards better data collection and addressing a wide range of health care needs in the arenas of health promotion, health access, networking and collaboration.

Thank you for being a part of our journey toward greater health parity. I wish you the best for a successful and productive conference.

Isiah Leggett  
County Executive

OFFICE OF THE COUNTY EXECUTIVE  
ROCKVILLE, MARYLAND 20850

OFFICE OF THE COUNTY EXECUTIVE  
ROCKVILLE, MARYLAND 20850

For more information, please visit www.montgomerycountymd.gov"
March 20, 2009

Dear Friends:

On behalf of the Office of Minority Health, U.S. Department of Health and Human Services, I extend my warmest greetings to all participants in the Asian American Health Conference 2009, hosted by the Montgomery County Department of Health and Human Services Asian American Health Initiative (AAHI). This important convening provides for an excellent opportunity to address the most pressing health disparities experienced by an extremely diverse and rapidly growing Asian American community in Montgomery County, Maryland.

The theme of this year’s conference, “A Time for Change: Transforming Opportunities into Action,” underscores the significance of taking concrete steps towards improving health outcomes for our communities in a changing health care environment. I applaud the Asian American Health Initiative as an exemplary program taking great strides in advancing the health and health care needs of Asian Americans and increasing the visibility of Asian American health policy issues in the larger community.

The Office of Minority Health enthusiastically supports the mission and goals of AAHI to promote good health and eliminate health disparities for all Asian Americans in Montgomery County. I particularly commend AAHI’s ability to rapidly advance their goals and activities in the time since their establishment. Disease-specific outreach programs addressing hepatitis B, diabetes, and osteoporosis as well as those programs providing the necessary services to increase access for local communities, are fundamental to ending disparities in health and health care nationwide.

I congratulate everyone in attendance for your hard work and commitment. Local efforts and mobilization are truly keys to national progress. Please accept my best wishes for a productive meeting and continued success.

Sincerely,

Garth N. Graham, MD, MPH
Deputy Assistant Secretary for Minority Health

Dear Ms. Bawa:


The Montgomery County Department of Health and Human Services, Asian American Health Initiative (AAHI) has served as Cigarette Restitution Fund Program; Minority Outreach and Technical Assistance (MOTA) sub grantee of the Montgomery Communities Empowerment Project (MCEP) through Holy Cross Hospital from 2005 to present. AAHI is one of the 6 sub-grantees who are responsible for recruiting and retaining minorities on the local health coalitions to address and eliminate minority health disparities related to tobacco use and cancer prevention. You also serve to provide technical assistance to Women, Native American, Asian American, African American and Latino/Hispanics statewide regarding health disparities issues.

AAHI has demonstrated leadership, commitment, professionalism and community support as one of the Montgomery County MOTA Sub-grantees. Through AAHI and the Holy Cross MCEP partners, over 150,000 members of the Montgomery County community, predominately from ethnic/racial communities, have received culturally relevant health messages on tobacco use and cancer prevention. AAHI has successfully garnered support and collaboration with the local health department, medical health providers, public and private schools, civic, community, and faith-based organizations to address the health disparities among minority communities in Maryland.

Sincerely,

Carlessia A. Hussein, R.N., Dr.P.H., Director
May 20, 2009

Dear Friends,

Let me take this opportunity to offer my warmest greetings to everyone attending the 2009 Asian American Health Conference, presented by the Asian American Health Initiative.

This year’s theme, “A Time for Change: Transforming Opportunities Into Action,” is especially appropriate as we now have a new President who stands for change and who truly understands that now, more than ever, we must take action when opportunities are presented.

Together, we must come together to recognize that there are still many unmet needs within the Asian American community and throughout our state, including eliminating health disparities and increasing access to quality, affordable healthcare that is culturally and linguistically complete. Following AAHI’s new report on Asian American Health Priorities, this conference is a tremendously important step forward towards addressing these needs.

On behalf of the State of Maryland, I applaud the dedication of the board, staff, and many volunteers of the Asian American Health Initiative, and I offer you my heartfelt gratitude for the important work that you do for our the community.

Sincerely,

Martin O’Malley
Governor
May 20, 2009

Message from Congressman Mike Honda Welcoming All to the 2009 Asian American Health Conference, “A Time for Change: Transforming Opportunities into Action”

Dear Friends,

As Chair of the Congressional Asian Pacific American Caucus, it is my distinct pleasure to welcome you all to the 2009 Asian American Health Conference, “A Time for Change: Transforming Opportunities into Action.” I am grateful for the opportunity to extend my support for today’s conference and to honor the Asian American Health Initiative’s work and commitment to serving Asian American and Pacific Islander (AAPI) populations and their needs.

Since its founding in 2005, the Initiative has become a tremendous advocate for the healthcare needs of the AAPI community. Identifying the specific healthcare needs of the AAPI community, developing culturally competent healthcare services, and implementing accessible healthcare education programs for AAPIs, the Initiative serves as a model for the entire country. By gathering researchers, leaders, and innovators together in dialogue, I am confident that this year’s conference will help move us towards greater health parity for our community.

I commend the Initiative for its exemplary service to the AAPI community. The Initiative’s efforts have had a significant impact on AAPIs not only in Montgomery County, but across the country and are greatly valued. I wish you all the best as you continue in your service to our community.

Sincerely,

Michael M. Honda
MEMBER OF CONGRESS
Chair, Congressional Asian Pacific American Caucus (CAPAC)

May 20, 2009

Dear Friends:

I am pleased to support the Asian American Health Initiative and to extend my greetings to everyone attending the Asian American Health Conference of 2009.

The Asian American Health Initiative fulfills a critical role in Montgomery County, identifying, addressing, and preventing health issues and disparities that adversely affect our Asian American community.

This year’s Asian American Health Conference offers an important opportunity to support the mission and goals of the Initiative by bringing local and national experts together in search of solutions that will bring greater health parity to our community, our state, and our nation. Building upon the valuable research and engaging discussions provided in prior years, the 2009 Conference provides a chance to transform opportunities into action.

I commend the Asian American Health Initiative for its unwavering diligence and work in continued success as we can work together to improve the lives of our neighbors, our friends, and our families throughout Montgomery County.

You have my best wishes for a productive and successful Conference.

Sincerely,

Chris Van Hollen
Member of Congress
March 19, 2009

Montgomery County Department of Health and Human Services
Asian American Health Initiative
Attention: Julie Bawa, MPH
Program Manager
1335 Piscataway Drive
Rockville, Maryland 20850

Dear Ms. Bawa,

I congratulate the Asian American Health Initiative (AAHI) for hosting the 2009 Asian American Health Conference on the theme of “A Time for Change: Transforming Opportunities into Action.” This theme and the conference are timely. Transformation is being undertaken in all spheres and transformation of health care is prominent. Your conference will bring key leaders and stakeholders together and will result in catalyzing new and renewing existing activities that benefit our Asian American populations.

The AAHI has an ambitious mission andulatory programs. With its mission aimed at identifying health care needs and delivering culturally competent health programs and services for our very diverse Asian American communities in Montgomery County the AAHI provides a leadership role for other counties and throughout the country. From your inception in 2005, you have taken deliberate steps to comprehensively assess the needs of Asian American communities and have used these assessments to tailor programs for specific conditions and population groups. At the same time you have taken note of the many challenges that confront us and have led in the development of a specific action plan. Your 2008 report, Asian American Health Priorities: Strategies, Needs, and Opportunities for Action, directly describes those challenges and provides a clear guide to specific steps that can be taken to address this rapidly growing population.

I am very proud that AAHI is partnering with our School of Public Health and is continuing to work toward further health promotion and disease prevention for our communities under the leadership of Dr. Sunnia Lee. I wish you a very successful and productive conference and look forward to the outcomes. I know the conference and the proceedings will provide Montgomery County and all stakeholders with useful recommendations for our continued action.

Sincerely,

Olivia V. Kleinman
Dentistry V. Kleinman DDS, MSD
Associate Dean for Research and Academic Affairs
May 20, 2009

Dear Julie,

On behalf of the Governor’s Commission on Asian Pacific American Affairs, I want to congratulate the Asian American Health Initiative for organizing the 2009 Asian American Health Conference.

The Commission is appointed by Governor Martin O’Malley and tasked with promoting the interests of the Asian Pacific American community in Maryland. In this regard, we are pleased to support the work of AAHI in identifying health care needs, promoting culturally competent health care services, and offering health education programs for the Asian Pacific American community in Montgomery County.

The Commissioners are especially grateful to AAHI for releasing its recent report on Asian American Health Priorities. The report’s findings are insightful and relevant, and the Commission will use the report to formulate its own recommendations to Governor O’Malley on the health care issues concerning Asian Pacific Americans in Maryland.

The 2009 Asian American Health Conference is an important first step in implementing the action items contained in the Asian American Health Priorities report. We applaud the Asian American Health Initiative’s leadership in the process to eliminate health disparities and address the critical health care needs of the Asian Pacific American community.

Sincerely,

David Lee
Executive Director
March 31, 2009

Julie Bawa, MPH
Program Manager, Asian American Health Initiative
Department of Health and Human Services
Montgomery County Government
1335 Piccard Drive
Rockville, MD 20850

Dear Ms. Bawa,

On behalf of the Commission on Health, I would like to express our support for the Asian American Health Conference 2009 “A Time for Change: Transforming Opportunities into Action”, which will be held on May 20, 2009 at the Hilton Hotel, Gaithersburg, Maryland.

The Commission on Health supports the goals and mission of the Asian American Health Initiative and understands the importance of educating health professionals, health advocates, community leaders and others about the unique issues facing the Asian American population in Montgomery County.

The Commission on Health recognizes and thanks the Asian American Health Initiative for its work to eliminate health disparities and securing linguistically competent health care in the Asian American community.

Sincerely,

Wendy W. Friar, RN, MS
Chair, Commission on Health

WWF:

cc: Isiah Leggett, Montgomery County Executive
Phil Andrews, President, Montgomery County Council
Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer
March 25, 2009

Mrs. Julie Bawa
Program Manager
Asian American Health Initiative
Department of Health and Human Services
1335 Piccard Drive, Suite 156
Rockville, Maryland 20850

Dear Ms. Bawa:

I would like to thank you, personally for your tireless efforts to achieve health equity for our communities in Montgomery County, particularly for Asian American residents. Adventist HealthCare through our Center on Health Disparities is committed to eliminating barriers to care and continuing to increase our capability to provide culturally and linguistically appropriate services.

I am writing this letter as a statement of support of the conference that the Asian American Health Program will be hosting on May 20th, 2009. The findings that your community health assessment has identified need to be further discussed. The knowledge and insight of your panel of experts will help attendees better understand the data and guide Montgomery County’s plan on how to better serve the healthcare needs of our communities.

I am looking forward to the information that our health care community will gather and more importantly, implement in our practices.

With you great success in the conference.

Sincerely,

William G. “Bill” Robertson
President and CEO
March 23, 2009

Montgomery County Department of Health and Human Services
Asian American Health Initiative
Attention: Julie Bawa, MPH
Program Manager
1335 Piccard Drive
Rockville, Maryland 20850

Dear Julie,

This letter is in support of the 2009 Asian American Health Conference scheduled for May 20th. Montgomery General feels strongly that the conference is important not only to health care providers but also to County residents desiring to understand the needs of specific populations.

Montgomery General is happy to support the mission and goals of the AAHI.

Sincerely,

Peter W. Monge, FACHE
President

April 24, 2009

Julie Bawa, MPH
Program Manager
Asian American Health Initiative
Montgomery County Department of Health and Human Services
1335 Piccard Drive
Rockville, MD 20850

Dear Ms. Bawa,

Suburban Hospital joins the Asian American Health Initiative (AAHI) in welcoming all attendees, participants, and honored guests to the 2009 Annual Asian Americans Health Conference “A Time for Change: Transforming Opportunities into Action.” This year’s conference theme is timely as our society faces new and recurring health challenges, particularly affecting Asian Americans.

As one of the fastest growing ethnic/racial minority populations, Asian Americans are confronted with unparalleled challenges ranging from insufficient and inadequate educational resources, limited access to care, and distinct health disparities. As we look into the future, it is important to acknowledge AAHI’s contribution and impact to the advancements in Asian American health equality.

Suburban Hospital is pleased to be a partner with the AAHI in achieving a common goal – to improve the health of our community. We are certain this year’s conference will prove to be advantageous to stakeholders and we look forward to the positive impact on Asian American health as we propel from opportunities into action.

Suburban Hospital wishes the Asian American Health Initiative a successful event and enthusiastically supports future similar endeavors.

Sincerely,

Brian A. Gragnolati
President and CEO
National Profile

**POPULATION**

- 15.2 million (5%) U.S. residents identified as Asian alone or Asian in combination with one or more other races
- Chinese-Americans were the largest Asian group (3.54 million), followed by Filipinos (3.05 million), Asian Indians (2.77 million), Vietnamese (1.64 million), Koreans (1.56 million), and Japanese (1.22 million)
- Population growth between 2006 and 2007 was 2.9%, the highest of any race group during that time period
- California had the largest Asian population (5 million) as well as the largest numerical increase from 2006 to 2007 (106,000)

**Projected Asian population in 2050**
40.6 million (9%)

**Projected Asian population increase between 2008 and 2050**
153%


Maryland Profile

**POPULATION**

- 274,298 (5%) Maryland residents identified themselves as Asian American and Pacific Islander
- Maryland is tied for 7th among the states in percent of its population that is Asian or Pacific Islander
- Between 2001 and 2004, the Maryland state population increased by 3.09%, while the Maryland Asian/Pacific Islander population increased by 13.98%


Montgomery County Profile

**POPULATION**

- 124,605 (13.3%) of Montgomery County residents identified themselves as Asian American
- 46% of APIs living in Maryland reside in Montgomery County


Data Compiled by Asian Pacific Islander Caucus for Public Health (API Caucus).
Special Thanks to Jamie K. Lok (Student Representative), Mona Bormet (Policy Chair), and the Executive Committee.
The Asian American Health Initiative

The Asian American Health Initiative (AAHI) was established and funded in fiscal year 2005 with the support of the County Executive, members of County Council, Department of Health and Human Services, and the Asian American community. AAHI is the first health-related program that directly targets the Asian American community in Montgomery County and helps eliminate health disparities that exist between Asian Americans and their non-Asian counterparts. Since its inception, AAHI has partnered with numerous community–and faith-based organizations to develop appropriate health programs that meet the needs of a diverse group of Asian Americans living in the County.

Health Promoters Program
- 43 Health Promoters
- Over 26 different Asian languages spoken
- Over 20 Asian communities represented
- Over 1000 hours contributed by Health Promoters

Multilingual Health Education Materials
- Hepatitis B Awareness Poster
- Hepatitis B Education Brochure
- Osteoporosis Education Postcard
- Cancer Fact Booklet
- Good Health in Your Hands: Improving Communication between Patient and Provider
- Cancer Screening Guideline

Outreach Events and Screening
- Provide services to over 15 different ethnic communities
- Host over 40 health fairs
- Educate over 3000 people
- Provide health screenings to over 1000 people

Mission
The mission of AAHI is 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 to all Asian Americans in Montgomery County, Maryland.

Looking Ahead
- Develop a 2010–2014 strategic plan
- Enhancing Data Collection and Reporting
- Expanding Access to Quality Healthcare
- Identifying Additional Resources


Patient Navigator Program
- Implemented in April 2008
- Multilingual Health Information and Referral Telephone Line
- Responded to over 4000 calls (average per year)
- Multilingual Medical Interpreters
- Provided 610 onsite interpreting sessions (from July 08–March 09)
- Developed Request Data System (RDS)
- Provided vital data collection

June 2006
AAHI website translated into multiple Asian languages.

Patient Navigator Program
- 45 Health Promoters
- Over 26 different Asian languages spoken
- Over 20 Asian communities represented
- Over 1000 hours contributed by Health Promoters


Asian American Health Conference 2009—A Time for Change: Transforming Opportunities into Action

American Community employees funded under DHHS
AAHI’s Mission
- AAHI is the first health-related program that directly targets the Asian American community in Montgomery County and helps eliminate health disparities that exist between Asian Americans and their non-Asian counterparts. Since its inception, AAHI has partnered with numerous community–and faith-based organizations to develop appropriate health programs that meet the needs of a diverse group of Asian Americans living in the County.

Multilingual Health Education Materials
- Hepatitis B Awareness Poster
- Hepatitis B Education Brochure
- Osteoporosis Education Postcard
- Cancer Fact Booklet
- Good Health in Your Hands: Improving Communication between Patient and Provider
- Cancer Screening Guideline

Outreach Events and Screening
- Provide services to over 15 different ethnic communities
- Host over 40 health fairs
- Educate over 3000 people
- Provide health screenings to over 1000 people

Mission
The mission of AAHI is 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 to all Asian Americans in Montgomery County, Maryland.

Looking Ahead
- Develop a 2010–2014 strategic plan
- Enhancing Data Collection and Reporting
- Expanding Access to Quality Healthcare
- Identifying Additional Resources


Patient Navigator Program
- Implemented in April 2008
- Multilingual Health Information and Referral Telephone Line
- Responded to over 4000 calls (average per year)
- Multilingual Medical Interpreters
- Provided 610 onsite interpreting sessions (from July 08–March 09)
- Developed Request Data System (RDS)
- Provided vital data collection

June 2006
AAHI website translated into multiple Asian languages.
The Asian American community has been reluctant to seek help from local resources available. They are often ashamed to expose their families’ need and would rather seek help from friends and relatives before using public health resources. AAHI is partnering and collaborating with community–and faith based organizations to increase awareness and educate the community on the importance of prevention.

Education and cultural exchange activities are the most effective way to improve the sensitivity in culture differences.

The Cambodian community consists mainly of former refugees. They came to America from different walks of life in Cambodia. Healthcare workers should pay more attention to refugees from Cambodia, Vietnam, and Laos, or to any refugees coming to this country. They should encourage them to come forward for help and to follow them up.

Together we are building a healthy community

This country was built by the 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.

I really enjoy being a health promoter. Helping our community to be healthier is a rewarding experience.

Asian Indian Health Promoter

Steering Committee Member

Muslim Community Center Medical Clinic (MCC) is the shining example to reach out to Muslims and all other members of the community regardless of their faith.

President of MCC

Thank you the Asian American Health Initiative at the Montgomery County for taking the time to come and provide the free health screening in our community. Also, please be the voice of the working class people and tell the policy making positions to lower the cost of health insurance. With 46 million uninsured Americans today, our community is part of that number.

Thai Community Leader

The Cambodian community consists mainly of former refugees. They came to America from different walks of life in Cambodia. Healthcare workers should pay more attention to refugees from Cambodia, Vietnam, and Laos, or to any refugees coming to this country. They should encourage them to come forward for help and to follow them up.

Cambodian Community Leader

Asian Americans are very diverse. As a health promoter, I have worked in many different communities. It has been interesting to see the different health concerns among the different groups although we are all Asian Americans.

Vietnamese Health Promoter

"Together we are building a healthy community."

""
Julie Bawa, MPH
Julie Bawa spearheaded the efforts in the development of the Asian American Health Initiative (AAHI). In her current position as the Program manager of AAHI, Ms. Bawa develops and implements health programs to meet the needs of the Asian American community. She is responsible for planning, developing, directing and evaluating of all programs under AAHI as well as oversight of fiscal management.

Perry Chan
As Senior Program Coordinator for the Asian American Health Initiative, Perry Chan is responsible for the maintenance of the Tobacco Control and Osteoporosis Programs. He is also involved with overall program development of AAHI. Mr. Chan has a strong interest in promoting health among Asian Americans and reducing health disparity.

Nouf Bazaz
Nouf Bazaz is the Program Coordinator for the Asian American Health Initiative. She is responsible for the maintenance of the Hepatitis B Program and assists in program development, outreach education, and the Health Promoters Program.

Anne Marie Poblador
Anne Marie Poblador is the Outreach Coordinator for the Asian American Health Initiative. She is responsible for the maintenance of the Diabetes Program. She also assists in organizing outreach events in collaboration with community partners.

Roanne Calizo
Roanne Calizo ensures proper implementation of all AAHI office activities. Ms. Calizo is also responsible for web site maintenance and assists with coordination of steering committee meetings.

The AAHI Steering Committees is composed of stakeholders from various ethnic groups in the Asian American community who advise, assist and advocate in AAHI’s development to eliminate health disparities.

The dedicated members of the committee bring diverse expertise in health care issues and their communities.
A Time for Change
Transforming Opportunities into Action

The Asian American community is growing rapidly and encompasses a wealth of cultures, religions, languages, and perspectives. Within these strengths lie the community’s greatest challenge—securing culturally and linguistically competent health care across the spectrum and tackling debilitating health disparities. The Asian American Health Initiative identifies the health care needs of Asian American communities, develops culturally competent health care services, and implements health education programs that are accessible and available to all Asian Americans in Montgomery County.

At our 2006 Asian American Health Conference we explored the health disparities that permeate the Asian community and expressed our commitment to change. Today is the time to usher in that change. The health needs of the Asian American community must be thrust to the forefront from the individual homes to health care settings to the community.

As part of this effort, in 2008 the Asian American Health Initiative released the community needs assessment, Asian American Health Priorities: Strengths, Needs, and Opportunities for Action. To follow-up with this seminal report, this powerful one day conference will gather an expert group of researchers, leaders and innovators as we reach for greater health parity.

Understanding The 2009 AAHC Logo
Architecturally, the triangle is the strongest building structure. The triangular shape of the logo represents that stability. The two “A”s leaning against each other further represent strength in the Asian American community; together they create an image of a man—one being. Similarly, AAHI is made up of a community of people supporting each other and creating a strong foundation for health progress. The radiating sound waves for the head connote the concept of communication, an integral part of that process.

The Conference will
» Unveil the findings from 2008 AAHI Needs Assessment Report
» Understand the dimensions of Asian American Health Disparities
» Highlight best practice models
» Identify barriers to health parity
» Foster opportunities for networking

Breakout Sessions Themes
Theme 1: Increasing Knowledge and Raising Awareness of Health Promotion
Theme 2: Expanding Access to Quality Health Care Services
Theme 3: Broadening Partnerships and Collaborations
Theme 4: Enhancing Data Collection and Reporting

The Asian American Health Conference 2009 is honored to have over 300 conference attendees that include community health advocates, community health educators, community leaders and partners, grant makers, health professionals, medical care providers, policy makers, and researchers, among others. It is our hope that through mutual exchange and understanding, participants will find their place in transforming the opportunities before them into action.

Understanding the 2009 Conference Book Cover
The tree and plants represent growth, strength, and longevity. The gears building the scene communicate the concept of collaboration and teamwork—Small parts working together toward a much larger common goal, all for the greater good.

Together these concepts create a powerful metaphor—an image of the community working together to foster growth, strength, and progress.
7:30am

Registration and Continental Breakfast
Grand Ballroom Foyer

Master of Ceremonies | Arnab Mukherjea, DrPH(c), MPH

Conference Opening
Hilton Grand Ballroom

Greetings
Julie Bawa, MPH
Program Manager
Asian American Health Initiative (AAHI)

Harry Kwon, PhD, MPH, CHES
Chair, Steering Committee
Asian American Health Initiative (AAHI)

Welcoming Remarks
Hilton Grand Ballroom

Uma Ahluwalia
Director
Montgomery County Department of Health and Human Services

Isiah "Ike" Leggett (Invited)
Montgomery County Executive

Office of Governor Martin O’Malley
Carlessia Hussein, RN, DrPH
Director
Office of Minority Health
Maryland Department of Health and Mental Hygiene

Susan C. Lee (Invited)
Maryland State Delegate

Phil Andrews
President
Montgomery County Council

George Leventhal
Councilmember, Montgomery County Council
Chair, Health and Human Services Committee

Duchy Trachtenberg
Councilmember, Montgomery County Council

9:30–10:10am

9:30–10:00am

Keynote Address
Hilton Grand Ballroom

Arthur Chen, MD
Chief Medical Officer
Alameda Alliance for Health

Presentation: Assuring the Health of Asian Americans, Native Hawaiians and Pacific Islanders
Hilton Grand Ballroom

Marguerite Ro, DrPH
Deputy Director
Asian & Pacific Islander American Health Forum (APIAHF)

Morning Break

Plenary Session: Assessing the Needs and Guiding the Future
Hilton Grand Ballroom

Moderator: Harry Kwon, PhD, MPH, CHES
Chair, AAHI Steering Committee
Asian American Health Initiative (AAHI)

Importance of Health Needs Assessment Study
Rod Lew, MPH
Founding Executive Director
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

Asian American Health Priorities: Strengths, Needs, and Opportunities for Action
(A Study of Montgomery County, MD in 2008)
Sunmin Lee, ScD
Assistant Professor
Department of Epidemiology and Biostatistics
University of Maryland School of Public Health

Luncheon
Hosted by Bristol-Myers Squibb
Hilton Grand Ballroom

An Introduction to Chronic Hepatitis B for Healthcare Professionals
Richard Liu, MPH
Hepatitis B—Physicians & Patients Advocacy Liaison
Session 1: 1:00–2:00pm
Breakout Session 1

Session 2: 2:15–3:15pm
Breakout Session 2

PLEASE NOTE:
Each Breakout Session will consist of four themes. There will be two sessions to give participants an opportunity to attend multiple themes.

See page 134 for a floorplan of the Hilton Hotel
Afternoon Break

Call to Action
Hilton Grand Ballroom

Gem Daus, MA
Adjunct Professor
Asian American Studies Program
University of Maryland

Interactive Forum: Together to Build a Healthy Community
Hilton Grand Ballroom

Facilitator: Arnab Mukherjea, DrPH(c), MPH

Panelists:
Jeffrey Caballero, MPH
Executive Director
Association of Asian Pacific Community Health Organization (AAPCHO)

Arthur Chen, MD
Chief Medical Officer
Alameda Alliance for Health

Rod Lew, MPH
Founding Executive Director
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

Marguerite Ro, DrPH
Deputy Director
Asian & Pacific Islander American Health Forum (APIAHF)

Closing Remarks
Hilton Grand Ballroom

Paul Han, MD, MA, MPH
Vice Chair, Steering Committee
Asian American Health Initiative (AAHI)

Interactive Forum: Together to Build a Healthy Community
4:00–4:30pm

This interactive forum will give agency to conference participants through the medium of a moderated community dialogue that seeks to:

» Integrate what was learned from the conference proceedings into local, grassroots approaches

» Explore strategies in health promotion, health access, collaboration and data collection that can be implemented on an organization level

» Discuss how key stakeholders can facilitate the implementation of recommendations at national, state and local levels

5:00–7:00pm
Montgomery Ballroom

Co-Sponsored by Asian Pacific Islander Caucus (API Caucus)

Please join us for a Networking Reception
Importance of Health Needs Assessment Study

Rod Lew, MPH
Founding Executive Director
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

This session will explore the complex issues of health data and the movement toward evidence-based best practices. National data collection on certain health issues like tobacco has been challenging in providing accurate data for diverse Asian American ethnic subgroups while also masking health disparities among certain subgroups.

While community advocates have been arguing for disaggregation of national health data for decades, another approach is to advocate for the use of community-level data for determining priorities. Not only can community-level data collection (through a community-based participatory approach) provide more accurate data for disproportionately impacted segments of the community, but it can also help guide in the development of locally-tailored programs or policies. Furthermore, a community-based participatory approach can involve more innovative designs and through the process of data collection itself can help build the capacity of communities.

This session will briefly discuss the challenges of some national processes to identify objectives and targets based on data collection including Healthy People 2020 and provide a brief overview of some local innovative, community-based data collection methods that can lead to effective programs and policy initiatives.

Best practices on health interventions are also based on research and evaluation. The session will discuss how best practices can be a potential trap for Asian Americans and other diverse communities and how a focus on promising practices may be capture and document what works in our communities.

Asian American Health Priorities: Strength, Needs, and Opportunities for Action (A Study of Montgomery County, MD in 2008)

Sunmin Lee, ScD
Assistant Professor
Department of Epidemiology and Biostatistics
University of Maryland School of Public Health

This presentation reports findings from 19 focus groups in 13 Asian American communities (including seven under-represented communities) conducted in Montgomery County, Maryland between May and July 2007. We developed open-ended questions to collect qualitative data on health and health care needs from 174 participants, and used MAX QDA to analyze data and code emergent themes. Cardiovascular disease related conditions, diabetes, and mental health were the top three health concerns. Weight concerns, cancer, arthritis, smoking, osteoporosis, and hepatitis B followed next. Many participants were not receiving preventive health service such as cancer screening due to a lack of access to health care or lack of awareness of preventive care. Additionally, under-represented communities lack adequate health resources and advocacy, potentially due to a relatively shorter history of immigration and a small population. The results render support for awareness education on importance of preventive care and mental health.
Lack of knowledge or awareness continues to exist regarding the diseases and conditions that disproportionately affect Asian Americans. Obtaining current and accurate information on the health risks affecting Asian Americans, and on available resources for health promotion, disease prevention, and disease treatment, is critical. Furthermore, this information needs to be effectively disseminated to members of the Asian American community.

A Contextual Overview of Health Promotion and Heart Health Interventions
Henrietta Ho-Asjoe, MPS
Community Development
Center for the Study of Asian American Health (CSAAH)

This presentation will provide a brief overview of health promotion including different methods of social marketing and communication that have impacted individual choices affecting Asian Americans, and on available resources for health promotion, disease prevention, and disease treatment, is critical. Furthermore, this information needs to be effectively disseminated to members of the Asian American community.

Effective Health Promotion in Limited English Speaking Populations
Jing Zhang, PhD
Program Director
Asian Human Services

This presentation will discuss the importance and the role of health education and promotion in serving limited English Speaking population. The presentation will focus on how to design community health education programs that bring positive changes in individuals and community, and how to collect data through program implementation that will help develop an advocacy agenda. Best practice models from Asian Human Services will be provided.

Addressing Mental Health Needs with the South Asian Community
Swaran Dhawan, AGSW, LICSW-C
Board Chair
Counselors Helping (South) Asian/Indians, Inc. (CHAI)

This presentation will give an overview of the South Asian community in the US and in the Maryland area it will provide information relevant to the issues facing South Asian in the US. Data collected through the nonprofit, Counselors Helping (South) Asians, Inc. will be shared to collectively analyze the mental health issues facing the South Asian community and the specific cultural, social and community issues creating barriers to South Asians seeking counseling for mental health and wellness issues.

Towards an Asian American, Native Hawaiian and Pacific Islander Health Agenda
Deeana Laurie Jang, JD
Policy Director
Asian & Pacific Islander American Health Forum (APIAHF)

The U.S. health care system is broken and Asian Americans, Native Hawaiians and Pacific Islanders disproportionately feel the pain. One in six Asian Americans and one and four Native Hawaiians and Pacific Islanders are uninsured. Asian Americans, Native Hawaiians and Pacific Islanders also receive lower quality of care in many circumstances. This presentation will provide an overview of some of the barriers Asian Americans, Native Hawaiians and Pacific Islanders face in accessing high quality health care and offer some policy recommendations and action steps to address these barriers.

Charles B. Wang Community Health Center: Organizational Overview and Access to Health Care
Amy Shek, MS
Site Administrator
Charles B. Wang Community Health Center

The Charles B. Wang Community Health Center is a non-profit, federally funded community health center serving the Asian American community in the New York Metropolitan area. Asian Americans comprise 11% of the population in New York City. Compared to the general New York City population, Asian Americans are more likely to be foreign born, have lower per capita income, have higher rates of senior poverty, have less than a high school education, and are limited in English proficiency. They face many barriers to accessing quality health care. The Health Center’s mission is to provide quality, culturally competent and affordable health care and education, and to advocate on behalf of the health and social needs of underserved Asian Americans.

Health Services for All: Patient Navigator Program
Shahin Sebastian, MS
Program Manager
Patient Navigators Program
Cross Cultural Infotech

This presentation traces the first year of operation of the Patient Navigator Program. It will show how it is helping residents including Asian Americans access health services in Montgomery County. It will show why the program was urgent and timely, what it has achieved and share the data that has been collected thus far.
Theme III: Broadening Partnerships and Collaborations

Insights on Partnerships for National Hepatitis B Strategy
Jeffrey Caballero, MPH
Executive Director
Association of Asian Pacific Community Health Organization (AAPCHO)

Project CHARGE: Coalition for Health Access to Reach Greater Equity
Noilyn Abesamis-Mendoza, MPH
Program Manager
Health Policy Coalition for Asian American Children & Families (CAACF)

The United States is experiencing a health care crisis with the rising costs of care and growing numbers of uninsured and underinsured individuals. This is further magnified in the Asian American community due to immigration status, language barriers, and cultural stigmas of accessing public benefits. As part of a 4-year national campaign to address health disparities among Asian Pacific Islander communities Project CHARGE (Coalition for Health Access to Reach Greater Equity) seeks to increase access to healthcare, through capacity building and the implementation of an advocacy & policy project on health care reform. The presentation will (1) provide overview of the Health Through Action Initiative, and (2) describe the challenges and opportunities, and lessons learned through the HTA-NY site (Project CHARGE) in its work to build local partnerships and collaborations to address health care access for uninsured Asian American communities in NYC.

Data on Asian Ethnic Groups: The Hidden Dragon
Kenneth Chu, PhD
Branch Chief
Center to Reduce Cancer Health Disparities
National Cancer Institute (NCI)

Cancer cases for Asian and Pacific Islander ethnic groups are collected annually by NCI Surveillance, Epidemiology and End Results (SEER) cancer registries. However, cancer rates are only calculated once every ten years, because age distributions for these populations are only available from Census data, recorded once every 10 years. We present data on these groups from the 2000 Census, their mortality rates compared to 1990 Census data, their top 5 cancer rates, their stage distribution and their 5-year survival rates.

Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project Houston: We have a Problem
Beverly J. Quan Gor, EdD, RD, LD, CDE
Postdoctoral Fellow
Center for Research on Minority Health (CRMH)
Department of Health Disparities Research
University of Texas M.D. Anderson Cancer Center

The Asian American Health Needs Assessment (AsANA) project was a telephone survey of over 800 randomly selected Chinese and Vietnamese households in the Greater Houston area to collect self-reported health and cancer data on this rapidly growing population. Results of this study have benefited the Asian community by providing documentation of the health needs and disparities that exist so that grant applications to address those needs could be written and funded. This presentation will describe the development of the survey instrument, methodologies and strategies used in collecting data and in promoting the study to the community and lessons learned about conducting a project of this magnitude. Highlights of the study’s findings will be presented and plans for future survey projects in other Asian subgroups in Houston will be discussed.

Transforming Data into Action: Lessons from the National Healthcare Disparities Report
Ernest Moy, MD, MPH
Medical Officer
Center for Quality Improvement & Patient Safety
Agency for Healthcare Research and Quality (AHRQ)

Data are critical to engage stakeholders, identify priorities, allocate resources, design interventions, and track improvements in healthcare quality and disparities. In this presentation, we will briefly review data contained in the National Healthcare Disparities Report. We will discuss insight gained from producing 7 iterations of the report related to healthcare quality improvement and disparities reduction. We will conclude with suggestions about how national data and local data can be used synergistically to transform healthcare opportunities into action.
Dr. Arthur Chen recently served as the Chief Medical Officer of the Alameda Alliance for Health, a Local Initiative, Medi-Cal Managed Care non-profit public entity serving over 90,000 low income residents of Alameda County. From 1996-2001 he was the Health Officer for Alameda County. Since 1983 he has practiced clinical medicine as a family physician at Asian Health Services (a community health center) in Oakland, California where he also served as Medical Director and Special Programs Director. Prior to that, he served as an emergency room physician and the Associate Medical Director of the Institute of Emergency Medicine at the Albert Einstein College of Medicine, Bronx, NY. He was also the Executive Director of the Chinatown Health Clinic in New York City.

Arthur Chen, MD
Chief Medical Officer
Alameda Alliance for Health

He currently serves on the Board of Directors of The California Endowment, a health foundation focused on improving health status and access to care for California’s medically underserved population. He recently completed a two year term with The California Endowment as Board Chair. From 1998–2006, he chaired the Board of Directors of the Asian and Pacific Islander American Health Forum, a national policy and advocacy organization whose mission is to improve the health status of Asian Americans and Pacific Islanders. From 2001-2003 he was appointed to the Task Force on Culturally and Linguistically Competent Physicians and Dentists for the CA Dept of Consumer Affairs. Between 1997-2001 he served on the National Association of County and City Health Officials MAPP (Mobilization for Action through Planning and Partnerships) planning committee (formerly APEXCPH: Assessment and Planning Excellence through Community Partners for Health). From 1999-2001 and 2004 to present, he serves as an Executive Council member of the Alameda Contra Costa County Medical Association. In 1999 he served on the CDC/ATSDR Task Force on Public Health Workforce Development. From 1997-2001 he served as a Board Member and later an Executive Committee member of the California Conference of Local Health Officers. He was selected as a fellow to the 1996-7 Public Health Leadership Institute sponsored by the Centers for Disease Control and the University of California. During 1989-1992 he was a member of the Kellogg National Fellowship Program. He has also served on advisory and planning committees to the Bureau of Primary Health Care of the U.S. Public Health Service, the Office of Minority Health, the National Institutes of Health and the American Lung Association. He has also testified before Congress and President Clinton's Health Task Force.

Among his publications are: “Health is strength”: a research collaboration involving Korean Americans in Alameda County; "A behavioral risk factor survey on Korean Americans; Community-Sensitive Research, Information Management For the 90's; "Special Health Problems of Asians and Pacific Islanders;" "Behavioral Risk Factor Survey of Chinese in California," "Cigarette Smoking Among Chinese, Vietnamese and Hispanics in California," and "Conducting a Culturally-sensitive Health Survey in the Chinese Community."

He completed his postgraduate training at the Residency Program in Social Medicine (Family Practice) at the Montefiore Hospital and Medical Center of the Albert Einstein College of Medicine, Bronx, New York. He received his B.S. and medical degrees from the University of California at Davis. He is happily married with two grown children and has been a resident of Oakland, California since 1983.
Arnab Mukherjea, DrPH(c), MPH
Chair of Scientific Programs & Past Chair
Asian Pacific Islander Caucus for Public Health (API Caucus)

Arnab Mukherjea is currently a Doctoral Candidate in Public Health (DrPH) at the School of Public Health at the University of California (UC) at Berkeley. Mr. Mukherjea is also a graduate of the School of Public Health at UC Berkeley, with a Masters Degree in Public Health (Health and Social Behavior; specialty in Multicultural Health). He received his Bachelor's Degree at UC Berkeley in Molecular and Cell Biology. He also serves as the Head Graduate Student Instructor for two public health courses taught at UC Berkeley.

Arnab recently completed an annual term as Chair of the Executive Committee of the Asian Pacific Islander Caucus for Public Health (API Caucus) in official relation with the American Public Health Association (APHA). He is now serving as the API Caucus Chair of Scientific Programs.

Arnab is also the immediate-past Co-Chair of the Executive Board of Directors of the South Asian Public Health Association (SAPHA) and the voluntary organizational head of their San Francisco affiliate. SAPHA is a national, non-profit organization dedicated to improving the health and well-being of South Asians nationally and globally through increased research, culturally-competent and community-based outreach, education, programs and interventions, as well as advocacy.

Besides his commitment to the South Asian community in health and education, he is also a staunch advocate of cultural competency and diversity in health care education, practice, and delivery. His primary interests include looking at how cultural behaviors, values, and stigma play a direct role in disparate health outcomes. His research includes creating a culturally-appropriate tobacco module to supplement state-level Adult Tobacco Surveys, examination of the tobacco documents for examining the role of South Asian tobacco products to promote industry goals, as well as analyzing South Asian specific tobacco patterns and the risk imparted to South Asian subgroups for various health conditions (such as cardiovascular disease and oral cancer). He is also involved in the presentation and publication of various reports of importance for the South Asian community. Arnab has served as an expert representative consultant for South Asian communities at the Centers for Disease Control and Prevention (CDC), California Department of Health Services, California Health Interview Survey, as well as many community-based organizations and has lectured at a variety of academic institutions regarding critical issues in public health facing South Asian populations, the larger Asian Pacific Islander community, and other communities of color.

Arnab believes that active community participation and quality education, both academic and grassroots, coupled with evidence-based programs, are the best remedy in reducing and eliminating health disparities in communities of color, behavior, and sexual orientation. His current academic training is geared towards critically examining minority health models and revising them to address health concerns facing South Asian Americans and enabling them to take ownership of their own health prospects in a culturally-competent fashion. He hopes these efforts will ultimately enable the reduction and elimination of South Asian health disparities, in collaboration with other Asian American and Pacific Islander community leaders and health advocates.
Noilyn Abesamis-Mendoza, MPH

Noilyn Abesamis-Mendoza, MPH joined CACF in March 2008. She leads the Health Advocacy Project which focuses on expanding access to health coverage, promoting children and overall community health, improving data collection and reporting, and increasing language access and cultural competency. Among her major responsibilities is Project CHARGE (Coalition for Health Access to Reach Greater Equity), a pan-Asian network of 14 partners aiming to expand financial access to health care. She also represents CACF at a number of city and state-wide initiatives on health including, Child Health Initiative (Commission on the Public’s Health System), Coalition for Community Health Planning, Language Access Working Group, New York State Children’s Cabinet–Children’s Health Insurance Working Group, Health Care for All Now–New York, and Health Care for All New York. Previously, Noilyn was the Deputy Director of Outreach and Programs for the NYU Center for the Study of Asian American Health (CSAAH). She developed and oversaw CSAAH’s key outreach, educational, and community-based initiatives, including coordinating the development of 7 ethnic-specific community health needs assessments; partnering with 60+ community based organizations, health providers, academic institutions, businesses, media, advocacy groups, and government; and coordinating over 40 training opportunities for staff and community partners. In 2004, Noilyn co-founded the Kalusugan Coalition, a Filipino health collaborative, where she currently serves as the Board Chair. Noilyn has also served as a board member or advisor for: the API Caucus of APHA, CACF’s Action Council, Peace of Heart Choir, NIH/NHLBI Filipino Healthy Hear, Healthy Family Initiative, and St. Peter’s College Center for Personal Development. She was a recipient of the New American Leaders Fellowship Program and the United Way of NYC Nonprofit Leadership Development Institute’s Senior Fellow Program. She received a BA in Environmental Analysis & Design from the University of California, Irvine, and an MPH, Sociomedical Sciences from the Columbia University, Mailman School of Public Health.

Jeffrey B. Caballero, MPH

Jeffrey Caballero is the Executive Director of the Association of Asian Pacific Community Health Organizations (AAPCHO). Mr. Caballero has been with the AAPCHO since 1993. At AAPCHO, Mr. Caballero advocates for programs and policies that aim to increase access to quality, comprehensive community health care services that are culturally and linguistically appropriate. He has overall authority for allAAPCHO programs, finances, operations and serves as chief spokesperson for the association. He is a member of numerous national committees advocating for issues affecting Asian Americans, Native Hawaiians, and Pacific Islanders such as tuberculosis, hepatitis B, and diabetes. His work experience has been in a variety of fields relating to access to care, prevention and education, and primary health care services for medically underserved populations. Mr. Caballero received his Bachelor’s Degree in Biochemistry/Cell Biology from the University of California, San Diego, and his Masters in Public Health from University of California, Los Angeles.

Kenneth C. Chu, PhD

Kenneth Chu received his B.S. in Chemistry from U.C. (Berkeley) and his Ph.D. in organic chemistry at UCLA. He has been involved in number of cancer research activities from studying carcinogen bioassays to developing risk assessments to examining the efficacy of early detection screening procedures. He has examined the possible causes of declines in breast, colorectal, lung, and prostate cancer mortality rates. In the mid 1990s, he began to work on cancer disparities research and has continued to help develop resources for reducing disparities at the community level. As Chief of the Disparities Research Branch, he is oversees the $95 million Community Networks Program, the $25 million Patient Navigation Research Program and develops new programs to aid in reducing cancer health disparities.
Gem Daus, MA

Gem is the Filipino American Studies professor for the University of Maryland-College Park, Asian American Studies Program. He developed two courses which allow students to explore history and identity in connection with storytelling, community building and political advocacy. The courses also promote documentation of east coast Filipino American experiences. He also teaches the Asian American Sexualities course.

In addition to teaching, Gem is a health policy and organization development consultant. In September 2006, Gem was honored to receive the CSAAH National Leadership Award which recognizes individuals who have made significant contributions to improving Asian American health at the national level. In April 2003, Gem was honored as a healthcare hero by the Congressional Black Hispanic, Native American, and Asian and Pacific American Caucuses. He is the author of chapters on Asian American health in two forthcoming books (2009).

From 2000–2007, Gem staffed the Washington, DC office of the Asian & Pacific Islander American Health Forum (APIAHF). In 2000, Gem was part of the team that organized Pacific Islander public health and community advocates into the Pacific Islander Jurisdictions AIDS Action Group (PIJAAG), which led to increased funding and technical assistance for the islands. He regularly testified at Congressional briefings and federal advisory committees, including Unequal Treatment, the Institute of Medicine’s landmark study on racial and ethnic disparities in health. Gem managed the APIAHF Census Information Center, which provided data, technical assistance and training to community advocates.

Prior to APIAHF, Gem worked at the National Minority AIDS Council (NMAC) where he provided organizational development consultation to AIDS service organizations and state HIV prevention planning groups throughout the U.S. (including Alaska, Hawaii and Guam). He also worked with the American Red Cross as the lead writer of the National Faculty training for their national HIV/AIDS education program. His volunteer work included serving as president of the Asian and Pacific Islander Partnership for Health, a local health promotion and advocacy organization.

Gem has a Master of Arts in Organization Development from Marymount University, a Bachelor of Arts from the University of Virginia and currently resides in Arlington, Virginia.

Swaran Dhawan, AGSW, LCSW-C

Swaran Dhawan, AGSW, LCSW-C, is a retired clinical social worker and an active organizer of social and community change. Her career includes Assistant Executive Director for Children and Aging services at the Family and Children’s Services of Baltimore and Social Work Consultant at two hospitals for the mentally ill, Spring Grove Hospital and Taylor Manor Hospital. In 1988 after leaving Family and Children’s Services of Baltimore, she accepted a full time position at the Taylor Manor Hospital as Director of Admissions and Social Work. At the time of her retirement in 2002 from the Taylor Manor Hospital, she was the Director of Social Work and Training.

Ms. Dhawan has volunteered and served on numerous boards of non-profit organizations whose missions were to alleviate suffering and to assure opportunity for all. These boards included the Baltimore Commission for Women, The Pro Bono Counseling Project, and the local chapter of the National Association for the Mentally Ill and the Maryland Chapter of Social Workers.

Her present volunteer efforts also include serving on the Baltimore City Foster Care Review Board, weekly volunteering to assist in the library at the barley Elementary School and the Board Chair of CHAI, Inc.

Ms. Dhawan began her career in Social Work in India, graduating with a Masters Degree in Social Work from the University of Baroda. She then received a second Masters Degree in Social Work from Smith College in Northampton, MA.

Beverly J. Quan Gor, EdD, RD, LD, CDE

Dr. Beverly J. Gor is a Postdoctoral Fellow at the Center for Research on Minority Health (CRMH) in the Department of Health Disparities Research at the University of Texas M.D. Anderson Cancer Center. She is also a registered dietitian and certified diabetes educator. She and her colleagues have conducted research studies on nutrition and minority populations to try to understand how to reduce cancer risk for all Americans. Before coming to M.D. Anderson, Beverly operated her own nutrition consulting business specializing in pediatric nutrition, especially childhood obesity and developmental disorders, and taught at the University of Houston and Texas Woman’s University. She is past president and co-founder of the Asian American Health Coalition of Greater Houston, Inc (AAHC). In 2002, the AAHC established the HOPE Clinic, a community health center in Southwest Houston that provides primary health care to medically underserved Asians and other Houston residents. In 2001, Dr. Gor was appointed to the state task force on health disparities, and in 2004, to the Harris County Public Health Care Council.
Henrietta Ho-Asjoe, MPS

Henrietta Ho-Asjoe, MPS, has been the Administrator and the Director of Community Development for the Center for the Study of Asian American Health (CSAAH) at the NYU School of Medicine since 2004.

Ms. Ho-Asjoe directs the development and operation of program activities; provides oversight and management; collaborates with community-based partners; markets the Center, programs and projects, as well as organizes seminars and conferences. As the Director of Community Development she oversees the outreach activities and partnerships building with the community-based organizations, local and national healthcare agencies, and government entities. She also serves on several advisory boards and committees both locally and nationally.

Formerly, Ms. Ho-Asjoe was the Director of the Chinese Community Partnership for Health at New York Downtown Hospital where she led a multicultural team committed to assisting Chinese Americans overcome barriers to healthcare access. In addition to awards and appointments to boards locally and nationally, she received the 2006 Hepatitis B Community Appreciation Award and the 2002 California Pacific Award for Excellence in Patient Education. In 1998 she was awarded a proclamation from the New York Manhattan Borough President’s Office for her dedication in the field of healthcare.

Deeana Laurie Jang, JD

Deeana Laurie Jang, J.D. is the Policy Director for the Asian and Pacific Islander American Health Forum where she heads up the Washington, DC office. Ms. Jang returned in the Health Forum in April 2007 after working as a Senior Policy Analyst at the Center for Law and Social Policy.

She has also worked on California and Federal health policy issues at the Asian and Pacific Islander American Health Forum from 1996 to 2000. She moved to Washington, DC in the Fall of 2000 to work for the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services serving for five years as the lead senior policy analyst working to ensure that health and human services programs are accessible to immigrants with limited English skills under Title VI of the Civil Rights Act of 1964. She was a legal services attorney for many years representing low-income families in domestic violence, immigration, school discipline and housing issues at San Francisco Neighborhood Legal Assistance Foundation, Asian Law Alliance and the Asian Law Caucus.

She is a co-founder of the Asian Women’s Shelter, one of the first battered women’s shelters in the country to address the needs of Asian immigrant women and their children. She is a former chair of the board of the National Immigration Project and also served on the boards of the Northern California Coalition for Immigrant and Refugee Rights and the National Asian Pacific American Women’s Forum. She received the Legal Services Achievement Award from the State Bar of California Legal Services Section, the Pacific Asian Women Bay Area Coalition Woman Warrior Award and Community Leader Award from the Family Violence Prevention Fund.

Ms. Jang received her BA from Oberlin College and her JD from King Hall School of Law at UC Davis.
Sunmin Lee, ScD

Sunmin Lee, ScD, site PI, an Assistant Professor at the Department of Epidemiology and Biostatistics, University of Maryland School of Public Health. Trained as a Social Epidemiologist, her research has focused on social and behavioral determinants of health and health disparities in large cohort studies and diverse population. Her earlier work focused on examining effects of stress on cardiovascular health and cognitive function in women in large cohort studies with repeated exposure and outcome information. From these work, she published numerous papers in journals such as American Journal of Public Health American Journal of Epidemiology, American Journal of Preventive Medicine, and International Journal of Epidemiology.

More recently, she directed the Health Needs Assessment Study in 13 Asian American communities in Montgomery County, Maryland. In collaboration with Asian American Health Initiative, she led 19 focus groups with 174 participants to examine their health needs in Dept.h through focus groups and in-Dept.h interviews. Three peer-reviewed papers from this project are published or under review. Throughout this project, she developed strong ties with community-based and faith-based organizations and their leaders, and County government. She is currently the site Principal Investigator of the 4-year Asian American Liver Cancer Education Program in Maryland (funded by National Cancer Institute).

In collaboration with Johns Hopkins Bloomberg School of Public Health, she will actively participate in developing educational materials tailored to the needs of target communities; implement culturally integrated community-based cancer intervention programs to increase hepatitis B virus screening tests; and evaluate the effectiveness of the educational intervention on liver cancer awareness and hepatitis B screening behavior.

Dr. Lee received her doctoral degree in Social Epidemiology from Harvard School of Public Health and completed her postdoctoral training in Aging and Social Epidemiology from Harvard Medical School and Harvard School of Public Health.

Rod Lew, MPH

Rod has over 20 years of experience in managing diverse community health programs and leading efforts toward the elimination of health disparities. His experience includes leadership development, program implementation, advocacy, coalition building, community-based research, strategic planning, grants development and multimedia materials development.

Rod is the Founding Executive Director of Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), a national non-profit organization created in 1994 to address health justice issues for Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs). Through APPEAL Rod has developed national models on cross cultural leadership, capacity building and policy change and has led a growing national tobacco control movement for AANHPIs. Rod has given hundreds of presentations in 35 states and territories and 10 countries and trained more than 600 community advocates. Prior to APPEAL, Rod was the Health Education Director at Asian Health Services and the Associate Director for the Association of Asian Pacific Community Health Organizations.

Rod was a contributing author to the 1998 Surgeon General’s Report on Tobacco Use and has written and published widely on tobacco and health disparities. He was the guest editor on a monograph on health disparities among Asian Americans. Rod provided testimony to the U.S. Congressional Committee on Commerce on the impact of national tobacco policy in 1999 and to the U.S. Surgeon General in 2004. He has also served on numerous national health advisory committees.

Rod was appointed by the Governor of California to serve on the Tobacco Education and Research Oversight Committee (2000-2006). He has been active with the American Public Health Association (APHA) serving as Chair of APHA’s Equal Health Opportunity Committee (2005-6) and Chair of the Asian Pacific Islander Caucus (1998-2008). Rod was also the 2002 recipient of the Christopher Jenkins Cancer Control Award.

Rod received his Master’s Degree in Public Health from the University of California at Los Angeles in 1988. In his spare time, Rod produces health and educational videos. He also likes to go trekking and traveling internationally.
Marguerite Ro, DrPH
Marguerite Ro, DrPH is the Deputy Director of Asian & Pacific Islander American Health Forum (APIAHF), a national advocacy organization dedicated to strengthening policies, programs, and research to improve the health and well-being of Asian Americans, Native Hawaiians, and Pacific Islanders. Her major responsibilities include program oversight and management for “Health Through Action for Asian Americans, Native Hawaiians, and Pacific Islanders,” a national initiative with the W.K. Kellogg Foundation aimed at eliminating health disparities through strengthening community capacity, conducting policy advocacy at the national level, and building the evidence base to inform system improvements.

Formerly an Assistant Professor at Columbia University, she held appointments in the College of Dental Medicine, the Mailman School of Public Health and the Center for Community Health Partnerships. Dr. Ro has worked on national and state initiatives aimed at improving access to health care and reducing disparities for underserved and vulnerable populations. Recently, Dr. Ro has been appointed to serve on the Advisory Committee on Minority Health for the U.S. Department of Health and Human Services.

Dr. Ro received her Masters and Doctorate from the Johns Hopkins School of Hygiene and Public Health.

Ernest Moy, MD, MPH
Ernest Moy, MD, MPH is a Medical Officer in the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ). At AHRQ, his work has included directing the development of the annual National Healthcare Disparities Report and National Healthcare Quality Report and supporting AHRQ’s Excellence Centers for the Elimination of Ethnic/Racial Disparities and AHRQ’s Patient Safety Organization program. Prior to joining AHRQ, he was Director of Research and Assistant Vice President of the Center for the Assessment and Management of Change in Academic Medicine at the Association of American Medical Colleges where he conducted research on the missions of academic medical centers and developed benchmarking tools to help these institutions improve performance.

Ernest is a graduate of Harvard College and New York University School of Medicine. Following internal medicine residency, he was a general internal medicine fellow at Columbia University, a Robert Wood Johnson Health Care Finance fellow at Johns Hopkins University, and an assistant professor of medicine at University of Maryland School of Medicine.

Ernest’s research interests include disparities in access and quality of care, particularly as they relate to academic medical centers, patient safety, and technology diffusion. He is chair of the Racial and Ethnic Disparities Committee of the American Public Health Association’s Medical Care Section and on the editorial board of Medical Care Research and Review.

Arnab Mukherjea, DrPH(c), MPH
See page 46 for Mr. Mukherjea’s full Master of Ceremonies biography.

Shahin Sebastian, MS
Shahin Sebastian, MS, Project Manager of Patient Navigator Program, MS, (Microbiology), Odessa State University, Ukraine, Certificate program in Medical Interpreting and Medical Interpreting in Mental Health from Cambridge College in Cambridge, MA. Shahin is fluent in Hindi, Urdu, Russian and Malayalam. She has extensive experience in Translation and Interpreting in Russian and Hindi with a concentration in Interpreting in the Medical setting in the last several years. She is actively promoting and representing the Patient Navigator Program in various conferences and seminars since April 2008.
Amy Shek, MS
Amy Shek is the Site Administrator for the Flushing (Queens) site of the Charles B. Wang Community Health Center. She coordinates the day-to-day operations, providing direction and supervision for front desk reception, medical records, facilities and administrative support services. She also works with clinical teams to manage and improve patient care services and patient flow. Prior to her position as Site Administrator, Amy worked at the Chinatown (Lower Manhattan) site as the Coordinator of Community Health Projects. As a Coordinator, Amy worked on health education initiatives, grants writing and project management for the Health Center.

Amy holds a Bachelor of Arts degree in Health & Society from the University of Rochester, an Advanced Certificate in Health Care Management and a Master of Science degree in Management & Policy from Stony Brook University.

Jing Zhang, PhD
Jing Zhang, PhD serves as Director of Community Health Programs at Asian Human Services since 2001. Her experience and skills include health education, needs assessment research, program development, and evaluation. Her research experience includes the Community Health Needs Assessment Survey of Asian American Communities in Chicago for Section 330 grant in 2000. A number of projects/services under her leadership were selected as models and/or awards for excellence, such as Asian Women Osteoporosis Prevention Project, African Refugee AIDS Prevention Project, and HIV prevention projects for special concerned populations. Dr. Zhang is a strong advocate for integration of health education and care with applied research and policy advocacy. She has played an instrumental role in making health status data available to ethnic CBOs through program implementations. She was a fellow of Community-Focused Health Collaboration, School of Public Health of University of Illinois in 2006 and was Vice President of Clinic Services and Workforce Development with Illinois Primary Health Care Association from 2007 to 2008 (Sabbatical). Dr. Zhang has served on several boards of directors and review panels, including Advisory Committee of Loyola University Chicago Urban Research and Learning Center. Currently she is a member of Service Providers Council Executive Committee of AIDS Foundation of Chicago and Program Advisory Committee of Association of Asian Pacific Community Health Organizations in Oakland, California.
Paul Han, MD, MA, MPH

Paul K.J. Han, MPH is a resident of Montgomery County and Vice-Chair of the Steering Committee of the Asian American Health Initiative (AAHI). He is currently a researcher and program director with the Outcomes Research Branch, Division of Cancer Control and Population Sciences, National Cancer Institute (NCI). Dr. Han is a general internist and palliative medicine physician by training, and received an AB in Religious Studies from Cornell University in 1985, and an MD from the New York University School of Medicine in 1989. He completed residency training in Primary Care Internal Medicine at the University of California, Los Angeles in 1992, and served on the faculty of the Division of General Internal Medicine at the University of Pittsburgh for several years, where he also received an MA in Bioethics in 1999 and an MPH in 2004. He moved to Montgomery County in 2004 to pursue research training in the Cancer Prevention Fellowship Program at NCI, which he completed in 2006. His main research interests are in medical decision making and risk communication in cancer care, and he remains active in clinical practice in Internal Medicine and Palliative Medicine, as well as teaching medical students at the George Washington University School of Medicine. As a community member of the AAHI Steering Committee, he is very interested in promoting advocacy and improving data collection efforts to improve the health of Asian American communities.

Wendy W. Friar, RN, MS

Wendy W. Friar, RN, MS is the Vice President of Community Health Education at Holy Cross Hospital in Silver Spring, Maryland. She is responsible for the ongoing management, development, planning, implementation, and evaluation of the hospital’s community health and wellness education programs that encounter nearly 100,000 members of the community annually. Ms. Friar also oversees the Holy Cross Hospital Medical Adult Day Care program. She has created, developed and implemented several highly recognized programs for the community including Senior Fit, a multi-component exercise class for seniors with an enrollment of 2,400; the Holy Cross Senior Source, a public/private partnership that provides a medical-social model for health education and wellness programs for older adults; the Mammogram Assistance Program Services funded by the Susan G. Komen Race for the Cure to provide screenings, diagnostics and links to treatment for medically underserved community members; and the Ethnic Health Promoters program that provide health education for racial and ethnic minorities in the Holy Cross Hospital service area.

Ms. Friar actively collaborates with the Latino Health Initiative to implement and develop the clinical component of the Montgomery County Department of Health and Human Services Foreign-Trained Health Professional Program. She also serves as the project director for the Minority Communities Empowerment Project, a grant sponsored by the Minority Office of Technical Assistance (MOTA) and in partnership with the Asian American Health Initiative, African American Health Program, African Women’s Cancer Awareness Association, CASA of Maryland the Community Ministries of Rockville and the Maryland Commission on Indian Affairs. Ms. Friar graduated with an A.A.S. in Nursing from Queensborough Community College, Queens, New York.

Wendy W. Friar received her B.S. in Nursing from Texas Woman’s University, Denton, Texas (cum laude) and in 1990 she received a master’s degree in Maternal Child Care and Nursing Administration (dual track) from University of Maryland, Baltimore School of Nursing. In 1991 she received a Certificate of Health Care Administration from University of Maryland, University College, College Park. Ms. Friar was appointed to the Montgomery County Commission on Health in 2005 and has served as chair since July 2008.
David K. Lee, JD

David Lee was appointed Executive Director of the Governor’s Office on Asian Pacific American Affairs in May 2006. He is Governor Martin O’Malley’s liaison to the more than 250,000 Maryland residents of Asian Pacific American heritage. In this capacity, Mr. Lee has organized a number of events and initiatives to address the needs of the APA community in such areas as business, healthcare, education, aging, and emergency preparedness. Recently, he led a coalition of community leaders to convene the first-ever Governor’s Asian Pacific American Summit in Annapolis, Maryland.

Before entering the public sector, Mr. Lee practiced law from 1998 to 2006 in the areas of civil and criminal litigation, estate planning and probate. He was involved with the Asian Bar Committee and the Special Committee for Appointments of the Maryland State Bar Association (MSBA), and is a 2002 graduate of the MSBA Leadership Academy, a year-long program designed to recruit and train young lawyers, particularly minorities, to take on leadership roles in the legal profession.

Mr. Lee is a graduate of Phillips Academy in Andover, Massachusetts. He received his B.A. in Economics from the University of Michigan and his J.D. from the University of Maryland School of Law. He lives in Howard County with his wife Susan, a pediatrician, and their three young children.

Harry Kwon, PhD, MPH, CHES

Dr. Kwon serves as a Technical Director in the Communications and Health Marketing division of ICF Macro, a research and consulting firm. He provides program management support for the National Eye Institute’s National Eye Health Education Program. Prior to ICF Macro, Dr. Kwon served as a Public Health Educator for the Office of Communications and Education (OCE) at the National Cancer Institute (NCI) and led the Cervical Cancer Screening Education Program. He also led the NCI Language Adaptation Team which addressed the issues of cultural and linguistic adaptation and translation processes for OCE educational resources to meet the cancer information needs of diverse populations.

Dr. Kwon’s background is in public health with emphasis in health disparities research and health communication to special populations. He has served on many projects with the Centers for Disease Control and Prevention, National Institutes of Health, Substance Abuse and Mental Health Services Administration, and other agencies and organizations. In addition to working with the Native American and Latino populations, Dr. Kwon has focused extensively on health related issues affecting the Asian American population including cancer control and prevention, patient/provider communication, and youth risk behavior.

Dr. Kwon currently serves as the chair for the Asian American Health Initiative steering committee. In 2007, Dr. Kwon was appointed by the County Executive of Montgomery County to serve on the Commission on Health. In 2008, Dr. Kwon was elected to serve as chair-elect for the Asian Pacific Islander Caucus of the American Public Health Association. Dr. Kwon received a B.A. in social ecology and a B.S. in biological sciences from the University of California, Irvine and a Master of Public Health degree in health promotion from the Graduate School of Public Health at San Diego State University. He earned his Ph.D. in public and community health from the University of Maryland, College Park.

David K. Lee, JD

Executive Director
Governor’s Office on Asian Pacific American Affairs
Lily Qi, MBA, MA

Lily Qi is Montgomery County's Liaison for Asian and Middle Eastern Americans and coordinator of the County's Language Access work for people with limited English proficiency.

A professional in public affairs and communication, Lily has broad experience in several industries, including financial regulation, economic development, and higher education. Prior to her current position, Lily was Director of Public Affairs for the District of Columbia's Department of Insurance, Security and Banking, where she was responsible for informing and educating the public about financial regulation and consumer issues including health insurance policies and issues.

Lily often speaks on topics related to Asian American issues, women’s issues, immigration policies and cross-cultural understanding to federal and local government agencies, colleges, military installations, community groups and conferences. She is a contributing writer for Asian Fortune and was quoted by the Washington Post, the Baltimore Sun, the National Public Radio, and the Gazette on issues related to the Asian American community.

Lily is a board member of Leadership Montgomery and a commissioner of the Maryland Governor’s Commission on Asian Pacific American Affairs. She served on Montgomery County Executive Ike Leggett’s Transition Team and the Montgomery County Commission for Women, and is the immediate past president of the Organization of Chinese Americans Greater DC Chapter.

Lily grew up in Shanghai, China and came to the United States in 1989 to pursue higher education. She received an MBA in Marketing and an MA in Organizational Communication.

Marcos Pesquera, RPh, MPH

Marcos Pesquera is the Executive Director of the Adventist HealthCare Center on Health Disparities. He creates and implements initiatives that eliminate barriers to enable health equity in health status, health care access, treatment, and outcomes within the health care system and the community.

Prior to joining Adventist HealthCare, Pesquera served as senior director of Diversity Programs for Kaiser Foundation Health Plan of the Mid-Atlantic States in Rockville. Under his leadership they implemented initiatives that aided in bridging the gap between our Limited English Proficient (LEP) patients and their providers of care. Initiatives around ethnicity, race and language preference data collection were implemented. Training of healthcare providers and support staff around provision of culturally competent care and awareness of healthcare disparities, educating our communities concerning the importance of health insurance, prevention and a healthy lifestyle were also implemented. Under his leadership the Diversity Programs Department received several awards for initiatives including serving the uninsured on Martin Luther King Day, The Latino Center of Excellence, and the NCQA Disparities Award for the Qualified Bilingual Staff Program.

From 1996-2002, he also served as a Medical Center Administrator at Kaiser Permanente where he oversaw the operations for four ambulatory medical centers located along the 270 Corridor; Rockville, Shady Grove, Gaithersburg and Germantown. In this role he helped plan, develop and implement “Centers of Excellence” in culturally competent care to address health disparities in minority populations, as well as managing and overseeing the delivery of primary and specialty care to health plan enrollees. Mr. Pesquera has also held numerous clinical and managerial pharmacy positions in managed care and retail pharmacy.

He serves as Vice-Chair for the Commission on Health, Advisor to the Health Committee of the Governor’s Commission on Hispanic Affairs, Board member for the Montgomery Coalition for Adult English Literacy and Montgomery County Church of Christ.

Mr. Pesquera has a Master’s of Public Health from Loma Linda University; a Bachelor’s of Science in Pharmacy from the Massachusetts College of Pharmacy and completed his pre-pharmacy curriculum at the University of Puerto Rico.

Lily Qi, MBA, MA

Lily Qi is Montgomery County's Liaison for Asian and Middle Eastern Americans and coordinator of the County's Language Access work for people with limited English proficiency.

A professional in public affairs and communication, Lily has broad experience in several industries, including financial regulation, economic development, and higher education. Prior to her current position, Lily was Director of Public Affairs for the District of Columbia's Department of Insurance, Security and Banking, where she was responsible for informing and educating the public about financial regulation and consumer issues including health insurance policies and issues.

Lily often speaks on topics related to Asian American issues, women's issues, immigration policies and cross-cultural understanding to federal and local government agencies, colleges, military installations, community groups and conferences. She is a contributing writer for Asian Fortune and was quoted by the Washington Post, the Baltimore Sun, the National Public Radio, and the Gazette on issues related to the Asian American community.

Lily is a board member of Leadership Montgomery and a commissioner of the Maryland Governor’s Commission on Asian Pacific American Affairs. She served on Montgomery County Executive Ike Leggett's Transition Team and the Montgomery County Commission for Women, and is the immediate past president of the Organization of Chinese Americans Greater DC Chapter.

Lily grew up in Shanghai, China and came to the United States in 1989 to pursue higher education. She received an MBA in Marketing and an MA in Organizational Communication.
Assuring the Health of Asian Americans, Native Hawaiians and Pacific Islanders

**Marguerite Ro, DrPH**

Do Asians Americans, Native Hawaiians, and Pacific Islander experience health and health care disparities?

**Cancer**
- Cervical cancer incidence is 50% higher among Asian Americans compared to other races.
- Native Hawaiians have the highest breast cancer mortality rate in the nation and the state of Hawaii.

**Hepatitis B**
- An estimated 1-2 million Asian Americans are chronically infected with HBV. Over half are APIs.
- More APIs are infected with HBV compared to the general U.S. population.
- Up to 20,000 women in the U.S. give birth each year to infants infected with HBV. Over half of these women are APIs.

**Diabetes and Pre-Diabetes Prevalence in NYC, by Race/Ethnicity, HANES, 2004**
- White
- Black
- Hispanic
- Asian

**Asian Americans Face Greater Communication Difficulties During Doctor Visits**
- asian
- white
- hispanic
- black

**Poverty Status of Nonelderly, 2004-2006**
- White
- Black
- Hispanic
- Asian/PI

**Citizenship Status, 2004-2006**
- API
- Native Hawaiian
- Pacific Islander

**APIAHF’s Policy Priorities**
- Expand access to health care;
- Improve quality of health care by promoting cultural and linguistic competency;
- Ensure a diverse and culturally competent health care workforce;
- Increase research on and improve data collection on our communities;
- Increase investment in community-based health promotion programs.

**Diabetes and Pre-Diabetes Prevalence in NYC, by Race/Ethnicity, HANES, 2004**

**Asian Americans Were Less Likely to Receive Preventive Care and Physician Counseling**

**The reasons behind the disparities …**
Marguerite Ro, DrPH
Assuring the Health of Asian Americans, Native Hawaiians and Pacific Islanders


Health Insurance Status by Race/Ethnicity: Total Nonelderly Population, 2006

Guaranteed Affordable Health Care
- Guaranteeing Health Coverage for Immigrants
- Repeal Proof of Citizenship Requirements
- Coverage for Childless, Undocumented, and Other Uninsured Adults

Guaranteed Access to High Quality Health Care
- Assuring Culturally Competent and Linguistically Appropriate Care
- Assuring a Diverse Health and Health Care Workforce
- Expanding AA and NHPI-Focused Community Health Centers
- Developing and Supporting Elements of the Health Care Safety Net
- Development of a Culturally and Linguistically Competent Emergency Preparedness Response System
- Developing Quality Standards that Account for Race and Ethnicity

Health Equity
- Collect and Disaggregate Data on Asian Americans, Native Hawaiians, and Pacific Islanders
- Expand and Fund Community-Based Prevention Programs and Supportive Services
- Support Community-Based Participatory Research
- Reauthorize the Native Hawaiian Health Care Improvement Act

Healthy Communities
- Strengthen community capacity and community infrastructure to address local health needs
- Create a social and economic environment that promotes health
- Uphold civil rights and address structural racism, such as within immigration reform

A Blueprint for the Health of Asian Americans, Native Hawaiians & Pacific Islander

Five Domains
- Guaranteed Affordable Health Care
- Guaranteed Access to High Quality Care
- Health Equity
- Healthy Communities
- Leadership, civic engagement, and political will

Leadership, civic engagement and political will
- Reinstate the White House Initiative for Asian Americans and Pacific Islanders
- Increase voter turnout
- Engage in health reform dialogues at all levels
- Support the development of future leaders

A New Day ????
Texas House Elections Committee on Tuesday, April 7th

"Can't you see that this is something that would make it a lot easier for you and the people who are poll workers if you could adopt a name just for identification purposes that's easier for Americans to deal with?"

– Congresswoman Betty Brown admonishing Ramey Ko, a representative of the Organization of Chinese Americans

Who's Who in the Administration

- Christina M. Tohan, Director of Public Liaison, Office of Public Liaison
- Nancy-Ann DeParle, Director of the White House Office of Health Reform
- Kathleen Sebelius, nominee for Secretary of Health and Humans Services
- Howard Koh, nominee for Assistant Secretary for Health
- Christopher Lu, White House Cabinet Secretary
- Gary Locke, Secretary of Commerce

Assessing the Needs and Guiding the Future: Health Needs Assessments in 13 Asian American Communities in Montgomery County, Maryland

Sunmin Lee, ScD
University of Maryland School of Public Health

Collaborators

- Julie Bawa, MPH
- Grace X. Ma, PhD
- Temple University, PA
- Hye-Soon Joon, PhD
- Johns Hopkins Bloomberg School of Public Health, MD
- Chiehwen E. Hsu, PhD
- University of Texas, TX

Why Is This Project Important?

- One of the first needs assessments for diverse Asian American communities in Maryland
- 13 different Asian American communities including some under-represented communities, such as Burmese, Cambodian, Indonesian, Nepali, Pakistani, Taiwanese, and Thai.
- Identified in-depth information on health needs and barriers to health care utilization, and provided recommendations
Methods (1)
- Focus groups
  - Effective: use planned discussion in non-threatening environment
  - Developed moderator’s guide
  - Size of focus groups: 6-10 participants, 18+ years old
  - With participants’ informed consent, the entire session was recorded
- Sampling: Combination of purposive stratified & convenience sampling
  - Stratified based on gender, age, membership of community-based or faith-based organization
- Developed moderator’s guide
- Size of focus groups: 8-10 participants, 18+ years old
- Effective: use planned discussion in non-threatening environment

Methods (2)
- Received IRB approval from University of Maryland
- Analysis of focus group data: coded emergent themes by major categories and organized data using Max QDA
- Community members provided feedback on individual community report write-up

Characteristics of Participants (1)
- Age Range
- Education

Characteristics of Participants (2)
- Gender
- Health Insurance
- Arrived in US

Potential Sources of Stress
- Cultural attitudes about health and health care
  - Receiving routine checkups and regular preventive care is not a cultural norm
- Physical Barriers
  - Time conflict with medical appointments
  - Long waiting hours in walk-in clinics

Barriers to Health Care Access (2)
- Provider who can speak their language
- Patient-provider Communication Barrier
  - Language barriers
  - Low level of health literacy
- Cultural attitudes about health and health care
  - Receiving routine checkups and regular preventive care is not a cultural norm
- Social Barriers
  - Isolation and loneliness

Unique additional barriers for underrepresented groups (1)
- Lack of resources and social capital
  - Relative short history of Immigration to the US
  - Small population size
  - Inactive or no community-based organizations or faith-based organizations
  - No community health fair: lack of opportunity for screening and obtaining health information

Unique additional barriers for underrepresented groups (2)
- Lack of interpretation service at health care setting
  - Usually limited to languages of larger Asian American groups
  - May be related with violating appropriate medication directions or interpreting test results
  - Lack of educational materials or programs in their own language
Recommendations (1)
- Increase knowledge and raise awareness of health promotion and disease prevention measures
- Expand current health promotion and disease prevention/control efforts on chronic disease, infectious disease, mental health, and health
- Expand existing Health Promoters Programs
- Increase support for existing community-based health initiatives and programs

Recommendations (2)
- Continue to expand access to quality health care services
  - Minimize barriers to care
    - Insurance, transportation, voluntary clinic, lay health promoters
  - Provide access to culturally and linguistically appropriate resources
    - Health professionals, educational materials, patient navigator program
  - Enhance health literacy

Recommendations (3)
- Invigorate and expand partnerships and collaborations
  - Encourage county-community partnerships in addressing health disparities
  - Encourage participation of community members & leaders in program planning and development, health professionals to volunteer services
  - Continue to provide technical assistance to under-represented Asian communities: empower CBOs & FBOs to eventually take ownership to their health promotion programs

Recommendations (4)
- Enhance capacity to obtain, analyze, and monitor health and related data on an ongoing basis
  - Allocate sufficient funding
  - Explore ability to extend data health surveys to the populations served by AAHI
  - Collect and report on initial surveillance data on convenience populations in clinics, CBOs, and FBOs for major health conditions

Acknowledgement
- This research was funded by Asian American Health Initiative (AAHI), Montgomery County Department of Health and Human Services, Maryland
- Julie Bawe (Program Manager, AAHI)
  - AAHI staff: Perry Chan, Lisa Canda, Roanne Callazo, Anne Pohleodor, Christine Liang
  - Research assistants: Berline Bu, Jennifer Choi, Janie Luk, Eva Sharma, Witthi Fattanakot, Margaret Leней, Teddy Meng, Laura Santibanez
- Leaders of CBOs & FBOs in Montgomery County

For More Information …
- Asian American Health Initiative (AAHI)
  - www.aahiinfo.org
- Maryland Asian American Health Studies (MAAHS)
  - www.maahs.umd.edu

Henrietta Ho-Asjoe, MPS
A Contextual Overview of Health Promotion and Heart Health Interventions

Overview
- Overview of Health Promotion
  - Heart Health interventions

What is health promotion?
Health promotion is a strategy that aimed at informing, influencing and assisting both individuals and organizations:
- To live a healthy lifestyle
- To take action to improve one’s health
- To assist in making health choices

Clarifications:
Health Education
- Some form of communication designed to improve health knowledge and development of life skills.

Health Promotion
- Some form of development of the individual to promote advocacy and social mobilization

Health education
- Health education
- Development of personal skills
- Strengthen community actions
- Reorient health services
- Build public policies
- Create a supportive environment
Henrietta Ho-Asjoe, MPS
A Contextual Overview of Health Promotion and Heart Health Interventions

**Capacity building**
- Project CHARGE (Coalition for Health Access to Reach Greater Equality)

**Community action**
- Community based partnership to address the underlying causes of heart disease.
- Improve the community’s knowledge and awareness of early detection and prevention of heart disease.
- Promote healthy eating and physical activity.

**Delivery of health services**
- Nutrition & Physical Fitness Intervention for High-Risk Seniors
  - A six-session workshop series was conducted at each of the four senior centers with a total of 70 recruited participants.
  - A physical fitness curriculum was implemented.
  - Four senior centers collaborated in the intervention.

**Public policy**

**Supportive environment**

---

Chinese American Healthy Heart Coalition
- Established in 2000.
- Community based partnership to address the underlying causes of heart disease.
- Improve the community’s knowledge and awareness of early detection and prevention of heart disease.
- Promote healthy eating and physical activity.

---

Social campaigns and interventions
Henrietta Ho-Asjoe, MPS
A Contextual Overview of Health Promotion and Heart Health Interventions

19
A physical fitness curriculum

20
CPR for Family and Friends Training

21
Promoting a Healthy Eating Campaign in the Chinese Community

22
You Are What You Eat

23
Eat Well For Your Heart Campaign

24
Nutrition Labels

25
Sweet-n-Tart Restaurant

26
Golden Carriage Bakery

27
You Are What You Eat

28
Nutrition Labels

29
Eat Well For Your Heart Campaign

30
Bibliography

Henrietta Ho-Asjoe, MPS
A Contextual Overview of Health Promotion and Heart Health Interventions
Henrietta Ho-Asjoe, MPS
A Contextual Overview of Health Promotion and Heart Health Interventions

Chanoodle Restaurant 新王朝
Special Stir-fried Vermicelli with Shredded Eggs and Asian Greens
Nutritional Facts per Serving Size

Healthy Lunch Boxes
Press Conference

Healthy Heart Workshop

Meeting: Childhood Obesity

Healthy Holiday Eating

For more information:
Henrietta Ho-Asjoe, MPS
Administrator &
Director of Community Development
Center for the Study of Asian American Health
NYU School of Medicine
henrietta.ho-asjoe@nyumc.org
(212) 263-0483
www.med.nyu.edu/csaah

Press Conference
May 26, 2005 – Healthy Heart Coalition Eateries (Ming Pao Daily)

Meeting- Childhood Obesity

For more information:
Swaran Dhawan, AGSW, LCSW-C

Addressing Mental Health Needs with the South Asian Community

presentations

Mission of CHAI

To educate and find referrals for the South Asian community on issues related to mental health and wellness in the Baltimore/Washington DC metropolitan area and to build cultural proficiency with mental health providers serving the needs of the South Asian community.

What do we do?

- Locate mental health professionals who have skills that would be helpful to the South Asian community.
- Awareness of South Asian culture
- Understanding and respect of South Asian religions
- Educate the South Asian community about mental health issues
- Provide free workshops on mental health
- Provide free referrals to the community for counseling
- Conduct workshops on mental health
- Conduct Wellness groups that focus on prevention and support
- Provide free referrals to the community for counseling
- Infrastructure to reach out to South Asian community
- Contact professional cultural proficiency workshops on working with the South Asian community
- Break the stigma about mental health and build a bridge to access support

South Asians? Who, What, Where?

- Group One- Who? Culture, features, clothing
- Group Two- What? Languages, religions, customs
- Group Three- Where? Countries of origin, diasporas

Languages of South Asia

- Indo-Aryan (Indo-Iranian branch of Indo-European) Sanskrit
- Persian (= Farsi), Dari, Tajik, Pashto, Baluchi
- Turkish, Newari, and 100+ languages in Himalayas and NE frontier eastern India.
- Approximately two dozen tribal languages, incl. Santali and Mundari, in central and eastern India. Also Brahmin, spoken in Baluchistan in southern Pakistan.
- Tamil, Kannada, Malayalam, Telugu and approximately two dozen other languages in all Indian states
- Sindhi, Nepali, Sinhala, Kashmiri, Maithili, Bhojpuri, Magahi, Rajasthani, Konkani

Addressing Mental Health Needs with the South Asian Community

presentations

Demographic of South Asians in Maryland

- 2.5 million South Asians (American Community Survey 2005)
- Pakistani community increased over 150% since 1990

Main reasons for referrals-

- Suicide rates for South Asian community higher than other populations and young South Asian woman have higher rates of suicide than South Asian males in the U.S.
- 2 out of 10 people in the US have a mental illness & 2 in 3 South Asians suffering from mental illness will not seek help

How Mental Health affects the South Asian Community

- Strong family bonds
- Strong ties to culture
- High value on education and success
- Strong religious beliefs
- Strong parental support for youth

RELIIGIONS OF SOUTH ASIA

- The South Asian community includes followers of many faiths.
- Hinduism
- Buddhism
- Christianity
- Sikhism
- Judaism
- Jainism
- Zoroastrianism

VI. Colonial and other “foreign” languages

- Caribbean
- United States of America
- South East Asia
- New Zealand
- Mauritius
- Europe
- Canada
- Africa
- Australia
- Europe

U.S. South Asian Population (National)

- 2.5 million South Asians (American Community Survey 2005)
- Indian: 1,890,056
- Pakistani: 204,309
- Bangladeshis: 57,412
- Indians: 1,899,599

Main reasons for referrals -

- Domestic Violence
- Family communication
- Depression

- These leading help have limited access to therapists who speak their language and to therapists who have knowledge of the South Asian culture

Family & Community Strengths

- Strong family bonds
- Strong ties to culture
- High value on education and success
- Strong religious beliefs
- Strong parental support for youth

Governor’s Executive Director

David K. Lee
presentations

Addressing Mental Health Needs with the South Asian Community

Swaran Dhawan, AGSW, LCSW-C

13

Types of Referrals
(Data from CHAI 2001-2008)

14

Statistics on Domestic Violence

- Every nine seconds a woman in the U.S. is physically abused.
- 1 out of 3 women reports abuse at the hands of an intimate partner.
- Study in Boston: 40% of South Asian women report that they know someone who is in an abusive relationship.

15

Issues Specific to Domestic Violence in South Asian Community

- Barriers caused by cultural/religious beliefs, linguistic barrier
- Isolation from home/family, also from adopted community
- Guided by values of privacy, honor, loyalty, shame
- Total dependency on one person, i.e., the abuser
- Lack of knowledge of legal rights and resources
- Use status, fear of deportation
- Perceived 'good life' in U.S.
- Visa status - fear of deportation/jail
- Lack of knowledge of legal rights and resources
- Barriers caused by cultural/religious beliefs, linguistic barrier
- Post 9/11 hate crimes and stereotyping
- Involvement of in-laws; extended family members
- High pressure and expectations of generations
- Domestic violence
- Internal racism and prejudices
- Lack of trust within community and outside the community of family issues
- Post 9/11 hate crimes and stereotyping
- Taboos in community with LGBTQIQ

16

Depression & Suicide

- The highest number of completed suicides for females is with the Asian women (2005 data - US)
- South India's suicide rate is 5-10 times higher than that of the global rate. (2004- WHO report)
- For every completed suicide, there are at least twenty suicide attempts (2008- Am. Foundation for Suicide Prevention)

18

Taboos about LGBTQIQ

- Biculturalism and “Dual Lives.”
- Internal racism and prejudices
- Domestic violence
- Difficulties in communication between generations
- High pressure and expectations
- Fear of community ostracism
- Lack of trust within community and outside the community of family issues
- Post 9/11 hate crimes and stereotyping
- Taboos in community with LGBTQIQ

20

Who'll be affected? Why Asians, Discrimination and Hate Crimes Occur

- Events prior to servicio to meet needs of women
- Addressing race, religious and gender stereotypes
- Insight & sharing of alternative perspectives
- Safety, welcoming and nurturing space
- Women's Group vs. “Support” Group
- Peer acceptance and validation
- Facilitator vs. group leader
- Diversity within the group
- Structure and flexibility
- Tools to continue
- Closed group
- Time-limited

22

Who's on a similar journey?

- Mental Health/Professional Communities
  - CAT: South Asian Child Sexual Abuse Prevention
  - NAMI: DV Resource
  - WSPAN: Violence Prevention Project (VPP)
  - NAMI: Asian American Psychiatric Association
  - Maryland Art Resource
  - Project Bridge Counseling
  - Maryland Psychiatric Foundation
  - Baltimore Asian American Community
  - South Asian Mental Health Clinic (SAMHC)
  - South Asian Mental Health Association (SAMA)
  - South Asian Psychological Association (SAPN)

presentations

Addressing Mental Health Needs with the South Asian Community

Swaran Dhawan, AGSW, LCSW-C

19

Why Asians, Discrimination and Hate Crimes Occur

- Incidents targeting people because of:
  - Race
  - Religion
  - Disability
  - Age
  - National Origin
  - Gender
  - (Political Affiliation)
  - Sexual Orientation

21

What has been effective?

- Women's Wellness Group
  - Interviews prior to session to meet needs the women
  - Addressing race, religious and gender stereotypes
  - Insight & sharing of alternative perspectives
  - Safety, welcoming and nurturing space
  - Women's Group vs. “Support” Group
  - Peer acceptance and validation
  - Facilitator vs. group leader
  - Diversity within the group
  - Structure and flexibility
  - Tools to continue
  - Closed group
  - Time-limited

presentations
Deeana Laurie Jang, JD  
Towards an Asian American, Native Hawaiian and Pacific Islander Health Agenda
Amy Shek, MS
Charles B. Wang Community Health Center: Organizational Overview and Access to Health Care
May 20, 2009

Charles B. Wang Community Health Center
Formerly known as the Chiristown Health Clinic (CHC)
A non-profit, federally funded community health center serving the Asian American community in the New York Metropolitan area.

Founding
- 1977: CHC awarded an Urban Health Initiative grant by NEH (HHS) to provide primary care services.
- 1979: CHC recognized as FQHC. Moved to 69 Baxter Street.
- 1994: CHC moves into 125 Walker Street, NY, NY.
- 1997: CHC establishes Flushing Site in Queens, NY.
- 2002: CHC has grand opening of 268 Canal Street, NY, NY.

Today

Asian Americans in NY State
- Uninsured in New York State:
  - 23.3% Asian
  - 13.1% White
  - 20.7% Black
  - 30.8% Hispanic

Asian Americans in NYC
- As of 2007, there were an estimated 771,427 Asian Americans, or 11% of the population in New York City.
- Chinese American, the largest group, followed by Filipinos and Koreans.
- The 2007 census data show that more Asian Americans, in comparison to the general New York City population, are:
  - foreign born (18.9%)
  - have lower per capita income ($22,347)
  - have higher rates of senior poverty (25.5%)
  - have less than high school education (24.0%)
  - are limited English proficient (51.0%)

Vision and Mission
- Vision: To be a Center of Excellence for Asian American health, dedicated to eliminating health disparities.
- Mission: To provide quality, culturally competent, and affordable health care and education, and to advocate on behalf of the health and social needs of underserved Asian Americans.

Goals
- SERVICE:
  - Provide our patients with compassionate, professional health care.

  ADVOCACY:
  - Advocate on behalf of the Asian American Community, who, due to culture, language, education, or physical barriers, may not be able to advocate on their own behalf.
  - Reach out and interact with the community and its leaders to understand and respond to community needs.
  - Raise national awareness of Asian American health and social issues.
  - Serve as a model for other community health centers.

Primary Care Services
- Dental Care
- Internal Medicine
- Maternal Health
- Pediatrics
- Women’s Health (OB/GYN)

Health-Related Services
- Social Services
- Health Education
- Teen Resource Center (TRC)
- Women, Infants & Children (WIC)
- Insurance Application

Patient Services
During the past five years, the patient population at the Health Center has grown steadily.
2008
Number of Users 36,000
Medical & Dental Visits 181,000
Amy Shek, MS
Charles B. Wang Community Health Center: Organizational Overview and Access to Health Care

Teen Resource Center (TRC)

Health Education Department

- Vision: All Asian Americans should have access to quality health care information, as well as the ability to apply that information to improve health outcomes.
- Mission: To improve the health literacy of Asian Americans through health education, health advocacy, and disease prevention.

Health Education Core Functions

- Outreach & Health Education
- Community & Health Advocacy
- Develop Bilingual Health Education Resources
- Media & Marketing

Grant-funded Programs

- Interdepartmental:
  - Red Cross Program - Health Ed. IM, Pod, Mid, SW
  - Title II Family Planning & HIV - MM, Red
- Unit-based:
  - Breast Cancer - BH
  - Diabetes - SH
- Coalition-based:
  - Hepatitis B (City Council)
  - Healthy Heart
  - Donor-funded
  - Training Grants

Benefits of Programs/Grants

- Able to pilot new ideas / interventions
- Provide free services for uninsured
- Increase clinical & educational services
- Complementary/supplemental activities to clinical care (support groups, etc)
- Help promote agency/unit mission

Electronic Health Records

- The Health Center implemented:
  - Electronic Health Record in 2005
  - Electronic Dental Record in 2008

Multidisciplinary Team Approach

- Patient Service Representatives: scheduling, registration, insurance confirmation, payments, etc.
- Nursing (RN, LPN, Senior MA, MA): vaccinations, education, blood draws, EKG, vital signs, social history intake, risk assessment, etc.
- Family Health Worker: referral arrangements and appointments, insurance authorizations, facilitate abnormal reports to attention of provider

Accessible

- Open 7 days a week
- Same day appointments for urgent care
- Physicians on-call during non-work hours to provide medical advice over the phone
- Reduced fees based on income
- Languages spoken include Chinese (Cantonese, Mandarin, Shanghaiense, Fukinese), Korean, Spanish and English

Comprehensive

- We provide primary care services
- Our doctors and staff help patients find the right specialist
- Our social workers help with non-medical needs
- Our health educators help patients learn about healthy living

Compassionate

- We care about our patient
- We work with patients to determine the best treatment plan for them
- We take responsibility for making sure that our patients’ medical & non-medical needs are met.

High Quality

- Our doctors, nurses, social workers and health educators work together closely to provide high quality, comprehensive care.
- All of our doctors and nurses are professionally trained and licensed by the State of New York.

Thank you!

Amy Shek, MS
Site Administrator
Charles B. Wang Community Health Center
ashd@cbwhc.org
(718) 886-1212 ext. 511
Asian Americans in Montgomery County, MD

- Diversity & Culture & Language
  - "In the last decade, the County added 20,000 new residents. 80% are from Asia. We need to embrace diversity & language.
  - The County is the most diverse county in the US with 800 languages.
  - Patients have difficulty understanding their own treatment plans, causing lack of patient compliance.

Patient Navigation – An Urgent Need

- Needs assessment survey conducted through the Request Data System (RDS) in 2008.
  - Barriers to accessing health care:
    - Language: "I don’t understand the instructions in English, so it’s hard to follow the instruction plan.
    - Cultural: "The US system is very confusing, especially for those who have lived in the US for a long time but are not citizens.
    - Social: "I need help understanding what I need to do to improve my health.
    - Financial: "I need help understanding what I need to do to improve my health.

- Needs assessment survey conducted through the Request Data System (RDS) in 2008.
  - Challenges:
    - Language barriers: Many patients have difficulty understanding medical information.
  - Solutions:
    - Provide language interpreting services.
  - Goals:
    - Reduce barriers to accessing health care.
    - Improve patient outcomes.

The County Response

- The Patient Navigator Program (PNP) was developed by Cross Cultural Infotech (CC Infotech) in partnership with the Asian American Health Initiative (AAHI) of Montgomery County DHHS.
  - The program has been in operation since April 2008.
  - The PNP is a product of the Asian American Health Initiative’s goal to help reduce health disparities among ethnic and racial minority groups.

Patient Navigator Program - Components

- Multilingual Health Information & Referral Line
  - Language interpreting services.
  - Health insurance.
  - Medical transportation.
  - Preventive disease screenings.

- The Multilingual Health Information & Referral Line provides:
  - Health insurance.
  - Medical transportation.
  - Preventive disease screenings.
  - Language interpreting services.

The Patient Navigation Program (PNP) was developed by Cross Cultural Infotech (CC Infotech) in partnership with the Asian American Health Initiative (AAHI) of Montgomery County DHHS to provide Multilingual Medical Interpreting - Trained Medical Interpreters.

- Languages Supported:
  - Mandarin, Cantonese, Toishanese, Hindi, Urdu, Korean, Vietnamese, Language Line (other languages).

Request Data System (RDS)

- The RDS is a web-based system developed by CC Infotech that has the capability to capture patient demographics and generate reports on assessing gaps and projects related to the PNP.
  - Analyze the captured data – present, aggregate, and distribute – above.
  - The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.
  - Analysis of the reported concerns can help identify needed areas of improvement within the PNP.

Nature of Calls

- The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

- The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

- The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

Medical Interpreting

- Interpretation services provided:
  - Language interpreting services.
  - Medical interpreting services.

Case Studies - Number I

- Patient goes to Mobile Medical Center:
  - Same problem, surgery needed: 7 months later.
  - PNP asks: What is new?
  - PNP: "Let’s talk about this surgery, the medical care, the costs, and the insurance.
  - Patient: "I’m going to do well.
  - PNP: "Let me know when you have your surgery.
  - Patient: "I’m going to do well.

Case Studies - Number I

- Patient goes to Mobile Medical Center:
  - Same problem, surgery needed: 7 months later.
  - PNP asks: What is new?
  - PNP: "Let’s talk about this surgery, the medical care, the costs, and the insurance.
  - Patient: "I’m going to do well.
  - PNP: "Let me know when you have your surgery.
  - Patient: "I’m going to do well.

Request Data System (RDS)

- The RDS is a web-based system developed by CC Infotech that has the capability to capture patient demographics and generate reports on assessing gaps and projects related to the PNP.
  - Analyze the captured data – present, aggregate, and distribute – above.
  - The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.
  - Analysis of the reported concerns can help identify needed areas of improvement within the PNP.

Reported information can lead to making formal recommendations to the County regarding needed areas of improvement.

The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

Analysis of the reported concerns can help identify needed areas of improvement within the PNP.

Reported information can lead to making formal recommendations to the County regarding needed areas of improvement.

The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

Analysis of the reported concerns can help identify needed areas of improvement within the PNP.

Reported information can lead to making formal recommendations to the County regarding needed areas of improvement.

The data is analyzed using different parameters, for example: nature of call, gender, age, insurance status, and language affiliation of the caller.

Analysis of the reported concerns can help identify needed areas of improvement within the PNP.

Reported information can lead to making formal recommendations to the County regarding needed areas of improvement.
Presentations

**Case study - Number 2**
- Patient with upper abdominal pain
- Radiology reports showed a small mass in the stomach
- Patient referred to gastroenterologist
- **Treatment**: Endoscopy
- **Diagnosis**: Gastric cancer
- **Treatment**: Chemotherapy
- **Outcome**: Patient is stable and continues treatment

**Case study - Number 3**
- Patient with low back pain
- **Treatment**: Physical therapy
- **Outcome**: Patient is pain-free and returning to normal activities

**PNP Summary**
- **PNP** - Patient Navigator Program
- **Mission**: To coordinate care for underserved individuals
- **Goals**: Improve access to health services, ensure continuity of care

**Acknowledgement & Contact info**
- **Contact**: Shahin Sebastian, MS
- **Phone**: 301-760-4993
- **Email**: shahin@crossculturalinfotech.org

**Purpose**
- **API Caucus**: A platform for networking, collaboration, and advocacy
- **Goals**: Cross-cultural exchange, professional development

**Mission and Goals**
- **Mission**: To address public health issues specifically affecting Asian and Pacific Islanders in the United States and associated jurisdictions in affiliation with the American Public Health Association
- **Goals**: Cultivate leadership among API professionals, promote public health awareness

**Mission & Goals**
- **Mission**: To detail the history, mission, and objectives of the API Caucus
- **Goals**: Promote collaboration, networking opportunities

**American Public Health Association**
- **API Caucus**: Acts as a liaison for research initiatives
- **Goals**: Disseminate new research, advocate for policy changes

**Breakout Theme II**

**Breakout Theme III**

**Mission & Goals (continued)**
- **Provide a forum for the analysis, interpretation, recommendations and dissemination of current research and policy that affect Asian and Pacific Islander population health in the United States and associated jurisdictions**

**Mission & Goals**
- **Mission**: To illustrate how the API Caucus focuses on networking and leadership development using a collaborative model
- **Goals**: Cultivate leadership among API professionals, promote public health awareness

**Acknowledgement & Contact info**
- **Contact**: Arnab Mukherjea, DrPH(c), MPH
- **Email**: arnamb@crossculturalinfotech.org
- **Phone**: 301-760-4993
**Leadership & Affiliations**

**Former API Caucus Chairs**
- Ted Chen (founder)
  - Asian Pacific Health Promotion & Development Office
- Pancho Chung
  - AAPI Caucus (1977)
  - API Caucus for Public Health (2002)
- Stella Yu
  - Elects first Chair of Scientific Programs (Stella Yu)
- Rod Low
  - Elects first Chair of Policy (Dong Suh)
  - Hosts first Social Reception at its 25th Anniversary
- Marguerite Ro
  - Receives first invitation to speak at APHA Plenary

**Leadership & Affiliations**

**Current API Caucus Chairs**
- David Inoue
  - Hosts first Social Reception at its 25th Anniversary
- Nadine Chan
  - Elects first Student Representative (Butch de Castro)
- Arman Muehler
  - First listserve launched: http://health.groups.yahoo.com/group/apic-apha/
- Nadia Islam
  - First representation of API Caucus on APHA Executive Committee
- Harry Kwon
  - API Caucus' first Career / Lifetime Achievement Award

**Networking & Collaboration**

**2006**
- Received grant from the Kellogg Foundation to expand networking opportunities and activities
- Collaborated with Asian American Network for Cancer Awareness, Research & Training (AANCART)
- Present Chris Jenkins award
- Introduce Mentoring Breakfast for Students at APHA Annual Meeting & Exposition

**2007**
- Receives largest number of abstracts submitted to APHA on Asian and Pacific Islander health

**Networking & Collaboration**

**2008**
- Successfully nominated two individuals to represent Asian health interests to APHA Executive Board
- 2009
  - Served on Asian American Health Initiative (AAHI) Conference Planning Committee
  - Co-sponsored AAHI 2009 Conference Networking Reception
  - Collaborating with other APHA affiliates to create networking and development opportunities

**Networking & Collaboration**

**2009**
- Successfully nominated two individuals to represent Asian health interests to APHA Executive Board
- 2009
  - Served on Asian American Health Initiative (AAHI) Conference Planning Committee
  - Co-sponsored AAHI 2009 Conference Networking Reception
  - Collaborating with other APHA affiliates to create networking and development opportunities

**Current activities**
- Ongoing nomination of highly-skilled API health professionals to APHA leadership committees and governing boards (in collaboration with other APHA affiliates)
- Increased outreach to individuals and organizations committed to developing leaders who contribute to improving health prospects of API communities
- Proactive policy advocacy regarding initiatives impacting API health

**Future directions**
- Continue to expand networking and developmental opportunities during APHA Annual Meeting & Exposition
- Actively collaborate with API organizations to promote mentorship, leadership, dissemination of health resources and information, and expand network
- Advocate for policy initiatives that enhance data collection, reduce disparities, and improve the well being of API communities

**Concluding Remarks**
- API Caucus has served as a springboard for many leaders affiliated with highly visible Asian health organizations
- API Caucus remains an active forum for networking for health professionals working on Asian health issues with diverse objectives, interests, and activities
- With new focus on leadership development, API Caucus aims to create a pipeline for professionals to forward API health agenda

**Thank you!**
- Please do join the API Caucus (it’s free!)
- Membership forms located on API Caucus table
- Find out more at www.apicaucus.org
- Please come to our 35th anniversary program during APHA 2009 Annual Meeting & Exposition in Philadelphia, PA.
- Increased number of scientific sessions
- Student and young professionals mentorship event
- Business meeting and social reception
- Arnab Mukherjea: program@apicaucus.org
Noilyn Abesamis-Mendoza, MPH

Project CHARGE: Coalition for Health Access to Reach Greater Equity

Outline

- Summary of Health Through Action Initiative
- Asian Americans in New York City
- Summary of Project CHARGE
- Capacity Building
- Results from Coalition Evaluation
- Current Activities
- Lessons Learned

HTA Aims

- Strengthens community capacity to address local health needs
- Build a national network for AA and NHPI health
- Strengthen national policy and advocacy efforts
- Increase data collection and research on AA and NHPI health
- Support the development and implementation of a NHPI health agenda

Health Through Action – Community Partnerships Grant Program

- HTA – Arizona
- HTA – California (APIDC)
- HTA – California (HHS)
- HTA – Hawaii
- HTA – Minnesota
- HTA – New York
- HTA – Ohio
- HTA – Texas

Asian Americans in New York City

- Asian American population is 999,030 and nearly 10% of the City.
- 4 out of 5 are foreign-born.
- 1 out of 3 does not speak English.

Crisis & Opportunity

- Twin Crisis in NYS
- Deficit in billions/care in programs & services
- Wall Street Crash
- Decrease in funding for CBOs
- New leadership
- Renewed commitment to public health
- Advocacy playing a bigger role for social services

Who are the Partners?

<table>
<thead>
<tr>
<th>Partner Name</th>
<th>Partnership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAFE</td>
<td>Coalition for Health Access to Reach Greater Equity</td>
</tr>
<tr>
<td>Project CHARGE</td>
<td>15 partners</td>
</tr>
<tr>
<td>Ensure access to health care</td>
<td></td>
</tr>
<tr>
<td>Asian Americans have the highest rate (28%) of linguistic isolation</td>
<td></td>
</tr>
</tbody>
</table>
| Source: Asian American Federation, Census Information Center, American Community Survey 2006

Outcome Evaluation Objectives

- To determine the degree to which the following project outcomes were achieved:
- Increase organizational capacity of coalition members
- Strengthen collaborative partnerships among AA/PHOs, health providers, research institutions, and advocacy organizations
- Increase evidence of intervention in improving health access and equity issues
- Increase understanding of health issues and their impact on AA communities
- Ensure that evaluation data is available for future decision-making and resource allocation
Noilyn Abesamis-Mendoza, MPH
Project CHARGE: Coalition for Health Access to Reach Greater Equity

Current Activities
- Continue Coalition Evaluation
- Community Discussions
- Convening of Experts
- White Paper
- Continue Advocacy

For more information
Noilyn Abesamis-Mendoza, MPH
Manager, Health Policy
Coalition for Asian American Children and Families (CACF)
50 Broad Street, 18th Floor
New York, NY 10004
(212) 809-4675
nabesamis@cacf.org

Lessons Learned
- Flexibility
- Political Feasibility
- Role of Lead Organization & Partners
- Expanding Beyond Health
- New Technologies
- Technical Assistance
- Role of Evaluation
- Transitions/Changes

Presentation Overview
- What are the National Healthcare Quality & Disparities Reports
- Lessons from the Reports for Quality Improvement & Disparities Reduction
- How to use the Reports

From Reports to Action
- Know
- Plan
- Do
- Make it happen
- Help it happen
- Better Health Care

National Healthcare Quality & Disparities Reports
- Annual reports to Congress since 2003 mandated by 1999 Healthcare Research and Quality Act
- Improves care for all Americans: Unified team, interagency work
- Improves group, framework, data, methods, quality measures
- Highlights:
  - Quality Report
  - Disparities Report
  - Snapshot & trends in quality of health care in America
  - Disparities in health care

Lesson 1: Quality ≠ Disparities.. Variations across states: Variation across populations

Source: BRFSS, 2005

So, if you want to change disparities, focus on disparities.
Ernest Moy, MD, MPH
Transforming Data into Action: Lessons from the National Healthcare Disparities Report

1. Raise Awareness & Make Case for Action

2. Quality and Disparities Data can be used together to target interventions.

3. Can use QI measures to examine disparities, but don’t forget access...

4. Partner with AHRQ

5. Quality Improvement ≠ Quality Chasm

6. Use 1: Raise Awareness & Use 1: Raise Awareness & Make Case for Action

7. Use 2: Pick measures & Use 2: Pick measures & methods

8. Use 3: Summarize findings

9. Use 4: Partner with AHRQ

10. Conclusions

- National Reports summarize much knowledge but # Quality Improvement
- Reports can provide insight about how QI can be used to reduce disparities
- Reports can support planning for action
  - Make case for action
  - Identify QI opportunities: Which populations, services, communities
  - Help pick measures & methods
- Local teams do the improvement
Houston: We have a Problem

Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project

Beverly J. Quan Gor, EdD, RD, LD, CDE

1. Lessons Learned from the
Asian American Health
Needs Assessment (AsANA) Project

“Houston: We have a problem...”

2. U.S. states with a large Asian population

3. Asian population in the City of Houston

4. Chinese & Vietnamese Differences

- Languages: Manderin, Cantonese, English
- More second, third generations
- Longer time in US
- Increased “China Towns”
- Relative to non-Asian

5. Why is the AsANA study important?

- Insufficient and inadequate collection of Asian health data
- Asian American health concerns are poorly understood and often overlooked
- Groupings for “whites” or “ethnics” include Asians and other ethnic groups
- Aggregation of Asian data masks true health problems within Asian subgroups

6. Survey Instrument Development

- Questions on pain from R. Portnoy
- Texas Community Health Survey (CHS)
- Modified for cultural sensitivity and appropriateness
- Revised logistic flow
- Back translated to ensure validity and comparability

7. AsANA Timeline

- Contract with Tele Survey Company
- Analysis & Reports
- Data Collection
- Review
- Translation
- Survey Instrument

8. Study Plan

- Determined geographical boundary for population of reference:
- Serves, Fort Bend, Galveston, and Harris counties
- Calculated the required n of completed surveys per county to reflect proportion of Chinese/ Vietnamese
- Randomly selected participants from the population using an Asian surname telephone listing
- Collected 814 completed surveys (405 Chinese and 409 Vietnamese)


- Objectives:
  - To collect scientifically valid data on the health practices and health beliefs of Asian Americans in Houston and the surrounding area
  - To establish baseline data that can set the stage for future studies and research projects with Asian populations
  - To compare data with that of other minority groups and the general population
  - To provide the data to the targeted communities so they can apply for community development funding

10. Survey Instrument Development

- Questions on pain from R. Portnoy
- Texas Community Health Survey (CHS)
- Modified for cultural sensitivity and appropriateness
- Revised logistic flow
- Back translated to ensure validity and comparability

11. Asian Community Health Panel

- Diverse gender, ethnic and professional representation
- Relevancy testing
Beverly J. Quan Gor, EdD, RD, LD, CDE
Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project
Houston: We have a Problem

13. Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project

14. AsANA Survey Instrument

15. Pilot Interviews

16. Subject selection methodology

17. Data collection

18. AsANA Data

19. Age Distribution of Chinese in AsANA sample versus Census 2000

20. Age Distribution of Vietnamese in AsANA sample versus Census 2000

21. Sample weighting procedure

22. Gender Distribution

23. Age Distribution

24. Residency status
Beverly J. Quan Gor, EdD, RD, LD, CDE

Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project
Houston: We have a Problem

Breakout Theme IV

Lessons Learned

- **Sampling**: Who to include? Which AAPI group(s)? Which geographic areas?
- **Methodology**: telephone vs face to face
- **Instrument**: pre-existing vs developing one, pilot testing, translating
- **Outreach**: preparing and engaging the community, which media work best in each population

Breakout Theme IV

Acknowledgements

Funding for this project was provided by:
- The National Center on Minority Health and Health Disparities (NCHHD)
- Purdue Pharma
- Asian American Network for Cancer, Awareness, Research and Training

Grades 9-11

15.6

Grade 12 or GED

25.9

62.7

20

30

40

50

60
The Asian & Pacific Islander American Health Forum

The Asian & Pacific Islander American Health Forum (APIAHF) is a national advocacy organization dedicated to promoting policy, program, and research efforts to improve the health and well-being of Asian American, Native Hawaiian and other Pacific Islander (AA and NHPI) communities. Founded in 1986, APIAHF approaches activities with the philosophy of coalition-building and developing capacity within local AA and NHPI communities. We advocate on health issues of significance to AA and NHPI communities, conduct community-based technical assistance and training, provide health and U.S. Census data analysis and information dissemination, and convene regional and national conferences on AA and NHPI health.

Asian Pacific American Legal Resource Center

The Asian Pacific American Legal Resource Center (APALRC) is the Greater Washington DC region's nonprofit advocate advancing the legal and civil rights of Asian Americans through direct services, education and advocacy. The APALRC’s main goals are to address the individual legal needs of low-income and limited-English proficient Asian Americans and to advocate for broad-based systemic change on legal and civil rights issues impacting Asian Americans. To this end, APALRC staff provides representation for domestic violence victims in immigration and family law matters; low-income Asians in Montgomery County with employment law and housing concerns; amongst other issues.

Asian Pacific American Medical Student Association: 1000 Cranes for Hope

The Asian Pacific American Medical Student Association (APAMSA) is a rapidly growing and the only National organization with more than 100 chapters nationwide and representing over 15,000 Asian Pacific American (APA) medical students. APAMSA is dedicated to improving the health and well being of the APA community by addressing cultural competency issues, promoting diversity in health care, and building strong community relations. We have been recognized for our excellence in service by Mr. Jimmy Lee, the Executive Director of the White House Initiative on Asian Americans and Pacific Islanders.

APAMSA’s National Marrow Donor Program: 1000 CRANES for HOPE

APAMSA’s national efforts to recruit bone marrow donors have been instrumental to increasing bone marrow donors. In 2009, after participating in the Presidential Inaugural Committee’s National Day of Service with the “Gift of Hope Campaign” in key locations in California and Washington DC, we launched the 1000 Cranes for HOPE Campaign to register 1000 minorities onto the national registry with the help of Yul Kwon, winner of CBS Survivor and medical campuses nationwide.

Asian & Pacific Islander American Health Forum

Shelly Choo
president@apamsa.org
1620 McElderry St., Reed Hall 6d2
Baltimore, MD 21205
443.413.1787

www.apamsa.org

The Asian & Pacific Islander American Health Forum

Mona Bormet
mbormet@apiahf.org
1828 L St. NW, Suite 802
Washington, DC 20036
202.466.3770

www.apiahf.org

Asian Pacific Islander Caucus for Public Health (API Caucus)

The API Caucus for Public Health aims to address public health issues specifically affecting Asians and Pacific Islanders in the United States and associated jurisdictions in affiliation with the American Public Health Association.

Goals

» Be a resource to the American Public Health Association (hereafter called APHA) for persons with an interest in the practice, research, education, policy, and advocacy of the diverse Asian and Pacific Islander population health issues.

- Cultivate APIIC members to become leaders within the APHA.

- Promote the professional development of APIIC members and students through networking, information sharing, and mentoring.

- Be a liaison for individuals and organizations dedicated to serving Asian and Pacific Islander communities to the APHA.

- Provide a forum for the analysis, interpretation, recommendations and dissemination of current research and policy that affect Asian and Pacific Islander population health in the United States and associated jurisdictions.

Asian Pacific Islander American Medical Student Association: 1000 Cranes for Hope

The Asian Pacific American Medical Student Association (APAMSA) is a rapidly growing and the only National organization with more than 100 chapters nationwide and representing over 15,000 Asian Pacific American (APA) medical students. APAMSA is dedicated to improving the health and well being of the APA community by addressing cultural competency issues, promoting diversity in health care, and building strong community relations. We have been recognized for our excellence in service by Mr. Jimmy Lee, the Executive Director of the White House Initiative on Asian Americans and Pacific Islanders.

APAMSA’s National Marrow Donor Program: 1000 CRANES for HOPE

APAMSA’s national efforts to recruit bone marrow donors have been instrumental to increasing bone marrow donors. In 2009, after participating in the Presidential Inaugural Committee’s National Day of Service with the “Gift of Hope Campaign” in key locations in California and Washington DC, we launched the 1000 Cranes for HOPE Campaign to register 1000 minorities onto the national registry with the help of Yul Kwon, winner of CBS Survivor and medical campuses nationwide.

Asian & Pacific Islander American Health Forum

Mona Bormet
mbormet@apiahf.org
1828 L St. NW, Suite 802
Washington, DC 20036
202.466.3770

www.apiahf.org

Asian Pacific Islander Caucus for Public Health (API Caucus)

The API Caucus for Public Health aims to address public health issues specifically affecting Asians and Pacific Islanders in the United States and associated jurisdictions in affiliation with the American Public Health Association.

Goals

» Be a resource to the American Public Health Association (hereafter called APHA) for persons with an interest in the practice, research, education, policy, and advocacy of the diverse Asian and Pacific Islander population health issues.

- Cultivate APIIC members to become leaders within the APHA.

- Promote the professional development of APIIC members and students through networking, information sharing, and mentoring.

- Be a liaison for individuals and organizations dedicated to serving Asian and Pacific Islander communities to the APHA.

- Provide a forum for the analysis, interpretation, recommendations and dissemination of current research and policy that affect Asian and Pacific Islander population health in the United States and associated jurisdictions.
Maryland Department of Health and Mental Hygiene

The Maryland Department of Health and Mental Hygiene envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among its ethnic and racial populations, thereby leading the way to a Healthy Maryland in the new Millennium. In fulfillment of the Department’s mission to promote the health of all Maryland citizens, the Health Disparities Initiative shall focus the Department’s resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs and monitor and report the progress to elected officials and the public. The target ethnic/racial groups include African Americans, Hispanic/Latino Americans, Asian Americans, and Native Americans. Visit the Initiative’s website at www.mdhealthdisparities.org.

Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is the State Agency that oversees and regulates the Insurance Industry in the State of Maryland. The Consumer Education and Advocacy Unit of MIA is responsible for educating the consumers of the State of Maryland about our agency and the various types of Insurance offered to them in the Market Place. We are also the State Agency that consumers contact when they have a problem or issue with an Insurance Company or Insurance Agent, or if they just have questions about insurance in general. The Maryland Insurance Administration also develops brochures to provide consumers guidance as to what to look for when purchasing various types of Insurance. These brochures cover Auto, Home, life, Natural Disasters, and Health Insurance.

Maryland Insurance Administration

James Mobley
jmobley@mdinsurance.state.md.us
525 St. Paul Place, Baltimore, MD 21201
410.468.2604

Carlessia Hussein, RN, DrPH
healthdisparities@dhmh.state.md.us
114 West Preston St., Room 500, Baltimore, MD 21201
410.767.7117

Montgomery County Department of Health and Human Services

The mission of the Department of Health and Human Services (HHS) is to promote and ensure the health and safety of the Montgomery County residents, to build individual and family strength, and self-sufficiency. The Department of HHS delivers services in more than 120 programs organized in five major services areas: Aging and Disability Services; Children, Youth and Family Services; Behavioral Health and Crisis Services; Public Health Services; and Special Needs Housing. For information on programs and services, please contact the information line at 240-777-1245.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The mission of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases. NIAMS also supports the training of basic and clinical scientists to carry out this research and the dissemination of information on research progress in these diseases. NIAMS is part of the National Institutes of Health.

Maryland Department of Health and Mental Hygiene

Luis Martinez
luis.martinez@montgomerycountymd.gov
401 Hungerford Drive, 5th Floor
Rockville, MD 20850
240.777.1864

Sara Rosario Wilson
srosario@mail.nih.gov
31 Center Drive, Building 31, Suite 4C02
Bethesda, MD 20892
301.496.8190
The mission of Prince George's County CPEST Program is to increase awareness about the importance of colon and rectal (colorectal) cancer screening, as well as to prevent and reduce overall cancer morbidity and mortality and reduce health disparities among minorities in Prince George's County. Nurse case managers refer eligible clients to medical providers for colorectal cancer screening; education and outreach to the general public, and medical providers to promote colorectal cancer screening and increase awareness.

CPEST provides services to Prince George's County residents age 50 years and over, or those under age 50, who have a first degree family member with colorectal cancer and who meet income eligibility guidelines. These Services are provided Monday through Friday, 8:00am to 4:30pm at no cost to eligible Prince George's County residents.

HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA)
The National Network to Eliminate Disparities in Behavioral Health (NNED) supports information sharing, networking, and training and technical assistance among organizations and communities dedicated to the behavioral health and well-being of diverse communities. The NNED is based on the following assumptions: "pockets of excellence" exist that are effective in addressing disparities; these activities often remain disconnected, and their knowledge is often not used to enhance strategies for eliminating disparities. Communities and the providers/leaders who work within them are at the center of the network, and the knowledge they possess is systematically gathered, analyzed and shared with other NNED Partners.

The NNED is currently focusing on the following priorities:
» Effective Community Engagement Strategies
» Workforce Education, Training and Leadership
» Integration of Health and Behavioral Health
» Identification, Documentation, and Dissemination of Best Practices for Indigenous Communities
» Public Education Campaigns
» New Frameworks for Community-Defined Practice and Evidence

Suburban Hospital
Suburban Hospital is a community owned hospital located in Bethesda, Maryland, serving Montgomery County, and the greater Washington, DC, region since 1943. We are a not-for-profit healthcare provider guided by the needs of our patients and the community. We are dedicated to providing the very best patient experience and improving the health of those we serve through our centers of specialized care state-of-the-art technology, community wellness and education, and partnerships with some of the country's most prestigious medical organizations such as the National Institutes of Health (NIH) and Johns Hopkins Medicine.

U.S. Census Bureau
The U.S. Census Bureau—the leading source of quality data about the nation's people and economy is under U.S. Department of Commerce. Mandated by the U.S. Constitution, the U.S. Census is taken every 10 years to count every resident and defines who we are as a nation. The census population totals affects political representation and directs the allocation of billions of dollars in government funding. In order for this funding allocation to be accomplished fairly and accurately, the goal of the decennial census is to count them once, and count them in the right place. The facts gathered in the census also help shape decisions about public health, neighborhood improvements transportation, education, senior services and much more.

We need to combine the strengths of local governments, community-based organizations, faith-based organizations, schools, media, businesses and others, to ensure a complete and accurate 2010 Census. Achieving a complete and accurate 2010 Census is in our hands!
Today, Asian Americans and non-Asians celebrate by attending one or more of the numerous APA Heritage Month festivals and parades organized each May by Asian American organizations and community leaders. At these events, participants learn more about Asian history and culture, as well as the opportunity to watch various cultural performances.

AAHI is proud to host its Asian American Health Conference 2009 this May to celebrate Asian Americans by highlighting their health needs and pushing for an end to debilitating health disparities in their communities. We gather as a whole to acknowledge and celebrate the contributions of people of Asian and Pacific Islander descent in the United States; those who have contributed to medical and scientific developments, those who have worked to sustain the economic and social prosperity of this nation, and most importantly, those who have showed their dedication to achieving health parity.

In 1978, U.S. Congress passed a joint Congressional Resolution to celebrate Asian American Heritage Week during the first week of May as two important anniversaries occurred during this time period: the arrival of the first Japanese immigrants in America on May 7, 1843 and the completion of the transcontinental railroad (by many Chinese laborers) on May 10, 1869. Congress later voted to expand it from a week long to a month long celebration.

For more information, visit www.aahi.org.
ASIAN PACIFIC ISLANDER CAUCUS for Public Health
(established 1974)

The API Caucus for Public Health Celebrates its 35th Anniversary!

Please join us at the American Public Health Association Annual Meeting and Exposition November 7-11, 2009 Philadelphia, PA

www.apicaucus.org

We look forward to seeing you there!

Preliminary Schedule of Events

November 9, 2009

Students & Young Professionals Networking Breakfast

November 10, 2009

Annual Business Meeting
Social Reception & 35th Anniversary Celebration

Times, locations, and topics/speakers to be announced
We would like to thank Hilton Hotel for their generous support of the conference.