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

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Asian American Health Initiative
Together To Build A Healthy Community

ASIAN AMERICAN HEALTH PRIORITIES

A Study of Montgomery County | MD | 2008

Strengths, Needs, and Opportunities for Action

Collaborators

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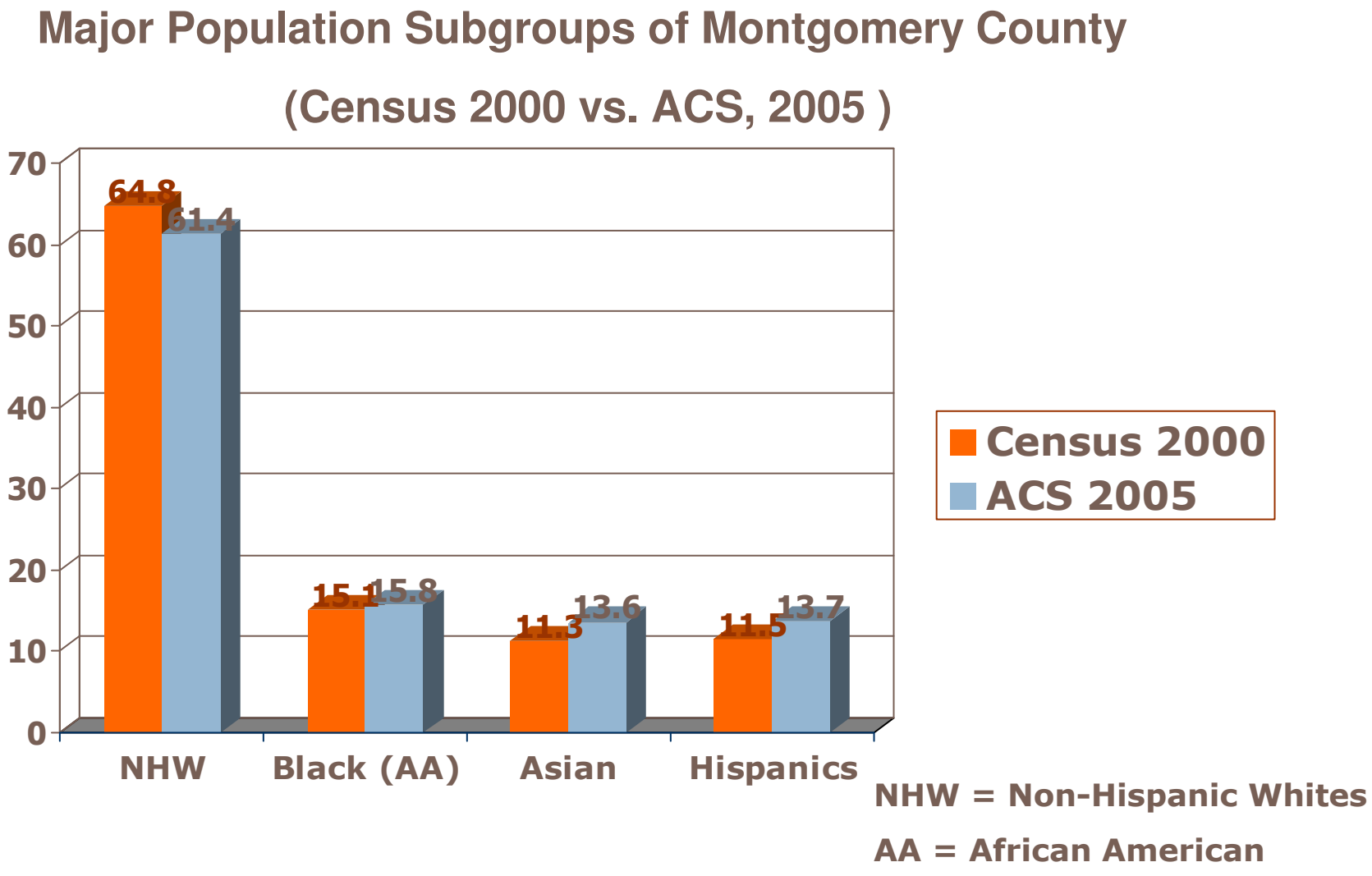
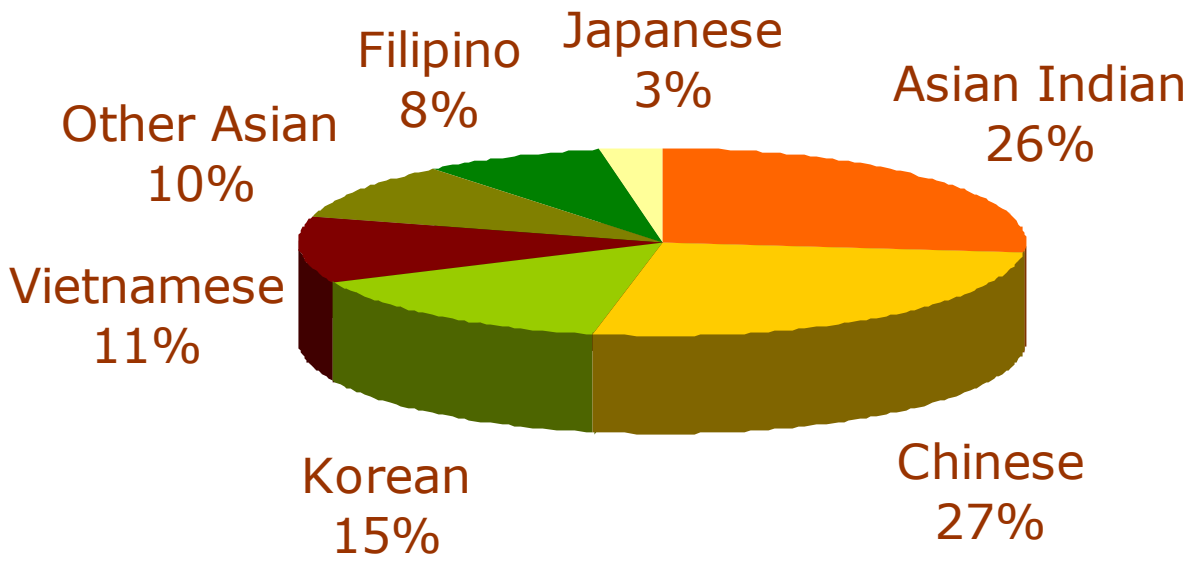
Asian Americans on the Rise



Asian Subgroups in Montgomery County, MD, 2005



American Community Survey 2005, US Census Bureau

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: 8-10 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

Focus Groups

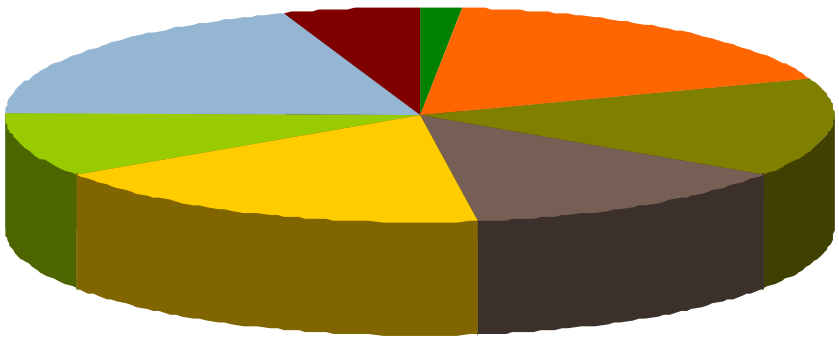
Methods (2)

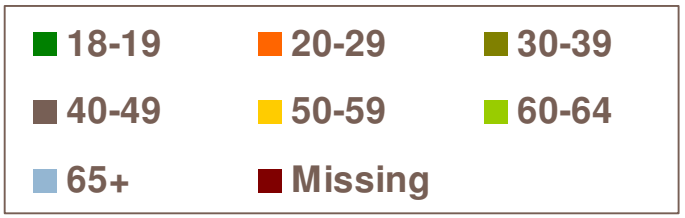
- Received IRB approval from University of Maryland
- Analysis of focus group data: coded emergent themes by major categories and organized data using Max QDA
- Community members provided feedback on individual community report write-up

Table 1. Participants in the Second Needs Assessment 2007			
Community	**Method**	**# Participants**	**Description of Participants**
Asian Indian	1 focus group	5	Physicians and health professionals
Burmese	1 focus group	7	Community leaders and community members
Cambodian	1 focus group 1 interview	11	Community leaders, community members and health professionals
Chinese	1 focus group	11	Physicians, health professionals and community leaders
Filipino	1 focus group	8	Physicians
Indonesian	2 focus groups 1 interview	20	Community leaders, community members and a physician
Japanese	1 focus group	7	Community members
Korean	1 focus group	8	Physicians and community leaders
Nepali	1 focus group	9	Community members
Pakistani	2 focus groups	17	Community leaders and community members
Taiwanese	2 focus groups	24	Community leaders, community members and physicians
Thai	2 focus groups	21	Community leaders and community members
Vietnamese	1 focus group	9	Community leader and community members
Young Adults	2 focus groups	17	Young adults from 7 communities
Total	19 focus groups & 2 interviews	174 participants	

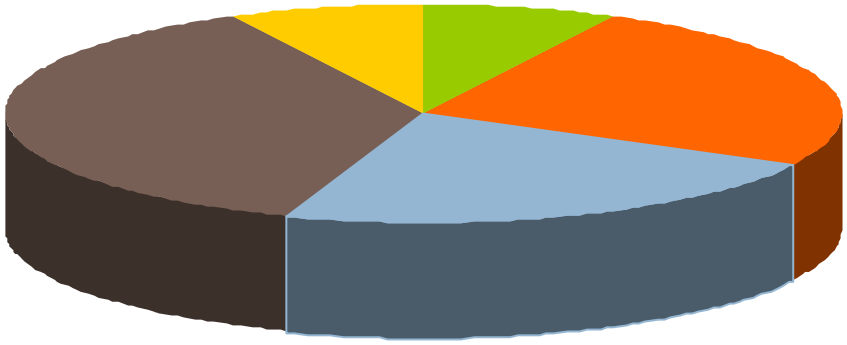
Characteristics of Participants (1)

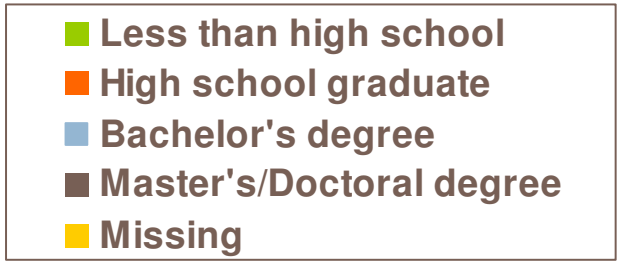
Age Range



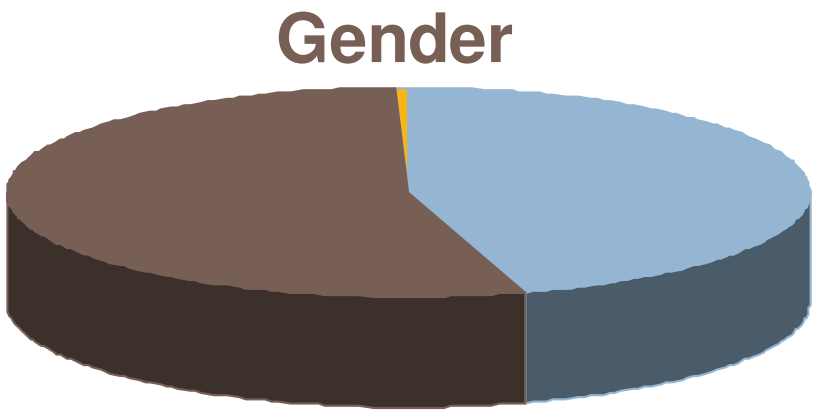


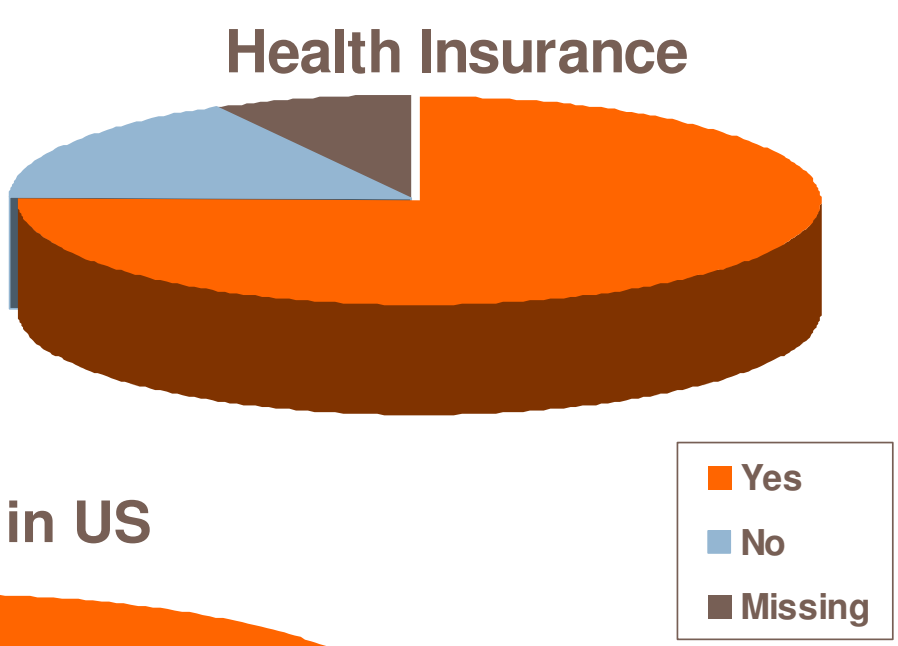
Education

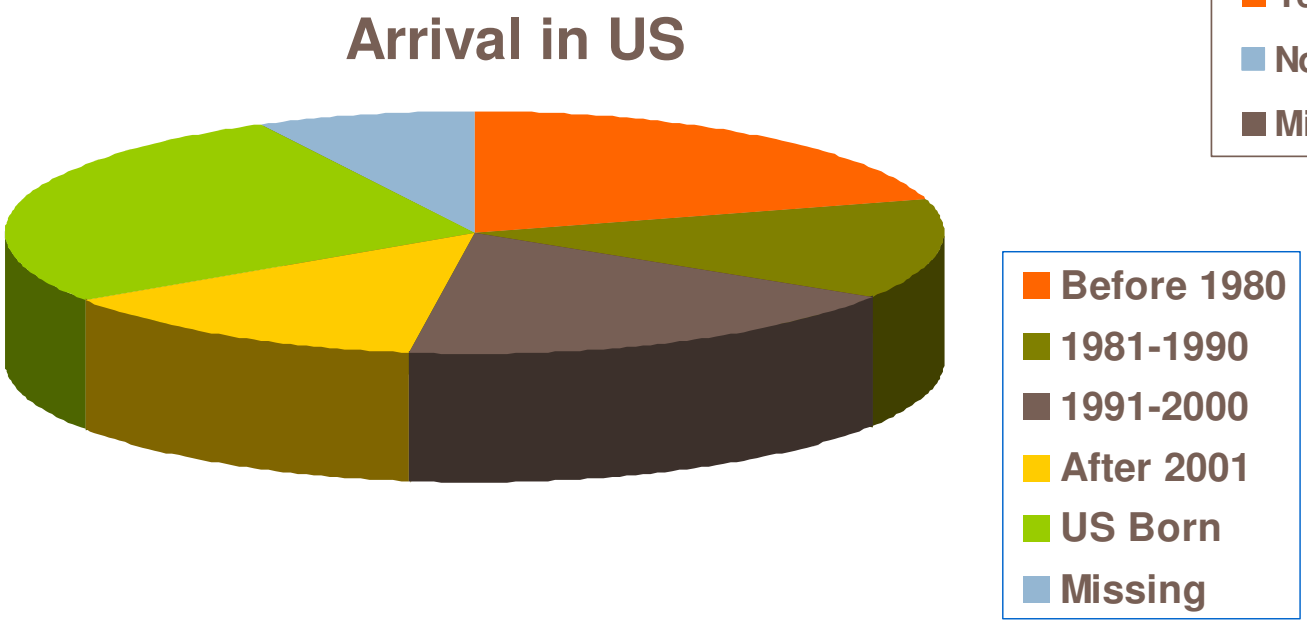




Characteristics of Participants (2)







	Diabetes	Hypertension	Mental Health	Weight Concerns	Cancer	High Cholesterol	Heart Disease	Arthritis	Smoking	Osteoporosis	Hepatitis B
Asian Indian	X	X	X	X	X	X	X	X			
Burmese	X	X			X[1]		X			X	
Cambodian	X	X	X	X		X					X
Chinese	X	X	X	X	X[2]	X	X	X		X	
Filipino	X	X	X	X	X[3]	X	X	X	X	X	X
Indonesian	X	X	X	X		X	X	X	X		
Japanese	X	X	X		X[4]						
Korean	X	X	X		X[5]	X	X		X	X	X
Nepali	X	X	X	X							
Pakistani	X	X	X	X		X	X	X	X		
Taiwanese	X	X	X	X	X[6]	X	X	X		X	
Thai	X	X	X	X	X[7]			X	X		
Vietnamese	X	X	X	X	X[8]						X
TOTAL	**13**	**13**	**12**	**10**	**9**	**8**	**8**	**7**	**5**	**5**	**4**

Potential Sources of Stress

Adolescents & Young Adults	Parental pressure to succeed academically, strive for certain career paths, and fulfill expectations
	Difficulty balancing two different cultures
	Providing care to family, based on strong family values
	Discrimination or isolation at school due to racial or cultural background
Adults	Adjusting to different work environment
	Acculturation and language barrier
	Difficulty communicating with their children
	Women with multiple roles
	Post-Traumatic Stress Disorder (PTSD)
Seniors	Isolation and loneliness

Barriers to health care access (1)

- **Financial Barriers**
  - Lack of Health insurance
  - Expensive out of pocket care
  - Expensive prescription medication

- **Physical Barriers**
  - **Lack of transportation**
  - **Time conflict with medical appointments**
  - **Long waiting hours in walk-in clinics**

Barriers to Health Care Access (2)

- 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

Physician preference

- Provider who can speak their language
- Provider who can understand their culture
- Providers who charge a lower fee
- Female providers for intimate care

Unique additional barriers for underrepresented groups (1)

- Lack of resources and social capital
  - Relatively short history of immigration to the US
  - Small population size
  - Inactive or no community-based organizations or faith-based organizations
  - No community health fairs: 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 state 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

For More Information …

- Asian American Health Initiative (AAHI)

  www.aahiinfo.org

- Maryland Asian American Health Studies (MAAHS)

  www.maahs.umd.edu

Acknowledgement

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