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

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Collaborators

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  Johns Hopkins Bloomberg School of Public Health, MD

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  University of Texas, TX
Asian Americans on the Rise

Major Population Subgroups of Montgomery County
(Census 2000 vs. ACS, 2005)

NHW = Non-Hispanic Whites
AA = African American

- NHW: 64.8% (Census 2000), 31.4% (ACS 2005)
- Black (AA): 15.2% (Census 2000), 13.6% (ACS 2005)
- Asian: 11.3% (Census 2000), 13.7% (ACS 2005)
- Hispanics: 11.5% (Census 2000), 13.6% (ACS 2005)
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
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>
<thead>
<tr>
<th>Community</th>
<th>Method</th>
<th># Participants</th>
<th>Description of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>1 focus group</td>
<td>5</td>
<td>Physicians and health professionals</td>
</tr>
<tr>
<td>Burmese</td>
<td>1 focus group</td>
<td>7</td>
<td>Community leaders and community members</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1 focus group 1 interview</td>
<td>11</td>
<td>Community leaders, community members and health professionals</td>
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<td>Chinese</td>
<td>1 focus group</td>
<td>11</td>
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<td>Filipino</td>
<td>1 focus group</td>
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<td>Physicians</td>
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<tr>
<td>Indonesian</td>
<td>2 focus groups 1 interview</td>
<td>20</td>
<td>Community leaders, community members and a physician</td>
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<td>Japanese</td>
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<td>7</td>
<td>Community members</td>
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<td>Korean</td>
<td>1 focus group</td>
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<td>Physicians and community leaders</td>
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<tr>
<td>Nepali</td>
<td>1 focus group</td>
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<td>Community members</td>
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<td>Pakistani</td>
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<td>Taiwanese</td>
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<td>Community leaders, community members and physicians</td>
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<td>Thai</td>
<td>2 focus groups</td>
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<td>Community leaders and community members</td>
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<td>Vietnamese</td>
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<td>Community leader and community members</td>
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<tr>
<td>Young Adults</td>
<td>2 focus groups</td>
<td>17</td>
<td>Young adults from 7 communities</td>
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<tr>
<td>Total</td>
<td>19 focus groups &amp; 2 interviews</td>
<td>174 participants</td>
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Characteristics of Participants (1)

**Age Range**
- 18-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65+
- Missing

**Education**
- Less than high school
- High school graduate
- Bachelor's degree
- Master's/Doctoral degree
- Missing
Characteristics of Participants (2)

**Gender**
- Male
- Female
- Missing

**Arrival in US**
- Before 1980
- 1981-1990
- 1991-2000
- After 2001
- US Born
- Missing

**Health Insurance**
- Yes
- No
- Missing
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<tr>
<th>Language</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Mental Health</th>
<th>Weight Concerns</th>
<th>Cancer</th>
<th>High Cholesterol</th>
<th>Heart Disease</th>
<th>Arthritis</th>
<th>Smoking</th>
<th>Osteoporosis</th>
<th>Hepatitis B</th>
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## Potential Sources of Stress

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

- This research was funded by Asian American Health Initiative (AAHI), Montgomery County Department of Health and Human Services, Maryland

- Julie Bawa (Program Manager, AAHI)
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- Leaders of CBOs & FBOs in Montgomery County