Montgomery County – DHHS
Asian American Health Initiative (AAHI) Steering Committee Meeting
Thursday, March 14, 2019

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<th>Steering Committee</th>
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<td><strong>Organizational Members</strong></td>
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<td>Ji-Young Cho</td>
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<td>Betty Lam</td>
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<td>Wilbur Friedman</td>
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<td>Sanjana Quasem</td>
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<td>Yuchi Huang</td>
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<td>Arooj Raja</td>
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<td>Michael Lin</td>
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<td>Karen Tan</td>
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<td>Hina Mehta</td>
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<td>Sam Mukherjee</td>
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<td>Nguyen Nguyen (Chair)</td>
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<td>Tho Tran</td>
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<td><strong>Individual Members</strong></td>
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<td>Nerita Estampador</td>
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<td>Beth Shuman on behalf of Gabe Albornoz</td>
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<td>Meng K. Lee (Vice-Chair)</td>
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<td>Yinong Chong</td>
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<td>Sunmin Lee</td>
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<td>Cynthia Macri</td>
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<td>Judy Wang</td>
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**Welcome (Meng K Lee)**
- Meng K. Lee called the meeting to order at 6:11PM.
- He asked for permission to audio record the meeting and there were no objections.

ACTION: Audio recording of the meeting is approved with no objections.

**Approval of Agenda (Meng K. Lee)**
- A motion to approve the agenda was presented. Wilbur Friedman moved to adopt the agenda and Michael Lin seconded the motion. The agenda was approved.

ACTION: Meeting agenda approved with no objections.

**Approval of Meeting Minutes (Meng K. Lee)**
- The Steering Committee (SC) meeting minutes from Thursday, March 14, 2019 was shared with members prior to the meeting.
• A motion to approve the minutes from the January 8, 2019 meeting was presented. Wilbur moved to approve the minutes and Nerita Estampador and Sam Mukherjee seconded the motion. The meeting minutes were approved.

**ACTION:** Meeting minutes approved with no objections.

**Advocacy Updates (Nguyen Nguyen):**

• Nguyen Nguyen shared that over the past two months the Advocacy Sub-Committee has participated in several activities to reach out to the current County Council so that they understand who we are and what we do, especially those members who are part of the Health and Human Services (HHS) Committee. The SC has also participated in partnership activities with the SCs of the Latino Health Initiative (LHI) and the African American Health Program (AAHP).

• Nguyen recounted a meeting which the Advocacy Sub-Committee members had with Councilmember Gabe Albornoz. At the meeting, they informed Gabe about AAHI’s activities and the needs of the community they serve. Additionally, they discussed their priorities of senior health and mental health, and their interest in exploring alternative medicines. Gabe was very interested in what they had to say and suggested there be more frequent meetings between AAHI and his office. In fact, one of his staff members plan to join the meeting tonight.

• Gabe was planning to attend tonight’s meeting, however due to a conflict he is no longer able to attend. His staff member, Beth Shuman would be attending on his behalf.

• The SC has scheduled a meeting with Councilmember Evan Glass, who is in the HHS Committee. The SC has also reached out to Councilmember Craig Rice to schedule a meeting with him. A date had initially been set, but Craig has a conflict, so a new date is being identified.

• The SC is also looking to meet with all the new Councilmembers. However, the three on the HHS Committee are the priority.

• Meng added that over the past few weeks the SC has also been engaged with activities involving the selection of the new Department of Health and Human Services (DHHS) Director.

• Nguyen suggested pausing the current discussion since Beth, from Councilmember Gabe’s office, had arrived.

**Meeting with Councilmember Gabe Albornoz (Nguyen Nguyen):**

**Introduction of AAHISC members**

• AAHI SC members each introduced themselves and the communities/organizations they represent.

**Introduction of Beth:**

• Beth works with Councilmember Gabe, a newly elected Councilmember At Large. He has the responsibility of chairing the HHS Committee.
• Beth’s professional background is in health and human services. She is a Licensed Clinical Social Worker who did some traditional work in her early days. She also did some work where she trained professionals that work in different fields like mental health, substance abuse, workforce development, and criminal justice. She moved to Philadelphia, where she is originally from, and got very involved with a public health institute that focused on research. When she moved back to the area, she got involved with Gabe. Through the years she has also worked with a lot of national organizations like NIH.
• Beth added that AAHI has an incredible reputation for the work they are doing.

Introduction of AAHI programs:
Perry presented on AAHI’s work. Slides from the presentation are attached. Provided are some highlights from his presentation and the ensuing discussion.
• Perry prefaced his presentation by stating that he will not be going over each of AAHI’s projects, but rather he wants to take an upstream approach and foster a discussion around the root causes of the biggest challenges the Asian American community faces.
• AAHI is under the Office of Community Affairs (OCA) and is one of the only county organizations solely dedicated to serving Asian Americans, and thusly serves as a national model.
• The mission of AAHI is to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches.
• Two priorities for AAHI are senior health and behavioral health, which were selected in response to the demographics and needs of the community.
• One of the biggest challenges facing Asian Americans is the model minority myth, a stereotype that portrays all Asian Americans as wealthy, healthy, and not needing help. This false stereotype causes more harm than good, and its implications and consequences of belief are everywhere – in research, service provision, provider relationships, policy, etc.
• AAHI attempts to serve as a bridge through advocacy, outreach, and technical assistance to nonprofits, hospitals and county government.
• AAHI has four core work areas:
  o Community Engagement
  o Community Empowerment
  o Capacity Building
  o System Improvement
• AAHI’s outreach has multiple purposes: raise awareness, provide education, and link individuals to services.
• Under AAHI’s promising practices, AAHI, with support of the SC, has developed four volumes of mental health photonovels.
  o The photonovels focused on youth mental health were developed under the guidance of actual teens who worked with AAHI to provide advice on the story, the colors, the graphics, the placement of information, and all other components of the photonovels. These photonovels are being shares with MCPS, the federal government, SAMHSA (Substance Abuse
and Mental Health Services Administration), and the University of Maryland.

- AAHI received awards for their photonovels. Once from the American Public Health Association (APHA) and twice the National Association of Counties (NACo).
- One of the strengths of these publications is that the community was engaged in their development and that the issues and concerns reflected are all voiced from the community.

**Some lessons learned by AAHI since its inception include:**

- Take an upstream approach which means equity, community engagement, and data-driven
- Leverage and establish meaningful partnerships, which means engaging partners from the very beginning and ensuring joint decision making
- Do not use a one-size fits all approach for Asian Americans and use data accurately to eliminate disparities and not widen disparities
- Continue having AAHI function under the OCA because it allows AAHI to leverage partnerships in different service areas, with non-profit partners, and with the system at large

**Sam Mukherjee commented about the structure of AAHI. AAHI’s structure is very important and unique. The current structure allows for a level of freedom, which is necessary given the heterogeneity of the population AAHI serves. Further, since 2006, there has been discussion about merging the minority health initiatives and programs (MHIP) as a cost-savings measure. He opined that this will not work because the programs are too different and require different approaches and levels of expertise. On behalf of the SC, Sam asserted that AAHI’s current structure needs to be maintained.**

- Beth interjected that Gabe’s office agrees with this assertion and agrees that this is very important to maintain.

**Sam continued that the AAHI SC also has a unique structure. Many other organizations have boards and commission, but this unit cannot be replaced by boards and commissions. This is an active body that works with the community. Conversely, boards and commissions are knowledgeable people who meet occasionally and contribute towards policy and advocacy and thus, function very differently.**

- Nguyen emphasized Sam’s point that as SC members they can be honest, give feedback, and can be a voice for the community. The SC is not influenced by others, and this is needed for the success of the program and the community being served.

**Sunmin Lee reiterated the importance of being cautious when looking at data about Asian Americans.**

- For Asian groups, it is very important to look at disaggregated data. When you out lump all Asians together and take the average, the data can be very misleading.
- Additionally, data from national surveys are also inaccurate because they are typically conducted in English and therefore usually only represent those Asians that are able to speak English well.
• Sunmin recommended that when the Council looks at data to make budgetary decisions, they should consult with the Asian groups to ensure they are correctly analyzing the data and not looking at a misleading average.

• Beth asked the SC their thoughts on the recent data published by Healthy Montgomery and the Public Health Officer, Dr. Travis Gayles.

  o Nguyen replied that he was at the Healthy Montgomery SC meeting two weeks ago. It was the first time there was a presentation on a new report coming out by Dr. Chunfu Lui on health disparities.

  o Nguyen shared that he was glad that data was being looked at by zip code and ethnic group and gives credit to Travis and Chunfu for this effort because previously this was a black box with little known on the topic. However, at the meeting, he and representatives from the SCs of LHI and AAHP expressed the need to look at the source of the data. Often hospital data or national level data is used, which has its limitation. The danger is that we look at this data and assume it’s the full picture when its not, and in reality, there are many issues and groups missing.

  o At the meeting, only an introduction to the report was provided. We do not want to make any conclusions at this point. Nguyen expressed to Chunfu that the AAHI SC would love to review the report, and from there, continue working together to ensure the data reflects the reality of the populations.

• Michael explained that health disparities vary from group to group. In the Latino and Asian communities, the disparities are mostly due to language barriers. With the Asian community, there are so many languages spoken, which makes the disaggregation of data more challenging and difficult.

• Sovan Tun recounted that he has been a part of the AAHI SC for many years and has witnessed the impact it has had on the community. AAHI has seen tremendous progress as a result of their outreach, education and community engagement, and the services they provide to the people.

• Yinong Chong shared two opportunities related to data collection and analysis for Asian Americans that are available through the federal government:

  o In 2013, for the first time, the National Center for Health Statistics, which is a part of CDC (Centers for Disease Control and Prevention), oversampled for Asians. Since 1950 and onward, data for Asians has always been limited and it was one of the omitted minorities in data sets. Some of the challenges related to data collection for this population include cost prohibitions, the geographical spread of Asian populations, limited English proficiency, and reliance on interpreters, to name a few. The survey, the National Health and Nutrition Examination Survey (NHANES), collects data on health, nutrition, and detailed biomarkers. Yinong continued to share that when she worked at the CDC, she found that Asian Americans had different biometric ranges for various health disparities. The CDC did not have the background or ability to fully investigate this, but the Asian physicians’ associations are continuing to look at this, especially now that the data from 2013 is available. While this data is not disaggregated it is a start.
The second opportunity is sponsored by NIH (National Institutes of Health) and allows for collection of reported data on diet, sleep patterns, physical activity, and lifestyle, but also genetic data. With this opportunity, there is potential to request and propose for more disaggregated data. However, for that to happen, it would require more work to reach the Asian community and convince them to participate.

- Yuchi Huang revisited Perry’s earlier remarks on the model minority myth. He asked what the Council means by equity. He asked if county resources should be allocated to groups based on their percentage of the population. In addition, he stated that the SC is a resource to the county that can be leveraged. Each member represents a large community and by working through the community, a lot more can be done.
- Tho Tran concluded this portion of the discussion by sharing that AAHI works really hard, but without the County and community’s support they cannot continue. AAHI is unlike any other group in the county because they provide hands-on experience, materials, advocacy, and capacity building to the community.

Councilmember Gabe Albornoz’s Priorities:
- Beth stated that Gabe’s office believes the health initiatives should stay where they are and that it’s critical they stay at the top since they are the voice representing the community. Hopefully the new DHHS director supports AAHI’s work and understands this.
- While it is unknown who will be the new director, Gabe’s office has advocated for the community to be involved in the selection process through some sort of forum with the finalists. This will not be an interview, but a process where the community gives their input. The county has a large, diverse community so it is important to give the community an opportunity to voice what they have to say. This position is quite important and ultimately the council signs off on approval of the selection.
- Another endeavor which Gabe would like to undertake is the convening of a summit that brings together every county partner that works in the area of health and wellness, such as those working in food security, transportation, and housing. He would like to bring all these systems together to see how we can do things more efficiently, what kind of partnerships can we establish, and what types of large funding can we pursue together. Similar to the model minority myth, there is a myth that everyone in Montgomery County is doing fine and we know that is not the case.
- Gabe is interested in determining how we can collect data across systems to tell our story and to institute more efficient processes. Beth relayed an example of the police department sharing data with DHHS about households that frequently called the police, and the potential that there may be some issues there.
- Ultimately, Gabe is interested in having multiple systems work together so the county is positioned to pursue and seek large funding opportunities from foundations.
• Equity is a growing perspective in the county. County Council President, Nancy Navarro, recently hosted a conference on racial equity and one of the takeaways was that everything we do in the county – every program, activity, policy – needs to be looked at through the lens of equity.
• Gabe wants to ensure that boards and commissions are diversified, and thus wants to bring on board younger people, people from communities the AAHI SC works with, people that represent all walks of life, so that all voices are heard.
• Additionally, Gabe’s team wants more people to know how the civic process works and how they can be engaged with the local government.

Closing Comments (Nguyen Nguyen):
• Nguyen asked if there were any final announcements before closing the meeting
• Tho informed the group that on March 19th the Commission on Aging will host a Public Forum. In the past, attendees were not very diverse, so this year Tho will plans to bring 25 Vietnamese seniors to the event so they can voice what is going on in their community. Right now, the event has 149 people registered.

Adjourn:
• Nerita moved to adjourn the meeting.
• Nguyen adjourned the meeting at 8:08 PM.

ACTION: Meeting adjourned at 8:08 PM.

Next Meeting: Tuesday, May 14, 2019.