Blueprint for the Asian American Health Initiative

2020 - 2030

Department of Health and Human Services
Montgomery County, MD

Table of Contents

Foreword	2
Acknowledgements	3
AAHI and the Blueprint	5
About Asian Americans	6
Model Minority Myth	8
Social Determinants	9
Healthcare Access and Quality	12
Trending Concerns	13
Key Stakeholder Highlights	16
Core Priority Areas	19
Conclusion	24
References	25
Additional Readings	26
Key Stakeholders	27

Alternative formats of this document are available upon request by calling AAHI at 240-777-4517 or you may send a request via email to Perry.Chan@montgomerycountymd.gov. TTY users use Maryland Relay.

Foreword

We are excited to present the Asian American Health Initiative Blueprint which serves as a road map to improve the health and wellness of Asian American communities living in Montgomery County, Maryland. Established in 2005, the Asian American Health Initiative was the first program in Montgomery County to address the health needs of Asian Americans. Many program accomplishments have been achieved over the years, which include conducting the first ever Asian American community needs assessment in Montgomery County, implementing several key programs for the community, and developing culturally appropriate resources. Through the guidance of the Steering Committee and key contributions made by staff and volunteers, tremendous progress has been made in addressing significant health issues and challenges experienced by the Asian American community in Montgomery County.

The continued growth in the Asian American population in Montgomery County will, of course, be accompanied by challenges to health and wellbeing. It is crucial that the County identify and understand the diverse needs of Asian American communities and that we develop a plan to provide solutions. To create a community-centered culture in providing health and social services, our strategies must be data-informed and equity-infused. The Asian American Health Initiative Blueprint sets the stage for how the program will help the Department of Health and Human Services, and the County as a whole, promote the health and wellness of Asian American communities in the coming decade. I deeply appreciate the hard work of the Asian American Health Initiative staff, Steering Committee, and partners in the Asian American community who contributed to the Blueprint. As we look forward to the opportunities and challenges that lie ahead, the Blueprint will help us embrace these opportunities and address challenges to improve health outcomes and quality of life for Asian Americans living in Montgomery County.

Raymond L. Crowel, PsyD
Director
Montgomery County Department of Health and Human Services

Acknowledgements

The Asian American Health Initiative (AAHI) would like to express its deepest appreciation to the Montgomery County Executive, the County Council, the Department of Health and Human Services, the AAHI Steering Committee, community partners, volunteers, and staff for their dedication and support throughout the development of the AAHI Blueprint.

AAHI Staff

Perry Chan, MS
Program Manager II

Sanjana Quasem, MPH
Program Manager I

Samikshya Sapkota, MPH
Behavioral Health Program Coordinator

Sophia Yoon, LMSW
Resource Coordinator

Jasmine Vinh, BSN
Community Health Coordinator

Elsa Lau
Office Service Coordinator

Special Thanks

Betty Lam
Chief, Office of Community Affairs
Montgomery County Department of Health and Human Services

Consultants

Gwen Crider, MPA
Harry Kwon, PhD, MPH, MCHES

Acknowledgements

AAHI Steering Committee

Chairperson:
Nguyen Nguyen, PhD, Viet Nam Medical Assistance Program

Vice Chair:
Sam Mukherjee, PhD, Asian American Inter Community Service, Inc.

Members:

Anis Ahmed, Montgomery County Office of Human Rights

Shruti Bhatnagar, Montgomery County Resident

Ji-Young Cho, PhD, Korean Community Service Center of Greater Washington

Nerita Estampador, MD, Montgomery County Resident

Wilbur Friedman, LLB, Organization of Chinese Americans, Greater Washington, D.C. Chapter

Yuchi Huang, PhD, Chinese Culture and Community Service Center

Meng K. Lee, Montgomery County Resident

Sunmin Lee, ScD, Montgomery County Resident

Michael Lin, PhD, Asian American Political Alliance

Cynthia Macri, MD, Montgomery County Resident

Hina Mehta, PhD, American Diversity Group

Mayur Mody, National Council of Asian Indian Associations

Tho Tran, Montgomery County Resident

Thomas Tran, Association of Vietnamese Americans

Sovan Tun, PhD, Cambodian Buddhist Society, Inc.

Judy Wang, PhD, Montgomery County Resident

Asian American Health Initiative

The Asian American Health Initiative (AAHI) was established in 2005 with support from the Montgomery County Executive, Montgomery County Council, and community leaders to specifically address the health disparities of the Asian American community in Montgomery County, Maryland. AAHI's mission is to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches.

AAHI Blueprint

In 2005, AAHI commissioned the first ever needs assessment of the Asian American community in Montgomery County. A second needs assessment and new strategic plans have guided AAHI in the following years. With a renewed focus on community engagement, adoption of equity and data-driven approaches to community health, and the growing Asian American community, AAHI has commissioned the development of the AAHI Blueprint.

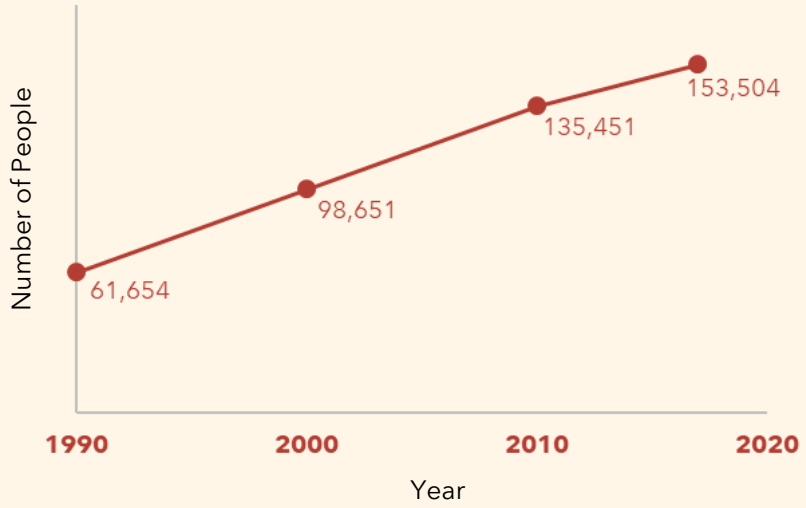
The AAHI Blueprint presents priorities and strategies to improve the health and wellness of Asian American communities in Montgomery County over the next decade. It incorporates a comprehensive approach to identify key priority areas to address the health and human service needs of the Asian American community in Montgomery County. Participation from Asian American communities, AAHI Steering Committee, Montgomery County Department of Health and Human Services (MCDHHS) leadership, health care and social services delivery leaders, AAHI program staff, volunteers, contractors, and other key stakeholders in Montgomery County contributed to the foundation in developing the priorities and strategies.

The AAHI Blueprint employs a social ecological approach that focuses on individuals, communities, and systems to improve quality of life for Asian American communities. This multilevel framework allows for the analysis of factors that influence equity and find solutions for each of the levels to maximize impact and sustainability in the community. The priority areas and recommendations provide a framework to support further health actions, programs, and policies that will aid in Montgomery County Asian American community health improvement.

About Asian Americans

Asian Americans are one of the most diverse and fastest growing communities both in Montgomery County and nationally. From 2000 to 2015, the Asian population was the fastest growing racial or ethnic group in the U.S., increasing in size by 72%.[1] According to the U.S. Census Bureau's American Community Survey 2017 Population Estimates, there are approximately 17,186,320 Asian Americans which comprises 5.4% of the total U.S. population.[2] In Montgomery County, there are an estimated 161,254 Asian Americans which reflects 15.2% of Montgomery County's population.[3] The Asian American population in Montgomery County has more than doubled since 1990. Figure 1 displays the growth trends of the Asian American population in Montgomery County.

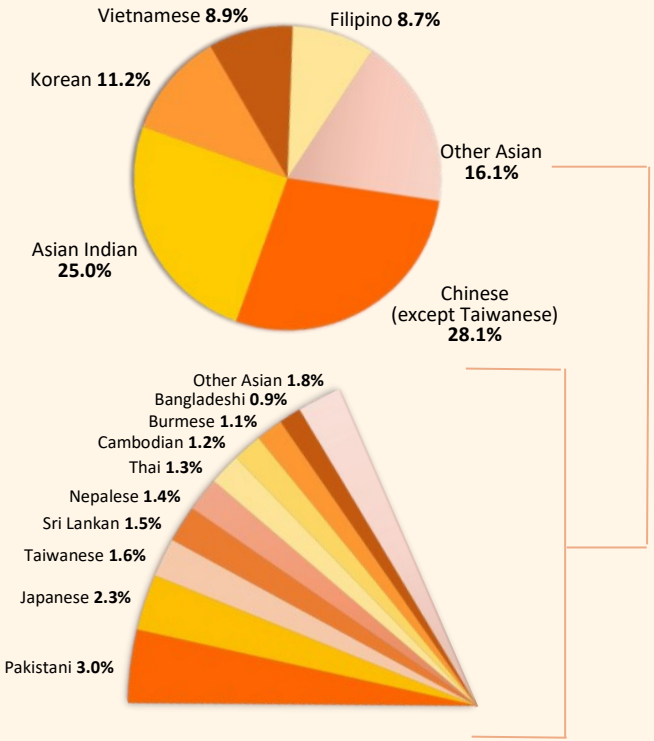
Figure 1. Asian American Population Growth Trend in Montgomery County, 1990-2017.[2,4-6]



Ethnic Groups

An Asian American is a person of Asian ancestry who was born in or immigrated to the United States. Asian Americans represent a culturally and linguistically diverse segment of Montgomery County's population, with roots in the Far East, Southeast Asia, and the Indian subcontinent.[7] Figure 2 displays the largest Asian American ethnic groups in Montgomery County. The five largest Asian ethnic groups in Montgomery County are Chinese (28.1%), Asian Indian (25%), Korean (11.2%), Vietnamese (8.9%), and Filipino (8.7%).[8] Other Asian ethnic groups in Montgomery County include Japanese, Burmese, Nepalese, Pakistani, Cambodian, Thai, Bangladeshi, Laotian, Indonesian, Sri Lankan, and Taiwanese.

Figure 2. Asian American Ethnic Groups in Montgomery County.[8]



Age

The median age of Asian Americans in Montgomery County is 40.4 years as compared to 37.1 years, nationally.[9] The median age of Asian American males is 39.8 years and females is 40.9 years.[10] The percent of Asian Americans in Montgomery County who are under 18 years of age is 19.8%.[9] In addition, 14.6% of the Montgomery County Asian American population is aged 65 years and older compared to 12.4% nationally.[9] When examined closer, nine Asian American communities in Montgomery County reported having at least 10% of the population aged 65 and older, with Burmese having 21.8% of their population aged 65 and older.[11]

Model Minority Myth

Asian Americans are often portrayed as a "model minority." This myth of the model minority perpetuates a narrative that all Asian Americans are wealthy, healthy, acculturated, have high educational attainment, and do not have challenges like other minority groups. This false assertion has undermined advances in the health and wellness of Asian Americans because the model minority myth assumes that Asian Americans do not suffer from health disparities. Asian Americans have been excluded from many national health databases which has led to limited data on the needs of this population.[12] Another health consequence of the model minority myth is that Asian Americans are frequently overlooked from receiving attention and resources as they are perceived to have less health problems.[12] One study posited that the model minority myth may contribute to doctors being less likely to follow guidelines and meet standards of care with Asian American patients in screening for chronic diseases.[13]

It is important to dispel the model minority myth by viewing the Asian American community through their diversity and not as an aggregate. An examination of the social determinants of the various Asian American ethnic subgroups captures the health and social needs that are masked by the model minority myth.

Social Determinants

Social determinants of health reflect the conditions in which people live, learn, work, play, worship, and age that affects a wide range of health, functioning, and quality-of-life outcomes and risks.[14] Social determinants can be further stratified by individual and group level, such as race and ethnicity, education, immigrant status, and language use, as well as by population level, including poverty, access to health care services, and affordable housing.[15] Social determinants at these different levels interact with one another to influence the health of Asian American populations.

Immigration

For over the past 40 years, Asians have been one of the highest proportion of immigrants in the U.S. compared with other racial and ethnic groups.[16] An estimated 112,604 Asian Americans in Montgomery County, or 69.8%, are foreign born.[9] In Montgomery County, the Burmese and Nepalese communities have the highest percentage of foreign born at 89.3% and 89.2%, respectively.[17] Nationally, 66.3% are foreign born.[9] Slightly over one-third (37.8%) of the foreign born Asian American population in Montgomery County are not U.S. citizens compared to 42% nationally.[9]

Language

Language spoken at home is highly variable with 79.3% of Asians in Montgomery County reported speaking another language. Almost 30% (29.9%) reported speaking English less than "very well."[9] In Montgomery County, a number of Asian communities (Chinese, Taiwanese, Indonesian, Japanese, Korean, Thai, Vietnamese, Burmese, and Nepalese) indicated at least 30% spoke English "less than very well."[17] Further, approximately 38% of the foreign-born Asians speak English less than "very well."[18]

Educational Attainment

Asian Americans in Montgomery County have relatively high levels of educational attainment with 91.9% reported completing high school and 67% obtaining a Bachelor's degree and above.[9] However, 8.1% of Asian Americans in Montgomery County have less than a high school diploma.[9] When examining Asian subgroups, Cambodians (14.2%) and Vietnamese (14.8%) had the highest proportion among 25 year old and older who attained less than 9th grade education.[17]

Poverty

The median annual household income of Asian Americans in Montgomery County in 2017 was $110,219.[9] However, income differences are masked given the diversity of the various Asian ethnic groups. In Montgomery County, Pakistani, Nepalese, Sri Lankan, and Indonesian County residents reported an annual household income below $80,000.[19] This amount is below the self-sufficiency standard of $86,580 for a single adult with one preschooler and one school-aged child living in Montgomery County.[20] Further, approximately 5.8% of all Asian American residents reported income in the past 12 months below the federal poverty level, with more than 10% of the Cambodian, Pakistani, and Thai populations living below poverty.[19,21] Of those living below the federal poverty level, 48% are over the age of 55.[21]

Health Insurance Coverage

Health insurance coverage has increased over the years. The Affordable Care Act has yielded a 59% reduction in uninsured rate among Asian adults in the U.S. from 2010 to 2015.[22] In 2017, 6.6% of Asian Americans were uninsured, as compared to 5.9% non-Hispanic white Americans.[23] In Montgomery County, it is estimated that 5.8% of Asian Americans are uninsured.[9] However, when examined further, rates of the uninsured remain high (10% or higher) in many Asian communities in Montgomery County. According to the American Community Survey, at least 10% of the Burmese, Bangladeshi, Korean, Indonesian, Nepalese, Pakistani, Vietnamese, Sri Lankan, Filipino, and Cambodian communities in Montgomery County were uninsured.[19]

Housing Costs

In Montgomery County, 42.7% of Asian Americans who pay rent (25.1%) are housing-cost burdened, meaning that they spend 30% or more of their income on rent.[9] Approximately 60% or more of the Cambodian, Sri Lankan, Nepalese, Taiwanese, Thai, and Vietnamese populations in Montgomery County spent 30% or more of their income on rent. In particular, the Nepalese population living in rented units had the highest housing cost burden at 89.6%.[24] Nationally, 44.7% of Asian Americans who pay rent (40.4%) are housing-cost burdened.[9]

These data demonstrate the status of Asian Americans across various factors that affect health and wellbeing. The findings correlate with the national trends, but these trends could vary significantly when examined at the subgroup level. Disaggregated data collection and analysis can reveal the root causes and social determinants of the vulnerable subgroups and shed light on issues that are otherwise made invisible with aggregated data.

Healthcare Access and Quality

Data from the 2017 National Healthcare Quality and Disparities Report indicated disparities for Asians in person-centered care. In an analysis of the National Healthcare Quality and Disparities measure set, Asians experienced worse access to care compared with Whites for 26% of the measures.[25] For example, among adults who had any appointments for routine healthcare in the last 12 months, those who sometimes or never got an appointment for routine care as soon as needed was higher for Asians than for Whites (25.3% compared with 12.6%).[25] For children, this was observed as higher for Asians than for Whites (13.0% compared with 4.3%).[25]

In Maryland, lack of effective communication about medication and treatment among Asian adult patients while in the hospital and at hospital discharge was highlighted as a quality measure concern. Asian adult patients had sometimes or never received good communication about either the medications they were given in the hospital or discharge information.[26]

Trending Concerns

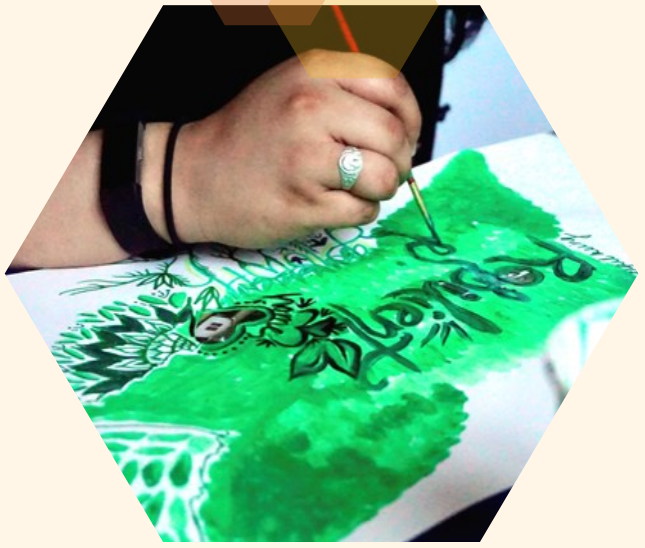
Asian Americans are at high risk for several health conditions and diseases including cancer, heart disease, stroke, unintentional injuries, and diabetes.[23] In 2017, the leading causes of death for Asian Americans were cancer, heart disease, and stroke.[27] Asian Americans have a high prevalence of specific conditions and diseases including hepatitis B, HIV/AIDS, tuberculosis, and liver disease.[23] In addition, it is estimated that Asian Americans have the highest rate of undiagnosed diabetes with 1 in 2 not knowing that they have diabetes, highest among all racial and ethnic groups.[28]

Despite Asian Americans having lower rates of obesity, high blood pressure (hypertension), and cigarette smoking compared to other groups, these risk factors are still an issue. For instance, Filipino adults (14%) were more than twice as likely to be obese compared to other Asian American subgroups.[29] Even though over a quarter of Asian American men (27.8%) and almost a quarter of women (24.2%) have hypertension, Asian Americans are less likely than most Americans to be aware of having high blood pressure.[30] Approximately 12.5% of Asian American men smoke cigarettes.[23] The highest rates of cigarette smoking are found among Southeast Asians males, who often start smoking early in life, putting them at greater risk for heart disease.[30]

With regards to health status, data from the National Health Interview Survey indicates that Vietnamese adults were more likely than all U.S. adults to perceive to be in fair or poor health and Filipino adults were more likely than other large Asian groups to have multiple chronic conditions.[31] In addition to chronic disease, other notable trends affecting the Asian American population include mental health, lack of disaggregated data, and a growing older adult population.

Mental Health

Mental health continues to be a major concern among Asian Americans. The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that from 2008-2012, 13.4% of Asian American adults reported having any mental illness in the past year.[32] Only 18.1% of these Asian Americans with a mental illness used any mental health services, which is the lowest among all racial/ethnic groups.[32] Looking at the general population, Asian American adults have the lowest mental health service utilization rate, at 4.9%.[32] This is consistent even when examining racial/ethnic use of mental health services by gender, poverty status, and insurance status.[32] Asian Americans were also more likely than other racial/ethnic groups to believe that mental health services would not help.[32]



Suicide and suicidal thoughts are also a significant issue among Asian American youth. When compared to non-Hispanic Whites, Asian American teenage females (students in grades 9 through 12) have higher rates of attempted suicide, with Asian American teenage males more likely to have seriously considered suicide.[33] In addition, Asian American females between 15 years to 24 years have the highest percentage of deaths due to suicide than any other racial or ethnic group.[34]

Post-traumatic stress disorder (PTSD) is prevalent among Southeast Asian refugees due to trauma experienced before and after emigration to the U.S.[33] Cultural differences and stigma may contribute to underreporting of mental health problems among Asian Americans.

Asian American Data

The lack of disaggregated national and local data on Asian American health has long been a problem. Asian Americans are often portrayed as the model minority when, in fact, Asian Americans experience disproportionate and unique disparities. Most data reported on Asian Americans are aggregated which often masks the differences and disparities that are experienced by the diverse groups within the Asian American population. The lack of reliable data at the subgroup level prevents decision makers from fully understanding the health concerns and unmet needs within Asian American communities.

Older Asian Americans

The older Asian American population in the U.S. is expected to nearly quadruple from an estimated 2.2 million in 2017 to 7.8 million in 2060.[35] In Montgomery County, 14.6% of the Asian American population is aged 65 years and older.[9] Older Asian Americans have a higher prevalence of certain diseases and conditions. In 2017, the leading causes of death for Asian American men aged 65 and older were cancer, heart disease, stroke, diabetes, and chronic lower respiratory diseases.[35] For Asian American women aged 65 and older, the leading causes of death were heart disease, cancer, stroke, Alzheimer's disease, and diabetes.[35] In 2017, 30.4% of Asian Americans aged 65 years or older in Montgomery County have a disability.[9] In addition to chronic health conditions, 17% of Asian American older adults lived alone and experience a poverty rate of 10.8%, compared to 9.2% of all older adults in 2017.[35]

Healthcare coverage is also lower among older Asian Americans. In 2017, 26% of older Asian Americans had both Medicare and supplementary private health insurance compared to 46% of all older adults. In addition, 18% of older Asian Americans were covered by both Medicare and Medicaid compared to 7% of all older adults.[35]

Key Stakeholder Highlights

AAHI commissioned two focus groups and multiple in-depth interviews to obtain key stakeholder perspectives on strengths, needs, challenges, and opportunities that impact the health and wellness of the Asian American communities in Montgomery County as well as input on the priorities for AAHI over the next decade. Focus group participants consisted of AAHI Steering Committee members, Patient Navigators, Health Promoters, and AAHI program staff. Key informants included representatives from various Montgomery County government units, non-profit organizations, safety net organizations, hospitals, and community clinics. The following are major findings.

Community Health Status

Key stakeholders highlighted several factors that impact community health and wellness status. Some of these factors include stress due to cultural expectations placed on different generations; immigration status; barriers to access due to language and lack of education; isolation; and aging of the population. Additionally, there is a perception that health status and outcomes vary among the Asian American communities due to the differing levels of health access. For instance, one subgroup may not have the same level of health care access as another, which in turns lead to poorer health outcomes.

Health Concerns and Gaps

Some of the major health concerns and gaps identified by the key stakeholders include the following:

- Civic participation and engagement by Asian Americans have historically been low for a variety of reasons including systemic barriers and cultural norms. Lack of civic participation by Asian Americans impedes their ability to influence and inform culturally responsive systems.
- Generational differences were mentioned as a factor affecting health. For example, first generation parents frequently identify with cultural norms of their origin country whereas their children, who may have been born or raised in the U.S., reflect westernized cultures. This often leads to an acculturation gap, which can cause intergenerational conflict.
- Seniors often feel neglected and are reticent to seek services to avoid embarrassment and burdening others. This can lead to isolation and mental health issues. Lack of trust with the government, mental health stigma, and language barriers hinder access to care.
- Main gaps include addressing data concerns such as lack of disaggregated data, recognition of the diversity within Asian American communities, and sustainable culturally and linguistically sensitive resources for service providers. Key stakeholders highlighted the need for disaggregated data to help examine health and wellness outcomes in the diverse communities and viewed access to health care and linguistically and culturally competent resources and services as key drivers of health and wellness outcomes.

AAHI Core Functions

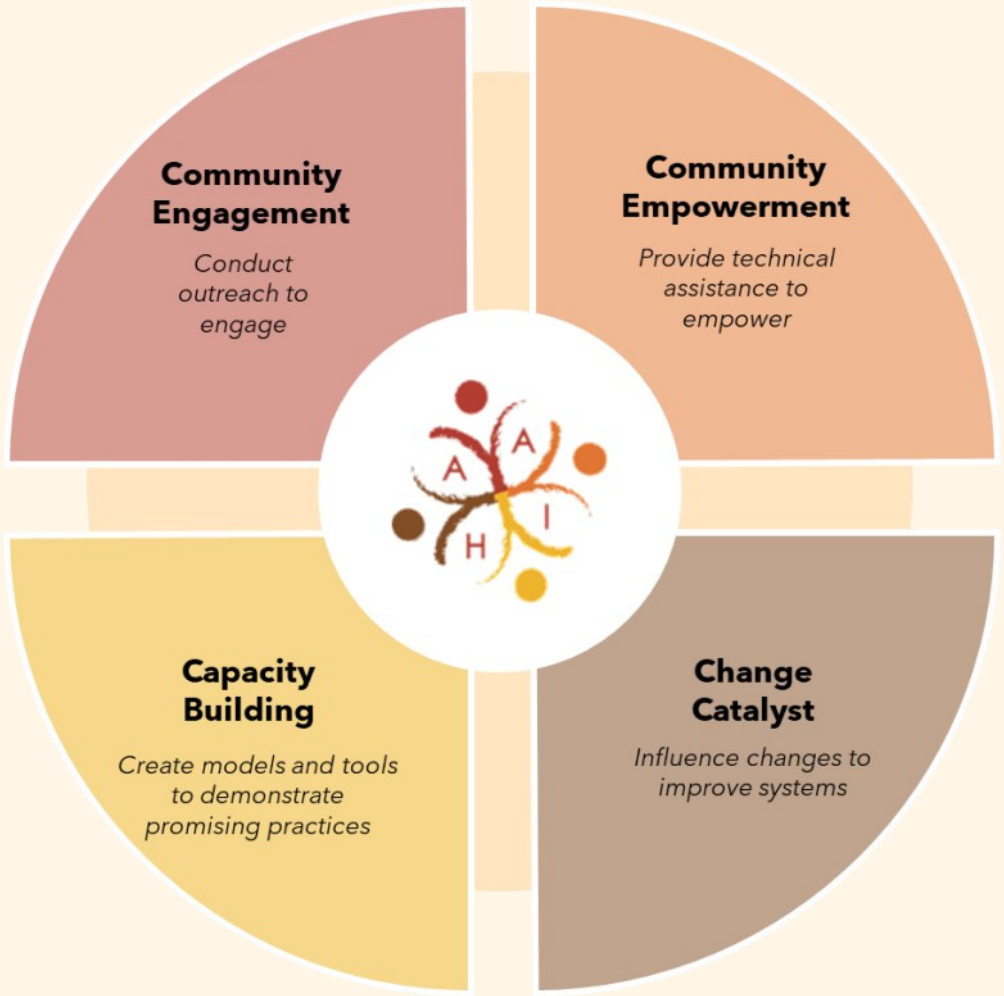
Key stakeholders frequently identified outreach, education, and community engagement as the core functions of AAHI. Further, they recognized that AAHI strives to educate the community to understand the health risks and issues that disproportionally affect Asian Americans, raise awareness of health issues, and ensure that local health infrastructure is linguistically and culturally responsive within MCDHHS and throughout the County. Through outreach and community engagement, AAHI connects the community to local available health and social services resources. AAHI is also viewed as a widely respected partner and collaborator to reduce health disparities and achieve equity.

Priorities for the Next Decade

Several priorities were recommended by the key stakeholders for AAHI to focus on over the next decade. Consistently suggested priorities include addressing mental health, increasing access to care, addressing social determinants of health, and improving data collection. Key stakeholders also recommended that AAHI should convey Asian American health needs and concerns to change agents who can influence policy on a greater scale. AAHI is perceived as a "connector" and should ensure that communities are aware of and can access services. Community empowerment was identified as a critical priority area to provide minority and immigrant communities with the tools they need to ensure sustainability and resiliency. Key stakeholders indicated expanding outreach, education, and engagement strategies, eliminating disparities, and capacity building as additional priorities that AAHI should address over the next decade.

Core Priority Areas

Through feedback from key stakeholders on issues and priorities regarding Asian American health and wellness, coupled with Montgomery County's efforts toward equity and addressing social determinants of health, four core priority areas have been identified that provide a program planning framework for AAHI:



COMMUNITY ENGAGEMENT

Conduct outreach to engage – AAHI works collaboratively with the community to address health and social concerns of individuals and ensure optimal health and wellness. Key components of community engagement include raising awareness of health and social services resources available to the community, providing education, and enhancing access to services and resources through community outreach, health education, and service connection.

Education

- Raise awareness of community health and social concerns to increase knowledge and improve health and wellness
- Develop culturally and linguistically responsive communication materials to inform the community of the health and wellness resources and services available in Montgomery County
- Address stigmas and concerns including mental health, social isolation, and other social factors

Outreach

- Participate in community events and host community health fairs
- Partner with community organizations to build stronger relationships
- Establish liaisons with underserved communities to understand and respond to unique needs

Connections

- Convene and collaborate with community and professional organizations to improve health and wellness
- Link the community to local health and social services
- Encourage and assist community members served by local organizations to advocate for their communities

COMMUNITY EMPOWERMENT

Provide technical assistance to empower – AAHI strengthens community organizations by increasing their knowledge, skills, and confidence to address health and social challenges.

Strengthen Communities

- Assess and inform on the needs and concerns of the community regularly
- Increase community organizations' knowledge related to health and social service needs of the Asian American community
- Expand the skillset of community organizations to better respond to Asian American community needs

Technical Assistance

- Serve as a knowledge resource for community organizations
- Empower community organizations to plan, implement and evaluate comprehensive health and social service programming
- Support community organization programs and activities through joint planning and sharing of best practices

CAPACITY BUILDING

Create models and tools to demonstrate promising practices – AAHI invests in the infrastructure and advancement of Asian American health and social service programming through leadership, research, and innovation.

Resource Development

- Support infrastructure development of community-based, faith-based, and non-profit organizations in Montgomery County to help the Asian American community
- Explore financial resources through grant opportunities for local organizations that address Asian American health and wellness
- Share data and information resources to support program initiatives

Promising Practices

- Identify and implement innovative and promising practices by adapting evidence-based programs
- Develop culturally and linguistically responsive tools and models for organizations to adopt and utilize
- Provide forums to share research and practice findings by convening symposiums or conferences

CHANGE CATALYST

Influence changes to improve systems – AAHI catalyzes changes and improvements to health and social service systems to address root causes. Through the adoption of upstream approaches, systems can better assure the health, safety, and security of all members of the community.

Appropriate and Accessible Data

- Refine data instruments to improve collection of Asian American data
- Enhance availability and accessibility to disaggregated data
- Advocate for Montgomery County data collection efforts to include disaggregated data and expand the list of Asian American subgroups

Key Strategist

- Participate in County, state, federal, health system, community, and other key stakeholder workgroups, boards, and committees to provide AAHI perspectives and to work closely on addressing social determinants of health
- Present data, accomplishments, challenges, and best practices to the field
- Contribute to development of policies and initiatives to improve community health and wellness

Collaborator

- Provide technical assistance to other Montgomery County government departments and programs to address disparities and equity
- Educate organizations on AAHI's functions to foster opportunities for partnership across different sectors
- Engage with other minority health initiatives to collaborate on addressing common issues and priorities affecting minority communities

Advocacy

- Educate County leadership about community needs and engage leaders to improve health and wellness
- Support the AAHI Steering Committee who raises awareness on the health and social services needs of Asian Americans and advocates on their behalf
- Expand the representation on the AAHI Steering Committee to include additional perspectives, professions, and community voices

Conclusion

The AAHI Blueprint presents a myriad of challenges that affect the health and wellness of Asian American communities in Montgomery County. With guidance and contributions from the AAHI Steering Committee, staff, and volunteers, AAHI reaffirms its commitment to address the health and human service needs of Asian Americans and adopts focused strategies to guide its efforts over the course of the next decade.

The core priority areas outlined in the AAHI Blueprint provides a conceptual framework for planning programs, sustaining meaningful partnerships, and influencing policies to improve health and wellness outcomes for Asian American communities in Montgomery County. With the growth of the Asian American population in Montgomery County compounded by a rapidly growing senior community, increasing concerns about mental health, and the lack of disaggregated Asian American data, AAHI engages and empowers communities to build resilience and become strong advocates for more culturally and linguistically responsive health and social services systems.

AAHI welcomes organizations and service providers from all sectors to use the AAHI Blueprint as a guide towards a collaborative effort in advancing Asian American health and wellness and achieving equity for all communities in Montgomery County.

References

1. Pew Research Center. (2017). Key facts about Asian Americans, a diverse and growing population. Retrieved from http://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/
2. US Census Bureau. (2017). American Community Survey 5-Year Estimates, 2013-2017, Table B02001. Retrieved from https://factfinder.census.gov
3. US Census Bureau. (2017). American Community Survey 1-Year Estimates, 2017, Table B02001. Retrieved from https://factfinder.census.gov
4. US Census Bureau. (1990). Census Report, 1990, Table 5. Retrieved from https://www2.census.gov/library/publications/decennial/1990/cp-1/cp-1-22.pdf
5. US Census Bureau. (2000). Census Summary File, 2000, Table DP-1. Retrieved from https://factfinder.census.gov
6. US Census Bureau. (2010). Census Summary File, 2010, Table DP-1. Retrieved from https://factfinder.census.gov
7. Asian American Health Initiative. (2010). Health equity through action: AAHI strategic plan, 2011-2015. Retrieved from http://aahiinfo.org
8. US Census Bureau. (2017). American Community Survey 5-Year Estimates, 2013-2017, Table B02015. Retrieved from https://factfinder.census.gov
9. US Census Bureau. (2017). American Community Survey 1-Year Estimates, 2017, Table S0201. Retrieved from https://factfinder.census.gov
10. US Census Bureau. (2017). American Community Survey 1-Year Estimates, 2017, Table B01002D. Retrieved from https://factfinder.census.gov
11. US Census Bureau. (2015). American Community Survey Selected Population Tables, 2011-2015, Table DP05. Retrieved from https://factfinder.census.gov
12. Yi, S.S., Kwon, S.C., Sacks, R., and C. Trinh-Shevrin. (2016). Commentary: persistence and health-related consequences of the model minority stereotype for Asian Americans. Ethnicity & Disease, 26(1): 133-138.
13. Tung, E.L., Baig, A.A., Huang, E.S., Laiteerapong, N. and K. Chua. (2017). Racial and ethnic disparities in diabetes screening between Asian Americans and other adults: BRFSS 2012-2014. Journal of General Internal Medicine, 32(4): 423-429.
14. US Department of Health and Human Services. (2010). Social determinates of health - Healthy People 2020. Retrieved from https://www.healthypeople.gov
15. Singh, G., Daus, G., Allender, M., Ramey, C., Martin, E., Perry, C., De Los Reyes, A., and I. Vedamuthu. (2017). Social determinants of health in the United States: Addressing major health inequality trends for the nation, 1935-2016. International Journal of MCH and AIDS. 6(2): 139-164.
16. Teke, J. (2018). Annual flow report, US naturalizations: 2017. US Department Homeland Security, Office of Immigration Statistics. Retrieved from https://www.dhs.gov/sites/default/files/publications/Naturalizations_2017.pdf
17. US Census Bureau. (2015). American Community Survey Selected Population Tables, 2011-2015, Table DP02. Retrieved from https://factfinder.census.gov
18. US Census Bureau. (2017). American Community Survey 5-Year Estimates, 2013-2017, Table B16005D. Retrieved from https://factfinder.census.gov
19. US Census Bureau. (2015). American Community Survey Selected Population Tables, 2011-2015, Table DP03. Retrieved from https://factfinder.census.gov
20. Montgomery County Community Action Agency. (2018). Self-sufficiency standard report. Retrieved from https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SSS%20Report%20for%20MC_2017_FINAL.pdf
21. US Census Bureau. (2017). American Community Survey 1-Year Estimate, 2017, Table B17001D. Retrieved from https://factfinder.census.gov
22. Avery, K., Feingold, K., and A. Whitman. (2016). Affordable Care Act has led to historic, widespread increase in health insurance coverage. Washington, DC: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from https://aspe.hhs.gov/system/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf
23. Office of Minority Health. (2019). Profile: Asian Americans. Washington, DC: US Department of Health and Human Services. Retrieved from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=63
24. US Census Bureau. (2015). American Community Survey Selected Population Tables, 2011-2015, Table DP04. Retrieved from https://factfinder.census.gov
25. US Department of Health and Human Services, Agency for Healthcare Research and Quality. (2018). 2017 National healthcare quality and disparities report. Rockville, MD: Pub. No. 18-0033-EF.
26. US Department of Health and Human Services, Agency for Healthcare Research and Quality. (2018). Maryland Asian quality measures compared to achievable benchmarks. Rockville, MD. Retrieved from https://nhqrnet.ahrq.gov/inhqrdr/Maryland/benchmark/table/Priority_Populations/Asian#far
27. Centers for Disease Control and Prevention, National Center for Health Statistics. (2017) Health of Asian or Pacific Islander population. Retrieved from https://www.cdc.gov/nchs/fastats/asian-health.htm
28. Centers for Disease Control and Prevention. (2019). Diabetes and Asian Americans. Retrieved from https://www.cdc.gov/diabetes/library/spotlights/diabetes-asian-americans.html
29. Go, A.S., Mozaffarian, D., Roger, V.L., et al. (2013). Heart disease and stroke statistics - 2013 update: A report from the American Heart Association. Circulation; 129: e28-e292.
30. National Heart, Lung and Blood Institute. (2000). Addressing cardiovascular health in Asian Americans and Pacific Islanders: A background report. NIH Publication No. 00-3647.
31. Bloom, B. and L.I. Black. (2016). Health of non-Hispanic Asian adults: United States, 2010-2014. National Center for Health Statistics Data Brief, No. 247. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db247.pdf
32. Substance Abuse and Mental Health Services Administration. (2015). Racial/ethnic differences in mental health service use among adults. HHS Publication No. SMA-15-4906. Rockville, MD. Retrieved from https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf
33. Office of Minority Health. (2019). Mental and Behavioral Health, Asian Americans. Retrieved from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=54
34. Heron, M. (2018). Deaths: Leading Causes for 2016. National vital statistics reports, 67 (6), Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf
35. US Department of Health and Human Services, Administration for Community Living. (2019). 2018 Profile of Asian Americans age 65 and over. Washington, DC. Retrieved from https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018AsA_OAProfile.pdf

Additional Readings

Age-Friendly Montgomery: A Community for a Lifetime – A Three-Year Action Plan

Asian American Health Initiative 2008 Needs Assessment – Asian American Health Priorities: Strengths, Needs, and Opportunities for Action

Asian American Health Initiative 2011 – 2015 Strategic Plan: Health Equity Through Action

Asian American Health Initiative FY2015 – FY2019 Annual Reports

Behavioral Health and Crisis Services Strategic Alignment Report: A Collective Vision for Behavioral Health in Montgomery County, Maryland

Black-White Health Disparity Hot Spots in Montgomery County, Maryland

Blueprint for Latino Health in Montgomery County, Maryland 2017 – 2026

Healthy Montgomery 2017 – 2019 Community Health Improvement Plan

Montgomery County 2015 Summit on Aging Report

Montgomery County Community Action Agency 2016 Self Sufficiency Standard Report

MCDHHS Equity Principles and Standards

MCDHHS Health in Montgomery County, 2008 – 2016: A Surveillance Report on Population Health

MCDHHS Minority Health Initiatives/Program Advisory Group Report: Eliminating Disparities and Providing Equity and Quality Services to Racial/Ethnic Communities in Montgomery County

MCDHHS Strategic Road Map: FY2016 – FY2018

Key Stakeholders

Adventist HealthCare Center for Health Equity and Wellness

Asian American Health Initiative – Program staff, Health Promoters, volunteers, and contractors

Asian American Health Initiative Steering Committee

Asian American LEAD

Asian Pacific American Legal Resource Center

Asian/Pacific Islander Domestic Violence Resource Project

Chinese Culture and Community Service Center, Inc. – Pan Asian Volunteer Health Clinic

Holy Cross Health

Montgomery County Department of Health and Human Services

- African American Health Program
- Aging and Disabilities Services
- Behavioral Health and Crisis Services
- Children, Youth, and Family Services
- Community Action Agency
- Healthy Montgomery
- Latino Health Initiative
- Office of Community Affairs
- Public Health Services
- Services to End and Prevent Homelessness

Primary Care Coalition of Montgomery County

Mailing Address
Montgomery County Department of Health and Human Services
Asian American Health Initiative
1401 Rockville Pike, 3rd Floor
Rockville, MD 20852

Phone: 240-777-4517
Fax: 240-777-4564
Email: info@AAHIinfo.org
Web: www.AAHIinfo.org

BLP.ENG.F20.02