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# Health Needs Assessment Study

## Asian American Health Initiative



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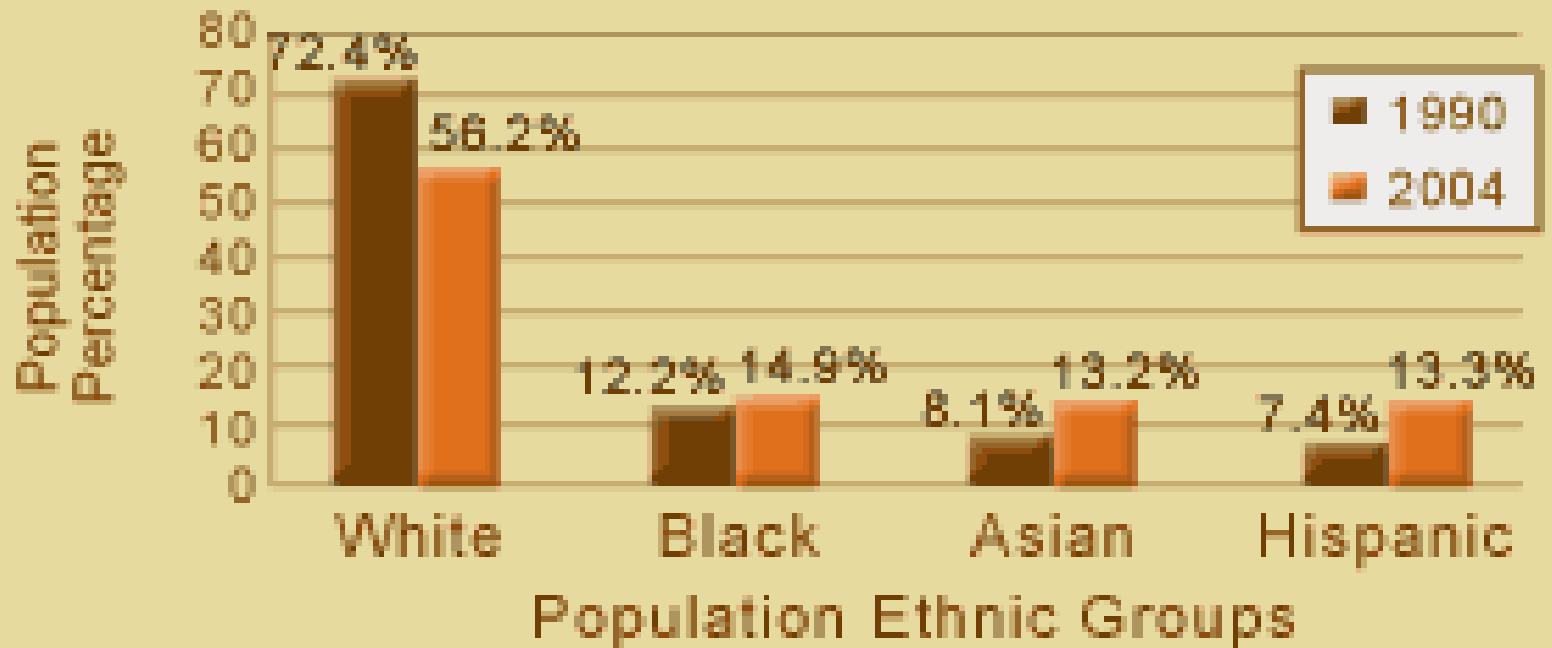
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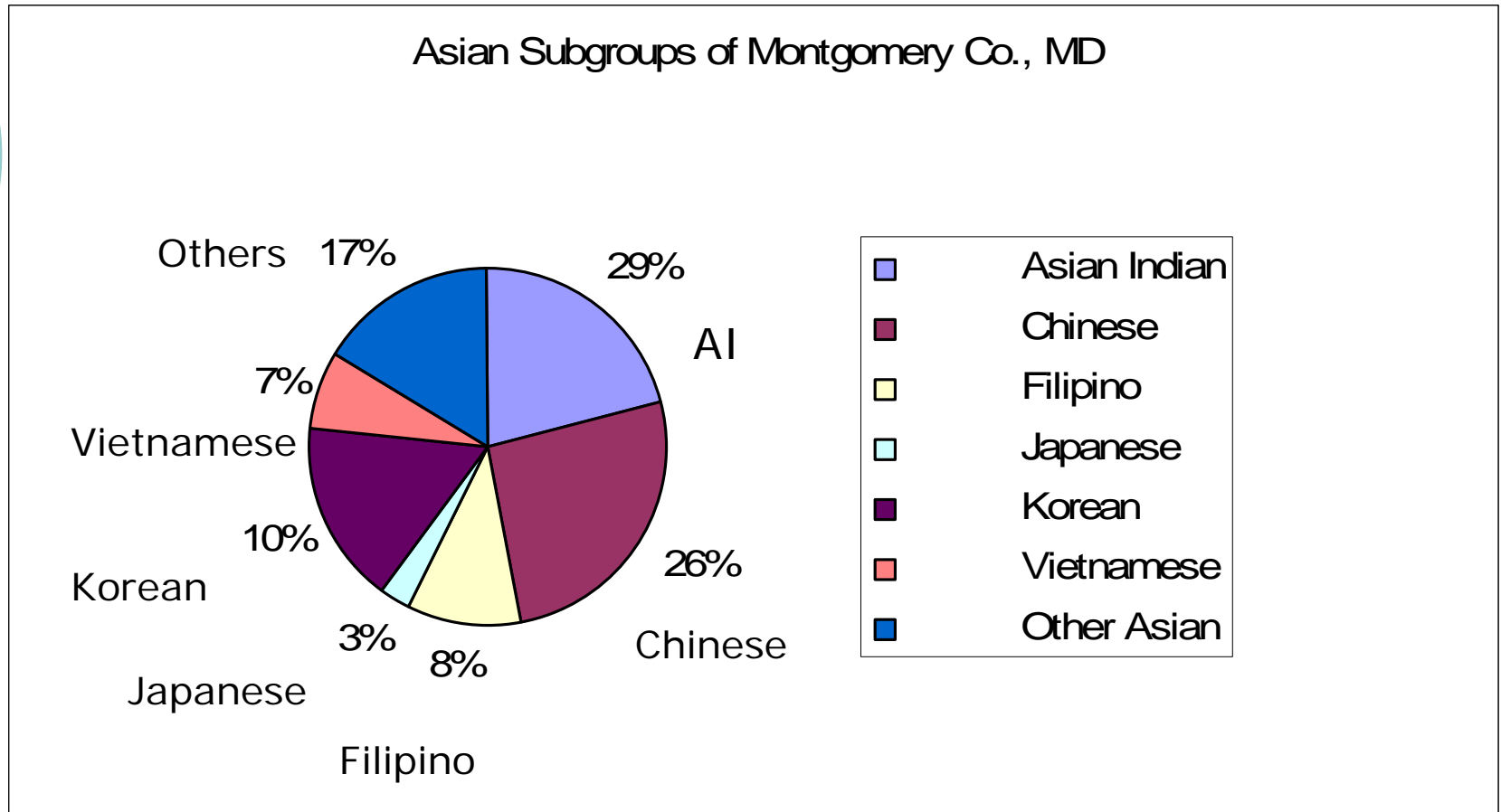
# Demographics of Montgomery County, MD

(Source: 2004 American Community Survey, Census Bureau)

Major Ethnic Groups of Montgomery County  
(Census 1990 vs. American Community Survey 2004)



# Asian Communities in Montgomery Co.



Source: American Community Survey, 2004

# Why this study is Important

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- National study suggested that the priority concern of this community is health. [\[i\]](#)
- HP 2010 Objective: reducing health disparities.
- The needs for continued data collection and reporting of Asian community health.

[\[i\]](#) President's Advisory Commission on Asian Americans and Pacific Islanders. *Report to the President and the Nation. Asian Americans and Pacific Islanders Addressing Health Disparities. Opportunities for Building a Healthier America.* 2003. pp 4  
[http://aapi.gov/commission\\_final\\_report.pdf](http://aapi.gov/commission_final_report.pdf)  
Retrieved on Jan 5, 2005.

# Literature Review

## Preventive health: Cervical Cancer

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### AAPI women in the US

- Lowest rates of cancer screening (Cambodian, Korean, Vietnamese)
  - Usually diagnosed at a later stage of cancer.
- Only 58.4% of adult AAPI women in the US have had a Pap test within the past 2 years
  - Cervical cancer was the most common cancer among Vietnamese women (43.0 per 100,000) in 1996, (5x higher than for non-Hispanic White women)

Data source: the statistics cited in this and the following slides are from President's Advisory Commission on Asian Americans and Pacific Islanders. *Report to the President and the Nation. Asian Americans and Pacific Islanders Addressing Health Disparities. Opportunities for Building a Healthier America.* 2003. pp 4 [http://aapi.gov/commission\\_final\\_report.pdf](http://aapi.gov/commission_final_report.pdf)  
Retrieved on Jan 5, 2005.

# Liver/Stomach Cancer

## Liver cancer

Incidence rate among AAPIs: 13.8 per 100,000 - a rate that is substantially higher than that for Hispanics and Latinos (7.7), American Indians and Alaska Natives (6.8), African Americans (6.2), and Non-Hispanic Whites (4.2).

## Stomach cancer

The incidence rate of **stomach cancer** among **AAPI populations** is 18.5/100,000, which also is substantially higher than the rates among African Americans (13.9), Hispanics and Latinos (12.8), American Indians and Alaska Natives (10.4), and Non-Hispanic Whites (7.9).

Asian group	Risk of liver cancer compared to Caucasians
AAPI	3-13X
Chinese Americans	6X
Korean Americans	8X
Vietnamese Americans	13X

(1999 Data)

# Preventive Health Breast Cancer

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- Only 48.5% **AAPI Women** age 50 and older in the US reported having mammography or clinical breast exams in the past 2 years
- Lowest rate for breast cancer screening among all racial and ethnic groups

# Infectious and Chronic Diseases

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- **Infectious diseases** that are particularly prevalent among Asian Americans have included **HIV infection**, **Hepatitis B**, and **Tuberculosis**.
- Two separate studies have contended that AAPIs were more likely to be diagnosed at an advanced stage of **HIV disease**, and to be suffering from opportunistic infections at the time of diagnosis.
- AAPIs also have a higher prevalence of **tuberculosis** than all other racial and ethnic groups (20% of all cases in 2003).

# Mental Health & Suicide

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- Many Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD).
- One study indicated that only 17% of AAPIs with mental health problems sought care.
- A study conducted in 1997 found that suicide was the leading cause of death among **Asian Indians** age 15 to 24, and **Asian American** women age 15 to 24 have a higher suicide rate than do White, Black, and Hispanic women of the same age group.

# Purposes of the Study

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An Asian American Community Health Needs Assessment Study Seeks to understand:

- Health concerns of 7 Asian Subgroups,
- Strengths Community resources (assets) database,
- Potential barriers to accessing health services.
  
- Between October 2004 and May 2005, we conducted focus groups, interviews and survey of 7 Asian subgroups in Montgomery County.

# Subjects and Representation

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- Female and Male, aged 18+
- Non Faith-Based and Faith-Based groups.
- Used focus groups and individual (face-to-face and phone) interviews

# Enrolled Subjects

More than 60 community leaders participated

Subgroup	Telephone interviews	Individual/Group interviews	Hard copy	Total number of interviews	Total number of interviewees
Asian Indian	1	12	0	0	13
Cambodian	0	3	0	3	7
Chinese	2	3	1	6	8
Filipino	1	5	0	6	6
Japanese	0	6	0	6	6
Korean	2	1	3	5	8
Vietnamese	0	1	0	10	10
Asian, General	3	0	0	3	3

# Executive Summary

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## Answers to research questions

- Most common concerns across groups
  - lack of health insurance
  - language
  - transportation barriers
  - lack of funding to deal with health issues
  
- Community organizations are available and ready to help.
- Expressed need for health information
- Expressed need for health statistics.

# Asian Subgroup Summary

## Asian Indian Community

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Asian Groups	Health Concerns	Access Issues	Community Health Resources
Asian Indians	Obesity, diabetes, neoplasm, heart diseases, hypertension and high cholesterol. depression and isolation.	Lack of Health Insurance Transportation Funding for health promotion programs.	Faith-based organizations . Professional Organizations .

# Cambodian Community

Asian Groups	Health Concerns	Access Issues	Community Health Resources
Cambodian	<p>Tuberculosis (TB) screening, diabetes and high blood pressure screening and treatment, and nutrition education and counseling. Mental health care needs include Post-Traumatic Stress Disorder (PTSD) and depression.</p>	<p>Lack of Health Insurance</p> <p>Transportation</p> <p>Language barrier</p>	<p>Faith-based organization, Community Resources Center, and D.C. based Radio station.</p>

# Chinese Community

Asian Groups	Health Concerns	Access Issues	Community Health Resources
Chinese	Diabetes, high blood pressure, indigestion stroke, and liver dysfunction (e.g., hepatic carcinoma).	Lack of Health Insurance Language cultural competency transportation Health data collection	Faith-based Organizations. Community Centers Chinese Language Classes/Newspaper

# Filipino Community

Asian Groups	Health Concerns	Access Issues	Community Health Resources
Filipino	<p>Diabetes, hypertension, high cholesterol, hepatitis, heart disease, arthritis, gout, and liver cancer.</p> <p>Preventive Care: hepatitis, pap smears, mammography, mental health screening.</p>	<p>Lack of</p> <ol style="list-style-type: none"> <li>1. Health Insurance</li> <li>2. Transportation</li> </ol>	<p>Faith-based organizations</p> <p>Professional organizations</p> <p>Local newspapers Cable TV</p>

# Korean Community

Asian Groups	Health Concerns	Access Issues	Community Health Resources
Korean	Tuberculosis (TB), hepatitis B, diabetes, stomach cancer, hypertension, hyper-cholesterolemia, depression, and domestic violence. Smoking-related diseases.	Lack of  1. Health Insurance 2. Understanding of US healthcare system 3. Language Barrier	Faith-Based Organization.  Community Service Center  Senior Association  Resource Center

# Japanese Community

Asian Groups	Health Concerns	Access Issues	Community Health Resources
Japanese	<p>Preventive Service breast cancer (ie, Mammography) prenatal care, diabetes and osteoporosis.</p> <p>Among seniors include hypertension and depression.</p>	<p>Lack of language proficiency Cultural barriers community resources</p>	<p>Faith-based organization Community service center/Senior Association Resource Center</p>

# Vietnamese Community

Asian Subgroups	Health Concerns	Access Issues	Community Health Resources
Vietnamese	Diabetes, domestic violence, hypertension, hepatitis B, a high prevalence of cervical cancer in women, and a lack of disease prevention.	Lack of 1) health Insurance  2) language and communication difficulties,  3) lack of transportation  4) Lack of financial resources for insurance and medical co-pays.	1. Maryland Vietnamese Mutual Association. 2. Health Fair. 3. PHSA in UMBC.

## Quotes from the Field

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- *“I believe that there should be more studies done on the Cambodian community. We have very little concrete resources to turn to in terms of research and such.*
- *I am a little disappointed for the lack of hard data in health report... if the number (of Asian population) is much higher than the average, it will be a strong justification for initiating screening and treatment program.*

# Cross-Cutting Issues

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- Top 3 Adverse Health outcomes:
  - Diabetes
  - Hepatitis (& liver cancer)
  - High cholesterol/Depression
- Top 3 most common concerns:
  - Lack of health insurance,
  - language and transportation barriers,
  - and a lack of funding to deal with health issues.
- Community organizations are available and ready to help.
- Expressed need for health information.
- Expressed need for health data collection.

# Discussions

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## Consistent with the literature

- Liver disease and its complications: across all groups.
- Stomach cancer: Korean.
- Cervical cancer: Vietnamese.
- Depression: Asian Indian+Cambodian, and seniors among all subgroups.
- Barrier to preventive services: such as mammography, pap smears, and hepatitis B screening.

# Recommendations

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## Languages

- Translate health education information in each native language on specific health conditions.
- Make health information available in trusted community organizations (churches, temples, etc.) in the native language.
- Provide training programs for community organizations in making appropriate referrals.
- Provide translators fluent in various languages at the Pan Asian Clinic.

# Recommendations

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## Health services

- Develop a community resource guide for each group in their native language.
- Provide a list of sliding scale, low-cost or free services available.
- Explore ways to improve transportation to services.
- Provide culturally appropriate mental health services where they can receive care from members of their communities.
- Set up targeted mental health programs and outreach for refugees to address mental health problems such as PTSD and depression.

# Recommendations

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## Health Promotion

- Provide senior/community centers where community members can conduct health promotion activities, and seniors can congregate and support each other to reduce isolation and potential depression symptoms.
- Expand free or low cost health care services for the treatment of diseases identified in early detection programs.

# Recommendations

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## Long Term

- Collect data to describe the health status of the Asian community in Montgomery County on an ongoing basis and make available the results to the community.
- Provide long-term funding for effective, and trusted health programs so that these organizations may expand their hours and services.
- Capitalize on the routine events and services these organizations offer.

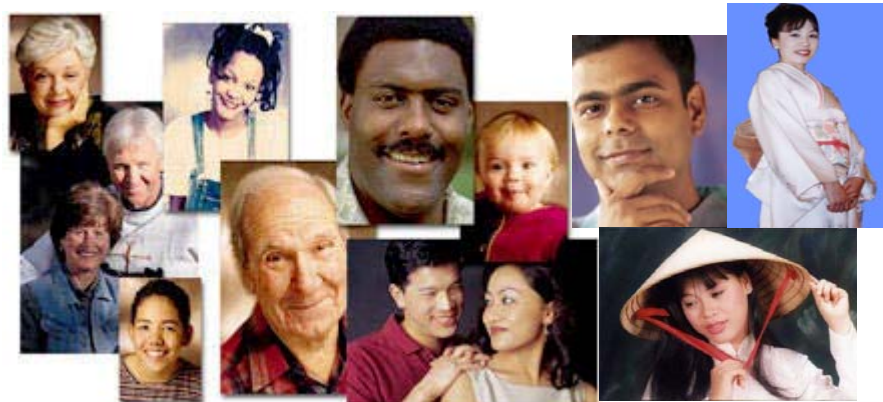
# Acknowledgments

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- Support provided by the County.
- Asian Community Leaders and Asian American Health professionals who volunteered their time for focus groups meetings /interviews.
- UMCP Project Team
- Cambodian Temple/Senior Center
- C.C.A.C.C.
- Filipino Medical Association
- Japanese Community Center
- Korean Church
- Korean Community Service Center
- MVMA
- Sanskriti Association

# Healthy Marylanders

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*Together We Can!*  
**Asian American Health Initiative**

