

MEMORANDUM

January 11, 2021

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Asian American Health Initiative (AAHI) – priorities and impacts of COVID-19

PURPOSE: Briefing and Discussion

Expected for this session:

Nguyen Nguyen, Chair, AAHI Steering Committee
Hina Mehta, Vice-Chair, AAHI Steering Committee
MK Lee, Member, AAHI Steering Committee
Michael Lin, Member, AAHI Steering Committee
Kate Lu, Clinical Director of Chinese Culture And Community Service Center (CCACC) Pan
Asian Volunteer Health Clinic
Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Betty Lam, Chief, Office of Community Affairs, DHHS
Jasmine Vinh, Acting Program Manager & Outreach Coordinator, AAHI (DHHS)

Blueprint for the Asian American Health Initiative 2020-2030

Attached at © 1-30 is 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.” Some highlights of the report are:

- The Asian American population in Montgomery County is currently estimated to be 161,254 residents compared to 61,654 in 1990.
- Asian American Ethnic Groups in Montgomery County include Chinese (28.1%; excludes Taiwanese), Asian Indian (25%), Korean (11.2%), Vietnamese (8.9%), Filipino (8.7%), and Other (16% from nine other groups).

- 19.8% of Asian Americans in the County are under 18 years old and 14.6% are over 65 years old.
- In Montgomery County, it is estimated that 112,604, or 69.8%, of Asians are foreign born. About one-third of the foreign-born population are not U.S. citizens.
- 79.3% of Asians in Montgomery County report speaking a language other than English and about 30% reported speaking English less than “very well.”
- About 5.8% of Asian American County residents surveyed by AAHI reported income in the previous 12 months that was below the poverty level. Of those below the poverty level, 48% are over the age of 55.
- Of Asian residents in the County who rent (25%), over 42% are rent burdened and paying more than 30% of income on rent.
- The “model minority myth” is a narrative that all Asian Americans are wealthy, healthy, acculturated, have high educational attainment, and do not have the challenges of other minorities.
- Asian Americans have high prevalence of specific diseases including Hepatitis B, HIV/AIDS, Tuberculosis, and liver disease and it is estimated that Asian Americans have the highest rate of undiagnosed diabetes.
- SAMSHA reported that from 2008-2012, about 13% of Asian Americans reported having any mental illness in the past year, but only 18% of these Asians reported using any mental health service.
- Post Traumatic Stress Disorder (PTSD) is prevalent among Southeast Asian refugees from trauma before and after emigration to the U.S.
- AAHI will use four core priority areas/strategies to work toward equity and social determinants of health: Community Engagement, Community Empowerment, Capacity Building, Change Catalyst.

Fiscal Year 2021 Policy Priorities and Survey Results

The summary of AAHI policy priorities is included at © 31-32. It further discusses the priority areas in the Blueprint and that AAHI is prioritizing:

- The need to identify the root causes of illness and provide more culturally and linguistically competent education to help people prevent and manage their disease.
- Behavioral health and senior wellness in the Asian American community. They note existing challenges that include loneliness, social isolation, stress and burden of caregiving, economic challenges, and lack of adequate healthcare coverage.

AAHI Photo-novel 6: The Stress of Caring- A Journey to Self-Care

AAHI has created a series of photo-novels to help people understand a variety of stresses and mental health issues and to provide information on different resources and assistance. The series can be found on the AAHI website <https://aahiinfo.org/>

The sixth in the series follows the story of brother and sister Lee and Lana who are caring for their aging mother after the death of their father two years earlier. It looks at the stress they

experience balancing family and jobs and wondering if they are doing enough and their struggles to acknowledge their stress. The photo-novel shares that these are the signs of stress:

- Feeling overwhelmed,
- Feeling alone, isolated, or deserted by others,
- Sleeping too much or too little,
- Gaining or losing a lot of weight,
- Feeling tired most of the time,
- Losing interest in activities you used to enjoy,
- Becoming easily irritated or angered,
- Feeling worried or sad Having headache or body aches.

The photo-novel provides resources from DHHS' Aging and Disability Services as well as others, such as the Alzheimer Association and the ARC.

COVID-19 Needs Assessment

Attached at © 53-56 are themes and takeaways from a brief phone survey that provides information on what the Asian community identifies as challenges and what AAHI and County Government can do to help. The summary touches on a wide range of needs from food insecurity to financial support to the needs of undocumented residents. It says the following about the COVID-19 Vaccination:

Vaccination concerns, plan, and timeline:

- Questions about the side effects and safety of the vaccine.
- The County should establish a hotline to provide accurate and necessary information, address any concerns and needs.
- Priority groups and equitable access—many are asking about who comes first in getting the vaccine, when they can get it and when can their older loved ones receive it and where.
- Can they be sure that the government is doing everything they can to distribute the vaccine to everyone?
- The County should work with local faith and community organizations to distribute reliable information on testing and vaccination.
- A lot of people are still asking about testing sites and test availability.
- Need community survey to understand the concern and hesitancy of the community.
- More communication about safety and potential side effects of vaccination.

COVID-19 Disparities among Asian Americans (NYC research)

The AAHI Blueprint discusses the need for better, disaggregated data to understand better the health and social determinant conditions in the highly diverse Asian population.

As an example of what disaggregated data can tell, AAHI references a pre-print research report, Disaggregating Asian Race Reveals COVID-19 Disparities among Asian Americans at New York’s Public Hospital System¹. The researchers conducted a retrospect analysis of 85,328 patients for COVID-19 at New York’s public hospital system between March 1 and May 31, 2020 first, and follow-up through August 15. The researcher sought to identify if differences exist in characteristic and outcomes between Asian ethnic subgroups and other racial groups.

- From the 85,328 records, 9,971 (11.7%) were identified as Asians through a combination of race data in the electronic health record (HER) and surname matching.
- Of the 9,971, 48.2% were South Asian, 22.2% were Chinese, and 29.6% were of other ethnic groups.
- South Asians had the highest rates of positivity and hospitalizations among Asians (second only to Hispanics for positivity and Blacks for hospitalizations).
- Chinese patients had the highest mortality rate of all groups and were nearly 1.5 times more likely to die than Whites. (note: the study only includes hospital mortality and not mortality after discharge).
- Use of emergency Medicaid and being a new patient to NYC Hospital and Health were associated with increased odds of death.
- Asian Americans, especially those of South Asian and Chinese descent have risk factors in common with Blacks and Hispanics including overweight/obesity, diabetes, hypertension and a disproportionate burden of morbidity and mortality from cardiovascular disease.
- Many Asian Americans also have social risk factors including multi-generational homes, frontline or essential jobs, lack of paid sick leave, and limited access to language and culturally appropriate healthcare. Social factors are more common among recent immigrants.
- Two main factors that may lead to not understanding the impact: (1) an under-count of Asian Americans in the health system; and (2) aggregating all Asian ethnic groups into a single race category that obscures differences.
- Increased incidents of harassment and racism may be reducing the willingness of people to seek testing and exacerbate a reluctance to seek timely medical care.
- The authors say that this underscores the urgent need for improved data collection and reporting, as well as public health program and policy effort to mitigate the disparate impact of COVID-19 among these communities.

Attached:

Circle #

Blueprint for the Asian American Health Initiative 2020-2030	1-30
Priorities Summary	31-32
Photo-Novel #Mental Health: The Stress of Caring	33-52
COVID 19 Needs Assessment (Phone Survey)	53-56

¹ Authors: Marcello, Dolle, Tariq, Kaur, Wong, Curcio, Thachil, Yi, and Islam. The paper says, “This preprint reports new research that has not been certified by peer review and should not be used to guide clinical practice.” Because it is a pre-print report, the full report is not attached to this memo.

Blueprint for the Asian American Health Initiative 2020 - 2030



Department of Health and Human Services
Montgomery County, MD



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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.



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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.

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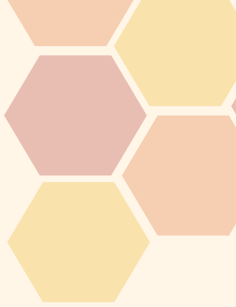
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Asian American Health Initiative

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.

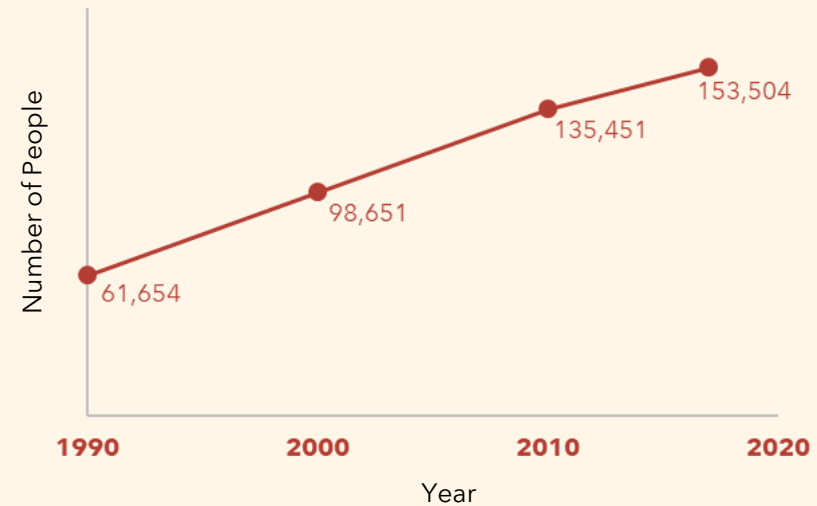
The AAHI Blueprint presents priorities and strategies to improve the health and wellness of Asian American communities in Montgomery County over the next decade. It incorporates a comprehensive approach to identify key priority areas to address the health and human service needs of the Asian American 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.

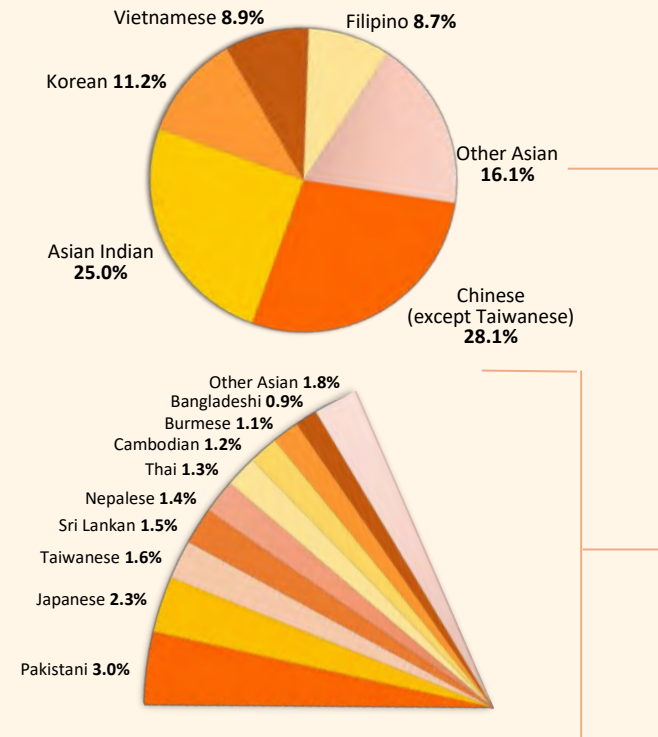
Figure 1. Asian American Population Growth Trend in Montgomery County, 1990-2017.^{2,4-6}



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.

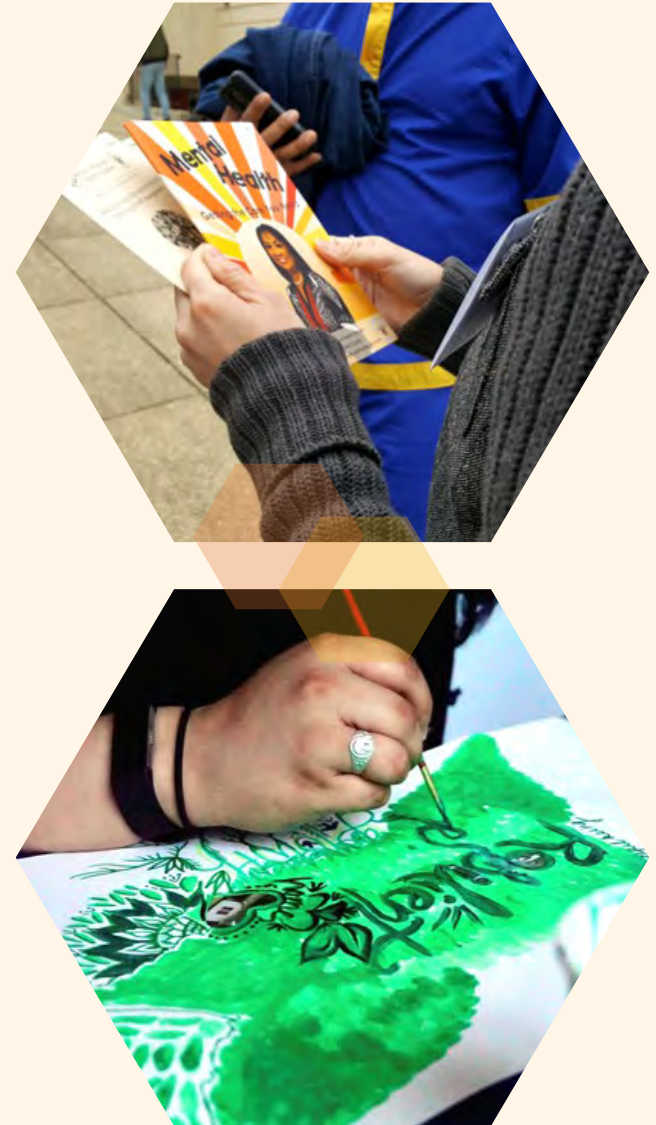


Mental Health

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

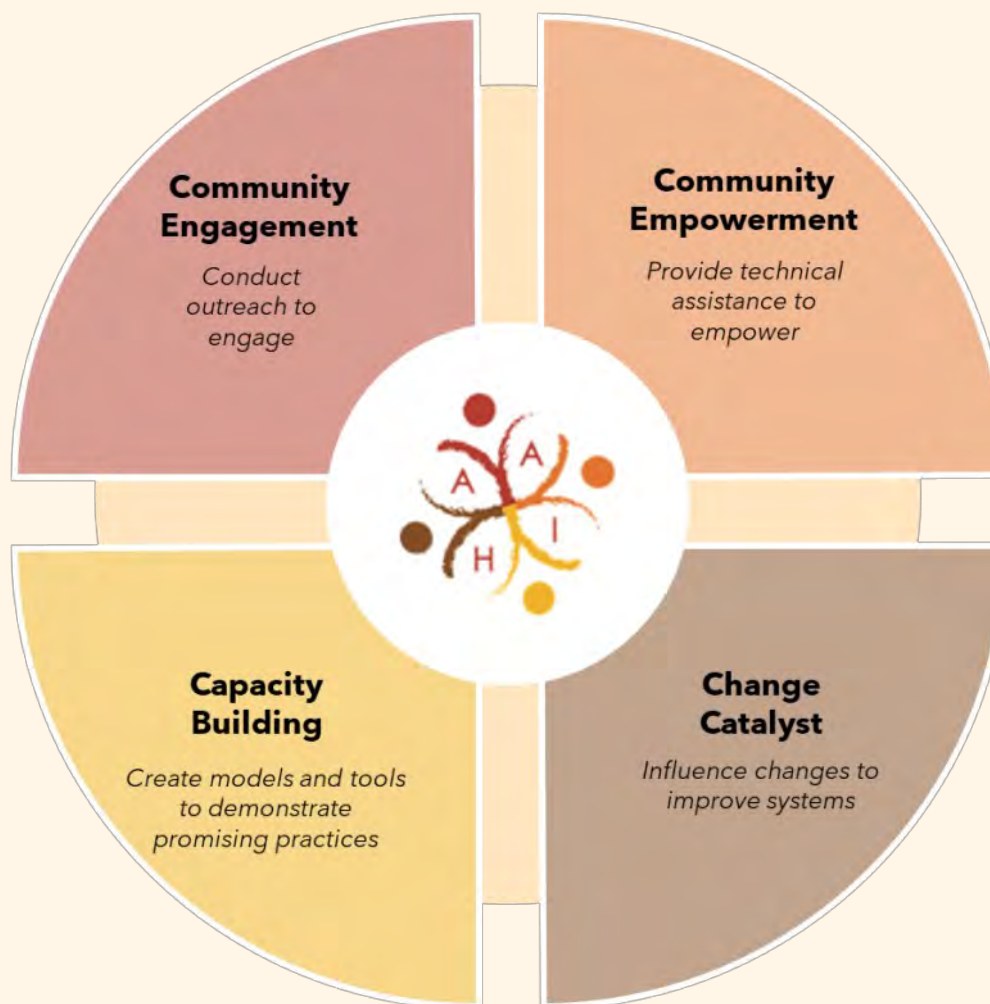
Key stakeholders frequently identified outreach, education, and community engagement as the core functions of AAHI. Further, they recognized that AAHI strives to educate the community to understand the health risks and issues that disproportionately affect Asian Americans, raise awareness of health issues, 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.



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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

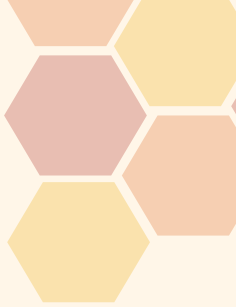
Holy Cross Health

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





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Fiscal Year 2021 Policy Priorities

Montgomery County Council

Health and Human Services Committee Work Session

November 19th, 2020



Introduction:

For the fiscal year 2021, AAHI proposes to put into action the recommendations and priorities in accordance to the Blueprint for the Asian American Health Initiative, 2020 – 2030, such as support for community- and faith-based organizations' capacity to implement health and wellness educational programs for the Asian American community of the County, while maintaining the Behavioral Health and Senior Wellness Programs in order to continue serving a wider range of needs of Asian American residents of the County.

Blueprint for the Asian American Health Initiative, 2020 – 2030:

The Asian American community and AAHI Steering Committee appreciate the County Council's support in the prioritization of the needs of this diverse community. With this support, the Blueprint was published last fiscal year. The Blueprint is designed to create a roadmap for the decade ahead and serves as a guide for improved health and wellness for Asian American communities. The four core priority areas identified include Community Engagement (conducting outreach to raise awareness, educate, and enhance access), Community Empowerment (provide technical assistance to increase knowledge, skills, and confidence in addressing), Capacity Building (create models and tools to demonstrate promising practices), and Change Catalyst (influence changes to improve systems to better serve Asian Americans). AAHI welcomes organizations and service providers from all sectors to use the Blueprint as a guide towards a collaborative effort in advancing Asian American health and wellness and achieving equity for all communities in Montgomery County.

Health and Wellness Programming Targeted for Asian Americans:

AAHI prioritizes the need to identify the root causes of illness and to provide more culturally and linguistically competent education with a wellness focus to help individuals become more self-sufficient and confident in their ability to effectively prevent and manage disease. A holistic approach to prevention, by focusing on healthy lifestyle and addressing all the dimensions of wellness (physical, emotional, intellectual, environmental, financial, occupational, social, and spiritual wellbeing) before the onset of disease and disability can be a powerful tool to empower an individual to elevate their state of wellness. With a growing diverse Asian American population in the County, a number of whom are limited English proficient, of immigrant and refugee status, and of older age, there are unique challenges facing this population.

Prioritizing Behavioral Health and Senior Wellness within the Asian American Community:

There is increased concern of a growing Asian American older adult population with a myriad of chronic diseases compounded by several social and access barriers. Asian American older adults are the largest minority and the fastest growing subgroup in Montgomery County at 15%. Senior health and wellness programming remain a priority for AAHI. Existing challenges that face seniors include loneliness, social isolation, stress and burden of caregiving, economic challenges, and lack of adequate healthcare coverage. The past few years of sustained work with Asians in the Behavioral

Health area has exposed some emerging unmet needs of this population-segment which requires a careful focus. Notable trends disproportionately affecting the Asian American population are related to mental health and include low mental health service utilization, higher rates of attempted suicide and suicidal thoughts in youth, and prevalence of post-traumatic stress disorder in refugees. Cultural differences and stigma may contribute to underreporting of mental health problems among Asian Americans. To address the challenge of cultural and social stigma tied to mental health, AAHI has developed a series of multilingual photonovels and videos as outreach tools to overcome these barriers. In FY2021, AAHI will continue with the development and outreach using these tools to address the challenges of Asian Americans during and after the COVID-19 pandemic.

Additional Information:

Among County residents aged 60 years and over, Asian Americans are the largest racial minority at 14.6%, while 30.4% of those over 65 have some sort of disability. Limited English proficiency (LEP), cultural barriers, unfamiliarity with how to navigate the U.S. healthcare system, and lack of community network all impact the physical and mental wellbeing of Asian Americans. These sets of conditions provide an ideal recipe for chronic diseases like heart disease, poor cognitive performance, early onset of dementia, and depression, in addition to acute conditions and premature deaths.

Mental Health

The Stress of Caring A Journey to Self-Care



Asian American Health Initiative
Montgomery County
Department of Health and Human Services

(33)

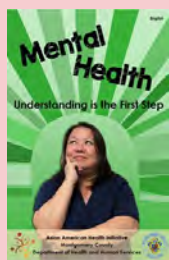


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The Asian American Health Initiative (AAHI) has developed multiple volumes of photonovels to address different mental health challenges faced by the Asian American population.

These photonovels are available in English, Chinese, Hindi, Korean and Vietnamese. Visit the **Asian American Health Initiative's Resource Library** to access these photonovels at: www.AAHInfo.org/aahi-resources/



Download a Microsoft Publisher version of any of our photonovels in any language and create your own photonovel just for your community. Need help creating your own? Give us a call at **240-777-4517**.

MAIN CHARACTERS



Lee
Brother



Lana
Sister

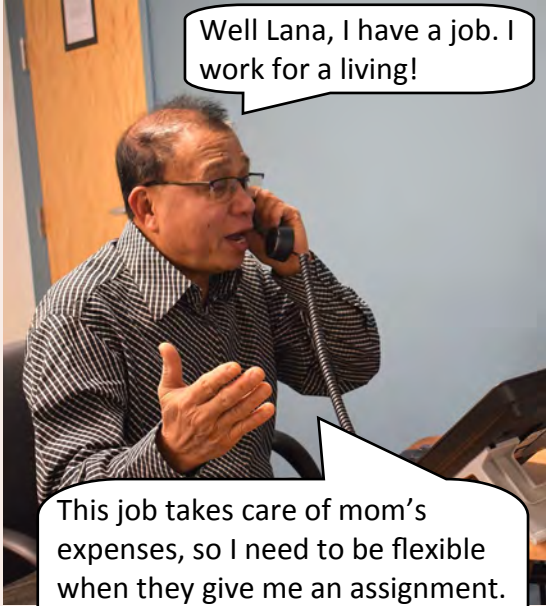


Kia
Lee's wife
(34)

Lee and Lana share the responsibility of taking care of their aging mom since their dad unexpectedly passed away two years ago. They have struggled to meet the sudden demands of their mom’s health, while balancing work and their own families. It is especially challenging when an unexpected responsibility comes up, as is often the case with Lee’s job. He just learned of an urgent work-related travel and calls to see if Lana can take care of their mom over the weekend.

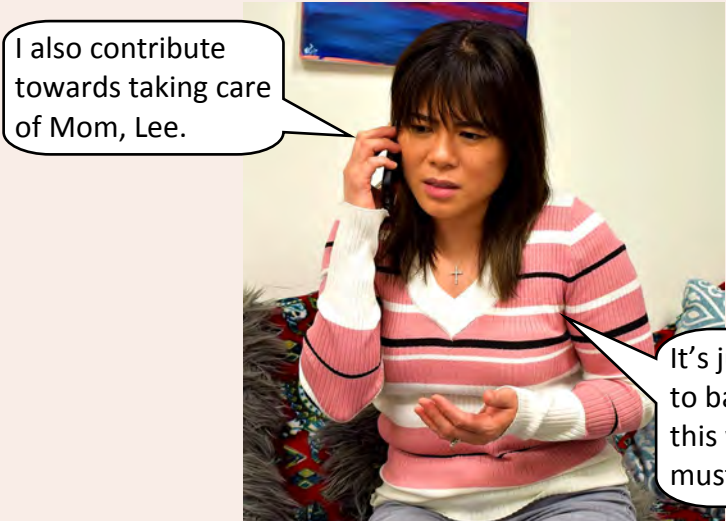


Again, Lee? You just had something urgent last week. You know I have responsibilities too, right?



Well Lana, I have a job. I work for a living!

This job takes care of mom’s expenses, so I need to be flexible when they give me an assignment. When they ask me to attend a meeting, I have to attend it.



I also contribute towards taking care of Mom, Lee.

It’s just... Sean has back to back appointments this weekend that I must take him to.

Why can't she just help me out? I don't mind taking on the financial responsibility of caring for Mom, but I wish Lana could be supportive.



We all have a lot going on Lana and this isn't a huge request. She just needs to stay at your place. Why do you always make it about you?

Here I am, yet again, scrambling to take care of everything and everyone. Why can't Lee understand that managing Mom and a child with special needs is really tough?

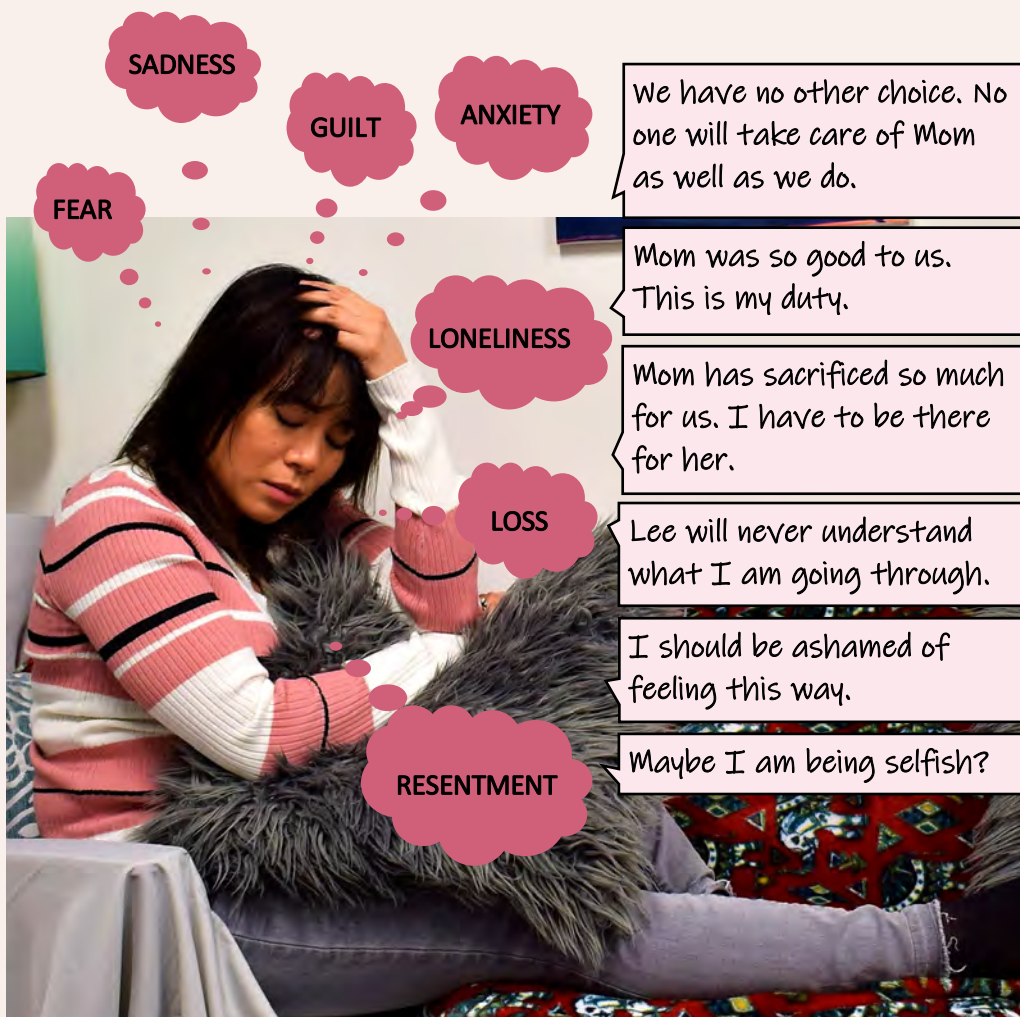


I am not making it about me! You always ask me to do things last minute. Either way, it sounds like there are no other options. Just drop her off tomorrow after work.



Turn to page 16 to learn more about family caregivers.

Juggling to meet the needs of her son and provide care to her mom was taking a toll on Lana's health. Lately, she feels like she has no energy. In the past, Lana suggested she and Lee use outside help to take care of their mom. However, they knew their relatives would label them as too "Americanized". As their mom's dementia progressed, so did the demand for constant care. Frustrated and overwhelmed by guilt, Lana fell asleep on the couch. When she wakes up, her mind is racing with thoughts.



Turn to page 16 to learn more about the stigma associated with the use of formal services in the Asian American community.

During his meeting, Lee tries to forget about all the tasks he has to take care of back home and tries to get some work done, but he has a hard time concentrating.



LEE
MMS
10:32 AM
Lana can you take Mom to her physical therapy appointment on Friday?

LEE
MMS
11:00 AM
Lana did you receive my messages?


LANA
MMS
11:05 AM
Lee, I have a consultation with Sean's physician on Friday. I am not sure if I can take Mom...

LEE
MMS
11:06 AM
Well, figure it out Lana. This is the least you could do to help.

LANA
MMS
11:09AM
That was very unnecessary, Lee. You are really not being fair to me lately.



Even after returning home from his work, Lee is unable to stop thinking about all the things he has to get done. His wife, Kia, notices that Lee seems even more stressed than usual. Recently, she has noticed changes in his appetite and constantly finds him lying awake at night, staring at the ceiling, unable to fall asleep. Today in particular, Kia feels like there is something that is deeply bothering Lee and knows it was time to talk to him.



DENIAL

FRUSTRATION

BURNT OUT

GRIEF

HELPLESS

ISOLATED

WITHDRAWN

I wish Lana would do more to help out with Mom.

All these project deadlines!

Need to pay Mom's medical bill by end of this month.

I need to be strong for the family while we care for Mom.


I wish I knew how to take better care of Mom's health.

None of my friends or relatives ever talk about their challenges when taking care of their family. Am I the only one feeling this way?



Hi Lee, how was your trip?

It was fine.



Is there something bothering you?

What do you mean?

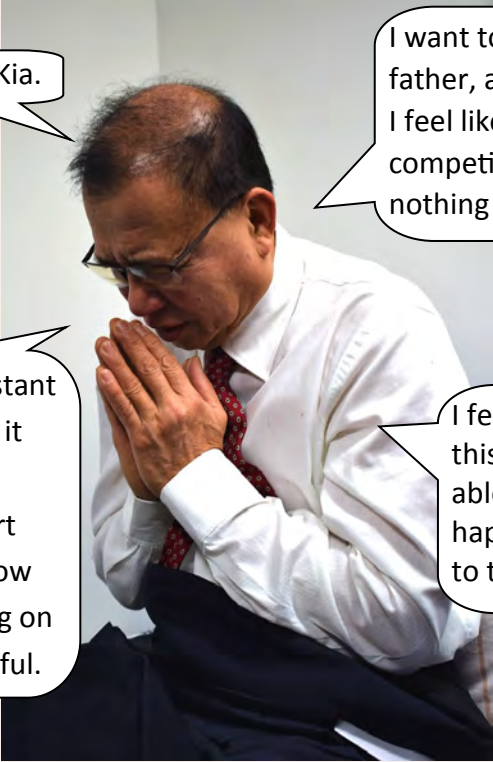
I find you constantly worried about everything. You have frequent headaches. You are not your usual self Lee. I am a little worried.

Well, taking care of Mom has not been easy, you know that.

I know, but recently things that did not use to bother you much, seem to bother you a lot.

I...

I am afraid to even say anything because I fear that something I say may make you mad.




I am so sorry, Kia.

I want to be a good son, father, and husband, but I feel like I have so many competing priorities that nothing I do is enough.

There is this constant pressure to keep it together. I can't afford to fall apart right now, and now that I'm reflecting on it, it is really painful.

I feel guilty for feeling this way. I should be able to keep my family happy. I should be able to take care of Mom.



Oh, Lee. I see you giving your best everyday to take care of the family.

Right now, I don't even have time to think of me.

But, how can you take care of Mom if you do not take care of yourself?



Turn to page 16 to learn more on how caregiver stress affects mental and physical health.



My cousin went through a similar situation. She attended a caregiver support group, and it really helped her cope. Maybe this is something we could try?

I am not so sure Kia...



Maybe even I can go along with you sometimes. I could also learn ways to better support you!

That would be nice. We haven't had chance to spend much time together, so this would give us the opportunity to be together.



Turn to page 16 to learn more on why it is important to ask for help when caring for a loved one.

You are not in this alone, Lee. You have me and you have Lana. Even if you don't always agree with everything, you both care and want the best for Mom.

There is no loss in trying Lee.

Let me think about it, Kia. It is a lot to take in right now...

After thinking about it for few weeks, Lee along with Kia, started attending a caregiver support group. Lee learned that caregiver stress is common and to combat it, it is important to form a supportive team with open and effective communication. This also helped him improve his relationship with Kia. He began to understand how ignoring the stress of caregiving can negatively impact physical and mental health. He realized then that it was not only impacting him but his sister as well and he owed her an apology.



Turn to page 16 to learn more on the causes of caregiver stress.

Lana, I have not been fair to you for a while now. It has been difficult with balancing work and taking care of Mom. I took it out on you, and I am sorry.

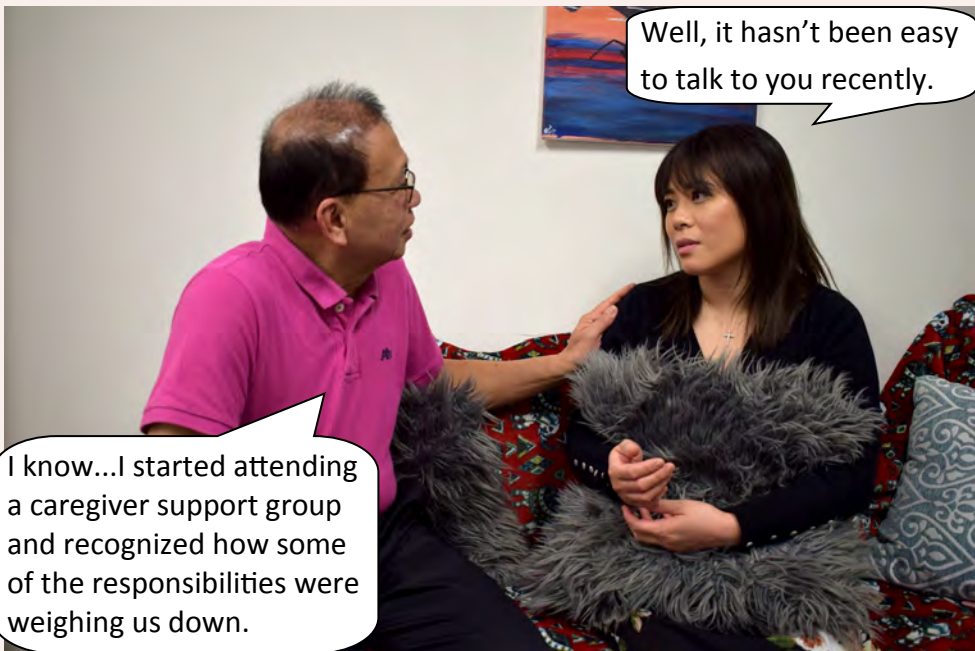


It's okay. I understand it's a lot. I also feel like I'm juggling a million things. Between an aging parent, a demanding job, and caring for a special need's child, I never feel like there's enough time in the day.

It's also tough watching Mom's health decline. I lost my best friend, and I feel a little lost too.

Wow, I never realized you were going through this Lana.

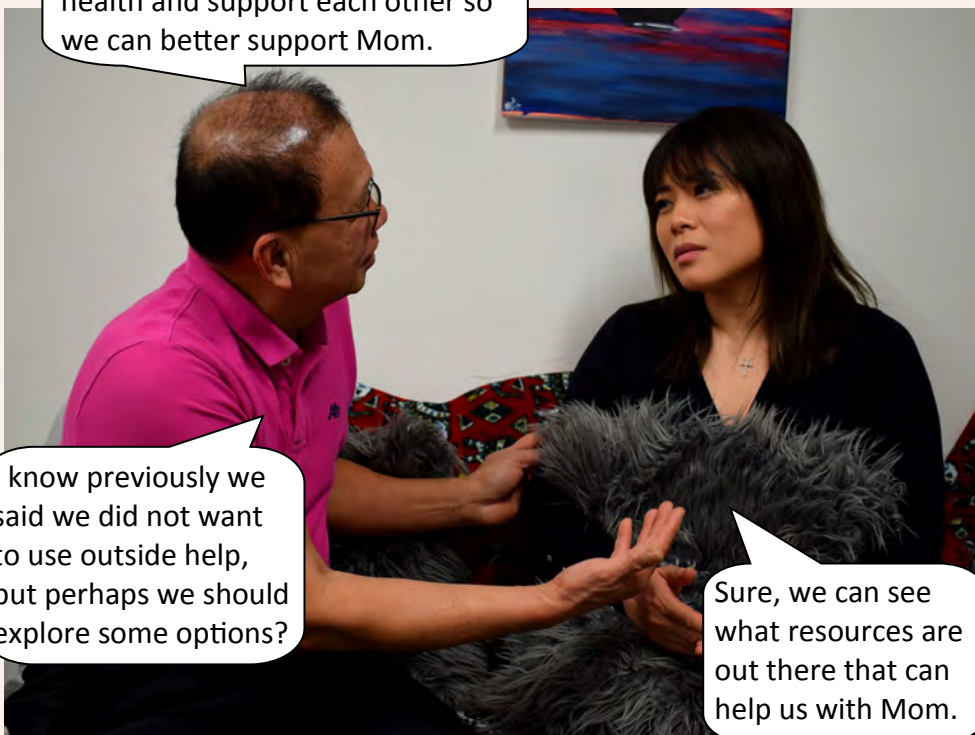




Well, it hasn't been easy to talk to you recently.

I know...I started attending a caregiver support group and recognized how some of the responsibilities were weighing us down.


I also learned that it is important for us to take care of our own health and support each other so we can better support Mom.



I know previously we said we did not want to use outside help, but perhaps we should explore some options?


Sure, we can see what resources are out there that can help us with Mom.

(45)



Maybe being able to talk to others may help reduce your own stress too?

I am not sure if we should share our problems with strangers. I don't know if anyone will understand our culture and responsibilities.



You wouldn't know until you try...

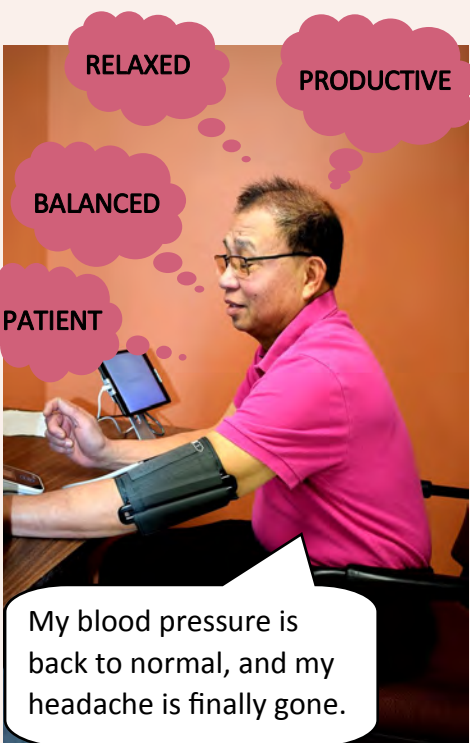
That is true...

The stress of caring is demanding Lana, but we will get through this together.

I am glad we are having this conversation, Lee. It feels good to finally be able to share my feelings with someone who won't judge me for feeling stressed. Thank you.

(46)

Lana was amazed at how therapeutic it was to attend caregiver support groups. From her group, she learned about the importance of self-care. Since taking some time out for herself every day, she has noticed improvements to her stress, anxiety, and mood. To help manage their individual demands, Lana, Lee, and their spouses hold monthly family meetings and have developed a caregiving plan. It is an ongoing journey, but they are hopeful that the respite care service they are using will give them the opportunity to focus more on their own health and well-being.



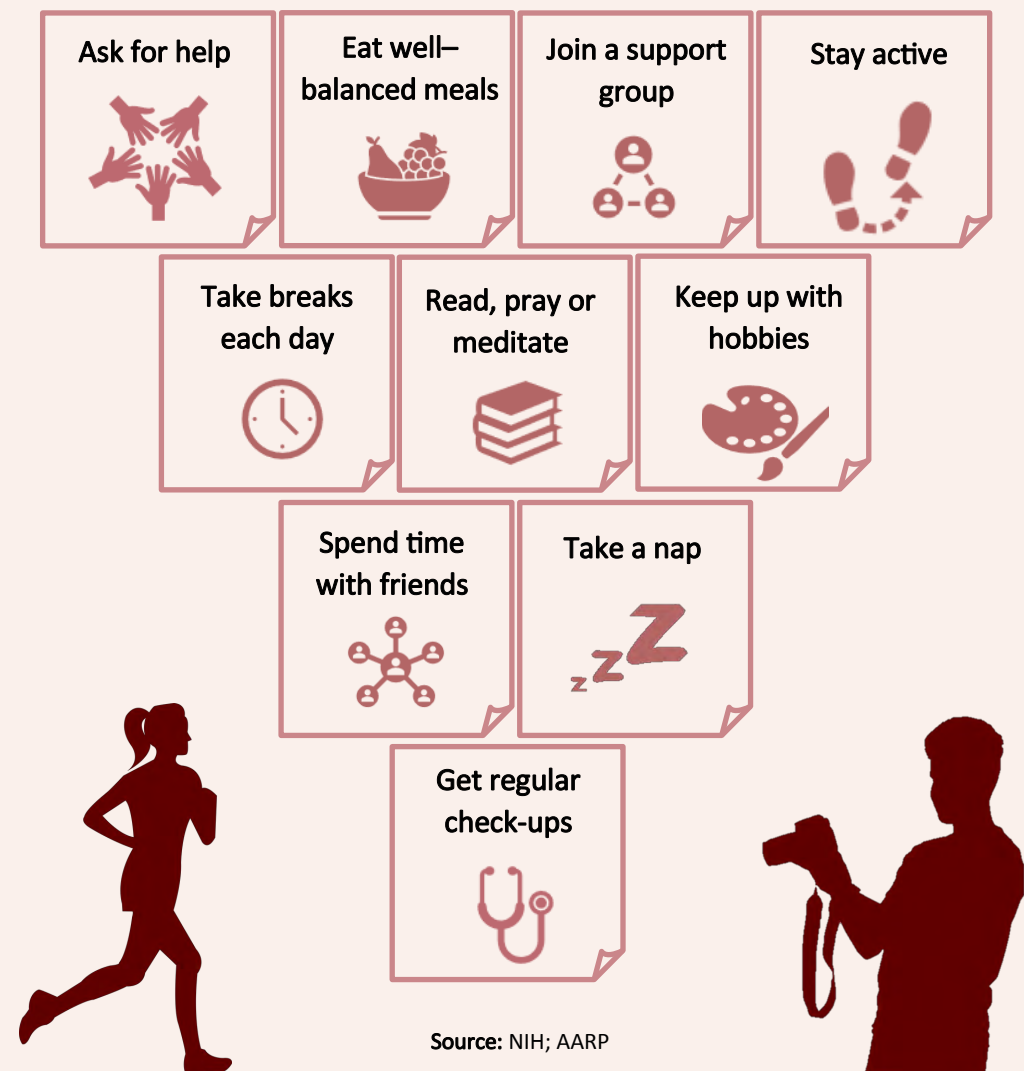
SIGNS AND SYMPTOMS OF CAREGIVER STRESS

- ◆ Feeling overwhelmed
- ◆ Feeling alone, isolated, or deserted by others
- ◆ Sleeping too much or too little
- ◆ Gaining or losing a lot of weight
- ◆ Feeling tired most of the time
- ◆ Losing interest in activities you used to enjoy
- ◆ Becoming easily irritated or angered
- ◆ Feeling worried or sad
- ◆ Having headache or body aches

Source: Womenshealth.gov; Healthfinder.gov

WAYS TO PRACTICE SELF-CARE

It can be difficult to find time for yourself while caring for a loved one but taking breaks to stay active and socially engaged can help you maintain your health and continue delivering the best care.



There are linguistically and culturally sensitive mental health providers available to the Asian American community. For more information, please contact the **Asian American Health Initiative** at **240-777-4517**.

DID YOU KNOW?



Families often do not think through who becomes the primary caregiver and what supporting roles other family members will play. Caregiving may start when the sibling who lives nearby or has a close relationship with the parent helps with small tasks. You may not even identify yourself as a caregiver at first, but then find yourself overwhelmed and feeling resentful of your siblings as your parent requires more help.

Source: National Institute on Aging, NIH

Caregiver stress is caused due to the emotional and physical strain of caregiving. Sometimes, this means there is little time for work, other family members, friends and even your own self. Research indicates that caregiving also demands a significant emotional, physical, and financial toll.

Source: Office on Women's Health; Administration for Community Living

Although a wide range of supportive care services are available for caregivers and their loved ones, in some Asian American cultures, cultural taboos and stigmas associated with use of formal services often limits access to these services.

Source: Miyawaki, Christina; Pharr, Jennifer et al.; Meyer et al.

Some of the ways stress affects caregivers include anger, depression and anxiety, a weak immune system, obesity, a higher risk for chronic diseases, problems with short-term memory or paying attention, exhaustion, irritability, and social withdrawal.

Source: Office on Women's Health; Alzheimer's Association

Taking care of yourself both physically and mentally is one of the most important things you can do as a caregiver. This could mean asking family members and friends to help out, doing things you enjoy or getting help from a home health care service. Taking these actions can bring you some relief and you often return to your responsibilities renewed, better able to provide care for your loved ones.

Source: National Institute on Aging;
AARP Family Caregiving

(49)

Montgomery County's Aging and Disability Resource Unit

Services

- Resources for family caregivers
- Montgomery County's caregiver online newsletter and blog
- Caregiving & dementia education video series
- Helpful programs, organizations and websites for seniors
- Transportation
- In-home care
- Specialized information and referral
- Skill-based trainings

Location

401 Hungerford Drive
Rockville, MD 20850

Monday - Friday
8:30 am - 5:00 pm
Tuesday - Thursday
8:30 am - 7:30 pm

240-777-3000



**Bilingual staff and translator services
are available.**

In Montgomery County there are helpful supports available for caregivers. All caregivers benefit through practical guidance, emotional support and as needed, connection with skilled providers. For more information visit:

www.montgomerycountymd.gov/senior/caregiver.html

Alzheimer's Association (National Capital Area Chapter)

1-800-272-3900

Provides numerous non-cost programs, website information, and a 24/7 helpline. Interpretation services are available in over 200 languages. Local assistance includes:

- Caregiver support groups
- Memory's Cafe
- Transportation
- Education programs
- Care consultations

For more information visit:

www.alz.org

The ARC Montgomery County Respite Care

301-984-5777

Provides access to supervised short-term home care allowing unpaid caregivers time for errands, appointments and selfcare. Families can choose from many respite care venues including:

- Family home
- Adult medical day programs
- Approved respite facilities

For more information visit:

www.thearcmontgomerycounty.org

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Special Thanks to:

AAHI Steering Committee

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Disclaimer

The characters, places, and incidents depicted in this photonovel are fictional. Any resemblance to actual persons or events is entirely coincidental.

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Together To Build A Healthy Community



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AAHI COVID-19 Needs Assessment

AAHI Steering Committee Members & Other Community Leaders

Themes & Takeaways | January 2021

Background: Phone surveys conducted with AAHISC members and community leaders serving Asian Americans from April 2020 – January 2021 on the needs of the Asian American community. This is a brief summary of the common themes and perspectives collected during these surveys.

Survey Questions

- What are the evolving needs or challenges you see in your community/organization, due to the COVID outbreak?
- What can AAHI / Montgomery County Government do to help your community/organization during this time to address the needs?
- What type of information/services does your community need the most?
- Regarding the COVID-19 vaccine, what challenges or concerns (if any) do you anticipate from your community/organization in receiving the vaccine?

Survey Responses

Community Needs and Challenges

- Isolation due to low technological skills
 - A lot of older Asian Americans do not know how to navigate technology and the internet. For those seniors who are isolated and living alone, they are not able to receive updates.
 - Some people do not have email addresses and are not familiar with technology. This makes it especially difficult to apply for unemployment or the small business grant, especially when they never had to do so in the past. Many expressed frustration that they could not meet in-person to complete paperwork- there is hesitancy to only filing paperwork online and over the phone.
 - Other recommended avenues to communicate with the Asian American population:
 - For the older Vietnamese population, recommend using radio to reach this population.
 - Post signs at ethnic grocery stores.
 - Use ethnic newspapers/radio to share messages.
 - FBOs can play a role in sharing information.
- Food insecurity
 - Asian Americans who are food insecure are receiving foods that they do not know how cook and are not familiar with.
 - Many older Asian Americans are afraid to leave their homes and go grocery shopping.

- Because of unemployment, people do not have money for food.
- Financial support / unemployment / reduced income
 - Asian American small businesses are suffering, especially in the restaurant and nail/hair salon industries. The small business emergency funds from state and County have exhausted so fast, that a lot of small businesses were not able to apply. As a result, they cannot pay rent to their commercial landlords and may be evicted.
 - A lot of South Asians are Uber/Lyft/Taxi drivers and have lost income/ have no income.
 - The unemployment form and the small business loan program form are all in English. Due to limited English proficiency, it makes it difficult to complete these forms in a timely manner.
 - It is worth noting that a lot of Vietnamese CBOs mentioned this challenge, specifically because many in their community are self employed and have small businesses.
- Access to reliable information/ limited English proficiency
 - There is A LOT of information out there and people don't know where to go for the most updated, reliable information about testing, financial assistance, etc.
 - Information, especially new information, is usually not available in multiple languages. While some information is available in Chinese, Vietnamese, and Korean, smaller Asian subgroups are still left without reliable information, like those who speak Khmer (Cambodian language) and that of other smaller Asian subgroups (Nepali, Bangladesh).
 - Because of the lack of multilingual reliable information, people are relying on secondhand information, which is often incorrect. Many in the Cambodian community are turning to the monks for information.
 - There is a TON of misinformation among "fake" news.
 - People still do not know the signs and symptoms
 - People think they will get fired if they get tested → loss of income
 - People only trust doctors who can speak their language
 - People don't know where to get tested or how
- Mental health
 - Older people are hearing that there is not enough beds and ventilators at hospitals. There is a fear that older people are perceived as dispensable and their care will not be prioritized over others. This is leading to a lot of fear and anxiety.
 - Among older adults there is a lot of fear, loneliness, anxiety, and social isolation.
 - Mental health is a challenge for all Asian Americans. Many are dealing with depression and anxiety, and potentially PTSD, due to COVID.
 - Domestic violence is an issue now that many are isolating at home.
- Specific challenges of undocumented people
 - Undocumented people are unable to receive the stimulus checks and are also facing unemployment. What resources are available for them AND how do they find out about it?
- Discrimination towards Asian Americans
 - There is a fear that Asians are blamed for COVID-19.
 - Interest is there to build a relationship between Asian American CBOs and MCPD.

Organizational Needs and Challenges

- Need more funding
 - Funding is needed to support COVID-19 relief efforts. Volunteers of organizations are reaching into their pockets to buy materials for masks.
 - Current staff is overworked due to the high demand for services. Organizations would like to expand services, but do not have the funding to pay for more positions.
 - Faith based organizations usually rely on community contributions and donations. Since religious services and gatherings are no longer occurring, contributions are drying up and FBOs do not know how they will sustain their institutions.
- Clinic operations impacted
 - Community clinics note that due to COVID they reduced their hours and operations, but there is still a lot of need in the community and they are not able to sufficiently respond.
- Added programming
 - Many CBOs are maintaining their existing operations, while at the same time they have new efforts to combat COVID. They are stretched very thin.
 - Some Asian American CBO's and FBO's lamented about how Census outreach is now impacted by COVID-19. They recognized the need for everyone to participate in the Census but are afraid that the message won't reach everyone in the community due to social distancing.
- Technology
 - Some CBOs and FBOs themselves are not too tech savvy and are having challenges with transitioning to online operations. Many don't know how to use Zoom and/or find it expensive to pay for a Zoom license.

What do they expect from Montgomery County

- The response around efforts have been varied. Some have said that the County is doing a great job while others stated they are "disappointed" by the County's efforts.
- Some noted that only AAHI has reached out to them, specifically appreciate AAHI reaching out to them time and time again.
- Type of information/services does your community need the most
 - Accessible, reliable, and transparent information on the following:
 - Health Insurance Coverage
 - Rent/housing/landlord/tenant issues
 - Where to go get tested
 - COVID-19 disease updates (signs, symptoms, what to do if ill)
 - County's Vaccination plan and timeline
 - Food resources
 - Mental health resources
 - Senior services, programming to help mitigate social isolation
 - More timely and transparent information on vaccination process
 - Funding/financial support for the Asian American community

- How to get financial support, loans, grants for the un/underemployed and assistance on how to apply
- Workforce development
- For small businesses suffering significant loss of income
- Vaccination concerns, plan, and timeline
 - Questions about the side effects and safety of the vaccine. The County should establish a hotline to provide accurate and necessary information, address any concerns and needs.
 - Priority groups and equitable access— many are asking about who comes first in getting the vaccine, when they can get it and when can their older loved ones can receive it and where. Can they be sure that the government is doing everything they can to distribute this the vaccine to everyone?
 - The County should work with local faith and community organizations to distribute reliable information on testing and vaccination
 - A lot of people are still asking about testing sites and test availability.
 - Need community survey to understand the concern and hesitancy of the community. More communication about safety and potential side effects of vaccination.