



Asian American Health Initiative

Together To Build A Healthy Community

Addressing Mental Health for Asian American Communities

M. K. Lee, Chair, Steering Committee
Asian American Health Initiatives (AAHI)

History of AAHI

- One of the Three Initiatives in MC
- 2002 - AACCP Lunched
- 2004 – AAHI Formed
- 2005 – Steering Committee Established



Need for AAHI

- Rapid growth of Asian Americans in Montgomery County
- Linguistic and cultural barriers to health care
- Widening of health disparities

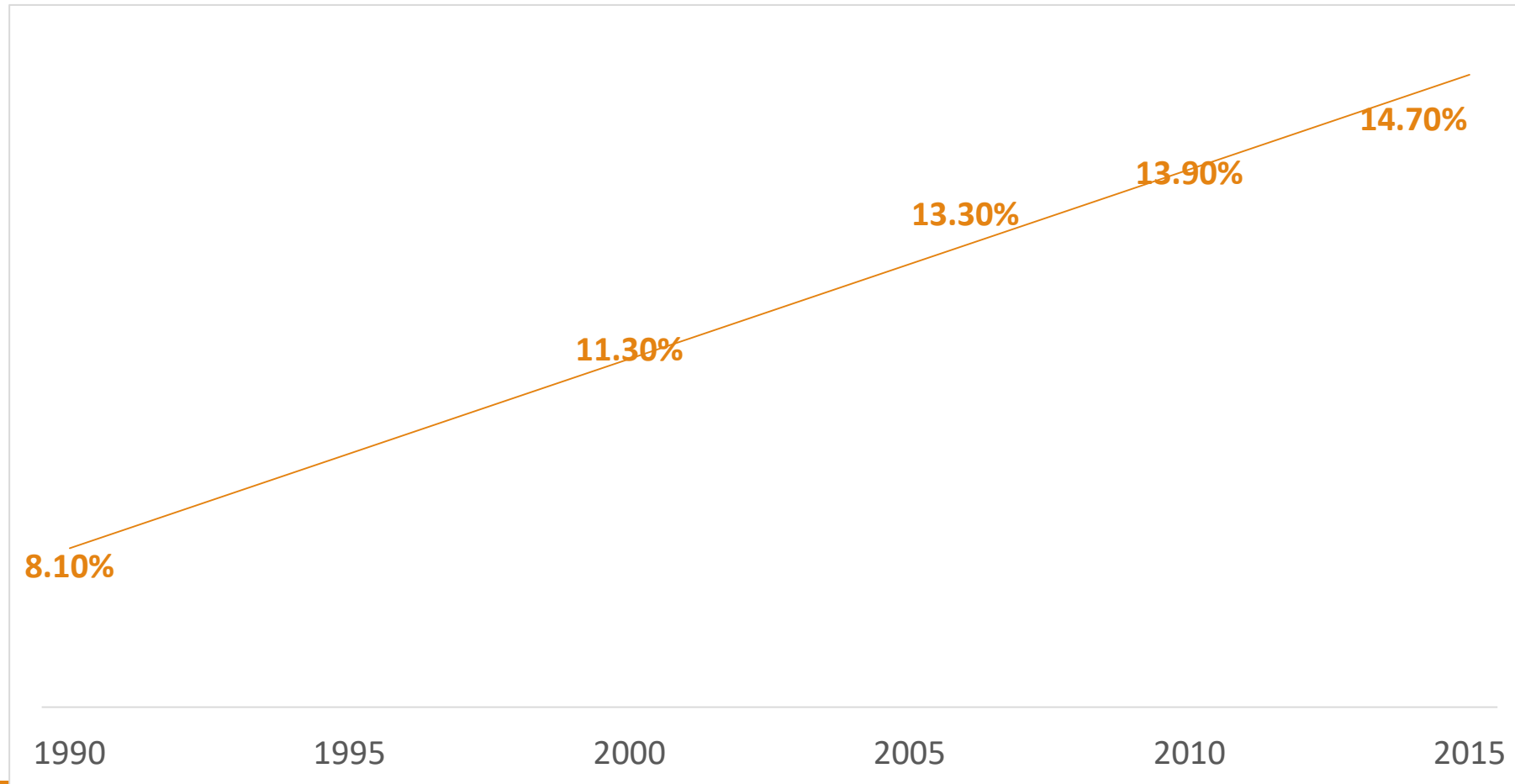


AAHI Steering committee

- Comprises a professionally and ethnically diverse group of stakeholders from the local community
- Advocate, Advise, and Assist AAHI
- Not Chartered, Self Governed



Asian Americans Population in Montgomery County



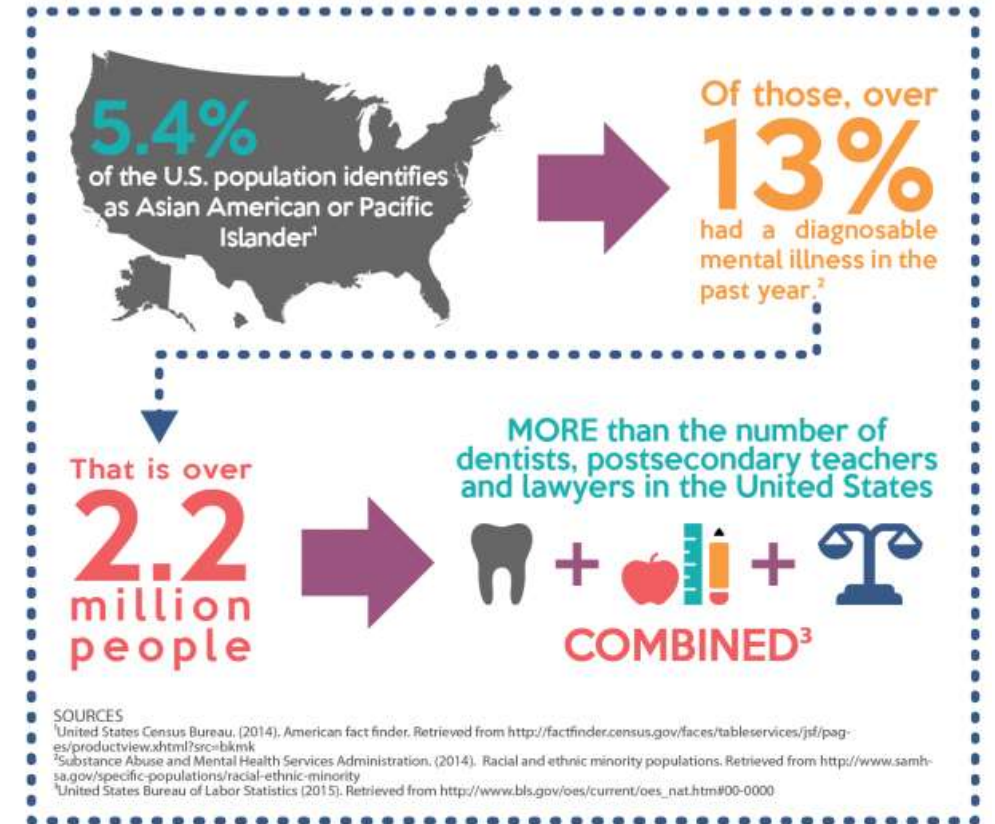
Socioeconomic Barriers

- 31.1% LEP population
- 11.6% uninsured
- 8.5% Has no high school diploma (higher than Whites and African Americans in the County)
- 44.3% are housing-cost burdened, spending 30% or more of their incomes on rent

Mental Health Needs

Suicide Rates

- 10th leading cause of death overall
- 2nd leading cause of death for 15-24 year-olds
- 3rd leading cause of death for 25-34 year-olds
- Asian American women 65+ have the highest suicide rate of all women in that age group in the US
- Age-adjusted suicide rate: 6.0 per 100,000



Mental Health Needs

- High numbers of depressive symptoms
 - **Adolescents and young adults** - pressure from family & school
 - **Adults** –change of environment, language & culture barriers
 - **Seniors** - isolation and loneliness

Barriers for Asians

- Stigma and negative perceptions
- Lack of awareness & understanding
- Family value
- Lack of linguistically and culturally competent providers
- Costs

Conclusions

Mental Health for Asian Communities

- Diversity in Population
- Linguistic & Cultural Differences
- Difficulties in Outreach
- Lack of Competent Services

Require Unique Approaches in Dealing with AA Communities

