



Mission: *To be the bridge between Asian & American culture and to build a harmonious community.*

Vision: *To reduce health inequity and improve healthcare quality for all Asians.*

Asian Health & Service Center

Central Asia

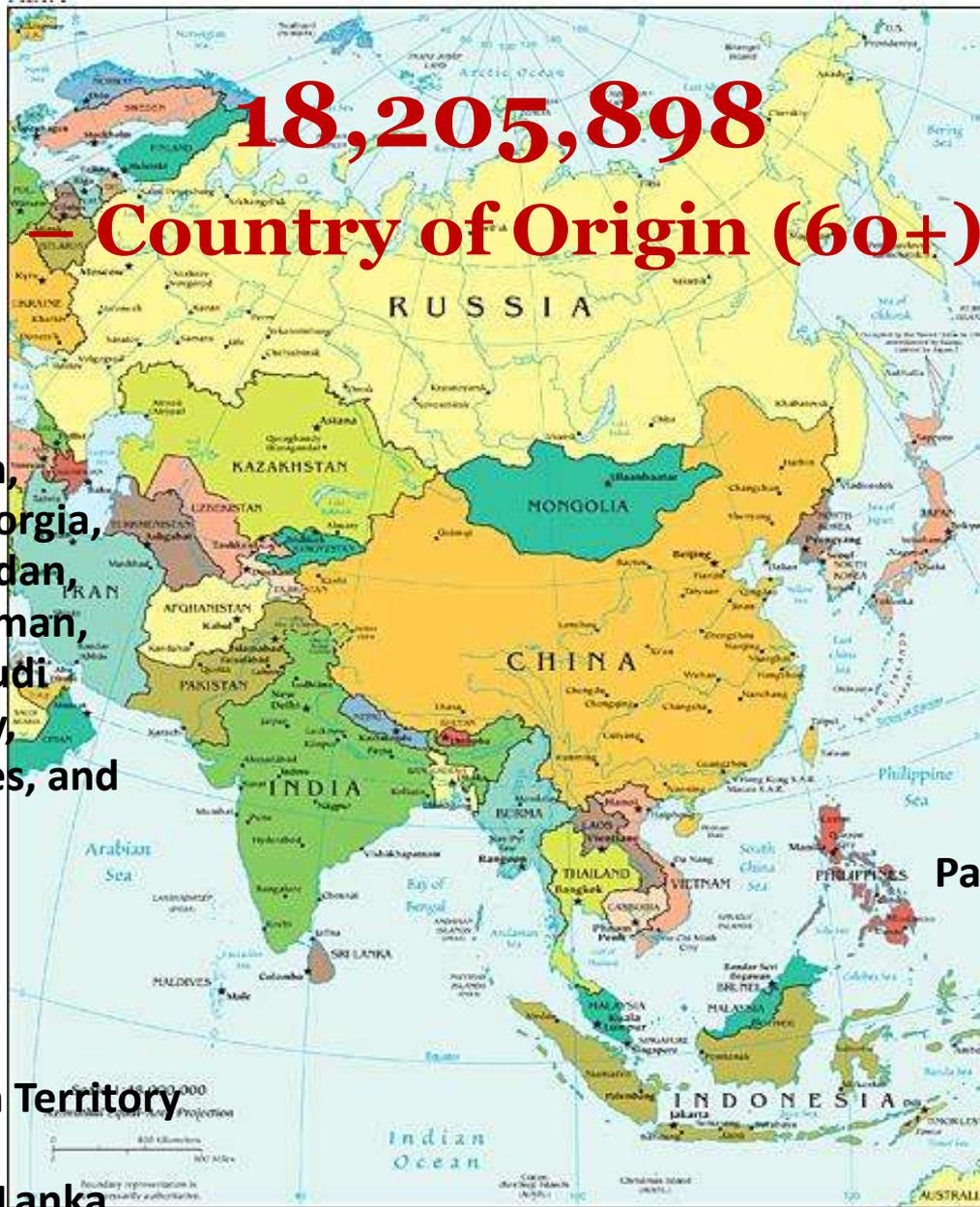
- Kazakhstan
- Kyrgyzstan
- Russia
- Tajikistan
- Turkmenistan
- Uzbekistan

West Asia

- Armenia, Azerbaijan,
- Bahrain, Cyprus, Georgia,
- Iran, Iraq, Israel, Jordan,
- Kuwait, Lebanon, Oman,
- Palestine, Qatar, Saudi
- Arabia, Syria, Turkey,
- United Arab Emirates, and
- Yemen

South Asia

- Afghanistan
- Bangladesh
- Bhutan
- British Indian Ocean Territory
- India, Maldives
- Nepal, Pakistan, Sri Lanka



East Asia

- China, Japan
- North Korea
- South Korea
- Mongolia
- Taiwan

Southeast Asia

- Brunei
- Burma
- Cambodia
- Indonesia
- Laos
- Macau
- Malaysia
- Papua New Guinea
- Paracel Islands
- Philippines
- Singapore
- Spratly Islands
- Timor-Leste
- Vietnam

The API community: Who are they?

- Oregon's Asian population grew by **46.3%** between 2000 and 2010 (from 127,339 to 186,281).
- Multnomah County's Asian population grew by 33.6%
- Washington County's Asian population grew by 59.3%.
- Clackamas County's Asian population grew by 66.3%.
- Tri-County grew by 47.5%
- **Asian: grew from 91,130 to 134,377**
- **Asians make up 8.2% of the total Tri County population (1,641,036))**
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- *Census 2010*

THE SUNDAY OREGONIAN, MARCH 2, 1997

Oregon's immigrants are in a race to belong

Drawing on tradition to cope with The Letter, a group sends its hopes soaring to the heavens

By ANGELA CARA PANCRAZIO
of The Oregonian.com

Touang Vathana leans into the kitchen counter, takes a pen in her crooked fingers and smiles as she inscribes her wish for the new year. "I want to B a citizen."

She reaches for the ribbon holding a red balloon and attaches her wish.

One by one her friends from the Chinese Service Center do the same, but most write in their native language: Cantonese, Mandarin or Vietnamese. And like 59-year-old Vathana, they make their wishes: that they may continue enjoying life in a democracy.

But Vathana, who has been in this country for 16 years, and the others face unsettling odds. Most are older Asian immigrants who don't speak English and suffer from mental disabilities. By August or September, they must learn enough English to answer questions about the U.S. Constitution. If they don't become citizens, they will lose their Supplemental Security Income benefits — their only source of income.



ANGELA CARA PANCRAZIO/The Oregonian

Legal immigrant Touang Vathana, 59, of Northeast Portland is doing her best to prepare for her citizenship test. If she doesn't become a U.S. citizen by August or September, she probably will lose monthly benefits that are her sole income.

“ “

The API community: Who are they?

- A high percentage are immigrants, seniors, and the working poor
- At least 20% of Asian households in Oregon have limited English proficiency
- As new immigrants residents, many are not qualified for OHP and other government benefits
- Those with pre-existing conditions may not afford to pay the premium



Challenges

- are often reluctant to seek out mental health services, even when experiencing distress, and utilization rates are even lower for recent immigrants

Challenges

- **Cultural barriers** include differing notions of the nature, causes, and cures of mental health issues, as well as perceived shame or stigma in seeking help outside of family.

Challenges

- **Communication barriers** may be related to language differences and problems with use of interpreters for mental health services, but may also extend to differences in thought patterns, values, and communication styles.



Challenges

- **Systemic barriers** include a lack of knowledge of the available services, which is more pronounced for recent immigrants

Challenges

- difficulty accessing services because of economic and geographic realities, such as work, lack of child care, lack of transportation, and lack of health insurance; lack of culturally sensitive and bilingual mental health professionals; and experienced racial prejudice, discrimination, and decreased availability of social support as a result of immigrating to a new country.

Challenges

- These risk factors are even more pronounced for immigrants: the prevalence of specific types of mental health problems is influenced by the nature of the migration experience, in terms of adversity experienced before, during and after resettlement.



Challenges

- Asian immigrants have unique experiences associated with acculturation that increase potential distress and suicidal behaviors, including discrimination, feelings of alienation, and identity confusion. These stressors can heighten risk for poor self-esteem, hopelessness, depression, and suicide.



Challenges

- Studies on Asians in the U.S. have found that recently immigrated **Asian American students report higher levels of depression, social anxiety, loneliness, and isolation than their white counterparts.** In addition to the stress inherent in acculturation, Asian immigrant youth often face increased levels of intergenerational conflict because they acculturate more quickly than their parents to the dominant American culture.

Culturally and Linguistically Appropriate Services

- **A Supplement to Mental Health: A Report of the Surgeon General recommended :**
- Promote Asian-oriented/ ethnic-specific services;
- Provide culturally sensitive environment and welcome clients in Asian languages
- Matching therapist's ethnic and language with clients

Culturally and Linguistically Appropriate Services

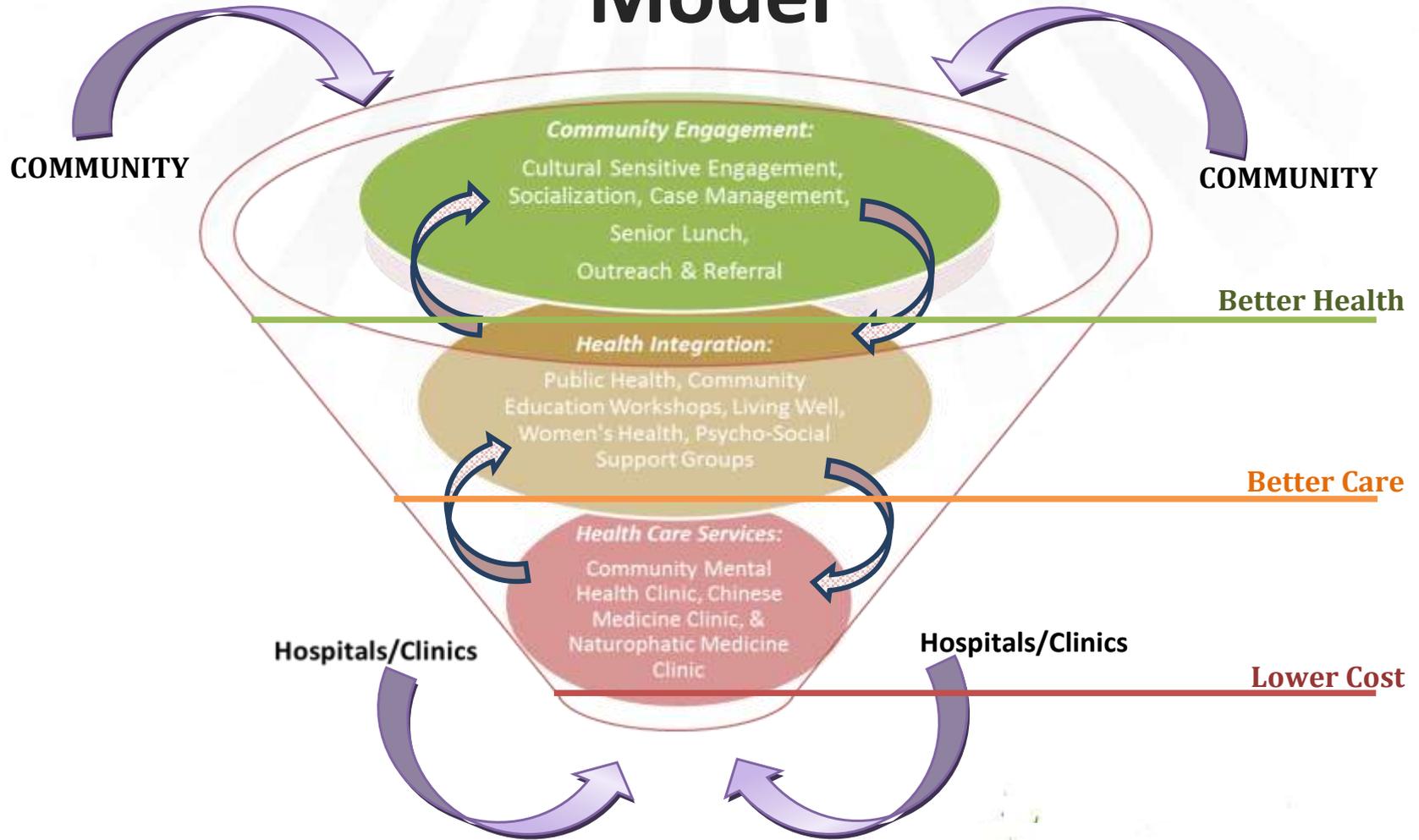
- Using community education about the nature of mental disorders may help to reduce shame and stereotypes about mental illness;
- Increasing health insurance;
- Promote mental health and well being, encourage prevention approach
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CLAS standard

- OMH (Office of Minority Health)
- Provided National Standards for Culturally and Linguistically Appropriate Services(CLAS) - 2000
- Enhanced CLAS Standards in 2013: intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations

AHSC's Integrated & Holistic Services Model





Community Engagement:

AHSC offers a continuum of social and support services in a culturally sensitive setting by reaching out to Asian immigrants, reacquainting them with the arts and culture of their homeland, providing opportunities for socializing, and fostering a sense of community. Our culturally relevant and linguistically appropriate community outreach includes our popular ethnic meal program for seniors and our information assistance program.

E⁴ = Engage, Empower, Enable, and Encourage







Health Integration:

AHSC provides series of public health education projects & activities, health educational workshops and psychosocial support programs which include Health and Wellness Groups, Asian Wellness Connection, Chronic Disease Link, Living Well Training, Powerful Tool for Caregiving, Women's Health, Emergency Preparedness and Healthy Kids.

E⁴ = Engage, Empower, Enable, and Encourage







Health Care Services:

AHSC has a state-certified outpatient behavioral health clinic specializing in serving the Asian community. Clinical services are provided by a team of six bilingual professionals and contracted psychiatrists. Clients may also access onsite, low-cost Naturopathic and Chinese Medicine Clinics.

E⁴ = Engage, Empower, Enable, and Encourage





Asian Health and Service Center

Thank you

For more information,
visit our website www.ahscpdx.org

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