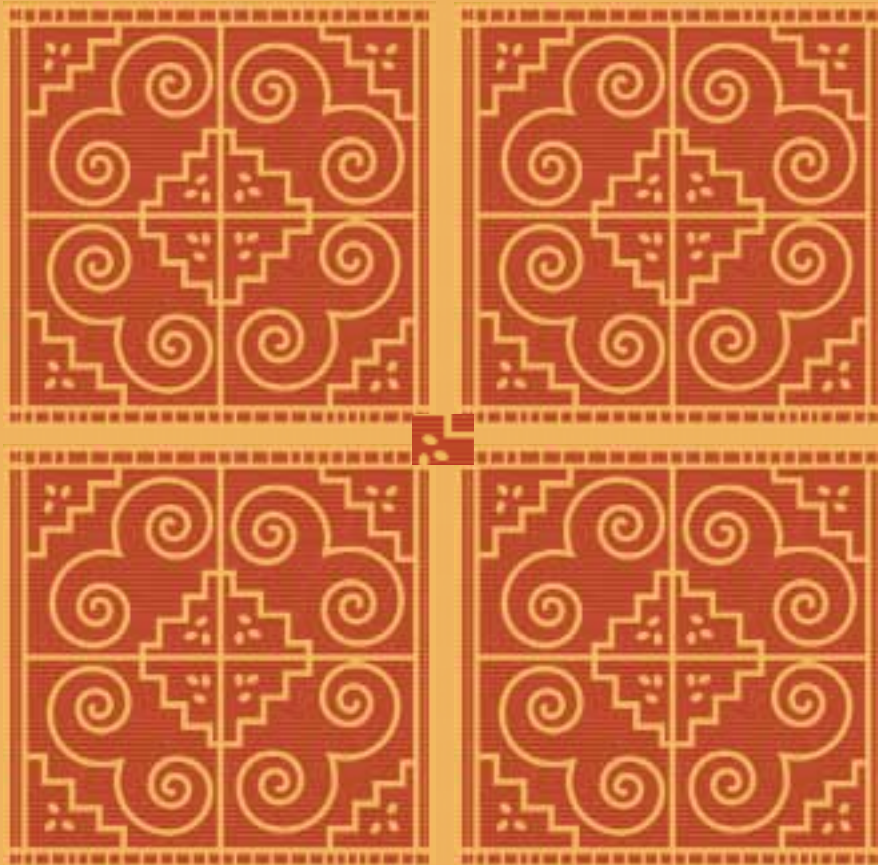


# Body and Soul:

Mental Health for Asian Americans,  
Challenges and Perspectives



Promoting Access to Health (PATH)  
Program for Midwest and Mountain States

*May 13-14, 2002*  
*St. Paul, Minnesota*



Association of Asian Pacific Community Health Organizations

# Acknowledgement

## **AAPCHO Staff**

Junko Honma, MSW, PATH Program Coordinator  
Elisa Wong, PATH Program Assistant  
Daniel Toleran, MS, Project Director  
Nina Agbayani, RN, Director of Programs  
Stacy Lavilla, MS, Communications Specialist  
Jeffery B. Caballero, MPH, Executive Director

## **Planning Committee Members**

Stephen Maxwell, MSW, LICSW, Community-  
University Health Care Center, Minneapolis, MN  
Michael Seipel, PhD, Brigham Young University,  
Provo, UT  
John Song, MD, Minnesota Asian American  
Health Coalition, St. Paul, MN  
Maria Vu, Asian Community and Cultural Center,  
Lincoln, NE  
David Zander, Council on Asian-Pacific Minnesotans,  
St. Paul, MN  
Jing Zhang, PhD, Asian Human Services, Chicago, IL

## **Funding Organizations**

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA's mission within the nation's health system is to improve the quality and availability of substance abuse prevention, addiction treatment, and mental health services in order to improve health and reduce illness, death, disability, and cost to society.

### **Office of Minority Health (OMH)/ Office of the Secretary**

Under the direction of the Deputy Assistant Secretary for Minority Health, OMH advises the Secretary and the Office of Public Health and Science (OPHS) of DHHS on public health issues affecting American Indians and Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Blacks/African Americans, and Hispanic/Latinos. The mission of OMH is to improve the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health.

### **Minnesota Department of Health**

The Refugee Health Program at the Minnesota Department of Health is mandated by the federal Office of Refugee Resettlement to offer a comprehensive health screening examination to all newly arrived refugees resettling in

Minnesota. The goal of the screening is to control communicable disease among, and resulting from, the arrival of new refugees. This is accomplished through the screening exam, treatment of conditions identified, and referrals for on-going care. The Refugee Health Program is also dedicated to health education for both health care providers and newly arrived refugee communities. Education is offered through publications, lectures, presentations, and radio programs. For more information about the Refugee Health Program visit the website at [www.health.state.mn.us/refugee](http://www.health.state.mn.us/refugee) or call 612-676-5237.

## **UCare Minnesota**

UCare Minnesota is a nonprofit health maintenance organization (HMO) created in 1984 by the Department of Family Practice at the University of Minnesota Medical School. Today UCare is an independent HMO serving approximately 100,000 members throughout Minnesota. UCare Minnesota's mission is "To improve the health of our members through innovative services and partnerships across communities". The organization is dedicated to providing preventive, comprehensive quality health care to its members.

## **The Minneapolis Foundation**

The Minneapolis Foundation is a statewide center for philanthropy, helping Minnesotans make the most of their charitable giving. The Minneapolis Foundation maintains assets of more than \$500 million, awards millions in grants annually to nonprofit organizations, and engages the community on critical issues. Established in 1915, the Minneapolis Foundation is the oldest foundation in Minnesota and one of the nation's largest community foundations. For more information, please visit [www.MinneapolisFoundation.org](http://www.MinneapolisFoundation.org).

## **Blue Cross and Blue Shield of Minnesota Foundation**

The Blue Cross and Blue Shield of Minnesota Foundation works with communities and organizations statewide to make a healthy difference in the lives of Minnesotans. This foundation is Minnesota's largest grant making foundation with assets exclusively dedicated to health improvement. One of the foundation's priorities is to improve health care access by helping people with chronic illnesses or unique cultural needs navigate the health care system.

**Suggested citation:** Association of Asian Pacific Community Health Organizations (AAPCHO). Body and Soul: Mental Health for Asian Americans, Challenges and Perspectives: Conference Proceedings. August 2002.



# Introduction

---

## **First Regional Conference on Mental Health for Asian Americans in the Midwest and Mountain States**

The Promoting Access to Health (PATH) program of the Association of Asian Pacific Community Health Organizations (AAPCHO), with partners in Minnesota, convened this day and a half long conference, entitled “Body and Soul: Mental Health for Asian Americans, Challenge and Perspectives” in St. Paul, Minnesota, on May 13-14, 2002.

The goal of the meeting was to address the mental health needs and issues of Asian American and Pacific Islander (AAPI) communities in the Midwest and Mountain states region, and to share information and existing service delivery models that would help service providers diagnose and treat AAPI clients. The original idea for this conference came out of a day-long dialogue between AAPI mental health providers in the Midwest and Mountain states and the Substance Abuse and Mental Health Services Administration (SAMHSA) in the summer of 1999, jointly convened by AAPCHO and SAMHSA. In recognizing the lack of mental health services and the increasing need for AAPI communities in the region, SAMHSA provided additional support to the PATH program to carry out this much needed regional conference.

AAPCHO believes that this conference was a key opportunity in continuing our dialogue on AAPI mental health issues for the region. We hope to keep this dialogue going to address mental health needs in AAPI communities in the region.





# Table of Contents

---

Conference Goal & Objectives .....	2
------------------------------------	---

## Day One Presentations

Welcoming Remarks by State Senator Mee Moua .....	3
The Surgeon General's Report: Implications for Asian Americans in the Midwest and Mountain States - <i>Kana Enomoto</i> .....	3

## Morning Concurrent Presentations

Depression and Demoralization and Use of Medications Among Southeast Asian Mental Health Patients - <i>Jerome Kroll</i> .....	5
The Use of Interpreters in Mental Health Counseling - <i>Michael Goh &amp; Kathryn McGraw Schuchman</i> .....	5
For Some, The War is Not Over: PTSD in Southeast Asian American Communities - <i>Evelyn Lennon &amp; Thanh Son (Lisa) Nguyen</i> .....	7
Asian American Primary Care and Mental Health Bridge Program - <i>Teddy Chen</i> .....	8
Consumer Voices - <i>Local Community Members</i> .....	9

## Lunch Keynotes

Remarks by Congresswoman Betty McCollum .....	9
The National Latino and Asian American Study - <i>David Takeuchi</i> .....	10

## Panel One Presentation: Southeast Asian Families and Youth Services

Barriers to Accurate Assessment and Treatment in Working with Hmong Families - <i>Kay Smongeski</i> .....	12
Tree of Life: Group Therapy for Southeast Asian Youth - <i>Duy Nguyen &amp; Chaffee Tran</i> .....	13
Integrated Care Model - <i>Yoon Joo Han</i> .....	14
Illinois Refugee Health Screening Program-Mental Health Issues - <i>Ho Tran</i> .....	15

## Afternoon Concurrent Presentations

Psychosocial Rehabilitation - <i>Mary Schwartz &amp; Duy Nguyen</i> .....	16
---	----



Utilizing a Socialization and Nutritional Program to Improve the Mental Health of Chinese and Korean Elders – <i>May Chen &amp; Nancy Koo</i> .....	17
Use of Survey Methodology in Program Planning – <i>Kun Shi</i> .....	18
Ethnic-Specific Mental Health and Substance Abuse Services in Asian American Communities – <i>Julian Chow &amp; Ford Kuramoto</i> .....	19
Applying Best Practice Models with Southeast Asian Families: Our Experience with Two Federally Funded SAMHSA Grants – <i>Linda Gensheimer, Louise Eidsmoe, Loeung Khi &amp; Mai Yang</i> .....	20

## **Day Two Presentations**

Report Back and Recommendations from State and Population Group Caucuses to National Partners .....	22
--	----

### **Panel Two Presentation: Domestic Violence in Asian American Communities**

Victims of Domestic Violence in the Korean American Community – <i>Yoonju Park</i> .....	24
Intersection of Domestic Violence and Mental Health Needs – <i>K. Sujata</i> .....	25
Domestic Violence in the Hmong Community – <i>Nenglee Vang</i> .....	26

<b>Evaluation summary</b> .....	28
---------------------------------	----

## **Appendices**

Conference Agenda .....	30
Participant List .....	32

## **Resources**

State Minority Health Contacts.....	36
State Refugee Contacts .....	37
Regional Minority Health Contacts .....	38
National AAPI Health Organizations.....	39

## Conference Proceedings May 13-14, 2002

### Saint Paul, Minnesota

#### *Goal*

To address the mental health needs and issues of Asian American and Pacific Islander (AAPI) communities in the Midwest and mountain state region, and to share information and existing service delivery models that will help service providers diagnose and treat AAPI clients.

#### *Objectives*

- To identify current and emerging mental health needs and issues
- To identify and share tools that will assist providers in the diagnosis and treatment of their AAPI clients
- To provide a forum for networking, building relationships, and sharing knowledge among conference participants from across the region
- To showcase established service delivery models





# Day One Presentations



## Welcoming Remarks by State Senator Mee Moua



*State Senator Mee Moua addresses conference participants in a welcome speech.*

Senator Mee Moua, the first Hmong-American legislator elected to office, advocated for mental health care, especially for Hmong men, to address the mental health issues rooted in wars, death, and destruction in their home countries. She recognized that more lawmakers are paying attention to mental health issues because more mental health service communities speak out in political settings.

Senator Moua's legislative concerns focused on how to prevent mental health problems in these communities, such as removing the stigma and discrimination associated with non-citizen or non-permanent resident color-coded driver licenses. She urged the audience to remain dedicated to their cause and to expand the resources available in order to be effective advocates for AAPI communities.



## The Surgeon General's Report: *Implications for Asian Americans in the Midwest and Mountain States*

**Kana Enomoto**

*Public Health Advisor, Center for Mental Health Services, SAMHSA, DHHS*

Ms. Enomoto highlighted the *Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity*. She explained its importance and its implications for Asian Americans and Pacific Islanders (AAPIs), specifically, for Asian Americans in the Midwest and Mountain States. Ms. Enomoto discussed national activities addressing the mental health issues of AAPIs and populations with limited English proficiency.

### Highlights of Ms. Enomoto's presentation:

- Report recognizes that mental illnesses are real and disabling disorders that affect all populations, regardless of race or ethnicity.
- There is compelling evidence that AAPI communities are severely underserved, frequently receiving lower quality of care, and experiencing more barriers to access than European Americans.
- “Culture Counts” — The report recognizes that culture shapes all people's views on illness, wellness, healing, and coping. It is essential that our mental health system is sensitive to the influences of culture and society.
- According to Census 2000 data, 1.85 million AAPI's live in the Midwest and mountain states region, but many remain in relatively small communities isolated from linguistically and culturally appropriate services. The diversity within the AAPI population was noted, with particular attention given to Southeast Asian Americans, many of whom came to the US as refugees. Not only does the refugee experience bring its own unique mental health challenges to the individual, but many cultural issues come into play as traumatized individuals begin to interact with the service system.
- Systemic barriers that prevent racial and ethnic minorities from accessing high-quality services include:
  - Financial: AAPI's are 50% more likely to be uninsured and/or to live in poverty.
  - Language: Half of all AAPI's speak a language other than English at home and a significant number report that they do not speak English very well.
  - Quality of Care: Studies of other ethnic groups indicate that ethnic minorities are half as likely to receive care that meets treatment guideline criteria.
- Recommendations for next steps:
  - Build capacity — Individuals involved in all aspects of the mental health field need to develop their understanding of the roles that age, culture, gender, race, and ethnicity play in the research and treatment of mental illnesses.
  - Respect Title VI of the Civil Rights Act that guarantees Americans access to federally funded services regardless of race, color, or national origin. This includes accommodations for persons with limited English proficiency.
  - Engage communities — Because of mistrust, historic maltreatment, and profoundly different worldviews, the majority of racial and ethnic minority communities will not embrace improved mental health systems unless there is a sense of ownership among community members.

*For more information, please email Kana Enomoto at: [kenomoto@samhsa.gov](mailto:kenomoto@samhsa.gov)*



# Morning Concurrent Presentations



## Depression and Demoralization and Use of Medications Among Southeast Asian Mental Health Patients

**Jerome Kroll, MD**

*Professor, University of Minnesota*

Dr. Kroll explored the concept of demoralization and explained how it is different from depression and Post-Traumatic Stress Disorder (PTSD). He used examples of Southeast Asian (SEA) refugee patients to describe why demoralization occurs when these patients consider their future. Dr. Kroll also explored the pros and cons of medication use among this group of patients.

### Highlights of Dr. Kroll's presentation:

- There are common denominators of depression shared by all people and cultures, but the Western system of diagnosis is often imperfect and problematic for use with non-westerners.
- Demoralization refers to “a giving up, a profound sense that nothing the individual can do can alter the present situation or future trajectory” and presently is a more pertinent concern than PTSD for many SEA refugees who have been in the U.S. for 10–20 years.
- Demoralization can occur as a result of problems with physical health, finances (e.g. minimum wage jobs without medical benefits, welfare cuts), citizenship, housing and safety concerns, and intergenerational conflicts.
- The use of medication must be weighed within social and political perspectives, as results and reasons for use vary with patients:
  - Antidepressants help about 50% of patients.
  - Patients may choose to not use medications due to religious or cultural beliefs.
  - Comprehensive treatment plans (including social and family support) are important in the successful use of medications.

*For more information, please email Jerome Kroll at: [kroll001@maroon.tc.umn.edu](mailto:kroll001@maroon.tc.umn.edu)*



# The Use of Interpreters in Mental Health Counseling

**Michael Goh, PhD**

*Assistant Professor, University of Minnesota*

**Kathryn McGraw Schuchman**

*Licensed Psychologist, Independent Practice*

Dr. Goh and Ms. Schuchman introduced the origins of the mental health interpretation study within the broader work of the Hmong Research Group of the Minnesota Hmong Mental Health Providers Network. The Network's mission is to explore and establish ways in which service providers can better coordinate mental health and social services and share expertise, to expand and promote understanding about mental health issues and mental health services within the Hmong community, and to identify and provide guidance for research, policy, and legislative initiatives that promote positive mental health outcomes for the Hmong community. In addition to the interpretation study, the Hmong Research Group is also involved in developing best practices for bridging Hmong-English mental health concepts.

## The goals of the mental health interpreting study are to:

- Develop best practices for the use of interpreters in mental health counseling.
- Gain a better understanding of various mental health interpreter models and their strengths and weaknesses.
- Establish focus groups to discuss and help generate appropriate mental health terminology for use with various ethnic minority groups.

The outcome of this ongoing interpretation study is the need to teach a dynamic partnership model of mental health interpreting to providers and interpreters.

## Highlights of Dr. Goh's and Ms. Schuchman's presentation:

- The Surgeon General's Report on Mental Health noted that culture and language are barriers for ethnic minorities in accessing mental health services.
- The role of mental health interpreters is significantly different from that of medical or court interpreters, with mental health interpreters required to pay particular attention to the development of a trusting therapeutic relationship between all three parties.
- Issues in using interpreters in mental health counseling include:
  - Roles
  - Language/terminology
  - Expectations
  - Process
  - Cultural norms/values
- Several models of mental health interpreting were shared:
  - Freelance — content focus, minimal context
  - Staff interpreter
  - Interpreter stays with client over multiple visits/long term (best model)

- Bilingual staff — no interpreter necessary but need to recognize that bilingual staff are not necessarily trained to be interpreters
- Guidelines were suggested for working with interpreters in mental health counseling for: a) preparing for a clinical session; b) beginning the session; c) during the session; and d) debriefing after the session.

*For more information, please email Michael Goh at [gohxx001@umn.edu](mailto:gohxx001@umn.edu) or Kathryn McGraw Schuchman at [kathrynschuchman@hotmail.com](mailto:kathrynschuchman@hotmail.com)*



## For Some, The War is Not Over: PTSD in Southeast Asian American Communities

**Evelyn Lennon, MSW, MA**

*Refugee Mental Health Project Coordinator, Center for Victims of Torture*

**Thanh Son (Lisa) Nguyen, PhD, DABPS**

*Director of Multicultural Services, Heartland Alliance for Human Needs & Human Rights*

Ms. Lennon and Dr. Nguyen discussed Post Traumatic Stress Disorder (PTSD) among Southeast Asian refugees. Ms. Lennon presented an overview of PTSD in the refugee population while Dr. Nguyen emphasized the prevalence of PTSD symptoms among Southeast Asians related to their refugee experience.

### PTSD and refugees

Since World War I there has been discussion about war trauma and the recognition of torture. War trauma is defined as severe, prolonged exposure to the violent events of war. During the Vietnam War, PTSD was identified as a result of the combination of war trauma and torture. Although there has been increased awareness about PTSD among professionals, many lay people, including refugees themselves, do not know about this disorder. It is estimated that 5–35% of the refugees in the US suffer from PTSD, and while this is a small number, the entire refugee community can be affected by the consequences. Common challenges encountered by refugee communities include: distrust of others, including those from the same country; anger and irritability; resentment; grief and loss; and difficulties adjusting to new life. If an entire community is pulled apart by trauma, it is difficult for those community members to care for each other.

Both the refugee community and the local community should encourage and advocate for treatment services for war trauma survivors. Sensitive media reporting appears to be crucial in the community healing process. The goal of torture was to break the community apart — now the community needs help in coming together.

### PTSD among Southeast Asians in the US

After the Fall of Vietnam in 1975, many Southeast Asians escaped the new regimes by sea, land, or other means. Series of traumatic events often took place during their flight for freedom, such as hunger, thirst, illness, sea pirate attacks, rape, and killing. Many refugees suffer the effects of trauma even long after their resettlement in America. Their PTSD symptoms are

not easily detected since they are expressed mainly through a myriad of somatic symptoms. The concept of health in Southeast Asians is based on the integration of body, soul and spirit. Western mental health concepts are foreign to many Southeast Asian groups. In addition, due to stigma and fear related to illness of the mind and of the soul, mental health problems remain serious taboos among these communities and are dealt with only within the family. Communities need education about mental health issues, especially those related to the migration experience, to increase awareness of PTSD and to encourage early treatment.

*For more information, please email Evelyn Lennon at [elennon@cvt.org](mailto:elennon@cvt.org) or Thanh Son (Lisa) Nguyen at [chomcs@enteract.com](mailto:chomcs@enteract.com)*



## The Asian American Primary Care and Mental Health Bridge Program

**Teddy Chen, CSW**

*Bridge Program Director, Charles B. Wang Community Health Center*

The Bridge Program seeks to promote early detection and treatment of mental health problems by providing integrated mental health services in a primary care setting. It addresses the barriers (especially cultural barriers) in getting mental health services to the community. The Bridge Program has a team of mental health professionals, including psychiatrists, psychiatric social workers, case workers, and health educators, working side by side with medical doctors, nurses, and other medical staff in providing total health care to patients.

### Highlights of Mr. Chen's presentation:

- Obstacles in obtaining mental health treatment include: cultural inhibitions, such as stigma and culturally defined ways of dealing with mental health problems; difficulty in identification and treatment of mental disorders by health professionals; lack of mental health services in the community; and the gap between health and mental health systems.
- It is much easier to deal with stigma in a primary care setting because patients are able to get services for mental or emotional disorders in the same setting in which they receive their primary care.
- The integrated system uses shared systems, mutual consultation, multiple providers, and coordinated treatment plans. Local mental health law may affect the level of integration in areas such as confidentiality and charting.
- The majority of psychiatric disorders seen at the Bridge Program are mood disorders, which manifest earlier and are treatable conditions:
  - Mood disorders (54%)
  - Psychotic disorders (23%)
  - Anxiety disorders (17%)
  - Others (6%)
- A traditional community mental health clinic sees more psychotic disorders:

- Psychotic disorders (60%)
- Mood disorders (25%)
- Anxiety disorders (5%)
- Others (10%)

- The Bridge Program is being replicated at South Cove Community Health Center in Boston.
- The Bridge Program was one of the 6 winners of the Models That Work 2000 competition, sponsored by the Bureau of Primary Health Care.
- The Bridge Program is a practical way of addressing the issue of low mental health care utilization rate in Asian American communities and increasing access to mental health care.

*For more information, please email Teddy Chen at [tchen@cbwchc.org](mailto:tchen@cbwchc.org)*



## Consumer Voices

### Local Community Members

*Facilitator: Steve Maxwell, MSW, LICSW, Mental Health Supervisor,  
Community-University Health Care Center*

The Consumer Voices session was organized as a panel presentation of consumers of mental health services. The panelists were a Lao caseworker and four clients from the Community-University Health Care Center in Minneapolis.

### Caseworker's Experience

The first half of the session was an overview of the experiences of the caseworker. He is one of several at CUHCC serving many Southeast Asian families. He described problems such as serving clients within the framework of fifty minutes. The holistic case management of services provided to clients often requires longer periods of time and are not fully covered by HMO reimbursements. Clients also need help with transportation and child care. Innovative approaches such as acupuncture have been implemented but it has been impossible to secure ongoing funding for these alternative types of treatment.

### Consumer Voices

The consumers spoke frankly about their mental health problems. One spoke about receiving help with addiction and his mental illness. Another spoke about fatigue and sadness. Their difficult and traumatic refugee experiences are the backdrop for their continuing struggles with depression and Post Traumatic Stress Disorder (PTSD). Issues centered on problems in the larger system, the lack of shelters and resources for women in situations of domestic violence and abuse, the feeling of being overwhelmed by problems with their children, lack of support in the community, and the stresses brought on by involvement with the current welfare system. They spoke favorably about their experiences with their mental health providers at CUHCC.

*For more information, please email Steve Maxwell at [maxwe003@tc.umn.edu](mailto:maxwe003@tc.umn.edu)*

# Lunch Keynotes



## Remarks by Congresswoman Betty McCollum

Congresswoman McCollum advocated for mental health services that allow consumers to be supported and protected, without facing stigma or discrimination because of their mental health status. She also spoke about the benefits of preventive actions to help those at risk, especially children who may turn to school educators for support and advice. Congresswoman McCollum encouraged service providers to be aware of legislation that can affect mental health care, and urged conference participants to become involved in political processes that affect mental health care.

## The National Latino and Asian American Study

**David Takeuchi, PhD**

*Professor, Indiana University\**

Dr. Takeuchi highlighted his proposed research study “The National Latino and Asian American Study (NLAAS).” He discussed the purposes of the study, its research design and planning, and how research outcomes can enhance the limited national information available on Latino and Asian Americans in the United States.

### Background:

Despite the increased visibility of Latino and Asian Americans across the United States, limited national information is available on these populations about the prevalence of mental disorders and the use of mental health services. The lack of quality data for Latinos and Asian Americans makes it difficult to develop coherent public policies needed for prevention and treatment programs that are appropriate for these populations.

### NLAAS:

The National Latino and Asian American Study (NLAAS), will begin to resolve the deficiency in our knowledge about these ethnic categories. The NLAAS will be the most comprehensive study of Latinos and Asian Americans ever conducted using up-to-date scientific strategies in the design, sampling procedures, psychiatric assessments, and analytic techniques. The Principal Investigators for the NLAAS are Professors Margarita Alegria, University of Puerto Rico, and David T. Takeuchi, Indiana University. The NLAAS intends to: (a) Estimate the lifetime and 12-month prevalence of psychiatric disorders and the rates of mental health services use for Latino and Asian American populations; (b) Estimate the association of social position, environmental context, and psychosocial factors to mental disorders and service use among Latinos



and Asian Americans; and (c) Compare the rates of psychiatric disorders and utilization of mental health services of Latinos and Asian Americans with national representative samples of non-Latino whites (from the Survey of Health and Stress; NSHS-R) and African Americans (from the National African American Survey; NSAA). To meet these aims, the study will interview 4,000 Latino (Puerto Ricans, Mexican Americans, Cubans, and other Latinos) and 4,000 Asian American respondents (Chinese, Vietnamese, Filipinos, and other Asians) across the U.S. Accordingly, the study will be able to provide important baseline data for Latinos and Asians that will be critical to assess whether the U.S. has been successful in meeting its intended health goals for the year 2010. Training for the study began in April 2002.

*\*At time of presentation. Professor Takeuchi is now at the University of Washington.*

*For more information, please email David T. Takeuchi at [dt@u.washington.edu](mailto:dt@u.washington.edu)*

## *Panel One Presentations*

---

### **Southeast Asian Families and Youth Services**



*Dr. John Song facilitates the panel presentation on SEA family and youth services.*



# Barriers to Accurate Assessment and Treatment in Working with Hmong Families

**Kay Smongeski, MS, CICSW**

*Clinical Therapist, Outagamie County Department of Health and Human Services*

Ms. Smongeski described barriers to accurate assessment and treatment in working with Hmong families. She also illustrated methods to break down these cultural barriers.

## Highlights of Ms. Smongeski's presentation:

- Barriers to accurate assessment
  - Stereotypes/Misinformation
  - Personal bias of service providers
  - Lack of cultural understanding
  - Client difficulty in accessing services
  - Lack of collaboration with family members and other service providers
  - Lack of follow-up/aftercare from service providers
  - Difficulty translating clinical concepts into Hmong
  - Cultural belief that the family/clan should be the sole support system
- How to break down the barriers
  - Honestly assess your ability to work with culturally diverse clients
  - Be willing to learn about and respect the Hmong culture
  - Be open-minded about cultural differences
  - Respect family/clan decisions and work within this framework
  - Collaborate with other treatment providers and family members
  - Assist with scheduling appointments and arranging transportation
  - Advocate for clients' needs
  - Hire skilled bilingual staff
  - Explain concepts thoroughly
  - Use visual aids
  - Make your office/agency waiting room culturally inviting
  - Use of personal disclosure
- Common cultural misconceptions leading to inaccurate assessment — various Hmong cultural practices that are inappropriately pathologized as symptoms of abuse/neglect or mental illness:
  - Spiritual beliefs and practices
  - Lack of exposure to situations and subsequent inability to intervene (i.e. parenting adolescents)
  - Acculturation problems
  - Illiteracy

*For more information, please contact Kay Smongeski at [smongekf@co.outagamie.wi.us](mailto:smongekf@co.outagamie.wi.us)*



## Tree of Life: Group Therapy for Southeast Asian Youth

**Duy Nguyen, LSW**

*Director of Psychosocial Rehabilitation*

**Chaffee Tran**

*Caseworker*

### **Asian Human Services**

Mr. Nguyen and Ms. Tran described their agency's work with Cambodian and Vietnamese youth in Chicago, most of whom are immigrants and refugees. The presenters discussed the risk factors that make these youth vulnerable to mental health problems, and the evolution of their program serving these youth in a group setting. Program accomplishments, challenges, recommendations, and sample curricula were also shared with the participants.

### **Highlights from Mr. Nguyen and Ms. Tran's presentation:**

- Risk factors for Cambodian and Vietnamese immigrant and refugee youth:
  - Stressful life events (e.g. war trauma, acculturation issues)
  - Family stresses (e.g. achievement pressures, intergenerational conflict)
  - Low-income environment
  - Discrimination and racism
  - Language and cultural barriers
  - Tendency to internalize negative feelings
  - Feeling shameful about talking about problems outside of the family
  - Low rate of help-seeking behaviors
- Program considerations:
  - Group therapy model allows youth to feel less stigmatized with age-appropriate, culturally sensitive, ethno-centric materials allowing for different English proficiency levels and utilizing various methods of expression.
  - "Tree of Life" metaphor portrays how immigrant and refugee children are like trees uprooted to a new country, where they will be able to thrive with the presence of a supportive, nurturing environment.
  - Challenges include how to address mental health issues within the community, involve family members, reduce stigma of mental health services use, tailor the program to meet the needs of a diverse group of youth, and balance between the process and the products.
- Recommendations include: target group members should be close in age and have similar language abilities, size of group should be under 10, use icebreakers and fun activities to facilitate introductions and build rapport within the group, establish group rules from the onset, and use a trained facilitator.

*For more information, please contact Duy Nguyen at: [ddnmsw@yahoo.com](mailto:ddnmsw@yahoo.com) or Chaffee Tran at: [chaffeetran@yahoo.com](mailto:chaffeetran@yahoo.com)*



## Integrated Care Model

**Yoon Joo Han, LICSW**

*Director of the Behavioral Health Services Program, Asian Counseling and Referral Service (ACRS)*

Ms. Han presented three ACRS programs that integrate different disciplines and coordinate with other systems of care to effectively serve the Asian American Pacific Islander community in Seattle, Washington. These include the Integrated Care Model, the MICA (Mentally Ill Chemical Abuser) Program, and the Asian Pacific Islander Domestic Violence Consortium. Ms. Han described the need for these services, program development processes, and the key elements of success of each program. Ms. Han also discussed the elements necessary for achieving equitable access to quality mental health services.

### Highlights of Ms. Han's presentation:

- Cultural competency is integrally important at all levels of care, including the structural and political components of service delivery systems, care planning for the individual consumer/family, and direct treatment intervention.
- The Integrated Care Project provides mental health and substance abuse treatment (through the Asian Counseling and Referral Service) at a primary medical clinic (International Community Health Services) to address access issues.
- Integrating mental health and primary medical services promotes available, coordinated, accessible, and less stigmatized treatment by taking a holistic approach to the patient's health. Advantages of integration include proximity, affordability, convenience, and coordination of care for mental and somatic disorders. This integration also recognizes that primary care alone may not be sufficient/equipped to treat behavioral health.
- The MICA program is designed to provide integrated care for clients with mental illness and a substance abuse/dependency problem.
  - Bilingual, bicultural staff are recruited and trained in both mental health and chemical dependency.
  - Target client population: dual diagnoses, homeless, criminal history, poor rental history, difficult to engage, non-compliant with treatment, high utilizer of inpatient treatment, and no natural support system.
  - Treatment focus is on belonging to the group, peer support, loyalty and trust, provision of food, and celebration of small successes.
- The API Domestic Violence Consortium is a coalition of Asian Pacific non-profit agencies responding to the unmet needs of domestic violence services through a coordinated community response that includes victim services, batterer treatment, community education and organizing, policy advocacy, and program coordination.
- The three critical elements to achieving the goal of equitable access to quality mental health or social services for underserved Asian Pacific Islanders are:
  - Advocacy

- Community education/empowerment
- Culturally competent service

*The Integrated Care Model and training curriculum are available from Ms. Han. For more information, please contact Yoon Joo Han at [yoonyoooh@acrs.org](mailto:yoonyoooh@acrs.org)*



## Illinois Refugee Health Screening Program (IRHSP) — Mental Health Issues

### **Ho Tran, MD, MPH**

*Special Assistant for Asian Affairs, Illinois Department of Public Affairs*

Dr. Tran opened her presentation by telling several true stories of refugee and mental health experiences of members of the Asian American community to illustrate how and why treating mental health issues in this community is complicated and the rationale for it being rooted in culturally appropriate methods. Dr. Tran followed by discussing the cultural competency training program at the Illinois Department of Public Health, and other methods for mental health programs to work towards cultural competency in service delivery.

### **Highlights from Dr. Tran's presentation:**

- Examples of cultural and/or linguistic misunderstandings:
  - A Chinese man was institutionalized because he was lost and the non-Chinese speaking staff could not understand him.
  - A Vietnamese patient responded “Year of the tiger” when asked “What year is it?” as a mental health assessment question.
- Cultural competency training by the Center for Minority Health Services (Illinois) — “Reach within yourself to change yourself”:
  - Purpose is to raise awareness of health care providers and administrators to the personal and organizational barriers which sometimes prevent sensitive interactions that promote communication. It aims to recognize, accept, and promote diversity in all of its forms. It embraces the importance of treating all people receiving services with dignity, respect, and common courtesy. It stresses the importance of developing an open mind, asking the right questions to gain understanding, and listening with the heart as well as with the mind.
- Health care interpretation training — “Reach out to others”:
  - Course that enables staff to understand the role of the interpreter, types of interpretation, proper procedures in interpreting, ethics and guidelines, basic medical terminology, and techniques and resources for strengthening interpretation skills.
- Mental health training:
  - Refugee mental health screening symptom checklist to assist health care providers and health aides at refugee screening sites in recognizing and assessing the mental health

needs of refugees as they go through the initial health screening upon arrival in the United States.

*The cultural competency training curriculum and mental health screening checklist are available from the Illinois Department of Public Affairs. For more information, please call (312) 814-2565.*

## Afternoon Concurrent Presentations



### Psychosocial Rehabilitation

**Mary Schwartz, JD, LCPC**

*Director of Mental Health Programs*

**Duy Nguyen, LSW**

*Director of Psychosocial Rehabilitation*

#### **Asian Human Services**

Ms. Schwartz and Mr. Nguyen highlighted the Psychosocial Rehabilitation Program (PSR) at Asian Human Services (AHS). The presenters highlighted AHS' skills-based day treatment for chronically mentally ill adults. They also discussed the challenges they faced in running the program for ethnically diverse clients.

#### **Highlights of Ms. Schwartz's and Mr. Nguyen's presentation:**

- The PSR Program at AHS started in 1998, funded by the state of Illinois and the United Way to provide skills-based day treatment for chronically mentally ill adults. PSR works to enable members to lead productive lives by working with the client's strengths to build necessary skills.
- PSR's clients are ethnically diverse — Vietnamese, Cambodian, Chinese, Korean, Indian, and Pakistani. AHS has ethnically diverse Asian staff to better meet clients' needs. Also, PSR facilitators use interpreters (Vietnamese and Cambodian) to communicate program materials to participants. PSR strives for cultural diversity among staff and clients to build a multiethnic environment.
- Clients have multiple needs such as chronic mental illness, adjustment, language, medical, and housing. To meet those needs, PSR offers a variety of skills-building and expressive groups that include art, music, movement therapy, adaptive functioning, cognitive skills, community connection, adjustment groups, daily living skills, and citizenship. Through art therapy, the clients are able to produce concrete objects that garner positive feedback from their peers, staff, and visitors, providing them with a sense of accomplishment and pride.



- The challenge is to build a sense of community among staff and clients as well as to meet clients' individual needs in ethnically diverse group settings. Some comments by staff and clients indicate that they refer to PSR as a place of friendship or as a “community family” where clients have a sense of belonging.
- Client families' challenges and difficulties should also be assessed in order to understand the client's needs.
- PSR utilizes an assessment instrument to monitor each client's progress and outcomes.

*For more information please email Mary Schwartz at [mary\\_schwartz@hotmail.com](mailto:mary_schwartz@hotmail.com) or Duy Nguyen at [duynguyen@covad.net](mailto:duynguyen@covad.net).*



## Utilizing a Socialization and Nutritional Program to Improve the Mental Health of Chinese and Korean Elders

**May J. Chen, MA, LPCC**

*Executive Director*

**Nancy Koo**

**Asian Services in Action**

Ms. Chen and Ms. Koo discussed mental health care needs of Asian American elderly and how one can develop a mental health program for Asian seniors in the community.

### Highlights of Ms. Chen's and Ms. Koo's presentation:

- Demographic overview of the fast growing Asian American elderly population, including trends, backgrounds, and immigration histories.
- Overview of health concerns of the Asian American elderly (chronic diseases, low vaccination rates, tuberculosis, Hepatitis B, mental illness, suicide, cancer, stroke, and heart disease).
- Other issues facing the Asian American elderly include:
  - Isolation from former friends, problems making new friends, and limits to independence
  - Intergenerational conflict
  - Depression and guilt
  - Minority status
  - Medical and psychiatric illnesses
  - Religious beliefs
- Program development includes:
  - Pre-planning — Identify target population, staff, and volunteers.

- Planning — Identify funding organizations/collaborators to support programs and to support seniors in leadership and decision-making roles.
- Determining program successes and their relevance to mental and physical health.
- Addressing program challenges and solutions.
- A video of senior activities and arts & crafts made by seniors was shown as a demonstration of the positive effects such activities can have on mental health of elders.

*For more information, please email May Chen at [asiainc@hotmail.com](mailto:asiainc@hotmail.com)*



## Use of Survey Methodology in Program Planning

### **Kun Shi**

*Program Evaluator, Ohio Legislative Office of Education Oversight*

Mr. Shi highlighted lessons learned from needs-based program planning of the Ohio Department of Mental Health to address needs of the fast-growing Asian American population in central Ohio (69% increase in 1990–2000). The Asian Mental Health Needs Assessment was conducted in Chinese and Vietnamese populations in Columbus in 1997. Mr. Shi also shared tips and strategies to conduct a needs assessment in rapidly growing Asian American communities in other states.

### **Highlights of Mr. Shi's presentation:**

- The Asian Mental Health Needs Assessment was conducted to provide mental health services to the fast growing Asian American population in central Ohio. The survey targeted Chinese and Vietnamese populations.
  - Participants: N=162 adults, 98 Chinese (46 males, 52 females), 64 Vietnamese (32 males, 32 females)
  - Foreign-Born: 97.9% Chinese, 98.4% Vietnamese
  - Employment: Chinese – 71.3% full-time, 3.5% unemployed and 11.5% in school/training; Vietnamese – 62.3% full-time, 9.8% unemployed and 18% in school/training
  - Help-Seeking Behavior: 61% Chinese and 38% Vietnamese found it very hard to handle stressful events in their life, but only 6.5% Chinese had talked to a social worker, and 2% had seen a counselor; 9.3% Vietnamese had talked to a social worker, 5.6% had seen a psychiatrist, and 3.7% had seen a counselor.
- Based on the needs assessment results, the agency developed community mental health education materials (in six Asian languages), family caregiver support, and technical assistance/training for interpreters and service providers.
- The preparation for a needs assessment includes:
  - Learning about the global, national, and local issues related to mental health from World Health Organization reports, US Surgeon General's reports, and

state and local reports.

- Learning about the myths and facts about mental health and Asian Americans.
  - Getting technical support, such as survey design and data analysis from Asian American professionals in the local area.
  - Building a relationship with communities to reach out to groups in need.
- Lessons learned from the community mental health support program:
    - Develop a questionnaire based on participants' literacy level.
    - Organizational leadership is key to sustaining the program.
    - Educating communities about mental health and engaging them in planning is crucial to overcoming stigma associated with mental illness.
    - Training existing providers to be culturally competent is more economically feasible than increasing the number of bilingual counselors when resources are limited.

*For more information, please email Kun Shi at [kshi@loeo.state.oh.us](mailto:kshi@loeo.state.oh.us)*



## Ethnic-Specific Mental Health and Substance Abuse Services in Asian American Communities

### **Julian Chow, PhD**

*Assistant Professor, University of California at Berkeley, School of Social Welfare*

### **Ford Kuramoto, DSW**

*National Director, National Asian Pacific American Families Against Substance Abuse (NAPAFASA)*

Dr. Chow and Dr. Kuramoto highlighted Ethnic-Specific Services (ESS) for mental health and substance abuse programs in Asian American and Pacific Islander (AAPI) communities. They discussed their research study of AAPI mental health and substance abuse programs.

### **Highlights of Dr. Chow's and Dr. Kuramoto's presentation:**

- Benefits of ESS include:
  - Increased service use
  - Lower dropout rate
  - Shorter delay of seeking treatment
  - Better treatment outcome
- Purposes of their study were:
  - To identify the characteristics of AAPI-focused substance abuse and mental health programs
  - To determine the capacity of these agencies to meet consumer needs
  - To identify gaps in service delivery
- The study sample included:

- NAPAFASA provider network
- 24 agencies in 9 states (California, Connecticut, Georgia, Illinois, New York, Oregon, Texas, Utah, and Washington)
- Among the agencies surveyed, half were founded in the 1970s and one-quarter in the 1980s.
- In terms of service domain, 41% were multi-service and 30% were mental health service agencies.
- Medication, case management, and outpatient counseling are the most common mental health services. Community outreach, job rehabilitation, and self-help/family support services are the most common of ATOD (Alcohol, Tobacco, and Other Drug) services.
- Key findings of the study include:
  - Existence of incomplete service delivery system (lack of continuous care, transitional services, and support services)
  - The most well-served ethnic groups include Chinese, Vietnamese, Cambodian, Japanese, and Laotian. Underserved ethnic groups include Samoan, Hmong, Hawaiian, Guamanian, and Mien.
  - Limited funding for services

*For more information, please email Julian Chow at [jchow99@uclink.berkeley.edu](mailto:jchow99@uclink.berkeley.edu) or Ford Kuramoto at [fhkuramoto@napafasa.org](mailto:fhkuramoto@napafasa.org)*



## **Applying Best Practice Models with Southeast Asian Families: *Our Experience With Two Federally Funded SAMHSA Grants***

**Linda Gensheimer, MSW, LICSW**  
*Director*

**Louise Eidsmore**  
*Grants and Contracts Manager*

**Loeung Khi**  
*Cambodian Family Connect Project*

**Mai Yang**  
*Hmoob Koom Siab/Hmong Working Together*

### **Amherst H. Wilder Foundation, Social Adjustment Program for Southeast Asians**

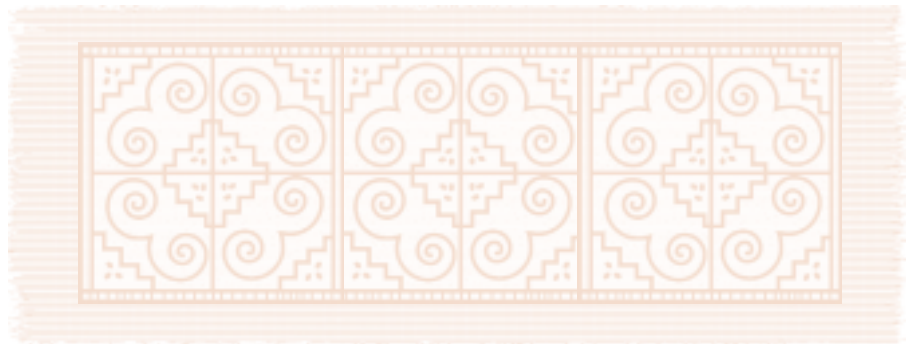
Wilder Foundation staff gave an overview of two SAMHSA (Substance Abuse and Mental Health Services Administration)-funded programs that have incorporated best practice models to prevent youth violence and to strengthen family relations and communication. The Wilder Foundation staff offered a description of the community in the Twin Cities area and their needs, an overview of the two models they implemented (Families and Schools Together in

the Hmong community and Strengthening Multi-Ethnic Families and Communities in the Cambodian community), some considerations when choosing a model, and an overview of the SAMHSA grant process.

### Highlights of the Wilder Foundation's presentation:

- Factors in selecting a best practice model for Southeast Asian (SEA) families:
  - Has the model been implemented with SEA groups elsewhere and have positive outcomes been demonstrated?
  - Are any program materials available in Hmong or Khmer? Are participants required to have English literacy skills?
  - How well does the model fit with the values and beliefs of the culture being served?
  - Does the model fit with the goals of your project?
- Key points in working with collaborative groups in SEA communities:
  - Develop creative ways to overcome the stigma of mental health.
  - Service providers must be able to advocate for their clients' needs.
  - The Social Adjustment Program for Southeast Asians is moving toward greater inclusion of parents and youth in leadership roles, and in sustaining ongoing support.
- Strategies to sustain a start up project after the government funding ends:
  - Clarify and update your vision based on what you have learned, what you want to continue, and what has worked best.
  - Know how your program is important to your community partners.
  - Sustain communication externally and internally.
  - Know your internal resources (staff, coordination, planning) as well as government and private foundation grants.

*For more information, please email Linda Gensheimer at [lbg@wilder.org](mailto:lbg@wilder.org)*





# Day Two Presentations



*Representatives from national AAPI health organizations receive recommendations from state and population group caucuses about mental health needs*



## Report Back and Recommendations from State and Population Group Caucuses to National Partners

The caucus was held to assess issues unique to ethnic groups and/or states and to brainstorm what next steps could be taken. The caucus groups held were: the Hmong Caucus, the Minnesota Caucus, the Asian American Caucus, and the Multi-state Caucus.

The issues and next steps discussed in each group were presented at the “Report Back from Caucuses” session to the following national Asian American Pacific Islander health organizations: National Asian American Pacific Islander Mental Health Association (NAAPIMHA), National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA), and the Association of Asian Pacific Community Health Organizations (AAPCHO).

### **Overall needs and recommendations for next steps:**

- Networking in the region and facilitating networking opportunities



- Have a directory of mental health providers and of professional associations
- Network with mainstream, non-Asian providers
- Facilitate an on-going dialogue to learn from other agencies/experiences, and identify opportunities for collaboration
- Reconvene regional mental health conferences annually and videotape future meetings, conferences, and trainings; make videos available to the public
- Coordinate policy/advocacy efforts
  - Inform government officials of needs
  - Invite government officials to visit agency/organization's office and to attend local activities
  - Ensure the Midwest and mountain states have a voice in national dialogues
  - Centralize data collection and disseminate data through listservs and post on websites
- Provider training/recruitment
  - Recruit bilingual staff/psychiatrists by providing scholarships, mentorship opportunities, and role models, and by improving admission processes of teaching institutes
  - Provide in-services and training on
    - a) culturally and linguistically appropriate services
    - b) interpreter training
    - c) service provider training on utilizing interpreter services
  - Address licensing issues/barriers for professionals trained in their countries of origin
- Engage/inform communities
  - Educate community about issues through health fairs, community leaders, and media efforts (mainstream as well as ethnic/in-language)
  - Encourage volunteering
- Provide translated materials
- Assistance with obtaining resources and/or funding
  - Grant-writing training
  - Grant-writing resources: make successful grants available and centralize available data for reference purposes
  - Notification and wide dissemination of funding opportunities and sources
  - Demand that the health care industry fund culturally appropriate services

*For more information, please email Junko Honma, PATH Program Coordinator at AAPCHO, at [jhonma@aapcho.org](mailto:jhonma@aapcho.org)*



*Junko Honma,  
PATH Program Coordinator*

## Panel Two Presentations

### Domestic Violence in Asian American Communities



#### Victims of Domestic Violence in the Korean American Community

**Yoonju Park, LSW**

*Executive Director, Korean Service Center*

Ms. Park discussed two groups of Korean American women at risk for domestic violence — women in interracial marriages and Korean adoptees. Almost 95% of Korean-speaking domestic violence victims are interracial married women. The Korean adoptees often have multiple issues associated with identity in addition to suffering from the trauma of domestic violence. Mental health issues for both groups include depression, bi-polar disorder, paranoia, and schizophrenia.

#### Highlights of Ms. Park's presentation:

- Historical and social background of both women in interracial marriages and Korean adoptees
- Types of abuse include physical, emotional, financial and social
- Dynamics and issues in interracial marriages include:
  - Language and cultural barriers
  - Different expectations and values
  - Lack of economic power
  - Visa status
  - Lack of mobility
  - Lack of family support
- Dynamics and issues for adoptees include:
  - Identity
  - Loss and distrust
  - Minority status
  - Low self-esteem
- For women in interracial marriages, an advocate should:
  - Be bilingual
  - Understand the cultural background

- Understand the dynamics of interracial marriages
- Have knowledge about immigration laws
- For women who are Korean adoptees, an advocate should:
  - Understand Korean adoption
  - Understand adoptees' issues
  - Have a strong network in the Korean American adoptive community

*For more information, please email Yoonju Park at [kscpark@qwest.net](mailto:kscpark@qwest.net)*



## Intersection of Domestic Violence and Mental Health Needs

### **K. Sujata**

*Executive Director, Apna Ghar*

Ms. Sujata described Apna Ghar, an agency serving South Asians with domestic violence issues. Domestic violence includes a wide spectrum and pattern of behaviors and affects not only the woman, but her family, friends, and community. Victims often seek help as a last resort and prefer to turn to family or friends first. Immigrants might be reluctant to disclose out of fear of deportation or negative previous experiences. It is important to remember that couple counseling may not be effective in South Asian families in which domestic violence is an issue.

### **Highlights of Ms. Sujata's presentation:**

- The spectrum of abuse includes physical, sexual, verbal, emotional, psychological, and economic control.
- No studies have established the prevalence of domestic violence fully among Asian Americans. Ms. Sujata gave an overview of some local statistics.
- The mental health impacts of domestic violence might include depression, PTSD, anxiety and panic attacks, suicide, eating disorders, and substance abuse.
- Barriers for women seeking services:
  - Stigma and shame
  - Provider's lack of cultural sensitivity and appropriate language skills
  - Abuser controls insurance (barrier to seeking mental health services)
  - Diagnoses used against women in child custody battles (for women with mental health issues)
- Recommendations to improve services:
  - Develop culturally sensitive interventions
  - Use models of healing that do not have a traditional mental health focus (e.g. Eastern medicine and concepts of health)

- Work with the faith community
- Ask about concerns regarding loss of confidentiality
- Avoid assumptions

*For more information, please email K. Sujata at [ksujata@yahoo.com](mailto:ksujata@yahoo.com)*



## Domestic Violence in the Hmong Community

**Nenglee Vang, MA,**

*Project Coordinator, Diocese of Green Bay, Catholic Charities*

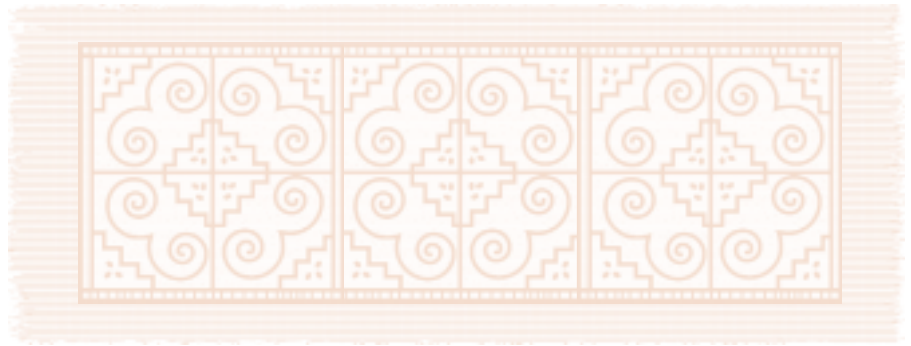
Ms. Vang described the Hmong family and clan system and contrasted it to the structure of the traditional Western family. Ms. Vang explained the process that a Hmong couple experiences during marital conflict (consulting relatives/clan leaders) and the role of the clan in resolving marital conflict and addressing domestic violence.

### Highlights of Ms. Vang's presentation:

- The Hmong process of conflict resolution usually involves family members and/or clan leaders.
- There are existing refugee family strengthening programs in Wisconsin and a state-wide bilingual hotline.
- Hmong men often feel that women have more rights in the American culture. Studies of domestic violence trends show that men who have had military service are more likely to take out their stress on their wives.
- There is concern about the increasing rate of divorce in the Hmong community.
- Refugee family strengthening projects pursue prevention through
  - Leadership training
  - Parenting education
  - Support groups
  - Cultural training for service providers
- Intervention services include
  - Counseling
  - Interpreter services
  - Shelter
  - Legal assistance
  - Case management
- Recommendations to stop the cycle of violence in Hmong families include
  - Empower clans to take a stand on domestic violence

- Encourage communication and coping skills in couples
- Ensure families that there is no shame in seeking help
- Educate families about the effects of violence on children
- Educate service providers about Hmong families

*For more information, please email Nenglee Vang at [nvang@gbdioc.org](mailto:nvang@gbdioc.org)*





# Evaluation Summary



## Conference Evaluation Results

Numbers represent the raw number of responses received.

	1 Poor	2	3	4	5 Excellent
Overall program content	0	1	5	24	23
Opportunities to participate in discussion and ask questions	0	1	4	27	21
Opportunities for exchange of ideas and experiences	1	2	4	22	22
Structure and length of meeting	1	3	5	26	15
Meeting location (accessibility)	1	1	5	17	26
Meals provided	3	4	8	27	8

### Summary

**Overall:** About one third of the participants completed the conference evaluation (n=54). 96% of those respondents rated the overall program content as good or better (9% good, 44% very good, and 43% excellent). The majority of the respondents found the conference to be very informative. Respondents appreciated that the conference covered a breadth of cultural information that included various ethnic groups.

**Measuring up to expectations:** 56% of the respondents reported that the conference met their expectations and 18% said it exceeded their expectations. Many found the conference binder content very helpful. Some conference participants noted that it was a good opportunity to learn about national organizations such as NAPIMHA, NAPAFAA, and AAPCHO and other existing resources.

**Achieving the conference objectives:** More than 75% of the respondents agreed that the objectives of the conference were met. Overall, the participants reported an increase in their knowledge and awareness of cultures beyond their own, as well as various AAPI mental health issues. Also, many respondents were able to network with other conference participants.

**Recommendations:** Suggestions on time allowance for presentations and content were received. Many participants stated that they would like more training opportunities on AAPI mental health issues to discuss many of the conference topics in depth. They also would like to see more information on AAPI mental health issues in resource books, journals, and websites.





---

# *Appendices*

---



## Conference Agenda

### Day One

- 8:00-9:00 Registration and Breakfast
- 9:15-9:45 Welcome: *Senator Mee Moua*
- 9:45-10:45 Opening Plenary: *Kana Enomoto*
- 11:00-12:00 Concurrent Presentations
- a) Depressive and Anxiety Conditions and Use of Medications Among Southeast Asian Mental Health Clients  
*Presented by: Jerome Kroll, University of Minnesota*
  - b) Use of Hmong Interpreters in Mental Health Counseling  
*Presented by: Michael Goh, University of Minnesota, & Kathryn McGraw Schuchman*
  - c) For Some, The War is Not Over: PTSD in Southeast Asian American Communities  
*Presented by: Evelyn Lennon, Center for Victims of Torture, & Thanh Son (Lisa) Nguyen, Heartland Alliance for Human Needs & Human Rights*
  - d) The BRIDGE Program: Asian American Primary Care and Mental Health  
*Presented by: Teddy Chen, Charles B. Wang Community Health Center*
  - e) Consumer Voices  
*Presented by: Local Community Members*
- 12:15-1:30 Lunch: Keynote Speakers  
Professor David Takeuchi – *Underwritten by Blue Cross and Blue Shield of Minnesota Foundation*  
Congresswoman Betty McCollum
- 1:30-3:10 Panel Presentation — Southeast Asian Families and Youth Services
- 1) Barriers to Accurate Assessment and Treatment in Working with Hmong Families  
*Presented by: Kay Smongeski, Outagamie County DHHS*
  - 2) Tree of Life: Group Therapy for Southeast Asian Youth  
*Presented by: Duy D. Nguyen & Chaffee Tran, Asian Human Services*
  - 3) Integrated Care Model  
*Presented by: Yoon Joo Han, Asian Counseling and Referral Service*
  - 4) Illinois Refugee Health Screening Program (IRHSP) — Mental Health Issues  
*Presented by: Ho Tran, Illinois Department of Public Affairs*

3:10–3:30	Break
3:30–4:30	Concurrent Presentations
	a) Psychosocial Rehabilitation <i>Presented by: Mary Schwartz &amp; Duy Nguyen, Asian Human Services</i>
	b) Asian Elders and their Mental Health Needs <i>Presented by: May J. Chen &amp; Nancy Koo, Asian Services in Action</i>
	c) Use of Survey Methodology in Program Planning <i>Presented by: Kun Shi, Ohio Legislative Office of Education Oversight</i>
	d) Ethnic-Specific Mental Health and Substance Abuse Services <i>Presented by: Julian Chow, UC Berkeley, &amp; Ford Kuramoto, NAPAFASA</i>
	e) Best Practice Models with Southeast Asian Families <i>Presented by: Linda Gensheimer, Louise Eidsmoe, Loeung Khi &amp; Mai Yang, Amherst H. Wilder Foundation</i>
4:45–6:00	Caucus by Population Group and/or State: <ul style="list-style-type: none"> <li>• Identification of Resources and Training needs</li> <li>• Developing Community Awareness and Mobilization Strategy</li> </ul>
6:15	Networking/Reception

## Day Two

8:00	Breakfast
9:00	Reconvene
9:15–9:45	Report Back from Caucuses to regional and national partners
10:00–11:30	Panel Presentation — Domestic Violence in Asian American Communities
	1) Victims of Domestic Violence in the Korean American Community <i>Presented by: Yoonju Park, Korean Service Center</i>
	2) The Intersection of Domestic Violence and Mental Health Needs in AAPI Communities <i>Presented by: K. Sujata, Apna Ghar</i>
	3) Domestic Violence in the Hmong Community <i>Presented by: Nenglee Vang, Diocese of Green Bay, Catholic Charities</i>
11:45–12:15	Closing
12:30	Conference Adjourns



## Participant List

**Song Lor Anderson**

Lao Family Community of MN, Inc.  
651.221.0069  
sanderson@laofamily.org

**David Ashling**

Social Work Unit Supervisor  
Hennepin County Mental Health  
Case Management  
612.348.3309  
david.ashling@co.hennepin.mn.us

**Laura Au-Yeung**

Educator  
University of Minnesota  
612.374.8430  
auyeu001@umn.edu

**Sungboon Baik**

Executive Director  
Asian Help Services  
317.924.4827

**Audrey Bangi**

Graduate Student  
DePaul University  
773.325.4476  
abangi@depaul.edu

**Xan Banker**

Senior Social Worker  
Hennepin County Training and  
Employment Assistance  
612.596.6615  
xan.banker@co.hennepin.mn.us

**Mitzi Beliveau**

EA II  
Hubbs Center for Lifelong Learning,  
St. Paul Schools  
651.290.4793  
mitzi\_beliveau@hotmail.com

**Nan Brumbaugh**

Therapist  
Westside Community Health Services  
651.602.7532  
nbrumbaugh6@earthlink.net

**Ruth Carlson**

Asst. Director OMMH  
MN Dept. of Health  
651.281.9894  
ruth.carlson@health.state.mn.us

**Kenneth Chamberlain**

Social Work Unit Supervisor  
Hennepin County Mental Health  
Case Management  
612.348.3310  
kenneth.chamberlain@co.hennepin.mn.us

**Lee Chang**

Case Manager  
Zumbro Valley Mental Health Center  
507.287.2099  
leec@zumbromhc.org

**Thongsay Chantharath**

Outreach Advocate

Community Connector  
507.376.4311  
swcccc@frontiernet.net

**May Chen**

Executive Director  
Asian Services In Action Inc.  
330.535.3263  
asiainc@hotmail.com

**Teddy Chen**

Bridge Program Director  
Charles B. Wang Community  
Health Center  
212.379.6999  
tchen@cbwhc.org

**Radhika Chimata**

Graduate Student  
DePaul University  
773.325.4269  
rchimata@depaul.edu

**Julian Chow**

Assistant Professor  
School of Social Welfare, UC Berkeley  
510.643.9288  
jchow99@uclink.berkeley.edu

**Karen Christensen**

Planning Specialist II  
Ramsey County Human Services  
651.266.4110  
karen.christensen@co.ramsey.mn.us

**Margo Cohen**

Health Programs Manager  
Lao Family Community of  
Minnesota, Inc.  
651.209.6807x108  
mcohen@laofamily.org

**Christine Danner**

Behavioral Health Coordinator  
Bethesda Clinic/  
St. Joe's Family Practice Residency Program  
651.227.6551  
cdanner@famprac.umn.edu

**Edward Dell**

Case Manager  
Behavioral Healthcare Providers  
763.525.9919

**Rick Devich**

Associate Director  
LAO Assistance Center of MN  
612.374.4967  
rickdevich@attbi.com

**Mei Ding**

Principal Planning Analyst  
Hennepin County Community Health  
612.348.6309  
mei.ding@co.hennepin.mn.us

**Rebecca Doidge**

Student Intern  
Zumbro Valley Mental Health Center  
507.287.2099

**Randy Duncan**

Senior Social Worker  
Hennepin County Training and Employment  
Assistance  
612.348.2368  
randy.duncan@co.hennepin.mn.us

**Louise Eidsmoe**

Contracts and Grants Manager  
Amherst H. Wilder Foundation  
651.647.9676

**Kana Enomoto**

Public Health Advisor  
SAMHSA/CMHS  
301.443.9324  
kenomoto@samhsa.gov

**Iris Escalera**

Tier II MFIP Job Counselor  
Rise, Inc.  
612.872.7720x113  
iescalera@rise.org

**Darla Flint**

Employment Counselor  
HIRED Sabathani  
612.821.1707  
dflint@hired.org

**Sunya Forde**

Registered Occupational Therapist  
Ramsey County Mental Health  
651.523.7938  
sunya.forde@co.ramsey.mn.us

**Mike Fried**

Program Therapist/Clinical Social  
Worker Practitioner  
Alliance Health Systems,  
Mercy Hospital  
763.236.8611

**Jessica Gates**

Refugee Resettlement Case Manager  
Lutheran Social Services of WI  
and Upper Michigan  
414.325.3156  
jgates@lsswis.org

**Linda Gensheimer**

Director, Social Adjustment for  
Southeast Asians  
Amherst H. Wilder Foundation  
651.647.9676  
lcg@wilder.org

**Amina Gesale**

Tier II MFIP Job Counselor  
Rise, Inc.  
612.872.7720x115  
agesale@rise.org

**Jullonne Glad**

Graduate Student  
University of Minnesota  
612.722.9514  
glad0012@umn.edu

**Michael Goh**

Assistant Professor  
University of Minnesota  
612.624.4885  
gohxx001@tc.umn.edu

**Diane Grinnell**

Psychologist  
Malmgren Grinnell & Associates  
651.423.4841  
dgrin@mninter.net

**Carol Gronseth**

Psychologist  
Zumbro Valley Mental Health Center  
507.287.2099  
carolg@zumbromhc.org

**Rosemarie Rodriguez Hager**

Latino Health Coordinator  
Minneapolis Department of Health  
651.215.5802  
rosemarie.rodriguez-hager@health.state.mn.us

**Yoon Joo Han**

Director of the Behavioral Health Services Program  
Asian Counseling and Referral Service  
206.695.7591  
yoonjooh@acrs.org

**Kaying Hang**

Senior Foundation Consultant  
Blue Cross Foundation  
651.662.2894  
kaying\_hang@bluecrossmn.com

**Mary Hanley**

OTR  
Ramsey County Human Services  
651.266.3802  
mary.hanley@co.ramsey.mn.us

**Mary Heiserman**

Administrative Director Mental Health/  
Education Programs  
Amherst H. Wilder Foundation  
651.642.4056  
msh@wilder.org

**Bruce Hillyer**

Pastor  
Oliver Presbyterian Church  
612.722.9519  
oliverpresby@msn.com

**Cindy Hillyer**

Public Health Nurse  
Hennepin County Community Health Dept.  
612.596.7066  
cindy.hillyer@co.hennepin.mn.us

**Fanny Ho**

Case Manager  
Franklin County Office on Aging  
614.462.4584  
fpho@co.franklin.oh.us

**Vienna Hoang**

Substance Abuse Prevention Specialist  
Employee & Family Resources  
515.471.2381  
vhoang@efr.org

**DJ Ida**

Executive Director  
National AAPI Mental Health Assn  
303.765.5330  
djnaapimha@cs.com

**Poongothai Jayaraj**

Family Development Specialist  
Asian American Community Services  
614.220.4023  
gothai@yahoo.com

**Loeung Khi**

Project Coordinator  
Amherst H. Wilder Foundation  
651.647.9676

**Frank Kim**

Chief Executive Officer  
Asian Pacific Development Center  
303.355.0710x25  
frankpkim@hotmail.com

**Nancy Koo**

Asian Services In Action Inc.  
330.535.3263  
asiainc@hotmail.com

**Chomsy Kouanchao**

Community Program Specialist  
Community-University Health Care Center  
612.638.0671  
kouan001@kouan001.email.umn.edu

**Jerome Kroll**

Professor  
University of Minnesota  
612.638.0700  
kroll001@maroon.tc.umn.edu

**Ford Kuramoto**

National Director  
NAPAFASA  
213.625.5795  
fhkuramoto@napafasa.org

**Vinodh Kutty**

Project Coordinator  
Hennepin County Office of Multi-Cultural Services  
612.348.9498  
vinodh.kutty@co.hennepin.mn.us

**Jason Lai**

Consumer & Family Advocate  
ADAMH Board of Franklin County  
614.222.3743  
jlai@adamh.co.franklin.oh.us

**Mai Neng Lee**

Refugee Outreach Specialist  
CAP Services Inc.  
715.343.7119  
mnlee@capmail.org

**Richard Lee**

Asst. Professor of Psychology  
University of Minnesota  
612.625.6357  
richlee@umn.edu

**Tou Pao Lee**

Youth Leadership Program Coordinator  
Southeast Asian Community Council  
612.377.0778  
tleee@seacc-mn.org

**Yvonne Lee**

Probation Officer  
Ramsey County  
651.298.5853  
yvonne.lee@co.ramsey.mn.us

**Alyssa Leintz**

Planning Specialist  
Ramsey County Human Services  
651.266.4106  
alyssa.leintz@co.ramsey.mn.us

**Evelyn Lennon**

Refugee Mental Health Project Coordinator  
The Center for Victims of Torture  
612.627.4272  
elennon@cvt.org

**Karen Lilledahl**

Client Advocate  
Mental Health Assn of Minnesota  
612.331.6840  
karenl@mentalhealthmn.org

**Dianne Lindberg**

Psychotherapist  
Scott County Mental Health Center  
952.496.8555

**Jane W. Liu**

Board Member  
MN Asian American Health Coalition  
612.348.8550x225  
jane@urbancoalition.org

**Chao Lo**

MA Interpreter  
Bridge Community Health Clinic  
715.848.4884  
chao@bridge\_clinic.org

**May Chou Lo**

Medical Assistant  
University Affiliated Family Physicians  
651.227.6551  
mlo@famprac.umn.edu

**Fong Lor**

Youth Outreach  
Lao Family Community of MN, Inc.  
651.221.0069x112  
flor@laofamily.org

**Wachira William Loth**

LPN  
Olmsted County Public Health Services  
507.285.8370x3818  
lothwachira@co.olmstead.mn.us

**Terry Lum**

Assistant Professor  
University of Minnesota, School of Social Work  
612.624.4722  
tlum@umn.edu

**Mayjoua Ly**

Policy Analyst  
State of MN, Department of Human Services  
651.282.9817  
mayjoua.ly@state.mn.us

**Kathy Lytle**

Social Worker  
Regions Hospital - Center for International Health  
651.254.5575

**Grace Madarang**

Graduate Student  
Project Support  
612.333.1272  
mada0018@umn.edu

**Becky Uran Markman**

Placement Specialist  
Rise, Inc.  
612.706.2504  
ruran@rise.org

**Dennis Maurer**

Therapist  
Community-University Health  
Care Center  
612.638.0700x177  
ddbjaaurer@juno.com

**Steve Maxwell**

Mental Health Program Supervisor  
Community-University Health Care Center  
612.638.0700x287  
maxwe003@tc.umn.edu

**Earl McGovern**

MFIP Program  
Workforce Solutions  
651.266.4320  
earl.mcgovern@co.ramsey.mn.us

**Joe Meissner**

Bridgeway, Inc.  
216.661.4164  
judith@bridgewayinc.org

**Petrona Melgarejo**

Investigator  
US EEOC – Minneapolis Area Office  
612.335.4040  
petrona.melgarejo@EEOC.gov

**Sahra Mohmoud**

Placement Specialist  
Rise, Inc.  
612.706.2523  
smohmoud@rise.org

**Mary Moran**

Clinical Supervisor  
Asian Assn of Utah  
801.467.6060  
marym@aau-slc.org

**Mai Kao Moua**

Hmong Women's Circle Coordinator  
Wausau Area Hmong Mutual Assn  
715.842.8390  
mmoua@wahma.com

**Pao Moua**

Volunteer  
Montana Asian American Center  
406.543.3770  
ceevueyang@hotmail.com

**Mouafu Mouanoutoua**

Parenting Program Manager  
Women's Assn of Hmong  
& Lao  
651.772.4788  
mfmnt@wahlwomen.org

**Vang Leng Mouanoutoua**

Psychologist  
County of Fresno

559.455.2190

lmouanoutoua@fresno.ca.gov

**Khong Mua**

Social Worker  
Lao Family Community of MN, Inc.  
651.221.0069  
kmua@laofamily.org

**Pete Myers**

Social Worker  
Minneapolis Health Department  
612.673.3816

**Kati Neher**

Tier II MFIP Coordinator  
Rise, Inc.  
612.872.7720x113  
katineher@hotmail.com

**Cindy Nelson**

Public Health Nurse  
Ramsey County Dept of  
Public Health  
651.765.7740  
cindy.nelson@co.ramsey.mn.us

**Bauz Nengchu**

Ombudsperson for Asian-Pacific Families  
Office of Ombudsperson for Families  
651.643.2514  
bauz.nengchu@state.mn.us

**Kenneth Neustel**

Therapist  
Scott County Mental Health

**Duy Nguyen**

Director of Psychosocial Rehabilitation  
Asian Human Services, Inc.  
773.728.2235  
ddnmsw@yahoo.com

**Jung Nguyen**

Community Prevention Educator  
Lincoln Council on Alcoholism  
& Drugs  
402.475.2694

**Kim Nguyen**

Human Services Counselor  
Wilder Social Adjustment Program  
for Southeast Asians  
651.647.9676

**Thanh Son (Lisa) Nguyen**

Director of Multicultural Services  
Heartland Allcan for Human Needs  
& Human Rights  
773.751.4083  
chomcs@enteract.com

**Kate O'Brien**

Mental Health Counselor  
City of Minneapolis School Based Clinic  
612.673.2475  
Kathleenobrien2002@yahoo.com

**Molly O'Brien**

Mental Health Counselor  
City of Minneapolis School Based Clinic  
612.673.5341  
msosbc@yahoo.com

**Mary O'Connell**

Director Public Housing Clinics  
Westside Community Health Services

651.558.2191

phpc@westsidechs.org

**Ann O'Fallon**

Refugee Health Coordinator  
MN Dept. of Health  
612.676.5208  
ann.ofallon@health.state.mn.us

**Kari Olson**

Placement Manager  
Rise, Inc.  
612.706.2503  
kolson@rise.org

**Brenda Otterson**

Placement Specialist  
Rise, Inc.  
612.706.2531  
botterson@rise.org

**Nimol Ou**

Adult Mental Health Case Manager  
Zumbro Valley Mental Health Center  
507.287.2099  
nimolo@zumbromhc.org

**Yoonju Park**

Executive Director  
Korean Service Center  
612.342.1344  
ksccpark@qwest.net

**Marcie Parker**

Senior Qualitative Researcher  
United Healthcare Corp  
763.797.2718  
mparker@uhc.com

**Avni Patel**

Public Health Policy Analyst  
Bureau of Primary Health Care  
301.594.4467  
apatel@hrsa.dhhs.gov

**Julien Pham**

Medical Student  
University of Washington  
206.352.9034  
julien@u.washington.edu

**Truc Pham**

Director  
Rise, Inc.  
763.792.2430  
tpham@rise.org

**Myriam Phan**

Case Manager  
Community-University Health Care Center  
612.638.0678

**Sophon Phy**

Mental Health Counselor  
Zumbro Valley Mental Health Center  
507.287.2099  
sophonp@zumbromhc.org

**Ruth (Toni) B. Pickard**

Director  
Healthy Options for Planeview DPHS/  
Wichita State University  
316.651.5357  
Toni.Pickard@wichita.edu

**Richard W. Podvin**

Social Worker III



Wilder Social Adjustment Program  
for Southeast Asians  
651.647.9676  
rwp@wilder.org

**Sisoumang Rattansitthi**

Interpreter/Translator  
Worthington School District  
507.727.1154  
sis.rattana@isd518.net

**Joan Regal**

Executive Director  
Southeast Asian Ministry  
651.293.1261  
jregal@real-time.com

**Amanda Retzak**

Americorps VISTA  
Hennepin Co. Office of Multi-Cultural Services  
612.596.7477  
amanda.retzak@co.hennepin.mn.us

**Laura Reznicek**

Development & Program Associate  
Mental Health Assn of Minnesota  
612.331.6840  
laurar@mentalhealthmn.org

**Janet Rice**

Psychologist  
Bethesda Clinic  
651.227.6551

**Gia-Hoa Ryan**

Asian Project Supervisor  
Bridgeway, Inc.  
216.281.2660  
gryan@bridgewayinc.org

**Kathryn McGram Schuchman**

Psychologist  
Model Cities Health Care  
651.251.5921  
kathrynschuchman@hotmail.com

**Mary Schwartz**

Director of Mental Health Programs  
Asian Human Services, Inc.  
773.728.2235  
mary\_schwartz@hotmail.com

**Michael Seipel**

Professor of Social Work  
School of Social Work,  
Brigham Young University  
801.422.2461  
mms4@ucs-exch.byu.edu

**Kun Shi**

Program Evaluator  
Ohio Legislative Office of Education Oversight  
614.995.4823  
kshi@loeo.state.oh.us

**Shu-Fen Shih**

Psychologist  
University of North Dakota  
701.777.2127  
shufen\_shih@und.edu

**Kay Smongeski**

Clinical Therapist  
Outagamie County DHHS  
920.832.5474  
smongekf@co.outagamie.wi.us

**John Song**

Assistant Professor  
University of Minnesota  
612.624.8936  
songx006@tc.umn.edu

**San Souvannasoth**

Social Worker  
Community-University Health Care Center  
612.638.0672

**K. Sujata**

Executive Director  
Apna Ghar  
773.334.0173x229  
ksujata@yahoo.com

**John Sullivan**

Clinical Social Work Supervisor  
Ramsey County Community  
Human Services  
651.266.4016  
john.sullivan@co.ramsey.mn.us

**Thi Synavone**

Women of Color Advocate  
Southwest Crisis Center  
507.376.4311  
swccwoc@frontiernet.net

**David Takeuchi**

Professor  
Indiana University, Dept of Sociology  
812.856.5306  
dtakeuch@indiana.edu

**Katie Tang**

Care Coordinator  
Asian Community & Cultural Center  
402.474.4188  
kzum1@hotmail.com

**Bao Y. Thao**

608.796.1051

**Chue P. Thao**

Mental Health Coordinator  
La Crosse Area Hmong Mutual Assistance Assn  
608.781.5744

**Chaffee Tran**

Caseworker  
Asian Human Services, Inc.  
773.728.2235  
chaffeetran@yahoo.com

**Ho Tran**

Special Assistant for Asian Affairs  
IL Dept. of Public Affairs  
312.814.2565  
HTRAN@idph.state.il.us

**Frank Vang**

Social Worker  
Lao Family Community of MN, Inc.  
651.221.0069  
fvang@laofamily.org

**Lilian Vang**

Community Relations Coordinator  
UCare Minnesota  
612.676.3293  
lvang@ucare.org

**Nenglee Vang**

Coordinator  
Diocese of Green Bay: Catholic Charities

920.437.7531x8234  
nvang@gbdioc.org

**Sengyeng Vang**

Interpretation & Transportation Manager  
Women's Assn of Hmong & Lao  
651.772.4788  
sengyv@wahlwomen.org

**Thomas Vang**

Human Services Counselor  
Wilder Social Adjustment Program  
for Southeast Asians  
651.647.9676

**Maenene Vangsycha**

Clinical Therapist  
Catholic Charities  
920.419.1500  
maenene@aol.com

**Theresa Voss**

Psychologist  
Private Practice  
651.644.2267  
tessvoss@usfamily.net

**Maria Vu**

Director  
Asian Community & Cultural Center  
402.477.3446  
m\_d\_vu52@yahoo.com

**Bryant Vujongyia**

Placement Specialist  
Rise, Inc.  
612.706.2524  
bvujongyia@rise.org

**Krystal Vujongyia**

Extension Educator  
University of Minnesota  
651.704.2057  
vujon001@umn.edu

**Chiung Wang**

Mental Health Counselor  
City of Minneapolis School Based Clinic  
612.673.3927  
chiungwang@ci.minneapolis.mn.us

**Ming Wang**

Program Coordinator  
Utah Division of Mental Health  
801.538.4276  
mwang@utah.gov

**Becky Weber**

Welfare to Work Coordinator  
SW Minnesota Private Industry Council  
507.537.6236  
rweber@ngwmail.des.state.mn.us

**Joan Wilcox**

Associate Professor  
College of St. Benedict  
320.363.5188  
jwilcox@csbsju.edu

**Cecilia Bordador Williams**

Member/Volunteer  
Asian Help Services  
317.241.6471  
cbordador@hotmail.com

**Emily Williamson**

Asian American Health Coordinator



MN Dept. of Health  
651.281.9798  
emily.l.williamson@health.state.mn.us

**Choua H. Xiong**  
Bilingual Health Aid  
Franciscan Skemp Healthcare  
608.791.9545

**Hli Lo Xiong**  
Social Worker  
Westside Community Health Services  
651.558.2191  
phpc@westsidechs.org

**Ma Xiong**  
Lao Family Community of MN, Inc.  
651.221.0069

**Mee Xiong**  
Youth Coordinator  
Wausau Area Hmong Mutual Assn  
715.842.8390  
mxiong@wahma.com

**Song Xiong**  
Hmong Interpreter  
Franciscan Skemp Healthcare  
608.791.9545

**Youa Xiong**  
Refugee Caseworker  
Catholic Charities  
920.235.6002

**Rick Y**  
Adult Mental Health Case Manager  
Zumbro Valley Mental Health Center  
507.287.2099  
ricky@zumbromhc.org

**Ilya Yacevich**  
Community Builder  
Family & Childrens' Service  
612.728.2041  
ilya.yacevich@famchildserv.org

**Lynn Yamanaka**  
Board Member  
MN Asian American Health Coalition  
651.735.6124  
thomp075@tc.umn.edu

**Bao Yang**  
Health Outreach Coordinator  
Hmong American Mutual Assistance Assn  
612.374.2694  
byang@hamaa.org

**Chafong Yang**  
Transition Team Leader  
Hennepin County  
612.596.8638  
cha.yang@co.hennepin.mn.us

**Linda Yang**  
Executive Director  
Xilin Assn  
630.795.0885  
balinyang@hotmail.com

**Mai Yang**  
Coordinator  
Amherst H. Wilder Foundation  
651.647.9676

**Mor Yang**  
Family Job Coordinator  
Wausau Area Hmong Mutual Assn  
715.842.8390  
myang@wahma.com

**Nou Yang**  
Associate Director  
Hmong National Organization  
651.290.2343  
nou@hmongnat.org

**Nub Yang**  
Tier II MFIP Job Counselor/Job Retention  
Rise, Inc.  
612.872.7720x105  
nubyang8@hotmail.com

**Pahoua Yang**  
Therapist  
Children's Service Society of WI  
715.848.1457  
pahoua.yang@cssw.org

**Palukou Yang**  
Case Manager/Outreach Worker  
Face to Face  
651.772.5618

**Phoua Yang**  
Assistant Program Manager  
Lao Family Community of MN, Inc.  
651.221.0069  
phouay@laofamily.org

**Tony Yang**  
Psychotherapist  
Children's Service Society of WI  
715.843.1862  
tsyang@yahoo.com

**Yu-Cheng Yin**  
Vocational Rehabilitation Counselor  
WI State Dept. of Workforce Development  
262.548.5859  
yinsa@dwd.state.wi.us

**David Zander**  
Cultural Anthropologist/Research Analyst  
Council on Asian-Pacific Minnesotans  
651.296.0538  
david.zander@state.mn.us

**Suzanne Zander**  
Occupational Therapist  
Ramsey County Mental Health  
651.266.7940  
suzanne.zander@co.ramsey.mn.us

**Jing Zhang**  
Program Manager, Community Health  
Asian Human Services  
773.728.2235  
jing@asianhumanservices.org



## Resources

### State Minority Health Contacts: Midwest and Mountain States

**Colorado**  
No state contact listed  
See regional OMH consultant

**Idaho**  
No state contact listed  
See regional OMH consultant

**Illinois**  
Donne E. Trotter  
Director of Minority Health  
Cook County Department of Public Health  
1010 Lake Street - Suite 300  
Oak Park, IL 60301  
Phone: 708-492-2016  
Fax: (708) 492-2900  
Email: ccdphhealth@aol.com

Doris Turner  
Acting Chief  
Center for Minority Health Services  
Illinois Department of Public Health  
535 West Jefferson, 5th Floor  
Springfield, IL 62761  
Phone: (217)-782-4977  
Fax: (217)-782-3987  
Email: dturner@idph.state.il.us

**Indiana**  
Danielle L. Patterson  
Director  
Office of Minority Health  
Indiana State Department of Health  
2 North Meridian Street, Section 6-D

Indianapolis, IN 46204  
Phone: (317) 233-7596  
Fax: (317) 233-7943  
Email: dpatters@isdh.state.in.us  
Stephanie DeKemper  
Executive Director  
Indiana Minority Health Coalition  
3737 North Meridian Street, Suite 303  
Indianapolis, IN 46206  
Phone: (317) 926-4011  
Fax: (317) 926-4012  
Email: sdekemper@imhc.org

**Iowa**  
Janice T. Edmunds-Wells  
Social Work Consultant

Minority Health Liaison  
Iowa Department of Public Health  
5th Floor – Lucas State Office Building  
321 East 12th Street  
Des Moines, IA 50319-0075  
Phone: (515) 281-4904  
Fax: (515) 242-6384  
Email: jwells@idph.state.ia.us

#### **Kansas**

No state contact listed  
See regional OMH consultant

#### **Michigan**

Jacquetta Hinton (Interim Contact)  
Departmental Analyst  
Office of Minority & Multicultural Health  
Michigan Department of Community Health  
Community Public Health Agency  
3423 North Martin Luther King, Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909  
Phone: (517) 335-9287  
Fax: (517) 335-9909  
Email: hintonjac@state.mi.us

#### **Minnesota**

Gloria C. Lewis  
Director  
Office of Minority Health  
Minnesota Department of Public Health  
85 East 7th Place, Suite 400  
St. Paul, MN 55101  
Phone: (651) 296-9799  
Fax: (651) 215-5801  
Email: gloria.lewis@health.state.mn.us

#### **Missouri**

Joy R. Williams  
Chief  
Office of Minority Health  
Missouri Department of Health  
& Senior Services  
920 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO 65102  
Phone: (573) 751-6064 or  
Missouri Only: (800) 877-3180

Fax: (573) 522-15991  
Email: willijz@dhss.state.mo.us

#### **Montana**

Deborah Henderson and Sharon Wagner  
Family and Community Health Bureau  
Section Supervisors  
Minority Health Contacts  
Department of Public Health and  
Human Services  
Cogswell Building 1400 Broadway  
Helena, MT 59620  
Phone: (406) 444-2794 (DH)  
Phone: (406) 444-3617 (SW)  
Fax: (406) 444-2606  
Email: shwagner@state.mt.us

#### **Nebraska**

Cindy Harmon  
Nebraska Department of Health  
301 Centennial Mall South  
P.O. Box 95044  
Lincoln, NE 68509-5007  
Phone: (402) 471-0152  
Fax: (402) 471-0383  
Email: charmon@hhs.state.ne.us

#### **Nevada**

Michael Gammell  
Manager, Primary Care Programs  
Division of Public Health  
State Department of Human Resources  
505 King Street, Room 203  
Carson City, NV 89701  
Phone: (775) 684-4220  
Fax: (775) 684-4046  
Email: mgammell@govmail.state.nv.us

#### **North Dakota**

No state contact listed  
See regional OMH consultant

#### **Ohio**

Cheryl Boyce, MS  
Executive Director  
Ohio Commission on Minority Health  
Vern Riffe Center for Government and  
the Performing Arts

77 South High Streets, Suite 745  
Columbus, OH 43215  
Phone: (614) 466-4000  
Fax: (614) 752-9049  
URL: <http://www.state.oh.us/mih>  
Email: cheryl.boyce@ocmh.state.oh.us

#### **South Dakota**

No state contact listed  
See regional OMH consultant

#### **Utah**

Iona Thraen  
Ethnic Health Coordinator  
Bureau of Primary Care, Rural and  
Ethnic Health  
Utah Department of Health  
288 N 1460 West, Fourth Floor  
P.O. Box 142005  
Salt Lake City, UT 84114-2005  
Fax: (801) 538-6387  
URL: <http://www.ethnichealthutah.org>  
Email: iITHRAEN@utah.gov

#### **Wisconsin**

Denise C. Carty  
Minority Health Officer  
Division of Public Health  
Wisconsin Department of Health and  
Family Services  
1 West Wilson Street, Room 218  
P.O. Box 2659  
Madison, WI 53701-2659  
Phone: (608) 267-2173  
Fax: (608) 266-8925  
Email: cartydc@dhfs.state.wi.us

#### **Wyoming**

Betty Sones, BSBA  
Minority Health Coordinator  
Wyoming State Department of Health  
Division of Community and Family Health  
Hathaway Building, 4th Floor  
Cheyenne, WY 82002  
Phone: (307) 777-5601  
Fax: (307) 777-7215  
Email: bsones@state.wy.us

## **State Refugee Contacts: Midwest and Mountain States**

#### **Colorado**

Barbara Carr  
Acting State Refugee Coordinator  
Department of Human Services  
Colorado Refugee Services Program  
789 Sherman, Suite 250  
Denver, CO 80203  
Tel: (303) 863-8211 ext. 19  
Fax: (303) 863-0838  
E-mail: barbaracarr@state.co.us

#### **Idaho**

For refugee cash & services:  
Jan Reeves  
Director, Idaho Refugee  
Resettlement Project  
Mountain States Group, Inc.  
1607 W. Jefferson Street  
Boise, ID 83702

Tel: (208) 336-5533x262  
FAX: (208) 336-0880  
E-mail: jreeves@mtstatesgroup.org

For refugee medical screening and assistance:

Patti Campbell  
Chief Bureau of Policy  
P.O. Box 83720, Towers Building  
Boise, ID 83720-0036  
Tel: (208) 334-4951  
Fax: (208) 334-5817  
E-mail: campbell@dhw.state.id.us

#### **Illinois**

Edwin Silverman  
State Refugee Coordinator  
Refugee & Immigrant Services  
Department of Human Services  
401 South Clinton, 7th Floor

Chicago, IL 60607  
Tel: (312) 793-7120  
Fax: (312) 793-2281  
E-mail: [mailto:dhdsd6024@dhs.state.il.us](mailto:mailto:dhdsd6024@dhs.state.il.us)

#### **Indiana**

Jeffrey Campell  
State Refugee Coordinator  
FSSA, Family and Children's Division  
402 West Washington Street  
Room W-363  
Indianapolis, IN 46204  
Tel: (317) 232-4919  
Fax: (317) 233-0828  
E-mail: jcampbell2@fssa.state.in.us

#### **Iowa**

Wayne Johnson/John Wilken  
Chief, Bureau for Refugee Services  
Iowa Department of Human Services

1200 University Avenue, Suite D  
Des Moines, IA 50314-2330  
Tel: (515) 283-7904  
Fax: (515) 283-9160  
E-mail: wjohnso@dhs.state.ia.us  
E-mail: jwilken@dhs.state.ia.us

#### **Kansas**

Lewis Kimsey  
Kansas Refugee Program  
Dept. of Social & Rehabilitation Services  
Docking State Office Building - 681-W  
915 SW Harrison  
Topeka, KS 66612-1570  
Tel: (785) 368-8115  
Fax: (785) 368-8114 or (785) 296-6960  
E-mail: lak@srsim.wpo.state.ks.us

#### **Michigan**

Al Horn  
Refugee Program Director  
Office of Adult Services  
Michigan Family Independence Agency  
235 S. Grand Avenue, Suite 501  
P.O. Box 30037  
Lansing, MI 48909  
Tel: (517) 241-7819  
Fax: (517) 241-7826  
E-mail: horna@state.mi.us

#### **Minnesota**

Gus Avenido  
Resettlement Programs Supervisor  
New Americans Services  
Department of Human Services  
444 Lafayette Road North  
St. Paul, MN 55155  
Tel: (651) 296-1884  
Fax: (651) 215-1818

#### **Missouri**

Patricia Wilde  
Missouri Department of Social Services  
Division of Family Services  
Refugee Resettlement Program  
P.O. Box 88  
Jefferson City, MO 65103  
Tel: (573) 526-5605  
Fax: (573) 526-4837  
E-mail: pwilde@mail.state.mo.us

#### **Montana**

Hank Hudson  
Administrator  
Division of Human and Community Services  
P.O. Box 202952  
Helena, MT 59620  
Tel: (406) 444-5902  
Fax: (406) 329-1240 or 1270  
E-mail: rolando@selway.umt.edu

#### **Nebraska**

Maria L. Diaz  
State Refugee Resettlement Coordinator  
Department of Services  
P.O. Box 95044  
Lincoln, NE 68509-5044  
Tel: (402) 471-9200  
Fax: (402) 471-9597  
E-mail: Maria.Diaz@hhs.state.ne.us

#### **Nevada**

Redda Mehari  
Director, Refugee Program  
Catholic Community Services of Nevada  
1501 Las Vegas Blvd. North  
Las Vegas, NV 89101  
Tel: (702) 383-8387  
Fax: (702) 385-7748  
E-mail: rmehari\_2000@yahoo.com

#### **North Dakota**

Don Snyder  
State Refugee Coordinator  
Children and Family Services Division  
Department of Human Services  
600 East Blvd Avenue, Judicial Wing  
State Capitol, 3rd Floor  
Bismarck, ND 58505  
Tel: (701) 328-4934  
Fax: (701) 328-3538  
E-mail: sosnyd@state.nd.us

#### **Ohio**

Michael Hock  
Director, Workforce Strategies Group  
Ohio Department of Job & Family Services  
145 South Front Street  
Columbus, OH 43215  
614.995.1743 (voice)  
614.728.9094 (fax)

#### **South Dakota**

Donna Magnuson  
Director of Refugee and Immigration Programs  
Lutheran Social Services  
620 W. 18th Street  
Sioux Falls, SD 57104  
Tel: (605) 731-2002  
Fax: (605) 731-2029  
E-mail: dmagnus@lsssd.org

Refugee Medical Screening and Assistance  
Ms. Carrie Flakus  
Program Specialist  
Department of Social Services  
Assistance Payments  
700 Governors Drive  
Pierre, SD 57501-2291  
Tel: (605) 773-4678  
Fax: (605) 773-7183

#### **Utah**

Norman Nakamura  
State Refugee Coordinator  
Utah Department of Workforce Services  
140 East 300 South, 5th Floor  
Salt Lake City, UT 84111  
Tel: (801) 526-9749  
Fax: (801) 526-9789  
E-mail: nnakamu@state.ut.us

#### **Wisconsin**

Susan G. Levy  
State Refugee Coordinator  
Wisconsin Refugee Services  
Department of Workforce Development  
Division of Economic Support  
201 East Washington Avenue  
Room E-200  
P.O. Box 7935  
Madison, WI 53707-7935  
Tel: (608) 266-0578  
Fax: (608) 267-4897 or 267-9713  
E-mail: levysu@mail.state.wi.us

#### **Wyoming**

None listed

## **Regional Minority Health Contacts**

#### **Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin**

Mildred Hunter  
Regional Minority Health Consultant  
PHS Region V  
233 North Michigan Avenue, Suite 1300  
Chicago, IL 60601-5519  
Phone: 312-353-1386  
Fax: 312-353-7800/1710  
Email: mhunter@osophs.dhhs.gov

#### **Iowa, Kansas,**

#### **Missouri, Nebraska**

William Mayfield  
Regional Minority Health Consultant  
PHS Region VII

601 East 12th Street, Room 210  
Kansas City, MO 64106  
Phone: 816-426-3291  
Fax: 816-426-2178  
Email: wmayfield@osophs.dhhs.gov

#### **Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming**

Lorenzo Olivas  
Regional Minority Health Consultant  
PHS - Region VIII  
1961 Stout Street, Room 498  
Denver, CO 80294-3538  
Phone: 303-844-7858  
Fax: 303-844-2019  
Email: lolivas@osophs.dhhs.gov

#### **Alaska, Idaho, Oregon, Washington**

Vacant  
Regional Program Minority Health  
Consultant  
PHS Region X  
2201 6th Avenue, Mail Stop RX-20  
Seattle, WA 98121  
Phone: 206-615-2475  
Fax: 206-615-2481

## National Asian American and Pacific Islander Health Organizations

### **Asian American Network for Cancer Awareness, Research and Training (AANCART)**

c/o American Cancer Society  
5555 Frantz Road  
Dublin, Ohio 43017  
Phone: 614.932.6349  
Fax: 614.932.6350  
Email: AANCART@osu.edu  
Web: www.sph.ohio-state.edu/aancart

### **Asian American & Pacific Islander Health Promotion, Inc. (AAPIHP)**

5525 Corey Swirl Dr.  
Dublin, OH 43017  
Phone: 614.766.5219  
Fax: 614.766.5219  
Email: ccaapi@aapihp.com  
Web: www.aapihp.com

### **Asian & Pacific Islander American Health Forum (APIAHF)**

942 Market Street, Suite 200  
San Francisco, CA 94102  
Phone: 415.954.9988  
Fax: 415.954.9999

Email: hforum@apiahf.org  
Web: www.apiahf.org

### **Asian Pacific Partnerships for Empowerment and Leadership (APPEAL)**

439 23rd Street  
Oakland, CA 94612  
Phone: 510.272.9536  
Fax: 510.272.0817  
Email: appeal@aapcho.org  
Web: www.appealforcommunities.org

### **Association of Asian Pacific Community Health Organizations (AAPCHO)**

439 23rd Street  
Oakland, CA 94612  
Phone: 510.272.9536  
Fax: 510.272.0817  
Email: info@aapcho.org  
Web: www.aapcho.org

### **National Asian American Pacific Islander Mental Health Association (NAAPIMHA)**

1215 19th Street, Suite A  
Denver, Colorado 80202

Phone: 303.298.7910  
Fax: 303.298.8180  
Web: www.naapimha.org  
Email: informnow@naapimha.org

### **National Asian Pacific Center on Aging (NAPCA)**

Email: web@napca.org  
Web: www.napca.org

### **National Asian Pacific American Families Against Substance Abuse (NAPAFASA)**

340 East Second Street, Suite 409  
Los Angeles, CA 90012  
Phone: 213.625.5795  
Fax: 213.625.5796  
Web: www.napafasa.org

### **National Asian Woman's Health Organization (NAWHO)**

250 Montgomery Street, Suite 900  
San Francisco, CA 94104  
Phone: 415.989.9747  
Fax: 415.989.9758  
Email: nawho@nawho.org  
Web: www.nawho.org

## Association of Asian Pacific Community Health Organizations (AAPCHO)

AAPCHO's mission is to promote advocacy, collaboration, and leadership that improves the health status and access of Asian American, Native Hawaiians and Pacific Islanders within the US, its territories and freely associated states, primarily through our member community health clinics.

### Promoting Access to Health (PATH) Program

The goal of the PATH project is to promote access to health care and support the provision of culturally and linguistically appropriate health services for Asian Americans and Pacific Islanders (AAPIs) living in Midwest and mountain states.

Objectives to carry out this goal are:

- Identify areas with new and growing AAPI populations in Midwest and mountain states.
- Link those emerging AAPI communities that have limited access to culturally and linguistically appropriate health care services to existing health, social and human services organizations to meet their needs.
- Provide technical assistance to emerging/growing AAPI communities, health care providers, and local government infrastructure to meet the needs of their newer residents.

### Promoting Access To Health (PATH) Listserv Information

This email listserv for the Promoting Access to Health (PATH) project is devoted to linking people and organizations that work with or support new and emerging Asian American and Pacific Islander (AAPI) populations in Midwest and mountain states. This listserv is offered as a forum to share information and resources, pose questions, and discuss the needs of these communities.

This list was founded in July of 1999 and currently has over 100 members.

To join this list, please send an email to: aapcho-path-subscribe@yahooogroups.com

For more information, please contact Junko Honma, Program Coordinator at jhonma@aapcho.org or 510.272.9536.



**AAPCHO**

Association of Asian Pacific Community Health Organizations  
439-23rd Street, Oakland CA 94612

T: (510) 272-9536 F: (510) 272-0817 Website: [www.aapcho.org](http://www.aapcho.org)