


CHAU TRINH-SHEVRIN
NADIA SHILPI ISLAM
MARIANO JOSE REY

Asian American Communities and Health



CONTEXT, RESEARCH, POLICY AND ACTION

ASIAN AMERICAN COMMUNITIES AND HEALTH

Context, Research,
Policy, and Action

**CHAU TRINH-SHEVRIN
NADIA SHILPI ISLAM
MARIANO JOSE REY**

Editors

FOREWORD BY ALBERT K. YEE

**AFTERWORD BY DAVID T. TAKEUCHI
AND MARJORIE KAGAWA SINGER**

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CONTENTS

Figures and Tables	vii
Foreword	xiii
<i>Albert K. Yee</i>	
The Editors	xvii
The Contributors	xxi
Acknowledgments	xxxvii

PART ONE: SETTING THE CONTEXT: ASIAN AMERICANS AND PACIFIC ISLANDERS IN THE UNITED STATES

ONE: TOWARD A CONTEXTUAL UNDERSTANDING OF ASIAN AMERICAN HEALTH	3
Nadia Shilpi Islam, Chau Trinh-Shevrin and Mariano Jose Rey	
TWO: SOCIAL, DEMOGRAPHIC, AND CULTURAL CHARACTERISTICS OF ASIAN AMERICANS	23
Winston Tseng	
THREE: SOCIAL, DEMOGRAPHIC, AND CULTURAL CHARACTERISTICS OF U.S. PACIFIC ISLANDERS	50
Sela Panapasa	
FOUR: ASIAN AMERICAN HEALTH RESEARCH: BASELINE DATA AND FUNDING	73
Chandak Ghosh	

PART TWO: PERSPECTIVES: HEALTH ACROSS THE LIFE SPAN AND SPECIAL POPULATIONS

FIVE: THE HEALTH OF CHILDREN AND ADOLESCENTS	107
Stella M. Yu and Amita N. Vyas	
SIX: THE HEALTH OF WOMEN	132
Sora Park Tanjasiri and Tu-Uyen Nguyen	
SEVEN: THE HEALTH OF MEN	162
John H. Choe	
EIGHT: THE HEALTH OF THE ELDERLY	199
Tazuko Shibusawa and Irene Chung	
NINE: THE HEALTH OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING PEOPLE	226
Sel J. Hwahng and Alison J. Lin	

PART THREE: FROM THE INDIVIDUAL TO THE INSTITUTIONAL: CRITICAL FACTORS INFLUENCING HEALTH DISPARITIES

TEN: COMPLEMENTARY AND ALTERNATIVE MEDICINES	285
Darshan Mehta and Ellen McCarthy	
ELEVEN: LANGUAGE ACCESS	323
Marguerite Ro, Jinny Jihyun Park and Deeana Jang	
TWELVE: HEALTH INSURANCE	344
Ninez A. Ponce	

THIRTEEN: CHAPTER THIRTEEN: RACISM AND DISCRIMINATION	364
--	------------

Gilbert C. Gee and Annie Ro

FOURTEEN: OCCUPATIONAL AND ENVIRONMENTAL HEALTH	403
--	------------

Pamela Tau Lee

PART FOUR: BUILDING THE FOUNDATION FOR ACTION: COMMUNITY-BASED RESEARCH

FIFTEEN: HEALTH INTERVENTIONS	443
--------------------------------------	------------

Grace X. Ma and Gem P. Daus

SIXTEEN: COMMUNITY-BASED PARTICIPATORY RESEARCH	464
--	------------

S. Darius Tandon and Simona C. Kwon

SEVENTEEN: PROMOTING COMMUNITY-BASED PARTICIPATORY RESEARCH AT THE INSTITUTIONAL LEVEL	504
---	------------

Chau Trinh-Shevrin, Nadia Shilpi Islam and Mariano Jose Rey

EIGHTEEN: MULTICULTURAL EVALUATION: A PARADIGM SHIFT TO PROMOTE ASIAN AMERICAN HEALTH	531
--	------------

Traci Endo Inouye

PART FIVE: COLLABORATIVE STRATEGIES FOR IMPROVING HEALTH

NINETEEN: WORKFORCE	549
----------------------------	------------

Marguerite Ro

TWENTY: COMMUNITY HEALTH CENTERS	567
---	------------

Thomas Tsang, Kevin C. Lo and Jeffrey Caballero

TWENTY-ONE: HEALTH POLICY ADVOCACY	589
Deeana Jang and Ho Luong Tran	

PART SIX: EMERGING HEALTH ISSUES AND RESEARCH PRIORITIES

TWENTY-TWO: DISABILITY	613
Peter J. Wong and Lois M. Takahashi	

TWENTY-THREE: ORAL HEALTH	619
Kavita P. Ahluwalia	

TWENTY-FOUR: GAMBLING ADDICTION	627
Timothy W. Fong	

TWENTY-FIVE: GENETIC TESTING AND PROFILING	632
Joon-Ho Yu	

Afterword: The Reciprocity of Time	639
<i>David T. Takeuchi and Margie Kagawa Singer</i>	

Index	641
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FIGURES AND TABLES

FIGURES

1.1	Percentage of Adults Eighteen Years and Older with Selected Conditions, by Race and Ethnicity, United States, 2004–2006	5
1.2	Percentage of Adults Eighteen Years and Older with Selected Behaviors, by Race and Ethnicity, United States, 2004–2006	6
1.3	Body Weight Status for Adults Eighteen Years and Older, by Race and Ethnicity, United States, 2004–2006	6
1.4	Percentage of Adults Eighteen Years and Older with Selected Immunizations, by Race and Ethnicity, United States, 2004–2006	7
1.5	Percentage of Adults Eighteen Years and Older with Feelings of Serious Psychological Distress, by Race and Ethnicity, United States, 2004–2006	7
2.1	Major Historical Periods of Asian American Immigration to the United States	28
2.2	Asian Immigration by Country, 1841–1960	28
2.3	Total Asian American Population, 1900–2050	29
2.4	Asian Americans by State, 2004	31
3.1	Map of the Pacific Islands	53
3.2	Percentage of Population by Race, Age Groups, and Median Age, United States, 2000	61
3.3	Age Structure and Dissimilarity Index for Pacific Islander and U.S. Population, 2000	62
3.4	Household Type and Average Household Size by Race and Ethnicity, 2000	63
3.5	Language Spoken at Home and English-Speaking Ability, by Race and Ethnicity, 2000	64
3.6	Foreign-Born Population by Race and Ethnicity and Year of Entry, 2000	65
3.7	Educational Attainment by Race and Ethnicity, 2000	66
4.1	Percentage of Total Grant Dollars to Asian Americans and Pacific Islanders, All Foundations, 1992–2004	95

6.1	Educational Attainment Among Asian American and Pacific Islander Women, Twenty-Five Years and Older, 2000	135
6.2	Linguistic Isolation Among Asian American and Pacific Islander Women, 2000	136
7.1	Educational Attainment Among Asian American and Pacific Islander Men, Twenty-Five Years and Older, 2000	166
7.2	Linguistic Isolation Among Asian American and Pacific Islander Men, 2000	167
11.1	Language Access Among Asian American and Native Hawaiian and Other Pacific Islander Subgroups, 2000	327
12.1	Trends in Uninsured Rates, U.S. Population, 1992–2006	347
12.2	Sources of Health Insurance Coverage, Asian Race Alone, United States, 2002–2006	347
12.3	Sources of Health Insurance Coverage by Race/Ethnicity, United States, 2004–2006	348
12.4	Comparative Snapshot of Coverage: California Health Interview Survey 2003 and National Latino and Asian American Study, 2002/2003, Adults Age Eighteen to Sixty-Four	356
13.1	Discrimination Iceberg	367
13.2	Association Between Reports of Discrimination and Health Outcomes: National Latino and Asian American Study, 2002–2003	379
15.1	The Ecological Perspective Model	445
16.1	Analytical Framework for Community-Based Participatory Research	470
19.1	Asian U.S. Physicians by Subgroup, 2006	552
19.2	California Physicians and Population by Race and Ethnicity, 2000	552
19.3	Racial/Ethnic Composition of the U.S. Patient Care Workforce, 2000	553
19.4	Asian Physicians in California: U.S. Medical Graduates and International Medical Graduates	554
19.5	Medical School Applicants by Asian American Subgroup, 2004	555
19.6	Race/Ethnicity of Dental Degree Recipients as Compared to Overall Population, 2003–2004	557
19.7	Percentage of U.S. Medical Faculty in Departments of Public Health by Race/Ethnicity, 2004	559
20.1	Increase in Total Number of AAPCHO Patients, 2000–2006	572
20.2	Total Number of AAPCHO Asian American, Native Hawaiian, and Other Pacific Islander Patients, 2000–2006	573
20.3	AAPCHO Limited-English-Proficient Patients, 2000–2006	573

20.4	AAPCHO Uninsured Patients, 2000–2006	574
20.5	Growth Rate of AAPCHO Patients, 2000–2006	574
20.6	Community Health Center Model	582
21.1	Major Asian American Health Policy Advocacy Efforts, 1997–2006	598
23.1	Asian American Children and Adults Who Have Never Been to a Dentist	623

TABLES

2.1	Asian Americans by Ethnicity, 2006	30
2.2	Major Consolidated Metropolitan Statistical Areas (CMSAs) with Large Asian American Populations, 2000	32
2.3	Median Household Income and Average Household Size, 2000	38
2.4	Asian American Poverty, 2000	40
3.1	Nativity, Immigration Status, and Political Structure of Pacific Islander Populations	54
3.2	Pacific Islander Population, by Major Ethnicity, 2000	56
3.3	Pacific Islander Population by Region and Top Ten Places in the United States, 1990 and 2000	58
3.4	Occupation by Race and Ethnicity, 2000	67
3.5	Median Family Income and Individual Poverty Rate by Race and Ethnicity, 1999	68
4.1	Federal Grants Awarded for Research on Asian American Health in Six Minority Health Disparities Areas, 1986–2000	78
4.2	Research Publications About Asian American Health in Six Minority Health Disparities Areas, 1986–2000	82
4.3	History of Asian American Health Delivery, Research and Funding	88
4.4	Examples of National and Local Organizations Conducting Asian American Health Disparities Research, Advocacy, and Service Delivery	91
5.1	Mortality, Morbidity, and Selected Health Conditions	110
5.2	Age-Adjusted Health Access and Utilization for Ages One to Seventeen	115
6.1	Poverty Rates Among Asian American and Pacific Islander Women, 2000	133
7.1	Poverty Rates Among Asian American and Pacific Islander Men, 2000	164

7.2	Top Five Age-Adjusted Cancer Incidence Rates Among Men, by Asian or Pacific Islander Subgroup and Non-Hispanic White, United States, 1998–2002	168
7.3	Top Five Age-Adjusted Cancer Mortality Rates Among Men, by Asian or Pacific Islander Subgroup and Non-Hispanic White, United States, 1998–2002	172
8.1	Selected Demographic Characteristics of Asian American Elderly, Age Sixty-Five and Over, 2000	202
8.2	Disabilities Reported Among Asian American Elderly, Age Sixty and Over, 2000	210
9.1	Asian American LGBTQ Experiences of Racism, Discrimination, and Harassment	236
9.2	Rates of Unprotected Anal Intercourse and Association with Substance Use of Asian American MSM	248
9.3	MSM Identity Framework and Impact on Sexual Health	253
9.4	Comparison of Asian American MTF Gender-Variant/Transgender Sexual Behavior, Substance Use and Mental Health in San Francisco and New York City	258
10.1	CAM Use Among Asian Americans: Selected Literature Review	290
10.2	CAM Use Among Chinese Americans: Selected Literature Review	291
10.3	CAM Use Among Filipino Americans: Selected Literature Review	296
10.4	CAM Use Among Japanese Americans: Selected Literature Review	298
10.5	CAM Use Among Korean Americans: Selected Literature Review	300
10.6	CAM Use Among South Asian Americans: Selected Literature Review	301
10.7	Comprehensive Systems of CAM	304
10.8	Major CAM Modalities and Techniques	314
11.1	Korean Community Services 2004: Hospital Survey Results	337
11.2	Korean Community Services Hospital Survey: A Partial Comparison of Results from 2004 and 2007–2008	339
12.1	Synthesizing the National Evidence on Uninsured Rates Among Asian Subgroups, United States, 1992–2006	352
12.2	Rates of Uninsurance by Ethnic Group and Region: A Review of Regional Studies	353
12.3	Effect of Public and Private Coverage on Having a Usual Source of Care, California 2003 and 2005 Averages	358
13.1	Reports of Discrimination from the National Latino and Asian American Study, 2002–2003 ($n = 2,095$)	373

13.2	Reports of Discrimination, Commonwealth Survey, 2001	374
13.3	Reports of Discrimination, California Health Interview Survey, 2003	375
14.1	Occupation by Asian American Ethnic Group, 2000	407
14.2	The Organization of Work: Impact on Low-Wage Asian American Workers	409
14.3	Worker Centers in the United States Organizing Asian American Workers	416
15.1	Ecological Variables with Impacts on Asian Americans	446
16.1	Putting CBPR Principles into Practice	468
16.2	Search Terms and Results	473
16.3	Selected Characteristics of Reviewed CBPR Studies ($n = 34$)	474
16.4	Study Numbers, Names, and References for Reviewed CBPR Studies	476
17.1	NCI-Supported Special Populations Networks by Geographical Area and Asian American and Pacific Islander Target Communities	512
17.2	Universal Themes from Federally Funded Centers Using Community-Based Participatory Approaches and Community-Based Participatory Research as a Framework for Reducing Health Disparities	520
18.1	Guiding Principles for Multicultural Evaluation	534
19.1	Total Physicians by Race/Ethnicity, 2006	551
19.2	Registered Nurse Population by Race/Ethnicity, March 2004	556
19.3	Dentists and Patients by Race/Ethnicity, 2000	557
19.4	Demographic Characteristics of Community Health Workers($n = 504$)	558
20.1	Demographic Summary of AAPCHO Partner Organizations, 2006	575
23.1	Dental Caries Rates in Chinese, Asian Indian, and Pakistani Adults in New York City, 2001	621
23.2	Access to and Use of Dental Services: Racial and Ethnic Disparities, U.S. Children	622
23.3	Dental Services Use and Unmet Need Among Asian American Subgroups in the United States: Selected Characteristics, 1997–2000	624

FOREWORD

Asian American Communities and Health is an exceptional resource for those who are actively engaged or have an interest in the movement to improve the health of Asian Americans. This is a long overdue publication that many people who have had the privilege of serving this population over the years would have greatly valued had it been written earlier. The book's emphasis on understanding the social, cultural, and political context of the health of Asian Americans is particularly relevant for a wide range of health professionals, social scientists, community advocates, and policymakers.

From a personal perspective, working in a community health center in the 1980s and providing health care for a primarily Asian American population was an extremely rewarding experience that was the culmination of an early professional and personal dream. However, as an American-born and -trained physician, I discovered that I was ill prepared to work in this setting in many ways. Despite receiving excellent medical school training, I lacked the knowledge and skills necessary to provide for the many and diverse needs of my primarily non-English-speaking patient population. There was much on-the-job learning in order to provide the best possible care and service for my patients. I had to learn to work with interpreters and to understand and deal with cultures that were vastly different from my own experiences growing up in the United States.

Working with underserved, primarily first-generation Asian American immigrants also made me realize that the health of my patients was intricately connected to the everyday realities of their lives. It was important to recognize how culture and beliefs affected patients' perceptions of health and illness and influenced their willingness to agree to blood or x-ray tests and disease-prevention recommendations. One had to look vigilantly for the use of alternative and complementary remedies by some patients and recognize how this practice can affect their acceptance of and adherence to Western treatments. Being aware of the multitude of stresses associated with adjusting to living in a new and unfamiliar country, especially when many immigrants and refugees were ambivalent about leaving or were forced to leave lifelong homes, families, and friends, was critical to appreciating the major impact this experience had on the emotional and physical well-being of patients.

There were additional complexities to consider: many people did not have health insurance coverage, could not afford medicines, presented with late-stage disease, or had difficulties navigating through the health care system. In my experience, there were no teachers or mentors, and precious little information available in the research literature to inform and guide how best to address these and other social, cultural, and economic factors that greatly affected the clinical interactions and relationships with the patients. *Asian American Communities and Health* helps to fill this void for practitioners,

programmers, researchers, and policymakers seeking to improve the health and well-being of this underserved and vulnerable population.

In the 1990s, after leaving the practice of serving primarily Asian Americans, I worked in various roles in the private nonprofit health sector, focusing on cost, quality, and access issues associated with the health care reform movement sweeping across America, mostly driven by market forces and managed care at the time. In this mainstream health care environment, it was clear that only limited attention was being paid to the health of minority populations and virtually none to the health of Asian Americans. The exceptions to this were the sparse but extremely dedicated work of researchers, providers, and advocates in parts of California, New York, and Hawaii.

Returning to the public sector at the turn of the century, I readily saw more emphasis on work related to racial and ethnic health disparities that was influenced greatly, but not exclusively, by the national health agenda promoted by Healthy People 2000 and Healthy People 2010, respectively. However, except in a few geographical areas or with special interest groups, conversations regarding health disparities largely do not include the health challenges plaguing many Asian Americans in this country. If they do arise, it is often mentioned as an afterthought, as token inclusion, or in the rare circumstance when there is an Asian American at the table who is knowledgeable about the issues and speaks up on behalf of this population. Many people, including key policymakers and decision makers, are unaware of the many health issues facing vulnerable segments of this population. However, for those working with Asian Americans, the health problems and challenges are obvious and tangible, and they require major attention. For most mainstream Americans, this population is virtually invisible, their problems are nonexistent or unknown, and information to raise awareness and facilitate engagement is not easily available. With my background of working closely for almost a decade with Asian Americans and then being equally immersed for years in various health issues facing Americans in general, seeing the stark contrast in the knowledge of Asian American health has been and remains remarkably striking to me.

Why is there this major dichotomy? What barriers prevent the ready exchange of knowledge across this apparent information divide? Understanding and addressing this phenomenon is particularly important because the Asian American population has grown tremendously over the past several decades and is projected to continue to grow rapidly in this century. Many new and emerging communities are springing up and expanding in areas across the country beyond the traditional Asian American population hubs of California, New York, and Hawaii. Providers and policymakers, especially in these emerging communities, are facing and grappling more and more with questions and challenges to serve this enlarging population better.

Many factors contribute to the invisibility of Asian Americans and their health issues to mainstream Americans—for example:

- The relatively small size of the Asian American population in many parts of the country despite its rapid overall growth
- The paucity of good research to generate useful data

- The use of aggregated data that conceal the amazing heterogeneity of Asian Americans that spans the broad spectrum of health, social, and economic indicators
- The constant challenge of dispelling the inaccurate and insidious model minority myth (a problem-free, successful population that requires no attention or assistance) that continues to persist in mainstream thought
- The perception that Eastern cultures are foreign, different, and difficult to know and understand
- Many Asian Americans who are more comfortable relying on within-ethnic group social capital and resources instead of interfacing with mainstream agencies and resources
- The fact that the developing movement to strengthen civic engagement and advocacy capabilities within this relatively young community with many immigrants is not yet mature

Asian American Communities and Health bridges the information divide by providing timely and useful information for those who work with Asian Americans or want to learn more about the health issues associated with this population. It does so in a highly comprehensive and engaging manner, providing a wealth of information across age groups, ethnicities, and health topics, and then going beyond the health care delivery system and integrating an understanding of social, economic, historical, and environmental contexts with health. This rich information contributes to a broader and deeper understanding of the many critical factors that influence the health and well-being of Asian Americans. Sections that highlight high-performing programs, the future needs of research, and the importance of advocacy also provide a valuable guide and a road map to advance an Asian American health agenda at local community, state, and national levels.

For providers, researchers, community advocates, and policymakers already working closely with Asian Americans, this book validates common experiences and knowledge and stimulates questions for deeper study, analysis, and understanding. For those with limited experience, the comprehensive and practical information provided here greatly contributes to the capability to serve and work with this population. For all champions of eliminating health disparities and improving the health and well-being of all Americans, this body of work provides the rationale and the guidance to include the Asian American population in all efforts to improve the health of vulnerable populations. Finally, students in the health professions benefit greatly from an in-depth and lesson-laden study of the manifold factors, including important sociocultural and economic determinants, that influence the lives of a unique and rapidly growing American population. Although the focus of this book is on Asian Americans, the knowledge and lessons are eminently transferable and can inform approaches to improve the health of other disenfranchised populations in the United States.

Healthy People 2010 set a bold and exemplary goal of eliminating racial and ethnic health disparities in the United States. Unfortunately, we are far from achieving the many objectives to reach this goal, and much work remains ahead for all of us. We must

learn and understand the many factors that contribute to and perpetuate health disparities among all vulnerable populations and demonstrate unwavering commitment to advocate for and implement solutions to eliminate them. *Asian American Communities and Health* sheds light on a population that has heretofore received scant attention and contributes to the growing knowledge base to advance the work to eliminate health disparities in the United States. In doing so, it also highlights the importance of not only looking at problems associated with health care access and quality as major barriers to health equity, but also underscores the need to understand and appreciate the social and economic contexts within which health disparities exist.

American ideals are based on equality and opportunity—that everyone should have equal opportunity to achieve their dreams. Having good health and living in supportive and enabling environments is essential for this to happen. We must rally as a nation, across racial groups, political persuasions, religious preferences, and social and economic status, to come together and remove the barriers to good health for all vulnerable populations. In the process, especially as we continue to grow and evolve as a strong, multicultural nation, we are laying the groundwork and advancing the agenda to improve the health and well-being for all Americans.

Albert K. Yee, MD, MPH
Program director, W. K. Kellogg Foundation



THE EDITORS

CHAU TRINH-SHEVRIN, DRPH, is assistant professor of research in the Department of Medicine at New York University (NYU). She is director and one of the founders of the NYU Center for the Study of Asian American Health (CSAAH). She also serves as the research core principal investigator of the NIH National Center for Minority Health and Health Disparities (NCMHD) P60 Project EXPORT (Excellence in Partnerships, Outreach, Research, and Training) and the P60 Research Center of Excellence grants—two awards that support CSAAH’s research and community engagement infrastructure.

She currently sits on several national and local boards, including the board of directors for the Public Health Association of New York City, the Asian American and Pacific Islander Health Forum Brain Trust, and the Nielsen Media Asian American Advisory Committee.

Prior to joining CSAAH, Trinh-Shevrin served as principal investigator of two National Cancer Institute–funded pilot projects aimed at breast, cervical, colorectal, and prostate cancer prevention in New York City’s Chinese, Haitian, and Mexican American communities. She received the Rising Star Award from the National Cancer Institute for her work in cancer prevention. She concurrently served as lead epidemiologist at the NYU Institute for Urban and Global Health.

Prior to 2000, Trinh-Shevrin’s career in research and public health included teaching and research at Columbia University, conducting research and analyses for American Express Corporation, and community intervention research at Beth Israel Medical Center.

Trinh-Shevrin received her bachelor of arts and master of science degrees in health policy and health behaviors at the State University of New York at Albany. She received her doctorate in public health from the Mailman School of Public Health at Columbia University. She received the prestigious Dissertation Fellowship Award from the Commonwealth Foundation of New York City.

While earning her master’s degree, Trinh-Shevrin conducted analyses and evaluation of a gender-sensitive drug treatment program at Lincoln Hospital that targeted women addicted to crack cocaine. Subsequently she coedited and contributed to the book *Addiction and Pregnancy: Empowering Recovery through Peer Counseling*, with coeditors Barry R. Sherman and Laura M. Sanders.



NADIA ISLAM, PHD, is the deputy director and co-investigator of the NYU Center for the Study of Asian American Health (CSAAH) and is a faculty member of the

NYU School of Medicine. She is also the lead investigator and director of the DREAM Project (Diabetes Research, Education, and Action for Minorities), a five-year NIH-funded study that examines the impact of a community health worker program designed to improve diabetes control and diabetes-related health complications in the Bangladeshi community in New York City. Islam is also a co-investigator of the B-Free CEED, the B Free National Center of Excellence in the Elimination of Hepatitis B Disparities, dedicated to developing evidence-based practices to eliminate hepatitis B disparities in the Asian American community. Islam specializes in community based participatory methods and health disparities research within Asian American and immigrant communities and has had extensive training in qualitative methods, cancer control research, and access to health care issues.

Prior to working at CSAAH, Islam directed the New York City site of AANCART, the Asian American Network for Cancer Awareness, Research, and Training, based at Columbia University's Mailman School of Public Health. Islam has also worked as the linkage coordinator at the Asian Pacific Islander Coalition on HIV/AIDS (APICHA), where she was responsible for establishing formal linkages with providers and organizations around New York City that could serve as potential sites for referral of HIV/AIDS patients of AAPI descent.

Islam received her doctorate in sociomedical sciences at Columbia University and a dissertation award from the National Science Foundation. For her dissertation, she conducted an ethnographic case study to understand how non-profit organizations serving immigrant workers in New York City engage in social movement strategies in the public health arena while simultaneously providing services to the community. Following completion of her doctorate, she was the recipient of the National Institute of Health Disparities Loan Repayment Program Award.

Islam served as the 2007–2008 chair of the Asian Pacific Islander Caucus in official relation with the American Public Health Association.



MARIANO JOSE REY, MD, is the senior associate dean for community health affairs at the NYU School of Medicine and founding director of the NYU Institute of Community Health and Research at the NYU Langone Medical Center. During his undergraduate years at Columbia University, he created the Columbia Community Service Council, at the time the largest college student volunteer service group in the country, which provided a context for students to work with communities.

After receiving his undergraduate degree, Rey earned his MD from the NYU School of Medicine and completed a residency in internal medicine and a fellowship in cardiology at the NYU/Bellevue Medical Center. During his tenure at NYU, he held several positions, including director of the Bellevue Hospital Cardiology Clinic for over a decade and the director of the nuclear cardiology and exercise laboratories at both Bellevue and Tisch hospitals for twenty years. An expert in the field of cardiac

physiology, currently he is the director of the Joan and Joel Smilow Center for Cardiac and Pulmonary Rehabilitation and Prevention at the NYU Medical Center, a position he has held since 1990, when he created that center.

Rey was a founding faculty member of NYU's Institute for Urban and Global Health and served as its executive director between 2001 and 2003. He also created and was the director of the NYU Centers for Health Disparities Research between 2003 and 2006. Both of these entities are predecessors of the Institute of Community Health and Research, which was established in July 2006. From 2000 to 2006, Rey was the senior associate dean for student affairs. During that time, he established NYU's International Health Program. Rey now serves as course director for the Annual Latino Health Conference and the Annual Asian American Health Conference.

As a cardiologist, Rey has been an investigator in four separate NIH-sponsored national multicenter trials, which have examined strategies to preserve cardiac muscle threatened by acute abnormal events. At the NYU School of Medicine, Rey now oversees several NIH, CDC, and privately supported programs and centers, which focus on addressing health disparities in Asian American, African American, and Latino communities. In addition, he serves as the director and principal investigator of the Community Engagement Core of the NYU Langone Medical Center's Clinical and Translational Science Institute.

Rey is the administrative principal investigator and one of the founders of the NYU Center for the Study of Asian American Health, an NIH NCMHD P60 Project EXPORT Center that is a National Center of Excellence for Community Health Research. He is also the principal investigator of a CDC National Center of Excellence for the Elimination of Health Disparities, of the New York City Council-sponsored Asian American Hepatitis B Program, and of an NCMHD-supported R24 initiative on cardiovascular disease prevention in Filipino Americans.

Rey has been the recipient of many honors and has been recognized with awards for promoting humanism in medicine and gender equality in the health professions. In 2004, he was inducted in the National Humanism Honors Society of the Arnold B. Gold Foundation. In that same year, he received a City of New York Mayoral Proclamation for his substantial contributions to the Latino community.

Rey has published numerous articles and book chapters in the fields of cardiology and cardiovascular physiology, the interaction of the humanities with medical education, and the areas of health disparities, community health, and international health. He is currently developing a book on the health of Latinos.

THE CONTRIBUTORS

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JEFFREY CABALLERO, MPH, is the executive director of the Association of Asian Pacific Community Health Organizations (AAPCHO), where he has worked since 1993. At AAPCHO, Caballero advocates for programs and policies that aim to increase access to quality, comprehensive community health care services that are culturally and linguistically appropriate. He has overall authority for all AAPCHO programs, finances, and operations and serves as chief spokesperson for the association. He is a member of numerous national committees advocating for issues affecting Asian Americans, Native Hawaiians, and Pacific Islanders such as tuberculosis, hepatitis B, and diabetes. His work experience has been in a variety of fields relating to access to care, prevention and education, and primary health care services for medically underserved populations. Caballero received his bachelor's degree in biochemistry/cell biology from the University of California, San Diego, and his master's in public health from the University of California, Los Angeles.



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GEM P. DAUS, MA, is a Filipino American studies professor at the University of Maryland, College Park, Asian American studies program. He has developed two courses: Introduction to Filipino American History and Filipino American History and Biography. In addition to teaching, Daus is actively engaged as a health policy and organization development consultant. From 2000 to 2007, he staffed the Washington, D.C., office of the Asian and Pacific Islander American Health Forum as the legislative and government affairs coordinator and manager of the forum's Census Information Center. Previously he worked at the National Minority AIDS Council, where he provided training and technical assistance to AIDS service organizations and state HIV prevention planning groups throughout the United States (including Alaska, Hawaii, and Guam) in the areas of board development, strategic planning, program evaluation, and coalition building. He has been recognized for his efforts in health policy advocacy through a 2006 Center for the Study of Asian American Health National Leadership Award and a 2003 Healthcare Hero Award by the Congressional Black Caucus, Hispanic Caucus, Native American Caucus, and Asian and Pacific American Caucus.



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GILBERT C. GEE, PhD, is an associate professor of community health sciences at the University of California, Los Angeles. He earned a bachelor's degree in neuroscience from Oberlin College and a doctorate from the school of public health at Johns Hopkins University, and received postdoctoral training in sociology at Indiana University. He is a member of the faculty advisory committee of the Asian American Studies Center at UCLA. He is also former program chair of the Asian and Pacific Islander Caucus of the American Public Health Association. His research examines how stressors at the individual and structural levels contribute to health disparities. In particular, his work investigates the measurement and potential consequences of racial discrimination and other forms of structural oppression.



CHANDAK GHOSH, MD, MPH, has been committed to the health needs of minority and underserved populations, particularly Asian American and Pacific Islander groups. A board-certified ophthalmologist and a Commander in the U.S. Public Health Service Commissioned Corps, he is currently with Health Resources and Services Administration (HRSA) of the Department of Health and Human Services as a medical consultant for federal policy. His work led to the development of HRSA's National Performance Review Protocol. Other areas of concentration include health communication and literacy, uninsured elderly, and minority health disparities. Ghosh is a founding board member for the South Asian Health Project. Among his several awards, he was presented Commendation Medals from the U.S. Public Health Service in 2005 and 2006. He received his medical degree from the Medical College of Virginia and completed a

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