A Report on the Status of Ohio's Asian American Pacific Islander Community

Ted Strickland
Governor
State of Ohio

Submitted to Tuesday, December 28, 2010

A MESSAGE FROM THE GOVERNOR

Ohio is blessed to be home to Asian American Pacific Islanders who have brought with them a vibrant and diverse cultural heritage, including a wealth of languages, ethnic identities and religions.

In science and technology, arts and media, business and public service, immigrants from Asia, native peoples of Hawaii and the Pacific Islands, and generations of their descendents have contributed immeasurably to the development of our state. In recognition of the important role of Asian Americans in Ohio's history and Ohio's future, I am creating the Governor's Asian American Pacific Islander Advisory Council.

The Advisory Council will pursue the very important work of making sure that Ohio policymakers in Ohio are aware of the needs and priorities of Asian Ohioans.

Ohio values diversity. In this state, we hear more than 40 languages spoken among people who the Census tells us come from 336 different ethnic backgrounds. *That* is an essential source of our strength. I believe that we have not only an opportunity but a responsibility to ensure that every Ohioan enjoys the benefits of living in this great state.

I encourage you to join my Administration in building on our multicultural achievements and enhancing harmony and equity.

TED STRICKLAND
GOVERNOR
STATE OF OHIO

Directive to the Office of Global Relations

September 28, 2007

Establishing the Asian American Pacific Islander Advisory Council

1. **Ohio Has A Rich Tradition of Ethnic and Cultural Diversity.** Ohio prides itself on the diversity of its citizens and is committed to addressing the needs of ethnically diverse populations in the areas of, health, education and economics and to facilitating dialogue on cultural issues among all Ohioans. This commitment is even more critical as the numbers of diverse citizens in the State continues to increase.

2. **Collaborative Efforts on Issues of Diversity Will Improve the Fabric of Ohio's Communities.** The best communities are those in which every citizen is respected and the members of those communities have a forum for dealing with specific concerns and developing strategies to assist them in becoming more connected to all of the resources that the State has to offer.

3. **Establishing the Asian American Pacific Islander Advisory Council.** In order to realize the benefits of connecting Ohio's diverse populations to the State's resources, I direct the Director of Ohio's Office of Global Relations to establish the Asian American Pacific Islander Advisory Council to address issues specific to this segment of our citizenry. I further direct the Director of Ohio's Office of Global Relations to formulate a plan of action that sets clear goals for the Asian American Pacific Islander Advisory Council and a timeline for accomplishing those goals.

Ted Strickland

Ted Strickland, Governor

A REPORT ON THE STATUS OF OHIO'S ASIAN AMERICAN PACIFIC ISLANDER COMMUNITY

December 28, 2010

Dear Governor Strickland,

On behalf of your Asian American Pacific Islander (AAPI) Advisory Council, I am pleased to inform you that our report is ready for delivery. Since you appointed us to serve in this advisory capacity in March, 2010, we have met on a monthly basis as a group and also within our respective committees.

Each member of the Council has served on at least one of the following four committees: (1) Economic and Workforce Development, (2) Health Issues and the Health Care System, (3) Art, Culture, and Education, and (4) Immigration and the Criminal Justice system. They have worked with resolute dedication and commitment in preparing the information contained in our report. It is our wish that this report could be helpful to the needs of all of its diverse citizens.

We look forward to presenting our report to you at our upcoming meeting on December 28, 2010.

Sincerely,

Yung-Chen Lu
Chair, Governor's AAPI Advisory Council

CONTENTS

Immigration & Criminal Justice System

- Racial Profiling 101: A Case Study of Arizona Senate Bill 1070 (SB 1070)
- Qs & As regarding Arizona SB 1070
- Other Evidence of Racial Profiling in Immigration Enforcement Programs
- A Critique of SB 1070
- Potential for Increased Racial Profiling in Ohio
- Policies that Help Prevent Racial Profiling
- Barriers to a Fair and Balanced Comprehensive Immigration Reform
- Personal Stories Associated with Immigration
- Policies that Acknowledge the Benefits of Immigration
- Other Important Civil and Human Rights Issues

Governor Strickland accepted "A Report on the Status of Ohio's Asian American Pacific Islander Community," from members of the Governor's AAPI Advisory Council.

The Ohio Governor's AAPI Advisory Council Membership List

Mr. Yung-Chen Lu, Ph.D., Chair
Professor Emeritus, Department of Mathematics, The Ohio State University; Chair, Ohio Asian American Health Coalition; Founder and Fund Raiser, Asian Festival; and President, Asian-American Community Service Council

Ms. Pratima Bekal
Vice President, Asian Community Alliance, Inc., Cincinnati, Ohio

Mr. Michael Byun
Executive Director, Asia, Inc., Cleveland/Akron, Ohio

Mr. Charles Castro
USAF (Retired); Executive Director, Midwest Region, National Federation of Filipino American Associations; Honoree, Twenty Outstanding Filipinos Abroad

Mr. Matthew Colopy, Advisor for Global Relations to Governor Ted Strickland
Director, Governor's Office for Global Relations

Mr. Vi Huynh, Treasurer
Operations Manager for Clinical Investigations, Heart & Vascular Institute**,** Cleveland Clinic

Mr. Ronald Katsuyama, Ph.D., Chair of Civil Rights/Immigration Committee
Associate Professor of Psychology, University of Dayton; Former President, Asian American Council, Dayton, Ohio; Vice President for Public Affairs, Japanese American Citizens League

Ms. Ding Ding Ma
Assistant, Governor's Office for Global Relations, Office of the Governor

Ms. Cora Munoz, Ph.D., RN, Chair of the Health Committee
Professor, Nursing & Health, College of Natural Sciences, Capital University, and Commissioner, Ohio Commission on Minority Health

Mr. Steven Ong, Vice Chair, Chair of the Economic Development/Workplace Committee
Vice President, Federal Reserve Bank – Risk Supervision, Monitoring and Policy Development

Ms. Bounthanh Phomasathit, BSW, M.S., Secretary, Chair of the Art, Culture and Education Committee
Program Manager, Ohio Commission on Minority Health

Mr. Ramesh Srivastava, M.S., F.S.S., CStat.
Evaluation System Manager, Alcohol, Drug Addiction, and Mental Health Services Board, Adjunct Faculty, Sinclair Community College, and President, Asian American Council, Dayton, Ohio

Mr. Ed Stanek
Director, Media & Government Relations, Midwest Region, National Federation of Filipino American Associations

EXECUTIVE SUMMARY

The Ohio Governor's Asian American Pacific Islander (AAPI) Advisory Council was appointed by Governor Ted Strickland on March 17, 2010, to serve as an advisory body. The Council met periodically as a group and also within their respective committees between April and December, 2010.

Each member of the Council served on at least one of the following four committees: (1) Economic and Workforce Development, (2) Health Issues and the Health Care System, (3) Art, Culture, and Education, and (4) Immigration and the Criminal Justice system. Each member contributed in preparing this report in hopes that it will contribute toward making Ohio's government more responsive to the needs of all of its diverse citizens.

Ohio's Asian American Pacific Islander (AAPI) population is approximately 228,000. Having increased by 40% between 2000 and 2009, it is one of Ohio's fastest-growing demographic groups. The majority of AAPI's live in metropolitan areas including Columbus (32%), Cleveland-Akron (29%), Cincinnati (11%), and Dayton-Springfield (9%).

Asian Indians comprise Ohio's largest Asian ethnic subgroup (29%), followed by Chinese (23%), Filipino (9%), Korean (9%), Vietnamese (8%), and Japanese (5%). Another 15% of Ohio's AAPIs include ethnicities associated with other South Asian, Southeast Asian, and Eastern Asian countries or regions.

While the overall poverty rate of AAPIs in Ohio is slightly lower than the state's average, the rates vary widely according to ethnic subgroup. Similarly, English fluency also varies widely across ethnic groups. Therefore, generalizations about the social and economic well-being of Ohio's AAPIs may be misleading, especially among recent immigrants from Southeast Asian and among Native Hawaiians and Pacific Islanders.

Economic and Workforce Development

The majority ((57%) of Ohio's AAPIs in the workforce hold a management, professional, or related occupation, and Asian-owned nonfarm businesses comprise 22% of all minority-owned businesses (and 2.1%) of all nonfarm businesses. While Ohio's Asian-owned businesses earn less (59%) than those with White ownership, they are more likely to have paid employees. For example, over one-third (34%) of Asian-owned firms have paid employees (compared to one-fifth, or 20%, of White-owned firms). Almost one-half of Asian-owned businesses are associated with health care or social assistance (17%), accommodation or food services (16%), or professional, scientific, and technical services (15%).

Entrepreneurship among Ohio's AAPIs has been high, and Ohio's Asian-owned businesses are providing a multitude of community services. However, there appears to have been a general reluctance to participate in public programs, including those designed to enhance minority businesses. In general, we believe that the effectiveness of economic assistance programs for AAPI communities depends upon (1) active marketing in languages understood by members of those communities, and (2) collaboration with leaders of those communities. More specifically, assistance programs to enhance Asian-owned businesses must include (1) a variety of services that address varied needs from financial literacy and information concerning start-up procedures to programs for older, more established firms, (2) more active outreach to create familiarity and promote trust, and (3) comprehensive evaluation to determine their effectiveness, especially among recent immigrant populations.

We also believe that trade missions to Asian countries should be continued in order to promote awareness of Ohio's positive business climate and systems of financial and infrastructure support, as well as with its strong human and cultural resources. In addition, Ohio's Asian business leaders can play a

greater role in helping foreign leaders understand the accommodations required to successfully operate in Ohio.

Health Issues and the Health Care System

While the health status and access to health care services among Ohio's AAPIs can appear satisfactory, such assessments must be mitigated by unique challenges. These include limited English proficiency, absence of a regular source of care, different risks factors, and disparities in the prevalence of illnesses such as certain types of cancer and infectious diseases.

Cancer is the leading cause of death among AAPIs. The incidence of liver, stomach and, among women, breast and cervical cancers are higher than in the general population. While many of these cancer deaths can be prevented through early diagnosis and treatment, members of AAPI populations are diagnosed at later stages of disease progression than are those in the general population. Further, while hepatitis B infections and subsequent hepatitis B-induced liver cancer can be prevented through screenings and vaccinations, such procedures are seriously underutilized. Therefore, our recommendations include an increased focus upon health screenings of Ohio's AAPIs.

We also note that wide disparities in the prevalence rates of particular diseases within Ohio's AAPI populations can be masked when reference is made to aggregated health data. For example, higher incidences of tuberculosis, cardiovascular disease, diabetes and cancer induced by hepatitis B viral infection, depression, and domestic violence have been associated with particular countries of origin, generation, age, and/or gender. Therefore, we call for more systematic collection of disaggregated data on health that is specific to Asian subgroups.

The accumulation of such data will permit identification of the social determinants of certain diseases within AAPI populations, development of culturally appropriate strategies for screenings and treatment of such diseases, and greater community involvement and commitment to better health.

Art, Culture, and Education

Ohio's AAPIs represent many diverse ethnic, cultural, and linguistic backgrounds. Each community has a unique set of customs, traditions, and varied art forms, including music, dance, visual arts, and food, thereby adding to Ohio's rich cultural life. On a grassroots level, Ohio's AAPI communities have established festivals to showcase Asian culture and arts. One of the most prominent is the annual Asian Festival held in Columbus, Ohio. AAPI organizations in Dayton, Cincinnati, and Cleveland have organized similar Asian Festivals with great success. In order to sustain the valuable educational and cultural contributions provided by these events, we urge increased support for these, and other, cultural activities provided at no charge to the public.

Ohio currently serves approximately 29,000 Limited English Proficiency students from grades K-12. In over one-half of Ohio's AAPI households (53%), a language other than English is spoken at home. Among these households, about one-fourth (26%) are "linguistically isolated," (having no one over 13 years of age who speaks English "very well"). Immigrant parents in such households may rely on their children to translate important documents, including those from school or from health care providers. Consequently, tension may occur as traditional roles of parents and children are compromised. We believe that including more AAPI community leaders on policy-making, planning, and decision-making bodies of Ohio's educational and cultural institutions can result in more beneficial multi-cultural and multi-faith educational opportunities for all Ohioans.

Immigration & Criminal Justice System

The Arizona Senate Bill 1070 (SB 1070) prompted a major, national debate that lasted through much of 2010. Establishing a system of state laws that represent a policy known as "attrition through enforcement," it directs Arizona police to determine the immigration status of a person whenever "reasonable suspicion exists that the person is an alien and is unlawfully present." The Advisory Council investigated the nature of this bill and its implications for potential Ohio legislation.

We conclude that such a system of state laws introduce a number of serious problems. First of all, they are likely to infringe upon Constitutional rights, including "free speech," guaranteed under the First Amendment, "due process" and "equal protection of the laws," requirements of the Fourteenth Amendment, and protection against "unreasonable searches and seizures," a requirement of the Fourth Amendment. Furthermore, it undermines Federal policies such as those adopted by the Immigration and Customs Enforcement (ICE) that establish a delicate balance between enforcing our immigration laws and violating our civil liberties. Therefore, we applaud Governor Ted Strickland's strong position against "attrition through enforcement" policy.

We note that the positive economic and social impact of immigration is often ignored in debates about comprehensive immigration reform, as are root causes of backlash against immigrants. Anti-immigrant legislation has had a long history (including restrictions affecting Asians on the West Coast as well as those that, more recently, involve harsh legislation aimed at discouraging Latinos from settling in certain communities). Unfortunately, political capital is sometimes gained from support of such legislation and little is done to address major economic forces that contribute to fear of job losses. Ironically, those on the other side of the political spectrum may advocate for attracting large, multi-national corporations that rely on low-wage, immigrant labor, thereby sustaining economic policies that further fuel anti-immigrant sentiments.

Therefore, we believe that discussions around comprehensive immigration reform should recognize the benefits of immigration as well as the threats to job losses attributable to other economic forces. We also believe that the benefits of immigration can be sustained through legislation or policies involving (1) shorter wait periods for receipt of a green card by eligible residents, (2) shorter wait periods for family reunification with spouses and children of green card holders, (3) protection of immigrants from exploitation in the workplace, (4) integration programs, particularly for refugees fleeing persecution, and (5) equitable access for all citizens to federal programs and services.

We also note that protection from racial profiling is maximized when law enforcement agencies collect and publicize vehicle stop data, as does the Ohio Highway Patrol. Therefore, we urge passage of legislation such as Ohio H.B. 363. We also urge passage of S.B. 170, which involves the Ohio Civil Rights Commission in the independent investigation and filing of charges of racial profiling.

INTRODUCTION

The American Community Survey (ACS) provides the following definition of *Asians:* "A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes people who indicate their race as 'Asian Indian,' 'Chinese,' 'Filipino,' 'Japanese,' 'Korean,' and 'Vietnamese,' or provide written responses such as Hmong, Pakistani, Thai, or Cambodian."

The category, *Native Hawaiian and Other Pacific Islander*, is defined as follows: "A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as 'Native Hawaiian,' 'Guamanian or Chamorro,' 'Samoan,' and 'Other Pacific Islander,' or provide written responses such as Fijian, Tongan, or Marshallese."[1]

According to the 2009 American Community Survey, approximately 15.7 million (5.1%) of the 307 million Americans identified themselves as being Asian or Pacific Islander (either alone or in combination with one or more other races). [2] In Ohio a total of 211,087 (1.8%) of 11.5 million identified themselves (either alone or in combination with one or more other races) as being Asian or Pacific Islander.[3] [Note: Although a large majority of Ohio's Asian population is associated with Asian alone (about 179,729, or 85.1% of the total)[4] most demographic information in this report is derived from reports of race/ethnicity either alone or in combination with one or more other races.]

While the U.S. population increased by 9.1% between 2000 and 2009 (from 281.4 million to approximately 307.0 million), the Asian American Pacific Islander (AAPI) population increased nationally by 32.6% (from 12.9 million to approximately 17.1 million). Similarly, while Ohio's population increased only slightly between 2000 and 2009 (1.7%, from 11.4 million in 2000 to approximately 11.5 million in 2009), Ohio's AAPI population increased by 40.0% during this period (from 167,629 to approximately 227,892). Table 1 summarizes these trends.

Due to increases in the national AAPI population, AAPIs comprised 4.6% of the total population in 2000 and an estimated 5.1% of the total population in 2009. Ohio's AAPI population increased from 1.5% of the state total to 2.0% during this period. With current rates of immigration, Ohio's AAPI population is likely to continue to be among Ohio's fastest-growing demographic groups[5].

Despite its dramatic growth, the population of Ohio's AAPIs remains relatively small compared to other minority groups. According to the U.S. Census Bureau, 2009 American Community Survey, the AAPI population in Ohio comprised about 1.8% of the total population and 13,0% of the total minority population. (Table 2 presents this data.) Consequently, aggregated data are often reported, thereby masking the socioeconomic characteristics of particular AAPI subgroups.

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[1] American Community Survey Reports: *Race and Hispanic Origin of the Foreign-Born Population in the United States: 2007*, (January, 2011), URL: http://www.census.gov/prod/2010pubs/acs-11.pdf

[2] This data is obtained from Table 3. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2000 to July 1, 2009 obtained on October 7, 2010, from the following URL: http://www.census.gov/popest/national/files/NST_EST2009_ALLDATA.csv.

[3] This data is obtained from Table 3. Annual Estimates of the (Ohio) Resident Population by Sex, Race, and Hispanic Origin for Ohio: April 1, 2000 to July 1, 2009 obtained on October 7, 2010, from the following URL: http://www.census.gov/popest/states/asrh/SC-EST2009-03.html.

[4] U.S. Census Bureau, 2009 American Community Survey. (Nationally, 84% of Asians in the 2000 Census identified with only one race.)

[5] Ohio Department of Development, *Ohio's Asian Americans,* http://www.development.ohio.gov/research/files/p0009.pdf (accessed on June 22, 2010).

Table 1: Estimated Population Increases (2000-2009) Among Total, National AAPI, and Ohio AAPI Samples.

Group	2000	2009 Estimate	Percent Increase
National Total	281.4 million	307.0 million	9.1%
National AAPI	12.9 million	17.1 million	32.6%
Ohio AAPI	167,629	227,892	40.0%

Unfortunately, such aggregated statistics as median household income can mask the specific needs of new AAPI immigrant populations, which are likely to remain undetected.[6] For example, although the median family income of Asians is slightly higher than the national average, poverty rates are slightly higher (due to larger families, 3.8, among Asians, vs. 3.2 for all U.S. families).[7] Consequently, per capita income among Asians ($13,806) is slightly lower than the national average ($14,143). More importantly, per capita income varies widely across ethnic groups, with Hmong having the lowest ($2,692) and Japanese having the highest ($19,373). Similarly, poverty rates also vary widely, from 6-7% (among Filipinos and Japanese) to 64% (among Hmong).[8]

Failure to recognize the diversity across Asian ethnic groups can contribute to perceptions of a "model minority" whose successful assimilation into American society implies lack of need for particular economic development programs or health and human services. Such perceptions also create barriers to the provision of culturally sensitive services to the disadvantaged ethnic subgroups that are combined under the broad "AAPI" umbrella.[9]

This report presents a portrait of the Ohio's AAPI population through the lens of different socioeconomic factors. Including demographic, social, and economic characteristics of Ohio's AAPIs, it examines determinants of economic and workforce development, health-, social-, cultural-, and educational-status, immigration issues, and experiences with the criminal justice system. Finally, as a result of examining these quality-of-life indicators, the report provides policy recommendations from the Ohio Governor's Asian American Pacific Islander (AAPI) Advisory Council in order to improve the access to public services, participation in community life, and the general health and well-being of Asian American Pacific Islanders in Ohio[10].

[6] Use of median household income, rather than *per capita* income, can also mask the needs of particular ethnic subgroups whose extended families tend to comprise relatively large households.

[7] U.S. Census Bureau, Department of Commerce, Economics and Statistics Administration, *We the Americans: Asians*, 1993. URL: http://www.census.gov/apsd/wepeople/we-3.pdf

[8] *Ibid.*

[9] Ninez Ponce, Winston Tseng, Paul Ong, Yen Ling Shek, Selena Ortiz, and Melissa Gatchell, *The State of Asian American, Native Hawaiian and Pacific Islander Health in California Report,* http://democrats.assembly.ca.gov/members/a49/pdf/AANHPI_report_091.pdf (accessed on June 25, 2010).

[10] Information presented in this report is based upon data from the 2000 Census reports, post-2000 data from the American Community Survey of the U.S. Census Bureau, the Census Bureau's 2002 Survey of Business Owners, statistical information from city, county, state agencies, and from local Asian organizations.

Table 2: 2009 Estimates of Population in Ohio by Race

	Ohio	
Race alone or in combination with one or more other races	Estimate	Margin of Error
Total Population	**11,542,645**	*****
White	9,883,049	+/-11,062
Black or African American	1,481,718	+/-4,965
American Indian and Alaska Native	84,729	+/-4,866
Asian	211,087	+/-3,034
Native Hawaiian and Other Pacific Islander	4,810	+/-1,473
Some other race	95,326	+/-7,959

Source: U.S. Census Bureau, 2009 American Community Survey

Governor Strickland receives the final report from several members of his AAPI Advisory Council.

POPULATION CHARACTERISTICS

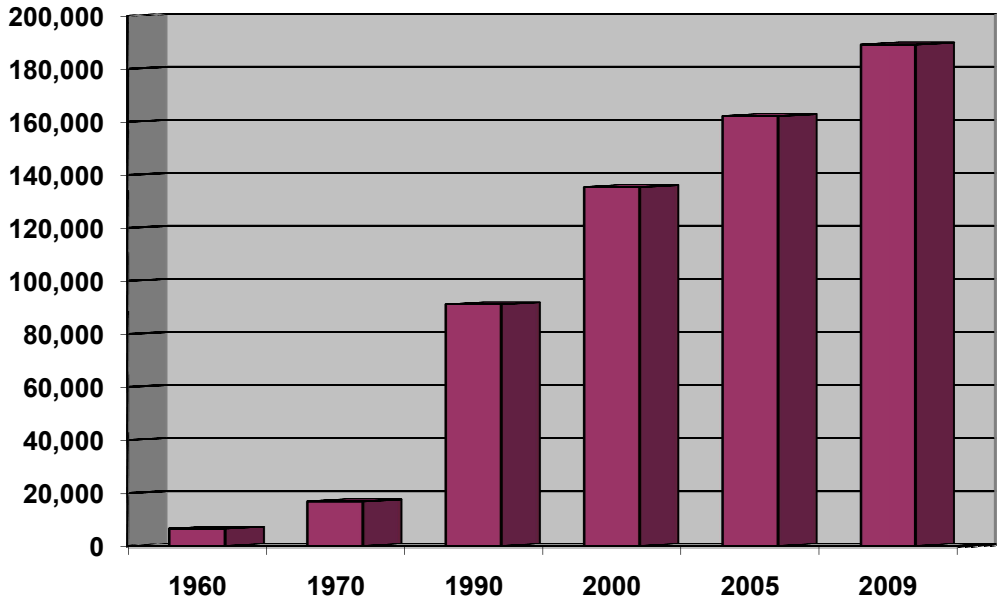
Trends

According to the latest Census estimates of July, 2009, the AAPI population in Ohio increased to 228,000 (2.0%, when AAPI background is reported either alone or in combination with one or more other races) of a total population of 11.6 million.[11] Figure 1 illustrates the growth in Ohio's AAPI population for individuals reporting only Asian, Native Hawaiian, or Pacific Islander.[12]

As indicated in the previous section, Ohio's AAPI growth rate exceeds that of AAPIs nationally.[13]

The significant growth of the AAPI population is primarily due to immigration. The immigrant AAPI populations differ in culture, languages, religions, and socio-economic status and, therefore, policy makers should be aware of the many differences present in this group.

Figure 1: AAPI Population, Ohio 1960 - 2009



Source: Census 1960, 1970, 1980, 1990, 2000, American Community Survey 2005, 2009.

Region & County

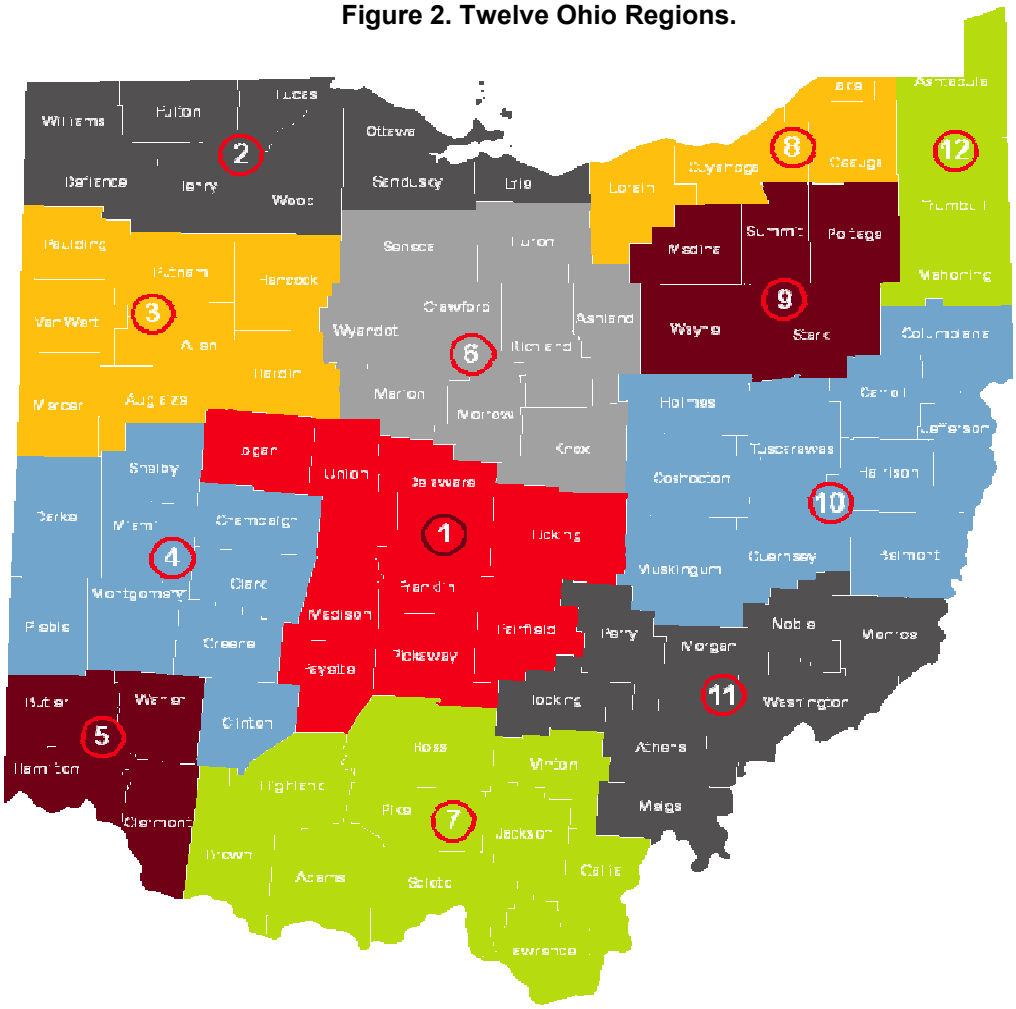
Figure 2 depicts Ohio's twelve *Economic Development Regions* as defined by the *Ohio Department of Development*.

[11] U.S. Census Bureau, Census 1960, 1970, 1990, 2000, and *American Community Survey Estimates: 2005, 2009.* U.S. Census Bureau, *Table 4. Estimates of the Resident Population by Race and Hispanic Origin for the United States and States: July 1, 2009 (SC-EST2009-04)*.

[12] Source: U.S. Census Bureau, Census 1960, 1970, 1990, 2000, and *American Community Survey Estimates: 2005, 2009.*

[13] Frank Hobbs and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, *Demographic trends in the 20th Century,* U.S. government Printing Office, Washington, DC, 2002.

Figure 2. Twelve Ohio Regions.



Like AAPIs elsewhere in the United States, a majority of Ohio's AAPIs lives in metropolitan areas or counties with large universities. For instance, the Columbus metropolitan area (i.e., Franklin County) has the largest number of AAPIs in Ohio, approximately 32% of the total AAPI population.[14] According to a report by the Brookings Institution, Washington,[15] the Columbus Metropolitan AAPI population increased by 48% between 2000 and 2008, giving it the 9th highest growth rate of Asians in the United States. The Ohio State University and various businesses have attracted many immigrants who moved to the Columbus Metropolitan area in hope of obtaining a better education, higher income, and a better quality of life.

With approximately 29% of the total, the second largest Ohio AAPI population lives in the Cleveland-Akron Metropolitan area.[16] In general, Ohio's AAPI population tends to reside in Central Ohio (Franklin County, including Columbus, approximately 32% of Ohio's total AAPI population), Southwest Central Ohio (Montgomery and Clark Counties, including Dayton and Springfield, approximately 9% of Ohio's total AAPI population), Southwest Ohio (Hamilton County, including Cincinnati, approximately 11% of

[14] Ohio Department of Development, Policy Research and Strategic Planning: *Ohio Asian Americans,* 2008.

[15] Mark Ferenchik, "Columbus Population: Latinos, Asians Log Big Growth," in *the Columbus Dispatch,* May 9, 2010.

[16] Ohio Department of Development, *Ohio's Asian Americans, Table: Asian American Population by County: 2000.*

Ohio's total AAPI population), and Northern& Northeast Central Ohio (Cuyahoga and Summit Counties, including Cleveland and Akron, approximately 29% of Ohio's total AAPI population). Table 3 presents Ohio's 2006 estimated AAPI population by region, while Table 4 presents 2008 estimates of the 10 Ohio counties with the most AAPIs.

According to the *Ohio County Indicators,*[17] prepared by *Ohio Department of Development*, there are few Pacific Islanders in Ohio. Franklin County has the largest number of Pacific Islanders (842), following by Cuyahoga County (798). Pacific Islanders comprise 0.1% or less of the population in all Ohio counties. Therefore, this subgroup of Asians is not included in demographic cross-tab data.

Table 3: Ohio's AAPI Population and Distribution by Region, 2006

Region	Population	Percentage
1. Central	37,700	2.2%
2. Northwest	7,901	0.8%
3. West Central	1,949	0.5%
4. Southwest Central	12,730	1.0%
5. Southwest	21,354	1.4%
6. North Central	2,323	0.4%
7. Southern	1,521	0.3%
8. Northern	30,506	1.5%
9. Northeast Central	12,872	0.9%
10. East Central	1,843	0.3%
11. Southeast	1,643	0.6%
12. Northeast	2,430	0.4%

Source: U.S. Census Bureau. See Ohio Department of Development, Policy Research and Strategic Planning: *Regional Profiles of Ohio*, 2006.

Table 4: Top 10 Ohio Counties AAPI Population, 2008

	County	Population	Percentage of Population
Ranking	**Top 10 Counties by Absolute Population**		
1	Franklin County	46,603	4.1%
2	Cuyahoga County	30,792	2.3%
3	Hamilton County	16,085	1.9%
4	Summit County	10,523	1.9%
5	Montgomery County	8,175	1.5%
6	Butler County	7,854	2.1%
7	Delaware County	6,808	4.1%
8	Lucas County	6,697	1.5%
9	Warren County	6,650	3.2%
10	Greene County	3,772	2.3%
	Top 10 Counties by Percentage		
1	Delaware County	6,808	4.1%
1	Franklin County	46,603	4.1%
3	Warren County	6,650	3.2%
4	Cuyahoga County	30,792	2.3%
4	Greene County	3,772	2.3%
6	Athens County	1,375	2.2%
7	Butler County	7,854	2.1%
8	Hamilton County	16,085	1.9%
8	Summit County	10,405	1.9%
10	Lucas County	6,563	1.5%
10	Montgomery County	8,175	1.5%

Source: U.S. Census Bureau. See Ohio Department of Development, Policy Research and Strategic Planning, *Ohio County Indicators*: TABLE 13: 2008 ESTIMATES--PERCENTAGE DISTRIBUTION BY RACE AND HISPANIC STATUS

[17] Ohio Department of Development, Policy Research and Strategic Planning Office, *Ohio County Indicators,* July 2008.

Age, Marital Status and Fertility Rate

Asian American Pacific Islanders are, on average, 4.4 years younger than other Ohioans. While the median age of Ohio's total population is 37.9, the median age of AAPIs is 33.5 years. Only the Hispanic or Latino population is younger.

There are also substantial differences between Ohio's Asians and other groups in marital status and fertility rate. For example, 64.2% of Asians are now married, compared to 53.2% of Whites, 43.9% of Hispanics or Latinos, 42.5% of American Indians or Alaskan Natives, and 27.7% of Blacks. Ohio's Asians are also less likely to be divorced or separated (4.0%) than those in the general population (13.4%, with a range of 13.0% to 18.0%). However, Asian women have the lowest fertility rate among all groups (only 10.8% had a birth in the past 12 months). In contrast, the corresponding birth rate ranges from 29.9% among Whites, 53.3% among Hispanics or Latinos, 72.6% among Blacks, and 78.9% among American Indian/Alaskan Natives.

Table 5: Age, Marital Status and Fertility Rate of AAPI in Ohio, 2008

	Age			Marital Status			Fertility Rate
	% <18 years	% 65+ years	Median	Now married	Divorced, or separated	Never married	
Total Population	13.9%	13.5%	37.9	50.2%	13.4%	29.5%	36.7%
Asian Alone	12.6%	7.0%	33.5	64.2%	4.0%	30.7%	10.8%
Indian	23.2%	4.7%	31.6	71.6%	2.7%	20.9%	*
Chinese	24.5%	7.6%	33.5	59.6%	6.3%	31.5%	*
White	22.6%	14.5%	39.4	53.2%	13.0%	26.9%	29.9%
Black	28.2%	9.7%	37.9	27.7%	18.0%	47.8%	72.6%
AIAH	20.0%	9.2%	38.4	42.5%	17.2%	24.5%	78.9%
Hispanic or Latino	37.8%	5.0%	25.6	43.9%	13.3%	39.9%	53.3%

Source: U.S. Census Bureau, 2008 American Community Survey, *Selected Population Profile in the United States.*

Nativity

Figure 3 illustrates the change in the U.S. foreign-born population, 2000 to 2007, by region of birth.[18] As can be seen from inspection of this figure, only about 1 in 20 foreign-born individuals in 1960 were Asian. However, following abolishment of the national quota system in 1965, the proportion of foreign-born individuals from Asia has increased to over 1 in 4.

This trend continues, both nationally and in Ohio. In 2009, there were 38.5 million foreign-born people living in the U.S. (12.5% of the total population). Among the foreign-born, 27.7% were Asians. In Ohio, 3.8% of the population is foreign-born. Among Ohio's foreign-born, 36.6% are from Asia.

[18] U.S. Census Bureau, Census of Population, 1960 to 2000, and 2007 American Community Survey. URL: http://www.census.gov/prod/2010pubs/acs-11.pdf

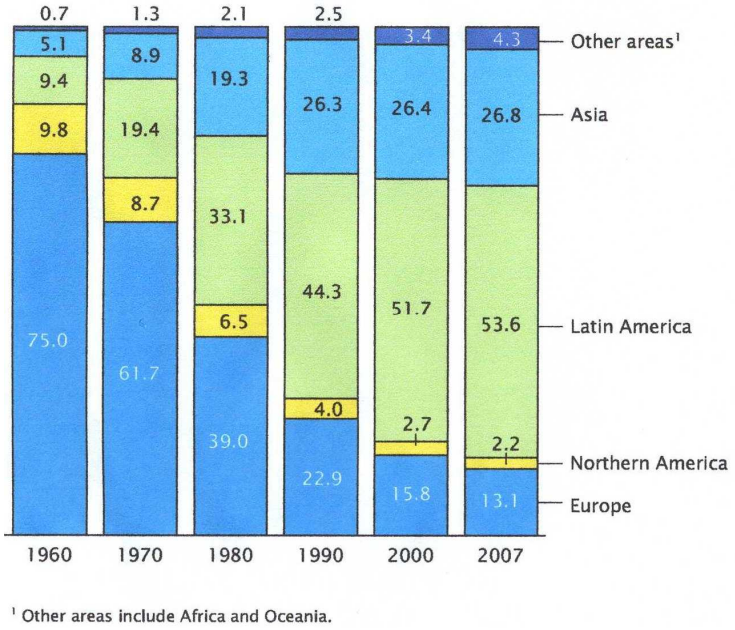
Asian Indians comprise the largest Asian ethnic subgroup, 61,635 (29.2%) of approximately 211,087 AAPI Ohioans.[19] They have also been the fastest growing community in the decade following 2000. More than one-half of the current Asian Indian community emigrated from India in the past 6 years.[20]

Chinese Americans, who comprise about 22% of Ohio's AAPI population,[21] form the second largest Asian group in Ohio. The rate of increase in Ohio's Chinese population since 2000 is similar to that of Asian Indians, and the majority of Chinese Americans are international immigrants.[22]

According to the Ohio Department of Development (ODD), "The Ohio Vietnamese community, while smaller, is experiencing significant growth. Since 1990 it has more than tripled to around 20,000 people. The Filipino population also is growing but at a slower pace. The sizes of the Korean and Japanese communities have not changed significantly since 1990."

(Since only about 2000 Pacific Islanders reside in Ohio, the majority of whom are Hawaiians, generalizations in this report will not extend to this group.[23])

Figure 3. Percent distribution of U.S. foreign-born population by region of birth: 1960 to 2007.



[19] U.S. Census Bureau, 2006 - 2008 American Community Survey, S0201. Selected Population Profile in the United States.

[20] Ohio Department of Development, *Ohio Asian Americans*, 2009,.obtained at: http://www.development.ohio.gov/research/files/p0009.pdf

[21] *Ibid.*

[22] *Ibid.*

[23] *Ibid.*

AAPI Ethnic Populations

Approximately 30% of Ohio's AAPI population are Asian Indian and approximately 24% are Chinese (excluding Taiwanese). As can be seen in Table 6 other Asian ethnic groups represent less than 10% of the total AAPI population.

Table 6: AAPI Ethnic Subgroups, OH 2009

	Estimate	Percent
Total:	**179,729**	**100**
Asian Indian	53,749	29.5
Chinese	42,831	23.5
Filipino	16,898	9.3
Japanese	9,014	5.0
Korean	16,282	8.9
Vietnamese	13,754	7.6
Other Asian	27,201	14.9
Native Hawaiian	1,313	0.7
Samoan	56	0.03
Guamanian or Chamorro	535	0.3
Other Pacific Islander	395	0.2

Source: U.S. Census Bureau, 2009 American Community Survey.

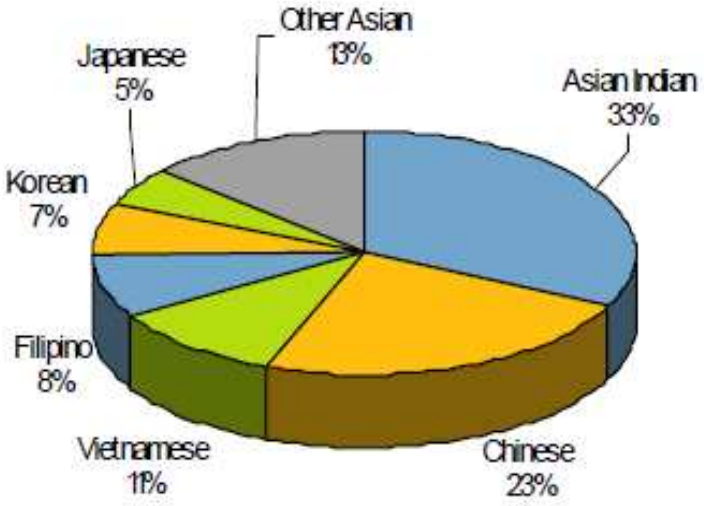


Figure 4. Ancestry of Ohio's immigrant Asian population (based on 2008 estimates).

Foreign Born and Limited English Proficiency

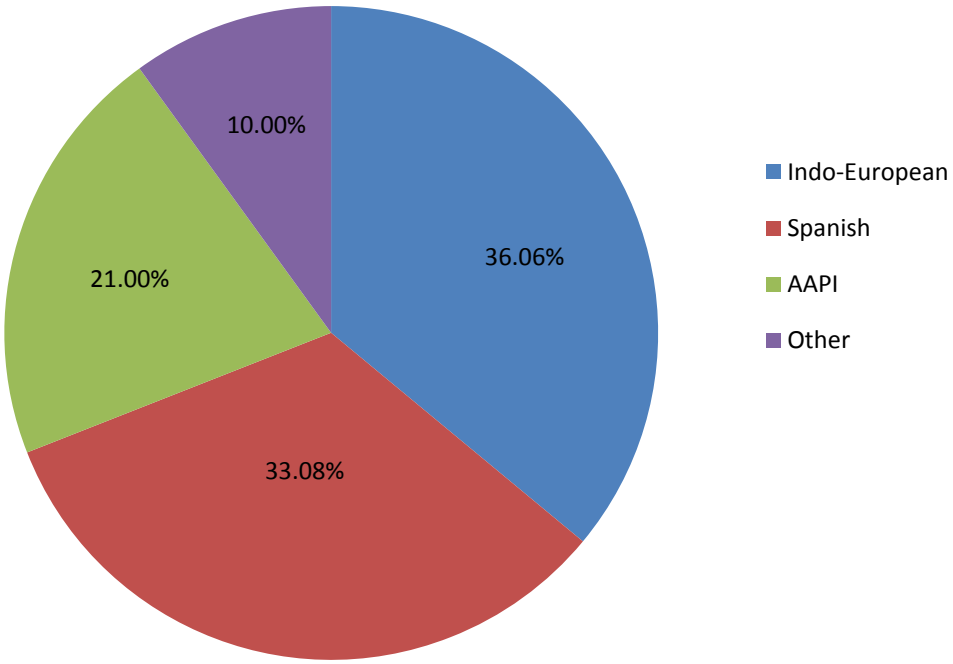
Approximately 37% of Ohio's foreign-born populations in 2008 were from Asia, exceeding the 28% from Europe, 20% from Latin America, and 11% from Africa.[24]

Among Ohio's immigrants from Asia, approximately 28% were from India and approximately 14% were from China (excluding Taiwan). Other Asian immigrants represent numerous, South Asian, Southeast Asian, and East Asian countries.

Compared to other groups, Ohio's AAPIs are more likely to be "linguistically isolated."[25] Overall, only 1.3% of Ohio's households are considered linguistically isolated. In contrast, however, 25.8% of households with members speaking an Asian or Pacific Island language are linguistically isolated, a rate higher than the 15.7% of households with Spanish speakers, 14.4% of households with speakers of an Indo-European language, and 18.6% of households with speakers of other languages.[26]

Figure 5 presents the percentage of Ohio's linguistically isolated households according to the language spoken at home. As can be seen from inspection of this figure, there are 21% of all linguistically isolated households in Ohio.

Figure 5. Percent of Ohio's linguistically isolated households according to language spoken at home



[24] U.S. Census Bureau, 2009 American Community Survey 1-Year Estimates, S0201. Selected Population Profile in the United States.

[25] According to U.S. Census Bureau, a linguistically isolated household is one in which no member 14 years and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members of the household 14 years and over have at least some difficulty with English.

[26] U.S. Census Bureau, 2006-2008 American Community Survey.

According to the U.S. Census 2000, approximately one-half (53%) of Ohio's AAPIs reported speaking a language other than English at home, and over 85% of those born in Asia spoke a language other than English at home. Among those using a language other than English at home, less than one-half (49%) reported speaking English "very well."[27] (Even among those who were born in Asia and immigrated before 2001, only 46% speak English "very well.")

According to the 2009 American Community Survey 1-Year Estimates, 53% of Ohio's Asian population (211,087) speak an Asian language at home. Among these, 57% speak "very well," indicating a slightly

Table 7 shows that, among the 85% of foreign-born Asians who speak a language other than English at home, those from South Central Asia are most likely to speak a language other than English at home, but they are most likely to be fluent (75%). Among those from other regions who speak a non-English language at home, English fluency tends to be lower among those from Eastern Asia (50%), South Eastern Asia (58%), and Western Asia (67%).

Table 7: Selected Characteristics of the Asian Foreign-Born Population by Region of Birth

Subject	Total	Margin of Error	Born in Asia	Born in Eastern Asia	Born in South Central Asia	Born in South Eastern Asia	Born in Western Asia
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH							
Population 5 years old and over	**414,665**	**+/-6,884**	**149,524**	**45,778**	**50,244**	**34,477**	**18,311**
English Only	24.9%	+/-0.7%	14.8%	17.8%	10.1%	17.2%	14.7%
Language other than English	75.1%	+/-0.7%	85.2%	82.2%	89.9%	82.8%	85.3%
Speak English less than "very well"	35.8%	+/-1.0	37.5%	50.0%	24.9%	42.1%	33.0%

Source: U.S. Census Bureau, 2006-2008 American Community Survey.

Table 8 indicates English fluency (i.e., speaking English "very well") among those who speak various Asian and Pacific Island languages at home. English proficiency is highest among those who speak other Asian languages (not listed in the table--81%), Tagalog (70%), or other Pacific Island languages (60%). Lower rates of English fluency are reported by those who speak Vietnamese (36%), Cambodian (38%), Japanese (43%), Thai (45%), Korean (47%), Chinese (48%), and Laotian (52%). Lack of English fluency can prevent a substantial number of individuals from the AAPI community from receiving vital human services, including medical and emergency treatment, education, and legal assistance. Access to these services will be further explored later in this report.

[27] Obtained from the U.S. Census 2000 at the following URL: http://usgovinfo.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=usgovinfo&cdn=newsissues&tm=40&gps=659_344_1436_664&f=10&tt=2&bt=1&bts=1&zu=http%3A//www.census.gov/population/www/socdemo/hh-fam/AmSpks.html

Table 8. Ability to Speak English by Language Spoken at Home Among Ohio AAPI's Population 5 Years and Over in 2000

Language spoken at home	Total	Speak English "very well"	Speak English "well"	Speak English "not well"	Speak English "not at all"
	Number	Percent	Percent	Percent	Percent
Asian and Pacific Island languages	84,660	52.0	29.2	16.1	2.6
Chinese	25,705	47.7	33.2	14.7	4.4
Japanese	9,930	42.7	29.6	26.1	1.6
Korean	11,030	47.3	31.5	19.7	1.5
Mon-Khmer, Cambodian	2,715	38.4	31.4	24.9	5.4
Miao, Hmong	370	59.0	24.6	13.1	3.3
Thai	1,855	45.1	38.9	15.1	0.8
Laotian	3,400	51.5	25.4	19.9	3.2
Vietnamese	9,000	35.5	36.5	24.2	3.9
Other Asian languages	9,765	81.0	13.8	4.8	0.5
Tagalog	8,475	70.4	22.0	7.2	0.4
Other Pacific Island languages	2,475	60.2	32.3	7.1	0.4

Source: U.S. Census Bureau, Census 2000.

Poverty

In 2008, poverty rose to 13.2% of all of Ohioans (9.7% of all families).[28] The poverty rate of AAPIs in Ohio (10.8% of all people; 7.0% of all families) is slightly lower than the state's average. Compared to the poverty rates of other minority groups (Black, 30.1%; American Indian and Alaska Native, 25.9%; and Hispanic or Latino, 24.4%), Asian Americans are much less likely to fall below the poverty line. The poverty rate of Asian Americans is comparable to that of non-Hispanic/Latino Whites (10.4%). This relatively low poverty rate may have reinforced the image of a "model minority," that AAPIs are economically- and educationally-advantaged.

Table 9: Ohio - Poverty Status in the Past 12 Months: 2008

Race and Hispanic or Latino Origin	Total	Below Poverty Level	Percent Below Poverty Level
White	9,419,960	1,016,133	10.8%
Black or African American	1,288,643	378,065	29.3%
American Indian and Alaska Native	20,540	5,405	26.3%
Asian	170,487	21,035	12.3%
Hispanic or Latino origin	290,375	72,003	24.3%

Source: U.S. Census Bureau, 2008 American Community Survey

However, high rates of poverty among recent immigrants from Southeast Asian are hidden within the AAPI community due to the fact that the largest Asian ethnic subgroup has a poverty rate that is less than the state average. For example, among Asian Indians, the largest Asian ethnic subgroup in Ohio, only 7.9% of all members (4.1% of all families) are in poverty. The Chinese, Ohio's second largest ethnic

[28] Ohio Association of Community Action Agencies, *The State of Poverty in Ohio: Building the Foundation for Prosperity,* Issued January, 2010.

group, has a poverty rate of 14.6%, which is only slightly higher than the state average. However, 18.0% of the 2,425 Native Hawaiian Pacific Islanders in Ohio are living in poverty.[29]

Even among needy AAPI community members, few receive food stamps or other forms of social assistance. According to the 2008 American Community Survey,[30] only 0.7% of the households receiving food stamps are identified as Asian. (Whites comprise 66.1% of the food stamp recipients, and Blacks comprise 29.6%. Perhaps language and cultural barriers are major obstacles to the access of this type of service.

Governor Strickland and Governor Ueda, Saitama Prefecture, Japan, reaffirm the Ohio and Saitama 30 year old Sister State Relationship

[29] Source: U.S. Census Bureau, 2006 – 2008 American Community Survey.

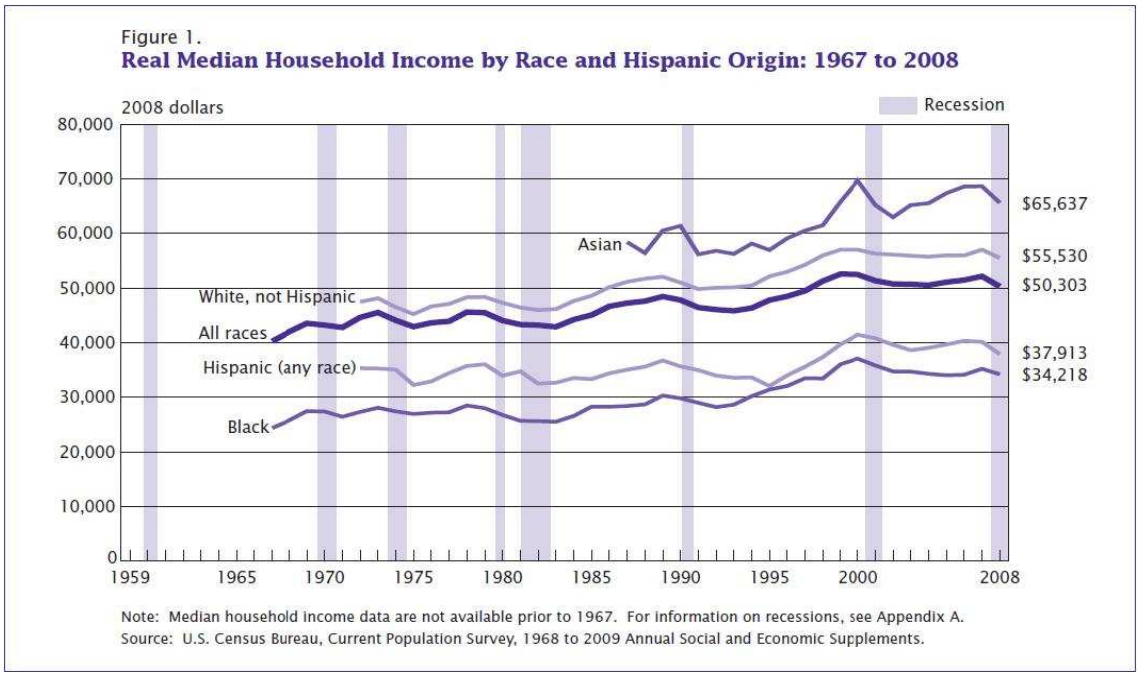
[30] *Ibid. S2201:* Food Stamps.

ECONOMIC DEVELOPMENT AND WORKFORCE DEVELOPMENT

Background and Statistics

Since the end of 2007, the recession has brought economic hardship for households across the county. However, on both the national level and state level, Asian and Pacific Islanders (AAPIs) as a whole tend to have higher incomes than other groups.[31] According to the 2008 American Community Survey (ACS), the median household income of the Asian American community ($65,637) is 30% higher than the national average ($50,303). This is illustrated in Figure 6. Although Ohioan's median household income is lower than the national average, the AAPI household income also exceeds the state average by 34% (See *Figure 7* and *Figure 8.*)

Figure 6

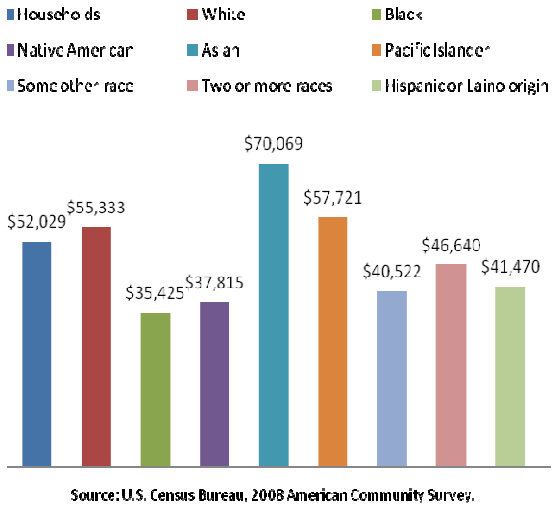


In addition, while many Ohioans are experiencing lay-offs, Asian Americans have the lowest unemployment rates among all the races – only 3.0% of all the Asians in Ohio are unemployed, compared to 4.0% of whites, 7.1% of Hispanics and 9.4% of blacks[32]. Such aggregated data, however, masks the wide range of economic well-being across Asian ethnic communities.

[31] Carmen DeNavas, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2008*, U.S. Government Printing Office, Washing DC, 2009.

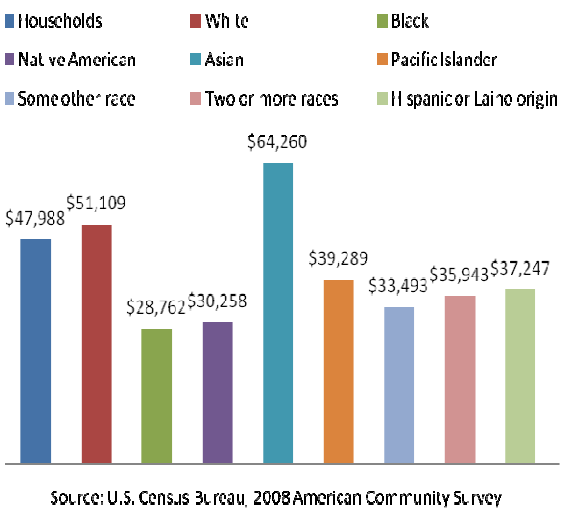
[32] See Table 10.

Figure 7: U.S. Median Household Income, 2008



Source: U.S. Census Bureau, 2008 American Community Survey.

Figure 8: Ohio, Median Household Income by Race, 2008



Source: U.S. Census Bureau, 2008 American Community Survey

Table 10: Workforce and Employment Rates by Race in Ohio

Subject	Total Population	White	Black	Asian	Hispanic
In Labor Force	66.0%	66.2%	63.6%	68.9%	70.8%
Civilian Labor Force	65.8%	66.1%	63.4%	68.8%	70.6%
Employed	61.2%	62.1%	54.1%	65.8%	63.5%
Unemployed	4.6%	4.0%	9.4%	3.0%	7.1%

For example, the 2008 median household income of Ohio's Asian Indian households is $81,553, which is higher than other Asian ethnic subgroups. In contrast, the Ohio's median household income of Ohio's Chinese is $54,458. More significantly, the 2008 median household income of Pacific Islanders is only $39,289, less than half of the Asian Indian household income.

There is also a difference between the two largest Ohio Asian ethnic subgroups in workforce and employment rates; 72.1% of Asian Indians are in the labor force compared with 64.5% of Chinese.[33]

Ohio's AAPIs also tend to have higher-ranking occupations than other groups. Of the total 5,490,147 civilians employed in Ohio, 32.8% hold a management, professional, and related occupation. In contrast, of the total 91,132 Asians, 56.6% work as professionals.[34] More specifically, 71.7% of all Asian Indians and 68.7% of all Chinese in Ohio are professionals.[35] Again, these figures should be interpreted with caution. Although Ohio's AAPIs as a whole appear to have fared better in the labor market than other minority groups, this advantage does not apply to all the Asian ethnic subgroups.

[33] Source: U.S. Census Bureau, *2006 – 2008 American Community Survey*.

[34] *Ibid*.

[35] Source: U.S. Census Bureau, *2006 – 2008 American Community Survey*.

Figure 9: Ohio, Percent of Population by Occupational Types
Source: U.S. Census Bureau, 2006-2008 American Community Survey

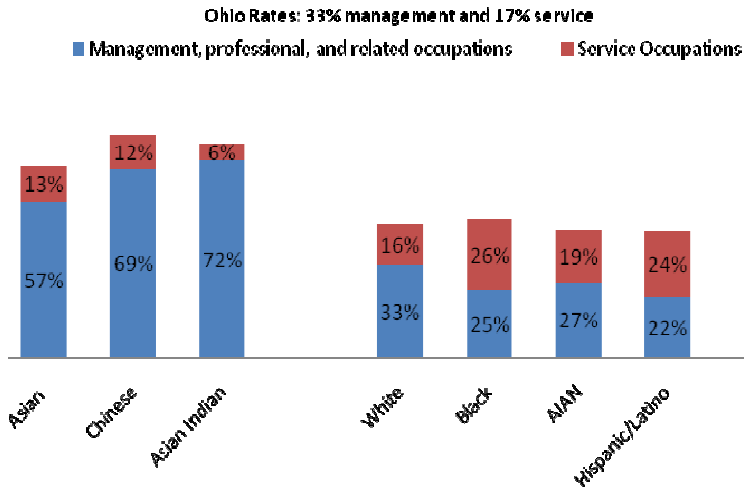


Table 11[36]: U.S., Business Ownership Rates by Race/Ethnicity Current Population Survey (2008)

	United States	
	Percent of Workforce	Sample Size
Total	10.1%	692,609
Non-Minority	11.3%	506,160
Native-American	7.6%	6,570
Asian/Pacific Islander	10.3%	33,700
Hispanic	7.9%	74,037
African-American	5.5%	61,957

Source: U.S. Census Bureau, 2008 Current Population Survey.

Small business development is another important area to examine, because many AAPI immigrant families rely on entrepreneurship and small businesses. The U.S. Census Bureau's 2007 *Survey of Business Owners* revealed that, nationally, Asians owned 1.6 million nonfarm businesses in 2007, an increase of 40.7% from 2002. This accounted for 5.7% of all nonfarm businesses in the United States, 2.4% of total employment and 1.7% of total receipts[37]. According to the U.S. Department of Commerce, the rate of business ownership among AAPIs around the country (10.3%[38]) is the highest of all minority groups.

[36] *Ibid,* Table 1.

[37] Source: U.S. Census Bureau, 2007 *Survey of Business Owners.*

[38] Robert W. Fairlie, and Alicia M. Robb, *Disparities in Capital Access Between Minority and Non-Minority-Owned Businesses: The Troubling reality of Capital Limitations Faced by MBEs.* U.S. Department of Commerce, Minority Business Development Agency, January 2010.

Among states, California had the most Asian-owned firms at 509,670 (32.8% of all such firms); New York was second with 196,919 Asian-owned firms (12.7%); Texas was third in number of Asian-owned firms with 114,593 (7.4%).[39] As discussed above, Ohio has a smaller AAPI population than states like California, New York, or Texas and, therefore, the there are fewer Asian-owned businesses in Ohio. Although Ohio had only 18,337 Asian-owned nonfarm businesses, it comprised 22% of all the minority-owned businesses or 2.1% of all such businesses.[40] However, the AAPI business sales of $6,923,892 are only 1.8% of the total sales of all such businesses. Also, a total of 83,178 minority-owned firms (9.5% of all firms) had sales of approximately $14.6 million, which is approximately 3.4% of the total sales.

Table 13[41]: Summary Statistics by Race/Ethnicity in Ohio (2007)

	Number of business	Number of businesses with paid employees	Paid Employees
AIAN	2,989	340	4,483
Asian	18,337	6,302	53,293
Black	52,121	2,886	33,401
Hispanic	9,731	1,346	13,226
White	796,713	161,387	2,091,857
Total	898,665	192,390	4,755,400

Source: U.S. Census Bureau, 2007 Survey of Business Owner.

There is White ownership of 796,713 Ohio nonfarm businesses (90.5% of the total) with receipts of approximately $370 million (more than 96% of the total). It appears that minority-owned firms make less than comparable firms with White owners. According to the report by the U.S. Small Business Administration[42], "for every dollar that a White-Owned firm made, (Asian American) Pacific Islander-

Table 12: Preliminary Data: Firms, Sales and Employment for All Firms and Veteran-owned Firms in Ohio, 2007

	Firms	Sales ($1,000)	Employer Firms	Sales ($1,000)	Employment
All Firms	**898,665**	1,116,759,348	192,390	1,087,859,395	4,755,400
Minority-Owned	**82,551**	14,771,581	10,821	12,865,726	104,908
Hispanic-owned	**9,731**	2,382,906	1,346	2,072,019	13,226
AIAN	**2,989**	574,213	340	487,489	4,483
Asian	**18,337**	6,923,892	6,302	6,356,289	53,293
Black	**52,121**	4,714,404	2,886	3,753,424	33,401
White	**796,713**	370,254,483	161,387	344,119,064	2,091,857

Source: U.S. Small Business Administration, Office of Advocacy, from data provided by the U.S. Census Bureau, Survey of Business Owners.

[39] U.S. Census Bureau, *Survey of business Owners – Asian-Owned Firms: 2007*, http://www.census.gov/econ/sbo/get07sof.html?2. (Accessed on July 30th, 2010)

[40] Source: U.S. Census Bureau, 2007 *Survey of Business Owners.*

[41] Note: The data for Native Hawaiian Pacific Islander is not available due to its small population in Ohio.

[42] Ying Lowrey, *Minorities in Business: A Demographic Review of Minority Business Ownership*, Office of Advocacy, U.S. Small Business Administration, 2007.

owned firms made about 59 cents, Hispanic-, Native American-, and Asian-owned businesses made 56 cents, and Black-owned businesses made 43 cents."

On the other hand, Asian-owned firms are more likely to have paid employees. As 34.4% of Ohio's Asian-owned businesses have paid employees, these firms comprised 3.3% of all such businesses in Ohio.[43] In contrast, 20.3% of White-owned firms have paid employees, and only 5.5% of Black-owned firms have paid employees, which comprises only 1.5% of all such firms. The relatively high proportion of Asian-owned businesses with paid employees may be due to their service to their own communities. As such, they often appear to be "the engine of employment, with particular emphasis on low-income and minority communities.[44]"

Of the total 1,552,505 Asian-owned businesses in the United States, 18.5% are in repair and maintenance or personal and laundry services, 13.8% in professional, scientific, and technical services, and 12.3% in retail trade.[45] Therefore, almost one-third of Asian-owned businesses provide services that are related to people's daily life. (See Figure 10.) In Ohio, a substantial number of Asian-owned businesses (3,089 or 16.8%) are associated with health care or social assistance. Accommodation and food services businesses make up 15.8%, while professional, scientific, and technical services account for 14.5% of all Ohio Asian-owned businesses.

As the Table 14 shows, the majority of Asians work as private wage and salary workers (84.8% of 91,132 employed Asians). (This proportion is similar to the 81.8% of all Ohio employees.) Only 4.5% are self-employed or working for their families without pay. Proportionally, more Chinese (17.9%) than other Asians work for their local, State and Federal government. Also, proportionally more Chinese work in their own non-incorporated business.

Table 14: Class of worker in Ohio (2006-2008)

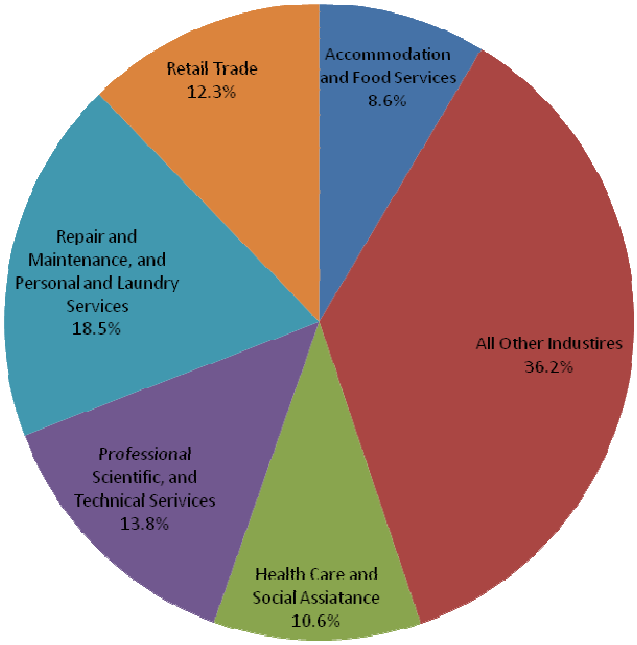
CLASS OF WORKER	Total Population	Asian Alone	Asian Indian	Chinese
Civilian Employed Population 16 years and Over	5,490,147	91,132	31,043	18,603
Private wage and salary workers	81.8%	84.8%	86.7%	75.3%
Government workers	12.5%	10.7%	10.1%	17.9%
Self-employed workers in own not incorporated business	5.5%	4.3%	3.0%	6.6%
Unpaid family workers	0.2%	0.2%	0.3%	0.1%

[43] See Table 12.

[44] Commission on Asian Pacific American Affairs, *The State of Asian American & Pacific Islander in Washington,* 2010.

[45] Source: U.S. Census Bureau, 2007 Survey of Business Owners.

Figure 10: Asian-Owned Firms Number of Firms by Kind Of Business: 2007
Total: 1,552,505



Source: U.S. Census Bureau, 2007 Survey of Business Owners, Preliminary Estimates of Business Ownership by Gender, Ethnicity, Race, and Veteran Status – Released July 13,2010

Although the data presented so far seems to indicate that Ohio's AAPIs are economically successful, the high percentage of business ownership may actually reflect barriers that exist, particularly among immigrants. Members of these communities who lack adequate training, English proficiency, and start-up resources may, consequently, establish small businesses to provide services in their neighborhoods. Alternatively, they may seek low-wage jobs.[46]

Such small, Asian businesses can provide employment opportunities to community members who are facing the same barriers. However, with limited profits, these small business owners and their employees may forego advancement to higher wages, benefits, or better working conditions. In addition, because of limited English proficiency, such AAPI business owners are less likely to seek information and resources, including private and public start-up loans and assistance with licensing procedures and business plans from their local, state and Federal government.[47]

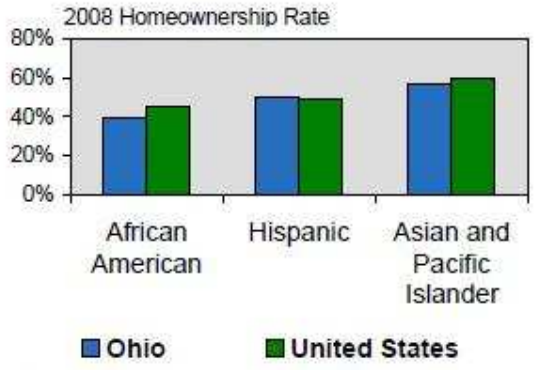
[46] Commission on Asian Pacific American Affairs, *The State of Asian American & Pacific Islander in Washington,* 2010.

[47] *Ibid.*

Homeownership and Mitigation of Foreclosures

The 2007 national housing bubble created difficulties for many American homeowners. According to the 2008 American Community Survey,[48] from 2006 to 2008 the homeownership rate declined from 67.3% to 66.7%, a six-year low in the United States. The housing collapse also affected AAPIs. Nationally, Asians' homeownership fell 1.24 percentage points to 59.4% in 2008.[49] In Ohio, total homeownership rates peaked at 73.1% in 2006 then dropped to 67.9% in 2009,[50] resulting in a ranking of 28th nationally. According to *Freddie Mac,*[51] however, the homeownership rates for AAPIs during the period between 2006 and 2008 increased by 1.8% to 56.4%, which is higher than the rate among other minority groups.

Figure. 11: Homeownership rates among minority groups in OH



Source: US Census Bureau - American Community Survey

However, there is still a gap between the homeownership rates of Ohio's AAPIs and Whites. While the total homeownership rate in 2008 was 70%, the homeownership rate for Whites was 74% compared with 57% for Asians, 51% for American Indians and Alaskan Natives, 48% for Hispanics, and 41% for Blacks. (Interestingly, homeownership increased between 2006 and 2008 among Hispanics (5.2%) and AAPIs (1.8%).[52] This increase may reflect the increasing immigration rates and high birth rates, which prompts families to pool resources toward the purchase of homes.[53] (In addition, Asians also had the lowest rate of renter-occupied homes among minority groups, 43%, comparing to 59% of Blacks, 49% of American Indians and Alaskan Natives, and 52% of Hispanics.)

However, disaggregated data reveal a complex pattern of homeownership among Asian ethnic groups. For example, the 2000 Census[54] indicates that over 60% of Cambodians, Filipinos, Laotians, and Vietnamese lived in owner-occupied homes, followed by 58% of Chinese, 54% of Asian Indians, 48% of Native Hawaiians and Pacific Islanders, 46% of Japanese, and 49% of Koreans. In contrast, almost 80% of Indonesians lived in rented units.[55]

[48] Source: U.S. Census Bureau, 2006 – 2008 American Community Survey.

[49] *Ibid.*

[50] Source: U.S. Census Bureau, Current Population Survey/Housing Vacancy Survey, 2010.

[51] Federal Home Loan mortgage Corporation (FHLMC). See http://www.freddiemac.com/ for more information.

[52] Source: U.S. Census Bureau, 2008 American Community Survey.

[53] Alex Veiga, *Homeownership Fell in '08; Asians Hit Worst,* The Associated Press, September 21, 2009. http://abcnews.go.com/US/wireStory?id=8634199 (assessed on August 10, 2010).

[54] Source: U.S. Census Bureau, Census 2000 Summary File 2 (SF 2) 100-Percent Data.

[55] *Ibid.*

Table 15: Percentage Living in Owner- versus Renter-Occupied Homes by Race/Ethnicity in Ohio

	Total	White	Asian	Black	AIAN	Hispanic
Owner-occupied	69.6%	74.1%	56.8%	40.8%	50.6%	47.8%
Renter-occupied	30.4%	25.9%	43.2%	59.2%	49.4%	52.2%

Source: U.S. Census Bureau, 2006 - 2008 American Community Survey.

In general, homeownership increases among second generation Asians, and it is higher among some immigrant groups then others. While the majority of new immigrants initially rent, most hope for homeownership as they develop roots in their new country. However, many encounter linguistic and cultural barriers during their home-buying processes. AAPI immigrants also frequently lack an advantageous credit history when applying for loans from mainstream banks. In addition, a lack of English proficiency often prevents them from getting information on purchasing houses. Finally, few know about and take advantage of financial assistance programs.

In sum, while the current economic climate presents a challenge for many Americans, AAPIs may have added burdens due to historical social disadvantages. Despite the positive portrayal that can be made based upon aggregated data, it is necessary to look into the disaggregated data among Asian ethnic groups and analyze it through different economic indicators to accurately assess the needs of all AAPI communities.

Observations and Recommendations

Research and study of economic development opportunities for Asian Americans and Pacific Islanders in Ohio focused on two primary aspects: AAPIs and related businesses currently in Ohio, and those outside the U.S. with potential to relocate to and establish businesses in Ohio. Based upon input collected from various sources within the Asian American Pacific Islander communities across Ohio, as well as from various governmental agencies in Ohio, the general observations below are offered and are followed by related recommendations.

As would be expected from any ethnic minority group, language barriers and cultural values play important roles in the manner in which AAIPs conduct their activities that have an impact on their economic well-being. In general, Asian communities tend to rely on assistance from members within their own cultural communities rather than seeking assistance elsewhere – particularly avoiding assistance from government agencies. This generality is observed by Asian community leaders and government officials alike and has also been acknowledged by members of the Asian communities in Ohio. Because of limited English proficiency many members of the Asian community must rely on trusted resources to facilitate communication. This reliance falls upon other members of the Asian community who may have better English proficiency, greater familiarity with American culture and institutions, and/or greater financial resources.

This practice of reliance upon one's own ethnic or cultural community has both benefits and drawbacks. For example, a bankruptcy judge familiar with home foreclosure actions in Ohio noted that Asian homeowners are more likely than others to avoid home foreclosure. This appears to be due to the fact that AAPIs seek and receive vital information and assistance from other members of their ethnic or cultural community, thereby avoiding foreclosure actions. This form of assistance is doubly beneficial to the recipient in that it not only prevents formal foreclosure and potential bankruptcy actions but also preserves the official credit standing of the recipient, thereby minimizing the cost of future loans. A significant drawback, however, of restricting these issues within the cultural community is that, over time and with increasing needs of members within the community, the resources of the cultural community can become depleted and may weaken overall, thereby compromising the aggregate economic strength of the community.

If various government agencies are to develop programs that successfully provide needed assistance to its constituent citizens, the programs must be actively marketed to the targeted AAPI community, or communities. In addition, outreach must occur in language that is understood by the target market – that is, in the Asian language that is dominant in the community. Further, leaders of the AAPI community must communicate support for participation in such programs to counteract the reservations or stigma associated with participation in such public assistance programs by members of the cultural community. Accordingly, the following recommendations are submitted:

Recommendation #1: Economic assistance programs must be actively marketed to AAPI communities in languages understood by members of those communities.

Recommendation #2: The marketing of economic assistance programs to members of AAPI communities must occur in collaboration with leaders of those communities.

As noted above, while the AAPI group generally fares well overall, substantial diversity exists within this minority group, resulting in large disparities in economic well-being among ethnic groups. In general, Asian Indians and Asian Chinese have fared better than other AAPI groups in terms of income level, occupation, and homeownership. Immigration patterns may account for many factors causing this outcome, as earlier immigrants into the U.S. and Ohio have had more time to develop financial security and to assimilate into American culture. Later immigrants, such as those from Cambodia, Vietnam, and Laos, have had different challenges. Not only has there been less time to develop financial security and become acculturated but, in addition, the need for highly technical skills in the workforce, a highly competitive labor market, and other economic factors (such as affordable housing) has increased the difficulty for recent immigrants to establish a comparable level of economic well-being as did earlier immigrants from other Asian countries.

Given this disparity, agencies that offer programs providing support and assistance must recognize that a "one-size-fits-all" approach to the development and marketing of these programs will not be generally effective. Alternative, more tailored programs should be developed that recognize the different needs among AAPI groups. For example, programs that emphasize fundamental issues such as financial literacy or small business establishment might best meet the needs of many recent immigrants, while AAPIs who are more established could benefit from programs that feature more advanced information. Accordingly, the following recommendation is submitted:

Recommendation #3: The development of support and assistance programs must address the varied needs of different AAPI ethnic communities.

The U. S. Department of Commerce reports that AAPIs in the U.S. have the highest business ownership rate of all minority groups in the U. S. As is true for other minority groups, many AAPIs have relied on their entrepreneurialism in the establishment of small businesses to achieve economic well-being.

A broad array of economic development programs are being offered to promote minority businesses by the Department of Development of the State of Ohio as well as by municipalities, counties, and private associations. These programs range from assistance in the creation and establishment of their businesses to those designed to help minority business owners market their products and services. Clearly, resources have been allocated by various government agencies and organizations to provide assistance to minorities in the establishment and operation of their businesses.

However, awareness of current minority business assistance programs among AAPIs appears to be minimal, as relatively few Asians have become participants. Based upon discussions with staff of several government agencies, it appears that funding to create and/or deliver formal outreach initiatives to AAPIs is either absent or is inadequate to sufficiently raise their awareness and to encourage their participation. Therefore, the participation of AAPIs depends almost entirely upon "internal networking" (i.e., referrals and recommendations from other government agencies). In addition, a general reluctance to participate in public programs must be overcome, as the preference of many AAPI community members is to rely upon resources within their cultural community (see discussion preceding Recommendation #1 above). In sum, the effectiveness of minority business assistance programs among AAPIs is severely compromised without proactive outreach initiatives to create awareness of these programs, to encourage participation, and to overcome the general preference of AAPI community members to rely on resources within their cultural community.

The need for such proactive outreach to members of AAPI communities would increase with promising, newly-developed programs involving tax credits or subsidies for capital investments or additional hiring.

While some Asians have, in fact, participated in business assistance programs offered by government agencies, nevertheless, metrics and measurements have not been established to gauge the relative frequency and level of participation by members of specific AAPI ethnic groups. For example, the penetration rates of minority businesses assistance programs into Asian immigrant populations have not been well documented. Hence, the value and effectiveness of programs to assist newly arriving AAPIs in the creation and establishment of their businesses become questionable.

The following recommendations are offered in hopes of remedying the above concerns:

Recommendation #4: Formal outreach initiatives should be developed and implemented to create awareness of minority business assistance programs within the AAPI communities and to promote participation by members of those communities.

Recommendation #5: Comprehensive evaluation procedures should be implemented to gauge the participation of members of various AAPI communities in minority business assistance programs, particularly in populations where need is greatest, and to determine the effectiveness of the various types of programs offered.

The State of Ohio has clearly recognized the significant opportunities and potential presented by companies from Asian countries establishing a presence in Ohio. Efforts have been made to encourage companies from Asia to explore business opportunities in Ohio. An example of such efforts is the July, 2010, Ohio Department of Development trade mission to China. Such missions and related initiatives are

strongly encouraged, as they provide opportunities for Asian countries to become familiar with Ohio and its political infrastructure, business environment, and available human capital.

Representatives of Ohio business associations who have met with business leaders in Asian countries have alerted us to challenges they have faced in attracting investments for new facilities in Ohio. A primary obstacle has been misperceptions or lack of awareness of Ohio's positive business climate and systems of financial and infrastructure support, as well as with its strong human and cultural resources. Although leaders of these firms are generally familiar with metropolitan areas along the East Coast (such as New York) and West Coast (such as Los Angeles) their knowledge of most Midwestern regions is relatively limited. Consequently, Ohio is often thought to be primarily rural, and the business opportunities in Cleveland-Akron, Columbus, Cincinnati, Dayton, and Toledo tend to be unrecognized. Reluctance to establish a business presence in Ohio is unlikely to change without concerted, sustained efforts to correct these misperceptions.

In addition, representatives of Ohio business associations that enjoy interactions with Asian firms indicate that the manner in which business is done in many Asian countries differs from practices in the U.S. and Ohio. Asian firms may or may not be aware of these differences, and those that are not aware encounter significant obstacles in their attempts to establish a business presence in Ohio and elsewhere in the U.S. While education on the various aspects of business practices domestically and in Ohio is needed, greater impact and success can be achieved if this education is paired with an understanding of how business is conducted in the Asian countries, thereby allowing an approach of "compare and contrast" that would be more comprehensible by the Asian firms. Such an approach can be best achieved by leveraging the experience of Asian business leaders in Ohio who have successfully established a business presence in Ohio and understand the business traditions in both Ohio and Asian countries. These Asian business leaders should be used as a bridge between the State of Ohio and Asian firms with the potential interest in doing business in Ohio.

Accordingly, the following recommendations are submitted:

Recommendation #6: Trade missions to Asian countries and other initiatives that foster a greater understanding of Ohio's infrastructure and its resources among Asian business and government leaders should be continued, with particular emphasis upon correcting existing misperceptions of Ohio.

Recommendation #7: The knowledge and experience of successful Asian business leaders in Ohio should be leveraged by including them in trade missions and related outreach initiatives to Asian countries.

Overall, we recognize the value of business support and assistance programs provided by the State of Ohio, its various departments, agencies, and the current administration, to members of Ohio's AAPI communities. Therefore, we heartily endorse the continuation of such efforts with the recommendation that they be expanded to include more systematic outreach to members of Ohio's AAPI populations. This would not only increase awareness of current and future programs, but it would also help overcome culturally-based resistances to acceptance of such assistance. We believe that continued efforts in this direction will enhance the economic growth and stability in the State of Ohio as well as contribute toward a rich, vibrant, and attractive social and cultural environment that is inherent in such an increasingly diverse citizenry.

Governor Strickland opens the Tata Consultancy Services, in Clermont County, Ohio. Tata Consultancy Services will create 1,000 jobs in Clermont County as it establishes its North American Delivery Center there.

HEALTH ISSUES & THE HEALTH CARE SYSTEM

Introduction

The problems of health disparities in minority populations have been recognized for many years. The Institute of Medicine Report (2002) and Healthy People 2010 support the notion that racial and ethnic disparities in health do exist and that these disparities are unacceptable because they are associated with poor health outcomes. These documents also emphasize the importance of collecting baseline data to guide future research and interventions. While Asians do experience health disparities, there is often insufficient data to clearly document specific disparities for particular Asian ethnic communities.

Access to Quality Health Care

Limited English Proficiency

Culturally competent health care for Asians requires clear communication between clients and their health care providers. Therefore, clients should understand their legal right to request an interpreter.

According to the Institutes of Medicine Report, poor patient-provider communication can result in dangerous treatment errors. It is estimated that such errors have cost the national healthcare system more than $69 billion each year. The American Hospital Association supports incentives for making appropriate language services available when and where they are needed. Federal law requires that any federally funded health care program (including Medicare and Medicaid) must provide interpreter services when needed. In January, 2009, California strengthened this federal requirement by becoming the first state to provide patients with limited English proficiency the right to an interpreter from their commercial health and dental plans.

In Ohio, nearly 69% of the population regularly seeks care from a doctor's office or HMO. Only 10% of the population regularly receives care from a hospital emergency department, outpatient facility, or an *Urgent Care* facility. Another 8% of respondents reported no regular source of medical care. While nearly 73% of whites and 60% of Asians usually receive care in a doctor's office, only 46% of blacks and 37% of Hispanics report a doctor's office as a typical source of care. While less reliable and less cost-effective as a regular source of medical treatment, 21% of blacks, 13% of Hispanics, and 8% of Whites and Asian Americans receive regular care from an emergency department. Further, Asian Americans and Hispanics are significantly more likely than Whites and Blacks not to report a regular source of care.[56]

[56] Jennifer Malat and Jeffrey Timberlake, *Racial & Ethnic Inequality in Health Care Access and Quality in Ohio,* 2009. This publication is available at: http://ckm.osu.edu/sitetool/sites/ofhspublic/documents/OFHS_Report_malat.pdf.

Insurance

Those with reliable healthcare insurance are more likely to receive a variety of preventive healthcare services, the benefits of which include more effective diagnosis, care management, continuity of care and, often, less costly medical care. The uninsured are more likely to use emergency departments, be hospitalized for potentially avoidable health conditions, be diagnosed with late-stage cancer and, in the case of pregnant women, delay receiving prenatal care.

According to the 2008 Ohio Family Health Survey[57], 17% of the adults in Ohio (more than 1.2 million people) did not have health insurance. Among all uninsured Ohio adults, 27.1% were Black, 39.0% were Hispanic, 12.3% were Asian, and 15.2% were White[58]. Ohio's Asians are more likely than other minority groups to have health insurance coverage. Therefore, Asian Americans are also less likely than those in other groups to have unmet health needs, and they are less likely than adults in other groups to be enrolled in Medicaid. (See Figure 11.[59])

HEALTH DISPARITIES

Until recently, APIAs were perceived as a single, homogenous group with respect to various health risks. Hence, misleading conclusions were made in the study of conditions such as breast cancer and heart disease. In truth, APIA subgroups can face dramatically different risks for developing these diseases and others such as diabetes, tuberculosis, and depression. Furthermore, the unique languages and associated cultures of the diverse ethnicities require different targeting strategies to optimize prevention and screening efforts.

Table 16 below lists the 10 leading causes of death in AAPI populations as reported by the Center for Disease Control (CDC) in 2009. According to the Ohio Department of Health, Vital Statistics, the six leading causes of death in Ohio's general population are the same as the six leading causes of death in the national AAPI population.[60]

Table 16. The Ten Leading Causes of Death in Asian American & Pacific Islander Populations.

1.	Cancer	**6.**	Chronic lower respiratory disease
2.	Heart disease	**7.**	Influenza and pneumonia
3.	Stroke	**8.**	Nephritis, Nephritic syndrome, and Nephrosis
4.	Unintentional injuries	**9.**	Suicide
5.	Diabetes	**10.**	Alzheimer's Disease

Source: CDC, Health, United States, 2009, Table 30, updated data

Because optimal prevention and/or treatment strategies associated with several of these causes of death among AAPI populations differ from prevailing screening or treatment practices developed for the general

[57] Ohio Department of Health, *Ohio Family Health Survey,* 2008. https://ckm.osu.edu/sitetool/sites/ofhspublic/documents/Summary_of_Initial_Findings.pdf (accessed on August 24, 2010).

[58] Lisa A. Frazier, Health Policy Institute of Ohio, *Unhealthy differences: Health Disparities Between Racial Ethnic Groups in Ohio,* August, 2009.

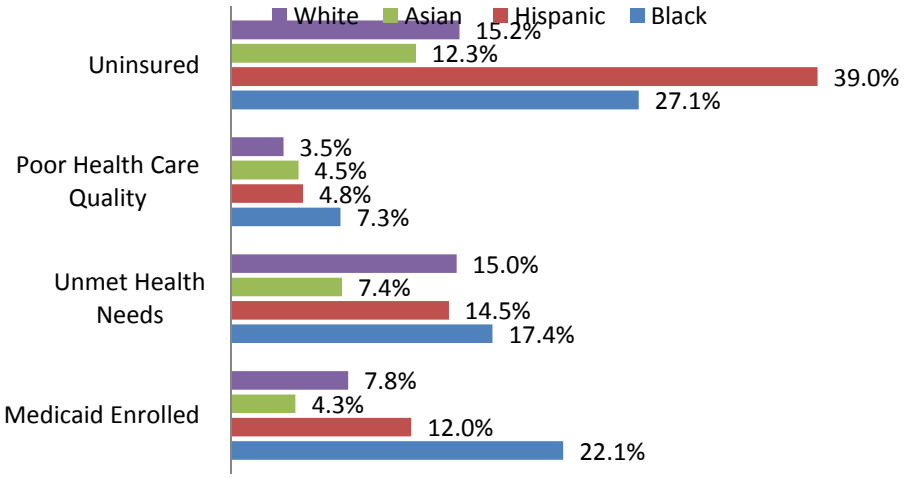
[59] *Ibid.*

[60] Ohio Department of Health, *Minority Health Profile***,** Mortality by Race and Ethnicity. http://www.odh.ohio.gov/ASSETS/9EF9B722AB46405FA696AA75101A6D0C/minhlthprofile1.pdf (This was accessed on September 2, 2010.)

population, the following sections discuss both health/risk disparities and, where known, policy changes that can help reduce or eliminate such disparities.

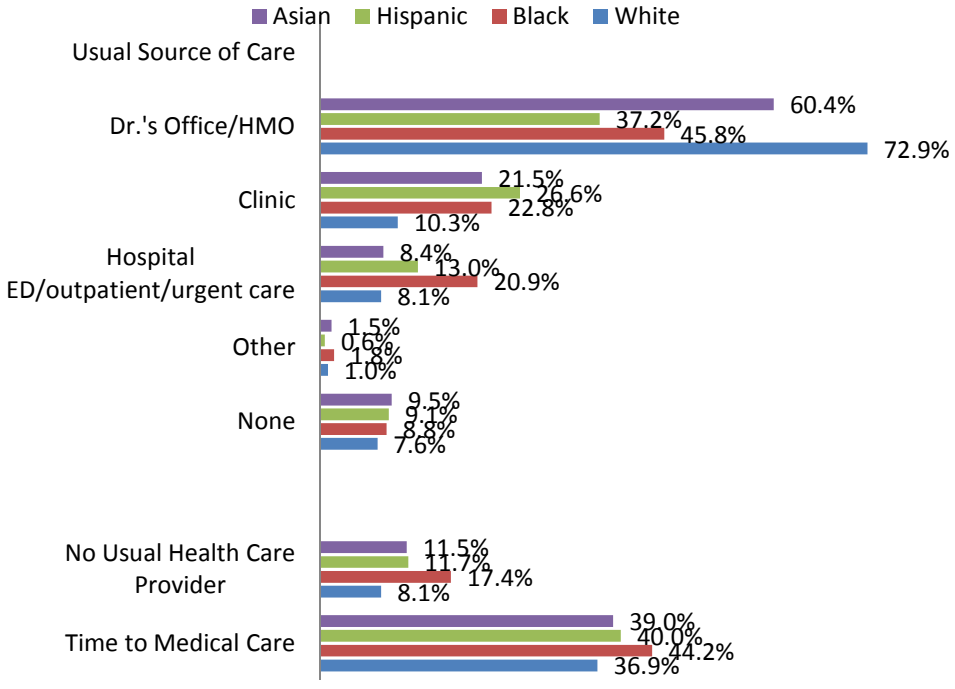
Figure 11: : Health Care System Factors by Races, Ohio

Adults 18-64



Source: 2008 Ohio Family Health Survey.

Access to Health Care in Ohio



Source: 2008 Ohio Family

CANCER

Despite having lower cancer rates than Whites, more AAPIs die of cancer than any other cause. With the exception of Asian Indian women, AAPIs are particularly susceptible to lung cancer, which is the leading cause of death. AAPIs also experience higher incidence and death rates from liver and stomach cancers and, among women, from breast and cervical cancers.

Table 17. Percentages of Smokers According to Ethnic Background and Sex.

Ethnic Community	Males		Females		Total	
	N	%	N	%	N‡	%
Asian Indian	122	**8**	114	**0.9**	236	**5**
Cambodian	6	**17***	4	**25***	10	**20***
Chinese (including Taiwanese)	184	**10**	271	**0.7**	456	**4**
Filipino	36	**11**	63	**0**	100	**4**
Hmong	7	**29***	6	**0***	13	**15***
Japanese	15	**13**	39	**5.1**	55	**7**
Korean	89	**22**	92	**6.5**	182	**14**
Laotian	18	**22**	7	**0***	25	**16**
Vietnamese	119	**23**	132	**0**	252	**11**
Other (including Multi-ethnic)	18	**6**	13	**0**	31	**3**
Total	573	**14.4**	656	**1.7**	1238	**7.4**

* These percentages are unreliable due to a small sample sizes.
‡ A total in this column represents all members of an ethnic group, including those that did not report their sex.

The Asian American population is the only U.S. racial/ethnic group that experiences cancer as the leading cause of death. More specifically, Asian Americans have notably higher rates of cancer resulting from infections (such as cervical and liver cancer) than any other racial/ethnic group. For example, AAPI women experience rates of cervical cancer that are 2-3 times higher than the rate among non-Hispanic White women (which is 8.1 per 100,000). Particularly high rates of cervical cancer occur among Laotian, including Hmong (24.8%), Vietnamese (16.8%), and Cambodian (15.3%) women.

Many liver cancer deaths can be prevented through testing and vaccinating for hepatitis B; however, AAPIs are seldom adequately screened.

Asian Americans also have among the lowest rates of screening for breast, cervical, and colorectal cancers. As screening for cancer can lead to earlier detection of several of these diseases, along with a

higher probability of successful treatment, the postponement or avoidance of such screening may, at least in part, account for the finding that members of AAPI populations are diagnosed at later stages of disease progression than are those in the general population.

Smoking rates continue to be high among many Asian American groups. This is a concern, as smoking is a primary risk factor for lung and other cancers.[61] Combined across sex the smoking prevalence rates are higher among Korean (14%) and Vietnamese (11%) respondents than their counterparts from other Asian communities. A lower rate of smoking occurred among Chinese respondents (4%). However, there are substantial differences in the percentages of smokers according to ethnic background and sex.[62] Table 17 presents these results.

The overall smoking prevalence among male respondents is 14.4%. Prevalence rates are highest among Vietnamese (23%) and Koreans (22%). Chinese (10%) and Asian Indian (8%) report lower rates.[63]

The overall smoking prevalence among females is 1.7%. The rates are relatively low across ethnic groups, including Korean (6.5%), Japanese (5.1%), Asian Indian (0.9%), Chinese (0.7%), Other, including biracial, (0%), Filipino (0%), and Vietnamese (0%).[64] However, the smoking prevalence rate among Korean women is higher than the corresponding rate among their female counterparts from other Asian communities.

HEART DISEASE and STROKE

Cardiovascular disease is the leading cause of death in the U.S. which includes coronary heart disease and stroke. According to the Center of Disease Control (2004) , heart disease was the number two and stroke was the number three leading cause of death in the Asian American and Pacific Islander population in the United States. Coronary Artery Disease is highly prevalent in the Asian Indian subgroup and is four times higher compared to the general US population. A study comparing Asian Indian immigrants with non-Hispanic Whites found that Asian Indian men have a higher prevalence of myocardial infarction.

Between 2000 and 2006, the average death rate from heart disease among Ohio's AAPIs was 183 per 100,000, which compares favorably to Hispanics (272), Whites (472), and Blacks (575). Only American Indian/Alaskan Natives had a heart disease death rate lower than that of AAPIs (124 per 100,000).[65]

Nationally, AAPIs are less likely to die from heart disease than non-Hispanic Whites (136.3 deaths per 100,000 among AAPIs vs. 250.0 deaths per 100,000 among non-Hispanic Whites).[66]

[61] Amy K. Ferketich , A Profile of Smokers in Ohio in 2008, Health Policy Institute of Ohio, October, 2009.

[62] Ronald M. Katsuyama, Report on the Asian American Youth Against Tobacco (AAYAT) Adult Tobacco Survey, Presented to Asian Services in Action (ASIA) and the Ohio Tobacco Use Prevention and Control Foundation (TUPCF), June 2005.

[63] *Ibid*.

[64] *Ibid*.

[65] Department of Health and Human Services, *Heart Disease & Stroke Maps*: http://apps.nccd.cdc.gov/giscvh2/Default.aspx (accessed on September 2, 2010).

[66] U.S. Department of Health and Human Services, The Office of Minority Health website: http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=6&ID=3060

DIABETES[67]

The following statements are adapted from World Health Organization's (WHO) global estimates of diabetes:

- In 2005, diabetes increased to the extent that it affected 194 million people
- In 2025, the number of individuals with diabetes is projected to be 333 million people, globally. Half, or 170 million, will be Asians and Pacific Islanders.
- China is predicted to have the highest rise in prevalence rate (68%), followed closely by India (59%), other Asian countries, and the Pacific Islands (41%).

In US Asian and Asian Americans prevalence of diabetes and impaired glucose tolerance is at least twice that of the white population. This was seen among different ethnic Asian groups in Hawaii, including the Filipino, Chinese, Japanese and Korean. Studies in the United Kingdom also revealed a fivefold difference in the prevalence of diabetes in Asians from India, Pakistan and Bangladesh living in West London compared to age-matched European groups.

According to the CDS Type 2 Diabetes (T2D) is the seventh leading cause of death in the U.S. and sixth leading cause in Ohio. In addition to shortening life, T2D also diminishes the quality life, as it is associated with other complications, including cardiovascular, kidney, neurological, renal, ophthalmic, and circulatory diseases (AJ Dallo and SC Weller, 2003; S. Vijan, et al. 1997; N. Winer & JR Sower.) In 2007, there were 19.9 million diagnosed T2D cases and an estimated 5.7 million undiagnosed cases in the U.S. Unfortunately, the prevalence of diabetes is expected to double by 2030, and the corresponding increases in costs associated with treatment is staggering. For example, a diabetic patient spends approximately $13,243 in health costs per year compared to $2,560 for a non-diabetic. (CDC Fact Sheet, 10/26/2005; American Diabetes Association, 2003.) An estimated one million adults in Ohio are diabetic, and this affects approximately 9.5% of the adult population (D. Moffa & R. Duffy).

Diabetes is associated with levels of income, education, race/ethnicity, diet, weight, physical activity, and smoking and, besides the diseases mentioned above, it is also co-morbid with poor mental health.

While diagnosed diabetics comprise 15.8% of the Black and 12.0% of the Hispanic adult populations, the corresponding percentage among Ohio's Asian populations is unknown (Ohio Diabetes Fact Sheet 2008). In the absence of such data, there is no priority given to studies that could remedy this gap. Only 0.2% of federal health-related grants from 1986 to 2000 mentioned Asian Americans (Ghosh, 2003) and, of the funding given by the top twenty foundations from 1990 to 2002, APIs received only 0.4%. (Ghosh, 2009). Most importantly, in the absence of critical data about the prevalence of diabetes in Asian populations, public health officials and health care providers may not change policies and practices that would provide more culturally-sensitive and appropriate access and utilization of health care services (Frisbie, et al, 2001).

While rates of obesity and T2D among Asians in Ohio may be approaching, or among certain ethnicities (e.g., Filipinos and Pacific Islanders) even exceeding, those of non-Asian populations, their vulnerable, pre-diabetic condition may remain undetected with current medical screening standards. For example, the amount of body fat associated with a BMI of 30 among Caucasians is said to be approximately equal to the amount associated with a BMI of 27 for Chinese and 26 for Asian Indians.[68] That is, without culturally sensitive norms that take into account the occurrence of greater levels visceral fat among Asians than their non-Asian counterparts with the same BMI, too many pre-diabetics will remain unaware of their own risk factors and T2D may later be detected at more advanced stages when cure is less certain.

[67] The AAPI Advisory Council expresses gratitude to Dr. Tom Chung, Former Executive Director, Cincinnati Foundation for Biomedical Research and Education, for his guidance in writing this section and for sharing his expertise on Type 2 Diabetes.

[68] Deurenberg-Yap, M., Schmidt, G., van Staveren, W.A., and Deurenberg, P (2000). *International Journal of Obesity Related Metabolic Disorder*, Aug; 24(8):1011-7.

Many Asian Americans, including Chinese, Koreans, Cambodians, Hmongs or Laotians, and Vietnamese, are more likely than Whites to live in poverty and, therefore, unable to afford basic health insurance. Approximately 20% of all Asian Americans are without such insurance, and the rates are higher among Korean Americans and immigrants from China and Southeast Asia.[69] Consequently, the uninsured are less likely to obtain preventive health services, including screenings.[70]

HEPATITIS B

Nationally, APIAs account for over half of chronic hepatitis B cases and resulting deaths from hepatitis B, the leading cause of liver cancer. [74]

Table 18: Health through Action SCREENING in select cities in OHIO 2009 AND 2010

	Total	Total Asian	HepBsAg +	Infection rate
Columbus Region	**612**	**577**	**43**	**7.45%**
Dayton Region	**51**	**50**	**2**	**4.00%**
Cincinnati Region	99	95	3	**3.16%**
Cleveland/Akron Region	115	115	8	**7%**
Totals	**877**	**837**	**56**	**6.69%**

Source: OAAHC, Health through Action, 2010.

In the President's Advisory Commission on AAPI 2003 health status report, Asian Americans were said to have a higher prevalence of chronic HBV (hepatitis B viral) infection than any other racial or ethnic group. While far less than 1% of non-Asians in the USA are chronically infected, the rate of such infection among AAPIs is estimated to be more than 10%. Hence, AAPIs account for more than 60% of the 1.4 million chronic HBV cases in this country as well as the majority of the more than 16,000 deaths per year resulting from chronic hepatitis B infection (American Cancer Association, 2006).

The danger of chronic HBV lies in its hidden progression and transmission. Many chronic HBV carriers show no symptoms of disease and feel healthy for a long period of time. However, during this time they may be unaware of passing on this virus to others. Unfortunately, it is not until symptoms such as nausea, vomiting, jaundice, and abdominal pain occur that their illness is diagnosed, but this may represent advanced and irreversible stages of liver failure. For example, the 5 year survival rate for hepatocellular carcinoma (HCC, or liver cancer) was only 7% in 1999.[71]

While the overall rate of chronic HBV infection in North America is relatively low and the majority of HBV infections were acquired during young adulthood by unprotected sex or unsafe injections, the situation among immigrant AA populations is much different. For example, there is a high risk of transmission from HBV carrier mothers to their infants during vaginal birth. While the estimated maternal HBV prevalence is 1.4% among US-born AAPI women, it is 8.9% among foreign-born AAPI women (Stanford Asian Liver Center: http://liver.stanford.edu). Infants born to mothers with chronic HBV have a 10-85% chance of becoming infected. Without vaccinations, 90% of these infants will develop chronic HBV. (See the web site of the Centers for Disease Control and Prevention, US Department of the Health and Human Services: http://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm.) While generally-accepted hospital practice calls for the routine screening and vaccination of these newborns, nevertheless, it is said

[69] From the Commonwealth Fund 2001 Health Care Quality Survey conducted by Princeton Survey Research Associates.

[70] See Health Issues of Chinese and Vietnamese in the Greater Houston Metropolitan Area reported at: http://www.mdanderson.org/education-and-research/departments-programs-and-labs/programs-centers-institutes/center-for-research-on-minority-health/pdf/health-disparities-asana-cr-final.pdf.

[71] See the Stanford Asian Liver Center website: http://liver.stanford.edu.

that approximately 20% of these infants are not vaccinated (either because of the high demands and distractions among hospital staff or because of their lack of knowledge about the severity of this disease) and, therefore, the tragedy of HBV infection is perpetuated when infected infants remain untreated.[72]

Hepatitis B prevention and control is becoming increasingly important when consideration is given to the dramatic increase in immigration rates from India (91% in the past 10 years), China (57% increase), and Southeast Asian countries,[73] wherein universal first-year infant vaccination rates have been relatively low. For example, according to WHO/UNICEF reports, in comparison to the infant vaccination rate of 92% in the USA, rates in India (7%), Nepal (41%), Philippines (44%), and the Lao People's Democratic Republic (49%) are much lower. Unfortunately, the prevalence of chronic HBV in each of these South Asian and Southeast Asian countries is at intermediate (2-7%) or high (≥ 8%) levels.

Ohio's growing immigrant Asian populations from mainland India, China, and Southeast Asia portend a corresponding increasing need for health services such as hepatitis B screenings and follow-up vaccinations and treatment. Such programs and services have only begun. For example, screenings conducted in Akron and Cleveland between 2005 and 2007 among Asians attending health fairs or at Asian food stores revealed a 10% (15 of 150) HBV infection rate. Subsequent screenings conducted between 2007 and 2009 with 648 Asians at similar venues in the Columbus, Dayton, and Cincinnati areas revealed a 5.4% infection rate. However, when more vulnerable Asian populations (e.g., restaurant workers) were screened in the Columbus area this past year (2009), 17.6% tested positive. It is important to note that over 90% of those identified with chronic HBV in these recent screenings reported having mainland Chinese or Southeast Asian backgrounds. All who tested positive were contacted and, personally, encouraged to seek medical treatment, while vaccinations were arranged for those at risk for infection. It is important that future projects develop partnerships between lay health advocates and health care providers, as the former individuals can provide the necessary social support that helps ensure that cultural stigma against acknowledgement of infection (or the risk of such infection) and appropriate treatment (or vaccination) be overcome.

MENTAL HEALTH-DEPRESSION/SUICIDE

AAPIs appear to have the highest lifetime prevalence rate of depression of any group. Studies indicate that AAPIs who use mental-health services are more severely ill than other groups, suggesting that APIAs delay seeking treatment. This delay can be attributable to various factors, including the stigma associated with using mental health services and cultural and linguistic barriers to accessing such services.

Asian Americans seek mental health treatment in the late stages of the illness usually when alternative and indigenous healing practices have been exhausted Stigma associated with mental illness is probably the largest barrier in seeking treatment for Asian Americans. Mental illness may be attributed to cultural beliefs associated with guilt and shame and ruining the reputation and social credibility of families in the community.

The rate of illicit drug use among Pacific Islanders is 9.1% higher than any other ethnic or racial group, and treatment admissions for stimulant abuse among AAPIs are nearly four times higher than total admissions for substance abuse.

Older Asian American women have the highest suicide rates of all women over the age of 65 in the US with elderly Chinese and Japanese women having the highest rates (DHHS 1994). Some Asians may

[72] Personal communication from Dr. Joseph Ahn, Gastroenterology and Internal Medicine, Northwestern School of Medicine.

[73] While precise rates of immigration to Ohio from Southeast Asian countries are unknown, estimates based upon aggregated Census data of Franklin County (Columbus) between 2000 and the 2005 (estimate) indicate an increase of about 58% from countries that include Cambodia, Indonesia, Laos, Thailand, and the Philippines.

experience unique mental health issues related to their refugee and immigration experience. Southeast Asian refugees are at high risk for post-traumatic stress disorder.[74]

According to the Behavioral Risk Surveillance System Survey Data (BRFSS), in 2007, 27% of Asians in the U.S. reported poor mental health, but there was not sufficient data to draw comparisons with Ohio's Asians.[75].

Table 19. Suicide Rates Between 1999 and 2005 According to Race/Ethnicity

Race/ Ethnicity	Percent of Total Ohio Suicides	1999-2005 Suicide Rate (per 100,000)
White (non-Hispanic)	91%	12.1
Hispanic	1%	5.8
Black	7%	7.0
Other	1%	7.0

Note: Data published by the Suicide Prevention Resource Center at EDC (J. Cox Ohio Department of Mental Health (ODMH)

TUBERCULOSIS

While tuberculosis (TB) was once the leading cause of death in the U.S., this bacterium is now controllable through prevention strategies and appropriate treatment. A single regimen of medication, usually isoniazid (INH), is administered for latent TB infection (LTBI), while several drugs are administered (for 6 to 12 months) in treatment of those with an active TB disease. Individuals with LTBI become susceptible to active TB under conditions of lowered immunity and, hence, psychological factors, including stress and depression, are co-morbid with this disease.

Additional risk factors include country of origin, including India, China, and parts of Southeast Asia (including the Philippines), living in close contact with someone with active, infectious TB, malnutrition, and lack of medical care which, in turn, is related to low income, absence of health insurance, recent immigration, and general lack of access to health care programs and services.

While Asians comprised 1.6% of Ohio's 2009 population, 19.4% of all TB cases identified by the Ohio Department of Health (ODH) in that year were Asian individuals. Prevalence rates were higher among Asians than any other group in four of the most populous counties: Cuyahoga (20 per 100,000), Franklin (13.1 per 100,000), Hamilton (25.3 per 100,000), and Montgomery (12.6 per 100,000). Table 21 presents these results. These high rates appear to represent the general lack of access and underutilization of medical services among Ohio's immigrant populations.

[74] Additional general information about Asian mental health is available at: http://mentalhealth.samhsa.gov/cre/fact2.asp. The following article provides additional information about the cultural factors that affect mental health in the U.S. : http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071736/.

[75] Centers for Disease Control and Prevention, Behavioral Risk Surveillance System Survey Data (BRFSS), 2007. Information can be obtained at: http://www.cdc.gov/nchs/data/hus/hus09.pdf#058.

Table 21. 2009 Ohio TB Cases
Demographic Breakdowns for Ohio and Four Selected Counties

	Ohio			Cuyahoga Co.			Franklin Co.			Hamilton Co.			Montgomery Co.		
	Cases	Percent	Rate*	Cases	Percent	Rate*	Cases	Percent	Rate*	Cases	Percent	Rate*	Cases	Percent	Rate*
Age															
0 - 4	3	1.7	0.4	3	8.8	3.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
5 - 14	4	2.2	0.3	2	5.9	1.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
15 - 24	22	12.2	1.4	1	2.9	0.6	9	22.0	5.5	1	4.8	0.8	2	20.0	2.7
25 - 44	66	36.7	2.2	10	29.4	3.2	24	58.5	7.1	7	33.3	3.3	3	30.0	2.2
45 - 64	42	23.3	1.4	10	29.4	2.8	5	12.2	1.8	6	28.6	2.6	2	20.0	1.4
65+	43	23.9	2.7	8	23.5	4.1	3	7.3	2.7	7	33.3	6.1	3	30.0	3.7
Unknown	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-
Sex															
Male	112	62.2	2.0	21	61.8	3.5	26	63.4	4.7	14	66.7	3.4	4	40.0	1.6
Female	68	37.8	1.2	13	38.2	1.9	15	36.6	2.6	7	33.3	1.6	6	60.0	2.2
Unknown	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-
Race															
White	77	42.8	0.8	9	26.5	1.0	13	31.7	1.6	7	33.3	1.1	6	60.0	1.5
Black/African American	66	36.7	4.8	19	55.9	5.1	22	53.7	9.9	9	42.9	4.2	3	30.0	2.7
Asian	35	19.4	19.3	6	17.6	20.0	6	14.6	13.1	4	19.0	25.3	1	10.0	12.6
Native Hawaiian/Pacific Isl.	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
American Indian/Alaska Nat.	1	0.6	3.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
Multiple Races	1	0.6	0.7	0	0.0	0.0	0	0.0	0.0	1	4.8	8.8	0	0.0	0.0
Unknown	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-
Ethnicity															
Hispanic	25	13.9	8.3	6	17.6	10.7	5	12.2	11.0	3	14.3	18.5	2	20.0	19.4
Non-Hispanic	155	86.1	1.4	28	82.4	2.3	36	87.8	3.3	18	85.7	2.2	8	80.0	1.5
Unknown	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-	0	0.0	-
TOTAL	**180**	**100.0**	**1.6**	**34**	**100.0**	**2.6**	**41**	**100.0**	**3.6**	**21**	**100.0**	**2.5**	**10**	**100.0**	**1.9**

*Rates calculated using 2008 census estimates and are shown per 100,000 population. Data reported through April 2, 2010. Caution should be used when interpreting small numbers.

Number of Cases for Variables of Special Interest*

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2009 Total
# Pediatric (0-14 years) TB Cases	1	3	2	1	7
# Foreign-Born TB Cases	17	25	27	23	92
# INH Resistant Cases*	1	0	2	2	5
# MDR (Multi-Drug Resistant) Cases*	0	0	2	0	2
Total # of TB Cases	32	54	54	40	180

* Data reported through April 2, 2010. Caution should be used when interpreting small numbers.

Ohio Department of Health
TB Surveillance, April 2, 2010

DOMESTIC VIOLENCE

About seventy percent of the Asian American population is foreign born, and they experience the stress of the immigration. This stress is associated with language barriers, unemployment, lack of social supports, discrimination, lack of financial resources and adaptation issues. This experience contributes to family stress, thus increasing the risks for domestic violence. Asian women are expected to be submissive and obedient to the husband who maintains gender inequality and power imbalance. These cultural factors contribute to denial of the violence, minimizing the violence or keeping it secret from their own family and friends. This is also reinforced by the overarching Asian patriarchal family structure that expects women to be in subservient roles. Numerous barriers are faced by the Asian women in terms of seeking help. Just like all women who experience abuse, Asian women are fearful and are hesitant to expose and reveal intimate and personal information about their relationships. There is lack of knowledge of appropriate resources for these victims. There is also a mistrust in professionals as well as the police and the judicial system. Culturally sensitive and linguistically appropriate services are needed to address the issue of domestic violence in the Asian community.

CULTURAL COMPETENCY OF HEALTHCARE PROVIDERS

Because of the diverse backgrounds of many immigrant populations, additional medical professionals from diverse APA communities will increase the likelihood that APA patients receive linguistically appropriate and culturally competent services. As the diversity of our state increases, providing interpreters and translators makes good business sense for doctors who want to increase their patient base.

- **Statistic on Asian physicians and/or other health care professionals in Ohio**
  26.0% of a total of 91,132 civilian employed Asians (16 years and over) are physicians who work in the industry of "Educational services, and health care and social assistance."[76]

- **Statistic on Asian medical and/or other health care professional students in Ohio**
  According to Association of American Medical Colleges, in 2009, 17,063 AAPIs were enrolled in medical schools in the United States. [77] In 2009, there were 201 AAPI medical graduate students, comprising almost a quarter of the total (860) in Ohio that year. [78]

CULTURAL COMPETENCY TRAINING FOR HEALTH CARE PROVIDERS

The Institute of Medicine Report (2002) recommends that health care providers need to have training in cultural competency. Some states like New Jersey and Massachusetts have required cultural competency training for physicians before they can renew their medical license. In Ohio, State Senator Ray Miller has sponsored a bill to have the same requirement for physicians in the state of Ohio.

Cultural competency training needs to be an on-going and dynamic process . It starts with self awareness of biases and prejudices that may lead to unconscious biases in clinical judgments and decisions in treatment approaches. Lack of cultural competency skills of health care providers can contribute to the problem of health disparities. This is reflected in unequal treatment of Asian patients and poor quality of care. Understanding cultural beliefs and practices of Asians is important for health care providers in planning culturally sensitive care. Use of qualified and trained interpreters will enhance cross- cultural communication that will lead to better treatment plans.

ALTERNATIVE/COMPLEMENTARY PRACTICES

Many Americans *use complementary and alternative medicine* (CAM) in pursuit of health and well-being. The 2007 National Health Interview Survey (NHIS), which included a comprehensive survey of CAM use by Americans, showed that approximately 38 % of adults use CAM. This fact sheet presents an overview of CAM, types of CAM, summary information on safety and regulation, the mission of the National Center for Complementary and Alternative Medicine (NCCAM) of National Institute of Health (NIH) and additional resources.

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[76] U.S. Census Bureau, 2008 American Community Survey; information on nonfederal physicians by race in Ohio: 2008 is available at: http://www.statehealthfacts.org/profileind.jsp?ind=431&cat=9&rgn=37.

[77] AAMC, Table 28. *Total U.S. Medical School Enrollment by Race, Ethnicity within Sex, 2002 – 2009,* and Table 29. *Total U.S. Medical School Graduates by Race, Ethnicity within Sex,* 2002 – 2009.

[78] AAMC, Table 30. *Total Graduates by U.S. Medical School and Race and Ethnicity ,* 2009.

"Complementary medicine" refers to use of CAM together with conventional medicine, such as using *acupuncture* in addition to usual care to help lessen pain. Most use of CAM by Americans is complementary. "Alternative medicine" refers to use of CAM in place of conventional medicine.

"Integrative medicine" refers to a practice that combines both conventional and CAM treatments for which there is evidence of safety and effectiveness.

Interest in and use of CAM natural products have grown considerably in the past few decades. The 2007 NHIS found that 17.7 % of American adults had used a nonvitamin/nonmineral natural product. These products were the most popular form of CAM among both adults and children. The most commonly used product among adults was fish oil/omega 3s (reported by 37.4 % of all adults who said they used natural products); popular products for children included echinacea (37.2 %) and fish oil/omega 3s (30.5 %).

MIND-BODY MEDICINE

Mind-body practices focus on the interactions among the brain, mind, body, and behavior, with the intent to use the mind to affect physical functioning and promote health. Many CAM practices embody this concept—in different ways.

- Meditation techniques include specific postures, focused attention, or an open attitude toward distractions. People use meditation. to increase calmness and relaxation, improve psychological balance, cope with illness, or enhance overall health and well-being.
- The various styles of yoga used for health purposes typically combine physical postures, breathing techniques, and meditation or relaxation. People use yoga as part of a general health regimen, and also for a variety of health conditions.
- Acupuncture[1] is a family of procedures involving the stimulation of specific points on the body using a variety of techniques, such as penetrating the skin with needles that are then manipulated by hand or by electrical stimulation. It is one of the key components of traditional Chinese medicine, and is among the oldest healing practices in the world.

Other examples of mind-body practices include deep-breathing exercises, hypnotherapy, progressive relaxation, and *tai chi*.
Several mind-body approaches ranked among the top 10 CAM practices reported by adults in the 2007 NHIS. For example, the survey found that 12.7 % of adults had used deep-breathing exercises, 9.4 % had practiced meditation, and 6.1 % had practiced yoga; use of these three CAM practices had increased significantly since the previous (2002) NHIS. Progressive relaxation and guided imagery were also among the top 10 CAM therapies for adults; deep breathing and yoga ranked high among children. Acupuncture had been used by 1.4 % of adults and 0.2 % of children.

Acupuncture is considered to be a part of mind-body medicine, but it is also a component of energy medicine, manipulative and body-based practices, and traditional Chinese medicine.

Finally, whole medical systems, which are complete systems of theory and practice that have evolved over time in different cultures and apart from conventional or Western medicine, may be considered CAM. Examples of ancient whole medical systems include Ayurvedic medicine and traditional Chinese medicine. More modern systems that have developed in the past few centuries include homeopathy and naturopathy. The 2007 NHIS asked about the use of Ayurveda, homeopathy, and naturopathy. Although relatively few respondents said they had used Ayurveda or naturopathy, homeopathy ranked 10th in usage among adults (1.8 %) and 5th among children (1.3 %).

DATA COLLECTION AND RESEARCH

Data collection has been a big challenge for Asians. Small sample sizes do not allow enough statistical significance when evaluating results of surveys. The problem seems more pronounced after the 1997 Office of Management standard separating Asians from Pacific Islanders health data. Over sampling or use of alternative methodology to quantify health status of Asians need to be addressed. Disaggregated data need to be collected to understand the health status of the Asian subgroups representing a diverse group of people. Currently paucity of data about Asian health in Ohio is a challenging issue.

In conclusion, racial and ethnic inequality in health care access and quality continue to be challenges facing the State of Ohio. Blacks and Hispanics generally face lower health care access and quality than Whites and Asian Americans in Ohio. Statistical analysis suggests that inequality can be reduced through access to health insurance, to which the State has already shown a commitment. Continued efforts to maintain and support health insurance coverage are needed to prevent further growth in the racial disparity in health care. In addition, other targeted programs that improve health care access for all disadvantaged people and programs that aim to improve education and income for disadvantaged people will help all Ohioans. (Racial & Ethnic Inequality in Health Care Access and Quality in Ohio 2009).

THE OHIO ASIAN AMERICAN HEALTH COALITION (OAAHC)

A small group of individuals planned the first statewide Ohio Asian American Health Conference, held in Columbus, Ohio, in 2002. With grant support from the Ohio Commission on Minority Health, it has become a biennial event that attracts leading scholars and practitioners, invited to share their knowledge of latest research and best practices involving AAPIs.

At the conclusion of the second Ohio Asian American Health Conference held in Cleveland in 2005, a strategic planning session led to development of an agenda and organizational structure for what would become the Ohio Asian American Health Coalition (OAAHC). The OAAHC has taken the lead in planning subsequent conferences and major health-related events, including the third Ohio Asian American Health Conference held in Dayton in 2007, and the fourth conference held in Cincinnati in 2009.

The OAAHC is currently a statewide 501(c)(3) organization that provides support to seven other Asian organizations in Ohio, including the Asian American Community Services, Columbus, Asian American Council, Dayton, Asian Community Alliance, Inc., Cincinnati, Asian Festival Corporation, Columbus, Asian Resource Center, Toledo, Asian Services In Action, Cleveland and Akron, and the Chinese Association of Greater Toledo. According to its mission, the "OAAHC strives to eliminate social inequities that contribute to disparities in the quality of life of Ohio's Asian American Pacific Islanders (AAPIs) through community research, education, and advocacy."

The OAAHC is open to all individuals who accept its guiding principles and goals, which include the promotion of (1) research and education to address health disparities and (2) advocacy for improved access to personalized, culturally and linguistically competent health care. The OAAHC represents 40,000 Asian Americans living in Ohio, including constituents of seven member organizations as well as hundreds of individual members. Its activities are guided by common values, including the belief that all of Ohio's citizens must have access to quality health care. Through its mission-based projects, members join in collective action that can improve health programs and services for all.

INITIATIVES IN HEALTH

Among the current OAAHC initiatives is a Health Through Action (HTA) project, funded by the Kellogg Foundation, to help build a strong coalition that is empowered to induce systemic changes in the health care system. The project focuses upon public forums and strategic planning meetings, educational workshops for the general public and for health care providers, health care needs assessments, a series of webinars that permit participants to learn about recent health-related research findings and identification of best practices in treatment, and hepatitis B screenings.

The following are brief descriptions of other OAAHC activities and projects:

1. Obtained a 2008 Ohio Commission on Minority Health Grant**.** This grant supported the development and implementation of a series of "Local Conversations" that were held in various regions of Ohio and drew participants of varied ages and ethnic backgrounds. The discussions encouraged participants to express their health care needs and concerns, and these were recorded for purposes of contributing toward a comprehensive health care needs assessment among Ohio's AAPIs.

2. Obtained a 2009 B Free Center for the Elimination of Disparities (CEED) Grant from the New York University School of Medicine. This project complements the HTA project by supporting the development of a statewide publication that provides information about the hepatitis B virus and includes a directory that lists resources for the prevention and treatment of this disease. The grant also supports hepatitis B screening

3. Opened a dialogue with Ohio Department of Health (ODH). After having met with the Ohio Department of Health Research and Policy Group, OAAHC members were invited to make a panel presentation on Asian Health at ODH.

4. Met with the Ohio Department of Mental Health staff and decided to collaborate in the implementation of two projects: (1) a mental health needs assessment for Ohio's Asians and (2) development of a culturally competent curriculum for mental health care providers who work with Asian clients.

5. Presented the first Asian Legislative Day**,** held at the Columbus Statehouse on June 8, 2010. Hundreds of participants from throughout Ohio joined together to learn about the legislative process and meet Ohio representatives and senators.

6. Submitted a REACH CORE Grant application, which was "approved." An announcement of grantees has not yet been made.

RECOMMENDATIONS:

- Systematically collect disaggregated data on health that is specific to Asian subgroups
- Initiate a state-wide needs assessment of the health status of Asians in Ohio
- Increase health screenings of Asians
- Obtain data on social determinants of disease in Asian population
- Develop curriculum for Cultural Competency training for Health Care Providers on Asian Culture to address inequality in treatment and eliminate health disparities.
- Develop Training/ & Certification of Community Health Advocates
- Develop Training & Certification of interpreters

- Develop Community Health Education curriculum to increase awareness and knowledge of chronic illnesses, treatment and compliance with prescribed plan.
- Promote mental health in communities through outreach to de-stigmatize mental illness.
- Engage in academic partnerships for community based participatory research in addressing health disparities in Asian communities.

On August 8th 2010, Women's Mind and Body Wellness event held by ASIA, Inc.

ART, CULTURE and EDUCATION

INTRODUCTION

Ohio's AAPI population represents a diversity of ethnic, cultural, and linguistic backgrounds. Each community has a rich set of customs, traditions, and varied art forms, including music, dance, visual arts, and food to add to Ohio's cultural life. This report describes how the AAPI's art and culture is maintained, promoted, and shared with the public.

ART OF THE AAPI COMMUNITY

Many museums and universities have permanent or special collections of Asian art on display. These include Ohio State University, Ohio University, the Cleveland Museum of Art, Dayton Art Institute, and the Allen Memorial Art Museum in Oberlin, Ohio, among others.

On a grassroots level, Ohio's AAPI communities have established new festivals statewide to showcase Asian culture and arts. One of the most prominent is the annual Asian Festival held in Columbus, Ohio. The Asian Festival is incorporated and was established as a non-profit organization in 1994. It is organized by a large group of volunteers. In recent years, AAPI groups in other parts of Ohio including Dayton, Cincinnati, and Cleveland have organized similar Asian Festivals with great success. These events are free of charge to the public.

The Columbus Asian Festival is held in May during the Memorial Day weekend. During the weekend of May 28-29, 2010, more than 150,000 people attended the event. The 2010 Columbus Asian Festival included two days of cultural displays, food booths, performances, and hands-on demonstrations.

Participants in the 2010 festival included groups representing a wide range of ethnic backgrounds including Asian Indian, Bangladeshi, Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Laotian, Malaysian, Myanmar (Burmese), Nepalese, Pakistani, Thai, and Vietnamese. The AAPI ethnic groups presented cultural performances such as singing, dancing, music, and martial art performances. Cultural representatives modeled the native dress of various Asian countries. Children and adults participated in various art activities, such as drawing, making Asian kites, and flower arranging. Many learned how to write their names in different Asian languages. (See www.Asian-Festival.org for a more detailed description of activities.)

Ohio also celebrates the Asian Pacific Islander Heritage Month in May.

Asian culture is promoted through practices at home, music and arts events, and religious programs. Artists, both local and international, are invited by local Asian promoters to perform at various venues around Ohio. These events are especially popular during the summer. The availability of international channels through cable and satellite stations help Asians stay connected with language, arts, news, and culture of their countries of origin.

CULTURE OF THE AAPI COMMUNITY

Because the AAPI population in Ohio is widely disbursed, ethnic and cultural activities often features a blend of many different nationalities and ethnic groups that are spread throughout the state. Unlike other states with larger AAPI populations, Ohio does not have highly visible Chinatowns, Japantowns, Koreatowns, Little Saigon's, or Little Delhi's within the major cities.

Food is an extremely important part of Asian culture. Asian Americans who initially came to Ohio had to travel to bigger cities such as Chicago and New York or mail order their spices and groceries. As the population has increased, the businesses catering to their needs have also increased. Healthy competition amongst grocery stores has translated into cleaner, fresher, and better quality food items. American grocery chains have also started carrying ethnic Asian foods and groceries. This enables Asian Americans to feel more at home in Ohio. Restaurants catering to diverse palates have made life easier especially for Asian families. These restaurants are used for catering weddings, parties, and to host family dinners. As more of these restaurants compete for business, Asian Americans will have access to varied cuisines, better quality food and service.

As Asian Americans settle into life in Ohio, social issues emerge due to lack of close family and natural social networks of their country of origin. At times some of these issues seem insurmountable. Many nonprofits have been formed in Ohio to help educate, advocate and collaborate for and on behalf of Asian Americans. One such organization is the Asian Community Alliance, Inc. of Cincinnati. They serve as a bridge between the social and health care services and the Asian communities. They have held three Summits to educate on topics of interest to Asians. The most recent Summit on October 30, 2010 had sessions on Domestic Violence, Immigration, Racial Consciousness, and Intergeneration Dialogue: Understanding Our Youth. Health conferences, free Hepatitis screenings, cultural competency seminars, development of a resource guide, forums on caregivers and emergency preparedness as well as programs for seniors are pathways being used to educate Asian Americans.

Ohio's AAPI population is working toward maintaining their cultural, linguistic, and religious heritage at the same time immersing themselves into life as Ohioans. It is a constant balancing act that will define the new Americans.

Governor Strickland with participants at the 2008 Asian Festival.

RELIGION OF the AAPI POPULATION in OHIO

Based on data from the Ohio Secretary of State, there are thirty-seven (37) AAPI faith-based organizations registered in Ohio. They span a wide range of religions, including Buddhism, Christianity, Hinduism, Jainism, Sikhism, and Islam.

The diversity of AAPI communities is accentuated by holiday celebrations based upon ancient cultural traditions. For example, many AAPIs celebrate New Year 's Day (January 1st) with other Ohioans as well as acknowledge their ritual ceremony as if they were in their homeland countries. For instance, the Chinese celebrate their Chinese New Year in February of each calendar year. February 14, 2010 was the 4707th Chinese year.

In Ohio, Burmese, Cambodian, Thai, and the Laotian people celebrate their new year in April of every calendar year. The tradition has its historic roots in the pre-Buddhist rituals of spring festivals, wherein the throwing of water symbolized the good luck of ample rain for the crops. It later evolved into the religious custom of cleansing the statues of Buddha once a year. In many places there are parades with the statues of Buddha and as the parades pass, crowds shower the Buddha with water.

AAPI CHILDREN'S EDUCATION IN OHIO

According to the U.S. Census Bureau, 2006-2008 American Community Survey, Ohio currently serves approximately 29,000 Limited English Proficiency students from grades K-12. Among the AAPI population in Ohio, approximately one-half speak a language other than English at home.

Asian Americans and Pacific Islanders (AAPIs) represent one of the fastest growing population groups in the United States. Immigration and refugee resettlement are two of the primary reasons for the growth in the AAPI population. AAPI immigrant parents who have limited English language skills encounter considerable barriers in the work place and in their involvement with their children's schools. A common occurrence in immigrant families involves the role reversal between immigrant parents and their children whereby the children must help parents negotiate life in the United States. Many immigrant parents, in fact, rely on their children to translate important documents, including those from school. When immigrant youth take on adult responsibilities they often have little time to participate in activities associated with U.S. teen life, including extracurricular activities at school.

Educational attainment and betterment of life plays a key role in Asian American life. Formal education is a crucial component and focus is on children to accomplish the highest level of education at the best institutions possible. Asian American have started weekend schools both formally and informally to teach children their native languages. There are many such schools around the state. Some languages being taught include Chinese, Korean and varied Indian languages. These language schools also help promote and maintain culture.

On May 14, 2008, Governor Strickland signed House Bill 55; designating every April 29th as Vietnam Heritage Freedom Flag Day throughout the state of Ohio.

RECOMMENDATIONS

The members of Ohio Governor's AAPI Advisory Council would like to express their heartfelt thanks to Governor Ted Strickland and his cabinet members for an opportunity to submit this report and provide the following recommendations:

- Encourage colleges and universities in Ohio to provide more education to students about AAPI arts and humanities through visual art displays and invitations to performing artists
- Provide assistance in the development of a government-private sector partnership to help establish an Ohio AAPI Museum of Arts and Humanities
- Encourage cultural and religious tolerance by promoting multi-cultural and multi-faith educational opportunities involving Ohio's AAPI Buddhist, Hindu, Muslim, and other faith-based groups
- Increase support for Asian festivals and AAPI cultural activities throughout Ohio
- Assist the Ohio Department of Education in the development and distribution of AAPI curricula on art, culture and literature for use in elementary through secondary social studies classes
- Commission a study on how derogatory ethnic labels and slurs impact AAPI students' academic achievement in Ohio's public school system. Provide the Ohio Department of Education with assistance in the development and implementation of AAPI cultural sensitivity training for teachers and other educators.
- Include more Ohio AAPI community leaders on policy-making, planning, and decision-making bodies.

COMPREHENSIVE IMMIGRATION REFORM AND OTHER CIVIL RIGHTS ISSUES

RACIAL PROFILING 101: A CASE STUDY OF ARIZONA SENATE BILL 1070 (SB 1070)

Soon after the Ohio Governor's AAPI Advisory Council was first convened on April 7, 2010, the major class-action suit challenging AZ SB 1070 was filed (on May 17, 2010) in the U.S. District Court of Arizona. As public controversy regarding this bill continued to increase, we decided to investigate its nature and implications for racial profiling in Ohio. The following section is a summary of what we learned about this legislation.

QS & AS REGARDING ARIZONA SENATE BILL 1070 (SB 1070)

Q: What is the general nature of SB 1070?

A: AB 1070 establishes a system of state laws that represent a policy known as "attrition through enforcement." Its purpose is to prevent and punish "the unlawful entry and presence of aliens." One of the controversies regarding SB 1070 is that it directs Arizona police to determine the immigration status of a person (who is lawfully stopped, detained, or arrested) whenever "reasonable suspicion exists that the person is an alien and is unlawfully present."

Q: Why oppose SB 1070? Doesn't it just uphold Federal laws?

A: No, SB 1070 goes beyond Federal laws. Whereas a violation of a Federal immigration law is a civil offense, SB 1070 criminalizes this offense and imposes punishments. Further, SB 1070 permits Arizona police to conduct warrantless arrests of individuals without probable cause that they have committed crimes. This is one of the grounds upon which a class-action suit is challenging the constitutionality of SB 1070.

Q: Exactly how is SB 1070 being challenged by a class-action suit?

A: Several individuals and organizations are joining as plaintiffs in a class-action suit referred to as "*Friendly House et al v Whiting, et al*." (Friendly House, a non-profit educational and social service agency, is the first-named plaintiff, and Whiting, an Attorney General of Apache County, AZ, is the first-named defendant.) Most of the attorneys representing the plaintiffs are providing legal counsel without fees or other costs associated with this case.

Q: What are the constitutional issues involved in *Friendly House, et al v Whiting, et al.*?

A: There are several. First of all, under SB 1070 a police officer can develop a "reasonable suspicion" of a person's unauthorized status from his or her speech and other expressive behaviors. This violates protection of free speech under the First Amendment. Secondly, SB 1070 authorizes the warrantless search and arrest of an individual in any setting, including the individual's home, which is in violation of the Fourth Amendment's protection against "unreasonable searches and seizures" as well as Federal regulations that restrict circumstances under which warrantless arrests may be made. Further, SB 1070 creates opportunities for police officers to determine who should be investigated as to their immigration status before stopping, detaining, and arresting them for some other violation of a state or local law. This racial profiling violates the Fourteenth Amendment's "due process" and "equal protection of the laws."

Q: Wouldn't it be better just to wait until racial profiling occurs, and then litigate on behalf of those unjustly affected?

A: Racial profiling is already occurring. According to Amnesty International, the majority of U.S. states do not have laws that ban racial profiling, and Arizona is one of these. More importantly, there is evidence of racial profiling in particular law enforcement agencies (LEAs) charged with immigration enforcement.

Daniel González, a reporter for *The Arizona Republic*, writes, "Arrest records from crime sweeps conducted by the Maricopa County Sheriff's Office add substantial weight to claims that deputies used racial profiling to pull Latino motorists over to search for illegal immigrants."[79]

Ms. Kiran Ahuja, the Executive Director of the White House Initiative on AAPIs during Ohio's first-ever AAPI Legislative Day, held June 8, 2010, in the Main Atrium of the Statehouse in Columbus, was an overwhelming success. Nearly 400 AAPIs from across Ohio came together to understand their collective power and learn about each other's communities and the importance of political engagement.

[79] See http://www.azcentral.com/news/articles/2008/10/05/20081005arpaio-profiling1005.html#ixzz0oa593qsZ.

OTHER EVIDENCE OF RACIAL PROFILING IN IMMIGRATION ENFORCEMENT PROGRAMS

Consider the Criminal Alien Program (CAP, also referred to as the 287(g) program), a leading immigration enforcement program consisting of federal-local partnerships designed to identify unauthorized, high-level criminal offenders for deportation. A September 2009, report by the Warren Institute[80] reveals that 98% of Immigration and Customs Enforcement (ICE) detentions associated with a CAP program in Irving, TX, were issued for individuals charged with misdemeanors. Most disturbingly, as the program expanded there was a disproportionate increase in the least serious category of misdemeanor (including traffic) arrests of Hispanics (relative to Whites and African Americans), an indication of racial profiling.

Detainment of individuals in association with minor offenses is not normative among federal or local law enforcement agencies (LEAs). Yet, a March, 2010, Inspector General (IG) report[81] indicates that 91% of detentions in four CAP programs were associated with misdemeanor offenses. Further, while not divulging specific complaints, the report states, "more than half of the twenty-nine 287(g) LEAs it contacted during its [GAO's] audit reported that community members in their jurisdictions expressed concerns that the use of 287(g) authority would lead to racial profiling and intimidation by law enforcement officials." In describing problems within particular LEAs, the IG report also states, "Claims of civil rights violations have surfaced in connection with several LEAs participating in the program." It reveals that three of 29 local law enforcement agencies were charged with racial profiling. Two settled out of court and "Another jurisdiction [LEA] is the subject of (1) an ongoing racial profiling lawsuit related to 287(g) program activities; (2) a lawsuit alleging physical abuse of a detained alien; and (3) a DOJ investigation into alleged discriminatory police practices, unconstitutional searches and seizures, and national origin discrimination." Without naming the particular LEA, this description matches the public record of the Maricopa County Sheriff's Office.

In sum, racial profiling is more than an abstract threat to our civil liberties. It is occurring now, and it is almost certain to increase under SB 1070.

A CRITIQUE OF SB 1070

SB 1070, known by its proponents as "The Support Our Law Enforcement and Safe Neighborhoods Act," is a system of state laws that represent a policy known as "attrition through enforcement." Its purpose is to prevent and punish "the unlawful entry and presence of aliens." Such punishment represents a strategy to (1) force relocation of unauthorized Latinos through deportment to their country of origin and/or self-selected movement out of Arizona and (2) discourage further immigration into Arizona. Applied nationally, this approach to immigration reform would target approximately 12 million unauthorized immigrants, regardless of age, employment history, criminal record, etc., and undermines current federal policy, which focuses upon the deportation of unauthorized immigrants who have committed serious crimes (i.e., felonies).

From a civil and human rights perspective, SB 1070 undermines constitutional protections and will increase racial profiling. Among its controversial provisions, it (1) directs police, based upon "reasonable suspicion" during the course of their lawful duty, "to determine the immigration status of the person"; and (2) requires that lawful immigrants provide proof of authorized status or be detained for criminal trespassing, even if the sole reason for detention is status verification.

Supporters of SB 1070 claim that racial profiling will not increase. After all, the law states, "A law enforcement official…may not consider race, color or national origin in implementing the requirements."

[80] See http://www.law.berkeley.edu/files/policybrief_irving_FINAL.pdf.

[81] See http://www.dhs.gov/xoig/assets/mgmtrpts/OIG_10-63_Mar10.pdf.

However, we cannot always count on the best intentions and judgments of police officers to avoid actions based on widespread stereotypes associated with immigrant populations or people of color.

Although the amended SB 1070 explicitly bans racial profiling, what criteria independent of perceived race or ethnicity will create "reasonable suspicion" that someone is an unauthorized immigrant? No safeguards exist to thwart discriminatory practices and, therefore, law enforcement officers could stop someone and investigate their immigration status *because* of a "reasonable suspicion" that he or she is an unauthorized immigrant. Furthermore, no demographic information need be documented and, therefore, racial profiling would be difficult to detect.

An additional concern is the nature and quality of training provided to help local police officers and sheriff deputies enforce immigration law. A lecture to Maricopa County sheriff's deputies by Kris Kobach, Professor of Law, University of Missouri Kansas City School of Law, who helped draft SB 1070, is a disturbing example of such concern.

In discussing factors that justify "reasonable suspicion," Kobach states, "As you'll see when I go through the list, its common sense--many of these things you would know, from your own experience, would give rise to suspicion, reasonable suspicion, that an individual is unlawfully present in the United States." His list of 20 factors includes "speaks English extremely poorly," and "the individual avoids making eye contact with the officer, and this, of course, can give rise to reasonable suspicion, not only in the immigration context, but in other law enforcement contexts as well."[82]

Such statements and other items on Prof. Kobach's list are unlikely to challenge prevailing stereotypes about immigrant populations, and those stereotypes will determine who will be questioned and detained regarding their immigration status. According to reporter Daniel González of *The Arizona Republic*, "Arrest records from crime sweeps conducted by the Maricopa County Sheriff's Office add substantial weight to claims that deputies used racial profiling to pull Latino motorists over to search for illegal immigrants. The records show that most people arrested were Latinos, even when the sweeps were held in predominantly White areas."[83]

One may argue that we need not worry before the fact that law enforcement officers will engage in racial profiling in the application of SB 1070. As Governor Jan Brewer stated, "We have to trust our law enforcement." After all, just because SB 1070 *can* cause an increase in racial profiling, the application of SB 1070 will *not necessarily* result in such practices.

One may also argue that just because SB 1070 *can* result in criminality for giving an unauthorized immigrant a ride to a grocery store, doctor, or pharmacy (subject to a fine of at least $1000 and immobilization or impoundment of one's vehicle), or that police *can* reject an out-of-state driver's license as evidence of lawful presence in the United States (when proof of legal presence in the U.S. is not required before its issuance, as occurs in the adjacent state of New Mexico), such practices are *not inevitable* in the implementation of SB 1070.

Minimally, the activation of SB 1070 would undermine trust between many community members and local police and diminish a sense of community spirit among neighbors comprised of both legal and unauthorized residents. The gravest risk, however, is the gradual erosion of our constitutional rights. These include "due process" and "equal protection of the laws, requirements of the Fourteenth Amendment, and protection against "unreasonable searches and seizures," a requirement of the Fourth Amendment.

[82] The video is posted online at: http://race.change.org/blog/view/racial_profiling_101_kris_kobach_teaches_reasonable_suspicion.

[83] The article is posted online at:: http://www.azcentral.com/news/articles/2008/10/05/20081005arpaio-profiling1005.html#ixzz0oa593qsZ.

A second major concern with SB 1070 is its creation of separate, state criminal offenses. Supporters of SB 1070 have claimed that it only mirrors federal laws that are not being enforced. In truth, SB 1070 changes certain violations, such as the failure to provide proof of authorized status, solicitation of work by an unauthorized immigrant, or unauthorized employment from civil to criminal offenses. As the "supreme Law of the Land," federal law preempts state law, and this is another basis for challenging the constitutionality of SB 1070.

POTENTIAL FOR INCREASED RACIAL PROFILING IN OHIO

On April 27, 2010, WLWT (Channel 2, Cincinnati, Ohio) reported on its website that "Butler County Sheriff Richard Jones and state Rep. Courtney Combs (R-Hamilton) sent letters Tuesday to Gov. Ted Strickland, Senate President Bill Harris and Speaker of the House Armond Budish urging them to develop and pass a law that mirrors Arizona's Senate Bill 1070."

At a press conference the next day, Ohio Governor Ted Strickland said that he would not sign into law an immigration control measure like Arizona SB 1070. "I do not think it would be wise for Ohio to have such legislation," Strickland said. Given our analyses detailed above, **the Ohio Governor's AAPI Advisory Council applauds Governor Ted Strickland's strong position against "attrition through enforcement" policy.** Passage of an Arizona SB 1070-like bill would give Ohio unwanted, unfavorable publicity, and it could put a "chill" upon advances toward a more inclusive and tolerant social climate throughout our state.

Consider, for example, the national attention that Ohio has already received. A June 19, 2010, National Public Radio (NPR) *All Things Considered* broadcast featured actions by Butler County, Ohio, Sheriff Richard Jones. NPR's website states, "Jones is on a mission to prod, cajole and even shame federal officials into action. In the parking area outside the county jail, two new signs proclaim 'Illegal Aliens Here,' with an arrow pointing inside. 'It's a big, bright yellow sign, and it's to let people know in our community that there are illegals here, and it is a problem, and we want some help," Jones said.

Unfortunately, Jones' position fails to account for procedures that the Immigration and Customs Enforcement (ICE) already have in place and the delicate balance between enforcing our immigration laws and violating our civil liberties.

POLICIES THAT HELP PREVENT RACIAL PROFILING

Citizen protection from racial profiling is maximized when law enforcement agencies follow the following policies and programs:

- Comprehensive, annual training on cross cultural issues, appropriate and inappropriate assumptions about race and criminality, and proper complaint procedures for police and sheriff's deputies;
- Required tracking of the race, ethnicity, and gender of every person subject to a traffic or pedestrian stop;
- Required tracking of prosecutorial and judicial dispositions;
- Required public reporting of data collected; and
- Established procedures to investigate complaints.

None of these safeguards against racial profiling are mandated in either SB 1070 or current CAP programs.

However, according to Institute on Race & Poverty's *Racial Profiling Data Collection Status Report,* 2001, "Ohio is one of at least 21 states in which racial profiling and data-collection legislation is pending."[84] This report summarizes Ohio H.B. 363, which was referred to committee in May, 1999, as follows:

The Ohio bill requires law enforcement officers to collect the following data for all traffic stops:

1. A description of the vehicle.
2. The license plate number.
3. The race, approximate age, and gender of the driver and all occupants.
4. The exact location of the stop.
5. The time of the stop.
6. The alleged violation that resulted in the stop.
7. Whether a search was conducted.
8. The rationale for any search and how the search was conducted.
9. Whether any contraband was found and what it was.
10. Whether a citation or warning was given.
11. Whether an arrest was made.
12. Whether any items were seized.

Agencies are required to report the data to the attorney general at least once a year. The attorney general will analyze the data to determine the total number of motor vehicle stops made, a comparison between the percentage of minorities stopped and the percentage of minorities in the population, and the benefit of traffic stops to the interdiction of drugs and the proceeds from drug trafficking, including the amount and value of drugs and proceeds seized. The attorney general will report to the general assembly annually."

The Ohio Governor's AAPI Advisory Council believes that Ohio H.B. 363 contains vital provisions for the collection of data pertaining to racial profiling, including the mandate to document the rationale for search and the outcome of such actions.

In addition to Ohio H.B. 363, Ohio S.B. 170, introduced in the 128th General Assembly by Senators Kearney, Turner, D. Miller, Sawyer, and R. Miller, contains provisions for law enforcement officer training, for involvement of the Ohio Civil Rights Commission (OCRC) in the monitoring of data through an automated data system, and statutory rights of the OCRC in the independent investigation and filing of charges of racial profiling.

The Ohio Governor's AAPI Advisory Council, therefore, believes that Ohio S.B. 170 contains vital components insofar as it not only contains vital provisions for the collection of data pertaining to racial profiling, but it also **contains provisions for the training of law enforcement officers and provisions wherein an independent government agency (the OCRC) can gather relevant information, conduct an independent investigation, and file charges pursuant to its findings.**

The U.S. Department of Justice is pursuing a racial discrimination case against the police department in Columbus, Ohio, and has reached a consent decree similar to the New Jersey decree with Steubenville, Ohio.

The Ohio Governor's AAPI Advisory Council also commends the Ohio Highway Patrol Ohio for its voluntary collection of stop data according to racial background. Begun in 2001, the data is available on-line.[85] Data from 2009, which are currently posted, indicates that the number of stops

[84] Obtained at http://www1.umn.edu/irp/publications/ARB/ARB%20.html.

[85] Ohio Department of Public Safety, Ohio State Highway Patrol Statistics, available at: http://statepatrol.ohio.gov/statistics/statspage2.asp.

involving Whites was 66 times the corresponding number involving Asians, 44 times the number involving Hispanics, and 8.4 times the number involving Blacks.

According to the Northeastern University's Racial Profiling Data Collection Resource Center,[86] three Ohio municipalities also collect vehicle stop data. They include the following cities:

Cincinnati (Based upon a city ordinance, data includes race, reason for stop / alleged violation, date, time, location, officer ID, action taken, warning given, citation given, arrest made, personal search conducted, search of vehicle conducted, type of search, and contraband found.)

Columbus (Mostly voluntary efforts, data includes race, reason for stop / alleged violation, date, time, location, officer ID, action taken, warning given, citation given, arrest made, personal search conducted, search of vehicle conducted, type of search and contraband found.)

Steubenville (By federal consent decree, data includes unit ID, arrests made, race, force used by officer, and injuries.)

The Ohio Governor's AAPI Advisory Council will seek updated information on law enforcement agencies that collect vehicle stop data since the Northeastern University's last posting in 2003.

BARRIERS TO A FAIR AND BALANCED COMPREHENSIVE IMMIGRATION REFORM

Because there is much misinformation about the economic impact of immigration and the relationship between immigration and crime, unfounded assumptions can prevent reform that also emphasizes the benefits of immigration. The following discussion is presented to provide balance against the following assumptions: (1) immigrants are a drain on the economy insofar as they take jobs away from native-born residents and the services they receive outweigh the taxes they pay and (2) immigrants cause an increase in crime.

Economic Impact of Immigration

A 2006 study by the pew Hispanic Center concluded that there is no consistent relationship between the inflow of immigrants and native-born employment. It appears that immigrants tend to move to areas with high employment rates and do not typically take jobs away from native workers. However, during an economic downturn, immigration can lower wages and decrease job availability among younger and less educated workers.

The National Research Council's *Panel on the Demographic and Economic Impacts of* Immigration (2007)[2] reports that immigrants (legal and unauthorized combined) in New Jersey and California (states that have relatively high per capita expenditures for public services to its residents) contribute slightly more in *federal* taxes than they receive in *federal* services. However, the corresponding *state* taxes/services ratios for New Jersey and California are reversed, resulting in an overall cost to native residents. The long-term economic consequences of immigration are more difficult to predict, as this depends upon assumptions about future jobs, dependents' education, future federal budgets, etc. However, the report concludes, "…if the debt/GDP ratio is held constant starting immediately, or starting in 2016, the overall fiscal impact will be positive."[87]

[86] Northeastern University, The Institute on Race and Justice, Racial Profiling Data Collection Resource Center, obtained at: http://www.racialprofilinganalysis.neu.edu/index.php.

[87] See http://www.nap.edu/catalog.php?record_id=5779#reviews.

Social Impact of Immigration

Carl F. Horowitz's article, *An Examination of U.S. Immigration Policy and Serious Crime* (2001),[3] reviews studies on serious crimes committed by U.S. immigrants and draws attention to a consensus among most scholars that rates of such crime among immigrants over the past decades have been lower than among the general population of native-born citizens. However, there is substantial under-reporting of crimes within unauthorized ethnic populations. This tendency is likely to increase when local police and sheriff's deputies are perceived to be affiliated with immigration enforcement, as would occur under "attrition through enforcement" policies.[88]

Root Causes of Backlash Against Immigrants

Anti-immigrant legislation has had a long history, including restrictions affecting Asians on the West Coast as well as those that, more recently, involve harsh legislation aimed at discouraging Latinos from settling in certain communities. Unfortunately, political capital is sometimes gained from support of such legislation.[89] Further, those on the other side of the political spectrum have advocated for attracting large, multi-national corporations who rely on low-wage, immigrant labor, thereby sustaining economic policies that further fuel anti-immigrant sentiments.

PERSONAL STORIES ASSOCIATED WITH IMMIGRATION

Many talented overseas students are offered jobs in the U.S. either immediately before or soon after completing graduate degrees at American Universities. Employers may promise assistance in obtaining green cards, which typically involves an extended period of processing, during which a foreign employee can be exploited, given unfairly burdensome workloads, and meager salaries. In addition to abuse and exploitation in the workplace, undocumented immigrants are also vulnerable to hate crimes and bias-related incidents, as they may fear that reporting of their victimization will lead to deportation.

Further, it has become widely known that applicants for a green card must travel back to their country of origin to marry prior to receiving their green cards if they intend for their spouses to join them in a timely fashion. (A wait period of more than one year is, typically, imposed in order for a spouse to emigrate and join the green card holder.)

Through several interviews the Ohio Governor's AAPI Advisory Council has identified the following problems associated with current immigration policy for many AAPIs who recently arrived in Ohio: (1) unduly long, required wait periods for receipt of a green card; (2) potential abuse and exploitation at work while green card applications are being processed; and (3) uncertainty of reunion with spouses.

Immigration policies and procedures also sometimes appear arbitrary. For example, a cultural organization that promotes Kannada language and culture of the Karnataka state in India held its cultural festival over the past Labor Day weekend. This festival is organized every two years and was held in New Jersey this year. Unfortunately, the organizers found it impossible to feed 4000 attendees, as a group of cooks from India were unexpectedly denied their visas at the last minute, thereby causing hardship for the organizers and the attendees. Subsequently, concerts also were cancelled in Chicago and Cincinnati due to the unexpected denial of visas for performing artists who had been scheduled to perform.

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[88] See http://www.cis.org/articles/2001/crime/toc.html.

[89] See Jamie Longazel and Benjamin Fleury-Steiner, *Exploiting borders: racism and the political economy of local backlash against undocumented immigrants*. In press, *Chicana/o-Latina/o Law Review*.

A member of the AAPI Advisory Council also knows a foreign Asian student who is studying in an American University. He was unexpectedly stopped and held for hours by police in Upstate New York, solely for not having identification papers in his possession.

The Governor's AAPI Advisory Council also heard about the struggles that a Filipino couple endured prior to their immigration in 2009. The wife's mother had emigrated to the U.S. over 30 years ago. Wishing to join her mother, the couple decided to seek visas for purposes of family reunification. Granted an "Approved Petition" in 1983, the couple had hopes of soon joining the wife's mother and beginning a new life in the U.S. Unfortunately, the wait was prolonged, and the mother suffered a severe stroke in 1995. With her mother completely paralyzed from her neck down, her daughter in the Philippines hoped to arrange for nursing care. Therefore, she applied for a temporary visa but was denied. Following the subsequent death of her mother in 1997, the wife once again applied for a temporary visa so she could attend her mother's wake and funeral. Further, she wished to comply with her mother's final request for burial in the family's plot in the Philippines by arranging for transport of the body. Her daughter's visa application was, once again, denied. The couple had almost given up hope of living in the U.S., when visas were granted in 2009. Having waited for 26 years, they finally immigrated to the U.S. this past year.

POLICIES THAT ACKNOWLEDGE THE BENEFITS OF IMMIGRATION

Besides sustained border control, enforcement of labor laws, immigration law enforcement with safeguards against racial profiling, provisional work programs for temporary workers to fill jobs that U.S. citizens do not want, protection of those from vulnerable economic sectors whose jobs are threatened by low-wage competition, a fair and balanced comprehensive immigration reform (CIR) must also ensure the following criteria:

(1) A pathway to citizenship,

(2) Shorter wait periods for the immigration of spouses and children,

(3) Integration programs, particularly for refugees fleeing persecution, and

(4) Equitable access for all citizens to federal programs and services (i.e., Medicaid, CHIP, tax credits for health care expenses, etc.) that protect the human rights of all U.S. residents.

OTHER IMPORTANT CIVIL AND HUMAN RIGHTS ISSUES

Since its inception in April, 2010, the Ohio Governor's AAPI Advisory Council has been considering the study of other civil and human rights issues, including human trafficking, hate crimes and bias-related incidents, mortgage and insurance redlining, predatory lending, enforcement of fair housing laws, and bias at all levels of the criminal justice system, including differential criteria for stopping, detaining, arresting, indicting, sentencing, and paroling of AAPIs and others of color.

We sincerely hope that our work can continue with future study of various components of Ohio's criminal justice system.