A Report on The State of Asian Americans and Pacific Islanders in Ohio

March, 2013

THE STATE OF ASIAN AMERICANS AND PACIFIC ISLANDERS IN OHIO

A REPORT FROM THE OHIO AAPI ADVISORY COUNCIL

submitted to

Governor John R. Kasich

March, 2013

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JOHN R. KASICH
GOVERNOR
STATE OF OHIO

Executive Order 2011-09K

Establishing the Ohio Asian American Pacific Islander Advisory Council

WHEREAS, the State of Ohio has a rich tradition of ethnic and cultural diversity, prides itself on the diversity of its citizens, and is committed to addressing the needs of ethnically diverse populations, particularly in the areas of health, education, and economic development.

WHEREAS, my Administration is committed to making all state services, benefits and opportunities available to Ohioans without discriminating on the basis of race, color, religion, sex, national origin, disability, age, or ancestry.

WHEREAS, according to the 2009 American Community Survey (ACS) (the "Survey"), the State of Ohio's Asian American Pacific Islander (AAPI) population is 221,087; having increased by 40% between 2000 and 2009, it is one of Ohio's fastest growing demographic groups.

WHEREAS, the Survey defines "Asians" as "[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, Vietnamese, Hmong, Pakistani, Thai, or Cambodian."

WHEREAS, the Survey defines "Native Hawaiian and Other Pacific Islanders" as "[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, Other Pacific Islander, Fijian, Tongan, or Marshallese."

WHEREAS, according to national and state population reports, the majority of Ohio's AAPI population live in metropolitan areas (i.e., approximately 32% of Ohio's total AAPI population live in Franklin County; approximately 29% of Ohio's total AAPI population reside in Cuyahoga and Summit Counties; approximately 11% of Ohio's total AAPI population live in Hamilton County; and, approximately 9% of Ohio's total AAPI population reside in Montgomery and Clark Counties).

WHEREAS, according to the Survey, Asian Indians comprise the largest Asian ethnic subgroup in Ohio (29% of Ohio's AAPI population), followed by: Chinese Americans (22% of Ohio's AAPI population); Filipino Americans (9.3% of Ohio's AAPI population); Korean Americans (8.9% of Ohio's AAPI population); Vietnamese Americans (7.6% of Ohio's AAPI population); and Japanese (5.0% of Ohio's AAPI population).

WHEREAS, according to the Survey, Ohio's Pacific Islander population is 0.1% of the State's total population (most of whom are Hawaiians and Guamanian Americans).

WHEREAS, in 2007, Governor Strickland established an Ohio Asian American Pacific Islander Advisory Council in a Directive to the Governor's Office of Global Relations.

WHEREAS, because Governor Strickland's Office of Global Relations ceased to exist at the end of his administration, uncertainty has developed as to whether that council continues to exist.

NOW, THEREFORE, I, John R. Kasich, Governor of the State of Ohio, by virtue of the authority vested in me by the Constitution and the laws of this State, do hereby order and direct that:

1. The Ohio Asian American Pacific Islander Advisory Council (the "Council") is hereby established and shall advise my Administration on matters of concern to Ohio's AAPI population.

2. The Council shall consist of not more than thirty (30) individuals, all of whom I will appoint and will serve at my pleasure. The Council membership shall consist of individuals who have been or are presently serving Ohio's AAPI community in any of the following capacities:

   a. In private industry;
   b. In governmental service;
   c. As a scholar or recognized achievement in the study of AAPI matters; and
   d. Individuals concerned about issues of importance to Ohio's AAPI population.

3. The Council shall include representatives from all regions of the State and, if possible, include at least one (1) member of each ethnic group included in the ACS's definition of "Asian" and "Pacific Islander".

4. I will designate one member to serve as the Chairperson of the Council. A majority of the Council may appoint a vice-chairperson, if necessary.

5. Members of the Council shall serve without compensation.

6. No later than December 31 of each year, the Council shall submit a final written report to me addressing issues specific to Ohio's AAPI population, and make recommendations to me and each cabinet-level state agency, board, and commission that provides services to Ohio's AAPI population on how to best accomplish each of the following:

   a. Improve access to state programs and services for Ohio's AAPI citizens;

b. Encourage culturally relevant opportunities in areas of particular interest to Ohio's AAPI community (i.e., education, faith, and art);

c. Improve communication with the members of Ohio's AAPI community on state matters related to their native countries;

d. Promote participation by members of Ohio's AAPI communities in, and help increase the awareness of, minority business assistance programs offered by state agencies;

e. Reach out to Ohio's AAPI citizens and give them opportunities, as they arise, to participate on policy-making, planning, and decision-making bodies;

f. Increase opportunities for health screenings of Asians and Pacific Islanders;

g. Develop community health education efforts to increase awareness and knowledge of chronic illnesses and mental health conditions affecting Ohio's AAPI community and any available treatment plans;

h. Encourage compliance with such prescribed treatment plans and culturally relevant approaches to treatment; and

i. Help increase awareness regarding Asian Pacific Islander Heritage Month in May, Asian festivals, and other AAPI activities throughout Ohio.

7. The Governor's Director of Minority Affairs and Director of Boards and Commissions shall provide oversight and policy guidance to the appropriate state agencies, boards and commissions on how to best implement the objectives of this Executive Order and any particular recommendations from the Council's reports.

8. The appropriate state departments, agencies, boards, commissions, and officers shall cooperate and provide the necessary assistance requested by the Council, or any member or representative thereof, in the performance of its duties.

I signed this Executive Order on May 27, 2011 in Columbus Ohio and it will expire on my last day as Governor of Ohio unless rescinded before then.

John R. Kasich, Governor

ATTEST:

Jon Husted, Secretary of State

The Ohio AAPI Advisory Council Membership List

Mr. Michael Byun, Co-Chair, Arts, Culture and Education Committee
Executive Director, Asia, Inc., Cleveland/Akron, Ohio.

Mr. Tom Chung, Ph.D.
Former Associate Professor, Department of Family Medicine, University of Cincinnati; former Director, Greater Cincinnati Chinese Chamber of Commerce; Treasurer, Ohio Asian American Health Coalition; Independent Research/Training Consultant.

Mr. Krishna Grandhi, J.D., M.S., M.B.A., Chair, Technology Advisory Committee
Attorney with experience in intellectual property and technology law, specializing in representing high-technology companies; community activist with a focus on civil rights and immigration issues; Board Member, Asian American Bar Association of Ohio; President-Elect and Board Member, South Asian Bar Association of Ohio.

Mr. Jeff J. Guo, Ph.D.
Professor, Division of Pharmacy Practice & Administrative Sciences, College of Pharmacy, University of Cincinnati; President, Society for Chinese American Professors and Scientists, Cincinnati Chapter.

Mr. Vi Huynh, Chair, Arts, Culture and Education Committee
Operations Manager for Clinical Investigations, Heart & Vascular Institute, Cleveland Clinic.

Mr. Ronald Katsuyama, Ph.D., Council Vice Chair, Chair, Civil Rights and Immigration Impact Committee
Associate Professor of Psychology, University of Dayton; President, Ohio Asian American Health Coalition; Co-founder and former President, Asian American Council, Dayton, Ohio.

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

Ms. Cora Munoz, Ph.D., R.N., Co-Chair, Health Issues and the Health Care System Committee
Professor , Department of Nursing & Health, College of Natural Sciences, Capital University; Commissioner, Ohio Commission on Minority Health; Vice-President, Ohio Asian American Health Coalition; Chair, Board of Directors, Asian Festival Corporation.

Ms. Rebecca Nelson, M.A.
Senior Special Assistant for Equity, Community and Grants Initiatives, Student Life, The Ohio State University; Commissioner, City of Columbus Community Relations Commission.

Richard Paat, M.D.. Chair, Health Issues and the Health Care System Committee
Professor of Medicine, College of Medicine, The University of Toledo; Founder, Perrysburg Heights Free Medical Clinic.

Ms. Radhika Reddy, M.A., M.I.S., M.B.A., Chair, Economic and Workforce Development Committee
Founder and Partner, Ariel Ventures, LLC; Member, Ohio Global Markets Advisory Board; Member, The Ohio State University Board of Regents Task Force for Commercialization of Technology.

Ms. Bounthanh Phomasathit, B.S.W., M.S., Secretary
President, Diversified Health Management, Inc..

Mr. Ramesh Srivastava, M.S., F.S.S., CStat.
Consultant, United Nations Development Program; Adjunct Faculty, Sinclair Community College; Past-President, Asian American Council, Dayton, Ohio.

Ms. Hafsa Khan, Intern
B.A. student at The Ohio State University with major in International Studies, Specialization in Foreign Diplomacy; Secretary and Co-founder, Laotian American Organization, The Ohio State University.

1st row: Tom Chung, Rebecca Nelson, Governor Kasich, Cora Munoz, Bounthanh Phomasathit, Michael Colbert
2nd row: Vi Huynh, Krishna Grandhi, Ramesh Srivastava, Yung-Chen Lu, Radhika Reddy, Jeff Guo, Ron Katsuyama

March, 2013

Dear Governor Kasich,

On behalf of your Ohio Asian American Pacific Islander Advisory Council (OAAPIAC), I am pleased to present you with our report, The State of Asian Americans and Pacific Islanders in Ohio, 2012. Following your 2011 appointment of OAAPIAC members to serve in an advisory capacity, we have been meeting regularly (typically on a monthly basis) as a group and with our respective committees.

Each member of the Council has served on one or more of the following four committees: (1) Art, Culture, and Education; (2) Civil Rights and Immigration Impact; (3) Economic and Workforce Development; and (4) Health Issues and the Health Care System. Council members and Non-Council committee members, alike, have worked with resolute dedication and commitment in preparing the information contained in our report. We hope it is helpful in serving the needs of all of Ohio's diverse citizens.

We look forward to continuing discussions with you and members of your administration concerning our common vision for moving Ohio into a position of leadership among states of our great nation

Sincerely,

Yung-Chen Lu
Chair, Ohio Asian American Pacific Islander Advisory Council

INTRODUCTION

The American Community Survey (ACS) and Office of Management and Budget (OMB) provide 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]

This report presents a portrait of the Ohio's AAPI population through the lens of different socio-economic 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[2].

POPULATION CHARACTERISTICS

According to the 2010 U.S. Population Census, approximately 17.3 million (5.6%) of the 308.7 million Americans identified themselves as being Asian or Pacific Islander (either alone or in combination with one or more other races).[3] In Ohio a total of 238,292 (2.1% of the total Ohio

[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] 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, from local Asian organizations, and U.S. Census Bureau, Census 2010.

[3] U.S. Census Bureau, This data is obtained from Table 1 of 2010 Census Briefs, The Asian Population: 2010, C2010-BR11 Issued March 2012.

population of 11.5 million) identified themselves (either alone or in combination with one or more other races) as being Asian or Pacific Islander. [Note: Although 192,233 (1.7% of the total Ohio population) reported their background as Asian alone,[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.]

Population Trends

While the U.S. population increased by 9.7% between 2000 and 2010 (from 281.4 million to 308.7 million), the Asian American Pacific Islander (AAPI) population increased nationally by 45.6% (from 11.9 million to approximately 17.3 million). Similarly, while Ohio's population increased only 0.9% between 2000 and 2010 (from 11.4 million in 2000 to 11.5 million in 2010), Ohio's AAPI population increased by 49.1% during this period (from 159,776 to 238,292). Table 1 summarizes these trends.

As can be seen in Table 1, Ohio's AAPI population growth between 2000 and 2010 (49.1%) exceeds the corresponding growth of AAPIs nationally (45.6%).

Due to increases in the national AAPI population, AAPIs comprised 4.6% of the total population in 2000 and 5.6% of the total population in 2010. Ohio's AAPI population increased from 1.5% of the state total to 2.1% 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, second only to Hispanics or Latinos, whose population increased by 63% between 2000 and 2010.[5]

Figure 1 illustrates the 50 year growth in Ohio's AAPI population for individuals identifying themselves as Asian, Native Hawaiian, or Pacific Islander (1960 to 1990) and Asian alone or in combination with another race (2000 and 2010).[6]

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

[4] U.S. Census Bureau, This data is obtained from Table 2 of 2010 Census Briefs, The Asian Population: 2010, C2010-BR11 Issued March 2012. (Nationally, 84% of Asians in the 2000 Census identified with only one race.)

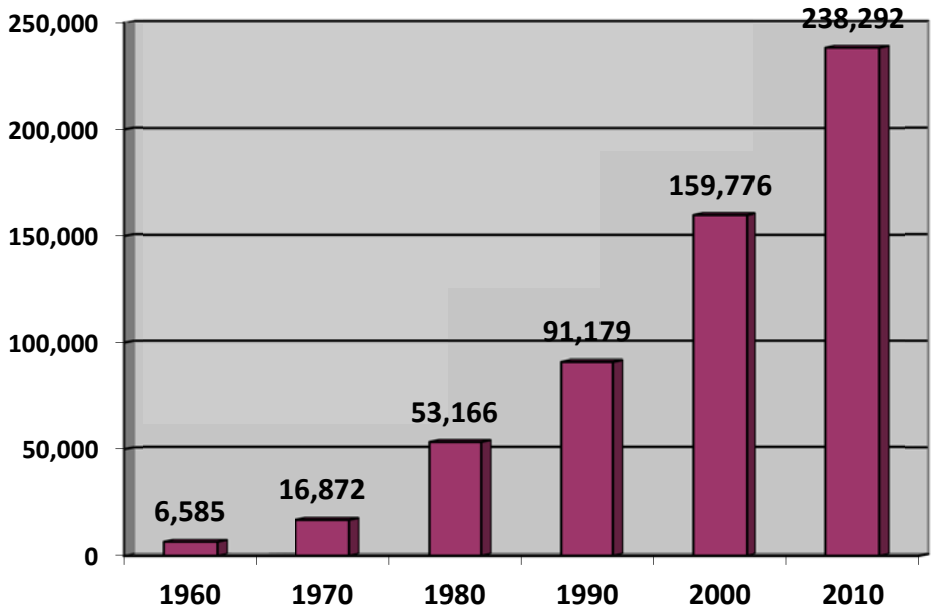
[5] Ohio Department of Development, *Ohio's Asian Americans,* http://www.development.ohio.gov/research/files/p0009.pdf (accessed on June 22, 2010).

[6] Source: U.S. Census Bureau, Census 1960, 1980, 1970, 1990, 2000, and 2010.

Table 1: Population Increases (2000-2010) Among Total, National AAPI, and Ohio AAPI Samples.

Group	2000	2010	Percent Increase
National Total	281.4 million	308.7 million	9.7%
National AAPI	11.9 million	17.3 million	45.6%
Ohio AAPI	159,776	238,292	49.1%

Source: 2010 Census Briefs, The Asian Population: 2010, C2010-BR11 Issued March 2012.



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

Need for Disaggregated Data: Misleading Poverty Rates

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, 2010 Population Census, the AAPI population in Ohio comprised about 2.1% of the total population and 12.0% of the total minority population. Table 2 summarizes this data. Consequently, aggregated data are often reported, thereby masking the socioeconomic characteristics of particular AAPI subgroups.

More specifically, aggregated statistics such as median household income can mask the specific needs of new AAPI immigrant populations, which are likely to remain undetected.[7] For example, the median household income of Ohio's AAPIs ($64,300, according to the 2010 Census) is higher than the corresponding national and Ohio averages, and poverty rates are close to the Ohio average. [Apparently due to larger families among Asians (3.8 vs. 3.2 for all U.S. families in 1993),[8] however, poverty rates (14% of AAPI individuals and 9% of AAPI households) are slightly higher than the Ohio averages. Nationally, per capita income among Asians ($13,806) is also slightly lower than the national average ($14,143).]

Compared to the poverty rates of other minority groups (Black, 32.9%; American Indian and Alaska Native, 28.3%; and Hispanic or Latino, 31.4%), Asian Americans, like Whites, are much less likely to fall below the poverty line. (See Table 3.) Consequently, this relatively low poverty rate may have reinforced the image of a "model minority," that AAPIs are economically- and educationally- advantaged.

It is important to note, however, that per capita income varies widely across ethnic groups, with Japanese having the highest ($19,373) and Hmong having the lowest ($2,692). Similarly, poverty rates also vary widely, from 6% to 7% (among Filipinos and Japanese) to 64% (among Hmong).[9] There are also relatively high rates of poverty among recent Asian immigrants, which are hidden within the AAPI community's aggregated data. [10]

Because aggregated data includes Asian Indians, whose poverty rates are relatively low (7.9% of individuals and 4.1% of households), the economic status of immigrants from Southeast Asia or

[7] 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.

[8] 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

[9] *Ibid.*

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

Table 2: 2010 Population in Ohio by Race

Race	Number	%
Total Population	**11,536,504**	**100**
White	9,539,437	82.7
Black or African American	1,407,681	12.2
American Indian and Alaska Native	25,292	0.2
Asian	192,233	1.7
Native Hawaiian and Other Pacific Islander	4,066	0.0
Other race	130,030	1.1
Identified by two or more	237,705	2.1

Source: U.S. Census Bureau, 2010 Census

Note: Nationally, "Asians in combination" (i.e., the Asian multiple-race population) grew by 59.7% between 2000 and 2010. This group comprises 15% of the total Asian population (i.e., "Asians, alone or in combination"). The group, "Asians alone" grew by 43.3% during this period. Combined, the total national Asian population grew by 45.6% between 2000 and 2010, which is the largest percentage increase of any race group in the country, exceeding the 43.0% growth of Hispanics/Latinos.

Table 3: Ohio - Poverty Status by Race/ Hispanic Origin in the Past 12 Months: 2010

Race	Total	Below Poverty Level	Percent Below Poverty Level
White	9,341,169	1,205,186	12.9%
Black or African American	1,346553	443,187	32.9%
American Indian and Alaska Native	20,587	5,826	28.3%
Asian	192,924	26,976	14.0%
Hispanic or Latino origin	342,876	107,810	31.4%

Source: U.S. Census Bureau, 2010 American Community Survey 1-Year Estimate (1 race), Table S1701.

Pacific Islanders tend to be unnoticed. (For example, 18.0% of the 2,425 Native Hawaiian Pacific Islanders in Ohio are living in poverty.[11])

Even among needy AAPI community members, few receive food stamps or other forms of social assistance. According to the 2010 American Community Survey,[12] only 0.7% of the households receiving food stamps are identified as Asian. The percent of Asian American households receiving of food stamps within the last 12 months (less than 5%) is one indicator of the under-utilization of existing services.[13]

In contrast to the utilization of food stamps among Whites, who comprise 66.1% of the food stamp recipients, and Blacks, who comprise 29.6% of recipients, perhaps language and cultural barriers prevent greater access of this type of service by disadvantaged AAPIs.

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 may also perpetuate barriers to the provision of culturally sensitive services to the disadvantaged ethnic subgroups that are combined under the broad "AAPI" umbrella.[14]

Region & County

Figure 2 depicts Ohio's twelve *Economic Development Regions* as defined by the *Ohio Department of Development* (ODD).[15] Table 4, also from the ODD, 2008, presents the AAPI population in each of these regions. However, because the 2010 Census data is reported by county, the following discussion is based upon this, more recent information.

Figure 4 highlights particular Ohio counties whose AAPI population is between 1.5% and 3% (dark red) and greater than 3% (light red) of the total population. As can be seen from inspection of Figure 4, the percent of AAPIs are relatively high in the metropolitan areas of Columbus, Cleveland, Dayton, Cincinnati, and Toledo. Athens, which contains Ohio University, also has a relatively high percent of AAPIs. Like AAPIs elsewhere in the United States, a majority of Ohio's AAPIs lives in metropolitan areas or counties with large universities.

The Columbus metropolitan area (i.e., Franklin County, which contains The Ohio State University) has the largest number of AAPIs in Ohio, 57,000 (32,000 in Columbus and another 25,000

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

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

[13] Ohio Asian Americans, a report by the Ohio Development Services Agency, available at: http://development.ohio.gov/files/research/P7004.pdf, accessed in March, 2013.

[14] 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).

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

in the Columbus metropolitan area), which is approximately 23% of the total Ohio AAPI population.[16] According to a report by the Brookings Institution, Washington,[17] 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.

The second largest Ohio AAPI population lives in the Cleveland-Akron Metropolitan area. It has at least 53,000, or 21% of the total Ohio AAPI population. (This metropolitan area includes approximately 39,000 in Cuyahoga County, which includes Cleveland, and 14,000 in Summit County, which includes Akron.)[18] Hamilton County, including Cincinnati, has the next largest AAPI population (20,000, which is 8% of the total). Other metropolitan areas include the Greater Dayton area, which includes Montgomery and Greene Counties (18,000, which is 7% of the total) and Lucas County, which includes Toledo (9,000, which is approximately 4% of the total).

According to the *Ohio County Indicators,*[19] 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). Because Pacific Islanders comprise 0.1% or less of the population in all Ohio counties, this subgroup of Asians is not included in demographic cross-tab data.

Table 5 presents the top 10 Ohio counties by absolute population of AAPIs and by the AAPI percentage of the total population.[20] Note that the 10 counties with the highest AAPI population are also among the 10 counties with the highest percentage of AAPIs (2% or greater).

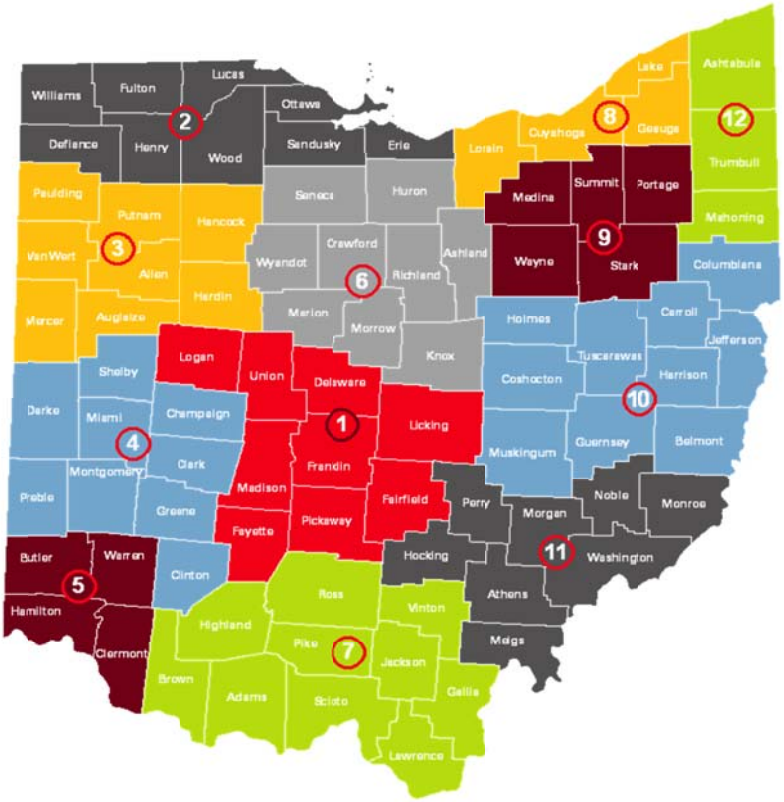
[16] This information is summarized by the Ohio Development Services Agency in *Ohio Asian Americans*, a report available online at: http://development.ohio.gov/files/research/P7004.pdf, accessed in March, 2013.

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

[18] *Ibid.* 11

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

[20] *Ibid.* 11



and

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%

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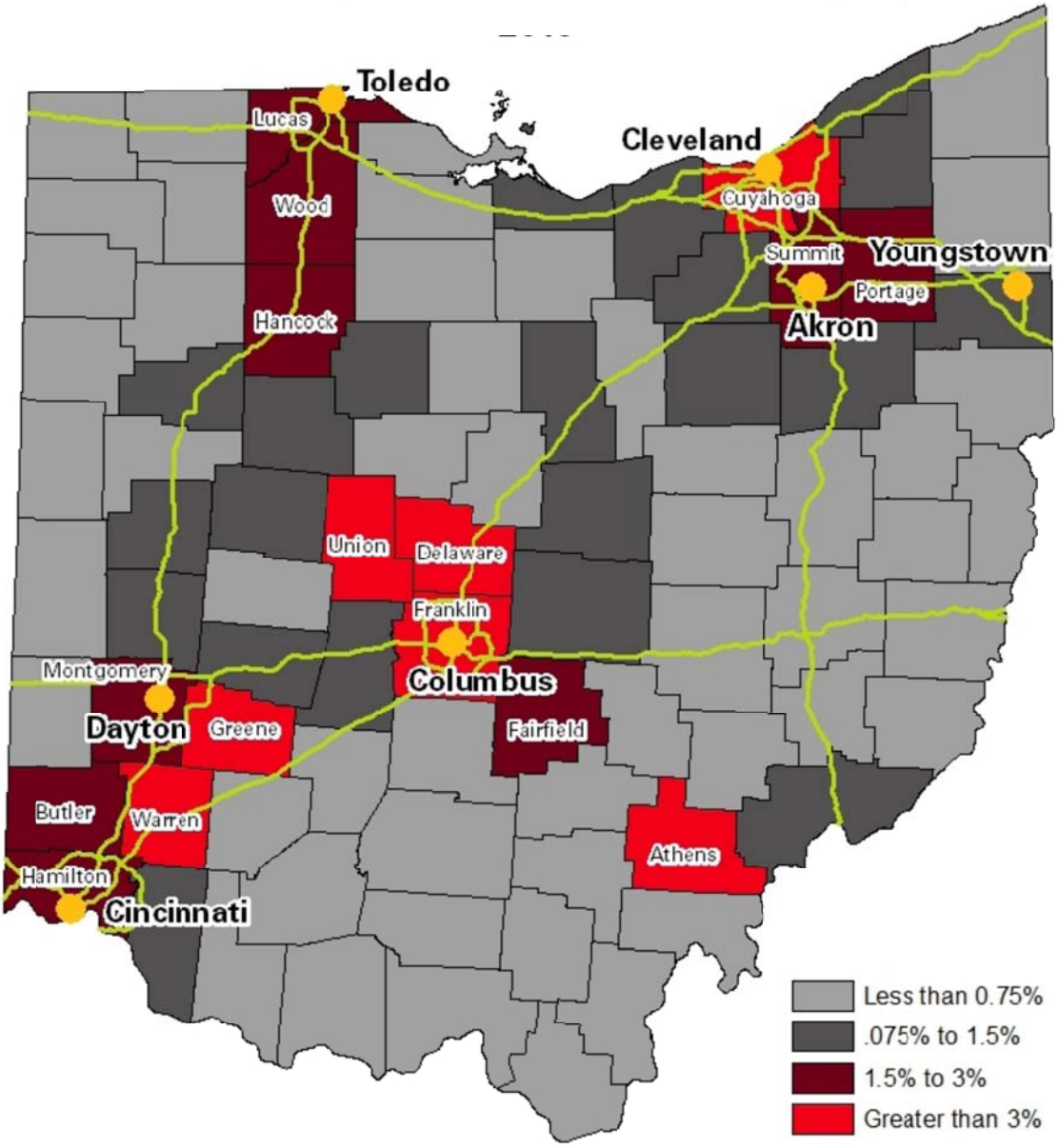

Toledo
Lucas
Cleveland
Wood
Cuyahoga
Summit
Youngstown
Portage
Hancock
Akron
Union
Delaware
Franklin
Montgomery
Columbus
Dayton
Greene
Fairfield
Butler
Warren
Athens
Hamilton
Cincinnati
Less than 0.75%
.075% to 1.5%
1.5% to 3%
Greater than 3%

: **of**

Table 5: Top 10 Ohio Counties AAPI Population, 2010

	County	Population	Percentage of Population
Ranking	**Top 10 Counties by Absolute Population**		
1	Franklin County	53,189	4.6%
2	Cuyahoga County	39,136	3.1%
3	Hamilton County	20,016	2.5%
4	Summit County	14,311	2.6%
5	Montgomery County	12,254	2.3%
6	Butler County	10,555	2.9%
7	Warren County	9,550	4.5%
8	Delaware County	8,690	5.0%
9	Lucas County	8,801	2.0%
10	Greene County	5,967	3.7%
	Top 10 Counties by Percentage		
1	Delaware County	8,690	5.0%
1	Franklin County	53,189	4.6%
3	Warren County	9,550	4.5%
4	Greene County	5,967	3.7%
5	Cuyahoga County	39,136	3.1%
6	Butler County	10,555	2.9%
7	Summit County	14,311	2.6%
8	Hamilton County	20,016	2.5%
9	Montgomery County	12,254	2.3%
10	Lucas County	8,801	2.0%

Source: U.S. Census Bureau. See Ohio Department of Development, Policy Research and Strategic Planning, *Ohio County Indicators*: TABLE 13: 2010 ESTIMATES--PERCENTAGE DISTRIBUTION BY RACE AND HISPANIC STATUS

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 38.8 years, the median age of AAPIs is 32.5 years. Only the Hispanic or Latino population is younger.

Despite the relatively high marriage rate, 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.

There are also substantial differences between Ohio's Asians and other groups in marital status and fertility rate. As shown in Table 6, 61.6% of Asians are now married, compared to 52.3% of Whites, 41.9% of Hispanics or Latinos, 40.9% of American Indians or Alaskan Natives, and 25.5% of Blacks. Ohio's Asians are also less likely to be divorced or separated (6.3%) than those in the general population (13.8%, with a range of 12.5% to 21.4%).

Table 6: Age, Marital Status and Fertility Rate of AAPI in Ohio, 2010

	Age			Marital Status			
	% <18 years	% 65+ years	Median	Now married	Divorced, or separated	Never married	Widowed
Total Population	23.7%	14.1%	38.8	49.0%	13.8%	30.6%	6.6%
Asian Alone	24.3%	7.0%	32.5	61.6%	6.3%	29.1%	3.1%
Indian	24.3%	6.4%	31.4	70.3%	2.5%	23.8%	3.4%
Chinese	25.0%	6.8%	31.0	55.6%	5.0%	36.1%	3.3%
White	22.0%	153%	40.6	52.3%	13.3%	27.5%	6.9%
Black	28.9%	9.8%	32.4	25.5%	18.3%	50.2%	6.0%
AIAH	22.7%	8.5%	38.2	40.9%	21.4%	33.2%	4.5%
Hispanic or Latino	38.3%	4.4%	24.5	41.9%	12.5%	42.8%	2.8%

Source: U.S. Census Bureau, 2010 American Community Survey, Tables DP-1 and S0201 for each racial categories

Nativity

Figure 4 illustrates the change in the U.S. foreign-born population, 2000 to 2007, by region of birth.[21] As can be seen from inspection of this figure, only about 1 in 20 foreign-born individuals

[21] 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

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.

According to the Ohio Department of Development (ODD), "The Ohio Vietnamese community, while smaller, is experiencing significant growth. Since 1990 it grown more than 2-1/2 times to around 13,000 people. The Asian Indian and Chinese populations have also grown rapidly, more than one-half since 2000. The Filipino and Korean populations have also grown, but at a slower pace. The size of the Japanese communities have not changed significantly since 1990."[22]

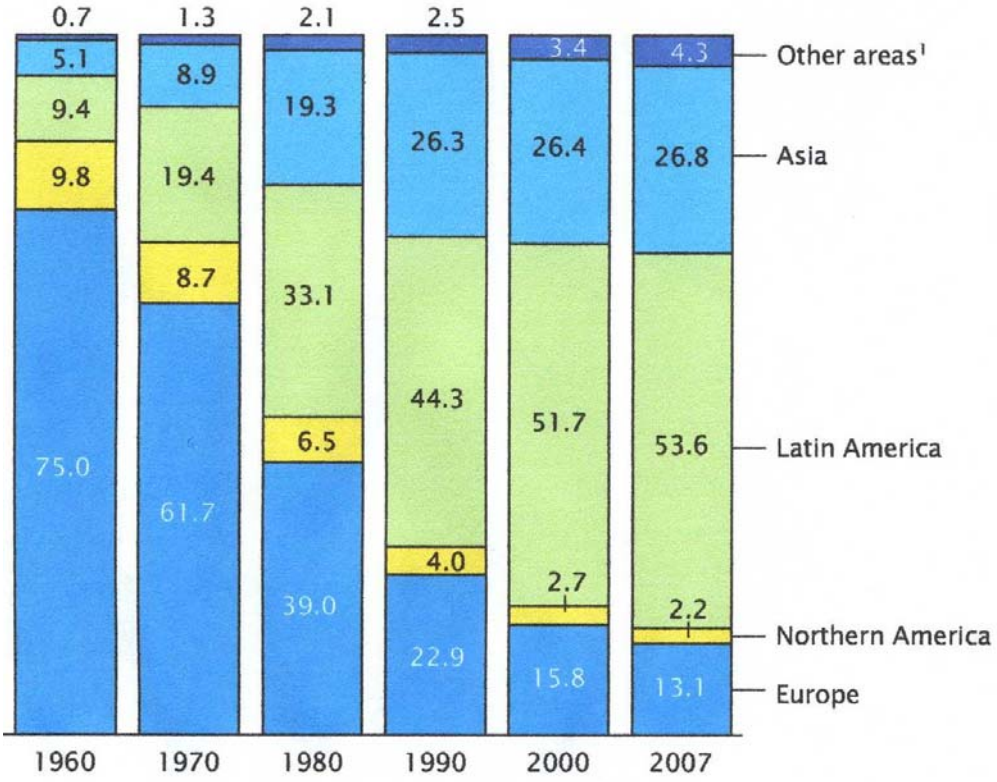


Figure 4. Percent distribution of U.S. foreign-born population by region of birth: 1960 to 2007.

[22] *Ibid*. 11

AAPI Ethnic Populations

Table 7 presents the number and percentage of AAPIs according to ethnic group. Asian Indians comprise the largest Asian ethnic subgroup, 64,187, or 33% of approximately 192,233 AAPI Ohioans who report their background as Asian alone.[23] Chinese, who comprise about 23% of Ohio's AAPI population, form the second largest Asian group in Ohio. Other Asian ethnic groups, combined, comprise about 44% of the AAPI population. This includes Filipinos (9%), Koreans (8.0%), Vietnamese (7%), and Japanese (5%), and other Asians (15.0%). Figure 5 illustrates these percentages.[24]

Table 7: AAPI Ethnic Subgroups, OH 2010

	Estimate	Percent
Total:	**192,233**	**100**
Asian Indian	**64,187**	**33.39**
Chinese	**43,818**	**22.79**
Filipino	**16,899**	**8.79**
Japanese	**10,162**	**5.29**
Korean	**15,281**	**7.95**
Vietnamese	**13,121**	**6.83**
Other Asian	**28,765**	**14.96**
Source: U.S. Census Bureau, 2010 American Community Survey.		

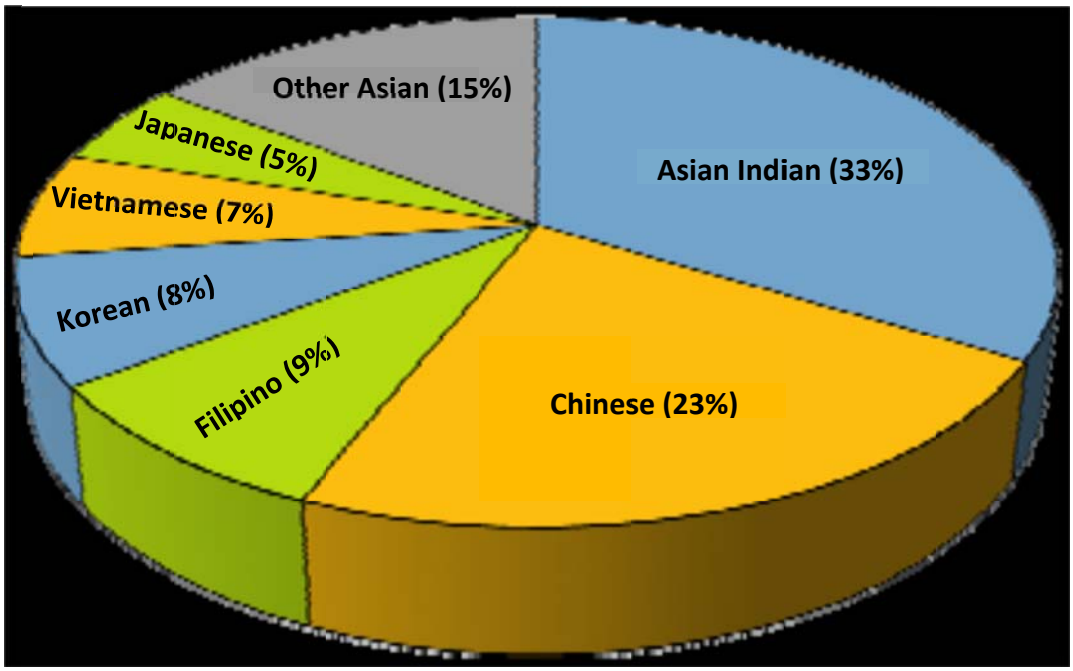
[23] U.S. Census Bureau, 2010 American Community Survey.

[24] *Ibid*. 11

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.[25]

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.



Ancestry

Figure 5. Ancestry of Ohio's immigrant Asian population (based on the 2010 Census).

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

Compared to other groups, Ohio's AAPIs are more likely to be "linguistically isolated."[26] 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.[27]

Figure 6 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, 21% of all linguistically isolated households in Ohio are AAPIs.

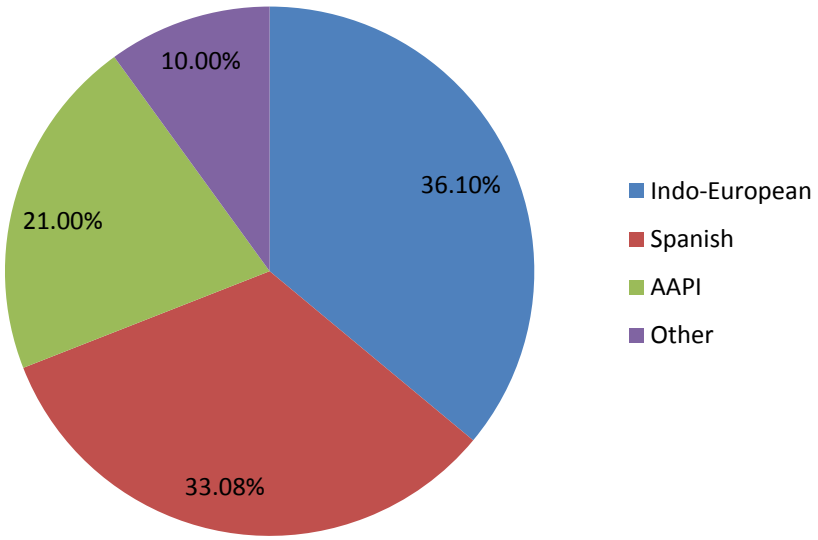


Figure 6. Percent of Ohio's linguistically isolated households according to language spoken at home.

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

[26] 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.

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

home, less than one-half (49%) reported speaking English "very well."[28] (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 higher rate of fluency since 2000.

Table 8 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 Western Asia (67%), South Eastern Asia (58%), and Eastern Asia (50%).

Table 8: Selected Language 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							
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 9 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 (81%), followed by Tagalog (70%), other Pacific Island languages (60%), and Miao or Hmong (59%). Lower rates of English fluency are reported by those who speak Vietnamese (36%), Mon-Khmer or Cambodian (38%), Japanese (43%), Thai (45%), Korean (47%), Chinese (48%), and Laotian (52%).

[28] Obtained from the U.S. Census 2000 at: 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 9. 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.

Lack of English fluency can prevent AAPIs from receiving vital human services, including medical and emergency treatment, education, and legal assistance. Access to these services will be further explored in the respective committee sections, which comprise the remainder of this report.

Arts, Culture and Education Committee

Council Members: Vi Huynh (Committee Chair), Michael Byun, Yung-Chen Lu, Ph.D., Rebecca Nelson, M.A., and Manju Sankarappa.

Non-Council Members: Irene Javier, Ph.D., Huey Li Li, Ph.D., Justin Perry, Ph.D., Hong Qiu, and Lin Xu

In 2012, the Ohio AAPIAC Arts, Culture, and Education Committee researched educational issues and highlighted some of local Arts and Education institutions in Ohio.

Arts and Culture

The primary means of sharing Asian culture in Ohio is through large-scale festivals. Such festivals provide the greatest benefit to local communities by attracting nationally-renowned performing acts.

The Columbus Asian Festival is held in May during the Memorial Day weekend. Several members of the Arts, Culture, and Education Committee, including Yung-Chen Lu, and Manju Sankarappa served on the planning committee for the Festival and related events. A Dragon Boat Festival was held on Saturday May 19, 2012, and it generated enthusiasm for the Columbus Asian Festival. On May 26-27, 2012, more than 125,000 people attended the event. The 2012 Columbus Asian Festival included two days of cultural displays, food booths, performances, and hands-on demonstrations. Participants in the 2012 festival included groups representing a wide range of ethnic backgrounds, including Asian Indian, Bangladeshi, Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Lao People, Malaysian, Myanmar (Burmese), Nepalese, Pakistani, Thai, and Vietnamese. The AAPI ethnic groups presented cultural performances such as singing, dancing, instrumental music, and martial arts demonstrations. 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.)

The 3rd Annual Cleveland Asian Festival was also a success, with over 41,000 attendees on May 19-20, 2012. Arts, Culture, and Education Committee Chair, Vi Huynh, served as the Co-Executive Chair of the Cleveland Asian Festival, which featured over 100 authentic food and merchandise vendors, 2 stages of performing artists that featured a national act (Instant Noodles from MTV's America's Best Dance Crew, fun children's activities, competitions, AsiaTown Trolley tour that highlighted the newly redeveloped Chinatown, and a Health Fair that featured screenings by Cleveland Clinic, University Hospitals, MetroHealth, St. Vincent

Medical Center, and Kaiser Permanente. This Festival also had a positive impact upon the surrounding AsiaTown neighborhood. In a survey of attendees, 25% indicated they had never been to this area in Cleveland before. In addition, many attendees stated that they would come back to enjoy the shopping and dining available in this neighborhood.

In 2012, Asian Services in Action, Inc. (ASIA, with committee member, Michael Byun, serving as Executive Director) produced an extensive photography exhibit on the history and evolution of Cleveland's Chinatown. The exhibit, titled "Faces of Chinatown," captured a representative sampling of family stories, supplemented with historical images and text, and made the history of the local Chinese community more visible to the greater community. Descendants of some of the early Chinatown settlers participated in the creation of the exhibit. Comprised of 71 photographic panels, the exhibit opened September 14, 2012, at Asian Town Center for a six-week run, including a featured stop on the citywide SPARX City Hop. An estimated 600 people from more than 30 Northeast Ohio cities viewed the exhibit. "Faces of Chinatown" received partial funding from Cuyahoga Arts & Culture, the St. Clair Superior Development Corporation, Margaret Wong & Associates, and the Horseshoe Casino. Designed to travel, the exhibit will include showings in 2013 for Chinese New Year and the Cleveland Asian Festival, and it can be requested for use in schools and other community groups.

Education - Ethnic

In order to retain their culture Asian American children are often enrolled in weekend language schools, where they are immersed and taught their family language and culture. Below are 2012 updates from a few of these schools in Greater Cleveland.

The **Hindu Heritage School of Solon, OH**, was started by Vandana Marwaha in her house about 20 years ago in an effort to teach her own children and other neighborhood children the basic concepts of Hinduism and Indian culture so that they could understand and appreciate the rich heritage they come from. The school has now grown to 70+ students and meets every Sunday from 11 am - 1 pm at the Solon Community Center. Students learn about the holy scriptures, the universal aspect of Hinduism and, more importantly, how to respect other religions and cultures. There are discussions around rituals practiced in their homes, cultural diversity and any questions/concerns they express, all with the objective of helping them better assimilate into the world around them. Students practice yoga for 30 minutes and also learn Hindi. There are multiple events held throughout the year, allowing students to exhibit their talents. The school is run entirely by a dedicated group of volunteers and parents.

The Cleveland Contemporary Chinese School, Solon, OH, has over 17 years of history and a professional team of teachers. Part of the Cleveland Contemporary Chinese Culture Association (CCCCA), the largest Asian ethnic community center in Greater Cleveland, this school has nearly 500 students. It provides many types of instruction, including all levels of Chinese courses, CSL, mathematics, adult English, SAT, chess, folk dance, ballet, painting lessons, crafts, martial arts,

Tae Kwon Do, table tennis, volleyball, basketball, and Tai Chi. The CCCCA also offers volunteer opportunities for students to participate in public events such as the Cleveland Asian Festival and is a recipient of a Cuyahoga Arts and Culture grant.

Korea School of the Greater Cleveland, OH, was established on March 1, 1983 by the Korean American Association of the Greater Cleveland (KAAGC) with the purpose of educating children and adults who are interested in learning Korean language and culture. The school is held on Saturday mornings and has two semesters, in spring and fall, usually 11 weeks each. The Korea School has programs for Korean Language starting at the beginner to advanced level, cultural programs such as traditional music, traditional musical instruments, fan dance, Korean traditional painting and calligraphy, paper folding, and stage plays and presentations. The Korea School also participates in the Cleveland Asian Festival and the KAAGC's year-end festivities.

Education – Academic Performance

Table ACE.1 – Table ACE.4 represent the average % of students by race/ethnicity who are proficient or above the academic achievement standards set by the Ohio Department of Education (ODE) on a state-wide district level.

According to the ODE, there were approximately 27,890 AAPI students at the end of the 2010-2011 academic school year. In 2011, primary and secondary AAPI students made up a tiny percentage, only 1.7%, of the Ohio student population. This fraction is consistent with the 2010 Ohio Census Bureau for the Asian population. At the end of the 2010-11 academic year, records show that AAPI students substantially outperformed Blacks and Hispanics in reading and math in grades 3 through 8 and in science in grade 8 (Table ACE.1 & Table ACE.2). (Smaller, but consistent differences were also obtained between AAPI students and their White counterparts.) Similarly, scores of grade 11 AAPI students were slightly higher than their Black and Hispanic counterparts in math, social studies, and science, with only slight differences in reading and writing (Table ACE.3). On average, the AAPI student population outperformed the other two minority groups in reading, math, writing, social studies, and science on the Ohio Graduation Test (Table ACE.4). Additionally, the AAPI student population's "on-time" high school graduation rate for the 2009-10 (the most recent information available) was higher than the Black and Hispanic community by 11.5% points and 17.7% points, respectively (Table ACE.5).

This data indicates that the academic performance levels of the AAPI student population in Ohio during the 2010-11 academic year were exceptional. The fundamental problem with this conclusion, however, is that the ODE does not collect data specific to ethnic backgrounds or nationalities which comprise the AAPI group, nor does it differentiate by immigrant status, socioeconomic status (SES), or English language proficiency (ELP). Therefore, lack of specificity about the AAPI population makes it almost impossible to make recommendations for students who are academically at-risk or falling behind in this community. Combining across AAPI ethnicities, immigrant status, SES and ELP sub-groups prevents a more complete, and more useful, understanding of AAPI students' needs.

Table ACE.1 **– Average % of students (state-wide district level) at or above academic proficient levels per the Ohio Department of Education for the 2010-11 academic year (grades 3 – 5).**

Ethnicity	3rd Grade Reading	3rd Grade Math	4th Grade Reading	4th Grade Math	5th Grade Reading	5th Grade Math	5th Grade Science
AAPI*	87.9%	92.5%	90.5%	89.7%	86.6%	87%	86%
Black	69.1%	68%	74.1%	62.9%	60.4%	45.6%	51.2%
Hispanic	74.6%	77%	80.6%	69.8%	65.1%	55.5%	60.8%
White	86.9%	87.3%	88.6%	84.4%	79.9%	73.3%	79.8%

*Please note that there were instances in the data set that indicated that this group's results were greater than 95% for a particular district/subject category. The actual calculated percentage may be greater than what is reported.

Table ACE.2 **– Average % of students (state-wide district level) at or above academic proficient levels per the Ohio Department of Education for the 2010-11 academic year (grades 6 – 8).**

Ethnicity	6th Grade Reading	6th Grade Math	7th Grade Reading	7th Grade Math	8th Grade Reading	8th Grade Math	8th Grade Science
AAPI*	91.5%	90.8%	87.6%	89.6%	90.6%	87.5%	80.9%
Black	79.1%	66.4%	66.3%	61.4%	77.6%	59.3%	48%
Hispanic	81.3%	72.2%	73.5%	69.7%	82.5%	69.8%	59.2%
White	89.4%	83.4%	82.4%	81.1%	88.7%	80.9%	75.3%

*Please note that there were instances in the data set that indicated that this group's results were greater than 95% for a particular district/subject category. The actual calculated percentage may be greater than what is reported.

Table ACE.3 **– Average % of students (state-wide district level) at or above academic proficient levels per the Ohio Department of Education for the 2010-11 academic year (grade 11).**

Ethnicity	11th Grade Reading	11th Grade Math	11th Grade Writing	11th Grade Social Studies	11th Grade Science
AAPI*	91.4%	92.4%	91.4%	91.3%	89.5%
Black	89%	82.3%	90.6%	83.1%	75%
Hispanic	89.4%	87.9%	90.1%	84.7%	79.2%
White	94.1%	93.1%	94.2%	92%	90.8%

*Please note that there were instances in the data set that indicated that this group's results were greater than 95% for a particular district/subject category. The actual calculated percentage may be greater than what is reported.

Table ACE.4 **– Average % of students (state-wide district level) who were at or above the proficiency rate of the Ohio Graduation Test (OGT) per the Ohio Department of Education during the 2010-11 academic year.**

Ethnicity	Reading OGT	Math OGT	Writing OGT	Social Studies OGT	Science OGT
AAPI*	89.9%	90.3%	91.5%	90%	87.5%
Black	79.5%	71.2%	84.1%	69.9%	58%
Hispanic	83.3%	79.2%	87%	75.1%	65.9%
White	91.1%	88.3%	92.2%	85.8%	82.4%

*Please note that there were instances in the data set that indicated that this group's results were greater than 95% for a particular district/subject category. The actual calculated percentage may be greater than what is reported.

***Table ACE.5* – Average % of students (state-wide district level) who graduated on time from high school during the 2009-10 academic year.**

Ethnicity	"Four-Year" On Time Graduation Rate (2009-10)
AAPI*	87%
Black	75.5%
Hispanic	69.3%
White	89.4%

Despite the absence of useful information about Ohio's AAPI sub-groups, there are a number of studies in the social science and educational research literature which portray a much more complex and nuanced distribution of academic achievement and patterns of school behavior among AAPI youth. Let there be no mistake: underachievement, truancy, and dropout are real problems for some AAPI youth, particularly for those living in poverty (Lee, 2001; Lew, 2006). A brief summary of pertinent literature is provided in the remainder of this section as a way to frame these complex issues.

The majority of social scientists who have studied Asian American academic achievement have emphasized the influence of cultural values, especially those passed from immigrant parents to their children. For example, a respect for authority and concern for group harmony may manifest itself as an unquestioning obedience to their school teachers (Choi, Bempechat, & Ginsburg, 1994; Kim & Chun, 1994). Combined with high aspirations and expectations for academic achievement (Goyette & Xie, 1999; Kao, 1995; Kao, Tienda, & Schneider, 1996), a Confucian work ethic, and avoiding a "loss of face" associated with school failure, Asian youth seem primed for school success.

Then why are some Asians left behind? Wong (997) believes that, despite the transmission of cultural values that often lead to academic success, many Asian immigrant parents and their children experience intergenerational conflicts. For example, a second-generation Asian American may become assimilated and resist the (sometimes extreme) pressure from his or her parents to excel. Parent-child conflicts in views toward dating, dress, after-school socializing, etc., can also diminish family stability and increase the risk of delinquency (Chin, 1990; Lee, 1998; Vigil & Yun, 1990).

Another factor associated with the high school achievement among many children of Asian immigrants is their identify with strong ethnic communities. Immigrant parents often belong to

"ethnic economies," wherein small trades and businesses provide a steady source of jobs, thereby creating a niche of upward mobility for future generations (Hirschman & Wong, 1986; Sanchirico, 1991). These ethnic enclaves preserve cultural values and cultural cohesion, protecting children from the "American" socialization common to children of native-born Asians (Bankston, 1998; Zhou, 1997). It is said that Asian youth without a strong ethnic community (e.g., "second-wave" refugees from Vietnam) are more likely to underachieve compared to Asian youth who do have access to such resources (Zhou, 2001).

The relationship between ethnic community identity and school achievement, however, may be more complex. Lew (2006) conducted an ethnography of 72 Korean American students, some of whom were from middle-class homes and attended an academically elite magnet high school. The remaining students were from poor or working-class backgrounds, had dropped out of high school, and were enrolled in a community-based GED program. The findings indicate that the middle-class Koreans at the magnet school tended to be high academic achievers with high English competency who strongly identify with their ethnic community. That is, these students tended to have adopted a bicultural orientation, often describing themselves as both "Korean" and "American." However, in recognition of their status as a member of a racial minority, they believe in the need to work hard in order to attain economic parity with their White counterparts. In contrast, the working-class Koreans in the GED program tended to distance themselves from the "wealthy and studious" students (White and Korean). Hence, they are more likely to identify with other minority groups who experience racism and poverty (e.g., African Americans, Hispanics, and Asian associated with low socioeconomic status), in contrast to middle-class Koreans who, in being "near White," are perceived as affiliated with the dominant culture. (See also Lew, 2004.)

In general, Asian students may under-achieve academically or drop out of school as a consequence of their sensitivity to stereotypes that others may have about them. In Lee's (2001) study, some Hmong students were truant because they felt embarrassed about their academic difficulties. Furthermore, some students rejected parental authority by skipping class and causing trouble in school. Lee found that most of the U.S.-born students from economically deprived backgrounds were sensitive to stereotypes of welfare recipients as being "lazy," and they felt disrespected by their school's staff. In order to cope with these perceptions, they developed a distrust of White teachers and felt disconnected from the material they were being taught. In contrast, foreign-born students were more likely to ignore or deny racism. The connections between acculturation and school behavior have also been illustrated by Louie's (2001) study of 1.5- (foreign-born) and 2nd-generation Chinese Americans. Louie found that Chinese youth generally interpreted their academic success as "the payoff for their parents' migration journeys." However, the socioemotional costs for this payoff were not racial (e.g., the burden of "acting White") as much as they were cultural or economic (e.g., failing to meet parental expectations or being unable to fulfill financial expectations).

Sue and Okazaki (1990) proposed that Asian American parents invest in their child's education to provide them with a head start toward economic security. Therefore, they stress technical-medical professions that are thought to offer more opportunities. However, their children do not always share their parents' anticipation of success. For example, in a study of urban Chinese Americans Goto (1997) found that some foreign-born and U.S.-born students had "adopted views similar to those manifested by their African American peers, questioning whether education actually serves as a channel of mobility" (Louie, 2001, p. 441). More research of this type is needed to determine the prevalence of these, possibly self-defeating, perceptions. While Asian Americans, on average, attain high levels of education, the psychological costs of this academic success may be high for many students. Based on a national data set of adolescents, Bankston and Zhou (2002) found that, while Asian Americans had the highest level of achievement, they also had the highest levels of depression. Further research is needed to identify strategies that help Asian youth develop a healthy emotional life without diminishing high academic success and rich family life. This knowledge can provide valuable guidelines for the general improvement of public health and human services.

Recommendations:

- Systematically collect the following data on AAPI students across the state of Ohio:
    - ethnicity or nationality
    - immigrant status
    - generation status
    - socioeconomic status
    - English language proficiency
    - psychological and behavioral measures of acculturation and mental health
    - career aspirations and expectations

2. Systematically collect data on student perceptions of:
    - school climate
    - relationships with teachers and other staff
    - school engagement
    - school belongingness
    - peer relationships
3. Hold focus groups in school buildings with relatively higher percentage of AAPI youth; focus groups should involve both students and families, as well as school administration and teaching staff
4. Once data is collected, conduct a sub-group analysis of AAPI youth in terms of academic achievement, school dropout, retention, GPA, college enrollment, graduation rate, etc.

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Civil Rights and Immigration Impact Committee

Council Members: Ron Katsuyama, Ph.D. (Chair), Michael Byun, Krishna Grandhi, M.S., M.B.A., J.D., Jeff Guo, Ph.D., and Rebecca Nelson, M.A.

Non-Council Members: Danny Caudill, J.D., Kevin O'Neill, J.D., Ed Stanek, Matthew Teshima, and Charleston Wang, M.B.A., L.L.M., J.D.

Activities Completed in 2012

Members of the Civil Rights and Immigration Impact (CRII) Committee participated in several statewide events. In particular, leadership was provided through planning committee membership or program participation in the following statewide or Midwest regional events:

- *2012 Ohio AAPI Legislative Day*, June 5, 2012, Columbus Statehouse. [Committee member, Michael Byun, served as the event coordinator, and he and Ron Katsuyama served on the planning committee and participated as session moderators. Other Council members, including Yung-Chen Lu, Cora Munoz, and Bounthanh Phommasathit, and a (Non-Council) Committee Member, Manju Sankarappa, also served on the planning committee.]
- *White House Initiative on AAPI Midwest Regional Action Summit*, July 13, 2012, The Ohio State University. [Committee members Michael Byun, Rebecca Nelson, and Ron Katsuyama served on the planning committee and as session moderators. Other Council members, including Yung-Chen Lu, Cora Munoz, and Bounthanh Phommasathit, and (Non-Council) Committee Members, Manju Sankarappa and Justin Shum, also served on the planning committee.]

Current Activities

Members of the Civil Rights and Immigration Impact (CRII) Committee have been studying particular federal judicial and Ohio Supreme Court decisions related to immigration law and enforcement and discussing their implications for policy among selected Ohio agencies.

We recognize that comprehensive immigration reform has become one of the foremost national priorities and that federal law addressing these issues preempts any initiatives that states might develop in the same areas. The reasons are unassailable - the United States Supreme Court, in *Arizona v. United States*, 567 U.S. ___ (2012), noted that immigration policy can affect trade, investment, tourism, and diplomatic relations for the entire Nation, as well as the perceptions and expectations of aliens in this country who seek the full protection of its laws. Art. I, §8, cl. 4 of the United States Constitution, in providing Congress to "establish an

uniform Rule of Naturalization," says as much. (Further, it is apparent that such federal preemption is common in other spheres of government influence, including interstate commerce, labor relations, and national security.) Nevertheless, the Court agreed to uphold the provision of Arizona's S.B. 1070 that allows state police, under conditions of "reasonable suspicion" that an individual is in the U.S. illegally, to attempt to verify a person's immigration status during a stop, detention, or arrest.

The CRII Committee is wary of Ohio legislators seizing upon this current right of state police to investigate the immigration status of individuals by expanding the scope of a narrowly construed right. We believe that any new state law that is guided by anti-immigrant sentiments and associated with "attrition through enforcement" policy can detract from the vital, safety functions that citizens typically assume state police must fulfill. After all, the Court in *Arizona v. United States* held that (1) Arizona may not further criminalize undocumented presence of aliens, (2) bar them from working, and (3) make warrantless arrests of persons believed to be deportable.

The CRII Committee, therefore, discussed the need for immigration reform and its impact upon state and local policies in terms of the core values articulated by Justice Kennedy in his majority opinion:

> "Immigration policy shapes the destiny of this Nation. ... The history of the United States is in part made of the stories, talents, and lasting contributions of those who crossed oceans and deserts to come here. The National Government has significant power to regulate immigration. With power comes responsibility, and the sound exercise of national power over immigration depends on the Nation's meeting its responsibility to base its laws on a political will informed by searching, thoughtful, rational civic discourse."

At the WHIAAPI Midwest Regional Action Summit and, subsequently, at a WHIAAPI meeting, members of the Ohio AAPI Advisory Council discussed a variety of issues with Mr. Chris Lu, Assistant to the President, White House Cabinet Secretary and Co-Chair, WHIAAPI. On the topic of immigration reform Mr. Lu reconfirmed President Obama's 2008 campaign promise to introduce comprehensive immigration reform to correct a "broken" system. The current system (1) denies 11 million undocumented immigrants a pathway to citizenship, (2) prevents timely and humane family reunification, and (3) prevents many skilled, highly-educated, and entrepreneurial individuals from obtaining legal residency. Comprehensive immigration reform is needed to sustain bi-partisan principles that have welcomed those seeking freedom and opportunities and have, in the past, contributed to our social and economic vitality.

While federal immigration reform will help create a more just and humane society for all Americans, Ohio has traditionally retained powers in a number of areas, including the issuance

of driver's licenses, marriage licenses, divorces, worker's compensation, and employment discrimination. While certain citizenship and legal residency issues in these areas could be resolved pending federal immigration law and enforcement reforms, others are likely to remain. Therefore, the CRII Committee identified and discussed the following issues:

1. **Issuance of Driver's License or Ohio Identification (ID)**. Notwithstanding *Title II* of the *Real ID Act* which provides for national standards for driver's licenses, Ohio (together with at least one-half of the other states) have passed resolutions or binding legislation to opt out of the federal standards. Since there is no national identity document, an Ohio Driver's License continues to be accepted as a primary form of personal identification. (Even the United States Citizenship and Immigration Services (USCIS) accepts a state-issued driver's license as a List B Document on its I-9 Form, which must be filed by employers screening potential employees for their verification of employment eligibility.) This has become problematic for two reasons. First of all, because the original purpose of a driver's license was to ensure driving ability and traffic safety, only a small, low-resolution photograph is obtained by the Ohio Bureau of Motor Vehicles (BMV). In contrast to fingerprinting and, certainly, more rigorous identifiers such as DNA markers, the adequacy of a driver's license photograph as a primary personal identifier is questionable. Secondly, in the course of strict scrutiny of citizenship and legal residency eligibility for getting a driver's license or Ohio Identification (ID) from the Ohio BMV, there are known instances of **unjustified denial of documented immigrants from obtaining such essential documents**.

2. **Issuance of Marriage License**. In Ohio a marriage is recorded in the local Probate Court. Under federal immigration law, a non-citizen who had entered with inspection is eligible to adjust to lawful permanent resident (LPR) status through marriage to a U. S. Citizen. However, the CRII Committee has become aware of instances where **individual civil rights have been abrogated when local probate court officials have refused to marry an alien** on grounds that the person is unable to produce a social security number. The matter has been litigated in *mandamus* and a U.S. Court of Appeals has ruled that a probate court may not refuse to certify a marriage because of the lack of a social security number. [See, *State ex rel Ten Residents of Franklin County v. Belskis*, 142 Ohio App.3d 296, 755 N.E.2d 443 (Ohio App. Dist.10, 2001).]

3. **Divorce**. The Division of Domestic Relations of the Ohio Courts of Common Pleas over-sees the termination of a marriage. Respecting federal immigration law, any married alien who wishes to marry a U. S. Citizen must demonstrate to the USCIS that he or she is eligible to marry; that is, any prior marriage must have been terminated according to law.

Generally, only persons who can satisfy the requirements of Ohio residency and domiciliary can avail themselves of the jurisdiction of the Ohio divorce courts. The word "residence" in ORC 3105.03 means "domiciliary residence," a concept which has two components: (1) an actual residence in the jurisdiction, and (2) an intention to make the state of jurisdiction a permanent home." [See *Coleman v. Coleman* (1972), 32 Ohio St.2d 155 at 162, 291 N.E.2d 530 at 535*; Rahawangi v. Alsamman*, (2004), Ohio- 4083 (Ohio App. Dist. 8 08/05/2004), citing, *Franklin v. Franklin* (1981), 5 Ohio App. 3d 74, 449 N.E.2d 457; and *Hager v. Hager* (1992), 79 Ohio App.3d 239, 243, 607 N.E.2d 63, 66. See also, *Zhao v. Zeng,* (2003), Ohio 3060 (1st App. Dist., Hamilton County).] This can create a dilemma for a non-citizen with an estranged spouse who intends to return to his or her country of origin. Suppose this person wishes to marry a U.S. Citizen. Then, not having avail of an Ohio divorce court, **a married non-citizen may be obliged to travel back to his or her country of origin in order to obtain a divorce that is recognized by the USCIS**.

Another situation under which an immigrant is denied access to an Ohio Common Pleas (divorce) Court arises when an immigrant acquires lawful permanent residence (LPR) status by reason of a family relative. The relative (and, on occasions, an additional co-sponsor) must give an *Affidavit of Support* (USCIS Form I-864). This document, although a requirement of federal immigration law, has been held to be binding during a divorce proceeding, *Davis v. Davis*, (12/17/2004), Ohio- 6892 (Ohio App. Dist.6), (and Ohio's Domestic Relations Courts have also given priority to this document). Consequently, such immigrants have been denied access to an Ohio Common Pleas (divorce) Court, as well as to Ohio's Domestic Relations Courts. Unable to obtain an Ohio divorce, such an immigrant must obtain a divorce in his or her country of origin before becoming eligible to marry a U.S. Citizen.

Given the barriers among certain non-citizens in obtaining a divorce through the Ohio Courts of Common Pleas or a hearing by an Ohio Domestic Relations Court, the CRII Committee is investigating what reasonable Ohio statutory change would permit these individuals to gain access to these judicial processes that can profoundly affect their well-being.

4. **Worker's Compensation**. The CRII Committee notes that the Ohio Supreme Court [in *State ex rel. Papadopoulos v. Indus. Comm.*, 196 N.E. 780 (1935)] does not preclude undocumented workers from participating in the Workers' Compensation Fund. Further, the Ohio Court of Appeals [in *Rajeh v. Steel City Corp*., (2004), 157 Ohio App.3d 722, 813 N.E.2d 697 (Ohio App. Dist.)] considered Ohio laws, federal laws, and public policy interests in ruling that (1) undocumented workers must be considered "employees" under state workers' compensation law, and (2) workers' compensation provides for a "substitutionary remedy for a negligence suit" (rather than a state or local public

benefit). As such, **the Ohio Court of Appeals concluded that an undocumented worker is entitled to participate in, and recover, from the Workers' Compensation Fund**. (This case is summarized in a report by the National Immigration Law Center at the following URL: http://v2011.nilc.org/immsemplymnt/emprights/emprights082.htm)

Many undocumented workers are known to be employed in skilled trades across industries and services such as housing and commercial construction, restaurants, hotels, and agriculture. Such employment provides employers with several competitive advantages. For example, undocumented workers typically command lower salaries than their "legal" counterparts. However, undocumented workers are typically not counted on the employer's payroll, thereby providing the employer with opportunities to save tax-related and benefits-related expenses.

Since undocumented workers are typically not counted on the payroll, employers have little incentive to contribute into the Workers' Compensation Fund ("Fund") on behalf of these employees. Consequently, **when an undocumented worker whose employer has not contributed to the Fund becomes injured, the right of that worker to tap into the Fund for compensation has been questioned**.

The CRII Committee has examined the controversy involving fair treatment of an injured undocumented worker in this situation, and arguments on both sides of this issue have been studied. There are **four** basic **arguments in favor of worker's compensation payments for undocumented workers**. First of all, employees should not suffer the consequences of an employer not paying into the Fund. If the employer is able to gain competitive financial advantage by hiring these workers, then **it is** also **the employer's responsibility to provide for workers' compensation**, whether obtained through the federal program or a private alternative (for which rules of citizenship and nationality may not be as stringent). Secondly, **it is a moral imperative that workers receive medical treatment for job-related accidents**. **Such basic health services should be a right associated with residency and economic productivity**. Thirdly, while prevention of accidents is almost always cost-effective, **it** typically **makes good business sense to ensure immediate treatment following a worker's injury or work-induced disability** so that he or she can more quickly return to the workforce. Finally, **denial of worker's compensation places workers at risk of incurring even greater health care expenses** if their condition should worsen. Such expenses may be unaffordable by the worker and are **eventually passed on to the general public**.

The CRII Committee also considered **four** basic **arguments against worker's compensation payments for undocumented workers**. First of all, **state-supported benefits such as this should not be awarded to those who entered the country illegally**. Such procedures would only encourage others to follow in their path, thus

creating a situation that is inherently unfair to those who enter legally. Secondly, **undocumented individuals must be responsible for injury or disability associated with their work**, as they assume these risks knowingly and without coercion when they are hired. Thirdly, not having paid into the Fund or a private alternative, **any money they should access would reduce the amount available to those who are legitimately covered**. Finally, **payment to undocumented workers would result in a system without checks and balances**. That is, a state would have no way of estimating their liability in this area, as the number of undocumented workers is unknown. Consequently, responsible budgeting becomes impossible.

As an alternative to participation in the Fund, a worker can seek redress for a work-related injury or disability by suing his or her employer in a state municipal, county, or common pleas court. Following a ruling favorable to the worker, an employer would become liable for damages incurred through negligence, and the Fund's financial integrity is kept intact. The problem with this potential remedy, however, is that a typical worker, compared to his or her employer, is relatively unsophisticated about the legal system, leading to an imbalance in the judicial process. Further, prospects of prolonged and costly litigation could dissuade some from pursuing a case that is likely, although not certain, to win in court.

Immigration reform at the federal level could also help resolve workers' compensation issues at the state level, and the CRII Committee is monitoring Congressional developments. Meanwhile **the committee recommends** that current Ohio and federal laws regarding workers' compensation be respected, thereby **preserving the right of undocumented workers to participate in the Workers' Compensation Fund and permitting them to collect workers' compensation**.

5. **Employment Discrimination**. The issue concerning an undocumented worker's right to a claim for employment discrimination appears similar to the issue concerning his or her right to collect workers' compensation. Further, certain federal protections against national origin discrimination may extend to employment discrimination of undocumented workers. However, it appears that the Ohio Civil Rights Commission (OCRC) has been reluctant to pursue employment discrimination allegations brought by persons who are not eligible for employment by reason of immigration status. As the CRII Committee monitors immigration reform at the federal level and seeks to more fully understand the latest OCRC position on this issue, **members of the CRII anticipate** further discussions and **future recommendations regarding employment discrimination among undocumented workers**.

Long-Term Goal

- To enhance the overall experience of AAPIs living in Ohio through protection of basic civil and human rights, including those associated with housing and home ownership, voting, and freedom from racial profiling

Potential Future Activities

I. Protection of Civil Rights and Advancement of Economic Justice Associated with Housing and Home Ownership

Without knowledge of their civil rights, many AAPIs have been vulnerable to sudden, exorbitant increases in rent, predatory lending, unfair foreclosure practices, realtor steering, and mortgage or insurance redlining. These are some of the major barriers to residence in school districts of choice or to home ownership as a primary means of asset building.

While these issues have received little attention in AAPI communities, there are programs developed to remediate some of these inequities. For example, the Ohio Attorney General (Mike DeWine) has recently announced that substantial funds will be directed to support foreclosure prevention efforts. There is an opportunity for the OAAPI Advisory Council to help identify Asian communities that would benefit from having bilingual Asian "Housing Counselors" to help save the homes of those who are approaching foreclosure and help those who may have already filed.

II. Protection of Voting Rights

(A) Empowerment through language assistance measures.

The Voting Rights Act of 1965 and the 2006 re-authorization of language assistance requirements [Sections 4(f) and 203] help ensure access to the voting process among those with limited English proficiency (LEP), provided that they belong to communities that comprise 5% of voters or number 10,000 or more. Unfortunately, language-assistance measures among Ohio's counties appear to be outside the bounds of a cost-benefit analysis implied by the statutes.* Nevertheless, with consideration of historical disenfranchisement of AAPIs, and the need to accommodate a growing immigrant AAPI population, the Ohio AAPI Advisory Council might provide suggestions for limited, cost-

effective language assistance programs that can help empower new immigrant populations.

*While the percentage of all AAPIs exceeds 5% only in Delaware County (5%), Franklin County (4.6%) and Warren County (4.5%) just fall short. However, the following six counties have more than 10,000 AAPIs: Franklin County (53,189), Cuyahoga County (39,136), Hamilton County (20,016), Summit County (14,311), Montgomery County (12,254), and Butler County (10,555).

Among AAPI households that use a language other than English, almost one-half (47.9%) of members speak English less than "very well." Further, over one-quarter of households with members speaking an Asian or Pacific Island language are linguistically isolated (having no one over 14 yrs. who speaks English "very well"), a rate higher than the 15.7% of households with Spanish speakers. With a growing AAPI population in Ohio (49.1% increase between 2000 and 2010), there will be a growing need for language assistance programs.

(B) Avoidance of disenfranchisement due to failure to provide provisional ballots when a voter's eligibility is questioned (a violation of the Help America Vote Act of 2002).

(C) Increased representation among AAPIs and other citizens of color by avoiding (racial) gerrymandering (every 10 years) by partisan redistricting commissions (that can almost ensure victory by the majority party's candidates). The CRII Committee is considering the merits of an "Independent Nonpartisan Citizen Commission" to determine redistricting.

III. Prevention of Racial Profiling

(A) Examine prevailing policies and current practices that provide safeguards against racial profiling (e.g., discrimination based upon actual or perceived race, national origin, religion, gender, gender identity, sexual orientation, or immigration status) by state and local law enforcement officers (e.g., Ohio Highway Patrol mandates for reporting race) with an aim toward recommendations that result in achievement of "best practices."

(B) Examine current compliance with Federal guidelines regarding the reporting of possible hate crimes and bias-related incidents.

(C) Examine racial, ethnic, socio-economic, and gender bias in Ohio's criminal justice system, including disparities in stopping, detaining, arresting, indicting, sentencing, and paroling of AAPIs and other residents of color.

(D) Examine discrimination in Ohio's workplaces and public accommodations and the effectiveness of redress processes.

Economic and Workforce Development Committee

Council Members: Radhika Reddy, M.A (Tax), M.B.A. (Finance), and M.I.S. (Committee Chair), Tom Chung, Ph.D., Jeff J. Guo, Ph.D., and Yung-Chen Lu, Ph.D.,

Non-Council Member: Ye-Fan Glavin, Ph.D.

The Economic and Workforce Development Committee developed an overall objective and set short term and long term goals to enhance Ohio's economic and work force development.

Overall Objective

To mobilize and optimize AAPI community resources, knowledge and networks to support Ohio economic development and job creation through AAPI business development, foreign business attraction, foreign direct investment, and trade promotion with Asian countries.

Activities Completed in 2012

1. Committee members met with Mindy McLaughlin of Jobs Ohio, and Wesley Aubihl, Export Department, Ohio Department of Development in April, 2012, to discuss strategies for economic development, workforce development and foreign direct investment in Ohio. We discussed sponsorship of seminars on doing business in India, China and other Asian countries, as well as promoting Ohio to these countries through trade missions. The committee also considered the coordination of efforts with other economic development groups in the Ohio.

2. Committee members, in collaboration with staff representing Jobs Ohio and the Export Department, Ohio Department of Development, arranged an economic development panel for the June 5, 2012, Ohio AAPI Legislative Day in Columbus. The purpose of this panel was to share and educate the AAPI participants about (1) economic development services of Jobs Ohio, (2) export promotion services of the Department of Development, and (3) opportunities of investment attraction and trade promotion in working with companies in China and India. Committee member Ye-Fan Glavin discussed opportunities to attract businesses and investment from China, and Radhika Reddy discussed similar opportunities with companies in India.

3. Jobs Ohio assisted committee member Ye-Fan Glavin in arranging for Governor Kasich to meet with Ambassador Sun Guoxiang, Consul General of the People's Republic of China in New York, in July, 2012, during his first official visit to Ohio. With support of representatives from Jobs Ohio, Columbus 2020 (a public-private partnership to promote economic development in the

Columbus region), Team NEO (a partnership of Northeast Ohio chambers) and NEO International Business Network (a network of private and public organizations, businesses, and institutions seeking to promote international business), Ye-Fan Glavin also arranged for several meetings and receptions that included Cleveland Mayor Frank Jackson and business, corporate, educational, and government representatives from Cleveland and Columbus. Discussions focused upon the promoting business between China and Ohio, collaborating with the Chinese Consulate in attracting direct investment from China to Ohio, and promoting trade from Ohio to China to support economic development and job creation.

Current Activities

1. Committee members are planning to collaborate with Jobs Ohio and other economic development and business organizations in arranging a visit by the Ambassador--Consul General of India in New York to Ohio for a meeting with Governor Kasich and business leaders from Cleveland, Akron, Columbus, Cincinnati and Toledo. During receptions and private business meetings, the focus will be on promoting business between India and Ohio and collaboration with the Indian Consulate in attracting direct investment from India to Ohio, and promoting trade from Ohio to India to support economic development and job creation.

2. Committee members are gathering an inventory of organizations currently involved with AAPI companies or organizations for the purpose of facilitating future Ohio business and economic development.

3. Committee members are exploring ways that the OAAPIAC can help attract investments in Ohio and support Ohio's businesses in development of international trade.

Long Term Goals and Action Plans (through 2014)

1. To publish a report outlining available resources and strategies for working with AAPI companies, organizations, and Asian countries to promote Ohio's economic and workforce development.

2. To develop knowledge and skills among Ohio's AAPIs through student internships, practical experiences, business connections and mentoring as a mean of supporting the globalization of Ohio's businesses.

3. To promote education and awareness of investment and trade opportunities in working with Asian countries.

A. To help promote Ohio opportunities to Asian regions through AAPI networks and resources.

B. To advocate for Ohio's administrative, legislative, and business community support of further business and economic collaboration with Asian countries.

4. To assess opportunities and challenges and make recommendations

A. To identify industry clusters or business opportunities with unique, promising value (that differentiates Ohio from other states).

B. To assess and enhance awareness among AAPI community leaders of their potential roles in attracting Asian businesses and investors and the potential benefits for their community members.

C. To recommend relevant strategies to Ohio's government and economic development organizations based on understanding of Asian business culture and practices.

5. Making connections

A. To support appropriate delegations from Ohio to Asia with initial focus upon India and China.

B. To support appropriate delegations from Asia to Ohio in a manner consistent with Ohio's economic development goals and agenda.

C. To form an information base for monitoring Asia-specific activities and developments.

D. To inform Asian embassies and consulates about Ohio's business opportunities and facilitate their investment in Ohio.

6. Support implementations

A. To coordinate cultural and language assistance needed to support business delegations and commercial exchanges from Asia.

B. To monitor and improve measureable outcomes of Asian business and investment impacts, such as the number of jobs created, amount of exports, amount of total investments, etc.

Health Issues and the Health Care System Committee

Council Members: Richard Paat, M.D., (Committee Chair), Cora Munoz, Ph.D., R.N, (Committee Vice- Chair), Jeff Guo, Ph.D., Bounthanh Phommasathit, M.S.W., and Ramesh Srivastava, M.S., F.S.S., CStat.

Non-Council Members: Chikako Cox, Ph.D., Reiko Ozaki, M.S.W., Manju Sankarappa, B.S., Mieko Kotake Smith, Ph.D., and Jonathan Tolentino, M.D.

Long-Term Goal

The ultimate goal of the committee is to improve the overall health status of Asians and Pacific Islanders in Ohio through health equity and the eventual elimination of negative social determinants that contribute to health disparities.

Health disparities are conditions in which there is a disproportionate incidence of disease, disability and death in a minority population. Consistent with the vision of the *HHS Disparities Action Plan* in the *National Partnership for Action*, this committee envisions **"A nation free of disparities in health and health care."**

According to the HHS, health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and on-going societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment, based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.

The committee embraces the vision and goals of the *National Partnership for Action* as reflected in the activities in 2012 and those that are planned for 2013.

2012 Committee Projects (either completed or initiated in 2012)

I. **Plan an AAPI Health Conference at the University of Toledo (UT), sponsored by the *Ohio Asian American Health Coalition* (OAAHC) and the *UT Asian Pacific American Medical Student Association* (AAPAMSA).**

The *6th OAAHC Health Conference* was held on December 7-8, 2013, at the University of Toledo. With a theme, "*Journey to a Healthier Future,"* this conference was supported by a grant from the *Ohio Commission on Minority Health*, *ProMedica of Cleveland*, the *University of Toledo Medical College*, the *Asian Pacific American Medical Student Association,* and the *Ohio Asian American Health Coalition*. It was attended by (1) physicians, nurses, social workers, and other health care professionals, (2) students of medicine, allied health, and other health professions, (3) community leaders and members of grassroots civic organizations, and (4) government representatives from the Midwest, Ohio, and local offices.

Several distinguished speakers led an exciting conference designed to educate participants about the Asian communities in both Ohio and internationally and how best to serve their needs. Emphasis was placed on current Asian health issues and the impact of new legislation.

The specific objectives of the conference were to enable participants to:

1. Have a free health screening.
2. List the types of cancer that disproportionally affect the Asian population.
3. Discuss the Affordable Care Act and how it will affect minority populations.
4. Describe why there are increased cardiovascular risks among U.S. Asian communities.
5. Discuss the specific medical issues regarding immigrant healthcare, exchange student health, and travel medicine.
6. Discuss Asian health statistics from a recent Ohio census, as well as a survey by the University of Cincinnati.
7. Discuss the current state of Asian mental health.
8. Discuss the efficacy of alternative medicine.
9. Describe the outcomes of hepatitis B and the relevancy of screening Asian groups.

II. Develop a Pamphlet on AAPI Health Concerns (for distribution at doctors' and health care providers' offices)

Dr. Richard Paat and the UT APAMSA medical students have prepared a draft of a pamphlet about AAPI health concerns. Its purposes are to increase the cultural competency of clinicians and other health care providers as well as to emphasize the need for linguistically appropriate health care services, both of which are consistent with HHS goals. The committee intends to obtain suggestions and general comments from physicians and other health care providers, as well as from other members of the OAAPIAC, prior to the completion of this pamphlet by the UT APAMSA medical students and their advisor, Dr. Richard Paat. Plans for marketing and dissemination of information are also underway. (For example, this item could be translated into a number of Asian languages and distributed at health care professionals' offices, health fairs, and other clinics.)

III. **Health recommendations from the Report on the Status of Ohio's Asian American Pacific Islander Community, Health Issues & the Health Care System (December 28, 2010, edition) are being reviewed and updated.** The committee plans to review previous recommendations on health issues as identified in previous work of the Advisory Council.

IV. *B Free Columbus* Project

The *Ohio Asian American Health Coalition* (OAAHC) received a $173,326 grant from the *Center for Disease Control and Prevention* (CDC) in October, 2012, to enable early identification of the hepatitis B virus (HBV) and linkage to care among foreign-born Asian- and African-populations. Several OAAPIAC members have been involved with *B Free Columbus*, including Project Director, Manju Sankarappa, Nurse-educator, Cora Munoz, and Advisory Board members, Dr. Yung-Chen Lu and Ron Katsuyama. Recent immigrants, including those from China, Southeast Asia, and Somalia have been medically underserved and are among the populations disproportionately affected by the hepatitis B virus. Therefore, *B Free Columbus* was developed to help ensure that members of these communities are screened, informed of their condition, and provided with counseling and medical treatment. In partnership with a number of community-based organizations, health care providers, and the Columbus Department of Health, B Free Columbus will provide 1,500 HBV screenings and follow-up services.

B Free Columbus also involves education about the hepatitis B virus and advocacy for the vaccination of individuals at risk for infection, a cost-effective primary prevention strategy that could, eventually, eradicate this infectious disease.

Continuing Health Projects

I. *Healthy U Chronic Disease Self-Management Program* and *Diabetes Self-Management Program* (CDSMP/DSMP)

Committee members, Ms. Manju Sankarappa and Dr. Cora Munoz, (who are also members of the Ohio Asian American Health Coalition) are involved in this funded project. They became *master trainers* as well as *lay leaders* through their completion of an intensive didactic and hands-on curriculum developed at Stanford University. Through support by the *Ohio Department of Aging* and the *Ohio Commission on Minority Health*, the *Chronic Disease Self-Management Program* (CDSMP) and the *Diabetes Self-Management Program* (DSMP) provide free workshops in community settings. Workshops are facilitated by two trained leaders, one or both of whom are afflicted with a chronic disease, such as diabetes, arthritis, or heart disease, or is related to someone with such a chronic illness. This six week workshop is designed to help individuals better manage their chronic illness and gain control of their health. In partnership with various Asian health organizations throughout Ohio, free workshops were provided at local venues.

II. *B Free Columbus* Project

The *Ohio Asian American Health Coalition* (OAAHC) received a $173,326 grant from the *Center for Disease Control and Prevention* (CDC) to enable early identification of the hepatitis B virus (HBV) and linkage to care among foreign-born Asian- and African-populations. Several OAAPIAC members have been involved with *B Free Columbus*, including Project Director, Manju Sankarappa, Nurse-educator, Cora Munoz, and Advisory Board members, Dr. Yung-Chen Lu and Ron Katsuyama. Recent immigrants, including those from China, Southeast Asia, and Somalia have been medically underserved and are among the populations disproportionately affected by the hepatitis B virus. Therefore, *B Free Columbus* was developed to help ensure that members of these communities are screened, informed of their condition, and provided with counseling and medical treatment. In partnership with a number of community-based organizations, health care providers, and the Columbus Department of Health, B Free Columbus will provide 1,500 HBV screenings and follow-up services.

B Free Columbus also involves education about the hepatitis B virus and advocacy for the vaccination of individuals at risk for infection, a cost-effective primary prevention strategy that could, eventually, eradicate this infectious disease.

III. The *Ohio Department of Mental Health* (ODMH), the *Multiethnic Advocacy for Cultural Competency* (MACC), and the *Ohio Asian American Health Coalition* (OAAHC) Collaborative Plan

OAAPIAC members, Yung-Chen Lu, Manju Sankarappa, Executive Director, OAAHC, Cora Munoz, Michael Byun, and Ron Katsuyama have begun a dialogue with the ODMH and the MACC to explore initiatives that can address unmet behavioral health/mental health needs among members of Ohio's Asian communities. They are also seeking the advice of community leaders to identify the nature and extent of issues such as post-traumatic stress disorder (PTSD), depression, suicide, and domestic violence. Overcoming language and/or cultural barriers that impede access to appropriate services appears to be a major challenge.

IV. Asian Festival (Columbus) Health Screenings

The Annual Asian Festival in Columbus, which includes cultural performances, ethnic displays, an Asian market, food, martial arts, and cultural booths, also features a Health and Wellness Fair, where participants are provided with free blood pressure, glucose, cholesterol, osteoporosis, and Hepatitis B screenings as well as mental health, vision, dental , mammogram and cardiovascular assessments. Approximately 500-600 participants receive these screenings, which are made possible through a grant from the Ohio Commission on Minority Health, support from the Wexner Ohio State University Medical Center, Cardinal Health, and the

American Cancer Society, and countless hours of volunteer service provided by physicians, psychologists, medical and nursing students, dental students, and other allied health professsionals.

V. *Breast Health Education & Screening of Asian Women* (BHESAW) Project: A Partnership with the American Community Services Council (ACSC)

The *Breast Health Education & Screening of Asian Women* (BHESAW**)** project, funded by *Komen for the Cure*, is designed to increase awareness of breast cancer and improve access to mammograms by reducing cultural and linguistic barriers. (This project targets women who are uninsured or underinsured, have limited English proficiency, have a low level of health literacy, and face cultural and/or linguistic barriers.) Dr. Cora Munoz is the project director and Ms. Manju Sankarappa is the program manager.

As Asian women have, historically, underutilized health screenings, including mammograms, particular emphasis is placed upon the role of community health advocates (recognized community leaders) who are trained to provide culturally and linguistically appropriate breast health education and to recruit for mammograms. This experience, in turn, is expected to generate greater familiarity with health care providers and a sense of trust, thereby allowing nurses to work collaboratively with community members in meeting their other health needs.

VI. Health Screenings

Health screenings were completed in 2012 at the Asian Festivals in Columbus and Akron/Cleveland and at the Dayton International Festival ("A World A'Fair).

<u>Other Committee Activities</u>

- Members of the OAAPIAC discussed AAPI health issues with Monica Juenger from the Ohio Governor's Office of Health Transformation (OGOHT) at the 5/21/2012 OAAPIAC meeting.
- Discussions were held with Dr. Chikako Cox (clinical psychologist) concerning possible collaborative efforts to improve Ohio AAPI health data.
- Manju Sankarappa is informing committee members about the Ohio Health and Human Services Transformation Framework.
- Dr. Richard Paat brought 5 medical students from the University of Toledo APAMSA to the Asian Festival to assist with the health screenings. Together with several OSU APAMSA students they administered health questionnaires. They are currently compiling and analyzing the last 5-6 years of data provided by Manju Sankarappa.
- University of Cincinnati APAMSA students, under the guidance of Dr. J.T. Tolentino, have agreed to assist in future health survey research.

- Ramesh Srivastava offered to assist with the statistical analysis.
- The committee will consolidate the Asian Festival Survey and Dr. Tom Chung's Greater Cincinnati Asian American Needs Assessment of 2010 into one survey tool that can be used in the future. A work group was formed to address this goal and will include Dr. Rich Paat, Dr. Cora Munoz, Manju Sankarappa, Ramesh Srivastava, and Ron Katsuyama.
- Asian Services in Action (ASIA) is compiling and evaluating data from approximately 300 survey participants from the Cleveland/Akron area who responded to a variation of Tom Chung's questionnaire, developed by Dr. Meiko Kotake Smith.
- Manju Sankarappa is representing the Committee (as well as the OAAHC) at the Region V Health Equity Meetings.

New Committee Initiatives

- **Increase Cultural Competency Training on AAPI Issues for Health Care Providers and Community Health Advocates**

  - A work group, including Dr. J.T. Tolentino (Chair), Dr. Cora Munoz, Dr. Meiko Kotake Smith, and Dr. Chikako Cox, was formed to develop a curriculum to address this goal
  - Ohio State Senator, Charleta Taveres, is sponsoring a bill that would require continuing medical education on cultural diversity prior to renewal of medical licenses. The Committee advocates for passage of this legislation**.**
  - The Committee is exploring ways that all of Ohio's APAMSA groups at the various medical schools, colleges of pharmacy, nursing, and allied health can join in projects of common interest. The ultimate goal might be to train the next generation of AAPI healthcare professionals about Asian cultural diversity and unique health care needs.
  - The Committee is considering potential sponsorship of national speakers (e.g., on genome studies, post traumatic stress disorder, etc.).

- **Develop Training and Certification of Interpreters**

  According to the *New Joint Commission Standards for Patient-Centered Communication*, "Poor communication leads to poor care." The Committee will explore opportunities for training and certification of interpreters. One such opportunity is described below.

  - The *Certification Commission for Healthcare Interpreters* (CCHI) has a procedure to certify medical interpreters. A curriculum is currently available for Spanish, with plans to add Arabic and Mandarin. The process involves 40 hours of documented training, followed by a written and oral exam. The Committee will follow developments and publicize opportunities for representatives from Chinese communities when the Mandarin curriculum is launched.

Members of the Ohio Asian American Pacific Islander
Advisory Council volunteer to provide community health screenings

Governor Kasich meets with the Ohio Asian American Pacific Islander Advisory Council