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# AUSTIN ASIAN IMPACT

WELLNESS RESOURCE GUIDE



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## About This Guide

We, Austin Asian Impact, have created the first Austin Region's Asian American Wellness Resource Guide as an important step toward making the community health information more widely available to those who are looking for guidance, technical support, and action steps to improve the health of workers and their families. Wellness services providers, Business managers, Human Resource staff, Corporate Wellness managers, and Public Health professionals working with employers can use this Wellness Resource Guide to promote health and wellness initiatives .

The Resource Guide addresses a number of health topics and issues that are common challenges for our community. This information is based on collaborative community health expertise and experience, case studies, partner organizations and existing programs and services.

The guide consists of two main sections:

### **PART I : About Austin Asian Impact**

This section consists of details about Austin Asia Impact (AAI) - its vision, its mission and what has been the guiding force for AAI through the journey so far.

### **PART II: Wellness Resources for Asian American Community**

This section consists of the details of Wellness related activities that AAI is involved and/or associated with. This is also an effort to empower people and the community by helping to identify resources, or the lack of it, for various dimensions of Wellness; and creating awareness by collaborative relationships with other like-minded people and organizations.

## PART I - About Austin Asian Impact

# Austin Asian Impact

**Strengthening the work of local leaders and organizations by:**

1. Recognizing the impact made by Asians in their communities
2. Mobilizing support through Social Impact investing and philanthropic giving from Individuals, Foundations, and Corporations.



# Our Values

**Deep respect for local context** | We value local expertise and knowledge; we are immersed in the social, political, environmental, and economic realities where we work. Our approach is centered on the catalytic role that individuals, communities, and governments play in the development of their societies.

**Inclusion of differing views** | We believe in the importance of myriad views and perspectives; we encourage inclusive dialogue to help ensure everyone has a seat at the table. Our mission, people, and programs are defined by our commitment to equality, particularly for women and other marginalized populations.

**Innovative, agile thinking** | We value fresh, original ideas and we are known for our ability to identify and respond rapidly to issues and events affecting the places where we work. Our institutional culture encourages experimentation with new approaches and sharing the results through empirical research, expert analysis, collaboration with other organizations, and outreach.

**Trust, accountability, and partnership** | We value collaboration and believe that working closely with forward-thinking leaders can improve lives, governance, and policies. Our operations and programs reflect the integrity and dedication of our local and international staff of development professionals.

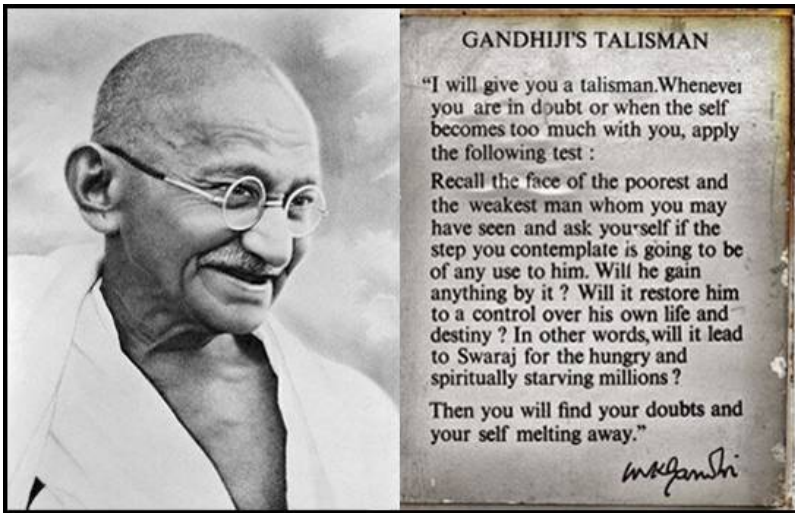
**Long-term presence and commitment** | We commit to working side by side with dedicated individuals and institutions to make history through far-reaching reforms and inclusive development. Our impact is grounded in our commitment to Asian progress in our city.

**Contact us :** [info@austinasianimpact.org](mailto:info@austinasianimpact.org)

## Our mission

**Our role is to strengthen the work of local organizations by recognizing the impact made by Asians in their communities, mobilizing support through Social impact investing and philanthropic giving from Individuals, Foundations and Corporations.**

## Our Inspiration - Gandhiji's Talisman



This talisman of Gandhiji champions the cause of '**sarvodaya through antyodaya**' implying the welfare of all through the weakest of the society and provides an ethical test to judge everyday actions. This talisman is a clarion call to the citizens to develop emotional intelligence so that they are in a better position to assess the needs of fellow (vulnerable) citizens, and work towards their upliftment through individual actions.

World of the 21st century is witnessing sectoral violence, socio-economic inequality, low tolerance threshold and increasing consumerism. Global politics is witnessing xenophobia, armed conflicts and multiple refugee crises. Gandhiji's talisman can be an effective tool to evaluate the relevance of government policies, business priorities and our daily actions with the society. We all need to assess our actions in public as well as private life against Gandhi's talisman to ameliorate any ethical dilemmas.

## AAI LEADERSHIP TEAM



**SONAM REHANI**

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**SHUBHADA SAXENA**

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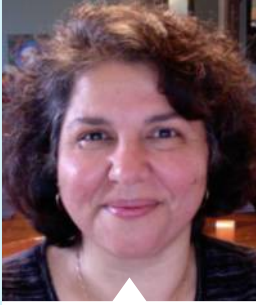


**MEGHA UPPAL**

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# AUSTIN ASIAN IMPACT

## FOUNDING AAI MEMBERS



**Khotan  
Shahbazi-Harmon**



**Sarika Paul**



**Shona Ahuja**



**Supriya Kini**



**Varsha Grogan**



# Our Initiatives in 2021

sponsored by



## READY. SET. CARE

Virtual Event Series



ASPIRE TO AGE PBC

Connecting wellness professionals in Austin to build a trust network and educate each other on culture-centric best-practices

<p><b>March 27, 2021</b> Saturday</p> <p>10AM - 12PM</p> <p>Storytelling Leadership by Samira Ghosh</p>	<p><b>March 28, 2021</b> Sunday</p> <p>ALL DAY</p> <p>Screening of Unbroken Glass</p>
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< In collaboration with >



AFSSA  
ASIAN FAMILY  
SUPPORT SERVICES  
OF AUSTIN



## Asian Wellness Case Study Round Tables

Virtual Event Series

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YOU ARE INVITED



## Older Adult Care Case Study

<p>April 10, 2021 10AM-Noon</p>	<p>Details to Join at <a href="https://aaiwellness.keepfluent.com/">https://aaiwellness.keepfluent.com/</a></p>
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Connecting wellness professionals in Austin to build a trust network and educate each other on culture-centric best-practices



Virtual Event Series

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YOU ARE INVITED

## A Refugee Experience Case Study

May 16, 2021  
10AM-Noon

Details to Join at  
<https://aaiwellness.keepfluent.com/>

Connecting wellness professionals in Austin to build a trust network and educate each other on culture-centric best-practices

AUSTIN ASIAN  
IMPACT



FREE LIVE WEBINAR

## ASIAN AMERICAN HEALTH PROMOTION AND ALLYSHIP WEBINAR

Like other communities of color, the Asian American community faces disparities in health outcomes and indicators.

Join us as we navigate dialogue on how in Williamson County, we can build allyship, collaborate with, and understand the needs of the Asian American community.

Panel made up of community leaders and health professionals.



TUESDAY | SEPTEMBER  
21 NOON - 1:00 P.M.

ZOOM WEBINAR: [bit.ly/AAHPWEB](https://bit.ly/AAHPWEB) | QUESTIONS: [wchd-info@wilco.org](mailto:wchd-info@wilco.org)

# Part II: Asian American Wellness Resource Guide



## An Introduction

This resource guide on Wellness, prepared by Austin Asian Initiative, uses the 8 dimensions of the wellness model\* created by the Substance Abuse & Mental Health Administration (SAMHSA).

Each of the 8 wellness dimensions—emotional, spiritual, financial, environmental, social, intellectual, physical, occupational—is meant to be a separate tab in this resource guide, and each wellness tab includes details of resources appropriate to that dimension available in the Asian American Community in Austin.

Given the vast amount of materials available in these fields, this is a document in the making. This guide will be continually improved and updated as we obtain and identify additional and new resources.

We wish wellness to accompany you through life's rhythms and hope that resources included here will increase understanding of how to improve your personal wellness and what contributes to wellness.

We welcome and encourage your suggestions and comments on this guide. Please email us at: [info@austinasianimpact.org](mailto:info@austinasianimpact.org)

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\* 8 dimensions of wellness model adapted from Swarbrick, M. (2006), *A wellness approach*

# Asian Americans: A Rising Community



A record 22 million Americans who trace their roots to more than 30 countries in East and Southeast Asia and the Indian subcontinent, each with unique histories, cultures, languages and other characteristics identify themselves as Asian Americans.

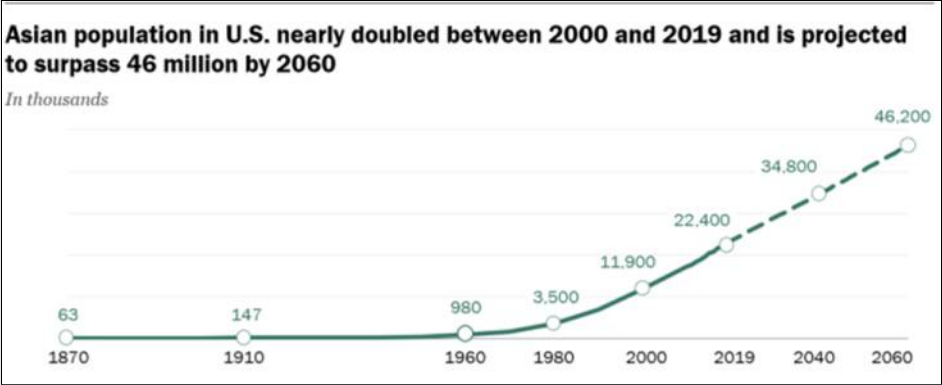
## Who are we ?

Asian Americans are Americans of Asian ancestry (including naturalized Americans who are immigrants from specific regions in Asia and descendants of such immigrants). Although this term had historically been used for all the indigenous peoples of the continent of Asia, the usage of the term "**Asian**" by the United States Census Bureau excludes people with ethnic origins in certain parts of Asia, including West Asia who are now categorized as Middle Eastern Americans, and those from Central Asia who are categorized as Central Asian Americans.

The "Asian" census category includes people who indicate their race(s) on the census as "Asian" or reported entries such as "Chinese, Indian, Filipino, Vietnamese, Indonesian, Korean, Japanese, Pakistani, Malaysian, and Other Asian".

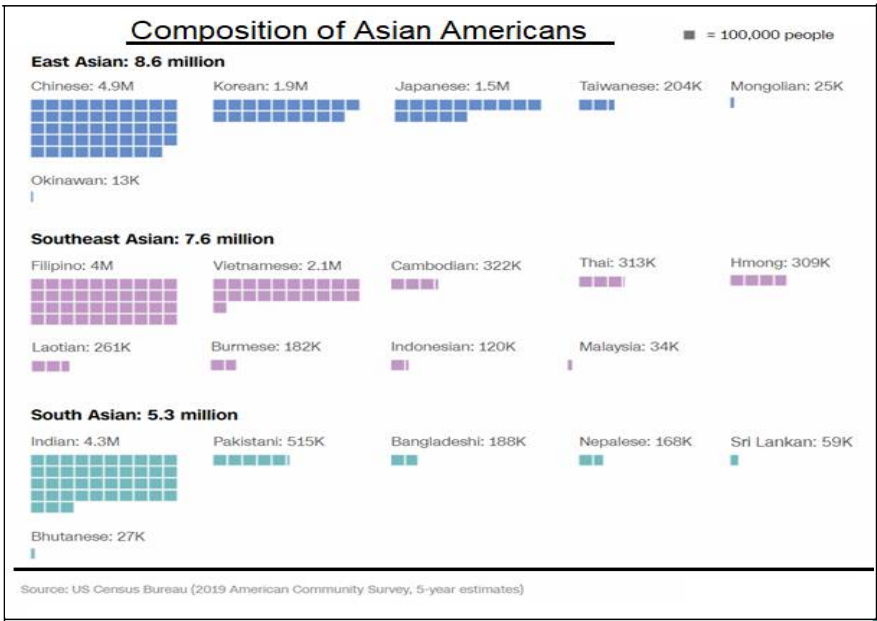
In the 1870 census, roughly 63,000 individuals were classified as Asian by the U.S. Census Bureau enumerators. By 1960, when for the first time census

respondents could choose their own race, 980,000 individuals self-identified as Asian.



The nation’s Asian population rose to 11.9 million by 2000 and then nearly doubled to 22.4 million by 2019 – an 88% increase within two decades. Asians now make up about 7% of the nation’s overall population, and their numbers are projected to surpass 46 million by 2060, nearly four times their current total.

The composition of Asian Americans is dominated by 3 Majority groups (Chinese, Indians and Filipinos); while the following 20 largest Asian origin groups in the United States together account for over 97% of the nation’s total Asian population.



# Lost in the Shadows

## Asian Americans - a vibrant community, but what about the ones lost in the shadows?



Any discussion on people in the USA, especially when done in terms of communities, often ends up getting drawn into a debate over 'color'. Asian Americans (AA) are often labeled as a singular group – 'people of color'; but this fastest growing section of population in the US is as vibrant as a spectrum of colors — so much so that their complex history and cultures are often glossed over. A big section of this community is living in the shadows – its now time to get the spotlight on them.

The term "Asian American" is an umbrella term for dozens of ethnic groups of Asian descent. It was first used in 1968 by University of California Berkeley graduate students as the

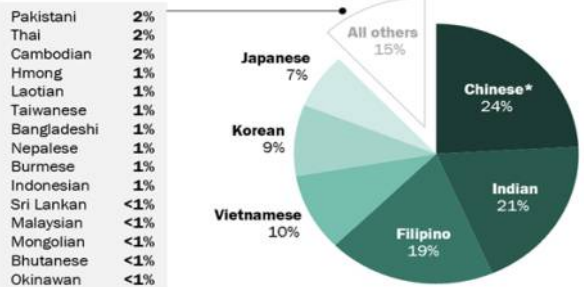
name of an organization aimed at uniting Chinese, Korean, Japanese and Filipino Americans, among others to fight for political and social action.

However, to understand the vibrancy of this community, let's run a reflection of this community through the racial spectroscopy to see how diverse Asians in America are, and why one can't speak about them as a single unit.

### They trace their roots to dozens of countries

In the decades since it took off, the term is now mostly seen as a demographic marker. Today, an estimated 22 million Asian Americans live in the US, making up nearly 7% of the total population, US Census data shows. They trace their roots to more than 20 countries in East and Southeast Asia and the Indian subcontinent, each with unique histories, cultures, languages and other characteristics.

% of the U.S. Asian population that is \_\_\_\_, 2019



Note: "All others" includes the category "Other Asian, not specified." Figures do not add to 100% because individuals identifying with more than one Asian group are included in all groups.

Asian Americans are the fastest-growing racial group in America, currently 5.6 percent of the country's population but projected to be as much as 14 percent by 2065.

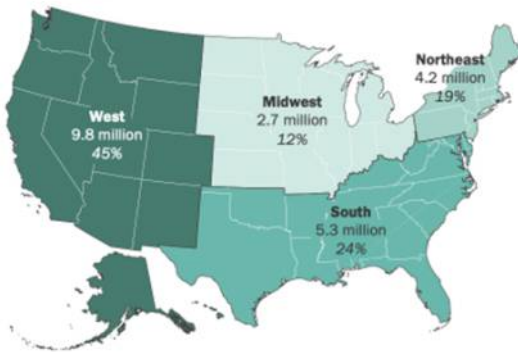
The 19 largest Asian origin groups in the United States together account for 97% of the nation's total Asian population. Of the whole, only six origin groups – Chinese, Indian, Filipino, Vietnamese, Korean and Japanese – account for 85% of all Asian Americans (as of 2019). These groups together largely shape the demographic characteristics of the overall U.S. Asian population.

## The Asian diaspora across the country is as diverse as the reasons and the times that led these people to migrate to the US.

Nearly half of the U.S. Asians (45%) live in the West, with nearly a third (30%) in California alone. While a plurality of Asian Americans lived in the West in 2019, some 24% lived in the South, 19% in the Northeast and 12% in the Midwest.

### Nearly half of all Asian Americans live in the West

*% of the Asian population in the U.S., 2019*



Note: Figures for all Asians include mixed-race and mixed-group populations, regardless of Hispanic origin.

Of the 22 million population (in 2019), California had an Asian population of roughly 6.7 million, by far the nation's largest. It was followed by New York (1.9 million), Texas (1.6 million), New Jersey (958,000) and Washington (852,000). A majority of U.S. Asians (55%) lived in these five states alone.

Aside from Hawaii, where U.S. Asians accounted for 57% of the population in 2019, Asians made up the largest share of the overall population in California (17%), Washington (11%), New Jersey (11%) and Nevada (11%).

While most Asians live around big cities in these states -- but for the most part, these cities are not home to a single ethnic group.

## Largest Asian origin group varies by state.

In 22 states that are largely concentrated in the Southeast and Midwest, Indian Americans are the largest Asian origin group. Chinese are the largest group in the District of Columbia and 12 states – predominantly in the West and Northeast – while Filipinos are the largest origin group in nine states.

Vietnamese Americans are the largest Asian origin group by population in four states (Louisiana, Mississippi, Oklahoma and Nebraska); Hmong Americans are the largest in Minnesota and Wisconsin; and Korean Americans are the largest in Alabama.



The population concentrations of Asian Americans in each state also reflects each origin group's migration patterns over time. Asian Indians, who dominate the East Coast, have recently migrated to the U.S. on work visas and student visas. Many Chinese Americans have taken those paths, too, but the Chinese population also has a long history in Western states, arriving in California as early as the 19th century. Hmong Americans, meanwhile, entered the U.S. in the 1970s as refugees, with most resettling in Wisconsin and Minnesota.

**Largest Asian origin groups by state, 2019**

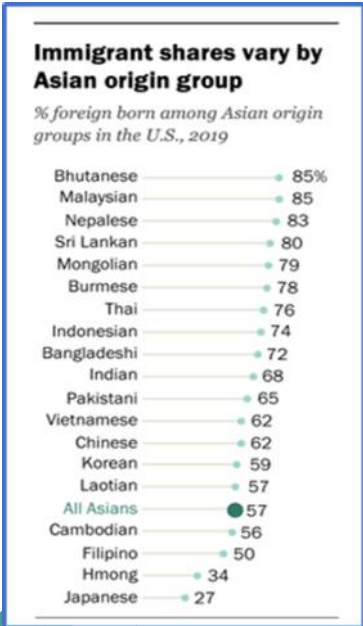


Note: Figures for all origin groups include mixed-race and mixed-group populations, regardless of Hispanic origin. "Chinese" includes those identifying as Taiwanese.  
Source: Pew Research Center analysis of 2017-2019 American Community Survey (IPUMS).

Vietnamese people make up the largest share of the Asian population in southern states like Louisiana and Mississippi where they resettled following the Vietnam War.

**When and how Asian immigrants arrived in the U.S. varies**, which explains why some Asian origin groups are more likely than others to be U.S.

born. Around six-in-ten Asian Americans (57%), including 71% of Asian American adults, were born in another country. By comparison, 14% of all Americans – and 17% of adults – were born elsewhere.



Some Asian groups have arrived as immigrants more recently than others. For instance, 78% of Burmese in the U.S. are foreign born, and many of them arrived as refugees starting in 2007. About two-thirds (68%) of Burmese immigrants have been in the country for 10 years or less.

Similarly, Bhutanese have also arrived recently as refugees, and a large majority (85%) are foreign born.

By contrast, the first Japanese immigrants came to the U.S. in the 19th century as plantation workers in what is now Hawaii. Fewer Japanese immigrants have arrived in the U.S. in recent years compared with other Asian origin groups. This history is



reflected in the relatively low share of Japanese Americans who are immigrants (27%). Among Japanese immigrants, 63% have been in the country for more than 10 years.

### Fastest Growing but with very diverse Growth Rates

Asian Americans recorded the fastest population growth rate among all racial and ethnic groups in the United States between 2000 and 2019. The Asian population in the U.S. grew 81% during that span, from roughly 10.5 million to a record 18.9 million

The U.S. Asian population has had one of the highest growth rates of any major racial and ethnic group in most years since 2000.

Origin group	Population			% growth, 2000-2019
	2019	2010	2000	
Chinese, with Taiwanese	5,399	4,010	2,865	88%
Taiwanese	226	230	145	56%
Chinese, except Taiwanese	5,172	3,780	2,720	90%
Indian	4,606	3,183	1,900	142%
Filipino	4,211	3,417	2,365	78%
Vietnamese	2,183	1,737	1,224	78%
Korean	1,908	1,707	1,228	55%
Japanese	1,498	1,316	1,160	29%
Pakistani	554	409	204	171%
Thai	343	238	150	128%
Cambodian	339	277	206	64%
Hmong	327	260	186	75%
Laotian	254	232	198	28%
Bangladeshi	208	147	57	263%
Nepalese	198	59	9	2,005%
Burmese	189	100	17	1,031%
Indonesian	129	95	63	105%
Sri Lankan	56	45	25	127%
Malaysian	38	26	19	106%
Mongolian	27	18	6	358%
Bhutanese	24	19	<1	11,288%
Okinawan	14	11	11	33%

However, this growth has varied across Asian origin groups between 2000 and 2019. Eleven of the Asian groups more than doubled in size during this span.

Some of the smaller origin groups – such as Bhutanese, Nepalese and Burmese – experienced the fastest growth rates, with their populations growing tenfold or more between 2000 and 2019.

Laotians and Japanese have had the slowest growth rates among U.S. Asians since

2000.

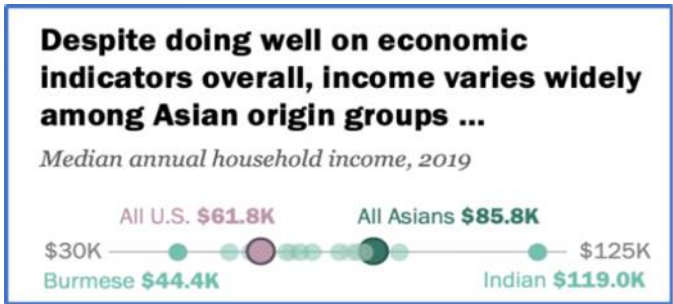
### Asians have the greatest income divide among racial and ethnic groups

Economically, Asian Americans are the most divided racial or ethnic group in the US. High-income Asian Americans near the top of the income ladder earn 10.7 times as much as those on the opposite end of the income spectrum.

Asian households in the U.S. had a median annual income of \$85,800 in 2019, higher than the \$61,800 among all U.S. households.

But only two Asian origin groups had household incomes that exceeded the median for Asian Americans overall: Indians (\$119,000) and Filipinos (\$90,400). Most of the other origin groups were well below the national median for Asian Americans, including the two with the lowest median household incomes – Burmese (\$44,400) and Nepalese (\$55,000).

As data for household income for Asian Americans reflects a typical case of 'spotlight effect' wherein the average incomes of only two communities (Indian and Filipinos) have disproportionately biased the whole



spectrum giving the impression that Asian Americans are a 'well-off community'. This achievement has totally eclipsed the condition of many other groups which fall on the other end of spectrum. Consider the case of Southeast Asians, and of Cambodian refugees in particular, who are among those who have been overlooked: 19 percent of Cambodians live in poverty in the US, compared to 12 percent of Asian people and 15 percent of all people.

In 2014, data released by the **United States Census Bureau revealed that 5 Asian American ethnic groups are in the top 10 lowest earning ethnicities in terms of per capita income in all of the United States.**[American Community Survey. United States Census Bureau. 2014}

Asian Americans not only have the largest income gap of any racial group but also massive education, health care, and economic disparities that rarely get addressed.

**English proficiency varies considerably among Asian origin groups.** Among those ages 5 and older, large majorities of Japanese (85%), Filipinos (84%) and Indians (82%) speak English proficiently. By contrast, Bhutanese (36%) and Burmese (38%) – both groups with large populations of recently arrived immigrants – have some of the lowest rates of English proficiency. U.S.-born Asians (95%) are much more likely than foreign-born Asians (57%) to speak English proficiently.

Regarding homeownership rate among Asian Americans, Vietnamese Americans have the highest (67%). That is comparable to the homeownership rate among all Americans (64%). Many other Asian American origin groups have lower homeownership rates. For example, only a third of Nepalese Americans (34%) and fewer than half of Bangladeshi (45%) and Burmese Americans (46%) owned their home in 2019.

## Unity in Diversity – the guiding force for Asian Americans (AA)

As Asian American population continues to grow in the U.S., so does its complexity. It is important for policy makers to have social, cultural, and economic knowledge and awareness of these groups. By understanding the characteristics of these diverse AA communities, policy makers can better understand access, resources, and opportunities for the different communities.

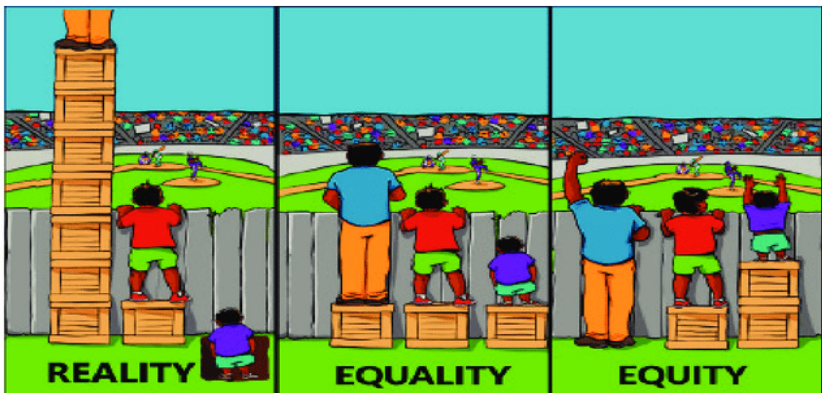
It is the identification of the people who are 'lost in the shadows' and understanding their requirements that will lead to development of a system that can go beyond equality onto equity of opportunity for each member of the community. Strength of a community lies in its unity but achieving true unity may only be possible if people within it, community members and stakeholders, are willing to acknowledge and cherish not only similarities but also differences between them that make each of them unique.

- Gaurav Gaur, student of Public Policy at University of Texas at Austin\*

~\*~\*~

\* Author is an international student of Asian ethnicity. Views expressed are personal. This article is a compilation of information from the Census Data and ACS 2019, as published by Census Bureau. Some visualizations may be taken from online sources including analysis by PEW Research Centre ([www.pewresearch.org](http://www.pewresearch.org))

## Equality vs Equity



Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person **has different circumstances** and allocates the exact resources and opportunities needed to reach an equal outcome.

# Asians in Austin : from the lens of Census Data

In the last few decades, Austin has been established as a destination city for Asian households from a wide variety of national backgrounds and ethnicities. Emerging as the fastest growing Asian community in the country over the past 15 years, Austin is poised for continued growth as the economic and cultural gravitational pull being exerted by the energized and professional community in-place continues to expand.

Nationally also, as population growth from Asian international in-migration is expected to increase, Austin is expected to receive a significant share of these incoming households in addition to further flows from other US cities, especially from areas of California.



Austin is amongst five of the cities in the list of top 10 areas for AAPI growth in the past decade . [ACS 2019].

Austin, TX saw a phenomenal 88% growth of the AAPI population from 2010 to 2019.

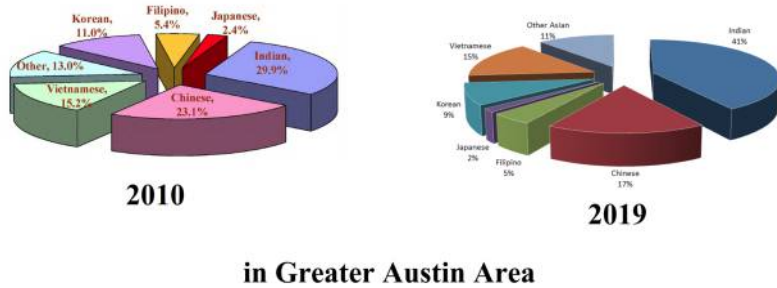
Here are some important as visible when the community trends are analysed from the census lens.

- Asians in Austin are the fastest growing demographic or racial group in terms of percentage gain year-to-year and are doubling in total size roughly every 12 years.
- The City of Austin's Asian share of total population is now above 7.0% and climbing rapidly—putting Austin in the 9th position out of the nation's largest 30 cities in terms of their Asian shares—ahead of Houston
- Austin's Asian community is the fastest growing Asian community of any of the nation's largest 30 cities—which speaks to the overall newness of the community in central Texas.
- The City of Austin's Asian share of total population has surpassed the City's African American share of total population and Asians have become

the City's third largest demographic group behind Latinos and non-Hispanic Whites.

- Austin's Asian community is highly diverse with significant subgroup shares coming from Indians, Chinese, Vietnamese, Koreans and Filipinos.

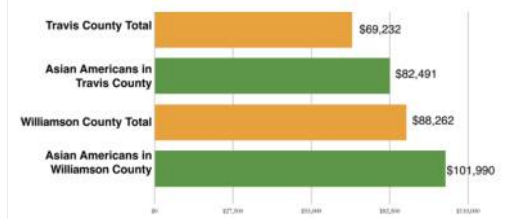
### Breakdown of Asian immigrant population by country of Origin



- Indians are the fastest growing Asian subgroup in Austin and now represent roughly one third of all Asians in Austin.
- The City of Austin's Indian subgroup share of the total Asian population at 36.4% ranks as Number One in the country—no other city among the top 30 cities in the country has a larger Indian subgroup share.
- An elemental characteristic of Asians in Austin and elsewhere around the country is the very low level of single-parent households-- coupled with a very low rate of out-of-wedlock childbirth, at about 4%, compared with roughly 35% for the general population.

- At \$101,699 annually, Asian families in Austin have the highest Median Family Income (MFI) of any demographic group in the City. This figure is substantially higher than the City's overall MFI and ranks 3rd highest out of the nation's largest 30 cities in terms of Asian MFI.

### Median Family Income



- One reason for the high level of Asian MFI is the simple fact that the vast majority (83%) of Asian family households in Austin are two-parent and often dual-earning households.

## Leaders amongst us



As lighthouses lead the way for sailors, there are **Leaders Among Us** who have the innate ability to lead the way for others to succeed. Some leaders are obvious and right in front of us; others are found in unexpected ways and places.

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*A leader is the one in the charge, the person who convinces other people to follow. A great leader inspires confidence in other people and moves them to action.*

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Truly successful leaders find potential in others and allow them to shine without feeling threatened, and true leadership has nothing to do with having a certain title or working from the “corner office.”

Leaders are all around us - in our own homes, in small businesses, on city councils, in places of worship, in school systems ... everywhere...IF we take the time to look for them. And that is exactly what we intend to do.

Here we try to recognise some of the leaders who created a social impact and led the community through these challenging times of a pandemic.

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NOTE: In order to assess social impact, we developed a survey with three key concepts:

- a. where the impact is made (ex: community development, human rights),
- b. who the organization is impacting (ex: Indians, all Asians), and
- c. how the social impact is measured (ex: dollars contributed, number of services) with active leaders in the Asian American community in mind.

# Austin Asian Leader

## Nguyen Stanton

IT Project Manager - Leader - Agile - ITIL - PMP

### About

Nguyen is a dynamic leader of people and excellent manager of projects, who is passionate about implementing strategic solutions through strong collaboration and agile planning!

She brings into work all her personal strengths: boundless positive outlook, exceptional communications, inspiring integrity, extreme organization, relentless continuous improvement, keen attention to detail, and shameless cheesy humor.

Nguyen is also a dedicated community leader and an award-winning actor/model represented by Zephyr Talent Agency.

**Organization involved with:** Vietnamese American Community of Austin Texas (VACAT)

**Position:** Advisory Board - Nonprofit Organization

### **Impact:**

The mission of the Vietnamese American Community of Austin, Texas (VACAT) is to strengthen the greater Austin community by providing advocacy, social services, and programming that is culturally appropriate to the Vietnamese community.



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More at : <https://www.linkedin.com/in/nguyenstanton/>



## Victoria Li

Retired, Volunteer

### About

After having worked for more than 20 years with the state of Texas and nearly 10 years with the city of Austin, Watershed Protection Director Victoria Li has retired. She said some of her proudest achievements include introduction of value engineering to the department, creation of the city's flooding website and development of a rain garden program for students in minority neighborhoods.

In in 2014, Li became president of the Austin chapter of the Asian Pacific Islander American Public Affairs Association (APAPA)



### **Organizations involved with:**

- NAAO (Network of Asian American Organizations) - Umbrella organization that covers 16 different ethnic backgrounds and organizations. Trying to educate and engage the Asian community in Austin area issues that might impact the Asian community.
- National APAPA (Asian Pacific Islander American Public Affairs) - also an organization that is trying to educate, engage and inspire the Asian community in Civic leadership.
- ACAN (Austin Chinese American Network) - an organization composed of Chinese-Americans in Austin to provide opportunities to unite the Chinese community to provide community service.

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More at : [www.linkedin.com/in/victoria-li-60197b15/](http://www.linkedin.com/in/victoria-li-60197b15/)



## Shubhada Saxena

Visionary Leader; Social Worker;  
Passionate Advocate for Social Justice

### About

Shubhada Saxena is the President & Founder of social venture *Aspire to Age*, a Public Benefit Corporation which focuses on building cultural competency in services.

She founded the non-profit SAIVA - which enables intergenerational volunteering since 2008.

She holds a patent through IBM on "IT Help Architecture". She leads local innovation at a global scale as Deputy Ambassador of Aging 2.0 Austin chapter, member of Aging Services Council, and Wellness Exchanges for the Austin Pune Sister City Initiative. She enjoys hosting friends and a large extended family, provides caregiving training, and shares empowerment stories with her 20+ year old daughters Maya and Shilpa.



### **Affiliations/ Associations :**

- *Aspire to Age*, a Public Benefit Corporation that focuses on ensuring cultural competence in services as we age. It provides Caregiving, Task Assistance, and Transport Coordination services.
- Committee Member & Founder, Austin Pune Sister City Initiative
- Founder and community Steward, Asian Impact Fund/Austin Asian Initiative - to measure and grow the impact of Asian Americans.

### **Impact:**

- 1) Caregivers to families of Asian Indian descent
- 2) Arranging rides to South Asian seniors enabled by **KeepFluent technology** to the Asian American Resource Center
- 3) Improved online access by older adults through customized Hardware tablets with fewer applications

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More at : [www.linkedin.com/in/shubhada-saxena-10349b/](http://www.linkedin.com/in/shubhada-saxena-10349b/)

## Marina Ong Bhargava

### What does your organization do?

Greater Austin Asian Chamber of Commerce serves the Asian Pacific American Business community with advocacy, education, and connection programs.

### Other Associations / Affiliations

Community Advancement Network and Indie Meme



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## Schiller Liao

Vice President,  
Network of Asian American Organizations (NAAO)

### What does your organization do?

NAAO - brings all Asians together to promote, educate, and advocate for Asian benefits and our social status.

Taiwanese Organization - Has been really undercounted in the US Census, have to change the status quo to work with all Asians to work together, wanted to step up to do what we can with knowledge and resources.

### What is the goal of your organization for the next 5 years?

Bring Asians even closer; there are still some Asian communities not fully involved. Try to bring all Asians together during events, bring an exchange of culture. A lot of barriers are due to not understanding each other.

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More at : [www.linkedin.com/in/schiller-liao-9875b737/](http://www.linkedin.com/in/schiller-liao-9875b737/)

## **Rashed Islam**

P.E., PTOE, ENV SP  
Senior Vice President |  
Regional Transportation Director at  
HDR Engineering, Inc.



### **About :**

A nearly 30-year veteran in the transportation industry, Rashed is responsible for strategic leadership, business development and management of key transportation initiatives. Rashed's leadership has been evident in the hundreds of projects he has completed in his career for many public and private clients, including the first continuous flow intersection in central Texas and his 20-year involvement in the award-winning 712-acre Robert Mueller Municipal Airport Redevelopment project.

He serves on the boards of the Austin Chamber of Commerce, Greater Austin Asian Chamber of Commerce, Leadership Austin and Austin Parks Foundation. Most recently Rashed was selected to serve on the Austin Area Research Organization, an organization working to enhance the economic and social well-being of Central Texas.

### **Associations/ Affiliations :**

- HDR ENGINEERING, INC is a construction company based out of Ontario, Canada. As Vice President at HDR, Rashed is developing sustainable multimodal transportation infrastructure solutions to meet 21st century safety and mobility challenges.
- Greater Austin Asian Chamber of Commerce
- Bangladesh Association of Greater Austin

### **Impact :**

Rashed Islam has been actively involved in the community with many nonprofit organizations that are working to improve quality of life for Central Texans. He was recognized by the Division of Diversity and Community Engagement Department of the University of Texas at Austin with the Community Leadership Award in 2016 for his contributions in the Asian American Community. He has also received a Community leadership award from BAGA and Volunteer of year Award from GACC.

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More at : [www.linkedin.com/in/rashedislam/](http://www.linkedin.com/in/rashedislam/)

## **Samira Ghosh**

Director of Advocacy  
Asian Family Support Services of Austin



### **About :**

Samira Ghosh is the Director of Advocacy at Asian Family Support Services in Austin, TX. She is a graduate of the University of Texas at Austin and of Calcutta University. An immigrant herself, she has provided long-term case management to survivors of Domestic Violence and Sexual Assault in Asian and other immigrant communities for more than a decade.

Ms. Ghosh as part of the leadership team has done community education webinars and trainings on behalf of AFSSA during numerous community events, stakeholder meetings as well as for other agencies, statewide and national organizations. She has also been involved in systems advocacy and in seeking social justice for all marginalized communities.

### **Impact :**

Samira Ghosh is among APIAHF's Health Rising 2020 Fellows, selected for her "deep experience in community, a passion for health justice, and a desire to grow and learn."

Ghosh has provided long-term case management to survivors of domestic violence and sexual assault in Asian and other immigrant communities for almost a decade. She also has done community education and training on behalf of AFSSA during numerous community events and stakeholder meetings as well as for other agencies and statewide organizations. She has also been involved in systems advocacy and in seeking social justice for all marginalized communities.

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More at : <https://www.linkedin.com/in/samira-ghosh-9067b532/>

## Hailey Easley

Executive Director

Austin Asian Community Health Initiative

About:

Hailey Easley is an advocate and nonprofit leader dedicated to achieving health equity in Austin. She is the Executive Director of the Austin Asian Community Health Initiative (AACHI), a grassroots organization working to improve health access for marginalized Asian American and immigrant communities in Central Texas.

Hailey has earned recognition for her work with AACHI as a Robert Wood Johnson Culture of Health Leader and has recently been invited to serve on the City-Community

Reimagine Task Force to develop recommendations, reimagine and transform public safety for the City of Austin.

Her experience as a second-generation, Korean Mexican American and as well as her dedication to social justice inform her work as researcher, community health worker, advocate, and nonprofit leader.

### Position:

- Executive Director at Austin Asian Community Health Initiative

### Impact:

Hailey works to help the community to overcome these barriers in a number of ways: by preparing Asian residents to advocate for their needs, educating local government and community organizations about the needs of the community, and advocating for city and state policies that ensure everyone can achieve their healthiest life.



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More at : <https://www.linkedin.com/in/haileyasley/>

## Our Wellness leaders



**KUNTAL F. SINDHA**  
**MBA, MHA**

[www.linkedin.com/in/kuntalsindha/](https://www.linkedin.com/in/kuntalsindha/)

### **Strategic Partner**

Kuntal Sindha, LLC and Cardinal 360, LLC

**Self-employed : 2017 – Present**

**Location : Austin, Texas Area**

A passionate, strategic, and vision-led, seasoned Healthcare Leader & Entrepreneur with a record of consistent success across significant and complex business systems and processes. She has proven her competencies in strategic and business development, operations, staffing models, and relationship building to achieve success. Kuntal has been recognized for broad-spectrum experience across the continuum from hospital/inpatient, clinic/outpatient, technology companies, digital innovation, strategy planning, research, integrative medicine, and academic medicine.



**ANJUM MALIK**

[www.linkedin.com/in/anjum-malik-04227736/](https://www.linkedin.com/in/anjum-malik-04227736/)

### **Executive Director**

Global Impact Initiative

**Dates Employed : Sep 2020 – Present**

**Location USA**

Anjum is an international education entrepreneur, consultant, mentor and presenter who has built an expansive network of global contacts which I leverage selectively on behalf of my clients.

Her belief in the power of education to improve society is evident in all aspects of my professional life: while providing oversight for the academic development of international students, scholars and administrators at the HOFT Institute



**SHILPA SHAMAPANT**  
Co-founder and President,  
Austin Speech Labs

[www.linkedin.com/in/shilpa-shamapant-54a6b2a](https://www.linkedin.com/in/shilpa-shamapant-54a6b2a)

**Adjunct Faculty Dept. of Neurology, Dell  
Medical School The University of Texas at  
Austin**

**Co-founder and president,  
Austin Speech Labs, Austin, TX**

Shilpa shares her experience about how every day at Austin Speech Labs she feels reminded that learning never stops post stroke. Shilpa is the co-founder and president at Austin Speech Labs and is a clinical assistant professor in the Department of Neurology at the Dell Medical School. She is licensed by both the American Speech-Language-Hearing Association and Texas Speech-Language-Hearing Association. Shilpa specializes in working with young and elderly clients who have aphasia, apraxia and cognitive impairments due to brain injury. She designs and develops treatment protocols along with her team to improve word finding and reading post-stroke. Shilpa collaborates with experts across the country to advance stroke research. Austin Speech Labs won the RAISE Award in 2016



**MELISSA TUNG, MPH, PMP,**  
Project Manager, Grant Writer,  
Public Health Leader,  
Community Partner Austin, TX

[www.linkedin.com/in/melissatung/](https://www.linkedin.com/in/melissatung/)

**TX Department of State Health Services  
The University of Texas Health Science  
Center at Houston**

Experienced project and program management professional with a demonstrated history of working with diverse groups of stakeholders and community members. Skills in data analysis and community engagement.





**ALICE MING FEI YI**  
Chairperson at Austin Asian  
Community Civic Coalition  
Austin, TX

Experienced Community Outreach Manager with a demonstrated history of working in the non-profit organization management industry. Skilled in Nonprofit Organizations, Management, Leadership, Event Planning, and Customer Service. Strong community and social services professional with a Bachelor's Degree focused in BS from U MHB.

[www.linkedin.com/in/alice-ming-fei-yi-4468097b/](https://www.linkedin.com/in/alice-ming-fei-yi-4468097b/)



**SAMIRA GHOSH**  
Director of Advocacy at Family  
Support Services of Austin

**Community Resource Advocate**  
**Director of Advocacy**  
**Saheli for Asian Families**  
**The University of Texas at Austin**

Samira leads the Direct Services team that provide crisis management, advocacy, and empowerment services to survivors of violence. An immigrant herself, she has provided long-term case management to survivors of Domestic Violence and Sexual Assault in Asian and other immigrant communities for more than a decade. Working for survivors of her own community and marginalized people is something that makes her come alive. Being a survivor herself, has been her calling in life.

Ms. Ghosh as part of the leadership team has done community education webinars and trainings on behalf of AFSSA during numerous community events, stakeholder meetings as well as for other agencies, statewide and national organizations. She has also been involved in systems advocacy and in seeking social justice for all marginalized communities.

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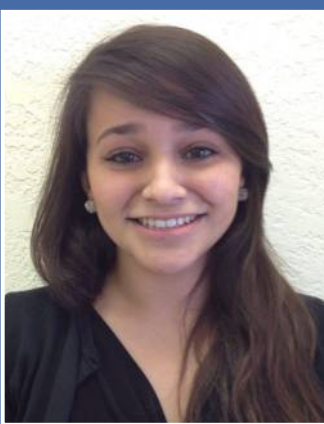
**KHOTAN SHAHBAZI-HARMON**  
2021 Leadership Austin Digital  
Inclusion Fellow at City of Austin

**Sr. Consultant, Digital Inclusion,  
Telecommunications & Regulatory Affairs  
at City of Austin**  
**Founder & CEO**  
**Conscious Leadership Alliance, LLC**

Khotan is an experienced and proven professional in social entrepreneurship, strategic communication, leadership development, strategic planning, change management, innovation and future planning, organizational resilience and DEI (Diversity, Equity and Inclusion).

She has a passion working with ideas, systems, organizations and teams! She excels at solving collective complex challenges to unlock individuals, organizations and systems to harmonize, grow, flourish and optimize

[www.linkedin.com/in/khotan-shahbazi-harmon-9368844/](https://www.linkedin.com/in/khotan-shahbazi-harmon-9368844/)



**AYESHA HASSAN**  
Organizer at  
Church World Service

**Board Member, Carry the Future**  
**Texas Grassroots at Church World Service**  
**Texas Christian University**

Originally from Johannesburg South Africa, Ayesha is a community organizer with a passion for social justice issues. She centers refugees throughout her work and believes that the US has the capacity and the heart to welcome refugees from across the globe. She believes in the power of storytelling and strive to train refugees to share their stories in an authentic and empowering way. We can heal, learn, and grow by listening to one another as our full human selves.

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**TUYET HUE NGUYEN**  
RN, BSN, MSN



**2015 Human Care Award Seton Medical Williamson**  
**2004 Fabulous Five Texas Nurses Association, District 5**  
**1996 Nurse of the Year Seton Medical Center Austin**  
**2006 Excellent Writing Award Recipient Viet Bao Writing on America/California State Legislature**

Tuyet Hue is a retired RN with 40 years experience in healthcare field. She has loyally devoted her entire professional nursing career to one of the leading healthcare providers in Central TX. She has been involved in various nursing sectors throughout her career, including medical, surgical, oncology, diabetes education, cardiology, neurology and geriatrics. Since 2010, Tuyet Hue has served as General Secretary of AVAMPS and organized health fairs focussing on critical health issues to provide many services to the Vietnamese community. Recently, over the last few years, these services have extended to the larger Asian community in Austin.

## Case Study Round Tables - An AAI Initiative

### Chronic Depression addressed in Middle Age - A mental health case study

#### Arranged marriage

Simran identified herself as a forty-year old Asian, working woman and a mother. She said that she grew up in India and immigrated to the USA as a 20 year old soon after her arranged marriage. She described growing up in a conservative and traditional family and said that she is grateful to be part of a large extended family. She described her journey as a young bride in the USA and the process of acculturation.



#### Acculturation & Postpartum Depression

In the first few years of living in the USA, she reported feeling home sick, sad and having mixed feelings about life in the USA. She said that she strived to maintain the same cultural values that she grew up with, to stay connected with “family back home”. She described experiencing

symptoms of depression soon after the delivery of her first baby. She said that although she had help (her parents stayed with her for a year after the delivery), she said she often felt overwhelmed and distressed in the first few months.

#### “Got over it” without “treatment”

She said she “got over it” overtime. She did not discuss these symptoms with her doctor and apparently the doctor did not inquire much about her mood or mental health during the visits. She said she had similar feelings when she had her second baby- but worked through it by staying busy and surrounding herself with people all the time. She said that she generally managed fine being a working mother of two young children- and was her “bubbly self” most of the time except for a few days before her periods.

#### “Got out of hand” – Work-life balance off-kilter

She described feeling irritable, anxious, sad, and moody and attributed these to severe case of PMS. She said that things got out of hand when she got busy with a

very critical project at work a few years back and her stress levels peaked. She said that soon after the successful completion of the project (and a promotion), she reached a screeching halt with depressive symptoms. Feelings of despair, guilt, blaming herself for everything, anxiety to do simple tasks, lack of focus, inability to participate in activities that she once enjoyed were some of the key symptoms she described. She said that she could not function at work anymore.

### **Bearing Medicines – Adherence issues & breakdown**

She said that she talked to her primary care physician and was prescribed antidepressants. She said she was initially reluctant to use medications but decided to take them to be a “good mother”. She reported that her doctor did not explain about her condition nor address her concerns about the need for medicines. She said that soon after she started taking the medicines, she noticed that her symptoms were unbearable. She reported having racing thoughts and insomnia. She said that when she called her doctor, her doctor asked her to bear with the symptoms for a few more days. She said that the process was agonizing and that she had to take time off from work to deal with her side effects. She reported feeling better in a few weeks and that her doctor tapered off her medicines in six months.

Simran said that although she felt ok for a couple of years, she noticed symptoms of depression again after dealing with a stressful family situation. She reported seeing the doctor again and getting back on the medicines again. However, this time, the medicine that worked before has not worked. She reported feeling worse after starting the medicines. She said she began having automatic negative thoughts and thoughts of self-harm which scared her a lot. Her primary care referred her to a psychiatrist.

### **Shame & guilt**

She described feeling shame and guilt for her condition and keeping her diagnosis and treatment a secret from her friends and most of her family members. She reported that the psychiatrist prescribed different medications and combinations and closely monitored her progress. She said that she had to take medical leave of absence to deal with her condition and keep her diagnosis a secret from her colleagues and friends (told them, “I had a physical health issue”). She said she understood more about her condition (“chemical imbalance”)



as she went through the treatment and accepted it over time. She said that although she was asked to seek therapy as part of the treatment, she resisted it for a long time.

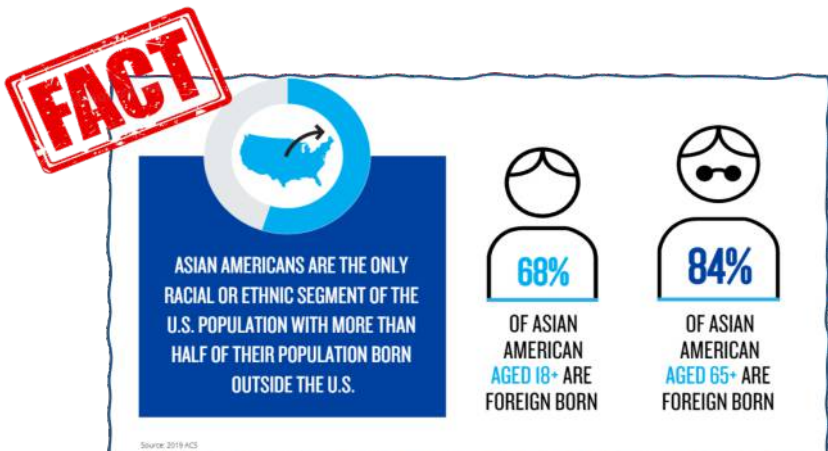
### Only “Asian” – Out of place in group therapy

She described going for individual therapy for five sessions (“EAP covered it” but stopping soon after as she could not feel connected with the therapist (whom she described as Caucasian male). She also briefly shared about her experiences of going to group therapy and stopping after a few sessions as she could not relate to others’ experiences and felt out of place.

### Accepted Changes in lifestyle though she will not share – children are a big motivator

She said that she has been on medication for over five years now and has not experienced any more episodes of depressed mood (even after stressful events). She said she also made many changes in her lifestyle in the last five years that have been helping her a lot (regular exercise, meditation, time for hobbies, faith, spiritual practices etc.). She said that she has been feeling more like herself. She said that she is more comfortable with her diagnosis and is ready to take the medicines for as long as it is needed. She said that she sees her psychiatrist twice a year. She said that apart from her husband, parents and a select few in the family, no one knows about her diagnosis - she likes to keep it that way. She said that she fears judgment and also has internalized some of the shame for her being “too sensitive” and “not strong enough like others in the family”. She said that she is working on getting over these negative thoughts about herself.

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## Performance Anxiety of a Young Adult - Mental Health Case Study

### “Not good enough”

Priya (pseudonym) is 20 years old who self identifies herself as Asian American heterosexual female. She was born and brought up in Austin, Texas. Her parents immigrated to the USA from India soon after their marriage. She shared her experiences of growing up in a household with Indian cultural values, traditions, norms. She also described her efforts to blend in mainstream culture while adhering to ways of living at home. She reported experiencing anxiety beginning middle school- that she often felt “weird” and “not good enough”.

#### Perfectionism

She said that she felt overwhelmed at times – with academics as well as in the many extra-curricular activities she was engaged in. Although she enjoyed all the activities and generally made good grades, she said that her “perfectionism” and “fear of change” made things seem overwhelming for her. She said she would “lose it” right before major exams or planned performances (fine arts)– she reported mainly feeling somatic symptoms (sweaty palms, heart palpitations, nausea, stomach cramps, irritable bowel etc).

#### Supportive parents but “Compulsive” AP-enrollment



She said that her parents were generally supportive and helped her feel calmer whenever she felt distressed. However, she noticed her anxiety increasing steadily as she grew older – “being a teenager was tough”. She described feeling immense pressure when she began high-school. She said she often struggled to meet expectations that she set for herself. She said that she “compulsively” enrolled in many pre-AP

classes and extracurricular activities at the school, because most of her peers were doing it. She believed “at that time” that it was the only way to get into a good college.

#### Crippling anxiety

She reported having crippling anxiety and feeling emotionally overwhelmed right before examinations. When she was a sophomore, she said that her

performance anxiety became so intense that she once blanked out during an exam that she prepared well for. She failed the exam and she realized that her anxiety was affecting her functionality. She had an appointment with her pediatrician to discuss her symptoms- she reported that it was a turning point for her. Pediatrician apparently was empathetic and supportive- did a brief psych-ed about anxiety, and prescribed SSRIs. Her parents got educated about her condition as well and provided her support. She reported seeing the doctor once a week when she began medication and that her doctor monitored her side-effects, adjusted the dosage, and answered all her questions. She said that she felt her life became more manageable ever since she started the meds.

### **Early Hesitance in seeking “therapy”**



She said that she did not feel any shame or guilt or need to keep her mental health condition a secret amongst her friends. She said that some of her friends do take medicines for ADHD, depression, anxiety or other health conditions and it isn't a big deal. She said that she felt hesitant to seek therapy when she was in high-school – she thought that it was “weird” to talk to a stranger about

her life. She recently graduated high school and joined a college of her choice. She said that she continues taking the SSRI medication and continues to see her doctor every six months for follow-ups. She said that she still has insecurities that come in way and periodic anxiety (manageable) when things seem out of her control. However, after joining college, she said that she joined support groups at the college mental health center as well as attended periodic psych-ed sessions on topics relevant to her. She said that found these to be very beneficial- she did not feel alone in her struggles and her thoughts/feelings seem more normal for her age.

### **Beneficial Individual Therapy**

She said that she recently started individual therapy and find it to be immensely beneficial to her, as she is navigating her life as a young adult (school, homework, social life, career goals, dating etc.). She said that she is a big advocate for herself, for her self-care and overall well-being (including mental health). She said that she often encourages her friends to seek help when they seem to be struggling.

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# Have My Days - Care Story of Sharmila with mother Sheila

## A Wellness Case Study

### **“Having full days”:**

Sharmila is a mother of an active nine-year-old and a busy professional who manages a caring program connecting our spiritual selves with the community. Her mother, Sheila, has been living with them. Covid 19 has been very hard on the family. Sheila had to go through a quadruple bypass surgery and is recovering at home. Besides a full-time demanding job, a single mother, Sharmila suddenly becomes the indispensable caregiver to her mother- a role reversal for sure. She has a lot to juggle - the companion who fixes Sharmila's medical appointments, physical therapy, makes sure that she takes her medications on time and not trip, and has an accident moving around the house.



Sharmila is the only child and lost her father in 2006, just a few months before she got married and came to the United States. Her mother, Sheila, learned to manage her own in Pune, India, halfway across the world. Sharmila called Sheila almost daily to share and enquire about her affairs. Sharmila proudly shares that her mother not only learned to manage her life all by herself in India but has been

the pillar of strength during her rocky marriage and raising a child here in the USA. Now Sheila is dependent. She is missing her extended family, friends, and active life in Pune. Even though she is grateful for the medical care here in the USA and her daughter's constant presence, she misses the social connection. Sharmila, the dutiful daughter, is exhausted. She has become the genie daughter who wishes she could create personal and social relationships for her mother and make her happy always.

### **“Filling her days”:**

Sheila is a fabulous cook, and at the age of 83, she takes great pride in feeding gourmet food to her daughter and granddaughter. Even after her major bypass surgery, She has strong willpower; she relentlessly pushes herself on making her half-paralyzed body back to function so that she will remain helpful and independent. With her iron-like resolve, Sheila learned to run a household all by herself after her husband passed away and her only daughter settled in the USA.

Being very well educated, she was a skillful homemaker whose husband pampered her and never let her do any task like banking or home accounting. She did not have to take responsibility until she found herself in charge after her husband's passing. Her circle of family and friends in Pune was highly supportive. She was happy with her life in Pune in the midst of family and dear friends when her daughter asked her to move in with them in Austin, Texas. Immigration was a challenge, and moving in with a daughter was not the cultural norm. She found excuses and visited for the briefest periods until she felt her daughter needed her while transitioning to single parenthood.

### **“Having her ‘days’”:**

Sharmila's sole ambition was to bring her mother to live with her in Austin as she was the only child. Her ex-spouse was concerned about getting bankrupt due to the health issues of older adults. Sharmila found a way to obtain health insurance and was delighted to have her mother finally over here. She knew that her mother would take over taking care of her and her daughter. Things didn't turn out to be the same. Sharmila's ill health smuggled her confidence out of her, made her nervous, jittery, and less sure of herself. Even though the medical care is excellent here, she realized she could not communicate with the doctor, not knowing what is appropriate communication, and could not make an appointment because her schedule depended on her daughter's. Besides, Sheila was worried about her home back in Pune. She had never said goodbye to her family as she was scheduled to go back in early 2020. Covid 19 turned her plans upside down, and her sudden heart failure made her a parasite.



Sharmila could not believe this change in her mother. She started feeling frustrated by her mother's lack of confidence in doing the simplest tasks outside the home. While she cooked and cared for the granddaughter, she could not set up physician appointments, manage health records, or use technology to connect with people. Sharmila diligently helped with routine care visits and connected her with a circle of friends her mother's age who volunteered at a non-profit. Sharmila is thankful that her mom could have an independent life through rides to volunteer and cultural events through trusted agencies and volunteers. Being a full-time caregiver and without any break for herself, Sharmila admits that she feels frustrated and is irritable when her mother asks her for help with the technology and maintaining the affairs in India, which is beyond her ability to handle.

### **“Days after the Fall”:**

Sharmila was alerted by her daughter at the playground and alarmed to see her fallen mother. Fearful hours of worry at the hospital with quadruple bypass and other surgeries were spent with caring friends bringing food and hugs. A cousin pointed out that the situation was only going to worsen with growing age, and she had to work on her patience - now! Blurred painful thoughts were interspersed with moments of great clarity. She realized that she had to get herself together, was not a superwoman to manage all this by herself, and could accept help.

Sharmila heard the rehabilitation nurses praise her mother’s strength and brave attitude – which contrasts her wither’s experience with low confidence. She heard they loved her mom’s stories while she had admonished her mother for sharing them before. She started seeing her mother with new eyes as a kind, hard-working, determined woman who would not sit idle. She saw herself in the “get shit done” badass persona of her mother now. She continued seeing her mother working through the day cooking with a barely liftable hand and refusing the easy quick-fix cortisone injection to the therapy of kneading dough daily. This humbling experience has led her to want daily conversations with her mother again.

### **“Have their days”:**

The pandemic has ensured the mother and daughter are “Stuck here together” in the United States. Pain at being unable to meet family and the thought of an unattended home full of cherished things wells up – especially when a cousin suggests that Sharmila can “deal” with them after her mother is gone. When Sharmila loses her cool, her mother says she just keeps quiet as she knows the blow-ups are coming from a place of love. She watches her mother determinedly climb stairs with wobbly limbs to reach the upstairs bedroom. She does not allow her mother outside in concern about her safety. She is inspired by her mother’s attitude of doing what she can as there are no caregivers available here like where she grew up.

Sheila joins the weekly yoga and activity program but has had to depend on Sharmila to connect her to the video call as the technology is not something she can master – even though Sharmila has shown the steps multiple times. She feels excited when she joins but feels shaky in the conversations. They are poor substitutes for hugs and she doesn’t feel the same camaraderie as with one-on-one connections. She sees that Sharmila does not want her to talk about her home in Pune and so stays quiet in the mornings rather than sharing her stories.

### **“Have worrisome days”:**

Sharmila worries almost daily - “What if the car won’t run when I need it to? How can I manage health insurance if my job situation changes? What is Home Health, Long term care and how do I get it?” While she has ability in many areas, she almost shuts down when confronted with these areas she does not know anything. She says: “Setting up healthcare appointments and ensuring the professional has all the information takes more than half a day of my life which I do not have with the job and daughter’s activities” or “How can I ensure my mother is safe and cared for so I can have an evening or weekend out with my friends?” or “Am I making my mother more and more dependent on me?”.

### **“Have Hopeful Days”:**

Sharmila felt “held” when the ER Nurse convinced her mother to get admitted after the fall, friends kept her company, brought “Poha” or other comfort food. She feels supportive when a friend in a similar situation shares her concerns and she can listen to help the friend feel normalized. She has surrendered her ego to her “Guru baba”. She hopes for “One Care Manager” – who will take over when she is overwhelmed, “Exchange Mentorship” support group so caregivers can be there for each other, “Human Touch” like a massage or other caring touches, “Trusted Respite Care” who understands her mother, “Task assistance services in India” so she can hand entrust the care of hard-earned and cherished assets, “Social Interaction” with comforting and culturally-like minded persons for her mother. She asks the question in Hindi “Hamaara time kab aayega?” or “When will it be our time?” while realizing “These ARE my Days”.

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*This case story is a part of the Case Study Round Tables that AAI has initiated as a means to empower people and the community. These stories speak to communities and help identify and bridge the gaps creating awareness by collaborative relationships.*

## Way Things are Done

### Changing-ways : Story of Burmese Refugee Mya

**“Obey and be Grateful”**: Mya was born in Burma and raised by her paternal grandparents in the early years of her life as a Buddhist. She never knew her father and asking any questions was forbidden. Her mother was a teacher and had to leave the country to make a living due to the cultural and political climate after the military coup in Myanmar in the 1960s. Her only contact with her mother in Malaysia was a monthly phone call. The grandparents did not want the burden of raising a girl child and so she was moved multiple times between friends and others until she lived with an Aunt. Every move came with a new neighborhood, school, and routine.



The routines involved chores and she internalized the responsibilities. These included caring for other children. She built many coping skills with a high level of maturity and resilience. While her basic needs were not compromised, she describes having bruises from being beaten by a cane (made specifically for the purpose) at school and at home. She says that is the “way things are done in the country”.

Her adjustments between multiple homes were made by accommodating “what needed to be done”. She liked singing and distracting herself with television programs. The one constant support system was an older cousin who moved with her. She used mindfulness and meditation practices that were part of the “ways” of her resilient culture which required obedience and taught gratefulness.

Today, having reflected on her life and reconciled, she has put her experiences in place and expresses no regrets.

**Conflicts:** She had the opportunity to take refuge in the United States along with a few others due to persecution. She landed in Fort Worth and met her mother after long years who she did not recognize except for the voice. She lived with a stranger in a new land. Conflicts abounded - of values with someone called “Mom”, of languages that had to be bridged, of values in the new school, of looks among her classmates who bullied with remarks like “Hey you are a China Doll. Do you have a tag?”. These left her wondering about the “ways” people spoke in America.

**Supports:** She found those who looked and had her ways among the relatively larger Burmese refugee community in the Dallas-Fort Worth area and made friends. Her “way” was to try to fit in at school. She joined clubs and started her own. She learned English and became the translator for her mother as they navigated the “ways” of operating in America.

**Conflicts:** Communication barriers at the school resulted in incidents. Communication barriers at home existed as she could not share this with her mother who was working hard. She did not want to bother her though when she tried, she felt snubbed with commands like “Go do your work” or “Finish what you are doing” – those were the “ways” of managing conflicts.

**Uprooted again:** She finally started making good grades and friends in her junior year of high school where the majority of the students were immigrants when she had to move to Austin with her mother. She was a “minority” among a sea of white students at the new school. She did not want to go to the school and was very, very depressed with no one to talk to!

**Senior year Breakthrough:** She finally figured out that she could talk to a counselor who would listen. This was a big help even though the communication and cultural barriers were still there. There is not as big a Burmese American community in Austin which meant fewer people she could connect with and lesser friends. She speaks about the book “Reluctance to seek help” who insisted on “self-reliant ways” and that got her through high school.

**Building a Life:** While her mother wanted her to go to college, she saw the financial struggles and attended Austin Community College. Due to not wanting to be a burden on her mother, she started working full-time and moved out. Her long-term goal of completing a 4-year college degree is on hold as she lives with her boyfriend of three years where she finds a strongly “supported way of life”.



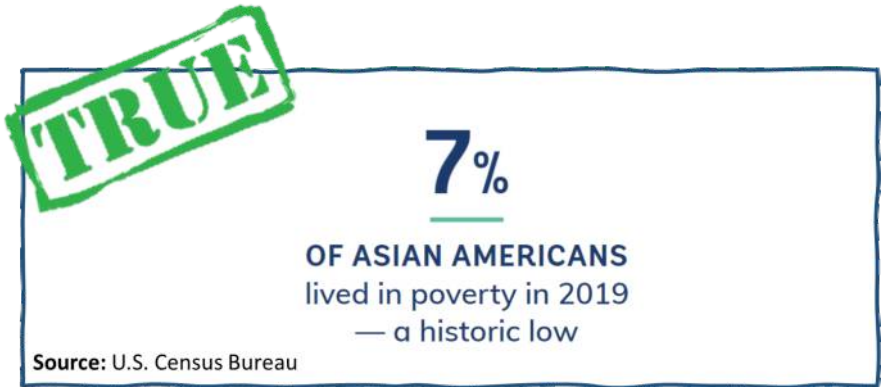
She is working on repairing her relationship with her mother who is still disappointed as she has not yet made it to college in over four years. She is still grateful for her hardworking mother. She still uses Buddhist meditation and other practices though she does not identify as a Buddhist. She wants to work with an organization that helps immigrant children adjust as they start lives here.

**Wishes:** She wants to help with “Identity confusion” and struggles of the minority among minorities of “Who am I”, language struggles and to ensure that adults do not rely on child translators, build support groups, and combat the isolation that comes with not going out because of the difference in “ways how things are done”.

**Hopes:** She hopes for increased help to her and those like her, more support groups, more awareness of mental health access, for financial skills and life skills education, and parenting classes. She appreciates the Family Resource Centers and hopes for Burmese resources in addition to the ones in Spanish. She speaks about being able to change the reasons why her community does not go to counselors - pressure of “get your act together” as heads down work is required and the fact that they do not have the language to communicate to local counselors.

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*This case story is a part of the Case Study Round Tables that AAI has initiated as a means to empower people and the community. These stories speak to communities and help identify and bridge the gaps creating awareness by collaborative relationships.*



**Additional Information:** Overall, 11% of Americans lived in poverty in 2019. The Asian American poverty rate peaked in 1988 at 17%. The Census Bureau began collecting poverty data for this group in 1987.



## The inadequacy of the term “Asian American”

The label ‘Asian American’ aspires to unify a wide range of communities with common cause and shared experiences. But is it serving this purpose; or is rather flattening and erasing entire cultures?<sup>1</sup>



Asian Americans comprise of over 50 ethnic groups, who speak more than 100 different languages - including Indian Americans, Chinese Americans, Taiwanese Americans, Filipino Americans, Vietnamese Americans, Korean Americans, Japanese Americans, Pakistani Americans, Cambodian Americans, Hmong Americans, Thai Americans, Laotian Americans, Bangladeshi Americans, Burmese Americans, Nepalese Americans, Indonesian Americans, Sri Lankan Americans, Malaysian Americans, Bhutanese Americans, and Mongolian Americans — and that’s just some of the diversity that exists.

While the term Asian American was established as a means to build political power, it has also been criticized for obscuring the immense diversity among those it purports to empower - centering the East Asians while eclipsing other ethnic groups from getting the policy support they need.

### The advantages of a label —who created it and why

First used by UC Berkeley student activists Emma Gee and Yuji Ichioka in 1968, “Asian American” was used to bring diverse communities of Asian ancestry together to create a more formidable protest bloc, an approach inspired by the Black Power movement. Their strength in collective numbers proved more impactful than individual ethnic groups

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<sup>1</sup> Sourced from the original article written as a part of the Asian American identity series by Li Zho. Original article published on Vox.com on May 5, 2021. Li Zho can be reached out at [li@vox.com](mailto:li@vox.com)

working alone, while working alongside Black and Latino students for an ethnic studies department at the university.

The rise of the term also helped fight the use of a more derogatory language in relation to people of Asian descent. Before "Asian-American" became popular, the word "oriental" was the prevalent label that differentiated and exoticized those it described.

Prior to becoming a more established category, it was the issues of immigration and relatedly xenophobia that have historically bound Asian Americans closely with one another; a shared experience that served as a common thread for such an expansive group.

## The experiences that Asian Americans share

There are the historical circumstances that bind Asian Americans together, and then there are the everyday experiences they share — including the struggle for visibility in American society and a focus on combating dogmas and beliefs reinforced by white supremacy.

This story dates to 1882 when Chinese immigrants were denied citizenship because they were viewed as competition for white workers. In 1917, Indians were similarly banned; In 1924 the Japanese and Koreans were also excluded. In all three cases, the groups immigrated to the United States as workers and were seen as a cause of economic and, in some cases, public health.



THE ONLY ONE BARRED OUT.  
ENLIGHTENED AMERICAN STATESMAN.—“ We must draw the line somewhere, you know.”

Similar restrictive immigration policies, that have focused on deportation, have been faced by members of other ethnic groups also that have more recently come to the country as refugees — including Hmong, Burmese, and Laotian people.

We are “grounded in our history of exclusion laws and immigration bans,” emphasizes Ramakrishnan, a researcher on immigration trends. “What makes us Asian is a history of exclusion.”

The shared experiences such as the language barrier, culture shock, racial discrimination, and the challenge of starting new lives that binds these

diverse Asian American groups, in spite of important social, cultural, and historical differences.

## Inadequacy broadened - How we ended up with the AAPI label

Furthering the grouping of diverse people under one racial category, the classification was further broadened in the 1980s via the term Asian American and Pacific Islander, or AAPI to include populations across the Pacific Ocean. The term AAPI was meant to be inclusive, but its usage — especially by government agencies — has had the opposite effect.

The term AAPI, which includes Pacific Islanders, took off prominently among academics as scholars began using the term to refer to experiences with colonialism that both Asian countries and Pacific Islanders had faced. The idea was to ‘combine forces’, given that AAPI were less than 3 percent of the US population in those days. Government officials used this label as a convenient way to count the group (using the AAPI classification in the 1990 census), who had previously been categorized in individual boxes like “Hawaiian,” “Guamanian,” and “Samoaan.”

“Pacific Islanders were too small of a group in the mind of key decision-makers to report separately,” says UCLA research professor Paul Ong, who added that the presence of Asian Americans in Hawaii may have been one of the reasons the two were initially put together.

Pacific Islanders as a group is equally diverse and includes Native Hawaiian, Samoan, Tokelauan, Tahitian, Tongan, Guamanian, Chamorro, Mariana Islander, Saipanese, Palauan, Yapese, Chuukese, Pohnpeian, Kosraean, Marshallese, I-Kiribati, Fijian, Papua New Guinean, Solomon Islander, and Ni-Vanuatu people.

Many Native Hawaiians and Pacific Islanders argued that this grouping erased their specific and current struggles. Although some Pacific Islanders are immigrants, many identify themselves as Indigenous.

### The problem with sweeping labels

It’s increasingly apparent that sweeping labels have serious problems. When it comes to the term “Asian American,” there’s a continual risk that it’s masking the differences within communities and fueling the myth that Asian Americans are a monolithic group.

For some, there’s also the sense that East Asians, including groups that were part of some of the earlier waves of Asian immigrants such as Chinese, Japanese, and Korean Americans, are viewed as more synonymous with the term Asian, than others.

“People are not just one thing; I do identify as Asian American — it is a political identity — but I also identify as a Vietnamese refugee.”

- Espiritu.

“It (the AAPI label) erases way too many people. That’s bullshit. We’re not all the same.”

- Elim

“I identify as Tamil, I identify as South Asian, I identify as Indian American, I identify as Asian American. It’s not an either/or for me”

- Ramakrishnan

## **Capturing the nuances within the larger Asian American category**

There's a major need to recognize individual ethnic groups, and many advocates say this begins with data.

Data disaggregation as a concept sounds complex, but in practice, it's very straightforward: In addition to gathering data about Asian Americans as a large group, the government can also gather data by individual ethnic groups; and also direct other major institutions to do the same. By doing so, policymakers would be able to better measure many of these disparities and appropriately target their responses.

In the 2020 census, there has been some data disaggregation, though it's not enough: The survey does enable people to identify as Asian American and as other ethnic sub categories including Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and "other."

Notably, a lot of groups are left out, including some who face the highest rates of poverty and unemployment among the Asian American diaspora, such as Cambodian, Hmong, and Bhutanese Americans.

The ideal solution would be to have individual options for all communities – that all 50-plus communities have checkboxes, as suggested by Southeast Asia Resource Action Center. Besides just the census or federal sources, the push for more disaggregation must be extended to states and other institutions too. There are states which are taking the lead, and their efforts have bore results too.

In Rhode Island, the All Students Count Act became law in 2017, requiring public schools to break out data on Asian American students by ethnicity. In California, too, a 2016 law required the state's public health department to disaggregate data, with the goal of providing better insurance coverage to groups that don't have it, and to better understand how illnesses affect various groups differently.

Disaggregated health data has played a role in revealing how diabetes disproportionately affects Filipino Americans and South Asian Americans, for instance. For Native Hawaiians and Pacific Islanders, data disaggregation has been critical during the coronavirus pandemic as well. In the aggregate, it looks like AAPI has the lowest rates of infection, but when you pull out PI, you see we're twice as, four times as, six times as likely to get the infection.

### **AAPI in its modern sense**

The terms Asian American and AAPI, in their most idealized versions, have at times historically served as a unifying banner for a wide range of communities to work together toward a common cause. They also signify a sense of shared experience tied to what it's like to be an immigrant, or part of a family of immigrants; and the xenophobia that different groups have encountered, a connection that's been especially apparent in

the wake of recent attacks (in 2021) targeting Asian American people during the pandemic.

However, it's time now for a call for data disaggregation that focuses on giving more visible recognition to the over 50 ethnic groups by acknowledging the diversity and the different needs that various groups may have — and an emphasis on the fact that the community is no monolith but rather is a strong structure made of the alloy where each constituent element has its own properties; and all elements add up, in different proportions, to give strength to the structure.

- Gaurav Gaur, student of Public Policy at University of Texas at Austin\*

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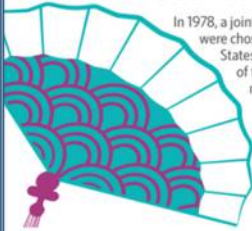
\* Author is an international student of Asian ethnicity. Views expressed are personal. This article is inspired from the article by Li Zho, written as part of the Asian American identity series. Author can be reached out at [li@vox.com](mailto:li@vox.com)

**Fun Facts:**

Source: Census Bureau QuickFacts, 2019 ACS 1-Year Estimates.

### The Start of Asian American and Pacific Islander Heritage Month

In 1978, a joint congressional resolution established Asian/Pacific American Heritage Week. The first 10 days of May were chosen to coincide with two important milestones in Asian/Pacific American history: the arrival in the United States of the first Japanese immigrants (May 7, 1843) and contributions of Chinese workers to the building of the transcontinental railroad, completed May 10, 1869. In 1992, Congress expanded the observance to a monthlong celebration that is now known as Asian American and Pacific Islander Heritage Month.



#### What's the Age?

Roughly 35 - Median age of the Asian population in 2019.



#### Asian-Owned Businesses

555,262 or (9.9%) or About 1 out of 10 - The estimated number of Asian-owned businesses in the United States. (This number only represents employer businesses.)

#### Educational Attainment

Of Asians 25 years and older, approximately...




- About 1 out of 10 (12%) have less than a high school diploma.
- About 2 out of 10 (15%) are high school graduates. (includes equivalency)
- About 2 out of 10 (19%) have some college or associate's degree.
- About 3 out of 10 (23%) have a bachelor's degree.
- About 2 out of 10 (24%) have a graduate or professional degree.



#### Occupations

Held by the Asian population 16 years and older:

- About 5 out of 10 (54%) work in management, business, science, and arts occupations.
- About 2 out of 10 (17%) work in sales and office occupations.
- About 2 out of 10 (17%) work in service occupations.
- About 1 out of 10 (10%) work in production, transportation, and material moving occupations.
- About 1 out of 10 (3%) work in natural resources, construction, and maintenance occupations.









- This visualization has been generated through the application “Observable” and the data has been publicly sourced, and is meant only as a representation of the wellness resources which can meet the specific needs of Asian American communities.
- An interactive version of this resource wheel is available online in the resources section of AAI website.



# Wellness - its various dimensions



## Health Assessment for Asian Americans (AAs)

This guide focuses on the Wellness aspects for Asian Americans community. AAs have unique health issues, particularly when you look at disaggregated data of specific ethnic groups.

Some highlights of a recent study completed by the Asian American Resource Center Nonprofit show the following trends:

- **Obesity:** being foreign-born is associated with a greater resiliency to obesity and Filipino American adults are 70% more likely to be obese as compared to the overall Asian American population.
- **Diabetes:** South Asian immigrants are 7 times more likely to have type 2 diabetes than the general population
- **Cancer:** leading cause of death among Asian Americans
- **Hepatitis B:** 1 in 12 Asian Americans are living with chronic hepatitis B
- **Heart disease:** rate of heart disease among Indian Americans is 4 times that of whites
- **Tuberculosis:** increasing among Asian Pacific Americans while decreasing for rest of population
- **Behavioral health:** older Asian American women have the highest suicide rate among all women 65 and older

AAs are less likely than non-Hispanic whites to receive health insurance through employers. They tend to avoid going to the doctor until absolutely necessary. This may be due to lack of access to care as well as lack of culturally and linguistically specific services.



*Asian American Resource Center  
8401 Cameron Road  
Austin, Texas 78754*



*Mọi thắc mắc xin liên lạc:*

*BS Việt Trần (512) 496-3264  
Cô Tuyết Huế (512) 743-7360  
Bà Tuyết Trần (512) 619-9913*

The Vietnamese population is among one of the fastest growing Asian communities in Austin and the surrounding areas. According to the Austin Asian Chamber of Commerce, Travis county is the third-most populated county in Texas for Asian- Americans, at an estimated more than 6.8 percent.

The population growth comes with barriers for a portion of the number of people specifically in the elderly, and those who are not familiar with the English language and American culture.

***“Language barrier is the biggest obstacle that leads to so many identified gaps interfering with people activities of daily living such as: knowledge deficit of the resources for financial assistance, living arrangement, transportation, and health care outreach, and many others “***

- Tuyen Hue Nguyen RN,MSN,BSM



Contact : +1 (512) 554-3961 [greateraustinnepalisociety@gmail.com](mailto:greateraustinnepalisociety@gmail.com) <http://ourgans.org/>



This is a non-profit community based organization dedicated to the overall welfare of Nepalese people living in the Greater Austin Area.

### NOTES

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# People's Community Clinic, Austin



**PEOPLE'S COMMUNITY CLINIC**  
1101 Camino La Costa  
Austin, TX 78752  
512-478-4939

50+ years of serving Central Texas communities with dignity and respect  
50+ years of collaborating with other area non-profits for integrative care  
50+ years of working for #healthequity and #affordablecare

Over 11,000 patients call People's Community Clinic their medical home. The clinic is a unique and tested model for medical care, a true safety net for Central Texas' uninsured and medically underserved.



## North Austin Universal Health Clinic



NAUHC is a North Austin based 501(c)(3) community healthcare clinic that helps uninsured and under-insured adults build healthier, happier lives, and be more productive. Through an innovative patient-focused model of healthcare, NAUHC provides high-quality integrated care. We have a comprehensive healthcare approach focused on wellness and prevention – which is accessible and affordable.

Our patients are our priority. Our Values are:

- Service
- Respect
- Education
- Stewardship
- Collaboration
- Compassion



 **Call/Text**  
512-956-0823

 **Send us a Mail**  
info@nauh.org

 **Our Location**  
13740 Research Blvd,  
Austin, TX 79750

 **Working Hours**  
Mon - Fri 09:00 - 17:00

## OUR MISSION

Our medical center’s mission is to provide access to good quality primary healthcare to all individuals who lack health insurance coverage or are under-insured.

## OUR VISION

To promote healthy living among uninsured and under-insured families in the greater Austin area.



**Sankara Eye Foundation Austin Chapter @SEFAustin**  
[giftofvision.org](http://giftofvision.org)

**Sankara Eye Foundation (SEF)** is a non-profit organization working towards eradicating curable blindness in India and enabling SEF, India and other SEF, USA partners to scale their operations to accomplish this goal to eradicate curable blindness. It is mostly a volunteer run organization, with chapters across North America. SEF is fortunate to have a dedicated volunteer base as well as committed patrons and donors; and with all their support, SEF has been able to grow significantly and address the curable blindness problem in India.

The Austin chapter came into existence when a long-time volunteer with SEF moved to Austin. The small team is energetic, and works hard to put together fundraisers for the cause.



## Inclusive Therapists



**INCLUSIVE THERAPISTS**  
A SAFER, SIMPLER WAY TO FIND CARE  
LA FORMA MAS SEGURA Y SENCILLA DE RECIBIR TERAPIA

Let us match you with therapists  
we help take the guesswork out













Prefer for therapists to reach out to you?  
We're here for you.

We will hand-match you with local mental health professionals in our community:

- psychotherapists and counselors
- relationship and marriage therapists
- family therapists
- social workers
- psychologists
- psychiatrists
- psychiatric nurse practitioners
- speech language pathologists



### SERVICES

 <p>Individual Therapy</p>	 <p>Relationship or Marriage Therapy</p>	 <p>Family Therapy</p>	 <p>Therapy for Children</p>
 <p>Therapy for Teens or Adolescents</p>	 <p>Group Therapy</p>	 <p>Coaching</p>	 <p>Medication Management</p>
 <p>Low Cost or Non-Profit Services</p>	 <p>Reduced Fee Teletherapy</p>	 <p>Virtual or Teletherapy</p>	 <p>Supervision for Therapists</p>

All people with all abilities in all bodies deserve equal access to identity affirming, culturally responsive care.



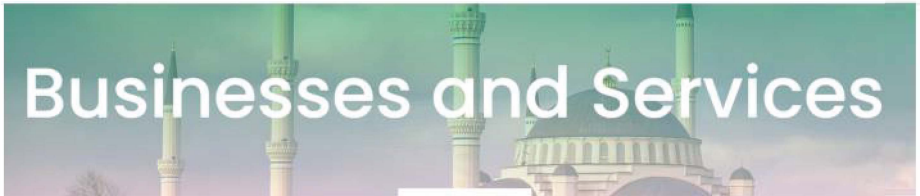
**NAMCC**



**Masjid Aisha**

North Austin Muslim Community Center . 11900 North Lamar Blvd. Austin TX 78753

Ph: (512) 491-7148 | Email: info@namcc.org | web: www.namcc.org | fb.com/NAMCCMasjidAisha



Grocery Stores  
Non-Profit Organizations  
Real Estate



Restaurants  
Doctors and Clinics  
Curtains and Drapes

To assist Muslims in the Central Texas area to preserve and improve their religious identity

1. To create a sense of community amongst Muslims by providing quality religious, educational, community, and charitable services
2. To take a leading role in developing unity and enhancing support and cooperation with other Islamic organizations in the area, sharing similar goals
3. To contribute peacefully and democratically to the diversity and pluralism of the American society



## ASIAN MENTAL HEALTH COLLECTIVE



### What's different about ASIAN mental health?

Asians face culturally specific barriers when it comes to mental health.

**Building a community for Asian mental health support.**

## Mission

**It is the mission of AMHC to normalize and de-stigmatize mental health within the Asian community.**

## Vision

**AMHC aspires to make mental health easily available, approachable, and accessible to Asian communities worldwide.**



**Asian Behavioral Health Network**  
Funded by the Hogg Foundation through AACHI

## Find an Asian Therapist near you!

Lets get you started



**1**

**Find your match**

Connect with a therapist that meets your needs.

**2**

**Pick your level of support**

Choose a plan that is best suited for your therapy needs and budget.

**3**

**Begin Therapy**

Message your therapist and start your journey today!

**Building a community for Asian mental health support.**

## NOTES

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# Social Wellness

## Austin Health Commons



Austin Health Commons (AHC) is a nonprofit organization that cultivates root cause community healing (in part) through a process called Truth, Racial Healing, Transformation developed by Dr. Gall Christopher.

Austin Health Commons shifts ownership of health back to communities and those of us who live in our communities.



Call Us

+1 512-348-6455

Email Us

[inquiry@austinhealthcommons.org](mailto:inquiry@austinhealthcommons.org)

Part of our mission is to promote racial healing throughout our city. In racial healing, we break down the barriers that separate and divide us. We learn to look for commonalities that bring us together as human beings. We are committed to a healthy, healed community rooted in love.

Together, we are reclaiming a paradigm for health and healing where we actualize racial equity so that all people can live well and thrive.

Our purpose is to foster our individual and community's innate capacity to love, heal, and thrive.





### OUR VISION

**"HEALTHY PEOPLE, HEALTHY COMMUNITIES."**

GENOMICS	ORAL HEALTH	COMMUNITY HEALTH	E-LEARNING
PRIMARY CARE	TRANSGENDER HEALTH	OBESITY PREVENTION	HEALTH EQUITY

Facebook: [Texas Health Institute](#)      Phone: [512-279-3910](tel:512-279-3910)  
Twitter: [@TxHealthInst](#)      Email: [office@texashealthinstitute.org](mailto:office@texashealthinstitute.org)  
LinkedIn: [Texas Health Institute](#)

- TO ADVANCE A CULTURE FOR EVIDENCE BASED, DATA DRIVEN DECISION MAKING
- TO TURN EVIDENCE INTO ACTION
- TO CREATE SHARED VALUE & IMPACT



**Female Doctors of Austin of Indian Origin**

**Specialties:** Psychiatry-Addiction, Neurology, Neurology-Adult & Child, Dermatology, Emergency Medicine, Pulmonary-Adult & Pediatric, Infectious Disease-Adult & Pediatric, Gastroenterology, Obesity Medicine, Herpetology/Oncology-General and Radiation Oncology, Endocrine-Adult and Pediatric, Surgery- Breast Surgery, Colorectal Surgery, Endocrine-Adult and Pediatric, Primary Care Family Medicine-Internal Medicine, Hospitalist-Adult & Pediatric, Ophthalmology-Adult, Pediatric, & Ocular Plastic & Ocular Surgery, Radiology-Neuroradiology, Breast Radiology, Cardiology, Pediatrics, Allergy/Immunology, Sleep Medicine, Rheumatology, Pediatric Care, Pediatrics, Neurology-General & Epileptology, Geriatrics.

**Email**  
fdaio.austin@gmail.com

**Address**  
P.O. Box 170562, 10101 Lake Creek Parkway,  
Austin TX 78729-1711

Our mission at FDAIO is to provide a platform for connecting like-minded individuals where they can share personal and medical expertise, seek and provide peer support, and collaborate professionally.

We aim to up-lift our female physicians to be the best in whatever they do by uniting them with other female physicians.

We help to connect our FDAIO members with each other through monthly gatherings, presentations, and fun events in person or virtually.

FDAIO delivers continuing medical education, and fosters opportunities for leadership.







**AMERICAN TAMIL  
MEDICAL ASSOCIATION (ATMA)**

ATMA is as an organization formed to promote charitable work through their foundation (ATMA-CF) nationally and internationally



## Our services



**Charitable Activities**

To bring together all American Tamil Physicians and allied healthcare professionals.



**Annual Convention**

To bring together all American Tamil Physicians and allied healthcare professionals.

## Contact Us

207 Benedict Rd, Staten Island, NY 10304, USA

**Mail Us**  
[AtmaUSAPresident@gmail.com](mailto:AtmaUSAPresident@gmail.com)

## Our Mission

- To bring together all American Tamil physicians and allied healthcare professionals
- Provide a forum for ATMA members to enrich their cultural, social, and educational values
- Help the members through Continuing Medical Education (CME) to maintain their high level of medical knowledge
- Provide our expertise and altruistic help to the needy in the USA and abroad during peaceful and disaster times through its charitable foundation





# AACHI

AUSTIN ASIAN COMMUNITY HEALTH INITIATIVE



**Our Mission**  
to partner with the local Asian community in Austin to enhance public health and well-being.



**AUSTIN ASIAN COMMUNITY HEALTH INITIATIVE**

704 E WONSLEY DR, STE 203  
AUSTIN, TX 78753

(512) 271-5823

We fulfill our mission through language-specific education, advocacy, and healthcare navigation services.

- English
- Hindi
- Urdu
- Burmese
- Korean
- Vietnamese

## Community Health Navigation Program

The Community Health Navigation Program provides healthcare navigation for Austin's vulnerable Asian subpopulations, including the Burmese, Korean, Nepali, Vietnamese, Syrian, Iraqi, and other Arabic speaking communities.

### Services include

- Patient advocacy
- Health navigation education
- Interpretation/translation support
- Referrals to local resources
- Eligibility & Application Assistance - Our Community Health Workers can help you with the eligibility and application process of several health coverage and other programs







(630) 990 2277  
info@aapiusa.org




### AAPI SUPPORTED PROJECTS



 Mentorship	 Clinical Observership For FMGs	 Global Medical Education	 Clean Drinking Water Project	 Childhood Obesity Awareness Campaign	 Cancer Care
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### AAPI Events for 2022

<p><b>AAPI SHARE-A-BLANKET PROGRAM</b></p> <p>DEADLINE: JAN 31, 2022</p>	<p>HYDERABAD INDIA</p> <p><b>AAPI SUMMIT</b></p> <p>JANUARY 5-7, 2022</p>	<p>TAMPA, FL</p> <p><b>YPS/MSRF WINTER MEDICAL CONFERENCE</b></p> <p>MAR 18-20 2022</p>
<p><b>NORTHERN LIGHTS GREENLAND</b></p>  <p>DATES: FEB 22 - MAR 1, 2022</p> <p>PRICE: \$4,999/PERSON ON DOUBLE OCCUPANCY 4 NIGHTS IN GREENLAND AND 3 NIGHTS IN COPENHAGEN</p> <p><b>REGISTER NOW</b></p>	<p><b>JAPAN</b></p>  <p>DATE: APRIL 10 - 20, 2022</p> <p>PRICE: \$4,950 PERSON ON DOUBLE OCCUPANCY</p> <p><b>REGISTER NOW</b></p>	<p>75 Azadi Ka Amrit Mahotsav</p>  <p>SAN ANTONIO TX</p> <p><b>AAPI ANNUAL CONVENTION</b></p> <p>JUNE 23-26 2022</p> <p><b>REGISTER NOW</b></p>



Man > Mystic > Mission >



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Isha Foundation is dedicated to raising human consciousness, and fosters global harmony through individual transformation. Guided by Sadhguru, it is an essential resource for exploring the ancient science of yoga in all its depth and dimensions. The foundation offers a variety of programs that provide methods for anyone to attain physical, mental and spiritual wellbeing. Its offerings allow participants to deepen their experience of life, and reach their ultimate potential.



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Theravada Dhamma Society of America

9001, Honeycomb Dr. Austin TX 78737 U.S.A. Ph: 512-301-3968 www.sitagu.org

ဝါဆိုသင်္ကန်းဆက်တမ်းလှူဒါန်းပူဇော်ပွဲအခမ်းအနား




သီတာဂူ ဗုဒ္ဓဝိဟာရ

Sitagu Buddha Vihara

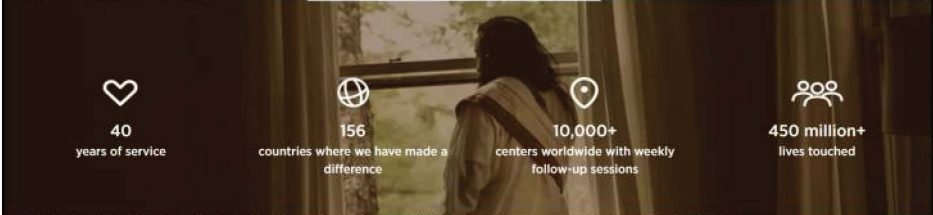
Theravada Dhamma Society of America

The Sitagu community provides a platform for expressing shared values, through ceremony, and devotional practices based in ancient tradition, to pay respect to the Buddha, the Dhamma and the Sangha.

For the Burmese community members, it supports the expression and preservation of their Burmese culture, and for non-Burmese an opportunity to befriend this rich and diverse heritage.



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- environmental sustainability





22 15


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**Every Day Except Sunday at 12:00 PM**

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**Daily at 12:30 PM**

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Questions? Comments?

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<http://www.austlnbahai.org/>

**Korean Baptist Church of Austin**

**KBCA -**  
**Korean Baptist Church of Austin**



Korean Baptist Church of Austin

어스틴 한인침례교회



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Email. office.kbca@gmail.com



KBCA 어린이 사역







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Basic Needs Support  
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Adults 80+  
Affinity Groups

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Shalom Austin is the hub of Jewish life in Central Texas.

OUR MISSION

The mission of Shalom Austin is to enhance the quality of Jewish life in the greater Austin area and around the world through philanthropy, education, social service, culture, spirituality and total wellness.



**Jewish Federation**  
Connecting People,  
Organizations and  
Resources Worldwide.



**Jewish Community Center (JCC)**  
Serving Your Social,  
Cultural, Educational,  
Fitness and Wellness  
Needs



**Jewish Family Service**  
Caring for People Through  
Counseling, Therapy,  
Support and Outreach



**Jewish Foundation**  
Fostering Your  
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and For Future  
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# Occupational Wellness

## Austin Speech Labs





### Austin Speech Labs



Office: (512) 992-0575  
 Fax: (512) 900-7977  
[staff@auslinspeechlabs.org](mailto:staff@auslinspeechlabs.org)  
 7800 Shoal Creek Blvd., Ste 136-S  
 Austin, TX 78757

3,910  
Stroke Survivors Served



160,000  
Therapy Hours Provided



1,851  
Donors



65  
Boot Camps Provided



1,186  
Volunteers



54  
Grant Partners

*Together We Can!*


### Our Mission


Austin Speech Labs' mission is to support stroke survivors and their loved ones in rebuilding their lives by providing intensive, affordable, and innovative speech and cognitive therapy. We envision a world where stroke survivors have access to the therapy they need to thrive at home, at work, and in the community.

### Texas Indo American Physicians Society - TIPSSW

## TEXAS INDO-AMERICAN PHYSICIANS SOCIETY SOUTHWEST CHAPTER (TIPSSW)

SAN ANTONIO, TEXAS






**A forum for professional solidarity for physicians of Indian ethnicity to:**

- Maintain commitment to professional excellence
- Give back to our communities through charitable activities and donations
- Advocate for the wellbeing of our patients, communities as well as physicians
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- Address changes in healthcare policy
- Nurture volunteerism among the youth
- Promote networking opportunities
- Provide mentorship as they pursue careers in academia, research and executive
- Remain up to date and plan for legislative and regulatory changes impacting clinical practice
- Maintain vibrancy by embracing change and encouraging new ideas
- Promote teamwork in pursuit of a shared vision

[contact@tipssw.org](mailto:contact@tipssw.org)  
[www.tipssw.org](http://www.tipssw.org)







## BANGLADESH MEDICAL ASSOCIATION OF NORTH AMERICA



### OUR MISSION



BMANA aims to advance the professional, educational, cultural, and humanitarian interests of Bangladeshi descent medical professionals in North America.

### OUR VISION



To be the pioneer professional organization that champions the evolving needs of physicians, dentist, and academicians in the delivery of high quality, evidence-based, and compassionate health care.


### CONTACT INFORMATION

**PHONE**  
904-803-7395

**EMAIL**  
info@www.bmana.org



## Thai Physicians Association of American Foundation



**2021 Foundation**


### Thai Physicians Association of America Foundation

**Apinan Thitiprasertb, M.D.**  
TPAA Foundation 2021 President

1507 W. Walnut St, Marion, IL 62959  
H: 618-997-9665 C: 618-967-7653  
Email: apinan.thitiprasertb@tpaaf.us

Thai Physicians Association of America is a national organization comprised of over 1,000 Thai doctors dedicated to:

1. Promoting the advancement of medical and scientific knowledge.
2. Maintaining the highest possible medical standards and ethics.
3. Conducting activities directed towards the sustenance and advancement of health care delivery and education in Thailand and the United States.
4. Establishing and promoting cooperation with related organizations in Thailand, the United States, and other countries.
5. Maintaining close association and fraternity among members.








**APHN Mission**  
To shape the role of public health nursing within the specialty of population health and to educate and advocate for policies and practices that advance the practice of public health nursing to promote the public's health.

**APHN Vision**  
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For more information on membership and to join, please contact APHN:  
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**Association of  
Public  
Health  
Nurses**

### Chinese American Pathologists Association



**全美华人病理学会**  
**Chinese American Pathologists Association**  
Excellence through Education, Professionalism and Connection




The Chinese American Pathologists Association (CAPA, 全美华人病理学会), formerly Hua Tuc Society of Pathology (HTSP), Inc., is a not-for-profit organization of the Chinese American pathologists in the United States and Canada who are either in practicing or in training. Since its establishment in 2004, with the continuous and collective efforts from its members, CAPA serves its members and non-CAPA member pathologists with a primary mission of providing educational opportunities, improving professional skills enhancing communication and promoting collaboration between CAPA and other pathology organizations.

PO Box 370, West Roxbury, MA 02132 [www.capa-ht.org](http://www.capa-ht.org)



# APAMSA

ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION



Our National Service Projects are dedicated to eliminating health care disparities in the AANHPI community.



Bone Marrow Registration



Hepatitis Initiative



National Cancer Initiative



Mental Health Initiative

ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION



## NOTES

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Light and Salt Services  
Austin

中文(繁體) ENGLISH TIENG VIET  
字體大小 放大 重設 縮小

Our Five Centers as Framework for Services

- Cancer Support
- Special Needs Caring
- Information Media
- Basic Needs Assistance
- Community Outreach

 光鹽社  
Light and Salt Services

同时在今年任何时间·如果您的家庭或个人符合德州政府的Medicaid与CHIP低收入医疗保险计划·我们也可以帮您申办·  
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13010 N. US 183, # 224 Austin TX 78750



## What We Do?

As a non-profit charity organization, LSA has hosted a variety of seminar, sponsoring support groups, providing services and resources with focuses on but not limited to medicine, health, legal, financial and tax issues for the Asian community. Since its inception, LSA has sponsored multiple annual events, including: Parents' Day celebrations, winter clothing drives, and special days with seniors.

LSA also mobilized the Chinese community to raise relief funds for victims of natural disasters such as Hurricane Katrina, the 2008 earthquake in Sichuan, China and the 2009 earthquake in Haiti.





# It Starts Here. It Starts With You.



What you make possible will change the world.

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Our philanthropic supporters are key partners in creating a healthier future. You choose how you want to make a difference, and together, we'll make it happen.

Education

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Health Beyond the Clinic



The University of Texas at Austin  
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## Culture of Health Leaders - Robert Wood Johnson Foundation

### CULTURE OF HEALTH LEADERS

A Robert Wood Johnson Foundation program

### COLLABORATE. INNOVATE. TRANSFORM COMMUNITIES.

Culture of Health Leaders is a leadership development opportunity for people working in every field and profession who want to use their influence to advance health and equity. Our Leaders' innovation helps build a Culture of Health, one that enables everyone in America to live longer, healthier lives.

#### THE EXPERIENCE: CULTURE OF HEALTH LEADERS

#### THE RESULT: ENHANCED LEADERSHIP SKILLS





# 25 Years Transforming Lives and Communities



The Mission of AOMA is to transform lives and communities through education, patient care, leadership and research in Chinese and other integrative medicines.

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- Certificate in Chinese Herbal Medicine (CCHM) Program



## Regionally Accredited Acupuncture and Chinese Medicine Degrees

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800.824.9987 | 512.454.1188 | 512.454.7001 fax  
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**AOMA's vision** is to be a leader in Chinese medicine and other integrative medicines by engaging with our communities and by preparing compassionate and skilled practitioners who embody the art and spirit of healing.

### **Core Values:**

We recognize that the outcomes we produce result from collective activities that are consistent with the following core values:

- **Sustainability:** Our programs and community engagements are sustainable and effective.
- **Integrity:** We do what we say we will do. In our communication we are honest and complete.
- **Inspiration:** We are called into action by a spirit of purposeful aliveness.
- **Flexibility and openness:** We conscientiously choose our actions in consideration of all the parties involved.
- **Professionalism:** In all that we do, we are impeccable, clear, and complete.
- **Compassion and Service:** In word and action, we look for opportunities to benefit others.



The **Student Community of Asian Nurses (SCAN)** is an organization for students striving to become healthcare professionals. SCAN aims to foster a community in which aspiring healthcare professionals can share their stories and provide support for one another.



### Our Mission

- Create an environment where all students can share their stories, thoughts, and ideas of what it means to be an Asian nurse.
- Foster friendships with fellow nursing students through meetings and socials.
- Create relationships with UT faculty and members of other UT organizations.
- Give back to our community through volunteer services in order to make it a better and healthier place



## NOTES

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# Environmental Austin Refugee Roundtable



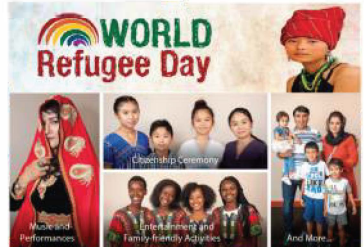
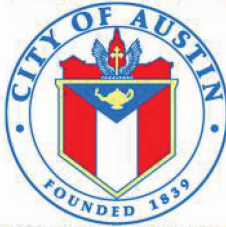
## Austin Refugee Roundtable

The source for refugee dialogue in Austin, TX.

*The Austin Refugee Roundtable enhances collaboration between agencies, community groups and individuals who serve refugees, with the aim of making Austin a welcoming and supportive resettlement community.*



REFUGEE  
HEALTH  
SCREENING  
CLINICS



## NOTES

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## Asian Americans - then and now

### Linking Past to Present



The long journey of Asian Americans and their role in shaping US identity covers some darker periods of American history, including the Congressional Exclusionary Act restricting immigration based on race and the Japanese American Internment during WWII.



Throughout their history, Asian Americans have confronted a long legacy of exclusion and inequity in relation to school policies and practices, particularly during periods of changing demographics, economic recession, or war. In spite of historic, linguistic differences, distinct Asian nationalities have been grouped together and treated similarly in schools and in the larger society. The grouping of Asian Americans together, then, makes sense in light of historic links from the past to the present.

Beginning in the 1850s when young single men were recruited as contract laborers from Southern China, Asian immigrants have played a vital role in the development of this country. Working as miners, railroad builders, farmers, factory workers, and fishermen, the Chinese represented 20% of California's labor force by 1870, even though they constituted only .002% of the entire United States population. With the depression of 1876, amidst cries of "They're taking away our jobs!," anti-Chinese legislation and violence raged throughout the West Coast.

In 1882, Congress passed the Chinese Exclusion Act—the only United States law to prevent immigration and naturalization on the basis of race—which restricted Chinese immigration for the next sixty years. The "Chinese Must Go" movement was so strong



that Chinese immigration to the United States declined from 39,500 in 1882 to only 10 in 1887.

By 1885, following the Chinese Exclusion Act, large numbers of young Japanese laborers, together with smaller numbers of Koreans and Indians, began arriving on the West Coast where they replaced the Chinese as cheap labor in building railroads, farming, and fishing. Growing anti-Japanese legislation and violence soon followed. In 1907, Japanese immigration was restricted by a "Gentleman's Agreement" between the United States and Japan.

---

*“ Our children should not be placed in any position where their youthful impressions may be affected by association with pupils of the Mongolian race ”—San Francisco School Board, 1905*

---

This statement was in response to the fear of changing demographics that San Francisco faced more than a century ago, when the San Francisco School Board established a segregated Chinese Primary School for Chinese children to attend, including those who were American-born. By the turn-of-the century, the School Board also applied the Chinese segregation policy to Japanese students. School superintendent, Aaron Altmann, advised the city's principals: "Any child that may apply for enrollment or at present attends your school who may be designated under the head of 'Mongolian' must be excluded, and in furtherance of this please direct them to apply at the Chinese School for enrollment."

Small numbers of Korean immigrants came to Hawaii and then the mainland United States following the 1904-1905 Russo-Japanese War and Japan's occupation of Korea. Serving as strike-breakers, railroad builders, and agricultural workers, Korean immigrants faced not only racist exclusion in the United States but Japanese colonization at home. Some Korean patriots also settled in the United States as political exiles and organized for Korean independence.

South Asian Indian immigrants also entered the United States as laborers, following Chinese exclusion. Recruited initially by Canadian-Pacific railroad companies, a few thousand Sikh immigrants from the Punjabi region immigrated to Canada which, like India, was part of the British empire. Later, many migrated into the Pacific Northwest and California, and became farm laborers. Ironically decried as a "Hindu invasion" by exclusionists and white labor, the "tide of the Turbans" was outlawed in 1917 when Congress declared that India was part of the Pacific-Barred Zone of excluded Asian countries.

By 1924, with the exception of Filipino "nationals," all Asian immigrants, including Chinese, Japanese, Koreans, and Indians were fully excluded by law, denied citizenship and naturalization, and prevented from marrying Caucasians or owning land.

With all other Asians excluded, thousands of young, single Filipinos began migrating in large numbers to the West Coast during the 1920s to work in farms and canneries, filling the continuing need for cheap labor. Filipinos were not legally excluded by the immigration laws because the Philippines was already annexed by the United States as a result of the 1898 Spanish-American War.

Racism and economic competition, intensified by the depression of 1929, however, led to severe anti-Filipino violence and passage of the Tydings-McDuffie Act of 1935 which placed an annual quota of fifty on Filipino migration—effectively excluding their entry as well. During the half century from 1882 to 1935, three waves of early Asian immigrants contributed their labor to the building of this country but were eventually denied entry and not granted naturalization rights until 1952. Though coming from different countries and cultures, the pioneering Chinese, Japanese, Koreans, Indians, and Filipinos each faced similar conditions of exclusion which forged the beginnings of a common, shared Asian experience in America.

There are important parallels between European and Asian immigration history, especially in terms of how individuals responded to the "pushes" and "pulls" in their homelands and then faced contradictory experiences of discrimination and opportunity the U.S. However, the "push-pull" model commonly used to explain European immigration, like the melting pot paradigm of immigrant assimilation, does not explain the fundamental differences in patterns of Asian immigration and exclusion.

These differences can only be understood by recognizing critical features of the historical period, including:

- the reality of western colonialism and unequal power relations in Asia;
- the insatiable need for cheap labor that accompanied manifest destiny westward expansion and economic development in the United States; and
- the influence on social policy and public attitudes that resulted from lack of knowledge about Asian peoples, and racist notions of white superiority.

Between 1910 and 1940, hopeful Chinese immigrants were detained at Angel Island where they were required to undergo humiliating medical examinations and detailed interrogations. Questions ranged from "What are the birthdates of each member of your family?" to "Who lived in the third house of the second row of your village?" Failed answers were grounds for continued detainment and eventual deportation back to China.

Although minor reforms in immigration law, due to changing international relations, allowed for limited numbers of Asians to enter the United States following the World War II era, United States immigration laws remained discriminatory toward Asians until 1965 when, in response to the civil rights movement, non-restrictive annual quotas of 20,000 immigrants per country were established. For the first time in United States history, large numbers of Asians were able to come to the United States as families. In addition, due to the United States' eagerness for technology during the Cold War, foreign engineers and scientists were also encouraged to emigrate to the United States. The dramatic



changes in the Asian Pacific American landscape during the past twenty years, particularly with the explosive growth of new Filipino, Korean, South Asian Indian, and Chinese populations have resulted from the liberalization of immigration laws in 1965.

Beginning in 1975, Southeast Asian refugees from Vietnam, Cambodia, and Laos have entered the United States after escaping from war, social chaos, discrimination, and economic hardship. Roughly one million Southeast Asians, including about 30,000 Amerasian children of American servicemen and their families, have entered the United States since then through a variety of refugee resettlement and immigration programs.

Refugees from Vietnam, Cambodia, and Laos each have distinct cultures, languages, and contexts of historical development. Although each country shares certain influences from their common history as a French colonial territory for nearly a century until 1954, Vietnam is much more culturally influenced by China while Cambodia and Laos have been more influenced by India. Within each country, there are Chinese and other ethnic minority populations such as the Hmong, Mien, and Khmer from Laos.

Many cases also link the present to the past. The experiences of personal struggle, economic contribution, racial harassment, and discriminatory legislation targeting Vietnamese fishermen in California's Monterey Bay during the 1980s, for example, are almost identical to those of earlier generations of Japanese and Chinese fishermen who successively fished in Monterey Bay during the late 1800s and early 1900s.

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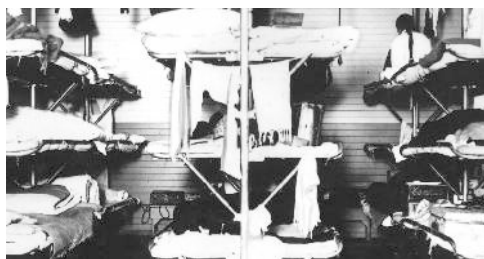
## Angel Island: Much Darker Than 'The Ellis Island Of The West'



Most Americans know the story of Ellis Island, where immigrants crossing the Atlantic Ocean were processed. But the story of its West Coast counterpart, the Angel Island Immigration Station, is little known. Located in the middle of San Francisco Bay, the island processed hundreds of thousands of immigrants from 1910 to 1940. Due to the laws restricting immigration from Asia, many immigrants at Angel Island were detained for weeks, months, or even years. The Chinese were America's first undocumented immigrants, and Chinese Exclusion Act of 1882 became

the first law restricting immigration in the U.S., well before Angel Island opened in 1910. Chinese immigrants who arrived at San Francisco's Angel Island were regarded as criminals, unlike Europeans who docked at Ellis Island on the opposite coast.

In 1970, the rediscovery of Chinese poetry carved by detainees into the barracks walls saved the site from destruction and led to renewed interest in the Angel Island Immigration Station and the formation of the foundation. The Immigration Station at Angel Island and poems found on the walls in Chinese testify to the injustice; a visit to this monument is an essential introduction to a lesser-known side of American history.



The Angel Island Immigration Station Foundation (AIISF) is the nonprofit partner of California State Parks and the National Park Service dedicated to preserving the Immigration Station, and educating the public about the complex story and rich cultural heritage of Pacific Coast immigrants and their descendants.

Angel Island Immigration Station (USA)  
VHCF+3C Tiburon Belvedere  
Tiburon CA 94920  
United States  
Url: <https://www.aiisf.org>

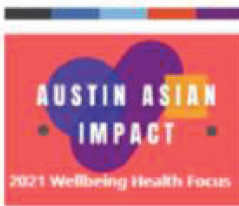




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may everybody be happy. may  
everybody be free from disease.  
may everybody have good luck.  
may none fall on evil days.

AUSTIN ASIAN IMPACT



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to age

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