



Alameda County Mongolian Community Profile and Health Needs Assessment



Asian Health Services
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EXECUTIVE SUMMARY

In the early 1990s, the U.S. began experiencing a wave of migration from Mongolia. There is an estimated 5,000-6,000 Mongolians in the San Francisco Bay Area today. Many are recent immigrants and a sizeable number are undocumented. A majority of these immigrants reside in the East Bay, particularly in Oakland, California. As a new emerging community, there are many health and social needs which are yet to be addressed.

Reflecting the high levels of education in Mongolia, a large number of Mongolian immigrants arrive with high school and university educations. However, they speak very limited English, and their knowledge of U.S. culture and health care systems is quite limited. Limited English skills pose a barrier to accessing services. A significant number of Mongolians in the East Bay appear to be undocumented, continuing to live here on expired visas. Their non-immigrant visa status and undocumented status often precludes them from qualifying for health programs and other social services. As a result, there is a high rate of uninsured in the community. Additionally, as with other immigrant communities, the community holds views on health and medicine which are quite different from Western medicine's views on health, disease, and prevention.

Many of the health concerns of Mongolians in Alameda County mirror the health issues of Mongolia. Tuberculosis appears to be an issue requiring attention. In Mongolia, viral hepatitis and sexually transmitted diseases are two other common communicable diseases. The two most common presenting complaints of Mongolian patients at Street Level Health Project and Asian Health Services are musculo-skeletal and gastrointestinal in nature. Mental health and behavioral health issues such as depression, anxiety, insomnia, alcohol abuse, and domestic violence are also surfacing repeatedly. With the young demographics of the community, perinatal and childrens' health are also common needs.

The community is fortunate to have strong leadership and community support for organizing social and cultural events. However, the community is still evolving in its capacity to advocate for, organize, and deliver services to address its health and social service needs. Some Mongolian community groups are emerging to support and provide services to the Mongolian community including a youth group, cultural and social groups, religious institutions, and online groups and websites. Despite the existing groups and resources available to East Bay Mongolians, there is a tremendous need for more community resources. Many needs are still unaddressed in the East Bay which can hopefully be addressed through community engagement, community organizing, and advocacy.

Recommendations

- ☛ At least 2-4 bilingual, bicultural Mongolian community members should be employed in Alameda County's health care safety net to carry out community outreach and education, interpreting, system navigation, referrals, and other linkage roles.
- ☛ Health care organizations should contract with and utilize on-site, on-call Mongolian-English interpreters (through agencies or independent contractors) or telephonic and video interpreting services.
- ☛ Provide flexibility to safety net providers to serve Mongolian community members with non-immigrant visas (e.g., student, business, and tourist visas) as uninsured undocumented patients.
- ☛ Build capacity in the East Bay Mongolian community for civic participation that supports documenting, organizing, and advocating for the needs of their community. Engage Mongolian men in health and social service issues.
- ☛ Support the creation of a local community center where new emerging communities can bring synergistic efforts to bear on common needs and issues.
- ☛ Educate the Mongolian community about accessing and utilizing health care in the U.S.
- ☛ Develop the capacity of Asian community organizations to serve the Mongolian community and provide needed social services such as mental health, job development, legal issues, youth services, alcohol abuse, domestic violence, etc.

INTRODUCTION

For seventy years, Mongolia and the former Soviet Union were close political allies. With the dissolution of the Soviet Union in 1991, Mongolia began a peaceful transition from a centralized socialist government to a market-based democracy. Mongolia's economy heavily relied on financial support from the Soviet Union and suffered greatly when that support abruptly ended. The end of the Soviet era in combination with two consecutive years of *dzuds* (natural disasters of droughts and extremely cold winters) from 1999 – 2001, set the stage for Mongolian migration to the United States. While limited migration from Mongolia to the U.S. occurred prior to 1990, significant numbers did not occur until the 1990s and 2000s. The San Francisco Bay Area Mongolian community is estimated at a population of 5,000 – 6,000.

The needs of this community were first brought to the attention of Asian Health Services by Kathy Ahoy, public health nurse with Alameda County Public Health, a champion of the needs of new emerging communities. Gerelmaa Bataa, a Mongolian community member who despite her own recent arrival to this country, eagerly jumped in to serve and bring attention to her community's health and social service needs. Through their leadership and determination, they established the Mongolian Health Access Project, which created access to drop-in urgent care services through Street Level Health Project and comprehensive primary care services through Asian Health Services. As the first Mongolian-English bilingual staff at Asian Health Services, Gerelmaa Bataa contributed tremendously to the organization's ability to serve the Mongolian community in the East Bay.

Our hope for this report is that it will assist a variety of organizations (health care, social services, educational, funders, governmental, legal assistance, housing, etc.) and their staff to:

- ☞ Gain a better understanding of the Mongolian community,
- ☞ Create linkages to engage and work with the Mongolian community, and
- ☞ Develop appropriate services to meet the Mongolian community's health and social service needs.

MONGOLIAN COMMUNITY PROFILE

Background on Mongolia



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An understanding of Mongolia and life in Mongolia provides instructive context since the majority of Mongolians in the San Francisco Bay Area are relatively recent arrivals.

Mongolia is a landlocked country, bordered by the Russian Federation on the north and surrounded by the People's Republic of China to the west, east, and south. The country is characterized by three geographic regions: a) mountains in the north, b) steppes (expansive grassy plains) in the central region, and c) the Gobi Desert in the south.

Long severe winters (October–April) are a dominant characteristic of Mongolia's climate. Winter temperatures average 6°F and during the short summers, temperatures average 60°F. However, temperatures can range from -40°F to 104°F, with extreme temperatures occurring in the Gobi Desert.

Its population of 2.6 million (somewhat larger than the combined populations of Alameda and Contra Costa counties in 2007) occupies an area slightly larger than the state of Alaska. It is one of the most sparsely populated countries with less than an average of two persons per square kilometer. Approximately one-third of the population (885,000) resides in the capital city, Ulaanbaatar.¹ About 40% of the population resides in rural areas, typically living a nomadic herder's life, moving 4-6 times a year depending on the

¹ United Nations Statistics Division, www.data.un.org/CountryProfile.aspx?crName=Mongolia

seasons and needs of the animals. However, the trend is towards a less nomadic lifestyle. Its population is quite young, with about two-thirds under the age of 30 years.²

One of the poorest countries in Asia, it ranks 114 out of 177 countries on the Human Development Index Rank.³ Its Gross National Income per capita is \$1290 USD.

Mongolia At-A-Glance	
Total Population (2007 estimate) ⁴	2,629,000
Population density, average per sq km ⁵	2
Population distribution rural %/ urban % (2007) ⁶	43/57
Mean temperature °F (min/max) ⁷	6°F /60°F
Human Development Index Rank, out of 177 countries (2007/2008) ⁸	114
Gross National Income (GNI) per capita current US\$ (2007) ⁹	1290
% under 15 years (2005) ¹⁰	28.9
Adult (15+) literacy rate % (1995-2005) ¹¹	97.8

Mongolian History

In the 13th century, Chinggis ("Genghis") Khan, a legendary leader, united warring tribes and established a vast Eurasian empire. The empire fell into decline by the 14th century and came under China's Manchu rule in 1691. During this period, the country began to be referred to as Outer Mongolia. (Inner Mongolia, a region within China, has an ethnic Mongolian population larger than the country of Mongolia.) Through the early 1920s, China and Russia both vied for control of Mongolia.

With Soviet support, Mongolia declared independence from China in 1921. For 70 years they were close allies until 1991, when the USSR collapsed.

²U.S. State Department, www.state.gov/r/pa/ei/bgn/2779.htm

³U.S. State Department, www.state.gov/r/pa/ei/bgn/2779.htm man Development Index is utilized by the United Nations to a country's measure level of development. It factors life expectancy, literacy, education, and GDP.

⁴ United Nations Statistics Division, www.data.un.org/CountryProfile.aspx?crName=Mongolia

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

⁸ Human Development Report 2007/2008, <http://hdrstats.undp.org/indicators/1.html>

⁹ World Development Indicators database, World Bank, www.web.worldbank.org

¹⁰ Human Development Report 2007/2008, www.hdrstats.undp.org/indicators/44.html

¹¹ Human Development Report 2007/2008, www.hdrstats.undp.org/indicators/3.html

During this period, as Sino-Soviet tensions increased, Mongolia's relationship with China also deteriorated. Once the Soviet Union withdrew from Mongolia, the country began a peaceful transition to a market economy and held its first democratic elections in 1990.¹² The Soviet Union's dissolution and withdrawal from Mongolia also meant an end to the substantial financial support provided to Mongolia. The lack of Soviet subsidies struck a serious blow, forcing the Mongolian government to ration common staples such as rice, sugar, tea, flour, and soap. "Neither the Mongolian government nor the international agencies sponsoring these dramatic steps had prepared for the human costs of these reversals in the economy."¹³

Unemployment rose drastically, inflation and poverty sky-rocketed, and the poor had marked difficulty simply obtaining food. Poverty and food insecurity were present in both urban and rural Mongolia. Also, urban areas such as Ulaanbaatar were confronted with sanitation and public health problems associated with massive waves of migration to the cities.¹⁴ Liberalization of social, political and economic life has resulted in progress, but not all of the population has benefited and inequities persist or have even worsened.¹⁵

Currently, Mongolia depends heavily on international assistance, which accounts for over 20% of its total gross domestic product. Eighty percent of this assistance is provided in the form of loans and credits, creating heavy debt obligations. The country meets huge challenges: "By 2004, despite thirteen years of one of the highest per capital levels of foreign aid to any country in the world, the Mongolian economy still faced considerable difficulties."¹⁶

Mongolian Education and Language

Education is compulsory through the eighth grade. The rate of literacy is extremely high, in the high 90th percentile among those 15 years and older.¹⁷ The USSR exerted considerable influence in Mongolia's educational system. Under pressure from the Soviet Union, Cyrillic (similar to the Russian alphabet) was adopted.¹⁸ The traditional Uighur script, written from top to bottom and left to right, was abolished in 1941. Since 1994, the traditional Mongolian script was reintroduced and to a limited extent has begun to be taught again in schools.

¹² U.S. State Department, www.state.gov/r/pa/ei/bgn/2779.htm

¹³ Rossabi, Morris. *Modern Mongolia: From Khans to Commissars to Capitalists*. Berkeley: University of California Press, 2005.

¹⁴ *Ibid.*

¹⁵ World Health Organization. Country Cooperation Strategy at a glance, www.who.int/countries/mng/en/

¹⁶ Rossabi, Morris. *Modern Mongolia: From Khans to Commissars to Capitalists*. Berkeley: University of California Press, 2005.

¹⁷ World Health Organization. Country Cooperation Strategy at a glance, www.who.int/countries/mng/en/

¹⁸ www.omniglot.com/writing/mongolian.htm

knowledge of their surnames. It is still common practice to address each other and refer to each other by only a single given name. However, in 2004, the Mongolian government required that everyone select a surname.¹⁹ A variety of approaches were used to select a surname. Some attempted to trace back their ancestors' roots and reclaim their previous clan names. Others have claimed names related to Chinggis Khan or other revered individuals. Another practice utilizes a father's given name as the child's last name. For example:

Father's Given Name:	Bataa
Daughter's Given Name:	Gerelmaa
Daughter's Surname and Given Name:	Bataagiin Gerelmaa ("-giin" equates to a possessive, <i>i.e.</i> , Bataa's Gerelmaa)

Women do not change their names upon marriage. Among Bay Area Mongolians, many naming practices are utilized and can cause confusion in record-keeping as the practice of using a surname is still a new one.

Customs.²⁰ Mongolians share certain customs with other Asian cultures. They prefer to use the right hand, especially when giving and accepting items from others. The left hand signifies anger or displeasure with the other person. People often roll their sleeves down and use their left hand to support the right elbow for more effect. The head is the most important part of the body and it is unacceptable to touch the head of a stranger.

Hats or garments worn above the waist (*e.g.* belts, sweaters, shirts, scarves) are not to be placed on the floor, as the dirty floor will affect the spirit connected to the clothing. Based on religious traditions, Tuesdays and Saturdays (to a lesser extent) are considered days of bad luck.²¹ As with many Asian cultures, monks are often consulted before setting dates for major events such as weddings, opening businesses, starting an important trip, and funerals. In the health care setting, a Mongolian patient may prefer to consult with a monk before setting a surgery date and may prefer not to have medical appointments scheduled on Tuesdays and possibly Saturdays.

Elders are held in high regard; men are respected as the host of the family and have a more dominant role. Guests are to receive hospitable treatment, even if they are strangers. In the company of others, third parties and friends may not be introduced. Water sources or fires are not to be tainted by waste and refuse. Mongolians believe that making noises while indoors, such as whistling inside a building or singing in bed, calls bad spirits and brings bad luck.²²

¹⁹ www.timesonline.co.uk/tol/news/world/article443769.ece

²⁰ As with any cultural group, wide variations exist in customs, cultural beliefs, and practices. In addition, these are not static and are influenced by environment and the acculturation process. A tool developed by Arthur Kleinman is helpful for gaining insight into an individual patient's or client's health beliefs and practices. Please refer to Appendix B.

²¹ Gerelmaa Bataa reports that some Mongolians believe that Saturday is considered a bad day for long trips and giving milk or other gifts.

²² www.mongolian-ways.com/customs.htm

Other customs primarily concern the *ger*, the one-room nomadic Mongolian domicile used both in the city and the countryside. *Gers* are circular buildings made of wood, felt, and thick cotton. A family will set up a *ger* by placing all household items and furniture along the inner wall, with a window at the top and a fire pit in the middle. The sanitation area for water is located near the entryway. All immediate and extended family members live together in one *ger*: parents, young children, adult children, grandparents, and in rural areas, even baby animals. Most families all live together in one *ger*; wealthier Mongolians may be able to afford two. When a son is of the age to be married, the parents prepare a new *ger* and the wife brings kitchen utensils and bedding. *Gers* are very easily assembled and disassembled by two or three people in an hour or so.

When poverty and unemployment brought massive migration to Ulaanbaatar, its population increased from 555,000 to 762,000, or 37%, between 1990 and 2000. Some of Ulaanbaatar's residents lived in apartment buildings, but many still lived in *gers*. "Because the state did not have the resources to provide housing, and private construction companies could not afford the high interest rates charged by banks, many newcomers lived in the *ger* (or tent) districts (now home to more than 60% of the population) on the fringes of the city."²³ Most of these *gers* lacked running water, adequate sanitation facilities, and central heat, but provided nonetheless a roof over residents' heads.

Holidays. Two major holidays are celebrated by Mongolians.

Naadam observes the anniversary of the 1921 establishment of the Mongolian People's Republic and freedom from Chinese rule. Observed July 11-13, the largest *Naadam* festivities take place in the capital, Ulaanbataar and include a large wrestling tournament, horse racing, and archery contests.

Tsagaan Tsar (Lunar New Year) and **Bituun** (New Year's Eve) festivities include celebrations, ceremonies, gift exchange, and visiting of relatives. This marks the beginning of spring following the bitter Mongolian winter.

Other holidays include Women's Day, Father's/Military Day, Children's Day, Teacher's Day, and the Gregorian calendar observation of New Year's Day on January 1, adopted from Russian tradition.

Mongolian Demographics in Alameda County²⁴

Population and Residential Locations

The Mongolian community has steadily grown since the most recent wave began arriving in the 1990s. There are currently an estimated 5,000-6,000 Mongolians in the San Francisco Bay Area, the majority of who reside in the East Bay. This increase in population can be attributed both to the continuing political and economic instability in

²³ Rossabi, Morris. *Modern Mongolia: From Khans to Commissars to Capitalists*. Berkeley: University of California Press, 2005.

²⁴ A description of the data gathering methodology and its limitations is included in Appendix A.

Mongolia and to the secondary migration of Mongolians from other U.S. cities, such as Chicago, Los Angeles, Seattle, and Denver. Other population pockets exist in Arlington County, Virginia; Utah County, Utah; Cook County, Illinois; and Los Angeles County, California.²⁵

Many Mongolian immigrants in the San Francisco Bay Area appear to live in Alameda and Contra Costa Counties, with the great majority residing in Oakland. Of the 99 Mongolian patients registered with Asian Health Services as of 12/31/2008, residency was reported as follows:

Residence of AHS Mongolian Patients (n = 99)									
Oakland				58.6%	San Leandro				7.1%
ZIP	#	%			ZIP	#	%		
94612	32	32.3%			94577	6	6.1%		
94611	14	14.1%			94578	1	1.0%		
94610	7	7.1%			Berkeley				2.0%
94606	3	3.0%			94702	1	1.0%		
94607	1	1.0%			94706	1	1.0%		
94609	1	1.0%			Pleasanton				2.0%
Alameda				28.3%	94566				2.0%
94501	28	28.3%			2	2.0%			

In Oakland, Mongolians reside predominantly in the downtown Oakland area with concentrations in particular apartment buildings, such as Hill Castle Apartments at Jackson and 14th Streets (approximately 100 persons), apartment buildings at Harrison and 14th Streets, and another on Madison Street. Another concentration is in the area of Piedmont Avenue in apartment buildings on Fairmont Avenue and Piedmont Apartments on Piedmont Street. In Alameda, approximately 100 Mongolians live in the Summer House apartments in the vicinity of College of Alameda.²⁶

Immigration Status and Years in the U.S.

The majority of Mongolians in the Bay Area are recent immigrants. Of the Mongolian patients seen at SLHP from 10/1/07 – 9/20/2008, close to 90% resided in the U.S. for fewer than seven years.

A significant segment of the community appears to be undocumented. Mongolians commonly arrive in the U.S. on non-immigrant visas such as tourist, student, or business

²⁵ 2000 U.S. Census Data compiled by US English Foundation, www.usefoundation.org/userdata/file/research/Languages/mongolian.pdf

²⁶ Observations of Gerelmaa Bataa.

visas. As they enter the U.S., the lengths of the visas are often reduced. Many continue to live here even after their visas expire.

Registration data from AHS indicates that only a small percentage (15%) of its Mongolian patients has an immigration status (citizen, naturalized citizen, permanent resident, refugee, or asylee) which allows them to receive Medi-Cal or Healthy Families. One-third of their patients hold expired visas. Another 29 Mongolian patients' immigration status is unknown since they did not or could not provide immigration documents. However, it is likely that many of these patients have expired visas and are unable to legally reside in the U.S.

Immigration Status of Mongolian Patients Seeking Health Services	
Mongolian patients registered with AHS as of 12/31/08, n=99	
Status	Number of Patients
U.S. Citizen	4
Naturalized U.S. Citizen	1
Permanent Resident	7
Refugee	1
Asylee	2
Non-immigrant visa (<i>e.g.</i> , visitor, business, student visa)	22
Status 99 (expired non-immigrant visa, undocumented)	33
Unknown	29

Education

The majority of Mongolian immigrants arrive in the U.S. with high levels of education, but with very limited English and practically no knowledge of U.S. culture and health care systems. The high levels of educational attainment in Mongolia are reflected in the local community.

Educational Attainment of Patients Seeking Health Services	
MHAP Survey, 10/1/07 – 9/30/08, n = 119	
Highest Schooling Completed	Rounded to nearest %
University	81%
High school	15%
Middle school	1%
Elementary school	2%
No education	1%

English Language Proficiency

Of the same 119 patients surveyed, less than 10% reported speaking English “very well” or “fluently.” Sixty percent reported speaking either “a few words of English” or “no English” at all. Middle-aged Mongolians typically understand some Russian, a phenomenon of the Soviet influence in Mongolia’s educational system and attendant opportunities to study at Russian universities. Most younger Mongolians do not speak Russian unless they attended a Russian school.

Employment

Of those participating in the survey at SLHP, restaurants were most frequently reported as a place of employment.

A significant number reported being unemployed.

Employment of Patients Seeking Health Services MHAP Survey, 10/1/07 – 9/30/08, n = 119	
Type of Employment	Rounded to nearest %
Restaurant	38%
Unemployed	16%
Automotive	8%
Construction	7%
Day Laborers	5%
Other (childcare, laundry, grocery, hotel, etc.)	28%

Community Assets

Though small in numbers and recently arrived, there a number of community groups, two religious groups, and media outlets active in the Mongolian community. Partnerships and working relationships have also been established with a few other existing groups and organizations to address the needs of the community.

Authors of this report are aware of only a few bilingual and bicultural Mongolian-English speaking staffs who are employed in health and social service organizations in the Bay Area. (See page 22 for more detail.)

Community Groups

Bay Area Mongolian Association

This association, led by D. Luvsanjambaa, primarily organizes cultural, community, and fundraising events. It also sponsors visits from representatives of the Los Angeles Mongolian consulate to assist with immigration, travel documents to Mongolia, and arrangements for sending the deceased back to Mongolia. They initiated a Yahoo Group

called “Bay Area Mongolians” (see below). Occasionally, the group has hosted health sessions with visiting health practitioners from Mongolia.

Mongolian Women’s Group

The Mongolian Women’s Group was initiated in 2008 by Suren Nayantai. Her mission was to preserve the knowledge and practice of Mongolian culture in the U.S. and help the community better adjust to life in this country. They organize cultural events and offer classes in English as a Second Language, computer literacy, driver’s education, and other topics requested by the community. Their website, <http://www.mglwomen.com> contains Mongolian ads and announcements for community events.

Ger Youth Center

Formerly called the Mongolian Youth International, this group was established in 2006 with the purpose of developing an understanding of Mongolian culture amongst Mongolian youth in the U.S. They organize cultural events such as Children’s Day celebrations and Children’s New Years events to promote the Mongolian language and pride in their heritage. Their website, <http://www.gercenter.org/site/>, posts information about Mongolian culture and publicizes Bay Area events.

Lincoln Square Recreation Center - Mongolian Basketball Session

This group began as a women’s basketball practice at Lincoln Square Recreation Center in July 2008 in preparation for a Mongolian basketball tournament which drew participation throughout the U.S. Over time, female participation has been edged out by young male participants on Monday nights. The group ranges in age from 16 to 30 years and is now 76% male and 24% female. With the support of Ben Fay (former representative of the Mongolian consul in Los Angeles), Henry Chang, Jr. (former Oakland City Councilman), and Gilbert Gong (Center Director of Lincoln Square Recreation Center), a 2-hour Mongolian basketball session was funded for a year.

Religious Organizations

First Mongolian Christian Church

Located in Oakland, near Lake Merritt, this church is led by Pastor “Ogi,” Otgonbayar Luvsan. Started in 2006, his congregation has grown to about 70 members. The church organizes cultural events, social activities, a Mongolian language school for children, and community services to help newcomers. These activities are available to church members and those interested in becoming involved with the church. In addition to assisting members of his congregation with their health and social service needs, Pastor Ogi has been supportive of collaborative efforts to address the needs of the East Bay Mongolian community. However, he is tremendously busy trying to address the broad array of needs.

Tibetan Center for Compassion and Wisdom (Buddhist Temple)

The Tibetan Center for Compassion and Wisdom located in Mill Valley, CA opened a branch in Oakland in 2002. Located at 16th and Jefferson Streets, the center holds a monthly ritual service intended for Tibetans, Mongolians, and Chinese in the area. The H. E. Arjia Rinpoche (the only Mongolian high lama) frequently led meditations, chantings, and teaching sessions until he relocated to Bloomington, Indiana. The center is used for special religious functions, such as visits from guest monks and for funerals. While not hosting as many religious functions as before, the center has been used by the Mongolian

community for meetings, recreational activities, and other social functions. The Bay Area Mongolian Association has an office at the center.

Media Resources

Bay Area Mongolian Association Yahoo Group

The Bay Area Mongolian Association initiated a Yahoo Group, a list-serve by which people can share information with all registered members. People register by sending an email to bay_area_mongolians@yahogroups.com. The Mongolian Yahoo Group is used mostly for personal information and exchange; members post when they want to sell something, rent an apartment, exchange items, look for a roommate, or advertise an event. Mongolian social groups post advertisements for their cultural and leisure events, such as New Years parties. It seems to be widely viewed by Bay Area Mongolians and has been a useful resource for posting health information.

Dayarmongol Website [www.dayarmongol.com]

Based in Indiana, the Dayarmongol website is written in Mongolian and provides newspaper articles, events, and information about Mongolians worldwide. Space is available to comment on articles, but one must contact the administrator to post information.

Medeelel Website [www.medeelel.com]

Hosted by Mongolians on the east coast, the Medeelel website has video clips, Mongolian music, and advertisements in Mongolian .

Other Community Resources

East Bay Refugee Forum

Established over 25 years ago, Catholic Charities of the East Bay convenes a monthly meeting of the East Bay Refugee Forum to discuss, strategize, and coordinate services for refugees and asylees. Meetings are attended by refugee resettlement organizations, community organizations, and health and social service organizations. Refugee resettlement agencies who attend the forum generally provide services only for refugees and asylees who have legal status. Since many Mongolians are undocumented, they are ineligible for services. However, a few Mongolians have asylee or refugee status and have received assistance with resettlement, job development, and immigration .

The English Center

The English Center is an educational non-profit organization located at Jack London Square in Oakland. They provide classes in English as a second language, technology and career readiness training, cross-cultural communication and career preparation. Twelve Mongolian students were enrolled in classes in 2009.

Tremendous Need for More Community Resources

Despite the existing groups and resources available to the East Bay Mongolian community, many needs are still unaddressed. The community is fortunate to have strong leadership and community support for organizing social and cultural events. However, the community is still evolving in its capacity to advocate for, organize, or deliver services to address its health and social service needs.

Furthermore, existing health and social services organizations appear to be grappling with how to serve this small limited-English-speaking population. Two trained English-Mongolian on-call interpreters are available to assist with on-site interpretation needs on a fee basis. One is available through AHS' Language and Cultural Access Program on a limited basis. Some Mongolian capacity is also available through phone interpreting agencies.

Community Desire for a One-Stop Community Center

At two Mongolian community focus groups, several community members expressed the desire for a community center where community members could access health and social services in one place.²⁷ In addition, the suggestion was raised to include space for low-cost or free recreational and sports facilities.

²⁷ See Appendix A for description of focus group discussions held with Mongolian community members.

HEALTH NEEDS AND ISSUES

Health Care in Mongolia

During the Soviet era, Mongolia's health care system was centrally planned and organized by the Mongolian government. Services were offered without charge. Since then, a free market fee-for-service model is emerging alongside the government health care system. Clinicians and pharmacists frequently operate a private clinic or pharmacy along side their duties at government facilities. Fees are now charged in both settings.

Health Indicators

While the average patient to physician ratio is high relative to other Asian nations, according to the World Health Organization (WHO), a large discrepancy exists between Mongolia's urban areas (44.1 physicians per 10,000 persons) and its rural areas (18.1 physicians per 10,000 persons).²⁹

Health Indicators – Mongolia²⁸	
2007	
Life expectancy at birth--male	63 years
Life expectancy at birth--female	70 years
Under-5 mortality	22 per 1000 live births
Maternal mortality	90 per 100,000 live births

²⁸ World Health Organization, Regional Office for the Western Pacific. www.wpro.who.int/countries/2008/mog/health_situation.htm

²⁹ Data for 2007 from the World Health Organization, Regional Office for the Western Pacific. www.wpro.who.int/countries/2008/mog/national_health_priorities.htm

Leading Causes of Death

Leading Causes of Death, All Ages Mongolia, 2007 ³⁰	
CAUSES	Number of Deaths
Circulatory system diseases	5,677
Tumors and neoplasm	3,162
Injuries, poisoning, and other consequences of external causes	3,028
Digestive system diseases	1,435
Respiratory system diseases	605
Perinatal conditions	494
Infectious and parasitic diseases	371
Genitourinary diseases	275
Nervous system diseases	272
Congenital malformations, deformations, and chromosomal abnormalities	169

Communicable Disease

According to WHO, communicable disease deaths have decreased and non-communicable deaths related to lifestyle and behaviors are increasing.³¹ However, a 2003 report by the Centers for Disease Control and Prevention states that Mongolia “continues to confront four major chronic infections: hepatitis B and C, brucellosis, tuberculosis, and sexually transmitted diseases.”³²

Immunizations

Immunization rates indicate that a national campaign, begun in 1991, to increase coverage has succeeded. In 2007, the reported immunization coverage is between 95-99% for the following:

³⁰ *Ibid.*

³¹ “Country Cooperation Strategy at a glance” www.who.int/countries/mng/en/, Country brief.

³² Ebright JR, Altantsetseg T, Oyungerel R. Emerging infectious diseases in Mongolia. *Emerg Infect Dis* 2003 Dec. Available from: www.cdc.gov/ncidod/EID/vol9no12/02-0520.htm

Immunizations of $\geq 95\%$ Coverage in 2007 ³³			
BCG-	Bacille Calmette Guerin vaccine for TB ³⁴	Hib3	3 rd dose of Haemophilus influenza type B vaccine
DTP1	1 st dose of diphtheria toxoid, tetanus toxoid and pertussis vaccine	MCV	Measles-containing vaccine
DTP3	3 rd dose of diphtheria toxoid, tetanus toxoid and pertussis vaccine	MCV2	2 nd dose measles-containing vaccine
HepB1	Hepatitis B birth dose	Pol3	3 rd dose of polio vaccine
HepB3	3 rd dose of Hep B vaccine		

Tuberculosis

The National Statistical Office of Mongolia states that “Tuberculosis is one of the pressing public health problems in Mongolia today and is the third most prevalent infectious disease.”³⁵ WHO reports 2007 prevalence at 234 cases per 100,000 persons. They also report multi-drug-resistant TB as 1% among all new TB cases and 26% among previously treated cases.³⁶

Viral Hepatitis

While the national immunization program has succeeded in significantly reducing the incidence, viral hepatitis (A, B, and C) remains the most commonly reported infection. “The impact of chronic hepatitis remains a major health problem for the country. Hepatocellular carcinoma is the most common malignancy in Mongolia.”³⁷

Reproductive, Maternal, and Child Health

In 1989, contraceptives and therapeutic abortions were legalized. Contraceptive use among married women increased during the period of 1996 to 2000, from 28% to almost 40% according to the United Nations Population Fund.³⁸ Indicating a growing use of contraceptives, an even higher rate of 53% was reported for 2007.³⁹ Population Reference Bureau reports IUDs as the most commonly used birth control method at 29%,

³³ Data for 2007 from the World Health Organization. www.who.int/vaccines/globalsummary/immunization/timeseries/tscoveragebycountry.cfm?C=MNG

³⁴ The BCG coverage rate in 1980 was reported at 51% and steadily increased since then, achieving 95% or greater coverage consistently since 1997.

³⁵ More cases of STIs and hepatitis A were reported than TB in 2005 according to the Ministry of Health Mongolia. www.wpro.who.int/NR/rdonlyres/A53C66DE-2BDE-40A4-AE8C-A8B4BEE5Ccaa/-/05dcc.pdf

³⁶ <http://apps.who.int/globalatlas/predefinedreports/tb/index.asp?strSelectedCountry=MNG>

³⁷ Ebright JR, Altantsetseg T, Oyungerel R. Emerging infectious diseases in Mongolia. *Emerg Infect Dis*, 2003 Dec. Available from: www.cdc.gov/ncidod/EID/vol9no12/02-0520.htm

³⁸ “Personalizing Population, Background on Mongolia.” www.unfpa.org/focus/mongolia/background.htm

³⁹ World Health Organization, Regional Office for the Western Pacific. www.wpro.who.int/countries/2008/mog/health_situation.htm

followed by injection and contraceptive pills both at about 11%.⁴⁰ The Mongolian government has requested assistance with efforts to lower their abortion rates.

The National Statistical Office of Mongolia reports that sexually transmitted infections are the leading communicable disease, with greater than 30% prevalence amongst pregnant women in a 2002 national survey.

While making considerable progress, maternal mortality is still high with a rate of 90 deaths per 100,000 live births in 2007.⁴¹ This is often attributed to the challenges of women accessing care in rural areas.

Efforts to decrease the under-five mortality rate per 1000 live births made substantial progress, decreasing from 87.5 in 1990 to 22.1 in 2007. In addition, the infant mortality rate per 1000 live births decreased to 17.8 in 2007 from 63.4 in 1990. Iodine and iron deficiency rates are still problematic with 22% of children five years or younger being anemic.⁴²

Alcohol and Tobacco Use

Among men in Mongolia, between 15-64 years, 43% reported smoking daily, with rates from 57% - 60% among men of 25-54 years.⁴³ Rates for women were much lower. Daily smoking rates were highest for women between the ages of 55-64 with an 11% rate. Between the ages of 35-54, rates are 6-7%.⁴⁴

A Mongolian Ministry of Health report published in 2006, states, "Alcohol dependence and the harm done by alcohol have become of major public health and social concern in Mongolia."⁴⁵ In the same report, alcohol dependency is reported as 13.6% of the total population--22% amongst men and 5% amongst women. One conclusion of the report is that "the level of daily, weekly and monthly episodic heavy drinking was very high."⁴⁶ Alcohol consumption amongst women is increasing, particularly in urban areas. Vodka, beer, wine, and the traditionally prepared milk vodka and fermented mare's milk are the commonly consumed alcoholic beverages. Incidence of chronic liver disease, domestic

⁴⁰ Population Reference Bureau, Reproductive Health Data.
www.prb.org/Datafinder/Geography/Data.aspx?sn=true&category=16®ion=172®ion_type=2

⁴¹ World Health Organization, Regional Office for the Western Pacific.
www.wpro.who.int/countries/2008/mog/health_situation.htm

⁴² *Ibid.*

⁴³ World Health Organization, Global Infobase. 2005 data.
<http://apps.who.int/infobase/reportviewer.aspx?rptcode=ALL&uncode=496&dm=8&surveycode=102580a1>

⁴⁴ *Ibid.*

⁴⁵ "Epidemiological Study on Prevalence of Alcohol Consumption, Alcohol Drinking Patterns and Alcohol Related Harms in Mongolia." Funded by the World Health Organization and jointly published by the Ministry of Health of Mongolia, WHO, and Center of Mental Health and Narcology, Mongolia.
<http://moh.mn/moh%20db/HealthReports.nsf/32fe9f3e7452a6f3c8256d1b0013e24e/1380506cf1d8d8e1c825718c0012c0ed?OpenDocument>

⁴⁶ *Ibid.*

violence, and accidents are reported as strongly link to high alcohol consumption in the country.

Mongolian Community Health Care in Alameda County

Health Resources with Mongolian Language Capacity

Mongolian Health Access Project (MHAP)

Mongolian Health Access Project (MHAP) began in March 2006 in partnership with Street Level Health Project (SLHP) in Oakland. It is an all-volunteer project initiated and staffed by Kathy Ahoy, Public Health Nurse, and Gerelmaa (“Elma”) Bataa, a Mongolian interpreter and other volunteers. A leading source of health information for Mongolians in the East Bay, it conducts outreach and education activities on accessing health services and health topics. Though constrained by human resources and limited funding, it also provides volunteer interpreting services when possible. MHAP works with local community organizations to improve access to services for the Mongolian community. Though its primary focus is health care, the glaring lack of other social services often compels them to assist as they can in other areas too.

Street Level Health Project (SLHP)

Street Level Health Project (SLHP) is a nonprofit organization dedicated to improving the health and well-being of underserved, urban, immigrant communities in the Bay Area. Located in the Fruitvale neighborhood of Oakland, it provides an entry point to the health care system for underserved, uninsured, and undocumented immigrants. As of January 2009, 250 Mongolian patients had been served at SLHP. Together, MHAP and SLHP provide free basic health care services for the Mongolian community in the Bay Area on a drop-in basis. SLHP provides the space, infrastructure, and clinician to provide basic health screenings, health education, counseling, and referrals. Typically, referrals are made to Asian Health Services, Alameda County Medical Center, and UC Berkeley’s School of Optometry.

Through June 2009, SLHP has grant support to fund some hours of Mongolian interpreting, cultural brokering, navigation services, and referral services each week. Gerelmaa Bataa, through MHAP provides additional volunteer hours.

Asian Health Services (AHS)

As a community health center, Asian Health Services (AHS) provides a broad scope of health care services including primary care, preventive health, dental, nutrition, behavioral health, perinatal, youth services, and health education. Serving a diverse multilingual Asian immigrant population, AHS enrolled its first Mongolian patient in 2004. In 2007, Gerelmaa “Elma” Bataa was hired as AHS’ first bilingual/bicultural Mongolian staff member on a part-time basis with a grant from the San Francisco Foundation.

Half of her time was contributed to SLHP to support medical service delivery. The other half was spent at AHS. During this period, she assisted community members to enroll at AHS and become eligible for subsidized health programs. As of 5/28/2009, 146 Mongolian patients were enrolled at AHS. During 2008, 56 patients received care at the

clinic, resulting in 290 medical visits. Gerelmaa Bataa assists community members to apply for subsidized health programs, interprets, mediates cultural differences, provides education and information, translates written health documents, and arranges referrals to lab, diagnostic testing, and specialty services at other health organizations.

Alameda County Medical Center (ACMC)

Alameda County Medical Center (ACMC) is a county public health center comprised of Highland Hospital, Fairmount Hospital, and three ambulatory clinics. While no bilingual Mongolian staff or interpreters are available at ACMC, the community is regularly referred to ACMC since they serve undocumented individuals and are often the only source of specialty care. Interpreting is provided via telephone. In 2008, ACMC utilized the service 58 times for Mongolian patients.

Mongolian Community Health Issues⁴⁷

Age and Gender of Patients Seeking Health Care

Similar to general U.S. health care utilization patterns, women comprise a significant majority of the Mongolian patients seeking care at both SLHP and AHS. At SLHP, 58% were female and 42% were male for the period of 10/1/07 – 9/30/08. An even greater proportion of Mongolian patients seen at AHS were female: Of the 56 patients seen in 2008, 39 or 70% were female. Hiring male community health staff may be an important step to connect Mongolian men with the health care system, particularly given the distinct gender roles in the Mongolian community.

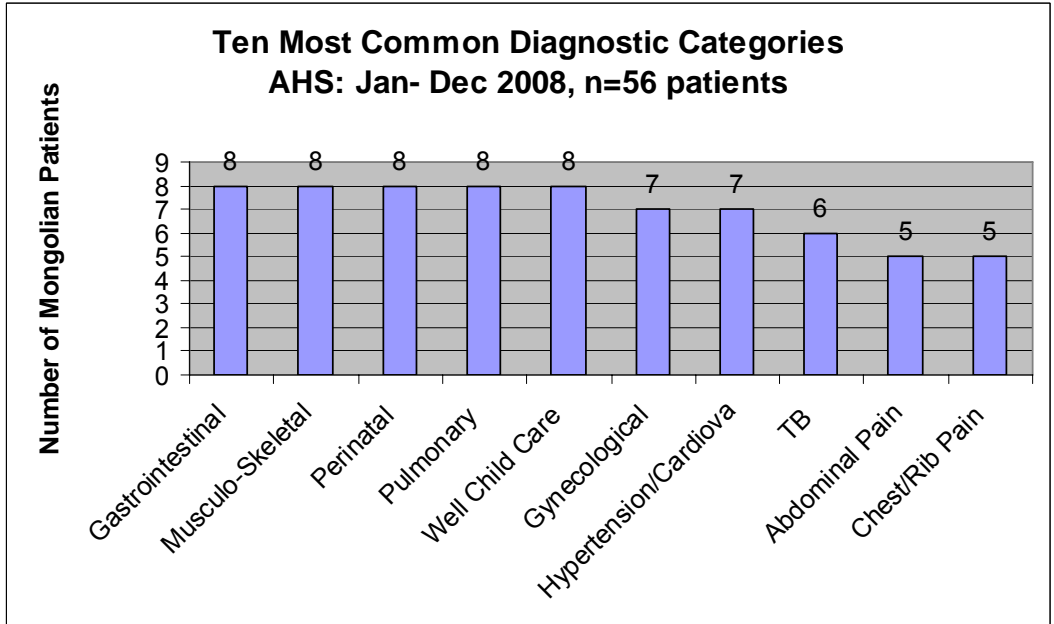
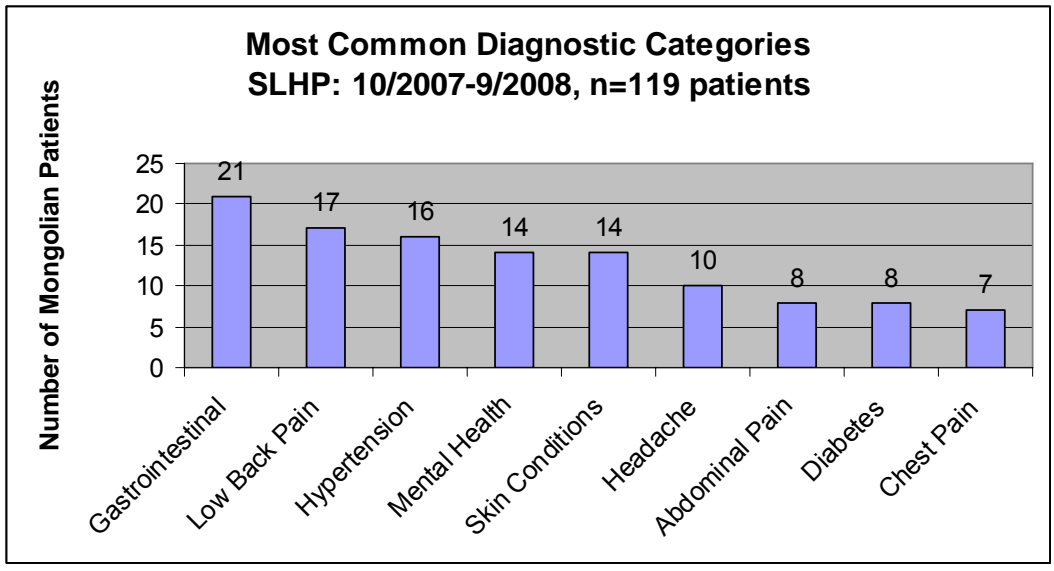
The majority of patients seeking care at both AHS and SLHP were between 31 and 50 years old; 61% for AHS and 60% for SLHP⁴⁸. At AHS, patients under the age of 20 years old comprised a somewhat larger percentage of patients than at SLHP (19% versus 8%).

Most Common Health Problems

The most common diagnostic categories at SLHP and AHS are presented below. It is important to keep in mind that the data is drawn from a relatively small number of patients (119 at SLHP and 56 at AHS). Moreover, the scope of services available at each site also greatly impacts the types of diagnoses and services utilized. For example, SLHP does not offer female reproductive health services but refers patients out for those needs. As a result, these needs are not reflected in their data. AHS offers obstetric and gynecological services and related diagnoses are significantly represented in their data. Lastly, the method each clinic used to gather and categorize its diagnostic data also impacts what is presented here.

⁴⁷ A description of the data gathering methodology and its limitations is included in Appendix A.

⁴⁸ Sixty-one percent represents 60 of 99 patients registered at AHS as of 12/31/2008.



Tuberculosis of Particular Concern

Alameda County data indicates that five Mongolian TB cases were reported between 2002 and 2005 with at least one multi-drug resistant case. Furthermore, among the 56 Mongolian patients seen at AHS in 2008, six were diagnosed with tuberculosis. This is a significantly high number for a group of this size. Due to their data collection and reporting for the period of 10/1/2007 – 9/30/2008, TB data is not available for the SLHP data set.

Women's Health

The relatively young age of the population in Mongolia (about two-thirds under the age of 30)⁴⁹ appears to be reflected in the community here. As a result, women's reproductive health needs are a common concern. When combining the number of obstetric and gynecologic cases at AHS, it actually becomes the most common diagnostic category.

⁴⁹U.S. State Department, www.state.gov/r/pa/ei/bgn/2779.htm

Eight pregnant women enrolled with AHS for perinatal services in 2008. The seven gynecological patients were seen for vaginitis, infertility, irregular menses, and follow-up on abnormal PAP smears, among other reasons.

From March 2006 through December 2007, MHAP donated interpreting services at Planned Parenthood Golden Gate. During this period, approximately 30 women accessed care there. By far, the most common reason for seeking services was for contraception. A few women required follow-up on IUDs which had been placed quite some time ago. In addition, some women accessed care for pregnancy testing, therapeutic and spontaneous abortions, infertility, ovarian cysts, urinary tract infections, yeast infections, and testing for sexually transmitted infections and HIV. They also received breast exams, pap smears and pelvic exams, and physical exams.

Gastrointestinal and Musculo-Skeletal Health Issues

At both clinics, the two most common diagnostic categories were 1) gastrointestinal problems (e.g., dyspepsia, gastritis, irritable bowel syndrome) and 2) musculo-skeletal problems (e.g., low back pain, chest/rib pain, sciatica).

According to Kathy Ahoy, Alameda County Public Health Nurse and Gerelmaa Bataa many of the musculo-skeletal problems are related to community members' occupations which are often physically demanding.

Chronic Diseases

With chronic diseases becoming more prevalent in Mongolia, we anticipate the same pattern to emerge here in the U.S. Patients with hypertension, hyperlipidemia, and diabetes were treated at both clinics.

Well Child Check-Ups and Immunizations

During 2008, AHS followed eight children with well-child checks and numerous immunizations.

Mental Health and Behavioral Health

The Mongolian community faces a number of stressors such as high numbers of members without legal status, crowded living conditions, challenges in employment, binge drinking as an accepted practice, limited access to community resources, and others. Not surprisingly, the community is also experiencing many mental health and behavioral health issues.

Dr. Wallin at SLHP estimates that 30% of the Mongolian patients are depressed, stressed, and experience other mental health problems (such as anxiety, insomnia, panic disorders, alcohol and drug abuse, poor memory, post-traumatic stress disorder, and anger management). Along with trying to cope with the stresses of life in the U.S., many Mongolian women worry about the children they may have left back in Mongolia. AHS reports similar issues and refers patients to in-house behavioral health specialists.

Alcohol Abuse and Domestic Violence

A WHO report on alcohol in Mongolia, notes that alcohol abuse has been cited as possibly Mongolia's "biggest stumbling block to economic and social progress, with women

especially falling victim to a daily round of vodka-fueled violence.”⁵⁰ The same report cites a United Nations Development Report that “indicates that 72% of serious crime (murder, violent robbery, and attacks) are alcohol-related.”⁵¹

Patterns of alcohol consumption (*i.e.*, high consumption and binge drinking) and the resultant problems occurring in Mongolia⁵² also occur in the East Bay. These drinking practices, in conjunction with crowded living situations (often five to eight people in one apartment), create great tensions, leading to neighborhood disturbance, domestic violence, and even murder and suicide.

As in many communities, open discussion of alcohol abuse and domestic violence is generally avoided. Mongolians believe family problems should be kept within the family. The situation is further exacerbated when families lack legal status since wives in abusive relationships avoid calling the police out of fear the whole family will be deported.

These problems all indicate a need for education about and treatment for alcohol addiction and abuse, anger and stress management, as well as domestic violence.

Challenges in Accessing Health Care

Lack of Health Insurance Coverage

A major issue for the community is their limited eligibility for low-income health care programs. The high rate of undocumented in the community often results in unreliable income and low wages. Furthermore, their undocumented status leaves them ineligible for many programs.

The data for 77 Mongolian patients, assisted by AHS with health insurance eligibility counseling, reflects this difficult situation. With interpretation and navigation assistance, 29 applied and qualified for Medi-Cal coverage.⁵³ The remaining 48 were ineligible for any insurance coverage. Many were eligible for the discounted County Medical

Insurance Status of Mongolian Patients	
Mongolian Patients Receiving Health Insurance Eligibility Counseling at AHS in 2008, n=77	
Status	Number of Patients
Uninsured	46
Medi-Cal*	29
* Includes various types of Medi-Cal (capitated, CHDP, restricted, pending, OB presumptive, etc)	

⁵⁰ “World Health Organization Global Status Report on Alcohol 2004.” www.who.int/substance_abuse/publications/en/mongolia.pdf

⁵¹ *Ibid.*

⁵² “Epidemiological Study on Prevalence of Alcohol Consumption, Alcohol Drinking Patterns and Alcohol Related Harms in Mongolia.” Funded by the Worlds Health Organization and jointly published by the Ministry of Health of Mongolia, WHO, and Center of Mental Health and Narcology, Mongolia. <http://moh.mn/moh%20db/HealthReports.nsf/32fe9f3e7452a6f3c8256d1b0013e24e/1380506cf1d8d8e1c825718c0012c0ed?OpenDocument>

⁵³ If threats to eliminate full-scope Medi-Cal services for immigrant with less than five years in this country are approved, many Mongolian community members will lose their Medi-Cal eligibility.

Services Program (CMSP) available to the low-income and undocumented. These services are delivered through the network of Alameda County community health centers and Alameda County health facilities. Yet, as the economy has weakened and the number of unemployed increased, so have the number of uninsured. These facilities are overwhelmed with individuals often desperate to access the limited resources available. Additionally, holders of tourist, business, and student visas are ineligible for CMSP.

Lack of Knowledge on Accessing and Utilizing Health Services

Despite the general utilization of Western medicine in Mongolia, utilization of East Bay health services appears to be limited. Through surveys and focus groups, it was found that Bay Area Mongolians rarely saw a doctor since arriving in the U.S. Of the 31 Mongolians participating in the basketball group at Lincoln Square Recreation Center, 26 had not accessed health care.

The Mongolian community lacks awareness and knowledge of the local health care system. This includes:

- ☛ Lack of awareness of the existence of and how to qualify for low-cost health services. Over the past few years, Gerelmaa Bataa can see the community has begun to grasp that health care programs for the low-income are available to help offset some or all of their health bills. However, there is still some suspicion as to why they must bring income statements, proof of residency, and passports to apply and fear that information revealing an undocumented status might lead to deportation.
- ☛ Fear of health care costs. Stories of community members who received astronomical bills for health services, lead others to avoid seeking care until they cannot tolerate putting it off any longer.
- ☛ Lack of awareness that undocumented status is not necessarily a disqualifier for the County Medical Services Program (CMSP) which is designed for low-income individuals who do not qualify for other programs. There is also suspicion that submitting documents which reveal their undocumented status could result in deportation.
- ☛ Confusion over the need to select a primary care provider and stay with that provider. On the other hand, there is also confusion about referrals to another physician for specialty care.
- ☛ Bewilderment and frustration with eligibility screening; the need to make, keep, and cancel appointments; and waiting times.

Undocumented Immigrant Status

For those who have overstayed their visas, concerns related to revealing their lack of legal status often win-out over their need for health care. Often in tenuous work circumstances, they are reluctant to take time off for medical visits for fear of retaliation from bosses and lost wages. Those who are undocumented, frequently move to elude immigration officials and therefore, also have difficulty in providing proof of residence.

Few Bilingual Mongolians Employed in Health Care

At the time this report is written, authors are only aware of three bilingual Mongolian-English community members who work in health care in the Bay Area. All three have

completed the Health Care Interpreter Certificate Program at City College of San Francisco. One is employed part-time at Asian Health Services and Street Level Health Project and volunteers with the Mongolian Health Access Project. Another works at the Family Health Center, Newcomers Health Program located at San Francisco General Hospital as a Mongolian and Russian interpreter. The third works at a nursing home. More recently, we have become aware that two bilingual Mongolian-English community members have completed medical assistant courses and are looking for related positions.

However, we are not aware of any bilingual staff employed at other health or social service organizations in Alameda County. Yet less than 10% of the community speaks English “well” or “very well” and language is a significant barrier to understanding and accessing health and social services. Young Mongolian adults from the basketball group reported language as a major challenge. They sometimes bring family or friends but typically go by themselves and only “understand half” of what the doctor says and recommends. Even those who speak more English report they find themselves bewildered by the clinician’s instructions and leave not knowing what they should do.⁵⁴ This same concern was echoed by teens and adults at a focus group held at the Mongolian Christian Church.⁵⁵

Western and Traditional Mongolian Medicine

A 2002 report indicates that Western medicine is widely accepted and utilized in Mongolia. A survey of 90 residents of Darkhan, Mongolia (then the second largest city) found that 51% used Western medicine exclusively, 38% used both Western and traditional Mongolian medicine, and 8% used traditional services exclusively.⁵⁶ Traditional Mongolian medicine was viewed as particularly effective in treating headaches and head injuries.⁵⁷ This study was conducted with urban residents and there are likely to be different patterns of acceptance and utilization by those in rural areas.

Mongolians tend to view Western medicine as curative as opposed to one that promotes health or prevents disease. Perhaps this is related to their experience of the Soviet introduction of western medicine, technologies, and medications through a hospital-based system. A primary care preventive infrastructure was not well-developed.⁵⁸

Traditional medicine include therapies such as massage, physiotherapy, cupping, ultra-violet and ultrasonic wave therapy, acupuncture, inhalations, moxibustion, walking on crystals, herbs, religious rituals, and prayer. Treatment with various types of water is also practiced. Traditional medicine was condemned and suppressed from the 1930s and up to 1990. However, it was secretly practiced and has re-emerged. In contrast to many countries, it is now formally incorporated into Mongolia’s overall health system through practitioner training, research, and conferences.⁵⁹

⁵⁴ Focus group held 9/22/08 at the Mongolian basketball session at Lincoln Square Recreation Center.

⁵⁵ Focus group held 1/20/08 at Mongolian Christian Church.

⁵⁶ Bernstein JA, Stibich MA, LeBaron S. Use of traditional medicine in Mongolia: a survey. *Complementary Therapies in Medicine*. 2002 Mar; 10(1):42-5.

⁵⁷ *Ibid.*

⁵⁸ www.mongolianembassy.us/eng_about_mongolia/social.php

⁵⁹ Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review. <http://apps.who.int/medicinedocs/en/d/Jh2943e/9.10.html#Jh2943e.9.10>

Limited Understanding of Western Medicine

Though willing to access Western medicine, there is a limited understanding of the U.S. system of health care and its diagnostic and treatment procedures. This may seem counter-intuitive given the community's high educational attainment from a strongly Soviet-influenced educational system. Nonetheless, there seem to be striking differences in understandings of health care.

For example, a few community members have expressed confusion with how Western doctors can diagnose internal problems through just a medical interview and without actually seeing inside the body, either through imaging studies or surgery. Others believe that acetaminophen or ibuprofen are "magical" medicines that are specific to a particular doctor. Dr. Wallin at SLHP sometimes dispenses samples of these medications for low back pain, a common complaint among their Mongolian patients. One man, even after moving back to Mongolia, returned to SLHP to request the same medication which had immensely helped his son. He believed that the medications in America and from Dr. Wallin were better than those in Mongolia.

The public health and preventive health services available from the previously centralized health system was often delivered at schools and workplaces. As a result, the practice of seeking out preventive health care is an unfamiliar one. With limited health resources available, traditional Mongolian medicine and good eating were the most common forms of health maintenance. Good nutrition is often understood as consuming red meat and foods high in fat during the winter and dairy products during the remaining nine months.

Alternative Methods of Accessing Health Care

Data collected through surveys and two focus group discussions, indicates that it is almost standard practice for local Mongolians to self-diagnose⁶⁰, seek diagnostic advice from providers in Mongolia, or seek another opinion and medication from a doctor in Mongolia if the U.S. treatment is not perceived to work. Relatives in Mongolia often serve as go-betweens receiving phone or e-mail descriptions of symptoms from the U.S. and communicating them to a Mongolian doctor who reaches a diagnosis and mails Mongolian medications to the U.S. Alternatively, the medications are purchased at Russian pharmacies in San Francisco since the medications sold there have Russian names written in Cyrillic and are more familiar. Use of antibiotics for self-diagnosed infections is also a popular treatment. In addition, Gerelmaa Bataa also reports that the services of traditional Chinese medical doctors, particularly in Oakland Chinatown, are frequently utilized for herbs, cupping, and acupuncture.

⁶⁰ As observed by Gerelmaa Bataa, back pain is often self-diagnosed as kidney dysfunction, gastrointestinal pain as ulcers, and chest pain as the symptom of pneumonia. There also seems to be a belief that environmental factors such as hot steam from working in dry cleaning businesses or cold outdoor air causes vaginal yeast infections.

RECOMMENDATIONS AND NEXT STEPS

- ☛ **At least 2-4 bilingual, bicultural Mongolian community members should be employed in Alameda County’s health care safety net to carry out community outreach and education, interpreting, system navigation, referrals, and other linkage roles.** Currently, only one known bilingual staff is employed within the Alameda County safety net.⁶¹ The size of the Mongolian community may not warrant that each health care organization hire a full-time bilingual Mongolian staff. However, bilingual hires at key points in the local health care safety net would immensely improve access for this new emerging community.
- ☛ **Health care organizations should contract with and utilize on-site, on-call Mongolian-English interpreters (through agencies or independent contractors) or telephonic and video interpreting services.** As required by many federal and state statutes, as well as administrative regulations and managed care contracts, health care organizations are obligated to provide health care interpreting for their limited English speaking patients. Aside from hiring bilingual staff, contracting for and utilizing interpreting services is another effective strategy to provide meaningful access. Three Mongolian community members have completed training in health care interpreting and another three are anticipated to begin in fall 2009.⁶² Human resources are available to address the language access issues and we should make the most of what they have to offer.
- ☛ **Provide flexibility to safety net providers to serve Mongolian community members with non-immigrant visas (e.g., student, business, and tourist visas) as uninsured undocumented patients.** Immigrants from Mongolia frequently enter the U.S. on student, business, or tourist visas, which are valid for periods typically ranging from 6 weeks to 12 months. During this period of valid visas, they are ineligible for CMSP. Safety net providers should be provided the flexibility to serve this group similarly as they serve the undocumented on CMSP—without the need for proof of residency and income or undocumented status.
- ☛ **Build capacity in the East Bay Mongolian community for civic participation that results in documenting, organizing, and advocating for the needs of their community. Engage Mongolian men** to help surface and address the health needs of men in the community, such as preventive health, domestic violence, alcohol abuse, and recreational needs. The local Mongolian community is experiencing many of the survival challenges faced by other new arrivals to the US. However, some in the

⁶¹ Gerelmaa Bataa is employed part-time at Asian Health Services and Street Level Health Project.

⁶² Reported by Nora Goodfriend-Koven with San Francisco City College’s Health Care Interpreter Certificate Program.

community are starting to recognize the necessity of civic engagement to bring light to their community's needs and create solutions to address those needs. Men and women should be encouraged to participate in this critical community building process to ensure that needs of all segments of the community are addressed.

- ☛ **Support the creation of a local community center where new emerging communities can bring synergistic efforts to bear on common needs and issues.** The Mongolian community's needs, though reflective of its own unique historical experiences, are similar to other new emerging communities' needs. At a joint community center, other new and established communities could share lessons learned for successful life in the U.S. A common community center would also provide health and social service organizations an obvious starting point for outreach and education to new communities.
- ☛ **Educate the Mongolian community about accessing and utilizing health care in the U.S.** Mongolian community groups as well as existing Asian community organizations have roles to play in educating the community. The internet provides a cost-effective strategy for reaching a community with high rates of literacy in Mongolian and familiarity with the web.
- ☛ **Develop the capacity of Asian community organizations to serve the Mongolian community and provide needed social services such as mental health, job development, legal issues, youth services, alcohol abuse, domestic violence, etc.** Establish referral mechanisms between health and social service organizations for Mongolian clients. Support linkage development between Mongolian community groups and Asian community organizations to raise awareness, educate, identify potential resources, and develop strategies to address the community's needs.

Appendix A

Survey Methodology and Limitations

Several factors present challenges in compiling demographics on the Mongolian community in Alameda County, including the:

- ☛ Recent arrival of Mongolians to the San Francisco Bay Area,
- ☛ Categorization of Mongolians as “other Asians” in the 2000 U.S.Census, and
- ☛ High percentage of undocumented Mongolian community members.

Three main sources of health data for Mongolians in the East Bay are drawn upon for this report:

- a) Community surveys administered by Mongolian Health Access Project at Street Level Health Project, Planned Parenthood Golden Gate, Mongolian Christian Church, Lincoln Square Recreation Center, and other community events from 2006 – 2008.
- b) Patient data collected and compiled by Kim Barstow, Case Manager and Clinic and Volunteer Coordinator, at Street Level Health Project during the period of 10/1/2007 – 9/30/2008. Patients were asked to fill out intake questionnaires when registering as new patients.
- c) Asian Health Services’ data on a total of 99 Mongolian patients registered with the clinic from 1/1/2004 - 12/31/2008; 77 patients who received health insurance counseling in 2008; and 56 patients receiving care during 2008.

In addition, two community discussions were held with Mongolian community members at the Mongolian Christian Church (1/20/08) and Mongolian basketball session at Lincoln Square Recreation Center (9/22/2008).

Other community information was gathered through key informant interviews with Gerelmaa Bataa, Kathy Ahoy, PHN, Laura Perez, Executive Director at Street Level Health Project, Dr. William Wallin with Street Level Health Project, and Pastor Otgonbayar “Ogi” Luvsan with Mongolian Christian Church.

Limitations of the data presented in this report result from its collection through a survey using a convenience sample of those seeking clinical services at Street Level Health Project (SLHP) and attending community events. Data from Asian Health Services (AHS) is drawn from its patient care management system data base. For both SLHP and AHS data, the sample sizes are small (n=119 and n=57, respectively) and are skewed by the types of services offered and the demographics of the patients seeking services. While generalizations cannot be made for all Mongolians in the San Francisco Bay Area, our intent is to present general background and highlight apparent trends and issues in the community.

Appendix B

Arthur Kleinman's Eight Questions

Arthur Kleinman is a physician, cross-cultural psychiatrist, and global mental health expert at Harvard University. He designed the following questions to assist clinicians elicit patients' views of their health conditions.⁶³

An understanding of general health beliefs and practices of a community is a useful starting point in working with a patient from an unfamiliar culture. However, given the diversity within any community, these questions are useful for understanding a particular patient's outlook on their health condition. They enable a clinician, or other health care provider, to avoid stereotyping and appropriately address an individual patient's concerns.

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a short or long course?
6. What kind of treatment do you think the patient should receive? What are the most important results you hope s/he receives from this treatment?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

⁶³ Kleinman, AK, Eisenberg, L, Good, B (Feb 1, 1978). Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Ann Intern Med*, 88: 251-258.