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February marks ***American Health Month*** and cardiovascular diseases (primarily heart disease and stroke, remain the leading causes of death and disability in the United States and many industrialized countries. As a Filipino-American, this is a highly relevant topic as the limited research available has shown that Filipino-Americans are at increased risk of complications and death from cardiovascular disease. In Cook County (IL), we have the largest Filipino American population in the Midwest and also one of the 10 largest in the nation. Many Filipino-Americans (including myself) also refer to one another as *Kababayans* (countrymen and countrywomen) and reside in large concentrations within the City of Chicago and surrounding areas such as Niles, Skokie and Bolingbrook.

US Counties with Largest Filipino Populations	
Los Angeles County, CA	328,877
San Diego County, CA	146,216
Honolulu County, HI	139,375
Santa Clara County, CA	88,783
Clark County, NV	88,508
Alemeda County, CA	87,326
San Mateo County, CA	67,884
Cook County, IL	**63,642**
Riverside County	49,369
Contra Costa County, CA	46,552

As a former health educator, I have had the privilege of working with several culturally diverse Asian immigrant communities across the Chicago metropolitan area. I have also seen first-hand the benefits of community-based education as a means to improving health literacy when working with such populations. Immigrant populations are vulnerable to serious health disparities, and experience worse health outcomes including higher rates of morbidity and mortality, than other segments of society. Immigrants suffer disproportionately from cardiovascular disease, cancer, and diabetes and these health risks demand effective health communication to help them recognize, minimize, and respond effectively to potential health problems.

Yet, while the need for effective communication about health risks is particularly acute, it is also tremendously complicated to effectively reach these vulnerable populations with the myriad of cultural and language barriers. I strongly believe that communication interventions to educate vulnerable populations need to be strategic and evidence-based and it is important to adopt culturally sensitive communication practices to reach and influence these populations. This is why I continue to be an advocate for language and cultural concordance in health promotion programs at the Asian Health Coalition.

In closing, there needs to be multiple strategies at the individual, environmental and systems levels to reorient healthcare reorient around the ever changing population dynamics of cultural diversity, growing numbers of elderly, and those unable to negotiate an increasingly complex health system. All levels of government and communities must assess the consequences of health professional shortages, safety net provider closures and conversions, and new marketplace pressures in terms of their effects on access to care for vulnerable populations including immigrants.