

# IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

## Filipino Community Needs Assessment Summary Report

### RESEARCH TEAM

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## BACKGROUND

In January and February 2004, the research team conducted one focus group and two individual interviews to assess the health needs of the Filipino community of Montgomery County. Six community members shared their insights of health access issues with the project team. Among them, four were physicians from the Filipino community. The participants consisted of a fairly diverse representation of Filipino professionals in the County, including two officials from County government agencies responsible for health and social affairs, three practicing physicians (specializing in pediatrics, OB/GYN and psychiatry), and one private sector press officer. In July 2007, the research team met with eight (three males and five females) Filipino physicians to review and update the first needs assessment report. Focus group participants had different medical backgrounds, including a cardiovascular surgeon, clinical geneticist, OB/GYN, and a psychiatrist, among others. The Census bureau estimates there are about 7,000 Filipino community residents in Montgomery County, although the group suggested that the actual number of residents may exceed this.

## 1 | HEALTH CONDITIONS

### a. General Health Issues

This group expressed needs similar to those expressed by other Asian communities in the County. They were concerned about diabetes, hypertension, high cholesterol, hepatitis,

heart disease, cognitive impairment, arthritis, colon and liver cancers, alcohol dependence, and cigarette smoking. They attribute some diseases, such as high cholesterol, hypertension, diabetes and metabolic syndrome, to changes in their diet since they moved to the United States. They reported that tuberculosis may be a concern among new immigrants who might not seek the appropriate care to treat the disease.

### b. Mental Health Issues

Cognitive impairment, as a result of dementia, was also considered a problem among aging Filipinos, but they did not consider dementia rates different from other aging populations. According to the group, dementia is hard to diagnose and many cases go undiagnosed. Depression among seniors was reported as fairly common. Possible explanations might be isolation due to lack of transportation, living in a different environment and in a different culture, or being alone in their children's home all day long. The group mentioned that the Filipino Senior Association has regular activities for seniors to address the issue of isolation. However, they have not heard of similar centers or programs in Montgomery County.

Participants believed that depression and emotional difficulties were among the most common problems for Filipino children and teenagers, particularly among those from new immigrant families. In terms of potential contributing factors, the group discussed that it might involve a lower level of acculturation (for new immigrants) and potential cultural stigmatization towards mental illness. Also, youth may have a hard time adjusting to the American culture as many Filipino adolescents may not be allowed to partake in common activities such as sleepovers, or dating, for example. Participants suggest that pediatricians must be able to identify these types of stresses and give appropriate information to the parents.

One participant mentioned that young adults are particularly susceptible to depression, which may lead to suicide. Moreover, they mentioned that the Filipino community in general, not just in Montgomery County, has high rates of adult and young adult suicide rates.

### c. Vulnerable Groups

**Seniors:** For senior citizens, this community believes that the uninsured and those ineligible for Medicare face the most serious access barriers. Senior citizens are confronting health problems such as high cholesterol, high blood pressure and osteoporosis, and are adversely affected by the lack of transportation.

**Children and Adolescents:** Besides the mental health issues youth face, participants also mentioned that nutrition and obesity might be a problem in this group. They attribute this to the American diet children eat.

**Women:** Osteoporosis was discussed as one of the major health challenges confronting Asian women who often lack adequate amounts of calcium and vitamin D. They attribute this to the fact that the Filipino women do not drink milk and avoid the sun, a potential source of vitamin D. For those women with health insurance, having access to preventive services and screenings was not a problem. However, for those who lack health insurance, preventive health care was difficult to access. Even if they wanted to, they were not able to afford it. When asked about domestic violence, participants mentioned that this was not a concern. In fact, physicians commented that although some complained about marital problems, they have never been consulted on domestic abuse issues.

## 2 | HEALTH SERVICE UTILIZATION

### a. Access Barriers

Participants considered that cultural attitudes about health and medicine might pose a barrier to accessing timely health services. They explained that Filipinos might feel uncomfortable knowing what disease they have, or having other community members find out. Moreover, lack of health insurance is the highest potential health access barrier, followed by the lack of transportation, health promotion/education related programs and activities, and the lack of knowledge of health information and resources available to them. They indicated that certain community members were at a higher risk of being uninsured. These include 1) newly-arrived immigrants (e.g., those sponsored by their U.S. relatives as new migrants here), 2) retired senior citizens (who have never worked in the United States and have not yet reached age 65), and 3) the undocumented population. Participants mentioned that Filipinos without health insurance may be reluctant to go to the Pan Asian Clinic and accept free services. They suggest educating them and explaining that the clinic is run with tax money and in some way they are paying for the services they receive. The use of alternative medicine was reported common in the community.

### b. Preventive Services

Accessing preventive services and screenings largely depends on having health insurance and sufficient information regarding their importance. Some participants mentioned that colon cancer screening is more common now in the community, but in the past Filipinos rarely had this type of screening. Some participants mentioned that screenings for hepatitis, Pap smears, mammography, and mental health services are needed in the community.

## 3 | RECOMMENDATIONS

### a. Health Education

Participants mentioned that Filipinos need more health information about appropriate screenings, local resources they can access, low cost health services, and mental health services. Faith-based organizations (primarily churches and mosques) are an important part of the Filipino community. Participants recommended that the County work with the faith-based organizations to provide health information and coordinate health programs. In addition, they suggested that the County ensure that service providers and researchers are culturally sensitive in dealing with the issues among this community.

In addition, compared with other subgroups, the Filipino community was much more fluent in the English language and had fewer language barriers than other Asian groups. In terms of the lack of community health resources, many members of this group expressed the need of having a Filipino community center to provide preventive care, health education, and follow-through for an entire continuum of care.

### b. Disseminating Health-related Information

This group has a strong volunteer pool and over 80 community organizations, including Holy Cross Clinic and other professional associations in the Washington, D.C. area. They also have two local newspapers (Manila Mail and FilAm Image) and Filipino Cable TV that provide potential channels for health information dissemination.

### c. Improving Access to Health Services

The group suggested that the County consider the “Linkage to Learning” model, popular among the Hispanic community, and work with community organizations to provide outreach and social program guides such as where to get insurance and whom to talk to when facing health problems. They suggested that additional health education programs be offered in schools and churches, and that the County provide health information in newsletters or electronic newsletters to be distributed to the community on a regular basis. In the short term, the community requested that the Pan-Asian Volunteer Clinic, a very well-known and trusted organization among the Chinese/Korean community, extend their services to the Filipino community. Several physicians expressed strong interest in learning more information about participating in the Clinic activities. In the long term, this community expressed the need for a community center for its members. Lastly, the fact that the Filipino American community appeared to have the tendency to either neglect or be unwilling to acknowledge mental health problems was similarly across many Asian subgroups, and thus warrants special notice. This may suggest the need for more culturally-appropriate, accessible screening programs for mental health problems for these particular Asian subgroups.

## SUMMARY

Participants in the Filipino focus groups concurred that mental health, diabetes, cardiovascular disease, cancer, and hepatitis are important health concerns in their community. Seniors and young adults were particularly susceptible to depression and stress and suggested more culturally appropriate mental health services be promoted in the community. Based on the results of the interviews, this group seems more independent, and has fewer perceived language barriers compared with those expressed by other Asian American communities in the County. Expressed needs seem to center around health promotion, preventive service, and mental health screening and treatment. Participants felt that medical screening of childhood depression is important, and bringing the families in and getting them involved would be a great help to the family and the community. One potential challenge is to reach out to the most vulnerable populations of the community, including undocumented community members.