

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

Thai Community Needs Assessment Summary Report

RESEARCH TEAM

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Date of focus group: May 19, 2007, July 7, 2007

BACKGROUND

In May and July of 2007 the MAAHS conducted two focus groups with 24 Thai community members at Wat Thai Temple in Silver Spring, Maryland. Findings from both focus groups were combined and are reported jointly. A total of 12 participants took part in the first focus group (four males and eight females). This group in general represented the disadvantaged Thai community. Seven participants were over 50 years of age, nine had a high school diploma or less, and most had family income of less than \$30,000. Only three participants were employed at the time and held jobs as a baby sitter, mechanic, and research assistant. Seven participants did not have health insurance.

The second focus group was attended by a diverse group of nine community members (five male and four female). In terms of age, most participants were relatively young; six were under 40 years of age. This group represented the professional Thai community. Four participants held a Master's degree and three had a Bachelor's degree; others were college students. They were mainly employed in professional jobs such as medical research, international relations, and accounting. All participants had health insurance.

1 | HEALTH CONDITIONS

a. General Health Issues

According to participants in both focus groups, seasonal allergies, hypertension, diabetes, and arthritis or joint problems were the major health concerns affecting the Thai community. Most participants reported experiencing seasonal allergies for the first time in the United States. Hypertension and diabetes were both identified as serious health concerns that most attributed to their traditional diet rich in sugar and carbohydrates.

Many identified arthritis and joint or bone problems as persistent problems in the community. Participants offered some explanations for this problem, for example lack of milk and calcium in their diet, and common occupations that demand physical activity such as cleaning houses or standing for long periods of time as in waiting tables and cooking at restaurants. Hepatitis B and tuberculosis apparently are not problems among Thais in Montgomery County but might still be prevalent in Thailand.

When asked about substance use, participants mentioned that although smoking is very prevalent in Thailand, and is common among Thais in the County, many quit smoking due to the high cost of cigarettes, smoking restrictions in public places, and increased awareness of adverse health effects. Smokers tend to be younger and are usually male. Women seldom smoke as it is frowned upon in the community. Alcohol was not considered an important issue. They acknowledged that Thais do drink, however they perceived that Thais consume less alcohol than other communities. Participants also explained that many Thais frequently socialize in the temple, Wat Thai, where alcohol is prohibited.

b. Mental Health Issues

Participants in both groups recognized that stress is affecting many community members as they work long hours to provide for their families. However, they did not consider serious mental health conditions such as depression and anxiety, among others, as important to their community. According to participants, Thais are Buddhist and manage stress or depression with meditation. They also explained that the Thai community is a close-knit group of people who are very hospitable and take care of each other. They socialize with each other frequently and thus lead a very healthy psychosocial lifestyle. In the event they need help or counseling they will seek the help of monks first, and seldom visit a mental health professional.

Participants mentioned that the younger generations might be more susceptible to stress and depression. They raised concerns about the adjustments youth must make to American culture and achieving a balance between both cultures. One participant mentioned that it is important for Thai parents with school-aged children to be aware of mental health conditions such as

attention deficit disorder and hyperactivity. This condition is not well known to the community parents, and they may ignore symptoms or fail to recognize the importance of treatment.

c. Vulnerable Populations

Seniors: Besides the above-mentioned diabetes, hypertension and arthritis, lack of social relations among seniors was considered an important issue. Participants explained that many seniors live with their children and lack transportation to come to the temple or socialize with other friends.

Children and Adolescents: Alcohol use and abuse was not considered a main concern for adolescents. Participants acknowledged that there might be a group of Thai adolescents who drink or use drugs, perhaps at college campuses, but it was not widespread throughout the community. Younger participants recognized, however, that their personal group of friends were highly involved in the temple activities and did not represent the larger youth community. When asked about nutrition and weight issues among this population, participants mentioned that dietary changes were common among immigrants, and many incorporated American food into their traditional Thai diets. However, there was no consensus whether Thai children and adolescents were significantly overweight.

Women: Besides the health issues described above, participants mentioned breast cancer as a common health issue in the community. Female participants have not heard about many cases of domestic violence in the community.

2 | HEALTH SERVICES UTILIZATION

a. Access Barriers

The Thai community faces similar access issues as other Asian communities. Lack of health insurance is the main barrier to access health services. Those who have health insurance find prescription medications and co-payments expensive, particularly if they have to go to multiple specialists or conduct multiple laboratory tests. Those who do not have health insurance will delay going to the physician until the pain or discomfort becomes unbearable. Language was also mentioned as an important barrier. Many Thais do not feel comfortable discussing health issues in English. They explained that it is difficult for them to explain in English the exact symptoms they have, or understand the physician. A common complaint of participants was the way physicians asked questions. According to them, physicians only dedicate a few minutes per patient and ask many questions—expecting a quick response from patients. Participants explained that many Thais feel uncomfortable and confused with this approach.

Participants reported that getting to the health clinic is somewhat difficult for some community members. Many, particularly seniors, lack transportation to go to the doctor's office. Others work long hours or go to school and do not have time to go, or can't find clinics that are open late in the evenings and weekends. Community members who have language barriers prefer having a chaperone who provides transportation as well as translation.

Given the high cost of prescription medication and their lack of health insurance, participants stated that many will self-medicate by bringing medications from Thailand. Even if they get a prescription by a Thai physician in the County, they will purchase their medications abroad. They feel more comfortable using a medication they recognize and have used before and have more confidence in its efficacy. They recognized that the main problem of self-medicating is that patients could fail to follow up with their physician to monitor the disease.

Home remedies, such as tiger balm and herbs, are also very popular among the Thai community. Some participants mentioned that even the temple keeps a cabinet with tiger balm so that community members could have access to it. Tiger balm has become mainstreamed among the Asian communities and can be easily accessed at local drug stores as well.

b. Preventive Health Services

The same barriers that keep Thais from accessing health services also hinder their access to preventive health services and screenings. One participant pointed to the fact that young Thai professionals with health insurance also fail to schedule regular check-ups and screenings. Participants reported that many community members might not be aware of the importance of screenings, such as blood pressure and blood glucose tests.

c. Physician Preference

Some participants reported that they preferred going to a Thai doctor. According to some, Thai physicians are more hospitable and speak their language; therefore they feel more comfortable with them.

3 | RECOMMENDATIONS

a. Health Education

Participants mentioned that the community overall seem to lack a basic understanding of how the body works, how several illnesses affect the body, and how to prevent them. They also have problems explaining to the physician the specific symptoms that they have. Therefore, it is important to provide health information on basic health concepts, basic medical terminology to improve patient-provider communication, the importance of screenings as well as the rec-

ommended screening schedule, and lifestyle changes to prevent chronic illnesses. However, there is a cultural barrier that should be addressed and it is the attitude that one only goes to the physician when one is very sick, and not for prevention.

b. Disseminating Health-related Information

Participants suggest that any health-related intervention, such as health fairs, health education presentations, and printed literature be conducted or disseminated in Thai so that all community members can benefit. The local Thai community has a newspaper publication that can promote or announce programs and services to the community. Participants mentioned a Thai TV network based in California that also covers activities in Montgomery County. They suggested this medium to promote activities or cover health-related activities in the community. Posting information at Asian and Thai grocery stores was also mentioned as an effective channel. However, participants consider the temple, Wat Thai, as the clearinghouse for community-related information. The monks at the temple also play an important role in disseminating health information. Monks are usually the first point of contact community members use when they need physical and mental health care.

c. Improve Access to Health Services

To improve Thais' access to curative and preventive health services, participants recommended a variety of programs. First, access to low-cost health insurance is essential to provide low-income and vulnerable Thais with appropriate health coverage. However, many, particularly seniors and new immigrants, need translation or language hotlines, transportation services, as well as health clinics with extended work schedule to accommodate the time restrictions of the working and student population.

SUMMARY

According to focus group participants, the Thai community is afflicted with seasonal allergies, hypertension, diabetes, and arthritis or joint problems. Dietary lifestyles, occupational hazards and lack of adequate preventive services were partly responsible for them. Mental health was not identified as a concern. Buddhism, frequent meditation, and a strong community network were considered community strengths that prevented mental health issues such as depression and isolation. However, youth might be vulnerable to stress during their adjustment to American culture.

Thais' access to curative and preventive health services are hindered by a lack of health insurance, language barriers, traditional operational hours of health clinics, and the unawareness of the importance and recommended schedule of screenings and preventive services. As a result

of these barriers, many Thais do not visit the physician in a timely manner or conduct frequent screenings. Also, they self-medicate by purchasing and bringing prescription medication from Thailand and using traditional and Chinese remedies. To address these barriers and improve the health and well-being of the community, participants recommend offering health education materials and lectures to increase awareness of preventive services and chronic illness prevention, as well as communication skills to use with the physician. Any health-related information could be addressed through the temple, Wat Thai, which acts as the clearinghouse of community activities. Moreover, access to low-cost and appropriate health insurance could have a significant effect in increasing community members' access to health care.