



Immigration and Health Disparities in Asian Americans

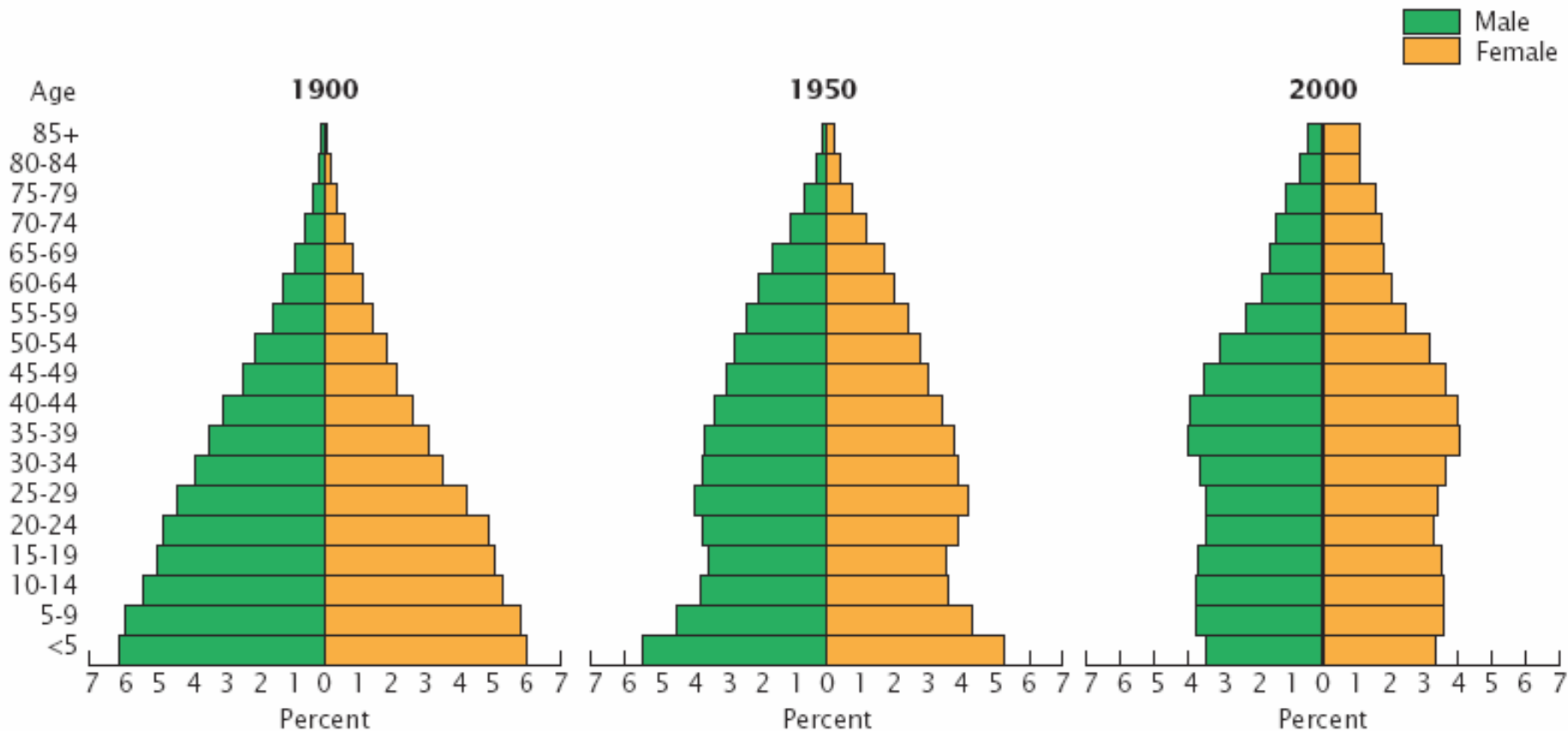
Walter Tsou, MD, MPH

Montgomery County, MD


May 5, 2006

Demographics of America: Where are our children?

Age and Sex Distribution of the Total Population: 1900, 1950, and 2000




Source: U.S. Census Bureau, decennial census of population, 1900, 1950, and 2000.



Loss of Youth will profoundly influence America

- Impact on entitlement funding
- Impact on tax burden on youth
- Impact on future labor pools



Choices are limited for encouraging more children

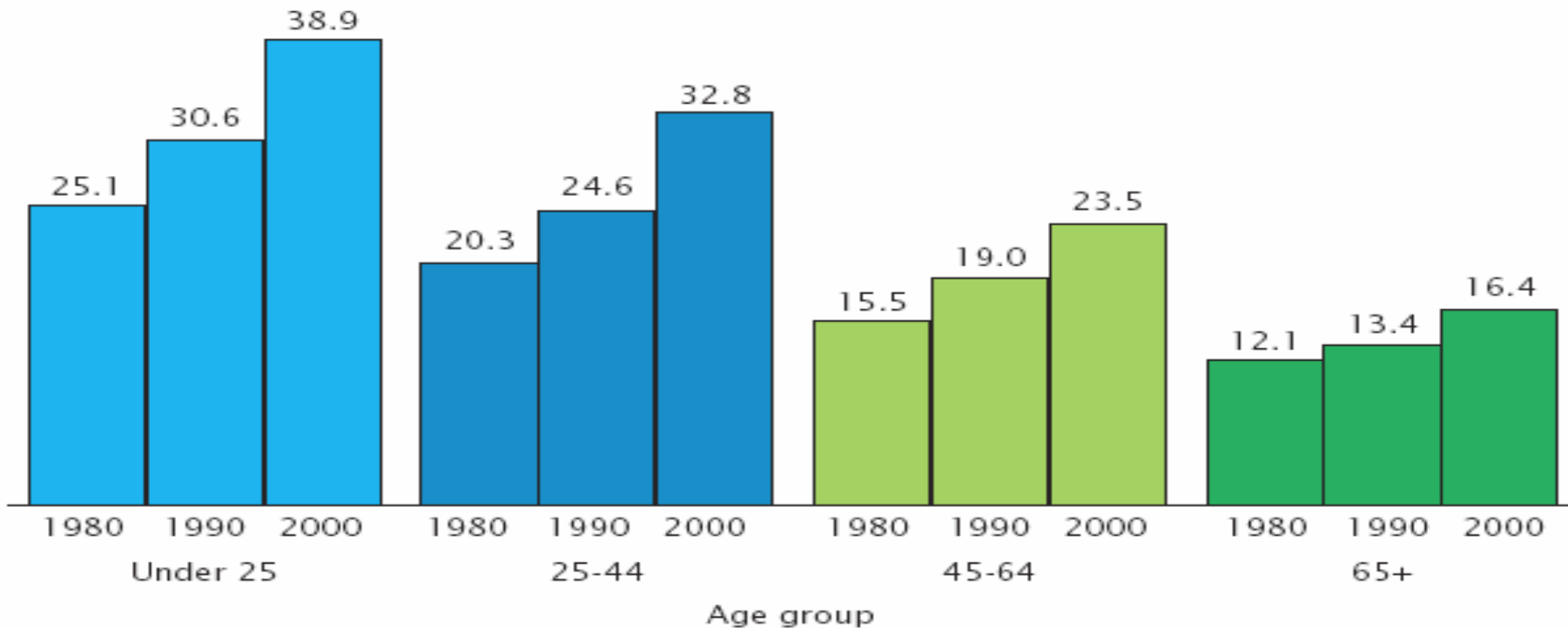
- Bonus for mothers?
- Liberalize immigration laws

Two sides of immigration?

- New blood for labor pool
- Diversity is treasured
- Bilingual /bicultural
- Helps grow cities and communities
- Most are treasured
- Taking jobs from Americans
- Uniformity is treasured
- English only
- Burden on cities and communities
- Most are terrorists

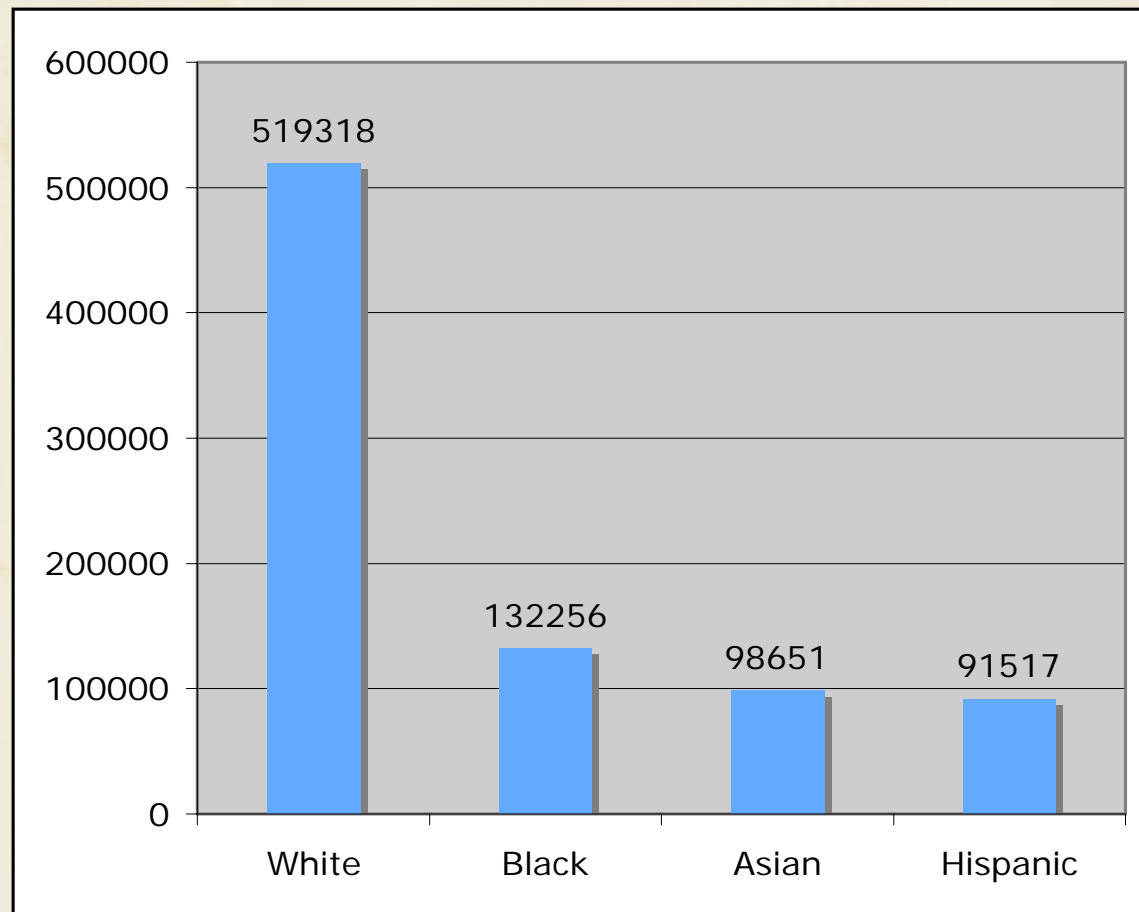
The New Face of Children will be increasingly diverse

Percent Minority by Broad Age Group: 1980 to 2000



Source: U.S. Census Bureau, decennial census of population, 1980 to 2000.

Asian pop in Montgomery Co approaches 100,000



Source: US Census, 2000

73% Asians are born overseas

Population Groups - Montgomery County, Maryland	Foreign Born	Naturalization Rate of Foreign Born
Total Population	27%	43%
White (Non-Hispanic)	10%	52%
Black or African American	27%	34%
American Indian and Alaska Native	22%	35%
Hispanic or Latino	65%	31%
Asian Total	73%	52%
Asian Indian	74%	47%
Bangladeshi	83%	44%
Cambodian	65%	60%
Chinese, except Taiwanese	70%	56%
Taiwanese	76%	67%
Filipino	73%	49%
Hmong	N/A	N/A
Indonesian	73%	17%
Japanese	57%	18%
Korean	75%	58%
Laotian	68%	80%
Malaysian	N/A	N/A
Pakistani	80%	48%
Sri Lankan	83%	34%
Thai	72%	40%
Vietnamese	81%	67%

Source: Asian Pacific Islander Health Forum, Montgomery Co, MD

Recent immigrants face poverty

Population Groups - Montgomery County, Maryland	Below Federal Poverty Line	200 % of Federal Poverty Line	Public Assistance Income	Median Household Income	Per Capita Income
Total Population	5%	14%	1%	\$71,551	\$35,684
White (Non-Hispanic)	3%	8%	1%	\$81,521	\$44,621
Black or African American	9%	24%	3%	\$51,074	\$23,215
American Indian and Alaska Native	8%	20%	4%	\$56,469	\$25,617
Hispanic or Latino	11%	32%	2%	\$52,042	\$17,026
Asian Total	6%	16%	2%	\$67,974	\$26,280
Asian Indian	5%	13%	1%	\$81,031	\$30,387
Bangladeshi	6%	24%	3%	\$62,361	\$25,023
Cambodian	19%	35%	12%	\$55,972	\$16,499
Chinese, except Taiwanese	5%	14%	2%	\$69,937	\$28,666
Taiwanese	9%	16%	3%	\$95,281	\$30,818
Filipino	3%	15%	1%	\$67,471	\$24,007
Hmong	N/A	N/A	N/A	N/A	N/A
Indonesian	8%	37%	0%	\$48,000	\$16,696
Japanese	6%	13%	0%	\$69,583	\$32,604
Korean	8%	17%	2%	\$56,478	\$22,303
Laotian	7%	15%	0%	\$60,536	\$18,048
Malaysian	N/A	N/A	N/A	N/A	N/A
Pakistani	6%	27%	2%	\$60,500	\$18,603
Sri Lankan	10%	29%	0%	\$61,522	\$24,281
Thai	6%	22%	0%	\$56,397	\$19,461
Vietnamese	7%	21%	5%	\$58,527	\$18,857



Title VI of the Civil Rights Act of 1964

- Requires provision of benefits without discrimination based on race, color or national origin.
- Linguistic access to health services
- Language assistance must be provided at no cost



Current policies discourage immigrants

- Health and welfare are often the first service needed by immigrants
- Incredibly complex rules of payment



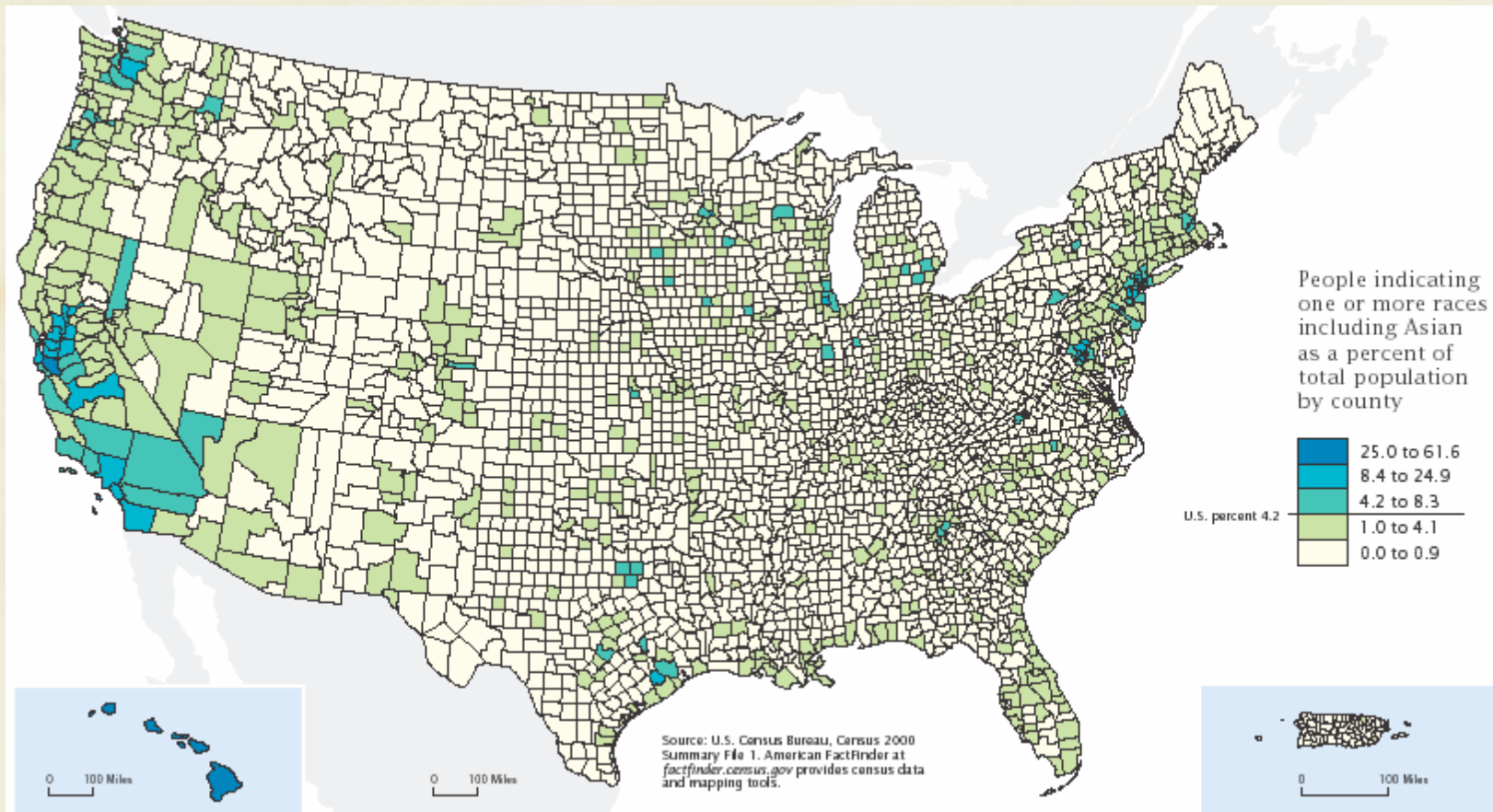
The Fear of Being an Immigrant

- Accessing health care
- Health professional role in disparity?
 - Helping hand?
 - Deny benefits based on visa status?

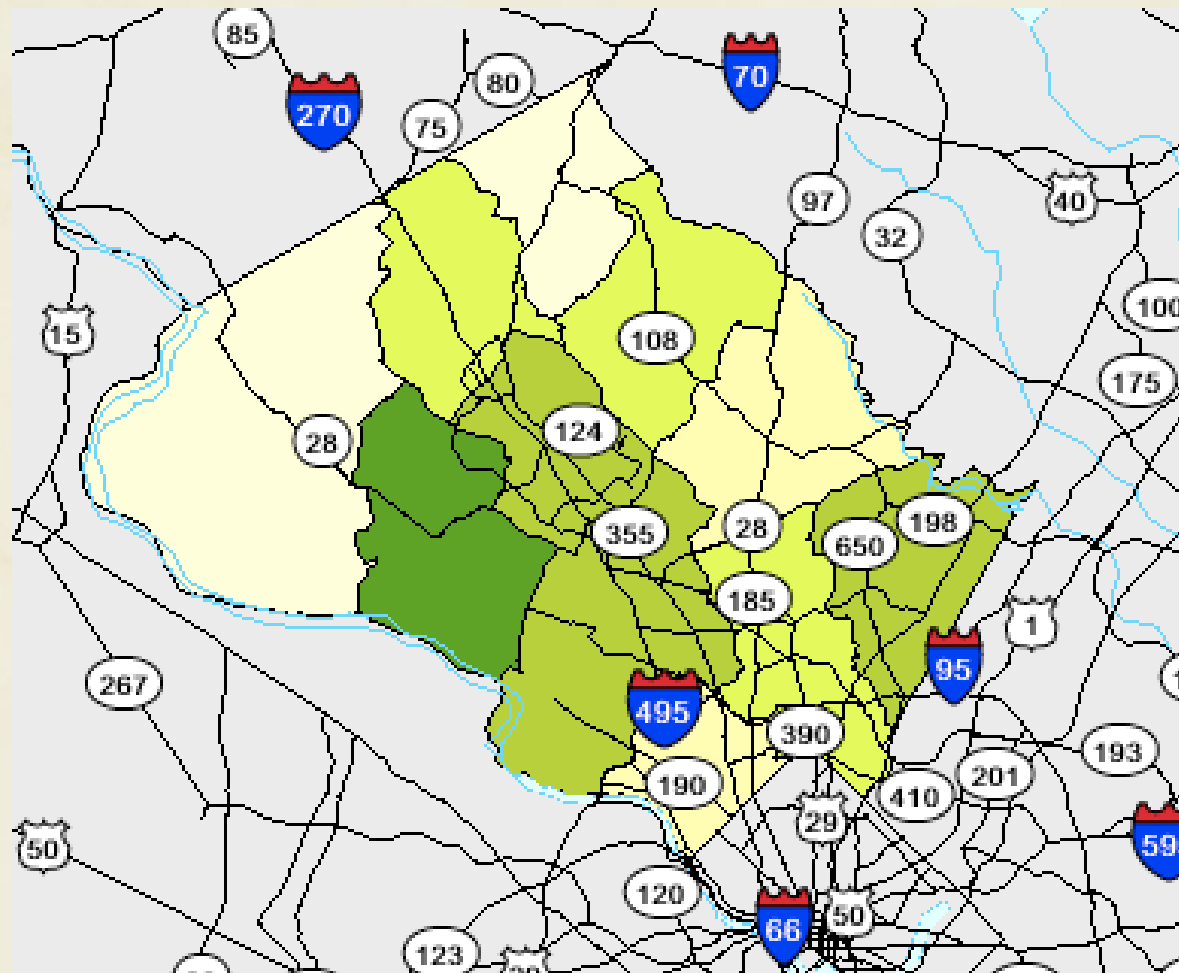
A close-up photograph of a thin, dark branch with two dried, brownish leaves. The branch is positioned diagonally across the frame, starting from the bottom left and extending towards the top right. The leaves are attached to the branch and have a mottled, brownish-green color, suggesting they are dried or dead. The background is a light, textured surface, possibly a piece of paper or fabric, with subtle variations in tone and some faint, darker spots. The overall composition is simple and focuses on the natural elements.

A Closer Look at Immigrant Health

Percent Asian by county, 2000



2000 Census map Asian pop, Montgomery County, MD



Source: American Fact Finder, US Census



Health Screening for Immigrants

- Purpose - early detection of disease
- Early referral to services, both health and social services
- Selected areas of disparity



Infectious Diseases

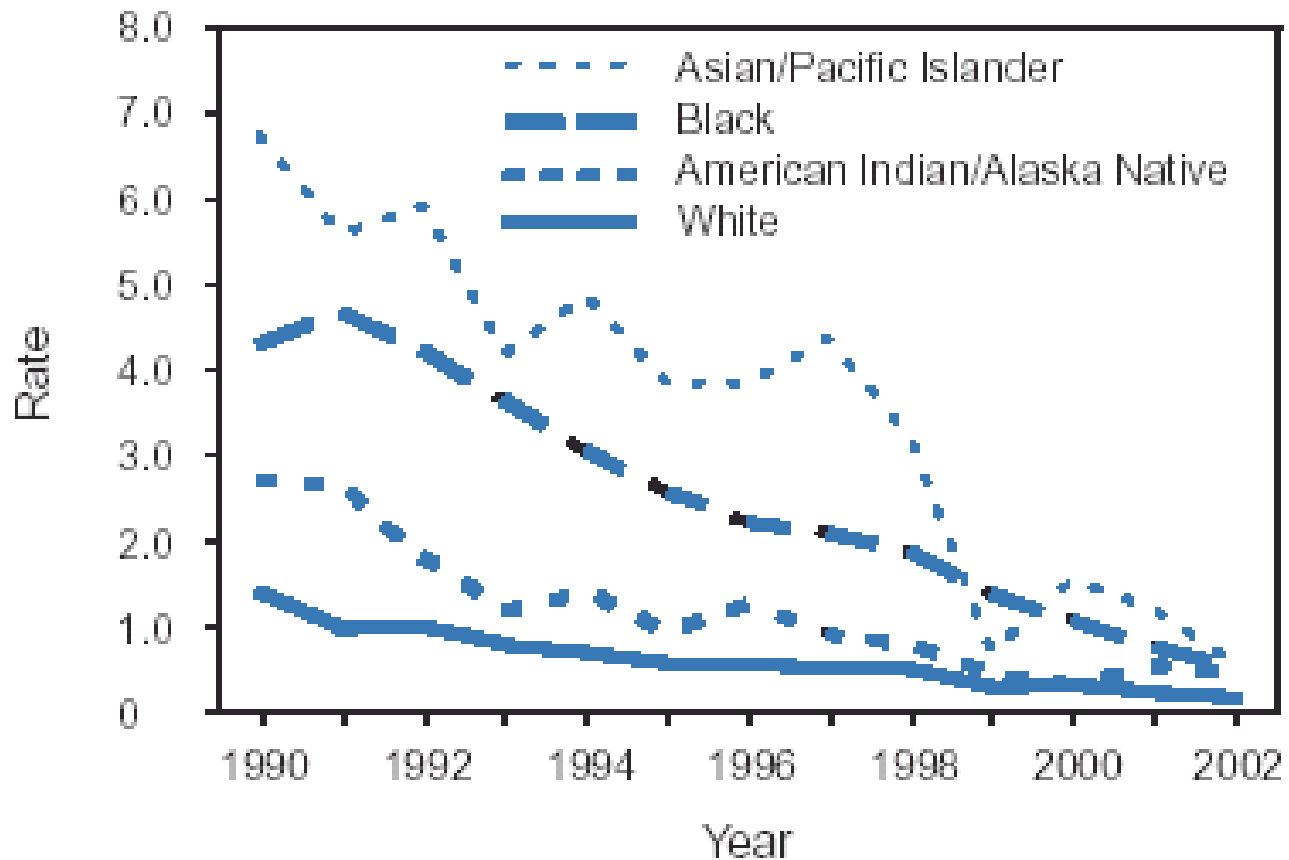
- Tuberculosis
- Hepatitis B
- Parasites
- Malaria
- HIV



Hepatitis B

- Estimated 1.25 million infected
- Asians have much higher incidence
- Incidence has decreased with use of Hep B vaccine
- Marked reduction in Hep B disparity

Acute Hep B <19 yo by Race and Year



* Per 100,000 population.

Source: MMWR, Nov. 5, 2004



Parasites

- Hookworm
- Giardia
- Clonorchiasis (chinese liver fluke)
- Paragonimiasis(oriental lung fluke)
- Strongyloides stercoralis(roundworm)
- Amebiasis
- Hymenolepis nana
- Malaria



Malaria

- Common in rural SE Asia
- Can incubate for years and reappear



HIV

- Growing problem in Asia
- Asians are rarely open about HIV
- Significant discrimination exists



Cancer screening

- Leading cause of death under 65
- SE Asian women, esp Vietnamese have high rates of cervical cancer
- Higher rates of hepatoma

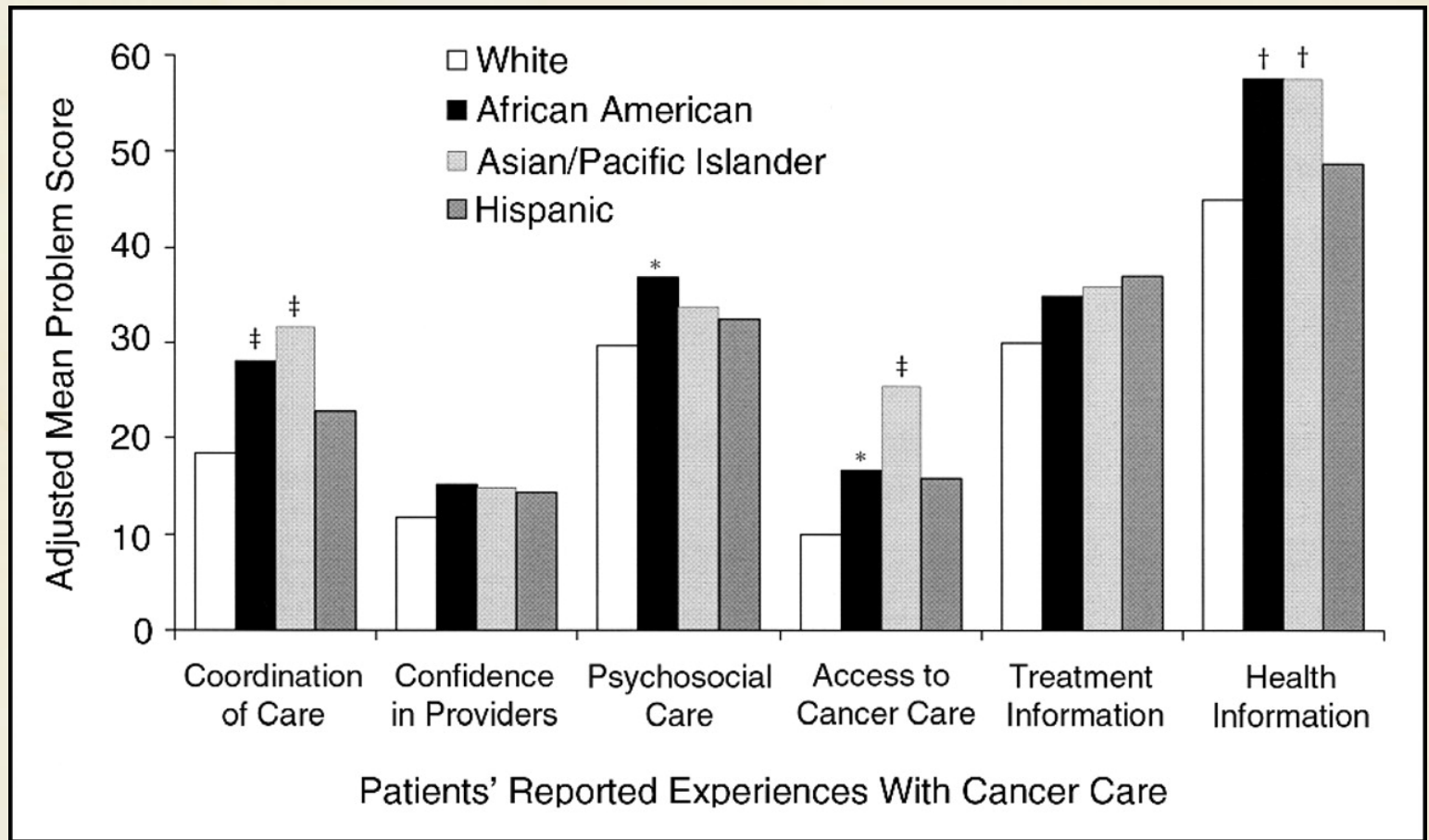



Major cancers affect Asians

- Breast
- Cervical
- Colorectal
- Lung
- Liver (related to Hepatitis B)
- Nasopharyngeal (uncommon)

- Diagnosis unfortunately often at late stage

Adjusted mean problem scores by race and ethnicity for patients' experiences with cancer care





Barriers to Screening or Care

- No insurance
- No transportation
- Limited or no English skills
- Unfamiliar with Western technology (e.g., mammograms, Pap, surgery)
- Poorly trained doctors
- False perception that they are low risk



Mental Health

- Major problem
 - Immigrants often in stressful situations
 - New environment, language is difficult
- Needs bilingual, bicultural therapist (very rare)



Post traumatic stress disorder

- Immigrants often traumatized, tortured
- Sexual abuse
- Requires trained, bicultural therapist

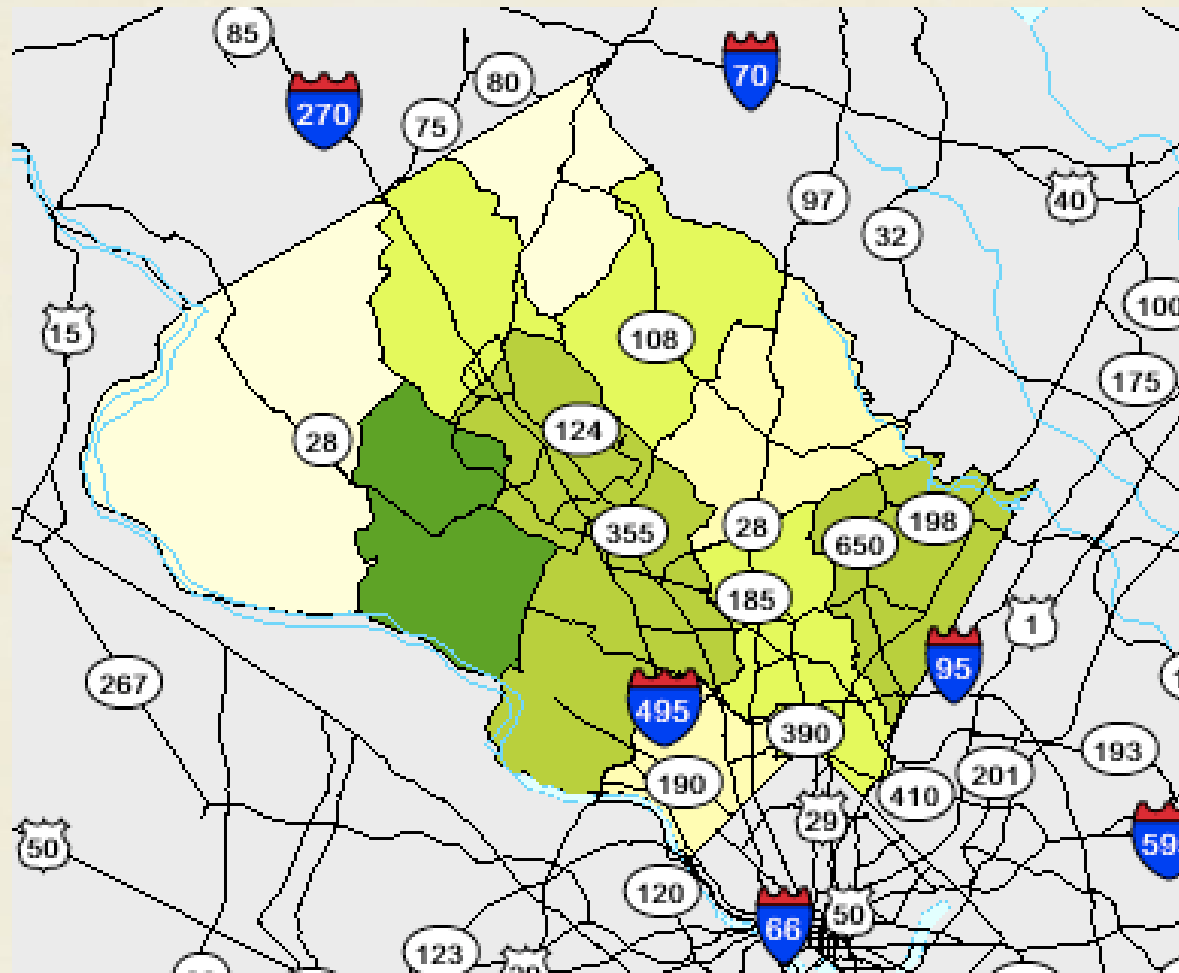
Creating an Asian Clinic



Critical mass of Asians in one area




Is there a critical mass for an Asian clinic in Montgomery County?





Major Asian health disparity is language and culture

- Workers should be as diverse as those we serve
- Broader language competency
- Trained bilingual specialists
- Bilingual health education material
- Pictures, signs, communicate
- Community based health educators

The image features a background of aged, yellowish paper with faint, natural patterns. A pressed leaf, showing some brown and green hues, is positioned on the left side, extending from the top towards the bottom. The text is centered in the upper half of the image.

When there are no bilingual
professionals, interpreters are
the next best thing

23% Asians are linguistically isolated

Population Groups - Montgomery County, Maryland	Linguistically Isolated Households	Speaks English Less Than Very Well (LEP)	Speaks Other Than English At Home
Total Population	6%	13%	32%
White (Non-Hispanic)	2%	3%	12%
Black or African American	3%	7%	24%
American Indian and Alaska Native	7%	15%	33%
Hispanic or Latino	28%	47%	90%
Asian Total	23%	36%	83%
Asian Indian	6%	17%	79%
Bangladeshi	12%	40%	93%
Cambodian	31%	50%	91%
Chinese, except Taiwanese	29%	43%	85%
Taiwanese	17%	39%	96%
Filipino	11%	23%	73%
Hmong	N/A	N/A	N/A
Indonesian	26%	39%	86%
Japanese	28%	29%	60%
Korean	36%	51%	87%
Laotian	34%	52%	91%
Malaysian	N/A	N/A	N/A
Pakistani	11%	31%	89%
Sri Lankan	12%	19%	79%
Thai	40%	44%	76%
Vietnamese	41%	61%	93%

Source: Asian Pacific Islander Health Forum, Montgomery Co, MD

Trained medical interpreters

QuickTime™ and a
H.263 decompressor
are needed to see this picture.



Summary

- Health disparities need to be recognized
- Immigration is likely to grow
- Screening for Asian immigrants is a specialized area
- Best done in a language/culturally specific practice or clinic
- Next best - certified medical interpreters