

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

Chinese Community Needs Assessment Summary Report

RESEARCH TEAM

Maryland Asian American Health Solutions (MAAHS)
University of Maryland College Park School of Public Health

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BACKGROUND

In October and November 2004, the research team conducted ten individual interviews to assess the health needs of the Chinese American community in Montgomery County. The interviewees (hereafter, the group) consisted of a wide representation of this community, including physicians, a retired professor who previously worked in the health field, leaders of faith groups, cultural and community service center workers, and government officials specializing in Asian health.

In July 2007, the research team met with 11 community leaders, including five physicians, one psychologist, four allied health professionals (one retired), and one community-based organization deputy director. They included five males and six females, and represented an age range between 40s and 60s. The goal of the sessions was to review and update the report done in 2004. The following report summarizes the findings based on the initial interviews of 2004 and the review sessions in 2007.

1 | HEALTH CONDITIONS

a. General Health Issues

According to participants, the diseases common to the Chinese American community include cardiovascular disease, diabetes, high blood pressure, stress, indigestion, and stroke. Liver

cancer, hepatic carcinoma, stomach cancer, and nasopharyngeal carcinoma are more common among Chinese Americans than among Whites, but relative to heart disease, have a low incidence. In the second revision of the initial needs assessment, participants added osteoporosis, cholesterol and breast cancer to the list. They also perceived that changes in dietary habits have resulted in adverse health conditions similar to those common among the general population in the United States.

b. Mental Health Issues

Participants reported that mental health, such as depression, isolation, stress, and marital problems, are important issues in the Chinese American community. However, many with mental health problems often avoid seeking help for fear of being stigmatized, which is a particularly sensitive issue in the Asian culture. The Virginia Tech incident raised concerns in the community, particularly because, according to one participant, there are only two Asian American psychologists to serve all Asian American children in the County's school system.

Participants emphasized the need for Asian American mental health professionals and others who can provide linguistically and culturally appropriate care to the community. They also suggested involving community members, particularly seniors, in interventions addressing mental health issues or managing stress and family disagreements. A type of group therapy where seniors are involved in listening to and provide guidance to the younger generations was mentioned as a possible strategy.

Chinese youths are considered particularly susceptible to stress. Participants attributed this stress to parents' high expectations for their children. Participants suggested that the County should coordinate and integrate mental health services with the school system in order to reach Chinese youth more effectively. They also mentioned several community and faith-based organizations, such as the Asian American Educator Association and Chinese churches, which currently have activities and programs to help the youth.

c. Vulnerable Groups

Seniors: Besides the chronic illnesses mentioned above, participants reported accidents (such as falls), arthritis, and dental health as priorities for seniors. Eye care and early detection of eye disease was discussed as a particular concern for senior groups. Participants also expressed concern about the availability of caregiving programs for Chinese seniors. Many seniors live with their children; however, some may need several levels of assistance during the day when their children are out of the house. Many home caregiving programs do not provide caregivers who speak the appropriate language, thus making communication with the senior very challenging. According to participants, seniors living with their children can raise tension and stress in the family as seniors find it hard to relinquish their power and control of the household and their children.

Common health care barriers for seniors included the lack of 1) health insurance, 2) language capabilities, and 3) transportation. The latter two together often lead to a sense of isolation and depression, which are known mental health issues common to many senior immigrants.

Children and Adolescents: Participants mentioned that children and adolescents might be at increased risk of childhood depression and second-hand or passive smoking. When asked about childhood obesity, participants have different views about the subject. Although one participant disagreed with the argument that weight issue was a concern among Chinese children, many others thought differently. Several physicians mentioned that Chinese children are no different than other children in the County when it comes to poor dietary habits and low levels of physical activity, which results in increasing levels of childhood obesity among Chinese and non-Asian children. The County government could also improve the health of children by providing information on children's health insurance and local health resources where they may seek help.

Women: Participants mentioned that breast cancer and osteoporosis were important health issues for women. County-operated breast and cervical cancer screenings were found helpful but the group requested the hiring of more bilingual staff to assist filling out paperwork. In addition, the standards of eligibility were frequently too high, so many community members in need did not qualify to use the services. Some physicians mentioned that the County offers free mammography for uninsured women. However, this requires substantial paperwork, and many women find it burdensome and prefer not go through the process even if it is a free service. They also cited similar problems with the women's cancer program. Domestic violence was also raised as a serious issue most likely related to the lack of knowledge about the illegality of spousal abuse by immigrants. Participants mentioned that although there are some programs for domestic violence in Washington, D.C., they do not have Chinese speaking staff. Participants also mentioned that heart disease was prevalent among Chinese women, but they seldom seek preventive care or have heart disease diagnosed on time. When asked about physical activity, a female participant explained that Chinese women tend to be slim, thus think that physical activity is unnecessary. They also mentioned that Western body composition measurements, such as body mass index or height to weight ratios, might not be appropriate for Chinese women who tend to have a much smaller frame. Therefore a slightly overweight Chinese woman can still get a normal reading.

Undocumented Immigrants: The respondents also discussed a particular dilemma confronting both the legal system and public health, namely the health of newly-arrived and undocumented immigrants. Among these populations, many are working in labor-intensive industries, and thus are usually subject to a higher risk of adverse health outcomes. In terms of serving the health needs of these populations, some practitioners contend that the govern-

ment should focus not on an individual's immigration status but rather on their health status, and others have suggested that patients should be educated regarding which health programs require a legal immigration status in order to receive treatment. This information may be important for undocumented immigrants when attempting to access health care.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

Lack of health insurance is a major concern in the Chinese community. One interviewee estimated that 42% of Asian Americans lacked health insurance. Among them, those who were working in restaurants or the newly arrived senior were more likely to be uninsured. Seniors who are newly-arrived immigrants do not have enough work history to qualify for Medicare and Social Security benefits (they often have to travel back to their home countries for care when the needs arise). Language, cultural, and transportation barriers also hinder access to health care. Despite the presence of 20 low-income health clinics, most physicians working there spoke either English or Spanish, which presents a barrier for Asian American patients.

Several respondents provided interesting remarks on the use of complementary and alternative medicine (CAM). One practitioner commented that, while Chinese medicine was more popular among Chinese Americans, acupuncture was more popular among persons of other races and ethnicities. One practitioner found that less than 20% of patients seeking alternative medicine in his practice were Chinese. This practitioner suggested that this was because most of the CAM modalities were not considered "medical" but "dietary" or "nutrient" therapies by the FDA, and as such they were often not covered by insurance, and patients had to pay out-of-pocket.

The use of the CAM was also more popular among and trusted by the older generation. Users preferred it because of its low costs, and as such it was often used by undocumented immigrants. However, they mentioned that the practice of Western medicine, which is evidence-based and concerned with medication side effects, may pose yet another barrier to older generations of Chinese. According to them, this generation is not used to being informed of medications' side effects. Therefore, they may distrust Western medicine because of its documented side effects and prefer Chinese medicine, where any side or adverse effect is not documented nor announced. Participants were concerned that this misperception of the effectiveness of medication is keeping seniors from seeking appropriate care. Participants in the second needs assessment raised concerns about the interaction effects of Chinese medicine and Western medicine if medications are taken simultaneously.

b. Preventive Services

Participants, who are also physicians, reported that many Chinese immigrants are not aware of the importance of preventive care. This may be an important barrier to seeking care to prevent common health conditions, such as eye problems and other chronic illnesses. This may be less common among second generation Chinese who learn the value of preventive care. Some community-based organizations, such as the Chinese Culture and Community Service Center (CCACC) provide flu-shots. But not every community-based organization (CBO) or faith-based organization (FBO) does that. In general there is a lack of awareness within this community to use preventive health services. Preventive services should be financially supported and provided across various outreach venues. Many community members are interested in using the cancer program provided by the County but more staff support and lower eligibility criteria should be considered.

c. Physician Preference

This group prefers service providers and researchers who are culturally sensitive in dealing with health issues in this community. They suggested that the most effective way to reach vulnerable populations suffering from mental health disorders, stress and anxiety, or are victims of domestic violence, is by providing Chinese-speaking staff in mental health programs and women's shelters. As discussed above, older Chinese Americans might prefer Chinese physicians, and in particular practitioners of Chinese medicine.

3 | RECOMMENDATIONS

a. Health Education

There is need for health education on the following topics of concern: diabetes, high blood pressure, stress, indigestion, stroke, liver dysfunction (e.g., hepatic carcinoma), stomach cancer, nasopharyngeal carcinoma, eye care, cardiovascular disease, and depression and other mental health issues.

In light of the aforementioned barriers to health care access, participants recommended that the County consider: 1) providing compensation for volunteer efforts, and providing training to community leaders for health education; 2) recruiting bilingual social workers or health practitioners in the Pan Asian Health Clinic; 3) providing health education information to the younger generation, who might in turn influence behavior changes in the older generation; and 4) collecting and reporting health data among Chinese/Asian Americans, particularly those diseases prevalent in the Chinese American community, such as cancers, Hepatitis, and diabetes. They also suggested that the County set up a hotline and provide bilingual health services to this community.

In addition, several organizations for seniors (e.g., the Evergreen Club) provide health services to more than 500 senior members of this community. The Chinese Community Center also provides health education to its community members, such as free health seminars. The group suggested that the County provide free venues for community activities aimed at health promotion and additional funding to support volunteers and their health promotion activities. The community expressed genuine interest in working closely with the County to provide health services to Chinese/Asian Americans.

b. Disseminating Health-related Information

Several CBOs and FBOs, Chinese language school programs, and media channels may be utilized to disseminate health-related information. The group explained that valuable assets of this community have included the Pan Asian Volunteer Clinic, with many volunteer health practitioners, and faith-based groups (churches and Buddhist groups, such as Tzu-Chi—the Buddhist Compassion Group) in the region. The community also had a few local Chinese newspapers (e.g., the World Journal, the Epoch Times- DaJiYuan- News) and several weekend Chinese language classes (e.g., Hope Chinese Program) that may be used as venues for health information dissemination.

c. Improve Access to Health Services

Most of the group members acknowledged that the Pan Asian Clinic, a voluntary clinic supported by the County, has provided health services for many seniors who may otherwise be denied health care. The group also made suggestions for improving current services provided by the Clinic, such as the provision of Chinese translation services in the clinic and additional staffing of Chinese-speaking psychiatrists. Chinese people perceive taking care of the seniors at home as their responsibility; however, it has changed after their acculturation. With the cultural change, there does not appear to be an adequate number of nursing homes and culturally sensitive programs to meet the demand.

In terms of improving the services provided by the Pan Asian Clinic, it was suggested that the Pan Asian Clinic is very popular among the Chinese community, and about 70%-80% of its patients are seniors and low-income, with the majority of patients being either underinsured or working in the restaurants. However, so far the Pan Asian Clinic only has eight Chinese physicians, thus the clinic cannot satisfy the needs of patients waiting to receive care. Additional health professionals should be recruited to meet the increased demands for the needed services. In addition, several Chinese organizations requested more resources to implement cancer screening programs, evaluations of existing health programs, and support transportation for all people in need. Finally, the County could include information about how immigration status affects access to health and social services within educational materials about those services. Lastly, interviewees provided helpful comments for implementing the

AAHI project. For example, they suggested the AAHI staff work with community leaders (such as community centers and/or faith-based groups) to coordinate with the specific community, and if funding permits, provide incentives (in the form of money or food) to recruit subjects.

SUMMARY

According to the group, the diseases common to the Chinese American community have included cardiovascular disease, diabetes, high blood pressure, stress, indigestion, stroke, depression, and other mental health issues. In addition, care for senior citizens has become an increased concern as the population of this community grows older.

Perceived health needs identified among Chinese Americans have included 1) the lack of insurance and/or under-insurance among low-income people; 2) other social barriers to care such as language and culture; and 3) a lack of health data collection among Asian Americans, particularly in studies of diseases that confront Asian Americans most, such as cancer, heart disease, and high cholesterol. Some participants were concerned that the needs for preventive services were not fully met by either the community itself or the health services provided by the County. Finally, the participants reported that more health information and education initiatives are needed and that these may be coordinated with current community organizations and programs.