

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

## Japanese Community Needs Assessment Summary Report

### RESEARCH TEAM

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## BACKGROUND

In February 2005, the research team conducted one focus group and one individual interview to assess the health needs of the Japanese American Community in Montgomery County. The six participants included two community leaders of faith-based organizations and four new residents of Montgomery County. Among them, many of their family members work for either federal health agencies or international organizations in Washington, D.C. One community leader suggested that more than 80% of Japanese community members in Montgomery County are short-term residents who usually stay two to three years and return to Japan. Many of them work for international companies or organizations headquartered in the nation's capital. It was estimated that 20-25% of Japanese community members work for federal health agencies, with most of them in their 30s or 40s with children at home. In July 2007, the research team met with seven (two males and five females) members from the Japanese American community to review and update the first needs assessment report. Community members who participated in this review focus group included two people in their 30s, two in their 40s, two in their 50s, and one senior (65 years or over). In this review, we were able to hear from Japanese American community members who have lived in Montgomery County relatively longer than the first study; there was one second-generation resident, one participant who lived in the County for almost 40 years, and several participants who lived in Montgomery County for many years. According to this group, there are about 5,000-6,000 Japanese Americans living in Washington, D.C. and the greater metropolitan area.

# 1 | HEALTH CONDITIONS

## a. General Health Issues

Japanese Americans living in Montgomery County thought that colon (or colorectal) cancer incidence increased recently due to a change in diet after moving to the United States. The second generation is especially more likely to eat an American style diet—more sugar, sodas, and fried food—and they are more susceptible to diabetes. Intestinal cancer is a health concern for those aged 50 and over. Liver cancer is also considered prevalent because of frequent drinking. Smoking is not very prevalent—participants estimated that less than 20% of Japanese Americans smoke. However, drinking is quite prevalent, although participants are not sure if binge drinking or alcoholism exists. Stress-related insomnia may be prevalent in the Japanese community.

## b. Mental Health Issues

Some Japanese American adolescents have depression due to conflicts between two cultures and isolation from friends of other races. Parents usually do not know about their children's depression or do not have any information about psychologists or support groups. Japanese American parents oftentimes feel it is shameful to talk about their children's depression. Parents need more education and wider support networks. Churches do not provide any counseling for mental health problems.

Adults have work-related stress, and seniors tend to be depressed and lonely because of isolation from their friends and culture. There have been a few suicide incidences in the Japanese community: one victim from his 20s, one from his 30s and two from their 50s. There are quite a few Japanese Americans who suffer from chronic depression. However, they tend to shy away from discussing that topic.

## c. Vulnerable Groups

**Seniors:** Common diseases reported among seniors were high blood pressure and depression. They are isolated mostly because of language barriers; the first generation individuals do not communicate well with second generation individuals due to language barriers. Moreover, there are limited places for seniors to congregate and interact. One Japanese community center is developing programs and activities for seniors. However, transportation is a problem. According to the head of the Center, "If they do not drive, they cannot come."

**Children and Adolescents:** Substance abuse exists among Japanese American adolescents; however, parents are not aware of it. Most Japanese American children have pediatricians from whom they feel comfortable seeking medical care.

**Women:** In terms of women's health, this community recognized that exams and screenings on a regular basis were very important to them, particularly in terms of prenatal care, mam-

mography, dental care, and bone density exams. However, women do not receive OB-GYN screenings on a regular basis. Participants thought that domestic violence was rare; however, they also believe it may be due to the topic's taboo nature. Domestic violence problems may exist in inter-racial marriages.

## 2 | HEALTH SERVICES UTILIZATION

### a. Access Barriers

In terms of access to care, it was suggested that this group's members mostly have access through employment-based plans. One particular challenge that prevents members of the Japanese community from accessing health care is the language barrier. Because of the language barrier, many members of the community have no idea what types of health services are available to them, and as such, seldom take advantage of either preventive services or health care services.

One community member mentioned that the co-payments of dental treatment were prohibitively high, suggesting a potential lack of access to routine dental screening in this community. In terms of utilization of health services, oriental medicine was less common in this community compared with other Asian communities in the County.

### b. Preventive Services

In preventive services, health needs identified by Japanese Americans in Montgomery County have included screening services for breast cancer, prenatal care, diabetes, and osteoporosis. Participants, however, mentioned that they would usually have regular screenings if their insurance made it affordable.

### c. Physician Preference

There was no particular physician preference for members of the Japanese American community.

## 3 | RECOMMENDATIONS

### a. Health Education

There were very limited health education materials in the Japanese language. Participants preferred to have educational materials translated into Japanese. Compared to their home country, they thought health-related information was limited here. They would like more education on how to lead a healthy lifestyle, including information on proper diet and physical activity.

### **b. Disseminating Health-related Information**

It is hard to find where Japanese people live since the Japanese do not tend to gather together; this is very unique to the Japanese. Japanese people are more family oriented, and oftentimes do not consider community issues as important.

The fall festival that occurs every September is a good venue in which to have access to a large group of Japanese. This is more of a cultural fair, however, and does not include a health component. In fact, no organization presently offers a health fair for this population. Japanese American communities would like to have their own health fair. The Japanese newspaper *The Capital*, which serves readers in the Washington, D.C. metropolitan area and is published by Mr. Matsuo, includes events for Japanese Americans. Beginning in 2006, the publication has been distributed in area stores. Other potential outlets for health-related information include the Japanese church and community center in the Talbot Mall in Rockville; the Japanese community website [kaigailink.net](http://kaigailink.net); Japanese schools such as Sakura Yochien (which draws students from throughout the metropolitan area) and the Japanese Language School in Montgomery County (which has more than 500 students); and Japanese satellite television. There is no local newspaper, radio station or cable television program in Maryland, and no specific Japanese community-based organization has taken a leadership role in dealing with health issues of the community.

### **c. Improving Access to Health Services**

No particular needs were expressed in this area. Most Japanese Americans tend to have health insurance through their employer.

## **4 | COMMUNITY RESOURCES**

There is a newly-established, faith-based Japanese community center in the Talbot Mall in Rockville, with several Japanese restaurants, grocery stores and a bookstore in the same mall, and several dozens of Japanese restaurants situated along Rockville Pike in Rockville. A social service group named the "Japanese American Care Fund" and "Sakura Kyokai" were mentioned as the care providers available to provide culturally and linguistically appropriate assistance to this community. Two pastors in the Japanese American community specialize in marriage counseling, which has seen an increased need in this community due to a greater number of married couples with husbands working in Japan and wives raising families in Maryland.

## SUMMARY

Japanese Americans identified colon cancer, diabetes, liver cancer, and insomnia as health concerns. Depression was prevalent in adolescents and seniors due to acculturation, isolation, and language barriers. Adults have a significant amount of work stress.

It appears that potential barriers for Japanese Americans of Montgomery County to access health care include language, culture, and community resources. Compared with other Asian subgroups, this community is fortunate to have a new faith-based community center and a few businesses owned by the community members, while many of the community members (particularly new immigrants) are much less acculturated and need help to enjoy living up to the standards of well-being that this society has to offer. There is an expressed need of screening and preventive services, as well as marriage and legal counseling. Based on the aforementioned findings, the County may consider allocating resources to translate health education information, including instructions for how to access health care services, and provide low-cost insurance options for those that are currently uninsured.

In addition, the group recognized that the community's strength lies in its community-based and faith-based organization. The church/community center serves community members by providing English language training, and by serving as a venue for retrieving and exchanging information. The church serves as a point of contact, both geographically and (to an extent) culturally, for reaching out to this community. The church/community center could therefore serve as an important outreach venue to disseminate County-developed health information to the Japanese community.

The participants of the focus group acknowledged the importance of the services provided by the Pan Asian Volunteer Clinic but were unaware of its service provision. Given that there is no annual health fair for this community, it may benefit the Asian community as a whole and Japanese community in particular by sponsoring an Asian American Health Fair in the County. In addition, there seems to be an expressed need for the County to assist in recruiting Japanese-speaking physicians to serve at the Pan Asian Volunteer Clinic.