

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

## Vietnamese Community Needs Assessment Summary Report

### RESEARCH TEAM

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## BACKGROUND

On December 7, 2004, the research team conducted a focus group to assess the health needs of the Vietnamese-American community in Montgomery County. Ten community members participated in the focus group interviews. The participants (hereafter, the group) consisted of the president and board members of the Maryland Vietnamese Mutual Association (MVMA), two officers working in Montgomery County government, and one health researcher from a company specializing in health business (Solutions Linx). In June 2007, the research team met with nine (four male and five female) members of the Vietnamese American community to review the first needs assessment report and update it with more up-to-date information. Community members who participated in this review focus group included two seniors (65 years of age or older), one middle aged woman, with the remainder in their 20s and 30s.

## 1 | HEALTH CONDITIONS

### a. General Health Issues

Common health problems among the Vietnamese community that were mentioned by the group included diabetes, domestic violence, hypertension, hepatitis B, a high prevalence of cervical cancer in women, and a lack of disease prevention. Smoking seems to be prevalent for Vietnamese American men. Overuse of antibiotics, self-medication, and over the counter

(OTC) drugs was pointed out as a problem. Vietnamese American people oftentimes bring medications from Vietnam. This may cause drug resistance and some other problems.

### b. Mental Health Issues

Members from the Vietnamese American community raised mental health as the most important problem, especially in young women. Although people recognize it as a problem, they do not seek professional help because of a stigma attached to it. Also, many Vietnamese Americans do not know what mental health problems or depression are. They need education and workshops on awareness.

Mental health problems are more serious in adolescents and youth. Oftentimes, parents put significant academic pressure on their children. Parents compel their children to hold on to family values while learning new things outside of the home. Parents requested information materials that teach them how to read signs of depression in their children. Community members suggested mental health education for adolescents and youth and to have a sports event component to help create more interest.

Seniors are more likely to be isolated due to language and transportation barriers. Isolation could lead to mental health problems because the seniors may feel trapped in their own homes. Also, a particular emphasis could be placed on Vietnam War era soldiers. The Multicultural Project has Vietnamese psychiatrists and therapists on its staff, but there is a long waiting list for appointments. In addition, many people are reluctant to admit that they have mental health problems and will not seek treatment.

Women have a lot of stress because of their multiple roles: working outside of the home and family caregiving. This may lead to mental health problem or other complications.

### c. Vulnerable Groups

**Seniors:** For senior care, a particular problem was a need for health insurance. Some have Medicaid or Medicare while the others do not have any health coverage. When they did not have health insurance they used whatever they could. Dental care was an important health issue among the senior population because it was not covered by Medicare. Dental care costs are very expensive when paying out-of-pocket, so many do not go to the dentist for this reason. The senior population also needs health education, because they are unaware of the medicine and resources that are available. Many seniors in the Vietnamese population cannot speak English, so there is a language barrier. The group suggested hiring multilingual individuals in the Pan Asian Clinic who can speak the Vietnamese language and translate, which would help alleviate the language barrier.

The senior population also experiences isolation problems; this may be due to language and transportation barriers. Many seniors stay home by themselves, so it is difficult for them to interact with people. The group suggested starting a community center for seniors. They can volunteer to offer their knowledge and experience to a younger generation, and connect to a larger community.

**Children and Adolescents:** For child care, the group mentioned that the Project CHIP (Children’s Health Insurance Plan) did not work well because of the quality of the services provided by the program, and it was difficult to find a doctor who could both provide culturally-sensitive care and accept the insurance provided by CHIP. Furthermore, children were running away from home because of the lack of communication between the two generations (e.g., children become acculturated).

Obesity is a problem for Vietnamese adolescents, especially if parents are at work. In this arrangement, children are more likely to stay with their grandparents, who do not provide proper nutritional guidance. Parent education on nutrition and active lifestyles is needed.

**Women:** Vietnamese American women have a high prevalence of cervical cancer. This disease can be prevented with screening, but Vietnamese American women seldom use preventive services. This can be attributed to both a lack of interest and lack of service. Women do not know that they need to get regular check-ups from a gynecologist, and there is a stigma attached to seeing a gynecologist in Vietnamese culture. Thus, awareness education is recommended.

## 2 | HEALTH SERVICES UTILIZATION

### a. Access Barriers

In terms of access to care, those seniors age 65 or older have access to health care through Medicare, and many working adults have access through employment-based insurance. However, some insurance policies do not cover their spouses, and they end up paying out-of-pocket to pick up the costs. The most significant barriers to accessing health care are: 1) a lack of health insurance, 2) language and communication difficulties, 3) lack of transportation, 4) little money for insurance and medical co-payments, and 5) long waiting lists for the Pan-Asian Clinic and Mobile Clinic (e.g., some waited for more than a month for physician visits).

The group expressed concern about the lack of health insurance among seniors, undocumented immigrants, and those who were unemployed. In addition, the group mentioned that those who were self-employed may not be eligible to receive Medicaid, and cannot afford to pay health care costs. The Regional Service Center assists people in becoming eligible for

Medicaid. Even though Medicaid provides coverage for the poor, some health care providers do not accept Medicaid. The group also mentioned that people do not opt for Part B because it requires an additional deduction of Social Security income and reduces their take-home salaries. As a result, people end up going to the emergency room when a problem arises. It was noted that on November 30, 2004, the Department of Social Services cut back on some insurance programs and services.

The existing health services provided by the County (i.e., the Pan-Asian Clinic and Mobile Clinic) still cannot fully meet the health needs of low income Vietnamese and those without insurance. MobileMed (available on Wednesdays) costs between \$5-8 per visit, but patients must be assisted by their own translators because there is no translation available. Furthermore, people have a very long wait for these services. A very small fraction of Vietnamese received health screenings and follow-up treatment. However, for those who did receive screenings, many did not seek follow-up treatment or prescriptions for identified diseases because they could not afford treatment costs. Language and transportation were also barriers that prevented Vietnamese from seeking follow-up treatment.

#### **b. Preventive Services**

Many Vietnamese Americans don't use preventive services. This may be due to a culture that does not consider preventive measures important, but rather encourages individuals to wait until becoming sick enough to use health services and pay the cost associated with it. They requested that the County offer preventive services for mental health, Hepatitis B, cervical cancer, lung cancer, hypertension, and eye care.

#### **c. Physician Preference**

Vietnamese American women expressed hesitance in going to Vietnamese doctors for gynecological screening because most Vietnamese physicians are male. They would prefer female gynecologists.

The group contended that the use of alternative medicine and herbal remedies was more common than the use of faith healers. Participants stated that Vietnamese physicians in Montgomery County used mostly herbal medicines compared to Western medicine.

## 3 | RECOMMENDATIONS

### a. Health Education

Vietnamese Americans want health education for mental health, health behaviors (i.e., nutrition, smoking, and physical activity), and preventive services including screenings. They stated that most health education materials are generally available in the English language, and thus the group requested that health information be translated into Vietnamese.

### b. Disseminating Health-related Information

Vietnamese Americans prefer community-based and faith-based organizations and some of their own media as desirable outlets for dissemination of health information. These include temples (CHUA), Saint Peter, ICAC, Our Lady of Vietnam Church, Vietnamese American Radio and TV, and Vietnamese newspapers including Little Saigon, Pho Nho, and Thu Do Thoi Bao.

The Vietnamese American community holds an annual health fair; however, many people are unaware of it and do not have transportation to it. In the past it was organized in conjunction with the Tet Lunar New Year's Festival; however, this year the hosting organization (MVMA) will conduct it separately from the Festival in order to make sure that it doesn't get overshadowed by this big event.

### c. Improve Access to Health Services

The group suggested that funding was needed to provide more services through the Health Fair and to advertise this event to the community. The group also suggested that the County capitalize upon Vietnamese community organizations in Montgomery County as resources or liaisons between the County and the community. In addition, they recommended that the County fund long-term projects in order to provide health care assessments and services on a continuous basis. They saw the AAHI project as an important point of departure for understanding the health needs of the Vietnamese community in Montgomery County. Finally, the health care services provided by the Pan-Asian Clinic should be expanded to other Asian subgroups by including multilingual health professionals in the clinics in order to serve each group more effectively. Furthermore, the annual health fair needs additional funding to provide more services and to advertise the event to the community.

### d. Others

The group further acknowledged the need for the study to go more in-depth and to be conducted on an ongoing basis. They suggested that more community representatives should be involved in the focus groups and interviews, such as professionals in the medical field. In addition, more money and time was needed to find more participants to identify other health needs in the Vietnamese community. Flyers could be useful in promoting the project as well as local Vietnamese media (e.g., radio, TV, and websites). In terms of the implementation of

the AAHI projects, the group contended that in order to assess health needs continuously, conducting several sessions with each Asian-American subgroup in the community may be a better way of approaching the AAHI project. They cautioned that by completing the focus group or interview with only a small group of Vietnamese, the responses were limited in scope and should not be over-generalized as the complete depiction of the health needs of the Vietnamese community in Montgomery County.

Focus group participants suggested that the establishment of a community center for this group could serve as a central point of contact for the provision of health information. In addition, a senior center is needed for seniors, who could otherwise be isolated.

## **SUMMARY**

The Vietnamese American community raised mental health the most important concern for them. Adolescents, youth, women, and seniors all have different types of stresses from their daily lives, and there was concern about these leading to mental health problems. They suggested educational programs for mental health.

Diabetes, domestic violence, hypertension, hepatitis B, a high prevalence of cervical cancer in women, and a lack of disease prevention were other major health concerns for the Vietnamese American community. Smoking seems to be prevalent in Vietnamese American men, and overuse of antibiotics, self-medication, or over the counter (OTC) drugs was pointed out as a problem.

The main concerns for access to health care expressed by the group were a lack of health insurance among 1) seniors, 2) undocumented immigrants, 3) the unemployed, and 4) self-employed individuals ineligible for Medicaid who could not afford health insurance. The group also mentioned several barriers to accessing health care in addition to a lack of health insurance, including language and communication competencies, transportation, and money for out-of-pocket health care costs. The group expressed concerns regarding the Pan Asian Volunteer Clinic because they were not fully meeting the needs of low-income and uninsured Vietnamese, primarily due to the lack of language translation and the long waiting line for these services. Other concerns have included those who have received screenings. Many did not seek follow-up treatment for identified diseases because they could not afford treatment and prescription costs.