Social Determinants of Childhood Obesity for Asian Americans/Southeast Asians

Tu-Uyen Ngoc Nguyen, Ph.D., M.P.H
HESC 475 Guest Lecture
Week 10 – Oct. 29th
Objectives

1) Introduce sociodemographics of Asian/ Southeast Asian populations Census

2) Discuss differences between Southeast Asian immigration experiences, geography, culture, etc.

3) Outline API diversity - fastest growth rate, majority are immigrants.

4) Focus on Southeast Asian populations - show map of Asian/ Southeast Asian countries/ regions - briefly point out similarities and differences in ethnic groups, languages, religions, family units, etc.
Objectives

1) Introduce demographics of Asian/ Southeast Asian populations – U.S. Census
2) Outline API diversity - fastest growth rate, majority are immigrants.
3) Introduce "model minority" concept and how it affects public's perceptions about API health
4) Outline differences between Southeast populations - geographically, culturally, etc.
5) Activity
6) Discuss Southeast Asian immigrant vs. refugee experiences - three waves of immigration and possible effects on nutrition practices
7) Discuss bimodal/ bipolar distribution and health disparities in API populations - masking of overweight and obesity in some subgroups
8) Outline traditional Southeast Asian health practices – yin/yang concept
9) Coining, cupping, use of medicinal herbs
10) Specific studies on nutrition and obesity and how these subjects are viewed in Southeast Asian cultures.
11) Introduce Social-Ecological Model
12) Discuss specific physical activity/ nutrition programs/ interventions in SEA communities
Question on Race from Census 2000

What is this person's race? Mark one or more races to indicate what this person considers himself/herself to be. **Major race categories

- **White
- **Black/ African American
- **American Indian or Alaska Native - Print name of enrolled or principal tribe.
- **Asian:
  - Japanese
  - Korean
  - Vietnamese
  - Asian Indian
  - Chinese
  - Filipino
  - Other Asian — Print race ______________.
- **Pacific Islander:
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander — Print race ______________.
- **Some other race — Print race ______________.
Major Changes to Census 2000

- Census identified Native Hawaiians and Pacific Islanders separately from Asian Americans
- Option of selecting one or more race categories

Therefore, Census 2000 data not directly comparable with data from earlier censuses

- Included six race categories: White; Black or African American; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander; and Some Other Race.
Insert CENSUS 2010 Slides
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Asian American Population, 1860-2020

Note: Data by race for 1950 and for 1960 in Table 8 are based on more than one tabulation of the data and in some cases on more than one sampling rate. As a result, the totals for races other than White differ slightly from the sum of the component races.

*Projections
†1900 data includes Asian Americans in Alaska and Hawaii; previous years did not, hence the jump in population.

Source: Barringer; U.S. Census
1965 Immigration Reform Act

- Significantly increased immigration quotas to 20,000 per country, with a ceiling of 170,000.
- Set up a 7-point preference system guiding immigration officials to issue visas:
  1) unmarried children of U.S. citizens
  2) Spouses and unmarried children of permanent resident aliens
  3) Members of the professions, scientists, and artists of exceptional ability
  4) Married children of U.S. citizens
  5) Brothers and sisters of U.S. citizens 21 and older
  6) Skilled and unskilled workers who are in short supply
  7) Nonpreference applicants
1965 Immigration Reform Act

- Primary goals was to encourage family reunification, but large numbers entered for occupational reasons.

  - In 1969, 62% of Asian Indians, 43% of Filipinos, and 35% of Koreans entered the U.S. under occupational and investor categories.

  - By 1970s, 80-90% of all Asian immigrants entered the U.S. through the family categories.

  - Most post-1965 Asian immigrants tend to be middle-class, educated, urbanized, arrive in family units rather than as individuals compared to pre-1965 immigrants.

  - Substantially increased Asian population in U.S. (Asians were only 6% of immigrant population in 1950-1960, rose to 12.9% between 1961-1970, and increased to 35.3% 1971-1980, and peaked at 37.3% 1981-1990).
What are General Perceptions of Asians/ Southeast Asians regarding:

- Education
- Socioeconomics
- Health
- Nutrition
- Physical Activity
3 Reasons AAPIs are underserved

1) Rapid population growth
2) Model minority myth
3) Inadequate data on health of AAPIs (paucity of data - inadequate sample size), misclassification of data, lack of ethnic specific data
API Model Minority Images
API Model Minority Images
API Model Minority Images

Between 2005 and 2009, AAPIs suffered from a 54% drop in median household wealth.
(Research Center)

When the housing market collapsed, AAPIs suffered the largest percentage of foreclosures of any racial group.
(AAP, 8/4/2009)

In the Southeast Asian American community, 35-40% of Hmong, Laotian and Cambodian populations do not finish high school.
(2006 American Community Survey)

AAPIs account for over 50% of chronic Hepatitis B infections in the United States. Hepatitis B is the leading cause of liver cancer in the world.
(Auto Liver Center, Stanford School of Medicine)

In 2008, 37% of Korean Americans and 25% of Native Hawaiians and Pacific Islanders did not have health insurance.
(Kaiser Family Foundation)

Breaking the Model Minority Myth

The Facts about Asian Americans and Pacific Islanders

The Asian American population grew by 46% between 2000 and 2010, faster than any other racial group in the country and four times faster than the total U.S. population.

May is Asian Pacific American Heritage Month, a chance to learn more about the contributions and challenges of the Asian American and Pacific Islander (AAPI) community.

Since 1994, the Congressional Asian Pacific American Caucus (CAPAC) has advocated for the needs and concerns of the Asian American and Pacific Islander community. Currently chaired by Congresswoman Judy Chu of California and comprised of over 40 Members of Congress, the non-partisan, bi-cameral caucus serves as a voice for the AAPI community at the federal level.

@CAPAC  on.fb.me/CAPACfb  capac.chu.house.gov
Model Minority Myth - Barriers

- Ignores problems of recent refugees & immigrants – unique health problems: TB & Hep B, thalassemia, mental health problems, depression (somatization), use of folk medicine, religious and cultural concepts of disease & illness, preventive care.

- Language barriers

- Perceived as foreigners

- Lack of culturally sensitive services
AAPI Data Barriers

- Data Not Collected
  ~ Due to Model Minority Myth, Lack of Funding, Language, Instrumentation

- Data Statistically Unreliable (i.e. small sample sizes, little room for alternative sampling approaches)

- Data Not Analyzed

- Data Aggregated (Ignores linguistic & cultural diversity)
Southeast Asia:

Cambodia
Laos
Thailand
Vietnam
“Any person who is outside his or her country of nationality and is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution that may be based on race, religion, nationality, membership in a particular social group, or political opinion.”

~ 1951 United Nations Convention Relating to the Status of Refugees
Who are Southeast Asian Refugees?

- Cambodian (Khmer)
- Laotians (over 60 different ethnic groups)
- Hmong
- Khmu
- Mien
- Vietnamese (over 50 different ethnic groups)
- Others displaced and forced to flee from their homelands because of the Vietnam/American War
- Thais are usually NOT considered refugees because Thailand was not taken over by Communists
Three Waves of Refugees

  Generally more educated, higher social economic status
  Land & boat people – less resources
- Third Wave: 1980s to present:
  * Orderly Departure Program (ODP)
  * Amerasian Homecoming Act
  * Humanitarian Operation (H.O.)
Boat People – 2\textsuperscript{nd} wave

Boat people footage:
http://www.youtube.com/watch?v=V8pUiZb5ups
http://www.youtube.com/watch?v=IK1Fys9xAYE&feature=related
Land Refugees – 2\textsuperscript{nd} Wave

Mostly Cambodians
Hmongs
Laotians
Cambodian – Pol Pot/ Khmer Rouge and Aftermath

http://www.youtube.com/watch?v=hy3nmHH6Lho&feature=related
Hmong Story Cloth
Lao Culture

EXPRESS
THE LAST DAY'S FREE WEEKLY

STRANGERS
in a strange land
Refugee Camps
Refugee Activity
Refugee Act of 1980

- Passed by Congress to formalize a policy for dealing with Southeast Asian refugees and provided assistance for their resettlement.

- Basic refugee assistance included:
  
  - Food, shelter, clothing, mental health services, English language and vocational training, and job placement for up to 36 months (reduced to 18 months in 1982).
Cambodian Americans by County, 2000

**Top 10 states**
1. California 84,559
2. Massachusetts 22,886
3. Washington 16,630
4. Pennsylvania 10,207
5. Texas 8,225
6. Minnesota 6,533
7. Rhode Island 5,290
8. Virginia 5,180
9. New York 3,740
10. Illinois 3,516

**2000 Total:** 206,052 Cambodian Americans, including those of mixed-race and mixed ethnicity

**Number of Cambodians**
- >500
- 100 to 500
- 50 to 100
- <50

Source: U.S. Census 2000, SF2 (Table PCT1)
Hmong Americans by County, 2000

The Stockton-Lodi area, ranking sixth, is home to 6,231 Hmong Americans.

Fresno (24,442) and Sacramento (18,121) have the second- and third-largest Hmong populations.

Minneapolis-St. Paul is home to 97.3 percent of Minnesota’s Hmong population at 44,205.

Minnesota has the second largest state Hmong population with 45,443.

Ninth-ranking Wausau, WI has 4,705 Hmong Americans.

Sacramento

Top 10 states
1. California 71,741
2. Minnesota 45,443
3. Wisconsin 36,809
4. North Carolina 7,882
5. Michigan 5,998
6. Colorado 3,398
7. Oregon 2,298
8. Georgia 1,615
9. Washington 1,485
10. Massachusetts 1,303

2000 Total: 186,310 Hmong Americans, including those of mixed-race and mixed-ethnicity.

Source: U.S. Census 2000, SF2 (Table PCT1)

Number of Hmong
- >500
- 100 to 500
- 50 to 100
- <50

The Midwestern (91,043) and Western (79,850) regions have the largest populations of Hmong in the nation at 49 percent and 42 percent respectively.
Laotian Americans by County, 2000

San Francisco Bay area: Largest Lao population by metro area with 13,482.

Seattle: Home to 7,739 Lao in 2000

Minneapolis-St. Paul: More than 8,800 Lao call the Twin Cities home.

Top 10 states
1. California 65,058
2. Texas 11,626
3. Minnesota 11,516
4. Washington 9,382
5. North Carolina 6,282
6. Illinois 5,973
7. Wisconsin 5,405
8. Georgia 5,220
9. Oregon 5,176
10. Iowa 4,778

2000 Total: 198,203 Laotian Americans, including those of mixed-race and mixed ethnicity

Source: U.S. Census 2000, SF2 (Table PCT1)
Vietnamese Americans by County, 2000

The city of San Jose has the largest Vietnamese population in California with 82,834.

This past decade the Vietnamese population doubled in Midwest metropolitan areas like Wichita, KS (7,783) and Grand Rapids, MI (6,044).

Westminster, where Little Saigon is located, is home to 24,473 Vietnamese.

Top 5 metropolitan areas
1. Los Angeles-Riverside-Orange County, CA (252,191**)
2. San Francisco-Oakland-San Jose, CA (158,414**)
3. Houston-Galveston-Brazoria, TX (67,403**)
4. Washington D.C.-VA-MD-WV (50,933*)
5. Dallas-Fort Worth, TX (49,698**)

Percentage of Vietnamese

- >1%
- 0.5% to 1.0%
- 0.1% to 0.5%
- <0.1%

*PMSA and **CMSA data are derived from Census 2000 showing 245 places in the United States with 100,000 or more population. They included 238 incorporated places (including 4 city-county consolidations) and 7 census designated places that were not legally incorporated. Source: U.S. Census 2000, SF2 (Table PCT1)
Social Inequalities Contribute To Adjustment Problems

Less Education
Lower Income
Lower Social Class

Being a recent immigrant/refugee presents challenges to health access because of language and insurance issues
## Demographic Snapshot of OC API Groups

### Major Racial and Ethnic Groups

<table>
<thead>
<tr>
<th>Major Racial and Ethnic Group</th>
<th>Median Age</th>
<th>Average Household Size</th>
<th>Home Ownership</th>
<th>Less Than High School Degree</th>
<th>Below Federal Poverty Line</th>
<th>200% of Federal Poverty Line</th>
<th>Public Assistance Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT 4</td>
<td>PCT 8</td>
<td>HCT 2</td>
<td>PCT 64</td>
<td>PCT 142</td>
<td>PCT 141</td>
<td>PCT 100</td>
<td></td>
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<td>2. Pac. Islander</td>
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<td>3. Black</td>
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<td>6. White</td>
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<td>2.44</td>
<td>White</td>
<td>White</td>
<td>White</td>
<td>White</td>
</tr>
</tbody>
</table>

Orange County 34: Orange County 3.00: Orange County 61%: Orange County 21%: Orange County 10%: Orange County 27%: Orange County 3%

*Figures are for the inclusive population (single race and multiracial respondents) except for whites which are for single race whites.

### Asian and Pacific Islander Ethnic Groups

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<td>PCT 141</td>
<td>PCT 100</td>
<td></td>
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<tr>
<td>1. Tongan</td>
<td>21</td>
<td>Hmong</td>
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<td>Tongan</td>
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<td>9. Bangladeshi</td>
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<td>Bangladeshi</td>
<td>Samoan</td>
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<td>Chinese excl</td>
<td>Indonesian Hawaiian</td>
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<td>13. Asian Indian</td>
<td>32</td>
<td>Korean</td>
<td>3.19</td>
<td>Sri Lankan</td>
<td>Cambodian</td>
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<tr>
<td>14. Indonesian</td>
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<td>Cambodian</td>
<td>Cambodian</td>
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<td>Japanese</td>
<td>Chinese excl</td>
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</tbody>
</table>

*Gray shading = Faring below whites for SES measures
*Bold = Faring below the county average for SES measures

~ Source: The Diverse Face of Asians and Pacific Islanders in Orange County: Asian and Pacific Islander Demographic Profile
# Demographic Snapshot of OC API Groups

<table>
<thead>
<tr>
<th>Demographic Profile</th>
<th>Median Household Income</th>
<th>Per Capita Income</th>
<th>Foreign Born</th>
<th>Naturalization Rate of Foreign Born</th>
<th>Speak Other than English at Home</th>
<th>Speak English Less than “Very Well”</th>
<th>Linguistically Isolated Households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCT 89</td>
<td>PCT 130</td>
<td>PCT 44</td>
<td>PCT 44</td>
<td>PCT 38</td>
<td>PCT 38</td>
<td>PCT 42</td>
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<tr>
<td>Latino</td>
<td>44,676</td>
<td>12,122</td>
<td>Asian</td>
<td>56%</td>
<td>Latino</td>
<td>81%</td>
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<tr>
<td>Black</td>
<td>50,058</td>
<td>18,208</td>
<td>Latino</td>
<td>51%</td>
<td>Am, Indian</td>
<td>25%</td>
<td>48%</td>
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<td>Pac. Islander</td>
<td>51,534</td>
<td>19,720</td>
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<tr>
<td>Am. Indian</td>
<td>51,789</td>
<td>20,367</td>
<td>Am. Indian</td>
<td>18%</td>
<td>Pac. Islander</td>
<td>48%</td>
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<tr>
<td>Asian</td>
<td>68,229</td>
<td>20,768</td>
<td>Black</td>
<td>12%</td>
<td>Asian</td>
<td>67%</td>
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<tr>
<td>White</td>
<td>65,160</td>
<td>35,730</td>
<td>White</td>
<td>8%</td>
<td>White</td>
<td>69%</td>
<td>Pac. Islander</td>
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<tr>
<td>Orange County</td>
<td>56,620</td>
<td>Orange County</td>
<td>Orange County</td>
<td>30%</td>
<td>Orange County</td>
<td>38%</td>
<td>Orange County</td>
</tr>
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Gray shading = Faring below whites for SES measures  
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~ Source: The Diverse Face of Asians and Pacific Islanders in Orange County: Asian and Pacific Islander Demographic Profile – [www.apalc.org](http://www.apalc.org)
OC Asian Uninsured Adults

- 23% for Asian Adults 18-84
- 18% for Asian Naturalized Citizens
- 18% for Asian Non-Citizens
- 38% for OC Total Population
OC API Language Indicators—Percent who speak English less than “very well”

- Vietnamese (64%)
- Laotian (55%)
- Korean (54%)
- Hmong (52%)
- Bangladeshi (44%)
- Chinese (40%)
- Orange County (22%)
Aggregated data on AAPIs often ignores or discounts those smaller groups who are not doing so well.

Ignores problems of recent refugees & immigrants – unique health problems: TB & Hep B, mental health problems, depression (somatization), use of folk medicine, religious and cultural concepts of disease & illness, preventive care.

Language barriers

Perceived as foreigners

Lack of culturally sensitive services
Socioeconomic Indicators

e.g. Education, Income, Job status, Insurance

Over-represented at the low and the high ends so aggregated data makes those at greatest risk invisible = Model Minority Myth
Major Health and Social Concerns for Southeast Asian Refugee Communities

- Infectious Diseases (e.g. Hepatitis B, Tuberculosis)
- Chronic Diseases (e.g. Cancer, Diabetes, Hypertension)
- Maternal and Child Health (Pre-natal, Low Birthwt.)
- Mental Health (e.g. PTSD, Suicide)
- Rising rates of overweight and obesity
- **Health Behaviors** (e.g. Tobacco use, Drug and Alcohol Abuse, Diet, Physical Activity, Gambling, Risky Sexual Practices)
- Access to Health Care (e.g. Language, Transportation, Insurance)
From 1992 to 2001, Overweight Increased Most Sharply for California API Low-Income Children, Increasing 127% from 5.9% to 13.4%

Percent change of overweight, low-income CA children*

Overweight = BMI > 95th percentile. Overweight is comparable to obesity in adults.
* Children 5 - >20 years old
Source: California Dept. of Health Services, Children’s Medical Services Branch, California Pediatric Nutrition Surveillance System
Cultural Concepts of Disease & Illness

- Yin/Yang Concept – two opposing forces must be in balance to maintain good health.
- Coining
- Cupping
- Medicinal Herbs
Causes of Chronic Diseases

- 5% due to genetics
- 95% due to:  - lifestyle practices/behaviors
  - environment
  - diet
- Culture shapes lifestyle practices by influencing our environment and diet

Implications:

- We need to pay attention to inter-group cultural differences that shape our health practices because lifestyle behaviors are modifiable.
- Studying specific cultural groups using a social ecological perspective and appropriate paradigms and mixed methods will lead to better quality data, more effective health promotion programs, and useful public policy for everyone.
Effects of Culture on Disease/ Illness Response

Culture affects disease/illness by influencing:

- How the sickness is viewed by society and by the individual
- Individual pain response
- Expressions of suffering
- Help-seeking behavior & preventive practices
- Decision-making processes regarding the sickness
- Acceptable treatment options
Risk Factors for Chronic Diseases

- Smoking
- Poor diet
- Lack of exercise
- Overweight
- High cholesterol
- Hypertension
- Family history
The Social Ecological perspective is a multi-level, dynamic & inter-disciplinary approach to understanding how health issues are influenced by 5 interacting levels:

- Intrapersonal or Individual factors
- Interpersonal or Family factors
- Organizational or Institutional factors
- Community factors
- Public Policy factors

~ McLeroy et al., 1988.
Social Ecological Approach to Community Health

Cultural Milieu

Individual (Intrapersonal)

Family/Social Relationships (Interpersonal)

Community/Group Level (Institutional/Organizational, Policy)

Individual characteristics that influence behavior, including knowledge, attitudes, beliefs, personality traits, etc."

Interpersonal processes & primary groups of family, friends, peers, health care professionals who provide social identity, support, role definition.

Institutional rules or structures; Community social norms or standards; Organizational services; Public policy factors that regulate or support health behavior.

Applying the Social Ecological Perspective to Community Health

Example: Physical Activity

- **Intrapersonal/Individual Factors**: Knowledge, beliefs, attitudes, practices on nutrition
- **Interpersonal Factors**: Family/Provider support for physical activity; Social networks enabling physical activity
- **Institutional/Organizational Factors**: Availability - Interpretation & culturally competent health services provided by places of care (e.g. clinics, hospitals, community-based organizations –CBOs); Accountability - Follow-up & treatment; Accessibility – Work hours, Transportation
- **Community Factors**: Acceptability - Community norms for physical activity; Feelings of discrimination/ racism
- **Public Policy Factors**: Affordability of services – Insurance coverage policies; free/low cost programs
THE HEALTH STATUS OF AAPI:
Obesity by Acculturation

Impact on Children Hardest

• Among immigrant API: \( \uparrow \) number of years in the US = \( \uparrow \) weight.

• Obesity \( \uparrow \times 2 \) from first to second generation AA adolescents.

• Asian children born outside the U.S. less obesity than those born in US of immigrant parents.

• 1996 Medical Expenditure Survey shows: Latino and API adolescents more overweight.

• Obese children who grow into obese adults live 10 – 20 fewer years.

Popkin BM, American Society for Nutritional Sciences, 1997
# Low-Income Asian subgroups in California

<table>
<thead>
<tr>
<th>Asian subgroups in California</th>
<th>Total number of individuals per subgroup</th>
<th>Total number of individuals below 185% FPL</th>
<th>% of individuals below 185% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian alone (all groups combined)</td>
<td>3,634,242</td>
<td>934,475</td>
<td>25.7%</td>
</tr>
<tr>
<td>*Hmong alone</td>
<td>68,364</td>
<td>55,383</td>
<td>81.0%</td>
</tr>
<tr>
<td>Cambodian alone</td>
<td>70,341</td>
<td>46,100</td>
<td>65.5%</td>
</tr>
<tr>
<td>Laotian alone</td>
<td>56,237</td>
<td>34,205</td>
<td>60.8%</td>
</tr>
<tr>
<td>*Vietnamese alone</td>
<td>441,684</td>
<td>158,778</td>
<td>35.9%</td>
</tr>
<tr>
<td>*Chinese alone</td>
<td>963,601</td>
<td>232,853</td>
<td>24.2%</td>
</tr>
<tr>
<td>Other specified Asian alone</td>
<td>7,557</td>
<td>1,725</td>
<td>22.8%</td>
</tr>
<tr>
<td>Asian Indian alone</td>
<td>303,475</td>
<td>57,235</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

*Census 2000 data

*Target of API formative research project
Social Inequalities Contribute to the Problem

Higher occurrence of obesity and lack of physical activity are strongly related to

- Less Education
- Lower Income
- Lower Social Class
- Being a Person of Color – applies to recent immigrants if they acculturate too quickly w/o enough info to make informed choices
From 1992 to 2001, Overweight Increased Most Sharply for California API Low-Income Children, Increasing 127% from 5.9% to 13.4%

Percent change of overweight, low-income CA children*

Overweight = BMI > 95th percentile. Overweight is comparable to obesity in adults.

* Children 5 - >20 years old

Source: California Dept. of Health Services, Children’s Medical Services Branch, California Pediatric Nutrition Surveillance System
Purpose of Project

- Explored knowledge, attitudes, opinions and reported behavior
  - health and healthy lifestyles
  - dietary practices
    - fruit and vegetable consumption
    - physical activity
- Among 3 low-income Asian-American ethnic groups in CA:
  - Chinese, Hmong, Vietnamese
- Reported findings and recommendations to DHS/CPNS for formal presentation at the 2004 Sacramento AANCART Academy
Limitations of this Rapid Assessment

- Cross-sectional
- Key informants were selected for their knowledge of the community; they provided a single interview; no opportunity to check concepts arising in focus groups or triangulate data
- Focus groups were recruited in opportunistic/convenience manner
- No formal ethnographic tasks were undertaken
- All adult focus group participants were first-generation immigrants
Community Partners

- UC Extension, Berkeley
- Kai Ming Head Start
- Chinese American Cancer Foundation
- Hmong Women’s Heritage Association
- Stone Soup
- Chinatown Service Center
### Communities of Focus

<table>
<thead>
<tr>
<th></th>
<th>Chinese</th>
<th>Hmong</th>
<th>Vietnamese</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td>4</td>
<td>36</td>
<td>5</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>28</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td><strong>Youth</strong></td>
<td>17</td>
<td>16</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>22</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td><strong>Key Informant</strong></td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total:** 236

- **Adult Age Range:** 25-80 years old (all 1st generation)
- **Youth Age Range:** 8-14 years old
- **K.I. Age Range:** 25-62 years old
Common Health Beliefs of Chinese, Hmong and Vietnamese

- Importance of F&V consumption and PA for general health
- Health includes concept of harmonious family and balance
- Healthy foods = fresh foods: pesticide-free, recently picked/slaughtered, hormone-free, non-frozen, not canned
- Concept of “warm” and “cool” foods
- Home-cooked meals healthier than eating out
Sample Selection Criteria

**Ethnicity:** Chinese, Hmong, and Vietnamese

**Poverty:** Below 185% federal poverty level

**Sites:** Los Angeles, San Francisco, Fresno, Sacramento, Elk Grove, Little Saigon, San Jose

**Participants:**
- 116 Adult FG Participants, age 25-80
- 105 Youth FG Participants, age 11-14
- 15 Key Informants, age 25-62
- 236 Total
Regularly Eaten Foods

**Breakfast**
- Bacon, Cereal, Congee, Donuts, Eggs, Fruits, Hash browns, Sausage, Milk, and Juice

**Lunch**
- Fruits, Hamburgers, Pizza, Milk, Vegetables, Burritos/Tacos/Nachos, Candy, Crackers/Chips, Fried Rice, Xoi, Hot dogs, Ice-cream, Instant noodles, Salad, Sandwiches, Juice, Soda, Sweet rice and coconut, and Yogurt

**Dinner**
- Rice, Vegetable dishes, Meat dishes, Fruits, Salad, Pasta, and Tofu
Regularly Eaten Foods

Healthy Drinks

- ACROSS THE BOARD: Milk and Water
- OTHERS: Boba tea/slushy, Diet sodas, Fruit Juice, Gatorade, Jamba Juice Smoothies, Tea

Unhealthy Drinks

- ACROSS THE BOARD: Soda and High Sugar Drinks
...and the social norm for serving size grows...and grows
Fruits & Vegetables

Commonly Eaten Fruits:
- Most frequently mentioned: Bananas and Oranges
- Chinese: Grapes, pears, watermelons, lychees, etc.
- Hmong: Guava, mango, pineapple, kiwis, etc.
- Vietnamese: Durian, rose apple, jackfruit, rambutan, etc.

Commonly eaten Vegetables:
- Traditional vegetables and common U.S. vegetables
- Chinese: Bok choy, Chinese greens, Chu san (Bamboo shoots), Kai lan (Chinese broccoli)
- Hmong: Beans, cabbage, broccoli, corn, mustard and collard greens, eggplant, peas, and squash
- Vietnamese: Ong Choy and Rau Den (Viet spinach)
Fruits & Vegetables

Time of Day/FAV

**COMMON:**
- Fruit eaten throughout the day as a snack or after dinner as dessert
- Vegetables usually served at every meal

**Benefits of FAV**

**COMMON:**
- Contains vitamins and minerals
- Provide energy and strength

**DIFFERENCES:**
- Chinese:
  - Fiber – easy to digest and prevents constipation
  - Make people beautiful
- Hmong: Prolongs life
- Hmong and Chinese: **Prevent sickness and diseases**
Be Aware of Fast Food Marketing

Kentucky Fried Chicken in Japan and China

McDonalds in China
Two overall goals for campaign from CAANPAC findings:

1) Maintenance of cultural integrity and pride

2) Necessity of cultural tailoring
Ways to Encourage/Maintain F & V Consumption:

**COMMON**

- Highlight importance of eating F&V daily
- Creative cooking to include F&V in every meal
- Educate parents and children about proper nutrition and benefits of F&V
- Have family dinners & create positive eating environment
- Parents serve as role models
- Purchase/serve more F&V
- Teach children at an early age to eat F&V
Ways to Encourage/Maintain Individual Level

Physical Activity:

All groups agreed:

- Reinforce tradition of family activities with children
- Provide low-cost or free supervised physical activities in the community
- Improve access to parks and playgrounds
Common Strategies and Suggestions - Group Level

Educational Materials/Workshops & Classes

- In-language materials
- Visual: pamphlets, stickers, health videos, posters, book covers, key chains
- Audio: Radio, incorporate music/jingle
- More pictures, less words
- Educational classes

Locations for Education/Outreach

- Churches/temples
- Community-based agencies
- Doctor’s offices/clinics
- Health fairs
- Asian Supermarkets
- Schools
Strategies and Suggestions - Community Level

**Media**

**COMMON:**
- In-language TV and radio
- Parents: commercials/PSAs between 6pm-8pm
- Use networks/programs children enjoy watching (e.g. cartoons)
- Shock campaigns (e.g. Truth.com)
- Using animation, celebrities, and/or athletes to market the message (e.g. Got Milk?)
- Billboards and signs also mentioned

**CULTURE SPECIFIC:**
- **Chinese:** In language newspapers
- **Hmong:** In language health videos
- **Vietnamese:** In language TV and radio
Strategies and Suggestions

Health Information Messengers

COMMON:
- Parents (mothers)
- Teachers
- Community health outreach worker/social workers
- Community/religious leaders
- Doctors, Nurses, Nutritionists, Health educators

CULTURE SPECIFIC:
- Chinese: Celebrities and Athletes
- Hmong: Counselors, Friends/Peers
- Chinese & Hmong: PTA
Maintenance of cultural integrity and pride

- Need knowledge of benefits of traditional cultural activities, foods and family practices to pass on to their children
- Need knowledge of healthy mainstream American foods, sports and family expectations
- Lack of time → default of convenience of American style meals and foods
- Children preferred (enjoyed) traditional foods and family time
- Blending of traditional and American style foods – congee and hot dogs, “Shalom Shanghai”
Conclusion:

With greater numbers of years in the US, traditional diets will inevitably include more Western foods. Helping our children become healthy adults means eating wisely and maintaining physically active lives.
What can we do to improve our individual and community health?

Community Advocacy

Healthy Diet

Exercise
SEACHRP Project Partners

- Families in Good Health/SMMC – Laotian
- Educated Men with Meaningful Messages – EM3 – Southeast Asian boys
- Cambodian Association of America – Cambodian
- Khmer Girls in Action – KGA – Cambodian girls
- Special Service for Groups – coordination
- Dr. Tu-Uyen Nguyen, UCLA/UCI - evaluator

All partners are bilingual community members working for more than 20 years in the community. All live and work in the community and have been refugees to the U.S.
Southeast Asian Children’s Health Research Project Goals

To find out from parents, grandparents, youth, health care providers, community leaders, teachers, and others the health, social, economic and educational needs of Southeast Asian children 0-5 years.

To find out what strategies they believe will help families support their young children in Long Beach.

To educate and advocate to policy makers, government officials, health care providers, educators, police officers and others about what they need to do to make Long Beach a better and more supportive place to live for Southeast Asian families with young children.
What is the Common Theme?

- Assessing the applicability of theories across multicultural communities using mixed methodologies and an anthropological lens that places study of culture at core.
- Developing and refining health-related models and theories that more accurately incorporate and measure constructs of ethnicity and culture within a social ecological framework.
- Using community-based participatory research approach to develop, implement, and evaluate programs.
API Demographics in California

- The Asian\(^1\) population in California has increased by 56% since 1999.

- There are 4.2 million Asian and Pacific Islanders (API) in California which comprises 35% of the US API total.

- APIs make up 11% of California’s population and 4% of total US population.

- Census projections reveal that the national API population will increase to 6.2% by 2025. ([http://ca.rand.org/stats/popdemo/popprojUS.html](http://ca.rand.org/stats/popdemo/popprojUS.html))

Census data, population projections
Asian population in US and California
Definitions of “Health Disparities”

WHO (1992)

Differences in health that are “not only unnecessary and avoidable but in addition, are considered unfair and unjust.”

NIH (2005)

“...differences in the incidence, prevalence, mortality and burden of disease and other adverse conditions that exist among specific population groups in the U.S.”

NCI (2005)

“...occur when members of certain population groups do not enjoy the same health status as other groups. Disparities are often identified along racial and ethnic lines, but also extend beyond race and ethnicity.”
Commonwealth Fund Report – Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans (Collins, Hughes, Doty et al., 2002)

Findings from 2001 Health Care Quality Survey found that minority Americans fared worse than whites and felt they were treated with disrespect on measures such as:

- effective patient-physician communication
- overcoming cultural and linguistic barriers, and
- access to health insurance.
Polynesian:
Native Hawaiian, Samoan, Tongan, Tahitian, Tokelauan, Polynesian not specified.
Micronesian:
Guamanian or Chamorro, Mariana Islander, Saipanese, Palauan, Carolinian, Kosraean, Pohnpeian, Chuukese, Yapese, Marshallese, I-Kiribati, Micronesian not-specified.
Melanesian:
Fijian, Ni-Vanuatu, Solomon Islander, Papua New Guinean, Melanesian not specified (New Caledonia, Torres Strait Islands).