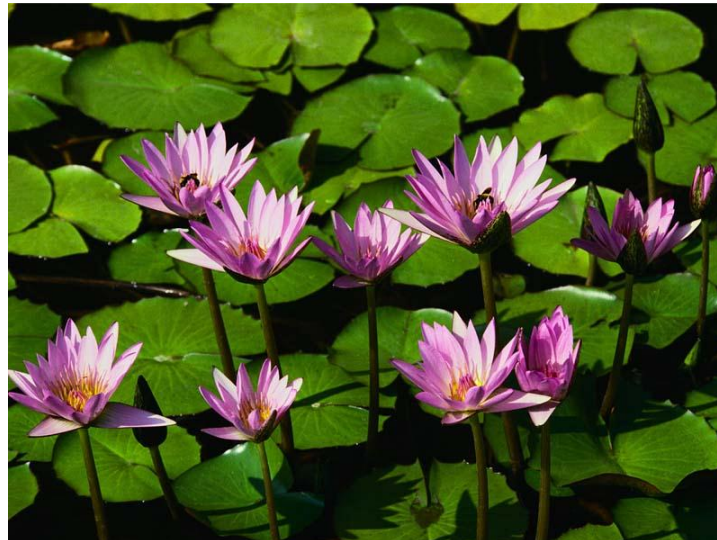


Social Determinants of Childhood Obesity for Asian Americans/ Southeast Asians



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.

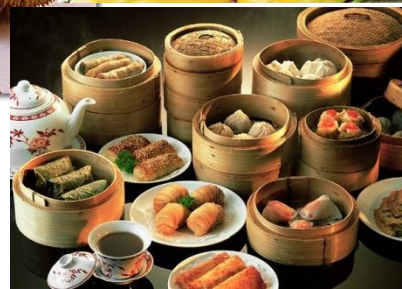


Objectives

- 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



Mangos from the Big Island of Hawaii





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.



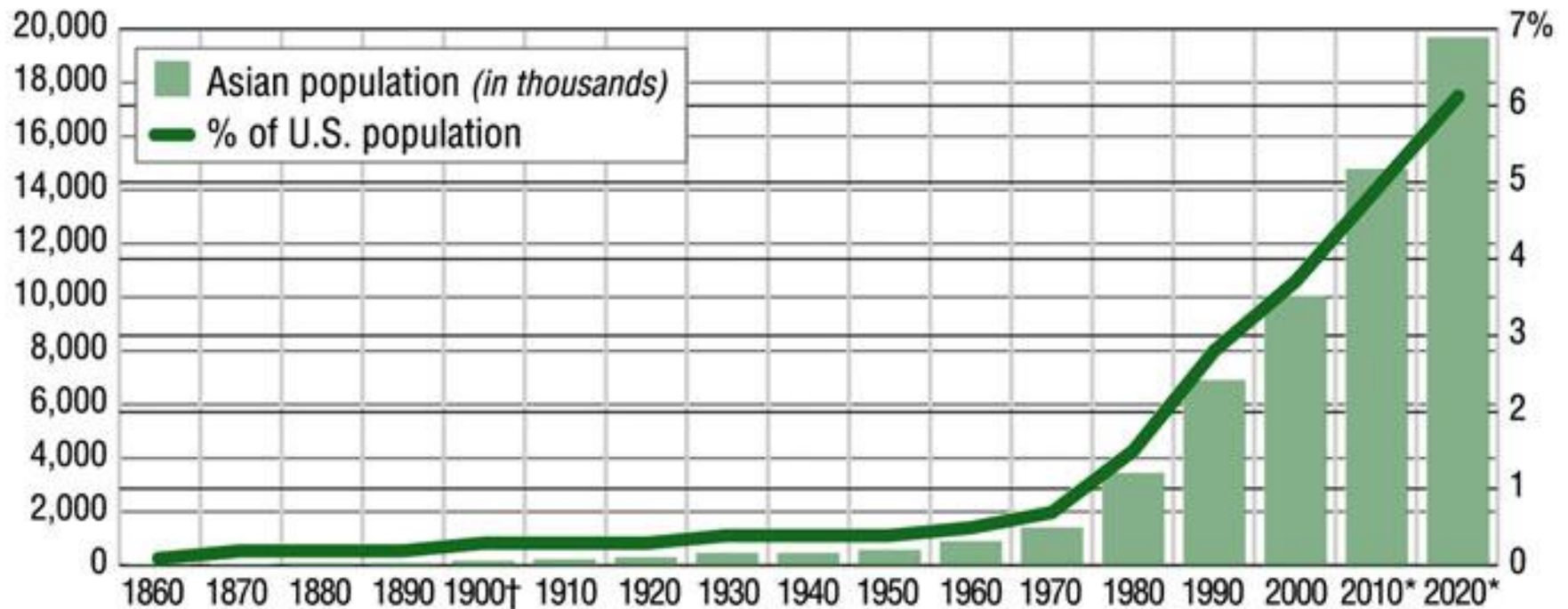
Insert CENSUS 2010 Slides



Objectives

- 1) Introduce demographics of Asian/ Southeast Asian populations – U.S. Census
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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

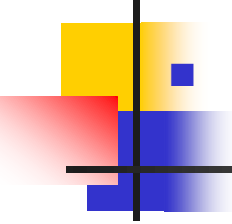
†1900 data includes Asian Americans in Alaska and Hawaii; previous years did not, hence the jump in population.

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 goal 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:

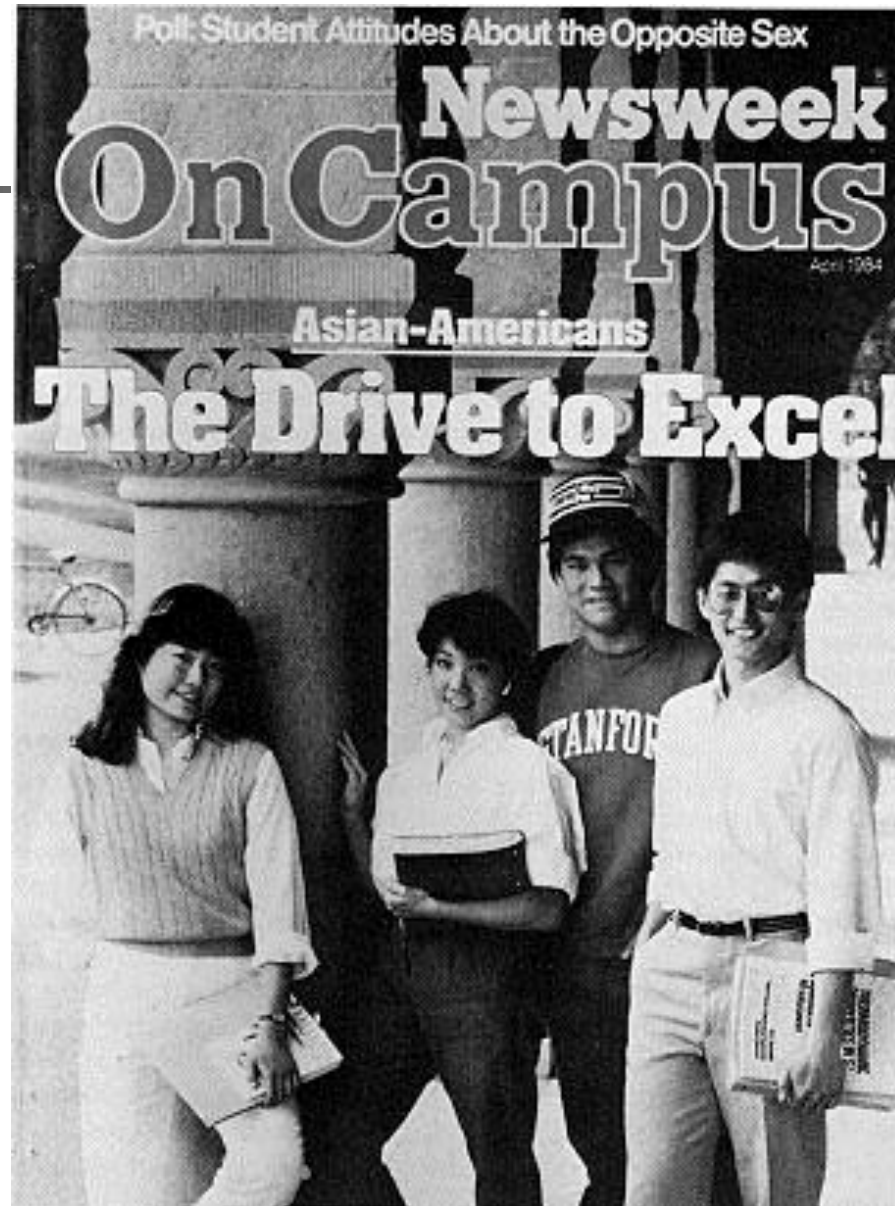
- Education
- Socioeconomics
- Health
- Nutrition
- Physical Activity



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

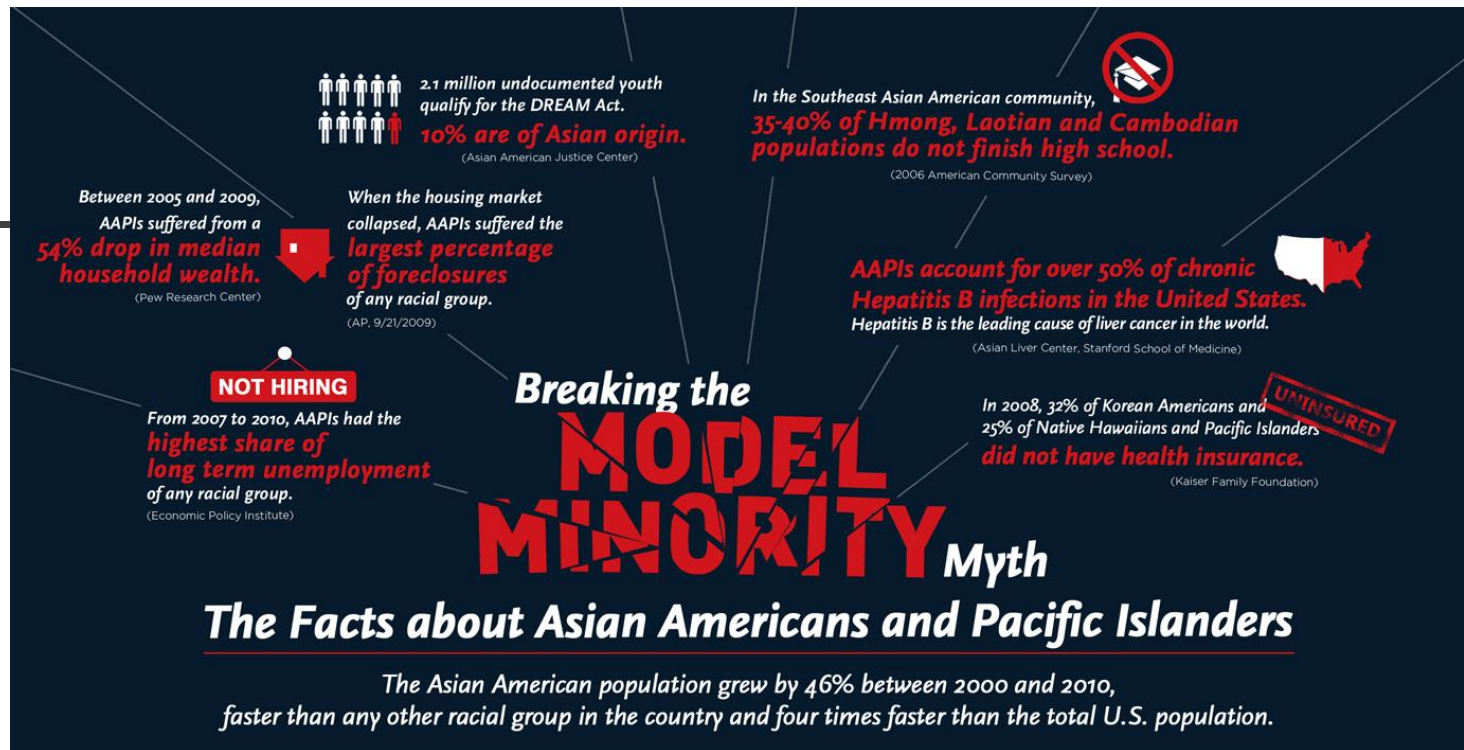
API Model Minority Images



API Model Minority Images



API Model Minority Images



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

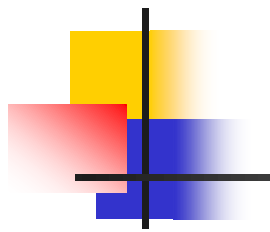


AAPI Data Barriers

- 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)

Asia

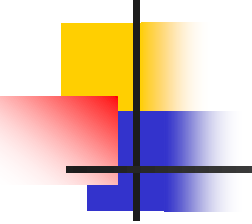




Southeast Asia:

Cambodia
Laos
Thailand
Vietnam
Thailand

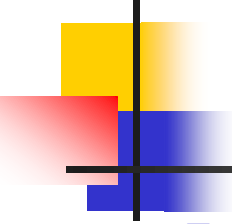
Refugees



“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

- First Wave: 1975 – 1977

Generally more educated, higher social economic status

- Second Wave: 1978 – 1980s –

Land & boat people – less resources

- Third Wave: 1980s to present:

- * Orderly Departure Program (ODP)
- * Amerasian Homecoming Act
- * Humanitarian Operation (H.O.)

Boat People – 2nd wave

Những tỵ nạn Việt Nam đi tìm tự do bằng những chiếc tàu quả nhỏ
so với lượng người đi (1984)



Boat people footage:

<http://www.youtube.com/watch?v=V8pUiZb5ups>

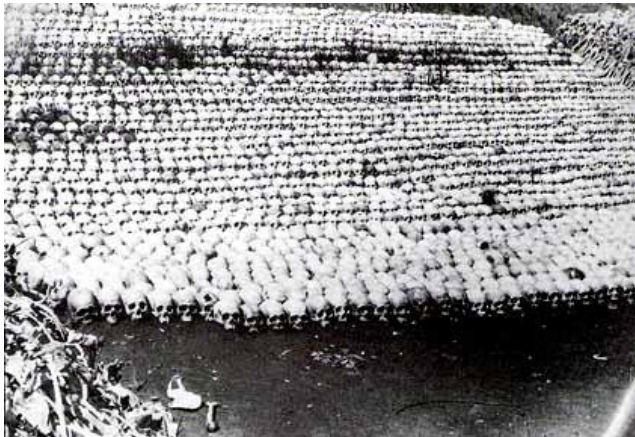
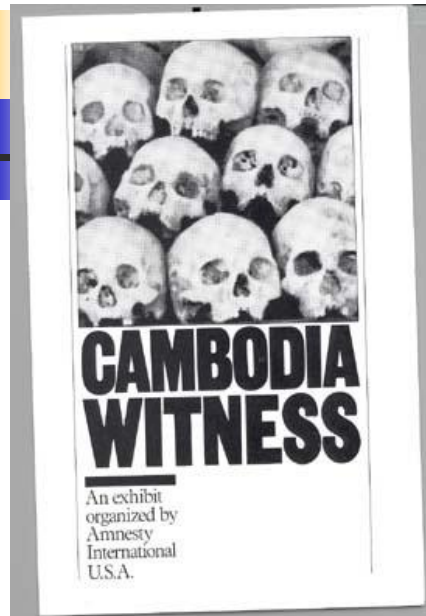
<http://www.youtube.com/watch?v=IK1Fys9xAYE&feature=related>

Land Refugees – 2nd Wave



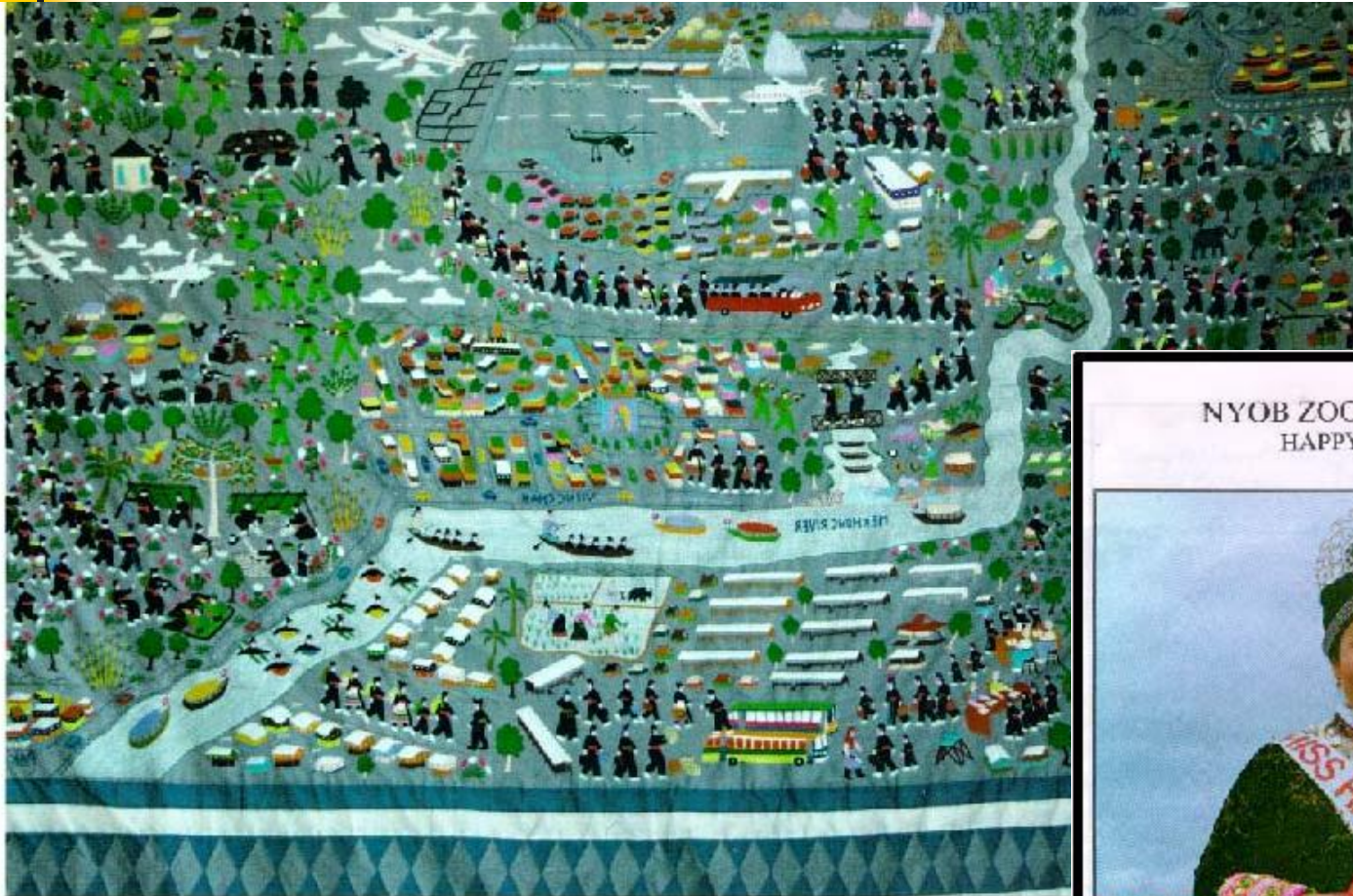
**Mostly
Cambodians
Hmongs
Laotians**

Cambodian –Pol Pot/ Khmer Rouge and Aftermath



<http://www.youtube.com/watch?v=hy3nmHH6Lho&feature=related>

Hmong Story Cloth



NYOB ZOO XYOO TSHIAB
HAPPY NEW YEAR
1993

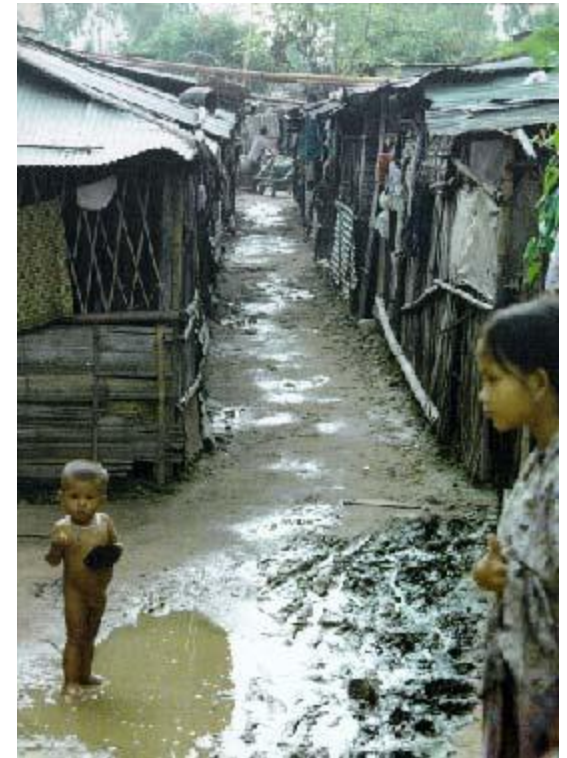


NIAM NKAUJ NTSUAB XYOO 1993
MISS HMONG USA

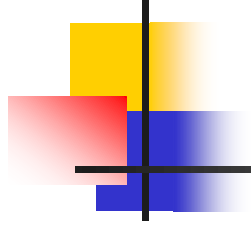
Lao Culture



Refugee Camps



Refugee Activity

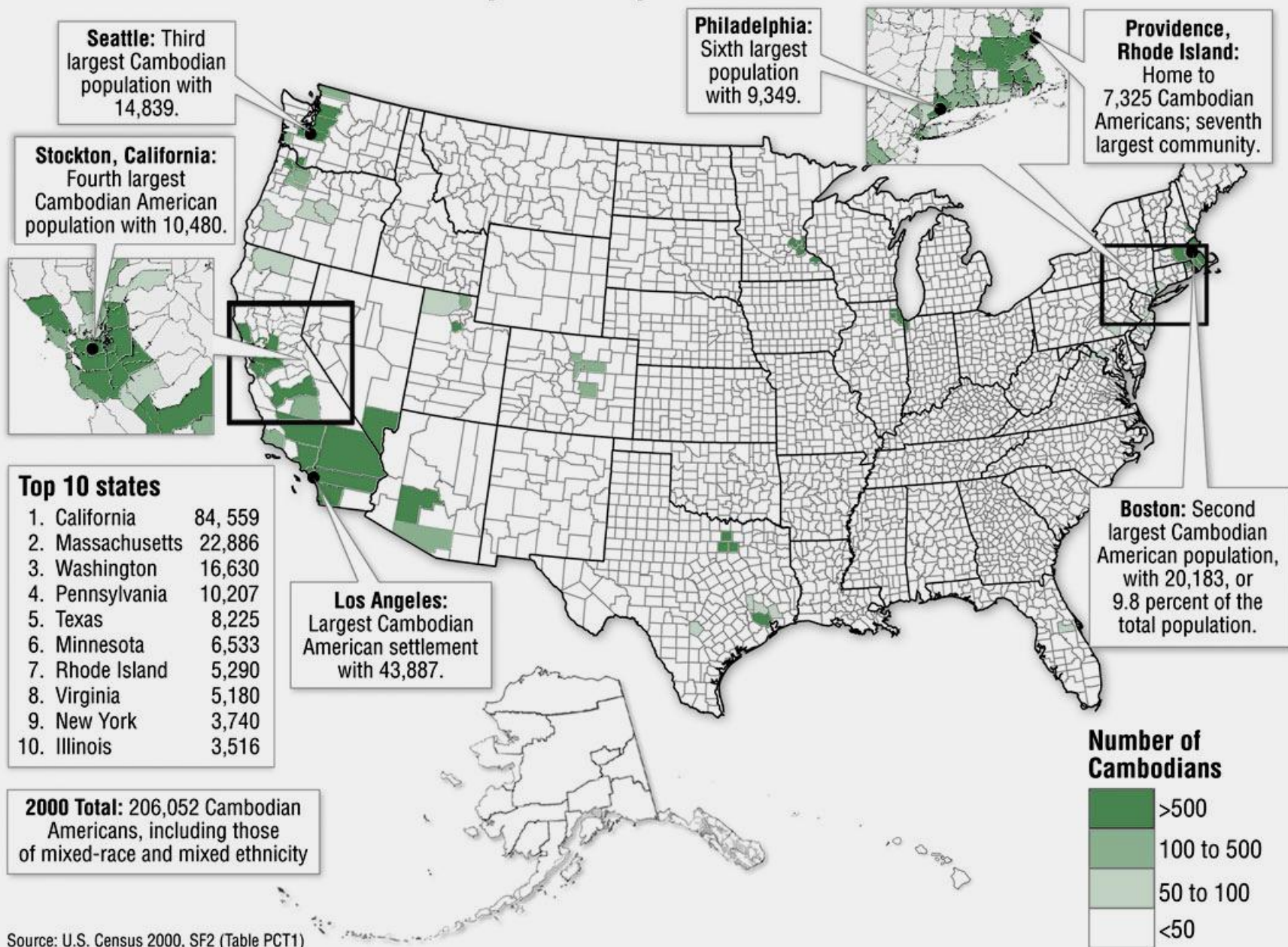




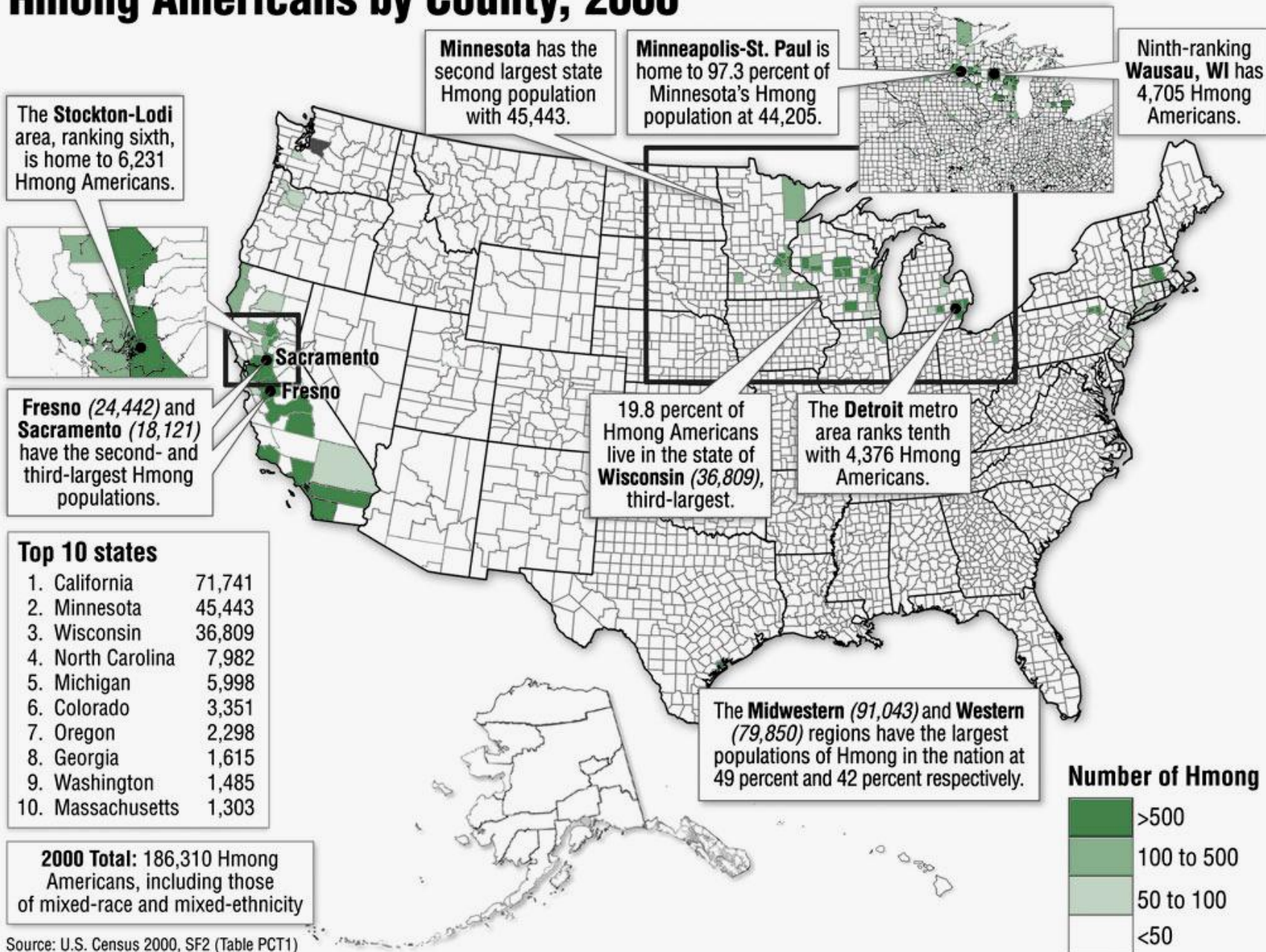
Refugee Act of 1980

- 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

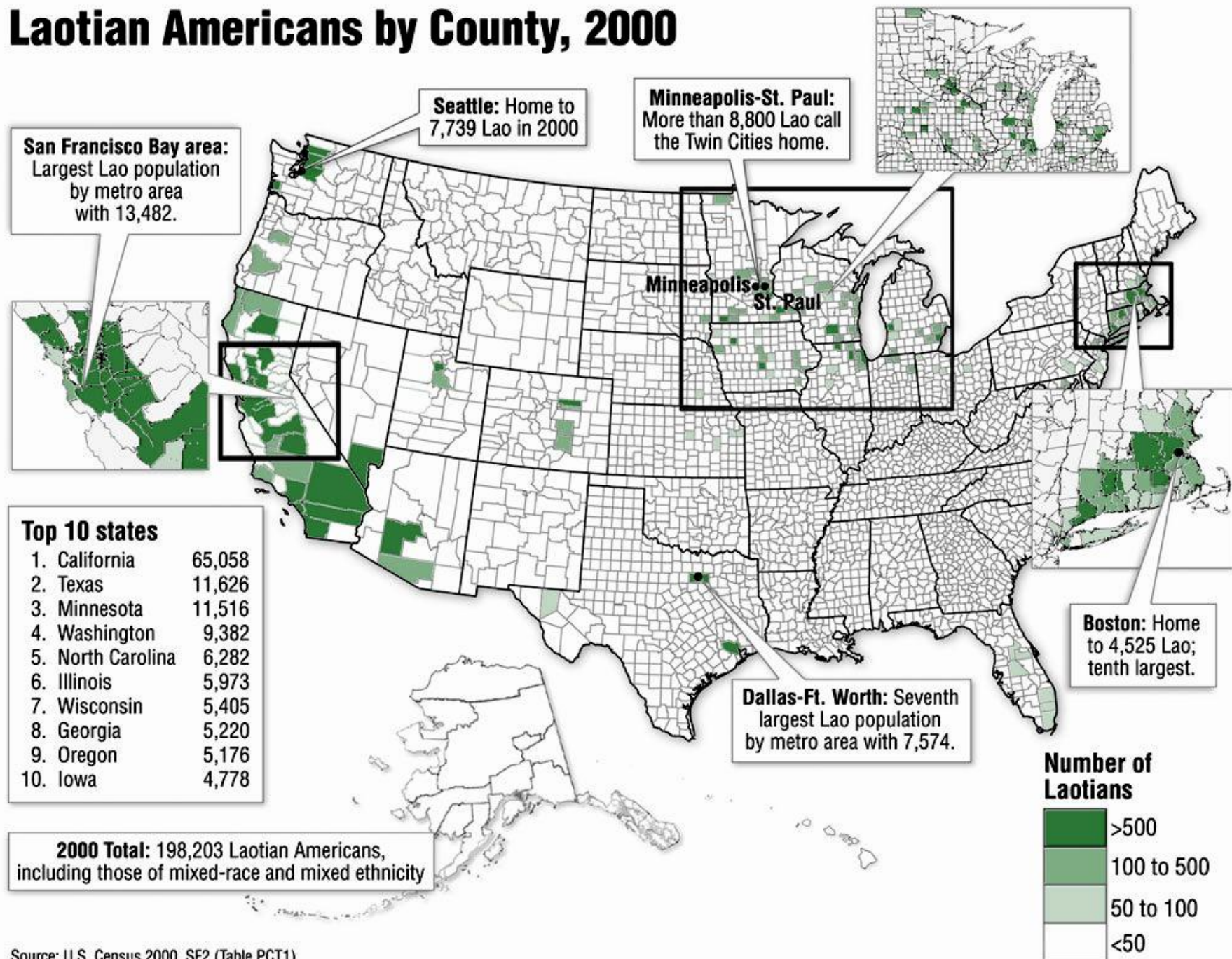


Hmong Americans by County, 2000

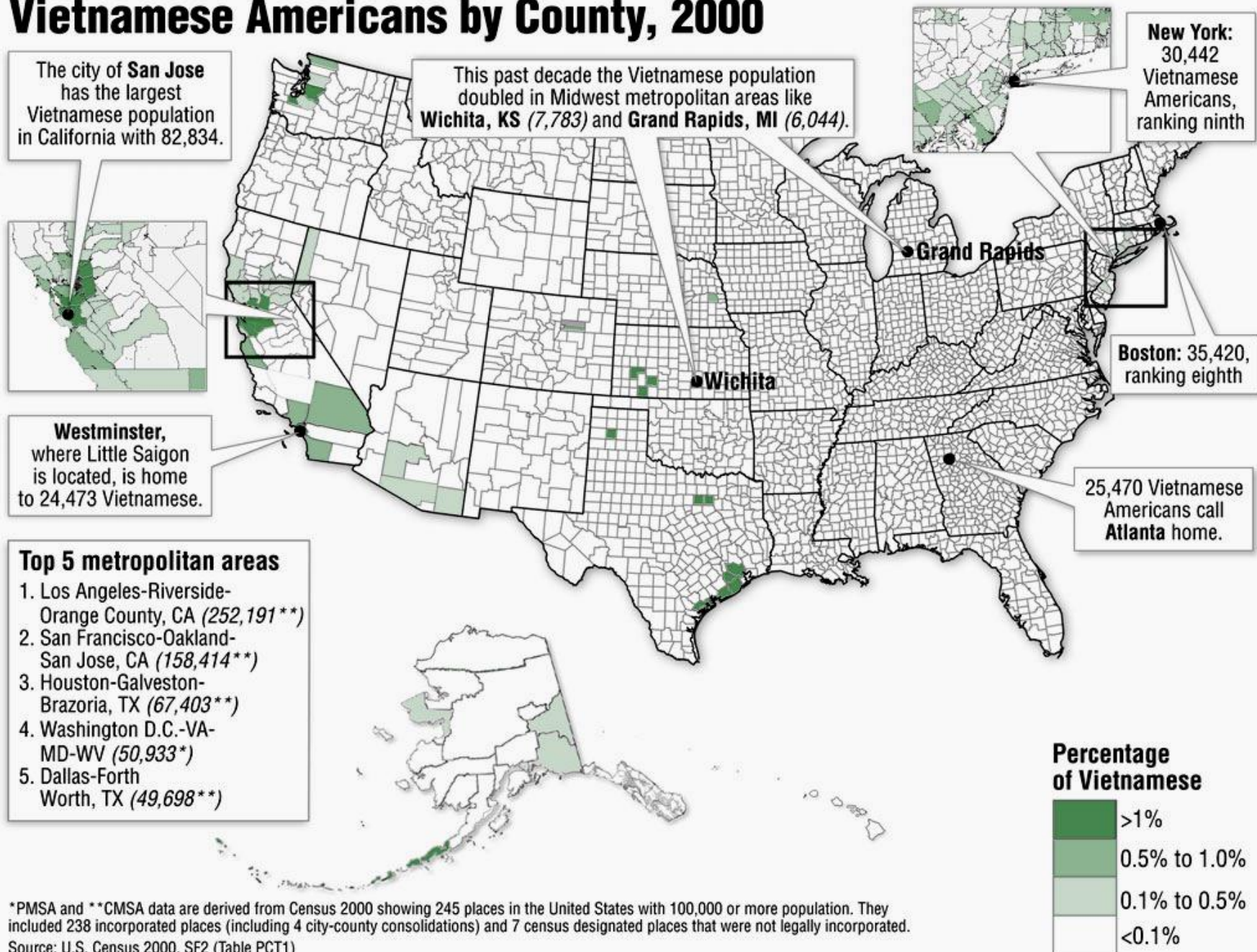


Source: U.S. Census 2000, SF2 (Table PCT1)

Laotian Americans by County, 2000



Vietnamese Americans by County, 2000



*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



	Median Age		Average Household Size		Home Ownership		Less Than High School Degree		Below Federal Poverty Line		200% of Federal Poverty Line		Public Assistance Income	
	PCT 4		PCT 8		HCT 2		PCT 64		PCT 142		PCT 141		PCT 100	
1.	Latino	25	Latino	4.61	Black	38%	Latino	55%	Latino	19%	Latino	51%	Asian	6%
2.	Pac. Islander	27	Pac. Islander	3.53	Latino	42%	Am. Indian	25%	Am. Indian	13%	Am. Indian	32%	Am. Indian	5%
3.	Black	29	Asian	3.42	Am. Indian	48%	Asian	19%	Black	12%	Black	28%	Latino	5%
4.	Am. Indian	31	Am. Indian	3.28	Pac. Islander	50%	Pac. Islander	18%	Asian	11%	Pac. Islander	27%	Black	4%
5.	Asian	33	Black	2.83	Asian	58%	Black	13%	Pac. Islander	9%	Asian	26%	Pac. Islander	3%
6.	White	40	White	2.44	White	69%	White	7%	White	5%	White	13%	White	2%
	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 white which are for single race whites.

Asian and Pacific Islander Ethnic Groups

	Median Age		Average Household Size		Home Ownership		Less Than High School Degree		Below Federal Poverty Line		200% of Federal Poverty Line		Public Assistance Income	
1.	Tongan	21	Hmong	5.96	Tongan	36%	Tongan	50%	Tongan	23%	Tongan	66%	Hmong	22%
2.	Hmong	22	Samoan	5.18	Bangladeshi	39%	Hmong	50%	Cambodian	18%	Hmong	39%	Tongan	17%
3.	Samoan	22	Laotian	5.02	Samoan	42%	Laotian	43%	Indonesian	16%	Vietnamese	37%	Vietnamese	14%
4.	Cambodian	29	Tongan	4.71	Hmong	46%	Cambodian	38%	Vietnamese	15%	Cambodian	36%	Laotian	12%
5.	Guamanian	29	Cambodian	4.45	Korean	49%	Vietnamese	34%	Thai	15%	Bangladeshi	33%	Cambodian	11%
6.	Laotian	29	Vietnamese	4.19	Vietnamese	51%	Bangladeshi	24%	Taiwanese	14%	Korean	30%	Guamanian	6%
7.	Nat. Hawaiian	29	Pakistani	3.70	Cambodian	53%	Guamanian	24%	Korean	12%	Indonesian	29%	Samoan	4%
8.	Pakistani	29	Bangladeshi	3.58	Nat. Hawaiian	53%	Samoan	19%	Sri Lankan	11%	Thai	29%	Korean	3%
9.	Bangladeshi	30	Filipino	3.44	Pakistani	54%	Chinese excl	13%	Bangladeshi	11%	Samoan	26%	Asian Indian	3%
10.	Thai	30	Sri Lankan	3.44	Asian Indian	55%	Asian Indian	13%	Guamanian	11%	Guamanian	23%	Chinese excl	2%
11.	Filipino	31	Asian Indian	3.31	Thai	57%	Chinese	12%	Chinese	11%	Taiwanese	23%	Chinese	2%
12.	Vietnamese	32	Taiwanese	3.24	Indonesian	57%	Pakistani	12%	Chinese excl	10%	Laotian	23%	Nat. Hawaiian	2%
13.	Asian Indian	32	Korean	3.19	Laotian	58%	Thai	12%	Laotian	9%	Pakistani	22%	Filipino	2%
14.	Indonesian	32	Thai	3.16	Filipino	59%	Nat. Hawaiian	12%	Hmong	9%	Sri Lankan	21%	Taiwanese	2%
15.	Chinese excl	33	Guamanian	3.15	Sri Lankan	62%	Sri Lankan	10%	Samoan	8%	Chinese	20%	Thai	1%
16.	Chinese	34	Chinese	3.00	Guamanian	64%	Korean	10%	Pakistani	7%	Chinese excl	19%	Indonesian	1%
17.	Korean	34	Chinese excl	2.97	Japanese	69%	Indonesian	9%	Filipino	7%	Asian Indian	18%	Pakistani	1%
18.	Taiwanese	34	Indonesian	2.87	Chinese excl	70%	Filipino	8%	Japanese	6%	Nat. Hawaiian	18%	Japanese	1%
19.	Sri Lankan	35	Nat. Hawaiian	2.73	Chinese	71%	Taiwanese	6%	Asian Indian	6%	Filipino	16%	Bangladeshi	0%
20.	Japanese	36	Japanese	2.46	Taiwanese	78%	Japanese	5%	Nat. Hawaiian	5%	Japanese	13%	Sri Lankan	0%

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

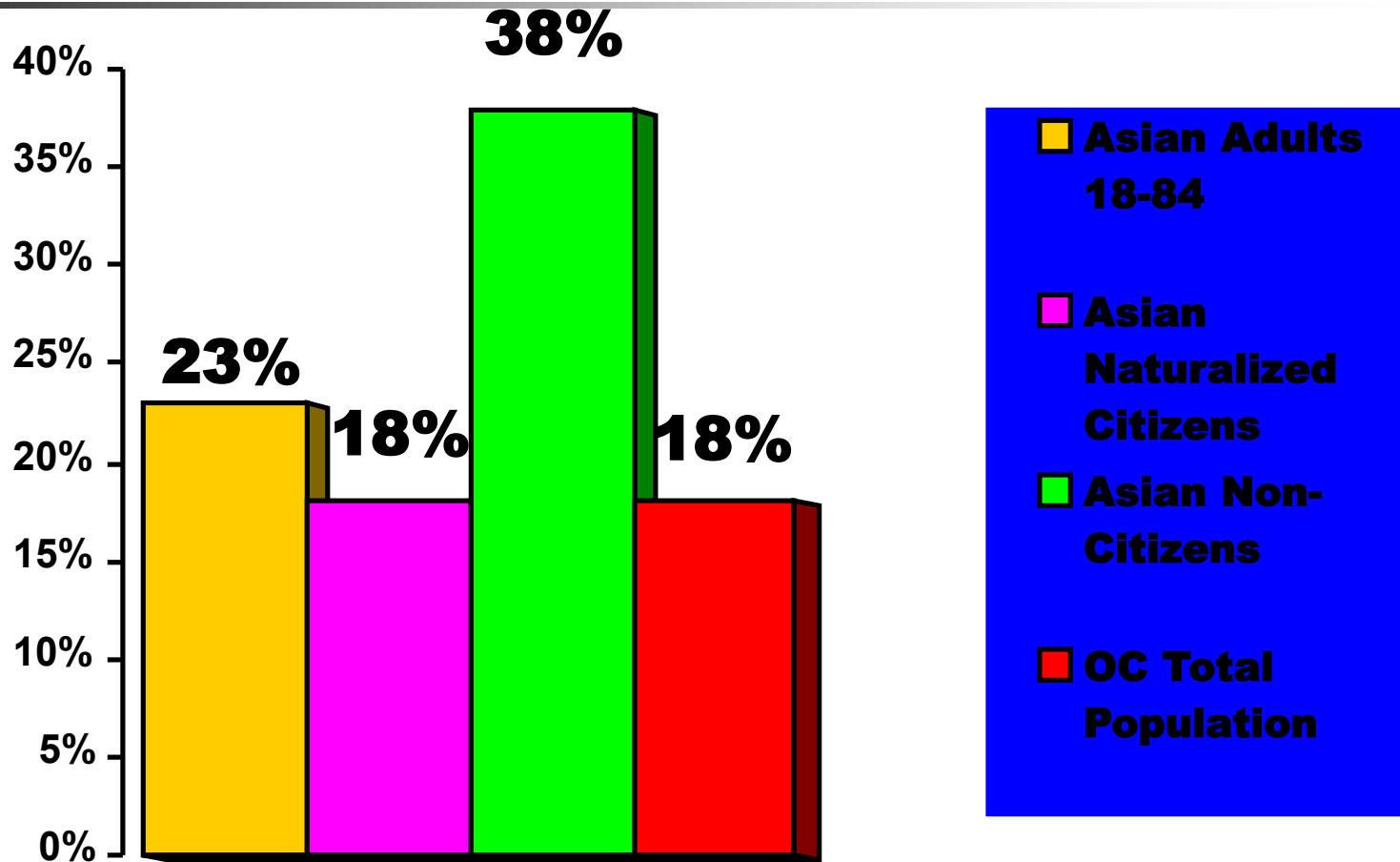
Median Household Income		Per Capita Income		Foreign Born		Naturalization Rate of Foreign Born		Speak Other than English at Home		Speak English Less than "Very Well"		Linguistically Isolated Households	
PCT 89		PCT 130		PCT 44		PCT 44		PCT 38		PCT 38		PCT 42	
Latino	44,676	Latino	12,122	Asian	66%	Latino	20%	Latino	81%	Latino	48%	Asian	29%
Black	50,058	Pac. Islander	18,208	Latino	51%	Am. Indian	26%	Asian	80%	Asian	45%	Latino	27%
Pac. Islander	51,534	Am. Indian	19,720	Pac. Islander	23%	Black	31%	Pac. Islander	43%	Am. Indian	17%	Am. Indian	7%
Am. Indian	51,768	Black	20,367	Am. Indian	18%	Pac. Islander	48%	Am. Indian	34%	Pac. Islander	15%	Pac. Islander	5%
Asian	58,229	Asian	20,768	Black	12%	Asian	57%	Black	17%	Black	7%	Black	3%
White	65,160	White	35,739	White	8%	White	59%	White	9%	White	2%	White	1%
Orange County 58,820		Orange County 25,826		Orange County 30%		Orange County 38%		Orange County 41%		Orange County 22%		Orange County 10%	

Median Household Income		Per Capita Income		Foreign Born		Naturalization Rate of Foreign Born		Speak Other than English at Home		Speak English Less than "Very Well"		Linguistically Isolated Households	
Tongan	32,321	Tongan	6,308	Bangladeshi	81%	Japanese	28%	Bangladeshi	99%	Vietnamese	64%	Vietnamese	46%
Bangladeshi	41,406	Hmong	11,060	Sri Lankan	80%	Bangladeshi	34%	Vietnamese	95%	Taiwanese	56%	Taiwanese	39%
Indonesian	46,774	Samoa	11,773	Taiwanese	78%	Tongan	35%	Laotian	94%	Laotian	55%	Korean	39%
Korean	47,563	Cambodian	13,160	Vietnamese	76%	Indonesian	37%	Taiwanese	94%	Korean	54%	Thai	37%
Cambodian	48,274	Bangladeshi	13,243	Korean	72%	Guamanian	39%	Hmong	91%	Hmong	52%	Laotian	34%
Guamanian	50,288	Laotian	13,864	Asian Indian	71%	Sri Lankan	43%	Cambodian	89%	Cambodian	52%	Bangladeshi	30%
Vietnamese	51,230	Vietnamese	15,324	Thai	69%	Thai	45%	Korean	89%	Thai	51%	Cambodian	28%
Thai	52,180	Guamanian	17,361	Pakistani	69%	Korean	48%	Thai	86%	Bangladeshi	44%	Chinese	26%
Pakistani	58,063	Korean	18,517	Cambodian	68%	Asian Indian	49%	Pakistani	83%	Chinese	40%	Chinese excl	24%
Samoa	58,750	Thai	19,576	Indonesian	67%	Pakistani	51%	Asian Indian	81%	Chinese excl	38%	Hmong	23%
Nat. Hawaiian	59,091	Indonesian	19,762	Laotian	67%	Laotian	53%	Chinese	79%	Indonesian	33%	Japanese	18%
Taiwanese	59,145	Filipino	21,037	Chinese	64%	Taiwanese	57%	Chinese excl	77%	Tongan	28%	Indonesian	18%
Laotian	60,583	Sri Lankan	22,208	Chinese excl	61%	Nat. Hawaiian	57%	Sri Lankan	76%	Asian Indian	24%	Tongan	14%
Sri Lankan	62,679	Pakistani	22,362	Filipino	57%	Filipino	60%	Indonesian	72%	Japanese	22%	Pakistani	12%
Chinese	65,347	Taiwanese	22,683	Hmong	53%	Cambodian	63%	Tongan	66%	Pakistani	21%	Asian Indian	9%
Japanese	66,154	Chinese	26,189	Tongan	45%	Chinese	64%	Filipino	62%	Filipino	17%	Samoa	7%
Chinese excl	66,631	Nat. Hawaiian	26,389	Japanese	30%	Vietnamese	64%	Samoa	60%	Samoa	17%	Filipino	7%
Filipino	66,787	Chinese excl	26,867	Samoa	21%	Samoa	65%	Japanese	40%	Guamanian	15%	Sri Lankan	5%
Asian Indian	72,432	Asian Indian	27,762	Guamanian	13%	Chinese excl	65%	Guamanian	37%	Sri Lankan	8%	Nat. Hawaiian	1%
Hmong	*	Japanese	29,870	Nat. Hawaiian	4%	Hmong	74%	Nat. Hawaiian	14%	Nat. Hawaiian	4%	Guamanian	1%

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

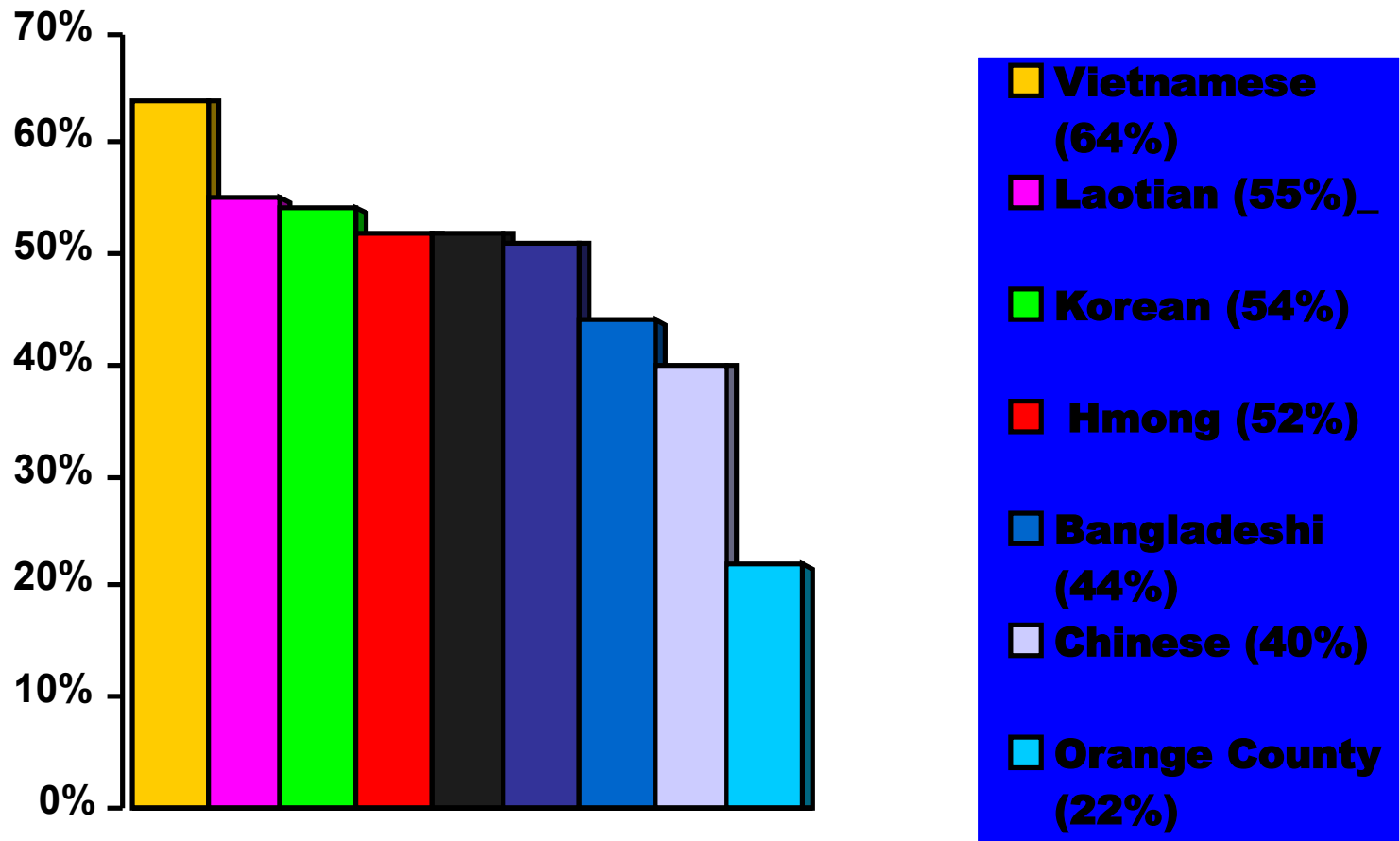
~ Source: The Diverse Face of Asians and Pacific Islanders in Orange County: Asian and Pacific Islander Demographic Profile – www.apalc.org

OC Asian Uninsured Adults



OC API Language Indicators–

Percent who speak English less than “very well”



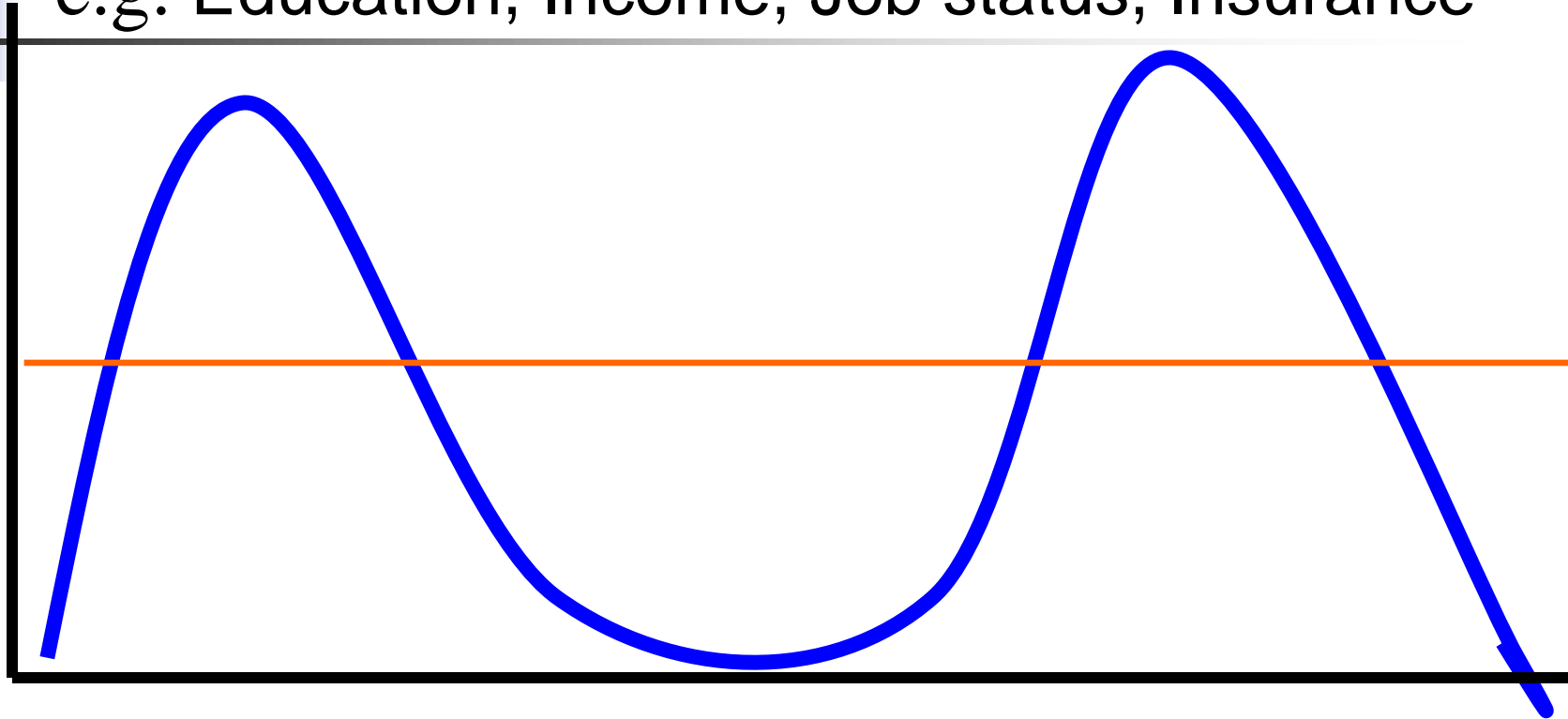


Model Minority Myth - Barriers

- 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



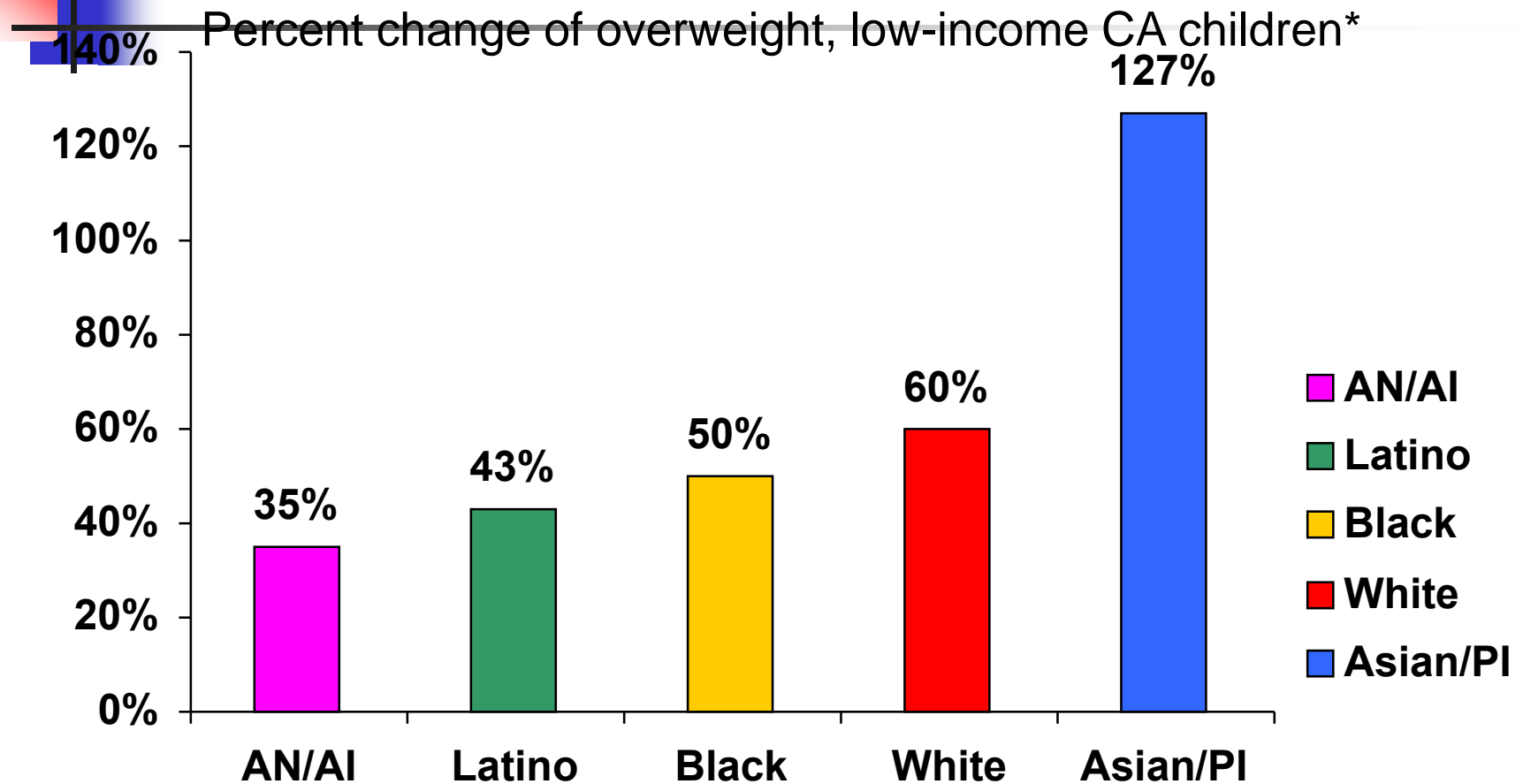
Over-represented at the low and the high ends so aggregated data makes those at greatest risk invisible = Model Minority Myth



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%



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

* Children 5 - >20 years old

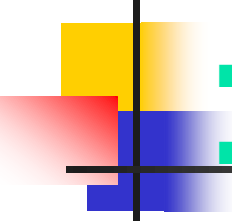
Source: California Dept. of Health Services, Children's Medical Services Branch, California Pediatric Nutrition Surveillance System



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

Social Ecological Model/ Perspective

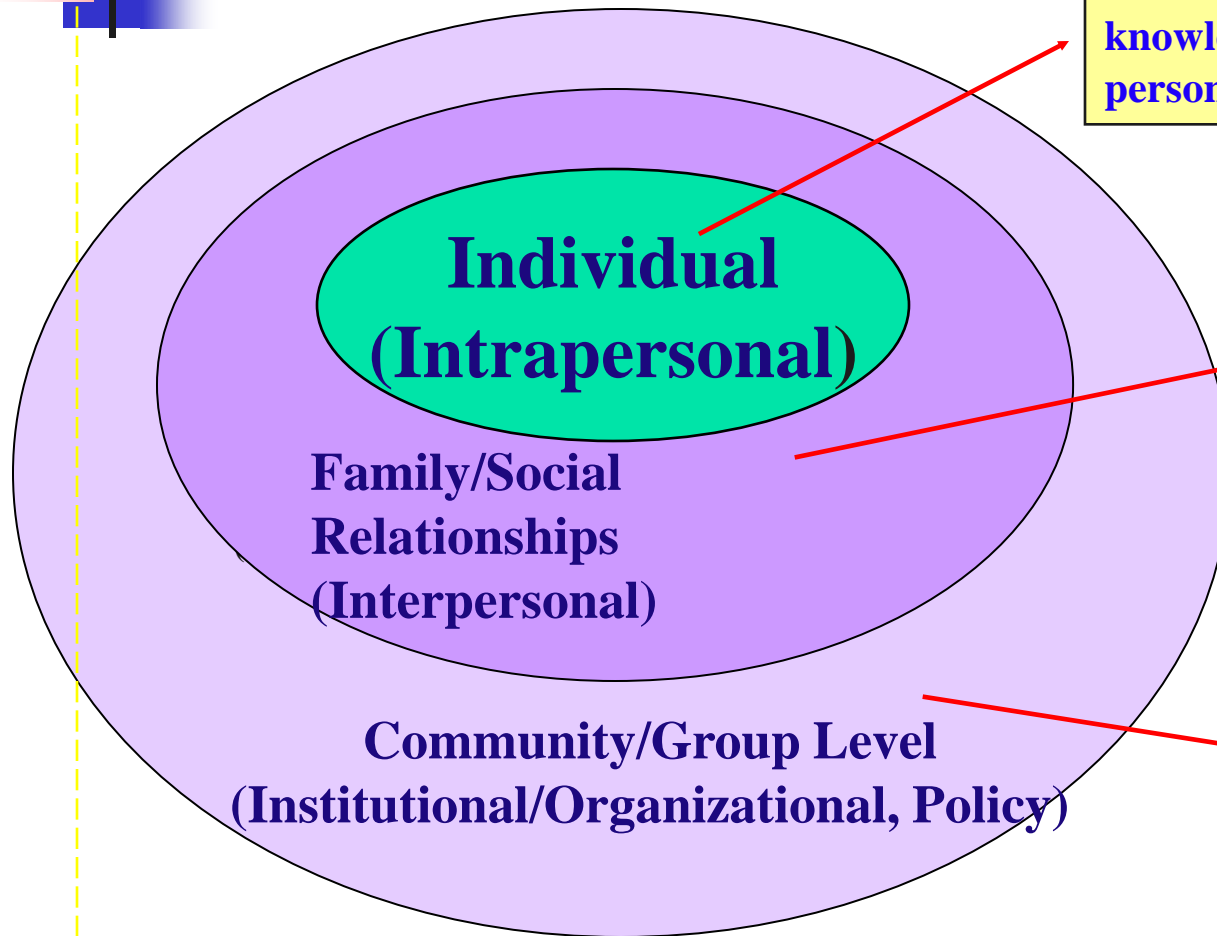


- ❖ The Social Ecological perspective is a multi-level, dynamic & inter-disciplinary approach to understanding how health issues are influenced by 5 interacting levels:
 - Intrapersonal or Individual factors
 - Interpersonal or Family factors
 - Organizational or Institutional factors
 - Community factors
 - Public Policy factors

~ McLeroy et al., 1988.

Social Ecological Approach to Community Health

Cultural Milieu



Individual 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

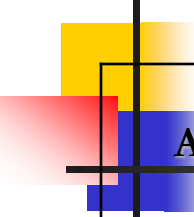


- Among immigrant API: ↑ number of years in the US = ↑ weight.
- Obesity ↑ x2 from first to second generation AA adolescents.
- Asian children born outside the U.S. less obesity than those born in US of immigrant parents.
- 1996 Medical Expenditure Survey shows: Latino and API adolescents more overweight.
- Obese children who grow into obese adults live 10 – 20 fewer years

Haas JS, American Journal of Public Health, 2003

Popkin BM, American Society for Nutritional Sciences, 1997

Low-Income Asian subgroups in California



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

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

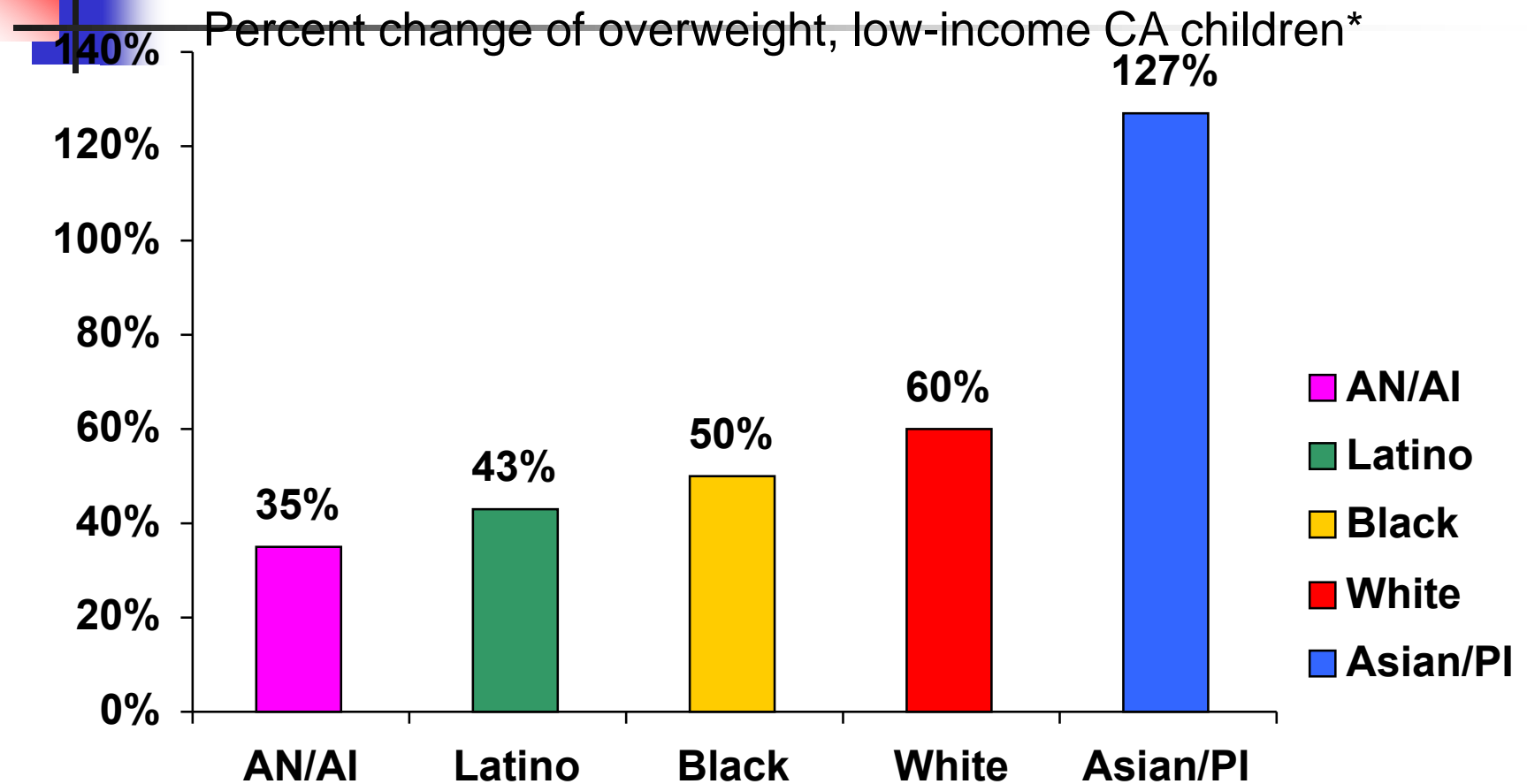
Lower Income

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%



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

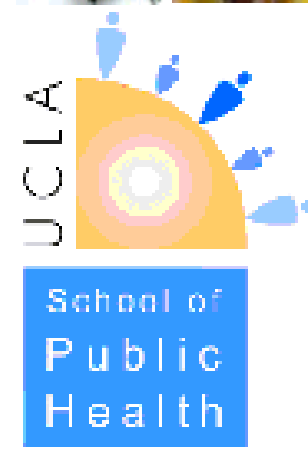


Limitations of this Rapid Assessment

- ~~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

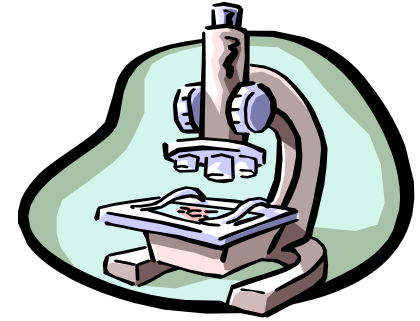
Chinatown
Service Center

Vietnamese American
Cancer Foundation

Hmong Women's
Heritage Association

Stone Soup

Communities of Focus



	Chinese		Hmong		Vietnamese		Total
	Male	Female	Male	Female	Male	Female	
Adult	4	36	5	39	4	28	116
Youth	17	16	18	22	10	22	105
Key Informant	2	3	2	3	2	3	15
							236

Adult Age Range: 25-80 years old (all 1st generation)

Youth Age Range: 8-14 years old

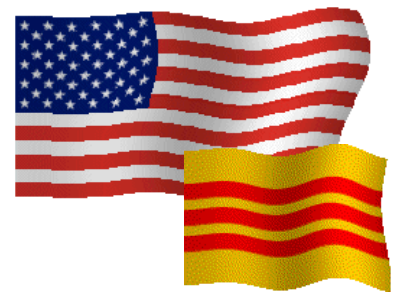
K.I. Age Range: 25-62 years old

Common Health Beliefs of Chinese, Hmong and Vietnamese

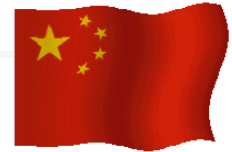


- Importance of F&V consumption and PA for general health
- Health includes concept of harmonious family and balance
- Healthy foods = fresh foods: pesticide-free, recently picked/slaughtered, hormone-free, non-frozen, not canned
- Concept of “warm” and “cool” foods
- Home-cooked meals healthier than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

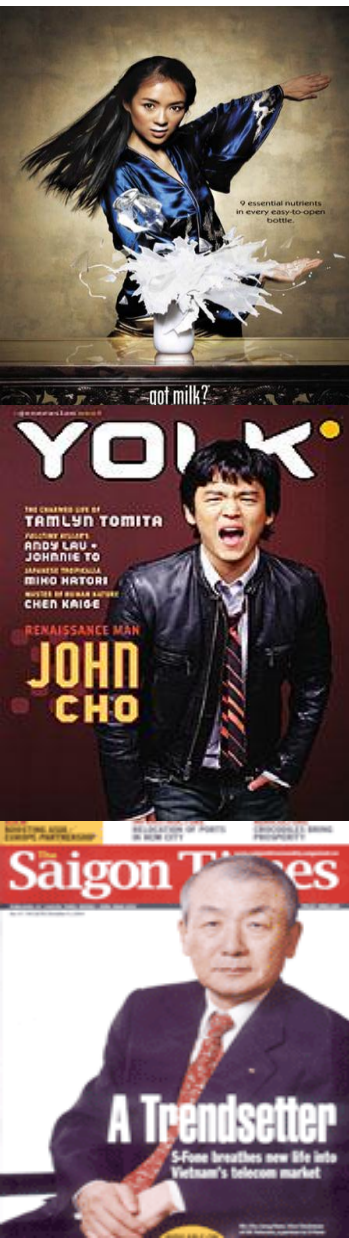
- Visual: pamphlets, stickers, health videos, posters, book covers, key chains
- Audio: Radio, incorporate music/jingle
- More pictures, less words
- Educational classes

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 Messenger

COMMON:

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



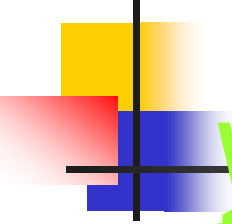
CULTURE SPECIFIC:

- **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:



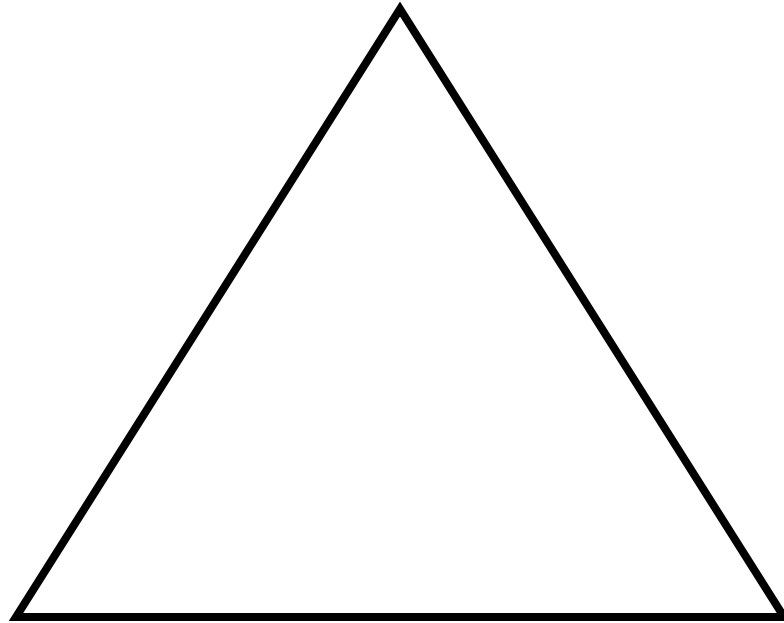
With greater numbers of years in the US, traditional diets will inevitably include more Western foods. Helping our children become healthy adults means eating wisely and maintaining physically active lives.

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,





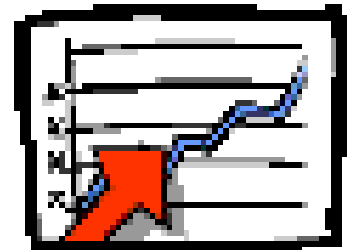
What is the Common Theme?

- 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

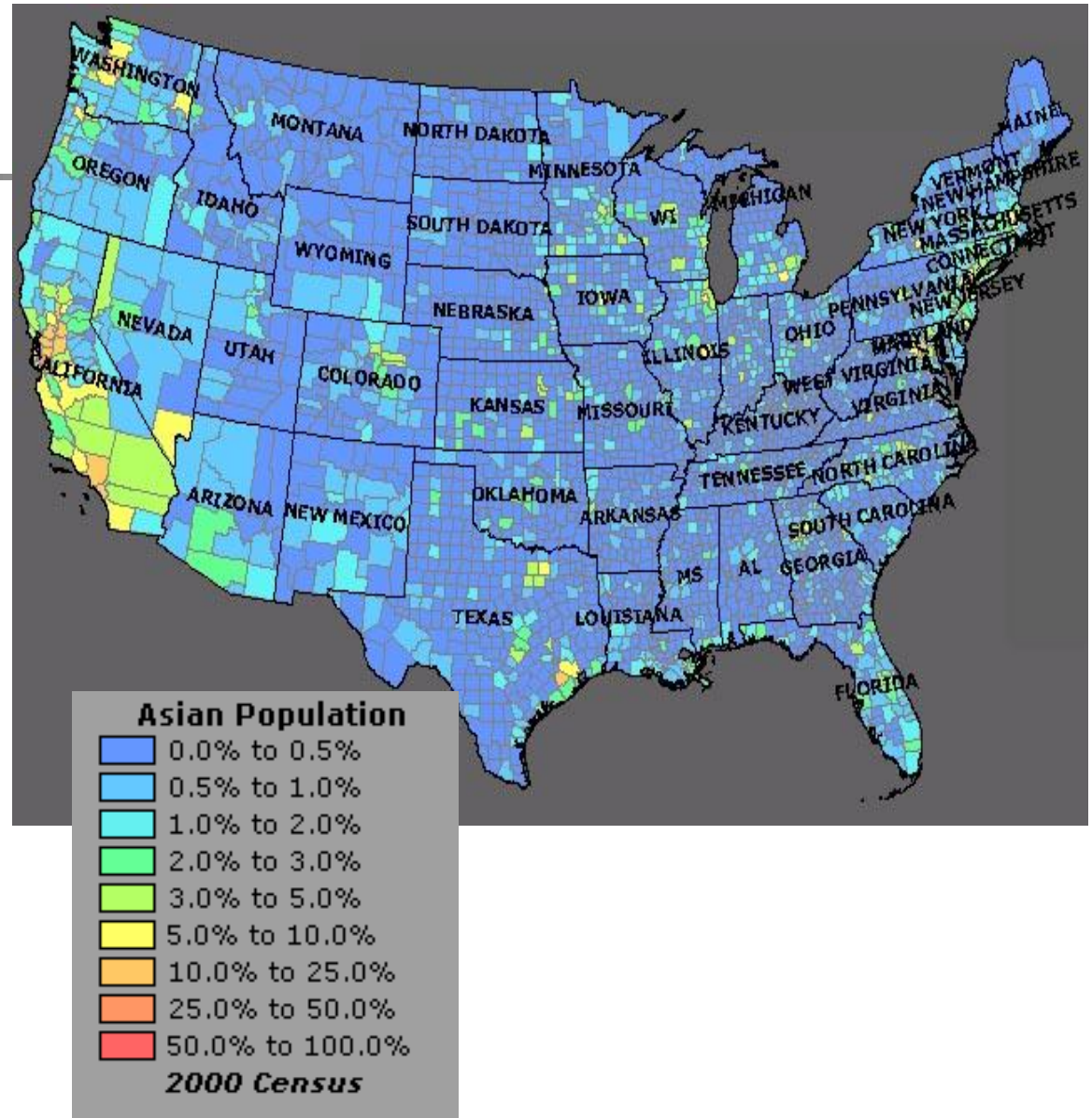
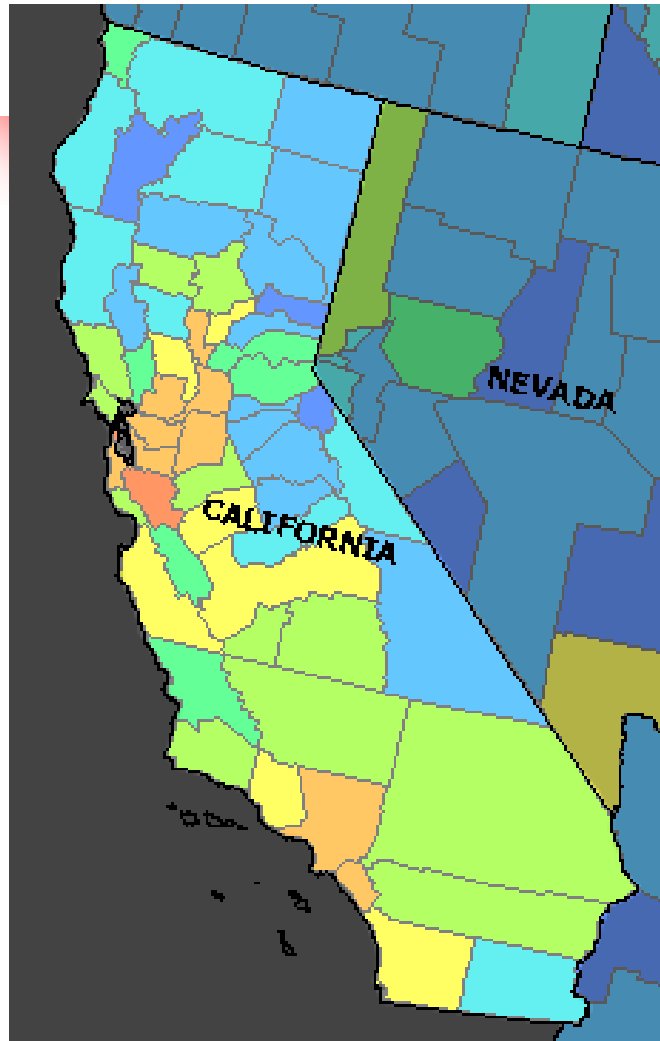
API Demographics in California

- The Asian¹ 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>)

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.”



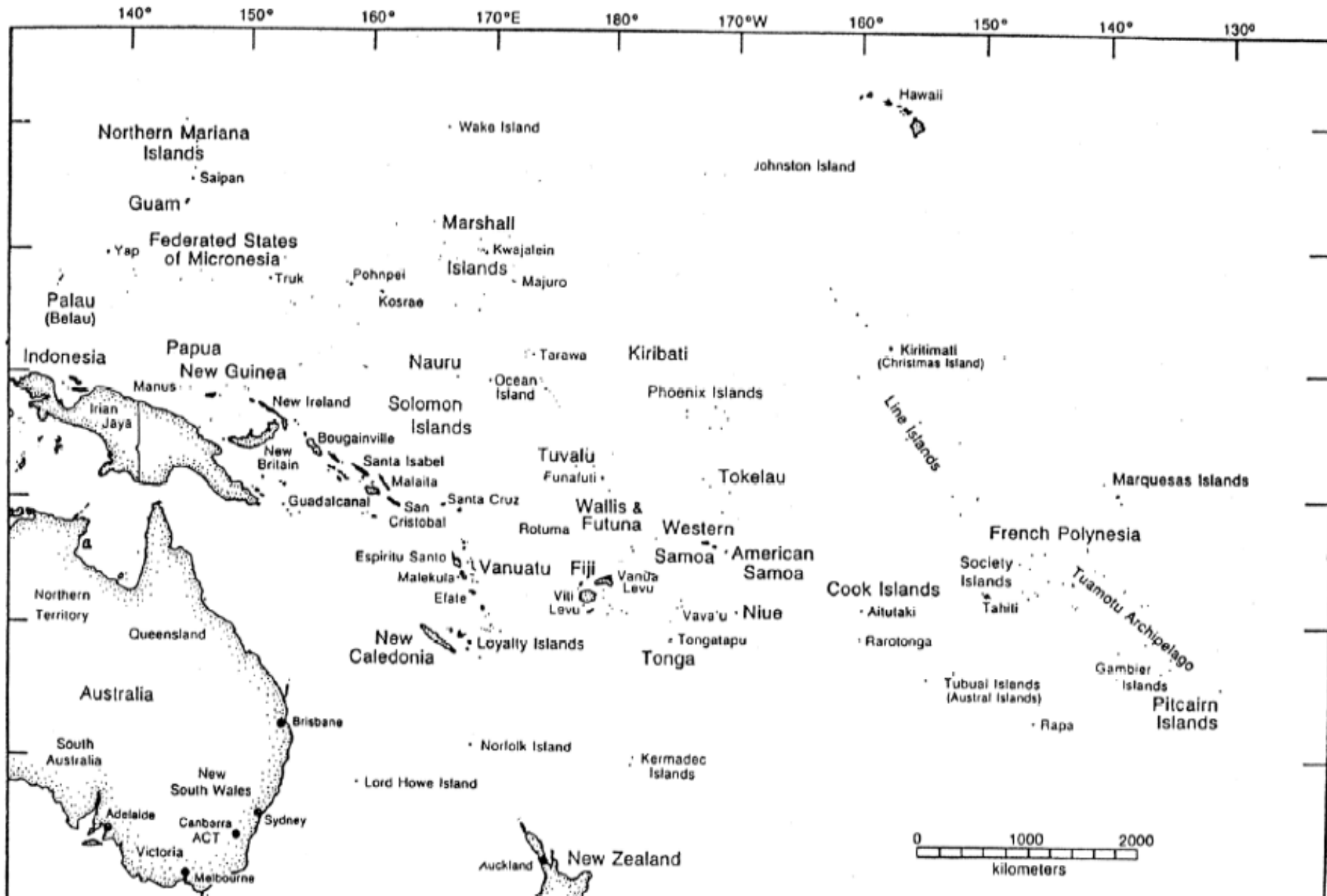
Studies on Health Disparities cont...

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:

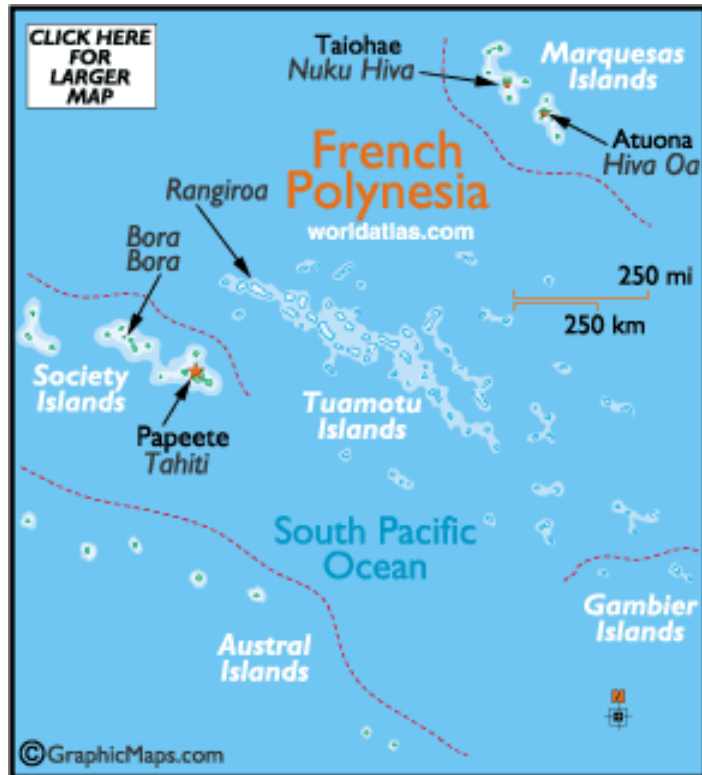
- effective patient-physician communication
- overcoming cultural and linguistic barriers, and
- access to health insurance.

THE PACIFIC REGION



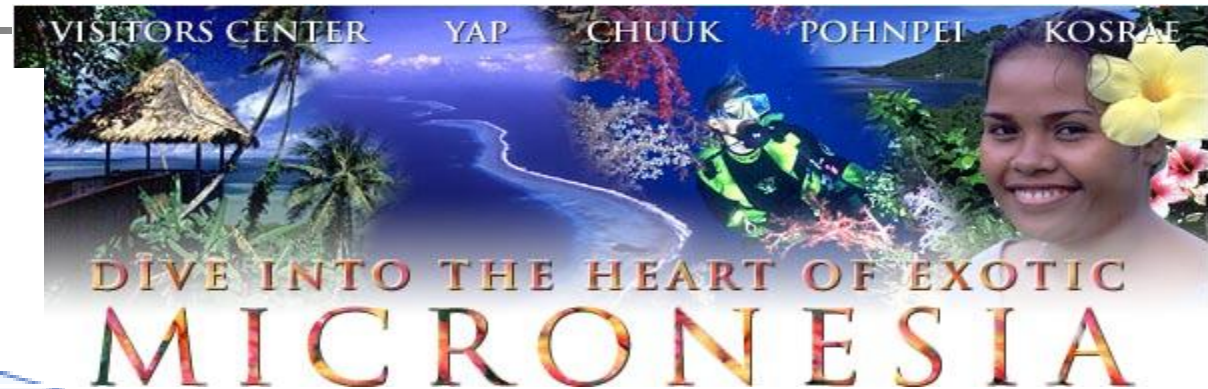
Polynesian:

Native Hawaiian, Samoan, Tongan, Tahitian, Tokelauan,
Polynesian not specified.

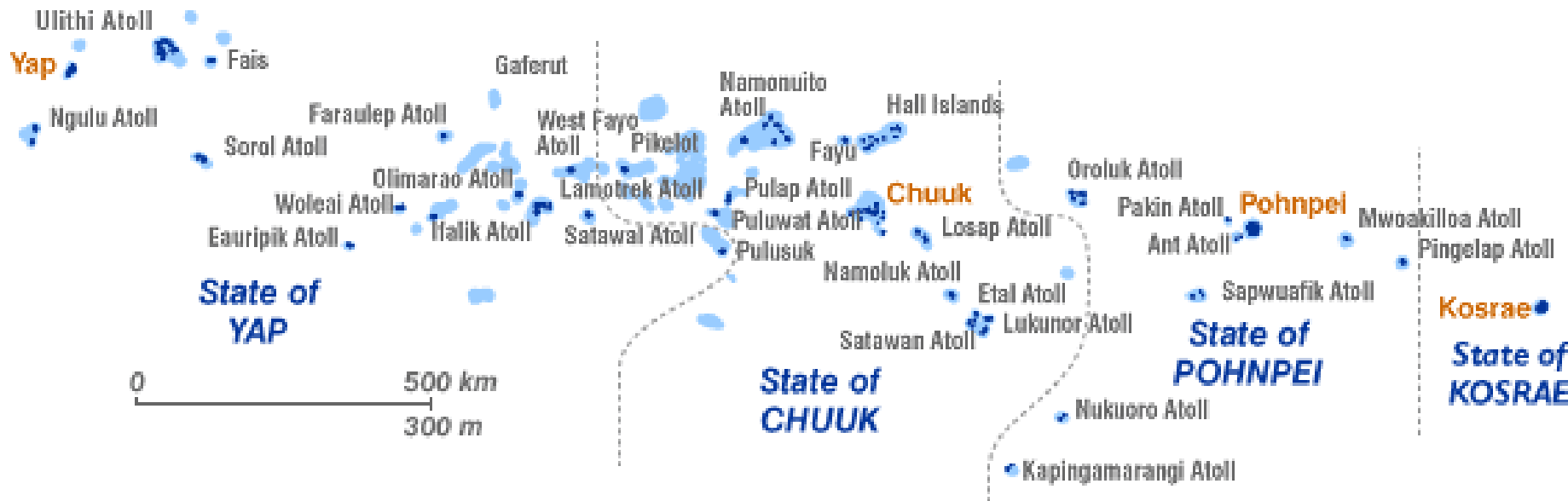


Micronesian:

Guamanian or Chamorro, Mariana Islander, Saipanese, Palauan, Carolinian, Kosraean, Pohnpeian, Chuukese, Yapese, Marshallese, I-Kiribati, Micronesian not-specified.



Federated States of Micronesia



Melanesian:

Fijian, Ni-Vanuatu, Solomon Islander, Papua New Guinean, Melanesian not specified (New Caledonia, Torres Strait Islands).

