

# Asian Pacific Islanders in Arizona: Profiles in Health

Doug Hirano, MPH  
Asian Pacific Community in Action

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## Presentation Summary

- API Demographics
- API Health Status
- Culture and Health
- Program Development
- *Health Through Action*



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## Defining Asian Pacific Islanders

- Asian Americans – Chinese, Koreans, Vietnamese, Japanese, Filipinos, Asian Indians, Pakistanis, Malaysians
- Pacific Islanders – Native Hawaiian, Samoan, Guamanian, Tongan, Fijian



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## Criteria for API Inclusion?

- Race?
- Culture?
- Geography?



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## APIs: Diversity and Growth

- Encompass 20 different countries, 50 ethnicities and many languages
- Tremendous variation between subgroups in SES, education, and culture
- From 1990 - 2004, the API population in the US increased from 7 million to 15 million



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## Population by Race/Ethnicity United States, 2000

	Number	% Total	% Growth 1990 - 2000
White, Non-Hispanic	198,000,000	70%	5%
African American	36,000,000	13%	21%
Latino/Hispanic	33,000,000	13%	58%
Asian Pacific Islander	13,000,000	4%	76%
American Indian	4,000,000	1%	110%
<b>TOTAL</b>	<b>281,000,000</b>	<b>100%</b>	<b>13%</b>

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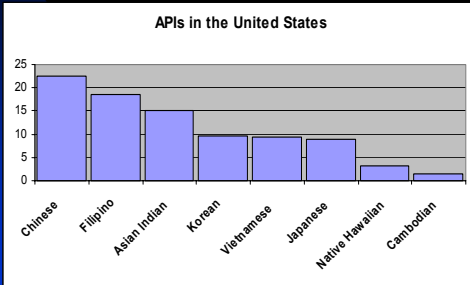
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## APIs in the United States




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## States with Fastest Growing Asian American Population, 2000 - 2004

U.S. State	Number	Percent
Nevada	41,471	37%
New Hampshire	6,332	33%
Georgia	57,339	29%
Delaware	5,351	28%
Florida	88,443	26%
<b>Arizona</b>	<b>31,251</b>	<b>26%</b>

States with the largest API populations: CA, NY, HI

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## API Socioeconomic Status

- APIs are more likely than non-Hispanic whites to have earned at least a college degree
- APIs are also more likely to have less than 9<sup>th</sup> grade education
- Similar proportions of APIs and non-Hispanic white families have incomes > \$75,000
- API families are also more likely to have incomes less than \$25,000




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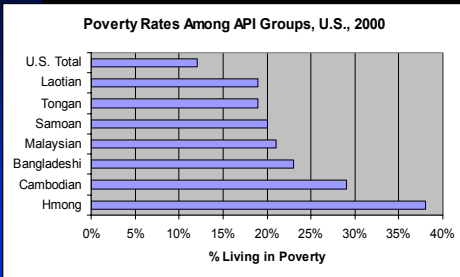
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## Poverty Among API Groups



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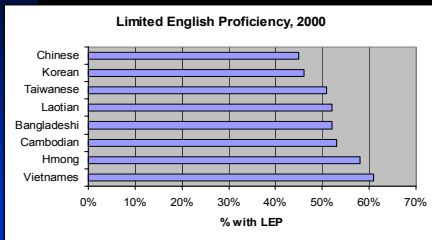
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## Limited English Proficiency: APIs



Persons who speak English less than “very well” are considered “limited English proficient”. More than a third of the Asian American population is LEP.

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## Immigration and Citizenship

- Asian Americans have the highest foreign born rates (63%) in the nation
- Over 3.7 million Asian Americans and 90,000 Pacific Islanders are not citizens
- 10% of all undocumented immigrants are APIs



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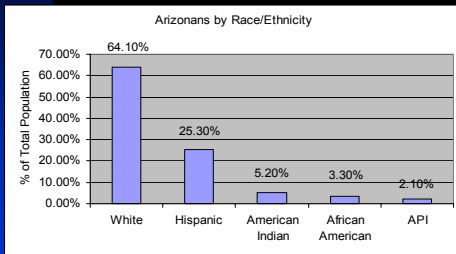
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## Arizona Population Profile by Race/Ethnicity




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## APIs in Maricopa County, 2005

	Number	% of all API
Chinese	27,848	27.6
Asian Indian	18,802	18.6
Filipino	15,942	15.8
Vietnamese	11,398	11.3
Korean	8,339	9.3
Japanese	5,291	7.9
Native Hawaiian/OPI	3,842	3.8
Other Asian	9,208	9.1
<b>TOTAL</b>	<b>100,670</b>	

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## API Health Status Model Minority with Model Health?

- Massachusetts data (1997) show that Asian Americans comprise 18% of those killed due to domestic violence but only represent 3% of the population
- Santa Clara CA has 17.5% API. Between 1995 – 1997 there were 51 deaths due to domestic violence; 33% were Asian women




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## API Health Status Model Minority with Model Health?

- Prevalence of diabetes in API is 2.4%; however, rates of up to 20% in certain ethnic groups, particularly 2<sup>nd</sup> generation Japanese Americans
- Native Hawaiians have a diagnosed rate of diabetes twice that of non-Hispanic Whites
- Vietnamese American women have a cervical cancer rate of 43/100,000. Next highest: 15/100,000 among Hispanic women

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## API Health Status Model Minority with Model Health?

- After migration to the U.S., API women eventually develop breast cancer rates similar to White women
- 65% of postmenopausal Asian American women have low bone mineral density, the highest rate for all racial groups
- Young Asian American women (15 –24 years) have nation's highest rate of depressive symptoms and 2<sup>nd</sup> highest rate of suicide

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## API Health Status Model Minority with Model Health?



- NAWHO's "Smoking Among Asian Americans" showed that 34% of Vietnamese and 31% of Korean American men were smokers
- 36% of Vietnamese and Korean American women reported living with one or more smokers
- Lung cancer is the leading cause of preventable death among Asian American women over age 55

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## API Health Status Model Minority with Model Health?

- Incidence of TB is highest among API at 41.6 per 100,000 compared to 2.8 for Whites
- CDC estimates that 1.25 million Americans are chronically infected with Hepatitis B; more than 50% of HBV cases are among Asians, with one in 10 infected
- Liver cancer rates for API versus White males: 13 times higher in Vietnamese Americans, 8 times higher in Korean Americans and 6 times higher in Chinese Americans

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## Chronic Hepatitis B in Maricopa County Race/Ethnicity, 2001 - 2003

	White	Hispanic	African American	American Indian	API	Unknown
2003	70 (42%)	27 (16%)	23 (14%)	15 (9%)	30 (18%)	409
2002	274 (49%)	72 (13%)	51 (9%)	9 (2%)	152 (27%)	314
2001	186 (50%)	40 (11%)	58 (16%)	3 (1%)	82 (22%)	166

APIs constitute 2.3% of the Maricopa County population.

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## Arizona Mortality Rates by Race/Ethnicity Per 100,000 population (2003)

	White	Hispanic	African American	American Indian	API	All Residents
Heart Disease	197	198	299	141	97	197
Cervical Cancer	1.0	1.8	6.8	4.2	10.5	2.2
Essential Hypertension	6.0	7.9	14.5	5.4	9.4	6.3

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## Tuberculosis, 2006 (ADHS)

- APIs: 18.5 cases per 100,000
- Hispanics: 11.5 cases per 100,000
- Whites: 1.5 cases per 100,000



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## APIs: Health Status Variation by Subgroup

- Rates vary significantly by subgroup (data from California):
  - Chinese women – highest lung cancer death rate
  - Filipinos – highest prostate cancer rate
  - Vietnamese – highest liver and cervical cancer
  - Koreans – highest stomach cancer rates
  - Japanese – highest colorectal and breast cancer rates

McCracken, M, et al. *CA Cancer J Clin* 2007;57:190-205.

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## API Culture and Health: Health-Related Beliefs

- No common perspectives among the many Asian and Pacific Islander subgroups; however, there are some general tendencies:
  - Deference to authority – APIs respect medical providers and may appear compliant just to please their physician
  - Shame – “face saving” is an important element in the community
  - Fatalism – illness and death may be attributed to bad luck or retribution for past misdeeds
  - Yin-Yang – a body out of balance will show signs of this imbalance

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## API Culture and Health: Perspectives of Dementia

- General: dementia is an unavoidable result of aging; family obligation to take care of demented family members inside the family.
- Specific: Hmong – dementia is “loss of soul” and needs treatment by shaman/traditional healer
- Chinese – dementia is a form of madness
- Vietnamese – dementia is possession by spirits or demons

Reference: [http://news.ncmonline.com/news/view\\_article.html?article\\_id=5a836535be597380caa5e1df0065b](http://news.ncmonline.com/news/view_article.html?article_id=5a836535be597380caa5e1df0065b)

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## API Culture and Health: Mammography

- API women generally do not get mammograms as frequently as non-API women in the United States and therefore get detected at later disease stages
- Barriers differ by subgroup:
- South Asian women – less likely to know where to go for mammograms
- Filipino women – afraid test may find cancer
- Chinese women – “don’t need mammogram if I feel okay”

Reference: Wu, TY, et al. *Cancer Detect Prev*; 30(2006) 58-66



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## Is there an Asian Paradox?

- Do foreign born APIs become less healthy over time in the United States?
- Research base is underdeveloped
- Factors: selective immigration, health care access, income assimilation, acculturation (particularly related to diet and exercise)

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# Acculturation

## POSITIVE

- Smoking decreases among foreign born API men<sup>1</sup>
- Korean Americans potentially decrease their risk of gastric disorders by adopting a more American diet<sup>2</sup>

## NEGATIVE

- Smoking increases for foreign born API women and adolescents<sup>1</sup>
- Body mass index increases with years in the U.S.<sup>3</sup>
- Breast cancer risk increases with years in the U.S.

1. Choi S, et al, *J Cardiovasc Nurs* 2008 Jan-Feb, 23(1) 67-73.  
 2. Yang EJ, et al, *J Am Diet Assoc* 2007, 107, 942-950.  
 3. Antecol H and Bedard K, *Demography* 2006, 43(2) 337-360.

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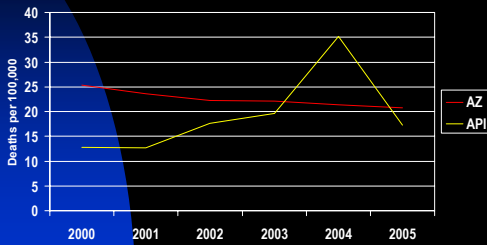
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## Breast Cancer Mortality Rates Arizona, 2000 – 2005




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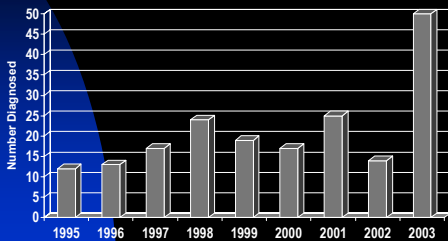
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## New Breast Cancer Cases Diagnosed Among API Women (ADHS, 2007)




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## Implications for API Health Improvement

- Wide variation between health status by subgroup
- Wide variation in health beliefs and behaviors between subgroups
- Acculturation is ongoing
- Can a “one size fits all” approach work? What is the best approach?



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## Asian Pacific Community in Action: Developing Programs to Improve API Health

- APCA: established in 2002 with a mission to improve the health and well being of the API community in Maricopa County
- Contracts to conduct work in hepatitis B (HBV), tobacco cessation, diabetes and women’s health
- 4.0 FTEs; \$500,000 annual budget



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## Current Program Activities

- Health fairs offering free clinical screening (e.g., HBV testing/vaccination, diabetes and cholesterol testing, blood pressure)
- Educational workshops – women’s health and HBV/distribution of free mammogram vouchers
- Tobacco cessation classes and phone counseling
- Web-based HBV education ([www.jaderibbon.net](http://www.jaderibbon.net))



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## Program Challenges

- Barriers: Transportation, language, finances, target group cultural perceptions
- Lack of subgroup specific data: Most data is lumped into a broad API category
- Lack of an evidence base: What works among APIs?
- Outreach: Utilize ethnic newspapers, magazines, word of mouth, radio stations but target group is difficult to reach
- Ill-prepared health care system: Doctors and hospitals are not set up to deal with the needs of a relatively small and diverse API population; not aware of specific needs (HBV and TB screening) and culturally-mediated health beliefs

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## Program Development Model

- Extensive literature review
- Formative data gathering, as needed
- Clear delineation of target group
- Social marketing plan
- Community input (e.g., advisory group)
- Action plan, timeline, benchmarks
- Evaluation plan
- Sustainability plan



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## Building a Public Health Movement: “Health Through Action”

- Funding from the Kellogg Foundation
- Administered by the Asian Pacific Islander American Health Forum
- Purpose is to increase the capacity of API health organizations to address local health problems
- Funding available: \$150,000/year for 4 years

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## Key Project Goals

1. To establish sustainable community capacity to plan, implement and evaluate health programs and policies
2. To develop an ongoing health evaluation system
3. To improve the effectiveness of APCA and its board
4. To increase cancer prevention awareness and screening

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## Goal 1. Establish sustainable community capacity

- Broaden the existing Coalition to include business, faith, media, academia, others
- Provide the Collaborative training – team building, advocacy, community health
- Most activity in this area in first project year

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## Goal 2. Develop a health evaluation system

- Create an API health data committee
- Bring data sources together
- Develop a biennial health summary to guide programs and policies
- Formative work occurs in first project year

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### Goal 3. Improve organizational and board effectiveness

- Board training in the areas of governance, accountability, fund development and visioning
- Staff training in systems thinking, project management and team building
- These activities are in second, third and fourth project years

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### Goal 4. Cancer prevention planning and implementation

- Collaborative develops a 5-year strategic plan for cancer prevention (second project year) utilizing MAPP process
- In the third project year, cancer prevention program and policies are initiated

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### Project Operations

- Two new staff: Program Coordinator and Administrative Assistant
- Contracts with consultants for training and evaluation services

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## Project Touchstones

- Transparency and accessibility – Project information and opportunity for participation is widely accessible
- Ingenuity – Continuous challenging of “conventional wisdom”; seeking and testing new responses to the same old roadblocks
- Replicability – Attention to process, documentation and analysis; create and evaluate new community health model
- Sustainability – Institutionalization of process and development of financial stability

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## In Summary

- There's great need for work in improving API health
- The evidence base and health status database are under-developed
- Addressing the diversity among and within API subgroups is necessary but may be logistically challenging
- Any programs must be comprehensively planned and designed for optimal effectiveness
- *Health Through Action* is an opportunity to build capacity and leadership in local API community

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