

# Asian-American Health Assessment/Recommendations



**Prepared by**  
**Asian American Resource Center Nonprofit (AARC)**

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Peteria Chan, Graduate Intern, MPH Candidate

## **About the Asian American Resource Center nonprofit**

Asian American Resource Center, Inc. (a/k/a AARC Nonprofit) is a community-based nonprofit organization formed in 2006 to support the construction and operation of the City of Austin Asian American Resource Center facility (Facility) located at 8401 Cameron Road, in Austin, Texas.

The Asian American Health Assessment study was performed by AARC Nonprofit as part of its broader cultural competency endeavors and community needs assessment for the Facility. It is hoped that the community needs described herein can be addressed in part through effective community partnerships and a cohesive, culturally competent vision for wellness programming, health education and community outreach.

# Asian-American Health Assessment Overview

- The Asian American population of Austin/Travis County is extraordinarily diverse: socioeconomically, linguistically and geographically
- This study seeks to disaggregate, document and better understand Asian American health care experiences.
- Scarcity of Asian language health resources and information is common to all Asian American (AA) subpopulations
- They experience some similar chronic illnesses – most notably diabetes and cardiovascular disease.
- Focus group reports also reflect disparities, particularly in health literacy, perceived rates of hepatitis, and perceived access to care and transportation.

# Definitions

- *Asian*
  - Origins in any of the original peoples of the Far East, Southeast Asian, or Indian subcontinent
  - Examples: Bangladesh, Cambodia, China, Indonesia, India, Japan, Korea, Malaysia, Pakistan, Philippines, Taiwan, Thailand, and Vietnam.
- *Native Hawaiian and Other Pacific Islander (NHPI)*
  - Origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.



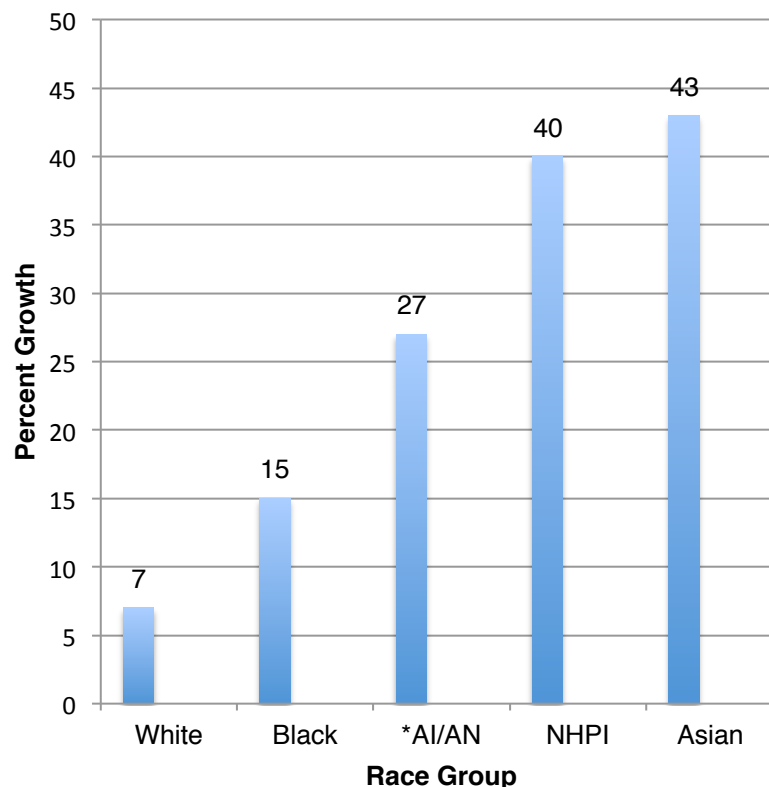


These populations are very diverse...

# Population Growth

- Nationally the Asian American, Native Hawaiian and other Pacific Islander (AANHPI) populations are the two fastest growing race groups
- Texas has the 3<sup>rd</sup> largest Asian population and one of the largest NHPI populations
- Asian population in Travis County doubled since 2000 to almost 60 thousand in the 2010 census

**U.S. Population Percent Growth from 2000 to 2010 by Race alone**

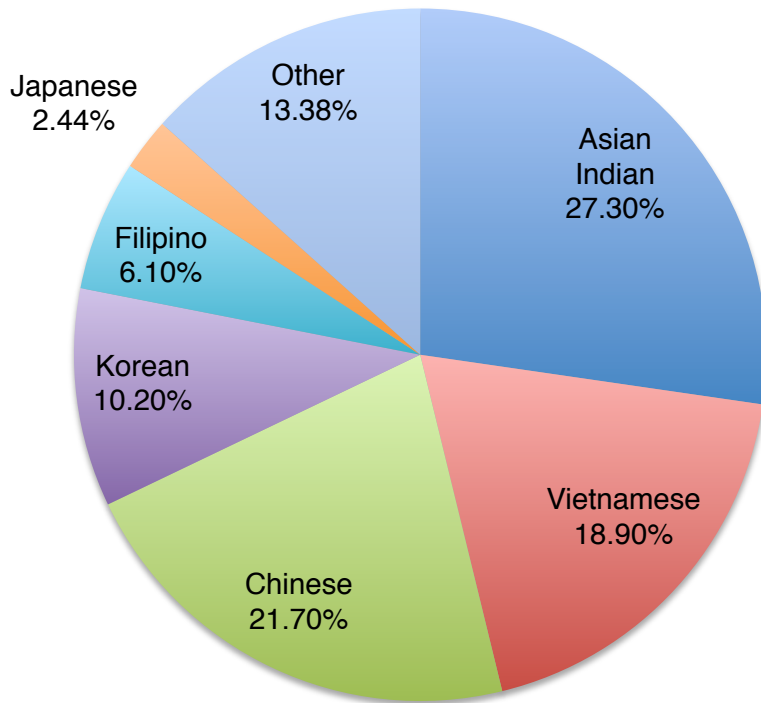


U.S. Census 2010- In the 2010 Census, "Hispanic" was no longer classified as a race.

\* American Indian/Alaska Native (AI/AN)

# Travis County Asian alone Population

Percent Shares of total Travis County Asian alone Population by Country of Origin



- Asian alone make up about 6% of total population (about 60,000 in 2010)

# Texas Population

	<b>Texas</b>	<b>Travis County</b>	<b>Harris County</b>
<b>Population, 2010</b>	<b>25,145,561</b>	<b>1, 024, 266</b>	<b>4,092,459</b>
One Race	97.3%	96.7%	96.8%
<b><i>Asian</i></b>	4.4%	6.8%	6.9%
<b><i>Asian alone</i></b>	3.8%	5.8%	6.2%
<b>White alone, Non-Hispanic</b>	45.3%	50.5%	32.9%
<b>Black alone, Non-Hispanic</b>	11.4%	8.1%	18.4%
<b>Asian alone, Non-Hispanic</b>	3.7%	5.7%	6.1%
<b>AI/AN alone, Non-Hispanic</b>	0.3%	0.2%	0.2%
<b>NHPI alone, Non-Hispanic</b>	0.1%	0.1%	0.1%
<b>Other alone, Non-Hispanic</b>	0.2%	0.2%	0.2%
<b>Hispanic or Latino</b>	36.3%	31.9%	38.9%

Table 2. Source: U.S. Census Bureau, 2010 Census. Numbers in this figure calculated from census data from 2010 Summary File 1, Tables P5 and P7: *Race Alone or in Combination and Hispanic or Latino*. Geography: Texas, Travis County, and Harris County. Accessed October 6<sup>th</sup>, 2012.

**Population Totals for Texas, Travis County, and Harris County by race, 2010**

# Age Groups by Gender- Asian alone

	NUMBER					
	TEXAS			TRAVIS COUNTY		
<i>Age groups by race</i>	Both sexes	Males	Females	Both sexes	Males	Females
<b>*Total Asian alone, 2010</b>	964,596	334,977	366,924	59,333	29,327	30,006
20-29	<b>15.9%</b> (n=153,790)	<b>7.9%</b> (n=76,646)	<b>8.0%</b> (n=77,144)	<b>23.3%</b> (n=13,829)	<b>11.8%</b> (n=7,018)	<b>11.5%</b> (n=6,811)
30-39	<b>18.7%</b> (n=180,149)	<b>8.9%</b> (n=85,527)	<b>9.8%</b> (n=94,622)	<b>21.1%</b> (n=12,524)	<b>10.6%</b> (n=6,273)	<b>10.5%</b> (n=6,251)
40-49	<b>15.6%</b> (n=150,751)	<b>7.6%</b> (n=73,600)	<b>8.0%</b> (n=77,151)	<b>13.9%</b> (n=8,265)	<b>7.0%</b> (n=4,176)	<b>6.9%</b> (n=4,089)
50-59	<b>11.5%</b> (n=111,348)	<b>5.3%</b> (n=51,434)	<b>6.2%</b> (n=59,914)	<b>8.1%</b> (n=4,807)	<b>3.7%</b> (n=2,187)	<b>4.4%</b> (n=2,620)
60 and over	<b>11.0%</b> (n=105,863)	<b>5.0%</b> (n=47,770)	<b>6.0%</b> (n=58,093)	<b>7.5%</b> (n=4,438)	<b>3.4%</b> (n=1,991)	<b>4.1%</b> (n=2,447)

# Travis County Asian Population

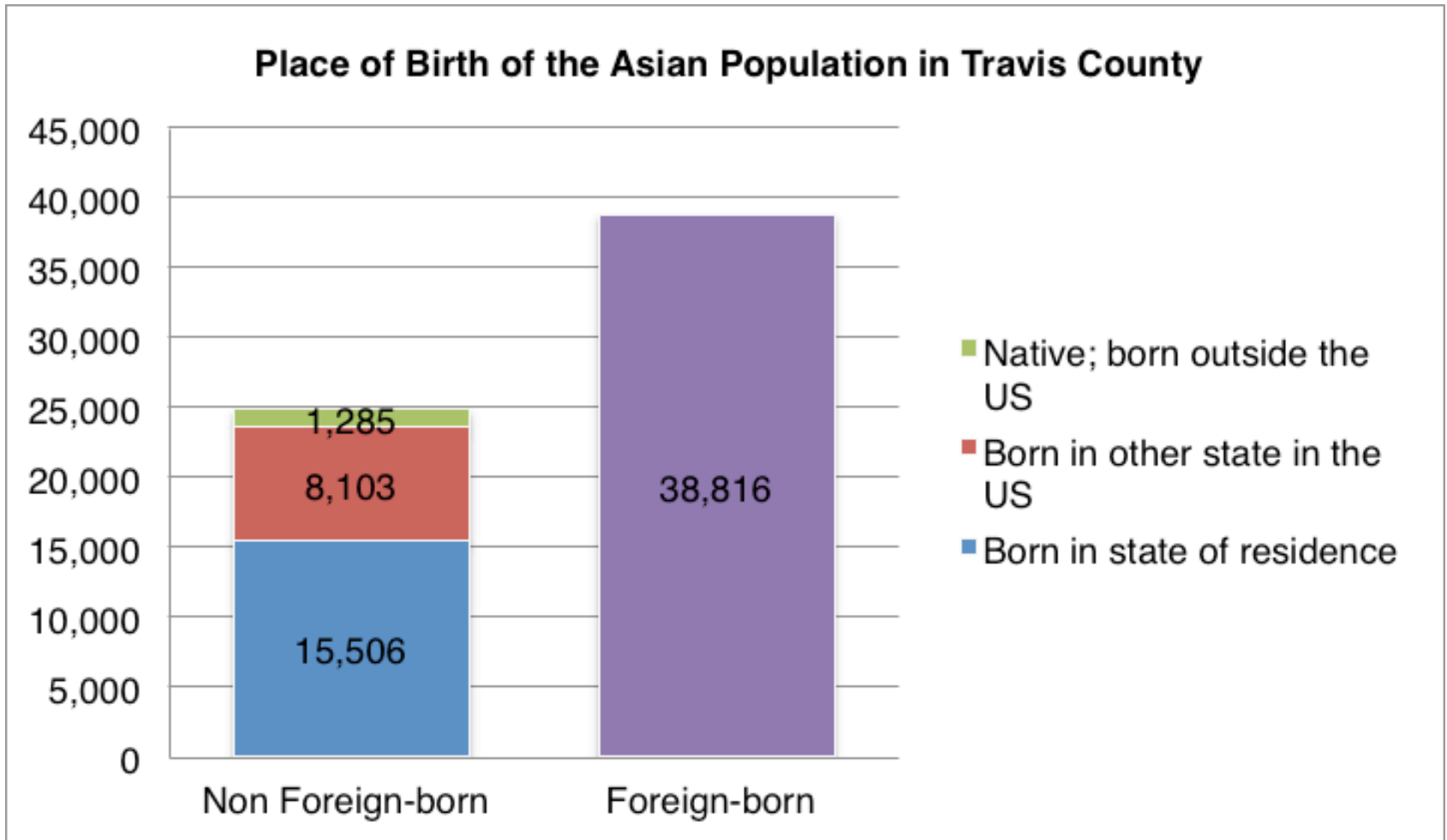


Figure 3. Source: U.S. Census Bureau, 2010 American Community Survey, 5-year estimates, 2006-2010. *Place of Birth by Sex in the United States*. Geography: Travis County. Population group: Asian alone or in combination. Accessed October 10<sup>th</sup>, 2012.

# Country of Origin

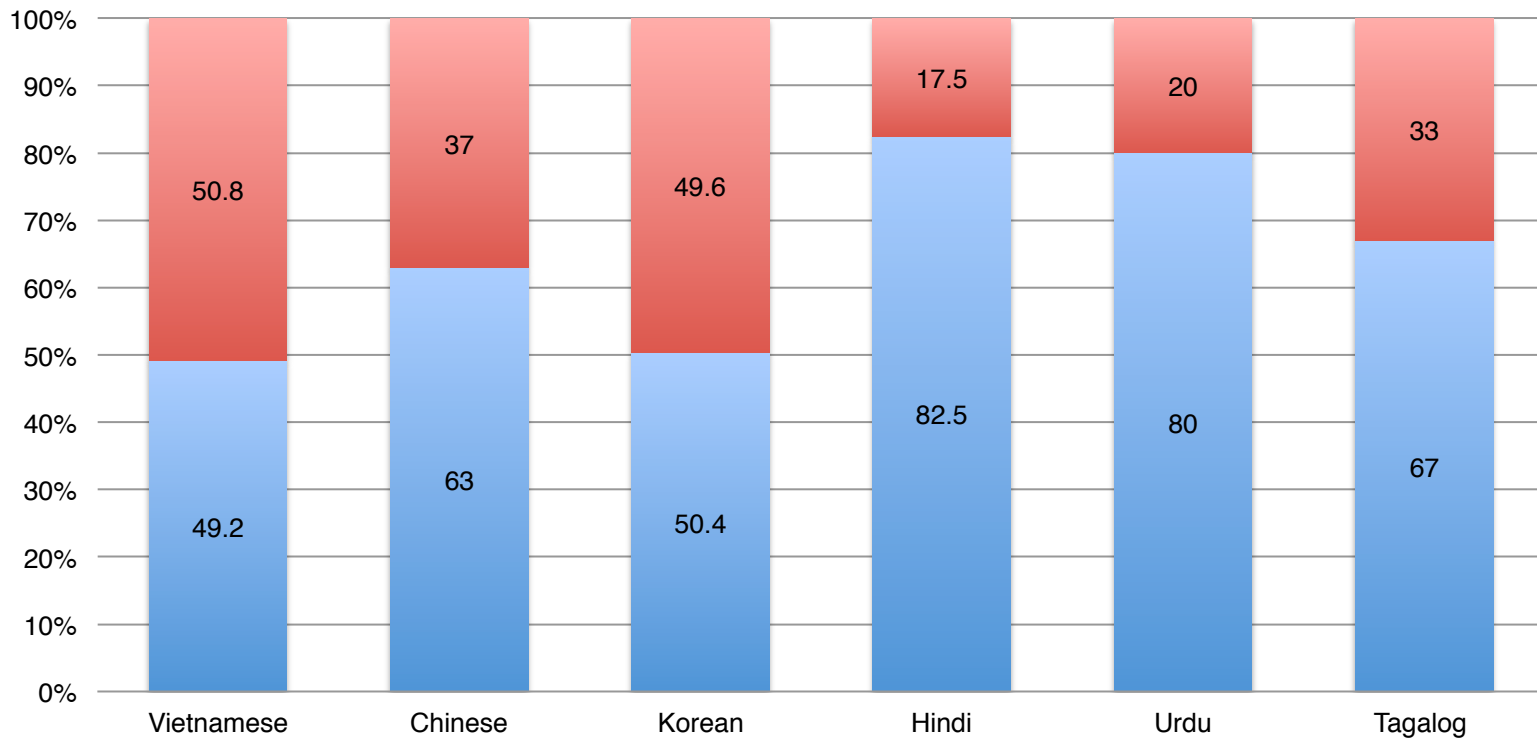
## Place of Birth for the Foreign-born Population in Travis County

<b>Total Population</b> (excluding population born at sea) <b><i>Asia</i></b>	<b>38,816</b> 37,727
India	9,856
Vietnam	8,444
China Hong Kong (732)	5,060
Korea	4,036
Taiwan	2,435
Philippines	2,200
Pakistan	1,735

Table 3. Source: American Community Survey, 5-year estimates, 2006-2010.

# Linguistic Isolation

Percent of total households speaking English less than "very well" and "very well" by Language



■ % of total households that speak English "very well" ■ % of total households that speak English less than "very well"

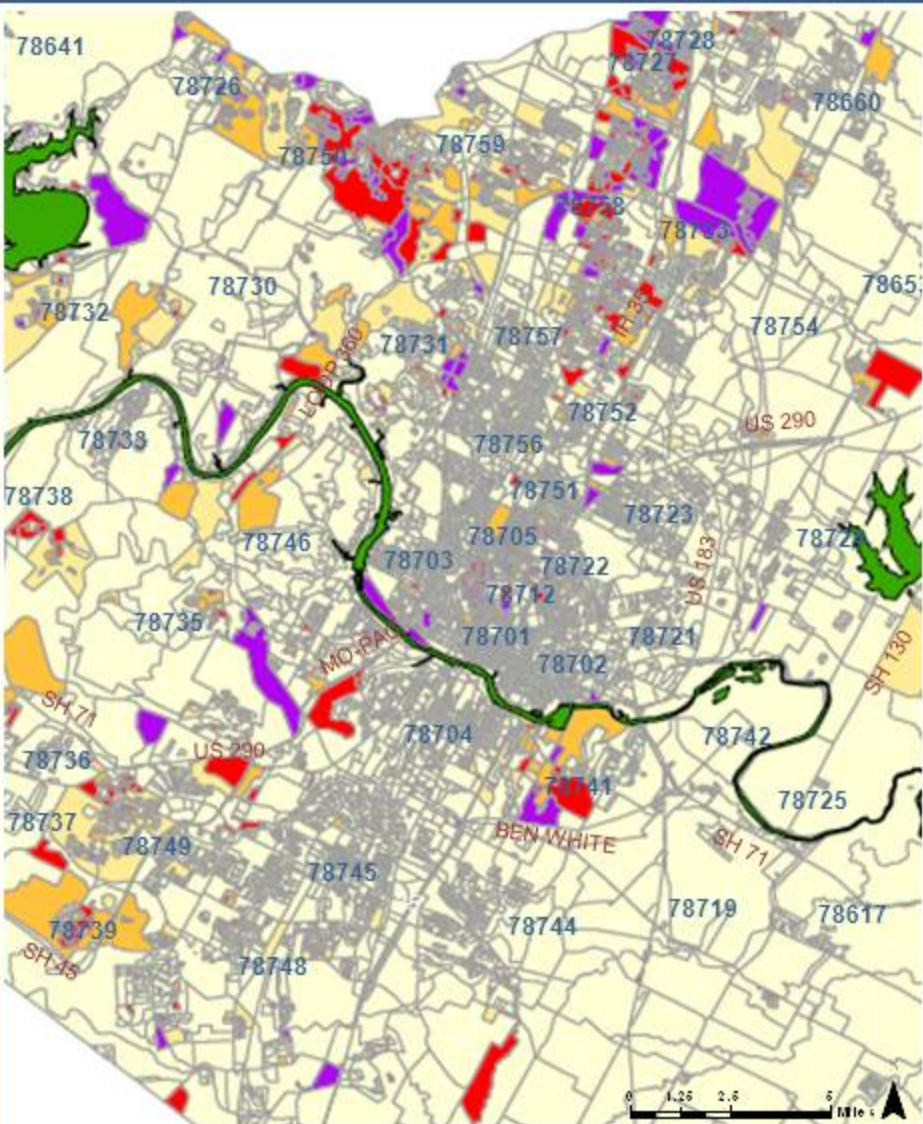
\* The primary Chinese dialects are Mandarin and Cantonese



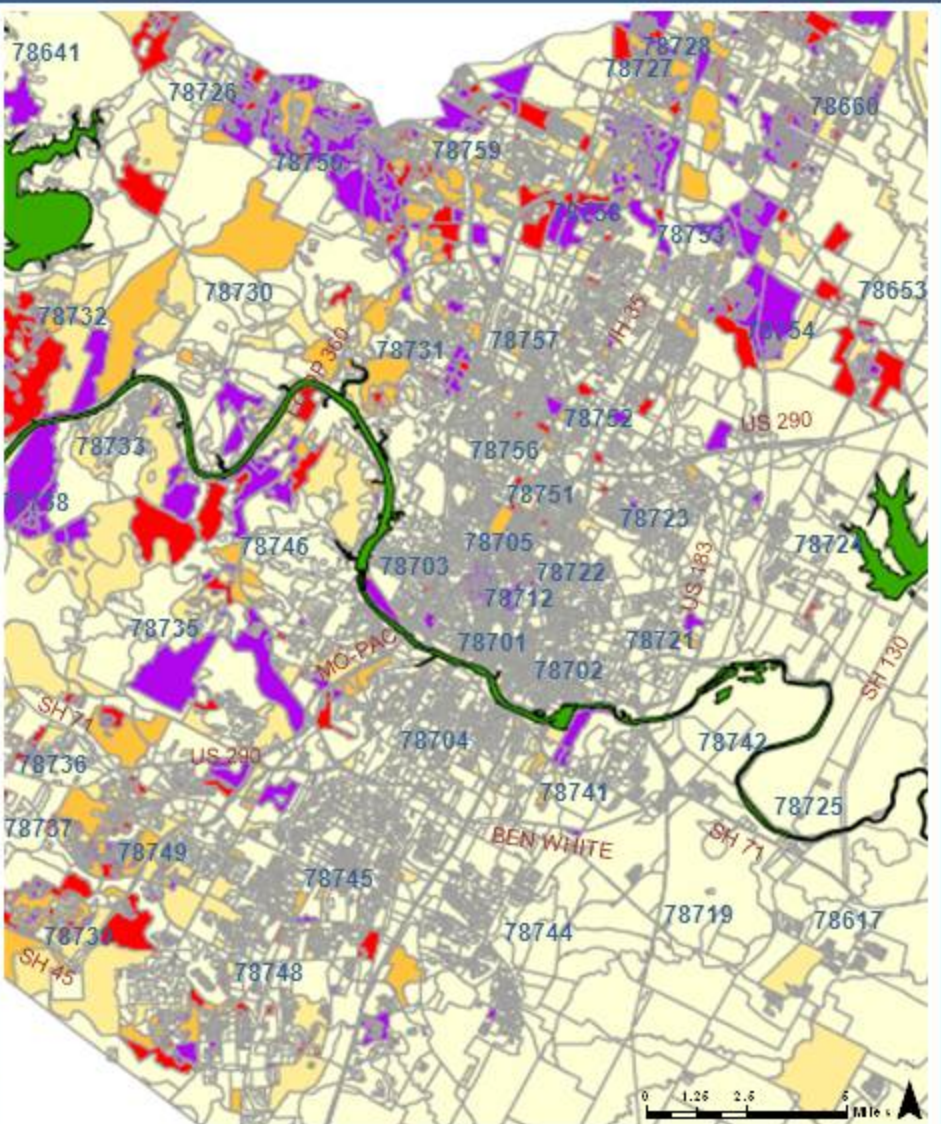
# Changing Asian Landscape--Travis County

## Asian Population Concentrations, 2000 and 2010

This map has been produced for:  
**"Instructional Use Only."**  
No warranty is made regarding its accuracy, completeness, or relevance.



**Census 2000 Data**  
**Census Blocks**



**Census 2010 Data**  
**Census Blocks**



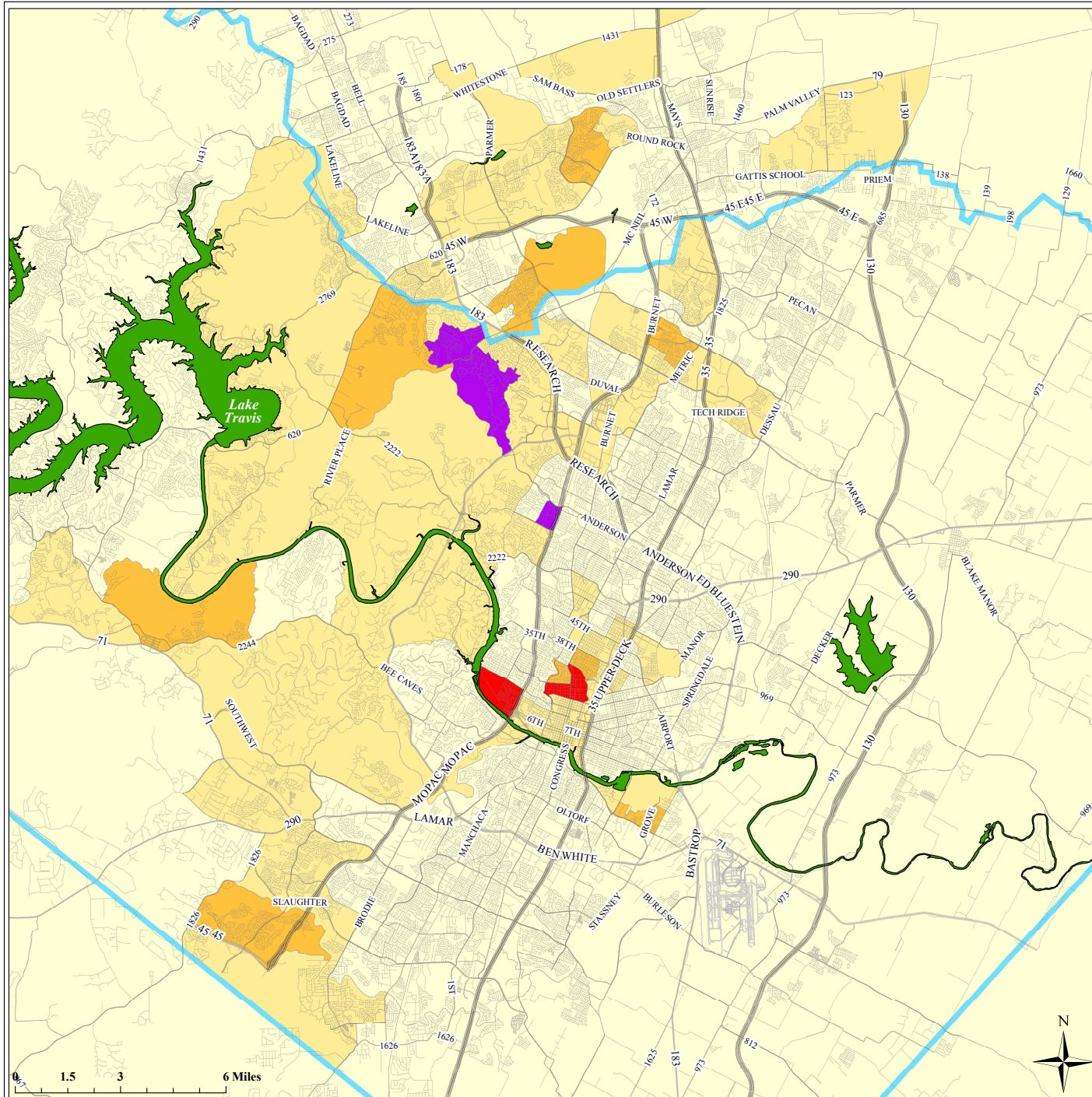
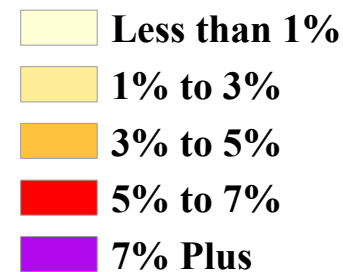




# Chinese Share of Total Population

Austin, Texas  
Census 2010 Data

Percentage of  
Total Population  
that is Chinese

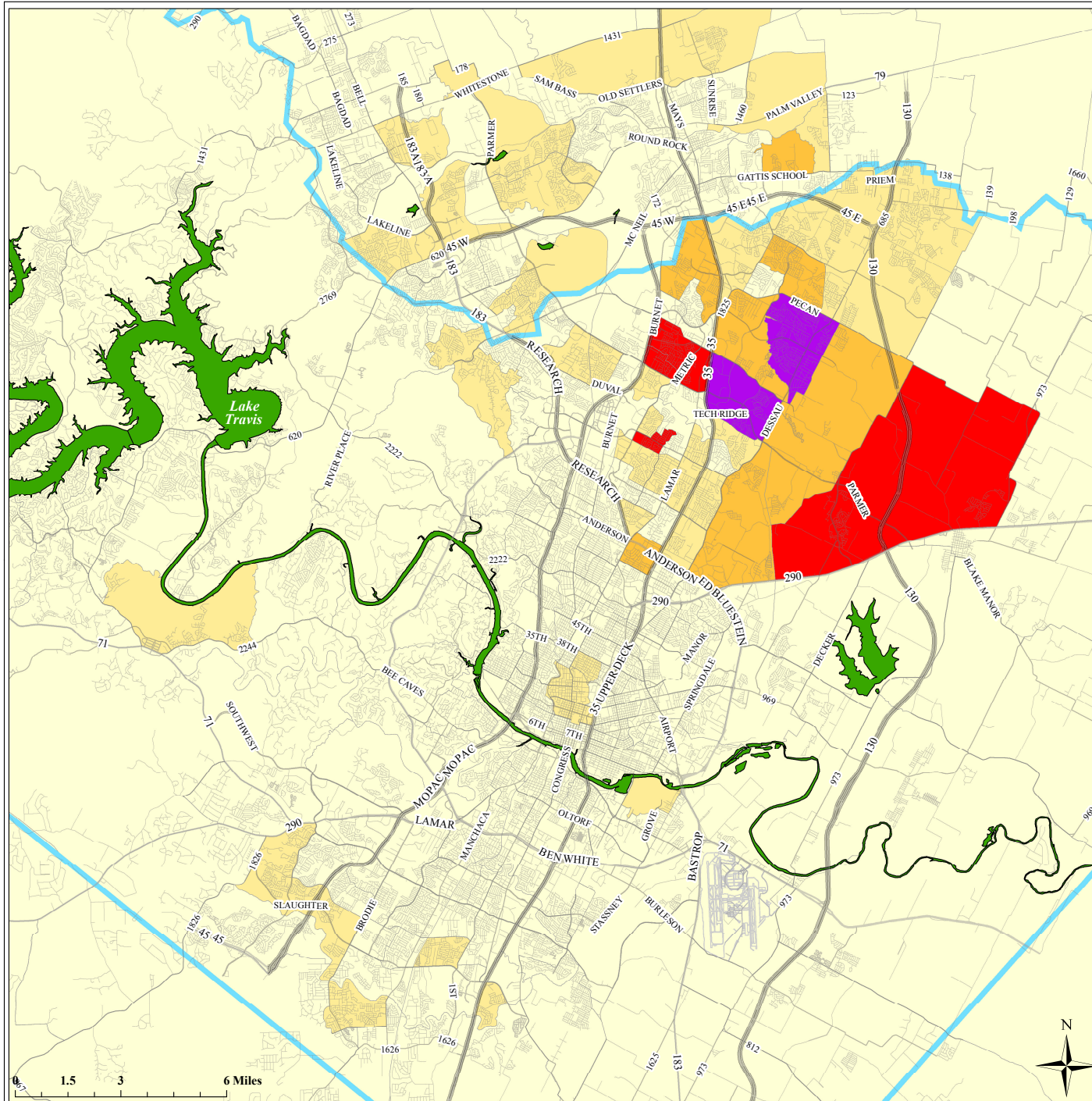
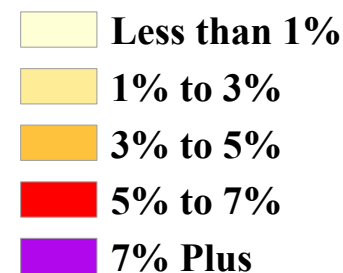




# Vietnamese Share of Total Population

Austin, Texas  
Census 2010 Data

Percentage of  
Total Population  
that is Vietnamese



# Phase I

## Health Issues Identified

(national and other community research)

- Obesity
- Diabetes
- Heart Disease
- Cancer
- Hepatitis B
- Tuberculosis
- Behavioral Health
- Healthcare Access Barriers



# Health Issues

## Obesity / Overweight

- Asian American population (as aggregated and defined by the U.S. Census) has lower BMI values and a lower prevalence of overweight/obesity than other groups. **Disaggregation of data amongst Asian American subpopulations however, reflects discrepancies within the Asian American community.** For example, Filipino American adults are 70% more likely to be obese as compared to the overall Asian American population.
- Studies suggest that being foreign-born is associated with a greater resiliency to obesity.
- In one study conducted exclusively with the Asian American population, it was determined that physical activity, fruit intake, consumption of meat and sweetened beverages were all positively associated with acculturation at baseline. However, acculturation to the United States was also associated with a greater BMI.

# Health Issues

## Diabetes

- **South Asian American immigrants are 7 times more likely to have type 2 diabetes than the general population.** In an analysis of 1.5 million New York City birth records registered between 1990 and 2001, South Asian American women experienced the highest prevalence rate of gestational diabetes (11.1%) and the highest increase in prevalence (95% increase since 1990) when compared to other groups.
- Diabetes is also highly prevalent among Pacific Islanders; Guam's death rate is 5 times higher than the U.S. mainland and diabetes is one of the leading causes of death in American Samoa.
- Surprisingly, the association of type 2 diabetes with increased obesity, as measured by BMI, is not strong in the Asian American population as it is with other ethnic groups. However, the risk of developing type 2 diabetes is high in the Asian American community. **It is likely that current BMI standards are not a valid predictor of diabetes in Asian Americans.**

# Health Issues

## Cancer

- Asian Americans have lower incidence and mortality rates from cancer than all other ethnic groups. However, **cancer is the leading cause of death among Asian Americans**, with heart disease being first among all other American ethnic groups.
- Asian American females are the first American population to experience cancer as the leading cause of death.
- Vietnamese American women have highest incidence and death rates from cervical cancer. Cervical cancer incidence rates are five times higher among Vietnamese American women than White women. Vietnamese American men have the highest rates of liver cancer in comparison to all other ethnic groups.
- Korean American men experience the highest rate of stomach cancer of all racial/ethnic groups, and a five-fold increased rate of stomach cancer over white men.



# Health Issues

## Hepatitis B

- **1 million Asian Americans are living with chronic hepatitis B -more than half of all the cases in the United States.** It constitutes the biggest health disparity between Asian Americans collectively and the U.S. population. **Asian Americans are also seven times more likely to die from hepatitis B** than whites.
- Southeast Asian Americans and Pacific Islanders are disproportionately affected by hepatitis B, a viral infection of the liver that can lead to cirrhosis, liver cancer, and liver failure.

**1 in 12**  
ASIAN AMERICANS  
is living with  
chronic Hepatitis B.



# Health Issues

## Heart Disease

- While, according to the U.S. Department of Health and Human Services Office on Women's Health, Asian American women have much lower rates of heart disease than other women, heart disease is still the second leading cause of death for this group.
- **The rate of heart disease amongst Indian Americans is four times higher than the rate amongst whites.**
- The prevalence of smoking is higher among foreign-born Asians in comparison with U.S. born Asians, although Asian Americans have the lowest smoking rate compared to other ethnic groups. 16.9% of AA men and 7.5% of AA women smoke.
- The risk factors for high blood pressure include low levels of awareness and control; very little awareness among Cambodian, Laotian and Vietnamese immigrants and low screening rates among Asian Americans in general.

# Health Issues

## Behavioral Health

- Asian American college students report higher levels of depressive symptoms than white students.
- National data indicates that Asian Americans have historically been at higher risk for behavioral health problems and also have the highest rates of reported suicides compared to other races when disaggregated by age, gender, and subgroup.
- Centers for Disease Control and Prevention (CDC) reports that rates for suicide death among Asian American women were higher compared to non-Hispanic whites for age groups 15-24 years and 65 years and older.
- **Older Asian American women have the highest suicide rate of all women aged 65 and older, with elderly Chinese American women exhibiting rates 10 times higher than those of white elderly women.**
- Certain mental health conditions like depression, anxiety, and posttraumatic stress disorder are common among Southeast Asian Americans and other refugees (Nepali-Bhutanese, Sri Lankan, Burmese) who have experienced and fled political and economic turmoil at home and while being in the United States.

# Health Issues

## Health Care Barriers

- Asian Americans are less likely than non-Hispanic Whites to receive health insurance through their employers. Uninsured Asian American increased from 16.5% in 2004 to 17.9% in 2005. **For Texas, Asian Americans are the second largest population who are uninsured.**
- Asian Americans tend to avoid going to the doctor until they are very ill.
- Lack of access to care, language challenges and lack of culturally and linguistically responsive providers are major challenges.



## **Phase II**

### **(local perspective)**

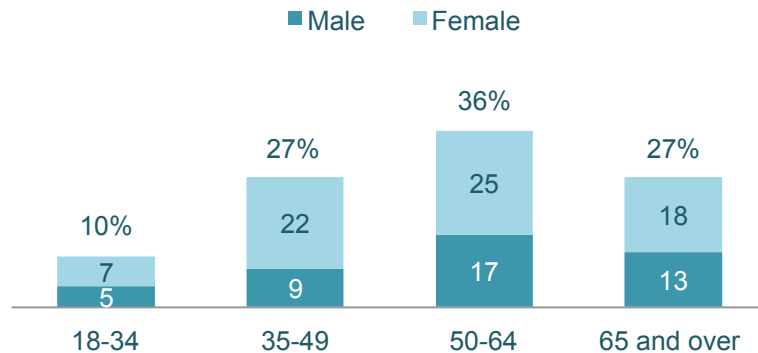
- Conduct Focus Groups to define specific needs (completed)
  - Asian Subpopulations in Austin/Travis County
  - Elderly
  - Refugee populations
- Create Physician Advisory Group (completed)
  - Assess lessons learned from their experience in working with Asian American clients
  - Review focus group results and recommendations
  - Develop culturally relevant treatment protocols
- Create a Council appointed commission to address Asian American quality of life (created October 2013)

# Asian American Health Assessment *Survey and Focus Group Summary*

By Peteria Chan

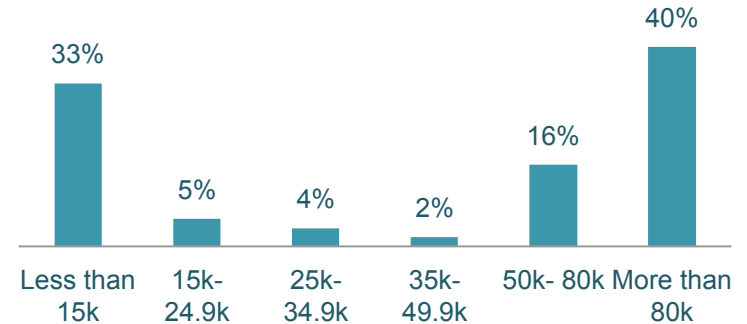
# All Respondent Summary Figures

## Age Range and Gender



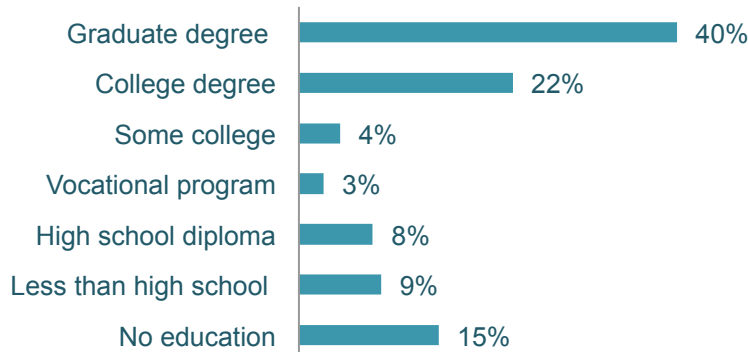
Total Responses: 116

## Annual Household Income



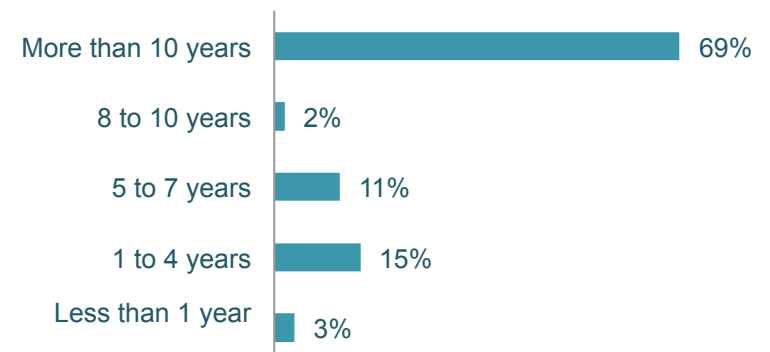
Total Responses: 110

## Education Level



Total Responses: 116

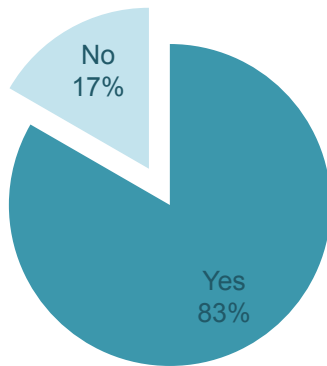
## Duration in the US



Total Responses: 116

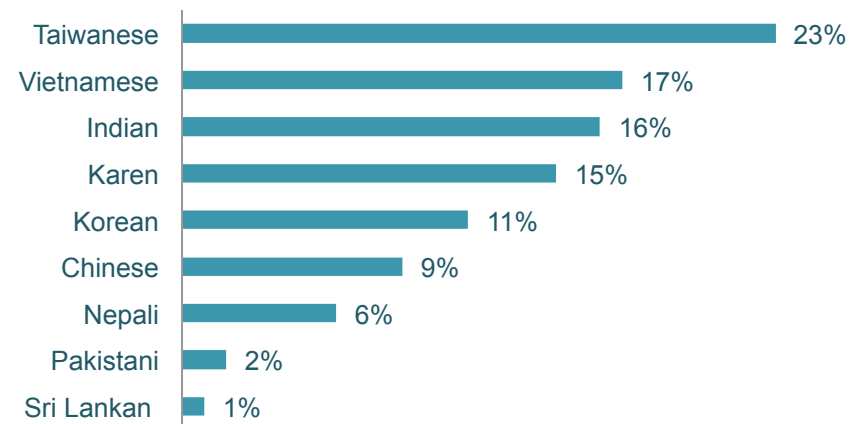
## All Respondent Summary Figures

### Health Insurance



Total Responses: 114

### Ethnic Groups

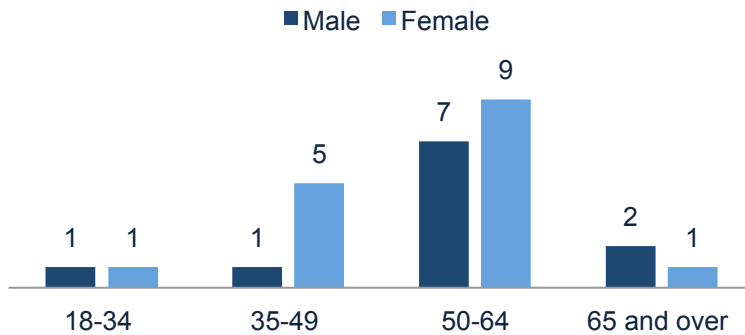


Total Responses: 116



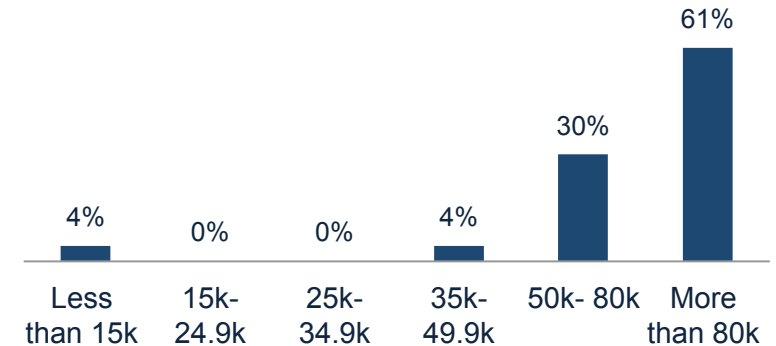
# Taiwanese Summary Figures

## Age Range and Gender



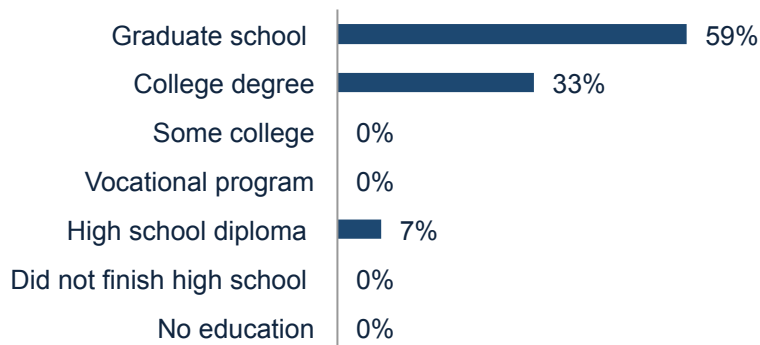
Total Responses: 27

## Annual Household Income



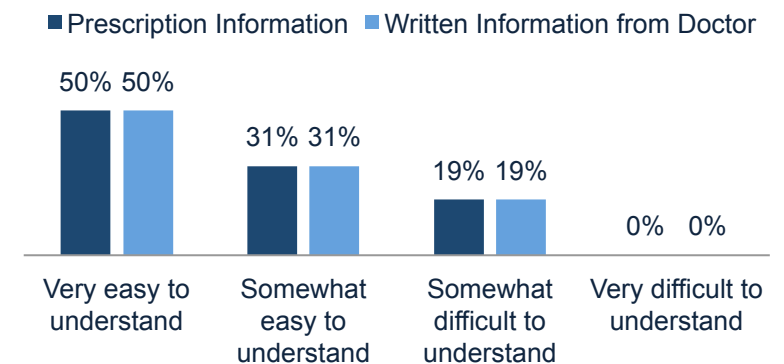
Total Responses: 23

## Education Level



Total Responses: 27

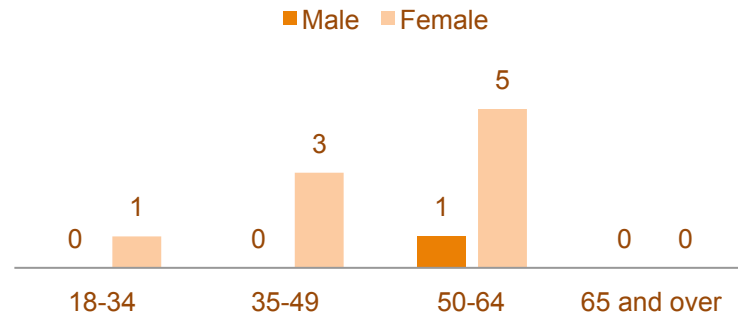
## Health Literacy



Total Responses: 52

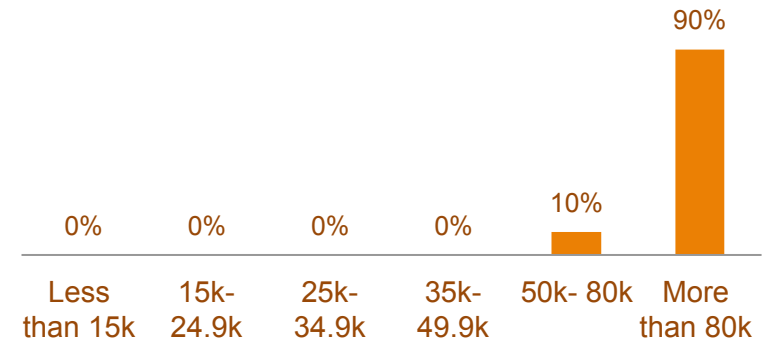
# Chinese Summary Figures

## Age Range and Gender



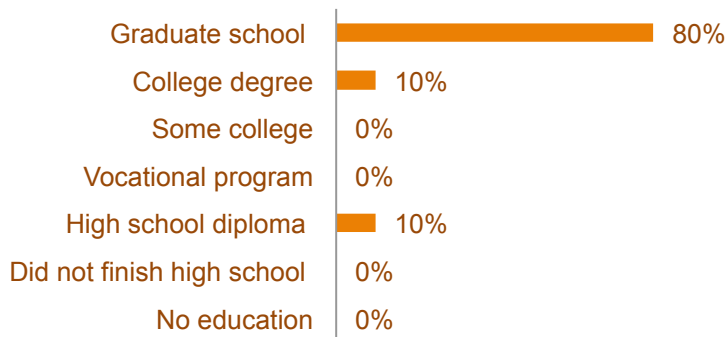
Total Responses: 10

## Annual Household Income



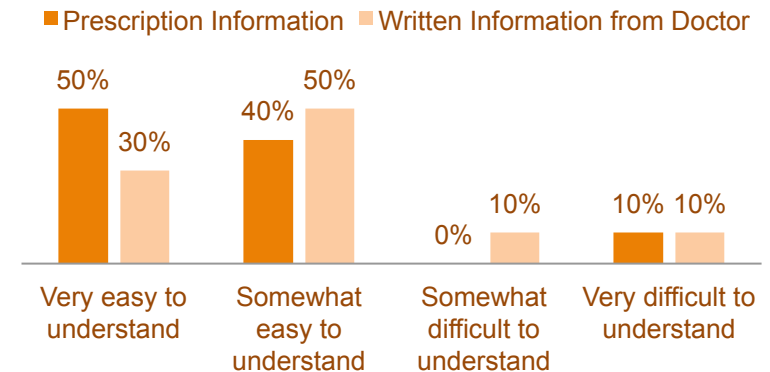
Total Responses: 10

## Education Level



Total Responses: 10

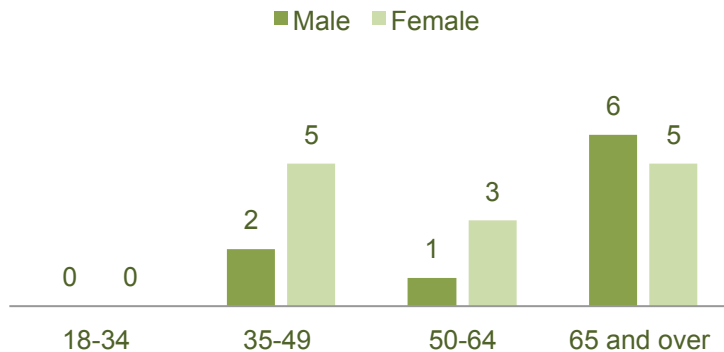
## Health Literacy



Total Responses: 20

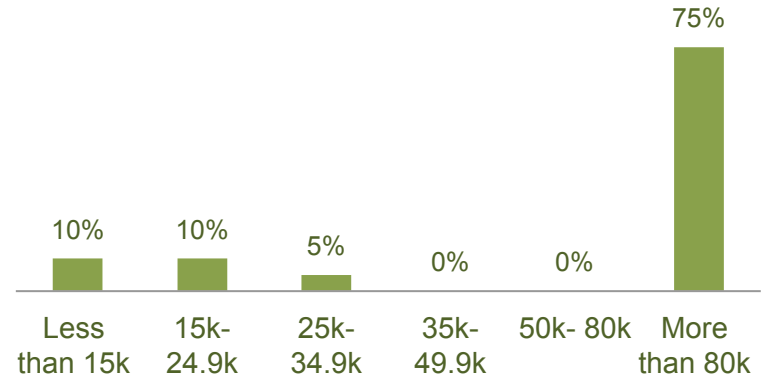
# South Asian Summary Figures

## Age Range and Gender



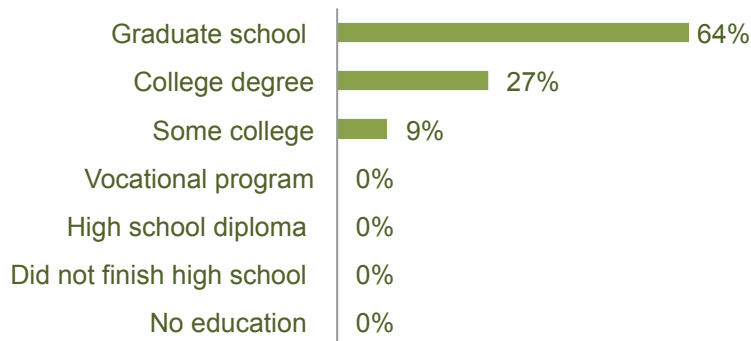
Total Reponses: 22

## Annual Household Income



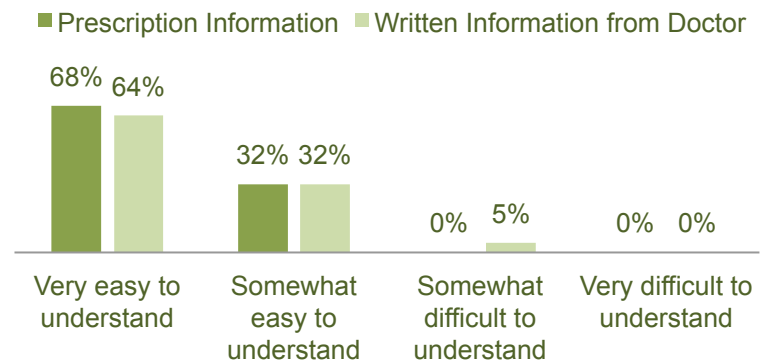
Total Reponses: 20

## Education Level



Total Reponses: 22

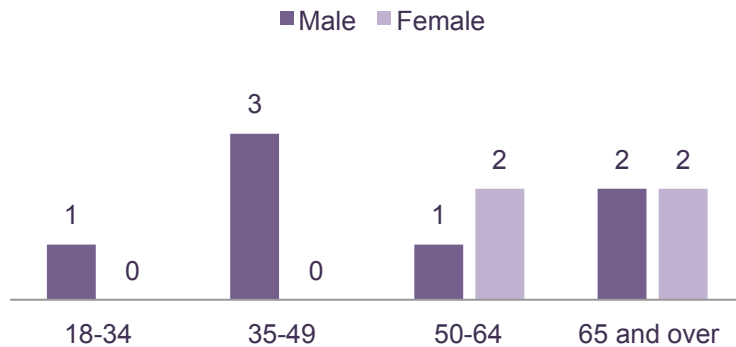
## Health Literacy



Total Reponses: 44

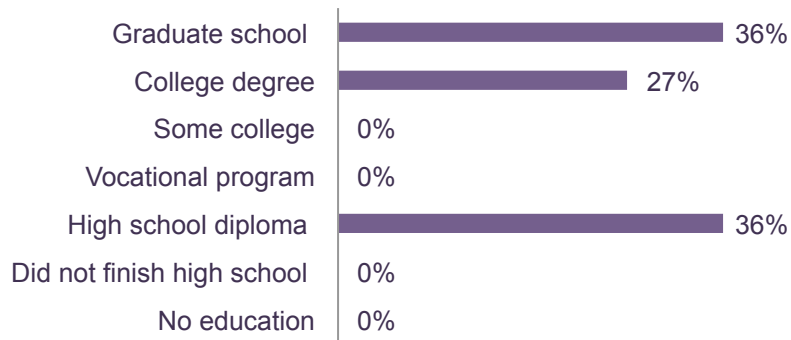
# Korean Summary Figures

## Age Range and Gender



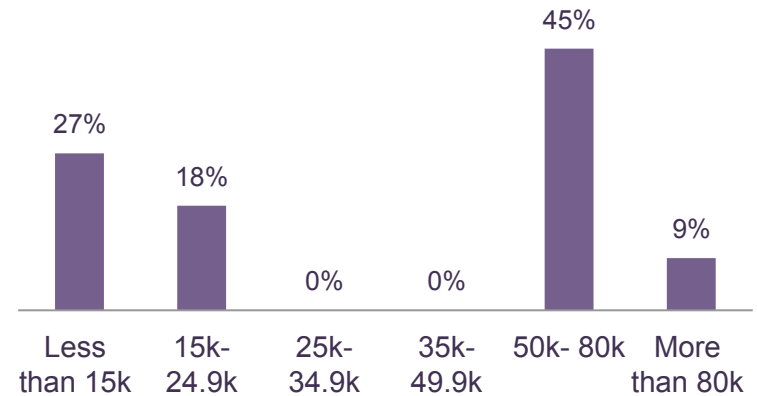
Total Responses: 11

## Education Level



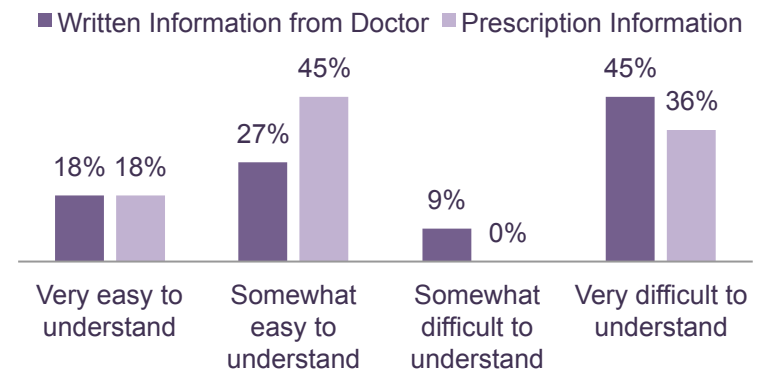
Total Responses: 11

## Annual Household Income



Total Responses: 11

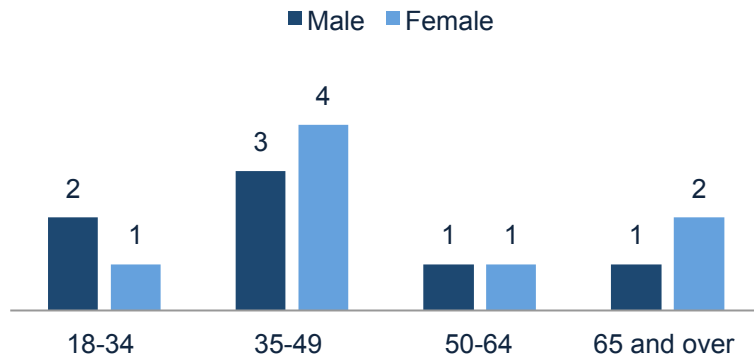
## Health Literacy



Total Responses: 22

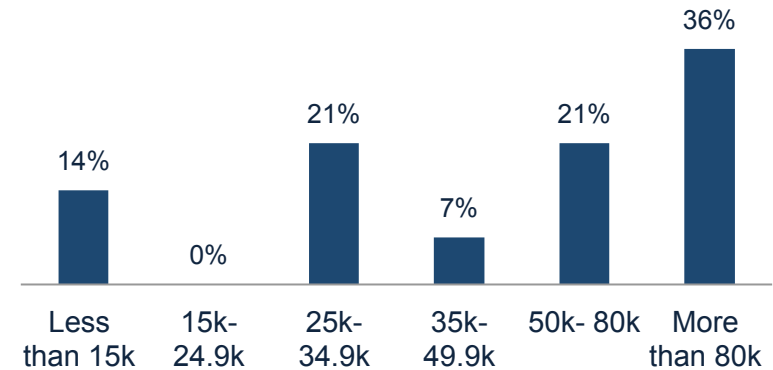
# Vietnamese Summary Figures

## Age Range and Gender



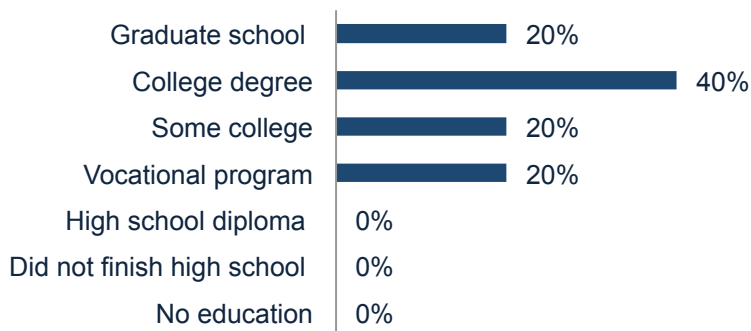
Total Responses: 15

## Annual Household Income



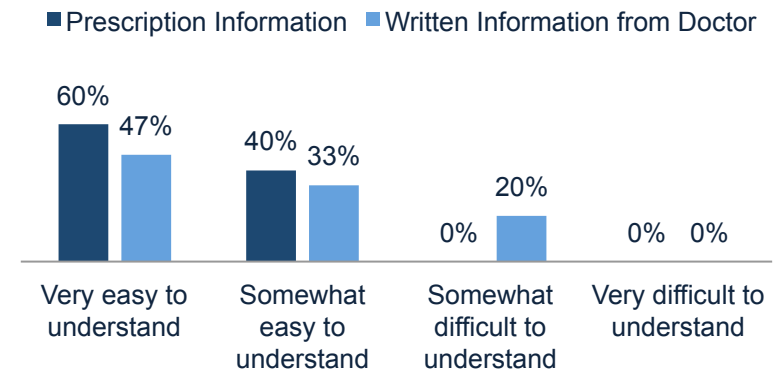
Total Responses: 14

## Education Level



Total Responses: 15

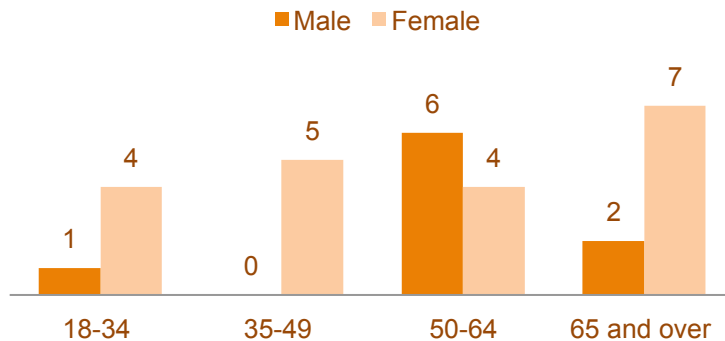
## Health Literacy



Total Responses: 30

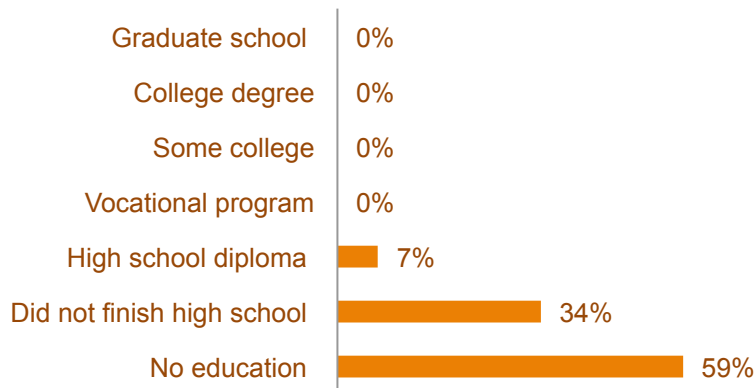
# Refugee Summary Figures

## Age Range and Gender



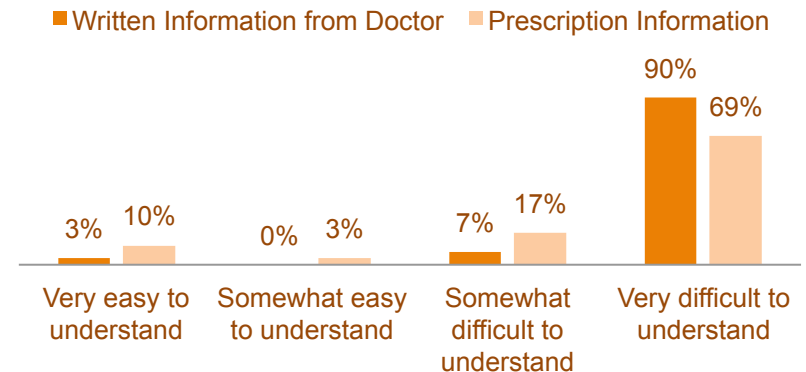
Total Responses: 29

## Education Level



Total Responses: 29

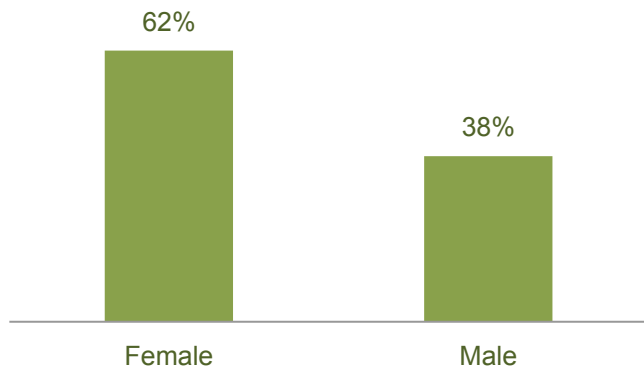
## Health Literacy



Total Responses: 58

# Senior Summary Figures

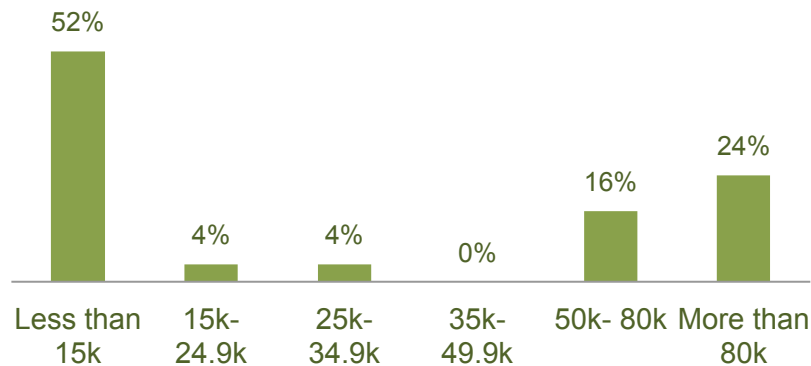
## Gender



Total Responses: 29

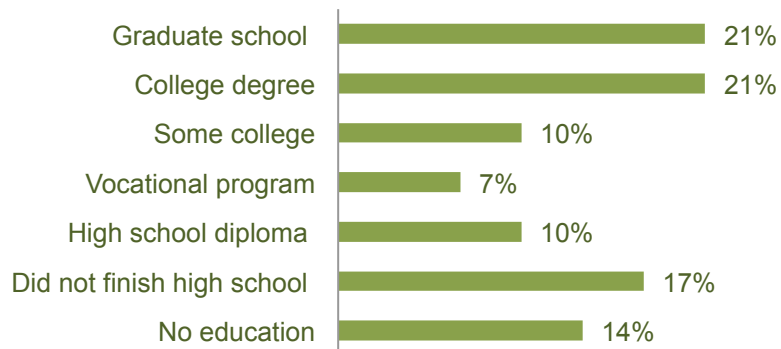
Note\*- Senior age range is over 50 years

## Annual Household Income



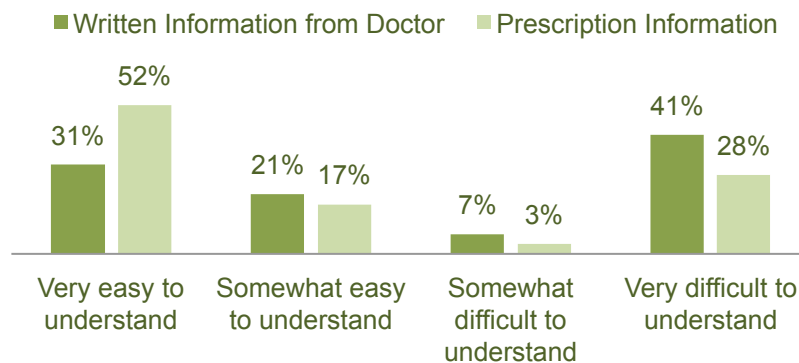
Total Responses: 25

## Education Level



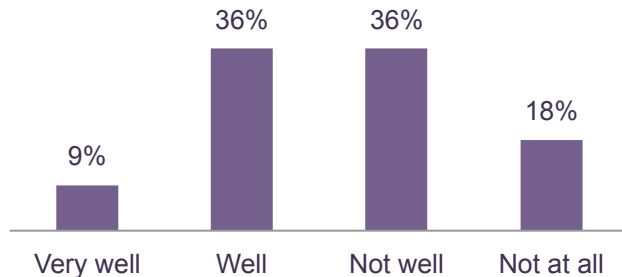
Total Responses: 29

## Health Literacy



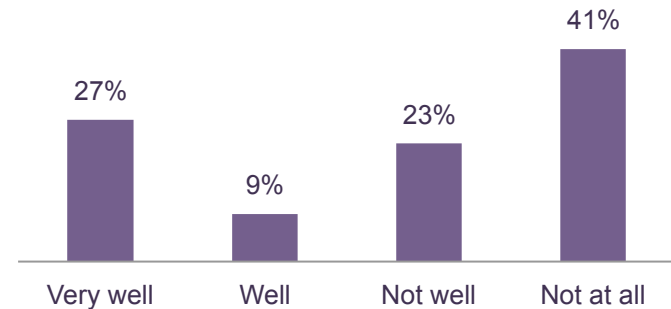
Total Responses: 58

### Korean FGD Participants



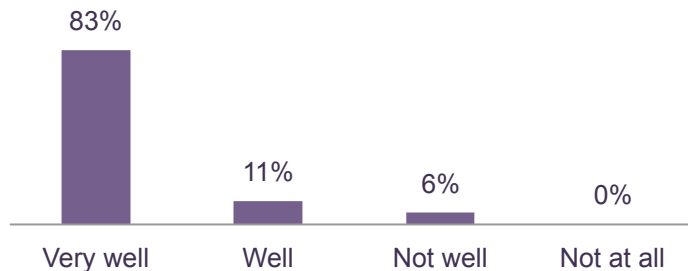
Total Responses: 11

### All Senior Participants



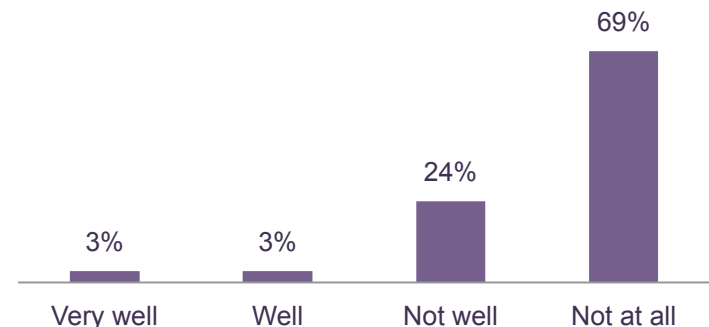
Total Responses: 22

### South Asian FGD Participants



Total Responses: 18

### Refugees



Total Responses: 29

\*Note: The English proficiency question was added to the survey later in the project. Only participants in the Korean, South Asian, and Refugee focus groups were asked this question.



# Major Health Issues

	Taiwanese	Chinese	Vietnamese	Korean	South Asian	Refugees	Seniors	Total
Diabetes	✓	✓	✓	✓	✓	✓	✓	7
Hypertension	✓	✓		✓	✓	✓	✓	6
Mental Health		✓	✓	✓	✓	✓	✓	6
Cancer	✓	✓	✓	✓				4
Arthritis	✓				✓	✓	✓	4
Heart Disease	✓					✓		2
Allergies	✓	✓						2
Hepatitis		✓				✓		2
Dental Health		✓		✓				2
Cholesterol			✓		✓			2
Smoking			✓			✓		2
Stroke			✓					1
Vision							✓	1
Obesity						✓		1
Asthma						✓		1

# Asian-American Health Assessment Recommendations

- Improve **OUTREACH** to subpopulations
- Focus on **PREVENTION**
- Increase **ACCESS** to health care
- Provide **CULTURALLY SENSITIVE** health care

## Improve **outreach** to Asian American subpopulations

- Utilize existing community hubs and resources (temples, churches, media) for outreach.
- Promote and support social activities for culturally/linguistically homogeneous groups that also incorporate culturally sensitive wellness education and programs.
- Publicize information and activities in Asian languages and in appropriate community media/venues.
- Support the Asian American Resource Center (AARC) as a focal point for outreach, education and services.

# Focus on **prevention**

- Encourage/create more culturally appealing exercise options and activities
  - walking or gardening in social groups
  - sports like soccer that are popular within the community.
- Combine recreation and health (wellness) activities at the AARC facility
- Provide targeted screening and education to address health issues in specific subpopulations, with cultural awareness.

# Increase **access** to health care.

- Reduce regulatory barriers and improve access to the MAP eligibility system
- Develop accessible transportation solutions for Asian elders and refugees
- Connect the uninsured to accessible care by improving insurance enrollment and providing low cost health care options
- Provide free health screenings at the AARC facility and other community hubs and venues.

## Provide **culturally sensitive** health care

- When possible, providers should cluster medical appointments for patients from the same community
  - better utilize resources, (share interpreters and transportation)
  - provide a less stressful environment
- Develop different BMI standards for Asian ethnic subgroups to measure obesity
- Create a paradigm where mental and physical health are perceived as combined (consistent with many Asian cultures)

## Provide **culturally sensitive** health care (continued)

- Improve quality of care with culturally competent medical consultants and navigators
- Increase availability of culturally competent and Asian American providers for subpopulations
- Develop culturally sensitive health care support systems for elderly and disabled
  - e.g., household assistance, home health workers, long-term care facilities

# Questions?

If you have questions or would like to request a copy of the Asian American Health Assessment report, please contact:

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