

Asian Americans and Pacific Islanders: Health Disparities

Note: The information on groups presented under Asian Americans and Pacific Islanders does not focus on Koreans and Japanese living in the US, since these subgroups are relatively small.

The available demographic and health data on Asian Americans and Pacific Islanders (AAPIs) are usually of limited value because of the attempt to encompass the broad AAPI group, in spite of the enormous diversity among the peoples included. Without disaggregating the data, it is impossible to detect the great variations in income, education, and health status among AAPI populations, hiding serious socioeconomic and health problems both within and between subgroups.

Health indicators for AAPIs overall suggest that this population is one of the healthiest in the US. However, there is great diversity within this group, and marked health disparities exist for specific segments. Women of Vietnamese origin, for example, suffer from cervical cancer at nearly five times the rate for white women. New cases of hepatitis and tuberculosis are also higher in AAPIs living in the US than in whites. (US DHHS, 2000).

Underlying Causes of Health Disparities: Income and Education

Inequalities in income and education underlie many health disparities in the US. Income and education are intrinsically related and often serve as proxy measures for each other. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of death and illness, including heart disease, diabetes, obesity, elevated blood lead level, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors. (US DHHS, 2000).

Health disparities are believed to be the result of the complex interaction among genetic variations, environmental factors, and specific health behaviors. This section of the Provider's Guide presents information on the traditional health practices and beliefs as well as the health status of different AAPI subgroups:

- **General Information on Asian Americans and Pacific Islanders**

General Information on Asian Americans and Pacific Islanders

Although AAPIs are sometimes seen as constituting a homogeneous ethnic category, the failure to make distinctions among specific ethnic groups can lead to faulty conclusions about important health needs among AAPI clients. Without disaggregating demographic and health data, it is impossible to detect the great variations in income, education, and health status among AAPI populations, hiding serious socioeconomic and health problems both within and between certain ethnic groups. The need to examine the health care issues of *specific* AAPI subgroups (e.g., Chinese, Filipino, native Hawaiian, Vietnamese) is clear. (Zane et al., 1994).

- **History**
- **Demographics**
- **Health Status**
 - Data
 - Leading Causes of Morbidity and Mortality
- **Traditional Health Beliefs and Practices**
 - Overview of Philosophies, Religions, and Worldviews
 - Overview of Asian Medicine
 - Fatalism
 - Death and Dying
 - Causes of Illness
 - Possible Consequences of Specific Health Beliefs
- **Risk Factors and Challenges**
 - Access to Health Care
 - Lack of Insurance
 - Language
 - Parasitic Infestations
 - Smoking
 - Diet and Exercise
 - Stress
 - Lack of Knowledge of Risk Factors
- **Strengths and Protective Factors**
 - Education, Income, and Employment
 - Family and Social Life
 - Diet and Exercise
 - Low Rates of Alcohol Abuse
- **Adherence Factors**
 - Decision-Making
 - Communication
 - Diet
- **Complementary and Alternative Medicine**
 - Use
 - Specific Practices
 - Possible Concerns
- **References and Resources**

Traditional Health Beliefs and Practices

Overview of Philosophies, Religions, and Worldviews

AAPI groups are diverse, and they practice many religions, including Catholicism (most Filipinos), Islam (most Indonesians), and Hinduism (many Indians).

- Both **Confucianism** and **Buddhism** have had a significant impact on lifestyles and health practices. For example, Confucianism and Buddhism encourage respect for elders and those in authority, such as health care providers. Buddhism also teaches that life is a cycle of suffering and rebirth. Hence, pain and illness are sometimes endured, and care-seeking may be delayed. (Rasbridge, 2003).
- **Buddhist and many other Eastern philosophies** teach that art and science can coexist and that healing is spiritual as well as scientific. (Yee et al., 1999).
- **Taoism**, which has its origins in China, is practiced today by many Taiwanese and Koreans in the US. The Tao, or “the way,” is based on the idea of balancing natural processes and forces (such as yin and yang) and is associated with traditional health practices such as holistic medicine, acupuncture, herbalism, and meditation, as well as with martial arts. (Robinson, 2003).

Overview of Asian Medicine

- **The traditional Asian view of health is holistic.** It links mind, body, and soul and focuses on establishing and maintaining a balance of life energies within each individual's unique constitution. (Chin and Bigby, 2003).
- The **Chinese philosophy of life**, practiced for more than 3,000 years, is the basis for traditional health beliefs among many Asian populations. Chinese medicine regards mind-body-spirit as an integrated whole in which each component influences the others. (Pachuta, 1993). The goal of Chinese medicine is to preserve health and cure disease by recovering the balance within the human being and between the person and his or her environment. (Management Sciences for Health, 2003).
- **Ayurvedic (Hindu) principles** have long governed the health beliefs and behaviors of many South Asians, and they continue to do so today. The underlying principle of Ayurveda is the interrelationship between the universe and the body. (Kaiser Permanente, 1999).
- The **traditional Chinese view of the human body** as a derivative of the natural world has similarities with Ayurvedic principles. The health beliefs of traditional Chinese, Japanese, Koreans, Vietnamese, Laotians, Hmong, Mien, and Cambodians are affected by Taoist principles. Ayurvedic medicine recommends a balanced diet of “hot” and “cold” foods. The Filipino concept of health is based on a similar principle of balance, *Timbang*, in accord with Ayurvedic and Chinese traditions. Specific disorders are perceived to be caused by an excess

intake of one type of food. For example, “hot” foods are thought to cause arthritis and hypertension, whereas “cold” foods may bring about cancer and anemia. (Kaiser Permanente, 1999).

- The **naturalistic theory** is another variation of traditional Asian medicine in which physical and social factors are integrated to diagnose illnesses among Vietnamese, Laotians, Hmong, Cambodians, and Filipinos. Diseases are perceived to be caused by shifts in environmental forces. For instance, high winds and rainy weather are believed to result in rheumatism or respiratory diseases. (Kaiser Permanente, 1999).
- **Animism** is the belief that human beings, animals, and inanimate objects all possess souls and spirits. Although spirit worship is one of the oldest religious traditions, the only AAPI subgroups that still widely adhere to animism are Laotians, Hmong, Mien, and Cambodians from rural areas. In animism, illnesses are normally viewed either as punishment from gods, demons, and spirits or as curses from evil spirits. To alleviate sickness, appeals are often made to gods, and shamans are called on to chase away evil spirits. (Kaiser Permanente, 1999).

Suggestion

Understanding how the various AAPI worldviews shape beliefs about the causes of disease and acknowledging their role in the health care decision-making process are important elements of providing quality care. Beliefs in the interconnectedness of the mind, body, and spirit and the need for balance require a holistic approach to treatment. (Kaiser Permanente, 1999).

Fatalism

- **Denial.** Asian patients may deny their illnesses or view them as being related to personal carelessness or weakness, as punishment, or as a result of external forces over which they have no control. (Chin and Bigby, 2003).
- **Karma.** An Asian-American patient may feel that his or her illness is caused by karma (the law of cause and effect over countless lifetimes), even though the patient understands that the illness has a biological cause. (Rasbridge, 2003).

Death and Dying

- **Autopsy.** Members of some AAPI subgroups—for example, Asian Indians—are unlikely to give permission for postmortem examinations. (Alagiakrishnan and Chopra, 2001).
- **Home care of the dying.** It may be important to AAPI elders and their families that the dying be cared for at home, so that traditional rituals can be observed. (Alagiakrishnan and Chopra, 2001).

Causes of Illness

- **Dampness,** arising from getting caught in the rain, having wet hair, or keeping on wet clothes, or drinking too many cold liquids is associated with symptoms of lethargy, indigestion, nausea and vomiting, and arthritis. (Chin and Bigby, 2003).

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A Provider's Guide to Quality & Culture Seminar*
<http://erc.msh.org/quality&culture>

- Some AAPIs believe that **deficiencies of yin** give rise to symptoms of dryness (e.g., dry mouth, cough) and heat (e.g., fever, inflammation), whereas **deficiencies of yang** give rise to symptoms of poor vitality and strength (e.g., fatigue, impotence) and lack of adequate warmth (e.g., chills). (Chin and Bigby, 2003).
- **Wind** is traditionally thought to attack the upper part of the body (respiratory system); consequently, some Asians will avoid sitting near an air conditioner. (Chin and Bigby, 2003).

Possible Consequences of Specific Health Beliefs

- **Fear of surgery.** Some individuals from Asian subgroups influenced by Ayurvedic and Taoist principles are fearful of surgery because it may result in an excess loss of blood, which is believed to disrupt the humoral balance within the body. (Kaiser Permanente, 1999).
- **Reluctance to have blood drawn.** Many Asians believe that blood is not replenished when it is removed from the body; consequently, they are reluctant to have blood drawn. (Chin and Bigby, 2003).
- **Disparate treatments.** Whereas Westerners believe that a cool bath should be used to bring down a fever, Asians believe that keeping the patient warm with blankets following the use of an herbal tea will dissipate fever. (Chin and Bigby, 2003).
- **Nonadherence.** Lack of adherence to treatment recommendations is likely if they differ from people's basic health beliefs. In addition, recent immigrants may not be familiar with Western prescriptions for pills and capsules. Whereas herbalists' instructions give clients a sense of control, since they can regulate the concentration of herbal broths, AAPI patients lose this autonomy with Western prescriptions. Lack of understanding of Western drugs may prompt clients who continue to feel ill after taking Western medications to rely on herbal medicines or to try to regulate the drug's effects by increasing or decreasing the dosage. (Kaiser Permanente, 1999).

Suggestion

By paying attention to the patient's age, generation, language proficiency, and length of time in the US, providers can often gauge the patient's familiarity with Western health beliefs and adherence to traditional concepts. By asking appropriate questions regarding health beliefs, providers demonstrate respect and sensitivity for the patient's culture and can strengthen their relationships with patients. Trust in the provider is essential and can only be accomplished over time. (Kaiser Permanente, 1999).

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*Reducing Health Disparities in Asian American and Pacific Islander Populations:
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*Reducing Health Disparities in Asian American and Pacific Islander Populations:
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*Reducing Health Disparities in Asian American and Pacific Islander Populations:
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