The 7th Conference on Health Care of the Chinese in North America

Health Status of Chinese Americans: Challenges and Opportunities

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Abstract

Introductory Remarks

It really is a privilege to be here and to share with you the topic, "Health Status of Chinese Americans: Challenges and Opportunities". But before I address this topic, I would like to share some things about myself and my background as it relates to my Chinese American heritage.

I was born in Shanghai, China, but my father was born in Columbus, Ohio. The reason my dad was born in Ohio was because my grandfather came to California in the late 1800s to seek gold ...to build the railroad. And indeed he was working on the railroad that extended from California to El Paso. And for reasons I still do not know, my grandfather migrated to Columbus, Ohio where my father was born in the Chinese laundry that my grandparents operated. Unfortunately, my grandparents died when my dad was still young and so he was adopted by a pair of single American teachers in Canton, Ohio. He went to the University of Michigan where he majored in what was then called aeronautical engineering, but could not get a job in that field upon graduation. Thus, he learned to fly, joined the U.S. Army Air Force, and went to China to join the Flying Tigers. During the war with Japan, he met my mother and that is why I was born in China after the war and he in the U.S ...a reversal in nativity to the typical Chinese-American and yet something that makes who we are so interesting.

As Chinese Americans, we are really a product of two great cultures. Some of us are bi, tri, or multi-lingual with respect to Chinese dialects. Some of us are monolingual. As Chinese, we or our ancestors may have been from the China mainland itself, Taiwan, Hong Kong, Southeast Asia, or literally anywhere in this world. Some of us have been here for several generations and are known as "empty bamboo" or "bananas". Some of us have literally just arrived ...like the Chinese whose pictures made the cover of June 21, 1993, U.S. News and World Report.

Well, the truth is we are not all alike. But we do have a lot in common.

What we do not have much of on the national level are specific data on the health status of Chinese-Americans. We have some ...thanks to the leadership of some Chinese-American physicians like Collin Quock, Arthur Chen, Sam Lin, Jane Lin-Fu, Jessie Wing, and others and to advocacy groups such as the Asian and Pacific Islander American Health Forum, Harry Lee, President and Tessie Guillermo, Executive Director. But certainly we do not have the

data in proportion to our numbers as the largest ethnic group in the fastest growing racial/ethnic population in North America.

In fact, we do not even have much data on the health status of Asian/Pacific Islander Americans, the group with whom we are classified with. We have some data though ...and this morning, I would first like to share with you the data that we do have. Secondly, I would like to present to you challenges we face as Chinese Americans. Lastly, I would like to suggest opportunities for what we as the Federation of Chinese American and Chinese Canadian Medical Societies as well as Chinese American health professionals individually can do to promote the health status of Chinese Americans.

Overview of the Health Status of Chinese Americans/Asian Pacific Islander Americans

For the purposes of focus, I shall limit my overview of the health status of Chinese-American to three arbitrary categories: (1) communicable diseases; (2) chronic diseases and (3) health care access because we have the most data on these categories and certainly not because other areas are less important. Starting with the area of communicable diseases, we know that Asian Pacific Islander Americans as a group disproportionally suffers from tuberculosis. We are not aware of data specific for Chinese, but we know that Asian/Pacific Islanders account for 17.0% of the total tuberculosis cases in the US in 1990 (compared with being 2.9% of the total population). The risk of tuberculosis was 9.9 times higher for Asian/Pacific Islanders than the general population. Since Chinese are the largest single ethnic group who constitute the Asian/Pacific Islanders, we could surmise that Chinese may be disproportionally affected by TB.

The most conspicuous risk factor that Chinese are affected by is hepatitis B. As you know, hepatitis B is communicable, but its presence is also a risk factor for a chronic disease, namely, liver cancer. Chinese in particular are at greater risk to hepatitis B transmission than the total population. While we do not have national data on the prevalence of hepatitis B virus for Chinese Americans per se, we have been told that the worldwide prevalence of hepatitis B among people from China is 8-15% (compared with <2% of people from North America). The American Cancer Society reports that Chinese have the highest incidence rate for liver cancer among all U.S. racial/ethnic populations. If, as according to the American Public Health Association, liver cancer can be attributed to the presence of the hepatitis B virus in 80% of the cases, then the prevalence of hepatitis B among Chinese Americans must be disproportionally high. Furthermore, the mortality rate for liver cancer is the greatest for Chinese compared with all the other U.S. racial/ethnic populations. Chinese also have the highest rates of nasopharygenal cancer.

Turning now to other chronic diseases, we sense that we are only seeing the tip of the iceberg with regards to what can be anticipated for a worsening of our health status ...unless things dramatically change. The prevalence of adult male Chinese who smoke (28%) exceeds the total male California smoking rate of 21%. Whereas, smoking among adults in the US seem to be declining at an average of 1.1% per year, we do not have comparable data for Chinese American men. While applauding the efforts of the few Chinese-specific smoking cessation programs such as that associated with the Chinese Hospital in San Francisco, we have few concerted efforts at smoking cessation for Chinese

men outside of California. Other barriers to implementing smoking cessation for Chinese men is that Asian/Pacific Islanders are the least likely among all racial/ethnic groups to see a physician (42% did not visit a physician in the last twelve months versus 33.4% for Whites). Unfortunately, when Asian/Pacific Islanders do see their physicians, they are least likely to be counseled about smoking cessation (33% versus 50% for total population). These higher than average smoking rates for men and these lower than average efforts to recruit Asian/Pacific Islanders for smoking cessation by physicians mean that we can anticipate higher lung cancer and cardiovascular diseases for Chinese Americans in the early part of the next century.

We must not neglect Chinese American women. It is perhaps because their smoking prevalence is relatively low (around 9%) that Asian American women are now more frequently being targeted by the tobacco industry than Asian American men. Another disturbing trend among Asian American women is that they are choosing to smoke at higher rates than Asian born women.

When we add to these trends, the environmental influence of advertising, we forecast higher smoking-induced disease rates for Chinese American women.

Chinese women are less likely to receive mammograms than California women. Nearly three out of every four Chinese women aged 40 never had a mammogram.

Perhaps never having had a mammogram is illustrative of the next area of focus: health care access. For Chinese Americans, access means the provision of linguistically appropriate and culturally competent services in geographic proximity.

Challenges

While much more can be said about the health status of Chinese Americans, we need to press on with the challenges that face us. In addition to those associated with health care access, namely needing linguistically appropriate and culturally competent health care, we can add the challenges of:

1. evidences of unhealthy acculturation best quantified through increased rates of colon cancer among Chinese Americans compared to Chinese in China; and, most importantly,

2. the paucity of ethnically specific health data for Chinese Americans.

Conclusions

Now that we have delved into some of the limited data regarding the health status of Chinese Americans and the challenges we face, let us consider the opportunities ...what organizations like the Chinese American Medical Society and Chinese American health professionals can do. What I recommend is both simple and difficult to do. They are as follows:

A. Vote

B. Collect data ourselves – because data inpart drives and propels policy

C. Write ...and in particular write for journals

D. Become active and involved in policy making ...either as an advocate or get into an arena to develop or implement appropriate policies.

By so doing, we are not only laying a better foundation for our own families, we are strengthening America! Thank you very much.