



Southeast Asian Data & Trends Analysis

ISSUE BRIEF

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Health Status of Southeast Asians in Rhode Island & Implications of the Affordable Care Act

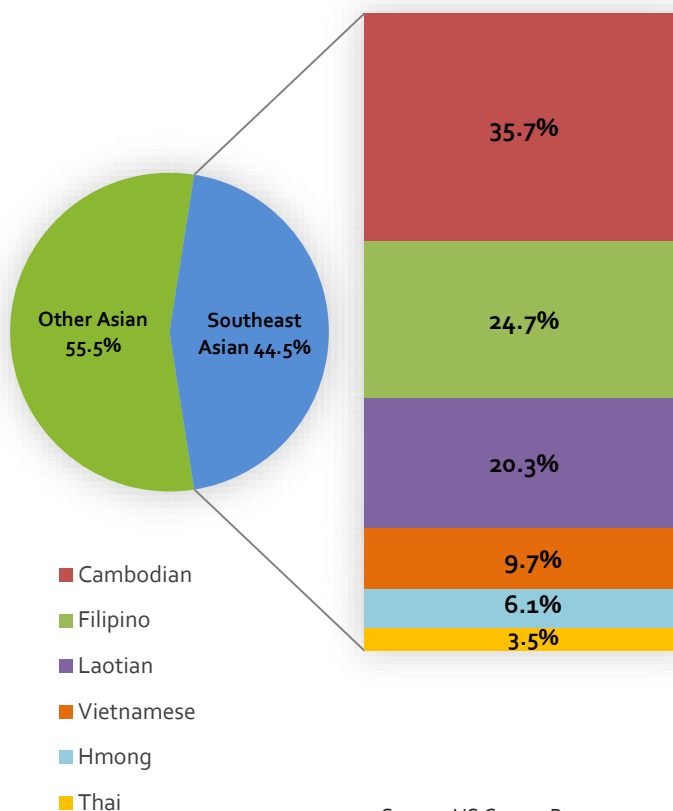
Background

Southeast Asian Data and Trends Analysis (SEA DATA) is a comprehensive data collection and analysis initiative of the Center for Southeast Asians (CSEA). The goal of the SEA DATA project is to create a trusted source of information on the Southeast Asian (SEA) community in Rhode Island to guide community development and planning; inform policy decisions at the local and state levels; and enable government agencies, nonprofits, and businesses to allocate resources where they are most needed using evidence-based strategies. In the spring of 2013, CSEA received funding from the Asian & Pacific Islander American Health Forum (APIAHF) to initiate a project to inform the community about (a) the overall health status of SEAs in Rhode Island and (b) likely implications of the Affordable Care Act (ACA) implementation for the SEA community.

Introduction

According to the 2010 United States Census, there are about 37,000 Asians living in Rhode Island (3.1 % of the state's total population), of whom around 17,000 are of SEA descent. We refer to the SEA ethnicity as individuals who identify as one or more of the SEA ethnic groups: Burmese, Cambodian, Filipino, Hmong, Laotian, Thai, or Vietnamese. For the purpose of this brief, we will focus on four SEA ethnic groups that migrated to the United States as refugees of the Vietnam War: Cambodian, Hmong, Laotian, and Vietnamese. Currently, local, state, and national data sources generally lack disaggregated data on health issues affecting specific SEA ethnic groups. Instead, such sources contain aggregate information on the general Asian & Pacific Islander (API) community. However, some studies have shown that the SEA American population faces various health issues that distinguish it from other members of the API population and the US population as a whole. It is likely that the SEA community in Rhode Island shares certain health characteristics, needs, and concerns with SEA communities in other parts of the country. The purpose of this health brief is to inform public health officials, health care providers, and policymakers about (a) the best currently available data on the health status of SEAs in Rhode Island and (b) the lack of SEA-specific data in certain categories, which may contribute to inaccurate generalizations about health issues affecting SEAs in this state.

Distribution of Asian Ethnicities in Rhode Island



Source: US Census Bureau 2010



Source: Center for Southeast Asians

Health Issues in the Rhode Island Southeast Asian Community

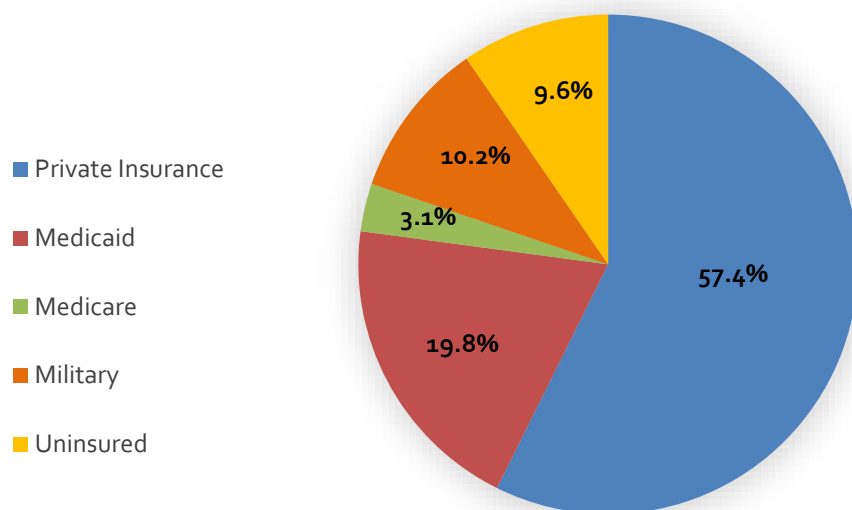
Health Care Access & Utilization

While there is a lack of relevant information specific to the SEA population, we know that there is a lower proportion of Asians in Rhode Island who are uninsured compared to other major racial groups. In the Health Insurance Survey conducted by HealthSource RI in 2012, 9.6% of Asians reported being uninsured compared to 16.4% of Blacks and 11.4% of Whites. The majority of Asians in Rhode Island are privately insured (57.4%). Asian patients made up 4.8% of the total patient population seen at Rhode Island Free Clinic in Providence between March 2013 and August 2013. In addition, Asians constituted 3% of the total patient population utilizing the health centers in Rhode Island from 2006 to 2011. While available data suggest that the Asian population in Rhode Island generally do have access to primary care, health care access barriers may still exist among Rhode Island SEAs. A focus group study found that Rhode Island SEAs faced interpretation and transportation barriers when it came to regular physician visits (Chang et al. 2009). Because of the cultural and linguistic divide between patients and physicians, SEA patients who are not proficient in the English language may not be able to communicate their health care needs to providers.

Cancer

According to the Office of Minority Health at the Rhode Island Department of Health, the leading cause of death among Asians and Pacific Islanders in Rhode Island is cancer. In a surveillance study of cancer incidence among Asian Americans, lung/bronchus and liver cancers were identified as the most common cancers among Southeast Asians (Gomez et al. 2013). Liver cancer mortality was found to be significantly higher among Cambodian, Hmong, and Laotian patients compared to all other ethnic groups (Kwong et al. 2010). Vietnamese patients were found to have seven times higher liver cancer incidence compared to non-Hispanic Whites (McCracken et al. 2007). High lung cancer incidence may be attributed to the high rates of smoking among SEAs, particularly men. In a SEA study conducted in Minnesota, Vietnamese and Cambodian men were found to smoke at higher rates (35% and 58%, respectively) than the overall United States population (20%). While Hmong men had the lowest smoking rates among SEA groups (11.8% compared to 25.1% of all SEAs), nearly 80% of Laotian men reported smoking before immigrating to the United States, which is indicative of the cultural and social acceptability of smoking in SEA countries (Constantine et al, 2010).

Health Insurance Status of Asians in Rhode Island 2012



Source: HealthSource RI

Chronic Illnesses

A combination of cultural factors, including the violence and trauma-laden refugee experience following the Vietnam War, contribute to a higher risk of chronic illnesses and associated risk factors among SEAs. According to the Department of Health, heart disease is the second leading cause of death among APIs in Rhode Island. SEA refugee patients in Connecticut who reported experiencing trauma in their native countries were more likely to report cardiovascular disease (CVD) and hypertension compared to patients with lower trauma scores (Wagner et al, 2012). The World Health Organization has also found that the risk of developing type 2 diabetes and heart disease increases at a lower body mass index (BMI) cutoff in Asians (BMI ≥ 23) compared to non-Asians (BMI ≥ 25). This may contribute to an overall underestimation of relative risk for chronic illnesses among Asian communities and individuals, which explains alarmingly high rates of hypertension, CVD, and obesity. A study on hypertension risk in Southeast Asian refugee children in Minnesota found that Hmong children were three times more likely to have hypertension compared to Caucasian and African American children (Munger et al. 1991). The unique SEA refugee experience has been shown to contribute to post-traumatic stress disorder (PTSD), depression, and anxiety; 45% of Cambodians and 14% of Vietnamese in Connecticut reported symptoms consistent with PTSD (NDEP, 2006). These conditions may also affect and complicate diabetes management in SEA patients and may be interrelated with risk factors for other chronic diseases. For example, the National Heart, Lung and Blood Institute ranked CVD and diabetes as the top two health concerns in the Lowell, MA Cambodian community. Locally, over one-third of Asian patients seen at Rhode Island Free Clinic from March 2013 to August 2013 presented with hypertension and hyperlipidemia (high cholesterol). While data on heart disease and associated risk factors such as mental health status in the Rhode Island SEA community are generally lacking, the Institute for Community Health Promotion at Brown University is currently studying childhood obesity risk factors in Rhode Island SEA children.

Fast Facts

Cancer & heart disease

are the leading causes of death among Asians in Rhode Island.

Southeast Asians are disproportionately affected by liver and lung cancers.

The risk of developing

type 2 diabetes increases at a lower BMI cutoff (≥ 23) in Asians compared to non-Asians (≥ 25).

PTSD, depression, and anxiety are common in SEA communities due to the trauma-laden refugee experience.

1 in 5

Southeast Asians are living with chronic hepatitis B.

Asians make up 5% of the US population but represent

50% of HBV infected individuals in the country.

Infectious Diseases

Hepatitis B (HBV) continues to disproportionately affect Asian Americans due to lack of awareness, screening, and vaccination. The Centers for Disease Control reports that APIs represent over half of the United States population living with chronic HBV while only accounting for five percent of the total population. Twenty percent of native Vietnamese are living with chronic HBV; similarly high prevalence rates exist in Cambodians, Laotians, and Hmong (Stanford University). With a relatively large SEA refugee and first generation SEA American population in Rhode Island, SEAs continue to be at risk for chronic HBV infection, which can lead to liver cirrhosis and cancer. Studies have shown that a significant number of chronically infected SEA patients do not receive further treatment, monitoring, and full vaccination dosages, in addition to having generally poor knowledge about infection risk and transmission pathways. While there are currently no published research findings on the burden of HBV on SEAs in Rhode Island, we expect that national data on SEAs are applicable to SEAs in the Ocean State. Thus, it is necessary to increase advocacy efforts to combat what has been called the silent killer among the Asian population.

Implications of the Affordable Care Act

The Kaiser Family Foundation recently assessed the likely impact of the Affordable Care Act (ACA) on minorities and found that over two-thirds of uninsured Asian Americans with incomes below the Medicaid expansion limit are living in states that are opting to expand Medicaid. With Rhode Island being one of the 25 states moving forward with expansion, previously uninsured SEAs may become eligible for Medicaid coverage depending on their income. In addition, HealthSource RI launched on October 1st, 2013, enabling SEA individuals and business owners to compare insurance options, purchase individual plans, and determine if they qualify for cost reducing tax credits (HealthSource RI). Because health insurance plans must now offer preventative care, wellness services, and chronic disease management as part of essential health benefits under the ACA, we anticipate that more members of the SEA community will seek preventative care and visit a family doctor for regular checkups, vaccination referrals, and other screenings that will benefit their overall health, especially in the problem areas highlighted in this issue brief. Having a primary source of surveillance may also increase the likelihood that SEA patients will monitor their health concerns more effectively.

Conclusion

A lack of ethnic-specific data collection and reporting on SEAs in Rhode Island makes it difficult to provide a clear snapshot of the health status of the SEA community. Areas such as mental health lack SEA specific data although the SEA refugee population has been historically afflicted with trauma and violence. However, data collected nationally and in other states show that the SEA community is disproportionately affected by cancer and hepatitis B and faces unique risks in terms of heart disease. The majority of SEA health issues are associated with various barriers to healthcare access; low rates of preventative care to detect, monitor, and treat chronic and infectious diseases; and generally poor knowledge of important health issues. The implementation of the ACA means that SEA individuals will have expanded access to healthcare and preventative services that may ultimately improve their health status. Policymakers, government agencies, nonprofits engaged in data collection, and community leaders should collaborate on developing and adopting revised surveillance and data collection protocols that will allow policy and program development to be informed by data specific to SEAs in Rhode Island.

Recommendations

The findings of this community health assessment support the following recommendations:

- I. Implement data collection protocols to capture ethnicity-specific data on the SEA community. The US Office of Management and Budget's race data standards include sub-categories for *Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian* as part of the Asian category. We recommend adopting a modified federal OMB nomenclature by adding *Burmese, Cambodian, Hmong, Laotian, and Thai* sub-categories to accurately capture data on SEAs in Rhode Island.
- II. Adopt alternative measures of access to healthcare such as primary care utilization, hospital utilization, and patient reported satisfaction with healthcare services.
- III. Provide culturally and linguistically relevant educational resources to promote and educate the SEA community about the Affordable Care Act and new health care reform policies in Rhode Island.
- IV. Increase resources to educate SEA patients and clinicians who interact with them to screen for and inquire about lung and liver cancers, heart disease and associated risk factors, and hepatitis B.

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