

Literature Review Chinese American: Culture and Care Needs

1. Cultural Issues in Disease Management for Chinese Americans with Type II Diabetes: (ABSTRACT) The purpose of this study is to highlight culturally unique experiences and responses to type II diabetes among Chinese immigrant families. Patient and spouse narratives from 16 different families were elicited in a series of group interviews on this topic. Using interpretive phenomenology, 5 primary cultural considerations in diabetes management emerged from the narratives: (1) conceptualization of diabetes, illness and health, (2) significance and meaning of food, (3) perceptions of Chinese and Western medicines, (4) exercise and physical activity, and (5) effects of the disease on family dynamics. The relation of these cultural considerations to an interdependent view of the self, collectivistic social orientation, Chinese cultural beliefs and norms, and acculturation processes are discussed. Clinical recommendations for culturally appropriate disease management strategies are

Chun, K.M., Chesla, C.A., Cultural Issues in Disease Management for Chinese Americans with Type II Diabetes. Psychology and Health. 2004. http://www.informaworld.com/smpp/content~db=all~content=a714009699

2. How Do Older Chinese Women View Health and Cancer Screening? Results from Focus Groups and Implications for Interventions

(ABSTRACT) Data were generated by five focus groups, each consisting of 9-12 Chinese American women aged 50 and older. Participants responded to open-ended guestions assessing their perceptions of health and illness, knowledge about cancer, beliefs about and barriers to cancer screening, and screening and healthcare experiences in the USA. All conversations were tape-recorded and analyzed in the context of PRECEDE framework concepts of predisposing, enabling, and reinforcing factors. The 54 participants had a mean age of 65 years, with an average age of immigration to the USA at 51 and average length of residence in the USA of 15 years. Participants considered outdoor exercise in the morning for fresh air and a hot-cold balanced diet as important means to health. None mentioned the importance of regular medical checkups or cancer screening. When talking about cancer prevention, a sense of fatalism was evident, such as 'no control of life and death' and 'what will happen will happen'. Lack of English capability was a major enabling barrier to healthcare. In addition, these women reported the need for help with transportation, especially for those living in suburban areas where public transportation is not readily available. Physician recommendation was identified as the most important reinforcing factor for cancer screening. Our results suggest traditional Chinese beliefs, such as those pertaining to fatalism, self-care, and the hot and cold balance, influence the perceptions of older Chinese women regarding health, illness, and use of preventive healthcare. Interventions to improve cancer screening in this population should be tailored to the specific predisposing, enabling, and reinforcing factors of this population, including cultural views, language barriers, doctor-patient communication, and access to healthcare.

Liang, W., Yuan, E. Mandelblatt, J. S., Pasick, R.J. How Do Older Chinese Women View Health and Cancer Screening? Results from Focus Groups and Implications for Interventions. 2004. Race and Ethnic Studies.

http://www.informaworld.com/smpp/content~db=all~content=a713620401?words=chineseq.american,culture,health

3. Role of Gender, Insurance Status and Culture in Attitudes and Health Behavior in a US Chinese Student Population:

(ABSTRACT) Asians are an understudied population in health research. Often their lower utilization of health care services and low participation in clinical trials has been attributed to socioeconomic factors and cultural beliefs. However, the role of gender and perceptions of health beliefs across generations in determining access have not been studied in this population. This study seeks to examine the relationship of gender to the health beliefs and health utilization patterns of a group of undergraduate

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Chinese students in regard to their own use and what they perceived as their parents' use. Seventy-eight Chinese students responded to a health belief and utilization survey. They were asked to provide information on their perceptions and attitudes of health as well as what they perceived to be their parents' health attitudes and behavior. Findings indicated that female students were more proactive in their health beliefs towards preventive care and getting regular check-ups than male students. This difference between genders remained true in the students' perceptions of their mothers being more likely to seek preventive care and to get regular check-ups than their fathers. Cultural factors including privacy and modesty were important factors in determining use of health care by Chinese women. Insurance status played an important role in determining health behavior among Chinese men. Uninsured fathers were perceived as more likely to use complementary and alternative therapies (CAM) than mothers. Male students and fathers who had private insurance were perceived to access and utilize health services equally as the women. Gender differences are seemingly less apparent among parents who are using CAM. Language difficulty was identified most frequently as the major barrier to accessing care among this population.

Ray-Mazumder, S. Role of Gender, Insurance Status and Culture in Attitudes and Health Behavior in a US Chinese Student Population. 2001. Race and Ethnic Studies. http://www.informaworld.com/smpp/content~db=all~content=a713667480?words=chinesep.american.culture.health

4. Chinese Perspectives on Culture and Mental Health:

(ABSTRACT) Central to providing culturally appropriate nursing care is sensitivity to and knowledge about the group being cared for. Although "mental health" and "mental illness" are artificial concepts among people who do not differentiate and treat mind, body, and spirit separately, and who may not differentiate illness from other problems of living, many individuals ethnically rooted in one or more Asian cultures enter Western mental health care systems. Quality nursing care requires understanding and respect for traditional values, beliefs, and practices that may differ significantly from those typical of Western European-based societies. Whether clients are traditional in orientation or highly acculturated to Western ways, nurses are responsible for providing culturally appropriate care. This article discusses mental health and nursing care from various perspectives of Asian and Asian-American clients, and in particular those of Chinese descent.

Kuo., C. Havanagh, K. H. Chinese Perspectives on Culture and Mental Health. 1994. Issues in Mental Health Nursing.

http://www.informaworld.com/smpp/content~db=all~content=a785586261?words=c

hinese,american,culture,health

5. Treatment and Awareness of Type II Diabetes in Beijing, China Compared to New York: (ABSTRACT) The purpose of this study was to determine awareness and treatment of type II diabetes among Beijingers. Surveys generated in Mandarin and English were used to poll 75 Beijingers with type II diabetes, 29 Beijingers without diabetes, and 23 New Yorkers without diabetes. Beijing data were compared with diabetes statistics on exercise and blood glucose testing frequency from the 2002 New York City Department of Health and Mental Hygiene Community Health Survey and the 2003, 2004, and 2005 New York State Behavioral Risk Factor Surveillance System. The results indicate that compared to New Yorkers with diabetes, Beijingers with diabetes tended to exercise much more frequently but tested their blood glucose less frequently. With the projected increase of type II diabetes in Beijing, more efforts need to be made to increase the frequency of blood glucose testing and basic diabetes awareness.

Steinman, B.A., Birshtein, B.K. Treatment and Awareness of Type II Diabetes in Beijing, China Compared to New York. 2007. http://tde.sagepub.com/cgi/content/abstract/33/2/282

6. Exploration of Social Cognitive Factors Associated with Physical Activity among Chinese-American Children:

(ABSTRACT) This study examined the social cognitive factors associated with participation in physical

activity among Chinese-American youth. Utilizing an observational cross-sectional design, data were collected via a self-administered survey from 84 Chinese-American children ages 6-18. The survey employed items from the Health Behavior Questionnaire and the Youth Risk Behavior Survey. Logistic regressions were used to examine the correlates of physical activity. Findings revealed that among children nine years or younger, those with high self-efficacy were six times more likely to engage in sufficient moderate physical activity than children with low self-efficacy (OR=6.6, 95% Cl=1.27-33.80). Among participants older than nine years, those with high self-efficacy were almost nine times more likely to engage in sufficient vigorous physical activity than children with low self-efficacy (OR=8.7, 95% Cl=1.35-56.05), and those with positive social support were almost eleven times more likely to engage in vigorous physical activity than participants perceiving negative social support (OR=10.90, 95% Cl=1.02-116.37). The findings of this study address the association of social cognitive factors with participation in physical activity. Results from this study indicate that socio-environmental factors in addition to personal factors may increase the likelihood of participation in physical activity among Chinese American children.

Exploration of Social Cognitive Factors Associated with Physical Activity among Chinese-American Children. 2006. International Electronic Journal of Health Education.

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7. Health and Health Care for Chinese-American Elders:

(ABSTRACT) This ethnic specific module reviews the history of Chinese immigration to the US, health risks and specific disease incidences, and cultural influences that may impact on health care delivery to Chinese American elders. It is designed to be used in conjunction with the Core Curriculum in Ethnogeriatrics.

Linda. A. Tom, S. Health and Health Care for Chinese-American Elders. 2001. http://www.stanford.edu/group/ethnoger/chinese.html

8. Alternative Health Care Practitioners in a Chinese American Community:

(ABSTRACT) This paper provides a brief review of the literature on traditional Chinese medicine in both China and the United States and presents observations from a preliminary study of Chinese practitioners in the Chinatown section of Los Angeles, California. The dualistic health care system in Chinese culture is described as comprising both scholarly and folk traditions, and the roles of both styles of practitioners in dealing with physical and socio-psychological problems are explored. Based on observation of medical professionals and herb specialty shops, interviews with traditional doctors and acupuncturists, and perusal of ads in local Chinese American newspapers, it is concluded that several types of alternative health care providers currently practice in Chinatown: (1)"Chinese-style doctors," mostly elderly, who rely on pulse diagnosis and treat patients with herbal medicines and dietary advice; (2) acupuncturists; (3) Chinese chiropractors or bone setters; (4) dispersers of herbs, tonics, and patent medicines; and (5) psychics. It is suggested that the continuing influx of Chinese immigrants, as well as the Chinese's tendency to seek to enhance their health status, contributes to the maintenance of the traditional health care sector in Chinese American communities.

Ching-Yi, J. K. Alternative Health Care Practitioners in a Chinese American Community. 1981.

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9. Accommodating care of type II diabetes for the Chinese American family:

(ABSTRACT) Type II diabetes is an illness that affects the Chinese American population disproportionably. Although Chinese American diabetic patients have reported the importance of the family in adequate diabetes care, little is known about how Chinese American families go about supporting or negotiating the care of diabetes. This constitutes the impetus for the current study.



Kwan, C. L., Accommodating care of type II diabetes for the Chinese American family. 2007. http://www.accessmylibrary.com/article-1G1-161127949/accommodating-care-type-2.html

10. Identification of Linguistic Barriers to Diabetes Knowledge and Glycemic Control in Chinese Americans With Diabetes:

(ABSTRACT) The Asian-American population, a fast-growing minority group in America, is more likely to have type II diabetes compared with non-Hispanic whites despite having lower body weight. Among the diverse Asian immigrants, Chinese Americans make up the largest subgroup, of whom 50% live in linguistic isolation. Communication problems with health care providers and the lack of culturally appropriate diabetes education, among other factors, may be important contributors to disparities in health and diabetes control in Chinese Americans. In this study, we identified linguistic barriers to diabetes education and care in Chinese Americans and explored the appropriate venues to deliver diabetes information to Chinese-American communities.

Hsu, W., Cheung, M., Ong, E. Identification of Linguistic Barriers to Diabetes Knowledge and Glycemic Control in Chinese Americans With Diabetes. 2006. Journal of DiabetesCare. http://care.diabetesjournals.org/content/29/2/415.full

11. Cardiovascular Risk Factors in Chinese American Children: Associations between Overweight, Acculturation, and Physical Activity:

(ABSTRACT) Understanding cardiovascular disease (CVD) risk factors among Chinese American children would allow us to target individuals in this group who are at the greatest risk for developing CVD early in life. The purpose of this study is to examine cardiovascular risk factors (increased blood pressure [BP], total cholesterol, low-density lipoproteins, triglycerides, decreased high-density lipoproteins, and increased body mass index [BMI]) in Chinese American children. A cross-sectional design was used. A total number of 65 children, aged 8 to 10 years, and their mothers participated in the study. Measurements of the children's weight, height, BP, blood sample, level of physical fitness, activity level, and dietary intake were collected. Mothers completed questionnaires regarding family history of CVD and level of acculturation. A low level of physical activity and high paternal BMI were associated with higher systolic BP in the children. A low level of physical activity was also found to be a risk factor for higher LDL and systolic BP in the children. A high birth weight and lower parental acculturation level were risk factors for higher BMI in the children. The findings suggest that a low level of physical activity and high BMI are associated with increased risk of CVD in Chinese American children. The development of culturally appropriate programs that promote an active lifestyle and reduce weight is critical in CVD prevention in Chinese American populations.

Chen, J., Wu, Y. Cardiovascular Risk Factors in Chinese American Children: Associations between Overweight, Acculturation, and Physical Activity. Journal of Pediatric Health Care. http://linkinghub.elsevier.com/retrieve/pii/S0891524507001162

12. Cultural and family challenges to managing type II diabetes in immigrant Chinese Americans: (ABSTRACT) Although Asians demonstrate elevated levels of type II diabetes, little attention has been directed to their unique cultural beliefs and practices regarding diabetes. We describe cultural and family challenges to illness management in foreign-born Chinese American patients with type II diabetes and their spouses. This was an interpretive comparative interview study with 20 foreign-born Chinese American couples (n = 40) living with type II diabetes. Multiple (six to seven) semi-structured interviews with each couple in individual, group, and couple settings elicited beliefs about diabetes and narratives of care within the family and community. Interpretive narrative and thematic analysis were completed. A separate respondent group of 19 patients and spouses who met the inclusion criteria reviewed and confirmed the themes developed from the initial couples. Cultural and family challenges to diabetes management within foreign-born Chinese American families included how 1) diabetes symptoms challenged family harmony, 2) dietary prescriptions challenged food beliefs and practices, and 3) disease management requirements challenged established family role responsibilities. Culturally nuanced care with immigrant Chinese Americans requires attentiveness to the social context of disease management.



Patients' and families' disease management decisions are seldom made independent of their concerns for family well-being, family face, and the reciprocal responsibilities required by varied family roles. Framing disease recommendations to include cultural concerns for balance and significant food rituals are warranted.

Chesla, C.A., Chun, K.M., Kwan, C.M., Cultural and family challenges to managing type IIdiabetes in immigrant Chinese Americans. 2009.

http://www.ncbi.nlm.nih.gov/pubmed/19628812

