

Literature Review

Vietnamese American: Culture and Care Needs

1. Measuring Immigrant Assimilation in the United States:

(ABSTRACT) This report introduces a quantitative index that measures the degree of similarity between native- and foreign-born adults in the United States. It is the ability to distinguish the latter group from the former that we mean when we use the term “assimilation.” The Index of Immigrant Assimilation relies on Census Bureau data available in some form since 1900 and as current as the year before last. The index reveals great diversity in the experiences of individual immigrant groups, which differ from each other almost as much as they differ from the native-born. They vary significantly in the extent to which their earnings have increased, their rate of learning the English language, and progress toward citizenship. Mexican immigrants, the largest group and the focus of most current immigration policy debates, have assimilated slowly, but their experience is not representative of the entire immigrant population.

Collective assimilation rates are lower than they were a century ago, although no lower than they have been in recent decades. And this is true despite the fact that recent immigrants have arrived less assimilated than their predecessors and in very large numbers. In addition to country of origin, the Index categorizes groups on the basis of date of arrival, age, and place of residence. Some groups have done far better or worse than the Index as a whole; Assimilation also varies considerably across metropolitan areas.

Vigdor. J. Measuring Immigrant Assimilation in the United States. 2008.
http://www.manhattan-institute.org/html/cr_53.htm

2. Barriers to Health Care Access and Utilization among Vietnamese in Southern California:

(ABSTRACT) The objective of this study was to collect data on barriers to health care utilization and access among Vietnamese residents of southern California, and to assess the current influence of acculturation on acquisition of health care. A survey was administered anonymously in Vietnamese to 532 randomly selected respondents in their Orange County, California homes. Acculturation was assessed using a score and index. Eighty-five percent of respondents used a Western-trained physician and 70% had a regular physician. On language facility, 78% could speak with medical personnel and 86% could complete medical forms in English. Seven percent were unable to obtain medical care in the prior 12 months, 40% believed that they could not be admitted to hospital when needed, and 24% had no health insurance. Women reported more difficulty on most items. Seventy-seven percent of all respondents reported that they were satisfied with their health care, and health-related behavior change to reduce individual risk of disease was identified as their most important health need. Low income was the most important health concern. Respondents were largely bicultural, and acculturation was not associated with use of and satisfaction with Western medicine or ability to access it, but was associated with perceived obstructions to health care. Traditional health care beliefs and practices were not obstructions to using Western medical care. While substantial barriers to improving health care utilization remain, acculturation to the US health care system appears to have occurred in this community. English language facility is a barrier largely for women, and strategies to improve access and utilization for both genders should focus on increasing regular access to a physician, and on reducing logistical and financial barriers.

Gellert. G. A. Barriers to Health Care Access and Utilization among Vietnamese in Southern California. 1999. http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VH5-3XY2J67-6&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&_view=c&_searchStrId=1027099462&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=4bb12b3e13efe1816a68fa5a9accf089

3. Cardiovascular Risk Factors and Knowledge of Symptoms among Vietnamese Americans:

(ABSTRACT) The objective of this study is to describe cardiovascular risk factors, knowledge, and related behaviors among Vietnamese Americans and compare the results to non-Hispanic whites. A

comparison of data from two population-based, cross-sectional telephone surveys was done. Vietnamese Americans in Santa Clara County, California, and non-Hispanic whites in California, aged 18 and older. Survey measures included socio-demographics, diagnoses, body mass index, fruit and vegetable intake, exercise, and tobacco use. Knowledge of symptoms of heart attack and stroke was collected for Vietnamese Americans. There are significant disparities in risk factors and knowledge of symptoms of cardiovascular diseases among Vietnamese Americans. Culturally appropriate studies and interventions are needed to understand and to reduce these disparities.

Cardiovascular Risk Factors and Knowledge of Symptoms among Vietnamese Americans (ABSTRACT). 2008. Journal of Internal Medicine.
<http://www.springerlink.com/content/22516t2765844687/>

4. Cancer Risk Factors for Vietnamese Americans in Rural South Alabama:

(ABSTRACT) Significant cancer risk factors exist in the target population in comparison to available national data and Healthy People 2010 targets. More focused cancer prevention and early detection efforts should be initiated for this underserved population. Future research is needed to (a) determine the effect of acculturation on cancer risk factors and (b) develop culturally appropriate interventions to improve the effectiveness of cancer prevention and early detection interventions in this subgroup of Asian Americans.

Xu, R., Ross, M. C. Ryan, R, Wang, B. Cancer Risk Factors for Vietnamese Americans in Rural South Alabama. 2005.
http://www.redorbit.com/news/health/263570/cancer_risk_factors_of_vietnamese_americans_in_rural_south_alabama/index.html

5. Encouraging Vietnamese-American Women to Obtain Pap Tests Through Lay Health Worker Outreach and Media Education:

(ABSTRACT) Media education campaigns can increase Vietnamese women's awareness of the importance of Pap tests, but lay health workers are more effective at encouraging women to actually obtain the tests. Lay health workers are effective because they use their cultural knowledge and social networks to create change. Researchers, community members, and community-based organizations can share expert knowledge and skills, and build one another's capacities.

Tram, L. K., et. Al. Encouraging Vietnamese-American Women to Obtain Pap Tests Through Lay Health Worker Outreach and Media Education. 2003. Journal of Internal Medicine.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1494888>

6. Cultural Leverage: Interventions Using Culture to Narrow Racial Disparities in Health Care:

(ABSTRACT)The authors reviewed interventions using cultural leverage to narrow racial disparities in health care. Thirty-eight interventions of three types were identified: interventions that modified the health behaviors of individual patients of color, that increased the access of communities of color to the existing health care system, and that modified the health care system to better serve patients of color and their communities. Individual-level interventions typically tapped community members' expertise to shape programs. Access interventions largely involved screening programs, incorporating patient navigators and lay educators. Health care interventions focused on the roles of nurses, counselors, and community health workers to deliver culturally tailored health information. These interventions increased patients' knowledge for self-care, decreased barriers to access, and improved providers' cultural competence. The delivery of processes of care or intermediate health outcomes was significantly improved in 23 interventions. Interventions using cultural leverage show tremendous promise in reducing health disparities, but more research is needed to understand their health effects in combination with other interventions.

Thomas L. F., Burnet, L.B. Elbert, S. Huang, M. H., Chin K. A. Cultural Leverage: Interventions Using Culture to Narrow Racial Disparities in Health Care. 2008.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2505343&tool=pmcentrez&rendertype=abstract>

7. Perceived Discrimination and Health: A Meta-Analytic Review:

(ABSTRACT) Perceived discrimination has been studied with regard to its impact on several types of health effects. This meta-analysis provides a comprehensive account of the relationships between multiple forms of perceived discrimination and both mental and physical health outcomes. In addition, this meta-analysis examines potential mechanisms by which perceiving discrimination may affect health, including through psychological and physiological stress responses and health behaviors. Analysis of 134 samples suggests that when weighting each study's contribution by sample size, perceived discrimination has a significant negative effect on both mental and physical health. Perceived discrimination also produces significantly heightened stress responses and is related to participation in unhealthy and nonparticipation in healthy behaviors. These findings suggest potential pathways linking perceived discrimination to negative health outcomes.

Pascoe. E.A., Richman, L.S. Perceived Discrimination and Health: A Meta-Analytic Review. 2009.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2747726&tool=pmcentrez&rendertype=abstract>

8. Effective Lay Health Worker Outreach and Media-Based Education for Promoting Cervical Cancer Screening Among Vietnamese American Women:

(ABSTRACT) 2001–2004, we recruited and randomized 1005 Vietnamese American women into 2 groups: lay health worker outreach plus media-based education (combined intervention) or media-based education only. Lay health workers met with the combined intervention group twice over 3 to 4 months to promote Papanicolaou (Pap) testing. We used questionnaires to measure changes in awareness, knowledge, and Pap testing. Combined intervention motivated more Vietnamese American women to obtain their first Pap tests and to become up-to-date than did media education alone.

Mock. J., McPhee. S. J., Nguyen. T. et Al. Effective Lay Health Worker Outreach and Media-Based Education for Promoting Cervical Cancer Screening Among Vietnamese American Women. 2006. Journal of Public Health.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1963308&tool=pmcentrez&rendertype=abstract>

9. Cohort Profile: The Diabetes Study of Northern California (DISTANCE)—objectives and design of a survey follow-up study of social health disparities in a managed care population:

(ABSTRACT) One of the challenges of the national initiative, Healthy People 2010,¹ is to support interventions that will reduce social disparities in health. While social disparities such as differences in education, income, race or ethnicity may affect health, the mechanisms are poorly understood. If social disparities in health originate in childhood, are current social disparities in health modifiable and are they the responsibility of a medical provider or health plan? Nonetheless, modifiable factors may exist at the individual, neighborhood or system level that mediate (explain) social disparities in health and that may be suitable targets for interventions aiming to reduce disparities. Our aim was to survey and prospectively follow a large, diverse and well-characterized population with diabetes and to collect data on risk factors which may affect diabetes health outcomes but which may differ substantively in prevalence or effect size across ethnic groups or educational levels.

Moffet, H. H., Adler, N. et Al. Cohort Profile: The Diabetes Study of Northern California (DISTANCE)—objectives and design of a survey follow-up study of social health disparities in a managed care population. 2009.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2635421&tool=pmcentrez>

10. Cancer and Communication in the Health Care Setting: Experience of Older Vietnamese Immigrants, A Qualitative Study:

(ABSTRACT) To learn about the cancer-related communication experiences of older Vietnamese immigrants from the insider perspective. Vietnamese immigrants aged 50–70 years, recruited through community-based organizations. Most had low education and limited English proficiency. The sample size

of 20 was sufficient to achieve theoretical saturation. We identified 3 categories of themes concerning informants' experiences with cancer communication in the health care setting: (1) attitudes about addressing screening with providers, (2) issues/problems communicating with physicians about cancer, and (3) language/translation difficulties. There was substantial overlap between informants who mentioned each theme category, and 40% of the participants mentioned all 3 categories.

Nguyen G. T. Barg, F. K., Armstrong K. Holmes, J.H. Hornik, R. C. Cancer and Communication in the Health Care Setting: Experience of Older Vietnamese Immigrants, A Qualitative Study. 2007. Journal of Internal Medicine.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2173920&tool=pmcentrez&rendertype=abstract>

11. Linguistic and Cultural Barriers to Care: Perspectives of Chinese and Vietnamese Immigrants:

(ABSTRACT) To examine factors contributing to quality of care from the perspective of Chinese- and Vietnamese-American patients with limited English language skills. In addition to dimensions of health care quality commonly expressed by Caucasian, English-speaking patients in the United States, Chinese- and Vietnamese-American patients with limited English proficiency wanted to discuss the use of non-Western medical practices with their providers, but encountered significant barriers. They viewed providers' knowledge, inquiry, and nonjudgmental acceptance of traditional Asian medical beliefs and practices as part of quality care. Patients also considered the quality of interpreter services to be very important. They preferred using professional interpreters rather than family members, and preferred gender-concordant translators. Furthermore, they expressed the need for help in navigating health care systems and obtaining support services.

Linguistic and Cultural Barriers to Care: Perspectives of Chinese and Vietnamese Immigrants. 2003. Journal of Internal Medicine.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1494812&tool=pmcentrez&rendertype=abstract>

12. Use of Complementary and Alternative Medicine Among Persons With Diabetes Mellitus: Results of a National Survey:

(ABSTRACT) This study sought to characterize the use of complementary and alternative medicine (CAM) among persons with diabetes mellitus residing in the United States. The prevalence of CAM therapy use among persons with diabetes is comparable to that among the general population. Use of CAM therapies specifically to treat diabetes, however, is much less common.

Yeh, G. Y., Eisenberg, D. M., Davis, R. Phillips, R.S. Use of Complementary and Alternative Medicine Among Persons With Diabetes Mellitus: Results of a National Survey. 2002. Journal of Public Health.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1447301&tool=pmcentrez&rendertype=abstract>

13. Seizing the Moment: California's Opportunity to Prevent Nutrition-Related Health Disparities in Low-Income Asian American Populations:

(ABSTRACT) Asian Americans and Pacific Islanders (AAPI) have the fastest growing rate of overweight and obese children. Aggressive programs are urgently needed to prevent unhealthy acculturation-related changes in diet and physical activity and to promote the healthier aspects of traditional lifestyle habits. We conducted focus groups and key informant interviews to explore knowledge, attitudes, dietary practices, and physical activity levels among three low-income Asian American ethnic groups, Chinese, Vietnamese, and Hmong, in California. Content analysis was used to identify similarities and differences among the groups. Several common health beliefs clearly emerged. Participants noted the importance of fresh (not frozen) fruit and vegetable consumption and physical activity for general health. The concept of good health included having a harmonious family, balance, and mental and emotional stability. All groups also expressed the general belief that specific foods have hot or cold properties and are part of the Yin/Yang belief system common to Asian cultures. The lure of fast food, children's adoption of American eating habits, and long work hours were identified as barriers to a healthy, more traditional lifestyle. A

California campaign for Asian Americans using multilevel strategies is recommended to counter the alarming rise of obesity among AAPI youth. Strategies directed to individual, community, and policy levels should emphasize maintenance of healthy traditional diets, informed selection of mainstream U.S. foods, and promotion of active lifestyles to prevent an impending burden from cancer and nutrition-related chronic diseases in AAPI populations.

Harrison, G. G., Kagawa-Singer, Marjorie, et Al. Seizing the Moment: California's Opportunity to Prevent Nutrition-Related Health Disparities in Low-Income Asian American Populations. 2007.
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1810968&tool=pmcentrez&rendertype=abstract>

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