

Reducing Health Disparities in Asian American: Michigan Experience

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Outline

- Asian American and Pacific Islanders (AAPI)
 - Population statistics
 - Vital statistics in various diseases and health systems
 - Challenges we face
- Have we seen the disparity in Asian Americans
- Is it fact or myth that AA being as model minority in health?
- Healthy Asian Americans Project (HAAP)

Asian American Population

- Asian Americans are people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- The fastest growing population in the U.S. with the population increasing by 72% since 1990 Census
 - 6.9 million in 1990 & 11.9 million in 2000
- Asian-American population will grow to 37.6 million individuals by the year 2050, comprising 9.3% of the population.

Asian American Population

- The 2000 U.S. Census comprise 3.6 percent of the American population, approximately 10 million individuals.² → as of 2008, already making up about 5 percent of the total population according to the Census Bureau.³
- Asian-American populations are generally concentrated in the western states, the Northeast, and parts of the South. The states with the greatest concentration of Asian Americans are Hawaii, California, Washington, New Jersey, and New York.²

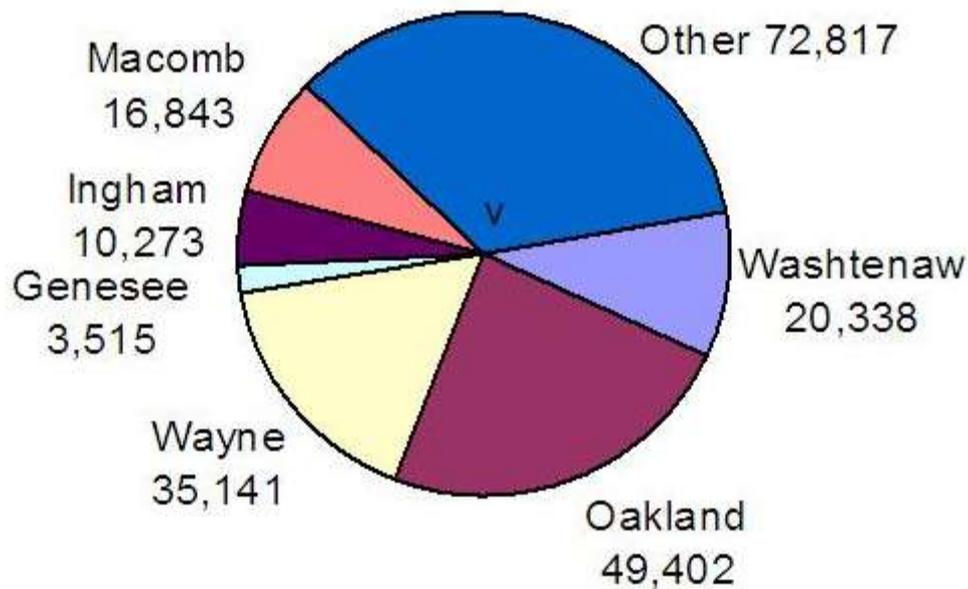
Quiz 1-1: Asian population in Michigan

In Michigan, Asian population also increased by 50% (from 103,501 in 1990 to 208,329 in 2000); consisted ___ % of Michigan population

- A: 0.5%
- B: 1%
- C: 2%
- D: 10%

Asian Population in Michigan

Michigan's Asian Population (2000)
Top Six Counties by Population
(Total 208,329)



•In Michigan, the Asian population grew dramatically from 103,501 in 1990 to 208,329 in 2000.

Updates from Census 2010

- **Asian and Pacific Islander population reached 293,766; an increase of 34.9 percent.** During the same period, Michigan lost 55,000 fewer people in 2010 than in 2000 -- a loss of 0.6%.
- The combined Asian-American population in Macomb, Oakland and Wayne counties grew 37 percent between 2000 and 2010 — from 100,792 to 138,075; the rise slightly outpaced the Hispanic population, which rose by nearly one-third from 118,641 to 156,275 in the tri-county area.

Asian American Population (cont.)

- Received little attention of all ethnic population in cancer control research studies or targeted intervention programs by the national government

Challenges in Asian Americans

- Being noted as a model minority & homogeneous culture
- Facts
 - **Over 40 nationalities/more than 3 thousands languages**
 - **Bimodal in SES within ethnic groups**
 - **Poverty rates (Japanese: 6.6% vs. South East Asians: 66%)**
 - **Median Income (Asian Indians \$66,649 vs. Hmong \$20,649)**
 - **Varied greatly in acculturation & English fluency levels (65% are foreign born)**
 - **Non-speaking AAs usually are excluded from national surveys (e.g., NHIS) and they tend to have lower screening rates than those who speak English.**

Challenges in Asian American (Cont.)

- Education is not a good SES indicator for Asian American
- Different effects noted between AAPI & whites
 - Poverty
 - Health insurance
 - Access to primary care
- (Kagawa-Singer & Pourat, 2000)

10 Leading Causes of Death Asian American & Pacific Islander Population, U.S., 2006

1. Cancer
2. Heart disease
3. Stroke
4. Unintentional injuries
5. Diabetes
6. Chronic lower respiratory disease
7. Influenza and pneumonia
8. Nephritis, Nephrotic syndrome, and Nephrosis
9. Suicide
10. Alzheimer's Disease

Ethnic Health Disparities in Asian Americans

- Access to Health care
 - 21% of AAPI lack health insurance vs. 16% of general population
- Cancer
 - Highest age-adjusted incidence rate of cervical cancer occurred among Vietnamese Americans (43/100,000)
 - Highest incidence rate of liver & intrahepatic bile duct cancer in Vietnamese men (41.8/100,000)
- Diabetes
 - AAPI have higher rates of diabetes than whites and have lower hospitalization rates for diabetes than whites

Ethnic Health Disparities in Asian Americans

- Tuberculosis (TB)
 - AAPI had the **highest** tuberculosis (TB) case rates (33/100,000) of any racial and ethnic population in 2001
- Hepatitis B Virus (HBV)
 - Decreasing
 - AAPI still has rate of HBV (2.95/100,000) **twice** as high as white Americans (1.31/100,000)

Ethnic Health Disparities in Hawaiian and Pacific Islanders

- Diabetes
 - During 1996-2000, native Hawaiians were **2.5 times** more likely to be diagnosed with diabetes than whites
- Infant Mortality
 - In 2000, infant mortality among Native Hawaiians was **9.1 per 100 per 1,000**, Almost 60 percent higher than among whites (5.7 per 1,000).
- Asthma
 - Native Hawaiians had an asthma rate of **139.5 per 1,000** in 2000 , almost twice the rate for all other races in Hawaii (71.5 per 1,000).
- Smoking
 - **30.9 %** of Native Hawaiians reported smoking cigarettes, compared to 19.7% of other Hawaiian residents

First Step in Reducing Health Disparities

- Accurately document the current status that requires scientifically rigorous and transparent strategy for measuring health disparities
 - Absence of data in Asian American
 - Aggregated data under AAPI
 - Under-reporting
 - Disproportionate documentation



Problem

Representation of overall AA population?

Underestimation of low rates of cancer screening

Quiz 3: Major Health issues in AAPI

Which disease is #1 cause of death among American and Pacific Islander (AAPI) population?

- A. Suicide
- B. Heart disease
- C. Cancer
- D. Infectious disease

Health Statistics for AA

- Cancer has been the number one killer of Asian American women since 1980. In fact, Asian American females are the first American population to experience cancer as the leading cause of death.
- Cervical cancer is a significant health problem in Vietnamese.
- Cancer screening rates are **low** in Asian Americans.
 - Pap smear: 48% of Filipino and 41% of Korean women receive Pap smear tests within the recommended time.
 - CRC screening: 25% of Filipino and 38% of Korean women receive adequate and timely colorectal cancer screening.
- Poor survival rates
 - Filipinos have the second poorest five-year survival rates for colon and rectal cancers of all US ethnic groups (second to American Indians).

Sources: Asian Americans & Cancer, Intercultural Cancer Council

Screening practices in AA

- AAPI have the lowest screening rates of all ethnic group (according to NHIS and CA behavioral risk survey)
- AAPI cancer deaths have increased 200% in the last 10 years compared with a 30 increase among other ethnic groups

Mammography screening in AA: Michigan Data

	n (%)	Age group: n (%)	Ethnicity group: n (%)
Recent mammogram use (last mammogram within 13 months)	173 (54.9)	40–49 years n=42 (48.8) 50–64 years n=88 (62.0) >65 years n=23 (44.2)	Filipino n=61 (51.7) Indian n=62 (57.9) Korean n=15 (44.1) Chinese n=35 (68.6)
Regular mammogram Use (5 mammograms in the past 5 years)	85 (32.8)	40–49 years n=11 (12.9) 50–64 years n=56 (39.7) >65 years n=12 (15.2)	Filipino n=35 (30.0) Indian n=31 (29.2) Korean n=3 (8.8) Chinese n=21 (41.2)

Disparities in BCS between ethnicity and ethnicity: Michigan data

% of women who reported having mammogram less than 1 year ago. based on length of U.S. residency

Had mammogram 1 year ago	Filipino	Asian Indian	Korean	Chinese	Total
No (%)	<u>40.5</u>	<u>36.8</u>	<u>48.5</u>	<u>33.3</u>	<u>39.4</u>
Yes (%)	58.1	63.2	51.5	66.7	60.6

Healthy People 2010 goal: increase to at least 70% of mammography screening rate

Disparities in BCS between ethnicity and insurance: Michigan data

% of women who reported having mammogram less than 1 year ago. based on length of U.S. residency

Had mammogram 1 year ago	Filipino	Asian Indian	Korean	Chinese	Total
No insurance	<u>0.8</u>	<u>3.8</u>	<u>2.9</u>	<u>N/A</u>	<u>1.9</u>
Own insurance	50.8	54.7	41.2	100.0	54.0

Healthy People 2010 goal: increase to at least 70% of mammography screening rate

Disparities in BCS between ethnicity and acculturation: Michigan data

% of women who reported having mammogram less than 1 year ago. based on length of U.S. residency

Had mammogram 1 year ago	Filipino	Asian Indian	Korean	Chinese	Total
< 10 years	<u>3.7</u>	<u>6.0</u>	<u>21.2</u>	<u>8.2</u>	<u>7.3</u>
>=10 years	48.6	53.0	24.2	61.2	49.5

Healthy People 2010 goal: increase to at least 70% of mammography screening rate

HAAP's Mission

- To improve the overall health status of Asian Americans (AA) and to reduce health disparities through research, education, and promotion.

Implementation Strategies

- Our community coordinators recruit participants from their communities and also provide assistance to those that do not speak English but their native languages.
- We focus on seven Asian communities including Asian Indian, Chinese, Filipino, Hmong, Japanese, Korean and Vietnamese.
- Educate Asian Americans on various health issues by publishing articles in several Asian languages in local newspapers, community newsletters and church bulletins.

Projects Activities by HAAP

- Michigan Colorectal Screening Cancer Screening Program (MCRCSP)-funded by MDCH
- Personal Action Toward Health Program (PATH)-funded by MDCH
- Breast and Cervical Cancer Control Program (BCCCP)
- Lay Health Advisors (LHA) program
- Colorectal Cancer (CRC) Awareness Project

HAAP facilitation on BCCCP

- HAAP has collaborated with BCCCP for 10 years since 1996
 - Focus on Asian Indian, Chinese, Filipino, Japanese, Korean, Hmong, and Vietnamese communities
 - Covers Oakland, Washtenaw, Wayne, Oakland, Ingham, Ingham, Kent, and Macomb counties
- HAAP staff schedule appointments and conduct phone and mail follow-ups in appropriate languages
- Over 2,000 BCCCP clients have been recruited for free breast & cervical cancer screenings

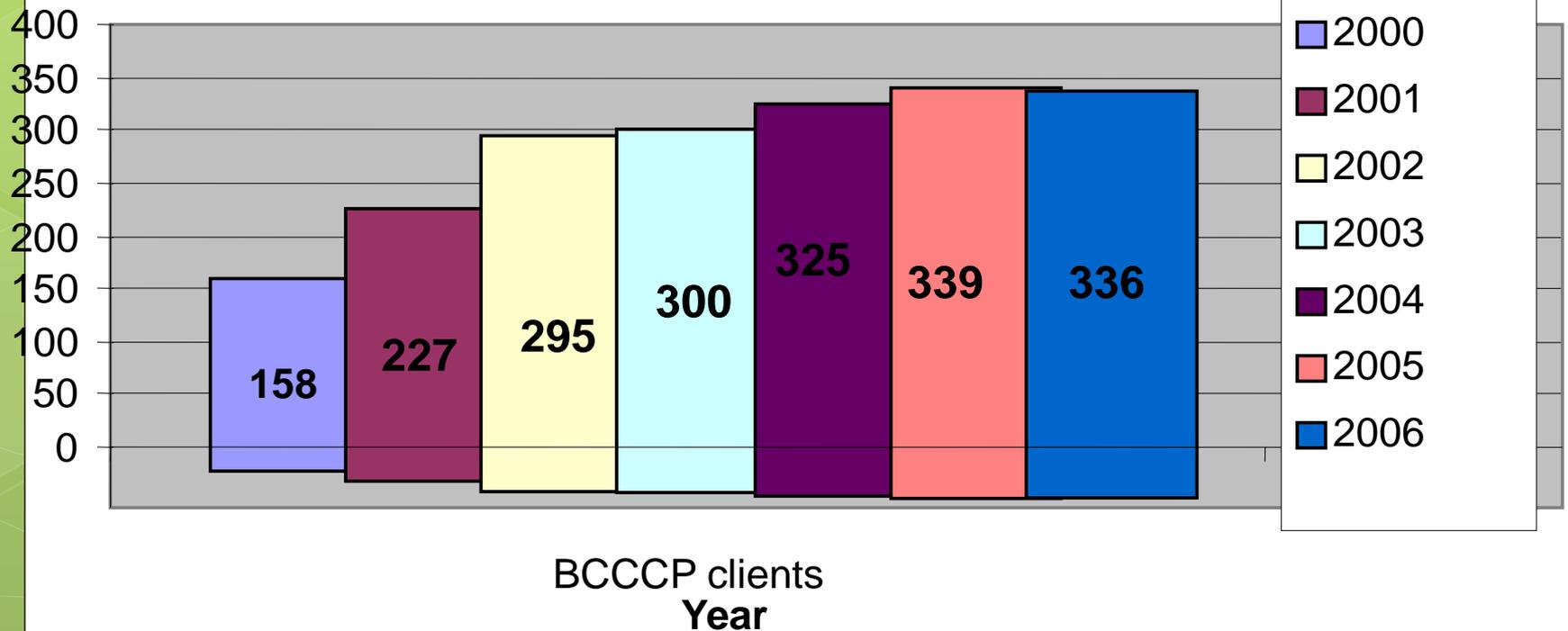
HAAP facilitation on BCCCP

Activities that HAAP staff assisted:

- 80%-- help with appt making, appt notifying and all the reminder such as no underarm deodorant ----etc.
- 5%-- help with solving billing issues
- 5%-- clarify questions about follow-up test after initial screen
- 10%--Introduce BCCCP program and eligibility explanation.

Successful Experience in Recruiting AA to BCCCP

BCCCP Asian clients 2000-2006 by HAAP



Colorectal Cancer Screening

- Colorectal Cancer (CRC) Awareness Project-Year 1 (2006-7)
- Michigan Colorectal Screening Cancer Screening Program (MCRCSP)-Year 2 (2007-8)
- Colorectal Cancer Education & Screening Program (CRCESP)-Year 3 (2008-9)

CRCESP

- Colorectal Cancer is the second most common cancer among both males and females and it causes 655,000 deaths worldwide per year. Most people diagnosed with colorectal cancer are over fifty years old
- **Significance: Asians still has one of the lowest screening rates in colorectal screening and the project aims to understand how Asians perceive CRC and develop effective strategies to improve screening in this underserved population.**
- Recruitment: 1) via health fairs, and 2) networking in the communities by our community coordinators
- Procedure: Conducting MCC risk assessment determine participant risk level, and based on the result by providing either 1) FOBT kit or 2) colonoscopy screenings.

Asian Americans & Colorectal Cancer Screening: Michigan Data

Characteristic	N	Descriptive Statistics
Mean Age	283	62.4 (SD=12.2) yrs
Men	286	40.8%
Born outside U.S.	294	99.3%
Mean years living in U.S.	234	9.3 (SD=9.6) yrs
Married	269	96.8%
No Health Insurance	289	61.6%
Employed	294	23.8%
Ever had FOBT	270	30.1%
Ever had Colonoscopy	262	22.5%
Ever had Sigmoidoscopy	247	16.2%
Ever had Barium enema	205	13.7%

Barriers toward CRC screening: Michigan Data

Reason	n	Percentage
I only see a doctor when I am sick	92	30.8
No health insurance / Could not afford	92	30.8
Being healthy and I have no health problem	67	19.7
Language barrier	59	19.7
Didn't know where to go	53	17.7
Fear to find cancer	43	14.1
No transportation to get there	34	11.4
Difficulty getting an appointment	34	11.4
Cancer cannot be found at early stage	34	11.4
Hours not convenient / Did not have time	29	9.7
Wait too long in clinic	21	7.0
Forgot	13	4.3
Don't believe in doctors	8	2.7

CRC SUCCESS STORIES: Part 1

- A patient was diagnosed with colon cancer through our 1st year screening project.
- A year later, the doctor received a letter thanking him and our program to help them realize that they are at above average risk.
- Results: the cancer was caught early, the treatment was successful.

CRC SUCCESS STORIES: Part 2

- An uninsured participant that had a positive FOBT was able to get a free colonoscopy.
- It was determined that he needed surgery, HAAP and his physician was able to guide him and his family to resources that allowed him to receive treatment and enroll in Washtenaw Health Plan .
- Results: This patient received proper treatment (through surgery) and the result was successful

CRC SUCCESS STORIES: Part 3

- A couple had recently lost their insurance and were anxious about their needs for a follow-up colonoscopy. They learned about HAAP's CRC program through one of our health fairs.
- HAAP was able to have the HAAP collaborating doctor review their cases and have their screening plan set.

PATH Program

- The PATH program is a program designed for Asian Americans and their family members with chronic disease to improve their self-management skills by taking personal actions in adopting a healthier lifestyle.
- Asian Americans who are at high risk because of high blood pressure, cholesterol, blood sugar or low bone density and other family history related conditions can meet at a neighborhood community center to discuss, learn and take action toward better health.
- Currently, there are 38 certified PATH trainers representing three Asian groups: Asian Indian, Chinese, Korean, and Filipino.

PATH Program: Outcomes

- The preliminary results showed that the participants from the three groups (N=43) reported 1) increased **self-efficacy** in overcoming fatigue, pain, emotional disturbance, other discomfort and medication administration after the PATH session; and 2) **using more PATH activities** such as keep mind pre-occupied, muscle relaxation, and picturing self elsewhere to reduce their discomfort and pain.
- **Health behaviors**: Participants who did not perform stretching exercise **reduced from 14% to 6%** and the percentage of participants spent at least of 30 minutes in walking increased from **76% to 86%**.
- **Health status**: **52%** of participants rated their health status as good, very good and excellent and after PATH, the percentage of these three categories increases to **77%**.

Current HAAP Effort

- Funded by NIH/National Cancer Institute to develop and test a tailored telephone counseling to promote breast cancer screening
- Funded by Susan G. for the Cure to promote breast health awareness and screening among Asian Americans in Washtenaw county via Lay Health Advisor approach
- FY2009-10, MDCH funding terminated due to budget cut

Opportunity/Challenges in ACA

- Insurance reforms
- Access to care & affordable coverage
- Coverage for prevention & wellness
- Prevention, public health investment

Conclusion

The program developed by HAAP addresses special of Asian Americans and promoted literacy and health in this underserved population.

Long way to go to address other health disparities among AA population

Thank You! 😊

Questions or Comment?