

SHAPE 2002 Racial and Ethnic Data Book

Health Status of Hennepin County Southeast Asian Adults

Introduction

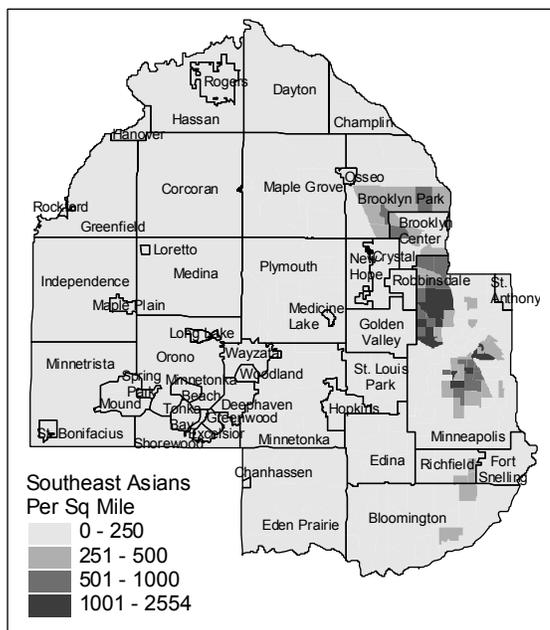
This fact sheet highlights selected health information from the Survey of the Health of Adults, the Population, and the Environment (SHAPE 2002) on Southeast Asian adults 18 years of age and older in Hennepin County, Minnesota. SHAPE 2002 is a community-based survey that collected information from 9,959 randomly selected Hennepin County adult residents, including 467 Southeast Asian adults. The results can be found in the SHAPE 2002 Racial and Ethnic Data Book.¹

For the SHAPE 2002 survey, Southeast Asians are

defined as people who identify themselves as Hmong, Laotian, Vietnamese, Cambodian, Thai, Malaysian, Filipino, or from Brunei or Singapore. Southeast Asia is a region of 11 nations, and consists of diverse social, ethnic and cultural groups. Each group has unique characteristics that need to be considered when measuring health. This fact sheet reports on the health of Southeast Asian adults as a whole but not on any of the subgroups within the Southeast Asian community.

In recognition of language barriers to many Southeast Asian adults, the survey was translated into native languages spoken by Hmong and Vietnamese, the two largest Southeast Asian populations in Hennepin County. Ninety percent of the Hmong respondents were interviewed in the Hmong language, and seventy-nine percent of the Vietnamese respondents were interviewed in Vietnamese.

Figure 1: Geographic distribution of Southeast Asian Adults in Hennepin County



Source: U.S. Census, 2000. Data are aggregated and displayed by census tract. Includes adults who identified their race as Asian (either alone, or in combination with one or more races), and their ethnicity as Southeast Asian (either alone, or in combination with one or more Asian ethnicities).

Demographic and Socioeconomic Profile

Southeast Asians in Hennepin County are relatively young compared to the county as a whole. According to the 2000 U.S. Census, 41.2% of those who identified themselves as Southeast Asian alone (that is, not in combination with another racial or ethnic group) were under the age of 18. This rate compares to only 23.9% of the county as a whole. Conversely, only 2.7% of those who identified themselves as Southeast Asian alone were 65 or older. This percentage compares to 11.0% of the general population of Hennepin County.²

While Southeast Asians live throughout the county, they are most likely to live in North Minneapolis, the Powderhorn and Phillips Communities in South Minneapolis, and Brooklyn Park (Figure 1).

What is the Health Status of Hennepin County Southeast Asian Adults?

The Data Book presents SHAPE 2002 survey results for four major health domains: overall health status, health access and utilization, lifestyle and risk behaviors, and social environmental factors.

Community needs drove SHAPE 2002 priorities. Interviews and focus groups with Southeast Asian community organizations and members identified the most important data needs of this group.³ The issues included mental health, access to care, preventive service utilization, and health insurance. In addition, the Data Book includes information about communication with health care providers, cultural/spiritual health and practice, chemical use, barriers to healthy lifestyles, poverty, and discrimination.

The following are some selected findings from the Data Book.

Overall Health Status

Fewer than half (44.5%) of Southeast Asian adults rate their health as “excellent” or “very good” as compared to all Hennepin County adults (64.4%). However, other questions on general health in the SHAPE 2002 survey shows that the health of Southeast Asian adults is similar to, if not better than, the health of the adult population in Hennepin County in general.

One’s overall health is associated with a number of factors including chronic conditions. Figure 2 shows that Southeast Asian adults report being diagnosed with diabetes, heart trouble or angina, and high cholesterol/triglycerides at approximately the same rates as all Hennepin County adults (differences are not statistically significant). The percentage of

Southeast Asian adults who have ever been told that they have high blood pressure or hypertension is significantly lower than adults in Hennepin County overall (Figure 2), as is the percentage of Southeast Asian adults who are obese, that is having a Body Mass Index at 30 or higher (8.2% vs. 16.8%).

These results may be influenced by variations in a number of cultural and ethnic factors. Some factors may include the relative youthfulness of the population, the level of awareness of chronic diseases and conditions, access to quality health services, rate of screening for chronic conditions and cultural barriers and stigmatization in reporting them. Knowledge of these racial and ethnic variations is important when interpreting these data.

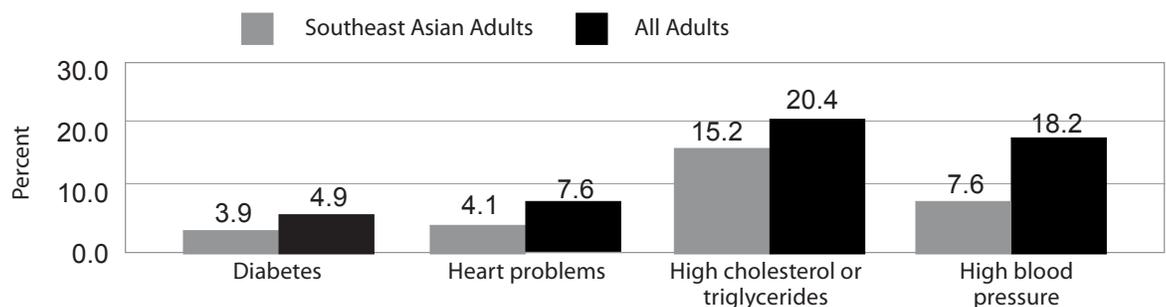
A number of factors may be associated with Southeast Asian adults’ general health. The rest of this fact sheet looks at some of those factors.

Use of Preventive Health Care Services

Early preventive care is key to reducing the impact of noninfectious diseases and chronic conditions. Southeast Asian adults in Hennepin County have lower rates of preventive care for many indicators. Similar percentages of Southeast Asian adults report having had a physical exam within the last year as county adults as a whole (54.9% vs. 60.3%). However, a significantly higher percentage of Southeast Asian adults report never having had a physical exam (7.2% vs. 1.1%). Similarly, a significantly higher percentage of Southeast Asian adults had never had their cholesterol levels checked (40.5% vs. 19.6%) (Figure 3).

Some key recommended preventive care procedures for women are breast self-exams, mammograms and clinical breast exams. The percentage of Southeast Asian women (aged 40 and older) who report never

Figure 2. Percentage of adults who stated that a doctor or other health professional ever told them that they had this health condition, Hennepin County SHAPE 2002



having had a mammogram is significantly higher than the percentage for all women in that age group in Hennepin County. The percentage of Southeast Asian women (aged 20 and older) who have never had a clinical breast exam is also higher than the percentage for all women in the county (Figure 3). In addition, the percentage of Southeast Asian women who report never having had a Pap smear (a test for cervical cancer) is significantly higher than for all women in Hennepin County (Figure 3).

Health Care Access and Use

Increasing access to health care services is a major public health goal. The rate of Southeast Asian adults currently having health insurance is approximately the same as for Hennepin County adults overall (91.7% vs. 93.1%). However, a significantly higher percentage of Southeast Asian adults with insurance have publicly financed health insurance such as Medicaid, MA, GAMC, MNCare or PMAP as compared to all county adults (32.3% vs. 11.4%).

The percentage of Southeast Asian adults who report having dental coverage (84.4%) is higher than for all adults in Hennepin County (71.9%).

The percentage of Southeast Asian adults who reported delaying care or not getting care that was needed during the past 12 months (14.8%) was nearly the same as for Hennepin County adults overall (13.3%). Approximately one third (33.4%) of those Southeast Asian adults who delayed or did not get needed care said that the main reasons were that they did not think they could find a provider that was respectful of their culture or that an interpreting service was unavailable.

Southeast Asian adults were significantly less likely to have seen a health provider (specifically, a physician, nurse practitioner or physician’s assistant) or a mental health provider or counselor in the past 12 months than Hennepin County adults in general. However, Southeast Asians were more likely to have seen a traditional healer or shaman than Hennepin County adults overall (Figure 4).

Figure 3. Percentage of adults who reported that they had never had this medical preventive screening, Hennepin County SHAPE 2002

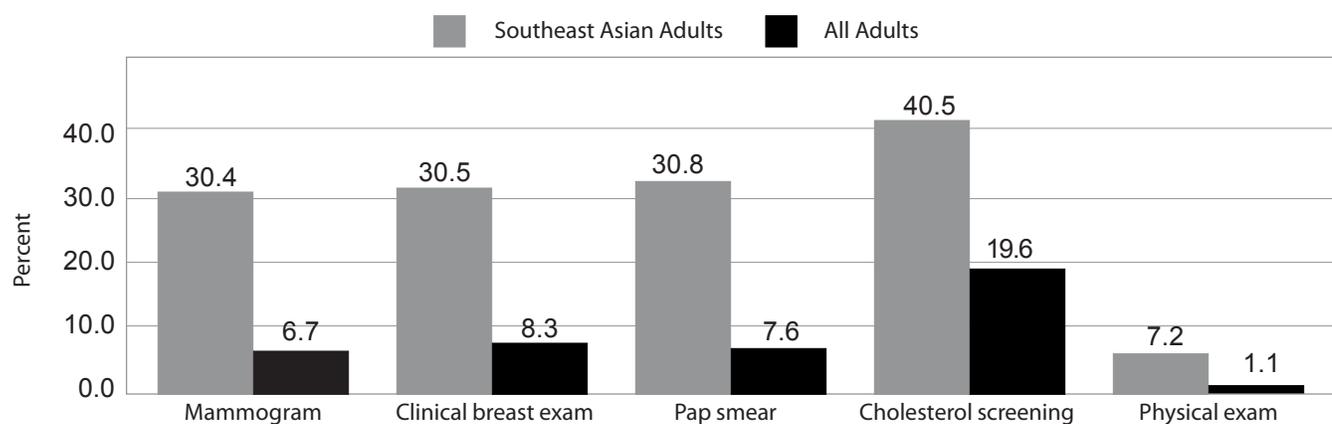
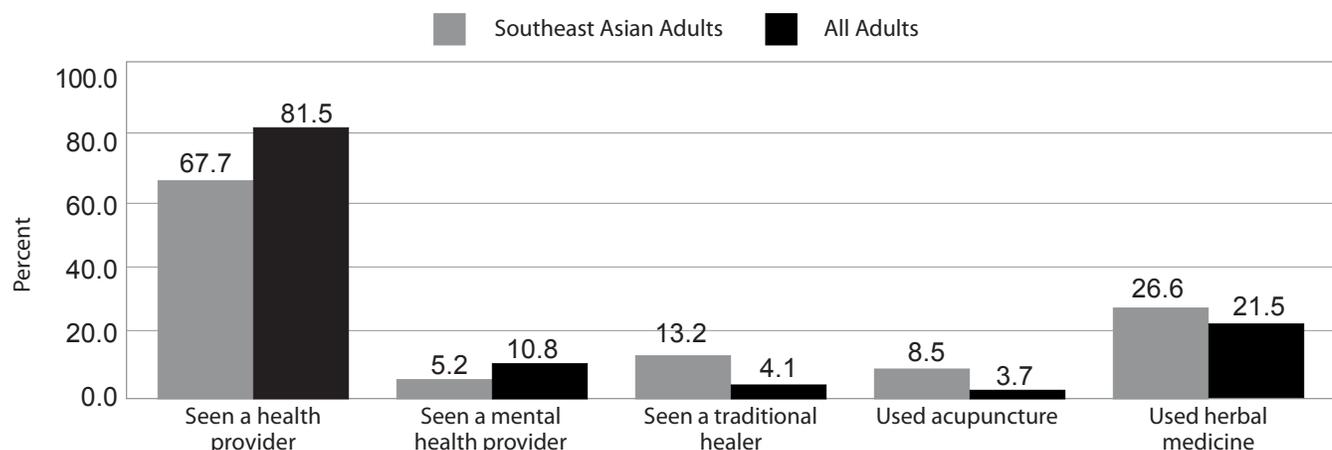


Figure 4. Percentage of adults who saw different health providers and received services in the past 12 months, Hennepin County SHAPE 2002



Healthy Lifestyles and Behaviors

The nation's public health agenda, Healthy People 2010⁴, recommends that a healthy lifestyle should include eating two servings of fruits and three servings of vegetables (including at least one dark green or orange vegetable) per day, moderate physical activity on a regular basis (30 minutes or more at least five days a week) and choosing not to smoke. While Southeast Asian adults are similar to or better than the county as a whole in maintaining a healthy diet by many measures, a large percentage of them do not get adequate physical activity.

Southeast Asian adults are similar to the county as a whole as far as eating the recommended number and type of servings of vegetables (26.2% vs. 29.1%) and fruit (57.7% vs. 58.8%) per day.

Southeast Asians have lower rates of current smoking (11.3%) and drinking alcohol in the past 30 days (34.3%) than Hennepin County adults overall (18.5% and 66.5%, respectively). Research has shown that smoking and drinking rates differ among Southeast Asian subgroups.^{5,6}

Binge drinking is defined as consuming five or more alcoholic drinks on one occasion at least once during the past 30 days. The rate of binge drinking in the past month among Southeast Asian adults (8.2%) was half the rate for Hennepin County overall (16.6%).

On the other hand, Southeast Asians are significantly less likely to get at least 30 minutes per day of moderate physical activity: one-fourth (25.8%) report that during the average week, there are no days in which they get this much moderate physical activity. This rate is twice the rate for adults in the county as a whole (12.9%).

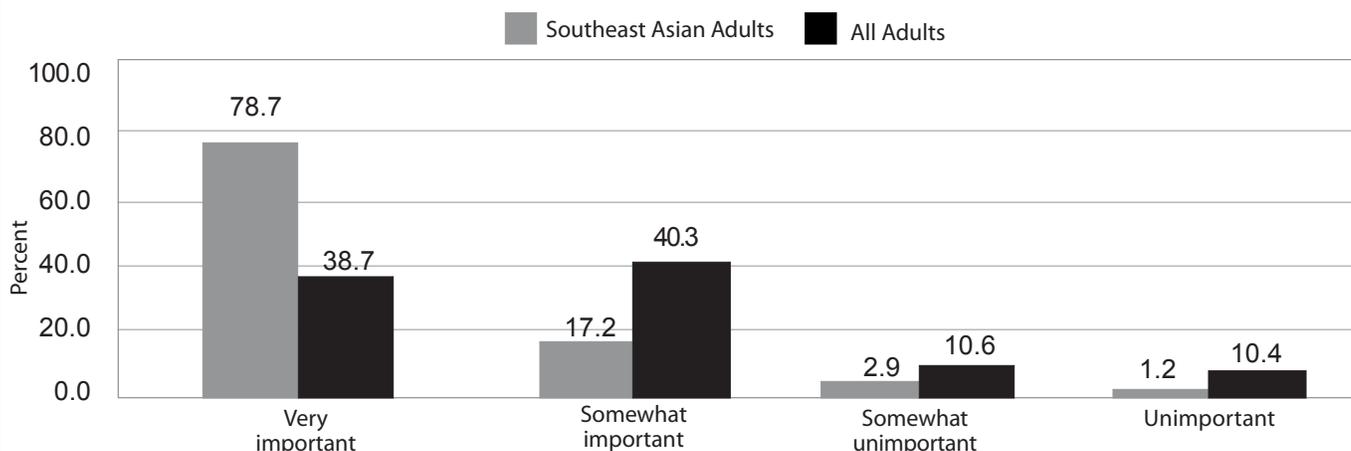
Cultural Values

Culture impacts health in many ways, including dietary habits, ritual and spiritual practices, and medical beliefs.⁷ Efforts to improve the health of Southeast Asians will be successful only if they are culturally appropriate. Southeast Asian adults believe that it is important to pass along their cultural heritage and traditions to the next generation. Over 78% rated this as "very important" while less than 5% rated this as "somewhat unimportant" or "unimportant" (Figure 5).

A large majority (84.6%) of Southeast Asian adults report attending activities that are part of their cultural heritage at least a few times a year. This compares to half (52.2%) for Hennepin County adults overall.

Finally, attitudes and behaviors about health are usually affected by how long individuals have been in this country and how much they have been assimilated into the dominant culture.⁷

Figure 5. Importance of passing along cultural heritage or the traditions of ancestors to the next generation, Hennepin County SHAPE 2002



How SHAPE 2002 data for Hennepin County Southeast Asians can be used

SHAPE 2002 was designed by and for communities. Communities can use SHAPE 2002 data for various purposes. Examples of SHAPE 2002 data uses include:

- Design prevention and intervention programs that target the Southeast Asian population.
- Use as baseline data on health status and factors related to health for Southeast Asians in Hennepin County.
- Compare the health of Hennepin County Southeast Asians to that of other racial or ethnic groups (or all county adults) to identify health disparities and appropriate policy responses.
- Investigate the impacts of particular health concerns.
- Use SHAPE 2002 results for health improvement grant applications.

Data limitations

Although the SHAPE 2002 survey results fill many of the gaps in health data for Southeast Asians in Hennepin County, the results have limitations that need to be taken into consideration when using the data.

Some limitations include:

- Data are available only for Southeast Asians, as a collective group of many distinctive nations, cultures and ethnicities and cannot be applied to a specific culture or ethnicity group from Southeast Asia.

- Potential language barriers in answering the survey questions for non-English speaking Southeast Asian adults, other than Hmong and Vietnamese, may not be adequately addressed.
- Residents who lack a land-based phone or who have only a cell phone may have different health concerns than residents with a land-based phone.
- Recent immigrants may be uncomfortable or unfamiliar with telephone-based surveys.
- The meaning of some survey questions could have changed as a result of translating specific terms into other languages.

Together, we can work to use and translate the SHAPE 2002 Southeast Asian results into action

While the health status of Southeast Asians on some health indicators are comparable to county adults as a whole, disparities in health care are evident. Southeast Asians are significantly less likely to have preventive screenings and less likely to see a health care provider or mental health care providers. They are also less likely to engage in adequate physical activity.

Racial and ethnic disparities in health care occur in the context of broader historical and contemporary social and economic inequality.⁸ Health behaviors, such as physical activity, are often influenced by complex and interrelated social and environmental factors.⁹

Reducing disparities in health care and promoting healthy lifestyles should focus not only on individuals, but also on social and environmental

References

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factors, including health care systems, community resources, organizational priorities, environmental changes and governmental policies.^{8,9}

Some examples include increasing the availability of providers who are culturally competent and increasing access to sports and games, including those which are culturally relevant to Southeast Asians.

Interventions should build upon cultural pride and acknowledge cultural traditions that provide pathways to the physical and mental well-being of Southeast Asians.

For More Information

This fact sheet is a product of the Hennepin County Community Health Department. It is one of several fact sheets that uses SHAPE data to describe the prevalence of selected health conditions and factors that affect the health of populations of color in Hennepin County, Minnesota. The data are primarily from the *SHAPE 2002: Racial and Ethnic Data Book*; however, this fact sheet does not include results for all variables covered in the data book.

Our Web Site

For more information about SHAPE 2002, the Data Book, other reports and examples of using SHAPE data, visit:

www.HennepinCommunityHealth.org/SHAPE



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This material can be given to you in different formats, such as large print or on tape, if you call Hennepin County Human Services Department at 612/348-3925 (voice) or 612/348-0082 (TTY).

Thank you

Hennepin County wishes to thank Southeast Asian residents and communities for their advice and guidance. The communities' input contributed significantly in making SHAPE 2002 possible and successful. Southeast Asians helped with survey planning, implementation and dissemination. They counseled the SHAPE project about what health data were needed, and they helped to make sure that survey questions were delivered in a way that respected Southeast Asian cultures. They provided guidance and assistance in reaching community members, reviewed translations and encouraged participation in the survey. They also advised the county on how to get the survey results out and used by the communities to encourage change.

Special thanks to all residents who generously gave their time to answer survey questions.

Contact Us

The Hennepin County Community Health Department is committed to working with individuals, organizations, and community groups to better understand and utilize SHAPE data. These data can be made available in a variety of formats, including Powerpoint presentations, maps, or EXCEL tables/spreadsheets. For more information, please contact:

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