

# Unique Ethnic Barriers to Wellness – An Asian Population Perspective

Seema Kumar, MD

Assistant Professor of Pediatrics

Mayo Clinic College of Medicine

# Outline

- To identify unique culturally-relevant barriers that influence wellness among Asian Americans in the US
- Discuss specific measures to address these ethnic barriers

# Asian Americans constitute 3.6% of the US Population

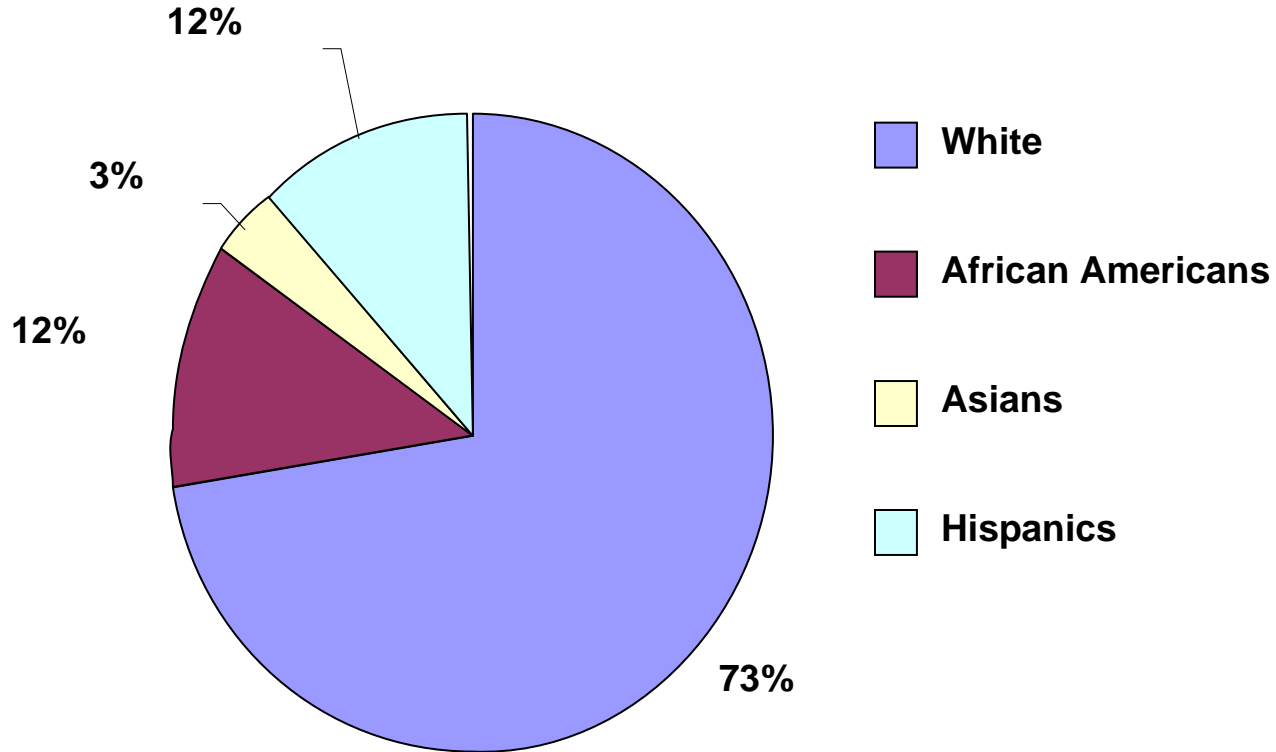
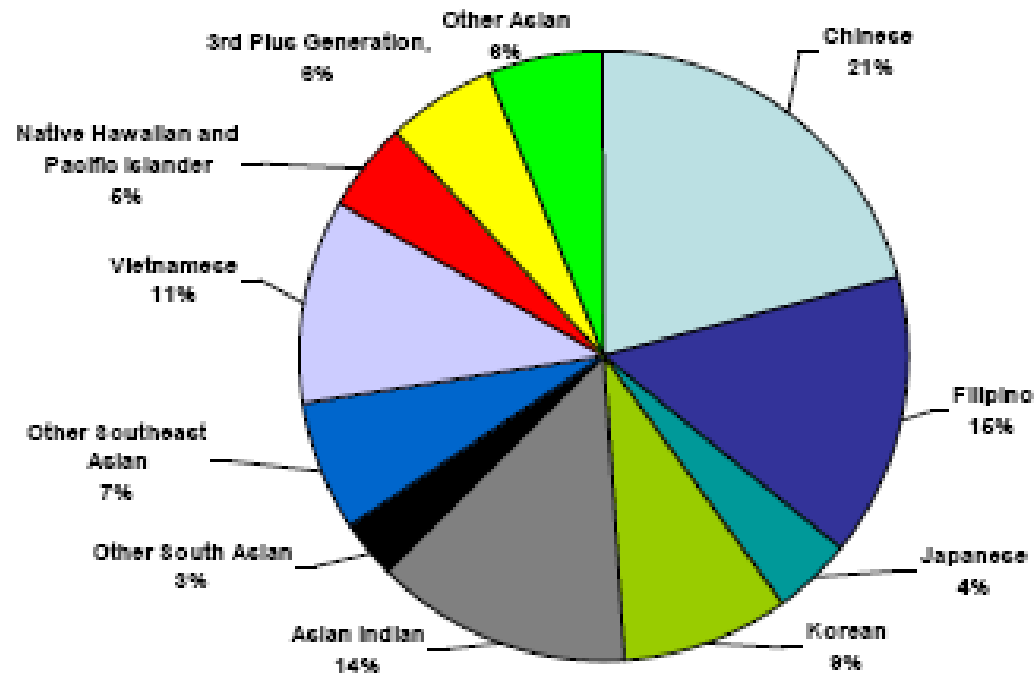


Figure 1

## Percent Distribution of All Asian Americans, Native Hawaiians and Pacific Islanders in the U.S., 2004-2006

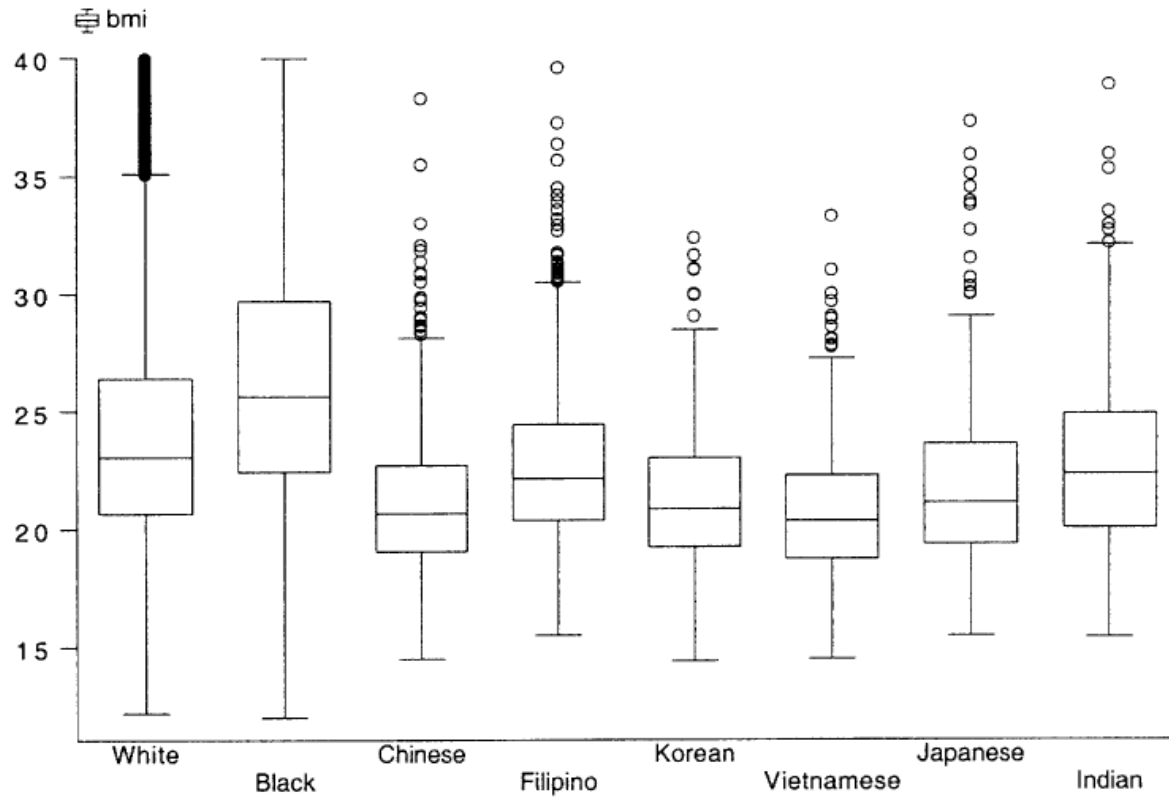


NOTE: "3<sup>rd</sup> Plus Generation" includes individuals who reported their and their parents' country of birth as the U.S.

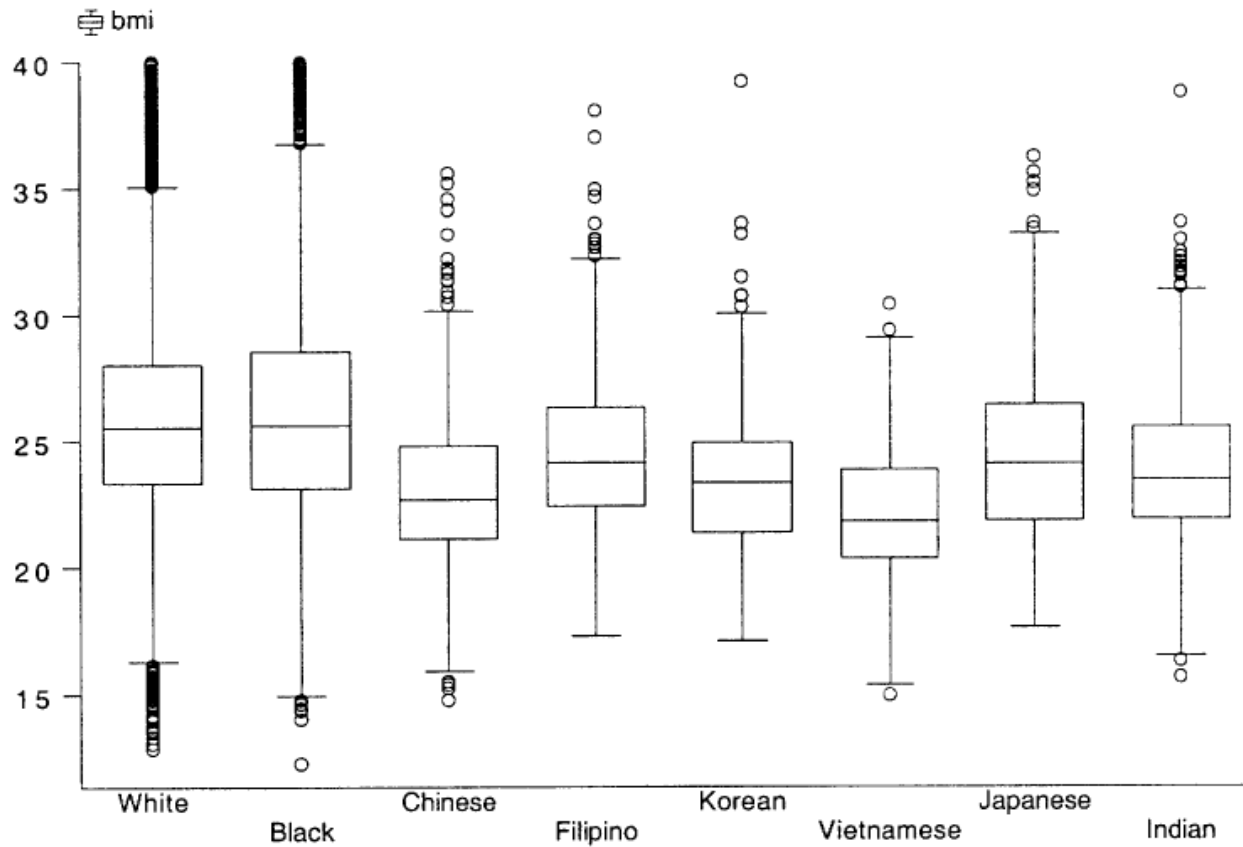
DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.

SOURCE: KFF and Urban Institute estimates

# Body Mass Index for Men –National Health Initiative Survey



# Body Mass Index for Women –National Health Initiative Survey



# Determinants of weight status in Asian Americans

- US born adult men are 4 times more likely and women 3.5 times more likely to be obese compared to foreign born age and ethnicity matched adults
- Asian American adolescents born in the US twice as likely to be overweight as foreign born adolescents
  - the first (immigrant) generation 15.6% overweight
  - 2nd generation 30.8%
  - 3rd generation 34.6%

Acculturation or assimilation into a mainstream American lifestyle increases the risk factor for obesity among Asian Americans

# Barriers

- Cultural
  - Dietary
  - Physical activity
  - Attitude towards weight
- Social
- Economic
- Linguistic

# Cultural Barriers

- Dietary
  - Decreased availability of healthy vegetarian options
  - Westernization of traditional healthy ethnic foods
  - Asian teens consume more fast food than their white counterparts, according to a California Health Interview Survey 2005 survey. 43% ate fast food daily, compared to 35 % of white teens

# Cultural Barriers

- Physical activity
  - More screen oriented
  - More home oriented
  - Emphasis on academic achievement
  - Unfamiliarity of first generation with American sports

# Cultural Barriers

- Attitude
  - Lack of perceived need for preventive services
  - Reluctance to discuss weight issues with family/friends
  - Association of being overweight with wealth and prosperity

# Social Factors

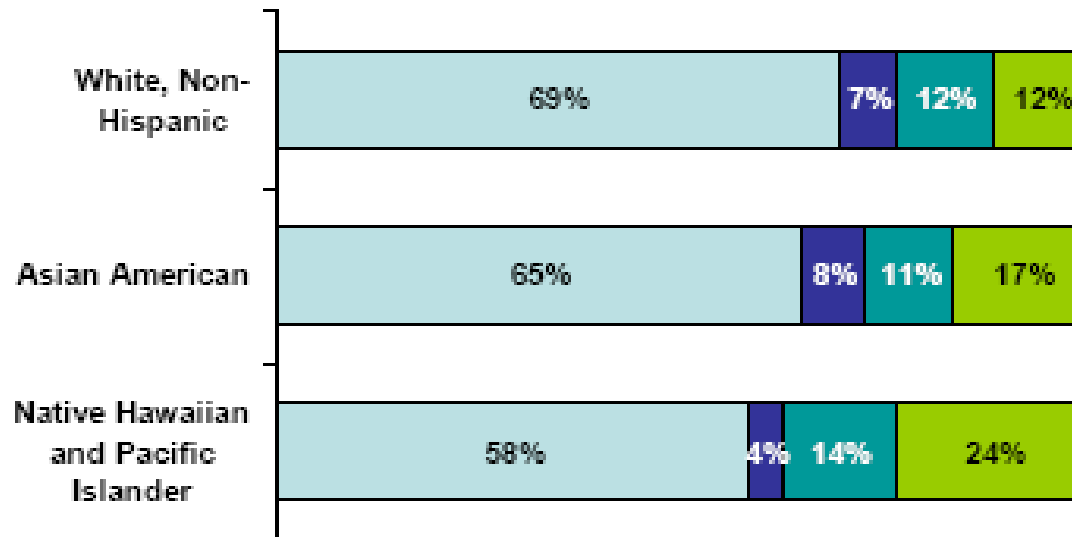
- Less social integration
- Stress
- Lack of peer and community support for healthy lifestyle
- Lack of transportation
- Unsafe neighbourhoods

# Economic Barriers

- Lack of health insurance
- Lack of continuity of care particularly in those without health insurance

## Health Insurance Coverage of Nonelderly Asian Americans, Native Hawaiians and Pacific Islanders vs. Non-Hispanic Whites, 2004-2006

□ Employer ■ Other Private ■ Medicaid or Other Public ■ Uninsured



DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.

SOURCE: KFF and Urban Institute estimates.

# Linguistic Barriers

- Immigrant Asians, particularly women may have limited English proficiency
- Limited understanding of available resources in the community
- Lack of programs providing interventions for obesity prevention/treatment in Asian languages

# Intervention

- Culturally appropriate
  - Involvement of culturally knowledgeable providers in development of prevention programs
  - Greater availability of healthy ethnic vegetarian foods
  - Availability of linguistically appropriate literature
- Promotion of physical activities in a way that is sensitive to one's culture

# Intervention

- Consider support groups for specific ethnicities
- Encouragement of preventive care
- Improvement in health coverage

# Conclusions

- Asian Americans face multiple barriers to wellness in the current obesogenic environment
- These barriers should be addressed in a culturally appropriate manner
- There is need for development of specific prevention programs for the Asian American community