Asian Americans and their attitudes towards Health Ailments

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Asian Americans by Race

- Chinese 22% ($68,202)
- Filipino 18% ($79,840)
- Asian Indians 16% ($90,528)
- Vietnamese 10% ($55,667)
- Koreans 9% ($53,887)
- Japanese 8% ($61,743)
- Other Asians 17%

- Population 19.4 MM
- +43% growth from 2000-2010; Fastest growing ethnic group in the US
- Purchasing power $718.4 BB → $1 trillion by 2017

Selig Center’s report, 2012

Median Household Income
US Average $49,800
Asian Americans Immigrants today

More educated than those in their country of origin
Strongly value education, enterprise, capitalism
Temples and churches are focal point for social activities
Often deny illness or more likely to endure pain

~75% are 1st generation

80% live in HH with 2 parents (vs. 63% for all Americans)

Take care of elderly family members
28% live in 2 adult generation households (vs. any other ethnic group)
Mostly skilled workers
93% describe their group as “hard working”
Asian Americans & cultural factors leading to chronic disease

* Acculturation & lifestyle changes among immigrants
  * Diet
  * Environmental
  * Routines and physical activities

* Emotional & psychological stress
  * Lack of emotional health support
  * Cultural barriers in speaking out and speaking up

* Minimal physical activity during adult years
Asian Americans & Smoking

- Asian American males smoke more than other ethnicity group.
- Asian American youths have the **highest** increase in smoking rates of any ethnic group.
- ~50% are exposed to secondhand smoke at home or at work.
Barriers to Healthcare

* **Cultural barriers**
  * Definition of “illness” – losing **balance**: you have to feel it, see it, touch it
  * Powerful influence of traditional Eastern **approach** (in theory)
  * Believe in self-treat
  * “Western” approach is perceived as curative rather than preventive
  * Afraid of side effects
  * Superstition encourages avoidance
  * Avoid burdening family members

* **Economic barriers**
  * Cost of treatment
  * Insurance
  * Lost day of work
  * Health is a secondary priority compared to establishing financial security
Lower awareness of “western” preventive care practices
* Routine screening, preventive medicine, regular check up
* General lack of awareness of the importance of preventive care
* Tend to hide, neglect, or deny health problems rather than actively seek help

Little understanding of how to navigate US healthcare system
* Health insurance: coverage, co-pays, co-insurance, etc.

Access
* Transportation
* Child care
* Language barriers
* Information shortage
“We don’t just visit the doctor [for prevention]. There has to be something wrong... it has to be extreme.” (SE Asian woman)

“Why see a doctor when you are not sick?” (Chinese male)
Asian Patients – Key Insights

* Asian patients prefer Asian physicians who speak their language and are culturally sensitive
* Revere physicians, especially specialists
* *Word of mouth* is paramount
* In-language media key for awareness
* Family intimately involved in treatment and disease management
* Often gather health info in community settings: churches, events
* Necessity trumps preventive health measures
  * Acculturation level can determine proactivity towards managing health
* Per physicians, Asian Americans more compliant with therapy vs. other groups
17% of US physicians are of Asian descent

Many are 1st generation immigrants themselves

Competition amongst AP’s for patients cause AP’s to provide many service to their patients
  * Will assist patients in applying for health insurance / Rx access
  * Hold office hours late and on weekends to accommodate patients’ schedules

Asian physicians are key stakeholder for any DTC health message

Pharmacies play a key role in AA community
Asian American Health Disparities
Cancer is the #1 cause of death for AA’s
Less common cancers” in the US (Liver, Gastric, Stomach, Nasopharyngeal) are more prevalent in AA’s

- Chronic Hepatitis B Infection → LIVER CANCER
- H pylori infection and diet → STOMACH CANCER
- Epstein Barr (EB) virus → NASOPHARYNGEAL CANCER
- Human papilloma virus (HPV) → CERVICAL CANCER
- EGFR mutation → NSCLC
- Lifestyle factors (immigration) → BREAST CANCER, COLORECTAL CANCER
Asian cancer patient insights:

Liver –
* Many choose to live with cancer over invasive surgery treatment

Lung –
* Culturally appropriate “Healthy diet” and “exercise” helps to manage treatment side effects
* May manage side effects through TCM, which can interfere with treatment

Breast –
* Invasive surgery more acceptable by Asian women

5 “vital organs” liver, lung, spleen, heart, kidney
Asian American and Cancer

* Trust in Western treatment and name brand providers
  * large institutions, name brand cancer treatment centers, word-of-mouth, physician recommendation

* Economic, social and cultural barriers
  * Family involvement
  * Frequency and location of treatment
  * Cost and access (insurance)
  * Language barriers
* Hypertension prevalence rates of 60% and 65%, respectively, compared with 47% of the U.S. general population in the same age group

* Difference in subgroups → Asian Indian risk for CHD was more than 3x the risk for non-Hispanic Whites

* When the immigrant lifestyle changes and the immigrant diet changes, the incidence of CHD also increases.
US Diabetes Prevalence by Ethnic Group

Source: Diabetes Care 2012
AA have 60% higher incidence of diabetes vs. non Hispanic whites, when adjusted for BMI, sex, age

AA prevalence grew by 68% from 1994-2001 in Medicare beneficiaries ages 67 or older, increasing faster than in Hispanics, Blacks, and non-Hispanic Whites

Higher visceral fat per BMI

Develop diabetes at an earlier age than general population

More renal complications

Sources: ADA, Diabetes Care. Type 2 Diabetes Prevalence in Asian Americans
Diabetes and Prediabetes prevalence in NYC by Race and Ethnicity, HANES 2004

- Caucasian: PreDiabetes 20%, Diabetes 5%
- African American: PreDiabetes 25%, Diabetes 10%
- Hispanic: PreDiabetes 30%, Diabetes 15%
- Asian: PreDiabetes 40%, Diabetes 20%

NYC Health Department, 2007
Physicians are key influencer for patient insurance choice
Very much desire to get insurance
Strong family oriented culture leads to protecting children and elders are covered
Word of Mouth
In– language customer service
Culturally appropriate perks: i.e. Acupuncture coverage
How to gain market share for your brand in the Asian market

* Develop culturally and linguistically sensitive content
* Concerted efforts targeting consumers, community influencers, HCP’s, and local media.
* Leverage influencers: community, physician opinion leaders, and religious leaders to deliver your message in community or social gatherings
* Publicize your community efforts with key customers
* Set metrics, measure ROI
Questions

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Full-service **multicultural marketing agency** specializing in delivering insights, strategy, and effective campaigns targeting the Asian healthcare professional & Asian consumer markets.

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In-language and in-culture Asian American consumer and professional **research** in healthcare, disease management and health maintenance / insurance issues.

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