A Look at Health in Orange County's Vietnamese Community

ORANGE COUNTY HEALTH NEEDS ASSESSMENT:
SPECIAL REPORT, 2010

OCHNA
PARTNERSHIPS FOR HEALTH

Vision

“Putting information into action for a healthier tomorrow.”

Mission Statement

To maintain a process in which a vast range of community stakeholders plan, conduct, and analyze a comprehensive health assessment of Orange County that embraces a broad definition of health; to facilitate the coordination and collaboration of public and private sector policy development, implementation, and resource allocation decision designed to improve the health of all Orange County residents.

A Look at Health in Orange County's Vietnamese Population

Orange County Health Needs Assessment: Special Report, 2010

ACKNOWLEDGEMENTS

OCHNA BOARD OF DIRECTORS *

Chair

Michael M. Ruane, Executive Director, Children and Families Commission of Orange County

Vice-Chair

Gwyn Parry, MD, Director, Community Medicine, Hoag Memorial Hospital Presbyterian

Board Members

Pamela D. Austin, MSW, Chief Executive Officer, OCHNA

Isabel Becerra, Chief Executive Officer, Coalition of Orange County Community Clinics

Mark Bertler, President/Chief Executive Officer, Public Health Foundation Enterprises

Michele Blair, Executive Director/Chief Executive Officer, Orange County Medical Association

Richard Chambers, Chief Executive Officer, CalOptima

Jay Geer, APR, President, Miller Geer Arizmendez, Inc.

Jon Gilwee, FACHE, Senior Director, Government Healthcare Programs, UCI Medical Center

Edward B. Kacic, President, Irvine Health Foundation, Health Funders Partnership of Orange County

Christopher M. Leo, Esq., Regional Director of Advocacy, St. Joseph Health System

Julie Puentes, Regional Vice President, Hospital Association of Southern California, Orange County

Peter Mackler, Director, Government Relations and Policy, Memorial Health Services

David M. Souleles, MPH, Deputy Agency Director, Orange County Health Care Agency, Public Health Services

*Board of Directors provides the primary funding for OCHNA

A SPECIAL THANK YOU TO OUR OC BOARD OF SUPERVISORS

The Honorable Janet Nguyen, Supervisor, First and Fourth Districts, **Chair**

The Honorable Bill Campbell, Supervisor, Third District, **Vice Chair**

The Honorable John M.W. Moorlach, Supervisor, Second District

The Honorable Patricia Bates, Supervisor, Fifth District

ADDITIONAL FUNDING PROVIDED BY

The HealthCare Foundation for Orange County

Irvine Health Foundation

Children's Hospital of Orange County

Children's Hospital of Orange County, at Mission

Kaiser Permanente Orange County

TECHNICAL ADVISORY COMMITTEE

Dennis Berg, PhD, Professor Emeritus, Department of Sociology, California State University, Fullerton; Associate Provost, Tan Tao University, Long An Province, Vietnam

Azhar Qureshi, MD, PhD, Senior Vice President, Community Health, St. Joseph Health Systems

William Robb, MS, Chief Statistician and Project Manager, Macro International, Inc.

PROGRAM SUPPORT

Public Health Foundation Enterprises

Mark Bertler, President/Chief Executive Officer

Lori Thompson, Contracts Manager

SURVEY ADMINISTRATION

Macro Int'l, Inc.

STEERING COMMITTEE

Children's Hospital of Orange County
CHOC at Mission
HASC, Bridges for Newborns
Health Care Council of Orange County
Hoag Memorial Hospital Presbyterian
Kaiser Permanente, Orange County
Mission Hospital Regional Medical Center
Orange Coast Memorial Medical Center
Orange County Health Care Agency
Ray of Life Foundation
Saddleback Memorial Medical Center
St. Joseph Hospital
St. Jude Medical Center
UCI Medical Center
Western Medical Center - Santa Ana

OCHNA STAFF

Pamela D. Austin, MSW, CFGD, Chief Executive Officer
Bonnie Bui, MA, Research Coordinator
Rebecca Littman, MA, Research Analyst
Shivani Patel, Administrative Coordinator
Michael Rice, MPH, Research Analyst
Priya Thaker, Program Coordinator

SPECIAL MENTION

Eileen T. Walsh, PhD, Assistant Professor, Department of Sociology, California State University, Fullerton

REPORT DESIGN AND LAYOUT

Priya Thaker, Layout and Design
Shivani Patel, Layout and Design

IT SUPPORT

Darrell Baricuatro, Public Health Foundation Enterprises
Matt Burnstein, PC Lantech

WEB DEVELOPER AND HOST

ThinkLogic
Chris Adams, Chief Executive Officer
Ryan Orange, Production Manager

OBJECTIVE DATA

County of Orange, Health Care Agency
Office of Quality Management, Research, and Planning
David D. Thiessen, Chief of Quality Management
Curtis J. Condon, PhD, Planning & Research Manager II
Alaka Nafday, MS, MSc, Planning & Research Manager I
Anh Nguyen, Research Analyst II
Ricardo Bermudez, MS, Research Analyst IV
Ryan Ramos, MS, MA, Research Analyst IV
Sandra Nutter, MPH, Research Analyst IV
Taigy Thomas, DrPH, Research Analyst IV
Hang Nguyen, MPH, CHES, Planning & Research Manager I
Janel Alberts, PhD, Planning & Research Manager I

CalOptima
Ladan Khamseh, Customer Service Director

County of Orange, Health Care Agency
Medical Services Initiative
Dan Castillo, MHA, FACMPE, FACHE, Administrator
Matthew Pirritano, PhD, Research Analyst IV
Shelley Vrungos, PhD, Research Analyst IV

KEY INFORMANTS

County of Orange, Health Care Agency
Behavioral Health Services, Adult Mental Health Services, Adult Outpatient Mental Health—API Clinic
Suzie Dong-Matsuda, PsyD, LCSW, Service Chief I

Orange County Asian and Pacific Islander Community Alliance
Jacqueline H. Tran, MPH, Director, Center of Excellence to Eliminate Disparities in Health

Vietnamese American Cancer Foundation
Diep Tran, MPH, Development Program Director

The Vietnamese Community of Orange County, Inc.
Tricia Thao Nguyen, MPH, Chief Executive Officer
Kathy Kieu-Diem Nguyen, MBA, Operations Manager and Human Resources
Thuy-Anh Nguyen, DO, Women's Health Director, VNCOC Asian Health Center

OCHNA-Who We Are

The Orange County Health Needs Assessment (OCHNA) was originally developed in 1998, in partnership with the County of Orange Health Care Agency (HCA) and the Orange County member hospitals of the Hospital Association of Southern California (HASC), to meet the legal requirements of Senate Bill 697. This bill requires the not-for-profit hospitals in the state to engage in a "needs assessment" of their service areas every three years and to develop an annual community benefits plan to address health priorities, which is submitted to the Office of Statewide Health Planning and Development (OSHPD).

In the last ten years, OCHNA has grown into a full community-based, public-private, not-for-profit collaborative effort and serves as the primary source for data on the health needs and social well-being of over three million Orange County residents, providing the largest health assessment of its kind at the county level in California.

Benefit to the Orange County Community

- Increases collaboration with private and public community partners.
- Allows participants to pool resources, eliminating duplicative efforts.
- Provides service level data for individual partners.
- Conducts a comprehensive countywide health assessment designed by the health care community to be responsive to their information needs.
- Access to online interactive database for all survey years.
- Provides a long-term strategic planning tool that identifies priority areas.
- Useful for program development and capacity building.
- Meets the Community Benefits Hospital bill (SB 697) requirements.
- Reduces the need for partners to have research/planning staff.

Consulting Services Available

OCHNA not only collects vitally important health information but works with community partners to integrate the information into real world applications, by providing technical support with individualized attention and focus for specific sub-populations, health topics, and/or geographic regions of the county. In addition, OCHNA can provide professional consulting services to community partners at greatly reduced fees compared to market retail rates, including:

- Certified Focus Group Facilitation
- Program Evaluation
- Grant and Report Writing
- Specialized Data Reports and Technical Support
- Data Clearinghouse for National, State, and Local Data (in addition to OCHNA data)
- Community Health Newsletter (Stone Soup Gazette)
- Presentations to Boards, Universities, Community Organizations, and Public Agencies
- Technical Support to Consultants

Remember: knowledge is power—let's use it

Table of Contents

Understanding the Needs of the Population

This report provides an overview of the health needs of the Vietnamese community in Orange County, through the analysis of the results from the 2007 Orange County Health Needs Assessment (OCHNA) survey. The majority of Vietnamese respondents took the OCHNA survey in Vietnamese, underscoring the linguistic preference for Vietnamese instead of English. There were a total of **948** Vietnamese respondents to the OCHNA 2007 adult and child surveys (includes both adults and adult proxies for children). **82.7 percent** took the survey in Vietnamese, **16.6 percent** took the survey in English, and **0.7 percent** took the survey in Spanish. In addition, OCHNA conducted interviews with key informants in the Vietnamese community to add a cultural and linguistic dimension to OCHNA health statistics and analysis. Their perspectives have been incorporated to bolster our discussion on Vietnamese health beliefs and needs.

There are few studies that focus solely on the Vietnamese community in Orange County, despite the fact that Vietnamese are a rapidly growing minority group in the region. Because of the scarcity of information in this area, this report has the potential to inform policy makers on the health needs specific to the Vietnamese community. The report also demonstrates the need to disaggregate the "Asian" population in designs for social programs, educational interventions, and health care delivery systems. The aim of this report is to provide important information related to health care access, coverage, and utilization and the disparities faced by the Vietnamese community in those areas.

As one of the fastest growing minority groups in the United States, the Vietnamese population presents unique challenges to community health issues considered by policy makers. The findings of this report shed light on the public health issues affecting the Orange County Vietnamese community and provide health care providers information about the unique barriers to health care access experienced by Orange County Vietnamese.

Executive Summary

The results of the OCHNA 2007 survey on Vietnamese in Orange County shatter some common stereotypes about Asians. The myth of Asians as the "model minority" is based on indicators showing that Asians tend to have higher educational levels and higher household incomes than other minority groups. These indicators in and of themselves disregard the struggle that Asians have to undergo, such as discrimination in the workplace as well as cultural and language barriers. The stereotypes also emphasize the high household income levels of Asians, yet fail to consider the fact that many Asian households include more than one family which tends to inflate *total* household income. A statistical comparison of Orange County Vietnamese as a disaggregated group versus the other Asians or Pacific Islanders shows that this ethnic group in Orange County is disproportionately disadvantaged. These findings are significant for planning public health initiatives, designing health education interventions, and developing social programs to serve Orange County residents. While the majority of outreach efforts have focused on the Hispanic/ Latino population in the last few decades due to their visibility and population size, data analysis and key informant commentary highlight that resources also need to be funneled into the growing Vietnamese community in order to meet their health needs. It is crucial that the we not leave this dynamic and unique community behind.

This executive summary presents the key findings of the Vietnamese community in Orange County:

Demographics

- Although Vietnamese comprised only **5.3%** of the total Orange County population as of 2008, they are the largest Vietnamese community in the United States.
- **51.8%** of the Vietnamese in Orange County reside primarily in an ethnic enclave cluster in central Orange County in or near Little Saigon, in the cities of Westminster and Garden Grove.
- Among Asians in California, the Vietnamese have the lowest rates of English language proficiency and tend to be linguistically isolated.
- More Vietnamese children receive child care from other relatives in their own home then children of other ethnicities. This shows that many Vietnamese households include not just direct family, but also extended families.

Socioeconomics

- The poverty rate for Vietnamese individuals and families is much higher than other race/ethnic groups; in 2008, the poverty rate for Vietnamese people was **14.7%**. The poverty rate for all individuals in Orange County was **9.9%**.
- The data from the OCHNA 2007 survey show that compared to other ethnic groups, the Vietnamese have low income and low educational attainment. Although Vietnamese are categorized as Asians, their income and educational levels are more comparable to Hispanics/Latinos than to their other Asian counterparts.
- The low education levels of Vietnamese affect their income earning potential, which in turn reduces rates of home ownership.

Health Needs

- When rating their own health or the health of their children in the 2007 OCHNA survey, a higher percentage of Vietnamese respondents rated their own health and the health of their children as poor or fair than any other ethnic group.
- Vietnamese adults report the lowest levels of health care coverage, compared to other ethnic groups. The primary reason reported for their lack of health care coverage is affordability.
- Although most Vietnamese children have health care coverage, their coverage is primarily through government plans, such as Medi-Cal and Healthy Families.
- Compared to other ethnic groups in Orange County, Vietnamese are the least likely to report routine physicals with a doctor, with one in five Vietnamese foregoing routine exams. They report that the top barriers to having a usual source of health care are language barriers, the cost of health care, and lack of health care coverage.
- **17.7%** of Vietnamese reported difficulty communicating their health needs with their doctors or health care providers, compared to only **1.4%** of whites who found communication with their doctors difficult.
- Vietnamese children in Orange County are more likely to be overweight than children in any other ethnic category. When comparing across ethnicities, Vietnamese children are also the least physically active and engage in more sedentary activities, such as reading. Vietnamese children have the lowest levels of participation in after-school activities, compared to other children of other ethnicities.

Vietnamese Older Adults

- Many Vietnamese seniors have low educational and income levels compared to other ethnic groups and also report linguistic barriers when trying to communicate with their health care providers.
- Many Vietnamese seniors report poor health despite having a medical home and high levels of coverage due to Medicare and Medi-Cal.
- **50.1%** of Vietnamese seniors never drive a car, a much higher percentage than other ethnicities. Many indicated that they find transportation difficult to obtain when they needed it. This hinders Vietnamese seniors from accessing their health care provider even if they have health care coverage.

Dispelling Common Myths

Myth # 1

Asian Americans are spoken of as a "model minority" group because the group has been argued to be more successful comparatively than other minority groups. In this context, the term Asian Americans (as a model minority) is used primarily to describe the "Big Three" groups of East Asian descent (Chinese, Japanese, and Koreans).

Reality # 1

When Asians and Pacific Islanders as a group are disaggregated, the picture of success is more fragmented. South East Asians and Pacific Islanders in general, and Vietnamese in particular, have lower rates of educational achievement and lower household income levels than other Asians. OCHNA 2007 data show high levels of college achievement by other API groups as an aggregate, not including Vietnamese. **54.5 percent** of other API groups have completed college, and **23.4 percent** have completed a post-graduate education. Comparatively, only **21.3 percent** of Vietnamese have completed college, and only **5.4 percent** have completed a post-graduate education, the lowest in Orange County. The stereotype of the "model minority" gives the impression that API groups as a whole are doing well, and, as a consequence, those who are not doing so well may have a difficult time accessing needed resources because their difficulties remain invisible to policymakers.

Myth # 2

"Asians are financially successful." This misconception is perpetuated by income estimates such as the 2008 American Community Survey that state that the median household income of Asian Americans is **$76,721**, higher than the total population's **$75,078**, and not far behind whites at **$83,856.**

Reality # 2

Per capita income challenges this statement. Estimates from the 2008 American Community Survey show their annual per capita income as **$30,179,** less than the total population's **$34,252,** and much less than whites at **$48,845.** Despite having low per capita income levels, many Asian Americans have fairly high median household incomes because there are more members in a household who are working compared to the population. When Asian Americans as a group are disaggregated, South East Asians fare even worse. Many Vietnamese are trapped in low-paying jobs in the service or manufacturing industries with limited upward mobility. OCHNA 2007 data show that **43.7 percent** of Vietnamese adults make less than $25,000 a year.

Myth # 3

"All Asians are thin and healthy." According to OCHNA 2007 survey data, other Asian or Pacific Islander adults were the least likely to have a BMI classified as *obese* **(2.0% or 3,505).** Vietnamese adults had the second lowest percentage of obesity, with only **3.2% (3,244)** of Vietnamese adults having a BMI status of *obese.*

Reality # 3

This myth is complicated because it is based on reality in some cases, but not all. Asian or Pacific Islander adults *are* less likely to be obese compared to other ethnic groups, yet this pattern does not hold true for Asian or Pacific Islander children. According to OCHNA 2007 survey results, over **one in five** Vietnamese children and **16.3%** of other API children were considered obese, based on BMI height and weight specifications for children. In comparison, **11.3%** of white children and **21.2%** of Hispanic/Latino children were considered obese. Second, weight status does not necessarily translate to having good health, as **38.3%** of Vietnamese adults rated their health as fair or poor in the OCHNA 2007 survey. Although **18.6%** of white adults and **21.2%** of Hispanic/Latino adults were classified as obese, a lower percentage of all white and Hispanic/Latino adults rated their own health as poor or fair (**11.6%** of white adults and **13.2%** of Hispanic/Latino adults). Finally, the chronic disease status of Asian and Pacific Islander adults is more varied as determined by OCHNA 2007 survey findings. An estimated **14.4%** of other API adults and **29.9%** of Vietnamese adults had a serious chronic condition requiring frequent medical care. Overall, white adults were the most likely to have a serious chronic condition (**37.2%** of all white adults).

Narrowing Knowledge Gaps with Key Informants

The OCHNA team interviewed key leaders from the Vietnamese community to add a qualitative dimension to the survey findings. In speaking with key informants, we were able to narrow some of our knowledge gaps on this population and better understand the cultural and linguistic factors that could influence how an individual navigates the health care system. Interviews were conducted between March 22nd and March 29th of 2010 with the following individuals:

Suzie Dong-Matsuda, PsyD, LCSW
Service Chief I
Adult Outpatient Mental Health—API
County of Orange, Health Care Agency
Behavioral Health Services, Adult Mental Health Services

Kathy Kieu-Diem Nguyen, MBA
Operations Manager and Human Resources
The Vietnamese Community of Orange County, Inc.

Tricia Thao Nguyen, MPH
Chief Executive Officer
The Vietnamese Community of Orange County, Inc.

Thuy-Anh Nguyen, DO
Women's Health Director
The Vietnamese Community of Orange County, Inc.—Asian Health Center

Diep Tran, MPH
Development Program Director
Vietnamese American Cancer Foundation

Jacqueline H. Tran, MPH
Director, Center of Excellence to Eliminate Disparities in Health
Orange County Asian and Pacific Islander Community Alliance

By combining primary data with qualitative perspectives, it is our hope that we have created a resource guide that is informative to service providers of the Vietnamese population and the wider community as well. What follows is a brief summary of the main points discussed with the key informants.

Lack of health care coverage was a concern shared by all key informants. The funding expansion of the Medical Services Initiative (MSI) has encouraged more private doctors to accept patients with MSI, as it pays more than Medi-Cal, yet there is still a disparity in health care coverage. Many Vietnamese have low incomes and could qualify for government programs, but cultural barriers exist in the community concerning government funded health care, as some older Vietnamese feel a sense of shame in utilizing such programs. Confounding the issue of obtaining health care coverage is the cumbersome paperwork needed to apply for government programs, which is an added barrier to receiving health care in the Vietnamese community.

Access to health care is another concern, as there are very few Vietnamese doctors in the county who are part of the MSI network, and they are not geographically concentrated, resulting in transportation as a barrier to access for some. The lack of Vietnamese doctors who accept MSI patients also creates linguistic barriers.

Non-compliance with prescription drugs was a significant concern for the key informants. Many patients do not take their prescriptions properly, stopping when they see symptoms gone instead of continuing to take their medication for the whole prescribed treatment period. It is common for some Vietnamese to share their prescriptions or even send them back to Vietnam. Many wait until the last minute to re-fill their prescription which leads to a lack of continuity in dosage. Some Vietnamese prefer to self-medicate utilizing herbal remedies instead of prescriptions given by their doctor.

It was noted that Vietnamese adults are more likely than other race/ethnicities to rate their health status as fair or poor. It was further noted that in some cases, it may be likely that they are actually unaware of what their health status is due to a practice of avoiding doctors because they fear finding out that they may have a serious condition; this is more common in the older population, whose sense of obligation and duty to family often leads to a focus on other family members over self and the fear that a serious condition may be crippling and adversely affect their abilities to care for their family and meet their responsibilities. Focusing on self-care is also considered selfish by the older generation; this attitude can negatively affect the individual who then neglects to seek preventive care because they are too focused on caring for other family members. For the Vietnamese without health care coverage, poor health may be a result of not receiving regular health check-ups or preventative screenings. In addition, it is likely that those without health care coverage have low incomes, resulting in greater stressors in daily life. This may lead to the development of chronic conditions, such as high blood pressure (hypertension).

Lack of preventative health screenings has been an issue in the Vietnamese community, but recent out-reach efforts have increased the number of Vietnamese women who are receiving screenings for breast cancer and cervical cancer. However, there is still a large segment of the population who are not receiving these potentially life-saving screenings. Older Vietnamese women, in particular, are the most likely not to receive these screenings. Cultural factors play a role and include a lack of awareness concerning the critical nature of these screenings for their health, reluctance to hear unpleasant news, and a general lack of education regarding cancer screenings. There is also a strong cultural taboo against sexuality, and this may prevent some women, especially older ones, from receiving a Pap smear, due to the perception that sexual activity is linked to cancer. Another factor mentioned by some of the key informants concerning preventive health was the “survival mode” that the Vietnamese refugees continue to live in after enduring so much hardship during the migration from their motherland to the refugee camps before arriving in the states; being in “survival mode” involves focusing on immediate and religious needs instead of on preventive care.

Mental illness is highly stigmatized in the Vietnamese culture and therefore not readily acknowledged; thus this perception of mental health problems acts as a deterrent to seeking help for treatable problems. The Vietnamese are collective in nature, and the individual is seen as belonging to the larger group, such as the family or community. When mental illness surfaces in an individual family member, the family as a whole is affected. This needs to be understood when providing help to Vietnamese individuals with mental health problems. However, even more mild forms of mental illness are not apparent in the community because Vietnamese tend to speak in terms of somatic complaints, rather than emotional problems.

Mental illness in Vietnamese children is an emerging problem that many community organizations are focusing on. Relationships between parents and children in the community can be fraught, partly due to the Vietnamese value of obedience to authority, especially to parents and related elders, which can result in the feeling of helplessness by children in the face of the overbearing control of the parents. Some parents have been found to be overly critical of their children, especially academically, i.e. seeing a “B” grade as falling short of perfect instead of being an accomplishment in its own right. Some results are increased feelings of helplessness, anguish, and depression in the child. If these mental health conditions are not acknowledged or addressed, the child is left vulnerable for developing more serious conditions.

“We have more possibilities available in each moment than we realize .”

—Thich Nhat Hanh

"We acquire the strength we have overcome."
—Ralph Waldo Emerson

Background of Orange County's Vietnamese Community

Refugee Status

Though Vietnamese immigrants are diverse in terms of their educational levels and class backgrounds, the majority of Vietnamese in Orange County are immigrants who were war or political refugees; they came with few possessions and have had to work to reestablish themselves. This differentiates them educationally and economically from many of their East Asian counterparts, who came with higher educational levels and resources to seek opportunities. Many Vietnamese either found employment in low-paying jobs in the service and manufacturing industries or in their privately owned small businesses.[1] This provides them limited opportunity for upward socioeconomic mobility. The dreams of upward mobility are transferred to their children, to which education is stressed as a ticket to upward class mobility.

History of Immigration

The end of the Vietnam War in 1975 resulted in massive emigration of Vietnamese fleeing from their country and immigrating to other countries, which accepted them as political refugees. The United States became one of the many countries that experienced a substantial influx of Vietnamese refugees after the Fall of Saigon, the last day of the Vietnam War, on April 30, 1975.

Vietnamese refugees immigrated to the United States in four waves. The first wave comprised of professionals, politicians, and high officers of the army with close ties to the United States who had to leave immediately or face dire political consequences from the new Communist regime in Vietnam. Most of those in this wave are established and economically successful, with the later arrivals being primarily low-income refugees.

The second wave was between the years of 1978 and 1984 and consisted primarily of those Vietnamese who fled to escape religious and political persecution. These were the Vietnamese "boat people," who fled either due to direct persecution or because of the realization that economic opportunities were limited in the new political order. These people risked their lives to flee in small boats to go to neighboring refugee camps, where they waited months or years for other countries to allow them entry as refugees.

The third wave was between 1985 and 1990 and consisted of the children of US servicemen and Vietnamese mothers. It also included the direct relatives of those already in the United States.

The fourth wave began in 1990 and continues into the 2000s, and began when the US government relaxed its stringent immigration requirements. Political prisoners released from the Communist labor camps were then allowed entry.

The blue underlined text represent hyperlinks which will connect to the original source.

OCHNA population estimates reflect projections from weighted survey responses.

Demographic Overview

The Vietnamese population in Orange County is the largest in the nation, according to the population counts provided by the 2000 US Census. 2008 American Community Survey estimates show that there are **124,756** Vietnamese adults (18+) and **33,720** Vietnamese children (0-17) locally, together making up 5.3 percent of Orange County's total population.

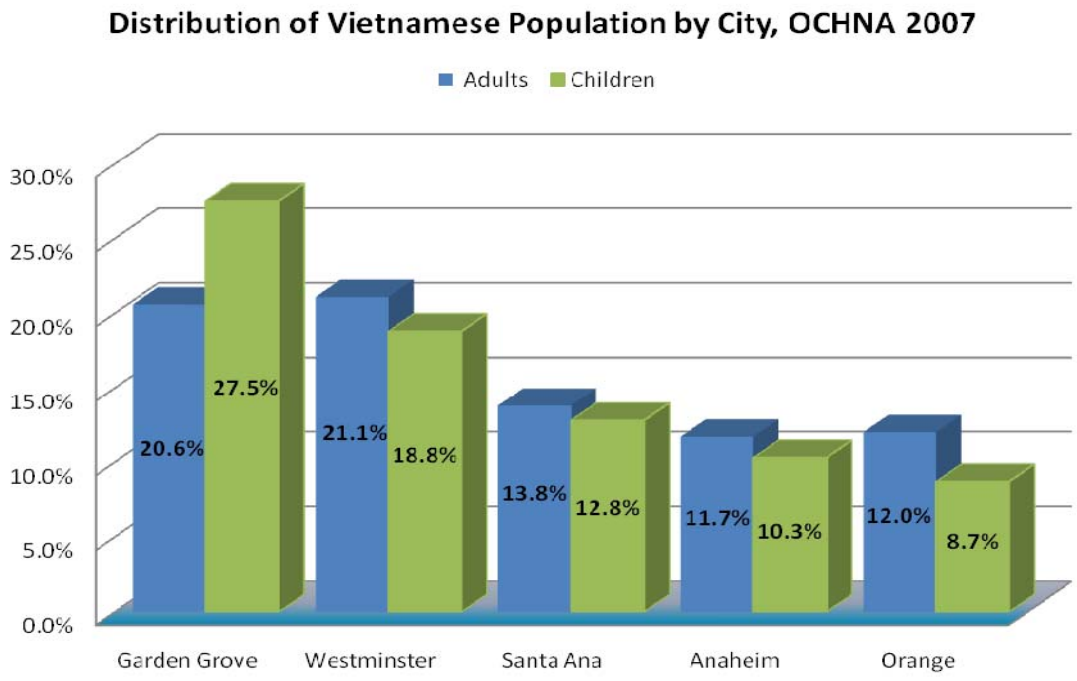
Age Distribution of Vietnamese Population, American Community Survey 2008	
Age	**Percentage**
Under 5 Years	5.8%
5 to 17 Years	15.5%
18 to 44 Years	40.8%
45-64 Years	27.3%
65+ Years	10.3%

Source: US Census Bureau, American Community Survey, 2008

Vietnamese Americans are one of the fastest growing minority groups in the United States, and some researchers predict that by 2030 they will form the largest Asian-American subgroup in California, with their numbers surpassing that of Chinese, Japanese, or Filipinos.[2]

Concentrations of Residence

Where do Vietnamese individuals primarily live in Orange County? Almost **80 percent (78.9%)** of Vietnamese live in five central county cities: Anaheim, Garden Grove, Orange, Santa Ana, and Westminster. The following chart presents the top five cities where the Vietnamese population primarily resides, by adults (18+) and children (0-17).



79.2 percent of Vietnamese adults and **78.1 percent** of Vietnamese children lived in Garden Grove, Westminster, Santa Ana, Anaheim, or Orange in 2007. Over half of the Vietnamese population in Orange County lives in Little Saigon and its immediate surrounding areas. Little Saigon is located in Westminster and surrounding areas, where Vietnamese constitute **30.7 percent** of Little Saigon and **21.4 percent** of Westminster, as of the 2000 US Census.

Total OC Vietnamese (ACS, 2008):

158,476

Gender of OC Vietnamese (ACS, 2008):

Females 50.7%

Males 49.3%

Median Age (ACS, 2008):

Total OC Population
36.1 Years

Vietnamese
37.9 Years

Estimated Vietnamese Population in Top 5 Cities of Residence (OCHNA, 2007):

Garden Grove
Children 11,727
Adults 26,050

Westminster
Children 8,010
Adults 26,674

Santa Ana
Children 5,447
Adults 17,408

Anaheim
Children 4,411
Adults 14,769

Orange
Children 3,702
Adults 15,120

Average OC Family Size (ACS, 2008):

Total OC Population 3.61

Vietnamese 3.86

Family Composition and Child Care

Vietnamese culture is very collective and is structured around the family and community. It is common practice in the Vietnamese community to have extended family living together and sharing family responsibilities. The nuclear family is an American concept that is adopted by subsequent generations of Vietnamese in America, but the nuclear family ideation is not prevalent among refugee and first-generation households. There is a high sense of obligation and responsibility to the family; the needs of the individual are secondary to the needs of the family. **84.5 percent** of all Vietnamese households in 2008 **(43,195)** were family households, according to the American Community Survey. A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together. With all Orange County households **(971,559)**, only **70.7 percent** of households were family households. The average Vietnamese household size in 2008 was **3.60** individuals; this was **3.05** for all Orange County households.

Speak Language Other than English at Home for OC Population 5+ (ACS, 2008):

Vietnamese 93.7%

Korean 83.6%

Hispanic/Latino 78.8%

Chinese 76.1%

Filipino 62.9%

White 25.8%

62.7 percent (8,826) of Vietnamese children are cared for on a regular basis in their own home by their parent. However, a large percentage also received care from relatives living in the same home. **23.9 percent (3,366)** of Vietnamese children are cared for in their home by a relative.

Citizenship and Language

The majority of Vietnamese in Orange County are immigrants who were war or political refugees. According to the 2008 American Community Survey, **28.2 percent** of the Vietnamese population in Orange County was born in the United States, and **71.8 percent** of the Vietnamese population was foreign born. Of the foreign-born Vietnamese population, **77.9 percent** have become naturalized US citizens.

Of OC Population Speaking Another Language, Percent Speaking English "Less than Very Well" (ACS, 2008):

Vietnamese 57.2%

Korean 54.3%

Hispanic/Latino 42.4%

Chinese 35.2%

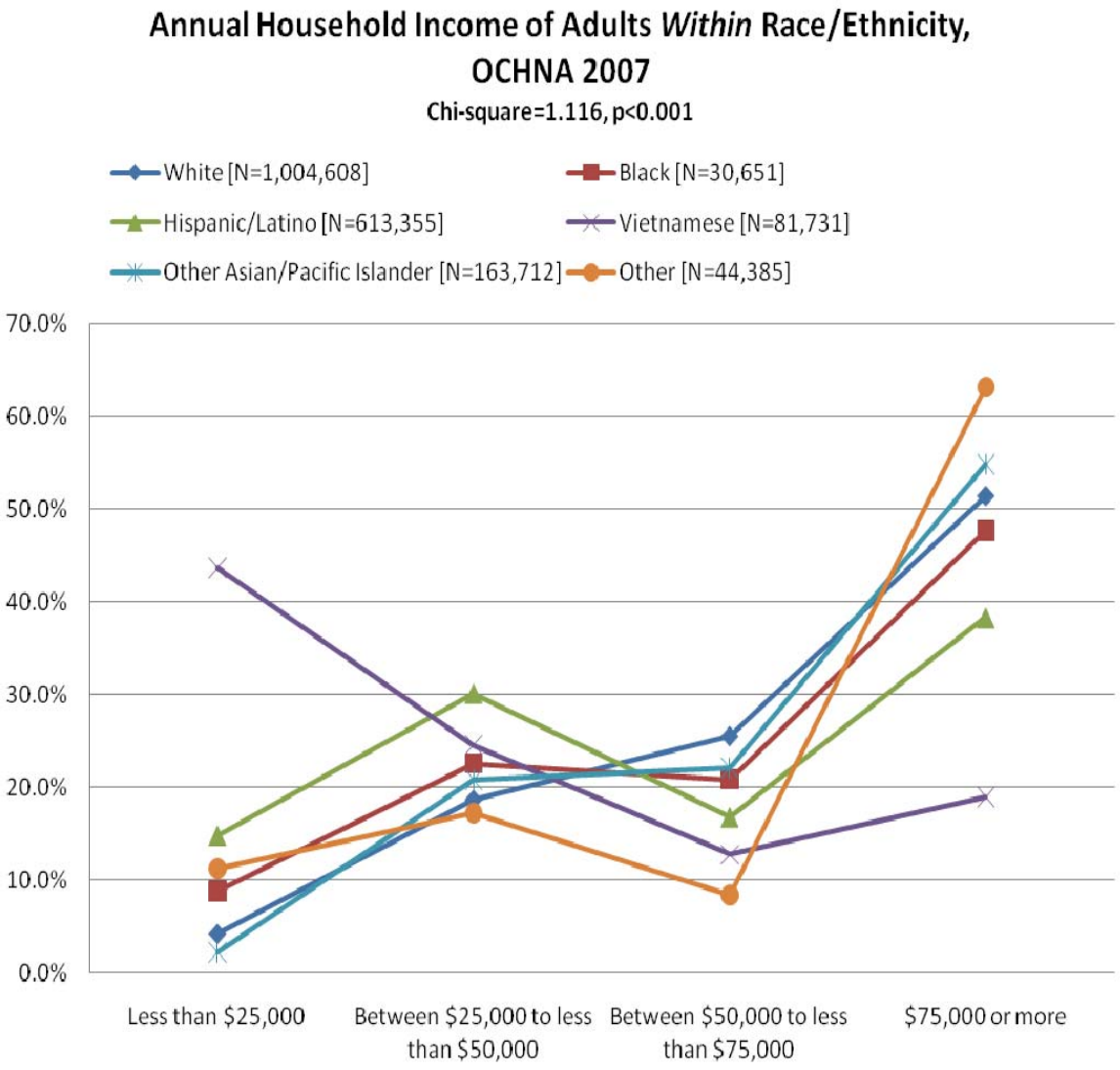
Filipino 17.1%

White 11.2%

According to a report by the Asian Pacific American Legal Center, Vietnamese have the lowest rates of English language proficiency of all Asian groups in California.[3] This lack of English language skills is a barrier to health care access. If no one in a household age fourteen (14) years or older speaks English "very well," the household is considered to be linguistically isolated. The 2000 US Census shows that **43.2 percent** of Orange County Vietnamese households are linguistically isolated; this is the highest percentage of households among the Asian subgroups. Access to health care resources for the linguistically isolated requires health care providers and service delivery systems to provide proper translation services.

Income Distribution

The chart below graphs the income levels of adults of each racial/ethnic group in the county. Whereas the patterns are fairly similar for most ethnic groups, the pattern for Vietnamese is strikingly different. The graph shows the percentage within each racial/ethnic group falling in each income category. All the ethnic groups except for Vietnamese show higher percentages for income levels at $75,000 or more than for income levels below $25,000. The Vietnamese population has a higher percentage of adults making less than $25,000 than adults making $75,000 or more.



- **43.7%** of Vietnamese make less than $25,000, a much higher percentage within ethnicity compared to other ethnic groups. In comparison, the next highest percentage within ethnicity making less than $25,000 is that of Hispanics/Latinos, with a percentage of **14.8%**.

- Only **19.0%** of Vietnamese make $75,000 a year or more, the lowest percentage within ethnicity when compared to the other groups. The other ethnic group with few high income earners is Hispanics/Latinos, who have only **38.3%** earning $75,000 a year or more. However, nearly **55%** of Other Asian or PI make $75,000 a year or more.

Median OC Household Income (ACS, 2008):

Total OC Population $75,078

Korean $54,619

Hispanic $56,881

Vietnamese $62,294

White $78,687

Filipino $88,589

Chinese $96,533

Percent of OC Population Receiving Food Stamps (ACS, 2008):

Total OC Population 2.7%

Hispanic 6.7%

Vietnamese 6.5%

Filipino 2.4%

White 1.8%

Korean 1.6%

OC Families or Individuals Living in Poverty (ACS, 2008):

Hispanic/Latino
Families **14.1%**
Individuals **16.4%**

Vietnamese
Families **13.7%**
Individuals **14.7%**

Korean
Families **10.5%**
Individuals **12.0%**

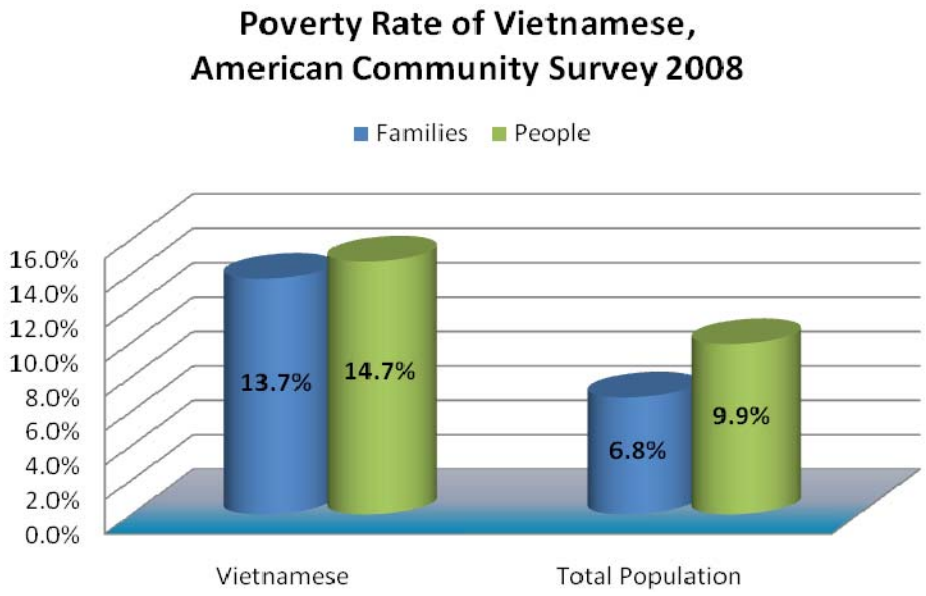
White
Family **4.8%**
Individuals **7.7%**

Chinese
Families **2.8%**
Individuals **7.3%**

Filipino
Families **1.9%**
Individuals **4.7%**

Poverty Rate

In 2008, the federal poverty level (FPL) was **$10,400** for a single person and **$21,200** for a family of four. The benefit levels of many low-income assistance programs are based on these poverty figures. Estimates of families and individuals living in poverty are provided by the American Community Survey of the US Census Bureau. The poverty rate for the Vietnamese population in 2008 was considerably higher than the poverty rate of the total Orange County population.



Source: US Census Bureau, American Community Survey, 2008

- From 2007 to 2008, the family and individual poverty rate among the Vietnamese population dramatically increased. The poverty rate of Vietnamese families increased from **9.7%** to **13.7%**, and the poverty rate of Vietnamese individuals increased from **10.9%** to **14.7%**. The 2007 poverty rate of *all families* in Orange County was **6.1%,** and the poverty rate of *all people* in Orange County was **8.9%** in 2007.

Employment

The table below details the occupations of the Vietnamese labor force.

Occupations of Orange County Vietnamese in the Labor Force, American Community Survey, 2008	
Occupation	**Percent of Labor Force**
Management, Professional, and Related Occupations	**36.7%**
Service Occupations	**15.3%**
Sales and Office Occupations	**24.0%**
Farming, Fishing, and Forestry Occupations	**0.0%**
Construction, Extraction, Maintenance, and Repair Occupations	**3.9%**
Production, Transportation, and Material Moving Occupations	**20.0%**

Source: US Census Bureau, American Community Survey, 2008

- According to the 2008 American Community Survey, **62.1 percent** of the Vietnamese population 16 years of age or older were part of the labor force. In total, **68.1 percent** of all Orange County residents 16 and older belonged to the labor force.

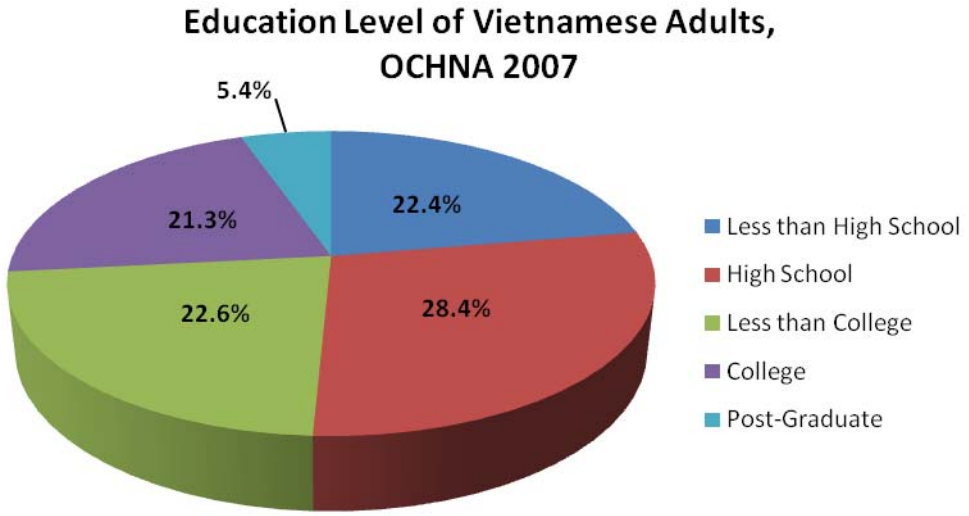
Education

Many consider Asians as high educational achievers. This persistent belief is in part due to the stereotype of the "model minority" and in part due to statistics which show that Asians as an aggregate have high academic achievement levels. When we look at Vietnamese apart from all Asians as a group, however, the Vietnamese typically do not have high educational attainment. Compared to other ethnic groups, Vietnamese in Orange County have very low rates of post-graduate and college achievement, with close to a quarter having less than a high school educational level.

Education Levels of Orange County Adults *Within* Race/Ethnicity, OCHNA 2007

	White	Black	Hispanic /Latino	Vietnamese	Other Asian or PI	Other
Less than High School	2.2%	0.0%	13.9%	**22.4%**	0.1%	5.9%
High School	13.0%	22.1%	22.7%	**28.4%**	8.8%	9.5%
Less than College	29.3%	28.9%	28.4%	**22.6%**	13.3%	26.9%
College	34.8%	27.4%	24.7%	**21.3%**	54.5%	32.0%
Post-Graduate	20.8%	21.5%	10.3%	**5.4%**	23.4%	25.8%
Total	100.0%	100.0%	100.0%	**100.0%**	100.0%	100.0%

The chart below shows the distribution of education levels of Vietnamese adults. Vietnamese have lower college achievement levels than all other ethnic groups.



- **50.8% (61,559)** of Vietnamese adults have only a high school diploma or less.

Educational Attainment of Vietnamese Population 25+ Years (ACS, 2008):

Less than High School 27.8%

High School Graduate 17.1%

Some College or Associate's Degree 26.6%

Bachelor's Degree 22.0%

Graduate or Professional Degree 6.5%

High School Graduate or Higher (25+)
All OC Females 82.4%
Vietnamese Females 67.8%

All OC Males 81.7%
Vietnamese Males 76.6%

Bachelor's Degree or Higher (25+)
All OC Females 32.8%
Vietnamese Females 25.3%

All OC Males 38.1%
Vietnamese Males 31.7%

Housing Tenure (ACS, 2008):

All of OC
Owner-Occupied Housing Units **61.0%**
Renter-Occupied Housing Units **39.0%**

Average Size of Owner-Occupied Unit **3.06**

Average Size of Renter-Occupied Unit **3.03**

Vietnamese
Owner-Occupied Housing Units **53.5%**

Renter-Occupied Housing Units **46.5%**

Average Size of Owner-Occupied Unit **3.96**

Average Size of Renter-Occupied Unit **3.19**

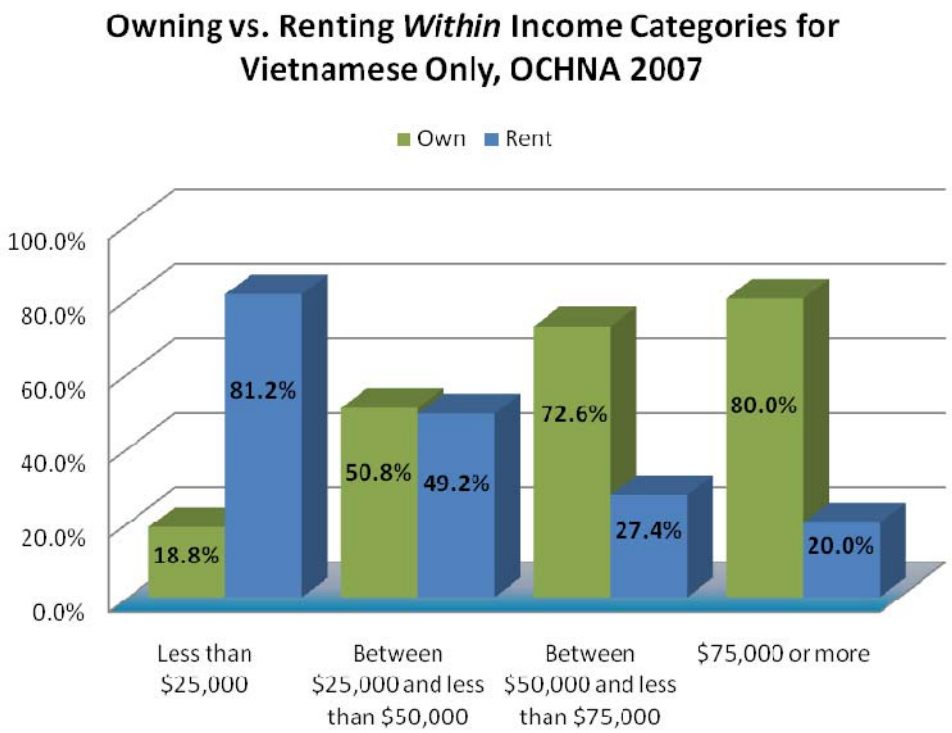
Renting vs. Home Ownership

The table below compares home ownership and renting. Compared to the other ethnic groups, Vietnamese have the lowest rates of home ownership in Orange County.

Owning vs. Renting *Within* Race/Ethnicity, OCHNA 2007		
	Own	**Rent**
White	87.5%	12.5%
Black	49.2%	50.8%
Hispanic/Latino	66.2%	33.8%
Vietnamese	45.0%	55.0%
Other Asian or PI	79.2%	20.8%
Other	83.7%	16.3%

- A large percentage of Vietnamese are renters. **55.0% (68,922)** of Vietnamese rent their homes, a higher percentage than any other ethnic group. Conversely, only **45.0% (56,312)** of Vietnamese own their own homes in Orange County.

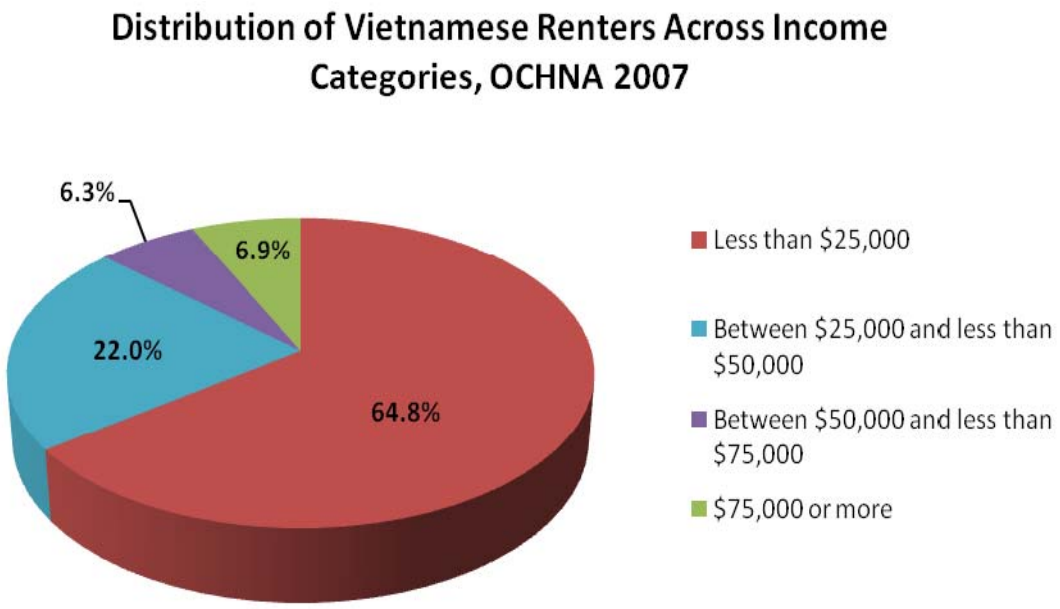
The following graph examines the percentage of home ownership and percentage of renters within each income level for Vietnamese only.



- **81.2% (28,616)** of Vietnamese who make less than $25,000 a year are renters.

- Vietnamese with high incomes are more likely to own their homes. **77.1% (19,641)** of Vietnamese who make $50,000 or more own their own home.

There is a clear relationship between income and rate of home ownership. Overall, the Vietnamese in Orange County have lower rates of home ownership than the other ethnic groups. However, we see that those who have higher income levels have fairly high rates of home ownership. Because Vietnamese as a group have low levels of income, their rates of ownership are also low. The chart below presents the income distribution of Vietnamese renters.



- The majority **(64.8% or 28,616)** of Vietnamese renters report incomes less than $25,000.
- **86.8% (38,312)** of Vietnamese who rent report incomes less than $50,000 a year.

Gross Rent in OC (ACS, 2008):

All Renters
$1,420

Vietnamese Renters
$1,278

Percent of OC Renting Households Spending 30% or More of Household Income on Housing (ACS, 2008):

All Renters 55.2%

Vietnamese Renters 62.5%

Percent of OC Home-Owning Households with Mortgages Spending 30% or More of Household Income on Housing (ACS, 2008):

All Home-Owners with Mortgage
52.5%

Vietnamese with Mortgage 57.9%

Health Needs of the Vietnamese Population

Healthy People 2010 Objective

100% of people nationwide should have health coverage.

Interviews with community leaders have provided valuable context to the primary OCHNA survey data by elaborating on the cultural and social factors that can influence health beliefs and behaviors. These discussions underscored the health areas of concern for providers serving the community: access to health care, patient compliance, preventative care, and patient education and understanding of health. Key informant perspectives exploring these issues are embedded throughout this report, complementing the various primary and secondary data elements with qualitative descriptions of service provider experiences and community practices and perceptions. While interviewees highlight the positive developments within the population over the years, such as increased health care access through the expansion of the Medical Services Initiative (MSI) Program and more individuals engaging in preventative behaviors, the key informants and survey findings also emphasize that striking health disparities for the Vietnamese community still persist due to many factors, including:

- Lack of coverage
- Cost of medical care
- Cultural and language barriers complicating doctor and patient communication
- Conflicting messages from doctors and other authorities in the media (e.g., Vietnamese language radio and newspapers) which cause confusion to patients
- Transportation
- Cultural issues of self-sacrifice; the view of self-care as selfish
- Shame associated with Medi-Cal, MSI, and low-income clinics
- Administrative barriers to utilizing public safety net services

Considering that many in the population come from a turbulent background, the barriers facing the population are more numerous. Consequently, these obstacles may be more difficult to overcome. Tricia Thao Nguyen, Chief Executive Officer of the Vietnamese Community of Orange County (VNCOC), stresses the need for collaboration between service providers to leverage resources in order to meet these great challenges, benefitting not only the health and well-being of the Vietnamese community, but of other underserved groups as well.

52,067
Number of Vietnamese CalOptima Members, February 2010.

Top 5 ZIP Codes of CalOptima Membership, February 2010:

Westminster—92683 **13,142**

Garden Grove—92843 **5,994**

Garden Grove—92844 **3,971**

Garden Grove—92840 **3,591**

Garden Grove—92841 **3,127**

Expanding Access—Medical Services Initiative (MSI)

The MSI Program is the county safety net program which provides medical care to medically indigent adults under the Coverage Initiative (CI) Program in Orange County. Prior to CI, which was initiated in September 2007, MSI required individuals to have an urgent or emergent condition in order to receive covered services. MSI covered inpatient, specialty, emergency, laboratory, and diagnostic services administered to eligible enrollees through private hospitals in the county. Under the CI, coverage was expanded to include primary and preventive services.

CI allowed the MSI program in Orange County to create a network of physicians and clinics that were previously providing uncompensated care to indigent adults in Orange County. Today this network has grown to over **3,900** physicians and **20** clinic sites, including two clinics that primarily serve Vietnamese members (Nhan Hoa Comprehensive Health Care Clinic and Asian Health Center). Under CI, a medical home network was established, allowing enrollees to access what is now a comprehensive care delivery system with primary and preventive services provided by the network of physicians at private and clinic settings. Other enhancements to the MSI scope of service include medical home linkage, an expanded network of specialists, increased care management, immunizations, preventive screenings, improved health information technology, and other quality improvement initiatives.

6,131
Number of Vietnamese MSI Health Care Coverage Initiative Members, February 2010.

Since the inception of the MSI program, Vietnamese members have comprised the largest portion of MSI/CI membership. They continue to represent a growing percentage of CI members. During the first program year of CI (September 2007 to August 2008), the Vietnamese population increased from **20 percent** (**3,857** out of **19,006** members) to **24 percent** (**5,163** out of **21,883** members). As of February 2010, the Vietnamese population has hit a program high of over **27 percent** of all members (**6,131** out of **33,688**).

Program applications created (i.e., all statuses approved, pending, and denied) by both new and renewing members have also been highest among the two Vietnamese-serving clinics. Application volume from these clinics has consistently represented a large portion of the overall applications to the CI program, representing **54 percent** of all applications taken across Orange County clinics as of March 2010.

Health Care Coverage of Adults (18+)

Health coverage is a gateway to vital health care services, facilitating the use of routine medical services and defraying costs from an unexpected health crisis. However, low socioeconomic status has prevented many individuals from being able to afford health care coverage. The percentage within each ethnic group without health care coverage is shown in the table below. Vietnamese adults, along with Hispanic/Latino adults, are the least likely of all ethnic groups to have health care coverage.

Lack of Health Care Coverage *Within* Race/Ethnicity, OCHNA 2007		
Race	**Percent**	**Population Estimate**
White	4.6%	55,016
Black	7.7%	3,008
Hispanic/Latino	14.9%	102,143
Vietnamese	15.0%	19,508
Other API	9.8%	19,626
Other	3.4%	1,714
Chi-square=1.265, p<0.001		

15 percent (19,508) of Vietnamese adults in Orange County report no health care coverage.

Adults With Health Care Coverage Currently Who Did Not Have Health Care Coverage in the Last 12 Months *Within* Race/Ethnicity, OCHNA 2007	
Race	**Percent**
White	3.0%
Black	10.1%
Hispanic/Latino	9.3%
Vietnamese	23.3%
Other API	3.7%
Other	1.9%
Chi-square=1.826, p<0.001	

Vietnamese are the most likely to have been without health care coverage within the last 12 months, compared to other ethnicities. **23 percent (25,218)** of Vietnamese, who currently have health care coverage, did not have health care coverage within the last year. They report lack of affordability as the primary reason for not having health care coverage.

Being without coverage exposes the Vietnamese to the risk of widening health disparities. As one of the fastest growing minority groups in Orange County, this creates a serious public health issue.

Health Coverage Rates of Vietnamese Adults (18+) (OCHNA 2007):

Health Care Coverage
85.1% (110,657)

Prescription Coverage
76.5% (94,947)

Dental/Oral Health Coverage
65.4% (83,857)

Vision Coverage
63.3% (79,754)

Mental and Behavioral Health Coverage
43.3% (41,672)

18,106
Number of Vietnamese Adult CalOptima Members (19-64), February 2010.

Healthy Families 15
Medi-Cal 18,091

Health Coverage Rates of Vietnamese Children (0-17) (OCHNA 2007):

Health Care Coverage
94.2% (40,951)

Prescription Coverage
84.7% (36,078)

Dental/Oral Health Coverage
79.3% (33,824)

Vision Coverage
76.2% (29,956)

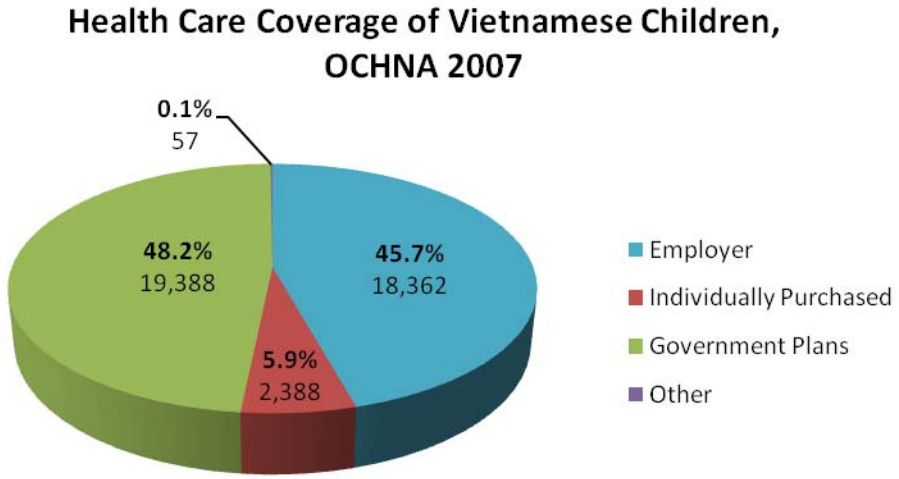
Mental and Behavioral Health Coverage
54.7% (17,658)

19,787
Number of Vietnamese Children and Youth CalOptima Members (0-18), February 2010:

Healthy Families
4,050
Medi-Cal 15,737

Health Care Coverage of Children (0-17)

The pie-chart below shows the various sources of health care coverage for Vietnamese children. **94 percent (94.2%)** of Vietnamese children have health care coverage.



Almost half **(48.2%)** of Vietnamese children's health care coverage is through government plans, such as Medi-Cal and Healthy Families. This is a larger percentage of children dependent on government-sponsored care than any other ethnic group. Without government support, the rate of coverage for Vietnamese children would be much lower. The table below lists the top five health care coverage plans for Vietnamese children.

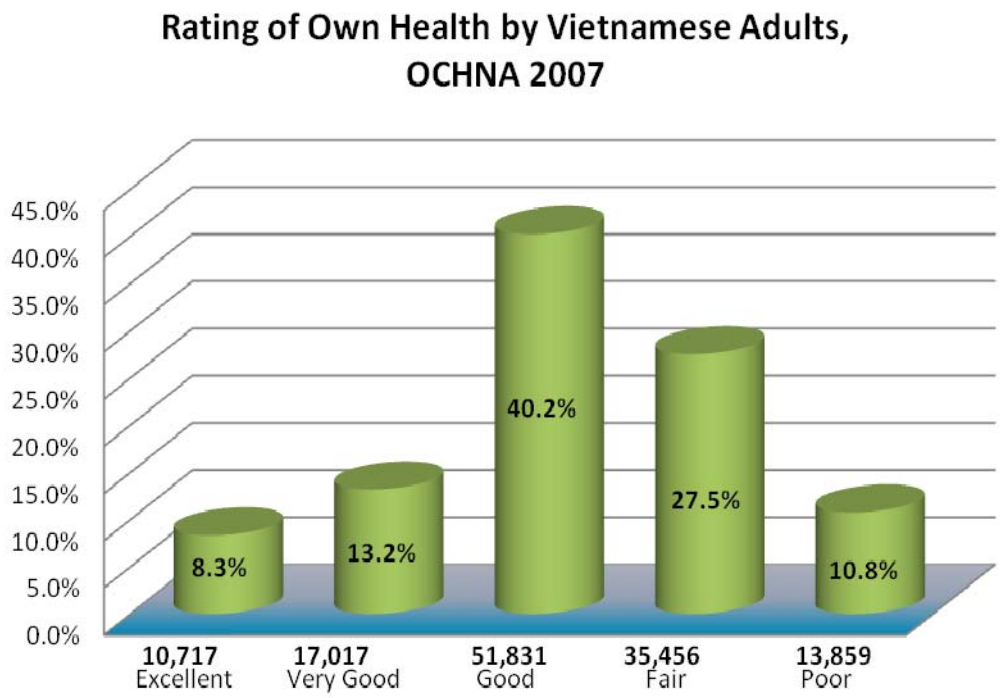
Top 5 Health Care Plans for Vietnamese Children, OCHNA 2007

Name of Plan	Percent	Population Estimate
Medi-Cal/CalOptima	33.9%	11,777
Healthy Families (up to age 19)	19.0%	6,594
Blue Cross	12.8%	4,431
Kaiser	4.0%	1,379
Blue Shield/Blue Cross	3.6%	1,246

- **33.9% (11,777)** of Vietnamese children receive their health care coverage through Medi-Cal/CalOptima, and **19.0% (6,594)** receive their health care coverage through Healthy Families.

Health Status of Adults (18+)

Sorkin et al. (2008) found that Vietnamese report significantly worse health than other ethnic groups. The same finding is reflected in the OCHNA 2007 survey.



- Only **8.3%** of Vietnamese adults 18 and older reported their health as *excellent* in the 2007 OCHNA survey. In contrast, **39.0%** percent of Black adults, **29.7%** of white adults, **25.1%** of Other Asian or PI adults, and **23.0%** of Hispanic adults rated their health as *excellent*.

Key Informant Perspectives

The question of why more Vietnamese adults rate their health poorly was posed to Dr. Thuy- Anh Nguyen, Women's Health Director of the VNCOC Asian Health Center. Dr. Nguyen's perspective mainly stems from a stand point of a community physician who has worked for a nonprofit clinic that serves the low-income, uninsured, and underserved population. Most of her patients go through many challenges in their daily lives. She continues to learn and share from all their experiences. In addition to the multiple barriers to care mentioned previously, she added that many individuals have little understanding about their own health, which makes them uncertain about how healthy they really are; there is also a fear around discovering a serious health condition, as many would prefer not to know.

Fair or Poor Health Status of US Adults Ages 18+ (Age-Adjusted) (Centers for Disease Control and Prevention, 2004-2006):

Black 19.5%

American Indian or Alaska Native 18.0%

Vietnamese 18.6%

Hispanic 17.2%

Other Asian or Native Hawaiian or Pacific Islander (NHOPI) 13.2%

White 10.6%

Korean 8.8%

Filipino 8.3%

Chinese 7.1%

Asian Indian 6.3%

Japanese 4.8%

Health Behaviors of US Vietnamese Adults Ages 18+ (Age-Adjusted) (CDC, 2004-2006):

Current Smoker **12.2%**

Current Moderate/ Heavy Drinker **6.1%**

Physical Activity—Inactive **46.4%**

Regular Physical Activity **30.0%**

As illustrated below, most of those from other ethnicities rate their own health as either *excellent* or *very good,* except for Vietnamese.

Rating of Own Health of Adults by Race/Ethnicity, OCHNA 2007					
Rating of Health	**White**	**Black**	**Hispanic/ Latino**	**Vietnamese**	**Other Asian or PI**
Excellent	29.7%	39.0%	23.0%	**8.3%**	25.1%
Very Good	37.4%	21.5%	34.2%	**13.2%**	33.3%
Good	21.2%	16.1%	29.6%	**40.2%**	35.0%
Fair	7.8%	20.4%	10.2%	**27.5%**	6.2%
Poor	3.8%	2.9%	3.0%	**10.8%**	0.4%
Total	100.0%	100.0%	100.0%	**100.0%**	100.0%
Chi-square=5.831, p<0.001					

- Almost **40% (38.3%)** of Vietnamese adults rated their health as *fair* or *poor*, compared to **6.6%** of Other Asian or Pacific Islander adults.

Almost 30% of OC Vietnamese adults had an ongoing or serious health problem that requires frequent medical care (OCHNA 2007).

Disability Status of Non-Institutionalized Adults (18-64) (ACS, 2008):

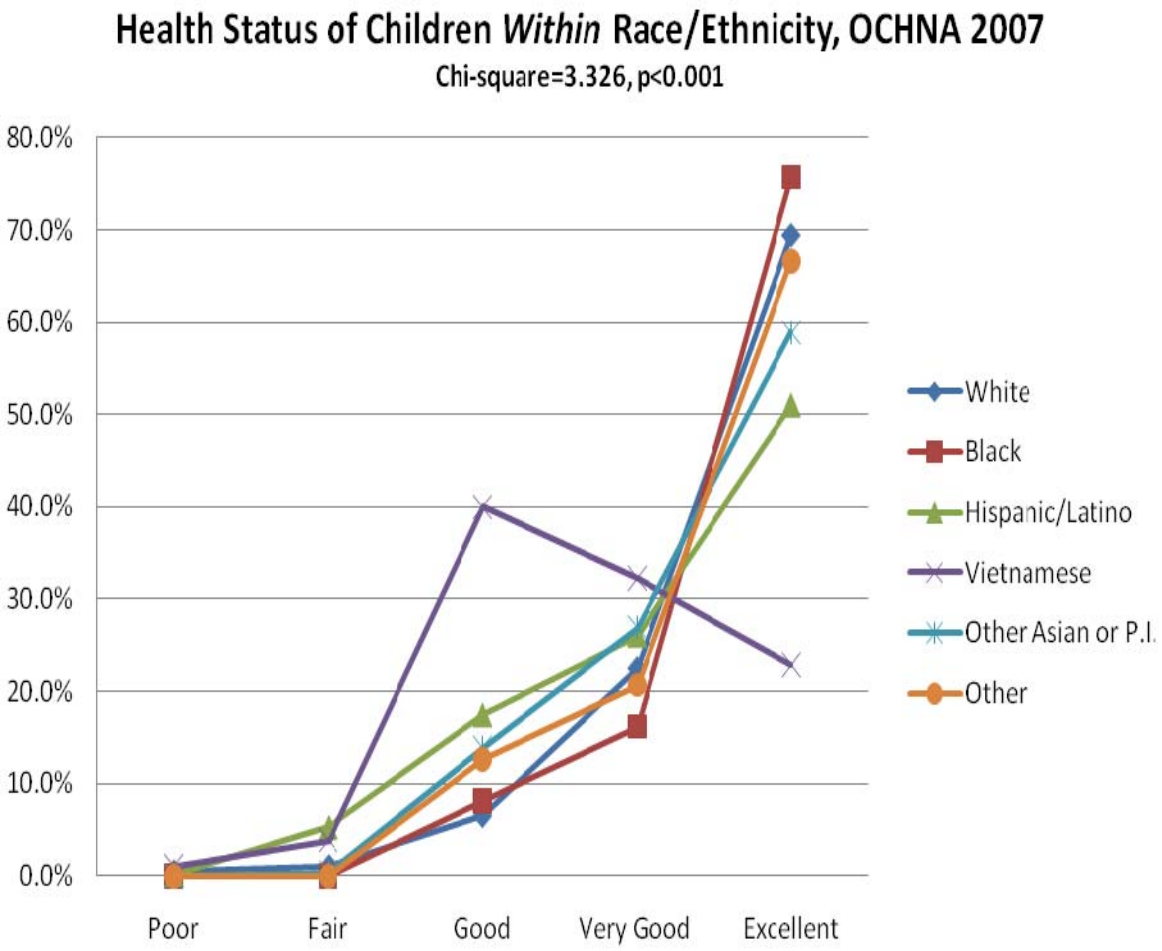
Total OC Population **5.4%**

Vietnamese **6.2%**

The OCHNA 2007 survey also asked whether adult respondents had an ongoing or serious health problem that required frequent medical care, such as doctor visits or daily medications. **29.9 percent (38,517)** of Vietnamese adults stated they did have an ongoing or serious health condition requiring such care. In comparison, **37.2 percent (442,553)** of white adults, **15.6 percent (106,352)** of Hispanic/Latino adults, and **14.4 percent (29,026)** of Other Asian or PI adults reported they had an ongoing or serious health problem requiring frequent medical care.

General Health of Child (0-17)

The health status of Vietnamese children, as reported by their parents/guardians or other adult proxy, is significantly worse than the health status of children in other ethnicities, when comparing within ethnicities. The reported health status of Vietnamese children follows a pattern that is different than the other ethnicities, as indicated by the difference in the pattern below. Again, the pattern of responses for all other ethnicities is similar, but the Vietnamese pattern diverges significantly from the others.



- A much lower percentage of Vietnamese respondents rated their child's health as *excellent* **(22.9%)** compared to white respondents **(69.4%).**

Fair or Poor Health Status of OC Children (0-17), (OCHNA, 2007):

Hispanic/Latino
5.4% (20,979)

Vietnamese
4.8% (2,114)

White
1.6% (4,116)

Other Asian or PI
0.3% (209)

Other
0.0%

Black
0.0%

Disability Status of Non-Institutionalized Children (0-17) (ACS, 2008):

Total OC Population 2.3%

Vietnamese 1.8%

US Adults Ages 18+ Feeling Sad Some of the Time (Age-Adjusted) (CDC, 2004-2006):

American Indian or Alaska Native **12.2%**

Other Asian or NHOPI **11.2%**

Korean **10.5%**

Hispanic **10.4%**

Black **10.0%**

Vietnamese **8.9%**

Filipino **8.2%**

Japanese **8.0%**

White **7.4%**

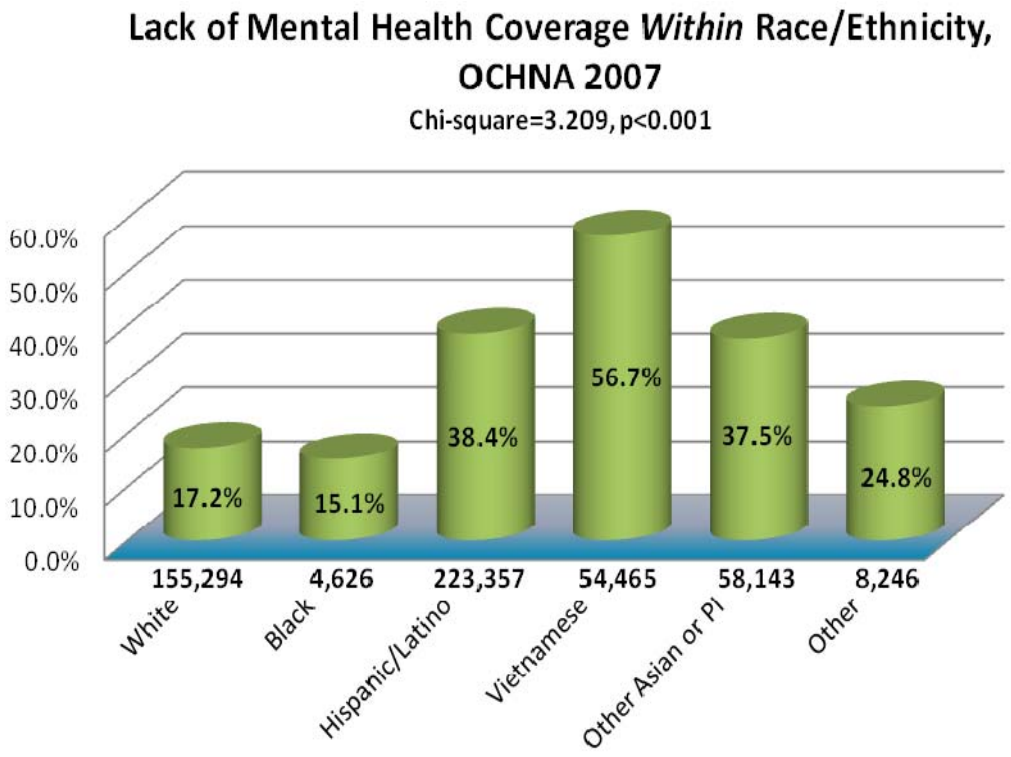
Chinese **7.3%**

Asian Indian **6.2%**

Mental/Behavioral Health Coverage

Due to the stigma associated with mental illness, there is a tradition of silence surrounding mental health among Vietnamese Americans. This is largely due to a cultural artifact from the motherland, where those with mental health issues are still ridiculed. Mental illness is believed to be a punishment for some personal or familial transgression or a result of a curse. Dr. Suzie Dong-Matsuda, Service Chief I of the Adult Mental Health Outpatient API Clinics of HCA Behavioral Health Services, describes that those with mental health issues in Vietnam are treated "without dignity" and are labeled as "insane" or "crazy." There is limited development of mental health services in Vietnam, thus individuals are treated very poorly in the institutions.

The graph shows the percentage of adults within each ethnic group with no mental health coverage. Vietnamese adults have the lowest rates of coverage for mental health of all ethnicities.



- Over half of Vietnamese adults **(56.7% or 54,465)** do not have mental health coverage.

Mental/Behavioral Health Treatment

There is a denial of mental health problems in Vietnamese culture and insistence on the irrelevance of mental health services for the community. Instead, mental health issues are generally unacknowledged or kept private within the family. Many may also place mental health in context with the spiritual, turning to places of worship and religious leaders for solace and comfort. Mental health problems are seen as a denotation of a genetic defect or flaw in the family lineage, thus this perception of mental health problems acts as a deterrent to seeking help for treatable problems.

Over **eight percent (8.7% or 11,232)** of Vietnamese adults report that they have been told by a doctor or other health care professional that they have an emotional, mental, and/or behavioral health problem, and **five percent (5.9% or 7,636)** were told by a health care professional that they should seek or get help from a mental health professional, such as a psychologist, therapist, or a counselor. Of those Vietnamese who needed mental health services, fewer than half **(44.3% or 6,127)** ever received treatment for their condition.

The table below presents the top five main reasons why Vietnamese who needed help have never received it.

Top 5 Reasons Why Vietnamese Adults Never Received Treatment, OCHNA 2007

Reasons	Percent	Population Estimate
Didn't Think of It	25.8%	1,317
No Reason to Go (No Pain, No Problems)	18.9%	966
Didn't Feel I Need Help	17.3%	883
Shame, Embarrassment	10.5%	537
Could Not Afford It	5.4%	275

- Shame and embarrassment is one of the main reasons for not receiving mental health treatment. **10.5%** of Vietnamese who needed help never received it due to feeling shame.

- Even if Vietnamese had higher rates of mental health coverage, they might not use it. **25.8%** indicated that they never received help because they didn't think of it. **18.9%** indicated that they had no reason to go because they were not aware of any problems. **17.3%** felt that they did not need help. Only **5.4%** indicated cost and affordability as a barrier to accessing mental health treatment.

Not having access to mental health care is especially problematic for older Vietnamese adults, who are at high risk for mental health problems (Sorkin et al., 2008). Older Vietnamese who have fought in the war suffer disproportionately from Post-Traumatic Stress Disorder (PTSD) and have been found to have problems adjusting to life in the United States. Older immigrants have problems with depression and stress due to language and cultural barriers that can make them feel isolated in this country.

Poor Mental Health Days of Vietnamese Adults Ages 18+ During the Past 30 Days (OCHNA, 2007):

0 Days
80.2% (94,747)

1-2 Days
6.4% (7,585)

3-5 Days
4.8% (5,636)

6-10 Days
3.2% (3,729)

11-15 Days
1.4% (1,650)

16-20 Days
1.2% (1,468)

21-29 Days
0.3% (308)

All 30 Days
2.6% (3,057)

Poor mental health may include stress, depression, and emotional problems.

324
Number of Vietnamese Clients Served by HCA, Adult Mental Health Outpatient API Clinic, March 2010.

Key Informant Perspectives—The Hidden Mental and Emotional Struggles of the Vietnamese Population

A largely refugee population, Vietnamese Americans are unique in their mental health needs. Having experienced unimaginable trauma and loss in Vietnam, many individuals live in "survival mode" here in the United States, focusing heavily on basic material needs to ensure survival for themselves and their families, according Dr. Suzie Dong-Matsuda. There is less of an emphasis on emotional wellness and self-care. At the same time, there is also a great acceptance of hardship and high degree of resilience within the population. Dr. Dong-Matsuda described some prevailing mental and emotional health issues of the population, which are presented below.

Depression and unresolved grief: There is a deep sense of grief faced by many immigrants that is buried beneath the daily struggles of surviving and adjusting to the American lifestyle. As refugees, Vietnamese individuals were uprooted from their old life, with many having only the clothes on their back, and experienced profound loss in their move to the United States. The sadness and struggle may be amplified by difficulties in adapting to the US, and the subsequent language and cultural barriers that could make individuals feel isolated and disconnected from each other and the wider world.

Stress: Not only do Vietnamese individuals support their own household here in the US, but they also have a sense of duty to their family in Vietnam, so many have multiple jobs to meet these demands. Adding to the stress is the high cost of living in Orange County in addition to language and cultural barriers. Stress, and other mental health issues, can have physiological consequences as well; Dr. Thuy-Anh Nguyen observed a spike of hypertension problems among her older patients, who experience stress over children who have recently lost jobs as a result of the downturn.

Trust issues: Because there is a sense of betrayal from experiences during the war, there is a lack of trust between community members. At the same time, the sense of belonging and ethnic connectedness is vitally important, given the dire circumstances for emigration and the need to adapt in a new and unfamiliar country.

Post-Traumatic Stress: Some individuals may have post-traumatic stress from disturbing experiences in Vietnam and/or in journeying to the United States. Adults may be easily triggered and reactive to symbols from their traumatic past, such as the provocative images such as the community symbol. PTSD could cause impulse control problems in people, such as domestic abuse, and family members may not understand the reason behind the extreme behaviors. These past experiences could also cause a person to "act-in," as in depression and/or suicide.

Substance Abuse: In Dr. Dong-Matsuda's experience, more adults abuse alcohol while more youth abuse drugs such as marijuana and methamphetamines. These substances may be used for self-medicating purposes.

Pathological gambling: Gambling is an accepted activity because it plays with the concepts of luck, fate, and chance that are tied to spiritual beliefs.

Keeping Mental Illness a Secret

In Vietnamese culture, mental health problems are hidden within the family. Because the typical Vietnamese family is close-knit, poor mental health of an individual family member is very much enmeshed with the mental health of the whole family unit. Dr. Dong-Matsuda has observed that the mental health problem becomes the focal point of family concerns, which may detract from the ties between family members and also lead to emotional issues within each of them. Dr. Dong-Matsuda states that mental health services are often sought out when families can no longer handle the mental health issue at home. Mental health professionals are then faced with pessimism and resistance from family members, who question the effectiveness of services and whether the person can truly have a productive life with treatment.

Mental and Emotional Health of Children and Youth

There may be cultural and language conflicts in the family arising from differing levels of acculturation and assimilation to the American way of life, according to Dr. Suzie Dong-Matsuda. Such gaps are most pronounced in the relationship between Vietnamese parents and their children, as parenting is often characterized as negative, hyper-vigilant, and focused more on the shortcomings and misdeeds of the child instead of good behavior or accomplishments. Vietnamese parents may respond with overly harsh punishments and threats, which in turn can engender a sense of helplessness and depression in the child. In addition, Kathy Nguyen, Operations Manager of the Vietnamese American Community of Orange County (VNCOC), expresses that parents are too busy with work and are hardly at home, not understanding that children need emotional support in order to thrive in the outside world. She has observed more cases of depression and anxiety issues in these young population groups. Parents not only need to recognize how their actions affect their children, but they also need to be educated in ways to provide emotional support for their children.

OCAPICA runs a wraparound program that provides mental health services to Vietnamese children and youth up to 25 years of age called Project FOCUS. Wraparound mental health services are community-based mental health services for children and adolescents with serious emotional disturbances, according to the National Mental Health Information Center. Funded by the Mental Health Services Act, this program works to provide services to severely mentally ill or seriously emotionally disturbed children and transitional-age youth and their families who are unserved or underserved due to cultural or linguistic barriers. Promoting success in school, employment, safety, well-being, and recovery, the program assists with medical, educational, social, prevocational, vocational, rehabilitative, and other community services for children and their families. In addition, Project FOCUS provides referrals for housing, nutrition, child care, transportation, employment, health care, and counseling.

Addressing Needs

Dr. Dong-Matsuda explains the importance of normalizing mental health needs and provides suggestions on how to go about it. As Vietnamese individuals are generally familiar and comfortable with a group or classroom setting, this is the best way to transmit education or to conduct supportive sessions. Dr. Dong-Matsuda expresses a need for grief support groups to help individuals accept their unresolved pain and share their experiences without feeling shame.

Dr. Dong-Matsuda points out some areas in which to educate the community: healthy parenting, promotion of overall wellness, the bio-psycho-social causes of poor mental health, and Western treatment practices for mental health conditions.

She also provides suggestions for practitioners. Credibility is important because many Vietnamese put high trust in the level of education, recognition, and status of a provider. Because they can be sensitive to emotional pain from past traumas, it is important to build trust with patients by displaying empathy and providing resources or assisting them with tasks so that they will return. Moreover, practitioners are advised to be more solution-oriented in therapy through directing the patient in the treatment process. Health professionals need to realize that many Vietnamese individuals express their emotional problems through somatic complaints; this is because talking about personal emotions is not part of the day-to-day conversation in the culture and there is also a fear of being put down.

Healthy People 2010 Objective

97% of children (0-17) and **96%** of adults (18+) should have specific source of ongoing care.

No Usual Place of Health Care for US Adults Ages 18+ (Age-Adjusted) (CDC, 2004-2006):

Hispanic **27.3%**

Korean **25.0%**

Vietnamese **16.3%**

Asian Indian **16.2%**

Other Asian or NHOPI **14.8%**

Chinese **15.5%**

Black **14.0%**

American Indian or Alaska Native **13.0%**

White **12.9%**

Filipino **12.2%**

Japanese **11.9%**

Usual Source of Care

An estimated **24.3 percent (29,422)** of Vietnamese adults do not have one particular clinic, health center, doctor's office, or other place that they usually go to when they are sick or need health advice. The table below lists the top five reasons reported for not having a usual place for routine health care.

Top 5 Reasons Why Vietnamese Adults Do Not Have a Usual Place for Routine Health Care, OCHNA 2007

Main Reasons	Percent	Population Estimate
Seldom or Never Gets Sick	59.6%	13,822
Don't Know Where to Go For Care	12.4%	2,887
Cost of Medical Care	8.2%	1,895
No Insurance or Lost Insurance	4.2%	968
Can't Find Provider Who Speaks My Language	3.2%	734

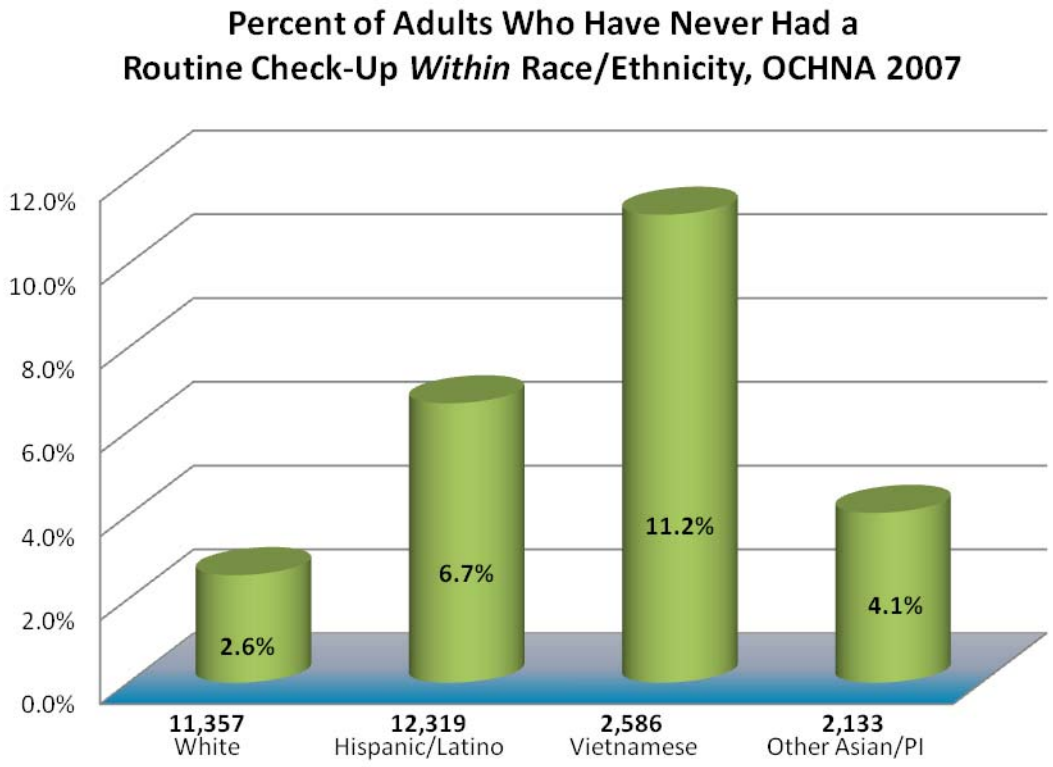
- The top barriers to having a usual place of care for Vietnamese adults are related to cost/ coverage or to language and knowledge.

Key Informant Perspectives—Discontinuity of Care

According to Dr. Thuy-Anh Nguyen, many low-income Vietnamese patients do not have ties with a doctor because they move from practice to practice and thus lack a stable medical home. Without this constancy, patients may not feel comfortable enough to relay their concerns to the health care professional. Doctors in turn may have incomplete information about a person's medical history and previous consultations. An additional barrier to the continuity of care is the limited number of Vietnamese-speaking specialty providers in the MSI network.

Routine Check-Up

Routine check-ups are an important part of general health care, even if an individual is not feeling sick. However, not everyone gets routine check-ups. Compared to whites, Hispanics/ Latinos, and other Asian and Pacific Islander groups, Vietnamese adults have the highest number of respondents who indicate they have never had a routine check-up.



- **11.2% (2,586)** of Vietnamese have never had a routine check-up.

Healthy People 2010 Objective

85%of people should have a usual primary care provider.

US Adults Ages 18+ Who Saw/Talked to Health Professional More than 2 Years Ago (Age-Adjusted) (CDC, 2004-2006):

Hispanic 13.8%

Korean 13.6%

Vietnamese 13.1%

Japanese 10.7%

Other Asian or NHOPI 9.6%

Asian Indian 9.3%

Chinese 9.1%

Filipino 8.4%

American Indian or Alaska Native 7.0%

White 7.0%

Black 6.6%

16.2% (2,076) of Vietnamese adults who used the ER at least once in the previous 12 months lacked health care coverage (OCHNA, 2007).

Key Informant Perspectives—How Health is Perceived

Narrowly defined in the Vietnamese culture, good health is strictly linked to the absence of physical pain or discomfort, presenting health care providers with challenges to promote health screenings. Key informants have reported low rates of engaging in conventional preventative behaviors, with older adults being more resistant to adopt Western preventive practices. The reason why many Vietnamese may not take responsibility for their own health, responds Dr. Thuy-Anh Nguyen, is because they place family needs above their own, and self-care is viewed as selfish. There is also a sense of not wanting to know the results and acceptance of illness, even among younger populations, because it is believed to be predestined. The fatalistic views about health also negatively affect the degree of patient compliance with doctor recommendations. In attempting to overcome these cultural barriers, many health practitioners highlight to patients that self-care is important because it allows them to better serve their families and even benefits the health of the next generation by revealing information about risk factors.

While Vietnamese individuals may not be preventative in the conventional sense, they engage in behaviors that improve well-being, such as meditation, Tai Chi, exercise, having a balanced diet, and using herbal medicines. However, the stresses and the culture of Western society make it difficult for individuals to keep up with many of these behaviors. When Western medicine is sought out, it is a "reactive" response to health problems that have escalated to the point that individuals can no longer disregard them, according to Tricia Nguyen.

Of the 20.5% (156,880) of children (0-17) who went to the ER in the previous 12 months, 3.2% (5,066) were Vietnamese (OCHNA, 2007).

Emergency Room Usage

According to the 2007 OCHNA survey, **10.2 percent (12,817)** of Vietnamese adults went to the emergency room at least once in the previous 12 months. Why do Vietnamese adults use the emergency room? The primary reasons why Vietnamese individuals sought care from the emergency room were because it was the fastest way to get care **(72.7% or 9,421)** and because they needed services after hours **(11.6% or 1,499)**. The table below displays the top five medical problems which prompted an emergency room visit for treatment by the Vietnamese adult population in Orange County.

Top 5 Reasons for Using the ER for Treatment by Vietnamese Adults, OCHNA 2007

Reasons	Percent	Population Estimate
Injury	13.9%	1,725
Infection	12.9%	1,600
Coughing, Cold, or Congestion	8.4%	1,034
Pain	8.2%	1,016
Heart or Chest Pains	7.7%	956

- Of the **10.2%** of Vietnamese adults who went to the ER at least once in the previous 12 months, **13.9% (1,725)** went to the ER due to injury.

Prescription Drugs Usage

A high percentage of Vietnamese adults do not take their prescription drugs. **28.2 percent (34,484)** of Vietnamese do not take all of the prescription drugs prescribed to them. Of the Vietnamese adults who were not taking all the prescription drugs prescribed to them, **70 percent (21,504)** indicated that they didn't need the drugs anymore, whereas **26 percent (7,977)** reported that cost was the reason.

Key Informant Perspectives—Improper Usage

One problem in the community is the improper use of prescription drugs by Vietnamese patients. For instance, Kathy Nguyen discussed patients waiting until the last minute to get refills, which often means that they miss some doses due to the delay in getting a prescription refilled. Many Vietnamese patients also save medications to send to Vietnam or share with others. Others do not take their prescriptions properly because they feel it would be too harsh on their body or they do not fully comprehend the directions.

OC Adults (18+) Not Taking Prescription Drugs (OCHNA, 2007):

Vietnamese
28.2% (34,484)

Hispanic/Latino
11.1% (75,859)

Other Asian or PI
9.4% (18,601)

Whites
6.2% (73,976)

Blacks
3.9% (1,628)

In 2007, CalOptima conducted a survey assessing the cultural and linguistic needs of its Healthy Families population, with **100** English-speaking, **100** Spanish-speaking, and **41** Vietnamese-speaking respondents:

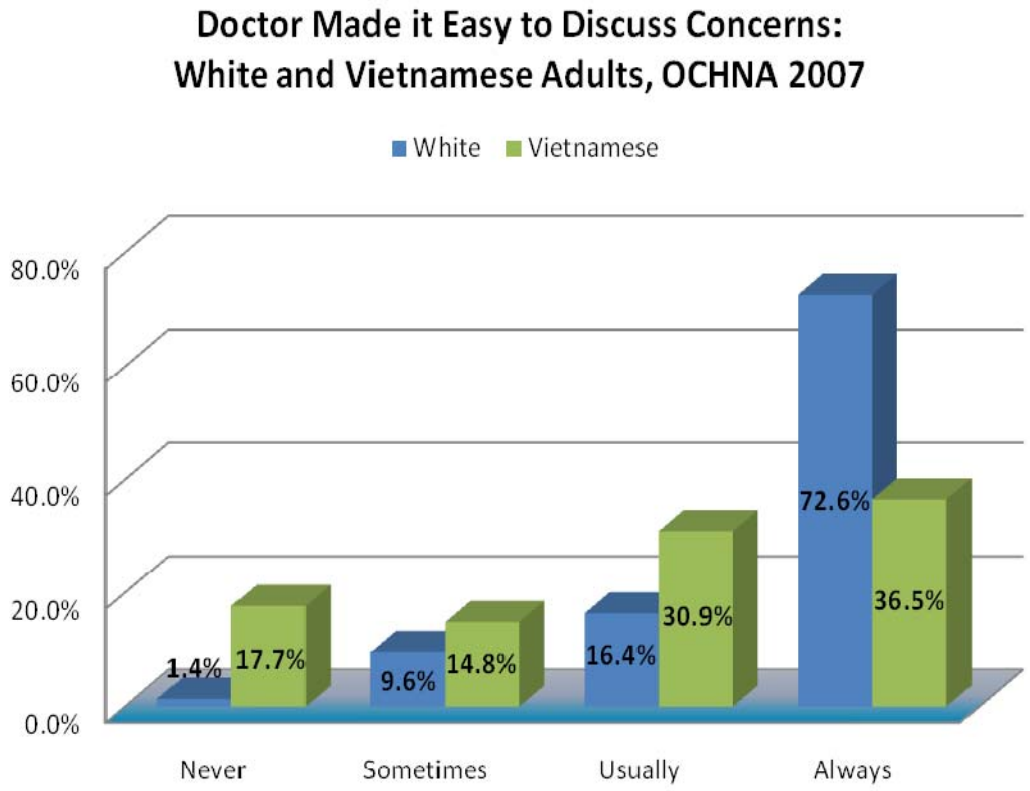
26.8% of Vietnamese speakers were concerned about effective communication with health care providers, compared to **66.0%** of Spanish speakers and **71.0%** of English speakers.

The same percentage of Vietnamese speakers **(26.8%)** encountered difficulties in accessing health information, while **6.0%** of Spanish speakers and **8.0%** of English speakers encountered difficulties.

Vietnamese speakers were the most interested in getting information from e-mails **(98.0%)**, compared to Spanish speakers **(58.0%)** and English speakers **(30.0%)**; Vietnamese speakers were the least interested in a nurse advice line **(63.0%)**.

Communication with Health Care Provider

Open communication with a health care provider is important because it allows a patient to better understand his/her health and the necessary steps to address medical problems. In response to a survey question asking if doctors or health care providers facilitated the communication of patients' questions or concerns before making a decision, the distribution of the responses of whites and Vietnamese were dramatically different.



- **36.5% (37,037)** of Vietnamese adults (vs. **72.6% or 705,450** of white adults) reported that their health care providers always made it easy for them to communicate their concerns.

- Only **1.4% (13,605)** of whites felt that doctors never made communication easy. **17.7% (17,930)** of Vietnamese felt that health care providers never made communication easy.

Key Informant Perspectives—Respect as a Barrier

The high respect that Vietnamese individuals have for doctors, whether Vietnamese or not, may pose challenges to physician-patient openness, because patients feel they may disappoint or inconvenience the doctor by being honest about their health practices or asking too many questions. This may complicate the treatment or management of a health problem since the doctor may not have a full picture of the individual's health behaviors. Having a Vietnamese doctor may cause this hierarchical division to be more pronounced and the communication barriers to be more entrenched. In a community clinic setting, physicians are often too busy to give each patient the attention and the thorough preventive education needed, and so the manner of the doctor may be viewed as dismissive by the patient, discouraging them from communicating their needs. Furthermore, while the title of MD is highly regarded by Vietnamese seniors, many may not trust that Nurse Practitioners (NP) or Physician Assistants (PA) have the competence level to provide them with proper treatment. This is also the case with MD equivalents, such as Doctors of Osteopathy (DO), due to the lack of knowledge about this particular medical degree.

Mixed Messages

Especially among older adults, there is little understanding regarding the subtle variations in medicine practiced by each doctor and the uniqueness of each patient. For example, because physicians are held to a high regard within the culture, key informants have regularly observed that individuals are quick to unquestioningly follow suggestions by doctors on the radio, or elsewhere in the media, without individuals considering their own circumstances and discussing it with their own doctor. For instance, Dr. Thuy-Anh Nguyen states that because there has been much coverage on cholesterol, her patients have been preoccupied with this health concern and demand treatment for it. Furthermore, doctors on Vietnamese radio and television have opinions or suggestions that contradict the treatments suggested by the patients' PCPs based on their unique health circumstances, resulting in mixed messages.

Transmitting Information

Vietnamese culture is very collectivist. Thus, "word-of-mouth" is a potent way of rapidly transmitting information within the population, as individuals rely more on the knowledge of friends and family members for health education. Outreach in a group setting, such as classroom education or community health fairs, is very effective. Vietnamese radio stations, such as Little Saigon Radio, also reach much of the population, albeit with limitations, such as the potential for mixed and conflicting messages by various physicians. Practical incentives given at fairs or seminars, such as calendars and magnets with inspirational messages and artwork, are very much appreciated by the community.

Provider Credibility

While doctors may be highly regarded because of their educational level, that alone is not enough to garner trust. They must also be empathetic and consistent in their interactions with the patient. Diep Tran, Development Program Director at the Vietnamese American Cancer Foundation (VACF), states that consistency is a major reason why the Vietnamese American Cancer Foundation weekly cancer education show on Little Saigon radio (1040 AM) has been effective in reaching out to the community. The main host of the radio show is Dr. Bich Lien Nguyen (Chair, Board of Directors and co-founder of VACF), who has built a strong listenership through her consistent appearances on the radio show. She and a few others began the educational radio show to help dispel the fear and shame associated with cancer by presenting credible, evidence-based information and available resources. Tricia Nguyen stresses that empathy and consistency by mental health professionals is even more important, where trust is built upon mutual experiences between the patient and the mental health practitioner.

Traditional Treatments and Medicines (CDC):

Coining (Cao Gio) is used to restore balance in the body; ointments or mentholated oils are rubbed across the back, chest, or shoulders with the edge of a coin. It is used for ailments like colds, sore throats, and the flu.

Cupping (Giac) is used for stress, headaches, and joint and muscle pain. Small heated glasses are pressed against the skin to draw out hot energy, leaving red bruise-like marks on the skin.

Pinching (Bat Gio) is used to treat headaches or sore throats.

Steaming (Xong) is used to treat motion sickness or colds; the steam from a boiled mixture of medicinal herbs is either inhaled or bathed in.

Balms are used to relieve muscle aches, skin rashes, small abrasions, colds, and the flu.

Medicinal herbs are boiled in water or mixed with wine to make an herbal drink to treat many ailments.

Western Medicine vs. Eastern Medicine

Are there cultural barriers, such as the preference for Eastern medical practice, and the conflict sometimes experienced between this and Western medicine? More research in this area may prove fruitful. Many Vietnamese do consider Western medicine as too harsh on the body and disruptive of the balance and harmony of the body, according to a recent report by the VNCOC Asian Health Center.[4] They find that Vietnamese prefer preventative health care, such as adopting a healthful diet and herbal remedies, instead of getting regular health screenings.

Traditional health beliefs and practices may act as barriers to access and utilization of Western health services. However, there are studies that contradict this. A study by Jenkins et al. (1996)[5] showed that many Vietnamese possess traditional health beliefs and practices which differ from the general US population, but that they do not pose as barriers. A paper released by the Orange County Health Care Agency in 1995 also found that traditional health care beliefs and practices did not act as barriers to the utilization of Western medical care.[6] Furthermore, a 2007 CalOptima survey assessing the cultural and linguistic needs of the Healthy Families population (CalOptima Healthy Families Linguistic Needs Assessment) revealed that only **seven percent** of Vietnamese-speaking respondents believed that "alternative" health care can be a substitute for medical exams, compared to **nine percent** of Spanish-speaking respondents and **23 percent** of English-speaking respondents. It is important to note that the use of the word "alternative" health in the survey may have biased survey responses, as what may be referred to as "alternative" in the Western sense may be seen as standard or common-place in other cultures. Furthermore, only **41** Vietnamese-speaking respondents were surveyed compared to **100** English-speaking and **100** Spanish-speaking respondents.

The primary barriers are poverty-related, which are consistent predictors of health care access. Not having either health care coverage or a regular doctor consistently served as barriers to preventive health care utilization.

Key Informant Perspectives—How Widespread is the Use of Traditional Medicine?

Herbal remedy use is widespread in all generations within the community, and is trusted more because it is more natural and has fewer side effects than synthetic, Western medicines. According to Jacqueline Tran, Director of the Center of Excellence to Eliminate Disparities in Health at OCAPICA, traditional medicine is important for health professionals to consider when providing services because it is a pathway for many to good health. Many times, patients are not open with their physicians about their herbal medication use. However, it is important for doctors to inquire about such use due to possible harmful interactions between the herbal remedy and prescription drugs. Dr. Thuy-Anh Nguyen always asks whether her patients take herbal remedies so she can prevent potential reactions between the natural remedies and prescription drugs. She estimates that close to half of her patients take herbal remedies. Sometimes Dr. Nguyen also recommends Western herbal medicines, such as primrose oil for menopause. For the most part, Vietnamese doctors prescribe Western medicines, as many have been educated in the United States and follow the Western model of health care. Older doctors would be more likely to complement prescription drug treatment with home remedies.

Cancer and Vietnamese Women

Breast and cervical cancer are the most prevalent forms of cancer for Asian and Pacific Islander women in America (Special Service for Groups, 2004).[7] Yet API women have the lowest screening rates for both breast and cervical cancer. Vietnamese women have the highest incidence of invasive cervical cancer compared to other ethnic groups; this is due to language barriers and late diagnoses. They are also less likely to follow up with treatment, when diagnosed, than other ethnic groups.[8] A study done on nail salon workers and health found that Vietnamese women who work as nail salon workers put themselves at risk for breast cancer, due to the exposure to the carcinogenic fumes.[9] Low-income Vietnamese women face barriers to getting regular screenings and treatment, like transportation and lack of access, which may make early detection of cancer difficult.

A recent report (Special Service for Groups, 2001) included a discussion to some of the barriers to receiving health care, including language and communication problems.[10] Cultural modesty is a barrier because women are embarrassed by clinical breast examinations and Pap smears. Pap smears can even be taboo because of the fear that the examination will make public a woman's sexual activity and status. Vietnamese tend to wait until they feel symptoms to get help instead of getting regular preventive physical examinations. The report notes that because of language barriers and modesty, many women want to see Vietnamese doctors, especially female doctors, but there are few available. Many providers also feel, according to the report, that Vietnamese women do not ask enough health-related questions when seeing their doctor because of the respect they have for the doctor as an authority figure. Older women, especially, need to be encouraged to overcome their shyness to effectively advocate for their own health and well-being.

Key Informant Perspectives—Barriers to Cancer Screenings

According to Diep Tran, there is still cultural stigma in the Vietnamese community surrounding breast and cervical cancer. Although Vietnamese women are beginning to be more open to talking about and seeking medical care for breast and cervical cancer, there are many who would prefer to remain silent, especially for cervical cancer due to the shame and embarrassment around sexuality. Dr. Thuy-Anh Nguyen stated that more Vietnamese women are beginning to get regular breast and cervical cancer screenings due to outreach and increased MSI funding. She added that more female doctors would make it easier for female patients to discuss these sensitive issues.

The Vietnamese American Cancer Foundation (VACF) is a nonprofit organization founded in 2002 with the "mission to prevent cancer, improve patient quality of life, and save lives through cancer education, research, advocacy, and services in the Vietnamese American community." The organization assists over **300** women (in Orange County) to receive breast and cervical health information and services each year with educational workshops and the coordination of free mammograms and Pap smears. The vast majority of the women who contact VACF request assistance with breast health matters. Since breast cancer is the most common cancer for Vietnamese women, VACF assists **24 times** more clients for breast health issues than for issues related to cervical cancer. However, even though these women may qualify for cervical cancer screenings as well, many are still not as open to requesting the screening as they are for breast health screenings. VACF works to link women to as many affordable resources as possible, including medical care, medication, one-on-one education from dedicated staff, and other patient support services to patients who otherwise would not have access to the care that they need, either because of a lack of awareness of the existence of those services or due to low income and lack of insurance.

Healthy People 2010 Objective

97%of women 18+ should have ever received a pap test.

90% of women 18+ should have received a pap test in the preceding three years.

Incidence of All Cancers per 100,000 CA Women (Harmony in Health Care; California Cancer Registry, 2000-2002):

Vietnamese 274.8

Non-Hispanic White 446.1

Mortality from All Cancers per 100,000 CA Women (Harmony in Health Care; California Cancer Registry, 2000-2002):

Vietnamese 105.1

Non-Hispanic White 167.7

US Adults Ages 18+ Ever Received Hepatitis B Vaccine (Age-Adjusted) (CDC, 2004-2006):

Chinese 31.5%

Filipino 36.2%

Asian Indian 39.6%

Japanese 23.4%

Vietnamese 28.5%

Korean 28.3%

Other Asian and NHOPI 30.9%

White 28.2%

Black 28.4%

American Indian or Alaska Native 32.7%

Hispanic 20.2%

HIV Testing

The rate of screenings of Vietnamese for HIV testing is much lower than other ethnic groups, as demonstrated in the table below. Cultural stigma and taboo for STDs or STD-related testing deter Vietnamese from getting regular prevention screenings. Only **18.1 percent (21,402)** of Vietnamese have received an HIV test, much lower than other ethnic groups.

HIV Test Received *Within* Race/Ethnicity, OCHNA 2007		
Race/Ethnicity	**Percent**	**Population Estimate**
White	37.2%	431,964
Black	35.5%	13,776
Hispanic/Latino	51.1%	338,221
Vietnamese	18.1%	21,402
Other Asian or PI	30.7%	60,742
Other	43.4%	20,643
Chi-square=1.432, p<0.001		

Hepatitis B and C

Vietnamese are a "high-risk" group for hepatitis B and C infection, and both hepatitis B and C are highly associated with liver cancer. Vietnamese Americans are infected with hepatitis B virus (HBV) at a rate that is **ten times** higher than the general population, according to the VACF. HBV infection is difficult to treat, and patients may need medication for years to control the growth of the virus and to decrease the viral load. For low-income and uninsured patients who do not qualify for any public assistance, the costs of this medication can be highly prohibitive. The out-of-pocket expense for HBV medication costs several hundred dollars a month.

In the Vietnamese community, there is more focus on hepatitis B than on hepatitis C. However, VACF has found a consistent infection rate for hepatitis C virus (HCV) at about **five to eight percent** for Vietnamese Americans in Southern California. The HCV infection rate for the general US population is around **1 to 1.5 percent.** Alarmingly, about **75 to 80 percent** of Vietnamese individuals who tested positive for hepatitis C did not know that they had HCV before receiving a screening with VACF. For hepatitis B, many more are aware that they may be carriers, and some even knew when they lived in Vietnam, but never got treatment or regular check-ups because hepatitis often does not have symptoms for years, even decades. VACF estimates that about **50 to 60 percent** of those who are positive for hepatitis B did not know prior to attending one of VACF's screenings.

VACF has developed a hepatitis and liver cancer awareness and screening program. Over the last five years, VACF has screened over **2,500** individuals who are high risk for hepatitis B and C for free, serving patients from as far away as Los Angeles, Riverside, and San Bernardino counties, who come to Orange County to receive screenings and other health services in Vietnamese.

Weight Status of Adults (18+) and Children (0-17)

To determine the weight status for adults, height and weight were used to calculate the body mass index (BMI). For children, the formula is more complex, including gender and age, in addition to height and weight, in calculating BMI.

BMI Distribution for Orange County Vietnamese Adults, OCHNA 2007		
BMI Category	**Percent**	**Population Estimate**
Healthy/ Normal Weight	74.3%	75,461
Overweight	22.5%	22,811
Obese	3.2%	3,244
Total	100.0%	101,516

- The OCHNA 2007 survey results showed that Vietnamese adults were the most likely **(74.3%)** of all adult races/ethnicities in Orange County to have a BMI considered to be a *healthy* or *normal weight* **(Chi-square=1.541, p<0.001).**

- Asian or Pacific Islanders (excluding Vietnamese) were the least likely to have a BMI classified as *obese* **(2.0% or 3,505).** Vietnamese adults had the second lowest percentage of obesity, with only **3.2% (3,244)** of Vietnamese adults having a BMI status of *obese.*

Examination of the data on the BMI status of children from the OCHNA 2007 survey indicates that Vietnamese children are the least likely **(50.8%)** of all ethnic groups to be at a *healthy/ normal weight*. The weight status of Vietnamese children follows a pattern that is the exact opposite of the pattern for the weight status of Vietnamese adults.

BMI Distribution for Orange County Vietnamese Children (3 to 17), OCHNA 2007		
BMI Category	**Percent**	**Population Estimate**
Underweight	13.3%	3,342
Healthy/ Normal Weight	50.8%	12,742
At Risk for Obesity	13.8%	3,469
Obese	22.0%	5,524
Total	100.0%	25,077

- **35.8% (8,993)** of Vietnamese children were either *at risk for obesity* or *obese*, a greater percentage than found in other ethnic groups.

Healthy People 2010 Objective

60% of adults 18+ years should be at a healthy weight.

Healthy People 2010 Objective

The overweight or obesity rate of children and adolescents should be reduced to 5%.

Weight Status of CA Asian Adults 18+ Years (CHIS, 2007):

Underweight (<18.50 BMI)
5.5%

Normal Weight (18.50-24.99 BMI)
61.5%

Overweight (25.00-29.99 BMI)
26.3%

Obese (≥ 30.00 BMI)
6.7%

CA Children* (3-11) and Adolescents (12-17) Overweight for Age (CHIS, 2007):

Latino
Children 14.2%
Teens 17.4%

White
Children 8.0%
Teens 8.5%

Asian
Children 6.5%
Teens 4.3%

***CHIS question does not factor in height for children**

CA Children (5-11) Physically Active for 1 Hour Daily in a Week (CHIS, 2007):

White 33.1%

Latino 26.3%

Asian 18.0%

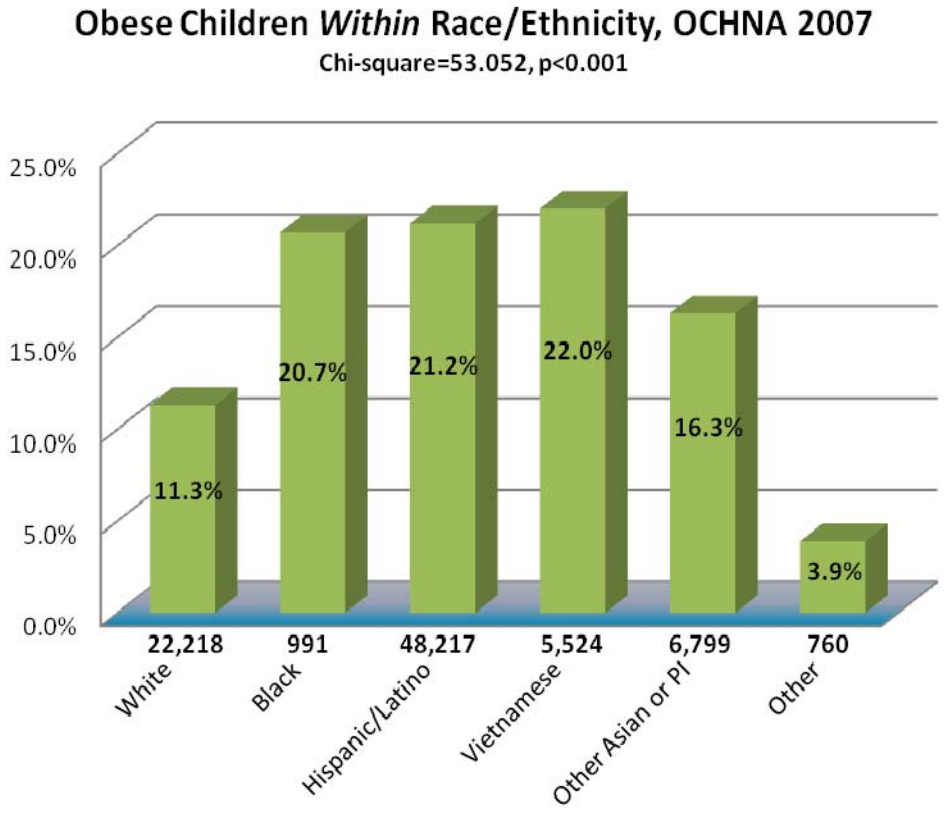
CA Children Physically Active for No Hours in a Week (CHIS, 2007):

Asian 22.5%

Latino 16.2%

White 5.4%

The following chart compares the percentages of obese children within each ethnic group, across ethnicity. Vietnamese children (ages 3 to 17), were the race/ethnicity most likely to be classified as *obese* **(22.0 percent or 5,524),** followed by Hispanic/Latino children **(21.2 percent or 48,217),** other Asian or Pacific Islander children **(16.3 percent or 6,799),** and white children **(11.3 percent or 22,218).**



- Of the **22.0%** of Vietnamese children who were classified as *overweight*:
  - **68.5% (3,605)** of parents or guardians believed their child was *about the right weight*.
  - **25.4% (1,336)** of parents or guardians perceived their child to be *overweight*.
  - **70.4% (3,892)** of parents or guardians believed their child's health was either *very good* or *excellent.* No parents/guardians of overweight children reported they thought their child's health was *poor* or *even fair.*
- Of the **10.1% (4,337)** of parents who *did* think their child was overweight regardless of their child's actual BMI status, **67.5% (2,930)** reported that their child's health was very good or excellent.
- In contrast, of the **76.7% (32,978)** of parents who believed their child to be about the right weight, a little over half **(54.4% or 17,926)** perceived their child's health to be excellent or very good.
- These results show that further educational programs are necessary to inform the community of health risks posed by obesity.

Key Informant Perspectives—Why are Vietnamese Children Becoming Overweight?

Both Jacqueline Tran and Dr. Suzie Dong-Matsuda state that one reason why there may be more overweight Vietnamese children is due to the symbolic significance of living in the United States. For parents, being able to provide food and shelter for their children is a sign of progress and a better quality of life. Alternately, Dr. Dong-Matsuda also connects higher obesity rates to the rift between parents and children. Harsh, restrictive parental practices, combined with strained communication, may affect the emotional health of children and cause them to seek comfort in food.

CA Adolescents (12-17) Physically Active for 1 Hour in a Week (CHIS, 2007):

White 16.7%

Latino 12.7%

Asian 12.0%

CA Adolescents Physically Active for No Hours in a Week (CHIS, 2007):

Asian 17.4%

Latino 10.6%

White 5.0%

Social Health of Children (6-17)

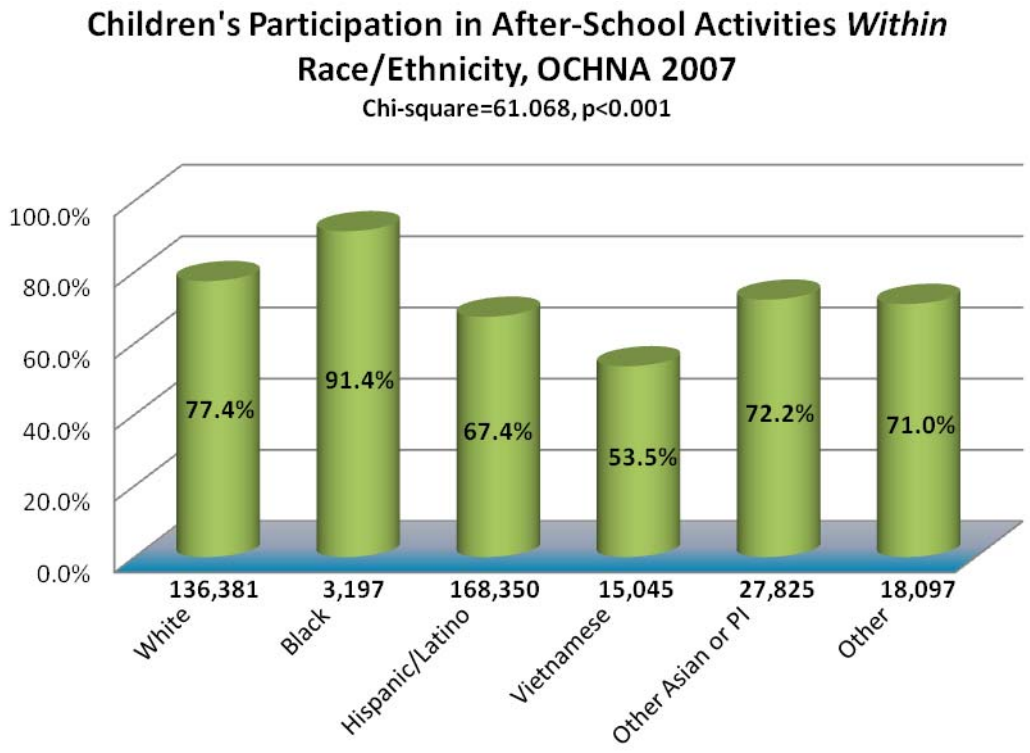
As second generation immigrants, Vietnamese children and youth find themselves in unique circumstances because they are balancing the traditional beliefs passed down from their parents and other family members with the American lifestyle and values. The following section, which examines academic achievement and participation in extracurricular activities, may provide a partial picture of the social health and acculturation level of Vietnamese children in Orange County.

Healthy People 2010 Objective

35% of adolescents (grades 9 to 12) should engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.

Participation in After-School Activities and Children's Levels of Physical Activity

The chart shows a comparison of children's participation in after-school activities across ethnicity. Compared to other ethnicities, Vietnamese children have the lowest levels of participation in after-school activities.



Volunteering/ Community Service Activities of CA Asian Adolescents (12-17) (CHIS, 2003):

Vietnamese 69.7%

South Asian 59.9%

Chinese 57.6%

Korean 51.7%

Filipino 50.2%

- **53.5% (15,045)** of Vietnamese children participate in after-school activities.
- **46.5% (13,063)** of Vietnamese children reported participating in no after-school activities.

The table below provides the main reasons why Vietnamese children did not participate in after-school activities. A large percentage, **41.5 percent**, did not participate in after-school activities because none were available.

Primary Reasons for Non-Participation In After-School Activities by Vietnamese Children, OCHNA 2007		
Reason	**Percent**	**Population Estimate**
None Available	41.5%	4,792
No Time for Them	24.5%	2,829
Child Has No Interest	12.6%	1,454

Key Informant Perspectives—Other Reasons for Lack of Participation

Dr. Suzie Dong-Matsuda ventures into why there is a low level of Vietnamese youth participation in extracurricular activities, linking feelings of fear and mistrust harbored by parents and the need for control after the turmoil and instability in their past. Due to cultural and language barriers, as well as limited outreach by the programs, parents know little about the programs and worry that their children could be led astray. Unfortunately, parents do not realize their children are missing out on crucial emotional and social growth that is nurtured through participation in extracurricular activities, such as team sports. Instead, Dr. Dong-Matsuda mentions that youth participate in activities within the community, such as martial arts or piano classes. In addition, Jacqueline Tran reports that there is a high level of participation in after-school tutoring, as education is valued highly in the culture.

"The most effective kind of education is that a child should play amongst lovely things."
—Plato

Programs in the County for Vietnamese and Other Asian Youth:

The Vietnamese Youth Foundation offers educational and social activities, including: sports, community services, parades, performances, and martial arts.

The smART program is free of charge and offers "at-risk" Vietnamese youth an opportunity to participate in the arts. Workshops range from film-making to poetry and spoken word.

OCAPICA offers free youth programs for low-income Asians and Pacific Islanders, including: after-school programs, martial arts programs, unity games, and a financial literacy program.

PACS' Y.E.S. program is a free after school program for "at-risk" API youth, designed to (a) decrease school drop-out, gang activity, and drug use; (b) increase literacy and life skills; and (c) decrease teen pregnancy and risky behaviors.

The Vietnamese Community of Orange County offers mentoring and tutoring services to Vietnamese youth and provides activities to divert youth from gang involvement.

Project Motivate is a free of charge mentoring program for academically and socially "at-risk" Vietnamese youth.

CA Child or Teen (3-17) is a Member of Sports Team in the Last Year (CHIS, 2007):

White 54.7%

Latino 37.4%

Asian 33.8%

Looking at the activities of Vietnamese children in Orange County in the OCHNA 2007 survey, the data reveals a tendency toward sedentary activities, but not the same sedentary activities as other races/ethnicities.

- Vietnamese children recorded the fewest hours of TV watching, with **9.7% (2,658)** of children who have access to a TV watching 0 hours on weeknights. There were **6.4% (11,133)** of white children and **6.2% (2,327)** of other Asian or Pacific Islander children with the same TV watching habits.
- **47.2% (12,156)** of Vietnamese children spent less than one hour listening to music.
- **41.9% (11,582)** of Vietnamese children spent three or more hours studying or reading each weeknight, the most compared to the other ethnic groups.

Vietnamese children reported the lowest levels of playing outside and engaging in physical activity. The children from other ethnic backgrounds spent more of their time outside playing and being physically active as well as participating in after-school activities.

Regardless of after-school activities, many Vietnamese children were not active outside of school either. OCHNA 2007 survey results show that Vietnamese children were the least active when compared to other races/ethnicities. **93.3 percent (12,657)** played outside for two hours a day or less. **80.6 percent (11,522)** of parents or guardians of Vietnamese children reported that their child plays outside as often as they would like. Many may be unaware of the recreational programs offered for children, or may not be aware of the complete health benefits in participating in physical activity.

In terms of specific forms of exercise, Vietnamese children were also the least likely to be physically active among all ethnic groups. The following questions were asked about the amount of physical activity the child gets per week. It is important to note that current National Institutes of Health (NIH) guidelines state that all children should get a minimum of 60 minutes of physical activity every day.

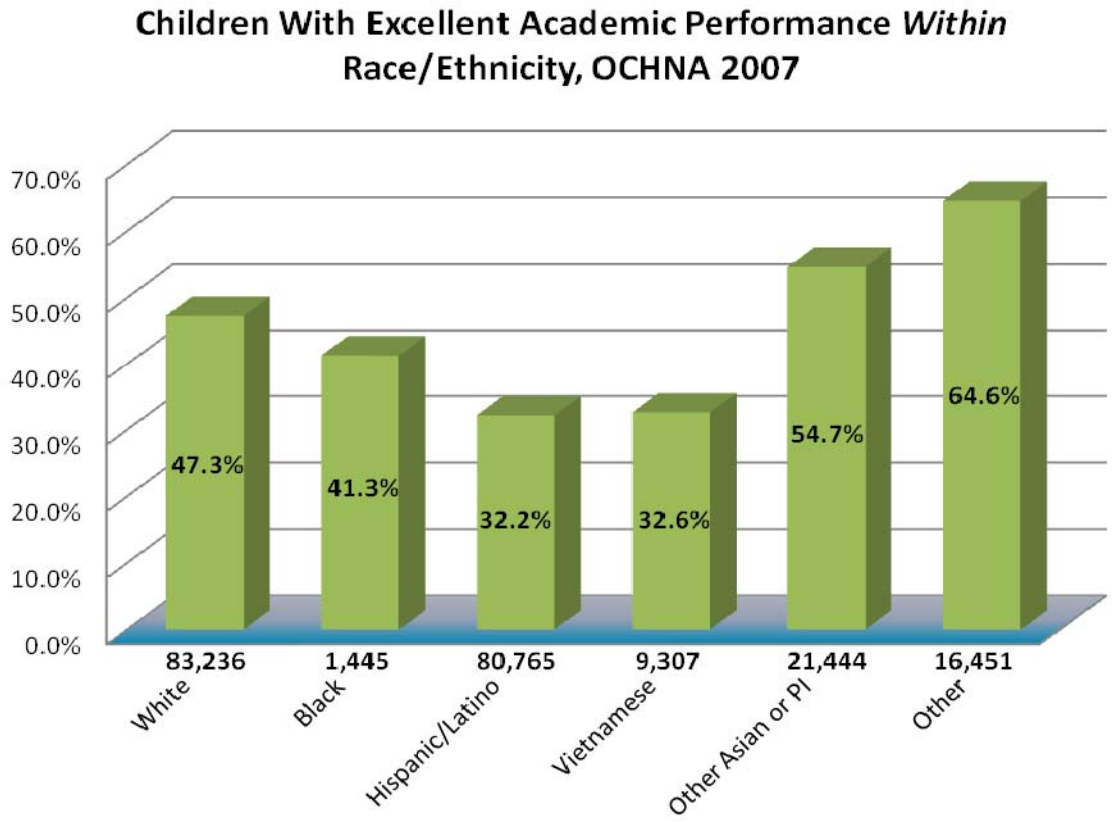
- **15.7% (4,311)** of Vietnamese children reported not getting any moderate physical activity (such as walking and light exercise), and **19.3% (5,301)** reported getting only one hour per week.
- **18.5% (4,973)** of Vietnamese children reported not participating in any vigorous physical activity (i.e., running, biking, team sports, and swimming), and **21.2% (5,717)** reported getting only one hour per week.

Academic Performance

It is a commonly held stereotype that Asians have excellent academic performance. However, OCHNA 2007 survey results show that the performance of Vietnamese children is not consistent with this finding. The table below compares the rating of academic performance *(poor* to *excellent)* across ethnicity. Vietnamese academic performance is fairly low, compared to other ethnic groups, based on reported academic performance.

Performance in Academic Classes at School *Within* Race/Ethnicity, OCHNA 2007						
	White	Black	Hispanic/ Latino	Vietnamese	Other Asian or PI	Other
Poor	2.1%	0.0%	4.3%	**1.2%**	0.2%	3.0%
Average	12.8%	6.2%	16.3%	**15.3%**	3.1%	3.4%
Good	11.5%	24.8%	19.2%	**24.0%**	3.7%	9.4%
Very Good	26.3%	27.6%	28.1%	**27.0%**	38.3%	19.6%
Excellent	47.3%	41.3%	32.2%	**32.6%**	54.7%	64.6%
Total	100.0%	100.0%	100.0%	**100.0%**	100.0%	100.0%
Chi-square=67.071, p<0.001						

The comparisons above are based on the response of parents/guardians to the OCHNA 2007 survey, not on actual data on academic performance. Given the foremost importance of education within the culture, it is important to note that the high expectations of parents may influence and distort reports of Vietnamese children's educational achievement.



The academic performance of Vietnamese is markedly lower than the other Asian groups. **32.6 percent (9,307)** of Vietnamese children had excellent performance in their academic classes in school, compared to **54.7 percent (21,444)** of other Asians and Pacific Islanders who had excellent performance.

Poor or Average Academic Performance of Children (6-17) (OCHNA, 2007):

Hispanic/Latino 20.6%

Vietnamese 16.7%

White 14.9%

Other 6.4%

Black 6.2%

Other Asian or PI 3.3%

Older Vietnamese Adults (65+)

Vietnamese seniors experience challenges to accessing health care to a greater degree than their younger counterparts. They are more limited by cultural, communication, and transportation barriers because they emigrated to the United States later in life. While health usually declines with age, the additional obstacles faced by Vietnamese older adults make them more vulnerable to negative health outcomes. The following sections examine the older Vietnamese population (65+).

Demographics

Results from the 2008 American Community Survey indicate that **10.4 percent (16,419)** of Orange County's Vietnamese population are older adults. According to the OCHNA 2007 survey, Vietnamese seniors range in age from 65 to 91, are predominately married **(75.7% or 13,306)**, and primarily reside in one of five cities. The chart below displays the top five cities older Vietnamese adults call home.

Disability Status of Non-Institutionalized OC Older Adults (65+) (ACS, 2008):

Total OC Population
32.8%

Vietnamese
44.2%

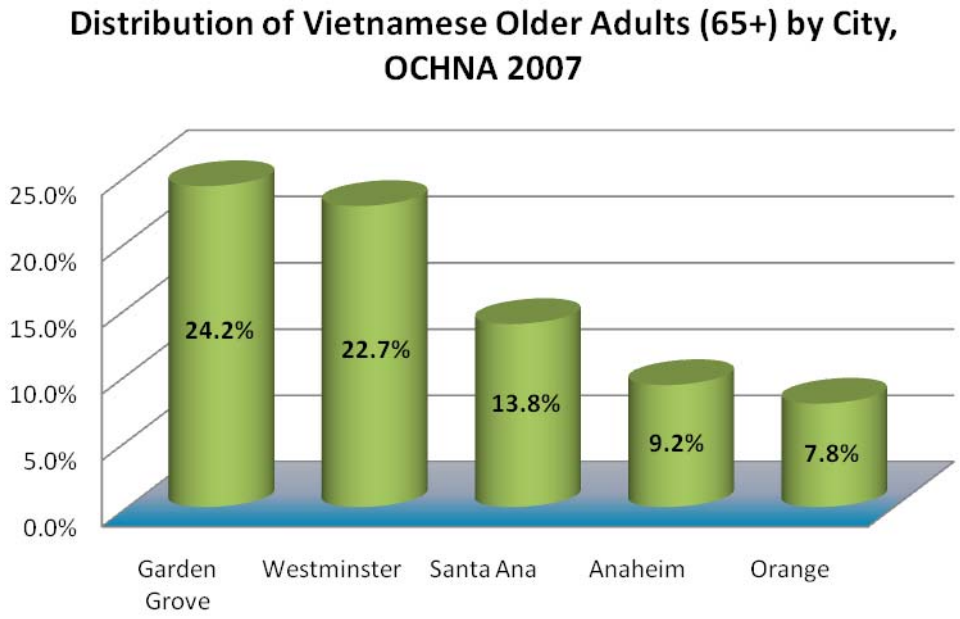
Older adults comprised 11.4% of the total OC population (ACS, 2008).

Vietnamese older adults comprised 10.3% of the OC Vietnamese population (ACS, 2008).

Gender of OC Older Adults (65+) (ACS, 2008):

All OC
Female 56.9%
Male 43.1%

Vietnamese
Female 51.3%
Male 48.7%



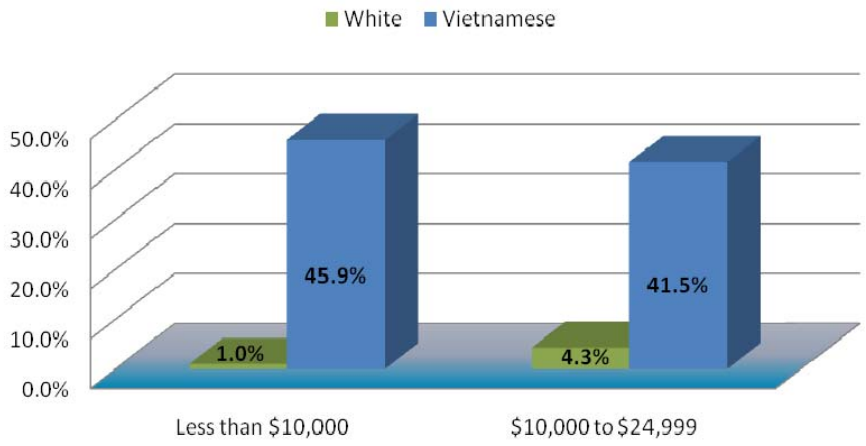
- **77.7% (13,071)** of older Vietnamese adults reside in the cities shown above.
- Nearly **one in four** older Vietnamese adults in Orange County resides in Garden Grove.

Socioeconomics

At the time of the 2007 OCHNA survey, older Vietnamese adults had disproportionately low educational levels, as **40.7 percent (6,828)** had less than a high school education and an additional **34.1 percent (5,720)** had only a high school diploma. Merely **28.4 percent (4,793)** owned their own home, and **87.5 percent (9,680)** had a household income below $25,000. Older Vietnamese adults fared much worse on these indicators than any other race/ethnicity, based on OCHNA 2007 survey results.

The following displays the income distribution of white and Vietnamese older adults *within* race/ethnicity. Comparison to other racial/ethnic groups was not possible due to the small sample sizes of Vietnamese older adults that do not allow for generalization to the population.

Distribution of White and Vietnamese Older Adults' Income in the Lower Income Categories *Within* Race/Ethnicity, OCHNA 2007



- Almost **half (45.9% or 5,083)** of older Vietnamese adults in Orange County had a household income of less than $10,000. The poverty level per the 2009 Poverty Guidelines used by the United States Department of Health and Human Services for a one-person household is $10,830. This federal guideline is not geographically adjusted for more expensive areas, such as Orange County.

- Comparatively, only **1.0% (2,316)** of older white adults had an income of less than $10,000.

2008 Poverty Guidelines:

Single Household
$10,400

Two-Person Household
$14,000

OC Older Adults (65+) Living in Poverty (ACS, 2008):

All OC 7.6%

Korean 19.4%

Vietnamese 16.9%

Hispanic/Latino 13.8%

White 6.3%

Chinese 4.5%

Filipino 2.7%

19.7% of Vietnamese households received Social Security income (ACS, 2008).

Mean Social Security Income of Vietnamese:
$11,802

19.3% of all older adult respondents in the 2007 OCHNA survey reported they had *fair* or poor health.

Health Status

Out of all of the ethnic groups, older Vietnamese adults self-rated their health the lowest, with **64.7 percent (11,471)** reporting *fair* or *poor* health compared to only **16.3 percent (50,039)** of older white adults who reported the same. Over **one-third (36.9% or 6,313)** reported having at least one day of poor physical health in the past 30 days, and **16.9 percent (2,898)** reported having 16 to 30 days of poor physical health. In addition, **one** in **five (21.5% or 3,564)** older Vietnamese adults reported having at least one day of poor mental health in the past 30 days.

In 2007, **51.9%** of all older adult respondents reported having excellent or very good health (OCHNA).

Chronic Conditions

The following table lists the top five chronic conditions experienced by older Vietnamese adults in Orange County, using data from the OCHNA survey conducted in 2004, since these questions were not asked in the 2007 survey.

Chronic Conditions of CA Vietnamese Older Adults (CHIS):

High Blood Pressure (2007) 69.8%

Heart Disease (2007) 22.0%

Diabetes (2007) 17.9%

Arthritis, Gout, Lupus, Fibromyalgia (2005) 37.1%

High Cholesterol (2005) 53.4%

Top Five Chronic Conditions Experienced by Older Vietnamese Adults (65+), OCHNA 2004		
Condition	**Percent**	**Population Estimate**
High Blood Pressure	71.5%	10,653
Arthritis	61.1%	9,085
High Cholesterol	47.7%	6,921
Bone Disease	31.5%	4,482
Heart Disease	27.9%	4,008

- Older Vietnamese adults had higher incidences of each chronic condition listed in the table than their white counterparts.
- Nearly **three** out of every **four (71.5% or 10,653)** older Vietnamese adults had high blood pressure.

Access to Health Care Coverage

Almost *all* of older Vietnamese adults 65 years and older **(99.8% or 17,920)** had some form of health care coverage. Medicare accounted for **58.4 percent (10,455)** of the coverage and Medi-Cal for another **34 percent (6,082).** Rates of coverage were also high for specific types of coverage, such as prescription **(92.2% or 16,224),** vision **(89.0% or 15,757),** and dental **(82.6% or 14,536).** However, coverage for mental health was relatively low **(58.9% or 8,901).**

14,174
Number of Older Adult (65+) CalOptima Members in Medi-Cal program, February 2010.

Utilization of Health Services

The majority **(86.4% or 15,093)** of older Vietnamese adults have a usual source of care or *medical home* that they go to for routine care or treatment. The doctor's office is where **90.3 percent (15,352)** of older Vietnamese adults went for routine care or treatment, followed by a county or community clinic **(5.9% or 1,007)**.

The emergency room usage of older Vietnamese is as follows:

- **17.7% (3,097)** of older Vietnamese adults went to the emergency room at least once in the past year.

- The top three reasons for the visit to the emergency room include: heart or chest pain **(14.0% or 433)**; injury **(11.6% or 360)**; and cough/congestion and/or other pneumonia symptoms **(8.2% or 254)**.

Top 3 Medical Reasons for ER Visit by OC Vietnamese Older Adults (OCHNA, 2007):

Heart or Chest Pain 14.0%

Injury 11.6%

Cough/Congestion and/or Other Pneumonia Symptoms 8.2%

Despite difficulties with communication, most older Vietnamese adults reported being satisfied with the quality of their health care:

- **36.4% (6,088)** of older Vietnamese adults reported their doctor only *sometimes* or *never* offered choices about their health care.

- **26.4% (4,487)** of older Vietnamese adults reported their doctor only *sometimes* or *never* made it easy to discuss questions or concerns regarding their health care.

- Despite the fact that many older Vietnamese adults reported communication problems with their doctor, only **1.0% (175)** reported being *dissatisfied* or *very dissatisfied* with the quality of care their doctor provided; conversely, **92.0% (16,035)** reported being *satisfied* or *very satisfied* with the quality of care their doctor provided.

There are various transportation programs in place for seniors.

Orange County Transportation Authority Programs:

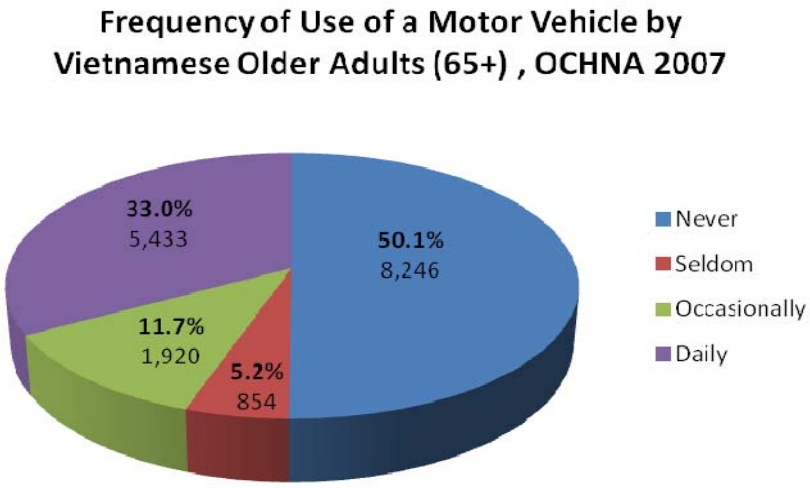
- OCTA ACCESS
- OCTA Senior Mobility Program

OC Office on Aging Senior Non-Emergency Medical Transportation Program:

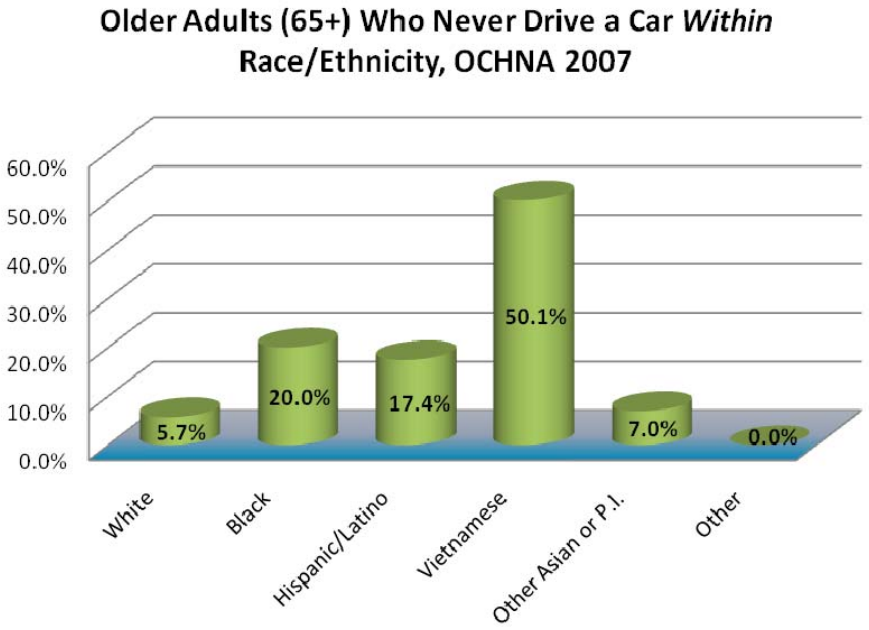
- Age-Well Senior Transportation Program
- St. Jude Medical Center Transportation Program
- St. Anselm's Senior Transportation Program
- The Vietnamese Community of Orange County Senior Transportation Program

Senior Transportation

As physical health declines, the need for health care becomes greater, but the ease in accessing transportation also becomes more difficult. Seniors who do not drive or who cannot use public transportation because of physical impairment have a need for other options for transportation that are more tailored to their unique circumstances. The pie-chart below shows the frequency of Vietnamese seniors who drive a car or other motor vehicle, not including those who either do not have a driver's license or those who do not have access to a motor vehicle. **Half** of Vietnamese seniors never drive a car or other motor vehicle.



The following chart shows the percentage of seniors within ethnicity who never drive a car, comparing this percentage across ethnic groups. Seniors who don't have a driver's license or who don't have access to a motor vehicle are excluded from the analysis. Compared to those in other ethnic groups, Vietnamese are by far the most likely to have never driven a car.



41.7 percent (4,908) of Vietnamese seniors who never drive or only occasionally drive a car find it difficult to obtain transportation when they need it to accomplish the things they want or need to do. The difficulty in obtaining transportation serves as a barrier to obtaining health care.

Concluding Remarks

A focus on the health needs of the Vietnamese community has become ever more important with the growing presence of the Vietnamese community in Orange County. However, the assumption that Vietnamese are doing well, due to studies on Asians as a group indicating as much, results in the dismissal of the widening health disparities experienced by the Vietnamese community, many of whom live in linguistic isolation in Little Saigon.

Of the many comparisons across ethnicities, Vietnamese rate lower than other ethnic groups on many of the health indicators. They rate low in all of the following areas:

- General health status,
- Health care coverage,
- Mental health coverage,
- Prescription drugs usage,
- Routine check-ups,
- Health care utilization, and
- Prevention screenings.

The biggest barriers that Vietnamese face to obtaining health care are economically or linguistically related. The Vietnamese community is largely a refugee population with low income and educational levels and limited English language proficiency. As a result, they face problems with communicating their needs to obtain health services that are often provided in English, or they do not possess the knowledge required to effectively navigate the health care system. However, even if limited English proficiency or the lack of knowledge of the health care system were not barriers, affordability and accessibility still remain large obstacles in obtaining much needed health care services.

References

[1]Danico, Mary Yu. "The Formation of Post-Suburban Communities: Koreatown and Little Saigon, Orange County." *The International Journal of Sociology and Social Policy* 24, no. 7/8 (2004): 15-45.

[2]Sorkin, Dara, Angela L. Tan, Ron D. Hays, Carol M. Mangione and Quyen Ngo-Metzger. "Self-Reported Health Status of Vietnamese and Non-Hispanic White Older Adults in California." *Journal of the American Geriatrics Society* 56, no. 8 (2008): 1543-1548.

[3]Asian Pacific American Legal Center. *California Speaks: Language Diversity and English Proficiency by Legislative District.* n.d.

[4]Asian Health Center. *Harmony in Health Care: A Resource Guide for Culturally Appropriate Care of Vietnamese Americans.* n.d.

[5]Jenkins, Christopher N. H., Thao Le, Stephen J. McPhee, Susan Stewart and Ngoc The Ha. "Health Care Access and Preventive Care Among Vietnamese Immigrants: Do Traditional Beliefs and Practices Pose Barriers?" *Social Science and Medicine* 43, no. 7 (1996): 1049-1056.

[6]Gellert, George A., Roberta M. Maxwell, Kathleen V. Higgins, Kim Khanh Mai and Rosann Lowery. "Barriers to Health Care Access and Utilization Among Vietnamese Americans in Southern California." *Health & Place* 1, no. 2 (1995): 91-99.

[7]Special Service for Groups (2004) REACH 2010-PATH for Women: Voices from the Community – Eight personal experiences with community participatory action research. Los Angeles, CA: Special Service for Groups, Inc. October 2004.

[8]Lam, Tram K., Stephen J. McPhee, Jeremiah Mock, Ching Wong, Hiep T. Doan, Thoa Nguyen, Ky Q. Lai, Tuyet Ha-Iaconis and Thien-Nhien Luong. "Encouraging Vietnamese-American Women to Obtain Pap Tests through Lay Health Worker Outreach and Media Education." *Journal of General and Internal Medicine* 18, no. 7 (2003): 516-524.

[9]Quach, Thu, Kim-Dung Nguyen, Phuong-An Doan-Billings, Linda Okahara, Cathyn Fan and Peggy Reynolds. "A Preliminary Survey of Vietnamese Nail Salon Workers in Alameda County, California." *Journal of Community Health* 33, no. 5 (2008): 336-343.

[10]Special Service for Groups (2001) Report on the Breast and Cervical Cancer Screening Needs and Recommendations for Cambodians, Chamorros, Laotians, Samoans, Thais, Tongans, and Vietnamese. Los Angeles, CA; Special Services for Groups, Inc., December 2002.

"Suc khoe la vang"
(Health is gold)
—Vietnamese Proverb

OCHNA

PARTNERSHIPS FOR HEALTH

714-547-3631
staff@ochna.org
www.ochna.org