

# **ASSESSING THE HEALTH CARE NEEDS OF FILIPINO AMERICANS IN GREATER LONG BEACH**

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## **ABSTRACT**

**Objectives:** The main goal of this study was to investigate the perceptions of Filipino American population in the greater Long Beach area regarding their current health status and health care needs. The objectives are (1) to conduct a survey to determine their perceived health conditions as well as their health care needs and (2) to summarize health concerns within the Filipino American community so that health disparities can be addressed.

**Study Design:** In order to assess the health status and health care needs of Filipino Americans in Long Beach, a survey questionnaire (Filipino American Community Health Survey) was developed following a thorough literature review. The survey consisted of 62 questions which included demographics, quality of care in Long Beach healthcare system, access to healthcare, health behaviors, and personal health issues within the Filipino American community. In some cases, the survey results were compared to the findings in the literature review.

**Methodology:** The survey was distributed to a convenience sample of Filipino Americans in two events: the U.S. Philippines 2006 Expo and at the 15th Annual Festival of Philippine Arts & Culture. At both events, prospective participants who appeared to be compatible with the inclusion criteria were approached by researchers who verbally introduced the study and explained the purpose of the survey. The inclusion criteria of the study were that participants be (1) self-identified as having Filipino ethnicity, (2) at least 18 years of age, (3) and resided within the greater Long Beach area. The survey data was entered and analyzed in Statistical Package for the Social Science (SPSS). A total of 193 surveys were collected from consenting adult participants. Descriptive statistics are computed for each survey question. The study results are shown mostly in bar charts and a few occasion results are given in table form with mean scores.

**Results:** The study results showed that Filipino Americans have a good health and are satisfied with the Long Beach health care system. On the other hand, smoking, mental health issues, lack of exercising and receiving mammograms amongst Filipino women are areas of concern.

**Conclusion:** There needs to be more in-depth research on factors that influence the prevalence and incidence of chronic diseases in this population is imperative. For example, how do variables such as nativity, gender, level of acculturation, motivations and barriers for engaging in risky behaviors, socio-economic status, stress level, cultural practices, awareness and knowledge levels, as well as motivators and available prevention strategies affect the health status and health care needs of Filipino Americans?

## INTRODUCTION

Healthy People 2010 is a national agenda set by the U.S. Department of Health and Human Services to promote health and prevent diseases. This agenda encompasses 467 objectives that targets improving health for all Americans. These objectives identify the most significant preventable health threats that are plaguing the nation and how these threats can be reduced. One overarching goal of Healthy People 2010 is to “eliminate health disparities among different segments of the populations” (NCHS, 2006). Health disparities occur when there is a significant difference in health between one population and another. These differences can be affected by “overall rate of disease incidence, prevalence, morbidity, and mortality or survival rates” of racial and ethnic majority and minority groups (Carter-Pokras and Baquet, 2002).

The Office of Minority Health considered the Asian American population as one of the minority groups who experienced health disparities and whose health needed improvement. However, data related to the Asian American population has been reported in aggregated form which negated the differences among subgroups. For example, the Asian American minority group is a mixture of twelve different minority subgroups – Asian Indian,

Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Pakistani, Thai, Vietnamese, and Other Asian (Reeves and Bennett, 2004). Each of these subgroups has unique cultural beliefs and traditions, diverse languages and dialects, and different lengths of residencies in the United States (Reeves and Bennett, 2004). In addition to ethnic and cultural differences, there are also differences in health status and health care needs. If progress were to be made in eliminating health disparities in all racial and ethnic minority groups by 2010, each Asian American minority subgroup should be considered separately. The purpose of this study is to describe the health status and health care needs of the Filipino American community in Southern California; specifically in Long Beach and surrounding areas.

#### *Filipino American History*

Filipinos are from the native country of the Republic of the Philippines (the Philippines) located off the coast of Southeast Asia. The Philippines has about 7,100 distinct islands that are grouped into three clusters known as Luzon, Visayas, and Mindanao (Melenday, 2000). This archipelago has multiple distinct regions and has seventy different native languages. The culture of Filipinos is influenced by former colonial nations including Malaysia, China, Spain, and the United States (Encyclopedia, 2003). The effects of colonization on Filipino culture in the Philippines were quite significant that each wave of immigration to the United States brings along “a melting pot of diverse culture [from] a country with multiple distinct regions and languages enriched by many international traders and conquerors.” (Claudio-Perez, 1998)

As Filipinos immigrated to the United States, they brought along with them their cultural and religious beliefs. For example, Catholicism is deeply ingrained into the

Filipino culture and has become an important force in the foundation and values of Filipinos in their everyday lives. Since Filipino immigrants have had American cultural influences, they have been able to successfully and easily assimilate into the American way of life thus quickly identifying themselves as Filipino Americans, a unique Asian American minority subgroup.

Filipino Americans are not a new minority subgroup in the United States. There were at least three waves of Filipino immigration into the United States. The first Filipinos to arrive in the United States settled in the Louisiana coastline in the mid 16th century by way of jumping off Spanish galleons to escape the brutality of their Spanish leaders (Minato, 2005). The next waves of immigration occurred either in the pursuit of higher education or to seek higher wage earning jobs or both. In the 1990 U.S. Census, Filipino Americans were reported to have a higher than average (\$35,225) median income of \$46,698 because of their higher education and having highly skilled work force (Melendy, 2000). Filipino Americans have careers in fields such as healthcare, engineering, business, and education.

In addition, according to Melendy (2000) "Filipino Americans came from a society where families, composed of paternal and maternal relatives, were the center of their lives." The family structure consisted of both the nuclear family and the extended family of relatives and friends. Having "family" in the United States has helped Filipino Americans assimilate into the American society while still being able to express their influential and diverse Filipino culture.

According to the 2000 U.S. Census Bureau, there are over two million Filipino Americans in the United States, making the Filipino American minority subgroup the third largest minority population in the nation, after Mexican American and Chinese American respectively.

Filipino American communities can be found in each state of the union with the most in Hawaii and California. In California, one city that is expected to have a continuous growth of Filipino Americans is Long Beach.

*Long Beach Population and Diversity*

Long Beach was first incorporated on February 10, 1888 (City of Long Beach, 2000-2007). The city of Long Beach is located on the west coast of the United States in the State of California. Long Beach has a population of 461,564 according to the 2000 U.S. Census thus making the city the 5th largest city in California (City of Long Beach, 2000-2007). The average household size was about 2.44 in 2000. The median household income has risen from \$37,270 in 2000 to \$43,746 in 2005 (American FactFinder, 2005). The racial makeup of Long Beach is diverse with representation from all races - White, Blacks or African American, American Indian and Alaskan Native, Asian, Native Hawaiian and Pacific Islander, and Hispanic/Latino. The Asian American population in Long Beach has a total population of 55,591 individuals in 2000 which consists of Asian Indian, Chinese American, Filipino American, Japanese American, Korean American, Vietnamese American, and other Asian.

The Filipino American population in Long Beach is the largest (18,608) Asian American subgroup compared to other Asian subgroups (U.S. Census Bureau, Census 2000). It is estimated that the Filipino American community in Long Beach which has grown from 18,608 in 2000 to 22,439 in 2005 (U.S. Census Bureau, 2005 American Community Survey) will continue to be the largest Asian American subgroups in Long Beach.

## LITERATURE REVIEW

### *Filipino American Health*

The availability of research that focused on Filipino American health is scarce. The few that are available report Filipino American communities as having health disparities within the top leading causes of death in America. The leading causes of death in 2004 in the United States for all Americans were heart disease, cancer, stroke (cerebrovascular diseases), chronic lower respiratory diseases, accidents, diabetes, Alzheimer's disease, influenza/pneumonia, nephritis (nephritic syndrome and nephrosis), and septicemia (CDC, 2006).

In a study conducted by Klatsky and Tekawa (2005), results have revealed that Filipino Americans were more likely to have a higher risk of hospitalization for coronary, respiratory, and gastrointestinal problems as opposed to Chinese Americans. Due to the variations in the frequency of reporting different complaints and the different risk of hospitalizations between Filipino Americans and Chinese Americans, the Klatsky and Tekawa study indicated that each subgroup should be studied separately to determine individual ethnic health problems and health needs (Klatsky and Tekawa, 2005).

Another study suggested "more detailed categorization of race/ethnicity" with regards to prevalence of asthma among Filipino Americans. This study examined the results from the California Healthy Kids Survey and found that Filipino American students (23.8%) have a higher prevalence of lifetime asthma diagnosis compared to Korean American students (Davis et al, 2006).

A report conducted by the National Heart, Lung, and Blood Institute (2004) examined insights of the Filipino community about their perceptions and knowledge of heart disease and motivations for making lifestyle changes. The results showed that Filipinos in the United

States have a high risk of developing cardiovascular disease stemming from stress, unhealthy eating and smoking habits as well as lack of physical activity.

Additionally, a study conducted by Gelber et al (2006) concluded that there are “disparities in the management of early-stage breast cancer among Asian American/Pacific Islander women, particularly among Japanese and Filipinos”.

Given the above findings, further research is needed to observe and understand the disparities concerning the different Asian American subgroups, particularly Filipino Americans. There are “glaring health disparities that are experienced by subgroups within the Asian American and Pacific Islander population” (Esperat et al, 2004).

### **STUDY GOALS AND OBJECTIVES**

The goal of this research was to investigate the perceptions of Filipino American population in the greater Long Beach area regarding their current health status and health care needs. The objectives of this research are 1) to conduct a survey to determine their perceived health conditions as well as their health care needs and 2) to summarize health concerns within the Filipino American community so that health disparities can be addressed. The results of this study will provide information about Filipino American health and will assist health and other service-related professionals, as well as other agencies and organizations to develop, implement, and evaluate health promotion and disease prevention programs

### **METHODOLOGY**

In order to assess the health status and health care needs of Filipino Americans in Long Beach, a survey questionnaire (Filipino American Community Health

Survey) was developed by the researchers adopting a survey instrument used in Sinay and Acosta-Deprez (2005). Some modifications and revisions were made from the original questionnaire to maintain applicability and cultural appropriateness for the population. The Filipino American Community Health Survey consisted of 62 questions which included demographics, quality of care in Long Beach healthcare system, access to healthcare, health behaviors, and personal health issues within the Filipino American community. The survey instrument is available upon request.

The survey was distributed to a convenience sample of Filipino Americans in two events: the U.S. Philippines 2006 Expo and at the 15th Annual Festival of Philippine Arts & Culture. At both events, prospective participants who appeared to be compatible with the inclusion criteria were approached by researchers who verbally introduced the study and explained the purpose of the survey. The inclusion criteria of the study were that participants be (1) self-identified as having Filipino ethnicity, (2) at least 18 years of age, (3) and resided within the greater Long Beach area. The survey data was analyzed using Statistical Package for the Social Science (SPSS) software program.

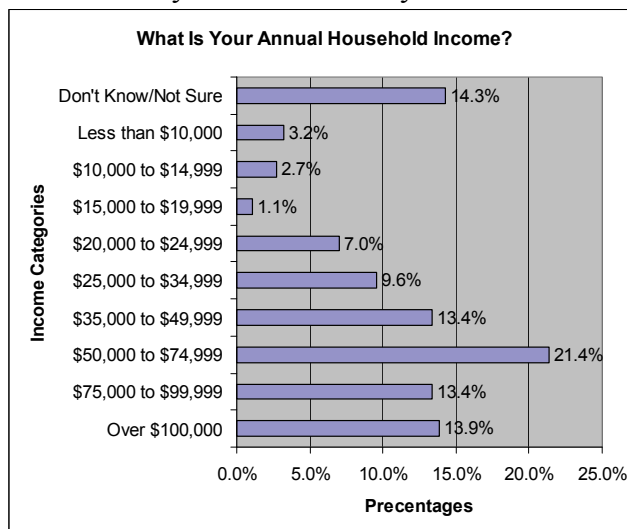
## **RESULTS**

### *Demographics*

Two hundred fifty surveys were distributed in two venues with 193 surveys completely filled out. More than half (54.9%) of the respondents were currently 30 years and older. About 12% were between the ages of 25 to 29, about 25% were between the ages of 21 to 24, and about 8% were between the ages 18 to 20 years. There was almost an equal number of male (46.2%) and female (52.3%) respondents while 1.5% had no response. Additionally, the number of married respondents (44.8%) and never been married

respondents (42.2%) were almost equal. Marital status included divorced (5.2%), widowed (2.1%), separated (2.1%), and other (3.6%). The majority of the respondents reported not having children younger than 18 years of age living in their homes (58.7%)

When asked about their citizenship, the majority (36.8%) were born in the United States, while approximately 60% were immigrants. Of the immigrants, 14% claimed they came when they were between 0 – 10 years old, 12.4% immigrated at age 11-19 years, 26.9% immigrated when they were 20-39 years old, 7.3% came at age 40-64 years old, 0.5% came when they were 65 years old and older, approximately 2% had no response. Additionally, the majority (67.4%) have lived in this country for 20 years or more, 17.6% have lived in this country for 10 to 19 years, and the rest (14.9%) have lived in this country for less than 10 years.



When asked about their income levels, respondents reported all income ranges with the highest percentage (21.4%) in the \$50,000 to \$74,999 range.

### Perceptions on the Health Care System

Respondents' perceptions about the health care system were generally positive with the majority rating the health care system as good (51.2%). One-third (35.3%) rated the system as fair, 12.4% rated it as excellent and 1.1% rated the system to be poor.

### Perceptions on Greater Long Beach Healthcare System

| Questions                                                                                                | Agree      | Disagree  | Not Applicable | No Response |
|----------------------------------------------------------------------------------------------------------|------------|-----------|----------------|-------------|
|                                                                                                          | F (%)      | F (%)     | F (%)          | F (%)       |
| My health care needs are being met or satisfied by the health care system in the greater Long Beach area | 129 (66.8) | 9 (4.7)   | 49 (25.4)      | 6 (3.1)     |
| I feel like the care that I receive by the greater Long Beach health care system is excellent            | 91 (47.2)  | 37 (19.1) | 59 (30.6)      | 6 (3.1)     |
| Local care providers treat patients with respect                                                         | 134 (69.4) | 21 (10.9) | 30 (15.6)      | 8 (4.1)     |
| Local care providers treat patients in a culturally appropriate manner                                   | 126 (65.3) | 25 (13)   | 35 (18.1)      | 7 (3.6)     |
| In general, the greater Long Beach area doctors do a good job                                            | 119 (61.7) | 18 (9.3)  | 49 (25.4)      | 7 (3.6)     |
| The local health care providers show a personal interest in each patient                                 | 111 (57.5) | 40 (20.7) | 33 (17.1)      | 9 (4.7)     |
| Local health care providers listen to patients                                                           | 128 (66.3) | 26 (13.5) | 31 (16.1)      | 8 (4.1)     |
| Local health care providers spend enough time with patients                                              | 93 (48.2)  | 59 (30.6) | 33 (17.1)      | 8 (4.1)     |

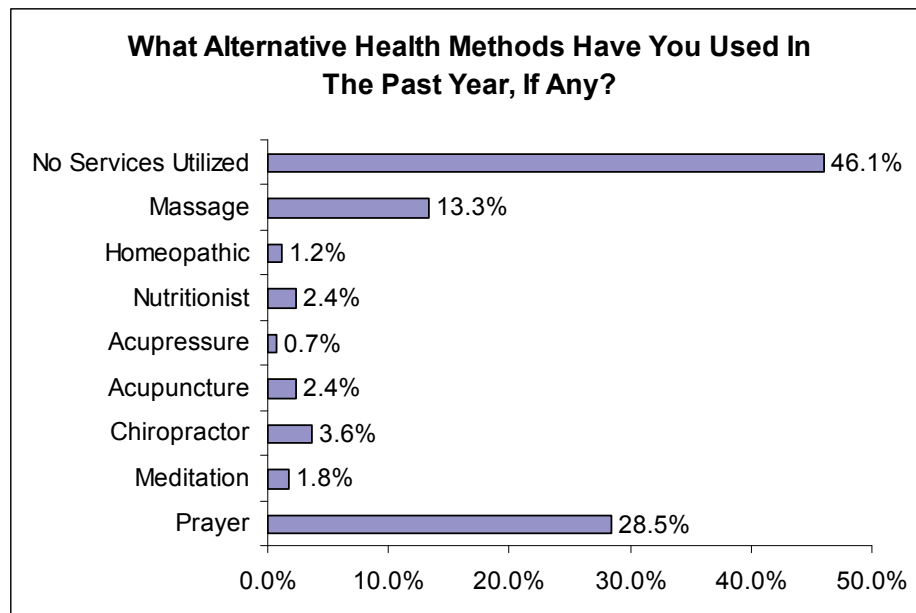
When asked about their feeling regarding the health care services they received from providers and staff, most respondents agreed that their health care needs were being met or satisfied (66.8%) by the health care system with 47.2% respondents agreeing to receiving excellent care. The majority of the respondents agreed that they were treated with respect (69.4%), that local providers provided treatment in a culturally appropriate manner (65.3%), and

that doctors in general did a good job (61.7%). Respondents also agreed that their providers showed personal interest in them (57.5%) and listened to them (66.3%); however, 48.2 % agreed that their provider spent enough time with them.

#### *Use of the Health Care System*

When asked about their need for and actual use of health care services, more than half of the respondents reported needing (56.5%) and using (58.1%) health care services two or less times in the last year. An overwhelming majority (79.1%) claimed that their children have used health care services two or less times in the last year.

A range of providers and health care services were utilized by the respondents. For example, the majority (48.3%) reported having utilized their family doctor, and 55.4% had chosen to go to their family doctor to receive health care services.



When asked if they used alternative health methods, more than half (53.9%) said they used at least one. Of the methods used, the most popular was prayer (28.5%) followed by massage (13.3%), chiropractor (3.6%), acupuncture and nutritionist (2.4% each), and meditation (1.8%).

About 46.1% of respondents reported not using any type of alternative health methods.

*Insurance Coverage:*

Most respondents (78.7%) reported having adequate insurance coverage while one-fifth (21.3%) reported having inadequate insurance coverage. Commercial health insurance was the most widely used of health insurance where premiums were paid by respondents (10.4%), while the majority (37.8%) said their employer paid the premiums, and 22.3% said they shared the premiums. About 10%

**Types of Primary Health Care Coverage in Filipino American Community in Greater Long Beach**

| Type of Insurance Coverage | Frequency | Percentage |
|----------------------------|-----------|------------|
|                            |           |            |
| Self Insurance             | 20        | 10.4%      |
| Employer Insurance         | 73        | 37.8%      |
| Shared Insurance           | 43        | 22.3%      |
| Insurance                  | 20        | 10.4%      |
| Medicare                   | 7         | 3.6%       |
| Medicaid                   | 2         | 1.0%       |
| County Relief              | 4         | 2.1%       |
| VA                         | 3         | 1.6%       |
| Private Pay                | 11        | 5.7%       |
| No Insurance               | 7         | 3.5%       |
| No Response                | 3         | 1.6%       |

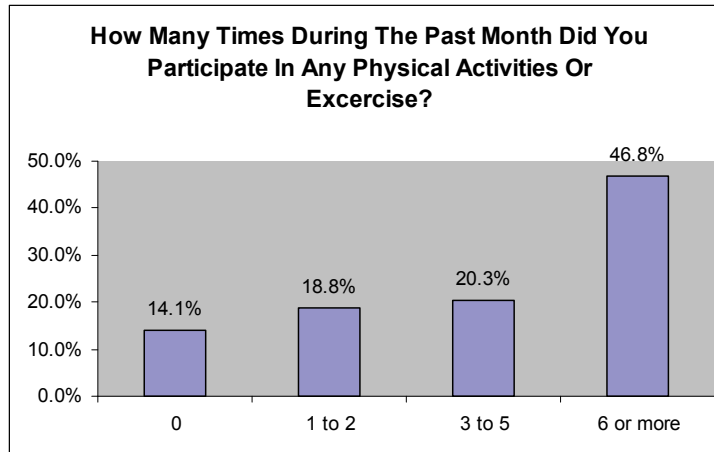
of respondents said they did have some type of commercial health insurance. A total of 8.3% of the respondents had either federal or state health care coverage such as Medicare, Medicaid, County Relief, and Veterans Administration, and 9.2% of the participants were either non-insured or private pay. There were 1.6% of the participants who had no response to the question.

When respondents were asked if they had to wait more than three days for a doctor within the last year, about 45% stated that they did not but 33.7% did. A majority of the respondents (63.2%) did not feel that cost hindered them from seeking health care services from their doctor within the last 12 months. Also, the majority (62.7%) did not feel that the cost of prescriptions drugs have prevented them from purchasing their needed medications during the last 12 months. On the other hand, 14.2% stated that cost was a factor, 4.7% were not sure, and 18.4% stated that this question was not applicable to them.

## **HEALTH BEHAVIORS**

### *Exercise:*

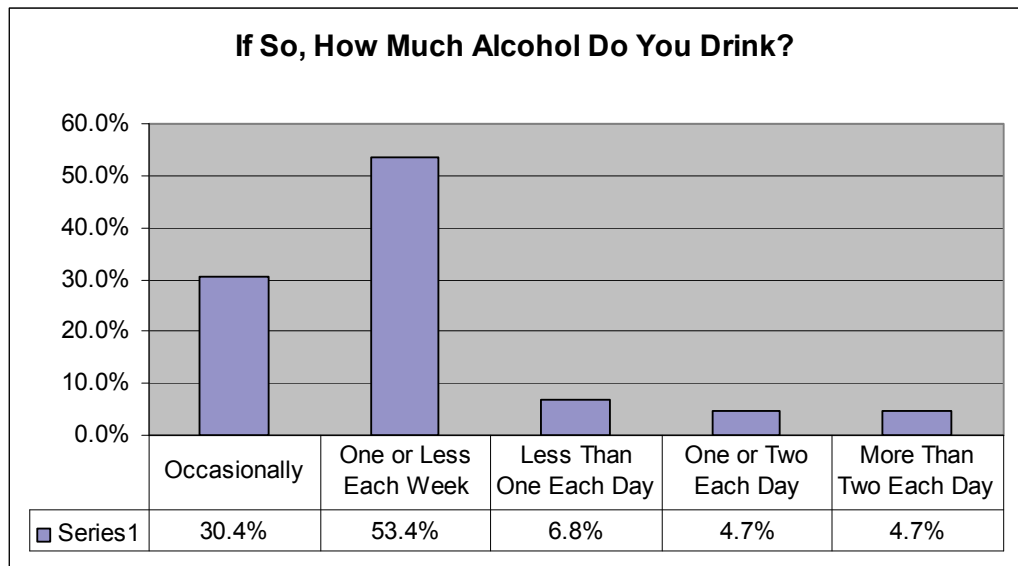
Physical activity among Asian Americans is an important component of health that needs further research since several studies have found that Asian Americans especially women were less likely to engage in exercise than other groups. Respondents were asked about their exercise activity during the past 30 days and about 47% replied that they participated in physical activity or exercise six or more times, 20.3% participated 3-5 times, 18.8% participated 1-2 times, and about fourteen percent did not participate in any kind of physical activity or exercise



The length of time the respondents exercised each time was between 0-15 minutes (14.2%), 15-30 minutes (17.4%), 30 minutes – 1 hour (28.4%), 1-2 hours (26.3%), 2+ hours (10%) while 3.7% responded not applicable. More than half of the respondents (54.2%) were currently trying to lose weight while 40% were not and 5.8% did not know or were not sure of their answer.

#### Alcohol Behaviors:

Respondents were asked about their alcohol behavior patterns in the study. It was interesting to note that 52.7% have reported to drinking some kind of alcohol such as beer, wine, or mixed drinks whereas 47.3% of the participants reported not drinking any kind of alcohol.



When asked about their consumption patterns, 53.4% of the respondents who reported drinking alcohol stated that they consumed one or less alcoholic beverage each week, 30.4% stated they consumed alcohol occasionally, and the rest (16.2%) reported having drinks between less than one to more than two each day.

#### Smoking Behaviors:

When respondents were asked whether they or a family member smoked, 33.2% said yes, 61.7% said no and 2.6% did not know or the question did not apply to them. The majority (65%) of reported smokers in this population were former smokers and 11.4% were current smokers. When asked if they or their family members have smoked at least 100 cigarettes within their life time, 36.8% replied yes, 29% replied no, and 9.3% replied that the question did not apply to them. The majority of respondents (95.3%) stated that they did not currently use any type of smokeless tobacco.

### Health behaviors of Filipino American Community in Greater Long Beach

| Question                                                                                  | Yes         | No          | NA/Don't Know | No response |
|-------------------------------------------------------------------------------------------|-------------|-------------|---------------|-------------|
|                                                                                           | F (%)       | F (%)       | F (%)         | F (%)       |
| Do you or any family member smoke?                                                        | 64 (33.2%)  | 119 (61.7%) | 5 (2.6%)      | 5 (2.6%)    |
| Have you smoked at least 100 cigarettes in your entire life?                              | 71 (36.8%)  | 56 (29%)    | 18 (9.3%)     | 48 (24.7%)  |
| Do you smoke cigarettes now?                                                              | 22 (11.4%)  | 126 (65.3%) |               | 45 (23.3%)  |
| Do you currently use any smokeless tobacco products?                                      | 4 (2.1%)    | 184 (95.3%) |               | 5 (2.6%)    |
| Are you aware of the immunization requirements for children?                              | 153 (79.3%) | 37 (19.1%)  |               | 3 (1.6%)    |
| Have the child(ren) 2 years or younger received immunizations against childhood diseases? | 93 (48.2%)  | 11 (5.7%)   | 84 (43.5%)    | 5 (2.6%)    |
| Are you aware of the immunization requirements for adults?                                | 132 (68.4%) | 58 (30%)    |               | 3 (1.6%)    |
| Are all the members of your family up to date with their immunization requirements?       | 155 (80.3%) | 11 (5.7%)   | 26 (13.5%)    | 1 (0.5%)    |

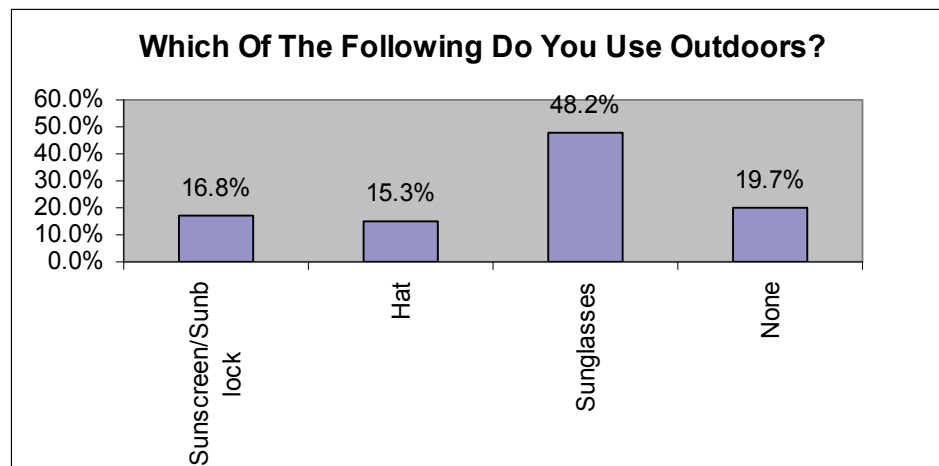
#### *Immunization:*

Respondents were asked about their level of knowledge regarding immunization requirements and immunization behaviors. A total of 80.3% of the respondents answered that all of their family members were up to date with all or some of their immunizations. On the other hand, 5.7% stated that their family members were not up to date with their immunizations, and 13.5% did not know. Furthermore, a total of 48.2% of the respondents acknowledged that their children two years or younger had completed all or some of their childhood immunizations and 5.7% had not been immunized. Childhood immunization did not apply for 43.5% of the respondents. When asked if they were aware of the immunization

requirements for adults, 68.4% answered yes and 30% said no. Regarding their awareness about childhood immunization, 79.3% said they were aware, 19.1% said no, and 1.6% did not reply.

#### *Outdoor Behaviors:*

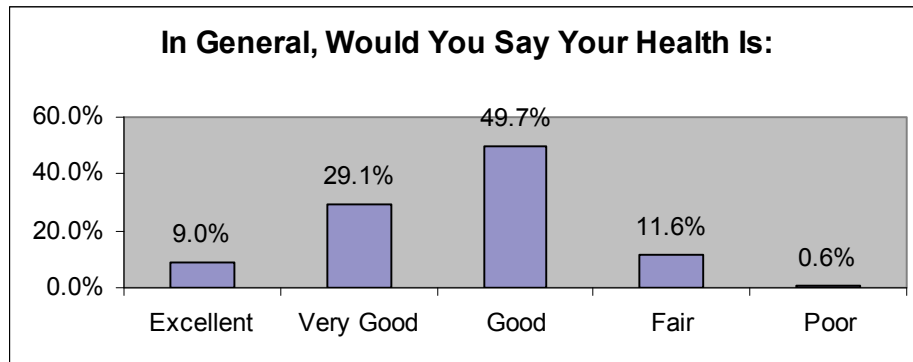
Outdoor health behaviors, such as wearing sunscreen, are one component of health that is often under researched among Asian American populations. In this study, respondents were asked what they used to protect themselves outdoors and 48.2% reported using sunglasses, 16.8% wore sunscreen/sunblock, and 15.3% wore a hat. About 1/5 (19.7%) of the respondents said that did not use any type of outdoor protection.



#### *Personal Health*

This study also examined the respondents' perceptions about their overall health status. When asked about their overall health, about half of the participants stated having good health (49.7%), 29.1% stated they have

very good health and 9% have excellent health. About 12% and 0.6% of the participants stated having fair health and poor health, respectively.



When asked about the extent to which their health posed limits on their daily life, the majority of respondents (59.6%) claimed that their physical health did not limit them in their accomplishments while 40.4% reported having limitations some of the time or often. The majority (59.9%) also reported that they did not experience pain during their normal work activities while 40.1% reported having pain sometimes or often. When asked about their energy levels, the majority (59.1%) had energy some of the time, 3.7% had no energy at all, and 37.2% often had a lot of energy.

#### *Mental Health:*

The feeling of calm and peacefulness was related to the mental health aspect of wellness. When respondents were asked about this topic, about half (52.7%) said they felt calm and peaceful some of the time while 44.7% often felt calm and peaceful while 2.7% never felt calm or peaceful. Additionally, in relation to the mental health aspect, the respondents were asked about feelings of being downhearted and blue, and interestingly, more than half of

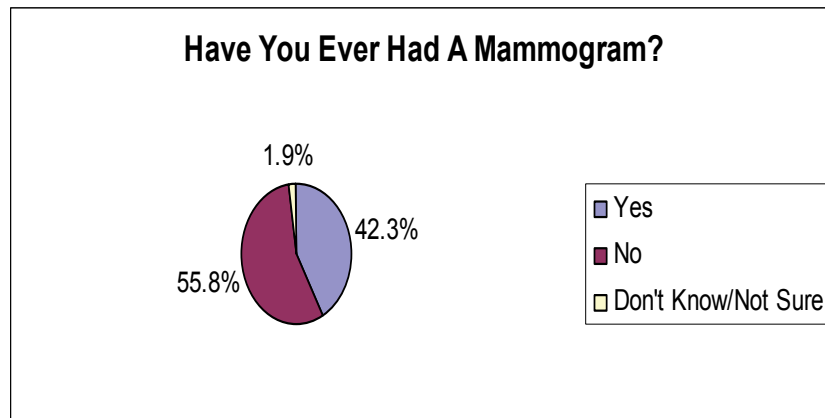
the respondents (52.1%) claimed they have felt this way some of the time and 47.9% said “not at all”.

With regards to emotional health, an overwhelming majority (71%) claimed that emotional problems did not interfere with their accomplishments while about 25% stated it did sometimes. Only 2.1% said it did often interfere. When asked if emotional issues have caused them not to work or participate in activities, 58.5% said not at all; 37.8% sometimes; 0.5% often, and 3.1% had no response.

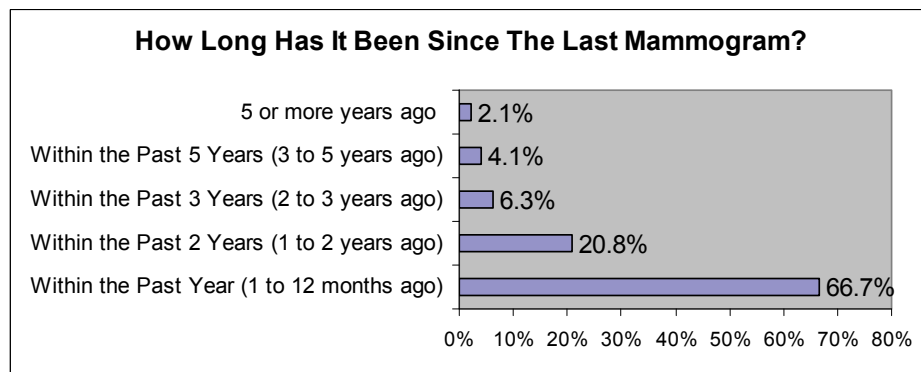
As for social activities, the majority (67.6%) claimed that they did not have any physical health or emotional problems limiting their social activities. For 31.4% of the respondents, physical health and/or emotional problems did sometimes place limits to their social activities, and 1% claimed having limitations often.

#### *Women's Health:*

Women's health was another issue investigated in this study. Female respondents were asked about whether they have had a mammogram and more than half (55.8%) of them has never had a mammogram while 42.3% of them have had it, and 1.9% were not sure.

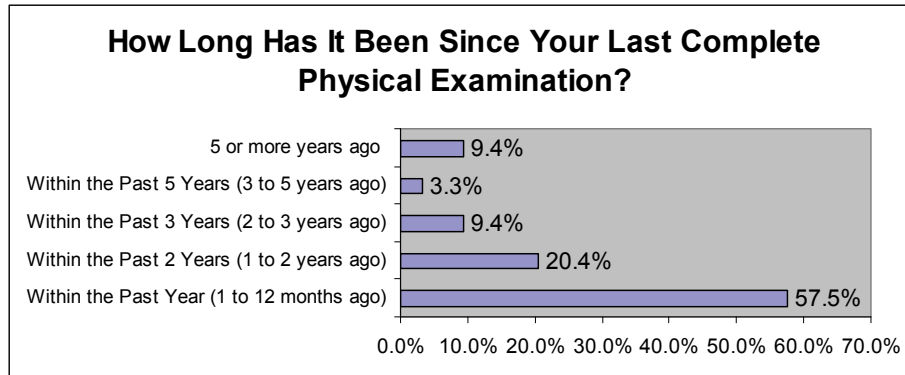


Of the female respondents who had a mammogram, about 67 % had their mammogram within the last year and 20.8% had their mammogram within the last two years. The remaining 12.5% of the participants claimed to have had a mammogram 3 years ago or longer.



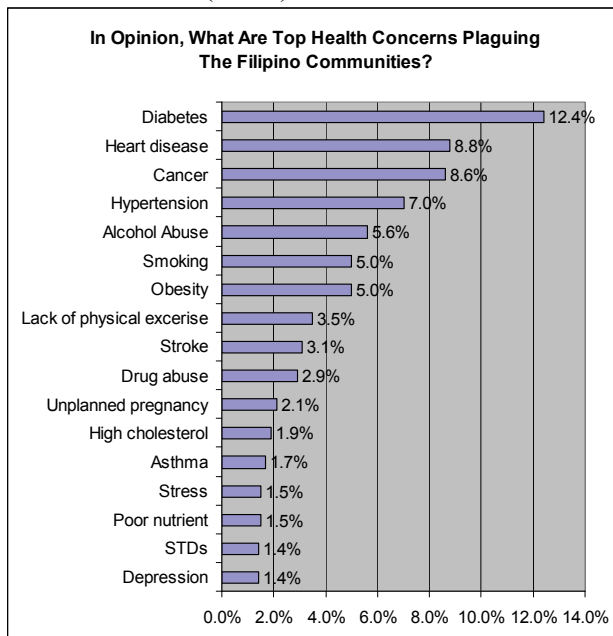
*Physical Exam:*

More than 50% of the respondents claimed that they have had a complete physical exam within the last year, about 20% stated they had a physical exam within the last two years and approximately 22% had a complete physical three or more years ago.



*Top Health Concerns:*

When respondents were asked what the top health concerns were for the Filipino American population, a vast array of responses were listed. The consensus indicated that the top five health issues were Diabetes (12.4%), Heart Disease (8.8%), Cancer (8.6%), Hypertension (7%), and Alcohol Abuse (5.6%).



### **LIMITATIONS:**

This study attempted to assess the health status and health care needs of the Filipino American community in the greater Long Beach area. Although this study was useful in compiling data for this population, there are certain limitations. First, the study was conducted primarily in the greater Long Beach area where a large population of Filipino Americans resides. The results may be different if the study was conducted in smaller locations or areas where Filipino Americans are dispersed. Secondly, this study did not distinguish between the native-born or foreign born Filipino Americans; hence, major conclusions cannot be drawn about differences in birth origin. Thirdly, the sample size in this study was relatively small so major conclusions about Filipino American health status and perceptions cannot be made. Finally, certain behaviors may be underreported or not responded to with honesty due to cultural factors such as shame and social stigma. As a result, this study may be valid but not reliable. Nevertheless, the findings highlight the importance for further research in this area, especially given the fact that Filipino-Americans are one of the fastest-growing but often neglected Asian American subgroups in the United States

### **DISCUSSION**

The Filipino American population is the third largest minority group in the United States, yet there is a lack of data and information regarding the health status and health care needs of this community (Esperat et al, Gomez et al, McAdam et al, Javier et al). This study was aimed at examining the perceptions of Filipino Americans who live in the Greater Long Beach area about their health status and health care needs.

One of the findings in this study was that the Filipino American respondents perceived their health as being good. As the majority of the respondents reported having middle to above income levels, access to health services was not a major issue since time, cost, the need of, and the utilization of health care services was not a barrier in receiving health care. However, about one-fourth of the Filipino American community reported not having adequate health insurance coverage. It would be interesting to find out what the reasons are for not having sought full/complete coverage.

Another important finding of this study was that Filipino Americans' perceptions of their health care system were positive. The majority felt that the health care and treatment they received from their health care professional was given with respect and personal interest. However, many Filipino Americans also sought alternative methods of treatments such as prayer, which is the most widely used alternative method in this population. This method of health care and treatment stems from the strong cultural and religious roots that Filipino Americans have embraced in their everyday lives. This is one of the cultural aspects of Filipino Americans that health care professionals should be aware of as spirituality has been shown to impact on individual's health status. For instance, a study by Koenig et al (2004) concluded that medically ill hospitalized geriatric patients to some extent had better physical health due to religious activities, attitudes, and spiritual experiences.

With regards to alcohol consumption, more than half (52.3%) of the respondents indicated that they drank alcohol such as beer, wine, or a mixed drink. Although alcohol consumption has not been excessive in the majority of the respondents, we need to be very careful about interpreting the results as positive. A study that linked the effects of acculturation levels with alcohol consumption

reported that Filipinos born and raised in the United States had higher alcohol consumption rates than those who were foreign born (Nadal, 2000). Further, in another study conducted by Lubben, Chi and Kilano (1998) there was a difference in the alcohol consumption patterns of male and female Filipino Americans. Eighty percent of the males sampled were drinkers whereas 50% of the females sampled were abstainers. It is important therefore to consider factors such as length of residency in the United States, gender, as well as other socio-cultural factors in interpreting results.

Smoking is a problem in the Filipino American community. About one-third of the respondents in this study reported being current or former smokers. In a study that compared smoking patterns among Asian American youth in California, it was found that Filipinos were most likely to have smoked than any other Asian American group (NHLBI, 2004). Another study done by Klatzy and Armstrong (1991) reported that the highest prevalence of smoking among Asian American groups was Filipino American men as compared with other Asians. The one-third of the respondents reported being current and former smokers leads to the need for interventions that consider socio-cultural norms and other factors such as stress that may play a role in substance abuse in Filipino American populations.

Another health behavior that is not talked of as much is the issue of mental/emotional health. About half of the Filipino American respondents in this study reported to feeling downhearted or blue some of the time and about one-third reported to not being able to work or participate in physical activities because of emotional issues. It is important to note that although this data may not be alarming, a study that was conducted by the Pilipino Health Task Force in 1993 concluded that although Filipino Americans showed lower health care utilization rates for

mental health services, Filipinos who utilized resources were found to be more severely disturbed than white Americans (Ziguras et al, 2003). Concomitantly, although mental/emotional health may seem taboo in Filipino American culture, it is an issue that needs to be addressed as reported by Sanchez and Gaw (2007) in their study of the mental health care barriers and recommendations to mental health utilization of Filipino Americans. In addition, there have been several other studies that have suggested the underutilization of mental/emotional health services among the Asian American community as a whole (Abe-Kim et al, Leong and Lau, Herrick and Brown).

The respondents in this study perceived the top five health concerns of the Filipino American community included diabetes, heart disease, cancer, hypertension, and alcohol abuse. Interestingly, all of these diseases are prominent in Filipino American communities. Three of the Filipino American community health concerns – diabetes, heart disease, and cancer - are listed as the leading causes of death in the United States for all races. This is specifically alarming to the Filipino American community as statistics have shown that Filipinos residing in Hawaii are over three times more likely to die from complications of diabetes than whites in Hawaii (Hawaii State Department of Health, 2004). Furthermore, a study by Araneta et al (2002) have cautioned the importance of studying diabetes in nonobese ethnic groups such as Filipina women since nonobese Filipina women in San Diego County were found to be six times at higher risk of diabetes and almost three times at risk for metabolic syndrome compared to their Caucasian counterpart.

It has also been reported that cardiovascular heart disease is more likely to strike Filipino Americans and represents the leading cause of deaths for Filipinos (NHLBI, 2004). Hypertension or high blood pressure, one of the causes of cardiovascular disease, has been reported

as a major problem in the Filipino American community with very poor control rates (NHLBI, 2003). The study by Klatzy and Armstrong (1991) also concluded that Filipino men and women had the highest prevalence of hypertension among all Asian Americans.

Cancer is another health concern within the Filipino American community which is a noteworthy concern since a study by McCracken et al (2007) have reported the high cancer incidence and mortality rates among the Filipino American community. In McCracken's (2007) study, Filipino men had the highest incidence and mortality rate for prostate cancer and the second highest incidence and highest mortality rate for lung cancer as compared to other Asian American communities. Moreover, the study also revealed that Filipino women had the next highest incidence and the highest mortality rate for breast cancer among all Asian American groups.

One other finding that cannot be missed in this study is the fact that more than half (55.8%) of the women had never had a mammogram, while 42.3% of them have, and 1.9% were not sure. Although another finding of this study reported that respondents have no problem in utilizing health care services, it is possible that those who sought or utilized health services did so when their disease or problem may have been at its worst stage. Results of a new study published in the Agency for Healthcare Research and Quality (2007) revealed that "in Hawaii, Japanese and Filipino women were less likely than white women to undergo recommended breast-conserving surgery (BCS) for early-stage breast cancer. Japanese women were diagnosed with earlier stage cancer, whereas Filipino and Hawaiian women were more likely to be diagnosed at more advanced stages."

Finally, it is important to note that while studies (e.g. Maxwell et al, 2002) have shown the link between physical exercise and the decreased risk for chronic diseases and

other physiological and mental problems, several respondents in this study had stated that they had exercised six or more times within the past month and the majority of the respondents exercised between thirty minutes to an hour during each session of physical activity. Although this result seems positive, careful interpretation should be made because other studies have shown disparate results. For example, a study by NHLBI and the Asian & Pacific Islander American Health Forum (2003) had reported that there is a lack of motivation and barriers for Filipino Americans to engage in physical activities. Hence, it is important for health care professionals to stress the importance of preventive health care and to educate the Filipino American community about the benefits of early detection and care.

## **CONCLUSION**

This study is aimed at investigating the health status and health care needs of Filipino Americans in one city in Southern California. By examining this population, we are gaining a better understanding of the health and health care needs of this small but rapidly expanding group of Asian Americans living in the United States. A few concluding remarks are worth mentioning. First, there needs to be more in-depth research on factors that influence the prevalence and incidence of chronic diseases in this population is imperative. For example, how do variables such as nativity, gender, level of acculturation, motivations and barriers for engaging in risky behaviors, socio-economic status, stress level, cultural practices, awareness and knowledge levels, as well as motivators and available prevention strategies affect the health status and health care needs of Filipino Americans? Secondly, it would be valuable to study the level of understanding and degree of internalization of the Filipino American population of the significance of

screening programs such as mammograms, Pap smears, PSAs and blood tests to their health status. Finally, a number of prevention and intervention programs that are culturally appropriate, family centered, spiritual and faith-based need to be developed and explored for this particular population.

We hope that the findings of this study contribute to the body of knowledge regarding health and health care perceptions of the Filipino American community. Since information and data on the health and health care needs of Filipinos in the United States is very scarce, the results of this study will provide information for researchers and field professionals in public health, healthcare, and other service-related disciplines to further research as well as plan, implement, and evaluate programs that are consistent with the needs of the Filipino-American population.

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