

Status of Vietnamese Health

SANTA CLARA COUNTY, CALIFORNIA 2011

EXECUTIVE SUMMARY



December 12, 2011

To Whom It May Concern:

As part of my State of the County Address this year, I instituted the creation of a Vietnamese Health Assessment. This report will serve as a valuable tool for the community partners, leaders and advocates who serve the Vietnamese population to work closely with local government, state and federal partners to build a healthier place to live and work in Santa Clara County. I'm very proud to present ***Status of Vietnamese Health: Santa Clara County, California, 2011***— a report on key health issues within the Vietnamese American community in Santa Clara County.

After six months of collecting data through telephone surveys, community surveys, interviews with key community leaders, and a community forum, the results indicate that the Vietnamese American community is a vibrant, close-knit community. However, the results indicate that there are specific needs within the community that should be addressed in order to improve the overall health and wellness of the community.

In building a healthy community, the Vietnamese American people and the community-based organizations should use the data collected to guide appropriate actions to address the needs. The information contained in this report will be useful when applying for grant funding. This report will help government agencies when developing programs and services. The Vietnamese Health Assessment will also serve as a model for future assessments of other ethnic communities.

I would like to acknowledge Dan Peddycord, Public Health Director, and his staff for their tremendous dedication in leading this project along with my office staff, especially The-Vu Nguyen and Lara McCabe. I also wish to acknowledge and thank all the Advisory Board members who have been helpful in completing this report in a short period of time.

Sincerely,



Dave Cortese
President, Board of Supervisors

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December 12, 2011

To the Residents of Santa Clara County:

Our mission at the Public Health Department is to prevent disease and injury and create environments that promote and protect the community's health. To achieve our mission, we strive to work collaboratively with all sectors of our community to make a positive difference in people's lives.

This year we had the unique opportunity to work with leaders in the Vietnamese community to conduct a comprehensive health assessment of Vietnamese residents of Santa Clara County. The report from the assessment, entitled ***Status of Vietnamese Health: Santa Clara County, California, 2011***, reveals that the Vietnamese community experiences substantial health disparities and health inequities. Our assessment found that the Vietnamese community is significantly affected by lack of access to health insurance, higher than average rates of certain types of cancer, high rates of tuberculosis, high prevalence of smoking among men and heart disease as well as diabetes. Mental health was also an important concern for the community.

Prior to this assessment, data for this population in our county had been scant at best. We hope that this report will better inform the community about important health issues facing Vietnamese residents and serve as a building block from which to form recommendations for community action, policy development, and resource allocation.

We thank the members of the advisory board and community leaders for their contributions and efforts in making this report a reality, and special thanks to Vietnamese residents of Santa Clara County who participated in the assessment.

Sincerely,



Dan Peddycord, RN, MPA/HA
Public Health Director



Martin Fenstersheib, MD, MPH
Santa Clara County Health Officer

Executive Summary

Status of Vietnamese Health: Santa Clara County, California, 2011 presents findings from a comprehensive assessment of the health of Vietnamese residents of Santa Clara County. The goal of the assessment is to provide a countywide profile of healthcare access and utilization, physical and mental health, and related risk factors among Vietnamese residents. The report can serve as a valuable tool for policymakers and elected officials, representatives of community-based organizations and government agencies, funders, and researchers who want to obtain a better understanding of the health of Vietnamese residents. Highlights of the report are presented below.

Santa Clara County's Vietnamese Population Has Experienced Significant Growth

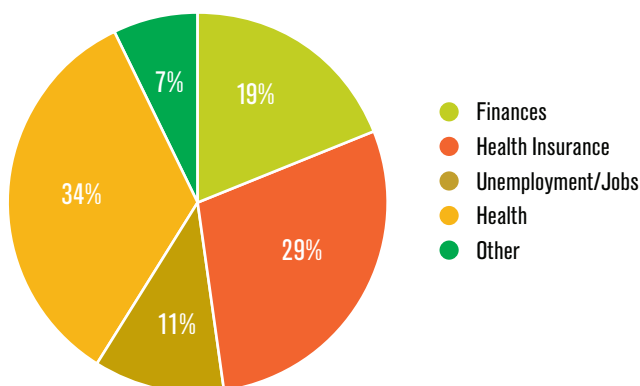
Santa Clara County's Vietnamese population has grown tremendously in the last few decades, from 11,717 in 1980 to 134,525 in 2010. Santa Clara County holds several distinctions with regard to the size of its Vietnamese population. The population is the second largest of any county in the U.S., surpassed in size only by Orange County, California. The City of San Jose has the largest Vietnamese population of any U.S. city. At nearly 8% of the county population, the Vietnamese population is the second largest Asian group in Santa Clara County. Nearly 7 in 10 Vietnamese residents of Santa Clara County were born in Vietnam, and the majority of them are now naturalized citizens.

Vietnamese Residents of Santa Clara County Experience Social Disparities

The Vietnamese population faces significant socioeconomic challenges relative to other major racial/ethnic groups in the county. These disparities can limit opportunities and resources linked to health and well-being.

While many county residents are financially secure, a significant proportion of the Vietnamese population struggles economically. In 2011, Vietnamese adults in Santa Clara County cited finances and unemployment/jobs (as well as health and health insurance) as top concerns facing their households. Roughly 1 in 10 Vietnamese families lived in poverty in 2007 to 2009, which was higher than for families in the county overall and for families of all other major racial/ethnic groups except Hispanics. Similar disparities were evident for educational attainment.

Figure E.1: Top Most Concerns Facing Vietnamese Households



Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey

As a result of financial struggles, some lower-income Vietnamese families may be at risk for food insecurity. In 2011, 5% of Vietnamese adults in Santa Clara County reported that in the last 12 months they had been hungry but didn't eat because they couldn't afford enough food. Sixteen percent (16%) reported that they or other adults in their family had obtained food from a church, food pantry, or food bank during the past 12 months.

Limited English proficiency among Vietnamese residents was identified as a key concern by Vietnamese community leaders. Lack of English proficiency can limit economic opportunities and lead to a poorer quality of life. In 2007 to 2009, the majority of the Vietnamese population in Santa Clara County (56%) spoke English less than very well. In addition, more than 1 in 3 Vietnamese households (36%) were linguistically isolated (no member ages 14 or older spoke only English or spoke a non-English language and also spoke English very well).

Vietnamese residents in Santa Clara County also face challenges in housing. In 2007 to 2009, the majority of Vietnamese renters (54%) spent 30% or more of their household income on rent, the second highest rate among major racial/ethnic groups. Moreover, nearly 1 in 5 Vietnamese residents lived in overcrowded households (more than one person per room), a higher rate than for all county residents and residents from all other major racial/ethnic groups except Hispanics. Affordable housing was the most commonly identified problem among low-income older adults surveyed at community events.

Family Is the Cornerstone of Vietnamese Society and Culture

The Vietnamese have a strong sense of family and community. Family composition and structure, such as family size and marital status, have an important influence on the physical and mental health of adults and children through factors such as stress, family cohesion, and family support. In 2007 to 2009, nearly all of the county's Vietnamese households (83%) were family households consisting of two or more people who are related, which was the highest proportion among households of all major racial/ethnic groups. Average Vietnamese household (3.7 people) and family size (4.1 people) were larger than for most other racial/ethnic groups. In addition, a higher percentage of Vietnamese adults were married (55%) than adults from most other major racial/ethnic groups.

Asian familial organization and beliefs that emphasize reverence for ancestors, respect for elders, collective responsibility, and placing obligation to the family ahead of the satisfaction of individual desires has resulted in strong cohesive neighborhoods, family values, emphasis on education, and good social networks. These assets can be seen throughout the burgeoning neighborhoods, business districts, and religious establishments in San Jose and Milpitas.

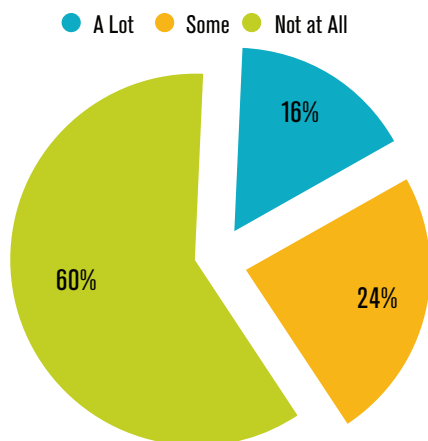
Vietnamese Residents Have Many Unique and Emerging Needs

While research suggests that the Vietnamese population is one of the most assimilated racial/ethnic groups among recent immigrants, studies indicate that they are more assimilated economically than culturally. Despite successfully balancing the integration of its business, political, and economic interests with a strong sense of cultural identity, there remain many concerns about the ability to meet the unique and emerging needs of the community. In fact, Vietnamese community leaders felt strongly that issues such as domestic violence, substance use, problem gambling, intergenerational conflict, and youth gang membership were cause for concern and deserved further study.

The assessment also found evidence that mental health is a significant issue. Forty percent (40%) of Vietnamese adults in Santa Clara County reported that when they were at their worst emotionally during the past 12 months, their emotions interfered with daily activities.

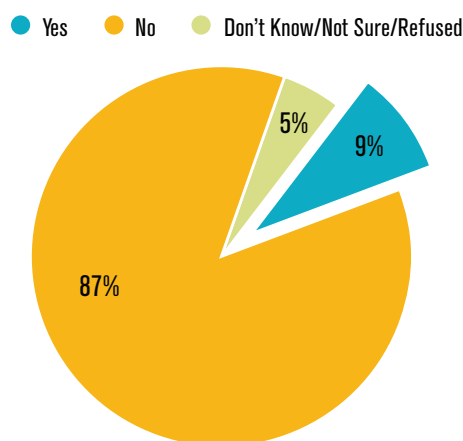
Nearly 1 in 10 Vietnamese adults felt they might have needed to see a health professional during the past 12 months due to problems with their mental health, emotions, nerves, or alcohol or drugs. In 2009-10, a higher percentage of Vietnamese middle and high school students in Santa Clara County reported symptoms of depression than all Asian/Pacific Islanders, Whites, and students in the county overall.

Figure E.2: Percent of Vietnamese Adults Whose Emotions Interfered with Activities in the Past 12 Months



Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey

Figure E.3: Percent of Vietnamese Adults Who Felt They Might Need to See a Professional in the Past 12 Months Due to Problems with Their Mental Health, Emotions, Nerves, or Use of Alcohol or Drugs



Note: Percentages do not add to 100% due to rounding.
Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey

Vietnamese Residents Face Significant Health Challenges

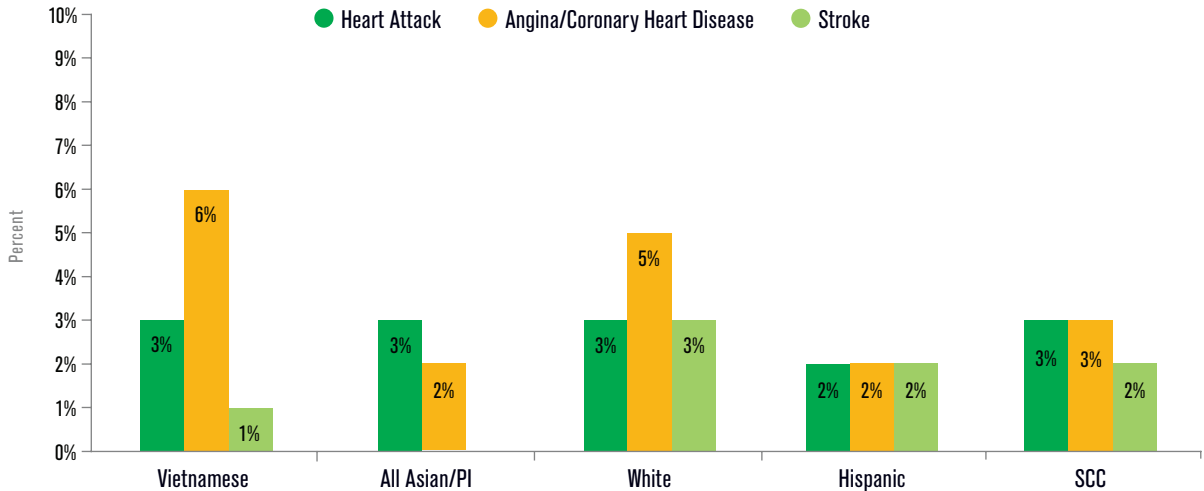
Vietnamese residents experience disparities in both chronic and infectious diseases relative to residents from other major racial/ethnic groups. For example, cancer was the leading cause of death among Vietnamese residents and accounted for a larger percentage of total Vietnamese deaths in 2011 than for all county residents or residents of all other major racial/ethnic groups.

Vietnamese adults had a higher incidence rate of (rate of new cases per 100,000 adults from 2007 to 2009) and mortality rate from several specific cancers than adults from other major racial/ethnic groups. Incidence and mortality rates for liver cancer were four times higher among Vietnamese adults than adults in the county as a whole. Vietnamese adults also had the second highest lung cancer incidence and mortality rates compared to other major racial/ethnic groups. Vietnamese women had the second highest incidence rate of cervical cancer in 2007 to 2009 relative to women from other major racial/ethnic groups in the county.

Risk factors for cancer may be partly responsible for these disparities. Individuals of Vietnamese descent are known to have high rates of hepatitis B, which is a risk factor for liver cancer. The health assessment found that despite this risk, as of 2011, 1 in 4 Vietnamese adults in Santa Clara County had either never been tested for the hepatitis B virus or didn't know if they had been tested. In 2011, nearly 1 in 4 Vietnamese men were current smokers, putting them at risk for many cancers. The smoking prevalence for Vietnamese men in 2011 was nearly twice as high as that of men in Santa Clara County as a whole in 2009. As of 2007-08, only about half of Vietnamese men in Santa Clara County who were current smokers had ever made a serious attempt to quit. High smoking rates among men may also increase cancer risk among women through second and thirdhand exposures.

Vietnamese adults in Santa Clara County also experience disparities for a number of other serious chronic conditions. A higher percentage (6%) had been diagnosed with angina/coronary heart disease in 2011 than adults from all other major racial/ethnic groups and the county population overall in 2009. A higher proportion (10%) had been diagnosed with diabetes than Whites, all Asian/Pacific Islanders, and all adults in the county as a whole.

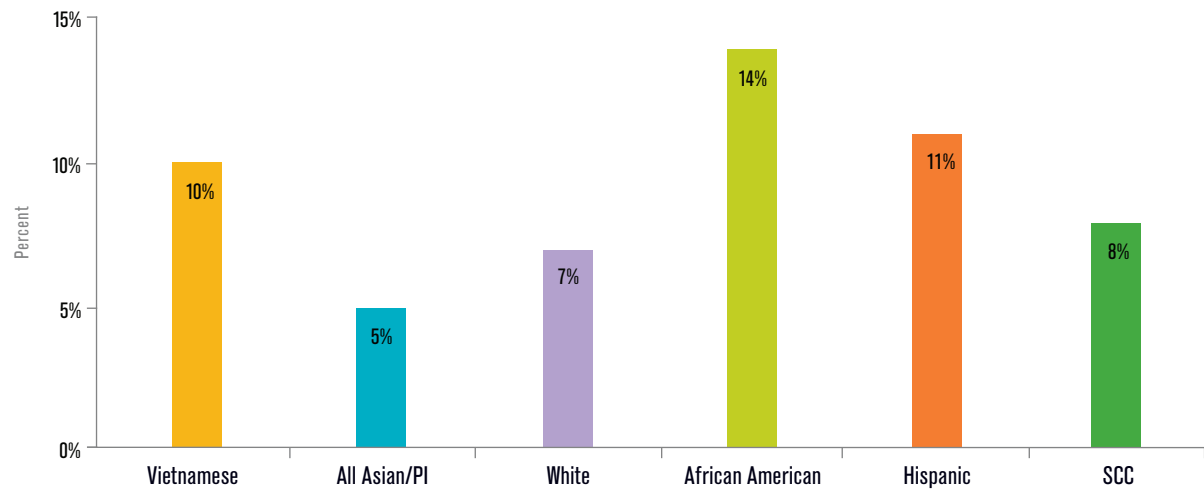
Figure E.4: Percent of Adults Who Have Ever Had a Heart Attack, Angina/Coronary Heart Disease, or Stroke by Race/Ethnicity



Sources: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey; Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

As of 2011, more than a quarter (29%) of Vietnamese adults had been diagnosed with high blood pressure, and a higher percentage (37%) had been diagnosed with high cholesterol than adults countywide and adults from all other major racial/ethnic groups as of 2009, with the exception of Whites, who had a similar rate.

Figure E.5: Percent of Adults with Diabetes by Race/Ethnicity



Sources: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey; Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Santa Clara County residents born in Vietnam had one of the highest rates of tuberculosis infection in the county (56 per 100,000 people) compared to residents from other countries of birth.

The health impacts of chronic and infectious disease on Vietnamese residents, as well as economic impacts on Vietnamese families, may be exacerbated by lack of healthcare coverage. In 2011, more than 1 in 4 Vietnamese adults (26%) in Santa Clara County lacked healthcare coverage, a higher proportion than for adults in the county as a whole in 2009. In 2011, nearly 1 in 6 Vietnamese adults (16%) reported that they could not see a doctor when needed in the past 12 months because of cost.

Limited healthcare access may be a significant barrier to diagnosis and treatment of cancers that disproportionately affect Vietnamese residents. Only 57% of Vietnamese women ages 21-65 without health insurance had had a Pap test to screen for cervical cancer in the past three years as recommended, compared to 78% of women with insurance. Similar patterns were evident for breast cancer screening. The percentage of Vietnamese adults (56%) ages 50-75 who met national screening guidelines for colon cancer fell well below national screening targets.

Even if Vietnamese residents have healthcare coverage, community leaders indicated that navigating the healthcare system was a major roadblock to accessing quality care. Automated telephone systems in English make it difficult to reach someone who speaks Vietnamese and receptionists often do not speak Vietnamese. Also, leaders suspected that Vietnamese community members may not be aware of free or low-cost health care available in their area. Moreover, there was concern that there may be limited access to, and utilization of, quality health care in Vietnamese, particularly for specialty care.

The Vietnamese Community Identified Three Priority Health Issues

Once the 2011 Vietnamese Health Assessment was complete, leaders involved in the assessment organized a community forum that included representatives of community-based organizations and government agencies, policymakers, funders, and community members. The purpose of the forum was to identify the top three priorities and to make recommendations for action and next steps. Criteria used by attendees to vote on top priorities included the size of the problem, the degree of disparity for Vietnamese residents, the seriousness of the issue, whether limited or no resources are available to address the issue among Vietnamese residents, and whether the issue had traditionally not been a focus of organizations working on Vietnamese health in Santa Clara County. The top three issues selected by the community are (in no particular order): health insurance and healthcare access, mental health, and cancer and cancer screening.

Limitations of This Assessment

As with any report based on survey data and other data sources, the findings included in this report are subject to limitations, including biases related to representativeness, self-reporting, measurement error, and misclassification. These limitations are described in Chapter 7.

Conclusion

As this report details, the health and social needs of the Vietnamese community in Santa Clara County are considerable. Meeting these needs will require individuals, organizations, and agencies that serve the Vietnamese population to coordinate efforts, mobilize partnerships, develop new strategies, align existing services around identified priorities, and conduct additional research. Even in the face of serious challenges, the assets of the Vietnamese community can serve as a foundation for these efforts. Findings from this report are intended to serve as a launching point as the community works together to improve Vietnamese health in Santa Clara County.



Santa Clara County
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Great Things Start with Good Health



Dave Cortese
President
Board of Supervisors