Status of Vietnamese Health

SANTA CLARA COUNTY, CALIFORNIA 2011

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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,

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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

Table of Contents

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

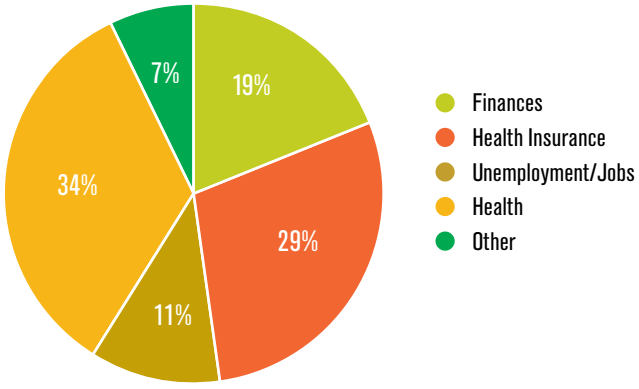
Santa Clara County's Vietnamese population has grown tremendously in the last few decades, from 11,717 in 1980 to 134,525 in 2010. Santa Clara County holds several distinctions with regard to the size of its Vietnamese population. The population is the second largest of any county in the U.S., surpassed 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.

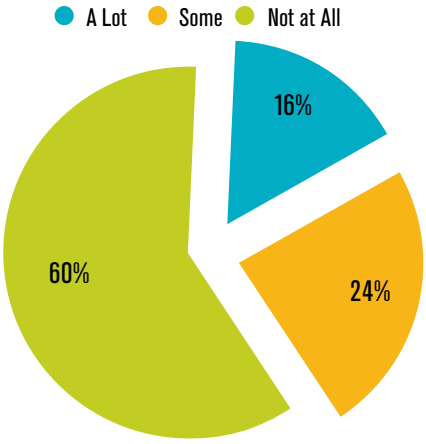
Vietnamese Residents Have Many Unique and Emerging Needs

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.

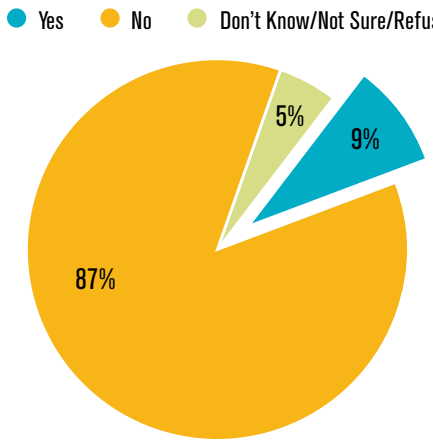
Nearly 1 in 10 Vietnamese adults felt they might have needed to see a health professional during the past 12 months due to problems with their mental health, emotions, nerves, or alcohol or drugs. In 2009-10, a higher percentage of Vietnamese middle and high school students in Santa Clara County reported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

Figure E.2: Percent of Vietnamese Adults Whose Emotions Intefered 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

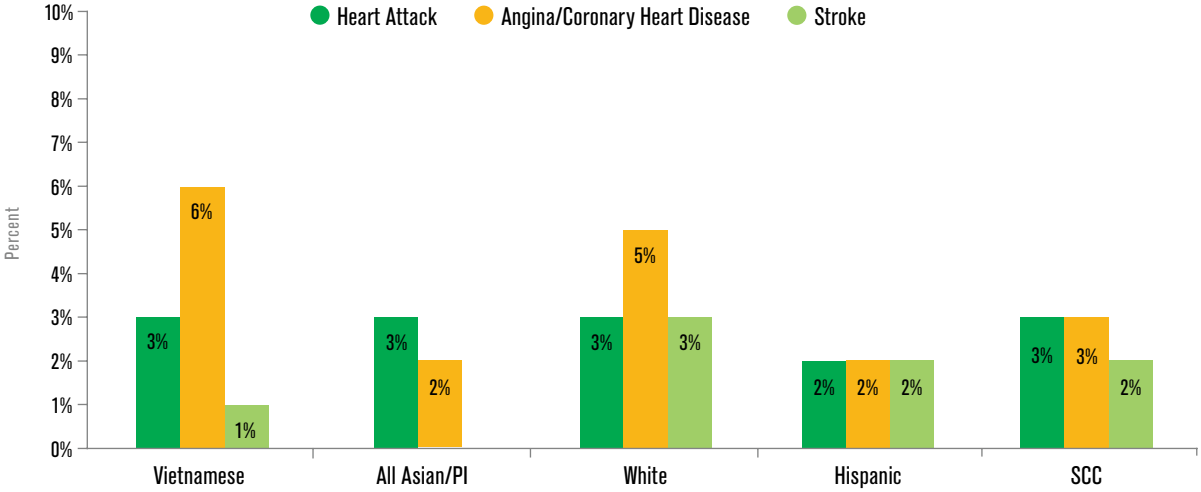
Vietnamese residents experience disparities in both chronic and infectious diseases relative to residents from other major racial/ethnic groups. For example, cancer was the leading cause of death among Vietnamese residents and accounted for a larger percentage of total Vietnamese deaths in 2011 than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

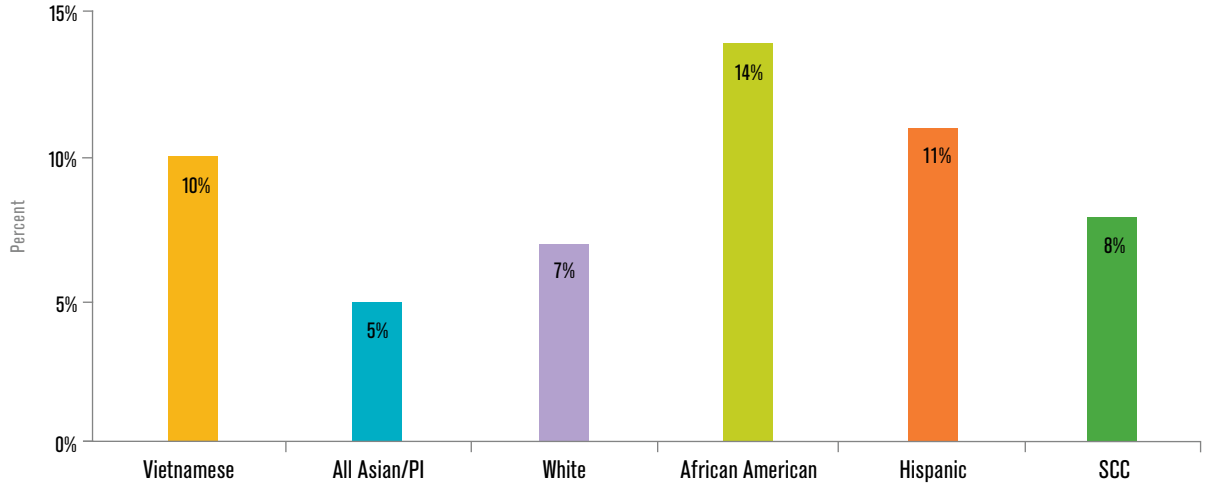
Figure E.4: Percent of Adults Who Have Ever Had a Heart Attack, Angina/Coronary Heart Disease, or Stroke by Race/Ethnicity



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.

Chapter 1
Background and Social Determinants of Health in the Vietnamese Population in Santa Clara County

This chapter provides a general picture of the Vietnamese community in Santa Clara County, including information on:

- Vietnamese immigration and resettlement
- Population characteristics
- Income, education, and employment
- Nativity and citizenship status
- English proficiency and linguistic isolation
- Housing and overcrowding
- Food security and food assistance
- Child care
- Social support
- Most pressing concerns
- Community strengths and assets

Key Findings

- The Vietnamese population is the second largest Asian subgroup in Santa Clara County, at 7.5% of the county population. Santa Clara County has the second largest Vietnamese population (134,525) of any county in the U.S., surpassed in size only by Orange County, California.

- One in 10 Vietnamese families in Santa Clara County lives in poverty, which is higher than for families in the county overall and for families of all other major racial/ethnic groups except Hispanics.

- Educational attainment is lower in the Vietnamese population than in most other major racial/ethnic groups and in Santa Clara County overall.

- Most Vietnamese residents of Santa Clara County (69%) were born in Vietnam. Most foreign-born Vietnamese in Santa Clara County (79%) are naturalized citizens.

- Vietnamese adults cited health, health insurance, finances, and unemployment/jobs as the biggest concerns for their households.

Brief History of the Vietnamese Population in Santa Clara County[1]

This section is an overview of the history of Vietnamese immigration and resettlement in Santa Clara County starting in 1979. A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. Vietnamese refugees first came to Santa Clara County in 1979-80, but this was not the first wave of Vietnamese immigration to the United States. Prior to the fall of Saigon on April 30, 1975—which marked the end of the Vietnam War—only a very small number of Vietnamese lived in the U.S. Then in the spring of 1975, approximately 125,000 to 135,000 Vietnamese were airlifted out of Vietnam by the U.S. government. Eventually the refugees who were accepted for immigration to the U.S. were dispersed in relatively small groups to refugee centers across the nation.

The second wave of immigration to the U.S. took place from 1978 to the mid-1980s. This wave primarily consisted of two million South Vietnamese "boat people," although some refugees escaped on foot to neighboring countries. Most of them fled in response to persecution by the Communist government, which confiscated their property and possessions. Others were fleeing poverty and a lack of opportunity under the new regime, which actively discriminated against the South Vietnamese. Religious leaders and ethnic Chinese, whose families had been in the country for generations, were also forced out by the Communist government.

Key Community Leader Perspective on the Experiences of Refugees

Key Community Leader Diem Ngo, a director of an organization that provides services to many Vietnamese refugees and a refugee himself, reported harrowing stories of those who escaped by boat and the horrific deprivation and trauma experienced by many before they reached land. Although boat refugees were often rescued by ships from the U.S., the Philippines, Australia, Japan, and Korea, it was not uncommon for them to first spend several weeks at sea. Gas shortages and equipment failures also delayed rescue or arrival in neighboring countries. Some refugees went up to a month without food or fresh water; some died of starvation and others were essentially starving when they arrived on land. Mr. Ngo said there were also reports of boat hijackings and mistreatment of refugees by pirates from Thailand.

Most of the refugees arrived in asylum camps in other Southeast Asian countries after escapes in small, highly unsafe boats or through rough terrain on foot. However, their ordeals were not over when they reached the camps, where many suffered from disease, malnutrition, and harsh treatment from guards. They frequently waited months or even years to be relocated to other countries that would accept them. Often extended families and groups who had managed to escape together, or had formed in the camps, could not be placed in the same areas in the U.S. because of government restrictions or because of the limited capacities of local resettlement agencies. Therefore, as with Vietnamese in the first wave of immigration, many experienced further hardship with the breakup of their families and support networks.

The third wave of immigration took place between 1985 and 1990. Many in this wave were Amerasian children born during the Vietnam War, mostly the offspring of American fathers and Vietnamese mothers. Their immigration was made possible by the Amerasian Homecoming Act of 1987. Other immigrants during this period included relatives of Vietnamese already in the U.S. through the Orderly Departure Program (widely known as the ODP).

The fourth and last wave began in the early 1990s, when the U.S. government began to relax immigration restrictions as part of the process of normalization of relations with Vietnam, with the intent of facilitating immigration of relatives of Vietnamese living in the U.S., Vietnamese who had worked for the U.S. in South Vietnam, and other groups.[2] Also during this period, through the Humanitarian Operation (HO) program initiated by the U.S. government, the Vietnamese government began to release prisoners from re-education camps and allow them to come to the U.S., with and without sponsorship. Many were former South Vietnamese military and government officials. Today, former refugees continue to sponsor family members for immigration. From 2000 to 2010, the nation's Vietnamese population increased from 1.2 million to 1.7 million, an increase of 514,000. Approximately half of this increase can be attributed to continued in-migration and the other half to fertility.[3]

Although most Vietnamese arrived as refugees who had little or no money, their socioeconomic backgrounds in Vietnam were varied. Vietnamese in the first wave of immigration generally had close ties with Americans. They tended to be highly skilled and well-educated, and a majority were Catholics. Those in the subsequent waves had more diverse backgrounds, with different ethnicities, religions, languages, and even nationalities. Many came from rural areas and had low levels of education, but there were also a number of professionals.

Because of their refugee status, as well as language and cultural barriers, Vietnamese of all backgrounds generally began employment in the region's technology businesses as production workers, or found their first employment in other blue-collar jobs. Many also found themselves living initially in poor neighborhoods. However, the Vietnamese community is now considered an upwardly mobile population and one of the most assimilated immigrant groups in the U.S., primarily because of their high levels of civic engagement, which includes citizenship status, political involvement, and community activism.

Key Community Leader Perspective on Adjusting to Life in the U.S.

Key Community Leader Diem Ngo recounted the difficulties refugees had after arrival in the U.S. They received welfare and Medi-Cal for a period of time upon arrival in Santa Clara County. Some were sponsored by families who had settled earlier, or by churches, social service organizations, or American families. Professionals such as doctors and lawyers were not always able to practice in the U.S. Limited English proficiency meant that many individuals were unable to pursue their professions so they were forced to seek retraining or return to school. Those who were laborers in Vietnam had an easier time economically because their skills were more transferable.

Mr. Ngo believes that Vietnamese refugees are affected by mental health problems ranging from post-traumatic stress to isolation and depression, especially among older adults. Unfortunately, Mr. Ngo and many other Key Community Leaders stressed that mental health issues are highly stigmatized in the Vietnamese community. As a result, many Vietnamese refuse to seek help or to recognize their problems.

In Mr. Ngo's experience, substance use among refugees is common, including alcohol use, though he does not consider the problem excessive. Gambling also poses a threat to some families who, having lost their wealth in becoming refugees, seek to regain it or simply to alleviate stress. Domestic violence is also an issue, Mr. Ngo said, especially among spouses who spent long periods apart before being reunited. (More detail about mental health, gambling, and domestic violence can be found in Chapter 3 and information on behavioral risk factors such as alcohol and substance use can be found in Chapter 4)

In Mr. Ngo's opinion, women have been more resilient in adjusting to the U.S. overall than men. Vietnamese men, especially those who were successful in Vietnam, sometimes feel inadequate and regret their loss of status. Women, in contrast, have often gained status through employment and freedoms accorded to women in the U.S.

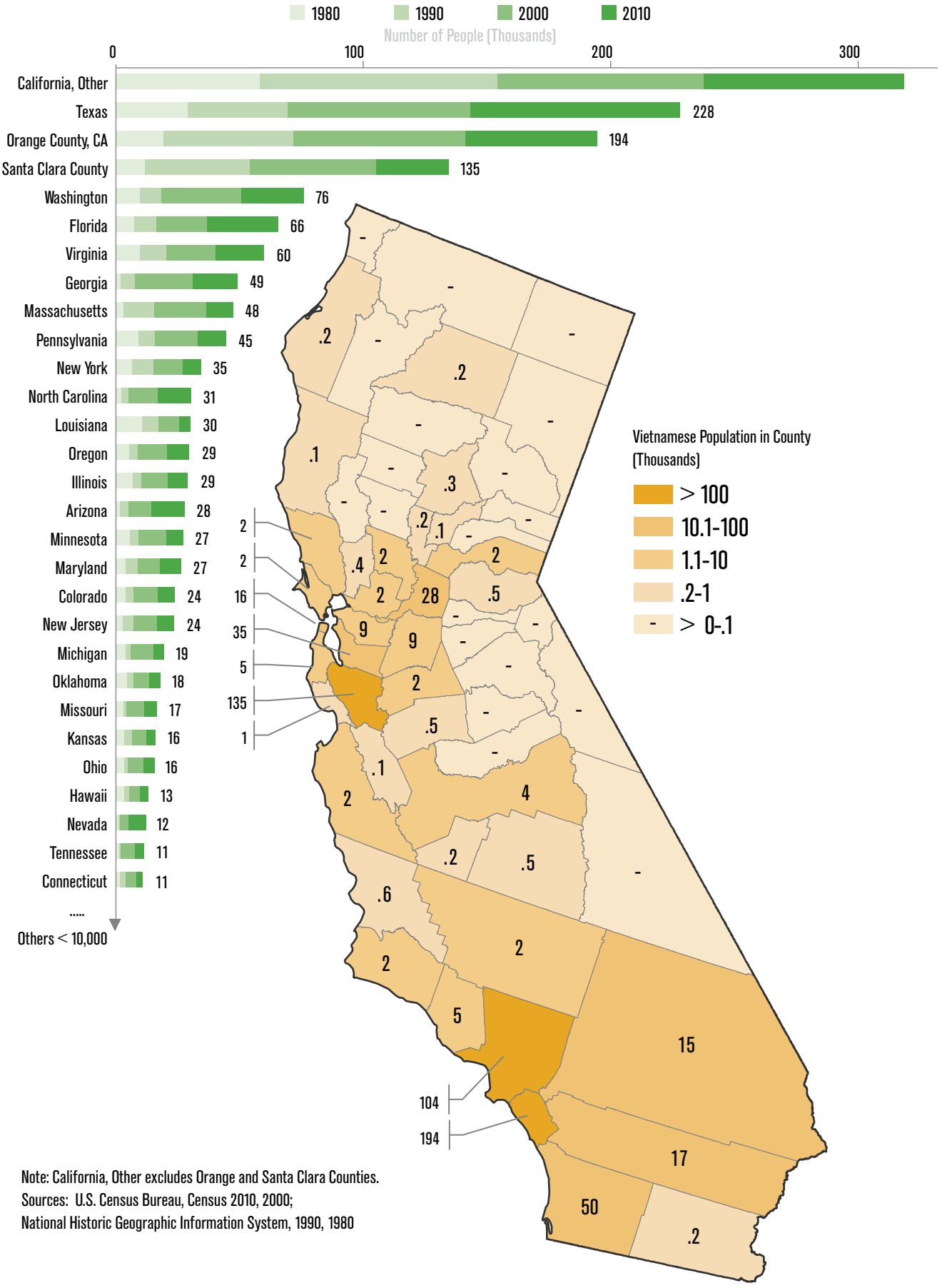
Population Characteristics

In 2010, the Vietnamese population was the fourth largest Asian subgroup in the U.S. Approximately 4 in 10 people of Vietnamese descent in the U.S. (37%) resided in California; Texas had the next highest proportion (13%), followed by Washington (4%).[3] At 7.5% of the total county population, the proportion of residents of Vietnamese descent in Santa Clara County is the highest of any county in the U.S. Moreover, Santa Clara County has the second largest Vietnamese population (134,525) of any county in the U.S., surpassed in size only by Orange County, California.[3] The Vietnamese population is also the second largest Asian subgroup in Santa Clara County; only the Chinese population is larger at 7.7%.[3,4]

Rapid Population Growth[5]

The county's Vietnamese population has grown tremendously since the earliest wave of immigration. The number of Vietnamese residents in Santa Clara County grew from 11,717 in 1980 to 134,525 in 2010.[3] Between 2000 and 2010, the rate of growth of the county's Vietnamese population was 28%. During the same period, the Vietnamese population increased by 42% in the U.S. and 34% in California.

Figure 1.1: Vietnamese Population Growth in the U.S. and Vietnamese Population by County in California

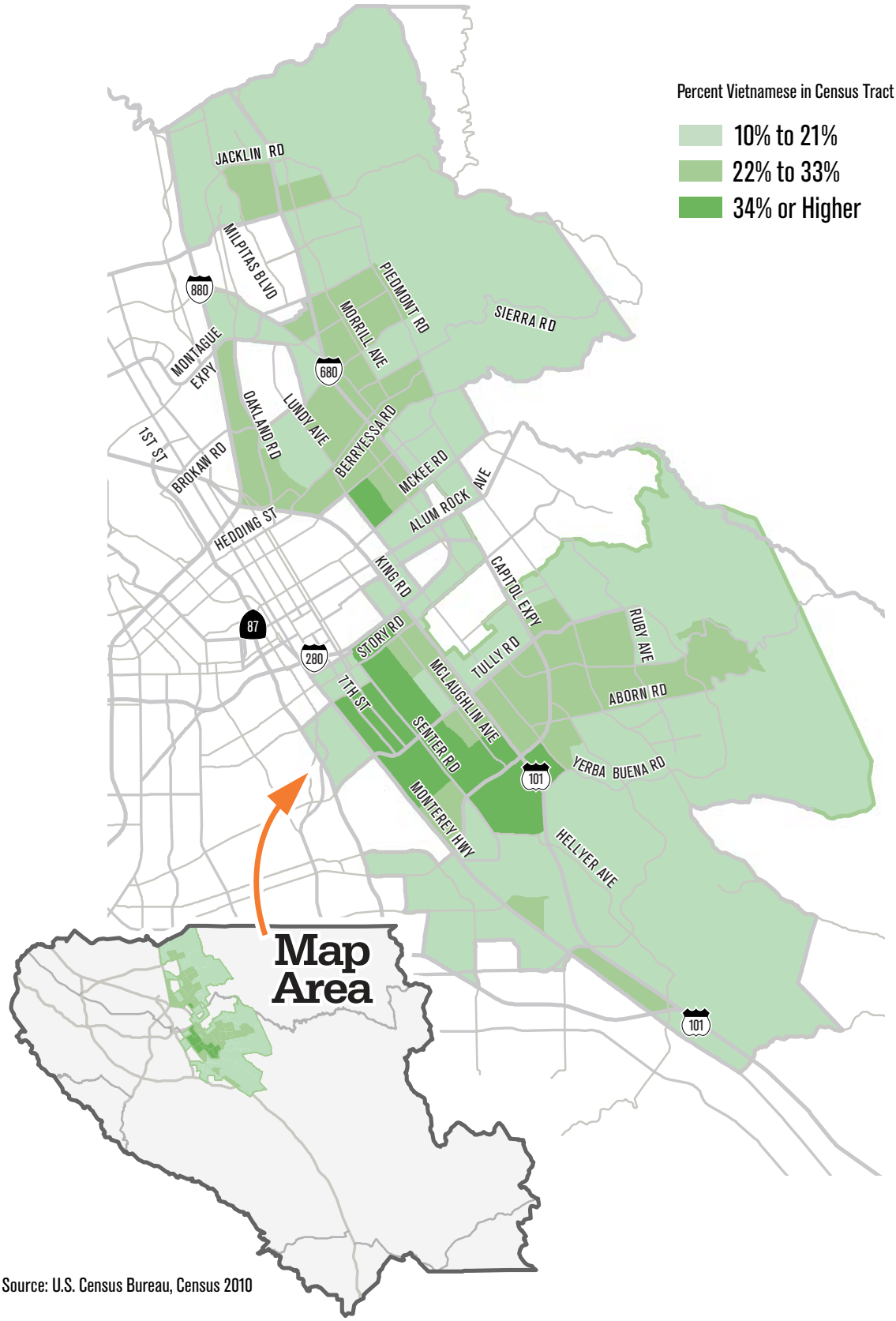


Note: California, Other excludes Orange and Santa Clara Counties.
Sources: U.S. Census Bureau, Census 2010, 2000;
National Historic Geographic Information System, 1990, 1980

Cities of Residence[6]

As of 2010, a majority of the Vietnamese population in Santa Clara County (79%) resided in the City of San Jose. In fact, with 106,647 Vietnamese residents, San Jose had the largest Vietnamese population of any city in the U.S. Another 14% of the county's Vietnamese residents lived in Milpitas, Santa Clara, and Sunnyvale. The percentage of Vietnamese residents in all Santa Clara County census tracts varied from less than 1% to 52%. Census tracts with the largest proportion of Vietnamese were located in Milpitas and San Jose, with the densest concentration in the area south of Interstate 280 between Monterey Highway and U.S. 101.

Map 1.1: Highest Concentrations of the Vietnamese Population in Santa Clara County



Source: U.S. Census Bureau, Census 2010

Population Distribution by Sex and Age[7]

In 2007 to 2009, males and females each comprised 50% of the Santa Clara County Vietnamese community. The median age of Vietnamese residents was 35.5. Approximately 1 in 4 Vietnamese residents (26%) was under the age of 18, which was a higher percentage than for Whites (18%) or African Americans (20%) but the same as for all Asians (26%). A larger proportion of Hispanics (32%) were under the age of 18. Approximately 1 in 10 Vietnamese residents (9%) was ages 65 and older, which was lower than the percentage of Whites (17%), similar to the percentages of all Asians and African Americans (both 8%), and higher than the percentage of Hispanics (6%).

Table 1.1: Age Distribution of the Vietnamese Population

Age Group	Percent
Under 5 years	8%
5-17 years	18%
18-44 years	41%
45-64 years	24%
65+ years	9%

Source: U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Social Determinants of Health

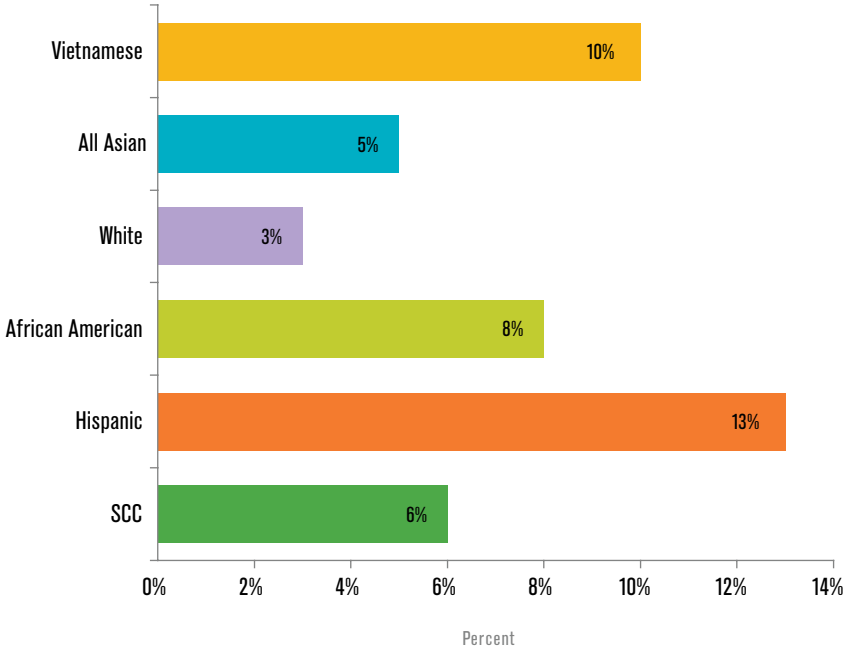
Social determinants of health are the conditions in which people are born, grow, live, work, and age. They include social characteristics that are beyond genetic make-up or health care, such as employment, income, education, and housing. Because these factors influence people's ability to make health choices and to avoid health problems, they cause inequities in health and well-being. As a result, advantaged populations have lower incidence and prevalence of disease and live longer, healthier lives than less advantaged groups.

Income and Education[7]

Income and education provide opportunities and resources that can lead to better health and well-being. Those with higher incomes are more likely to live longer, healthier lives, and have resources that promote optimal health, such as access to health care, nutritious foods, and safe housing and neighborhoods. More education is associated with higher-paying jobs, financial security, health insurance, healthier working conditions, and social connectedness.

In 2007 to 2009, the median income for Vietnamese households in Santa Clara County was $72,358, lower than the median for White ($94,368) and all Asian ($102,295) households and households in the county as a whole ($85,928), but higher than for African American ($54,910) and Hispanic ($58,110) households. In addition, 1 in 10 Vietnamese families (10%) lived in poverty; this percentage was higher than for all Asian (5%), White (3%), and African American (8%) families, and families in the county overall (6%). Only Hispanic families had a higher rate of poverty (13%). (The U.S. Department of Health and Human Services calculates the Federal Poverty Level based primarily on a combination of income and household size. In 2009, the Federal Poverty Level was $10,830 for a single person and $22,050 for a family of four.)

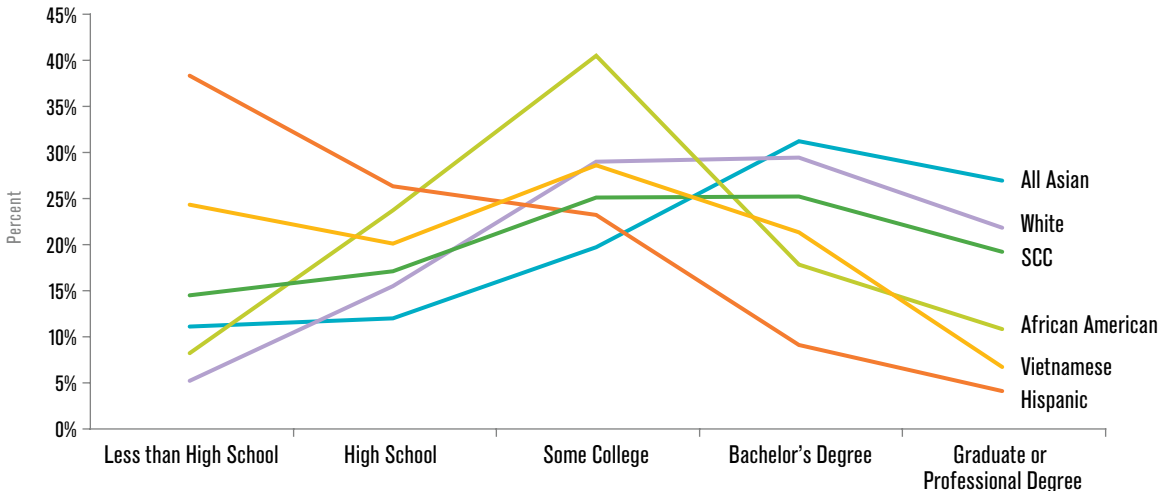
Figure 1.2: Percent of Families Living Below the Federal Poverty Level by Race/Ethnicity



Source: U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Educational attainment was also lower in the Vietnamese population than in most other major racial/ethnic groups and in Santa Clara County overall. In 2007 to 2009, among adults ages 25 and older (the ages by which education is usually complete), more than 4 in 10 Vietnamese (44%) had only a high school diploma or less, which was higher than for all Asians (23%), Whites (20%), African Americans (32%), and all county residents (31%), although lower than for Hispanics (64%). In addition, only 28% of Vietnamese residents had a bachelor's degree or higher level of education. This level of educational attainment was lower than that of all Asians (60%), Whites (51%), and all county residents (44%); it was similar for African Americans (28%) and higher than for Hispanics (13%).

Figure 1.3: Percent Educational Attainment Among Adults Ages 25 and Older by Race/Ethnicity



Source: U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Employment[7]

In 2007 to 2009, 59% of Vietnamese ages 16 and older in Santa Clara County were employed, which was a lower percentage than for other major racial/ethnic groups (all Asians, 63%; Whites, 61%; African Americans, 62%; Hispanics, 65%); and for all Santa Clara County residents (63%). A higher percentage of Vietnamese were unemployed (6%) than Whites (4%), all Asians (5%), and all county residents (5%); unemployment was similar or Hispanics (6%) but higher for African Americans (7%). It should be noted that unemployment rates are likely underestimated given the recent rise in unemployment in Santa Clara County. The unemployment rate in the county was 9.9% as of August 2011.[8]

Among the employed population ages 16 and older, the highest proportion of Vietnamese (40%) held management, professional, and related occupations. However, fewer Vietnamese held these occupations than all Asians (59%), Whites (58%), and all county residents (48%); the proportion was similar for African Americans (38%) but lower for Hispanics (20%).

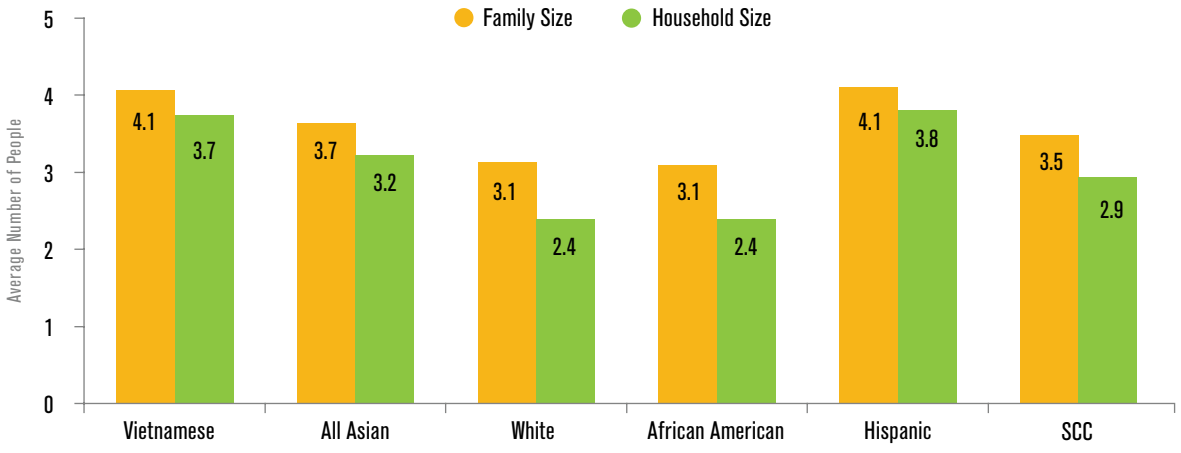
Family Composition[7]

Family composition and structure—including family size, the number of parents in the household, and marital status—has an important influence on the physical and mental health of adults and children through factors such as stress, family cohesion, and family support. A family is defined here as a group of two or more people who are related by birth, marriage, or adoption. A household includes all people who occupy a housing unit.

The concept of family is the single most important element in the Southeast Asian psychological experience and social reality.[9,10] Vietnamese culture emphasizes reverence for ancestors, respect for elders, collective responsibility, and placing obligation to the family ahead of the satisfaction of individual desires.

It follows that Vietnamese households in Santa Clara County are familial in organization. In 2007 to 2009, 83% of the county's Vietnamese households were family households, which was the highest proportion among households of all major racial/ethnic groups (all Asians, 78%; Whites, 63%; African Americans, 59%; Hispanics, 80%) and higher than among county households as a whole (70%). In addition, average Vietnamese family size (4.1 people) and household size (3.7 people) were larger than among all Asian (3.7 and 3.2), White (3.1 and 2.4), and African American (3.1 and 2.4) households, or county households as a whole (3.5 and 2.9). Household and family size were similar for Hispanics (4.1 and 3.8).

Figure 1.4: Average Family and Household Size by Race/Ethnicity



Source: U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

A higher percentage of Vietnamese (55%) and all Asians (61%) ages 15 and older were married than Whites (53%), African Americans (34%), Hispanics (44%), and the county population overall (53%). A smaller percentage of Vietnamese (6%) were divorced than Whites (11%), African Americans (14%), and Hispanics (8%); the rate was the same for all Asians (6%).

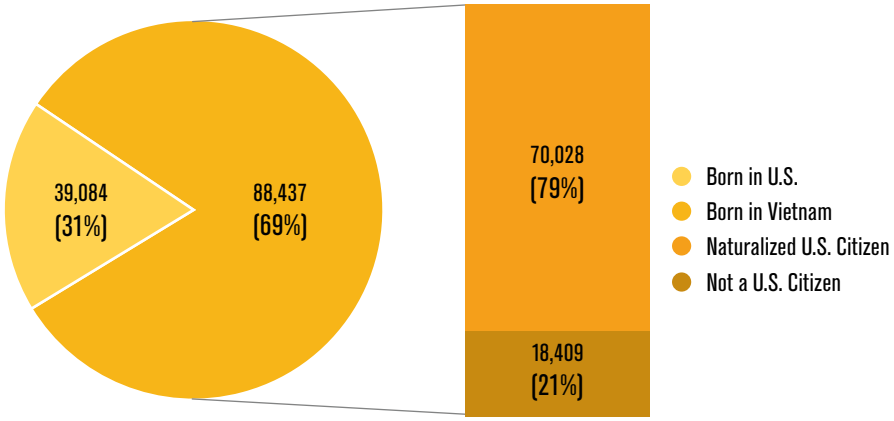
Forty-five percent (45%) of Vietnamese households included children under age 18, which was a higher percentage than for White (25%) and African American (30%) households, similar to all Asian households (43%), but lower than for Hispanic households (49%). However, 5% of Vietnamese households with female heads in which no husband was present included children under age 18, which was a higher percentage than among all Asian or White households (both 3%) and the same percentage as for all county households (5%). Percentages were higher for African American (12%) and Hispanic (11%) households of this type.

Nativity and Citizenship[11]

Nativity and citizenship influence other social determinants of health, including educational attainment, income and employment opportunities, neighborhood and housing options, access to health care and cultural norms—all of which have a measurable impact on an individual's health. Although initially immigrants tend to enjoy better health than the U.S.-born population, this advantage often disappears with longer U.S. residence and among later generations, attributed in part to adoption of less healthy behaviors such as a less nutritious diet.[12]

In 2011, most Vietnamese residents of Santa Clara County (69%) were born in Vietnam. Most of the foreign-born Vietnamese (69%) had been in the U.S. for 15 years or longer. An additional 9% had been in the U.S. for 10 to 14 years, 13% for five to nine years, and 9% for less than five years.[13] As of 2007 to 2009, a high percentage (79%) of foreign-born Vietnamese in Santa Clara County had become naturalized citizens.[14] Recent research suggests the Vietnamese population in California have the highest percentage of naturalized citizens of any Asian/Pacific Islander subgroup.[15]

Figure 1.5: Size of Vietnamese Population by Nativity and Citizenship Status



Source: U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

English Proficiency and Linguistic Isolation[16]

Limited English proficiency can impede access to employment and economic advancement, transportation, Medi-Cal and other social services, voting, and children's participation in school.[17] It can also lead to lower literacy, academic achievement, and poor quality of life.[18]

In 2007 to 2009, more than half 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, which is defined as a household in which no member ages 14 and older speaks only English or speaks a non-English language and also speaks English very well.[19,20] Additional findings around limited English proficiency and its impact on the well-being of older adults can be found in Chapter 5.

English Proficiency Among Adults Surveyed at Community Events[21]

In 2011, nearly half of Vietnamese adults who completed surveys at community events in Santa Clara County (49%) reported that they found it challenging to interact with others because of difficulties with the English language. Nearly twice as many foreign-born event attendees who came to the U.S. when they were ages 15 and older (53%) reported language difficulties compared to those who came to the U.S. before age 15 (27%). Sixty-one percent (61%) of older event attendees (ages 45-64) reported that it was hard to interact with others in English compared to 36% of younger event attendees (ages 18-44). A higher percentage of female (55%) than male event attendees (40%) reported linguistic challenges.

Housing and Overcrowding[16]

Individuals exposed to chronically poor living conditions are at higher risk for serious illnesses. Poor living conditions can include structural problems, overcrowding, noise, and toxins in the home. Moreover, homeowners report better health than renters, and those in foreclosure report the lowest health status.[22]

Home Ownership and Cost of Housing

Home ownership was relatively high within the Santa Clara County Vietnamese population: in 2007 to 2009, 59% of Vietnamese homes were owner-occupied, a rate that was lower than for Whites (67%), but approximately equal to or higher than that of other major racial/ethnic groups: all Asians, 58%; African Americans, 34%; and Hispanics, 46%. Median gross rent among Vietnamese households ($1,136 per month) was lower than for all county residents ($1,395) as well as all other major racial/ethnic groups: all Asians, $1,434; Whites, $1,501; African Americans, $1,194; and Hispanics, $1,240.

Despite relatively favorable levels of home ownership among Vietnamese residents, a much different picture emerges when examining costs of renting and owning relative to income. In 2007 to 2009, a majority of Vietnamese renters (54%) spent 30% or more of household income on rent, the second highest rate among major racial/ethnic groups in Santa Clara County (all Asians, 37%; Whites, 42%; African Americans, 52%; Hispanics, 60%). Nearly two-thirds of Vietnamese homeowners (59%) spent 30% or more of household income on mortgages and other homeownership expenses. This rate exceeded that of all Asian (49%), White (46%), and all county (51%) homeowners, but was lower than for African American (62%) and Hispanic (68%) homeowners.

Overcrowding

Household crowding can influence health and educational outcomes. It can also increase the risk of spreading communicable disease, elevate stress levels, and diminish the ability to learn and perform academically, and is associated with earlier death.[23] The most widely used definition for overcrowding is more than one person per room, and severe overcrowding is defined as 1.5 persons per room.[24]

In 2007 to 2009, nearly 1 in 5 Vietnamese residents of Santa Clara County (17%) lived in overcrowded households, a higher rate than for all county residents (14%) and for other major racial/ethnic groups (all Asians, 13%; Whites, 3%; African Americans, 7%) except Hispanics (31%). The percentage of Vietnamese living in severely overcrowded households (4%) was higher than for Whites (less than 1%), African Americans (3%), and all Asians (4%), but lower than for Hispanics (12%) and all county residents (5%).

Key Community Leader Perspective on Homelessness

Key Community Leader Ms. MyLinh Pham, who directs an organization that provides services to Vietnamese homeless, observed that the Vietnamese community defines homelessness as "living outside a building" or "not having a roof, thus living on the street." She acknowledges that this definition differs from the American definition, which includes living in shelters. Currently, Santa Clara County and the U.S. Census do not track homelessness by Asian subgroup, but Ms. Pham estimated that there are 40 to 45 homeless Vietnamese men in Santa Clara County ranging in age from the mid 40s to the mid 50s. They live primarily in East San Jose under freeway overpasses and in supermarket alleyways.

When asked about the causes of homelessness among Vietnamese, Ms. Pham explained that after Vietnamese arrive in the U.S., they receive eight months of welfare and full healthcare coverage. Chronic homelessness sometimes results from an inability to support themselves after this brief period of government support, as well as from permanent separation from family. Ms. Pham has heard heart-wrenching stories of individuals who were successful in Vietnam but who were unable to earn a living here.

Ms. Pham explained several factors that may prolong homelessness for these individuals:

- A sense of shame that creates reluctance to tell their families they are homeless
- Untreated mental health problems (which are often linked to separation from families)
- Difficulties with transportation, which prevent them from traveling to shelters in downtown San Jose or to other places where they can get help
- Language barriers that prevent them from finding and accessing services
- Lack of a physical address, which prevents them from applying for Medi-Cal or other social services

Hunger, Food Assistance, and CalFresh Participation

In 2010, 1 in 7 U.S. households were food insecure at some time during the year, meaning that the food intake of one or more household members was reduced and eating patterns were disrupted because the household lacked money and other resources for food.[25,26] Food insecurity can result in a higher risk of diet-related diseases and obesity.[26] Hunger is the uneasy and painful sensation caused by lack of food. Inadequate food intake can also adversely affect learning, development, and physical and psychological health. Low-income, ethnic minority and female-headed households are at the highest risk for food insecurity. In 2011, 5% of Vietnamese adults in Santa Clara County reported that at some point in the past 12 months they had been hungry but didn't eat because they couldn't afford enough food.[13] Sixteen percent (16%) reported that they or other adults in their family had obtained food from a church, food pantry, or food bank in the past 12 months.[13]

The CalFresh Program in California, called the Supplemental Nutrition Assistance Program at the federal level and traditionally referred to as food stamps, is a nutrition program for families and individuals that meet certain income and resource guidelines.[27] CalFresh eligibility depends on household size, assets, income, and certain living expenses.[28] The income threshold for a family of four with members ages 60 and younger (and non-disabled) is $2,422 per month.[29] In 2007 to 2009, 7% of Vietnamese households in Santa Clara County received food stamps, more than twice the percentage of all county households (3%) and higher than all Asian (3%), White (1%), African American (6%), and Hispanic (6%) households.[13]

Child Care Usage by Parents Surveyed at Community Events[30]

Access to high-quality and affordable child care is essential to the well-being of both children and their families.[31] Research suggests that use of child care is less common among Vietnamese parents.[32] Those who use child care are more likely to use home-based providers than child care centers.[32] Vietnamese parents are also less likely to take up subsidized child care.[32]

In 2011, parents with at least one child younger than age 14 in their households who attended community events in Santa Clara County were asked a number of questions about child care. Approximately 1 in 5 of these parent participants (21%) reported they used paid child care in the past month. Those who reported using paid child care spent $613 on average in the past month on childcare arrangements and programs for all children in the household (range: $30 to $1,300). On average, these parent participants reported that in the past three months, all adults in their households missed a total of 14 workdays because of inconsistent or unavailable child care (but not because a child was sick).

Social Support Among Adults Surveyed at Community Events[30]

Social support can be defined as the interactive process in which emotional, instrumental, or financial aid is obtained from a social network. Social support has been found to have health benefits, including among Asian immigrant groups.[33] Larger social networks may have more potential for offering support and help, but they may also have an increased likelihood of conflict because of the pressures and responsibilities stemming from a larger number of relationships.[33]

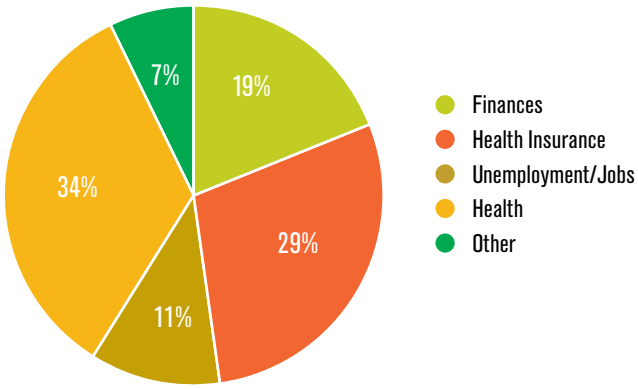
In 2011, Vietnamese adults who attended community events in Santa Clara County and who had at least one child living in their households were asked a set of questions about social support from family and friends. Responses indicated that event attendees had a relatively high level of social support. For example, more than half of event attendees (55%) reported that they either talk on the phone or get together with family or relatives who do not live with them at least a few times a week. Nearly 2 in 3 participants (62%) reported that they can rely either some (46%) or a lot (16%) on relatives who do not live with them for help if they have a serious problem. Most (56%) reported they tell their partner if they have a problem or worry either always (29%) or most of the time (27%).

However, event attendees also reported issues with social support from family and friends. More than half (55%) reported that their relatives or children often (14%) or sometimes (41%) make too many demands on them. A quarter of participants (25%) reported their family or relatives argue with them either often or sometimes.

Most Pressing Concerns

In 2011, Vietnamese adults in Santa Clara County were asked about problems facing their households. One-third (34%) cited health as their biggest concern, followed by health insurance (29%), finances (19%), and unemployment/jobs (11%).[13]

Figure 1.6: Biggest Concerns Facing Vietnamese Households

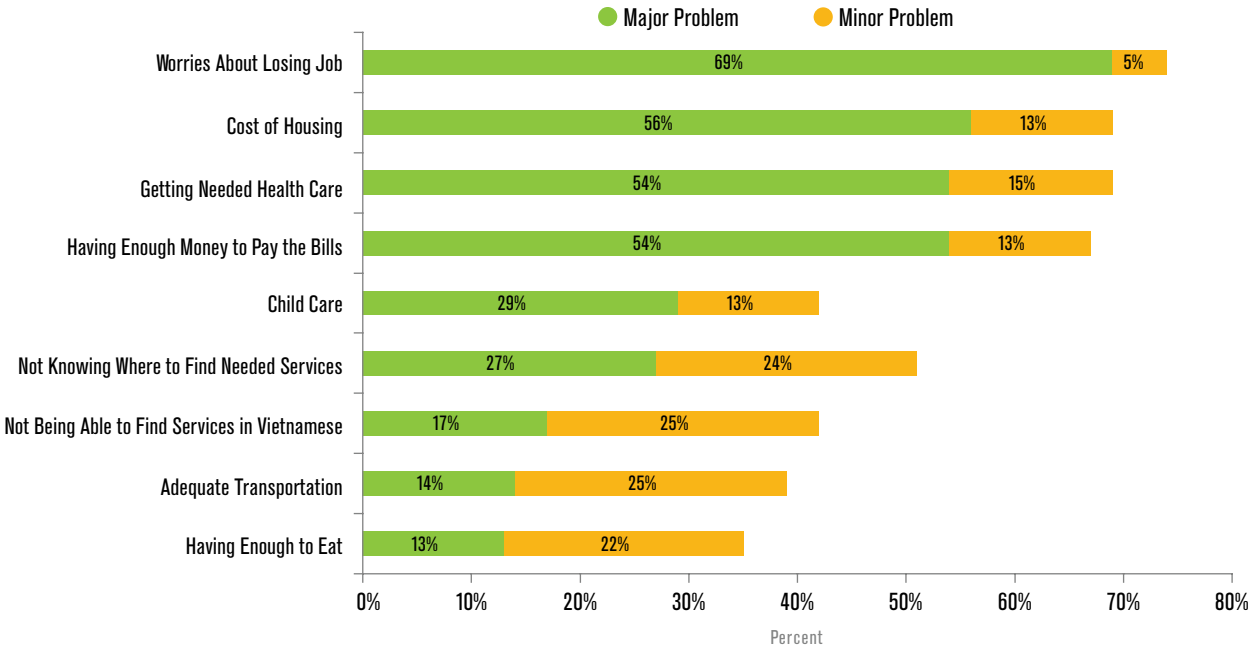


Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey

Problems Among Adults Surveyed at Community Events[34]

In 2011, Vietnamese adults who completed surveys at community events in Santa Clara County were asked to rate how much of a problem a number of social concerns were for them in the past 12 months—a major problem, a minor problem, or not a problem at all. Overall, 74% of event attendees reported that worries about losing a job was either a major or minor problem. For 69% of participants, the cost of housing or getting needed health care was a problem, and 67% reported that having enough money to pay the bills was a problem. In addition, 42% of the event attendees with children in the household reported that adequate child care was a problem.

Figure 1.7: Problems Faced by Vietnamese Adult Event Attendees in the Past 12 Months



Note: Reports of childcare problems are for Vietnamese adults with children in the home.
Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Community Event Survey

Community Strengths & Assets

This section provides a brief overview of the assets of the Vietnamese community. The strengths of a community or assets as they are often called in a social services context provide a solid foundation that helps individuals and families thrive. Assets can include institutions, attitudes, cultural norms, and people who provide vision and guidance to others.

Community-Based Organizations

In Santa Clara County there are many community-based organizations and associations that focus on business, culture, religion, politics, health, education, and other issues and provide services to the Vietnamese community. Some organizations and associations also host a number of gatherings each year to celebrate holidays and important milestones, strengthen community ties, and help preserve Vietnamese culture. Some organizations hold their own health fairs to offer health education and health screenings. Additionally there are a number of community groups and agencies that offer social services in the Vietnamese language and have individuals of Vietnamese descent on staff. Apart from providing services, these organizations offer opportunities for volunteerism, civic participation, and leadership development.

Leadership

People of Vietnamese descent participate in all areas of Santa Clara County public and private life. Co-ethnic leaders provide communities with role models and a source of pride in their collective accomplishments. These leaders promote trust and comfort through their intimate understanding of the cultural norms of the community. Additionally they bring important information and resources back to the community from the mainstream culture.

Vietnamese-Language Media

The flourishing Vietnamese-language media in Santa Clara County is an asset for the community. According to Dr. Le Phuong Thuy, who hosts a weekly radio show, the ethnic media is probably the most important source of health information for the Vietnamese population. Leaders also mentioned two influential radio shows: a weekly program on mental health that attempts to educate the community and reduce the enormous stigma attached to mental illness and a popular program for parents focusing on the emotional and physical health of children. Several radio stations and newspapers have provided free or low-cost advertising for health-related events.

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Chapter 2
Health Care and Physical Health

This chapter provides data for the Vietnamese community in Santa Clara County on the following outcomes:

- Health care
- Maternal and child health
- Mortality
- General health
- Cancer and cancer screening
- Other chronic diseases
- Infectious diseases

Key Findings

- More Vietnamese adults in Santa Clara County (26%) lack healthcare coverage than adults in the county as a whole as well as all Asian/Pacific Islanders and Whites. Sixteen percent (16%) of Vietnamese adults could not see a doctor when needed because of cost in the past 12 months.

- About half of Vietnamese middle and high school students (54%) had a regular checkup with a doctor in the past 12 months, which is less than students from all other major racial/ethnic groups except Hispanics and students in the county as a whole.

- Infant mortality is lower for Vietnamese infants (3.2 deaths per 1,000 live births) than for all other major racial/ethnic groups in the county.

- Cancer accounts for a larger percentage of the total number of deaths among Vietnamese (32%) than for all county residents.

- Vietnamese adults are diagnosed with liver cancer (56 per 100,000 adults) at four times the rate of adults in the county as a whole.

- More Vietnamese adults have been diagnosed with diabetes (10%) than all Asian/Pacific Islanders, Whites, and adults in the county as a whole. Additionally, more Vietnamese adults have been diagnosed with hypertension (29%) than all groups, including Hispanics.

- Santa Clara County residents born in Vietnam have one of the highest rates of tuberculosis infection in the county (56 per 100,000 people).

Health Care

Numerous studies have shown that limited or no access to health care is associated with poor perception of health, poor overall productivity, hospital admission for conditions that can be managed with outpatient care, and premature death.[1] This section provides data for healthcare coverage, healthcare utilization, delay of medical care, and availability of linguistically appropriate health care.

Access to Health Insurance

Health insurance or healthcare coverage includes private insurance, prepaid plans such as an HMO, or government plans like Medicare. Those without health insurance are less likely to have routine examinations and screening tests, which can place them at increased risk for undiagnosed chronic diseases.[2] However, not having insurance does not always keep a person from having access to health care and having insurance does not always guarantee access to health care.

Health Insurance Coverage Among Adults[4]

In 2011, more than one-fourth of Vietnamese adults in Santa Clara County (26%) reported not having some kind of health insurance. This was higher than for the county population overall (18%), all Asian/Pacific Islander adults (13%), and White adults (8%), but lower than for Hispanic (37%) and African American (29%) adults. (Results for other groups are from 2009.) These percentages did not meet the Healthy People 2020 target of 100% coverage.[3] Among uninsured Vietnamese adults, 98% were ages 18-64.

In 2011, 71% of Vietnamese adults ages 18-64 in Santa Clara County reported having health insurance. This was lower than for the total county population for the same age group (79%) in 2009. A higher percentage of Vietnamese women (81%) reported they had some kind of health insurance than men (68%).

As of July 1, 2011, there were 30,435 Vietnamese enrolled in the Medi-Cal program; this number represented 23% of the total Vietnamese population in the county and accounted for 13% of the county's total Medi-Cal enrollment.[5]

Health Insurance Coverage Among Children

Although information on health insurance coverage for children of Vietnamese descent in Santa Clara County is not currently available, over the past decade 97% of all children in the county had medical, dental, and vision insurance, suggesting that most Vietnamese children likely had insurance.[6] In 2009, 98% of children ages 0-17 in Santa Clara County were insured.[7] The Children's Health Initiative program covers nearly one-third of the children from low-income households in the county.

ABOUT HEALTHY PEOPLE

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.[3] Healthy People 2020 incorporates more than 1,400 targets for a comprehensive range of physical and mental health conditions.

This assessment includes information about how the Vietnamese population in Santa Clara County meets, exceeds, or falls short of Healthy People 2020 targets for several key indicators of health.

Key Community Leader Perspective on Navigating the Healthcare System

Several Key Community Leaders view navigating the healthcare system as a major challenge to accessing quality healthcare services for Vietnamese residents. Automated telephone systems in English make it difficult to reach a Vietnamese-speaking assistant, and often receptionists do not speak Vietnamese. Key Community Leader Ms. Cat Nguyen reported that limited English proficiency, and related difficulties using technology, makes it especially difficult for older adults to find and use appropriate services in Vietnamese.

Key Community Leader Ms. Quyen Vuong also observed that even though there are free healthcare clinics in areas of the county in which a large segment of the Vietnamese population resides, many Vietnamese people may not be aware of these services. Vietnamese radio was seen by many Key Community Leaders as a way for Vietnamese residents to learn about healthcare services available in Vietnamese, as well as to receive general health- and healthcare-related information. Vietnamese residents regularly listen to Vietnamese radio, especially those who have very low incomes, those who are older, and those who have disabilities.

Healthcare Utilization

As with the general population, health insurance appeared to be a significant factor in healthcare utilization for routine medical checkups within the Vietnamese community in Santa Clara County. However, language and cultural factors also played an important role.

Healthcare Utilization Among Adults[8]

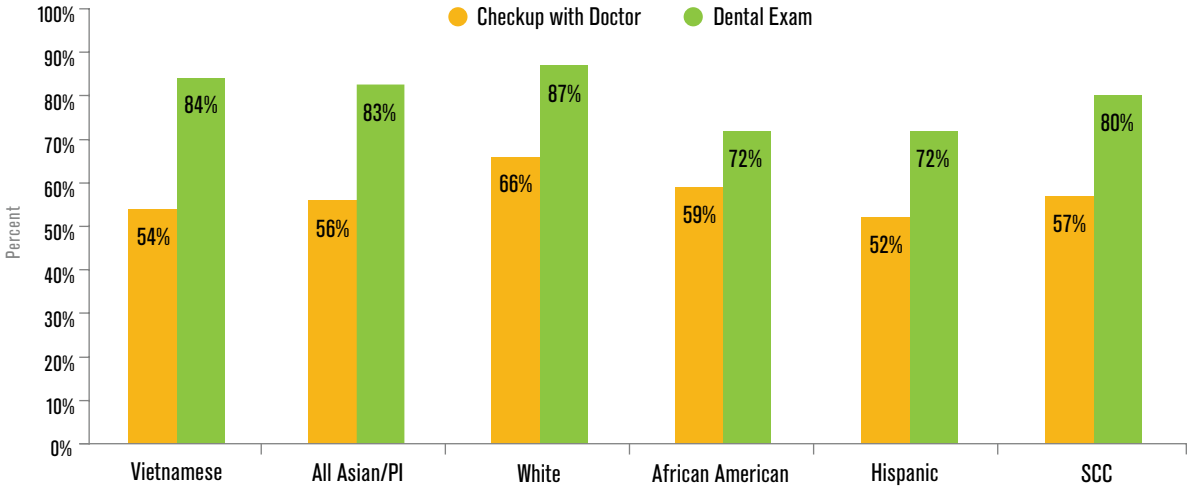
In 2011, more than three-quarters of Vietnamese adults (76%) in Santa Clara County reported that they had visited a doctor for a routine checkup within the past 12 months. This was higher than the overall county percentage (68%) in 2009.[9] A higher percentage of Vietnamese women (82%) reported visiting a doctor for a routine checkup within the past 12 months than men (70%). Eighty-four percent (84%) of Vietnamese adults with some kind of health insurance had visited a doctor for a routine checkup within the past 12 months, compared to 47% of adults without insurance.

Healthcare Utilization Among Adolescents[10]

Asian/Pacific Islander children in the U.S. are typically at higher risk of having made no physician visits than White children.[11,12] In addition, these children have more unmet dental needs than White children due in part to the fact that their parents do not know where to go for treatment.[11]

Consistent with previous research, in 2007-08, fewer Vietnamese middle and high school students in Santa Clara County (54%) reported that they had a regular checkup with a doctor in the past 12 months than White (66%), African American (59%), and all Asian/Pacific Islander (56%) students, as well as students in the county overall (57%). The percentage was lower among Hispanic students (52%). All groups missed the Healthy People 2020 target of 75.6%.[3] However, the percentage of Vietnamese students (84%) that reported having visited a dentist for an examination, teeth cleaning, or dental work in the past 12 months was similar to or higher than students of all other major racial/ethnic groups with the exception of Whites (87%).

Figure 2.1: Percent of Middle and High School Students Who Had a Regular Checkup with a Doctor or a Dental Exam in the Past 12 Months by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Key Community Leader Perspective on Prescription Medications

In Vietnam, prescriptions can be obtained without consulting a doctor. As a result, patients often come to Key Community Leader Dr. Thinh Nguyen's medical practice on a drop-in basis requesting prescriptions for common medications such as antibiotics, cough medicine, or ulcer medication. "Their sense of health care is different," Dr. Nguyen explained. "They think they know what disease they have."

Most of these patients have health insurance, but some become upset when he asks to examine them before providing a prescription, thinking that he wants to find a reason to charge them. When he explains that it is not legal to provide a prescription in the U.S. without examining a patient, some leave the practice and never return, and there is no way to know if these patients find prescriptions elsewhere or if their conditions go untreated.

In addition, Dr. Nguyen said that use of over-the-counter supplements, herbal medicines, and vitamins is very common among his Vietnamese patients. Unfortunately, many of these substances are heavily marketed by companies to the Vietnamese community in misleading ways, according to Dr. Nguyen. For example, disclaimers in ads stating that the supplements are not approved by the U.S. Food and Drug Administration are included in very small print in English, rather than in Vietnamese, he reported. Dr. Nguyen is concerned that his patients are not aware of the potential side effects of these remedies and supplements.

Delay of Medical Care[8]

In 2011, 16% of Vietnamese adults in Santa Clara County reported that they could not see a doctor when needed because of cost, which is higher than the Healthy People 2020 target of 4.2%.[3] More than five times as many Vietnamese adults without health insurance (41%) reported that they could not see a doctor because of cost than Vietnamese adults who had some type of insurance (8%).

Reasons for Delay of Care Among Adults Surveyed at Community Events[13]

In 2011, among Vietnamese adults in Santa Clara County who were surveyed at community events, the top three reasons reported for delaying medical care were being worried about the cost (24%), having to wait too long to see the doctor once they got to the doctor's office (16%), and lack of transportation (11%).

Key Community Leader Perspective on Delaying Care

Key Community Leader Dr. Thinh Nguyen has found that his Vietnamese patients tend to view health care as necessary only when they are sick, and not as a means to prevent and manage chronic or acute conditions. This issue is not only common among recent immigrants, but also among people born in Vietnam who have lived in the U.S. for many years. As a result, some of his Vietnamese patients may leave serious conditions untreated for years. "They don't see a need to see a doctor for screening or routine exams," he explained. "They come here when they are sick. When I ask why I haven't seen them for several years, they frequently say, 'I've been healthy. Why should I see a doctor?'"

Availability of Linguistically Appropriate Health Care[8]

In 2011, 4% of Vietnamese adults in Santa Clara County reported that they had difficulty understanding the doctor during their previous visit. This is similar to levels in the county overall (4%) in 2009.[7] Although most Vietnamese adults (86%) reported that they spoke the same language as their doctor, 16% reported that they needed someone to help them understand their doctor. Of the adults who reported they needed help, only 61% got help from a professional interpreter either in-person or on the telephone.

Key Community Leader Perspectives on Linguistically Appropriate Health Care

Many Key Community Leaders reported that access to linguistically appropriate healthcare services in Vietnamese is an issue. Access to Vietnamese primary care physicians was viewed as generally good, but several suggested that there may be disparities in access to, and utilization of, quality specialty care in Vietnamese.

Accessing Health Information Among Adults Surveyed at Community Events[13]

In 2011, Vietnamese adults in Santa Clara County who were surveyed at community events were asked where they get most of the information about their health. The most common sources reported by event attendees were their doctor's office (27%), the newspaper (14%), and the radio (13%).

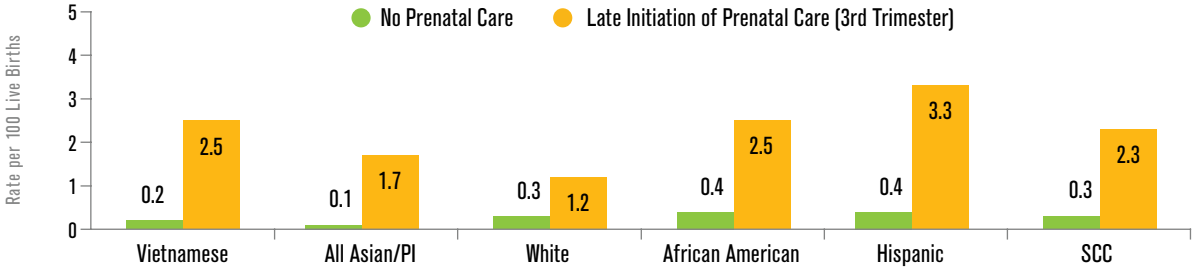
Maternal and Child Health[14]

Health issues of mothers and their infants are an important focus of prevention and intervention efforts aimed at improving health in communities. This section explores key aspects of maternal and infant health, including low birth weight, preterm births, and infant mortality; prenatal care; and the rate of births to Vietnamese teens. In general, Vietnamese infants and mothers in Santa Clara County experienced good birth outcomes and achieved Healthy People 2020 targets.

Prenatal Care

In 2009, a very small proportion (0.2%) of Vietnamese mothers in Santa Clara County had no prenatal care during their pregnancies and 2.5% of Vietnamese mothers initiated prenatal care late in their pregnancies (third trimester). While the percentage of Vietnamese mothers who had no prenatal care during their pregnancies was lower than all mothers in the county, as well as mothers from most other major racial/ethnic groups, the percentage of Vietnamese mothers who initiated prenatal care late in their pregnancies was the second highest in comparison to all major racial/ethnic groups (and equal to that of African American mothers).

Figure 2.2: Rates of No or Late Initiation of Prenatal Care by Race/Ethnicity



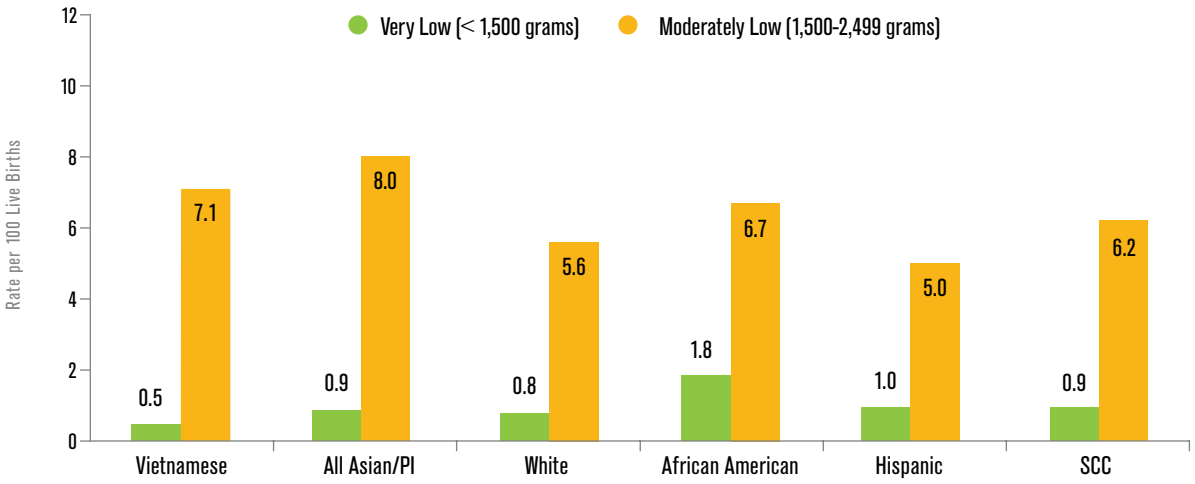
Source: Santa Clara County Public Health Department, 2009 Birth Database

Low Birth Weight

Low birth weight can cause serious problems for infants during developmental stages and can even lead to infant mortality. Infants weighing less than 2,499 grams (up to five pounds, eight ounces) are considered low birth weight. Those weighing less than 1,500 grams (three pounds, five ounces) are considered very low birth weight. (This applies only to live births.) Very low birth weight infants often deliver preterm (less than 37 weeks gestation) and have a high risk of mortality. Moderately low birth weight infants (1,500 to 2,499 grams) can be preterm, small for their gestational age, or appropriate for their gestational age, and have a lower risk of mortality than very low birth weight infants.[15]

The Healthy People 2020 target for very low birth weight is 1.4% of live births; for low birth weight, the target is 7.8% of live births.[3] In 2009, 0.5% of Vietnamese infants born in Santa Clara County were very low birth weight and 7.6% were low birth weight, meeting both of these targets. Although a higher percentage of Vietnamese infants (7.1%) were moderately low birth weight than infants in the county overall (6.2%), a smaller percentage of Vietnamese infants (0.5%) were very low birth weight than infants in the county (0.9%).

Figure 2.3: Low Birth Weight Rates by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Birth Database

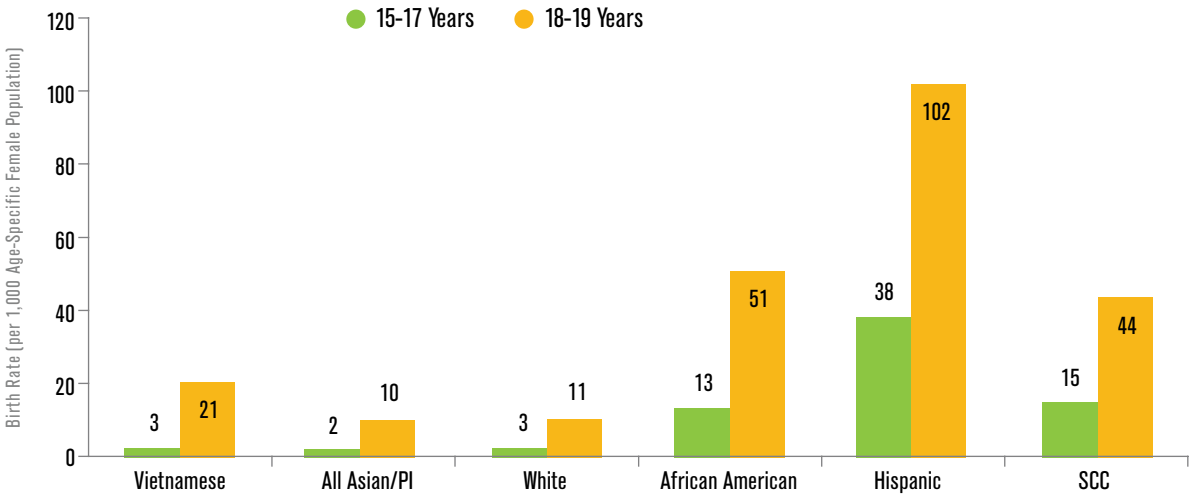
Preterm Births

In 2009, a smaller percentage of Vietnamese infants (9%) in Santa Clara County were born preterm than all Asian/Pacific Islander infants (10%), White infants (10%), African American infants (11%), Hispanic infants (10%) and infants in the county as a whole (10%). Percentages for all groups were lower than the Healthy People 2020 target of 11% of live births being preterm.[3] Of Vietnamese infants who were moderately low birth weight, 52% were preterm—a lower percentage than the 62% of moderately low birth weight infants in the county overall. These findings suggest that although a larger proportion of Vietnamese infants were low birth weight than for infants in the county as a whole, only a small proportion of Vietnamese infants were at risk for mortality or the physical and developmental complications associated with low birth weight.

Teenage Birth Rate[16]

In 2006 to 2009, the average birth rate for Vietnamese teens in Santa Clara County was 3 per 1,000 for ages 15-17, and 21 per 1,000 for ages 18-19. These rates were lower than the county average for teens ages 15-17 (15) and ages 18-19 (44). However, Vietnamese teens had higher rates than teens in either age group for all Asian/Pacific Islanders ages 15-17 (2) and ages 18-19 (10), or Whites ages 15-17 (3) and ages 18-19 (11).

Figure 2.4: Average Rate of Live Births Among Teens by Race/Ethnicity and Age of Mother, 2006-2009



Sources: Santa Clara County Public Health Department, 2006-2009 Birth Databases; U. S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Infant Mortality

The infant mortality rate is the number of deaths per 1,000 live births occurring in infants younger than 365 days.[17] It serves as a general measure of the overall health of a population.[17] Preterm and low birth weight births and birth defects all contribute to infant mortality.[18] In 2009, the Vietnamese infant mortality rate in Santa Clara County was 3.2 deaths per 1,000 live births. This was the lowest rate of all major racial/ethnic groups in the county: Asian/Pacific Islanders (3.5), Whites (3.4), African Americans (8.1), and Hispanics (4.0). The rate for the county as a whole was 3.9. The Vietnamese infant mortality rate was also lower than the Healthy People 2020 target of 6 deaths per 1,000 live births.[3]

Mortality[19]

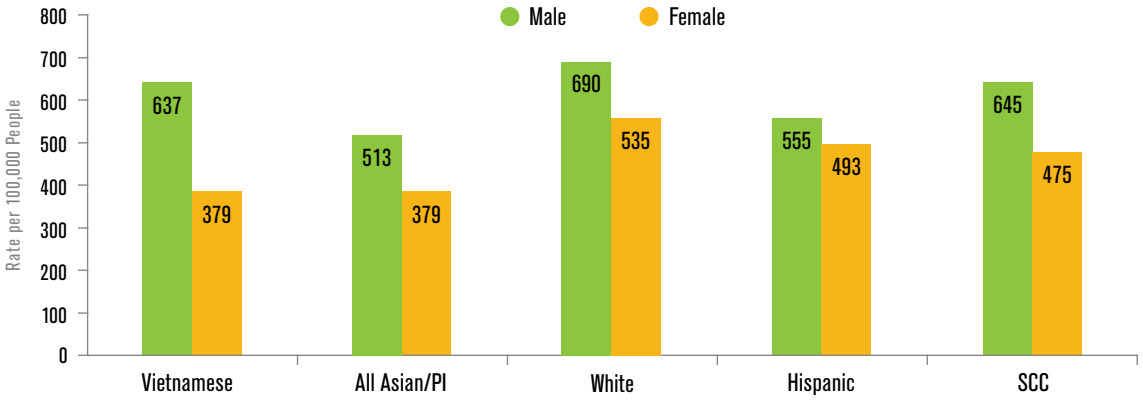
Measuring the rates and causes of death in a community is important for understanding the true burden of disease and injury, and for monitoring trends. Vietnamese residents in Santa Clara County had lower age-adjusted death rates for all causes than other county residents. A higher percentage of Vietnamese deaths were from cancer than from other causes.

Deaths from All Causes

Older age places individuals at higher risk of death from all causes, and from many specific causes as well. Age-adjusted death rates allow comparison of the risk of death from various causes for different population groups, accounting for differences in the proportions of younger or older people within each group. In 2009, both Vietnamese males (637 per 100,000 people) and females (379) in Santa Clara County had lower age-adjusted death rates (for all causes of death) than all county residents (males, 645; females, 475). Vietnamese females (379) had a lower age-adjusted death rate than females in most other major racial/ethnic groups except for all Asian/Pacific Islanders. However, Vietnamese males (637) had a higher age-adjusted death rate than Hispanic (555) or all Asian/Pacific Islander (513) males.

Data for African Americans not presented due to small numbers.

Figure 2.5: Age-Adjusted Mortality Rates (All Causes) by Race/Ethnicity and Sex

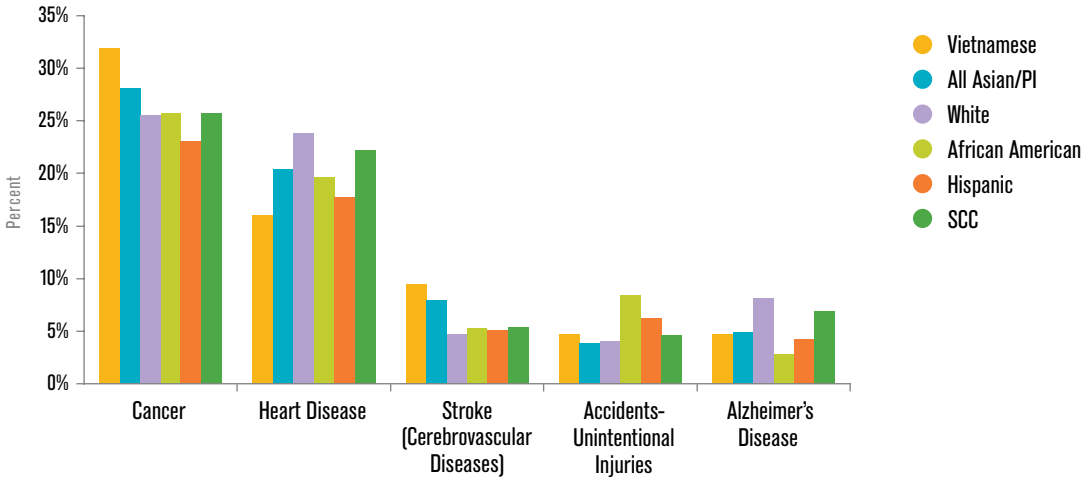


Sources: Santa Clara County Public Health Department, 2009 Death Database; U. S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Leading Causes of Death

In 2009, there were 8,927 deaths among Santa Clara County residents. Of those deaths, 429 (5%) were among Vietnamese residents. The two leading causes of death for all residents of the county in 2009 were cancer and heart disease. However, cancer accounted for a larger percentage of the total number of deaths among Vietnamese (32%) than for all county residents (26%), and heart disease accounted for a smaller percentage of deaths among Vietnamese (16%) than for all county residents (22%).

Figure 2.6: Top Five Leading Causes of Death by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Death Database

General Health[4]

People's perceptions of their own health, as well as the number of days in the past month when an individual felt his or her physical health was not good, can provide a broad indicator of the health needs of a population. Also, because people generally seek health care only when they feel unhealthy, self-perceptions of health can also provide a sense of the future burden on healthcare delivery systems.[20,21] This section focuses on perceptions of health and self-reported days of poor mental and physical health, both of which tended to be worse among Vietnamese than among other groups in the county.

Perception of Health

Research has found that Vietnamese individuals report worse health than other major racial/ethnic groups.[22,23] This may be due to chronic diseases that are often not measured in health surveys, such as arthritis, or to underutilization of health services because of barriers such as lower English proficiency or lack of insurance.[22] It may also be the result of physical and psychological trauma experienced prior to immigration, especially among older adults.[22]

In Santa Clara County in 2011, a higher proportion of Vietnamese adults (48%) reported that their overall health was fair or poor than was the case for all other major racial/ethnic groups (reported in 2009).

More Vietnamese women (56%) reported fair/poor overall health status than men (41%), and more Vietnamese adults ages 65 and older (81%) reported fair/poor overall health status than adults ages 18-44 (26%) or adults ages 45-64 (60%). A lower percentage of Vietnamese who had been in the U.S. for 20 years or more (42%) rated their health as fair/poor than those who had been in the U.S. for less than 10 years (52%) or 10-19 years (57%).

Table 2.1: Percent of Adults Who Reported Excellent, Very Good, Good, Fair, or Poor General Health by Race/Ethnicity

Rating of health	Vietnamese	All Asian/PI	White	African American	Hispanic	SCC
Excellent	4%	22%	27%	16%	24%	25%
Very Good	8%	35%	39%	36%	33%	36%
Good	40%	32%	23%	19%	23%	25%
Fair	34%	8%	9%	24%	18%	12%
Poor	14%	3%	2%	5%	2%	3%

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

Days of Poor Physical Health

In 2011, Vietnamese adults in Santa Clara County reported that their physical health was not good on an average of 6.7 days in the past 30 days. This was approximately 1.5 times higher than the number of days reported on average in 2009 by African Americans (4.6 days) and more than three times higher than for all Asian/Pacific Islanders (1.6 days) or Hispanics (1.9 days). It was nearly three times higher than for adults in the county as a whole (2.3 days).

The percentage of Vietnamese adults who reported one or more days of poor physical health (51%) in 2011 was also higher than the percentage of all other major racial/ethnic groups (24% of Asian/Pacific Islanders, 31% of Whites, 45% of African Americans, and 27% of Hispanics) and nearly twice as high as the percentage of adults in the county as a whole (28%) reported in 2009. A higher percentage of Vietnamese women (63%) than men (40%) reported one or more days of poor physical health in the past 30 days. More Vietnamese adults ages 65 and older (74%) reported one or more days of poor physical health in the past 30 days than adults ages 45-64 (57%) and ages 18-44 (38%).

Chronic Diseases

A chronic disease is one that persists for a long period of time. For the most part, chronic diseases can be controlled with medication and lifestyle changes, but usually not cured. Chronic diseases are among the most common and costly of all health problems, but are also among the most preventable through healthy behaviors and environmental change.

This section provides an overview of chronic health conditions within the Vietnamese community of Santa Clara County, including cancer, heart disease and stroke, diabetes, high blood pressure, and high cholesterol. Findings are also presented for cancer screening among adults and the prevalence of asthma among Vietnamese adolescents.

RATE

A rate is a measure of disease occurrence in a defined population over a specified period of time. It is defined as the number of events in a specified period divided by population at risk during that period.

Cancer and Cancer Screening

Cancer

Cancer is the second most common cause of death in the U.S., and is associated with 1 in every 4 deaths.[17] This section reports on cancers in adults (ages 18 and older), focusing on all cancers combined as well as the most common site-specific cancers in the U.S. (lung, colorectal, breast, and prostate) and three site-specific cancers that are more common among Asians nationwide (liver, stomach, and cervical). All rates provided in this section are age-adjusted.

Risk Factors for Cancer

Hepatocellular carcinoma, the most common type of liver cancer, is often caused by the hepatitis B virus. Immigrants from Vietnam have higher rates of infection than other groups, which could explain the high rates of liver cancer among individuals of Vietnamese descent. Stomach cancer risk factors include infection from the bacterium *Helicobacter pylori* caused by poor sanitation and lack of refrigeration, which are common in developing nations such as Vietnam.[24]

Human papillomavirus is a risk factor for cervical cancer, as is lack of Pap testing to identify precancerous lesions. Lack of access to Pap testing in developing nations such as Vietnam could explain higher rates of cervical cancer in Vietnamese immigrants.[24]

More information about risk factors for cancer among Vietnamese residents is presented in the section on Infectious Diseases later in this chapter, and in the Cancer Screening section.

Incidence of Cancer[25,26]

Incidence refers to the number of new cases of cancer during a specific time period. In 2007 to 2009, the overall age-adjusted incidence rate for all cancers combined among Vietnamese residents of Santa Clara County was 408 cases per 100,000 people, which was lower than the rate for adults from all other major racial/ethnic groups as well as adults in the county as a whole. This pattern was consistent for both Vietnamese men (462) and women (370).

When considering site-specific cancers among Vietnamese residents, findings were mixed. For example, in 2007 to 2009, the rate of liver cancer (56 per 100,000 people) was more than twice the rate for Hispanics (22) and all Asian/Pacific Islanders (25), and it was seven times the rate for Whites (8). This pattern was generally consistent for both Vietnamese men (88) and women (29). Vietnamese adults also had the second highest rates of cervical cancer (13) and lung cancer (52) compared to other major racial/ethnic groups. However, they had the lowest rate of breast (103), colorectal (44), and prostate (77) cancers.

Rates for African Americans not presented due to small numbers of cases.

Table 2.2: Age-Adjusted Cancer Incidence Rates per 100,000 Adults by Cancer Site, Race/Ethnicity and Sex

	Vietnamese	All Asian/PI	White	Hispanic	SCC
All Sites					
Men	462	643	727	524	616
Women	370	403	623	428	519
All Adults	408	418	664	467	558
Breast					
Women	103	140	214	134	175
Colon & Rectum					
Men	51	77	60	59	58
Women	37	48	54	41	50
All Adults	44	49	57	50	54
Liver					
Men	88	50	12	36	21
Women	29	14	4	10	7
All Adults	56	25	8	22	14
Lung					
Men	70	69	70	44	63
Women	37	33	63	30	50
All Adults	52	44	66	36	56
Prostate					
Men	77	125	228	154	191
Stomach					
Men	18	26	10	17	13
Women	9	12	7	12	9
All Adults	13	15	9	14	11
Uterine Cervix					
Women	13	10	9	14	10

Sources: Greater Bay Area Cancer Registry, 2007-2009; U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Cancer Mortality[26-28]

Even though Vietnamese residents had a lower age-adjusted incidence of all cancers than other major racial/ethnic groups, they had the second highest age-adjusted mortality rate for all cancers (158 per 100,000 people) compared to Whites (224), Hispanics (145), and all Asian/Pacific Islanders (145). In terms of site-specific cancers, Vietnamese adults had the highest mortality rate for liver cancer (34), more than four times higher than for all county residents (8). Vietnamese men (53) and women (28) had the second highest mortality rates for lung cancer. However, Vietnamese women had the lowest mortality rates for breast cancer (10).

Mortality rates for cancers of the stomach, cervix, and prostate, as well as for all cancers among African American residents, are not presented due to the small numbers of deaths.

Table 2.3: Age-Adjusted Cancer Mortality per 100,000 Adults by Cancer Site, Race/Ethnicity and Sex

	Vietnamese	All Asian/PI	White	Hispanic	SCC
All Sites					
Men	195	128	242	172	212
Women	126	212	211	125	175
All Adults	158	145	224	145	191
Breast					
Women	10	18	32	24	27
Colon and Rectum					
Men	9	25	19	20	20
Women	10	14	21	10	16
All Adults	10	15	19	14	18
Liver					
Men	53	28	6	17	12
Women	18	8	3	3	4
All Adults	34	15	4	10	8
Lung					
Men	53	43	56	35	49
Women	28	24	51	13	38
All Adults	39	32	53	23	43

Sources: Greater Bay Area Cancer Registry, 2007-2009; U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates

Cancer Screening[8]

Cancer screening helps to detect cancer early, improving survival rates and treatment options. Estimates of the premature deaths that could have been avoided by screening vary from 3% to 35% depending on the type of cancer. Beyond the potential for avoiding death, screening may reduce cancer morbidity because treatment for earlier-stage cancers is often less aggressive than for more advanced-stage cancers.[29]

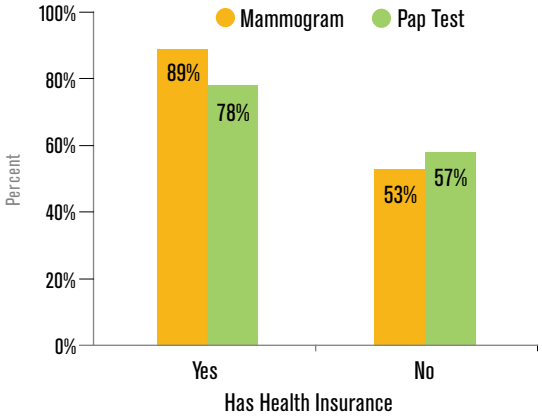
Breast Cancer Screening

Breast cancer is screened for with a mammogram, a low-dose x-ray that detects changes in the breast tissue. The United States Preventive Services Task Force (USPSTF) recommends women ages 50-74 get a mammogram every two years.[30] In 2011, 80.7% of Vietnamese women in Santa Clara County ages 50-74 reported having had a mammogram in the past two years. This nearly met the Healthy People 2020 target of 81.1% of women meeting the most recent guidelines.[3]

Lack of health insurance may be a barrier to receiving a mammogram. In 2011, nearly 9 in 10 Vietnamese women ages 50-74 in the county who had health insurance (89%) reported having a mammogram in the past two years, compared to 53% of women without insurance.

Length of residence in the U.S. was associated with having had a mammogram for Vietnamese women in Santa Clara County. In 2011, only 60% of Vietnamese women in Santa Clara County ages 50-74 who had lived in the U.S. for less than 10 years had had a mammogram in the past two years—a lower percentage than their counterparts (87%) who had lived in the U.S. for more than 20 years.

Figure 2.7: Percent of Vietnamese Women Ages 50-74 Who Had a Mammogram in the Past Two Years and Percent of Vietnamese Women Ages 21-65 Who Had a Pap Test in the Past Three Years by Health Insurance Status



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

Cervical Cancer Screening

Vietnamese women have the second highest rate of cervical cancer in Santa Clara County compared to other major racial/ethnic groups, making screening an important issue for this population. To detect cervical cancer at an early stage, the USPSTF recommends screening women ages 21-65 for cervical cancer with a Pap test. In 2011, 73% of Vietnamese women ages 21-65 in Santa Clara County reported having had a Pap test in the past three years. This was lower than the Healthy People 2020 target of 93% of women in this age range meeting the most recent guidelines.[3]

One barrier to getting a Pap test may be lack of health insurance. In 2011, a higher percentage of Vietnamese women ages 21-65 who had health insurance (78%) had had a Pap test in the past three years than women without insurance (57%).

Colon Cancer Screening

There are multiple tests to screen for colon cancer, including the fecal occult blood test (FOBT), sigmoidoscopy, and colonoscopy. FOBT is a less-invasive screening method and sometimes can even be done at home. Sigmoidoscopies and colonoscopies are more invasive exams to view the colon for signs of cancer or other health problems. The USPSTF recommends the following intervals for these three screening strategies for adults ages 50-75: annual screening with high-sensitivity FOBT, sigmoidoscopy every five years with high-sensitivity FOBT every three years, or a colonoscopy every 10 years.[31] In 2011, 56% of Vietnamese adults in Santa Clara County ages 50-75 met these guidelines. This was lower than the Healthy People 2020 target of 70.5% of adults meeting the guidelines.[3]

In 2011, 28% of Vietnamese adults ages 50 and older reported having a FOBT within the past two years. This was lower than the county overall (35%) in 2010.[32] Also, in 2011, 55% of Vietnamese adults ages 50 and older reported ever having a sigmoidoscopy or colonoscopy. This was lower than the county overall (64%) in 2010.[32]

Cancer Screening Knowledge Among Adults Surveyed at Community Events[13]

In general, Vietnamese adults who completed surveys at community events in Santa Clara County in 2011 understood the importance of cancer screening for cancer outcomes. Most attendees who were surveyed (85%) knew that people can have cancer without having any symptoms, and nearly all knew that individuals should be screened on a regular basis (98%), that cancer can be prevented or detected early with screening (93%), and that simple lifestyle changes can reduce cancer risk (94%).

Other Chronic Conditions[4]

Heart Disease and Stroke Among Adults

Heart disease is the leading cause of death and stroke (cerebrovascular diseases) is the fourth leading cause of death in the U.S.[33] The most common types of heart disease are angina/coronary heart disease, heart attack (also called myocardial infarction), congestive heart failure, and congenital heart disease.

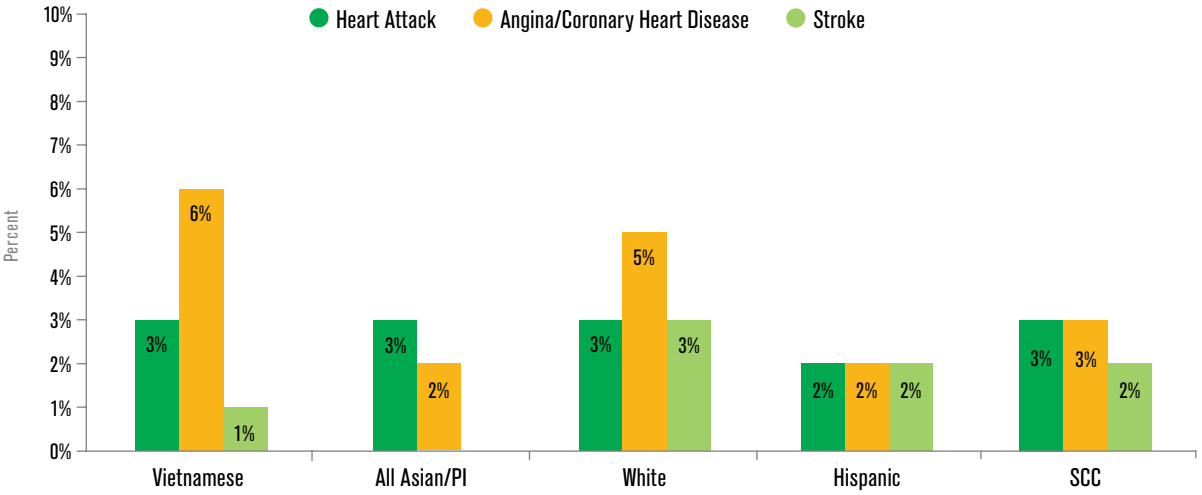
In 2011, 3% of Vietnamese adults in Santa Clara County had ever been told by a health professional that they had had a heart attack, 6% had ever been told they had angina or coronary heart disease, and 1% had been told they had had a stroke. A higher percentage of Vietnamese adults had been diagnosed with angina/coronary heart disease than all other major racial/ethnic groups and the county population overall in 2009. The prevalence of heart attack among Vietnamese adults was similar to that among other major racial/ethnic groups, while the prevalence of stroke was lower.

More Vietnamese men (7%) had been diagnosed with angina/coronary heart disease than women (5%). Diagnosed angina/coronary heart disease was more common among older Vietnamese adults (13% of adults ages 65 and older versus 6% of adults ages 45-64). Comparisons of heart attack and stroke by gender, age, and years of residence in the U.S. not presented due to small sample sizes. Results for Asian/Pacific Islanders for stroke and results for African Americans for all three conditions not presented due to small sample sizes.

Diabetes, Hypertension, and High Cholesterol Among Adults

Common risk factors for heart disease and stroke are diabetes, high blood pressure (also known as hypertension), and high cholesterol. Individuals can often reduce their risk of these conditions through changing their lifestyle.

Figure 2.8: Percent of Adults Who Have Ever Had a Heart Attack, Angina/Coronary Heart Disease, or Stroke by Race/Ethnicity

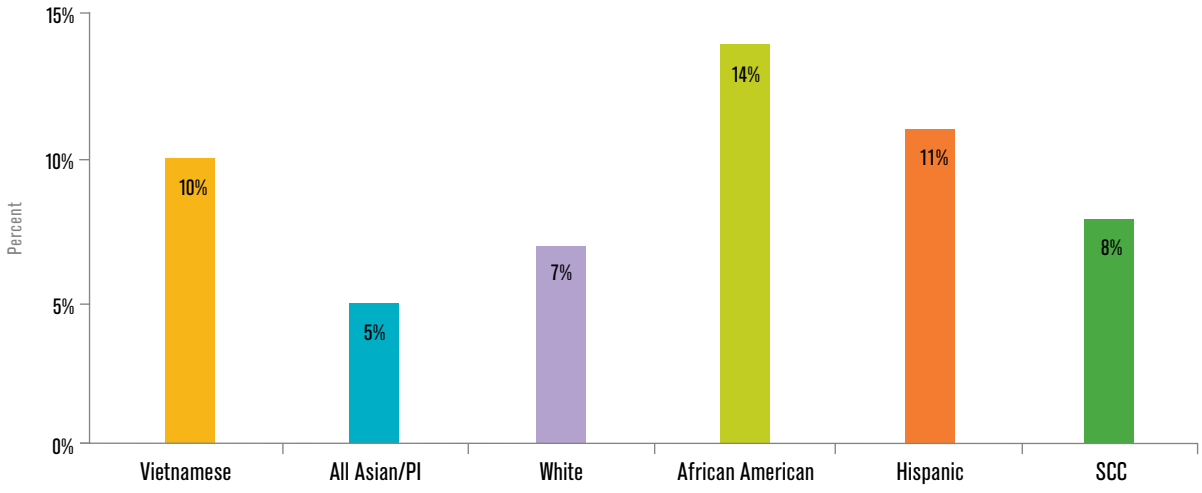


Sources: Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey; Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

In 2011, 10% of Vietnamese adults in Santa Clara County reported that they had ever been told by a doctor that they have diabetes. This was a higher percentage than for all Asian/Pacific Islanders (5%), Whites (7%), and all county residents (8%) in 2009. It was similar to levels among Hispanics (11%) and lower than the percentage for African Americans (14%). In 2007, the age-adjusted prevalence of diabetes in Vietnamese adults statewide was 7%, which was higher than for Whites (6%).[34]

Gestational diabetes is a risk factor for type 2 diabetes. The number of respondents to the Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey who reported having had gestational diabetes was too small to provide reliable estimates of this condition. However, a recent study of electronic medical records in a healthcare system serving residents of Santa Clara County and two other Northern California counties found that Vietnamese women ages 18-45 at the time of first delivery during the study period had a significantly higher risk of gestational diabetes (12%) than all Asians (7%), Whites (3%), and other Asian-American subgroups (Asian Indians, 8%; Chinese, 7%; Filipino, 6%; Japanese, 4%; and Korean, 5%).[35]

Figure 2.9: 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

In 2011, 29% of Vietnamese adults in Santa Clara County had ever been told by a health professional they had high blood pressure (hypertension), which is a higher percentage than for all Asian/Pacific Islanders (24%), Hispanics (12%), and all county residents (26%) in 2009. It was lower than the percentage of Whites (33%) and African Americans (37%). The prevalence of hypertension among Vietnamese adults exceeds the Healthy People 2020 target of 26%.[3]

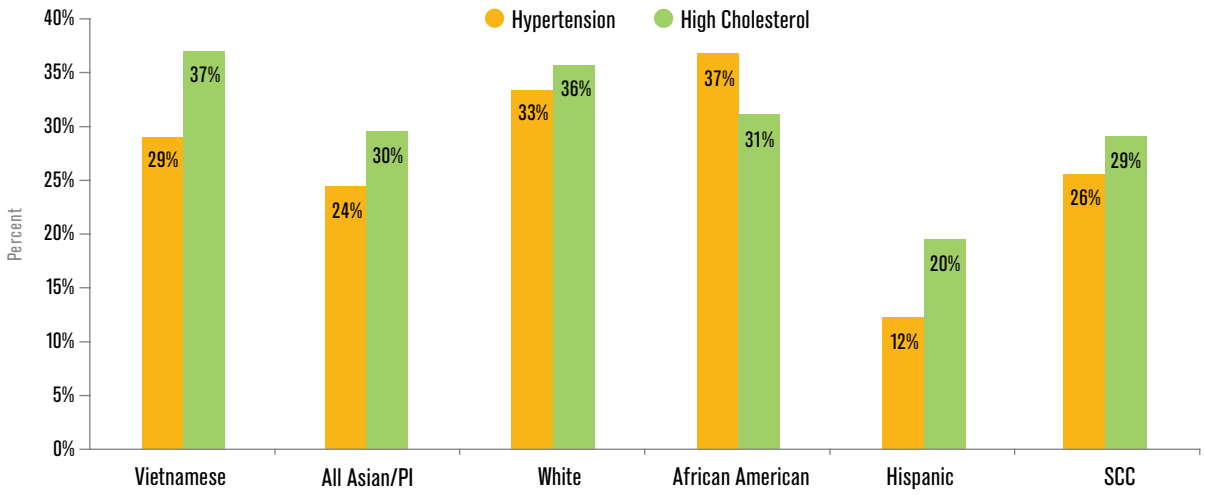
A higher percentage of Vietnamese adults (37%) had been told they had high cholesterol by a health professional than all other major racial/ethnic groups and the total county population with the exception of Whites (36%), who had a similar rate.

In comparisons between men and women, Vietnamese men reported higher percentages of diabetes than women (11% versus 9%), hypertension (33% versus 24%), and high cholesterol (39% versus 35%).

The prevalence of hypertension, high cholesterol, and diabetes increased with age among Vietnamese adults. A lower percentage of adults ages 45-64 (13%) had diabetes than adults ages 65 and older (33%). Nearly twice as many adults ages 65 and older (76%) had hypertension than adults ages 45-64 (40%). Eighteen percent (18%) of adults ages 18-44, 47% of those ages 45-64, and 67% of those ages 65 and older had high cholesterol.

Several comparisons by gender, age, or racial/ethnic group not presented due to small sample sizes.

Figure 2.10: Percent of Adults with Hypertension or High Cholesterol 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

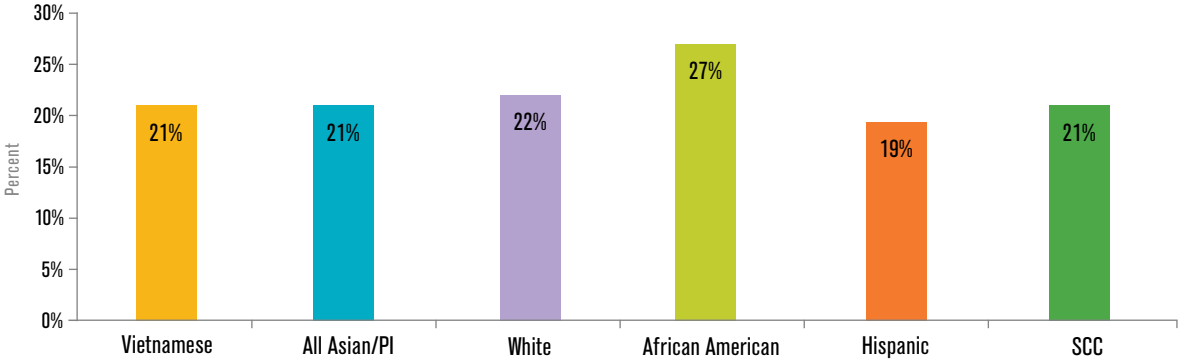
Key Community Leader Perspective on Management of Chronic Diseases

Even after being diagnosed with an advanced chronic condition, some Vietnamese patients may not manage their health as recommended by their physicians, explained Key Community Leader Dr. Thinh Nguyen. For example, he has had patients who have been diagnosed with uncontrolled hypertension refuse to schedule regular blood pressure checks. In addition to ignoring recommendations for checkups and tests, prescription compliance among Dr. Nguyen's Vietnamese patients is problematic, especially with male English-speaking patients ages 30-50. They often report that they "feel healthy" and remain unwilling to take medication until experiencing a major incident such as a heart attack or stroke, he explained. In his practice, he has noticed that non-compliance is more common among men than women.

Asthma Among Adolescents[10]

Asthma affects people of all ages, but it is one of the most common chronic diseases among children. It is the most frequent cause of hospital admissions for children and is the leading cause of school absences. In 2007-08, more than 1 in 5 Vietnamese middle and high school students in Santa Clara County (21%) had been told by a doctor (or a doctor had told their parent/guardian) that they had asthma. This rate was similar to most other major racial/ethnic groups and students in the county overall, but lower than for African Americans (27%). A lower percentage of Vietnamese students (7%) reported having an asthma episode in the past 12 months than White (10%) or African American (12%) students, but their rate was similar to that of Hispanic (8%), all Asian/Pacific Islander (7%), and all Santa Clara County (8%) students.

Figure 2.11: Percent of Middle and High School Students Ever Diagnosed with Asthma by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Infectious Diseases

Infectious diseases are primarily, although not exclusively, transmitted through direct contact with an infected individual or their bodily fluids, such as blood. Hepatitis B and tuberculosis (TB) are very serious infectious diseases that affect Vietnamese residents and other Asians in Santa Clara County at much higher rates than other major racial/ethnic groups.

Hepatitis B[36]

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. It can be spread when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected. This can occur through sexual contact; from sharing needles, syringes, or other drug-injection equipment; or from an infected mother to her baby at birth.[37] Hepatitis B virus is not spread by sharing food, water, or eating utensils, or by breastfeeding, hugging, kissing, holding hands, coughing, or sneezing.[38]

Hepatitis B can either be an acute, short-term illness or a chronic, lifelong illness. In the U.S., an estimated 800,000 to 1.4 million individuals have chronic hepatitis B. Most people with chronic hepatitis B remain symptom-free for 20 to 30 years, although approximately 15% to 25% of people with chronic hepatitis B develop serious liver conditions such as cirrhosis (scarring of the liver) or liver cancer. In the U.S. approximately 5,000 people die each year of hepatitis B-related cirrhosis with liver failure or liver cancer.[39]

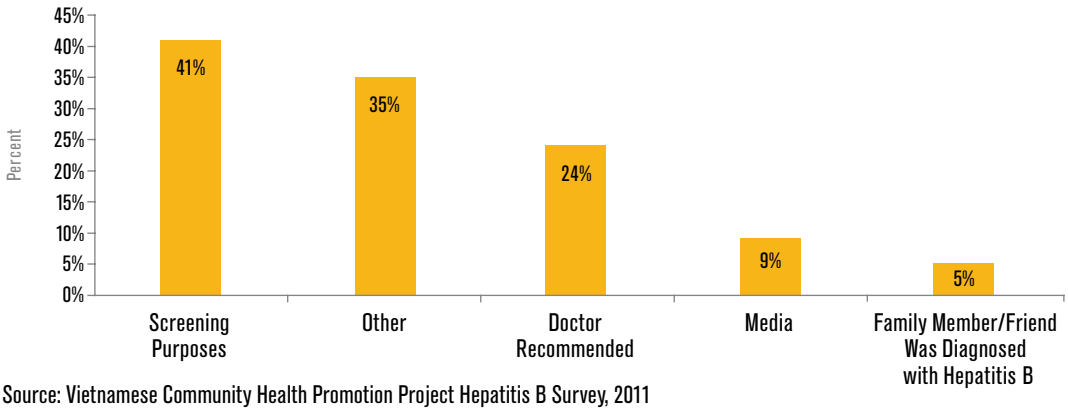
Chronic hepatitis B infection represents one of the greatest health disparities for Vietnamese and other Asian groups. Nationally, liver cancer is the second most common cancer among Vietnamese and liver cancer rates are 13 times higher for Vietnamese men than for non-Asian men.[40] As stated earlier in this chapter in the section on cancer, the liver cancer death rate among Vietnamese residents of Santa Clara County in 2007 to 2009 was more than four times higher than the rest of the county.

Hepatitis B Testing Among Adults

Early diagnosis of hepatitis B through testing can prevent life-threatening liver disease and cancer, and can identify individuals who would benefit from vaccination. Therefore, the Centers for Disease Control and Prevention (CDC) recommend testing for all people who were born in countries where hepatitis B is common, including Vietnam. The CDC also recommends testing all people in the U.S. who were not vaccinated as infants and who have a parent that was born in a country with high rates of hepatitis B.[39]

In 2011, 74% of Vietnamese adults in Santa Clara County reported ever having had a blood test for hepatitis B. There was little difference in the percentage of Vietnamese adults who had been tested by gender, age, or English-language ability (including the need for a translator at the doctor's office). However, only 45% of Vietnamese adults reported ever having requested a hepatitis B test from their doctor. Of those who had the test, the most common reason given was for screening purposes (41%). Only 9% of those who had had the test reported being tested because of a message they heard or saw in the media.

Figure 2.12: Reasons for Hepatitis B Blood Test Among Vietnamese Adults Who Have Ever Been Tested



Source: Vietnamese Community Health Promotion Project Hepatitis B Survey, 2011

Of Vietnamese adults who had had the blood test, 4% reported being currently infected, 7% reported having been infected but were no longer infectious, 12% were immune (likely due to having been infected with hepatitis B and being told by their doctor that they no longer had the virus and were now immune, or because they had been vaccinated), 69% were not infected, and 6% didn't know the results of the test. Nineteen percent (19%) reported having an immediate family member with hepatitis B. Only 37% reported having received vaccinations to prevent hepatitis B. (The survey did not ask respondents to report the number of vaccinations they had received.)

Lack of health insurance and cost may be barriers to hepatitis B testing. Eighty percent (80%) of Vietnamese adults with health insurance had been tested, while only 64% of those without health insurance had been tested. Twenty-one percent (21%) of Vietnamese adults reported that when they thought about the hepatitis B blood test, they were very concerned about its cost.

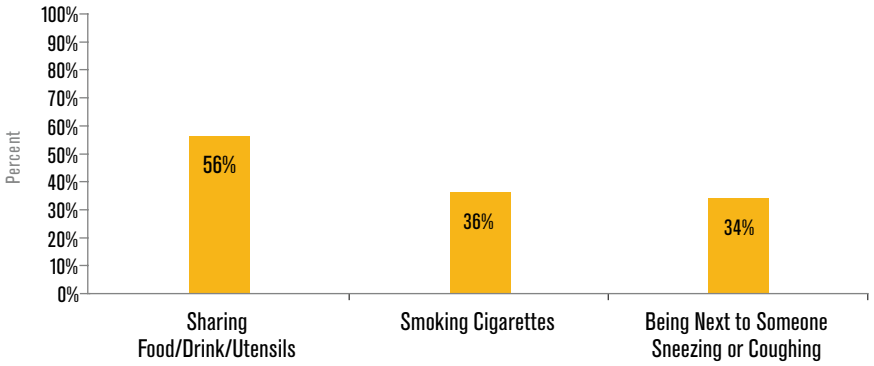
Hepatitis B Testing Among Young Adults Surveyed Online [31]

In 2011, 54% of Vietnamese young adults ages 18-25 in Santa Clara County who participated in an online survey reported ever having had a hepatitis B blood test. Of those tested, 2% reported being currently infected, 4% were infected but were no longer infectious, 19% were immune, 64% had never had the virus, and 11% didn't know the results of their test.

Knowledge of Hepatitis B and Prevention[36]

In 2011, more than half of Vietnamese adults ages 18 and older (56%) in Santa Clara County erroneously believed that a person could become infected with hepatitis B by sharing food, drink, or utensils. Approximately 1 in 3 erroneously believed that a person could become infected with hepatitis B by smoking cigarettes (36%) or simply by being next to an infected person who sneezed or coughed (34%). Twenty-five percent (25%) did not believe or did not know that a person infected with hepatitis B can look and feel healthy but still spread the virus. Forty-eight percent (48%) did not think or did not know that a person can be infected with hepatitis B for life, although 84% knew that hepatitis B causes liver cancer.

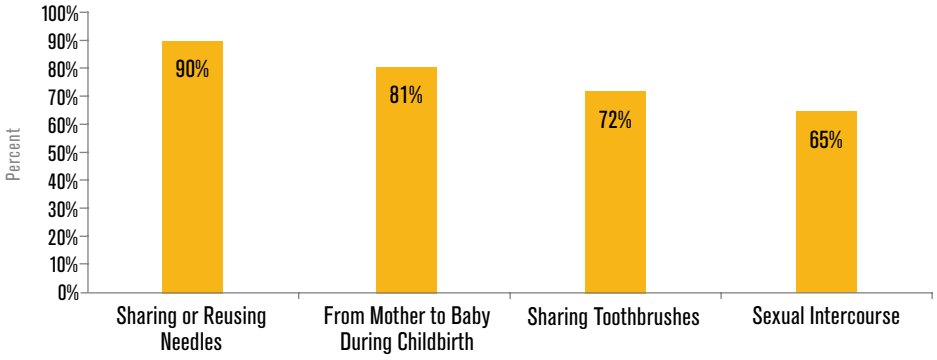
Figure 2.13: Percent of Vietnamese Adults with Erroneous Beliefs About How a Person Can Become Infected with Hepatitis B



Source: Vietnamese Community Health Promotion Project Hepatitis B Survey, 2011

However, a majority of adults correctly believed that a person could become infected through sharing or reusing needles (90%), sharing toothbrushes (72%), or through sexual intercourse (65%), or knew that a mother with hepatitis B could infect her child at birth (81%).

Figure 2.14: Percent of Vietnamese Adults with Correct Beliefs About How a Person Can Become Infected with Hepatitis B



Source: Vietnamese Community Health Promotion Project Hepatitis B Survey, 2011

The survey also revealed that 25% of Vietnamese adults did not know or did not think there was a treatment for hepatitis B. Nearly three-quarters (73%) reported having heard of the hepatitis B vaccine (even though, as reported above, only about one-third reported having received vaccinations to prevent hepatitis B). Only 27% of Vietnamese adults had ever visited a website to learn more about hepatitis B.

Key Community Leader Perspective on Hepatitis B

Key Community Leader Dr. Thinh Nguyen is concerned that hepatitis B does not receive enough attention; most patients and healthcare providers remain unaware of the seriousness of the disease.

After Dr. Nguyen began screening all of his Vietnamese patients, he found that many he had been treating for years were either carriers or needed to be treated for hepatitis B. He believes that more should be done to raise awareness and encourage screening by providers who see Vietnamese patients. However, he has observed that providers haven't always increased hepatitis B screening after attending existing physician education programs.

In addition, because most primary care providers have not been trained to treat the disease, they refer their patients to specialists. Dr. Nguyen has found that this creates a perception by patients that they only need to treat the virus. As a result, patients do not return to their primary care provider during treatment, and other serious health conditions they may have, like heart disease and diabetes, are neglected. Dr. Nguyen believes that primary care providers should learn to treat the disease themselves to enable better monitoring and treatment of other health issues and coordination of care.

Dr. Nguyen is also concerned that the cost of care for hepatitis B is exceptionally high. While most insurance companies now pay for screening, the cost of screening and vaccination for the uninsured is a barrier to prevention, assessment, and treatment.

Tuberculosis[41]

Tuberculosis (TB) is an infectious disease caused by the bacterium named *Mycobacterium tuberculosis*. It is generally transmitted from person to person by inhaling or ingesting infected droplets that enter the air when a person with active TB coughs, speaks, sneezes, or spits. People who have lived in, and who travel to, countries with high TB rates are at the highest risk of exposure. TB usually attacks the lungs, but infection can also occur in other organs, including the lymph nodes, bones and joints, brain, kidneys, and intestines. Untreated, TB can be fatal.[42]

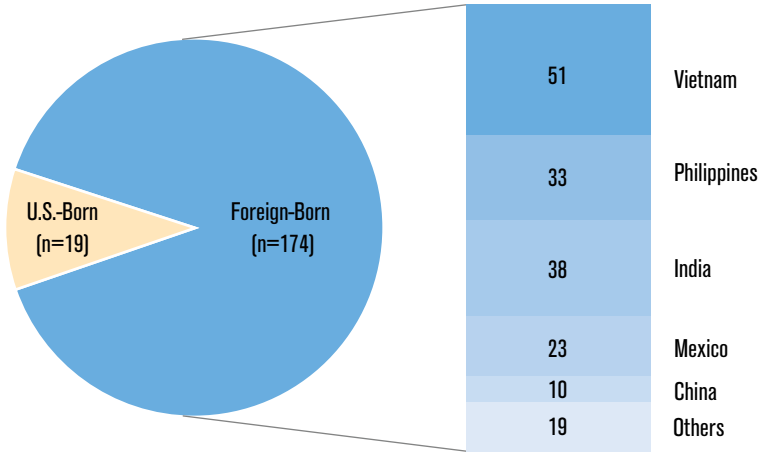
People who have TB can be affected in two ways. Individuals with latent TB infection have a small amount of TB bacteria in their bodies that their immune system keeps under control. They do not have symptoms and are not contagious and may remain that way for years. However, if the body's immune system weakens, TB bacteria can multiply and active TB disease develops. A person with active TB disease usually develops symptoms such as cough, fever, or weight loss. They can also spread disease to others.

For those with latent TB infection, chronic illnesses such as diabetes and HIV, and certain behaviors such as tobacco use, can increase the risk of progression to active TB disease. For example, people with latent TB infection who smoke develop active TB disease at a rate 2.5 times higher than nonsmokers with latent TB infection.[43] Studies have also shown that more people with latent TB infection who are exposed to secondhand smoke develop active TB disease than those with TB infection who are not exposed to secondhand smoke.[44]

In 2010, there were 193 cases of active TB in Santa Clara County. This equates to 10.8 cases per 100,000 people, which is higher than the number of cases per 100,000 people in California (6.2) and in the U.S. (3.6) in 2010.[42,45]

In 2010, 90% of the active TB cases in the county were among foreign-born residents, primarily from Vietnam, Philippines, India, China, and Mexico. Sixty-six percent (66%) of the foreign-born residents who developed active TB disease had lived in the U.S. for more than five years.

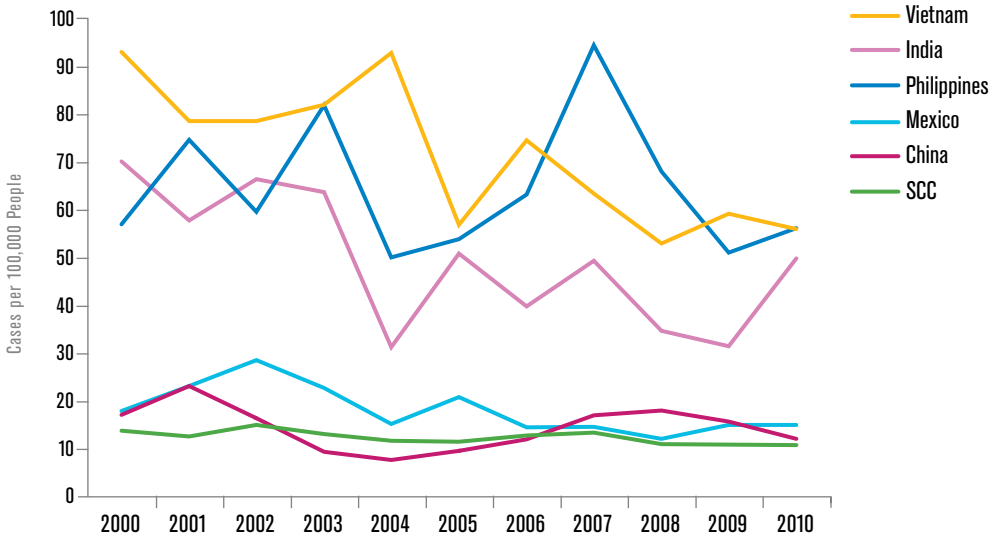
Figure 2.15: Number of Tuberculosis Cases by Country of Birth



Source: Santa Clara County Public Health Department, 2010 Tuberculosis Information Management System

In 2010, a total of 51 people living in Santa Clara County who were infected with TB were born in Vietnam, which represented 26% of all cases and 29% of cases specifically among foreign-born residents who had active TB. This translates to a rate of 56 per 100,000 people, which is one of the highest among any country of birth. The TB case rate for all Vietnamese in the county was 42 per 100,000 people. However, the TB case rate among Vietnam-born residents in the county has been trending downward since 2004.

Figure 2.16: Rate of Tuberculosis by Country of Birth, 2000-2010



Sources: Santa Clara County Public Health Department, 2000-2010 Tuberculosis Information Management System; U.S. Census Bureau, 2001-2009 American Community Survey 1-Year Estimates

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Chapter 3
Mental Health, Violence, Gambling, and Intergenerational Conflict

This chapter provides data and Key Community Leaders' perspectives on the following issues:

- Mental health
- Violence
- Gambling
- Intergenerational conflict

Key Findings

- Emotions interfered with activities among 40% of Vietnamese adults in the past 12 months.
- A higher percentage of Vietnamese middle and high school students (31%) in Santa Clara County reported symptoms of depression in the past 12 months than all Asian/Pacific Islanders, Whites, and students in the county overall.
- Nearly one-third of Vietnamese middle and high schools students (30%) have been physically bullied in the past 12 months, which was higher than for all Asian/Pacific Islanders, Whites, and students in the county overall.
- Six percent (6%) of Vietnamese middle and high school students report gang membership, similar to levels among all Asian/Pacific Islander, White, and Santa Clara County students overall, but lower than for African American and Hispanic students.

Mental Health

Mental health is more than just the absence of mental illness. It is a state of emotional well-being that results in a productive life, fulfilling relationships, and the ability to adapt to change and cope with adversity.[1] At the other end of the spectrum is mental illness, characterized by alterations in thinking, mood, or behavior that are accompanied by distress and/or impaired functioning.[1]

Mental health also plays a central role in an individual's ability to maintain physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors.[2]

In any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.[3] Mental health disorders are the leading cause of disability in the U.S. and are associated with premature mortality.[4] Suicide is the eleventh leading cause of death in the U.S.[5,6]

Recent research has found that early intervention can have positive results.[7] However, there are often long delays between the onset of symptoms and when individuals seek and receive treatment, which increases morbidity and prolongs recovery.[8]

For many Asians, getting an early diagnosis and treatment can be challenging. Vietnamese may be more likely to first seek care for mental health problems within the family structure and only venture outside the family to seek professional care when the problem becomes severe.[9] Seeking help for mental health issues is associated with stigma and shame among Vietnamese.[9,10]

Compared to Whites, Asians using mental health care have poorer outcomes and higher premature dropout rates.[10] In addition, research has found that Asians prefer to seek mental health care from their primary care providers rather than mental health professionals.[10]

Studies show that Asians underutilize and underreport their use of mental health services and prefer to keep problems private, which was confirmed by conversations with Key Community Leaders. Those who seek mental health services tend to display severe mental health problems.[11,12]

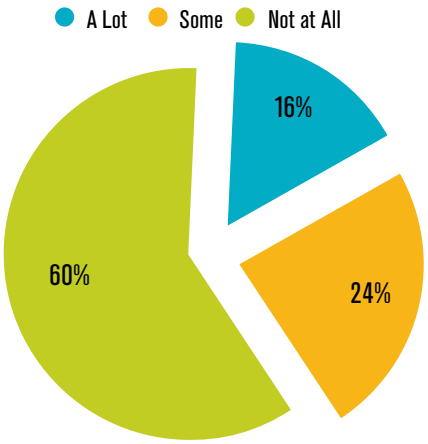
Although Asians are unlikely to report or seek help for mental health issues, research has found that mental health care may be an unmet need among Asians. Older Asian women in the U.S. (ages 65 years and older) have the highest suicide rate in their age group.[13] Southeast Asian refugees are at particular risk for post-traumatic stress disorder (PTSD) because of trauma experienced before and after immigration. One study found high levels of PTSD among Southeast Asian refugees receiving mental health care.[13]

Mental Health Among Adults[14]

In 2011, 40% of Vietnamese adults in Santa Clara County reported that emotions interfered some (24%) or a lot (16%) with activities like work, household chores, or relationships with family and friends. There was little difference by sex; 42% of Vietnamese men in the county said emotions interfered some or a lot with activities, while 38% of Vietnamese women said emotions interfered some or a lot with activities.

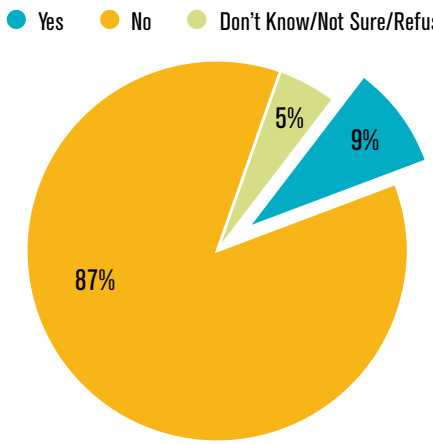
In 2011, nearly 1 in 10 (9%) Vietnamese adults in the county reported that they felt they might have needed to see a professional in the past 12 months because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This is lower than the percentage for Hispanics (22%), Whites (18%), and adults in the county overall (17%), but similar to all Asian/Pacific Islanders (10%) in 2009.[15] Results for African Americans not reported due to small sample size. More Vietnamese men (10%) reported needing to see a professional than women (7%). Of Vietnamese adults who said emotions interfered a lot with activities, only about 1 in 4 (24%) felt they might have needed to see a professional in the past 12 months.

Figure 3.1: Percent of Vietnamese Adults Whose Emotions Intefered with Activities in the Past 12 Months



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

Figure 3.2: 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

Three percent (3%) of all Vietnamese adults reported seeing their primary care physician or general practitioner for problems with their mental health, emotions, nerves, or use of alcohol or drugs. Another 3% reported having seen another type of professional, such as a counselor, psychiatrist, or social worker.

Of those who felt they needed to see a professional, only about 1 in 3 (31%) did so. Of those who saw a professional for mental health problems in the past 12 months, 36% saw both their primary care physician and another type of professional, 39% saw only their primary care physician, and 26% just saw another type of professional. These results may indicate a preference among Vietnamese adults in the county to seek mental health care through their primary care physician.

For those Vietnamese adults who needed to see a professional but did not, the top three reasons why they did not seek treatment were: they did not know where to go for treatment (37%), they thought their insurance did not cover treatment (40%), or they could not afford it (48%). In addition to these three reasons, respondents were asked if they didn't think of it; didn't have a reason to go (e.g., no concerns, problems, or pain); didn't feel they needed help; felt the professionals would not know how to help them; felt ashamed or embarrassed; or didn't have time or transportation. However, the number of responses to each of these reasons was insufficient to provide estimates for the Vietnamese population in the county.

Key Community Leader Perspective on Mental Health

Mental health was considered by several Key Community Leaders to be a central issue for the Vietnamese community in Santa Clara County. Many of these leaders work in the mental health field or in services for related issues such as gambling, domestic abuse, and homelessness. All said that mental health and mental illness are highly stigmatized in Vietnamese culture, and that mental illness is still viewed as synonymous with being insane or "crazy." There is little understanding in the community that mental health represents a wide spectrum of issues and includes common problems like depression and anxiety. "They don't realize it could be as simple as having a lot of stress from losing a job," said Key Community Leader Ms. Quyen Vuong.

Key Community Leaders consistently described a culture that discourages disclosing mental health issues outside of families, even when families or individuals know that a problem exists. Some leaders explained that karmic beliefs may support stigma because disclosing mental illness in the family would bring shame on their ancestors. Those outside the family might even view the illness as stemming from ancestors' past actions, according to Key Community Leader Ms. Kelly Chau. Ms. Vuong explained, "If you say you have a heart problem, people would be so sympathetic. If you say you have a mental problem, they would run away and isolate that person." A consequence of this is that families only seek treatment when symptoms are severe and the illness is more difficult to treat, said Key Community Leader Mr. Minh Ta, who directs an organization that provides mental health services to Vietnamese residents.

Due to stigma, several leaders reported that it is challenging to refer clients for mental health treatment or mediation. They find, for example, that Vietnamese residents believe it is more acceptable to get medication from their primary care physicians. In addition to cultural acceptability, these individuals trust their primary care physicians. Key Community Leader Dr. Thinh Nguyen, a primary care physician, said that he has often referred patients to treatment who have health insurance, yet they still will not go, even if they can't function. They believe seeking mental health treatment is evidence that a person is "crazy" and they don't think they have a problem. Instead they expect him to take care of their pain. However, he doesn't have the training to successfully monitor patients being treated for mental illnesses over the long term.

Dr. Nguyen said lack of access to treatment is another barrier because some patients' insurance does not cover mental health treatment. Even if patients have coverage, Mr. Ta observed that reimbursement for treatment by Medi-Cal is a barrier to early intervention and prevention of mental health issues. To be seen, patients must demonstrate medical necessity according to specific psychiatric standards, which means that only more severe issues are eligible for reimbursement. The Mental Health Services Act in California provides county mental health programs with funding for prevention and early intervention, but given that the county has not focused on prevention in the past, the county lacks capacity, in his view, to implement preventive strategies.

Among those who have begun treatment, stigma interferes with therapy, said Key Community Leader Ms. Lien Cao. She reported that when a client talks about private family issues it is "almost like betraying their family. So it takes a long time to build trust." Ms. Chau reported that her clients are unwilling to self-disclose and tend to describe their symptoms in broad generalities, such as insisting they feel sick "everywhere" even when directed to be more specific. Also, in Mr. Ta's experience, Vietnamese individuals drop out earlier than other patients when they do enter treatment.

Mental Health Among Adults Surveyed at Community Events[16]

When asked to rate themselves on a measure of perceived stress,[17] 28% of event attendees surveyed at local community events in Santa Clara County in 2011 had scores high enough to be considered stressed (see Chapter 7 for a description of this scale and how it was analyzed). A higher percentage of women who participated (33%) were stressed than men (22%).

In terms of individual stressors, 26% of attendees reported feeling fairly often or very often that they were unable to control important things in their life, 14% reported almost never or never feeling confident in their ability to handle personal problems, nearly 20% reported almost never or never feeling that things were going their way, and 27% reported feeling fairly often or very often that difficulties were piling up so high they could not overcome them.

Mental Health Among Young Adults Surveyed Online[18]

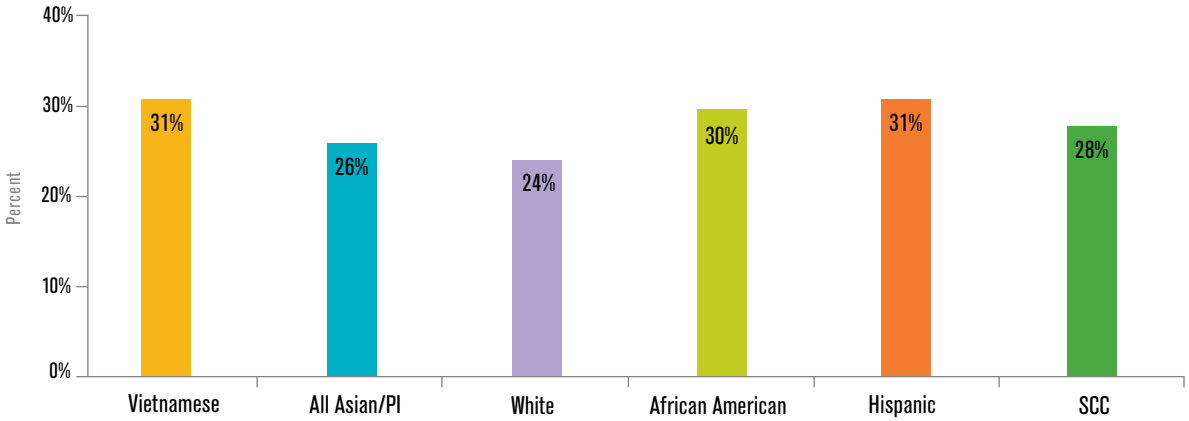
In 2011, more than 2 in 3 Vietnamese young adults who participated in an online survey (69%) reported that emotions interfered with their activities some (53%) or a lot (16%) in the past 12 months. Fifteen percent (15%) of the young adult participants reported that they felt they might have needed to see a mental health professional within the past 12 months because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. A higher proportion of female participants (21%) felt they might have needed to see a mental health professional than male participants (7%).

Of those who said that emotions interfered with their daily life some or a lot, only 28% felt they needed to see a mental health professional within the past 12 months.

Mental Health Among Adolescents[19]

Little is known about the mental health of Asian adolescents, but some studies show they have a higher prevalence of depressive symptoms than White adolescents.[20] In 2009-10, a higher percentage of Vietnamese middle and high school students in Santa Clara County (31%) reported symptoms of depression in the past 12 months than all Asian/Pacific Islander (26%) and White (24%) students, as well as students in the county overall (28%). The percentage of Vietnamese students who reported symptoms of depression was similar to that of African American (30%) and Hispanic (31%) students. More Vietnamese females (34%) than males (28%) reported symptoms of depression in the past 12 months. Having symptoms of depression was defined as feeling sad or hopeless almost every day for two weeks or more in the past 12 months.

Figure 3.3: Percent of Middle and High School Students with Depressive Symptoms in the Past 12 Months by Race/Ethnicity



Source: California Healthy Kids Survey, 2009-10

It has also been reported that Vietnamese youth are more likely to have thoughts of suicide than Whites.[21] In 2009-10, however, differences between groups in Santa Clara County were slight: 18% of Vietnamese middle and high school students seriously considered attempting suicide in the past 12 months compared to 17% of all Asian/Pacific Islander and Hispanic students, as well as students in the county as a whole, and 15% of White students. Seriously considering suicide was less prevalent among Vietnamese than African American (22%) students. Percentages were similar for Vietnamese male (17%) and female (18%) students.

Mental Health Among Children of Adults Surveyed at Community Events[22]

Among Vietnamese parents who were surveyed at community events about one of their children, 7% reported that in the past 12 months, they or a health professional thought the child might need to see a professional for behavioral or emotional problems. Most of these parents (71%) reported their child was seen by a professional.

Key Community Leader Perspective on Improving Mental Health Awareness and Overcoming Stigma

Key Community Leaders felt that raising awareness about mental health was a key first step to prevention and treatment, with the goal of increasing willingness to self-disclose among patients. As with other health issues involving stigma, Vietnamese radio was seen as an important resource for education around mental health issues. "If they hear the statistics [about how many people have mental health problems], they might not feel isolated or feel like they're the bad ones," said Key Community Leader Ms. Quyen Vuong.

Improving the language used to describe and discuss mental health may be helpful in overcoming stigma in the Vietnamese community and improving treatment. Inaccurate and highly stigmatized terms like "crazy" are widespread, perhaps because mental health terms related to illnesses and treatments do not have equivalents in Vietnamese. Key Community Leader Ms. Kelly Chau reported that it is very difficult for her clients or their parents to understand the definitions of depression or schizophrenia, for example. She has to change her descriptions of the symptoms based on individuals' education level, constantly double checking for understanding. Key Community Leader Mr. Minh Ta advocates for a more neutral way of referring to mental health problems in Vietnamese than the words in current use.

Encouraging Vietnamese community leaders to talk openly about sensitive issues could also reduce stigma and increase self-disclosure, according to Mr. Ta. He viewed finding such leaders, however, as a challenge, given that disclosure affects leaders' families. However, a number of Key Community Leaders talk openly about mental health and related issues in their families, suggesting that they understand the vital role of modeling disclosure despite personal consequences.

Mr. Ta also felt strongly that education about mental health needs to begin in school at ages when children are the most open. He sees a need to teach children how to reduce stress and to get along with their peers, and to be encouraged to seek mental health services when they have a problem. Additionally, there needs to be integration of mental health services into the school system. Parents could be engaged more easily at schools, where there would be less stigma than at mental health treatment centers.

Violence

Violence is the use of physical or emotional aggression against another person or persons. It can manifest itself in intimate partner violence, bullying, and gang membership, which are covered in this section.

Intimate Partner Violence Among Adults[14]

Intimate partner violence is defined as physical and sexual violence, emotional abuse, and threats that occur between two people in a close relationship such as marriage or dating. It can include a single episode of violence or ongoing battering.

Although national research has found lower prevalence of intimate partner violence among Asian/Pacific Islander women than among other major racial/ethnic groups, researchers believe that intimate partner violence may be significantly underestimated within this group due to underreporting by Asian/Pacific Islander women.[23,24]

Consistent with this viewpoint, the numbers of respondents to the 2011 Vietnamese Adult Health Survey were too small to provide reliable estimates for Vietnamese adults in Santa Clara County in the following areas: experiencing physical or sexual violence in the past 12 months; ever having been physically abused by an intimate partner; or being frightened for the safety of themselves, their family, or friends because of the anger or threats of an intimate partner in the past 12 months.

However, responses were sufficient to estimate that for 5% of Vietnamese adults in the county, an intimate partner had tried to control most or all of their daily activities (such as to whom they could talk or where they could go) at some level in the past 12 months (always, almost always, sometimes, or rarely). In 2005-06, 11% of adults in the county overall reported that they had experienced this type of abuse.[25]

Key Community Leader Perspective on Intimate Partner Violence

Intimate partner violence stems from issues of power and control, according to Key Community Leader Sister Margarita Tran, a Catholic sister who provides support for victims of domestic violence. She said it encompasses not only physical abuse such as beating or kicking, but also verbal abuse and psychological control. In her view, even a look that communicates control over another person can be called domestic violence.

Sr. Tran observed that intimate partner violence knows no social boundaries in the Vietnamese community. In her work, she has seen victims of all ages and socioeconomic backgrounds.

In addition to the effect on women, Sr. Tran reported that children are highly impacted by fighting and violence between their parents. She is concerned that Vietnamese parents believe their children are not aware of their discord, but counsels them that the tension creates an unsafe and unhealthy environment for children.

As with other behavioral health issues, shame and stigma in the Vietnamese culture around intimate partner violence has made it difficult to reach and provide support services to victims, according to Sr. Tran. There is pressure not to let people outside the family know about family affairs. Female victims of intimate partner violence are concerned about losing face and avoiding rumors from relatives, friends, and neighbors. Although it is taboo to talk about intimate partner violence outside of one's family, Sr. Tran believes it is tolerated within Vietnamese families.

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Economic concerns among victims are also paramount in their decision not to seek help, said Sr. Tran. Women are unsure how they will survive financially without their husbands' support, and are concerned about who will take care of them and their children. They are also concerned about their children having a father, even if the father is irresponsible, she said.

Most of the victims Sr. Tran encounters in her work grew up with the belief that they have to submit to their husbands. This mentality is very ingrained in the relationships of Vietnamese couples, according to Sr. Tran.

Sr. Tran is frustrated by the lack of responsiveness on the part of the Catholic Church. When victims seek help from their priests, they are usually counseled to pray, to be nice to their husbands, and to forgive, she said. She feels priests do not receive training about domestic violence, including how to counsel couples, and observed that the church leadership needs to do more in this area.

Another major issue with addressing intimate partner violence is the lack of linguistically and culturally appropriate support services or shelters specifically for Vietnamese women, according to Sr. Tran. Courts mandate treatment, but there are few services tailored to Vietnamese residents, she said. In part, Sr. Tran thinks this is due to the exclusion of Vietnamese service providers by other individuals in the county who work with intimate partner violence issues. Sr. Tran believes that with a more inclusive approach, the current system would be better able to meet the needs of the Vietnamese population.

Intimate Partner Violence Among Young Adults Surveyed Online[18]

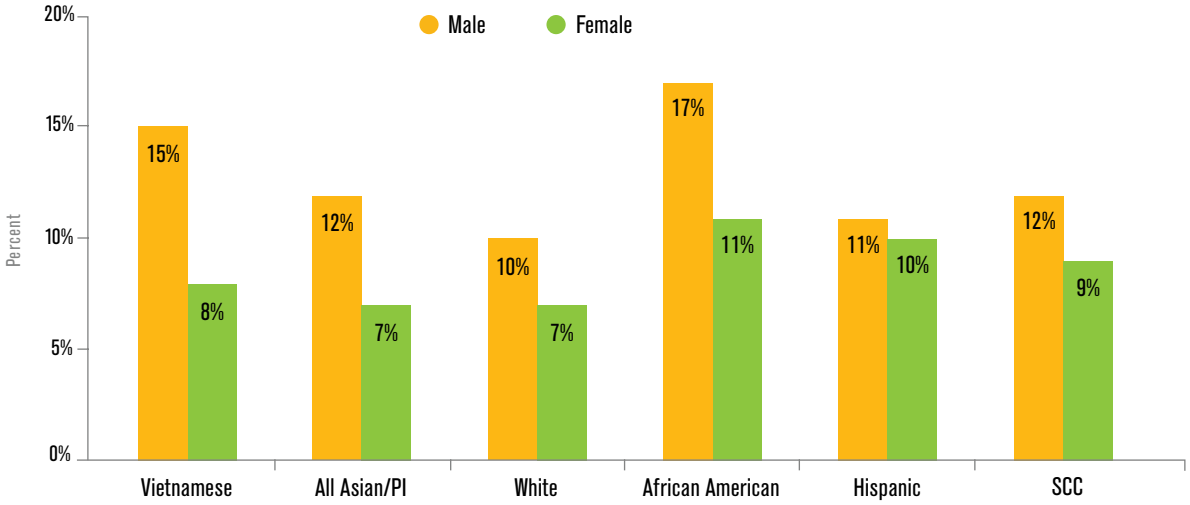
In 2011, 3% of Vietnamese young adults who participated in an online survey reported that they had been physically abused by an intimate partner and an additional 4% reported that they didn't know or weren't sure. All the participants who reported intimate partner violence were women, and all but one was born in the U.S.

Intimate Partner Violence Among Adolescents[26]

Psychological and physical violence among adolescents in opposite-sex romantic relationships is common. Nationwide, nearly 3 in 10 youth and young adults ages 12-21 experienced some type of violence or victimization within their relationships.[27] Males generally report physical victimization levels similar to, or higher than, those reported by females, although female victims are more likely to be seriously injured than male victims.[27]

In 2009-10, 11% of Vietnamese middle and high school students in Santa Clara County who had a boyfriend or girlfriend experienced some type of intimate partner violence (defined as a boyfriend or girlfriend ever hitting, slapping, or physically hurting them on purpose) in the past 12 months, which was similar to levels among all Asian/Pacific Islanders (9%), Whites (9%), Hispanics (11%), and county students overall (10%), but lower than among African Americans (14%). Among students with a boyfriend or girlfriend, nearly twice as many Vietnamese males (15%) experienced intimate partner violence as Vietnamese females (8%). In addition, Vietnamese male students experienced more intimate partner violence than males in all other major racial/ethnic groups and in the county overall, with the exception of African Americans. Levels of intimate partner violence among Vietnamese female students were similar to those among White and all Asian/Pacific Islander females, but lower than among African American and Hispanic females and female students in the county overall.

Figure 3.4: Percent of Middle and High School Students with a Boyfriend or Girlfriend Who Experienced Physical Abuse by Their Partners in the Past 12 Months by Race/Ethnicity and Sex

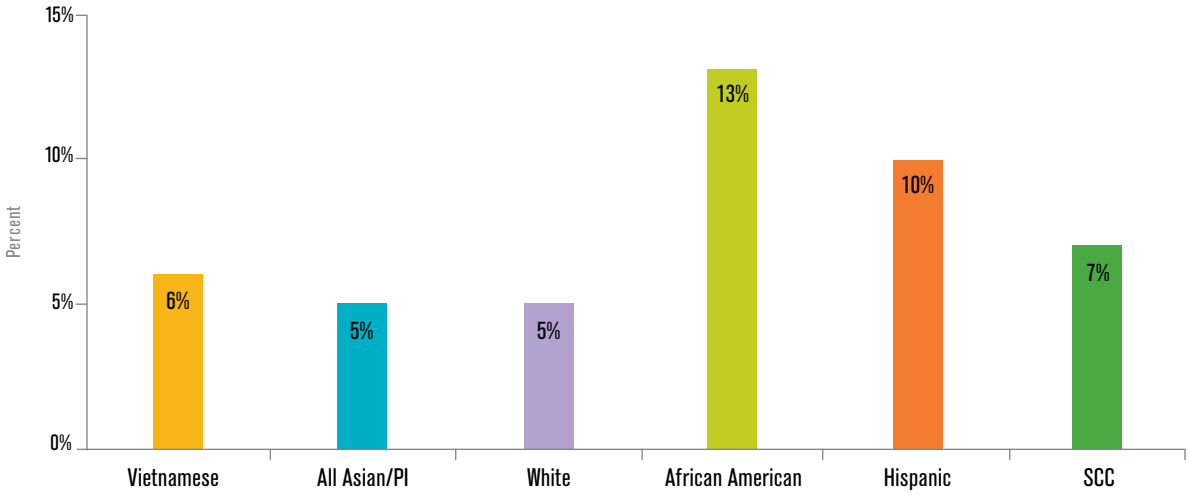


Source: California Healthy Kids Survey, 2009-10

Gang Membership Among Adolescents[26]

The National Youth Gang Survey indicates that most gang members are males from racial/ethnic minority groups.[28] Vietnamese gangs are a relatively recent phenomenon compared to established African American and Hispanic gangs.[29] Similar to national trends, 6% of Vietnamese middle and high school students reported gang membership in Santa Clara County in 2009-10, which was lower than for Hispanics and African Americans. The level of gang membership among Vietnamese students was similar to that of all Asian/Pacific Islander, White, and county students overall.

Figure 3.5: Percent of Middle and High School Students Who Considered Themselves a Member of a Gang by Race/Ethnicity



Source: California Healthy Kids Survey, 2009-10

Bullying Among Adolescents[26]

Bullying is a pervasive problem among school-age children and has a detrimental effect on mental health and development.[30] Bullying is defined as aggressive behavior used to repeatedly harm or intimidate others. It often begins in childhood and affects approximately 30% of students in the U.S.[31] Several studies have found that Asian students were more likely to report being bullied than other major racial/ethnic groups.[32,33]

In 2009-10, a higher percentage of Vietnamese middle and high school students (30%) in Santa Clara County reported being physically bullied at least once in the past 12 months on school property than all Asian/Pacific Islander (26%) and White (25%) students and students in the county overall (28%). The rates for Vietnamese students were similar to those for African American (30%) and Hispanic (31%) students. Being physically bullied was defined as having been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around. More male Vietnamese students (36%) were victims of physical bullying than female Vietnamese students (25%), but more females were victims of psychological bullying (48%) than males (44%). Psychological bullying was defined as being afraid of being beaten up or having had mean rumors or lies spread about them.

Gambling

Gambling is a culturally and socially accepted activity within many Asian/Pacific Islander subgroups.[34] In addition, certain factors may put Asian/Pacific Islanders at higher risk for problem gambling, including gambling establishments' efforts to attract and retain Asian/Pacific Islander customers, the perceived value within the Asian/Pacific Islander community of gambling as a way to improve financial status, and the use of gambling to overcome immigration-related stressors like social isolation.[35]

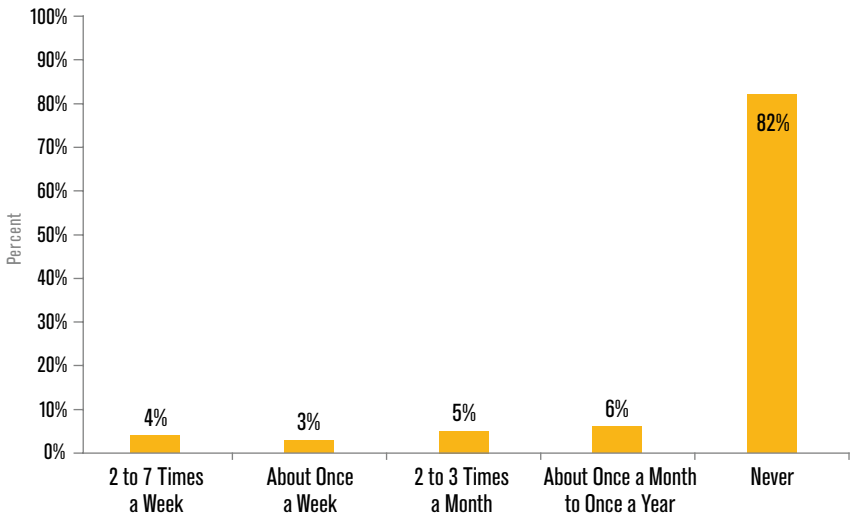
Gambling Among Adults[14]

Problem gambling is defined by the harm the individual's gambling behavior causes them, their families, and their community.[36] Unfortunately, it has been difficult for surveys to assess the prevalence of problem gambling because respondents may not always disclose the extent of or effects of their gambling.[37]

The lifetime prevalence of problem and pathological gambling in California is 2.7% and 0.7%, respectively, among Asian/Pacific Islanders.[38] Currently, there are no definitive data on the prevalence of problem gambling among Vietnamese residents of California or Santa Clara County. The number of respondents who answered questions about family and financial problems resulting from gambling in the 2011 Vietnamese Adult Health Survey was too small to provide reliable estimates for Vietnamese adults in the county.

Survey responses were sufficient, however, to estimate the frequency of gambling (defined as betting or spending money on things like playing cards, lottery tickets, bingo, betting on horse races or sports events, online gambling, or slot machines, etc.) among Vietnamese adults in Santa Clara County. In 2011, 7% of Vietnamese adults in the county reported gambling at least once a week. This is lower than the percentage of Californians (10%) who reported gambling at least once a week in 2006.[38] The percentage of Vietnamese men in the county who reported gambling in the past 12 months (30%) was more than four times that of Vietnamese women (7%).

Figure 3.6: Frequency of Gambling among Vietnamese Adults in the Past 12 Months



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

Gambling Among Young Adults Surveyed Online[18]

In 2011, 5% of Vietnamese young adults (ages 18-25) who participated in an online survey in Santa Clara County reported gambling at least once a week, and 41% reported having gambled in the past year. Fifty-two percent (52%) of young adult male participants reported gambling in the past year compared to 33% of female participants.

Key Community Leader Perspective on Gambling

Gambling is deeply ingrained in the Vietnamese culture, according to Key Community Leader Ms. Kelly Chau, who works with a problem gambling program. Gambling is considered a social activity and is integrated into family gatherings and festivals. It is common for Vietnamese individuals of all ages to gamble at birthday parties, family gatherings, the Lunar New Year, and other Vietnamese holidays and cultural events.

Ms. Chau described that at home and at cultural events, card and dice games are common, some of which are unique to the Vietnamese culture. Vietnamese also play bingo (which they call "lotto") and poker, bet on sporting events, and purchase scratchers (lottery cards). A large number also visit local gaming facilities and card rooms. Small bets such as 25 cents are not viewed as gambling among Vietnamese residents, according to Ms. Chau.

With such widespread acceptability of gambling, Ms. Chau has observed that there is no conception of problem gambling in Vietnamese culture and no recognition that gambling could be addictive. She referred to problem gambling as "the invisible epidemic" that is "sneaking up on people."

Vietnamese see excessive gambling as a bad habit, not an addiction, according to Ms. Chau. "They say, 'He has gotten into a really bad habit of losing all his money,'" she said. This makes it very difficult to assess the extent of problem gambling among Vietnamese residents and to treat those with the addiction.

Ms. Chau reported that many Vietnamese people she works with say, "I don't think there is problem gambling in our community." But if she asks whether they know somebody, or know somebody who knows somebody, who has a problem with gambling, they would likely be able to say, "A friend of a friend lost his house and his family, and now he has to live in a rented room because he gambled away all this money." She says many Vietnamese individuals can identify others who have a problem.

Ms. Chau reported that calls about gambling come mainly from wives and mothers of male problem-gamblers, who report severe financial strain as a result of problem gambling, including the loss of a house or job, large credit card bills, and bankruptcy. Some also report that loan sharks have come to their homes to reclaim loans made to gamblers. Problem gambling has also affected children, who have problems at school due to fighting between their parents. Separation and divorce also result from the strain of living with problem gambling. In addition to men, Ms. Chau believes that there are a number of Vietnamese women in the county who are problem gamblers.

Along with a lack of a concept of problem gambling, barriers to addressing this issue are similar to those reported by leaders in interviews about mental health—shame, stigma, and difficulties with self-disclosure. Individuals and family members fear losing face if they seek treatment or services. They prefer to hide the problem until it reaches a crisis level, then they reach out for help in desperation, said Ms. Chau.

As with many other health efforts, Ms. Chau reported that advertising on Vietnamese radio can be highly effective in reaching individuals with gambling problems or members of their families.

Intergenerational Conflict in Vietnamese Families

Familism is central to Vietnamese culture and families are a core institution of Vietnamese society. Traditional Vietnamese culture stems from Confucian philosophical beliefs that emphasize collective responsibility and obligation to the family rather than to individual desires.[39] Vietnamese are highly family oriented, and a family may be extended or nuclear. Immigration and acculturation cause a shift from extended families to a nuclear family system, and decision making may be confined to a spousal couple because they no longer have the duty to seek advice and consent from their families of origin.[40]

Vietnamese parents consider training their children to be their most important responsibility. Via the principle of collective responsibility, parents bear the disgrace brought about by the activities of children who dishonor themselves, just as they share in the honor of their children's virtues and successes. In keeping with this principle, Vietnamese parents hold their children to the highest standards of educational achievement.

In Vietnamese culture, children are expected to obey and honor parents and respect elders, and they are taught to be honest, quiet, and polite. These values can result in intergenerational conflict as children acculturate to American norms that emphasize individual responsibility and an orientation towards the self. Children adapt to American culture and demand freedom of choice regarding dating, marriage, and career. This generation gap increases with time in the U.S. and is greater for girls than for boys.[41]

The barrier created by differing levels of language fluency between parent and child often presents concrete obstacles to effective communication and can increase the likelihood of intense conflict. Since parents and children differ in their levels of fluency in English and their native language, communication can become frustrating and may easily lead to arguments and confrontation when feelings fail to be expressed accurately.[42]

Intergenerational Conflict Among Parents Surveyed at Community Events[22]

In 2011, Vietnamese parents who were surveyed at local community events were asked questions about four types of conflict between parents and their children and indicated the extent to which they agreed or disagreed with each statement. Questions were combined into a summary score (see Chapter 7 for more detail).

Among parent event participants with at least one child age 12 or older living in the household, the mean summary score for parent-child conflict was 16, with a minimum score of 6 and a maximum score of 20. A lower score indicates higher parent-child conflict. The mean score indicates that, on average, parent event participants did not report high levels of conflict between themselves and their child. Parent event participants with a summary score of 10 or below were classified as having higher parent-child conflict, relative to other parents. Among parent event participants with at least one child age 12 or older living in the household, 25% had a summary score of 10 or below, indicating high conflict.

The following percentage of parent event participants with at least one child age 12 or older living in the household either strongly agreed or somewhat agreed with the following statements:

- 25% reported they have conflicts with their child over which language they use at home
- 12% reported they feel their child does not respect them as a parent
- 16% reported their child complains that they are conservative/traditional
- 26% reported they feel that their values and their child's values regarding family-related issues (such as family responsibility or parental authority) are different

Intergenerational Conflict Among Young Adults Surveyed Online[18]

Vietnamese young adults (ages 18-25) who participated in an online survey were also asked about intergenerational issues between themselves and their parents. (Young adult and family survey participants were not from the same families; i.e., they were not answering questions about one another.) They indicated how likely each of 10 situations were to occur in their relationships with their parents, ranging from almost never to almost always. The questions were combined into a summary score (see Chapter 7 for more detail).

The mean score for parent-child conflict for young adult participants was 26, with a minimum score of 10 and a maximum score of 48. A higher score means a higher level of intergenerational conflict between a young adult participant and his or her parent. Young adult participants with a total score of 37 or more were classified as having a high level of conflict with their parents, relative to other young adult participants. Sixteen percent (16%) of young adult participants were classified as having a high level of conflict with their parents. A similar percentage of male (15%) and female (16%) participants were classified as having high conflict.

A larger percentage of young adult participants who were born in the U.S. (17%) reported a high level of conflict than those who were not born in the U.S. (13%). Thirty percent (30%) or more of young adult participants reported the following specific conflicts between themselves and their parents (rated as 4 or 5 on a scale of 1 to 5, with 5 being occurs almost always):

- Their parents tell them what to do with their life, but they want to make their own decisions (30%).
- Their parents always compare them to others, but they want parents to accept them for being themselves (30%).
- Their parents expect them to behave like a proper Asian male or female, but they feel their parents are being too traditional (30%).
- They want to state their opinion, but their parents consider it to be disrespectful to talk back (31%).

Key Community Leader Perspective on Intergenerational Conflict

According to several Key Community Leaders, intergenerational conflict is a major issue in Vietnamese families in Santa Clara County, as children and parents navigate the differences between Vietnamese and American cultures. In Vietnamese culture, it is ingrained in children that they live up to parents' expectations and uphold the family's values and honor, said Key Community Leader Ms. Quyen Vuong, who directs an organization that provides services to children and their families. Key Community Leader Ms. Lien Cao added that children are expected to do well in school, not have a private life or date, and to live at home until they get married.

Vietnamese culture also dictates that children don't talk back to their parents. However, to be successful in American culture, individuals are expected to be outspoken, reported Ms. Cao. Key Community Leader Ms. Kelly Chau noted that children don't think of speaking up as the same as talking back; they challenge their parents more, and question what their parents say. However, Ms. Chau explained that when children speak up or argue with their parents, some parents view them as disobedient and disrespectful.

Traditional Vietnamese parent-child communication styles contrast with those in the U.S. in other ways, too, explained Ms. Vuong. "Parents generally don't communicate by saying 'thank you' or 'sorry' or by explaining what they want. They just order," she said. Also, Vietnamese parents traditionally do not praise their children, as is expected in American culture. This can result in feelings of neglect in children. In fact, the opposite of praise—criticism—is more conventional. Ms. Vuong shared a Vietnamese saying that warns if parents love their children, they should "be critical and don't give them the sugar-coated world." However, she observed that sometimes this criticism can cross the line into verbal abuse.

Ms. Vuong reported that language barriers exacerbate the conflict. Parents sometimes cannot express themselves well in English, while children are fluent; in turn, children often cannot express themselves in Vietnamese. With greater English proficiency, as well as better knowledge of American culture and even technology skills, children must often act as a bridge connecting parents with services, said Ms. Chau. Traditional roles become reversed as children guide their parents instead of being guided by them.

Ms. Vuong described how the children's acculturation results in a profound sense of loss for the parents, who feel they are "losing their kids to the new life." They also feel unappreciated for the sacrifices they have made for their children and may become angry as a result, which exacerbates conflict and in some cases leads to abuse, she observed.

Vietnamese children are not sure if their parents love them because they don't say so, said Ms. Vuong. They often feel that their parents don't understand them or are disappointed with them for not meeting their expectations. Disappointing their parents creates tremendous stress on Vietnamese children and continued conflict erodes their identity. Ms. Vuong quoted a friend who said, "Children in Vietnam are poor because they don't have a roof over their head, but we are here with no foundation under our feet."

Ms. Vuong and Ms. Cao said that repeated disputes, disappointments, and misunderstandings, and the resulting lack of healthy emotional connections cause some Vietnamese youth to join gangs for a sense of belonging. Other children run away or get involved in drugs; some even commit suicide.

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These stressors may also result in child abuse. Ms. Vuong feels that child abuse is underreported in Vietnamese families, which means that resources and funding are not available to address the problems. She explained that Vietnamese residents typically do not talk to others or engage in support groups to alleviate these issues, in part due to stigma. Even if they could be persuaded to seek services, only a few support services exist to address intergenerational conflict, she said.

To help reduce intergenerational conflict, parent education is essential, in the view of several Key Community Leaders. Due to stigma, they felt that parent education programs would have to be indirect, rather than directly addressing the problem, because parents would not attend. For example, Ms. Vuong suggested that programs could address parental desires such as helping their children succeed in school, and convince them that this is possible through creating a more harmonious home environment. Ms. Vuong felt that as with other cultural issues, talk shows on Vietnamese radio would be an important part of the solution.

Other Key Community Leaders felt that some parenting programs would have to be mandated in order for parents to attend. They suggested that attendance might be linked to receiving benefits.

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Chapter 4
Health Behaviors

This chapter provides data for the Vietnamese community in Santa Clara County on a number of health behaviors that can increase or decrease the risk for chronic and infectious diseases or premature death, including:

- Tobacco use
- Alcohol and drug use
- Obesity, physical activity, and nutrition
- Sexual health

Key Findings

- Nearly 1 in 4 Vietnamese men (24%) are current smokers.
- Social situations are highly influential in triggering smoking among Vietnamese men who smoke, and advice from health professionals is influential in quit attempts.
- One in 4 Vietnamese adults is overweight or obese, lower than all other major racial/ethnic groups and the county overall.
- One in 5 Vietnamese middle and high school students is overweight or obese, similar to Whites and all Asian/Pacific Islanders, but lower than for African Americans, Hispanics, and the county overall. More male than female Vietnamese students are overweight or obese.
- Vietnamese adults and adolescents consume more fruits and vegetables than their counterparts in most other major racial/ethnic groups.
- Fewer Vietnamese middle and high school students report alcohol use than other major racial/ethnic groups and the county overall except all Asian/Pacific Islanders.
- A higher percentage of Vietnamese middle and high school students in Santa Clara County (88%) report that they have never had sexual intercourse than most other major racial/ethnic groups and students in the county overall. However, a lower percentage of Vietnamese students who have ever had sex reported using a condom during previous sexual intercourse (50%) than students in most other major racial/ethnic groups and students in the county overall.

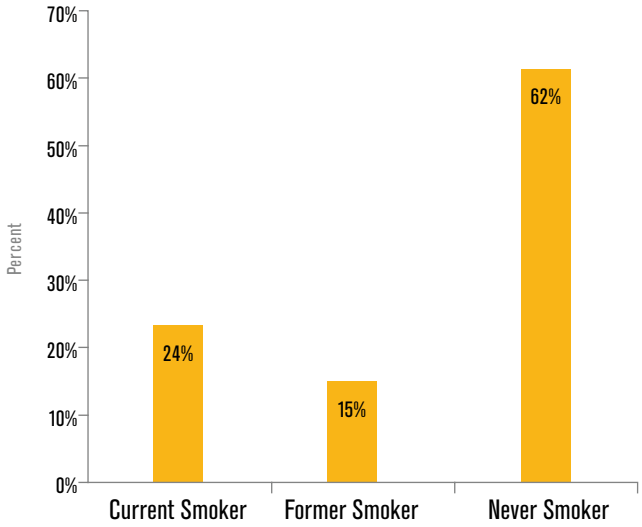
Tobacco Use

Cigarette smoking has enormous health and financial costs to individuals and society. It is the single leading preventable cause of death. In fact, nearly 1 in 5 deaths in the U.S. can be attributed to cigarette smoking and secondhand smoke exposure. Cigarette smoking costs more than $193 billion each year in healthcare expenditures and productivity losses.[1]

Tobacco Use Among Adults[2]

In 2011, 24% of Vietnamese men in Santa Clara County were current smokers, 15% were former smokers, and 62% had never smoked.[3] (Percentages do not add to 100% due to rounding.) The smoking prevalence for Vietnamese men was nearly twice as high as that of men in Santa Clara County as a whole (13%) in 2009.[4] Only 1% of Vietnamese women in Santa Clara County were current or former smokers, which was lower than the smoking prevalence for women in Santa Clara County overall (7%) in 2009.[4]

Figure 4.1: Smoking Status of Vietnamese Men



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

A higher percentage of Vietnamese men who never smoked (39%) were college graduates than Vietnamese men who currently smoke (21%) and those who were former smokers (15%). Twice the percentage of Vietnamese men who were current smokers (32%) were out of work than Vietnamese men who were former smokers (14%) or who never smoked (16%). A higher percentage of Vietnamese men who were current smokers (68%) and former smokers (61%) had incomes less than $25,000 than those who never smoked (51%).

In 2007-08, more than half of Vietnamese men who currently smoked (53%) were considered light smokers (less than 10 cigarettes per day) or intermittent smokers (smoked some days within the past 30 days). Thirty-three percent (33%) were moderate smokers (10-19 cigarettes per day) and 14% were heavy smokers (more than 20 cigarettes per day). Among all male Vietnamese current smokers in Santa Clara County, most (51%) smoked their first whole cigarette at age 18 or older (average age of 17.5 years). In contrast, most male Vietnamese current smokers in California (72%) smoked their first whole cigarette before reaching age 18 (average age of 17.3 years).[5]

Smoking Triggers

Smokers were asked about a variety of situations in which they smoked, referred to as smoking triggers. In 2007-08, Vietnamese men in Santa Clara County were influenced to smoke mostly by their peers and in social situations. More than two-thirds of Vietnamese men (71%) reported smoking while socializing with friends, including at parties and clubs, and more than half (57%) smoked when in coffee shops, restaurants, or bars. Smoking while working, studying, or driving was less common, although still reported by more than one-third of male smokers. Similar patterns have been reported for the general population of Vietnamese men in California.[5]

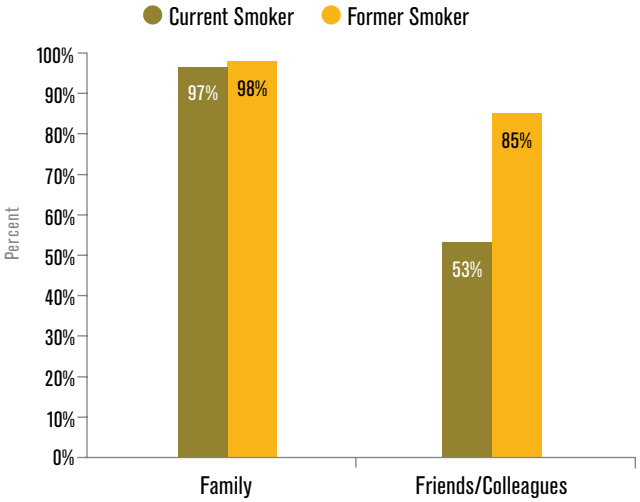
Table 4.1: Smoking Triggers Among Vietnamese Men Who Were Current Smokers

Smoking Trigger	
Socializing with friends	71%
Being at coffee shops, restaurants, or bars	57%
Working or studying	37%
Driving	35%

Source: California Vietnamese Adult Tobacco Use Survey, 2007-08

Nearly all Vietnamese men who were current or former smokers reported that their family members preferred that they not smoke. More former smokers than current smokers reported that their friends and colleagues preferred them to quit.

Figure 4.2: Percent of Current and Former Vietnamese Male Smokers Whose Family and Friends/Colleagues Preferred They Quit Smoking



Source: California Vietnamese Adult Tobacco Use Survey, 2007-08

Quitting Behaviors and Methods

In 2007-08, half the Vietnamese men in Santa Clara County who were current smokers had ever made a serious attempt to quit smoking. Of all current smokers, about 70% had tried to quit for more than one day in the past 12 months. Of current smokers who had ever attempted to quit smoking, 72% suddenly stopped smoking all at once as opposed to gradually reducing the number of cigarettes smoked during their last quit attempt. (Research suggests that smokers who quit gradually have similar success to those who quit all at once.)[6] Three-quarters of Vietnamese men who were current smokers (75%) indicated that they would like to quit and 36% were planning to quit in the next 30 days.

It was uncommon for Vietnamese men who were current and former smokers to have used a quit method such as a nicotine substitute, self-help materials, or acupuncture on their last quit attempt. Seventy-seven percent (77%) did not use any quit method.

More than half of Vietnamese men who were current smokers (54%) responded that a doctor, nurse, or other health professional advised them to stop smoking in the past 12 months, but most (89%) reported that health professionals did not offer medications or refer them to someone to help them quit. Advice from health professionals was influential in quit attempts: Nearly half of those who received such advice (47%) subsequently tried to quit.

A higher percentage of Vietnamese men who were current smokers and wanted to quit (94%) stated that they were addicted to cigarettes than those who did not want to quit (58%). Similarly, a higher percentage of Vietnamese men who were current smokers and were planning to quit in the next 30 days (93%) believed they were addicted to cigarettes than those who were not planning to quit in the next 30 days (84%).

Secondhand Smoke Exposure

In 2007-08, although smoking rates were high among Vietnamese men in Santa Clara County, nearly all Vietnamese men (98%) and women (90%), as well as those with children in the home (93%), reported that nobody ever smoked inside the home. Nearly all Vietnamese men (96%) and women (94%) did not allow smoking inside the home, including 95% of Vietnamese men who never smoked, 92% of Vietnamese men who were former smokers, and 98% of Vietnamese men who were current smokers.

Although secondhand smoke exposure appeared to be limited in households, there was substantial exposure among Vietnamese adults at work, school, and in leisure-time activities. Of those currently enrolled in a course on a college campus, more than two-thirds were exposed to tobacco smoke outdoors on campus. Half of employed adults who worked outdoors or in a building without an indoor smoke-free policy reported being exposed to smoke in their workplaces, and 35% of those who had gone to a bar, tavern, or nightclub in the past 12 months reported that there was smoking inside.

Tobacco Health Knowledge

In 2007-08, nearly all Vietnamese men in Santa Clara County were aware of the health risks posed by smoking and exposure to secondhand smoke regardless of smoking status. However, Vietnamese men who smoked perceived the health risks as less harmful than nonsmokers. In particular, 41% of smokers agreed with the statement, "a person who smokes only five cigarettes per day has the same chance of getting cancer as a nonsmoker," whereas only 21% of nonsmokers agreed. A higher percentage of smokers (47%) than nonsmokers (28%) believed that tobacco is not as addictive as other drugs such as heroin or cocaine. Nonsmokers included both never and former smokers.

Table 4.2: Tobacco-Related Knowledge Among Male Vietnamese Smokers and Nonsmokers

Knowledge	Percent Agreed with Statement	
	Nonsmokers	Smokers
Inhaling smoke can cause lung cancer in a nonsmoker	92%	79%
Inhaling smoke can cause heart disease in a nonsmoker	81%	81%
Inhaling smoke can cause illness in babies and children	95%	90%
5 cigarettes per day smoker same chance of cancer as nonsmoker	21%	41%
5 cigarettes per day smoker same chance of heart disease as nonsmoker	20%	26%
Light cigarettes safer than regular cigarettes	17%	23%
Tobacco is not as addictive as heroin or cocaine	28%	47%

Note: Nonsmokers include never and former smokers.
Source: California Vietnamese Adult Tobacco Use Survey, 2007-08

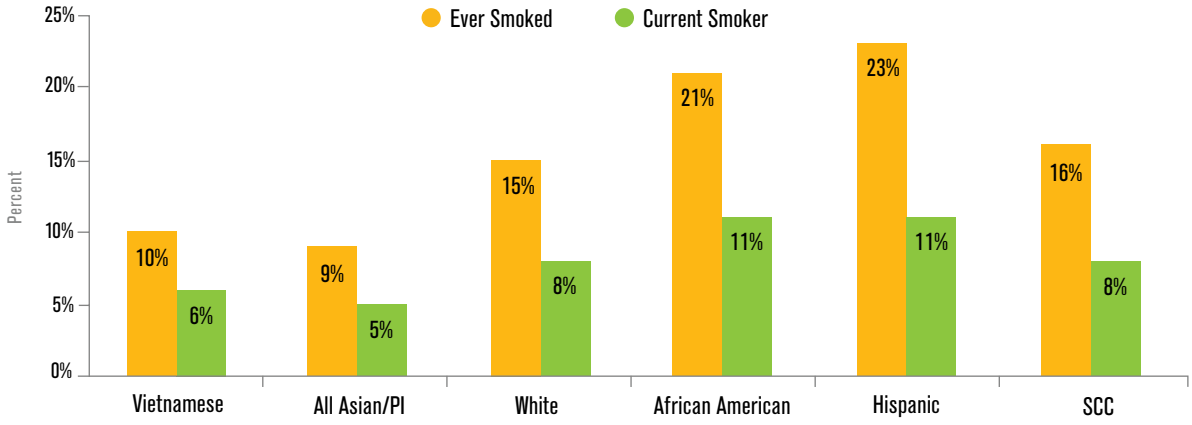
Smoking Among Young Adults Surveyed Online[7]

In 2011, 8% of Vietnamese young adults in Santa Clara County surveyed online were current smokers. Fifteen percent (15%; 14 of 92) of male participants and 3% (4 of 136) of female participants were current smokers.

Smoking Among Adolescents[8]

Studies suggest that Asian youth generally have lower smoking rates than youth from other major racial/ethnic groups.[9,10] In 2009-10, 10% of Vietnamese middle and high school students in Santa Clara County reported lifetime cigarette use, which refers to smoking a whole cigarette at least once. Six percent (6%) reported current cigarette use (smoking cigarettes on at least one day during the past 30 days). Both of these percentages were lower than for Santa Clara County students overall and students in all other major racial/ethnic groups except all Asian/Pacific Islanders. Lifetime and current use were higher among male (12% and 7%, respectively) than female (8% and 4%, respectively) Vietnamese students. The rate for current smoking among all students was below the Healthy People 2020 target of 16%.[11]

Figure 4.3: Percent of Middle and High School Students Who Ever Smoked Cigarettes or Smoked Cigarettes in the Past 30 Days by Race/Ethnicity



Source: California Healthy Kids Survey, 2009-10

Alcohol Use

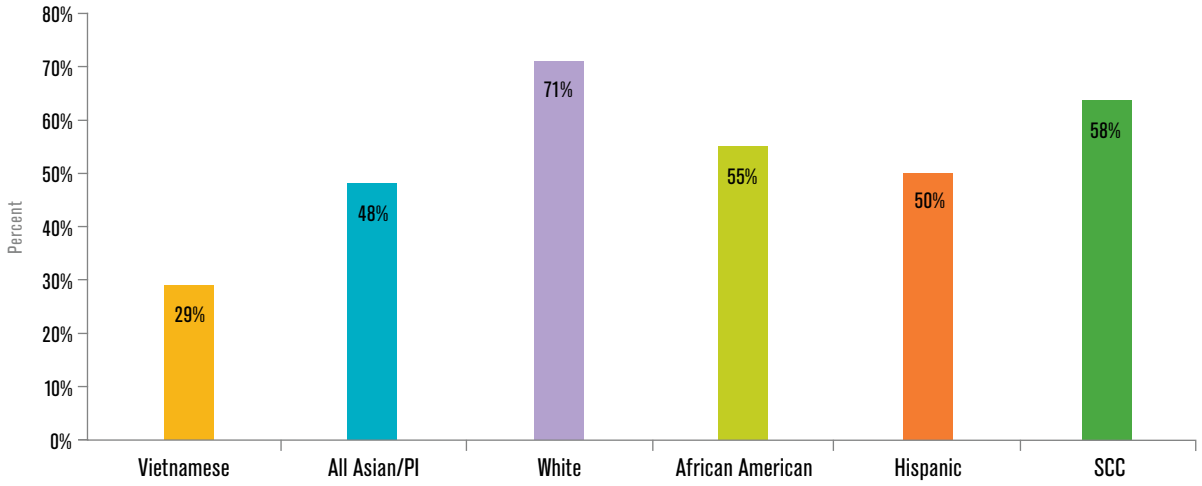
Excessive alcohol use is the third leading lifestyle-related cause of death in the U.S., with nearly 80,000 attributed deaths each year. It is associated with unintentional injury, violence, risky sexual behaviors, and chronic conditions like stroke, heart disease, cancer, and liver disease, as well as mental health issues like depression and suicide. Alcohol use disorders, such as heavy and binge drinking, have been found to be lower among Asians than other major racial/ethnic groups.[12]

Alcohol Use Among Adults[13]

In 2011, 29% of Vietnamese adults in Santa Clara County consumed alcohol in the past 30 days. This was lower than the percentage of adults in all other major racial/ethnic groups and in the county as a whole in 2009. Any consumption of alcohol was more common among Vietnamese men (50%) than women (7%). In comparison, there was a much smaller difference between men (64%) and women (50%) in the county as a whole.

Consumption was more common among younger Vietnamese adults: 31% of those ages 18-44 and 30% of those ages 45-64 consumed alcohol in the past 30 days, compared to 16% of those ages 65 and older. Twenty-eight percent (28%) of Vietnamese young adults ages 18-25 reported any consumption in the past 30 days. Any alcohol consumption during the past 30 days was more common among Vietnamese adults who had been in the U.S. for 20 or more years (37%) than those who have been in the U.S. for 10-19 years (22%) or less than 10 years (19%). The number of respondents who consumed alcohol at levels consistent with definitions of heavy drinking or binge drinking was too small to provide reliable estimates of these outcomes.

Figure 4.4: Percent of Adults Who Consumed Alcohol at Least Once in the Past 30 Days 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

Alcohol Use Among Young Adults Surveyed Online[7]

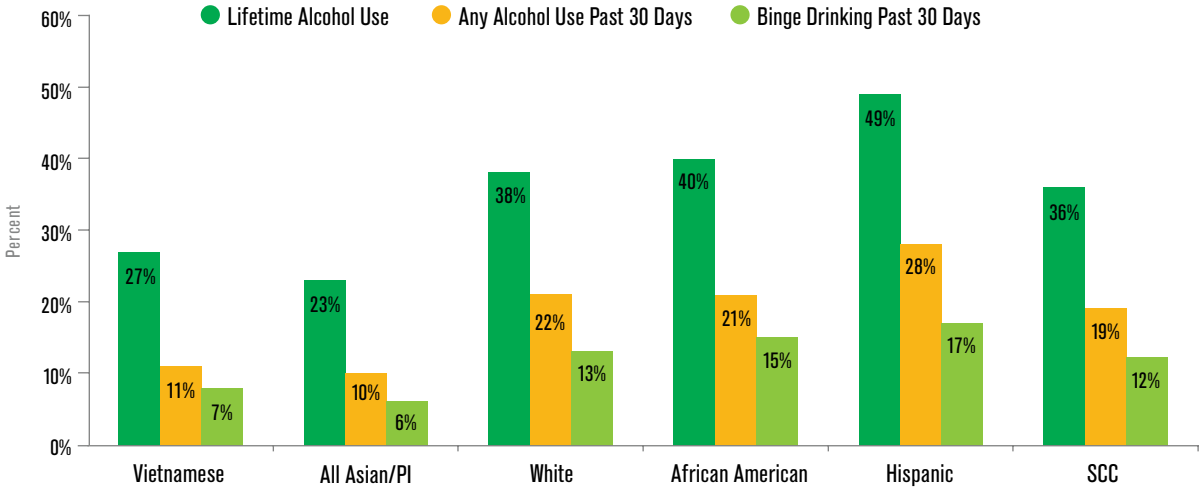
In contrast to Vietnamese young adults countywide, 55% of Vietnamese young adults who participated in an online survey (ages 18-25) reported any alcohol consumption in the past 30 days. Any alcohol consumption was similar among male (57%) and female (54%) young adult participants. A higher percentage of young adult participants who spoke English like a native or well (57%) consumed alcohol than those who spoke English less than well (35%).

Seven percent (7%) of young adult participants were heavy drinkers and 15% were binge drinkers. Binge drinking was more common among male (19%) than female (12%) participants. Heavy drinking was defined as more than one drink per day for women and more than two drinks per day for men. Binge drinking was defined as having four or more drinks on one occasion in the past month for women and five or more drinks on one occasion in the past month for men.

Alcohol Use Among Adolescents[8]

Surveys of adolescents have shown that Asian/Pacific Islander youth report lower levels of alcohol and other substance use than youth from other major racial/ethnic groups.[9,14] Consistent with previous research, in 2009-10 Vietnamese middle and high school students in Santa Clara County reported lower lifetime alcohol use (27%), lower alcohol use during the past 30 days (11%), and lower binge drinking during the past 30 days (7%) than students from all other major racial/ethnic groups and in Santa Clara County overall, with the exception of all Asian/Pacific Islanders (who had lower lifetime use and similar current use and binge drinking). Rates were similar among Vietnamese male and female students for lifetime alcohol use (27% and 26%, respectively) and current alcohol use (12% and 11%, respectively), but binge drinking was higher among male (8%) than female (5%) students. Lifetime alcohol use was defined as having one full drink of alcohol at least one time. Any alcohol use was defined as having at least one drink on at least one day during the past 30 days. Binge drinking was defined as drinking five or more drinks in a row, within a couple of hours, on one or more days during the past 30 days.

Figure 4.5: Percent of Alcohol Use Among Middle and High School Students by Race/Ethnicity



Source: California Healthy Kids Survey, 2009-10

Drug Use

Drug use includes the use of marijuana, cocaine, heroin, methamphetamine, ecstasy, or other illegal substances, as well as the misuse of prescription medications. Drug use disorders can disrupt relationships and functioning at work, home, and school. The use of illicit drugs is also associated with increased risk of infectious diseases like tuberculosis and sexually transmitted diseases. Nationally, Asians have been found to have lower prevalence of drug use disorders than Whites, African Americans, and Hispanics.[12]

Drug Use Among Adults[13]

In 2011, 3% of Vietnamese adults in Santa Clara County reported using any kind of illicit drug during the past 12 months, lower than the county overall in 2009 (8%). The percentage among Vietnamese adults meets the Healthy People 2020 target (7.1% using any illicit drug in the past 12 months).[11]

A small percentage (2%) of Vietnamese adults in Santa Clara County reported using a prescription medication that was not prescribed to them in the past 12 months, which was the same as the percentage of adults in the county overall in 2009. These percentages meet the Healthy People 2020 target for nonmedical use of prescription drugs in the past 12 months (5.5%).[11] The number of Vietnamese respondents reporting use of drugs other than prescription drugs not prescribed to them was too small to provide reliable estimates for Vietnamese adults in Santa Clara County.

Drug Use Among Young Adults Surveyed Online[7]

In 2011, 16% of Vietnamese young adults in Santa Clara County who participated in an online survey had used any kind of illicit drug in the past 12 months. Use of any drug was higher among male (20%) than female (13%) participants. Marijuana was the most common illicit drug used (12%) in the past 12 months. Four percent (4%) of participant had used prescription drugs not prescribed to them, 4% had used ecstasy, and 1% had used cocaine, crack cocaine or methamphetamine in the past 12 months. No participants reported using heroin.

Drug Use Among Adolescents[8]

In 2009-10, other than alcohol, cough/cold medicines without a prescription (20%), marijuana (11%), inhalants (8%), and ecstasy (8%) were the most frequently reported substances used by Vietnamese middle and high school students in Santa Clara County during their lifetimes. Vietnamese youth reported low levels of lifetime use of a number of other drugs, including cocaine in any form (powder, crack, or freebase), methamphetamines, Ritalin, LSD or other psychedelics, heroin, prescription pain killers, barbiturates, tranquilizers or sedatives, and diet pills. Lifetime use was defined as using a substance at least one time.

Lifetime use of cough/cold medicines without a prescription was higher among Vietnamese students (20%) than among Whites (13%), similar to levels among all Asian/Pacific Islanders (18%), and students in the county overall (19%), and slightly lower than among Hispanic (23%) or African American (24%) students. Lifetime use of marijuana was two to three times lower among Vietnamese students (11%) than among students in the county as a whole (22%) and students from all other major racial/ethnic groups (Whites, 22%; African Americans, 31%; Hispanics, 32%) except all Asian/Pacific Islanders (11%). Lifetime use of inhalants and ecstasy among Vietnamese students (8% for both drugs) was similar to levels among Whites (8% for both drugs) and all Asian/Pacific Islanders (7% and 6%, respectively), as well as among students in the county as a whole (10% for both drugs). However, use of inhalants and ecstasy was lower among Vietnamese than Hispanic (15% and 13%, respectively) or African American (14% and 15%, respectively) students.

Key Community Leader Perspective on Substance Use

Key Community Leader and substance use expert Ms. Lien Cao defined addiction as when a substance affects individuals' lives, including their health, their relationships, and their jobs. Addiction causes them to become unreliable, to steal, or to act in other unacceptable ways, but they still cannot stop using the substance.

Ms. Cao explained that the Vietnamese community does not recognize substance use and perceives It as a minor issue. She believes attitudes toward substance use are rooted in the culture of Vietnam, where being addicted is not always viewed as bad, and a lot of families protect and enable their loved ones, especially if the person with an addiction is male. She thinks these cultural attitudes have been brought to Santa Clara County.

In Ms. Cao's view, lack of parental contact, as well as intergenerational conflict, are major causes of substance use disorders among Vietnamese youth. Parents work long hours, which limits the amount of attention they can give their children. Ms. Cao views the clash between Vietnamese parents' strict parenting styles and their children's need for nurturing as another factor in drug use among children. High academic expectations, accompanied by stress and parents' expression of disappointment in their children's progress, add to the pressure.

According to Ms. Cao, ignorance of substance use by their children is common among parents. She feels that parents are not open to seeing mental health or substance use issues in their children. "In a way, the kids are protecting their parents. They feel their parents would have no way of understanding, and they lead a kind of double life," she explained.

In Ms. Cao's experience, the majority of Vietnamese individuals who receive treatment for substance use are males who were mandated to do so. They were caught using or selling and had the choice of incarceration or rehabilitation. If it were not mandated, she believes it would be very hard to engage Vietnamese individuals in treatment, perhaps because there is more stigma among the Vietnamese population than among other racial/ethnic populations.

According to Ms. Cao, lack of a culturally appropriate treatment model may also be a barrier to better treatment. For example, she explained that it is difficult for Vietnamese individuals to answer the very personal questions that are asked in substance abuse therapy. It is seen as a betrayal to talk about private family issues. She viewed the lack of Asian and Vietnamese counselors as an obstacle to more culturally appropriate treatment.

Ms. Cao also viewed education around mental health and substance use as vital to addressing issues, especially information about how addiction is related to mental health. She said it is important to educate parents about the stress Vietnamese young people feel, particularly the stress that results from the differences between the family culture and American culture. Ms. Cao sees a need for more Vietnamese leaders in the community who can "harmonize the two cultures."

Securing funding for prevention and treatment of substance use among Asians is difficult, in Ms. Cao's experience, because the number affected is smaller than for other groups, and because substance use is likely underreported.

Obesity, Physical Activity, and Nutrition

Eating healthy, nutritious food and getting plenty of physical activity can help to maintain a healthy weight and prevent chronic diseases like diabetes and cancer. Physical inactivity and poor nutrition are fast approaching tobacco as a leading cause of preventable death in the U.S.[15] In the past 30 years, the obesity rate has doubled for adults and more than tripled for children.[16]

The Centers for Disease Control and Prevention (CDC) provides standard categories for overweight and obesity for adults based on an individual's body mass index (BMI). BMI is a number calculated from a person's weight and height. It is a fairly reliable indicator of body fat for most people. BMI cutoff points are underweight (BMI< 18.5); healthy weight (18.5 ≤ BMI < 25); overweight (25 ≤ BMI < 30) and obesity (BMI ≥ 30).

Research has suggested, however, that standard cutoff points for BMI in use in the U.S., which are used to categorize adults as overweight or obese, may be too high for Asians because Asians may be at higher risk for type 2 diabetes and cardiovascular disease at lower BMI cutoff points.[17]

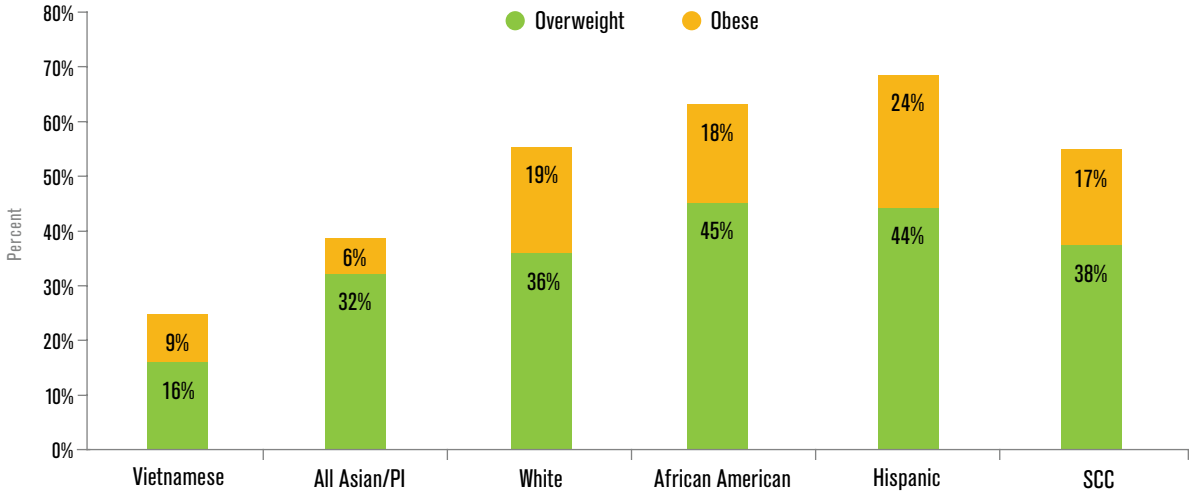
Overweight and Obesity Among Adults[13]

In 2011, a lower percentage of Vietnamese adults in Santa Clara County were overweight (16%) or obese (9%), according to the standard weight categories set by the CDC, than other major racial/ethnic groups and adults in the county overall in 2009. The percentage of obese among Vietnamese adults met the Healthy People 2020 target of 31%.[11]

At lower cutoff points used to define increased and high-risk BMI by the World Health Organization (WHO), 32% of Vietnamese adults in Santa Clara County had increased risk (23 ≤ BMI < 27.5) and 14% had high risk (BMI ≥ 27.5) BMI. Based on these cutoff points, more Vietnamese men (58%) than women (32%) had increased/high-risk BMI.

The prevalence of increased/high-risk BMI was highest among adults ages 45-64 (49%) and lowest among adults ages 18-44 (40%). Increased/high-risk BMI was higher among adults who had been in the U.S. for more than 20 years (61%) than adults who had been in the U.S. for 11-20 years (32%) and 10 years or less (42%).

Figure 4.6: Percent of Adults Who Were Overweight or Obese 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

Overweight and Obesity Among Young Adults Surveyed Online[7]

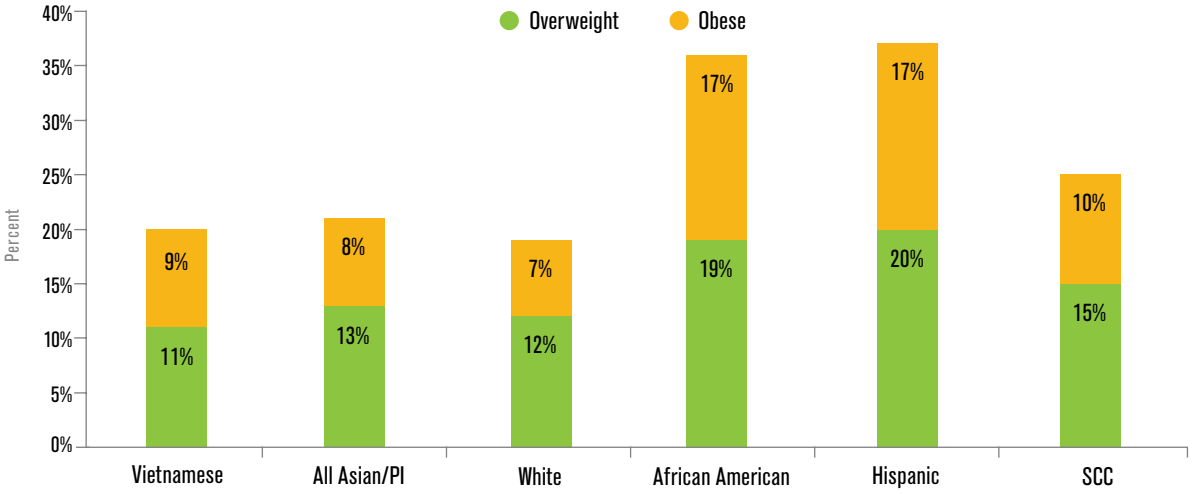
In 2011, 17% of Vietnamese young adults in Santa Clara County who participated in an online survey were overweight or obese based on standard weight categories set by the CDC. The percentage of male participants who were overweight or obese (31%) was nearly four times higher than for female participants (8%). Percentages were similar for U.S.-born (18%) and foreign-born (17%) participants.

Based on the WHO-observed risk cutoff points, 29% of Vietnamese young adult participants had an increased-risk BMI and 6% had a high-risk BMI. The percentage of male participants who had an increased/high-risk BMI (58%) was three times higher than that of female participants (19%). The percentage of young adult participants with increased/high-risk BMI was higher for those born in the U.S. (38%) than for those born outside the U.S. (30%).

Overweight and Obesity Among Adolescents[18]

Compared to White youth in the U.S., the prevalence of overweight is higher among Hispanic and African American youth and lower among Asian youth.[19] In Santa Clara County in 2007-08, 20% of Vietnamese middle and high school students were overweight or obese. This percentage was lower than for African Americans (36%), Hispanics (37%), and students in the county overall (25%). However, in contrast to national trends, the percentage overweight and obese among Vietnamese students was similar to levels among Whites (19%). The percentage overweight and obese among all Asian/Pacific Islanders (21%) was also similar to that of Vietnamese youth. The percentage of overweight or obesity was nearly three times higher among male (29%) than female (10%) Vietnamese students.

Figure 4.7: Percent of Middle and High School Students Who Were Overweight or Obese



Source: California Healthy Kids Survey, 2007-08

Physical Activity Among Adults[20]

The CDC suggests that adults ages 18 and older need at least 2 hours and 30 minutes (150 minutes) of moderate intensity aerobic activity (i.e., brisk walking) every week for good health; 1 hour and 15 minutes (75 minutes) of vigorous intensity aerobic activity (i.e., jogging or running); or an equivalent mix of moderate and vigorous intensity activity.[21]

In 2011, 87% of Vietnamese adults in Santa Clara County reported getting any physical activity each week and 53% reported getting recommended levels of aerobic physical activity each week. The proportion of Vietnamese adults who engaged in no leisure-time physical activity (13%) was lower than the Healthy People 2020 target (32.6%) and the proportion that met recommendations for aerobic activity (53%) exceeded the Healthy People 2020 objective (47.9%).[11] More Vietnamese men met recommendations for aerobic physical activity (61%) than women (46%), and more men (91%) than women (83%) reported any physical activity.

The percentage of those meeting recommendations for aerobic physical activity and reporting any physical activity was highest among adults ages 65 and older (74% and 96%, respectively) and lowest among adults ages 18-44 (49% and 82%, respectively). Eighty percent (80%) of young adults ages 18-25 reported getting any moderate or vigorous aerobic physical activity per week. Results for young adults who meet recommendations not provided due to small sample size.

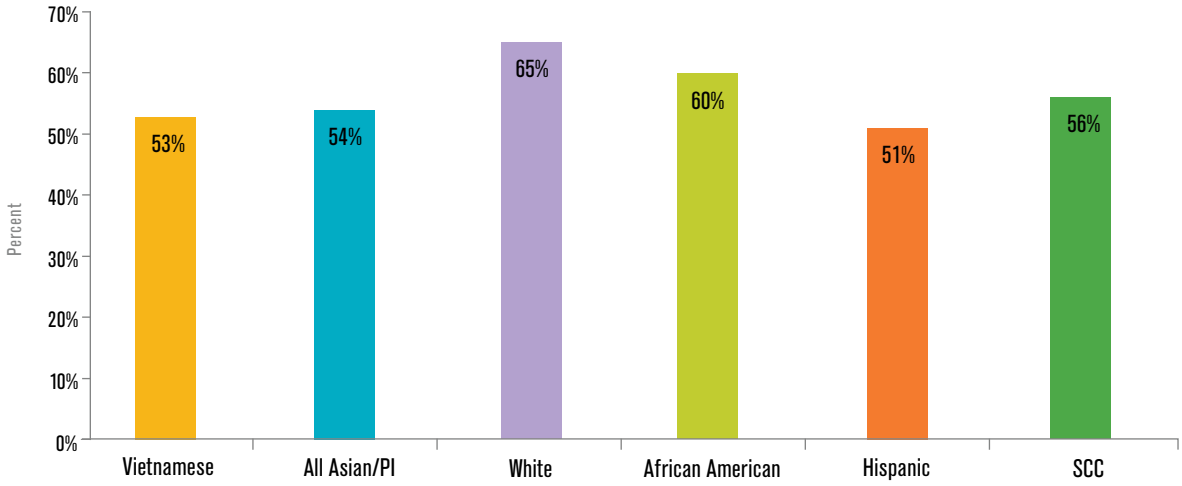
A higher percentage of Vietnamese adults who had lived in the U.S. for more than 20 years reported getting any physical activity (92%) and meeting recommendations for aerobic physical activity (57%) than those who had lived in the U.S. for 10 years or less (84% and 44%, respectively).

Physical Activity Among Adolescents[18]

Studies have shown that Asian youth are less likely than White youth to engage in physical activity, and they watch more television and spend more time playing video games than White youth.[22] In 2007-08, a lower percentage of Vietnamese middle and high school students in Santa Clara County (52%) reported engaging in daily physical activity than all other major racial/ethnic groups, except for Hispanic students (51%). Daily physical activity was defined as at least 20 minutes of vigorous, or 30 minutes of moderate, physical activity every day in the past week.

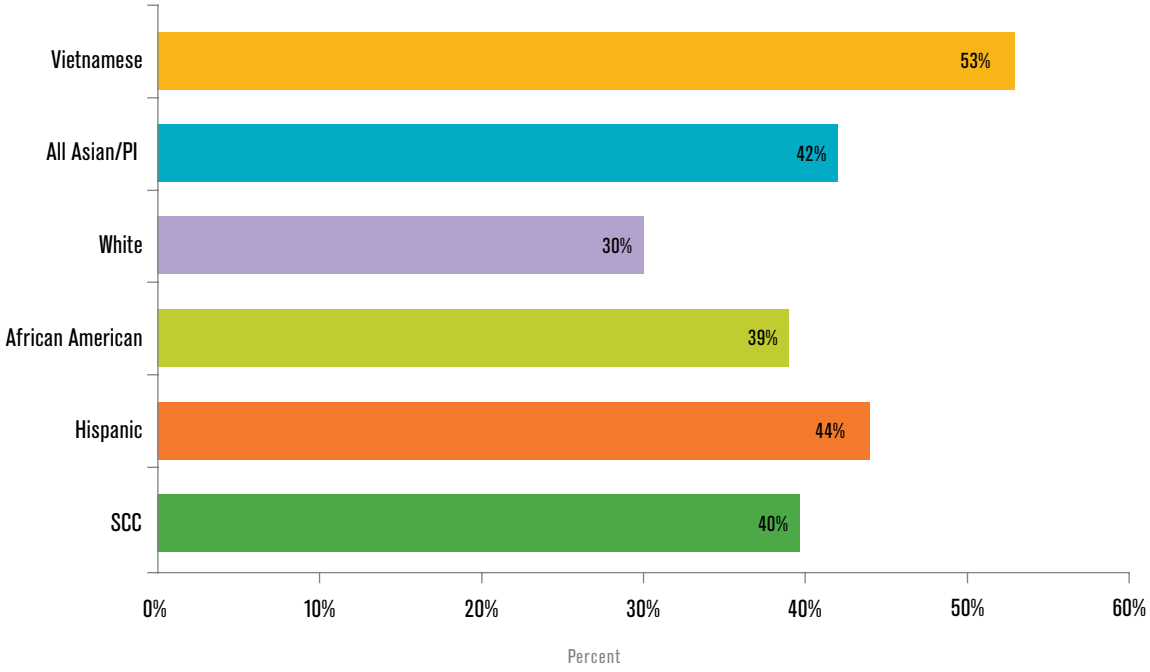
In addition, a higher percentage of Vietnamese middle and high school students (53%) reported that they watched TV or played video games for at least two hours on an average school day than White (47%) and all Asian/Pacific Islander (48%) students; the percentage was similar to students in the county as a whole (52%) and lower than for African American (57%) and Hispanic (58%) students. Similar patterns were reported for watching TV or playing video games four or more hours on an average school day. However, a higher percentage of Vietnamese middle and high school students (53%) attended physical education classes every day during the school week than students in all other major racial/ethnic groups and Santa Clara County students overall.

Figure 4.8: Percent of Middle and High School Students Who Engaged in Daily Physical Activity in the Past Seven Days by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Figure 4.9: Percent of Middle and High School Students Who Attended Daily Physical Education Classes in an Average Week by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Nutrition Among Adults[13]

In 2011, only 1 in 8 Vietnamese adults (13%) in Santa Clara County reported eating at least five servings of fruits and vegetables the previous day (average number of servings the previous day was 2.9), a lower percentage than for Whites (18%) and similar to the percentages for all Asian/Pacific Islanders (13%) and the county overall (14%) in 2009. Results for African Americans not presented due to small sample size.

More Vietnamese women (17%) than men (10%) ate five or more servings of fruits and vegetables the previous day. Consumption of five or more servings of fruits and vegetables the previous day was higher for those ages 45-64 (16%) and ages 65 and older (16%) than for younger adults ages 18-44 (9%). Only 11% of Vietnamese young adults ages 18-25 ate five or more servings of fruits and vegetables the previous day.

In Santa Clara County, fewer Vietnamese adults in 2011 reported that they eat at a fast food restaurant once a week or more (16%) than all Asian/Pacific Islanders (37%), Whites (36%), African Americans (43%), Hispanics (49%), and the county overall (40%) in 2009. More Vietnamese men (20%) than women (13%) reported eating at a fast food restaurant at least once a week. More than twice as many adults ages 18-44 eat at a fast food restaurant at least once a week (27%) than adults ages 45-64 (13%). Results for adults ages 65 and older not presented due to small sample size.

Nutrition Among Young Adults Surveyed Online[7]

In 2011, 15% of Vietnamese young adults in Santa Clara County who participated in an online survey ate five or more servings of fruits and vegetables on the previous day (mean 2.8 servings). Most young adult participants (97%) reported that they eat fast food at least occasionally (between less than once a month to four times per week or more). Thirty-five percent (35%) of participants reported that they eat fast food once a week or more. A higher percentage of male (49%) than female (27%) participants reported eating fast food once a week or more. U.S.-born participants reported eating fast food once a week or more at a higher rate (41%) than foreign-born participants (27%).

More than one-third (37%) of young adult participants reported that they drank one or more sugary sodas the previous day. Of those who drank at least one sugary soda, nearly half (48%) had one glass/can, 29% had two glasses/cans, and 23% had three or more glasses/cans. Any soda consumption was higher for male (47%) than for female (30%) participants, but was similar for U.S. (38%) and foreign-born (37%) participants.

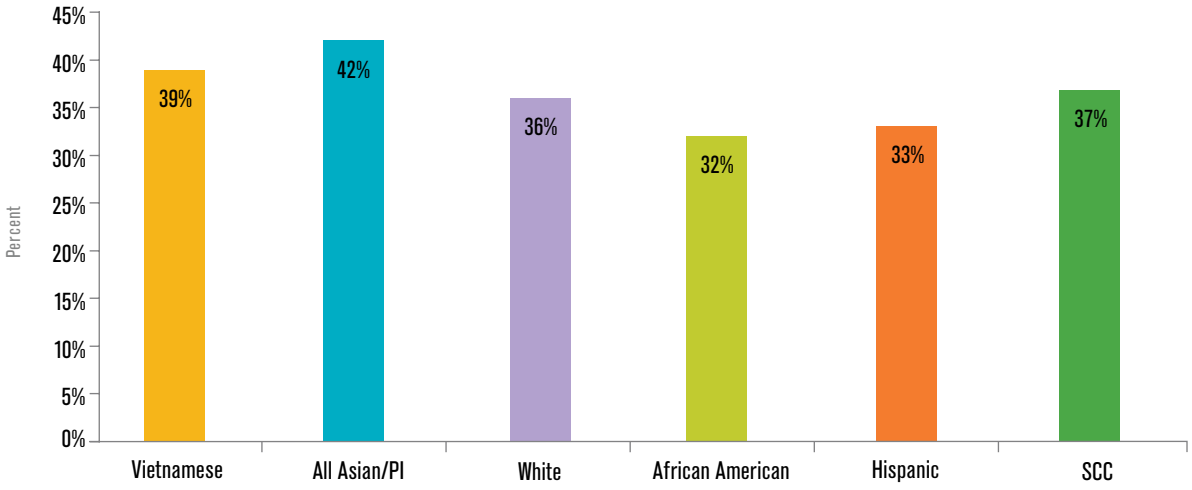
VIETNAMESE HEALTH ASSESSMENT SURVEYS

A telephone survey representative of adult Vietnamese residents of Santa Clara County ages 18 and older was conducted in the summer of 2011, answered by more than 800 Vietnamese residents. Additional questionnaires were developed and administered at community events or online. More than 1,100 surveys were collected. Although results from community events and online surveys were not representative of the Vietnamese population in the county, the surveys provided more in-depth information on key topics of interest.

Nutrition Among Adolescents[18]

Research suggests that Asian youth eat more fruits and vegetables than White youth.[22] In 2007-08, more Vietnamese middle and high school students (39%) in Santa Clara County consumed five or more fruits and/or vegetables on the previous day than all other non-Asian racial/ethnic groups, and close to levels among all Asian/Pacific Islanders. A lower percentage of Vietnamese students (50%) consumed soda pop in the past 24 hours than White (55%), African American (61%), and Hispanic (64%) students, and students in the county overall (55%). Their soda consumption was slightly higher than for all Asian/Pacific Islander students (48%).

Figure 4.10: Percent of Middle and High School Students Who Ate Five or More Fruits and/or Vegetables the Previous Day by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Only 58% of Vietnamese students reported eating breakfast the morning they were surveyed, compared to 68% of all Asian/Pacific Islander students, 69% of White students, and 63% of students in the county overall. A lower percentage of African American (56%) and Hispanic (53%) students reported eating breakfast than Vietnamese students.

Nutrition and Sedentary Behavior Among Children of Adults Surveyed at Community Events[23]

In 2011, Vietnamese attendees at community events in Santa Clara County who had at least one child younger than age 18 were asked questions about one of their children, selected randomly. Nearly half of event attendees (47%) reported that their child drank one or more glasses/cans of soda or other sweetened drinks the previous day. Soda consumption was higher for boys (52%) than for girls (41%), and higher for older children (53% of those ages 12-19) than for younger children (30% for those ages 2-5).

Fifty-seven percent (57%) of attendees reported that their child watched TV or played video games (screen time) two hours or less on the weekend: 16% said three hours, 20% reported five hours, and 7% reported six or more hours. A higher percentage of children ages 12-19 (51%) had four or more hours of screen time than younger children (22% of children ages 6-11 and 17% of children ages 2-5).

More than 3 in 4 event attendees (79%) reported that they limited how much soda and other sugary beverages their child drank at home. Similar percentages of event attendees (80%) reported that they limit the amount of time that their children watched TV, videos or DVDs, or played video games for recreation.

Sexual Health

Sexual health is the ongoing process of achieving physical, emotional, mental, and social well-being in relation to sexuality. Achieving sexual health involves the prevention of sexually transmitted diseases such as HIV and herpes, the elimination of deficiencies that interfere with sexual and reproductive function, and the prevention of sexual violence, unintended pregnancy, and abortion. A sexually active individual is one who has had sex at least once in the past 12 months.

Sexual Health Among Young Adults Surveyed Online[7]

In 2011, 40% of Vietnamese young adults who participated in an online survey (ages 18-25) in Santa Clara County reported that they had one sexual partner in the past 12 months; 12% reported that they had more than one sexual partner during the same period. Only 1 in 4 Vietnamese young adult participants (25%) reported using a condom during the previous sexual intercourse and 17% didn't know or were unsure. A condom was used by less than half of young adult participants (42%) who reported having more than one sexual partner in the past 12 months.

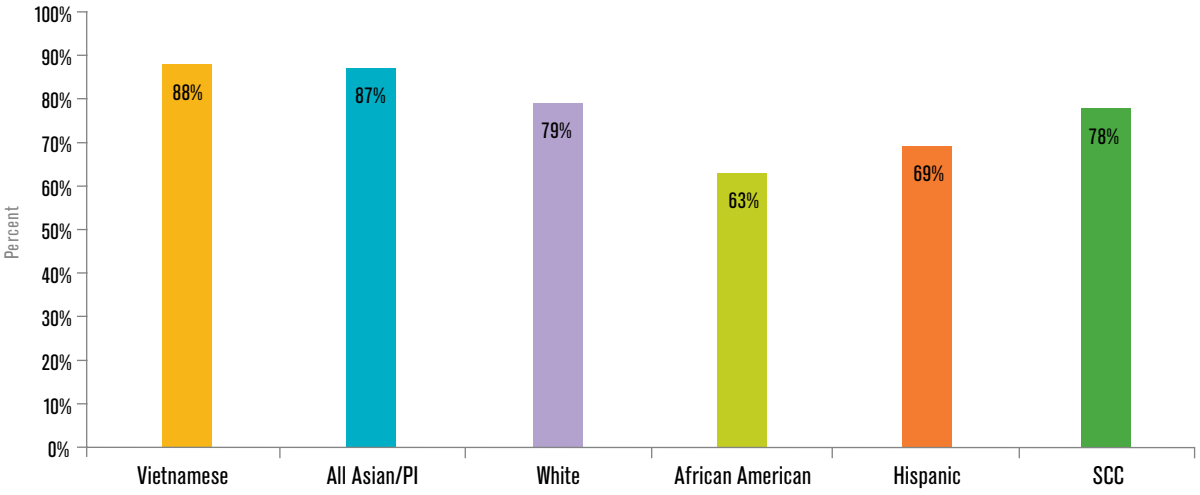
A higher percentage of male (14%) than female (10%) Vietnamese young adult participants reported having more than one sexual partner in the past 12 months.

Sexual Health Among Adolescents[18]

In 2007-08, a higher percentage of Vietnamese middle and high school students (88%) in Santa Clara County reported that they had never had sexual intercourse than White (79%), African American (63%), and Hispanic (69%) students and students in the county overall (78%). The percentage of Vietnamese students was similar to that of all Asian/Pacific Islander students (87%).

Similar percentages of male (86%) and female (89%) Vietnamese students reported that they never had sex. The percentage of Vietnamese students who had never had sex decreased in higher grade levels (seventh grade, 96%; ninth grade, 89%, eleventh grade, 78%).

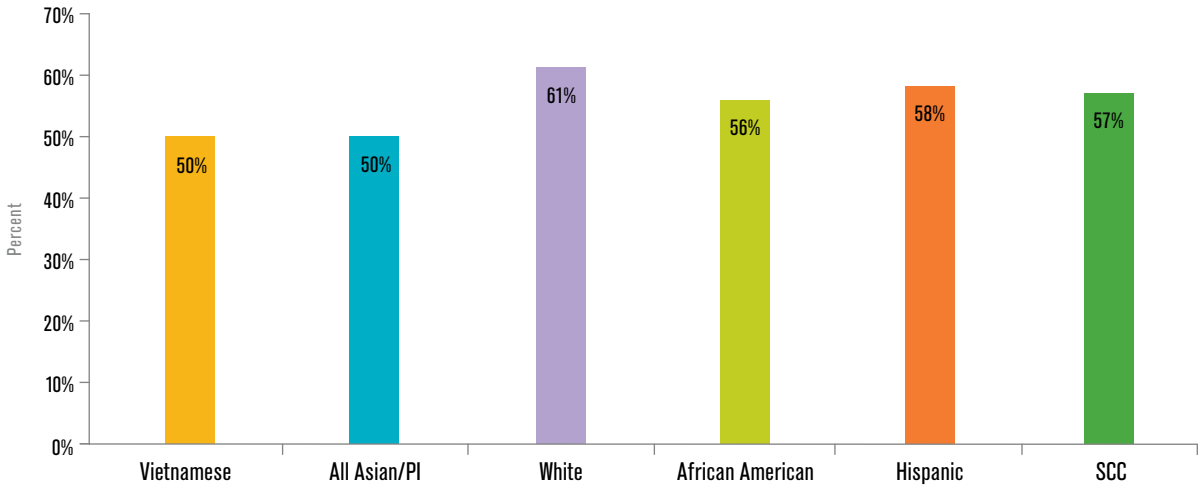
Figure 4.11: Percent of Middle and High School Students Who Never Had Sex by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Among Vietnamese middle and high school students who reported that they had ever had sex, only half (50%) reported that they or their partner used a condom during the previous sexual intercourse. This was lower than for students in the county overall (57%) and for students in all other major racial/ethnic groups except for all Asian/Pacific Islanders (50%).

Figure 4.12: Percent of Middle and High School Students Who Used a Condom During the Previous Sexual Intercourse Among Students Who Ever Had Sex by Race/Ethnicity



Source: California Healthy Kids Survey, 2007-08

Sexual Health Among High School Students[18]

Among Vietnamese high school students who reported that they had ever had sexual intercourse (approximately 1 in 6 students), 23% reported having had intercourse with more than one partner in the past three months, similar to high school students in the county overall (25%). The percentage was also similar to that of all Asian/Pacific Islander (23%) and Hispanic (22%) students, but lower than for White (27%) and African American (38%) students. More male (29%) than female (16%) Vietnamese students who had ever had sex had had intercourse with more than one partner in the past three months.

Among Vietnamese high school students who reported having sexual intercourse with more than one partner in the past three months, less than half (47%) reported that they or their partner used a condom during the previous sexual intercourse. This percentage was lower than for White (56%) and Hispanic (57%) students, similar to African American students (47%), and higher than for all Asian/Pacific Islander students (42%).

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Chapter 5
Spotlight on Older Adults[1]

This chapter spotlights health and social issues facing Vietnamese older adults (ages 55 and older) in Santa Clara County. Older adult health was selected as a focus for the Vietnamese Health Assessment by the Advisory Board, based on perceptions that the 2011 Vietnamese older adult population faces unique challenges relative to younger adults. The chapter reviews housing, transportation, English proficiency, employment, health care, and physical health among older Vietnamese adults.

Key Findings

- Affordable housing, transportation, and lack of employment are major issues for Vietnamese older adults who completed surveys at community events.
- Cost and no available transportation are top reasons for delaying medical care among older adult event attendees.
- More than half of older adult event attendees (52%) reported limited activities because of physical, mental, or emotional problems, and of those, nearly a quarter did not get any assistance with these activities.

Older Adults

The size of the older adult population in the U.S. is increasing as people live longer than ever before. This population is also becoming more racially and ethnically diverse. Among older Americans, chronic diseases are the leading cause of death and account for 95% of healthcare expenditures. Health care costs three times as much for an older American than someone younger than age 65.[2] As with other older adult populations, Vietnamese older adults in Santa Clara County (ages 55 and older), who constituted 18% of the Vietnamese population in 2007 to 2009,[3] are more vulnerable to chronic conditions.

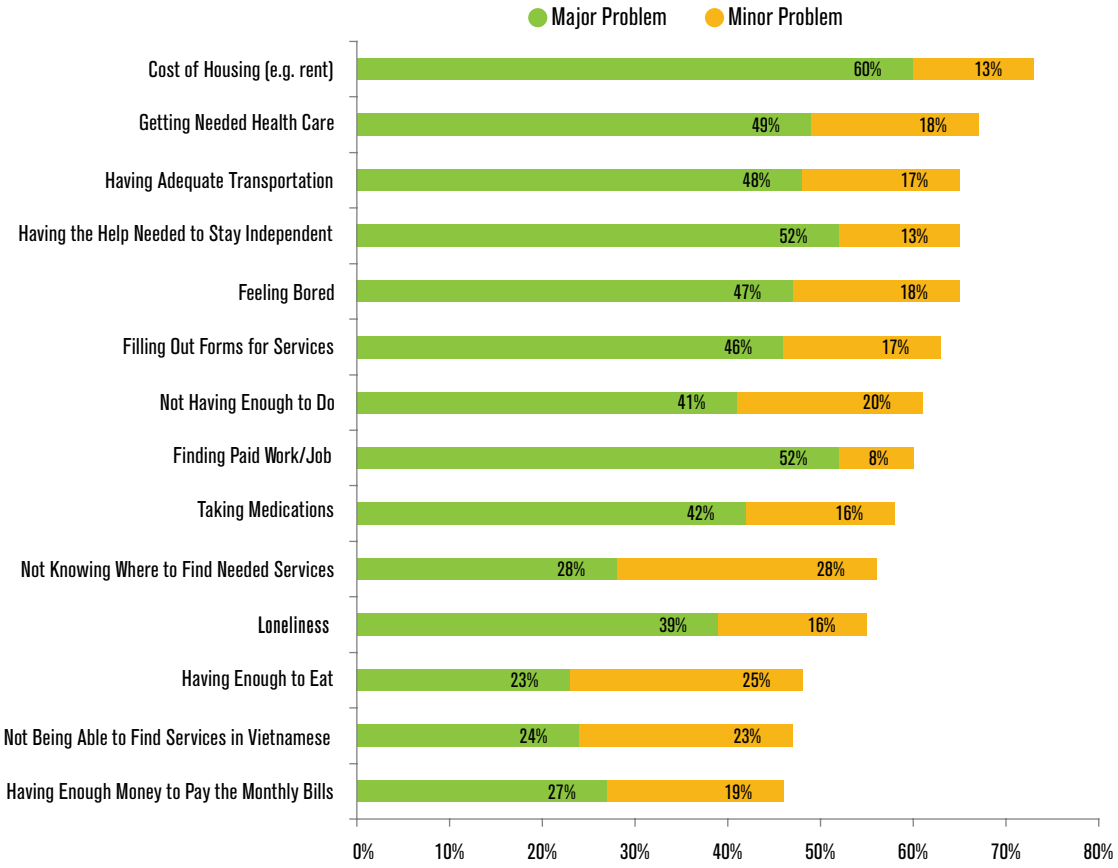
Prevention of chronic conditions and disability, and ensuring quality of life in an aging population, depend not only on access to health insurance and preventive health care, but also on environmental characteristics like affordable, high-quality housing, adequate transportation, and social support and social integration.

This chapter presents findings from the Santa Clara County Public Health Department, 2011 Vietnamese Older Adult Community Survey (see Chapter 7 for more detail). The chapter emphasizes social issues facing Vietnamese older adults who completed this survey (ages 55 and older), but also reviews health challenges. The older adults who completed the survey were more disadvantaged than Vietnamese older adults countywide, and hence, the sociodemographic background of survey participants is compared to that of Vietnamese older adults countywide via data from the U.S. Census Bureau. While this is a snapshot of health for Vietnamese older adults surveyed, the data are not representative of the entire Vietnamese older adult population living in Santa Clara County. The chapter also presents data on health among event attendees as well as Vietnamese older adults countywide, based on data from the Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey.

Problem Issues Reported by Older Adults Surveyed at Community Events

The top three major problems reported by Vietnamese older adult event attendees in Santa Clara County in 2011 were cost of housing (60%), having the help to stay independent (52%), and finding paid work/a job (52%). These findings are consistent with those from another recent survey of low-income Vietnamese older adults receiving services from a community-based organization conducted by the Metropolitan Transportation Commission (MTC) in 2010-11.[4] Asked what one thing they would change in their neighborhood (and in the Bay Area), Vietnamese older adults surveyed by the MTC reported their major concern was affordable housing. Older adults surveyed by the MTC also expressed concern about the cost of transit, given limited income and transportation options, as well as the need for more jobs.

Figure 5.1: Problem Issues for Older Adult Vietnamese Event Attendees



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

Social Determinants of Health

As explained in Chapter 1, social determinants of health are the conditions in which people are born, grow, live, work, and age. They include social characteristics that are beyond genetic make-up or health care, such as social status, employment, income, education, housing, and neighborhood conditions.

Income Among Older Adults Surveyed at Community Events

Because the older adult community event surveys were primarily conducted at food distribution events, Vietnamese older adult event attendees in Santa Clara County in 2011 had lower income than Vietnamese older adults in Santa Clara County in general in 2007 to 2009.

Eighty-one percent (81%) of Vietnamese older adult event attendees had annual household incomes less than $15,000 and more than two-thirds (69%) had annual household incomes less than $10,000. A higher percentage of female (76%) than male (63%) event attendees, and those event attendees ages 65 and older (76%) compared to those ages 55-64 (58%), reported their annual household incomes as less than $10,000.

In contrast to Vietnamese older adult event attendees, fewer Vietnamese older adults in Santa Clara County in 2007 to 2009 were low income, based on data from the U.S. Census Bureau. Only 5% of Vietnamese older adults in the county as a whole had annual household incomes

less than $10,000, and 16% had annual household incomes than $15,000. Six percent (6%) of Vietnamese older adults ages 55-64 and 8% ages 65 and older in the county had annual household incomes less than $10,000. Similar percentages of male and female Vietnamese older adults (5%) had annual household incomes less than $10,000.[5]

When asked about their main source of income, 15% of older adult event attendees reported that they had no source of income. The majority (53%) reported their main source as Supplemental Security Income (SSI) from the Social Security Program. One in 5 (20%) reported a job as their main source of income. Smaller percentages of event attendees relied on another pension (7%), family members (6%), or some other source (8 out of 320, or 3%).

Employment Among Older Adults Surveyed at Community Events

Seventy percent (70%) of Vietnamese older adult event attendees were not in the labor force: 22% due to retirement, 22% being unable to work, and 26% being homemakers (44% of females). Only 13% were employed and 14% were unemployed. Of those older adult event attendees who were unemployed, 93% would like to find a job, and of those employed, nearly half (49%) would like to work more hours.

Similar to Vietnamese older adult event attendees, in 2007 to 2009, more than two-thirds of Vietnamese older adults (68%) in Santa Clara County were not in the labor force, according to data from the U.S. Census Bureau. However, more Vietnamese older adults in the county as a whole than Vietnamese older adult event attendees were employed (29%), and fewer were unemployed (4%).[5]

Key Community Leader Perspective on Employment and English Proficiency

Limited English can affect older adults' opportunities for employment, according to Key Community Leader Ms. Cat Nguyen. Limited English skills mean that many can only find manual work, like cleaning and cooking, which pays little, or they collect items for recycling, she said. With lack of employment or underemployment, many housing options are unaffordable, as is using even subsidized public transportation. In her view, limited income further increases social isolation.

Housing Among Older Adults Surveyed at Community Events

The majority of Vietnamese older adult event attendees rented or occupied without rent (32% rented a room, 29% lived with family, 28% rented their own place). Only 9% of event attendees owned their place. Fewer than 3% (8 out of 348) had no usual place to live or lived in a shelter.

In contrast to Vietnamese older adult event attendees, most Vietnamese older adults in Santa Clara County in 2007 to 2009 owned their own place, either with a mortgage (39%) or free and clear (16%), based on data from the U.S. Census Bureau. The remainder (45%) rented or occupied without payment of rent.[5]

More than half of event attendees (56%) reported that the physical condition of the place in which they lived was fair or poor. The majority of event attendees who rented a room (71%) or rented their own place (57%) lived in a place that was in fair or poor condition. In contrast, the majority of event attendees who owned their own place (63%) or lived with family (56%) lived in a place in excellent or good physical condition.

Family Composition and Living Arrangements Among Older Adults Surveyed at Community Events

Most Vietnamese older adult event attendees in Santa Clara County lived with family members. Fifty percent (50%) lived with their spouse, 37% lived with their children, 9% lived with another relative such as a brother/sister or grandchild(ren), and 6% lived with an unrelated person. Nearly 1 in 5 older adult event attendees (17%) reported that they lived alone.

Key Community Leader Perspective on Living Arrangements and Affordable Housing

In traditional Vietnamese culture, Vietnamese families are cohesive and provide support for older family members, said Key Community Leader Ms. Cat Nguyen. Vietnamese older adults often co-reside with their adult children. However, she noted that some Vietnamese older adults immigrated to the U.S. without families or children, many as refugees in the 1980s. These adults are now in their 70s and 80s. Others have children who are either not in Santa Clara County or do not provide traditional support for a variety of reasons, according to Ms. Nguyen. The Santa Clara County Public Health Department, 2011 Vietnamese Older Adult Community Event Survey, as indicated in this section, identified a significant proportion of Vietnamese older adults who live alone and/or depend on government income assistance.

The expense of housing in Santa Clara County has severely limited housing options for low-income Vietnamese older adults, said Ms. Nguyen. Renting a room in a house is a common form of housing among low-income older adults, in her experience, which is consistent with findings from the survey of older adult community event attendees. These adults cannot afford a house or apartment, she said. Often, they don't know the others who live in their households. Generally, older adults can find rooms on their own, through advertisements in Vietnamese magazines, or through word of mouth.

Housing absorbs most of the income of these older adults, according to Ms. Nguyen. The lack of affordable housing has a tremendous impact on the well-being of these individuals. Ms. Nguyen said, "Honestly, I don't know how they survive. I am afraid that eventually we will have a lot more homeless seniors because they won't be able to afford housing. Literally, they will be on the streets."

Subsidized housing takes a long time to secure, and older adults often cannot even get onto waiting lists, Ms. Nguyen reported. The solution, from her perspective, is to reserve more affordable housing for seniors. However, even if more units were available, applying for these units would be very challenging because of their limited English proficiency, she said.

Linguistic Challenges Among Older Adults Surveyed at Community Events

More than 8 in 10 Vietnamese older adult event attendees (82%) found it hard to interact with others because of difficulties with the English language.

Key Community Leader Perspective on Social Isolation and English Proficiency

A number of Key Community Leaders viewed social isolation as a major issue among the Vietnamese older adults with whom they have contact. A socially isolated senior, according to Key Community Leader Ms. Cat Nguyen, is one who is not living with family, is isolated from the community, and does not have contact with the mainstream (English-speaking) community in Santa Clara County. If they go to the doctor or to get a haircut, for example, they go to Vietnamese establishments.

Since the county has such a large Vietnamese population, they can live in such isolation very easily. This isolation has serious impacts on older adults and their ability to live independently. They can live in the County for decades and never develop English proficiency, despite sometimes taking English classes for years, she said. In addition, learning a language is very difficult at older ages, and without a chance to use the language, their skills do not develop, Ms. Nguyen said.

Key Community Leader Dr. Thinh Nguyen reported that social isolation is the primary concern for his older patients, which he also found was integrally connected to their limited English proficiency. As he described, if they don't speak English, "they are deaf." They can't speak, they can't watch movies, they can't go anywhere, they can't get out of the house, and they can't socialize. If his patients have a partner, they are better off, but if not, "it is very bad," he said. Even living with adult children does not alleviate social isolation among his older adult patients. "The children don't have time," he explained.

Lack of English proficiency also has a tremendous impact on the ability of Vietnamese older adults to access social services, according to Ms. Nguyen. Without English skills, they are almost completely dependent on community organizations to locate and access needed services outside of those provided by Vietnamese organizations and businesses.

Key Community Leader Perspective on Accessing Services

According to Key Community Leader Ms. Cat Nguyen, accessing services among Vietnamese older adults is challenged by their lack of familiarity with using computer-based technologies. These technologies are often required for filling out applications or making appointments with government agencies and healthcare providers.

Ms. Nguyen reported that providing information on services to Vietnamese older adults or helping them apply is very labor-intensive: "Anytime we try to get any information from them, we have to see them one-on-one, make an announcement, translate something on paper, and pass it out to them. There are hundreds of seniors, and just not enough staff to talk to them one-on-one," she said. She has also found Vietnamese radio to be very effective in getting information to them because they listen to a lot of radio, but it is expensive to buy air time.

Because they cannot navigate the system with their own skills, Ms. Nguyen believes they are not getting services that might be available to them. Even if they are able to access the service, she questions whether available services are linguistically and culturally appropriate for Vietnamese older adults.

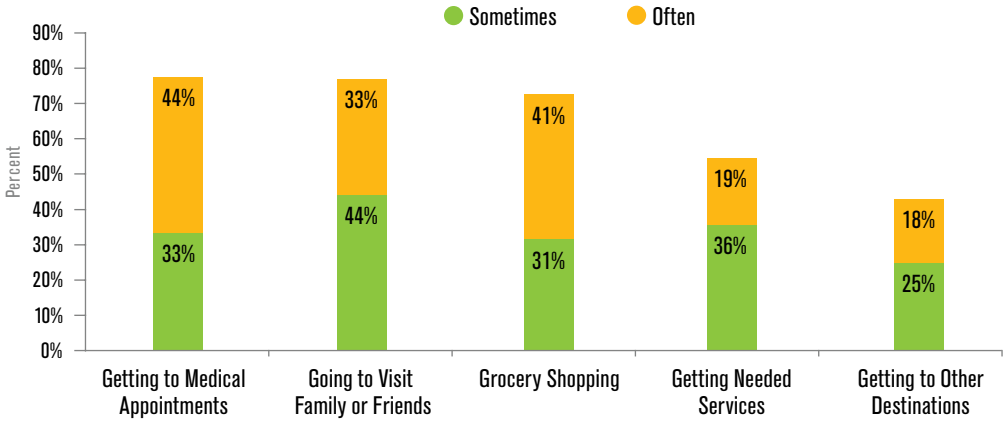
Social and Financial Support Among Older Adults Surveyed at Community Events

Less than half of Vietnamese older adult event attendees (44%) reported that they could count on anyone for financial support. A lower percentage of male (37%) than female (49%) Vietnamese event attendees could count on anyone for financial support. However, two-thirds (67%) could count on anyone for emotional support. A lower percentage of males (63%) than female (72%) event attendees could count on anyone for emotional support.

Transportation Used by Older Adults Surveyed at Community Events

In 2011, Vietnamese older adults surveyed at community events in Santa Clara County identified the following transportation modes they usually used to get somewhere they needed to go (they could identify more than one mode): 41% drove, 36% took public transportation, 17% walked, and 14% got a ride. Most Vietnamese older adult event attendees reported problems getting around, perhaps due to the large percentage who do not drive. For about three-quarters of event attendees, transportation problems sometimes or often interfered with medical appointments (77%), visiting family or friends (77%), or grocery shopping (72%). For more than half of event attendees (55%), transportation problems sometimes or often interfered with getting needed services. Among employed event attendees, the majority (20 out of 36, or 55%) reported that transportation problems sometimes or often interfered with getting to/from work.

Figure 5.2: How Often Transportation Problems Interfere with Travel to Certain Destinations for Vietnamese Older Adult Event Attendees



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

Key Community Leader Perspective on Transportation

Transportation is a major issue affecting the well-being of Vietnamese older adults, according to Key Community Leader Ms. Cat Nguyen, who directs programs for a community-based organization that serves a large number of Vietnamese older adults. The majority with whom she has contact don't drive, both due to the cost and the fact that many never learned to drive. That means most low-income older adults depend on public transportation, which can be challenging in Santa Clara County, Ms. Nguyen said. "The bus routes seem to be designed to go from places where a lot of people gather. You can get to the malls easier–there are lots of buses going to the malls," she explained. "But if you try to get to a nonprofit, that's almost impossible."

This means that Vietnamese older adults have to take two to three buses to reach their destinations, in addition to walking. She said that a lot of times they find services for Vietnamese older adults, but if the services are located in an area that is difficult to reach by public transportation, they will not go. "So we have to provide transportation for them," said Ms. Nguyen.

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Because of the number of transfers involved, and the wait in between transfers, Ms. Nguyen finds that some of her organization's clients prefer to walk, sometimes an hour each way, to reach services like food assistance. Also, many can't afford the cost of a bus pass due to their limited incomes. "So they end up walking to everywhere. If something is really important, they might buy one ride for that day," she said. "Can you imagine walking [everywhere] in Santa Clara County?" This is an issue not just for her organization, but for all organizations that serve older adults. Limited transportation options increases social isolation among Vietnamese older adults and affects social networks, Ms. Nguyen added.

Key Community Leader Dr. Thinh Nguyen sees a lot of older patients who have difficulty getting to his medical practice. Their children work, so they can't drive their parents to the doctor. He said that it is not convenient to reach his office on the bus. He has found that his older patients walk to get to his office, which is difficult for patients with health problems like arthritis. Older patients who walk also sometimes get lost, he reported. In the cold weather, walking to the doctor is especially difficult.

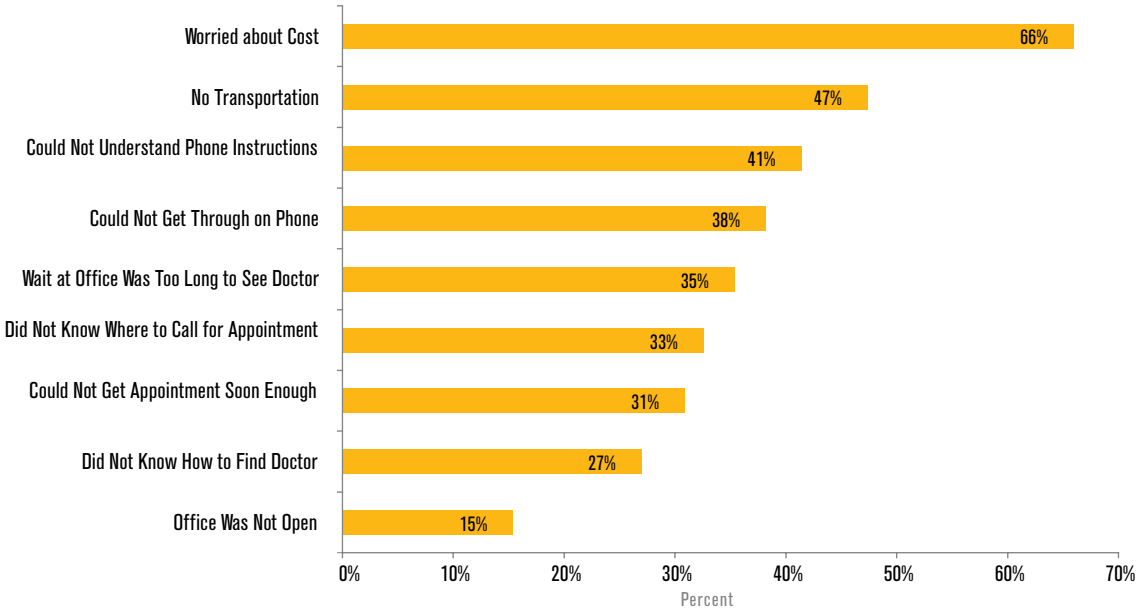
Health Care, Physical Health and Health Behaviors

Most Vietnamese older adults in Santa Clara County in 2011 had healthcare coverage, although a lower percentage of adults ages 55 and older (79%) than those ages 65 and older (97%) had coverage.[6]

Delays in Health Care Among Older Adults Surveyed at Community Events

In 2011, among Vietnamese older adult event attendees in Santa Clara County, about 8 in 10 reported a reason for delaying medical care in the past 12 months. Among event attendees who gave a reason for delaying care, the top reason was worry about cost (66%), followed by having no transportation (47%), not understanding phone instructions (41%), and not being able to get through on the phone (38%).

Figure 5.3: Reasons for Delay of Medical Care in Past 12 Months Among Vietnamese Older Adult Event Attendees



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

Key Community Leader Perspective on Health Care for Vietnamese Older Adults

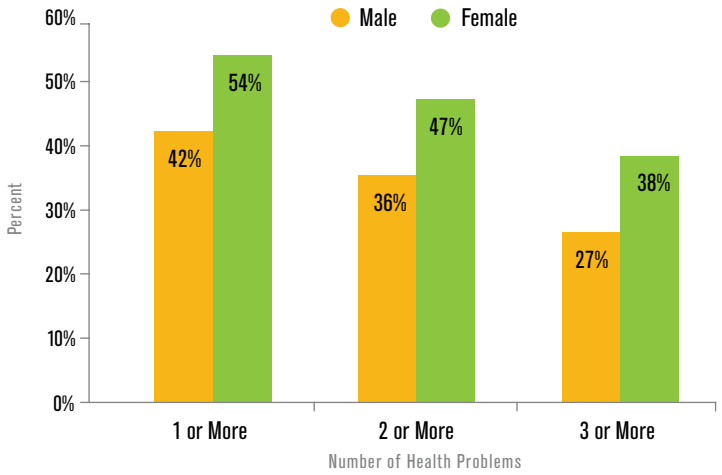
Key Community Leader Ms. Cat Nguyen said the cost of health care is a major issue for Vietnamese older adults. The issue for many is less about having access to public insurance (although some do not), but more about the cost of prescriptions and services that are not covered by Medi-Cal and Medicare. She said, "The seniors say it is cheaper to go to a Vietnamese [Eastern medicine] doctor who charges $25 than to use the system." It is also less expensive to take herbs for many complaints, she said.

Physical, Mental, and Emotional Health Problems Among Older Adults Surveyed at Community Events

The prevalence of multiple chronic conditions, such as arthritis and diabetes, increases with age. About 80% of older Americans live with at least one chronic condition and 50% have at least two.[2] In 2011 in Santa Clara County, 52% of Vietnamese older adult event attendees reported that they were limited in activities because of physical, mental, or emotional problems; a higher percentage of female (59%) than male (47%) event attendees reported health limitations; and a higher percentage of event attendees ages 65 and older (57%) had health limitations than those ages 55-64 (44%).

Event attendees who were limited in activities due to health issues reported multiple problems. Nearly half of Vietnamese older adult event attendees (47%) reported one or more health problems; 41% reported two or more health problems; and 32% reported three or more health problems. A higher percentage of female than male event attendees indicated more health problems.

Figure 5.4: Percent of Vietnamese Older Adult Event Attendees with Health Problems by Sex



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

Of older adult event attendees with health problems that limited their activities, the following were most common: arthritis (57%), hypertension (47%), a back or neck problem (39%), eye problem (35%), and diabetes (33%). Of those limited in any way in any activities because of physical, mental, or emotional problems, nearly two-thirds (61%) needed the help of other people in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around inside or outside their home. A higher percentage of female (64%) than male (58%) event attendees needed assistance, and a

higher percentage of event attendees ages 65 and older (64%) than those ages 55-64 (57%) needed assistance. Of those needing assistance, nearly 1 in 4 (23%) received no assistance. Sixty-six percent (66%) got assistance from a spouse or other relative (57 out of 96), or friend or roommate inside the home (6 out of 96), and 26% got assistance from a relative or friend outside the home, professional service people, or outside organizations.

Cancer Screening Among Older Adults[7]

In 2011, 60% of Vietnamese adults ages 55 and older in Santa Clara County met the United States Preventive Services Task Force (USPSTF) guidelines for fecal occult blood testing (FOBT) for adults ages 50-74, a test for colon cancer. (For more information on cancer screening, see the Cancer Screening section in Chapter 2.) Eighty-one percent (81%) of Vietnamese women ages 55 and older reported having had a mammogram in the past two years.

Health Knowledge Among Older Adults Surveyed at Community Events[1]

Knowledge of cancer screening among Vietnamese older adult event attendees was high: 78% knew people can have cancer without symptoms, 88% understood that cancer screening is not a one-time event, 90% knew that lifestyle changes such as physical activity and a healthy diet can reduce cancer risk, and 90% knew cancer can be prevented or detected with screening. However, only 1 in 4 event attendees (23%) knew that five or more servings of fruits and vegetables are recommended every day for good health.

Nutrition and Physical Activity Among Older Adults[7]

In 2011, only 15% of Vietnamese older adults ages 55 and older in Santa Clara County had five or more servings of fruits and vegetables a day (average, 2.9 servings). (It was explained to those unsure about the meaning of a serving that a serving equals one medium apple, a handful of broccoli, or a cup of cut carrots, and that six ounces of fruit juice equals a serving.)

Physical activity, however, was high among Vietnamese older adults in Santa Clara County. In 2011, 92% got any physical activity and 57% met the CDC recommendations for aerobic physical activity per week (150 minutes of moderate and/or vigorous activity).

Key Community Leader Perspective on Disease Prevention Among Vietnamese Older Adults

In Key Community Leader Ms. Cat Nguyen's experience, Vietnamese older adults are unfamiliar with even the basics of disease prevention. She said that due to the unhealthy environment in the U.S., there are a lot of diseases that are not prevalent in Vietnam. Obesity is not an issue in Vietnam, and nutrition is less of an issue than in the U.S. Here, older adults don't know what food is healthy and what is not. They are also unaware of the concept of portion size, according to Ms. Nguyen. "They eat lots and lots of rice, and large portion sizes, which is not something they should be doing," she said. In Vietnam, because lifestyles are more active, rice consumption is less of an issue.

Due to cost, other unhealthy behaviors are less of a problem for Vietnamese older adults, including substance use and smoking. However, lack of knowledge of the health risks of tobacco use for those who do smoke means that smokers often do not access cessation services in Santa Clara County, many of which target Vietnamese individuals, she observed.

While Vietnamese older adults who have been diagnosed with a disease like diabetes or high blood pressure do understand the need to take medications, they don't know how to prevent these diseases (or their progression) through healthier behaviors, Ms. Nguyen explained. "Their reaction is, 'I will take meds and that's all.' The concept of managing through lifestyle they might know a little about," Ms. Nguyen said, "but it is hard to get them to go down a path that they are not familiar with."

Health education is often not targeted toward Vietnamese culture, which is a problem, Ms. Nguyen said. Physicians advise them against eating unhealthy foods, many of which they actually do not eat (cheeseburgers, for example). "It is rare to get information about what kinds of Vietnamese foods you should eat," Ms. Nguyen added. Advice about exercise is also rarely culturally appropriate for Vietnamese people, in her view.

Mental and Emotional Health Among Older Adults[7]

Among Vietnamese adults ages 55 and older in Santa Clara County in 2011, 39% reported that their emotions interfered with activities like work, household chores, or relationships with family or friends. Eight percent (8%) reported seeing a health professional in the past 12 months due to mental health problems.

Perceived Stress Among Older Adults Surveyed at Community Events

When asked to rate themselves on a measure of perceived stress, nearly 1 in 4 Vietnamese older adult event attendees (24%) had scores that indicated high stress levels. (See Chapter 7, for a description of this scale and how it was analyzed). More specifically, 21% of Vietnamese older adult attendees reported they are very often or fairly often unable to control the important things in life, 27% reported they are never or almost never confident about their ability to handle personal problems, 31% felt things never or almost never go their way, and 17% felt that fairly often or very often difficulties could not be overcome.

References

1. All results in this section are from the Santa Clara County Public Health Department, 2011 Vietnamese Older Adult Community Event Survey unless otherwise noted.
2. Centers for Disease Control and Prevention, The Merck Company Foundation. The state of aging and health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation; 2007.
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7. All results in this section are from the Santa Clara County Public Health Department, 2011 Vietnamese Adult Health Survey unless otherwise noted.

Chapter 6
Call to Action

This chapter provides a call to action aimed at addressing findings from the ***Status of Vietnamese Health: Santa Clara County, California, 2011*** The chapter describes the goal of the assessment, the process for selecting the top three issues, and recommendations to address these issues. The top issues are (in no particular order):

- Health insurance and healthcare access
- Mental health
- Cancer and cancer screening

Goals of the Vietnamese Health Assessment

A health assessment is a systematic process of identifying the health issues facing a population in order to set priorities and allocate resources to improve health and reduce inequalities. The goal of the assessment is to provide a countywide profile of health care access and utilization, physical and mental health, and related risk factors among Vietnamese residents. It was conducted by the Santa Clara County Public Health Department at the request of the Santa Clara County Board of Supervisors and with oversight from the office of Supervisor Dave Cortese.

Specific aims of the assessment were:

- To provide insights that can be used to advocate for and to improve services and allocate resources around specific health needs; to address health disparities relative to other racial and ethnic groups in the county
- To provide opportunities for the Vietnamese community to understand health issues facing their population, to advocate for necessary services and resources, and to encourage action around these issues in the Vietnamese community
- To strengthen community involvement in decision-making
- To improve communication around Vietnamese health among organizations and agencies in Santa Clara County
- To provide relevant health and demographic data that may be used in support of grant applications by both community partners and government entities

Community Guidance

The 2011 Vietnamese Health Assessment was guided by an Advisory Board convened by the Santa Clara County Public Health Department. Members included representatives from community-based organizations that serve Vietnamese residents, community advocates, and staff from Santa Clara County public and private agencies. Members selected topics for new data collection, provided advice on topics of interest for analysis of existing data, and recommended individuals (Key Community Leaders) for interviews to provide in-depth information on selected topics. Members from nearby universities provided data from surveys that were utilized in the assessment as well as technical advice on key issues.

Selection of Top Issues

The first stage in developing the call to action was to select the top issues from the assessment, which were identified by the Advisory Board. The board selected five issues for broader community input to help generate recommendations and next steps. To arrive at these five issues, a small working group of the Advisory Board engaged in discussion and voting to narrow down findings from more than 40 indicators to 16, and then to 11. The full Advisory Board then voted on the top five issues using the criteria described below. The issues selected were health insurance and health care, mental health, physical activity among adolescents, cancer and cancer screening, and affordable housing for older adults. Although housing is not a health outcome, the Advisory Board felt it was important to address given its central role in determining health and quality of life.

Selection Criteria

The top five issues were selected using a set of criteria agreed upon by the Advisory Board. Not every issue met all criteria, and no particular criterion was weighted more heavily than others as a general rule. Criteria included:

- The size of the problem
- The disparity for the Vietnamese population relative to other major racial/ethnic groups and/or residents countywide
- The seriousness of the issue (e.g., how much the issue affects health and well-being)
- Whether limited or no resources are available to address the issue in the Vietnamese population
- Whether the issue has traditionally not been a focus of work on Vietnamese health in the county

Community Forum

A community forum was held in October 2011 to preview data from the report, select the top three issues, develop recommendations to address them, and identify next steps for the issues and the assessment overall. Community forum attendees represented diverse stakeholders who work directly and indirectly with the Vietnamese population in the county. Attendees used the same selection criteria described above to select the top three issues.

Through a vote, the following three issues were selected:

- Health insurance and healthcare access
- Mental health
- Cancer and cancer screening

Figure 6.1: Overview of the Issues Considered at Various Stages of Selection

Recommendations

The recommendations outlined below are intended to serve as a guide for the allocation of resources and efforts to secure funding, and will serve as a starting point for more in-depth studies on the Vietnamese population in the areas of interest. A small working group of the Advisory Board developed recommendations for each of the three top issues as well as cross-cutting recommendations that address all three issues, based on input from the community forum

Health Insurance and Healthcare Access

Healthcare Coverage

- Conduct outreach to improve understanding among Vietnamese residents of the health insurance and healthcare programs for which they qualify. Provide program information that is easy to understand as well as applications that are easy to complete.
- Provide a central location for Vietnamese individuals to find information about healthcare coverage and programs. Information should be provided that helps residents to understand coverage and programs, as well as to streamline the application process.

Healthcare Access

- Ensure points of entry to the healthcare system for Vietnamese individuals who do not speak English or who have limited English proficiency, including at call centers, registration desks and areas, and via receptionists.
- Ensure that the healthcare workforce includes Vietnamese-speaking staff.

Mental Health

- Address stigma surrounding mental health through outreach, education, and awareness.
- In order to reduce stigma and improve treatment, develop a cadre of Vietnamese patient advocates or champions who have had mental health issues themselves or have family members with mental health issues who can share stories and relate to the mental health experiences of Vietnamese residents.
- Educate the Vietnamese population on how to identify mental health issues, and how and where to access services.
- Educate and train the health and human services workforce in cultural competency relative to mental health issues and approaches in the Vietnamese population, including culturally appropriate approaches to treating post-traumatic stress disorder (PTSD) within the Vietnamese community.
- Conduct new practice-based or academic research on what works to improve mental health specifically in the Vietnamese population through understanding best practices.
- Provide services for Vietnamese residents around lifestyle issues that can improve mental health, including exercise, meditation, and stress management.

Cancer and Cancer Screening

- Find new ways to provide education to raise awareness among Vietnamese residents of cancer and related risk factors, and to improve cancer screening rates.
- Take a preventive approach by addressing cancer-related lifestyle issues through education and outreach.
- Improve access to health insurance for Vietnamese residents in order to improve cancer screening rates.

Recommendations Across Issues

- Develop a Health and Healthcare Taskforce to coordinate work on the three top issues. Membership should include community members and professionals from county agencies, health plans, and community-based and non-community-based organizations. Membership should include individuals from Vietnamese and other racial/ethnic backgrounds.
- Ensure that cultural competence characterizes all strategies and use cultural competence as a lens through which to view and evaluate strategies.
- Enhance and strengthen community organizations currently working to improve the health of Vietnamese residents in the three areas. Encourage collaboration across these organizations.
- Provide leadership training for individuals working on the three areas to deepen understanding around the needs of Vietnamese residents and how to address them.
- Develop new and consistent ways of defining mental health and other stigmatized health issues in the three areas.

Chapter 7 Methodology

This chapter provides an overview of the methods used by the Santa Clara County Public Health Department (SCCPHD) in conducting the 2011 Vietnamese Health Assessment. To reach the goals of the assessment, SCCPHD collected new data and analyzed existing data from local, regional, state, and national data sources.

Community Guidance[1]

SCCPHD utilized a community-engaged research approach in conducting the assessment. Community engagement is defined as the process of working collaboratively with groups affiliated by geographic proximity, special interest, or situation to address issues affecting the well-being of those people. The goals of using this approach were to ensure the relevance of the assessment, to design a culturally appropriate and practically acceptable assessment plan, and to increase applicability and utilization of findings. Key strategies included appointing an Advisory Board to guide the assessment and to develop partnerships with community members and institutions to encourage cooperation and a commitment to addressing local health issues in the Vietnamese community in Santa Clara County. The Advisory Board set goals and developed decision-making processes, selected topics for the assessment, reviewed data collection instruments, and identified priorities and made recommendations based on findings.

Data Collected for the Assessment

SCCPHD utilized multiple methods to collect data on health needs in the county's Vietnamese population, including a telephone survey based on a random sample of Vietnamese residents countywide, surveys at community events, an online survey, and qualitative interviews with Key Community Leaders.

Telephone Survey

SCCPHD conducted a random-digit-dial (RDD) telephone survey (2011 Vietnamese Adult Health Survey) from June 28, 2011, to August 22, 2011. The survey was designed to be representative of adult Vietnamese residents of Santa Clara County ages 18 and older. A representative sample was drawn using a dual-frame sample design.

First, a surname-based telephone directory (listed) sample was obtained using Santa Clara County's 108 zip codes. A list of the 55 most common Vietnamese surnames was used to identify Vietnamese households. This surname list has been verified to identify about 80% of potential Vietnamese households.[2] This sample was supplemented with a secondary RDD cell phone sample of numbers randomly generated using phone number blocks dedicated to wireless service with Santa Clara County area codes. This approach was intended to increase participation among Vietnamese residents, such as younger adults, who are less likely to live in households with landline telephones. However, cell phone surveys were suspended after three weeks when it was determined that it was not cost effective to continue this approach.

The survey included 85 questions on a number of health topics, including health status, healthcare access and linguistically appropriate health care, chronic conditions like diabetes, cardiovascular disease, cancer screening, mental health, intimate partner violence, gambling, substance use, overweight and obesity, physical activity, nutrition, and food security. These topics were selected by the Advisory Board because data on these indicators were not available from other recent surveys of Vietnamese residents in the county.

Questions came from national and local health surveys, including the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS) as well as local SCCPHD versions of the survey; the California Health Interview Survey; and the National Health Interview Survey. The survey was translated from English into Vietnamese by a professional translation service with experience in social science research.

The survey was administered by Ewald & Wasserman Research Consultants, LLC, a survey research firm located in San Francisco, California. Interviews were conducted in English and Vietnamese, with the majority (84%) in Vietnamese. Interviews lasted approximately 18 minutes on average.

A total of 820 Vietnamese residents were interviewed, including 795 from the listed sample and 25 from the cell phone sample. The response rate was 27% for the listed sample and 3% for the cell phone sample. The cooperation rate for the listed sample was 52% (excludes respondents who were eligible to participate but unavailable to complete an interview during the study period).

To be eligible for the survey, a participant had to be an adult resident of Santa Clara County and to self-identify as Vietnamese, Vietnamese American, Chinese born in Vietnam, Chinese who previously lived in Vietnam, or Chinese-Vietnamese. The sample was weighted to correct for non-response and to represent the Vietnamese population in Santa Clara County.

Cell phone responses were not included in the analysis. Additionally, responses of don't know and declined to answer were not included for the purpose of calculating percentages for individual indicators. In order to provide statistically reliable estimates, results were not reported for indicators for which there were less than 15 responses.

Community Event and Online Surveys

SCCPHD also collected new data in the summer of 2011 via questionnaires administered at events hosted by community-based organizations, in community college classrooms, in other community settings, and online. These survey results are not representative of Vietnamese residents in the county. The Advisory Board had suggested that a grassroots approach be used to supplement the telephone survey, given concerns that the population would refuse to answer questions by phone. Although this was not the case, the approach offered the opportunity to collect more in-depth data on social and health issues than was possible in a brief telephone survey. The approach also provided an opportunity to collect data from target populations of special interest to the Advisory Board, including younger and older adults, men, and families, as well as from all adults.

Four separate questionnaires were developed, including questionnaires for the general population, families, young adults (ages 18-25), and older adults (ages 55 and older). An adult was eligible for participation if he or she self-identified as Vietnamese, was age 18 or older, and was a resident of Santa Clara County. An individual was eligible for the young adult survey if he or she was age 18-25, self-identified as being of Vietnamese origin, and was a resident of Santa Clara County.

Data were collected primarily via face-to-face interviews by staff of the Vietnamese Voluntary Foundation, Inc. (VIVO), a community-based organization serving Vietnamese residents. Interviews were conducted in English and Vietnamese and varied in length depending on the survey. Most event attendees elected to take the survey in Vietnamese. An online survey was administered to young adults by SCCPHD. Additional young adults were surveyed by VIVO in community college classrooms. The online survey was administered in English only.

Community event surveys included questions on healthcare access and system navigation, health knowledge, mental health, social support, acculturation, and social service needs. The older adult questionnaire also included questions on activity limitations and available support for independent living, as well as housing, transportation, and employment needs. The family questionnaire included questions on parent-child conflict as well as questions about children of event attendees related to health care, child care, mental health, physical activity, and nutrition.

Questions for community event surveys were drawn from local, regional, state, and national surveys. Questions for the young adult survey came largely from the telephone survey described above, with the goal of providing data for this age group, which tends to have low participation in telephone surveys. The young adult survey included questions on tobacco, alcohol, and drug use; mental health; intergenerational conflict; nutrition, overweight, and obesity; gambling; intimate partner violence; hepatitis B; and sexual behaviors.

A total of 1,111 surveys were collected: 268 general adult surveys, 237 family surveys, 360 older adult surveys, and 246 young adult surveys. The majority of the young adult surveys were conducted online, with the remainder collected in classrooms at community colleges. Older adult surveys were conducted at food distribution events at VIVO as well as at general community events; most participants were low-income adults. Online participants were recruited via email from the Advisory Board, VIVO, and leaders of Vietnamese student associations from local community colleges and universities.

Where results from community event or online surveys are reported for indicators with less than 15 responses, the number of responses is provided along with the percentage.

Survey Scales

The surveys included scales to assess stress and parent-child conflict. Specific questions are available upon request.

SCCPHD utilized the four-item Cohen's ***Perceived Stress Scale***[3] on the general adult and older adult community event surveys. Questions asked participants to report how often they had the thoughts and feelings described in four types of situations (for example, how often they felt unable to control the important things in their lives)—never, almost never, sometimes, fairly often, or very often. Responses were summed to calculate a total score for each participant, with a higher score indicating higher stress. Participants with a score of 9 or higher were classified as experiencing high stress.[3] The mean score on both surveys was 8 (range 0-14).

The family event survey included the ***Intergenerational Congruence in Immigrant Families—Parent Scale***,[4] which asked parents the extent to which they agreed (strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree) with statements about conflict with their children around topics such as language used at home, respect for the parent, and differences in values regarding family-related issues. Responses were summed to calculate a total score for each participant, with a lower score indicating higher parent-child conflict. Based on the distribution of responses, participants with a score of 10 or below were classified as having high parent-child conflict. The data were analyzed only for parents with at least one child ages 12 or older in the household. Among these parents, the mean score was 16, with a range of 6-20.

Young adults were asked about intergenerational issues between themselves and their parents via the ***Asian American Family Conflicts Scale***.[5] Young adult and family survey participants were not from the same families, i.e., were not answering questions about one another. Young adults indicated how likely each of 10 situations were to occur in their relationship with their parents on a scale of 1 to 5, ranging from almost never to almost always. Examples of situations included differences about decision-making, academic performance, and family obligation and respect. Responses were summed to calculate a total score for each participant, with a higher score indicating a higher level of family conflict. Based on the distribution of responses, participants with a total score of 37 or higher were categorized as having a high level of conflict with their parents. The mean score was 26; responses ranged from 10 to 48.

Key Community Leader Interviews

In addition to the quantitative data sources described above, staff from SCCPHD and members of the Advisory Board interviewed leaders in the Santa Clara County Vietnamese community. The goals of these interviews were to inform survey data collection, complement data from the surveys, and provide more in-depth information on topics or populations identified by the Advisory Board as of particular concern to the Vietnamese community in the county.

Nine interviews were conducted between May and October 2011. Interviews were 90 minutes long and were conducted in English. Each interview focused on a specific topic or population, including children and families; domestic violence; gambling; healthcare access and utilization; homelessness; mental health; refugees; seniors/older adults; and substance use. Leaders were also asked general questions about major health, health care, and social issues facing the Santa Clara County Vietnamese population. Interviews were recorded and summarized by SCCPHD staff. The summaries were then used to inform data collection and to provide additional detail on interview topics in sections of the report. A list of the Key Community Leaders can be found in the Acknowledgements section of this report.

Utilization of Existing Data

In addition to the new data collection described above, SCCPHD utilized data from local, regional, state, and national surveys and databases. The table below describes each data source as well as where to find more information about each source if available. For reporting of age-adjusted outcomes for mortality and cancer, results are not reported for indicators for which there were less than 15 cases due to concerns about statistically instability.

Identification of Individuals of Vietnamese Descent in Existing Data Sources

The Vietnamese population in Santa Clara County is diverse and includes individuals born in Vietnam who are of Vietnamese descent and/or from other racial/ethnic backgrounds, as well as U.S.-born individuals with one or both parents either of Vietnamese descent or who were born in Vietnam. For the surveys and demographic data used in the assessment, individuals were classified as Vietnamese if they self-identified as being of Vietnamese descent or origin or were born in Vietnam. Those from Vietnamese and one or more other racial or ethnic backgrounds (i.e., mixed racial/ethnic backgrounds) were classified as Vietnamese.

For sources that did not include self-reported information on race/ethnicity, or where other information was available, procedures used were as follows:

- Birth records: SCCPHD identified a mother as Vietnamese if her last name corresponded with names from a list of the 55 most common Vietnamese surnames; if she was born in Vietnam; or if her race on the birth certificate was listed as Vietnamese.
- Death records: SCCPHD identified a decedent as Vietnamese if his or her ethnicity on the death certificate was listed as Vietnamese, or if his or her surname matched names from the surname list described above and his or her race was Asian-Unspecified on the death certificate.
- Cancer incidence: The Greater Bay Area Cancer Registry identified individuals as Vietnamese based on an Asian/Pacific Islander identification algorithm provided by the North American Association of Central Cancer Registries. The algorithm uses birth place and a list of 1,038 surnames to identify an individual as Vietnamese.

Table 7.1: Existing Data Sources Utilized for the Santa Clara County 2011 Vietnamese Health Assessment

Data Source & Year	Description	For More Information:
Surveys		
Santa Clara County Public Health Department Behavioral Risk Factor Survey (BRFS), 2005-06 and 2009	Random-digit-dial surveys of adults in Santa Clara County on health and related risk behaviors.	
California Healthy Kids Survey (CHKS), 2007-08 and 2009-10	In-person surveys of fifth, seventh, ninth, and eleventh graders in participating Santa Clara County schools on health and health risk behaviors.	http:www.wested.org/cs/chks/print/docs/chks_home.html
askCHIS, California Health Interview Survey (CHIS), 2009	Web-based query system of population-based telephone survey of California residents on health and health-related issues. Data from Santa Clara County respondents were utilized in this assessment (sample size varied by indicator).	http:www.askchis.com/main/default.asp
California Vietnamese Adult Tobacco Use Survey, 2007-08	Population-based telephone survey of Vietnamese adults ages 18 and older in California based on the 2005 California Adult Attitudes and Practice Tobacco Survey. Data from Santa Clara County respondents were utilized in this assessment (N=492).	http:www.cdph.ca.gov/programs/tobacco/Documents/CTCP VietnameseSurvey.pdf
Vietnamese Community Health Promotion Project Hepatitis B Survey, 2011	A population-based telephone survey on hepatitis B of Vietnamese adults in San Francisco Bay Area counties. Data from Santa Clara County respondents were utilized in this assessment (N=573).	
Behavioral Risk Factor Surveillance System BRFSS), 2010	Random-digit-dial survey of health and risk behaviors among adults in the U.S.	http:www.cdc.gov/brfss/
Demographics		
U.S. Census Bureau, Census 1980-2010; American Community Survey (ACS), 2007-2009 3-Year Estimates and Public Use Microsample	Collects demographic information on every household in the U.S. every 10 years (census). ACS supplements the census and collects social and demographic information from about 3 million addresses each year.	http:www.census.gov/ http:www.census.gov/acs/
National Historic Geographic Information System, 1980, 1990	Provides aggregate census data and GIS-compatible boundary files for the U.S. between 1790 and 2010.	https:www.nhgis.org/
Vital Statistics		
Santa Clara County Public Health Department, 2009 Birth Database	Records of all births to residents and births that occurred in Santa Clara County in 2009.	
Santa Clara County Public Health Department, 2009 Death Database	Records of all resident deaths and deaths that occurred in Santa Clara County in 2009.	
Health Surveillance Systems		
Greater Bay Area Cancer Registry (GBACR), 2007-2009	The Greater Bay Area Cancer Registry gathers information on all cancers diagnosed and treated in a nine-county area (Alameda, Contra Costa, Marin, Monterey, San Benito, San Francisco, San Mateo, Santa Clara, and Santa Cruz counties), in compliance with California state law. Data from Santa Clara County were utilized in this assessment.	http:www.cpic.org/site/c.skI0L6MKJpE/b.5730971/k.47A8/Greater_Bay_Area_Cancer_Registry.htm
Santa Clara County Public Health Department, 2009 Tuberculosis Information Management System	Tuberculosis cases reported in Santa Clara County and cleaned by the state.	

Age Adjustment

To compare mortality and cancer rates of major racial/ethnic groups in the county, SCCPHD used the direct age-adjustment method. The 2000 projected U.S. population was used as the standard population. The 2006, 2007, 2008, and 2009 rates were calculated using the U.S. Census Bureau, American Community Survey 3-Year Estimates vintage 2007 to 2009.

Limitations

Data sources utilized in the assessment were subject to limitations. The telephone survey surveyed mainly individuals with landline telephones. Households without landline phones are more likely to include low-income and younger individuals as well as males.[6] The number of people who live in cell phone-only households has increased dramatically over the past several years.[6] As stated earlier, the survey piloted a cell phone sample, but this sample was discontinued due to the amount of resources required to complete cell phone surveys. Individuals of Vietnamese descent who lived in households where the telephone service was listed only under a non-Vietnamese surname were excluded through the listed sample method. Homeless individuals without landlines and residents who were too ill to speak on the phone or take the survey could not be interviewed, leading to a potential bias toward healthier individuals. Other telephone survey data used in this report were potentially subject to similar biases.

All information on health and social indicators on surveys utilized in the assessment was self-reported and so is subject to reporting bias. Although wherever possible the assessment used validated survey questions from established sources, there is a possibility of measurement error for some indicators, including those not previously validated in populations of Vietnamese descent.

Community event and online surveys were also subject to a number of biases. It is likely that Vietnamese residents who attended community events differed in multiple ways from those who did not attend. For example, residents who are homebound or socially isolated may be unable to attend such events. It is also likely that Vietnamese residents who agreed to be surveyed at community events differed from those who did not agree to be surveyed. The young adult surveys conducted both online and in community college classrooms were also subject to selection bias, in that those who received and chose to respond to the survey likely differed from those who did not receive the survey or chose not to respond. Because of these biases the data from these surveys only provide information on the individuals who responded to the surveys and do not represent all Vietnamese residents of the county.

Public health surveillance data (births, deaths, and infectious disease) utilized in the assessment were subject to both misclassification and reporting bias; however, this bias is expected to be minimal.

Data on adolescents from the California Health Kids Survey (CHKS) 2007-08 and 2009-10 were subject to selection bias as well. Only public schools participate in the CHKS and participation is subject to both school and parent consent.

Finally, the 2011 Vietnamese Adult Health Survey included only Vietnamese individuals. In order to provide a benchmark to compare Vietnamese health to that of other major racial/ethnic groups in the county, SCCPHD utilized data from its 2009 Behavioral Risk Factor Survey. Data from these surveys are not strictly comparable, and comparisons should be viewed with caution.

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Santa Clara County
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