Cultural Considerations when Caring for Vietnamese and Chinese American Patients

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The Story of my Name: Group Activity

What’s in a name? More than we realize.
Where does your name come from? What does your name mean?
王 道 铃

Family name, generation name, individual name
Vietnamese Immigration History

1st Wave: 1975

End of Vietnam war.

U.S. sponsored south Vietnamese refugees (military, educated individuals).

2nd Wave: 1975-1987

Fall of Saigon.

Indochina Refugee Crisis.

Vietnamese boat people (farmers & fisherman) suffering from economic crisis under communism.

3th Wave: 1989

Political refugees (south Vietnamese soldiers who were in "re-education camps" for >3 years).

Today

Lawful permanent residents through immediate relatives or other family sponsorships.
Vietnamese U.S. Demographics

2010 Census

1,733,433 Single-race, multi-race, & multi-ethnic Vietnamese

2006-2010 Census Bureau’s American Community Survey 5 Year Estimates

1,292,672 Vietnamese speakers:

39.9% (516,077) speak English 'very well'

60.1% (776,595) speak 'less than very well' (LEP)
Chinese Immigration History

1st Wave: 1800's

Laborers--railroad, sugar cane, California Gold Rush, Chinatowns.

Mostly southern Chinese--Cantonese, Toisan, Hakka.

Chinese Exclusion Act: 1882-1943

Overview of Immigration Laws impacting Asian Americans.

Alien Land Law in US and New Mexico.

2nd Wave: Post-1965

Immigration and Nationality Act of 1965 changed quotas from European origins to immigrants with skills.

Intellectual Wave, Mandarin-speaking, suburban communities.

3rd Wave: Post-1990

Immigration based on wealth: Parachute children, EB-5 VISA, luxury goods shoppers.
Chinese Immigrants: Then and Now
Chinese U.S. Demographics

2010 Census

3,794,673 single-race, multi-race and multi-ethnic Chinese

2006-2010 Census Bureau’s American Community Survey 5-Year Estimates

2,656,309 Chinese speakers:

45.1% (1,196,876) speak English 'very well'

54.9% (1,459,433) speak 'less than very well' (LEP)
Perceptions of “Asian Americans”

Model Minority Myth: the idea that Asians as a collective group achieve success in health and well-being.

A “positive” stereotype has a negative impact.
Reality & Access to Health Care

Asia= 48 countries, unique subgroups & challenges

Invisibility

Lack of empirical research

Language barrier

Immigration status

Difficulty with navigating health care systems
## Model Minority Myth

**Investigating the Myth of the “Model Minority”: A Participatory Community Health Assessment of Chinese and Vietnamese Adults**

<table>
<thead>
<tr>
<th>Chinese Participants (less affluent, more likely immigrant, LEP):</th>
<th>Vietnamese Participants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>131 Chinese Participants (less affluent, more likely immigrant, LEP):</td>
<td>151 Vietnamese Participants:</td>
</tr>
<tr>
<td>40% difficulty accessing HCP in past 12 months.</td>
<td>15% difficulty accessing HCP in past 12 months</td>
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<tr>
<td>50% need interpretation</td>
<td>25% need interpretation</td>
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<tr>
<td>60% inadequate access to cancer screening</td>
<td>60% inadequate access to cancer screening</td>
</tr>
<tr>
<td>30% met criteria for concerning depressive symptoms- 40% report never receiving support from family or friends</td>
<td>30% met criteria for concerning depressive symptoms- 15% report never receiving support from family or friends</td>
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<tr>
<td>More likely to report poorer health.</td>
<td>15% report diagnosed with HTN</td>
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<tr>
<td>25% report diagnosed with HTN</td>
<td>18% report diagnosed with obese/diabetes</td>
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<tr>
<td>22% report diagnosed as obese/diabetes</td>
<td>More likely to smoke &amp; use alcohol.</td>
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Asian and Asian American Women
Health Considerations

More than 1/8 of world population.

Traditional health practices--acupuncture, herbs, Ayurvedic, increasingly mainstream in US
Many concepts in western medicine cannot be translated even through translator.

Old wives tale--Asians need lower doses of medications, now validated by studies
Propranolol, Desipramine.

Lowest breast cancer death rate at 13.1/100,000, increases in subsequent generations.

Mental Health--no suicide taboo, stigma upon family, trauma due to war and exile,
somatization, flushing response protective of alcohol abuse.
General Cultural Philosophies

Interdependence is stressed over Individuality.

Respect for elders, in contrast to youth-oriented American mainstream culture.

Ancestors are a part of daily life, and influences on views of death.

Saving Face--excerpt from Maxine Hong Kingston’s “Woman Warrior”. 
Communication

Emphasis on facial expression & body movements.

Politeness = smiling, nodding. Does not mean agreeing or understanding.

Limited eye contact.

High vs. low context communication.
High vs. Low Context Communication
As a HCP, how can you better communicate & understand your Vietnamese or Chinese patient?
Limited evidence on cross-cultural recommendations for HCPs. Some anecdotal suggestions.

No good acculturation tools.

Ask the patient “what do you believe the problem/disease process is?” Assess language proficiency, acculturation, knowledge/education, cultural information.

Build rapport, relationship & trust.

Be mindful of nonverbal cues.

Use appropriate translation/interpretation services (not children- increase burden).

Nodding does not always equal agreement & understanding.
HCPs & Alleviating Cross-Cultural Communication Barriers

Practice face-saving communication. Destigmatize.

Counsel by repeat, reassure, or explain in various ways.

Silence as an opportunity for your patient to reflect & respond.

Engage w/ open ended questions.

Give your patient more time to come to a decision. HCPs= time barrier. An option may be to leave patient in unused room/waiting room & see another patient in the meantime.

Ask your patient to reflect to assess understanding of counseling.

Culturally sensitive referrals & community resources.
Face-Negotiation Communication

Destigmatize. Values patient input while also respecting HCP’s expertise.

Examples:

“Many of my patients express the positive and negative effects of __. I want to hear about your experiences.”

“Many patients who have uprooted their families from another country and spend years in isolation, do not speak English begin to feel symptoms of sadness.” (wait for response)

“Many of my Vietnamese/Chinese patients have benefited from __. Here is more information about __.”
Audience

How are you communicating through the phone/in person interpreter?

Do you adjust your language when caring for low literacy patients?

Do you adjust your language when caring for low literacy patients who are LEP?
Communicating through an Interpreter

Interpreter pre-session (opportunity for HCP to be clear about upcoming encounter, interpreter can make adjustments).

Introduce, acknowledge, face the patient. Include patient in pre-session discussion.

Ask the patient “what do you believe the problem/disease process is?” Assess language proficiency, acculturation, knowledge/education, cultural information.

Speak slowly, instead of more loudly. Speak at even pace, short segments.

Avoid too many questions at one time. Avoid complicated sentence structures.
Communicating through an Interpreter

LEP does not always mean lack of education.

Many concepts you want to express may not exist linguistically in other cultures. Interpreter may need to restructure sentences. Be patient.

“Speaking in English does not mean thinking in English”. Especially for sensitive topics.

Encourage interpreter to share any cultural misunderstanding.
Hello interpreter.

Hello, (patient name). My name is ___ and we will be communicating through a telephone/video interpreter today. PAUSE

The interpreter is on the phone and is probably in a different city. The interpreter’s job is to interpret everything we say to each other. PAUSE

If there is anything you do not understand, please tell the interpreter. If there is something I do not understand, I will tell the interpreter. PAUSE

The interpreter has taken an oath of confidentiality. PAUSE

The purpose of our session today is ___.”
Current Social Issues
Health Disparities: Hepatitis B

Attitudes Toward Hepatitis B Virus among Vietnamese, Chinese, and Korean Americans in the Houston Area, Texas

1/10th of foreign born Asian Americans diagnosed with hepatitis B.

Compared to Caucasians (0.9 cases per 100,000), Hispanics (0.8 cases per 100,000), & non-Hispanic Blacks (2.2 cases per 100,000).

Misconceptions. Some participants quotes:

“Being tired is the source of all diseases.”

“[My friend] had chronic hepatitis and it is contagious. My family told me not to drink water at his place, to be careful.”

“I watch my nutrition and do exercises because I know hepatitis starts from a lack of nutrition and then your body goes into a weak stage and then you get hepatitis.”

“I don’t have insurance. I have to pay cash for the doctor visit. It is very expensive.”
Health Disparities: Vietnamese women-Cervical Cancer

Predictors of Cervical Cancer Screening among Vietnamese American Women

- Higher rate of invasive cervical cancer compared to other ethnic groups.
- Common belief that pap testing only for married women or women who have children.
- “Feeling well” associated w/ being healthy. Lower cancer screening rates.
- No insurance or cost of pap decreases screening.
- Acculturation increases likelihood of screening.
Mental Health

Need lower doses of medications to achieve same serum levels, heterogeneity of liver alleles. Studies on propranolol, desipramine, haloperidol.

Stigma is carried to family members, so family history of mental illness is hidden.

No word for depression in Chinese, until Eli Lilly marketed Prozac in China, Arthur Kleinman’s work on neurasthenia in China.

Suicide is a respected option, in order to save face.

Views on death--the dead live in parallel world.
Parenting

Child-centered society

Teachers in China are high status

Satellite babies

Parachute babies
LGBT
Reproductive Health

Preference for female providers (breast & cervical cancer screening).

Limited or no discussion about sex in home.

   HCP: Ask the parent how involved he/she would like to be in this topic. You may be the only source to provide quality sex education for Vietnamese & Chinese teens.

Lower likelihood of birth control.

   HCP: Some women feel concerned about side effects, counsel that birth control will not change a person’s personality or give male traits. Awareness that some women want many children.
Cultural Considerations for Women

Expectation/burden increased for immigrated women. Breadwinners & homemaker

Work in nail shops, jewelry, restaurants, manufacturing.

Women learn to restructure family. Interdependence, shared home responsibilities with their partners. Empowered to have a voice.

Women who are sponsored by husband, increased risk for imbalance of power. More likely to have social isolation, money control, no bank account, not knowing how to drive.
Domestic Violence

2010 National Intimate Partner & Sexual Violence Study

Telephone interview: 16,507 English &/or Spanish speaking adults. (9,086 women & 7,421 men)

4.7% was Asian or Pacific islander descent.

21-55% of Asian women report experiencing physical &/or sexual violence by an intimate partner during their lifetime.
Domestic Violence

**National Latino & Asian American Study**

Face to Face interview: 2,095 Asian & 2,554 Latino/a. Secondary analysis 543 subsample Asian women.

6.5% physical violence by husband in past 12 months prior to interview.

Married women whose income was equal &/or greater than husband more likely to report DV.

Probability of DV was increased when women had greater household work.

Risk of DV lower when both spouses shared housework.
Cultural Considerations on Domestic Violence

Low reporting:

- Collective family welfare
- Protection of privacy
- Avoid conflict
- Endurance
- Discomfort discussing
Health Disparities: Birth Outcomes

Adverse birth outcomes and maternal complications in licensed cosmetologists and manicurists in California

Linked cosmetology license (cosmetologists & manicurists) and birth registry files 1996-2009.

When compared to other working women (teachers, realtors, sales people, office workers, bankers, food service workers):

Vietnamese women in industry have slightly increased risk for SGA, gestational diabetes, placenta previa.
Most women regularly attend prenatal visits &/or classes. Partners more likely to attend if they know other partners are doing so.

HCP: Inform patient & partner it is considered normal to be present at PN visits &/or classes, if able. Strengthens family.
Intrapartum Practices

Stoic in illness & pain.


Some laboring women feel uncomfortable to have partner involved with labor/birthing process. Sometimes support are from female family members.

HCP: Honor silence in birth spaces, low energy environment. Respect that partners may not be in birth rooms.

Physical privacy is important.

HCP: Recommend to keep birth gowns on or minimize skin exposure. Ask the patient.

Dietary restrictions: cold food/drinks, sour food/fruits. Uncertain if hospital foods are “hot” or “cold”, example is jello.

HCP: May not offer cold wash cloths, cold water. Encourage family members that they can bring food.
Postpartum Practices

Stoic in postpartum pain. Offer pain management options.

Postpartum period viewed as “cold state”, protection through “hot state”.

Chinese “zuoyuezi”= sitting month.

Encouraged to stay at home. Minimal physical activity.

Housework shared with other family members.

Eating “hot” foods such as meat, eggs, ginger.

These practices vary due to economic status, home customs, acculturation.
KEEP OUR COMMUNITY STRONG
NM Resources

NM Asian Family Center

Only service provider in NM tailoring culturally & linguistically appropriate services for various Asian subgroups: community social gatherings, DV services/partnered with SANE, community education, family & individual counseling, anti tobacco services, gambling program, legal services, interpretation/translation.

Address: 128 Quincy St NE, ABQ NM 87108. Phone: (505) 717-2877.
National Resources

National Center for Reducing Asian American Cancer Health Disparities (AANCART)

Culturally sensitive health education videos & teaching materials.

Pacific Asian Counseling Services Resources webpage

Contains a great list of community organization websites. Includes mental health, legal, youth, child welfare, etc. services.

Website: http://pacsla.org/services/resources/
References


References


