June 2018

[2018 Winner] Filipino Americans: A health profile addressing health disparities and the effects of U.S. assimilation and discrimination

Marisol Cruz

Filipino Americans: A health profile addressing health disparities and the effects of U.S. assimilation and discrimination

Marisol Cruz

California State University, Monterey Bay

Abstract

Filipino Americans have a rich history of migrating to the U.S. as well as assimilating into American culture. They have a distinct immigrant experience because of their colonial past. This paper states Filipino American U.S. demographics, health statistics, and traditional health beliefs and practices to understand Filipino American culture and beliefs. Lastly, there is an emphasis on the leading health disparity among them, heart disease, and the effects of racism and discrimination and how that impacts Filipino Americans' overall physical and mental health.

Demographics of the population

Filipino Americans are the second largest growing Asian group, following the Chinese, with a population of 3,898,739 (U.S. Census, 2015). Most of them are immigrants or second generation with the majority of them living in California, Hawaii, Illinois, or New York (De la Cruz and Agbayani, 2003). The gender distribution is 45.4 percent male and 54.6 percent female (U.S. Census, 2015). The Filipino population under five years of age is 7 percent, those 18 to 24 years of age make up 9 percent following the 45 to 54 age range of 12.9 percent. Lastly, the elderly 75 years and older account for 4.2 percent of the population (U.S. Census, 2015). For Filipino Americans over 25 years of age, 7.2 percent have less than a high school diploma, 16.6 percent are high school graduates, 30.4 percent attended some college or have an associate's degree, 36.7 percent have a bachelor's degree, and 9.2 percent have a graduate or professional

degree (U.S. Census, 2015). In all, 92.8 percent are high school graduates or higher. They are 64.8 percent employed and 3.9 percent unemployed, with an unemployment rate of 5.7 percent (U.S. Census, 2015). The poverty rate for Filipinos is 4.6 percent compared to the general Asian American population of 12.3 percent (Huff, Kline, & Peterson, 2015, p.299). According to the Center for American Progress (2015), the median 12-month household income for Filipinos is $80,000, compared to $71,709 for all Asian Americans and $53,046 for all Americans. In the U.S., 92.5 percent are Christian with the denomination of Roman Catholicism being 80.9 percent, 2.8 percent are Evangelical, 2.3 percent are Iglesias ni Cristo, 2 percent are Aglipayan, and 4.5 percent belong to other Christian groups (Stanford University, n.d). In the Southern Philippines, about 5% of the population is Muslim (Stanford University, n.d).

Health statistics

As part of the Asian American and Pacific Islander (AAPI) population, health rates of Filipinos include a birth rate of 60.7 per 1,000 women, mortality rate of 317.4 per 100,000, and an infant death mortality rate of 4.07 per 1,000 (Centers for Disease Control and Prevention [CDC], 2014). Moreover, the leading causes of death among this population are “diseases of the heart, malignant neoplasms, cerebrovascular disease, chronic lower respiratory diseases, diabetes mellitus, influenza and pneumonia, nephritis, nephrotic syndrome and nephrosis, accidents (unintentional injuries), aortic aneurysm and dissection, hypertension and hypertensive renal disease, and septicemia” (Abesamis, Fruh, Hall, Lemley, 2016).

Traditional Health Beliefs and Healing Practices

There are about 43 languages and 87 dialects within the Filipino culture, with the primary languages being Ilocano, Tagalog, Cebuano, Hiligaynon, Bicolano, Waray-Waray, Pampangan,

and Pangasinan (Huff, Kline, & Peterson, 2015, p. 308). Filipino Americans' beliefs of illness and disease stem from a fusion of indigenous, Spanish Catholicism, and western medicine (Huff, Kline, & Peterson, 2015). Moreover, they believe that illness and disease come from immoral and spiritual actions. Filipino-American individuals "may turn to traditional healers or 'hilots' first, depending on their education, income, and access to care. They also rely heavily on religious beliefs during illness" (Huff, Kline, & Peterson, 2015, p. 308). Among their family, there is deep respect for one another and their elders. They take advice from family members for old remedies to treat illnesses (Huff, Kline, & Peterson, 2015). In a health study conducted in California, Filipinos were interviewed and said their choices of remedies include "prayer, going to neighborhood health centers, self-medication with herbal medicine, visiting traditional healers, and visiting physicians" (National Heart Blood Institute [NHLBI], 2010, p.14).

Experiences with Western Health Care

Although more than 70 percent of Filipino Americans have health insurance (Asian and Pacific Islander American Health Forum [APIAHF], 2010), 11 percent of Filipinos are uninsured and it is reported that the same percentage do not have a place to go when they are sick or have health-related concerns (APIAHF, 2010, p. 37). Two percent of Filipino adults do not receive care because of financial costs (CDC, 2008, p. 5). Although the two percent uninsured rate is low compared to the general American population ranging from 8-11 percent (CDC, 2015), healthcare providers may not be completely aware of health disparities and concerns regarding Filipino American health because they are not distinguished from other AAPI's in the "broader literature" (Abesamis, Fruh, Hall, & Lemley, 2016). National studies have yet to be more evident regarding Filipino American health (Abesamis, Fruh, Hall, & Lemley, 2016). Nonetheless, there

is some health research from states and counties throughout the U.S. where most Filipinos reside (Abesamis, Fruh, Hall, & Lemley, 2016).

One of the few national sources out there regarding Filipinos is the 2003-2005 National Health Interview Survey (NHIS) which states that heart disease risk factors among Filipinos are "elevated blood pressure, diabetes, and metabolic syndrome" (Abesamis, Fruh, Hall, & Lemley, 2016). Other obstacles this population faces are a lack of "culturally appropriate" screening, education techniques and materials for them, and not knowing how to navigate the healthcare system (Abesamis, Fruh, Hall, & Lemley, 2016).

Filipino American Heart Disease

According to the National Institutes of Health and the U.S. Department of Health and Human Services, Filipinos have one of the highest rates of cardiovascular disease in the country with a death rate of 396.3 per 100,000 compared to the general American population's rate of 192.7 (CDC, 2014; National Institutes of Health, 2000). 51 percent of Filipino men over 50 years of age have hypertension while 61 percent of Filipino women over 50 have hypertension (National Institutes of Health, 2000). At 23 percent, Filipino adults are more likely than Chinese, Asian Indian, Korean, Japanese, and Vietnamese adults to have several chronic conditions including hypertension (CDC, 2016, p. 2).

Cardiovascular disease, or heart disease, is a health condition that affects the heart due to atherosclerosis, which is a condition that blocks the walls of arteries because of plaque or build-up which makes it difficult for the heart to pump blood throughout the body and into organs (American Heart Association, 2010). Heart disease varies from heart failure, to irregular heartbeats and improper closing of heart valves (American Heart Association, 2010).

A doctor will diagnose heart disease if there is evidence of medical and family history, results from a physical exam or other exams such as the Electrocardiogram (EKG), coronary angiography, cardiac catheterization, chest x-rays, stress and blood tests (National Heart, Lung, and Blood Institute [NHLBI], n.d). Symptoms associated with heart disease are a shortness of breath, heart pains, nausea, and fatigue (NHLBI, n.d). Common causes of heart disease include lack of exercise, poor diets, smoking and stress.

Cultural group specific risk factors for Heart Disease

One health factor that causes heart disease is smoking. In 2008, the CDC reported 14 percent of Filipino adults smoking in the U.S. (p. 5). Moreover, studies have shown that Filipino Americans have higher use of alcohol, tobacco, and substance abuse than other Asian American and Pacific Islander groups (Nadal, 2011, p. 24).

Other studies acknowledged healthy weight ranges among AAPI, with about 1 in 10 Japanese adults and Vietnamese adults being underweight compared to almost one-half of Filipino adults considered overweight or obese (CDC, 2008). In addition to their smoking behaviors and overweight percentages, 33 percent of them were inactive meaning they did not exercise (CDC, 2008).

Filipino American Heart Disease compared to the General Population

In one study conducted in California, Filipino community leaders were interviewed on possible reasons why they have high rates of heart disease. Interviewees mentioned that, “genes, physical inactivity, high fat, stress, financial problems, and tobacco and alcohol abuse” are reasons why cardiovascular health-related diseases are a concern (NHLBI, 2010).

There is evidence that Filipino Americans are at risk of heart disease, especially among Filipino immigrants that are experiencing stress related to family and work (NHLBI, 2010). A way to cope from stressful situations is that they tend to eat unhealthy foods high in fat, salt and sugars (NHLBI, 2010). Their cultural palates as part of their nutrition are heavy on salt (NHLBI, 2010) with patis (fish sauce), bagoong (shrimp paste), and soy sauce being some of the main ingredients used. In addition, typical dishes high in fat are "fried fish, roasted pork, pancit, lumpia, and adobo" which contain pork, are fried, and use salty sauces. As part of their meals, these dishes are served regularly, especially during important events such as family gatherings, which are consistent throughout the year, and served in big quantities (NHLBI, 2010, p.7). Moreover, as part of their culture, they serve one another by giving each other gifts of cooked foods that they cannot turn away, or else it can be considered rude (NHLBI, 2010, p.8).

Migration Patterns

One of the first waves of immigration among Filipinos began in the late 1890s when many of them migrated to California and Hawaii to work in agriculture (Migration Policy Institute [MPI], 2015). During this time, the U.S. also sponsored Filipino students to study in the U.S. After the Philippines gained liberation from Spain, the U.S. had control over the Philippines and measures were implemented to "Americanize" Filipinos such as making English a preferred language (MPI, 2015).

By the 1930s, Filipino migration decreased because of the great depression and the passing of the Tydings-Mc Duffle Act, which gave the Philippines its independence and placed quotas limiting the numbers of Filipinos able to migrate to the United States (MPI, 2015). After restrictions were placed and after WWII, large numbers of Filipinos started migrating as a result of the Immigration Act of 1965. Other crucial reasons for migrating include recruitment for the

military, war brides, business between both countries, and a demand from the states for health practitioners, which gave many of them the opportunity to become doctors and nurses (MPI, 2015).

In the U.S., Filipinos have faced "foreigner discrimination" such as racial exclusion for "language, accent, and non-citizenship." In the 1940s, Filipinos faced racial segregation from "housing, employment, education and public accommodation" because of their physical characteristics and the increase in "oriental immigration" (Tiongson, Antonio, & Gutierrez, 2006). Today, as part of the Asian American community, Filipinos have been categorized under the model minority myth which labels all Asians as successful, high income and educated individuals. The model minority myth is misleading because it disregards other problems this population faces such as health issues and disparities (Nadal, 2011, p. 22).

Health impacts among Filipino Americans

According to research conducted in New York among Filipino immigrants, Filipino immigrants have a health advantage when having recently migrated, meaning they are healthier than native Filipino Americans. Over time, it diminishes as they assimilate and acculturate into American culture. Several studies have examined the body mass index (BMI) of recent immigrants and U.S. natives. Research shows that immigrants have healthier habits such as being more physically active, consuming more fruits and vegetables, and having smaller waistlines than U.S. born individuals (Neuman, 2014).

Over time, each immigrant becomes acculturated and faces health risks due to the cheap and processed foods available to them in the U.S. (Neuman, 2014). However, despite their health advantage when moving to the U.S., their health status has been changing within these past

decades in their country of origin (Afable, et al., 2016). The Philippines is undergoing rapid transitions in urbanized areas where industrialization is growing and where people's nutrition and physical ways of living are changing. Before coming to the U.S., many native born Filipinos have already started a journey of American acculturation in their home country since the Philippines has had over four decades of colonial rule including knowing English and being exposed to Western and American foods (Afable, et al., 2016). As a result, the Philippines is facing a growth in individuals with obesity and heart disease. Not only is heart disease a health concern, but also mental health among Filipinos.

A few studies have examined depression among Filipino immigrants and second generation Filipino Americans (Nadal, 2011, p.24). What was found was that among the Filipino community studied, 27 percent had major depressive periods or were diagnosed with depression compared to 10 to 20 percent of Americans overall. A reason for this was because of "colonial mentality" which refers to feeling inferior among other populations. The result of colonial mentality is depression or low self-esteem (Nadal, 2011, p.24).

Racism and Discrimination

Filipino Americans have reported facing racial discrimination in the workplace by being verbally harassed including being laughed at and mocked (Alvarez & Juang, 2010, p. 168). Moreover, a Filipino American Community Epidemiological Study (FACES) reported that facing discrimination within the workplace had a strong association to having chronic health conditions (Alvarez & Juang, 2010; Mossakowski, 2003). Another study examined the relationship between facing every day and a lifetime of racism and two psychological outcomes: psychological distress and low self-esteem (Alvarez & Juang, 2010).

Major results demonstrated that 99 percent of the participants interviewed (n=199) reported at least one incident of racial microaggressions within one year (Alvarez & Juang, 2010). Further, results demonstrated Filipino men in the study experienced a greater number of microaggressions, and reported being ignored and treated rudely, which was positively associated with having higher levels of psychological distress. On the other hand for women, "the impact of racial microaggressions on both psychological distress and self-esteem was influenced indirectly by the manner in which they cope with racism." (Alvarez and Juang, 2010, p.174).

The Filipino culture emphasizes the importance of family and making decisions that are beneficial to a collective group rather than the individual. Their "collectivistic culture" may play a role when faced with racism and discrimination since most "collectivistic cultures" endure or tolerate actions done directly towards them rather than risking the safety or reputation of others (Alvarez & Juang, 2010; Yeh et al., 2003). Moreover, a 1984 study defines the aftermath of coping of such events as either taking a "problem-focused or emotion-focused" approach (Alvarez & Juang, 2010; Mossakowski, 2003). An individual may focus on involving others such as a manager or authorities to handle serious issues. However, in this case, many Filipinos may not take this path because of their collectivistic culture (Alvarez & Juang, 2010; Yeh et al., 2003). Many instead may involve those close to them for emotional support or advice, while many of them may not involve others and cope with problems through alcohol and drugs as seen in many collectivistic cultures. Further, among the few research studies out there examining how Filipino Americans deal with racism, two of three of them state that Filipinos take an emotion-focused approach (Alvarez & Juang, 2010).

Conclusion

Filipino Americans and Filipino immigrants are distinct and they each face several health complications in their country of origin and in the United States. Major factors that have led to a high rate of heart disease among this population are the acculturation of U.S. food practices, cooking traditional plates high in fat, a lack of exercise, stress, and discrimination. To better serve this population, cultural competencies needed to ensure the effectiveness of health education and promotion intervention include "culturally appropriate" screening, education techniques and materials, and providing knowledge on how to navigate the health system (Abesamis, et. al, 2016).

One successful example in reaching Filipino Americans was a study in Hawaii that culturally implemented an intervention to improve Filipino Americans' lifestyle pertaining to diabetes. Educational health classes were given to participants which were taught by bilingual facilitators. Other factors to take into account are language barriers faced with health care providers among older Filipino American and immigrants (New York University, 2007, p. 22). Filipino Americans' history and migration patterns must also be considered and studied when serving them. Lastly, although several regional studies have revealed Filipino American heart disease and health complications, national studies have yet to be conducted to further understand this population, so they no longer are seen as an "invisible minority" (Abesamis, et al., 2016).

References

Abesamis, J. C., Fruh, S., Hall, H., & Lemley, T. (2016). Cardiovascular health of Filipinos in the United States: A review of the literature. *Journal of Transcultural Nursing, 27,* 518-528. DOI: 10.1177/1043659615597040

Afable, A., Ursua, R., Wyatt, L. C., Aguilar, D., Kwon, S. C., Islam, N. S., & Trinh-Shevrin, C. (2016). Duration of U.S. residence is associated with overweight risk in Filipino immigrants living in NY metro area. *Family & Community Health*, 39(1), 13–23. http://doi.org/10.1097/FCH.0000000000000086

Alvarez, A. N., & Juang, L. P. (2010). Filipino Americans and racism: A multiple mediation model of coping. *Journal of Counseling Psychology*, 57(2), 167-178. http://dx.doi.org/10.1037/a0019091

American Heart Association (2010). Call to action: Cardiovascular disease in Asian Americans. Retrieved from http://circ.ahajournals.org/content/122/12/1242

Asian American and Pacific Islander workshops summary report on cardiovascular health, (NIH Pub no. 00-3793.) Bethesda, MD: U.S. Department of Health and Human Services. Retrieved from https://www.healthypeople.gov/sites/default/files/LHI_CPS_062612_Slides.pdf

Centers for Disease Control and Prevention (2008). Advance data from vital and health statistics: Health Characteristics of the Asian Adult Population. Retrieved from https://www.cdc.gov/nchs/data/ad/ad394.pdf/

Centers for Disease Control and Prevention (2014). Heart Disease: Data for the U.S. Retrieved from https://www.cdc.gov/nchs/fastats/heart-disease.htm

Centers for Disease Control and Prevention (2016). Health of Non-Hispanics Asian Adults: United States. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db247.pdf

Dela Cruz, F. A., & Galang, C. B. (2008). The illness beliefs, perceptions, and practices of Filipino Americans with hypertension. *Journal of the American Academy of Nurse Practitioners*, 20(3), 118-127. doi:10.1111/j.1745-7599.2007.00301.x

Huff, R.M., Kline, M.V., Peterson, D.V. (2015). *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students*. Thousand Oaks, California: Sage.

Migration Policy Institute (2015). Migration Information Source: Filipino Immigrants in the United States. Retrieved from http://www.migrationpolicy.org/article/filipinoimmigrants-united-states

Mossakowski, K. N. (2003). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior*, 44, 318 –331. Doi: 10.2307/1519782

Nadal, L. Kevin. (2011). *Filipino American Psychology: A Handbook of Theory, Research, and Clinical Practice*. Hoboken, New Jersey: John Wiley and Son, Inc.

National Heart, Lung, and Blood Institute (n.d). What is Coronary Heart Disease? Retrieved from /https://www.nhlbi.nih.gov/health/health-topics/topics/cad/diagnosis

National Institutes of Health (2000). Asian American and Pacific Islander workshops summary report on cardiovascular health, (NIH Pub no. 00-3793.) Bethesda, MD: U.S. Department of Health and Human Services. Retrieved from https://www.healthypeople.gov/sites/default/files/LHI_CPS_062612_Slides.pdf

National Institutes of Health National Heart, Lung, and Blood Institute (2010). Cardiovascular

Risk in the Filipino Community Formative Research from Daly City and San Francisco, California. Retrieved from https://www.nhlbi.nih.gov/files/docs/resources/heart/filipino.pdf

New York University (2007). Community Health Needs and Resource Assessment: An exploratory study of Filipino Americans in the New York metropolitan area. Retrieved from https://www.med.nyu.edu/sites/default/files/asian-health2/chnra_filipinos_0.pdf

Neuman, S. (2014). Are immigrants healthier than native residents? Immigrants tend to be healthier than native residents when they arrive—an advantage that dissipates with time. Retrieved from https://wol.iza.org/uploads/articles/108/pdfs/are-immigrants-healthier-than-native-residents.pdf

Stanford School of Medicine. (n.d). Ethnogeriatrics: Religion. Retrieved from https://geriatrics.stanford.edu/ethnomed/filipino/introduction/religion.html).

Tiongson, A.T., Gutierrez, E.V., Gutierrez, R.V. (2006). *Positively No Filipinos Allowed: Building Communities and Discourse*. Philadelphia, PA: Temple University Press.

U.S. Census (2015). American Factfinder: American Community Survey- Selected population profile in the United States. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S0201&prodType=

Yeh, C., Arora, A., & Wu, K. (2006). A new theoretical model of collectivistic coping. In P.T. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 55–72). Dallas, TX: Spring Publications.