

Knowledge and Perceptions of Cardiovascular Health in Asian Americans

Shin-Ping Tu, MD, MPH^{1,2}
Annette L. Fitzpatrick, PhD³
Mei-Po Yip, RN, PhD¹
Kiet Ly, MD, MPH⁴
Thanh Ton, PhD⁵
Erica Oberg, ND^{2,6}

¹Department of Medicine, University of Washington

²Department of Health Services, University of Washington

³Department of Epidemiology, University of Washington

⁴Northwest/Alaska Center to Reduce Oral Health Disparities, Dental Public Health Sciences, University of Washington

⁵Department of Neurology, University of Washington





⁶Health Promotion Research Center, University of Washington

CDC grant 1 U48 DP000312-01





Introduction

Asian Americans

-  One of the fastest-growing US minority groups
-  69% are foreign-born
-  Most came to the US in the last 20 years
-  Projected to reach 38 million by 2050

2 Predominant Asian ethnic groups

-  Chinese (3.3 million) and Vietnamese (1.5 million)
-  Together represent > 30% of the Asian American population

Objectives

- Cardiovascular disease (CVD) - diseases of the heart and stroke
 - Ranks as the leading cause of death among Asians and Pacific Islanders
 - Men (34% of all deaths)
 - Women (35% of all deaths)
- Data on CVD prevalence and risk factors are sparse for specific Asian American ethnic populations

Objectives

- To address the burden of cardiovascular disease in Asian American populations
- To provide preliminary data for developing cardiovascular health (CVH) interventions in these underserved populations

Pilot Study

- We completed a pilot study to first understand this population's cardiovascular disease CVD
- We recruited 25 adult immigrants for 3 focus groups from a local health clinic and community service agencies
- The University of Washington IRB approved all study procedures

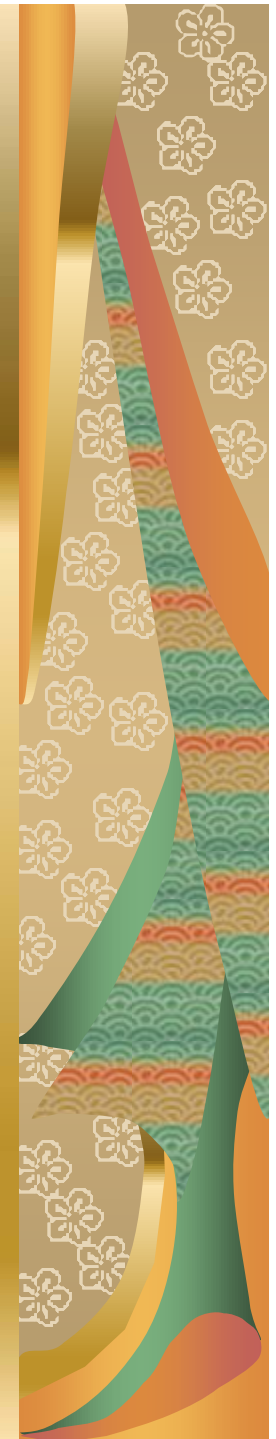
Methods

- Focus groups were conducted in Cantonese, Mandarin, and Vietnamese
- They were summarized in English-language documents
- We focused on
 - Cardiovascular health beliefs
 - Knowledge about hypertension (HTN) and hyperlipidemia (HL)
 - Facilitators and barriers to control, and
 - Traditional health beliefs about management of CVD
- Two members of the research team completed detailed coding of the focus group summaries

Table 1. Participant Characteristics

	Chinese	Vietnamese
Gender		
Male	9 (53%)	1 (13%)
Female	8 (47%)	7 (87%)
Age		
40-50	1 (6%)	1 (13%)
51-60	3 (18%)	2 (25%)
61-70	10 (58%)	3 (37%)
71-80	3 (18%)	2 (25%)
Language/Dialect		
Vietnamese	NA	8 (100%)
Cantonese	9 (53%)	NA
Mandarin	8 (47%)	NA
Marital Status		
Never married	0	0
Married	17 (100%)	6 (75%)
Divorced	0	0
Widowed	0	2 (25%)
Years in US		
1-10	11 (64%)	0
11-19	3 (18%)	7 (87%)
20 or more	3 (18%)	1 (13%)
Years of Education		
0-5	1 (6%)	5 (62%)
6-10	6 (35%)	1 (13%)
11-15	8 (47%)	1 (13%)
15 or more	2 (12%)	1 (13%)

NA = Not applicable



Results

- Mean age of participants was 64
- Chinese participants - on average
 - Older and more educated
 - Immigrated more recently to the US
- Participants demonstrated a general understanding of HTN and HL

Results

- Participants were less confident about risk factors and complications
- More aware of HTN and stroke
- Less aware of HL
- Noted a hereditary pattern for HTN
- None of the groups discussed tobacco use

Results

- Neither the Cantonese nor the Mandarin groups associated HTN with ischemic heart disease (i.e., angina or heart attack)
- Participants acknowledged that these diseases are common in their ethnic groups, especially among the elderly
- Certain traditional health beliefs regarding prevention are common across ethnic groups

Results

- The Vietnamese group described
 - ❖ vegetable juice concoctions (*rau dấp cá* - Chameleon; *tía tô* - Vietnamese purple perilla; *tần ô* - Garland chrysanthemum) that can quickly reduce high blood pressure and abate associated symptoms.
- The Cantonese and Vietnamese groups associated
 - ❖ cold weather with high cholesterol, in contrast to the hot weather in their native countries - “It’s easier to sweat it off in hot weather.”

Results

- Participants in the Mandarin group discussed traditional Chinese health concepts:
 - liang (cold/dampness) and re (heat) in relation to high cholesterol, identifying foods and traditional Chinese medicines that treat high cholesterol
 - “yang” forces in the liver that rise up and “lead to stroke”

Results

- Barriers to drug compliance for HTN and HL include:
 - Cost
 - Confusion of the many medications to treat HTN
 - Needing to take drugs regularly
 - Lack of improvement
- Difficulty understanding their doctors
- Lack of health information on CVD in their languages

Conclusion

- Our findings suggest more education is needed to increase Asian Americans' understanding of CVD prevention and management
- There is a demand for language-specific and culturally appropriate education materials.