

# **The Vietnamese Community of Orange County, Inc.**

**Presents**

**A Bridge of Understanding:  
Creating a Resource Guide for  
Non-Vietnamese Health Care  
Providers**

# Presenter Disclosures

Dr. Vy Trac Do & Tricia T. Nguyen

**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

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Dr. Vy Trac Do & Tricia T. Nguyen

**(2) My presentation will include discussion of “off-label” use of the following:**

Vietnamese Healing Practice:

- Healing Practice of Coining
- Healing Practice of Cupping
- Medicated Oil: smelling aromatic oils or ointments
- Herbal Teas

# Understanding the Vietnamese Culture

*As a relatively recent immigrant group, most Vietnamese Americans are either first- or second-generation Americans. They have the lowest distribution of people with more than one race among the major Asian American groups. As many as one million people who are five years and older speak Vietnamese at home making it the seventh-most spoken language in the United States.*

# Vietnamese American **Demographic**

Vietnamese Americans are one of the fastest growing minority groups in the United States. It is projected that by **2030 there will be 3.9 million Vietnamese Americans** living in the U.S. and they will form the largest Asian-American subgroup in California.



# Patients' Cultural Perspectives

Because of the amount of respect that Vietnamese patients accord people with high levels of education, patients may approach the physician-patient encounter **feeling inferior.**

English-speaking patients use “yes” to indicate agreement with what the provider says, but not to show respect or disrespect. Vietnamese speaking patients, however, **use “ya”** (meaning “yes”) to **indicate respect, but not necessarily agreement.**



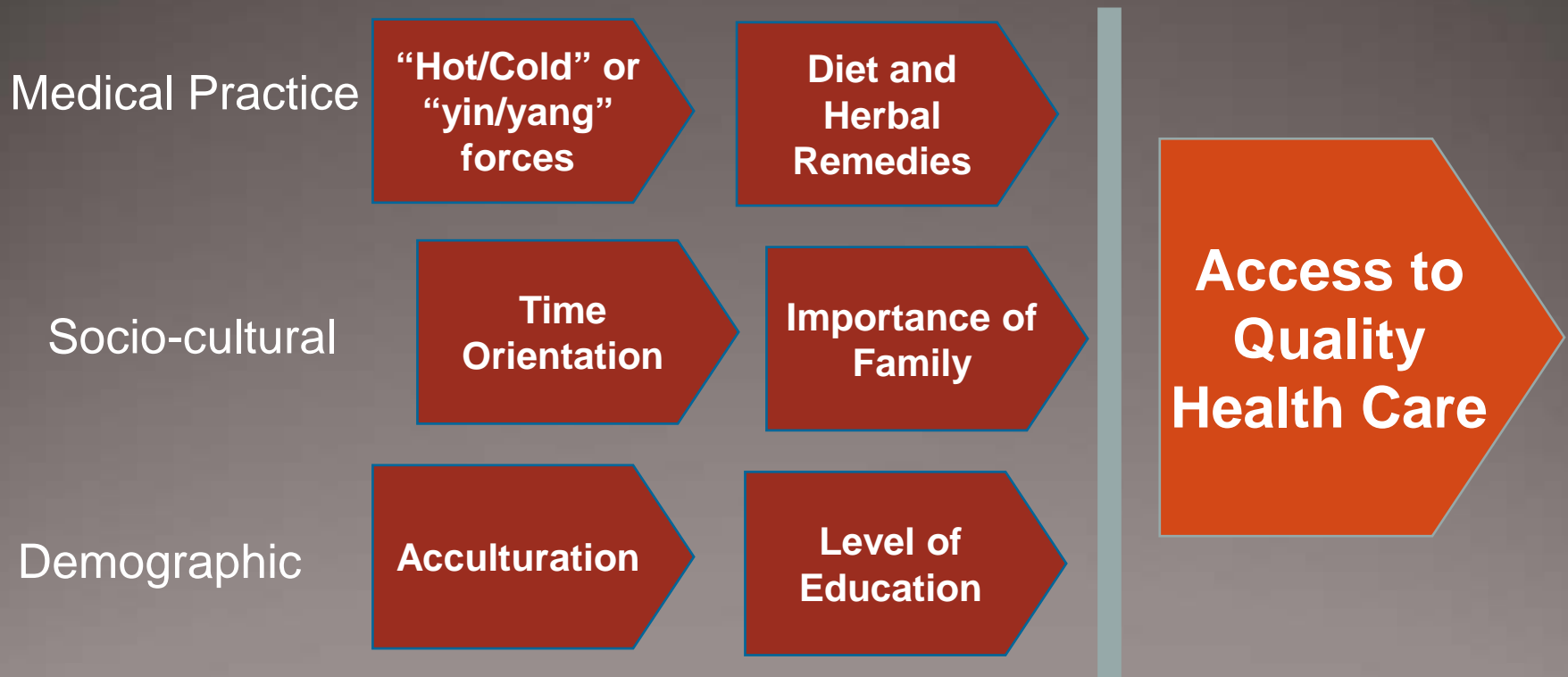
# Importance of **Respect and Caring**

A study found Asian Americans valued physicians spending sufficient time and showing appropriate **courtesy and respect** significantly more than white patients valued these two aspects of care.



**“Taking time”** was also seen as a sign of respect for the patient, allowing them to have enough time to ask questions.

# Types of **Barriers** to Healthcare





# Vietnamese **Healing Practices**

- Healing Practice of Coining
- Skin Pinching
- Healing Practices of Cupping
- Steam Tent
- Smelling aromatic oils or ointments
- Balm and medicated plasters
- Herbal teas, soups and condiments
- String Tying to control spirits



# Using an Interpreter

Knowledge of English is one of the most important factors influencing access to health care. According to the President's Advisory Commission on Asian Americans and Pacific Islanders, **42%** of Vietnamese American households are **linguistically isolated**, meaning no one in the household age 14 years or older speaks English "very well."

\*Kramer E., Kwong K., Lee E., Chung H. 2002. Cultural Factors Influencing the Mental Health of Asian Americans. West J Med 176: 227 – 231.



# Cancer Among Asian Americans

Although Asian Americans are at lower risk for cancers of the lung, colon and rectum, breast and prostate, they have higher rates of cancers related to infectious conditions, particularly tumors of the cervix, stomach, liver and nasopharynx.



**Cancer Incidence per 100,000 – Women – 2000 - 2002  
California Cancer Registry <sup>(16)</sup>**

Cancer Site	Vietnamese	Chinese	Korean	Japanese	Non-Hispanic White
<b>All Sites</b>	274.8	265.8	251.2	295.5	446.1
<b>Breast</b>	55.5	75.1	50.7	102.8	152.9
<b>Lung</b>	37.8	29.8	26.1	22.8	57.6
<b>Colorectal</b>	33.0	41.5	33.1	50.2	42.8
<b>Cervix</b>	14.0	5.4	11.4	5.6	7.3

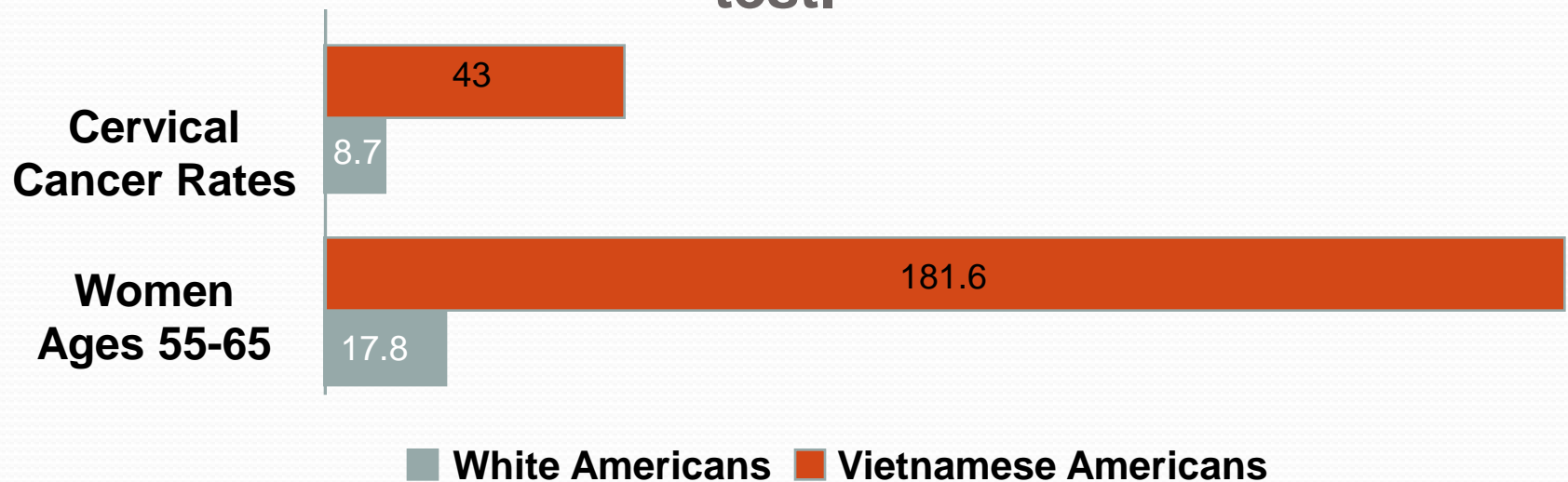
**Cancer Mortality per 100,000 – Women – 2000 - 2002  
California Cancer Registry <sup>(16)</sup>**

Cancer Site	Vietnamese	Chinese	Korean	Japanese	Non-Hispanic White
<b>All Sites</b>	105.1	109.0	105.6	122.0	167.7
<b>Breast</b>	9.0	13.2	7.7	17.1	27.4
<b>Lung</b>	23.3	23.9	22.7	19.5	44.9
<b>Colorectal</b>	7.1	13.8	12.8	15.1	15.7
<b>Cervix</b>	4.8	1.5	3.0	–	2.0

\*McCracken M., Olsen M., Chen M., et.al. 2007. Cancer Incidence, Mortality, and Associated Risk Factors Among Asian Americans of Chinese, Filipino, Vietnamese, Korean, and Japanese Ethnicities. CA: A Cancer Journal for Clinicians. 57: 190 – 205.

# Cervical Cancer Screening

Studies have revealed that a high number of Vietnamese American woman have heard of cervical cancer (**90%**), but approximately **one-fourth have never heard of the Pap test.**



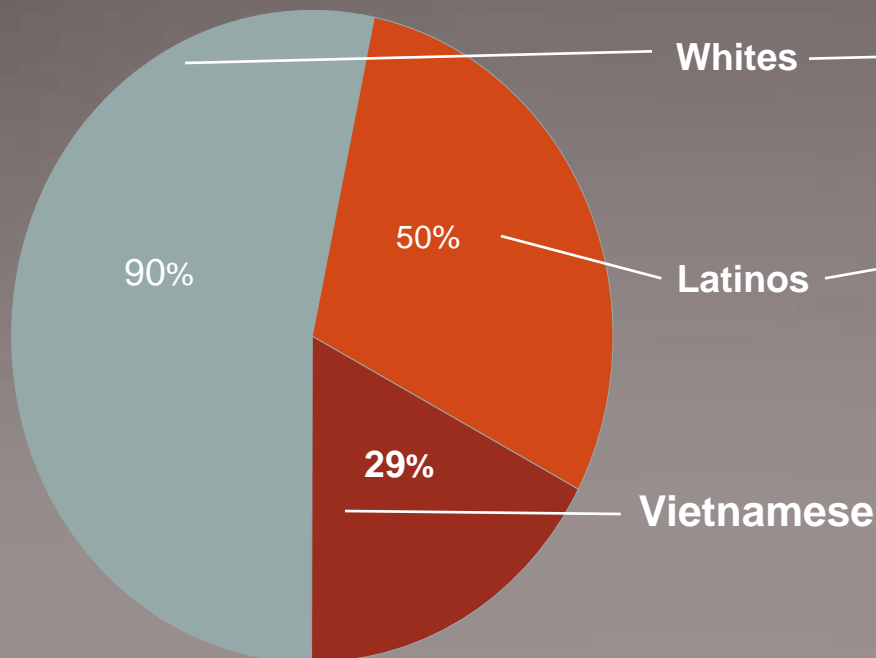
\*Rates based on 100,000 cases

\*Lam T., McPhee S., Mock J., Wong C., Doan H., et.al. 2003. Encouraging Vietnamese American Women to Obtain Pap Tests through Lay Health Worker Outreach and Media Education. J Gen Intern Med. 18: 516 – 524.

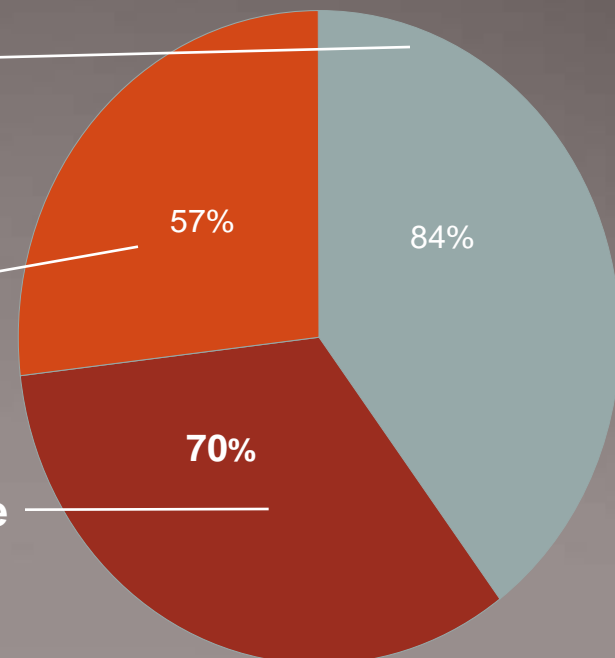
# Colorectal Cancer Screening

Physician **recommendation and education** to patient is by far the most important factor influencing previous colorectal cancer screening and intention to be screened.

**Patients heard of  
Colorectal Polyp**



**Patients heard of  
Colonoscopy**



\*Walsh J., Kaplan C., Nguyen B., Gildengorin G. et.al. 2004. Barriers to Colorectal Cancer Screening in Latino and Vietnamese Americans: Compared with Non-Latino White Americans. J Gen Intern Med 19: 156 – 166.

# Liver Cancer Incidence and Mortality<sup>(26)</sup>

**Liver Cancer Incidence per 100,000 – 2001 - 2005 – California**

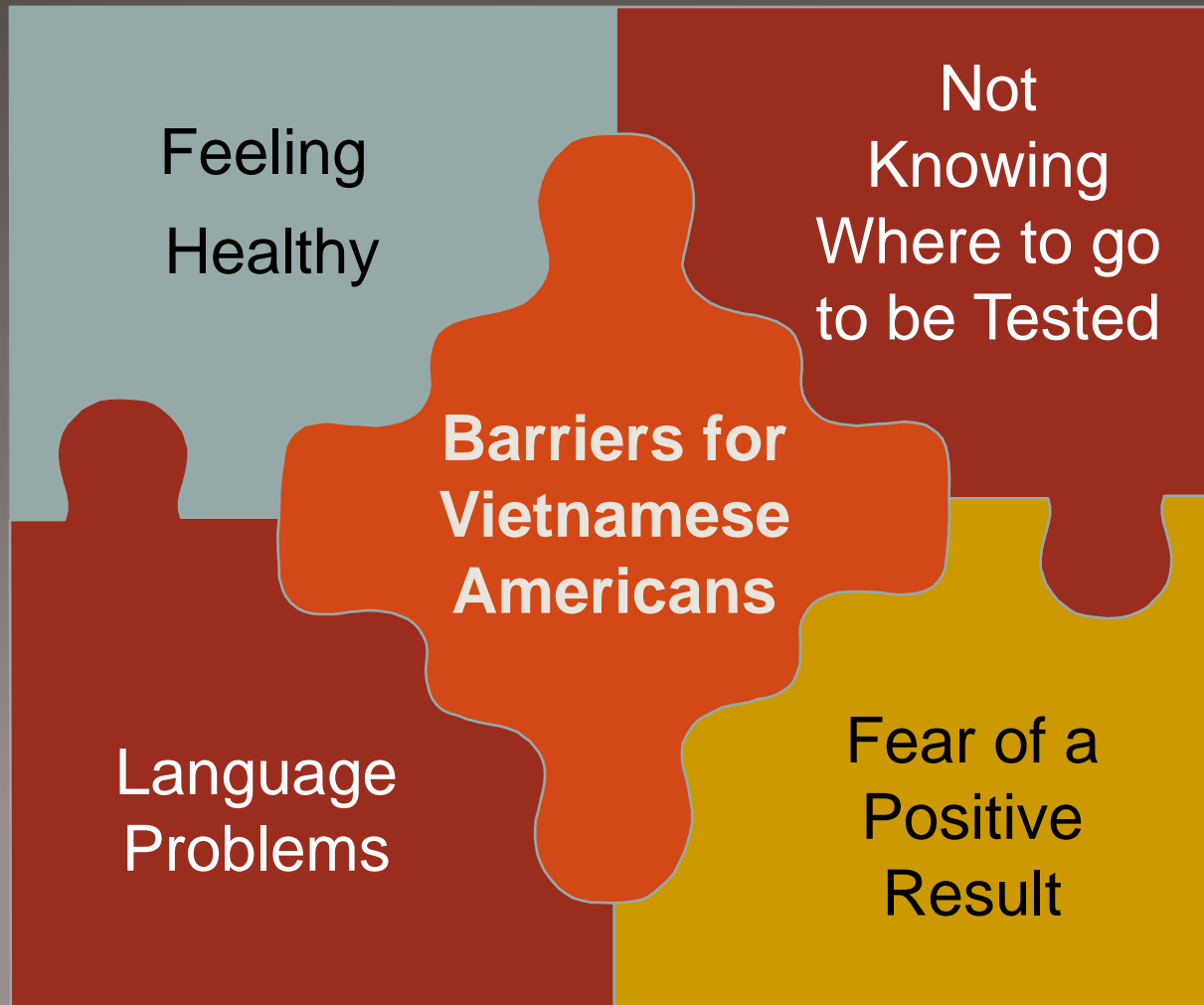
Liver Cancer	All Groups	Vietnamese	Chinese	Korean	Japanese
Male	10.63	53.5	23.6	30.4	7.6
Female	3.66	15.6	6.1	12.7	7.0

**Liver Cancer Mortality per 100,000 – 2001 - 2005 – California**

Liver Cancer	All Groups	Vietnamese	Chinese	Korean	Japanese
Male	7.39	32.2	20.7	22.1	6.4
Female	2.84	11.4	5.6	10.9	6.5

\*Miller B., Chu K., Hankey B., Ries L.. 2008. Cancer Incidence and Mortality Patterns Among Specific Asian and Pacific Islander populations in the US. Cancer Causes Control. 19: 227 – 256.

# Hepatitis B: Cultural Barriers to Testing



\*Ma G., Fang C., Shive S., Toubbeh J., Tan Y., Sui P. 2007. Risk Perceptions and Barriers to Hepatitis B Screening and Vaccination among Vietnamese Immigrants. *J Imm Minority Health*. 9: 213 – 220.



# How Vietnamese Americans **Relate** with Health Care Providers

Three themes to how Vietnamese Americans relate with health care providers in cancer communication:

- 1) Attitudes about addressing screening with providers
- 2) Issues/problems communicating with physician about cancer
- 3) Language/Translation difficulties



***An Important Message to Communicate to Vietnamese American Patients about Cancer Screening –***

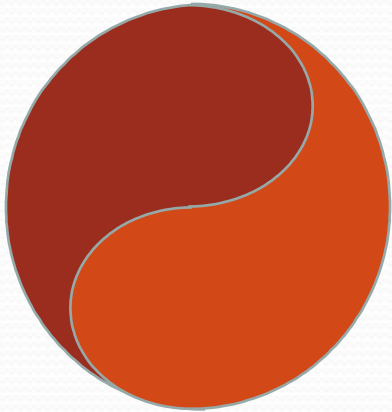
***“Cancer screening is valuable, because it finds cancer before it is advanced enough to cause symptoms.”***

# Tobacco Use and Cancer



- Southeast Asian males have smoking rates of **39-41%**.
- Only **50%** of patients said a physician had ever advised them to quit smoking and dentists had even lower rates.
- Only **3%** API women smoke cigarettes, but nearly half (**47%**) live with a cigarette smoker.

# Health



A strong belief in the Vietnamese American community is that having a **good soul, good values and good morals** enables a person to be mentally and physically strong.



# Cardiovascular Health: Knowledge of Symptoms and Risk Factors

**59%** knew that chest pain was a symptom of a heart attack

**67%** knew that sudden numbness or weakness of the face, arms or legs was a symptom of stroke

**85%** knew they should call “911” if they had a heart attack or stroke

\*Nguyen T., Liao Y., Gildengorin G. et.al. 2008. Cardiovascular Risk Factors and Knowledge of Symptoms Among Vietnamese Americans. J Gen Intern Med 24(2): 238 – 243.

# Hypertension and Cardiovascular Disease

It is important to **educate** Vietnamese American patients of the link between high blood pressure and heart disease since more **sodium-based sauces** are used in their food; exercise is not an important activity and some may drink in excess.

Age-Adjusted Prevalence of Hypertension per 100,000 <sup>(36)</sup>				
	AAPI Women	All Women	AAPI Men	All Men
Hypertension	8.4	11.0	9.7	10.3

\*National Institutes of Health: Addressing Cardiovascular Health in Asian Americans and Pacific Islanders: A Background Report. NIH Publications No. 00-3647. January, 2000

# Western Medicine vs. Eastern Herbal Remedies

The medication of Western medicine are considered “**hot**” and full of undesirable chemicals. Eastern herbal medicine is thought to be much safer than Western medicine because it **cools** the body and brings it back into **balance**.



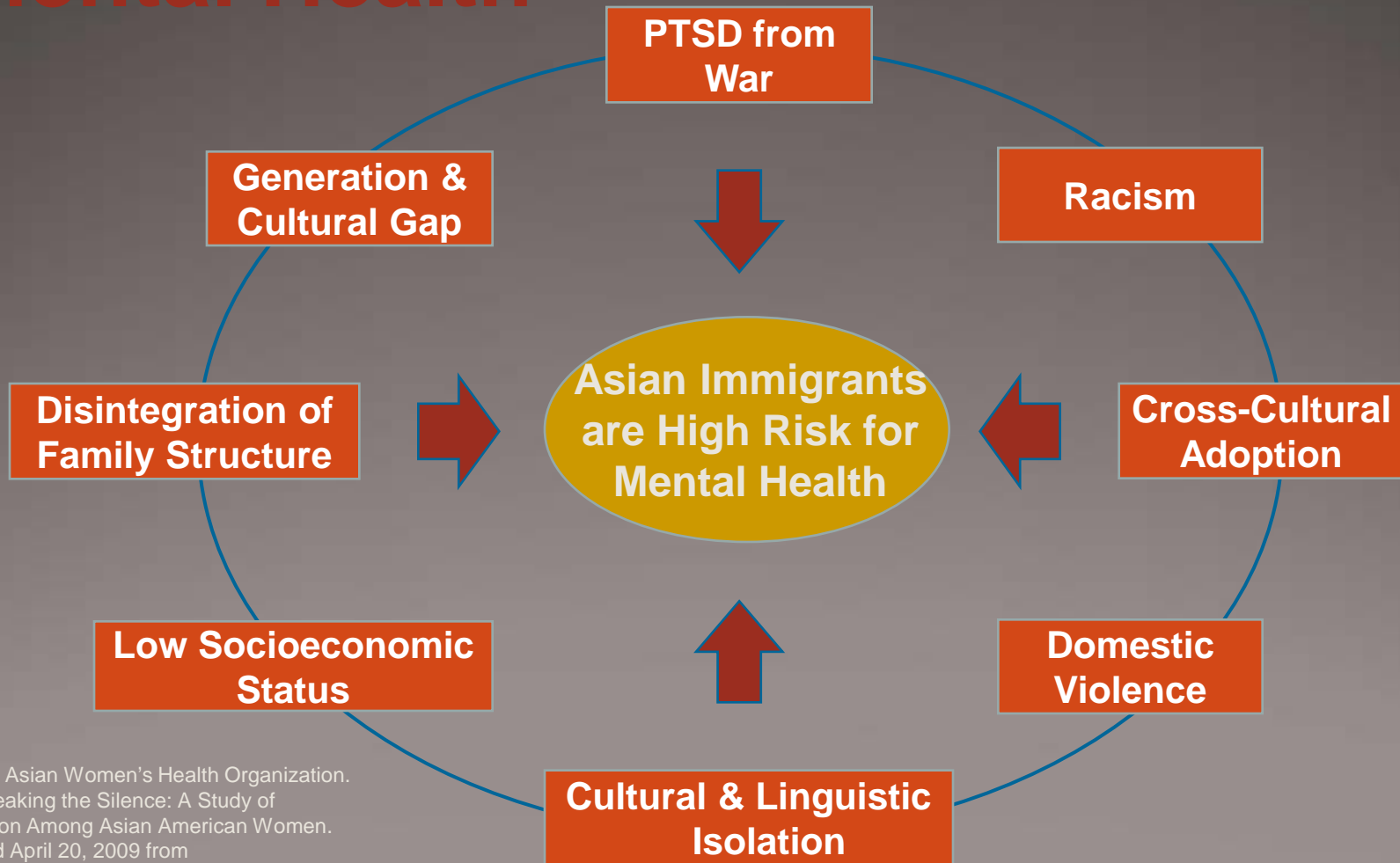
# Mental Health and Stigma

“Families tend to discourage the use of mental health facilities among family members until the disturbed members become unmanageable. Because the family represents the center of the Asian social institutions, the burden of the **stigma** rests with the family rather than an individual.”

\*Chau C., M.D., Ph.D. 2009. Personal communication.



# Key Cultural Factors that Influence Mental Health

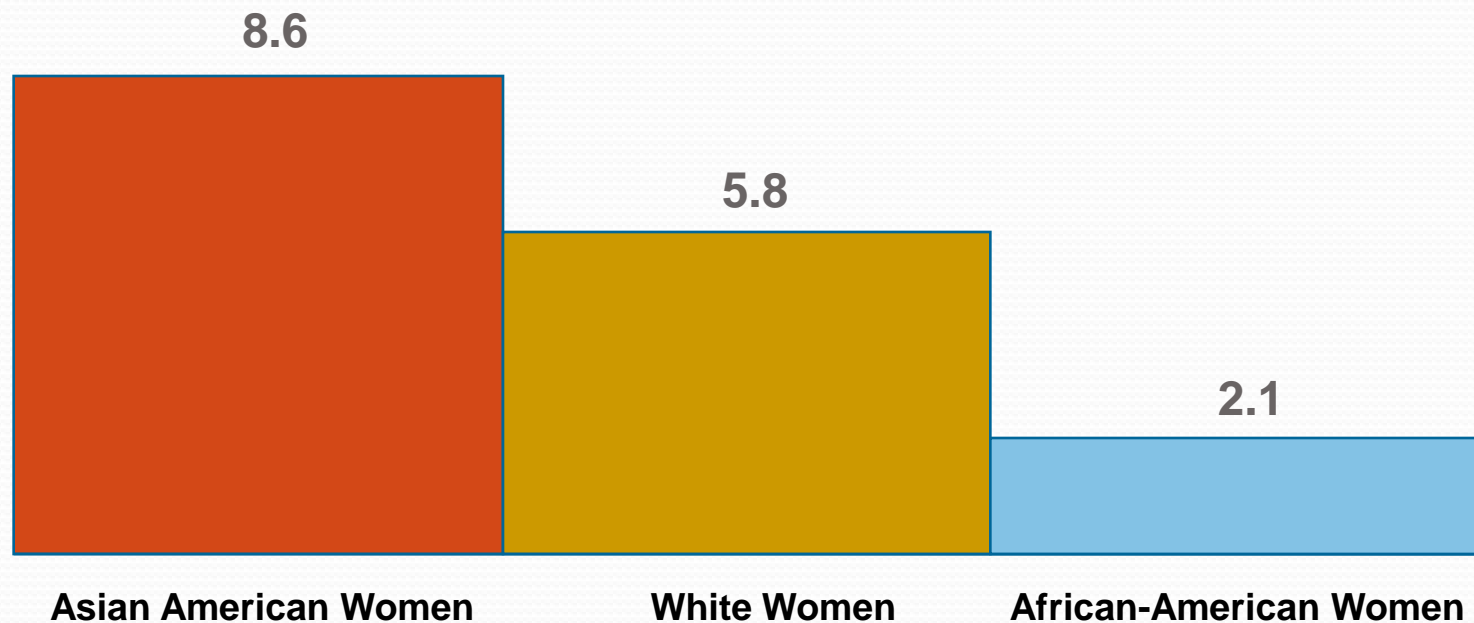


\*National Asian Women's Health Organization.  
2001. Breaking the Silence: A Study of  
Depression Among Asian American Women.  
Retrieved April 20, 2009 from  
<http://www.nawho.org>.



# Dementia in Older Asian Americans

Suicide rates in the U.S. in 1995 for age-matched women over the age of 65.



\*Liu D., Hinton L., Tran C., Hinton D., Barker J. 2008. Reexamining the Relationship among Dementia, Stigma, and Aging in Immigrant Chinese and Vietnamese Family Caregivers. *J Cross Cult Gerontol* 23: 283 – 299.

# Alcohol and Substance Abuse: Barriers to Care

Respect and harmony are such strong cultural forces that the fear of “**losing face**” in the community may cause family members to hide a patient’s alcohol or drug use by working harder to replace lost income and by blaming job stress or health problems for the patient’s substance abuse.

\*Naegle M., Ng A., Barron C., Lai T. 2002. Alcohol and Substance Abuse. West J Med. 176: 259 – 263.



# HIV / AIDS

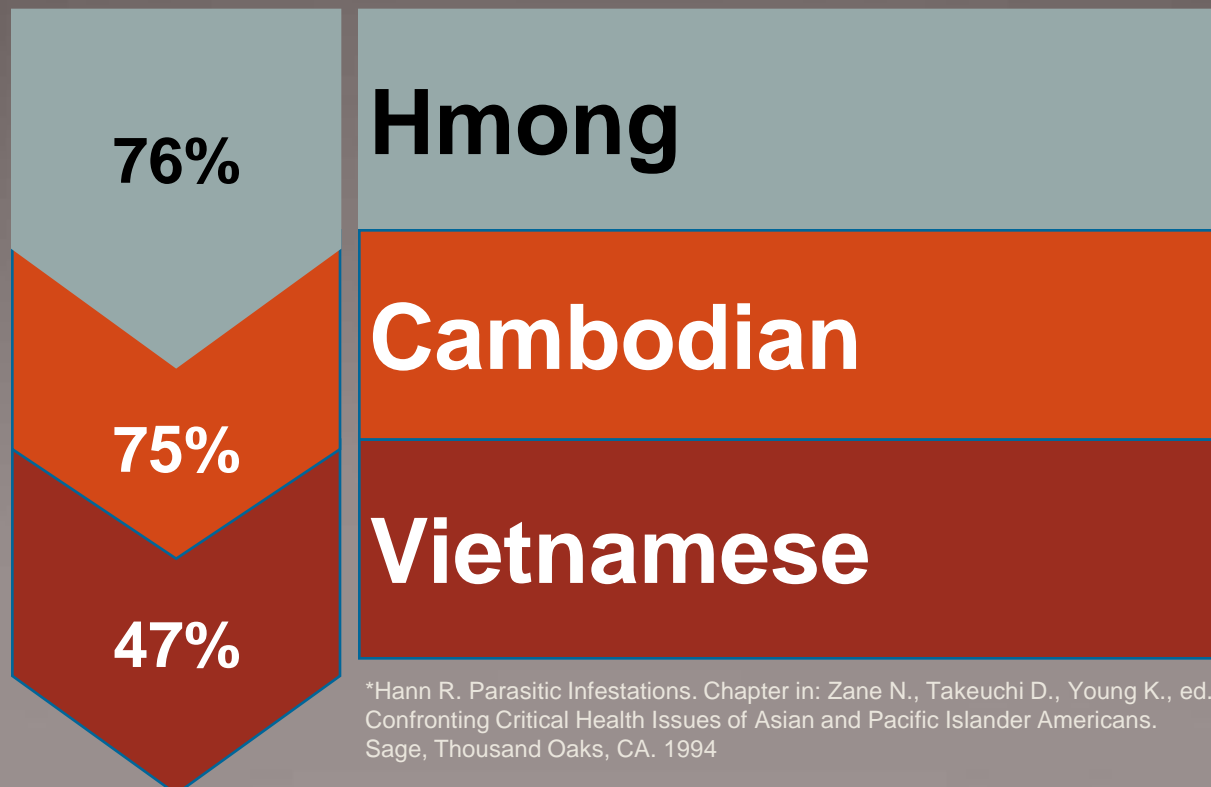
In 2001, HIV/AIDS was the **seventh-leading cause** of death among API aged 15-19 and 25-34. API men have a much higher diagnosis rate compared to **women.**

Center for Disease Control and Prevention (CDC). HIV/AIDS among Asians and Pacific Islanders, CDC, Revised August 2008, <http://www.cdc.gov/hiv/resources/factsheets/pdf/api.pdf>.



# Tropical and Parasitic Diseases

Parasitic infestation are common among Asian and Pacific Islanders with as many as **80%** of refugees entering the United States having at least one type of disease. The infestation rate is different among Asian subgroups.



\*Hann R. Parasitic Infestations. Chapter in: Zane N., Takeuchi D., Young K., ed. Confronting Critical Health Issues of Asian and Pacific Islander Americans. Sage, Thousand Oaks, CA. 1994

# Health Belief Model

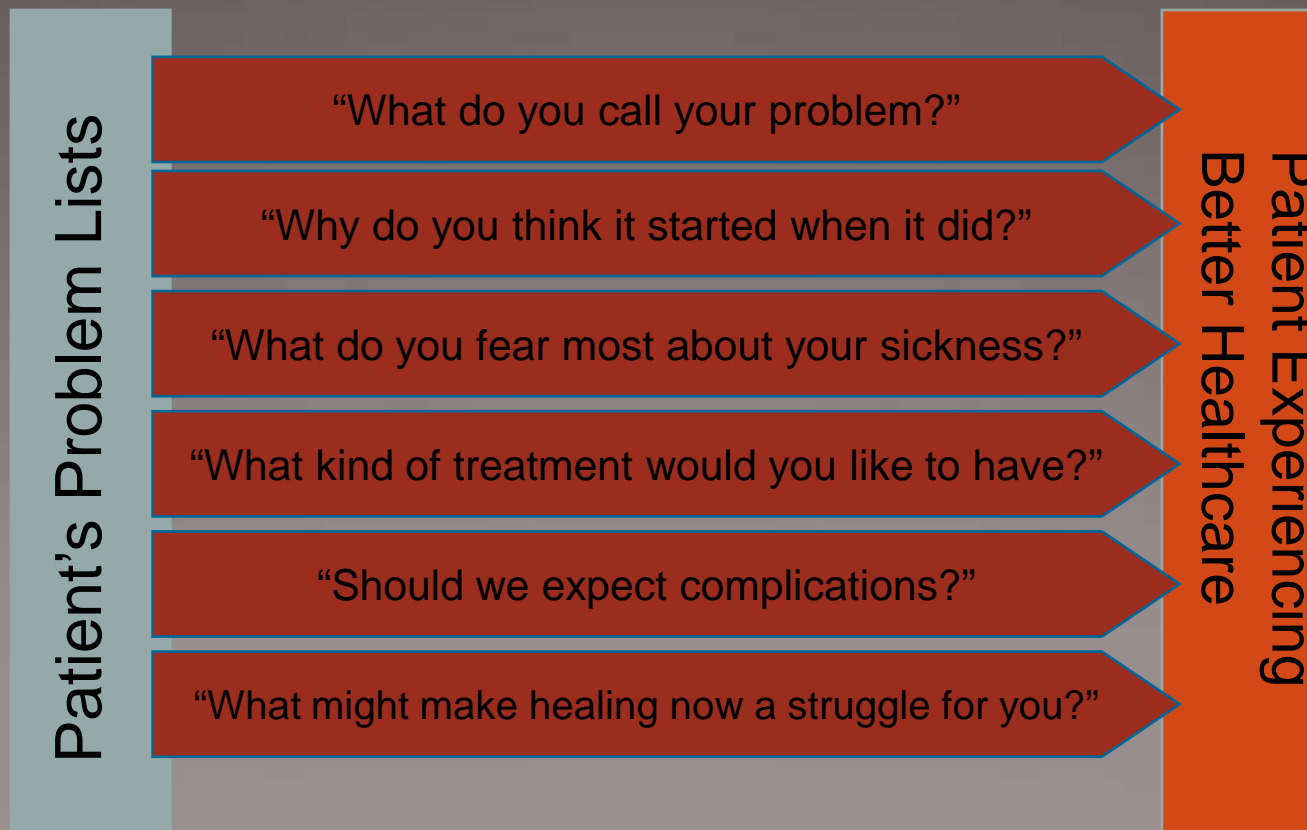
“The Health Belief model was the first to state that a patient’s belief in his or her personal susceptibility to, and the severity of a health condition, are **important variables** influencing the decision to take action to prevent health problems.”

\*Rankin S., Stallings K., London F. Patient Education in Health and Illness, 5<sup>th</sup> ed. Lippincott, Williams and Wilkins, Philadelphia, PA. 2005

Concept	Application
Perceived Susceptibility	Define population at risk, risk levels; personalize risk based on a person’s features or behavior, heighten perceived susceptibility if too low.
Perceived Severity	Specify consequences of the risk and condition.
Perceived Benefits	Define the action to take; how, where, when; clarify the positive effects to be expected.
Perceived Barriers	Identify and reduce barriers through reassurance, incentives and assistance.
Cues to Action	Provide how-to information, promote awareness, reminders.
Self-Efficacy	Provide training, guidance in performing action.

# Framing Questions for the Practitioner

Patient's problem lists can be representative of a loss, or potential threat of loss; life stage transitions; or culturally patterned belief systems that may conflict with western medical practices.



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