Community Health Needs & Resource Assessment:

An Exploratory Study of Filipino Americans in the New York Metropolitan Area

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Executive Summary

BACKGROUND:

With a population of over 2.4 million, Filipino Americans are the second largest Asian subgroup and the second-largest immigrant population in the nation behind Mexican Americans (Posadas, 1999, U.S. Census 2000). Despite their long history and growing population in the United States, Filipino Americans' health status and needs are poorly understood. The lack of research that disaggregates Asian American ethnic groups makes it especially difficult to identify the health status of Filipino Americans (Filipinos in the United States, 2004). Moreover, little research has been conducted in the Northeast region of the U.S. which has experienced a recent steady increase in the settlement of Filipinos. The Northeast's dearth of established networks and resources that traditional settlement locations (e.g., California) have to support Filipino immigrants significantly impacts the health and well-being of Filipino Americans in this region. Thus, considerable research is needed to understand the particular health needs of these growing Filipino American communities. In attempts to address this need, the NYU Center for the Study of Asian American Health has collaborated with its community partners to conduct a Filipino Community

Health Needs and Resource Assessment in the New York Metropolitan Area.

METHODS:

The needs assessment examined 1) the degree to which the health issues exist in the Filipino American community, 2) resources available for Filipino Americans; and 3) best approaches to meet the needs of the Filipino American community. Both primary and secondary data were collected for the needs assessment. Primary data collection efforts included (a) surveys with 135 Filipino American adults to assess health priorities and barriers, (b) focus groups with 52 individuals representing cross-sections of the community (e.g., adolescents, senior citizens), and (c) open-ended interviews with 5 community leaders.

These methods were used to elicit a deeper understanding of the community's health status, including health seeking behaviors, barriers to care, health resources available, best approaches to meet Filipino Americans' health needs, and community formation and solidarity. Secondary data collection included an extensive review of published medical and public health literature on Filipino Americans.

RESULTS:

- The literature review revealed that **data is lacking on Filipino American health**. For instance, a search with the term "Asian American" in the PUBMED database search retrieved over 2,300 articles between the years 1975-2004; of these, only 109 articles included a Filipino American sample.

HEALTH ISSUES:

- Survey findings revealed that **cardiovascular disease** and **stroke are major concerns** for Filipino Americans in the New York metropolitan area, with over 70% of participants indicating these were critical issues to be addressed.

- Focus group findings indicated that Filipino Americans generally **do not maintain healthy eating habits, engage in regular physical activity, or regularly access health care.**

- Youth and young adult focus group participants described **substance abuse** as a major concern.

- Survey participants indicated that **high costs and long waiting times** are top barriers to health care

- Findings from this study also reveal that as an overwhelmingly immigrant community, Filipino Americans in New York face **challenges associated with immigration stress and relocation, separation from family, lack of social support, isolation, loss of (social) status, cultural alienation, and loss of self-esteem due to discrimination.**

RESOURCES:

- Focus group and key informant findings also revealed a sense of frustration over the **lack of concerted effort to conduct research and to coordinate programs targeting Filipino American's health needs.**

- Moreover, concern was raised that there was **limited availability and awareness of culturally and linguistically appropriate health resources** for Filipinos.

- Focus groups and key informants described **close family ties and strong sense of community (bayanihan spirit) as strengths** of the Filipino community. **The church was also identified as a resource** for the community as both a cornerstone and common gathering place.

BEST APPROACHES:

- Over one-third of the surveyed participants expressed an interest in using a **comprehensive approach to promote health** promotion and disease prevention that includes both community organizing and health-specific strategies.

CONCLUSION:

Taken together, these findings signal the need to create effective, culturally appropriate strategies for increasing the Filipino community's health access to services such as cardiovascular disease prevention and treatment, cancer screening, and mental health. There is also a need for a more coordinated effort among those working towards improving the health of this community. Further research should be conducted on the needs of particular subgroups within the Filipino American population. Filipino American health issues should also be compared to other Asian Americans, as well as other communities of color to increase health providers' and community leaders' awareness of what health issues need to be advocated for. In addition, future efforts should assess how existing resources could be tailored to Filipino Americans.

Introduction

Today, Asian Americans constitute 5 percent of the total U.S. population and are the fastest growing racial/ethnic group in the United States (U.S. Census Bureau, 2004). They represent a diverse community comprising over 30 countries of origin and representing various cultures, traditional beliefs, religions, years in the U.S., degrees of acculturation, levels of English proficiency, and socioeconomic status. It is projected that by the year 2050 there will be 33.4 million residents whose only race is Asian, which translates to a 213 percent increase, compared to a 49 percent increase in the U.S. population as a whole over the same period (U.S. Census Bureau, 2004). Yet, despite rapid increases in the population during the last three decades, Asian Americans remain one of the most poorly understood and neglected racial/ethnic minority groups (Lin-Fu, 1993; Ghosh, 2003).

This challenge is reinforced by the inadequate numerical representation of Asian Americans in national surveys and research studies, consequently creating an incomplete picture about their health status (NHLBI, 2000). Furthermore, the limited data that does exist on Asian Americans is typically aggregated,

thereby masking the particular needs of various Asian American subgroups.

This issue is being recognized through the development of research centers and community-campus partnerships to address health disparities among Asian American populations. In 2003, the NYU School of Medicine received funding through the National Institutes of Health's National Center for Minority Health and Health Disparities to establish the nation's first Center for the Study of Asian American Health (CSAAH). The multi-year grant is devoted to the particular healthcare needs of Asian American communities in New York City and nationwide, providing a central location for the comprehensive evaluation and treatment of health problems affecting these communities. The mission of the Center for the Study of Asian American Health is to reduce health disparities in the Asian American community through research, training and outreach.

In order to better understand the particular health concerns and challenges facing the Asian American communities in NYC, CSAAH is conducting a series of community health needs and resource assessments (CHNRA) among specific Asian ethnic subgroups. In recognition of Filipino Americans being among the most underserved and under-researched communities, CSAAH collaborated with several community groups to implement a community-wide health initiative to address the health needs and concerns of the Filipino American community in the New York Metropolitan Area. This **Filipino Community Health Needs and Resource Assessment** is exploratory in nature, using formative research methods to identify the key health challenges facing this community.

The purpose of the health needs assessment is to identify the following:

- **Degree to which health issues exist in the Filipino American community;**
- **Resources available for Filipino Americans; and**
- **Best approaches to meet the needs of the Filipino American community.**

The study activities included an assessment of the current state of health literature on Filipino American health, perceived community health status, health seeking behaviors, barriers to care, health resources available, and community formation and solidarity. As far as the authors of this study are aware, this is the first attempt to systemically document the health needs of Filipino Americans in New York City (NYC) and Jersey City, New Jersey. Each of these issues will be examined to identify health priority areas and strategies that will guide health education material development, more comprehensive community outreach initiatives, and future research projects targeting the Filipino American community in the Tri-State Area. This report focuses on CHNRA activities conducted in New York City and will present a demographic profile of Filipino Americans, description of primary findings, and community recommendations.

Who are Filipinos in NYC?

HISTORICAL OVERVIEW

The first Filipinos landed in the United States in Morro Bay, California in 1587, via Spanish galleon ships en route to Mexico and Spain. The first documented Filipino settlement was in 1763 in the bayous of Louisiana and consisted mostly of *Manilamen* who escaped the brutality of Spanish galleon ships. Subsequent immigration waves have included, students (also known as *Pensionados*) who were sponsored by the U.S. government to study in American colleges and universities in the early 1900s, contract laborers (also known as the *Manongs*) and non-sponsored students from the 1910s–1940s, as well as professionals (e.g., nurses, doctors, engineers) who migrated to the U.S. after the Immigration Act of 1965 (Posadas, 1999). Given the current state of economic and political instability in the Philippines and the desire for many to reunite with their family members in the U.S., Filipinos from every sector of the community continue to immigrate and settle in the United States today.

(IM)MIGRATION & SETTLEMENT IN NYC

An examination of Filipino immigration patterns and sociodemographic characteristics provides the context to understand health barriers faced by the Filipino American population. With a population of over 2.4 million, Filipino Americans are also the second-largest immigrant population in the nation behind Mexican Americans and the second largest Asian subgroup in the nation after the Chinese population (Posadas, 1999). However, these numbers undercount the actual population, since there are also an estimated one million undocumented Filipino American immigrants in the U.S. (War, Immigrants, and the Economy, 2003). Moreover, it appears that the number of Filipino immigrants will continue to grow in coming years due to social, economic, and political crises in their homeland.

In recent years, new settlement patterns have resulted in sizable new Filipino immigrant communities (Fix and Passel, 2001). While most Filipino Americans have traditionally settled in California and Hawaii, a steady increase of Filipinos settling in other parts of the U.S., particularly the Northeast, has occurred recently. A large majority of Filipinos came to New York between the late 1960s to early 1980s to fill labor gaps in sectors such as health, engineering, and accounting or due to the exacerbated economic crisis in the Philippines. From the 1990s onward, trends have shown a growing influx of Filipinos who came to the NYC on tourist or work visas. Many of these individuals have overstayed past their visa terms and take jobs in the service sector, including domestic work and the food service industry. In addition, many young 2nd generation Filipino Americans from other parts of the U.S. have also made their way to NYC to pursue educational pursuits or career opportunities.

With its shorter history of Filipino (im)migration and settlement compared to traditional settlement locations such as the West Coast, NYC does not have as many established networks and resources to support Filipino immigrants. This results in significant implications for Filipino American health. While several characteristics for the Filipino American community nationally are consistent with the Filipino American population in New York City, there may be particular differences in these characteristics based on the geographic, political, economic, and cultural landscape of the Northeast. Moreover, since much of the research studies involving Filipino Americans has taken place in highly-populated Filipino states like California or Hawai'i (Filipinos in the United States, 2004), it may be difficult to generalize the experiences of Filipinos to other states or regions with smaller numbers of Filipino residents. Given this, it is important to recognize and understand how these dynamics may in turn impact the community's socioeconomic and health outcomes.

Filipinos in NYC: Snapshots from the Census

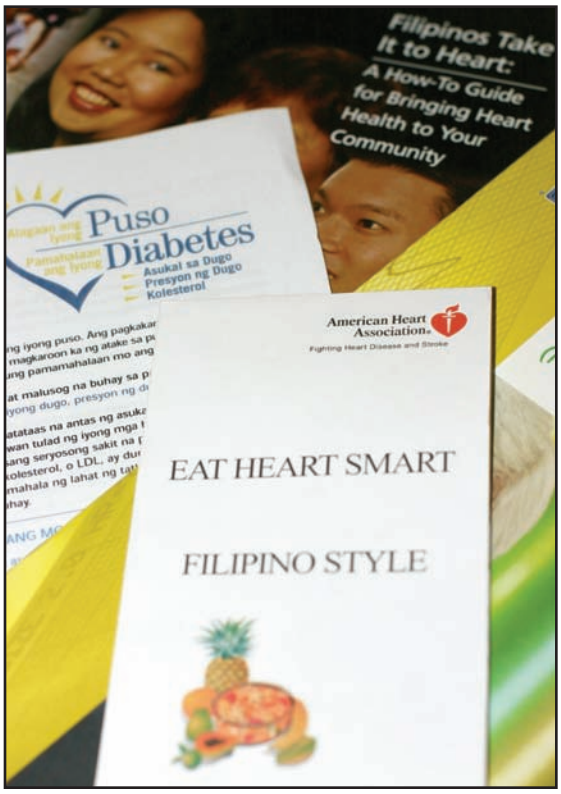
Source: 2005 American Community Survey, United States Census

Growth of Filipino population: 44% increase in NYC from 1990 to 2000 (United States Census, 2000).

- NYC has the **4th largest** Filipino population behind Los Angeles, San Francisco, and Honolulu
- Filipinos are **4th largest** Asian American ethnic group in New York City, behind Chinese, Indian, and Korean Americans

Total Number of Filipinos in NYC: 71,568 (63% of total New York State Population)	
Country of Origin	
U.S. Born	28%
Born Outside of the U.S.	73%
Citizenship	
U.S. Citizens	67%
Naturalized U.S. Citizens	54%
Entry into United States	
Entered 2000 or later	20%
Entered 1990 to 1999	32%
Entered before 1990	49%
Gender Distribution	
Overall	56% women, 44% men
Working Age Adults (18-64 years)	58% women, 43% men
Educational Attainment	
No high school diploma	6%
College degree or higher	65%
Language Spoken at Home	
English only	27%
Language other than English	73%
English Proficiency (Population 5 years and over)	
Speaks English less than “very well”	23%
Employment Status (16 years and older)	
In labor force	68%
Not in labor force	32%
Income	
Median Income	$70,911
Per Capita Income	$32,523
Average Number in Household	
Owner-occupied unit	3.28
Renter-occupied unit	2.61
Housing Tenure	
Owner-occupied housing unit	40%
Renter-occupied housing unit	60%
Poverty	
Overall	5%
Children under 18 years of age	9%

Assessing The Current State Of Filipino American Health Literature



A literature review of health research studies was conducted to determine the current state of research on Filipino American health. The review consisted of more than 100 peer-reviewed journal articles published between the years 1977 to 2004 using the Pubmed/Medline database.

For the purposes of this literature review, conference proceedings, unpublished manuscripts, newspaper articles, and other non-journal reports/studies were not included. Some of the major health research articles with Filipino Americans nationwide include the following:

CARDIOVASCULAR DISEASE

According to the Monthly Vital Statistics Report, heart disease was found to be the leading cause of death for Filipino Americans and stroke was found to be the third leading cause of death (Kuo & Porter, 1998; Tamir & Cachola, 1994). Some studies have discovered that Filipino American men and women have a higher prevalence of hypertension in comparison to Whites (79% vs. 61%) (Ryan, Shaw, & Pliam, 2000) and also in comparison to other Asian subgroups (Klatsky, Tekawa, & Armstrong,

1996; National Heart, Blood, and Lung Institute, 2000). Earlier studies have discovered that overall prevalence of hypertension was second highest for Filipino Americans (26.6%), next to African Americans (33.8%) (Stavig, Igra, and Leonard, 1988). In the same study, it was found that Filipino men ages 18-49 years had the highest rates of hypertension over all racial/ ethnic groups (30.5%), and that Filipinos over age 50 years had higher rates of hypertension over other racial/ethnic groups (60% for men, 65.2% for women) (Stavig, Igra, and Leonard, 1988). Another study discovered that Filipino women over age 50 years had higher prevalence of hypertension than both African American women and the general population of women (Health Status of Asian and Pacific Islander Americans in California, 1997).

In addition to hypertension, several studies reveal that Filipino immigrants are at risk for coronary heart disease, stroke at midlife and old age, and diabetes (Nora & McBride, 1996). One study revealed that 1 in 3 Filipinas had diabetes, in comparison to 1 in 11 non-Hispanic White women. In this same study, 90% of Filipinas that were diagnosed were not obese and 60% of these Filipinas did not know they had diabetes (Filipino Women at High Risk for Diabetes, 2002). An earlier study reported that male Filipinos aged 55-64 years who were in Hawaii before 1931 had 61% higher death rate from coronary heart disease than men in the Philippines (Gerber, 1980).

CANCER

Cancer was found to be the second leading cause of death for Filipino Americans (Hoyert & Kung, 1997). The prevalence of different types of cancer in Filipino Americans varies according to country of birth and gender. One study showed that primary liver cancer was more common in Philippine-born Filipino men than for American-born Filipino men, and that both were higher than Whites (Rosenblatt, Weiss, and Schwartz, 1996). Another study found that Philippine-born Filipina women had 3.2 times the rate of thyroid cancer of American-born White women, while American-born Filipina women were not at any increased risk than White women (Rossing, Schwartz, and Weiss, 1995). Philippine-born Filipino men had 2.6 times the rate of thyroid cancer of American-born White men, while American-born Filipino men had 1.5 times the risk of White men (Hoyert & Kung, 1997). Finally prostate cancer was found in higher rates in Philippine-born Filipino men than in American-born Filipino men (Dela Cruz et. al, 2002).

TUBERCULOSIS

Filipino immigrants have the highest numbers of tuberculosis (TB) cases out of all Asian immigrant countries, and are only second out of all immigrant groups behind Mexican immigrants to have TB (Dela Cruz et al., 2002; Filipino Health Brief, 2004). One study which found that Filipinos believed TB to be extremely contagious supports the notion that cultural stigma and social isolation may lead some to deny their illness, not seek attention, or attempt to hide their illness (Yamada, Caballero, & Matsunaga, 1999). Because many Filipinos may not acknowledge being diagnosed with TB, there continues to be a paucity of available research and outreach interventions that specifically focuses on TB among the Filipino community.

HIV/ AIDS

According to the Filipino Task Force on AIDS

(2001), HIV/AIDS was the leading cause of death for American-born male Filipinos between 25-34 years old in the state of California (http://www.ftfa.org). HIV/AIDS was also the second leading cause of death for all Filipino immigrants in the state. In fact, Filipinos have the highest percentage of HIV/AIDS in the Asian/Pacific Islander American community, contributing to 32.4 percent of the total number of reported Asian/Pacific Islander HIV/AIDS cases in California. (Chinese Americans, who ranked second, produced 14.3% of the total amount of HIV/AIDS cases).

MENTAL HEALTH

There has been very little research that has investigated the mental health experiences of Filipino Americans (Filipino Health Brief, 2004; Nadal, 2004). Generally, research has shown several trends about Asian Americans and mental health, including a common underutilization of mental health resources by Asian Americans (Uba, 1994). In a study on the prevalence of depression in Filipino Americans (both Philippine and American born), it was revealed that 27% of the community sample was found to have a major depressive episode or clinical depression of varying severity. The prevalence rate for this particular Filipino American sample was significantly higher than the U.S. general population, which is usually reported as 10-20% (Tompar-Tiu & Susento-Seneriches. 1995). The same report found that common stressors among clinically depressed Filipinos include geographic separation or alienation from family and financial difficulties.

SUBSTANCE USE AND ABUSE

Alcohol and tobacco use is a common behavior in the Filipino and Filipino American community (Berganio, et. al, 1997; Nadal, 2000). It is accepted and often encouraged for Filipino men to be heavy drinkers and for women to abstain. High prevalence of alcohol use among Filipino men may be a result of prescribed gender roles in Filipino culture, in which men are taught to be strong, macho figures, while women are taught to be graceful and demure (Nadal, 2000). In one study, it was found that 80% of the Filipino males were drinkers and that 50% of the Filipina females abstained from alcohol altogether (Lubben, Chi, & Kitano, 1988). Another study discovered that one-third of the Filipino American males were heavy drinkers and that only 10% of them abstained from alcohol (Chi, Lubben, and Kitano, 1988).

In terms of smoking, data from the 1992-1994 National Health Survey showed that 26.5% of male Filipinos were current smokers, that 23.2% were former smokers, and that only 50.3% had never been regular smokers (Kuo & Porter, 1998). Another study showed that Filipino adolescents had the highest risk of smoking initiation in comparison to other Asian groups (Chen & Unger, 1999). Finally, one study showed that Filipino American men had the highest rates of smoking in comparison to other Asian groups; the prevalence of smoking for Filipino men was 32%, 30% for other Asians, 22% for Japanese, and 16.2% for Chinese (Klatzy and Armstrong, 1991). The same study found that Filipina women had the second lowest percentages of smoking in terms of ethnicity and gender. Again, this may support the aforementioned cultural value that gender roles will encourage substance use for Filipino men and not for Filipina women.

GAPS AND LIMITATIONS

The review also revealed several gaps and

limitations to current data on Filipino American health.

1) **Data on Filipino American health is limited.** The dearth of data on Filipino Americans can be demonstrated by the number of published articles concentrating on this population. For instance, a search with the term "Asian American" in the PUBMED database search retrieved over 2,300 articles between the years 1975-2004; of these, only 109 articles included a Filipino American sample. In addition, a study of Filipino source materials found that an average of 2.7 articles a year were published on Filipinos between the years 1920-1990 (Circia-Cruz, 1994). One study cites that in a Sociofile search for the past twenty years, covering 1600 journals and abstracts, Filipinos were the focus of only 8 of the 254 articles (3 percent) produced on Asian Americans (Wolf, 1997). Moreover, it was found in the same study that in psychology abstracts, 25 out of the 675 studies (3 percent) concentrating on Asian Americans, centered on Filipino Americans. This paucity of available data on Filipino Americans alone testifies to the need for further research in areas such as health. In so doing, a more accurate profile of the community's key concerns and challenges can be created.

2) **Research on Filipino American health is unevenly distributed by geographic region.** Most research on Filipino Americans in the U.S. has concentrated on populations living in the West Coast, particularly in California and Hawaii. Though these growing Filipino immigrant communities in the Northeast may share many commonalities with their West Coast counterparts, the social, political, cultural, and economic realities of individuals living in these communities are markedly different. Reasons for their immigration, employment status, and integration in the U.S. all greatly impact the health status of these communities. Thus, considerable research is needed to understand the particular health needs of these growing Filipino American communities, particularly in the New York Metropolitan area.

3) **Sample sizes are not sufficient for meaningful analyses.** Asian Americans, let alone Filipino Americans are underrepresented in clinical trials and in national and local health data, such as the National Health & Nutrition Examination Survey or National Health Interview Survey. Of the literature reviewed, sample size of Filipinos ranged from 20-22,598.

4) **The variation in race classification of Filipino Americans results in inconsistencies and underestimations when it comes to health data such as mortality data.** For instance, Filipinos fall under the Asian category in the U.S. Census. However, Filipinos are considered Pacific Islander in the U.S. Dept of Education classifications. In California, Filipinos are able to check off a separate box apart of Asian American and Pacific Islander. Lastly, Filipinos may also be miscounted as Hispanic/Latino because many have Spanish surnames.

Collecting Community Input

Results from survey, focus groups, and key informant interviews

MAJOR HEALTH CONCERNS

The overwhelming majority of survey participants indicated cardiovascular disease (CVD) as a major health concern followed by cancer and access to health care issues (Figure 1). This is consistent with national statistics showing that heart disease, cancer, and stroke are the three leading causes of death for Filipino Americans (Table 1, see next page).

FIG. 1: Major health concerns that one or one's family faced

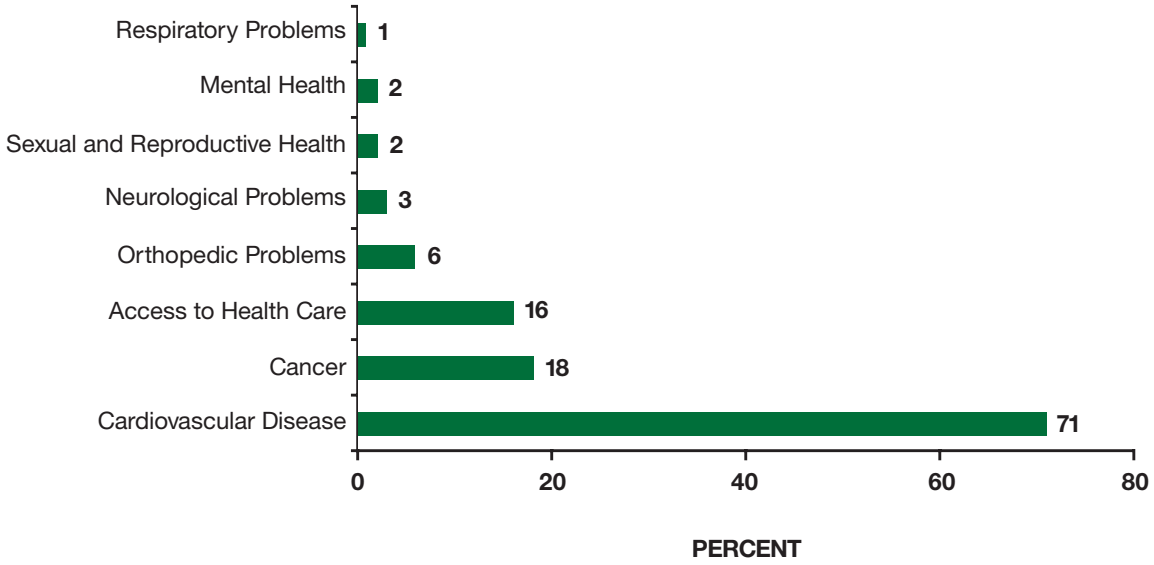


TABLE 1: Leading Causes of Death
(Monthly Vital Statistics Report Vol. 46, No. 1 (S), August 14, 1997

1992	RANK					
	Both sexes		Male		Female	
Cause of Death	Filipino	All, API	Filipino	All, API	Filipino	All, API
Diseases of the heart	1	1	1	1	1	1
Cancer	2	2	2	2	2	2
Stroke	3	3	3	3	3	3
Accidents and adverse effects	4	4	5	4	4	5
Pneumonia and influenza	5	5	4	5	5	4
COPD and allied conditions	6	6	6	6	7	7
Diabetes mellitus	7	7	7	9	6	6
Homicide and legal intervention	8	9	10	7	--	--
Suicide	9	8	9	8	--	8
HIV infection	10	--	8	10	--	--
Congenital anomalies	--	10	--	--	8	--
Nephritis, nephritic syndrome, nephrosis	--	--	--	--	9	9
Hypertension	--	--	--	--	--	10
Septicemia	--	--	--	--	10	--

CARDIOVASCULAR DISEASE

Focus group participants also identified heart disease or one of its risk factors as a key health problem affecting them or their families. These included high cholesterol, diabetes, high blood pressure and obesity. This was reiterated by key informants as well. Participants often attributed cardiovascular problems to the Filipino diet (e.g. food preparation and eating habits, such as the consumption of large portions during social events). A church outreach worker states,

> **"My father-in-law died of a myocardial infarction [heart attack]… because of the diet. He loves salted food. Salty things like patis (fish sauce). They love bagoong (salted shrimp paste)."**

Access issues also compound these ailments. For instance, the difficulty of seeing a health provider prevents one from properly monitoring his or her high blood pressure. One advocate reports,

> **"Most of these women... They're predisposed to high blood pressures and most of the time they are not able to see a nurse or a doctor so they're not able to monitor their blood pressures."**

NUTRITION & EXERCISE

Perceptions about CVD prevention (e.g., proper nutrition and physical exercise) varied among participants. Young professional focus group participants in particular recognized the importance of good nutrition and exercise and perceived their peers and older Filipinos as starting to engage more in healthy lifestyle choices, such as physical activity. One young male professional noted,

> **"Even the older Filipinos here in New York… They're starting to join health clubs. They're playing tennis more. They're doing all of these that they wouldn't necessarily do if they were in the Philippines because they're here. You got everybody [in] the gym, in the park jogging, [and playing] tennis."**

Participants often attributed healthy eating and exercise habits to growing up with American cultural influences such as current health conscious trends, and the choice to eat American foods which was perceived to be healthier that traditional Filipino cuisine. As a female young professional reported,

> **"[Traditional Filipino eating habits] are not as healthy, but if you think of the people growing up here in New York, being influenced by certain things, they are tending to be…be a little bit [healthier]. That's the whole craze right now."**

Yet, despite this recognition of living a healthy lifestyle, many generally felt that Filipinos do not hold fast to healthy eating habits. When asked to describe traditional Filipino cuisine, participants described it as "fried", "oily or greasy", "salty", "fatty" or "all sugar." Furthermore, in addition to the way in which traditional Filipino foods are prepared, eating habits among Filipinos were identified as leading to certain health problems such as heart disease. These eating habits were attributed to the social nature of the culture and the availability and affordability of food in the U.S which contrasted with their situation in the Philippines.

Participants also discussed the lack of exercise by members of their families. Some reasons for not exercising that were discussed include a lack of time, a lack of access to exercise facilities, and the notion that exercise was more of an American phenomena more so than a Filipino one.

MENTAL HEALTH

Focus group participants and key informants in this study consistently identified mental health issues, particularly, stress and anxiety as major health concerns among Filipinos. Several participants attributed these concerns to the adjustment to life in the U.S. and transitioning into a new culture for newly arrived

immigrants. There is often an emotional toll from being physically apart from family in the Philippines. Mental health issues were faced by all age groups - children, adults, and senior citizens in the Filipino community. In particular, participants identified bicultural identity conflict among Filipino Americans as well as the stress that is related to school, work, family problems, and the environment of New York City. A child welfare advocate notes,

> **"I think just the stress of you know, balancing being a Filipino and being an American. The stress of identity and just the environment we live in: New York City, you know?"**

When asked to describe the health of Filipinos, one participant noted,

> **"They're overworked. Overstressed… especially nurses."**

Furthermore, social isolation amongst seniors was mentioned numerous times as a source of stress for this subgroup. A case manager commented,

> **"They [seniors] are left in the house. The mere fact that they cannot go out is stressful for them."**

WOMEN'S HEALTH PROBLEMS

Women's health problems are also a major issue mentioned during the focus groups and key informant interviews. One key informant, a retired physician, notes that shame or embarrassment regarding reproductive or sexual health care with providers is a barrier to seeking preventive health care services.

> **"God forbid you allow anybody to do a breast examination. God forbid you allow anybody to do a pelvic exam for reproductive health… that's a no-no."**

Another key informant noted that although basic reproductive health screenings, such as pap smears and mammography, were important to many middle aged women, access barriers hinder them from seeking this care. Participants mentioned that foregoing routine check ups was due to the lack of health insurance.

SUBSTANCE USE AND ABUSE

Youth and young professional focus group participants shared their perceptions of the prevalence of substance use and factors influencing use for themselves, their peers, and older generations in the Filipino community. For instance, tobacco and alcohol use were recognized as a highly prevalent and socially acceptable behavior in the Filipino American community. One young professional participant noted,

> **"A lot of our uncles drink beer. It's [a] social thing. It's an acceptable thing, and it's acceptable to even have underage drinking..."**

> **"It's also hard to turn down a drink when you're offered [one] from one of the uncles...because they're older than you and you want to be nice."**
>
> *– Male young professional.*

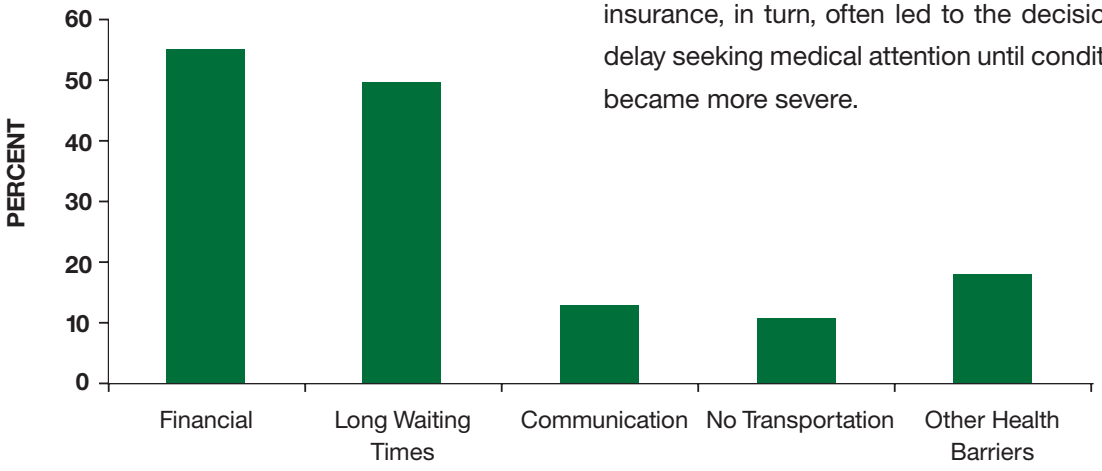
Participants also alluded to the social norm of tobacco and alcohol use in one's environment as encouraging use, such as in the Philippines, or in the college setting. Participants noted that smoking was usually started during college among young Filipino Americans. However, a key informant mentioned smoking initiation was common among younger adolescents in the Philippines.

> **"I went to the Philippines and that's how I started smoking than being in the United States... because everyone smokes in the Philippines. But I think it's just that it's a bigger health issue than people might think of."**
>
> *– Male young professional.*

LACK OF COMPREHENSIVE HEALTH INSURANCE COVERAGE

When asked to identify what type of difficulties they experience when seeking health care, the majority of survey participants indicated that they experience financial barriers to care (e.g., no health insurance or health services are expensive), as indicated in Figure 2. Focus group participants and key informants reiterated that cost considerations often influenced the decision to seek health care. Several participants discussed the lack of comprehensive health insurance coverage as a primary access barrier. This was especially true for low-wage earners or undocumented workers who often do not have any health insurance coverage. A lack of insurance, in turn, often led to the decision to delay seeking medical attention until conditions became more severe.

FIG. 2: Type of Difficulties Experienced When Seeking Health Care



> **"Health affordability is also an issue because if you don't have insurance you get a high rate right? That's why most of our members shy away from doctors until they're really very sick..."** - *Immigrant Rights Advocate*

The act of sending money back home to support family in the Philippines along with attempts to survive on low wages was also reported to impact the ability to afford or prioritize seeking health care. Many participants indicated that health becomes a low priority when competing with other priorities such as familial obligations (e.g., paying rent, children's needs, etc.).

In addition, several participants from the senior focus group described the confusion they experience related to insurance coverage eligibility. Some seniors who were not American citizens complained that they did not qualify for certain types of insurance or were confused about eligibility criteria. While others indicated that there was not enough insurance coverage for their particular health needs. The participants also agreed that the high costs and high payments were also financially detrimental.

> **"We have Medicaid, Medicare and private insurances. But some of us sometimes pay to make use of the insurance. Maybe lack of knowledge or lack of information or lack of contact with providers."** – *Male senior*

LANGUAGE AND COMMUNICATION

Despite Filipinos reporting high English proficiency compared to other immigrant groups, participants emphasized that communication barriers still exist between Filipinos and their health care providers. Informants noted that language barriers tended to be experienced more by the older age group and immigrants who had less educational attainment.

Participants noted how besides language, different communication styles of Filipinos (e.g., nonverbal cues and cultural nuances) affected patient-provider interactions.

> **"Sometimes [a patient] tells you, 'no' when it's really 'yes'… So it's not just the language itself but the communication barrier… There are certain habits of Filipinos."**
> *- Retired physician*

> **"My Lola (grandmother) really felt uncomfortable having the doctor speak to her by her first name because she was always used to being called Mrs. Mercado… It's just a thing in America. You just speak to someone by their first name. But a lot of older people prefer to be called by their formal name. I think there's a line between being comfortable with someone and being too disrespectful."** - *Male college student*

LACK OF KNOWLEDGE/ MISINFORMATION

Several of the participants discussed how lack of knowledge and misinformation might be another barrier to accessing health care. For instance, it was often mentioned that despite the fact they may be entitled for services, many Filipinos are misinformed or unaware of eligibility requirements and hence do not access the

services they need. A lack of awareness of their basic rights, as well as what services exist to meet their needs were other reasons cited as access barriers.

> **"Knowledge. They don't know how. Misinformation... if they don't know where to go they don't know they are eligible for all those things ... That's why they cannot access those services."** *– Case manager*

> **"We have several friends who have just died or are becoming very sick seriously because of a lack of screening. You know some of these people [have] 3 or 4 [health] insurances [plans]. Because of ignorance or laziness or lack of information or no contact."**
> *– Male senior*

DISCRIMINATION AND RACISM

Many participants shared that discrimination and institutionalized racism was an obstacle to health care. This was particularly expressed by senior citizen participants and advocates that worked with undocumented workers.

> **"And even if they are eligible, they don't know how to go about it because sometimes their complaint is they can not go to that office, because at the office, some of the persons there are rude…so that's one of the tensions."** *- Case manager*

> **"I was talking to somebody, an American. Pure American. He was born here. And he was working here. He questioned me, 'Why are you people getting money from [our] government? You are not working here'."**
> *– Female senior*

LACK OF PROPER IMMIGRATION DOCUMENTATION

Undocumented Filipino immigrants were often identified in this study as a particular subgroup experiencing numerous barriers to health care. Although participants noted that this group may be eligible for some services, undocumented Filipino immigrants generally do not access services due to fear of deportation or diminishing their chances to apply for a green card.

> **"Health is a big concern in our community... Because most of them are undocumented naturally they don't have access… to social services in the city and naturally they are not given health insurance although there are exceptions that were able to find decent employers. The majority do not have coverage and do not have access."** *- Immigrant rights advocate*

> **"A lot of people qualify [for certain services], maybe they just don't know or are afraid to apply. There's also the fear, especially if you are an illegal… the fear of authorities and being found out and being sent home."** *- Child welfare advocate*

HEALTH SEEKING BEHAVIORS

STIGMA/CULTURAL TABOOS/SHAME

Results from the focus groups and key informant interviews indicate that there are several health problems that are not discussed amongst Filipino Americans. There was a general consensus that a majority of Filipinos do not like discussing health issues with others, particular those with a stigma attached to it. These include mental health and sexual health issues such as sexually transmitted diseases, HIV/AIDS and teen pregnancy. It was noted that Filipinos were not likely to seek care for a medical problem that may reflect themselves or their families in a negative light.

> **"Mental health… is still not being addressed even though we're very open compared to like the Chinese community… We're very westernized but there's still a stigma for seeking counseling, you know. Counseling is for crazy people."**
>
> *- Child welfare advocate*

> **"That's more of a shame if you go through with the [teen pregnancy]. So if can take care of it hush-hush. That's even [a] more viable option."**
>
> *- Male young professional*

Others also spoke about how some Filipinos view bad health outcomes as being a result of karma or a sign from God.

> **"There also seems to be a thing in the culture that if something bad happens to you it seems to come from way back when. It seems like you deserve it."** *- Female college student*

> **"I guess the impact of religion that is very strong. Religion is so strong… in general and on health. The attitude of well, 'Everything is bad, I leave it up to God."** *- Retired physician*

Lastly, participants also indicated that there was stigma associated with asking for assistance particularly for programs such as Medicaid. Seeking public benefits was looked upon as a shameful and often associated with pleading or begging. Senior participants commented that their children would rather provide for their healthcare needs instead of having their parents be public benefit recipients.

> **"Your children cannot even help you at all anymore. You become sort of a pauper. That your children will not accept. After all, they're all well placed, I guess. They're all established…They feel it is their obligation to keep their parents alive and happy. If you go to the government [to] seek for [public benefits]… you are actually begging for some benefits. You know how it is."** *- Male senior*

HEALTH AS A COLLECTIVE DECISION

Health as a collective, family decision was also mentioned as a factor affecting health-seeking behaviors. While decisions made within the family may lead to family support and care, saving face within the family also at times deterred Filipinos from seeking outside help.

> **"And there's also the sense that we need to keep everything within the family and if we can't deal with it in the family, maybe go to the Church, you know."** *- Child welfare advocate*

Seeking health advice from family members in the health field was mentioned by some participants as a common practice before seeking medical attention from other providers.

> **"Well I think in the Filipino culture if you're ever sick, you're going to call your Auntie or Uncle who's a doctor."** *- Female young professional*

However, there were also participants who did not refer to family members for certain health conditions for fear of worrying their loved ones.

> **"I think that they just don't want to let people know because they don't want them to get hurt. I know [when] my mom is sick and my dad has symptoms… they don't tell us because I mean, I'm probably going to do bad in school."** *- Female college student*

DELAYED CARE AND TREATMENT

Participants mentioned that it was common for Filipinos to forego preventive services and to only seek care when conditions had worsened. This delay in care and treatment was attributed to a lack of insurance, denial/fear of diagnosis, and the notion that prevention is not a commonly accepted idea among Filipinos.

> **"I think that Filipinos, the culture that they were probably raised in the Philippines, they don't want to go to the doctor until they're about to die… Whereas, American culture is all about preventive medicine, taking care of yourself when you feel something wrong, you go to the doctor."**
>
> *- Female young professional*

> **"Even though they go to the doctor they won't necessarily follow up on the tests… You're sort of supposed to get different tests when you turn a certain age. I know a lot of Filipino men seem to want to pretend that they're invincible."** *- Male college student*

PERCEPTION OF COMMUNITY FORMATION AND SOLIDARITY

COMMUNITY ASSETS & STRENGTHS

When asked to describe the Filipino American community's assets and strengths, participants mentioned the desire for Filipinos to care for each other, both in the United States and in the Philippines. Words they used to describe the community's assets and strengths included "hospitable", "generous", hardworking", and "family-oriented". These words characterize the Filipino tradition of "Bayanihan" or the spirit that motivates Filipinos to come together and help each other in times of need. It is the spirit of mutual assistance, mutual caring, sharing of responsibilities and problems as well as good fortune.

> **"Their strength is… they work together. Their sense of community… Some of them tend to shy away… but some [do] not. They tend to connect to each other."**
>
> *- Immigrant rights advocate*

> **"I think that the Filipino culture engrains family values. Be close to our family and your extended family. And I think that's something very important. It's unique to Filipinos that we know**

all of our cousins… which really isn't in American culture and I think that's a very important, unique, and good thing." *- Female young professional*

"That's what Filipinos are… wanting to take care… wanting to bring the ones that are on the bottom [up]… wanting to help them out to bring them up to top or up a little. I think in general, that's how we are."
- Male young professional

"We take pride in who we are and in our culture and our religion. So, a lot of wonderful things about Filipinos. It's just again you have to work together, we want our community to be better." *- Child welfare advocate*

"Even though they're not my relatives, I consider them a relative. We call them Tita (Aunt), Tito (Uncle)… it's to show respect… the camaraderie is there." *- Church outreach worker*

Another asset identified by Filipinos is strong connection to religion. For many, the church is the cornerstone of their community and a common gathering place.

"For the 22 years of my life there [in the Philippines], you can not erase those values, those beliefs. The influence of religion and other customs that we have, right?"
- Retired physician

"It's wonderful because Filipinos are excellent in their dedication to the church. They're very religious; you know what I'm saying? … and if you tap [into] them, they would participate in anything."
- Church outreach worker

LACK OF COMMUNITY COHESION AND COLLABORATION

In spite of the fact that many participants described a number of strengths of the community, some shared different ideas about what community unity meant to them. Some describe the division based on socioeconomic status, power struggles among community members, the inability to organize or mobilize each other, or discrimination from other Filipinos.

"I do think there's a lot of divide between different classes and how your were raised."
- Male college student

"I think in general, they want to keep this united front… and that can be good and bad. Personally, I can't say that the Filipino community is united, because there are too many agendas that I see."
- Female young professional

"That is the biggest problem I notice for Filipinos. Other minorities like the Koreans, Southeast Asians, they are very unified. They have a strong organization. What is the organization here for Filipinos?" *- Retired physician*

One participant conveyed that community isolation may also lead to the lack of seeking resources outside of the Filipino American community.

> **"There's a little bit of isolation going on. And I think it can be by choice in many ways. There are times when we do feel like…we understand each other better as Filipinos. We tend to work just with Filipinos…So in some sense there's some isolation going on. And as a result we don't get the services that we need or we deserve or that we have access to because we're so[used to] doing our own thing that we don't really have access to outside people or have connections to the outside people."**
>
> *- Child Welfare Advocate*

Others also discussed the lack of willingness for community members to become involved in initiatives or organizations serving the Filipino community.

> **"There is a growing sense of community but there are challenges. Plus most of them are pre-occupied with making a living for their families. They do not prioritize giving time to organizations although they sympathize with what [we] are doing. They find it difficult to sacrifice some of their time to the organization."**
>
> *- Immigrant rights advocate*

LACK OF LEADERSHIP/POLITICAL REPRESENTATION

Participants agreed that there was a lack of leadership or political representation of the Filipino American community. Because Filipinos do not have elected officials, many community members felt that they are marginalized and have no voice. Participants also described that they do not have any advocates that support their needs and are aware of the Filipino community's issues.

> **"We don't really have as much presence in a way. We don't really have elected officials …we don't have somebody to represent the Filipino community in the public arena and show people that we're invested in these communities and want to make a difference and therefore can make a difference."** *- Child Welfare Advocate*

> **"I think our generation needs to be more politically active."**
>
> *- Female college student*

> **"One of the Americans said that there's actually no Filipino vote because [we] tend to adapt with the 'Americans'. Not like the Chinese. The Chinese have the Chinese vote."**
>
> *- Male college student*

EXPERIENCES RELATED TO IMMIGRATION

ECONOMIC DRIVE FOR MIGRATION

Many of the key informants discussed the impact of immigration on the lives of Filipino Americans. They shared that immigration to the United States was largely driven by economic circumstances (e.g., lack of good paying jobs and career opportunities in the Philippines). They also spoke about the sending of financial resources, such as remittances, to support family members still in the Philippines. It is estimated there are over nine million Filipino migrants whose money remittances add up to 14 percent of the gross domestic product in the Philippines (De Parle, 2007).

When asked about the reasons for migration to the United States, participants responded,

> **"From the stories I gathered, some of them come here just, uh, forced to improve their economic status. Sometimes they have no jobs, good-paying jobs in the [Philippines]."**
>
> *- Case manager*

> **"They come as tourists and from that we can assume that you know most of them are middle**

class Filipinos trying to find means to support their [families] in the Philippines. The biggest dollar earner for the Philippine government now is the overseas workers, right? Filipino migrants in New York, specifically the domestic workers, here is a big part of that group who send money to support their families in the Philippines… And the Philippines you know there are no jobs there that's why most of the people come here or go to the other countries and if you dig deeper, 'Why are there no jobs?' It's because of the economic problems of the Philippines."

- Immigrant workers advocate

OCCUPATIONAL DESKILLING

Participants discussed the idea of occupational deskilling, in which Filipino immigrants may come to the United States with a certain level of education and career-related skills, however they may not be able to use these qualifications in their current job in the U.S.

"Lots of them have no papers. Some of them have papers but then they come here and they are already above 50 [years old] so they are having [a] hard time getting jobs like their jobs they have been holding before in the Philippines. So it's not equivalent to what they are doing here."

- Case manager

"The middle age Filipino women [have] no more job opportunit[ies] back home or even here… They cannot compete any more, you know. Even though she's a professional back home when she comes here especially if she's not a nurse or a physical therapist she has to study again."

- Immigrant worker advocate

FAMILY REUNION & SEPARATION

Another driving force for migration to the Unites States stated by the participants is to reunite with their family members who have come and settled in New York before them. However, the impact of separation is often heavy for some Filipino immigrants who have left loved ones behind.

"[Filipinos] come here for different reasons like you know educational opportunities or to join some family members here."

- Immigrants workers advocate

"Of course, there are also some who according to them, they have bad luck even if they are professionals. The common problem is those that left home and the emotional concerns because they are apart from their family. Sometimes it's draining their energy." *– Case Manager*

ADJUSTMENT TO LIFE IN U.S. & ACCULTURATION

Participants also talked about how acculturation plays a role in the experience of Filipino Americans in New York. For many immigrants, they may have different expectations before coming to the United States, based on the images or stories of the "American Dream" that were portrayed in the Philippines. As a result, many deal with a level of culture shock when adjusting to life in the U.S.

> **"[There is a] perception when you come here, what you read in the books about what's here [in the U.S.], and what's available to you. And yet when you come here, you realize it's not what you thought it would be when you realize the cultural barriers you have. The first generation has a lot of adjustments to make…"**
>
> *– Retired Physician*

One participant also discussed there is a resistance to acculturation and identity struggle that that some Filipinos may face.

> **"But I think there are some families, some communities that don't want to be so acculturated into the American system. So there's a struggle between identity and you know like, for teenagers, 'Am I American or am I Filipino? I don't really want to be Filipino because I was born here, but I'm not fully American so who am I?'… Especially for children and adolescents, it's the issue of identity."**
>
> *- Child welfare advocate*

SOCIAL ISOLATION

Social isolation was another major concern especially for elderly Filipinos who were recent immigrants. Their adjustment to American life is markedly different from other members of their family due to the circumstances in which they came to this country. The elderly participants whose immigrant experience meant reunification with their families, namely their children and grandchildren, often experienced social isolation as a result of becoming the babysitter for their grandchildren. This role seemed to be combined with little connection to the outside community, which in turn, was associated with feelings of loneliness and isolation as illustrated in the following quotes:

> **"[Seniors] tend to be isolated especially if they're petitioned by their families to come here and they end up taking care of just the children. They don't have contact outside. They have a loss of identity as well. They have a loss of being and a sense of being useful, all they do is take care of the grandkids. I'm sure most of them love to but they don't have contact with people they know or they're familiar with…"** *- Child Welfare Advocate*

> **"I [wanted] to work in order to erase the boredom. But I have to take care of my grandson. So nothing happened. I did not work."**
>
> *- Female senior focus group participant*

Community Strategies to Address Filipino American Health

Participants were also asked to identify possible solutions and strategies to address Filipino American health concerns. Some of these recommendations involved community mobilization strategies (awareness raising, coalition building, and documentation of community experience) These include:

- Capturing the needs and resources of Filipinos through community assessments and research studies.

- Developing health education activities such as community forums and workshops in the areas of nutrition, physical activity, preventive care, stress management and immigrants' access to health care.

- Creating opportunities to bring together community members such as partnerships with health care professionals, schools and families.

- Developing health advocacy campaigns to increase awareness of prevalent health issues among Filipinos and local, state and national health policies.

Other recommendations included those that look specifically at health care systems and the delivery of care for Filipino Americans. These include:

- Increasing access to culturally and linguistically appropriate health care services (e.g., incorporation of religious beliefs and family-centered approaches into practice) and resources (e.g., development of a resource directory, translated health materials and forms in various Filipino dialects).

- Increasing the number of culturally competent health care providers serving the Filipino community (e.g., developing a pipeline of bilingual and bicultural health care professionals).

- Building the capacity of social service organizations to implement health programs.

- Improving access to resources and affordable care through the establishment of community health centers, particularly targeting vulnerable communities such as newly arrived immigrants, uninsured and the elderly.

Conclusion

Taken together, these findings signal the need to create effective, culturally appropriate strategies for increasing the Filipino community's access to health services such as cardiovascular disease prevention and treatment, cancer screening, and mental health. There is also a need for a more coordinated effort among those working towards improving the health of this community. Further research should be conducted on the needs of particular subgroups within the Filipino American population, such as newly arrived immigrants, youth and the elderly. Filipino American health issues should also be compared to other Asian Americans, as well as other communities of color to increase health providers' and community leaders' awareness of what health issues need to be advocated for and to understand how existing resources could be leveraged for Filipino Americans.

The findings from the Filipino Community Health Needs and Resource Assessment (CHRNA) was the impetus for the creation of the Kalusugan Coalition (KC). KC is a multidisciplinary collaboration dedicated to creating a unified voice to improve the health of the Filipino American community in the New York/New Jersey area through network and

resource development, educational activities, research, community action, and advocacy.

One year after the implementation of the CHNRA, CSAAH in collaboration with KC was awarded a planning grant from the National Institutes of Health, National Center for Minority Health and Health Disparities. Together, the partnership developed Project AsPIRE (Asian American Partnerships in Research and Empowerment), a health initiative that brings together community members and academic researchers to improve cardiovascular health, particularly hypertension, for Filipino Americans living in New York and New Jersey.

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Appendix

METHODOLOGY

A. BRIEF SURVEY

Self-administered, anonymous brief surveys were distributed to Filipino Americans at social and political community gatherings in New York City. These community gatherings included conferences, organizational meetings, health fairs, and social events. We collected a total of 135 surveys.

The survey asked participants close-ended and open-ended questions on the following 1) personal and/or family history of health problems, 2) barriers experienced when accessing health care, 3) possible strategies to address health concerns in the Filipino community, 4) additional comments concerning health care. In addition to these questions, the survey included information on demographics including age, gender, marital status, place of residence, current occupation, place of birth and length of stay in the United States. Open-ended questions were later coded into major themes/domains.

B. FOCUS GROUPS & KEY INFORMANT INTERVIEWS

In addition to the collection of brief surveys, six focus groups (total of 52 participants) were conducted to elicit an understanding of health perceptions of different sectors of the Filipino American community. Participants were asked to discuss their thoughts and experiences on the community's health status, health seeking behaviors, barriers to care, health resources available, and patient-provider interaction. Sample questions included "How would you describe the health of the Filipino American community," or "What are some of the major health issues that you or your family faces?" Focus groups took place at residences or common areas of gathering such as churches or community based organizations to encourage safe spaces and minimal distractions.

Additionally, five key informant interviews were conducted to gather in-depth information about Filipino American health from key leaders knowledgeable about the Filipino community in New York City. Key informants were contacted via telephone or email, and were given a standard letter explaining the purpose of the project and the role of the key informant interviews. The semi-structured interview questionnaire included open-ended questions about key challenges and/or barriers facing the Filipino community in accessing resources as well as which groups were most impacted by these issues. Informants were also asked to identify effective outreach strategies, current resources available for the Filipino community, and their sense of community among the Filipino population in New York City.