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## Tips for Working With Asian American Populations

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The term *Asian Americans* refers to people of Asian descent who are citizens or permanent residents of the United States. They reside in many communities, mainstream to small, isolated enclaves, and consist of many subgroups, such as Asian Indians, Cambodians, Chinese, Filipinos, Hmong, Japanese, Koreans, Laotians, Thais, Vietnamese, and “other Asian,” with 32 linguistic groups. Among this group, the Chinese and Filipinos are the two largest subgroups. There has been a lack of awareness of various health-related problems specific to this population, owing to the convention of aggregating health data. The stereotypes that Asian Americans are hard-working, intelligent, successful, and mentally healthy have masked social, economic, and mental health problems of the Asian American populations. It is critical for the health promoter to recognize the great diversity in cultural beliefs and practices, history, language, and generational differences characterizing each subgroup.

This brief “tips” chapter provides some fundamental information, suggestions, and recommendations for working with these different groups in health promotion and disease prevention (HPDP) activities. These tips have been distilled from the preceding three chapters and other sources (English & Folsom, 2007; English & Le, 1999; Green & Kreuter, 1991, 2005; Hiatt et al., 1996; Inouye, 1999; Ishida, 1999; Kline, 1999; McPhee et al., 1996; Pasick, D’Onofrio, & Otero-Sabogal, 1996; Pasick, Sobogal, et al., 1996; Sobogal, Otero-Sabogal, Pasick, Jenkins, & Perez-Stable, 1996; Chapters 1, 2, 6, 7, and 21–23, this volume). They are offered as general starting points that need to be considered for those involved in assessing, designing, implementing, and evaluating HPDP programs for Asian American population groups.

### CULTURAL COMPETENCE

The health promoter needs to develop cultural competency skills for working across

multicultural population groups. This is an especially important issue to be considered when working with Asian American populations characterized by such great diversity and differences connected to health practices and health-related problems. The following tips for the health promoter can help facilitate processes that will contribute to more effective HPDP programs:

- Seek to learn the history and immigration patterns of the specific ethnic group you will be targeting for HPDP interventions.
- Be aware that most new immigrants come from homogeneous ethnic countries and have been thrust into heterogeneous surroundings where their self-identity may be threatened and where they must often deal with this “differentness” as well as prejudices and racial bigotry.
- Become familiar with the particular target group’s specific cultural values, beliefs, and ways of life. These include forms of address and other verbal and nonverbal communication patterns, food preferences, attitudes towards health and disease, and related cultural characteristics that differentiate this group from other Asian American populations.
- Become familiar with the language differences within each group and how language adjustment was another stress that had to be overcome to function in a new country.
- Engage in active listening (rather than talking) and be alert to nonverbal cues because some Asian American populations tend not to disagree openly with health service providers, thereby avoiding conflict and embarrassment so as to maintain harmony. The nodding of heads might mean they are hearing but not necessarily agreeing with what is being said.
- Be alert to the correspondence between verbal and nonverbal behaviors, being careful to ask open-ended questions that elicit what the individuals or groups think about the situation, resources, or suggestions, as well as how comfortable they are with the available choices in terms of what they want and can live with.
- Be aware that although in many Asian American families one adult might be the spokesperson for the family, all members should be encouraged to voice their opinions.
- Be aware of the dynamics within the Asian American family. Because problems are generally handled within the confines of the family, concerns may not be shared with the health care provider unless there is a trusting relationship established.
- Seek to incorporate or assist planners in incorporating these cultural values, beliefs, and ways of life into the HPDP program or service where appropriate.
- Be aware that many different Asian American groups refer to their generational differences according to the arrival or birth in the United States and are, with your exploration, distinguishable by their various ages, experiences, languages, beliefs, and values.
- Recognize that acculturation is a critical factor in explaining risk behavior and health status. The more traditional the individual or group, the less likely the individual or group is to know about, understand, or practice Western approaches to HPDP.
- Be aware that for many Asian American subgroups, immigration caused a number of adjustment and acculturation stresses that might be related to their overall health and health practices, such as being forced to leave their homes, facing political exile, or being separated from family members.
- Seek to learn how differences in beliefs and values among different subgroups may help identify some of the possible areas of conflict and frustration experienced by new immigrants and sometimes later generations.
- Be aware that all the groups represent varying degrees of acculturation and assimilation in their current country of residence.
- Be aware that beliefs and values play an important role in acculturation and integration of Asian Americans into Western culture and that the process of integration differs for each of the Asian groups.
- Acknowledge that the measurement of acculturation is an important activity for understanding how traditional, acculturated, and

assimilated a specific ethnic group may be. There are a variety of scales that can be used, and the reader is urged to read Chapters 1, 6, 7, and 8 for a more detailed discussion of this process.

- Be aware that two beliefs that are prominent in Asians, especially those from Southeast Asia, are *kinship solidarity* and *equilibrium* or *balance*. Kinship solidarity refers to the view that the individual is subservient to the kinship-based group or family.
- Be aware that most Asian family patterns are characterized by filial piety, male authority, and respect for elders and that this pattern sometimes determines decision-making practices relating to health care for recent immigrants.
- Appreciate that family support is one of the most important core values among Asian American population groups. Be aware how devastating separation from family members can be to a culture that values the nuclear and extended family.
- Remember that decisions associated with seeking medical care and/or participating actively in a prescribed treatment or health program might involve the head of the household or other family members, whose decisions will be based on what they feel is best for the family.
- Be aware that avoiding conflict and achieving harmony in interpersonal relationships is a strong cultural value among Asian Americans.
- Show respect for Asian American beliefs and values because they are an extremely important factor in all relationships and especially in HPDP encounters.
- Recognize that the diverse circumstances under which Asian Americans live and work require you to appreciate the impact that ethnic and social ties might have on health behavior choices and the need to use these factors effectively in developing HPDP programs or services.

### HEALTH BELIEFS AND PRACTICES

There are a variety of health beliefs and practices that characterize the many different Asian population groups residing in the United States.

The health promoter needs to understand and be sensitive to the differences he or she is likely to encounter. The health promoter needs to be aware of how to use this knowledge and how to incorporate these differences into HPDP programs and services. The health promoter should keep the following tips in mind:

- Recognize that belief in folk illnesses still is a strong cultural characteristic among many traditional Asian population groups. Developing an understanding of some of these illnesses and their traditional treatments can help you to be more effective in the design of specific HPDP intervention and treatment services.
- Remember that it is often assumed by health care workers that everyone embraces the Western biomedical model. However, within Asian cultures, traditional or cultural beliefs of spiritual or supernatural forces and balance with nature are often overlooked, and traditional practitioners may assist the individual in achieving this energy balance.
- Understand that there are a number of explanatory models used to make sense of health and disease and that these are generally associated with the social, psychological, and physical domains. Recognize that although health is defined in the United States as a state of complete physical, mental, and social well-being, and not merely the absence of disease, Asians view it as a state of harmony with nature or freedom from symptoms or illness.
- Remember that the need to achieve a harmonious relationship with nature might be a central concept of the traditional health care system still used today. This system often is the first one used when an illness or other disorder is detected in a family member, and those who use this system are generally not inclined to discuss this with a Western health care practitioner.
- Be aware that beliefs and expectations about health care treatment may enhance or impede Asian groups' participation in the health program or service. There is a need to explore these beliefs and expectations in the assessment or initial health care encounter phase.

- Be aware that although there are wide variations in health beliefs and practices shaped by cultural values in determining what is important in one's life, many Asian groups may share some similarities based on their religious background and on the influence of Chinese culture throughout Asia.
- Recognize that the prominence of Confucian ideology, Buddhism, and Taoism in Asian culture focuses on the upholding of a public facade and against public admission of mental or physical illness or any admission of personal weakness.
- Be aware that, to a large extent, culture and language influence how one conceptualizes etiology, symptoms, and treatment of illnesses and may influence how one is to interact with health care providers and organizations.
- Recognize that because of language difficulties and cultural differences, many Asians, especially the newer immigrants, might still prefer the traditional forms of Chinese and native medicine and seek help from Chinatown "physicians" or "masters," who treat them with traditional herbs and other methods.
- Be aware that Asians often do not seek help from the Western system of medicine because of painful diagnostic tests and lack of information and understanding about what is being done to them.
- Be sensitive to the effect of abrupt cultural changes among an immigrant community introduced to medical pluralism. An eclectic medical culture that blends influences from biomedicine, Christianity, and Chinese medicine could result in a selective loss of medical or religious concepts and practices that no longer "fit" their new situation and collective identity.

### PROGRAM-PLANNING CONSIDERATIONS

The health promoter must be aware that planning HPDP programs or services for Asian American population groups, given their tremendous diversity, requires systematic identification and selection of tailored courses of action related to achieving or improving

health-related behaviors. Such programming also will require the planner to be culturally competent and sensitive to the differences in how the planner views and operates in the world and how his or her target group sees this same process. Thus, the health promoter should consider the following comments and suggestions relevant to the program-planning process:

- Be sensitive to indiscriminately applying health care and programs to all groups in the same manner. Also, recognize that because all Asian Americans do not have similar beliefs and health practices, health professionals cannot assume that programs for one Asian group will work for another similar group.
- Be sure that the program or service being developed will be culturally acceptable to the target group and will not come into conflict with the target group's values, beliefs, attitudes, or knowledge about the problem.
- Clearly identify potential barriers that might be encountered that would impede participation in the HPDP program or service and identify how you might overcome these.
- Wherever possible, seek to eliminate obstacles to participation in the HPDP program or service. This may involve simplifying how the target group enrolls in or accesses the service or program, bringing the program or service to the target group, making sure that the program or service is offered in the language of the target group, and making sure that any follow-up activities that the participants might need to do are simplified, relevant, and easily understood.
- Consider employing the principles of *relevance* and *participation* when designing the program or service—that is, starting your program or service where the target group is and involving its members' active participation throughout the entire process, from design through evaluation.
- Make sure that the organization or agency involved in designing the program or service has a mission, goals and objectives, policy, procedures, an organizational structure, and staff that reflect a sense of cultural competence

and sensitivity to the target group on which the program or service is being focused.

### NEEDS ASSESSMENT

The extensive data that serve as the foundation of Asian American HPDP programs and services can assist the HPDP planner to better understand and address the specific health needs and interests of the planner's target population. It is critical that the health promoter take the time to adequately determine the characteristics of the target group he or she will be serving, including factors such as morbidity and mortality, historic and immigration patterns, specific cultural characteristics, demographics, health care access and use patterns, and related variables. Huff and Kline in Chapter 6, this volume, present a Cultural Assessment Framework that can help provide guidelines for the assessment areas that should be considered when preparing to develop the needs assessment component of the program-planning process. In addition, the following suggestions may be useful in the needs assessment process:

- Remember that conducting a thorough needs assessment is critical to identify community issues and problems in the Asian American communities, formulate relevant objectives, and determine what educational interventions are appropriate.
- Be aware that regardless of the planning model used (e.g., PRECEDE-PROCEED) for Asian American health promotion programs, you must be extremely conscious and sensitive to the need for building a cultural assessment component into the planning process.
- Be aware that aggregating Asian American health data might mask differences in disease patterns for specific subpopulations and could result in an erroneous portrayal of the overall Asian American population as healthy and at lower risk for death and illness.
- Remember that needs assessment information should seek to identify local mores and customs. This is particularly true if the target

group is located within an ethnic enclave, as in the case of many new Asian immigrants.

- Where possible, involve community representatives who can function to help identify persons in the community already recognized by other community members as sources of assistance and support regarding issues and problems.
- Where possible, train and use community members to assist in the data collection process because this can help facilitate community ownership of the program or service being developed and can provide perspectives that might have otherwise been missed by a non-community member.
- Recognize that, at the very least, outreach workers (e.g., lay health advisors) who are involved in obtaining assessment information and who may ultimately introduce the health education program to the community should be perceived as nonthreatening and nonintrusive. They should be drawn from the same ethnic group and preferably be from that community.
- Be aware that contacts during the assessment process should be linguistically appropriate when working in established communities or with recent immigrants. For some groups, such as Chinese or Filipinos, the language of the assessment process might have to deal with more than one language or several dialects.
- Be sure to include key community members (both formal and informal) in the community needs assessment process.
- Recognize that survey or interview data with community members from similar generations may reveal "generation gaps" in values or expressed health beliefs and behaviors.
- Consider including acculturation measures in the needs assessment instrument.
- Be sure to assess the types of media used within the community because this might be a critical factor when the program or service is ready to go online and marketing activities are being planned. It also relates to acculturation levels in the community.
- Be sure that assessment and evaluation efforts reflect the needs, interests, and values of the stakeholders within the community.

- Be aware that at the outset of an HPDP program, baseline data for establishing the scope and seriousness of the problem might not be readily available. Initial assessment information might need to be based in part on demographic data, morbidity and mortality data, and (in large part) key informant information.
  - Be aware that key informants might not have knowledge of or represent all elements in the community or group. If these persons represent the intended program users (or targeted group) or already provide services to the desired users, then so much the better.
  - Understand that an extensive baseline survey consisting of core questions covering demographics, health beliefs and practices, and cultural values might need to be administered to target groups after an exhaustive effort is made to ensure the appropriateness of each question to that group.
  - When designing questions for survey instruments or interviews to be administered to Asian American subgroups in a language other than English, recognize that translation and adaptation are part of a complex process that requires an understanding of each language and culture and might require iterative pretesting in all groups and subgroups (by age, language, ancestry, etc.).
  - Focus groups can be a useful and effective approach to determining the knowledge, attitudes, behaviors, and felt needs of the community.
  - The PRECEDE model can be helpful because it guides you to consider relationships between and among particular health behaviors and their predisposing, enabling, and reinforcing factors and can provide convincing evidence regarding the need for early educational interventions designed to affect these factors positively.
- strategies, methods, messages, and materials to be adaptable to the specific cultural characteristics of the target group (Pasick, D'Onofrio, et al., 1996). The health promoter might wish to consider the following comments and suggestions as he or she begins the design phase of the program-planning process:
- Be aware that new immigrants may differ on many social and health-related issues. You also should be aware that those at high risk will more likely include individuals with the following characteristics: low socioeconomic status, uninsured, limited English proficiency and/or linguistically isolated, foreign born or recently immigrated, and rigid adherence to certain cultural health beliefs and traditions that might conflict with some proven effective Western practices.
  - Understand that an effective program must specifically address the health needs of the segment of the population targeted (e.g., women at risk for cervical or breast cancer, male smokers) within the Asian American community. You also need to deal with these needs as they result from the target group's diversity and collective history and culture.
  - Recognize that the development of culturally appropriate interventions requires consideration of available community resources and inclusion of important cultural themes of the target group. For example, *family* is one of the strongest core values of traditional Asian culture, so interventions that have a family focus may prove more effective than those that focus on the individual.
  - Remember that members of the community for whom the program is intended should participate, and they can help provide an "insider's" perspective on issues and insights into local social norms and structure. This participation increases the likelihood that the project will not conflict with any fundamental cultural values and that it will be credible and well received.
  - Recognize that a formal community advisory board used earlier in the planning stages also can provide valuable information, feedback, support, and resources during the educational intervention activities.

## INTERVENTION CONSIDERATIONS

Well-planned and culturally appropriate interventions are critical to the successful implementation of HPDP programs and services for Asian American population groups. *Cultural tailoring* urges the planner to develop interventions,

- Be aware that program results may be enhanced if there is a concerted effort to integrate the services into the social framework of the community.
- Be aware that interventions such as role modeling and use of community social networks may be useful approaches for demonstrating and reinforcing individual behavior change.
- Consider that developing partnerships with the local media (e.g., radio, television, newspapers) for the dissemination of health education and health promotion information can be a valuable and effective approach for both marketing programs or services and reinforcing the successes of program participants who may be recruited as role models for the community in which the program or service has been targeted.
- Be aware that the utilization of behavioral theory to guide development of intervention approaches is central to well-conceived and appropriately designed intervention strategies (see Chapter 4, this volume).
- Be aware that a multiphased and multifaceted intervention might need to be used, for example, to (a) initially raise the awareness concerning the importance of preventive care and screening, (b) help motivate the target group to seek screening, and (c) use neighborhood connections because they can provide behavioral modeling and social reinforcement through familiar communication channels.
- Recognize that the recruitment and training of a group of community peer networkers who can distribute program materials and reinforce messages can be an extremely effective method for maintaining community involvement and support for the HPDP program or service.
- Recognize that employing and training community members to facilitate educational programs in the community is a valuable and effective approach for implementing an HPDP program or service.
- Seek to develop interventions that focus on positive health changes rather than on negative or fear-arousing consequences.
- Remember that development of educational materials must reflect relevant the cultural values, themes, and learning styles of the target group for which they are designed.
- Recognize that all materials used in the HPDP program that are written in a language other than English must be *back translated* and pilot tested to ensure that they say what is meant and that the messages are clear and understandable to the target group.
- Always assess the cultural appropriateness of any pictures, models, dolls, manuals, videotapes, messages tailored for the community (e.g., billboards, newspapers, radio, and paid television advertisements), or other educational materials prior to their inclusion in the program because some materials may make the target group uncomfortable.
- Be aware that special training manuals can be developed for participating physicians and lay health workers for use in presentations and the subsequent discussions, videotapes, and other material for the participants and physicians. These should be linguistically and culturally appropriate.
- Consider selecting methods and events led by trained neighborhood leaders or similarly recruited individuals. Such events could involve informal and small-group educational events in private homes and community health fairs centered on the traditional New Year's festivals.
- Consider techniques that are more personal and centered on traditional characteristics of social solidarity and mutual assistance.

### EVALUATION CONSIDERATIONS

Evaluation is central to understanding how well a program or service is doing in meeting the needs of the clientele it is serving. For this reason, the health promoter is urged to consider the following recommendations:

- Evaluation of HPDP programs and services should include culturally relevant measures for evaluating the impact of the program or service on the target group.
- Assessment and evaluation items must be tailored to the educational and linguistic capabilities of the target group for which they are intended. Here, again, back translation of items will be an important consideration in

the development of the assessment and evaluation instruments.

- Be aware that evaluation and assessment are processes that frequently are difficult to gain support for, even from the most sophisticated of groups. Efforts to explain the underlying assumptions governing these processes, as well as the methods and anticipated outcomes from these activities, can help make explicit what is often unclear to those inexperienced in evaluation and can help motivate increased interest and support for evaluation and assessment methods and procedures.
- Providing evaluation and assessment training for community members who will be involved in the provision of the HPDP program or service can help promote increased input and support for evaluation efforts. This also can extend the number of staff and community supporters who can be involved in data collection activities related to assessment and evaluation activities.
- Consider administering surveys or conducting oral interviews before and after the interventions to assess whether there was an increase in screening or other target behaviors following participation in program activities or there were positive changes in target group knowledge, attitudes, and intentions toward the target behaviors. In reality, this can be difficult outside a classroom setting.
- Be aware that participants might have limited test-taking and literacy skills or time, or physical difficulties such as poor eyesight or uncomfortable testing conditions. Thus, it might be more appropriate, in some instances, to forgo a time- and item-intensive evaluation of outcomes and process until such problems can be overcome.

The next section of the book considers Pacific Islander population groups. This section includes three chapters followed by a customized “tips” chapter. The first chapter in this section presents an overview devoted to understanding this special population from a variety of perspectives and includes terms used to define the subgroups within the broader population, historical and

demographic characteristics, immigration patterns, health and disease issues and concerns, and health beliefs and practices. The second chapter of the section is concerned with how to assess, plan, implement, and evaluate programs for Pacific Islander population groups, including tips, models, and suggestions for more effective program design. The third chapter in this section presents a case study to emphasize points made in the overview and planning chapters. This section begins with Chapter 25.

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# **PART VI**

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## **Pacific Islander Populations**



