

ASIANS IN IOWA

A Snapshot of Health Disparity Issues

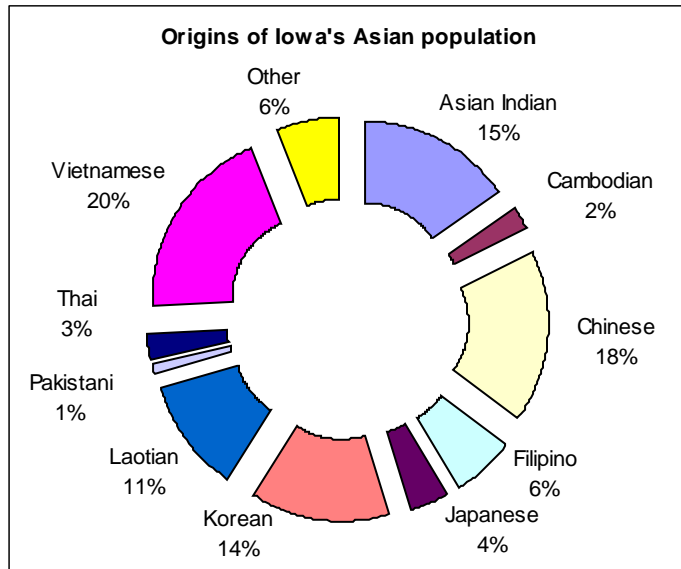


Figure 1: Total Population 35,023¹ A high level of diversity exists amongst Iowa's Southeast Asian population. They come from distinct countries and cultures with radically different histories and languages.²

Southeast Asians in Iowa

Iowa has a proud history of welcoming Southeast Asian refugees. In 1975, Iowa was the first state to welcome thousands of refugees from Southeast Asia. Most Americans remember the so-called "boat people" of Vietnam; 600,000 of them risked their lives on the open sea to escape the communist regime in Vietnam. Many used unseaworthy craft, including oil drums strung together with rope. An estimated 45 percent of the boat people died at sea. In 1975, Iowa was the only state to open its arms to thousands of Tai Dam (or Black Tai) and other Lao, Khmer (Cambodian) and Hmong refugees who fled the aftermath of the Vietnam War to settle in the United States.

Hundreds of Iowa families, churches and communities sponsored families. They located across the state in communities large and small, and Iowa became the first and only state to have a government agency to work on refugee issues. This agency went through several organizational and name changes, but it eventually became the Bureau of Refugee Services (BRS). For more than 25 years, the Bureau of Refugee Services has settled thousands of refugees in Iowa from around the world.³

What Is the Difference Between Immigrants and Refugees?

The distinctions between immigrants and refugees are economic, social and legal. Refugees are forced to leave their home countries because of war, environmental disasters, political persecution and/or religious or ethnic intolerance. They come to the United States with a special immigration status that gives them automatic admission into the country and eases their reunification with family members. This status also provides them with a "green card" or work authorization permit. In addition, short-term financial assistance is funded by the U.S. Department of Health and Human Services through private and state agencies like the Iowa Bureau of Refugee Services. Refugees are "invited" to live in the United States to start a new life.

Immigrants generally come to the U.S. for one of two reasons; they are joining family members who already live in this country, or they are "economic immigrants" seeking work and a better life for themselves and their families.

Both refugees and Immigrants experience similar challenges coming to the U.S. and Iowa, including new cultures and languages. They are often ethnic minorities who might face open racism or other forms of hostility, regardless of their immigration status.⁴

Why Do Immigrants and Refugees Leave Their Home Countries?

Aside from civil or tribal wars and natural disasters, the economic forces from globalization have greatly influenced the displacement of people throughout Africa and Asia, bringing groups to the U.S. and to Iowa.

- ❖ Increased poverty and food scarcity
- ❖ Reduced national revenues due to tax breaks and foreign investment incentives
- ❖ Increased problems of balance of payments and national debt to multi-lateral agencies like the World Bank

What is "Secondary Migration"?

Modern day refugees and immigrants do not always intend to settle in a particular new territory. Many had to leave their own countries unwillingly, moving wherever they could to start a new life. Thus, many of our newcomers were already relocated once outside of Iowa, and then chose to move here to join family, accept jobs, or live in a different climate. Many of the ethnic Lao refugees in Storm Lake, for example, are "secondary migrants" who initially settled in Oklahoma and Minnesota before migrating to Iowa. The U.S. Census Bureau estimates that between 1995 and 2000 nearly 13,000 foreign-born people moved from other states to Iowa.⁶

Religion

Southeast Asians practice a variety of indigenous, Eastern, and Western religions. In Vietnam, for example, traditional religion involves a mixture of animism, Buddhism, Taoism and Confucianism. Catholicism and Protestantism are also practiced there. Islam is also followed by many Southeast Asians.

Just as European, Latino and African Christians have done, Asian Christians have interpreted

- ❖ Increased inequality between the rich and poor
- ❖ Increased environmental degradation
- ❖ Cultural displacement
- ❖ Capital flight

Refugees and immigrants have the same goals and desires as all humans do. Living in Iowa provides them with the opportunity to start a new life for themselves and their children.

- ❖ *Availability of jobs*
- ❖ *Low cost of living*
- ❖ *Affordable housing*
- ❖ *Safe communities*
- ❖ *An excellent education system for children*⁵

religious principles in the context of their own customs in Christian ceremonies.⁷

Buddhism is quite common in Southeast Asian cultures. Buddhists worship both in temples as well as privately. This religion has been brought to the United States and Iowa, and there is a Buddhist Temple in communities such as Des Moines and Storm Lake.⁸

Honoring Ancestors

For many Asians, honoring ancestors is an important part of religious life. In its simplest form, people who practice ancestor honoring acknowledge the benefits and opportunities they received from their parents and grandparents, and they thank them in private ceremonies. Involving the ancestors in funerals, weddings and other significant rites of passage is also common. In this sense, ancestor honoring acknowledges the belief that ancestors retain an interest in the family's affairs. It is common for Southeast Asian refugees to maintain small family shrines in their homes. These usually include photos of ancestors and a place to burn incense. Prayers are often offered at these shrines.⁹

Population Comparisons in Iowa

- ❖ 31% of Southeast Asian/Pacific Islanders are 19 and under while 5% are 60 and over
- ❖ 27% of Whites in Iowa are 19 years or younger, while 20% are above the age of 60
- ❖ Average family size for Southeast Asians is 3.5 compared to 2.97 for Whites
- ❖ Median age for Southeast Asians is 27.6 compared to 37.6 for Whites
- ❖ Average household size is 2.91 for Southeast Asians and 2.43 for Whites

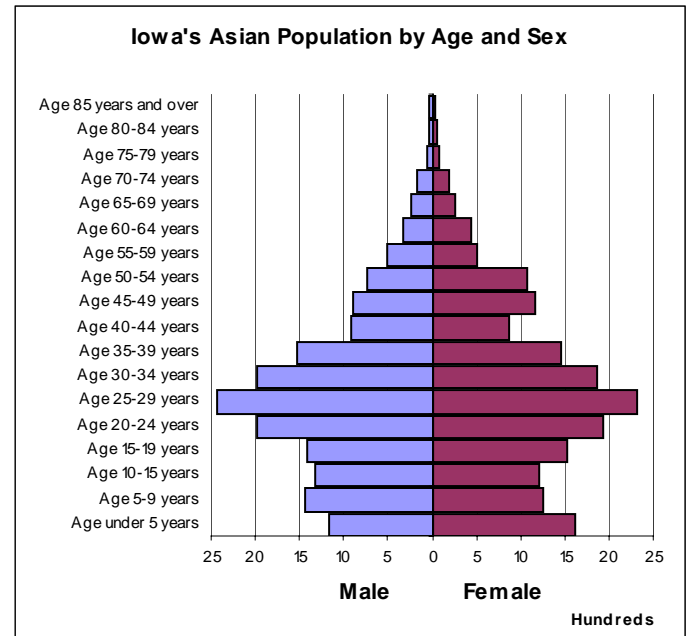


Figure 2: Population 31,327¹⁰

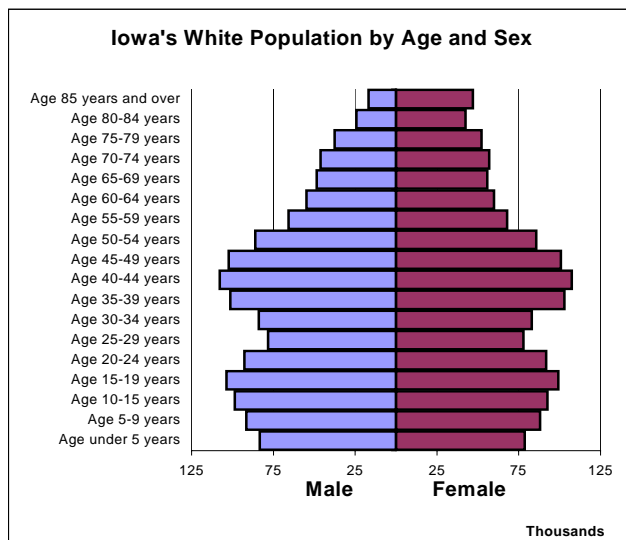


Figure 3: Population 2,749,737¹¹

Family Structure

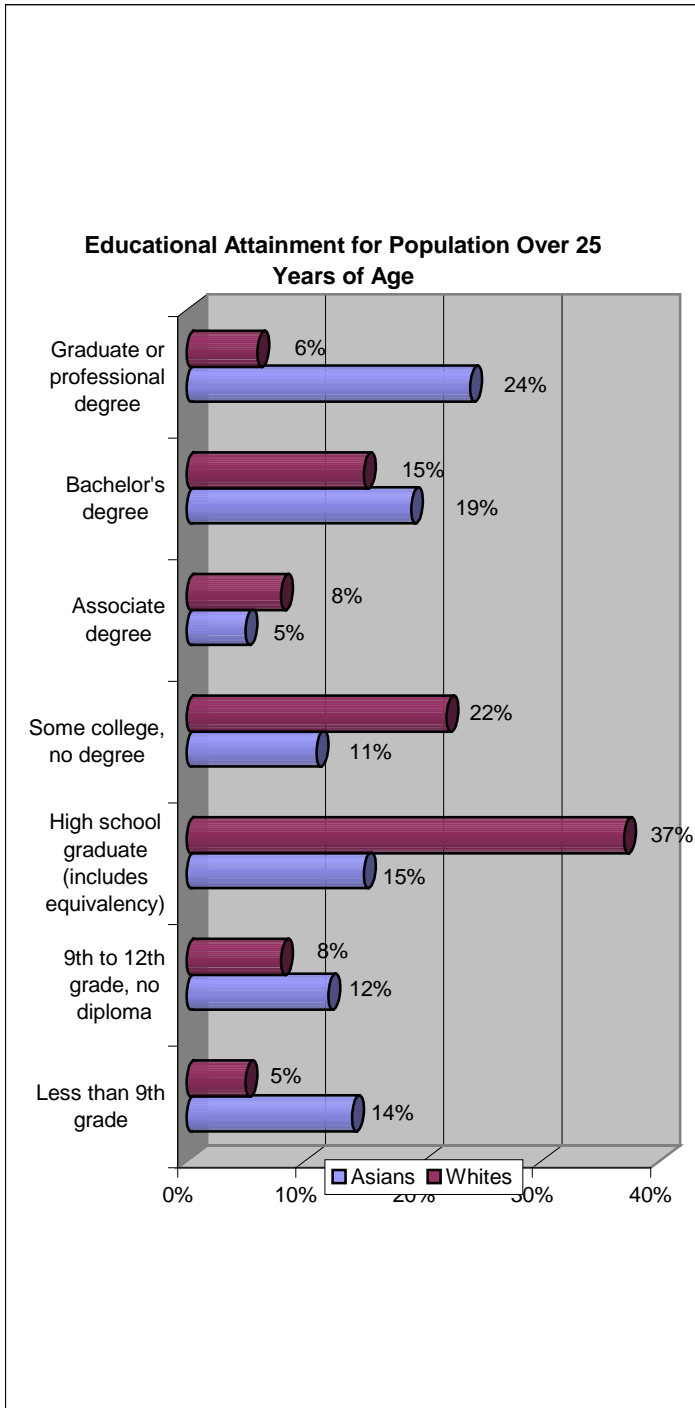
- ❖ In 2000 there were 7,326 Asian households in Iowa. 81% were married couple families, and 19% were single parent households.¹²
- ❖ Many Asian minorities, particularly in larger communities, live in distinct ethnic neighborhoods. They tend to be distrustful of outsiders, preferring to rely on their own for assistance.

❖ Asian Americans tend to have an extremely strong cultural value placed on the extended family. Each person, such as a parent or child, has a distinct and well-defined role in the family.

❖ While gender preferences in children may favor boys in many Asian cultures, women are still afforded high levels of respect from a familial standpoint. Many Southeast Asian and Pacific cultures place great emphasis on the power of women, with females often running small businesses.

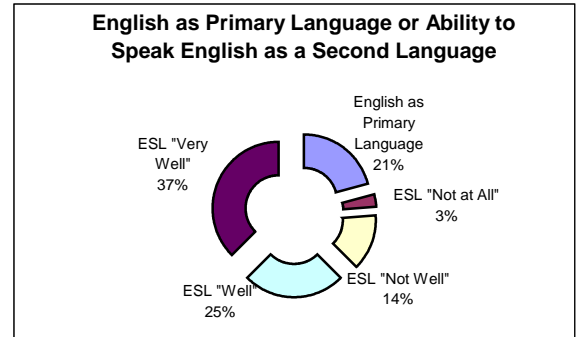
❖ Elders are absolutely revered and valued for their age and wisdom, while young children are genuinely adored. Aging and child health programs are supported well by this group.¹³

Education



- ❖ 43% of Asians have a bachelors or graduate degree compared to 21% of Whites
- ❖ Asians in Iowa are 4 times as likely to have a graduate or professional degree as Whites¹⁴

Language



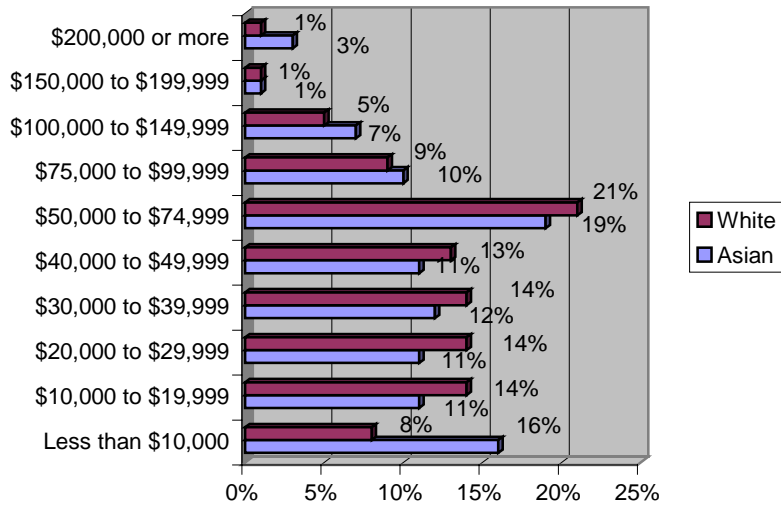
Communication Style:

- ❖ Tend to be fairly reserved and thoughtful when speaking
- ❖ Often place a high value on the importance of respect and “saving face”
- ❖ Generally try not to embarrass or put others in awkward positions
- ❖ Emphasize honor and politeness at all times in interactions
- ❖ Usually avoid direct eye contact, close body spacing, and casual touching while a highly defined sense of formality exists in all relations
- ❖ Tend to be less willing to openly express their opinions or feelings, particularly if they are negative¹⁵

Income and Poverty

In 1999 the Median Household Income in Iowa for Asians was \$40,348, an Asian Family's Median Income was \$50,126 and per capita Income for Asians was 18,279. These numbers were \$39,986, 48,790 and \$20,249 respectively for White Iowans.

Household Income for Asian and White lowans in 1999



Cultural Differences: What is Health?

Differences in what is considered “health” and “wellness” can prevent the U.S. health care system from working well for minorities. For example, the person who has a chronic disease but is still able to function by working and attending to family matters might consider himself “well” and fail to seek out medical attention that established residents would consider mandatory. There might also be critical differences in assumptions about how to treat or prevent the condition, and cultural differences can increase the likelihood of a missed or inappropriate diagnosis. The results can be costly if health problems are not handled appropriately and become critical, requiring a visit to the emergency room.

Barriers to Healthcare

- Many Asian immigrants are not comfortable using western medical care, and prefer to be seen by healers from their own culture.
- In ethnic neighborhoods, language can present significant barriers to care for Asian Americans.
- Health services are not always located where minority and immigrant populations often live, and they may not have easy car or bus transportation to reach them.
- Many immigrant workers in meat packing plants work double shifts with only one day off per week. Standard office hours of 9:00-5:00, Monday –Friday are not accessible for them.
- Cultural access is also a common barrier to care when the minority patient cannot be seen by providers familiar with their unique ethnic background or sensitive to their needs.
- Lack of interpreters for Asians with limited English is a significant limitation.¹⁶

Along with these barriers to care, providers of medical services to newcomer Southeast Asians may be challenged with:

- Limited or no medical records from the patient’s country of origin.
- No patient health-history for reference (ex: immunizations, allergies, medical conditions).
- Diseases from the home country, that are less common in the United States and unfamiliar to health care providers in Iowa.
- Higher rates for diseases found in mobile populations, like tuberculosis, certain parasites or viruses, and sexually transmitted diseases.
- Different cultural ideas about the role of health care professionals¹⁷

Health Disparities

Today, Asian Americans have made extreme strides in their standard of living, and generally have an excellent reputation for hard work and educational achievement. Their health status as a group is usually among the very best in the country, often higher than the European American majority, because of genetic factors and positive lifestyle practices. Life expectancies are usually longer, and mortality rates are lower than those for most other cultural groups in America. However, with each generation born in America, fewer differences in health status exist.¹⁸

Traditional Health Practices

Asian traditional healing systems are among the oldest and most complex in the world. Many of these systems have been well documented for thousands of years in standardized texts. In general, they tend to emphasize health from a holistic standpoint. Rather than treating a

Leading Causes of Mortality in Iowa¹⁹	Asians	Whites
Cancer	27%	23%
Disease of Heart	26%	28%
Unintentional Injuries	8%	4%
Pneumonia	-	4%
Diabetes Mellitus	3%	3%
Cerebrovascular Disease	8%	7%

disease symptom, like in the West, they usually emphasize maintaining balance, harmony, and interconnectedness of the body, mind, and spirit. Many exercise programs in the United States today, like yoga and Tai Chi, are actually ancient Asian healing systems. Most Asian cultures have well-defined usages for many herbal remedies as well. Multiple forms of energy healing, like acupuncture and qi-gong, are used in many Asian cultures, and work on rebalancing the electromagnetic field surrounding living beings. In their health belief system, this rebalancing is necessary to remove blockages of energy that can ultimately cause illnesses and disease²⁰

Birth Events-Iowa 2001²¹	Asians	Whites
Births out of Wedlock	21%	29%
Mothers Under Age 20	5%	8%
Low Birth Weight <2500 Grams	8%	6%
Fetal Deaths	1%	1%
Infant Deaths	0%	0%

Working with Southeast Asians

- Interventions are best conducted through train-the-trainer models and other programs using native providers.
- Remember to modify programs to emphasize the relevance of family roles, rather than the individuals role.
- Understand that families often request that the patient not be told about their terminal illness or impending death.
- Create a welcoming environment. Make sure that all staff is trained in how to work effectively with immigrant and minority clients, in order to make their experience more positive.
- Have Asians on your staff, and throughout your organization.
- Deliver health care services on-site; in churches, stores community centers, and schools.
- Provide healthcare services at non-traditional hours including weekends and nights.
- Make Asians part of the health care community through membership on hospital boards, non-profit advisory councils, and other external decision-making entities.
- Always treat elderly Southeast Asians patients with great respect.
- Remember that face-to-face interactions and family connections are valued in this culture. Many referrals are made by word-of-mouth, particularly in immigrant communities.²²

ENDNOTES

¹ U.S. Census Bureau, Census 2000

² *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

³ *The New Iowans: A Companion Book to the PBS Miniseries The New Americans*. Mark A. Grey, Ph.D., Anne C. Woodrick, Ph. D., Michele Yehieli, D. P.H., and James Hoelscher, University of Northern Iowa, New Iowans Program In Collaboration with Iowa Public Television

⁴ *ibid*

⁵ *ibid*

⁶ *ibid*

⁷ *ibid*

⁸ *ibid*

⁹ *ibid*

¹⁰ US Census Bureau, Census 2000

¹¹ *ibid*

¹² *ibid*

¹³ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

¹⁴ US Census Bureau, Census 2000

¹⁵ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

¹⁶ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

¹⁷ *ibid*

¹⁸ *ibid*

¹⁹ Vital Statistics of Iowa 2003

²⁰ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

²¹ Vital Statistics of Iowa, 2003

²² *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa.* Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program

***Center for Health Disparities
220 Wellness and Recreational Center
University of Northern Iowa 50614-0241***

Phone: (319) 273-7965

[Hwww.iowaprojectexport.org](http://www.iowaprojectexport.org)

[Hwww.iowahealthdisparities.org](http://www.iowahealthdisparities.org)

Phone: (319) 273-7965