

An update of the Chinese Community Health Study, a research project documenting the health care access, usage, approaches, and needs of Chinese Americans in San Francisco, California.



San Francisco Chinese Community Health Agenda Project

# Chinese Community Health Report

summary of key findings

**Many in San Francisco's Chinese community** face critical barriers to health care access and preventive care services. This summary highlights demographic and health findings detailed in the Chinese Community Health Report, a compilation of data on San Francisco's Chinese population.

**Chinese comprise a significant portion of San Francisco's total population, with most Chinese being foreign-born**

There are 152,620 Chinese Americans in San Francisco, comprising approximately 20% of the city's total population<sup>1</sup> (Graph 1). 81% of Chinese adults in San Francisco are foreign born and 23% are not American citizens. Half of the foreign-born population aged 5 and over have limited English proficiency.

GRAPH: DEMOGRAPHICS

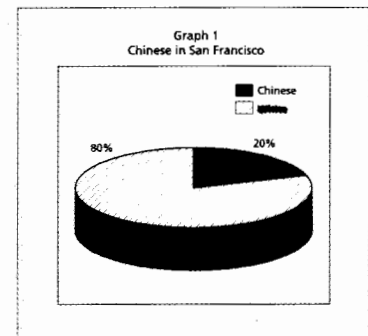


TABLE 1  
SUBSETS OF INDIVIDUAL/HOUSEHOLDS WITHIN CHINESE POPULATION

Subset of the Chinese Population	Number (Percent) of SF Chinese Individuals/Households
<b>Non-Citizen (Adults)</b>	29,567 (23% of adult population)
<b>Foreign Born (Adults)</b>	103,609 (81% of adult population)
<b>Entered U.S. 1995-March 2000 (All Ages)</b>	16,372 (11% of total population)
<b>Aged 65 and Over (Adults)</b>	27,252 (22% of adult population)
<b>Household Income Below Poverty Level (Adults, 1999)</b>	12,462 (10% of adult population)
<b>Household Income &lt;\$15,000 (Households, 1999)</b>	9,969 (20% of households)
<b>&lt;9th Grade Education (Adults)</b>	31,266 (25% of adult population)
<i>2000 U.S. Census</i>	

**The Chinese community has lower educational attainment and income than the general San Francisco community**  
 Educational attainment in the Chinese adult population is significantly different from that of San Francisco's total adult population - 25% of the Chinese population has less than a 9th grade education and 26% has a bachelor's degree or higher. In the city's total adult population, these figures are 10% and 43%, respectively. Furthermore, a higher proportion of the Chinese population earns a lower income compared to the city's total population. In 1999, 20% of Chinese households and 15% of all San Francisco households had incomes below \$15,000/year.

**Lack of insurance and poverty are key barriers for the Chinese community in accessing health care**

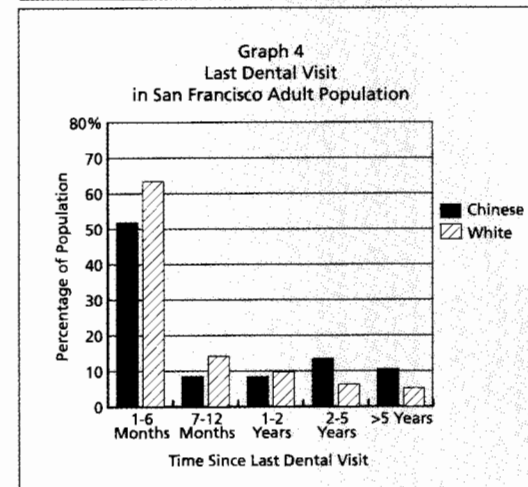
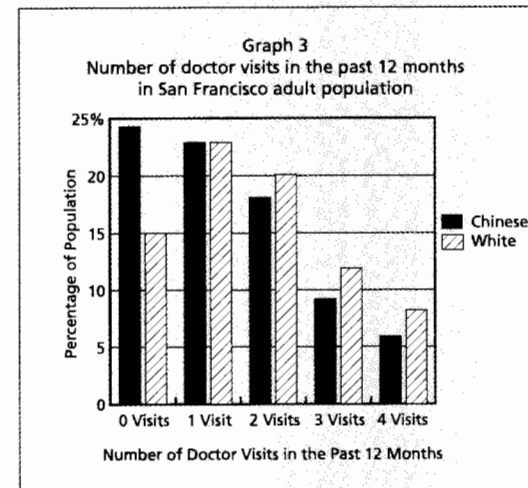
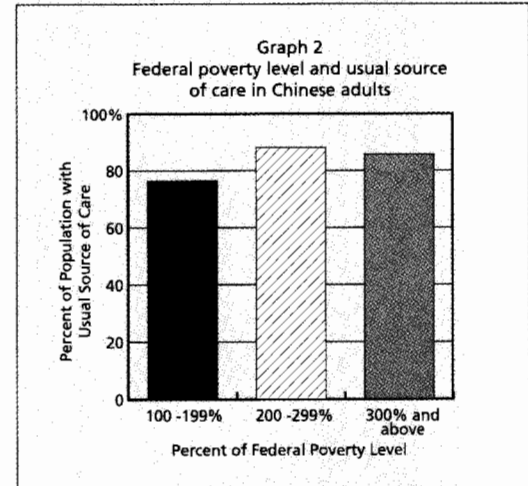
According to NICOS' Chinese Community Health Study<sup>2</sup>, and supported with data from the 2001 California Health Interview Survey, recent immigrants, the uninsured, non-citizens, limited-English speakers, seniors, low-income/impooverished individuals, and those with lower educational attainment within San Francisco's Chinese community are at increased risk for inadequate health care. For example, only 76% of Chinese adults at 100-199% of the federal poverty level have a usual source of care compared to over 85% of those at 200% or more above the poverty level<sup>3</sup> (Graph 2).

Education on how to access low-cost health services and how to obtain health insurance should continue to be provided to the community. Particular assistance is needed by the working poor, who may be unable to afford private insurance and ineligible for programs such as Medi-Cal.

**Chinese report significantly lower usage of preventive health care services**

Chinese adults are less likely to have regular doctor visits (Graph 3) and dentist visits (Graph 4) compared to Whites<sup>4</sup>. Additionally, Chinese adults are much less likely than Whites to have had a colorectal exam (24% vs. 51%), a common screening for colorectal cancer. Chinese women, are significantly less likely to have had the following preventive health screenings compared

**GRAPHS: USE OF HEALTH CARE**



to their White counterparts:

- Mammogram – 63% Chinese vs. 76% White<sup>5</sup>
- Pap smear - 70% Chinese vs. 98% White<sup>6</sup>
- Bone density test - 24% Chinese vs. 42% White<sup>7</sup>

Similarly, only 22% of Chinese men over the age of 50 have ever had a PSA (prostate-specific antigens) test, compared to 46% of White men.

Among the City's Chinese, non-citizens, limited English speakers, and those with lower educational attainment were the least likely to utilize preventive care services. This pattern is reflected in data regarding Pap smear testing among Chinese women (Graphs 5-7).

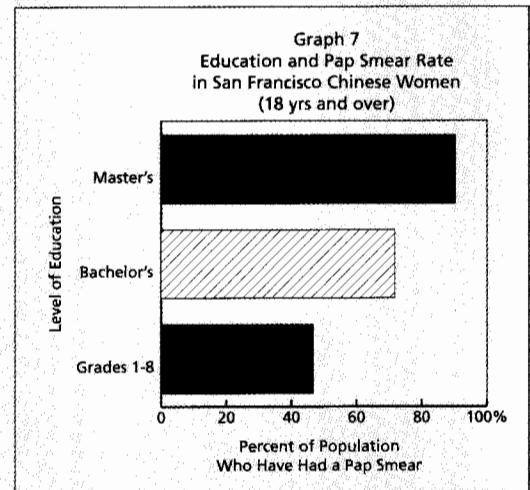
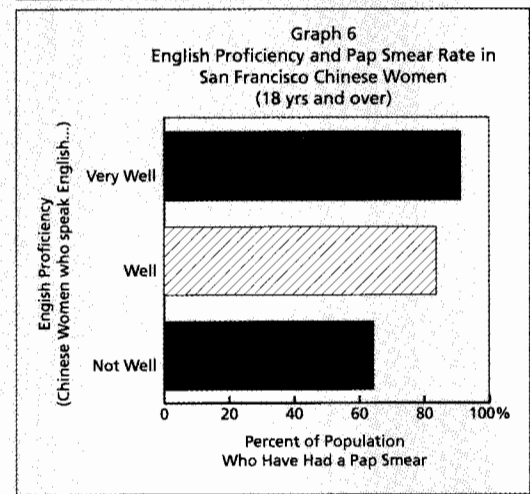
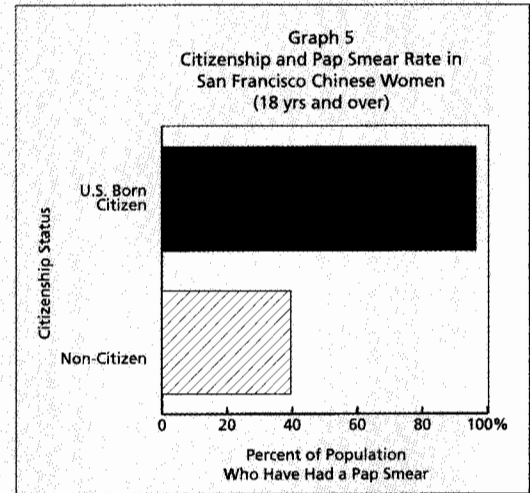
Furthermore, differing Chinese and Western medical preventive care theories may factor into the low rates of engagement in Western preventive care practices by community members<sup>8</sup>. Recent immigrants or foreign-born Chinese who rely on Chinese medicine as their primary form of health care may not be accustomed to engaging in Western preventive health practices. Without insurance, the opportunity to be exposed to U.S. health practices is limited. The above findings demonstrate the need for affordable and accessible community-based preventive health care and education services for the population.

**Chinese face barriers to mental health access, including a cultural stigma and unfamiliarity with Western systems of care**

Chinese and Whites report similar frequencies of depressive symptoms, such as feeling down-hearted and sad (Graph 8). However, Chinese report needing help for mental health problems and accessing mental health services at significantly lower rates compared to Whites (Graphs 9). For example, 95% Chinese compared to 83% Whites did not see a health professional for mental health problems.

The numerous sources of stress and depression combined with the prevailing stigma attached to mental illness within the Chinese community may explain the underreporting of mental health needs and underutilization of mental health services by the Chinese<sup>9</sup>. Additionally, the American method of delivering mental and emotional health services as an independent discipline is unfamiliar to many Chinese who are accustomed

**GRAPHS: PAP SMEAR RATES**

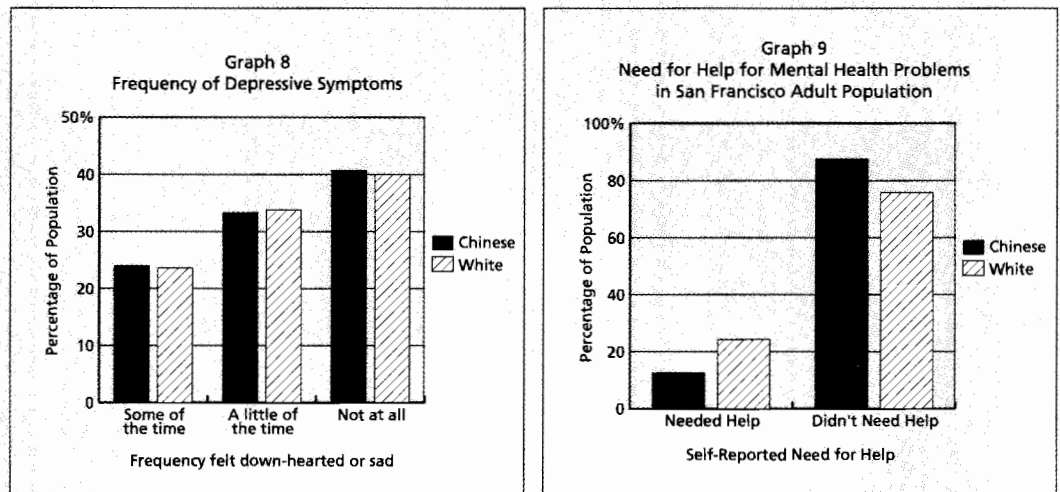


*Chinese and Whites report similar frequencies of depressive symptoms, such as feeling down-hearted and sad. However, Chinese report needing help for mental health problems and accessing mental health services at significantly lower rates compared to Whites.*

to the Chinese concept of wellness, which does not separate physical and mental health<sup>10</sup>.

The mental health needs of the Chinese community should be addressed on several levels. Community based organizations should educate the community on countering the stigma surrounding mental illness. In addition, mental health services should be coordinated with primary care services to provide more consistency with the Chinese method of delivering care. Finally, mental health services delivered to Chinese community members must account for Chinese perceptions of and attitudes towards mental health care.

#### GRAPHS: MENTAL HEALTH



#### **Leading causes of premature mortality in the San Francisco Chinese population may be preventable and/or influenced by lifestyle**

The top five causes of premature mortality in Chinese are ischemic heart disease, cerebrovascular disease, lung, trachea, and bronchial cancer, hypertensive heart disease, and liver cancer<sup>11</sup>. For Chinese women, breast cancer also poses a large risk for premature death.

In order to prevent leading diseases faced by the community, education on maintaining healthy lifestyles, including eating well, engaging in regular physical activity, and avoiding the dangers of smoking and second-hand smoke inhalation, should be provided to the community. Community education and outreach on affordable cancer and blood pressure screenings should be conducted.

## About the Data

Data cited in this summary are gathered from the 2000 U.S. Census, the 2001 California Health Interview Survey (CHIS), the 1997 NICOS Chinese Community Health Study (CCHS), and the San Francisco Department of Public Health's Department of Community Health Epidemiology and Disease Control, as well as interviews with professionals serving the San Francisco Chinese population.

**NICOS Chinese Health Coalition** is a public/private/community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community.



## Chinese Community Health Report Summary

*Summary of Key Findings*

This summary is a component of the San Francisco Chinese Community Health Agenda Project, made possible with funding from The California Endowment.

## Acknowledgements

This summary is based on The Chinese Community Health Report by Layla Hall, MPH candidate, for NICOS Chinese Health Coalition. Special thanks to Dr. Emma White, Bernard Lau, and Vincent Chong for their editorial assistance in creating this document.

## Endnotes

- 1 All demographic data included in this publication are collected from the 2000 U.S. Census
- 2 1997, funded by Blue Cross of California prior to the creation of The California Endowment
- 3 This and subsequent numerical health data presented in this document were gathered from the 2001 California Health Interview Survey
- 4 Non-Latino and Non-Hispanic Whites
- 5 Women aged 40 and over
- 6 Women aged 18 and over
- 7 Women aged 50 and over
- 8 Key informant interviews
- 9 Ibid
- 10 Ibid
- 11 San Francisco Department of Public Health: Community Health Epidemiology & Disease Control