

## NICOS CHINESE HEALTH COALITION CHINESE COMMUNITY HEALTH STUDY

NICOS Chinese Health Coalition, with funding from Blue Cross of California<sup>1</sup>, launched the Chinese Community Health Study<sup>2</sup> in Fall of 1995. This recently concluded study provides a wealth of information on the health status of San Francisco's Chinese American adult population and their health care usage, access, approaches, and needs. Research methodology included a telephone survey which was conducted in English and several dialects of Chinese and involved over 1,800 randomly sampled community residents.

### *Preliminary Summary of Findings*

#### GENERAL DEMOGRAPHICS

All respondents were ethnic Chinese, 18 years of age or older, and San Francisco residents.

- Education: While 30.3% have at least a bachelor's degree, 27.2% have an eight-grade education or less
- Income: 63% have a household income of \$30,000 or less
- Country of origin: 81.7% are foreign-born

#### HEALTH PROFILE STRONGLY RELATED TO INCOME AND LANGUAGE SPOKEN

Low income and monolingual, Chinese speaking respondents suffer health problems such as heart trouble and high blood pressure significantly more often than their higher income and more English proficient counterparts.

- 7 out of 17 health problems were found to occur significantly more often in the lower income ( \$30k/yr or less ) group regardless of age
- 5 out of 17 health problems were found to occur significantly more often in monolingual, Chinese speaking survey respondents regardless of income

#### HEALTH CARE ACCESS ALSO AFFECTED BY INCOME AND LANGUAGE SPOKEN

Income and language serve as significant barriers to health care access for San Francisco's Chinese community. Of those respondents who report having no particular place to go for health care:

- 2 out of 3 are in the lower income group
- 9 out of 10 are monolingual, Chinese speakers
- Many cite "no insurance", "not enough money to pay for care", and/or "not able to find a doctor who speaks the same language" as reasons

<sup>1</sup> Prior to the creation of The California Endowment.

<sup>2</sup> The study was designed and conducted by Four Winds Research Corporation of San Francisco.

## HIGH RATE OF UNINSURED

Uninsured respondents tend to be low income, non-English speaking, recently arrived immigrant and employed.

- 22% of all respondents are not covered by health insurance ( vs. 14% nationwide<sup>3</sup> )
- 40.1% of non-citizens in the survey sample have no insurance

## HEALTH CARE SERVICES NOT FULLY UTILIZED

Low income and monolingual Chinese respondents tend not to take advantage of preventive care measures such as medical and dental check-ups, breast exams, pap smears, and prostate exams.

- 44% of all female respondents have not had a PAP smear in the last 24 months<sup>4</sup>
- 78% of all male respondents have not had a prostate exam in the last 24 months

## EASTERN AND WESTERN APPROACHES TO HEALTH CARE UTILIZED

Most respondents report using a combination of eastern and western approaches to health care.

- 54% report that they take soup with Chinese herbal medicine in it at least once a week
- 19% report that they have been to a Chinese medicine doctor in the past year
- 43% believe that home remedies are as good as western medicine for minor health problems

## GAMBLING AND GANGS ARE MAJOR CONCERNS

- 69.6% of respondents believe that gambling is a problem in the S.F. Chinese community
- 65.8% of respondents believe that gangs are a problem in the community

## IMPLICATIONS

1. *New strategies must be developed to improve health care delivery to the Chinese community, particularly to those members limited in income and/or English skills*
2. *Culturally relevant, community-based health care services play a critical role in the community because they help overcome financial and cultural barriers to access*
3. *There is a continuing need for culturally specific programs and services that educate the community regarding health matters such as preventive care measures*
4. *There is a tremendous need to develop strategies to treat gambling addiction and to control gang activity in the Chinese community*

<sup>3</sup> Commonwealth Fund, 1995.

<sup>4</sup> ( vs. 5% of adult white women in California ) Centers for Disease Control, 1992.