

***MDCH Capacity Building Grant
2010 Project Final Report***

Asian Americans Health Survey & Conversation

Janilla Lee, Ph.D.

***Asian Center* – SE MI**

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Contents

Title Sheet -----	1
Contents -----	2
Executive Summary -----	3
Project Description -----	4-5
Reports -----	6-7
Team Meetings	
MDCH Training	
Survey Training	
Survey Data	
Conversation Data	
Study Results-----	8-12
Survey Results	
Conversation Results	
Attachment I: Team Meeting Agendas and Minutes	
Attachment II: Site Visit Agendas and Minutes	
Attachment III: Survey Questionnaire	
Attachment IV: 12 Survey Data Tables	
Attachment V: Conversation Report from Each Organization	

Asian Americans Health Survey & Conversation

Executive Summary

The goals of this project are:

1. To study the health and healthcare matters among Asian Americans
2. To build a health network among Asian American communities

Asian Center – Southeast Michigan (AC-SE MI), the grantee, contracted 5 major Asian community organizations in metro Detroit to carry out the project with the help from American Cancer Society and University of Michigan Health System. Working through the project, AC-SE MI trained these community organizations and involved close to 600 community people. This achieved the 2nd goal of the project to build a great network among Asian American communities for health and healthcare work.

The approach to achieve the 1st goal was to conduct survey and conversation among Asian Americans and learned about their critical social determinants in order to help improve their health and reduce health disparities.

Significant achievements of this project include:

1. developed a culturally appropriate survey questionnaire of 60 questions in 9 health related categories
2. conducted health survey and collected 410 survey datasets among 5 Asian groups
3. conducted 5 community conversations among 5 Asian ethnic groups
4. formed a matrix of 410x270 arrays of health related survey data that is ready for more detail analyses and studies for Asian Americans in Michigan
5. involved close to 600 people in the project and built a great health and healthcare network among Asian American communities

There are small challenges working on this project. One of them is the level of health knowledge in the community. We spent lots of time educating project facilitators so they could help carrying out the project. For any future project, the more people we can involve the better they are to get educated.

There are also lessons learned. Communication was sometimes a concern with organizations that are still not used to e-mails. But they still delivered their commitment at due time. The lesson learned is to trust your partner, wait for their terms of actions. A good leader should be patient and flexible enough to get the best out of everyone.

We achieved the goals of the project; and collected tons of information about Asian Americans health and healthcare matters in Michigan. Data should be continuously studied in details in the next 12 months to help improve health and reduce health disparities among Asian Americans.

Project Description

Goal

1. Collect health and healthcare data from Asian American
2. Align and strengthen an Asian American health network

Workplan

	2010	Apr	May	Jun	Jul	Aug	Sep	Oct
Project Preparation		X	X					
Project Kick-off (5/1)			X					
Team Meetings		(X)	X	X	X		X	
MDCH Team Training			X		X		X	
Surveyor Recruitment/Training			X					
Survey/Data Entry			X	X	X	X		
Diversity Conversation					X	X		
Data Analysis						X	X	
Report							X	X
Future Plan/Proposal							X	X

Team Members

Asian Indians	Michigan Association of Physicians of Indian Origin	MAPI
Chinese	Michigan Chinese Women Association	MCWA
Filipinos	Philippine Nurse Association of Michigan	PNAM
Koreans	Korean American Cultural Center of Michigan	KACCM
Vietnamese	Vietnamese American Association of Michigan	VAAM
Consultant	American Cancer Society	ACS
Consultant	Program for Multicultural Health, UMHS	PMCH

Project Deliverables

Each ethnic organization will deliver to AC – SE MI by the end of August:

1. 75 health survey datasets
2. one conversation summary report of at least 21 participants

AC – SE MI will deliver to MDCH a final report early October:

1. preliminary survey data analyses and summary
2. a conversation report

Health and Healthcare Topics

Both survey and conversation will cover the following topics:

- | | | |
|-------------------------|--------------------|----------------------|
| 1. Health insurance | 4. Life style/Jobs | 7. Tobacco/drugs use |
| 2. Regular check-up | 5. Diet | 8. Exercises |
| 3. Immunization/disease | 6. Drinks | 9. Clinic trial |

Survey

- Survey will be handled by surveyors to assure completion of all questions.

- The questionnaire is online and answers be keyed in by surveyors during or after an interview.
- The survey software is provided by University of Michigan, and data analyses will be contracted to the University.
- Each organization will recruit about 7 surveyors who will be trained to manage the survey. They will interview all together at least 75 participants.
- If there are hard copies of answers to the questionnaire with participant's ID, they should be destroyed at the end of the project (HIPAA requirement).

The two methods (survey and conversation) can be evaluated and data obtained can be compared for differences and effectiveness.

Conversation

- Conversation is conducted by each organization at their convenient time and a summary report is expected. The report format will be outlined by AC-SE MI.
- Attendees of the conversation cannot participate in the survey so the conversation will not be a subset of the survey.
- The conversation should have at least 21 attendees.

Participant Criteria

- 18 years and older
- Male or female
- Willingness to be interviewed and to answer all questions asked by the surveyor or willingness to participate in a conversation

Recruitment Process

- Local Asian news media (newspaper, periodicals, radio, a few non-regular TV programs etc.)
- Flyers posted in Asian markets and restaurants
- Announcements and/or flyers distribution during large gatherings
- Personal recruitment through friends and family members
- Referrals from past participants
- Participants are put into 3 age categories: 18-39, 40-59, 60 and above
- Recruiting should be targeted to people of all age groups and covering wider socioeconomic spectrum.

Project Report

Team Meetings

Team meetings had been scheduled throughout the project period since the project started:

4/14*	5/4	5/29**	6/29	8/17	9/27
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*Pre-meeting for planning purpose

**Coincide with the survey training

All the meetings took place on the specified dates and time. Most of the team members have their full time day jobs, so all the meetings had been scheduled for after-work hours, 6-8 pm, or weekends; therefore light supper is always provided. All team members had been very supportive, and these meetings had been well attended. The last meeting was a celebration for completion of the project and for building a great health network among Asian Americans. Each organization received a certificate of appreciation.

All meeting agendas and minutes are in Attachment I.

MDCH Training

MDCH training	Date	Participants	Team sharing
#1	5/15 & 16/10	Janilla Lee of AC-SE MI Sue Sung of MCWA	During the survey training on 5/29/10
#2	7/28 & 29/10	Remy Solarte of AC-SE MI Kim Hao Olbrys of VAAM	During the team meeting on 8/17/10
#3	9/16	Janilla Lee of AC-SE MI Arun Vijan of MAPI	During the team meeting on 9/27/10

Survey Training

A 4-hour survey training took place on Saturday, 5/29/10 for all surveyors recruited by participating community organizations. The training was conducted in a large conference room at American Cancer Society in Southfield. A total of 30 people attended this training. After self-introduction, the training started with the goal and summary of the project, and then went into details of health disparity and social determinants, plus the needs to engage Asian Americans to involve in the health and healthcare work. To many participants, this was all new to them since there was not a health related project involved these many people in Michigan before.

This survey is designed to have surveyors asking questions to participants and taking their answers entering into an online survey system. Most of the training time was spent on the survey questions to assure they understood them. The AC-SE MI survey design team took the group through all questions in the survey which includes the following topics:

1. Health insurance
2. Regular check-up
3. Immunization/disease
4. Life style/Jobs
5. Diet

6. Drinks
7. Tobacco/drugs use
8. Exercises
9. Clinic trial

A total of 61 questions were reviewed in details. There were many questions and comments for each survey question, AC-SE MI team took good notes and captured changes requested during the review and incorporated into the final version in a week. The consultant from ACS commented that it was truly teamwork.

There is information about the surveyor's identification, their organization and participants ID, but there is no personal identification to put into the database. The data AC-SE MI received are not identifiable, only each recruiting organization knows its own recruitment. After incorporating all the changes, the survey was finally ready to be used online mid June.

Toward the end of the survey training, there was only little time left to discuss the conversation. So a more detailed conversation training was scheduled during the next team meeting on 6/29. The survey questionnaire is in Attachment III

Survey Summary

	# of Surveyors	Target Datasets	Surveyed
Asian Indians	7	75	94
Chinese	6	75	80
Filipino	5	75	81
Korean	8	75	79
Vietnamese	6	75	76
Total	32	375	410

- On average, it took about 28 minutes for every survey.
- Community organizations pay their participants small token money or gift cards, and their surveyors also were paid a small amount for conducting the interview and entering the data.
- Most of the questionnaires are about 85-95% complete.

Conversation Summary

	Date	# of participants	Location
Asian Indians	8/14/10	34	Bharatiya Temple at Troy
Chinese	8/7/10	25	Assoc. of Chinese Americans at Madison Heights
Filipino	8/21/10	26	Multicultural council of Americans at Troy
Korean	8/6, 8 & 10/10	22	Korean American Cultural Center of Michigan at Southfield
Vietnamese	8/7/10	21	Beaumont Urology Center in Royal Oak

Study Results

Survey Results

The survey data were cleaned up and put into a matrix of 410x270 arrays. There are many ways to cut the data and illustrate different pictures. With over 100 major parameters, correlation study can be huge. Each Asian ethnic group also wants their own data, this will allow us to compare between different groups to show cultural differences. Even for the preliminary analyses, we had generated more than 3000 pages of data in different formats. To really understand the information provided by these data, it would take time to study and analyze to make good and useful conclusions. It is beyond what we can do in this phase. So we decided to just capture broad pictures of overall health and healthcare matters. We will continue into the next phase to study details, correlations and ethnic comparisons. Since it is the first time we put in efforts to study Asian American health in Michigan, every report is valuable.

We assembled 12 tables of major topics in this report. To capture the essence of these tables, we would like to summarize the overall findings verbally and paint a picture of a typical Asian American. Here is what we would report as “**a typical Asian American**”:

To facilitate the description, we assume this is a middle-age working male:

He has health insurance from his employer and it covers his family, he is satisfied with its cost, quality and coverage.

He has his annual check-up, and takes most of the screening recommended for his age and doesn't need to see specialists. He doesn't keep his immunization records, thinks his doctor has them in case he needs it. Doesn't know much about his family death history.

At work he sits down about 1 hour a day doing his job; at home he sits down and watches about 1-3 hours TV or surfing on Internet, sleeps about 6-7 hours. Occasionally he feels tired at work.

He takes 1-4 trips in a year, entertains at home, goes to concerts, and does community service about 1-4 time in a year; reads 1-4 books in a year; visits friends, attends church once a week; doesn't bring work home, attends seminars, watches sports, works in the garden, sometimes does exercise.

For his diet, he thinks he eats pretty healthy, watches high fat & high cholesterol food, eats out once a week, normally doesn't go to fast food, definitely doesn't drink pops; eats vegetables 20-50%(3-5 servings) in his diet, grain food 20-50% (1-3 servings), meat less than 20% (1-6 servings), including 1-6 servings turkey; doesn't eat process food, doesn't want to join healthy cooking class if offered.

Doesn't drink (alcoholic drinks), drinks mainly water, coffee, tea, milk and fruit juice. Doesn't smoke, doesn't do drug, has an exercise regimen, walks (or aerobic) 3-6 days a week, about 30-59 minutes every time.

Doesn't want to get involved in clinic studies, no time for it.

The 12 tables are put in Attachment IV.

Conversation Results:

Each organization submitted a conversation report per AC-SE MI specification, some changed the format slightly due to their grouping for different topics or age groups. The consolidated report mainly covers key points of each category:

1.	Health Insurance	
	Asian Indians	Majority have health insurance, language barriers in selecting the right drug plans
	Chinese	Almost all have health insurance, but concerned with no long-term, dental and vision insurance. Some also comment that low-income people have better health coverage (Medicaid).
	Filipinos	Young people have health insurance through their parents, working people have from their employer and older people have Medicare. Some have problem meeting co-pays.
	Koreans	Every one has health insurance, but lots of confusion for Medicare insured as what covered, what not and how to select a proper supplemental insurance
	Vietnamese	Working people and students have health insurance but older people may or may not due to age and Medicare are not available yet
2.	Regular Check-ups	
	Asian Indians	Majority (a good 60%, especially young people) don't visit doctors unless sick, for younger people, reminders and doctors push may help them to get check-ups.
	Chinese	With health insurance, regular check-up is easy. The concern is still on teeth, vision etc.
	Filipinos	Many people don't go to annual check-ups due to high premium, deductible or co-pay, some feel embarrassed to take certain tests, e.g., colonoscopy.
	Koreans	About 75% people have their regular annual check-up, but the younger group think they are pretty healthy, therefore, "don't have time" for check ups
	Vietnamese	Younger Vietnamese are more likely to have regular annual check-up, older ones don't if they don't have health insurance; and many are afraid of knowing their illness therefore don't want to check up and find out. Some older people use Chinese herbal medicines, but not tell their doctors.

3.	Immunization/Disease Records	
	Asian Indians	Half don't keep good immunization record, don't understand travel immunization needs (need education)
	Chinese	Most know what they had but not necessary have the record since they didn't have a childhood immunization record to keep. For adult immunization, flu, tetanus & pneumonia.
	Filipinos	Not having clear immunization record with them, most people rely on doctors' records including flu shots. Many people remember they had certain diseases and therefore immune to them. Many people have family members die of cancer and heart attack.
	Koreans	Most of the people knew they had certain immunization but couldn't know what exactly they are, believe their doctors could produce the info if asked, same for immunization as well as disease records
	Vietnamese	Don't keep records, rely on their doctors to keep. The older they are the lesser their understanding of the need to have immunization and keep record.
4.	Life Styles/Jobs	
	Asian Indians	Understand the importance of exercise but still live in a more sedative style
	Chinese	Professionals seem to have more sedative work style, sitting in front of computers at work. Labors seem to have more work requires standing. Leisure time is still more net searching or mahjong playing. Very few people have more active life style.
	Filipinos	Working people have physical activities at work, others take dancing or walking as their exercises. People in general have very sedative life style, leisure time spend on TV or computer.
	Koreans	People know they need to exercise, but couldn't get themselves motivated to do so. Too many spend a lot of time watching Korean drama and couldn't help
	Vietnamese	Usually don't take work home, take regular vacations, visit friends and families. Other leisure time includes watching TV, Internet searching, sports etc.
5.	Diet	

	Asian Indians	half of the people understand the importance of diet, but still hard to keep of the healthy eating habit. Need some ways to help them changing habits
	Chinese	Younger people tend to eat more meat than older people, also don't care about the health effect from diet. Older people tend to pay more attention to what they eat and eat more healthy.
	Filipinos	People eat healthier when told by their physician of certain physical conditions, e.g., high cholesterol, hypertension etc. Busy life keeps people away from kitchen and eat process food or eat out.
	Koreans	Most of people eat relatively healthy, more vegetables and only eat process food occasionally. They know more than practice. Korean side dishes are all too salty
	Vietnamese	About 80% Vietnamese food, 20% American food. Women eat 50% vege, men 30%; women 20% meat, men 50%; all ear rice daily.
6.	Drinks	
	Asian Indians	pretty healthy in drinks, about 40% have social drinking
	Chinese	Water is the most popular drink, then green tea, coffee etc.
	Filipinos	Majority drink water, tea, coffee, fruit juice and milk etc. A few have alcohol problems.
	Koreans	Koreans don't drink soda, pops, their drinks are pretty healthy and common, but they don't drink enough
	Vietnamese	Many people don't drink, those do, only beer and wine moderately.
7.	Tobacco/Drugs Use	
	Asian Indians	smoking is not a problem
	Chinese	No problem in this area.
	Filipinos	Not a problem for majority, a few do it for pleasure occasionally.
	Koreans	Not a problem among general Korean American populations

	Vietnamese	Smoking is more popular among older population, but no drug use.
8.	Exercises	
	Asian Indians	about 40% have regular exercise regimen
	Chinese	Not too many join health club, exercise is not a norm to most of the people. During vacation, family involve in more activities, e.g., swimming, riding, play balls etc
	Filipinos	Limited people have exercise regimen, majority don't have because of full time work, not enough \$ to join health club and just not make it a daily routines.
	Koreans	Walking is a popular exercise, in general 30-60 minutes of various frequencies in a week. A few do different exercises, more strenuous, higher capacity
	Vietnamese	Do moderate exercise, but not regularly. Walking, jogging, playing popular sports etc.
9.	Clinical Trials	
	Asian Indians	65% don't want to get involved in clinical trials
	Chinese	Very skeptical with clinical trials, not understanding what it entails. Don't want to be a guinea pig, try anything with medication, blood drawing etc.
	Filipinos	Young group are willing to participate, middle age and seniors are not willing. They are very private people.
	Koreans	Have no interest, maybe when personally involved
	Vietnamese	Most of the population would be willing to participate if they know the entire process and effects of trial.

The original reports from each organization are in the Attachment V.

Janilla Lee, Ph.D.
Principal Investigator
AC-SE MI Project Team,
9/06/2010