

Cultural factors affect Chinese Americans' health

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Since 2011, the Population Study of Chinese Elderly in Chicago (PINE), the most extensive epidemiological cohort study of Chinese older adults in the United States, has revealed critical health disparities among the growing Chinese American population.

In the current issue of the *Journal of the American Geriatrics Society* (JAGS), 17 new research papers from the PINE Study present an unprecedented exploration of cultural factors concerning Chinese Americans' [health](#). The papers also draw data from the Filial Piety Study, a study of the PINE Study participants' [adult children](#). The resulting research provides comprehensive, multigenerational insight into the lives of Chinese Americans.

"Despite the size and substantial growth of the Chinese American community, quality health data on this vulnerable population remains critically inadequate," said XinQi Dong, director of Rutgers University's Institute for Health, Health Care Policy and Aging Research and the lead researcher of the PINE and PIETY studies. "This collection of JAGS articles helps provide the context and understanding necessary to improve the health of Asian populations through education, research, advocacy, policy, and sustainable community engagement and promote greater health equity among all minority groups."

For the PINE Study, researchers looked at more than 3,000 Chinese Americans aged 60 and older to better understand their current experiences, offer solutions for improving the research participation of

minority older adults, and reduce health disparities.

The Filial Piety Study assessed the health and well-being of 548 PINE Study participants' adult children aged 21 and older. The study revealed widespread psychological and social stressors associated with the growing problems of caregiving distress and burden and intergenerational conflict among the Chinese American adult community.

"While preliminary research indicates marked disparities concerning Chinese Americans' health and well-being, numerous factors prevent quality research from being conducted and disseminated," said Dong. Barriers to research include a reluctance by Chinese Americans to participate in federally-sponsored activities, linguistic and cultural barriers, a lack of federal funding, and the tendency of federal-level health researchers to aggregate data of diverse Asian groups under the same racial category.

Researchers must also contend with the "model minority" myth—the perception that U.S. Asians are generally economically prosperous and healthy, and enjoy active social and familial relationships.

The articles—organized into the themes of data collection methods, elder abuse, cognitive function, psychological well-being, social relationships, and health behaviors—navigate the many challenges to studying this vulnerable population and address the insufficiency of health and wellness data.

The first article discusses methods of data collection, detailing how researchers used a custom web application to conduct in-person, native-language surveys of participants. The application not only helped overcome some of the barriers in health disparity research but also improved participation and retention.

Four articles addressing elder abuse examine the risk factors and consequences of violence across the life course. The articles explain the link between elder abuse—psychological abuse, physical abuse, caregiver neglect, and financial exploitation—and poor physical and mental health, chronic pain, greater use of healthcare services, and increased risk of mortality among older Chinese Americans.

Four articles that investigate cognitive function in the context of immigration, psychological distress, social engagement, and oral health are the first of their kind in the U.S. Chinese population. The articles emphasize the need for further study of this population's cognitive function later in life.

Three articles explore how the psychological well-being of Chinese older adults relates to physical health over time. The researchers establish a link between depressive symptoms and comorbid health conditions and demonstrate the need for emphasized screening for depression risk factors and the development of intervention strategies to proactively prevent the onset of disability.

Three articles address older Chinese immigrants' social relationships, exploring the impact of family relationships on health and wellness, filial obligations and caregiving burdens, and social engagement.

Two articles analyze patterns of health behaviors among Chinese older adults to understand potential predictors and consequences of specific health behaviors.

Key findings:

- Abuse is prevalent in the Chinese American community, with 11.4% of study respondents reporting child abuse, 6.5% reporting intimate partner violence, and 15.2% reporting elder

abuse.

- Individuals with a history of child abuse were four times likelier to experience intimate partner violence and psychological elder abuse.
- A history of psychological, intimate partner violence correlates with eight times the risk of re-experiencing psychological abuse as older adults.
- Intimate partner violence was associated with five to eight times the risk for psychological elder abuse, six to nine times the risk for physical/sexual abuse, and three times the risk for financial exploitation.
- Individuals with a history of childhood physical/sexual abuse experienced two times the risk of re-experiencing physical/sexual intimate partner violence. Those with a history of physical/sexual intimate partner violence faced nine times higher risks of re-experiencing physical/sexual elder abuse.
- All subtypes of elder abuse were associated with a substantially increased risk of 1-, 3-, and 4-year mortality.
- 41.5% of Asian Americans reported not receiving annual oral health examinations, which links to decreased quality of life, depression, hypertension, poor cognition, and cognitive decline.
- Approximately 50% and 54% of U.S. Chinese older adults experience various levels of functional disability and depressive symptoms, respectively.
- Comorbid depression is associated with a six-fold higher likelihood of functional disability, a 70% increase in overall medical costs, and a 2.4-fold increase in mortality than those without depression.
- More than 84% of Chinese American study participants had one or more chronic medical conditions, and more than 60% had two or more.
- 25% of older Chinese men are current smokers compared with only 8.8% among the general US population aged 65 and older.

"A growth rate almost four times higher than that of the overall U.S. older adult population necessitates a thorough understanding of older Chinese Americans' health needs," said Dong. This research will help promote healthy aging adequately, prevent health disparities, and inform the development of culturally sensitive healthcare."

Provided by Rutgers University

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