ASIAN DIVERSITY AND HOW IT AFFECTS HEALTH CARE¹

Every day, you treat patients of varying races, ethnicities, and religious beliefs, with the goal of providing the best possible care. You likely know that culture may affect your patients' health-related practices and beliefs, and that certain ethnic groups may be more susceptible to specific diseases and health concerns.

It's equally important to remember that great health differences may exist even within an ethnic group. The Asian population, in particular, is often lumped into one large group. Yet it comprises numerous unique ethnic groups.

Free tool helps identify health differences within ethnic groups

To help you identify separate groups within ethic populations, and their diverse health concerns, we encourage you to use CultureVision™. This database is available at no charge to network-participating providers. It gives access to culturally relevant information, including the prevalence of diseases within certain populations, the effect of cultural issues on medical decision-making, questions to ask that may help lead to better health outcomes, and how to improve communication when there is a language barrier.

Asian ethnic groups identified in **CultureVision**

To more accurately reflect the diversity of the Asian population, the ethnic groups listed below each have individual web pages featured on the CultureVision website.

- > Asian Indian
- > Bhutanese
- **>** Burmese
- Cambodian
- Chinese
- Filipino

- > Hmong/Laotian
- Japanese
- Napali
- > Pakistani
- > Thai
- > Vietnamese

In the United States, the populations of these particular ethnic groups range in size from a little over 29,000 to nearly 4.75 million, totaling more than 21 million people.

Diversity of health risks among Asians

The diversity of Asian ethnic groups extends beyond their nationalities, religious beliefs, and cultural practices. There are many differences in health risks, too. Unfortunately, these groups are often viewed as one aggregate Asian population in health studies, making it difficult to identify common health problems of individual ethnic groups. To address this issue, Culture Vision uses ethnicity-specific data whenever possible.

Did you know?

> Asian Americans overall are less likely to develop cardiovascular disease. But, Filipino Americans have higher rates of the disease compared with some other Asian ethnicities, with rates similar to non-Hispanic whites.

- > Cancer is the leading cause of mortality among the Asian-American population, but the type of cancer to which a group is more susceptible will vary. Japanese Americans have the highest rates of breast, endometrial, and colorectal cancer, while Korean-American men have the highest mortality rates from lung and stomach cancer.
- > There is 100 percent prevalence of viral hepatitis A among individuals in Cambodia over age 16.
- > There is an increased susceptibility of the Hmong people to kidney stones.

More information on the Culture Vision website

For more information that may help you when providing care to Asians in your patient population:

- Visit the Culture Vision website (CRCultureVision.com).
- **>** Login Name (case-sensitive): **CignaHCP**. Password: Doctors123*
- > In the Select Group box, click Ethnic Groups: then select any Asian ethnic group from the drop-down menu.

Additional resources to enhance interactions with culturally diverse patients are outlined on page 23.

1. Data in this article was taken from the Fall 2019 CultureVision newsletter. To access this and other editions of the Culture Vision newsletter, log in to CRCulture Vision.com > Quarterly Newsletter.



THE MODEL MINORITY BIAS

Some Asian Americans who are high achievers, educated, and health-literate view themselves as being a "model" health minority, capable of managing their own health and chronic conditions. They may believe they are less vulnerable, and therefore be less likely to ask for health care treatment or advice, even when it's needed.

Providers sometimes share this model minority bias, and as a result limit their education, prevention, and treatment efforts when interacting with these patients. However, the majority of these patients need the same level of care as the general patient population.

Please be aware of the model minority bias in your practice, and provide the same health care treatment and education efforts to all of your patients, regardless of education or status.

