

The background features an abstract graphic consisting of three blue circles of varying sizes, each composed of concentric rings of different shades of blue. These circles are arranged in a triangular pattern. Two thin, light blue lines intersect at the top center, forming a large 'V' shape that frames the circles. The overall design is clean and modern, using a monochromatic blue color palette.

# Asian American Health Survey

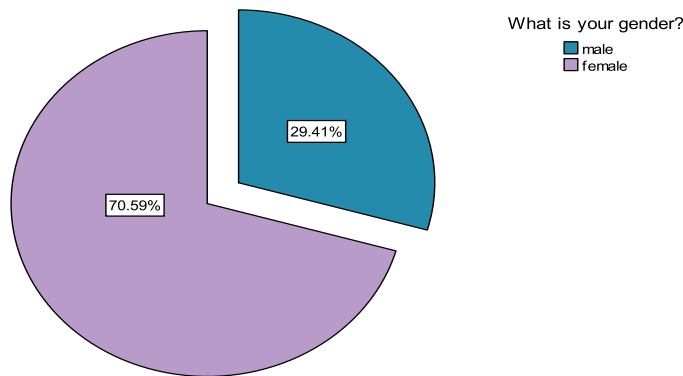
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**October 1, 2010**

### Asian American Health Survey

The health survey was conducted during the Cleveland Asian Festival on May 11, 2010. The survey was placed in the booth designated to the Asian Services In Action, Inc., a social service agency providing a wide range of community-based services including health programs, transportation and interpreting. The agency staff encouraged the Festival participants who visited the booth to complete the survey, offering an incentive of \$5. It was reported that approximately 10,000 people participated in the Festival in which ethnic food, artifacts and entertainment were available and 103 survey questionnaires were completed during the Festival. Additionally, 17 participants of an event sponsored by the Korean American Association of Greater Cleveland completed the survey on June 12, 2010, making the survey completion as 120. The original survey questionnaire was developed by the Asian Community Alliance in Cincinnati, and revisions were made to accommodate the local needs. The project was supported by the Mt. Sinai Health Care Foundation and the Asian and Pacific Islander American Health Forum's Health Through Action Initiative.

### Findings

Gender: The majority (84 or 70.6%) of survey participants were female while the rest (35 or 29.4%) were male. Incidentally, one person did not report the gender.

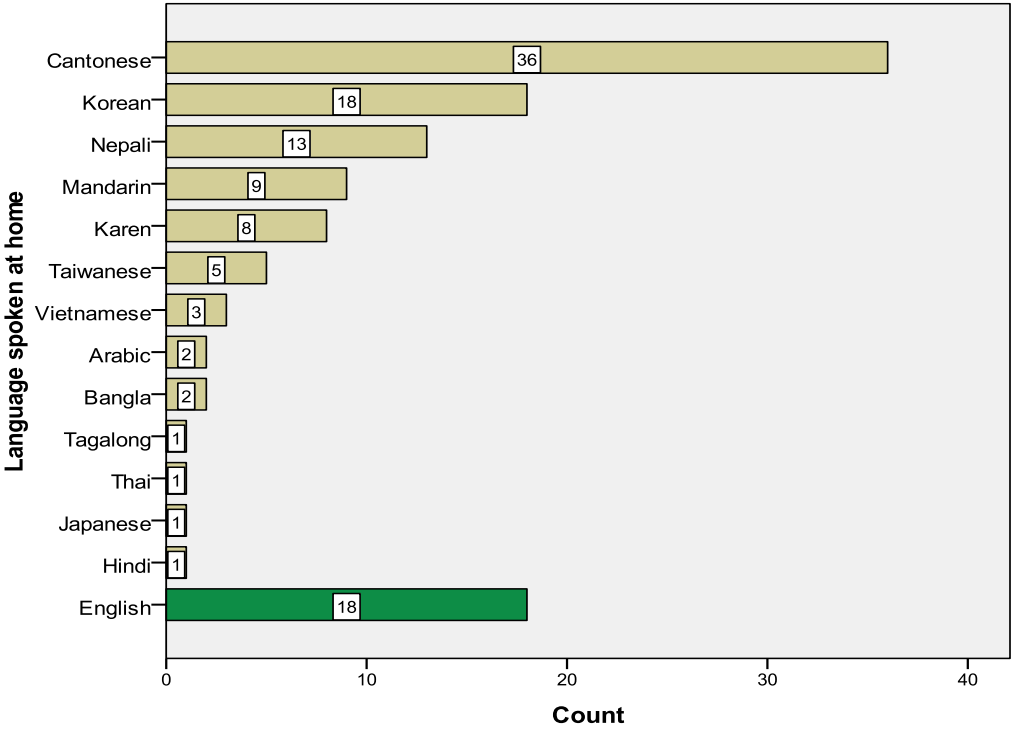


Age: The participants' age ranged from 12 to 82 years, with the mean age of 40.8 years.

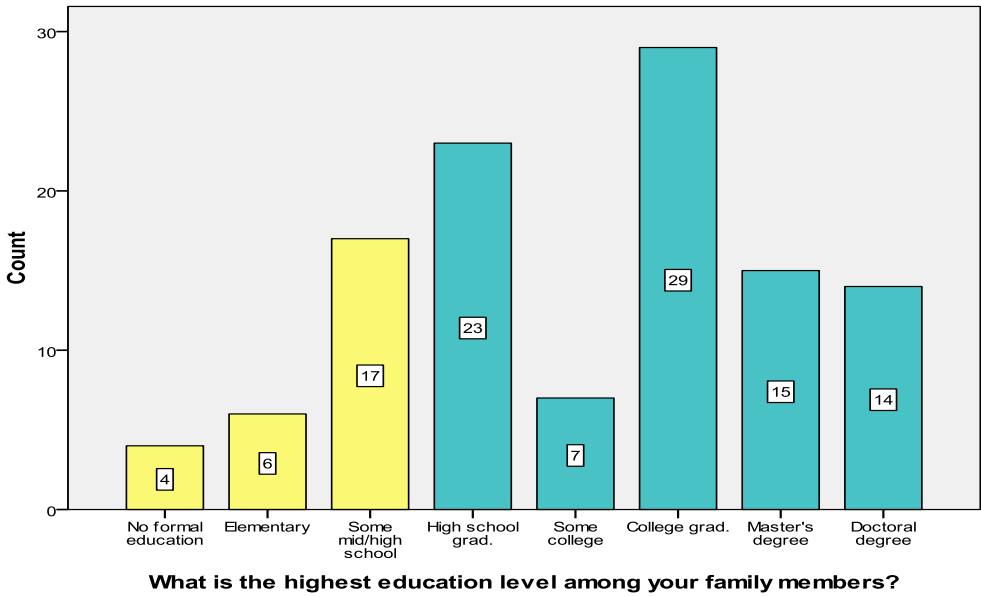
Residence in U.S.: Length of residence in U.S. varied from 9 months to 53 years, with an average of 13.8 years.

Language spoken at home: The respondents reported 14 languages, including English, as the primary language spoken at home. The large number (36 or 30%) of the participants spoke Cantonese at home followed by

Korean (18 or 15%). Incidentally, 18 or 15% of the participants reported speaking English at home. The distribution of those languages is shown below.

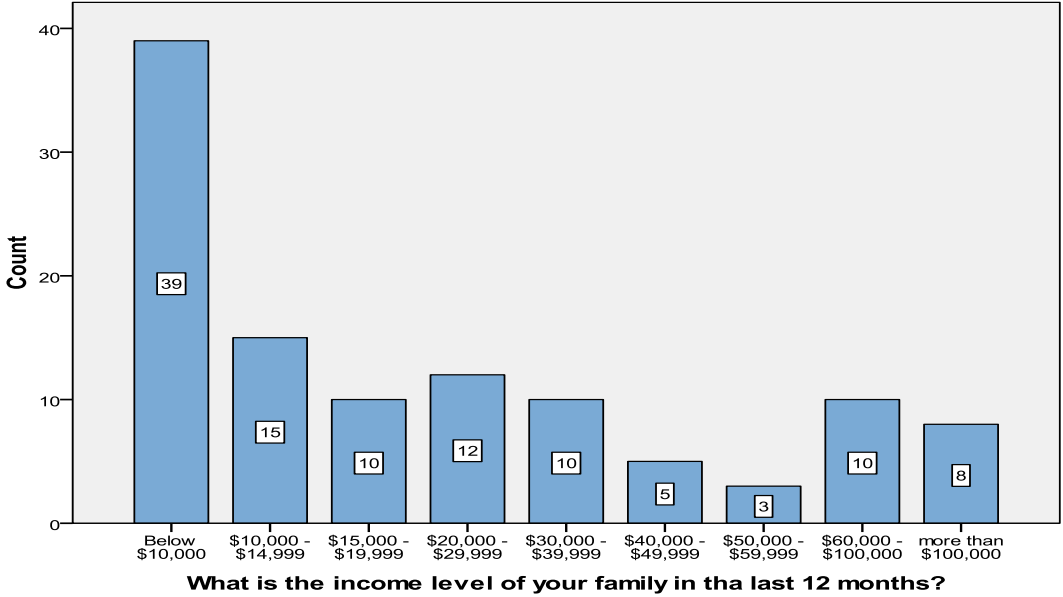


**Education:** When asked about the highest level of education among their family members, only 27 or 23.5% of the participants reported less than the high school diploma. The highest number (29 or 24.2%) of the participants reported the college degree. The participant families were in general highly educated, with 14 (11.7%) reporting doctoral degree, and 15 (12.5%) master’s degree.



What is the highest education level among your family members?

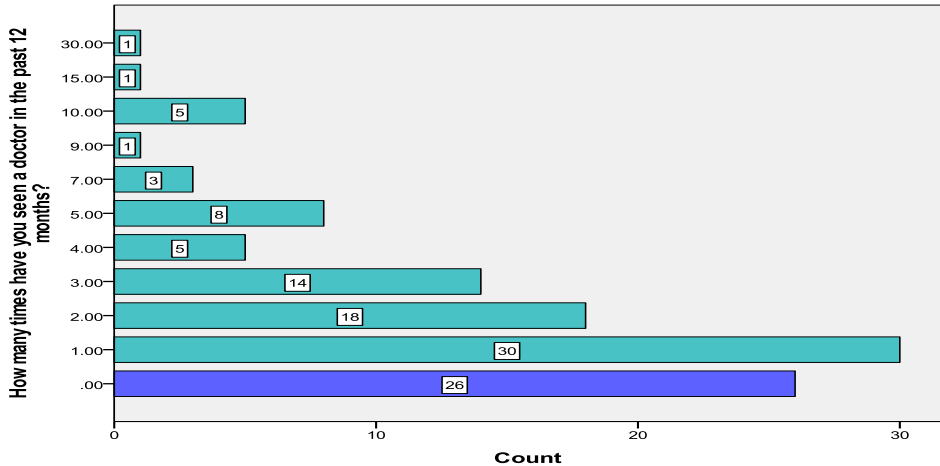
**Family income:** The distribution of household income is shown below. Surprisingly the highest number of the participants (39 or 32.5%) reported the family income of less than \$10,000. As predicted, those who had education of high school or less earned below \$10,000 (N=26) and \$10,000-\$14,999 (N=10), while all of the families with the income of \$60,000 and higher had a college degree. Incidentally, the association between the level of education and family income was statistically significant.



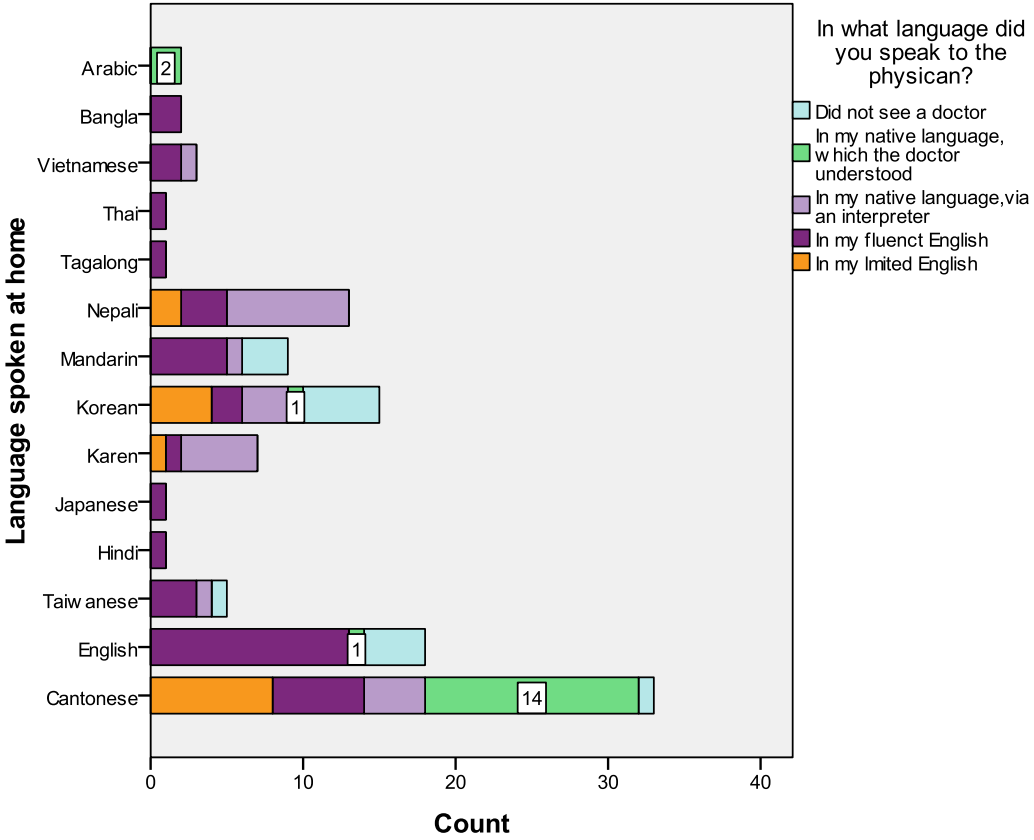
**Health Status**

A number of questions were asked concerning the health status and health care seeking behavior.

**The number of visits to physician’ office in the past 12 months:** The number varied from 1 to 30, with the mean of 2.6 times. However 26 or 21.7% of the participants reported not visiting physician’s office at all during the past 12 months. The distribution of the frequency is shown below.



Language spoken at the doctor’s office: When the participants were asked in what language they spoke to the physician, 43 (34.2%) reported speaking to the doctor in their fluent English while another 15 (12.5%) reported speaking in their limited English. Eighteen (18) participants (15%) reported that they spoke their native language that the doctor understood. They included 14 participants who spoke Cantonese, two persons speaking Arabic, and one each person speaking Korean and English. The total percentage included those who did not visit the doctor’s office in the past 12months. The distribution of the mode of communication with doctors by the language spoken at home is shown below. The numbers shown in the bars indicate the participants who spoke in their native language which their doctor understood. The table shows that those who spoke very limited English communicated with their doctors through interpreters. It is not known, however, whether those interpreters were adult interpreters or their own underage children.



Mode of transportation to get to the doctor’s office: When asked how they got to the doctor’s office given several possible answers, their responses were as below.

Mode of Transportation	Frequency	Percent
Drove myself	49	40.8%
Family drove	25	20.8%
Walked over	10	8.3%

My friend/neighbor drove	9	7.5%
Took a bus	4	3.3%
Did not see a doctor	21	17.5%

It appeared that the majority of the respondents were resourceful in finding transportation for getting to the doctor's office.

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Health conditions: The participants were asked if they have certain health conditions. Their responses are how in the following table.

Health Condition	Maybe	Yes before, but not now	Yes, I have it now	Don't know	None
High blood pressure	7	3	14	4	82
High cholesterol	6	4	12	6	82
Anxiety	10	0	5	3	91
Depression	5	1	4	3	95
Hepatitis B	3	1	3	4	94
Tuberculosis	2	1	2	4	97
Diabetes	2	2	6	7	94
Heart conditions	4	0	3	5	95
HIV/AIDS	1	0	0	3	103
Cancer	1	3	1	4	98
Allergy/asthma	6	3	9	3	86
Acid Reflux	1	0	0	0	
Osteoporosis			1		
Arthritis			1		
Eczema			1		

Ten participants responded they may have anxiety while another five said that they had it then, making it total of 15 (12.5%) respondents may have been suffering from anxiety. Combined with nine respondents who may have suffered from depression, mental health concerns were expressed by 24 participants. Additionally, high blood pressure and high cholesterol were health concerns among the participants. It is alarming that a few participants stated that they had tuberculosis.

Health behavior: Several questions were asked about their health behavior over the last month, and their responses are shown in the following table.

Question	Response			
1. How many days in a week did you smoke cigarettes:	Every day: 1	A few days: 3	Not sure: 2	Not at all: 109
2. How many drinks do you	1-2 drinks:	More than 2	Don't know:	I don't drink:

have in a day?	7	drinks: 2	7	97
3. How often do you use drugs not for medical reasons?	Daily: 8	Occasionally: 2 Rarely: 12	Don't know: 5	Never: 88
4. How often did you exercise or walk more than 20 minutes?	Range: 0 (N=16 respondents) – 30 (N=13 respondents) Mean: 8.17			

Health insurance: The participants were asked whether they have health insurance, and what types of insurance they have, if they do. Their responses are show in the following table.

Health Insurance	Frequency	Percent
No insurance	34	28.3%
Self-pay insurance	6	5.0%
Insurance from my employer	32	26.7%
Medicare	14	11.7%
Medicaid	22	18.3%
Other insurance	9	7.5%
Total	117	97.5%

More than a quarter of the participants (28.3%) reported that they did not have any health insurance, although almost an equal number of the participants (26.7%) reported having insurance from their employer. Even though the participants without insurance were in all income categories, the vast majority (N=23, 70%) were in the yearly income categories below \$20,000.

The participants were asked to express the extent of need for help in various areas. The number of participants who said that they need help is shown below in the order of the number reported.

Need help in . . .	Number of participants expressing need
Health/medical service	45
English class	42
Job finding	30
Medical/dental care	29
Interpretation/translation	25
Job training	25
Socialization/activities	24
Safety	23
Neighborhood relationship	17
Housing repairs	17
Child care (after-school)	16

Medication/drugs	15
Child care (pre-school)	15
Volunteer opportunities	15
Utility payment	14
Taking care of babies	14
Elderly services	14
Mental health service	12
Housing	12
Rent payment	12
Legal/immigration matters	11
Mortgage payment	8
Disability	6
Alcohol/drug abuse	5

Additional questions were asked if the participants would like several programs. The number of participants who indicated their interest in each program is listed below.

Would like . . .	Number of participants expressing interest
Women’s health program	24
Breast and cervical cancer program	17
Immunization program	14
Physical wellness program	13
Mental health program	12
Lead poisoning program	9
Hepatitis B program	6
Tuberculosis program	4
Sexuality program	3
Prostate cancer program	2
Cholesterol screening program	2
Nutritional program	1
Dental program	1

Considering the majority of the participants were female, it is understandable that interest in women’s health program and breast and cervical cancer program was relatively high.

**Observation**

- The respondents were predominantly female and reported generally good health.
- The family income was relatively low, with the majority earning less than \$40,000 despite a relatively high level of educational attainment.
- The respondents reported good physical access to see their doctors.

- High blood pressure, high cholesterol, anxiety and depression were most frequently reported among the respondents.
- Almost one-third of the participants reported having no health insurance.
- The respondents reported need for medical and dental care service, English class, job finding, and interpretation service among other services.
- The respondents expressed interest in women's health programs, including breast and cervical cancer program, immunization as well as physical wellness and mental health programs.