Health of Vietnamese-American Refugee Adults:
A Summary of Health in the Context of the Vietnam War

Introduction

Vietnamese-Americans are a quickly growing minority group in the United States. The 2010 Census identified the current population of Vietnamese as 1,548,449, a number that grew by over 400,000 since the year 2000.[1] However, information on the health status of this group is not readily available, especially in comparison to other Asian-American subgroups that have longer historical patterns of migration to the United States, such as the Chinese and Japanese. In this document, we will explore the health status of Vietnamese-American adults, focusing particularly on the health of refugees of the Vietnam War. With continual immigration to the United States and an influx of refugees from other regions of conflict, it is imperative that we learn from historical precedent and adapt accordingly.

The goals of this document include:

- Presenting information on physical health issues of older Vietnamese-Americans
- Presenting information on mental health issues of older Vietnamese-Americans
- Indicating how we can learn from the heterogeneity of the Vietnamese population
- Informing on the health experience of refugees
- Suggesting policy mechanisms to better serve marginalized communities

Population and History

Many Vietnamese immigrants came to the United States in the years shortly before the fall of Saigon in 1975 or left Vietnam in the years following the war's end. We can describe the pattern of Vietnamese immigration as a series of waves. The First Wave, including mainly South Vietnamese people with connections to the US government, came shortly before 1975 in part to escape persecution by the new Communist government.[2] Most were professionals and highly-educated immigrants. The Second Wave came after the fall of Saigon, commonly called "boat people" due to their main transportation out of Vietnam to temporary camps in nearby Thailand, Malaysia, Indonesia, and other countries. Many people from this wave gained citizenship after their arrival, and they form a large portion of Vietnamese-Americans. The Third Wave followed after 1979 with the United Nations' approval of the Orderly Departure Program, which granted a legal method of immigration for Vietnamese refugees.[3] Since this time, many older Vietnamese have migrated with political refugee status.[2]

Distribution and Heterogeneity

Since Vietnamese populations tend to cluster in certain areas, it is important for their local health providers to understand specific challenges. California hosts the largest population of Vietnamese with 581,946 individuals, a number greater than the combined next nine states with large Vietnamese populations (including Texas with 210,913).[1] Within California, these immigrants cluster primarily in Orange, Santa Clara, and Los Angeles County. Due to the magnitude of the populations in these areas, understanding the health status of this **uniquely distributed group** is critical.

Working with **heterogeneous populations** is changing the way we provide access to and deliver health care in the United States. With this perspective, we can analyze the Vietnamese population in the following two ways. First, they are distinct

from other Asian-American subgroups and carry particular health issues, attitudes, and beliefs. Second, the refugee experience, as defined by the three waves of immigration, also affects how Vietnamese-Americans interact in the United States.

Health Issues and Disparities

Vietnamese-Americans adults face higher rates of diabetes and high blood pressure compared to non-Hispanic whites, while facing comparable rates of heart disease.[1,2] However, most troublingly, Vietnamese-Americans have a much greater need for assistance with mental health problems, a situation further complicated by lack of communication about such concerns with health care providers.

<u>Physical Health Issues</u>

Diabetes and Obesity

While there have not been comprehensive assessments of the prevalence and incidence of diabetes amongst Vietnamese-Americans specifically, national data suggest that Asians have higher diabetes-related morbidity and mortality than non-Hispanic whites.[4] A study by Mull et al. in Orange County (home to over 140,000 Vietnamese) indicates county rates for diabetes amongst Asians comparable to national data. Notably, the prevalence of obesity amongst Vietnamese-Americans is quite low compared to the rest of the US population.[5] However, for a better grasp of this issue, we must also consider the effects of migration.

Migration-Related Notes

Like other groups, Vietnamese immigrants have tended to adopt a higher calorie diet and a less active lifestyle, two risk factors that could potentially contribute to higher rates of overweight and diabetes.[4] While prevalence of obesity is low, Vietnamese-American immigrants have more than double the rate of overweight when compared with native Vietnamese who never left.[5] Fu et al. note that these differences are the effects of "immigration and acculturation, not to selection." As hypothesized by adoption of a more Westernized lifestyle, immigrants who have been in the US longer have poorer BMI outcomes. However, immigrants who were fluent in both Vietnamese and English had better outcomes. The authored explained this as disengagement with American society (not speaking English) correlating with poorer outcomes. The study controlled for education and socioeconomic status by controlling occupational status, noting that there are "better opportunities for educational attainment among immigrants" after their arrival.

Cultural Notes

Many Vietnamese immigrants who firmly embrace traditional cultural beliefs on health have misconceptions about the causes and treatment of diabetes. Mull et al. note that "most patients mentioned worry and […] stress" as the cause of their disease.[4] Attitudes toward treatment create barriers that health care providers can address through tailored, culturally-competent care. One concern is distrust of Western medicine because it could potentially upset "hot-cold balance," (the idea of interplay between characteristics of substances introduced to the body) with its "hot" chemicals. Another concern is exclusive faith in Eastern herbal medicine.

Hypertension and Heart Disease

Cardiovascular disease is a leading cause of death worldwide, and amongst

Vietnamese women, accounts for 31% of all deaths.[6] One large risk factor that contributes to hypertension and heart disease is smoking, and literature reviews of smoking practices of Vietnamese people have somewhat mixed results. In some areas of California, rates among women are as low as 0.4%, yet rates in other states climb to nearly 20%.[6] In general, rates are higher among men (up to 42%).

Migration-Related Notes

In terms of factors contributing to heart disease, Coronado et al. found that spending over 20 years in the US was inversely related to fruit and vegetable consumption. Additionally, longer times in the US correspond to a greater likelihood of smoking, despite also correlating with receiving recent blood pressure and cholesterol checks.[6]

Cultural Notes

There is a cultural perception that smoking is generally unacceptable for Vietnamese women because it is a sign of low status, reinforcing higher rates of smoking among men. Vietnamese cuisine tends to consist of high-glucose starches based off of white rice, dishes with high sugar content, and dishes with high sodium content as well, all of which can contribute to greater risk for hypertension and heart disease, particularly in combination with adoption of other less healthy parts of the Western diet.[2]

Mental Health Issues

Summary of Challenges

In a survey of over 14,000 Vietnamese-Americans, 21% were found to have needed help for mental health problems compared to only 10% in the non-Hispanic white population, yet whites were more than twice as likely to have had a discussion with a medical provider about mental health concerns.[2] Notably, this phenomenon is present across other country's Vietnamese refugee populations, including in Australia.

Migration-Related Notes

In a separate study distinct from the obesity research detailed earlier, Fu et al. looked at the mental health of Vietnamese immigrants compared to never-leavers and returnees.[7] The researchers concluded that migration and related experiences of uprooting and readjustment contributed to mental health issues more than selection factors. The political climate in Vietnam adds additional complexity to refugee mental health. Birman et al. found that ex-political detainees had experienced more than double the number of traumatic events on average compared to other refugees, yet these detainees did not have higher rates of depression.[8] However, the context of refugee and re-education camps, involuntary migration, and difficulties with adapting to new cultures as potential contributors to stress and anxiety are still relevant to keep in mind.

Cultural Notes

Birman et al. also found that Vietnamese behavioral acculturation was associated with increased life satisfaction, yet also predicted anxiety – participation in Vietnamese culture provided access to community activities, yet also led to alienation in American culture. Birman et al. found that English language competence did not contribute to feelings of alienation; behavior and participation in society were more relevant.

Public Policy Implications and Recommendations

The unique migrant experiences described in this document highlight the need to develop culturally-competent care to bring about positive health outcomes in the Vietnamese-American population. In particular, health care providers must address linguistic and cultural barriers that make navigation of the US health care system difficult. Increasing the availability of interpreters and translated documents will serve to put Vietnamese patients more at ease. Similarly, engraining health workers with a mindset of cultural humility (an open mindset with regular self-reflection) is critical to designing appropriate, culturally tailored interventions. This can include holding focus groups of Vietnamese-Americans to address knowledge gaps, access issues, and other factors that can affect health outcomes.

From a more generalized standpoint, creating an atmosphere for the immigrant experience in the host country that reduces feelings of isolation and stress can protect against both physical and mental health issues. It is not just clinicians that must be more cognizant of the needs of immigrants in America – all residents can serve as a form of social support crucial for creating a safety net.

One crucial implication is to challenge the idea that refugees experience certain health outcomes due to often-assumed factors, such as prior trauma and language barriers. There is a rich complexity of factors that contribute to the immigrant experience, and taking a perspective with a multifaceted approach is a potential avenue to better serve these populations. It is important to remember that generalizations of the health status of Vietnamese immigrants may not be accurate – length of residence, wave status, and many other factors can potentially have an impact on health outcomes.

While this document provided a concise picture of the physical and mental health status of older Vietnamese adults, further research is necessary to better understand how we might best stage interventions to develop the positive outcomes we desire. Links are provided below for additional information on the Vietnamese population and their health status in the US.

Other Links

Immigration and Health:
http://geriatrics.stanford.edu/ethnomed/vietnamese/index.html

History of Immigration:
http://www.asian-nation.org/exodus.shtml

Distribution and Demographics:
http://www.migrationinformation.org/usfocus/display.cfm?ID=691

About the Author

Tim Dang is a junior majoring in Human Biology at Stanford University with a concentration in Preventive Medicine and Community Health. He is the son of two First Wave South Vietnamese immigrants from Saigon and grew up in Orange County, California, the county with the largest number of Vietnamese-Americans in the US.

[1] US Bureau of the Census. *The Vietnamese Population in the United States: 2010*. Washington, DC: US Bureau of the Census; 2010.

[2] Sorkin D, Tan AL, Hays RD, Mangione CM, Ngo-Metzger Q. Self-reported health status of vietnamese and non-Hispanic white older adults in california. *J Am Geriatr Soc*. 2008;56(8):1543–1548.

[3] Periyakoil VJ. Health and Health Care of Vietnamese American Older Adults. *Stanford University School of Medicine eCampus Geriatrics*; 2010.

[4] Mull DS, Nguyen N, Mull JD. Vietnamese diabetic patients and their physicians: what ethnography can teach us. *West. J. Med.* 2001;175(5):307–311.

[5] Fu H, Vanlandingham MJ. Disentangling the Effects of Migration, Selection and Acculturation on Weight and Body Fat Distribution: Results from a Natural Experiment Involving Vietnamese Americans, Returnees, and Never-Leavers. *Journal of immigrant and minority health / Center for Minority Public Health*. 2012

[6] Coronado GD, Woodall ED, Do H, et al. Heart disease prevention practices among immigrant Vietnamese women. *J Womens Health (Larchmt)*. 2008;17(8):1293–1300.

[7] Fu H, Vanlandingham MJ. Mental health consequences of international migration for vietnamese americans and the mediating effects of physical health and social networks: results from a natural experiment approach. *Demography*. 2012;49(2):393–424.

[8] Birman D, Tran N. Psychological distress and adjustment of Vietnamese refugees in the United States:Association with pre- and postmigration factors. *Am J Orthopsychiatry*. 2008;78(1):109–120.