

Background

The COVID-19 pandemic has exacerbated many social determinants of health and barriers to health care for many vulnerable communities, including Southeast Asian Americans.

In parallel, the pandemic brought about a wave of increased prejudice, discrimination, and violence against Asian Americans, heightening centuries-old xenophobia and racism against Asian Americans rooted in American history.

There is limited information available on how the COVID-19 pandemic has impacted the health access and utilization of Asian Americans by disaggregated ethnic subgroups, especially Southeast Asian Americans, including Cambodian, Laotian, and Vietnamese communities.

The study aims to determine the impact of the pandemic on the utilization of health care services and identify opportunities to advance the health of Southeast Asian American communities.

Southeast Asian Development Center (SEADC) is a nonprofit organization located in San Francisco, CA that provides services structured around providing low-income and vulnerable Southeast Asian Americans with basic needs and skills critical to building successful futures.

Methods

Seventy-eight Cambodian, Laotian, Vietnamese-identifying individuals who were at least 14 years or older and reside in the San Francisco Bay Area were recruited to participate in a 20-question survey and semi-structured focus groups between July - September 2021.

1st generation (born elsewhere and immigrated to the U.S. after childhood) focus groups were conducted in-person at community centers with language interpretation.
2nd generation (born in the U.S. and/or immigrated to the U.S. during childhood) focus groups were conducted via Zoom in English.

The focus groups were transcribed verbatim and iteratively coded by members of the research team to identify domains and themes. The codebook was developed from deductive and inductive approaches and iteratively refined.

Results

Snapshot of 1st gen participants (n=47)

Age: mean: 63.8 years, SD = 11.1

Number of years since immigration to U.S.: mean: 22.9 years, SD = 14.6

English proficiency (not at all, not well, well, very good): mode: "not well" (51%)

Current health status (poor, fair, good, very good): mode: "fair" (34%)

Health care utilization in past 12 months
 66% had had at least 1 telehealth visit
 91% had at least 1 office visit

Survey Findings



Scan QR code for survey data tables

Snapshot of 2nd gen participants (n=31)

Age: mean: 25.3 years, SD = 12.5

English proficiency (not at all, not well, well, very good): mode: "very well" (71%)

Current health status (poor, fair, good, very good): mode: "good" (58%)

Health care utilization in past 12 months
 48% had had at least 1 telehealth visit
 68% had at least 1 office visit

Focus Group Findings - Domains, Themes, and Sample Representative Quotes

Domain 1: Utilization of Health Services

Theme 1: Fear of Anti-Asian Violence

"I never dare to go out by myself, I always have to ask someone to go out with me. When I go out, I try to hide everything by wearing sunglasses, masks, and a huge hat and cover everything so that they don't recognize that I am Asian when I take the bus or am walking on the street. If my phone rings, I don't dare to pick it up because I'm afraid of people hearing when I talk and know that I am speaking an Asian language and am Asian."

- 1st generation Vietnamese participant

Theme 2: Barriers to Health Care

"Sometimes the translator is not there, so it's different from in-person, especially for people who don't read or write, so we really prefer an in-person translator. Online [translators], some of them are good. But some of them because we are the Lao ethnicity, sometimes they get someone from another ethnic group from Laos that can speak other dialects... They just get someone from Laos and then they speak different dialects, so then they have to cancel [the appointment] because ethnic language differences."

- 1st generation Laotian participant

Domain 2: COVID-19 Services

Theme 1: Utilization of COVID-19 Services

"My uncle chose not to get vaccinated and he says it's because he doesn't really trust the vaccine and he's not sure like what could happen if he took it, and yeah just in general, like mistrust and I also know that, like he's like conservative-leaning I guess so I'm sure that maybe mistrust and, like the stuff that is talked about like a about a lot conspiracy theories and things like that I guess play a part in it."

- 2nd generation Cambodian participant

Theme 2: COVID-19 Safety Precautions

"So in terms of the pandemic itself, it was a concern in the beginning, worrying about getting sick. But luckily, we stayed COVID free as a family and we were able to get out everyday for a few hours after they were distant learning and explore San Francisco and do new activities to keep busy... so we became more active as a family and we were able to get through it. So it was a positive in that respect but it was scary because nobody wanted to get sick, so we were always wearing masks and trying to avoid crowds."

- 2nd generation Laotian participant

Conclusions & Recommendations

Asian Americans are not a monolith. Further research should be conducted to elucidate health experiences of underrepresented Asian subgroups, such as Cambodian, Laotian, and Vietnamese populations, to more accurately assess health disparities and inform community interventions and health policies.

While intergenerational differences were greater than interethnic differences, the specific needs of each ethnic community should still be considered in health interventions.

Language access is essential for non-English speaking individuals to navigate health access. There is a continued need for language interpretation, particularly for smaller language groups such as Cambodian and Laotian communities, of typical health services, as well as emergent COVID-19 services.

Community centers serve a significant role in providing resources and connecting communities to health services, especially during the COVID-19 pandemic when many community members faced exacerbated health access barriers.

Project Lessons Learned

Community leaders from Southeast Asian Development Center (SEADC), Lao Seri Association, and Cambodian Community Development, Inc. had pivotal roles in participant recruitment and language interpretation during the study.

When working with immigrant communities with limited English proficiency and predominantly low-income backgrounds, conducting the focus groups in familiar community settings and providing financial incentives for participants were important to build trust and obtain "buy-in" from potential participants to engage in the study.

Acknowledgements

Funding: Stanford Medical Scholars Research Fellowship, Stanford Center for Asian Health Research and Education Grant, School of Medicine Department of Emergency Medicine; Stanford IRB #60712

Thank you to our research mentors and community partners, SEADC, Lao Seri Association, and Cambodian Community Development, Inc. for keeping us grounded and supporting our efforts to make this project possible.

Contact: Davis Chhoa, dchhoa@stanford.edu, if you have any questions.