



THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

fact sheet

Child and Family Health of New York's Asian American Community

Asian Americans are the fastest growing segment of the New York City population, and Asian Americans have the second highest birth rates in New York City.¹ However, health services have not been prepared to adequately meet the needs of this growing and diverse population. In many cases, problems are created and compounded by linguistic and cultural barriers that serve to significantly undermine efficient access and adequate care.

BARRIERS TO CARE

Financial Restrictions

- ▶ lack of health insurance
- ▶ low income and increasing poverty levels make paying out of pocket difficult
- ▶ fear of lost wages and long, rigid work hours prevent people from seeking care when needed

Cultural and Language Differences

- ▶ limited number of bilingual/bicultural providers
- ▶ possible mistrust of Western medicine
- ▶ lack of importance placed on preventive care
- ▶ tendency to seek care only when health conditions become serious
- ▶ little knowledge about subsidized care

Fears

- ▶ Undocumented immigrants may fear disclosing their status and seek care from underground illegal clinics.
- ▶ Documented immigrants may fear that accessing subsidized care will threaten residency status, application for citizenship, or later ability to sponsor relatives.

MATERNITY CARE¹

- ▶ In 1999, more than half (51.8%) of Asian American births were covered by Medicaid, more than double that of 1990 (21.9%).
- ▶ While Medicaid enrollment among Asian Americans is growing, the con-

tinuing lack of access is reflected by Asian Americans still having the highest percentage of self-paid births in New York City.

- ▶ From 1981 to 1999, births to mothers of Asian ancestry increased 63%.
- ▶ Births to Asian American mothers showed a large proportional increase from 1983-1999 (351%) while Whites experienced only a 1.6% increase and Blacks, a 5% decrease.
- ▶ There is an alarmingly high percentage of Asian Americans receiving little or no prenatal care, especially among women from South Asia and Korea.

HEPATITIS AND TUBERCULOSIS

Hepatitis B and tuberculosis are both highly endemic in Asian countries. With increasing immigration from Asia, rates of diseases have increased at alarming rates in New York City.

- ▶ From July to December 1997, 531 children were born in New York City to women who tested positive for hepatitis B; 60% of these children were Asian American.³
- ▶ Asian Americans have the highest rate of TB of any broadly see page 2 >

METHOD OF PAYMENT FOR CARE, BY PERCENT OF LIVE BIRTHS AND ETHNICITY—NEW YORK CITY, 1999

	WHITE	BLACK	HISPANIC	ASIAN	ALL
Self-paid	4.0%	3.8%	3.4%	5.1%	3.9%
Medicaid	18.9%	57.4%	70.0%	51.8%	49.5%
Other	76.7%	36.4%	25.7%	42.3%	45.4%
Not stated	0.5%	2.5%	0.9%	0.9%	1.2%

Source: NYC Department of Health Summary of Vital Statistics

defined ethnic or racial group, especially among children and the elderly.³

► Asian Americans accounted for 24.1% of the total TB cases in New York City in 1999.³

MENTAL HEALTH

Traditionally, mental illness holds a great stigma in Asian cultures. Also, sharing one’s problems outside the family such as through professional counseling is highly discouraged. However the need among Asian Americans for professional mental health care appears great. According to mental health care providers:

- Depression and anxiety disorders are the most common mental illnesses seen among Asian immigrants.
- Asian American children and teenagers are considered highly prone to depression citing pressure to succeed in school as a primary source of stress and anxiety.
- Risk factors for depression and anxiety disorders include ethnic identity conflict, isolation, and acculturation stress.
- A national survey showed Asian American children (under 18 years old) were least likely among Whites, Blacks, and Hispanics to receive mental health care.⁴
- Of all the children in New York

City receiving licensed mental health services in 1995, only 1% were Asian American.⁵

► In New York City in 1999, suicide was one of the ten leading causes of death for Asian Americans of all ages, but was not a leading cause of death for any other racial group.¹

- Nationally, in 1997 suicide alarmingly ranked as the leading cause of death among Indians ages 15-24.⁶
- Asian American women ages 15-24 have a higher rate of suicide than Whites, Blacks, and Hispanics in that age group.⁶

According to a national survey:^{7,8}

- 30% of Asian American girls in grades 5-12 reported suffering from depressive symptoms.
- Asian American girls reported the highest rates of depressive symptoms compared to White, Black, and Hispanic girls.
- Asian American teenage boys were more likely than their White, Black and Hispanic peers to report physical or sexual abuse.

ADOLESCENT HEALTH CONCERNS

There are various areas of concern when it comes to adolescent health, including alcohol and substance

LIVE BIRTHS BY ETHNICITY – NEW YORK CITY, 1999

	LIVE BIRTHS	% MOTHERS WITH LATE OR NO PRENATAL CARE
Asian Indian	1,882	11.6%
Bangladeshi	1,360	14.1%
Chinese	5,216	4.8%
Filipino	839	7.5%
Korean	890	11.6%
Pakistani	1,331	34.2%
Other Asian	3,479	10.1%
NYC TOTAL	123,739	10.7%

Source: NYC Department of Health Summary of Vital Statistics, 1999

abuse, tobacco use, HIV/AIDS and other sexually transmitted diseases. Because little data are available on Asian American youth, it is difficult to assess the prevalence among Asian Americans, evaluate the risks associated with the behavior, and develop preventive measures.

WHAT WE DO KNOW:

- In New York City more than two-thirds of all Asian Americans reported to be HIV infected are immigrants and refugees.⁹
- A recent national study has found that Asian Americans have the highest increase in smoking rates of any group from the 7th to 12th grades.¹⁰ ❖

¹ Summary of Vital Statistics 1999, The City of New York. Office of Vital Statistics, New York City Department of Health. ² Data provided by Perinatal Hepatitis B Prevention program, New York City Department of Health Bureau of Immunization. ³ New York City Department of Health, Tuberculosis Control Program. ⁴ Ku, L. & Matani, S. *Immigrants’ Access to Health Care and Insurance on the Cusp of Welfare Reform*. Assessing the New Federalism. Urban Institute. June 2000. ⁵ New York State Office of Mental Health. 1995 Patient Characteristics Survey. 1997 [unpublished data] as cited in *Keeping Track of New York City’s Children, Citizens’ Committee for Children of New York*, 2000. ⁶ *Monthly Vital Statistics Report*. Center for Disease Control and Prevention/National Center for Health Statistics; Vol. 46, No. 1. August 17, 1997. ⁷ *The Commonwealth Fund Survey of the Health of Adolescent Girls*. The Commonwealth Fund, 1998. ⁸ *The Commonwealth Fund Survey of the Health of Adolescent Boys*. The Commonwealth Fund, 1998. ⁹ *AIDS Case Surveillance Quarterly Report*. New York State Department of Health Bureau of HIV/AIDS Epidemiology, September 30, 1998. ¹⁰ National Youth Tobacco Survey, American Legacy Foundation 2000 as cited in *NY Times*, January 23, 2001

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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES seeks to improve the quality of life for the New York City Asian American community by facilitating access to health and human services that are sensitive to all Asian American children and families.

OTHER FACT SHEETS IN THIS SERIES: ❖ Snapshots of New York City: An Overview of Asian American Families ❖ Education and New York’s Asian American Children ❖ Understanding the Issues of Child Abuse and Neglect and Asian American Families

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