



The Research Investigator

Tom L. Chung, Ph.D. was Associate Professor at the University of Cincinnati Department of Family Medicine, Research Director of the Massachusetts Department of Elder Affairs, and an independent consultant in Asian American studies. He received funding/contracts from academic, business, community, and government agencies to study needs assessment, marketing potential, employment discrimination, hate crimes, membership opinion, service satisfaction, political participation, health care practice and attitudes. He recently published a chapter “Discrepancies, Convergence, and Enclave-specific Trends” in The Praeger Handbook of Asian American Health in 2009.

Significance of this Study

The inadequate and conflicting reports about Asian Americans' health and socio-economic conditions, as well as their generally underutilization of services, have been linked to the delay of systematic planning of health and human services. There has been very little data about Asian Americans in the Greater Cincinnati region despite their continuous growth and extra needs when they need help. Meanwhile, existing public policies and community advocates alike, tend to focus on the needs of the most recent immigrants, the frailest, and/or the poorest of the population. As more Asian Americans are born and age in this country, a broader perspective of a wider spectrum of needs is in order.

Based on the anonymous response of **472** individuals who speak 25 languages at home, this study systematically analyzed five **independent variables (economic condition, age, sex, education, and years of living in the U.S.)** and their relationship with **seven sets of dependent variables:**

- a) **Health knowledge and attitude** toward Type 2 Diabetes, heart/vascular problems, and Hepatitis B;
- b) Health and risk behaviors (exercise, smoking, drinks, and drugs);
- c) Health conditions (blood pressure, blood sugar, cholesterol, 10 physical and mental health conditions);
- d) Medical treatment behaviors (number of doctor visits, non-compliance issues like not taking full dosage and using Oriental Medicine simultaneously);
- e) Prioritization of needs (in 21 areas); as well as
- f) **Support system** (health insurance and contacts for help).

This study finds economic condition the most consistent and often the strongest independent variable related to the respondents' physical and mental health conditions, health knowledge and attitude, health and risk behaviors, as well as their needs. While the low-income group tends to need help most, higher-income groups are not immune from difficulties. Education, length of living in the U.S., age, and sex may also have an impact with individual dependent variables, which sometimes is stronger than that of economic condition.

Culture may also have a profound influence. The most prominent evidences include the widespread non-compliance in taking prescribed medication, some of the respondents' health beliefs and risk behaviors. Less obvious examples include the small fraction of mental health needs acknowledged among a surprisingly substantial proportion of those experiencing stress, anxiety, and depression; and the generally larger proportion needing help among those who have lived in the U.S. for less than five years.