

Achieving Health Equity in Asian Populations

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Abstract

Research about Asian Americans and Asian health equity issues have significant gaps, in part, due to lack of funding and support for minority investigators and examinations of health in this population. This special issue is designed to further our understanding of Asian health equity, especially within the context of global Chinese populations to examine how sociocultural contexts impact aging and health. Through the findings reported in this special issue, we call for increased funding and support to minority research scholars to conduct research toward improving Asian health equity, with an emphasis on nuanced cultural contexts of this population.

Keywords

epidemiology, health care disparity, race/ethnicity, Asian

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Asian Americans are the fastest growing population in the United States, growing by 56% between 2000 and 2013 (Asian American Center for Advancing Justice, 2011; Khoury et al., 2007), but information regarding the health and well-being of this population is greatly limited by funding, structural, and social barriers to research participation (George, Duran, & Norris, 2014). Current understandings of the U.S. Asians are obfuscated by a lack of quality data disaggregated by ethnicity (Srinivasan & Guillermo, 2000), which includes over 20 distinct ethnic groups with different language, cultures, customs, and histories (Chow, 2017; Sohn & Harada, 2004). This great diversity is represented by both positive achievements in educational attainment and income and negative outcomes of health disparities (Ro, 2002; Tan, 2015). This “model minority myth” (Chow, 2017; Sorkin, Tan, Hays, Mangione, & Ngo-Metzger, 2008) undermines potential health advancements for Asian Americans.

The Chinese population is the largest ethnic population in the world, and by 2030, 25% of the world’s aging population will be Chinese (Banister, 1992; The Commonwealth Fund, 2001). In the United States, there are an estimated four million Chinese (Asian American Center for Advancing Justice, 2011; Khoury et al., 2007). There are several impediments to conducting research among Asian Americans, including language and cultural isolation, mistrust, and discrimination (George et al., 2014). U.S. Chinese older adults experience higher poverty rates, limited English proficiency, and lower health care insurance coverage (Asian American Center for Advancing Justice, 2011; National Asian Pacific Center on Aging, 2013), which are linked

to the worsening of chronic conditions (V. Li et al., 2016), loss of social network (Taylor, Welch, Kim, & Sherman, 2007), and health disparities (Yoo, Musselman, Lee, & Yee-Melichar, 2014).

To understand health equity issues in the United States, especially among the Chinese, researchers have noted the importance of examining the sociocultural contexts of Chinese older adults (Dong & Chang, 2017; Dong, Li, & Hua, 2017; Dong & Wang, 2017), which include examinations and considerations of how an immigrant’s home country may influence their health in late life (Sohn & Harada, 2004; Zhang & Ta, 2009; Zhou, 2012). Although there is a rich body of literature on the health of Chinese older adults in China, there is relatively less research focusing on changing social dynamics and how these phenomena may impact well-being in later life for Chinese older adults globally. In particular, these social dynamics include growing urbanization and migration within China (F. Chen, Yang, & Liu, 2010) and immigration from China to Western countries (Zhou, 2012). Furthermore, there is evidence that health outcomes may be different for Chinese in China versus the United States (Hastings et al., 2016).

Gaps in knowledge about minority aging populations are both an issue of lack of representation of

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certain populations among researchers and lack of funding appropriated to minority aging projects (National Institutes of Health [NIH], 2012). Specifically, NIH has called for increased support of minority scholars to conduct this research (Stahl & Hahn, 2006). Despite Asian Americans constituting about 5% of the U.S. population (Asian American Center for Advancing Justice, 2011) having the highest growth rate, less than 1% of NIH research grants in the past 10 years were awarded to projects or scholars focused on U.S. Asians, and few focus on Asian older adults (NIH, 2017a, 2017b). Similar to other underrepresented minority groups, Asian investigators are 4% less likely than White investigators to be funded for NIH grants in any field (Ginther et al., 2011). Furthermore, Asian investigators from any behavioral and social science field are 45% less likely to receive government funding compared with White investigators in the same fields (Hur, Andalib, Maurer, Hawley, & Ghaffarzadegan, 2017). In specific fields of research, Asian investigators in sociology are 74% less likely than White investigators to receive government funding. These racial disparities both in populations studies and in receipt of government funding highlight how allocation of resources may be exacerbating gaps in our knowledge regarding Asian health equity issues.

To address these gaps and encourage the development of aging research by minority scholars, this special issue in *Gerontology and Geriatric Medicine* highlights the international contexts of aging for Chinese older adults to elucidate how individual, social, community, and national factors may impact the health of this population.

Study Findings

This issue of *Gerontology and Geriatric Medicine* compiles 20 articles that examine the health and well-being of Chinese older adults globally in the following themes: psychological well-being, community and neighborhood, social engagement, quality of life, acculturation, and Traditional Chinese Medicine.

Regarding psychological well-being, the included six articles detail the potential risk factors and impacts of psychological distress among global Chinese populations and challenge our assumptions about how individual and familial factors relate to psychological distress and well-being in immigrant populations. Specifically, different forms of psychological distress may have negative impacts of cognitive function (Y. Chen, Wang, Liang, Sun, & Dong, 2018; Kong, Davitt, & Dong, 2018), but psychological distress may be buffered by individual, social, and familial resources for both Chinese in China and in the United States (Chao, Zhang, & Dong, 2018; M. Li & Dong, 2018; Liu et al., 2018; Wang & Dong, 2018). In addition, articles in this issue examine how neighborhood and community may impact

minority immigrant older adult populations. Tang, Chi, Xu, and Dong (2018) found that individual psychological sense of community was positively associated with self-rated health and lower depressive symptoms. In addition, Hei and Dong (2018) findings highlight how neighborhood disorder may increase risk of self-neglect behaviors of Chinese older adults.

Concerning social engagement, Zhang, Liu, Tang, and Dong (2018) examined the association between types of social engagement and psychological well-being, finding that different types of activities may have different protective relationships with disparate psychological outcomes such as loneliness and hopelessness. In addition, Tang, Chi, Zhang, and Dong (2018) and Tang, Zhang, Chi, and Dong (2018) found that social, cognitive, and religious activities have unique relationships with cognitive function, while these relationships are further impacted by level of acculturation. Last, Dong and Hei (2018) found that active social engagement was associated with higher likelihood of cancer screening utilization. With respect to quality of life in older age, Tang, Chen, Zhang, and Mui (2018) found that employment status and urban versus rural locations are related to life satisfaction among Chinese older adults in China. Regarding the role of traditional cultural values, Zhang, Liu, and Wu (2018) observed traditional familism values and practice as key determinants of successful aging among Chinese in Hawai'i, which were additionally noted by Lee, Hinderer, and Alexander (2018) in discussing end-of-life care among Chinese Americans. Together, these articles highlight the need for the development of intervention strategies for U.S. Chinese communities through a culturally appropriate design.

Three articles examine the role of acculturation in the well-being of U.S. Chinese older adults. Ge, Wu, and Dong (2018) found that acculturation had a nonsignificant relationship with oral health, whereas Li, Matthews, and Dong (2018) found that higher levels of health literacy and acculturation were associated with higher likelihood of cancer screening behaviors. In considering social relationships, Xu, Chi, and Wu (2018) found that higher perceived gaps in acculturation between themselves and their grandchildren negatively impacted their relationship. Furthermore, articles in this issue detail how Traditional Chinese Medicine is relevant and still widely used among Chinese older adults in the United States (Dong & Li, 2018), but this population simultaneously utilizes non-Western and Western forms of health care, especially with respect to preventive care (Dong & Jiang, 2018). Although existing literature suggests that low levels of acculturation and high levels of adherence to non-Western culture may negatively influence health and well-being in the United States, these articles suggest a more nuanced understanding that their home culture may be a key resource for older adults in maintaining health.

Implications

The 20 articles in this special issue aim to fill a vast gap regarding our understanding of health equity issues in Asian populations, especially with respect to psychological well-being, community and neighborhood social engagement, quality of life, acculturation, and Traditional Chinese Medicine among global Chinese populations. Nationally and internationally, societies and infrastructures are challenged by the growth of aging populations and limited resources to maintain quality of life in old age (Centers for Disease Control Prevention, 2003), but ongoing research efforts have begun to provide insight on how health care professionals and policy makers can provide support to vulnerable communities. In examining the global Chinese population, not only can we examine specific cultural determinants of health trajectories but also we can look toward this research as an illustrative model of how multilevel individual, social, community, national, and cultural contexts shape our understandings of the aging experiences of other marginalized populations to work toward health equity. To further these aims, future funding and research initiatives about minority aging should include not only behavioral and social science investigations but also projects and researchers from underserved and understudied populations such as U.S. Asians.

Declaration of Conflicting Interests

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