

FILIPINOS

IN THE UNITED STATES

HISTORY

Filipino migration to the American continent began with the Manila-Acapulco Galleon Trade. From 1565 to 1815, Filipinos were forced to work as sailors and navigators on board Spanish Galleons. In 1587 they arrived in Morro Bay, California to claim the land for the Spanish king. In 1763, Filipinos made their first permanent settlement in the bayous and marshes of Louisiana. Known as “Manilamen,” they had jumped ship to escape the brutality of their Spanish masters. They built houses on stilts along the gulf ports of New Orleans and were the first in the U.S. to use the sun-drying process for shrimp. After the Spanish-American War, Filipinos began migrating to the U.S. in larger numbers to look for work. Because the Philippines was a U.S. colony, Filipinos were not excluded under the Asian exclusion acts. Immigration slowed after the Philippines became independent in 1945, but resumed with the immigration reforms of 1965.

DEMOGRAPHICS

According to Census 2000, Filipino Americans numbered 1,850,314 and are the second largest Asian ethnic group (U.S. Census Bureau, 2001). This is a 32% increase from 1990 and a 137% increase from 1980 (APIAHF, 1992). These waves of immigration can be characterized as a search for economic opportunity and are intimately related to the political relationship between the Philippines and the U.S.

ENGLISH LANGUAGE PROFICIENCY

The ability to speak English has a tremendous impact on access to health information, public services (i.e. Medicaid, Medicare, SCHIP), effective communication with providers and emergency personnel, and the ability to understand and utilize medications properly.

Sixty-one percent of Filipino’s speak a language other than English at home. Filipino’s have the fourth largest percentage (21%) of LEP among the Asian ethnic groups and 10% live in linguistically isolated households (APIAHF, 2005).

POVERTY/INCOME

The relationship between income and health has been well established over the years. Poverty and lower

income have been correlated with high rates of death and disease while higher income has been correlated with better health status. Large disparities in income have been linked to lower life expectancy in cross-national comparisons as well as higher mortality and obesity rates at the state level.

Filipinos have lower per capita income than Whites (\$19,259 vs. \$24,819), but slightly lower rates of poverty than whites (7% vs. 8%)(APIAHF, 2005).

EDUCATIONAL ATTAINMENT

According to the Institute of Medicine (IOM), the likelihood of being insured rises with higher levels of educational attainment. Having a college degree is strongly associated with multiple factors that increase the likelihood of being insured—employment in sectors that are more likely to offer coverage, higher income, and a greater likelihood of choosing employment-based coverage if offered. Previous studies of Census data have shown that adults who did not graduate from high school were almost twice as likely to be uninsured as those with a high school diploma (38.5% compared to 19.6%).

Only 13% of Filipinos have less than a high school degree compared to 20% in the general U.S. population. For 37% of Filipinos, a high school diploma is their highest level of educational attainment compared to 52% of Whites; but 34% have completed a Bachelor’s degree compared to 17% of Whites.

IMMIGRATION/CITIZENSHIP STATUS

Citizenship status also has significant and widespread effect on an immigrants’ ability to access health services and obtain insurance coverage. While an estimated 15% of citizens lack health insurance, 42% to 51% of non-citizens lack health coverage.

As of 2001, 56% of the Filipino population was foreign born, compared to 4% of Whites. However, Filipinos have the highest naturalization rate of all Asian ethnic groups at 62%. This could be partly indicative of having longer, more established histories in the U.S. (APIAHF, 2005).

HEALTH STATUS

It is difficult to characterize the health status of Filipino Americans. Studies of Asians and Pacific Islanders (API) often do not differentiate between the various ethnicities studied. Therefore, it is not always possible to distinguish Filipinos from the rest of the API sample. Moreover, it is difficult to generalize research findings because the sample size is too small, only one study has been done, or the only populations studied are in California or Hawaii. Finally, in some cases, data are just not available. For these reasons, the data contained in this brief provide only an estimate of Filipino American health status.

According to data from the 1992-94 National Health Interview Survey (NHIS), 37% of Filipino respondents described their health as excellent, 32% as very good, 24% as good and 7% as fair or poor. This is roughly similar to all API respondents (Kuo & Porter, 1998).

A study done from the 1998-1999 Filipino American Community Epidemiological Survey of Filipinos in Honolulu and San Francisco concluded that discrimination affects health. Individuals who perceive discrimination in their lives report more health conditions. More so, measures of everyday experiences of unfair treatment were predictive of health. This study suggests that health disparities may emerge from exposure to stressors, such as discrimination (Gee, 2006).

HEALTH INSURANCE COVERAGE

Having health insurance has a significant impact on the ability to get care, as well as the type of care people receive. Until recently, few studies have provided insurance information on specific Asian American ethnicities.

Analysis of Current Population Survey data by the UCLA Center for Health Policy Research has found that while Filipinos have almost the same job-based coverage rates as whites at 74% vs 73%, they are less likely to have Medicaid at 2% vs. 6% for Whites. They also have a higher uninsured rate, with one in five Filipinos being uninsured. Only 3% have privately purchased insurance compared to 5% of Whites, and 2% have other public coverage, which is consistent with the White population. This data also show that 9% of non-elderly Filipinos (0-64 years of age) are without a usual source of health care. Of those, 34% are uninsured and 4% are insured (Brown, et al, 2000).

CHRONIC DISEASES

HEART DISEASE & STROKE

Heart disease is the leading cause of death for Filipino Americans and stroke is the third leading cause of death (Hoyert & Kung, 1997). Relatively high rates of hypertension have been reported for Filipino Americans. Both Filipino American men and women have a higher prevalence of hypertension compared to Caucasians (79% vs. 61%) (Ryan, et al, 2000).

CANCER

Cancer is the second leading cause of death for Filipino Americans (Hoyert & Kung, 1997). The prevalence of several different types of cancer in Filipinos varies according to nativity (place of birth). For example:

- ◆ Rates of primary liver cancer were higher for foreign-born Filipino men than American-born Filipino men (11% to 7%), and both were higher than whites (3%) (Rosenblat, et al, 1996).
- ◆ Filipino women born in the Philippines had 3.2 times the rate of thyroid cancer of U.S.-born white women, while U.S.-born Filipino women were not at any increased risk than White women (Rossing, et al, 1995).
- ◆ Filipino men born in the Philippines had 2.6 times the rate of thyroid cancer of U.S.-born white men, while U.S.-born Filipino men had 1.5 times the risk of white men (Kieffer, et al, 1999).

For other cancers, prevalence does not vary by nativity. For example:

- ◆ Ovarian cancer incidence among U.S.-born Filipino women is comparable to foreign-born Filipino women (8.1 versus 11.0 per 100,000), and lower than white women (15.6 per 100,000) (Herrinton, et al, 1994).
- ◆ Breast cancer incidence was the same for U.S. and foreign born- Filipino women, and 40% lower than breast cancer incidence of U.S. born whites (Stanford, et al, 1995).

There are other disparities in cancer prevalence.

- ◆ The incidence of liver cancer in Filipino populations is higher than rates among Caucasians (Miller, et al, 1996).
- ◆ Filipinos have the second poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (American Indians have the poorest survival rate) (Cooper, et al, 1997).

- ◆ Filipino women in Hawaii had a higher risk of dying of breast cancer within 5 years than women of other ethnic groups. Filipinos also had a much greater chance of dying from localized cancer than other women with localized disease (Meng, et al, 1997).

In a convenience sample of predominantly low-income Filipino women 50 years and older in Los Angeles County, in terms of early detection, 48% of Filipino American women have received Pap smear tests within the past 2 years; 41% receive a mammogram and a clinical breast exam within the past 2 years; and 25% of Filipino American women receive adequate and timely colorectal cancer screening (Maxwell, et al, 2000).

A bilingual study of Filipino women in San Diego County via Asian grocery stores revealed 50% of the women performed a breast self exam in the past month. Thirty-seven percent of those 40 years of age and older had a clinical breast exam in the past year and 65% reported ever having a mammogram. Most women reported receiving information primarily from a health care professional, followed by print media, television, family and friends, health education programs/community centers/schools, and the internet (Ko, et al, 2003).

DIABETES

A 1995-2002 study comparing African-American, White and Filipina women found that Filipina women had significantly higher visceral adipose tissue (VAT) (69.1 cm³) compared with White or African-American women. Filipinas also had the highest rate and risk of type 2 diabetes at 32.1% compared to 5.8% in Whites, and 12.1% in African American women (Araneta & Barrett-Connor, 2005).

A cross-sectional survey of Filipino-Americans in Houston, Texas found a type 2 diabetes prevalence of 16.1% (Cuasay, 2001), which is higher than the U.S. prevalence rate of 6.3% (DDT, 2006). The study authors found that increased age from 35-44 to 65-74, male sex, a family history of diabetes, gestational diabetes among women, and low income were risk factors for type 2 diabetes (Cuasay, 2001).

Filipina and Caucasian women ages 50-69 from the northern San Diego County were studied. Study authors found that Filipina women had larger waist circumferences, but were less likely to be obese, smoke or consume alcohol. However, compared to the Caucasians in this study, they had higher type 2 diabetes prevalence at 36% vs. 9% for the Caucasian population. They also had a higher metabolic syndrome

at 34% vs. 13%. Study authors suggest that finding such a high prevalence of diabetes in a non-obese population indicates the need for further studies of diverse populations and diabetes (Araneta, 2002).

INFECTIOUS DISEASES

HIV/AIDS & SEXUALLY TRANSMITTED DISEASES

Since the beginning of the AIDS epidemic, Filipinos living in the U.S. comprised the largest number of reported AIDS cases among all Asians and Pacific Islanders. As of June 2006, Filipinos comprise 31.9% of cumulative API AIDS cases in San Francisco (SFDPH, 2006). In 2002 Los Angeles County, 30.1% of API AIDS cases were Filipinos (LADHS, 2002). As of June 2001, 31.7% of API cases (including Other APIs, Chinese, Japanese, and Filipino) in Hawaii were Filipino (HDH, 2001).

An HIV prevention skill training that is culturally tailored has been shown to reduce HIV risk behavior in API men who have sex with men (MSM). This study of API MSM in San Francisco showed Filipino men, in particular, benefited from this intervention (Choi, et al, 1996).

Face-to-face interviews with 211 Filipino American adolescents and young adults in Los Angeles County revealed high rates of HIV knowledge and self-efficacy with respect to condom use, and the majority held peer norms that were supportive of condom use. More than half of sexually active respondents reported condom use at last intercourse (Maxwell, et al, 2000).

TUBERCULOSIS

The Philippines is the Asian country of origin with the greatest numbers of TB cases among the foreign-born. One study of immigrants and refugees screened in San Diego County, California between 2001 and 2003 discovered those detected with active TB were more likely to be born in the Philippines. In fact, 80% of the cases detected through screening were attributable to immigrants or refugees from the Philippines. The study authors recommended to maximize screening effectiveness, emphasis needs to be placed on not only identifying TB infections through this process but also treating those with TB (LoBue & Moser, 2004).

In another study, focus group participants believed TB was extremely contagious. This leads to social stigma and isolation. The desire to avoid such consequences leads some to deny their illness, not seek attention, or attempt to hide their illness (Yamada, et al, 1999).

DOMESTIC VIOLENCE

In a survey conducted by the Immigrant Women's Task Force of the Coalition for Immigrant and Refugee Rights and Services: 20% of 54 undocumented Filipina women living in the San Francisco Bay Area reported having experienced some form of domestic violence, including physical, emotional, or sexual abuse, either in their country of origin or in the United States (Hoagland & Rosen, 1991).

MATERNAL AND CHILD HEALTH

Filipino women have been shown to have a high rate of gestational diabetes. Filipino mothers born outside of the U.S. are significantly more likely to have diabetes during pregnancy (Kieffer, et al, 1999). Very low birth weight (500-1499 grams) and moderately low birth weight (1500-2499 grams) was more likely among Filipino women than whites (Fuentes-Afflick & Hessol, 1997). Filipino women in Hawaii do not adequately utilize prenatal care despite near-universal health insurance coverage in the state (Kogan, et al, 1998).

MENTAL HEALTH

The prevalence of mental health disorders and treatment outcomes have not been adequately characterized for this population. Various studies of Asian Americans consistently reveal underutilization of mental health services (Zane, et al, 1994).

SUBSTANCE USE

Filipinos are one of the fastest growing API ethnic groups in the US. However, there is a paucity of data on this population, especially in the illicit drug use realm. A 1999 study found that Filipino Americans were more likely to inject drugs than Chinese and Vietnamese Americans, started using drugs at a younger age and were more likely to use the drugs methamphetamine and heroin (Nemoto, et al, 1999).

In one study that included Filipino American drug users in San Francisco who were not currently enrolled in drug treatment programs, Filipinos had engaged in riskier behaviors in terms of injection drug use, having sex while on drugs, and having sex with injection drug users (IDUs). However, the sample size was too small to generalize (Nemoto, et al, 2000).

Studies of drinking patterns in Hawaiian Asian Americans showed that Filipinos have a 46% prevalence of alcohol use. Twenty-percent of those are deemed heavy drinkers (Makimoto, 1998).

Increases in methamphetamine use have also been found among Filipinos in the US and the Philippines (UNESCO, 2000). Shabu is the street name for methamphetamines among Filipinos in San Francisco and those in Hawaii also refer to it as ice (LaVilla, 1998). A 1999 study of Filipino meth users in San Francisco found that most users are multiple drugs abusers. The study also found that users were sexually active with multiple sex partners and tended to exchange sex for money or drugs and used condoms infrequently. Those who used meth daily were more likely to be unemployed, homeless, depressed and regularly engaged in risky sexual activity. The study authors concluded that because of the diverse social networks among this population, outreach efforts need to be made in multiple languages, throughout communities, and consider not only the factors listed above, but also acculturation, and psychological variables such as shame in order to make an impact on drug abuse (Nemoto, et al, 2002).

TOBACCO USE

Little data exists that is specific to Filipinos. One survey in California showed the risk of early smoking initiation is higher among Filipinos than Chinese, Japanese, and Koreans and lower than Caucasians. In general the risk among Asian Americans continues to increase throughout adolescence, while plateauing for Caucasians and African Americans (Chen, et al, 1999).

TRADITIONAL MEDICINE

While Filipinos utilize Western medical treatments regularly, many also believe in the effectiveness of traditional and popular treatments. One formal study revealed prayer and religious healing as a common form of complementary or alternative medicine (Maskarinec, et al, 2000).

Timbang, the principle of balance, is central to Filipino concepts of health. Timbang is thought to help bring about health and illness, which is formed by some imbalance. Health and illness are linked with sociality and therefore to understand the nature, cause and treatment of Filipinos, once must look at balance in their social lives (Becker, 2003).

RESOURCES

The following agencies are able to provide additional information regarding the Filipino American community:

- Kalusugan Community Services
1419 E. 8th Street
National City, CA 91950

Tel: (619) 477-3392
Fax: (619) 477-3391
Website: <http://www.webkalusugan.org/>

- Philippine Nurses Association of America
Website: <http://www.philippinenursesaa.org/>

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ABOUT THIS SERIES

This health brief is part of a series of that includes Cambodian, Chamorro, Chinese, Filipino, Hmong, Japanese, Korean, Native Hawaiian, Samoan, South Asian, and Vietnamese. All are available for download at www.apiahf.org.

Purpose

The purpose of the series is to summarize published research findings of disparities in the health and healthcare of the selected group. The data presented is meant for community health advocates, grant writers, evaluators and students as a tool to raise awareness, guide program development and spark future research for the well-being of Asian American and Pacific Islander populations.

Methods

This brief was updated after a PubMed literature review. In order to find the latest information, the Pubmed literature search focused on the years 2000-present and each ethnic group was cross referenced with these focus areas: access to quality health services, arthritis, osteoporosis, and chronic back conditions, cancer, chronic kidney disease, diabetes, disability and secondary conditions, education & community-based programs, environmental health, family planning, food safety, health communication, heart disease and stroke, HIV, immunization, infectious disease, injury & violence prevention, maternal, infant & child health, medical product safety, mental health & mental disorder, nutrition & overweight, occupational safety & health, oral health, physical activity & fitness, public health infrastructure, respiratory disease, sexually transmitted disease, substance abuse, tobacco use, and miscellaneous topics. For the Filipino health brief, the search cross-referenced the terms Filipino, Filipino American, Philippines, and Filipina with the aforementioned areas.

Limitations

It is difficult to characterize the health status of specific Asian American or Pacific Islander ethnic populations. Many studies do not differentiate between the various ethnicities studied. Small sample sizes make it difficult to generalize research findings and in some cases, data are just not available. For these reasons, the data contained here provide only a rough estimate of health status and are not an exhaustive presentation of the findings, nor are they meant for medical decision-making.

Contributors

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