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Assignment Unit 5

Culture and Diversity Awareness in Public Health

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Multiple definitions of cultural competence abound in health care literature. Culture refers to the learned patterns of behavior and range of beliefs attributed to a specific group that are passed on through generations. It includes ways of life, norms and values, social institutions, and a shared construction of the physical world.” Competence is used to describe behaviors that reflect appropriate application of knowledge and attitudes. What I have chosen was The Asian and Pacific Islander Caucus for Public Health represents the unique health issues and needs of the multi-lingual, multi-ethnic Asian Pacific populations, both within the United States and in U.S. territories in the Pacific Basin. The Caucus has also been instrumental in advocating for the adoption of established complementary and alternative medical practices empirically and scientifically proven in Asia, such as acupuncture. Since its creation in 1974, the Caucus has seen major growth in respect for and adoption of Chinese medical practices by North American allopathic physicians.

**Language Fluency**

The percentage of persons 5 years or older who "do not speak English very well" varies among Asian American groups: 52 percent of Vietnamese, 46 percent of Chinese, 22 percent of Filipinos and 21 percent of Asian Indians are not fluent in English. In 2012, 76.5 percent of Asian American spoke a language other than English at home.

**Overview Demographics**

This racial group is defined as people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. According to the 2012 Census Bureau population estimate, there are 15.5 million Asian Americans, alone, living in the United States. Asian Americans account for 5.0 percent of the nation's population.

**Educational Attainment**

According to the 2012 U.S. Census data, roughly 85.7 percent of both all Asians and all people in the United States 25 and older had at least a high school diploma. However, 50.5 percent of Asian Americans in comparison to 32.5 percent of the total non-Hispanic White population had earned at least a bachelor's degree**.**

**Insurance Coverage**

In 2012, insurance coverage among Asian American subgroups varied. Private insurance coverage rates: 57 percent for Vietnamese, 76 percent for Filipino, 69 percent for Chinese, 47 percent for Hmong, and 69 percent for all Asian groups. Public insurance coverage rates : 28 percent for Vietnamese, 20 percent for Filipino, 22 percent for Chinese, 42 percent for Hmong, and 22 percent for all Asian groups.

**Health**

It is significant to note that Asian American women have the highest life expectancy (85.8 years) of any other ethnic group in the U.S. Life expectancy varies among Asian subgroups: Filipino (81.5 years), Japanese (84.5 years), and Chinese women (86.1 years)1. However, Asian Americans contend with numerous factors which may threaten their health. Some negative factors are infrequent medical visits due to the fear of deportation, language/cultural barriers, and the lack of health insurance. Asian Americans are most at risk for the following health conditions: cancer, heart disease, stroke, unintentional injuries (accidents), and diabetes. Asian Americans also have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease.

**Economics**

According to 2012 Census data, the median household income of Asian Americans is $70,644, or $14,059 higher than the national median income for non-Hispanic Whites. Yet 13 percent of Asian Americans as compared to 11 percent of non-Hispanic Whites, live at the poverty level. Economic status varies widely among Asian populations in the United States, with the poverty rate for Asian Indians at 8 percent, as compared to 27 percent for the Hmong in 2012.