Focus on Asian Pacific Islanders

The Asian Pacific Islander (API) community is highly diverse. The U.S. Department of Labor, Office of Federal Contract Compliance Programs defines AsianPacific Islander as: "A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan."[1] In San Diego, the API population is predominantly Filipino, followed by Vietnamese and Chinese. [2]

In general, suicide rates for the API community in the United States are lower than other groups. However, it is higher among certain subpopulations. API older adults, for example exhibit a higher suicide rate than the national average and 15.9 percent of U.S.-born Asian-American women have contemplated suicide in their lifetime, exceeding national estimates. [3, 4] It is also of note, that a 2009 study demonstrated that the percentage of Asian-Americans who reported thinking about suicide increased the longer they lived in the U.S. and that young Asian-Americans, between 18 and 34, had the highest estimates of thinking about (11.9%), planning (4.38%) and attempting suicide (3.82%) of any age group. Studies have also shown that APIs are the least likely of all races to seek help for their distress and when they seek professional help, their symptoms are likely to be more severe.[5]

API Quick Facts:

- Approximately 9.4 (%) of the San Diego population identifies as API.
- The API community is predominantly Filipino (49.6%), followed by Vietnamese (13.7%) and Chinese (11.7%).
- Suicide rate: 5.45 per 100,000.

What does available San Diego data tell us about the API community?

The API community comprises 9.4% of the San Diego population, and is the County's second largest minority group behind persons of Hispanic or Latino origin.[6] The largest discrete API communities are Filipinos and Vietnamese, however, smaller tight knit communities, such as Chinese and Japanese are also present, each having their own dynamics, history, and cultural considerations that relate to suicide prevention. The cultural elements of the API community are also further diversified by immigrant status and length of time in or acculturation to the larger, western-American culture. Data related to suicide that is specific to the San Diego API community is limited. From 1998 to 2007, there were a total of 211 suicides (a rate of 5.45 suicides per 100,000 people) among Asians/Other (almost half were Filipino or Vietnamese).[7] Suicide among San Diego

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[1] Princeton University. Human Resources Self-Service Glossary of Terms (2004). Web. 6 Dec. 2010. <http://web.princeton.edu/sites/oitdocs/Help/HRSelfService/HRSS-Glossary.htm>.

[2] County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit. *San Diego County Profile by Region.* Web. 29 Nov. 2010. < http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/CHS-CommunityProfile_County_2010.pdf>.

[3] LaVeist, Thomas A. "Minotity populations in Health: An Introduction to Health Disparities in the United States. Jossey-Bass. 2005

[4] "US-Born Asian-American Women More Likely To Think About, Attempt Suicide, Study Finds." Science Daily Mag., Aug. 18, 2009. Web. 11 Dec. 2010. <http://www.sciencedaily.com/releases/2009/08/090817190650.htm>.

[5] Office of Minority Health. *Suicide and Suicide Prevention 101 (2008).* Web. 11 Dec. 2010. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=136>.

[6] U.S. Census Bureau, Census 2010. Web 20 Dec. 2010. <http://factfinder.census.gov/servlet/DatasetMainPageServlet>.

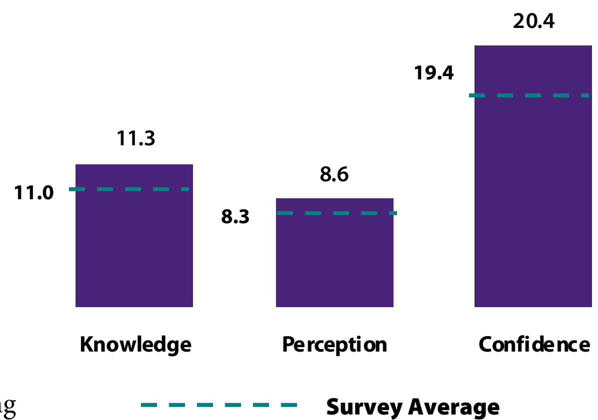
[7] Community Health Improvement Partners. *Suicide in San Diego County: 1998-2007*. Web. 1 Dec. 2010. Note: Additional breakdown of API suicide provided via email communication with County EMS.

County's API youth was the third highest of all ethnic/racial groups (preceded by White and Black). From 1998-2007, 28 Asian/Other males (a rate of 8.4) and 7 Asian/Other females (a rate of 2.3) ages 15-24 died by suicide.[8]

What do stakeholders know and say about API community?

Community service providers who serve the API community were asked key questions regarding their knowledge of risk factors, perceptions of suicide, and confidence in their ability to address suicide. On average, these providers exhibited higher scores than the general service provider population for knowledge of risk factors, perception of suicide, and confidence in their ability to address suicide for their target population scores (see Exhibit 3.4).

Exhibit 3.4: API Service Providers Knowledge, Perception & Confidence Services



Stakeholders noted that cultural considerations of the different API communities are a major factor in suicide prevention. One provider noted, "In the API communities, the concern has been among youth and older adults, especially for the older adults because of the cultural shifts from what is expected…Respect for elders is a very important value and that is often lost among API communities as they acculturate." The importance of acculturation was repeated by other stakeholders who noted that a high level of intergenerational conflict among older and younger generations. Another contributing factor is what has been termed the "model minority" pressure – the pressure some Asian-American families put on children to be high achievers both academically and professionally. "The major stressors are issues related to cultural differences, family shame if not doing well in school, and a desire to make the family proud." Additionally, each population within the API group has unique cultural dynamics to consider in relationship to risk factors. As one stakeholder shared, "even though Cambodians are not a large ethnic group in SD County, they have large mental health needs and are more likely to seek services. However, they are a population that has high stigma. So the intervention has to adapt to their needs maybe having the intervention to be presented orally."

What does the target population say about themselves?

API focus group participants noted the importance of understanding cultural dynamics both across the API community as well as the distinct cultural considerations of API subpopulations. One stakeholder commented on how the closely connected communities act as the first line of support. "Most Filipinos relate to each other first. They go to their relatives and friends first, and it takes a lot of talking to help them. It takes a lot of asking and telling before you can convince. We can be hard to convince a lot." Yet, API stakeholder and focus group participants alike noted that any targeted prevention effort must take into account, "the diversity within the API community such as the different literacy levels. Any intervention has to be tailored to the population that you work with."

8 Ibid.

What barriers were identified by stakeholders and focus group participants?

An analysis of the stakeholder and focus group results specific to the API population listed the following barriers:

- Stigma: "Many of the patients don't want to go when they are first referred…it takes till the 2nd or 3rd visit. One focus group participant shared that oftentimes the recommendation to see a doctor is met with the concern of, "Why? Am I crazy or something?"
- Language barriers.
- Transportation.
- Lack of resources to provide linguistically and culturally tailored services for subpopulations within the API community.
- Lack of information and understanding of mental health services/professionals among API communities.
- Not addressing associated issues such as drug use.
- Not engaging the public health department.

What opportunities for improvement were identified by stakeholders and focus group participants?

Opportunities for successfully engaging the community in suicide prevention included:

- Utilize places where the community socializes.
- Create opportunities for the API community to provide their own support (with associated training and support).
- Develop intergenerational interventions between youth and elders.
- Having psychologist in school-settings.
- Provide suicide risk screening tools in primary language to primary care settings.
- Outreach/Educate communities via Public Service Announcements (PSAs), flyers, community clinics, schools, community centers, home health care facilities.
- Train culturally and linguistically competent professionals and resources.

A Note about Barriers

"The SPEAK program is funded to serve Vietnamese and Latino youth but our outreach efforts may impact other ethnic groups. We do not have the resources to serve them. We see the same issue with the EMAS program. It is funded to serve Filipino, Latino, and refugee elders. But in our outreach we may find Koreans or Cambodians that could benefit from the program but we cannot serve them."

- API community stakeholder

"Because of stigma against mental health, oftentimes with these populations it is much more effective to link prevention efforts to other activities. For example, in the EMAS project we are offering general health information for seniors but within the framework, we are adding mental health prevention strategies (stakeholder).

- API community stakeholder