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Cardiovascular Disease and Health Care Dilemmas in the Philadelphia Vietnamese Community

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Cardiovascular Disease and Health Care Dilemmas in the Philadelphia Vietnamese Community

Studies on the health of Vietnamese immigrants have shown low self-awareness of cardiovascular illness and low health care utilization.¹⁻⁴ To assess awareness and understanding of cardiovascular diseases, health care barriers, and cultural beliefs in the Philadelphia Vietnamese community, the Department of Family Medicine conducted a qualitative research study during the summers of 1996 and 1997. Our findings suggest that specific, community-based, health care services are needed and can be implemented to enhance education and the community's access to health care.

Information was collected from focus groups, family interviews, and individual interviews of community members (n=61) and health care providers (n=5). Community interviews were conducted in Vietnamese, transcribed, and translated. Provider interviews were conducted in English.

The study results identified that awareness is higher than expected for hypertension but is low for heart disease. Moreover, individuals' understanding of the etiologies and prevention of cardiovascular disease is low, as is their health care utilization. The major barriers to use of health care include problems with language, medical insurance, and transportation. Community members surveyed desire resources such as interpreter services, increased medical insurance, translated educational materials, health education classes, and community health fairs. Importantly, the majority believe that Western medicine is necessary for care and is "stronger, faster, and more curative" than Eastern folk medicine, which is seen as "weaker, slower, and preventive." Folk medicine is used primarily for routine maladies such as colds and headaches; there was little or no application of folk medicine for hypertension or cardiovascular disease.

This study allows for better insights into care for chronic illnesses such as hypertension and cardiovascular disease in the Vietnamese community and for better approaches to the perceived health care barriers. Prior discussions of care for this population have been directed toward health care providers and are mostly concerned with the understanding of the cultural beliefs and behaviors of the patient. As the community's acceptance of the role of Western medicine is high, strategies to improve the health status of Vietnamese immigrants should include working directly with the community for such services.

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Trang M. Pham, Michael P. Rosenthal and James J. Diamond: Cardiovascular Disease

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