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Prevalence of health-related quality of life (HRQOL) in Asian Americans

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Objectives

To report the prevalence of Health Related Quality of Life (HRQOL) in foreign-born Asian Americans (AA) and to compare this with the general AA from 2010 BRFSS data.

To examine the influential factors associated with HRQOL-4 including English proficiency, perceived racial discrimination, smoking, alcohol use, and sociodemographics.

Background

Quality of life (QOL) represents individuals’ subjective perception of multidimensional aspects of life including physical, psychosocial, and spiritual aspects.

HRQOL represents the physical and mental health domain of QOL.

Centers for Disease Control and Prevention (CDC) has been measuring HRQOL to capture people’s overall perceptions about their health; HRQOL has become an important component of health surveillance (U.S. DHHS, 2000).

While acculturation and racial discrimination have been negatively associated to the number of chronic health conditions and well-being of AA, their influence on HRQOL has not been studied.

Public surveillance study has typically considered Asian Americans as a single group and little is known about how HRQOL and health-related risk factors vary among foreign-born Asian Americans including Chinese-, Korean-, and Vietnamese-Americans.

Sociodemographic characteristics (n=600)

- Age: 47.31yrs (SD: 11.82, range: 18 - 91)
- Female: (58.0%)
- Employed: (66.0%)
- Income less than $50K (62.22%).
- Married or living with a partner (78.5%)
- Perceived discrimination (M±SD: 1.07±1.99, range: 0-7)
- Self-identity: Very Asian (57.0%), Mostly Asian (16.6%), Bi-cultural (24.8%), Westernized (1.7%)

Comparison of HRQOL-4, 2010 BRFSS, API

<table>
<thead>
<tr>
<th>Race</th>
<th>Asian</th>
<th>Chinese</th>
<th>Korean</th>
<th>Vietnamese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or poor health status (% of people)</td>
<td>99%</td>
<td>92%</td>
<td>97%</td>
<td>44.8%</td>
</tr>
<tr>
<td>Physical unhealthy days</td>
<td>Asian</td>
<td>3.77</td>
<td>2.94</td>
<td>2.50</td>
</tr>
<tr>
<td>Mental unhealthy days</td>
<td>Asian</td>
<td>4.17</td>
<td>2.22</td>
<td>2.45</td>
</tr>
<tr>
<td>Activity limitation days</td>
<td>Asian</td>
<td>1.83</td>
<td>1.24</td>
<td>1.58</td>
</tr>
</tbody>
</table>

Factors associated with HRQOL-4: Multivariate Analysis

**Variables**

- Self-perceived health
- Physical health (OR 95% CI)
- Mental health (OR 95% CI)
- Activity limitation (OR 95% CI)

<table>
<thead>
<tr>
<th>Age</th>
<th>1.02 (1.00, 1.04)</th>
<th>1.02 (1.01, 1.04)</th>
<th>0.98 (0.97, 1.00)</th>
<th>0.99 (0.97, 1.01)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Race</td>
<td>Chinese</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Household income</td>
<td>&lt;50K</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Smoking</td>
<td>None</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Daily/occasional</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>English proficiency</td>
<td>Poor/fair</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Perceived racial discrimination</td>
<td>No</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Low</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>High</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Measures

- Socio-demographics: age, gender, ethnicity, income
- Health behavior: alcohol use, cigarette smoking
- Acculturation: spoken English proficiency
- Perceived racial discrimination (Cronbach's alpha=.94): 7-item scale (0=never to 1=almost every day) based on the Everyday Discrimination Scale (Williams, 1997).
- Income (OR=1.54, 95% CI: 1.05-2.26).
- Female (58.0%)
- Education (OR=1.73, 95% CI: 1.26-2.34).
- Race (OR=1.81, 95% CI: 1.20, 2.73 for low level).

**Conclusion**

HRQOL has shown to be lower in foreign-born Asian American adults in Baltimore Washington Metropolitan Area compared to a nationally representative sample in 2010 BRFSS data.

Race, racial discrimination and household income have shown to negatively influence the HRQOL in Asian Americans in Baltimore Washington Metropolitan Area.

This indicates that foreign-born Asian Americans are at much higher risk of poor health than general Asian Americans.

Strengths

- Understanding the HRQOL in subgroups of foreign-born AA as well as their influential factors can be helpful towards addressing health disparities by building targeted interventions considering level of acculturation and discrimination.

- Demographic trends and the increasing proportion of AA suggest that the health status of immigrants and their descendents will contribute to health outcomes of the American population. Addressing the HRQOL in foreign-born immigrants including AA will also help in achieving the nation’s health objectives.

Limitations

- HRQOL assessment is a particularly important public health tool for the AA and other high-risk non-English speaking populations.

- We should provide those who do not have health insurance with free or low cost health promotion programs.

- We need to build a sustainable health promotion program by having a strong connection with the Asian American community.

Recommendations

- For more information, please contact Dr. Hee-Soon Juon; hee-soon.juon@jefferson.edu