



Health Concerns, Facilitators, and Barriers of Health Among Filipino-Americans in New Jersey

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Conflict of Interest

The authors declare that there is no conflict of interest.

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Abstract

Background: Filipino-Americans (FAs) are the fourth largest immigrant group in the United States (US). A few recent studies using disaggregated data on the Asian subgroups have revealed that Filipinos are at higher risk for certain chronic diseases. As a growing population, there is a need for more data on FAs' health status.

Objective: The purpose of this study was to identify the healthcare concerns of FAs in New Jersey (NJ).

Methods: The study used an exploratory, descriptive design using a qualitative research approach. Through focus groups, open-ended questions explored the FAs' perceptions on health and healthcare issues and experiences. A total of five focus groups were held, with each group consisting of seven to nine participants.

Results: Forty participants were included in the study, with ages ranging from 24 – 85 ($M = 59$). Themes for health concerns included family centeredness and stress, cardiovascular disease and diabetes and aging issues. Facilitators to health themes included lifestyle: healthy eating and exercise, mental well-being, health insurance coverage and access to healthcare. Barriers to health themes included culture, healthcare insurance, related cost of health care, and health literacy and reliable information source.

Conclusion: FAs in NJ have significant health and healthcare concerns. Findings from this study can be utilized to implement strategies to improve health outcomes and increased healthcare access.

Keywords: *Filipino-Americans, Filipino health, immigrant health, health disparity, healthcare access*

Background

The over four million Filipinos in the United States (US) make up the fourth-largest immigrant group in the US, with almost two million born outside of the country (US Census Bureau, 2018). Despite the growing Filipino population in the US, there is limited information regarding their health status. Asian Americans remain underrepresented in most population-based epidemiological studies, either being excluded due to small sample sizes or included only in aggregate as Asian American Pacific Islander (AAPI) or as “others” (Choi et al., 2013). It was not until the 2010 US Census that seven Asian subgroups were identified under the Asian category - Chinese, Asian Indian, Filipinos, Korean, Japanese, Vietnamese, and Others (Hoeffel et al., 2012). A few recent studies using disaggregated data on the Asian subgroups have revealed that Filipinos are at higher risk for certain chronic diseases (Choi et al., 2013; Lee et al., 2011; Mui et al., 2017; Shih et al., 2014; Ye et al., 2009; Zhao et al., 2015). As a growing population, there is a need for more data on Filipino health. Limited research exists on the healthcare needs and priorities of Filipino-Americans (FAs), and most studies are conducted in California.

In 2019, the Patient-Centered Outcomes Research Institute (PCORI) funded a project, “*Mag-PCOR Muna Tayo*,” to build capacity and engage FAs in patient-centered outcomes research (PCOR) and comparative effectiveness research (CER). The aim of the project was to create a community-based nationwide FAs PCOR (FA-PCOR) network through the creation of an FA-PCOR “*nayon*” (village) in five US states with a large population of FAs: California (CA), Hawaii (HI), Texas (TX), New York (NY), and New Jersey (NJ). An academic research collaborator (ARC) and a patient advocate leader (PAL) led each FA-PCOR “*nayon*.” The ARC is an active member of the Philippine Nurses Association of America (PNAA); the PAL is an engaged community partner. Both leaders create a local infrastructure for engaging FA and community stakeholders to address the specific needs of FAs so that they can make informed healthcare decisions.

New Jersey is the sixth state with the highest Filipino population (US Census Bureau, 2018). The 143,845 FAs make up the third-largest Asian sub-population in the state (US Census Bureau, 2018). Seventy-five percent of FAs are immigrants, and more than half reside in 3 counties in Northern and Central New Jersey, Bergen, Hudson and Middlesex Counties (NJ Promise, 2019). This paper reports on the healthcare concerns identified by FA-PCOR “*nayon*” in New Jersey.

Methods

Study Design

This study is part of a larger project, “*Mag-PCOR Muna Tayo*.” Nationwide Capacity Building for FAs to Engage

in PCOR and CER. It utilized community engagement, which is the process of working collaboratively with and through groups of people affiliated by geographic proximity, interest, or similar situations to address issues affecting the wellbeing of those people (Centers for Disease Control and Prevention [CDC], 2011). This IRB-approved study used an exploratory, descriptive design using a qualitative research approach. Through focus groups, four open-ended questions explored the FAs’ perceptions on health and healthcare issues and experiences.

Setting and Sample

Participants consisted of any individual who identified themselves as FAs community stakeholders, including, but was not limited to, FAs patients and their families, caregivers, and friends; members of nonprofit or advocacy organizations; service providers; policymakers; and community leaders. All participants were adults over the age of 21. Participants were purposively sampled. The New Jersey PAL sent flyers and recruitment emails to identified community stakeholders. Respondents were scheduled to attend a focus group session. Recruitment snowballed as study participants recommended other stakeholders who could join the focus groups.

All focus group sessions were held in Northern New Jersey in meeting rooms of community centers or churches located in close proximity to where the participants lived, for easy access. The rooms were comfortable and quiet, with the participants seated in front of the ARC and PAL. During the sessions, the doors were closed to ensure privacy. Light refreshments were provided after the session.

Data Collection

Data collection took place from May 2019 to January 2020. A total of five focused groups were held, with each group consisting of seven to nine participants. Each focus group session was about 60 minutes in length. At the beginning of each session, the ARC read the verbal consent which explained the purpose of the focus group interview, assured anonymity and allowed the participants the opportunity to ask questions or decline participation. Each participant signed a photo release consent form allowing the ARC to take group photos during the session for documentation purposes. The participants completed a demographic questionnaire, which included age, gender, employment status, type of insurance, and community role or stakeholder status. No identifying personal information was obtained. To maintain anonymity, each participant was assigned a number, which was placed in front of them and was used to identify the participant in the notes.

The ARC and the PAL moderated the focus group. The PAL asked questions using a semi-structured interview guide, while the ARC documented the responses. Reflective