

# THE HEART OF THE COMMUNITY

## A Profile on Asian American Women and Heart Disease

Heart disease remains the single largest cause of death for women in the United States. Crossing racial, ethnic, and socioeconomic lines, it claims the lives of five times as many women each year as breast cancer and three times as many as lung cancer.<sup>1</sup>

Often thought to be a “man’s disease,” heart disease is just as deadly - if not more deadly - for women. For instance, studies have shown that women are more likely to die than men within the first year of a heart attack.<sup>2</sup>

Despite these statistics, public awareness of heart disease remains low, especially among women. A recent survey found that only 7% of women knew that heart disease was their greatest health threat, and only 30% of the women’s doctors discussed heart disease with them.<sup>3</sup>

Only now are the public health and medical fields beginning to examine both the treatment of female heart disease patients and the different symptoms and warning signs that

women may experience when having a heart attack.

Heart disease is especially dangerous for minority women, many of whom face numerous barriers to basic health care. For Asian American women, general knowledge of health issues and preventive care practices is limited, due to a variety of factors including cultural and language barriers and few outreach and education programs that target their health needs.

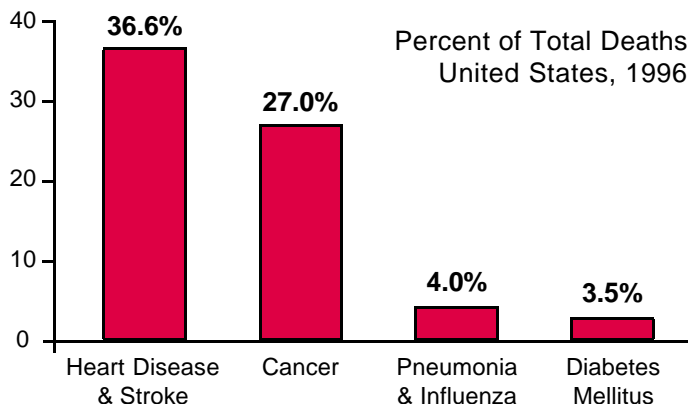
As a result of these challenges, Asian American women do not receive the information they need to control risk factors for heart disease. In addition, health care providers are often not equipped with the data and cultural competency skills to translate the seriousness of the disease to these women.

Consequently, heart disease continues to contribute to over one-third of all deaths for Asian American women, a trend that can be reversed with improved health policies, education, and outreach.

### Why Are Asian American Women at Risk?

- Over 25% of Asian American and Pacific Islander women have high blood cholesterol.<sup>4</sup>
- 8.4% of Asian American and Pacific Islander women have high blood pressure.<sup>5</sup>
- According to one study, over one-quarter of Vietnamese American and Korean American women experience second-hand smoke everyday.<sup>6</sup>
- 10.1% of Asian American and Pacific Islander women are overweight.<sup>7</sup>
- The general prevalence of diabetes in Asian Americans and Pacific Islanders is 2.4%, though some studies have reported rates of up to 20%.<sup>8,9</sup>
- 64.7% of Asian American and Pacific Islander women lead sedentary lives.<sup>10</sup>

Leading Causes of Death for Asian American and Pacific Islander Women



Source: CDC/NCHS and the American Heart Association

# HEART DISEASE RISK FACTORS

Though little is known about the true prevalence or exact causes of heart disease among Asian American women, particularly concerning the many ethnicities that make up this population, studies indicate Asian American women do suffer from higher risk factors that can lead to poor heart health.

## SMOKING

As a major cause of heart disease in the United States, tobacco use greatly affects Asian American women. Smoking rates vary among ethnic groups, from less than 1% among Vietnamese American women to over 18% among Japanese American women.<sup>11</sup> Smoking is on the rise in certain age groups of Asian Americans women, as well. From 1993 to 1996, smoking among Asian American girls in California increased by over 50%.<sup>12</sup>

In addition, Asian American women are exposed to large amounts of second-hand smoke, both in the home and at the workplace. In a national study, over a fourth of Vietnamese American and Korean American women reported being exposed to second-hand smoke at home everyday. The impact of second-hand smoke on heart disease in women was documented in a 1997 study of 32,000 female nurses who reported varying degrees of passive smoking exposure. According to the study, women who were constantly exposed to second-hand smoke at work or at home were almost twice as likely to have a heart attack as women who were not exposed.<sup>13</sup>

## HYPERTENSION

High blood pressure, or hypertension, indicates that the heart is under more strain than it should be. Hypertension is a serious risk factor for heart disease because it can lead to an enlarged heart and hardened, narrowed arteries. Nearly one in four adult men and women and more than 60 percent of women over age 65 have hypertension. Several regional studies on Asian Americans have found that the prevalence of hypertension is high among Vietnamese American women (14%), Filipino American women (10%), and elderly Chinese American women (34%).<sup>14</sup>

High blood pressure among these women is likely due to a combination of age, family history, diet, and weight, yet many Asian American women, especially those with limited language skills and education, may not possess this basic knowledge. An alarming 1991 study of Southeast Asians in Ohio revealed that 94% of participants did not know what blood pressure is, and 85% did not know how to prevent heart disease.<sup>15</sup>

*"The Asian American women I see are simply unaware of heart disease. If they don't feel or see the symptoms, then they are not concerned."*

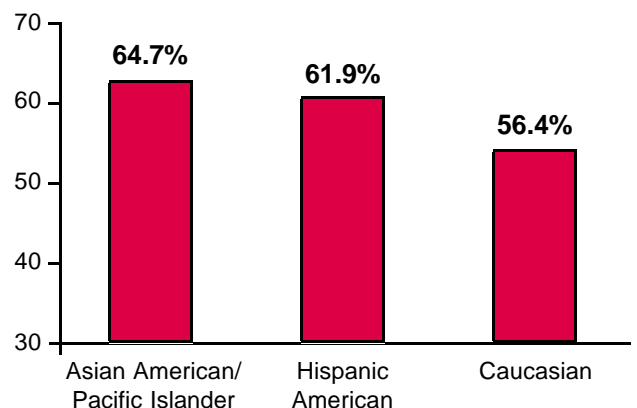
**- Rebecca Sze, MPA  
Director of Patient Services,  
Chinatown Health Clinic**

## CHANGING DIET & LIFESTYLE

When women migrate from Asian countries to the United States, their eating habits, and those of their families, begin to reflect the American emphasis on "fast food." While the typical diet in Asia consists of rice, vegetables, and small amounts of meat and fish, Asian Americans show increased consumption of animal protein, fat, and salt, putting them at higher risk for hypertension, high cholesterol, obesity, diabetes, and heart disease.

This dietary shift is accompanied by a largely inactive lifestyle for Asian American women. Studies have shown that physical activity helps lower blood pressure and cholesterol, and that women who engage in moderate exercise (brisk walking) for three hours each week are up to 40% less likely to develop heart disease.<sup>16</sup> Combined, a healthy diet and exercise can reduce women's risk of heart disease by up to 82%.<sup>17</sup>

Percentage of Adult Women with Sedentary Lifestyles



Source: CDC/NCHS, BRFSS, 1991-1992.

## DIABETES

Diabetes is a serious risk factor associated with heart disease. It is often accompanied by hypertension and high blood cholesterol, which can lead to hardened arteries. A staggering two-thirds of all people with diabetes die from heart disease each year. In women, diabetes increases the risk of developing heart disease 3 to 7 times, compared to 2 to 3 times in men.<sup>18</sup>

Diabetes is the fifth leading cause of death for Asian Americans between the ages of 45 and 64. An estimated 2.4% of Asian American women have diabetes, though localized studies have found the prevalence in certain subgroups to be as high as 20%.<sup>19,20</sup> According to a 1999 report, heart disease mortality has declined in all groups except women with diabetes, who have experienced an increase of 23%.<sup>21</sup> It is likely that Asian American women are among the women suffering from the deleterious combination of diabetes and heart disease. Compounding this tragedy is the fact that they do not receive important information on protecting the health of their hearts through diabetes prevention.

## LACK OF PREVENTIVE HEALTH CARE

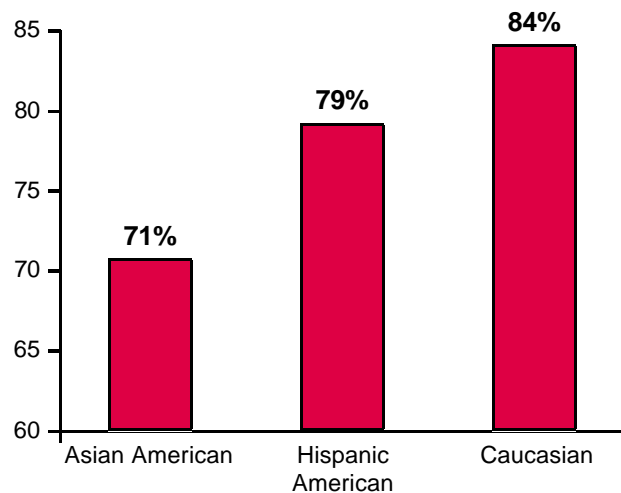
The need to reach Asian American women with appropriate heart disease information and prevention strategies is clear. Heart disease, like many chronic illnesses, can often be prevented through early detection and management of risk factors. Asian American women show low utilization rates of preventive care, where routine physical examinations and building a relationship with a physician are crucial to monitoring heart disease symptoms and encouraging healthier behavior. In a 1998 survey, less than half of the Asian American women respondents received physical exams, cholesterol tests, breast exams, and Pap smears in the preceding year - the lowest of all races and ethnicities in the survey. Almost one-third of Asian American women reported receiving no preventive services at all.<sup>22</sup>

To address the importance of preventive care for underserved groups such as Asian American women, outreach and research efforts must be improved so that more women are aware of and knowledgeable about heart disease. Currently

*"Asian American women view themselves as the healthy ones, the ones who cannot get sick. They are very surprised to hear they are at risk for heart disease."*

**- Gordon Fung, MD  
Board of Directors,  
American Heart Association**

Percentage of Women Who Have Received Preventive Services in the Past Year



Source: *Health Concerns Across a Woman's Lifetime: The Commonwealth Fund 1998 Survey of Women's Health.*

there are no national heart health education programs or campaigns that target culturally appropriate information to Asian American women. There is a similar lack of large-scale scientific studies on the disease in this population.

Low levels of disease awareness, limited use of preventive care, and few large ethnic-specific studies on heart disease all point to a major health problem for Asian American women that needs to be addressed.

# ROAD BLOCKS TO BETTER HEALTH

## HEALTH BELIEFS

For Asian American women, traditional health beliefs and behaviors can present barriers to health promotion and disease prevention. In order for health care providers to reach Asian Americans with effective heart disease information, they must respect these beliefs and work with patients to establish culturally acceptable prevention or treatment plans.

Some Asian American women may find routine physical examinations, especially if performed by a male doctor, to be uncomfortable and inappropriate, due to modesty and lack of familiarity with the American medical system. Beliefs about the origin of disease, the definition of preventive health practices, and the role of the physician may lead Asian American women to favor herbal remedies and other non-western treatments for heart disease over mainstream American approaches.

Another behavior pattern that health providers note among their Asian American women clients is a self-sacrificing attitude that places the health of children and families above the health of the women themselves. This attitude minimizes the importance of the women's health needs and problems, which can result in the discovery of diseases such as heart disease at a late, more critical stage.

### Asian American Women and their Health

- 25% of Asian American women rate their health as fair or poor.<sup>23</sup>
- 33% of Asian American women report that they find it "extremely" or "very" difficult to get needed care.<sup>24</sup>
- Over one-quarter of Asian American women do not have a regular doctor.<sup>25</sup>
- 15.7% of Asian American and Pacific Islander women lack health insurance.<sup>26</sup>

## ACCESS ISSUES

Issues such as poverty, lack of health insurance, limited transportation, and language differences can affect Asian American women's access to heart disease care and information.

Many economically disadvantaged Asian American women immigrants are forced to take low-paying factory jobs in the United States, many of which do not offer health insurance. In fact, Asian American women are nearly twice as likely to lack health insurance as their Caucasian counterparts.<sup>27</sup> Without the support and benefits of this insurance, preventive and follow-up care for heart disease can be costly, inconvenient, and too easily sacrificed.

In addition to the lack of health insurance, the lack of convenient transportation may affect Asian American women's use of health services. Due to inflexible work schedules, limited childcare, and/or inability to drive, many Asian American women do not routinely visit the doctor or attend health fairs and events that offer heart disease information.

Language differences can also pose formidable challenges for Asian American women, especially recent immigrants. In 1990, two-thirds of the Asian American population was born outside of the United States and spoke a language other than English at home.

Complicating the diversity in language are varying degrees of literacy. Health care professionals who work with Asian American communities observe limited literacy levels, both in English and in native Asian languages, which can prevent many Asian American women from reading and adhering to heart health messages.

The majority of hospitals do not adequately address the access issues that Asian American women face. Often, bilingual health care providers, medical translation and interpretation services, and language-appropriate education materials (brochures, videotapes) are unavailable. As a result, providers may have difficulty explaining the details of heart disease to Asian American women, and the women may not be able to fully articulate their health concerns to their physicians and nurses.

# FUTURE DIRECTIONS

*“There exists a great opportunity for those in the public health, medical, and community health fields to help Asian American women learn about heart disease.”*

**- Rebecca Sze, MPA  
Director of Patient Services,  
Chinatown Health Clinic**

## IMPROVED POLICY & RESEARCH

The alarming trend that women are now more likely than men to die from heart disease may be attributable to gender bias and lack of awareness about women's needs in the medical profession. According to the American Heart Association, women with heart attack symptoms are treated less aggressively and less urgently than men with similar symptoms. In addition, women are less likely to be referred for noninvasive tests or further treatment for heart disease.<sup>28</sup>

A 1995 survey found that 32% of primary care physicians did not know that heart disease is the leading killer of women in the United States, and that 88% believed the symptoms of heart disease were the same for men and women.<sup>29</sup>

Studies have shown that the signs and symptoms of heart disease can be very different in women and in men. Besides the “classic” symptoms of chest pain and lightheadedness, women may experience upset stomach, difficulty breathing, aching in the arms, rapid heartbeat, cold sweats, or fatigue. Nearly two-thirds of women who die suddenly of heart attack display no previous symptoms, compared to half of men.<sup>30</sup>

Until recently most heart disease studies were conducted on men and most treatment methods were tailored to men, on the assumption that the findings could be directly applied to women. Health care professionals are beginning to learn that current exercise tests, symptomatology, prevention methods, and outreach efforts may not be entirely applicable to women, and that more research on heart disease in women is needed to craft effective prevention strategies.

Policies that promote increased participation of women in clinical trials and accurate treatment of heart disease symptoms are needed so that fewer women will die from this disease.

## INCREASED AWARENESS

Asian American women often face limited cultural awareness among health care providers and few culturally appropriate health services and materials, leading to gaps in communication and health knowledge.

Cultural competency involves awareness, respect, sensitivity, and flexibility regarding the beliefs and practices of groups of people. It is instrumental in promoting health among Asian American women, since these women may already be difficult to reach with health information.

Many providers who aim to educate their patients about heart disease may not be familiar with Asian American cultures, their attitudes toward disease, and the challenges that different groups of Asian American women face. Though well-meaning, providers may unwittingly shut down avenues of communication by being impatient or failing to acknowledge the health concerns of their Asian American women patients.

With increased awareness and cultural competency, health care providers will be able to communicate more effectively with their Asian American women patients. Through simple, culturally appropriate language, and/or culturally sensitive translators, providers and educators will be able to empower Asian American women with knowledge about heart disease risk factors and healthy lifestyle choices that can save lives.

## HEART HEALTH RESOURCES

American Heart Association Women's Web  
[women.americanheart.org](http://women.americanheart.org)  
1.888.MY.HEART

National Coalition for Women with Heart Disease  
[www.womenheart.org](http://www.womenheart.org)  
202.236.1770

National Heart, Lung, and Blood Institute (NHLBI)  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)  
1.800.575.WELL

National Stroke Association  
[www.stroke.org](http://www.stroke.org)  
1.800.STROKES

## SOURCES

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- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid.
- <sup>25</sup> Ibid.
- <sup>26</sup> CDC, *Chronic Disease in Minority Populations*, 1992.
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