

1: APIAHF – Asian & Pacific Islander American Health Forum

The Asian & Pacific Islander American Health Forum (APIAHF) welcomes this opportunity to provide comments on data products and tables developed by the Census Bureau using Census data. APIAHF is the nation's leading health policy group working to advance the health and well-being of over 20 million Asian Americans (AAs) and Native.

However, Shih-Yu Sylvia Lee, PhD, RNC, a postdoctoral fellow at Emory University in Atlanta, knows that asking these patients a few extra questions may mean the difference between curing a minor physical ailment and treating a major mental illness. This practice is known in psychiatry as somatization. Because they represent a relatively small number of patients admitted to psychiatric hospitals compared with other racial and ethnic groups, this has led to the misconception that Asian Americans simply have fewer mental health problems than other Americans. The association also reports higher than average suicide rates among some elderly Asian groups. Many immigrants from Southeast Asian countries, particularly those from Vietnam, Laos and Cambodia, have survived traumatic refugee experiences. These disturbing statistics suggest that Asian Americans and Pacific Islanders may not be receiving adequate mental health care early on and that by the time they do obtain treatment, their problems are more severe and harder to treat. Behavior, Culture and Language While mental illness is not an easy topic for most Americans to discuss, there is an especially strong stigma in the Asian American culture that discourages potential patients from seeking mental health services. Instead of seeking a mental health referral, many API patients will choose to see their primary care physician about a physical problem. For example, Lee says, in Chinese, Japanese and Korean cultures, women who have given birth take the post-partum healing period so seriously that they often remain at home on bed rest for up to a month after delivering their baby. Even if the newborn needs to be placed in the NICU, the mother might send other family members to visit the baby, while she continues to rest. If she were to visit the baby, her family may request a wheelchair for her to help conserve her energy. Nurses who are not familiar with this cultural practice may be unnecessarily alarmed that the mother is showing signs of post-partum depression. This is because familiarity could lead to labeling and making assumptions. The same holds true for a very large proportion of APIs over 65 years of age. While nurses are not expected to provide interpretive services, patients will rely on nurses to find well-trained translators to help communicate with them. Lee advises nurses to get to know the network of translators in their geographic area and to only recommend the professionals who have proper training. This goes beyond simply providing translation services, she adds. Typically, a care provider would gather data on the symptoms of the problem, determine the cause, recommend a treatment and assume that the patient accepts the counsel. According to Tang, some patients may feel that their problem is primarily a spiritual one, or is a consequence of past behavior. If the recommended therapy does not address what the patient believes is causing the problem, the patient may choose to forego treatment. Resources for Patients and Families There are a number of support groups, education programs and other consumer-focused resources available nationwide to help Asian and Pacific Islander patients, families and communities become better educated about the mental health system. By referring patients to these resources, nurses can help remove some of the cultural stigma associated with treatment. The consumer section of its Web site, www. An excellent resource for both health care professionals and health consumers, the video discusses the symptoms of depression, its effects and treatment options. Tang recommends using one of two culturally sensitive communication methods to increase the chances of successful treatment: The Kleinman model, developed by noted psychiatrist Arthur Kleinman, is a general tool for cross-cultural communication. According to Tang, this model involves asking patients a series of questions about their complaint. What do you call your problem? What name does it have? Why has it happened to you? She would also ask patients what they believe will help make the problem go away. Using this model helps nurses understand whether or not they are seeing an issue in the same way their patient sees it. It is an acronym for listen, explain, acknowledge, recommend and negotiate. At that point the nurse acknowledges the differences and similarities between the two viewpoints while being nonjudgmental. The nurse would then recommend treatment or behavior change and then try to negotiate the best way to get the patient to follow through. Even if a nurse has to advise a

patient to stop using his current remedy in favor of a more medically effective option, the nurse can still use negotiation techniques to encourage the patient to try the recommended treatment. For example, if a patient is treating her ailment with a traditional remedy such as a blend of herbal plants, Tang recommends saying something along the lines of: Patient Advocacy If an API patient needs to be referred to an outpatient or inpatient psychiatric care facility, it is once again important for the nurse to be a strong encourager. This may mean encouraging family members to encourage the patient. This simple title change may help reduce the level of stigma associated with the referral. Being a patient advocate also means proactively locating other supportive health care providers. Take that extra step. Make sure the interpreter is pre-scheduled for the next visit and the referral is made.

2: Asian American Health: MedlinePlus

The mission of the Asian & Pacific Islander American Health Forum (APIAHF) is to systematically influence policy, mobilize communities, and strengthen programs and organizations to improve the health of Asian Americans, Native Hawaiians and Pacific Islanders. APIAHF works with health policy and.

3: FastStats - Health of Asian or Pacific Islander Population

Trends in Asian or Pacific Islander population health from Health, United States Tables of Summary Health Statistics from the National Health Interview Survey Asian-American Mothers: Demographic Characteristics by Maternal Place of Birth and Asian Subgroup, [PDF - KB].

4: NPR Choice page

Read more on how HHS will raise the visibility of Asian Americans, Native Hawaiians and Pacific Islander health issues. Overview (Demographics): This racial group is defined as people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

5: APIASF: Asian & Pacific Islander American Scholarship Fund. Today's Minds, Tomorrow's Future®

Asian & Pacific Islander American Health Forum (APIAHF), Oakland, California. 4, likes · talking about this · 75 were here. The Asian & Pacific Islander American Health Forum (APIAHF), Oakland, California.

6: Asian Pacific American - Wikipedia

Please join the Asian & Pacific Islander American Health Forum for a reception to meet the senior staff and President & CEO, Kathy Ko Chin, as well as to hear from special guests.

7: AAPINA | Asian American Pacific Islander Nurses Association, Inc.

Asian American and Pacific Islander journal of health | Read articles with impact on ResearchGate, the professional network for scientists.

8: Asian American & Pacific Islander Heritage | Features | CDC

Asian & Pacific Islanders and Cardiovascular Diseases (American Heart Association) - PDF; Cancer and Asians/Pacific Islanders (Department of Health and Human Services, Office of Minority Health).

9: Native Hawaiian and Pacific Islander Health: MedlinePlus

Asian American/Pacific Islander Communities and Mental Health MHA incorporates culturally competent strategies to ensure that it is effectively addressing the treatment and psychosocial needs of consumers and families with diverse values, beliefs, sexual orientations, and backgrounds that vary by race, ethnicity and/or language.

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