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Ineffective Aggregation of Filipino-American Health Assessment Data & It's Effect on Individualized Healthcare

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Ineffective Aggregation of Filipino-American Health Assessment Data &

It's Effect on Individualized Healthcare

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Abstract

Background

Filipino-Americans and their health care data seem to be difficult to find individually, and this is due to the continual grouping of this population with other Asian subgroups into the Asian-American population. The needs of the Filipino-American population are distinctly different from other Asian-American subgroups, and the underrepresentation leads to inadequate health care, lack of education within the community, and in some cases, disproportional deaths of Filipino-Americans.

Objective

To highlight the importance of adequate aggregation of health assessment data of a specific population on individualized care, in this paper, Filipino-Americans.

Summary of Findings

In the review of literature, it seems that aggregation of health assessment data specifically for Filipino-Americans depict major issues that may not reflect on the majority of the Asian-American population. The inadequate aggregation of Filipino-American healthcare data is also comparable to the experiences of Filipino-Canadians, who also face a similar issue in their country.

Proposal

Through a mixed-method study, the researchers aim to identify some of the more prominent health disparities of Filipinos in America, research possible interventions for those disparities, and create ways to prevent inadequate aggregation of Filipino-American healthcare data.

Acknowledgements

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Introduction

Filipino-Americans are often unable to achieve personalized healthcare due to ineffective aggregation of health assessment data. As it stands, health assessment information regarding Filipino-Americans are often grouped under the categories of "Asian," and to some extent "Pacific Islanders." While admittedly cost-effective and seemingly efficient to organize the population in such a way, it often leads to misunderstandings and biases when all Asian communities are seen as a monolith. The needs of one community differ from another's and by organizing health assessment data in this way, there is the potential of overlooking critical information that may risk lives. The needs of the Filipino-American community, therefore, are distinctly different from the other communities that identify as Asian. Especially with Filipino-Americans, the risk of alienation, assimilation, and the feeling of invisibility is a major issue when it comes to representation in the media, politics, workplace, and culture. It is strangely ironic that for a community so involved in the healthcare industry to be under-represented in the field in which many work.

Aggregation, according to Merriam-Webster, is "the collecting of units or parts into a mass or whole" (Merriam-Webster, 2022). For this particular topic, "aggregation" refers to the collection and organization of health assessment data. Ineffective aggregation suggests that Filipino-Americans are affected by the aggregation of their data into the larger Asian American community, which hides the major issues that directly affect this target population. For example, a major issue that continues to solely affect the Filipino-American community is the mortality rate of Filipino-Americans related to COVID-19. According to National Nurses United (2020), the largest union of professional registered nurses, 31% of all nurses who died of COVID-19 and/or related complications were of Filipino descent, 51% of all nurses of color in the United

States. This statistic becomes alarming when realizing that Filipino nurses only make up 4% of total nurses nationwide. This issue stems from the fact that by aggregating healthcare data as "Asian," the Filipino community is not receiving the help they need, because the statistics show that the Asian-American population was hit the least by COVID, which is far from the truth for the Filipino community. In San Diego County, Filipinos were the third-largest nationality in pandemic deaths for the county's first year, and this was only found after organizing Filipinos as separate from the larger Asian subgroup (Srikrishnan, 2022).

In this thesis, the Filipino-American community will be compared to the Filipino-Canadian community. The research questions are as follows:

1. In the Filipino-American community, what is the effect of inadequate aggregation of health assessment data of the population on individualized care?

2. How do San Francisco Bay Area Filipinos-Americans' perceptions compare to members of the Filipino-Canadian community?

To answer the questions, a literature review will be performed. By comparing the access to healthcare and data aggregation methods in between the two countries, the question of whether it is affected by ineffective aggregation of health assessment data may be answered. This does not mean to say that one geographical location is better than the other, but what is sought is how differing healthcare policies can affect this particular community. Both areas, United States and Canada, the type of data that is available will be described and healthcare policies regarding health assessment data and its aggregation will be reviewed and compared. The literature review is followed by a proposal for further research.

Literature Review

The literature review presented will highlight and identify health care data collection and major issues in the Filipino-American population. The articles were selected based on the different populations of Filipino-American, the major issues identified in the Filipino-American community, and in comparison, what Filipino-Canadians face in terms of healthcare data collection. Articles were assessed based on the aims and methodology of the studies. The databases used were PubMed, Up-To-Date, and Dominican University's Iceberg. The search terms used were Filipino-American, Filipino-Canadian, healthcare data, data collection.

The literature found and reviewed in this paper is categorized into the following groups:

1. Health Disparities in the Filipino-American Community
2. Filipino-American Health Data Aggregation
3. Filipino-American Populations and Individual Health Issues
4. Filipino-Canadian Health Data Aggregation and Health Issues

A literature review table containing all of the research articles explored will be attached in the Appendix.

Health Disparities in the Filipino-American Community

Filipino Child Health in the United States: Do Health and Health Care Disparities Exist? (Javier, 2007) was a meta-analysis study used to identify the different disparities Filipino children face in terms of health and health care representation. The study was conducted by identifying articles relating the searched key terms *Filipino* and *United States* under the adolescent and children topics on Medline with health issues identified by Healthy People 2010. Major topics discovered by search included access to health care services, maternal and infant health, and weight/nutritional disparities. The topics found were then split into four categories,

infant and young child health, school-age health, adolescent health, and relevant adult health problems. The major findings of the literature is that Filipino-American children and adolescents are underrepresented. The studies also found that compared to other ethnicities, Filipino-American children experience health disparities, similarly to Filipino-American adults. Significant findings throughout the meta-analysis include that Filipino-American children have the highest lifetime prevalence of asthma in API subgroups (23.3%) higher than white and similar to Puerto Ricans (a recognized high-risk population), second largest immigrant population to test positive for Tuberculosis, high risk for contracting STDs, and other statistics described in the literature suggests that Filipino-American children are experiencing multiple disparities across the age groups. The major strength of the literature is that it analyzes existing articles and leads to an objective overview of the topics; while, its limitations include the lack of actual human interaction, which can lead to misunderstandings in the analysis (Javier, 2007).

Colonial mentality and mental health help-seeking attitudes: Testing a mediation model on Filipino Americans (Tuazon, 2022) was a qualitative study using a mediation model in order to test the relationship between Filipino Americans and a concept known as "colonial mentality." "Colonial mentality" refers to the idea that the descendants of immigrants appropriate the mindsets of the new land they live in, which is sometimes in conflict with the culture of their ancestors. 218 self-identified Filipino Americans living in the West Coast participated in an online demographic questionnaire regarding the topics above.   According to the researchers, four themes or "hypotheses" were found upon analyzing the results of the questionnaire and they all point toward shame and stigma as being a large part of help-seeking attitudes. The strengths of this study are as follows: the large number of participants, the easy accessibility of the questionnaire, the choice of where the questionnaire was done. The West Coast is known for its

high proportion of Filipino Americans, as well as the study's widespread inclusion of first-generation to third-generation Filipinos (Tuazon, 2022).

Health Conditions, Outcomes, and Service Access Among Filipino, Vietnamese, Chinese, Japanese, and Korean Adults in California (Adia, 2020) was a study that uses bivariate and multi-analyses models in order to compare and contrast the health assessment data between various subcategories of Asian Americans. The study uses seven years of publicly available data about these communities from the 2011-2017 iterations of the CHIS. The analysis included a wide variety of demographic variables including, but not limited to: age, sex, and marital status. The study has found overall that as a whole, Asians appear healthier than Non-Hispanic White people on most indicators. However, it was further noted that every Asian subgroup has at least 1 health disparity, with Filipinos having the most. This failure to disaggregate health data disguises disparities between the subcategories. The overall strengths of this study is that it used the largest state health survey in the country, allowing for a large amount of data to be available, and that the survey itself is very objective and widely accessible due to its analytic nature (Adia, 2020).

Filipino-American Health Data Aggregation

Gastric Cancer Disparities Among Asian American Subpopulations (Trumbull, 2020) is a mixed study employing a statistical analysis approach. The sample population consists of 28,213 patients that fit the necessary requirements of the study: patients of Korean, Japanese, or Filipino ancestry in the US with gastric adenocarcinoma or esophageal adenocarcinoma between 2004 and 2013. To that end, there were 1,542 patients with gastric adenocarcinoma and 26,671 patients with esophageal adenocarcinoma.

The study then went on to gauge the overall survival of each group, and found out that

Koreans tend to survive for longer than Japanese people and Filipinos. This is an important finding as it leads to acknowledging the heterogeneity of the Asian American population. In doing so, the study hopes to raise a point in the creation of medicine with race-related outcomes for the wide variety of Asian American subgroups. In that sense, the strengths of this study is the large sample used as well as its clear focus: highlighting the importance of identifying different subgroups in the Asian American population. There are limitations, however, as follows. First, as a mixed method study with a retrospective focus, the lack of an actual clinical trial does not help in the study's overall validity. While it is true that the sample size covered nine years worth of data, continuing the data collection to include recent years would aid in making the study more convincing. Furthermore, underlying prognostic factors and comorbidities are not reported when analyzing survival rates, which can also restrict the study's validity (Trumbull, 2020).

Filipino American Women's Perceptions and Experiences With Breast Cancer Screening (Tsu-Yin, 2006) was a qualitative study done with an exploratory approach. This was done by interviewing 11 Filipino women about their previous experiences with breast cancer screening. The interviews were done by using two open-ended questionnaires, with the first being having structured questions and the second leaning towards open discussion. It was found out that avoidance was the main theme of dealing with the cancer diagnosis. Furthermore, some barriers to receiving help were the different mind-sets and healthcare systems in regard to early detection, as well as unpleasant experiences when receiving screenings in the Philippines. As expected, the importance of family support and familiarity with doctors is stressed as the way for these women to fully indulge in the details of their perceived condition. Some strengths are as follows: the qualitative interviews allowed for a wide range of responses concerning breast cancer screening, and the women interviewed represent different age groups, occupations, educational status, and

more. There are some limitations, however. First, a small sample size was used, as only 11

women were interviewed for this study. In addition, all of them women came from Michigan,

missing out on the differing healthcare systems provided in each state. In addition, the risk of

the unstructured 2nd interview is that different questions will be asked, leading to inconsistent

data (Tsu-Yin, 2006).

Results of a Community-Based Randomized Trial to Increase Colorectal Cancer

Screening Among Filipino Americans (Maxwell, 2010) is a randomized trial-based study that

aimed to gauge the effectiveness of different colorectal cancer screening procedures. The sample

population consisted of 548 randomly chosen Filipinos who were noted to be non-adherent to

concurrent colorectal cancer guidelines. These people were chosen due to the fact that they most

likely do not know or fully understand the full process of colorectal cancer screening. Three

groups were made: the first intervention group received free education and free occult blood kits,

the second intervention group received free education only, and the control group did not receive

either. After a six-month follow-up, the instances of self-reporting for each group were 30%,

25%, and 9%, respectively. Considering that the chosen participants had, as stated, no previous

knowledge of how the screening process worked, all groups saw an increase in self-reporting,

with the first two having more significant results. The 5% difference between the two may be

due to the presence of the free test kit, allowing for immediate usage of the new knowledge.

These results have shown that a multicomponent intervention that includes an educational group

session in a community setting can significantly increase CRC screening among Filipino

Americans, even when no free FOBT kits were provided. The strengths of this study are its

focus on the Filipino community and the issue of nonadherence, as well as the study's usage of

health assessment data about this particular community in order to improve its overall health. A

limitation noted is that the study could not compare its results to other communities, leading to the consequence that the presented intervention cannot be fully described as culturally-specific intervention (Maxwell, 2010).

Filipino-American Populations and Individual Health Issues

Health Concerns, Facilitators, and Barriers of Health Among Filipino-Americans in New Jersey (Vargas, 2020) was a descriptive qualitative research study designed to identify the different healthcare issues faced by Filipino-Americans in the New Jersey area. The sample population consisted of individuals who identified themselves as a part of the Filipino-American community and 21 years of age and older, purposefully sampled and then snowballed as participants recommended others to participate in the study. The final sample study was 40 participants. The data was collected between May 2019 to January 2020; the focus groups had seven to nine participants each, and the length of each focus group was 60 minutes. The focus groups were moderated by an academic research collaborator (ARC) and patient-advocate leader (PAL); the PAL asked questions from a semi-structured interview guide while the ARC documented each response. The four questions from the interview guide are as follows:

"1. What general or health issues are important to you?

2. What general or health issues are important to your family?

3. What do you consider facilitators of good healthcare?

4. What do you consider barriers of good healthcare?"

(Vargas, 2020, p. 3).

As a qualitative study, the data collected was then looked at by the researchers for patterns in words and phrases and grouped into common themes. In health concerns, the major issues highlighted were family-centeredness and stress, chronic diseases, and concerns related to

aging. In terms of facilitators of health, the participants concluded that lifestyle, mental wellbeing, and access to healthcare were the factors of change that could affect future health outcomes. Barriers to health included the Filipino culture and practices, health insurance coverage and costs, and information that is reliable and accessible.

The major strength of this study is that it is the first of its kind to identify the health needs of the Filipino population in New Jersey. The diversity and variability of the participants also lends to the strength of this study, as the different perspectives and lifestyles allow for different insights into similar Filipino-American health concerns. Limitations of the study include the small sample size, though this should not be a major imitation due to the qualitative nature of the study; however, the focus group format may cause groupthink and social desirability to occur in these sessions, so participants may feel uncomfortable expressing their true thoughts to be more agreeable to the group (Vargas, 2020).

Assessing the Health Care Needs of Filipino Americans in Greater Long Beach (Montano, 2009) was a descriptive quantitative study designed to survey the health conditions and health care needs and then summarize similar health concerns to address the disparities faced by Filipino-Americans in this region. The study was conducted through a 62-question survey regarding the participants' demographics, quality of care, health care access, health behaviors and practices, and health issues in the community at large. The survey was shared to those identifying as Filipino in the Long Beach, California area above the age of 18 at two major Filipino events, the U.S. Philippines 2006 Expo and 15th Annual Festival of Philippine Arts and Culture. The final number of participants were 193. The major findings were that the community at large were in good health and were satisfied with the health care system in Long Beach, California. Areas of concern in this population include smoking, mental health, lack of exercise,

and access to mammograms among Filipino women. The top five health concerns were ranked accordingly: Diabetes (12.4%), Heart disease (8.8%), Cancer (8.6%), Hypertension (7.0%), and Alcohol abuse (5.6%) (Montano, 2009).

The major strength of this study would be the number of individuals who participated in the study, resulting in a more diverse pool of participants. Another strength of this study is that it concisely laid out the data collected by the survey and shows the different question responses in detail. The major limitations of this study are that it was done in a region with a large Filipino population, but did not distinguish native-born and foreign born Filipinos, and answers to the survey may have been skewed due to cultural stigma, taboo, and fear. With a large Filipino population, it is easier to collect data, though if a similar study was replicated in a region with a smaller population, results may be more difficult to compare. By being unable to distinguish between native and foreign born Filipinos, the study is not able to draw conclusions between two groups, even though experiences are different between the two groups. As surveys go, this limitation should be taken into account. Even though the survey is confidential, most participants still feel the fear of inputting the wrong answer and feel that they need to make the right choice to be correct (Montano, 2009).

A Call to Action: Community Health Screening Data Highlight the Need to Address Hypertension among Filipino Americans in the United States (Lapiz-Bluhm, 2022) was a study that incorporates an analysis of a compilation of collected demographics and health screening data on Filipinos in South Texas (n = 282) and Eastern Virginia (n = 35) who were interviewed for the health screening. It was found out that the Filipino-American population in South Texas had a median health score of BMI = 26 kg/m^2, median systolic blood pressure of 128 mmHg, median diastolic blood pressure of 78mmHg, and that 70% of South Texas participants had an

abnormal (>120/80 mmHg) blood pressure. Similar results were found within the Filipino-American population of Eastern Virginia, a median systolic blood pressure of 134 mmHg, diastolic blood pressure of 83 mmHg, and about 73% of participants had an abnormal blood pressure (Lapiz-Bluhm, 2022). This leads to the finding that there was a high prevalence of hypertension among Filipinos in South Texas and Eastern Virginia. Furthermore, the authors call for culturally-tailored and evidenced-based interventions for this community.

The overall strength of this study is the usage of a large amount of health assessment data, as it gives a wide viewpoint of the possible disparities that a community might be facing. Another strength is that the study incorporates states that are not known to house a large Filipino community, allowing it to be included in other studies for a much larger picture. The limitation is that South Texas and Eastern Virginia are not the best places to conduct an experiment that could potentially be used as a way to explain the disparities of the Filipino community with areas that have proportionally less Filipinos than other states (Lapiz-Bluhm, 2022).

Filipino-Canadian Health Data Aggregation and Health Issues

Racialized identity and health in Canada: Results from a nationally representative survey (Veenstra, 2009) was a quantitative, comparative study that investigated and compared the health effects of racialization in Canada. The sample of the study focused on Canadians of varying ethnicities, with a total of 109,967 Canadians participating in the study. In terms of the breakdown of the different ethnic backgrounds, it goes as follows: White (n = 90864), Chinese (n = 3676), South Asian (n = 2758), Black (n = 1,617), Aboriginal (n = 1,028), Filipino (n = 998), Latin American (n = 848), Southeast Asian (n = 594), Arab (n = 523), West Asian (n = 311), Korean (n = 284), Japanese (n = 204), Other (n = 1,509), and Multiple origin (n = 1,108). Binary logic regression models were then applied to three health variables (presence of diabetes,

presence of hypertension, and fair/poor self-rated health). Model 1 shows associations between racial/cultural identification and health. Model 2 adds immigrant status and length of stay in Canada to show health disparity by racial/cultural identifiers. Model 3 adds control for education and income, while model 4 adds control for urban/rural setting and region in Canada.

The major findings in the study related to our research were that Filipinos are at statistically significant risks of diabetes, hypertension, and fair/poor self-rated health. This is shown in the tables created, under Models I and II. Models I and II of Table 2 also indicate that the healthy immigrant effect may have suppressed the risk for diabetes of Filipinos. The strength of the study is that it identifies the specific needs of the Filipino community. As shown, the Filipino community in Canada have been identified as their own ethnic group, and receive the data and attention they require. The limitations of this study include measurement error inherent to assessing racialized identity with a closed-ended, self-identified "cultural and racial background" survey question, self-reporting, and socioeconomics were also not discussed (Veenstra, 2009).

Hiding for Survival: Highlighting the Lived Experiences of Precarity and Labour Abuse Among Filipino Non-status Migrants in Canada (Alcaraz, 2021) was a case study for a group that explores the needs, rights, services and barriers non-status Filipino migrants encountered while living in Canada. Non-status immigrants, as defined in the study, are "individuals who do not hold a valid immigration document or official status to stay in Canada" (Alcaraz, 2021, p. 1). In this study, participants were recruited via snowball sampling with members from *Migrante Alberta*, a Filipino migrant organization, and in total, five participants were selected to be interviewed about their experiences. In these interviews, findings include that non-status migrants contribute to Canadian society even when forced into hiding and they contribute

directly to the labor force but cannot benefit from the society they helped build. Interviews highlight the importance of full and equitable access to Canadian healthcare and other financial/social services regardless of immigration status. Themes found across the five case studies were the undocumented and hidden costs of striving for status, aspirations to stay in Canada, navigation through the everyday struggles to survive, acts of selflessness and resistance against the stigmatization of being labelled a non-status migrant. These major themes relate to our research because they are an important minority group that is not represented well enough in most Filipino-American and Filipino-Canadian studies. Even though the undocumented immigrants/non-status migrants are included in this study, are not represented in research in general, which is a major issue among Filipino community members. In the Filipino community, the word used to describe non-status migrants is "*tago ng tago*" or the shortened form "*TNT*", a tagalog word meaning "in perpetual hiding" due to the fact that non-status migrants have to hide their immigration status and identity from government authorities (Certo, 2021).

The strengths of this study are that it highlights an important stigma for Filipinos everywhere, the non-status migrant or undocumented immigrant population are all included. This population especially is overlooked from a health care standpoint and is a major issue when it comes to providing proper support and care to those in need. One limitation of this study would be the small number of people interviewed. However, as a researcher, keep in mind that individuals would be wary about being exposed to authorities through a publication with the concern of being deported back to the Philippines (Alcaraz, 2021).

Cross-Cultural Relationships between Nurses and Filipino Canadian Patients (Pasco, 2004) is a qualitative study with a focused ethnography approach. The sample population consists of 23 Filipino-Canadians. The study attempted to gauge how Filipino-Canadians interact

with nurses of different cultures. This was done through interviews, field notes, and diary entries of the participants. It was found out that Filipino-Canadians have a set of values that seem to transcend cultural barriers. The values of the Filipino-Canadians can be summarized with two phrases: *hindi ibang tao* ("not other people;" oneness) and *ibang tao* ("other people;" otherness) (authors, date, p#). In essence, the experiences of these participants are based on whether they feel a sense of camaraderie and respect from their healthcare providers, regardless of their cultural or ethnic identity. However, preferences do exist, as Filipino patients tend to speak through family members or have an easier time with healthcare professionals who went through similar experiences (i.e. immigration status). In the end, all nurses can achieve that sense of oneness as long as they are respectful towards the patient's wishes and preferences. The strengths of this study are its usage of direct quotes from the participants as well as the focused assessment of a specific ethnicity in a specific situation. In doing so, the researchers were able to obtain culturally accurate information as well as show proof of its existence. However, this study is not without its limitations. The somewhat small sample size may skew the results in a certain way. In addition, the authors did not report on which hospitals or geographical areas were chosen for the study and what the ethnicities were of the nurses that took care of the participants (Pasco, 2004).

Literature Review Summary

The literature review revealed that there are significant disparities in how health care is delivered in Filipino communities. This stems from the aggregation of health care data. The healthcare system in Canada allows for more accurate information to be collected because Filipino communities are studied as a single entity and not included in the larger Asian population.

Research Study

Introduction

Through a mixed-method descriptive study with quantitative and qualitative components, the researchers aim to identify some of the more prominent health disparities of Filipinos in the San Francisco Bay Area, determine research possible interventions for those disparities, and create ways to prevent inadequate aggregation of Filipino-American healthcare data. The San Francisco Bay Area in California has a large Filipino-American community, and will serve as a reflection of the larger Filipino community in California, and potentially for the broader Filipino community in the United States. In doing so, some light will hopefully be shed on the matter of aggregating healthcare data and its possibly negative effects on the medical access of many ethnic populations. The rationale for this research study would be to increase knowledge in terms of the Filipino-American community and their major health struggles, as well as further understand how health disparities related to minority groups affect them in the real world. By creating and conducting this study, the goal is to begin providing insight into the different subgroups of major ethnicities in the American population so major health inadequacies are avoided.

Research Questions

1. In the Filipino-American community, what is the effect of inadequate aggregation of health assessment data of the population on individualized care?

2. How do San Francisco Bay Area Filipinos-Americans' perceptions compare to members of the Filipino-Canadian community, as shown in the studies?

Theoretical Framework

In this study, we will be utilizing Madeleine Leinenger's Transcultural Nursing/Cultural Care Theory due to its significance in identifying a patient's individual needs related to their cultural and ethnic backgrounds and practicing nursing care according to those cultural considerations (Petiprin, 2020). This theory serves as a framework for our study because it outlines the major interventions to provide stronger nursing care towards minority population groups, such as Filipino-Americans. Transcultural nursing is the study of cultures to understand similarities and differences in patient groups to bring awareness to the ways that culture and faith affect health, strengthen the bond between nurse-patient relationships, and provide a more holistic view of the patient (Petiprin, 2020). This theory can be implemented into current nursing practice to ensure a patient's health needs are met, with the added sensitivity to the patient's own cultural and spiritual beliefs.

Primary Research Aims

First, to better understand what inadequacies Filipino-Americans face in terms of their health care, and second to focus on exploring perceptions of the major health and medical issues that Filipino-Americans face. The researchers plan to address these two aims through the creation and distributions of two sets of questionnaires.

Research Study Design

The design of this study is a mixed method, with two sets of questionnaires, to be administered through face-to-face interviews. All questions and answers will be asked orally and be audio recorded after participants' consent is obtained.

The first set of questions have a definite, quantitative structure, in that a number of questions will be presented to the interviewees about their demographics, such as gender identity, age, religion, education, income, occupation, type of health insurance (or none), geographical area (i.e. rural, suburban, or urban), ethnic background (i.e. ilocano, cebuano, tagalog, etc.), and health status. There will also be yes-or-no questions about their health conditions and experiences with the healthcare system.

The second set of questions has an open-ended style of question-and-answer design, based upon answers to the first set of questions. A descriptive qualitative approach will be used in the analysis. In this way, the participant will be capable of pointing out specific details of their experiences with healthcare while the interviewer also obtains data about their overall experience. The data collection will continue until saturation is reached, i.e. the researchers determine are being repeated and no new information is revealed.

Sample Description

The sample will be a convenience sample of Filipino Americans in the San Francisco Bay Area. The sample will aim to have at least 30 participants, attempting to cover a wide range of age groups, socioeconomic statuses, and generational identities. The recruitment for this study will be done by contacting Filipino-American organizations throughout the San Francisco Bay Area, asking if members of the organizations would be willing to be interviewed for the study. Participants would be selected based on Filipino-American identity. The researchers will plan to enroll a range of ages 18 years and older and equal distribution between gender identities. The recruitment will take place over a three-month period. The interview portion will take place over a two-month period.

Methodology

- Quantitative questions will include:

    ○ What are your demographics?

    ○ Have you experienced health care inequalities?

    ○ What medical conditions do you currently have?

        ■ Diabetes and HTN?

- Qualitative questions will include:

    ○ What health care concerns do you face?

    ○ How has your health care provider been able to address these certain topics?

    ○ What inequalities do you think occur in the Filipino-American population?

    ○ What opportunities are available to your community to access healthcare and

    mental health?

    ○ Do you feel represented in health care and health care studies?

    ○ Have you felt neglected or not received full care in the hospital setting?

Ethical Considerations

As Filipino-Americans are a minority group, they may be considered a vulnerable population; in addition, Filipino-Americans also cover a wide range of different individuals, so intersectional populations have to be put into consideration in this study. Significant vulnerable populations in the Filipino-American community include: non-status migrants, LGBTQ+-identifying individuals, and poverty-stricken individuals.

The protections in place for the participants in the study are defined by the major research documents of the Nuremberg Code and the Belmont Report. In the Nuremberg Code, the

protections of voluntary consent for participation in human research. In the Belmont Report, the protections would be respect for persons, justice, and beneficence; in addition, to informed consent and stressing the education of information, comprehension, and voluntariness to the participants of the study.

Consent would be obtained by researchers after potential participants show interest about the research study. Consent would include: participation in the interview through audio-recorded sessions, consent to publish responses to the questionnaires, consent to identifying participants based on demographics, consent to public dissemination of findings within the study.. Though consent will be obtained, participants' right to privacy will be upheld, as well as the researchers' duty to provide the participants with confidentiality at all times.

The study will use the Dominican University of California's Internal Review Board (IRB) for Protections of Human Participants to review the study's ethical considerations. Data collection will start after the study is approved by the IRB.

Data Analysis

Quantitative data will be analyzed by using descriptive statistics, including percentages, mean, median, mode, and range of answers. Yes or No questions will be coded "1" or "0" and compare answers according to demographic data, such as age range (young to old), gender, geographical locations, health status, etc. Depending upon whether or not the data is parametric or non-parametric, a T-test or Chi Square test will be performed to assess differences between groups. Patterns found by the researchers would be organized by several bar graphs that correspond to the questions. Correlations between the graphs will be analyzed and described, leading to several themes to arise from the data. The themes may lead to several theories due to the number and variety of questions involved. Note that data collection and data analysis will be

conducted concurrently, in order to facilitate an accurate analysis of results.

Qualitative data will be analyzed by a process of identifying common words and phrases that might reveal patterns from participants' answers to open-ended questions. Patterns found by researcher's would then be grouped into larger categories, and then those categories grouped into overarching themes. These themes would then be grouped towards a Grounded Theory, using a process of constant comparative analysis. Note that data collection and data analysis will be conducted concurrently, in order to facilitate an accurate analysis of results.

Implication for Clinical Practice and Nursing

The implications of this research study for clinical practice and nursing is to help nurses understand the different nuances that Filipino-Americans face when receiving healthcare services. The Filipino-American community faces issues differently than other Asian-American groups, and also have different needs than other groups. This research study will also work to show how disparities in healthcare data aggregation create real world disparities for minority groups, specifically the Filipino-American population.

Conclusion

The proposed research study hopes to reveal severe disparities faced by the Filipino-American community here in America and aims to provide insight into how to better approach this specific community in health care. Filipino-Americans are affected heavily by inadequate healthcare data aggregation, and that leads to major disparities in real world health care services.

The literature review shows disparities in Filipino-American health towards pediatric health and mental health services, and health care service access. Filipino-Americans face similar issues to Filipino-Canadians in terms of health care disparities. However, as the research in our literature review showed, the Filipino-Canadians report receives proper health care aggregation,

as they are counted as their own subgroup. We hope to reveal that Filipino-Americans in the Bay Area, representing the larger Filipino-American community, share similar experiences to those in the literature review, but also explore participants' firsthand experiences on how disproportionate health care data retrieval has affected Filipino-American health.

      The literature presented and research proposal will potentially improve health outcomes by swaying researchers into providing Filipino-Americans and other subgroups as their own demographic to provide more accurate healthcare information, thereby leading to appropriate nursing and medical care to affected populations.

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Appendix A: Literature Review Table

*Table below follows the structure of the Literature Review described in the thesis.

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Javier, J. R., Huffman, L. C., & Mendoza, F. S. (2007). Filipino child health in the United States: do health and health care disparities exist?. Preventing chronic disease, 4(2), A36.	Filipino Americans	Analysis of existing articles using Healthy People 2010	To figure out if Filipino-American children experience disparities in health and health care.	Review of articles using the key terms Filipino and US via a Medline search; analyzed studies by grouping into different categories.	Filipino children and adolescents are underrepresented; studies that compare filipino children to children of other races do suggest disparities, same with adults; More research is necessary to solidify findings; practitioners should consider social and cultural factors that can increase or diminish health risks	Strengths: Analysis of existing articles leads to an objective overview of the topic

Limitations: Lack of actual human interaction can lead to misunderstandings in the analysis; articles used were from Healthy People 2010, meaning that some info may be outdated |
| Tuazon, A. C. A., & Clemente, J. A. R. (2022). | Filipino-Americans living on the | Mediation Model between mental health | To provide an explanation on why high levels of | Online demographic questionnaire. | Hypothesis 1 and 2 were partially | Strengths: accessibility and large number of participants in the study; |

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Colonial mentality and mental health help-seeking attitudes: Testing a mediation model on Filipino Americans. Asian American Journal of Psychology, 13(1), 41–50. https://doi.org/10.1037/aap0000243	West Coast. N = 218	of Filipino-Americans and "colonial mentality" (CM)	colonial mentality serves as a barrier to mental health services for the Filipino-American community.	4 hypotheses were made concerning help-seeking attitudes; Shame and stigma are a large part of help-seeking attitudes	supported from the data	West Coast is known for its high proportion if Filipino-Americans; wide spread of 1st gen to 3rd generation Filipinos\n\nLimitations: total CM score was used, limiting ability to identify which among CM manifestations affected help-seeking attitudes; participants may not have experienced counseling or psychotherapy; unknown if participants had significant external barriers
Adia, A. C., Nazareno, J., Operario, D., & Ponce, N. A. (2020). Health Conditions, Outcomes, and Service Access Among Filipino,	Non-Hispanic whites, Filipino, Vietnamese, Chinese, Japanese, Korean. N = 88296 non-hispanic	Bivariate and multivariable analyses r t	To determine the impact of data disaggregation on the ability to identify health disparities and needs for future research for Filipino, Vietnamese,	Analysis of 7 years of publicly available data from adults from the 2011-2 017 iterations of the CHIS; analysis performed using Sata version 15; study included a	Every asian subgroup has at least 1 health disparity; Filipinos have the most; failure to disaggregate health data disguises disparities	Strengths: study uses the largest state health survey in the country; survey itself is very objective and is widely accessible\n\nLimitations: Usage of public use files means that there is no access to

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Vietnamese, Chinese, Japanese, and Korean Adults in California, 2011-2017. *American journal of public health*, *110*(4), 520–526. https://doi.org/10.2105/AJPH.2019.305523	whites; 2101 Filipinos, 1939 Vietnamese, 4106 Chinese, 1343 Japanese, 1587 Korean		Chinese, Japanese, and Korean adults in California.	wide variety of demographic variables: age, sex, marital status, etc. As an aggregate category, Asians appear healthier than Non-Hispanic White on most indicators		actual face-to-face interviews with the communities
Trumbull, D., Lemini, R., Attwood, K., Kukar, M., & Gabriel, E. (2020). Gastric Cancer Disparities Among Asian American Subpopulations. *Anticancer research*, *40*(11), 6381–6385.	Filipino Americans, Korean Americans, Japanese Americans N = 28213	Retrospective review of patients obtained from the National Cancer Database diagnosed with gastric adenocarcinoma or esophageal adenocarcinoma.	To highlight the hidden survival disparities among Asian-American subgroups in relation to gastric cancer.	Study aims to show how classifying a heterogenous and ethnically diverse population into one group of Asian-American ignores the underlying factors that can lead to complications and disease processes. Goal was to investigate differences in 5-	The Korean ancestry group with gastric cancer (0.42) showed improved 5 year survival over Japanese (0.31) and Filipino (0.21; p<0.001) groups. Individual-specific medicine with respect to race-	Strengths: Highlights the importance of identifying different subgroups of Asian Americans, and how the combination of all AA groups can negatively affect one group. Limitations: retrospective study, if it was a clinical trial would have more validity. Disease specific survival is not reported. This

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
https://doi.org/10.21873/anticanres.14659				year survival among the 3 asian ancestry groups.	related outcomes are important to providing critical patient care.	limits the accuracy as patient-specific survival is more accurate than OS. In addition, underlying prognostic factors and specific comorbidities are not reported which can restrict survival analysis.
Tsu-Yin Wu, & Bancroft, J. (2006). Filipino American Women's Perceptions and Experiences With Breast Cancer Screening. Oncology Nursing Forum, 33, E71–E78. https://doi.org/10.1188/06.ONF.E71-E78	Filipino Americans N = 11	Qualitative, exploratory approach → audiotaped meetings were analyzed using constant comparison techniques	To determine information about Filipino American women's perceptions of breast cancer, the most frequently diagnosed cancer and number-one killer of Asian American women, and their experiences with screening	Focus groups conducted with interviews. Interviews were audiotaped. Two interviews were done: one unstructured and one with seven questions Avoidance was the main theme in dealing with cancer diagnosis; support came in the form of family; barriers were different mind-sets and healthcare systems	Useful information was achieved from the focus group interviews, such as the importance of family support and familiarity with doctors. Unpleasant experiences with mammography are one of the factors that dissuade women from getting breast cancer screening	Strengths: Qualitative interviews allow for open-ended discussions about experiences with breast cancer screening; the women involved in the interviews represent a wide variety of age, occupation, education, etc. Limitations: Only 11 women were used for the data (small sample size); the women only came from Michigan; unstructured interview means different questions are asked

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
				in Philippines in regard to early detection, unpleasant experiences		
Maxwell, A. E., Bastani, R., & Danao, L. L. (2010). Results of a Community-Based Randomized Trial to Increase Colorectal Cancer Screening Among Filipino Americans. American Journal of Public Health, 100(11), 2228–2234. https://doi.org/10.2105/AJPH.2009.176230	Filipino Americans N = 548	Randomized trial; first intervention group received free education on colorectal cancer (CRC) and free occult blood kits, second intervention group received education only, control group did not receive either.	To develop a multicomponent intervention that would increase colorectal cancer screening among an Asian American population.	A multicomponent intervention that includes an educational group session in a community setting can significantly increase CRC screening among Filipino-Americans, even when no free FOBT kits are distributed.	Self-reported CRC screenings went up; first group (30%), second group (25%) and control group (9%); intervention groups were more likely to follow up than the control group.	Strengths: Focus on the Filipino community, and the issue of non-adherence. Provides health assessment data for the community and ways to improve health. Limitations: No comparison to other groups, though it is important to note that this study specifically targets the Filipino-American population.
Vargas, P.,	Filipino	Exploratory,	The purpose of this	Themes for health	FAs in NJ have	Strengths: highlight the

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Lavarro, V., & Lapiz-Bluhm, M. D. (2020). Health Concerns, Facilitators, and Barriers of Health Among Filipino-Americans in New Jersey. *Journal of Nursing Practice Applications & Reviews of Research*, *10*(2), 5–13. https://doi-org.dominican.i dm.oclc.org/10. 13178/jnparr.20 20.10.02.1003	Americans N = 40	descriptive design using a qualitative research approach.	study was to identify the healthcare concerns of Filipino-Americans in New Jersey (NJ).	concerns included family centeredness and stress, cardiovascular disease and diabetes and aging issues. Barriers to health themes included culture, healthcare insurance, related cost of health care, and health literacy and reliable information source.	significant health and healthcare concerns. Findings from this study can be utilized to implement strategies to improve health outcomes and increased healthcare access.	needs of the Filipino Americans in the NJ community; many large issues in the community were addressed, and allow different perspectives and insight to FA healthcare issues. Limitations: Small sample size for the study, focus group format and discussions influenced by social desirability (fear of being isolated, or confrontation).
Montano, J.J., Acosta-Deprez, V. & Sinay, T. (2009). Assessing the Health Care	Filipino Americans identified as having Filipino ethnicity; 2) at	Descriptive Quantitative	To answer the question: what are the health care needs of the Filipino-Americans living in Long	Survey questionnaire using convenience samples of Filipinos in two events (U.S.	Needs to be more in-depth research on factors that influence the prevalence and	Strengths: directly answers our target question; what are the health care needs of the filipino-american community; provides a

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Needs of Filipino Americans in Greater Long Beach. Public Administration & Management, 14(1), 156–190.	least 18 yrs of age & 3) lived in the Long Beach area. N = 193		Beach, California?	Philippines 2006 Expo and at the 15th Annual Festival of Philippine Arts & Culture); 62 questions regarding demographics, quality of care in the Long Beach area, access to healthcare, health behaviors, and personal health issues in the community.	incidence of chronic diseases in this population. Community has good health and is satisfied with the Long Beach health care system. Areas of concern: smoking, mental health issues, lack of exercising and receiving mammograms amongst Filipino women.	framework to how we want to do our research. Limitations: Survey type study, so self-reporting will always be a limitation; in addition to that, it was a convenience sample, so not really randomized as much as we want it to be.
Lapiz-Bluhm, M. D., Romero, C., El Moudden, I., Clarke, A., & Dodani, S. (2022). A Call to Action: Community Health Screening Data	Filipino Americans who attended health screenings in South Texas and Eastern Virginia. N = 282 South	Compilation of collected demographics and health screening data	To describe the community health screening data collected in South Texas and Virginia and help determine health issues in the population for any interventions needed.	Median health scores include the following: BMI = 26 kg/m^2, blood glucose = 105 mg/dL, total blood cholesterol = 173 mg/dL, etc	High prevalence of HTN among Filipinos in South Texas and Eastern Virginia; culturally tailored community and evidenced-based	Strengths: Health assessment data can give way to a wide variety of possible data points that can show health disparities; using this in combination with another source can increase the amount of Filipino-Americans

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Highlight the Need to Address Hypertension among Filipino Americans in the United States. Journal of Nursing Practice Applications & Reviews of Research, 12(1), 16–24. https://doi.org/10.13178/jnparr.2022.12.01.1204	Texans, 35 East Virginians				interventions necessary	under review Limitations: South Texas and Eastern Virginia are only two of the many states that have Filipino communities; South Texas and Eastern Virginia have proportionally less Filipinos than other states
Veenstra, G. (2009). Racialized identity and health in Canada: Results from a nationally representative survey. *Social Science & Medicine, 69*(4), 538-542.	Canadians of varying ethnicities. N = 109,967	Quantitative, Comparative	To investigate and compare health effects of racialization in Canada.	A comparison of Survey data collected: White 90864, Chinese 3676, South Asian 2758, Black 1,617, Aboriginal 1,028, Filipino 998, Latin American 848, Southeast Asian 594, Arab 523,	Filipinos are at statistically significant risks of diabetes, hypertension, and fair/poor self-rated health. This is shown in the tables created, under Models I and II. Models I and II of Table 2 also	Strengths: Depicts what this paper is trying to do; identify the specific needs of the Filipino community. As shown, the Filipino community in Canada have been identified as their own ethnic group, and receive the data and attention they require. Limitation: measurement

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
10.1016/j.socsci med.2009.06.00 9				West Asian 311, Korean 284, Japanese 204, Other 1,509, Multiple origin 1,108. Binary logic regression models applied to three health variables (presence of diabetes, presence of hypertension, and fair/poor self-rated health). Model 1 shows associations between racial/cultural identification and health. Model 2 adds immigrant status and length of stay in Canada to show health disparity by racial/cultural identifiers. Model 3	indicate that the "healthy immigrant effect" phenomenon may have suppressed the risk for diabetes of Filipinos.	error inherent to assessing racialized identity with a closed-ended, self-identified "cultural and racial background" survey question, Self-reporting, socioeconomics not discussed.

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
				adds control for education and income, while model 4 adds control for urban/rural setting and region in Canada.		
Alcaraz, N., Ferrer, I., Abes, J. G., & Lorenzetti, L. (2021). Hiding for Survival: Highlighting the Lived Experiences of Precarity and Labour Abuse Among Filipino Non-status Migrants in Canada. *Journal of human rights and social work*, 6(4), 256–267. https://doi.org/10.1007/s41134-	Filipino non-status migrants in Canada. N = 5	Case study; participants recruited via snowball sampling with members from Migrante Alberta, a Filipino migrant organization.	To explore the needs, rights, services and barriers non-status Filipino migrants encountered while living in Canada	Interviews. Non-status migrants contribute to Canadian society even when forced into hiding; contribute directly to the labor force but cannot benefit from the society they helped build. Interviews highlight the importance of full and equitable access to Canadian healthcare and other financial/social services regardless	Themes identified reflect barriers to permanent residency, thus barriers to healthcare, housing, job opportunities, etc. The findings highlight five case-based themes that centre on the (1) undocumented and hidden costs of striving for status, (2) aspirations to stay in Canada,	Strength: Highlights an important stigma for Filipinos everywhere, the non-status migrant or undocumented immigrant population. This population especially is overlooked on a health care standpoint and is a major issue when it comes to providing proper support and care to those in need. Limitations: limitations of the study would be the amount of people interviewed; however, as a researcher, keep in

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
021-00169-x				of immigration status.	(3) navigation through the everyday struggles to survive, (4) acts of selflessness and (5) resistance against the stigmatisation of being labelled a non-status migrant	mind that individuals would be wary about being published to the public and have the chance to be deported back to the Philippines.
Pasco, A. C., Morse, J. M., & Olson, J. K. (2004). Cross-Cultural Relationships between Nurses and Filipino Canadian Patients. *Journal of nursing scholarship : an official publication of Sigma Theta*	Filipino-Canadians. N = 23	Qualitative, Focused ethnography	To explore perceptions of Filipino Canadians about their health care and relationships with healthcare workers.	Data consisted of interviews, field notes, and diary entries. It was found that Filipino Canadians tend to emphasize kindness, respect, and willingness to accommodate over ethnic or cultural identity. That being said, there is a slight preference for the workers to be Filipino, but that	Patients delineated feelings of "one of us" and "not one of us" when receiving care, and this determined preference for who performed personal and private tasks; nurses that are "one of us" are required to "watch over"	Strengths: Ethnography allows for focused assessment of a specific ethnicity within a specific environment Limitations: Somewhat small sample may skew results towards a certain way; lack of information on how sample was chosen may skew results; lack of information on which hospitals were chosen for this survey may also

Author/Citation	Sample, N	Type of Study - Design	Objective	Procedures & Analysis	Major Findings	Strengths & Limitations
Tau International Honor Society of Nursing, *36*(3), 239–246. https://doi.org/10.1111/j.1547-5069.2004.04044.x				comes second to the above principles. The researchers found several levels of comfort between the patient and healthcare professional, which is often disregarded due to the shortness of hospital stays.	patients, where as nurses that are "not one of us" are expected to provide actual professional care Communication and effective caring is necessary in the healthcare of Filipino Canadians. Cultural sensitivity to language of words, touch, gaze, and food is key to developing safe nurse-patient relationships.	skew results