

HISTORY

Filipino migration to the American continent began with the Manila-Acapulco Galleon Trade. From 1565 to 1815, Filipinos were forced to work as sailors and navigators on board Spanish Galleons. In 1587 they arrived in Morro Bay, California to claim the land for the Spanish king. In 1763, Filipinos made their first permanent settlement in the bayous and marshes of Louisiana. Known as "Manilamen," they had jumped ship to escape the brutality of their Spanish masters. They built houses on stilts along the gulf ports of New Orleans and were the first in the United States to use the sun-drying process for shrimp.

DEMOGRAPHICS

In the last 100 years, successive waves of immigration have swelled the population. According to Census 2000, Filipino Americans numbered 1,850,314.¹ This is a 32% increase from 1990 and a 137% increase from 1980.² These waves of immigration can be characterized as a search for economic opportunity and are intimately related to the political relationship between the Philippines and the United States.

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HEALTH STATUS

It is difficult to characterize the health status of Filipino Americans. Studies of Asians and Pacific Islanders (API) often do not differentiate between the various ethnicities studied. Therefore, it is not always possible to distinguish Filipinos from the rest of the API sample. Moreover, it is difficult to generalize research findings because the sample size is too small, only one study has been done, or the only populations studied are in California or Hawaii. Finally, in some cases, data are just not available. For these reasons, the data contained in this brief provide only an estimate of Filipino American health status.

According to data from the 1992-94 National Health Interview Survey (NHIS), 37% of Filipino respondents described their health as excellent, 32% as very good, 24% as good, and 7% as fair or poor. This is roughly similar to all API respondents.³

MATERNAL AND CHILD HEALTH

Filipino women have been shown to have a high rate of gestational diabetes. Filipino mothers born outside of the U.S. are significantly more likely to have diabetes during pregnancy.⁴ Very low birth weight (500-1499 grams) and moderately low birth weight (1500-2499 grams) was more likely among Filipino women than whites.⁵ Filipino women in Hawaii do not adequately utilize prenatal care despite near universal health insurance coverage in the state.⁶

CHRONIC DISEASES

Cancer

Cancer is the second leading cause of death for Filipino Americans.⁷ The prevalence of several different types of cancer in Filipinos varies according to nativity (place of birth). For example:

Rates of primary liver cancer were higher for foreign-born Filipino men than American-born Filipino men (11% to 7%), and both were higher than whites (3%).⁸

Filipino women born in the Philippines had 3.2 times the rate of thyroid cancer of U.S.-born white women, while U.S.-born Filipino women were not at any increased risk than White women.⁹

Filipino men born in the Philippines had 2.6 times the rate of thyroid cancer of U.S.-born white men, while U.S.-born Filipino men had 1.5 times the risk of white men.⁴

For other cancers, prevalence does not vary by nativity. For example:

Ovarian cancer incidence among U.S.-born Filipino women is comparable to foreign-born Filipino women (8.1 versus 11.0 per 100,000), and lower than white women (15.6 per 100,000).¹⁰

Breast cancer incidence was the same for U.S.- and foreign born- Filipino women, and 40% lower than breast cancer incidence of U.S. born whites.¹¹

There are other disparities in cancer prevalence.

The incidence of liver cancer in Filipino populations is higher than rates among Caucasians.¹²

Filipinos have the second poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (American Indians have the poorest survival rate).¹³

Filipino women had a higher risk of dying of breast cancer within 5 years than women of other ethnic groups. Filipinos also had a much greater chance of dying from localized cancer than other women with localized disease.¹⁴

In terms of early detection, 48% of Filipino American women have received Pap smear tests within the past 2 years; 41% receive a mammogram and a clinical breast exam within the past 2 years; and 25% of Filipino American women receive adequate and timely colorectal cancer screening.¹⁵ A convenience sample of Filipino American women in Los Angeles revealed 66% never had a screening mammogram.¹⁶

Cardiovascular Disease

Heart disease is the leading cause of death for Filipino Americans and stroke is the third leading cause of death.³ Relatively high rates of hypertension have been reported for Filipino Americans. Both Filipino American men and women have a higher prevalence of hypertension compared to Caucasians.¹⁷ Hypertension prevalence is also higher than other Asian subgroups.¹⁸

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In the California Hypertension Survey of 1979, overall prevalence of hypertension was highest for blacks (34%), followed by Filipinos (27%). Higher rates of uncontrolled hypertension for Filipinos were consistent by gender and age:

Among men age 18-49, Filipinos had the highest rate (30%), followed by Other API (29%) and blacks (25%).

Among men age 50+, the rate for Filipinos (51%) was comparable to that for blacks (53%), and higher than the rate for whites (39%).

Among women age 18-49, rates for Filipinos (7%) was higher than for whites (5%).

Among women age 50+, the rate for Filipinos (61%) was 1.7 times the rate for whites and 1.4 times the rate for black.¹⁹

A more recent study of APIs in California (1988) found Filipino women over the age of 50 had a higher rate of hypertension (65%) than both African American women (63%) and the general population of women (47%) over the age of 50.²⁰

INFECTIOUS DISEASES

Tuberculosis

The Philippines is the Asian country of origin with the greatest numbers of TB cases among the foreign-born. In one study, focus group participants believed TB was extremely contagious. This leads to social stigma and isolation. The desire to avoid such consequences leads some to deny their illness, not seek attention, or attempt to hide their illness.²¹

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HIV/AIDS

Since the beginning of the AIDS epidemic, Filipinos living in the U.S. comprised the largest number of reported AIDS cases among all Asians and Pacific Islanders. Filipinos comprise 34% of cumulative API AIDS cases in San Francisco, 31% in Los Angeles, and 19% in Hawaii as of June 2001.^{22 23 24}

HIV prevention skills training that is culturally tailored has been shown to reduce HIV risk behavior in API men who have sex with men (MSM). This study of API MSM in San Francisco showed Filipino men, in particular, benefited from this intervention.²⁵

Face-to-face interviews with 211 Filipino American adolescents and young adults in Los Angeles County revealed high rates of HIV knowledge and self-efficacy with respect to condom use, and the majority held peer norms that were supportive of condom use. More than half of sexually active respondents reported condom use at last intercourse.²⁶ According to the National Health Interview Survey, 32% of Filipinos have been tested for HIV.³

MENTAL HEALTH

The prevalence of mental health disorders and treatment outcomes have not been adequately characterized for this population. Various studies of Asian Americans consistently reveal underutilization of mental health services.²⁷

HEALTH BEHAVIORS

Substance Use and Abuse

Little data exists that is specific to Filipinos. One survey in California showed the risk of early smoking initiation is higher among Filipinos than Chinese, Japanese, and Koreans and lower than Caucasians. In general the risk among Asian Americans continues to increase throughout adolescence, while plateauing for Caucasians and African Americans.²⁸ Data from the 1992-1994 National Health Interview Surveys show that 27% of male Filipinos were current smokers and 23% were former smokers; 50% had never smoked.³

In one study that included Filipino American drug users in San Francisco who were not currently enrolled in drug treatment programs, Filipinos had engaged in riskier behaviors in terms of injection drug use, having sex while on drugs, and having sex with injection drug users (IDUs).²⁹ However, the sample size was too small to generalize.

A study of Asian Americans and alcohol revealed that 20% of Filipino respondents reported heavy drinking patterns. In the same study, 51% of Filipino respondents reported abstaining from alcohol (including 80% of Filipinos).³⁰

Nutrition and exercise

Poor diet and lack of physical activity have been implicated in a variety of diseases. For example, 35% of cancer deaths are attributable to poor diet and physical inactivity. One study of Filipinos in San Diego showed that only 16% consistently ate the recommended five (5) servings of fruits and vegetables per day, much lower than the California average for adults. In the same survey, 24% reported no regular exercise and 16% reported regular vigorous exercise.³¹

ACCESS TO CARE

According to the 1998 Current Population Survey, 20% of Filipinos are uninsured, 74% have job-based insurance, 2% have Medicaid, 3% have privately purchased insurance and 2% have other public coverage.³² Data from the 1992-1994 National Health Interview Surveys show that 76% of Filipino persons had talked to a medical doctor or assistant in the past year, slightly less than non-Hispanic whites at 80%.³

Cultural and Linguistic Barriers

In comparison to other Asian groups, Filipinos are generally able to speak English. According to the 1990 Census, 24% of Filipino Americans are not able to speak English "very well" compared to 51% for Chinese and 76% for Hmong.³³ Nonetheless, language may still play a role in the utilization and quality of health care, as do other cultural factors.

Traditional Medicine

While Filipinos utilize Western medical treatments regularly, many also believe in the effectiveness of traditional and popular treatments. One formal study revealed prayer and religious healing as a common form of complementary or alternative medicine.³⁴

RESOURCES

The following agencies are able to provide additional information regarding the Filipino American community:

Kalusugan Community Services
731 Diamond Drive
Chula Vista, CA 91911
Tel: (619) 656-1983
Fax: (619) 656-4118
Filipino Task Force on AIDS
San Francisco, CA
Tel: 415-479-2437
Fax: 415-477-5056
E-mail: pinoy@fffa.org
Website: www.filaid.org

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