

Extended Abstract

Title: Acculturation and Its Influence on the Health of Asian Americans

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According to Census 2000, the Asian population represents approximately 4 percent of the total U.S. population. As the influx of immigrants from Asia to the United States has been documented, especially since 1965, there is no doubt but that the Asian population in the United States will continue to increase in the future. Despite the dramatic increase of Asian Americans as a percentage of the population over the decades, very few studies have been conducted on health issues involving this segment of the population. Researchers may have been disinclined from pursuing studies in this area due to the fact that Asian Americans register the lowest mortality rate among any racial or ethnic groups in the United States, and because Asians are generally regarded as a healthy group, a well deserved reputation.

However, the proportion of American born Asians to foreign born Asians among the total population in the United States is noticeably unique. Unlike the total American population, in which 90 percent are native born, only about 30 percent of the Asian population are native born while 70 percent are foreign born. Only half of the foreign-born population has become naturalized U.S. citizens. Because of the high percentage of foreign-born Asians in the United States, I hypothesize that the evidence of positive health among this group could be a combination of lifestyle and the decision on the part of the immigrants to continue the lifestyle practices learned in their own culture and brought to the United States from their country of origin. As immigrants gradually adapt to the mainstream American lifestyle, it is likely that after a period of time some “Americanization” appears with Asian immigrants frequently eating food high in fat content and relying heavily on driving for transportation rather than walking or riding bicycles. I contend, however, that the overall good health of the high percentage of foreign-born Asians creates this overall positive health image while the health of native born Asians and immigrants already acculturated has been negatively affected. Therefore, it is questionable that Asian immigrants can retain the current level of well-being as a consequence of acculturation. In fact, it is reported that more than 80 percent of Asian Americans die from chronic degenerative diseases, circulatory diseases, and cancer, which are trends similar to those observed among

whites (Rogers, 1992; Rogers et al, 1996). The immigrant effect of this phenomenon as the degree of acculturation and assimilation can be examined by linking the intergenerational change of patterns in various health behaviors with English language fluency, nativity, and length of residence in the United States. I will detect and describe the existence of ethnic and generational differences among the major risk factors, investigate the social determinants of chronic diseases among immigrants from Asia among various ethnic groups, and show the prevalence and mortality trends among the 1.5- and second-generation immigrants as compared to the first-generation immigrants.

There has been a dramatic world-wide decline in the overall mortality rates in all age groups during the twentieth century and the mortality rate continues to decline and approach stability at a relatively low level (Omran, 1977). The mortality rate decline has steadily contributed to a consistent rise in life expectancy. However, as people survive longer, they entered the Age of Degenerative and Man-Made Disease stage and are exposed to the risk of dying from chronic diseases that accompany old age, particularly heart disease, cancer, and stroke. Cardiovascular disease is the major cause of death among Americans today. In terms of gender differences, males die at a higher rate from chronic diseases than do females, and both socially and psychologically induced stress leads to cardiovascular diseases. The expected mortality decline among males has been more than offset by chronic diseases such as obesity and cancer (Nathanson, 1984; Preston, 1977). As for the social implication, life style factors that could shorten life span include excesses in fatty food, salt, and alcohol, tobacco, drugs, and too little exercise. On the contrary, typical ways to maximize life span include regular exercise, daily breakfast, normal weight, no smoking, moderate drinking, seven to eight hours of sleep, regular meal-taking, fresh air, and an optimistic attitude. Environmental, genetic, social, cultural, and personal factors related to degenerative diseases influence mortality rates as countries complete their final stage of transition from high to low (Kitagawa, 1977).

Data from the 2002 and 2003 National Health Interview Survey (NHIS) are employed to assess health status relative to chronic diseases among immigrants from Asia currently living in the United States. Sample Adult file contains various health-related questionnaires. Asian immigrants ages 18 or older are selected. For the 2002 and 2003 NHIS, ethnicity within Asian nationality is identifiable for Chinese, Filipino, and Asian Indian. Other Asian ethnic groups including Japanese, Korean, Vietnamese, and others are categorized as "Other Asian." I am

primarily interested in the geographic place of birth and length of stay in the United States. Regional variation of immigrants' residence in the United States will also be documented. Then, a series of statistical models will be estimated to substantiate my research questions. Outcome variable is a self-reported health status by respondents. I will incorporate indicators that reflect socio-demographic, geographic, health, behavioral, and acculturation information. Various chronic disease risk factors will be considered. Contingent upon the accessibility of the resources, I may look further into state- and rural/urban data for the NHIS.

Based on the findings by Hosler and Melnik (2003), first-generation Asian immigrants show a low prevalence rate, as they tend to maintain a nutritional diet and consumption of ethnic food similar to that maintained in their country of origin. However, as the duration of their stay in the United States increases, their lifestyle and cultural norms become more and more similar to those possessed by mainstream Americans. The later generation native-born Asian Americans, as well as those who immigrated to the United States at younger age, may well be deeply immersed in American mainstream culture such as fluency in English and the consumption of a higher calorie diet, for example "fast food." Therefore, the longer an individual remains in the United States, it is likely that his or her lifestyle will approach one that reflects mainstream American culture, including, for instance, behaviors such as a heavy reliance on a car for transportation, lack of daily physical exercise, smoking, overweight, and a diet high in cholesterol, which could lead to some of the major risk factors contributing to chronic diseases. Thus, I expect my findings will show that trends, as well as the social determinants of 1.5-, second-, and later generation Asian Americans for various ethnic groups, will somewhat resemble those of mainstream Americans, while the first-generation immigrants will show the existence of distinct phenomena by each ethnic group implying an incomplete degree of permeation toward acculturation and assimilation. The findings from this research may reveal implications stemming from the development and transition in assimilation among immigrants from Asia over generations. Then, I intend to discuss the social, political, and economic implications of the changes in prevalence and mortality risks among Asian immigrants.