



# In the Literature

## COMPLEMENTARY AND ALTERNATIVE MEDICAL THERAPY USE AMONG CHINESE AND VIETNAMESE AMERICANS

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Studies have demonstrated that Asian Americans are less satisfied with their health care than are white Americans. Partly, this dissatisfaction is due to issues of language and access to care. But Asian Americans also have divergent views of health and illness, and these lead many to seek out medical practices that differ from standard Western approaches. Health care providers' failure to understand or inquire about traditional Asian procedures may serve to intensify these patients' feelings of dissatisfaction.

A Commonwealth Fund-supported study, "[Complementary and Alternative Medical Therapy Use Among Chinese and Vietnamese Americans: Prevalence, Associated Factors, and Effects of Patient-Clinician Communication](#)" (*American Journal of Public Health*, Apr. 2006), explores the relationship among use of complementary and alternative medical (CAM) therapies, patient-clinician communication, and patients' satisfaction with care. Although few patients discussed their use of CAM therapies with their doctors, those who did reported better overall quality of care, the study found.

### Study Methods

The researchers, led by Quyên Ngo-Metzger, M.D., M.P.H., of the University of California, Irvine, College of Medicine, surveyed Chinese and Vietnamese Americans who had visited one of 11 community health centers in the past 30 days. The centers were located across the United States in eight urban settings near Chinese and Vietnamese communities, including Los Angeles, Chicago, New York, and Boston. The survey consisted of 81 questions (offered in

English and in Vietnamese, Mandarin, or Cantonese) covering demographics, self-perceived health status, experiences with the patient's health center, and use of CAM therapies like herbal medicine, acupuncture, and tai chi. Of the 4,410 surveys mailed, 3,258 (74%) were returned.

### Few Patients Report Discussing CAM Therapies with Their Physicians

Roughly two-thirds of survey respondents reported using some form of CAM therapy at some point. Among the Mandarin and Cantonese groups, the most common therapies were herbal medicine and acupuncture. The Vietnamese group used coining (a Southeast Asian therapy of rubbing a coin and menthol oil on a patient's spine and ribs), massage, and cupping (the use of cups to apply suction to the skin by means of heat) the most. Those who rated their health status as fair or poor were more likely to have ever used CAM therapies, as were those who lived in the western United States. Age, years spent in the United States, English proficiency, and satisfaction with health care had no association with CAM therapy use.

Despite the frequent use of CAM therapy among the study population, less than one of 10 (8%) respondents reported having discussed CAM therapies with anyone at their health center. Among respondents who had used CAM therapy during the week before their most recent health center visit, 26 percent reported discussing it during the health center visit. Respondents who had used CAM therapies during the week before their most recent health center visit and

discussed these treatments during the visit reported higher overall health care ratings. Sixty-five percent of respondents who participated in such a discussion rated their most recent health center visit as excellent or very good, compared with 36 percent of respondents who did not have such a conversation. Those who had these discussions were also more likely to have perceived the exam as thorough, had more confidence and trust in the doctor, felt they were treated with courtesy and respect, and recommended the center to a family or friend.

### Discussion and Policy Implications

Despite the common use of CAM therapies, discussions with clinicians were infrequent. Possibly, participants avoided these conversations for fear of disapproval or because medical staff did not initiate exchanges. When they did occur, however, these discussions were associated with higher health care ratings.

A clinician's willingness to discuss alternative medicines may create the feeling that he or she has an understanding of the patient's culture. "Ideally, discussions about CAM therapy use should be conducted in a nonjudgmental and educated manner so that patients avoid feeling criticized," say the researchers.

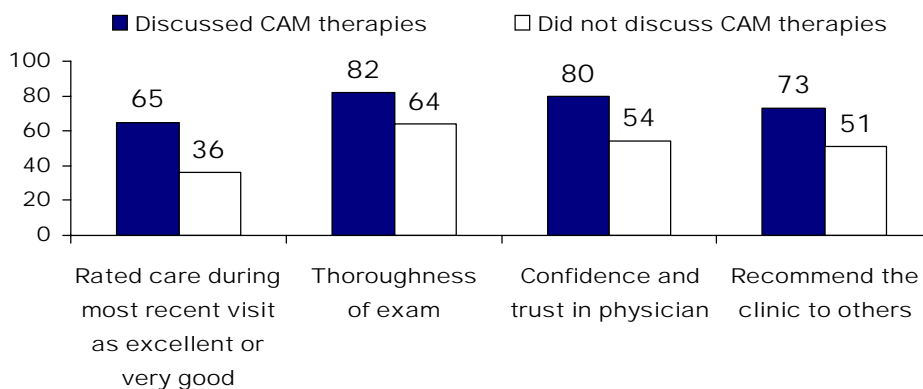
While the common use of CAM therapies, and the benefits obtained from discussing them, may be unique to Asian Americans, the study's findings have implications for other non-Western immigrant populations. Clinicians must be fully aware of their patients' cultures and practices. "Improved understanding of how the belief systems differ and how these differences influence health care practices will further optimize care for diverse patient populations," they conclude.

### Facts and Figures

- In 2000, Asian Americans made up 4.2 percent of the total U.S. population, a figure projected to rise to 10.7 percent by 2050.
- Compared with whites, Asian Americans seek health care less frequently, are less likely to be insured, and report poorer relationships with physicians.
- Among respondents who had used CAM therapy during the week before their most recent health center visit, 26 percent reported discussing it during the health center visit.

### Patients Who Discussed Complementary and Alternative Medical (CAM) Therapies with Their Doctor Reported Higher Health Care Ratings

Percent of patients who did and did not discuss CAM therapies with their doctor



Source: A. C. Ahn et al., "Complementary and Alternative Medical Therapy Use Among Chinese and Vietnamese Americans: Prevalence, Associated Factors, and Effects of Patient-Clinician Communication," *American Journal of Public Health*, Apr. 2006 96(4):647-53.