Southeast Asian American (SEAA) is a political and racial identity for a subgroup of Asian Americans who were primarily resettled in the United States as refugees in the 1970s. The label includes:

- Cham
  A MUSLIM MINORITY GROUP
- Khmer
- Khmer Loeu
  OR HIGHLAND KHMER
- Hmong
- * Certain ethnic Chinese also have heritage in Cambodia, Laos, and Vietnam.
- Iu Mien
  OR MIEN
- Khmu
- Lao
  OR LAO LOUM/LOWLAND LAO
- Taidam
- Montagnards
  OR HIGHLANDERS OF SEVERAL DIFFERENT ETHNIC GROUPS
- Vietnamese

**HEALTH DISPARITIES**

- Limited English proficiency rates for Southeast Asian American communities are between 40–50%. For elders, those numbers can jump as high as 90%.

- SEAAs are affected by the traumas of war and resettlement, low socioeconomic status, and recent mass deportations.
  - Inadequate access to mental health services
  - Adult children removed from family caregiving structure
  - Promotes distrust of any formal services

- Poverty rates in all SEAA ethnic groups are above the national average (11.3%).
  - Hmong 27.4%
  - Cambodian 18.2%
  - Vietnamese 13%
  - Laotian 12.2%

**CULTURAL COMMITMENT TO CARE**

- Family and Respect are two pillars of the Vietnamese traditional values.

- Vietnamese caregivers reported that caring for ill or disabled family members (Scharlach et al., 2006):
  - Fulfilled cultural norms
  - Maintained cultural continuity
  - Strengthened family ties

- On average, SEAA caregivers agree that cultural obligation is a reason they provide care for their relative or friend.

ABOUT 1.1 MILLION SOUTHEAST ASIANS WERE RESETTLED DURING THE VIETNAM WAR AND CAMBODIAN GENOCIDE. INADEQUATE RESETTLEMENT SUPPORT UPON ARRIVAL LED TO MANY BARRIERS FOR SEAAS, AMONG THEM HIGH RATES OF LIMITED ENGLISH PROFICIENCY.
IN OUR SURVEY OF SOUTHEAST ASIAN AMERICAN FAMILY CAREGIVERS:

- 51% agree that they are the only person available to provide care to their care recipients
- 36% report some or a great deal of difficulty assisting with cultural tasks, such as translating health information into their native language
- 25% report that their healthcare providers did not know about the care they provided to their loved one(s)

One quarter of those surveyed agree that caregiving had negative effects on their physical/emotional health:
- Less personal time, limited engagement in other activities, more stress and pressure
- 22.7% agreed to feeling isolated due to caregiving
- 14.3% reported feeling more symptoms of depression sometimes or often

HOW CAN PROVIDERS BETTER SUPPORT SOUTHEAST ASIAN AMERICAN FAMILY CAREGIVERS?

- Utilize culturally competent, trained Medical Interpreters when speaking to Southeast Asian American family caregivers
- Assess for difficulty with cultural tasks in caregiver & patient screening
  - Caregivers who reported high difficulty with cultural tasks had more poor health outcomes than patients who reported low difficulty
- Develop translated culturally competent in-office materials for disease knowledge, treatments, outreach and training
  - Reduction of stigma surrounding diseases
  - Lower readmission rates
  - Higher caregiver satisfaction
- Create partnerships and provide funding/support to community-based organizations that provide services to SEAA communities
- Disaggregate data that is collected on intake forms and in healthcare settings
  - Better understanding of challenges and resiliencies unique to SEAA communities
- Provide culturally competent referrals and resources to resolve high difficulty with cultural tasks
- Development of in-language caregiver support groups
  - Nearly half of SEAA caregivers indicate being the only person available to provide care
  - Improve mental health and reduce isolation
  - Creation of safe place to share concerns and learn from others
  - Better caregiver outcomes