



ARCH Newsletter June-September 2015

Abstract Highlights

- In the Singapore Chinese Health Study of 7388 participants, hemoglobin A1c levels consistent with undiagnosed type 2 diabetes ($\geq 6.5\%$) was associated with an increased risk of all-cause and cause-specific mortality in Chinese men and women.
- Wagner and co-authors review diabetes among refugee populations and what can be learned from resettled Cambodians.
- Lai et al describes the availability and characteristics of databases in Asian-Pacific countries and assesses the feasibility of a distributed network approach in the region.
- In a randomized controlled trial of a culturally adapted cognitive-behavioral therapy versus standard cognitive-behavioral therapy for Chinese Americans with depression ($n=50$), participants in both in both arms demonstrated significant decreases in depressive symptoms, but the majority did not reach remission.
- In an analysis of over 10,000 clinical trial protocols registered at ClinicalTrials.gov, the proportion of clinical trials registered with ClinicalTrials.gov that have English fluency requirements for study inclusion has been increasing over time.
- A randomized controlled trial of a community-based self-help health worker based intervention among Korean Americans with type 2 diabetes ($n=250$) demonstrated 1.0-1.3% reductions in hemoglobin A1c at the end of the 12 month study period which was significantly higher than the control group (who achieve reductions of 0.5-0.7%).
- Chinese immigrants with prediabetes in New York city ($n=60$) were randomized into either a linguistically and culturally tailored Diabetes Prevention Program (DPP) or control intervention (mailing of diabetes information) and participants in the DPP intervention achieved greater weight loss and improvements in HbA_{1c} concentration than control participants.
- Nelson-Peterman and co-authors examined cross-sectional survey data for Cambodian refugee and immigrant women 35 to 60 years old ($n=160$) from an established refugee community in Lowell, Massachusetts, to examine the potential contributors to health behaviors and outcomes among refugees and immigrants post resettlement.
- In a secondary analysis of the Community Assessment of Freeway Exposure and Health of Chinese immigrants and US born whites, lower cardiovascular and asthma prevalence among the Chinese immigrants may be partially attributed to healthier diets, more physical activity, lower BMI, and less exposure to cigarette smoke.
- In an analysis of pregnant women in 2007-2012 identified through California state birth certificate records and linked to the electronic health records in a large mixed-payer ambulatory care organization in Northern California ($n=24,195$), gestational diabetes mellitus was most prevalent among Asian Indians (19.3%) and overweight/obesity was the most important gestational diabetes mellitus risk factor for Asian Indian, and Filipinos when the World Health Organization/American Diabetes Association cut-off points were applied.



- Using data from all suitable surveys conducted in Fiji of type 2 diabetes and obesity prevalence, Lin and co-authors found that the prevalence of type 2 diabetes in Fiji is projected to continue to increase, driven by rising obesity.
- In a survey of Asian Indians, Bangladeshis, Chinese and Koreans in New York City, source of health information among these groups were reported by Islam and colleagues. Print media source use, which included newspapers, magazines, and/or journals, was highest among Chinese (84%), Koreans (75%), and Bangladeshis (80%), while radio was most utilized by Chinese (48%) and Koreans (38%). Television utilization was highest among Bangladeshis (74%) and Koreans (64%). Koreans (52%) and Chinese (40%) were most likely to use the Internet to access health information.
- In an analysis of the 2007 California Health Interview Survey, self-reported health literacy predicted cervical and breast cancer screening, but was not able to explain Asian cancer screening disparities.
- In an analysis of the 2010 Health of Houston Survey, Asians were among the least physically active of the major racial/ethnic groups and Asians were less likely than whites to have sufficient levels of physical activity.
- Data from the National Latino and Asian American Survey, Ro and Bosteaen used path analytic methods to test hypothesized mediators between duration of residence in the US and body mass index (BMI). Authors found little evidence for an association between duration and BMI for either Latino or Asian men. For women, duration and BMI have a significant and positive relationship, although the pathways differ between the two ethnic groups.
- Using an environmental justice screening tool (CalEnviroScreen 1.1) to compare the distribution of environmental hazards and vulnerable populations across California communities, Cushing et al found that the unadjusted odds of living in one of the 10% most affected zip codes was 1.8 times greater for Asian/Pacific Islanders than for non-Hispanic Whites.



Ethn Dis. 2015 Spring;25(2):200-7.

<http://www.ncbi.nlm.nih.gov/pubmed/26118149>

Factors Associated with Underestimation of Weight Status among Caucasian, Latino, Filipino, and Korean Americans--DiLH Survey.

Choi J, Bender MS, Arai S, Fukuoka Y.

OBJECTIVE:

To describe weight misperception and to examine the influence of sociodemographic factors on underestimation of weight status in Caucasian, Latino, Filipino, and Korean Americans.

DESIGN:

Data from 886 non-pregnant adults who participated in a cross-sectional survey administered in English, Spanish, and Korean were analyzed. The actual weight status derived from the participants' body mass index (BMI) categories and their perceived weight status were compared. A multiple logistic regression model was used to explore if underestimation of weight status was associated with ethnicity, sex, and education level.

RESULTS:

Caucasians, Latinos, Filipinos, and Koreans represented 19.4%, 26.8%, 27.4%, and 26.4%, respectively, of the total sample of 886. Overall, two in three participants correctly perceived their weight status, but 42% of Latinos underestimated their weight status and 22% of Koreans overestimated their weight status. Latino ethnicity, male, and low education (high school) were related to greater underestimation of weight status ($P < .05$). In contrast, Korean ethnicity was related to less underestimation of weight status ($P < .05$).

CONCLUSIONS:

Misperception of weight status should be counted in any efforts to develop a weight management intervention for Latino and Korean Americans.



[Clin Pediatr \(Phila\)](#). 2015 Jul 6. pii: 0009922815592608. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26149851>

Short-Term Efficacy and Correlates of Change in Health Weight Management Program for Chinese American Children.

[Chen JL](#)¹, [Kwan M](#)².

A pretest and posttest study design was used to test a healthy weight management intervention with overweight and/or obese Chinese American children. Children attended 8-weekly small group sessions while parents attended a single 2-hour parent workshop. Children had their weight, height, blood pressure, waist and hip circumference, and fast lipids data assessed and completed several questions questionnaires regarding food choices, self-efficacy, and knowledge at baseline, 2 months, and 6 months. Parents completed questionnaires regarding demographic, acculturation level and family environment. We found significant reduction of body mass index, waist/hip ratio, systolic blood pressure and improvement of child's eating style, physical activity knowledge, self-efficacy, and children's quality of life at 6-month follow-up. In addition, significant improvement of high-density lipoprotein cholesterol and decrease in triglyceride were found at 6-month follow-up. Improvement of nutrition self-efficacy and decreased stimulus environment were associated with decreased body mass index in overweight and obese Chinese American children.



[Nicotine Tob Res.](#) 2015 Aug;17(8):1029-38. doi: 10.1093/ntr/ntv088.

<http://www.ncbi.nlm.nih.gov/pubmed/26180229>

A Social Network Family-Focused Intervention to Promote Smoking Cessation in Chinese and Vietnamese American Male Smokers: A Feasibility Study.

[Tsoh JY](#)¹, [Burke NJ](#)², [Gildengorin G](#)³, [Wong C](#)³, [Le K](#)³, [Nguyen A](#)⁴, [Chan JL](#)⁵, [Sun A](#)⁶, [McPhee SJ](#)³, [Nguyen TT](#)³.

INTRODUCTION:

Smoking prevalence is high among limited English-proficient Chinese and Vietnamese American men, who are frequently unmotivated to quit and who underutilize smoking cessation resources. This study applied lay health worker outreach to leverage peer and family networks to promote smoking cessation among these men.

METHODS:

We integrated qualitative formative research findings and Social Network Theory to develop a social-network family-focused intervention. In a pilot single-group trial, 15 lay health workers recruited 96 dyads (N = 192, 75% Vietnamese) of Chinese or Vietnamese male daily smokers and their family members and delivered the intervention consisting of two small group education sessions and two individual telephone calls over 2 months.

RESULTS:

At baseline, 42% of smokers were at precontemplation. At 3 months following the initiation of the intervention, 7-day and 30-day point prevalence smoking abstinence rates as reported by smokers and independently corroborated by family members were 30% and 24%, respectively. Utilization of smoking cessation resources (medication, quitline, physician's advice) increased from 2% to 60% (P < .001). Findings showed high acceptability of the intervention as it facilitated learning about tobacco-related health risks and cessation resources, and communications between smokers and their families.

CONCLUSIONS:

This novel social network family-focused intervention to promote smoking cessation among Chinese and Vietnamese smokers appears to be acceptable, feasible, and potentially efficacious. Findings warrant evaluation of long-term efficacy of the intervention in a larger scale randomized controlled trial.



J Behav Health Serv Res. 2015 Aug 15. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26276422>

**Postpartum Traditions, Mental Health, and Help-Seeking Considerations
Among Vietnamese American Women: a Mixed-Methods Pilot Study.**

Ta Park VM¹, Goyal D, Nguyen T, Lien H, Rosidi D.

The purpose of this study was to explore Vietnamese American mothers' perceptions and experiences with postpartum traditions, postpartum depression (PPD), and mental health help-seeking behavior. Participants were 15 Vietnamese mothers who had given birth to at least one live infant within the previous year. A screening tool revealed that a third of the mothers had probable PPD. More than half reported having recent/current postpartum "sadness" during the interviews. Postpartum traditions played important roles in their well-being and maintaining strong cultural values. However, some reported feelings of isolation and the desire to be able to carry out postpartum traditions more frequently. Many who had reported sadness said that they would not seek professional help; all had felt that their condition was not "severe" enough to warrant help-seeking. Future PPD interventions should consider the importance of postpartum cultural traditions and address help-seeking barriers as ways to prevent the adverse effects of untreated PPD.



[MCN Am J Matern Child Nurs.](#) 2015 Jul-Aug;40(4):256-61. doi: 10.1097/NMC.000000000000146.
<http://www.ncbi.nlm.nih.gov/pubmed/26121757>

Postpartum Depression Among Asian Indian Mothers.

[Goyal D¹](#), [Park VT](#), [McNiesh S](#).

PURPOSE:

To explore Asian Indian mothers' perspectives of postpartum depression (PPD) and mental health help-seeking behavior.

STUDY DESIGN:

Qualitative exploratory design.

METHODS:

Using convenience sampling, postpartum mothers were recruited through flyers posted in public places and on social media sites. Postpartum depression risk was assessed with the Edinburgh Postnatal Depression Scale (EPDS) prior to qualitative interviews. Content analysis methods were used to extract themes from participant narratives.

RESULTS:

Twelve self-identified, married, Asian Indian mothers, aged between 29 and 40 years, living in Northern California, who gave birth to a healthy infant within the last 12 months, took part in this study. Scores on the EPDS indicated two participants were at an increased risk for developing PPD. Content analysis revealed two emerging themes: (1) Culture-specific postpartum practices and ceremonies and their role in maternal-infant postpartum recovery; and (2) Maternal mental health help-seeking behavior.

CLINICAL IMPLICATIONS:

Nurses taking care of women during the extended prenatal and postpartum period have the unique opportunity to build rapport with their patients which can offer a window of opportunity to educate and help dispel myths about PPD symptoms and treatment. To promote successful maternal-infant outcomes, PPD education should be initiated at the first prenatal appointment, continue during the pregnancy, and be incorporated into well-baby visits through the first postpartum year. Education should include signs and symptoms of PPD as well as importance of timely mental-health help-seeking.



[Diabetes Care](#). 2014 Dec;37(12):3180-7. doi: 10.2337/dc14-0390. Epub 2014 Sep 11.

<http://www.ncbi.nlm.nih.gov/pubmed/25216509>

Glycated hemoglobin and all-cause and cause-specific mortality in Singaporean Chinese without diagnosed diabetes: the Singapore Chinese Health Study.

[Bancks MP](#)¹, [Odegaard AO](#)¹, [Pankow JS](#)¹, [Koh WP](#)², [Yuan JM](#)³, [Gross MD](#)¹, [Pereira MA](#)⁴.

OBJECTIVE:

Glycated hemoglobin (HbA_{1c}) is a robust biomarker of the preceding 2 to 3 months average blood glucose level. The aim of this study was to examine the association between HbA_{1c} and mortality in a cohort of Southeast Asians.

RESEARCH DESIGN AND METHODS:

Analysis of 7,388 men and women, mean age 62 years, from the Singapore Chinese Health Study who provided a blood sample at the follow-up I visit (1999-2004) and reported no history of diabetes, previous adverse cardiovascular events, or cancer. A total of 888 deaths were identified through 31 December 2011 via registry linkage. Participants represented a random study sample of potential control subjects for a nested case-control genome-wide association study of type 2 diabetes in the population. Hazard ratios (HRs) for all-cause and cause-specific mortality by six categories of HbA_{1c} were estimated with Cox regression models.

RESULTS:

Relative to participants with an HbA_{1c} of 5.4-5.6% (36-38 mmol/mol), participants with HbA_{1c} ≥6.5% (≥48 mmol/mol) had an increased risk of all-cause, cardiovascular, and cancer mortality during an average of 10.1 years of follow-up; HRs (95% CIs) were 1.96 (1.56-2.46), 2.63 (1.77-3.90), and 1.51 (1.04-2.18), respectively. No level of HbA_{1c} was associated with increased risk of respiratory mortality. Levels <6.5% HbA_{1c} were not associated with mortality during follow-up. The results did not materially change after excluding observation of first 3 years post-blood draw.

CONCLUSIONS:

HbA_{1c} levels consistent with undiagnosed type 2 diabetes (≥6.5%) are associated with an increased risk of all-cause and cause-specific mortality in Chinese men and women.



[Curr Diab Rep](#). 2015 Aug;15(8):618. doi: 10.1007/s11892-015-0618-1.

<http://www.ncbi.nlm.nih.gov/pubmed/26143533>

Diabetes among refugee populations: what newly arriving refugees can learn from resettled Cambodians.

[Wagner J¹](#), [Berthold SM](#), [Buckley T](#), [Kong S](#), [Kuoch T](#), [Scully M](#).

A growing body of literature suggests that cardiometabolic disease generally and type 2 diabetes specifically are problems among refugee groups. This paper reviews rates of cardiometabolic disease and type 2 diabetes among refugees and highlights their unique risk factors including history of malnutrition, psychiatric disorders, psychiatric medications, lifestyle changes toward urbanization and industrialization, social isolation, and a poor profile on the social determinants of health. Promising interventions are presented for preventing and treating diabetes in these groups. Such interventions emphasize well-coordinated medical and mental health care delivered by cross-cultural and multidisciplinary teams including community health workers that are well integrated into the community. Finally, recommendations for service, policy, and research are made. The authors draw on local data and clinical experience of our collective work with Cambodian American refugees whose 30-year trajectory illustrates the consequences of ignoring diabetes and its risk factors in more recent, and soon to be arriving, refugee cohorts.



Epidemiology. 2015 Jun 30. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26133022>

Databases in the Asia-Pacific Region: The Potential for a Distributed Network Approach.

Lai EC¹, Man KK, Chaiyakunapruk N, Cheng CL, Chien HC, Chui CS, Dilokthornsakul P, Hardy NC, Hsieh CY, Hsu CY, Kubota K, Lin TC, Liu Y, Park BJ, Pratt N, Roughead EE, Shin JY, Watcharathanakij S, Wen J, Wong IC, Yang YK, Zhang Y, Setoguchi S.

BACKGROUND:

This study describes the availability and characteristics of databases in Asian-Pacific countries and assesses the feasibility of a distributed network approach in the region.

METHODS:

A web-based survey was conducted among investigators using healthcare databases in the Asia-Pacific countries. Potential survey participants were identified through the Asian Pharmacoepidemiology Network.

RESULTS:

Investigators from a total of 11 databases participated in the survey. Database sources included four nationwide claims databases from Japan, South Korea, and Taiwan; two nationwide electronic health records from Hong Kong and Singapore; a regional electronic health record from western China; two electronic health records from Thailand; and cancer and stroke registries from Taiwan.

CONCLUSIONS:

We identified 11 databases with capabilities for distributed network approaches. Many country-specific coding systems and terminologies have been already converted to international coding systems. The harmonization of health expenditure data is a major obstacle for future investigations attempting to evaluate issues related to medical costs.



[Psychiatr Serv](#). 2015 Jul 1:appips201400358. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26129996>

Culturally Adapted Cognitive-Behavioral Therapy for Chinese Americans With Depression: A Randomized Controlled Trial.

[Hwang WC](#)¹, [Myers HF](#)¹, [Chiu E](#)¹, [Mak E](#)¹, [Butner JE](#)¹, [Fujimoto K](#)¹, [Wood JJ](#)¹, [Miranda J](#)¹.

OBJECTIVE:

No randomized controlled trials (RCTs) for adults have compared the effectiveness of a well-specified psychotherapy and a culturally adapted version of the same treatment. This study evaluated the effectiveness of cognitive-behavioral therapy (CBT) and culturally adapted CBT (CA-CBT) in treating depressed Chinese-American adults.

METHODS:

This RCT treated 50 Chinese Americans who met criteria for major depression and sought treatment at community mental health clinics. Screening of participants began in September 2008, and the last assessment was conducted in March 2011. Participants were stratified by whether they were already taking antidepressants when they first came to the clinic and randomly assigned to 12 sessions of CBT or CA-CBT. The study did not influence regular prescription practices. The primary outcomes were dropout rates and Hamilton Depression Rating Scale scores at baseline, session 4, session 8, and session 12.

RESULTS:

Participants in CA-CBT demonstrated a greater overall decrease in depressive symptoms compared with participants in CBT, but the groups had similarly high depression rates at week 12. Differences in dropout rates for the two groups approached, but did not meet, statistical significance (7%, CA-CBT; 26%, CBT).

CONCLUSIONS:

Chinese Americans entered this study with very severe depression. Participants in both CBT and CA-CBT demonstrated significant decreases in depressive symptoms, but the majority did not reach remission. Results suggest that these short-term treatments were not sufficient to address such severe depression and that more intensive and longer treatments may be needed. Results also indicate that cultural adaptations may confer additional treatment benefits.



[Clin Trials](#). 2015 Jul 7. pii: 1740774515592881. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26152834>

Characteristics of clinical trials that require participants to be fluent in English.

[Egleston BL](#)¹, [Pedraza O](#)², [Wong YN](#)³, [Dunbrack RL Jr](#)⁴, [Griffin CL](#)⁵, [Ross EA](#)², [Beck JR](#)⁶.

BACKGROUND/AIMS:

Diverse samples in clinical trials can make findings more generalizable. We sought to characterize the prevalence of clinical trials in the United States that required English fluency for participants to enroll in the trial.

METHODS:

We randomly chose over 10,000 clinical trial protocols registered with ClinicalTrials.gov and examined the inclusion and exclusion criteria of the trials. We compared the relationship of clinical trial characteristics with English fluency inclusion requirements. We merged the ClinicalTrials.gov data with US Census and American Community Survey data to investigate the association of English-language restrictions with ZIP-code-level demographic characteristics of participating institutions. We used Chi-squared tests, t-tests, and logistic regression models for analyses.

RESULTS:

English fluency requirements have been increasing over time, from 1.7% of trials having such requirements before 2000 to 9.0% after 2010 ($p < 0.001$ from Chi-squared test). Industry-sponsored trials had low rates of English fluency requirements (1.8%), while behavioral trials had high rates (28.4%). Trials opening in the Northeast of the United States had the highest regional English requirement rates (10.7%), while trials opening in more than one region had the lowest (3.3%, $p < 0.001$). Since 1995, trials opening in ZIP codes with larger Hispanic populations were less likely to have English fluency requirements (odds ratio = 0.92 for each 10% increase in proportion of Hispanics, 95% confidence interval = 0.86-0.98, $p = 0.013$). Trials opening in ZIP codes with more residents self-identifying as Black/African American (odds ratio = 1.87, 95% confidence interval = 1.36-2.58, $p < 0.001$ for restricted cubic spline term) or Asian (odds ratio = 1.16 for linear term, 95% confidence interval = 1.07-1.25, $p < 0.001$) were more likely to have English fluency requirements. ZIP codes with higher poverty rates had trials with more English-language restrictions (odds ratio = 1.06 for a 10% poverty rate increase, 95% confidence interval = 1.001-1.11, $p = 0.045$). There was a statistically significant interaction between year and intervention type, such that the increase in English fluency requirements was more common for some interventions than for others.

CONCLUSION:

The proportion of clinical trials registered with ClinicalTrials.gov that have English fluency requirements for study inclusion has been increasing over time. English-language restrictions are associated with a number of characteristics, including the demographic characteristics of communities in which the sponsoring institutions are located.



[Am J Prev Med](#). 2015 Jul 13. pii: S0749-3797(15)00217-2. doi: 10.1016/j.amepre.2015.04.033. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26184986>

The Effect of a Community-Based Self-Help Intervention: Korean Americans With Type 2 Diabetes.

[Kim MT](#)¹, [Kim KB](#)², [Huh B](#)³, [Nguyen T](#)⁴, [Han HR](#)⁵, [Bone LR](#)⁶, [Levine D](#)⁷.

INTRODUCTION:

Korean Americans are one of the most underserved ethnic/linguistic minority groups owing to cultural and institutional barriers; there is an urgent need for culturally competent diabetes management programs in the Korean American community for those with type 2 diabetes. The purpose of this study was to test the effectiveness of a community-based, culturally tailored, multimodal behavioral intervention program in an ethnic/linguistic minority group with type 2 diabetes.

DESIGN:

An RCT with waitlist comparison based on the Predisposing, Reinforcing, and Enabling Constructs in Education/environmental Diagnosis and Evaluation (PRECEDE)-Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development (PROCEED) and self-help models. Data were collected between September 2010 and June 2013 and were analyzed in August-December 2014. Statistical significance was set at $p < 0.05$.

SETTING/PARTICIPANTS:

In a naturally occurring community setting, a total of 250 Korean Americans with type 2 diabetes were randomized into an intervention group ($n=120$) or a control group ($n=130$).

INTERVENTION:

The intervention consisted of key self-management skill-building activities through 12 hours of group education sessions, followed by integrated counseling and behavioral coaching by a team of RNs and community health workers.

MAIN OUTCOME MEASURES:

Primary (clinical) outcomes were hemoglobin A1c, glucose, total cholesterol, and low-density lipoprotein at baseline and at 3, 6, 9, and 12 months. Secondary (psychosocial and behavioral) outcomes included diabetes-related quality of life, self-efficacy, adherence to diabetes management regimen, and health literacy.

RESULTS:

During the 12-month project, the intervention group demonstrated 1.0%-1.3% (10.9-14.2 mmol/mol) reductions in hemoglobin A1c, whereas the control group achieved reductions of 0.5%-0.7% (5.5-7.7 mmol/mol). The differences between the two groups were statistically significant. The intervention group showed statistically significant improvement in diabetes-related self-efficacy and quality of life when compared with the control group.

CONCLUSIONS:

RN/community health worker teams equipped with culturally tailored training can be effective in helping an ethnic/linguistic minority group manage diabetes in the community.



[Diabet Med.](#) 2015 Jul 14. doi: 10.1111/dme.12848. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26179569>

Translation of the Diabetes Prevention Program for diabetes risk reduction in Chinese immigrants in New York City.

[Yeh MC](#)¹, [Heo M](#)², [Suchday S](#)³, [Wong A](#)⁴, [Poon E](#)⁴, [Liu G](#)⁵, [Wylie-Rosett J](#)².

AIMS:

To evaluate the effectiveness and feasibility of implementing a linguistically and culturally tailored Diabetes Prevention Program among Chinese immigrants with prediabetes living in New York City.

METHODS:

A total of 60 Chinese immigrants with prediabetes were randomized into either a Diabetes Prevention Program lifestyle intervention (n = 30) consisting of 12 bi-weekly core sessions and six monthly post-core sessions or the control intervention (n = 30), consisting of quarterly mailing of diabetes prevention information. Each Diabetes Prevention Program intervention session lasted 1.5-2 h and covered topics such as healthy eating, physical activity, stress reduction and problem-solving skills. Outcomes such as percent change in weight, BMI, and HbA_{1c} concentration were assessed at baseline, 6 and 12 months. A mixed-effects linear regression was applied to test the intervention effect at months 6 and 12. Data were collected in the period 2012-2013 and analysed in 2014.

RESULTS:

The participant attrition rate was < 5% (2 out of 60) at 12 months. There was a significantly greater percent weight loss in the intervention group (-3.5 vs. -0.1%; P = 0.0001) at 6 months, which was largely maintained at 12 months (-3.3 vs. 0.3%; P = 0.0003).

CONCLUSIONS:

Participants in a Diabetes Prevention Program-based intervention achieved greater weight loss and improvements in HbA_{1c} concentration than control participants. Evaluation of the Chinese Diabetes Prevention Program curriculum in a larger trial is warranted.



[Health Educ Behav](#). 2015 Jul 8. pii: 1090198115590779. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26157042>

Long-Term Refugee Health: Health Behaviors and Outcomes of Cambodian Refugee and Immigrant Women.

[Nelson-Peterman JL](#)¹, [Toof R](#)², [Liang SL](#)³, [Grigg-Saito DC](#)³.

Refugees in the United States have high rates of chronic disease. Both long-term effects of the refugee experience and adjustment to the U.S. health environment may contribute. While there is significant research on health outcomes of newly resettled refugees and long-term mental health experiences of established refugees, there is currently little information about how the combined effects of the refugee experience and the U.S. health environment are related to health practices of refugees in the years and decades after resettlement. We examined cross-sectional survey data for Cambodian refugee and immigrant women 35 to 60 years old (n = 160) from an established refugee community in Lowell, Massachusetts, to examine the potential contributors to health behaviors and outcomes among refugees and immigrants post resettlement. In our representative sample, we found that smoking and betel nut use were very low (4% each). Fewer than 50% of respondents walked for at least 10 minutes on 2 or more days/week. Using World Health Organization standards for overweight/obese for Asians, 73% of respondents were overweight/obese and 56% were obese, indicating increased risk of chronic disease. Depression was also high in this sample (41%). In multivariate models, higher acculturation and age were associated with walking more often; lower education and higher acculturation were related to higher weight; and being divorced/separated or widowed and being older were related to higher risk of depression. The interrelated complex of characteristics, health behaviors, and health outcomes of refugees merits a multifaceted approach to health education and health promotion for long-term refugee health.



[BMC Public Health](#). 2014 Jun 14;14:603. doi: 10.1186/1471-2458-14-603.

<http://www.ncbi.nlm.nih.gov/pubmed/24928348>

Evidence for the healthy immigrant effect in older Chinese immigrants: a cross-sectional study.

[Corlin L](#), [Woodin M](#), [Thanikachalam M](#), [Lowe L](#), [Brugge D](#)¹.

BACKGROUND:

Previous work has found that first-generation immigrants to developed nations tend to have better health than individuals born in the host country. We examined the evidence for the healthy immigrant effect and convergence of health status between Chinese immigrants (n = 147) and U.S. born whites (n = 167) participating in the cross-sectional Community Assessment of Freeway Exposure and Health study and residing in the same neighborhoods.

METHODS:

We used bivariate and multivariate models to compare disease prevalence and clinical biomarkers.

RESULTS:

Despite an older average age and lower socioeconomic status, Chinese immigrants were less likely to have asthma (OR = 0.20, 95% CI = 0.09-0.48) or cardiovascular disease (OR = 0.44, 95% CI = 0.20-0.94), had lower body mass index (BMI), lower inflammation biomarker levels, lower average sex-adjusted low-density lipoprotein (LDL) cholesterol, and higher average sex-adjusted high-density lipoprotein (HDL) cholesterol. However, there was no significant difference in the prevalence of diabetes or hypertension. Duration of time in the U.S. was related to cardiovascular disease and asthma but was not associated with diabetes, hypertension, BMI, HDL cholesterol, LDL cholesterol, socioeconomic status, or health behaviors.

CONCLUSIONS:

The lower CVD and asthma prevalence among the Chinese immigrants may be partially attributed to healthier diets, more physical activity, lower BMI, and less exposure to cigarette smoke. First generation immigrant status may be protective even after about two decades.



[Paediatr Perinat Epidemiol](#). 2015 Sep;29(5):436-43. doi: 10.1111/ppe.12209. Epub 2015 Jul 22.
<http://www.ncbi.nlm.nih.gov/pubmed/26201385>

Racial/Ethnic Differences in Gestational Diabetes Prevalence and Contribution of Common Risk Factors.

[Pu J](#)¹, [Zhao B](#)¹, [Wang EJ](#)², [Nimbal V](#)¹, [Osmundson S](#)³, [Kunz L](#)¹, [Popat RA](#)⁴, [Chung S](#)¹, [Palaniappan LP](#)².

BACKGROUND:

The White House, the American Heart Association, the Agency for Healthcare Research and Quality, and the National Heart, Lung and Blood Institute have all recently acknowledged the need to disaggregate Asian American subgroups to better understand this heterogeneous racial group. This study aims to assess racial/ethnic differences in relative contribution of risk factors of gestational diabetes mellitus (GDM) among Asian subgroups (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese), Hispanics, non-Hispanic blacks, and non-Hispanic whites.

METHODS:

Pregnant women in 2007-2012 were identified through California state birth certificate records and linked to the electronic health records in a large mixed-payer ambulatory care organisation in Northern California (n = 24 195). Relative risk and population attributable fraction (PAF) for specific racial/ethnic groups were calculated to assess the contributions of advanced maternal age, overweight/obesity (Centers for Disease Control and Prevention (CDC) standards and World Health Organization (WHO)/American Diabetes Association (ADA) body mass index cut-offs for Asians), family history of type 2 diabetes, and foreign-born status.

RESULTS:

GDM was most prevalent among Asian Indians (19.3%). Relative risks were similar across all race/ethnic groups. Advanced maternal age had higher PAFs in non-Hispanic whites (22.5%) and Hispanics (22.7%). Meanwhile family history (Asian Indians 22.6%, Chinese 22.9%) and foreign-borne status (Chinese 40.2%, Filipinos 30.2%) had higher PAFs in Asian subgroups. Overweight/obesity was the most important GDM risk factor for non-Hispanic whites, Hispanics, Asian Indians, and Filipinos when the WHO/ADA cut-off points were applied. Advanced maternal age was the only risk factor studied that was modified by race/ethnicity, with non-Hispanic white and Hispanic women being more adversely affected than other racial/ethnic groups.

CONCLUSIONS:

Overweight/obesity, advanced maternal age, family history of type 2 diabetes, and foreign-borne status are important risk factors for GDM. The relative contributions of these risk factors differ by race/ethnicity, mainly due to differences in population prevalence of these risk factors.



[J Diabetes](#). 2015 Jul 23. doi: 10.1111/1753-0407.12326. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26201444>

Diabetes and obesity trends in Fiji over 30 years.

[Lin S¹](#), [Tukana I²](#), [Linhart C¹](#), [Morrell S¹](#), [Taylor R¹](#), [Vatucawaqa P³](#), [Magliano DJ⁴](#), [Zimmet P⁴](#).

BACKGROUND:

No systematic comparison has been conducted in Fiji using all suitable surveys of type 2 diabetes mellitus (T2DM) and obesity prevalence after standardizing methodology and definitions.

METHODS:

Unit records from six surveys of Fiji adults were variously adjusted for age, ethnicity (Fiji Melanesians, i-Taukei, and Fijians of Asian Indian descent [Indians]) and urban-rural by sex to previous censuses. Trends were assessed using meta-regression (random effect models) and estimates projected to 2020. Poisson regression of strata was used to assess the effect of body mass index (BMI) increases on T2DM period trends.

RESULTS:

Over 1980-2011, T2DM prevalence increased in i-Taukei men (3.2% to 11.1%; 1.32%/5 years) and women (5.3% to 13.6%; 1.40%/5 years) and Indian men (11.1% to 17.9%; 1.24%/5 years) and women (11.2% to 19.9%; 1.71%/5 years). Projected T2DM prevalence in 2020 is 13.3% and 16.7% in i-Taukei men and women, and 23.4% and 24.1% in Indian men and women, respectively. Obesity prevalence increased in i-Taukei men (12.6% to 28.9%; 2.99%/5 years) and women (30.1% to 52.9%; 3.84%/5 years) and in Indian men (2.8% to 9.4%; 1.21%/5 years) and women (13.2% to 26.6%; 2.61%/5 years). Projected obesity prevalence in 2020 is 34.0% and 60.0% in i-Taukei and women, and 11.4% and 31.0% in Indian men and women, respectively. After age-adjustment, an estimated 27%, 25%, 16% and 18% of the T2DM period trend is attributable to BMI in i-Taukei men and women and Indian men and women, respectively.

CONCLUSIONS:

Prevalence of T2DM in Fiji is projected to continue increasing, driven by rising obesity, with consequences for premature mortality and life expectancy.



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Sources of Health Information Among Select Asian American Immigrant Groups in New York City.

[Islam NS¹](#), [Patel S](#), [Wyatt LC](#), [Sim SC](#), [Mukherjee-Ratnam R](#), [Chun K](#), [Desai B](#), [Tandon SD](#), [Trinh-Shevrin C](#), [Pollack H](#), [Kwon SC](#).

Health information can potentially mitigate adverse health outcomes among ethnic minority populations, but little research has examined how minorities access health information. The aim of this study was to examine variations in the use of health information sources among Asian American(AA) subgroups and to identify differences in characteristics associated with the use of these sources. We analyzed data from a foreign-born community sample of 219 Asian Indians, 216 Bangladeshis, 484 Chinese, and 464 Koreans living in New York City. Results found that use of health information sources varied by AA subgroup. Print media source use, which included newspapers, magazines, and/or journals, was highest among Chinese (84%), Koreans (75%), and Bangladeshis (80%), while radio was most utilized by Chinese (48%) and Koreans (38%). Television utilization was highest among Bangladeshis (74%) and Koreans (64%). Koreans (52%) and Chinese (40%) were most likely to use the Internet to access health information. Radio use was best explained by older age and longer time lived in the United States, while print media were more utilized by older individuals. Results also highlighted differences in native-language versus non-native-language media sources for health information by subgroup. Media sources can be used as a vehicle to disseminate health information among AAs.



[Springerplus](#). 2015 Aug 19;4:432. doi: 10.1186/s40064-015-1225-y. eCollection 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/26306294>

Health literacy and meeting breast and cervical cancer screening guidelines among Asians and whites in California.

[Sentell T](#)¹, [Braun KL](#)², [Davis J](#)³, [Davis T](#)⁴.

OBJECTIVES:

Empirical evidence regarding cancer screening and health literacy is mixed. Cancer is the leading cause of death in Asian Americans, yet screening rates are notably low. Using a population-based sample, we determined if health literacy: (1) was associated with breast and cervical cancer screening, and (2) helped to explain Asian cancer screening disparities.

METHODS:

We analyzed the 2007 California Health Interview Survey for Asian (Japanese, Chinese, Filipino, Korean, Vietnamese, other Asian) and white women within age groups relevant to US Preventive Services Task Force (USPSTF) screening guidelines: cervical: ages 21-65 (n = 15,210) and breast: ages 50-74 (n = 11,163). Multilevel logistic regression models predicted meeting USPSTF screening guidelines both with and without self-reported health literacy controlling for individual-level and contextual-level factors.

RESULTS:

Low health literacy significantly ($p < 0.05$) predicted lower cancer screening in final models for both cancer types. In unadjusted models, Asians were significantly less likely than whites to receive both screening types and significantly more likely to report low health literacy. However, in multivariable models, the addition of the low health literacy variable did not diminish Asian vs. white cancer screening disparities.

CONCLUSIONS:

Self-reported health literacy predicted cervical and breast cancer screening, but was not able to explain Asian cancer screening disparities. We provide new evidence to support a relationship between health literacy and cancer screening. Health literacy is likely a useful focus for interventions to improve cancer screening and ultimately reduce the burden of cancer. To specifically reduce Asian cancer disparities, additional areas of focus should be considered.



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Physical Activity Among Asian American Adults in Houston, Texas: Data from the Health of Houston Survey 2010.

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This study used the 2010 Health of Houston Survey to examine the physical activity of Asian American adults living in Houston, Texas. Multivariate regression models were conducted to examine the number of moderate leisure physical activity days in the past week and likelihood of having sufficient levels of physical activity. The results showed that Asians were among the least physically active of the major racial/ethnic groups. Most notably, Asians were less likely than whites to have sufficient levels of physical activity and had similarly lower expected numbers of physical activity minutes and days. Within the Asian American population, Vietnamese adults had more physical activity minutes and days than their Chinese counterparts-after controlling for other sociodemographic and health factors. Age- and gender-adjusted rates suggested a significant gender disparity among the Vietnamese and South Asian adults (less so for the Chinese adults), but this varied across different age groups. Several factors emerged as significant predictors of physical activity for Asian Americans, including age, immigration status, speaking a non-English language at home, marital status, and neighborhood incivilities. Findings highlight the need for targeted, culturally appropriate interventions to promote physical activity in Asian American communities.



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Duration of U.S. stay and body mass index among Latino and Asian immigrants: A test of theoretical pathways.

[Ro A¹](#), [Bostean G²](#).

Studies find that longer-term immigrants have higher body mass index (BMI) than their more recently arrived counterparts. Most interpretations of these health patterns by duration of U.S. residence rely on theories of immigrant integration; they posit that with increasing time in the United States, immigrants incorporate economically, socially, and culturally into aspects of U.S. society, and that these changes impact health. Few studies empirically examine whether these aspects of integration are indeed mediators of the association between duration of U.S. stay and BMI, and if their patterns differ across immigrant subgroups. This study examines data from the National Latino and Asian American Survey, using path analytic methods to simultaneously test six hypothesized mediators between duration and BMI: household income, English language ability, ethnic identity, family cohesion, acculturative stress and discrimination for both Latino and Asian immigrants, stratified by gender. We find little evidence for an association between duration and BMI for either Latino or Asian men. For women, duration and BMI have a significant and positive relationship, although the pathways differ between the two ethnic groups. For Latina women, household income and acculturative stress are significant indirect pathways, although they work in opposing directions. For Asian women, English proficiency and discrimination are significant indirect pathways. Our findings reveal complex pathways between duration and BMI that vary by ethnicity and gender and highlight limitations in the negative acculturation theory, which suggests that exposure to the United States should have a net negative impact on health. In contrast, our findings suggest that not all groups show declining health with longer duration, as measured by BMI, and that integration processes do not always translate into health differences in the expected directions. Future research on duration patterns may need to consider alternative explanations beyond incorporation-based processes, such as cross-national health theories or age, period, cohort effects.



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<http://www.ncbi.nlm.nih.gov/pubmed/26378826>

Racial/Ethnic Disparities in Cumulative Environmental Health Impacts in California: Evidence From a Statewide Environmental Justice Screening Tool (CalEnviroScreen 1.1).

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OBJECTIVES:

We used an environmental justice screening tool (CalEnviroScreen 1.1) to compare the distribution of environmental hazards and vulnerable populations across California communities.

METHODS:

CalEnviroScreen 1.1 combines 17 indicators created from 2004 to 2013 publicly available data into a relative cumulative impact score. We compared cumulative impact scores across California zip codes on the basis of their location, urban or rural character, and racial/ethnic makeup. We used a concentration index to evaluate which indicators were most unequally distributed with respect to race/ethnicity and poverty.

RESULTS:

The unadjusted odds of living in one of the 10% most affected zip codes were 6.2, 5.8, 1.9, 1.8, and 1.6 times greater for Hispanics, African Americans, Native Americans, Asian/Pacific Islanders, and other or multiracial individuals, respectively, than for non-Hispanic Whites. Environmental hazards were more regressively distributed with respect to race/ethnicity than poverty, with pesticide use and toxic chemical releases being the most unequal.

CONCLUSIONS:

Environmental health hazards disproportionately burden communities of color in California. Efforts to reduce disparities in pollution burden can use simple screening tools to prioritize areas for action.