



ARCH Newsletter August-September 2014

News

- A reminder to all that the next ARCH meeting will be on **Thursday November 20th, 2014 from 1:30-3pm Pacific Time for members and 2-3pm for all. At 2pm, Rosy Chang Weir, PhD, Director of Research of the Association of Asian Pacific Community Health Organizations (AAPCHO) and Thu Quach, PhD, Research Director of Asian Health Services will be presenting on AAPCHO's current research activities.**
- Congratulations to ARCH investigator Janice Tsoh on the awarding of her first R01 entitled "A Family-Focused Intervention for Asian American Male Smokers," funded by NIDA. This 5-year project evaluates the efficacy of a family-focused intervention in promoting smoking cessation in Chinese and Vietnamese male smokers using a 2-arm cluster randomized controlled trial. Co-Investigators include ARCH members Nancy Burke, Bang Nguyen, Tung Nguyen, Stephen J. McPhee, and Angela Sun.
- Congratulations to ARCH investigator Nancy Burke on the awarding of her first R01 entitled "Health Literacy Systems in the Safety Net: Lessons from Complex Care Management (CCM)," funded by NINR. Co-Investigators include ARCH members Irene Yen and Janet Shim. This mixed methods project aims to provide a description of factors within CCM programs that help address patients' needs, how such characteristics enhance or inhibit patient engagement and system health literacy, and develop a patient engagement measurement tool.
- Congratulations to ARCH investigators Susan Ivey, Scarlett Lin Gomez, Winston Tseng, and Arnab Mukherjea on the awarding of their CDC Special Interest Project for the new UCSF Prevention Research Center. The Principal Investigator is Dr. Ma Somsouk. The project title is "Understanding barriers to colorectal cancer screening in South Asians." This is a mixed methods project to understand low rates of colorectal screening in South Asians.
- Congratulations to ARCH investigators for their recent publications!
 - Yoshimi Fukuoka, Melinda Bender, JiWon Choi and colleagues recently published "Gender Differences in Lay Knowledge of Type 2 Diabetes Symptoms among Community-dwelling Caucasian, Latino, Filipino, and Korean Adults – DiLH Survey" in The Diabetes Educator. After controlling for known confounding factors, women were 1.6 times more likely than men to report at least 1 diabetes symptom. However, this gender difference in knowledge of diabetes signs and symptoms did not significantly differ across Caucasians, Latinos, Filipinos, and Korean Americans.
 - Lead by Melinda Bender, co-authors JiWon Choi, Yoshimi Fukuoka and others published a systematic review of randomized controlled trial lifestyle interventions for Asian Americans in Preventive Medicine. The evidence of the efficacy for lifestyle interventions among Asian Americans was mixed.



Abstract Highlights

Along with these papers by ARCH investigators, the abstract highlights include:

- In an analysis of the California Health Interview Survey, race-related disparities between Asian Americans and non-Hispanic Whites in having a usual source of care were no longer significant after accounting for acculturation factors.
- Key social determinants of physical activity among six Asian-American subgroups were examined using the 2007 California Health Interview Survey.
- The Joint Asia Diabetes Evaluation (JADE), a prospective cohort study of 41,029 adults with type 2 diabetes in clinic-based settings from 9 Asian countries or regions, identified that 1 in 5 adults had young-onset diabetes.
- Using the 2010 National Survey of Veterans and a random sample of 567 recent veterans from Hawaii, a total of 1.5% of veterans were AA/PI compared with 0.4% a decade ago. Compared with other veterans, AA/PI veterans reported higher socioeconomic status and better mental health, although these findings may be specific to AA veterans.
- Sixty semi-structured interviews of leaders from Minnesota's Hmong, Khmer (Cambodian), Lao, and Vietnamese communities were completed with an emerging theme of perceived key changes in tobacco-related attitudes, beliefs, and behaviors within their communities.
- In a manuscript published in *Health Promotion Practice*, lessons learned from the integration of community health workers into a patient-centered medical home to support disease self-management among Vietnamese Americans in Louisiana are described.
- In a population-based cohort study, using administrative and pharmacy databases to include all South-Asian, Chinese and white people with diabetes living in British Columbia, Canada (1997-2006), adherence to evidence-based pharmacotherapy was substantially worse among the South-Asian and Chinese populations.
- In population-based cohort from London, UK, diabetes incidence rates equivalent to those at a BMI of 30 kg/m² in European men and women, age- and sex-adjusted cut-points were: South Asians, 25.2 (23.4, 26.6) kg/m² and African-Caribbeans, 27.2 (25.2, 28.6) kg/m².
- 245,435 hospitalizations in Hawaii from December 2006 to December 2010 for Chinese, Japanese, Native Hawaiian, Filipino, and Whites were considered and in adjusted models, Native Hawaiians and Filipinos of all age and gender combinations had significantly higher CHF hospitalization rates than Whites as did Chinese women 65+.
- A randomized control trial designed to change knowledge and beliefs and increase mammogram use among 300 Chinese American women nonadherent with mammography in the last 12 months showed that the intervention group had significantly higher knowledge scores than those in the control group, regardless of whether they had completed a mammogram during the study.



[Diabetes Educ.](#) 2014 Sep 16. pii: 0145721714550693. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25227121>

Gender Differences in Lay Knowledge of Type 2 Diabetes Symptoms Among Community-dwelling Caucasian, Latino, Filipino, and Korean Adults - DiLH Survey.

[Fukuoka Y](#), [Bender MS](#), [Choi J](#), [Gonzalez P](#), [Arai S](#).

PURPOSE:

The purpose of this study was to explore gender differences in lay knowledge of type 2 diabetes symptoms among community-dwelling Caucasian, Latino, Filipino, and Korean Americans.

DESIGN AND METHODS:

A cross-sectional survey was administered to a convenience sample of 904 adults (172 Caucasians, 248 Latinos, 234 Koreans, and 250 Filipinos) without diabetes at community events, community clinics, churches, and online in the San Francisco Bay Area and San Diego from August to December 2013. Participants were asked to describe in their own words signs and/or symptoms of diabetes. A multiple logistic regression analysis was performed to examine the association of lay symptom knowledge with gender after controlling for potential confounding factors.

RESULTS:

Overall, the average age of the sample populations was 44 (SD \pm 16.1) years, 36% were male, and 58% were married. Increased thirst/dry mouth following increased urinary frequency/color/odor and increased fatigue/lethargy/low energy were the most frequently reported signs and symptoms (19.8%, 15.4%, and 13.6%, respectively). After controlling for known confounding factors, women were 1.6 (95% confidence interval, 1.2-2.3, $P = .004$) times more likely than men to report at least 1 diabetes symptom. However, this gender difference in knowledge of diabetes signs and symptoms did not significantly differ across Caucasians, Latinos, Filipinos, and Korean Americans ($P = .87$).

CONCLUSION:

The findings underscore the importance of improving public knowledge and awareness of signs and symptoms of diabetes, particularly in men.

[Prev Med.](#) 2014 Oct;67C:171-181. doi: 10.1016/j.ypmed.2014.07.034. Epub 2014 Jul 30.

<http://www.ncbi.nlm.nih.gov/pubmed/25086326>

Randomized controlled trial lifestyle interventions for Asian Americans: A systematic review.

[Bender MS](#), [Choi J](#), [Won GY](#), [Fukuoka Y](#).

OBJECTIVE:

Asian Americans are the fastest-growing race in the United States. However, they are largely underrepresented in health research, particularly in lifestyle interventions. A systematic review was conducted to analyze the characteristics and quality of lifestyle intervention literature promoting changes in physical activity (PA), diet, and/or weight management targeting Asian Americans.

METHOD:

A systematic electronic database search identified randomized controlled clinical trials (RCTs), involving lifestyle interventions for Asian Americans, published from 1995 to 2013 conducted in the US. Data extraction was conducted from August through December 2013.



RESULTS:

Seven RCTs met the review criteria. Cross-study comparisons were difficult due to diversity in: RCT intervention designs, cultural appropriateness, outcome measures, sample size, and race/ethnic groups. Overall, risk of bias and cultural appropriateness scores were moderate to low. Five out of seven RCTs showed significant between group differences for PA, diet, and weight. In general, sample sizes were small or lacked sufficient power to fully analyze intervention efficacy.

CONCLUSION:

Evidence of the efficacy for lifestyle interventions among Asian Americans was mixed. Recommendations include: more rigorous RCT designs, more objective measures, larger Asian American sample sizes, culturally appropriate interventions, individual tailoring, maintenance phase with support, and providing education and modeling of lifestyle behaviors.

[Am J Public Health](#). 2014 Jul 17:e1-e10. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25033147>

Effect of Acculturation on Variations in Having a Usual Source of Care Among Asian Americans and Non-Hispanic Whites in California.

[Chang E](#), [Chan KS](#), [Han HR](#)

Objectives. We examined variations in having a usual source of care (USC) among non-Hispanic White and Asian American adults in California. **Methods.** Data were from the 2005 and 2009 California Health Interview Survey. Using a modified Anderson model, we used multiple logistic regression to compare odds of having a USC between non-Hispanic White (n = 38 554) and Asian American adults (n = 7566) and to examine associations with acculturation factors (English proficiency, length of residence, residence in a racially concordant neighborhood) and key enabling (employment, income, insurance) and predisposing (education) factors. **Results.** Race-related disparities between Asian Americans and non-Hispanic Whites in having a USC were no longer significant after accounting for acculturation factors. Limited English proficiency and short time in the United States (< 5 years) were significantly associated with not having a USC for both races. Increasing levels of education and insurance were not associated with better access among Asian Americans. **Conclusions.** Key differences exist in how Asian American and non-Hispanic White adults access care. Acculturation factors are key drivers of disparities and should be included in access-to-care models with Asians. Insurance and education are differentially significant for Asian Americans and non-Hispanic Whites.

[J Immigr Minor Health](#). 2014 Jul 15. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25023491>

Social Determinants of Physical Activity Among Adult Asian-Americans: Results from a Population-Based Survey in California.

[Bhattacharya Becerra M](#), [Herring P](#), [Marshak HH](#), [Banta JE](#).

The objective of this study was to evaluate the key social determinants of physical activity among six Asian-American subgroups using public access 2007 California Health Interview Survey data. Physical activity was defined as meeting the American College of Sports Medicine recommendation of



450 metabolic equivalent-minutes per week. Factors positively associated with meeting physical activity recommendations included being bilingual among Chinese and Vietnamese, and increasing age for Chinese only. On the other hand, being middle aged, currently married, and low neighborhood safety were significantly associated with lower odds of meeting physical activity recommendations, as were being female for Japanese and Koreans, and living above the poverty level for Vietnamese. Such results highlight the heterogeneity among Asian-Americans and need for health messages targeted at specific subgroups. Additionally, the role of built environment, particularly in areas with high Filipino residents, should be a public health priority for increasing physical activity outcomes.

[Lancet Diabetes Endocrinol.](#) 2014 Jul 28. pii: S2213-8587(14)70137-8. doi: 10.1016/S2213-8587(14)70137-8. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25081582>

Metabolic profiles and treatment gaps in young-onset type 2 diabetes in Asia (the JADE programme): a cross-sectional study of a prospective cohort.

[Yeung RO](#), [Zhang Y](#), [Luk A](#), [Yang W](#), [Sobrepena L](#), [Yoon KH](#), [Aravind SR](#), [Sheu W](#), [Nguyen TK](#), [Ozaki R](#), [Deerochanawong C](#), [Tsang CC](#), [Chan WB](#), [Hong EG](#), [Do TQ](#), [Cheung Y](#), [Brown N](#), [Goh SY](#), [Ma RC](#), [Mukhopadhyay M](#), [Ojha AK](#), [Chakraborty S](#), [Kong AP](#), [Lau W](#), [Jia W](#), [Li W](#), [Guo X](#), [Bian R](#), [Weng J](#), [Ji L](#), [Rosa MR](#), [Toledo RM](#), [Himathongkam T](#), [Yoo SJ](#), [Chow CC](#), [Ho LL](#), [Chuang LM](#), [Tutino G](#), [Tong PC](#), [So WY](#), [Wolthers T](#), [Ko G](#), [Lyubomirsky G](#), [Chan JC](#).

BACKGROUND:

The prevalence of diabetes is increasing in young adults in Asia, but little is known about metabolic control or the burden of associated complications in this population. We assessed the prevalence of young-onset versus late-onset type 2 diabetes, and associated risk factors and complication burdens, in the Joint Asia Diabetes Evaluation (JADE) cohort.

METHODS:

JADE is an ongoing prospective cohort study. We enrolled adults with type 2 diabetes from 245 outpatient clinics in nine Asian countries or regions. We classified patients as having young-onset diabetes if they were diagnosed before the age of 40 years, and as having late-onset diabetes if they were diagnosed at 40 years or older. Data for participants' first JADE assessment was extracted for cross-sectional analysis. We compared clinical characteristics, metabolic risk factors, and the prevalence of complications between participants with young-onset diabetes and late-onset diabetes.

FINDINGS:

Between Nov 1, 2007, and Dec 21, 2012, we enrolled 41 029 patients (15 341 from Hong Kong, 9107 from India, 7712 from Philippines, 5646 from China, 1751 from South Korea, 705 from Vietnam, 385 from Singapore, 275 from Thailand, 107 from Taiwan). 7481 patients (18%) had young-onset diabetes, with age at diagnosis of mean 32.9 years [SD 5.7] versus 53.9 years [9.0] with late-onset diabetes (n=33 548). Those with young-onset diabetes had longer disease duration (median 10 years [IQR 3-18]) than those with late-onset diabetes (5 years [2-11]). Fewer patients with young-onset diabetes achieved HbA_{1c} concentrations lower than 7% compared to those with late-onset diabetes (27% vs 42%; p<0.0001). Patients with young-onset diabetes had higher mean concentrations of HbA_{1c} (mean 8.32% [SD 2.03] vs 7.69% [1.82]; p<0.0001), LDL cholesterol (2.78 mmol/L [0.96] vs 2.74 [0.93]; p=0.009), and a higher prevalence of retinopathy (1363 [20%] vs 5714 (18%); p=0.011) than those with late-onset diabetes, but were less likely to receive statins (2347 [31%] vs 12 441 [37%]; p<0.0001) and renin-angiotensin-system inhibitors (1868 [25%] vs 9665 [29%]; p=0.006).



INTERPRETATION:

In clinic-based settings across Asia, one in five adult patients had young-onset diabetes. Compared with patients with late-onset diabetes, metabolic control in those with young-onset diabetes was poor, and fewer received organ-protective drugs. Given the risk conferred by long-term suboptimum metabolic control, our findings suggest an impending epidemic of young-onset diabetic complications.

[Am J Public Health](#). 2014 Sep;104 Suppl 4:S538-47. doi: 10.2105/AJPH.2014.302124.

<http://www.ncbi.nlm.nih.gov/pubmed/25100419>

Asian American and Pacific Islander military veterans in the United States: health service use and perceived barriers to mental health services.

[Tsai J](#), [Whealin JM](#), [Pietrzak RH](#).

OBJECTIVES:

We (1) compared use of various health services nationally between Asian American and Pacific Islander (AA/PI) veterans and veterans of other racial/ethnic groups and (2) specifically compared perceived barriers and stigma related to mental health services.

METHODS:

Using bivariate and multivariable statistics, we analyzed a population-weighted sample of 8315 veterans from the 2010 National Survey of Veterans and a random sample of 567 recent veterans from Hawaii.

RESULTS:

A total of 1.5% of veterans were AA/PI compared with 0.4% a decade ago. Compared with other veterans, AA/PI veterans reported higher socioeconomic status and better mental health, although these findings may be specific to AA veterans. Adjusting for sociodemographic and health differences, we found no differences in health service use or perceived barriers or stigma related to mental health services.

CONCLUSIONS:

AA/PIs are a small but fast-growing racial/ethnic group within the veteran population that deserves attention. Although veteran status may be protective against some barriers to mental health care found in the general AA/PI population, efforts to reduce barriers to health care among veterans should be continued.

[BMC Public Health](#). 2014 Aug 4;14(1):791. doi: 10.1186/1471-2458-14-791.

<http://www.ncbi.nlm.nih.gov/pubmed/25087937>

Culture, acculturation and smoking use in Hmong, Khmer, Laotians, and Vietnamese communities in Minnesota.

[Burgess DJ](#)¹, [Mock J](#), [Schillo BA](#), [Saul JE](#), [Phan T](#), [Chhith Y](#), [Alesci N](#), [Foldes SS](#).

BACKGROUND:

Southeast Asian communities in the United States have suffered from high rates of tobacco use and high rates of chronic diseases associated with firsthand and secondhand smoking. Research is needed on how best to reduce and prevent tobacco use and exposure to secondhand smoke in these communities. The objective of this study was to examine how tobacco use patterns in



Minnesota's Southeast Asian communities have been shaped by culture, immigration, and adjustment to life in America in order to inform future tobacco control strategies.

METHODS:

The study consisted of semi-structured interviews with 60 formal and informal leaders from Minnesota's Hmong, Khmer (Cambodian), Lao, and Vietnamese communities and incorporated principles of community-based participatory research.

RESULTS:

Among Khmer, Lao and Vietnamese, tobacco in the homeland was a valued part of material culture and was used to signify social status, convey respect, and support social rituals among adult men (the only group for whom smoking was acceptable). Among the Hmong, regular consumption of tobacco was unacceptable and rarely seen until the civil war in Laos when a number of Hmong soldiers became smokers. In Minnesota, social norms have begun to shift, with smoking becoming less acceptable. Although older male smokers felt social pressure to quit, smoking functioned to reduce the stress of social isolation, economic hardship, prior trauma, and the loss of power and status. Youth and younger women no longer felt as constrained by culturally-rooted social prohibitions to smoke.

CONCLUSIONS:

Leaders from Minnesota's Southeast Asian communities perceived key changes in tobacco-related attitudes, beliefs, and behaviors which were embedded in the context of shifting power, status, and gender roles within their communities. This has practical implications for developing policy and interventions. Older Southeast Asians are likely to benefit from culturally-tailored programs (e.g., that value politeness and the importance of acting in ways that benefit the family, community, and clan) and programs that work with existing social structures, as well as initiatives that address smokers' psychological distress and social isolation. Leaders remained uncertain about how to address smoking uptake among youth, pointing to a need for additional research.

[Health Promot Pract.](#) 2014 Aug 19. pii: 1524839914547760. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25139872>

Integrating Community Health Workers Into a Patient-Centered Medical Home to Support Disease Self-Management Among Vietnamese Americans: Lessons Learned.

[Wennerstrom A](#), [Bui T](#), [Harden-Barríos J](#), [Price-Haywood EG](#).

There is evidence that patient-centered medical homes (PCMHs) and community health workers (CHWs) improve chronic disease management. There are few models for integrating CHWs into PCMHs in order to enhance disease self-management support among diverse populations. In this article, we describe how a community-based nonprofit agency, a PCMH, and academic partners collaborated to develop and implement the Patient Resource and Education Program (PREP). We employed CHWs as PCMH care team members to provide health education and support to Vietnamese American patients with uncontrolled diabetes and/or hypertension. We began by conducting focus groups to assess patient knowledge, desire for support, and availability of community resources. Based on findings, we developed PREP with CHW guidance on cultural tailoring of educational materials and methods. CHWs received training in core competencies related to self-management support principles and conducted the 4-month intervention for PCMH patients. Throughout the program, we conducted process evaluation through structured team meetings and



patient satisfaction surveys. We describe successes and challenges associated with PREP delivery including patient recruitment, structuring/documenting visits, and establishing effective care team integration, work flow, and communication. Strategies for mitigating these issues are presented, and we make recommendations for other PCMHs seeking to integrate CHWs into care teams.

[Diabet Med.](#) 2014 Aug 11. doi: 10.1111/dme.12559. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25131338>

Prescribing patterns and adherence to medication among South-Asian, Chinese and white people with Type 2 diabetes mellitus: a population-based cohort study.

[Chong E](#), [Wang H](#), [King-Shier KM](#), [Quan H](#), [Rabi DM](#), [Khan NA](#).

AIM:

To determine the prescribing of and adherence to oral hypoglycaemic agents, insulin, angiotensin-converting enzyme inhibitors, angiotensin receptor blockers and statin therapy among South-Asian, Chinese and white people with newly diagnosed diabetes.

METHODS:

The present study was a population-based cohort study using administrative and pharmacy databases to include all South-Asian, Chinese and white people aged ≥ 35 years with diabetes living in British Columbia, Canada (1997-2006). Adherence to each class of medication was measured using proportion of days covered over 1 year with optimum adherence defined as $\geq 80\%$.

RESULTS:

The study population included 9529 South-Asian, 14 084 Chinese and 143 630 white people with diabetes. The proportion of people who were prescribed angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, statin or oral hypoglycaemic agents was $\leq 50\%$ for all groups. South-Asian and Chinese people had significantly lower adherence for all medications than white people, with the lowest adherence to angiotensin-converting enzyme inhibitor treatment (South-Asian people: adjusted odds ratio 0.37, 95% CI 0.34-0.39; $P < 0.0001$; Chinese people: adjusted odds ratio 0.50, 95% CI 0.47-0.54; $P < 0.0001$) and statin therapy (South-Asian people: adjusted odds ratio 0.47, 95% CI 0.41 - 0.53, $P < 0.0001$; Chinese people: adjusted odds ratio 0.72, 95% CI 0.67 - 0.77; $P < 0.0001$) compared with white people.

CONCLUSION:

Adherence to evidence-based pharmacotherapy was substantially worse among the South-Asian and Chinese populations. Care providers need to be alerted to the high levels of non-adherence in these groups and the underlying causes need to be investigated.

[Diabet Med.](#) 2014 Sep 3. doi: 10.1111/dme.12576. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25186015>

Ethnicity-specific obesity cut-points in the development of Type 2 diabetes - a prospective study including three ethnic groups in the United Kingdom.

[Tillin T](#), [Sattar N](#), [Godsland IF](#), [Hughes AD](#), [Chaturvedi N](#), [Forouhi NG](#).

AIMS:



Conventional definitions of obesity, e.g. body mass index (BMI) ≥ 30 kg/m² or waist circumference cut-points of 102 cm (men) and 88 cm (women), may underestimate metabolic risk in non-Europeans. We prospectively identified equivalent ethnicity-specific obesity cut-points for the estimation of diabetes risk in British South Asians, African-Caribbeans and Europeans.

METHODS:

We studied a population-based cohort from London, UK (1356 Europeans, 842 South Asians, 335 African-Caribbeans) who were aged 40-69 years at baseline (1988-1991), when they underwent anthropometry, fasting and post-load (75 g oral glucose tolerance test) blood tests. Incident Type 2 diabetes was identified from primary care records, participant recall and/or follow-up biochemistry. Ethnicity-specific obesity cut-points in association with diabetes incidence were estimated using negative binomial regression.

RESULTS:

Diabetes incidence rates (per 1000 person years) at a median follow-up of 19 years were 20.8 (95% CI: 18.4, 23.6) and 12.0 (8.3, 17.2) in South Asian men and women, 16.5 (12.7, 21.4) and 17.5 (13.0, 23.7) in African-Caribbean men and women, and 7.4 (6.3, 8.7), and 7.2 (5.3, 9.8) in European men and women. For incidence rates equivalent to those at a BMI of 30 kg/m² in European men and women, age- and sex-adjusted cut-points were: South Asians, 25.2 (23.4, 26.6) kg/m²; and African-Caribbeans, 27.2 (25.2, 28.6) kg/m². For South Asian and African-Caribbean men, respectively, waist circumference cut-points of 90.4 (85.0, 94.5) and 90.6 (85.0, 94.5) cm were equivalent to a value of 102 cm in European men. Waist circumference cut-points of 84.0 (74.0, 90.0) cm in South Asian women and 81.2 (71.4, 87.4) cm in African-Caribbean women were equivalent to a value of 88 cm in European women.

CONCLUSIONS:

In prospective analyses, British South Asians and African-Caribbeans had equivalent diabetes incidence rates at substantially lower obesity levels than the conventional European cut-points. This article is protected by copyright. All rights reserved.

[J Immigr Minor Health](#). 2014 Sep 10. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25204624>

Potentially Preventable Hospitalizations for Congestive Heart Failure Among Asian Americans and Pacific Islanders in Hawai'i.

[Sentell T](#), [Miyamura J](#), [Ahn HJ](#), [Chen JJ](#), [Seto T](#), [Juarez D](#).

Many congestive heart failure (CHF) hospitalizations are considered potentially preventable with access to high-quality primary care. Some Asian American and Pacific Islander groups have poor access to health care compared to Whites, yet CHF preventable hospitalizations are understudied in these groups. Hawai'i hospitalizations from December 2006 to December 2010 for Chinese, Japanese, Native Hawaiian, Filipino, and Whites aged 18+ years were considered (N = 245,435). CHF preventable hospitalizations were compared in multivariable models by age group (<65 vs. 65+) and gender. Native Hawaiians and Filipinos with CHF preventable hospitalizations were significantly ($p < 0.001$) younger than other racial/ethnic groups. In adjusted models, Native Hawaiians and Filipinos of all age and gender combinations had significantly higher CHF hospitalization rates than Whites as did Chinese women 65+. High preventable CHF



hospitalization rates are seen in some Asian and Pacific Islander groups, especially Native Hawaiians and Filipinos, who have these hospitalizations at younger ages than other studied groups.

[J Cancer Educ.](#) 2014 Sep 9. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/25200949>

Breast Health Intervention Effects on Knowledge and Beliefs Over Time Among Chinese American Immigrants-a Randomized Controlled Study.

[Lee-Lin F](#), [Pedhiwala N](#), [Nguyen T](#), [Menon U](#).

Chinese American immigrant women, nonadherent with mammography in the past 12 months, (N = 300) were enrolled in a randomized controlled trial designed to change knowledge and beliefs and increase mammogram use. This report describes intervention effects on changes in knowledge and beliefs between the control and educational groups over four time points (baseline and 3, 6, and 12 months). Variables measured included knowledge, perceived susceptibility, perceived general barriers to mammography, perceived benefits to mammography, and four cultural barriers to mammography (crisis orientation, modesty, use of Eastern medicine, reliance on others). At all three post-intervention time points, women in the education group had significantly higher knowledge scores than those in the control group, regardless of whether they had completed a mammogram during the study. Women in the education group reported higher perceived susceptibility to breast cancer at 3-month post-intervention. At 3- and 6-month post-intervention, regardless of mammogram screening completion, women reported lower concerns about modesty related to mammography when compared to the control group. By the 12-month post-intervention, women in the education group reported significantly fewer perceived barriers than the control group. A targeted breast health program successfully changed breast health knowledge and beliefs that were sustained for up to 6-12 months. Education targeted to women's knowledge and beliefs has significant potential for decreasing disparity in mammogram use among Chinese American immigrant women.