

ARCHIVE

THE ARCH NEWSLETTER

August 2018

NEWS



Congratulations to Dr. Thu Quach, who is the 2018 Chris Jenkins Cancer Control Award recipient. Dr.

Quach's community-based participatory research projects with nail salon workers, clinical

research with Asian American smokers at Asian Health Services, and her national role in policy and advocacy through her various leadership positions including with Asian Health Services and the California Healthy Nail Salon Collaborative exemplify the work that was at the core of Chris' career. For more information about the award and prior recipients, please visit:

<http://asianarch.org/awards.html>.

Please save the date to join us on Tuesday 9/18/18 6-8pm when we will be celebrating her work in San Francisco at the annual award dinner.



Dr. Tung Nguyen presented on Asian American Cancer Disparities at NIMHD on May 16, 2018 (see <https://bit.ly/2AKMGes>) Webcast available at <https://bit.ly/2OHKSFY>.

Please welcome new ARCH members!

Maria Chao, DrPH, MPA, Core Member

I am an Associate Professor in the UCSF School of Medicine. My overall research goal is to investigate how complementary and integrative medicine can advance health equity. My current program of research focuses on non-pharmacologic approaches to improve quality of life among diverse and underserved populations living with chronic conditions. I am the Principal Investigator of a PCORI-funded study to improve pain and symptom distress among diverse hospitalized patients with cancer.



**Zubaida Qamar, PhD,
MS, Associate Member**

I am an Assistant Professor in Nutrition/Dietetics at San Francisco State University. I have several years of research experience investigating the behavioral aspects of nutrition and psychosocial determinants of health in various communities, particularly South Asians. I am especially interested in utilizing technology and community based participatory research towards the development of nutrition education programs for diverse populations.



research program focused on older immigrant and minority health.

Drs. Tung Nguyen, Scarlett Gomez, Janice Tsoh, and Salma Shariff-Marco received a grant from the Bristol Myers Squibb Foundation in support of Patient COUNTS, a project to create and assess an in-person and virtual-based patient navigation program to enhance the quality of cancer care for English, Chinese, and Vietnamese-speaking Asian American patients newly diagnosed with colorectal, liver, or lung cancer in the San Francisco Bay Area.

PUBLICATIONS



**Sanjay Reddy, MD,
Associate Member**

I am an Associate Clinical Professor of Medicine, Associate Director of Clinical Programs at the Osher Center, and a hospitalist in the Division of Hospital Medicine at UCSF. I supervise trainees, see patients in multiple care settings, and am working to increase access to safe and effective resources such as acupuncture for patients. I collaborate with Dr. Maria Chao to research integrative medicine applications to our healthcare system in the outpatient and hospital settings.

From ARCH members:

- Drs. Tung Nguyen, Janice Tsoh, Elisa Tong, Arnab Mukherjea, Angela Sun and colleagues published manuscripts focused on Asian American cancer disparities in the *Cancer* supplement supported by the Asian American Network for Cancer Awareness, Research, and Training. All abstracts and articles can be reviewed <https://bit.ly/2nf0zbu>
- Dr. Alka Kanaya and colleagues studied Vitamin D Levels, Body Composition, and Metabolic Factors in Asian Indians. <https://www.ncbi.nlm.nih.gov/pubmed/29518767>
- Dr. Scarlett Gomez and co-authors examined acculturation and adherence to physical activity recommendations among Chinese American and Non-Hispanic White breast cancer survivors. <https://www.ncbi.nlm.nih.gov/pubmed/29569102>
- Dr. Alka Kanaya and colleagues investigated the metabolomic profiles associated with 2 distinct dietary patterns among a sample of Asian Indians living in the United States.

GRANTS

Dr. Van Ta Park received a grant from the American Association of Colleges of Nursing for NIH precision health outreach.

Dr. Jane Jih received a UCSF KL2 career development award and UCSF Hellman Fellows Program grant to support her

<https://www.ncbi.nlm.nih.gov/pubmed/29893901>

- Van Ta Park is the lead author for Chapter 18: Working with Vietnamese

American Families in *Ethnicity and the Dementias* available at <https://bit.ly/2KuJx2e>

ABSTRACT REVIEWS

PREPARED BY VAN TA PARK

March 1, 2018 - June 30, 2018

Additional abstracts of interest:

- A study found a racial disparity in mental disorder diagnosis and treatment between non-Hispanic White and Asian American patients in a general hospital. <https://www.ncbi.nlm.nih.gov/pubmed/29674132>.
- A study found that victimization history is associated with increased risky behavioral intentions among Asian American college women and suggest that targeted interventions to improve assault-exposed Asian American women's awareness of risk cues may be warranted. <https://www.ncbi.nlm.nih.gov/pubmed/29673304>
- Researchers analyzed American Community Survey, which collects demographic data from 295,000 households annually. They calculated changes in the uninsured rate among adults before the ACA's major coverage expansions (2009–2013) and after (2015–2016). People in all AANHPI subgroups saw coverage gains under the ACA. Reductions in uninsured rates ranged from –14.3 percentage points in the Guamanian or Chamorro subgroup to –4.1 in the Japanese subgroup. <https://www.ncbi.nlm.nih.gov/pubmed/29710340>
- Researchers obtained near-national estimates of differences in acute myocardial infarction (AMI) inpatient mortality between minorities (including Asians) and non-Hispanic Whites and identify comorbidities and sociodemographic characteristics associated with these differences. <https://www.ncbi.nlm.nih.gov/pubmed/29769083>
- A systematic review was conducted to assess what is known about increasing access to and participation in cardiovascular disease (CVD) prevention and control programs among Filipino Americans. <https://www.ncbi.nlm.nih.gov/pubmed/29786501>

Cancer. 2018 Apr 1;124 Suppl 7:1527-1534. doi: 10.1002/cncr.31103.

The Asian American Network for Cancer Awareness, Research, and Training (AANCART)'s contributions toward reducing Asian American cancer health disparities, 2000-2017.

<https://www.ncbi.nlm.nih.gov/pubmed/29578598>

Chen MS Jr^{1,2}, Chow EA^{3,4}, Nguyen TT⁵.

Abstract

BACKGROUND:

In 2000 and in 2 subsequent 5-year cycles, the National Cancer Institute funded grantees on a regional and national basis to address community needs for cancer awareness, research, and training. The Asian American Network for Cancer Awareness, Research and Training (AANCART) is fortunate to have been funded since 2000 to focus on mitigating cancer health disparities facing Asian Americans residing primarily in California and Hawaii. This article highlights AANCART's achievements with respect to the original specific aims and unanticipated outcomes in its most recent funded cycle.

METHODS:

Sources included reports to the National Cancer Institute and peer-reviewed articles as well as the insights of the 3 principal investigators.

RESULTS:

All aims of the original application (infrastructure, outreach, research, and training) were attained or exceeded. Most distinctive was the completion and publication of 8 randomized controlled trials to address Asian American cancer health disparities and its nurture of 14 new and early stage investigators who have been productive in terms of research career trajectories.

CONCLUSIONS:

AANCART is contributing to mitigating Asian American cancer health disparities by catalyzing academic and community collaborations that have resulted in linguistically specific and culturally tailored educational products, scientifically rigorous interventions addressed at cancer risk factors, and nurturing new and early stage Asian American cancer investigators. Cancer 2018;124:1527-34.

Cancer. 2018 Apr 1;124 Suppl 7:1535-1542. doi: 10.1002/cncr.31116.

Results of a lay health education intervention to increase colorectal cancer screening among Filipino Americans: A cluster randomized controlled trial.

<https://www.ncbi.nlm.nih.gov/pubmed/29578603>

Cuaresma CF¹, Sy AU², Nguyen TT³, Ho RCS⁴, Gildengorin GL⁵, Tsoh JY⁶, Jo AM⁷, Tong EK⁸, Kagawa-Singer M⁹, Stewart SL¹⁰.

Abstract

BACKGROUND:

Filipino colorectal cancer (CRC) screening rates fall below Healthy People 2020 goals. In this study, the authors explore whether a lay health educator (LHE) approach can increase CRC screening among Filipino Americans ages 50 to 75 years in Hawai'i.

METHODS:

A cluster randomized controlled trial from 2012 through 2015 compared an intervention, which consisted of LHEs delivering 2 education sessions and 2 telephone follow-up calls on CRC screening plus a CRC brochure versus an attention control, in which 2 lectures and 2 follow-up calls on nutrition and physical activity plus a CRC brochure were provided. The primary outcome was change in self-reported ever receipt of CRC screening at 6 months.

RESULTS:

Among 304 participants (77% women, 86% had > 10 years of residence in the United States), the proportion of participants who reported ever having received CRC screening increased significantly in the intervention group (from 80% to 89%; $P = .0003$), but not in the control group (from 73% to 74%; $P = .60$). After covariate adjustment, there was a significant intervention effect (odds ratio, 1.9; 95% confidence interval, 1.0-3.5). There was no intervention effect on up-to-date screening.

CONCLUSIONS:

This first randomized controlled trial for CRC screening among Hawai'i's Filipinos used an LHE intervention with mixed, but promising, results. *Cancer* 2018;124:1535-42. © 2018 American Cancer Society.

Cancer. 2018 Apr 1;124 Suppl 7:1543-1551. doi: 10.1002/cncr.31098.

Colorectal cancer screening prevalence and predictors among Asian American subgroups using Medical Expenditure Panel Survey National Data.

<https://www.ncbi.nlm.nih.gov/pubmed/29578602>

Sy AU¹, Lim E¹, Ka'opua LS², Kataoka-Yahiro M³, Kinoshita Y⁴, Stewart SL⁵.

Abstract

BACKGROUND:

Asian American (AA) ethnic subgroups are diverse in socio-economic status, years in the United States, English proficiency, and cultures with different health seeking behaviors and health care access. Fifty-two percent of AAs age ≥ 50 years had colorectal cancer screening (CRCS) in 2013, compared with 61% of non-Hispanic whites. We hypothesized that CRCS prevalence among AA ethnicities is heterogeneous and that the reasons related to CRCS among AA subgroups are associated with demographic characteristics, acculturation, health care access, and health attitudes.

METHODS:

Medical Expenditure Panel Survey data for 2009-2014 compared CRCS status among whites (n = 28,834), Asian Indians (n = 466), Chinese (n = 652), and Filipinos (n = 788). Multivariate logistic regression examined ethnic differences and correlates of CRCS accounting for complex sampling design.

RESULTS:

Whites had the highest prevalence of screening (62.3%), followed by Filipinos (55.0%), Chinese (50.9%), and Asian Indians (48.6%). Older age, having health insurance, and having a usual care provider predicted CRCS across all ethnicities. Different demographic, health care access, and health attitude predictors within each ethnic group were related to CRCS.

CONCLUSION:

This study contributes to the literature on influences of differential CRCS prevalence among AA subgroups. CRCS promotion should be tailored according to attitudes and structural barriers affecting screening behavior of specific ethnic subgroups to truly serve the health needs of the diverse AA population. *Cancer* 2018;124:1543-51. © 2018 American Cancer Society.

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KEYWORDS:

Asian Americans; Asian Indians; Chinese; Filipino; colorectal cancer screening

PMID: 29578602 PMCID: [PMC5873608](https://pubmed.ncbi.nlm.nih.gov/PMC5873608/) [Available on 2019-04-01] DOI: [10.1002/cncr.31098](https://doi.org/10.1002/cncr.31098)

Cancer. 2018 Apr 1;124 Suppl 7:1552-1559. doi: 10.1002/cncr.31216.

Colorectal cancer beliefs, knowledge, and screening among Filipino, Hmong, and Korean Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29578600>

Tran MT¹, Jeong MB¹, Nguyen VV¹, Sharp MT¹, Yu EP¹, Yu F¹, Tong EK², Kagawa-Singer M³, Cuaresma CF⁴, Sy AU⁴, Tsoh JY⁵, Gildengorin GL¹, Stewart SL⁶, Nguyen TT¹.

Abstract

BACKGROUND:

To the authors' knowledge, there are few studies to date regarding colorectal cancer (CRC) beliefs, knowledge, and screening among multiple Asian American populations, who are reported to have lower CRC screening rates compared with white individuals. The current study was performed to assess knowledge and beliefs regarding the causes of CRC, its prevention, and factors associated with CRC screening among 3 Asian American groups.

METHODS:

The authors conducted an in-language survey with Filipino (Honolulu, Hawaii), Hmong (Sacramento, California), and Korean (Los Angeles, California) Americans aged 50 to 75 years who were sampled through social networks. Bivariate and multivariable analyses were conducted to assess factors associated with CRC screening.

RESULTS:

The sample of 981 participants was 78.3% female and 73.8% reported limited proficiency in English. Few of the participants were aware that age (17.7%) or family history (36.3%) were risk factors for CRC; 6.2% believed fate caused CRC. Only 46.4% of participants knew that screening prevented CRC (74.3% of Filipino, 10.6% of Hmong, and 55.8% of Korean participants; $P < .001$). Approximately two-thirds of participants reported ever having undergone CRC screening (76.0% of Filipino, 72.0% of Hmong, and 51.4% of Korean participants; $P < .001$) and 48.6% were up to date for screening (62.2% of Filipino, 43.8% of Hmong, and 41.4% of Korean participants; $P < .001$). Factors found to be significantly associated with ever screening were being Korean (compared with Filipino), having a family history of CRC, having health insurance or a regular source of health care, and knowing that a fatty diet caused CRC. Believing that fate caused CRC and that praying prevented it were found to be negatively associated with ever screening. Factors associated with being up to date for CRC screening included being born in the United States, having a family history of CRC, and having access to health care.

CONCLUSIONS:

Knowledge regarding the causes of CRC and its prevention among Filipino, Hmong, and Korean individuals is low. However, health care access, not knowledge or beliefs, was found to be a key determinant of CRC screening. Cancer 2018;124:1552-9.

Cancer. 2018 Apr 1;124 Suppl 7:1560-1567. doi: 10.1002/cncr.31097.

Knowledge of colorectal cancer screening guidelines and intention to obtain screening among nonadherent Filipino, Hmong, and Korean Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29578604>

Tsoh JY^{1,2}, Tong EK^{2,3}, Sy AU⁴, Stewart SL⁵, Gildengorin GL⁶, Nguyen TT^{2,6}.

Abstract

BACKGROUND:

Nonadherence to colorectal cancer (CRC) screening among Asian Americans is high but not well understood. This study examined correlates of screening intention among Filipino, Hmong, and Korean Americans who were nonadherent to CRC screening.

METHODS:

Using cross-sectional, preintervention survey data from 504 Asian Americans (115 Filipinos, 185 Hmong, and 204 Koreans) aged 50-75 years who were enrolled in a multisite cluster randomized controlled trial of lay health educator intervention, we analyzed correlates of self-reported CRC screening nonadherence, which was defined as not being up-to-date for fecal occult blood test, sigmoidoscopy, or colonoscopy.

RESULTS:

Only 26.8% of participants indicated intention to obtain screening within 6 months (Hmong: 12.4%; Korean: 30.8%; and Filipino: 42.6%; $P < .001$). Only one third of participants had undergone a prior screening, and a majority did not know that screening is a method of CRC prevention method (61.3%) or had any knowledge of CRC screening guidelines (53.4%). Multivariable analyses revealed that patient-provider ethnicity concordance, provider's recommendation of screening, participants' prior CRC screening, perceived severity and susceptibility of CRC, and knowledge of guidelines were positively associated with screening intention. Specifically, knowing one or more screening guidelines doubled the odds of screening intention (adjusted odds ratio, 2.38; 95% confidence interval, 1.32-4.28). Hmong were less likely to have screening intention than Filipinos, which was unexplained by socio-demographics, health care factors, perceived needs for CRC screening, or knowledge of screening guidelines.

CONCLUSION:

CRC screening intention among nonadherent Filipino, Hmong, and Korean Americans was low. Targeting knowledge of CRC screening guidelines may be effective strategies for increasing CRC screening intention among nonadherent Asian Americans. *Cancer* 2018;124:1560-7.

Cancer. 2018 Apr 1;124 Suppl 7:1568-1575. doi: 10.1002/cncr.31287.

A physician-initiated intervention to increase colorectal cancer screening in Chinese patients.

<https://www.ncbi.nlm.nih.gov/pubmed/29578594>

Sun A¹, Tsoh JY², Tong EK³, Cheng J¹, Chow EA⁴, Stewart SL⁵, Nguyen TT⁶.

Abstract

BACKGROUND:

Among Chinese American individuals, only approximately 42% of cases of colorectal cancer (CRC) are diagnosed at an early stage, possibly because these patients are less likely than non-Hispanic white individuals to undergo CRC screening.

METHODS:

Primary care physicians (PCPs) were recruited from a local independent practice association serving Chinese Americans and randomized into early-intervention and delayed-intervention groups. PCPs in the early-intervention group received continuing medical education (CME), and their patients received an intervention mailer, consisting of a letter with the PCP's recommendation, a bilingual educational booklet, and a fecal occult blood test (FOBT) kit in year 1. PCPs in the delayed-intervention group received no CME, and their patients received the mailers in year 2.

RESULTS:

A total of 20 PCPs were assigned to the early-intervention and 22 PCPs to the delayed-intervention group. A total of 3120 patients of these participating PCPs who had undergone CRC screening that was due during the study period were included. A total of 915 mailers were sent in year 1 and 830 mailers were sent in year 2. FOBT screening rates increased from 26.7% at baseline to 58.5% in year 1 in the early-intervention group versus 19.6% at baseline to 22.2% in year 1 in the delayed-intervention group ($P < .0001$). The overall effect size of the mailer intervention with or without CME was estimated as a difference of 26.6 percentage points (95% confidence interval, 22.0-31.2 percentage points) from baseline compared with usual care. The intervention was found to have no impact on rates of colonoscopy or sigmoidoscopy.

CONCLUSIONS:

The results of the current pilot study demonstrated that a mailer including educational materials and FOBT kits can increase CRC screening rates with or without CME for the PCPs. Cancer 2018;124:1568-75.

Cancer. 2018 Apr 1;124 Suppl 7:1576-1582. doi: 10.1002/cncr.31096.

Social-cultural, traditional beliefs, and health system barriers of hepatitis B screening among Hmong Americans: A case study.

<https://www.ncbi.nlm.nih.gov/pubmed/29578596>

Fang DM¹, Stewart SL².

Abstract

BACKGROUND:

The incidence of liver cancer in Hmong Americans is 5 times higher than that of non-Hispanic whites, and there is a low hepatitis B screening rate (24%) among Hmong adults compared with other Asian American populations. The purpose of this study was to examine the Hmong's perceptions on social-cultural determinants, traditional health beliefs, and health care system barriers that influenced community-based hepatitis B screening interventions.

METHODS:

A qualitative method was used, integrating a collective case study research design. In-depth interviews were used to collect data from 20 Hmong adults from the greater Sacramento area. A pattern matching analytic technique was used to analyze the data. The main core elements of Culture Care Theory were used to capture the key themes presented by the participants.

RESULTS:

Protecting a family's reputation; fear of doctors, medical procedures, and test results; lack of trust in medical doctors and medical care services; and using Hmong herbal medicines and practicing spiritual healing were identified as social-cultural and traditional health belief barriers to obtaining HBV screening. Health care costs, perceived discrimination, lack of transportation, linguistic discordance, and poor quality of care were identified as barriers to accessing high-quality health care services and obtaining hepatitis B screening.

CONCLUSION:

Providers, health policy makers, researchers, and community-based organizations will need to work together to develop intervention strategies to address the social-cultural factors, traditional health beliefs, and health care challenges that influence obtaining hepatitis B screening in the Hmong community. *Cancer* 2018;124:1576-82.

Cancer. 2018 Apr 1;124 Suppl 7:1583-1589. doi: 10.1002/cncr.31122.

High frequency of the PNPLA3 rs738409 [G] single-nucleotide polymorphism in Hmong individuals as a potential basis for a predisposition to chronic liver disease.

<https://www.ncbi.nlm.nih.gov/pubmed/29578593>

Tepper CG¹, Dang JHT², Stewart SL³, Fang DM⁴, Wong KA⁵, Liu SY⁶, Davis RR⁶, Dao DY⁷, Gregg JP⁶, Török NJ⁵, Chen MS Jr².

Abstract

BACKGROUND:

An exploratory study was performed to determine the prevalence of the patatin-like phospholipase domain-containing protein 3 (PNPLA3) rs78409 [G] allele among the Hmong as a risk factor for nonalcoholic fatty liver disease (NAFLD). NAFLD/nonalcoholic steatohepatitis is the world's most common chronic liver disease and is expected to replace viral hepatitis as the leading cause of cirrhosis and potential precursor to hepatocellular carcinoma (HCC). Of all populations in California, the Hmong experience the highest risk of death from HCC and the highest prevalence of metabolic syndrome risk factors among Asians that predispose them to NAFLD. Here a genetic explanation was sought for the high rates of chronic liver disease among the Hmong. The literature pointed to the PNPLA3 rs738409 [G] allele as a potential genetic culprit.

METHODS:

Cell-free DNA was isolated from 26 serum samples previously collected in community settings. Quantitative polymerase chain reaction-based single-nucleotide polymorphism (SNP) genotyping was performed with a validated TaqMan SNP genotyping assay, and results were analyzed with TaqMan Genotyper software.

RESULTS:

The PNPLA3 rs738409 [C>G] variant occurred at a frequency of 0.46 (12 of 26; 95% confidence interval, 0.27-0.67). This carrier rate would rank the Hmong as the third highest population in the 1000 Genomes Project.

CONCLUSIONS:

Although this small sample size limits the generalizability, the high frequency rates of this allele along with the presence of metabolic syndrome risk factors warrant further studies into the etiology of NAFLD among the Hmong. Cancer 2018;124:1583-9.

Cancer. 2018 Apr 1;124 Suppl 7:1590-1598. doi: 10.1002/cncr.31115.

Impact of a smoke-free-living educational intervention for smokers and household nonsmokers: A randomized trial of Chinese American pairs.

<https://www.ncbi.nlm.nih.gov/pubmed/29578595>

Tong EK¹, Saw A², Fung LC³, Li CS⁴, Liu Y⁵, Tsoh JY⁶.

Abstract

BACKGROUND:

Chinese American men smoke at a high rate, which puts household nonsmokers at risk. The objective of this study was to evaluate the effectiveness of a brief-intensity versus moderate-intensity smoke-free-living educational intervention for household pairs.

METHODS:

The authors conducted a randomized controlled trial of Cantonese-speaking Chinese American smoker and household nonsmoker pairs in San Francisco, California. Pairs were randomized to moderate-intensity or brief-intensity group sessions with their household partner. The moderate-intensity group received 2 group sessions, a laboratory report of their baseline smoke exposure, as measured by 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanol (NNAL), and 3 follow-up calls over 6 months. The brief-intensity group received 1 group session on tobacco-cessation resources. Primary outcomes were biochemically validated, past-month smoking abstinence and elimination of nonsmoker household exposure at 12 months.

RESULTS:

Participant pairs (n = 203) were male smokers, one-half of whom did not intend to quit within 6 months, with mostly female spouses as household nonsmokers. Approximately three-quarters of nonsmokers in both groups already had smoke-free home rules. At 12 months, smokers in both groups had similar biochemically validated 30-day abstinence rates (moderate-intensity group, 0%-20.7%; brief-intensity group, 0%-20.0%; P = .002 over time). More smokers in the moderate-intensity group used subsequent cessation group classes (moderate-intensity group, 50%; brief-intensity group, 24%; P = .004). Household nonsmokers in both groups had similar biochemically validated rates of no home exposure (moderate-intensity group, 24.5%-42.2%; brief-intensity group, 24.8%-33.3%; P = .0001 over time).

CONCLUSIONS:

A moderate-intensity smoke-free-living educational intervention for Chinese-speaking household pairs was not more effective than a brief-intensity intervention for smoking abstinence and elimination of household nonsmoker exposure. Abstinence rates were similar to those achieved with standard group counseling. *Cancer* 2018;124:1590-8.

Cancer. 2018 Apr 1;124 Suppl 7:1599-1606. doi: 10.1002/cncr.31220.

Perspectives of Chinese American smoker and nonsmoker household pairs about the creating smokefree living together program.

<https://www.ncbi.nlm.nih.gov/pubmed/29578597>

Saw A¹, Paterniti DA^{2,3}, Fung LC⁴, Tsoh JY⁵, Tong EK⁶.

Abstract

BACKGROUND:

Chinese men smoke at high rates, and this puts household members at risk for tobacco-related diseases. Culturally responsive interventions that provide education and support are needed to promote smokefree living and reduce smoke exposure, particularly for US immigrants who experience changes in smokefree social norms. This qualitative study examines perspectives of Chinese American smoker and nonsmoker household pairs in the Creating Smokefree Living Together program.

METHODS:

Four focus groups were conducted with 30 Chinese American participants (15 smokers and 15 nonsmokers) who, in household pairs, completed smokefree education interventions of either brief or moderate intensity. Nearly three-quarters of the smokers continued to smoke after the intervention at the time of focus group participation. All smokers were male, and most household nonsmokers were female spouses. All participants had limited English proficiency. Focus group meetings were recorded, and the recordings were translated and transcribed. Transcripts and field notes were thematically analyzed.

RESULTS:

The following themes, shared by smokers and nonsmokers across interventions, were identified: 1) there was a preference for dyadic and group interventions because of the support offered, 2) increased knowledge of the health harms of smoke exposure within a pair improved the nonsmoker's support for smokefree living, 3) learning communication strategies improved household relationships and assertiveness for smokefree environments, 4) biochemical feedback was useful but had short-term effects, and 5) project magnets provided cues to action.

CONCLUSIONS:

Involving household partners is critical to smokefree interventions. Simple reminders at home appear to be more powerful than personal biochemical feedback of smoke exposure for sustaining motivation and engagement in ongoing behavioral changes within the household.

Cancer 2018;124:1599-606.

Cancer. 2018 Apr 1;124 Suppl 7:1607-1613. doi: 10.1002/cncr.31102.

Moving toward a true depiction of tobacco behavior among Asian Indians in California: Prevalence and factors associated with cultural smokeless tobacco product use.

<https://www.ncbi.nlm.nih.gov/pubmed/29578599>

Mukherjea A¹, Modayil MV², Tong EK³.

Abstract

BACKGROUND:

Asian Indians (AIs) in the United States exhibit disproportionate burdens of oral cancer and cardiovascular disease, which are potentially linked to smokeless tobacco. However, little is known about the use of cultural smokeless tobacco (CST) products in this population.

METHODS:

California Asian Indian Tobacco Use Survey data from 2004 (n = 1618) were used to investigate CST prevalence among California's AIs. CST products included paan, paan masala, and gutka. A multivariable logistic regression was conducted to examine factors (socioeconomic status, acculturation measures, and religious affiliation) associated with current CST use versus never use.

RESULTS:

The current CST prevalence was 13.0% (14.0% for men and 11.8% for women). In contrast, the prevalence of current cigarette use was 5.5% (8.7% for men and 1.9% for women), and the prevalence was lower for cultural smoked tobacco (0.1% for bidis and 0.5% for hookahs). Factors associated with CST use included the following: being male, being 50 years old or older, being an immigrant, speaking an AI language at home, having a higher level of education (adjusted odds ratio [AOR] for high school/some college, 2.6; 95% confidence interval [CI], 1.1-6.5; AOR for college degree or higher, 4.0; 95% CI, 1.7-9.5), having a higher income (AOR for \$75,000-\$100,000, 2.5; 95% CI, 1.3-4.7; AOR for ≥\$100,000, 2.6; 95% CI, 1.4-5.0), identifying as non-Sikh (AOR for Hinduism, 10.0; 95% CI, 6.0-16.5; AOR for other faiths, 10.2; 95% CI, 5.9-17.7), and disagreeing that spiritual beliefs are the foundation of life (AOR, 2.1; 95% CI, 1.2-3.5).

CONCLUSIONS:

The current CST prevalence is relatively high among California's AIs in comparison with the prevalence of smoking, with narrower differences between sexes. The association with a higher socioeconomic status is contrary to typical cigarette smoking patterns. Acculturation and religious affiliation are important factors associated with current use. Health care providers and policymakers should consider such determinants for targeted interventions. Cancer 2018;124:1607-13.

Cancer. 2018 Apr 1;124 Suppl 7:1614-1621. doi: 10.1002/cncr.31168.

Time, trust, and transparency: Lessons learned from collecting blood biospecimens for cancer research from the Asian American community.

<https://www.ncbi.nlm.nih.gov/pubmed/29578601>

Dang JHT¹, Chen MS Jr^{2,3}.

Abstract

BACKGROUND:

Biospecimens from racially diverse groups are needed to advance cancer research. The Asian American Cancer Education Study was developed to increase the number and proportion of blood biospecimen donations from Asian Americans for cancer research.

METHODS:

The authors' targeted approach included 2 types of community engagement, in-reach (within institution to Asian American patients with cancer) and outreach (external to institution to the general Asian American community). Participants received in-language biospecimen education followed by the opportunity to donate blood biospecimens. Outreach participants donated through our community biospecimen blood drives, and in-reach participants consented to donating an extra tube of blood during their routine blood draws as a patient. Donated blood biospecimens were spun down to serum and plasma to be stored in a biorepository or were sent to the laboratory to test for cancer-related risk factors.

RESULTS:

Three hundred eighty-eight Asian Americans donated 1127 blood biospecimens for cancer research. Four hundred twenty tubes of plasma and serum are currently being stored at the cancer center's biorepository, 39 tubes have been used for cancer genomic research, and 668 tubes were used to characterize cancer-related risk factors.

CONCLUSIONS:

Building upon the past decade of the National Cancer Institute-funded Asian American Network for Cancer Awareness, Research, and Training's foundation of trust and service among Asian Americans, researchers were able to leverage relationships not only to introduce the idea of biospecimen contribution to the community but to also exceed expectations with regard to the quantity of blood biospecimens collected from Asian Americans. *Cancer* 2018;124:1614-21.

Cancer. 2018 Apr 1;124 Suppl 7:1622-1630. doi: 10.1002/cncr.31111.

Impact of a cancer education seminar on knowledge and screening intent among Chinese Americans: Results from a randomized, controlled, community-based trial.

<https://www.ncbi.nlm.nih.gov/pubmed/29578592>

Fung LC¹, Nguyen KH², Stewart SL³, Chen MS Jr⁴, Tong EK⁴.

Abstract

BACKGROUND:

Cancer is the leading cause of death for Asian Americans. The authors evaluated the status of cancer prevention for Chinese Americans in San Francisco, which has had years of cancer prevention efforts.

METHODS:

Through a community-based clinic serving Chinese Americans, a randomized, controlled trial (n = 395) was conducted among participants who attended either a cancer prevention seminar or biospecimen education seminar. Changes in knowledge, attitudes, and screening completion/intent were measured across and between seminar groups.

RESULTS:

Participants were mostly women who had low acculturation and education levels. Over two-thirds to almost all participants knew about modifiable risk factors for cancer and that screening tests were available, including for lung cancer. The majority of women had already completed mammography and Papanicolaou (Pap) tests. Approximately one-half reported having completed colorectal cancer screening, prostate screening, or hepatitis B screening. Most were nonsmokers, but about one-half "strongly agreed" that they would want a test for tobacco smoke exposure. After the cancer prevention seminar, significant increases within group were noted for knowledge (eating healthy foods, from 93.1% to 97.7% [P = .0002]; secondhand smoke causes cancer, from 66.3% to 74.8% [P = .04]) and for screening completion/intent (colorectal cancer, from 58.1% to 64.5% [P = .002] cervical cancer, from 72.9% to 75.5% [P = .04]) and there was a trend toward an increase for prostate cancer (from 50.0% to 61.1%; P = .10). There was a significant change between groups for eating healthy foods (P = .004).

CONCLUSIONS:

The current reports documents the gains in cancer prevention among Cantonese-speaking Chinese Americans, fostered by academic, community, and public health efforts. A community-based seminar demonstrated improvement in some cancer knowledge or screening intent and opportunities for continued efforts. *Cancer* 2018;124:1622-30.

Vitamin D Levels, Body Composition, and Metabolic Factors in Asian Indians: Results from the Metabolic Syndrome and Atherosclerosis in South Asians Living in America Pilot Study.

<https://www.ncbi.nlm.nih.gov/pubmed/29518767>

Chiang JM1, Stanczyk FZ2, Kanaya AM3.

Abstract

BACKGROUND/AIMS:

Asian Indians have a high prevalence of vitamin D deficiency and metabolic syndrome. Vitamin D deficiency is associated with an increased risk of cardiovascular disease and diabetes.

METHODS:

We performed a cross-sectional study of 150 Asian Indians (50% male) from the San Francisco Bay Area. We assessed the association between 25-OH vitamin D (25-OHD) levels and vitamin D deficiency with body composition (anthropometric and radiographic measures) and metabolic outcomes.

RESULTS:

In both men and women, the presence of vitamin D deficiency was associated with higher systolic ($p = 0.004$) and diastolic ($p = 0.01$) blood pressure, and fasting glucose ($p = 0.01$). Only in women, vitamin D deficiency status was associated with higher body mass index (BMI), waist-to-hip ratio, visceral fat area, and hepatic fat content after adjusting for age, income, and physical activity level. In women, 25-OHD was also associated with fasting glucose after adjusting for age, income, and physical activity and further adjusting for BMI and waist circumference ($\beta -2.1$, 95% CI -0.86 to -0.01 , $p = 0.04$). This association between vitamin D deficiency and metabolic parameters was not significant in men.

CONCLUSIONS:

A lower level of 25-OHD and vitamin D deficiency were associated with higher levels of metabolic factors among Asian Indians. Our findings suggest that 25-OHD metabolism may differ by the distribution of adipose tissue and involve previously unexplored pathways accounting for the variability in the role of vitamin D in cardiovascular disease.

J Immigr Minor Health. 2018 Mar 22. doi: 10.1007/s10903-018-0721-x. [Epub ahead of print]

Acculturation and Adherence to Physical Activity Recommendations Among Chinese American and Non-Hispanic White Breast Cancer Survivors.

<https://www.ncbi.nlm.nih.gov/pubmed/29569102>

Le Y1, Gao Z2, Gomez SL3,4, Pope Z2, Dong R5, Allen L4,6, Chang MW7, Wang JH8.

Abstract

Chinese American breast cancer survivors' adherence to recommended physical activity (PA) guidelines has been understudied. This study investigated their PA adherence by acculturation level (vs. non-Hispanic White (NHW) survivors). One hundred ninety five Chinese and 202 NHW breast cancer survivors (stage 0-III) responded to a cross-sectional survey including a self-reported PA questionnaire. PA adherence referred to meeting PA recommendations for cancer survivors. Acculturation among Chinese was defined by proxies of U.S. residency, English proficiency, and interview language. Logistic regression was performed to examine factors associated with PA adherence. More-acculturated Chinese survivors' PA adherence rate was 76%. Less-acculturated Chinese survivors' adherence rate (60%) was significantly lower than that of NHWs (80%) (OR 0.38, 95%CI 0.19, 0.75). Less-acculturated Chinese survivors were also less likely to engage in vigorous-intensity PA than NHWs ($p < 0.01$). Future research on less-acculturated Chinese survivors' motivation for PA to promote their adherence is needed.

Dietary Patterns among Asian Indians Living in the United States Have Distinct Metabolomic Profiles That Are Associated with Cardiometabolic Risk.

<https://www.ncbi.nlm.nih.gov/pubmed/29893901>

Bhupathiraju SN^{1,2}, Guasch-Ferré M^{1,2}, Gadgil MD³, Newgard CB⁴, Bain JR⁴, Muehlbauer MJ⁴, Ilkayeva OR⁴, Scholtens DM⁵, Hu FB^{1,2}, Kanaya AM³, Kandula NR⁶.

Abstract

BACKGROUND:

Recent studies, primarily in non-Hispanic whites, suggest that dietary patterns have distinct metabolomic signatures that may influence disease risk. However, evidence in South Asians, a group with unique dietary patterns and a high prevalence of cardiometabolic risk, is lacking.

OBJECTIVE:

We investigated the metabolomic profiles associated with 2 distinct dietary patterns among a sample of Asian Indians living in the United States. We also examined the cross-sectional associations between metabolomic profiles and cardiometabolic risk markers.

METHODS:

We used cross-sectional data from 145 Asian Indians, aged 45-79 y, in the Metabolic Syndrome and Atherosclerosis in South Asians Living in America (MASALA) pilot study. Metabolomic profiles were measured from fasting serum samples. Usual diet was assessed by using a validated food-frequency questionnaire. We used principal components analysis to derive dietary and metabolomic patterns. We used adjusted general linear regression models to examine associations between dietary patterns, individual food groups, metabolite patterns, and cardiometabolic risk markers.

RESULTS:

We observed 2 major principal components or metabolite clusters, the first comprised primarily of medium- to long-chain acylcarnitines (metabolite pattern 1) and the second characterized by branched-chain amino acids, aromatic amino acids, and short-chain acylcarnitines (metabolite pattern 2). A "Western/nonvegetarian" pattern was significantly and positively associated with metabolite pattern 2 (all participants: $\beta \pm SE = 0.180 \pm 0.090$, $P = 0.05$; participants without type 2 diabetes: $\beta \pm SE = 0.323 \pm 0.090$, $P = 0.0005$). In all participants, higher scores on metabolite pattern 2 were adversely associated with measures of glycemia (fasting insulin: $\beta \pm SE = 2.91 \pm 1.29$, $P = 0.03$; 2-h insulin: $\beta \pm SE = 22.1 \pm 10.3$, $P = 0.03$; homeostasis model assessment of insulin resistance: $\beta \pm SE = 0.94 \pm 0.42$, $P = 0.03$), total adiponectin ($\beta \pm SE = -1.46 \pm 0.47$, $P = 0.002$), lipids (total cholesterol: $\beta \pm SE = 7.51 \pm 3.45$, $P = 0.03$; triglycerides: $\beta \pm SE = 14.4 \pm 6.67$, $P = 0.03$), and a radiographic measure of hepatic fat (liver-to-spleen attenuation ratio: $\beta \pm SE = -0.83 \pm 0.42$, $P = 0.05$).

CONCLUSIONS:

Our findings suggest that a "Western/nonvegetarian" dietary pattern is associated with a metabolomic profile that is related to an adverse cardiometabolic profile in Asian Indians. Public health efforts to reduce cardiometabolic disease burden in this high-risk group should focus on consuming a healthy plant-based diet.

JAMA Intern Med. 2018 Apr 30. doi: 10.1001/jamainternmed.2018.1476. [Epub ahead of print]
Health Insurance for Asian Americans, Native Hawaiians, and Pacific Islanders Under the Affordable Care Act.

<https://www.ncbi.nlm.nih.gov/pubmed/29710340>

Park JJ1, Humble S2, Sommers BD1, Colditz GA2, Epstein AM1, Koh HK1,3.

Ann Nutr Metab. 2018 Mar 8;72(3):223-230. doi: 10.1159/000487272. [Epub ahead of print]

BMC Health Serv Res. 2018 May 16;18(1):370. doi: 10.1186/s12913-018-3180-0.

Racial/ethnic disparities among Asian Americans in inpatient acute myocardial infarction mortality in the United States.

<https://www.ncbi.nlm.nih.gov/pubmed/29769083>

Kim EJ1, Kressin NR2,3, Paasche-Orlow MK2, Lopez L4, Rosen JE5, Lin M2, Hanchate AD2,3.

Abstract

BACKGROUND:

Acute myocardial infarction (AMI) is a common high-risk disease with inpatient mortality of 5% nationally. But little is known about this outcome among Asian Americans (Asians), a fast growing racial/ethnic minority in the country. The objectives of the study are to obtain near-national estimates of differences in AMI inpatient mortality between minorities (including Asians) and non-Hispanic Whites and identify comorbidities and sociodemographic characteristics associated with these differences.

METHOD:

This is a retrospective analysis of 2010-2011 state inpatient discharge data from 10 states with the largest share of Asian population. We identified hospitalization with a primary diagnosis of AMI using the ICD-9 code and used self-reported race/ethnicity to identify White, Black, Hispanic, and Asian. We performed descriptive analysis of sociodemographic characteristics, medical comorbidities, type of AMI, and receipt of cardiac procedures. Next, we examined overall inpatient AMI mortality rate based on patients' race/ethnicity. We also examined the types of AMI and a receipt of invasive cardiac procedures by race/ethnicity. Lastly, we used sequential multivariate logistic regression models to study inpatient mortality for each minority group compared to Whites, adjusting for covariates.

RESULTS:

Over 70% of the national Asian population resides in the 10 states. There were 496,472 hospitalizations with a primary diagnosis of AMI; 75% of all cases were Whites, 10% were Blacks, 12% were Hispanics, and 3% were Asians. Asians had a higher prevalence of cardiac comorbidities, including hypertension, diabetes, and kidney failure compared to Whites (p -value < 0.01). There were 158,623 STEMI (ST-elevation AMI), and the proportion of hospitalizations for STEMI was the highest for Asians (35.2% for Asians, 32.7% for Whites, 25.3% for Blacks, and 32.1% for Hispanics). Asians had the highest rates of inpatient AMI mortality: 7.2% for Asians, 6.3% for Whites, 5.4% for Blacks, and 5.9% for Hispanics (ANOVA p -value < 0.01). In adjusted analyses, Asians (OR = 1.11 [95% CI: 1.04-1.19]) and Hispanics (OR = 1.14 [1.09-1.19]) had a higher likelihood of inpatient mortality compared to Whites.

CONCLUSIONS:

Asians had a higher risk-adjusted likelihood of inpatient AMI mortality compared to Whites. Further research is needed to identify the underlying reasons for this finding to improve AMI disparities for Asians.

Psychol Serv. 2018 Mar 8. doi: 10.1037/ser0000223. [Epub ahead of print]

Counseling dropout, retention, and ethnic/language match for Asian Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29517255>

Presley S1, Day SX1.

Abstract

As a heterogeneous population, Asian Americans are typically studied as homogenous, as opposed to making distinctions among nationalities and first languages. The current study examined whether ethnic/language match and mismatch among 150 Asian client/counselor pairs predicted successful completion of counseling and number of treatment sessions while controlling for counseling dropout and retention predictors such as socioeconomic status and acculturation. The participant data were obtained from a deidentified database of clients and counselors at a community mental health center for Asian Americans in the Southwest region of the United States. The main finding was that ethnic/language matching of Asian client and counselor pairs predicted successful completion of counseling and number of treatment sessions. The results of the study suggest that, when feasible, ethnic/language matching of Asian American clients and counselors may minimize patient dropout from counseling. Given that this matching is usually unfeasible, the authors suggest several strategies for improving the retention of Asian-American clients (as well as other clients from international backgrounds) in counseling.

Child Dev. 2018 Mar 7. doi: 10.1111/cdev.13055. [Epub ahead of print]

From Learning Beliefs to Achievement Among Chinese Immigrant and European American Preschool Children.

<https://www.ncbi.nlm.nih.gov/pubmed/29516467>

Li J1, Yamamoto Y1, Kinnane JM2, Shugarts BC3, Ho CKK1.

Abstract

Little research exists on how immigrant children develop their beliefs about school learning (BASLs) in their home and host cultures. We examined the BASLs and achievement children of Chinese immigrants' (CCI) and European American (EA) children. We followed longitudinally 120 middle-class children from age 4 to 5, balanced for gender. Children heard two story beginnings depicting a child eager to attend school and another not. Children completed the stories and were tested for math and literacy achievement. We found seven BASLs. CCIs and EAs showed similar BASLs. Awareness of parental involvement and intellectual benefit consistently explained their achievement, with CCIs showing greater achievement. CCIs' (but not EAs') valuation of learning explained their net academic growth. Implications on CCIs' development are discussed.

Am J Hosp Palliat Care. 2018 Jan 1:1049909118760310. doi: 10.1177/1049909118760310.
[Epub ahead of print]

Please Ask Gently: Using Culturally Targeted Communication Strategies to Initiate End-of-Life Care Discussions With Older Chinese Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29514489>

Chi HL1, Cataldo J1, Ho EY2, Rehm RS1.

Abstract

BACKGROUND: Health-care providers (HCPs) find facilitating end-of-life (EOL) care discussions challenging, especially with patients whose ethnicities differ from their own. Currently, there is little guidance on how to initiate and facilitate such discussions with older Chinese Americans (≥55 years) and their families.

OBJECTIVE: To explore communication strategies for HCPs to initiate EOL care discussions with older Chinese Americans in the San Francisco Bay Area.

DESIGN: This qualitative (focused) ethnographic study included field observations and individual semistructured interviews with 14 community-dwelling older Chinese Americans who lived independently at home, 9 adult children, and 7 HCPs. Responses were analyzed using open coding, memos, and comparison across participants.

RESULTS: The study participants emphasized the importance of assessing readiness for early EOL care discussions. All recommended using indirect communication approaches to determine older Chinese Americans' readiness. Indirect communication can be culturally targeted and applied at both system-wide (ie, health-care system) and individual (ie, HCP) levels. To institutionalize the practice, health-care facilities should implement EOL care discussion inquiries as part of routine during check-in or intake questionnaires. In individual practice, using depersonalized communication strategies to initiate the discussion was recommended to determine older Chinese Americans' readiness.

CONCLUSION: Assessing readiness should be an essential and necessary action for early EOL care discussions. Culturally targeted assessment of older Chinese Americans includes using indirect communication approaches to initiate an EOL care discussion to determine their readiness. In addition to health-care system integration, providers should implement and evaluate proposed EOL discussion initiation prompts with their older Chinese American patients.

Violence Against Women. 2018 Mar 1:1077801218757373. doi: 10.1177/1077801218757373.
[Epub ahead of print]

Constructions of Battered Asian Indian Marriage Migrants: The Narratives of Domestic Violence Advocates.

<https://www.ncbi.nlm.nih.gov/pubmed/29546818><https://www.ncbi.nlm.nih.gov/pubmed/29546818>

Kapur S1, Zajicek A2.

Abstract

How are the images of abused South Asian marriage migrants shaped by domestic violence advocates? We explore the social constructions of battered Asian Indian marriage migrants in the victim advocates' narratives. First, we find the narratives both reproduce and challenge the dominant stereotypes, utilizing some individualistic typifications while constructing these images with an understanding of the broader context of battered South Asian women's experiences. Second, depending on the issue (e.g., economic dependence or religion), the advocates paint either a multidimensional or a one-dimensional picture of their clients. We emphasize the need for further intersectional studies of the images of abused immigrants constructed by victim advocates.

Ethn Health. 2018 Mar 5:1-12. doi: 10.1080/13557858.2018.1447653. [Epub ahead of print]
Psychosocial predictors of mammography history among Chinese American women without a recent mammogram.

<https://www.ncbi.nlm.nih.gov/pubmed/29506393>

Miller BC1, Sarma EA1, Sun Y1, Messina CR1, Moyer A1.

Abstract

Chinese American women have lower rates of mammography screening compared with non-Hispanic White women. Although the extent of perceived barriers, as conceptualized by the Health Belief Model, have been shown to distinguish between currently non-adherent Chinese American women who have ever and never had a mammogram, it is less clear which types of perceived barriers differentiate them. One hundred twenty-eight Chinese American women in the New York metropolitan area who had not had a mammogram in the past year completed baseline assessments for a mammography framing intervention study. Demographics, medical access variables, and perceived barriers to mammography (lack of access, lack of need for screening, and modesty) were used to predict mammography history (ever versus never screened). Fifty-five women (43%) reported having been screened at least once. A sequential logistic regression showed that English speaking ability and having health insurance significantly predicted mammography history. However, these control variables became non-significant when the three barrier factors were included in the final model. Women who reported a greater lack of access (OR = 0.36, $p < .05$) and greater lack of need (OR = 0.27, $p < .01$) were less likely to be ever screeners. Unexpectedly, women who reported greater modesty were more likely to be ever screeners (OR = 4.78, $p < .001$). The results suggest that interventions for Chinese American women should identify and target specific perceived barriers with consideration of previous adherence.

J Couns Psychol. 2018 Mar;65(2):214-225. doi: 10.1037/cou0000249.

Racial-ethnic microaggressions, coping strategies, and mental health in Asian American and Latinx American college students: A mediation model.

<https://www.ncbi.nlm.nih.gov/pubmed/29543476>

Sanchez D1, Adams WN1, Arango SC1, Flannigan AE1.

Abstract

The current study examined the link between racial-ethnic microaggressions and psychological distress among 308 Asian American ($n = 164$) and Latinx American ($n = 144$) college students (54% female). Additionally, coping strategies (engagement and disengagement) were examined as potential mediators in this link. A confirmatory factor analysis (CFA) of the Racial-Ethnic Microaggressions Scale (REMS) was conducted to test the factor structure with an Asian American and Latinx American emerging adult population (Ages 18-26). A multigroup path analysis of the analytic model was then performed to examine the hypothesized relations between racial-ethnic microaggressions, coping strategies, and psychological distress among Asian American and Latinx American participants. Results of the CFA did not support the original 6-factor structure of the REMS in this sample. However, a 1-factor structure (i.e., total scale score) indicated good fit. Findings from the path analysis indicated that among the total sample, racial-ethnic microaggressions were directly linked to increased psychological distress. Furthermore, engagement coping strategies partially mediated this relationship and were linked to less psychological distress. (

J Abnorm Child Psychol. 2018 Mar 21. doi: 10.1007/s10802-018-0416-8. [Epub ahead of print]
Tobacco Smoking and Antisocial Deviance among Vietnamese, Vietnamese-American, and European-American Adolescents.

<https://www.ncbi.nlm.nih.gov/pubmed/29564575>

Weiss B1,2, Nguyen T3,4, Trung L4, Ngo V5, Lau A6.

Abstract

Tobacco smoking is one of the most significant modifiable behavioral health risk factors worldwide. Although smoking rates in some high-income countries (HIC) have declined, rates in many low-and-middle-income countries (LMIC) remain high. Adolescence is a key developmental risk period for smoking initiation. Research indicates that a major adolescent risk factor for tobacco smoking is antisocial deviance, which includes such behaviors as aggression, risk-taking, and rule-breaking. The linkages between antisocial deviance and smoking suggest that these behaviors and their underlying attitudes can be important targets for smoking prevention programs, but for public health efficiency it is important to target the components of antisocial deviance most closely linked smoking. However, although 80% of smokers live in LMIC, most relevant research has been conducted in HIC and its applicability to LMIC is unclear, given cultural differences between many HIC and LMIC. The purpose of the present study was to assess cross-cultural variations in relations among components of antisocial deviance and self-reported tobacco smoking among 2,724 10th and 11th grade Vietnamese, Vietnamese-American, and European-American students. Within the combined sample the relation between self-reported smoking and overall antisocial deviance was $\beta = 0.33$. However, the component of antisocial deviance most strongly related to smoking varied across groups, with Risk-taking most strongly related to smoking for Vietnamese-American ($\beta = 0.37$) and Vietnamese ($\beta = 0.36$) adolescents, and Rule-breaking Behavior most strongly related to smoking for European-American ($\beta = 0.51$) adolescents. These and other findings suggest the possible importance of culturally-tailored foci for smoking prevention programs emphasizing different aspects of antisocial deviance.

J Cancer Educ. 2018 Apr 14. doi: 10.1007/s13187-018-1361-5. [Epub ahead of print]

Evaluating the Training of Chinese-Speaking Community Health Workers to Implement a Small-Group Intervention Promoting Mammography.

<https://www.ncbi.nlm.nih.gov/pubmed/29654506>

Gu J1, Maxwell AE2, Ma GX3,4, Qian X1, Tan Y4, Hsieh HC1, Tu SP5, Wang JH6.

Abstract

This study evaluated the training of Chinese American Community Health Workers (CHWs) to implement a small-group mammography video and discussion program as part of a randomized controlled trial that had the goal to increase adherence to mammography screening guidelines among Chinese American women. A total of 26 Chinese American CHWs in the metropolitan Washington DC area, Southern California, and New York City participated in a 4-h training workshop and completed surveys before and after the workshop to assess their knowledge regarding mammography screening guidelines and human subjects protection rules. The results showed significantly increased knowledge of mammography screening guidelines and human subjects protection rules (both $p < 0.01$) after the training. CHWs were also trained to lead a discussion of the video, including screening benefits and misconceptions. Forty-three audio recordings of discussions led by 13 active CHWs were transcribed and qualitatively analyzed to assess implementation fidelity. Ten out of 13 active CHWs fully addressed about 3 of the 5 benefit items, and 11 out of 13 CHWs fully addressed more than 5 of the 9 misconception items. Chinese CHWs can be trained to implement research-based intervention programs. However, a one-time training resulted in moderate adherence to the discussion protocol. Ongoing or repeat trainings throughout the intervention period may be needed to enhance implementation fidelity.

J Racial Ethn Health Disparities. 2018 Mar 30. doi: 10.1007/s40615-018-0484-z. [Epub ahead of print]

Promoting Colorectal Cancer Screening in Foreign-Born Chinese-American Women: Does Racial/Ethnic and Language Concordance Matter?

<https://www.ncbi.nlm.nih.gov/pubmed/29603075>

Kim K1, Quinn M2, Lam H3.

Abstract

Chinese Americans are one of the fastest-growing and largest Asian-American subgroups. Approximately 70% of Chinese Americans are immigrants with 46% being of limited English proficiency. Despite colorectal cancer (CRC) being the second leading cause of cancer death in Chinese Americans, Chinese Americans have lower CRC screening rates than other Asian subgroups, and only 40% of CRC cases among Chinese Americans are diagnosed early. Furthermore, CRC is the second most common cancer among Chinese American women. Race/ethnicity concordant providers may possess culturally specific knowledge, skills, and experience that may facilitate better communication. Although using an interpreter can help to overcome language barriers between providers and patients, it may not achieve the same level of communication as a language concordant provider. The purpose of this study was to test a community education intervention, taking into account the racial/ethnic and language concordance of the presenter, to increase CRC screening uptake among foreign-born Chinese American women. This study used a quasi-experimental design and a convenience sample of 198 foreign-born Chinese-American women. Logistic regression was used to examine the effect of racial/ethnic and language concordance of the presenter on the return of completed FOBT kits for testing. The Chinese/English-speaking presenter had the highest return rate (73%), followed by the White/English-speaking presenter (61%), and the Chinese/Chinese-speaking presenter (48%), and the differences were statistically significant. Post-education intention to screen was also a significant predictor for returning the FOBT kit for testing. The use of an interpreter did not decrease the effectiveness of the educational intervention.

J Clin Neurosci. 2018 Mar 27. pii: S0967-5868(18)30259-5. doi: 10.1016/j.jocn.2018.03.016. [Epub ahead of print]

Asian American adult brain tumor patients treated in Los Angeles County.

<https://www.ncbi.nlm.nih.gov/pubmed/29602605>

Tsiang JTH1, Woo BKP2.

No abstract.

Am J Geriatr Psychiatry. 2018 Mar 16. pii: S1064-7481(18)30265-3. doi: 10.1016/j.jagp.2018.03.008. [Epub ahead of print]

Moving the Dementia-Related Stigma Dial among Chinese Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29627191>

Woo BKP1, Chung JOP1.

No abstract.

J Gerontol Nurs. 2018 Apr 1;44(4):3-4. doi: 10.3928/00989134-20180313-01.

Addressing Alzheimer's Disease in Asian American and Pacific Islander Older Adults: An Action Guide for Service Providers.

<https://www.ncbi.nlm.nih.gov/pubmed/29617031>

Eller N, Belza B.

No abstract.

Psychooncology. 2018 Mar 30. doi: 10.1002/pon.4719. [Epub ahead of print]
Socioeconomic Status and Quality of Life among Chinese American Breast Cancer Survivors: The Mediating Roles of Social Support and Social Constraints.
<https://www.ncbi.nlm.nih.gov/pubmed/29603490>

You J1, Wang C2, Yeung N3, Lu Q2.

Abstract

OBJECTIVE:

Literature has well noted ethnic/racial disparities in cancer survival and cancer care. However, socioeconomic disparities in psychosocial adjustment to breast cancer have garnered little attention. This study addresses the research gap by investigating the associations between socioeconomic indicators (i.e., education, annual personal and household income) and quality of life (QOL) and the mediating roles of social support and social constraints (objective and subjective conditions that constrain individuals from disclosing cancer concerns) in these associations among Chinese American breast cancer survivors (CABCS).

METHODS:

96 CABCS completed questionnaires assessing these variables.

RESULTS:

After controlling for stage of cancer, annual personal and household income had indirect effects on QOL through social support, and education showed indirect effect on QOL through social support and social constraints. Subscale analyses indicated that controlling for years of immigration, annual personal and household income showed indirect effect on functional well-being through social support. When controlling for stage of cancer and income, education showed indirect effects on physical well-being through social support and social constraints, and showed both direct and indirect effects on breast cancer concerns through social constraints.

CONCLUSION:

This study suggested that socioeconomic indicators, education and income could be associated with different aspects of QOL through unique interpersonal mechanisms among CABCS. Our findings implied that increasing social support and reducing social constraints when implementing psychosocial interventions for CABCS may help to address the SES-related health disparities.

Pers Soc Psychol Bull. 2018 Mar 1:146167218759288. doi: 10.1177/0146167218759288. [Epub ahead of print]

Theory of Prejudice and American Identity Threat Transfer for Latino and Asian Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29661054>

Sanchez DT1, Chaney KE1, Manuel SK1, Remedios JD2.

Abstract

Latinos and Asian Americans confront similar stereotypes as they are often presumed to be foreigners and subjected to American identity denial. Across six studies (total N = 992), we demonstrate that Latinos and Asians anticipate ingroup prejudice and specific types of subordination (e.g., American identity threat) in the face of outgroup threats that target one another (i.e., stigma transfer). The studies explore whether stigma transfer occurred primarily when shared Latino and Asian stereotype content was a salient component of the prejudice remark (e.g., foreigner stereotypes; Study 3), or when outgroup prejudice targeted a social group with shared stereotype content (Study 4), though neither appeared to substantively moderate stigma transfer. Minority group members who conceptualize prejudiced people as holding multiple biases (i.e., a monolithic prejudice theory) were more susceptible to stigma transfer suggesting that stereotype content is not necessary for stigma transfer because people assume that prejudice is not singular.

Asian J Psychiatr. 2018 Apr 9;34:78-83. doi: 10.1016/j.ajp.2018.04.019. [Epub ahead of print]
Racial disparity in mental disorder diagnosis and treatment between non-hispanic White and Asian American patients in a general hospital.

<https://www.ncbi.nlm.nih.gov/pubmed/29674132>

Wu C1, Chiang M1, Harrington A1, Kim S1, Ziedonis D1, Fan X2.

Abstract

PURPOSE:

The present study sought to examine the diagnosis and treatment of mental disorders comparing Asian American (AA) and non-Hispanic Whites (WNH) drawn from a population accessing a large general hospital for any reason. Socio-demographic predictors of diagnosis and treatment were also explored.

METHODS:

Data were obtained from de-identified medical records in the Partner Health Care System's Research Patient Data Registry.

RESULTS:

The final sample included 345,070 self-identified WNH and 16,418 self-identified AA's between January 1, 2009 and December 31, 2009. WNH patients were more likely than AA patients to carry a diagnosis of a mental disorder (18.1% vs. 8.6%, $p < 0.0001$) and were more likely to receive psychotropic medication treatment (15.0% vs 8.5%, $p < 0.0001$). Logistic regression analyses of the AA cohort identified several risk factors (i.e. language, religion, gender, age) predicting the diagnosis of a mental disorder or use of psychotropic medication.

CONCLUSIONS:

Our findings on the racial disparity in mental disorder diagnosis and treatment between AA and WNH patients suggest that mental disorders are under-recognized and mental health services are under-utilized in the AA community. There remains a need for health care providers to improve screening services and to gain a better understanding of the cultural barriers that hinder mental health care among AA patients.

Emotion. 2018 Apr 26. doi: 10.1037/emo0000415. [Epub ahead of print]

Cultural orientation moderates the association between desired affect and depressed mood among Chinese international students living in the United States.

<https://www.ncbi.nlm.nih.gov/pubmed/29697989>

Lin J1, Dmitrieva J1.

Abstract

Culture is thought to shape an individual's ideal/desired emotions, which may in turn regulate actual emotional experiences (Tsai, Knutson, & Fung, 2006). In particular, European Americans tend to favor high-arousal positive (HAP) affect, whereas East Asians favor low-arousal positive affect. This study examined whether cultural adaptation from the East Asian to Western culture is associated with similar differences in ideal and actual affect. We recruited 150 Chinese international students enrolled in a midsize university in the United States and investigated the role of acculturation to U.S. culture in participants' ideal and actual affect as well as associated differences in depressive symptoms. Results showed that acculturation was associated with higher ideal and actual HAP affect (but not lower low-arousal positive affect). Consistent with Mauss et al. (2012), higher ideal HAP affect was directly associated with higher depressive symptoms for all participants. However, among participants with higher orientation to the U.S. culture, higher ideal HAP also had an indirect protective association with depressed mood (i.e., higher ideal HAP affect was associated with higher actual HAP affect, which in turn was associated with lower depressed mood). (PsycINFO Database Record.

J Interpers Violence. 2018 Apr 1:886260518770186. doi: 10.1177/0886260518770186. [Epub ahead of print]

Asian American Women's Victimization History and In-The-Moment Responses to Partner Violence.

<https://www.ncbi.nlm.nih.gov/pubmed/29673304>

Nguyen HV¹, Schacht RL², Yang JP^{1,3}, George WH⁴, Pantalone DW^{5,6}.

Abstract: Between 20% and 50% of Asian American women report experiencing partner violence (PV). Furthermore, nearly half of PV victims experience their first assault between the age of 18 and 24 years, suggesting that Asian American college women may be particularly at risk of PV. Experiencing childhood abuse (CA) may impair women's capacity to perceive risk during a potential PV situation, increasing their risk for revictimization. The purpose of the current study was to examine differences among Asian American college women's (N = 324) in-the-moment behavioral intention, risk perception, and likelihood to stay in an abusive relationship during a progressively threatening PV scenario, based on victimization history and posttraumatic stress disorder (PTSD) symptoms. We tested three path models, each assessing the relations among CA, PV, PTSD, current and future risk perception, likelihood of staying in the relationship, and one of three behavioral intentions (soothe the perpetrator, escape, and escalation/resistance). As hypothesized, CA history positively predicted PV history and PTSD symptoms. Furthermore, CA and PV predicted more in-the-moment soothe behavioral intentions and fewer escape behavioral intentions which, in turn, predicted diminished current and future risk perception. CA and PV also predicted stronger escalation/resistance behavioral intentions, such that escalation/resistance intentions were associated with higher risk perception during a more violent part of the scenario but lower risk perception during a less violent part of the scenario. Finally, higher risk perception predicted lower likelihood of staying in the relationship. Findings indicate that victimization history is associated with increased risky behavioral intentions among Asian American college women and suggest that targeted interventions to improve assault-exposed Asian American women's awareness of risk cues may be warranted.

Ann Clin Psychiatry. 2018 May;30(2):133-139.

Exploring Asian American attitudes regarding mental health treatment in primary care: A qualitative study.

<https://www.ncbi.nlm.nih.gov/pubmed/29697714>

Hails K¹, Madu A, Kim DJH, Hahm HC, Cook B, Chen J, Chang T, Yeung A, Trinh NH.

Abstract

BACKGROUND: In this exploratory study, we examined attitudes regarding mental health treatment among 10 Asian American patients in an urban primary care setting to better understand contextual barriers to care.

METHODS: Ten semi-structured telephone interviews were conducted with Asian Americans recruited from primary care practices in an urban medical center.

RESULTS: The study's qualitative data suggest that focusing on specific cultural concerns is essential for increasing mental health access for Asian Americans. Although few participants initially expressed interest in a culturally focused mental health program themselves, when phrased as being part of their primary care practice, 8 expressed interest. Furthermore, most felt that the program could help family or friends. Many participants preferred to seek care initially from social systems and alternative and complementary medicine before seeking psychiatric care.

CONCLUSIONS: Because Asian Americans face notable barriers to seeking mental health treatment, addressing cultural concerns by providing culturally sensitive care could help make mental health treatment more acceptable, particularly among less acculturated individuals. To our knowledge, this is the first qualitative study exploring barriers to Asian Americans accessing integrated mental health services in primary care.

Nurs Res. 2018 May/ Jun;67(3):222-230. doi: 10.1097/NNR.0000000000000277.

Hmong Older Adults' Perceptions of Insider and Outsider Researchers: Does It Matter for Research Participation?

<https://www.ncbi.nlm.nih.gov/pubmed/29698328>

Lor M1, Bowers BJ.

Abstract

BACKGROUND:

Recruiting racial/ethnic minorities into health research is challenging. Although researchers affiliated with members of the study population (seen as insiders) may increase research participation of racial/ethnic minorities, little is known about who participants see as insiders and how they respond to insider versus outsider researchers.

OBJECTIVES:

The aim of the study was to examine perceptions of Hmong older adults toward insider versus outsider researchers and the influence of these perceptions on their willingness to participate in research.

METHODS:

Participants in a study evaluating use of a culturally and linguistically adapted audio computer-assisted self-interviewing system with helper assistance (ACASI-H) provided information about what they thought would encourage others in their community to participate in research. ACASI-H was used for collection of health data with 30 Hmong older adults. Participants rated the likelihood of participation if the researcher was Hmong and answered open-ended questions about participation when the researcher was not Hmong. Conventional content analysis was used to analyze open-ended questions.

RESULTS:

Sixteen (53%) participants reported that they would be "likely" to participate in the research if the researcher was Hmong. Fourteen (47%) participants reported that they would participate in research if the researcher was not Hmong. In addition to ethnic affiliation, trust in the researcher could shift the perception of the researcher toward insider status, thereby increasing willingness of Hmong adults to participate in research. Trust in the researcher and movement toward insider status could be increased by calling out a connection between the researcher and the participant or creating reciprocity.

DISCUSSION:

Findings suggest that increasing research participation of Hmong (and possibly other) participants, particularly when researchers do not share ethnic membership, can be achieved by building trust. This study also suggests a more nuanced perception of insider status, as a continuum, rather than a dichotomy, may be a more accurate reflection of the relationship between participants and researchers.

Int J Aging Hum Dev. 2018 Jan 1:91415018773499. doi: 10.1177/0091415018773499. [Epub ahead of print]

Elder Mistreatment Among Older Chinese Americans: The Role of Family Cohesion.
<https://www.ncbi.nlm.nih.gov/pubmed/29722277>

Gao X1, Sun F2, Marsiglia FF3, Dong X4.

Abstract

Cultural values are believed to influence perceptions of and solutions to elder mistreatment (EM) perpetrated by family members. This study aimed to understand the influence of family cohesion on EM reported by community-dwelling older Chinese Americans. A mixed-method approach consisting of a quantitative survey built on focus group interviews was utilized. Focus group interviews were conducted to ensure subsequent survey questions about EM were culturally and linguistically appropriate. The revised survey questionnaires were then administered to 266 Chinese American older adults to assess estimated EM prevalence and the effects of family cohesion. Survey findings indicate that 1 in 10 reported at least one occurrence of EM in the past year. Depressed Chinese older adults (OR= 1.14) and those reporting low levels of family cohesion (OR = .82) were more likely to experience EM. Multigenerational family interventions can be designed to reduce older adults' depression levels and promote family cohesion.

Suicide Life Threat Behav. 2018 May 3. doi: 10.1111/sltb.12467. [Epub ahead of print]

Perceived Discrimination and Suicide Ideation: Moderating Roles of Anxiety Symptoms and Ethnic Identity among Asian American, African American, and Hispanic Emerging Adults.

<https://www.ncbi.nlm.nih.gov/pubmed/29722055>

Cheref S1, Talavera D1, Walker RL1.

Abstract

Suicide is a leading cause of death for vulnerable ethnic minority emerging adults in the United States (Web-based injury statistics query and reporting system [WISQARS], 2015). Perceived discrimination (*Journal of Youth and Adolescence*, 40, 2011, 1465) and anxiety symptoms (*Asian American Journal of Psychology*, 1, 2010, 18) are two predictors that are theoretically and conceptually related, but have yet to be examined in a simultaneous model for suicide ideation. Existing theory and research suggest that these variables activate similar pathways (*American Behavioral Scientist*, 51, 2007, 551). This study sought to address this gap in the literature by examining the simultaneous relationship between perceived discrimination and anxiety symptoms as predictors of suicide ideation. The moderating effect of anxiety symptoms on the relationship between perceived discrimination and suicide ideation was examined in a multiethnic sample of emerging adults. Results indicated that anxiety symptoms moderated the perceived discrimination-suicide ideation relationship for Hispanic emerging adults, but not for their Asian American and African American counterparts. Furthermore, ethnic identity has been shown to mitigate suicide risk in the face of other stressors (*Cultural Diversity and Ethnic Minority Psychology*, 14, 2008, 75). Ethnic identity emerged as a protective factor for Hispanic emerging adults by further interacting with perceived discrimination and anxiety symptoms to negatively predict suicide ideation. The implications of these findings are discussed.

J Marriage Fam. 2018 Apr;80(2):555-568. doi: 10.1111/jomf.12447. Epub 2017 Oct 20.

Language Acculturation, Acculturation-Related Stress, and Marital Quality in Chinese American Couples.

<https://www.ncbi.nlm.nih.gov/pubmed/29713094>

Hou Y1, Neff LA1, Kim SY1.

Abstract

The current study examines the longitudinal indirect pathways linking language acculturation to marital quality. Three waves of data were collected from 416 Chinese American couples over eight years (*Wave 1* = 48 for husbands, 44 for wives). Actor-partner interdependence model analyses revealed that for both husbands and wives, lower levels of language acculturation were associated with higher levels of stress over being stereotyped as a perpetual foreigner. Individuals' foreigner stress, in turn, was directly related to greater levels of their own and their partners' marital warmth, suggesting that foreigner stress may have some positive relational effects. However, individuals' foreigner stress also was associated with increases in their own depressive symptoms, which predicted higher levels of marital hostility in the partner. Overall, these results underscore the complexity of how language acculturation and foreigner stress relate to marital quality and the importance of considering the interdependence of the marital system.

J Res Adolesc. 2018 Apr 30. doi: 10.1111/jora.12403. [Epub ahead of print]

Latent Profiles of Discrimination and Socialization Predicting Ethnic Identity and Well-Being Among Asian American Adolescents.

<https://www.ncbi.nlm.nih.gov/pubmed/29708624>

Kiang L1, Supple AJ2, Stein GL2.

Abstract

Ethnic identity is rooted in sociocultural processes, but little is known about how social interactions predict its longitudinal changes. Using data from 154 Asian American adolescents, latent profile analysis derived four typologies based on unfair treatment (i.e., discrimination, model minority stereotyping) and ethnic socialization (i.e., cultural socialization, preparation for bias, promotion of mistrust): Low Cultural Salience, High Cultural Salience with Marginalization, Culturally Prepared with Low Mistrust, and High Mistrust/Discrimination. Few gender or generational differences in profile membership were found. Positive outcomes were linked to adolescents attuned to both positive and negative experiences, Culturally Prepared with Low Mistrust, who reported increases in ethnic belonging and decreases in negative emotions. The implications for identity formation and adjustment are discussed.

Natl Vital Stat Rep. 2018 Apr;67(2):1-12.

Asian-American Mothers: Demographic Characteristics by Maternal Place of Birth and Asian Subgroup, 2016.

<https://www.ncbi.nlm.nih.gov/pubmed/29775433>

Driscoll AK.

Abstract

This report describes women of Asian descent who gave birth in the United States in 2016. The 2016 vital statistics natality file was used to compare demographic characteristics of non-Hispanic Asian mothers across six Asian subgroups-Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese-both overall and by whether they were U.S.-born or born outside the United States. In addition, non-Hispanic Asian mothers were compared with the overall U.S. population of mothers. Overall, 6.4% of U.S. births in 2016 were to non-Hispanic Asian women. Mothers of Asian origin were not uniformly distributed across states. Most non-Hispanic Asian mothers were born outside the United States. Asian-Indian women comprised the largest subgroup (29.1%) of non-Hispanic Asian women who gave birth, followed by Chinese women (24.6%). Regardless of their subgroup or whether they were born in or outside the United States, non-Hispanic Asian mothers were older than U.S. mothers overall and less likely to be teen mothers. They were also more likely to be married and less likely to have received food while pregnant from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Non-Hispanic Asian mothers were more educated than the U.S. population of mothers. Each of these characteristics-age, marital status, WIC receipt, and education-varied by Asian subgroup and whether the mother was born in or outside the United States. As a group, non-Hispanic Asian women who gave birth in the United States in 2016 differed from U.S. mothers as a whole in selected maternal characteristics. However, substantial differences were also observed among Asian subgroups and by whether the mother was born in or outside the United States. As a group, non-Hispanic Asian women who gave birth in the United States in 2016 differed from U.S. mothers as a whole in selected maternal characteristics. However, substantial differences were also observed among Asian subgroups and by whether the mother was born in or outside the United States.

J Immigr Minor Health. 2018 May 17. doi: 10.1007/s10903-018-0755-0. [Epub ahead of print]

<https://www.ncbi.nlm.nih.gov/pubmed/29774510>

Recruiting Filipino Immigrants in a Randomized Controlled Trial Promoting Enrollment in an Evidence-Based Parenting Intervention.

Javier JR1,2, Reyes A3, Coffey DM3,4, Schrager SM5,6, Samson A3, Palinkas L6, Kipke MD3,4, Miranda J7.

Abstract

Filipinos, the second largest Asian subgroup in the U.S., experience significant youth behavioral health disparities but remain under-represented in health research. We describe lessons learned from using the Matching Model of Recruitment to recruit 215 Filipinos to participate in a large, randomized controlled trial of a culturally tailored video aimed at increasing enrollment in the Incredible Years® Parent Program. We recruited participants from schools, churches, clinics, community events, and other community-based locations. Facilitators of participation included: partnership with local community groups, conducting research in familiar settings, building on existing social networks, and matching perspectives of community members and researchers. Findings suggest recruitment success occurs when there is a match between goals of Filipino parents, grandparents and the research community. Understanding the perspectives of ethnic minority communities and effectively communicating goals of research studies are critical to successful recruitment of hard-to-reach immigrant populations in randomized controlled trials.

J Psychosom Res. 2018 Jun;109:51-56. doi: 10.1016/j.jpsychores.2018.03.171. Epub 2018 Mar 29.

<https://www.ncbi.nlm.nih.gov/pubmed/29773152>

Is expressive suppression harmful for Chinese American breast cancer survivors?

Lu Q1, Tsai W2, Chu Q3, Xie J3.

Abstract

Emotion regulation strategies are important for cancer survivors' adjustment. Expressive suppression, defined as the active effort of inhibiting the expressive component of an emotional response, has been found to be a maladaptive emotion regulation strategy. These studies, however, have been limited to cross-sectional designs and primarily European American samples. Chinese culture encourages emotion suppression to preserve interpersonal harmony and therefore it may be important to test these emotion regulation processes with this population. This study aimed to examine the longitudinal effects of expressive suppression, ambivalence over emotional expression (i.e., inner conflict over emotional expression), and cognitive reappraisal on quality of life among Chinese American breast cancer survivors. 103 participants completed a questionnaire assessing expressive suppression, ambivalence over emotional expression, cognitive reappraisal, and quality of life at baseline and a questionnaire assessing quality of life eight weeks later. Consistent with our hypotheses, baseline ambivalence over emotional expression was associated with lower follow-up quality of life above and beyond the effect of expressive suppression. Furthermore, cognitive reappraisal moderated the relations between expressive suppression and follow-up quality of life, such that expressive suppression may be less detrimental for Chinese American breast cancer survivors who are able to regulate their emotions using cognitive reappraisal. Implications for informing interventions for Chinese American breast cancer survivors are discussed.

Cureus. 2018 Mar 10;10(3):e2303. doi: 10.7759/cureus.2303.

Correlations between Health Insurance Status and Risk Factors for Cardiovascular Disease in the Elderly Asian American Population.

<https://www.ncbi.nlm.nih.gov/pubmed/29755899>

Cheng J1, Ho WE1, Woo BK2, Tsiang JT3.

Abstract

Background Asian Americans are often seen as a model minority; however, the group faces significant cultural, language, and financial barriers to adequate health care access. Assessing health insurance's impact on cardiovascular disease risk factors among older Asian Americans may provide support for further research and intervention development focused on improving insurance enrollment. The authors sought to examine the associations between elevated blood pressure and body mass index and insurance coverage. **Methods** Individuals attended health fairs held by a student-led organization in Southern California between 2008 and 2011. Age and insurance status were obtained through participant questionnaires. Participants' blood pressure and body mass index were measured. Analyses identified health and insurance associations. **Results** In total, 53.8% of respondents were 60 years or older. Of these, 30.9% had an elevated blood pressure and 36.6% had an elevated body mass index. Of respondents 60 years or older, 52.0% had health insurance. Both elevated blood pressure ($p = 0.04$) and body mass index ($p = 0.03$) were significantly associated with lacking insurance. **Conclusions** Insured participants were less likely to have elevated blood pressure and body mass index measurements, supporting a positive correlation between having insurance and less risk factors for cardiovascular disease. These findings provide incentives for further research into the importance of health insurance in preventative health care.

Prev Chronic Dis. 2018 May 17;15:E59. doi: 10.5888/pcd15.170294.

Strategies to Increase Filipino American Participation in Cardiovascular Health Promotion: A Systematic Review.

<https://www.ncbi.nlm.nih.gov/pubmed/29786501>

Domingo JB1, Gavero G2, Braun KL3.

Abstract

INTRODUCTION:

Cultural tailoring of interventions can be effective in reducing health disparities by attracting underserved populations to health promotion programs and improving their outcomes. The purpose of this systematic review was to assess what is known about increasing access to and participation in cardiovascular disease (CVD) prevention and control programs among Filipino Americans.

METHODS:

PubMed MEDLINE, CINAHL, and Sociologic Abstracts were searched for peer-reviewed studies and dissertations conducted in the United States from 2004 through 2016.

RESULTS:

A total of 347 articles were identified through the search, and 9 articles reporting on 7 interventions focused on CVD prevention in a Filipino American sample were included. All but one intervention used evidence-based curricula, and implementation varied across sites. All but 2 interventions used word-of-mouth advertising from friends, family, and community leaders to increase participation. The Filipino cultural values of food, social relationships, and family were prevalent aspects across interventions tailored for Filipino Americans. Aspects of spirituality and the arts were integrated into only 3 studies.

CONCLUSION:

Given the burden of CVD in Filipino American populations, tailored interventions rooted in Filipino cultural values are vital to address this known health disparity.

Cultur Divers Ethnic Minor Psychol. 2018 May 24. doi: 10.1037/cdp0000189. [Epub ahead of print]

Risk and protective factors of intimate partner violence among South Asian immigrant women and perceived need for services.

<https://www.ncbi.nlm.nih.gov/pubmed/29792481>

Sabri B1, Simonet M1, Campbell JC1.

Abstract

OBJECTIVES: Limited research exists on multilevel influences of intimate partner violence (IPV) among immigrant groups in the United States, particularly South Asians. Using a socioecological framework, this study examined risk and protective factors of IPV among a diverse group of South Asian immigrant survivors of IPV and identified their perceived need for services.

METHOD: Sixteen South Asian immigrant survivors were recruited from New York; Maryland; Virginia; and Washington, DC, using a snowball sampling method. Participants were 1st-generation and 2nd-generation immigrants born in India (n = 4), Bangladesh (n = 4), Pakistan (n = 5), the United States (n = 2), and Sri Lanka (n = 1). Data were collected using in-depth interviews (n = 16) and a focus group (n = 1). A thematic analysis procedure was used to analyze the data and to identify themes across different ecological levels.

RESULTS: IPV was related to factors at multiple levels, such as cultural normalization of abuse, gender role expectations, need to protect family honor, arranged marriage system, abusive partner characteristics, and women's fear of losing children and being on own. Protective factors included supportive family and friends, religion, safety strategies, education, and empowerment. Women highlighted the need for community education and empowerment efforts and culturally responsive services for addressing IPV in South Asian communities.

CONCLUSIONS: South Asian survivors of IPV have experienced, and some continue to experience, abuse due to factors operating at multiple levels of the ecological framework. Consideration of culturally specific risk and protective factors for IPV at multiple contexts in women's lives could inform culturally responsive IPV prevention and intervention strategies for South Asian communities in the United States.

Clin J Oncol Nurs. 2018 Jun 1;22(3):E64-E70. doi: 10.1188/18.CJON.E64-E70.

HPV Literacy: The Role of English Proficiency in Korean American Immigrant Women.

<https://www.ncbi.nlm.nih.gov/pubmed/29781465>

Lee HY1, Choi YJ2, Yoon YJ3, Oh J2.

Abstract

BACKGROUND: Although Korean American women have one of the highest cervical cancer incidence and mortality rates among all Asian American and non-Hispanic White women, they are less likely to receive the human papillomavirus (HPV) vaccine to prevent cervical cancer.

OBJECTIVES: This study aimed to examine Korean American women's HPV literacy and factors related to HPV literacy to identify targeted intervention strategies.

METHODS: A quota sampling strategy was used to recruit 243 Korean American women aged 19-85 years in the Atlanta, Georgia, metropolitan area. Multiple linear regression analysis was conducted using Andersen's Behavioral Model of Health Services Use to examine factors associated with HPV literacy.

FINDINGS: HPV literacy of Korean American immigrant women was moderate, and knowledge about HPV detection items was particularly low. Age was the only predisposing factor that had a significantly negative association with HPV literacy, whereas education level and English proficiency had a significant positive relationship with HPV literacy. Health status as a need factor was significantly positively associated with HPV literacy.

Ethn Health. 2018 May 23;1-22. doi: 10.1080/13557858.2018.1478952. [Epub ahead of print]
Cancer/health communication and breast/cervical cancer screening among Asian Americans and five Asian ethnic groups.

<https://www.ncbi.nlm.nih.gov/pubmed/29792075>

Jun J1.

OBJECTIVES:

This paper is an examination of cancer/health communication factors (i.e. cancer/health information seeking, patient-provider communication (PPC), cancer screening information from providers) and screening for breast and cervical cancer among Asian Americans and five Asian ethnic groups (Chinese, Filipinos, Japanese, Koreans, Vietnamese) in comparison to Whites. Additionally, the relationship between cancer/health communication disparity and cancer screening gaps between Asian Americans and Whites was investigated.

DESIGN:

Data comes from a nationally representative sample of 2011-2014 Health Information National Trends Surveys (HINTS).

RESULTS:

Asian Americans and most Asian ethnic-groups reported significantly lower rates of cancer/health information seeking and lower evaluations for PPC as compared to Whites, though differences within Asian ethnic groups were observed (Koreans' greater cancer/health information seeking, Japanese' higher PPC evaluation). When the cancer/health communication factors were controlled, Asian Americans' odds of cancer screening were increased. Especially, Asian Americans' odds of adhering to the breast cancer screening guideline became nearly 1.4 times greater than Whites.

CONCLUSION:

This research demonstrates that health organizations, providers, and Asian American patients' collaborative efforts to increase the access to quality cancer information, to make culturally competent but straightforward screening recommendations, and to practice effective communication in medical encounters will contribute to diminishing cancer disparities among Asian Americans.

Clin Nurs Res. 2018 Jun 1;1054773818783467. doi: 10.1177/1054773818783467. [Epub ahead of print]

Relationships of Obesity-Related Behavior Patterns With Socioeconomic Status and Acculturation in Korean American Women.

<https://www.ncbi.nlm.nih.gov/pubmed/29932007>

Jang M1, Jeon S2, Nam S2, Song HJ3, Whittemore R2.

Abstract

There is limited understanding about the obesity-related behaviors of diet, physical activity, and sedentary behavior in Korean American women. The purpose of this study was to cluster obesity-related behavior patterns of Korean American women and to examine group differences in acculturation, socioeconomic status (SES), and body mass index (BMI). A secondary analysis from a cross-sectional study was conducted using two-step cluster analysis for clustering groups. A total of 137 Korean American women (M age = 42.7 years, SD = 3.9 years; MBMI = 23.1 kg/m², SD = 3.1 kg/m²; 47.7% BMI ≥ 23 kg/m²) participated. Three clusters were identified: healthy lifestyle, unhealthy lifestyle, and low physical activity but healthy diet group. The unhealthy lifestyle group was more likely to have high acculturation compared with other groups (p = .03). SES and BMI were not significantly different between groups. Further intervention is needed to improve obesity-related behaviors of acculturated Korean American women.

Ethn Health. 2018 May 29;1-17. doi: 10.1080/13557858.2018.1481495. [Epub ahead of print]
Racial/ethnic differences in correlates of psychological distress among five Asian-

American subgroups and non-Hispanic Whites.

<https://www.ncbi.nlm.nih.gov/pubmed/29843534>

Park H1, Choi E2, Wenzel JA3.

Abstract

OBJECTIVE:

Despite their vastly different historical backgrounds, unique languages and variable pre- and post-immigration experiences, Asian-Americans are considered to share stressors surrounding immigration, but there is a gap in describing manifestations of possible mental distress. Thus, the purpose of this study was to explore and compare differences in factors associated with psychological distress among Asian subgroups including Chinese, Filipino, Vietnamese, Korean, Japanese, and non-Hispanic Whites.

DESIGN:

Using a cross-sectional study design, California Health Interview Survey (CHIS) 2011/2012 data were analyzed. The sample consisted of 29,142 participants: 25,645 non-Hispanic Whites, 3497 non-Hispanic Asian-Americans, 1156 Chinese, 471 Filipinos, 864 Vietnamese, 704 Koreans, and 302 Japanese. Sociodemographic characteristics included gender, age group, marital status, education, poverty level, working status, health insurance, level of acculturation, social cohesion, neighborhood safety, and civic engagement. Physical health status included disability and chronic illness. Psychological distress was evaluated using the Kessler 6 (K6) scale.

RESULTS:

Results showed that psychological distress levels ranged between 1.96 and 4.52 ($p < .05$) out of 24 and associated factors were significantly different among the five Asian subgroups and non-Hispanic Whites.

CONCLUSIONS:

The current study highlights the differences in characteristics of psychological distress among Asian subgroups. It underscores the significance of understanding individualized cultural and historical background in each Asian subgroup and subsequently developing and applying appropriate interventions for those groups. In addition, different influencing factors should be applied to assess and prioritize the needs of Asian subgroups to improve psychological distress. The study also warrants further investigation and careful description of each Asian subgroups.

J Am Osteopath Assoc. 2018 Jun 1;118(6):e33-e40. doi: 10.7556/jaoa.2018.087.

Perceptions of and Attitudes Toward Diabetes Among Chinese Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29809261>

Lee H, Woo BKP.

Abstract

CONTEXT:

Type 2 diabetes mellitus is a global health issue among Asians, with rising prevalence and increasing disparities in proper disease management. However, studies on the perceptions of and attitudes toward diabetes, conducted to improve diabetes disparities, are disproportionately limited in Asian populations compared with other minority populations in the United States.

OBJECTIVE:

To determine Chinese Americans' perceptions of and attitudes toward diabetes.

METHODS:

Chinese Americans from the greater Los Angeles, California, area were asked to complete a survey. The survey was a self-administered 15-item true/false questionnaire to assess the respondents' perceptions of and attitudes toward diabetes. The results of the questionnaire were grouped by age: younger adults (aged <55 years) and older adults (aged ≥55 years). A subset of respondents in each age group was matched based on gender and education, and their responses were analyzed for differences in attitudes toward diabetes. Two-tailed t test and χ^2 test were used to compare continuous variables and categorical variables, respectively. Results with $P < .05$ were considered significant.

RESULTS:

A total of 449 of 485 Chinese Americans (93%) completed the survey. Among matched respondents ($n=91$ in each age group), more older respondents than younger respondents believed that (1) research on diabetes is solely beneficial for profiting pharmaceutical companies (23.1% vs 6.6%; $P=.002$) and (2) health insurance policies should not cover any costs of diabetes-related illnesses (28.6% vs 15.4%; $P=.032$).

CONCLUSIONS:

Older Chinese Americans were more likely to hold stigmatized negative perceptions of and attitudes toward diabetes in relation to pharmaceutical companies and health insurance policies. Considering that an individual's belief system largely influences self-care behaviors, actions should be taken to minimize negative perceptions of and attitudes toward diabetes.

Diabetes Metab J. 2018 Apr 25. [Epub ahead of print]

Predictors of Incident Type 2 Diabetes Mellitus in Japanese Americans with Normal Fasting Glucose Level.

<https://www.ncbi.nlm.nih.gov/pubmed/29885113>

Hwang YC¹, Fujimoto WY², Kahn SE^{2,3}, Leonetti DL⁴, Boyko EJ⁵.

Abstract

BACKGROUND:

Little is known about the natural course of normal fasting glucose (NFG) in Asians and the risk factors for future diabetes.

METHODS:

A total of 370 Japanese Americans (163 men, 207 women) with NFG levels and no history of diabetes, aged 34 to 75 years, were enrolled. Oral glucose tolerance tests were performed at baseline, 2.5, 5, and 10 years after enrollment.

RESULTS:

During 10 years of follow-up, 16.1% of participants met criteria for diabetes diagnosis, and 39.6% of subjects still had NFG levels at the time of diabetes diagnosis. During 5 years of follow-up, age (odds ratio [OR], 1.05; 95% confidence interval [CI], 1.01 to 1.10; P=0.026) and family history of diabetes (OR, 3.24; 95% CI, 1.42 to 7.40; P=0.005) were independently associated with future diabetes diagnosis; however, fasting glucose level was not an independent predictor. During 10 years of follow-up, family history of diabetes (OR, 2.76; 95% CI, 1.37 to 5.54; P=0.004), fasting insulin level (OR, 1.01; 95% CI, 1.00 to 1.02; P=0.037), and fasting glucose level (OR, 3.69; 95% CI, 1.13 to 12.01; P=0.030) were associated with diabetes diagnosis independent of conventional risk factors for diabetes.

CONCLUSION:

A substantial number of subjects with NFG at baseline still remained in the NFG range at the time of diabetes diagnosis. A family history of diabetes and fasting insulin and glucose levels were associated with diabetes diagnosis during 10 years of follow-up; however, fasting glucose level was not associated with diabetes risk within the relatively short-term follow-up period of 5 years in subjects with NFG.

J Youth Adolesc. 2018 Jun 7. doi: 10.1007/s10964-018-0862-1. [Epub ahead of print]

Explicating Acculturation Strategies among Asian American Youth: Subtypes and Correlates across Filipino and Korean Americans.

<https://www.ncbi.nlm.nih.gov/pubmed/29881910>

Choi Y1, Park M2, Lee JP2, Yasui M2, Kim TY3.

Abstract

Acculturation strategy, a varying combination of heritage and mainstream cultural orientations and one of the significant determinants of youth development, has been understudied with Asian American youth and particularly at a subgroup-specific level. This study used person-oriented latent profile analysis (LPA) to identify acculturation strategy subtypes among Filipino American and Korean American adolescents living in the Midwest. Associations between the subtypes and numerous correlates including demographics, family process and youth outcomes were also examined. Using large scale survey data (N = 1580; 379 Filipino American youth and 377 parents, and 410 Korean American youth and 414 parents; M AGE of youth = 15.01), the study found three acculturation subtypes for Filipino American youth: High Assimilation with Ethnic Identity, Integrated Bicultural with Strongest Ethnic Identity, and Modest Bicultural with Strong Ethnic Identity; and three acculturation subtypes for Korean American youth: Separation, Integrated Bicultural, and Modest Bicultural with Strong Ethnic Identity. Both Filipino American and Korean American youth exhibited immersion in the host culture while retaining a strong heritage identity. Although bicultural strategies appear most favorable, the results varied by gender and ethnicity, e.g., integrated bicultural Filipino Americans, comprised of more girls, might do well at school but were at risk of poor mental health. Korean American separation, comprised of more boys, demonstrated a small but significant risk in family process and substance use behaviors that merits in-depth examination. The findings deepen the understanding of heterogeneous acculturation strategies among Asian American youth and provide implications for future research.

Work. 2018 Jun 5. doi: 10.3233/WOR-182729. [Epub ahead of print]

An exploration of Asian Americans in the state vocational rehabilitation system by disability type.

<https://www.ncbi.nlm.nih.gov/pubmed/29889093>

Chun J1, Pi S1, Lee EJ2, Park J3.

Abstract

BACKGROUND:

The limited amount of information available on Asian Americans with different types of disability in vocational rehabilitation (VR) system has been a major obstacle to developing appropriate policies and practices.

OBJECTIVE:

Using the Rehabilitation Service Administration data (RSA-911), this study investigated the associations between demographic characteristics, VR service patterns, and employment outcomes of Asian Americans. Whether the relationships differed by type of disabilities (i.e., sensory/communicative, physical, cognitive, and psychiatric disabilities) among Asian Americans was also examined.

METHODS:

A series of chi-squared tests, one-way analysis of variance (ANOVA), and logistic regression were conducted to examine the associations and differences among demographic characteristics, service patterns, and employment outcomes across four major disability groups.

RESULTS:

Each disability group showed different service patterns that indicate unique consumer needs, individualized services and supports to be delivered in a culturally sensitive manner. Along with the demographic profiles of Asian Americans, factors significantly associated with competitive employment in each group were identified.

CONCLUSIONS:

This explorative study's finding implies VR practitioners' need to understand individual needs by disability type as well as characteristics of Asian culture, and need to develop and implement effective strategies and services to assist this population.

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Factors affecting trust in healthcare among middle-aged to older Korean American women.

<https://www.ncbi.nlm.nih.gov/pubmed/29929508>

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Abstract

BACKGROUND:

Predictors of trust in healthcare providers and the healthcare system have never been studied in Korean Americans (KA) despite the fact that trust plays an important role in health behaviors. The purpose of this study is to examine factors influencing trust in the healthcare system and providers among KA women.

METHODS:

Data were collected in 196 KA women examining the effects of perceived discrimination and trust on breast cancer screening in the Chicago metropolitan area. Path analysis was used to identify factors influencing trust in the healthcare system and providers.

RESULTS:

Acculturation was positively related to trust in healthcare providers ($\beta = .15$, $p = .002$), and discrimination in the healthcare system was inversely related to trust in healthcare providers ($\beta = -.60$, $p < .001$). Length of stay in the US was inversely related to distrust in the healthcare system ($\beta = -.14$, $p < .001$), and discrimination in healthcare was positively related to distrust in the healthcare system ($\beta = .60$, $p < .001$). Trust in healthcare providers and distrust in the healthcare system were moderately correlated ($r = .51$, $p < .001$).

CONCLUSION:

Higher levels of acculturation and lower levels of perceived discrimination were identified as predictors of higher levels of trust in healthcare providers. A shorter stay in the US and higher levels of discrimination were identified as predictors of higher levels of distrust in the healthcare system. Perceived discrimination is a target for interventions to enhance trust in the healthcare system, and therefore reduce healthcare disparities in KAs.

