



ARCH Newsletter
September-December 2015

Abstract Highlights

- Paradies et al. publish a systematic review and meta-analysis on racism as a determinant of health. The association between racism and negative mental health was significantly stronger for Asian American and Latino American participants compared with African American participants.
- In a prospective cohort of 59,552 Chinese adults in the Singapore Chinese Health Study, higher levels of physical activity are associated with lower risk of end-stage kidney disease.
- Kandula and colleagues report on a culturally-salient, community-based lifestyle intervention for medically underserved South Asian immigrants that was more effective at addressing cardiovascular disease risk factors than print health education materials.
- In an analysis of Surveillance, Epidemiology, and End Results (SEER) data, 12% of Asians/Pacific Islanders were diagnosed with colorectal cancer at age <50 years compared to only 6.7% in non-Hispanic Whites.
- Pinheiro et al. examined the impact of follow-up type and missed deaths on population-based cancer survival studies for Hispanics and Asians. Authors conclude that cancer survival studies involving Hispanics and Asians should be interpreted with caution because the current available data overtly inflates survival in these populations.
- Tanjasiri and co-authors report on "CBPR-Informed Recruitment and Retention Adaptations in a Randomized Study of Pap Testing Among Pacific Islanders in Southern California" in *Progress in Community Health Partnerships: Research, Education, and Action*.
- Natesan et al. report on a randomized controlled trial of South Asian women with type 2 diabetes in a culturally relevant exercise intervention involving Bollywood dance with a decrease in hemoglobin A1c from baseline compared to usual care.
- Lee et al. discuss factors associated with hepatitis C knowledge before and after an education intervention among Vietnamese Americans in Pennsylvania and New Jersey.
- Examining data from the Surveillance, Epidemiology, and End Results registry, Asian-American women, except those of Japanese or Korean origin, had better overall survival than white women but were 3.3 years older than white women at diagnosis.
- In a cross-sectional, mixed-methods study in California, Burmese, English, Hindi, Mandarin, Tagalog, Spanish, and Vietnamese patients report that high-quality end-of-life care is important to them; but unfortunately, a majority state that they have encountered barriers to receiving such care.
- Duration of US residence is associated with overweight risk in Filipino immigrants in the New York metro area.



- Using a CBPR approach, Le et al. report on the unmet needs of Asian American and Pacific Islander Cancer Survivors.
- Using data from the Asian American Women's Sexual Health Initiative Project, 43% of women reported that they either suffered from current moderate to severe depression symptoms or a lifetime history of suicidal ideation or suicide attempt but the proportion of mental health care utilization was extremely low due to Asian family contributions to mental health stigma, Asian community contributions to mental health stigma, and a mismatch between cultural needs and available services.
- Han et al. report on the correlates of physical activity among Korean Americans at risk for diabetes living in New York City.
- The Action to Improve Self-esteem and Health through Asset building (ASHA) program designed for and by South Asian women immigrants was effective in improving depression and increasing financial independence.
- Kim and co-authors report on the differential role of social connectedness in geriatric depression among Vietnamese, Laotian and Cambodian older adults.
- In an observational, retrospective study designed to assess differences in patient-reported wait time, wait-time satisfaction, and actual EHR-recorded wait time, Asians perceive longer wait time and were less satisfied with wait times.
- Jin et al. report on cancer incidence among Asian American populations from 2009-2011 using data from the Surveillance, Epidemiology, and End Results and National Program of Cancer Registries.
- In a dissemination and implementation study, Cummins et al. discuss a three state (California, Colorado and Hawaii) Asian-Language tobacco quitline program in the American Journal of Public Health.



[Am J Public Health](#). 2015 Oct;105(10):2083-9. doi: 10.2105/AJPH.2015.302713. Epub 2015 Aug 13.

<http://www.ncbi.nlm.nih.gov/pubmed/26270306>

Effectiveness of Lay Health Worker Outreach in Reducing Disparities in Colorectal Cancer Screening in Vietnamese Americans.

[Nguyen BH](#)¹, [Stewart SL](#)¹, [Nguyen TT](#)¹, [Bui-Tong N](#)¹, [McPhee SJ](#)¹.

OBJECTIVES:

We conducted a cluster randomized controlled study of a lay health worker (LHW) intervention to increase colorectal cancer (CRC) screening rates among Vietnamese Americans, who typically have lower rates than do non-Hispanic Whites.

METHODS:

We randomized 64 LHWs to 2 arms. Each LHW recruited 10 male or female participants who had never had CRC screening (fecal occult blood test, sigmoidoscopy, or colonoscopy). Intervention LHWs led 2 educational sessions on CRC screening. Control LHWs led 2 sessions on healthy eating and physical activity. The main outcome was self-reported receipt of any CRC screening at 6 months after the intervention. We conducted the study from 2008 to 2013 in Santa Clara County, California.

RESULTS:

A greater proportion of intervention participants (56%) than control participants (19%) reported receiving CRC screening ($P < .001$). When controlling for demographic characteristics, the intervention odds ratio was 5.45 (95% confidence interval = 3.02, 9.82). There was no difference in intervention effect by participant gender.

CONCLUSIONS:

LHW outreach was effective in increasing CRC screening in Vietnamese Americans. Randomized controlled trials are needed to test the effectiveness of LHW outreach for other populations and other health outcomes.

[Cancer Epidemiol Biomarkers Prev](#). 2015 Sep;24(9):1341-9. doi: 10.1158/1055-9965.EPI-14-1396. Epub 2015 Jun 23.

Cluster-Randomized Trial to Increase Hepatitis B Testing among Koreans in Los Angeles.

[Bastani R](#)¹, [Glenn BA](#)², [Maxwell AE](#)², [Jo AM](#)³, [Herrmann AK](#)², [Crespi CM](#)², [Wong WK](#)², [Chang LC](#)², [Stewart SL](#)⁴, [Nguyen TT](#)⁵, [Chen MS Jr](#)⁶, [Taylor VM](#)⁷.

<http://www.ncbi.nlm.nih.gov/pubmed/26104909>

Abstract

BACKGROUND:

In the United States, Korean immigrants experience a disproportionately high burden of chronic hepatitis B (HBV) viral infection and associated liver cancer compared with the general population. However, despite clear clinical guidelines, HBV serologic testing among Koreans remains persistently suboptimal.

METHODS:

We conducted a cluster-randomized trial to evaluate a church-based small group intervention to improve HBV testing among Koreans in Los Angeles. Fifty-two Korean churches, stratified by size (small, medium, large) and location (Koreatown versus other), were randomized to intervention or control conditions. Intervention church participants attended a single-session small-group discussion on liver cancer and HBV testing, and control church participants attended a similar session on physical activity and nutrition. Outcome data consisted of self-reported HBV testing obtained via 6-month telephone follow-up interviews.

RESULTS:



We recruited 1,123 individuals, 18 to 64 years of age, across the 52 churches. Ninety-two percent of the sample attended the assigned intervention session and 86% completed the 6-month follow-up. Sample characteristics included were as follows: mean age 46 years, 65% female, 97% born in Korea, 69% completed some college, and 43% insured. In an intent-to-treat analysis, the intervention produced a statistically significant effect (OR = 4.9, $P < 0.001$), with 19% of intervention and 6% of control group participants reporting a HBV test.

CONCLUSION:

Our intervention was successful in achieving a large and robust effect in a population at high risk of HBV infection and sequelae.

IMPACT:

The intervention was fairly resource efficient and thus has high potential for replication in other high-risk Asian groups.

[J Altern Complement Med.](#) 2015 Oct 27. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26505257>

Improving Patient-Centered Care: A Cross-Sectional Survey of Prior Use and Interest in Complementary and Integrative Health Approaches Among Hospitalized Oncology Patients.

[Liu R](#)¹, [Chang A](#)², [Reddy S](#)^{1,3}, [Hecht FM](#)¹, [Chao MT](#)^{1,4}.

OBJECTIVES:

To describe cancer inpatients' prior-year use of complementary and integrative health (CIH) therapies and interest in receiving CIH therapies while in the hospital.

DESIGN:

Observational, cross-sectional survey of prior-year use of 12 different CIH approaches and interest in receiving any of 7 CIH services in the hospital.

SETTING:

Surgical oncology ward of an academic medical center.

PARTICIPANTS:

166 hospitalized oncology patients, with an average age of 54 years.

RESULTS:

The most commonly used CIH approach was vitamins/nutritional supplements (67%), followed by use of a special diet (42%) and manual therapies (39%). More than 40% of patients expressed interest in each of the therapies if it was offered during their hospital stay, and 95% of patients were interested in at least one. More than 75% expressed interest in nutritional counseling and in massage. CIH use and interest varied somewhat by demographic and clinical characteristics.

CONCLUSION:

Rates of CIH use among patients with cancer were high, as were their preferences to have these services available in the inpatient setting. Hospitals have the opportunity to provide patient-centered care by developing capacity to provide inpatient CIH services.



[Prev Chronic Dis](#). 2015 Jun 25;12:E99. doi: 10.5888/pcd12.140584.

<http://www.ncbi.nlm.nih.gov/pubmed/26111159>

A National Asian-Language Smokers' Quitline--United States, 2012-2014.

[Kuiper N](#)¹, [Zhang L](#)², [Lee J](#)³, [Babb SD](#)², [Anderson CM](#)⁴, [Shannon C](#)², [Welton M](#)², [Lew R](#)⁵, [Zhu SH](#)⁴.

INTRODUCTION:

Until recently, in-language telephone quitline services for smokers who speak Asian languages were available only in California. In 2012, the Centers for Disease Control and Prevention (CDC) funded the national Asian Smokers' Quitline (ASQ) to expand this service to all states. The objective of this study was to examine characteristics of ASQ callers, how they heard about the quitline, and their use of the service.

METHODS:

Characteristics of callers from August 2012 through July 2014 were examined by using descriptive statistics. We examined demographics, cigarette smoking status, time to first cigarette, how callers heard about the quitline, and service use (receipt of counseling and medication) by using ASQ intake and administrative data. We analyzed these data by language and state.

RESULTS:

In 2 years, 5,771 callers from 48 states completed intake; 31% were Chinese (Cantonese or Mandarin), 38% were Korean, and 31% were Vietnamese. More than 95% of all callers who used tobacco were current daily cigarette smokers at intake. About 87% of ASQ callers were male, 57% were aged 45 to 64 years, 48% were uninsured, and educational attainment varied. Most callers (54%) were referred by newspapers or magazines. Nearly all eligible callers (99%) received nicotine patches. About 85% of smokers enrolled in counseling; counseled smokers completed an average of 4 sessions.

CONCLUSION:

ASQ reached Chinese, Korean, and Vietnamese speakers nationwide. Callers were referred by the promotional avenues employed by ASQ, and most received services (medication, counseling, or both). State quitlines and local organizations should consider transferring callers and promoting ASQ to increase access to cessation services.



Hepatology. 2015 Nov;62(5):1364-74. doi: 10.1002/hep.28110. Epub 2015 Sep 29.

<http://www.ncbi.nlm.nih.gov/pubmed/26390278>

Diabetes and prediabetes in patients with hepatitis B residing in North America.

Khalili M¹, Lombardero M², Chung RT³, Terrault NA¹, Ghany MG⁴, Kim WR⁵, Lau D⁶, Lisker-Melman M⁷, Sanyal A⁸, Lok AS⁹; HBRN.

Diabetes is associated with liver disease progression and increased hepatocellular carcinoma risk, but factors associated with diabetes in patients with chronic hepatitis B virus (HBV) infection in North America are unknown. We aimed to determine factors predictive of diabetes and impaired fasting glucose (IFG) in a large HBV-infected multiethnic cohort. Adults with chronic HBV not receiving antiviral therapy were enrolled from 21 centers in North America. Diabetes was defined by history/medication use or fasting glucose ≥ 126 mg/dL and IFG as fasting glucose 100-125 mg/dL. Of 882 patients included, 47.2% were female, 71.3% Asian, 83.7% foreign born, median age was 44 years, and median body mass index BMI 24.3 kg/m². In this cohort, 26.0% were hepatitis B envelope antigen (HBeAg) positive, 43.9% had HBV DNA $\geq 20,000$ IU/mL, and 26.7% alanine aminotransferase (ALT) $\geq 2\times$ upper limit of normal (≥ 40 U/L women, ≥ 60 U/L men). Overall, 12.5% had diabetes and 7.8% IFG. The combined prevalence of diabetes or IFG was highest among blacks (36.7%) and those either born in the United States/Canada or foreign born with migration >20 years ago (25.5%). Obesity (odds ratio [OR]: 2.13), hyperlipidemia (OR, 4.13), hypertension (OR, 3.67), high ALT level (OR, 1.86), and family history of diabetes (OR, 3.43) were associated with diabetes. Factors associated with IFG were obesity (OR, 4.13) and hypertension (OR, 3.27), but also HBeAg positivity (OR, 0.39). Recent migration was negatively associated with diabetes among non-Asians (OR, 0.30).

CONCLUSIONS:

Diabetes is more prevalent in HBV-infected North American adults than the general population and is associated with known metabolic risk factors and liver damage, as determined by ALT levels. Among the foreign born, longer duration of North America residence predicted diabetes risk in non-Asians. These results highlight the opportunities for interventions to prevent diabetes especially among at-risk ethnic groups with HBV.



Cancer. 2015 Jul 15;121(14):2314-30. doi: 10.1002/cncr.29345. Epub 2015 Apr 6.

<http://www.ncbi.nlm.nih.gov/pubmed/25847484>

The impact of neighborhood social and built environment factors across the cancer continuum: Current research, methodological considerations, and future directions.

Gomez SL^{1,2}, Shariff-Marco S^{1,2}, DeRouen M¹, Keegan TH^{1,2}, Yen IH³, Mujahid M⁴, Satariano WA⁴, Glaser SL^{1,2}.

Neighborhood social and built environments have been recognized as important contexts in which health is shaped. The authors reviewed the extent to which these neighborhood factors have been addressed in population-level cancer research by scanning the literature for research focused on specific social and/or built environment characteristics and their association with outcomes across the cancer continuum, including incidence, diagnosis, treatment, survivorship, and survival. The commonalities and differences in methodologies across studies, the current challenges in research methodology, and future directions in this research also were addressed. The assessment of social and built environment factors in relation to cancer is a relatively new field, with 82% of the 34 reviewed articles published since 2010. Across the wide range of social and built environment exposures and cancer outcomes considered by the studies, numerous associations were reported. However, the directions and magnitudes of associations varied, in large part because of the variation in cancer sites and outcomes studied, but also likely because of differences in study populations, geographic regions, and, importantly, choice of neighborhood measures and geographic scales. The authors recommend that future studies consider the life-course implications of cancer incidence and survival, integrate secondary and self-report data, consider work neighborhood environments, and further develop analytical and statistical approaches appropriate to the geospatial and multilevel nature of the data. Incorporating social and built environment factors into research on cancer etiology and outcomes can provide insights into disease processes, identify vulnerable populations, and generate results with translational impact of relevance for interventionists and policy makers.



Contemp Clin Trials. 2015 Nov;45(Pt B):443-8. doi: 10.1016/j.cct.2015.09.023. Epub 2015 Oct 3.

<http://www.ncbi.nlm.nih.gov/pubmed/26435199>

Knowledge and attitudes regarding clinical trials and willingness to participate among prostate cancer patients.

Kaplan CP¹, Nápoles AM², Narine S³, Gregorich S⁴, Livaudais-Toman J⁴, Nguyen T², Leykin Y⁵, Roach M⁶, Small EJ⁷.

BACKGROUND:

Enrollment of minorities in clinical trials remains low. Through a California population-based study of men with early stage prostate cancer, we examined the relationships between race/ethnicity and 1) attitudes, 2) knowledge and 3) willingness to participate in clinical trials.

METHODS:

From November 2011-November 2012, we identified all incident cases of prostate cancer in African American, Latino, and Asian American men ages 18-75years, and a random sample of white men diagnosed in 2008, through the California Cancer Registry, living within 60 miles of a site offering ≥ 1 clinical trial. Participants completed a 30-min telephone interview in English, Spanish, or Chinese. In this cross-sectional population-based study, multivariable logistic regression was used to estimate associations between race/ethnicity and 1) attitudes, 2) knowledge and 3) willingness to participate.

RESULTS:

Of 855 participants, 52% were ≥ 65 years, 42% were white, 24% Latino, 19% African American and 15% Asian American. The majority (81%) had medium-to-high health literacy. Compared to non-Latino white men, African American men were less likely to have above average knowledge of clinical trials (OR=0.55; CI=0.35-0.86), as were Asian American (OR=0.55; CI=0.33-0.93) and Latino men (OR=0.30; CI=0.18-0.48). There were no racial/ethnic differences in willingness to participate. The attitude that "researchers are the main beneficiaries" was negatively associated with willingness (OR=0.63; CI=0.43-0.93); the attitude that "patients are the main beneficiaries" was positively associated with willingness to participate (OR=1.57; CI=1.07-2.29).

CONCLUSIONS:

Men with early stage prostate cancer are willing to take part in clinical trials and this willingness does not vary by race/ethnicity.



[J Phys Act Health](#). 2015 Oct 28. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26529292>

Neighborhood Walkability and Walking for Transport among South Asians in the MASALA Study.

[Kelley EA](#)¹, [Kandula NR](#), [Kanaya AM](#), [Yen IH](#).

BACKGROUND:

The neighborhood built environment can have a strong influence on physical activity levels, particularly walking for transport. In examining racial/ethnic differences in physical activity, one important and understudied group is South Asians. This study aims to describe the association between neighborhood walkability and walking for transport among South Asian men and women in the United States in the Mediators of Atherosclerosis in South Asians Living in America (MASALA) Study.

METHODS:

A cross-sectional study was conducted in 2014 using the baseline dataset of the MASALA study (N=906). Mean age was 55 years old and 54% of the sample was male. Weekly minutes spent walking for transport was assessed using a questionnaire adapted from the Cross-Cultural Activity Participation Study. Neighborhood walkability was measured using Walk Score, a composite index of walkability.

RESULTS:

After adjusting for covariates, with each 10-point increase in Walk Score, South Asian American men engaged in 13 additional minutes per week of walking for transport ($p=0.008$). No association was observed between walkability and walking for transport in South Asian American women.

CONCLUSIONS:

Results provide new evidence for how the effects of environmental influences on walking for transport may vary between South Asian men and women.



[J Immigr Minor Health](#). 2015 Nov 2. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26527589>

Neighborhood Social Cohesion and Prevalence of Hypertension and Diabetes in a South Asian Population.

[Lagisetty PA](#)¹, [Wen M](#)², [Choi H](#)³, [Heisler M](#)^{4,3}, [Kanaya AM](#)⁵, [Kandula NR](#)⁶.

South Asians have a high burden of cardiovascular disease compared to other racial/ethnic groups in the United States. Little has been done to evaluate how neighborhood environments may influence cardiovascular risk factors including hypertension and type 2 diabetes in this immigrant population. We evaluated the association of perceived neighborhood social cohesion with hypertension and type 2 diabetes among 906 South Asian adults who participated in the Mediators of Atherosclerosis in South Asians Living in America Study. Multivariable logistic regression adjusted for demographic, socioeconomic, psychosocial, and physiologic covariates. Subgroup analyses examined whether associations differed by gender. South Asian women living in neighborhoods with high social cohesion had 46 % reduced odds of having hypertension than those living in neighborhoods with low social cohesion (OR 0.54, 95 % CI 0.30-0.99). Future research should determine if leveraging neighborhood social cohesion prevents hypertension in South Asian women.



[PLoS One](#). 2015 Sep 23;10(9):e0138511. doi: 10.1371/journal.pone.0138511. eCollection 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/26398658>

Racism as a Determinant of Health: A Systematic Review and Meta-Analysis.

[Paradies Y](#)¹, [Ben J](#)¹, [Denson N](#)², [Elias A](#)¹, [Priest N](#)³, [Pieterse A](#)⁴, [Gupta A](#)⁵, [Kelaher M](#)⁶, [Gee G](#)⁷.

Despite a growing body of epidemiological evidence in recent years documenting the health impacts of racism, the cumulative evidence base has yet to be synthesized in a comprehensive meta-analysis focused specifically on racism as a determinant of health. This meta-analysis reviewed the literature focusing on the relationship between reported racism and mental and physical health outcomes. Data from 293 studies reported in 333 articles published between 1983 and 2013, and conducted predominately in the U.S., were analysed using random effects models and mean weighted effect sizes. Racism was associated with poorer mental health (negative mental health: $r = -.23$, 95% CI $[-.24, -.21]$, $k = 227$; positive mental health: $r = -.13$, 95% CI $[-.16, -.10]$, $k = 113$), including depression, anxiety, psychological stress and various other outcomes. Racism was also associated with poorer general health ($r = -.13$ (95% CI $[-.18, -.09]$, $k = 30$), and poorer physical health ($r = -.09$, 95% CI $[-.12, -.06]$, $k = 50$). Moderation effects were found for some outcomes with regard to study and exposure characteristics. Effect sizes of racism on mental health were stronger in cross-sectional compared with longitudinal data and in non-representative samples compared with representative samples. Age, sex, birthplace and education level did not moderate the effects of racism on health. Ethnicity significantly moderated the effect of racism on negative mental health and physical health: the association between racism and negative mental health was significantly stronger for Asian American and Latino(a) American participants compared with African American participants, and the association between racism and physical health was significantly stronger for Latino(a) American participants compared with African American participants. Protocol PROSPERO registration number: CRD42013005464.



[Nephrology \(Carlton\)](#). 2015 Feb;20(2):61-7. doi: 10.1111/nep.12355.

<http://www.ncbi.nlm.nih.gov/pubmed/25346108>

Physical activity and risk of end-stage kidney disease in the Singapore Chinese Health Study.

[Jafar TH](#)¹, [Jin A](#), [Koh WP](#), [Yuan JM](#), [Chow KY](#).

AIM:

To explore the relationship between physical activity and risk of end-stage kidney disease (ESKD).

METHODS:

We analysed data on a prospective cohort of 59,552 Chinese adults aged 45-74 years enrolled in the Singapore Chinese Health Study. Information on physical activity was collected with a structured questionnaire. Physically active individuals were defined as those who engaged in any moderate activities for 2 h or more per week and any strenuous activities 30 min or more per week. Incident ESKD was identified via record linkage with the Singapore Registry of Birth and Death and Singapore Renal Registry. Cox proportional hazards regression method was used for analysis for risk of incident ESKD alone or ESKD plus death associated with physical activity.

RESULTS:

During a median follow-up of 15.3 years, a total of 642 incident ESKD occurred, and 9808 study participants died. A 24% lower adjusted risk of ESKD (hazard ratio: 0.76; 95% confidence interval: 0.62-0.93) was associated with moderate or strenuous physical activities compared with no regular physical activity. This association appeared to be dose dependent with the lowest risk for subjects at highest intensity of physical activity (P trend <0.003). Similar results were observed for risk of ESKD plus death.

CONCLUSION:

Higher levels of physical activity are associated with lower risk of ESKD. Our findings highlight the role of physical activity for prevention of ESKD, which deserves further evaluation in intervention trials.



[BMC Public Health](#). 2015 Oct 16;15(1):1064. doi: 10.1186/s12889-015-2401-2.

<http://www.ncbi.nlm.nih.gov/pubmed/26475629>

Translating a heart disease lifestyle intervention into the community: the South Asian Heart Lifestyle Intervention (SAHELII) study; a randomized control trial.

[Kandula NR](#)^{1,2}, [Dave S](#)³, [De Chavez PJ](#)⁴, [Bharucha H](#)⁵, [Patel Y](#)⁶, [Seguil P](#)⁷, [Kumar S](#)⁸, [Baker DW](#)⁹, [Spring B](#)¹⁰, [Siddique J](#)¹¹.

BACKGROUND:

South Asians (Asian Indians and Pakistanis) are the second fastest growing ethnic group in the United States (U.S.) and have an increased risk of atherosclerotic cardiovascular disease (ASCVD). This pilot study evaluated a culturally-salient, community-based healthy lifestyle intervention to reduce ASCVD risk among South Asians.

METHODS:

Through an academic-community partnership, medically underserved South Asian immigrants at risk for ASCVD were randomized into the South Asian Heart Lifestyle Intervention (SAHELII) study. The intervention group attended 6 interactive group classes focused on increasing physical activity, healthful diet, weight, and stress management. They also received follow-up telephone support calls. The control group received translated print education materials about ASCVD and healthy behaviors. Primary outcomes were feasibility and initial efficacy, measured as change in moderate/vigorous physical activity and dietary saturated fat intake at 3- and 6-months. Secondary clinical and psychosocial outcomes were also measured.

RESULTS:

Participants' (n = 63) average age was 50 (SD = 8) years, 63 % were female, 27 % had less than or equal to a high school education, one-third were limited English proficient, and mean BMI was 30 kg/m² (SD ± 5). There were no significant differences in change in physical activity or saturated fat intake between the intervention and control group. Compared to the control group, the intervention group showed significant weight loss (-1.5 kg, p-value = 0.04) and had a greater sex-adjusted decrease in hemoglobin A1C (-0.43 %, p-value <0.01) at 6 months. Study retention was 100 %.

CONCLUSIONS:

This pilot study suggests that a culturally-salient, community-based lifestyle intervention was feasible for engaging medically underserved South Asian immigrants and more effective at addressing ASCVD risk factors than print health education materials.

TRIAL REGISTRATION:

[NCT01647438](#), Date of Trial Registration: July 19, 2012.



Cancer Med. 2015 Oct 16. doi: 10.1002/cam4.560. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26471963>

Increased risk for colorectal cancer under age 50 in racial and ethnic minorities living in the United States.

Rahman R¹, Schmaltz C², Jackson CS³, Simoes EJ⁴, Jackson-Thompson J², Ibdah JA¹.

Colorectal cancer (CRC) is the second most common cause of cancer death in USA. We analyzed CRC disparities in African Americans, Hispanics, Asians/Pacific Islanders, and American Indians/Alaska Natives compared to non-Hispanic Whites. Current guidelines recommend screening for CRC beginning at age 50. Using SEER (Surveillance, Epidemiology, and End Results) database 1973-2009 and North American Association of Central Cancer Registries (NAACCR) 1995-2009 dataset, we performed frequency and rate analysis on colorectal cancer demographics and incidence based on race/ethnicity. We also used the SEER database to analyze stage, grade, and survival based on race/ethnicity. Utilizing SEER database, the median age of CRC diagnosis is significantly less in Hispanics (66 years), Asians/Pacific Islanders (68 years), American Indians/Alaska Natives (64 years), and African Americans (64 years) compared to non-Hispanic whites (72 years). Twelve percent of Asians/Pacific Islanders, 15.4% Hispanics, 16.5% American Indians/Alaska Natives, and 11.9% African Americans with CRC are diagnosed at age <50 years compared to only 6.7% in non-Hispanic Whites ($P < 0.0001$). Minority groups have more advanced stages at diagnosis compared to non-Hispanic Whites. Trend analysis showed age-adjusted incidence rates of CRC diagnosed under the age of 50 years have significantly increased in all racial and ethnic groups but are stable in African Americans. These results were confirmed through analysis of NAACCR 1995-2009 dataset covering nearly the entire USA. A significantly higher proportion of minority groups in USA with CRC are diagnosed before age 50 compared to non-Hispanic Whites, documenting that these minority groups are at higher risk for early CRC. Further studies are needed to identify the causes and risk factors responsible for young onset CRC among minority groups and to develop intervention strategies including earlier CRC screening, among others.



[J Natl Cancer Inst Monogr](#). 2014 Nov;2014(49):210-7. doi: 10.1093/jncimonographs/lgu016.

<http://www.ncbi.nlm.nih.gov/pubmed/25417234>

The impact of follow-up type and missed deaths on population-based cancer survival studies for Hispanics and Asians.

[Pinheiro PS](#)¹, [Morris CR](#)², [Liu L](#)², [Bungum TJ](#)², [Altekruse SF](#)².

BACKGROUND:

The accuracy of cancer survival statistics relies on the quality of death linkages and follow-up information collected by population-based cancer registries. Methodological issues on survival data by race-ethnicity in the United States, in particular for Hispanics and Asians, have not been well studied and may undermine our understanding of survival disparities.

METHODS:

Based on Surveillance, Epidemiology, and End Results (SEER)-18 data, we analyzed existing biases in survival statistics when comparing the four largest racial-ethnic groups in the United States, whites, blacks, Hispanics and Asians. We compared the "reported alive" method for calculation of survival, which is appropriate when date of last alive contact is available for all cases, with the "presumed alive" method used when dates of last contact are unavailable. Cox regression was applied to calculate the likelihood of incomplete follow-up (those with less than 5 years of vital status information) according to racial-ethnic group and stage of diagnosis. Finally, potentially missed deaths were estimated based on the numbers of cases with incomplete follow-up for highly fatal cancers.

RESULTS:

The presumed alive method overestimated survival compared with the reported alive method by as much as 0.9-6.2 percentage points depending on the cancer site among Hispanics and by 0.4-2.7 percentage points among Asians. In SEER data, Hispanics and Asians are more likely to have incomplete follow-up than whites or blacks. The assumption of random censoring across race-ethnicity is not met, as among non-white cases, those who have a worse prognosis are more likely to have incomplete follow-up than those with a better prognosis ($P < .05$). Moreover, death ascertainment is not equal across racial-ethnic groups. Overall, 3% of cancer deaths were missed among Hispanics and Asians compared with less than 0.5% among blacks and whites.

CONCLUSIONS:

Cancer survival studies involving Hispanics and Asians should be interpreted with caution because the current available data overtly inflates survival in these populations. Censoring is clearly nonrandom across race-ethnicity meaning that findings of Hispanic and Asian survival advantages may be biased. Problematic death linkages among Hispanics and Asians contribute to missing deaths and overestimated survival. More complete follow-up with at least 5 years of information on vital status as well as improved death linkages will decisively increase the validity of survival estimates for these growing populations.



Prog Community Health Partnersh. 2015 Autumn;9(3):389-96. doi: 10.1353/cpr.2015.0067.

<http://www.ncbi.nlm.nih.gov/pubmed/26548790>

CBPR-Informed Recruitment and Retention Adaptations in a Randomized Study of Pap Testing Among Pacific Islanders in Southern California.

Tanjasiri SP, Weiss JW, Santos L, Flores P, Flores P, Lacsamana JD, Paige C, Mouttapa M, Quitugua L, Taito P, May VT, Tupua M, Vaikona E, Vaivao D, Vunileva I.

BACKGROUND: Pacific Islanders (PIs) experience high cervical cancer rates in the United States. Stage of diagnosis is also later for PIs than non-Hispanic Whites. The Pap test is severely underutilized among PIs: only 71% of Asian American and Pacific Islander women age 25 years or older received a Pap test within the last 3 years (U.S. average, 82%). Community-based participatory research (CBPR) is increasingly seen as an essential approach in designing and conducting culturally relevant and appropriate studies that reduce cancer incidence and other health disparities among minority and other medically underserved populations.

PURPOSE: The purpose of this article is to describe the lessons learned thus far regarding the identification, recruitment, and retention of PI community organizations and members into a CBPR-informed, randomized, community trial promoting Pap testing.

METHODS: This 5-year study used CBPR to develop and test the efficacy of a social support intervention for Chamorro, Samoan, and Tongan women to increase Pap testing in southern California. Eligible women were between the ages of 21 and 65, and married or in a long-term relationship with a man for at least 5 years. Women and their husbands or significant others received a 2-hour, culturally tailored workshop that include a group activity, information on Pap testing, a video, and corresponding materials. Comparison participants received a brochure about Pap testing. Three waves of data are collected from all participants: pretest (before workshop or brochure), posttest 1 (immediately after workshop or brochure), and posttest 2 (6 months follow-up).

RESULTS: Of the 76 organizations approached to participate in the study, 67 (88.2%) eventually agreed to participate. Thus far, 473 women and 419 men completed the study pretest, post-test, education, and 6-month follow-up. Only 242 women and 204 men of the eligible participants have completed the follow-up survey (63.5% of women and 60.5% of men retained after 6 months).

LESSONS LEARNED: The main strategy to overcome initial recruitment challenges was study staff persistence, because they averaged five contacts with each church or clan leader before receiving confirmation that an educational session can be scheduled. Personal connections provided an introduction to the most appropriate church or clan leader. Other efforts for retention include creation of an online version of the survey, re-attending church services, and creating special events organized around clan activities.

CONCLUSIONS: Although CBPR improves the cultural competence and relevance of study activities for ethnically diverse populations, selected past research shows that it does not ensure that such designs overcome all of the unique challenges in ethnically diverse communities. PI-specific organizational recruitment and individual retention is influenced by study issues and cultural factors in each community.

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<http://www.ncbi.nlm.nih.gov/pubmed/26566446>



Engaging South Asian women with type 2 diabetes in a culturally relevant exercise intervention: a randomized controlled trial.

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BACKGROUND:

We examined the efficacy of a culturally relevant exercise program in improving glycated hemoglobin (HbA1c) among South Asian women with type 2 diabetes, compared with usual care.

METHODS:

This was a randomized controlled 8-week pilot study of Bollywood dance among South Asian women with type 2 diabetes. The intervention consisted of 1 h Bollywood dance classes offered twice per week. The primary outcome was change in HbA1c. The effect of attendance on this outcome was also examined.

RESULTS:

The intervention group demonstrated a decrease in HbA1c from baseline (-0.18% (0.2%); $p=0.018$) compared with a non-significant increase in the usual care group (+0.03% (0.2%)); p value for difference between groups was 0.032. Participants attending at least 10 of 16 sessions had a statistically significant reduction in weight (-0.69 kg (0.76 kg)) compared with those attending fewer sessions (+0.86 kg (0.71 kg)).

CONCLUSIONS:

These results support culturally relevant dance as a successful exercise intervention to promote HbA1c control, compared with usual care.

TRIAL REGISTRATION NUMBER:

NCT02061618.



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Factors Associated with Hepatitis C Knowledge Before and After an Educational Intervention among Vietnamese Americans.

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BACKGROUND:

Hepatitis C virus (HCV) is a major cause of chronic liver disease and cancer. Vietnamese Americans are at high risk of HCV infection, with men having the highest US incidence of liver cancer. This study examines an intervention to improve HCV knowledge among Vietnamese Americans.

STUDY:

Seven Vietnamese community-based organizations in Pennsylvania and New Jersey recruited a total of 306 Vietnamese participants from 2010 to 2011.

RESULTS:

Average knowledge scores for pretest and posttest were 3.32 and 5.88, respectively (maximum 10). After adjusting for confounding variables, age and higher education were positively associated with higher pretest scores and having a physician who spoke English or Vietnamese was negatively associated with higher pretest scores. Additionally, after adjusting for confounding variables, household income, education, and having an HCV-infected family member significantly increased knowledge scores.

CONCLUSIONS:

Promotion and development of HCV educational programs can increase HCV knowledge among race and ethnic groups, such as Vietnamese Americans. Giving timely information to at-risk groups provides the opportunity to correct misconceptions, decrease HCV risk behaviors, and encourage testing that might improve timely HCV diagnosis and treatment.



[Ann Epidemiol.](#) 2015 Oct 19. pii: S1047-2797(15)00422-6. doi: 10.1016/j.annepidem.2015.10.004. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26552330>

Disparities in cervical cancer survival among Asian-American women.

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PURPOSE:

We compared overall survival and influencing factors between Asian-American women as a whole and by subgroup with white women with cervical cancer.

METHODS:

Cervical cancer data were from the Surveillance, Epidemiology, and End Results registry; socioeconomic information was from the Area Health Resource File. We used standard tests to compare characteristics between groups; the Kaplan-Meier method with log-rank test to assess overall survival and compare it between groups; and Cox proportional hazards models to determine the effect of race and other covariates on overall survival (with and/or without age stratification).

RESULTS:

Being 3.3 years older than white women at diagnosis ($P < .001$), Asian-American women were more likely to be in a spousal relationship, had more progressive disease, and were better off socioeconomically. Women of Filipino, Japanese, and Korean origin had similar clinical characteristics compared to white women. Asian-American women had higher 36- and 60-month survival rates ($P = .004$ and $P = .013$, respectively), higher overall survival rates ($P = .049$), and longer overall survival durations after adjusting for age and other covariates (hazard ratio = 0.77, 95% confidence interval: 0.68-0.86). Overall survival differed across age strata between the two racial groups. With the exception of women of Japanese or Korean origin, Asian-American women grouped by geographic origin had better overall survival than white women.

CONCLUSIONS:

Although Asian-American women, except those of Japanese or Korean origin, had better overall survival than white women, their older age at cervical cancer diagnosis suggests that they have less access to screening programs.



J Palliat Med. 2015 Nov 17. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26575114>

Patient-Reported Barriers to High-Quality, End-of-Life Care: A Multiethnic, Multilingual, Mixed-Methods Study.

Periyakoil VS^{1,2}, Neri E¹, Kraemer H¹.

OBJECTIVE:

The study objective was to empirically identify barriers reported by multiethnic patients and families in receiving high-quality end-of-life care (EOLC).

METHODS:

This cross-sectional, mixed-methods study in Burmese, English, Hindi, Mandarin, Tagalog, Spanish, and Vietnamese was held in multiethnic community centers in five California cities. Data were collected in 2013-2014. A snowball sampling technique was used to accrue 387 participants-261 women, 126 men, 133 Caucasian, 204 Asian Americans, 44 African Americans, and 6 Hispanic Americans. Measured were multiethnic patient-reported barriers to high-quality EOLC. A development cohort (72 participants) of responses was analyzed qualitatively using grounded theory to identify the six key barriers to high-quality EOLC. A new validation cohort (315 participants) of responses was transcribed, translated, and back-translated for verification. The codes were validated by analyses of responses from 50 randomly drawn subjects from the validation cohort. All the 315 validation cohort transcripts were coded for presence or absence of the six barriers.

RESULTS:

In the validation cohort, 60.6% reported barriers to receiving high-quality EOLC for persons in their culture/ethnicity. Primary patient-reported barriers were (1) finance/health insurance barriers, (2) doctor behaviors, (3) communication chasm between doctors and patients, (4) family beliefs/behaviors, (5) health system barriers, and (6) cultural/religious barriers. Age ($\chi^2 = 9.15$, DF = 1, $p = 0.003$); gender ($\chi^2 = 6.605$, DF = 1, $p = 0.01$); and marital status ($\chi^2 = 16.11$ DF = 3, $p = 0.001$) were associated with reporting barriers; and women <80 years were most likely to report barriers to receiving high-quality EOLC. Individual responses of reported barriers were analyzed and only the participant's level of education (Friedman statistic = 2.16, DF = 10, $p = 0.02$) significantly influenced choices.

CONCLUSION:

Multiethnic patients report that high-quality EOLC is important to them; but unfortunately, a majority state that they have encountered barriers to receiving such care. Efforts must be made to rapidly improve access to culturally competent EOLC for diverse populations.



Fam Community Health. 2016 Jan-Mar;39(1):13-23. doi: 10.1097/FCH.0000000000000086.

<http://www.ncbi.nlm.nih.gov/pubmed/26605951>

Duration of US Residence Is Associated With Overweight Risk in Filipino Immigrants Living in New York Metro Area.

Afable A¹, Ursua R, Wyatt LC, Aguilar D, Kwon SC, Islam NS, Trinh-Shevrin C.

We examined the association between years living in the United States and overweight risk among a community sample of Filipino adult immigrants living in the New York metropolitan area. We found a significant and adverse association between years living in the United States and overweight risk. Compared with Filipinos who lived in the United States less than 5 years, those who lived in the United States 10 years or longer had a higher overweight risk; this association was present only among Filipinos who migrated to New York metropolitan area at 30 years of age or younger. Studies on causal mechanisms explaining this pattern are needed.



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<http://www.ncbi.nlm.nih.gov/pubmed/26621507>

Unmet Needs of Asian American and Pacific Islander Cancer Survivors.

[Le MN](#)¹, [Nguyen GT](#)², [Pan Z](#)³, [Maglalang DD](#)⁴, [Butt F](#)⁵, [Bautista R](#)⁶, [Nitta M](#)⁶, [Barg FK](#)².

In the USA, cancer is the leading cause of death for Asian Americans and Pacific Islanders (AAPIs), but little is known about the unmet needs of AAPI cancer survivors, especially from a national perspective. Using a community-based participatory research approach, we partnered with the Asian and Pacific Islander National Cancer Survivors Network and the Asian American Cancer Support Network to design and conduct a cross-sectional survey to understand the unmet needs of a national sample of AAPI cancer survivors. We assessed unmet needs in 10 domains: day-to-day activities, financial expenses, emotional concerns, medical treatment, cancer information, home care, nutrition, physical concerns, family relationships, and spirituality. We also assessed self-reported measures related to quality of life. This national sample of AAPI cancer survivors included people from 14 states and two territories who had been diagnosed with a broad range of cancers, including cancer of the breast, ovary/uterus/cervix, prostate, blood, and other sites. Over 80 % reported at least one unmet need. Participants reported an average of 8.4 unmet needs, spanning an average of 3.9 domains. Most commonly reported were unmet needs pertaining to physical concerns (66 %), day-to-day activities (52 %), and emotional concerns (52 %). This is the first report of unmet needs in a national sample of AAPI cancer survivors with a range of different cancer types. It describes the areas of greatest need and points to the importance of devoting more resources to identifying and addressing unmet needs for the underserved population of AAPI cancer survivors.



[BMC Health Serv Res.](#) 2015 Dec 8;15:542. doi: 10.1186/s12913-015-1191-7.

<http://www.ncbi.nlm.nih.gov/pubmed/26645481>

Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide.

[Augsberger A](#)¹, [Yeung A](#)^{2,3}, [Dougher M](#)⁴, [Hahm HC](#)⁵.

BACKGROUND:

Despite the substantially high prevalence of depression, suicidal ideation and suicide attempts among Asian American women who are children of immigrants, little is known about the prevalence of mental health utilization and the perceived barriers to accessing care.

METHODS:

The data were from the Asian American Women's Sexual Health Initiative Project (AWSHIP), a 5-year mixed methods study at Boston University. The quantitative analysis examined the differential proportion of mental health utilization among 701 survey participants based on their mental health risk profile determined by current moderate to severe depression symptoms and lifetime history of suicidality. Mental health risk groups were created based on participants' current depression symptoms and history of suicide behaviors: Group 1-low-risk; Group 2-medium-risk; Group 3-high-risk. Mental health care utilization outcomes were measured by any mental health care, minimally adequate mental health care, and intensive mental health care. The qualitative analysis explored the perceived barriers to mental health care among 17 participants from the medium and high-risk groups.

RESULTS:

Among 701 participants, 43% of women (n = 299) reported that they either suffered from current moderate to severe depression symptoms or a lifetime history of suicidal ideation or suicide attempt. Although the high-risk group demonstrated statistically significant higher mental health utilization compared to the low and medium-risk groups, more than 60% of the high-risk group did not access any mental health care, and more than 80% did not receive minimally adequate care. The qualitative analysis identified three underutilization factors: Asian family contributions to mental health stigma, Asian community contributions to mental health stigma, and a mismatch between cultural needs and available services.

CONCLUSIONS:

Despite the high prevalence of depression and suicidal behaviors among young Asian American women in the sample, the proportion of mental health care utilization was extremely low. The qualitative analysis underscores the influence of Asian family and community stigma on mental health utilization and the lack of culturally appropriate mental health interventions. Prevention and intervention efforts should focus on raising mental health awareness in the Asian American community and offering culturally sensitive services.



[J Nurs Scholarsh](#). 2015 Dec 7. doi: 10.1111/jnu.12180. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26641597>

Correlates of Physical Activity Among Middle-Aged and Older Korean Americans at Risk for Diabetes.

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PURPOSE:

To explore correlates of meeting recommended physical activity (PA) goals among middle-aged and older Korean Americans at risk for diabetes mellitus (DM).

DESIGN AND METHODS:

PA patterns and their correlates were assessed among 292 middle-aged and older Korean Americans at risk for DM living in New York City using cross-sectional design of baseline information from a diabetes prevention intervention. PA was assessed by self-report of moderate and vigorous activity, results were stratified by age group (45-64 and 65-75 years), and bivariate analyses compared individuals performing less than sufficient PA and individuals performing sufficient PA. Logistic regression was used to calculate adjusted odds ratios predicting sufficient PA.

FINDINGS:

After adjusting for sex, age group, years lived in the United States, marital status, health insurance, and body mass index (BMI), sufficient PA was associated with male sex, older age, lower BMI, eating vegetables daily, and many PA-specific questions (lack of barriers, confidence, and engagement). When stratified by age group, male sex and eating vegetables daily was no longer significant among Koreans 65 to 75 years of age, and BMI was not significant for either age group.

CONCLUSIONS:

PA interventions targeting this population may be beneficial and should consider the roles of sex, age, physical and social environment, motivation, and self-efficacy.

CLINICAL RELEVANCE:

Clinical providers should understand the unique motivations for PA among Korean Americans and recognize the importance of culturally driven strategies to enable lifestyle changes and support successful aging for diverse populations.



[Prog Community Health Partnersh.](#) 2015;9(4):501-12. doi: 10.1353/cpr.2015.0080.

<http://www.ncbi.nlm.nih.gov/pubmed/26639376>

ASHA: Using Participatory Methods to Develop an Asset-building Mental Health Intervention for Bangladeshi Immigrant Women.

[Karasz A](#), [Raghavan S](#), [Patel V](#), [Zaman M](#), [Akhter L](#), [Kabita M](#).

BACKGROUND:

Common mental disorder (CMD) is highly prevalent among low-income immigrant women, yet few receive effective treatment. This underutilization is partly owing to a lack of conceptual synchrony between biopsychiatric theories underlying conventional mental treatments and explanatory models in community settings. The Action to Improve Self-esteem and Health through Asset building (ASHA) program is a depression intervention designed by and for South Asian women immigrants. ASHA helps women to build psychological, social, and financial assets.

OBJECTIVES:

This paper describes the development and a preliminary pilot evaluation of the ASHA intervention.

METHODS:

Researchers, clinicians, activists, and women from the Bronx Bangladeshi community collaboratively designed a depression intervention that would synchronize with local concepts of distress. In addition to providing mental health treatment, ASHA addresses social isolation and financial dependence. ASHA was evaluated in a pilot study described in this paper. Participants were assigned to intervention or delayed intervention (control) groups. Data collection at baseline and time 2 (6 months) included the Patient Health Questionnaire-9 (PHQ-9) and an indigenous measure of psychological and somatic distress.

RESULTS:

Eighty percent of intervention participants completed the 6-month program. After treatment, mean PHQ-9 scores in the intervention group decreased from 9.90 to 4.26 ($p < .001$). Participants saved an average of \$10 per week. To date, participants have applied their skills and savings toward such activities as starting small businesses and enrolling in community college.

CONCLUSIONS:

ASHA was effective in improving depression and increasing financial independence. Using a culturally synchronous approach to psychological treatment may be effective in ameliorating distress in immigrant populations.



[Prog Community Health Partnersh.](#) 2015;9(4):483-93. doi: 10.1353/cpr.2015.0075.

<http://www.ncbi.nlm.nih.gov/pubmed/26639374>

Differential Role of Social Connectedness in Geriatric Depression Among Southeast Asian Ethnic Groups.

[Kim T](#), [Nguyen ET](#), [Yuen EJ](#), [Nguyen T](#), [Sorn R](#), [Nguyen GT](#).

BACKGROUND:

There is little empirical evidence on the effects of social connectedness on geriatric depression for Southeast Asians. Studies have rarely examined interethnic differences in the resilience factors for depression in this diverse population. Greater understanding is needed as the number of older Southeast Asians in the United States increases.

OBJECTIVES:

We sought to examine the association between social connectedness and depressive symptoms in Vietnamese, Laotian, and Cambodian elders.

METHODS:

Using a community-based participatory research (CBPR) approach, bilingual/bicultural staff collected demographics, the Lubben Social Network Scale, and the Geriatric Depression Scale (GDS). Univariate and multivariate regression models were constructed for the full aggregated sample and for each ethnic subgroup.

RESULTS:

In the full aggregated sample analysis, Southeast Asian elders were at increased risk for depression and had low social connectedness. Marriage and English proficiency were resilience factors, whereas social connectedness did not play a significant role. In disaggregated analyses, high social connectedness, marriage, and younger age were resilience factors for Vietnamese elders. English proficiency was the only significant resilience factor for Laotians, and age at the time of immigration was the only significant resilience factor for Cambodian elders.

CONCLUSIONS:

This study underscores the need for researchers to disaggregate data for ethnic subgroups in the Asian American population. Southeast Asian elders are at increased risk for depression and have low social connectedness. There exist important interethnic differences in resilience factors for geriatric depression, suggesting the need for more studies and interventions that are sensitive to subtle cultural differences among Southeast Asian subgroups.



Med Care. 2015 Dec 17. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26683779>

Clocks Moving at Different Speeds: Cultural Variation in the Satisfaction With Wait Time for Outpatient Care.

Chung S¹, Johns N, Zhao B, Romanelli R, Pu J, Palaniappan LP, Luft H.

OBJECTIVE:

To explore racial/ethnic differences in satisfaction with wait time of scheduled office visits by comparing electronic health record (EHR)-based, patient-reported, and patient satisfaction with wait time

STUDY SETTING:: A large multispecialty ambulatory care organization in Northern California. Patient experience surveys were collected between 2010 and 2014. Surveys were mailed after randomly selected nonurgent visits. Returned survey data were linked to EHR data for surveyed visits.

STUDY DESIGN:

Observational, retrospective study designed to assess differences in patient-reported wait time, wait-time satisfaction, and actual EHR-recorded wait time with respect to self-reported race/ethnicity. Multivariate regression models with provider random effects were used to evaluate differences.

RESULTS:

Asian subgroups (Chinese, Asian Indian, Filipino, Japanese, Korean, and Vietnamese) and Latinos gave poorer ratings for wait time than non-Hispanic whites (NHWs). The average wait time reported by Asians was longer than that reported by NHWs. On the basis of EHR data, however, no minority group was likely to wait longer, and all, except for Japanese (10%), were more likely to be late for the appointment (16%: Filipino and 23%: Asian Indian), than NHWs (13%).

CONCLUSIONS:

Given actual wait times, Asians perceive longer wait time and were less satisfied with wait times. Asians may have different expectations about wait time at the clinic.



[Int J Cancer](#). 2015 Dec 13. doi: 10.1002/ijc.29958. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/26661680>

Cancer incidence among Asian American populations in the United States, 2009-2011.

[Jin H¹](#), [Pinheiro PS¹](#), [Xu J²](#), [Amei A²](#).

Cancer incidence disparities exist among specific Asian American populations. However, the existing reports exclude data from large metropolises like Chicago, Houston, and New York. Moreover, incidence rates by subgroup have been underestimated due to the exclusion of Asians with unknown subgroup. Cancer incidence data for 2009 to 2011 for eight states accounting for 68% of the Asian American population were analyzed. Race for cases with unknown subgroup was imputed using stratified proportion models by sex, age, cancer site, and geographic regions. Age-standardized incidence rates were calculated for 17 cancer sites for the six largest Asian subgroups. Our analysis comprised 90,709 Asian and 1,327,727 non-Hispanic white cancer cases. Asian Americans had significantly lower overall cancer incidence rates than non-Hispanic whites (336.5 per 100,000 and 541.9 for men, 299.6 and 449.3 for women, respectively). Among specific Asian subgroups, Filipino men (377.4) and Japanese women (342.7) had the highest overall incidence rates while South Asian men (297.7) and Korean women (275.9) had the lowest. In comparison to non-Hispanic whites and other Asian subgroups, significantly higher risks were observed for colorectal cancer among Japanese, stomach cancer among Koreans, nasopharyngeal cancer among Chinese, thyroid cancer among Filipinos, and liver cancer among Vietnamese. South Asians had remarkably low lung cancer risk. Overall, Asian Americans have a lower cancer risk than non-Hispanic whites, except for nasopharyngeal, liver and stomach cancers. The unique portrayal of cancer incidence patterns among specific Asian subgroups in this study provides a new baseline for future cancer surveillance research and health policy.



[Am J Public Health](#). 2015 Oct;105(10):2150-5. doi: 10.2105/AJPH.2014.302418. Epub 2015 Apr 23.

<http://www.ncbi.nlm.nih.gov/pubmed/25905827>

A Multistate Asian-Language Tobacco Quitline: Addressing a Disparity in Access to Care.

[Cummins SE](#)¹, [Wong S](#)¹, [Bonnievie E](#)¹, [Lee HR](#)¹, [Goto CJ](#)¹, [McCree Carrington J](#)¹, [Kirby C](#)¹, [Zhu SH](#)¹.

OBJECTIVES:

We conducted a dissemination and implementation study to translate an intervention protocol for Asian-language smokers from an efficacy trial into an effective and sustainable multistate service.

METHODS:

Three state tobacco programs (in California, Colorado, and Hawaii) promoted a multistate cessation quitline to 3 Asian-language-speaking communities: Chinese, Korean, and Vietnamese. The California quitline provided counseling centrally to facilitate implementation. Three more states joined the program during the study period (January 2010-July 2012). We assessed the provision of counseling, quitting outcomes, and dissemination of the program.

RESULTS:

A total of 2004 smokers called for the service, with 88.3% opting for counseling. Among those opting for counseling, the 6-month abstinence rate (18.8%) was similar to results of the earlier efficacy trial (16.4%).

CONCLUSIONS:

The intervention protocol, based on an efficacy trial, was successfully translated into a multistate service and further disseminated. This project paved the way for the establishment of a national quitline for Asian-language speakers, which serves as an important strategy to address disparities in access to care.