ARCHIVE

THE ARCH NEWSLETTER

February 2023

ARCH Mentored Research Symposium

ARCH held its first ever research symposium in November 2022! We had over 70 attendees in-person and on Zoom. More impressively, we had 6 oral presentations and 16 poster presentations all from trainees. We appreciate everyone who attended and made the symposium such a success!

Thank you to those who filled out the evaluation. We wanted to highlight a few quotes:

- "Showcasing mentees' work and having them acknowledge what mentoring has meant for them was inspiring and I learned a lot."
- "The mentorship panel was very insightful and networking lunch was really good! I am glad this was held in person as it allowed for great networking opportunities!"

- "I have thought more about how to seek mentorship, network, and maintain personal and professional relationship."
- "Loved that most of the attendees were other Asian American young professionals about my age - I didn't feel out of place. I also liked the smaller group - it felt less intimidating, more intimate, and I could get to know other attendees more easily."

Congratulations to our Best Oral Presentation winner Alice Guan and Bester Poster Presentation winner Lueni Masina. Special thank you to Cal State University, Hayward for hosting this event. Please save the date for the 2023 ARCH Symposium to be held in November at San Francisco State University.

Recordings of presentations available are on the ARCH website.

NEWS

Dr. Dale Dagar Maglalang will be starting a tenure track Assistant Professor position at the Silver School of Social Work in New York University starting Fall 2023.

Dr. Van Ta Park was elected as a new member of the National Alzheimer's Coordinating Center (NACC) Scientific Review Committee. She will be reviewing DEI-focused New Investigator Awards applications.

Evelyn Y. Ho, Ph.D. is one of the editors of *The International Encyclopedia of Health Communication*.

PUBLICATION HIGHLIGHTS

Drs. **Linda Park**, **Van Ta Park**, **Janice Tsoh** and colleagues recently published an article titled, "Social Support and Technology Use and Their Association With Mental and Physical Health During the COVID-19 Pandemic Among Asian Americans: The COMPASS Cross-sectional Study" in JMIR Public Health & Surveillance. The paper examines the relationship between social support and technology use on physical and mental health during the pandemic among Asian American and Pacific Islander (AAPI) adults. Results highlight both mental and physical disparities across AAPI communities as a result of the COVID-19 pandemic and the importance of social support.

Tofaeono V, Tong K, **Sy A**, Cassel K, Pagano I, Ka'opua LSI, Scanlan L, Thompson L, Vaofanua T, McCutchan JB, Tofaeono V. Validation of the Short-Test of Functional Health Literacy in Adults for the Samoan Population. Health Lit Res Pract. 2022 Oct;6(4):e247-e256.

Sharma AE, Khosla K, Potharaju K, **Mukherjea A**, Sarkar U. COVID-19–Associated Misinformation Across the South Asian Diaspora: Qualitative Study of WhatsApp Messages. JMIR Infodemiology 2023;3:e38607 doi: 10.2196/38607

RECENT GRANTS

The American Samoa Community Cancer Coalition has been awarded a research grant from the National Institute on Aging for their new study titled Puipui Malu Manatu, or "protecting memories." This study will test innovative approaches to increase research readiness, improve Alzheimer's disease and related forms of dementia (ADRD) detection, and conduct genetic testing of ADRD among American Samoans. **Dr. Van Ta Park** will be serving as one of the Co-Investigators for this new study. Study website: https://asccancercoalition.org/puipui-malu-manatu/

Dr. Van Ta Park is the principal Investigator for new KIMCHI study. It is challenging to find accurate and up-to-date information on care and advance directives for Korean American caregivers. KIMCHI (Koreans Invested in Making Caregivers Health Important) is an educational outreach project that will provide information on various health topics tailored to the Korean American culture for caregivers and other stakeholders that serve Korean Americans. KIMCHI, funded by a Patient-Centered Outcomes Research Institute Eugene Washington PCORI Engagement Award, will share this information with Korean American caregivers and family members so they can feel comfortable using knowledge from the latest research to better care for themselves and their loved ones.

Scarlett Gomez received funding from Breast Cancer Research Foundation for a study of breast cancer risk in Asian American women.

Also, **Scarlett Gomez** and team will be expanding the FANS (Female Asian Never Smokers) Study of lung cancer risk to Southern California and Sacramento regions. The study team (MPI: Scarlett Gomez, Iona Cheng, Moon Chen) would be very grateful for referrals and connections to community organizations, media outlets, and healthcare providers who would be able to help with our recruitment.

Intern Spotlight

Maxwell Ho

ARCH Intern Maxwell Ho is a first-year medical student at UCSF.

As a native of San Francisco, he's looking forward to working with communities he grew up around and to see how medicine can serve under-resourced AAPI populations.

In ARCH, Max is hoping to see how research, healthcare, advocacy, and community engagement (and more) intersect.

Upcoming ARCH Meetings - Please Mark Your Calendars!

February ARCH Quarterly Meeting
Thursday February 16
3–3:30pm Business, 3:30–4:30 Presentations

"Heavy Drinking Trajectories from Adolescence to Early Midlife in a National Sample of Asian Americans"
Christina Tam, PhD; Scientist, Alcohol Research Group

"Asian American Pacific Islander Youth Suicide—What Does Disaggregating Heterogeneous Groups Really Mean?"
Camillia Lui, PhD; Scientist, Alcohol Research Group

Upcoming meetings: May 18; August 17; November 16, from 3-4:30pm

Send us updates for future ARCH newsletters!
Have a new grant, publication, or good news to share? Send any updates for future newsletters to ARCH.sanfrancisco@gmail.com.

ABSTRACTS REVIEWS

September 30, 2022- December 31, 2022

ARCH members abstracts

- Burke, Tsoh, Choi, Kim, and colleagues describe lessons learned from engaging Chinese, Hmong, and Vietnamese Americans during the pandemic through the implementation of Project INFORMED (INdividual and Family Oriented Responsive Messaging Education). https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36108257/
- Khalili, Tsoh, Nguyen T, and colleagues reported on results of a multilingual educational RCT using a mobile application in primary care clinics to improve HBV screening and patient provider communication about HBV. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/34993863/
- Jih, Nguyen T, and colleagues conducted a pilot study to assess the feasibility and acceptability of a photo-based patient-clinician communication intervention to promote dietary discussions in geriatric primary care. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36450690/
- Jih and colleagues provided an overview of important frameworks and guide future efforts to both identify and eliminate bias within healthcare delivery systems and health professions training with a particular focus on the intersection of structural racism and ageism. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36260413/
- Ho, Jih, Karliner and colleagues characterize discussion of complementary and integrative healthcare between Chinese American patients and their primary care clinicians. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36506917/
- Kanaya and colleagues examined the association of cardiovascular risk-enhancing factors and coronary artery calcium in South Asian American adults. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36636125/
- Kanaya and colleagues evaluated the relationship between social support and cardiovascular health among participants from three harmonized studies- Jackson Heart Study, Mediators of Atherosclerosis in South Asians Living in America, and Multi-Ethnic Study of Atherosclerosis. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36387018/
- Kanaya and colleagues identified microRNAs associated with incident diabetes in the Diabetes Prevention Program trial. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36477577/
- Kanaya and colleagues explored the association of perceived neighborhood social cohesion with the American Heart Association's Life's Simple 7 (measure that describes behavioral and physiological indicators). https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36221065/
- Kanaya and colleagues assessed the relationship between a plant-based diet and cardiometabolic risk factors among participants of South Asian ancestry. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35731596/
- Sy and colleagues translated and evaluated validation and reliability of the Short Test of Functional Health Literacy in Adults for use with the Samoan population. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36215110/
- Maglalang and colleagues assess the impact of socioeconomic status across the life course impacted smoking cessation among older adults. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35964392/

- Hsieh and colleagues explored perspectives of doctors, patients, and professional interpreters' on their own and others' actions during their empathic interaction in interpreter-mediated consultations. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36017592/
- Joseph and colleagues tested a novel practice model that aims to make genetic counseling inclusive in a randomized controlled superiority trial. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36053287/
- Joseph and colleagues reported results of qualitative interviews among breast cancer patients with moderate-risk genes. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35877161/
- Young and colleagues outline an intersectional framework that will guide all professionals working in the expanding field of psychiatric genomics to better incorporate issues of social context, racial and cultural diversity, and downstream ethical considerations into their work. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36620660/
- Young and colleagues conducted a systematic review on Latinx experiences with genetic counseling and genetic testing in the United States. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36301246/
- Chen and colleagues conduct a meta-analysis comparing the efficacy and safety of endoscopic sphincterotomy (EPT) combined with endoscopic papillary large balloon dilatation (EPBD) compared with endoscopic sphincterotomy (EPT) alone in removing bile duct stones based on stone size. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36576861/
- Chen and colleagues explored the impact of an intensive lifestyle modification program tailored to rural Chinese women with prior gestational diabetes mellitus compared with usual care. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35773443/
- Woo and colleagues explored perceptions about COVID-19 vaccination among young adults in the San Francisco Bay Area. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36479186/
- Ponce, Sabado-Liwag, and colleagues evaluated the association between those who reported race-based hate but not experience of race-based unfair treatment among Asians in California with measures of well-being. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36299752/
- Burke, Karliner, and colleagues described barriers reported by primary care physicians to following up abnormal mammogram results. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36451017/
- Burke and colleagues highlight the importance of inclusive participation in clinical trials and suggest steps to increased participation of marginalized communities in research. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36124656/
- Meyer and colleagues examined the impact of caregiving and acculturation factors on psychological distress. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36468427/
- Meyer and colleagues explored the association between neighborhood characteristics and depressive symptoms among dementia caregivers. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35428405/
- Meyer and colleagues evaluated the association between health status of Vietnamese older adults and the psychological status of their caregivers. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/32543347/
- Nguyen P and colleagues examined the role of single-cell profiling and deep immunophenotyping in understanding immune therapy cardiotoxicity. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36636436/
- Nguyen P and colleagues assess the impact of sex hormones in sex differences prevalence and susceptibility of immune checkpoint inhibitor myocarditis. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36322630/

- Mahadevan and colleagues compared the safety and effectiveness of biologic therapy for Crohn's disease. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36343846/
- Mahadevan and colleagues describe their real-world experience with upadacitinib in Crohn's disease. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36272109/
- Mahadevan and colleagues examine the association between obesity and risk of complications in patients with inflammatory bowel disease treated with biologic agents. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35973139/
- Mahadevan and colleagues evaluated predictors for longer hospital length of stay for acute severe ulcerative colitis. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35389167/
- Ta Park and colleagues performed a scoping review examining the experiences of Korean American dementia caregivers. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36268979/
- Singh and colleagues describe the development and results of the first certification exam in the American Board of Medical Specialties Neurocritical Care Subspecialty. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35941404/
- Fukuoka and colleagues examined the perceived risk of heart attach and type 2 diabetes among Hispanic adults with overweight/obesity. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/34740229/
- Fukuoka and colleagues analyzed public conversations related to heart disease and heart health on Facebook. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36318640/
- Saw and colleagues analyzed the role of internalized model minority myth in Asian/Asian Americans' (A/AA) experiences during the syndemic of COVID-19 and our society's racial reckoning. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36440675/
- Chen and colleagues investigated associations between school-level racial disparities in belonging and cardiometabolic health into adulthood. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36574239/
- Yen and colleagues examined the implementation of scaling up COVID-19 mass testing using a community-engaged approach in a low-income, majority-Latino communities. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36301834/
- Shim, Gomez, Shariff-Marco and colleagues investigated factors that influence treatment decisions among patients with low- and very low-risk prostate cancer. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36404625/
- Shim and colleagues discuss representation and diversity in precision medicine research. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36187415/
- Zamora and colleagues describe the REPAIR (REParations and Anti-Institutional Racism) Project, a 3-year strategic initiative at UCSF working toward racial justice in medical education and health sciences research. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35830260/
- Karliner and colleagues assessed the impact of language concordance on cancer communication. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36112970/
- Somsouk and colleagues examined the durability of FIT screening after the completion of an intervention to increase colorectal cancer screening. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36357595/
- Chao and colleagues report on Inclusive diversity, equity, and access in acupuncture practice, education, and research. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36064701/
- Sudhinaraset and colleagues investigated barriers to sexual and reproductive health needs for Black, Indigenous and People of Color during COVID-19. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36388866/

- Raj and colleagues explored the impact of specific evidence-based design strategies on nurse wellness. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35923121/
- Gomez and colleagues characterized breast cancer incidence and trends among Asian American, Native Hawaiian, and non-Hispanic White women in Hawai'i. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36504334/
- Gomez and colleagues explored the impact of racial/ethnic discrimination on quality of life among breast cancer survivors. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36458447/
- Gomez and colleagues assessed neighborhood factors associated with COVID-19 cases in California. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36376642/
- Gomez and colleagues examined the impact of socioeconomic status and ethnic enclave on gastric adenocarcinoma in Hispanic and Asian Americans. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36280103/
- Gomez and colleagues described trends of lung cancer in never smokers by sex, age group, and race and ethnicity. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36334356/
- Gomez and colleagues evaluated trends in enrollment of patients from racial and ethnic minority groups in phase 1 therapeutic drug drugs for metastatic cancer in the U.S. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36326764/
- Gomez and colleagues investigated the impact of receiving care at National Cancer Institute-designated cancer center on survival among cervical cancer patients. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35917201/
- Gomez and colleagues examined the association between traffic-related air pollution and risk of lung cancer. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35649154/
- Ivey and colleagues provide recommendations on early identification and treatment of women's cardiovascular risk factors. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36128629/
- Ivey and colleague assess the prevalence of traditional Asian postpartum practices. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/34905140/
- Nguyen Thu and colleagues report experiences of racism during pregnancy and birthing among Asian and Pacific Islander, Black, Latina, and Middle Eastern Women. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36449130/
- Nguyen Thu and colleagues examined the public's reaction on Twitter to over-turning Roe v. Wade and abortion bans. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36553914/
- Qamar and colleagues discuss the impact of food insecurity at higher education institutions. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36321438/
- Sarkar and colleagues characterized mechanisms of a social needs case management program. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36572882/
- Sarkar and colleagues explore multilevel approaches to advance digital health equity. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36525960/
- Sarkar and colleagues describe approaches to training the next generation of learning health system scientists. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36263260/
- Sarkar and colleagues characterize medication adverse events in the ambulatory setting. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/36164846/
- Sarkar and colleagues investigate preferences and perceptions of disclosing medical error among marginalized populations. https://pubmed-ncbi-nlm-nih-gov.ucsf.idm.oclc.org/35871035/

Engaging Asian American Communities During the COVID-19 Era Tainted With Anti-Asian Hate and Distrust

Joyce Cheng [1], Janice Y Tsoh [1], Alice Guan [1], Michelle Luu [1], Isabel V Nguyen [1], Rose Tan [1], Chia Thao [1], Edgar Yu [1], Dao Lor [1], Mai Pham [1], JiWon Choi [1], Minji Kim [1], Susan L Stewart [1], Nancy J Burke [1]

Affiliations expand

No abstract available

Health Within Reach-a Patient-Centered Intervention to Increase Hepatitis B Screening Among Asian Americans: a Randomized Clinical Trial

Mandana Khalili [1], Nicole J Kim [2], Janice Y Tsoh [3], Judith M E Walsh [4], L Elizabeth Goldman [4], Ginny Gildengorin [4], Ching Wong [4], Mi T Tran [4], Edgar Yu [3], Michael Thanh Sharp [4], Vivian H LeTran [4], Vi-Van Nguyen [4], Tung T Nguyen [4]

Background: There are few studies to date of interventions to increase viral hepatitis screening among Asian Americans, who have high rates of chronic hepatitis B (HBV) infection.

Objective: To develop, implement, and test the efficacy of a mobile application (Hepatitis App) delivered in four languages to increase HBV screening among Asian Americans.

Design: Cluster-randomized clinical trial.

Participants: Four hundred fifty-two Asian American patients ≥ 18 years of age, who had no prior HBV testing, and received primary care within two healthcare systems in San Francisco, CA.

Interventions: The intervention group received the Hepatitis App, delivering interactive video education on viral hepatitis in English, Cantonese, Mandarin, or Vietnamese and a provider printout (Provider Alert) and Provider Panel Notification. The comparison group received a mobile application delivering nutrition and physical activity education and Provider Panel Notification.

Main measures: Primary outcomes were patient-provider discussion about HBV and documentation of a HBV screening test within 3 months post-intervention. Secondary outcome was documentation of an order for a HBV screening test.

Key results: Participants had a mean age of 57 years and were 64% female, 80% foreign-born, and 44% with limited English fluency. At post-visit, over 80% of intervention participants reported they liked using the Hepatitis App. At 3-month follow-up, the intervention group was more likely than the comparison group (all P < 0.001) to have discussed HBV with their provider (70% vs.16%), have a HBV test ordered (44% vs.10%), and receive a HBV test (38% vs.8%). In multivariable analyses, the intervention odds ratio for HBV test ordering was 7.6 (95% CI: 3.9, 14.8) and test receipt was 7.5 (95% CI: 3.6, 15.5).

Conclusions: A multi-lingual educational intervention using a mobile application in primary care clinics was well received by Asian American patients, enhanced patient-provider communication about HBV, and increased HBV screening. Technology can improve healthcare quality among Asian Americans.

A photo-based communication intervention to promote diet-related discussions among older adults with multi-morbidity

Jane Jih [1][2], Antony Nguyen [1][3], Jasmin Woo [1][4], Wen-Ching Tran [5], Abby Wang [6], Nikko Gonzales [5], Jennifer Fung [1], Jackeline Callejas [7], Tung T Nguyen [1][2], Christine S Ritchie [8]
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Abstract

Background: Little is known about how to best communicate with older adults about dietary behaviors and related factors in complex chronic disease care. Photo-based communication could promote efficient information exchange and activate patients to effectively communicate their lived experiences. We conducted a pilot study to assess the feasibility and acceptability of a photo-based patient-clinician communication intervention to promote dietary discussions in geriatric primary care.

Methods: Older adult patients with 2+ concurrent chronic conditions received in-person training on photo-taking with a smartphone before taking photos in response to the prompt, "What aspects of your everyday life affect what you eat and how much you have to eat?" Patients then shared photos and their narratives with their primary care clinician during a clinic visit. Patients and clinicians completed separate audio-recorded post-visit interviews to assess perspectives on the intervention. Interview transcripts were analyzed using a thematic analysis approach.

Results: Fourteen patient-clinician dyads completed the study. All except one patient-clinician dyad (93%) completed the intervention as trained. 93% of patients and 86% of clinicians reported that they would "definitely" or "probably" be willing to engage in a future visit with photo-sharing. Patients and clinicians shared similar perspectives on how sharing of photos during the visit enhanced communication and information exchange about dietary practices and other health-related factors, influenced clinical recommendations made during the visits, and strengthened the patient-clinician relationship.

Conclusion: Incorporation of a photo-based patient-clinician communication intervention to promote discussions regarding diet and other health-related factors could be a patient-centered strategy to help deliver comprehensive geriatric primary care.

Keywords: comprehensive geriatric assessment; health communication; patient-centered care.

Exploring the intersection of structural racism and ageism in healthcare

Timothy W Farrell [1] [2], William W Hung [3] [4], Kathleen T Unroe [5] [6], Teneille R Brown [7], Christian D Furman [8], Jane Jih [9], Reena Karani [10], Paul Mulhausen [11], Anna María Nápoles [12], Joseph O Nnodim [13], Gina Upchurch [14] [15], Chanel F Whittaker [16], Anna Kim [17], Nancy E Lundebjerg [17], Ramona L Rhodes [18] [19] [20]

Abstract

The American Geriatrics Society (AGS) has consistently advocated for a healthcare system that meets the needs of older adults, including addressing impacts of ageism in healthcare. The intersection of structural racism and ageism compounds the disadvantage experienced by historically marginalized communities. Structural racism and ageism have long been ingrained in all aspects of US society, including healthcare. This intersection exacerbates disparities in social determinants of health, including poor access to healthcare and poor outcomes. These deeply rooted societal injustices have been brought to the forefront of the collective public consciousness at different points throughout history. The COVID-19 pandemic laid bare and exacerbated existing inequities inflicted on historically marginalized communities. Ageist rhetoric and policies during the COVID-19 pandemic further marginalized older adults. Although the detrimental impact of structural racism on health has been well-documented in the literature, generative research on the intersection of structural racism and ageism is limited. The AGS is working to identify and dismantle the healthcare structures that create and perpetuate these combined injustices and, in so doing, create a more just US healthcare system. This paper is intended to provide an overview of important frameworks and guide future efforts to both identify and eliminate bias within healthcare delivery systems and health professions training with a particular focus on the intersection of structural racism and ageism.

Keywords: ageism; health disparities; intersectionality; racism; social determinants.

Complementary and integrative healthcare communication in Chinese American patient / primary care visits: An observational discourse analysis

Evelyn Y Ho [1][2], Genevieve Leung [3], Brady Lauer [1], Jane Jih [2][4][5], Leah Karliner [2][4][5]

Abstract

Objective: Chinese-American patients use CIH at high rates but disclosure of CIH use to clinicians is low. Further, the content of CIH talk between patients and their clinicians is not well described. We aimed to characterize CIH talk between Chinese-American patients and their primary care clinicians.

Methods: Discourse analysis of 70 audio-recordings of language concordant and discordant-interpreted visits.

Results: Nearly half of all visits (48.6%) had some form of CIH communication. 'Simple CIH talk' focused on a single CIH topic resulting in a positive, neutral, or negative response by clinicians. 'CIH-furthering talk' was characterized by clinicians and patients addressing more than one CIH topic or including a combination of orientations to CIH by *both* clinicians and patients. CIH-furthering talk characterized by clinician humility could enhance rapport, cultural understanding, and open communication. CIH-furthering talk also led to miscommunication and retreat toward biomedicine.

Conclusion: CIH communication occurred frequently during language concordant and discordant-interpreted visits with Chinese-American patients. Both patients and clinicians used CIH-furthering talk as a conversational resource for managing care.

Innovation: This discourse analysis of visits between Chinese-American patients and their clinicians advances understanding of CIH communication beyond disclosure, illustrating the complexity of linguistic and cultural nuances that affect patient care.

Keywords: Chinese; Clinician-patient communication; Complementary medicine; Discourse analysis; Integrative health.

Cardiovascular risk-enhancing factors and coronary artery calcium in South Asian American adults: The MASALA study

Harini Shah [1], Emma Garacci [1], Supreeti Behuria [1], Miguel Cainzos-Achirica [2], Namratha R Kandula [3], Alka M Kanaya [4], Nilay S Shah [5]
Affiliations expand

Objectives: The 2018 and 2019 U.S. guidelines for the management of cholesterol and primary prevention of atherosclerotic cardiovascular disease (ASCVD) recommend consideration of cardiovascular risk-enhancing factors (REFs), including South Asian ancestry, to refine ASCVD risk estimation. However, the associations of REFs with atherosclerosis are unclear in South Asian American adults, who have a disproportionately elevated premature coronary heart disease risk. In the Mediators of Atherosclerosis in South Asians Living in America (MASALA) cohort, we investigated associations of individual REFs, or the number of REFs, with coronary artery calcium (CAC).

Methods: Using baseline and follow-up data from MASALA, we evaluated the association of REFs (family history of ASCVD, low-density lipoprotein cholesterol ≥160 mg/dL, triglycerides ≥175 mg/dL, lipoprotein(a) >50 mg/dL, high-sensitivity C-reactive protein [hsCRP] ≥2.0 mg/dL, ankle-brachial index <0.9, chronic kidney disease, metabolic syndrome), individually and combined, with baseline prevalent CAC, any CAC progression (including incident CAC and CAC progression), and annual CAC progression rates using multivariable logistic regression and generalized linear models.

Results: Among 866 adults, mean age was 55 [SD 9] years and 47% were female. There were no significant associations of REFs with baseline prevalent CAC or any CAC progression (incident CAC and CAC progression at Exam 2) after adjustment. Among the 56% of participants who had any CAC progression, having 3+ REFs was associated with a significantly higher annual CAC progression rate (adjusted rate ratio [aRR] 1.94, 95% CI 1.39-2.72) vs. having 0 REFs. The annual CAC progression rate was 20% higher per additional REF (aRR 1.20, 95% CI 1.09-1.32). Findings were similar after excluding statin users, and among those with low 10-year ASCVD risk (<5%).

Conclusions: Among South Asian American adults, we found no association of REFs with prevalent CAC at baseline or having any CAC progression. Among those with any CAC progression, a higher number of REFs was associated with higher annual CAC progression rates.

Keywords: Cardiovascular disease; Coronary artery calcium; Risk; South Asian.

Social support, psychosocial risks, and cardiovascular health: Using harmonized data from the Jackson Heart Study, Mediators of Atherosclerosis in South Asians Living in America Study, and Multi-Ethnic Study of Atherosclerosis

Jee Won Park [1][2][3], Chanelle J Howe [1][2], Laura A Dionne [4], Matthew M Scarpaci [5], Belinda L Needham [6], Mario Sims [7], Alka M Kanaya [8], Namratha R Kandula [9], Joseph L Fava [4][10], Eric B Loucks [2][4], Charles B Eaton [2][11], Akilah J Dulin [1][4]

Abstract

Purpose: Social support may have benefits on cardiovascular health (CVH). CVH is evaluated using seven important metrics (Life's Simple 7; LS7) established by the American Heart Association (e.g., smoking, diet). However, evidence from longitudinal studies is limited and inconsistent. The objective of this study is to examine the longitudinal relationship between social support and CVH, and assess whether psychosocial risks (e.g., anger and stress) modify the relationship in a racially/ethnically diverse population.

Methods: Participants from three harmonized cohort studies - Jackson Heart Study, Mediators of Atherosclerosis in South Asians Living in America, and Multi-Ethnic Study of Atherosclerosis - were included. Repeated-measures modified Poisson regression models were used to examine the overall relationship between social support (in tertiles) and CVH (LS7 metric), and to assess for effect modification by psychosocial risk.

Results: Among 7724 participants, those with high (versus low) social support had an adjusted prevalence ratio (aPR) and 95% confidence interval (CI) for ideal or intermediate (versus poor) CVH of 0.99 (0.96-1.03). For medium (versus low) social support, the aPR (95% CI) was 1.01 (0.98-1.05). There was evidence for modification by employment and anger. Those with medium (versus low) social support had an aPR (95% CI) of 1.04 (0.99-1.10) among unemployed or low anger participants. Corresponding results for employed or high anger participants were 0.99 (0.94-1.03) and 0.97 (0.91-1.03), respectively.

Conclusion: Overall, we observed no strong evidence for an association between social support and CVH. However, some psychosocial risks may be modifiers. Prospective studies are needed to assess the social support-CVH relationship by psychosocial risks in racially/ethnically diverse populations.

MicroRNAs Associated with Incident Diabetes in the Diabetes Prevention Program

Elena Flowers [1][2], Bradley E Aouizerat [3][4], Alka M Kanaya [5][6], Jose C Florez [7][8][9], Xingyue Gong [1], Li Zhang [6][10]

Objective: MicroRNAs (miRs) are short (i.e., 18-26 nucleotide) regulatory elements of messenger RNA translation to amino acids. The purpose of this study was to assess whether miRs are predictive of incident T2D in the Diabetes Prevention Program (DPP) trial.

Research design and methods: This was a secondary analysis (n = 1,000) of a subset of the DPP cohort that leveraged banked biospecimens to measure miRs. We used random survival forest and Lasso to identify the optimal miR predictors and cox proportional hazards to model time to T2D overall and within intervention arms.

Results: We identified five miRs (miR-144, miR-186, miR-203a, miR-205, miR-206) that constituted the optimal predictors of incident T2D after adjustment for covariates (hazards ratio 2.81 (95% confidence interval (CI) 2.05, 3.87); p < 0.001). Predictive risk scores following cross-validation showed the HR for the highest quartile risk group compared to the lowest quartile risk group was 5.91 (95% CI (2.02, 17.3); p < 0.001). There was significant interaction between the intensive lifestyle (HR 3.60, 95% CI (2.50, 5.18); p < 0.001) and the metformin (HR 2.72; 95% CI (1.47, 5.00); p = 0.001) groups compared to placebo. Of the five miRs identified, one targets a gene with prior known associations with risk for T2D.

Discussion: We identified five miRs that are optimal predictors of incident T2D in the DPP cohort. Future directions include validation of this finding in an independent sample in order to determine whether this risk score may have potential clinical utility for risk stratification of individuals with prediabetes, and functional analysis of the potential genes and pathways targeted by the miRs that were included in the risk score.

Keywords: biomarker; diabetes; fasting blood glucose; microRNA; prediabetes.

Examining relationships between perceived neighborhood social cohesion and ideal cardiovascular health and whether psychosocial stressors modify observed relationships among JHS, MESA, and MASALA participants

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Abstract

Background: Psychosocial stressors increase the risks for cardiovascular disease across diverse populations. However, neighborhood level resilience resources may protect against poor cardiovascular health (CVH). This study used data from three CVH cohorts to examine longitudinally the associations of a resilience resource, perceived neighborhood social cohesion (hereafter referred to as neighborhood social cohesion), with the American Heart Association's Life's Simple 7 (LS7), and whether psychosocial stressors modify observed relationships.

Methods: We examined neighborhood social cohesion (measured in tertiles) and LS7 in the Jackson Heart Study, Multi-Ethnic Study of Atherosclerosis, and Mediators of Atherosclerosis in South Asians Living in America study. We used repeated-measures, modified Poisson regression models to estimate the relationship between neighborhood social cohesion and LS7 (primary analysis, n = 6,086) and four biological metrics (body mass index, blood pressure, cholesterol, blood glucose; secondary analysis, n = 7,291). We assessed effect measure modification by each psychosocial stressor (e.g., low educational attainment, discrimination).

Results: In primary analyses, adjusted prevalence ratios (aPR) and 95% confidence intervals (CIs) for ideal/intermediate versus poor CVH among high or medium (versus low) neighborhood social cohesion were 1.01 (0.97-1.05) and 1.02 (0.98-1.06), respectively. The psychosocial stressors, low education and discrimination, functioned as effect modifiers. Secondary analyses showed similar findings. Also, in the secondary analyses, there was evidence for effect modification by income.

Conclusion: We did not find much support for an association between neighborhood social cohesion and LS7, but did find evidence of effect modification. Some of the effect modification results operated in unexpected directions. Future studies should examine neighborhood social cohesion more comprehensively and assess for effect modification by psychosocial stressors.

A healthy plant-based diet is favorably associated with cardiometabolic risk factors among participants of South Asian ancestry

Shilpa N Bhupathiraju [1] [2], Caleigh M Sawicki [2], Shatabdi Goon [2], Unjali P Gujral [3], Frank B Hu [1] [2] [4], Namratha R Kandula [5], Alka M Kanaya [6]

Abstract

Background: Plant-based diets are recommended for chronic disease prevention, yet there has been little focus on plant-based diet quality among participants of South Asian ancestry who consume a predominantly plant-based diet.

Objectives: We evaluated cross-sectional and prospective associations between plant-based diet quality and cardiometabolic risks among participants of South Asian ancestry who are living in the United States.

Methods: We included 891 participants of South Asian ancestry who completed the baseline visit in the Mediators of Atherosclerosis in South Asians Living in America (MASALA) study. The prospective analysis included 735 participants who completed exam 2 (∼5 years after baseline). The plant-based diet quality was assessed using 3 indices: an overall plant-based diet index (PDI) that summarizes the consumption of plant foods, a healthy PDI (hPDI) that measures consumption of healthy plant foods, and an unhealthy PDI (uPDI) that reflects consumption of less healthy plant foods.

Results: At baseline, the PDI score was inversely associated with fasting glucose. We observed inverse associations between PDI and hPDI scores and HOMA-IR, LDL cholesterol, weight, and BMI (all P values < 0.05). Higher scores on the hPDI, but not PDI, were associated with lower glycated hemoglobin, higher adiponectin, a smaller visceral fat area, and a smaller pericardial fat volume. Each 5-unit higher hPDI score was associated with lower likelihoods of fatty liver (OR: 0.76; 95% CI: 0.64, 0.90) and obesity (OR: 0.88; 95% CI: 0.80, 0.97). There were no associations between uPDI scores and cardiometabolic risks. Prospectively, after covariate adjustment for baseline values, each 5-unit higher hPDI score was associated with an 18% lower risk of incident type 2 diabetes (OR: 0.82; 95% CI: 0.67, 1.00).

Conclusions: A higher intake of healthful plant-based foods was associated with a favorable cardiometabolic risk profile. Dietary recommendations to lower chronic disease risks among participants of South Asian ancestry should focus on the quality of plant-based foods.

Keywords: Asian Indians; South Asians; cardiometabolic; cardiovascular disease; diabetes; diet; epidemiology; plant-based diets.

Validation of the Short-Test of Functional Health Literacy in Adults for the Samoan Population

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Abstract

Background: Health literacy encompasses various levels of communication for an individual, provider, and an organization. Validated and reliable tools have been developed to assess health literacy; however, there is a paucity of tools available to assess health literacy in native languages for indigenous and racial/ethnic minority populations.

Objective: This article shares the process taken to translate and evaluate validation and reliability of the Short Test of Functional Health Literacy in Adults for use with the Samoan population.

Methods: Respondent-driven sampling was used to collect data from 1,543 adults age 45 years and older in American Samoa. A confirmatory factor analysis using a two-factor model for validation was conducted.

Key results: The validation results indicated a "good fit" in multiple indices and Cronbach's alpha indicated high internal consistency in both the English and Samoan languages.

Conclusions: Developing culturally validated and reliable health literacy assessment tools is important to help health care professionals decrease health disparities and address inadequate health literacy in all cultures. [***HLRP: Health Literacy Research and Practice*. 2022;6(4):e247-e256.**] Plain Language Summary: The INSPIRE project studied the Short Test of Functional Health Literacy in Adults (STOFHLA) tested on the American Samoan population age 50 years and older. The results would show if the STOFHLA is a valid tool to measure functional health literacy in American Samoa adults.

Socioeconomic status across the life course and smoking cessation among older adult smokers in the U.S

Jaqueline C Avila [1], Sangah Lee [2], Ezinwa Osuoha [3], Dale Dagar Maglalang [4], Alexander Sokolovsky [4], Jasjit S Ahluwalia [5]

Abstract

Introduction: Socioeconomic status (SES) at different stages of the life course impacts late-life health. However, whether SES across the life course impacts smoking cessation in late-life is not known.

Purpose: Assess how life course SES impacts smoking cessation among older smokers.

Methods: We identified 5,124 smokers, 50 years and older, from the 1998 to 2018 waves of the Health and Retirement Study. The outcome was self-reported smoking cessation. The main exposure was life course SES, defined as: low child and low adult SES (persistent low); low child, high adult SES (upward mobility); high child, low adult SES (downward mobility); and high child, high adult SES (persistent high). A multilevel mixed-effect logistic model was used to examine how life course SES predicts smoking cessation at age 65 and over time, adjusted for covariates.

Results: Compared to those with persistent high SES, those with persistent low SES, upward and downward SES were more likely to be Hispanic or non-Hispanic Black. The adjusted results showed that at age 65, compared to those with persistent high SES, those with persistent low SES (OR= 0.69, 95 % CI = [0.51-0.92]), upward SES (OR= 0.49, [0.32-0.75]), and downward SES (OR= 0.55, [0.40-0.76]) were less likely to quit. However, as age increased, only those with downward or persistent low SES were significantly less likely to quit compared to those with persistent high SES.

Discussion: Social mobility of SES from childhood to adulthood significantly impacts smoking cessation. Both stages of the life course should be considered to understand smoking behaviors.

Keywords: Health and Retirement Study; Smoking Cessation; Socioeconomic Status; Tobacco.

Doctors, Patients, and Interpreters' Views on the Co-Construction of Empathic Communication in Interpreter-Mediated Consultations: A Qualitative Content Analysis of Video Stimulated Recall Interviews

[Laura Theys](#) [1] [2], [Cornelia Wermuth](#) [1], [Elaine Hsieh](#) [3], [Demi Krystallidou](#) [4], [Peter Pype](#) [2], [Heidi Salaets](#) [1]

Abstract

Doctors and patients rely on verbal and nonverbal resources to co-construct clinical empathy. In language-discordant consultations, interpreters' communicative actions might compromise this process. We aim to explore doctors, patients, and professional interpreters' perspectives on their own and others' actions during their empathic interaction in interpreter-mediated consultations (IMCs). We analyzed 20 video stimulated recall interviews with doctors, patients, and interpreters using qualitative content analysis. Doctors and patients found ways to connect with each other on the level of empathic communication (EC) that is not limited by interpreters' alterations or disengaged demeanor. Some aspects of doctors and interpreters' professional practices might jeopardize the co-construction of EC in IMCs. The co-construction of EC in IMCs is not only subject to participants' communicative (inter)actions, but also to organizational and subjective factors. These results provide evidence of the transactional process between the behavioral, cognitive, and affective components of clinical empathy in the context of IMCs.

An accessible, relational, inclusive, and actionable (ARIA) model of genetic counseling compared with usual care: Results of a randomized controlled trial

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Abstract

Purpose: Effective approaches to communicate genomic information are needed to ensure equitable care. In a randomized controlled superiority trial, we tested a novel practice model that aims to make genetic counseling inclusive, by making the communication accessible, relational, and actionable (ARIA).

Methods: In total, 696 English- and Spanish-speaking patients aged 18 to 49 years, enriched for individuals from historically underserved backgrounds, were randomized in 1:1 ratio to ARIA or usual care. Primary outcomes were accuracy of recall, communication satisfaction, and perceived understanding. In total, 33 participants completed qualitative interviews.

Results: Recall and understanding were high for all participants. ARIA participants scored higher on the relationship scale of communication satisfaction (mean difference = 0.09, 95% CI = <0.01 to 0.17). Moderator analyses of communication satisfaction showed that those with lower health literacy reported less communication difficulty in ARIA and those using medical interpreters reported greater communication ease in ARIA. No significant difference was found on other primary and secondary outcomes. Qualitative data enhanced understanding of how and why ARIA can be effective.

Conclusion: This study provides evidence that a genetic counseling intervention that focuses on specific communication skills to enhance relationship-building, patient engagement, and comprehension can be effective with all patients and may be especially valuable for patients of lower health literacy and Spanish-speakers who use a medical interpreter.

Keywords: Genetic counseling; Health literacy; Hereditary cancer; Limited English proficient (LEP); Patient provider relationship.

A qualitative study of unaffected ATM and CHEK2 carriers: How participants make meaning of 'moderate risk' genetic results in a population breast cancer screening trial

Jennifer Elyse James [1], Leslie Riddle [2], Mikaella Caruncho [2], Barbara Ann Koenig [1][2], Galen Joseph [2]

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Abstract

Relatively little is known about experiences of individuals with a pathogenic variant in a moderately penetrant breast cancer gene, particularly those without a personal history of cancer. The WISDOM trial is testing a model of risk-based breast cancer screening that integrates genomic (nine genes and polygenic risk) and other risk factors. In the context of an embedded Ethical, Legal, and Social Implications (ELSI) study of WISDOM, we conducted qualitative interviews at two timepoints post-result disclosure with 22 ATM and CHEK2 carriers. Results disclosure and interview recordings were transcribed and analyzed using a grounded theory analysis framework. We found that participants minimized the significance of their results in comparison to BRCA; were surprised but not alarmed by the results in the absence of family history; did not fundamentally change their perception of their breast cancer risk despite the new genomic information; exhibited variable responses to WISDOM's screening and risk reduction recommendations; and shared test results with family but did not strongly encourage cascade testing. Participants viewed the results as having limited utility and responded accordingly. Our study offers important insights into how genetic test results for moderate-risk genes are received, understood, and acted upon in population screening context.

Keywords: ATM; CHEK2; ELSI; breast cancer; genetic testing; moderate-risk genes; population screening; risk perception.

Psychiatric genomics, mental health equity, and intersectionality: A framework for research and practice

Julia E H Brown [1], Jennifer L Young [2], Nicole Martinez-Martin [3]

Abstract

The causal mechanisms and manifestations of psychiatric illness cannot be neatly narrowed down or quantified for diagnosis and treatment. Large-scale genome-wide association studies (GWAS) might renew hope for locating genetic predictors and producing precision medicines, however such hopes can also distract from appreciating social factors and structural injustices that demand more socially inclusive and equitable approaches to mental healthcare. A more comprehensive approach begins with recognizing that there is no one type of contributor to mental illness and its duration that should be prioritized over another. We argue that, if the search for biological specificity is to complement the need to alleviate the social distress that produces mental health inequities, psychiatric genomics must incorporate an intersectional dimension to models of mental illness across research priorities, scientific frameworks, and clinical applications. We outline an intersectional framework that will guide all professionals working in the expanding field of psychiatric genomics to better incorporate issues of social context, racial and cultural diversity, and downstream ethical considerations into their work.

Keywords: genetic counseling; inequity and social justice; intersectionality; polygenic risk scores; psychiatric genomics; psychiatric research; psychiatric treatment; structural violence.

Latinx attitudes, barriers, and experiences with genetic counseling and testing: A systematic review

[Heather A Dron](#) [1][2], [Daiana Bucio](#) [3], [Jennifer L Young](#) [1][4], [Holly K Tabor](#) [1][5], [Mildred K Cho](#) [1][6]

Abstract

As genetics is increasingly used across clinical settings, there is a need to understand the impact and experiences of diverse patients. This review systematically examined research literature on Latinx experiences with genetic counseling and genetic testing (GC/GT) in the United States, synthesizing key themes and knowledge gaps pertaining to both patient experience and hypothetical scenarios. Findings were based on a systematic search, inclusion, and thematic analysis of 81 empirical peer-reviewed articles published from January 1990 to July 2019 pertaining to Latinx populations and GC/GT. Studies most commonly addressed Latinas' perspectives on GC/GT in prenatal settings or for hereditary breast and ovarian cancer (HBOC). Costs, referrals, and communication were significant barriers to accessing genetic services for many Latinx patients, particularly those with low English proficiency (LEP). Studies highlighted difficulties accessing and communicating in healthcare settings, and how medical context and prior experience with healthcare workers and institutions influenced GC/GT decision-making. Providers' implicit biases about Latinx patients negatively impacted their care and impeded communication. Despite low awareness of cancer GT, Latinx patients often reported interest in learning more about GC/GT or unmet needs for GT discussion and provider involvement. This systematic review identified areas where providers can take action to improve Latinx experiences with GC/GT. Clinicians should elicit and respond to patient preferences about shared decision-making. For patients with low numeracy or LEP, providers should consider tailored educational and communication techniques. Most studies focused on HBOC and prenatal testing, and Latinx patients are heterogeneous, leaving many research questions about Latinx experience with GT/GC in other clinical areas.

Keywords: Hispanic; Latinx; acculturation; barriers; communication; decision-making; disparities; genetic counseling; genetic testing; patient experience; systematic review; underrepresented populations.

Bile Duct Stone Size May Influence the Efficacy of Endoscopic Sphincterotomy With or Without Large-Balloon Dilation: A Meta-Analysis

Tang-Wei Chuang [1], Joseph Leung [2], Jyh-Jou Chen [1], Pei-Lun Lee [1], Hung-Da Tung [1], Min-Lin Fang [3], Mei-Chen Ou-Yang [4], Jyu-Lin Chen [5]

Abstract

Purpose: Endoscopic sphincterotomy (EPT) combined with endoscopic papillary large balloon dilatation (EPBD) are used to remove large common bile duct (CBD) stones. This meta-analysis compared the efficacy and safety of EPT+EPBD versus EPT alone in the removal of stones based on stone size. ***Materials and Methods:*** Twenty-two studies (11 randomized control trials [RCTs] and 11 non-RCTs) were identified and reviewed based on searches of Embase, PubMed, and Web of Science. CBD stone's size was measured with reference to diameter of the duodenoscope (13 mm) and size of the large dilatation balloon (17 mm) seen on cholangiogram. The stone clearance rate, required mechanical lithotripsy (ML), procedure time, and pancreatitis were compared according to the mean stone size, and further divided into Groups A (small) 10-13 mm, B (medium) 13-17 mm, and C (large) >17 mm. ***Results:*** Subgroup analysis according to CBD stone size showed EPT + EPBD had a significantly better initial stone clearance rate than EPT in Groups B (odds ratio [OR] = 2.39, 95% confidence interval [CI]: 1.20-4.77) and C (OR = 3.05, 95% CI: 1.86-5.03), but not for Group A (OR = 1.41, 95% CI: 0.90-2.21). EPT+EPBD also required significantly less ML than EPT in Groups B (OR = 0.34, 95% CI: 0.15-0.77) and C (OR = 0.31, 95% CI: 0.13-0.73). EPT+EPBD had significantly shorter procedure time than EPT in Group B (standardized mean difference = -1.20, 95% CI: -2.08 to 0.32). In meta-regression analysis, Group B had a better OR in initial stone clearance rate and less ML usage rate correlation with the size of CBD stone, but not for Group C with larger stones. ***Conclusions:*** EPT+EPBD had a significantly better initial stone clearance rate, and required less ML with shorter procedure time than EPT for removing medium-sized CBD stones, but the efficacy was limited to large CBD stones. The study protocol and trial registration had been registered in PROSPERO (Registration No. CRD42020171689)

The 6-Month Efficacy of an Intensive Lifestyle Modification Program on Type 2 Diabetes Risk Among Rural Women with Prior Gestational Diabetes Mellitus: a Cluster Randomized Controlled Trial

Yao Chen [#][1], Qinyi Zhong [#][1], Jiaxin Luo [1], Yujia Tang [1], Mingshu Li [2], Qian Lin [2], James Allen Willey [3], Jyu-Lin Chen [4], Robin Whittemore [5], Jia Guo [6]

Abstract

This study aimed to evaluate the efficacy of an intensive lifestyle modification program tailored to rural Chinese women with prior gestational diabetes mellitus compared with usual care. In a cluster randomized controlled trial, 16 towns (clusters) in two distinct rural areas in China were randomly selected (8 towns per district); and 320 women with prior gestational diabetes mellitus were recruited from these towns. With stratification for the two study districts, eight towns (160 women) were randomly assigned to the intervention group of a tailored intensive lifestyle modification program and 8 towns (160 women) to the control group. Process measures were collected on attendance, engagement, fidelity, and satisfaction. Primary efficacy outcomes included glycemic and weight-related outcomes, while secondary efficacy outcomes were behavioral outcomes and type 2 diabetes risk score, which were collected at baseline, 3-month, and 6-month follow-up. Generalized estimation equations were used to analyze the data. High attendance (72% of sessions), engagement (67% of interactive activities and group discussions), fidelity (98%), and satisfaction (92%) with the tailored intensive lifestyle modification program were achieved. There were significant reductions in fasting blood glucose, oral glucose tolerance test 2 h, waist circumference, and type 2 diabetes risk score of participants in the intervention group compared to the control group (p < .05). There was no significant intervention effect on body mass index or behavioral outcomes (p > .05). In this study, we demonstrate the successful efficacy of an Intensive Lifestyle Modification Program in reducing type 2 diabetes risk among younger women with prior gestational diabetes mellitus. This tailored program delivered by local healthcare providers is a promising approach for diabetes prevention in rural China, reducing health disparities in rural communities about diabetes prevention. Registered in the Chinese Clinical Trial Registry (ChiCTR2000037956) on 3rd Jan 2018.

Keywords: Gestational diabetes; Less-developed area; Prevention; Randomized controlled trial; Type 2 diabetes mellitus; Woman.

COVID-19 Vaccination Perceptions Among Young Adults of Color in the San Francisco Bay Area

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Abstract

Background: COVID-19 vaccination rates among U.S. young adults, particularly in communities of color, remain lower than other age groups. We conducted a qualitative, community-based participatory study to explore beliefs and attitudes about COVID-19 vaccines among young adults in Black/African American, Latinx, and Asian American or Pacific Islander (AAPI) communities in the San Francisco Bay Area.

Methods: We conducted six focus groups between June and August 2021. Participants were recruited by partnering with community-based organizations in the San Francisco Bay Area. Focus groups included Black/African American (*N*=13), Latinx (*N*=20), and AAPI (*N*=12) participants between 18 and 30 years of age. Emerging themes were identified using a modified Grounded Theory approach.

Results: Prominent themes among all three racial-ethnic groups included mistrust in medical and government institutions, strong conviction about self-agency in health decision-making, and exposure to a thicket of contradictory information and misinformation in social media. Social benefit and a sense of familial and societal responsibility were often mentioned as reasons to get vaccinated. Young adult mistrust had a generational flavor fueled by anger about increasing inequity, the profit-orientation of pharmaceutical companies and health institutions, society's failure to rectify injustice, and pessimism about life prospects.

Conclusion: Factors influencing vaccine readiness among Black/African American, Latinx, and AAPI young adults have a distinct generational and life-course texture. Outreach efforts should appeal to young adults' interest in family and social responsibility and the social benefits of vaccination, while being cognizant of the friction mandates pose for young adults' sense of self-agency. Efforts will be most effective coming from trusted messengers with a proven commitment to communities of color and health equity.

Keywords: COVID-19 vaccination; disparities; vaccine hesitancy; young adults.

Measuring Asian hate: Discordant reporting of race-based hate incidents and unfair treatment and association with measures of wellbeing

Ninez A Ponce [1][2][3], Alexander C Adia [3], Rachel A Banawa [1][2][3], Sean Tan [1], Melanie D Sabado-Liwag [3][4]

Abstract

Background: During COVID-19, anti-Asian discrimination increased in attention. Hate and unfair treatment are related but do not completely overlap. We expect those who report a hate incident would also report race-based unfair treatment, yet feelings of social desirability or self-blame may lead to under-reporting of unfair treatment.

Objectives: To describe reporting of an experience of race-based hate but not an experience of race-based unfair treatment among Asians in California and explore the association between this reporting discordance with (1) serious psychological distress, (2) forgoing needed medical care, (3) increased household interpersonal conflict, and (4) feeling unsafe in their neighborhood.

Methods: We used the 2020 California Health Interview Survey's AANHPI COVID Module, conducted weighted descriptive and multivariate analyses, and computed adjusted relative risks (RR). The multivariate models controlled for Asian subgroup, age, gender, immigrant status, education level, poverty, and English proficiency.

Results: Among Asians who reported race-based hate (6.9% overall), 62.4% reported not experiencing race-based unfair treatment. Compared to Asians not reporting a hate incident, this "discordant" group was more likely to experience serious psychological distress (RR = 6.9), forgo necessary medical care (RR = 2.4), increased household interpersonal conflicts (RR = 2.7), and feel unsafe in their neighborhoods (RR = 3.0). The "concordant" group did not post significant effects for severe psychological distress nor forgoing necessary medical care.

Discussion: Most Asians reporting hate did not report race-based unfair treatment, and this group is most affected by the consequences of a hate incident. We indicate future directions for research and policy.

Keywords: anti-Asian racism; discrimination; health access; interpersonal conflict at home; mental health; population surveillance/methods; public safety; survey measurement.

Primary Care Physicians' Perceived Barriers to Follow-Up of Abnormal Mammogram Results: Opportunities for Systems-Level Interventions

Sarah J Flynn [1], Jennifer Livaudais-Toman [2][3], Celia P Kaplan [2][3], Karla Kerlikowske [4][5], Nancy J Burke [6][7], Sarita Pathak [2][8], Leah S Karliner [9][10]

No abstract available

Inclusionary Trials: A Review of Lessons Not Learned

Paris B Adkins-Jackson, Nancy J Burke, Patricia Rodriguez Espinosa, Juliana M Ison, Susan D Goold, Lisa G Rosas, Chyke A Doubeni, Arleen F Brown; STOP COVID-19 California Alliance Trial Participation and Vaccine Hesitancy Working Groups

Abstract

The COVID-19 pandemic revealed weaknesses in the public health infrastructure of the United States, including persistent barriers to engaging marginalized communities toward inclusion in clinical research, including trials. Inclusive participation in clinical trials is crucial for promoting vaccine confidence, public trust, and addressing disparate health outcomes. A long-standing body of literature describes the value of community-based participatory research in increasing marginalized community participation in research. Community-based participatory research emphasizes shared leadership with community members in all phases of the research process, including in the planning and implementation, interpretation, and dissemination. Shared leadership between academic and industry with marginalized communities can assist with inclusive participation in vaccine trials and increase public trust in the development of the vaccines and other therapies used during public emergencies. Nevertheless, epidemiologic and clinical research do not yet have a strong culture of community partnership in the scientific process, which takes time to build and therefore may be difficult to develop and rapidly scale to respond to the pandemic. We outline practices that contribute to a lack of inclusive participation and suggest steps that trialists and other researchers can take to increase marginalized communities' participation in research. Practices include planning for community engagement during the planning and recruitment phases, having regular dialogues with communities about their priorities, supporting them throughout a study, and navigating complex structural determinants of health. Additionally, we discuss how research institutions can support inclusive practices by reexamining their policies to increase participation in clinical trials and instilling institutional trustworthiness.

Keywords: clinical trials; community-based; inclusion; inclusive participation; minority recruitment; vaccine trials.

Associations between caregiving status, acculturation, and psychological distress in a diverse sample

Julia P Nguyen [1], Diane Hoang [2], Kieran Zhou [3], Danielle J Harvey [4], QuynhAnh Dam [5], Oanh L Meyer [1]

Abstract

Objectives: Increasingly diverse caregiver populations have prompted studies examining culture and caregiver outcomes. Still, little is known about the influence of sociocultural factors and how they interact with caregiving context variables to influence psychological health. We explored the role of caregiving and acculturation factors on psychological distress among a diverse sample of adults.

Design: Secondary data analysis of the California Health Interview Survey (CHIS).

Participants: The 2009 CHIS surveyed 47,613 adults representative of the population of California. This study included Latino and Asian American Pacific Islander (AAPI) caregivers and non-caregivers (n = 13,161).

Measurements: Multivariate weighted regression analyses examined caregiver status and acculturation variables (generational status, language of interview, and English language proficiency) and their associations with psychological distress (Kessler-6 scale). Covariates included caregiving context (e.g., support and neighborhood factors) and demographic variables.

Results: First generation caregivers had more distress than first-generation non-caregivers (β=0.92, 95% CI: (0.18, 1.65)); the difference in distress between caregivers and non-caregivers was smaller in the third than first generation (β=-1.21, 95% CI: (-2.24, -0.17)). Among those who did not interview in English (β=1.17, 95% CI: (0.13, 2.22)) and with low English proficiency (β=2.60, 95% CI: (1.21, 3.98)), caregivers reported more distress than non-caregivers.

Conclusions: Non-caregivers exhibited the "healthy immigrant effect," where less acculturated individuals reported less distress. In contrast, caregivers who were less acculturated reported more distress.

Keywords: acculturation; caregiving; distress; mental health; social determinants.

Neighborhood Characteristics and Caregiver Depressive Symptoms in the National Study of Caregiving

Oanh L Meyer [1], Hyun Jung Koo [2], Julie Strominger [2], Duyen Tran [1], Anna Bach [1], Amanda N Leggett [2]

Abstract

Objectives: We examined the association between neighborhood characteristics and depressive symptoms in a population-based sample of dementia caregivers. **Methods:** Data came from the 2017 National Health and Aging Trends Study (NHATS) and National Study of Caregiving. The sample included 956 caregivers of those with dementia. Linear regression was used to examine associations between neighborhood physical disorder neighborhood social cohesion, and depressive symptoms, and to test the moderating effect of social support on these relations. **Results:** Results suggested that having friends and family (1) to talk to buffered the effect of high NPD and low cohesion on depressive symptoms, (2) to help with daily activities buffered the effect of low cohesion on depressive symptoms, and finally, and (3) to help with care had a protective effect on depressive symptoms if social cohesion was high. **Discussion:** Neighborhood contextual characteristics and social support interact to affect caregiver depressive symptoms in complex ways.

Keywords: depression; informal caregivers; social determinants of health.

Health of Vietnamese Older Adults and Caregiver's Psychological Status in the United States: Result from the Vietnamese Aging and Care Survey

Christina E Miyawaki [1], Oanh L Meyer [2], Nai-Wei Chen [3], Kyriakos S Markides [4]

Abstract

Objective: We examined the association between care recipient's physical, mental, and cognitive health conditions and caregivers' psychological distress in Vietnamese older care recipients and their caregivers.**Methods**: The Vietnamese Aging and Care Survey was developed for care recipients, and adult-child and spousal caregivers, and inquired about their sociodemographics and health-related variables.**Results**: Data were collected on 58 caregiver-care recipient dyads. Adult-child and spousal caregivers were on average 43 and 70 years-old respectively. The vast majority were female (76%) and born in Vietnam (97%). Adult-child caregivers reported more caregiver burden than spousal caregivers. Care recipients were on average 75 years-old. Care recipients of adult-child caregivers reported more depressive symptoms than care recipients of spousal caregivers and were more likely to have mild dementia. Care recipients' health had no effect on caregiver depressive symptoms but their educational attainment was associated with caregiver burden and depressive symptoms.**Conclusions**: This study showed care recipients and caregivers' years of education were positively associated with caregivers' psychological distress. Vietnamese families lived in ethnic enclaves and shared caregiving responsibilities within the family. However, using available outside resources may alleviate psychological distress of not only caregivers but also families as a whole.**Clinical Implications**: Healthcare professionals should encourage educated caregivers and educated care recipients to use outside resources to ease caregiving duties.

Keywords: Burden; Vietnamese; caregiver; caregiving; cognitive; depressive symptoms; education; mental; older; older adults.

The Role of Single-Cell Profiling and Deep Immunophenotyping in Understanding Immune Therapy Cardiotoxicity

Yuhsin Vivian Huang [1] [2], Sarah Waliany [3], Daniel Lee [1], Francisco X Galdos [1] [4], Ronald M Witteles [1] [3] [5], Joel W Neal [3] [6] [7], Alice C Fan [3] [6] [7], Holden T Maecker [8] [9], Patricia K Nguyen [1] [3] [5], Sean M Wu [1] [3] [5], Han Zhu [1] [3] [5]

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No abstract available

Sex differences in ICI myocarditis: Hormones to the rescue

Patricia K Nguyen [1], Sean M Wu [1]

Abstract

Sex hormones may account for sex differences observed in the prevalence and susceptibility of ICI myocarditis (Zhang *et al.*, this issue).

Comparative Safety and Effectiveness of Biologic Therapy for Crohn's Disease: A CA-IBD Cohort Study

Siddharth Singh [1], Jihoon Kim [2], Jiyu Luo [3], Paulina Paul [2], Vivek Rudrapatna [4], Sunhee Park [5], Kai Zheng [6], Gaurav Syal [7], Christina Ha [8], Phillip Fleshner [9], Dermot McGovern [7], Jenny S Sauk [10], Berkeley Limketkai [10], Parambir S Dulai [11], Brigid S Boland [12], Samuel Eisenstein [13], Sonia Ramamoorthy [13], Gil Melmed [7], Uma Mahadevan [4], William J Sandborn [12], Lucila Ohno-Machado [2]

Abstract

Background & aims: We compared the safety and effectiveness of tumor necrosis factor α (TNF-α) antagonists vs vedolizumab vs ustekinumab in patients with Crohn's disease (CD) in a multicenter cohort (CA-IBD).

Methods: We created an electronic health record-based cohort of adult patients with CD who were initiating a new biologic agent (TNF-α antagonists, ustekinumab, vedolizumab) from 5 health systems in California between 2010 and 2017. We compared the risk of serious infections (safety) and all-cause hospitalization and inflammatory bowel disease-related surgery (effectiveness) between different biologic classes using propensity score (PS) matching.

Results: As compared with TNF-α antagonists (n = 1030), 2:1 PS-matched, ustekinumab-treated patients with CD (n = 515) experienced a lower risk of serious infections (hazard ratio [HR], 0.36; 95% CI, 0.20-0.64), without any difference in the risk of hospitalization (HR, 0.99; 95% CI, 0.89-1.21) or surgery (HR, 1.08; 95% CI, 0.69-1.70). Compared with vedolizumab (n = 221), 1:1 PS-matched, ustekinumab-treated patients with CD (n = 221) experienced a lower risk of serious infections (HR, 0.20; 95% CI, 0.07-0.60), without significant differences in risk of hospitalization (HR, 0.76; 95% CI, 0.54-1.07) or surgery (HR, 1.42; 95% CI, 0.54-3.72). Compared with TNF-α antagonists (n = 442), 2:1 PS-matched, vedolizumab-treated patients with CD (n = 221) had a similar risk of serious infections (HR, 1.53; 95% CI, 0.84-2.78), hospitalization (HR, 1.32; 95% CI, 0.98-1.77), and surgery (HR, 0.63; 95% CI, 0.27-1.47). High comorbidity burden, concomitant opiate use, and prior hospitalization were associated with serious infections and hospitalization in biologic-treated patients with CD.

Conclusion: In a multicenter cohort of biologic-treated patients with CD, ustekinumab was associated with a lower risk of serious infections compared with TNF-α antagonists and vedolizumab, without any differences in risk of hospitalization or surgery. The risk of serious infections was similar for TNF-α antagonists vs vedolizumab.

Keywords: Biologics; Comparative Effectiveness; Immunosuppressives; Inflammatory Bowel Diseases; Positioning.

Multicenter Real-world Experience of Upadacitinib in the Treatment of Crohn's Disease

Rishika Chugh [1], Manuel B Braga-Neto [2], Thomas W Fredrick [3], Guilherme P Ramos [2], Jonathan Terdiman [1], Najwa El-Nachef [1], Edward V Loftus [2], Uma Mahadevan [1], Sunanda V Kane [2]

Abstract

Background: Upadacitinib is a selective Janus kinase inhibitor approved for the management of ulcerative colitis and under evaluation for the management of Crohn's disease in phase 3 clinical trials.

Aims: Our goal is to describe our real-world experience with upadacitinib in Crohn's disease.

Methods: This is a two-center retrospective cohort study of adult patients with moderate to severe Crohn's disease on upadacitinib. The primary outcome was clinical response and remission as determined by stool frequency and abdominal pain scores. Secondary endpoints included endoscopic response and remission as determined by change in simple endoscopic score for Crohn's. Outcomes were assessed at three months after starting upadacitinib and at patients' most recent follow-up. We further evaluated adverse events and dose-related response.

Results: A total of 45 Crohn's disease patients received upadacitinib and were included in the safety analysis. Thirty-six patients received upadacitinib for Crohn's disease, whereas 9 received it for inflammatory arthritis (n=8) or pyoderma (n=1). Thirty-three patients received upadacitinib for 3 months or longer and were included in the efficacy analysis. At 3-month follow up, 21 patients achieved clinical response (63.6%) and 9 achieved clinical remission (27.2%). At time of last follow-up, 23 patients had clinical response (69.7%), 10 achieved clinical remission (30.3%), and 4 (28.6%) achieved endoscopic remission. Adverse events occurred in 12 patients (26.7%). Two patients had a serious adverse event (4.5%) without associated mortality.

Conclusion: In this real-world cohort of highly refractory Crohn's disease patients, upadacitinib was effective in inducing remission and had an acceptable safety profile.

Keywords: Crohn's disease; Inflammatory bowel disease; Upadacitinib.

Effect of Obesity on Risk of Hospitalization, Surgery, and Serious Infection in Biologic-Treated Patients With Inflammatory Bowel Diseases: A CA-IBD Cohort Study

Phillip Gu [1], Jiyu Luo [2], Jihoon Kim [3], Paulina Paul [3], Berkeley Limketkai [4], Jenny S Sauk [4], Sunhee Park [5], Nimisha Parekh [5], Kai Zheng [6], Vivek Rudrapatna [7], Gaurav Syal [1], Christina Ha [1], Dermot P McGovern [1], Gil Y Melmed [1], Phillip Fleshner [8], Samuel Eisenstein [9], Sonia Ramamoorthy [9], Parambir S Dulai [10], Brigid S Boland [10], Eduardo Grunvald [11], Uma Mahadevan [7], Lucila Ohno-Machado [3], William J Sandborn [10], Siddharth Singh [3] [10]

Abstract

Introduction: Obesity is variably associated with treatment response in biologic-treated patients with inflammatory bowel diseases (IBD). We evaluated the association between obesity and risk of hospitalization, surgery, or serious infections in patients with IBD in new users of biologic agents in a large, multicenter, electronic health record (EHR)-based cohort (CA-IBD).

Methods: We created an EHR-based cohort of adult patients with IBD who were new users of biologic agents (tumor necrosis factor [TNF-α] antagonists, ustekinumab, and vedolizumab) between January 1, 2010, and June 30, 2017, from 5 health systems in California. Patients were classified as those with normal body mass index (BMI), overweight, or obese based on the World Health Organization classification. We compared the risk of all-cause hospitalization, IBD-related surgery, or serious infections among patients with obesity vs those overweight vs those with normal BMI, using Cox proportional hazard analyses, adjusting for baseline demographic, disease, and treatment characteristics.

Results: Of 3,038 biologic-treated patients with IBD (69% with Crohn's disease and 76% on TNF-α antagonists), 28.2% (n = 858) were overweight, and 13.7% (n = 416) were obese. On a follow-up after biologic initiation, obesity was not associated with an increased risk of hospitalization (adjusted hazard ratio [aHR] vs normal BMI, 0.90; [95% confidence interval, 0.72-1.13]); IBD-related surgery (aHR, 0.62 [0.31-1.22]); or serious infection (aHR, 1.11 [0.73-1.71]). Similar results were observed on stratified analysis by disease phenotype (Crohn's disease vs ulcerative colitis) and index biologic therapy (TNF-α antagonists vs non-TNF-α antagonists).

Discussion: In a multicenter, EHR-based cohort of biologic-treated patients with IBD, obesity was not associated with hospitalization, surgery, or serious infections. Further studies examining the effect of visceral obesity on patient-reported and endoscopic outcomes are needed.

Delayed Initiation of Rescue Therapy Associated with Increased Length of Stay in Acute Severe Ulcerative Colitis

Alyssa Caplan [1], Ryan McConnell [2], Fernando Velayos [3], Uma Mahadevan [1], Sara Lewin [4]

Abstract

Background: Reducing hospitalization length of stay (LOS) for acute severe ulcerative colitis (ASUC) will reduce healthcare costs, mitigate hospitalization-associated risks (e.g., venous thromboembolism), and improve quality of life.

Methods: A chart review was performed of all adult ASUC-related hospitalizations at University of California, San Francisco, from July 1, 2014, to December 31, 2017. Univariate and multivariate analyses were performed to identify factors associated with LOS < 7 days versus ≥ 7 days. A subgroup analysis was performed excluding patients who underwent colectomy during hospitalization.

Results: A total of 95 ASUC-related hospitalizations were identified. The initial univariable analysis identified the following factors associated with LOS ≥ 7 days (P < 0.05): higher maximum heart rate in the first 24 h, higher C-reactive protein, being biologic therapy naïve, and a later hospital day of biologic therapy initiation. On mixed model multivariable analysis, later hospital day of biologic initiation was associated with increased LOS ≥ 7 days (OR 3.1 95% CI 1.2-7.56, p = 0.012).

Conclusions: We identified multiple predictors for longer hospital LOS, including factors related to disease severity (non-modifiable) and treatment (potentially modifiable). Importantly, this study identified biologic naïve treatment status and delayed inpatient biologic therapy initiation as predictors of longer LOS (≥ 7 days) in patients who did not ultimately require colectomy during their hospital stay. Potentially modifiable strategies to reduce LOS may include early communication and patient education about biologic therapy in both the inpatient and outpatient setting.

Keywords: Biologic therapy; Hospitalization; IBD; Length of stay; Ulcerative colitis.

A scoping review of dementia caregiving for Korean Americans and recommendations for future research

Van M Ta Park [1][2][3], Quyen Ly [4], Julia von Oppenfeld [5], Yelim Lee [1], Yoonmee Joo [1], Hye-Won Shin [6][7], YongJoo Rhee [8], Linda G Park [1]

Abstract

Objectives: This scoping review aims to examine the caregiving experiences of Korean American caregivers of persons with dementia.

Methods: A comprehensive electronic search was conducted within 5 databases (PubMed, CINAHL, Web of Science, Embase, PsycINFO-ProQuest) for papers published from 01/01/00 - 01/24/22. Seventeen articles met the inclusion criteria. Thematic analysis was used to summarize key findings from these papers.

Results: Most Korean American dementia caregivers were immigrants and wives/daughters/daughters-in-law. Two themes emerged: 1) how Korean American caregivers perceived their caregiving experiences, and 2) how Korean American caregivers perceived their caregiving support services. Korean American caregivers often experience poor mental health and burden. Social support and familism were found to be two of the most important factors that determine their attitudes toward caregiving. Most reported barriers to utilizing public services. Challenges in finding culturally relevant resources were common.

Conclusions: Dementia caregiving is a significant public health problem facing Korean Americans. Recommendations for future research are provided.

Keywords: Alzheimer's disease; Korean; Korean American; dementia; dementia caregiving; health disparities; scoping review.

Development and Results of the First Certification Examination in the American Board of Medical Specialties Neurocritical Care Subspecialty

Steven L Lewis [1], Linjun Shen [2], Dorthea Juul [3], Alejandro Rabinstein [4], Vineeta Singh [5], Isaac Li [2], Kristin O'Brien [2], Larry R Faulkner [2]

Abstract

This article reviews the development of the American Board of Medical Specialties subspecialty in neurocritical care (NCC) and describes the requirements for certification and the results of the first certification examination administered in October 2021. The American Board of Psychiatry and Neurology (ABPN) is the administrative board, and the sponsoring boards are the American Board of Anesthesiology (ABA), American Board of Emergency Medicine (ABEM), American Board of Internal Medicine (ABIM), and American Board of Neurological Surgery. The American Board of Medical Specialties approved the subspecialty in 2018, and the Accreditation Council for Graduate Medical Education developed and approved the training requirements in 2021. The fellowship programs are either 12 or 24 months in length and may become available in Academic Year 2022-2023. The first NCC examination was developed by a multispecialty group of subject matter experts following established test development procedures and was successfully administered to 1,011 candidates in October 2021. There were 406 (40.2%) ABIM candidates, 356 (35.2%) ABPN candidates, 208 (20.6%) ABA candidates, and 41 (4.1%) ABEM candidates. The end-of-test survey indicated that most examinees were satisfied with their test taking experience, and the .92 reliability index indicated that the test scores were reliable. An established process was also followed to set the criterion-referenced passing standard, and the resulting pass rate of 72.7% was judged to be reasonable. In summary, the combined efforts of representatives from the ABPN, ABA, ABEM, ABIM, and American Board of Neurological Surgery yielded a quality assessment instrument to identify physicians who possess the expertise required to be certified in NCC. The test development committee will continue to expand and improve the pool of test questions for the next examination, which is scheduled for October 2022.

Keywords: Board certification; Fellowship training; Graduate medical education; Subspecialty certification.

Perceived Risk of Heart Attack and Type 2 Diabetes in Hispanic Adults With Overweight and Obesity

Yoshimi Fukuoka, Yoo Jung Oh

Abstract

Background: Individuals with a greater perceived risk of heart attack or type 2 diabetes tend to adopt recommended lifestyle changes to minimize their risks. Despite the rapidly growing Hispanic population in the United States, data regarding their perceived risks are lacking.

Objective: This study aimed to examine the perceived risk of suffering a heart attack and/or developing type 2 diabetes and to explore the factors associated with these risk perceptions in Hispanic adults with overweight/obesity.

Methods: We analyzed 69 Hispanic adults with overweight/obesity who participated in the screening/baseline visit for the Adelgaza study, a weight loss and diabetes prevention trial, using descriptive statistics and logistic regressions. Heart attack or type 2 diabetes risk perception was assessed using a single-item questionnaire.

Results: The mean (SD) values for age and body mass index (BMI) were 43.8 (11.2) years and 31.7 (4.5) kg/m 2 , respectively. Of all participants, 46.4% perceived a low risk for heart attack and 29.0% perceived a low risk for developing type 2 diabetes in their lifetime, whereas only 11.6% reported both risk perceptions. Older age, lower BMI, and longer walking duration (minutes) per day were significantly associated with a lower perceived risk of heart attack (P < .05). Having no family history of heart attack, lower BMI, and lower fat intake were significant predictors of a lower diabetes-risk perception (P < .05).

Conclusions: Hispanic adults with overweight/obesity seem to underestimate their risks of heart attack and type 2 diabetes.

Analyzing Public Conversations About Heart Disease and Heart Health on Facebook From 2016 to 2021: Retrospective Observational Study Applying Latent Dirichlet Allocation Topic Modeling

Haoning Xue [1], Jingwen Zhang [1][2], Kenji Sagae [3], Brian Nishimine [1], Yoshimi Fukuoka [4]

Background: Heart disease continues to be the leading cause of death in men and women in the United States. The COVID-19 pandemic has further led to increases in various long-term cardiovascular complications.

Objective: This study analyzed public conversations related to heart disease and heart health on Facebook in terms of their thematic topics and sentiments. In addition, it provided in-depth analyses of 2 subtopics with important practical implications: heart health for women and heart health during the COVID-19 pandemic.

Methods: We collected 34,885 posts and 51,835 comments spanning from June 2016 to June 2021 that were related to heart disease and health from public Facebook pages and groups. We used latent Dirichlet allocation topic modeling to extract discussion topics illuminating the public's interests and concerns regarding heart disease and heart health. We also used Linguistic Inquiry and Word Count (Pennebaker Conglomerates, Inc) to identify public sentiments regarding heart health.

Results: We observed an increase in discussions related to heart health on Facebook. Posts and comments increased from 3102 and 3632 in 2016 to 8550 (176% increase) and 14,617 (302% increase) in 2021, respectively. Overall, 35.37% (12,340/34,885) of the posts were created after January 2020, the start of the COVID-19 pandemic. In total, 39.21% (13,677/34,885) of the posts were by nonprofit health organizations. We identified 6 topics in the posts (heart health promotion, personal experiences, risk-reduction education, heart health promotion for women, educational information, and physicians' live discussion sessions). We identified 6 topics in the comments (personal experiences, survivor stories, risk reduction, religion, medical questions, and appreciation of physicians and information on heart health). During the pandemic (from January 2020 to June 2021), risk reduction was a major topic in both posts and comments. Unverified information on alternative treatments and promotional content was also prevalent. Among all posts, 14.91% (5200/34,885) were specifically about heart health for women centering on local event promotion and distinctive symptoms of heart diseases for women.

Conclusions: Our results tracked the public's ongoing discussions on heart disease and heart health on one prominent social media platform, Facebook. The public's discussions and information sharing on heart health increased over time, especially since the start of the COVID-19 pandemic. Various levels of health organizations on Facebook actively promoted heart health information and engaged a large number of users. Facebook presents opportunities for more targeted heart health interventions that can reach and engage diverse populations.

Internalization of the model minority myth and sociodemographic factors shaping Asians/Asian Americans' experiences of discrimination during COVID-19

Jacqueline Yi [1], Raymond La [1], B Andi Lee [1], Anne Saw [2]

Abstract

Despite appearing positive, the model minority myth (MMM), or the perception that Asian Americans are "problem-free" minorities, maintains unfair racial hierarchies and discredits the pervasiveness of systemic racism faced by Asian Americans and other Black, Indigenous, and people of Color. This study investigated the role of internalized MMM in Asian/Asian Americans' (A/AA) experiences during the syndemic of COVID-19 and our society's racial reckoning. Using a mixed methods approach, we analyzed A/AA college students' open-ended responses to a query about their experiences as A/AA during COVID-19, which resulted in qualitative themes of Personal and Vicarious Discrimination, Vigilance, Safety due to Ethnicity, Safety due to Environment, and No Difference during COVID-19. We then conducted a series of logistic and linear regression models to examine how internalized MMM and sociodemographic factors (i.e., ethnic group, gender, and generational status) were associated with qualitative themes and quantitative measures of COVID-related discrimination. Overall, findings demonstrated that greater internalized MMM, as well as identifying as South Asian, male, and an international/first-generation immigrant student, were linked to fewer qualitative and quantitative reports of vicarious discrimination. We conclude with implications for research and practice in community psychology that further examine the racialized experiences among A/AA college students and ultimately seek to challenge the MMM and racial hierarchies perpetuating systems of oppression.

Keywords: Asian Americans; COVID-19; internalized oppression; model minority myth; vicarious discrimination.

Racial Disparities in School Belonging and Prospective Associations With Diabetes and Metabolic Syndrome

Edith Chen [1], Phoebe H Lam [1], Tianyi Yu [2], Gene H Brody [2]

Abstract

Importance: School belonging has important implications for academic, psychological, and health outcomes, but the associations between racial disparities in school belonging and health have not been explored to date.

Objective: To examine associations between school-level racial disparities in belonging and cardiometabolic health into adulthood in a national sample of Black and White children, adolescents, and young adults.

Design, setting, and participants: Prospective cohort study of a US national sample of 4830 Black and White students (National Longitudinal Study of Adolescent Health) followed up for 13 years. The study was conducted from 1994 to 1995 for wave 1 and in 2008 for wave 4. Data were analyzed from June 14 to August 13, 2021.

Main outcomes and measures: School-level racial disparities in belonging at baseline were calculated as the mean level of school belonging for Black students minus the mean level of school belonging for White students at the school that they attended when they were aged 12 to 20 years. Diabetes and metabolic syndrome were measured as outcomes for these same participants at 24 to 32 years of age.

Results: The study included 4830 students. For wave 1, mean (SD) age was 16.1 (1.7) years, and for wave 4, 29.0 (1.7) years. A total of 2614 (54.1%) were female, 2219 were non-Hispanic Black (45.9%), and 2611 were non-Hispanic White (54.1%). Among Black students, attending a school with a greater Black-White disparity in school belonging (more negative scores) was associated with an increased risk for diabetes (odds ratio, 0.66 [95% CI, 0.46-0.95]) and more risk factors for metabolic syndrome (rate ratio, 0.95 [95% CI, 0.90-1.00]) in adulthood 13 years later. These associations persisted above individual-level controls (age, sex, and body mass index) and school-level controls (school size, percentage of Black students, and percentage of Black teachers) and were not explained by either an individual's own perception of school belonging or the mean level of belonging across the whole school.

Conclusions and relevance: In this prospective cohort study of US students, racial disparities in school belonging were associated with risks for diabetes and metabolic syndrome in Black students. Among students, fostering a more equal sense of school belonging across racial groups may have implications for health disparities in the cardiometabolic domain into adulthood.

Socioeconomic disadvantage, chronic stress, and proinflammatory phenotype: an integrative data analysis across the lifecourse

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- PMCID: PMC9615129
- DOI: 10.1093/pnasnexus/pgac219

Abstract

Socioeconomic disadvantage confers risk for many chronic illnesses, and theories have highlighted chronic psychological stress and alterations to inflammatory processes as key pathways. Specifically, disadvantage can heighten chronic stress, which may promote a proinflammatory phenotype characterized by immune cells mounting exaggerated cytokine responses to challenge and being less sensitive to inhibitory signals. Importantly, lifecourse perspectives emphasize that such immune alterations should be more potent earlier in life during a sensitive period when bodily tissues are highly plastic to environmental inputs. However, examining these propositions is resource intensive, as they require cell-culturing approaches to model functional inflammatory activities, a wide age range, and longitudinal data. Here, we integrated data from five independent studies to create a diverse sample of 1,607 individuals (960 with longitudinal data; 8 to 64 years old; 359 Asian, 205 Black, and 151 Latino/a). Leveraging the resulting lifecourse data, rich interview assessments of disadvantage and stress, and ex vivo assessments of inflammation, we examined two questions: (1) Does chronic stress account for the link between disadvantage and proinflammatory phenotype? (2) Is there a developmental period during which inflammatory responses are more sensitive to disadvantage and chronic stress? Disadvantage was associated with higher chronic stress, which was linked with a proinflammatory phenotype cross-sectionally, longitudinally, and in terms of prospective change across 1.5 to 2 years. Consistent with the sensitive period hypothesis, the magnitude of these indirect associations was strongest in earlier decades and declined across the lifecourse. These findings highlight the importance of taking a lifecourse perspective in examining health disparities.

Keywords: chronic psychological stress; development; inflammation; lifecourse; socioeconomic disadvantage.

Reproducibility and implementation of a rapid, community-based COVID-19 "test and respond" model in low-income, majority-Latino communities in Northern California

Gabriel Chamie [1], Patric Prado [1], Yolanda Oviedo [2], Tatiana Vizcaíno [3], Carina Arechiga [1], Kara Marson [1], Omar Carrera [2], Manuel J Alvarado [3], Claudia G Corchado [3], Monica Gomez [3], Marilyn Mochel [3], Irene de Leon [2], Kesia K Garibay [4], Arturo Durazo [4], Maria-Elena De Trinidad Young [4], Irene H Yen [4], John Sauceda [1], Susana Rojas [5], Joe DeRisi [1], Maya Petersen [6], Diane V Havlir [1], Carina Marquez [1]

Abstract

Objective: To evaluate implementation of a community-engaged approach to scale up COVID-19 mass testing in low-income, majority-Latino communities.

Methods: In January 2021, we formed a community-academic "Latino COVID-19 Collaborative" with residents, leaders, and community-based organizations (CBOs) from majority-Latinx, low-income communities in three California counties (Marin/Merced/San Francisco). The collaborative met monthly to discuss barriers/facilitators for COVID-19 testing, and plan mass testing events informed by San Francisco's Unidos en Salud "test and respond" model, offering community-based COVID-19 testing and post-test support in two US-census tracts: Canal (Marin) and Planada (Merced). We evaluated implementation using the RE-AIM framework. To further assess testing barriers, we surveyed a random sample of residents who did not attend the events.

Results: Fifty-five residents and CBO staff participated in the Latino collaborative. Leading facilitators identified to increase testing were extended hours of community-based testing and financial support during isolation. In March-April 2021, 1,217 people attended mass-testing events over 13 days: COVID-19 positivity was 3% and 1% in Canal and Planada, respectively. The RE-AIM evaluation found: census tract testing coverage of 4.2% and 6.3%, respectively; 90% of event attendees were Latino, 89% had household income <$50,000/year, and 44% first-time testers (reach), effectiveness in diagnosing symptomatic cases early (median isolation time: 7 days) and asymptomatic COVID-19 (41% at diagnosis), high adoption by CBOs in both counties, implementation of rapid testing (median: 17.5 minutes) and disclosure, and post-event maintenance of community-based testing. Among 265 non-attendees surveyed, 114 (43%) reported they were aware of the event: reasons for non-attendance among the 114 were insufficient time (32%), inability to leave work (24%), and perceptions that testing was unnecessary post-vaccination (24%) or when asymptomatic (25%).

Conclusion: Community-engaged mass "test and respond" events offer a reproducible approach to rapidly increase COVID-19 testing access in low-income, Latinx communities.

Reproducibility and implementation of a rapid, community-based COVID-19 "test and respond" model in low-income, majority-Latino communities in Northern California

Gabriel Chamie [1], Patric Prado [1], Yolanda Oviedo [2], Tatiana Vizcaíno [3], Carina Arechiga [1], Kara Marson [1], Omar Carrera [2], Manuel J Alvarado [3], Claudia G Corchado [3], Monica Gomez [3], Marilyn Mochel [3], Irene de Leon [2], Kesia K Garibay [4], Arturo Durazo [4], Maria-Elena De Trinidad Young [4], Irene H Yen [4], John Sauceda [1], Susana Rojas [5], Joe DeRisi [1], Maya Petersen [6], Diane V Havlir [1], Carina Marquez [1]

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Conclusion: Community-engaged mass "test and respond" events offer a reproducible approach to rapidly increase COVID-19 testing access in low-income, Latinx communities.

Factors that influence treatment decisions: A qualitative study of racially and ethnically diverse patients with low- and very-low risk prostate cancer

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Abstract

Background: Factors that influence prostate cancer treatment decisions are complex, multifaceted, and personal, and may vary by race/ethnicity. Although research has been published to quantify factors involved in decision-making, these studies have been limited to primarily white, and to a lesser extent, Black patients, and quantitative studies are limited for discerning the cultural and contextual processes that shape decision-making.

Methods: We conducted 43 semi-structured interviews with a racially and ethnically diverse sample of patients diagnosed with low- and very-low risk prostate cancer who had undergone treatment for their prostate cancer. Interviews were transcribed, independently coded, and analyzed to identify themes salient for decision-making, with attention to sociocultural differences.

Results: We found racial and ethnic differences in three areas. First, we found differences in how socialized masculinity influenced patient's feelings about different treatment options. Second, we found that for some men, religion and spirituality alleviated anxiety associated with the active surveillance protocol. Finally, for racially and ethnically minoritized patients, we found descriptions of how historic and social experiences within the healthcare system influenced decision-making.

Conclusions: Our study adds to the current literature by expounding on racial and ethnic differences in the multidimensional, nuanced factors related to decision-making. Our findings suggest that factors associated with prostate cancer decision-making can manifest differently across racial and ethnic groups, and provide some guidance for future research.

Keywords: prostate cancer; psychosocial studies; quality of life; translational research.

Targeting Representation: Interpreting Calls for Diversity in Precision Medicine Research

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Abstract

Scientists have identified a "diversity gap" in genetic samples and health data, which have been drawn predominantly from individuals of European ancestry, as posing an existential threat to the promise of precision medicine. Inadequate inclusion as articulated by scientists, policymakers, and ethicists has prompted large-scale initiatives aimed at recruiting populations historically underrepresented in biomedical research. Despite explicit calls to increase diversity, the meaning of diversity - which dimensions matter for what outcomes and why - remain strikingly imprecise. Drawing on our document review and qualitative data from observations and interviews of funders and research teams involved in five precision medicine research (PMR) projects, we note that calls for increasing diversity often focus on "representation" as the goal of recruitment. The language of representation is used flexibly to refer to two objectives: achieving sufficient genetic variation across populations and including historically disenfranchised groups in research. We argue that these dual understandings of representation are more than rhetorical slippage, but rather allow for the contemporary collection of samples and data from marginalized populations to stand in as correcting historical exclusion of social groups towards addressing health inequity. We trace the unresolved historical debates over how and to what extent researchers should procure diversity in PMR and how they contributed to ongoing uncertainty about what axes of diversity matter and why. We argue that ambiguity in the meaning of representation at the outset of a study contributes to a lack of clear conceptualization of diversity downstream throughout subsequent phases of the study.

The REPAIR Project: A Prospectus for Change Toward Racial Justice in Medical Education and Health Sciences Research: REPAIR Project Steering Committee

REPAIR Project Steering Committee

Abstract

Amidst ongoing efforts to address racial injustice, U.S. medical institutions are grappling with the structural roots of anti-Black racism. The REPAIR (REParations and Anti-Institutional Racism) Project is a 3-year strategic initiative at the University of California, San Francisco aiming to address anti-Black racism and augment the presence and voices of people of color in science, medicine, and health care. The REPAIR Project was designed in response to an unmet need for critical dialogue, cross-disciplinary research, and curriculum development addressing structural racism. It offers a framework for thinking and acting to achieve repair in relation to racial injustice and is anchored by 3 concepts-reparations, abolition, and decolonization-which have been deployed as annual themes in academic years 2020-2021, 2021-2022, and 2022-2023, respectively. The theme of medical reparations builds on the longstanding call for slavery reparations and the paying of debts owed to Black Americans for the harms of slavery. The REPAIR Project focuses on the specific debts owed to Black Americans for racial harm in health care settings. The theme of medical abolition examines the intersections of incarceration, policing, and surveillance in health care and the role of clinicians in furthering or stopping oppressive practices that bind patterns of Black incarceration to health and health care. The theme of decolonizing the health sciences targets "othering" practices entrenched in scientific methodologies that have arisen from colonial-era beliefs and practices around imperialism, including how the colonial-era concept of race contributes to ongoing racial harm. In this article, the authors describe the REPAIR Project, preliminary outcomes from its first year, and potential future lines of inquiry for medical educators and health sciences researchers. The authors argue that the full damage from slavery and its legacies cannot be undone, but everyone can work in new ways that reduce or eliminate harm.

Exploring the Impact of Language Concordance on Cancer Communication

Celyn Bregio [1], Jackie Finik [2], Morgan Baird [2], Pilar Ortega [3][4], Debra Roter [5], Leah Karliner [6][7][8], Lisa C Diamond [9][10]

Abstract

Purpose: Patients with cancer who have limited English proficiency are more likely to experience inequities in cancer knowledge, timely care, and access to clinical trials. Matching patients with language-concordant clinicians and working with professional interpreters can effectively reduce language-related disparities, but little data are available regarding the impact of language-concordant interactions in oncology care. This study aimed to assess the use of the Roter Interaction Analysis System (RIAS) in language-concordant and -discordant interactions for patients with non-English language preference presenting for an initial oncology visit at four New York City hospitals.

Methods: We used the RIAS, a validated tool for qualitative coding and quantitative analysis, to evaluate interactions between 34 patients and 16 clinicians. The pairings were stratified into dyads: English language-concordant (n = 12); professionally interpreted (n = 11); partially language-concordant (n = 4, partially bilingual clinicians who communicated in Spanish and/or used ad hoc interpreters); and Spanish language-concordant (n = 7). A trained Spanish-speaking coder analyzed the recordings using established RIAS codes.

Results: Spanish language-concordant clinicians had almost two-fold greater number of statements about biomedical information than English language-concordant clinicians. Spanish language-concordant patients had a higher tendency to engage in positive talk such as expressing agreement. The number of partnership/facilitation-related statements was equivalent for English and Spanish language-concordant groups but lower in professionally interpreted and partially language-concordant dyads.

Conclusion: Language concordance may facilitate more effective biomedical counseling and therapeutic relationships between oncology clinicians and patients. Future research should further explore the impact of language concordance on cancer-specific health outcomes.

Durability of FIT Screening After Cessation of a Screening Outreach Intervention

Shohei Burns [1], Ma Somsouk [2][3]

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- PMCID: PMC9648881
- DOI: 10.1007/s10620-022-07755-7

Abstract

Introduction: Organized outreach to increase CRC screening using mailed FIT tests has been shown to be effective, but durable changes to screening behavior after cessation of screening is not known.

Methods: In this study, after cessation of funding for an organized cancer screening outreach program, we evaluated whether adherence to screening remained elevated. Patients aged 50-75 years eligible for CRC screening from eight safety net clinics were randomly assigned to outreach intervention vs usual care alone in 2016 to 2018; the primary outcome analyzed was the difference in the cumulative proportion of completed FIT screening between study assignments 1 year after study cessation.

Results: Despite higher rates of FIT screening for patients who were randomly assigned to the outreach intervention, FIT completion was not significantly different between the group that received the outreach services versus the usual care group (28.3% vs 29.8%, p = 0.158).

Conclusion: Outreach campaigns and their activities must be sustained to maintain improved rates of screening participation.

Keywords: Cancer prevention; Colorectal cancer screening; Durability of CRC screening; FIT testing for colorectal cancer screening; Randomized Control Trial.

Room for all: Inclusive diversity, equity, and access in acupuncture practice, education, and research

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No abstract available

A Qualitative Analysis on Sexual and Reproductive Health Needs and Issues During COVID-19 Using a Reproductive Justice Framework

Patanjali de la Rocha [1], May Sudhinaraset [2], Nicole V Jones [2], Catherine Kim [2], Alejandra Cabral [2], Bita Amani [3]

Abstract

The COVID-19 pandemic exacerbated existing health inequities, further exposing the challenges in meeting the sexual and reproductive health (SRH) needs, particularly for Black, Indigenous and People of Color (BIPOC). We interviewed 11 key informants through three focus groups to explore barriers and pathways to SRH care for BIPOC during COVID-19 in the United States. Reimagining reproductive health practices requires holistic practices and multisector pathways, a comprehensive reproductive justice approach. This includes interventions across the sexual and reproductive health continuum. Using a deductive-dominant approach grounded in reproductive justice values, we explore themes around SRH during COVID-19. Five themes for advancing reproductive justice were identified: "supremacy of birth"; police violence as a determinant of SR mental health; addressing quality of care outside of hospital settings; digital redlining; and centering joy, liberation, and humanity.

Influence of Evidence-Based Design Strategies on Nurse Wellness

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Abstract

Objectives: The purpose of this study was to understand how specific evidence-based design strategies are related to aspects of nurse wellness.

Background: Addressing burnout among the healthcare workforce is a system-level imperative. Nurses face continuous and dynamic physical and emotional demands in their role. Greater insight into the role of the physical environment can support efforts to promote nurse wellness.

Methods: This exploratory qualitative study was conducted at new Parkland Hospital in Dallas, TX. We conducted five focus groups with nursing staff in July 2018. These sessions covered five topics related to nursing work in the facility which had been redesigned nearly 3 years earlier: (1) professional and social communication, (2) workflow and efficiency, (3) nurses' tasks and documentation, (4) ability to care for patients, and (5) nurses' overall health. We conducted a thematic analysis and first identified different aspects of wellness discussed by participants. Then, we examined how nurses related different design elements to different aspects of their wellness.

Results: Participants included 63 nurses and nurse managers. They related environmental factors including facility size, break rooms, and decentralized workstations to social, emotional/spiritual, physical, intellectual, and occupational aspects of wellness.

Conclusions: It is critical to inform and integrate nurses at all levels into planning, design, and activation of new healthcare environments in order to ensure the well-being of nurses and, therefore, their ability to effectively support patients.

Keywords: evidence-based design; hospital design; inpatient unit design; nursing; wellness.

Characterizing breast cancer incidence and trends among Asian American, Native Hawaiian, and non-Hispanic White women in Hawai'i, 1990-2014

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Affiliations expand

Abstract

Purpose: To characterize breast cancer (BC) incidence by age at diagnosis and BC subtype among disaggregated Asian American, Native Hawaiian, and Pacific Islander (AANHPI) women and non-Hispanic White (NHW) women in Hawai'i.

Methods: Using 1990-2014 data from the Hawai'i tumor registry, we estimated age-adjusted incidence rates (AAIR) of BC and the annual percent change in BC incidence by age (<50 and ≥50 years) and BC subtype (hormone receptor [HR]+/human epidermal growth factor receptor 2 [HER2]-, HR+/HER2+, HR-/HER2+, triple negative BC) for Filipino American (FA), Japanese American (JA), Native Hawaiian (NH), and NHW women.

Results: Among young (<50 years) women, annual BC incidence increased 2.9% (1994-2014) among JA and 1.0% (1990-2014) among NHW women. Incidence was highest among young JA women (2010-2014 AAIR 52.0 per 100,000; 95% confidence interval [CI] 45.6, 58.9). HR+/HER2- BC, the major BC subtype, was similarly highest among young JA women (AAIR 39.5; 95% CI 33.9, 45.4). Among older (≥50 years) women, annual BC incidence increased 1.6% (1990-2014) among FA and 4.2% (2006-2014) for JA women. BC incidence was highest among older NH women (AAIR 137.6, 95% CI 128.2, 147.4), who also displayed highest incidence of two subtypes: HR+/HER2- (AAIR 106.9; 95% CI 98.6, 115.5) and HR+/HER2+ (AAIR 12.1; 95% CI 9.4, 15.1).

Conclusion: We observed high and increasing BC incidence among JA women ages <50 years and high incidence among NH women ages ≥50 years. These results highlight racial and ethnic differences in BC incidence among disaggregated AANHPI populations in Hawai'i by age and BC subtype.

Keywords: Age; Breast cancer; Breast cancer subtypes; Ethnicity; Hawaiʻi; Incidence; Race.

Impact of Racial/Ethnic Discrimination on Quality of Life among Breast Cancer Survivors: The Pathways Study

Salma Shariff-Marco [1] [2], Meera Sangaramoorthy [1], Libby Ellis [3], Catherine Thomsen [4], Janise M Roh [5], Candyce Kroenke [5], Emily Valice [5], Marilyn L Kwan [5], Christine Ambrosone [6], Lawrence Kushi [5], Scarlett Lin Gomez [1] [2]

Abstract

Although racial/ethnic disparities in healthcare access, treatment, and cancer outcomes are well documented, the impact of racial/ethnic discrimination on cancer survivorship is unclear. We examined associations between quality of life (QoL) and self-reported discrimination among 3,991 women with breast cancer recruited 2006-2013 from the Pathways Study in the Kaiser Permanente Northern California integrated health care system, using linear regression models. Overall, 31% of women reported experiencing racial/ethnic discrimination, with differences by race/ethnicity (82% among non-Hispanic Black women to 19% among non-Hispanic White women) and nativity (40% among foreign-born Hispanic women to 76%to U.S.-born Asian American women). Experiencing racial/ethnic discrimination was associated with lower QoL in fully adjusted models with mean QoL score=119.6 (95% confidence interval (CI)=102.0-137.1) for those who did not report discrimination, 115.5 (98.0-133.0) for those who reported some discrimination/< median, and 110.2 (92.7-127.7) for those who reported more discrimination/≥ median). Discrimination was associated with lower QoL among women who used passive coping strategies, or lived in neighborhoods with high neighborhood socioeconomic status, high levels of segregation, or non-enclaves. Among breast cancer survivors, clinically meaningful differences in QoL scores were associated with racial/ethnic discrimination. Studies are needed to understand potential pathways through which these social factors impact survivorship outcomes.

Keywords: breast cancer; quality of life; racial/ethnic discrimination; survivorship.

Neighborhood Factors Associated with COVID-19 Cases in California

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Abstract

Background: There is a need to assess neighborhood-level factors driving COVID-19 disparities across racial and ethnic groups.

Objective: To use census tract-level data to investigate neighborhood-level factors contributing to racial and ethnic group-specific COVID-19 case rates in California.

Design: Quasi-Poisson generalized linear models were used to identify neighborhood-level factors associated with COVID-19 cases. In separate sequential models for Hispanic, Black, and Asian, we characterized the associations between neighborhood factors on neighborhood COVID-19 cases. Subanalyses were conducted on neighborhoods with majority Hispanic, Black, and Asian residents to identify factors that might be unique to these neighborhoods. Geographically weighted regression using a quasi-Poisson model was conducted to identify regional differences.

Main measures: All COVID-19 cases and tests reported through January 31, 2021, to the California Department of Public Health. Neighborhood-level data from census tracts were obtained from American Community Survey 5-year estimates (2015-2019), United States Census (2010), and United States Department of Housing and Urban Development.

Key results: The neighborhood factors associated with COVID-19 case rate were racial and ethnic composition, age, limited English proficiency (LEP), income, household size, and population density. LEP had the largest influence on the positive association between proportion of Hispanic residents and COVID-19 cases (- 2.1% change). This was also true for proportion of Asian residents (- 1.8% change), but not for the proportion of Black residents (- 0.1% change). The influence of LEP was strongest in areas of the Bay Area, Los Angeles, and San Diego.

Conclusion: Neighborhood-level contextual drivers of COVID-19 burden differ across racial and ethnic groups.

Keywords: COVID-19; California; Disparities; Neighborhood; Race.

Socioeconomic Status and Ethnic Enclave as Risk Factors for Gastric Adenocarcinoma in Hispanic and Asian Americans, a California Cancer Registry Analysis

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Collaborators,

No abstract available

Lung cancer in never smokers: Distinct population-based patterns by age, sex, and race/ethnicity

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Abstract

Objectives: Epidemiological patterns for lung cancer among never smokers (LCNS) are largely unknown, even though LCNS cases comprise 15% of lung cancers. Past studies were based on epidemiologic or health system cohorts, and not fully representative of the underlying population. The objective was to analyze rates (and trends) of LCNS by sex, age group, and race and ethnicity based on all-inclusive truly population-based sources.

Materials and methods: Individual-level data from 2014 to 2018 on smoking status among microscopically-confirmed lung cancer cases from Florida's cancer registry were combined with population denominators adjusted with NHIS data on smoking prevalence to compute population-based LCNS incidence rates and rate ratios. Incidence rates and proportional mortality were ranked against other cancers. Joinpoint regression analyses examined trends.

Results: Proportions of LCNS ranged from 9% among White men to 83% among Chinese women. Overall, LCNS was 13% (IRR 1.13, 95%CI 1.08-1.17) more common among men than women, but variation occurred by age group, with female rates exceeding male in younger ages. Age-adjusted rates per 100,000 were highest among Asian/Pacific Islander (API) men and women (15.3 and 13.5, respectively) and Black populations (14.6, 12.9), intermediate for White (13.2, 11.8) and lowest among the Hispanic population (12.1, 10.6). Among API women, LCNS was the second leading cause of cancer death, surpassed only by breast cancer. LCNS trends were stable over time.

Conclusion: LCNS is the 11th most frequently occurring cancer in men and 8th in women. LCNS differences by race/ethnicity are small, within a 15% range of the White population's rates. Surprisingly, API men and women have the highest LCNS rates and proportional mortality. As smoking prevalence decreases in the US, LCNS cases will inevitably increase, warranting inquiry into risk factors across the lifespan.

Keywords: Cancer registry; Incidence; Lung cancer; Never smokers; Non-smokers; Population-based; Race/ethnicity; Smokers; Smoking status.

Participation of Patients From Racial and Ethnic Minority Groups in Phase 1 Early Cancer Drug Development Trials in the US, 2000-2018

Hayley Dunlop [1], Evelyn Fitzpatrick [2], Kevin Kurti [2], Stephanie Deeb [3], Erin F Gillespie [4], Laura Dover [4], Divya Yerramilli [4], Scarlett Lin Gomez [5], Fumiko Chino [4], C Jillian Tsai [6]

Importance: Despite federal initiatives encouraging the enrollment of individuals from racial and ethnic minority groups in US clinical trials, no studies to date have specifically examined demographic disparities among participants in phase 1 drug development trials for patients with metastatic cancer.

Objective: To assess trends in the enrollment of patients from racial and ethnic minority groups in US phase 1 therapeutic drug trials for metastatic cancer from 2000 to 2018.

Design, setting, and participants: In this cross-sectional study, ClinicalTrials.gov was queried in July 2021 to identify completed phase 1 drug trials for metastatic cancer in the US from January 1, 2000, to December 31, 2018, with published results, yielding 221 phase 1 trials with 8309 participants aged 18 years or older with metastatic solid tumors. Proportions of each racial and ethnic group of trial participants were compared with that from the North American Association of Central Cancer Registries' Cancer in North America (CiNA) database. Statistical analysis was performed from July 12, 2021, to March 15, 2022.

Main outcomes and measures: For each racial and ethnic group, the difference between trial and CiNA proportions was examined using a 2-sample test for equality of proportions with continuity correction.

Results: The 8309 phase 1 trial participants (4198 men [50.5%]; median age, 59 years) included 23 American Indian or Alaska Native participants (0.3%), 371 Asian or Pacific Islander participants (4.5%), 514 Black participants (6.2%), 401 of 5076 Hispanic or Latinx participants (7.9%), and 7154 White participants (86.1%). Industry funded 165 of the 221 trials (74.7%). White patients were overrepresented overall compared with the corresponding CiNA cohort (7154 of 8309 [86.1%] vs 4 113 096 of 4 891 486 [84.1%]; difference, 2.0 percentage points; P < .001). There was an increase in overrepresentation of White patients from 2000 to 2011 (trials, 2780 of 3245 [85.7%]; CiNA, 2 378 019 of 2 800 711 [84.9%]; difference, 0.8 percentage points; P = .23) to 2012-2018 (trials, 4374 of 5063 [86.4%]; CiNA, 1 735 077 of 2 090 775 [82.9%]; difference, 3.5 percentage points; P < .001) and corresponding worsening representation of American Indian or Alaska Native patients (2000-2011: trials, 10 of 3245 [0.3%]; CiNA, 10 905 of 2 800 711 [0.4%]; difference, -0.08 percentage points; 2012-2018: trials, 13 of 5063 [0.3%]; CiNA, 9484 of 2 090 775 [0.5%]; difference, -0.20 percentage points), Asian or Pacific Islander patients (2000-2011: trials, 121 of 3245 [3.7%]; CiNA, 75 033 of 2 800 711 [2.7%]; difference, 1.1 percentage points; 2012-2018: trials, 151 of 5063 [3.0%]; CiNA 70 535 of 2 090 775 [3.4%]; difference, -0.75 percentage points), Black patients (2000-2011: trials,

244 of 3245 [7.5%]; CiNA, 322 701 of 2 800 711 [11.5%]; difference, -4.0 percentage points; 2012-2018: trials, 270 of 5063 [5.3%]; CiNA, 255 625 of 2 090 775 [12.2%]; difference, -6.9 percentage points), and Hispanic or Latinx patients (2000-2011: trials, 161 of 1792 [9.0%]; CiNA, 169 297 of 2 800 711 [6.0%]; difference, 3.0 percentage points; 2012-2018: trials, 240 of 3295 [7.3%]; CiNA, 156 118 of 2 090 775 [7.5%]; difference, -0.2 percentage points). Similar disparities were observed when comparing industry-funded and academic center-sponsored trials.

Conclusions and relevance: In this cross-sectional study of participants in phase 1 clinical trials of drugs for metastatic cancer, worsening disparities were observed over time in the accrual of patients from racial and ethnic minority groups. These findings may represent widening inequalities in access to trial sites and worsening systemic biases. More efforts are needed to diversify phase 1 cancer drug trials to improve equity in access to new treatments and to ensure that safety and efficacy findings from early drug trials are generalizable across populations.

Improved survival in cervical cancer patients receiving care at National Cancer Institute-designated cancer centers

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Abstract

Background: Locally advanced cervical cancer (CC) remains lethal in the United States. We investigate the effect of receiving care at an National Cancer Institute-designated cancer center (NCICC) on survival.

Methods: Data for women diagnosed with CC from 2004 to 2016 who received radiation treatment were extracted from the California Cancer Registry (n = 4250). Cox proportional hazards regression models assessed whether (1) receiving care at NCICCs was associated with risk of CC-specific death, (2) this association remained after multivariable adjustment for age, race/ethnicity, and insurance status, and (3) this association was explained by receipt of guideline-concordant treatment.

Results: Median age was 50 years (interquartile range [IQR] 41-61 years), with median follow-up of 2.7 years (IQR 1.3-6.0 years). One-third of patients were seen at an NCICC, and 29% died of CC. The hazard of CC-specific death was reduced by 20% for those receiving care at NCICCs compared with patients receiving care elsewhere (HR = .80; 95% CI, 0.70-0.90). Adjustment for guideline-concordant treatment and other covariates minimally attenuated the association to 0.83 (95% CI, 0.74-0.95), suggesting that the survival advantage associated with care at NCICCs may not be due to receipt of guideline-concordant treatment.

Conclusions: This study demonstrates survival benefit for patients receiving care at NCICCs compared with those receiving care elsewhere that is not explained by differences in guideline-concordant care. Structural, organizational, or provider characteristics and differences in patients receiving care at centers with and without NCI designation could explain observed associations. Further understanding of these factors will promote equality across oncology care facilities and survival equity for patients with CC.

Keywords: California; brachytherapy; cancer center; cervical cancer; treatment outcome; uterine cervical neoplasms.

Traffic-related Air Pollution and Lung Cancer Incidence: The California Multiethnic Cohort Study

Iona Cheng [1] [2], Juan Yang [1], Chiuchen Tseng [3], Jun Wu [4], Salma Shariff-Marco [1] [2], Sung-Shim Lani Park [5], Shannon M Conroy [6], Pushkar P Inamdar [1], Scott Fruin [3], Timothy Larson [7], Veronica W Setiawan [3], Mindy C DeRouen [1] [2], Scarlett Lin Gomez [1] [2], Lynne R Wilkens [5], Loïc Le Marchand [5], Daniel O Stram [3], Jonathan Samet [8] [9], Beate Ritz [10], Anna H Wu [3]

Abstract

Rationale: Although the contribution of air pollution to lung cancer risk is well characterized, few studies have been conducted in racially, ethnically, and socioeconomically diverse populations. **Objectives:** To examine the association between traffic-related air pollution and risk of lung cancer in a racially, ethnically, and socioeconomically diverse cohort. **Methods:** Among 97,288 California participants of the Multiethnic Cohort Study, we used Cox proportional hazards regression to examine associations between time-varying traffic-related air pollutants (gaseous and particulate matter pollutants and regional benzene) and lung cancer risk (n = 2,796 cases; average follow-up = 17 yr), adjusting for demographics, lifetime smoking, occupation, neighborhood socioeconomic status (nSES), and lifestyle factors. Subgroup analyses were conducted for race, ethnicity, nSES, and other factors. **Measurements and Main Results:** Among all participants, lung cancer risk was positively associated with nitrogen oxide (hazard ratio [HR], 1.15 per 50 ppb; 95% confidence interval [CI], 0.99-1.33), nitrogen dioxide (HR, 1.12 per 20 ppb; 95% CI, 0.95-1.32), fine particulate matter with aerodynamic diameter <2.5 μm (HR, 1.20 per 10 μg/m^3; 95% CI, 1.01-1.43), carbon monoxide (HR, 1.29 per 1,000 ppb; 95% CI, 0.99-1.67), and regional benzene (HR, 1.17 per 1 ppb; 95% CI, 1.02-1.34) exposures. These patterns of associations were driven by associations among African American and Latino American groups. There was no formal evidence for heterogeneity of effects by nSES (P heterogeneity > 0.21), although participants residing in low-SES neighborhoods had increased lung cancer risk associated with nitrogen oxides, and no association was observed among those in high-SES neighborhoods. **Conclusions:** These findings in a large multiethnic population reflect an association between lung cancer and the mixture of traffic-related air pollution and not a particular individual pollutant. They are consistent with the adverse effects of air pollution that have been described in less racially, ethnically, and socioeconomically diverse populations. Our results also suggest an increased risk of lung cancer among those residing in low-SES neighborhoods.

Keywords: air pollution; lung cancer; racial and ethnic disparities; socioeconomic disparities.

Early identification and treatment of women's cardiovascular risk factors prevents cardiovascular disease, saves lives, and protects future generations: Policy recommendations and take action plan utilizing policy levers

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Abstract

Cardiovascular diseases (CVD) including heart attacks, strokes, heart failure, and uncontrolled hypertension are leading causes of death among women of all ages. Despite efforts to increase awareness about CVD among women, over the past decade there has been stagnation in the reduction of CVD in women, and CVD among younger women and women of color has in fact increased. We recommend taking action using policy levers to address CVD in women including: (1) Promoting periodic screening for risk factors including blood pressure, lipids/cholesterol, diabetes for all women starting at 18-21 years, with calculated atherosclerotic CVD (ASCVD) risk score use among women 40 years or older. (2) Considering coronary artery calcium (CAC) screening for those with intermediate risk per current guidelines. (3) Enhancing Obstetrics and Gynecology and primary care physician education on reproductive age CVD risk markers, and that follow-up is needed, including extended postpartum follow-up. (4) Offering Health Coaching/motivational Interviewing to support behavior change. (5) Funding demonstration projects using different care models. (6) Creating a Stop High Blood Pressure consult line (for providers and patients) and providing other support resources with actions consumers can take, modeled after the California tobacco quit line. And (7) Requiring inclusion of adverse pregnancy outcomes in all Electronic Health Records, with reminder systems to follow-up on hypertension post-partum.

Keywords: cardiovascular; women.

Prevalence of Traditional Asian Postpartum Practices at a Federally Qualified Health Center

Van Viet Thuy Nguyen [1], Micha Y Zheng [2], Stephanie M Liu [3], Michael A Kallen [4] [5], Kerry Kay [6] [7], Susan L Ivey [8]

Abstract

To evaluate the knowledge of, participation in, attitudes towards, and experiences with "doing the month" (DTM), a traditional Chinese and Vietnamese postpartum practice, at a federally qualified health center that serves predominantly Asian immigrants. DTM practices revolve around the balance between yin and yang and include practices such as the mother remaining on bed rest for as long as possible, restricting diet to certain foods, and avoiding visitors and social activities. A cross-sectional survey in Chinese, Vietnamese, and English was developed to determine the prevalence of women who have heard of and participated in DTM. 154 respondents participated. The mean age of respondents was 40.1 years. Without prompting of what DTM was, 58 (37.7%) responded that they had heard of DTM. After an explanatory paragraph, this increased to 117 (76.6%) participants. Out of 107 patients who have children, 65 (60.7%) "did the month" after giving birth. Participation rates were highest for women who identified as Chinese or Vietnamese. Likert-type scale questions showed that respondents believed DTM was stressful but enjoyable and helpful for recovery from childbirth. In conclusion, DTM is a common practice that health providers should be aware of.

Keywords: Doing the month; Postpartum ritual; Sitting the month; Traditional Chinese Medicine.

Racism During Pregnancy and Birthing: Experiences from Asian and Pacific Islander, Black, Latina, and Middle Eastern Women

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Abstract

Background: Despite persistent racial disparities in maternal health in the USA, there is limited qualitative research on women's experiences of discrimination during pregnancy and childbirth that focuses on similarities and differences across multiple racial groups.

Methods: Eleven focus groups with Asian American and Pacific Islander (AAPI), Black, Latina, and Middle Eastern women (N = 52) in the USA were conducted to discuss the extent to which racism and discrimination impact pregnancy and birthing experiences.

Results: Participants across groups talked about the role of unequal power dynamics, discrimination, and vulnerability in patient-provider relationships. Black participants noted the influence of prior mistreatment by providers in their healthcare decisions. Latinas expressed fears of differential care because of immigration status. Middle Eastern women stated that the Muslim ban bolstered stereotypes. Vietnamese participants discussed how the effect of racism on mothers' mental health could impact their children, while Black and Latina participants expressed constant racism-related stress for themselves and their children. Participants recalled better treatment with White partners and suggested a gradient of treatment based on skin complexion. Participants across groups expressed the value of racial diversity in healthcare providers and pregnancy/birthing-related support but warned that racial concordance alone may not prevent racism and emphasized the need to go beyond "band-aid solutions."

Conclusion: Women's discussions of pregnancy and birthing revealed common and distinct experiences that varied by race, skin complexion, language, immigration status, and political context. These findings highlight the importance of qualitative research for informing maternal healthcare practices that reduce racial inequities.

Keywords: Birthing; Discrimination; Focus groups; Maternity care; Pregnancy.

Examination of the Public's Reaction on Twitter to the Over-Turning of Roe v Wade and Abortion Bans

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- PMCID: PMC9777967
- DOI: 10.3390/healthcare10122390

Abstract

The overturning of Roe v Wade reinvigorated the national debate on abortion. We used Twitter data to examine temporal, geographical and sentiment patterns in the public's reaction. Using the Twitter API for Academic Research, a random sample of publicly available tweets was collected from 1 May-15 July in 2021 and 2022. Tweets were filtered based on keywords relating to Roe v Wade and abortion (227,161 tweets in 2021 and 504,803 tweets in 2022). These tweets were tagged for sentiment, tracked by state, and indexed over time. Time plots reveal low levels of conversations on these topics until the leaked Supreme Court opinion in early May 2022. Unlike pro-choice tweets which declined, pro-life conversations continued with renewed interest throughout May and increased again following the official overturning of Roe v Wade. Conversations were less prevalent in some these states had abortion trigger laws (Wyoming, North Dakota, South Dakota, Texas, Louisiana, and Mississippi). Collapsing across topic categories, 2022 tweets were more negative and less neutral and positive compared to 2021 tweets. In network analysis, tweets mentioning woman/women, supreme court, and abortion spread faster and reached to more Twitter users than those mentioning Roe Wade and Scotus. Twitter data can provide real-time insights into the experiences and perceptions of people across the United States, which can be used to inform healthcare policies and decision-making.

Keywords: Roe v Wade; abortion; family planning; network analysis; pro-choice; pro-life; sentiment analysis; women's rights.

Creating a culture that supports food security and health equity at higher education institutions

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Abstract

Food insecurity on college campuses is a major public health problem and has been documented for the last decade. Sufficient food access is a crucial social determinant of health, thus campuses across the country have implemented various programmes, systems and policies to enhance access to food which have included food pantries, campus gardens, farmers' markets, meal share or voucher programmes, mobile food applications, campus food gleaning, food recovery efforts, meal deliveries and task force/working groups. However, little is understood about how to best address food insecurity and support students who are struggling with basic needs. The impact of food insecurity on students' academic and social success, in addition to their overall well-being, should be investigated and prioritised at each higher education institution. This is especially true for marginalised students, such as minority or first-generation students, who are at heightened risk for food insecurity. In order to create a culture of health equity, in which most at-risk students are provided resources and opportunities to achieve optimal well-being, higher education institutions must prioritise mitigating food insecurity on the college campus. Higher education institutions could benefit from adopting comprehensive and individualised approaches to promoting food security for marginalised students in order to facilitate equal opportunity for optimal scholastic achievement among students of all socio-demographic backgrounds.

Keywords: College and university students; Food access; Food security; Health equity; Higher education; Social determinants of health.

Conceptualizing the effective mechanisms of a social needs case management program shown to reduce hospital use: a qualitative study

Mark D Fleming [1], Nadia Safaeinili [2], Margae Knox [2], Elizabeth Hernandez [3], Emily E Esteban [3], Urmimala Sarkar [4], Amanda L Brewster [2]

Abstract

Background: Social needs case management programs are a strategy to coordinate social and medical care for high-risk patients. Despite widespread interest in social needs case management, not all interventions have shown effectiveness. A lack of evidence about the mechanisms through which these complex interventions benefit patients inhibits effective translation to new settings. The CommunityConnect social needs case management program in Contra Costa County, California recently demonstrated an ability to reduce inpatient hospital admissions by 11% in a randomized study. We sought to characterize the mechanisms through which the Community Connect social needs case management program was effective in helping patients access needed medical and social services and avoid hospitalization. An in-depth understanding of how this intervention worked can support effective replication elsewhere.

Methods: Using a case study design, we conducted semi-structured, qualitative interviews with case managers (n = 30) and patients enrolled in social needs case management (n = 31), along with field observations of patient visits (n = 31). Two researchers coded all interview transcripts and observation fieldnotes. Analysis focused on program elements identified by patients and staff as important to effectiveness.

Results: Our analyses uncovered three primary mechanisms through which case management impacted patient access to needed medical and social services: [1] Psychosocial work, defined as interpersonal and emotional support provided through the case manager-patient relationship, [2] System mediation work to navigate systems, coordinate resources, and communicate information and [3] Addressing social needs, or working to directly mitigate the impact of social conditions on patient health.

Conclusions: These findings highlight that the system mediation tasks which are the focus of many social needs assistance interventions offered by health care systems may be necessary but insufficient. Psychosocial support and direct assistance with social needs, enabled by a relationship-focused program, may also be necessary for effectiveness.

Keywords: Care coordination; Case management; High-risk complex patients; Social determinants of health; Social needs.

Multilevel Determinants of Digital Health Equity: A Literature Synthesis to Advance the Field

Courtney R Lyles [1][2][3][4], Oanh Kieu Nguyen [3][5][6], Elaine C Khoong [1][3], Adrian Aguilera [3][7][8], Urmimala Sarkar [1][3]

Abstract

Current digital health approaches have not engaged diverse end users or reduced health or health care inequities, despite their promise to deliver more tailored and personalized support to individuals at the right time and the right place. To achieve digital health equity, we must refocus our attention on the current state of digital health uptake and use across the policy, system, community, individual, and intervention levels. We focus here on (*a*) outlining a multilevel framework underlying digital health equity; (*b*) summarizing five types of interventions/programs (with example studies) that hold promise for advancing digital health equity; and (*c*) recommending future steps for improving policy, practice, and research in this space.

Training the next generation of learning health system scientists

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Abstract

Introduction: The learning health system (LHS) aligns science, informatics, incentives, stakeholders, and culture for continuous improvement and innovation. The Agency for Healthcare Research and Quality and the Patient-Centered Outcomes Research Institute designed a K12 initiative to grow the number of LHS scientists. We describe approaches developed by 11 funded centers of excellence (COEs) to promote partnerships between scholars and health system leaders and to provide mentored research training.

Methods: Since 2018, the COEs have enlisted faculty, secured institutional resources, partnered with health systems, developed and implemented curricula, recruited scholars, and provided mentored training. Program directors for each COE provided descriptive data on program context, scholar characteristics, stakeholder engagement, scholar experiences with health system partnerships, roles following program completion, and key training challenges.

Results: To date, the 11 COEs have partnered with health systems to train 110 scholars. Nine (82%) programs partner with a Veterans Affairs health system and 9 (82%) partner with safety net providers. Clinically trained scholars (n = 87; 79%) include 70 physicians and 17 scholars in other clinical disciplines. Non-clinicians (n = 29; 26%) represent diverse fields, dominated by population health sciences. Stakeholder engagement helps scholars understand health system and patient/family needs and priorities, enabling opportunities to conduct embedded research, improve outcomes, and grow skills in translating research methods and findings into practice. Challenges include supporting scholars through roadblocks that threaten to derail projects during their limited program time, ranging from delays in access to data to COVID-19-related impediments and shifts in organizational priorities.

Conclusions: Four years into this novel training program, there is evidence of scholars' accomplishments, both in traditional academic terms and in terms of moving along career trajectories that hold the potential to lead and accelerate transformational health system change. Future LHS training efforts should focus on sustainability, including organizational support for scholar activities.

Keywords: embedded research; health system partnership; learning health systems workforce; patient-centered outcomes research; training.

Medication adverse events in the ambulatory setting: A mixed-methods analysis

Joanne Wong [1], Shin-Yu Lee [2][3], Urmimala Sarkar [4][5], Anjana E Sharma [6][5]

Abstract

Purpose: To characterize ambulatory care adverse drug events reported to the Collaborative Healthcare Patient Safety Organization (CHPSO), a network of 400 hospitals across the United States, and identify addressable contributing factors.

Methods: We abstracted deidentified ambulatory care CHPSO reports compiled from May 2012 to October 2018 that included medication-related adverse events to identify implicated medications and contributing factors. We dual-coded 20% of the sample. We quantitatively calculated co-occurring frequent item sets of contributing factors and then applied a qualitative thematic analysis of co-occurring sets of contributing factors for each drug class using an inductive analytic approach to develop formal themes.

Results: Of 1,244 events in the sample, 208 were medication related. The most commonly implicated medication classes were anticoagulants (n = 97, or 46% of events), antibiotics (n = 24, 11%), hypoglycemics (n = 19, 9%), and opioids (n = 17, 8%). For anticoagulants, timely follow-up on supratherapeutic international normalized ratio (INR) values occurred before the development of symptoms. Incident reports citing antibiotics often described prescribing errors and failure to review clinical contraindications. Reports citing hypoglycemic drugs described low blood sugar events due to a lack of patient education or communication. Reports citing opioids described drug-drug interactions, commonly involving benzodiazepines.

Conclusion: Ambulatory care prescribing clinicians and community pharmacists have the potential to mitigate harm related to anticoagulants, antibiotics, hypoglycemics, and opioids. Recommendations include increased follow-up for subtherapeutic INRs, improved medical record integration and chart review for antibiotic prescriptions, enhanced patient education regarding hypoglycemics, and alerts to dissuade coprescription of opioids and benzodiazepines.

Keywords: ambulatory care; medication errors; medication therapy management; patient safety; pharmacovigilance.

Preferences and Perceptions of Medical Error Disclosure Among Marginalized Populations: A Narrative Review

Kristan Olazo, Katarina Wang, Maribel Sierra, Jill Barr-Walker, Urmimala Sarkar

Abstract

Background: Disclosure of medical errors, in which a health care provider informs the patient/family of the error and takes responsibility, is an ethical imperative. Little is known about how medical error disclosure preferences or perceptions may vary for patients who are people of color, are older, or have lower educational attainment.

Methods: The researchers conducted a narrative review on medical errors and disclosure. Included were studies in high-income countries that included a predominantly marginalized population, defined by any one of the following: older age adults (mean age > 65 years); low educational attainment (> 55% of participants with less than a high school education); and/or racial/ethnic minority (< 55% of participants identifying as non-Hispanic white for US studies).

Results: The literature search yielded 3,050 articles, resulting in 6 studies included for analysis. Four studies used hypothetical vignettes; 1 used focus groups, and 1 used a survey. Three studies met the marginalized population criteria based on education; 3 met the criteria based on race/ethnicity. No study met the inclusion criteria for age. All 6 articles examined patient preferences for disclosure, and 2 studies also examined patient perceptions of disclosure. Overall, participants preferred that medical errors be disclosed to them. Most of the studies lacked multiple regression analysis to investigate differences in disclosure preferences by race/ethnicity, age, and education.

Conclusion: Participants from marginalized populations may have similar disclosure preferences to white and highly educated participants. Future studies should aim to examine differences in error disclosure preferences among patients who have experienced adverse events across race/ethnicity, educational attainment, and age.

Applying the community readiness model to identify and address inequity in end-of-life care in South Asian communities

Rachael H Moss [1], Jamilla Hussain [1 2], Shahid Islam [1], Neil Small [3], Josie Dickerson [1]
- PMID: 36579846
- DOI: 10.1177/02692163221146587

Abstract

Background: Individuals from minoritised ethnic backgrounds are less likely than individuals from the dominant ethnic group to access palliative care services and to have documented Advance Care Plans. They are more likely to be admitted to hospital in the last months of life.

Aim: To use the Community Readiness Model to identify the barriers that influence how South Asian communities access and use two new palliative care services.

Design: The Community Readiness Model is a validated tool that measures the readiness of a community. Key stakeholders were asked to: (i) complete a questionnaire to assess South Asian communities' readiness to engage in advance care planning and, (ii) attend a focus group to explore their views on the communities' understandings of palliative and end-of-life care.

Setting/participants: Ten key stakeholders who held a variety of occupations within palliative and end-of-life care services were recruited from the community.

Findings: The South Asian communities were found to be at the 'pre-planning' stage of readiness, despite initiatives to improve awareness. The readiness of the health system was found to be limited, with a narrow medical focus during advance care planning, poor integration of voluntary and community services and limited understanding of what people consider a 'good' death.

Conclusions: The Community Readiness Model allowed insight into the South Asian communities' awareness of and readiness (to use) palliative care services. Using the Community Readiness Model before service implementation allowed steps to be taken to avoid widening inequities in access and use of new services.

Keywords: Palliative care; advance care planning; health inequities.

Tobacco product use and cultural connectedness among Native Hawaiian/Pacific Islander, Asian American, and Filipino American young adults in Hawai'i

Dixie L Johnson [1], Scott K Okamoto [1][2], Mistie Hokulani Rosario [3], Pallav Pokhrel [2]
Affiliations expand

Abstract

Tobacco product use rates among Native Hawaiian/Pacific Islander (NHPI), Asian American, and Filipino American young adults in Hawai'i have risen rapidly in recent years following the introduction of electronic nicotine delivery systems. Though some research has examined tobacco use correlates for these demographics of young adults, research examining protective factors, such as cultural connectedness, is lacking. Additionally, research that disaggregates Asian Americans from Pacific Islanders is scarce, despite the differing risk and protective factors that have been determined for each group. This study separately examined cultural connectedness among NHPIs, Asian Americans, and Filipino Americans to help fill the gaps in the current tobacco product literature. The findings indicated that Asian Americans and Filipino Americans who identify more with their own cultures are less likely to use e-cigarettes; however, this relationship was not supported for NHPIs. No significant evidence was found to indicate a relationship between cultural connectedness and combustible cigarette use among any of the sampled groups. The lack of relationship between cultural connectedness and e-cigarette use among Native Hawaiians may be explained by measurement limitations in the study, and suggest the need for more culturally competent scales (e.g., an enculturation scale) that account for Indigenous status.

Keywords: Asian American; Filipino; Native Hawaiian; Pacific Islander; culture; tobacco; youth.

Substance use disorders and treatment in Asian American and Pacific Islander women: A scoping review

Callie L Wang [1], Margaux Kanamori [2], Alisha Moreland-Capuia [1][3], Shelly F Greenfield [1][3], Dawn E Sugarman [1][3]

Abstract

Background and objectives: Asian American Pacific Islanders (AAPIs) face unique barriers in seeking treatment for substance use disorders (SUD) and are less likely than the general population to receive treatment. Barriers specific to AAPI women may be especially significant given identified gender and racial differences in SUD prevalence and treatment. This review examines rates of SUD in AAPI women and summarizes the literature on SUD treatment for AAPI women.

Methods: Data from 2016 to 2019 National Survey on Drug Use and Health (NSDUH) surveys were extracted to summarize rates of SUD. A scoping review of the literature on AAPI women and SUD treatment was conducted; eight articles published from 2010 to present were reviewed.

Results: The prevalence of SUDs among AAPI women increased overall, although rates of SUDs were generally lower in AAPI women compared to their male counterparts. Patterns of gender differences in SUDs varied for subpopulations of AAPI women. There is limited research on treatment utilization and access for AAPI women. The few studies that examined treatment outcomes found favorable outcomes for AAPI women; research on culturally adapted interventions was promising but nascent.

Discussion and conclusions: Literature on SUD treatment for AAPI women is limited. The availability of more culturally tailored treatments addressing the specific needs of AAPI women may lead to more acceptability and treatment utilization for this group. Additional research is needed to elucidate the unique barriers to treatment AAPI women face.

Scientific significance: With rising rates of substance use in AAPI women, there is a need to develop and test effective SUD treatments adapted for AAPI women.

Perceived stress, recent stressors, and distress in relation to sleep disturbance and duration among middle-aged and older Asian immigrants

Ruijia Chen [1], Natalie Slopen [2], Sunmin Lee [3]

Abstract

Objective: This study aimed to examine the associations of perceived stress, stressors, and distress with sleep disturbance and duration among Asian immigrants.

Design/setting/participants: The sample included 400 Asian immigrants aged 50-75 years old recruited from primary care physicians' clinics.

Methods: We fit multivariable regression models to examine the associations of perceived stress, stressors, and distress with self-reported sleep disturbance and duration. We tested effect modifications by language proficiency, years in the United States, acculturative stress, and social support.

Results: A total of 73 (18.3%) participants reported any sleep disturbance, and the average time in bed was 7.25 hours (SD = 1.17). Higher perceived stress (PR = 1.15, 95% CI = 1.06, 1.26), stressors (PR = 1.32, 95% CI = 1.13, 1.59), and distress (PR = 1.36, 95% CI = 1.21, 1.57) were associated with a higher prevalence of any sleep disturbance. These associations were not modified by language proficiency, years in the United States, acculturative stress, and social support. On the other hand, the associations of perceived stress and distress with time in bed were modified by years in the United States. Specifically, higher levels of distress were associated with shorter times in bed only among adults who have resided in the United States for less than 10 years.

Conclusion: Perceived stress, stressors, and distress were associated with a higher prevalence of sleep disturbance. Moreover, perceived stress and distress had stronger associations with times in bed among recent immigrants. Future sleep health research in Asian Americans should consider the important role of stress and distress, especially among recent immigrants.

Keywords: Asian immigrants; Distress; Sleep disturbance; Sleep duration; Stress.

Ethnic enclaves and ethnoburbs: Are there differences in associations with juvenile offense type among Asian Americans?

Christina C Tam [1]

Abstract

Little is known about the neighborhood context of offending for Asian American youth. The current study differentiates between coethnic neighborhood types and considers if residence in *ethnoburbs*-a more recently conceptualized coethnic neighborhood-is associated with more serious arrests (for substance, property, weapon, or violent offenses). Asian youth in ethnic enclaves had lower odds of a violence arrest relative to youth in non-coethnic neighborhoods. Youth in ethnoburbs had greater odds of a weapons arrest, but this association is attenuated after adjusting for individual-level covariates. Implications for future research include exploring mechanisms for place-based targeted intervention strategies.

Life expectancy, life disparity, and differential racialization among Chinese, Asian Indians, and Filipinos in the United States

Darwin A Baluran [1]
Affiliations expand

Abstract

This article advances *differential racialization* as a lens to frame health disparity trends within the Asian racial category. Using formal demographic methods, I analyzed data from the Multiple Cause of Death File and the American Community Survey to examine the trends in life expectancy and life disparity among Chinese, Asian Indians, and Filipinos in the United States between 2005 and 2019. While Chinese, Asian Indian, and Filipino life expectancy oscillated between each period under study, those oscillations contributed to an overall widening advantage for Chinese over their Asian Indian and Filipino counterparts. I posit that widening inequalities between the three groups are suggestive of their increasingly disparate racial statuses. These findings underscore the importance of contextualizing disaggregated health data within the social conditions that produce inequalities, namely race/racialization/racism.

Keywords: Asian/asian Americans; Differential racialization; Health disparity; Race.

Performance of the pooled cohort equation in South Asians: insights from a large integrated healthcare delivery system

Neha M Mantri [1][2], Maqdooda Merchant [3], Jamal S Rana [3], Alan S Go [3][4][5][2], Seema K Pursnani [6]

Abstract

South Asian ethnicity is associated with increased atherosclerotic cardiovascular disease (ASCVD) risk and has been identified as a "risk enhancer" in the 2018 American College of Cardiology/American Heart Association Guidelines. Risk estimation and statin eligibility in South Asians is not well understood; we studied the accuracy of 10-years ASCVD risk prediction by the pooled cohort equation (PCE), based on statin use, in a South Asian cohort. This is a retrospective cohort study of Kaiser Permanente Northern California South Asian members without existing ASCVD, age range 30-70, and 10-years follow up. ASCVD events were defined as myocardial infarction, ischemic stroke, and cardiovascular death. The cohort was stratified by statin use during the study period: never; at baseline and during follow-up; and only during follow-up. Predicted probability of ASCVD, using the PCE was calculated and compared to observed ASCVD events for low < 5.0%, borderline 5.0 to < 7.5%, intermediate 7.5 to < 20.0%, and high ≥ 20.0% risk groups. A total of 1835 South Asian members were included: 773 never on statin, 374 on statins at baseline and follow-up, and 688 on statins during follow-up only. ASCVD risk was underestimated by the PCE in low-risk groups: entire cohort: 1.8 versus 4.9%, p < 0.0001; on statin at baseline and follow-up: 2.58 versus 8.43%, p < 0.0001; on statin during follow-up only: 2.18 versus 7.77%, p < 0.0001; and never on statin: 1.37 versus 2.09%, p = 0.12. In this South Asian cohort, the PCE underestimated risk in South Asians, regardless of statin use, in the low risk ASCVD risk category.

Keywords: ASCVD risk prediction; South Asian; Statin.

Family Involvement in Asian American Health Interventions: A Scoping Review and Conceptual Model

Shahmir H Ali [1], Farhan M Mohsin [1], Rejowana Rouf [2], Ravi Parekh [3], Biswadeep Dhar [4], Gurket Kaur [1], Niyati Parekh [1 5 6], Nadia S Islam [5], Ralph J DiClemente [1]

Abstract

Family members play a crucial role in the health of Asian American communities, and their involvement in health interventions can be pivotal in optimizing impact and implementation. To explore how family members can be effectively involved in Asian American health interventions and develop a conceptual framework of methods of involvement at the stages of intervention development, process, and evaluation, this scoping review documented the role of Asian American family members in interventions (across any health objective). Of the 7175 studies identified through database and manual searches, we included 48 studies in the final analysis. Many studies focused on Chinese (54%) or Vietnamese (21%) populations, were conducted in California (44%), and involved spouses (35%) or parents/children (39%). We observed involvement across 3 stages: (1) intervention development (formative research, review process, material development), (2) intervention process (recruitment, receiving the intervention together, receiving a parallel intervention, enlisting support to achieve goals, voluntary intervention support, agent of family-wide change, and participation gatekeepers), and (3) intervention evaluation (received evaluation together, indirect impact evaluation, and feedback during intervention). Impact of family member involvement was both positive (as sources of encouragement, insight, accountability, comfort, and passion) and negative (sources of hindrance, backlash, stigma, obligation, and negative influence). Suggestions for future research interventions include (1) exploring family involvement in South Asian or young adult interventions, (2) diversifying types of family members involved (eg, extended family), and (3) diversifying methods of involvement (eg, family members as implementation agents).

Racial uplifts and the Asian American experience

Anthony D Ong [1], Christian J Cerrada [2], Nicole M Ja [3], Rebecca A Lee [4], Amber Tan [1]

Abstract

It is well established that experiences of racial discrimination pose a significant health risk to ethnic minority youth. In this article, we introduce a new concept, *racial uplifts*, to capture a largely neglected countertheme in the scientific literature-the nature and processes underlying salubrious race-related experiences. We report on data from a mixed-method study of everyday racial uplifts in the lives of Asian American youth. Study 1a (n = 20; age range = 17-23 years) and Study 1b (n = 14; age range = 18-22 years) examined data collected through semistructured focus group interviews. Study 2 used data from a 14-day diary study (n = 152; age range = 16-20 years). A consensual qualitative research analysis of interview data revealed six major racial uplifting themes: (a) ethnic bonding, (b) overcoming obstacles, (c) bicultural competence, (d) cultural bridging, (e) globalism, and (f) outgroup regard. Analysis of end-of-day diary data revealed that respondents reported at least one daily racial uplift on 65% of the study days and multiple uplifts on 42% of the study days. Multilevel analyses indicated that everyday racial uplifts were associated with decreased daily negative affect and increased daily positive affect and self-esteem. The results add to a growing literature on the role of assets and promotive resources in the lives of ethnic minority youth. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Association of Acculturation with Cardiovascular Risk Factors in Asian-American Subgroups

Yuemeng Li [1][2], Alicia Zhu [1][3], Austin LE [1][4], Jaiveer Singh [1], Latha P Palaniappan [1][5], Malathi Srinivasan [1][5], Nilay S Shah [1][6], Sally S Wong [7], Tali Elfassy [1][8], Javier Valero-Elizondo [9], Eugene Yang [1][10]

Abstract

Objective: This cross-sectional study aims to better understand the heterogeneous associations of acculturation level on CV risk factors among disaggregated Asian subgroups. We hypothesize that the association between acculturation level and CV risk factors will differ significantly by Asian subgroup.

Methods: We used the National Health Interview Survey (NHIS), a nationally representative US survey, years 2014-18. Acculturation was defined using: (a) years in the US, (b) US citizenship status, and (c) level of English proficiency. We created an acculturation index, categorized into low vs. high (scores of 0-3 and 4, respectively). Self-reported CV risk factors included diabetes, high cholesterol, hypertension, obesity, tobacco use, and sufficient physical activity. Rao-Scott Chi Square was used to compare age-standardized, weighted prevalence of CV risk factors between Asian subgroups. We used logistic regression analysis to assess associations between acculturation and CV risk factors, stratified by Asian subgroup.

Results: The study sample consisted of 6,051 adults ≥ 18 years of age (53.9% female; mean age 46.6 [SE 0.33]). The distribution by race/ethnicity was Asian Indian 26.9%, Chinese 22.8%, Filipino 18.1%, and other Asian 32.3%. The association between acculturation and CV risk factors differed by Asian subgroups. From multivariable adjusted models, high vs. low acculturation was associated with: high cholesterol amongst Asian Indian (OR=1.57, 95% CI: 1.11, 2.37) and other Asian (OR=1.48, 95% CI: 1.10, 2.01) adults, obesity amongst Filipino adults (OR= 1.62, 95% CI: 1.07, 2.45), and sufficient physical activity amongst Chinese (OR= 1.54, 95% CI: 1.09, 2.19) and Filipino adults (OR=1.58, 95% CI: 1.10, 2.27).

Conclusion: This study demonstrates that acculturation is heterogeneously associated with higher prevalence of CV risk factors among Asian subgroups. More studies are needed to better understand these differences that can help to inform targeted, culturally specific interventions.

Keywords: Acculturation; Asian american; Cardiovascular risk factors.

A Systematic Review: Risk and Protective Factors of Elder Abuse for Community-Dwelling Racial Minorities

Wenxing Wei [1], Sarah Balser [1]

Abstract

Elder abuse is related to numerous adverse health and mental health conditions in older adults and some studies indicated higher rates of elder abuse in ethnic and racial minority populations than non-Hispanic Whites. This current study aims to summarize the risk and protective factors associated with elder abuse in community-dwelling racial minorities. A systematic review was conducted following Preferred reporting items for systematic review and meta-analysis (PRISMA) guidelines. AgeLine, Medline, PsycINFO, and CINAHL were searched without limitation on time periods of publication. Two authors independently screened the search results and assessed the eligibility and quality of the retrieved articles. A total of 718 articles were screened and 25 articles were included in the review. The 25 included studies' publication dates range from 1989 to 2019. Five racial categories were generated: African Americans, Asian Americans, Native Americans, Hispanic Americans, and racial minorities in Canada. Risk and protective factors of elder abuse and its subtypes (e.g., physical and psychological abuse) for these racial groups were summarized. There are some common risk factors across racial minorities, such as dependence on caregivers and health issues. The review identified gaps and conflicting findings regarding culture and education that are worthy of further investigation. In particular, there is a lack of current research on elder abuse in racial minority older women, race minority subgroups, and protective factors of elder abuse. The results guide helping professionals to consider the role of traditional culture and identify warning signs of potential abuse among racial minority older adults.

Characteristics of Asian American Family Caregivers of Older Adults Compared to Caregivers of Other Racial/Ethnic Groups: Behavioral Risk Factor Surveillance System 2015-2020

Christina E Miyawaki [1], Erin D Bouldin [2][3], Christopher A Taylor [3], Lisa C McGuire [3], Kyriakos S Markides [4]

Abstract

Asian Americans (AAs) are the fastest-growing racial/ethnic minority group in the United States. While otherwise highly heterogeneous, AAs overall value filial piety and eldercare. This study compared the health and caregiving experiences of AA caregivers of older adults to AA non-caregivers and caregivers of older adults across racial/ethnic groups. We used 2015-2020 Behavioral Risk Factor Surveillance System data for 315 AA caregivers and 3822 AA non-caregivers, plus 395 American Indian/Alaska Native, 1883 Black, 1292 Hispanic, and 20,321 non-Hispanic White caregivers. Among AAs, 4.3% were caregivers, a lower proportion than in other racial/ethnic groups. Most AA caregivers were female (59%), married (71%), in excellent/very good/good health (76%), and with at least one chronic health condition (66%). Other than relationship to care recipients, caregivers' experiences were similar across racial/ethnic groups: most cared for <20 hours/week and provided household and personal care. Efforts to support AA caregivers should be attentive to cultural practices.

Keywords: caregiving; ethnicity; foreign-born; health; race.

Incidence and Correlates of Emergency Department Visits for Deliberate Self-Harm Among Asian American Youth

Yueqi Yan [1], Frederick Leong [2], Anna Song [3], Sidra Goldman-Mellor [4]

Abstract

Purpose: This study examined the epidemiology of self-harm emergency department (ED) visits among Asian American and Pacific Islander (AAPI) youth, and associated factors.

Methods: We used California ED visit records in 2010 and 2011 to calculate incidence rates of self-harm ED visits for AAPI versus non-Hispanic White (NHW) patients aged 10-29 years. Demographic and clinical characteristics were compared for AAPI versus NHW patients presenting with self-harm. We used modified Poisson regression models to estimate the relative risk of recurrent ED self-harm visits for AAPI versus NHW patients and examined the association of insurance type and gender with recurrent self-harm among AAPIs.

Results: Rates of self-harm ED visits for young AAPI patients were 38 and 26 per 100,000 among females and males, respectively. Although AAPI patients presenting with self-harm were equally or less likely than NHW patients to have comorbid psychological and substance use diagnoses at their index visit, they were 25% more likely to be admitted to hospital. However, they were 40% less likely to have a recurrent ED self-harm visit. Among AAPI patients, those who used Medicaid were significantly more likely than those with other insurance to be admitted as inpatients.

Discussion: Young AAPI patients presenting to EDs with deliberate self-harm have different sociodemographic and clinical profiles compared to NHW patients. Our study also demonstrates significant heterogeneity in risk of recurrent self-harm by gender and insurance type among AAPI patients. This information may be useful for future intervention programs among self-harming AAPI youth.

Keywords: Asian American; Deliberate self-harm; Emergency department visit.

Smoking prevalence among Asian Americans: Associations with education, acculturation, and gender

Chaelin K Ra [1][2], Nazife Pehlivan [3], Ho Kim [3], Steve Sussman [4], Jennifer B Unger [4], Michael S Businelle [2][5]

Abstract

There is evidence that smoking prevalence rates are related to acculturation, education, and gender among Asian Americans. However, no studies have examined how smoking rates among Asian Americans vary based on acculturation, education, and gender together. This study used National Health Interview Survey (NHIS) data (2010-2018) to examine cigarette smoking prevalence among Asian American men and women aged 18 and older (N = 14,680). Multivariate logistic regression models were used to estimate associations between educational attainment (i.e., college graduate or higher vs some college or lower), years spent in the United States (U.S.) as a proxy for acculturation (i.e., less than 10 years (less acculturated) vs 10 years or more (more acculturated) vs U.S.-born), and cigarette smoking prevalence across gender controlling for age, marital status, poverty (at/above vs below poverty threshold), country of origin (Chinese vs Filipino vs Asian Indian vs Other Asian), and the survey year. Current smoking prevalence was 9.0 % among all Asian Americans - 5.0 % among women and 13.5 % among men. Among respective gender-specific subgroups, U.S.-born Asian women without a college degree and more acculturated Asian immigrant men without a college degree had the highest odds of smoking (OR: 4.096 [95 % CI: 2.638, 6.360] and 1.462 [95 % CI: 1.197, 1.774], respectively). Findings indicated that less educated U.S.-born Asian women and less educated Asian immigrant men are at greatest risk for smoking. Smoking prevalence among Asian Americans is highly related to acculturation, education, and gender. Findings may inform development of policies and programs that are targeted toward smoking cessation among Asian Americans.

Keywords: Acculturation; Asian American; Gender differences; Smoking.

Meta-analysis of the relationship between self-critical perfectionism and depressive symptoms: Comparison between Asian American and Asian international college students

Han Na Suh [1], Terri Pigott [1], Kenneth G Rice [1], Don E Davis [1], Andrea C Andrade [1]

Abstract

A body of research has been dedicated to demonstrating the relationship of perfectionism with a range of mental health indicators. Self-critical perfectionism, a component of perfectionism, has been framed primarily in a negative light within the mental health context. Given that research informs educational and clinical practices, it is important to explore the degree to which such findings generalize across cultures and subcultures. The current meta-analytic research systemically collated studies conducted with Asian college students with a particular attention to exploring whether orientation to Asian culture and cultural values correspondingly moderates the relationship between self-critical perfectionism and depressive symptoms. The degree of upholding Asian cultural values was represented by group identity (i.e., Asian American and Asian international). Eleven studies (N = 3,239) were identified through the literature search. Findings from the random-effects meta-analysis indicated a significant relationship between self-critical perfectionism and depressive symptoms in the overall sample. The group identity significantly moderated the relationship; among Asian international college students, self-critical perfectionism appeared to have a less harmful effect on mental distress compared to Asian American college students. Self-cultivation-one of the salient and virtuous Asian cultural values that aligns with self-critical perfectionism-may have motivated continuous striving for self-improvement to fulfill the honorable duty for their family for Asian international students. Additional findings and implications of the study are further discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Primary cutaneous melanoma in Asian Americans: a retrospective cohort analysis of 1,179 cases from the National Cancer Database

Jennifer M Fernandez [1], Kevin R Kwan [1], Elizabeth M Mata [1][2], Bianka N Bubic [3], Melodi J Whitley [1][4], Adam Sutton [1], Ashley Wysong [1]

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    DOI: 10.1111/ijd.16562

No abstract available

The Cross-sectional Association of Sleep Disturbance and Sleep Apnea with Complex Multimorbidity among Chinese and Korean Americans

Soomin Ryu [1], Brittany N Morey [2], Grace E Lee [3], Ichiro Kawachi [4], Susan Redline [5], Sunmin Lee [3]

Abstract

A new concept called complex multimorbidity (CMM) provides a more reliable measure of disease burden than multimorbidity (MM) based on a simple count of diseases, by categorizing diseases by the body system they affect. This study aims to examine associations between sleep measures and CMM among Chinese and Korean Americans in Baltimore-Washington DC Metropolitan Area, using a cross-sectional data (n=400) from Screening To Prevent ColoRectal Cancer (STOP CRC) study (enrollment in 2018-2020). Sleep disturbance was measured using the 8-item Patient Reported Outcomes Measurement Information System Sleep Disturbance scale and sleep apnea was assessed using the Berlin questionnaire. CMM was defined as the coexistence of 3 or more of body system disorders assessed by self-report of physician-diagnosed diseases. Adjusted Poisson regression models indicated that individuals who had sleep disturbance had 2.15 times the prevalence of having CMM (95% confidence interval (CI): 1.07-4.29). On the other hand, individuals with a high-risk of sleep apnea had 1.19 times the prevalence of having CMM (95% CI: 0.47-3.01). Findings suggest a need for public health interventions to increase awareness of the importance of sleep among healthcare providers and the public and to educate them about causes, signs, and treatment of sleep disturbance and sleep apnea.

Longitudinal relations between self-regulatory skills and mathematics achievement in early elementary school children from Chinese American immigrant families

Ezra Mauer [1], Yuuko Uchikoshi [2], Silvia Bunge [1], Qing Zhou [3]

- PMID: 36512921

- DOI: 10.1016/j.jecp.2022.105601

Abstract

Drawing from two waves (~1.5-2.5 years apart) of longitudinal data, the current study investigated the bidirectional associations between self-regulatory skills and mathematics achievement among a socioeconomically diverse sample of school-age Chinese American children from immigrant families (N = 258; 48.1% girls; ages 5.8-9.1 years; first to third grades at Wave 1). Children's self-regulatory skills were assessed with task-based measures of attention focusing, inhibitory control, behavioral persistence, and comprehensive executive function as well as parent- and teacher-reported effortful control. Multiple regressions showed that behavioral persistence and parent-reported effortful control positively predicted math achievement over time. Math achievement positively predicted comprehensive executive function over time. These effects were found when controlling for child age, sex, generation status, family socioeconomic status, parents' cultural orientations, and prior levels of math achievement or self-regulation. The prospective relation of math achievement predicting comprehensive executive function remained significant after a false discovery rate correction.

Barriers to Type 2 Diabetes Mellitus Management for Older Hmong Patients with Minimal English Language Skills: Accounts from Caregivers, Case Managers, and Clinicians

Linda Park [1], Addison Vang [2], Brittany Yang [2], Andrew Quanbeck [3]

Abstract

Type 2 diabetes mellitus prevalence rates for Hmong Americans in Wisconsin are more than double that of non-Hispanic Whites. The Hmong's history, lifestyle (dietary and behavioral patterns), and reliance on traditional medicine contribute to their increased risk of diabetes. This qualitative study aimed to better understand the barriers challenging older Hmong patients' ability to manage diabetes. Asian Americans have long been overlooked in health-related research, but recent disaggregated data of specific ethnic groups reveal significant health inequities. Among the different ethnic groups, there is a significant lack of research on the Hmong Americans. Three participant groups (Hmong American family caregivers, Hmong American case managers, and clinicians from different racial backgrounds who provide care for Hmong patients) were recruited from the community and interviewed to understand the barriers experienced by older Hmong patients with minimal English language skills in managing their diabetes. Directed content analysis of the data resulted in three major themes: adherence to culture, health inequity, and managing diabetes. Subthemes included Hmong herbs and shamans, lack of trust in Western medicine, the significance of rice, language barriers, lack of cultural sensitivity, health literacy, monitoring glucose, medicine compliance, and nutrition. Minimal English language skills and low literacy rates (health and education) contribute to their strong adherence to cultural practices which challenges Western medicine, creating difficulty for older Hmong patients to manage their diabetes. Recognizing cultural differences and barriers will enable healthcare providers to improve and cater the treatment options, bridging the gap between older Hmong patients and Western medicine.

Neighborhood segregation, socioeconomic status, and cognitive function among older Chinese immigrants

Fengyan Tang [1], Ke Li [1], Andrea L Rosso [2], Yanping Jiang [3], Mengting Li [4]

Abstract

Background: The fast-growing population of older Chinese immigrants and their segregated residences highlight the importance of understanding the role of neighborhood context in cognitive health. The segregation-cognition association is equivocal based on a limited number of studies among Hispanic and Asian Americans. To close the knowledge gap, this study examined the associations of neighborhood segregation and socioeconomic status (NSES) with cognitive functioning among older Chinese immigrants.

Methods: Four waves of cognitive performance tests were conducted in the Population Study of Chinese Elderly in Chicago (2011-2019) and linked to the 2010 to 2014 American Community Survey estimates of neighborhood contexts. NSES was a summary z-score of six census variables of education, income/wealth, and occupation. Neighborhood segregation was measured by the Index of Concentrations at the Extremes (ICE), which simultaneously assesses Chinese and English language use within a given census tract. There were 170 census tracts in the present sample of 2044 participants. Latent growth curve models with adjusted cluster robust standard errors were estimated.

Results: On average, cognitive functioning declined over time (B = -0.07, p < 0.001). After adjusting for individual-level predictors, living in high-NSES neighborhoods was associated with slower cognitive decline (B = 0.003, p = 0.04). ICE was not associated with cognitive functioning, but boosted the protective effect of high NSES on cognitive decline (B = 0.006, p = 0.05).

Conclusions: Neighborhood socioeconomic advantage was related to slower cognitive decline among older Chinese immigrants, especially among those living in neighborhoods with more English speakers or less segregation. This finding suggests complex associations between neighborhood context and cognitive health among Chinese immigrants.

Keywords: cognitive function; minority aging; neighborhood segregation; older immigrants.

"I'm sick of being called a hero - I want to get paid like one": Filipino American frontline workers' health under conditions of COVID-19 and racial capitalism

Cindy C Sangalang [1][2]

Abstract

Although the era of COVID-19 has reaffirmed the vital role of frontline workers in maintaining a functional society, the ongoing pandemic has taken a devastating toll on their health and well-being. In the United States, Filipino American frontline workers in healthcare and service industries have endured threats to their health, safety, and economic livelihood throughout the pandemic and against the broader backdrop of racialized and xenophobic hate directed toward Asian Americans. Drawing on a qualitative approach, the current study explores work-related health risks and effects of the pandemic for Filipino American frontline workers. Data come from the qualitative arm of a larger mixed-methods study that used a community-based participatory research approach. The current analysis is based on focus group data with thirty-five Filipino American frontline workers, a majority of whom were migrants, that worked across healthcare, caregiving, education, childcare, food services, and retail industries. Situated through the lens of racial capitalism, themes included: (1) work-related stress, tensions, and trauma, (2) anti-Asian racism and intersections with age- and gender-based violence, and (3) working while ill and distressed. Study findings can inform interventions and policies to improve health, occupational environments, and labor conditions in order to support minoritized communities disproportionately affected by COVID-19.

Keywords: COVID-19; Filipino Americans; frontline workers; health; racial capitalism.

Advocacy and Community Building to Address Filipino Behavioral Health

Clifford S Bersamira [1], Jethro Macaraeg [1]

No abstract available

Perceptions of Health Insurance Among Self-employed Korean Immigrants From South Korea in the United States

Chung Hyeon Jeong [1], Hyunsung Oh [2], Lawrence A Palinkas [3], Will Lusenhop [1]

Abstract

Korean Americans in the United States are more likely than other Asian ethnic groups to lack health insurance despite their high education and economic prosperity. According to the model of health service selection, immigrants' perceptions of the health care system and health care behaviors in their host country are affected by sociocultural referents including premigration health care experience in the country of origin. This study explored Korean immigrants' perceptions of health insurance and their intentions to purchase and maintain health insurance in the United States. We conducted in-depth interviews with 24 self-employed Korean immigrants who migrated from South Korea and were living in the Greater Los Angeles area in 2015. Participants generally had negative perceptions of U.S. health insurance in terms of cost, benefits, simplicity, and accessibility. Coupled with their positive experiences with the single-payer, universal health insurance in South Korea, respondents evaluated U.S. health insurance as not worth purchasing, and indicated they would not maintain health insurance once the individual mandate of the Affordable Care Act was abolished. On the contrary, respondents who immigrated prior to the establishment of the Korean universal health insurance in South Korea were relatively satisfied with U.S. health insurance and had maintained health insurance for substantial periods of time. Korean immigrants' premigration health care experiences appeared to influence their decisions to purchase health insurance in the United States and their intention to maintain health insurance. The study findings highlight the necessity of tailored health education that takes into account sociocultural determinants of health coverage among immigrants.

Keywords: health care system; health insurance; perceptions; premigration; self-employed Korean immigrants; sociocultural determinants.

Racial Disparities in Patient-Provider Communication During Telehealth Visits Versus Face-to-face Visits Among Asian and Native Hawaiian and Other Pacific Islander Patients With Cancer: Cross-sectional Analysis

Jared D Acoba [1], Chelsea Yin [2], Michael Meno [3], Justin Abe [4], Ian Pagano [1], Sharon Tamashiro [5], Kristy Fujinaga [5], Christa Braun-Inglis [1], Jami Fukui [1]

Background: Telehealth visits increase patients' access to care and are often rated as "just as good" as face-to-face visits by oncology patients. Telehealth visits have become increasingly more common in the care of patients with cancer since the advent of the COVID-19 pandemic. Asians and Pacific Islanders are two of the fastest growing racial groups in the United States, but there are few studies assessing patient satisfaction with telemedicine among these two racial groups.

Objective: Our objective was to compare satisfaction with communication during telehealth visits versus face-to-face visits among oncology patients, with a specific focus on Asian patients and Native Hawaiian and other Pacific Islander (NHOPI) patients.

Methods: We surveyed a racially diverse group of patients who were treated at community cancer centers in Hawaii and had recently experienced a face-to-face visit or telehealth visit. Questions for assessing satisfaction with patient-physician communication were adapted from a previously published study of cancer survivors. Variables that impact communication, including age, sex, household income, education level, and cancer type and stage, were captured. Multivariable logistic models for patient satisfaction were created, with adjustments for sociodemographic factors.

Results: Participants who attended a face-to-face visit reported higher levels of satisfaction in all communication measures than those reported by participants who underwent a telehealth encounter. The univariate analysis revealed lower levels of satisfaction during telehealth visits among Asian participants and NHOPI participants compared to those among White participants for all measures of communication (eg, when asked to what degree "[y]our physician listened carefully to you"). Asian patients and NHOPI patients were significantly less likely than White patients to strongly agree with the statement (P<.004 and P<.007, respectively). Racial differences in satisfaction with communication persisted in the multivariate analysis even after adjusting for sociodemographic factors. There were no significant racial differences in communication during face-to-face visits.

Conclusions: Asian patients and NHOPI patients were significantly less content with patient-physician communication during telehealth visits when compared to White patients. This difference among racial groups was not seen in face-to-face visits. The observation that telehealth increases racial disparities in health care satisfaction should prompt further exploration.

Challenges and Barriers to Providing Primary Care to Children of South Asian Origin: Pediatricians' Perspectives

Usha Ramachandran [1], Kaavya Mahajan [1], Aashiki Shah [1], Bishakha Ghoshal [1], Afrida Khurshid [2], Nilifa Desilva [2], Margia Shiriti [2], Nolan Patel [2], Sunanda Gaur [1], Alison Karasz [2]
Affiliations expand

Abstract

South Asian (SA) Americans have a high risk of metabolic and cardiovascular disease. Prevention efforts should start in childhood and should be culturally appropriate. We sought to understand the challenges and barriers that pediatricians face in providing care for SA children to inform professional education on culturally effective care. Qualitative interviews were conducted with a diverse sample (N = 17) of pediatricians. Challenges reported included feeding problems, inadequate physical activity, and mental health concerns. Communication barriers included parents' anxiety around feeding, influence of grandparents, stigma around mental health, and cultural communication gaps. Effective strategies included clear communication, a gradual approach, ensuring buy-in from grandparents, greater attention to family history, and improved cultural knowledge in pediatrician. Addressing feeding problems was the most mentioned challenge, which is especially concerning given the high chronic disease risk in SAs. Education on culturally appropriate strategies can equip pediatricians to effectively counsel SA families to address these risks.

Keywords: South Asian health; chronic disease risk; cultural competency; physician education; primary care.

How Can Framed Mammography Screening Messages Be Optimally Persuasive for Foreign-Born Chinese American Women?

Yiyuan Sun [1], Anne Moyer, Jane H White

- PMID: 36480282
- DOI: 10.1097/NCC.0000000000001121

Abstract

Background: Foreign-born Chinese American women (FBCAW) have the lowest mammography rates compared with other racial groups despite the overwhelming evidence of the benefits of screening. Message framing based on the prospect theory has shown significant but inconsistent effects on mammogram screening among ethnic minority groups.

Objective: Using data from a randomized controlled trial, this secondary analysis aims to identify factors that interact with message framing to improve mammography screening in FBCAW.

Methods: In the parent study, participants were randomized to receive either a gain- or loss-framed brochure that encouraged mammography screening. Data were collected at baseline and 2 months using validated questionnaires. For this secondary analysis, ordinal logistic regression was performed to identify moderation effects using both per-protocol and intention-to-treat principles.

Results: Participants predominantly had low income, a low level of English proficiency, and no insurance. Lack of access to mammography services, knowledge of making a mammogram appointment, knowledge of insurance coverage for breast cancer treatment, education levels, and mammogram history were significant moderators of the framing effects. Overall, the moderation effects were larger when using per-protocol analysis. Some moderation results under intention-to-treat analysis were different from those using per-protocol analysis.

Conclusions: The persuasive effects of the loss- or gain-framed messages depend on the characteristics of FBCAW. Future studies can identify algorithms to select tailored messages that match individual FBCAW's characteristics to optimize the effects of framed messages.

Implications for practice: Findings of this study can guide healthcare providers, especially nurses, to choose different wording when communicating with their clients.

When the geopolitical threat of China stokes bias against Asian Americans

Jennifer Lee [1]

No abstract available

Online Grocery Shopping Behaviors and Attitudes Among Asian Americans

Pasquale E Rummo [1], Shahmir H Ali [2], Julie Kranick [3], Lorna E Thorpe [3], Stella S Yi [3]
Affiliations expand

Abstract

How online grocery shopping behaviors differ among Asian American (AA) ethnic subgroups and acculturation level is unknown. From June 9-15, 2020, we administered an online survey to a nationally-derived nonprobability sample of 2,895 AA adults, including 1,737 East, 570 South, and 587 Southeast Asian adults, assessing online grocery shopping (yes/no, frequency, reasons). We used logistic regression to compare responses by subgroup and acculturation score, controlling for sociodemographics. Thirty-percent of participants reported shopping online for groceries in a typical month, with a higher percentage among South (45%) versus East Asian adults (23%). Participants with low (vs. high) acculturation scores were more likely to report a lack of special foods (OR = 0.7; 95% CI: 0.5-0.98) and poor food quality (OR = 0.6; 95% CI: 0.4-0.7) as preventing them from shopping online. Online grocery shopping has the capacity to address inequities in health, potentially via culturally-tailored programs designed for less-acculturated AA adults.

Keywords: Acculturation; Asian Americans; Cultural Influence; Health Equity; Online Grocery

Cultural Socialization and Ethnic-Racial Identity Mediated by Positive and Negative Conversations about Race: Exploring Differences among Asian American, African American, Latinx, Multiracial, and White Students

Maria J Elias [1], Eryn N DeLaney [1], Chelsea Derlan Williams [1], Sabrina Hawa [1], Chloe J Walker [1], Fantasy T Lozada [1], Jinni Su [2]; Spit for Science Working Group; Danielle M Dick [1]

Abstract

The current study examined associations between cultural socialization and ethnic-racial identity via positive and negative conversations about one's ethnicity/race. Ethnic-racial differences between Asian American, African American, Latinx, Multiracial, and White students were explored. College students 18-22 (*M* age = 18.46) participating in a university-wide study provided self-reports of childhood cultural socialization, engagement in conversations about ethnicity/race during college, and ethnic-racial identity. Cultural socialization was associated with more positive conversations about race, and, in turn, greater ethnic-racial identity exploration, resolution, and affirmation among all students. Additionally, among Multiracial and African American students, cultural socialization was associated with greater negative conversations about race and, in turn, less ethnic-racial identity affirmation. Although cultural socialization was not associated with negative conversations about race for Asian American, Latinx, or White students, the relation between greater negative conversations about race and less ethnic-racial identity affirmation was significant. Negative conversations about race also informed greater ethnic-racial identity exploration among all students, but was not associated with ethnic-racial identity resolution. The current study highlights the nuanced ways that childhood cultural socialization and conversations about one's ethnicity/race influence college students' ethnic-racial identity, both similarly and differently among Asian American, African American, Latinx, Multiracial, and White students. Two items created for the current study were used to assess positive and negative conversations about one's ethnicity/race in the past month. Response options for the positive conversation item ("In the past month, I had conversations with someone about something positive about my ethnic-racial group.") and negative conversation item ("In the past month, I had conversations with someone about something negative about my ethnic-racial group.") were scored using a 5-point Likert scale ranging from (1) *Not at all* to (5) *Extremely or almost always*. Higher scores indicated more frequent positive conversations and more frequent negative conversations, respectively. Initial support for the validity of the two items for positive and negative conversations about race has been provided by research with emerging adults (Delaney et al., in press).

Keywords: college students; conversations about ethnicity/race; cultural socialization/ethnic-racial socialization; emerging adults; ethnic-racial identity.

Racial-ethnic socialization, racial discrimination, and internalization of the model minority myth in East Asian families

Sei Eun Kim [1], Zhenqiang Zhao [2], Sylvia H M Wong [1], Russell B Toomey [3]

Abstract

Guided by the integrative model, this study investigated the moderating effect of East Asian American youth-reported (N = 143) racial-ethnic socialization (RES) in the relationship between the youth's experiences of discrimination and internalization of the model minority myth. The results suggest that there was a significant interaction between youth's racial discrimination and youth-reported awareness of discrimination on youth's internalization of the model minority myth (b = 3.52, p < .05). No significant interaction effect emerged between racial discrimination and maintenance of heritage culture on internalization of model minority myth. The findings offer several contributions to inform research, family, and communities in understanding the ways caregivers respond to youth's racialized settings, which also contribute to youth's positive outcomes.

Call to Action: Disaggregating the Asian American Medical Student Experience

Jessica Weng [1], Agnes Zhu [2], Christina Ying Ying Chen [3]

Affiliations expand

No abstract available

Mammogram Uptake among Korean American Women in the South: Do Health Beliefs Matter?

Mi Hwa Lee [1], Abby J Schwartz [1], Yan Luo [2], Hee Yun Lee [3]

Abstract

Background: Breast cancer is commonly diagnosed in Korean American women (KAW), and its incidence rates continue to increase. Despite the increasing burden of breast cancer diagnosis, screening rates among KAW remain low. There is a growing body of literature on breast cancer screening behaviors in this population; however, current knowledge regarding cultural influences and KAW's mammogram use is limited, particularly in the southern part of the United States. Using the Health Belief Model, this study examined the association of culturally embedded health beliefs and mammogram use among KAW.

Methods: Cross-sectional data were obtained from 538 KAW recruited in North Carolina. A hierarchical binary logistic regression was conducted to examine cultural health beliefs associated with mammogram use.

Findings: Preventive health orientation (OR=1.16, CI=1.02-1.32) and perceived susceptibility (OR=1.32, CI=1.10-1.58) were positively associated with having a mammogram in the past two years, while fear (OR=0.58, CI=0.36-0.94) was negatively related to getting screened in the past two years.

Conclusions: The current study findings inform future intervention strategies to promote mammogram screening among KAW in sociocultural context.

Keywords: Breast Cancer Screening; Health Belief Model; Korean Americans; cultural factors; mammography.

Factors influencing the well-being of Asian American LGBT individuals across the lifespan: perspectives from leaders of community-based organizations

Alicia K Matthews [1], Chien-Ching Li [2], Brandon Bernhardt [3], Shams Sohani [4], Xin Qi Dong [5]

Abstract

Background: Lesbian, gay, bisexual, and transgender (LGBT) individuals have documented disparities in mental health that are experienced across the life course. However, limited research has been conducted to identify the factors which contribute to evaluated risk for poor mental health among older Asian Americans who identify as LGBT. The purpose of this study was to determine the perspectives of leaders of community-based organizations about the mental health needs and concerns of their LGBT constituents from diverse Asian backgrounds.

Methods: Semi-structured qualitative interviews were conducted with leaders of community-based organizations serving the needs of LGBT individuals. A qualitative framework analysis approach was used to identify, analyze and report themes within the data.

Results: 11 members of community organizations located in California (54.5%), Chicago (27.2%), and New York (18.1%) were interviewed. Chronic stress was identified as negatively impacting constituents' lives and was attributed to social determinants of health, including inadequate housing, financial insecurity, discrimination, barriers to adequate health care, and immigration status. Ageism, social isolation, language barriers, and limited connections to cultural, religious, or LGBT communities were identified as factors impacting middle-aged and older adults. Participants identified homelessness, violence, and lack of parental acceptance as contributing to distress among youth and younger adults. The most vulnerable community members were identified as gender minorities, undocumented individuals, and individuals with limited English proficiencies. Organizational leaders described strategies to address social determinants.

Conclusions: Asian Americans who are LGBT are confronted with substantial risks for poor mental health that are linked to modifiable social determinants of health. Organizations serving these populations play a vital role in meeting the needs of a highly underserved population.

Keywords: Asian-American; Community-based organizations; LGBT; Mental Health; Social determinants of Health.

Understanding Challenges and Coping Strategies Experienced by Chinese American Family Caregivers of Persons with Dementia

Kathy Lee [1], Jessica Cassidy [1], Joe Zhao [2], Jaci Mitchell [1]

Abstract

The purpose of this study was to explore the caregiving experience of Chinese American family caregivers of persons with dementia with a focus on challenges and coping strategies. Using a qualitative study design, we conducted semi-structured interviews with 26 Chinese American family caregivers and analyzed the data using thematic analysis. We also identified their caregiving experience specific to the COVID-19 pandemic. First, four themes were discovered: (1) filial obligations, (2) preference for utilizing home- and community-based supports, (3) relying on primary care doctors, and (4) helping behaviors. Two additional COVID-19-related themes were identified: (1) social isolation and (2) perceived discrimination. We suggested interventions at the individual, community, and societal level not only to support various challenges experienced by this ethnic group but also to promote their coping strategies.

Reducing Liver Cancer Risk through Dietary Change: Positive Results from a Community-Based Educational Initiative in Three Racial/Ethnic Groups

Lin Zhu [1][2], Ellen Jaeseon Kim [1], Evelyn González [3], Marilyn A Fraser [4], Steven Zhu [5], Nathaly Rubio-Torio [4], Grace X Ma [1][2], Ming-Chin Yeh [6], Yin Tan [1]
Affiliations expand

Abstract

Dietary behaviors and alcohol consumption have been linked to liver disease and liver cancer. So far, most of the liver cancer awareness campaigns and behavioral interventions have focused on preventive behaviors such as screening and vaccination uptake, while few incorporated dietary aspects of liver cancer prevention. We implemented a community-based education initiative for liver cancer prevention among the African, Asian, and Hispanic populations within the Greater Philadelphia and metropolitan New York City areas. Data from the baseline and the 6-month follow-up surveys were used for the assessment of changes in dietary behaviors and alcohol consumption among participants. In total, we recruited 578 participants through community-/faith-based organizations to participate in the educational workshops. The study sample included 344 participants who completed both baseline and follow-up survey. The Hispanic subgroup was the only one that saw an overall significant change in dietary behaviors, with the Mediterranean dietary score increasing significantly from 30.000 at baseline survey to 31.187 at 6-month follow-up assessment ($p < 0.05$), indicating a trend towards healthier dietary habit. In the African Americans participants, the consumption scores of fruits and poultry increased significantly, while vegetables and red meats decreased. In Asian Americans, the consumption of non-refined cereals, red meats, and dairy products decreased. Alcohol consumption decreased significantly among Hispanics while it did not change significantly among the other two communities. This community-based educational initiative generated different impacts in the three populations, further highlighting the needs for more targeted, culturally tailored efforts in health promotion among these underprivileged communities.

Keywords: academic-community partnership; community-based participatory research; dietary behaviors; health promotion; liver cancer prevention; racial/ethnic minority.

Utilizing Listening Sessions to Assess COVID-19 Vaccine Acceptance among Asian Americans in Michigan

Olivia Ford [1], Rachel Bessire [2], Alice Jo Rainville [1], Tsu-Yin Wu [2]

Abstract

SARS-CoV-2 (COVID-19) hospitalizations and deaths have been in the forefront of healthcare and public health for the past two years. Despite widespread vaccinations campaigns, infection rates and serious illness and death remain high among immigrant and minority communities. There are many factors that increase the risk of hospitalization and death, including overall health of the individual as well as environmental and socioeconomic factors. Seven virtual listening sessions with 39 Asian American adults were conducted to assess acceptance of COVID-19 vaccines. Lack of access, confusion on eligibility, distrust of mass vaccination sites, and fear of long-term side effects were primary barriers to vaccine acceptance. Perspectives on the vaccines varied by ethnic groups, with Bangladeshi and Yemeni participants more likely to have negative views. Our findings show that while national statistics of the broad category "Asian" indicate higher COVID-19 vaccination rates than other minority groups, there are Asian ethnic groups that may not follow these trends. These groups are important to prioritize as they may be at increased risk for exposure and severe illness. However, these groups can be difficult to access for reasons such as language barriers and cultural norms. Information from these listening sessions was used to create resources and programs to clarify misconceptions and increase access to COVID-19 vaccines.

Cardiometabolic Risk in Asian Americans by Social Determinants of Health: Serial Cross-sectional Analyses of the NHIS, 1999-2003 to 2014-2018

Megha K Shah [1], Nikhila Gandrakota [2], Unjali P Gujral [3], Nadia Islam [4], K M Venkat Narayan [3], Mohammed K Ali [2][3]

Abstract

Background: Diabetes and hypertension are common in Asian Americans and vary by subgroup. There may be further variation by social determinants of health (SDOHs), but few studies have examined this previously.

Objective: To examine the associations of SDOHs and diabetes and hypertension within and across Asian subgroups in the USA DESIGN: Series cross-sectional analyses SETTING: National Health Interview Surveys (NHIS) from 1999 to 2018 PARTICIPANTS: Asian-American adults (Chinese, Filipino, Asian Indian, and Other Asian [Korean, Vietnamese, Japanese, and other]) MEASUREMENTS: Self-reported diabetes and hypertension prevalence in pooled 5-year increments over 1999-2018 and multivariable regression models to assess the adjusted prevalence of diabetes or hypertension by poverty, marital status, education, and years in the USA, adjusting for age, sex, BMI, and health insurance status RESULTS: From 1999-2003 to 2014-2018, the age- and sex-adjusted prevalence of diabetes increased for Other Asians (absolute change: 4.6%) but not for other subgroups; age- and sex-adjusted hypertension prevalence significantly increased for Asian Indians and Other Asians (absolute change: 5-7.5%). For Filipinos, high school education or less was associated with an increase in diabetes prevalence over time (difference from 1999-2003 to 2014-2018: +6.0 (95% CI: 2.0-10.0)), while for Asian Indians, college education or higher was associated with an increase in diabetes prevalence for the same period (difference: +2.7 (95% CI: 0.01-5.4). Differences over the 2 time periods (1999-2003 and 2014-2018) show that Filipino and Other Asians, who lived in the USA for ≥10 years, increased in diabetes prevalence. Similar variations in associations of SDOHs by Asian subgroup were seen for hypertension.

Limitations: Self-reported primary outcomes and multi-year data were pooled due to small sample sizes.

Conclusions: The influence of SDOHs on cardiometabolic risk is not uniform among Asian Americans, implying tailored strategies may be needed for different population subgroups.

Stigma, social support, and spirituality: associations with symptoms among Black, Latina, and Chinese American cervical cancer survivors

DeJuana Coleman [1], Alejandra Hurtado-de-Mendoza [2], Abigail Montero [2], Sabrina Sawhney [1], Judy Huei-Yu Wang [2], Tania Lobo [2], Kristi D Graves [3]
Affiliations expand

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- DOI: 10.1007/s11764-022-01283-z

Abstract

Purpose: Few studies have examined experiences of stigma and factors associated with symptoms among cervical cancer survivors from diverse racial and ethnic backgrounds. We investigated survivorship experiences and patient-reported outcomes in the SPADE symptom cluster (sleep disturbance, pain interference, anxiety, depression, and energy/fatigue) among Black, Latina, and Chinese American women diagnosed with cervical cancer.

Methods: In two phases of research with cervical cancer survivors, we collected qualitative data through individual interviews (N=12; recruited through community referrals) and quantitative data from an observational cohort study (N=91; recruited through 4 national cancer registries). We coded interview transcripts to describe the survivors' experiences. We then evaluated associations between social support, spirituality, and SPADE symptom cluster domains using linear regression models.

Results: Qualitative analysis yielded four themes: perceptions of stigma, empowerment, physical and psychological effects, and social support. These concepts revolved around internal and external stigmas, emotional responses, strengthened faith, and different social support types. Quantitative analyses indicated that greater spirituality was associated with lower symptom burden on all five SPADE domains (p<0.01). We observed nuanced associations between specific types of social support and SPADE domains.

Conclusions: The survivorship experiences of Black, Latina, and Chinese American women with cervical cancer are negatively influenced by perceptions of stigma. Higher scores on spirituality and varied types of social support were significantly associated with fewer symptoms in the SPADE symptom cluster.

Implications for cancer survivors: Results suggest targets for future interventions to reduce symptom burden among women diagnosed with cervical cancer by leveraging spirituality and social support.

Keywords: Black; Cervical cancer; Chinese American; Latina; Quality of life; SPADE; Survivors; Symptoms.

Filipinos' attitudes, barriers, and enablers on colorectal cancer screening: Insights from a qualitative research study

Carine Khalil [1], Antwon Chaplin [1], Shenazar Esmundo [2], Austin Crochetiere [3], Christopher V Almario [4]

Abstract

Background: Filipinos have lower colorectal cancer (CRC) screening rates and worse outcomes versus non-Hispanic Whites. As Filipinos are understudied on how they perceive CRC screening, we conducted focus groups examining their attitudes, enablers, and barriers to screening.

Methods: In August and September 2021, we recruited Filipinos aged 40-75 years to participate in an online focus group. Filipinos who received care at an academic medical center or were members of Filipino community organizations in Los Angeles, CA, were sent emails inviting them to participate. We used a semi-structured interview guide for the focus groups and audio recordings were transcribed and analyzed using an inductive coding approach. Codes were generated from the qualitative data, sorted, classified into themes and subthemes, and illustrated with verbatim quotes.

Results: We conducted four online focus groups with 16 Filipinos. As for enablers for CRC screening, participants mentioned the importance having a doctor's recommendation. Participants reported the following barriers: potential out-of-pocket costs (the Philippines healthcare system is largely cash-based); fatalistic beliefs; reactive approach to health; lack of awareness in the community on CRC screening. Suggested solutions for improving CRC screening uptake in the community included: providing information on screening benefits, what to expect from each test (e.g., steps involved, accuracy), and financial considerations; participation by Filipino celebrities and doctors in media campaigns.

Conclusion: Our study highlights Filipinos' perceptions on CRC screening. These data can support investigators, health systems, public health agencies, and community organizations in developing culturally tailored, sustainable interventions to address CRC screening disparities among Filipinos.

Keywords: Colorectal cancer screening; Disparities; Filipino; Qualitative research.

Validating Four Hmong Word Recognition Tests With Normal-Hearing Bilingual Hmong Individuals

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Affiliations expand

Abstract

Purpose: The purpose of this study was to validate four digitally recorded and phonetically balanced 50-word recognition lists in the White Hmong dialect with normal-hearing bilingual Hmong adults.

Method: Using a randomized, incomplete-block design, each participant listened to and repeated four unique Hmong lists delivered by a female and a male talker. Participants were also tested with an English word list-List 1A of the Northwestern University Auditory Test No. 6. Participants' correct pronunciation of each word was scored. A nonparametric Mann-Whitney U Location Difference Test for Equivalence using two one-sided tests equivalence hypothesis: -0.02 < [(List_1) - (List_2)] < 0.02 was conducted to assess equivalence among all four Hmong and the English lists.

Results: Seventy Hmong speakers participated in this study (35 women, 35 men; M_{age} = 29.5 years, SD = 7.1). In all four Hmong lists, 93.5% (187/200) words met the validation criteria for ≥ 92% correct pronunciation. The 13 difficult words were deemed adequate by a Hmong panel and, therefore, were included to maintain four unique, balanced word lists. The test revealed that the Hmong and English word lists were considered equivalent at the 2% bound.

Conclusion: The four Hmong word lists were validated to ensure an equal range of word difficulty across the lists.

Unpacking the root causes of gambling in the Asian community: Contesting the myth of the Asian gambling culture

Mia Han Colby [1], Ben Hires [1][2][3], Lisette Le [1][2][4], Dawn Sauma [1][2][5], Man Yoyo Yau [1][2][3], MyDzung Thi Chu [2][6], Heang Leung Rubin [1]

Abstract

Introduction: Problem gambling is a public health issue both in the United States and internationally and can lead to mental health and socioeconomic concerns for individuals, families, and communities. Large epidemiological studies on problem gambling have neglected to include working-class, immigrant Asian Americans, who are at higher risk for problem gambling. The lack of data on Asian American gambling may explain a subsequent lack of culturally and linguistically appropriate treatment and prevention services. Additionally, the invisibility of Asian American data in published literature has helped to perpetuate a commonly held myth of an Asian gambling culture. This stereotype of the "Asian gambler" is a form of anti-Asian racism which serves to ignore and minimize the root causes of problem gambling in the Asian American community.

Methods: Utilizing a community-based participatory research approach, 40 interviews were conducted with the local Khmer (n = 12), Chinese (n = 20), Korean (n = 3), and Vietnamese (n = 5) immigrant communities in the Greater Boston region to assess how problem gambling manifests in the local Asian community. Interviews were conducted in language by bilingual/bicultural community fieldworkers experienced in serving their respective communities. Flyers and social media were used to recruit participants. The interviews were coded into themes which provided a better understanding of the patterns of systemic issues contributing to problem gambling in the Asian American community.

Results: Interviewees provided insights into the underlying issues of poverty and social and cultural loss due to immigration as root causes for problem gambling in the Asian American community. The interviews indicate that many individuals in these Asian immigrant communities, who are striving to make a living off low-wage and stressful jobs, struggle to integrate into American society. They often lack culturally appropriate and accessible social and recreational activities, a void that casinos capitalize on through targeted behaviors.

Discussion: Research must address the social and structural barriers in the Asian American communities rather than relying on the "Asian gambler" stereotype and assuming interventions for a general American problem gambler will work for Asian immigrants. The research points to a need for gambling interventions and services that are centered on lived experiences.

Keywords: anti-Asian racism; community fieldworkers; community-based organizations; community-based participatory research (CBPR); culturally and linguistically appropriate services; gambling; health equity; integration.

Aging in Chinatowns: the Meaning of Place and Aging Experience for Older Immigrants

Xiayu Chen [1], Yuanyuan Hu [2], Qingwen Xu [2], Yu Xie [3]

Abstract

The concept of "Aging in place" has not been fully validated among older immigrant groups living in diverse cultures. The study used a qualitative research approach and interviewed Chinese immigrant older adults across three Chinese enclave communities in New York City to identify whether Chinatowns are a place for Chinese immigrants to age and explore their experience of aging in Chinatowns. The findings showed that Chinese immigrants did consider Chinatown as the place, which conveyed practical, linguistic, social, emotional and cultural meaning. Aging in Chinatown, older adults sought independence, security, and autonomy through various social resources. However, older adults, especially newly arrived immigrants, have faced obstacles that undermine their aging experience. Older immigrants' unique aging experience has provided profound insight in understanding migration and AIP, which help develop proper policies and programs to support the AIP initiative.

Keywords: Aging in place; Chinatown; Chinese immigrant; Enclave.

Cultural adaptation of the savvy caregiver program for Korean Americans with limited English proficiency: a feasibility and acceptability study

Yuri Jang [1][2], Kenneth Hepburn [3], Juyoung Park [4], William E Haley [5], Miyong T Kim [6]

Abstract

Background: Limited English proficiency (LEP) of dementia caregivers poses a critical barrier to these caregivers' access to evidence-based interventions. In an effort to make such interventions available and accessible to dementia caregivers with LEP, in the present study we use Barrera and colleagues' (2011) three-step model of cultural adaptation: (1) information gathering, (2) preliminary adaptation, and (3) full adaptation. Selecting Korean Americans as a target group and the Savvy Caregiver Program (SCP) as a target intervention, we demonstrate the sequential process of cultural adaption and report the outcomes on feasibility and acceptability.

Methods: Preliminary adaptation with linguistic attunement was conducted by translating the SCP manual into Korean and certifying two lay individuals who were bilingual in English and Korean as Savvy trainers. The 6-week online SCP program was delivered by the two trainers in Korean with six to seven caregiver participants per trainer (N = 13). Feasibility and acceptability of the SCP for both caregiver participants and trainers were assessed using mixed methods, and their data then informed full adaptation.

Results: Findings not only showed the initial efficacy of the linguistically attuned SCP but also suggested areas for further modification. Data-driven assessment yielded a list of recommended changes for full adaptation, which was reviewed by the SCP developer to ensure fidelity and by community and research partners to confirm contextual and cultural relevance.

Conclusions: The adopted changes are broadly summarized as representing logistical, technical, and cultural issues. Given our refined set of educational materials and implementation guidelines, we discuss future directions for research and development.

Keywords: Cultural adaptation; Dementia caregivers; Evidence-based intervention; Korean Americans; Limited English proficiency; Older immigrants.

Achieving a Representative Sample of Asian Americans in Biomedical Research Through Community-Based Approaches: Comparing Demographic Data in the *All of Us* Research Program With the American Community Survey

Fornessa T Randal [1], Paula Lozano [2], Siya Qi [1], Chieko Maene [1], Sameep Shah [2], Yicklun Mo [1], Francis Ratsimbazafy [3], Eric Boerwinkle [4], Mine Cicek [5], Cheryl R Clark [6], Elizabeth Cohn [7], Kelly Gebo [8], Roxana Loperena [3], Kelsey Mayo [3], Stephen Mockrin [9], Lucila Ohno-Machado [10], Sheri Schully [9], Andrea H Ramirez [3], Briseis Aschebrook-Kilfoy [2], Habibul Ahsan [2], Helen Lam [2], Karen E Kim [2]

Abstract

Background: Underrepresented persons are often not included in biomedical research. It is unknown if the general Asian American population is being represented in *All of Us*. The purpose of this study was to compare the Asian demographic data in the *All of Us* cohort with the Asian nationally representative data from the American Community Survey.

Method: Demographic characteristics and health literacy of Asians in *All of Us* were examined. Findings were qualitatively compared with the Asian data in the 2019 American Community Survey 1-year estimate.

Results: Compared with the national composition of Asians, less *All of Us* participants were born outside the United States (64% vs 79%), were younger, and had higher levels of education (76% vs 52%). Over 60% of *All of Us* participants reported high levels of health literacy.

Conclusion: This study had implications for the development of strategies that ensure diverse populations are represented in biomedical research.

Keywords: Asian American; CLINICAL AREAS; biomedical research; community-based approaches; health disparities; minority health.

Asian Hate, Minority Stress, and Religious Coping: A Study of Asian and Asian American Adults in the USA During the COVID-19 Pandemic

Fanhao Nie [1]

Abstract

Despite long being the target of racism, Asians and Asian Americans remain an understudied group regarding the mental health implications of racism. Even less is known about how Asians and Asian Americans may use religion to cope with racism and the resulting mental health implications. In this study, 330 Asian and Asian American adults from various regions of the USA were surveyed. The study results suggest that negative religious coping was associated with worsening depression, anxiety, and stress, particularly among Asian Indians, Asian Hindus, and Asian Muslims. In addition, negative religious coping may have exacerbated the deleterious effects of racism on mental health. Surprisingly, positive religious coping failed to provide any protection against racism-related mental health problems during the COVID-19 pandemic.

Identity-related experiences of Asian American trainees in gynecologic oncology

Jhalak Dholakia [1], Yeon Woo Lee [2], Karen H Lu [3], Warner K Huh [1], S Diane Yamada [4], Katherine C Fuh [5], Amanika S Kumar [6], Margaret I Liang [7], Navya Nair [8], Kenneth H Kim [7]

Abstract

Background: Anti-Asian violence increased during the COVID-19 pandemic. Asian American/Pacific Islanders (AAPI) represent a diverse population experiencing a long history of stereotyping and exclusionism; however, this group is often left out of diversity/inclusion conversations. In academic medicine, AAPI are under-represented in leadership. We characterized the personal/professional experiences of AAPI gynecologic oncology trainees and assessed the impact of a virtual panel discussion with leaders in the field.

Methods: An anonymous survey was disseminated online to trainees in/interested in gynecologic oncology fellowship who identified as AAPI, using modified snowball sampling. A virtual session with AAPI leaders in gynecologic oncology discussed themes emerging from survey responses. Session attendees completed an anonymous follow-up survey. Results were assessed quantitatively and qualitatively.

Results: 44/59 (75%) respondents participated in the pre-survey; 23 (39%) participated in the virtual session. All session participants (23/23, 100%) completed the post-session survey. Participants reported increased identity-related thoughts with the COVID-19 pandemic (88% during, 61% prior). Sixty-eight percent reported that identity-related thoughts/awareness changed during the pandemic. Presence of AAPI colleagues was associated with higher perceived identity-related support from their department. Of those without AAPI coworkers, none (0%) felt 'moderately' or 'extremely well supported.' Qualitative analysis demonstrated that the panel discussion created a sense of community and encouragement, combating previously reported isolation and self-consciousness. Participants reported more connection with their heritage and identified more personal/professional topics that might be related to their cultural backgrounds.

Discussion: This intervention demonstrates the opportunity to provide a supportive network for mentorship and professional development in a culturally inclusive way.

Congruence and discrepancy in Asian American women's perception and stress appraisal of gendered racial microaggressions: Relationships with depressive symptoms and internalized racism

Brian TaeHyuk Keum [1], Michele J Wong [1]

Abstract

Prior research demonstrates significant links between discrimination and mental health by assessing either encounters with or stress appraisal of discrimination. However, research has yet to examine the dynamic interplay between frequency and stress appraisal (e.g., high frequency-low stress appraisal) and their linkage to depressive symptoms. Using a sample of 309 Asian American women (M_{age} = 22.81, SD = 0.26), we used a polynomial regression and response surface analysis to model the congruence and discrepancy between frequency and stress appraisal of gendered racial microaggressions experienced by Asian American women and how they are related to depressive symptoms and internalized racism. The dynamics between frequency and stress in relation to depressive symptoms were further probed at low, mean, and high levels of internalized racism. Greater congruence between frequency and stress was significantly associated with depressive symptoms (medium to large effect) and internalized racism (small effect). A discrepancy between higher frequency and lower stress was significantly associated with greater internalized racism. Further, when looking across levels of internalized racism, greater congruence between frequency and stress was significantly associated with greater depressive symptoms at low and mean levels of internalized racism but not at high levels. Gendered racial microaggressions are associated with adverse mental health outcomes among Asian American women, contributing to greater depressive symptoms and internalized racism. Further consideration should be given toward how internalized racism shapes differences in the perceptions and stress appraisal of gendered racial microaggressions, and subsequent mental health outcomes among Asian American women.

The slow violence of racism on Asian Americans during the COVID-19 pandemic

Gloria Wong-Padoongpatt [1], Aldo Barrita [1], Anthony King [1], Michelle Strong [1]

Abstract

Racism against people of Asian descent increased by over 300% after the COVID-19 pandemic outbreak in the United States, with one in five Asian Americans reporting direct experiences with overt discrimination. Large-scale efforts and resources initially, and quite understandably, prioritized investigating the physiological impact of the coronavirus, which has partially delayed research studies targeting the psychological effects of the pandemic. Currently, two studies tracked the unique relationships between psychosocial factors, such as experiencing everyday racism, and the self-reported wellbeing of Asian Americans in the United States and compared these associations with Latinx Americans. Study 1 (April 2020-April 2021) examined how Asian and Latinx Americans varied in their levels of wellbeing, fear of the coronavirus, internalized racism, and everyday experiences with racism. Study 2 (September 2021-April 2022) included the same variables with additional assessments for victimization distress. We used the *CDC Museum COVID-19 Timeline* to pair collected data from our studies with specific moments in the pandemic-from its known origins to springtime 2022. Results highlighted how slow and deleterious forms of racist violence could wear and tear at the wellbeing of targeted people of color. Overall, this research underscores the possible hidden harms associated with slow-moving forms of racism, as well as some of the unseen stressors experienced by people of color living in the United States.

Food Insecurity and Diabetes: An Investigation of Underserved Asian Americans in Michigan

Tsu-Yin Wu [1], Rachel Bessire [1], Olivia Ford [1], Alice Jo Rainville [1], Chow Man Chong [1], Meriam Caboral-Stevens [1]

Abstract

Asian Americans are at increased risk for nutrition-related chronic diseases, including type 2 diabetes. The prevalence of type 2 diabetes among Asian Americans in the United States is *16.7%* compared to *11.3%* among the general U.S. population. Genetic factors such as higher body fat and lower muscle mass result in a predisposition for the development of diabetes at a lower body mass index (BMI). Social determinants including food insecurity and physical environment may also impact risk and need further examination. This study investigated type 2 diabetes-related indicators and food insecurity and satisfaction with types and quality of foods provided through food box distributions with a focus on Asian American populations in Michigan. Data were collected via a survey implemented in partnership with community organizations that administer food box distributions. Nearly half of respondents were not aware that Asian Americans are at increased risk of developing type 2 diabetes. The mean BMI for overall study participants was *25.6*, and *61.8*% of participants had a BMI of ≥*23*. Food insecurity was also negatively associated with BMI with study participants who were overweight reporting less food insecurity. Overall, participants reported being satisfied with both the types and quality of foods provided in the food boxes. Findings support the need for increased diabetes education and testing among Asian Americans and assessment of the types of culturally relevant foods offered by food distribution organizations.

Keywords: Asian Americans; chronic disease; culturally relevant food; food box distribution; food insecurity; health equity; minority health; nutrition; nutrition security; obesity; social determinants of health; type-2 diabetes.

Challenges and Successes in Health Communication Messaging With Asian Americans

Meriam Caboral-Stevens [1], Alice Jo Rainville [1], Olivia Ford [1], Xining Yang [1], Jessica Donnelly [1], Rachel Bessire [1], Tameka Jackson-Dyer [1], John Sonnega [1], Tsu-Yin Wu [1]

Abstract

Asians are the fastest growing racial and ethnic group in the United States, and in Michigan, Asians represent 3.4% of the state's population. Asians have long been aggregated as a homogeneous group and stereotyped as a "model minority." Asians, however, are very diverse, and each subgroup has different values, histories, beliefs, and dialects. The diversity among populations and variations in chronic disease risks demonstrate the importance of disaggregating Asian American ethnicities with respect to health promotion, which must be culturally and linguistically tailored to make the biggest impact. This article describes our challenges and successes in health communication messaging with Asian Americans during the 4 years of our Racial and Ethnic Approaches to Community Health (REACH) Cooperative Agreement.

Keywords: Asian Americans; REACH: Racial and Ethnic Approaches to Community Health; health communication; lessons learned.

Acculturation and Disordered Eating among Asian American College Students: The Role of Objectification through a Sociocultural Lens

Zhiqing Zhou [1], Jeffrey Liew [1], Wen Luo [1]

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- PMCID: PMC9658873
- DOI: 10.3390/ijerph192113967

Abstract

Disordered eating is a public health problem because it's highly prevalent, dangerous, and costly. More research about its risk factors and mechanisms is needed to address this problem and prevent disordered eating among high-risk populations, particularly understudied ethnic minorities. The present study contributes to the limited existing research on acculturation and disordered eating among Asian American college students who represent an understudied and high-risk group. The sample consisted of 245 Asian American (primarily East and Southeast Asian American) college students who provided data on their acculturation status, internalization of thin and muscular body ideals, body surveillance, body shame, and disordered eating. Results show that after controlling for gender, both cultures are positively associated with internalization of the muscular body ideal, but only the Asian culture of origin is associated with disordered eating. Additionally, path analysis results show that Asian culture of origin has a significant total effect on disordered eating as well as a significant indirect effect on disordered eating, mediated by thin body ideal internalization. While American culture does not have a significant contribution to body ideal internalization or disordered eating, it interacts with Asian culture of origin and put participants with high levels of both cultures at a greater risk for muscular body ideal internalization. Findings highlight the importance of cultural context in the understanding of body experiences and disordered eating among Asian American college students and have implications for the prevention and intervention of these problems in this high-risk population.

Keywords: Asian American; acculturation; body image; body shame; disordered eating; self-objectification.

The Association of Chinese Ethnicity and Language Preference with Advance Directive Completion Among Older Patients in an Integrated Health System

David Hyung Won Oh [1], Carol Conell [2], Liisa Lyon [2], Nirmala D Ramalingam [3], Loveleena Virk [4], Ruben Gonzalez [5]

Abstract

Background: Little is known about possible differences in advance directive completion (ADC) based on ethnicity and language preference among Chinese Americans on a regional level.

Objective: To understand the association of ethnicity and language preference with ADC among Chinese Americans.

Design: Retrospective cohort analysis with direct standardization.

Participants: A total of 31,498 Chinese and 502,991 non-Hispanic White members enrolled in Kaiser Permanente Northern California during the entire study period between 2013 and 2017 who were 55 or older as of January 1, 2018.

Main measures: We compared the proportion of ADC among non-Hispanic White and Chinese patients, and also analyzed the rates according to language preference within the Chinese population. We calculated ADC rates with direct standardization using covariates previously found in literature to be significant predictors of ADC such as age and utilization.

Key results: Among Chinese members, 60% preferred English, 16% preferred another language without needing an interpreter, and 23% needed an interpreter. After standardizing for age and utilization, non-Hispanic Whites were more than twice as likely to have ADC as Chinese members (20.6% (95% confidence interval (CI): 20.5-20.7%) vs. 10.0% (95% CI: 9.6-10.3%), respectively). Among Chinese members, there was an inverse association between preference for a language other than English and ADC (13.3% (95% CI: 12.8-13.8%) if preferring English, 6.1% (95% CI: 5.4-6.7%) if preferring non-English language but not needing an interpreter, and 5.1% (95% CI: 4.6-5.6%) if preferring non-English language and needing an interpreter).

Conclusions: Chinese members are less likely to have ADC relative to non-Hispanic White members, and those preferring a language other than English are most affected. Further studies can assess reasons for lower ADC among Chinese members, differences in other Asian American populations, and interventions to reduce differences among Chinese members especially among those preferring a language other than English.

Keywords: Advance care planning; Advance directive; Epidemiology; Public health; Racial differences.

Psychological outcomes and culturally relevant moderators associated with events of discrimination among Asian American adults

Melissa A Liu [1], Christiana J Prestigiacomo [1], Muhammad Fazuan Abdul Karim [1], Leslie Ashburn-Nardo [1], Melissa A Cyders [1]

Abstract

Objectives: Incidents of discrimination against Asian Americans have increased in the United States during the COVID-19 pandemic. The aims of this study are to (a) examine the overall psychological impact of incidents of discrimination on Asian Americans adults, (b) identify whether East Asians experience worse psychological outcomes following experiences of discrimination compared to other Asian Americans, and (c) identify culturally relevant factors that moderate the relationship between incidents of discrimination and psychological outcomes.

Method: Two hundred eighty-nine participants who identified racially as Asian American (M_{age} = 33.1 years, ±10.5 SD, 57.1% male, and 54.3% East Asian) completed an online survey including measures of demographics, psychological outcomes, culturally relevant factors (e.g., acculturative stress, collective self-esteem), and racial discrimination.

Results: We found that, overall, experiencing increased frequency of discrimination related to more depressive symptoms and alcohol use (ps < .05). When comparing Asian subgroups (East Asian vs. other Asian), there were no significantly different relationships between discrimination frequency and attribution to race on psychological outcomes (ps > .098). Collective self-esteem (p = .041) weakened, while acculturative stress strengthened (p < .001) the relationship between discrimination frequency and alcohol use; collective self-esteem weakened the relationship between attribution to race and social anxiety (p = .021); and internalized racism weakened the relationship between discrimination frequency and depression (p = .038).

Conclusions: We identified moderators of the relationship between experiences of discrimination and psychological outcomes in Asian Americans. Because the moderators held for all Asian groups under study, they are strong candidates for points of intervention to mitigate the harmful effects of discrimination for Asian Americans. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Factors associated with HPV vaccination decision-making among Korean American women

Lauren Tsao-Wu [1], Joyline Chepkorir [1], Hae-Ra Han [2][3][4]

Abstract

Despite a significant reduction of human papillomavirus (HPV) infection in the United States in the past decade, Korean American (KA) women experience a disproportionately high cervical cancer burden due to low HPV vaccination rates. Given associations between parental decision-making and adolescent vaccination, it is crucial to identify and address factors influencing parental HPV vaccination decision-making for their children. The purpose of this study was to examine the sociodemographic characteristics and health literacy factors in relation to KA women's willingness to allow their daughters to receive HPV vaccination. We used baseline data collected from 560 KA women who participated in a cluster-randomized trial designed to promote mammography and Pap test screening. Participants answered study questionnaires measuring individual characteristics, cancer literacy, HPV knowledge, and HPV vaccination decision-making for their daughters. Multivariate logistic regression analysis was conducted to identify the correlates of HPV vaccination decision-making among participants. Over half of the participants (54%) endorsed HPV vaccination for their daughters. Low knowledge, compared to high and medium HPV knowledge (aOR 3.48, CI 2.01-6.04 and aOR 2.14, CI 1.46-3.12, respectively), were significantly associated with higher odds of participants' intention to vaccinate their daughters. Additionally, in comparison to low cancer literacy, middle-range cancer literacy (aOR 1.70, CI 1.08-2.68) was significantly associated with higher odds of participants' intention to vaccinate their daughters. Misperceptions about cancer and low HPV knowledge among KA women should be considered when providing vaccine counseling and developing interventions to promote cervical health in this population.

Acculturative stress, everyday racism, and mental health among a community sample of South Asians in Texas

Shan Mohammed Siddiqui [1]

Abstract

South Asian Americans are part of the fastest growing racial/ethnic group in the United States and make up a substantial portion of the U.S. immigrant population. Research on this group has often focused on acculturation, the adoption of different values and behaviors in a new sociocultural environment. While there is evidence to suggest that acculturation (and the stress associated with this process) has a negative effect on the health and well-being of Asian Americans, more recent research has emphasized the need to examine the role of broader social forces-including everyday racism-in impacting mental health. Drawing on the stress process model, this study uses an original survey instrument to investigate the relationships between acculturative stress, anti-Asian racism, and mental health among a community sample of 200 South Asians in Texas. Results from hierarchical multiple regression models indicate that both acculturative stress and everyday racism are strongly linked to higher levels of anxiety-related symptoms and more frequent depressive symptoms. Everyday racism, however, explained variance in these outcomes, well beyond the effect of acculturative stress and other sociodemographic factors. These results underscore the potential benefit and importance of including questions about racism in community health surveys that aim to study health disparities among Asian Americans and highlight the persistence of social issues that U.S. South Asians face.

MyPlate and urban low-income Asian Americans in the United States: a study to improve nutrition education

Vanessa Garcia [1][2], Lana Sklyar [1], Julia I Caldwell [3], Dipa Shah [1], Jamie Michelle Prudencio [4], Tony Kuo [5][6][7]

Abstract

This study describes barriers to using the MyPlate visual as a resource for communicating dietary recommendations to Asian American participants of a federally funded nutrition education program. To identify potential barriers to using MyPlate, an interdisciplinary team collected quantitative (n = 349) and qualitative (n = 40) data via a cross-sectional survey and a series of focus group interviews with convenience samples of Cambodian, Filipino, Japanese, Chinese, Vietnamese, and Korean adult participants of a nutrition education class in downtown Los Angeles. Findings showed that 13.2% of the participants ate meals only on a plate, 30.7% were accustomed to eating only refined grains like white rice, and 22.4% did not customarily make half their meals to consist of fruits and vegetables. Food customs, preference, and taste vary across these subgroups. The heterogeneity and complexity of dietary practices among Asian subgroups suggest a need to better tailor nutrition education resources for use in these populations.

Keywords: Asian American; Nutrition education; SNAP-Ed.

Online ACT Matrix Parent Training for Japanese-Speaking Mothers with Distress in the United States

Yukie Kurumiya [1], Yors Garcia [2], Annette K Griffith [1], Thomas G Szabo [3]

Abstract

Cultural stigma, shame, self-concealment, and language and socio-economic barriers often keep Asian immigrant parents and children away from mental and behavioral services in the United States. Research shows that increased levels of parent distress suggest a negative impact on parenting practices and correlate child-maltreatment. Therefore, this study aimed to test one functionally contextual strategy to address such issues. The current study evaluated the effects of an online Acceptance and Commitment Training (ACT) Matrix for Japanese-speaking mothers living the United States. A nonconcurrent multiple baseline single-subject design across four mothers was used to assess the effect of ACT Matrix on value-driven behaviors, parental engagement (session attendance and daily assignment completion), parental distress, and psychological flexibility. The study consisted of a baseline, treatment (three ACT Matrix treatment sessions adapted from the six-step protocol), maintenance, and follow-up phases. A visual analysis reporting level, trend, variability, immediacy of change and overlap was used to identify a functional relation between the treatment and observable overt behaviors of value-driven behaviors and daily assignment completion. In addition, a non-overlap of all pairs was used to measure effect sizes for these behaviors. For psychological flexibility and parental distress, we used the reliable change index to assess whether clinically significant improvement occurred or not. The results revealed that the online ACT Matrix parent training program was effective in improving all four dependent variables. Mothers reported that the training was culturally sensitive, effective, and acceptable. The details of findings and the implications for future research as preventive science are discussed.

Keywords: Online ACT Matrix; Cultural sensitivity; Japanese-speaking parents; Parental distress; Psychological flexibility.

Hmong Stroke Knowledge Survey

Haitham M Hussein, Carol Droegemueller, Pakou Xiong, Zong Xiong, Sidney Van Dyke, Jodi Mueller-Hussein

Abstract

The Hmong are an ethnic group from Southeast Asia who migrated in large numbers to the United States after the end of the Vietnam War and are now clustered in several parts of the country, including our city. Based on a retrospective review of medical records and on our anecdotal experience, we suspected that there was a gap in stroke knowledge in our Hmong patients. This stroke knowledge survey was intended to uncover any knowledge gaps within the Hmong community before engaging in community awareness activities. Not only did the survey identify a knowledge gap, it also revealed significant linguistic and cultural gaps that we believe are important to share with the reader.

"What support?": A qualitative study on social support for Asian American victims of racism during the COVID-19 pandemic

Sherry C Wang [1], Bianca Marie C Santos [1]

Abstract

Since the COVID-19 pandemic, anti-Asian racism has surged, yet little is known about Asian Americans' experiences of social support. Therefore, we designed a qualitative, intrinsic, revelatory case study to examine the nature and quality of social support for Asian Americans during the first 6 months of the pandemic. Our sample consisted of 193 Asian Americans (from over 32 U.S. states) disclosing their experiences of inadequate social support. They described their support network as (1) Being unable to relate, (2) Encouraging their silence, (3) Minimizing anti-Asian racism, (4) Denying anti-Asian racism, and (5) Victim-blaming. Regarding our participants' recommendations for increasing social support for Asian Americans, a total of seven recommendations emerged: (1) Legitimize anti-Asian racism, (2) Teach Asian American history, (3) Destigmatize mental health resources to make them accessible for Asian American families (4) Promote bystander intervention trainings, (5) Build solidarity with and beyond Asian Americans to dismantle racism, (6) Increase media attention on anti-Asian racism, and (7) Elect political leaders who will advocate for Asian Americans. Altogether, our findings underscore the need for systemic forms of advocacy to combat anti-Asian racism, and shed light on the injurious nature of social support for Asian American victims of racism.

Keywords: Asian American; COVID-19; anti-Asian racism; qualitative research; social support.

Disaggregating the data: Diversity of COVID-19 stressors, discrimination, and mental health among Asian American communities

Sumie Okazaki [1], Christina Seowoo Lee [1], Aakriti Prasai [1], Doris F Chang [2], Gahwan Yoo [2]

Abstract

Much of the public discourse as well as research regarding the negative impact of COVID-19-related anti-Asian discrimination has been conducted at the broad racial group level, yet data aggregation masks critical points of diversity among Asian Americans. We conducted an online survey of 620 Asian American adults in December 2020 and examined whether there were any demographic differences-including by ethnic subgroup and Chinese street race (being Chinese or being mistaken as Chinese)-in their experiences of COVID-19-related stress, direct and vicarious discrimination, and psychological outcomes. Our analyses found that younger age was correlated with higher reports of pandemic stress, discrimination, distress, and worry. Female and U.S.-born participants reported higher levels of pandemic stress and vicarious discrimination, but there were no gender or nativity differences in levels of direct discrimination. Being uninsured was also related to higher levels of pandemic stress, discrimination, and distress. East Asian Americans reported significantly lower frequencies of direct anti-Asian discrimination than did South Asian or Southeast Asian Americans, but the ethnic subgroups did not differ in their reports of vicarious discrimination. Of note, Chinese street race was not associated with either direct or vicarious discrimination. Separate hierarchical regression analyses for East Asian, South Asian, and Southeast Asian participants revealed that, regardless of ethnicity, racial discrimination significantly contributed to psychological distress and worry beyond the effects of pandemic stress. However, the three groups varied in the demographic indicators and COVID-19 stressors that were associated with psychological outcomes. Pandemic stress was more strongly associated with negative outcomes among South Asian Americans than East Asian and Southeast Asian Americans, and neither direct nor vicarious discrimination were associated with mental health among South Asian Americans. Direct discrimination, compared to vicarious discrimination, was a particularly robust predictor of both distress and worry among East Asian Americans. For Southeast Asian Americans, direct discrimination significantly predicted higher levels of distress, whereas vicarious discrimination predicted higher levels of worry. Vicarious discrimination was not significantly related to distress across ethnic subgroups. Results suggest that practitioners and policy makers would benefit from attending to these within-group differences in Asian Americans' experiences during the pandemic.

Keywords: Asian Americans; COVID-19 discrimination; data disaggregation; distress; mental health; worry.

The COVID-19 pandemic and Asian American employment

Bo E Honoré [1], Luojia Hu [2]

- PMID: 36337349
- PMCID: PMC9617602
- DOI: 10.1007/s00181-022-02306-5

Abstract

Recent studies have documented the disparate impact of the COVID-19 pandemic on labor market outcomes for different racial groups. This paper adds to this literature by documenting that the employment of Asian Americans-in particular those with no college education-has been especially hard hit by the economic crisis associated with the onset of the pandemic. This can only partly be explained by differences in demographics, local market conditions, and job characteristics, and it also cannot be entirely explained by possible different selection into education levels across ethnic groups. The burden on Asian Americans is primarily borne by those who are not US-born.

Supplementary information: The online version contains supplementary material available at 10.1007/s00181-022-02306-5.

Keywords: Asian Americans; Employment; Pandemic; Racial disparity.

Fatalism and Psychological Distress Among Chinese American Breast Cancer Survivors: Mediating Role of Perceived Self-control and Fear of Cancer Recurrence

William Tsai [1], Judy Huei-Yu Wang [2]

Abstract

Background: Extant literature on the relationship between cancer fatalism and psychological distress among Chinese American breast cancer survivors has been mixed, and few studies have examined potential mediators of this relationship. The current study examined how cancer fatalism is associated with psychological distress by investigating perceived personal control and fear of cancer recurrence as mediators, and acculturation as a moderator of these relationships.

Method: A total of 220 Chinese American women diagnosed with stage 0-III breast cancer were recruited from California cancer registries and completed a telephone survey. The measurement of cancer fatalism examined one's view of health as a result of destiny. Validated measures of psychological distress (i.e., depressive and anxiety symptoms), fear of cancer recurrence, and perceived personal control were used. Acculturation was defined by English proficiency, preferred interview language, and number of years lived in the USA.

Results: Higher cancer fatalism was directly associated with greater depressive and anxiety symptoms after controlling for covariates. This association was also mediated by higher fear of cancer recurrence, but not by perceived control. The mediation was not moderated by acculturation.

Conclusion: Our findings suggest that Chinese American breast cancer survivors' fatalistic beliefs may exacerbate fear of cancer recurrence, and, in turn, depressive and anxiety symptoms. Fear of recurrence was more salient than perceived control in their associations with psychological distress among Chinese American cancer survivors. Future intervention research may adopt cognitive approaches to alter Chinese survivors' fatalistic views of health outcomes to reduce their psychological distress.

Keywords: Breast cancer; Cancer fatalism; Chinese; Fear of cancer recurrence; Perceived personal control.

Assessing the impact of a health education outreach project on cervical cancer awareness among Vietnamese-American women in San Diego

Eduardo Fricovsky [1], Mudassar Iqbal Arain [1][2], Binh Tran [1], Phuong Thao Nguyen [1], Tuyet Phan [1], Natalie Chang [1]

Abstract

The objective of this study was to assess the rate of effectiveness of cervical cancer awareness outreach among Vietnamese women in San Diego, USA. In collaboration with different community partners, educational seminars were hosted by student pharmacists in the Vietnamese community. We hypothesized that the seminars would increase cervical cancer awareness and encourage a positive outlook on obtaining annual Pap smears and HPV vaccines. The study design included pre- and post-intervention assessment surveys in either Vietnamese or English language. The surveys were administered to Vietnamese women who participated in the seminars. Eight seminars were hosted at local health fairs in San Diego. A total of 120 Vietnamese women participated in the seminars. Our study showed that educational seminars significantly improved the knowledge about cervical cancer, Pap smears and HPV vaccines. By comparing the pre- and post-intervention surveys, we observed an improvement in knowledge about cervical cancer (61% vs 93%, $p < 0.001$) and a positive change in the attitude towards obtaining a Pap smear within a year following the educational intervention (57% vs. 78%, $p < 0.002$). Therefore, we concluded that the educational health outreach seminars presented by student pharmacists are an effective educational model to help improve knowledge about cervical cancer and prevention among Vietnamese women.

"No, but where are you *really* from?" Experiences of perceived discrimination and identity development among Asian Indian adolescents

Asha K Unni [1], Jamilia J Blake [2], Phia S Salter [3], Wen Luo [1], Jeffrey Liew [1]

Abstract

Asian Indians were the first South Asians to immigrate to the United States in the late 1800s and are currently the largest ethnic group of South Asians living in the United States. Despite this the literature on perceived ethnic and racial discrimination experiences among this group is relatively understudied. The documented experiences of Asian Indians who either recently immigrated from India or were born and raised in America pose an important question: what are the experiences of perceived discrimination among Asian Indians living in America, particularly among younger populations who are continuing to develop their racial and ethnic identities? The current study utilized phenomenological methodology to explore the experiences of nine Asian Indian American adolescents' (ages 12-17 years). Data were collected *via* semi-structured interviews to assess participants' experiences of ethnic and racial discrimination and identity development. Thematic analysis was used to identify themes and subthemes among the participants' responses. Asian Indian adolescents living in the United States report experiencing discrimination at a young age. It is also evident that Asian Indian youth experience significant challenges when developing their sense of ethnic and racial identity while living within the United States. Findings document the racial and ethnic discrimination that Asian Indian adolescents living in the United States may experience from a young age. Importantly, these discrimination experiences are occurring as Asian Indian adolescents are developing their racial and ethnic identities. This study provides insight for future research, which is necessary to fully understand the experiences of Asian Indian adolescents.

Keywords: Asian Indian; South Asian; discrimination; ethnicity; identity development; race.

The Role of Family Social Networks in Cardiovascular Health Behaviors Among Asian Americans, Native Hawaiians, and Pacific Islanders

Emily L Lam [1][2], Namratha R Kandula [2][3], Nilay S Shah [4][5]

Abstract

Asian American, Native Hawaiians, and Other Pacific Islander (AANHPI) populations experience significant disparities in cardiovascular health. AANHPI populations also have strong, family-centered social relationships and networks. Since social networks may influence health behaviors, this review aimed to summarize research on the relationship between family social networks and cardiovascular health behaviors among AANHPI individuals. Current evidence suggests that family social network structures may play a particularly important role in smoking, dietary pattern, and physical activity behaviors among AANHPI individuals. Family networks may hinder or promote healthy behaviors through several social network mechanisms including social support, social influence, and social control. These effects vary across different AANHPI subgroups. Recommendations for future research on the role of social networks in health behaviors among AANHPI individuals are provided. Drawing on methodological advances and interventions that leverage social networks in AANHPI populations may be an avenue to improve health and reduce disparities.

Fixed 6° distal femoral cut consistently achieves neutral alignment for Asians, Caucasians, and Native Hawaiian/Pacific Islanders

Maveric Abella [1], Vera Ong [1], Tyler Thorne [1], Brent Shimoda [2], Samantha N Andrews [3][2], Cass K Nakasone [4][5]

Abstract

Background: Restoration of a neutral mechanical axis (MA) is important to the success of total knee arthroplasty (TKA). While known differences are present between Asians and Caucasians regarding native knee alignment, it is unknown whether such differences exist amongst Native Hawaiian/Other Pacific Islanders (NHPI) or if utilizing a fixed distal femoral cut of 6° can consistently achieve a neutral MA in these minority racial groups. This study examines the preoperative deformities presented by Asians, Caucasians, and NHPI, and the resulting knee alignment achieved following TKA when a fixed 6° distal femoral cut is targeted for all patients.

Methods: Preoperative and postoperative MA was measured from 835 Asian, 447 Caucasian, and 163 NHPI hip-to-ankle radiographs. All patients underwent TKA in which a standard distal femoral cut of 6° valgus was targeted for all patients. Data were evaluated as continuous variables and by groupings of varus (MA < - 3°), valgus (MA > 3°), and neutral (- 3° ≤ MA ≤ 3°) alignment.

Results: Preoperative deformity ranged from 38° varus to 29° valgus. The proportion of Asian and NHPI presenting with varus alignment prior to surgery was significantly greater than Caucasian patients in both males (Asians: 80.6%; Caucasians: 67.0%; NHPI: 79.0%, p = 0.001) and females (Asians: 66.1%; Caucasians: 45.7%; NHPI: 63.2%, p < 0.001). There was no difference in the proportion of patients (72-79%) achieving a neutral MA amongst all three racial groups.

Conclusion: NHPI appear to have similar preoperative deformities to Asians with both groups having significantly more varus alignment than Caucasians. Despite a wide range of preoperative deformity, application of a fixed distal femoral cut of 6° valgus successfully established a neutral MA equally in the majority of patients across all three racial groups.

Keywords: Alignment; Arthroplasty; Deformity; Knee; Racial differences.

How discrimination experiences relate to racial/ethnic identity and mental health across first- and second-generation Vietnamese American adolescents

Stephanie H Yu [1], Austin Saephan [1], Bahr Weiss [2], Josephine H Shih [1], William Tsai [3], Jacqueline H J Kim [4], Anna S Lau [1]

Abstract

Objectives: Racial/ethnic discrimination has been linked to behavioral and emotional problems in youth from marginalized groups. However, the psychological experience associated with discrimination may differ between immigrant and nonimmigrant youth. Race-based discrimination may impact an adolescent's view of their own group (private regard) and/or their sense of how others view their group (public regard). Owing to differences in racialization, immigrant adolescents may be affected differently by experiences of discrimination than their U.S.-born peers. The present study examined whether nativity moderated the paths from racial/ethnic discrimination to private and public regard to mental health problems among Vietnamese American youth.

Method: Surveys were completed by 718 Vietnamese American 10th and 11th graders (M_{age} = 15.54 years, 61.4% female, 38.6% male). In this sample, 21.2% were first-generation (i.e., born outside of the United States) and 78.8% were second-generation (i.e., born in the United States with at least one parent born outside of the United States).

Results: Multigroup path analysis tested the direct and indirect effects of racial/ethnic discrimination on behavioral and emotional problems via private and public regard and whether associations differed for first- versus second-generation youth. Racial/ethnic discrimination was associated with lower public regard, but not private regard, for both first- and second-generation Vietnamese American youth. Public regard was negatively associated with behavioral and emotional problems only among second-generation youth. No indirect effects were significant.

Conclusions: Findings suggest differences in racialized experiences, as well as opportunities to support second-generation Vietnamese American and other marginalized youth from immigrant families from the mental health impacts of discrimination. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Experiencing, anticipating, and witnessing discrimination during the COVID-19 pandemic: Implications for health and wellbeing among Asian Americans

Lindsay Y Dhanani [1], Berkeley Franz [2], Carolyn T Pham [3]

Abstract

The onset of the COVID-19 pandemic spurred increased racial animus toward Asians and Asian Americans (A/AA) who have since been contending with increased racism and violence. While some of the harm associated with this increased prejudice may derive from personally experienced discrimination, the COVID-19 pandemic has also been marked by an increase in vicarious exposure to discrimination as well as increased anticipation of discrimination, both of which may be taxing for the mental and physical health of A/AA. The goal of this study, accordingly, was to examine the effects of personal experiences of discrimination, vicarious exposure to discrimination, and anticipated discrimination on depressive symptoms, physical health symptoms, sleep quality, and sleep disturbances among A/AA. Results from our two-wave field survey demonstrated that experiencing and anticipating discrimination were associated with mental and physical health symptoms as well as sleep disturbances. Further, personal experiences of discrimination interacted with vicarious discrimination to determine physical health symptoms such that greater vicarious exposure weakened the relationship between experienced discrimination and physical health symptoms. These findings demonstrate the need to mobilize resources to combat the multipronged, negative implications of the recent rise in anti-Asian prejudice during the COVID-19 pandemic.

Keywords: Asian Americans; COVID-19; discrimination; health; vigilance.

Cultural differences in caring for people with dementia: a pilot study of concern about losing face and loneliness in Chinese American and European American caregivers

Sandy J Lwi [1], Brett Q Ford [2], Robert W Levenson [3]

Abstract

Objectives: Heavy demands upon dementia caregivers can lead to a number of poor health outcomes including declines in physical, mental, and brain health. Although dementia affects people from all backgrounds, research in the US has largely focused on European American caregivers. This has made providing culturally-competent care more difficult. This study begins to address this issue by empirically examining how culturally-shaped beliefs can influence loneliness in family caregivers of people with dementia.

Methods: We conducted a preliminary questionnaire study with Chinese American and European American family caregivers of people with dementia (N = 72).

Results: Chinese American caregivers were more concerned than European American caregivers about losing face, which in turn, was associated with greater loneliness. This pattern remained when accounting for caregiver gender, age, and relationship to the person with dementia.

Conclusions: These preliminary findings highlight the role that cultural beliefs can play in adverse caregiver outcomes, and suggest that addressing concerns about losing face may be an important way for healthcare providers to help reduce loneliness among Chinese American caregivers.

Clinical implications: Understanding how cultural beliefs influence caregiver outcomes is critical as healthcare professionals work to provide culturally-competent care and design culturally-sensitive interventions.

Keywords: Chinese Americans; Chinese culture; aging; caregiving; dementia; loneliness; losing face.

Investigating the associations between cognitive appraisals, emotion regulation and symptoms of posttraumatic stress disorder among Asian American and European American trauma survivors

Laura Jobson [1], Casey Willoughby [2][3], Philippa Specker [3], Joshua Wong [2][3], Adriana Draganidis [2], Winnie Lau [4], Belinda Liddell [3]

Abstract

This study investigated whether the associations between emotion regulation and cognitive appraisals and symptoms of posttraumatic stress disorder (PTSD) differ between Asian American and European American trauma survivors. Asian American (n = 103) and European American (n = 104) trauma survivors were recruited through mTurk and completed an on-line questionnaire assessing cognitive appraisals, emotion regulation and PTSD symptomatology. The European American group reported greater trauma-specific rumination, psychological inflexibility, seeking out others for comfort, and negative self-appraisals than the Asian American group. The Asian American group reported greater secondary control appraisals and cultural beliefs about adversity than the European American group. Second, cultural group moderated the associations between (a) brooding rumination, (b) fatalism, (c) self-blame, and (d) negative communal self-appraisals and PTSD symptoms. These associations were larger for the European American group than the Asian American group. Third, there was an indirect pathway from self-construal (independent and interdependent) to PTSD symptoms through certain emotion regulation approaches and cognitive appraisals. Additionally, cultural group was found to moderate several of these indirect effects. These findings highlight the importance of considering cultural background and cultural values in understanding the processes involved in PTSD. Further research in this area is needed.

Self-reported outcomes of a randomized trial comparing three community health worker interventions for diabetes prevention among Cambodian Americans with depression

Julie Wagner [1], Angela Bermúdez-Millán [2], Thomas Buckley [3], Orfeu M Buxton [4], Richard Feinn [5], Sengly Kong [6], Theanvy Kuoch [6], Lindsay Master Nye [4], Mary Scully [6]

Abstract

Objective: Cambodian Americans have complex, interrelated and persistent medical and mental health problems stemming from genocide and the social determinants of health. We examined changes in multiple domains of self-reported health outcomes from a diabetes prevention trial.

Methods: Cambodian Americans with depression and high risk for diabetes (n = 188) were randomized to one of three community health worker interventions: lifestyle vs lifestyle plus medication therapy management vs social services. Assessments were at baseline, 12- and 15-months.

Results: The typical participant was 55 years old, female, earned below $20,000 annually, and had 7 years of education. About one-third were taking antidepressant medication and over half had elevated depressive symptoms. Relative to social services, lifestyle and lifestyle plus medication therapy management were both similarly effective at increasing diabetes knowledge, nutrition habits, sleep quality and decreasing pain; 2) lifestyle alone was superior to social services for self-reported health; and, 3) all three groups showed improved anxiety and insomnia. There were no effects on physical activity or physical functioning.

Conclusion: Community health worker interventions have multiple benefits beyond delaying diabetes.

Practice implications: Health promotion programs that are designed and delivered appropriately can impact even hard to reach and hard to treat groups.

Trial registration: ClinicalTrials.gov NCT02502929.

Keywords: Cambodian; Community health workers; Depression; Diabetes; Self reported outcomes; Trauma.

South Asian ethnicity: What can we do to make this risk enhancer a risk equivalent?

Kartik Gupta [1], Mahmoud Al Rifai [2], Aliza Hussain [2], Abdul Mannan Khan Minhas [3], Jaideep Patel [4], Dinesh Kalra [5], Zainab Samad [6], Salim S Virani [7]

Abstract

South Asians account for around 25% of the global population and are the fastest-growing ethnicity in the US. This population has an increasing burden of atherosclerotic cardiovascular disease (ASCVD) which is also seen in the diaspora. Current risk prediction equations underestimate this risk and consider the South Asian ethnicity as a risk-enhancer among those with borderline-intermediate risk. In this review, we discuss why the South Asian population is at a higher risk of ASCVD and strategies to mitigate this increased risk.

Promoting Physical Activity Among Immigrant Asian Americans: Results from Four Community Health Worker Studies

Laura C Wyatt [1], Carina Katigbak [2], Lindsey Riley [3], Jennifer M Zanowiak [4], Rhodora Ursua [5], Simona C Kwon [4], Chau Trinh-Shevrin [4], Nadia S Islam [4]

Abstract

Racial/ethnic minorities have demonstrated lower rates of physical activity (PA) than non-Hispanic Whites. This study examined outcomes in PA measures after participation in a community health worker (CHW) intervention. We performed a secondary data analysis from four randomized controlled trials utilizing CHWs (n = 842) in New York City (Bangladeshi-diabetes management, Filipino-hypertension management, and Korean and Asian Indian-diabetes prevention). Outcomes included total weekly PA, PA self-efficacy, PA barriers, and PA social interaction. Each measure was examined at baseline and study endpoint. Generalized estimating equation models were fitted to assess the repeated measures over time, while accounting for study group and socio-demographic factors. Moderate PA, recommended PA, and self-efficacy increased significantly among treatment group participants. PA social interaction increased significantly among Filipinos and Asian Indians. In adjusted regression analysis, time x group interaction was significant for all PA outcomes except for PA barriers. Culturally-adapted lifestyle interventions may potentially improve PA-related outcomes in Asian immigrant communities. Trial registration at ClinicalTrials.gov includes: NCT03530579 (RICE Project), NCT02041598 (DREAM Project), and NCT03100812 (AsPIRE).

Keywords: Asian Americans; Community-based participatory research; Health disparities; Health promotion; Physical activity.

Prevalence of prediabetes and diabetes vary by ethnicity among U.S. Asian adults at healthy weight, overweight, and obesity ranges: an electronic health record study

William S Vicks [1], Joan C Lo [2][3], Lynn Guo [4], Jamal S Rana [2][3][5], Sherry Zhang [1], Nirmala D Ramalingam [6], Nancy P Gordon [7][8]

Abstract

Background: Asian adults develop Type 2 diabetes at a lower body mass index (BMI) compared to other racial/ethnic groups. We examined the variation in prevalence of prediabetes and diabetes among Asian ethnic groups within weight strata by comparing middle-aged Chinese, Filipino, South Asian, and White adults receiving care in the same integrated healthcare delivery system.

Methods: Our retrospective cross-sectional U.S. study examined data from 283,110 (non-Hispanic) White, 33,263 Chinese, 38,766 Filipino, and 17,959 South Asian adults aged 45-64 years who were members of a Northern California health plan in 2016 and had measured height and weight. Prediabetes and diabetes were classified based on laboratory data, clinical diagnoses, or diabetes pharmacotherapy. Age-standardized prevalence of prediabetes and diabetes were compared by race/ethnicity within healthy weight, overweight, and obesity categories, using standard BMI thresholds for White adults (18.5 to < 25, 25 to < 30, ≥ 30 kg/m^2) and lower BMI thresholds for Asian adults (18.5 to < 23, 23 to < 27.5, ≥ 27.5 kg/m^2). Prevalence ratios (PRs) were used to compare the prevalence of diabetes and prediabetes for Asian groups to White adults in each weight category, adjusted for age and BMI.

Results: Across all weight categories, diabetes prevalence was higher for Asian than White adults, and among Asian groups it was highest for Filipino and South Asian adults. Compared to White, PRs for South Asian men/women at healthy BMI were 1.8/2.8 for prediabetes and 5.9/8.0 for diabetes, respectively. The PRs for Filipino men/women at healthy BMI were 1.8/2.6 for prediabetes and 5.0/7.5 for diabetes, respectively. For Chinese men/women at healthy BMI, the PRs for prediabetes (2.1/2.9) were similar to Filipino and South Asian, but the PRs for diabetes were lower (2.1/3.4).

Conclusion: Chinese, Filipino, and South Asian adults have higher prevalence of prediabetes and diabetes than White adults in all weight categories, despite using lower BMI thresholds for weight classification in Asian groups. Within Asian ethnic groups, Filipino and South Asian adults had considerably higher diabetes prevalence than Chinese adults. Our data emphasize the disproportionate metabolic risk among middle-aged Asian adults and underscore the need for diabetes screening among high-risk Asian groups at healthy BMI levels.

Keywords: Asian; Chinese; Diabetes; Filipino; Obesity; Prediabetes; South Asian; Weight.

Community Member and Health Care Provider Perspectives on Communication With Chinese American Patients With Cancer: A Qualitative Study

Courtney Robbel [1][2], Linda Vesel [3], Emma Ernst [4], Yang He [5], Tamara Vesel [4][6]

Abstract

Purpose: Effective health care provider-patient discussions of cancer diagnoses and prognoses are essential to enhance health outcomes in oncology. Chinese Americans have been designated an underserved population in oncology by the National Institutes of Health. We explored the perspectives of Boston Chinese American community members and health care providers regarding communication preferences and decision making in oncology care.

Methods: In this inductive, qualitative study, we conducted virtual, semi-structured interviews with 21 health care providers with experience in caring for Chinese American patients with cancer and 25 older Boston Chinatown community members who self-identify as Chinese or Chinese American. Thematic analysis was performed.

Results: Two major themes were identified. First, provider communication should incorporate a gentle but truthful approach, careful word choice, authority-led style, and professionalism. Second, the family plays a large role in medical and nonmedical settings, and a family-centered approach to communication should be used.

Conclusion: Our study builds on and challenges current knowledge regarding oncologic communication with Chinese American patients. A focus on the improvement of provider-patient cancer communication for Chinese Americans will improve care quality and satisfaction among patients and clinicians alike and serve to decrease disparities in care.

Top Ten Tips Palliative Care Clinicians Should Know About Caring for Chinese American Patients

Cynthia X Pan [1], Esther J Luo [2], Eric Wang [3], Deborah A Szeto [4], Hillary Lum [5], Jessica Ma [6][7], Sandy Chen Stokes [8], Sandy Chan [9], Christian Wong [10], Jing Guo [11], Lifeng Wang [12], Victor Chang [13][14], Robert S Crupi [1]

Abstract

The Chinese American population is one of the fastest-growing communities in the United States, composed of ~5.4 million people, and represents ~5.5% of overseas Chinese populations. With an expected exponential population rise, Chinese American patients who experience serious illness or approach end-of-life (EOL) may find their cultural values influencing the medical care they receive. Palliative care clinicians must recognize diverse cultural beliefs and preferences of Chinese American patients and their families. In this study, we provide 10 cultural pearls to guide the provision of palliative and EOL care for Chinese American patients, including discussions of Chinese traditions, communication strategies for Chinese patients and families, advance care planning, and EOL care beliefs.

Keywords: Chinese American; advance care planning; communication; end-of-life; filial piety; goals of care; palliative care.

Associations between sleep apnea risk and cardiovascular disease indicators among Chinese and Korean Americans

Brittany N Morey [1], Soomin Ryu [2], Yuxi Shi [3], Susan Redline [4], Ichiro Kawachi [5], Sunmin Lee [6]

Abstract

Study objectives: While sleep apnea has been associated with cardiovascular disease (CVD) risk factors in white individuals in the U.S., these associations in Chinese and Korean Americans are less well-understood, particularly how these associations vary by age, gender, Asian origin, obesity, chronic conditions, and daytime sleepiness.

Methods: We used a sample of Chinese and Korean Americans ages 50-75 (n = 394) from the Baltimore-Washington DC Metropolitan Area to examine the associations of high risk (HR) sleep apnea with diagnoseable hypercholesterolemia and diabetes, as well as the following biomarkers: total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), total cholesterol/HDL-C ratio, triglycerides, and glucose (non-fasting). Poisson models included demographic factors, socioeconomic status, and body mass index (BMI). We tested for potential effect modifiers.

Results: HR-sleep apnea was associated with higher LDL-C level (β = 14.56, p < 0.05) and higher total cholesterol/HDL ratio (β = 0.64, p < 0.01). Younger respondents had higher levels of triglycerides associated with HR-sleep apnea than older respondents. For men, HR-sleep apnea was associated with higher total cholesterol, total cholesterol/HDL-C ratio, and triglycerides. Obese and overweight respondents had positive associations between HR-sleep apnea and total cholesterol, total cholesterol/HDL ratio, and triglycerides, while underweight/normal weight individuals did not. The interactions between snoring and daytime sleepiness were associated with hypercholesterolemia and diabetes.

Conclusions: This study demonstrates associations between sleep apnea risk and dyslipidemia among Chinese and Korean Americans. Associations were particularly pronounced among younger, male, overweight/obese, and sicker individuals. Future research should examine how to improve sleep health in Asian American populations to improve CVD risk.

Keywords: Asian Americans; Cardiovascular disease; Cholesterol; Diabetes; Hypercholesterolemia; Sleep apnea.

Examining the Asian American leadership gap and inclusion issues with federal employee data: Recommendations for inclusive workforce analytic practices

Caroline Goon [1], Tamara A Bruce [1], Janetta Lun [1], Gabriel Y Lai [2], Serena Chu [3], Phuong-Tu Le [4]

Abstract

In April 2021, a coalition of employee resource groups called the Federation of Asian American, Native Hawaiian, and Pacific Islander Network, or FAN, was established at the National Institutes of Health (NIH). The coalition aims to be a unifying voice that represents and serves these diverse communities. Discussion within the group centered around the persistent inequities and the lack of inclusion that the Asian American communities have long endured. Two common themes emerged from these discussions: (1) a leadership gap for Asian Americans in senior leadership and managerial positions, and (2) the everyday experience of exclusion. Asian Americans represent nearly 20% of the NIH permanent workforce yet make up only 6% of the senior leadership positions. These two issues reflect the sentiment that Asian Americans often feel invisible or forgotten in the discourse of structural racism and organizational inequities, especially in organizations in which they are numerically overrepresented. The purpose of this manuscript is to raise awareness of Asian American concerns in the federal workforce and how current employment and workforce analytic practices in this domain might contribute to the invisibility. To accomplish this goal, we will (1) describe relevant historical and contemporary contexts of Asian American experience undergirding their inclusion and visibility concerns; (2) present data analyses from available data sources to provide a deeper understanding of the Asian American leadership gap and lack of inclusion concerns; (3) highlight data availability and analytic challenges that hinder the ability to address the inequity and invisibility issues; and (4) recommend practices in data collection, measurement, and analysis to increase the visibility of this community in the federal workforce.

Keywords: Asian American; National Institutes of Health (NIH); anti-Asian; diversity and equity; leadership gap; workforce analysis; workplace inclusion.

Differences between Asian Americans and Pacific Islanders with cutaneous melanoma: A retrospective cohort analysis of 1339 cases

Jennifer M Fernandez [1], Sabrina Dahak [2], Ashley Wysong [1], Melodi Javid Whitley [3]

No abstract available

Sleep disparities in Asian Americans: a comprehensive review

Vibhav Nandagiri [1], Siddarth Vannemreddy [2], Andrew Spector [3]

Abstract

Study objectives: This review summarizes race-based sleep health disparities between Asian Americans and other American racial groups and compares sleep outcomes between Asian American subgroups disaggregated by ethnicity and ancestral national origin. The study identifies gaps in the existing literature, analyzes barriers to studying Asian American sleep, and recommends topics for future research.

Methods: A PubMed review of research on adult Asian American sleep was conducted. The articles included utilized actigraphy, polysomnography, and questionnaires to gather sleep health metrics. Information from these articles included data on sleep duration, sleep quality, sleep disturbances, and sleep disorders.

Results: Most aggregated studies find Asian American adults experiencing lower sleep duration and poorer sleep quality compared to non-Hispanic White Americans and comparable or slightly higher sleep duration compared to Black Americans. Within Asian Americans, first generation immigrants report better sleep quality than subsequent generations. East Asian Americans may experience better sleep outcomes compared to Southeast Asian Americans. Obstructive sleep apnea is critically underreported in South Asian Americans.

Conclusions: Significantly more research is required in Asian American sleep disparities, specifically in South and Southeast Asian Americans. Sleep disparities between Asian Americans and other racial groups are impacted by perceived discrimination, poor mental health, and cultural attitudes towards sleep. The observed within-group disparities of Asian American sleep may be attributed to socioeconomic status and generational status/acculturation. Existing barriers to research include the model minority myth and lack of disaggregated racial sleep data.

Keywords: Asian American; racial health disparities; sleep disorders; sleep duration; sleep quality; social determinants.

"The journey of a thousand miles begins with one step": An Asian American perspective on mentoring in neuropsychology

Sonia S Rehman [1], Farzin Irani [2], Angeles M Cheung [3][4], Alexander Tan [5], Michelle R Madore [6][7], Preeti Sunderaraman [8][9]

Abstract

Objective: The Asian Neuropsychological Association (ANA) is a recently established cultural identity-based organization with the mission to ensure accessibility and provision of culturally sensitive neuropsychological services for individuals of Asian descent. One of ANA's programmatic goals has been to foster a pipeline of neuropsychologists through mentoring and networking. In this paper, we aim to understand the historical context as well as unique considerations that are relevant for mentoring in the Asian American community.

Methods: A search of the existing literature in psychology and allied fields such as counseling and sociology was conducted to identify and formulate suggestions for mentoring culturally diverse communities, with a specific focus on Asian Americans. Firsthand narrative descriptions of effective examples of mentoring experiences in the context of shared values are discussed.

Findings and implications: This paper reviews the historical context and establishes an initial contextual foundation for increasing knowledge about best practices that can be used to establish effective mentoring relationships for Asian Americans. Six key considerations were identified: model minority myth, acculturation and enculturation, ethno-racial status and gender, the context of communication, quantity and quality of mentorship, and unique values specific to the Asian American community. Our findings identify the value of cultural identity-based organizations in creating communities that can support the professional development of future neuropsychologists at various career stages. Overall, findings have implications for maintaining the relevance of the field of neuropsychology in adequately serving an increasingly culturally diverse national and international population.

Keywords: Asian Americans; Asians; Mentoring; cultural sensitivity; culture; neuropsychology; training.

Incidence and Severity of Kawasaki Disease Among Vietnamese Children

Nguyen-Huong Doan [1], Nipha Sivilay [2], Chisato Shimizu [2], Hai Nguyen [3], Emelia Bainto [2], Quyen Nguyen [4], Adriana H Tremoulet [2], Jane C Burns [2]

Abstract

Background: Kawasaki disease (KD) disproportionately affects children of Asian descent. San Diego is home to a large Vietnamese population but no previous study has addressed the outcome of KD in this group.

Methods: We performed a retrospective review of Vietnamese patients seen at Rady Children's Hospital San Diego from 2001 to 2019. Non-Vietnamese Asian and non-Asian KD patients were matched (2:1) based on date of onset and age with Vietnamese patients. Demographic, clinical, and echocardiographic data were compared. Interviews with cardiologists at the Children's Hospital 1 in Ho Chi Minh City, Vietnam, explored local practices in the diagnosis and management of KD patients. KD publications in Vietnamese were translated and summarized.

Results: Of 978 KD patients for whom both parents had the same ethnicity, 20 were Vietnamese (2.1%), 168 (17%) were non-Vietnamese Asian, and 789 (81%) were non-Asian. Vietnamese and non-Vietnamese Asians had an earlier median day of diagnosis at day 6 (interquartile range [IQR] 5-6) and 5.5 (IQR 4-6.75), respectively, compared with non-Asians (day 7, IQR 5-8.75, P = 0.02). Prominent cervical lymphadenopathy at diagnosis was more common in both Vietnamese and non-Vietnamese Asians (20% and 40%, respectively) compared with non-Asians (12.5%, P = 0.01). Importantly, Vietnamese KD patients had a higher rate of coronary artery aneurysms (60% vs. 27.5%) compared to non-Asians (P = 0.024). Vietnamese literature review and structured interviews suggested a high incidence and severity of KD in Vietnamese children.

Conclusions: Physicians should be aware that Vietnamese children may be disproportionately affected by KD and have worse coronary artery outcomes.

Disaggregating Asian American and Pacific Islander Risk of Fatal Police Violence

Gabriel L Schwartz [1], Jaquelyn L Jahn [2]

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Abstract

High rates and racial inequities in U.S. fatal police violence are an urgent area of public health concern and policy attention. Asian Americans and Pacific Islanders (AAPIs) have been described as experiencing low rates of fatal police violence, yet AAPI subgroups vary widely on nearly every demographic and economic metric. Here, we calculate fatal police violence rates by AAPI regional and national/ethnic background, finding wide variation. We compile a list of AAPI people killed in interactions with police in 2013-2019, then use web searches and surname algorithms to identify decedents' backgrounds. Rates are then calculated by combining this numerator data with population denominators from the American Community Survey and fitting Poisson models. Excluding 18% of deaths with missing regional backgrounds, East and South Asian Americans died at a rate of 0.05 and 0.04 deaths per 100,000 (95% CI: 0.04-0.06 and 0.02-0.08), respectively, less than a third of Southeast Asian Americans' rate (0.16, CI: 0.13-0.19). Pacific Islanders suffered higher rates (0.88, CI: 0.65-1.19), on par with Native and Black Americans. More granularly, Southeast Asian American groups displaced by US war in Southeast Asia suffered higher rates than others from the same region. Traditional racial classifications thus obscure high risks of fatal police violence for AAPI subgroups. Disaggregation is needed to improve responses to fatal police violence and its racial/ethnic inequities.

Changing the Landscape of an American Town: Immigrantrification of a Korean Ethnoburb and Its Cultural and Economic Consequences

Halyna Lemekh [1]

Abstract

This study focuses on the social, cultural, and physical transformations-referred to as immigrantrification (gentrification by immigrants)-initiated by Korean immigrants in Palisades Park, a well-known Koreatown in New Jersey, in the first two decades of the twenty-first century. It draws on data collected from ethnographic field research conducted in 2019-2020, including 67 interviews. Gentrification initiated as a profitable investment strategy of middle-class, entrepreneurial Korean immigrants has followed the town's revitalization brought about by the population and economic growth and the expansion of amenities during the establishment of the Korean ethnoburb. While many residents complain about overcrowding, pollution, land-use intensity, and parking problems, Guatemalan immigrants-active participants in labor-intensive gentrification who have established their sub-enclave, gradually supplanting White residents-express fear of being priced out of the immigrantrified town. Thus, this study addresses two issues underrepresented in the gentrification discourse - third-world immigration and ethnic minority gentrification - by expanding the research on Korean gentrifiers.

Keywords: Gentrification; Guatemalan immigrants; Immigrantrification; Immigration; Korean immigrants; White exodus.

The Burden of Hate: How Nonwork Discrimination Experienced During the COVID-19 Pandemic Impacts Asian American Employees

Lindsay Y Dhanani [1], Matthew L LaPalme [2], Carolyn T Pham [3], Taylor K Hall [4]

Abstract

The COVID-19 pandemic has been accompanied by a sharp increase in prejudice and discrimination targeting Asian Americans in the USA. Thus, in addition to the public health risks associated with the virus, exposure to discrimination poses a unique threat to the health and well-being of Asian Americans. Indeed, empirical evidence has documented the linkage between experiencing anti-Asian discrimination during the pandemic and health decrements among Asian Americans. The goal of this study was to expand that research to also consider the ways experiencing discrimination in a nonwork context may spill over to affect the general and job-related well-being of Asian American employees as well as the potential mitigating role of coworker compassion. Results from a sample of 311 Asian American employees demonstrated that experiencing nonwork discrimination was associated with decrements in physical health and increased depression and job-related exhaustion. Further, there were significant interactions between nonwork discrimination and coworker compassion for engagement, emotional exhaustion, and depressive symptoms such that nonwork discrimination was more strongly related to each outcome when coworker compassion was low. The findings from the current study suggest that experiences of racial derogation, even those that occur outside the workplace environment, are detrimental to the well-being of employees and that coworker compassion is a positive resource that may foster healthier and more inclusive work environments.

Utilization and gender disparities of Deep Brain Stimulation surgery amongst Asian Americans, Native Hawaiians, and Other Pacific Islanders with Parkinson's disease in Hawai`i

Gina Watanabe [1], Frances Tiffany Cava Morden [1], Fay Gao [2], Michon Morita [2], Michiko Kimura Bruno [3]

Abstract

Introduction: Despite its efficacy in Parkinson's disease (PD) management, Deep Brain Stimulation (DBS) is underutilized in sociodemographic minorities. Previous investigations of racial disparities in PD aggregated Asian American (AA) and Native Hawaiian or other Pacific Islander (NHPI) populations into a single category; however, these groups have significant health differences. We sought to characterize the PD population in Hawai`i and the use of DBS among AA subgroups and NHPI patients to elucidate potential sociodemographic and clinical disparities.

Methods: Retrospective chart review of PD patients who received DBS from 2002 to 2021 was conducted at The Queen's Medical Center on Oahu, Hawai`i. Hawai`i PD admissions from 2016 to 2020 were collected from Laulima Data Alliance database. We compared the characteristics of DBS patients, total PD admissions, and Hawai`i census data. Alpha level of < 0.05 determined statistical significance. We did a subgroup analysis of white, AA and NHPI subgroups within the patients who underwent DBS.

Results: Analysis included 4215 PD admissions and 74 DBS surgeries. Compared to census data, Whites (OR: 1.67; p < 0.0001) and AA (OR: 1.18; p < 0.0001) were overrepresented in total PD admissions; whereas NHPI (OR: 0.64; p < 0.0001) and Blacks (OR: 0.17; p < 0.0001) were underrepresented. Overall, males received DBS more than females. All NHPI patients who received DBS were male, despite 37.65 % of total NHPI PD admissions being female (p = 0.0049). Most DBS patients were AA (45.95 %), followed by Whites (43.24 %), and NHPI (10.81 %).

Conclusions: NHPI and Black PD patients were disproportionately underrepresented in the Hawai`i PD population. All NHPI receiving DBS were male. These racial and gender disparities must be explored in future studies to achieve health equity and improved quality of care in a culturally sensitive manner.

Keywords: Asian American; Deep Brain Stimulation; Native Hawaiian and Pacific Islanders; Parkinson's disease; Sociodemographic.

Weak Social Networks in Late Life Predict Incident Alzheimer's Disease: The Kuakini Honolulu-Asia Aging Study

Kalpana J Kallianpur [1][2], Kamal H Masaki [1][3], Randi Chen [1], Bradley J Willcox [1][3], Richard C Allsopp [1], Philip Davy [1], Hiroko H Dodge [4][5]

Abstract

Background: We assessed 10-year longitudinal associations between late-life social networks and incidence of all-cause dementia (ACD), Alzheimer's disease (AD) and vascular dementia (VaD) in Japanese-American men.

Methods: We prospectively analyzed, from baseline (1991-1993) through 1999-2000, 2636 initially non-demented Kuakini Honolulu-Asia Aging Study participants who remained dementia-free during the first 3 years of follow-up. Global cognition was evaluated by the Cognitive Abilities Screening Instrument (CASI); depressive symptoms by the 11-item Center for Epidemiologic Studies Depression (CES-D) Scale; and social networks by the Lubben Social Network Scale (LSNS). Median split of LSNS scores defined weak/strong social network groups. A panel of neurologists and geriatricians diagnosed and classified dementia; AD and VaD diagnoses comprised cases in which AD or VaD, respectively, were considered the primary cause of dementia.

Results: Median (range) baseline age was 77 (71-93) years. Participants with weak (LSNS score ≤29) vs. strong (>29) social networks had higher age-adjusted incidence (in person-years) of ACD (12.6 vs. 8.7; p=0.014) and AD (6.7 vs. 4.0; p=0.007) but not VaD (2.4 vs. 1.4; p=0.15). Kaplan-Meier curves showed lower likelihood of survival free of ACD (log-rank p<0.0001) and AD (p=0.0006) for men with weak networks. In Cox proportional hazards models adjusting for age, education, ApoE ε4, prevalent stroke, depressive symptoms and CASI score (all at baseline), weak networks predicted increased incidence of ACD (HR=1.52, p=0.009) and AD (HR=1.67, p=0.014) but not VaD (p>0.2).

Conclusion: Weak social networks may heighten the risk of dementia and AD, underscoring the need to promote social connectedness in older adults.

Keywords: Kuakini Honolulu Heart Program; cognition; vascular dementia.

Recruitment and Data Collection Challenges of Research Focused on Older Adults and Family Caregivers from Asian American Communities: A Case Study Series

Kathy Lee [1], Jessica Cassidy [1], Rebecca L Mauldin [1], Rupal Parekh [2], Christina E Miyawaki [3], Huy Ngo [1], Thi Khanh Ha Tran [1], Kim N Nguyen [4]

Abstract

Objectives: The purpose of this case study series was to present recruitment and data collection strategies used for Asian American ethnic groups by documenting challenges experienced by researchers in the field of aging.

Summary: We compiled four case studies investigating Asian American older adults and/or family caregivers (i.e., Vietnamese, South Asians, Chinese, and Koreans). Each case study employed unique research methods to overcome experienced challenges associated with recruitment and data collection.

Discussion: Three constructs were organized for effective recruitment and data collection strategies of this racial group and included (1) forming a bilingual and bicultural research team (research-centered); (2) establishing reciprocal partnerships between researchers and community partners (community-centered); and (3) understanding the historical and cultural backgrounds of targeted ethnic groups (participant-centered). Approaches taken to address the range of challenges and limitations identified in this case study series may also help increase the representation of Asian-American older adults and family caregivers in research.

Clinical implications: Successfully including racial and ethnic minority groups in research, especially Asian Americans, may reduce existing racial disparities in mental and physical health. Any barriers and facilitators affecting the research regarding Asian American ethnic groups should continue to be discussed.

Keywords: Minorities; diversity; lessons learned.

Reduced-dose steroid for Asians with Immunoglobulin A nephropathy at risk of progressive kidney disease may reduce metabolic complications

Cynthia C Lim [1], Jason Choo [1], Hui Zhuan Tan [1], Irene Mok [1], Keng Thye Woo [1]

No abstract available

Heterogeneity in Obesity Prevalence Among Asian American Adults

Nilay S Shah [1], Cecily Luncheon [2], Namratha R Kandula [3], Sadiya S Khan [1], Liping Pan [4], Cathleen Gillespie [5], Fleetwood Loustalot [5], Jing Fang [5]

Free article

Abstract

Background: Obesity increases the risk for metabolic and cardiovascular disease, and this risk occurs at lower body mass index (BMI) thresholds in Asian adults than in White adults. The degree to which obesity prevalence varies across heterogeneous Asian American subgroups is unclear because most obesity estimates combine all Asian Americans into a single group.

Objective: To quantify obesity prevalence in Asian American subgroups among U.S. adults using both standard BMI categorizations and categorizations tailored to Asian populations.

Design: Cross-sectional.

Setting: United States, 2013 to 2020.

Participants: The analytic sample included 2 882 158 adults aged 18 years or older in the U.S. Behavioral Risk Factor Surveillance System surveys (2013 to 2020). Participants self-identified as non-Hispanic White ([NHW] n = 2 547 965); non-Hispanic Black ([NHB] n = 263 136); or non-Hispanic Asian ([NHA] n = 71 057), comprising Asian Indian (n = 13 916), Chinese (n = 11 686), Filipino (n = 11 815), Japanese (n = 12 473), Korean (n = 3634), and Vietnamese (n = 2618) Americans.

Measurements: Obesity prevalence adjusted for age and sex calculated using both standard BMI thresholds (≥ 30 kg/m^2) and BMI thresholds modified for Asian adults (≥ 27.5 kg/m^2), based on self-reported height and weight.

Results: Adjusted obesity prevalence (by standard categorization) was 11.7% (95% CI, 11.2% to 12.2%) in NHA, 39.7% (CI, 39.4% to 40.1%) in NHB, and 29.4% (CI, 29.3% to 29.5%) in NHW participants; the prevalence was 16.8% (CI, 15.2% to 18.5%) in Filipino, 15.3% (CI, 13.2% to 17.5%) in Japanese, 11.2% (CI, 10.2% to 12.2%) in Asian Indian, 8.5% (CI, 6.8% to 10.5%) in Korean, 6.5% (CI, 5.5% to 7.5%) in Chinese, and 6.3% (CI, 5.1% to 7.8%) in Vietnamese Americans. The prevalence using modified criteria (BMI ≥ 27.5 kg/m^2) was 22.4% (CI, 21.8% to 23.1%) in NHA participants overall and 28.7% (CI, 26.8% to 30.7%) in Filipino, 26.7% (CI, 24.1% to 29.5%) in Japanese, 22.4% (CI, 21.1% to 23.7%) in Asian Indian, 17.4% (CI, 15.2% to 19.8%) in Korean, 13.6% (CI, 11.7% to 15.9%) in Vietnamese, and 13.2% (CI, 12.0% to 14.5%) in Chinese Americans.

Limitation: Body mass index estimates rely on self-reported data.

Conclusion: Substantial heterogeneity in obesity prevalence exists among Asian American subgroups in the United States. Future studies and public health efforts should consider this heterogeneity.

Using Body Mass Index to Identify and Address Obesity in Asian Americans: One Size Does Not Fit All

Christina C Wee [1]

No abstract available

The impact of two types of COVID-19-related discrimination and contemporaneous stressors on Chinese immigrants in the US South

Allison Stolte [1], Gabriela A Nagy [2][3][4], Chanel Zhan [5], Ted Mouw [6], M Giovanna Merli [1][4][7][8]

Abstract

The global rise of the COVID-19 pandemic has been accompanied by an increase in anti-Asian discrimination with potentially deleterious effects on individuals of Asian descent. In the present study, we examine how two types of COVID-19-related anti-Asian discrimination and other contemporaneous stressors independently contribute to perceptions of stress in a population-representative sample of Chinese immigrants in North Carolina, as well as the moderating role of ethnic identity on the association between COVID-related discrimination and stress. Analyses rely on data collected among participants ages 18+ in the Chinese Immigrants in Raleigh-Durham (ChIRDU) study who completed surveys in 2018 and during the COVID-19 pandemic (July-September 2020). We utilize ordinary least squares regressions to examine associations of two types of COVID-related discrimination (measured by changes in perceptions of being feared by others and racism-related vigilance) and contemporaneous stressors (measured by general COVID-19-related stressors and acculturative stressors) with perceptions of stress by respondents' pre-pandemic reports of ethnic identity. Controlling for sociodemographic predictors and other stressors, racism-related vigilance is significantly associated with higher perceived stress for Chinese immigrants who identify as completely Chinese. For those who identify as at least partly American, new perceptions of being feared by others during the pandemic are significantly associated with higher perceived stress. Acculturative and COVID-related stressors are independently associated with higher perceived stress for both groups. These results suggest that COVID-related anti-Asian discrimination aggravates the psychological burden of multiple stressors in Chinese immigrants' lives by uniquely contributing to perceptions of stress alongside contemporaneous stressors. The results also highlight the heterogeneous mental health needs of Chinese immigrants and hold important implications for intervention development in the community studied here as well as in other Chinese communities in the US.

Keywords: Acculturative stressors; Anti-Asian discrimination; COVID-19-related discrimination; COVID-19-related stressors; Perceived stress; Psychological well-being; Racism-related vigilance.

Methodology Considerations in Studying Mental Health, Sleep Quality, and Biopsychosocial Determinants Among Chinese and Korean Americans During the COVID-19 Pandemic

Jinbing Bai [1], Wenhui Zhang [1], Daesung Choi [2], Sangmi Kim [1]

Abstract

Asians are one of the fastest-growing racial groups in the United States. The mental health of Asian Americans, particularly regarding depression and anxiety, needs significant attention. Various biopsychosocial factors interact to influence the risks of depression, anxiety, and sleep quality among Asian Americans. Currently, multiple methodological issues exist in the research of Asian Americans, such as limited data collection using Asian languages and inconsistent reporting of race and ethnicity data, which may be lacking entirely. All these methodological issues in research may account for the seemingly low prevalence rates of mental health problems among Asian Americans. In our study on mental health and sleep quality among Chinese and Korean Americans, we adopted multiple data collection strategies during the COVID-19 pandemic, including using culturally adaptive and validated measures as well as operating culture-sensitive procedures in the recruitment and data collection. The successful use of these strategies could promote early detection and personalized treatment of depression, anxiety, and sleep disturbance among Asian Americans. These strategies would further improve health care service use in this population.

Asian American nursing students' experiences of racial microaggressions amid the COVID-19 pandemic: Focus group discussions

Sun S Kim [1], Teresa M Eliot Roberts [1], Jannat E Khusbo [1], Wichita Watriboonruang [1], Ashley Parks [1], Jessica Lewczyk [1]

Abstract

Aim: This study aimed to explore the thoughts and feelings of Asian American nursing students regarding Anti-Asian racism that they might anticipate or experience during their clinical training.

Background: Asian Americans have long been viewed as perpetual foreigners and coronavirus disease 2019 has reinforced that negative view. Asian American nursing students may anticipate and experience racial discrimination during their clinical training, which could negatively affect their mental health.

Design: This is a qualitative research study using focus group discussions.

Method: Focus group discussions were conducted over Zoom and audiotaped. The audiotapes were transcribed and validated for accuracy. A thematic analysis was performed using NVivo10. Emerging themes and subthemes were compared and discussed until agreements were made.

Results: Nineteen students participated in four focus group meetings, of which, 13 (68 %) had clinical training and six (32 %) were preclinical students. Four major themes emerged: (a) looking forward to hands-on learning opportunities, (b) enduring racial microaggressions, (c) maintaining professionalism in the face of racial microaggressions and (d) standing up for oneself and other Asian American healthcare workers. Preclinical students were anxiously waiting for clinical training so that they could have hands-on learning experiences. They anticipated that anti-Asian racism in clinical settings would be similar to what they had experienced on the streets and therefore, they were not afraid of it. Students who had clinical training reported experiencing a variety of racial microaggressions that varied from "side-eyes" to "verbal assault" and occurred at three levels: patients, nurses and clinical instructors. They reported that most of the microaggressions were familiar to them, but some, especially coming from their clinical instructors, were unique to clinical settings.

Conclusion: Asian American nursing students experienced racial microaggressions during their clinical training which came from patients, nurses on the unit and their clinical instructors. Nevertheless, the students strove to maintain professionalism and stand up for themselves and other Asian healthcare workers as they gained confidence in clinical knowledge and skills.

Keywords: Asian Americans; COVID-19; Mental health; Nursing students; Racial discrimination.

Cultural Considerations for Working with South Asian Youth

Deepika Shaligram [1], Manal Khan [2], Afifa Adiba [3], Seeba Anam [4]

Abstract

South Asian American (SAA) youth are culturally diverse with respect to migration patterns, language, religion, and social determinants of health. Culturally specific stressors related to family, acculturation, discrimination, and intersectionality converge during developmentally sensitive periods, impacting mental health and identity development. "Model minority" stereotypes and somatic expressions of distress contribute to underdetection and limited perceived need for treatment. SAA families navigate structural barriers, including limited access to culturally tailored services, limited English proficiency, referral bias, and stigma, resulting in underutilization of services. Cultural considerations must be integrated into diagnostic conceptualization and treatment recommendations to effectively engage SAA youth and families in treatment.

Risk behaviors as correlates of victimization of U.S.-born and foreign-born Asian, Black, and Latinx adolescents in the United States

Jun Sung Hong [1] [2], Jungup Lee [3], Simona C Caravita [4] [5], Sei Eun Kim [6], Anthony A Peguero [7] [8]

Abstract

The current study examines the association between risk behaviors and victimization and race-based victimization amongst U.S.-born and foreign-born Asian, Black, and Latinx adolescents. Data were derived from the U.S. subset of the 2009-2010 Health Behavior in School-aged Children study. Samples include 662 Asian, 2413 Black, and 3188 Latinx adolescents (M = 12.9, SD = 1.75, 48.6% female) in grades 5-10. Univariate analyses, t-test analyses, and multiple linear regression analyses were conducted. Aggressive behavior was associated with victimization for U.S.-born and foreign-born Asian, Black, and Latinx adolescents. Race-based aggressive behavior was correlated for U.S.-born and foreign-born Black and Latinx adolescents. Smoking was positively associated with victimization amongst foreign-born Asian adolescents. Alcohol use was correlated with victimization and race-based victimization amongst foreign-born Latinx adolescents. Marijuana use was related to victimization amongst U.S.-born Black adolescents. Physical fighting was shown to be positively correlated with race-based victimization for U.S.-born Latinx adolescents. Carrying a weapon was associated with victimization and race-based victimization for U.S.-born and foreign-born Latinx adolescents. It was also associated with victimization amongst U.S.-born Asian adolescents. Befriending deviant peers was negatively associated with U.S.-born and foreign-born Black adolescents and U.S.-born Latinx adolescents, but positively associated with U.S.-born Asian adolescents.

Keywords: adolescents; race/ethnicity; risk behaviors; victimization; young people.

Social determinants of willingness to discuss end-of-life care with family and doctors among Korean American immigrants: Findings from a cross-sectional survey in Alabama

Hee Y Lee [1], Hyunjin Noh [2], Eunyoung Choi [3], Lewis H Lee [2]

Abstract

Prior research reported lower engagement in end-of-life discussions and planning among Korean American (KA) immigrants; however, there is a dearth of research investigating factors associated with their willingness to discuss their end-of-life care wishes. This study aimed to examine the willingness to have end-of-life discussions with family and doctors among KA immigrants and social determinants of health (SDH) associated with willingness. A self-administered, cross-sectional survey was conducted with a convenience sample of 259 KA immigrants recruited from two counties in Alabama. Demographic, health, acculturation and SDH information were collected. Logistic regression analyses were conducted to examine associations between SDH and willingness for end-of-life discussion with family and doctors, respectively. The majority of the sample was willing to discuss end-of-life care with family (94%) and doctors (82%). Those with hospice awareness were more likely to have willingness for discussion with family (OR = 27.70, p < 0.001) and doctors (OR = 5.01, p < 0.001). Those who could not see a doctor because of cost (OR = 0.03, p < 0.01) and who had higher threats to interpersonal safety (OR = 0.74, p < 0.05) were less likely to have willingness for discussion with family. Those who had more chronic conditions (OR = 0.60, p < 0.05) and higher levels of social isolation (OR = 0.77, p < 0.05) were less likely to have willingness for discussion with doctors. The SDH identified in this study should be considered in developing interventions to promote end-of-life discussions in the KA immigrant community. Future research should investigate the associations explored in this study in a larger and more representative sample.

Keywords: Korean American; end-of-life discussion; immigrant; social determinants of health.

Relationship of social isolation with mental distress among older Korean Americans: The moderating role of social cohesion

Nan Sook Park [1], Yuri Jang [2], Jung Won Yoon [3], Soondool Chung [4], David A Chiriboga [5]

Abstract

Social isolation has been associated with poor mental health outcomes, particularly for older immigrants who do not have a protective social environment. The purpose of this study was to investigate the relationship of social isolation (living alone, marginal family ties and marginal friend ties) with mental distress and to examine the moderating role of social cohesion (family cohesion and community cohesion). We hypothesised that social isolation and social cohesion would be directly associated with mental distress and that social cohesion would buffer the influence of social isolation on mental distress. Data were drawn from the Study of Older Korean Americans (SOKA), which included 2150 older Korean Americans aged 60 or over in multiple areas, collected during 2017-2018. A series of hierarchical regression models of mental distress examined the direct and interactive role of social isolation and social cohesion. Approximately one-third of the sample lived alone, 20% had marginal family ties and 27% had marginal friend ties. All three indicators of social isolation had a significant direct effect on mental health; however, living alone lost its statistical significance with the inclusion of social cohesion variables. Both indicators of family and community cohesion were significantly associated with lower levels of mental distress. In addition, family cohesion buffered the negative effects of marginal ties to family and friends on mental distress. The significant role of a positive social environment must be considered when addressing the needs of older immigrants who are socially isolated.

Keywords: mental distress; older Korean Americans; social cohesion; social isolation.

Dose-Response Relationship Between Life-Space Mobility and Mortality in Older Japanese Adults: A Prospective Cohort Study

Daiki Watanabe [1], Tsukasa Yoshida [2], Yosuke Yamada [3], Yuya Watanabe [4], Minoru Yamada [5], Hiroyuki Fujita [6], Tomoki Nakaya [7], Motohiko Miyachi [8], Hidenori Arai [9], Misaka Kimura [10]

Abstract

Objectives: Some epidemiological studies of older American adults have reported a relationship between life-space mobility (LSM) and mortality. However, these studies did not show a dose-response relationship and did not include individuals from other countries. Therefore, we evaluated the dose-response relationship between LSM and mortality in older adults.

Design: Prospective cohort study.

Setting and participants: We used the data of 10,014 older Japanese adults (aged ≥65 years) who provided valid responses to the Life-Space Assessment (LSA) in the Kyoto-Kameoka study in Japan.

Methods: LSM was evaluated using the self-administered LSA consisting of 5 items regarding life-space from person's bedroom to outside town. The LSM score was calculated by multiplying life-space level by frequency score by independence score, yielding a possible range of 0 (constricted life-space) to 120 (broad life-space). These scores were categorized into quartiles (Qs). Mortality data were collected from July 30, 2011 to November 30, 2016. A multivariate Cox proportional hazards model that included baseline covariates were used to evaluate the relationship between LSM score and mortality risk.

Results: A total of 1030 deaths were recorded during the median follow-up period of 5.3 years. We found a negative association between LSM score and overall mortality even after adjusting for confounders [Q1: reference; Q2: hazard ratio (HR) 0.81, 95% CI 0.69-0.95; Q3: HR 0.70, 95% CI 0.59-0.85; Q4: HR 0.68, 95% CI 0.55-0.84, P for trend < .001]. Similar results were observed for the spline model; up to a score of 60 points, LSM showed a strong dose-dependent negative association with mortality, but no significant differences were observed thereafter (L-shaped relationship).

Conclusions and implications: Our findings demonstrate an L-shaped relationship between LSM and mortality. This study will be useful in establishing target values for expanding the range of mobility among withdrawn older adults with a constricted life-space.

Keywords: Mobility; death; life-space; restricted cubic spline model; validation.

Links Between Emotion Regulation Strategies and Internalizing and Externalizing Problems in Chinese American Adolescents

Helena Rose Karnilowicz [1], Iris Mauss [1], Qing Zhou [1]

Abstract

Adolescents from immigrant families are at risk for psychological health issues due to acculturative stress and the marked increases in internalizing and externalizing problems accompanying adolescence. Emotion Regulation (ER) may be an important protective resource for these adolescents. The present study tested the links between ER and internalizing and externalizing problems in 131 first- and second-generation Chinese American adolescents. Adolescents' reappraisal was associated with less internalizing and externalizing problems; adolescents' suppression was associated with more internalizing and externalizing problems. These links were somewhat more pronounced in adolescents high in American cultural orientation as well as in adolescents low in Chinese cultural orientation. Our results advance our understanding of the links between ER and psychological health in Chinese American youth.

Evaluating a Pilot Culturally Sensitive Psychosocial Intervention on Posttraumatic Growth for Chinese American Breast Cancer Survivors

Qiao Chu [1], Moni Tang [2], Lingjun Chen [2], Lucy Young [3], Alice Loh [3], Carol Wang [3], Qian Lu [2][4]

Abstract

This study investigated the potential benefit of a pilot culturally sensitive group support intervention, named Joy Luck Academy (JLA), in fostering posttraumatic growth among Chinese American breast cancer survivors. Eighty-six Chinese American breast cancer survivors participated in an eight-week single-arm pre-/post-test trial of an intervention program, which included educational lectures and peer mentor support. The JLA participants were compared with an independent sample of 109 Chinese American breast cancer survivors who went through routine care. Both groups completed baseline and eight-week follow-up assessments of the five facets of posttraumatic growth (meaningful interpersonal relationships, finding new possibilities in life, personal strength, appreciation of life, and spirituality). From baseline to follow-up, the JLA participants displayed significant improvements in the total score of posttraumatic growth, meaningful interpersonal relationships, appreciation of life, finding new possibilities in life, and personal strength. In contrast, the routine care participants showed no significant change in any of these outcome variables. The findings suggest the potential benefit of a culturally sensitive group support intervention in facilitating posttraumatic growth for Chinese American breast cancer survivors, indicating the need for a randomized controlled trial. The educational lectures and peer mentor support may be adapted to tailor the needs of other ethnic minority cancer patients.

Keywords: Breast cancer; Chinese American; culture; posttraumatic growth.