

ARCH Newsletter

July 2017-October 2017

News

- Dr. Edith Wen-Chu Chen received a three year National Institute of Minority Health and Health Disparities Academic Research Enhancement Award (R15) entitled “Is Assimilation Costing Asian Americans Their Health? Type 2 Diabetes in California’s Asian American Populations.” Co-PI is Lawrence Chu and Co-Investigator is Pattchareeya Kwan.

Congratulations to ARCH investigators for the following publications (citations in abstract section):

- Drs. Edith Chen, Grace Yoo and Jane Jih co-authored a chapter entitled “Physical Activity in Asian American Populations” in *Physical Activity in Diverse Populations*, edited by Melissa Jean Bopp, (Taylor and Francis, 2018).
- Drs. Arnab Mukherjea and Alka Kanaya published “Acculturation Strategies and Symptoms of Depression: The Mediators of Atherosclerosis in South Asians Living in American (MASALA) Study” in the Journal of Immigrant and Minority Health.

Have an announcement or update to share with ARCH members in the next newsletter? Please email the announcement to Jane Jih at jane.jih@ucsf.edu.

11/01/17

Prepared by Van Ta Park

Abstract titles are highlighted for the ARCH publications

<u>Abstract Title, Authors, Publication details</u>	<u>Abstract</u>
<p data-bbox="110 378 667 499"><u>Acculturation Strategies and Symptoms of Depression: The Mediators of Atherosclerosis in South Asians Living in America (MASALA) Study.</u></p> <p data-bbox="110 531 667 621">Needham BL¹, Mukherjee B², Bagchi P³, Kim C⁴, Mukherjee A⁵, Kandula NR⁶, Kanaya AM⁷.</p> <p data-bbox="110 640 350 669"><u>Author information</u></p> <p data-bbox="110 699 667 963">1 Department of Epidemiology and Center for Social Epidemiology and Population Health, University of Michigan, 1415 Washington Heights, 2649A SPH Tower, Ann Arbor, MI, 48109-2029, USA. needhamb@umich.edu.</p> <p data-bbox="110 978 667 1083">2 Department of Biostatistics, University of Michigan, Ann Arbor, MI, USA.</p> <p data-bbox="110 1098 667 1203">3 Department of Statistics, University of Michigan, Ann Arbor, MI, USA.</p> <p data-bbox="110 1218 667 1360">4 Departments of Medicine and Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, USA.</p> <p data-bbox="110 1375 667 1518">5 Department of Health Science, California State University, East Bay, Hayward, CA, USA.</p> <p data-bbox="110 1533 667 1638">6 Department of Medicine, Northwestern University, Chicago, IL, USA.</p> <p data-bbox="110 1652 667 1795">7 Departments of Medicine and Epidemiology and Biostatistics, University of California, San Francisco, CA, USA.</p>	<p data-bbox="699 378 808 407">Abstract</p> <p data-bbox="699 417 1511 1115">Using latent class analysis, we previously identified three acculturation strategies employed by South Asian immigrants in the US. Members of the Separation class showed a preference for South Asian culture over US culture, while members of the Assimilation class showed a preference for US culture, and those in the Integration class showed a similar preference for South Asian and US cultures. The purpose of this study was to examine associations between these acculturation strategies and symptoms of depression, a common yet underdiagnosed and undertreated mental disorder. We used data from the Mediators of Atherosclerosis in South Asians Living in America (MASALA) study (n = 856). Data were collected between October 2010 and March 2013 in the San Francisco Bay Area and Chicago. Depressive symptoms were assessed using the CES-D Scale. Applying a simple new method to account for uncertainty in class assignment when modeling latent classes as an exposure, we found that respondents in the Separation class had more depressive symptoms than those in the Integration class, but only after taking into account self-reported social support (b = 0.11; p = 0.05). There were no differences in depressive symptoms among those in the Assimilation class vs. those in the Integration class (b = -0.06; p = 0.41). Social support may protect against elevated symptoms of depression in South Asian immigrants with lower levels of integration into US culture.</p>

<p>J Immigr Minor Health. 2017 Jul 26. doi: 10.1007/s10903-017-0635-z.</p>	
<p>Community-based game intervention to improve South Asian Indian Americans' engagement with advanced care planning.</p> <p>Radhakrishnan K1, Van Scoy LJ2, Jillapalli R1, Saxena S3, Kim MT1.</p> <p><u>Author information</u></p> <p>1</p> <p>a School of Nursing , University of Texas - Austin , Austin , TX , USA.</p> <p>2</p> <p>b Medicine and Humanities , The Pennsylvania State University College of Medicine , Hershey , PA , USA.</p> <p>3</p> <p>c South Asian Indian Volunteer Association (SAIVA) , Austin , TX , USA.</p> <p>Ethn Health. 2017 Jul 27:1-19. doi: 10.1080/13557858.2017.1357068.</p>	<p>Abstract</p> <p>OBJECTIVE: Advance care planning (ACP) allows individuals to express their preferences for medical treatment in the event that they become incapable of making their own decisions. This study assessed the efficacy of a conversation game intervention for increasing South Asian Indian Americans' (SAIAs') engagement in ACP behaviors as well as the game's acceptability and cultural appropriateness among SAIAs.</p> <p>DESIGN: Eligible community-dwelling SAIAs were recruited at SAIA cultural events held in central Texas during the summer of 2016. Pregame questionnaires included demographics and the 55-item ACP Engagement Survey. Played in groups of 3-5, the game consists of 17 open-ended questions that prompt discussions of end-of-life issues. After each game session, focus groups and questionnaires were used to examine the game's cultural appropriateness and self-rated conversation quality. Postintervention responses on the ACP Engagement Survey and rates of participation in ACP behaviors were collected after 3 months through phone interviews or online surveys. Data were analyzed using descriptive statistics, frequencies, and paired t-tests comparing pre/post averages at a .05 significance level.</p> <p>RESULTS: Of the 47 participants, 64% were female, 62% had graduate degrees, 92% had lived in the U.S. for >10 years, 87% were first-generation immigrants, and 74% had no advance directive prior to the game. At the 3-month follow-up, 58% of participants had completed at least one ACP behavior, 42% had discussed end-of-life issues with loved ones, 15% did so with their healthcare providers, and 18% had created an advanced directive. ACP Engagement Survey scores increased significantly on all four of the process subscales by 3 months postgame.</p> <p>CONCLUSION: SAIA individuals who played a conversation game had a relatively high rate of performing ACP behaviors 3 months after the intervention. These findings suggest that conversation games may be useful tools for motivating people from minority communities to engage in ACP behaviors.</p>
<p>Psychological Distress of Ethnically Diverse Adult Caregivers in the California Health Interview Survey.</p> <p>Meyer OL1, Liu X2, Nguyen TN3, Hinton L3, Tancredi D4.</p> <p><u>Author information</u></p> <p>1</p>	<p>Abstract</p> <p>This study examined factors associated with psychological distress for culturally diverse family caregivers using a population-based sample. Data were analyzed from the 6634 caregivers of adults (i.e. elderly as well as non-elderly) who self-reported as non-Hispanic White, Mexican, Chinese, or Vietnamese in the 2009 California Health Interview Survey. Simple and multiple regression analyses were conducted to assess the potential influence of race/ethnicity, caregiving context, and social contextual variables on psychological distress. Analyses that included moderators showed that while more education was associated with less distress for White caregivers, it</p>

<p>Department of Neurology, University of California, Davis, School of Medicine, 4860 Y Street, Sacramento, CA, 95817, USA. olmeyer@ucdavis.edu.</p> <p>2</p> <p>University of California, Davis, Biostatistics, Davis, CA, USA.</p> <p>3</p> <p>Department of Psychiatry and Behavioral Sciences, University of California, Davis, School of Medicine, Sacramento, CA, USA.</p> <p>4</p> <p>Department of Pediatrics, University of California, Davis, School of Medicine, Sacramento, CA, USA.</p> <p>J Immigr Minor Health. 2017 Jul 26. doi: 10.1007/s10903-017-0634-0. [Epub ahead of print]</p>	<p>was associated with more distress for Vietnamese and Chinese caregivers. Identifying the caregiving and contextual variables associated with psychological distress is critical for tailoring interventions towards those who need the most help-in this case, possibly less educated White caregivers and more educated Asian American caregivers.</p>
<p>Unexpected Gains: Being Overweight Buffers Asian Americans From Prejudice Against Foreigners.</p> <p>Handron C1, Kirby TA2, Wang J3, Matskewich HE4, Cheryan S4.</p> <p><u>Author information</u></p> <p>1</p> <p>1 Department of Psychology, Stanford University.</p> <p>2</p> <p>2 Department of Psychology, University of Exeter.</p> <p>3</p> <p>3 Microsoft, Redmond, Washington.</p> <p>4</p> <p>4 Department of Psychology, University of Washington.</p> <p>Psychol Sci. 2017 Sep;28(9):1214-1227. doi: 10.1177/0956797617720912. Epub 2017 Jul 26.</p>	<p>Abstract</p> <p>Can being overweight, a factor that commonly leads to stigmatization, ironically buffer some people from race-based assumptions about who is American? In 10 studies, participants were shown portraits that were edited to make the photographed person appear either overweight (body mass index, or BMI > 25) or normal weight (BMI < 25). A meta-analysis of these studies revealed that overweight Asian individuals were perceived as significantly more American than normal-weight versions of the same people, whereas this was not true for White, Black, or Latino individuals. A second meta-analysis showed that overweight Asian men were perceived as less likely to be in the United States without documentation than their normal-weight counterparts. A final study demonstrated that weight stereotypes about presumed countries of origin shape who is considered American. Taken together, these studies demonstrate that perceptions of nationality are malleable and that perceived race and body shape interact to inform these judgments.</p>

<p>Combating Health Disparities in Cambodian American Communities: A CBPR Approach to Building Community Capacity.</p> <p>Berthold SM, Kong S, Kuoch T, Schilling EA, An R, Blatz M, Sorn R, Ung S, Yan Y, Scully M, Fukuda S, Mordecai L.</p> <p>Prog Community Health Partnersh. 2017;11(2):109-118. doi: 10.1353/cpr.2017.0015.</p>	<p>Abstract</p> <p>BACKGROUND: Cambodian Americans have higher rates of health problems compared with the general U.S.</p> <p>POPULATION: A relatively modest community capacity for collecting data contributes to these disparities.</p> <p>OBJECTIVES: To (1) further develop the Cambodian American community's capacity to design and conduct health research meaningful to their community via a community-based participatory research (CBPR) approach, (2) train and deploy bilingual community health workers (CHWs) to gather health-related data from their communities using mobile technology, and (3) measure the feasibility and effectiveness of our efforts.</p> <p>METHODS: A CBPR approach was used to engage leaders of Cambodian American communities in six states to identify their research needs, develop a short community health survey administered by CHWs, and conduct the survey using iPads programmed in Khmer spoken-language format. Administrative logs and surveys of CHWs and leaders measured feasibility and effectiveness of the project.</p> <p>RESULTS: CHWs, leaders, and community members reported largely positive experiences with the community health survey, despite poor/inconsistent Internet connectivity. The institutional capacity of Cambodian American community-based organizations to collect health-related data in their own communities was strengthened. Our efforts proved to be both feasible and effective.</p> <p>CONCLUSIONS: The use of mobile technology with spoken format can be a valuable tool in accessing input from vulnerable community members, including persons who may not be literate in any language. Trained CHWs, backed by dedicated and experienced community leaders, are an asset to their communities. Together, they are uniquely placed to make important contributions to the well-being of their community.</p>
<p>Unraveling the Determinants to Colorectal Cancer Screening Among Asian Americans: a Systematic Literature Review.</p> <p>Kim SB¹.</p> <p>Author information</p> <p>¹</p> <p>University of Hawaii at Manoa, Myron B. Thompson School of Social Work, 2430 Campus Road, Gartley Hall, Honolulu, HI, 96822, USA. sophiabk@hawaii.edu.</p>	<p>Abstract</p> <p>Colorectal cancer (CRC) is one of the top three cancers experienced among Asian American (AA) men and women. One effective way to decrease incidence and mortality from CRC is the adherence of regular CRC screening; however, AA continue to receive the lowest screening rates compared to other racial/ethnic groups. When disaggregating this heterogeneous population, further disparities exist between subgroups. Examination of facilitators and barriers to cancer screening among AA subgroups is fairly recent and the synthesis of this information is limited. As such, a systematic review was conducted examining the facilitators and the barriers among Chinese, Filipino, Korean, and Japanese Americans using a systematic literature review method. The Health Belief Model served as the primary theoretical framework for this study and used to organize and synthesize the facilitators and barriers to CRC screening. In total, 22 articles yielded 29 examinations of each of the</p>

<p>J Racial Ethn Health Disparities. 2017 Aug 4. doi: 10.1007/s40615-017-0413-6. [Epub ahead of print]</p>	<p>AA subgroups. Different facilitators and barriers to screening uptake for each subgroup were revealed; however, consistent across all the subgroups was physician recommendation as a facilitator and participants' unawareness of screening tests and those stating having no problems/symptoms of CRC as a barrier across screening modalities. Tailored approach in outreach and intervention efforts are suggested when achieving to improve CRC screening in AA ethnic subgroups.</p>
<p>Obesity-risk behaviors and their associations with body mass index (BMI) in Korean American children.</p> <p>Jang M1, Grey M2, Sadler L3, Jeon S4, Nam S5, Song HJ6, Whittemore R2.</p> <p><u>Author information</u></p> <p>1 Duke University School of Nursing, 307 Trent Drive, Durham, NC, 27707, USA.</p> <p>2 Yale University School of Nursing, 400 West campus Drive, Orange, CT, 06477.</p> <p>3 Nursing and Yale Child Study Center, Yale University School of Nursing, 400 West campus Drive, Orange, CT, 06477.</p> <p>4 Research Scientist in Nursing, Yale University School of Nursing, 400 West campus Drive, Orange, CT, 06477.</p> <p>5 Nursing, Yale School of Nursing, 400 West campus Drive, Orange, CT, 06477.</p> <p>6 Nutrition and Food Science, University of Maryland, 3301 Marie Mount Hall, College Park, MD, 20742.</p> <p>J Clin Nurs. 2017 Aug 3. doi: 10.1111/jocn.13982. [Epub ahead of print]</p>	<p>Abstract</p> <p>AIM AND OBJECTIVES: The purpose of the paper was to describe obesity-risk behaviors (diet, physical activity, and sedentary behavior) and examine the relationships of the obesity-risk behaviors with body mass index (BMI) in school-aged Korean American children.</p> <p>BACKGROUND: Korean American children have a risk of becoming overweight or obese and developing obesity-related complications; however, there is limited research about obesity-risk behaviors in Korean American children.</p> <p>DESIGN: A cross-sectional study.</p> <p>METHODS: Obesity-risk behaviors of children were assessed with well-validated self-report questionnaires (i.e., Elementary-level School-based Nutrition Monitoring Questionnaire) from children and their mothers. Height and weight of children were measured. Data were analyzed with bivariate and multivariate analyses using mixed effects models to incorporate the correlation within siblings.</p> <p>RESULTS: A total of 170 Korean American children [mean age 10.9 (2.0) years; 52.4% girls; mean BMI 19.3(3.2); 28.7% ≥85 percentiles] participated in the study. Only 38.3% of Korean American children met established recommendations of 5 fruits/vegetables per day; 56.5% met recommendations for more than 3 days per week of vigorous physical activity, and 40.8% met recommendations for less than 2 hours of recreational screen time per day. Sixty percent and 88.8% of children met the recommendation of sleep on a weekday and weekend, respectively. Only screen time was positively associated with child BMI Z-score ($\beta=0.08$; $p<.03$).</p> <p>CONCLUSION: Health care providers need to be aware of the increased rate of overweight and obesity in Korean American children and initiate clinical interventions to improve obesity-risk behaviors, especially sedentary behavior, in Korean American children. This article is protected by copyright. All rights reserved.</p>

[Psychosocial Predictors of HBV Screening Behavior among Vietnamese Americans.](#)

[Lee M](#)¹, [Zhu L](#)¹, [Wang MQ](#)², [Wei Z](#)³, [Tan Y](#), [Nguyen MT](#)⁴, [Ogunwobi OO](#)⁵, [Ma GX](#)⁶.

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[Am J Health Behav.](#) 2017 Sep 1;41(5):561-570. doi: 10.5993/AJHB.41.5.5.

Abstract

OBJECTIVE:

We evaluated the influence of psychosocial factors on HBV screening.

METHODS:

Sample consisted of 1716 Vietnamese participants in our previous HBV intervention trial, recruited from 36 community-based organizations in Pennsylvania, New Jersey, and New York City between 2009 and 2014. Using the Health Belief Model and Social Cognitive Theory, we measured self-efficacy, knowledge, perceived barriers, perceived benefits, perceived severity, and risk susceptibility. Analysis of covariance was used to compare pre- and post-intervention changes of psychosocial variables. Structural equation modeling was used to explore the direct and indirect effects of the psychosocial variables on HBV screening.

RESULTS:

Knowledge, self-efficacy, perceived benefits, and perceived barriers were directly associated with HBV screening; knowledge had the strongest effect. Perceived severity and risk susceptibility had indirect association with HBV screening through other variables. Indirect paths among the 6 psychosocial variables were also identified.

CONCLUSION:

To promote HBV screening among Vietnamese Americans, intervention efforts should focus on increasing knowledge, self-efficacy, and perceived benefits, decreasing perceived barriers, and accounting for the dynamic cognitive processing.

<p>Systematic Review: Health Promotion and Disease Prevention Among Hmong Adults in the USA.</p> <p>Lor M¹.</p> <p>Author information</p> <p>1 School of Nursing, Columbia University , Mailbox 6, 630 W 168th Street, New York City, New York, 10032, USA. ml4104@columbia.edu.</p> <p>J Racial Ethn Health Disparities. 2017 Aug 9. doi: 10.1007/s40615-017-0410-9. [Epub ahead of print]</p>	<p>Abstract</p> <p>Although disparities in the burden of disease and illness experienced across major racial and ethnic groups in the USA is well known, little is known about subgroups, including the Hmong population. This review sought to determine the current state of health disparities related to health promotion and disease prevention among Hmong adults from 1975 to 2015. Seventy-one descriptive (qualitative, mixed methods, and quantitative) studies were reviewed. Most focused on two areas: (1) health status (mainly breast and cervical cancers) and (2) health-related behaviors. This literature review confirms the existence of health disparities related to health promotion and disease prevention in the Hmong adult population. Effective intervention relies on identifying these disparities. A possible explanation for these disparities is the lack of health data collected on subgroup populations, which include the Hmong adult population. More research and more comprehensive health policies at the organizational level are needed to allow data to be collected on subgroup populations in order to better understand the social determinants that place the Hmong people at risk.</p>
<p>Addressing Cultural Determinants of Health for Latino and Hmong Patients with Limited English Proficiency: Practical Strategies to Reduce Health Disparities.</p> <p>Park L¹, Schwei RJ², Xiong P³, Jacobs EA^{4,5}.</p> <p>Author information</p> <p>1 Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, 53705, USA. linda.park@wisc.edu.</p> <p>2 Department of Emergency Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, USA.</p> <p>3 School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, USA.</p> <p>4 Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, 53705, USA.</p> <p>5</p>	<p>Abstract</p> <p>We explored how addressing culture may improve patient-provider relationships and reduce health disparities for racial and ethnic individuals with limited English proficiency (LEP). We analyzed qualitative data collected to explore health disparities in preventive cancer screenings for Hmong and Spanish-speaking LEP patients in a large Midwest healthcare system. We interviewed 20 participants (10 from each group) and the audiotaped interviews were transcribed verbatim, then back translated focusing on meaning. Data was analyzed using content analysis. Two themes are: conversation is relational and quality time is valued. Good communication skills involve the amount of conversation, clear explanations, and engaging with the patient. Quality of time meant physical time spent with patient and the task-oriented nature of the encounter. Cultural literacy in healthcare practice helps to understand the whole patient rather than focusing on the symptoms of illness. Patients should not be treated in isolation of their culture. A patient-centered approach to care means physicians should not remain culturally neutral but be more culturally sensitive. We propose steps to reduce disparities by increasing the awareness of cultural literacy for physicians to improve patient-provider relationship.</p>

<p>Department of Population Health Sciences, University of Wisconsin-Madison, Madison, WI, USA.</p> <p>J Racial Ethn Health Disparities. 2017 Aug 8. doi: 10.1007/s40615-017-0396-3.</p>	
<p>Feasibility of a Multicomponent Breast Health Education Intervention for Vietnamese American Immigrant Women.</p> <p>Nguyen-Truong CKY¹, Pedhiwala N2, Nguyen V3, Le C3, Vy Le T4, Lau C3, Lee J5, Lee-Lin F2.</p> <p><u>Author information</u></p> <p>1 Washington State University.</p> <p>2 Oregon Health and Science University.</p> <p>3 Asian Health and Service Center.</p> <p>4 Albina Head Start.</p> <p>5 Portland State University.</p> <p>Oncol Nurs Forum. 2017 Sep 1;44(5):615-625. doi: 10.1188/17.ONF.615-625.</p>	<p>Abstract</p> <p>PURPOSE/OBJECTIVES: To determine the feasibility and acceptability of an intervention with targeted cultural and health belief messages to increase rates of mammography among Vietnamese American (VA) immigrant women.</p> <p>DESIGN: One-group, pre-/post-test, pilot, quasiexperimental design.</p> <p>SETTING: Portland, Oregon, metropolitan area.</p> <p>SAMPLE: 40 VA immigrant women aged 50 years or older.</p> <p>METHODS: Participants who had not had a mammogram within the past 12 months were recruited. The intervention consisted of one interactive group teaching session, followed by individual counseling delivered about 10 days later to overcome barriers to screening. Participants completed a baseline survey prior to the group teaching and again at 12 weeks after the session.</p> <p>MAIN RESEARCH VARIABLES: The intervention, guided by the Transtheoretical Model of Change and the Health Belief Model, involved movement in stage of change based on women's readiness, as well as perceived susceptibility, perceived benefits, perceived common barriers, and perceived cultural barriers. Mammogram completion and knowledge of breast cancer and mammography were examined.</p> <p>FINDINGS: The recruitment response rate was 58%. Knowledge about breast cancer, breast cancer susceptibility, and the benefits of mammography as related to breast cancer significantly increased following the intervention.</p> <p>CONCLUSIONS: Acceptability of the targeted program, good feasibility, and very low attrition was achieved.</p> <p>IMPLICATIONS FOR NURSING: This intervention can be adapted for other populations, including other Asian groups, and other cancer screenings.</p>

[Asian American Dietary Sources of Sodium and Salt Behaviors Compared with Other Racial/ethnic Groups, NHANES, 2011-2012.](#)

[Firestone MJ](#)1, [Beasley JM](#)2, [Kwon SC](#)3, [Ahn J](#)3, [Trinh-Shevrin C](#)3, [Yi SS](#)3.

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[Ethn Dis.](#) 2017 Jul 20;27(3):241-248. doi:
10.18865/ed.27.3.241. eCollection 2017
Summer.

Abstract

OBJECTIVE:

Asian Americans consume more sodium than other racial/ethnic groups. The purpose of this analysis was to describe major sources of sodium intake to inform sodium reduction initiatives.

METHODS:

Cross-sectional data on adults (aged >18 years) from the National Health and Nutrition Examination Survey (NHANES) 2011-2012 with one 24-hour dietary recall were analyzed (n=5,076). Population proportions were calculated from "What We Eat in America" (WWEIA) food categories.

RESULTS:

Asian Americans had a higher sodium density vs adults of other racial/ethnic groups (means in mg/1000kcal: Asian American, 2031.1; Hispanic, 1691.6; White: 1666.5; Black: 1655.5; P<.05, all). Half of sodium consumed by Asian Americans came from the top 10 food categories, in contrast to Hispanics (43.6%), Whites (39.0%), and Blacks (36.0%). Four food categories were a top source of sodium for Hispanics, Whites, Blacks, and others, but not among Asian Americans: cold cuts and cured meats; meat mixed dishes; eggs and omelets; and cheese. The top three food category sources of sodium among Asians were soups, rice, and yeast breads accounting for 28.9% of dietary sodium. Asian Americans were less likely to add salt at the table, but used salt in food preparation 'very often' (P for both <.01).

CONCLUSIONS:

Mean sodium consumption and sources vary across racial/ethnic groups with highest consumption in Asian Americans. Given the smaller number of food categories contributing to sodium intake in Asian Americans, results imply that targeted activities on a few food items would have a large impact on reducing sodium intake in this group.

[Metabolic conditions and breast cancer risk among Los Angeles County Filipina Americans compared with Chinese and Japanese Americans.](#)

[Wu AH](#)¹, [Vigen C](#)¹, [Butler LM](#)², [Tseng CC](#)¹.

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[Int J Cancer.](#) 2017 Dec 15;141(12):2450-2461.
doi: 10.1002/ijc.31018. Epub 2017 Sep 6.

Abstract

Accumulating evidence suggests that the aggregation of common metabolic conditions (high blood pressure, diabetes and dyslipidemia) is a risk factor for breast cancer. Breast cancer incidence has risen steadily in Asian American women, and whether these metabolic conditions contribute to breast cancer risk in certain Asian American subgroups is unknown. We investigated the role of physician-diagnosed hypertension, high cholesterol and diabetes separately, and in combination, in relation to the risk of breast cancer in a population-based case-control study of 2,167 Asian Americans diagnosed with breast cancer and 2,035 age and ethnicity matched control women in Los Angeles County. Compared to Asian American women who did not have any of the metabolic conditions, those with 1, 2 or 3 conditions showed a steady increase in risk (respective odds ratios were 1.12, 1.42 and 1.62; P trend = 0.001) with adjustment for covariates including body mass index. Similar significant trends were observed in Filipina Americans (P trend = 0.021), postmenopausal women (P trend = 0.001), Asian women who were born in the United States (US) (P trend = 0.052) and migrants who have lived in the US for at least 20 years (P trend = 0.004), but not migrants who lived in the US for <20 years (P trend = 0.64). These results suggest that westernization in lifestyle (diet and physical inactivity) and corresponding increase in adiposity have contributed to the rising prevalence of these metabolic conditions, which in turn, are associated with an increase in breast cancer.

[Acculturation and Perceptions of a Good Death among Japanese Americans and Japanese Living in the United States.](#)

[Mori M](#)¹, [Kuwama Y](#)², [Ashikaga T](#)³, [Parsons HA](#)⁴, [Miyashita M](#)⁵.

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[J Pain Symptom Manage.](#) 2017 Aug 22. pii: S0885-3924(17)30415-3. doi: 10.1016/j.jpainsymman.2017.08.010. [Epub ahead of print]

Abstract

CONTEXT:

Acculturation is the phenomenon of the attitudinal changes of individuals who come into continuous contact with another culture. Despite the long history of Japanese immigration to America, little is known about the impact of acculturation on perceptions of a good death.

OBJECTIVES:

To examine differences in perceptions of a good cancer death among Japanese Americans (JA/A), Japanese living in America (J/A), and the Japanese living in Japan (J/J).

METHODS:

We administered surveys among JA/A and J/A, and used historical J/J data for reference. Primary endpoint was the proportion of respondents who expressed the necessity of core and optional items of the Good Death Inventory. Group differences $\geq 20\%$ were deemed clinically important.

RESULTS:

441 survey responses in America and 2,548 in Japan were obtained. More than 80% of respondents consistently considered 9 of 10 core items necessary without significant group differences. No core item reached a $\geq 20\%$ group difference. Three of the 8 optional items reached $\geq 20\%$ group difference: 'fighting against disease until one's last moment' (49%, $p < 0.0001$; 52%, $p < 0.0001$; and 73% in JA/A; J/A; and J/J; respectively), 'knowing what to expect about one's condition in the future' (83%, $p < 0.0001$; 80%, $p < 0.0001$; and 58%, respectively), and 'having faith' (64%, $p = 0.0548$; 43%, $p = 0.0127$; and 38%, respectively).

CONCLUSIONS:

While most core items of a good death were preserved throughout the levels of acculturation, perceptions of some optional items shifted away from Japanese attitudes as individuals became more acculturated. Understanding of different levels of acculturation may help clinicians provide culturally-sensitive end-of-life care.

<p>Nativity, Chronic Health Conditions, and Health Behaviors in Filipino Americans.</p> <p>Bayog MLG¹, Waters CM¹.</p> <p><u>Author information</u></p> <p>1</p> <p>1 University of California, San Francisco, CA, USA.</p> <p>J Transcult Nurs. 2017 Apr 1:1043659617703164. doi: 10.1177/1043659617703164. [Epub ahead of print]</p>	<p>Abstract</p> <p>INTRODUCTION: Nearly half of Americans have a chronic health condition related to unhealthful behavior. One in four Americans is an immigrant; yet immigrants' health has been studied little, particularly among Asian American subpopulations.</p> <p>METHODOLOGY: Years lived in United States, hypertension, diabetes, smoking, walking, adiposity, and fruit/vegetable variables in the 2011-2012 California Health Interview Survey were analyzed to examine the influence of nativity on chronic health conditions and health behaviors in 555 adult Filipinos, the second largest Asian American immigrant subpopulation.</p> <p>RESULTS: Recent and long-term immigrant Filipinos had higher odds of having hypertension and diabetes, but lower odds of smoking and overweight/obesity compared with second-generation Filipinos.</p> <p>DISCUSSION: Being born in the United States may be protective against chronic health conditions, but not for healthful behaviors among Filipinos. Chronic disease prevention and health promotion strategies should consider nativity/length of residence, which may be a more consequential health determinant than other immigration and acculturation characteristics.</p>
<p>Dementia Health Promotion for Chinese Americans.</p> <p>Woo BK¹.</p> <p><u>Author information</u></p> <p>1</p> <p>UCLA.</p> <p>Cureus. 2017 Jun 29;9(6):e1411. doi: 10.7759/cureus.1411.</p>	<p>Abstract</p> <p>Introduction This study aims to describe the results of a dementia awareness campaign in the Chinese American community.</p> <p>Methods The campaign consisted of a health fair, four dementia seminars, radio shows, television episodes, and a YouTube series. Descriptive statistics and qualitative data were obtained from various health communication channels.</p> <p>Results There were 156 and 313 participants in the health fair and dementia seminars, respectively. The participants in each component of the campaign also provided qualitative data on barriers and effective ways to disseminate awareness of dementia and brain health.</p> <p>Conclusion A dementia awareness campaign may be an effective way to reduce health disparities and dementia in the Chinese American community.</p>
<p>Primary Care Providers' Perceptions of Young Cambodian American Female Patients.</p> <p>Ho IK¹, Smith SA².</p>	<p>Abstract</p> <p>There are significant health disparities among Southeast Asian Americans. As an initial step toward understanding the psychosocial factors associated with these disparities, the present study examined primary care providers' perspectives of health status, healthcare utilization, health-related behaviors, and stressors among one subset of Southeast Asian Americans-Cambodian American women</p>

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<p><u>Contextual Factors Related to Conventional and Traditional Tobacco Use Among California Asian Indian Immigrants.</u></p> <p><u>Patel M</u>^{1,2}, <u>Mistry R</u>³, <u>Maxwell AE</u>^{4,5}, <u>Divan HA</u>⁶, <u>McCarthy WJ</u>^{4,5}.</p> <p><u>Author information</u></p> <p>1 Center for Cancer Prevention and Control Research, Fielding School of Public Health and Jonsson Comprehensive Cancer Center, University of California Los Angeles, Los Angeles, CA, USA. minal.patel@nih.gov.</p> <p>2 Cancer Prevention Fellowship Program, National Cancer Institute, National Institutes of Health, 9609 Medical Center Drive, 2E304, Rockville, MD, 20850, USA. minal.patel@nih.gov.</p> <p>3 Health Behavior and Health Education, University of Michigan, Ann Arbor, USA.</p> <p>4 Center for Cancer Prevention and Control Research, Fielding School of Public Health and Jonsson Comprehensive Cancer Center, University of California Los Angeles, Los Angeles, CA, USA.</p>	<p>Abstract</p> <p>California's tobacco control program contracted for tobacco use surveillance of Asian Indian Americans to address the paucity of information about tobacco use in this community, given their growing proportion of California's population. This study examined correlates of conventional (CTU) and Asian Indian traditional tobacco use (TTU) in a population-based sample of predominantly immigrant Asian Indian adults residing in California (N = 3228). The analytic sample (n = 2140) was limited to self-identified immigrants from India. Descriptive statistics, bivariate analyses, and multivariate logistic regressions were conducted to examine correlates of tobacco use among Asian Indian immigrants related to their acculturation and religious affiliation. While 65% of the sample had ever used traditional tobacco products (paan masala, gutka, bidis), only 25% had ever used conventional tobacco (cigarettes, cigar, pipe, chewing tobacco, snuff). Less than 5% reported tobacco use in the past 30 days. Rates of ever TTU and CTU were higher among men than women. Ethnic enclave residence was not associated with tobacco use. Impaired mental health was associated with CTU, and number of years spent in the U.S. was positively associated with both CTU and TTU. Individuals affiliated with Sikhism were less likely to use tobacco than individuals affiliated with Hinduism. Few population-based studies in the U.S. address both CTU and TTU use among Asian Indian immigrants. Tobacco use in Asian Indian immigrants may be seriously underestimated if surveillance is limited to conventional tobacco products. Interventions to reduce tobacco use should address mental health issues and consider religious affiliation.</p>

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<p>Association of Self-Reported Discrimination and Suicide Ideation in Older Chinese Americans.</p> <p>Li LW¹, Gee GC², Dong X³.</p> <p>Author information</p> <p>1 School of Social Work, University of Michigan, Ann Arbor, MI. Electronic address: lydiali@umich.edu.</p> <p>2 Department of Community Health Sciences, UCLA, Los Angeles, CA.</p> <p>3 Department of Internal Medicine, Rush University Medical Center, Chicago, IL.</p> <p>Am J Geriatr Psychiatry. 2017 Aug 17. pii: S1064-7481(17)30421-9. doi: 10.1016/j.jagp.2017.08.006. [Epub ahead of print]</p>	<p>Abstract</p> <p>OBJECTIVE: This study examines racial discrimination as a potential novel risk factor for suicide ideation among older Chinese Americans.</p> <p>DESIGN: In a cross-sectional analysis, this study drew on data collected in the Population-based Study of Chinese Elderly in Chicago on Chinese older adults age 60 + in the Greater Chicago area (N = 3,157). Thirty-day suicide ideation was a dichotomous variable, derived from items of the Physical Health Questionnaire and the Geriatric Mental State Examination-Version A. Self-reported discrimination was dichotomously coded, based on the Experiences of Discrimination instrument, which asks respondents whether they have ever experienced discrimination in nine situations because of their race/ethnicity/color.</p> <p>RESULTS: About 4.1% of the sample reported 30-day suicide ideation and 21.5% reported discrimination. Self-reported discrimination was significantly associated with suicide ideation before and after adjusting for covariates including sociodemographic characteristics; neuroticism; social relationships; and physical, cognitive and mental health. In the fully adjusted model, those who reported discrimination had 1.9 times higher odds (OR: 1.9; 95% CI: 1.18-3.08; Wald $\chi^2 = 6.9$, df = 1, p = 0.01) of suicide ideation than those who did not.</p> <p>CONCLUSION: Chinese American seniors who reported discrimination had an almost twofold greater odds of 30-day suicide ideation compared with those who did not. Clinicians need to recognize the impact of discrimination on ethnic minority elders. For those who report experiencing discrimination, assessment of suicide risk may be necessary. Efforts to promote civil rights and reduce discrimination may also be a form of primary prevention of suicide.</p>
<p>Update on Chinese American Childhood Obesity Prevalence in New York City.</p> <p>Au L¹, Lau JD², Chao E², Tse R², Elbaar L².</p>	<p>Abstract</p> <p>Prevalence of overweight and obesity was measured in 12,275 Chinese American children and adolescents, ages 2-19, who were patients at a large federally qualified health center in 2015. Demographic characteristics sex, age, and birthplace were further</p>

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<p>Trauma Affecting Asian-Pacific Islanders in the San Francisco Bay Area.</p> <p><u>Author information</u></p> <p>1 Chinatown Community Development Center, San Francisco, CA 94111, USA. polliebith@gmail.com.</p> <p>2 Asian Community Mental Health Services, Oakland, CA 94607 USA. nagiachowdhury@gmail.com.</p> <p>3 Centre for Clinical Epidemiology and Biostatistics (CCEB), School of Medicine and Public Health, The University of Newcastle, Callaghan 2308, Australia. charulata.jindal@newcastle.edu.au.</p> <p>4 Centre for Clinical Epidemiology and Biostatistics (CCEB), School of Medicine and Public Health, The University of Newcastle, Callaghan 2308, Australia. jimmy.efird@stanfordalumni.org.</p> <p>5 Center for Health Disparities (CHD), Brody School of Medicine, East Carolina</p>	<p>Abstract</p> <p>Trauma is a transgenerational process that overwhelms the community and the ability of family members to cope with life stressors. An anthropologist trained in ethnographic methods observed three focus groups from a non-profit agency providing trauma and mental health services to Asian Americans living in the San Francisco Bay Area of United States. Supplemental information also was collected from staff interviews and notes. Many of the clients were immigrants, refugees, or adult children of these groups. This report consisted of authentic observations and rich qualitative information to characterize the impact of trauma on refugees and immigrants. Observations suggest that collective trauma, direct or indirect, can impede the success and survivability of a population, even after many generations.</p>

<p>University, Greenville, NC 27834, USA. jimmy.efird@stanfordalumni.org.</p> <p>Int J Environ Res Public Health. 2017 Sep 12;14(9). pii: E1053. doi: 10.3390/ijerph14091053.</p>	
<p>The Role of Sex-Related Alcohol Expectancies in Alcohol-Involved Consensual and Nonconsensual Sex Among Women of Asian/Pacific Islander and Women of European Race/Ethnicity.</p> <p>Dir AL 1, Andrews AR 3rd2, Wilson SM3, Davidson TM4, Gilmore AK5.</p> <p>Author information</p> <p>1 a Department of Pediatrics, Section of Adolescent Medicine , Indiana University School of Medicine.</p> <p>2 b Department of Psychology, Institute for Ethnic Studies , University of Nebraska-Lincoln.</p> <p>3 c Mid-Atlantic Mental Illness Research, Education, and Clinical Center , Department of Veterans Affairs, Durham VA Health Care System.</p> <p>4 d College of Nursing , Medical University of South Carolina.</p> <p>5 e Department of Psychiatry and Behavioral Sciences, National Crime Victims Research and Treatment Center , Medical University of South Carolina.</p> <p>J Sex Res. 2017 Sep 21:1-13. doi: 10.1080/00224499.2017.1366411. [Epub ahead of print]</p>	<p>Abstract</p> <p>Alcohol-involved sexual experiences, including incapacitated sexual assault and alcohol-involved sex, are major public health concerns among college women. Further, racial/ethnic diversity among college students is increasing, particularly with regard to increases in college students of Asian/Pacific Islander (API) race/ethnicity. Of relevance, evidence suggests differences in sexual assault rates across ethnicities and cultures; however, no known study to date has examined differences by ethnicity and first language in expectancies and experiences specifically surrounding alcohol and sex. The current study sought to examine differences in incapacitated sexual assault, alcohol-involved sex, and heavy episodic drinking, as well as differences in sex-related alcohol expectancies among native English-speaking college women of European (EU) race/ethnicity, native English-speaking women of API race/ethnicity, and non-native English-speaking women of API race/ethnicity (NNES-API). EU reported higher frequency of heavy episodic drinking, alcohol-involved sex, and incapacitated sexual assault compared to API and NNES-API. In addition, API reported more frequent alcohol-involved sex and incapacitated sexual assault compared to NNES-API, in part due to API's stronger endorsement of sexual disinhibition-related alcohol expectancies (indirect effects: $\beta = -.04$, $p = .04$, and $\beta = -.07$, $p = .04$, respectively). Findings highlight the important role of expectancies in acculturation and influence on actual alcohol-involved sex and sexual assault.</p>

[A Review of the Historical, Criminological, and Theoretical Understandings of the Cambodian American Population: A Call for More Comprehensive Research.](#)

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[Int J Offender Ther Comp Criminol.](#) 2017 Sep
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10.1177/0306624X17732579. [Epub ahead of
print]

Abstract

The collective view of Asian Americans as model minorities is evident with the extensive amount of statistical data showing support for the academic and socioeconomic success of Asian Americans in the United States. This perception, however, often presents an inaccurate portrayal of Asian Americans, in general, as it overlooks many of the difficulties and hardships experienced by Asian American ethnic groups such as Southeast Asians. Within this group, Cambodian Americans are at the highest risk for experiencing socioeconomic hardships, behavioral health problems, substance use disorders, and contact with the criminal justice system, with deportation also being a prevailing issue. Unfortunately, research in this area is scant and contemporary research on Cambodian Americans has several limitations. To begin to address this issue, the present article merges information from existing research on this population from a sociohistorical, criminological, and theoretical standpoint to call for more comprehensive research on Cambodian Americans.

[Reduced disparities and improved surgical outcomes for Asian Americans with colorectal cancer.](#)

[Mulhern KC](#)¹, [Wahl TS](#)¹, [Goss LE](#)¹, [Feng K](#)¹, [Richman JS](#)¹, [Morris MS](#)¹, [Chen H](#)¹, [Chu DI](#)².

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[J Surg Res.](#) 2017 Oct;218:23-28. doi:
10.1016/j.jss.2017.05.036. Epub 2017 May 15.

Abstract

BACKGROUND:

Studies suggest Asian Americans may have improved oncologic outcomes compared with other ethnicities. We hypothesized that Asian Americans with colorectal cancer would have improved surgical outcomes in mortality, postoperative complications (POCs), length of stay (LOS), and readmissions compared with other racial/ethnic groups.

METHODS:

We queried the 2011-2014 American College of Surgeons National Surgical Quality Improvement Program for patients who underwent surgery for colorectal cancer and stratified patients by race. Primary outcome was 30-d mortality with secondary outcomes including POCs, LOS, and 30-d readmission. Stepwise backward logistic regression analyses and incident rate ratio calculations were performed to identify risk factors for disparate outcomes.

RESULTS:

Of the 28,283 patients undergoing colorectal surgery for malignancy, racial/ethnic groups were divided into Caucasian American (84%), African American (12%), or Asian American (4%). On unadjusted analyses, compared with other racial/ethnic groups, Asian Americans were more likely to have normal weight, not smoke, and had lower American Society of Anesthesiologists score of 1 or 2 ($P < 0.001$). Postoperatively, Asian Americans had the shortest LOS and the lowest rates of complications due to ileus, respiratory, and renal complications ($P < 0.001$). There were no racial differences in 30-d mortality or readmission. On adjusted analyses, Asian American race was independently associated with less postoperative ileus (odds ratio 0.8, 95% confidence interval 0.66-0.98, $P < 0.001$) and decreased LOS by 13% and 4% compared with African American and Caucasian American patients, respectively ($P < 0.001$).

CONCLUSIONS:

Asian Americans undergoing surgery for colorectal cancer have shorter LOS and fewer POCs when compared with other racial/ethnic groups without differences in 30-d mortality or readmissions. The mechanism(s) underlying these disparities will require further study, but may be a result of patient, provider, and healthcare system differences.

<p>Asian Americans' concerns and plans about Alzheimer's disease: The role of exposure, literacy and cultural beliefs.</p> <p>Jang Y1, Yoon H2, Park NS3, Rhee MK1, Chiriboga DA4.</p> <p>Author information</p> <p>1 Steve Hicks School of Social Work, The University of Texas at Austin, Austin, TX, USA.</p> <p>2 School of Social Work, Texas State University, Austin, TX, USA.</p> <p>3 School of Social Work, University of South Florida, Tampa, FL, USA.</p> <p>4 Department of Child and Family Studies, University of South Florida, Tampa, FL, USA.</p> <p>Health Soc Care Community. 2017 Oct 4. doi: 10.1111/hsc.12509. [Epub ahead of print]</p>	<p>Abstract</p> <p>Responding to the increase of the Asian American population and the growing imperative to address issues on Alzheimer's disease (AD) in diverse populations, this study examined Asian Americans' concerns about AD (both concerns about one's own development of AD and about becoming an AD caregiver) and plans for AD. Focus was given on exploring the role of AD exposure, AD literacy and cultural beliefs about AD in predicting AD-related concerns and plans. Using data from 2,609 participants in the 2015 Asian American Quality of Life survey (aged 18-98), logistic regression models of three outcome measures (concerns about one's own development of AD, concerns about becoming an AD caregiver and plans about AD) were estimated. AD exposure and literacy (perceived knowledge and awareness of services) were common predictors of all three outcomes. Beliefs that associate AD with a normal part of ageing and a matter of fate increased the odds of having AD concerns. The odds of having AD plans were found to be higher among those with such concerns. Findings not only identified the factors associated with the concerns and plans about AD but also informed ways to develop targeted AD interventions for Asian Americans.</p>
<p>Distrust in health care and cultural factors are associated with uptake of colorectal cancer screening in Hispanic and Asian Americans.</p> <p>Hong YR1, Tauscher J2, Cardel M3.</p> <p>Author information</p> <p>1 Department of Health Services Research, Management and Policy, College of Public Health and Health Professions, University of Florida, Gainesville, Florida.</p> <p>2 Counseling and Counselor Education, College of Education, University of Florida, Gainesville, Florida.</p> <p>3</p>	<p>Abstract</p> <p>BACKGROUND: There are racial/ethnic disparities in colorectal cancer (CRC) screening, including lower uptake rates among Hispanic Americans (HAs) and Asian Americans (AAs) relative to non-Hispanic white Americans. The objective of this study was to explore pathways associated with the use of health services and to characterize multifaceted associations with the uptake of CRC screening among HAs and AAs.</p> <p>METHODS: Data were obtained from the Medical Expenditure Panel Survey (2012-2013). Participants included HA (n = 3731) and AA (n = 1345) respondents ages 50 to 75 years who met CRC screening recommendations. A modified Andersen behavioral model was used to examine pathways that lead to CRC screening uptake, including predisposing characteristics (education, economic, and cultural factors), health insurance, health needs (perceived health status and several comorbidities), and health provider contextual factors (access to care, perceived quality of health services, and distrust in health care). Structural equation modeling was used to examine the models for HAs and AAs.</p> <p>RESULTS:</p>

<p>Department of Health Outcomes and Policy, College of Medicine, University of Florida, Gainesville, Florida.</p> <p>Cancer. 2017 Oct 4. doi: 10.1002/cncr.31052. [Epub ahead of print]</p>	<p>In the HA model, cultural factors (standardized regression coefficient [β] = -0.04; P = .013) and distrust in health care (β = -0.05; P = .007) directly and negatively affected CRC screening. Similarly, cultural factors (β = -0.11; P = .002) negatively affected CRC screening in the AA model, but distrust in health care was not significant (P = .103). In both models, perceived quality of health services was positively associated with CRC screening uptake and mediated the negative association between cultural factors and CRC screening. Access to care was not associated with CRC screening.</p> <p>CONCLUSIONS: Correlations between CRC screening and associated factors differ among HAs and AAs, suggesting a need for multilevel interventions tailored to race/ethnicity. The current findings suggest that facilitating access to care without improving perceived quality of health services may be ineffective for increasing the uptake of CRC screening among HAs and AAs. Cancer 2017. © 2017 American Cancer Society.</p>
<p>A systematic review of correlates of depression among older Chinese and Korean immigrants: what we know and do not know.</p> <p>Guo M¹, Stensland M¹.</p> <p>Author information</p> <p>1</p> <p>a School of Social Work , University of Iowa , Iowa City , IA , USA.</p> <p>Aging Ment Health. 2017 Oct 12:1-13. doi: 10.1080/13607863.2017.1383971. [Epub ahead of print]</p>	<p>Abstract</p> <p>OBJECTIVES: Guided by the stress and coping theory, this study provides a systematic review of existing research on acculturation, family support, and social support related correlates of depression among older Chinese and Korean immigrants in the United States.</p> <p>METHOD: A comprehensive literature search was conducted in CINAHL Plus, Abstracts in Social Gerontology, AgeLine, Social Work Abstracts, PubMed, PsychINFO, and Social Science Citation Index databases to identify relevant articles that presented multivariate analysis results.</p> <p>RESULTS: A total of 55 articles were identified, with the vast majority focusing on older Korean immigrants. The overall evidence showed that length of residence was largely unrelated to depression, and poor English proficiency also had a weak correlation with depression. However, a low level of acculturation measured by multidimensional scales was consistently associated with more depressive symptoms. Overall, living arrangements and the size and frequency of contact of both kin and non-kin networks were weak correlates of depression. In contrast, negative family and social interactions seem to be more consequential for depression in the two groups than positive relations and support.</p> <p>CONCLUSION: The findings show that established acculturation instruments are useful tools to identify at-risk older Chinese and Korean immigrants. Future studies need to further examine which aspects of acculturation experience are more influential for immigrants' mental health. Although often conceptualized as important coping resources, family and social networks could present significant stressors for older immigrants. Future research and services could focus on these contexts to improve the mental health of these two rapidly increasing Asian populations.</p>

[Key Factors in Obstetric Delivery Decision-Making among Asian and Pacific Islander Women by English Proficiency.](#)

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Abstract

Childbirth is the most common reason women are hospitalized in the United States. Understanding (1) how expectant mothers gather information to decide where to give birth, and (2) who helps make that decision, provides critical health communication and decision-making insights. Diverse Asian American and Pacific Islander (AA/PI) perspectives on such topics are understudied, particularly among those with limited English proficiency (LEP). LEP is defined as having a limited ability to read, write, speak, or understand English. To address this research gap, we interviewed 400 women (18+ years) with a recent live birth on O'ahu, Hawai'i. Participants completed a 1-hour, in-person interview in English (n=291), Tagalog (n=42), Chinese (n=36), or Marshallese (n=31). Women were asked (1) what information was most important in deciding where to deliver and why; and (2) who participated in the decision-making and why. Responses were compared by LEP (n=71; 18%) vs English-proficient (n=329; 82%) in qualitative and quantitative analyses. Both LEP and English-proficient participants reported their obstetrician as the most important source of health information. Significantly more LEP participants valued advice from family or acquaintances as important sources of information compared to English-proficient participants. The top three health decision-makers for both those with LEP and English-proficient participants were themselves, their obstetrician, and their spouse, which did not differ significantly by language proficiency. These findings provide insights into health information sources and decision-making across diverse AA/PI populations, including those with LEP, and can help direct health interventions such as disseminating patient education and healthcare quality information.

<p>Inclusive state immigrant policies and health insurance among Latino, Asian/Pacific Islander, Black, and White noncitizens in the United States.</p> <p>Young MT1, Leon-Perez G2, Wells CR3, Wallace SP1.</p> <p><u>Author information</u></p> <p>1 a Department of Community Health Sciences , Fielding School of Public Health, University of California , Los Angeles , CA , USA.</p> <p>2 b Department of Sociology , Vanderbilt University , Nashville , TN , USA.</p> <p>3 c Statistical Consulting Group , Institute for Digital Research and Education, University of California , Los Angeles , CA , USA.</p> <p>Ethn Health. 2017 Oct 20:1-13. doi: 10.1080/13557858.2017.1390074. [Epub ahead of print]</p>	<p>Abstract</p> <p>OBJECTIVES: Policy-making related to immigrant populations is increasingly conducted at the state-level. State policy contexts may influence health insurance coverage by determining noncitizens' access to social and economic resources and shaping social environments. Using nationally representative data, we investigate the relationship between level of inclusion of state immigrant policies and health insurance coverage and its variation by citizenship and race/ethnicity.</p> <p>METHODS: Data included a measure of level of inclusion of the state policy context from a scan of 10 policies enacted prior to 2014 and data for adults ages 18-64 from the 2014 American Community Survey. A fixed-effects logistic regression model tested the association between having health insurance and the interaction of level of inclusiveness, citizenship, and race/ethnicity, controlling for state- and individual-level characteristics.</p> <p>RESULTS: Latino noncitizens experienced higher rates of being insured in states with higher levels of inclusion, while Asian/Pacific Islander noncitizens experienced lower levels. The level of inclusion was not associated with differences in insurance coverage among noncitizen Whites and Blacks.</p> <p>CONCLUSIONS: Contexts with more inclusive immigrant policies may have the most benefit for Latino noncitizens.</p>
<p>Comparison of Mental Health Service Utilization by Asian Americans and Non-Hispanic Whites versus Their Cardiovascular Care Utilization.</p> <p>Woo BK1.</p> <p><u>Author information</u></p> <p>1 UCLA.</p> <p>Cureus. 2017 Aug; 9(8): e1595.</p>	<p>Abstract</p> <p>INTRODUCTION: This study will determine whether racial/ethnic disparities persist in various psychiatric disorders among Asian Americans.</p> <p>METHODS: Secondary analyses of data from the second largest public health system in the US (total N=22294) were performed. Chi-squared statistics were used to compare the rate for mental health service utilization for five psychiatric diagnoses. Cardiovascular care utilization by Asian Americans and non-Hispanic whites was used as a proxy for overall healthcare utilization rates between the two racial groups and constituted the expected values for the analysis.</p> <p>RESULTS: Asian Americans were less likely to utilize mental health services for bipolar disorder, schizophrenia, anxiety, depression, and intellectual disabilities.</p> <p>CONCLUSION: The results of this study call for ways to increase mental health service utilization on par with cardiovascular healthcare utilization among Asian Americans.</p>