NIH AANHPI-HSIG

NIH ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER HEALTH SCIENCE INTEREST GROUP

NEWSLETTER MARCH 14, 2022 ISSUE #3

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The NIH AANHPI-HSIG Newsletter was initiated by Dr. Dan Xi and led by Karen Qi, Editor-in-Chief, with a team of editors, Dan Xi and Catherine Yu. The bi-monthly newsletter, first issued on November 9, 2021, featuring news and events related to the NIH and AANHPI-HSIG, as well as publications about AANHPI health research in PubMed, is produced by the AANHPI-HSIG science communication group and distributed through NIH AANHPI-HSIG mailing listservs to AAPI-HEALTH-SIG@LIST.NIH.GOV and other email lists to extramural communities.

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FOR MORE INFORMATION, VISIT:
HTTPS://OIR.NIH.GOV/SIGS/AAPI-HSIG

NEWS & EVENTS

Scientific News & Resources

(1) NIH Grant Funding Information Website: https://grants.nih.gov/grants/oer.htm

(2) Search NIH funded research projects website and tools: NIH RePORTER
https://reporter.nih.gov/

“RePORTER is an electronic tool that allows users to search a repository of NIH-funded research projects and access publications and patents resulting from NIH funding." “Enter just about anything in the RePORTER Quick Search box above (text, PI names, project numbers, fiscal year, agency) or launch the Advanced Search to precisely configure searches using separate search fields.”

Upcoming Events

NIH AAPI-HSIG AANHPI Mental Health and Well-Being Webinar: Drs. Andrew Subica and Keawe, “Native Hawaiian Mental Health”

Wednesday, March 30th, 2022 from 2:00 PM – 3:00 PM ET
Open to the public. Click here to register.

NIH issued Request for Information (RFI): Seeking Stakeholder Actionable Input to Improve Research on Health and Well-being for Asians, Native Hawaiians, and Pacific Islanders

Responses are accepted through April 6th, 2022.
This is the first time the NIH is specifically seeking input from the public on Asian, Native Hawaiian, and Other Pacific Islander health and well-being. See NOT-CA-22-047 for more information.

SAVE THE DATE! Inaugural NIH Annual AA and NHPI Health Research Conference

Day 1: Wednesday, May 4th, 2022 from 9:00 AM – 5:00 PM ET via WebEx. Register here.
Day 2: Thursday, May 5th, 2022 from 2:00 PM - 4:00 PM ET via WebEx. Register here.
The NIH AANHPI-HSIG will host the first annual NIH AA and NHPI Health Research Conference on May 4th, 2022. The main theme of the conference is “Mechanisms and Clinical Research to Improve Health and Therapeutic Outcomes for AA and NHPI Populations.” Key objectives of this conference are to 1) celebrate and provide education during the month of May on AANHPI heritage, 2) highlight research achievements in the population, and 3) address research needs in order to provide input for developing recommendations for NIH’s AANHPI research strategic plan.

Additionally, as a continuation of the May 4th annual conference event, on May 5th, there will tentatively be 2 hours of training and career development presentations (NIH funding opportunities and leadership) provided by program directors and other NIH staff.

NIH Calendar of Events Website: https://calendar.nih.gov/

PUBLICATIONS

featuring papers published in January and February on AANHPI health and health disparities

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Trends in Cardiovascular Disease by Asian American, Native Hawaiian, and Pacific Islander Ethnicity, Medicare Health Outcomes Survey 2011-2015

Lan N Đoàn, Yumie Takata, Karen Hooker, Carolyn Mendez-Luck, Veronica L Irvin

DOI: 10.1093/gerona/glab262

Abstract: The burden of cardiovascular disease (CVD) is increasing in the aging population. However, little is known about CVD risk factors and outcomes for Asian American, Native Hawaiian, and Other Pacific Islander (NH/PI) older adults by disaggregated subgroups. Data were from the Centers for Medicare and Medicaid Services 2011-2015 Health Outcomes Survey, which started collecting expanded racial/ethnic data in 2011. Guided by Andersen and Newman's theoretical framework, multivariable logistic regression analyses were conducted to examine the prevalence and determinants of CVD risk factors (obesity, diabetes, smoking status, hypertension) and CVD conditions (coronary artery disease [CAD], congestive heart failure [CHF], myocardial infarction [MI], other heart conditions, stroke) for 10 Asian American and NH/PI subgroups and White adults. Among the 639 862 respondents, including 26 853 Asian American and 4 926 NH/PI adults, 13% reported CAD, 7% reported CHF, 10% reported MI, 22% reported other heart conditions, and 7% reported stroke. CVD risk factors varied by Asian American and NH/PI subgroup. The prevalence of overweight, obesity, diabetes, and hypertension was higher among most Asian American and NH/PI subgroups than White adults. After adjustment, Native Hawaiians had significantly greater odds of reporting stroke than White adults. More attention should focus on NH/PIs as a priority population based on the disproportionate burden of CVD risk factors compared with their White and Asian American counterparts. Future research should disaggregate racial/ethnic data to provide accurate depictions of CVD and investigate the development of CVD risk factors in Asian Americans and NH/PIs over the life course.

Asian American Self-Reported Discrimination in Healthcare and Having a Usual Source of Care

Thomas K Le, Leah Cha, Gilbert Gee, Lorraine T Dean, Hee-Soon Juon, Winston Tseng

DOI: 10.1007/s40615-021-01216-z

Abstract: Self-reported racial or ethnic discrimination in a healthcare setting has been linked to worse health outcomes and not having a usual source of care, but has been rarely examined among Asian ethnic subgroups. We examined the association between Asian ethnic subgroup and self-reported discrimination in a healthcare setting, and whether both factors were associated with not having a usual source of care. Using the California Health Interview Survey (CHIS) 2015-2017, we used logistic regression models to assess associations among Asian ethnic subgroup, self-reported discrimination, and not having a usual source of care. Interactions between race and self-reported discrimination, foreign-born status, poverty level, and limited English proficiency were also analyzed. Respondents represented adults age 18 + residing in California who identified as White, Black, Hispanic, American Indian/Alaska Native, Asian (including Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian), and Other. We examined two main outcomes: self-reported discrimination in a healthcare setting and having a usual source of care. There were 62,965 respondents. After survey weighting, Asians (OR 1.78, 95% CI 1.19-2.66) as an aggregate group were more likely to report discrimination than non-Hispanic Whites. When Asians were disaggregated, Japanese (3.12, 1.36-7.13) and Koreans (2.42, 1.11-5.29) were more likely to report discrimination than non-Hispanic Whites. Self-reported discrimination was marginally associated with not having a usual source of care (1.25, 0.99-1.57). Koreans were the only group associated with not having a usual source of care (2.10, 1.23-3.60). Foreign-born Chinese (ROR 7.42, 95% CI 1.7-32.32) and foreign-born Japanese (ROR 4.15, 95% CI 0.82-20.95) were more associated with self-reported discrimination than being independently foreign-born and Chinese or Japanese. Differences in self-reported discrimination in a healthcare setting and not having a usual source of care were observed among Asian ethnic subgroups. Better understanding of these differences in their sociocultural contexts will guide interventions to ensure equitable access to healthcare.

Centering Asian American Women's Health: Prevalence of Health Care Discrimination and Associated Health Outcomes

Quyen A Do, Joyce P Yang, Karie A Gaska, Kayla Knopp, Shelby B Scott

DOI: 10.1007/s40615-022-01267-w

Abstract: Asian American women routinely face multiple and intersectional forms of discrimination based on their marginalized social identities, including during their interactions within the US health care system. However, most research on discrimination against Asian American women is limited by its exclusive focus on race-, gender-, or language-based forms of discrimination; and research has yet to assess if their discriminatory health care experiences are associated with poor health outcomes. To address this gap, we centered the experiences of Asian American women (N = 905) from the Association of American Medical Colleges Biannual Consumer Survey of Health Care Access, a national survey of health care consumers conducted from 2011 to 2020. Prevalence rates were established for unfair treatment due to race, gender, culture, language, age, health insurance, and sexual orientation. Multiple regression models were used to assess how these discriminatory experiences were associated with health and functioning outcomes. Findings demonstrate a high prevalence (32.0%) and wide range of discriminatory experiences in health care settings among Asian American women. The majority of these discriminatory experiences were significantly associated with poorer health and functioning outcomes, even after controlling for demographic influences. Results highlight the need for further development of culturally sensitive medical practices and policies to improve the delivery of health care for Asian American women.

Sexual violence among LGB+ South Asian Americans: Findings from a community survey

Shahmir H Ali, Sadia Mohaimin, Ritu Dhar, Moitrayee Dhar, Farzana Rahman, Liza Roychowdhury, Tanzeela Islam, Sahnah Lim

DOI: 10.1371/journal.pone.0264061

Abstract: Lesbian, gay, bisexual, and other sexual minority (LGB+) South Asian Americans represent a disproportionately underserved and often invisible community in the United States. While issues of sexual violence have been documented in the South Asian American community, little is known on its impact among LGB+ individuals. This study explores the experience of sexual violence, related attitudes, and mental health outcomes among LGB+ South Asian Americans. A community-informed online survey of 18-34-year-old South Asian Americans living near the New York State region, recruited from online social media platforms, was conducted. Study design, implementation, and evaluation occurred in partnership with an advisory board of South Asian young adult representatives; data was analyzed both descriptively and through multivariable logistic regression models. Of the 385 participants who reported their sexuality, LGB+ participants comprised 24.1% (n = 93) of the sample. LGB+ participants were more likely to have experienced rape multiple times (17.2% vs. 9.6%) in bivariate analyses, and higher odds of depression (AOR:3.47, 95%CI:1.61-8.17) in adjusted analyses. Overall, LGB+ South Asian Americans displayed a disproportionate burden of sexual violence and depression. Findings identify policy and research pathways to address sexual violence among LGB+ South Asians.

The Association Between Moderate and Serious Mental Health Distress and General Health Services Utilization Among Chinese, Filipino, Japanese, Korean, and Vietnamese Adults in California

Joy J Jiang, Alexander C Adia, Jennifer Nazareno, Don Operario, Ninez A Ponce, Theresa I Shireman

DOI: 10.1007/s40615-020-00946-w

Abstract: A growing body of literature has indicated that disaggregated analyses using distinct Asian subgroups allow for identification of varying mental health challenges and health services utilization. In this study, we examined the associations between distress and health services utilization among five Asian subgroups: Chinese, Korean, Japanese, Filipino, and Vietnamese adults in California. Using a combined dataset using the 2011-2018 cross-sectional cycles of the California Health Interview survey, we assessed moderate and serious distress and four health services utilization indicators in a set of disaggregated analyses among adults 18 years of age and older in five Asian subgroups. We performed bivariate and multivariable analyses. The prevalence of and associations between moderate and serious distress and gaps in health services utilization varied among each Asian subgroup. Koreans had the highest prevalence of moderate and serious distress and the most gaps in health services utilization. Compared to those without moderate distress ($p < .05$), Japanese adults were more likely to delay care. Compared to those without serious distress ($p < .05$), Chinese adults who experienced serious distress were more likely to delay both medications and care, whereas Filipino and Vietnamese adults were more likely to delay medications. Disaggregating health data elucidates the impact of mental distress on healthcare-seeking behaviors among specific Asian subgroups. Identifying these influences can facilitate future tailored interventions, yet fully understanding the mechanism linking mental distress and healthcare usage will necessitate a comprehensive assessment of structural influences and Asian American experiences without otherization.

The Association between Modifiable Lifestyle Behaviors and Depression among Asian Americans with Chronic Hepatitis B by Medication Status

Lin Zhu, Wenyue Lu, Winterlyn Gamoso, Yin Tan, Cicely Johnson, Grace X Ma

DOI: 10.3390/brainsci12020188

Abstract: Asian Americans are disproportionately affected by chronic hepatitis B (CHB), with incidence and mortality rates well above those experienced by non-Hispanic white populations. The goal of this study was to examine the association between depression and modifiable lifestyle behaviors among Asian Americans with CHB, with a comparison between those on hepatitis medication and those not on medication. In total, 313 Asian Americans with CHB were recruited through outpatient clinics and community-based organizations to participate in an in-person baseline assessment. We collected data on participants' sociodemographic characteristics, health-related behaviors, depression symptoms, and modifiable lifestyle behaviors. Bivariate analyses (two sample t-test and chi-square test of independence) and multivariable logistic regression were conducted. We found a high prevalence of depression among individuals living with CHB (41.81% among those not on antiviral medication and 39.71% among those on medication). Multivariate logistic regression results showed that Chinese ethnicity (vs. Vietnamese) and lack of physical activity were significantly associated with a higher risk of mild/severe depression, regardless of medication status. However, the protective effect of physical activity was strong for those on antiviral medication. Furthermore, being employed was significantly associated with a lower risk for depression among Asian Americans on medication, while younger age and being currently married were significantly associated with lower risk of depression among those not on medication. Our findings highlight the significance of physical activity among Asian Americans with CHB, especially for those on antiviral medication. Future prospective research efforts are needed to better identify the potential behavioral mechanisms of depression and provide insights for the psychopharmacological management in this vulnerable population.

The Mutually Reinforcing Cycle of Poor Data Quality and Racialized Stereotypes That Shapes Asian American Health

Stella S Yi, Simona C Kwon, Rachel Suss, Lan N Đoàn, Iyanrick John, Nadia S Islam, Chau Trinh-Shevrin

DOI: 10.1377/hlthaff.2021.01417

Abstract: The Asian American health narrative reflects a long history of structural racism in the US and the complex interplay of racialized history, immigrant patterns, and policies regarding Asians in the US. Yet owing to systematic issues in data collection including missing or misclassified data for Asian Americans and practices that lead to indiscriminate grouping of unlike individuals (for example, Chinese, Vietnamese, and Bangladeshi) together in data systems and pervasive stereotypes of Asian Americans, the drivers and experiences of health disparities experienced by these diverse groups remain unclear. The perpetual exclusion and misrepresentation of Asian American experiences in health research is exacerbated by three racialized stereotypes-the model minority, healthy immigrant effect, and perpetual foreigner-that fuel scientific and societal perceptions that Asian Americans do not experience health disparities. This codifies racist biases against the Asian American population in a mutually reinforcing cycle. In this article we describe the poor-quality data infrastructure and biases on the part of researchers and public health professionals, and we highlight examples from the health disparities literature. We provide recommendations on how to implement systems-level change and educational reform to infuse racial equity in future policy and practice for Asian American communities.

Addressing The Interlocking Impact of Colonialism and Racism on Filipinx/a/o American Health Inequities

Melanie D. Sabado-Liwag, Erin Manalo-Pedro, Roy Taggueg, Adrian M. Bacong, Alexander Adia, Donna Demanarig, Jake Ryann Sumibcay, Claire Valderama-Wallace, Carlos Irwin A. Oronce, Rick Bonus, Ninez A. Ponce

DOI: 10.1377/hlthaff.2021.01418

Abstract: Within the monolithic racial category of "Asian American," health determinants are often hidden within each subgroup's complex histories of indigeneity, colonialism, migration, culture, and socio-political systems. Although racism is typically framed to underscore the ways in which various institutions (for example, employment and education) disproportionately disadvantage Black/Latinx communities over White people, what does structural racism look like among Filipinx/a/o Americans (FilAms), the third-largest Asian American group in the US? We argue that racism defines who is visible. We discuss pathways through which colonialism and racism preserve inequities for FilAms, a large and overlooked Asian American subgroup. We bring to light historical and modern practices inhibiting progress toward dismantling systemic racial barriers that impinge on FilAm health. We encourage multilevel strategies that focus on and invest in FilAms, such as robust accounting of demographic data in heterogeneous populations, explicitly naming neocolonial forces that devalue and neglect FilAms, and structurally supporting community approaches to promote better self- and community care.

Social media-based intervention to promote HBV screening and liver cancer prevention among Korean Americans: Results of a pilot study

Y Alicia Hong, Soo Yee, Pramita Bagchi, Hee-Soon Juon, Sojung Claire Kim, Daisy Le

DOI: 10.1177/20552076221076257

Abstract: In United States, Asian Americans are 10 times more likely to have hepatitis B virus (HBV) infection than Whites. Asian immigrants with limited English proficiency face extra barriers to HBV screening and many are unaware of the infectious status. This study aimed to evaluate a social media-based intervention to promote HBV screening and liver cancer prevention among Korean Americans (KA) with limited English proficiency. Our community-academia partnership developed the "Lets talk about liver cancer" mHealth program by adapting a CDC media campaign. The program consisted of culturally tailored short video clips and pictorial messages and was delivered over 4 weeks to the participants via the popular Korean social media app, Kakao Talk. A total 100 KA living in greater Washington DC metropolitan were recruited via social media networks and completed this pre-post pilot study. Out of the 100 participants of KA, 56 were female, mean age was 60, and most have lived in the U.S. for more than 20 years, 84% had limited English proficiency, and 21% had a family history of HBV infection or liver cancer. After 4-week intervention, 95% completed the follow-up survey. Participants reported significant improvements in HBV-related knowledge, liver cancer prevention knowledge, perceived benefits of HBV testing, perceived risks of HBV infection, injunctive norms of HBV testing, and self-efficacy of HBV testing. The Kakao Talk-based liver cancer prevention program for KAs was feasible and effective. We advocate for community-academia partnership to develop and implement culturally appropriate and social media-based interventions for underserved immigrants.

Pathologic characteristics, patterns of care, and outcomes of Asian-Americans and Pacific islanders with uterine cancer

Yongmei Huang, June Y Hou, Alexander Melamed, Caryn M St Clair, Fady Khoury-Collado, Allison Gockley, Cande V Ananth, Alfred I Neugut, Dawn L Hershman, Jason D Wright

DOI: 10.1016/j.ygyno.2022.02.004

Abstract: To compare the patterns of care and outcomes of Asian-Americans/Pacific Islanders (AAPI) to non-Hispanic White (NHW) women with uterine cancer, and examine differences across Asian country of origin. National Cancer Database was used to identify AAPI and NHW women with uterine cancer diagnosed from 2004 to 2017. Marginal multivariable log-linear regression models and Cox proportional-hazards models were developed to estimate differences in quality-of-care and all-cause mortality between AAPI and NHW women and across AAPI ethnic groups. We identified 13,454 AAPI and 354,693 NHW women. Compared to NHW women, AAPI patients were younger at diagnosis (median age 57 vs. 62 years), had fewer comorbidities, more often had serous or sarcoma histologic subtypes and stage III/IV cancer. AAPI women had a slightly higher rate of receiving pelvic lymphadenectomy for deeply invasive or high-grade tumors (77.6% vs. 74.3%), and a lower rate of undergoing minimally invasive surgery (70.4% vs. 74.8%) for stage I-IIIC tumors. Among patients undergoing hysterectomy, AAPI women had a lower mortality compared with NHW women for cancer stage I/II/III, and a 28% reduction for type I (grade 1 or 2 endometrioid cancers) disease (aHR = 0.72; 95% CI, 0.64-0.81). Among AAPI subgroups, Pacific Islanders had the worst survival across different cancer stage and disease type. AAPI women are diagnosed with uterine cancer at a younger age and have more aggressive histologic subtypes and advanced stage than their White counterparts. They have a similar level of quality-of-care as NHW women, and an improved survival for early stage and type I disease.

Social support as a moderator of physical disability and mental health in older Vietnamese immigrants in the U.S.: Results from the Vietnamese aging and care survey (VACS)

Christina E Miyawaki, Minhui Liu, Van Ta Park, Mindy Thy Tran, Kyriakos S Markides

DOI: 10.1016/j.gerinurse.2022.01.012

Abstract: After the Vietnam War, 1.3 million Vietnamese migrated to the U.S. where they are the fourth largest Asian American subgroup. However, little is known about their health compared to other Asian subgroups. As such, we developed the Vietnamese Aging and Care Survey to understand older Vietnamese immigrants' health in Houston, Texas (N=132). We examined how social support moderated the relationship between their physical disability and mental health (depressive symptoms and loneliness). Most respondents rated their health as fair/poor and more than half lived in extended family households or senior housing in ethnic enclaves. Having more physical disabilities was associated with higher depressive symptoms and loneliness, but higher social support moderated the effect of physical disability on loneliness. Local policymakers and stakeholders might strategize using the existing culturally and linguistically appropriate daycare centers and home and community-based services to mitigate depression and loneliness among older Vietnamese immigrants with physical disabilities.

Racial/ethnic differences in social support and health among Asian American and non-Hispanic White midlife women: Results from the Study of Women's Health Across the Nation (SWAN)

Michele J Wong, Carlos Santos, Courtney S Thomas Tobin

DOI: 10.1080/13557858.2022.2035691

Abstract: Although prior research suggests Asian Americans experience physical health advantages relative to other racial/ethnic groups, increasing evidence points to health inequalities within Asian American subgroups. Disparities are especially pronounced among middle-aged Asian American women, who remain an understudied population, despite studies showing that midlife corresponds with distinct social stressors and changes in the availability of protective resources, such as social support. Thus, the purpose of the study was to examine racial/ethnic differences in social support and self-rated health (SRH) among middle-aged women. With data from the Study of Women's Health Across the Nation (SWAN; N = 1258), we used modified Poisson regression models to estimate incidence rate ratios (IRR), examining how social support shaped the risk of fair-to-poor SRH by race/ethnicity. We tested interactions between perceived stress, social support and race/ethnicity to determine whether the stress-buffering role of social support varies by group. Results demonstrate racial/ethnic differences in SRH. Higher levels of social support were linked to higher fair-to-poor SRH among Chinese American women (IRR = 1.24; 95% CI [1.02, 1.52]); while greater social support conferred lower risk among White women. Interaction analyses revealed additional nuances in the stress-buffering effects of social support among Chinese American women, such that the health benefits of social support depended on levels of perceived stress (IRR = 0.75; 95% CI [0.57, 1.00]). These findings highlight important distinctions in the ways that psychosocial factors shape health across racial/ethnic groups. In particular, this study helps advance our understanding of important subgroup differences in the stress-buffering role of social support for Asian American midlife women. Interventions should focus on identifying sources of social strain among Asian American women that can increase the risk for poor health and identify alternative sources of support that mitigate stressors to improve health.

Knowledge Gaps, Challenges, and Opportunities in Health and Prevention Research for Asian Americans, Native Hawaiians, and Pacific Islanders: A Report From the 2021 National Institutes of Health Workshop

Alka M Kanaya, Ann W Hsing, Sela V Panapasa, Namratha R Kandula, Maria Rosario G Araneta, Daichi Shimbo, Paul Wang, Scarlett L Gomez, Jinkook Lee, K M Venkat Narayan, Marjorie K L Mala Mau, Sonali Bose, Martha L Daviglus, Frank B Hu, Nadia Islam, Chandra L Jackson, Merle Kataoka-Yahiro, John S K Kauwe, Simin Liu, Grace X Ma, Tung Nguyen, Latha Palaniappan, V Wendy Setiawan, Chau Trinh-Shevrin, Janice Y Tsoh, Dhananjay Vaidya, Barbara Vickrey, Thomas J Wang, Nathan D Wong, Sean Coady, Yuling Hong

DOI: 10.7326/M21-3729

Abstract: Asian Americans (AsA), Native Hawaiians, and Pacific Islanders (NHPI) comprise 7.7% of the U.S. population, and AsA have had the fastest growth rate since 2010. Yet the National Institutes of Health (NIH) has invested only 0.17% of its budget on AsA and NHPI research between 1992 and 2018. More than 40 ethnic subgroups are included within AsA and NHPI (with no majority subpopulation), which are highly diverse culturally, demographically, linguistically, and socioeconomically. However, data for these groups are often aggregated, masking critical health disparities and their drivers. To address these issues, in March 2021, the National Heart, Lung, and Blood Institute, in partnership with 8 other NIH institutes, convened a multidisciplinary workshop to review current research, knowledge gaps, opportunities, barriers, and approaches for prevention research for AsA and NHPI populations. The workshop covered 5 domains: 1) sociocultural, environmental, psychological health, and lifestyle dimensions; 2) metabolic disorders; 3) cardiovascular and lung diseases; 4) cancer; and 5) cognitive function and healthy aging. Two recurring themes emerged: Very limited data on the epidemiology, risk factors, and outcomes for most conditions are available, and most existing data are not disaggregated by subgroup, masking variation in risk factors, disease occurrence, and trajectories. Leveraging the vast phenotypic differences among AsA and NHPI groups was identified as a key opportunity to yield novel clues into etiologic and prognostic factors to inform prevention efforts and intervention strategies. Promising approaches for future research include developing collaborations with community partners, investing in infrastructure support for cohort studies, enhancing existing data sources to enable data disaggregation, and incorporating novel technology for objective measurement. Research on AsA and NHPI subgroups is urgently needed to eliminate disparities and promote health equity in these populations.

Empowering Low-Income Asian American Women to Conduct Human Papillomavirus Self-Sampling Test: A Community-Engaged and Culturally Tailored Intervention

Grace X Ma, Lin Zhu, Shumenghui Zhai, Timmy R Lin, Yin Tan, Cicely Johnson, Carolyn Y Fang, Jerome L Belinson, Min Qi Wang

DOI: 10.1177/10732748221076813

Abstract: Asian American women face disproportionate burden of cervical cancer (CC) than non-Hispanic white women in the U.S. The goal of this study was to assess the feasibility and impact of a culturally tailored intervention to promote Human papillomavirus (HPV) self-sampling test among hard-to-reach Asian American women. We adopted the community-based participatory research (CBPR) approach to conduct this efficacy study. A total of 156 female participants (56 Chinese, 50 Korean, and 50 Vietnamese) were recruited from community-based organizations (CBOs) in the greater Philadelphia metropolitan area. The intervention components included HPV-related education, HPV self-sampling test kit and instructions, group discussions, and patient navigations, all available in Asian languages. We examined several outcomes, including the completion of HPV self-sampling, HPV-related knowledge, perceived social support, self-efficacy, and comfort with the self-sampling test at post-intervention assessment. The majority of Asian American women had low annual household income (62.3% earned less than $20,000) and low educational attainment (61.3% without a college degree). We found significant increase in participants' knowledge on HPV (baseline: 2.83, post: 4.89, P <.001), social support (baseline: 3.91, post: 4.09, P < .001), self-efficacy (baseline: 3.05, post: 3.59, P < .001), and comfortable with HPV self-sample test (baseline: 3.62, post: 4.06, P < .001). To the best of our knowledge, this is the first intervention study that promoted HPV self-sampling test among Asian American women. Our findings showed that CBPR culturally tailored intervention of self-sampling was highly effective in empowering low-income Asian American women to conduct HPV self-sampling tests.

Skin Cancer Risk Factors and Screening Among Asian American Individuals

Krittin J Supapannachart, Suephy C Chen, Yu Wang, Howa Yeung

DOI: 10.1001/jamadermatol.2021.5657

Abstract: Asian American individuals are the fastest growing racial group in the US but remain underrepresented in health disparities research, including research on skin cancer risk factors and screening. Improved understanding of preventable skin cancer risk factors and screening may demonstrate unmet needs among Asian American individuals. To examine sunburns, sun-protective behaviors, indoor tanning, and total body skin examinations (TBSEs) for skin cancer screening among Asian American subgroups compared with non-Hispanic White individuals. The National Health Interview Survey is a nationally representative cross-sectional survey in the US that assesses health behaviors. Self-identified Asian Indian, Chinese, Filipino, non-Hispanic White, and other Asian respondents from survey years 2000, 2005, 2010, and 2015 were included. Data were analyzed from July to November 2021. Any sunburn within the last year; sun-protective behaviors included applying sunscreen, staying under shade, wearing long-sleeved shirts, wearing long clothing to the ankles, wearing hats, and wearing caps most of the time or always when out in the sun; any indoor tanning within the last year; any TBSE ever. Of 84 030 participants, 5694 were Asian American (6.8%) and 78 336 (93.2%) were Non-Hispanic White; of these individuals, 1073 (weighted prevalence, 21.0%) were Asian Indian, 1165 (19.4%) Chinese, 1312 (23.5%) Filipino, and 2144 (36.1%) Other Asian. All Asian American subgroups were more likely to seek shade, wear long clothing to the ankles, and wear long-sleeved shirts but less likely to sunburn, apply sunscreen, tan indoors, and receive TBSE than Non-Hispanic White individuals. Asian Indian individuals were less likely than Chinese participants to apply sunscreen (adjusted odds ratio [aOR], 0.55; 95% CI, 0.41-0.74) or wear a hat (aOR, 0.53; 95% CI, 0.37-0.76) and more likely to wear long-sleeved shirts (aOR, 1.89; 95% CI, 1.52-2.33) or long clothing to the ankles (aOR, 1.56; 95% CI, 1.28-1.90). The results of this cross-sectional study found that disaggregated comparisons among Asian American individuals demonstrated differences in skin cancer risk factors that may be used to identify high-risk subgroups and inform culturally aware counseling when indicated. Future studies should further sample Asian American individuals to evaluate for potential masked health disparities through disaggregated analysis.

Factors Associated with Hepatitis B Medication Adherence and Persistence among Underserved Chinese and Vietnamese Americans

Aisha Bhimla, Lin Zhu, Wenyue Lu, Sarit Golub, Chibuzo Enemchukwu, Elizabeth Handorf, Yin Tan, Ming-Chin Yeh, Minhhuyen T Nguyen, Min Qi Wang, Grace X Ma

DOI: 10.3390/jcm11030870

Abstract: Hepatitis B virus (HBV) infection disproportionately affects Asian Americans in the United States, while this population faces low adherence to HBV treatment. Using the information-motivation-behavioral skills model (IMB), the study aims to examine medication adherence and persistence among Chinese and Vietnamese people with HBV. Study participants were recruited between March 2019 and March 2020 and were enrolled through multiple recruitment approaches in the Greater Philadelphia Area and New York City. The study is an assessment of the baseline data on medication adherence, HBV-related knowledge, motivation of HBV medication treatment, self-efficacy about HBV medication treatment, and socioeconomic status. Among 165 participants, 77.6% were Chinese and 22.4% were Vietnamese Americans. HBV-related knowledge/information, motivation, and self-efficacy were all positively associated with having medium/high medication adherence. Multilevel mixed-effects generalized linear regression revealed that living more than 10 years in the U.S. (OR = 4.24; p = 0.028) and greater information-knowledge about HBV (OR = 1.46; p = 0.004) were statistically associated with higher odds of medium/high medication adherence. Moreover, greater HBV-related knowledge/information (OR = 1.49; p = 0.023) and greater motivation towards HBV treatment adherence (OR = 1.10; p = 0.036) were both associated with a higher likelihood of medication persistence. Our findings provided significant implications in designing behavioral interventions focused on self-efficacy, information, and motivation to promote better medication adherence among Asian Americans living with HBV.

Discrimination Experiences during COVID-19 among a National, Multi-Lingual, Community-Based Sample of Asian Americans and Pacific Islanders: COMPASS Findings

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Abstract: Reports of escalated discrimination among Asian Americans and Pacific Islanders (AAPIs) due to COVID-19 are alarming, making this a public health priority. However, there are limited empirical studies on the scope and impact of COVID-19-related discrimination among AAPIs. Using the COVID-19 Effects on the Mental and Physical Health of AAPI Survey Study (COMPASS) data (N = 4971; survey period: October 2020-February 2021), which is a U.S.-wide multi-lingual survey, we examined the prevalence of, and factors associated with discrimination experiences attributable to being an AAPI during the COVID-19 pandemic. Overall, 60.7% reported experiencing discrimination; the group prevalence ranged from 80.0% (Hmong) to 40.5% (Native Hawaiians and Pacific Islanders). Multivariable logistic regression models revealed that COVID-19-related factors were associated with many discrimination experiences: having a shelter-in-place order of ⩾1 month, living in areas with perceived similar/higher COVID-19 severity, and negative impact in family income/employment due to COVID-19. Additionally, being Asian American (versus Native Hawaiians and Pacific Islanders), females, non-heterosexuals, younger, more severe effect on family income, living in the non-West, and poorer health were significantly correlated with discrimination experiences. Findings may assist in formulating anti-AAPI-discrimination policies and programs at the local, state, and federal levels. Culturally appropriate programs and policies to combat this are urgently needed.

COVID-19-Related Discrimination Among Racial/Ethnic Minorities and Other Marginalized Communities in the United States

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Abstract: Objectives. To determine the prevalence of COVID-19-related discrimination among major US racial/ethnic groups and estimate associations between discrimination, race/ethnicity, and other sociodemographic characteristics. Methods. We conducted a nationally representative online survey of 5500 American Indian/Alaska Native, Asian, Black/African American, Hawaiian/Pacific Islander, Latino (English and Spanish speaking), White, and multiracial adults from December 2020 to February 2021. Associations between sociodemographic characteristics and COVID-19-related discrimination were estimated via multinomial logistic regression. Results. A total of 22.1% of the participants reported experiencing discriminatory behaviors, and 42.7% reported that people acted afraid of them. All racial/ethnic minorities were more likely than White adults to experience COVID-19-related discrimination, with Asian and American Indian/Alaska Native adults being most likely to experience such discrimination (discriminatory behaviors: adjusted odd ratio [AOR] = 2.59; 95% confidence interval [CI] = 1.73, 3.89; and AOR = 2.67; 95% CI = 1.76, 4.04; people acting afraid: AOR = 1.54; 95% CI = 1.15, 2.07; and AOR = 1.84; 95% CI = 1.34, 2.51). Limited English proficiency, lower education, lower income, and residing in a big city or the East South Central census division also increased the prevalence of discrimination. Conclusions. COVID-19-related discrimination is common, and it appears that the pandemic has exacerbated preexisting resentment against racial/ethnic minorities and marginalized communities. Efforts are needed to minimize and discredit racially driven language and discrimination around COVID-19 and future epidemics.