## Pilot Projects

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Cancer is the leading cause of death for Asian-American (AA) women and the second leading cause of death for Asian-American men. Despite the high mortality burden, little is known about patterns of cancer care at the end of life for these patients. Major studies of end of life care have not included sufficient numbers of Asian Americans. Though hospice services are covered by Medicare, they are often under utilized, especially by minorities. We aim to study the differences in patterns of care among elderly Asian-American patients with cancer, as compared to patients of other race/ethnicities, by examining care provided in the six months before death.

Our specific aims are:
1. To examine hospice use (inpatient and outpatient) and length of stay in hospice for Asian-American patients as compared to patients of other race/ethnicities.
2. To examine patterns of care at the end of life for Asian-American patients with terminal cancer, as compared to patients of other race/ethnicities.

Previous research has shown that patients who died in hospice care had better symptom management and were more likely to die with their preferences met than non-hospice patients. Unfortunately, patients are often referred to hospice too late to receive the optimal benefits of hospice care. Minorities are especially unlikely to utilize hospice services. Data from the National Home and Hospice Care Survey showed that only 10% of hospice patients were black and other races. Several studies have explored barriers to hospice use among African-American and Hispanic patients. To our knowledge, no such study of Asian-American patients has been done to date. Our proposed study will examine hospice use and patterns of care at the end-of-life for a national cohort of Asian-American patients with cancer. We will describe how older Asian-American patients with cancer spend the last 6 months of life. This research is a necessary step towards identifying potential barriers and designing interventions to improve care at the end-of-life for Asian Americans with cancer.

Mentor: Frederick Li
Health Care Market Structure & Colorectal Cancer Screening Among High-Risk Asians & Pacific Islanders

Research Objective: To examine the effects of salient health care market characteristics (HMO penetration, competition; percent group/staff model HMOs) on colorectal cancer screening behaviors among Asians and Pacific Islander (AAPI) compared to white adults, ages 40+, with a family history of cancer.

Study Design: Random intercept multilevel logic analysis of individuals nested in health care markets defined by metropolitan-statistical area (MSA).

Population Studied: First-degree relatives, ages 40-80 recruited through a random sample of colorectal cancer cases from the population-based California Cancer Registry; HMO data from InterStudy.

Principal Findings: Controlling for individual characteristics including income, insurance coverage and percent lifetime in the U.S., even among this high-risk group, a higher percent of staff group model HMOs within an MSA-bound market area lowers the likelihood of AAPIs receipt of a sigmoidoscopy/colonoscopy in the past 5 years. A higher degree of HMO competition was also associated with lower FOBT receipt among AAPIs.

Conclusions: Our results are counter to the general intuition that staff and group model HMOs and competition—which leads to more choices, are market factors that promote cancer screening. Thus market conditions that are "favorable" to increasing cancer screening among the general population appear to penalize high-risk AAPIs.

Implications for Policy, Delivery, or Practice: Policies that promote competition and types of HMO market structure should consider their differential impact on vulnerable groups such as AAPIs, who have lower cancer screening rates than most other groups.

Mentor: Roshan Bastani

Ninez Ponce is Assistant Professor in the Department of Health Services, UCLA School of Public Health and Senior Research Scientist at the UCLA Center for Health Policy Research. She is also research consultant at Community Voices, Oakland. She has a MPP from Harvard University and a PhD from UCLA. She also completed an Agency for Health Care Research and Quality post-doctoral fellowship at UC Berkeley School of Public Health.

Dr. Ponce's current research interests include investigations in the classification of racial and ethnic identity, translation methods in population-based surveys, disparities in job-based health insurance coverage, and language access policies in health care. With community organizations, she has worked in developing innovative approaches to expand insurance markets to cover low-income families, and increasing prevention and cancer screening services use among linguistic and ethnic minorities. She teaches courses in health economics, health policy analysis and research methods. Before joining the Center and the UCLA Public Health faculty, she was Deputy Director and Survey Research Manager for the Asian & Pacific Islander American Health Forum. Most recently, she served as RAND's resident Policy Adviser on health insurance reforms to the Ministry of Health, Republic of Macedonia. Trained in health economics and empirical modeling of policy issues, Dr. Ponce is also an expert in developing sampling methodologies for small populations, particularly Asian American and Pacific Islander subgroups.
Understanding Colorectal Cancer Among Korean Immigrants

**Purpose:** The purpose of this study is to gather information regarding knowledge, beliefs and behaviors pertaining to colorectal cancer (CRC) screening among Korean-Americans (KAs), and to develop and pilot test intervention strategies to increase CRC screening in this population.

**Methods:** In phase 1, we conducted 4 focus groups (n=44) and 6 semi-structured interviews with primary care physicians that serve KA patients in order to explore predictors and barriers to screening and culturally appropriate intervention formats for KAs. In Phase 2, we developed a survey based on findings from phase 1 and our prior studies with KAs, and conducted 184 one-on-one interviews to substantiate findings from phase 1. Currently, in Phase 3, we are developing and will be pilot testing culturally appropriate intervention strategies to increase CRC screening, based on the findings in phases 1 and 2. Interventions will be pilot-tested with approximately 150 KAs.

**Results:** We identified several barriers and predictors of CRC screening among KAs. Barriers included lack of knowledge (both physicians and patients), lack of concept of preventive medicine and "screening" tests among the KAs, cost, lack of time (both physicians and patients), and language barrier. Predictors included physician recommendation, having insurance, and having symptoms. The following were identified as key components of intervention to increase CRC screening: receiving information in Korean language via seminars, pamphlets/flyers, and mass media; physician recommendation, providing screening at low or no cost; and accommodation of patient work schedules.

**Conclusions:** Findings suggest that there is a great need to educate KAs and their physicians. Education should focus on CRC and CRC screening, the concept of preventive medicine, and the importance of screening despite lack of symptoms. Intervention programs should aim to provide screening at low or no cost to the patients and be sensitive to the time constraints of their work schedules.

*Mentors: Roshan Bastani and Annette Maxwell*
Understanding Disparities in Colorectal Cancer Outcomes

The overarching objective of this proposal is to investigate disparities in colorectal cancer care and their individual and joint effects on outcome. There are two specific aims. The first aim is to identify specific disparities in colorectal cancer care that are based on baseline patient characteristics. As such, the goal of this first aim is to both identify specific disparities in care as well as to determine the influence of patient characteristics on these identified disparities in care. The second aim is to elucidate which, and to what extent, the identified disparities in care affect outcome. Specifically, we will determine whether all of the identified disparities in care affect colorectal cancer outcomes equally or whether there are certain ones that are more consequential than others?

To facilitate this work, the project will analyze data from two established population-based data sets. The data sets are (1) the California Cancer Registry (CCR) and (2) the Office of Statewide Health Planning and Development (OSHPD) Inpatient data file. The linkage will involve data from 1992-2000. The project will be performed in two phases. Phase I will involve the identification of disparities in care (e.g., care being defined as use of services, certain surgical procedures, chemotherapy, radiation therapy, etc.) based on patient demographics. While we will evaluate all of the available patient demographic data as a basis for disparity, we seek to emphasize the race/ethnicity differences. Phase II of this proposal will use multivariate logic regression to determine the association between disparities in care and outcomes.

Mentor: Roshan Bastani
Eastern vs. Western strategies to get Koreans to quit smoking

Goal: Establish the feasibility of conducting a major intervention trial to compare Eastern vs. Western approaches to smoking cessation in Korean American first generation male smokers.

Specific Aims: 1) conduct key informant interviews and focus groups involving local Korean Americans to check the cultural acceptability of a traditional Korean medicine program to assist first generation male Korean smokers to quit their cigarette habit and to gauge the cultural acceptability of a variant of the American Lung Association Freedom from Smoking program, 2) pilot test the two philosophically distinct but equally well-tailored smoking cessation programs by randomly assigning 15 eligible male Korean American smokers to each condition. Subjects for all phases will be obtained through KHEIR’s community outreach program.

Pilot intervention: The proposed pilot intervention will involve 30 low-income or immigrant Korean American men (age 30 – 69, or 15 per condition. The conditions will include 1) Eastern, holistic, traditional Korean approach, 2) Western, reductionist, science-based approach. Mr. Daniel No of KHEIR would administer the Western approach (ALA-Freedom from Smoking; nicotine patch). The Ki master on KHEIR clinic staff would administer the Eastern approach. Both approaches include health education messages culturally-tailored to encourage cessation and assist long term abstinence. The Eastern approach emphasizes the balance of yin (yin) versus yang, and regular assessment of the level of the patient’s Ki or life force energy.

Outcomes: Outcomes to be assessed include: recent smoking history, current smoking status, SF-36 quality of life, CESD depression and various measures of treatment experience. Other measures include: cost, implementation ease, acceptability to less acculturated vs. more acculturated patients, impact of age, marital status/family structure, employment status, and process data about community-academic collaboration. Final outcome: Preparation of R01 proposal.

Mentors: Soo-Young Chin and Jinsook Kim

Dr. William McCarthy is an Adjunct Associate Professor and Associate Researcher in the UCLA School of Public Health and a Senior Researcher at WestEd.

His research focus includes survey studies of tobacco use and tobacco cessation patterns among adults and school age children with a focus on ethnic differences, as well as intervention studies of diet and physical activity patterns targeted to African American women and low-income elementary school and middle school students. Recent tobacco research efforts have focused, respectively, on Hmong-Americans, on Californians of Asian Indian ancestry, and now, on Korean immigrants.

Dr. McCarthy is a past recipient of the “Health Fitness Leader” award from the Los Angeles County Board of Supervisors and past recipient of the “Capitol Dome” award from the American Cancer Society for his career of public service.
Formal Home Health Care Use Among Chinese and Korean Families

The Asian American and Pacific Islander (AAPI) population is the fastest-growing minority population in the U.S. From 1990 to 2050, the population of older AAPIs is expected to more than double. AAPIs use long-term care facilities and hospice programs far less than other populations. Relatively few studies have investigated the factors impacting the health care preferences and service utilization of the AAPI population—even less attention has been focused on acceptance and use of hospice services. Using focus groups and a series of qualitative in-depth interviews, relatives of diseased Chinese and Korean clients who were enrolled in the Visiting Nurse Service of New York’s Asian Home Health Care Program will be interviewed to explore the family’s end-of-life care decision making process, as well as the underlying cultural, ethnic and social context within which these beliefs are held and take shape. A clearer understanding of the attitudes and barriers to long-term care will enhance communication among formal health care providers, familial care providers, and the patients. This critical information will strengthen clinicians’ efforts in facilitating care options that address the culturally mandated priorities of the patients and their families during the final stages of their illness.

Mentors: Victoria Raveis and Ruby Senie
Oral Cancer in South Asian Seniors in New York City

Oral cancer is the most common malignancy in the Indian subcontinent, accounting for 40% of all cancers. The high rates of oral cancer in India, Pakistan and Bangladesh have been attributed to risky behaviors including the use of tobacco, alcohol and areca products. Although this highly morbid disease has a relatively low incidence in the US, the experience of countries like Australia and the United Kingdom indicates that oral cancer may become a serious public health problem in areas where South Asians have migrated in large numbers. Despite increasing immigration from South Asia and easy access to risk factors, the oral cancer risk of South Asians in the US is not known. This cross-sectional pilot study seeks to determine oral cancer-related risky behaviors, behavioral knowledge, and opinions of South Asian seniors in New York City about risk-inducing products. Because areca product use has differential cultural and religious significance within ethnic subpopulations, oral cancer risk will be assessed in three distinct groups - Indian Hindus, Bangladeshi Muslims and Pakistani Muslims. The data collected will be used to develop a larger study designed to assess the potential utility of training medical and dental providers to assess the oral cancer risk of South Asians in order to target primary and secondary preventive and educational services.

Mentors: Habibul Ahsan and Ruby Senie

Kavita P. Ahluwalia

Kavita P. Ahluwalia is an Assistant Professor of Clinical Dentistry at Columbia University’s School of Dental and Oral Surgery. Dr. Ahluwalia earned both her DDS and MPH from the University of Michigan, Ann Arbor, and completed a residency in Dental Public Health at the Veterans Administration in Perry Point, MD.

Dr. Ahluwalia’s primary research interests include oral cancer early detection, feasibility and utility of non-dental providers for the provision of oral care in the elderly, oral health related quality of life in the elderly, and tobacco control in diverse populations. Dr. Ahluwalia currently works on a project funded by the American Legacy and W.K. Kellogg Foundations to implement tobacco control measures in eleven communities across the nation, and has served on a project funded by the RWJ Foundation’s Addressing Tobacco in Managed Care Initiative. In addition to assessing the oral cancer prevention curricula of US Medical Schools, Dr. Ahluwalia has studied barriers to care and oral cancer practices and opinions of older adults in Central Harlem, as well as the impact of oral health on quality of life, and medical/dental services utilization in older adults in Northern Manhattan. She is Principal Investigator on a study designed to assess the utility of training home care workers to provide oral health services to home bound elderly in Northern Manhattan. This study, which is funded by the Centers for Disease Control and Prevention, is currently in the data collection phase.
Evaluation of Acculturation Scales in relation to Health Behaviors in Korean Americans

Studies indicate that acculturation is related to mental and physical health outcomes including cancer, and that one of the possible acculturation pathways is through health behaviors. Therefore, better understanding of the relationships between acculturation and cancer-related health behaviors will help in the design of cancer prevention intervention strategies that more systematically addresses within group variation due to differing levels of acculturation. The biggest challenges in research involving acculturation are conceptual and methodological. The conceptual challenge is how acculturation is viewed and quantitated. Between the two competing acculturation models (unidimensional and bidimensional model), the bidimensional model is recommended for research. However, most of acculturation studies that have been applied to Asian Americans are unidimensional. The methodological challenge is that only a few acculturation scales have been critically evaluated for use with Asian Americans specifically. More importantly, few studies examined if and how the choice of acculturation scales affects relationships between perceived acculturation and health behaviors. This cross-sectional study will 1) examine relationships between acculturation and five cancer-related health behaviors (alcohol consumption, cancer screening, diet, physical activity, and smoking,) and 2) critically evaluate five commonly used acculturation scales in Korean American studies, using a pre-tested survey questionnaire. A total of 400 adults (age 18 or older) Korean Americans (200 men and 200 women) will be recruited through various ethnic-specific venues such as ethnic grocery stores and ethnic events. This purposeful sampling strategy will stratify the sample by gender, age (age 18 ~ 35 v. ≥ 36), and three language levels (Korean only, bilingual, mainly English only) to recruit individuals from a range of acculturation as reflected by language. This study will be one of the first efforts to critically examine relationships between acculturation and cancer-related health behaviors with multiple acculturation scales, addressing the conceptual and methodological challenges. Results of this proposed study will provide essential information on how to incorporate acculturation into cancer prevention strategies and how best to choose an acculturation scale for research. Findings of this study will be also used to develop a cancer prevention education project with Korean Americans that utilizes different health education messages for each acculturation level and a larger study that includes multiple-ethnic Asian Americans, more cancer risk health behaviors, and wider geographical locations.

Mentor: Rudy Senie
Quality of Life in Chinese Patients with Breast Cancer

This qualitative study seeks to increase understanding of the relationship between cultural beliefs and quality of life (QOL) among immigrant Chinese breast cancer patients in San Francisco. Specific aims are (1) to identify these patients' beliefs regarding cancer, life expectancy, and discussion of advance directives, (2) to explore how these beliefs relate to patient QOL, and (3) to generate hypotheses for further study. No prior studies of QOL among Chinese immigrants with cancer have been conducted in the U.S.

To determine whether Chinese immigrants and American-born Chinese women differ in their cancer-related beliefs and QOL, in-depth, face-to-face interviews will be conducted with 15 breast cancer patients from each group, for a total sample size of 30. Five oncologists serving the Chinese community in San Francisco will mail a letter inviting study participation to Chinese women diagnosed with breast cancer within the past 24 months who are no longer under active treatment. A telephone screener will be administered to women receiving the letter to confirm their eligibility for the study and to screen out foreign-born women who have lived in the U.S. for 10 years or longer. At this time, the risks and benefits of study participation also will be discussed, and appointments will be arranged with women agreeing to the interview until the targeted sample size for each group has been accrued. Trained bilingual interviewers will obtain written consent before beginning each interview, which will be conducted using a standardized semi-structured interview guide at a place each woman chooses (e.g., oncology clinic or residence). As an incentive, participants will receive a $30.00 gift certificate and reimbursement for any local transportation and parking expenses.

The interview will collect qualitative data on beliefs about the causes of cancer, the meaning of a breast cancer diagnosis, the efficacy of treatment, treatment side-effects, contributions of Chinese medicine to pain control, prognosis, advanced directives, and other cancer-related variables. Components important to QOL will be explored, and perceived QOL before and after breast cancer diagnosis will be assessed. A written transcript of each interview will be prepared in the language of the interview, and then Cantonese and Mandarin transcriptions will be translated into English with quality controls for accuracy. Using Nudist software, the P.I. and Co-P.I. will independently complete six pre-determined steps of analysis, comparing results and reconciling any discrepancies for each step before proceeding to the next. As findings are generated, a draft report will be constructed to assist the investigators in critically examining the data, identify hypotheses for further research, and capture implications for improving the care of Chinese women diagnosed with breast cancer.

Mentors: Stephen McPhee, Jeremiah Mock and Tung Nguyen
Cervical cancer risk factors among young Korean and Vietnamese women

Human papillomavirus (HPV) infection is the single strongest risk factor for cervical dysplasia and carcinoma (Munoz et al, 1992, Howley, 1991, Murthy et al, 1990). The highest rate of HPV infection occurs among women who are between 18 - 28 years old (Herrero, 1996; Hildesheim et al, 1994). Little is known of risk factors associated with HPV infection among young Korean and Vietnamese American women. This study describes the risk factors associated with HPV infection, including knowledge, attitudes, and practices, among young Korean and Vietnamese American women. This study utilizes a purposive sample of college-aged Korean American, Vietnamese American, and White women in the San Francisco Bay Area. Over three hundred women were surveyed. These results demonstrate that young Korean and Vietnamese American women have limited knowledge about the risk factors associated with the HPV infection. The results from this study also demonstrate the need to create effective interventions to decrease risk factors and increase the rate of early detection of cervical cancer in Korean American and Vietnamese American women.

Mentors: Stephen McPhee and Jeremiah Mock
Asian American:
Factors influencing colorectal screening

Colorectal cancer is a leading cause of cancer-related deaths in older Asians. Despite demonstrated clinical and economic benefits, colorectal cancer (CRC) screening use is low across ethnic groups. There is limited information for Asian subgroups regarding factors associated with CRC screening. Using the 2001 California Health Interview Survey (CHIS), we examined 1771 Asians, aged 50 and older, from 6 subgroups (Chinese n=394, Filipino n=280, South Asian n=148, Japanese n=375, Korean n=254, and Vietnamese n=320) to identify: a) ethnic specific rates of CRC screening, and b) factors associated with ever having, being up-to-date, and maintenance of CRC screening. Japanese had higher rates (72%) of having had any screening (Fecal Occult Blood Test or Sigmoidoscopy/Colonoscopy) whereas Koreans had the lowest rates, 49% (p<.001). Japanese also had the highest rates of up-to-date screening (58%) and maintenance of screening, 50% (p<.001). Koreans had the lowest rates of up-to-date screening (41%) and Vietnamese had the lowest maintenance of screening, 31% (p<.001). Preliminary multivariate results demonstrate that CRC screening was associated with: more years of residence in the US, education, English language proficiency, higher income, private health insurance, having a usual source of care, and a family history of CRC. All associations were significant (p<.001). Variation in screening amongst ethnic subgroups remained significant (p<.001). This is one of the few studies to show screening rates disaggregated by Asian ethnic group. Examining screening rates is an important step in understanding what ethnic specific interventions are needed to improve CRC screening in order to promote the health of older Asians.

Mentors: Stephen McPhee, Jeremiah Mock and Tung Nguyen
Identifying Facilitators and Barriers to Prevention of Hepatitis B Infection and Hepatocellular Carcinoma among Foreign-Born Chinese-Americans

STUDY AIMS: The study aims are: (1) to describe current HBV screening practices at a university-based general medicine clinic with a large population of foreign-born Chinese-Americans; (2) to study providers' understanding of HBV screening guidelines and vaccination as well as the role of HBV in the development and prevention of hepatocellular carcinoma, as a method of cancer prevention; (3) to describe the awareness and knowledge of Chinese-American patients about HBV and hepatocellular carcinoma; and (4) to understand the process through which Chinese-American patients either become screened or remain unscreened.

DESIGN: We will first conduct a retrospective cohort study of foreign-born Chinese-American patients seen at the UCSF General Medicine Practices to examine the HBV screening rate. Then, to understand the predisposing, enabling, and reinforcing factors affecting patients and other factors that impact the screening process, we will randomly select and conduct one-on-one interviews with 15 screened and 15 unscreened patients. Subsequently, to understand providers' perceptions of patient attitudes and systemic barriers to screening, we will conduct one-to-one, matched interviews with the providers of the patients who were interviewed. We will compare the screened group with the unscreened group to identify patient, provider, and systemic factors that are associated with screening and lack of screening. Finally, based on information obtained through the provider and patient interviews, we will develop a questionnaire to assess providers' attitudes about HBV screening and intentions to conduct screening. To assess the range of providers' attitudes and intended screening practices, we will ask all 95 primary care providers at the UCSF General Medicine Practices to respond to the questionnaire.

FUTURE DIRECTIONS: The purpose of this pilot study is to identify factors that impact the process of HBV screening, vaccination, and follow-up. Understanding these factors will contribute to the ultimate goal of reducing hepatocellular carcinoma in foreign-born Chinese-Americans. The results of this pilot study will form the basis for a R01 research grant to support a trial to prospectively test the implementation of a clinic-based model for hepatocellular carcinoma prevention. Ultimately, this line of research will lead to community-based interventions involving health care providers and community members to improve the prevention of HBV infection and hepatocellular carcinoma.

Mentors: Stephen McPhee, Tung Nguyen, and Jeremiah Mock
The feasibility of computer-based cancer screening promotion among low income, less acculturated Chinese Americans

Objective: The purpose of this pilot study is to determine the feasibility of providing interactive, culturally and linguistically appropriate health information at a community agency serving low income, limited English speaking Chinese immigrants.

Data collected from this pilot study will identify barriers to accessing health related information by less acculturated, limited English-speaking individuals. This study will also elucidate the computer interfaces most compatible for this population in acquiring health information (e.g. interactive, voice-activated programs, or video clips). Pilot data will contribute to a future R01 proposal to the NCI. The R01 will propose to develop and test a computer-based intervention to promote cancer screening in a community setting (e.g. community health clinic or community agency).

Setting: Located in Seattle’s International District (the heart of Chinatown), Chinese Information Service Center (CISC) has served low-income, limited English speaking Chinese immigrants for 27 years. CISC provides culturally and linguistically appropriate social services to more than 3,000 individuals annually. Because this group has been identified as a low income and technologically underserved community, CISC became a community technology site for Seattle’s Chinese community.

Methods: Qualitative approach – We will use observational and focus group methods to determine the feasibility of applying computers and the internet in a community agency to distribute health information. An existing interactive program in Cantonese and Mandarin will be purchased and incorporated as part of adult computer classes at CISC. Video recordings of 30 adult computer classes will be obtained to analyze barriers to and facilitation of accessing and using interactive computer programs. We will also conduct 12 focus groups of Chinese immigrants with limited English proficiency. These focus groups will address the use of computers and the internet to obtain information. Focus group participants will be selected based on age (20-49, 50-64, 65+), gender (male and female) and dialect (Cantonese and Mandarin).

Mentor: Vicky Taylor

Dr. Shin-Ping Tu is an Assistant Professor of Medicine at the University of Washington and a physician at Harborview Medical Center Division of General Internal Medicine in Seattle, Washington. Dr. Tu received a Doctorate of Medicine from the University of Cincinnati in 1989. She completed her medical residency training at the University of Illinois in 1993 and also received a Master’s in Public Health from the University of Washington in 1998.

Dr. Tu’s many honors and affiliations include graduating Magna Cum Laude in 1985 from Duke University. She was selected for the VA Health Services Research and Development Meeting Poster Competition Award in 1985. Finally, Dr. Tu received the American Cancer Society – Primary Care Physician’s Cancer Career Development Award in 1997.

Dr. Tu’s current research interests include prevention, health services, and Asian populations. She is highly published in the field of prevention specifically among Asian women.
End of Life Decision Making in Southeast Asian Families

Over the last fifty years in the US, respect for patient autonomy has become central to the patient care model. However, the US patient population is culturally and historically diverse and many people do not fully embrace their court-sanctioned health care rights. For example, some patients may not want to learn that they have a terminal illness. In addition to this, some family members may not want their loved ones to learn of his/her terminal diagnosis and may believe that this information could hasten their loved one’s death. The purpose of this pilot study is to learn how physicians can improve their communication with terminally ill patients of diverse cultural backgrounds. In particular, specific preferences of two under explored Southeast Asian immigrant communities, Vietnamese and Cambodian, will be sought. Their preferences on this subject are not well documented in the medical literature. The specific aims of this study include:

1. To learn what patients and their families would like to be told when a diagnosis of a terminal diagnosis is made.
2. To determine major themes that emerge from the desire for nondisclosure and to determine possible solutions that could bridge the practice standard and the desire not to be informed.
3. To develop a survey instrument that could explore the preferences of other patients and other cultural groups on a larger scale.

Qualitative information will be collected from six focus group sessions and twenty individual interviews with representatives from Vietnamese and Cambodian communities. During these sessions, participants will be asked to describe what information they would like to learn and how they would like to learn it were they a family member diagnosed with a terminal illness. If there is support for nondisclosure of information regarding a terminal diagnosis, we will address how this can best be accomplished in practice. The audio taped sessions will be evaluated by coding teams and subjected to semantic analysis to encode the major themes that emerge. Once collected, the data will be analyzed based on the categories of age, cultural background, and generation of immigration to the US, and duration of domicile in the US. Ultimately, the results of this project will be used to enhance the training materials of those who care for Southeast Asian patients, to improve communication with Southeast Asian patients, and to improve the medical care provided to Southeast Asian patients.

Mentor: Carey Jackson
Hepatitis B Knowledge and Practices Among Korean Americans

Korean Americans, the fifth largest Asian population in the United States (U.S.) (1.1 million in the 2000 Census), have been largely neglected with regards to health status assessment and program development. Hepatocellular carcinoma occurs more frequently among Koreans, Vietnamese, and Chinese than other racial/ethnic groups in the U.S. (more than five times higher incidence for Korean American men than non-Latino white men). This excess risk among Asian American populations can be attributed to high rates of hepatitis B (HBV) infection and low rates of HBV vaccination. However, there is little available information regarding the hepatitis B knowledge, beliefs, and practices among Koreans living in the U.S. The aim of this project is to obtain qualitative information about the liver cancer prevention knowledge and behaviors of first-generation Korean American immigrants in the Seattle-Tacoma metropolitan area of Washington State.

This study will emphasize partnership with community-based organizations that provide services to the Korean American community; Green and Krueger’s PRECEDE model will provide the conceptual framework. Thirty in-depth interviews will be conducted among equal numbers of male and female Korean American immigrants aged 18-64 years old who will be recruited from members and social networks of participating community organizations. Four focus groups, each with ten individuals also recruited from community organizations and grouped by gender and age group, will provide additional qualitative information and verification (“triangulation”) of interview data. Interviews and focus group discussions will be translated into English and transcribed for coding and analysis. Using NVivo software, cultural domains and theme content from these complementary methods will be grouped into predisposing, reinforcing, and enabling factors.

This study will provide valuable qualitative information about hepatitis B and liver cancer knowledge, beliefs, and behaviors of Korean immigrants living in the U.S. In the future, this data will be used to create a culturally relevant quantitative survey instrument and to develop appropriate content for a community-based intervention program that will be evaluated in a new investigator R01 grant application.

Mentors: Carey Jackson, Vicky Taylor, and Beti Thompson

Dr. Choe is a second-generation Korean American physician and general internist physician who completed the Robert Wood Johnson (RWJ) Foundation’s Clinical Scholars Program at the University of Washington in 2002. As part of that fellowship, he completed course work for a two-year Master of Public Health degree in Health Services Research. His research during that period included a large secondary analysis of the SEER Program dataset comparing colorectal cancer survival between foreign-born and U.S.-born Asian Americans and Pacific Islanders.

Dr. Choe has been an active member of the Korean American community in the Pacific Northwest for the past four years; he has served on the boards for local community service agencies and recently led a collaborative research project investigating domestic violence in the Korean American community.

Currently he is a fellow in the Biobehavioral Cancer Prevention and Control Training Program at the University of Washington and the Fred Hutchinson Cancer Research Center (NCI CA92408). He has worked with others at the Seattle AANCART program in community- and clinic-based cancer control projects in the local Chinese, Vietnamese, and Korean populations; his recent work has focused upon hepatitis B and hepatocellular carcinoma control in Asian American populations.
In the U.S., cigarette smoking is responsible for 440,000 premature deaths and 157 billion dollars each year. Accurate estimates of tobacco use among less acculturated Chinese American men are lacking. However, the few available studies suggest that smoking rates in this group exceed 33%. Qualitative research suggests that tobacco behavior among Chinese American men is strongly influenced by culturally specific values and traditional health beliefs. The aim of this study is to investigate the prevalence of and factors associated with tobacco use among less acculturated Chinese American men in Seattle. Unlike most previous studies, the survey will be guided by an earlier qualitative study, and will explore tobacco beliefs and attitudes that are culturally specific to Chinese Americans. The project will collaborate with a Chinese community coalition. A population-based survey will be conducted in south Seattle, where the majority of Seattle’s less acculturated first generation Chinese Americans reside. The study sample will include 250 Chinese men, aged 18 years and older. Trilingual (Cantonese, Mandarin, and English) and bicultural interviewers will administer the survey by telephone. Questions will be guided by the NHIS and BRFSS surveys, Green and Krueger’s PRECEDE model of health promotion and a preliminary qualitative study of tobacco use among Chinese American men. Study results will provide important information to help guide tobacco prevention and cessation programs targeting Chinese Americans, as well as provide developmental data for future R01 grant proposals.

Mentors: Vicky Taylor, Shin-Ping Tu, Beti Thompson and Yutaka Yasui
Chinese Americans have a higher risk of liver cancer than most other racial/ethnic
groups. About 80 percent of liver cancer cases among Asians are caused by chronic
infection with hepatitis B virus (HBV). Further, chronic carriers are over 100 times
more likely to develop liver cancer than non-carriers. Many Chinese Americans, par-
ticularly those who have immigrated to the US remain untested for hepatitis B. It has
long been established that English as a Second Language (ESL) curricula can teach
immigrants important life skills; more recently ESL curricula have been designed to
deliver health messages. The purpose of this pilot study is to develop and test a cul-
turally-appropriate hepatitis B ESL curriculum at a community agency serving low in-
come, limited English speaking Chinese immigrants. The pilot study will examine the
feasibility and acceptability of such a curriculum as a component of ESL education.
Pilot data will contribute to a future grant proposal to examine the effectiveness of the
curriculum in increasing HBV knowledge and testing rates.

Mentors: Vicky Taylor, Beti Thompson, and Shin-Ping Tu

Dr. Gloria Coronado is currently a scientis at Fred Hutchinson Cancer Research
Center in Seattle, Washington. She received a Doctorate degree in the field of
Epidemiology and in 1997, she received her Master's in the same field of study.
She completed both degrees at the University of Washington.

Dr. Coronado is actively involved in research projects that support the increase
of minority participation in cancer education, cancer awareness, prevention and
screening, and environmental health awareness. She has previously served as a co-investigator on a community-
based study that used ESL instruction to promote safe practices in farm worker
communities. She has also served as a consultant for the Pan American Health
Organization where she developed and implemented an information system to
track cervical cancer screening and follow-up care participation. She is highly
published in the field of prevention medicine, and environmental health.