Lessons Learned from the Asian American Health Needs Assessment (AsANA) Project

"Houston: We have a problem.."

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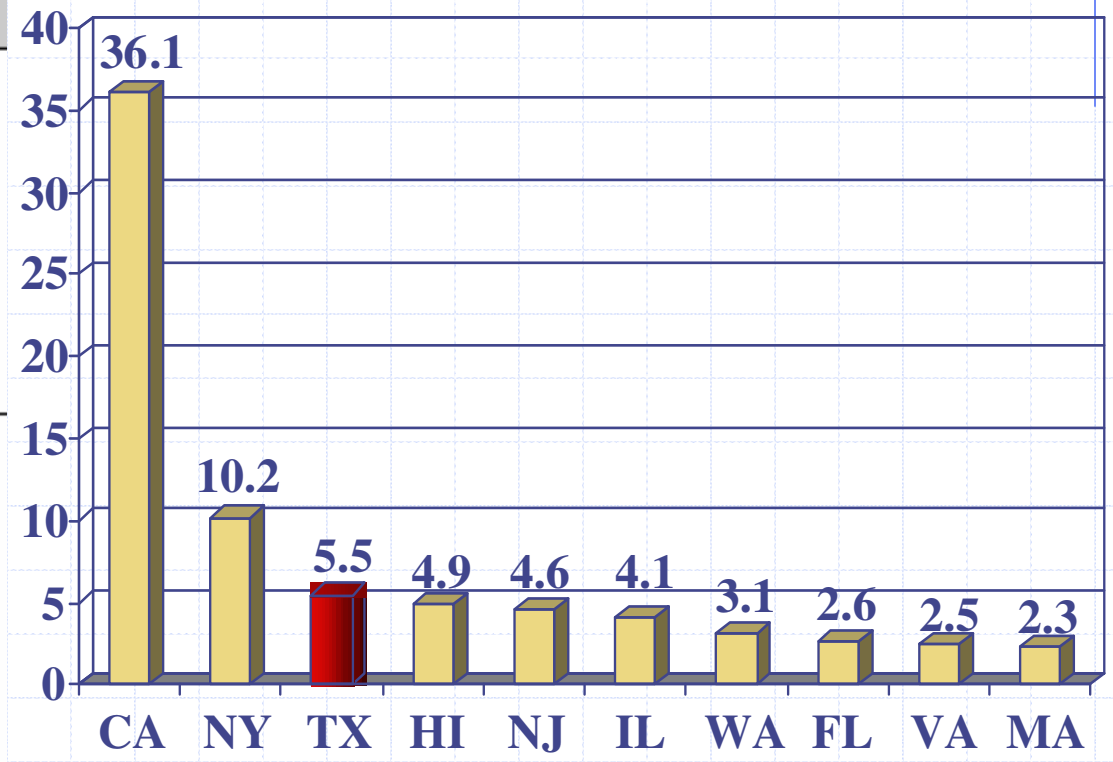
National Center on Minority Health and Health Disparities
NCMHD

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

U.S. states with a large Asian population

Top 10 States	% of Asian Americans	
1. California	36.1%	
2. New York	10.2	
3. Texas	5.5	61.3
4. Hawaii	4.9	
5. New Jersey	4.6	
6. Illinois	4.1	
7. Washington	3.1	
8. Florida	2.6	14.6
9. Virginia	2.5	
10. Massachusetts	2.3	



Source: U.S. Census Bureau, Census 2000 Summary File 1, Table P1, Table P3 and Table P9

Texas
Santa Fe
Amarillo
Oklahoma City
Little Rock
Jackson
Lubbock
Wichita Falls
Fort Worth
Dallas
Arlington
Abilene
Tyler
Midland
Odessa
El Paso
San Angelo
Waco
Temple
Austin
Houston
San Antonio
Galveston
Baton Rouge
Corpus Christi
Laredo
Brownsville
Gulf of Mexico
NEW MEXICO
TEXAS
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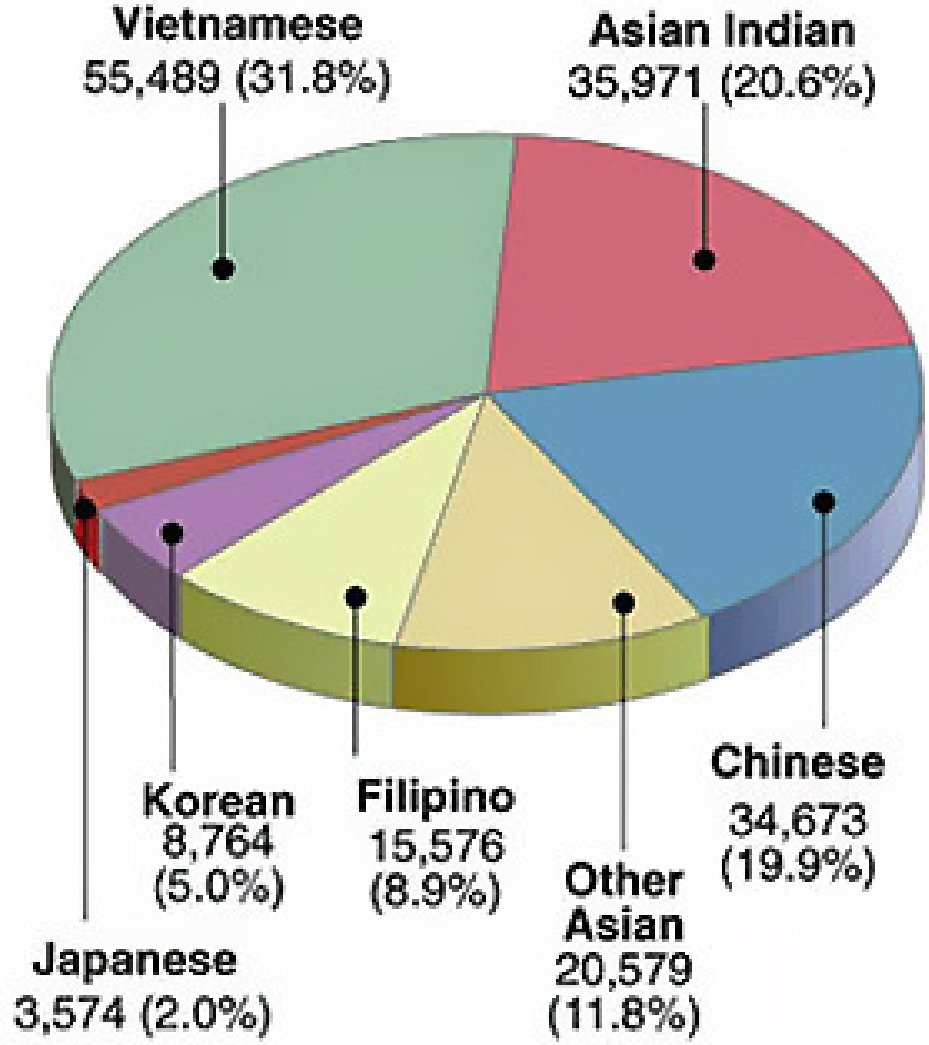
Asian population in the City of Houston



Sources: U.S. Department of Justice, 2000 Census

Chinese & Vietnamese Differences

- Languages: Mandarin, Cantonese, English
- More second, third generations
- Longer time in the US
- Immigration issues
- Established "Chinatowns" provide social support
- Relatively more assimilated

- Languages: Vietnamese, English, French
- Predominantly first generation
- Refugee status, were re-settled
- Less linguistically appropriate support services
- Hx of political strife

Why is the AsANA study important?

- Inconsistent and inadequate collection of Asian health data
- Asian American health concerns are poorly understood and often overlooked
- Groupings for “whites” or “others” include Asians and other ethnic groups
- Aggregation of Asian data masks true health problems within Asian subgroups

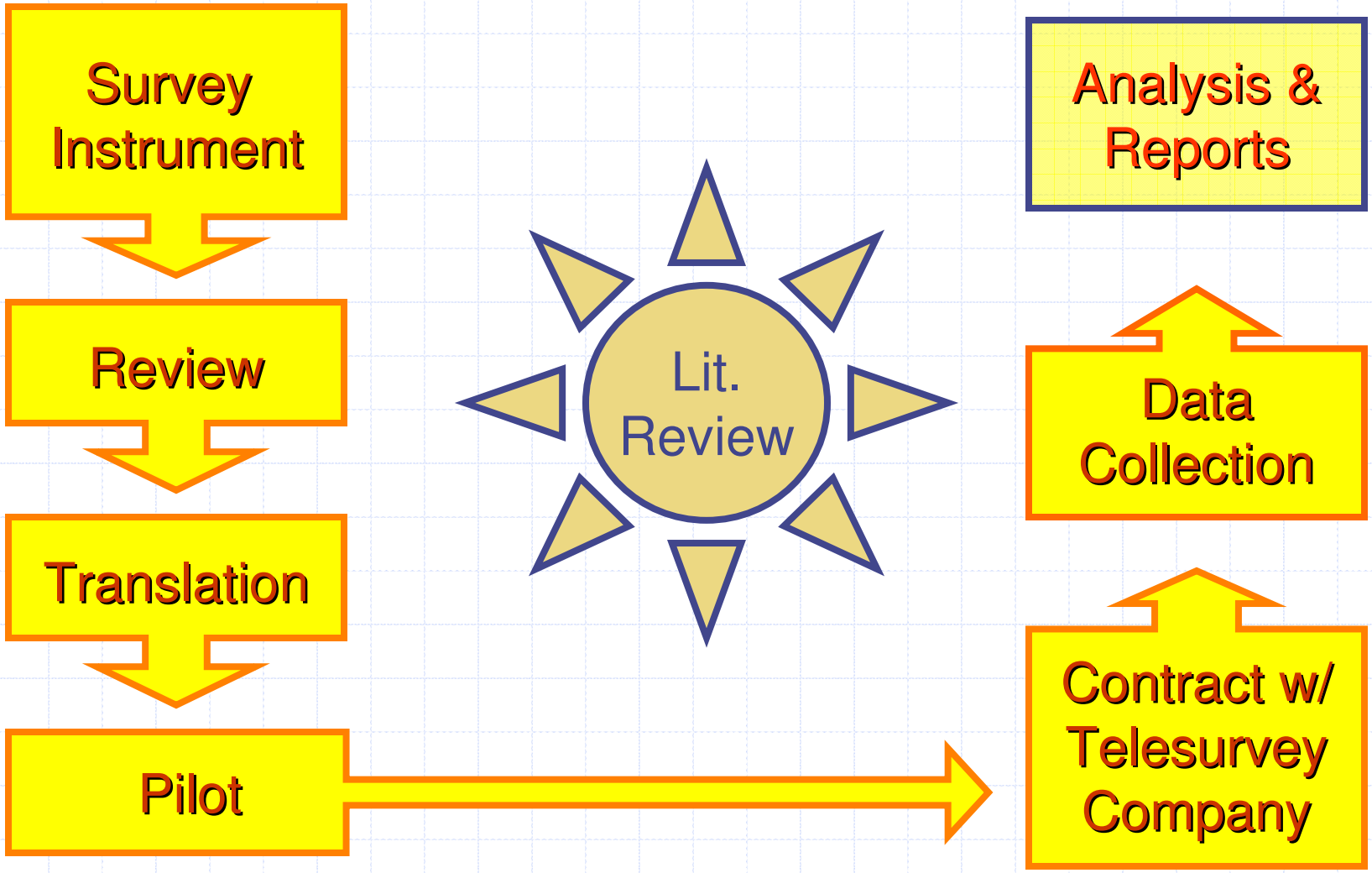
Source: Shinagawa, SM, The impact of nativity, culture and cancer on US Asian immigrants. Oncologists Magazine, Third Quarter, 2004.

Asian American Health Needs Assessment

Objectives:

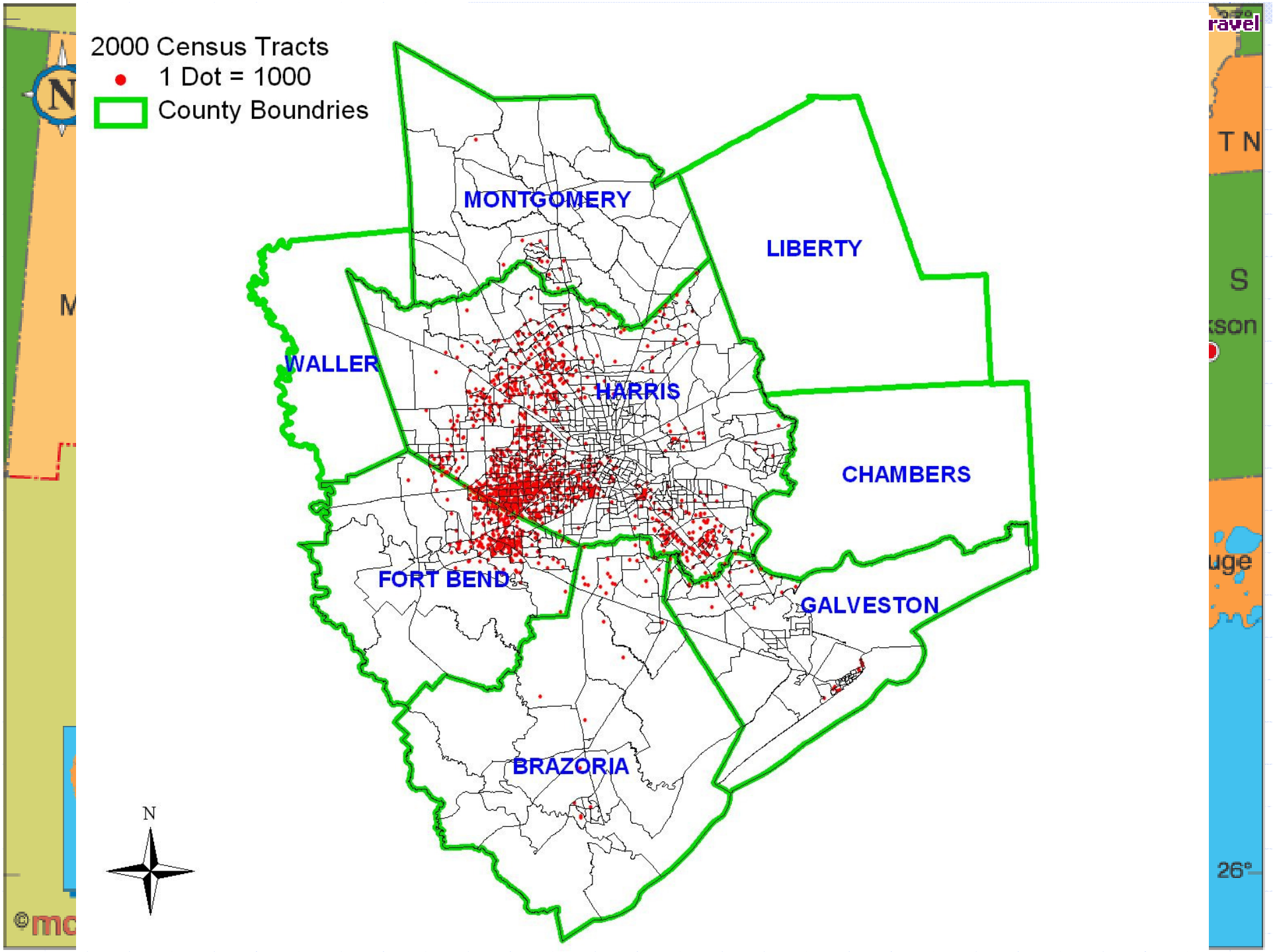
- To collect scientifically sound data on the health practices and health beliefs of Asian Americans in Houston and the surrounding area
- To establish baseline data that can set the stage for future studies and research projects with Asian populations
- To compare data with that of other minority groups and the general population
- To provide the data to the targeted communities so they can apply for community development funding

AsANA Timeline



Study Plan

- Determined geographical boundary for population of interest:
  - Brazoria, Fort Bend, Galveston, and Harris counties.
  - Calculated the required # of completed surveys per county to reflect proportion of Chinese/Vietnamese
- Randomly selected participants from the population using an Asian surname telephone listing.
- Collected 814 completed surveys (405 Chinese and 409 Vietnamese.)


2000 Census Tracts
1 Dot = 1000
County Boundries
MONTGOMERY
LIBERTY
WALLER
HARRIS
CHAMBERS
FORT BEND
GALVESTON
BRAZORIA
N

Survey Instrument Development

- Texas Community Health Survey (CHS)
- Questions on pain from R. Portnoy
- Translated to Vietnamese and Chinese
- Reviewed by Asian Community Health Review Panel
- Modified for cultural sensitivity and appropriateness
- Revised logistic flow
- Back-translated to ensure validity and comparability

Asian Community Health Panel

- Diverse gender, ethnic and professional representation
- Relevancy testing

AsANA Survey Instrument

100+ questions

From the Texas CHS:

- Demographics
- Mental health
- Health practices
  - Physical exams
  - Cancer screenings
  - Immunization
- Diseases
  - Heart disease
  - Diabetes
  - Cancer
- Behaviors
  - Smoking
  - Alcohol use
  - Nutrition
  - Physical activity

Added questions:

- Cancer knowledge
- Acculturation
- Environmental exposure
- Alternative therapy
- Pain
- Oral Health
- Colorectal cancer screening
- Men's health
- Hepatitis B immunization

Pilot Interviews

- Ten face-to-face interviews
- Modifications made based on feedback

Pilot Survey

- Interviewers: 2 Vietnamese bilingual
  2 Chinese bilingual
- Conducted interview in:
  - Two Chinese dialects:
    - Mandarin
    - Cantonese
  - Vietnamese
  - English

Subject selection methodology

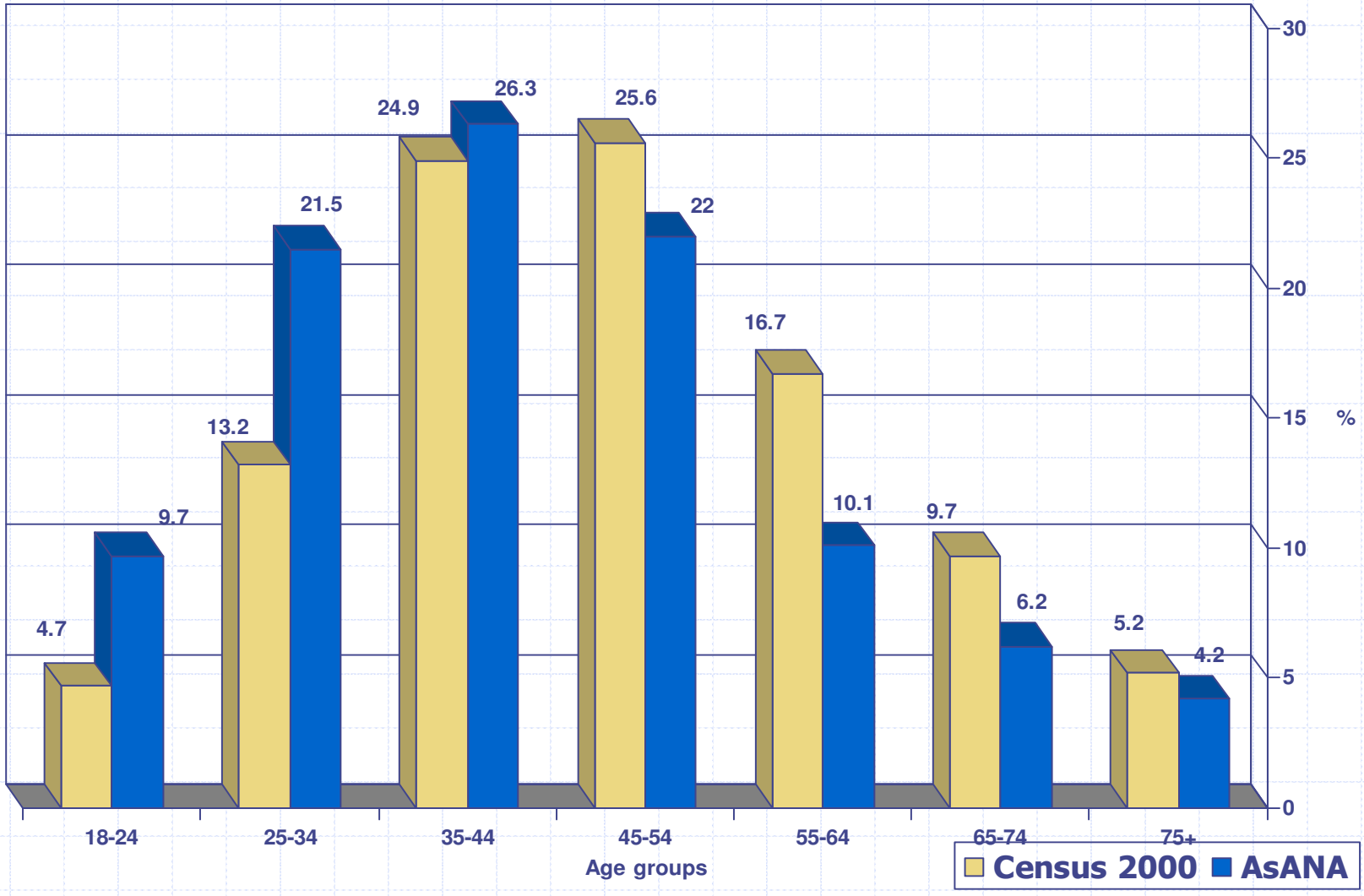
- Asian residents of Brazoria, Fort Bend, Galveston, and Harris counties
- Random household selection from an Asian telephone list based on Chinese and Vietnamese surnames
- Interviewee selected via KISH method
- 18+ years old
- Verbal informed consent

Data collection

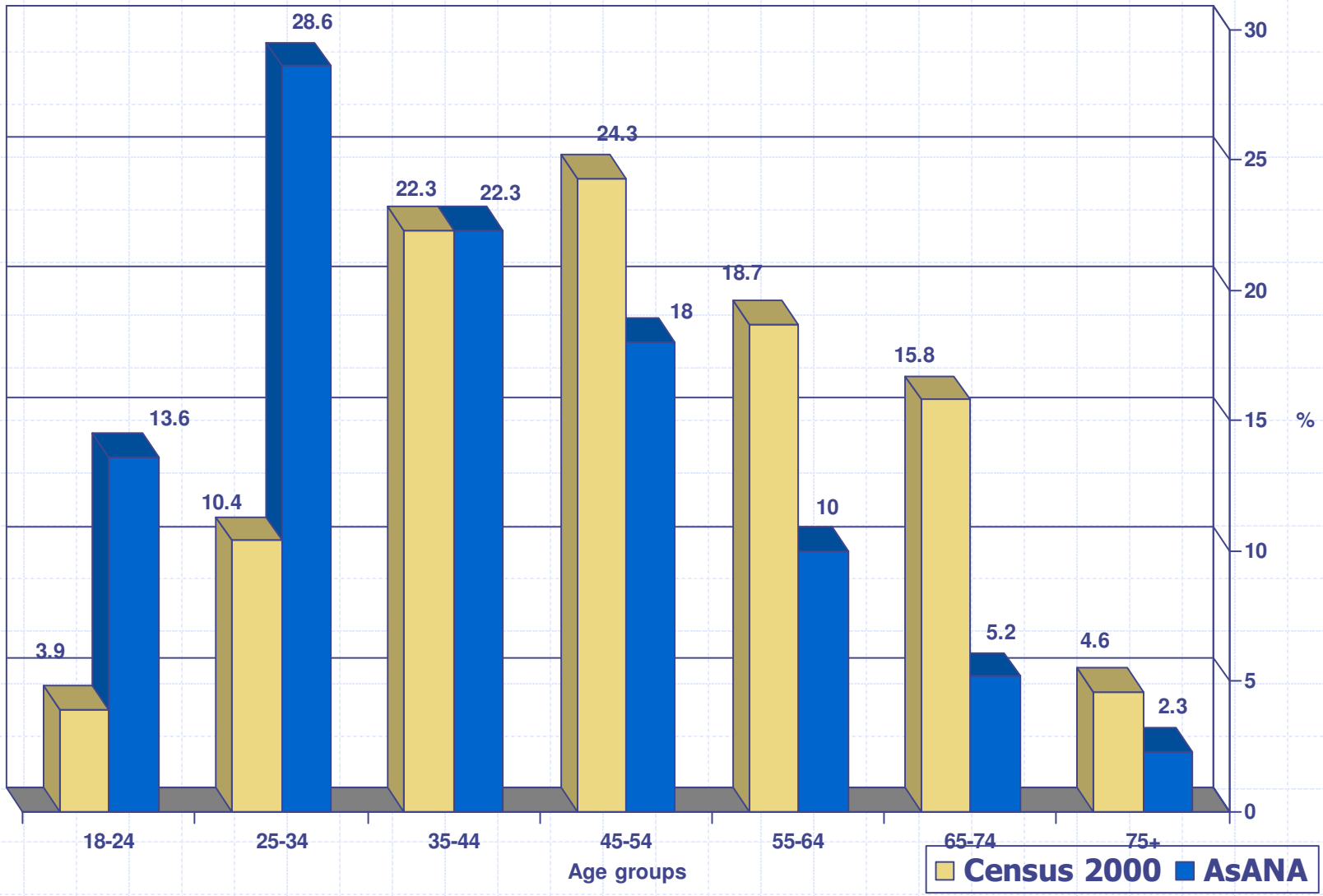
- 4097 numbers called in nine weeks
- 1085 respondents
- 814 completed interviews:
  - 405 Chinese (25.7% refusal rate)
  - 409 Vietnamese (23.8% refusal rate)
- Calls averaged 25-40 minutes

AsANA Data

Age Distribution of Chinese in AsANA sample versus Census 2000



Age Distribution of Vietnamese in AsANA sample versus Census 2000



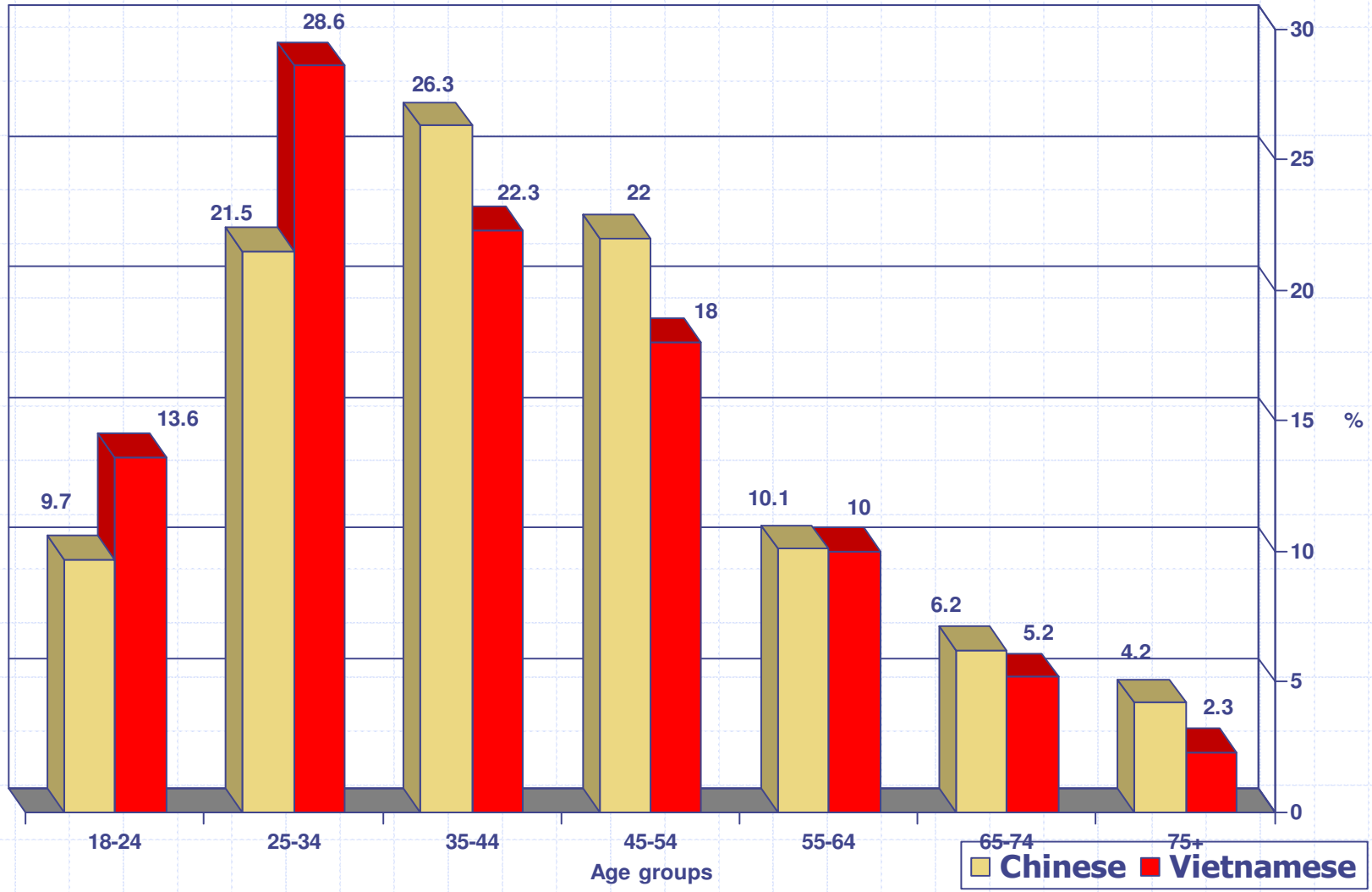
Sample weighting procedure

- Separately for Chinese and Vietnamese
- Used Census 2000 information for 4 counties
- Weighted by age and gender
- Weighted by number of individuals in the household

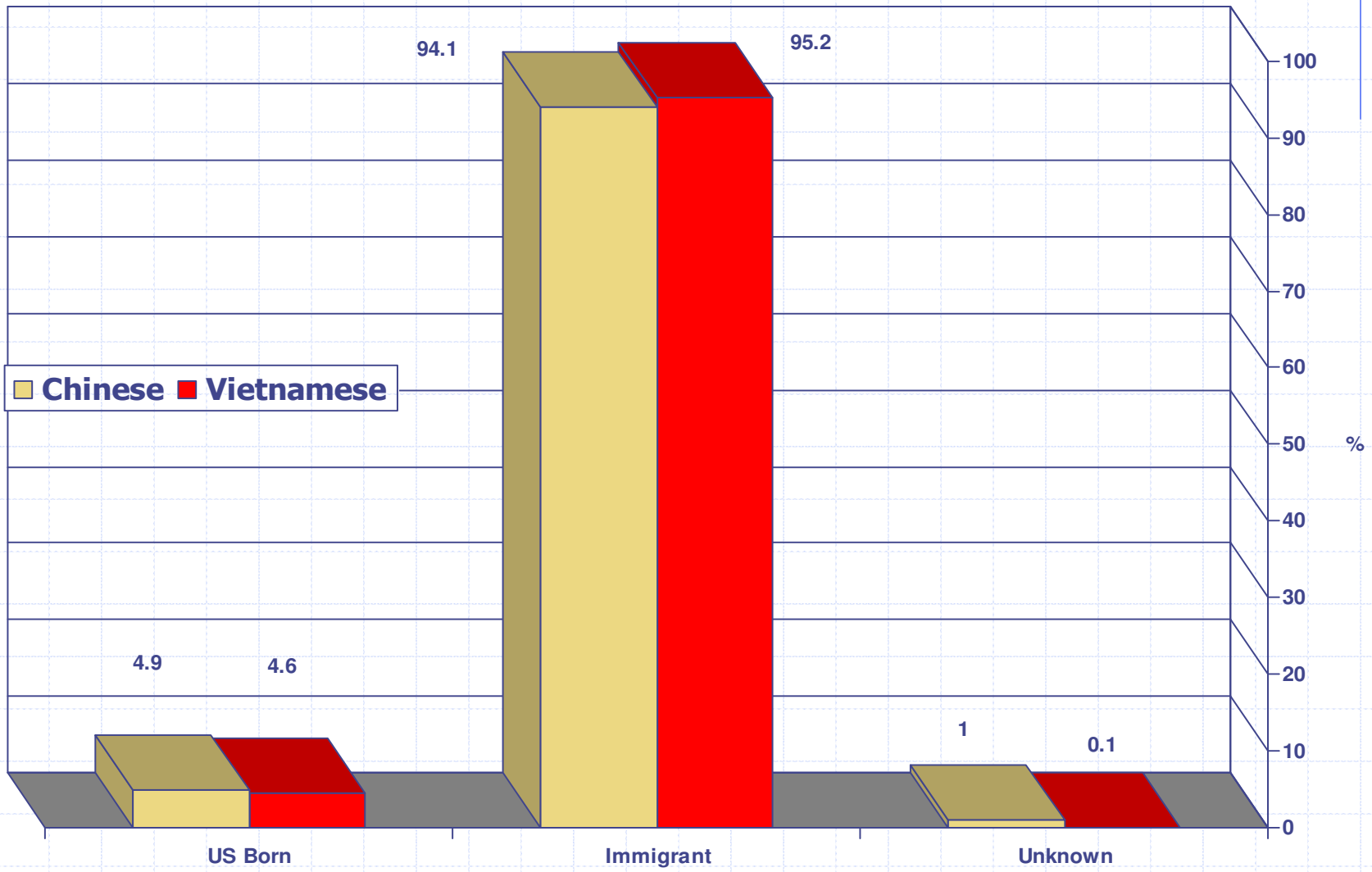
Gender Distribution

	Chinese		Vietnamese	
	Unweighted N (%)	Weighted %	Unweighted N (%)	Weighted %
Male	154 (38.0)	47.8	197 (48.2)	50.6
Female	251 (62.0)	52.2	212 (51.8)	49.4
Total	405 (100)	100	409 (100)	100

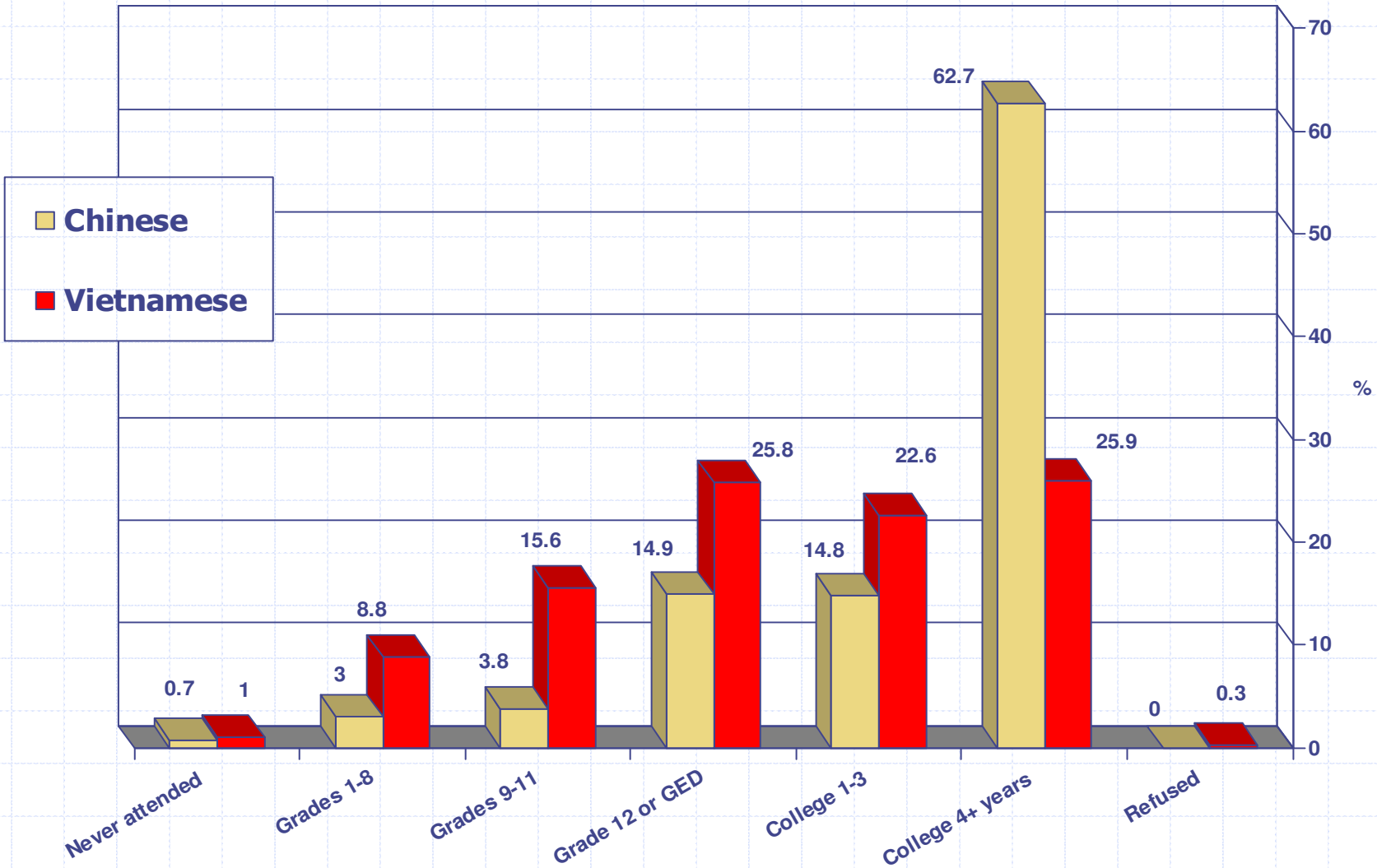
Age Distribution



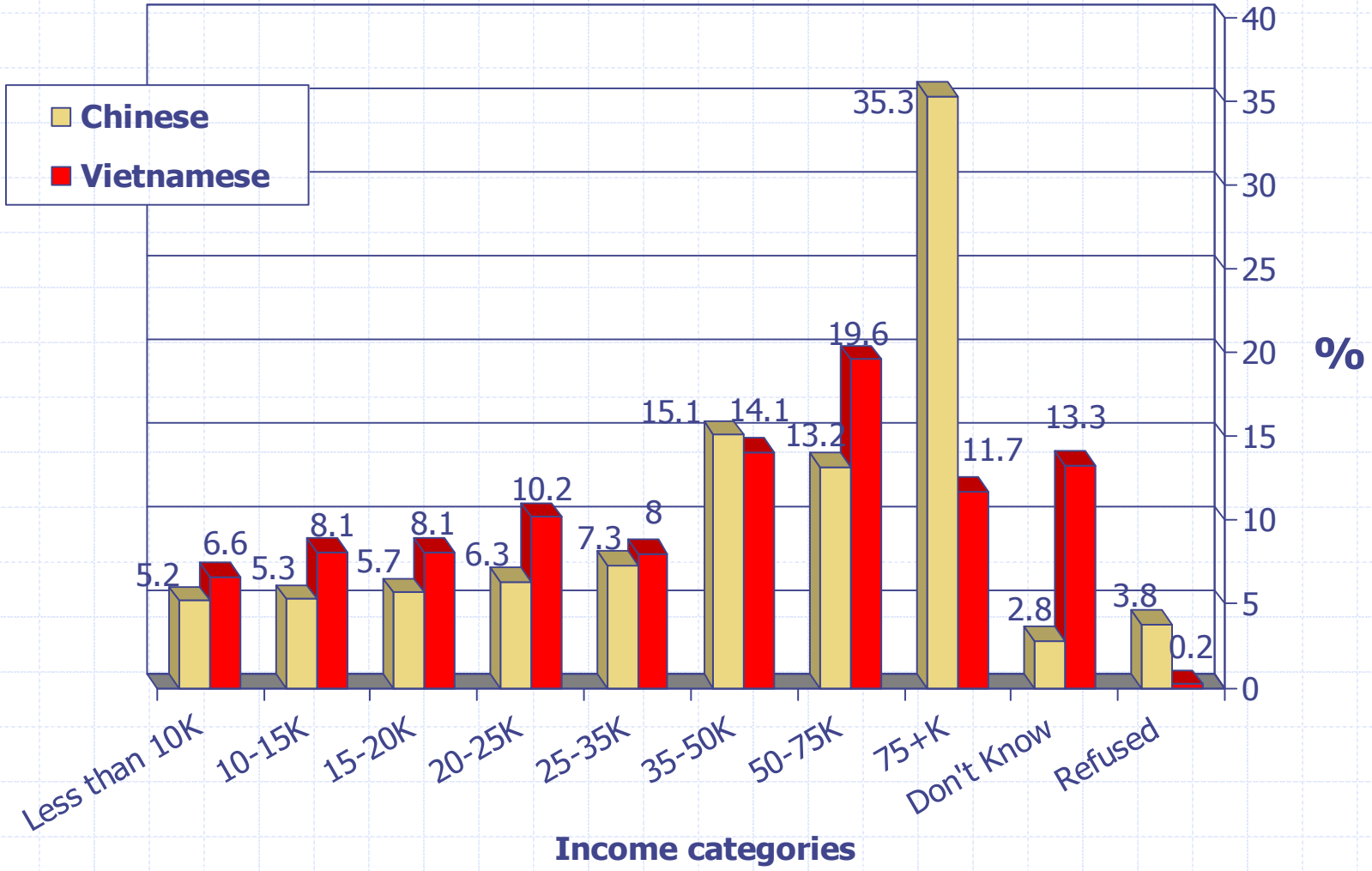
Residency status



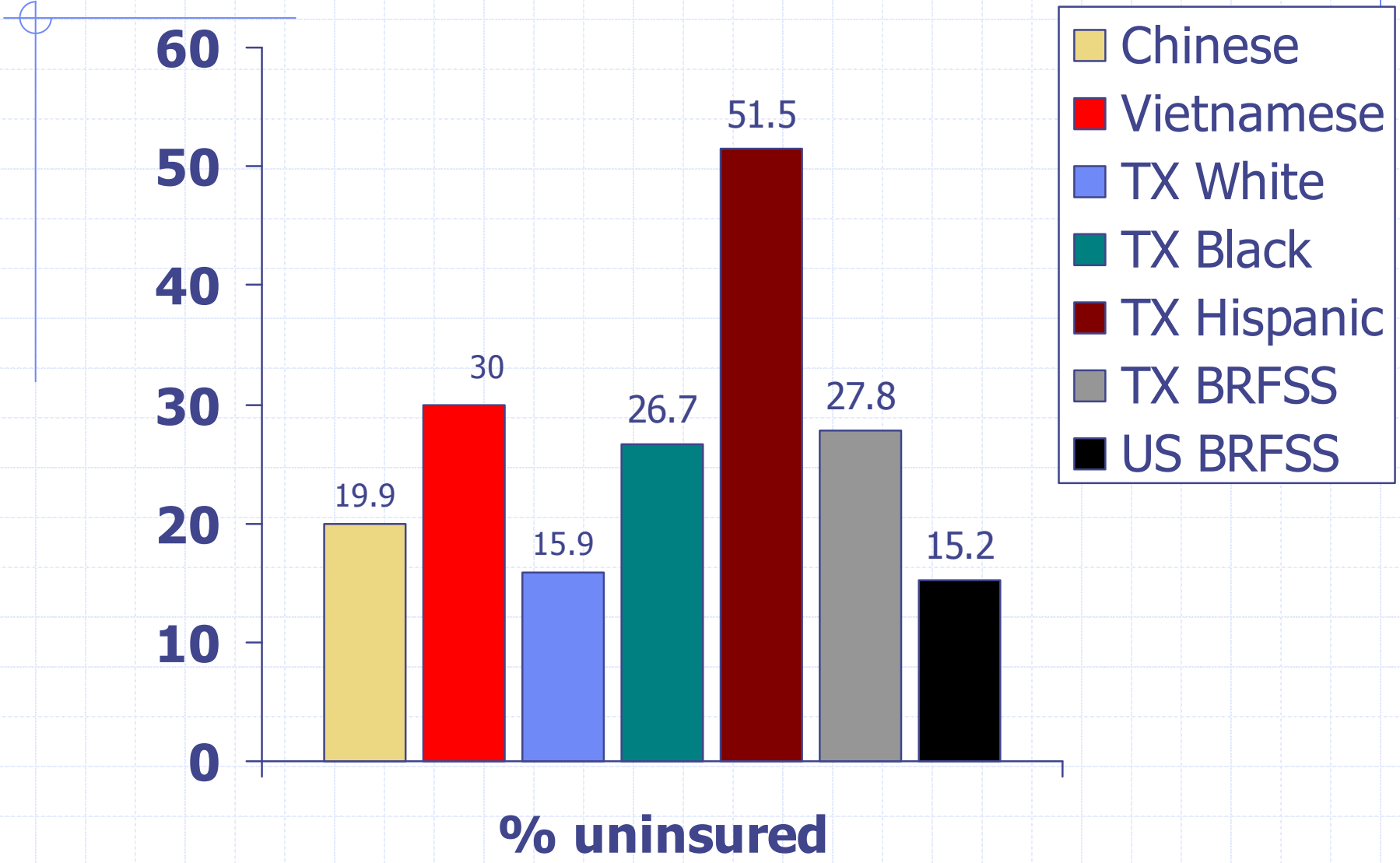
Education Level



Household income



Do you have any form of health insurance?

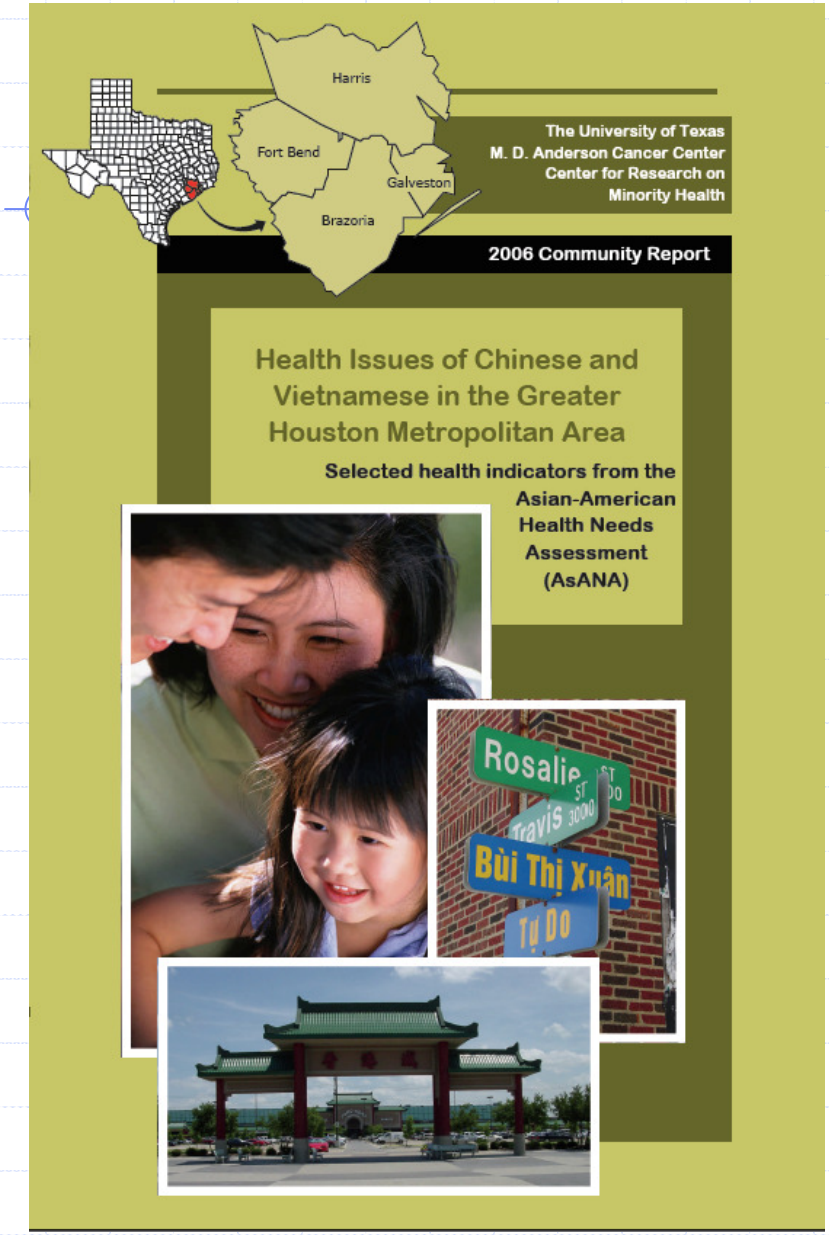


Lessons Learned

- **Sampling**: Who to include? Which AAPI group(s)? Which geographic areas?
- **Methodology**: telephone vs face to face
- **Instrument**: pre-existing vs developing one, pilot testing, translating
- **Outreach**: preparing and engaging the community, which media work best in each population

Lessons Learned

- **Implementation:** Training interviewers, dialectical and regional differences, quality control
- **Interpretation of Findings**: lack of health insurance, missing data, questions we forgot to include, gender and ethnic differences
- **Dissemination**: to community, to academia, to funders



AsANA Community Report

http://www.mdanderson.org/departments/crmh

Manuscripts

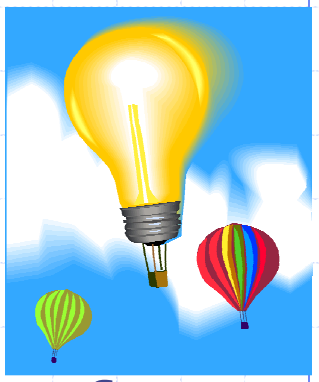
- Chilton, J.A., **Gor, B.J**., Hajek, R.A., Jones, L.A. Cervical cancer among Vietnamese women: Efforts to define the problem among Houston's population, Gynecologic Oncology, 99 (2005) S203-206.

- **Gor, BJ**, Shelton, AJ, Esparza, A, Yi, JK, Hoang, TV, Liang, JC, Jones, LA. Development of a health risk factors questionnaire for Chinese and Vietnamese residents of the Houston, Texas area. J Immigrant Minority Health, 2008 Aug;10 (4):373-7.
- **Gor, BJ**, Hoang, TV, Yi, JK, Esparza, A, Hernandez, M, Jones, LA. Cancer Screening Practices among Chinese and Vietnamese in the Greater Houston area. Californian Journal of Health Promotion 2007, Vol 5, Special Issue (Hlth Disparities & Soc Justice), 105-112.
- **Gor, BJ**, Chilton JA, Camingue, PT, Hajek, RA. Young Asian Americans' knowledge and perceptions of cervical cancer and the human papillomavirus. J Immigrant Minority Health (in progress)
- Abstracts presented at national and local meetings, including American Public Health Association, Texas Public Health Association, Intercultural Cancer Council, AANCART, Cancer Health Disparities Summit, American Association for Cancer Research

Results

- Data was used by Asian community based organizations to successfully apply for funding for health projects
- "Spin off" studies on cervical cancer, Asian youth & tobacco use, hepatitis B
- Other Houston Asian communities want this data for their population
- Increased interest in AA health and cancer issues

Where do we go from here?



- Further analysis and dissemination of AsANA data, additional manuscripts
- Needs assessment, such as resource mapping and community discussions
- Expanding this to other Asian populations, such as the South Asian and Filipino communities
- Future studies on other health topics
- Periodic re-surveying of the population

Acknowledgements

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