

Engaging Asian Americans to Address Tobacco and Cancer Related Health Disparities

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ASPIRE Seminar: Diversity and Inclusion: Creating a Culture of Respect for the Asian American and Native Hawaiian/Pacific Islander Community

March 17, 2022



UCSF Helen Diller Family
Comprehensive
Cancer Center

UCSF Weill Institute for
Neurosciences

Department of
Psychiatry and
Behavioral Sciences

 **ARCH**
AsianARCH.org

Overview

- Brief snapshots of tobacco and cancer health disparities in Asian Americans
- Opportunities to engage Asian Americans in addressing these disparities

Asian Americans: fastest growing and diverse population

24 million Asian Americans; 7.2% of the total population (2020 Census)

By 2060, Asian Americans will grow to 35.8 million (PEW Research Center, 2021)

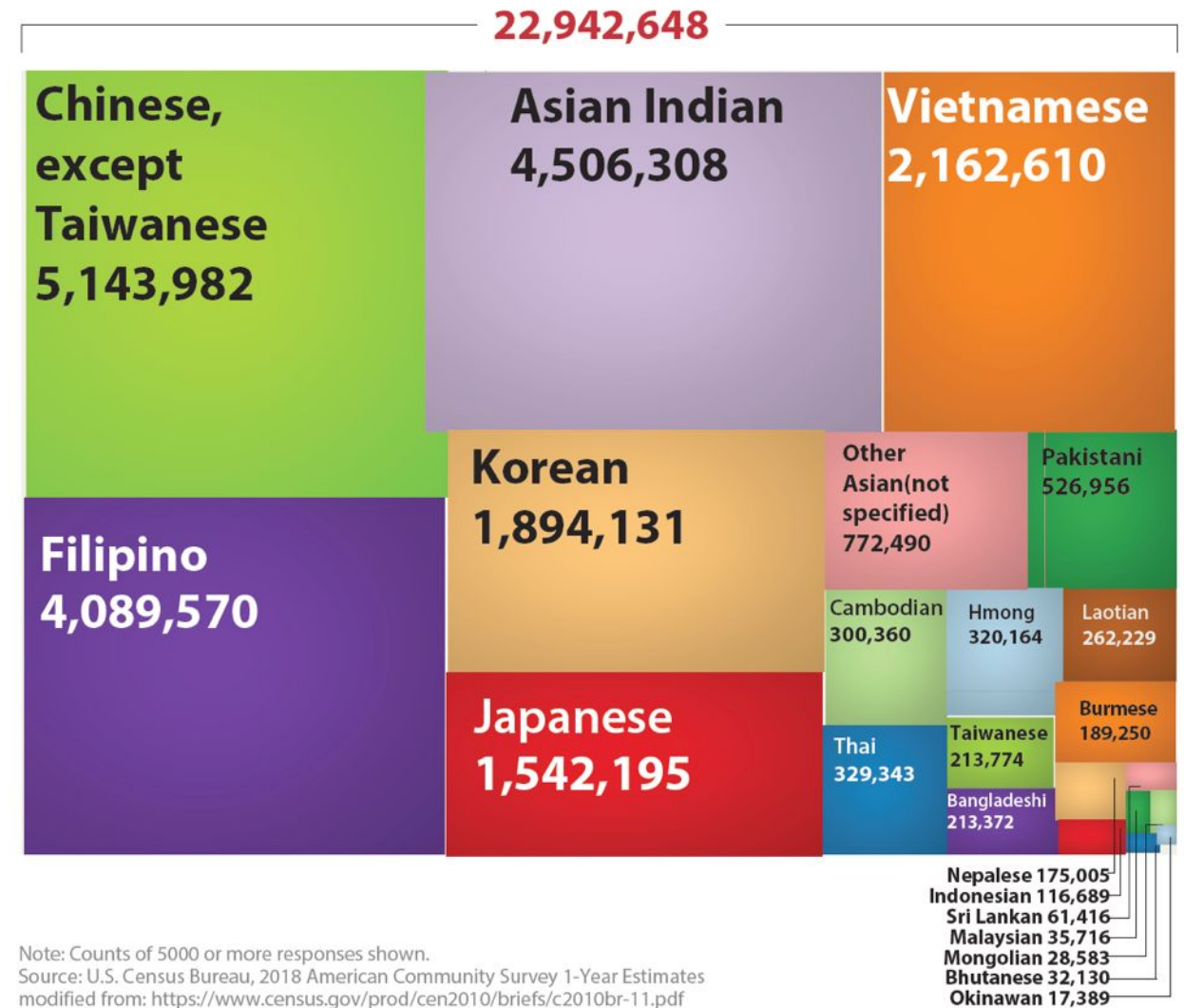
Asian Americans trace their heritage to more than 50 different Asian countries or ethnic groups and they speak over 100 languages or dialects

Sources

- <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
- <https://www.pewresearch.org/fact-tank/2021/04/09/asian-americans-are-the-fastest-growing-racial-or-ethnic-group-in-the-u-s/>

The Asian Population in the United States

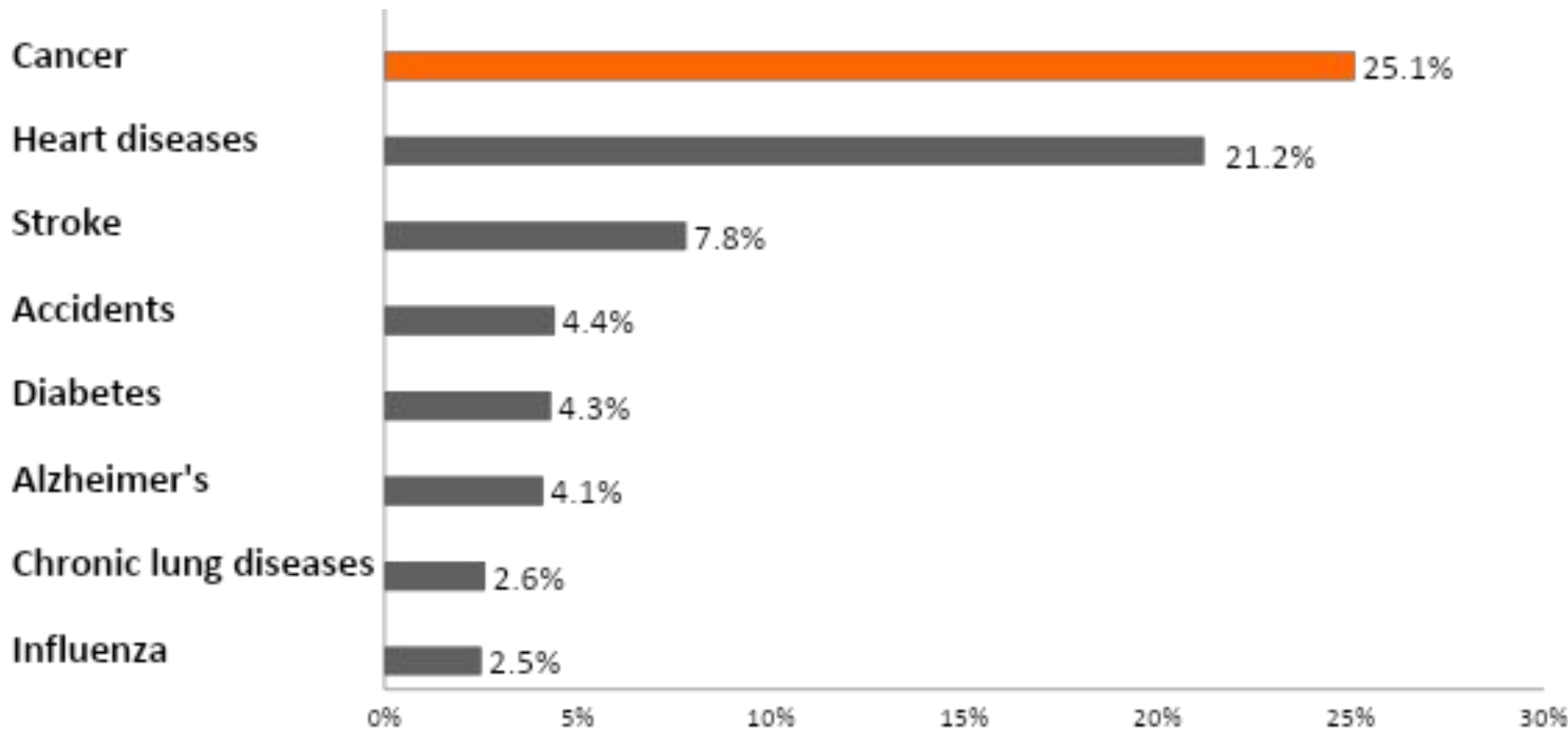
American Community Survey: 2018



Deaths: Leading Causes for 2019

by Melonie Heron, Ph.D., Division of Vital Statistics

Cancer is the leading cause of death in Asian Americans (2019)



Source: National Vital Statistics, 2019 (<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>)

Tobacco Related Health Disparities In Asian Americans

Morbidity and Mortality Weekly Report

November 20, 2020

TABLE. Percentage of adults aged ≥ 18 years who reported tobacco product use “every day” or “some days,” by tobacco product and selected characteristics — National Health Interview Survey, United States, 2019

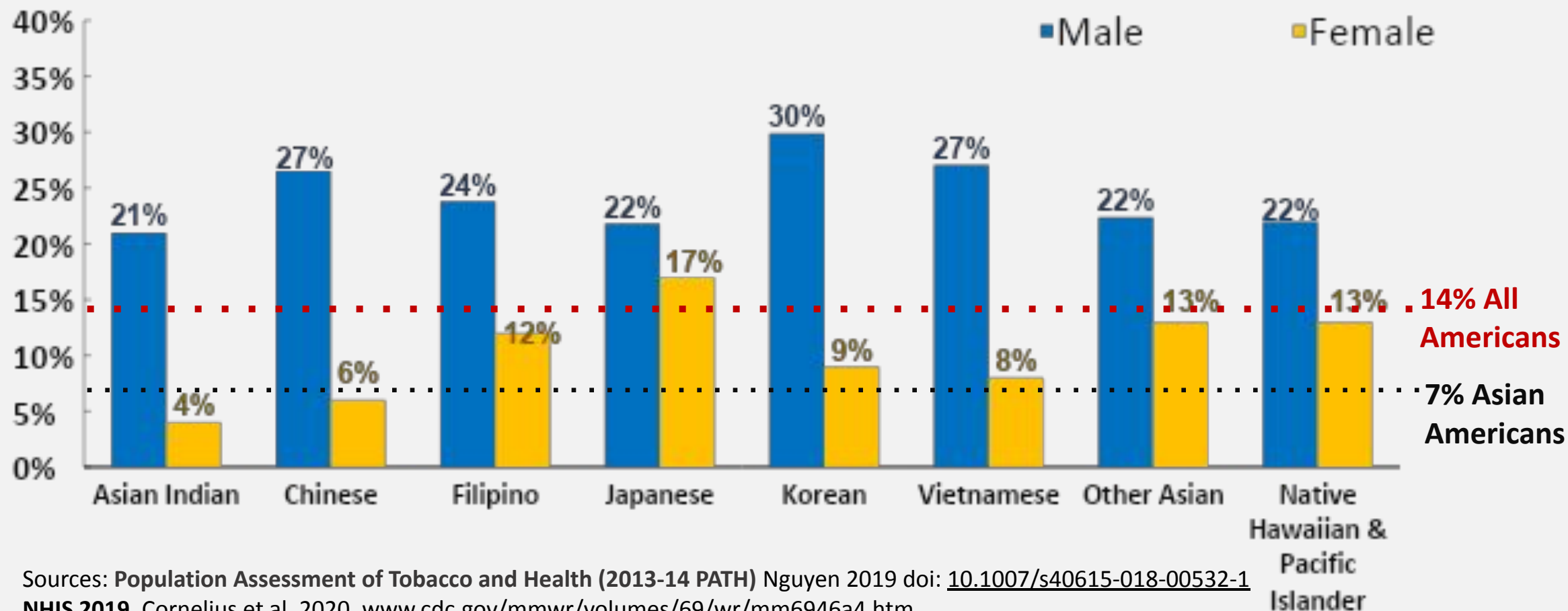
Characteristic	% (95% CI)							
	Any tobacco product*	Any combustible product [†]	Cigarettes [§]	Cigars/Cigarillos/ Filtered little cigars [¶]	Regular pipe/ Water pipe/ Hookah**	E-cigarettes ^{††}	Smokeless tobacco ^{§§}	≥ 2 Tobacco products ^{¶¶}
Overall	20.8 (20.2–21.4)	16.7 (16.1–17.3)	14.0 (13.5–14.5)	3.6 (3.3–3.9)	1.0 (0.9–1.1)	4.5 (4.2–4.8)	2.4 (2.2–2.6)	3.9 (3.6–4.2)
Sex								
Male	26.2 (25.3–27.1)	20.1 (19.3–20.9)	15.3 (14.5–16.1)	6.3 (5.8–6.8)	1.5 (1.3–1.7)	5.5 (5.0–6.0)	4.7 (4.2–5.2)	5.7 (5.2–6.2)
Female	15.7 (14.9–16.5)	13.6 (12.9–14.3)	12.7 (12.0–13.4)	1.1 (0.9–1.3)	0.5 (0.4–0.6)	3.5 (3.1–3.9)	0.3 (0.2–0.4)	2.2 (1.9–2.5)
Age group (yrs)								
18–24	18.2 (16.2–20.2)	11.2 (9.7–12.7)	8.0 (6.7–9.3)	3.8 (2.8–4.8)	1.7 (1.1–2.3)	9.3 (7.9–10.7)	2.2 (1.4–3.0)	5.2 (4.1–6.3)
25–44	25.3 (24.2–26.4)	20.1 (19.1–21.1)	16.7 (15.8–17.6)	4.4 (3.9–4.9)	1.3 (1.0–1.6)	6.4 (5.8–7.0)	3.2 (2.8–3.6)	5.5 (4.9–6.1)
45–64	23.0 (21.9–24.1)	19.5 (18.5–20.5)	17.0 (16.0–18.0)	3.7 (3.3–4.1)	0.6 (0.4–0.8)	3.0 (2.6–3.4)	2.5 (2.1–2.9)	3.4 (3.0–3.8)
≥ 65	11.4 (10.6–12.2)	9.9 (9.2–10.6)	8.2 (7.5–8.9)	2.0 (1.6–2.4)	0.5 (0.3–0.7)	0.8 (0.6–1.0)	1.2 (0.9–1.5)	1.3 (1.0–1.6)
Race/Ethnicity***								
White, non-Hispanic	23.3 (22.5–24.1)	18.3 (17.6–19.0)	15.5 (14.8–16.2)	3.8 (3.5–4.1)	1.0 (0.8–1.2)	5.1 (4.7–5.5)	3.4 (3.1–3.7)	4.5 (4.1–4.9)
Black, non-Hispanic	20.7 (19.0–22.4)	18.6 (17.0–20.2)	14.9 (13.4–16.4)	4.4 (3.5–5.3)	1.1 (0.7–1.5)	3.4 (2.6–4.2)	0.5 (0.3–0.7)	3.3 (2.5–4.1)
Asian, non-Hispanic	11.0 (9.0–13.0)	8.6 (6.7–10.5)	7.2 (5.4–9.0)	1.2 (0.6–1.8)	— ^{†††}	2.7 (1.7–3.7)	—	1.4 (0.8–2.0)
American Indian/Alaska Native, non-Hispanic	29.3 (16.4–42.2)	22.3 (10.5–34.1)	20.9 (9.9–31.9)	—	—	—	—	—
Hispanic	13.2 (11.9–14.5)	11.2 (10.0–12.4)	8.8 (7.8–9.8)	3.0 (2.3–3.7)	0.8 (0.5–1.1)	2.8 (2.2–3.4)	0.5 (0.3–0.7)	2.2 (1.7–2.7)
Other, non-Hispanic	28.1 (23.4–32.8)	22.0 (17.7–26.3)	19.7 (15.7–23.7)	3.1 (1.6–4.6)	—	9.3 (6.0–12.6)	—	7.5 (4.7–10.3)

*Data Source: National Health Interview Survey, 2019. NCHS Data Brief, No. 365, April 2020: Electronic Cigarette Use Among U.S. Adults, 2019

https://www.cdc.gov/mmwr/volumes/69/wr/mm6946a4.htm#F1_down



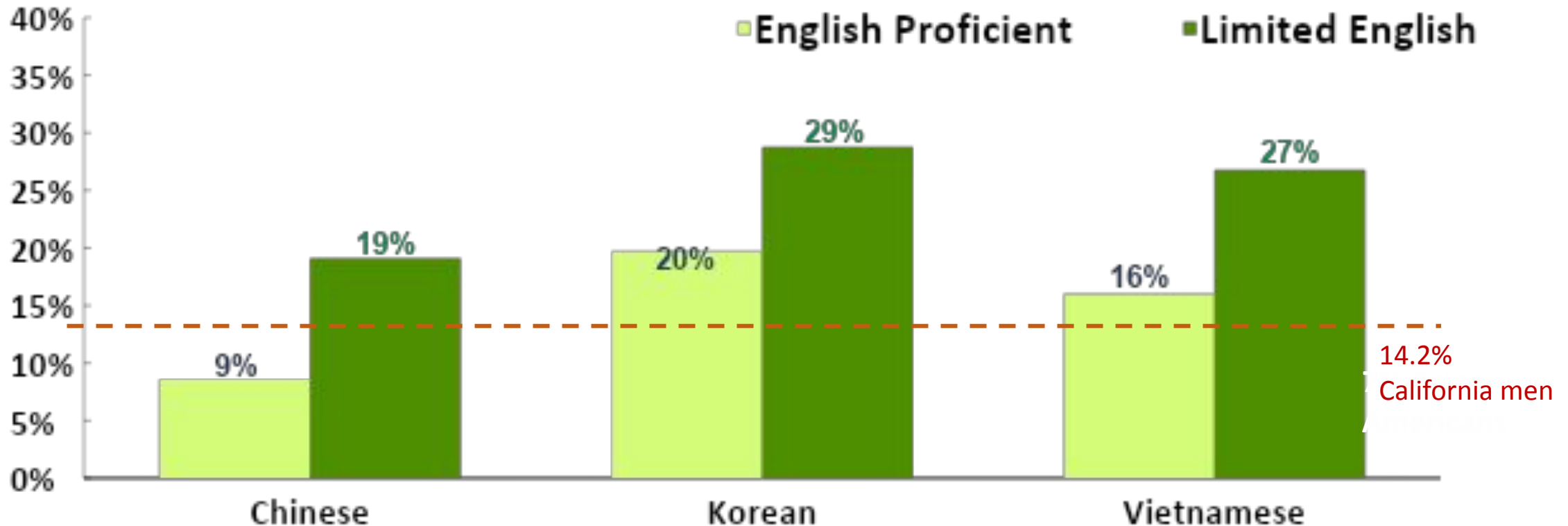
Past 30-day Cigarette Use Prevalence among Asian American, Native Hawaiian & Pacific Islander Men and Women (Pre-Pandemic)



Sources: Population Assessment of Tobacco and Health (2013-14 PATH) Nguyen 2019 doi: [10.1007/s40615-018-00532-1](https://doi.org/10.1007/s40615-018-00532-1)
NHIS 2019, Cornelius et al, 2020, www.cdc.gov/mmwr/volumes/69/wr/mm6946a4.htm



Current Cigarette Smoking among Selected Asian American Men in California by English Proficiency (CHIS 2013-2019)



Source: AskCHIS: California Health Interview Survey 2013-2019 (<https://ask.chis.ucla.edu>)

Tripathi et al. Cancer Epidemiol Biomarkers Prev. 2022;31(1):58-65. doi:10.1158/1055-9965.EPI-21-0359

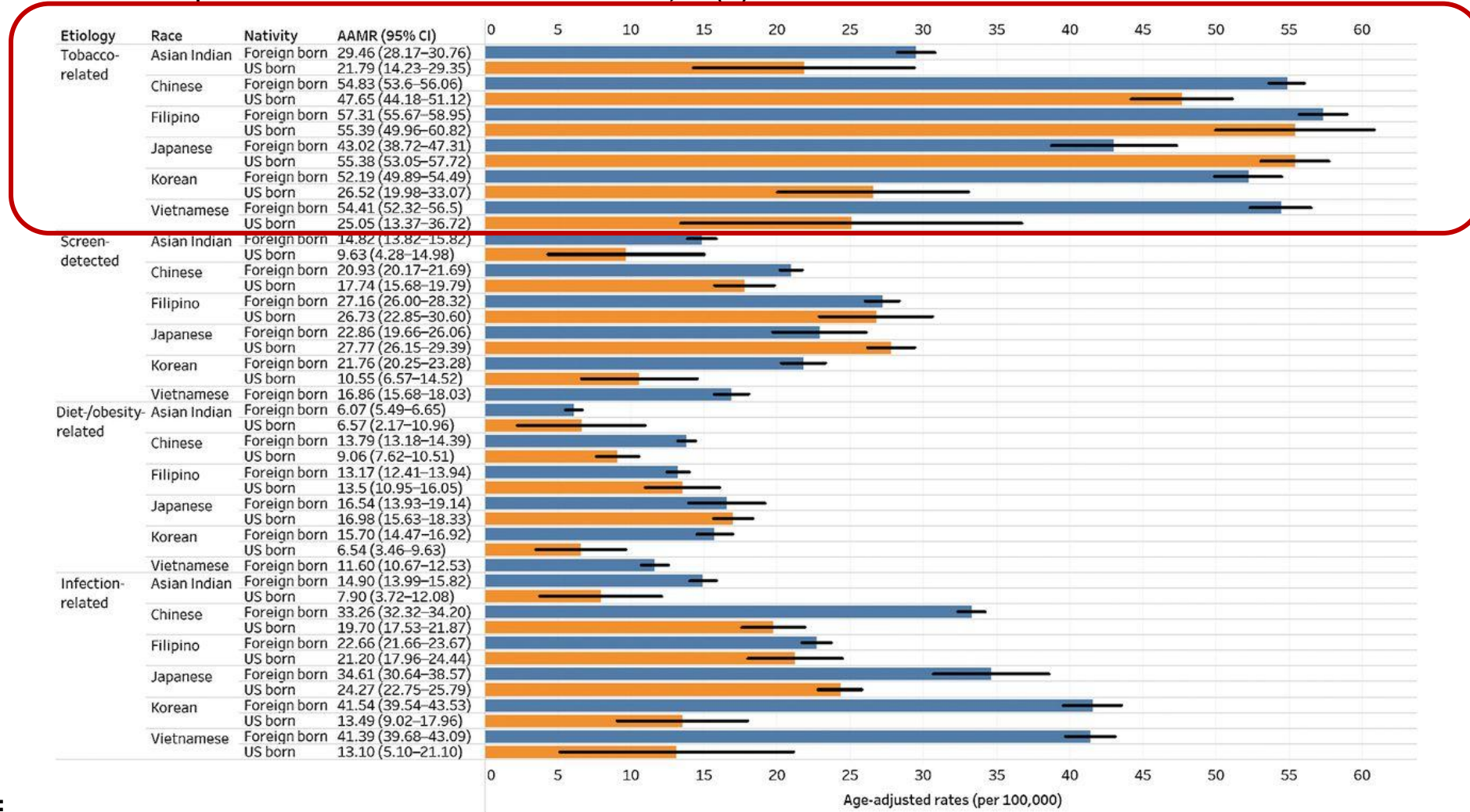


Figure Legend:

AAMRs (per 100,000) by etiology, race, and nativity, among males. Rates are directly age-adjusted to the United States 2000 population. Due to counts <16, rates for screen-detected cancer and diet/obesity-related cancer among US-born Vietnamese are suppressed and not reported. Tobacco-related cancers: oral cavity and pharynx, leukemia, lung and bronchus, kidney and renal, pancreas; Screen-detected cancers: colon and rectum, female breast, prostate; Diet/obesity-related cancers: colon and rectum, female breast, ovary, uterine corpus; Infection-related cancers: oral cavity and pharynx, liver, non-Hodgkin lymphoma, stomach.

Tripathi et al. Cancer Epidemiol Biomarkers Prev. 2022;31(1):58-65. doi:10.1158/1055-9965.EPI-21-0359

Tobacco-Related Cancer Mortality in US.-born versus Foreign-Born Asian American Males (2008-2017)

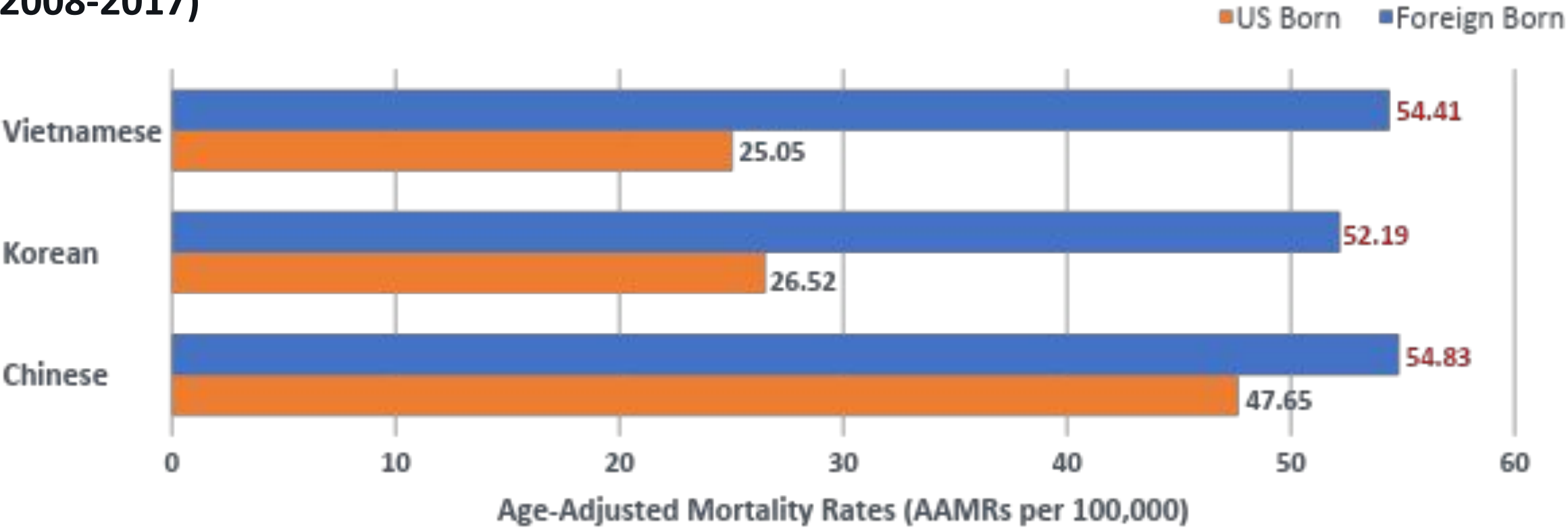


Figure Legend:

AAMRs (per 100,000) by etiology, race, and nativity, among males. Rates are directly age-adjusted to the United States 2000 population. Tobacco-related cancers: oral cavity and pharynx, leukemia, lung and bronchus, kidney and renal, pancreas.

Cancer Health Disparities In Asian Americans

incidence (new cases), **prevalence** (all existing cases), **morbidity** (cancer-related health complications), **mortality** (deaths), **survivorship** (quality of life after cancer treatment), **burden** of cancer or related health conditions, **screening** rates, and **stage** at diagnosis

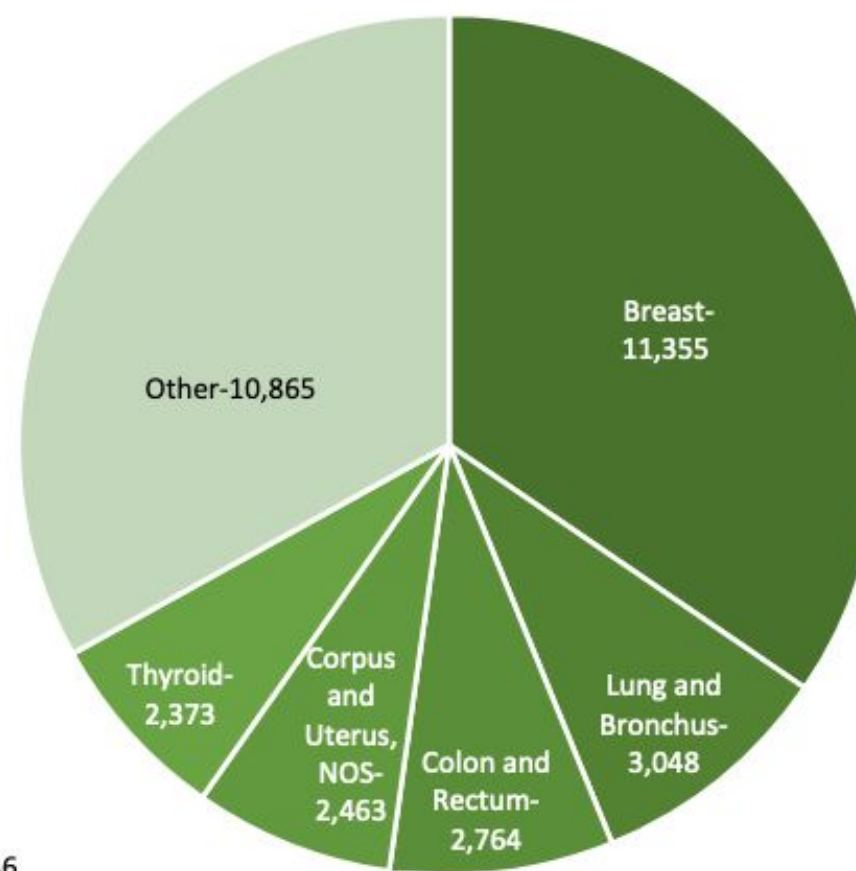
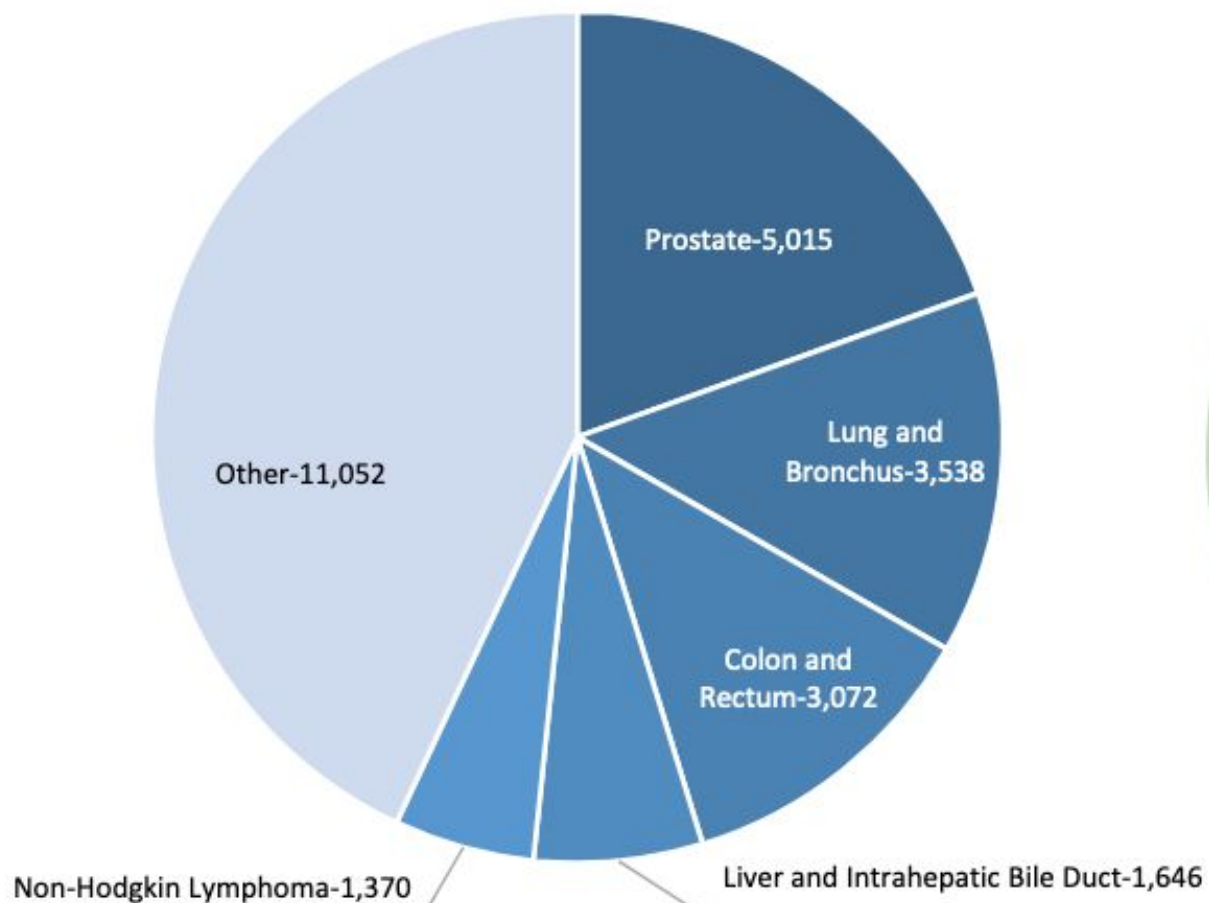
<https://www.cdc.gov/cancer/uscs/pdf/uscs-databrief-no22-april2021-h.pdf>

Figure 1. Number of New Cancer Cases Among Asian/Pacific Islanders, 2017

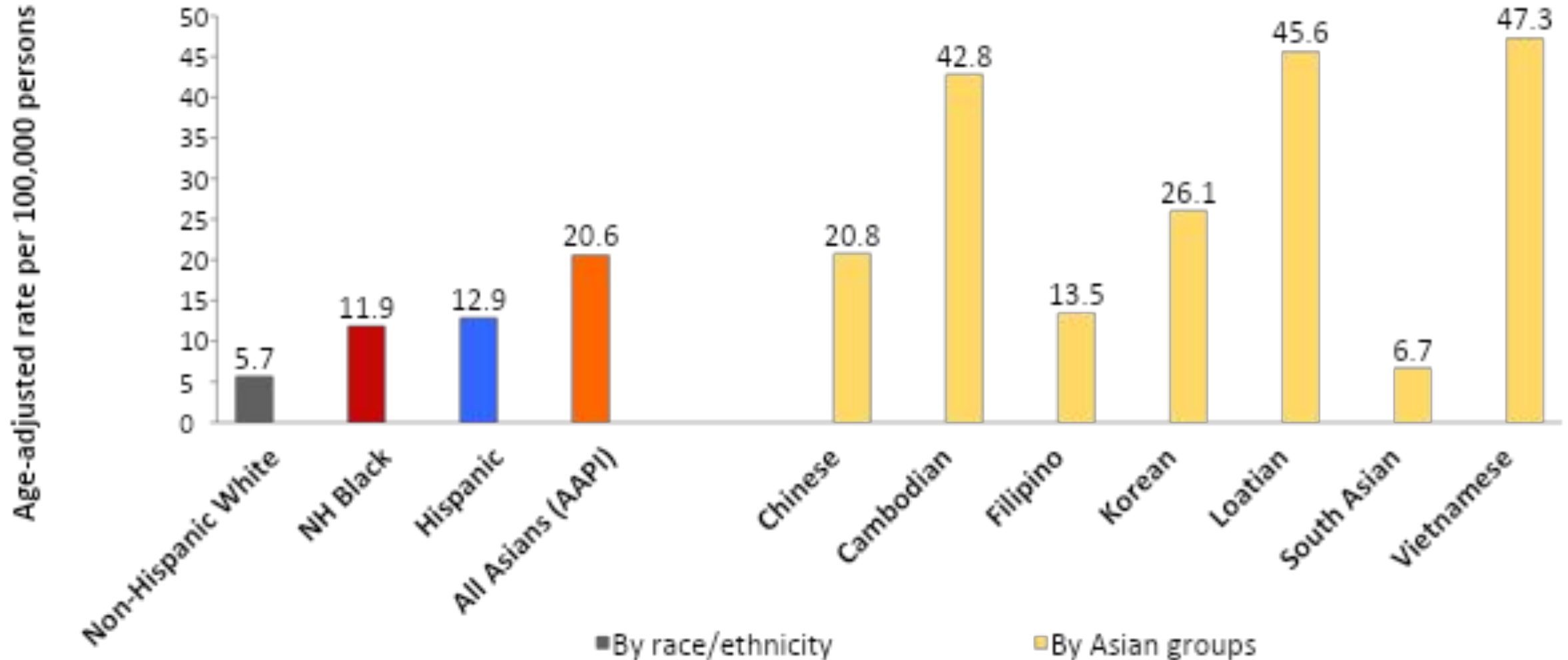
Cancer Incidence and 5-Year Survival Among Asian/Pacific Islanders,
United States—2008–2017

Males (25,693)

Females (32,868)



Liver Cancer Incidence among Men (1988-2012)





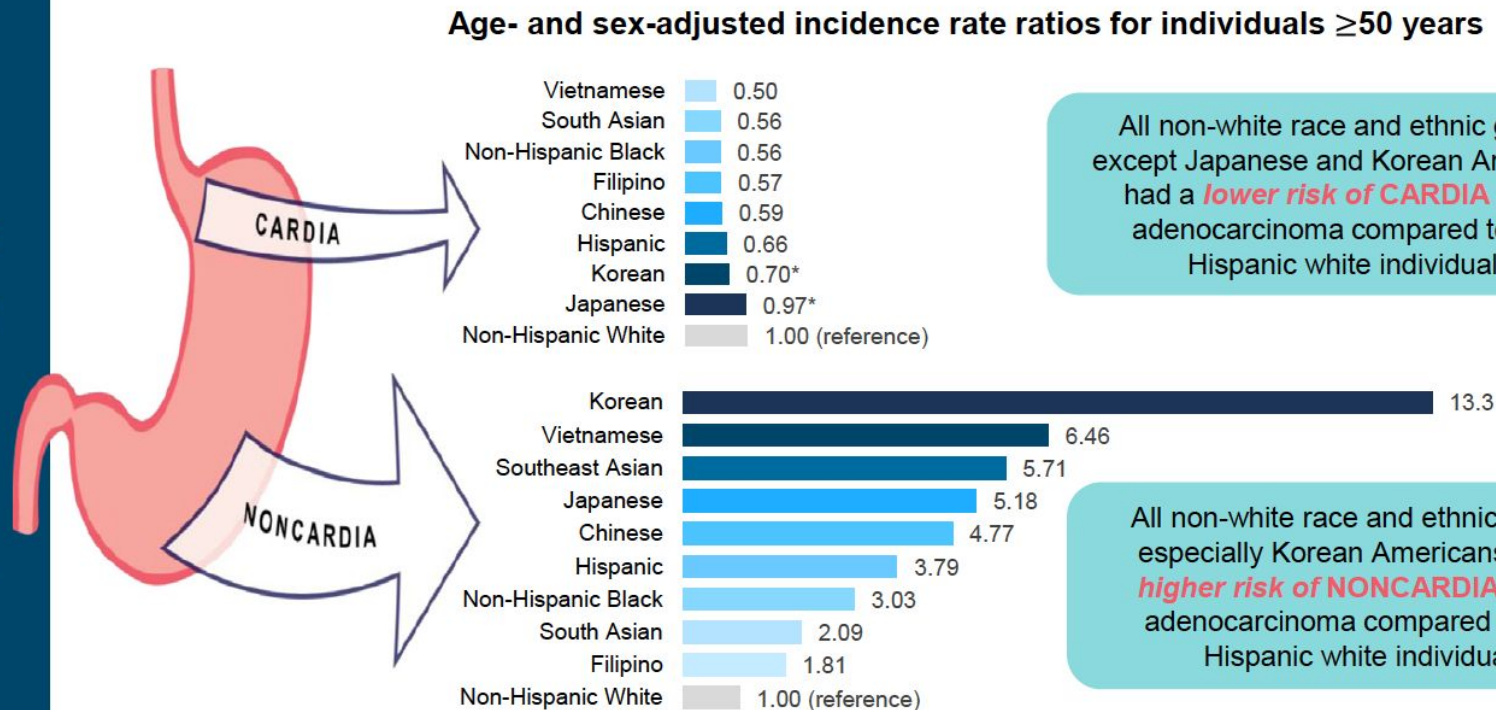
Population-Based Analysis of Differences in Gastric Cancer Incidence Among Races and Ethnicities in Individuals Age 50 Years and Older

Shailja C. Shah,^{1,2} Meg McKinley,^{3,4} Samir Gupta,^{5,6,7} Richard M. Peek Jr,² Maria Elena Martinez,^{6,8} and Scarlett L. Gomez^{4,9}

There are several-fold differences in the incidence of gastric adenocarcinoma in specific anatomic sites among different race and ethnic groups in individuals age ≥ 50 years old.

These findings may inform risk reduction and early detection programs for gastric adenocarcinoma.

Shah SC, et al. 2020



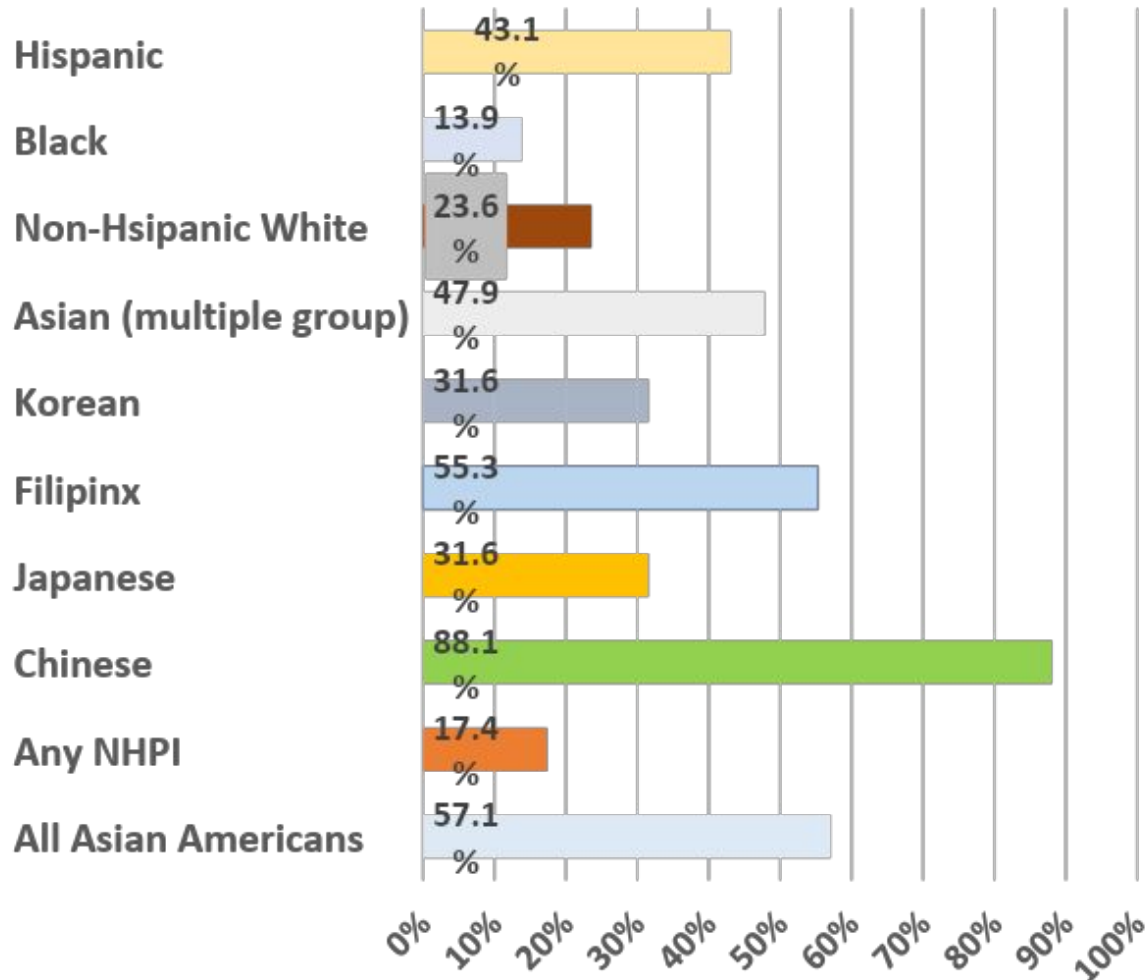
All non-white race and ethnic groups, except Japanese and Korean Americans, had a **lower risk of CARDIA** gastric adenocarcinoma compared to non-Hispanic white individuals.

All non-white race and ethnic groups, especially Korean Americans, had a **higher risk of NONCARDIA** gastric adenocarcinoma compared to non-Hispanic white individuals.

*Statistically non-significant
Data from California Cancer Registry (2011–2015)

Gastroenterology

Lung cancer among non-smokers



- 57% of Asian American women diagnosed with lung cancer have never smoked
- Asian American women have the highest percentage of never smokers.

Derouen et al 2022.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8254771/>

Many Asian Americans and Latinos are not getting the recommended cancer screening tests

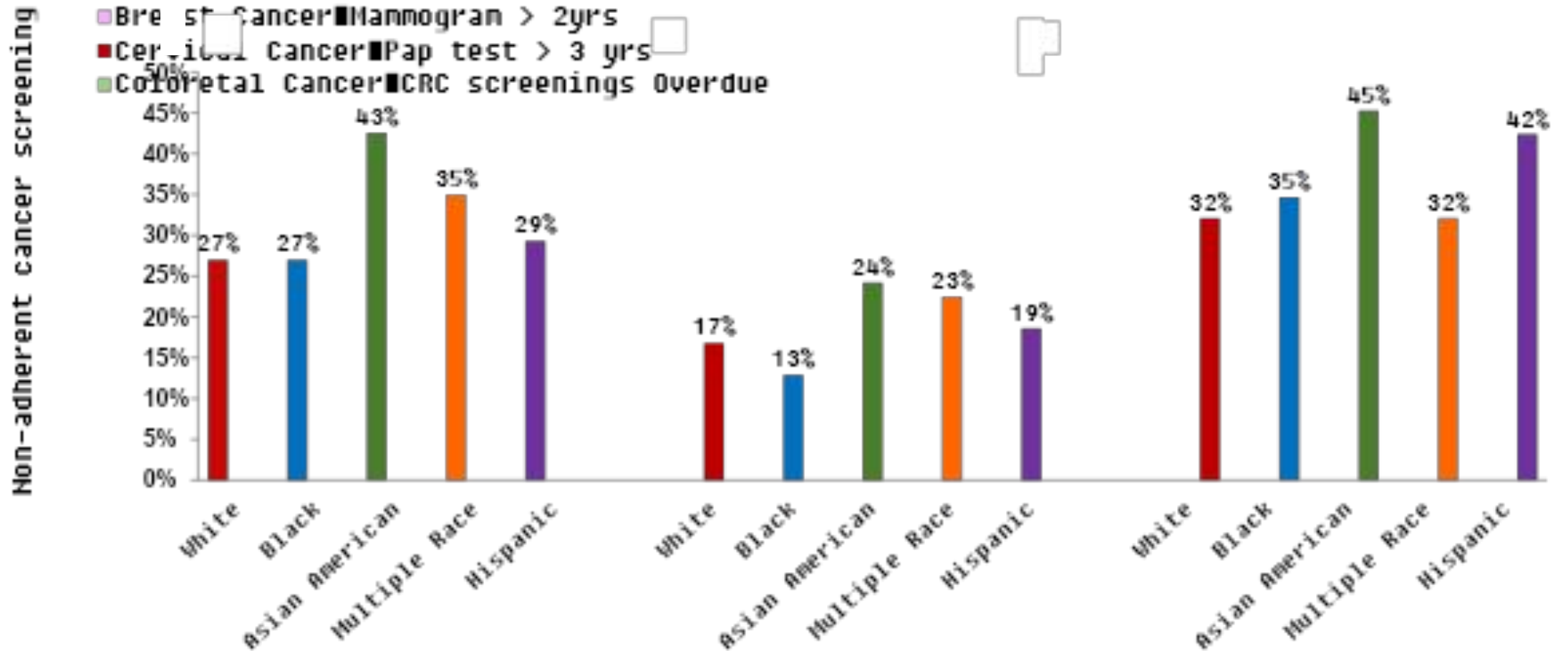
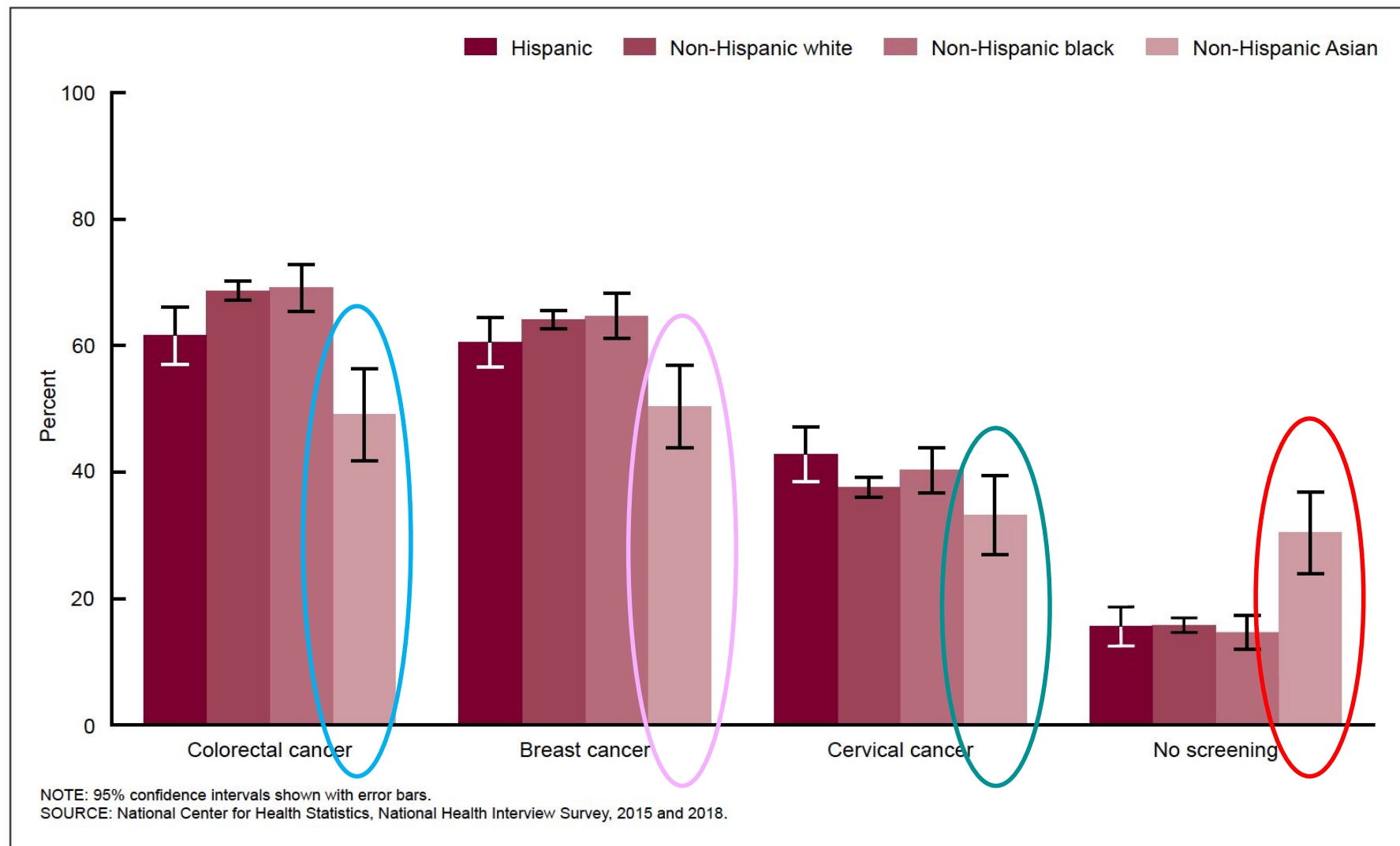


Figure 5. Percentage of colorectal, breast, and cervical cancer screening among women aged 65 and over, by race and Hispanic origin: United States, 2015 and 2018



Asian American women aged 65+ had the lowest screening rates.

Original Article

Disparities in abnormal mammogram follow-up time for Asian women compared with non-Hispanic white women and between Asian ethnic groups

Kim H. Nguyen MPH, ScD , Rena J. Pasick DrPH, Susan L. Stewart PhD,
Karla Kerlikowske MD, Leah S. Karliner MD, MAS

First published: 12 June 2017 [Full publication history](#)

DOI: 10.1002/cncr.30756 [View/save citation](#)

- **Less Asian women received follow-up** within 30 days after a suspicious mammogram (57% in Asians; 49% among Vietnamese vs. 77% in non-Hispanic Whites).
- **Longest follow-up time** in Filipina women (median: 28 days) and Vietnamese (median: 32 days) when compared to non-Hispanic Whites (median 15 days)
- Filipinas had the **highest rate of having NO follow-up**: 18%

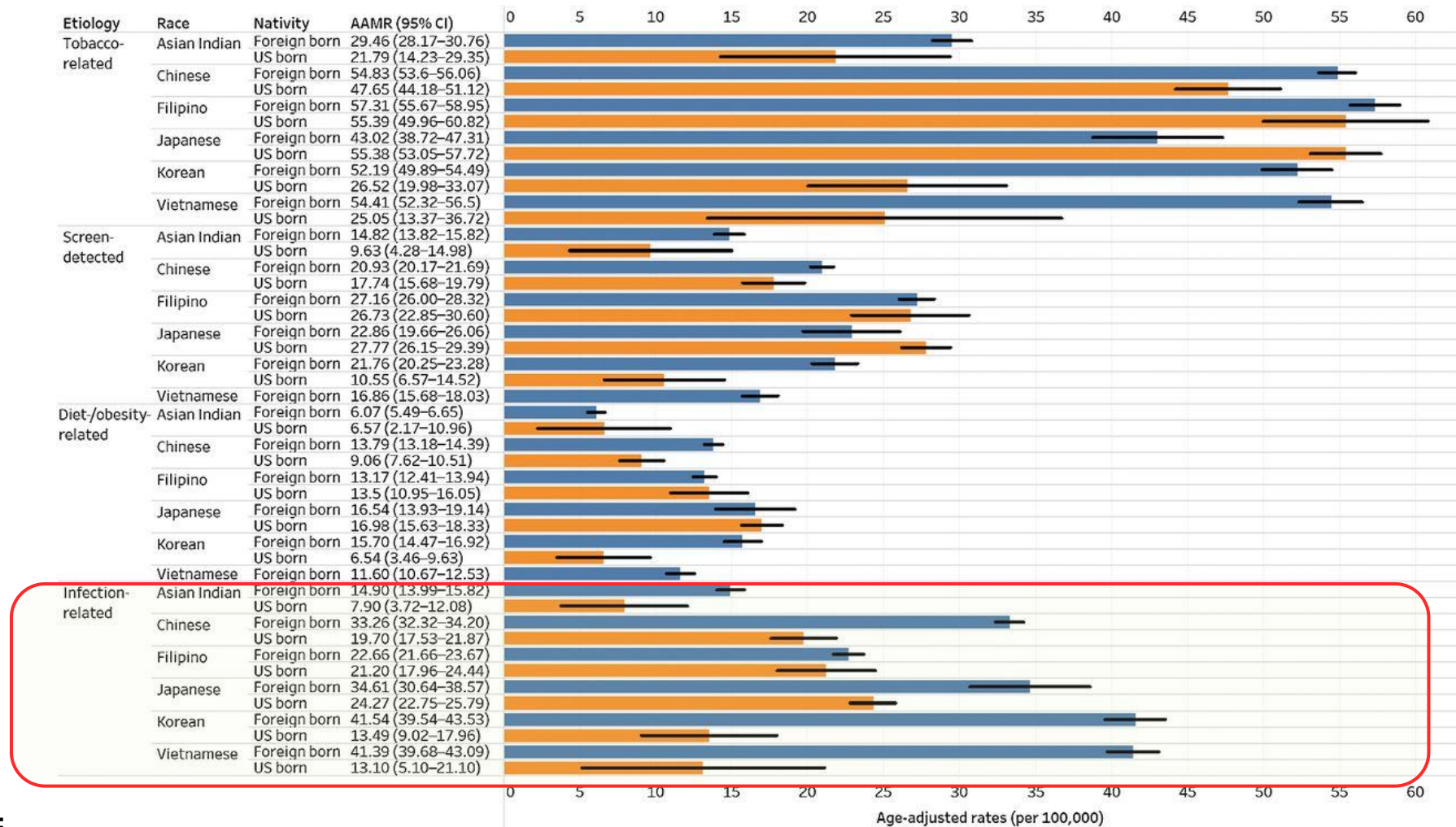


Figure Legend:

AAMRs (per 100,000) by etiology, race, and nativity, among males. Rates are directly age-adjusted to the United States 2000 population. Due to counts <16, rates for screen-detected cancer and diet/obesity-related cancer among US-born Vietnamese are suppressed and not reported. Tobacco-related cancers: oral cavity and pharynx, leukemia, lung and bronchus, kidney and renal, pancreas; Screen-detected cancers: colon and rectum, female breast, prostate; Diet/obesity-related cancers: colon and rectum, female breast, ovary, uterine corpus; Infection-related cancers: oral cavity and pharynx, liver, non-Hodgkin lymphoma, stomach.

HEALTH & TECHNOLOGY

Why cancer stigma for Asian Americans is so dangerous

For 28 years, I kept my breast cancer a secret. I lived in fear that my Chinese-American friends would shun me if I told them what I had endured.



The author in a photo taken to celebrate her last chemotherapy session, in 1990. Courtesy Yvonne Liu

Oct. 23, 2021, 1:32 AM PDT

By Yvonne Liu, freelance writer

Date of Download: 3/13/2022

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by Taboola

survivorship
(quality of life after cancer treatment)

<https://www.nbcnews.com/think/opinion/why-cancer-stigma-asian-americans-so-dangerous-ncna1282160>

Opportunities to Engage Asian Americans to Promote Cancer Care Equity




[简体中文](#)[繁體中文](#)[한국어](#)[Tiếng Việt](#)[HOME](#)[ENROLL ONLINE](#)[HELP SOMEONE QUIT](#)[ASQ RESOURCES](#)[ABOUT ASQ](#)

Asian Smokers' Quitline (ASQ)

We offer free telephone counseling, self-help materials, free nicotine patches and online help in four Asian languages (Cantonese, Mandarin, Korean and Vietnamese) to help you quit smoking.

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You are.....



Smoker

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Friends

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Chen et al (2021) **Evaluation of the Asian Smokers' Quitline: A Centralized Service for a Dispersed Population.**

<https://www.sciencedirect.com/science/article/pii/S0749379720303299>

Primary Care Settings Provide an Unique Opportunity to Address Tobacco Use among Asians



- Physician advice to quit smoking as brief as 3 minutes is effective (Stead et al, 2013 - Cochrane Review; Petnode et al, 2021)
- 80% of Asian American current smokers had a visit with their doctors within past year (2018-20 CHIS)
- In 2017-18, 48.5% of Asian American smokers reported receiving advice from a health professional (2018 CHIS)



Funding: This study was supported by the California Tobacco-Related Disease Research Program Community Academic Research Award grants: 21BT-0056H, 24AT-1300H, and 24AT-1301H.

ORIGINAL RESEARCH

Interactive Mobile Doctor (iMD) to Promote Patient-Provider Discussion on Tobacco Use among Asian American Patients in Primary Care: A Pilot Study

Janice Y. Tsob, PhD, Thu Quach, PhD, Thomas B. Duong, BS, Emily Sa Nan Park, BS, Ching Wong, BS, Susan M. Huang, MD, MS, and Tung T. Nguyen, MD

Introduction: This study examined the feasibility, acceptability, and efficacy of an interactive “Mobile Doctor” intervention (iMD) for Korean and Vietnamese American men, population groups with high smoking prevalence rates.

Methods: The iMD delivers 5As (Ask, Advise, Assess, Assist, and Arrange) via tailored in-language video messages on a mobile tablet to Korean and Vietnamese male daily smokers right before a health care visit. A single-group trial was conducted with Korean- and Vietnamese-speaking patients at a federally qualified health center. Outcomes were assessed by self-reported surveys obtained postvisit and 3-month follow-up, and by examining electronic health record (EHR) progress notes from 3 consecutive primary care visits to evaluate impacts.

Results: Among 47 male daily smokers (87% participation rate), 98% were limited English proficient and 53% had no intent to quit smoking within 6 months. On average, iMD took 12.9 minutes to complete. All participants reported discussing smoking with their providers during the visit, and more than 90% thought iMD was at least somewhat helpful in their decision about quitting and in communicating with their providers. EHR-documented 5As were significantly higher at the iMD visit for Assess (38.3%), Assist (59.6%), and Arrange (36.2%) compared with other visits without iMD. At 3 months, 51% made at least 1 24-hour quit attempt since the intervention. The self-reported 7-day point prevalence abstinence was 19%.

Conclusions: iMD is feasible and acceptable to Korean and Vietnamese male smokers, including those who were not intending to quit smoking. It is a promising tool for increasing patient-provider discussion of tobacco use and possibly smoking cessation among Asian American male smokers. (J Am Board Fam Med 2018;31:869–880.)

Keywords: Asian Americans, Delivery of Health Care, Prevalence, Primary Health Care, Self-Report, Smoking Ces-

Interactive Mobile Doctor (iMD)



iMD in English, Chinese, Korean and Vietnamese



Mobile Doctor: Tobacco Survey

一般來說, 您每天吸煙多少支呢?

20 支

7	8	9	⌫	CLR
4	5	6	⬅	➡
1	2	3	⬅	➡
0				

Mobile Doctor: Tobacco Survey

Which one is the most important reason for you for not thinking about quitting?

- ✓ My health is fine so I do not need to quit.
- ✓ I tried but can't quit.
- ✓ I do not know how to quit.
- ✓ I have too much stress to quit.
- ✓ A lot of my friends and co-workers still smoke.

Randomized controlled trial (n=172) to evaluate the 6-month efficacy of the iMD intervention in

- *increasing patient-provider discussion,*
- *quit attempts, and*
- *smoking abstinence*

Original Research | [Published: 06 January 2022](#)

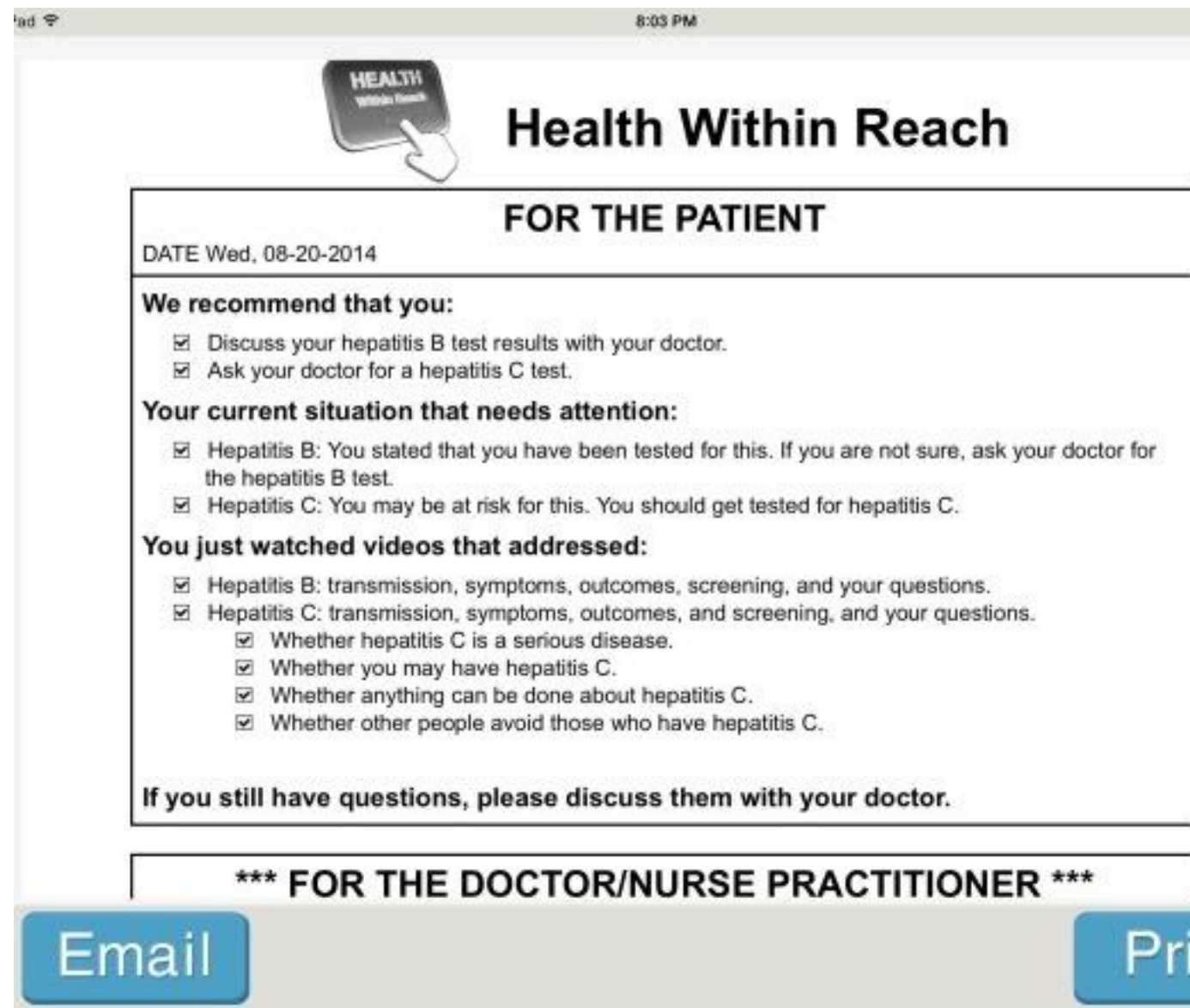
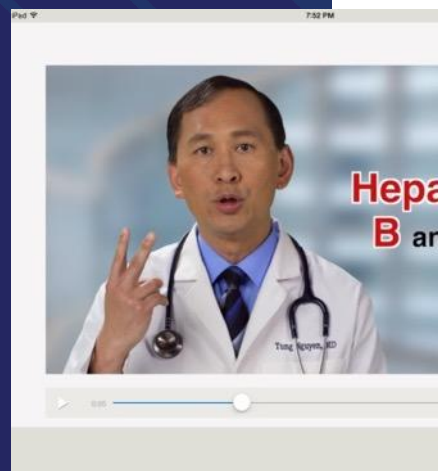
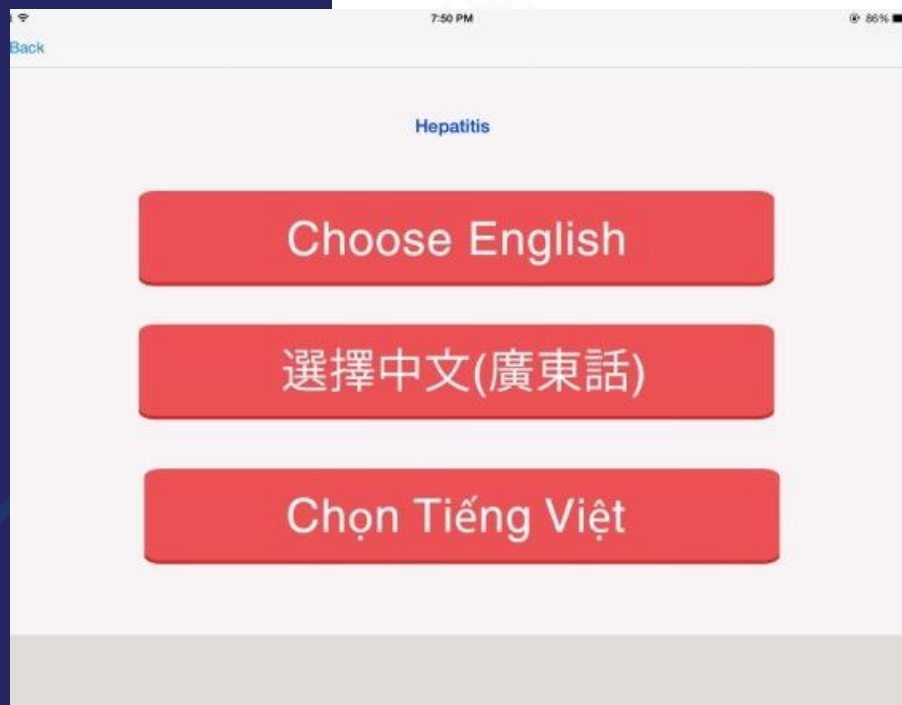
Health Within Reach—a Patient-Centered Intervention to Increase Hepatitis B Screening Among Asian Americans: a Randomized Clinical Trial

[Mandana Khalili MD, MAS](#) , [Nicole J. Kim MD, MPH](#), [Janice Y. Tsoh PhD](#), [Judith M. E. Walsh MD, MPH](#), [L. Elizabeth Goldman MD, MCR](#), [Ginny Gildengorin PhD](#), [Ching Wong BS](#), [Mi T. Tran BA](#), [Edgar Yu BS](#), [Michael Thanh Sharp BA](#), [Vivian H. LeTran BA](#), [Vi-Van Nguyen BA](#) & [Tung T. Nguyen MD](#)

[Journal of General Internal Medicine](#) (2022) | [Cite this article](#)



- **Hepatitis App is effective and should be considered a tool to better address viral hepatitis and liver cancer disparities among Asian Americans (34% vs 8%)**
- **This combined patient-provider approach encouraged real-time discussions about HBV to address barriers to testing and can be used as part of a comprehensive approach to improving patient care for Asian American patients.**





Opportunities
to Engage
Asian
Americans to
Promote
Healthy Equity

A Randomized Controlled Trial of a Lay Health Worker Intervention to Promote Colorectal Cancer Screening Among Chinese Americans

PI: Tung Nguyen, MD

National Cancer Institute; Asian American Research Center on Health (ARCH)



American Journal of Preventive Medicine

Volume 52, Issue 3, March 2017, Pages e67-e76



Research Article

Colorectal Cancer Screening and Chinese Americans: Efficacy of Lay Health Worker Outreach and Print Materials

Tung T. Nguyen MD^{1,2}✉, Janice Y. Tsoh PhD^{1,3}, Kent Woo MSW^{1,4}, Susan L. Stewart PhD⁵, Gem M. Le PhD^{1,2}, Adam Burke PhD^{1,6}, Ginny Gildengorin PhD², Rena J. Pasick DrPH^{1,2}, Jun Wang PhD^{1,7}, Elaine Chan BA^{3,4}, Lei-Chun Fung MPH^{1,8}, Jane Jih MD^{1,2}, Stephen J. McPhee MD^{1,2}

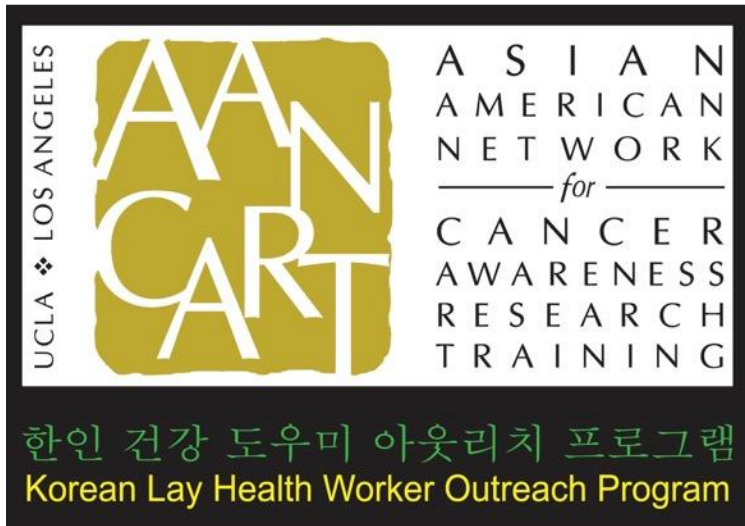
AJPH RESEARCH

Educational Interventions to Promote Healthy Nutrition and Physical Activity Among Older Chinese Americans: A Cluster-Randomized Trial

Jane Jih, MD, MPH, MAS, Gem Le, PhD, MHS, Kent Woo, MSW, Janice Y. Tsoh, PhD, Susan Stewart, PhD, Ginny Gildengorin, PhD, Adam Burke, PhD, MPH, Ching Wong, BS, Elaine Chan, BA, Lei-Chun Fung, MPH, MSW, Filmer Yu, MPH, Rena Pasick, DrPH, Stephen J. McPhee, MD, and Tung T. Nguyen, MD

AANCART Healthy Community Research Project

Research PI: Tung Nguyen, MD
The NCI National Center for Reducing
Asian American Cancer Health Disparities



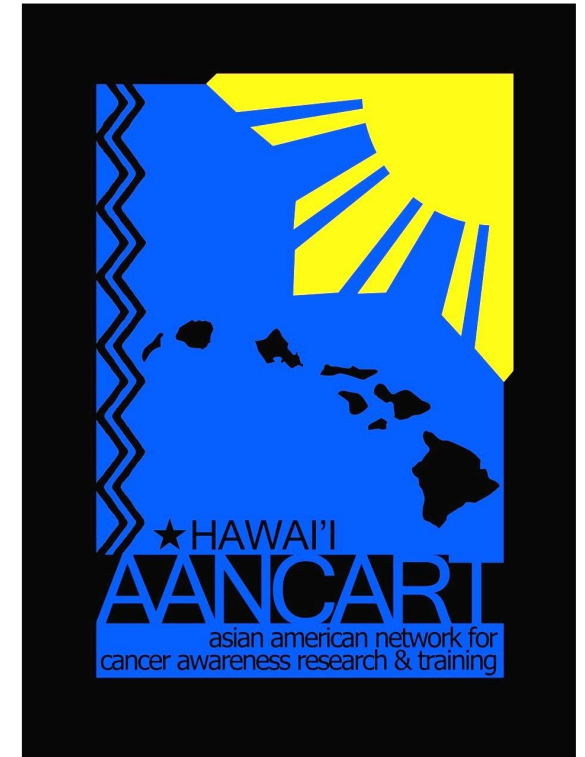
Cancer

Original Article | [Free Access](#)

Lay health educators increase colorectal cancer screening among Hmong Americans: A cluster randomized controlled trial

Elisa K. Tong MD ✉, Tung T. Nguyen MD, Penny Lo BS, Susan L. Stewart PhD, Ginny L. Gildengorin PhD, Janice Y. Tsoh PhD, Angela M. Jo MD, Marjorie L. Kagawa-Singer PhD ... [See all authors](#) ▾

First published: 26 August 2016 | <https://doi.org/10.1002/cncr.30265> | Citations: 20



Cancer

Original Article | [Free Access](#)

Lay health educators and print materials for the promotion of colorectal cancer screening among Korean Americans: A randomized comparative effectiveness study

Angela M. Jo MD ✉, Tung T. Nguyen MD, Susan Stewart PhD, Min J. Sung BS, Ginny Gildengorin PhD, Janice Y. Tsoh PhD, Elisa K. Tong MD, Penny Lo BS, Charlene Cuaresma MPH ... [See all authors](#) ▾

First published: 25 April 2017 | <https://doi.org/10.1002/cncr.30568> | Citations: 9

Cancer

Original Article | [Free Access](#)

Results of a lay health education intervention to increase colorectal cancer screening among Filipino Americans: A cluster randomized controlled trial

Charlene F. Cuaresma MPH ✉, Angela U. Sy DrPH, Tung T. Nguyen MD, Reginald C. S. Ho MD, Ginny L. Gildengorin PhD, Janice Y. Tsoh PhD, Angela M. Jo MD, Elisa K. Tong MD ... [See all authors](#) ▾

First published: 26 March 2018 | <https://doi.org/10.1002/cncr.31116> | Citations: 6

The Healthy Family Project: A Community-Based Research Program to Promote Healthy Living among Asian Americans



Understanding and Use of Nicotine Replacement Therapy and Nonpharmacologic Smoking Cessation Strategies Among Chinese and Vietnamese Smokers and Their Families

Icarus K. Tsang, MS; Janice Y. Tsoh, PhD; Ching Wong, BS; Khanh Le, MD, MPH; Joyce W. Cheng, MS; Anthony N. Nguyen; Tung T. Nguyen, MD; Stephen J. McPhee, MD; Nancy J. Burke, PhD

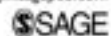
Suggested citation for this article: Tsang IK, Tsoh JY, Wong C, Le K, Cheng JW, Nguyen AN, et al. Understanding and Use of Nicotine Replacement Therapy and Nonpharmacologic Smoking Cessation Strategies Among Chinese and Vietnamese Smokers and Their Families. *Prev Chronic Dis* 2014;11:130299. DOI: <http://dx.doi.org/10.5888/pcd11.130299>

Article

Suffering in Silence: Impact of Tobacco Use on Communication Dynamics Within Vietnamese and Chinese Immigrant Families

Anne Berit Petersen, PhD, MPH, RN^{1,2},
Janice Y. Tsoh, PhD¹, Tung T. Nguyen, MD¹,
Stephen J. McPhee, MD¹,
and Nancy J. Burke, PhD^{1,3}

Journal of Family Nursing
2016, Vol. 22(1) 108–132
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DOI: 10.1177/1074840715618194
jfn.sagepub.com



Original investigation

A Social Network Family-Focused Intervention to Promote Smoking Cessation in Chinese and Vietnamese American Male Smokers: A Feasibility Study

Janice Y. Tsoh PhD^{1,2}, Nancy J. Burke PhD^{2,3}, Ginny Gildengorin PhD^{2,4}, Ching Wong BS^{2,4}, Khanh Le MD, MPH^{2,4}, Anthony Nguyen⁵, Joanne L. Chan BS⁶, Angela Sun PhD, MPH^{2,6}, Stephen J. McPhee MD^{2,4}, Tung T. Nguyen MD^{2,4}

Single-group pilot with 96 smoker-family dyads

- Engaged smokers with low intention: 42% in precontemplation (no plan to quit within months)
- High retention: 98% retention
- Promoted use of evidence-based smoking cessation resources: from 2% to 60% reported usage
- Quit rate at 3 months: 30% had 7-day abstinence verified by family

Unpacking the 'black box' of lay health worker processes in a US-based intervention ^{FREE}


Nancy J Burke, Kristine Phung, Filmer Yu, Ching Wong, Khanh Le, Isabel Nguyen, Long Nguyen, Alice Guan, Tung T Nguyen, Janice Y Tsoh

Health Promotion International, Volume 35, Issue 1, February 2020, Page 173, <https://doi.org/10.1093/heapro/daz002>

Published: 31 January 2019

Keeping Each Other Accountable

Social Strategies for Smoking Cessation and Healthy Living in Vietnamese American Men

Kenny, Jazmine D. MSPH; Tsoh, Janice Y. PhD; Nguyen, Bang H. DrPH; Le, Khanh MD, MPH; Burke, Nancy J. PhD [Author Information](#) 

Family & Community Health: October 09, 2020 - Volume Publish Ahead of Print - Issue -
doi: 10.1097/FCH.0000000000000270

Journal of Smoking Cessation

Article ID 6678219

Research Article

Family Support and Readiness to Consider Smoking Cessation among Chinese and Vietnamese American Male Smokers

Joan A. Daniel,¹ Jin E. Kim-Mozeleski ,² Krishna C. Poudel,³ Angela Sun ,⁴ Nancy J. Burke,⁵ and Janice Y. Tsoh ⁶



Addictive Behaviors
Volume 100, January 2020, 106129



Short Communication

Serious quit attempts and cessation implications for Asian American male smokers

Alice Guan ^{a, b}, Jin E. Kim-Mozeleski ^c, Judy Y. Tan ^d, Stephen J. McPhee ^{e, f}, Nancy J. Burke ^{f, g, h}, Angela Sun ^{f, i}, Joyce W. Cheng ^{f, i}, Janice Y. Tsoh ^{a, f} 



Preventive Medicine Reports
Volume 18, June 2020, 101064



Disentangling individual and neighborhood differences in the intention to quit smoking in Asian American male smokers

Priyanka Vyas ^a, Janice Y. Tsoh ^{a, b} , Ginny Gildengorin ^c, Susan L. Stewart ^d, Edgar Yu ^b, Alice Guan ^b, Amber Pham ^c, Nancy J. Burke ^f, Steven J. McPhee ^c

Original Paper | Published: 02 July 2020

Neighborhood Ethnic Composition and Self-rated Health Among Chinese and Vietnamese American Immigrants

Alice Guan, Jin E. Kim-Mozeleski, Priyanka Vyas, Susan L. Stewart, Ginny Gildengorin, Nancy J. Burke, Kris Ma, Amber T. Pham, Judy Tan, Qian Lu, Stephen J. McPhee & Janice Y. Tsoh 

Journal of Immigrant and Minority Health (2020) | [Cite this article](#)

188 Accesses | 1 Altmetric | [Metrics](#)

Tobacco Cessation Intervention Materials & Messages

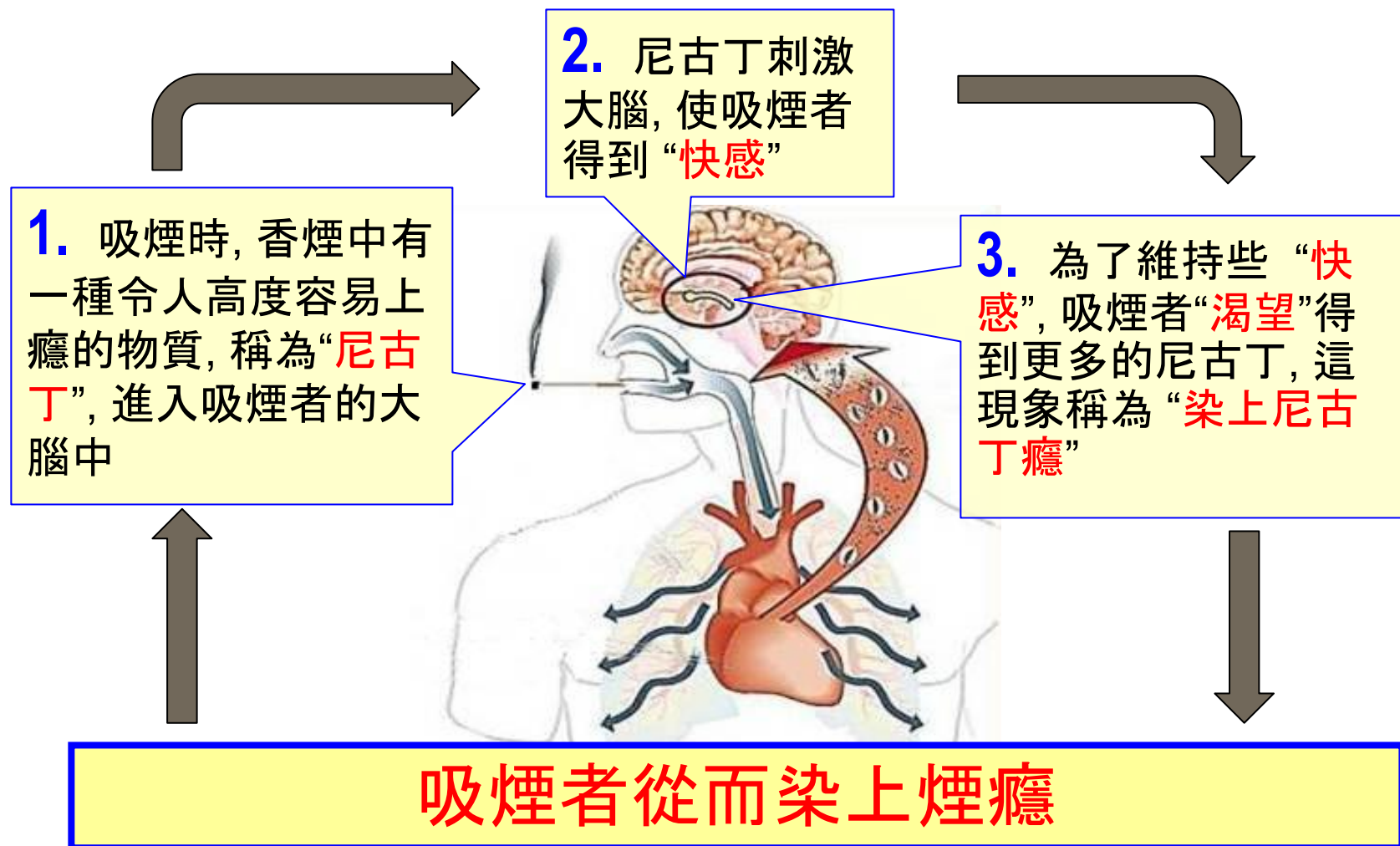


함께 만드는 “건강한 우리 프로젝트”
Building Together a Healthy Family



Sample Tobacco Cessation Intervention Flipchart “Why People Smoke and Cannot Quit: Nicotine Addiction” – Front Page Facing Participants (Chinese)

持續吸煙, 戒不掉的主要原因: 尼古丁癮



Some Important Facts About Cigarette



- Every cigarette contains more than 7,000 chemicals, hundreds of toxins and at least 70 of them cause cancer
- Smokers lose 10-15 years of life
- Tobacco-related diseases and deaths are PREVENTABLE
- Image courtesy of Korean Health Promotion Institute, National Tobacco Control Center

*0000000000 0000000000 00

Some Important Facts About E-Cigarettes



- E-cigarettes deliver nicotine, flavorings, and other chemicals through vapors
- Nicotine makes e-cigarettes addictive
- Vapors expose both users and bystanders to toxins causing cancer, lung and heart diseases
- **Vapor from e-cigarettes is not safe**

Sample Tobacco Cessation Intervention Flipchart Page

“Smoking Cigarettes Affects Relationships Negatively” – Front Page (Vietnamese)

Hút Thuốc Lá Ảnh Hưởng Không Tốt Đẹp Cho Mối Quan Hệ



**Quý vị không phải
là người duy nhất
bị hại bởi việc hút
thuốc lá.**

California Department of Health Services © 2001 CDHS

- Gây **căng thẳng** và **xung đột** trong gia đình
- Ảnh hưởng đến **quan hệ chần gối**
- Người hút thuốc lá cảm thấy **bị cô lập**

Flipchart – Back Page Facing Lay Health Worker (Vietnamese-English)

Hút Thuốc Lá Ảnh Hưởng Không Tốt Đẹp Cho Mọi Quan Hệ

- Nghiên cứu gần đây cho biết là hút thuốc lá có thể gây căng thẳng và xung đột trong quan hệ gia đình
- Ảnh hưởng đến quan hệ chẵn gối
- Làm cho người hút thuốc lá cảm thấy bị cô lập bởi gia đình, bạn bè, và đồng nghiệp không hút thuốc trong hầu hết các trường hợp xã giao

Smoking Cigarettes Affects Relationships Negatively

- Recent research shows that smoking can affect family relationships by causing underlying tensions and conflicts
- Smoking impacts intimate relations
- It causes smokers to feel isolated from their non-smoking family and friends, and their colleagues in most social settings



Smoking Cigarettes Affects Relationships Negatively

- Causes tensions and conflicts in the family
- Impacts intimate relations
- Causes smokers to feel isolated

Hành Động **4**



**Dùng Thử Thuốc Giúp Cai
Thuốc Lá Không Cần Toa**

Vừa hiệu quả vừa dễ dùng



Kẹo thuốc xinh-gôm



Kẹo thuốc ngậm



Thuốc dán

Sample Tobacco Cessation Intervention Health Family Action Plan

OUR HEALTHY FAMILY ACTION

STEP 1: Mark Our Current Smoking Situation... Smoker checks the box to best indicate his current smoking situation and puts a date next to the selection.

<input type="checkbox"/> Not ready to quit	<input type="checkbox"/> Thinking to quit	<input type="checkbox"/> Want to quit NOW	<input type="checkbox"/> Successfully quit
			
Date _____	Date _____	Date _____	Date _____

STEP 2: Select 1 or more Action Item(s) Each of us picks at least 1 or more action items to improve our family health as shown below.



STEP 3: Commit To Do the Action Item(s) Each of us checks the box corresponds to the selected action item(s) and write below WHAT, HOW, and WHEN to complete the item(s).

**WE ARE COMMITTED TO IMPROVE OUR FAMILY'S HEALTH BY
TAKING THESE "HEALTHY FAMILY ACTIONS"**

ACTION ITEMS FOR _____ (him) TO DO

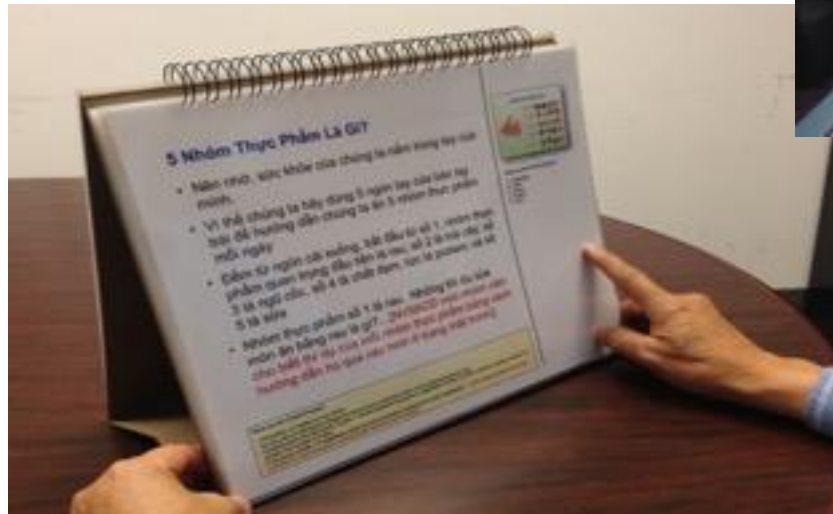
☐ 1. Talk within the family
_____, Date _____

ACTION ITEMS FOR _____ (family) TO DO

☐ 1. Talk within the family
_____, Date _____

Healthy Living (Nutrition and Physical Activity)

Intervention Materials & Messages



Sample Healthy Living Intervention Flipchart Page “Healthy Eating: MyPlate Recommendations” – Front Page Facing Participants (Chinese)

健康飲食

衛生人員建議使用 **"我的餐碟" (MyPlate)**
作為健康飲食指南



- 均衡飲食, 選擇5大類的食物
- **每天所吃的食物有一半應該是蔬菜和水果**
- 四份一是蛋白質
- 另外四份一是穀物類
- 亦要包括一些奶類產品
- 少吃鹽, 糖, 和脂肪

Sample Healthy Living Intervention Flipchart Page “What is a Healthy Weight?” (Vietnamese)

Một Cân Nặng Khỏe Mạnh Là Gì?

Một cân nặng khỏe mạnh là với mức cân nặng đó chúng ta sẽ có ít nguy cơ hơn để bị những vấn đề sức khỏe.



Chiều Cao (ft/in)	Cân Nặng (lbs)			
	Nhẹ Cân (nhẹ hơn)	Cân Nặng Khỏe Mạnh	Quá cân	Béo Phì (nặng hơn)
4' 6"	< 76.7	76.7 - 95.3	95.4 - 114.0	> 114.0
4' 7"	< 79.6	79.6 - 98.9	99.0 - 118.3	> 118.3
4' 8"	< 82.5	82.5 - 102.5	102.6 - 122.7	> 122.7
4' 9"	< 85.5	85.5 - 106.2	106.3 - 127.1	> 127.1
4' 10"	< 88.5	88.5 - 109.9	110.0 - 131.6	> 131.6
4' 11"	< 91.6	91.6 - 113.8	113.9 - 136.2	> 136.2
5' 0"	< 94.7	94.7 - 117.7	117.8 - 140.8	> 140.8
5' 1"	< 97.9	97.9 - 121.6	121.7 - 145.5	> 145.5
5' 2"	< 101.1	101.1 - 125.7	125.8 - 150.4	> 150.4
5' 3"	< 104.4	104.4 - 129.7	129.8 - 155.2	> 155.2
5' 4"	< 107.8	107.8 - 133.9	134.0 - 160.2	> 160.2
5' 5"	< 111.2	111.2 - 138.1	138.2 - 165.3	> 165.3
5' 6"	< 114.6	114.6 - 142.4	142.5 - 170.4	> 170.4
5' 7"	< 118.1	118.1 - 146.8	146.9 - 175.6	> 175.6
5' 8"	< 121.7	121.7 - 151.2	151.3 - 180.9	> 180.9
5' 9"	< 125.3	125.3 - 155.6	155.7 - 186.2	> 186.2
5' 10"	< 128.9	128.9 - 160.2	160.3 - 191.7	> 191.7
5' 11"	< 132.6	132.6 - 164.8	164.9 - 197.2	> 197.2

Sample Healthy Living Intervention Flipchart Page

“Let’s Practice Reading Some Nutrition Facts Labels” (Korean)

“영양성분표” 표시 항목의 예 더 좋은 선택은?

A 종류?

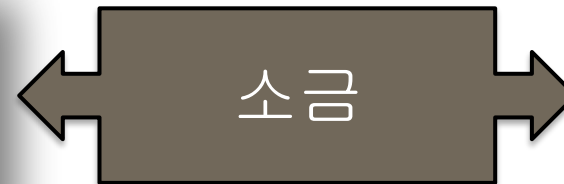
B 종류?

Amount/serving	%DV*	Amount/serving	%DV*
Total Fat 16g	25%	Total Carb. 1g	0%
Sat. Fat 0g	0%	Fiber 0g	0%
Trans Fat 0g		Sugars 0g	
Cholest. 40mg	13%	Protein 7g	
Sodium 790mg	33%		



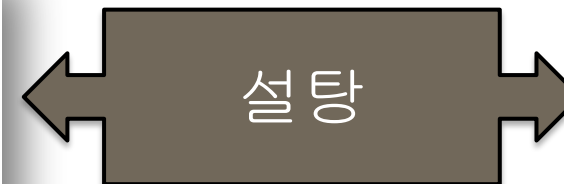
Serving Size 2 oz (56g)	
Servings Per Container 6	
Amount Per Serving	
Calories 120	Calories from Fat 80
%Daily Value*	
Total Fat 9g	14%
Saturated Fat 3g	15%
Trans Fat 0g	

	% Daily Value*
Total Fat 2 g	3%
Saturated Fat 0.5 g	4%
Trans Fat 0 g	
Cholesterol 20 mg	7%
Sodium 330 mg	14%
Total Carbohydrate 3 g	1%



Set above water in covered pot.			
Amount/serving	%DV*	Amount/serving	%DV*
Total Fat 21g	3%	Sodium 650mg	27%
Sat. Fat 7g	35%	Total Carb. 5g	2%
Trans Fat 0g		Protein 9g	
Cholest. 50mg	17%		

Sodium	50.22 mg	2%
Potassium	40.77 mg	1%
Total Carbohydrate	24.03 g	8%
Dietary Fiber	1 g	4%
Sugars 15.12 g		
Sugar Alcohols		



Carbohydrate 25g	8%	10%
Dietary Fiber 14g	57%	57%
Soluble Fiber 0g		
Insoluble Fiber 14g		
Sugars 0g		
Other Carbohydrate 11g		
Protein 0g		

Sample Healthy Living Intervention Flipchart Page “Is Eating Healthy By Itself Enough to Take Care of Our Health?” (Korean)

개선된 식습관만으로 건강을 유지할 수 있나요?



아니요! 충분하지 않습니다!
신체활동도 필요합니다

The Healthy Family Project: Findings and Progress To Date



- Since 2012, a total of **>100 lay health workers** were trained and **>1200 smokers and their family members** have received the family-focused lay health worker intervention on tobacco or healthy living.
- Intervention materials are in Chinese, Korean, and Vietnamese languages
- High treatment participation rates (**88%-100%**)
- Quit smoking rates 20% to 44%, 200+ smokers have stopped smoking

Getting Asian Americans INFORMED To Facilitate COVID-19 Testing and Vaccination



Project INFORMED

covid-informed.org
healthyfamily@ucsf.edu

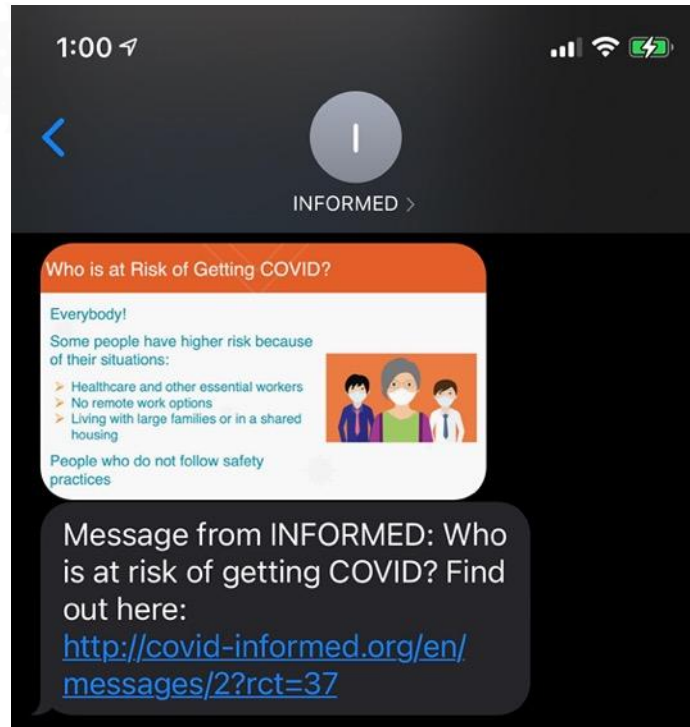


INFORMED is supported by the National Institutes of Health under Award Number 3R01DA036749-05S1.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

UCSF IRB Approval Number 20-32933

Intervention (text messaging)



Who Are At Risk Of Getting COVID?

- Everybody!
- Some people have higher risk because of their situations:
 - Healthcare and other essential workers
 - No remote work options
 - Living with large families or in a shared housing
- People who do not follow safety practices



Refer to the following for additional information:

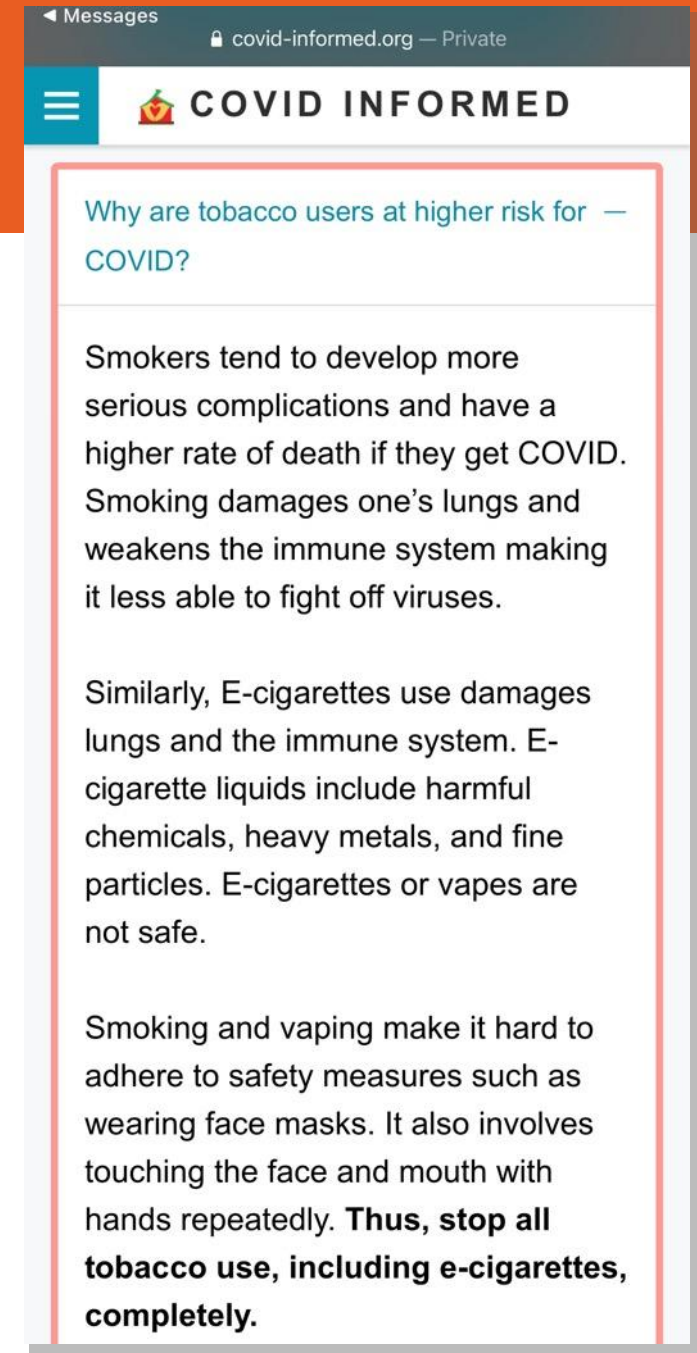
- Adults of any age with the conditions listed below can be more likely to get severely ill from COVID-19 (Source: CDC)
- Tobacco users are at a higher risk for COVID, why?

6

0

Leave a Comment

LEAVE A COMMENT



Intervention (text messaging)



- 所有人!
- 在某些情況下，部分人會較易受感染：
 - 醫護及其他前線人員
 - 不能遙距工作的人
 - 與大家庭居住或與他人合住
- 不遵守安全措施的人



可在下面的鏈接中閱讀更多內容:

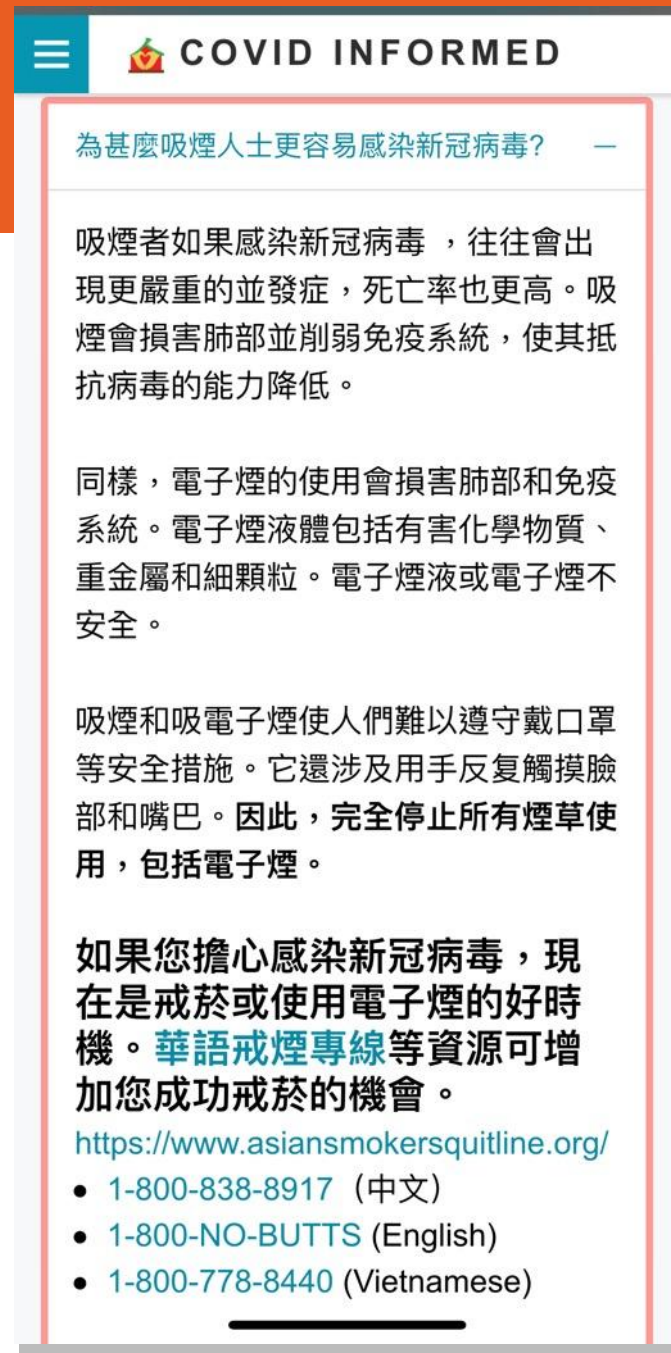
- 無分年紀，患有某些疾病的成年人更有可能因COVID-19而患重病
 - 資料來源：CDC 美國疾病控制與預防中心 [简体中文]
- 為甚麼吸煙人士更容易感染新冠病毒?

6

0

輸入評論

輸入評論



Intervention (text messaging)



- Everybody!
- Some people have higher risk because of their situations:
 - Healthcare and other essential workers
 - No remote work options
 - Living with large families or in a shared housing
- People who do not follow safety practices



Refer to the following for additional information:

- Adults of any age with the conditions listed below can be more likely to get severely ill from COVID-19 (Source: CDC)
- Tobacco users are at a higher risk for COVID, why?

6

0

Leave a Comment

LEAVE A COMMENT



Patient Cancer OUtreach, Navigation, Technology, and Support Study (Patient COUNTS)

Continue in English

繼續用中文

Tiếp tục bằng tiếng việt

Culturally and linguistically-tailored pilot patient navigation intervention to examine cancer supportive care needs and resource use among Asian American cancer patients

PIs: Tung Nguyen, MD & Scarlett Gomez, PhD

Research funded by:

Bristol Myers Squibb Foundation

Research/ Intervention teams:

UCSF DREAM LAB & ARCH

<https://patientcounts.ucsf.edu>

Patient Acceptability Outcomes:

“This program helped me a lot...I hope other patients can receive such help as well.”

“Appreciate having such a nice navigator, very understanding and caring.”

How would you rate your overall satisfaction with the Patient COUNTS program?

100% Very Satisfied

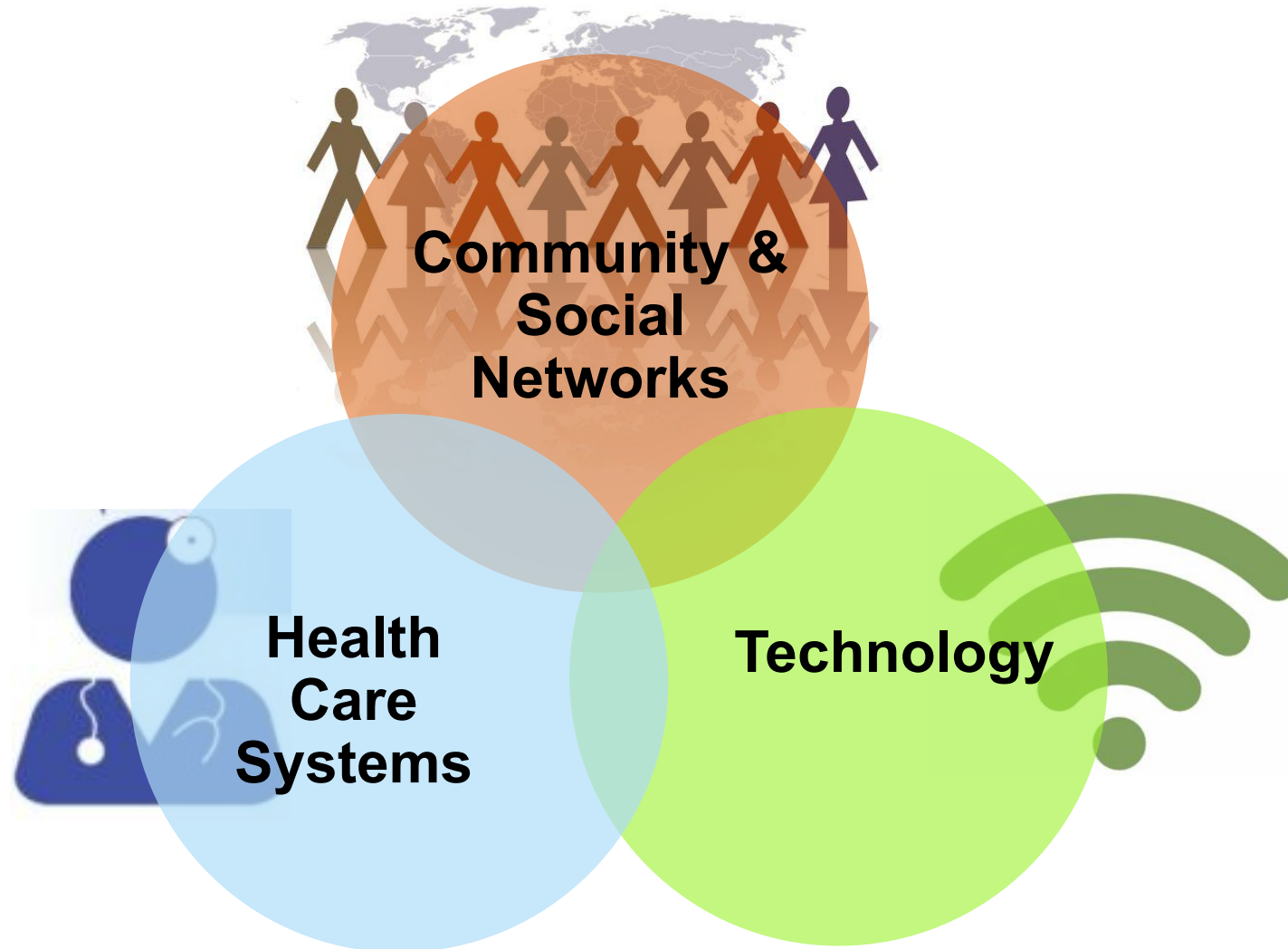
Would you recommend the Patient COUNTS program to people in your community diagnosed with lung/liver/colon/rectal cancer?

100% Would Recommend

What was your overall experience with the Patient COUNTS program?

**72.4% Excellent;
28.6% Very Good**

Opportunities



Together We Can Address Tobacco and Cancer Related Health Disparities in Asian Americans



- Significant differences in tobacco use and tobacco-related disparities across Asian American ethnic/cultural groups
- Understanding and resolving these differences require a comprehensive approach
- All stakeholders need to work together
- *Bring the interventions to where people are*

THANK YOU!

Janice Tsoh, PhD

Janice.Tsoh@ucsf.edu

Twitter: @janicetsoh

Increase Asian American Representation in Research

careregistry.ucsf.edu

What is the CARE Registry?

A nationwide registry of Asian Americans and Pacific Islanders (AAPI) who can be contacted about potential research studies.



Who can sign-up?

- ✓ Asian Americans and Pacific Islanders, such as Vietnamese Americans
- ✓ 18+ years old
- ✓ Can speak and read English, Chinese (Cantonese/Mandarin), Korean, or Vietnamese

Topics of research studies?

- ❖ Aging-related research, including Alzheimer's disease and other dementias
- ❖ Caregiving
- ❖ Health across the lifespan

This project is supported by the National Institute on Aging of the National Institutes of Health (R24AG063718). UCSF IRB Protocol 19-28027. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.