

# Houston Area Asian American Health Needs Assessment

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## Abstract

The Asian American population in Texas is the fourth largest in the US, yet relatively little is known about the health status and risk for cancer and other diseases in this group. The Center for Research on Minority Health (CRMH) at the University of Texas M.D. Anderson Cancer Center in Houston, TX is conducting a health needs assessment of the Asian community residing in Houston and its surrounding counties. The Vietnamese and Chinese populations are among the largest Asian American communities in Houston so these groups are targeted in this study. A survey instrument was developed for the Asian community based on a modified version of the Behavioral Risk Factors Surveillance System (BRFSS) survey. With the information gathered from the proposed study, the CRMH will develop a research agenda so that research projects can be prioritized to better address health needs, including but not limited to cancer concerns, among the Asian population in Houston.

## Background

Relatively little is known about the health status of Asian Americans and Pacific Islanders (APIs). APIs are among the fastest growing racial/ethnic groups in the United States, increasing 95% from 1980 to 1990 and another 43% from 1990 to 1999. At an estimated 11 million people, APIs account for about 4-5% of the total U.S. population. Texas, with about 576,753 APIs, has the fourth largest API population in the nation. The majority of APIs in Texas reside in major metropolitan areas such as Houston, Austin, and the Dallas/Fort Worth Metroplex. Until baseline data is collected on this growing population, we cannot adequately assess or address the health issues that are impacting this community. The Asian American Health Needs Assessment will gather data on Asian Americans (Chinese and Vietnamese persons) residing in Harris, Fort Bend, Galveston, and Brazoria Counties.

## Specific Aims

- Identify unmet health needs of Asian American population.
- Understand the ethnic and cultural variables that affect the behaviors and attitudes of Asian American population in regards to cancer and other health concerns.
- Compile general Asian American demographic data.
- Review exposure to occupational, genetic, behavioral and other risk factors in the Asian American population.

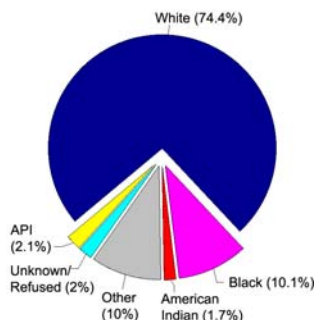


Fig. 1. Racial Representation in Texas BRFSS 2001. (n = 5916)



Fig. 2 Asian American population in Texas.

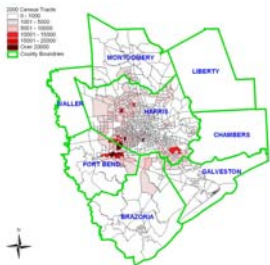


Fig. 3 Target population for the Asian American Health Needs Assessment: Harris, Fort Bend, Brazoria, and Galveston counties

## Survey Topics

### Selected from BRFSS:

- |                     |                     |
|---------------------|---------------------|
| • Demographics      | • Health problems:  |
| • Mental health     | - Heart disease     |
| • Child health      | - Diabetes          |
| • Health practices: | - Cancer            |
| - Physical exams    | • Behaviors:        |
| - Cancer screenings | - Smoking           |
| - Immunization      | - Alcohol use       |
| - Safety            | - Nutrition         |
| - Dental hygiene    | - Physical activity |

### Added topics:

- Cancer knowledge
- Acculturation
- Environmental exposure
- Alternative therapy

## Methods

### Asian Review Panel



- 11 individuals - 4 males, 7 females
- 5 Chinese, 4 Vietnamese, 1 Filipino, 1 Hispanic
- 2 medical doctors, 2 registered nurses, 3 public health professionals, 4 community health workers

### Evaluation of Survey Instrument



- Conducted relevancy evaluation for each question
- Tested for construct validity
- Gave suggestions for rewording sensitive issues such as alcohol consumption and mental health
- Suggested that each section be color coded and questions indented to make it easier to follow the skip pattern.

### Translation

The revised version was translated into Chinese and Vietnamese by bilingual staff and then back translated by outside bilingual speakers.

### Field test

Ten face-to-face interviews, administered in English, Chinese, and Vietnamese, were conducted at a local community center health fair by bi-lingual CRMH staff. Feedback from the participants was gathered and changes made to the survey instrument before the pilot test was started.

### Pilot Test: Participants

A convenience sample of a total of 42 participants was identified by the investigators from a variety of community resources including churches, civic centers, and low income housing developments for the initial validation of the survey instrument.

Ethnicity	Chinese	21
	Vietnamese	19
Gender	Male	15
	Female	25
Age Range		26-72

## Methods

### Interviews

- The study was reviewed and approved by the Institutional Review Board of the University of Texas M.D. Anderson Cancer Center. Informed consent statement was read to each participant over the phone following approved guidelines.
- Conducted in two Chinese dialects (Mandarin and Cantonese), Vietnamese and English
- Four interviewers were hired and trained on survey methods, confidentiality and informed consent at the University of Texas M.D. Anderson Cancer Center.
- All interviewers signed confidentiality agreements to comply with institutional standards.
- Two Vietnamese bilingual and two Chinese bilingual interviewers.
- Telephone interviews were monitored to assure that the informed consent was completed and that interviewers adhered to the script of the survey. All interviews were conducted at offices of UT M.D. Anderson Cancer Center, Center for Research on Minority Health.

## Results

- Many reported limited English proficiency (has implications for survey implementation and health education materials)
- Majority (90%) of the respondents were foreign born as supported by other data
- Although the average length of stay in the U.S. was 17 years, most still prefer their native language.
- Although the survey was conducted in three languages there were virtually no differences in time needed to administer the survey.
- All except one interviewee reported no participation in any type of research prior to this interview.
- Advance notice of the telephone interview yielded a high cooperation rate, 95% (40 out of 42 participated). A media campaign prior to the full-scale survey might positively impact participation. This is consistent with previous findings on health promotions among this population.
- Despite higher education levels noted in this population, 30% of the respondents were not aware of their risk for developing cancer, yet 75% reported that early detection was important in surviving cancer.



## Limitations

Limitations to the pilot study include

- Type of sampling (convenience sampling)
- Inability to use a Computer Assisted Telephone Interview (CATI) system, the method that will be utilized in the full-scale study, made it more difficult to follow the skip patterns and thus more confusing for the interviewers to administer.
- The average education level of the pilot study population was higher than average which may have influenced how well the questions were understood and the time required to administer the survey.

## Future Studies

A larger population study of 400 Chinese and 400 Vietnamese households living in 4 Texas counties is planned for the near future. Although the data collected in this pilot study is not generalizable to the greater population, the information gathered has provided a validation of this tool for the defined population. The CRMH will work with the Texas Department of Health, the Centers for Disease Control, and community groups to complete the full-scale survey. A professional telesurvey company with experience in working with diverse populations and the CATI system will be hired. Interviewer training will be provided by the UT M.D. Anderson Cancer Center to assure compliance with IRB regulations. A campaign including Asian media, personal letters and community presentations will be done in the targeted areas. Subjects will be selected through random digit dialing (RDD) using:

- Asian surname telephone list
- Census tracts with significant Asian population.

Knowledge gained from the pilot test will be used to fine tune the proposed Asian American Health Needs Assessment.

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