

Cancer Community Health Resources and Needs Assessment (CHRNA) Community Report

Chinese Americans

The purpose of the 2021-22 Cancer CHRNA survey was to identify factors around cancer disparities and resources available among racial and ethnic minoritized and immigrant populations in the NYU Langone's Perlmutter Cancer Center's catchment area (the lower half of Manhattan and all of Brooklyn, Queens, and Long Island).



Characteristics of Chinese American Cancer CHRNA participants



Chinese American,
22.2%
n=586

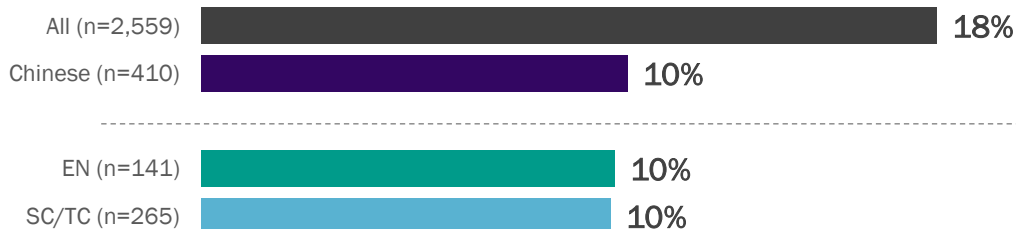
Survey language among Chinese American Cancer CHRNA participants

Took survey in English 28.5% n=167
Took survey in Simplified or Traditional Chinese 70.5% n=413

Took survey in other language (Russian, Korean), 1.0% n=6

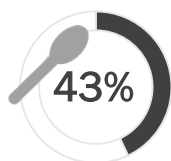
	Chinese Overall (n=586)	EN survey (n=167)	SC/TC survey (n=413)
Age, median (Range)	49 (18, 92)	39 (18, 78)	57 (18, 92)
Female	63.4	62.4	63.5
Education			
Less than high school	44.6	19.3	55.3
High school/Some college	34.3	31.9	35.0
College graduate	21.2	48.8	9.8
Married/Living with partner	66.7	56.9	70.7
Foreign-born	84.3	67.5	90.7

% of uninsured adults aged 18-65

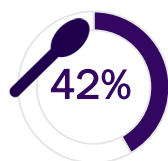


Food Insecurity ¹

All (n=2,630)



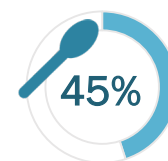
Chinese (n=585)



EN (n=167)



SC/TC (n=412)



Key



All Cancer CHRNA participants



All Chinese American participants



Chinese participants who took the survey in English



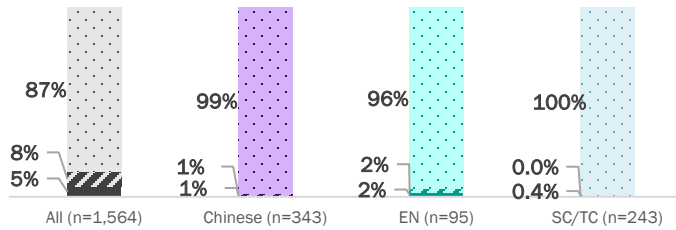
Chinese participants who took the survey in Simplified/Traditional Chinese



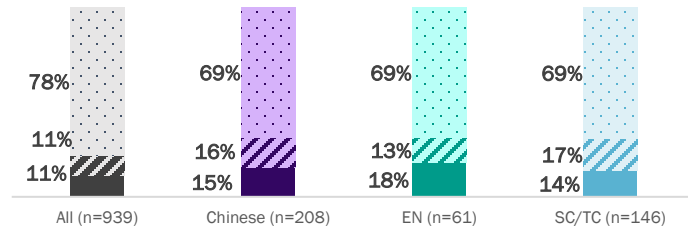
Cigarette Smoking

Dotted bars - Never smoked
 Striped bars - Former smoker
 Solid bars - Current smoker

Female

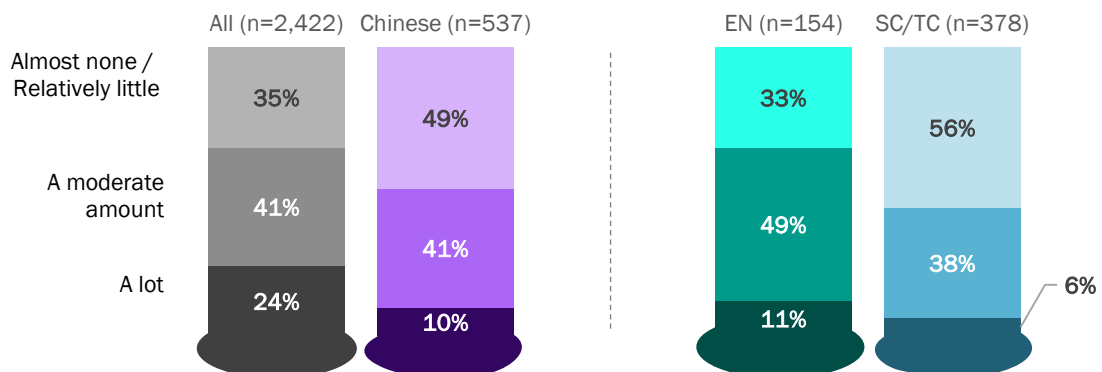


Male

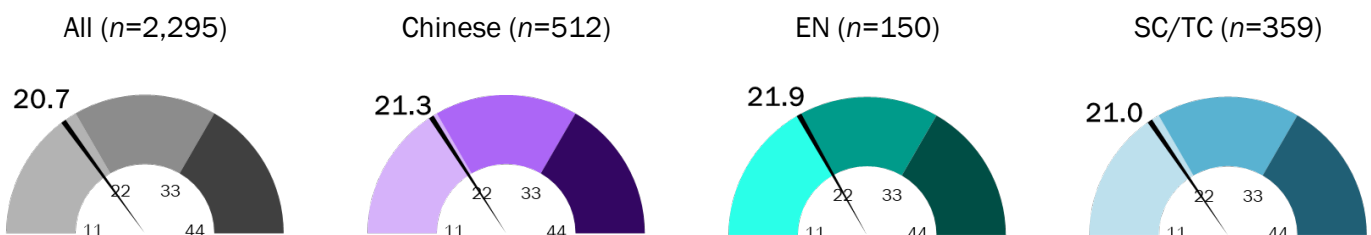


Stress ²

Stress experienced during the past month



Loneliness scale ^{3, 4}



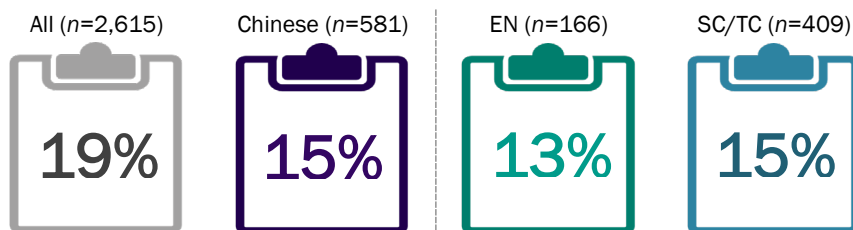
Possible loneliness scores range from 11 to 44, with higher scores indicating greater loneliness

Key

All Cancer CHRNA participants
 All Chinese participants
 Chinese participants who took the survey in English
 Chinese participants who took the survey in Simplified/Traditional Chinese

+ Health Care

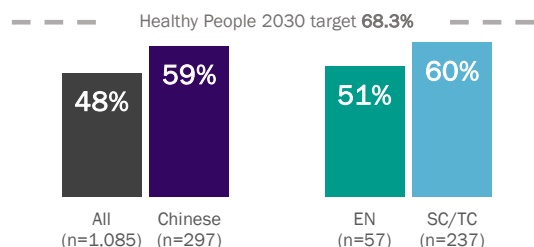
% who reported that there was a time in the past 12 months when they needed to see a doctor but could not because of cost



+ Cancer Screening

Colorectal cancer (CRC) screening ⁵

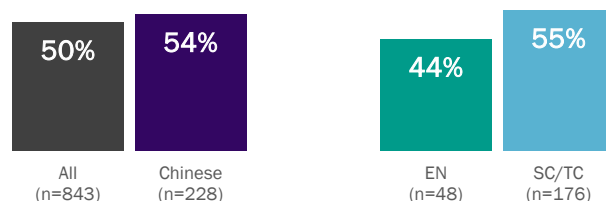
Adults aged 45-75 who have received a CRC screening test in the recommended time period



Recommendation based on USPSTF guidelines: 1) a home fecal occult blood test (FOBT) within the past year; 2) a sigmoidoscopy within the past 5 years; or 3) a colonoscopy within the past 10 years.

Breast cancer screening ^{6,7}

Females aged 40-75 who have received a mammogram in the past year



Recommendation based on American College of Obstetricians and Gynecologists guidelines, which does not align with the Healthy People 2030 benchmark target of 80.3% (among women aged 50-74 receiving a mammogram in the past 2 years, USPSTF guidelines).

Prostate cancer screening

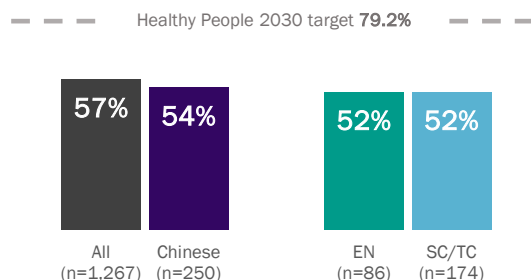
Males aged 50 and older who have ever received a PSA test



Healthy People 2030 does not include a benchmark target for PSA tests.

Cervical cancer screening ⁸

Females aged 21-65 who have received a Pap test in the past three years



Recommendation based on American College of Obstetricians and Gynecologists guidelines.

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References

1. Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32.
2. Cottrell, E. K., Dambrun, K., Cowburn, S., Mossman, N., Bunce, A. E., Marino, M., Krancari, M., & Gold, R. (2019). Variation in Electronic Health Record Documentation of Social Determinants of Health Across a National Network of Community Health Centers. *American Journal of Preventive Medicine*, 57(6 Suppl 1), S65–S73.
3. Russell, D., Peplau, L. A., & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42(3), 290–294.
4. Lee, J., & Cagle, J. G. (2017). Validating the 11-Item Revised University of California Los Angeles Scale to Assess Loneliness Among Older Adults: An Evaluation of Factor Structure and Other Measurement Properties. *The American Journal of Geriatric Psychiatry* : official journal of the American Association for Geriatric Psychiatry, 25(11), 1173–1183.
5. U.S. Preventive Services Task Force. Colorectal Cancer: Screening. 2021. Available from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
6. The American College of Obstetricians and Clinicians. Breast Cancer Risk Assessment and Screening in Average-Risk Women. July 2017. Available from: <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women>
7. U.S. Preventive Services Task Force. Breast Cancer: Screening. 2016. Available from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>
8. The American College of Obstetricians and Gynecologists. Updated Cervical Cancer Screening Guidelines April 2021 [December 18, 2023]. Available from: <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>.

Acknowledgments

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