

HEALTH ACROSS THE LIFESPAN

Brain Trust Meeting

May 28, 2021

Agenda

12:00 – 12:10pm	Welcome and Background Van Ta Park, PhD, MPH (UC San Francisco)
12:10 – 12:20pm	Overview of CARE Registry Oanh Meyer, PhD (UC Davis)
12:20 – 12:35pm	CARE-Supported Recruitment Joshua Grill, PhD (UC Irvine) Dolores Gallagher-Thompson, PhD (Stanford University)
12:35 – 12:45pm	Lightning Talk – The COMPASS Study Janice Tsoh, PhD (UC San Francisco)
12:45 – 12:55pm	Q&A + Raffles
12:55 – 1:00pm	Evaluation and Adjourn



Asian Americans and Pacific Islanders (AAPI)

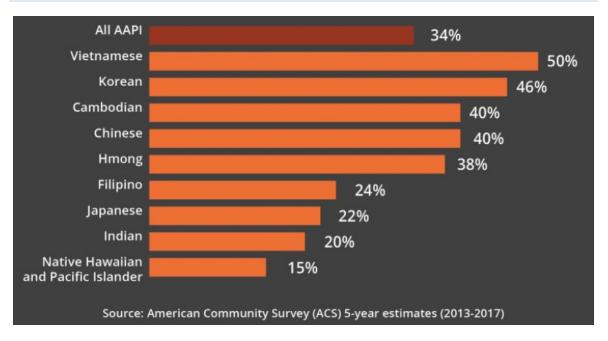


Asian Americans¹ are the fastest growing racial group in the U.S.:

7% of the population 30 AA & 21 PI groups 20 million AA & 1.6 million PI

- Heterogeneous group
- Languages & Dialects (>100)
- Cultural groups (>50)
- Immigration patterns
- Religions
- Diet
- SES

Percentage of AAPI with Limited English Proficiency 2



¹ http://www.census.gov/newsroom/release/archives/facts for features special editions/cb11-ff06.html

² AAPI Data: https://aapidata.com/infographic-limited-english-2-2/

Disparities in Research Participation for AAPI

- Clinical research projects focusing on AAPI participants funded by the National Institute of Health (NIH) was <u>less than 1%</u> of its total budget between 1992 and 2018.¹
- Out of 43,739 participants who were enrolled in ADRD studies at Alzheimer's Disease Research Centers, only 2.7% were AAPI.²
- Barriers to AAPI participation in research:
 - Cultural differences
 Linguistic limitations
 Lack of education in research practices



¹ Doan, Takata, Sakuma, & Irvin (2019). JAMA Network Open.

² National Alzheimer's Coordinating Center (NACC). Web-based Query System. 2018; https://www.alz.washington.edu/WEB/naccquery.html. Accessed April 27, 2021.

Paving the Way for Meaningful Inclusion of AAPI in Research

- To address the gap and reduce disparities in research participation in ADRD, aging, caregiving, and other health issues across the lifespan among AAPI.
- CARE will implement culturally appropriate and innovative recruitment strategies with our community partners across California to enroll 10,000 AAPI.
- We aim to give AAPI a voice and the opportunity to participate in such future research through enrollment in the CARE registry!



Overview of CARE Registry

Oanh Meyer, PhD

CARE Co-Investigator

Department of Neurology, UC Davis School of Medicine

CARE: Multi-Site Collaboration















CARE Partners & Community Advisory Board





























































CARE Registry

Who can enroll?

- AAPI
- o 18+ years old
- Speak and read English, Chinese,
 Korean, Vietnamese or Samoan
- Interested in participating in potential research



Participants complete an **online survey** (10-15 min) by phone, or in-person

NAPCA toll-free lines:

廣東話 / Cantonese (800) 582-4218 普通话 / Mandarin (800) 683-7427 한국어 / Korean (800) 582-4259 Tiếng Việt / Vietnamese (800) 582-4336

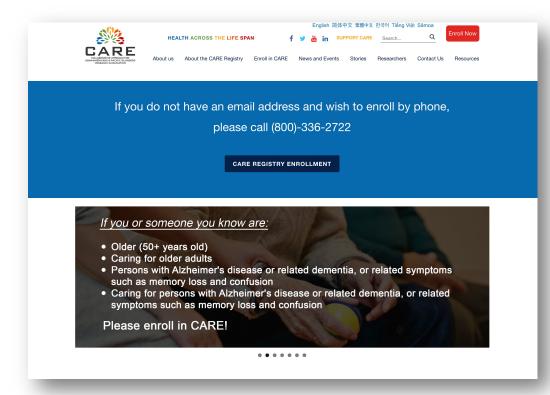


CARE Enrollment Survey available in 6 languages



Participants have the option to **receive a \$10 gift card** after completing the enrollment survey





CARE Enrollment Survey Questions

Socio-demographic information

Health conditions (e.g., neurological disease and related symptoms such as Alzheimer's disease; heart disease; cancer; mood-related issues)

Health behaviors (e.g., smoking; physical activity; diet)

Caregiving experiences (if applicable)



CARE Snapshot (N=5,149 as of May 22, 2021)



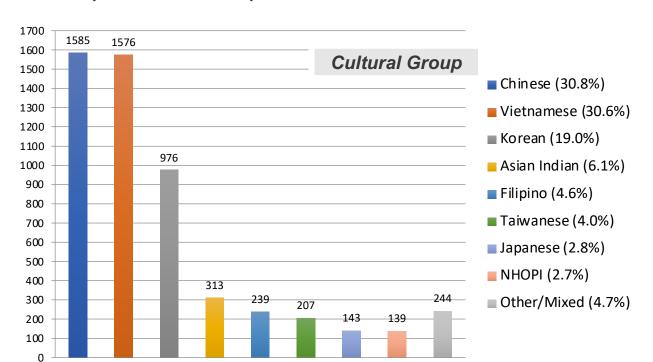
82.7% Born outside of U.S.



87.6% Californian



12.3% Caregivers of older adults or person with special needs.



Mean age = 51.9 (range 18-99) Age over 60 = 27.1%



62.0% Female 35.9% Male



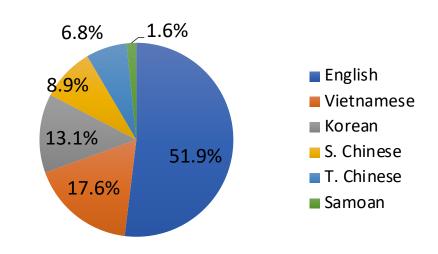


50.0% Limited English proficiency



6.4% with ADRD symptoms

Language Used to Complete the Survey



CARE Snapshot (N=5,459 as of May 31, 2021)



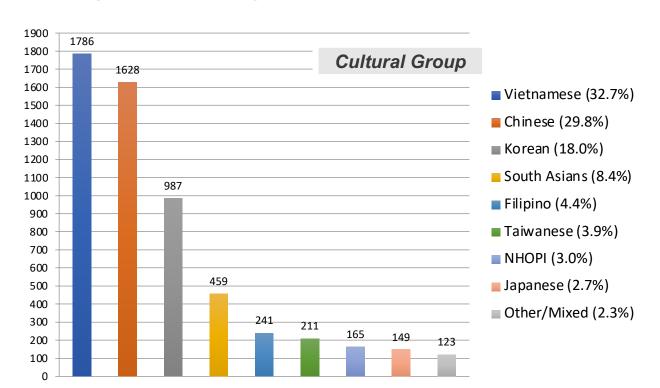
83.0% Born outside of U.S.



88.7% Californian



11.9% Caregivers of older adults or person with special needs.



Mean age = 52.2 (range 18-99) Age over 65 = 21.4%



61.9% Female 36.1% Male



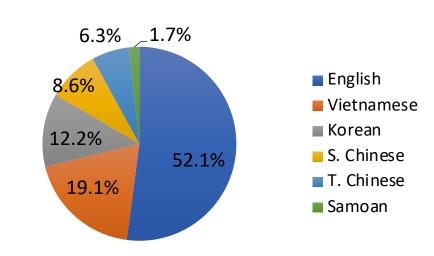


50.2% Limited English proficiency



6.7% with ADRD symptoms

Language Used to Complete the Survey



CARE-Supported Recruitment

Joshua Grill, PhD CARE Co-Investigator

Dolores Gallagher-Thompson, PhD CARE Co-Investigator

Institute for Memory Impairments and Neurological Disorders, UC Irvine

Department of Psychiatry and Behavioral Sciences, Stanford School of Medicine

CARE-Supported Recruitment Flowchart



Submit CARE Referral Request Form

- · This is REQUIRED.
- Project information: title, description, timeline
- Eligibility criteria
- Target sample size
- IRB Status: identify CARE as a recruitment source
- Funding source and status of funding



CARE Consultation Committee Review

- General information about CARE
- Review of study proposal, eligibility criteria and sample size
- A meeting may be scheduled*
- A decision will be communicated with the requesting investigator within 1month of submission



Process CARE Referral Request Form

 Submit Referral Request Form to CARE after the consultation.



Receive Participant Contact Information



- Name, language preference, and preferred contact method (phone number, mailing address and/or email address)
- IRB approval letter required before receiving the information



Investigator Responsibilities

- Contact potential participants within 1 month of receiving their contact information**
- Notify CARE of the outcome of every registrant within 30 days of receipt**
- Cite CARE in publications or presentations
- Provide brief study description and findings or links to publication(s) when available for posting on CARE's website and newsletter

CARE-Supported Recruitment Steps 1-3



Submit CARE Referral Request Form

- This is REQUIRED.
- Project information: title, description, timeline
- Eligibility criteria
- Target sample size
- IRB Status: identify CARE as a recruitment source
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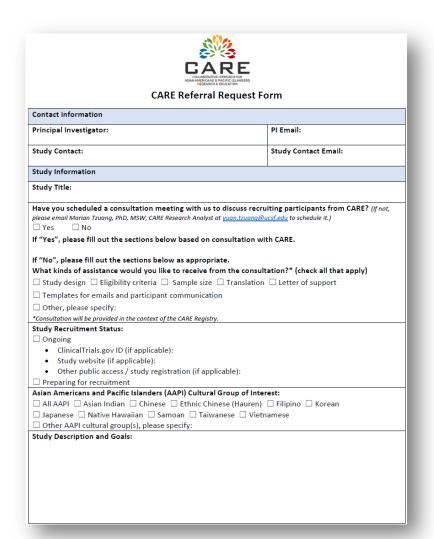
CARE Consultation Committee Review

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CARE-Supported Recruitment Steps 4-5



Receive Participant Contact Information



- Name, language preference, and preferred contact method (phone number, mailing address and/or email address)
- IRB approval letter required before receiving the information



Investigator Responsibilitie

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- Contact potential participants within 1 month of receiving their contact information**
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CARE

COLABORATIVI APPROACH FOR
ASIANAMERICANS & PACIFIC ISLANDERS
RESEARCH & BEUCATION

^{**}This is a general guideline primarily for prospective and/or in-person studies. Investigator responsibilities may be discussed on a case-by-case basis for other types of study designs (e.g., surveys).

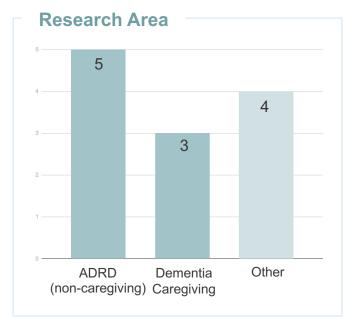
CARE-Supported Recruitment

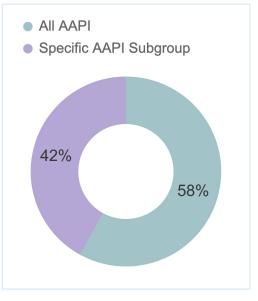
- Download CARE Recruitment Referral Form at: <u>https://careregistry.ucsf.edu/researchers</u>
- CARE team may request a consultation meeting to discuss the proposed recruitment referral in detail.
- Proposals that involve substantial commitment of CARE resources will receive further review and budgetary consideration by the CARE investigators before approval.
- The guidelines presented is primarily for prospective and/or in-person studies. Investigator responsibilities may be discussed on a case-by-case basis for other types of study designs such as survey.

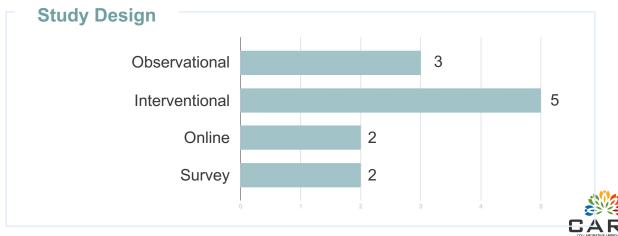


CARE-Supported Recruitment Requests (N=12 as of May 2021)

Institutions		# of request
	Stanford University	2
ESONTE CAVAR	Texas State University	1
	UC Irvine	1
	UC San Francisco	5
	University of Houston	1
	University of Southern California	2







Requesting Studies

Study Titles

SHARE (Share History, Activity, Resilience, and Experience) Project among Asian American Older Adult Caregivers of Individuals with Alzheimer's Disease and Related Dementias

Factors Affecting Dementia Care in Filipinos/Filipino-Americans Living in California

Development of a Speech and Language Battery for Tagalog Speakers with Cognitive Impairment

Revision and Psychometric Evaluation of the Diabetes Knowledge Questionnaire to Address Health Disparities among Chinese Americans with Type 2 Diabetes

Caregiver-Provided Life Review for Persons with Dementia in Care Facilities

All of Us Research Program at UC Irvine

Asian Cohort for Alzheimer's Disease (ACAD)

Physical Activity Smartphone App for People with Mild Cognitive Impairment or Dementia

Functional Neuromodulation/ADvance II Study

Improving Health Disparities by Promoting Physical Activity
Among Asian American Older Adults with
Cardiovascular Disease: A Pilot Study
(The ACTION Study)

Looking to understand neuropsychiatric symptoms in Alzheimer's disease

A novel use of a sleep intervention to target the emotion regulation brain network to treat depression and anxiety



Example: SHARE Project (PI: Dr. JiWon Choi)

Referral Request Received

Late January 2021

CARE Committee Review

Early February 2021

- Ask PI to obtain IRB approval to include CARE as a recruitment source
- Clarify participant eligibility
- o Initial query to identify potentially eligible participants:
 - 1) age ≥50; 2) male; 3) self-identified as Korean American; 4) caring for someone with dementia

Share CARE Participant Contact Information

Mid-February 2021

- Received IRB approval letter (including protocol that list CARE as recruitment source) from PI
- o Name, language preference, and preferred contact method were shared with the study steam
- o Provided templates for invitation letter, email and phone script to explain why CARE participants are contacted
- Provided tracking log to study team to document contact outcomes (to be returned within 30 days of receiving participant contact information)

Notify CARE of Contact Outcomes

Mid-March 2021



Lightning Talk – The COMPASS Study

Janice Tsoh, PhD CARE Co-Investigator

Department of Psychiatry and Behavioral Sciences
UC San Francisco School of Medicine



- Purpose: Nationwide survey about the COVID-19 mental and physical health effects on Asian Americans and Pacific Islanders (AAPI).
- Participants: 5,418 AAPI adults completed the survey online, by phone, or in-person. Overall, 20.2% (526 out of 2,600) of CARE participants completed the COMPASS survey.
- Survey Period: October 24, 2020 January 26, 2021 for publicly available survey via COMPASS website. Targeted recruitment with community partners are closed on May 8, 2021.
- Website: <u>compass.ucsf.edu</u>
- UCSF IRB Protocol #: 20-31925





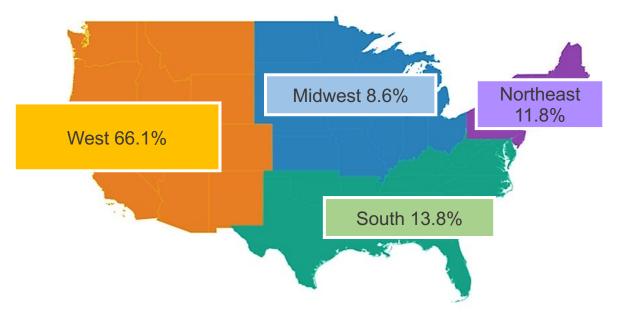
Survey period: Oct 24, 2020 – May 8, 2021

Age

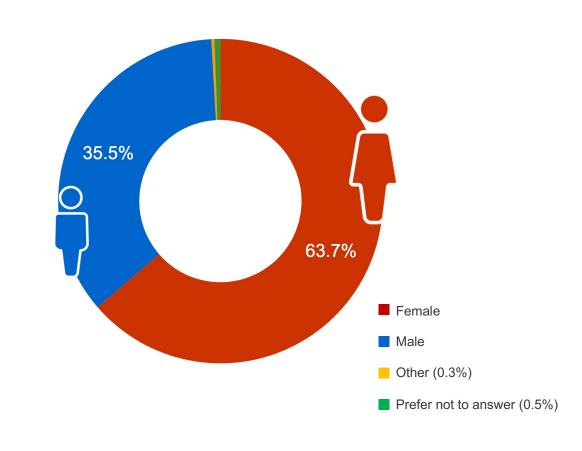
- Range: 19 98 years
- 47.1% were 50 years and older
- 16.8% were 65 years and older

Mean Age **47.2**

Regions



❖ Gender





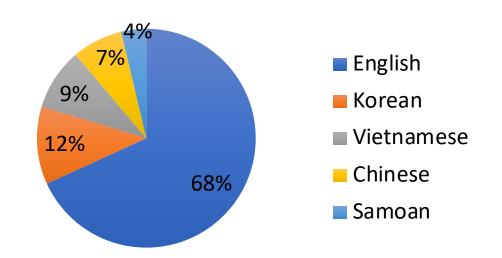
COMPASS Participants (N=5,418)

❖ Cultural groups:

Ethnic Chinese	36.0%
Korean	21.6%
Vietnamese	20.0%
Asian Indian	6.1%
Taiwanese	5.3%
Japanese	5.1%
Native Hawaiians or Pacific Islanders	4.9%
Filipino	4.7%
Hmong	2.2%
Other	1.8%
More than one cultural group	1.3%

- **❖ 66.6%** born outside the U.S.
- **❖ 24.9%** have limited English proficiency
- ❖ 14.7% are caregivers of older adults or persons with special needs

***** Language of survey completion:



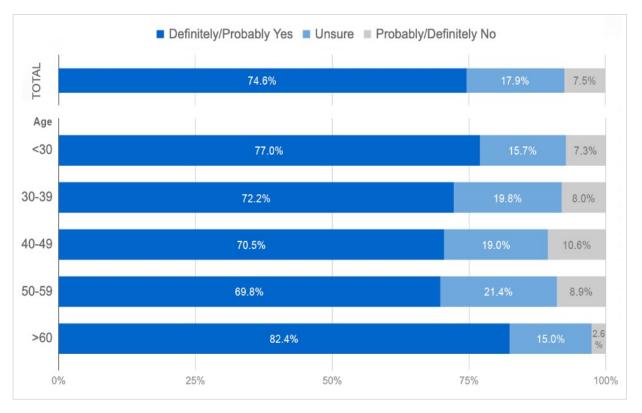


COMPASS: Vaccine Willingness (N=1,646)

Q. If a vaccine becomes available for COVID-19, would you get it?

- 25.4% said they were "unsure" or "probably/definitely no" to getting the COVID-19 vaccine
 - 24.8% for Asian Americans
 - 48.4% for NHPI

Willing to Receive COVID-19 Vaccination by Age Group

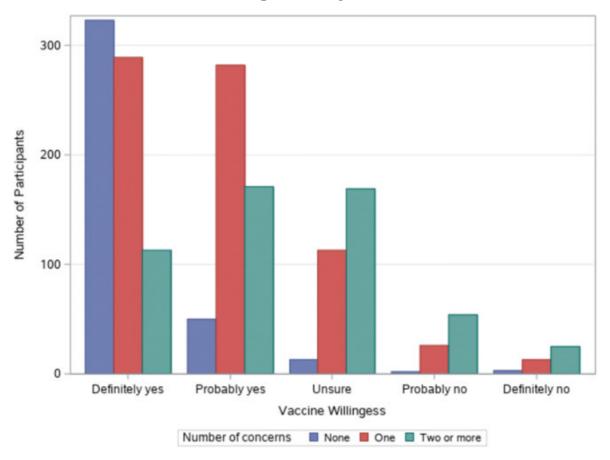




COMPASS: Vaccine Concerns (N=1,646)

- 76% had ≥1 concerns about the vaccine
- Most common concern was side effects
 (65%)
- 34.1% only concerned about side effects
- 6.0% only concerned about vaccine safety
- 36.4% reported multiple concerns

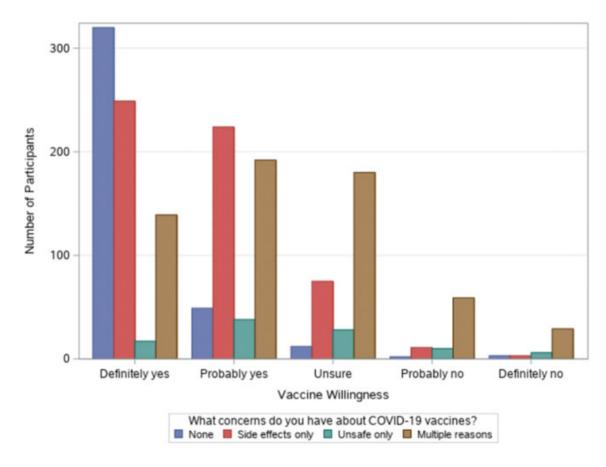
Vaccine willingness by number of concerns





COMPASS: Vaccine Concerns (cont.)

Vaccine willingness by types of concerns



- Among those who said they would definitely get the vaccine (n=725), 44.6% said they had no concerns about the vaccine (vs. 15.6% had two or more concerns).
- Among those who said they definitely would not get the vaccine (n=41), 7% had no concerns (vs. 61% had two or more concerns).



COMPASS: Vaccine Concerns (cont.)

Multivariable Analyses Result:

Those who had less vaccine concerns were:

- ≥ 60 years old (vs. <30)
- Vietnamese Americans (vs. Chinese Americans)
- who reported higher (vs. low) health status
- separated/divorced/widowed (vs. single)

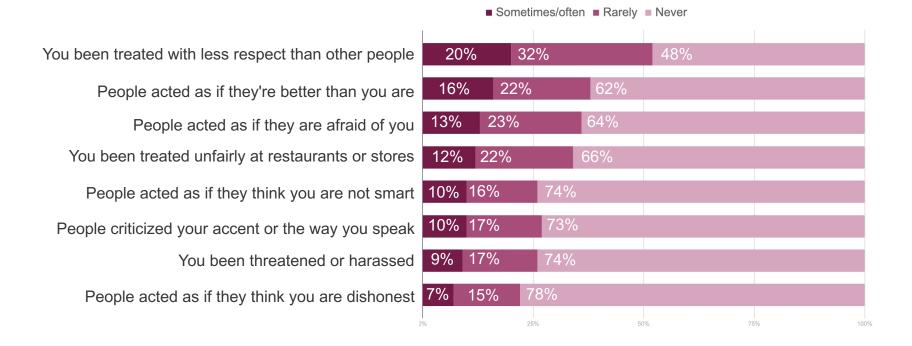
More concerns about the vaccine:

- Age 30-39 and 40-49 years old (vs. <30)
- Filipinos and Koreans (vs. Vietnamese) in post-hoc analyses
- females (vs. males)
- experienced mild negative impacts from COVID-19 on family income/employment (vs. no change)



Everyday Discrimination (N=4,971)

Q: In the past 6 months, how often have...because you are Asian, Asian American or Pacific Islander?



Overall, 3 in 5 AAPI experienced at least one of the above everyday discrimination in the past 6 months



Coronavirus Racial Bias Scale (N=4,971)

Q: % who strongly/somewhat agree with beliefs concerning how the COVID-19 pandemic is affecting AAPI:

59.0%	believe that the country has become more dangerous for their ethnic group
46.2%	believe that negative social media posts against their race/ethnicity have increased because of COVID-19
40.6%	believe that most social/mass media reports about COVID-19 create bias against their race/ethnicity
39.0%	have seen a lot more cyberbullying of people of their race/ethnicity since the pandemic
34.1%	worry about people thinking they have COVID-19 because of their race/ethnicity
31.5%	believe that people of their race/ethnicity are more likely to lose their job
15.3%	believe that people of their race/ethnicity will not receive as good COVID-19 healthcare as others
10.6%	believe people of their race/ethnicity are more likely to get COVID-19
10.4%	reported being cyberbullied because of their race/ethnicity



Conclusions



To the best of our knowledge, COMPASS is the largest national survey of AAPI that are available in multiple languages



- Establishment of trust with community partners and CARE participants
- Relevant topic that resonates with the community



COMPASS provides valuable and updated disaggregated data



Q&A + Raffles

Please complete our evaluation survey:

https://ucsf.co1.qualtrics.com/jfe/form/SV cBZyrtdY7XEI9qm



Acknowledgments

Thank you to all the registry participants!



UC San Francisco

Van Ta Park (PI)
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Marian Tzuang
Stuart Gansky (DCE)
Sarit Helman (DCE)
CARE Interns

UC Davis

Ladson Hinton (Co-I)
Oanh L. Meyer (Co-I)
Anna Bach
Duyen Thi Ky Tran

UC Irvine

Joshua D. Grill (Co-I) Ruobing Li Hye-Won (Grace) Shin

Stanford University

Dolores Gallagher-Thompson (Co-I)

ICAN

Quyen Vuong (Co-I) Isabella Luong Anne Phan Cecilia Phan

NAPCA

Joon Bang (Co-I)
Heather Chun
Dyanna Chung
Lisa Thong

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^{*} Special thanks to Bobin Kim, Bora Nam and Marian Tzuang for their support in developing this presentation.