



Sue & Bill Gross
School of Nursing



Vietnamese
American
Cancer
Foundation

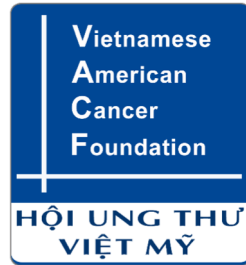
HỘI ỦNG THỦ
VIỆT MỸ

**COVID-19 prevalence & fear
among Vietnamese American
cancer patients and other
community members: a campus-
community research incubator**

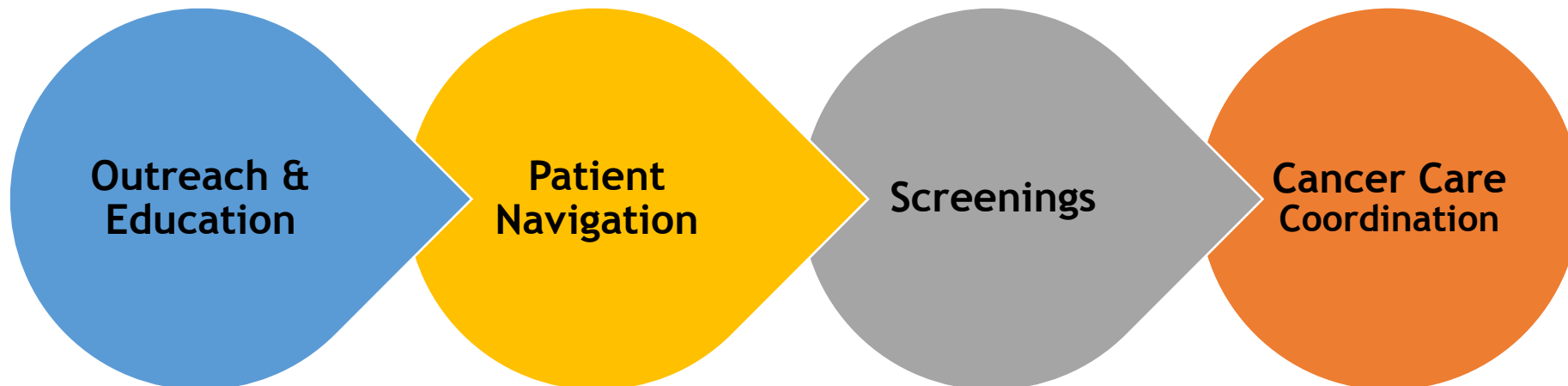
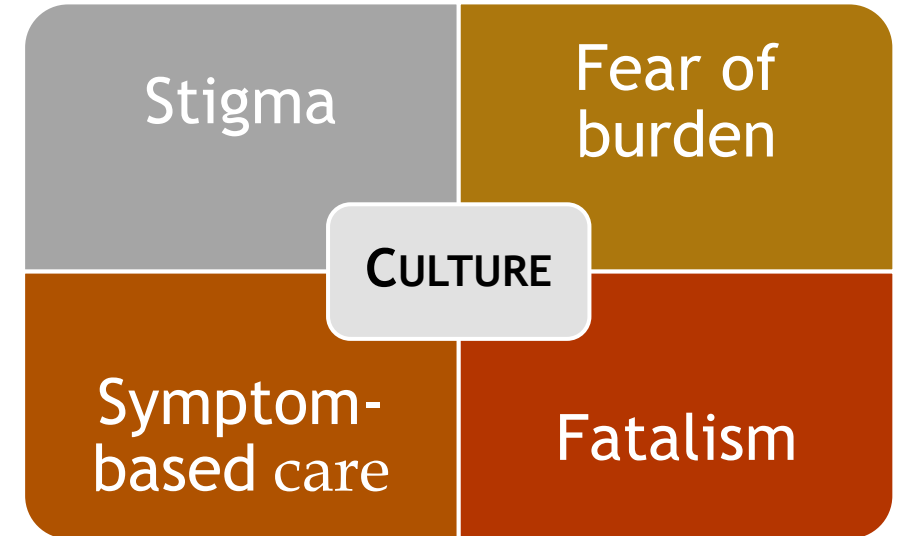
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BACKGROUND



Founded in 1998 by cancer survivors, local physicians & community members



BACKGROUND

- Public health info & resources regarding COVID-19 ineffectively trickled into minority communities



BACKGROUND

- Pandemic of disinformation
- Widespread misunderstanding & frustration



THE
OCR

Garden Grove doctor one of first in U.S. to...

PUBLISHED: March 25, 2020 at 7:14 p.m. | UPDATED: March 27, 2020 at 2:31 p.m.



[Update: Health officials warn that coronavirus blood test could spell trouble](#)

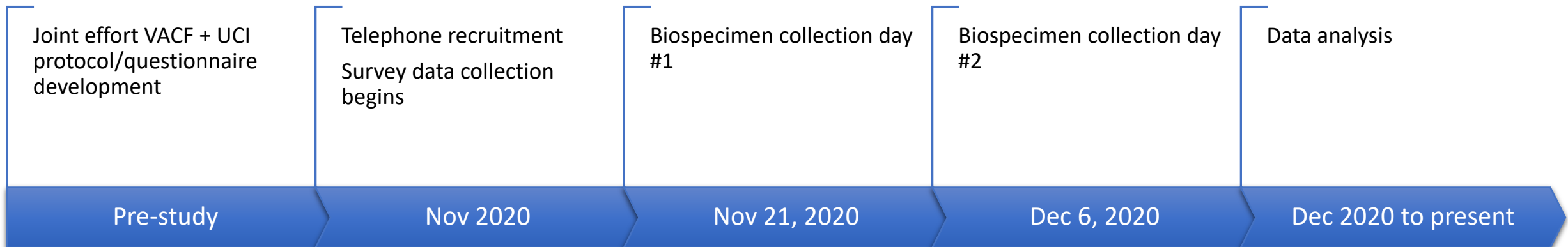
A Garden Grove physician is likely one of the first practitioners in the U.S. to begin offering a rapid coronavirus screening test popular in Asia that can provide results within 10 minutes through a simple fingerstick.

RESEARCH AIMS

- Prevalence of SARS-CoV-2 infection among Vietnamese American cancer patients/survivors & other community members
- Assess knowledge, attitude, & fear toward COVID-19
 - Hypothesis: Greater knowledge & positive attitude toward pandemic protective behaviors will result in reduced fear associated with COVID-19

METHODS

- Convenience sampling
- 2-tier phone recruitment VACF client registry
- Bilingual survey (Vietnamese & English) via mail, online, & onsite prior to biospecimen collection
- \$25 cash compensation
- Specimens delivered to processing lab same day
- If PCR COVID-19 +, notification ≤ 5 business days & referred for confirmatory evaluation



MEASURES

- Demographics, social, & health information
- RT PCR RNA detection via oropharyngeal samples
- Antibody assays via blood samples
- Knowledge scale (14 items)
 - T/F questions based on CDC guidelines
- Attitude scale (10 items)
 - Likert-type scale measuring ease/difficulty of engaging in pandemic-appropriate protective behaviors (e.g., social distancing, masking, etc.)
- Fear scale (7 items)
 - Likert-type scale measuring level of agreement to fear statements

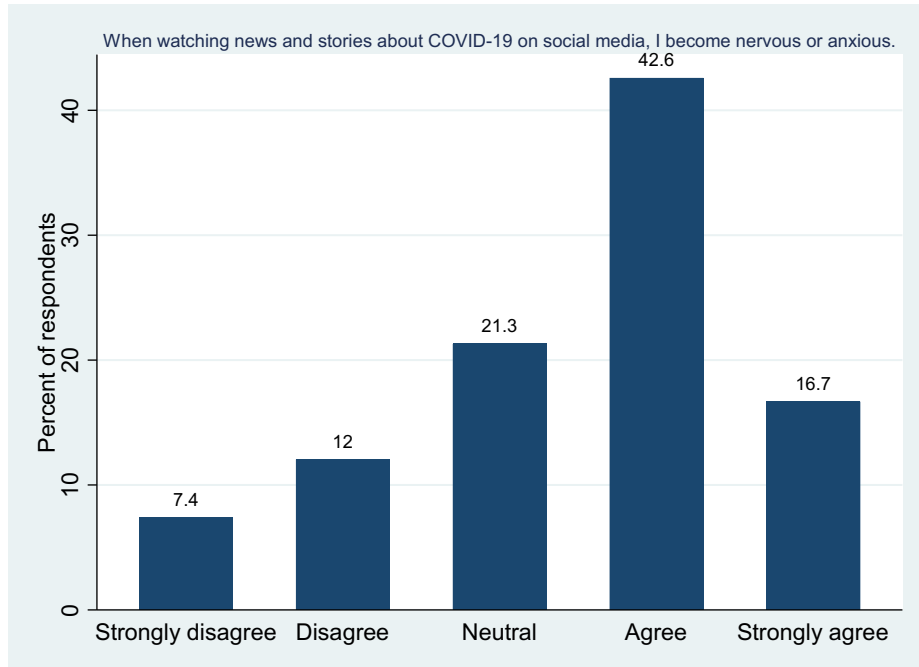
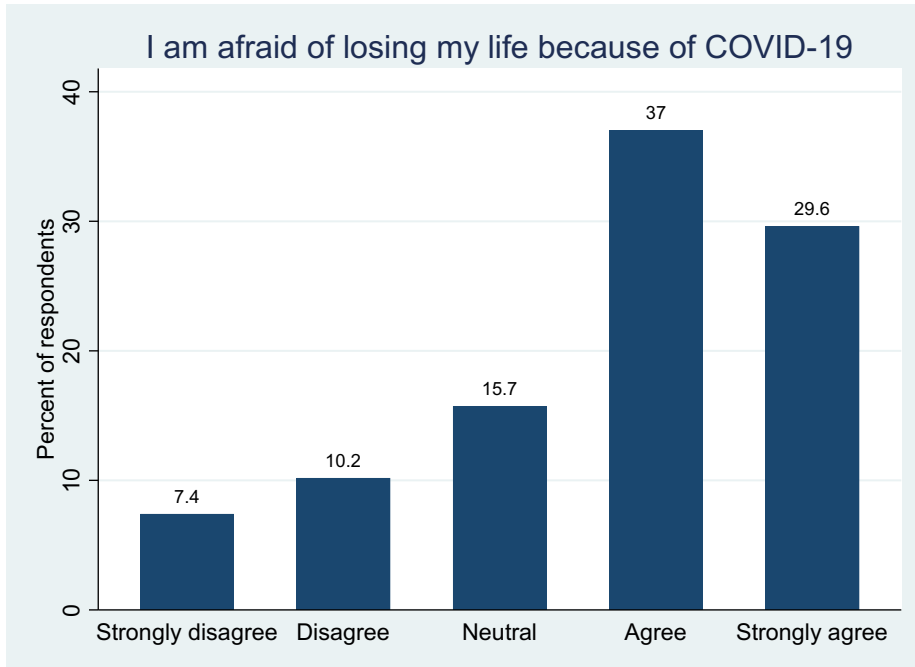
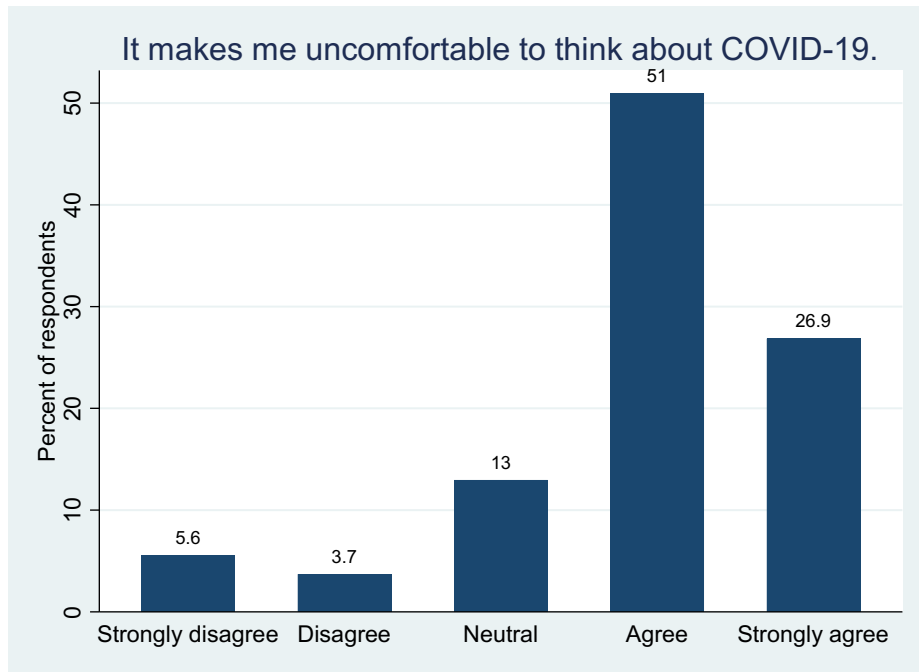
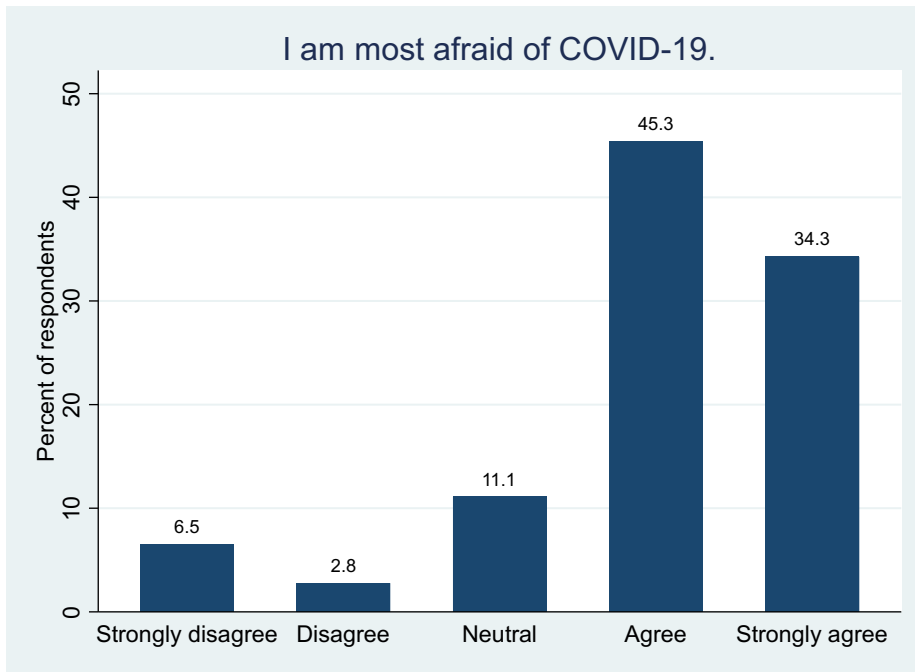
RESULTS

- 152 participants completed all components (blood + saliva + survey)
- 108 completed entire set of fear questions
- 2 w/ PCR+ results
 - Notification & referral for confirmatory evaluation
- 5 w/ antibodies

DEMOGRAPHICS (N=108)

- 70% female
- 57% between 57-84 years old
- 56% describes English fluency as "not well"
- 77% w/ income \leq \$40k
- 91% w/ health insurance
- 55% diagnosed w/ cancer

Selected fear responses



RESULTS

Unadjusted & Adjusted Models				
Variables	Base Model (N=98)		Full Model (N=81)	
	B coef. (95% CI)	P value	B coef. (95% CI)	P value
COVID-19 knowledge	-0.71 (-1.40, -0.02)	0.044	-0.74 (-1.49, 0.01)	0.052
COVID-19 attitudes	-0.15 (-0.41, 0.12)	0.280	-0.11 (-0.40, 0.17)	0.431
			*controlled for variables: gender, marital status, age, English fluency, employment, household size, & cancer diagnosis	

CONCLUSION

- Low infection prevalence
- High levels of fear
- No association between attitude & fear
- Negative association between knowledge & fear

Limitation

- Loss of participants due to missing data

Next steps

- Further analysis (cancer vs non-cancer)
- Fear score after vaccination
- Comparison of scores before vs after winter surge

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- Messaoudi lab specialists



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