

### BACKGROUND

- Vaccinations and screenings are some of our most powerful medical advantages to prevent and detect certain conditions.
- The CDC and the American Cancer Society have specific recommendations for preventive measures.
- When compared to Caucasians, Asians seem to match the national standard for colorectal screening (47.3% versus 41.8%) and influenza vaccination (48.7% versus 44.0%).
- When compared to Caucasians, Asians were below the national average for tetanus (61.6% versus 51.0%), herpes zoster (30.6 versus 26%), and human papillomavirus (HPV) vaccinations (41.0% versus 36.3%).

### OBJECTIVE

- To assess the knowledge and adherence of preventative measures in the Vietnamese Community in St. Louis.
- To assess a need for health education.
- To assess medical access and utility as possible factors attributing to adherence.

### METHODS

#### Study Design

- Descriptive observation utilizing a low-risk, anonymous Qualtrics survey.
- Survey questions included assessing the knowledge of when preventative measures should be taken and whether or not the participant had adhered to the preventative measure.
- The survey was posted on 2 Facebook Pages with a total following of at least 1,300 Vietnamese people from St. Louis.
- The survey was available for one month.

#### Inclusion Criteria

- Vietnamese American age 18-89 years old.
- Live in the St. Louis metropolitan area.

#### Exclusion Criteria

- Limited English reading ability or inability to submit a survey.
- Incomplete surveys\*

\*Surveys that did not answer any of the knowledge or adherence questions were excluded. The surveys that answered some of the knowledge and adherence questions were included for only the questions answered and excluded from the overall scoring.

### METHODS

#### Study Measures

- Background characteristics including age, gender, insurance status, having a primary care provider, and medical utility.
- Patient knowledge of appropriate frequencies of preventative measures.
- Patient adherence of preventative measures based on age and gender.

#### Data Analysis

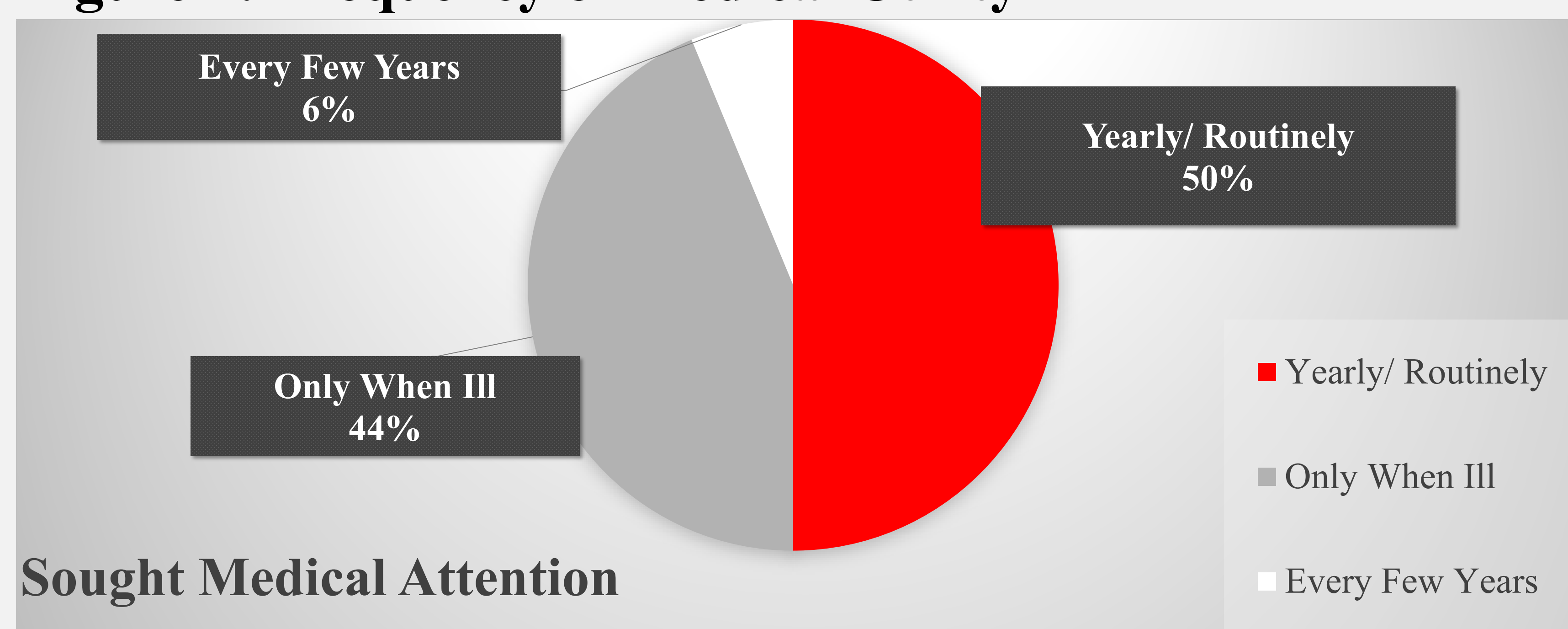
- Each individual survey was keyed for accuracy and adherence.
- Each survey assessed the knowledge and adherence of the influenza vaccine, Tdap or Td booster vaccine, Zostavax or Shingrix vaccine, the HPV vaccine, colorectal screening, and mammogram screening.
- Summary statistical data and descriptive analyses were conducted using the mean and percentages.
- Trends were noted and deduced from the patterns and background information.

### RESULTS

#### Enrollment and Characteristics

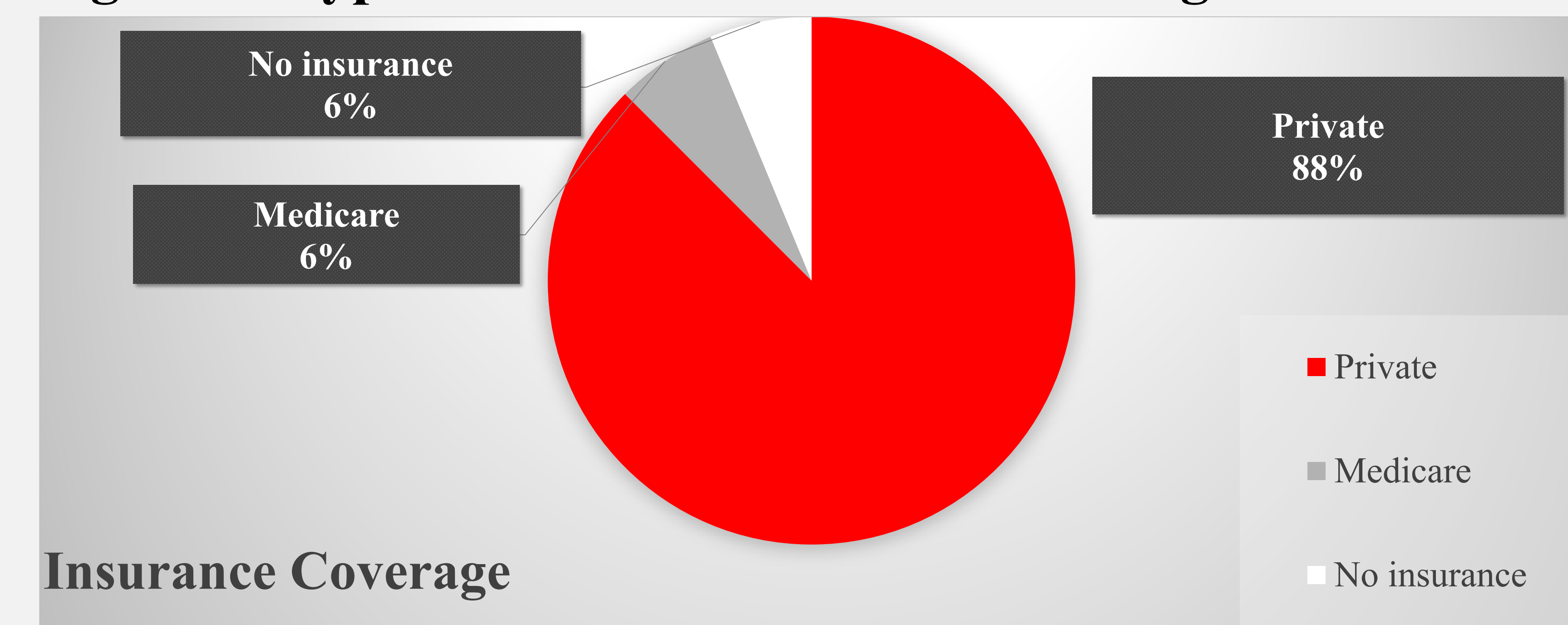
- The survey was available from October 1<sup>st</sup> to October 31<sup>st</sup>, 2019.
- More than 1,300 people could have taken the survey.
- 23 participants accessed the survey.
- 7 surveys were completely excluded for only answering the background questions.
- 2 surveys were excluded from the overall scoring but were included for the questions that were answered.\*

#### Figure 1: Frequency of Medical Utility



### RESULTS

#### Figure 2: Type of Medical Insurance Coverage



#### Table 1: Background Characteristics

Characteristic	Measures
Mean Age	35 years (Mode 22)
Age >50	2 participants (12.5%)
Male	4 participants (25%)
Has a PCP or family doctor	14 participants (87.5%)

#### Table 2: Knowledge and Adherence Scores

Preventative Measure	Knowledge	Adherence
Yearly Influenza Vaccine	(13 of 16) 81.25%	75%
Tdap, Td booster every 10 years	(10 of 15) 66.66%	73.33%
Zostavax or Shingrix 50 or older	(8 of 14) 57.14%	92.86%
HPV 21 for men and 26 for women	(1 of 14) 7.14%	35.71%
Colorectal Screening at age 45	(4 of 14) 28.57%	92.86%
Mammogram Screening at age 45	(7 of 14) 50%	100%

### CONCLUSION

- The adherence scores were higher than expected for the influenza vaccine, herpes zoster vaccine, colorectal screening, and mammogram screening.
- The adherence scores were as expected for the tetanus vaccine and HPV vaccine.
- The elevated adherence scores can be attributed to the small sample size and skewed age range. Because a majority of the participants were young, the adherence scores for the measures for older adults seem high because most of the measures we re not applicable to the participants.
- With the lack of power, it may be difficult to determine if a need for health education is present based on adherence; however, given the low knowledge scores in all categories, health education would be beneficial in this population.