

The Role of Cultural Health Beliefs and Health Behaviors Among Chinese, Korean, and Mexican American Breast Cancer Survivors

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The increase in survival rate may be attributed to breast cancer survivor (BCS)'s healthy lifestyles and behaviors after cancer treatment. Cultural health beliefs may be a major determinant which influences the health behaviors of ethnic minority populations. Given the fast growing rates of Chinese-, Korean-, and Mexican-Americans, this proposal focuses on cultural health beliefs and health behaviors. The specific aim of the proposed study is to examine the relationships among cultural health beliefs, health behaviors, and factors influencing them (including acculturation, treatment-related decisions, and doctor-patient relationships) among BCS, and to further explore the differences and/or similarities in cultural health beliefs and health behaviors among Chinese, Korean, and Mexican BCS. This proposed study is a cross-sectional community collaborative study consisting of two phases for Chinese-, Korean-, and Mexican-American BCS. Both quantitative (phase I) and qualitative (phase II) methodology will be utilized. Phase I will use data from Dr. Ashing-Giwa's 2002-2004 research study, and analyze data in order to understand the cultural health beliefs and health behaviors among the three ethnic groups. In Phase I, the investigators will test the main hypotheses using factor analysis, a Mann-Whitney U test, a Kruskal-Wallis, and a logistic regression, and develop an interview protocol for the focus group, based on research findings. Phase II will employ focus groups to explore cultural and cancer related health beliefs and their impact on health behaviors. A total of six focus groups (two per ethnic group) will be conducted and each group will be comprised of 6-8 participants. Focus group interviews will be analyzed through qualitative methodology of "coding consensus, co-occurrence, and comparison." This study will benefit our future research, which is to develop culturally sensitive instruments related to cultural health beliefs for Chinese, Korean, and Mexican BCS, and to help lead the development of evidence-based intervention programs for ethnic minority BCS.