

ASIAN HEALTH & SERVICE CENTER

Asian Cancer Resource & Support Service
(ACRSS)

ASIAN DIET & CANCER OHSU CPP TIER 2 GRANT PROJECT



March 3rd, 2023
Holden Leung, CEO
Gemma Kim, Program Manager



Asian Diet and Cancer Project photo slide show video



<https://youtu.be/ESYKWvJzYqY>

Background/Introduction

Food is an integral part of many Asian immigrant cultures and daily experiences, yet there are many myths around diet and cancer in these communities. Asian Diet & Cancer (ADC) Project, a pilot program for the Cantonese-speaking community, was developed based on the needs expressed by our clients who are residing in the Tri-County area. This project built on previously successful Tier grants that delivered culturally and linguistically appropriate cancer resources, education materials, and support services available to the Asian community in Oregon. AHSC's Asian Diet & Cancer nutrition and cooking demonstration classes provided comprehensive nutrition education to engage and empower the Asian communities in Oregon.

Objectives

- **Objective 1** 30 cancer patients and caregivers will participate in 3 culturally specific, cancer-related cooking demonstration/nutrition education events; video recordings will be posted to YouTube as a resource.
- **Objective 2** 80% of participants will demonstrate an increase in knowledge of nutrition and cancer after each event.
- **Objective 3** 50% of participants will utilize another AHSC or ACRSS activity.
- **Objective 4** 12-15 cancer patients or caregivers will participate in a Nutrition and Cancer Focus Group to provide feedback on acceptability and future program planning.

Methods

Target Population: Cantonese-speaking cancer patients, survivors, caregivers; residents of the Tri-county area; ACRSS enrolled clients and others who are not enrolled

Overview of the design and activities of the project:

- Conduct 3 cancer-related cooking demonstrations and education events for 10-12 participants



- Develop and distribute surveys to measure knowledge of nutrition and cancer for each class
- Record classes as educational materials to post on YouTube
- Record program services outside of ADC utilized by attendees
- Host 1 focus group in Cantonese and collect surveys for feedback

RESULTS

Objective 1

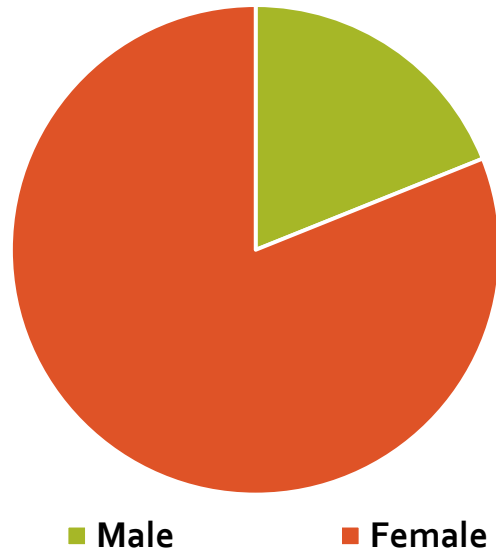
37 cancer patients and caregivers participated in 3 in-person, culturally specific, cancer-related cooking demonstrations. Video recordings were posted to YouTube as a resource. 37 class participants were unduplicated number of class participants for both in-person and virtual classes.

	Date	Contents	In person Attendance	Zoom Attendance
Class 1	4/7/22	Nutrition before cancer treatment	11	3
Class 2	4/21/22	Nutrition during cancer treatment	12	6
Class 3	5/5/22	Nutrition after cancer treatment	15	4

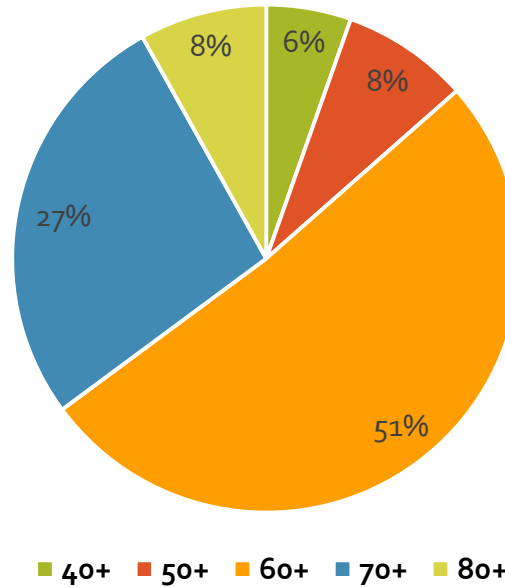
Cancer Patients	Caregivers	Unidentified
12	23	2

Participate Data

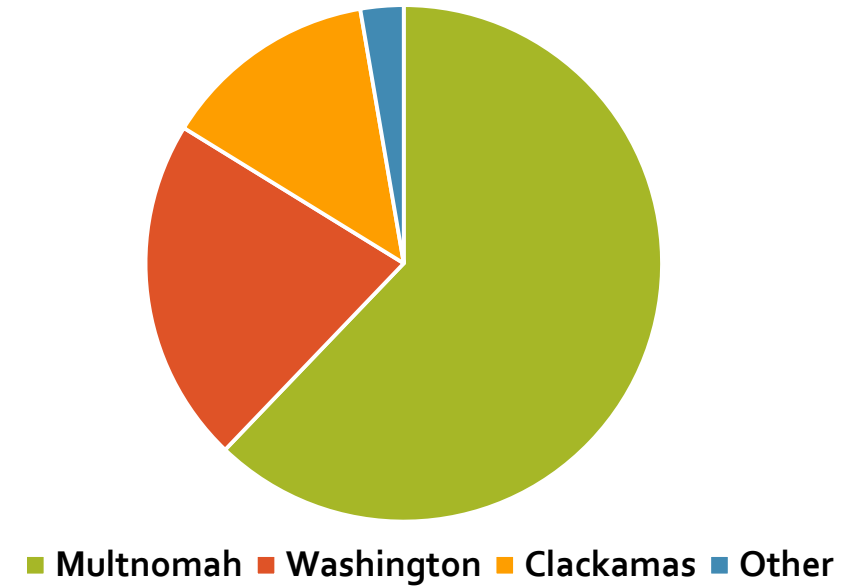
Gender



Age

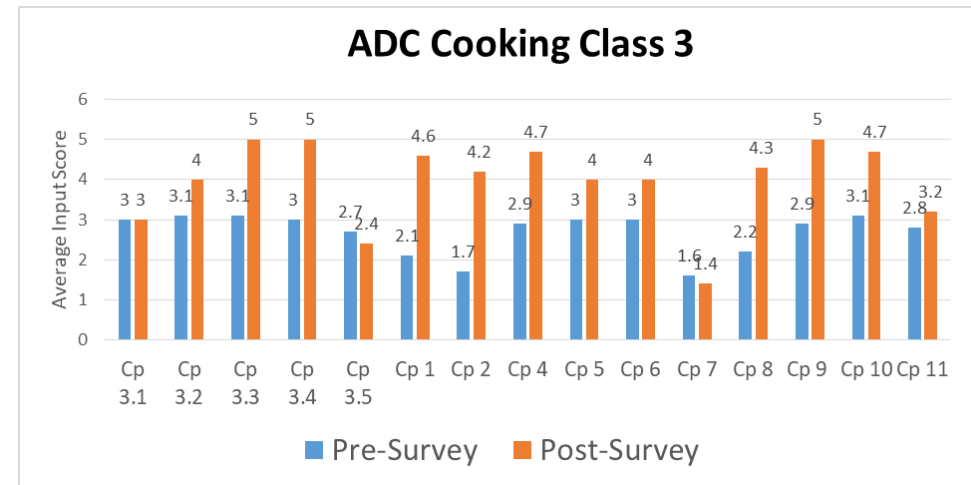
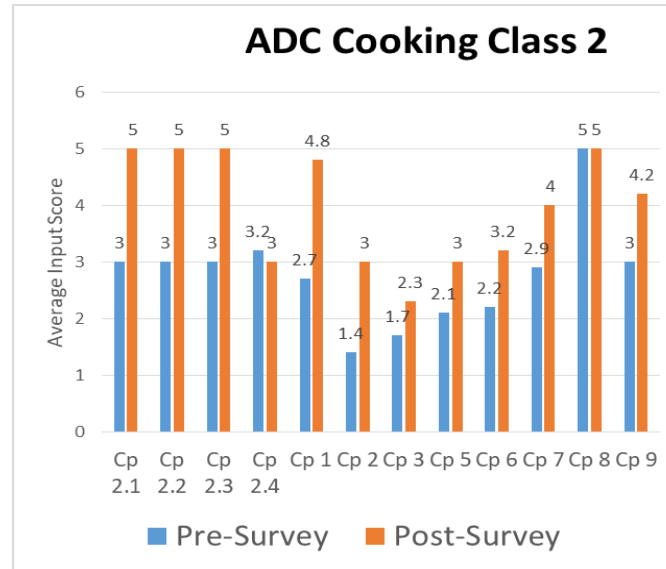
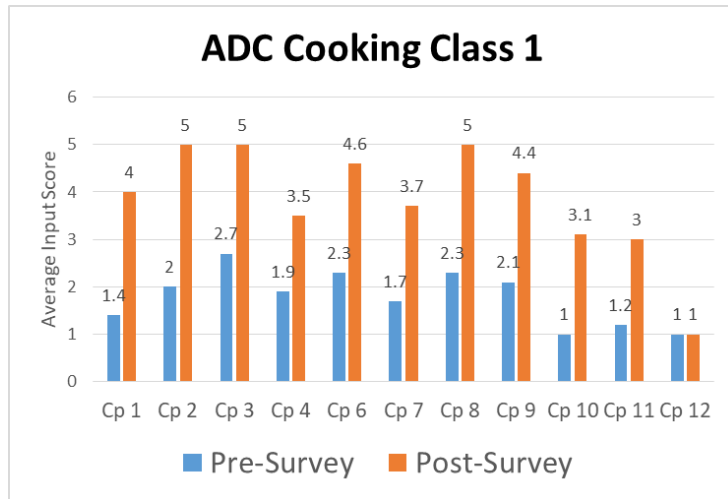


County



Objective 2

89% of participants demonstrated an increase in knowledge of nutrition and cancer: fact vs. myth after each cooking demonstration/ nutrition education event.



Objective 3

73% of class participants received one or more services from AHSC or ACRSS

- The contents of the services were information and referral; case management; providing wellness checks; peer support; food bag and care package delivery; and distributing “transportation hop cards” and fans.
- Participants shared that they have been using information and recipes from The Cancer Nutrition Handbook
- Participants expressed interest in joining a support group: 9 participants joined the 1st meeting on 7/26/2022; and future monthly support group was scheduled

Objective 4

14 cancer patients and caregivers participated in a Nutrition and Cancer Focus Group to provide feedback on acceptability and for future program planning. The focus groups were held in-person and virtually on 5/05/22 in Cantonese and Mandarin Chinese.

Narrative feedback from participants:

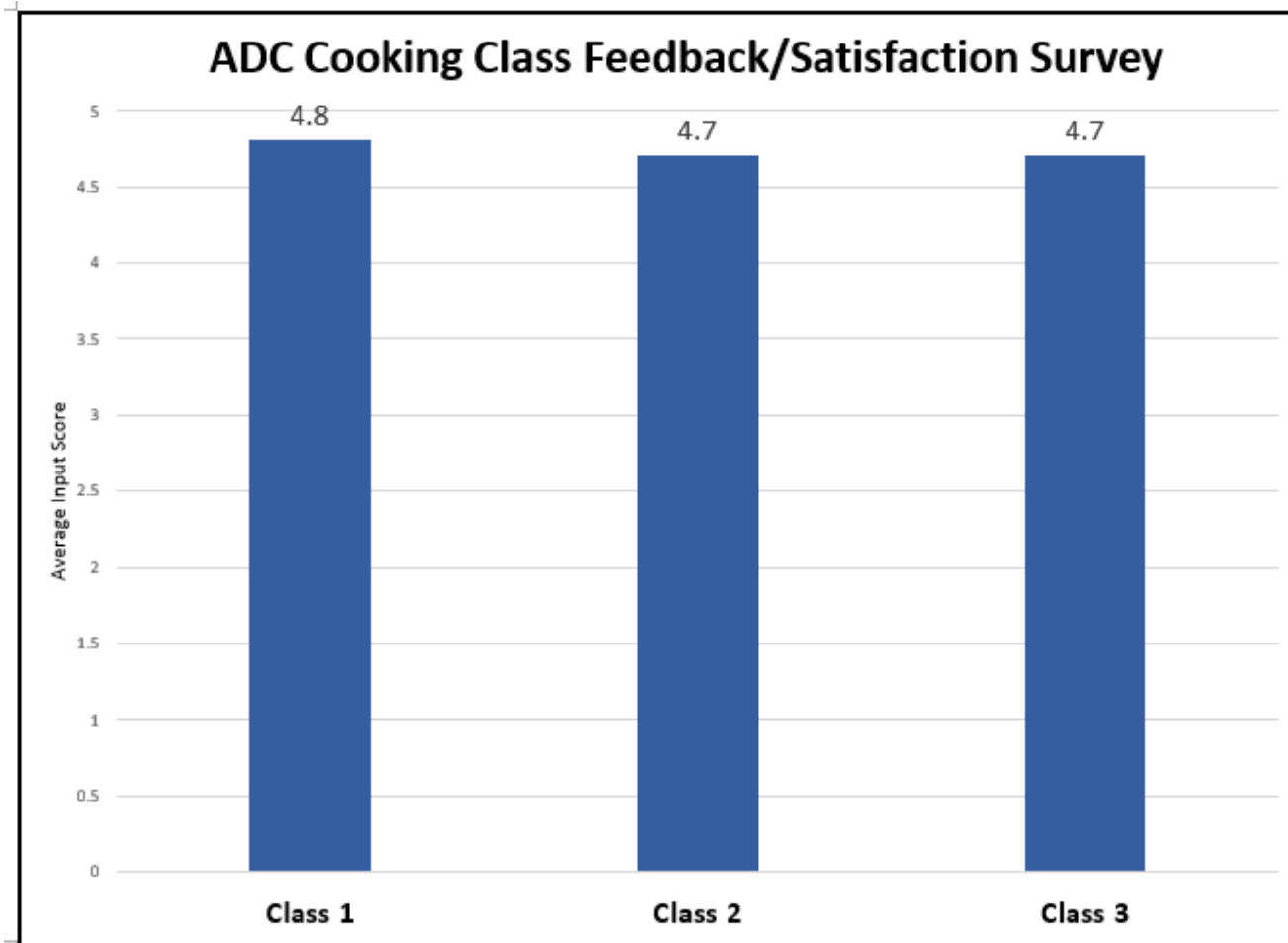
- *Learned how to cook and the different types of foods that are good and bad for cancer treatment*
- *Developing more awareness and better understanding on the difference between types of food cancer patients should have pre-treatment, during treatment, and post-treatment*
- *Thank you so much to the center for making me aware of the importance of food in the treatment of cancer*

Objective 4

Recommendations from participants:

- More effective to have all three categories (before, during, and after cancer treatment) offered in each class
- Only once is not enough, hope that these events will continue and have more dishes to cook
- Include handouts on how to make other recipes or information on nutritious ingredients you can buy and where you can buy from

ADC Feedback/Satisfaction



Challenges

- Limited research, resources, time, and money to develop a community-based program; finding appropriate bilingual human resources for the project
- Class participants preferred to have hands-on cooking classes
- COVID-19 pandemic limits cancer patients and caregivers who were receiving cancer treatment and preferred to attend virtual classes
- Using a non-traditional platform was not easy for older adults; hybrid programming (Zoom and in-person) was not easy to navigate

Conclusion

The pilot program was appreciated by our Cantonese-speaking cancer patients and caregivers. The results demonstrated that ADC nutrition classes were well received and approved as an effective way to deliver nutrition education. It also encouraged participants to utilize more AHSC resources. AHSC wishes to continue to expand the project to support our Mandarin, Korean, and Vietnamese-speaking cancer patients and caregivers through more funding.



Asian Diet & Cancer Project

Asian Health & Service Center

Gemma Kim, Asian Cancer Resource & Support Service (ACRSS), Tier 2



Background/Introduction

Food is an integral part of many Asian immigrant cultures and daily experience, yet there are many myths around diet and cancer in the communities. Asian Diet & Cancer (ADC) project, a pilot program for Cantonese-speaking community, was developed based on the needs expressed by our clients who are residing in Tri-county area. This project built on previously successful Tier grants that delivered culturally and linguistically appropriate cancer resources, education materials, and support services available to the Asian community in Oregon. AHSC's Asian Diet & Cancer nutrition and cooking demonstration classes provided comprehensive nutrition.

Objectives

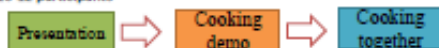
- Objective 1**
30 cancer patients and caregivers will participate in 3 culturally specific, cancer-related cooking demonstration; video recordings will be posted to YouTube as a resource.
- Objective 2**
80% of participants will demonstrate an increase in knowledge of nutrition and cancer after each event.
- Objective 3**
50% of participants will utilize another AHSC or ACRSS activity.
- Objective 4**
12-15 cancer patients or caregivers will participate in a Nutrition and Cancer Focus Group to provide feedback on acceptability and future program planning.

Methods

Target Population: Cantonese speaking cancer patients, survivors, caregivers; residents of Tri-county area; ACRSS enrolled clients and others who are not enrolled

Overview of the design and activities of the project:

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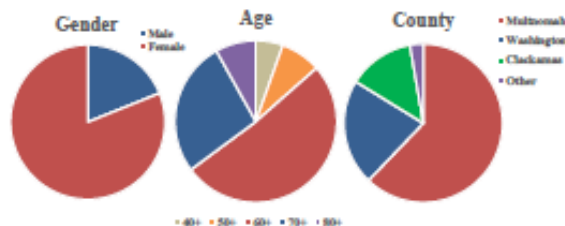
- Post video and materials to YouTube
- Asian Health & Service Center
- Develop and distribute survey to measure knowledge of nutrition and cancer
- Record program activity and services outside of ADC utilized by attendees
- Host 1 focus group in Cantonese and collect survey for feedback

For details or additional information regarding this project, please contact at 503-772-5947 or email at acrss@ahscpxd.org

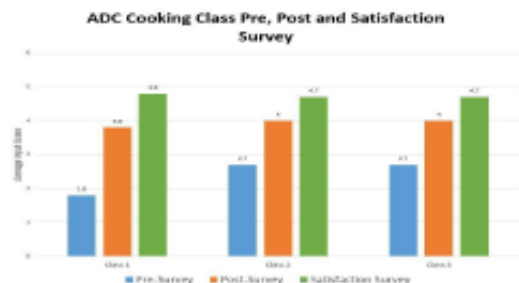
Results

Objective 1: 38 cancer patients and caregivers participated in 3 in-person culturally specific, cancer-related cooking demonstration; video recordings were posted to YouTube as a resource. 37 class participants were unduplicated number of class participants for both in-person and virtual classes.

	Date	Contents	In person Attendance	Zoom Attendance
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Cancer Patients			Unidentified	
12			2	
Caregivers				
23				



Objective 2: 89% of participants demonstrated an increase in knowledge of nutrition and cancer: fact vs myth after each cooking demonstration/ nutrition education event.



Objective 3: 73% of class participants received one or more service from AHSC or ACRSS

- Participants shared they have been using information and menu from The Cancer Nutrition Handbook
- Participants expressed interest in joining support group: 9 participants joined 1st meeting on 7/26/2022 and monthly support group was scheduled.

Results Continued

Objective 4: 14 cancer patients and caregivers participated in a Nutrition and Cancer Focus Group to provide feedback on acceptability and for future program planning. The focus groups were conducted on 5/05/22 in Cantonese and Mandarin Chinese in-person and virtual meeting.

Examples of narrative feedback

- Learned how to cook and the different types of foods that are good and bad for cancer treatment
- I have little knowledge about nutrition before the class. This is my first cooking class with my wife who has cancer

Examples of constructive feedback

- More effective to have all three contents (before, during and after cancer treatment) offered in each class
- Only once is not enough, hope that these events will continue and have more dishes to cook



Challenges and Lessons Learned

- Lack of research, resources, time, and money to develop community-based program; finding appropriate bilingual human resources for the project
- Class participants favored to have hands on cooking classes
- COVID-19 pandemic limits to cancer patients and caregivers who were receiving cancer treatment preferred to attend virtual classes.
- Using non-traditional platform was not easy for older adults; hybrid programming (Zoom and in person) was not easy to navigate
- To improve the quality of the nutrition program, we need to plan in-person, virtual class use evidence-based evaluation tools and eliminate some of the steps or procedure to focus better on the education materials.

Conclusion

The pilot program was appreciated by our Cantonese speaking cancer patients and caregivers. The results demonstrated that ADC nutrition classes were well received and approved it as an effective way to deliver nutrition education. It also encouraged participants to utilize more AHSC resources. AHSC wish to continue to expand the project to support our Mandarin, Korean and Vietnamese speaking cancer patients and caregivers through more funding.

Acknowledgements

Funded by OHSU Knight Cancer Institute Community Partnership Program. Special thanks to Holden Leung, CEO; Asako Chihaya, certified nutritionist; planning committee members, Vivian Leung, Stephanie Kwon, Joyce Fang, and Edith Lee; Portland Chinese Times; program staff, volunteers, cancer patients and caregivers who participated in this project.

Acknowledgements

Funded by OHSU Knight Cancer Institute Community Partnership Program.

Special thanks to

Holden Leung, CEO

Asako Chihaya, certified nutritionist

Planning committee members, Vivian Leung, Stephanie Kwong, Joyce Fang,
and Edith Lee

Portland Chinese Times

Program staff, volunteers, cancer patients and caregivers
who participated in this project

Thank you

For more information about ACRSS or ADC project, please visit our website

AHSC

www.ahscpdx.org

or email at

acrss@ahscpdx.org

