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## Demographic Predictors and Cancer Screening Among Asian Americans in Michigan: Role of Refugee Status

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**Abstract** Although the Asian American population has steadily increased since 1980s, there remains a paucity of literature on cancer screening utilization on this population. The purpose of this study was to evaluate preventive health and screening practices by examining demographic predictors of health and screening behaviors among 217 Asian Americans living in state of Michigan. Several demographic and acculturation-related factors were found to be associated with “ever screened” status in the bivariate analyses. This included the examination of the relationships among refugee status and cancer screening practices among Asian Americans. After adjusting for other demographic correlates, Asian Americans in the refugee group had lower screening rates in colorectal and breast cancer. Our findings emphasize the need for effective interventions to increase cancer screening rates in this vulnerable population.

**Keywords** Mammography · Pap smear · Colonoscopy · Limited English proficiency

immigration and refugee settlement during the 1970s and 1980s [1]. Southeast Asians comprised the vast majority of the refugee population, with over two million individuals from Cambodia, Laos, and Vietnam living in the USA by 2005 [2].

Currently, 500,000 immigrants and 60,000 refugees are admitted into the USA annually [2]. While epidemiological studies generally suggest that Asian Americans may enjoy better health than others in the USA [1], an examination of the subgroup data points toward a need for a more nuanced conclusion. Indeed, extant research suggests that a refugee status can represent a significant risk factor for poorer health outcomes. For instance, many refugees suffer from residual posttraumatic stress disorder (PTSD) symptoms [1] which may translate into poorer health outcomes. This relationship may be further aggravated by the fact that the initial resettlement process and period are often marred by increased stress, isolation, and limited access to resources [3]. Certain demographic trends, such as the finding that Asian American/Pacific Islander refugees are generally less financially stable and older than the general population, also underpin the observed health disparities [1].