

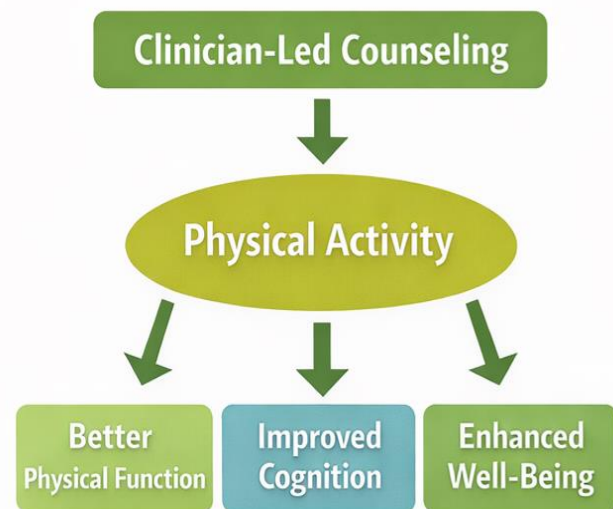
KEY TAKEAWAY – Asian ethnic subgroups with memory problems engage differently in physical activity discussions with clinicians. Understanding the underlying factors driving these differences will help facilitate effective and tailored health promotion conversations in clinical settings.

Disparities in Physical Activity Discussions with Clinicians Among Older Adults with Memory Problems

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Background

- **Physical activity** benefits physical, emotional, cognitive health.
- **Clinician recommendations** are a strong driver of behavior change.
- **Racial/ethnic variation in patient-clinician communication** (discussing & advising) about physical activity is underexplored.

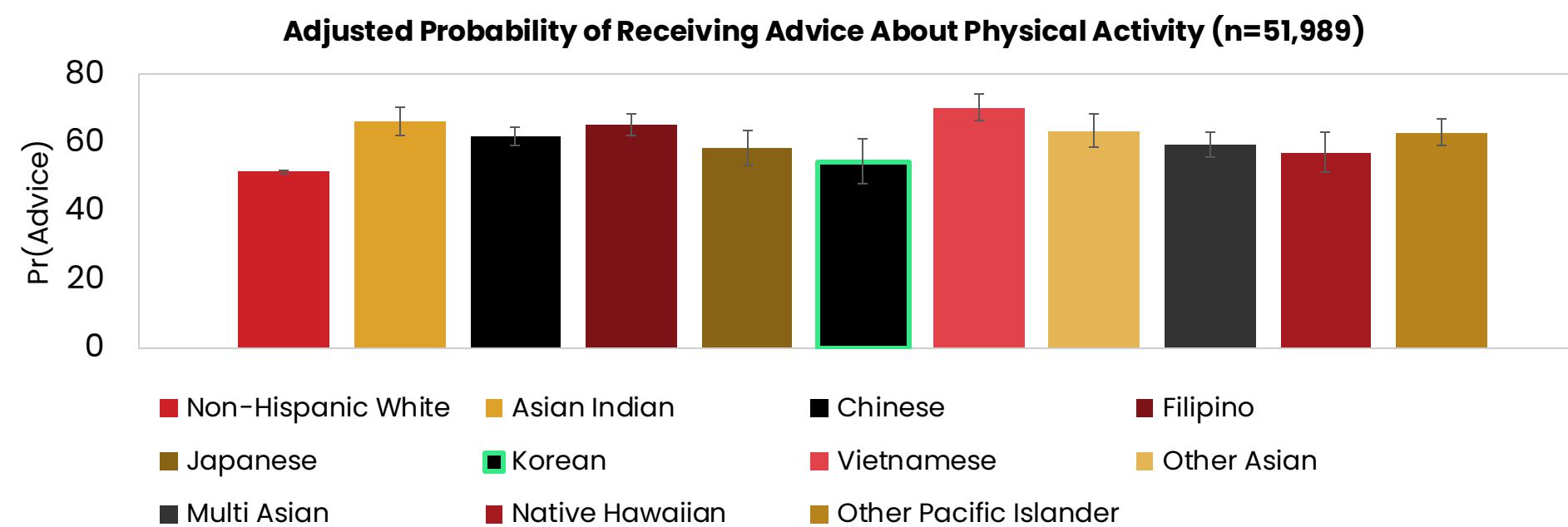
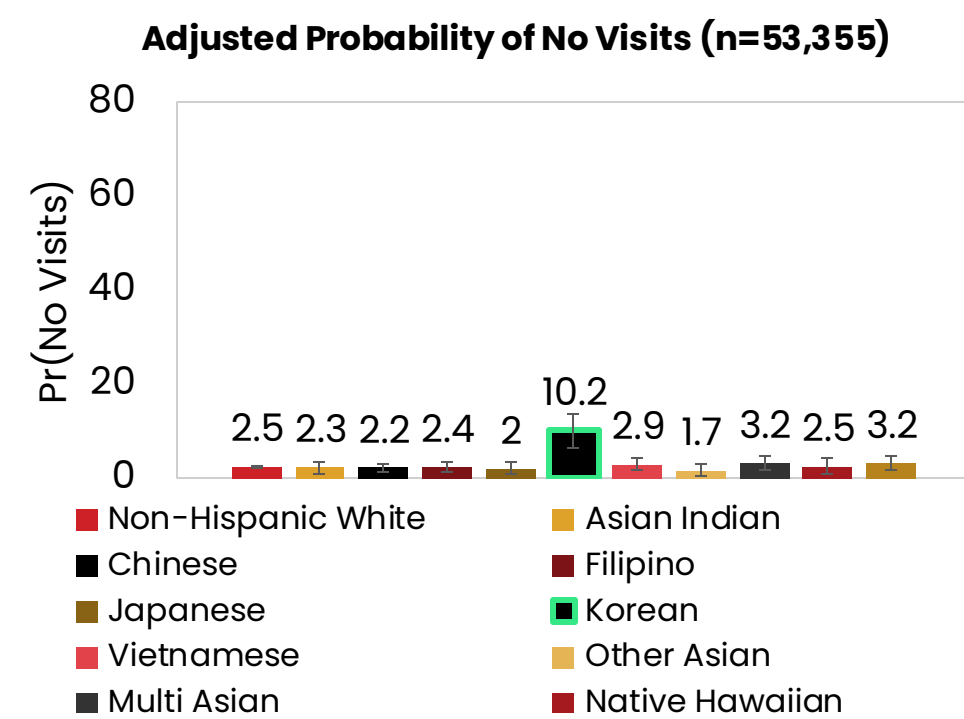


Measures

- **Quantitative:**
- **Physical activity discussion** with a provider
- **Receipt of advice** to start, increase, or maintain physical activity
- **Qualitative:**
- *Do you have a healthcare provider who you see regularly or usual place care?*
- *Did conversations with your healthcare provider about physical activity feel helpful to you? Why or why not?*
- *Have there been times when you wanted to address your concerns about physical activity, but did not, why?*

Aims of the Project

- Aim 1.** Examine **racial/ethnic differences in physical activity discussions** among MA enrollees with memory problems
- Aim 2.** Examine variation in these discussions across diverse **Asian ethnic subgroups** (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Multiple Asian/Other Asian)
- Aim 3.** Explore **barriers and facilitators** to effective physical activity discussions among Korean MA enrollees



Note: Adjusted for gender, age, marital status, ADLs, education, income, Medicaid status, and comorbidities. White (89.4%); Asian Indian (1.0%); Chinese (2.2%); Filipino (1.6%); Japanese (0.7%); Korean (0.4%); Vietnamese (1.0%); Other Asian (0.7%); Multiple Asian (1.3%); Native Hawaiian (0.6%); and Other Pacific Islander (1.2%)

Study Population

- **Quantitative:** Nationally representative sample of **community-dwelling older adults, age ≥65, with self-reported memory problems**, enrolled in **Medicare Advantage (MA)** from Medicare Health Outcomes Survey Cohorts 16–18 (2013–2017); planned extension to Cohorts 19–23 (2016–2022)
- **Qualitative:** Korean older adults enrolled in Medicare Advantage, with self-reported mild memory problems (2 or more events a week)

Pilot Project Design/ Procedures

- A quantitative-dominant convergent mixed-methods design
- **Quantitative:** Population-based observational study; Multivariable logistic regressions with race/ethnicity categories as primary independent variables
- **Qualitative:** Audio-recorded interviews of ~ 30 Korean participants, asking about (1) experience with physical activity discussions; (2) perceived effectiveness and unmet needs; (3) facilitators; content analysis
- **Study period:** November 2025– June 2026

Key Community Partners

- Korean Community Services of Metropolitan New York, Inc. and other community-serving organizations

Contact

Research conducted by investigators at Oregon State University and NYU Langone Health



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