

KOREAN NEEDS ASSESSMENT BAY AREA (KoNA BAY AREA)

Asian ARCH Briefing
May 19, 2016

COMMUNITY-ACADEMIC PARTNERSHIP

Korean Community Center of
the East Bay

UC Berkeley



METHODS : MAIN HEALTH SURVEY

- Number of Participants: 342
- Method: Convenience Sample; In-Language; In-person, Telephone, & Online Interviews.
- Geography: San Francisco Bay Area (Alameda, Contra Costa, San Francisco, Santa Clara, & San Mateo Counties)
- Survey Domains: Demographics, Civic Engagement, Health Access, Health Seeking Behavior, Health Status and Behavior, Health Care Utilization and Access, Cancer Screening
- Compared Our Results with California Health Interview Survey (CHIS) 2007-12 (age-adjusted).

METHODS (2): MENTAL HEALTH SURVEY

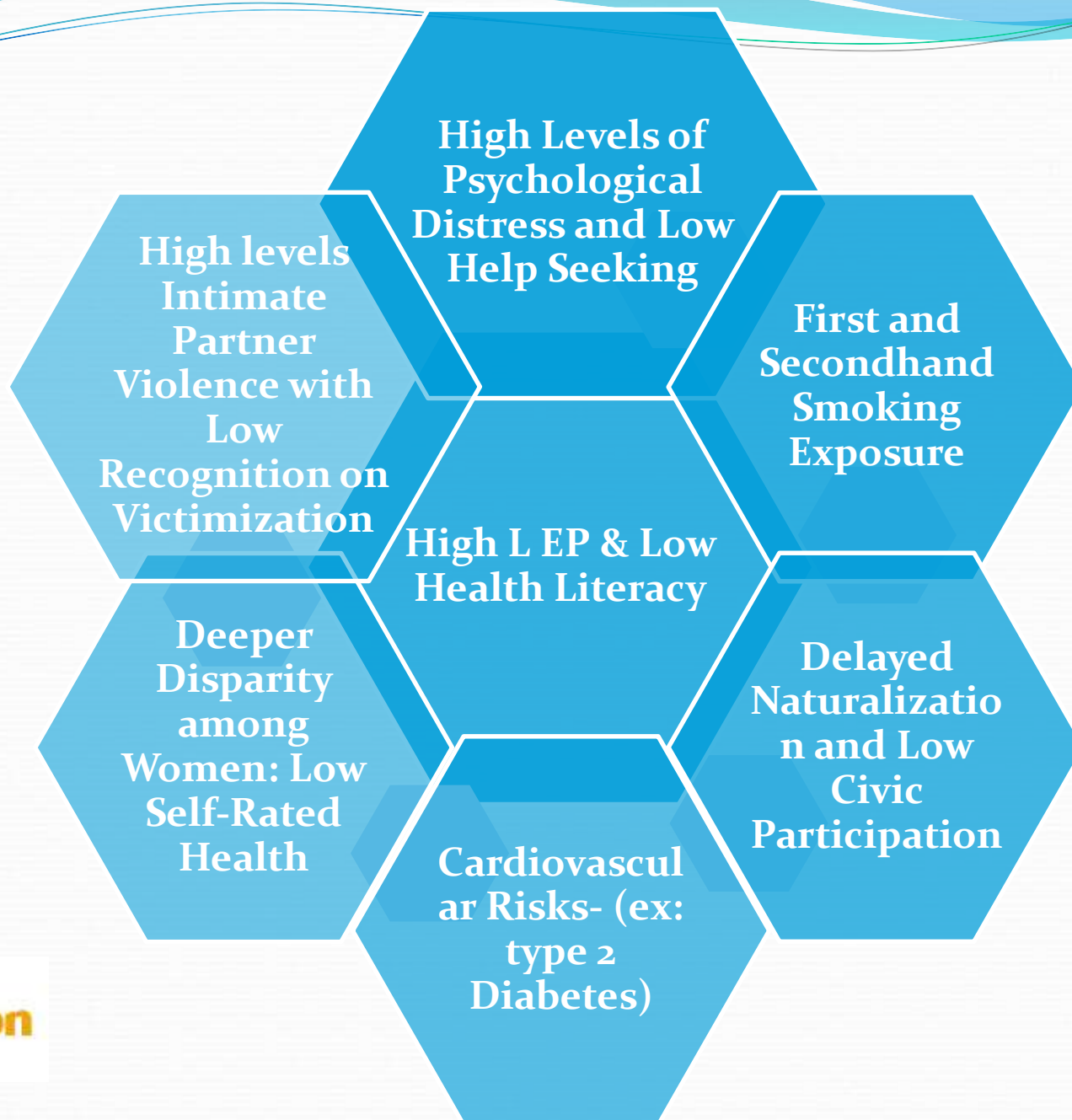
- Number of Participants: 111
- Method: Convenience Sample; In-Language; In-person & Telephone Interviews.
- Geography: San Francisco Bay Area
- Survey Domains: Mental Health (MH) & Intimate Partner Violence (IPV)

DEMOGRAPHIC PROFILE

Demographic Characteristics	
Age	52.4 (mean)
Female	60%
Born in Korea	93%
Lived in US \geq 15 Years	73%
Speak Korean Only at Home	73%
Some College or Higher	79%
Poverty	18%
Uninsured	16% (Can't Afford; Not Eligible)
Medicaid or Other Gov't Insurance	31% (18% Medicaid)
Self-Rated Fair or Poor Health	37%

Key Findings

PRIORITY ISSUE AREAS



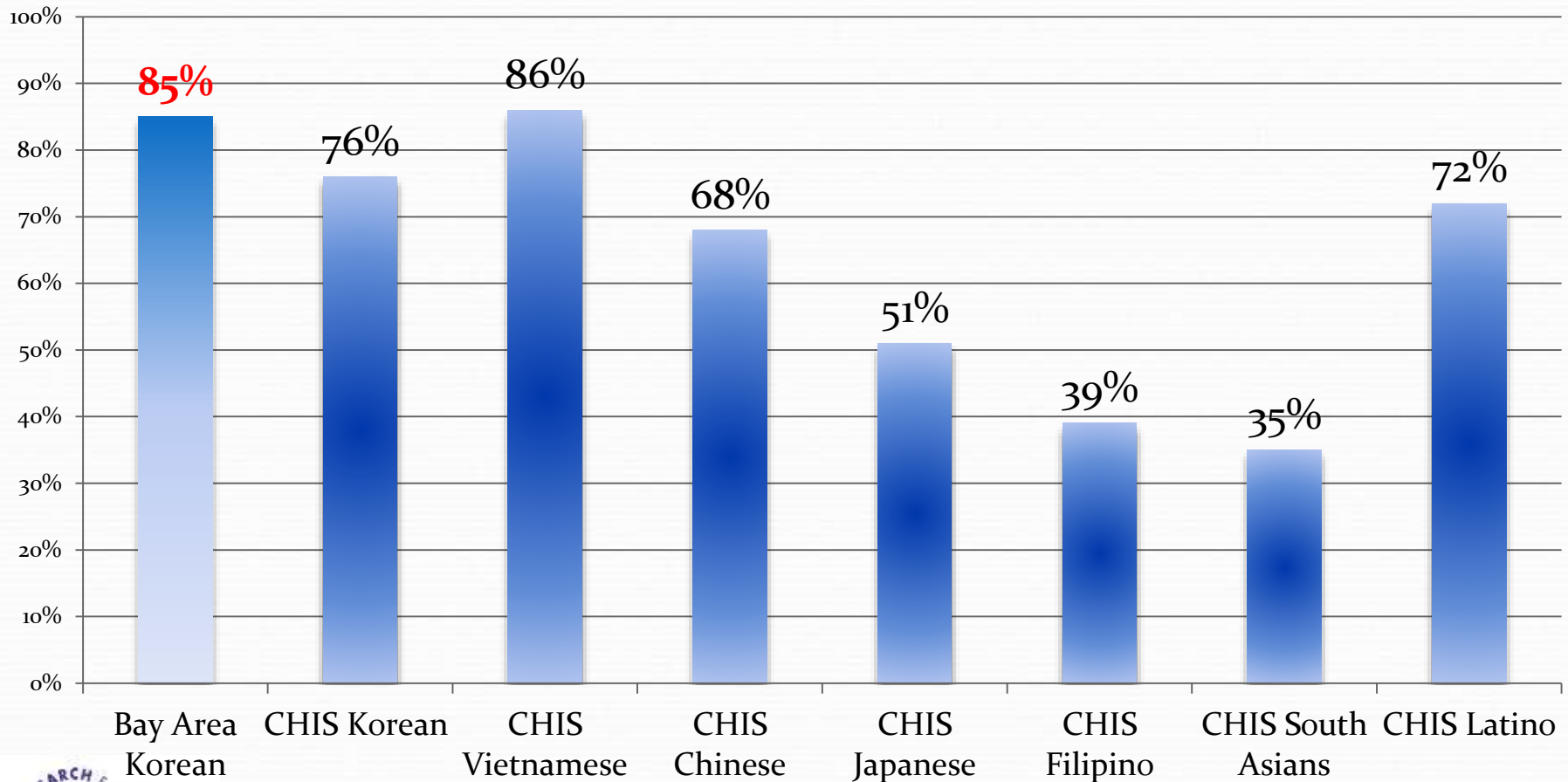
SERIOUS LINGUISTIC ISOLATION AND LOW HEALTH LITERACY

Bay Area Koreans show a very **HIGH** rate of **LIMITED ENGLISH PROFICIENCY**.

	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
LEP (Limited English Proficiency; Well, not well, not well at all), %	85%	76%	62%	63%

LINGUISTIC ISOLATION

Limited English Proficiency



87% with English language difficulties needed help to understand the doctor

53% said they would prefer to have a doctor who speaks Korean

46% would *prefer to see a Korean doctor* even if they had to *pay out of pocket*.

Due to **language**, many Bay Area Koreans have **trouble navigating the health care system**, and are **unfamiliar** with patients' health rights and other **benefits** their health insurance offers.

LOW UTILIZATION OF US HEALTHCARE SYSTEM AND POOR HEALTH STATUS

33% of Bay Area Koreans have **no usual place to go** for healthcare. **33%** experienced **delayed care**. Even among **those who have insurance**, **28%** reported that they **do not have a usual place to go** when they are sick.

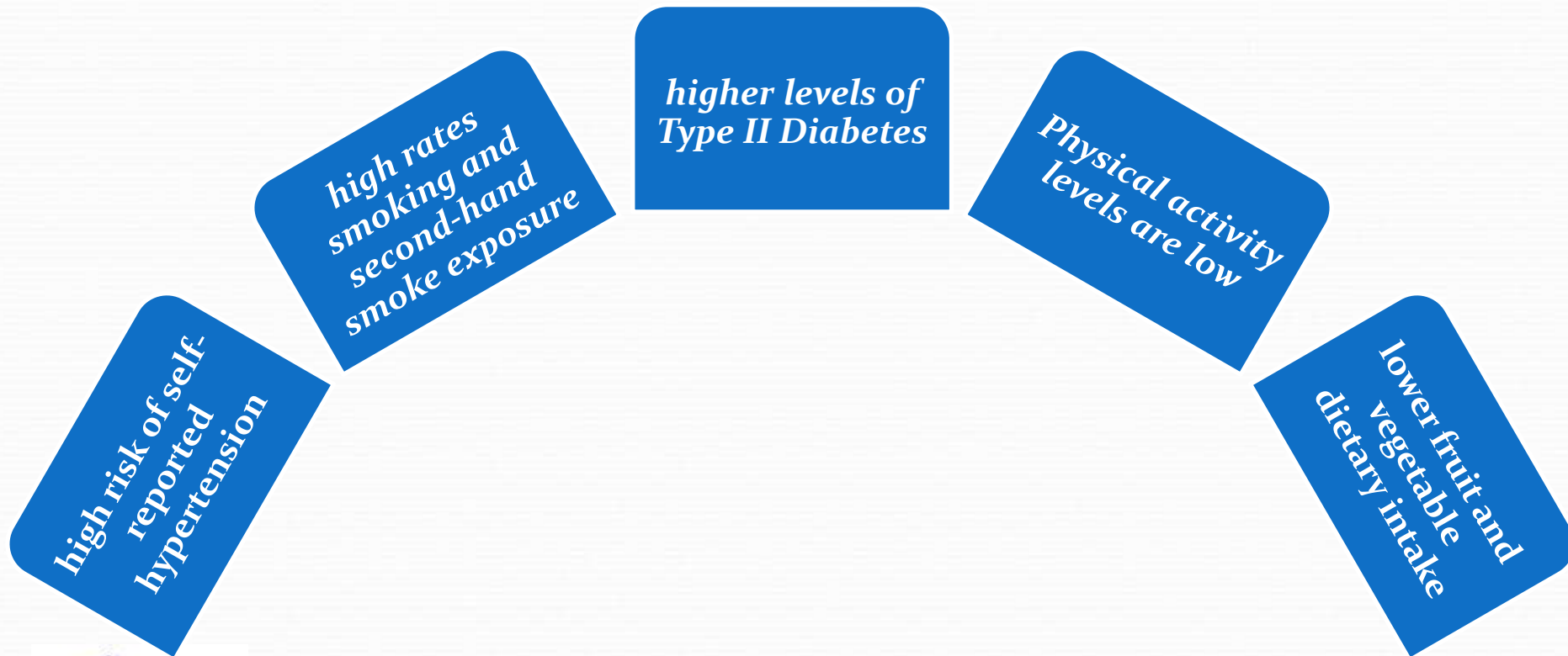
Bay Area Koreans have ***Significantly Lower Self-Rated Health*** than the ***“state average for Californians.”***

	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
Fair/Poor Health, %	45 %	29 %	18 %	19 %
CHIS (2011 – 2012; age 21-85)				

HIGH RATES OF CHRONIC CONDITIONS

	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
Self-Reported Hypertension, %	31%	26%	22%	28%
Self-Reported Diabetes, %	18%	11%	7%	9%
CHIS (2011-2012; age 21-85)				

Constellation of CVD Risk Factor-All High among Koreans



OLDER ADULTS 65+ ARE MOST VULNERABLE

93% report *Limited English Proficiency*

50% *Fair or Poor* Self-Rated *Health*

54% have *Cognitive Impairment*

70% have *Hypertension*

34% have *Diabetes*

LOW CANCER SCREENING RATES

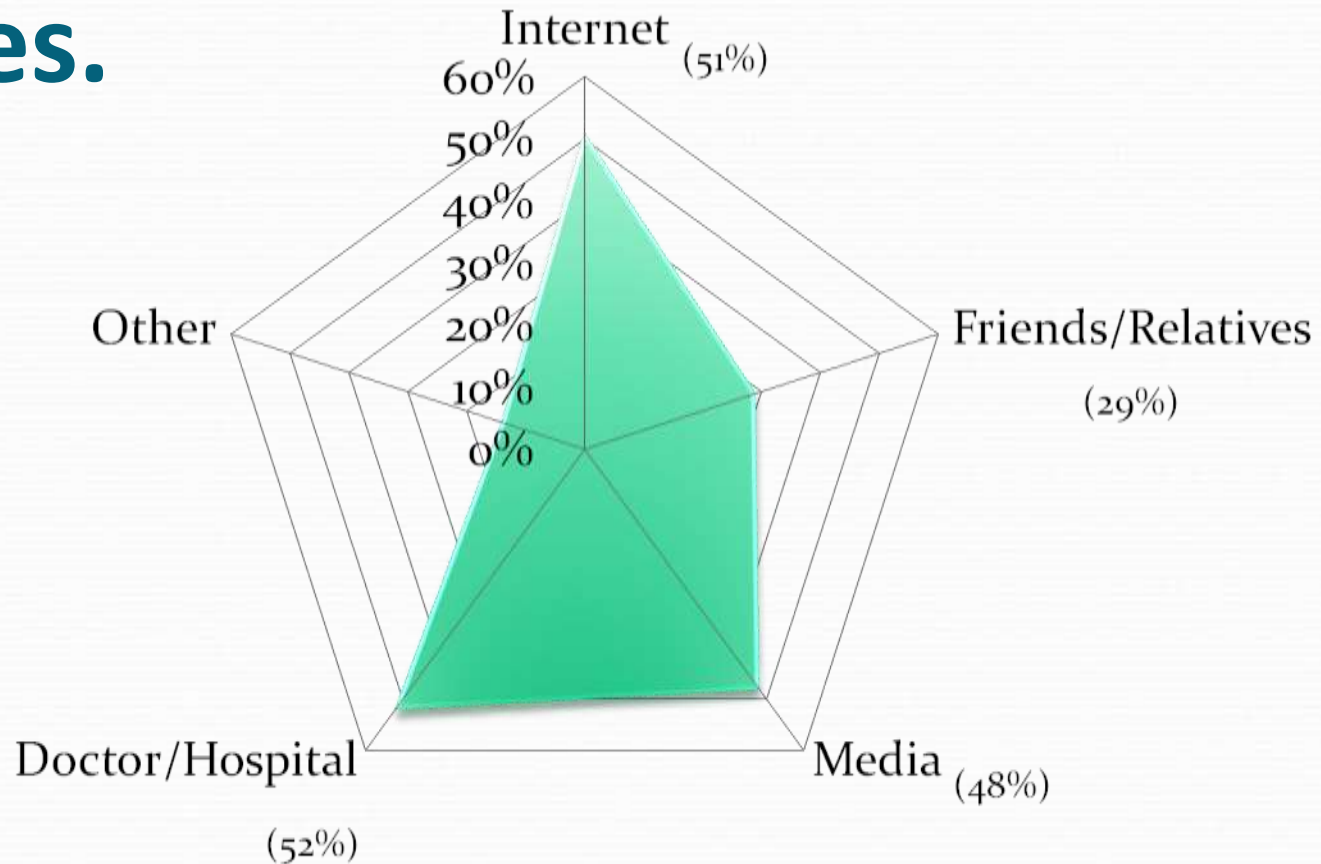
	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
No CRC Screening (age 50+), %	24%	30%	26%	22%
Pap Smear (never, age 21-85), %	30%	18%	14%	5%
CHIS (2009-2010)				

High Intimate Partner Violence Prevalence among Bay Area Koreans.

	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
Intimate Partner Violence: Ever experienced violence by an intimate partner since age 18				
Overall (YES), %	19%	6%	6%	16%
CHIS 2009-2010; age 21-85				

People who experienced violence from their partners do not acknowledge themselves as victims of violence.-only 1% of the respondents in the Bay Area survey reported that they were victims of domestic violence.

Bay Area Koreans obtain **health information** from a variety of sources.



Bay Area Koreans **seek alternative health care services.** **Acupuncture** was the number one alternative healthcare service (29%), followed by **oriental medicine doctor** (23%), **massage therapy** (15%), **chiropractic** (14%), **physical therapy** (12%), **herbal medicine** (7%)...

DELAYED CITIZENSHIP AND INTEGRATION

*Over **14,000** Korean immigrants are eligible to naturalize in the Bay Area, and Korean immigrants accounts for **13%** of total Asian immigrants eligible to naturalize. This is due to delay in application.*

Barriers to Becoming a US Citizen

Lack of English language classes / citizenship classes / Language barrier	51%
Lack of education / unfamiliar with political system	36%
Unemployment / jobs	20%
Lack of time / childcare	15%
Strong ties to home country	15%
Lack of transportation	5%
Other (e.g., racism, cost, property in Korea, dual citizenship not allowed, planning to return to Korea later, unsatisfying qualification)	14%

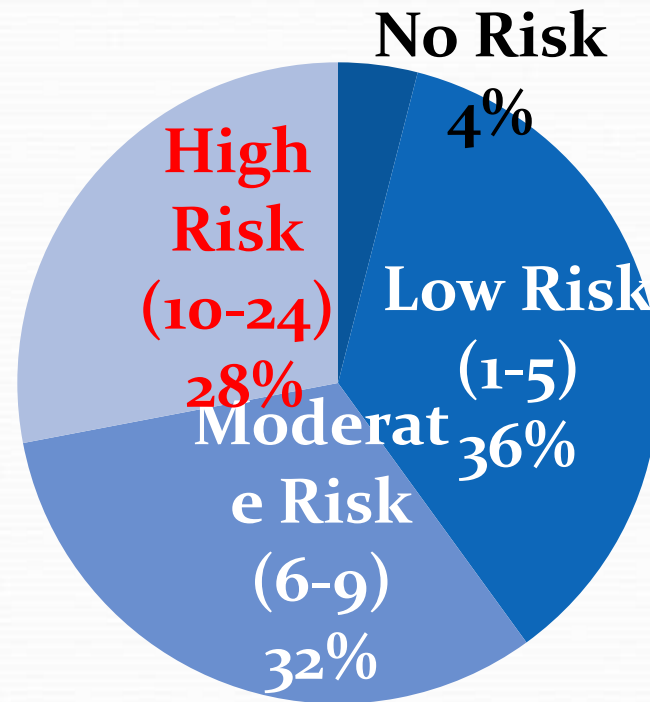
Benefits of U.S. Citizenship

Voting rights	58%
Traveling abroad without need for visas or restrictions of length of stay	49%
Access to government programs and assistance	41%
Access to government jobs	30%
Holding elective office	23%
No benefits	4%
Other (e.g., retirement benefit, education, financial aid, employment, citizen rights & protection, convenience, military issue, safety, social mobility)	12%

UNUSUALLY HIGH SERIOUS PSYCHOLOGICAL DISTRESS(SPD) & LOW AWARENESS/MENTAL HEALTH SERVICE INACCESSIBILITY

HIGH LEVELS OF PSYCHOLOGICAL DISTRESS

13⁰% reported Serious Psychological Distress (SPD)



WHY SPD MATTERS

- Serious psychological distress, as measured with brief scales such as the Kessler-6 scale, is **strongly associated with serious mental illness such as major depressive disorder** (Kessler et al., 2003).
- Individual studies have shown Korean American depression rates ranging from **39% in Los Angeles to 24% in New York** (Lee, Moon, & Knight, 2004; Mui & Kang, 2006).

LOW AWARENESS AND SERVICE UTILIZATION

	Bay Area Korean	CHIS Korean	CHIS All Asian	CHIS Entire CA
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Mental Health Care: **Needed help** for emotional/mental health problems

Overall (YES), %	9%	12%	9%	16%
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Mental Health Care: **Sought help** for self-reported mental/emotional issue(s)

Overall (YES), %	3%	30%	43%	57%
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CHIS 2011 – 2012; age 21-85

FACTORS CONTRIBUTING HIGH SPD

- ***Immigrant and minority status*** *may contribute to higher SPD and Functional Impairment. Stress process paradigm (Moritsugu & Sue, 1983; Vega & Rumbaut, 1991).*

FACTORS CONTRIBUTING LOW SERVICE UTILIZATION

- *Cost, Stigma, Lack of Awareness and Trust* about available Resources, and different *values* associated with Western psychotherapy and psychiatric treatment are barriers to service utilization

FACTORS CONTRIBUTING TO LOW SERVICE UTILIZATION

- Koreans may have *somatic cultural-bound expression of mental health* symptoms (Hwabyung for example) and may seek help from alternative care as a more culturally acceptable way.

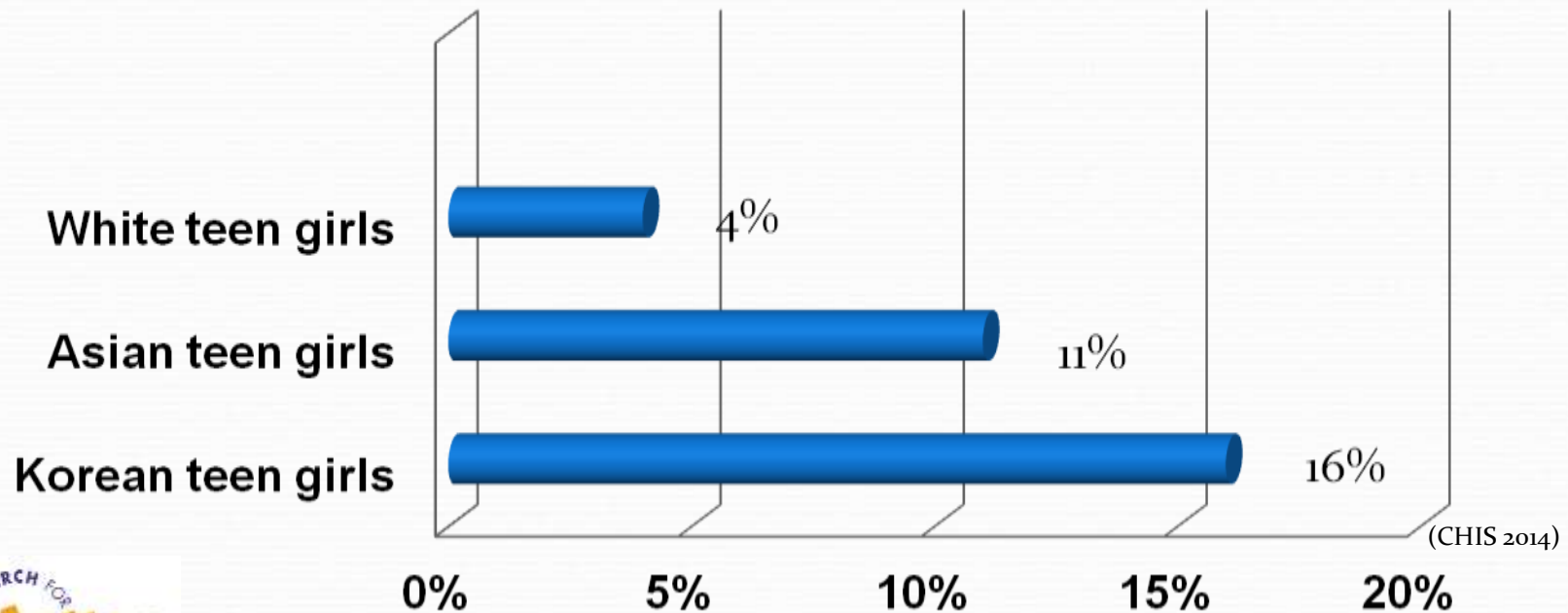
HIGH RISK ON DIRECT AND SECOND-HAND SMOKE EXPOSURE

Korean Men are a very high priority population, but smoking is also a serious concern for Korean women.

Smoking nearly tripled (8% to 21%)
among Korean American women
over the last ten years in California
(Kim et al., 2013).

Of more concern: e-cigarette use may be increasing among Korean adolescent girls

Ever used e-cigarettes



Secondhand Smoke Issues for non-smoking Korean

*Non-Smokers feel they have **no control over**
Secondhand and third-hand Smoke **Exposure.***

Table 8. Health Status and Health Behaviors

Exposed to secondhand smoke in the past 3 months (n=110, respondents can choose more than one option)		%
Not exposed		35
Outdoor		38
Work (outdoor)		20
Other person's home or car		15
Restaurant		15
Home		9
Work (indoor)		9
Other		9
Casino		4
Car		3
Complete control to avoid tobacco smoke (n=105)		
All the time		29
Most or fair amount of time		21
About half of the time		10
Less than half of the time		8
Rarely/Never		32

Secondhand Smoke(SHS) is a serious health risk for non-smokers.

Korean non-smokers in CA show ***highest SHS exposure rate at home (16.6%)***, followed by African American (10.7%).

RECOMMENDATIONS

Improve Health Literacy via culturally and linguistically appropriate materials

3rd Party Ad Hoc
Translation



County and culturally and
linguistically competent
CBOs Partnership



Innovative Approach in Prevention and Early Intervention

Culturally-relevant innovative strategies that engage in attitude change via participatory process and experiential learning;

Diversifying investment in community-based organizations and other relevant entities with track record of **innovative community engagement** .

Health literacy education via Community Health Workers

Improve Health Literacy in the Community



Improve Health Access System

Expand provider networks to include
bilingual Korean healthcare professionals,
including physicians;

Understand the role **beyond traditional**
Western models of healthcare

Diversify Access Points for Behavioral Healthcare

Where consumers go for care
beyond traditional
mental health service providers;
Culturally acceptable and
less stigmatizing

Oriental medicine

Acupuncture

Korean language Primary Care

Best Practices to work with Korean community

Churches can play an important role in
creating a supportive community environment.

Health Ministry

Innovate Access Channels both in treatment and engagement

- **Tele-health models** based on high internet usage among Koreans
- **Mobile apps** as an aid to Community Health Workers and Consumers

Tobacco-Related Health Equity

Local Policy

Increasing the price of tobacco products, taxation, smoking ban have proven to be effective.

Increased adoption and enforcement of local policies to protect residents from tobacco-related harms.

Tobacco-Related Health Equity Among Priority Populations Intervention

By funding priority populations to implement **evidence-based, culturally and linguistically relevant intervention and prevention strategies;**

Tobacco-Related Health Equity

Cross-Sector Partnership

Invest in robust **local partnerships** between tobacco control experts with cultural and linguistic competence, researchers, grassroots organizations, advocates and policy experts that support effective program implementation;

Civic Engagement & Integration

Integrate direct naturalization services
with direct civic education and outreach

- Track newly naturalized
- Invest in civic workshops to become informed voters

Civic Engagement & Integration

Prioritize Community Education and Outreach for Naturalization and **the Undocumented Community Assets**

API Sub-group Disaggregated Data

Incorporate **disaggregated community assessment of Asian subgroups** to understand the gaps and provide recommendations on effective strategies and messages to improve the health and well-being of API community including Korean community.

FOR MORE INFORMATION

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Full Report is available

<http://kcceb.org/konabayarea/>