

IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

Korean Community Needs Assessment Summary Report

RESEARCH TEAM

Maryland Asian American Health Solutions (MAAHS)
University of Maryland College Park School of Public Health

Date of focus group: June 2, 2007

BACKGROUND

In November of 2004, the research team conducted five individual interviews and three surveys to assess the health needs of the Korean-American Community in Montgomery County. Participants included four community leaders from the Korean Community Service Center, Korean American Senior Association, and Korean Resource Center, respectively; two Korean physicians; one Korean pediatrician; and one Korean Oriental medicine practitioner. Three surveys were completed at a health fair for the Korean community at a church in Silver Spring, Maryland. In June of 2007, the report was subsequently reviewed by eight community health experts (five females and three males, including physicians, community leaders, and County health staff) and the contents and recommendations were updated.

1 | HEALTH CONDITIONS

a. General Health Issues

Health needs identified among Korean Americans included infectious and chronic disease control, such as Tuberculosis (TB), Hepatitis B/liver cirrhosis, diabetes, cancer (particularly related to colorectal, breast, prostate, lung, pancreatic, and stomach), hypertension, high cholesterol (hypercholesterolemia), stroke, osteoporosis, mental health (including anxiety, GAD (General Anxiety Disorder), and depression), domestic violence, and family abuse or neglect. Special health issues associated with this community have included the identification of true TB cases

and potential infection due to cultural practices (such as sharing razors as described below, or sharing wine glasses). For TB screening, a unique challenge has presented itself in the identification of TB patients. Many Koreans were administered the Bacille Calmette-Guerin (BCG) vaccine in their home country. Individuals receiving the BCG vaccination tended to have clinical manifestation of false positive, which made the identification of true positives a challenging task. For Hepatitis B infections, one interviewee suggested that a potential route of transmission might be the sharing of razors used for shaving in Korean barbershops. One physician suggested that vertical transmission (referring to mother-to-child direct infection due to pregnancy or delivery) could be a major route of transmission. Another potential source of infection might be the use of blood letting, which was an alternative therapy commonly performed by care providers.

Other health issues of the Korean community include: 1) substance use, including adolescent drug use; 2) domestic violence; 3) drunk driving; 4) cigarette smoking; and 5) suicide. The Korean community maintains its health by using alternative medicine and Western medicine. Seniors are interested in staying healthy and care about eating nutrient-rich foods. Alternative medicine (e.g., herbal medicine and acupuncture) are popular. Most alternative care practitioners are certified. There was an appreciation in the community that both Western and alternative healthcare have a place in medicine. However, some Korean doctors are concerned about the interactions between medication and alternative medicine modalities.

b. Mental Health

Many Koreans experience depression or Generalized Anxiety Disorder (GAD), and some seniors suffer from dementia. Family members might attempt to hide these issues and feel ashamed to tell others. They believe mental problems are untreatable and resist seeking or receiving treatments due to cultural, financial, or language barriers. First, mental illness is a social stigma, and the family is not willing to reveal it and seek treatment. Instead, the family looks for help from spiritual leaders. Thus, patients and the family members merely rely on prayer to cope with mental problems. Second, not many people have health insurance to cover mental health treatment. Finally, only limited mental health services are offered in the Korean language, which might also prevent patients from seeking help.

c. Vulnerable Groups

Seniors: Common diseases reported for seniors were cancers, diabetes, high blood pressure, and strokes. Senior Korean Americans contended that they would prefer an integrated health service model that combines alternative medicine and Western modern medicine using different medical approaches. Seniors usually require a higher level of physician-patient communication and more attention from doctors. Some suggested that young Korean doctors should be trained to take care of Korean patients' needs. The Korean Senior Center seemed

to be a good place for meeting senior health needs. The center provides some college-level classes and English instruction, and they invite guest speakers, such as doctors, to talk about nutrition and health issues. Courtesy meals are provided in the Senior Center. Some senior Koreans are isolated and neglected in their homes, without any transportation. Their children work and are likely to be too busy to take care of them. This may contribute to cognitive impairment or pre-dementia.

Children and Adolescents: Participants recognize that physical exams and screenings on a regular basis are very important to children’s health. It has been difficult to track children and ensure that they come regularly for check-ups. A good proportion of daycare for Korean American children is provided by grandparents since other daycare options are limited. This situation may result in speech and developmental delays because of a lack of developmental stimulation when children in homecare watch television constantly. Developmental issues may affect newborns and those less than two years of age. There is a stigma associated with developmental delays among children in the Korean community. Those parents with children affected by developmental disabilities tend to avoid seeking help even when special programs are available. Some children suffer from autism; however, parents are seldom aware of this problem or tend to keep it to themselves, and sometimes miss the right time for appropriate treatment. Additionally, some children have problems being discriminated against at school, especially after the Virginia Tech incident. Parents may need to pay more attention to this issue by talking to their children more often or monitoring them closely.

Women: Some women suffer from domestic violence, and are often housed in shelters. An interpreter service may be needed to provide help at the shelter. Also, public education is needed to raise awareness and learn about possible solutions for domestic violence.

2 | HEALTH SERVICES UTILIZATION

a. Access Barriers

Lack of health insurance was suggested as the principal barrier. One participant estimated that although most seniors had Medicare, about 20 percent of seniors had no health insurance before they became eligible for Medicare. Many Korean-American small business owners do not want to buy private health insurance. It was suggested that the lack of insurance is not entirely due to monetary constraints, because some Koreans avoid buying medical insurance while betting on the chance of not needing to use it. When they get sick, they have to go to the community to seek help. Some Koreans, especially new immigrants, are less familiar with the American health care system. Some are hesitant to use health services because of the belief that the use of health care could affect their immigration and citizenship applications.

Some employers take advantage of this widely-held misconception and do not provide health insurance. Illegal immigrants especially do not dare to use health services.

Another barrier that prevents Koreans from fully accessing health care is language. Because of this language barrier, many members of the community have no idea what types of health services are available for use and as such, seldom take advantage of the health care services. There are very limited health education materials in the Korean language. Health information provided from the government does not meet specific needs of Korean Americans and does not address their practical problems. Possibly due to the language barrier and lack of information, many Koreans lack awareness of disease prevention and screening services. Several community leaders argued that they pay the same amount of taxes as other ethnic groups but get fewer health benefits from the government. They expressed a need for state-sponsored, ongoing health projects to help the Korean community.

Seniors especially have transportation and language barriers; they sometimes must ask for rides from the Korean Community Center. Due to language barriers, seniors often need family or friends to translate during their physician visits, even when the latter are not medically trained. Seniors lack systematic information providers, such as a local newspaper in the Korean language. However they do listen to a Korean-language radio program from which they can hear public service announcement and health information.

b. Preventive Services

Members of the Korean American community seldom use preventive services. Many parents only take their children to a clinic when they are sick or when immunizations are required.

3 | RECOMMENDATIONS

In spite of the large Korean community in Montgomery County, no specific Korean organization has taken a lead role in dealing with health issues of the community. The research-oriented programs available in the community are far from meeting the health needs. The Korean community takes limited action in dealing with this situation, partially due to financial constraints. The respondents stated that getting help and funding from the County to coordinate the events would improve the health status of this community. Some community leaders think they are not well informed enough to utilize the health care services or the programs provided by government or school.

a. Health Education

Korean American community members would like the County's health information materials translated to the Korean language, and have more education and awareness programs. One community strength lies in the Korean church. Since many members of the Korean community belong to Korean churches, the role of the church is very important in providing health education, including health fairs, seminars, and screening services. Many members of the community would like to use churches as a venue to retrieve and exchange health information. If churches could get involved in health education, they could be an important partner in dealing with health issues. The County might be less aware of the church's role in health interventions.

b. Disseminating Health-related Information

Korean community members would like to receive health-related information from the County through Korean newspapers or through church or other faith-based organizations. Additionally, Korean radio or television would be good channels for information dissemination.

c. Improve Access to Health Services

Health care professionals have provided an annual health fair for uninsured people at the Korean churches and at some community-based organizations. Continuation of this health fair is desirable. The community leaders also believe that it would be helpful if the County provided training to community organizers in terms of health care services. Some community leaders mentioned that the health services provided by the Pan-Asian Clinic were very good. However, a lot of Korean patients were unaware of the clinic and its services. Disseminating more information on the Pan-Asian Clinic is recommended.

SUMMARY

Health needs identified by Korean Americans include a wide range of infectious and chronic diseases. One special health issue associated with the community is identification of true TB cases. Based on the expressed needs identified by the Korean focus group, it appears that potential barriers of Korean Americans of Montgomery County to access health care include (but are not limited to) insurance status, language barriers, culture, and community resources. Based on the preliminary findings, the research team recommends that the County consider providing long-term funding of Korean community organizations and low-cost clinics, translate health education information into the Korean language, provide support for culturally-tailored health awareness programs, provide low-cost insurance options for those that are currently uninsured, work with the Korean community service center, and plan for targeted mental health programs.