OUTLINE

- Background
- Purpose
- Method
- Result
- Discussion
- Limitation & Conclusion
- Future Directions
Korean Americans

0.6% of the total US population
5th largest Asian American subgroup
50% reside in California, New York, & New Jersey
One of the most rapidly growing ethnic groups

LITERACY & HEALTH

Demographics
- Foreign-born: 35%
- US-born: 65%

- 71% speak Korean as a primary language at home
- First-generation KA
  - 90% speak Korean only
  - 70% low health literacy
- Elder Koreans avoid going to physicians and clinics
  - Communication and cultural difficulties

- NIH (2006)
ACCESS TO CARE & HEALTH

**Uninsured (%)**

- Korean Americans: 22.3%
- Non-Latino Whites: 13.3%

**Medical visits**

- Korean Americans: 2.8 visits per year
- African Americans: 3.8 visits per year
- Hispanics: 3.8 visits per year
- Whites: 5.9 visits per year

*Asian Pacific Islander American Health Forum (2006)*
*NIH (2006)*
HEALTH STATUS

Obesity\(^1\) (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Obesity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean Americans</td>
<td>23</td>
</tr>
<tr>
<td>Koreans in Korea</td>
<td>12</td>
</tr>
</tbody>
</table>

Mammogram\(^2\) (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mammogram (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koreans</td>
<td>53</td>
</tr>
<tr>
<td>Hispanics</td>
<td>74</td>
</tr>
<tr>
<td>African Americans</td>
<td>79</td>
</tr>
<tr>
<td>Whites</td>
<td>80</td>
</tr>
</tbody>
</table>

1. Song et al. (2004)
2. California Health Interview Survey 2001
KOREANS IN HAWAI‘I

- 4% of the total population of Hawai‘i
- 42%, foreign-born Koreans
- 87% living in O‘ahu
- Lower health care access compared to other ethnic minorities

Hawai‘i Korean Health Promotion Survey Report (2005)
- High levels of depression
  - 24% mental health problems
- Unhealthy lifestyle
  - High smoking rate (44%, male)
  - High alcohol consumption rate (73%, male)
UNDERSERVED KOREAN AMERICANS

- Underutilization of health services - the strongest barriers to receiving adequate care of chronic disease
- Loss of self-confidence, social deprivation, & depression in the elderly
- “Model Minority Myth”
- Understudied populations relative to their size
- Research gap
  - Need interventions to link KA to adequate healthcare for reducing health disparities

* Chen, Hawks, & B. L (1995)
* Sohn (2004)
* Andersen, Harada, Chiu, & Makinodan (1995)
PURPOSE OF THE REVIEW

1. Theoretical frameworks & strategies employed by interventions targeting Korean Americans

2. Cultural factors considered by these interventions

3. The extent of their success in engaging Korean participants & improving their health
METHOD

- Search Terms
  - Korean American
  - Korean immigrant
  - Intervention
  - Health education program
  - Evaluation

- Search Databases
  - PubMed
  - PsycInfo
  - Web of Science
  - Citation tracking

- Search Limits
  - 1980 – 2011
  - Reported in peer-reviewed journals
  - Study conducted in the US
163 PubMed
50 Psynfo
24 Web of Science
1 Citation Chasing

238 Identified

197 Unique

21 Reviewed

41 Duplicates

- 80 Unrelated to Korean Americans
- 93 Unrelated to interventions
- 1 non-chronic disease interventions
- 2 abstracts of conference papers
INTERVENTION COMPONENTS EXAMINED

Theory/Approach
- Use of theoretical frameworks as a guide to design interventions
- Planning guide

Formative Research
- Identify intervention needs
- Explore health-related knowledge, attitudes, and barriers
- Obtain feedback about the cultural appropriateness of the intervention

Cultural Sensitivity
- Surface Structure
- Deep Structure

• Resnicow, Baranowski, Ahluwalia, & Braithwaite (1999)
• Campbell, Hudson, Resnicow, Blakeney, Paxton, & Baskin (2007)
• Glanz, Rimer, & Viswanath (2008)
CULTURAL SENSITIVITY

▶ Surface Structure
  ▶ How well interventions fit within the target group’s culture and experience

▶ Deep Structure
  ▶ How deeply interventions reflect culturally normative practices and beliefs of the target population

* Resnicow, Baranowski, Ahluwalia, & Braithwaite (1999)
* Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson (2002)
ELEMENTS OF CULTURAL SENSITIVITY

Surface Structure
- Material
- Channel
- Setting
- Staff
- Recruitment

Deep Structure
- Social Support
- Cultural Value

*Adopted from Mier, Ory, & Medina (2010)*
### SURFACE & DEEP STRUCTURE

<table>
<thead>
<tr>
<th>Material</th>
<th>Materials and messages designed for education sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channel</td>
<td>Process of message delivery</td>
</tr>
<tr>
<td>Setting</td>
<td>Venues for delivering messages &amp; recruitment</td>
</tr>
<tr>
<td>Staff</td>
<td>Culturally relevant educators &amp; recruiters</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Methods for recruiting participants</td>
</tr>
<tr>
<td>Social Support</td>
<td><strong>Sufficient provision</strong> of social support by lay community workers, educators, or family members</td>
</tr>
<tr>
<td>Cultural Value</td>
<td>Reflection of deep cultural beliefs, and norms in the message process of the interventions</td>
</tr>
</tbody>
</table>
CRITERIA FOR SUCCESS

- Positive health changes
- Cannot compare magnitude of success
  - Different health conditions (cancer, hypertension, diabetes)
RESULTS

- 21 eligible articles reported 16 unique interventions
- All were published since 2000
- Intervention focus

<table>
<thead>
<tr>
<th>Main category</th>
<th>Subcategory</th>
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<tbody>
<tr>
<td>Cancer Screening (10)</td>
<td>• Breast Cancer (7)</td>
</tr>
<tr>
<td></td>
<td>• Cervical Cancer</td>
</tr>
<tr>
<td></td>
<td>• Cervical &amp; Breast</td>
</tr>
<tr>
<td></td>
<td>• Colorectal</td>
</tr>
<tr>
<td>Chronic Disease (3)</td>
<td>• Hypertension (2)</td>
</tr>
<tr>
<td></td>
<td>• Diabetes</td>
</tr>
<tr>
<td>Chronic Mental Illness</td>
<td>• Schizophrenia</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>• Smoking Cessation</td>
</tr>
<tr>
<td>General Health</td>
<td>• Physical activity</td>
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STUDY VENUE

<table>
<thead>
<tr>
<th>Region</th>
<th>State</th>
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<tbody>
<tr>
<td>East Coast (9)</td>
<td>MD-DC (7)</td>
</tr>
<tr>
<td></td>
<td>NY, PA</td>
</tr>
<tr>
<td>West Coast (5)</td>
<td>CA (4)</td>
</tr>
<tr>
<td></td>
<td>WA</td>
</tr>
<tr>
<td>Midwest (2)</td>
<td>IL (2)</td>
</tr>
</tbody>
</table>
CULTURALLY TAILORED INTERVENTION

Colorectal Cancer Screening (N=167, PA)

- Formative research (Needs assessment)
  - Focus group - Church members and leaders
  - Identify barriers & challenges
  - Discuss study procedure, the role of churches
- Church-based intervention provided
- Small group education sessions

* Ma et al. (2009)
INTERVENTION_CONT’D

- Patient navigation assistance
  - one-on-one small group assistance
  - Screening reminder
  - Arranging appointment w/physicians
  - Registration & paper work
  - Translation
  - Transportation

- Outcome variables: Knowledge, Attitude, intention, self-efficacy, screening behavior
THEORETICAL FRAMEWORK

- All used theory (6 main)
- 8 more than one guiding theory
- 2 used PRECEDE-PROCEED Model as a planning guide.

<table>
<thead>
<tr>
<th>Level</th>
<th># of Int.</th>
</tr>
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<tbody>
<tr>
<td>Individual/interpersonal</td>
<td>12</td>
</tr>
<tr>
<td>Community</td>
<td>4</td>
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</table>

Ma et al. (2009)
Colorectal cancer screening
Multi-level of theory/principle
HBM, SCT, CBPR
Successful (Repeated screening)
LEVEL OF THEORY/APPROACH

- HBM = Health Belief Model
- TTM = Transtheoretical Model
- LR = Learned Resourcefulness Model
- TPB = Theory of Planned Behavior
- SCT = Social Cognitive Theory
- CBPR = Community-Based Participatory Research
Theories/Approach & Outcome

- 100% were guided
- 69% success rate
- Theory of behavior change or research approach did not necessarily result in its successful outcome
FORMATIVE RESEARCH & OUTCOME

- 75% were informed
- 67% success rate
SURFACE STRUCTURE & OUTCOME

- 81% recruited in culturally sensitive ways
- 69% success rate

- 88% - 100% used culturally appropriate material, channel, setting, & staff
- 68% - 73% success rate

* Schizophrenia patients
Social Support

- Sufficient
- Insufficient/none

- 100% included cultural values
- 68% success rate
- 69% used social support
- 91% success rate
STUDY DESIGN

![Study Design Diagram]

* RCT = Randomized Controlled Trial
VARIATIONS OF OUTCOMES

- Psychological
  - Health belief
  - Stage of readiness
  - Self-efficacy
  - Depression
  - Satisfaction

- Behavioral outcomes
  - Repeated screening
  - Physiological outcomes
  - Smoking quit rates

- Knowledge
- Exposure

- Outcome variables
  - Determined by theory
  - Health beliefs:
    - frequently measured (n=8)
    - Cancer prevention program
  - 43 % behavioral variables
    - measured by objective methods
SUMMARY

- High
  - (91%)

- Medium
  - (67%)

- Medium
  - (69%)

- Medium
  - (68-73%)

Social Support

Surface Structure & Cultural Value

Theory

Formative Research
DISCUSSION

- Social Support is important
  - Provided by lay community health workers, educators, or family members
  - Assistance corresponding to the level of health literacy
- The benefits of social support are consistent with previous research targeting Latino, African American
- The quality and duration of social support may determine the success of interventions

1. Mier, Ory, & Medina (2010), Spencer et al. (2011)
RECOMMENDATION

Program Planners for KA
• Programs should include social support
• In addition to being theory-based and informed by formative research, programs would better reflect surface structure and cultural values

Researchers
• More objective methods of measurement are required to evaluate behavioral changes

Policy Makers
• National standards on CLAS for healthcare agencies should consider inclusion of social support

* KA = Korean Americans
* CLAS = Culturally and Linguistically Appropriate Services
LIMITATION

- Operationalization of culturally sensitive strategies was not clear
- The association between specific components of the interventions and their effectiveness could not be clearly addressed
- Difficult to determine the magnitude of success across each intervention
- Inconsistent definition of demographics of the study populations
NEXT STEP

- Investigate to what extent social support influence the ability of KA immigrants in Hawai‘i to prevent and control chronic disease
- Develop infrastructure & resources for culturally tailored interventions targeting KA immigrants in Hawai‘i
- Distribute the findings to the KA community & stakeholders
QUESTIONS?

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