OUTLINE

▶Background

▶Purpose

▶Method

▶Result

▶Discussion

▶Limitation & Conclusion

▶Future Directions

BACKGROUND

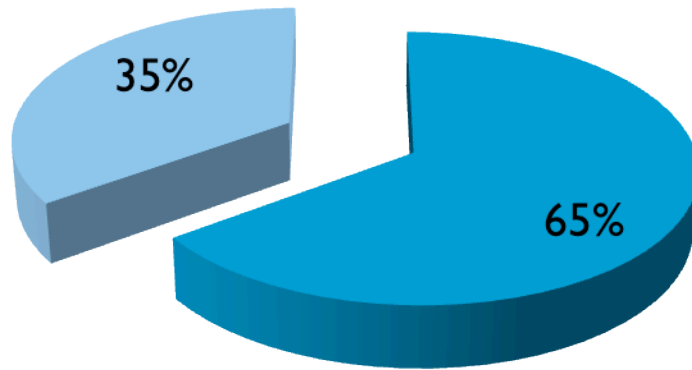**Korean Americans[1]**

1.7 million

70000

# of people

1970   2010
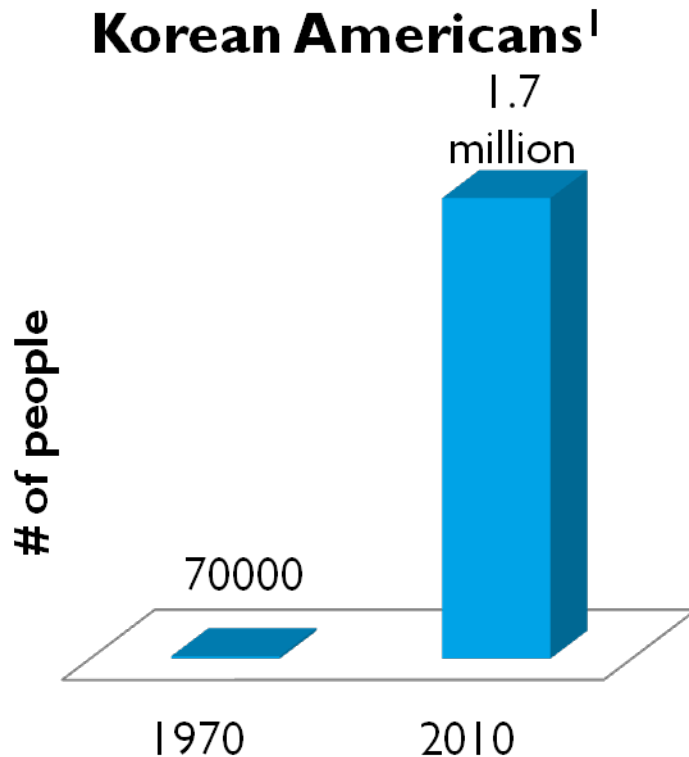
- 0.6% of the total US population
- 5th largest Asian American subgroup
- 50% reside in California, New York, & New Jersey
- One of the most rapidly growing ethnic groups

1. US Census, 2010; Jo, Maxwell, Wong, & Bastani (2008)
2. Asian Pacific Islander American Health Forum (2006, 2011)
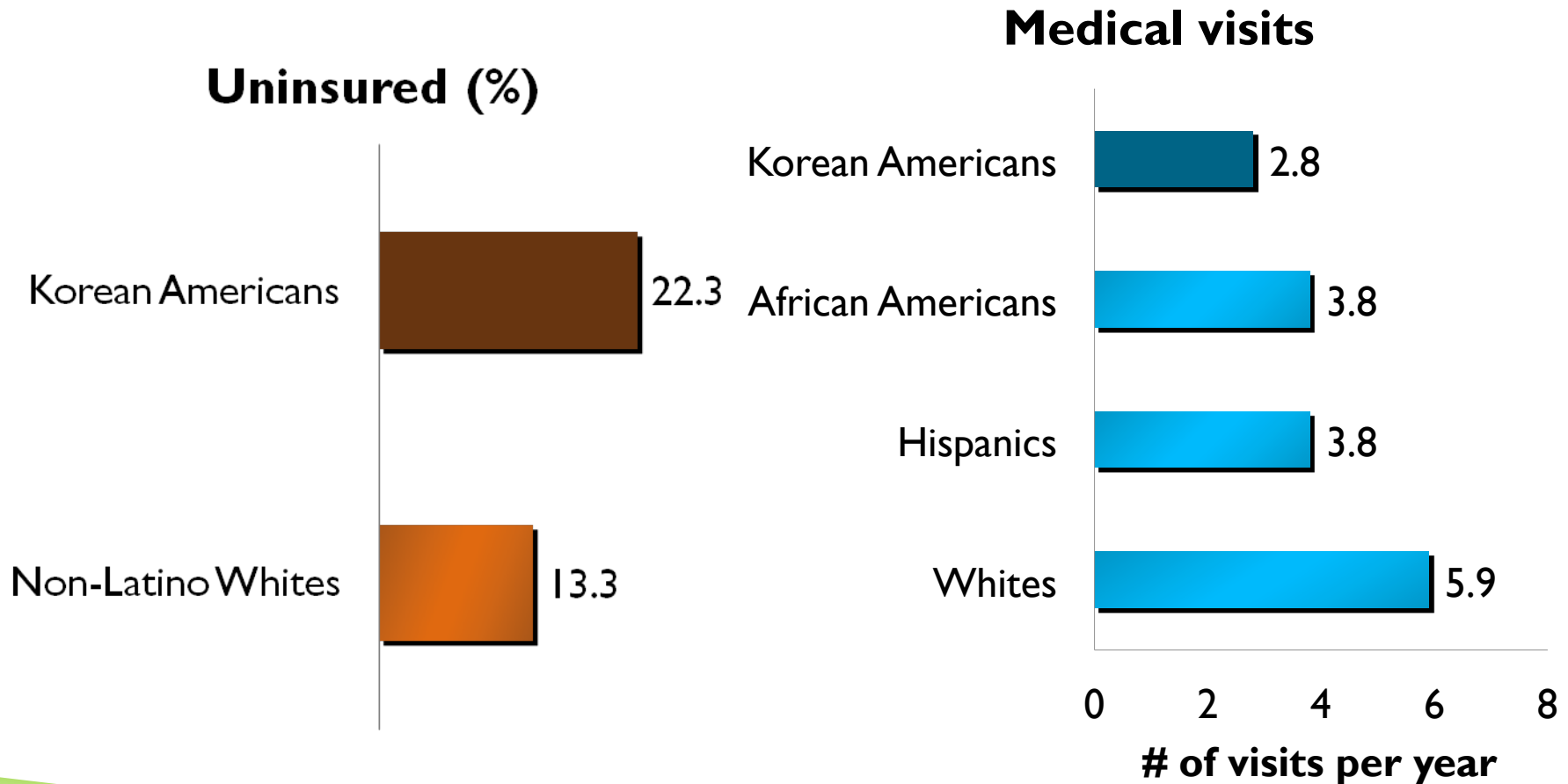
2

LITERACY & HEALTH

Demographics

- Foreign-born
- US-born

35%

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

- **Asian Pacific Islander American Health Forum (2006, 2011)**
- **NIH (2006)**
- **Shin & Bruno (2003)**
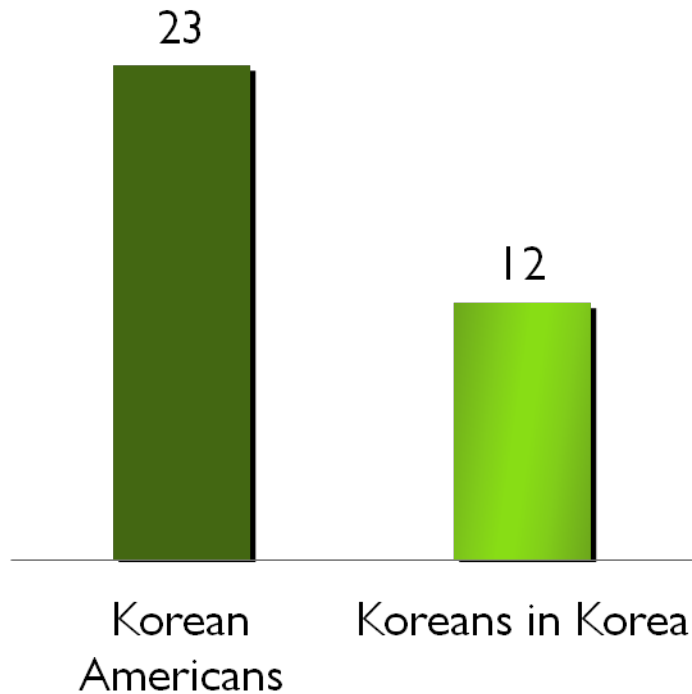
ACCESS TO CARE & HEALTH

Uninsured (%)

Korean Americans — 22.3

Non-Latino Whites — 13.3

Medical visits

Korean Americans — 2.8

African Americans — 3.8

Hispanics — 3.8

Whites — 5.9

0   2   4   6   8

# of visits per year

HEALTH STATUS

Obesity[1] (%)

Mammogram[2] (%)
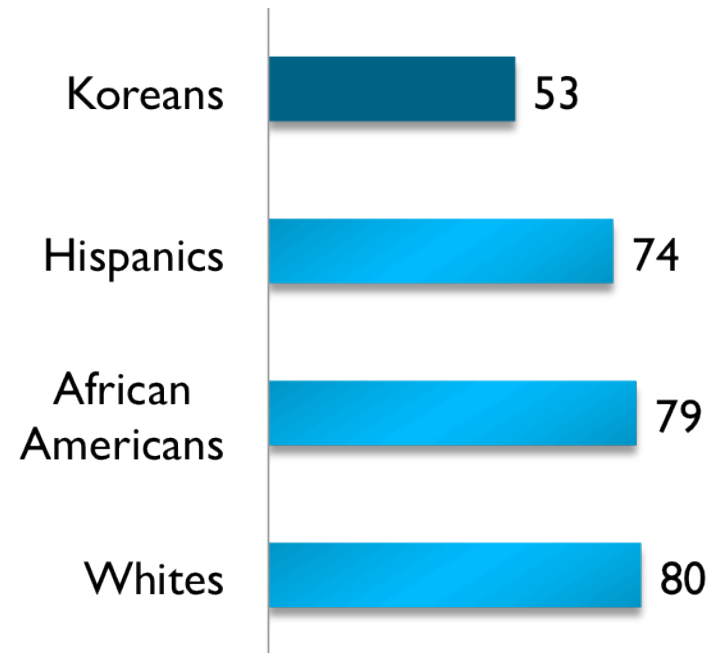
KOREANS IN HAWAIʻI

- 4% of the total population of Hawaiʻi
- 42%, foreign-born Koreans
- 87% living in Oʻahu
- Lower health care access compared to other ethnic minorities

- Hawaiʻi 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)
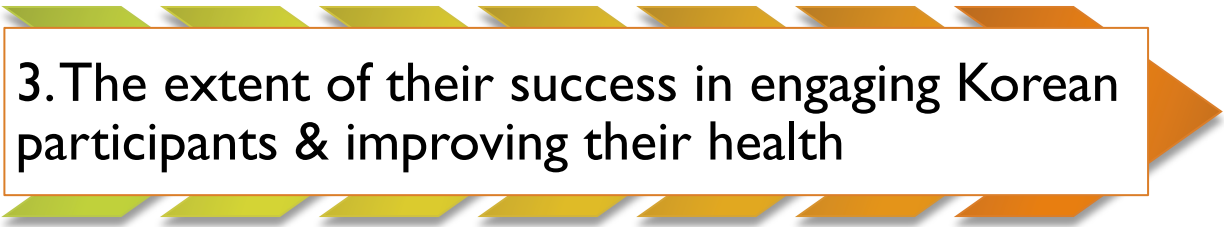* Andersen, Harada, Chiu, & Makinodan (1995)

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
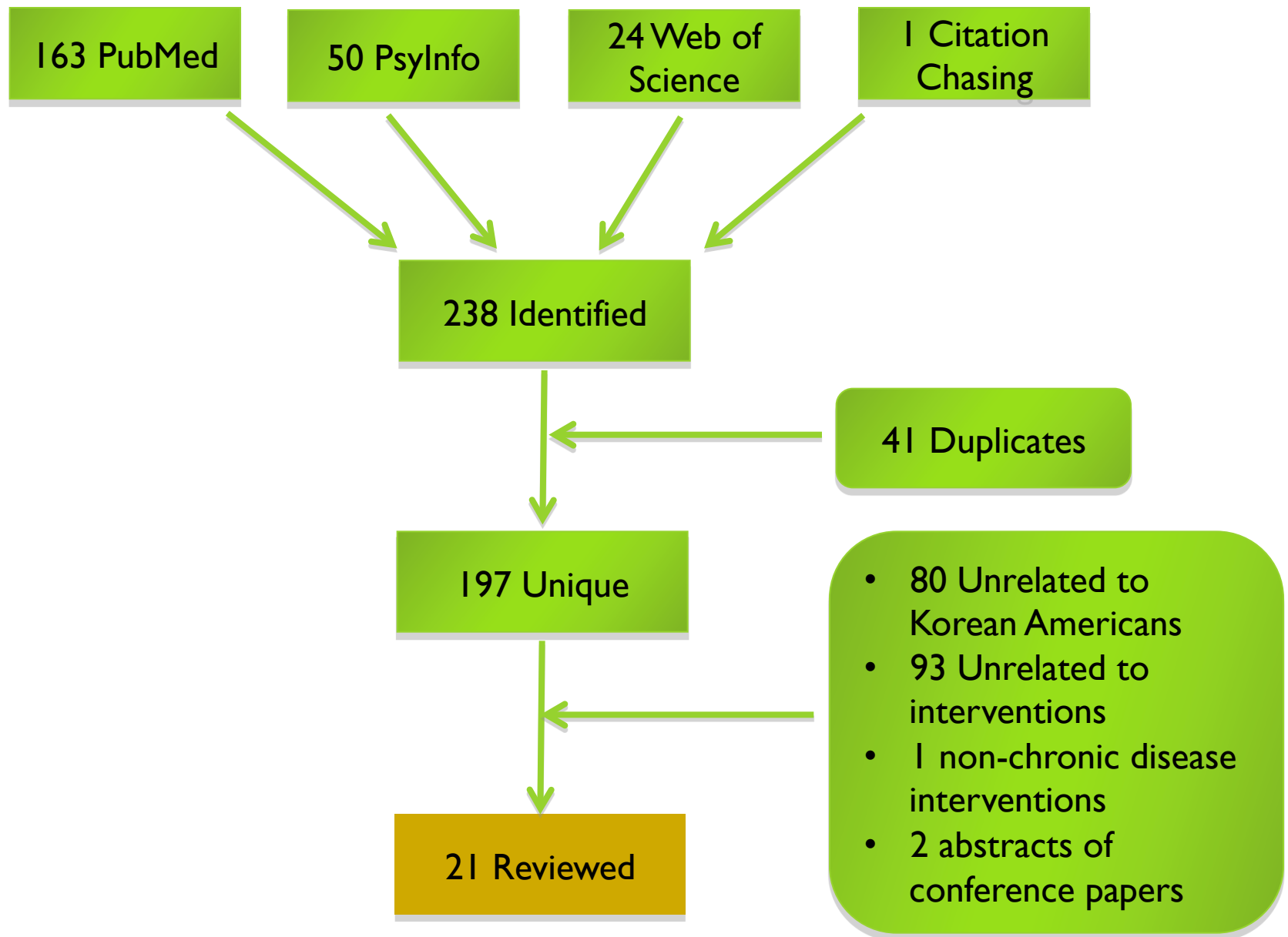 - Intervention
  - Health education program
  - Evaluation

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

- Search Limits
  - 1980 – 2011
  - Reported in peer-reviewed journals
  - Study conducted in the US

163 PubMed → 238 Identified
50 PsyInfo → 238 Identified
24 Web of Science → 238 Identified
1 Citation Chasing → 238 Identified

238 Identified ← 41 Duplicates

197 Unique ←
- 80 Unrelated to Korean Americans
- 93 Unrelated to interventions
- 1 non-chronic disease interventions
- 2 abstracts of conference papers

21 Reviewed

10

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
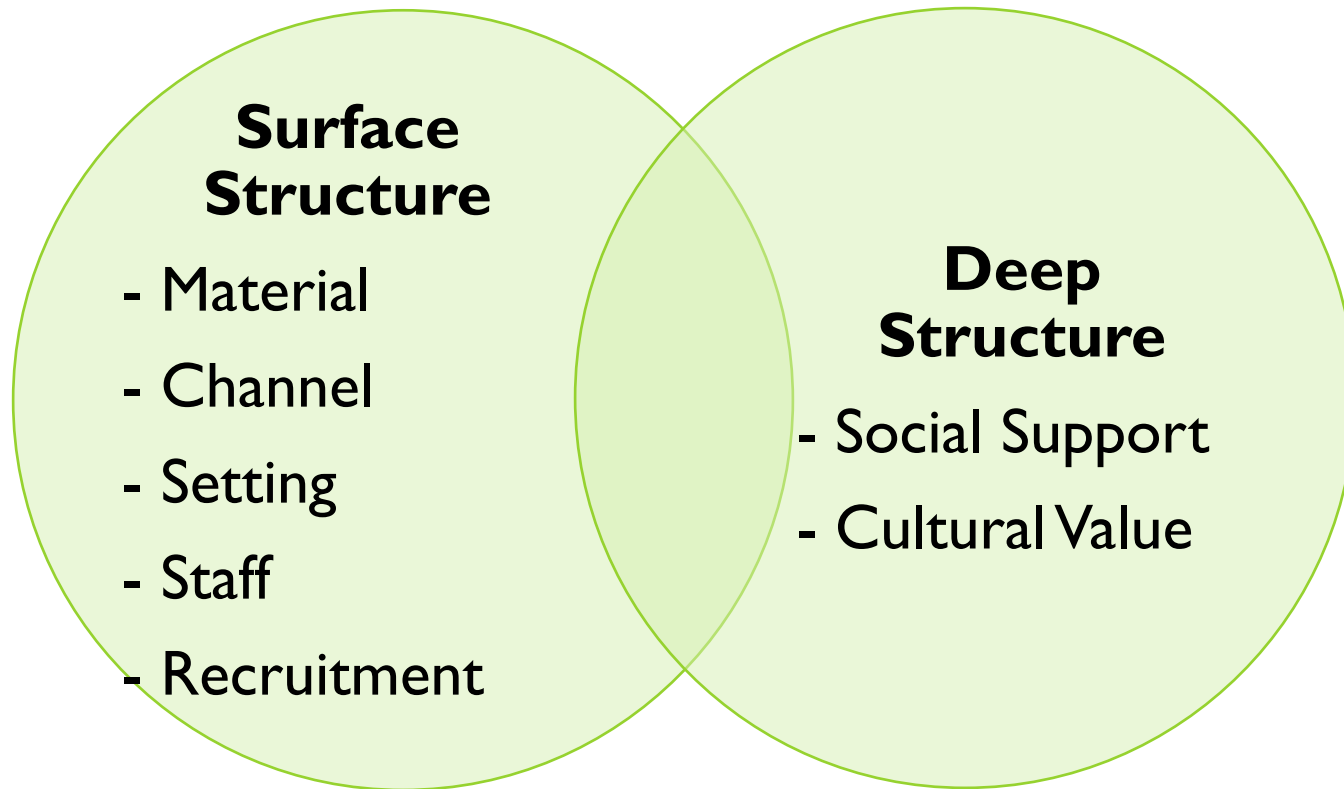
SURFACE & DEEP STRUCTURE

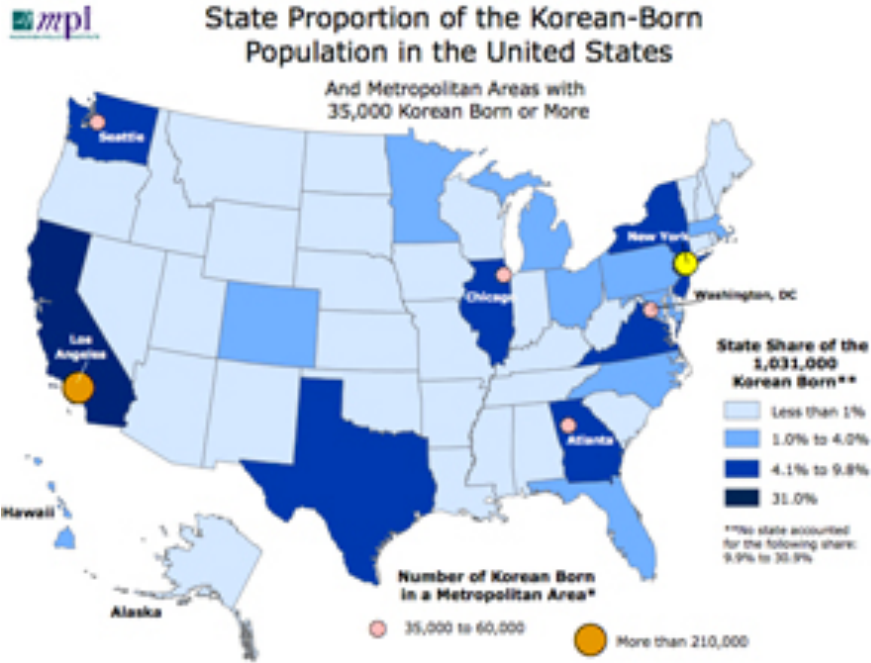|	
Material	
	Materials and messages designed for education sessions
Channel	
	Process of message delivery
Setting	
	Venues for delivering messages & recruitment
Staff	
	Culturally relevant educators & recruiters
Recruitment	Methods for recruiting participants
Social Support	Sufficient provision of social support by lay community workers, educators, or family members
Cultural Value	Reflection of deep cultural beliefs, and norms in the message process of the interventions

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

Main category	Subcategory
Cancer Screening (10)	• Breast Cancer (7) • Cervical Cancer • Cervical & Breast • Colorectal
Chronic Disease (3)	• Hypertension (2) • Diabetes
Chronic Mental Illness	• Schizophrenia
Smoking Cessation	• Smoking Cessation
General Health	• Physical activity

STUDY VENUE

State Proportion of the Korean-Born Population in the United States. And Metropolitan Areas with 35,000 Korean Born or More

Region	State
East Coast (9)	MD-DC (7) NY, PA
West Coast (5)	CA (4) WA
Midwest (2)	IL (2)

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.

| Level	# of Int.
Individual/interpersonal	12
Community	4

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

LEVEL OF THEORY/APPROACH
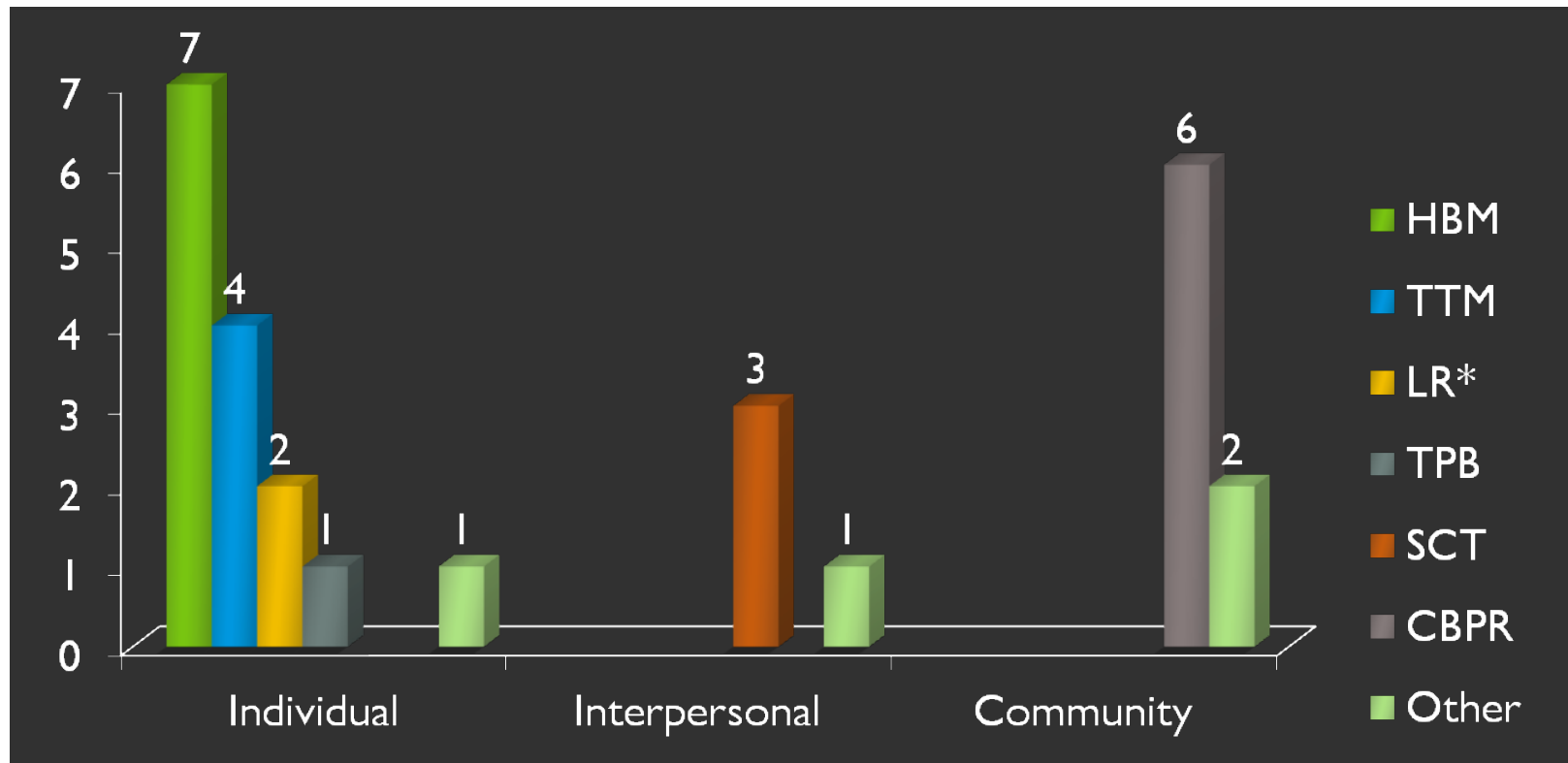
- **HBM = Health Belief Model**
- **TTM = Transtheoretical Model**
- **LR = Learned Resourcefulness Model**
- **TPB = Theory of Planned Behavior**
- **SCT = Social Cognitive Theory**
- **CBPR = Community-Based Participatory Research**

THEORY/APPROACH & OUTCOME
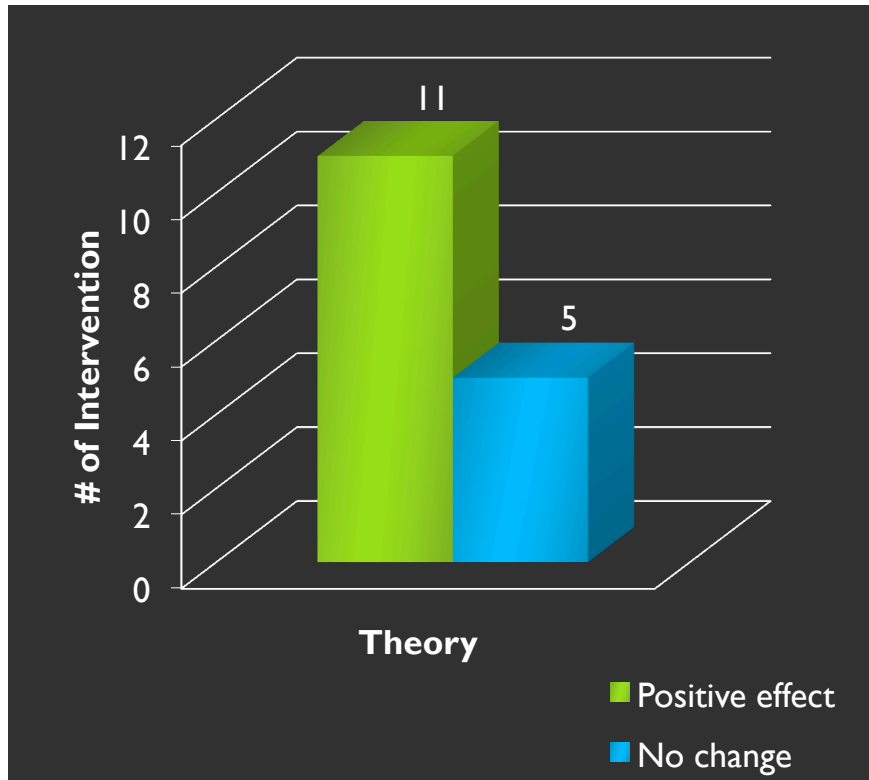
- 100% were guided
- 69% success rate
- Theory of behavior change or research approach did not necessarily result in its successful outcome
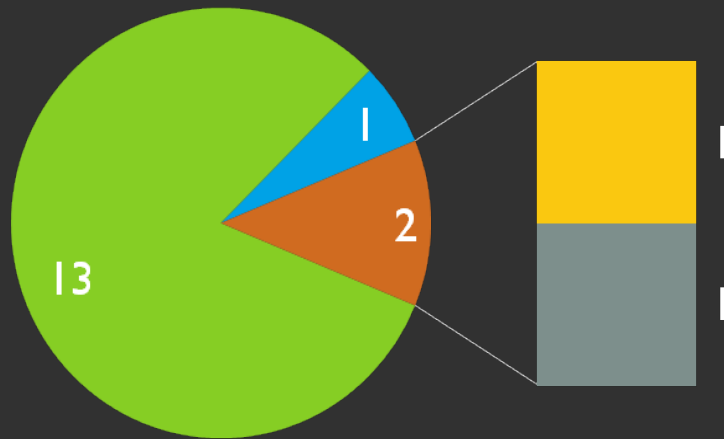
FORMATIVE RESEARCH & OUTCOME
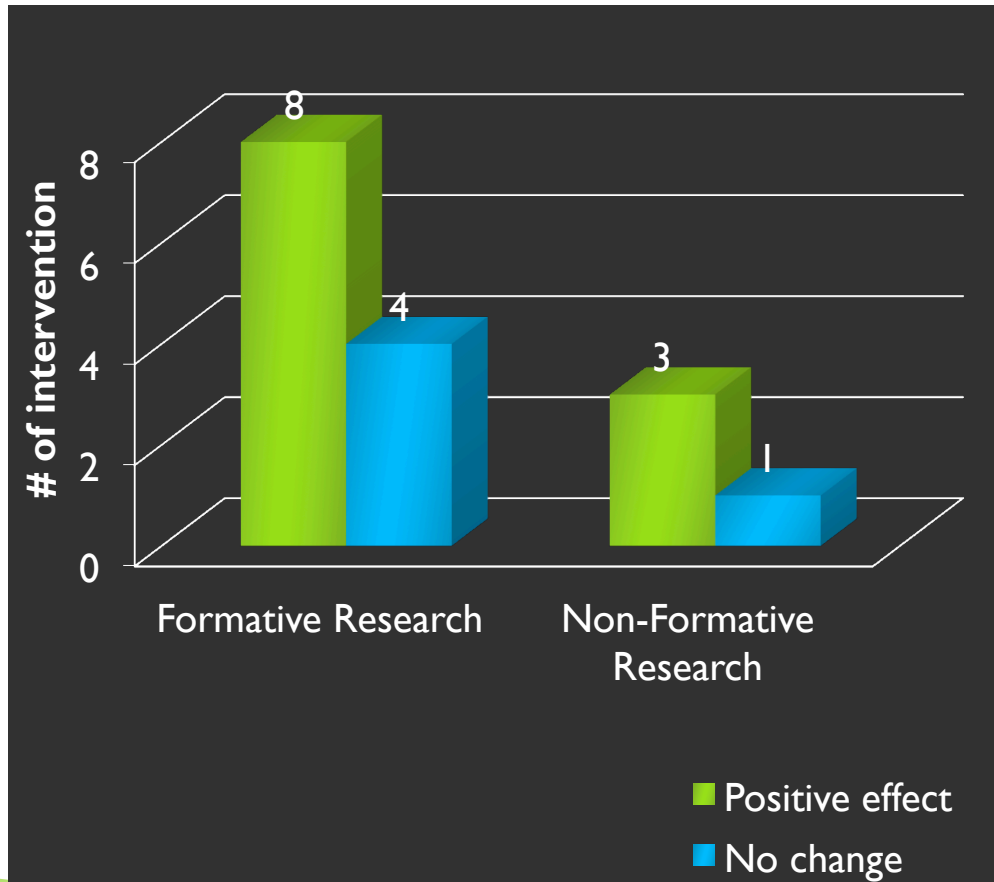
- 75% were informed
- 67% success rate

SURFACE STRUCTURE & OUTCOME

Sensitive Recruitment

■ Yes ■ No ■ Clinic Record ■ Patient*

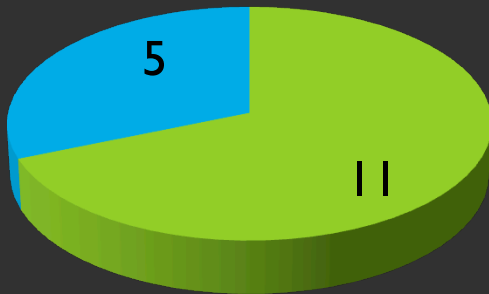- 81% recruited in culturally sensitive ways
- 69% success rate

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

* Schizophrenia patients
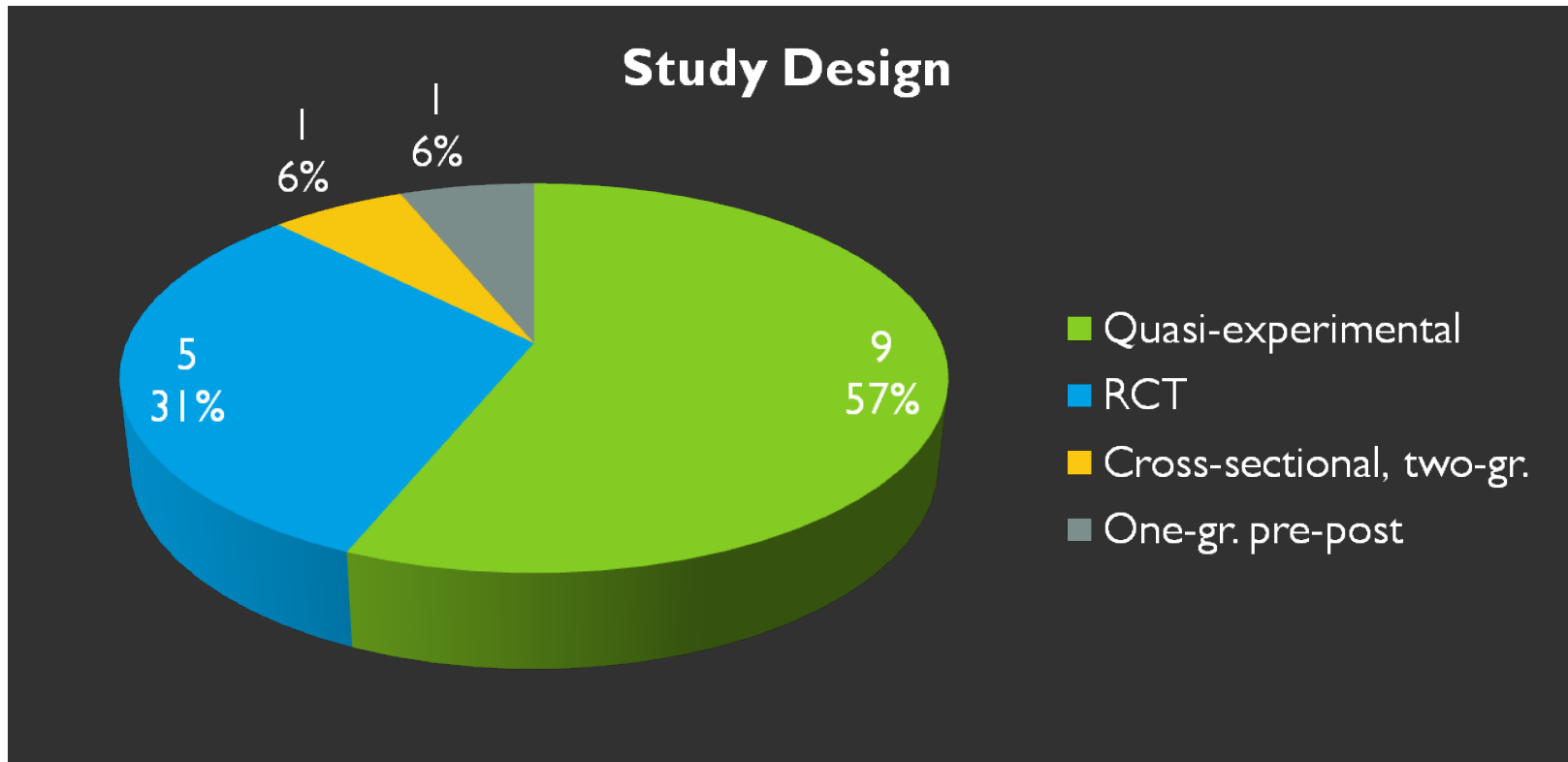
DEEP STRUCTURE & OUTCOME

Social Support

■ Sufficient ■ Insufficient/none

- 100% included cultural values
- 68% success rate

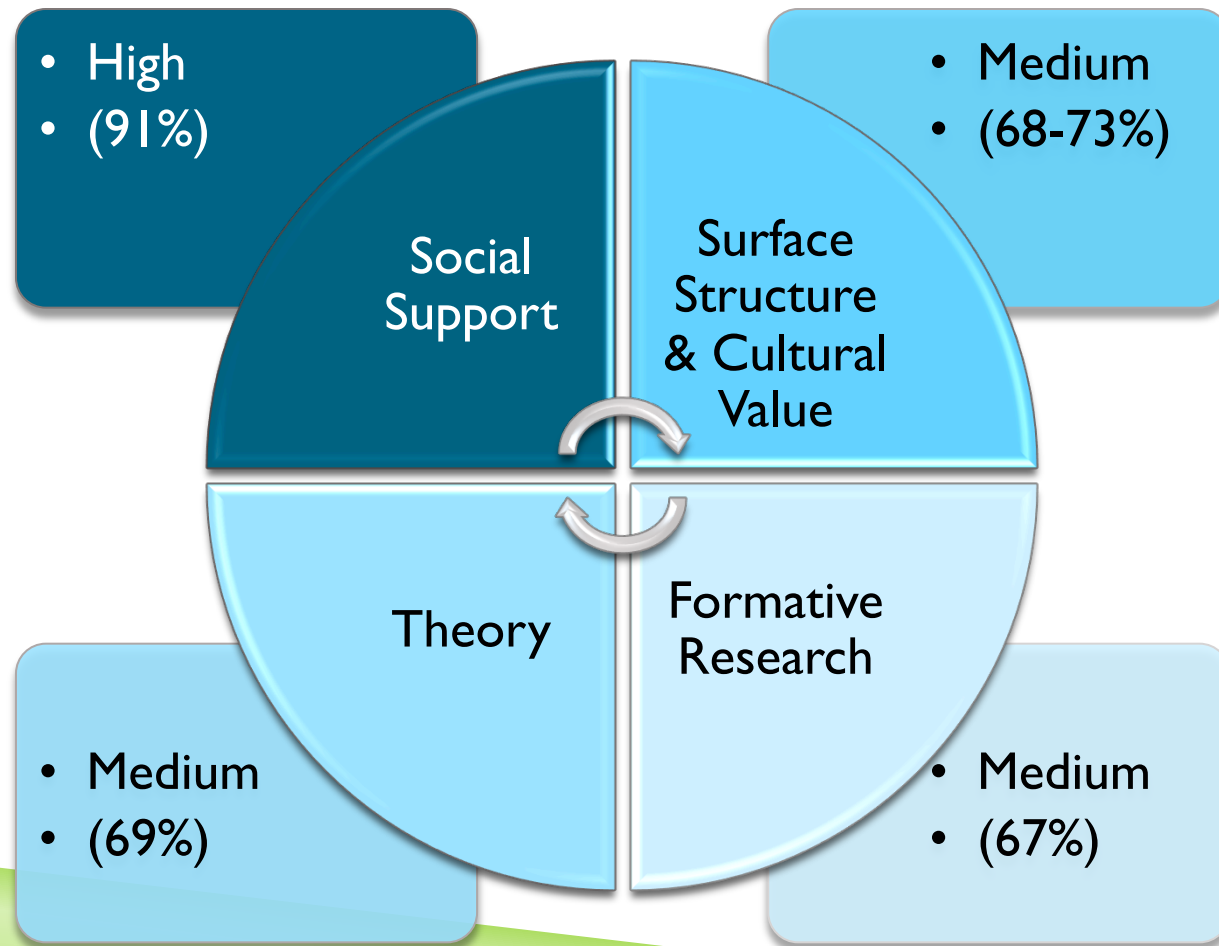- 69% used social support
- 91% success rate

STUDY DESIGN

Study Design pie chart:
- Quasi-experimental: 9 (57%)
- RCT: 5 (31%)
- Cross-sectional, two-gr.: 1 (6%)
- One-gr. pre-post: 1 (6%)

* 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%)

Social Support

- Medium
- (68-73%)

Surface Structure & Cultural Value

Theory

- Medium
- (69%)

Formative Research

- Medium
- (67%)

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[1]

▶ The quality and duration of social support may determine the success of interventions[2]

1. Mier, Ory, & Medina (2010), Spencer et al. (2011)
2. Moskowitz & colleague, (2001, 2007)

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RECOMMENDATION

Program Planners for KA	Researchers	Policy Makers
• 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	• More objective methods of measurement are required to evaluate behavioral changes	• 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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