Korean CHRNA (Community Health Resources and Needs Assessment)

Between November 2013 and August 2014, the Center for the Study of Asian American Health (CSAAH) collected 161 surveys in the Korean community in the New York Metropolitan area in partnership with community groups including Korean Community Services of Metropolitan NY. Within New York City, the Korean community is focused in Queens (64%), with smaller populations in Manhattan (21%) and Brooklyn (9%).¹ The 2010 Census counted 102,820 Koreans in New York City and the population has grown 14% from 2000 to 2010. CHRNA survey findings indicate that the majority (99%) of Korean respondents were foreign-born, 98% of whom were born in Korea.

DEMographic information

Over half of foreign-born Korean CHRNA respondents have lived in the U.S. for at least 16 years. Educational opportunities and family reasons were the top reasons for coming to the U.S.

- **Years Living in the U.S.**
  - 5 years or less: 12%
  - 6-10 years: 20%
  - 11-15 years: 13%
  - 16-20 years: 13%
  - Greater than 20 years: 13%

EDUCATION

- 37% have a high school education or less
- 12% have some college education
- 51% are college graduates

LOW ENGLISH LANGUAGE PROFICIENCY

- An overwhelming majority (96%) speak English less than “very well”
- 66% speak English “not well” or “not at all”
- Among these respondents, 64% have someone over the age of 14 in their household who can speak English

EDUCATION

- 37% have a high school education or less
- 12% have some college education
- 51% are college graduates

CHRNA KOREAN RESPONDENTS were...

- 58% women
- 42% men

INCOME

- < $25,000: 25%
- $25,000 - $55,000: 26%
- > $55,000: 26%

WORKING HOURS

Among Korean CHRNA respondents who work:
- 16% work < 34 hours per week
- 17% work 35-40 hours per week
- 18% work ≥ 40 hours per week

EMPLOYMENT

- 65% of participants were working-age adults between 18 to 64 years old.

- Full time: 46%
- Part time: 33%
- Do not work: 21%

Of those who do not work, 34% reported they were homemakers and 41% reported they were retired

PERCEIVED HEALTH STATUS

Korean CHRNA respondents were asked to rate their health status:

- 59% describe their health status as GOOD, VERY GOOD, or EXCELLENT
- 40% rated their health as FAIR or POOR

DID YOU KNOW?

The top health concerns among Korean CHRNA respondents were:

- Cancer (50%)
- Cardiovascular disease (34%)
- Oral or dental health (17%)
HEALTH PROFILE

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. According to standard BMI measurements, about 20% of Korean respondents are overweight, with 3% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese.² When using Asian BMI standards, the proportions of overweight and obese Korean respondents shift to 50% and 7%, respectively.

PHYSICAL ACTIVITY

Sedentary lifestyle is related to many chronic diseases such as obesity, diabetes, heart diseases, and depression.

- 32% of Korean respondents DO NOT engage in any weekly physical activity, compared to 26% of New Yorkers overall²
- About 49% engage in sufficient weekly physical activity, compared to 67% of New Yorkers.² Sufficient physical activity means spending >150 minutes per week engaging in moderate physical activity, > 75 minutes a week engaging in vigorous physical activity, or a combination of both.

OVERWEIGHT/OBESITY

- 17% of Korean CHRNA respondents “sometimes” worry about having enough money to buy nutritious meals
- 37% reported that their homes are a 10-minute-walk or more away from a place to buy fresh fruits and vegetables

HEALTH INSURANCE COVERAGE

- 9% have Korean National Insurance
- 22% do not have health insurance
- 47% are enrolled in public or government insurance coverage (Medicaid, Medicare, or other)

HEALTH CARE ACCESS

- 19% have private or employer coverage

HEALTH INFORMATION

The Korean CHRNA respondents get their health information and hear about services primarily from:

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>35%</td>
</tr>
<tr>
<td>Ethnic newspaper</td>
<td>32%</td>
</tr>
<tr>
<td>Ethnic website</td>
<td>32%</td>
</tr>
<tr>
<td>Family</td>
<td>25%</td>
</tr>
</tbody>
</table>

HEALTH CARE PROVIDERS

- 78% of Korean CHRNA respondents have a healthcare provider with whom they can comfortably communicate
- 7% do not have a regular provider
- 34% did not understand everything their doctor discussed with them during their last visit

BARRIERS TO HEALTH CARE

DID YOU KNOW?

16% of Korean respondents reported difficulty obtaining necessary medical care, tests, or treatments in the last year. Reasons given were because of cost (57%) or because insurance would not approve, cover, or pay for care (13%).

ACCESS TO HEALTHY FOOD

- 78% of Korean CHRNA respondents have a healthcare provider with whom they can comfortably communicate
- 7% do not have a regular provider
- 34% did not understand everything their doctor discussed with them during their last visit

PERCENTAGES

- 9%
- 22%
- 47%
- 19%
- 35%
- 32%
- 32%
- 25%

DIAGRAMS

- Routine checkups
- Healthcare providers
- Barriers to health care
- Access to healthy food

HEALTHY LIFESTYLE COMPONENTS

- Body mass index (BMI)
- Physical activity
- Access to healthy food
- Healthcare providers
- Insurance coverage
ORAL HEALTH IS 3RD TOP HEALTH CONCERN AMONG KOREAN CHRNA RESPONDENTS

• A majority (65%) of Korean CHRNA respondents rate their oral health as “POOR” or “FAIR”

MENTAL HEALTH STATUS
A depression screening was used to determine how respondents would describe their feelings in the past 2 weeks:

7% of respondents may potentially benefit from mental health services
• From this at-risk group, 10% are considered to have “mild” depression, and 3% have “moderate” depression
• However, 75% of respondents said they had never been screened for depression

RISK FOR CARDIOVASCULAR DISEASES
High cholesterol levels and high blood pressure are risk factors of cardiovascular diseases (CVD), which can lead to heart disease and stroke.

34% of respondents said CVD is a major concern for themselves or for their families

• 64% received a checkup or screening for cholesterol in the last year
• 33% were told they have high cholesterol. In comparison, 30% of New Yorkers were told the same thing by their physicians²
  • 57% of respondents with high cholesterol are currently taking medications for high cholesterol.
• 70% of Korean CHRNA respondents received a checkup or screening for blood pressure in the last year
• 25% were told they have high blood pressure, while 29% of New Yorkers were told the same thing by their physicians²
  • 80% of respondents with high blood pressure are currently taking medications for high blood pressure

DID YOU KNOW?
24% of male Korean CHRNA respondents 50+ years have never received a prostate exam.

INCREASED RISK OF DIABETES
Frequent blood sugar level screenings are important to preventing and controlling diabetes
• 65% have received a check-up or screening for blood glucose in the last year
• 12% were told by a health care provider that they have diabetes, similar to the 11% of New Yorkers told the same thing²
  • 74% of respondents with diabetes are currently taking medications prescribed by a health care provider

OSTEOPOROSIS
Two risk factors that increase risk of osteoporosis in later life are:
1. Being of Asian descent
2. Being female

Early screenings and intervention help to prevent negative health outcomes such as arthritis and joint injuries.
• 27% of female Korean participants 65+ years have never received a checkup or screening for bone mineral density, and 12% do not know if they have ever received a check up

COMPARISON OF CANCER SCREENING RATES

<table>
<thead>
<tr>
<th>Screening</th>
<th>Korean CHRNA</th>
<th>New Yorkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>67%</td>
<td>69%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>65%</td>
<td>75%</td>
</tr>
<tr>
<td>Pap smear</td>
<td>50%</td>
<td>78%</td>
</tr>
</tbody>
</table>

• 67% of Korean respondents 50+ years old have received a colonoscopy, while 69% of New Yorkers 50+ years old received a colonoscopy in the past 10 years⁶
• Approximately 80% of female Korean CHRNA respondents 21+ years have had a clinical breast exam
• 65% of female respondents 40+ years have had a mammogram in the past 2 years, as compared to 75% of New York women⁶
• 50% of female Korean respondents 21+ have had a pap smear in the past 3 years as compared to 78% of New York women⁵
SMOKING

- 11% of Korean CHRNA respondents are current smokers, compared to 16% of New Yorkers^2
- 18% of men are current smokers; this rate is on par with that of current male smokers in New York (20%)^2
- 6% of women surveyed are current smokers; in comparison, 13% of New York women are current smokers^2

SEASONAL FLU VACCINE

- A little over half (54%) of Korean respondents received the flu vaccine in the past year, which is on par with the rate for New Yorkers (56%)^2

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Korean CHRNA respondents reported using various types of complementary and alternative medicines (CAMs) in the past 12 months to maintain health or treat a health condition

- 25% have gone to a traditional healer
- 20% have used acupuncture
- 16% have used herbal medicine

ALCOHOL

- Nearly half of all respondents are current drinkers
- About 33% of current drinkers have consumed 5 or more drinks on one occasion at least once in the past 30 days, which is considered binge drinking.
- In comparison, 18% of New Yorkers have had 5 or more drinks on one occasion at least once in the past 30 days^2
- 21% of current drinkers reported that they have had times where they started drinking even though they promised themselves they wouldn’t, or drank a lot more than they intended

TUBERCULOSIS

Approximately 80% of respondents have previously had a tuberculosis (TB) test.

- 4% were told by a health care provider that they have the TB infection

HEPATITIS B

Asian Americans are at higher risk for Hepatitis B, but many who are infected do not know it.3

- 74% of respondents have previously been screened for hepatitis B
- About 4% have the infection

NOT MEETING SLEEP RECOMMENDATIONS

Sleep supports healthy brain function to ensure good mental and physical health. A lack of adequate sleep can impact how well a person thinks, works, learns, or gets along with others.4

Only 47% of Korean respondents reported getting the recommended number of hours of sleep.

- 7-9 hours is the recommended amount for healthy adults
- 23% have been verbally or physically abused, or have had property damaged specifically because of race or ethnicity

SOCIAL ENVIRONMENT

NEIGHBORHOOD

- 66% of Korean CHRNA respondents believe people in their neighborhood are trustful
- 75% believe people in their neighborhood get along well together
- 58% believe their neighbors look out for each other
- 75% believe their neighbors would offer assistance in the event of an emergency
- 23% have been verbally or physically abused, or have had property damaged specifically because of race or ethnicity

RELIGIOSITY

- Among religious Korean CHRNA respondents, 82% go to their house of worship at least once per week
- 66% pray at least once a day
CONCLUSION

The Korean CHRNA results are aligned with the public health literature which indicates that significant health disparities exist in Asian American subgroups. Low levels of English language proficiency were noted in the Korean community. Rates for routine physical checkups and for certain types of health screenings for cervical cancer and oral/dental health were relatively low in the Korean population surveyed compared to New Yorkers in general. CHRNA survey results also revealed high rates of binge drinking in the Korean population surveyed compared to New Yorkers overall.

Health Promotion

Developing community-based health promotion and preventive healthcare (such as screening activities) in partnerships with Korean-serving community-based organizations is essential to improving the health and well-being of the Korean community.

Citations:
1. Asian American Federation, “Asian Americans in NYC, April 2013
2. New York City comparison data derived from the New York City Department of Health and Mental Hygiene’s EpiQuery: NYC Interactive Health, 2013 NYC Community Health Survey data at http://on.nyc.gov/1Cf1RA1.
5 New York City comparison data derived from New York City Department of Health and Mental Hygiene’s EpiQuery: NYC Interactive Health, 2010 Survey Trends data at http://on.nyc.gov/1AnvDsL
6. New York City comparison data derived from New York City Department of Health and Mental Hygiene’s EpiQuery: NYC Interactive Health, 2012 Survey Trends data at http://on.nyc.gov/1AnvDsL

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KCS is a non-profit community service organization that serves low-income immigrant individuals and families by helping them to address critical needs, solve complex problems, and adapt to a new cultural, economic, and social environment.

The mission of the NYU Center for the Study of Asian American Health (CSAAH) is to identify health priorities and reduce health disparities in the Asian American community through research, training and partnership.

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