



Koreans and Asian Indians in the North Penn Area

(Montgomery County, PA)



A NEEDS ASSESSMENT REPORT

April 15, 2008

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Funding For This Project Was Provided By a Grant From



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*Partial funding for printing
provided by North Penn
United Way*

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Executive Summary

Goal of the Needs Assessment Project

Family Services of Montgomery County (Family Services) is a nonprofit social service agency dedicated to strengthening the quality of life for individuals, families, and the community. The organization provides an innovative and comprehensive range of human services throughout the North Penn area.

In recent years, Family Services has had conversations with the North Penn Community Health Foundation regarding the creation and funding of new services to various minority populations. Together, the organizations concluded that more information was needed before developing new services for minority populations. Two of North Penn's newer, larger, and growing immigrant populations include the Korean and Asian Indian populations. Thus, the organizations decided to identify and assess the needs of these two fast-growing communities.

This report only addresses the needs that were uncovered; no specialized services have been created. The actual creation and funding of any new services for these populations is yet to be explored via the foundation's standard grant process and through exploration of funding priorities with other funders. Similarly, if additional needs assessment studies focusing on other minority populations are called for, the North Penn Community Health Foundation as well as other funding sources may be willing to entertain such conversations.

However, the project at hand focused solely on the Korean and Asian Indian communities in the North Penn area. It sought to determine not only the concerns and unmet needs of these populations, but also the willingness of these communities to utilize services and to engage in a mutual collaborative planning process for the provision of any new services. Family Services, through a grant from the North Penn Community Health Foundation, completed the actual work of this project over a 12-month period from August 2006 through July 2007. This *Needs Assessment Report* is the culmination of that work.

The Question This Report Attempts to Answer

This report attempts to answer the question

What must the social and health services network of agencies, providers, and funders in the North Penn area know and understand about the needs of the Korean and Asian Indian populations in our community, to improve service provision and respond to their health, family, personal and social service needs?

The answer to this question—and the content of this report—is meant ultimately to serve the Korean and Asian Indian communities of North Penn. The primary audiences for this report include:

- Agencies, organizations, service providers, and groups that provide social and health services.
- Funders and government agencies that fund or contract for such services.
- Members of the Korean and Asian Indian communities, especially those who are in a position to influence practices of their constituents.

The 2000 Census data for Montgomery County reveals that there are 9,482 Koreans and 8,658 Asian Indians. Between 1990 and 2000, the Asian population in the North Penn area has more than doubled, with a growth rate of more than ten times that of the white population.

The author hopes that the information, recommendations, and suggestions contained within the report will be discussed in various social service and community forums, as well as in churches, temples, and organizational meetings. Furthermore, he hopes that the Korean and Asian Indian communities themselves will use this report to address some of the issues that the report discusses and work towards solving some of the problems experienced by individuals and families within their communities.

Demographics of the Target Community

The 2000 Census data for Montgomery County reveals that there are 39,810 Asians in Montgomery County. Of this number 9,482 are listed as Korean and 8,658 Asian Indians. Between 1990 and 2000, the Asian population in the North Penn area has more than doubled, with a growth rate of more than ten times that of the white population. Asians are now the largest minority group and currently make up 6.8 percent of the region's population; Indians and Koreans make up a significant portion of that group. As noted in the full report, the actual numbers are difficult to ascertain.

Methodology of the Needs Assessment Project

Initial Outreach to Key Contacts

The author began this project by developing a list of contacts at North Penn area Korean churches and Hindu temples. In addition, he put together a list of Korean and Asian Indian organizations with related contact information. People on these lists were contacted by telephone to ascertain their willingness to participate in the Needs Assessment Project. At times, he asked Korean or Asian Indian individuals to make these calls and to interpret during interviews.

Interview Process

All interviews were face-to-face with the exception of two telephone interviews which occurred due to scheduling difficulties. Interviews were held in a variety of community locations, including: Korean churches, Hindu temples, homes of interviewees, Korean social service agencies, interviewee's offices and places of business, Family Services' offices, and Starbucks. All interviews lasted between one and two hours. In a few situations, when additional clarification of some issue was needed, a brief follow-up telephone interview took place. The actual interview did not utilize an interview form or a set of questions. Interviews were kept conversational and informal. This allowed the interviewee the opportunity to identify and discuss the issues and concerns that they believed existed within their community. The interviewer would ask for clarification at times, as well as ask about other problem areas that might have been overlooked.

Interviewees

A total of forty individuals were interviewed for the North Penn Korean and Asian Indian Needs Assessment Project. Nineteen Asian Indian individuals and 21 Korean individuals were interviewed. The sample of interviewees comprised a broad range of occupations that included: church pastors, a temple priest, a realtor, an attorney, social service professionals, scientists, engineers, health care professionals, retired individuals, self-employed business people, educators, and a student.

Literature Review

The researcher also completed an extensive review of professional journals and public media dealing with related issues and unmet needs facing the Asian Indian and Korean

population in the United States. This review provided the initial framework of unmet needs and problems and helped shape the direction of the Needs Assessment Project. The literature review also helped to identify areas that have been well researched and areas in need of greater study. This review helped the researcher engage more knowledgeably in the interview conversations, which were to become the foundation and core of the recommendations contained in this report.

Analysis of Interview Content

Notes made during the interviews were used to identify the needs, problems, and challenges that each informant thought to be of sufficient importance to bring to the attention of the interviewer. After all interviews were complete, the researcher analyzed and extracted a list of themes, needs, and problems from each interview. These were merged into a separate master list of all problems and needs, and this list was divided into manageable categories of similar problems. This process yielded a master list of 14 problems and unmet needs. Finally, the researcher made two subsequent reviews of the interview transcripts, noting when each informant mentioned each item from the master list. This yielded a total count of informants concerned about each problem and need. These were converted into the percentages of informants reporting each problem within each community.

Limitations of This Report

Myth of the Model Minority

Service providers need qualitative and quantitative information to make decisions and design programs. The way information is collected and reported can often lead to misinterpretation. A key problem is that most data available is reported on “Asians” as a whole. Asia is a huge continent with hundreds of cultures and subcultures. This aggregated data makes learning about individual Asian groups very difficult.

Because the purpose of this project is to understand two subpopulations from the larger Asian population, the author attempted to find disaggregated data where possible. Too often, the needs of many Asian subpopulations are overlooked or hidden because of the use of aggregated or “total” Asian data. The numbers seem to imply that “Asians are doing very well, they have no problems, their kids are doing well in school, and they take care of their own problems.” This has resulted in a pervasive and potentially harmful stereotype that persists to this day and is manifested in the use of the term “model minority.” The history of this stereotype is discussed in the report. This stereotype has come to reflect on all Asian Americans, and as such, fails to recognize the diversity of challenges and difficulties that individuals face. Asian Americans are an extremely diverse group of people, originating from almost fifty different countries and representing over one hundred languages and major dialects. Each group possesses a distinct culture, history, and immigration pattern that defies easy categorization or generalization.

The present Needs Assessment Project seeks to focus attention and look closely at only two Asian subgroups—Koreans and Indians. Because powerful information is contained herein, the reader is encouraged to be cautious when drawing conclusions or attempting to generalize about the specific populations discussed in the report. Although this report is based on an extensive review of the research and popular literature, and upon interviews with forty representatives of both target populations, personality dynamics, family issues, length of time in the U.S., degree of acculturation, level of education, experience before and after immigration, can and do play a significant part in influencing the actions of individuals and families.

A needs assessment, by its very nature and purpose, focuses on problems and unmet needs within a specific target population. There is a risk, therefore, that the reader will see the Korean and Asian Indian communities as laden with problems and deeply troubled. Such a portrayal is not the intent of this report. The Korean and Asian Indian communities have many strengths as well as problems and challenges.

Other Limitations

There are several other limitations in connection with this report. First, the interviewer and researcher is neither fluent in the language nor in the cultural nuances of the people interviewed. This limitation may have impacted his conversations with informants.

Second, as a consequence of the small sample size in the needs assessment (forty individuals), and the fact that a convenience non-random sample of selected community leaders and key contacts was utilized, the results of the report could be subject to misinterpretation and should not be viewed as fully representing the total needs of the two target populations.

Third, a needs assessment, by its very nature and purpose, focuses on problems and unmet needs within a specific target population. There is a risk, therefore, that the reader will see the Korean and Asian Indian communities as laden with problems and deeply troubled. Such a portrayal is not the intent of this report. The Korean and Asian Indian communities have many strengths as well as problems and challenges; this report was designed to uncover the problems, unmet needs, and challenges so that the network of services, funders, agencies, and others who serve North Penn could begin thinking about how to improve their work.

Needs and Problems as Identified by Informants

The author was able to identify 14 basic problem areas or unmet need themes faced by the Korean and Asian Indian populations in the North Penn community.

1. Concerns of the Elderly
2. Mental Health Issues
3. Domestic Violence and Child Abuse
4. Discrimination, Lack of Power, and Lack of Trust
5. Health and Medical Issues
6. Health Insurance Issues
7. Immigration Concerns
8. Intragroup Conflict
9. Lack of Awareness of Community Services
10. Language Issues
11. Generational Conflict
12. Poverty
13. Substance Abuse and Addiction Problems
14. Transportation Problems

Key Findings about Problem Areas

The three areas that were viewed as the most significant problem areas in the Korean community include:

- Concerns of the Elderly
- Language Issues
- Mental Health Issues

The three areas that were viewed as the most significant problem areas in the Asian Indian community include:

- Concerns of the Elderly
- Mental Health Issues
- Domestic Violence Issues

Recommendations

The report also contains a recommendation section that includes sixty recommendations for future action, which are selectively directed to the social service and health care community, funders, educational systems, and to the Korean and Asian Indian communities. Six overarching themes of the recommendations include:

1. Increase Awareness of Key Community Leaders

Assist the Korean and Asian Indian congregations and organizations to become more knowledgeable about the issues in their community.

2. Promote Cooperation and Collaboration among Community Leaders

Promote collaboration among Korean congregations and organizations to respond to community needs. Promote collaboration among Asian Indian organizations to respond to community needs.

3. Enhance Capacity and Cultural Competency of Area Social and Health Services

Increase the ability, skill level, and capacity of social and health services to serve Koreans and Asian Indians.

4. Develop New Services for the Korean and Asian Indian Elderly

Create innovative services to meet the needs of Korean and Asian Indian seniors.

5. Promote Prevention and Health and Social Service Utilization by the Korean and Asian Indian Communities

Promote prevention, testing, screening, and treatment about specific health issues and conditions for which each community may be at high risk.

6. Promote Collection and Utilization of Disaggregated Data

Collect population data by culturally or linguistically unique population groups rather than broader (and unhelpful) clusters of population.

Acknowledgments

The author wishes to thank the North Penn Community Health Foundation, the funder of this report, for its flexibility and its willingness to venture into new territory. Family Services, as the grantee for this project, is solely responsible for the content and information contained in this report. Findings, opinions, and conclusions are solely those of the grantee and the author of this report. The North Penn Community Health Foundation, its staff, and board members, neither support nor refute the work contained herein.

While the author cannot list the names of the interviewees, he wishes to thank the forty individuals who gave their time and shared their thoughts and views so freely. Without their help he would not have been able to collect and report on such valuable information. He would also like to acknowledge and thank representatives and members of the following organizations for their involvement and support of this project: Won Community Service Center, Korean Women's Center, The Korean American Youth Counseling Center of Philadelphia, Zion Presbyterian Church, Korean Mission Presbyterian Church, Montgomery Presbyterian Church, Penn Asian Senior Services, Cornerstone Presbyterian Church, Yuong Sang Presbyterian Church, The Philip Jaisohn Memorial Foundation (Jaisohn Center), Institute For Corean-American Studies, EEO 21, Bharatiya Temple and Bharatiya Cultural Center, Shri Swaminarayan Mandir, Service and Education for Women Against Abuse (SEWAA), and the North Penn Mosque.

The author would also like to thank Choon Won Koo, Susan Kim, and Shushma Patel, for their assistance in helping to contact and interview some of the informants. Appreciation also goes to Arti Nigam, Razia Kosi, Arpana Inman, and Margaret Abraham, who provided some helpful feedback in the early stages of this project. He is also indebted to Jayeon Kim who devoted a considerable amount of time and effort to this project by helping with translation and related activities. The suggestions, ideas and feedback provided by Tom Lengyel were very much appreciated. The author would like to thank Vincent Hyman, Karen Konnick, and Ludy Soderman for their valuable insights, time, and outstanding editing skills. Jeremy Goldhaber-Fiebert has been an invaluable resource and guide in conceptualizing, planning, and implementing this project. The author also wishes to thank and acknowledge his wife Jill Fiebert for her patience, suggestions and support throughout the many phases of this project.

The report is dedicated to the author's grandson, Eytan Shlomo Goldhaber-Fiebert. May the world he inherits be filled with tolerance, love, and acceptance for all people!

About the Author

Larry Fiebert, the primary researcher and author of this report, is a native of the Bronx, (New York City) and served in the Peace Corps in Colombia, South America. He received his MSW degree in community organization and social planning from Wayne State University in Detroit. Additionally, he has been trained as a family therapist and has worked as a clinician, serving couples and families. Mr. Fiebert served as an Assistant Professor at the State University of New York at Buffalo.

Fiebert, a resident of the North Penn area himself, has worked for Family Services of Montgomery County for the past 31 years. He has served as a family counselor, branch supervisor, and assistant director and has been the agency's Associate Executive Director for the past 17 years, where he is responsible for grant writing and program development. Among his many duties, he oversees a department which includes Elder Serving programs, Counseling and Supportive Services. Mr. Fiebert has been responsible for the creation of several new programs that were designed to meet the needs of underserved populations in Montgomery County, Pennsylvania. He has worked closely with many foundations and funding sources and has helped build the resource base of Family Services.

About Family Services of Montgomery County

Family Services of Montgomery County, PA (Family Services) is a not-for-profit social service agency that has been a vital and vibrant force in Montgomery County for almost 11 decades. Family Services is committed to improving the lives of people of all ages, races, and walks of life throughout Montgomery County. Family Services has offices located throughout Montgomery County. Family Services provides a comprehensive range of services to support families, including guidance, care, and support for physical, emotional, and financial problems. Its programs are varied to address different societal needs, but there is one significant constant: a commitment to care for each individual with kindness, dignity, and compassion regardless of age, race, or income. Family Services envisions a strong caring community of individuals and families meeting the challenges and opportunities of life. By keeping current on best practices and evidence-based programs, participating in community partnerships and collaborative activities, and conducting ongoing community needs assessments, Family Services seeks to provide high quality and effective services, optimize service utilization, ensure that participants in all core programs achieve measurable outcomes, and improve the life prospects of the people it serves.

About North Penn Community Health Foundation

The North Penn Community Health Foundation is a public charity providing support to health and human service organizations that serve the needs of North Penn residents. The Foundation is interested in building collaborative relationships with and among provider organizations. By establishing and strengthening these relationships, the Foundation identifies, selects, and invests in programs and agencies that improve the health, welfare, and quality of life of children and families, adults and senior citizens, people with disabilities, and other disadvantaged populations residing in its service community. The North Penn Community Health Foundation seeks to promote access to health and human services for at-risk populations including the underinsured and uninsured; help people with disabilities or chronic diseases to remain living in their own homes and communities; promote the use of volunteers; promote wellness and informed decision making through prevention and education; and strengthen organizational effectiveness and partnerships among the community's health and human services organizations.



Introduction

The Purpose of This Report

The author of this report began this project with the belief that Asian Indians and Koreans, like many other Asians in the United States, were often stereotyped and not well understood by the majority culture. For example, over the last several years, some professional colleagues and other social service personnel have been heard to say some of the following things when referring to Koreans and Asian Indians:

- “They are so successful—their kids do so well in school, I don’t think they have any problems at all.”
- “We have tried for several years to offer services to them but they just won’t come to our agency.”
- “Most of their problems are dealt with by their family, their church, or their temple; so they never come to us.”
- “They take care of their own.”
- “I just can’t understand them, why don’t they learn to speak English.”

By walking or driving around many neighborhoods in the North Penn area, one can easily notice that communities are becoming more diverse. New people who look different and who speak differently are joining the North Penn area. Longtime residents read about immigration issues in the newspaper, see stories about it on TV, and see real change in communities such as Hatfield, Montgomery Township, North Wales, or Lansdale. Neighbors who trace their local history generations back now see people with a red mark (a *tilak* or *bindi*) on their foreheads, or wearing a sari or a nose ring. They hear Korean spoken while waiting in line at the supermarket, or get introduced to a new staff person at work called Raj or Younsoo. A new Korean church opens its door. Academic and cultural events and high school graduations now include names like Patel, Desai, Kim, or Lee.

The numbers tell a similar story.¹ Between 1990 and 2000, the Asian population in the North Penn area more than doubled, with a growth rate of more than ten times that of the white population. Asians now encompass 6.8 percent of the region’s population. Considered as a whole, Asians are the region’s largest minority group, and Indians and Koreans make up a significant portion of that group. (Smith, 2006).

The report that follows is a direct result of the changes that our community is experiencing. Because those of us in social services do not see as clients many of our new Korean and Indian neighbors, we are frequently at a loss to find ways to serve them. In fact, we are unsure as to what ways we can benefit them, and what services they need. This report flows from our insufficient understanding of the needs and problems of Koreans and Indians, and from our desire to serve as best we can.

¹ Recent community changes are also documented in the North Penn Section of *An Independent Assessment of the Health, Human Services, Cultural and Educational Needs of Montgomery County*, conducted in 2006 by the Fox School of Business at Temple University.

Hopefully this report will answer the question:

What must the social and health services network of agencies, providers, and funders in the North Penn area know and understand about the needs of the Korean and Asian Indian populations in our community, to improve service provision and respond to their health, family, personal and social service needs?

The audiences for this report include members of the Korean and Asian Indian communities themselves and the network of social and health service agencies, providers, and funders that serve North Penn (including the institutions established by members of the Korean and Asian Indian communities). The author hopes that the recommendations and suggestions contained within this report will be discussed in various community forums, in churches, temples and organizational meetings. Furthermore, he hopes that Korean and Asian Indian leaders will utilize this report to address these issues and solve some of the problems faced by individuals in their respective communities. Representatives of the social service network and the Korean and Asian Indian communities need to come together, work collaboratively, and join with other leaders of the larger North Penn community to meet the needs of all residents. We must collaborate to solve our community's problems.

How This Report Is Structured

There are five parts to this report.

The **Introduction** (which you are now reading) explains the purpose of the report, the author's best assessment of the demographics of the Korean and Asian Indian communities of North Penn, the methodology, and the risks and limitations of reports (including this one) when describing populations.

The **Fourteen Challenges** section describes the challenges facing the Korean and Asian Indian communities. These challenges are reported separately for each population. Each challenge contains two parts: first, the key contacts' comments collected from the community members interviewed for this report, and second, an in-depth literature review of information relevant to each challenge, gleaned from both professional journals and public media sources. Within each challenge are sidebars titled *Suggestions to Strengthen the Community*. These are extracted from the sixty recommendations that were developed while compiling this report.

The **Discussion and Recommendations** sections include final thoughts on the information gathered, and a list of the sixty recommendations, with a key to help the reader understand which group each recommendation might serve.

Finally, the **References** section includes the list of resources checked for the literature review portion of this report.

Demographics of the North Penn Asian Indian and Korean Communities

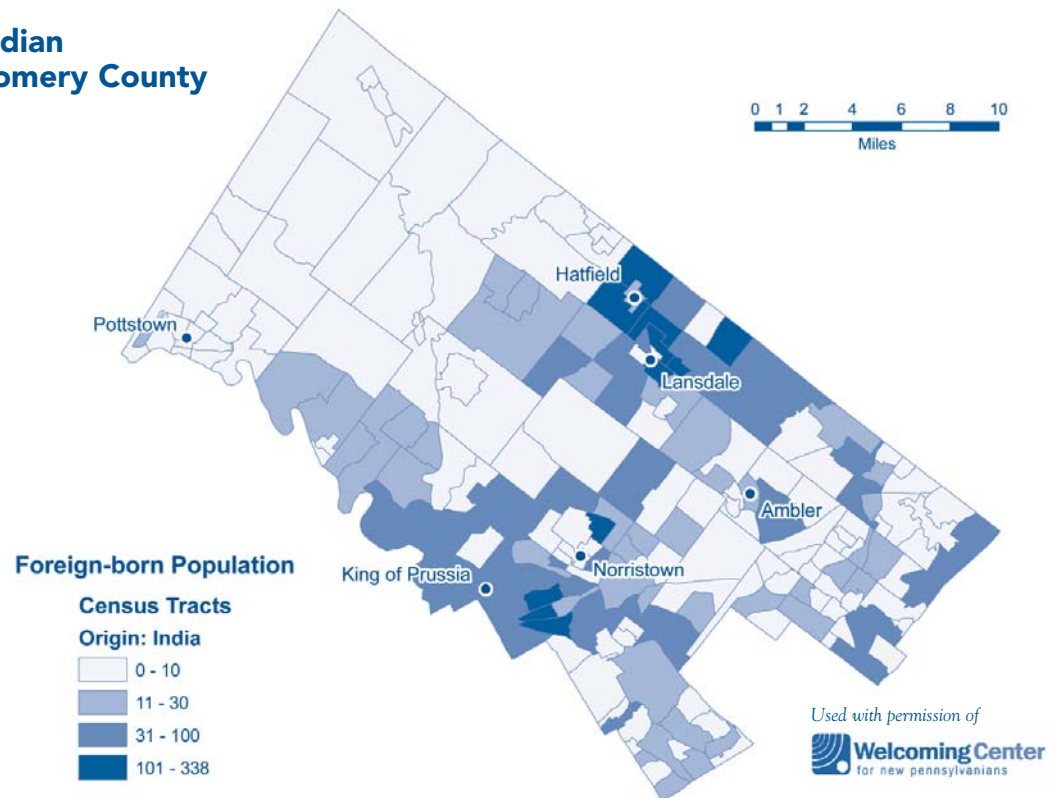
The 2000 Census data for Montgomery County, Pennsylvania reveals that there are 39,810 people of Asian descent in Montgomery County; of this number 9,482 are listed as Korean, and 8,658 as Asian Indians. The Pennsylvania Health Department reports that there are 9,097 Koreans and 8,171 Asian Indians in Montgomery County. While these numbers are a helpful starting point, they are outdated. The current numbers, as noted below, are difficult to ascertain. Some sense can be gained by looking at the following sources:

- School district data
- Publications for specific populations
- Religious congregations
- Culturally-specific businesses

Census and School District Population Data

Although the intention throughout the North Penn Needs Assessment Project has been to provide disaggregated data, in many instances this has not been possible. Because entities that collect such statistics and demographic data do not collect it in a disaggregated manner, this information is either unavailable or available only through inference and estimate.

Distribution of the Indian Population in Montgomery County



For example, the North Penn School District (as is the case for every school district), does not maintain student census data by specific nationality, because it is not required by U.S. and Pennsylvania law. Thus, North Penn School District's student enrollment for 2005, notes that 14 percent of its student population is Asian/Pacific Islander. Similarly, Souderton School District reports that 3.9 percent of its enrollment is Asian/Pacific Islander, and 12.3 percent of the Wissahickon School District student population is reported as Asian/Pacific Islander. The U.S. Census Bureau has a different nationality/ethnicity census notation system, and in its American Community Survey 2005 estimate of the North Penn School District, reports that the 2005 Korean population within the district (not student enrollment) is 2,875 and 3,394 for Asian Indians.

In an attempt to isolate and disaggregate the number of Asian Indians and Korean students enrolled in the North Penn School District, the author obtained data from *Student Reported Home Language* for the English as a Second Language Program. Unfortunately, it was not possible to obtain similar data from either the Souderton or Wissahickon School Districts. North Penn data indicates the home language of students as follows:

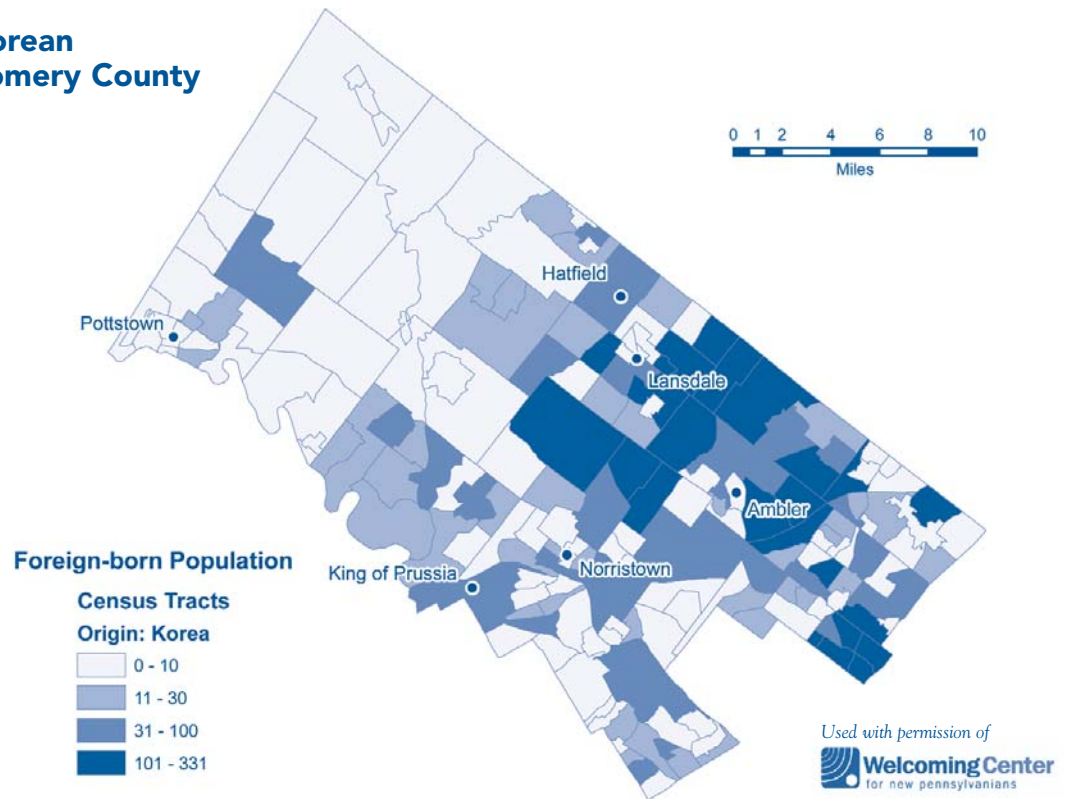
Enrollment by Various Indian Home Languages Reported by North Penn School District²	Number of Students
Bengali	252
Gujarati	229
Hindi	25
Kannada	4
Malayalam	8
Marathi	7
Tamil	7
Telugu	8
Urdu	14
Total Various Indian Languages	554
Enrollment by Korean as Home Language	
Korean	335

Undercounting the Korean and Indian Populations

Determining an accurate count of Koreans and Asian Indians in the North Penn area is unlikely. One cause is undercounting; the presence undocumented and illegal Korean and Asian residents in the U.S. makes accuracy difficult. Furthermore, while forms for the 2000 Census were available in several Asian languages, there could be an undercount of people whose native language or dialect is not represented. (Srinivasan, 2000). Some in the Korean community estimate that there may have been a 50 percent undercount of Koreans in the 2000 Census. (Korean American History—Online Resources). Even among legal and documented residents, a fear of being visible results in many immigrants avoiding the census process. In addition, the number of students attending colleges and universities are frequently not included in the official numbers. For example, India is the leading place of origin for international students studying in the U.S. In 2005-06, there were 76,503 Indian students in the U.S.; of this number, 3,314 were in the Philadelphia area. Not far behind is the number of Korean students, who constitute the third largest number of foreign students in the U.S.; presently there are 2,214 Korean students studying in the Philadelphia area. (Open Doors, 2006). In addition, relatives of citizens and green card holders, when they visit the U.S., even for extended periods of time, are not included in census counts. (Many seniors fit into this category.) The number of Koreans and Asian Indians utilized for reporting purposes is most likely, much lower than the real number of Koreans and Asian Indians actually living in the community.

² As of February 9, 2007; data run in special report for author.

Distribution of the Korean Population in Montgomery County



Source: U.S. Census Bureau; Census 2000, Summary File 3 (SF3)

Publications

Korean Newspapers and Magazines

Newspapers and magazines are another indicator of the size of the Korean and Indian communities in our area. The local edition of the Korean newspaper, *Dong*, is free to readers and available at grocery stores or by subscription. The *Dong* prints 7,000 copies daily and 10,000 on weekends. In addition, there are other weekly Korean newspapers available as well. The *Dong* also prints a large telephone “yellow pages” type guide of Korean businesses and services.

Indian Newspapers and Magazines

There are no local Indian newspapers, but there are several national Indian papers and magazines, as well as a number of New York and New Jersey-based newspapers, available through North Penn retailers.

Religious Congregations

Korean Congregations

Christian. There are about 25 Korean Christian churches in the North Penn area. The majority of Koreans are Presbyterian and attend local Korean Presbyterian churches. However, there are Korean Methodist, Evangelical, and nondenominational churches. Korean Catholics, while few in number, either attend local North Penn Catholic parishes or churches in Cheltenham or Philadelphia. Many of the local Korean Presbyterian churches are small and have congregations with as few as eighty members. Most seem to have a membership of 150 to 450 members. An exception is the Yuong Sang



Presbyterian Church located in Horsham, which has two thousand registered members, not including an additional one thousand children and youth. The church notes that on any given Sunday, up to 1,200 adults and children are in attendance.³ Most Korean churches provide a variety of Korean cultural classes for children and adults. Some churches offer English as a Second Language, and a variety of social activities to their members.

Buddhist. Some Koreans from the North Penn area are Buddhists and attend the Won Korean Buddhist Center in Glenside.

Indian Congregations

Hindu Temples. There are two local Hindu temples in the North Penn area. The Bharatiya Temple in Montgomeryville opened in 2004 and now reports it has one thousand members. North Penn's Indian community is very diverse and is comprised of people from many different Indian states and regions; people often speak different languages and although they may be Hindu, they have a variety of religious traditions and often worship quite differently. The intent of Bharatiya is to serve a broad section of the Hindu population by creating a multideity temple that honors a variety of regional differences. In addition to religious services, the temple serves as a cultural center and offers a variety of classes for youth as well as for adults.

The second Hindu temple, known as the Swami ShriNarayan Mandir, is located in Hatfield and started in 2003 by renting space from a local fire hall. They have since built their own temple and will soon be putting on an addition. Most of the temple members are from the state of Gujarat and religious services are held in Gujarati. The temple has 120 regular members but on special occasions up to five hundred people will attend. In addition to their regular worship service, religious, language, and cultural classes are held for children and adults. A great emphasis is placed on service to others. The temple, though independent, is affiliated with a larger movement and parent organization in India, which has similar Swami ShriNarayan Mandir temples in New Jersey, Long Island, Chicago, London, and other locations.

Muslims. In addition to the two Hindu temples, the North Penn Mosque is home to a growing Muslim community, including some Muslims from India (as well as from Pakistan and other countries). Although about 13 percent of India's population is Muslim, there are not very many Indian Muslims in the North Penn area. There is however, a sizable number of Bangladeshis in the North Penn area. Although there are some cultural similarities among Indians and Bangladeshis, since both are from the Indian subcontinent, this report focuses on the Indian and Korean communities.

Christians. The small number of North Penn Indian Christians (two percent of India's population is Christian) do not have a local Indian Christian church, and thus attend other Christian churches, either locally or elsewhere.

³ Though Horsham is not part of the North Penn community, many of the church's parishioners live in North Penn.

Sikhs. Although 2 percent of India's population is Sikh, Sikhs are most likely to settle in Philadelphia and in Delaware County's Upper Darby/Millbourne area. In its 2005 *Religious Diversity Report in Philadelphia*, Harvard's Pluralism Project notes that Indians now constitute almost 63 percent of Millbourne's current estimated population of 994, with Sikhs as the largest subgroup, constituting possibly 80 percent of the Indian majority. (Young, J. 2005). According to the Guru Nanak Sikh Society of Lehigh Valley, there is also a sizable Sikh community in the Lehigh Valley, consisting of about three hundred families. (Guru Nanak Sikh Society of Lehigh Valley).

Businesses and Cultural Activities



Korean Businesses

Assi Plaza, a very large Korean-owned supermarket and food court, opened in the Lansdale area several years ago and has expanded its customer base by offering a full selection of Asian, Latino, and American products. Several visits to this store indicate that it is quite busy on a regular basis with Korean and non-Korean customers. There are several other Korean stores and other Korean businesses in the area as well. These indicate that the Korean population is becoming an important segment of the North Penn community.



Indian Businesses

An indicator of the increasing presence of Asian Indians in the North Penn area is the fact that there are now at least ten Indian and South Asian grocery stores which provide a full line of Indian vegetables, snack foods, spices, and basic food ingredients to this growing population. South Asians own approximately one-third of the nation's convenience stores, and this phenomenon is manifested in the North Penn area as well. Additionally, one screen of an area multiplex is dedicated to showing Indian movies on a regular basis. (Melwani, 2007).

Needs Assessment Methodology

The needs assessment evolved through continuing discussions with the funder, North Penn Community Health Foundation, about ways the community might better serve the growing Korean and Asian Indian populations. After identifying the key question (noted earlier), the author used the following steps to prepare to write this report:

- Preliminary review of the literature
- Identification of key community contacts
- Outreach to key contacts
- Unstructured interviews
- Extensive literature review
- Other information sources
- Analysis of interview content

Preliminary Literature Review

A preliminary literature review was conducted which provided the initial framework and listing of problems and unmet needs facing the Korean and Asian Indian population in the United States. This initial review helped shape the direction of the North Penn Korean and Asian Indian Needs Assessment Project.

Identification of Key Community Contacts

The network of contacts and interviewees developed for this project arose in the following manner. Initial lists of organizations and associated individuals in the Korean and Asian Indian communities were generated. These lists included: 1) a list of North Penn area Korean churches with names of pastors; 2) a list of North Penn area Hindu temples with contact names; 3) a list of Korean and Asian Indian organizations with contact names. These initial contacts were asked to suggest other individuals appropriate for the project. This ongoing development of the list of other Korean and Asian Indian individuals with an interest in, involvement, and knowledge of North Penn became part of the actual interview process with all interviewees. (That is, the author asked, “Do you know of anyone else who is familiar with and knowledgeable about the issues that we have been discussing and would be interested and willing talk with me about the unmet needs in your community?”) The researcher felt that this was more efficient and productive in developing a diverse and nuanced look at the two communities than simply “cold calling” names on a list. Additionally, several Korean and Asian Indian volunteers were recruited who helped with some of the initial calls and assisted with interpretation in some interviews.

Outreach to Key Community Contacts

Calls were made to contacts utilizing three approaches: cold calling, calls using the name of the individual through whom they were referred, and calls made by a native speaker to set the stage, make an introduction, or actually arrange a time for the interview.

Interviewing Key Contacts

Based on the need and convenience for each interviewee, a time and location was arranged for the interview. The interviews were held in a variety of community locations, including several Korean churches, Hindu temples, homes of interviewees, Korean social service agencies, places of business of interviewees, Family Services’ offices, and Starbucks. All individuals were interviewed face-to-face, with the exception of two interviewees, who were interviewed telephonically because their schedules were quite difficult to work around. Interviews lasted between one and two hours. In a few situations in

which additional clarification of some issue was needed, a brief follow-up telephone call occurred.



The actual interview did not utilize an interview form or set of questions. Rather, the interview was conversational and quite informal. The initial phase of the interview process included an explanation of how the Needs Assessment Project came into being, the role of Family Services, the role and interest of the North Penn Community Health Foundation (the source of funding for the project), the possibility of future programs and services for the Korean and Asian Indian communities, the need for ongoing contact and collaboration with these communities, and so forth. Each individual was asked about the situation in their particular community, and about the needs and problems they saw as the greatest priorities in their community. Most respondents readily expounded on the basic open-ended questions. During the course of the conversation, the interviewer asked additional questions, such as what additional problems and needs were they aware of relative to their particular community? At times the interviewer asked some prompting questions such as: What are the needs and problems of seniors? Younger people? Are there any special needs or problems with regard to drugs or alcohol? How about discrimination towards the people of your community? What doctors or hospitals do people use? Are there particular health problems your community needs to deal with? Are you aware of issues related to domestic violence, mental health, depression, poverty? The interviewer drew questions from the course of the conversation, from information gained at previous interviews, and from a review of the literature, probing at times when information was not volunteered in response to open-ended questions. Interviewees were free to answer questions or not, and were encouraged to embellish on their initial response if they chose. Each interviewee was asked to provide other names and contacts for the project and was asked if their name could be used as an introduction. They were also asked if they knew anyone interested in volunteering with a social service agency, and whether they were interested in finding out more about the results of the project when it was completed.

Extensive Literature Review

Following the preliminary literature review and upon completion of the first few interviews, a more extensive review of the professional research literature and the popular mass media was conducted. This process served to provide the researcher with greater familiarity and depth of understanding about the concerns and issues facing the Korean and Asian Indian communities. The literature review also helped to identify areas that have been researched and areas still in need of further exploration. This review assisted the researcher to more knowledgeably engage in the interview conversations which were to become the foundation and core of the recommendations contained in this report.

Other Informational Interviews and Contacts

In addition to the interviews that were conducted with key contacts in the Korean and Asian Indian community, telephone conversations, informational meetings, and other formal and informal meetings were held with representatives of the North Penn School District; Korean ESL students at the Indian Valley Opportunity Center; area Korean high school students; the Facilitator of the American Cancer Society's Asian Advisory Council; the Administrator of Gwynedd Square Nursing Home (a local nursing home serving Korean seniors for several years); the Executive Director of CHAI (Counselors Helping (South) Asian/Indians, Inc.), a Baltimore-based service and advocacy organization; professional colleagues who are members of SAPNA (South Asian Psychological Networking Association); South Asian Mental Health Awareness in New Jersey (SAMHAJ);

South Asian Health Project in New Jersey; as well as with academic researchers and authors of books and articles dealing with issues impacting the Korean and Asian Indian community. These additional conversations helped inform the needs assessment process, provided additional information about the target populations, and garnered advice for carrying out the project.

Analysis of Interview Contents

After completing each interview, the interviewer transcribed a narrative summary from handwritten notes made during the interview. Transcribed interviews contained basic demographic and personal data, selected direct quotations, and salient paraphrased statements made by the informant during the interview. These transcriptions were used to identify the needs, problems, and challenges that each informant thought to be of sufficient importance to bring to the attention of the interviewer.

After completing all forty interviews and transcriptions, analysis of the patterns related to the themes, needs, and problems was conducted. The analysis of these patterns was a multistep process. The investigator reviewed each interview and extracted a list of problems and needs. These were merged into a separate master list of all problems and needs identified by any informant. Next, the master list was categorized into problem and needs domains, which were joined into larger coherent conceptual units. For example, specific health conditions such as heart disease and cancer were grouped together into the general category of health and medical concerns. Similarly, items that are typically linked and often co-occur were joined into larger groups: cigarette smoking, alcohol, and substance abuse were joined into one group, and domestic violence, marital violence, and child abuse were joined into another group.

This process yielded a master list of 14 problems and unmet needs that were distilled from the informant interviews. To tally the number of informants concerned about each of these 14 problems and needs, the interviewer made two subsequent reviews of the interview transcripts, noting when each informant mentioned each item. Counts of informants concerned about each problem and need within his or her community were transformed into percentages of informants from that community, the results of which are shown in the graphs on pages 24-25, Areas of Concern.

About the Interview Participants

A total of forty individuals were interviewed for the Needs Assessment Project: 19 Asian Indian individuals and 21 Koreans.

Within the Korean interviewee cohort, 11 were male and 10 were female. Most were first generation Korean Americans; others in the “1.5 generation”⁴ came to the U.S. in their teens or earlier. No one in the Korean cohort was born in the U.S. Although interviewees were not asked their religion, most identified themselves as Christian, and two identified themselves as Buddhists.

In the Asian Indian cohort, 10 were male and 9 were female. Similarly, most of the Asian Indians came to the U.S. as young or mature adults, and a few came to the U.S. with their parents as teens or younger. One individual in the Asian Indian cohort was born in the U.S. Most Asian Indians identified themselves as Hindu; two as Christians and one as Buddhist.

A total of forty individuals were interviewed for the Needs Assessment Project: 19 Asian Indian individuals and 21 Koreans.

⁴ The phrase “1.5 generation” or “Il-chom ose” (in Korean) is used in Korean daily life (and in academic literature) to describe the Korean foreign-born generation who immigrated to the United States when they were young, before adolescence or adulthood. While similar in many ways, they are different from the second and third generation, (Ise and Samse) who were born in the U.S., but are also different from the first generation immigrants (Ilse) (Koh, H.-C. 2003).

The chart below shows the occupation and gender of the interviewees.

Korean and Asian Indian Needs Assessment Interviewees Occupation and Gender					
	Korean Male	Korean Female	Indian Male	Indian Female	Total by Occupation
Health Care Professional (MD, Nurse, Family Therapist)	2	1	1	2	6
Pastor or Temple Priest	5		1		6
Social Services (Agency Director, Coordinator, Social Worker)	1	6		1	8
Martial Arts Instructor	1				1
Educator (Principal, Teacher, University Professor)	1	1		1	3
Retired		1	1	1	3
Student		1			1
Discrimination Consultant	1				1
Business Owner			3		3
Engineer/Scientist (Chemist, IT Professional, Engineer)			4	2	6
Attorney				1	1
Realtor				1	1
Total	11	10	10	9	40



Limitations of This Report

Myth of the Model Minority

First coined in 1966, the term “model minority” was used by William Peterson in an article entitled “Success Story: Japanese American Style.” Peterson’s view of the Japanese was that they were intelligent, law-abiding, with a strong sense of pride and a compelling respect for authority, and thus were “better than any other group in our society.” (Peterson, 2006).

Thus, the myth of the “model minority” was born. It was not long thereafter that similar attributions were made about other Asian populations. Asians were now seen as hard-working immigrants who pulled themselves up by their bootstraps and were living the “American Dream.” (Searching for Asian America—Beyond the Model Minority Myth, PBS, 2007).

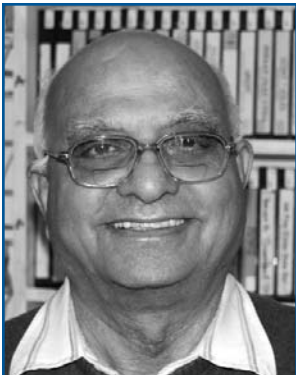
Over the years, this view has developed into the very essence of a stereotype; albeit “seemingly” positive in some ways. However, it is ultimately quite harmful, damaging, and divisive to Asians, other racial and ethnic groups, as well as to mainstream American society. Unfortunately, the “model minority” myth has come to be perceived as a reality among many, including the Asian community, which is quite willing to be seen as the successful minority. (Wong and Halgin, 2006).

Although some may view this stereotypic portrayal as positive, it nevertheless fails to recognize the diversity of Asian Americans and the challenges and difficulties that many face. The myth, while persistent, has evolved into “a more pernicious variant that spotlights ambitious individuals capable of enormous upward mobility and allows us to turn a blind eye to the large number of ethnic group members who remain mired at the bottom.” (PBS, 2007).

How Aggregated Data Paints a False Picture

It is easy to be deceived into believing that the myth is real. If we look at certain aggregated data about Asians in the U.S., one can easily see that among Asians there is considerable academic success at the high school level and in college. Ivy League schools abound with Asian students who are scoring high on SAT exams and who are exhibiting academic prowess in many fields, especially in mathematics and science. Similarly, it is notable that some Asian groups have been very successful with regard to business and consequently are very well-off financially. Likewise, the high rates of divorce and single parenthood that is relatively common within the larger white society and among African Americans show up at much lower rates among many Asian populations.⁵ Aggregated data that groups and summarizes all Asians into one statistical category lends itself to misinterpretation and easily helps to perpetuate the myth of the model minority.

By aggregating and grouping together all Asians into one census category, and then reporting on this data, we contribute to a fiction that reveals only a small part of reality. Asians are an extremely diverse group of people, originating from almost fifty different countries and representing over one hundred languages and major dialects. Each group possesses a distinct culture, history, and immigration pattern that defies easy categorization or generalization. (Diverse Communities, 2004).



Some practical examples of how this diversity gets lost through aggregation are the following:

- The divorce rate among Asian Indians is 3.3 percent, less than half the 7.1 percent divorce rate among Japanese.
- 56 percent of Filipinos came to the U.S. before 1990, while only 37 percent of Asian Indians arrived before 1990.
- 32.1 percent of the foreign-born Japanese came to the U.S. after 2000, but only 16.6 percent of Koreans arrived after 2000.
- 6.6 percent of Japanese have less than a high school education, while 30 percent of Vietnamese do not have a high school diploma.
- 67.9 percent of Asian Indians have a college degree or higher, while only 23.5 percent of Vietnamese have a college degree or higher.
- 29.2 percent of Vietnamese work in a management position, half as many as Asian Indians (60.6 percent).
- The median household income of Asian Indians was significantly higher (\$68,771), than the median household income for Vietnamese (\$5,980).
- The poverty rate for Koreans (19.9 percent) is close to three times the rate of Filipinos (5.2 percent). (The American Community Survey Report - Asians: 2004).

⁵ About 45 percent of Asians are employed in management, professional, and related occupations, compared with 34 percent of the total population. (38.7 percent of Koreans and 60 percent Asian Indians are employed in the management and professional category.) Asians are less likely to be divorced when compared to the total population (4.2 percent as contrasted with 9.2 percent) (Reeves and Bennet, 2004).

The list goes on, across many indicators and in many areas including health, family life, crime, income, employment, and more. There is a considerable amount of diversity within the Asian population that is ignored, glossed over, or hidden when aggregated Asian data is utilized. Within each nationality subgroup there are considerable variations. Thus, even among Asian Indians, who are arguably the most financial and educationally successful “model minority,” there is a hidden minority within. (C.N. Le, 2008). “What about the thousands who toil unsuccessfully at menial jobs, the stifled homemakers, the elderly who feel like they are existing in a gilded cage, the survivors of domestic violence, the teens who run amok with drugs in their pockets, and the licentious young adults?” Yet, while all of these are an increasing statistic of the Asian Indian scene in the American scene, they somehow stealthily get swept under the rug like some insignificant irritant. (Kirtikar, 2006).

Data Risks

When data about any large, disparate group are aggregated (combined), the numbers can lead quickly to mistaken assumptions. Asians are an extremely diverse group of people, originating from almost fifty different countries and representing over one hundred languages and major dialects. Each group possesses a distinct culture, history, and immigration pattern that defies categorization or generalization. (Diverse Communities, 2004).

When all the data is aggregated into one, it tells us virtually nothing about any distinct subset. For example, viewed in aggregation, Asians seem to be rising in the ranks of managers in the U.S. But disaggregate the data and you get a different picture: 29.2 percent of Vietnamese work in a management position, half as many as Asian Indians (60.6 percent). But even those numbers are subject to question. Which Vietnamese? Which Asian Indians? How long have they been in the U.S.? What was their background before arriving?

The numbers can serve as a starting point to ask questions and gain more information that can help in the development of services for various needs. But they are at best unreliable as descriptors of groups, and they should never be used to form judgments about individuals.

Other Limitations of This Report

The problems of aggregated data are just one of the limitations of a report such as this. Three others need to be mentioned. First, the researcher, who also did the interviewing, was not fluent in the language or cultural nuances of the interview subjects. This placed limits on his capacity to interview contacts and fully understand the nuances of the information he was given. Second is that the numbers in this report are based on a limited number of interview subjects, which can mislead the reader. The third is that needs assessments, by definition, look at the problems in a community and miss its inherent strengths.

How Numbers Can Mislead

We are conditioned to see numbers as facts, while being more skeptical of words. When we see a “fact” such as “50 percent of attendees of this workshop reported that it was the best they’d ever attended,” we are impressed. But if we learn that only two people attended the workshop, and one hated it and the other loved it, we realize that the 50 percent number is not a trustworthy “fact.”

This report uses numbers drawn from multiple sources. First and most important are interviews with forty key contacts within the Korean (21 contacts) and Asian Indian (19 contacts) communities. These contacts are not random members of the community, but

people known as leaders to the researcher, and who were available for discussions. When this report notes that 38 percent of the Korean interviewees felt that “xyz was an issue in the community,” that really means that of the 21 people interviewed, eight felt that xyz was an issue.

It would be a mistake for any reader of this report to assume that “38 percent” is representative of the community. The percentage is simply a shorthand way of describing how many of the sources commented on the particular problem. This helps readers see that there may be a need for xyz in the community: When eight leaders in the community see an unmet need, reasonable service providers can deduce that there is something going on worthy of further exploration. However, they should keep in mind that the leaders may have been influenced by the day’s news, or that a different set of leaders might have provided a differing number. These numbers should be used only as a rough gauge.

Other numbers, additional data, and various references to national and local studies contained in this report were gathered from extensive research into professional journals and public media. Although such data pertains primarily to other Korean and Asian Indian communities throughout the United States, readers of this report can use the information to inform their thoughts on the needs in North Penn—just as they would look around to see how other communities are identifying ways to improve life. However, the reader is once again cautioned that reports and studies conducted in other locations may not be applicable to the local situation and should not be taken as “facts” about life for Asian Indians and Koreans living in North Penn.

The Trouble with Needs Assessments

The second major limitation in this report is that it is a needs assessment. By design, needs assessments uncover problems and overlook strengths. There is a risk that the reader will come away thinking of North Penn’s Korean and Asian Indian communities as deeply troubled by 14 unmet needs. That’s as much a mistake as the stereotype earlier described in the myth of the model minority. The growth in businesses, the establishment of churches and temples, and the organizations birthed by these communities reveal impressive strengths. Clearly, the Korean and Asian Indian people in North Penn are assembling the resources and leaders to thrive. They are neither “model” nor “deeply troubled.” Like all groups of people everywhere, they have strengths and they have challenges.

So, as the reader examines the 14 challenges uncovered in this report, the author hopes he or she will keep in mind that these are only facets of the communities—not the whole story.

The Fourteen Challenges

We were able to identify 14 themes—basic problem areas or unmet need faced by the Korean and Asian Indian populations in the North Penn community. These are:

1. Concerns of the Elderly
2. Mental Health Issues
3. Domestic Violence and Child Abuse
4. Discrimination, Lack of Power, and Lack of Trust
5. Health and Medical Issues
6. Health Insurance Issues
7. Immigration Concerns
8. Intragroup Conflict
9. Lack of Awareness of Community Services
10. Language Issues
11. Generational Conflict
12. Poverty
13. Substance Abuse and Addiction Problems
14. Transportation Problems

This section of the report provides information on each of these themes. Because this needs assessment was developed to inform the planning of those who provide social services for the North Penn community (regardless of the target population), the author has organized the themes by social service need and then by the specific needs within the Korean and Asian Indian communities. Note that the information could have been divided into sections on each community. The author felt the division used here would help various providers have better access to the material—a sensible choice given the goal of this report. A risk with this approach is that it can cause readers to compare one group to another. This is not the author's intent.

The chart, Important Issues and Areas of Concern by Ethnic Group—North Penn, pages 24 and 25, shows the relative importance for each challenge as reported by the interviewees. When viewing the chart, keep in mind the limitations of the research methodology, described in the previous section of this report.

Suggestions to Strengthen the Community

As the author interviewed community members and researched various issues, he collected a number of recommendations and suggestions for ways to build on the considerable strengths to be found in North Penn’s Korean and Asian Indian communities. All of these recommendations are listed at the back of this report, in the section titled “Recommendations” (page 74). They are also provided in sidebars throughout the report, in the areas where they are most relevant.

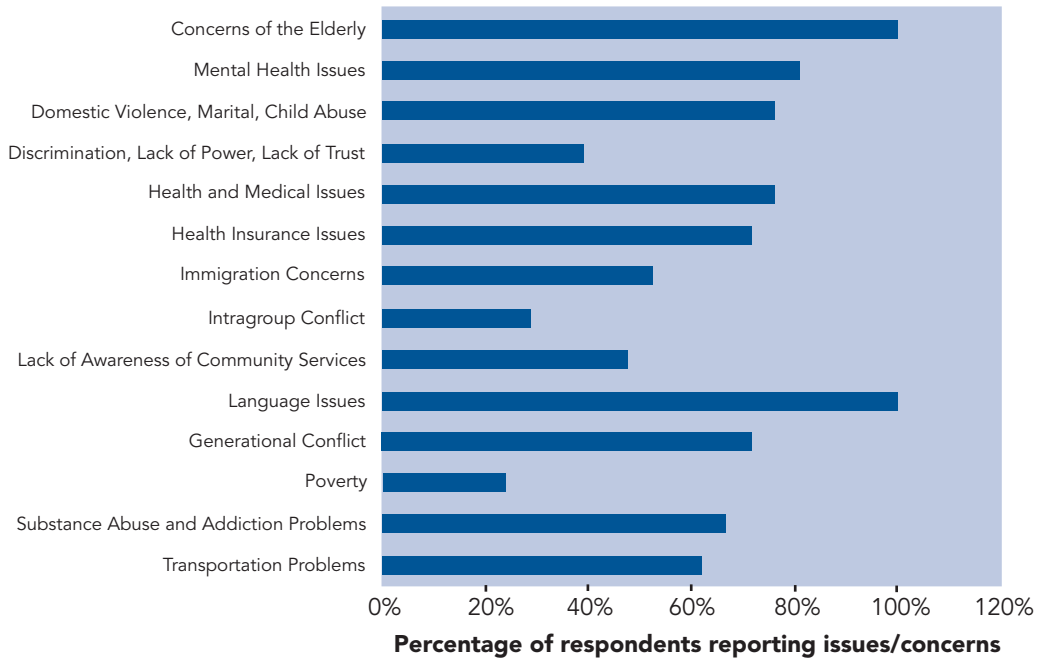
Below are several suggestions that cut across many of the concerns addressed in this report.

- Convene a “Meet the Funders” forum for Korean and Asian Indian community leaders to explain government and other funding and how to apply.
- Create opportunities to offer culturally competent services, such as an Asian Services Center.
- Provide space and collocate existing Korean and Asian Indian social services (domestic violence, family counseling, health care, and senior services), within existing North Penn area established social service and health care centers.
- Expand opportunities for existing Korean and Asian Indian agencies to collaborate to serve North Penn communities.

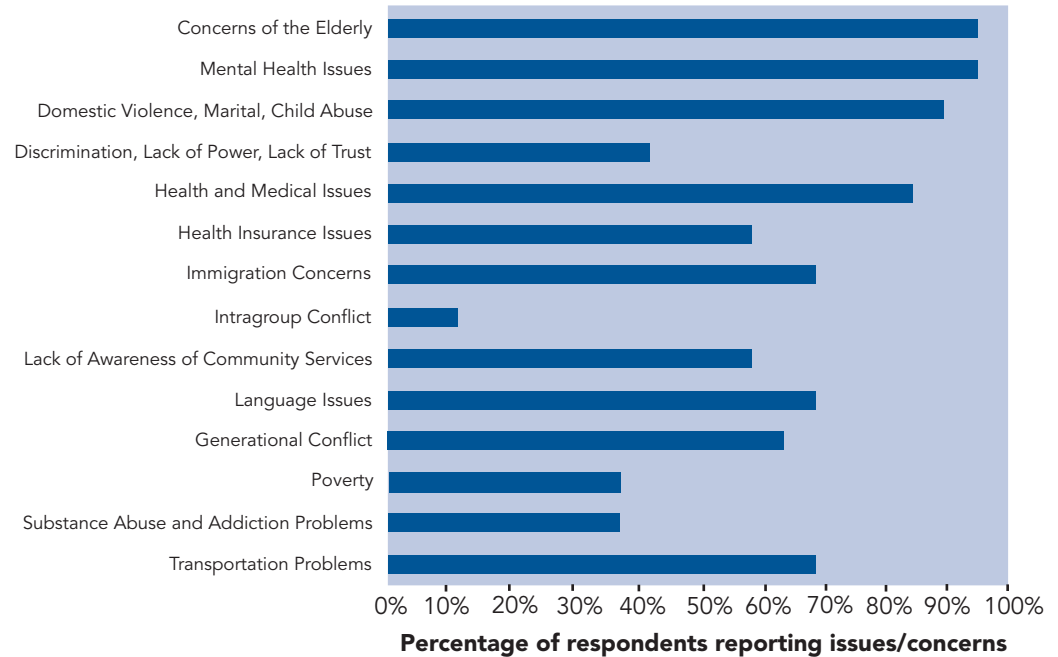
You will find the rest of the suggestions in similar sidebars as you read.

Areas of Concern

Important Issues and Areas of Concern Experienced by the Korean Community (N=21)



Important Issues and Areas of Concern Experienced by the Asian Indian Community (N=19)



1a. Concerns of Elderly Koreans

Comments from Key Contacts

All of those interviewed for the Needs Assessment Project identified the elderly as having needs that were unmet and problems that were seen as a high priority to resolve. The following are some sample comments made by individuals during the interview process⁶:

- Koreans try to take care of their parents and elderly grandparents at home.
- Caregivers of the elderly who are living at home, as well as in nursing homes, experience a lot of stress.
- “Seniors in nursing homes are very lonely because no one has much time to visit them and staff can’t speak Korean.”
- Gwynedd Square Nursing Home has a very positive reputation in the Korean community because it has special services, Korean food, and Korean staff.
- There are many Koreans living in senior housing who have bonded with each other, and provide support to one another.
- Seniors living in the community are very lonely, bored, and isolated.
- Because families work so many hours they are not available for support or to take their parents places, and seniors feel very “unproductive, they just watch television or cook and clean their house.”
- The only outlet for seniors is their church.

⁶ Note: for these and future comments, direct quotes have quotation marks around them. Other comments are paraphrased from the original.

- Koreans seniors rely too much on their children; “they need to learn to not be so dependent.”
- A Korean senior adult day center program is needed.
- Someone should visit seniors in their homes to talk with them and be their friend.
- Good services for seniors are available in Philadelphia and Cheltenham, but seniors from North Penn have too difficult a time getting there.
- Seniors need more time socializing with each other; talking, exercising, playing games, watching videos, going to classes, going on day trips, having a Korean meal and having Korean speaking staff to help them and to translate some of their papers for them.
- “We need a senior center.”⁷
- Korean seniors would attend the regular senior center in the community if Korean programming and Korean staff were available.

Suggestions to Strengthen the Community

- Create a monthly, culturally and linguistically appropriate Korean seniors’ group to be located at an existing senior center.
- Korean churches and organizations need to collaboratively develop a single Korean senior center.
- Develop groups of Korean volunteers to provide friendly visiting and transportation for seniors.
- Convene a group of Korean leaders to plan and discuss elder services (caregivers’ needs, long-term care, adult day services, respite, homecare, language, transportation, and meals on wheels).
- Encourage funding for additional ESL classes, especially for seniors.

Problems and Needs of Elderly Koreans: A Review of Research and Literature

A review of the professional literature focusing on problems impacting Korean seniors reveals that there are a number of recurring themes with regard to Korean seniors and their health. The following are some brief descriptions of the research conclusions. Keep in mind, these are generic; their relevance to the Korean community in the North Penn region is unproven, though the literature provides useful background for the key contact comments.

Alzheimer’s Disease and Caregiving

Alzheimer’s disease creates unique problems for Koreans. Shame is attached to the individual with dementia as well as to the entire family; caregivers often experience “loss of face” if other members of the community think that the family has not provided adequate care for the elder. (Takeuchi, 1999). A Maryland Needs Assessment noted that family members of Korean seniors with dementia often try to hide these cases and feel ashamed to tell others. (Asian American Health Initiatives Community Needs Assessment, Focus Group Report, 2005). Insufficient attention has been paid to the issue of caregiving in the Korean community, especially about confusing expectations of filial piety. Caregivers need both emotional and practical support, yet they receive very little and often provide care much beyond their level of capacity without the use of formal (paid) caregiving services. (Han, 2006).

Health, Preventative Care, Herbal Medicine, Insurance, and Stress

In one study, 70 percent of Korean seniors were reported to be in fair or poor health; one third utilized alternative or herbal medical care; one third lacked health insurance; and more than a third reported high degrees of stress in their lives. The five most common

Shame is attached to the individual with dementia as well as to the entire family; caregivers often experience “loss of face” if other members of the community think that the family has not provided adequate care for the elder.

⁷ The need for a Korean senior center was voiced by almost all interviewees. However, when pastors voiced such a need, each thought that such a center should be located at their particular church.

illnesses reported by elderly Koreans in this study were hypertension, arthritis, cataracts, diabetes, and gout. Half of the Korean female seniors had never had a mammogram in their life. (Sohn, 2004). Because they often do not have a regular physician, and often lack health insurance, Korean seniors grossly underutilize ambulatory health care. (Shin, 2000). More than four times as many Korean elderly do not receive preventative and ongoing care for high blood pressure. (Kang, 2006). However, the availability of Korean-speaking physicians increased the likelihood of Korean seniors utilizing Western medicine. (Kim, 2002). A Johns Hopkins' Korean seniors project noted that most of those whom they serve do not speak English well enough to ask their physicians about their health concerns, and many do not know that they might qualify for Medicare/Medicaid. (Carlson, 2001). Korean elderly are at high risk for cardiovascular disease, type II diabetes, and hypertension as well as for hepatitis. Many elderly Koreans prefer traditional practices such as *Hanbang*.⁸ (Shin, 2001). Other studies show low utilization of long-term health and social services among Korean Americans. (Moon, 1998). Translation services for medical care, lack of knowledge about services, difficulties using public transportation, loneliness, depression, physical abuse, and mental abuse were identified in a 2001 needs assessment in California. (Lieser, 2001).

Culturally Familiar Environments

Many Korean seniors experience homesickness, and, because of their very limited control over their circumstances, seek a culturally familiar environment such a Korean church to pray and to socialize or a Korean senior center to be able to associate and speak with others who speak Korean. (Song, 2006).



1b. Concerns of Elderly Asian Indians

Comments from Key Contacts

Most of the Asian Indians who were interviewed for this project thought that Indian seniors had needs and problems that required attention. The following are some sample comments made by individuals during the interview process⁹:

- About one third of the Indian families in the community has a senior relative living with them or nearby.
- Indian seniors are “lonely and isolated” and stay at home because they do not drive.
- The elderly “do not have much to make their lives meaningful other than occasional visits to the temple.”
- Seniors do not have any outlets; they lack friends and spend too much time just by themselves.
- Seniors are “too passive” and fear going out into the wider world.
- They are very lonely, but they do not complain because they do not want to be a burden on their children.
- An “Indian seniors’ club with Indian programs and staff who speak Hindi or some of the other Indian languages would be very helpful.” It could be held in the regular community senior center if Indian programming, Indian food, and language were built into the program; otherwise Indian seniors would not feel comfortable attending because “Indian seniors do not mingle with non-Indians.”
- “Seniors need help to feel respected, active, and involved.”

⁸ *Hanbang* is a traditional Korean medical care in which illness is related to a disturbed state of ki, the cosmological vital energy. Treatment modalities include acupuncture, herbal medicines, moxibustion, and cupping. (Pang, 1989).

⁹ Note: for these and future comments, direct quotes have quotation marks around them. Other comments are paraphrased from the original.

- There should be some intergenerational program so that older people can teach classes to youth about Indian culture and language.
- Many Indian seniors come to the U.S. to be with their adult children and to help in raising their grandchildren; when the grandchildren are grown and go off to school, the seniors do not have anything to do.
- Seniors are not respected and conflicts can arise between a mother-in-law and a daughter-in-law; that is when you have a possibility of emotional or physical abuse of the seniors.
- Adult children of seniors feel duty bound to meet the needs of their elderly parents; they take them wherever they need to go and as a result add to the stress they already have in their own lives.
- The medical and health needs of seniors are a problem. Things are made worse by not having insurance, by language barriers, and the lack of transportation; and they also do not know how to apply for benefits.

Suggestions to Strengthen the Community

- Create a monthly, culturally and linguistically appropriate Asian Indian seniors' group to be located at an existing senior center.
- Hindu temples and Asian Indian organizations need to collaboratively develop a single Indian senior center.
- Develop groups of Asian Indian volunteers to provide friendly visiting and transportation for seniors.
- Convene a group of Asian Indian leaders to discuss and plan elder services (caregivers' needs, long term care, adult day services, respite, homecare, language, transportation, and meals on wheels).
- Encourage funding for additional ESL classes, especially for seniors.

Problems and Needs of Elderly Asian Indians: A Review of Research and Literature

A review of the professional and popular media regarding issues impacting Asian Indian elderly indicate that the elderly comprise about between 4.5 percent and 10 percent of the Asian Indian population in the U.S. (American Community Survey-Asians, 2004); (A Brown Paper SAPHA, 2002).

The lives of most Indian elderly revolve around their families because they are not yet comfortable or familiar with how American society functions.

Joint Family, Loneliness, and Isolation

The lives of most Indian elderly revolve around their families because they are not yet comfortable or familiar with how American society functions. It is too difficult for them to manage on their own without the required skills and knowledge; most elderly individuals reside with their children, relying on them for financial and emotional support. (Vanya, 2005). In many cases the elderly do not lead lives of great comfort, are often made to feel unwanted, and are at times shuffled among their off-spring on a rotating basis. Many families that have elderly parents often experience conflict regarding who is responsible for the elderly parent. Frequently such conflicts are based on economic problems. (Vanya, 2005). The elderly often feel forsaken, bereft of company, and deprived of the household and community chatter that they were used to back in India. They lack basic English language skills and do not drive, adding to a great sense of alienation; they cannot even mix with their neighbors. The sense of joint family and community they knew in India does not exist in the U.S. Seniors who are expected to be babysitters and unpaid help in the home of a son or daughter often feel like second-class citizens. Often it is the daughter-in-law who experiences great stress in the role of caregiver for a parent-in-law who expects her to fulfill all of his or her social and emotional needs. (Rangarajan, 1999).

Financial Dependence

Older Asian Indian immigrants are often financially dependent on their children. They face the challenges of a culturally different society, such as a language barrier, culture mismatch, new lifestyle factors, and role reversal. (Alagiakrishnan, 2001).

Changing Views about the Elderly and Nursing Homes

Although there is great reluctance to do so, the likelihood that a caregiver will decide to place an elderly parent (or in-law) in a nursing home increases with caregiver burden and with the level of confusion on the part of the senior. (Gupta, 2002).

Unmet Needs of Seniors and Caregivers

The top priorities of Asian Indian seniors noted in other locations include: transportation, healthcare, Medicare information, loneliness, the need to be needed, and language barriers. The priorities of Asian Indian caregivers include caregiving impact on family finances, impact on work schedule, lack of assistance by extended family, sense of entrapment, burden felt by daughters and daughters-in-law. (A Brown Paper SAPHA, 2002). Late-life immigrants have a hard time adapting to the U.S. way of life and have problems with language, communication barriers, transportation, limited financial support, family conflict, lack of awareness of programs, unfilled free time, loneliness, lack of a social network, lack of respect for the elderly, lack of knowledge and information as to how to determine eligibility for services, and lack of leadership to deal with these issues. (National Indo-American Association for Senior Citizens).

2a. Mental Health Issues in the Korean Community

Comments from Key Contacts

Most (81 percent) Korean interviewees thought that mental health was a concern in the Korean community. The following is a sampling of some of the comments informants made regarding this issue:

- We have a lot of people with mental health problems who do not get any mental health assessment and as a result are undiagnosed.
- Problems of “self-esteem,” “identity,” “fitting in,” and “trying to be successful” are the causes of mental health problems for many Koreans.
- People in the Korean community have problems with “stress” that is made worse by problems with family and couples communication.
- Children and teens have emotional problems because of absent fathers and could use “some type of extra help.”
- “Depression and anxiety are problems for parents as well as children.”
- Mental health problems for Koreans are substantial and the need for counseling and emotional support is “enormous.”
- It was pointed out by more than a few interviewees that the main deterrent for getting help was the “shame and stigma” attached to it.
- If mental health or counseling help were referred to as something else, such as stress reduction or bereavement support, more people would use such a service.
- Many parents do not understand the importance of emotional and psychological development of children and could benefit from education in this area.
- The Jaisohn Center is very good for this type of problem, but they are not close.
- Churches try to help with mental health but “our pastors do not get any mental health training.”
- Mental health services for Koreans in Korean are not available locally and “the only Korean speaking psychiatrist is in Doylestown.”



Suggestions to Strengthen the Community

- Employ a culturally and linguistically competent case manager for outreach, information and referral, service navigation, friendly visiting, and basic social work.
- Employ a culturally and linguistically competent counselor for mental health outreach to the Korean community.
- Develop a culturally and linguistically competent family and marriage counseling approach that is consistent with Korean values and traditions.
- Sponsor a conference and specialized training on mental health issues in the Korean community for social service providers and educators.
- Encourage Korean organizations and religious institutions to make mental health education a priority.

Mental Health Issues in the Korean Community: A Review of Research and Literature

A review of the professional literature on mental health concerns impacting Koreans in the U.S. reveals a number of recurring themes. The following are brief descriptions of a few of these themes.

Stigma

“If you have a person in the family with a mental disorder, then your whole family is damned.” (Shute, 2007).

Education

Korean Americans with higher levels of education indicated more positive attitudes about securing professional mental health assistance. (Yi, 2005).

Depression and Suicide

A study of Asian American adult populations indicated that Koreans exhibited the highest depression scores when compared with those of other Asian Americans. (Chou and Bae, 2005). A high rate of suicide among Koreans (in a Hawaiian study) was similarly noted by Simon and Hales in *The American Psychiatric Publishing Textbook of Suicide Assessment and Management*, and a Korean study indicated that Korean women disproportionately experience elevated levels of depression that may be related to social pressures to conform to traditional roles. (Shin, Shin, Park, and Yi, 2004). More generally, Asian American women demonstrate a high rate of suicide when compared with women of other ethnicities. These women tend to ignore or deny stress, depression and other mental health problems. They are “expected to listen to their parents, to do well in school, not to ask questions and not to talk back.” The default Asian coping mechanism is denial. (Hardin, 2007).

A Culturally Relevant Approach to Mental Health Therapy

The prevalence of mental illness among Koreans is poorly documented. Koreans have lower admission rates to psychiatric treatment and make less use of mental health services. However, this is likely due to lack of knowledge of existing services, unfamiliarity with treatment, and the failure on the part of providers to offer culturally relevant services. The Korean culture does not have the same definition of mental illness as the one used in the American culture. (Shin, 2002). Koreans experience body and mind as a unitary system and tend to communicate the distress of loss, cultural adjustment, and family and social changes through somatic symptoms. (Pang, 2000).

Korean Americans are experiencing significant mental health problems, but because of cultural factors, Koreans are less likely to seek treatment in the mental health system; they are more likely to drop out after initial contact or terminate prematurely from existing mainstream service settings. (McCall, 1998).

As noted above (in the section, “Stigma,” Shute, 2007), sharing one’s problems with an outsider (as in counseling) is foreign and is associated with tremendous stigma. Koreans delay seeking help until a crisis develops. The lack of bilingual services makes access even harder. (Shin, 2002). English language proficiency was significantly correlated with lower rates of mental health disorders. (Takeuchi, 2007). Therapy that employs an educational approach and places less emphasis on self-disclosure is more likely to be accepted by Koreans who place a high value on learning, especially if provided by an authority. Patients treated with a culturally sensitive psychoeducational approach evidenced a greater understanding of mental illness, felt less stigma, and had enhanced compliance with medication regimens. (Shin, 2002). Because “Koreans conceptualize and manifest emotional disorders differently than those in the white culture,” and have a “different view of illness and the body,” they are often not skilled in communicating emotional states with affective terms. The Kim Depression Scale for Korean Americans (KDSKA) is a key diagnostic and treatment tool, that was developed because reliable and valid depression screening instruments designed for and tested within the Korean community, did not exist. (Kim, 2002).

Korean patients suffering from somatic and emotional symptoms often label themselves as suffering from *hwa-byung*, which literally means both “fire disease” and “anger disease.” The mind-body connection is evident in these patients who “believe that their problems are caused by chronic unresolved anger that led to the imbalance of the body by the excessive accumulation of the fire element.” A community survey in Los Angeles showed that 12 percent of Korean Americans residing in the city labeled themselves as suffering from *hwa-byung* and that these subjects had a significantly elevated risk for also suffering from DSM-III-R major depression. Although the *hwa-byung* denotes the existence of chronic social stress as well as emotional responses, most patients with *hwa-byung* believe that their problems are primarily physical. (Lin, 1999).

Mental health practitioners as well as marriage and family counselors are recognizing the need to attain a greater degree of cultural competence and develop a better understanding of their clients’ culture, their immigration experience, and their world view. (Kim, 2002) (Kim, 2006). Key concepts that some researchers believe are essential to this understanding include such things as the following: *haan* (suppressed sorrow, despair, and resentment), *jeong* (strong feelings of kinship/interpersonal trust) and *noon chi* (“measuring with the eyes”—the ability to measure and evaluate people and social situations through implicit cues). (Kim, 2006).

2b. Mental Health Issues in the Asian Indian Community

Comments from Key Contacts

Of the Asian Indian individuals that were interviewed, 95 percent thought that mental health in the Indian community was a problem and there was a need to address it. The following is a sampling of some of the comments informants made regarding this issue:

- Mental health issues, especially depression and stress, are “just not talked about.”
- “We try very hard to hide these problems.”
- Depression is “rampant” in the Indian community, but never talked about because of “stigma and shame.”
- “We do not talk about our emotional or mental health problems, we do not get diagnosed, we do not get treated and we do not get medicated.” Our community will frequently rationalize about these problems and “if and when any mental health symptoms appear, we’ll conclude that the individual needs to go to the temple more frequently, needs to spend more time with family, or needs to change their job.”
- “I am concerned that so many seniors are also depressed and need some kind of help.”
- Women, especially the wives of men who are here on worker visas (H-1B visas), are particularly vulnerable to stress because of loneliness and isolation as well as marital and other family problems.
- Two individuals expressed concerns about reports of suicide among Indian women.
- The root of depression and other mental health problems is due to the fact that “we raise our children to not be assertive.”
- Attention Deficit Disorder among children and adults is a growing problem that is rarely dealt with, but adds to the stress in people’s lives.
- The degree of acceptance of mental health problems in the Indian community is related to whether the individuals are first or second generation, the length of time in the U.S., the degree of identification with Indian culture, and their efforts at acculturation.
- On college campuses, Indian students feel freer and often go for mental health help for depression and eating disorders because their families do not need to know that they are seeking and receiving treatment.
- People in the Indian community would go for mental health help if their doctor gave them some advice and encouragement and provided them with a referral.
- “Indians get upset too easily, and worry too much about money and whether their children will get into the best schools. We need stress prevention classes more than mental health help.”
- We need to offer people more encouragement to reach out to ask for help.
- A majority of respondents thought that the Indian community needed to become more understanding and more informed about mental health.

Suggestions to Strengthen the Community

- Employ a culturally and linguistically competent case manager for outreach, information and referral, service navigation, friendly visiting, and basic social work.
- Employ a culturally and linguistically competent counselor for mental health outreach to the Asian Indian community.
- Develop a culturally and linguistically competent family and marriage counseling approach that is consistent with Asian Indian values and traditions.
- Sponsor a conference and specialized training on mental health issues in the Asian Indian community for social service providers and educators.
- Encourage Hindu temples and Asian Indian organizations to make mental health education and promotion a priority.

Mental Health Issues in the Asian Indian Community: A Review of Research and Literature

A review of the research indicates that Asian Indian mental health issues have not been well studied. What follows is a brief description of some of the issues studied.

Mental Health, Stigma, and Acculturation

Pride in the belief that Asian Indians can successfully acculturate often prevents them from utilizing counseling when they do experience stress and other emotional problems related to acculturation. “Pride, privacy, and perceived prestige may be factors that lead Asian Indians to not consider counseling as a coping strategy.” (Panganamala, 1998). Often psychiatric illnesses are seen as a curse from god, a punishment for sins of a past life, or manifestation of evil spirits. Seeking help is very difficult and must be approached with extreme privacy to protect families from unwanted attention and stigma. Stigma often takes the form of rejection by the community, with consequences that can negatively impact the possibility of marriage for not only the patient but for relatives and other family members as well. (Mukalel, 2005).

Depression and Family Therapy

Asian Indians do not understand depression and are not likely to discuss their emotional problems with a physician. They may deny or minimize symptoms, but will usually report somatic complaints. In a crisis they will seek mental health help, but are more likely to end therapy prematurely and are less likely to comply with prescribed medications. The family is the most important social institution and because Indians attach such a great sense of stigma and shame to any mental health problem, there is a strong ethic of protecting family secrets. There is a great fear among Asian Indians of disclosing any emotionally charged subjects because of the social stigma attached to mental health problems. (Conrad, 2005). The preferred method of solving family problems is to defer them to the authority figure in the family. However, if the therapist does not promote an individualistic approach and is open to a collectivistic family interdependence model, the likelihood of Indians accepting and utilizing therapy increases substantially. (Abrahams, 2005).

Marriage, Mental Health, and Suicide

Personal problems associated with marriage and family conflict are often ignored, but can often have serious mental health consequences. (Karasz, 2005). Family conflict appears to be a precipitating factor in many suicides and depression, anxiety, and domestic violence may contribute to the high rates. (Patel, 1996).

Asian Indians and Mental Retardation

Little research regarding mental retardation in the Indian community has been published. The authors of a study designed to understand how Asian Indians think about and discuss mental retardation concluded that a great sense of privacy makes it extremely difficult for Indian parents to discuss a child’s retardation, for fear that one’s own community will find out about one’s private business. Culturally and religiously there also exists a great sense of duty and the desire to fulfill one’s duty without complaint. For some in the Indian community, the “gift of a disabled child allows a parent to fulfill one’s sense of duty for having ‘sinned in a past life.’” Regarding caregivers, support services, and permanency planning, Indian parents of children with mental disabilities cannot imagine yielding responsibility for the care of their child to people outside of the family. (Gabriel, 2004).

Asian Indians do not understand depression and are not likely to discuss their emotional problems with a physician.

3a. Domestic Violence and Child Abuse in the Korean Community

Comments from Key Contacts

About three-fourths of interviewees said that domestic violence was a problem in the Korean community. The following are some of the comments that were made by Korean interviewees during the interview process:

- Because it is so culturally shameful to the community, it is an “underground problem.”
- While many know that it happens, it is “hushed up” and never discussed.
- While abuse is a “big” problem, it is no worse within the Korean community than “it is within the white community.”
- Progress has been made with regard to decreasing the rate of spouse abuse.
- While neighbors hear arguments and see bruises, they will not interfere or offer any help. “They are more likely to make judgments and be critical.”
- Getting people to ask for and to utilize help is very difficult because of cultural taboos and fear, and as a result many women stay in abusive relationships.
- Pastors are not doing much about the problem and are helping to keep it underground by not talking about it from the pulpit.
- People in a church congregation would more likely “ask the pastor to pray for them if abuse occurred than for a referral for some kind of help.”
- There is no shelter for women where staff speak Korean. We rely on church contact to come up with someone’s home to use as a temporary shelter.
- “There are cases of child abuse in the Korean community, but the numbers are probably very small” and the Montgomery County Office of Children and Youth has no one who speaks Korean.
- “Incest and sexual abuse of children is a much larger problem than anyone would be willing to believe; very few situations are ever reported and no one speaks out against it.”
- Incest can occur when a relative like an uncle or cousin arrives from Korea and takes advantage of a child in a family he is visiting. These situations may not come to light until that child is grown and seeks some help to deal with the stress over identity, self-esteem, and depression or relationships problems in their own life. Ministers need to talk about this issue in church in order to educate the community and help them face it.

Suggestions to Strengthen the Community

- Provide training to clergy about domestic violence, child abuse, and mandated reporting.
- Encourage Korean churches and organizations to promote domestic violence prevention and education and to actively raise their community’s awareness of this problem.
- Research the extent of domestic violence in the Korean community.
- Develop and fund a culturally appropriate domestic violence shelter for abused Korean women.
- Sponsor a conference on domestic violence and child abuse in the Korean community.
- Provide sufficient professional staffing for existing Korean domestic violence programs.

Several studies indicate that the prevalence of abuse in Korean American families is exceptionally high.

Domestic Violence in the Korean Community: A Review of Research and Literature

Although domestic violence in the Korean family has not been widely studied, the limited research that has been done indicates that wife abuse is more prevalent among the Korean immigrant population than is generally acknowledged. Several studies indicate that the prevalence of abuse in Korean American families is exceptionally high. Rates vary between 30 percent and 60 percent as compared with 16 percent among the general U.S. population. (Ahn, 2002). Another study revealed that more than 90 percent of Korean male adults acknowledged having used psychological aggression against their spouses or partners at least once during the last 12 months and four out of ten respondents reported the use of some form of physical violence against their spouses or partners at least once during the last 12 months. (Ahn, 2002).

Patriarchy, Violence, and Male Dominated Marriages

A Korean proverb states that “There are three men in a woman’s life to follow. First is the father upon birth, a husband upon marriage, and an eldest son when she becomes old.” Korea’s philosophical and historical roots flow from Confucianism, which to this day (in Korea and in the U.S.) remains an influence on the Korean patriarchal family model: men command and women obey. Traditionally, in Korean culture, the man is the head of the family and has the authority to control family affairs and the “right” to use physical measures when necessary. While the strength of this view has been weakening, it still exists and is the underpinning of Korean male supremacy. The highest incidence of violence exists in male-dominated marriages and is more than four times higher than in egalitarian marriages. (Kim, 2000). The longer the individuals have resided in the United States, the less abusive they tended to be. (Ahn, 2002).

Downward Mobility of Men

Many immigrant Korean men experience “downward social mobility” when they are not able to secure the same level of employment as they had in Korea. As a result, many Korean men lose their self-esteem and their authority as head of the household. On the other hand, many Korean women who had few job experiences in Korea do not experience the loss of self-esteem associated with performing menial jobs, such as being cashiers. On the contrary, many feel more self-confidence because they are capable of securing additional income for their family. For this reason, many Korean women adjust more easily to American culture than men. In many cases, because Korean men feel insecure and powerless, they seek to regain their position of status and authority through the use of force and violence. (Diversity Research Laboratory, 2001).

Child Abuse

Although the subject of child abuse in Korean families has received even less research attention than domestic violence, there have been some studies which indicate that recent immigrant parents who are not familiar with common positive discipline strategies are more likely to utilize harsh punishments. However, as they adapt to mainstream society, they discontinue what is perceived as negative aspects of Korean style parenting. But on a less positive and less hopeful note, a study of Korean clergy reveal that more than 50 percent of respondents have seen child abuse and neglect among their church members. However, the majority who have witnessed child abuse prefer to provide pastoral counseling to the family instead of reporting the case to a child protective agency. (Rhee and Chang, 2003; Rhee and Chang, 2006).

3b. Domestic Violence and Child Abuse in the Asian Indian Community

Comments from Key Contacts

Almost 90 percent of Asian Indian interviewees acknowledged that domestic violence is a problem in their community. The following are some of the comments that were made by Asian Indian interviewees during the interview process:

- It is a minor problem. It happens but it is not extreme and it mainly occurs because men experience a lot of stress and may take their aggression out on their wives.
- Domestic violence is not talked about very much and is an important “underground problem” with many cases going unreported.
- Because our community is so ashamed of this problem, we often deny its existence or minimize its size.
- “Bad marriages are not talked about.” They are kept private, “especially if there is the possibility of stigma and shame.”
- Domestic abuse is “a very big” problem and involves verbal, emotional, and physical abuse.
- “In our community, people will not only judge the husband who abuses his wife, but will also judge and criticize the wife as well.”
- Fear, stigma, and shame make it very hard for women to seek help or to press charges.
- Because we are a male dominated, patriarchal culture, abuse may be accepted and not challenged.
- Many people think that violence is an acceptable way of dealing with marital difficulties. People act as if it were a private problem; not the concern of outsiders.
- “A woman should be able to talk about the fact that a husband is hurting her.”
- “Because of pride, honor, secrecy, shame, and family loyalty, women do not come forward to report the abuse.”
- If the number of abused women is anywhere near what it is in India, then the problem of abuse is even bigger than we know.
- Another respondent in praising the work of Service and Education for Women Against Abuse (SEWAA) stated that the number of women served was growing and the population in the North Penn area has created a growing need for their services.¹⁰
- Child abuse in the community is a problem that needs more attention, but it is very doubtful as to whether the community will ever report any cases to child welfare.
- “More education and prevention and outreach work about domestic abuse needs to occur in our temples, our organizations, and in our community.”

Suggestions to Strengthen the Community

- Provide training to Hindu temples about domestic violence, child abuse, and mandated reporting.
- Encourage Hindu temples and Asian Indian organizations to promote domestic violence prevention and education and to actively raise their community’s awareness of this problem.
- Research the extent of domestic violence in the Asian Indian community.
- Develop and fund a culturally appropriate domestic violence shelter program for abused Asian Indian women.
- Sponsor a conference on domestic violence and child abuse in the Asian Indian community.
- Provide sufficient professional staffing for existing Asian Indian domestic violence programs.

¹⁰ Service and Education for Women Against Abuse (SEWAA) is a group that primarily serves Asian Indians and other South Asians. They do not have offices in the North Penn area but serve women in the North Penn area.

Domestic Violence in the Asian Indian Community: A Review of Research and Literature

Various studies link the problem of domestic violence in the Asian Indian community with a long standing patriarchal cultural acceptance of domestic violence in India and in the U.S. (Abraham 2002, 2005); issues related to dowry (Rastogi, 2006); the role of mothers-in-law (Raj, 2006); U.S. immigration policies (Raj, 2005; Abraham, 2002); the stress of immigration; and a community that has a difficult time facing shameful issues. (Abraham, 2005).

Extent of Suffering as a Consequence of Domestic Violence

Studies have demonstrated that the prevalence of domestic violence within the Asian Indian community to be quite high; 40.8 percent in one Massachusetts study (Raj, 2003) and 39 percent in a Chicago study (Adam, 2001). A 2003 study of domestic violence victims in the Boston area found that only 11 percent of current or past victims of domestic abuse pursued some form of counseling, 16 percent said they sometimes deserve to be abused by their male partners. Of the women reporting physical abuse, 65 percent also reported sexual abuse, and 30.4 percent reporting sexual abuse reported injuries, some requiring medical attention. No significant difference was found in the prevalence of domestic violence between arranged marriages and non-arranged marriages. (Raj, 2003).

The Growing Women's Movement and Domestic Violence

Although the Asian Indian community stridently denies the existence of this horror, women have been organizing antiviolence groups for the last 15 years. Much of the intricacies of domestic violence in the Asian Indian community emerge from the intersections of race, class, and residency status problems; and a slew of personal, institutional, and cultural barriers commingle to form roadblocks for battered South Asian women who attempt to escape family violence. As the needs of battered South Asian first and second generation women enlarge and become more perceptible, the community-based organizations have to ready themselves for more complicated activities in the future. (DasGupta, 2000).

Fear of Isolation

The fear of being isolated from the family is one of the greatest barriers for Asian Indian women to overcome. "Even more than a lack of resources, Asian Indian women's fear of loneliness and isolation keep them tied to abusive relationships. I continue to hear, over and over again, 'Who are going to be my friends? Am I going to be all alone?' The absence of a protective support system composed of family, friends, and neighbors increases women's social isolation. It also intensifies their dependency on the abusive relationship. In addition, many women are forbidden by their husbands to contact friends and family or to develop friendships. They may be denied access to postage, money, telephones, and transportation." (Sutana, 2006).

Denial

The challenge faced by Indian domestic violence organizations is getting fearful and reluctant community leaders, who may be clinging to a view of the Indian community as a model community, to acknowledge that domestic violence is a problem that needs attention, awareness and action. (Abraham, 2005).

The fear of being isolated from the family is one of the greatest barriers for Asian Indian women to overcome.

4a. Discrimination, Lack of Power, and Lack of Trust in the Korean Community

Comments from Key Contacts

Of the Korean individuals who were interviewed for the Needs Assessment Project, 38 percent believed that discrimination, lack of power, and lack of trust are problems experienced by Koreans in the North Penn area. The following are some of the comments that were made by Korean interviewees during the interview process:

- We have many people who have lost the status they had in Korea because they were a professional in Korea, but now are doing menial work here in the U.S.
- There is an absence of Asians on the North Penn and Souderton School Boards; there are barely a few Korean teachers in school districts, and the absence of Asians on other government boards and councils means we don't have much power.
- Many Koreans do not trust non-Korean institutions because they do not feel they are treated with respect.
- Korean people feel that because they look different, they get treated differently, and they do not get good service and sometimes don't get jobs that they should get.
- There are some cases of people who hit a glass ceiling, can't get to a higher employment level, and are stuck at entry level positions because they are Korean and speak with an accent.

Suggestions to Strengthen the Community

- Encourage North Penn community leaders, government agencies, and other institutions to be more welcoming, accepting, and persistent in their outreach to Korean individuals.
- Sponsor a workshop or training on the subtle discrimination faced by Korean employees and students.
- Provide a workshop to Korean employees on mainstream culture and how to get ahead in the American workplace.
- Convene a seminar of Koreans to identify and explore a broader range of opportunities (beyond International Festival) to get to know Korean individuals.

Discrimination, Lack of Trust, and Lack of Power in the Korean Community:

A Review of Research and Literature

A review of the professional and public media literature and research dealing with lack of power, lack of trust, marginalization, and discrimination faced by Koreans produced very few citations. Rather there are an increasing number of studies that have some reference to these issues, albeit in a tangential manner. What follows is a summary review of some of this material.

Discrimination and Marginalization and Mental Health

The author of a set of culturally competent guidelines for family therapists to use in working with Korean Americans reminds budding therapists that many Korean Americans are at risk for psychosocial difficulties associated with their marginalized status as immigrants, and that societal prejudice is a major factor. (Kim, 2004). Another researcher (Lee, 2005) notes that Koreans' pride in their ethnic identity operates as a protective-reactive factor that moderates the effects of discrimination.

Marginalization and Parenting

Some researchers have noted that children of more marginalized, less acculturated Korean mothers were less likely to engage in creative parent-child play at home. (Farver, 2000).

Discrimination in Business and Science

Except for a handful of well-known corporate superstars, Koreans (and other Asians) are notably absent from senior management and high-status corporate director positions (described by some as the “bamboo ceiling”). Asians as a whole make up less than 1 percent of senior management and board positions, and Asian women just over a quarter of 1 percent. Various studies and reports have explored how discrimination via “old boy” networks operates, as well as looking at how Asians themselves present and position themselves in the corporate environment based on cultural and familial norms (Fisher, 2005). The following quote illustrates how cultural norms limit corporate progress: “People of Chinese, Japanese, and Korean backgrounds have been brought up to let our work speak for itself and generally do not want to rock the boat.” (Lawler, 2000). This very same phenomenon impacts Asian scientists who, by virtue of numbers and achievement, make up a major presence in U.S. biomedical research labs, yet hold very few leadership positions. (Mervis, 2005).

Racism is one of the primary challenges still faced by Koreans in Philadelphia. Koreans and Korean culture remain largely unknown to the majority of the city. Second generation professionals who were raised in the United States feel they are still perceived as “foreign” by peers, employers, and co-workers. (Historical Society of Philadelphia, <http://www.hsp.org/default.aspx?id=575>).¹¹

Discrimination in the Pulpit

Some Korean and other Asian American clergy draw the conclusion that they are less than welcome to become pastors in a white church (described by some as the “stained glass ceiling”). White congregations, especially large ones, tend to choose white pastors, even if an Asian candidate shares much in common with the congregation. While parishioners often welcome people of different ethnic backgrounds into their pews, when it comes to selecting a spiritual leader—someone who counsels them through life and death issues, someone who accepts their moral frailties and prays for their sins—parishioners are prone to pick people who look like them. (Khanh, 2002).

Some Korean and other Asian American clergy draw the conclusion that they are less than welcome to become pastors in a white church.



¹¹ Note: the author was unable to find research relevant to discrimination in the North Penn area.

4b. Discrimination, Lack of Power, and Lack of Trust in the Asian Indian Community

Comments from Key Contacts

Forty-two percent of the Asian Indian individuals interviewed thought that issues of discrimination, lack of power, lack of trust, and marginalization were problems in the Indian community in the North Penn area. The following are some of the comments that were made by Asian Indian interviewees as part of the interview process:

- Many times when Indians go for social or health services, the staff do not know very much about Indians. They do not make an effort to understand us or try to make us feel welcome.
- Indians do not trust easily and are not receptive to outsiders, so you will have to continually keep trying to prove yourself if you want to gradually develop our trust. You just can't bring your approach to problems and expect it to work with Indians.
- Some employers find reasons not to hire someone who is Indian. Some patients don't want to have an Indian nurse or refuse to be seen by an Indian physician.
- Sometimes an Indian who expresses an interest in sales or marketing will, because of stereotypes, get stuck in a technical or engineering job, and not be given the chance to move into another area.
- Even though some people think we should focus on the negative and what is wrong with America regarding minorities, we always need to have a positive attitude and try to improve diversity.

Suggestions to Strengthen the Community

- Encourage North Penn community leaders, government agencies, and other institutions to be more welcoming, accepting, and persistent in their outreach to Korean individuals.
- Sponsor a workshop or training on the subtle discrimination faced by Asian Indian employees and students.
- Provide a workshop to Asian Indian employees on mainstream culture and how to get ahead in the American workplace.
- Convene a seminar of Asian Indians to identify and explore a broader range of opportunities (beyond International Festival) to get to know Asian Indian individuals.

Discrimination, Lack of Trust, and Lack of Power in the Asian Indian Community:

A Review of Research and Literature

Although the issues of discrimination, lack of trust, and lack of power in the Asian Indian community have not been well researched, there have been some studies and reports as well as some articles in the popular media. What follows is a brief review of some of this material.

Hostility and Discrimination

In a study of second generation Asian Indian youth, 88 percent of the participants reported that they experienced hostility, discrimination, or aggression from the dominant majority because of their ethnic background; 40 percent experienced this hostility once or twice; 28 percent a few times and 20 percent several times. Thirteen percent said they never experienced hostility, discrimination, or aggression because of their background. (Kuar, 2005).

Discrimination in Science

Through in-depth interviews with 120 Asian Indian scientists and engineers, a study funded by the National Science Foundation revealed that although Asian Indian scientists and engineers were earning at levels equal to or in excess of their white professional peers, a majority felt that there were “serious structural challenges” to their being promoted into managerial, decision-making, and administrative roles. These structural institutional factors included such things as “prejudice or bias against Asian Indians, lack of effort to understand the leadership abilities of potential Asian Indian candidates, a tendency to promote people who are of similar backgrounds to the dominant group, and keeping Asian Indians outside of key social networks.” Although the Asian Indians were viewed as having superior technical skills as compared to their American counterparts, Asian Indians were seen as lacking in the extroversion, independence, and aggressiveness desired in managers. (Varma, 2006).

Underrepresentation in Politics

Although Asian Indians have had some success in getting elected to public office (such as one congressman, a state senator, a few members of state assemblies, and some mayors of some smaller cities), by and large the share of political office compared to a population of over 2 million is rather small. Asian Indians need to promote themselves with regard to parent teacher associations, school boards, community boards, city, state, and national elections. (Abraham, 2005).

TV Stereotyping

A recommendation that accompanied a research report discussed the need for “improvement in the roles of Asian Indians in TV programming that feature characters with more depth rather than repeated portrayal of stereotypes.” (Kuar, 2005). In contrast to the previous statement, the South Asian Journalists Association (SAJA) inquired amongst its readers as to if or whether there are famous Indian fictional “Desi” television characters, and whether there were recurring characters in television roles.¹² The response from several readers yielded a very long list of Indians in such roles, as well as a website that listed all of the roles. However, and in full justice to Kuar’s statement, many of the roles are of a stereotypic nature and many lack the depth called for by the recommendation. (SAJA Forum, 2007).



5a. Health and Medical Issues in the Korean Community

Comments from Key Contacts

Three-fourths of the Korean respondents thought that health and medical issues were a major concern in the Korean community in North Penn. The following are some sample comments made by individuals during the interview process:

- Diseases such as hepatitis, cervical cancer, stroke, heart attacks, diabetes, ulcers, and osteoporosis are major problems in the Korean community.
- When Koreans become ill “they are as likely to seek traditional healers (who treat them with herbs, acupuncture, and other traditional medicine) as they are to visit a doctor practicing Western medicine.”
- For common ailments and chronic aches and pains, traditional healers are usually visited first; for more serious conditions, people wait as long as possible, before seeking help.

¹² Note: the author was unable to find research relevant to discrimination in the North Penn area.

- When they do seek medical assistance, they are not very likely to seek it out in the North Penn region because there are no Korean speaking primary physicians in the area.
- Koreans do not like going to Central Montgomery Medical Center because of the absence of Korean doctors and the lack of signs in Korean. “Koreans have little faith in the quality of care at Central Montgomery Medical Center.” They are more likely to go to Abington Hospital, University of Pennsylvania, and Einstein Hospital, for all of them have good word-of-mouth reputations.
- Koreans from our area will go to the Jaisohn Center or to doctors in Philadelphia for basic health care and checkups.
- Koreans avoid preventative care and often wait until a problem is too far gone and then seek help or get help at the emergency room in a crisis.
- Because of superstitions and the belief that even talking about an illness can cause it to happen, tests and screenings are too upsetting to people; they avoid such appointments.
- Churches should sponsor more screenings for various diseases and conditions: breast cancer, prostate, Pap smears, and so forth.
- We go to the American Cancer Society screenings that are for Asians.
- Korean children and adults with physical disabilities as well as mental retardation have a lot of problems. Because of shame and stigma, the Korean community views people with disabilities like they have an “unhealthy lineage.”

Suggestions to Strengthen the Community

- Encourage Korean churches to offer an ongoing series of health fairs dealing with a variety of medical issues.
- Encourage the Korean community to design and provide culturally and linguistically appropriate cancer testing, prevention, and treatment strategies.
- Encourage the Korean community to design and provide culturally and linguistically appropriate hepatitis testing, prevention, and treatment strategies.
- Provide a community forum so that representatives of the Korean community are encouraged to express their concerns and provide feedback to representatives of Central Montgomery Medical Center.
- Develop and submit several research proposals and designs for more extensive study of various medical conditions, health disparities, risk factors, family issues, service utilization patterns, as well as prevention and treatment strategies and interventions for a number of issues faced by the Korean community.

Health and Medical Issues for Koreans: A Review of Research and Literature

The unique health needs of Korean are not well known to the mainstream community, and only relatively few systematic research studies have been conducted in this hard-to-reach population. What follows is a summary of several of these research studies.

Hypertension

A Johns Hopkins study found that Korean Americans have hypertension at rates much higher than other Americans (32 percent vs. 24 percent). Stress, diet, and lifestyle contribute to the high prevalence of cardiovascular disease and stroke. Also noted was the fact that Korean Americans are less aware of hypertension and tend to use more traditional medications. (Pipin, 2000). Another study revealed a high prevalence of cardiovascular disease risk factors including high blood pressure and diabetes. Participants noted that severe language difficulties prevented them from achieving effective provider-patient communication. Researchers in this study concluded that the Korean community was in urgent need of culturally sensitive interventions to help reduce major cardiovascular disease risk factors. (Kim, 2001).

Use of Traditional Korean Medicine

Although far more Korean elderly utilize traditional Korean medicine over Western medicine, more than one in four Korean American elderly report using both Western and traditional medicine. (Kim, 2002). Additionally, Korean tradition emphasizes the importance of disease prevention and treatment of illness through the proper use of food as medicine. (Koh, 2003).

Barriers to Participation in Health Promotion

After analyzing 14 studies, researchers concluded that barriers to recruitment efforts include “a crisis-oriented system of care in which preventive medicine or health promotion is ignored.” (Han, 2007).

Cancer

Less than 50 percent of Korean American women report having a mammogram, a rate much lower than the national average of around 70 percent. “The finding is ominous, because breast cancer is rapidly increasing among Korean American women.”

Researchers also found that some male Korean doctors are so constrained by social mores and privacy that they may not discuss topics such as breast or ovarian cancer. (Paterson, 2006). Another study revealed Korean American women have twice the rate of cervical cancer than white women and demonstrate low rates in participation in cervical cancer screening. (Kim, 2004). Although stomach cancer incidence and mortality have decreased in the past twenty years, the National Cancer Institute found that Korean American men have the highest rate of stomach cancer of all racial and ethnic groups and a five-fold increase of stomach cancer over white men. Koreans also have the highest rates of liver cancer among women and the second highest rate among men. This is likely caused by the high prevalence of hepatitis B virus infection in the Korean population. (McCracken, 2007).

Less than 50 percent of Korean American women report having a mammogram, a rate much lower than the national average of around 70 percent.

5b. Health and Medical Issues in the Asian Indian Community

Comments from Key Contacts

Eighty-four percent of the Asian Indians who were interviewed for this project thought that health and medical issues were a significant problem and a major need for Asian Indians in the North Penn area. The following are some sample comments made by individuals during the interview process:



- Indians are prone to high rates of cardiovascular disease, diabetes, hypertension, and obesity.
- “Too many people I know are dropping like flies. ... Health—it is a major problem.”
- Too many Indians do not receive necessary health check-ups, tests, and other preventative care, or follow the doctor’s advice.
- Many people act like they don’t believe in prevention.
- Indians think they can avoid a medical problem by denying a symptom exists or delaying help until the last minute, sometimes after it is too late.
- Other times people put off getting care until they go to India where the care is cheaper and they can feel understood.
- The Indian community relies too heavily on medication and does not do enough to prevent illness.

- One person, in commenting on the diet of Indians, made reference to *Prasad*—food that is offered to and then blessed by God before being shared with those present in temple. It is usually a sweet or a fried food, and people rationalize that if it is blessed by God it must be healthy. “There is no reason why we cannot have Prasad that is healthy.”
- Several respondents acknowledged the need to have more education about the importance of diet and nutrition and how “our health problems are made worse by our traditional diet.”
- “I doubt whether people would attend a prevention workshop. Just getting people in the Indian community to come out for even something as simple as a blood drive is not easy.”
- Hospitals need to do a better job of providing Indian patients with Indian food.
- The Indian community doesn’t deal well with disabilities in general, and “the Indian community is backwards when it comes to the issue of developmental disabilities.”

Suggestions to Strengthen the Community

- Encourage Hindu temples to offer an ongoing series of health fairs dealing with a variety of medical issues.
- Encourage the Asian Indian community to design and provide appropriate testing, prevention, and cardiovascular treatment strategies to lower cardiovascular risks.
- Encourage the Asian Indian community to become educated about the prevalence and risk of low birth weight infants within its community.
- Develop and submit several research proposals and designs for more extensive study of various medical conditions, health disparities, risk factors, family issues, service utilization patterns, as well as prevention and treatment strategies and interventions for a number of issues faced by the Asian Indian community.

Health and Medical Issues for Asian Indians: A Review of Research and Literature

A review of the literature reveals that the health-related issues of Asian Indians have not been well researched. The following is a summary of some of the key health areas impacting the Asian Indian community.

Cardiac Arterial Disease

There is a genetic predisposition to heart disease among Asian Indians throughout the world and the rate of cardiac arterial disease is four times higher among Asian Indians than among the general population in the U.S. Heart disease strikes Asian Indians at a younger age, tends to be more severe and results in higher mortality rates. Asian Indian women have a higher rate of coronary artery disease than do other ethnic groups, despite similar conventional risk factors and lipid profiles. (Bhalodkar, 2005). The rates among Asian Indian women are virtually identical to male rates; prevalence rates remain high even when other risk factors are low. (Enas, 2002, Enas, 2005). (Prayaga, 2007).

Cancer

One out of every eight Asian Indian women in the U.S. will get breast cancer, though the rate in India is one in forty. The rate at which Asian Indian women in America get breast cancer is the highest incidence in the world. South Asian women have the second highest incidence of cancer among Asian/Pacific Islanders according to the American Cancer Society. (Vohra, 2006).

Diabetes

Research has demonstrated that the Asian Indian population has a high prevalence rate of diabetes, which is likely due to a multiple factors including genetic differences in lipid metabolism, insulin resistance, increased glucose tolerance, increased abdominal fat, lifestyle changes, and increasing levels of stress. (American Association of Physicians of Indian Origin, 2002). Diabetes rates are two-to-four times more common in Asian Indians among whites in the U.S. (Enas, 2005).

Hepatitis

Both Asian Indians and Koreans are ethnic groups with the lowest immunization rates for Hepatitis B. (Hartley, 2007).



Lack of Information about Health and Nutrition

Frequently, Asian Indians think they have a healthy diet because they are vegetarians, but many Asian Indian nutritionists would disagree. “The Asian Indian diet has only 56 percent of energy from carbohydrates, 32 percent from total fat and 8 percent from saturated fat.” The large amount of dietary fat is linked to obesity and low physical activity. Exercise is not a regular activity for Asian Indians, especially for women. From these findings, it is clear that Asian Indians face a number of physical health disparities in the United States. Many Asian Indians don’t know basic nutritional requirements. (Alagiakrishnan & Chopra, 2000).

Low Birth Weight Babies

Asian Indian women were more than twice as likely to have low birth weight infants as white women, with the concern being that low birth weight babies were at higher risk for fetal distress and often require more intensive medical care and longer hospital stays. (Alexander, 2007).

6a. Health Insurance in the Korean Community

Comments from Key Contacts

Of the Korean respondents, 71 percent felt that lack of health insurance was a major problem in the Korean community. The following are some sample comments made by individuals during the interview process:

- Several interviewees stated that about 50 percent of people in the Korean community did not have health insurance; however, one participant thought that this rate was closer to 70 percent.
- Many informants noted that because many Koreans own or work in small businesses (such as laundries, cleaners, restaurants, small stores, and so forth), they lack insurance. One participant said these Koreans “do not have any health insurance at all because they cannot afford it or because they think that it is unnecessary.”
- The lack of health insurance contributes to poor preventative care and lack of check-ups.
- For second generation Koreans insurance is much less of a problem because they get better jobs that include benefits.
- About 85 percent of Korean seniors are covered under Medicare or Medicaid and most children are covered under the Children’s Health Insurance Program (CHIP).
- One participant noted that while children in the Korean community were eligible for CHIP coverage, “many parents were not aware of CHIP or refused to apply because of community stigma attached to receiving charity.”

- Several respondents pointed out that the Jaisohn Center in Philadelphia had developed a specialized program to provide group health insurance at reduced rates.

Suggestions to Strengthen the Community

- Sponsor a major community-wide CHIP registration drive in the Korean community.
- Plan an insurance education program with the goal of decreasing the rate of uninsured individuals in the community.

Health Insurance in the Korean Community: A Review of the Research and Literature

Very little research has been done which focuses directly on the lack of health insurance in the Korean community. Rather, most of the references to insurance which appear in the literature merely note that lack of insurance is a health risk that contributes to health disparities.



Health Insurance and Employment

A Kaiser Commission report indicated that a third of Korean Americans do not have any health insurance, and that this situation exists primarily because Korean Americans are disproportionately self-employed or work in small businesses that do not provide health insurance. This report also noted that 26 percent of Koreans do not have any usual source of health care, which is directly related to lack of health insurance. (Kaiser Family Foundation, 2000).

Rate of Health Insurance Coverage

Many researchers note that the rate of uninsured Koreans is even higher than one-third. Representing Korean Americans for Just Immigration Reform before the Pennsylvania House Republican Policy Committee, a spokesperson noted that 52 percent of Korean Americans do not have health insurance. (Sookyung, 2007). Analysis of Current Population Survey data by the UCLA Center for Health Policy Research noted that Korean Americans had one of the highest rates (34 percent) of uninsurance among all racial or ethnic groups: almost two-and-a-half times higher than the rate (14 percent) among non-Latino whites. (APIAHF Health Briefs, 2003). Another study reports an even higher rate, with Korean Americans ranking the lowest in having medical insurance compared to any other ethnic minority group (42 percent without health insurance coverage—whether that be private or governmental), primarily because of their recent immigration history and their engagement in small retail business, which does not allow them to afford health insurance premiums. (The Korean American Health Research Initiative from the Johns Hopkins University School of Nursing, 2000).

Lack of Health Insurance as a Barrier to Care

A recent study focusing on hypertension in the Korean community concluded that the “lack of health insurance emerged as a strong barrier to receiving adequate high blood pressure care.” (Kang, 2006.)

Health insurance and its impact on preventative health care was seen as one of the top three concerns in a needs assessment conducted in Montgomery County, Maryland (Asian American Health Initiatives Community Needs Assessment, 2005). Social workers in New York City recently concluded that “among the factors preventing access to health care (for Koreans) is the lack of insurance. Persons without green cards or citizenship status are not eligible for Medicaid, the primary health insurance program for those

of limited income. Many Koreans are also fearful of using public health programs because they believe that using Medicaid would deny them entrance to universities as well as access to business loans. (Kim, 2006).

6b. Health Insurance in the Asian Indian Community

Comments from Key Contacts

Fifty-eight percent of the Asian Indians interviewed for this project felt that the lack of health insurance was a problem in the Asian Indian community. The following are some sample comments made by individuals during the interview process:

- The absence of health insurance is a problem because many people cannot afford it, they are not employed, they are illegal and are “working under the table” without benefits, or are working low-wage jobs that do not include insurance.
- The absence of insurance is more of a problem among seniors, who because of immigration status are not eligible or do not know how to apply for Medicare; or who cannot afford to pay for full health insurance coverage or for prescriptions on their own.
- The health insurance situation for seniors contributes to poor preventative care.
- Many children in the Indian community are not covered under CHIP because their parents do not know about the program.
- When people do not have insurance it is due to a lack of education about and an understanding of the importance of insurance. “People make shortsighted financial decisions that can have a very negative long-term financial impact.”
- The lack of insurance is part of “Indians not being proactive about health in general.”

Suggestions to Strengthen the Community

- Sponsor a major community-wide CHIP registration drive in the Asian Indian community.
- Plan an insurance education program with the goal of decreasing the rate of uninsured individuals in the Asian Indian community.

The Lack of Health Insurance for Asian Indians: A Review of the Research and Literature

Very little research has been done that focuses directly on the lack of health insurance in the Asian Indian community. Rather, most of the references to insurance that appear in the literature merely note that lack of insurance is a health risk that contributes to health disparities.

A Kaiser Commission report dealing with health insurance disparities noted that 22 percent of South Asians do not have health insurance; 4 percent receive Medicaid; 69 percent have job-based health insurance; and 5 percent have other public insurance. Because this is an aggregated total for South Asians, it does not separate out numbers from specific countries, and therefore includes people from India, Pakistan, Bangladesh, Sri Lanka, Nepal, etc. (Kaiser Commission on Medicaid and the Uninsured, Fact Sheet 2006). A Center for Disease Control (CDC) study discussed an article in Little India and reported that nearly 15 percent of Indian children lacked health insurance, twice that for whites. Almost one in three Indian parents lacked health insurance, which was at par with the national average. (Little India, 2006).

7a. Immigration Concerns in the Korean Community

Comments from Key Contacts

Of the Korean key contacts who were interviewed, 52 percent thought that immigration concerns were a significant problem. The following is a sampling of some of the comments informants made regarding this issue:

- Immigration questions are a very high priority issue for many first generation Koreans.
- “An acquaintance that I know died because he could not be placed on a liver transplant list because of his immigration situation.” This is a tragedy that could have been prevented if he had help in dealing with his immigration status.
- We need someone to help us navigate through all of the INS forms and rules and paperwork.
- Because so many of our people are immigrants, they are so intimidated by the system that they are fearful of asking questions and trying to get answers.
- People that are here with an undocumented immigration status cannot get a job, and they work off the books, and they are often exploited. Life is so much harder for them.
- About 30 percent of the women we serve are undocumented and need the assistance of a volunteer lawyer.

Suggestions to Strengthen the Community

- Offer a workshop in Korean on immigration concerns for the community.
- Provide a bilingual paralegal to offer basic immigration information and help completing forms.
- Conduct a survey to identify specific needs of undocumented Korean individuals.
- Sponsor a “meet your legislator” forum to discuss immigration concerns of the local Korean community.

Immigration Issues and the Korean Community: A Review of the Research and Literature

A review of the professional research and popular literature on the issue of immigration in the Korean community focuses on several areas: the additional hardship for families as a result of immigration, economic workplace issues, and illegal immigration and domestic violence.

Domestic Violence and Immigration

Several researchers point to the added stress placed on families as a result of a tenuous immigration status. (Kim, 2000). Korean women living in an abusive situation who are legal residents, as well as those who are undocumented, may be very fearful of deportation when they report abuse from a spouse. (Shim, 2005).

Undocumented and Illegal Korean Immigrants

The National Korean American Service & Education Consortium (NAKASEC) reports that one out of five Korean Americans in the United States are undocumented (190,000 undocumented Korean Americans in the United States). Another study focusing on low-wage workers conducted by Asian American Legal Defense Fund in 2006 reported that this number is even higher, at 28 percent.¹³ In the last ten years, the Korean undocumented population has more than doubled. The research indicates that a major contributing factor to the growth in the rate of undocumented Korean immigrants is the

The National Korean American Service & Education Consortium (NAKASEC) reports that one out of five Korean Americans in the United States are undocumented.

¹³ Yet another study puts the increase in Korean illegal immigration from 2000 to 2005 at 17 percent. (Hoeffler, 2005).

family immigration backlog that exists because of low annual quotas and processing delays. In addition to the difficulties faced by other Korean immigrants, those who are undocumented experience some unique stresses because they cannot access publicly funded benefits, such as Medicaid, Children's Health Insurance Program (CHIP), Medicare, Program of All-Inclusive Care for the Elderly (PACE), or food stamps. In addition, undocumented workers are frequently exploited by employers who take advantage of the fact that these employees will not complain about unfair or illegal working conditions. These employers do not pay such employees for overtime work and do not inform them about worker's compensation or unemployment compensation. (Sookyung, 2006).

Family Reunification

The majority of Koreans immigrate to the U.S. through the family-sponsored immigration system. In 2004, 56 percent of immigrants from Korea came to the U.S. through family immigration. But it can take years, sometimes over a decade, for Koreans to immigrate to the U.S. through the family immigration system. For example, a U.S. citizen petitioning for a brother or sister from Korea must wait approximately 11 years before his or her sibling can immigrate to the U.S. A lawful permanent resident must wait approximately four years before her or his spouse or minor children can immigrate to the U.S. (Korean American Service and Education Consortium, Inc., 2006).

Popular Support for Immigration Reform

Overwhelmingly, the Korean population in the U.S. is seeking to find ways to have its family members join them and to legalize the status of Koreans who are living and working in the U.S. Exit polls conducted in 2006 in Los Angeles, Chicago, and New York revealed that close to 80 percent of Koreans Americans favored creating a way for undocumented immigrants to legalize their status. Eighty-seven percent favored reducing the amount of time the government takes to process paperwork for immigrants waiting to enter the country. (Yoon, 2006).



7b. Immigration Concerns in the Asian Indian Community

Comments from Key Contacts

Sixty-eight percent of the key contacts in the Asian Indian community who were interviewed for this project thought that immigration concerns are a significant problem. The following is a sampling of some of the comments informants made regarding this issue:

- Many people do not understand their rights and obligations as immigrants, and many people need help with immigration issues.
- We have a lot of people who come to the U.S. under a visitor visa, but stay here illegally and then work under the table. Then they get exploited and are afraid to complain.
- The current H-1 Visa regulations are a significant impediment to the wellbeing of the Indian community and many people have been waiting for years for approval before they can bring over a spouse, parent, or other family member from India.
- We have many recent immigrants with all sorts of questions about their immigration status. They are usually fearful and do not know where to go for help. The number of people that are here illegally is much higher than anyone would believe.
- Because of immigration restrictions and the limits on the type and number of visas authorized, businesses cannot hire the type of employees that they need. As a result, many franchise businesses (convenience stores, fast food restaurants) are having a much harder time getting good employees.

- Immigrant Indian women in the U.S. may be exploited and abused by spouses and others who hold power over them by threatening to have them deported or withhold their visas. Many of these women do not know their immigration rights.

Suggestions to Strengthen the Community

- Offer a workshop in various Asian Indian languages on immigration concerns for the community.
- Provide a bilingual paralegal to offer basic immigration information and help completing forms.
- Conduct a survey to identify specific needs of undocumented Asian Indian individuals.
- Sponsor a “meet your legislator” forum to discuss immigration concerns of the local Asian Indian community.

Immigration and the Asian Indian Community: A Review of the Research and Literature

A review of the professional research and popular literature on the issue of immigration in the Asian Indian community uncovered reports on the additional stress, hardship, and domestic violence risk factors faced by Asian Indian women as a result of U.S. immigration policies.

Immigration and Domestic Violence

Some researchers believe that U.S. immigration policies actually help perpetuate the patriarchal attitudes of already patriarchal cultures. (Abraham, 2002). In many cases, well-qualified English-speaking Indian women come to the U.S. to join their equally well-educated H-1B visa husbands, but are not allowed to work under the provisions of the H-4 spouse visa. Unable to be independent, H-4 wives, as they are called, are peculiarly vulnerable to becoming victims of domestic violence. South Asian domestic violence organizations reveal a shocking 20 percent to 50 percent of their clients to be H-4 visa holders. These women are financially dependent on their husbands for anywhere from two to nine years. H-4 women are middle class and have status in the U.S., but immigration laws can make them indigent and undocumented at the whims of their husbands. (Abraham 2002, Shah, 2005).

Immigration and Business and Family Reunification

Other articles point to the problems created for family reunification and for business owners as a result of U.S. immigration policies. The United States India Political Action Committee (U.S.INPAC), representing 50,000 members of the over two million Indian-American grassroots community and businesses owners, expressed considerable concern over the backlog in visa processing. (India has been designated by the United States State Department as the country with the largest volume of visa applications.) There is a growing recognition of the need for more compassionate family-based immigration policies. Employers increasingly request an augmentation in the number of H-1B visas and green cards, in order to retain high-skilled workers. (U.S.INPAC, 2007).

Illegal Immigration

While the national political skirmishing and major news stories focus on the influx of illegal and undocumented Mexican and other Latino immigrants, the public has little awareness about the level of illegal immigration from India. “Although immigration from Mexico continues to dominate the unauthorized population growth, the greatest percentage increase in the unauthorized immigrant population from 2000 to 2005 occurred among immigrants from India, which increased 133 percent.” (Hoeffler, 2005).



8a. Intragroup Conflict in the Korean Community

Comments from Key Contacts

Just under one-third (29 percent) of the key Korean contacts who were interviewed for this project thought that issues of intragroup conflict, including competitiveness within and between churches and within other Korean organizations, were a problem in the North Penn community. The following are some of the comments made during the interview process:

- We have a lot of church politics and issues over status about who is appointed to be a church elder.
- Korean pastors do not cooperate with one another; they are always in competition for church membership and do not work together to help solve some of our community's problems.
- Because there are so many churches, there are issues of competitiveness between churches and among members which add to the stress of the Korean community.
- There are conflicts between first generation pastors and second generation church members; there are also differences between first and second generation ministers. The first generation churches are mainly concerned with fostering the spiritual life and cultural traditions of their members, while the second generation churches are usually conducted in English, and ministers deal with all sorts of social issues, family problems, and social problems and work hard to help their members be involved in both the Korean as well as mainstream communities. In addition, power struggles in many churches often erupt as members jockey for a limited number of church positions and roles of authority within a church (deacons, committee chairs). This has resulted in church schisms and splits, resulting in some congregations actually breaking away in order to establish a new church.

Suggestions to Strengthen the Community

- Encourage clergy within the Korean church to work more collaboratively with each other to solve community problems.
- Provide funding for collaborative service projects that include multiple Korean churches and other providers.

Intragroup Conflict in the Korean Community: A Review of the Research and Literature

A review of the research literature dealing with Korean intraorganizational conflict reveals that this is an area that has not been well studied. Below are some of the themes and issues that have been identified:

Titles, Generations, and Intraorganizational Conflict

For many Korean immigrants, who have been unable to recover the high social status that they once possessed in Korea, church and other Korean organizational titles and leadership positions have taken on particular importance. At times, there has been considerable intrachurch and intraorganizational conflict, especially between first and second generations surrounding these positions. Such conflict, in addition to race- and language-based marginalization, has kept the Korean American community from rightfully demanding full equality and respect within the broader American society. (Chung, 2002).

Acculturation-Related Conflicts

Some first generation Korean American pastors run their churches in such a fashion that they are not receptive to any involvement with the non-Korean community, and as a result, they foster a high degree of insularity. The following was put forth in a National Institute of Mental Health Report as the explanation for this phenomenon: “Because Korean immigrants were not exposed to significant subcultural differences in their home country, most of them have a low level of tolerance for cultural differences found in the United States; they are unwilling to learn English and American customs.” (Hurh, 1988).

Generational Conflicts with the Church

Korean ethnicity is guarded closely by the first-generation church members. As a result, the English-speaking, acculturated second generation frequently “feel alienated from the major decision-making processes and they do not get a sense of ownership of the church.” And because the first-generation churches are not committed to addressing social and moral ills of mainstream society, the second generation feels the church is irrelevant. Lastly, because of negative experiences such as church fights, the church loses credibility in the eyes of the second generation. (Goette, 1998).



8b. Intragroup Conflict in the Asian Indian Community

Comments from Key Contacts

Of the key Asian Indian contacts who were interviewed for the Needs Assessment Project, 11 percent thought that issues of intragroup conflict, class and caste issues, and competitiveness within and between temples, are a problem in the North Penn community. The following is a sampling of some of the comments informants made regarding this issue:

- The Indian community in North Penn is more divisive than it seems. Caste issues are very much alive; you don't leave your prejudices behind just because you come to this country.
- The Indian community has some internal conflicts around geographic origin, family background, class, religion, and time of arrival in this country. There are a lot of behavioral stereotypes and other generalizations about people from one state or another; one religion or another; those who are or are not educated; or those who are rich or poor. Often people and their group are judged quite harshly and are viewed in a very critical manner.
- The intragroup conflicts among Indians are rather covert and very subtle. It surfaces around socializing and not inviting people from other geographic areas to social events or to their homes. Caste is an issue here too, but it is very subtle.

Suggestions to Strengthen the Community

- Provide funding for collaborative service projects that include multiple Asian Indian organizations.

Intragroup Conflict in the Asian Indian Community: A Review of the Research and Literature

The extant research dealing with intragroup issues in the Asian Indian community is rather sparse. When concerns such as intragroup conflict and political, regional, religious, and caste differences are directly transported from India to the U.S., they are often discussed in a manner that is less than direct.

Hierarchy

It is entirely possible that the issues that seem to manifest as conflict and competitiveness are nothing more than a reflection of hierarchy; something the Indian psychoanalyst Sudhir Kakar views as a deeply entrenched aspect of the Indian personality. He states that “an Indian, more than [a member of] any other culture in the world, is a ‘homo hierarchicus’ who possesses a great need to separate everyone and everything into levels of power and authority.” (Kakar, 2007).

Skin Color

The lighter a person’s skin color, the greater the likelihood they will have higher status within the Asian Indian community, and also be viewed as more attractive. Skin color impacts marriage choice and marriage marketability, self-esteem, and feelings of attractiveness. (Assisi, 2004).

Caste Issues

Though weakening in India, vestiges of caste discrimination persist even in the U.S. Caste still manifests itself in America in a more subtle fashion, such as a scornful look, refusing to associate, not inviting a coworker from a lower caste to one’s home, questioning the caste of a child’s boyfriend or girlfriend, or even at times refusing to hire someone of the Dalit (Untouchable caste). (Berger, 2004). In addition, among Asian Indians, there are also caste-based groups in the U.S. Even in regional and language-based newspapers, caste plays a very prominent feature in matrimonial advertising. Many Asian Indian parents encourage their children to marry within their own caste and there are meetings held all across North America for the purpose of getting youths to meet others from their own caste. For example, one caste meeting in Atlanta drew four thousand people and resulted in one hundred couplings. Many individuals feel compelled to return to India in order to arrange marriages within their own caste. (Seenarine, 2004).

Organizational Differences

While there are many national Indian organizations in the United States, there are hundreds of state and local Asian Indian organizations that often have difficulty working together because of their diverse constituencies and their differing missions (religious, cultural, economic, political, generational, gender activist, and so forth). Locally, there are over 25 member organizations of the Council of Indian Organizations in Greater Philadelphia (CIO). At the 2006 National Conference of South Asians and the Diaspora, Dr. Thomas Abraham, Chairman of the Global Organization of People of Indian Origin (the keynote speaker), exhorted his listeners to find a more significant role for the younger generation in Asian Indian organizations; to cooperate with other South Asian organizations; to be less timid and take more of a stand on community-related issues; and to decrease the level of disunity among their organizations. (Abraham, 2006).

9a. Lack of Awareness of Community Services in the Korean Community

Comments from Key Contacts

Forty-eight percent of the key community contacts in the Korean community thought that the lack of awareness of community and other services was a problem for the Korean community. The following is a sample of some of the comments made by individuals who were interviewed:

- Many people in our community do not know where to go and what services are available. By word of mouth they know about Korean services but they have to go into Philadelphia.
- Because people do not know about services, we need a “hotline” with someone who answers in Korean to point them in the right direction.
- We need a Korean case manager who will help people navigate all the services and get them help. Many children have played this role for parents or grandparents, but it would be better to have a professional who speaks Korean and who really knows all of the services.
- Our church members do not know very much about all of the health services and social programs that are available, because of language difficulties and because “propaganda” (marketing) has not been directed to Koreans. If they knew about the services that were offered in Korean, they would use them more.
- The pastors in our churches need to learn more about all the services, because they are the ones who will help someone get services.
- If someone like me did not tell them about services, they would not know where to get help, and even then, they need help in getting there and with translation too.
- Especially for domestic violence, women do not know where to get help.

Suggestions to Strengthen the Community

- Develop, translate, and distribute a guide to community services for the Korean community.
- Encourage Korean churches to invite social service representatives to explain their missions and explain how to apply for and receive services.
- Encourage Korean church members to volunteer at local social service agencies.

Lack of Awareness of Services in the Korean Community: A Review of the Research and Literature

A review of the professional literature dealing with this lack of awareness of services reveals that there has not been any research which focuses solely on this subject regarding the impact on Koreans. Rather, the material that has been published relates mainly to other issues, and may make reference to service awareness as a means to underscore that it is a risk area that contributes to other problems.

Importance of Knowing More About Services

New York City Commissioner of Immigrant Affairs Sayu Bhojwani stated in an online chat that the lack of awareness of government and other services was one of several key areas that must be attended to if the needs of immigrants are to be met. Immigrants’ daily problems are exacerbated by their lack of awareness of available services, what services they are entitled to, how to access those services, or how to report discrimination when seeking services. (Gotham Gazette, 2003).

The Korean ethnic church in the United States has become one of the most significant community resources for Korean immigrants, offering them a home base for religious, spiritual, ethnic fellowship, psychological, and social needs.

Lack of Awareness Contributes to Low Utilization

The low utilization rates of mental health services on the part of Korean Americans may be due in part to lack of knowledge of existing services and unfamiliarity with treatment methods. (Shin, 2002). Another researcher, in discussing utilization of long-term care services, concluded: “We found extremely low levels of awareness and utilization of long-term health and social services among Korean Americans. (Moon, 1998).

The Role of the Church Contributes to Lack of Awareness of Other Services

The Korean ethnic church in the United States has become one of the most significant community resources for Korean immigrants, offering them a home base for religious, spiritual, ethnic fellowship, psychological, and social needs. Because they turn to the church for these needs, many Korean Americans never become aware of the other services that may more suitably meet some of their needs. (Kim, 2006).

9b. Lack of Awareness of Community Services in the Asian Indian Community

Comments from Key Contacts

Fifty-eight percent of the Asian Indian individuals who were interviewed for this project thought that lack of awareness of services was a problem in the Asian Indian community. The following is a sampling of some of the comments informants made regarding this issue:

- Even though they may need and be eligible for some services, very few people know what is out there in the community.
- Lack of awareness is just part of this problem. People in the Indian community are not very involved in the wider community. They do not know about services, they do not volunteer for causes and charities other than Indian causes, they generally are not involved in politics, and they do not sit on boards and committees.
- Even if they were more open to the idea of getting help for some problem, the resources that are out there in the community are not known to them.
- Most people in the Indian community are not aware of the range of available social and health services that they might benefit from and be entitled to.
- Abused women do not know where to turn to get help.
- Sometimes people are left to figure out on their own and fend for themselves, because they do not know where to turn and no one helps them get the services that they need.
- Many Indian people do not know about all of the programs and organizations. They need to become more aware of their existence and how good they are and become involved—not only help them by contributing money, but volunteering their time too.
- More people would utilize the community and social programs that are available if they knew about them and if someone at the organization would speak Hindi, Gujarati, or Telugu.
- We [the Indian community] know about services for physical health problems but do not know anything about social services in the community.
- Lack of awareness is a big problem. Most people do not know about services and are afraid to seek help, even when they need to. Indians are more comfortable in doing a “Google search” than actually asking for help.

Suggestions to Strengthen the Community

- Develop, translate, and distribute a guide to community services for the Asian Indian community.
- Encourage Hindu temples to invite social service representatives to explain their missions and explain how to apply for and receive services.
- Encourage Hindu temple members to volunteer at local social service agencies.

Lack of Awareness of Services in the Asian Indian Community: A Review of the Research and Literature

A review of the professional literature dealing with lack of awareness of services reveals that there has not been any research focused solely on this subject, especially regarding the impact on Asian Indians. Rather, the material that has been published relates mainly to other issues, and may make reference to lack of service awareness as a means to underscore a risk area that contributes to other problems. The South Asian Public Health Association (SAPHA) Brown Paper report focusing on *The Health of South Asians in the United States* identifies the need for greater awareness of services as an important health concern. (SAPHA, 2002). Similarly, the Needs Assessment conducted in Maryland in 2005 noted that the problem of lack of awareness of services among Asian Indians and among the Asian population in general was a barrier to improved health (Asian American Health Initiatives Community Needs Assessment, 2005). In addition, there are several groups (for example, cancer, domestic violence) focusing on specific diseases and health conditions. These groups have developed community-specific interventions and programs to build awareness of, prevent, and treat medical conditions in the community. (Raj, 2005, Baezconde, 2003).

10a. Language Issues in the Korean Community

Comments from Key Contacts

Every person interviewed for the Korean Needs Assessment interview identified English proficiency as a major need and problem facing the Korean community in the North Penn area. The following is a sampling of some of the comments informants made regarding this issue:

- Limited language ability makes it “too difficult to deal with medical issues and immigration concerns.”
- Health and medical services in the area are not offered in Korean, and the local hospital (Central Montgomery Medical Center) does not have signs in Korean.
- There are no Korean-speaking primary care providers in the North Penn area.¹⁴
- “This problem makes every other problem worse.”
- The language issue “added to the stress” for Koreans.
- Koreans will only attend programs and services if they can speak their own language.
- Language is a major issue for seniors, newcomers, and for many others who despite having been in the U.S. for some time, do not speak, read, or understand written or spoken English well enough to deal with social services, health care, education, or legal systems.
- The language issue “keeps many seniors from even going out of their homes.”

¹⁴ As of the writing of this report, plans were under way for the Jaisohn Center to open a medical care clinic in the North Penn area.

- Language “puts extra stress on children” who, because they learn English better and faster than their parents, are often called to serve as interpreters and navigators for their parents.
- Lack of English skills means that Korean women, who are on their own and who are trying to understand their rights and the benefits that they might be entitled to, have too much of a burden.
- English as a Second Language (ESL) classes are a high priority because they help to empower participants.
- Very few programs have brochures, flyers, and forms in Korean, and they do not provide any live interpretation help when Korean people actually arrive for services.

Suggestions to Strengthen the Community

- Encourage Central Montgomery Medical Center to provide signage and patient forms in Korean and other languages appropriate to the populations served by the Center.
- Encourage all social and health agencies to offer translation or interpretation services (or both) appropriate to the need faced.
- Make funding available to Korean organizations for additional ESL classes, especially for seniors.
- When appropriate, provide funds to hire bilingual staff and to translate flyers and brochures.
- Find ways to inform the Korean community of its members’ right to receive health care services in a manner that is respectful and appropriate to their language and culture, including translation and interpretation services.

Language Issues in the Korean and Asian Indian Communities: Review of Research and Literature

Note: the following review combines the material available on both Korean and Asian Indian communities. It is repeated verbatim in the section on the Asian Indian community.

A review of the research reveals very few studies have been conducted that focus solely on the issue of limited language ability and its impact on either Koreans or Asian Indians in the U.S. However, many studies (already cited in other sections of this report) note that language issues are a common and significant barrier and an impediment to receiving quality health care, mental health, and other social services for both Koreans and Asian Indians.

Limited English Proficiency and Linguistically Isolated Households

A significant report completed by the Asian & Pacific Islander Health Forum in 2004 drawing upon 2000 Census data revealed that 78 percent of Asian Indians and 76 percent of Koreans in the U.S. speak a language other than English at home. Forty-six percent of Koreans and 23 percent of Asian Indians in the U.S. are likely to have limited English proficiency (LEP) while 39 percent of Korean households and 11 percent of Asian Indian households in the U.S. are seen as “linguistically isolated” households.¹⁵ Linguistically isolated households are households in which all members 14 years old and over speak a non-English language and also speak English less than “very well.” (Asian & Pacific Islander American Health Forum, 2004).

¹⁵ LEP individuals are people who are five years or older and who report that they speak English less than “very well.”

Health care providers and their limited English-speaking patients experience great communication challenges when the latter seek access to health care. Unless health care providers pay more attention to language access, the health care needs of this growing population will continue to be unmet. (Nguyen, 2007).

10b. Language Issues in the Asian Indian Community

Comments from Key Contacts

Sixty-eight percent of the Asian Indian participants who were interviewed for the Needs Assessment Project thought that English proficiency was a problem within the Asian Indian community. The following is a sampling of some of the comments informants made regarding this issue:

- The many low-income, hourly wage, production-line workers living in Hatfield Village and in Lansdale's Wissahickon Apartments, who have very limited education, are more likely to have language problems.
- The connection between income and language was underscored by one interviewee who noted that "some people are unemployed or are very poor because they do not speak and understand English well enough to get a job that pays enough money."
- One respondent noted that the issue of domestic violence was impacted by language as well: "when a woman who is a victim of domestic violence is unable to speak English, it makes it so much harder for her to get out of the abusive situation."
- Seniors are likely to have language problems because they came here at an older age and their English language skills are very limited.
- "Seniors can't even pick up the telephone when it rings because they cannot speak English."
- "Because many Indians only speak Hindi or their own language, they have difficulties when they go to the hospital or to the doctor's office."
- An extra burden is put on children or grandchildren, who serve as interpreters and speak for parents or grandparents, because very few doctors speak Gujarati and do not provide their patients with written materials in Gujarati or in Hindi.
- If services were available in Hindi, Gujarati, or Bengali, people would use them and the program would more likely be a success.

Suggestions to Strengthen the Community

- Encourage all social and health agencies to offer translation or interpretation services (or both) appropriate to the need faced.
- Make funding available to Asian Indian organizations for additional ESL classes, especially for seniors.
- When appropriate, provide funds to hire bilingual staff and to translate flyers and brochures.
- Find ways to inform the Asian Indian community of its members' right to receive health care services in a manner that is respectful and appropriate to their language and culture, including translation and interpretation services.

Language Issues in Asian Indian Community: Review of Research and Literature

Note: the following review combines the material available on both Korean and Asian Indian communities. It is repeated verbatim in the section on language issues in the Korean Community.

A review of the research reveals very few studies have been conducted that focus solely on the issue of limited language ability and its impact on either Koreans or Asian Indians in the U.S. However, many studies (already cited in other sections of this report) note that language issues are a common and significant barrier and an impediment to receiving quality health care, mental health, and other social services for both Koreans and Asian Indians.

Limited English Proficiency and Linguistically Isolated Households

A significant report completed by the Asian & Pacific Islander Health Forum in 2004 drawing upon 2000 Census data revealed that 78 percent of Asian Indians and 76 percent of Koreans in the U.S. speak a language other than English at home. Forty-six percent of Koreans and 23 percent of Asian Indians in the U.S. are likely to have limited English proficiency (LEP) while 39 percent of Korean households and 11 percent of Asian Indian households in the U.S. are seen as “linguistically isolated” households.¹⁶ Linguistically Isolated Households are households in which all members 14 years old and over speak a non-English language and also speak English less than “very well.” (Asian & Pacific Islander American Health Forum, 2004).

Health care providers and their limited English-speaking patients experience great communication challenges when the latter seek access to health care. Unless health care providers pay more attention to language access, the health care needs of this growing population will continue to be unmet. (Nguyen, 2007).

11a. Generational Conflict in the Korean Community

Comments from Key Contacts

Seventy-one percent of the Korean individuals who were interviewed for this project believe that conflict between parents and children (including teenagers) and the generational cultural clash are significant problems in the Korean community. The following is a sampling of participant comments on this issue:

- Since education is so highly valued in our culture, considerable stress is placed on young people being accepted into and doing well in a good college. Youth often feel under extreme pressure. They don’t get much support and at times become rebellious.
- At times, if a youth gets into trouble, parents will actually move away from an area and blame bad influences and peers rather than accept the fact that their child may have a problem or that the parent-child relationship is the problem.
- Increasingly, North Penn parents contact the Korean American Youth Counseling Center of Philadelphia when their children are undisciplined at home or in school.
- Parents are overly focused on academic achievement, getting into Ivy League schools, and financial success, rather than on the emotional well-being of their children.
- Parents do not understand that Korean kids should be involved in sports and other activities other than school, tutoring, or music lessons.

¹⁶ LEP individuals are people who are five years or older who report that they speak English less than “very well.”



- Korean kids have a hard time fitting in with their Korean peers. Korean kids use terms such as “FOB” (fresh off the boat) to denote a recent immigrant who is reluctant to take on ways of the American culture or “Banana” (yellow on the outside and white on the inside) to denote someone who has assimilated in so many ways that they refuse to have anything to do with their Korean culture.
- A lot of Korean young people are alienated from their parents and from their culture, and a lot of Korean parents have a lot of problems with their American-born or American-raised children.
- Many second-generation Korean kids have grown up and have distanced themselves from their Korean identity, their culture, and their families. But as they begin getting married and having their own families, they are struggling to find out how they fit in with their Korean culture and their community. They are having a hard time.
- At least American kids can argue with their parents, but with Korean parents there is no arguing, and there is no understanding of psychological or developmental issues.
- Part of the difficulty is that Korean parents only spend time with other Koreans, and are so involved with their work, their church, tennis, or golf, that they spend so little time with their children.
- Children are made to spend too much time in church, which means they have a much harder time learning American ways. Instead, parents should be helping them learn to identify as both Korean and American.
- Parents expect their child to accept old Korean ways and to follow them without conflict.

Suggestions to Strengthen the Community

- Sponsor a conference on facing and overcoming generational issues.
- Help Korean parents become more informed about the value of their children fully participating in extracurricular activities to complement learning.
- Encourage school district staff to present a program on “maximizing your child’s school experience” to Korean organizations.
- Encourage Korean churches’ teen clubs to offer a program on the stress of being a child of immigrants.
- Encourage Korean churches to offer a program on the stress of being an immigrant parent in the U.S.

Generational Conflict in the Korean Community: A Review of the Research and Literature

A review of the professional literature as well as of the public media reveals a small but growing body of research on parent-child culture and generational conflict in the Korean family.

Confucianism, Collectivism, and Filial Piety

Based on Confucian philosophy, the cultural ideal of filial piety establishes an expectation that Korean children will show devotion, respect, and obedience to their parents throughout their lifetime. (Kim, 2006).

American Individualism vs. Korean Collectivism

Many Koreans are still influenced by their Confucian collectivist cultural philosophical roots. They consider themselves to be extensions of their families and often regard the welfare of their family as more important than that of the individual members. If they make decisions based on their own preferences without considering others, they are likely to be labeled “selfish.” Once children become educated within American culture and the

values of individualism, they often do not accept the values of collectivism and filial piety. Conflict may occur when Korean parents expect that their children will show them devotion, respect, and obedience throughout their lifetime. (Kim, 2006). Parents may expect to decide their children's school major, career choice, and marriage partner. (Kim-Rupnow, 2001, Kim, 2006).

Korean Youth and Alienation

Korean American adolescents often experience problems of alienation, isolation, and psychological distress. Many experience communication difficulties with their parents related to differing values and lack of a common language. Many may not speak Korean and may lack an understanding of Korean cultural values. Most first-generation immigrants in the U.S. tend to prefer to speak their native language, whereas their children, born and raised in the U.S., tend to prefer to communicate in English. This language barrier is very common in Korean communities in the U.S. The lack of effective communication between parents and children could be an important reason for an increase in adolescents' conflict with their family members. (Chou, 2005).

The Generation Gap

The gap between first and "1.5" generations has been a problem in Korean American communities. The first generation struggled to adjust to American society, while the "1.5" generation steadily build a new identity as Americans. Most first-generation immigrants had to put all their time and effort into managing work and simply did not have time to talk to their children. At times, Korean children and teens who are part of the "1.5" generation are teased so badly that they fight with white youngsters. In some cases, the situation can lead to crime. New York Police estimates that a significant number of crimes in the Queens Flushing Koreatown are committed by ethnic Koreans under 18.¹⁷ (English Chosun Illbo, 2007).

11b. Generational Conflict in the Asian Indian Community

Comments from Key Contacts

Sixty-three percent of the Asian Indian individuals who were interviewed for this project believe that the conflict between parents and youth is a significant problem. The following is a sampling of the comments made by these individuals:

- Children and youth are usually more assimilated than their parents and this creates stress.
- Many parents do not see the importance of having their children involved in scouts, band, sports, or summer camp. Instead, they focus only on their child's academic performance, leaving their kids feeling frustrated and different from their peers.
- Parents worry that their children will not stay connected to their culture and religion, and as a result, often control or try to push their culture too intensely. This makes their children more rebellious.
- Parents are afraid that their children will be so influenced by American ways that they become overly concerned about academics and restrict their other behavior so much. Parents do not understand their children's need for socialization. For this reason, Indian children grow up not being assertive and lacking needed independence.

¹⁷ Note: Author was unable to obtain local data.



- Indian children and youth need to be helped to feel more pride in their Indian heritage.
- More teens are rebelling; their parents are ashamed and do not know what to do.
- Intergenerational conflict is being manifested in various ways in the form of mental health issues on college campuses across the U.S.
- Parents expect to be able to decide where their children go to college, what they will major in, and who they will marry. Youth, on the other hand, have some of their own notions about these issues and seek personal and self-fulfillment, which runs counter to the cultural norms of their parents. Youth rebellion is often not overt but takes the form of secret dating.
- Most local Indian parents are very concerned about preserving their culture. Therefore, they speak only Gujarati at home, maintain cultural values and traditions, and attend temple. At times this makes mastery of English and other socialization skills a bit harder for their children, who have to fit in with two cultures.
- At times, the interests and activities of children in the Indian community, create a “culture shock” for Indian parents, who do not understand the larger community’s norms, nor can they make any sense of the “new” values of their children.
- The younger generation is more “Americanized” than their parents and a lot of tension exists in many families. There are many differences between parents and their children about cultural values, dating, and the choice of marriage partners or careers.

Suggestions to Strengthen the Community

- Sponsor a conference on facing and overcoming generational issues.
- Help Asian Indian parents become more informed about the value of their children fully participating in extracurricular activities to complement learning.
- Encourage school district staff to present a program on “maximizing your child’s school experience” to Asian Indian organizations.
- Encourage Hindu temples’ teen clubs to offer program on the stress of being a child of immigrants.
- Encourage Hindu temples to offer a program on the stress of being an immigrant parent in the U.S.

Generational Conflict in the Asian Indian Community: A Review of the Research and Literature

A review of the professional and mass media reveal that there is a small but growing body of research that deals with issues related to parent-child and generational culture clashes. The following reports on some of this research.

Areas of Conflict

Results of a study focusing on second-generation Asian Indians indicate that parent-youth cultural conflict stems from conflict over areas such as education and success, pressure from parents to maintain traditional cultural values, family bonds, and differences as to what are appropriate personal and generational boundaries, parental control and abuse, and dating and marriage. At times, this conflict results in loneliness and pain, lying, rebellion, or acquiescence to parental and community values. (Dugsin, 2001).

ABCD

The term “American Born Confused Desi” (ABCD) is used to describe second generation Asian Indians who are “lost.” Sunaina Maira, author of *Desis in the House*, believes that it is the first generation that is so confused. “They often work out their own anxieties through their children.” The second generation feels a need to live up to a vision that their parents constantly hold up to them. But then, when they go to India or when they meet other kinds of first generation Asian Indians who are very different from their parents, they come to realize that Indian culture is actually much more complicated and heterogeneous than their parents sometimes let on. (Maira, 2002).

There is fear of shame and stigma not only on oneself but on one's family members within the community.

Living in Two Worlds

Second generation Asian Indian American youth (born and raised in the U.S.) have a bicultural challenge of living in and straddling two diverse worlds: the immigrant world of their parents' culture, and the American world of their education, peers, and media. By being Asian Indian at home and American outside, they struggle to fit in and secure approval of both parents and peers. They question their identity and sense of belonging in both worlds. The Asian Indian culture is collectivistic in that it is family-focused and driven by duty and obligation, rather than self-interest and personal desires as in the U.S. There is fear of shame and stigma not only on oneself but on one's family members within the community. Saving face in the Asian Indian family plays a significant role in community life. To "lose face" means that one has damaged their good family name in the eyes of others. Being "too Indian" in the United States can become a burden and being "too American" can get you branded as American Born Confused Desi (ABCD), "coconut," or "banana" by your peers. Seventy-three percent of study participants felt that they lived in two cultures at once, and 45 percent felt that they separate their social circles in order to function in both worlds. (Kuar, 2005).

Perfectionist Parents

High "standards for youth are reinforced by relentless parental and community pressure to conform." When young people don't conform, their parents may be denied access to power centers of the community, the chamber of commerce, becoming a leader in the temple, or heading a community organization. Children feel enormous pressure to conform, and if they don't measure up to community expectations, parents feel embarrassed. (Blake, 2002).

12a. Poverty in the Korean Community

Comments from Key Contacts

Of the Korean contacts for the Needs Assessment Project, 24 percent believe that poverty is a significant problem and unmet need for the North Penn Korean community. The following is a summary of the comments that were made regarding poverty:

- Many of our seniors are very low-income. "They live in low-income housing and sometimes do not have enough money, but their children help them."
- Some people are too ashamed to ask for help, even if they are eligible. A lot of hard-working people in our community are still low-income, even with two jobs and working so many hours.
- Some of the undocumented Korean immigrants are very low-income and they cannot get any extra government help.
- When women leave abusive husbands, they often lose their income.

Poverty in the Korean Community: A Review of the Research and Literature

A review of the professional literature reveals that there has not been very much research concentrating on issues of poverty in the Korean community. The few studies that have been reported focus on the following themes:

Rate of Poverty, Work, and Gender

In 2000, the poverty rate of Korean Americans (14.8 percent) was higher than that for native-born whites (12.4 percent). While the second generation registered a lower rate of

poverty than the first generation, it registered a higher rate of poverty than the 1.5 generation in 2000. The rate of poverty among Korean men is lower than the rate for women, adding credence to the notion that extra burden of economic hardship accompanies female-headed households. Although the rate of self-employment among first-generation Koreans is extremely high, the unfavorable working conditions associated with self-employment probably accounts for the decrease in the proportion of self-employment among the succeeding generations of Korean Americans. (Reeves, 2000). (Min, 2005).

Family Employment and Hours Spent Working

Korean Americans tend to have more family members working at the same time to maintain their financial status and lifestyle. (NAPAW, 2005).

Working Poor

A study of low-wage Korean workers in New York City revealed that there are more than 200,000 low-wage Korean workers in the city, many of whom are living below the poverty line. These working poor include waiters, hairdressers, nail salon workers, and grocery cashiers. Many workers in the Korean community are often subjected to serious, unlawful labor violations—they are not properly paid minimum wage or overtime, and are forced to work in hazardous conditions, for long hours, and without proper safety equipment. Seventy-three percent of workers said they have no agreement to get paid a higher amount for overtime hours. Almost two-thirds (64 percent) of the workers did not know about workers' compensation. More than half (55 percent) did not know about unemployment insurance, and only 11 percent of workers have actually ever applied. Close to a quarter (24 percent) of all workers think they will lose their jobs if they complain to management. Nearly one-third (31 percent) currently hold more than one job to support themselves. (Asian American Legal Defense Fund, 2006).

12b. Poverty in the Asian Indian Community

Comments from Key Contacts

Thirty-seven percent of the Asian Indian participants in the interviews for the Needs Assessment Project identified poverty as a need and problem in the Indian community. Although slightly more than one-third identified poverty as a problem, only a few interviewees elaborated on the issue. The following is a summary of the comments that were made regarding poverty:

- Although the Indian community is relatively well-off financially, there exists a segment of the population who are low-income. They experience considerable financial difficulties, but do not admit that they are low-income and usually do not seek any financial assistance, food stamps, or government aid.
- We have children in our community who sometimes do not get the services and care that they need because of the financial situation of their parents.
- About 50 percent of the people in my organization are relatively poor; they work factory jobs, they do not speak English and are often illiterate.
- “If an Indian is poor it is because he doesn’t work hard enough.” Sometimes people have to work two and three jobs but they don’t have to be poor—“America is not like India.”
- There may be small pockets of poverty in our community, but this is not a problem.

Poverty in the Asian Indian Community: A Review of the Research and Literature

A review of the professional and popular literature did not reveal any studies focusing solely on poverty in the Asian Indian community. The limited data that exists focuses on basic demographics such as age and poverty rates. The 2000 Census rate of poverty among Asian Indians is 9.3 percent compared to 12.4 percent for the U.S. population in general and 12.6 percent among Asians in general. (Reeves, 2000).

Indian Poverty and the Elderly

Poverty is a growing and often ignored problem in the U.S. Asian Indian community, especially for those immigrants over the age of 65. The percent of Asian Indians over 65 using federal benefits reveals that 27 percent receive some sort of medical assistance, 26 percent are on social security, and 12 percent are below poverty. (The Indian American Center for Political Awareness, 2007).

13a. Substance Abuse, Gambling, and Smoking in the Korean Community

Comments from Key Contacts

Two-thirds of Korean interview respondents thought that alcohol or drug abuse, gambling addiction, or smoking were problems in the North Penn Korean community. The following is a sampling of participant comments on this issue:

- Several people described both alcoholism and gambling addictions as “underground, hidden problems” in the Korean community, which negatively impacts families.
- Several individuals acknowledged that they knew of a few cases of alcohol abuse or drug abuse in the community, mainly among adults, but doubted that abuse of alcohol and drugs was really a big problem.
- Many [Korean] men drink too much to escape from feelings of low self-esteem, powerlessness, and inadequacy.
- There is a connection between domestic violence and alcohol abuse because “their anger and frustrations come out when they drink.”
- One individual said he wished there were a Korean Alcoholics Anonymous group in the area.
- One individual expressed concern that “some youth are being drawn into activities or have friends that could lead to abusing alcohol or drugs.”
- Two interview respondents said they actually knew of youth who were abusing drugs and alcohol, and in one case, described the individual as having “a big drug problem.” They commented that youth who are recent immigrants from Korea are more likely to use drugs or alcohol than youth who have been here for longer periods of time.
- Three participants saw gambling as a big problem. “People go to Atlantic City or play Korean poker too much, spend too much time gambling, and lose too much money, which makes their personal and family problems worse.”
- Several informants thought that “smoking among men is a big problem.”
- One person estimated that about 30 percent of the men in his church smoked, but did not think that the community was ready for smoking cessation workshops, even if they were held in Korean.

Suggestions to Strengthen the Community

- Encourage Korean churches to offer a parenting program on keeping children free of drugs, alcohol, and tobacco.
- Develop and provide a Korean language smoking cessation program.
- Encourage Korean churches to offer a program on dealing with gambling issues in the Korean community.
- Encourage substance abuse agencies to provide specialized prevention workshops to the Korean community.

Substance Abuse, Gambling, and Smoking in the Korean Community: Review of the Research and Literature

A review of the literature on substance abuse within the Korean community reveals that not very much research has focused on this population. The following has been reported:

Alcohol Abuse

Immigrants from Korea had the second highest prevalence (53.2 percent) of past month alcohol use compared to immigrants from other Asian countries. Korean immigrants had the highest weekly alcohol consumption (7.5 drinks per week), compared to other Asians. The prevalence rates of Korean immigrants were similar to the rates of U.S.-born Koreans. (The Asian and Pacific Islander Technical Assistance Project, 2005).

Researchers have noted that alcohol misuse among Korean American adolescents is influenced by the same social variables that impact other ethnic groups—stress, peer pressure, parent child conflict, media messages, and so forth. (Nakashima, 2000).

Drug Abuse

Although not widely reported, the use of Hiroppong—Korean for methamphetamine—has been a rising problem in the west coast Korean community since the late 1980s. In spite of the fact that the Korean American community and the Korean churches still downplay the existence of drug use, several promising programs to promote drug abuse prevention and treatment to Korean youth have been developed in Los Angeles and San Francisco. (Kim, 2006).

Reaching the Korean churches is essential to deal with this problem. Speaking at the Korean Council of Southern Baptist Churches, one speaker told the gathering that “drug use is escalating among second-generation Koreans — the children of immigrants. The problem is compounded by the fact that in the Korean culture, people don’t talk about addiction being in their family, or in their church family, because to do so would be to lose face.” Other pastors spoke about some of senior adults who were addicted to gambling, alcohol, nicotine, and drugs. (Willoughby, 2007).

An estimated 6.9 percent of Korean Americans are current illegal drug users, a value that is not appreciably different from the population mean or average value for all persons (6.3 percent). (Drug Use Among Racial and Ethnic Minorities, 1995, Revised September 2003, Pub# 03-3888).

Smoking

Nationally, the smoking rate among Korean Americans (27 percent) is higher than for any other Asian population, and slightly higher than the 25.9 percent rate for whites. (Drug Use Among Racial and Ethnic Minorities, 1995, Revised September 2003, Pub# 03-3888). Recent smoking research has indicated that tobacco prevention programs are failing to reach members of the Korean American community, whose smoking behaviors

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remain at problematic levels. Although the smoking prevalence rate in Pennsylvania for the total population was 24.3 percent, for Koreans this rate was 26.8 percent. The rate refers to those who are current users of tobacco, and of this number 85.3 percent were daily users. (Ma, 2002).

Some very promising research using culturally adaptive strategies has recently been conducted which deals with the fact that smoking cessation programs have not been particularly successful within the Korean community. Positive results were achieved by adapting the approach to the educational level of participants, conducting the program in Korean, and utilizing a one-on-one counseling approach to cessation. An additional recommendation was that cessation approaches must be cognizant of Korean social and cultural habits related to offering a cigarette and smoking at the initiation of social interaction or conversation especially among men. (Ma, 2006) (Fang, 2006).

Gambling

A Minnesota study focusing on casino gambling in Minnesota indicates that the problem of pathological gambling is beginning to surface in the Korean community. (Sikka, 2005).

Substance Abuse Treatment

In order to be effective, substance abuse professionals who work with Korean youth need to develop specific cultural competency skills to work well with these youth. (Shin, 2002).

13b. Substance Abuse, Gambling, and Smoking in the Asian Indian Community

Comments from Key Contacts

Thirty-seven percent of the Asian Indian individuals who were interviewed for this project thought that alcohol or drug abuse, gambling addiction, or smoking were problems in the North Penn Asian Indian community. The following is a sampling of participant comments on this issue:

- One person stated that “alcohol abuse in our community is a much greater problem than the community itself would like to acknowledge.”
- One individual saw alcohol abuse as more of a problem of first generation immigrants.
- Another person reported knowing about some DUI cases of Asian Indians and said that “alcohol abuse is a problem that the whole community needs to address.”
- Smoking among men is a bigger problem than the community realizes because smokers are often very “secretive.”
- Smoking is an issue for too many Indian adults who do not have enough knowledge about smoking or who need help to stop.
- Drugs and alcohol among Indian youth is really not a problem, but many Indian parents worry a lot about whether their children are overly influenced by the U.S. drug culture.

Suggestions to Strengthen the Community

- Encourage Hindu temples to offer a parenting program on keeping children free of drugs, alcohol, and tobacco.
- Encourage substance abuse agencies to provide specialized prevention workshops to the Asian Indian community.

Substance Abuse, Gambling and Smoking in the Asian Indian Community:

Review of the Research and Literature

A review of the professional research literature as well as the public media reveals that little work has been done in this area. Unfortunately, much of the work that has been done utilizes aggregated Asian data which can easily lead to incorrect conclusions.

Substance Abuse Rates

While the rates of substance abuse are significantly lower in Asian Indian Americans than the United States average, it is higher than the Asian Indian community is willing to recognize. Although there is considerable acculturation stress experienced by Asian Indian youth, the very limited data from the few studies that have been reported have indicated low rates of drug use and abuse in the Asian Indian community. (Rastgogi, 2006); (Bhattacharya, 2002). One New York City study indicated that 28 percent of Asian Indians had used alcohol on at least one occasion, 16.5 percent had used cigarettes, and 2.5 percent had used marijuana. (Bhattacharya, 2002).

Smoking

A national study that examined use, knowledge, attitudes, and social impact of smoking among college students of Asian Indian origin revealed that although 39 percent had experimented with cigarette smoking, 19.3 percent reported current use (sometimes or regularly) of tobacco or tobacco-related products. Additionally, respondents indicated less acceptances of females smoking (which was seen as unattractive) as compared to a slightly greater acceptance of male smokers. (Mishra, 2006).

14a. Transportation Issues in the Korean Community

Comments from Key Contacts

Sixty-two percent of the Korean respondents who were interviewed for the Needs Assessment Project believed that transportation issues are a problem in the Korean community. Although one individual pointed out that women leaving a violent home situation have a transportation problem, the majority of individuals thought that the transportation issue was mainly a problem for seniors. The following are a sampling of the comments made about Korean seniors' need for transportation:

- “The lack of transportation makes every problem worse.”
- A Korean-speaking senior would never be able to use a bus or a van if there were not a Korean-speaking driver or aide available.
- Not knowing how to make arrangements for TransNet¹⁸ (in English), means that Korean seniors are not likely to use that service.
- Transportation problems for seniors makes it hard for them to get to places they need to go, especially when so many services and programs are in Philadelphia, so most of the time they don't go.
- “Our seniors need buses and vans to take them places they need to go.”
- Most seniors do not drive and have to rely on others to help them, which is difficult for their children who are so busy working.

¹⁸ TransNet is the term used by residents to refer to Suburban Transit Network, Inc., a regional comprehensive transport provider whose services include transport for seniors and disabled individuals.

- “Assi Plaza provides a van and that helps with grocery shopping—but that is just for shopping.”
- It would be nice if there were more volunteers to help transport seniors to doctors offices and to other places.

Suggestions to Strengthen the Community

- Convene a meeting with TransNet to discuss specific issues relating to the transportation concerns of Korean seniors and those with disabilities.
- Encourage Korean organizations to convene a symposium on transportation concerns in the Korean community.

Transportation Issues in the Korean Community: A Review of the Research and Literature

A review of the literature reveals that there has not been any research focusing solely on the lack of transportation and its impact on Koreans or their families. However, many studies refer to the lack of transportation as being an additional stress factor in the lives of Korean seniors. (See sections on Korean and Asian Indian Elderly). Additionally, the popular media both in Korea and in the U.S. has made specific reference to the issue of transportation.

A *Korean Times* article noted that “If their children do not provide transportation for them, they have little chance of getting out at all. Without a car, or without help, they are forced to remain home all day, which in the long run begins to feel like a prison without bars. They are completely isolated, and their lives are full of difficulty.” (Lee, 2005).

Of special note to the present Needs Assessment Project, is the fact that a 2005 Asian American Needs Assessment in Montgomery County, Maryland, indicated that the lack of transportation was one of the most significant barriers to receiving health care for all Asian groups. (This study includes Koreans but is not limited to them.) (Asian American Health Initiatives Community Needs Assessment, 2005).

The Montgomery County (Pa.) Needs Assessment recognized that transportation problems are a major concern for many in the county, including many residents of the North Penn area. The report provided some recommendations and encouraged the “expansion of some of the inventive programs in the county.” However, the report does not look at the unique transportation needs of any ethnic minorities or immigrant populations, nor does it provide any transportation recommendations that deal specifically with the unique problems faced by Koreans and Asian Indians. (Smith, D.B., 2006).

14b. Transportation Issues in the Asian Indian Community

Comments from Key Contacts

Sixty-eight percent of the Asian Indian individuals who were interviewed for the Needs Assessment Project thought that transportation was a need and a problem in the Asian Indian community in the North Penn area. Although one person thought transportation was a problem for lower-income immigrants, because getting a car that they could afford was difficult, almost all of the interviewees believed it was a problem for seniors. The following is a sampling of the comments made about Asian Indian seniors’ need for transportation:

- Caretakers have so much stress because they have to take seniors to so many places, and there is no other way for seniors to get to the doctor.

- Not being able to drive makes life harder for our seniors.
- Being in a foreign environment and not being able to get around makes it hard for Indian seniors who were used to walking to their neighbor's house, to the market, or to the temple.
- Not driving makes our seniors more dependent than they need to be.
- One of the major reasons that seniors are alone so much is that they don't have transportation to get to be with other people.

Suggestions to Strengthen the Community

- Convene a meeting with TransNet¹⁹ to discuss specific issues relating to transportation concerns of Asian Indian seniors and those with disabilities.
- Encourage Asian Indian organizations to convene a symposium on transportation concerns in the Asian Indian community.



Transportation Issues in the Asian Indian Community: A Review of the Research and Literature

A review of the literature reveals that there has not been any research focusing solely on the lack of transportation and its impact on Asian Indians and their families. However, many studies refer to the lack of transportation as being an additional stress factor in the lives of Asian Indians seniors. (See section on Asian Indian Elderly).

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Another needs assessment conducted by the South Asian Public Health Association revealed that lack of transportation was the greatest barrier to receiving quality care for older Asian Indians. (Brown Paper-South Asian Public Health Association, 2002).

¹⁹ TransNet is the term used by residents to refer to Suburban Transit Network, Inc., a regional comprehensive transport provider whose services include transport for seniors and disabled individuals.

Discussion

Larry Fiebert, the primary researcher and author of this report, is a native of the Bronx, (New York City) and served in the Peace Corps in Colombia, South America. He received his MSW degree in community organization and social planning from Wayne State University in Detroit. Additionally, he has been trained as a family therapist and has worked as a clinician, serving couples and families. Mr. Fiebert served as an Assistant Professor at the State University of New York at Buffalo.

By contacting and interviewing key individuals in the Korean and Asian Indian communities, and by conducting an extensive review of the relevant research and literature dealing with these populations, the author was able to identify 14 basic concerns expressed by the Korean and Asian Indian populations in the North Penn community. To recap, following are the 14 problem areas that were identified:

1. Concerns of the Elderly
2. Mental Health Issues
3. Domestic Violence and Child Abuse
4. Discrimination, Lack of Power, and Lack of Trust
5. Health and Medical Issues
6. Health Insurance
7. Immigration Concerns
8. Intragroup Conflict
9. Lack of Awareness of Community Services
10. Language Issues
11. Generational Conflict
12. Poverty
13. Substance Abuse, Gambling, and Smoking
14. Transportation Issues

The chief concerns were not the same for both communities. The three areas that were viewed by the most Korean interviewees as problem areas in the Korean community were Issues of the Elderly, Language Issues, and Mental Health Issues. One hundred percent of Korean respondents believed that Elderly Issues and Language Issues were significant problems or areas of unmet need, and 81 percent of Korean interviewees thought that language issues were a high priority.

The three areas most cited as problems in the Asian Indian community included Elderly (95 percent), Mental Health (95 percent), and Domestic Violence (90 percent).

One would not expect the Korean and Asian Indian communities to identify the same issues at the same rate, as they are quite different from each other. The point of this report is not to compare these communities, but to examine the needs in each so that service providers who serve one or both of them can do a better job.

Elderly Issues

Interviewees in both ethnic cohorts identified concerns about the elderly as the major unmet need in their community. In both communities, several other problem themes were directly interwoven with interviewees' descriptions about the needs of seniors. Thus, elderly were often described as being lonely, depressed, and isolated; in need of social contact; lacking English language skills (more so in the Korean community); often

uninsured (more so in the Korean community); not in good health; lacking transportation; unaware of the community's services; and more likely to be seen as having a hard time financially.

The service that most interviewees thought was most needed by seniors was a seniors' club or senior center that provided transportation to the center, offered programs focusing on the culture of the seniors' home country, used facilitators who spoke the seniors' language, and provided meals based on the cuisine of the seniors' home country.

Within the Korean community, it is quite notable that many Korean interviewees and almost all of the Korean clergy thought that when a Korean Senior Center was created, it needed to be located at their particular church. When the interviewer asked if the service they believed was needed could be met by a centralized service, respondents stated that it would work much better if it were located within their particular church—"we have the room, the land, etc." No respondent mentioned the possibility of having a centrally-located Korean Center to serve multiple churches, nor did anyone see any reason to work with other pastors or with other organizations to realize this goal.

Mental Health

While 81 percent of the Korean interviewees and 95 percent of the Asian Indian interviewees thought that mental health issues were a problem in their respective communities, most did not think that conventional Western style counseling or psychotherapy would be accepted by their community. Rather, respondents in both cohorts thought that mental health provided in the form of education, stress reduction, skill development, case management, and information and referral, especially if provided by professionals from the same ethnic group as their clients, would more likely meet with a greater degree of acceptance and success. It is interesting to note that in two follow-up telephone conversations with Korean informants (that coincidentally took place subsequent to the mass shooting at Virginia Tech in April 2007, which involved a Korean student with obvious mental health problems), interviewees were more definitive and explicit about the need for some type of mental health help than were other interviewees during similar conversations that took place prior to that incident.

Domestic Violence

Although most interviewees in both communities (76 percent in the Korean community and 89 percent in the Asian Indian community) identified domestic violence as a problem and the lack of relevant services as an unmet need in their community, this subject seemed to produce a great degree of discomfort for interviewees as evidenced by body language and a desire to move on to other topics. Likewise, domestic violence is one of the problem themes about which several respondents seemed to have a greater need to rationalize or minimize to some degree (for example, interviewees reported that spousal abuse occurs because men are under a lot of stress; it happens but it is no worse in our community than in the white community; it happens more often among the poorer elements in our community). Before any real changes regarding domestic violence can take place, religious leaders other Asian Indian and Korean leaders and organizations will need to commit to facing and dealing with this problem.



Health and Medical

Although more than three-quarters of all respondents (76 percent in the Korean cohort and 84 percent in the Indian cohort) identified health issues as an unmet need within their respective community, few interviewees actually identified and spoke about specific health problems, conditions, diseases, or health issues unique to their community. An example of this is the fact that rates of hepatitis and certain cancers are extremely high in the Korean community, yet these were hardly discussed by interview participants. Similarly, the rate of low birth weights births for Indian women, and the disproportionately high rate of cardiac disease in the Indian community received scant attention from interviewees. Insufficient awareness, lack of information, and limited knowledge about such matters appear to be the most likely explanations in this case.

Intragroup Conflict

This subject area was felt to be a moderate problem area for Koreans (29 percent among the Korean cohort). It was less noted by Asian Indians (11 percent). This issue, as with a few other problem themes already mentioned, seemed to evoke discomfort in many interviewees. As intragroup conflict has been discussed in the literature, the area remains open for future exploration.

Is North Penn Ready for Change?

The Korean and Asian Indian Needs Assessment Project has answered many questions and, as noted in the following section, provides many recommendations for future action.

However, in addition to providing some clarification as to the unmet needs of the respective target communities, this study raises some additional questions. It is not clear to this researcher if, and to what degree, the Korean and Asian Indian communities want to have a greater planning and service delivery involvement with existing social and health services. It is also unclear whether, and to what degree, North Penn's existing social and health care system and providers are willing to reach out and serve Koreans and Asians. How willing are the existing social and health care agencies to modify current services, provide culturally and linguistically competent staff, expend new resources, enter into partnerships and collaborations, and create new and innovative programs and services to meet the needs of our growing Korean and Asian Indian population?

Recommendations

Of the sixty recommendations that emerged during the data collection and analysis, six overarching themes emerged:

1. Increase Awareness of Key Community Leaders

Assist the Korean and Asian Indian congregations and organizations to become more knowledgeable about the issues in their community.

2. Promote Cooperation and Collaboration Among Community Leaders

Promote collaboration among Korean congregations and organizations to respond to community needs. Promote collaboration among Asian Indian organizations to respond to community needs.

3. Enhance Capacity and Cultural Competency of Area Social and Health Services

Increase the ability, skill level, and capacity of social and health services to serve Koreans and Asian Indians.

4. Develop New Services for the Korean and Asian Indian Elderly

Create innovative services to meet the needs of Korean and Asian Indian seniors.

5. Promote Prevention and Health and Social Service Utilization by the Korean and Asian Indian Communities

Promote prevention, testing, screening, and treatment about specific health issues and conditions for which each community may be at high risk.

6. Promote Collection and Utilization of Disaggregated Data

Collect population data by culturally or linguistically unique population groups rather than broader (and unhelpful) clusters of population.

The following recommendations are based on information obtained from interviews with Korean and Asian Indian participants of this project, extensive review of the relevant professional and popular literature, and conversations with professional colleagues both within and outside of the communities. Please note that accompanying the recommendation is a series of letter notations: F = Funders; S = The larger social and health service community; E = School Systems; K = The Korean community; AI = The Asian Indian community. These advise the reader as to whom the suggested group or audience the recommendation is directed.

#	Recommendation	Directed to:
1	Convene a "Meet the Funders" forum for Korean and Asian Indian community leaders to explain government and other funding and how to apply.	F, AI, K, S
2	Create a monthly, culturally and linguistically appropriate Korean seniors' group to be located at an existing senior center.	F, S, K
3	Create a monthly, culturally and linguistically appropriate Asian Indian seniors' group to be located at an existing senior center.	F, S, AI
4	Korean churches and organizations need to collaboratively develop a single Korean senior center.	K, F
5	Hindu temples and Asian Indian organizations need to collaboratively develop a single Indian senior center.	AI, F
6	Develop groups of Korean and Asian Indian volunteers to provide friendly visiting and transportation for seniors.	K, AI, S
7	Convene a group of Korean and Asian Indian leaders to plan and discuss elder services (caregivers' needs, long-term care, adult day services, respite, homecare, language, transportation, and meals on wheels).	F, S, K, AI
8	Employ a culturally and linguistically competent case manager for outreach, information and referral, service navigation, friendly visiting and basic social work.	F, S, K, AI
9	Employ a culturally and linguistically competent counselor for mental health outreach to the Korean and Asian Indian communities (for seniors as well as others).	F, S, K, AI
10	Develop a culturally and linguistically competent family and marriage counseling approach that is consistent with Asian Indian values and traditions.	F, S, AI
11	Develop a culturally and linguistically competent family and marriage counseling approach that is consistent with Korean values and traditions.	F, S, K
12	Sponsor a major community-wide CHIP registration drive in the Korean and Asian Indian communities.	F, S, K, AI
13	Plan an insurance education program with the goal of decreasing the rate of uninsured individuals in the Korean and Asian Indian communities.	F, S, K, AI
14	Sponsor a conference and specialized training on mental health issues in the Korean and Asian Indian communities for social service providers and educators.	F, S, K, AI, E
15	Encourage Korean churches, Hindu temples, and Korean and Asian Indian organizations to make mental health education and promotion a priority.	K, AI
16	Create opportunities to offer culturally competent services, such as an Asian Services Center.	F, S, K, AI
17	Provide space and collocate existing Korean and Asian Indian social services (domestic violence, family counseling, health care, and senior services), within existing North Penn area established social and health services.	F, S, K
18	Provide training to clergy and Hindu temples about domestic violence, child abuse, and mandated reporting.	K, AI, S
19	Encourage Korean churches, Hindu temples, and Korean and Asian Indian organizations to promote domestic violence prevention and education, and actively help raise their community's awareness of this problem.	K, AI
20	Research the extent of domestic violence in the Korean and Asian Indian communities.	F, S, K, AI
21	Develop and fund a culturally appropriate domestic violence shelter program for abused Korean and Asian Indian women.	F, S, K, AI
22	Sponsor a conference on domestic violence and child abuse in the Korean and Asian Indian communities.	F, S, K, AI
23	Provide sufficient professional staffing for existing Korean and Asian Indian domestic violence programs.	F, S, K, AI

#	Recommendation	Directed to:
24	Encourage North Penn community leaders, government agencies, and other institutions to be more welcoming, accepting, and persistent in their outreach to Korean and Asian Indian individuals.	S, K, AI, E
25	Sponsor a workshop or training on the subtle discrimination faced by Korean and Asian Indian employees and students.	K, AI, S, F, E
26	Provide a workshop to Korean and Asian Indian employees on mainstream culture and how to get ahead in the American workplace.	S, E, AI, K
27	Convene a seminar of Koreans and Asian Indians to identify and explore a broader range of opportunities (beyond International Festival) to get to know Korean and Asian Indian people.	F, S, K, AI
28	Offer a workshop in Korean and in various Indian languages on immigration concerns for the community.	F, K, AI, E
29	Provide a bilingual paralegal to offer basic immigration information and form completion assistance.	F, K, AI, S
30	Conduct survey to identify specific needs of undocumented Korean and Asian Indian individuals.	F, K, AI
31	Sponsor a "meet your legislator" forum to discuss immigration concerns of the local Korean and Asian Indian communities.	K, AI, E
32	Encourage clergy within the Korean church to work more collaboratively with each other to solve Korean problems.	K
33	Expand opportunities for existing Korean and Asian Indian agencies to collaborate to serve North Penn communities.	F, S, K, AI
34	Provide funding for collaborative service projects that include multiple Korean churches and other providers.	F, K, AI
35	Sponsor a conference on facing and overcoming generational issues.	K, AI
36	Develop, translate, and distribute a guide to community services for the Korean and Asian Indian communities.	F, K, AI, S
37	Encourage Korean churches and Hindu temples to invite social service representatives to explain their mission and inform these communities about how to apply for and receive services.	S, AI, K
38	Encourage Korean and Asian Indian church and temple members to become volunteers at local social service agencies.	K, AI, S
39	Encourage Central Montgomery Medical Center to provide signage and patient forms in Korean and other languages appropriate to the populations served by the Center.	K, S
40	Encourage all social and health agencies to offer translation or interpretation services (or both) appropriate to the need faced.	K, AI, F, S
41	Encourage funding for additional ESL classes, especially for seniors.	F, S, K, AI
42	When appropriate, provide funds to hire bilingual staff and to translate flyers and brochures.	F, S, K, AI
43	Find ways to inform the Korean and Asian Indian communities of their right to receive health care services in a manner that is respectful and appropriate to their language and culture, including translation and interpretation services.	S, K, AI
44	Help Korean and Asian Indian parents become more informed about the value of their children fully participating in extracurricular activities to complement learning.	S, K, AI
45	Encourage school district staff to present program on "maximizing your child's school experience" to Korean and Asian Indian organizations.	E, K, AI

#	Recommendation	Directed to:
46	Encourage Korean churches' and Hindu temples' teen clubs to offer program on the stress of being a child of immigrants.	F, S, K, AI
47	Encourage Korean churches and Hindu temples to offer a program on the stress of being an immigrant parent in the U.S.	F, S, K, AI
48	Encourage Korean churches and Hindu temples to offer a parenting program on keeping children free of drugs, alcohol, and tobacco.	F, S, K, AI
49	Develop and provide a Korean language smoking cessation program.	F, K
50	Encourage Korean churches to offer a program on dealing with gambling issues in the Korean community.	F, K, S
51	Encourage substance abuse agencies to provide specialized prevention workshops to the Korean and Asian Indian communities.	F, K, AI, S
52	Convene a meeting with TransNet to discuss specific issues relating to Korean and Asian Indian seniors and those with disabilities.	S, K, AI
53	Encourage Korean and Asian Indian organizations to convene a symposium on transportation concerns in the Korean and Asian Indian community.	F, K, AI, S
54	Encourage Korean churches and Hindu temples to offer an ongoing series of health fairs dealing with a variety of health issues.	K, AI, S
55	Encourage the Asian Indian community to design and provide appropriate testing, prevention, and cardiovascular treatment strategies to lower cardiovascular risks.	F, AI, S
56	Encourage the Korean community to design and provide culturally and linguistically appropriate cancer testing, prevention, and treatment strategies.	F, K, S
57	Encourage the Korean community to design and provide culturally and linguistically appropriate hepatitis testing, prevention, and treatment strategies.	F, K, S
58	Encourage the Asian Indian community to become more aware of the prevalence and risks of low birth weight infants in the Asian Indian community, along with appropriate intervention strategies.	F, AI, S
59	Provide a community forum so that representatives of the Korean community are encouraged to express their concerns and provide feedback to representatives of Central Montgomery Medical Center.	S, K
60	Develop and submit several research proposals and designs for more extensive study of various medical conditions, health disparities, risk factors, family issues, service utilization patterns, as well as prevention and treatment strategies and interventions for a number of issues faced by the Korean and Asian Indian communities.	F, S, K, AI

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