

KOREAN COMMUNITY SERVICES OF METROPOLITAN NEW YORK, INC (KCS)

Okhyun Ko –Project Coordinator, Patient Navigator
KCS Public Health & Research Center (PHRC)

Paul Lee - Project Coordinator, Grant Specialist
KCS Public Health & Research Center (PHRC)



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THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

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Founded in 1973, KCS is the oldest and largest 501(c)(3) non-profit assisting Korean Americans and other immigrant communities across the greater New York City area.

KCS envisions a world where Koreans and other immigrant communities work together to build a better American society for all; one based on empathy, mutual collaboration, and dedicated service. Thus, our mission at KCS is to serve as a bridge for immigrants and other underprivileged communities by assisting them in overcoming any social, economic, or health-related barriers.

In this capacity, KCS offers a range of professional and culturally competent service programs through our Public Health & Research Center (PHRC), Workforce Development, Senior centers, Adult Daycare center, and Mental Health clinic provided at locations across the NYC metropolitan area including Bergen County, New Jersey.

Furthermore at the PHRC, our programs are prioritized into four areas of focus — disease prevention and education, access to healthcare, healthy living, and advocacy.

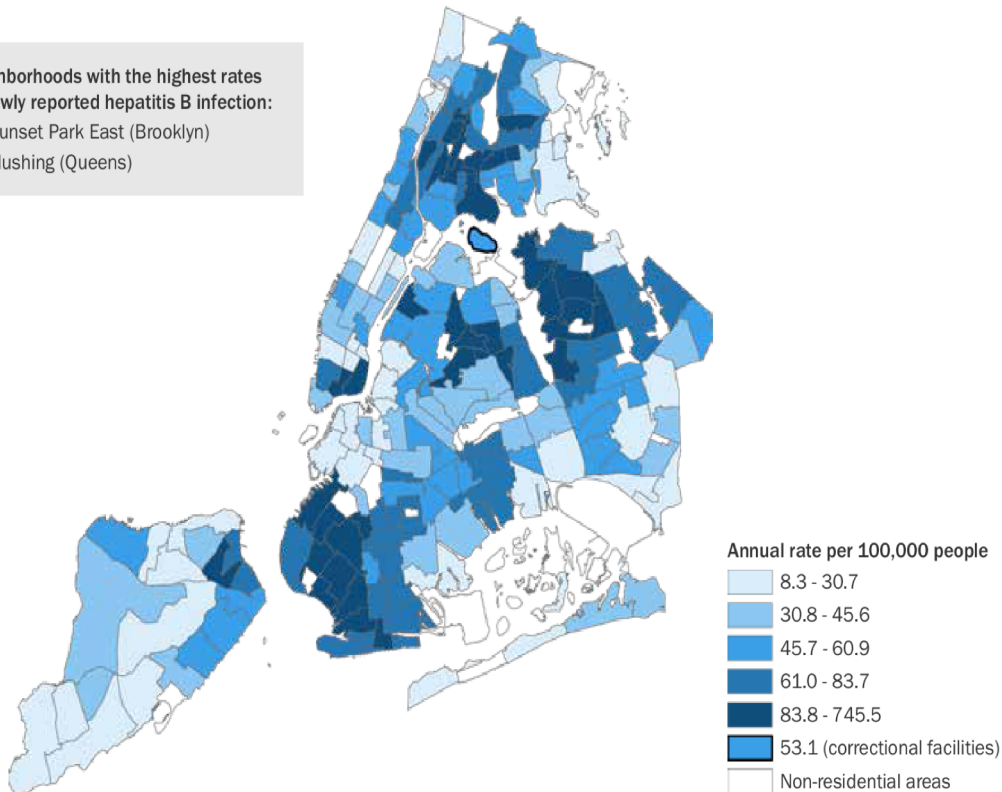
CHRONIC HEPATITIS B IN NYC

CHRONIC HEPATITIS B: GEOGRAPHIC DISTRIBUTION

FIGURE 9. Rate of people newly reported with chronic hepatitis B in New York City by neighborhood tabulation area,³ 2017

Neighborhoods with the highest rates of newly reported hepatitis B infection:

- Sunset Park East (Brooklyn)
- Flushing (Queens)



CHRONIC HEPATITIS B

91,578 | Number of people reported with chronic hepatitis B during 2014–2017*

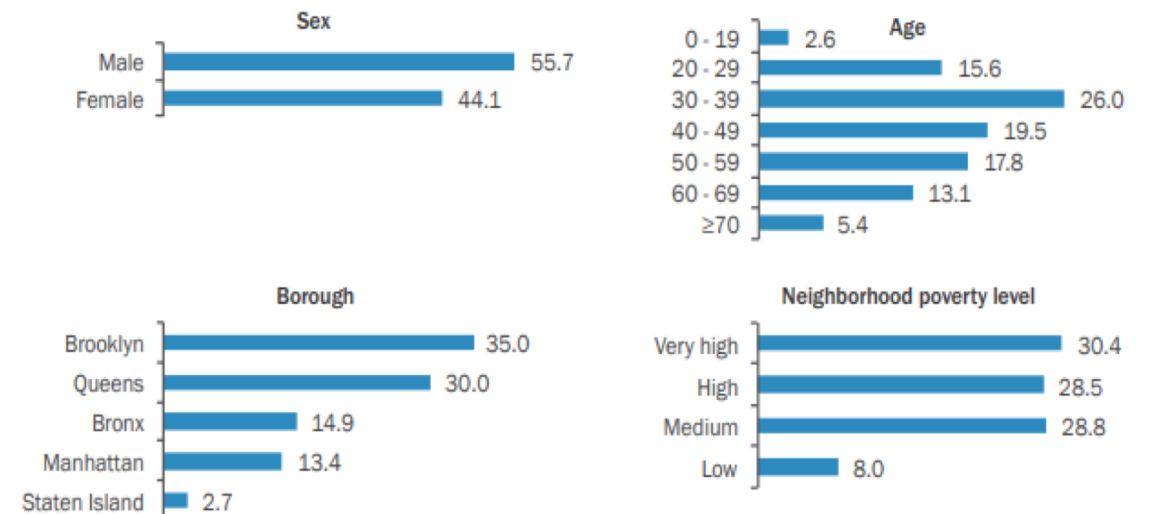
*Number of people reported with a hepatitis B test during 2014–2017, regardless of year of initial report, can serve as a proxy for all people currently living with and accessing care for hepatitis B in New York City

7,204 | Number of people newly reported with chronic hepatitis B in 2017

84.4 | Rate of newly reported chronic hepatitis B per 100,000 people in 2017

Characteristics of People Newly Reported With Chronic Hepatitis B

FIGURE 7. Percentage of people newly reported with hepatitis B in New York City by sex, age, borough and neighborhood poverty level, 2017



HEP B PREVALENCE AMONG KOREANS

S.Korea introduced one of the world's first mass hepatitis B immunization programs, 10 years before the World Health Assembly began recommending mandatory vaccinations in 1992.

S.Korea remains an area of “low-intermediate” hepatitis B endemicity (2-4.99% HBsAg prevalence). The rate is estimated to be even higher in North Korea (4-9%).

A majority of Korean Americans are foreign-born (78%), and incidence rates of hepatic cancer among Koreans in the United States remains notably high at 34.9 per 100,000 people, compared to 3.6 cases per 100,000 for Latinos (2004-2008).

A 2014 study of 973 first-generation Korean American adults who believed they were immune to HBV due to vaccination found 20.1% were still susceptible to infection, and an additional 3.0% had an active HBV infection.

Highlights the need for active testing and awareness about the disease.

KCS HEP B PATIENT NAVIGATION

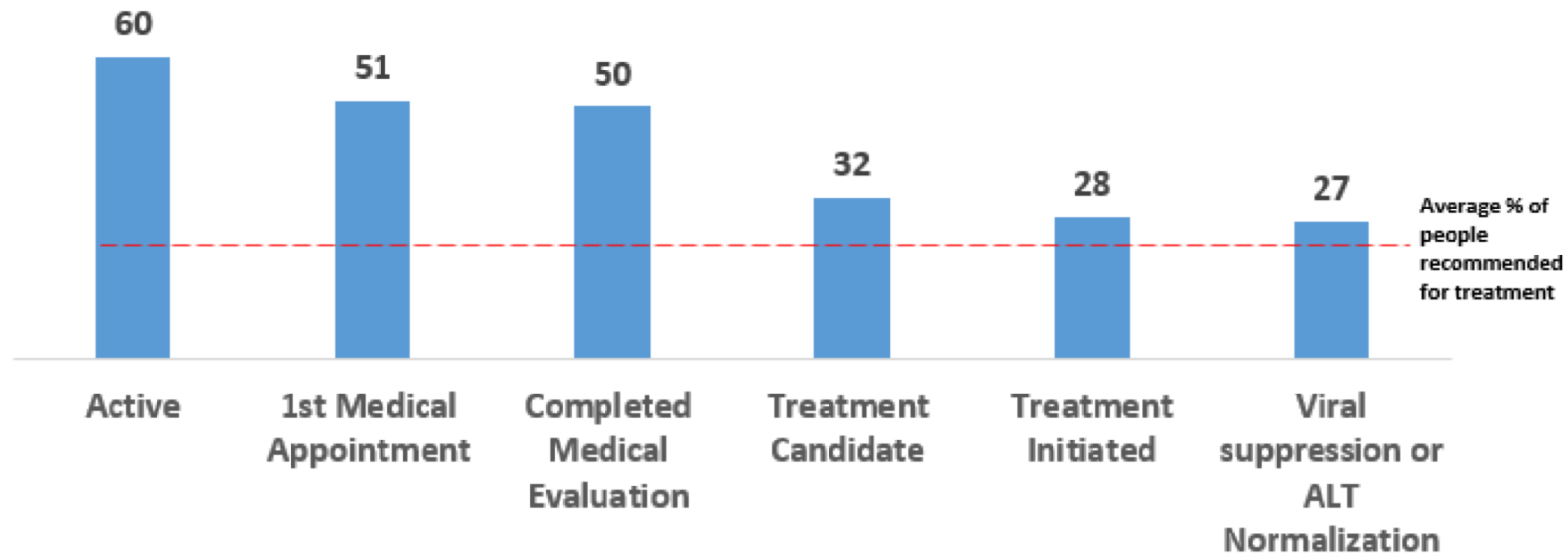
Since 2009, KCS has been a member of the NYC Viral Hepatitis Program as well as the NYC Hep B Coalition, and as of 2014 have participated in the NYC Check Hep B Patient Navigation Program which provides:

“free screenings, referrals to supportive services, linkage to Hep B medical care, accompaniment to or reminders for medical appointments, alcohol and drug counseling, case conferencing, treatment readiness and adherence support, and medication access support.”

These services are intended for NYC-residents with positive hepatitis B surface antigen (HBsAg) test results, and for those lacking healthcare coverage or possessing inadequate coverage.

Korean Community Services

July 1, 2017 – May 31, 2018



Patient Characteristics	
Country of Birth	4
South Korea	88%
Born Outside of the US	98%
Preferred Languages other than English	3
Korean	96%
Uninsured	67%

FBOs IN THE KOREAN AMERICAN COMMUNITY

Koreans are the second largest Asian American demographic to self-identify as Christian (71%) after Filipinos (89%).

6% identified as Buddhist and 23% stated they were religiously unaffiliated.
(2012 Pew Research Center survey,)

FBOs and churches are often important sites for Korean Americans and/or their family members

Ministers and members of church leadership occupy a position of elevated trust.
Confucianist influence on Korean culture heavily emphasizes deference towards authority.

Church leaders often already serve many other functions beyond their religious roles.
Often already perform other roles beyond religion including: social work, advocacy, and provide linkages to other services.

HEP B EDUCATION

Key part of our multilevel community intervention strategy.

Hosted two “Liver Health Forums” featuring presentations by specialists from Northwell Health hospitals, NYU Langone, New York Presbyterian Hospital Queens, and local doctors.

Educating church leaders:

Can help dispel myths and remove stigma related to disease, especially when framed in a religious context.

Have the ability to cause a “culture shift” among congregation about disease in general.

Younger pastors and leaders are more concerned with issues regarding health and wellness as extensions of spirituality.

FBO Hep B Toolkit

Ending Hepatitis B in New York City



A TOOLKIT FOR KOREAN AMERICAN
CHURCH LEADERS

v1.1

How does Hepatitis B affect my congregation and community?

One of the most significant obstacles in the elimination of Hepatitis B, especially among Korean Americans, is overcoming cultural taboos and stigma associated with illness, awareness, and perceptions within the community. These beliefs often lead to discrimination and prejudice (both real and imagined) against those who may be suffering from Hepatitis B and other illnesses. Sometimes individuals may completely deny the reality of their condition, putting themselves and others at risk.

Concerns over how others within their congregation, community, or even family members may perceive someone with disease can prevent a person from seeking proper treatment or testing. Since churches are gathering places where many people worship, praise, seek support, and break bread together in close proximity, lack of knowledge about Hep B and other diseases may create unnecessary conflicts and only spread more inaccurate information.

Issues related to language differences, immigration, and access to healthcare are also major obstacles for individuals in the Korean American community, and further prevents people from receiving treatment and testing.

What can you do as a church leader?

As a church leader and more importantly, as a Christian, you understand the church and its followers are called to be "one body." This singular body is defined not only by worship or faith, but as a living representation of God's love and compassion for all people through action.

As a church leader your word is highly trusted. As a result, your capacity to influence and guide individuals in your congregation is beyond that of most others. Encourage members of your congregation to be aware of their health and to get tested for Hep B.

You will be directly helping to eliminate this hidden and widely-unknown suffering for many; not only for your congregation but for the community at large, and by extension, millions of God's children.

How can Korean American churches address Hepatitis B?

As illustrated in the earlier sections, Korean American churches are in a unique position to take action, and play a critical role in ending the Hepatitis B epidemic.

Here are some steps your church can take to begin addressing Hep B among Korean Americans and possibly even within your congregation:

- Organize and host Hepatitis B screening events. The *KCS PHRC* can assist you! Lead by example, get tested yourself!
- Encourage members of your congregation to get tested and to know their status. Illustrate the potential risks to their families and friends by failing to take action.
- Raise awareness about the prevalence of Hep B in the Korean American community.
- Provide accurate information about how Hep B functions and is transmitted.
- Explain the impact of Hep B on a person's health and that they can live a completely normal life.
- Emphasize that Hep B cannot be spread through casual contact such as sharing food.
- Challenge cultural-taboos by highlighting the hidden suffering caused by fear of stigma. Stress that we are all one in the body of Christ.
- Promote Christ's message of compassion and love by teaching members of your congregation that having an illness **NOT** a sin or punishment by God, and that it is not shameful.

"so in Christ we, though many, form one body,
and each member belongs to all others."

—
Romans 12:5

Thank you!

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