

## *About the Presenters:*

### *Sang E. Lee, MSW, Ph.D.*

Dr. Sang Lee is an assistant professor at San Jose State University School of Social Work. Her main research areas include health and mental health literacy among immigrant older adults, particularly dementia. Selected topics of her completed/ongoing research projects include: (1) Knowledge and perceptions of Alzheimer's disease and attitudes toward community services use among Korean immigrants; (2) Dementia literacy among older Vietnamese immigrants; and (3) Exploring definitions of health, health promotion, and health literacy among older Asian Indian and Vietnamese immigrants.

Dr. Lee has taught courses on social welfare policies/programs and research methods at both undergraduate and graduate levels. She received her MSW degree from the University of Michigan and her PhD from UCLA.

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### *Yookyung Kwon, PhD*

Dr. Yookyung Kwon is a mini-fellow at Stanford Geriatric Education Center. She received her PhD from Cornell University, where she studied developmental psychology with a focus on adulthood and old age. She taught life-span psychology, cognitive aging and research methods in gerontology at both undergraduate and graduate levels in Seoul, Korea. She recently re-specialized in clinical psychology at California School of Professional Psychology in San Francisco. She has done clinical internship at a community mental health center in California for three years, where she has trained in cognitive-behavioral therapy and culturally competent treatment models to treat Asian Americans' and other ethnic minorities' diverse mental health issues.

Dr. Kwon is interested in minority mental health, especially minority elders and their families, and the influence of cultural characteristics and acculturation experiences on the adaptation to mental health issues. Her current research interests include (1) stress process of family dementia caregivers in Koreans and Korean Americans; (2) psychological intervention to improve caregivers' coping with caregiving and emotional well-being; and (3) research methods in minority groups.

*Stanford Geriatric Education Center Webinar Series in  
Ethnicity and Dementia*

## **Assessment of Dementia and Caregiving for Korean American Elders**

**Yookyung Kwon, PhD**  
Stanford Geriatric Education Center  
**Sang E. Lee, PhD, MSW**  
School of Social Work, San Jose State University

March 17, 2010

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### **Outline**

- I. Korean American: Its Background
- II. Dementia and Korean Americans
- III. Issues Related to Dementia in Korean Americans
- IV. Assessment of Dementia with Korean Population
- V. Korean Family Caregivers for Dementia Patients

Q & A

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### **I. Korean American: Its Background**

- A. Demographics
- B. Characteristics of Korean Culture
- C. Family System and Values in Transition
- D. Korean Elderly in the U.S.
  - 1) Health Beliefs among Older Korean Americans
  - 2) Healthcare Utilization among Older Korean Americans

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I. Korean-American: Its Background

**A. Demographics**

- Over one million Koreans in the U.S. (U.S. Census Bureau, 2002)
- The influx of Korean immigrants after the 1965 Immigration and Naturalization Act
- The increase of Korean elders in the U.S. -66,254 in 2000; 6.8% of the KA

Source: Moon, 2006

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I. Korean-American: Its Background

**A. Demographics (cont'd)**

- The KA population now very diverse in terms of acculturation, English proficiency, and cultural values.
- Majority of older Koreans is still foreign-born (94 %), has limited English proficiency (77%), and low educational attainment.

Source: Moon, 2006

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I. Korean-American: Its Background

**B. Characteristics of Korean Culture**

- Importance of Family and Kinship
- Filial Piety, "*Hyo*"
- Division of Family Roles
- Family Collectivity and Interdependence

Source: Chin, 1993

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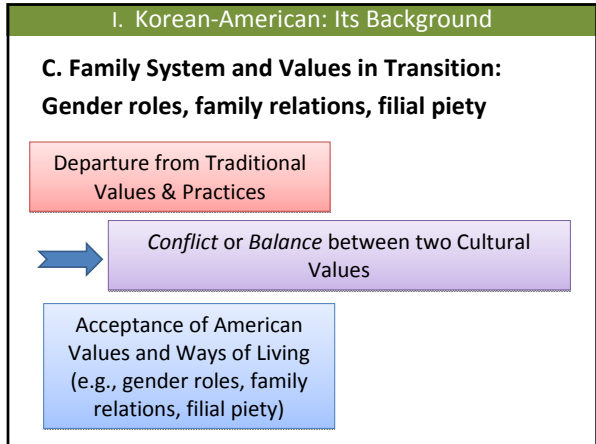
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I. Korean-American: Its Background

**D. Korean Elderly in the U.S.**

**1) Health Beliefs among Older Korean Americans**

- *Oriental medicine* (“*Hanbang*” or “*Hanyak*” ) is preferred method of health care.
- Spiritual Construction of Illness
  - Emphasis on spiritual being’s expectations and causes of illness
  - e.g., “*Hwabyung*”
- Family's View’s of Illness

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I. Korean-American: Its Background

**2) Healthcare Utilization among Older Korean Americans**

- **Barriers/Facilitators for Older KA’s Utilization of the U.S. Health Care System**
  - Language
  - Health literacy
  - Acculturation
  - Health beliefs/Trust in Western medical care
  - Health Insurance (Jang et al., 2005; 2007)
- **Other Issues around Health Care and Promotion**
  - Family responsibility
  - Korean churches
  - Natural or traditional health promotion

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## II. Dementia and Korean Americans

- A. Prevalence of dementia
- B. Korean American caregivers- double challenges, changing values & service needs
- C. Awareness about dementia care services
- D. Promoting service use

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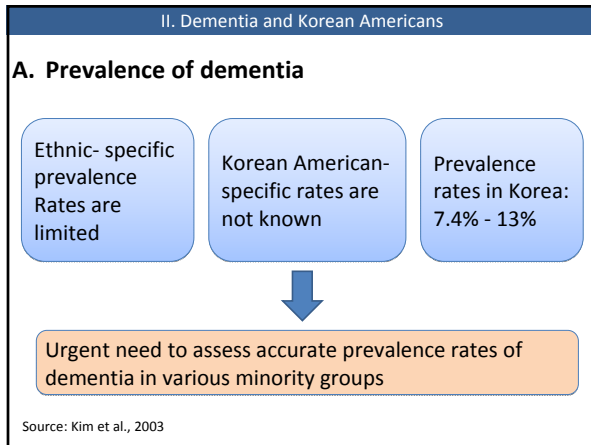
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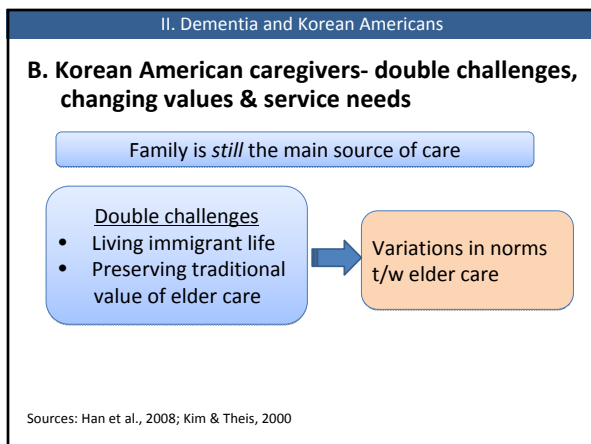
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**B. Korean American caregivers- double challenges, changing values & service needs (cont'd)**

**BUT...**

Still ambivalent about using services

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Express needs for assistance with caregiving

Sources: Han et al., 2008; Kim & Theis, 2000

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**C. Awareness about dementia care services**

Extremely low awareness about dementia care related services



- Respite care
- Dementia day care
- AA caregiver helpline
- Support group

- All these services have potential to satisfy caregivers unmet needs!
- Outreach efforts are needed

Sources: Casado, 2009; Lee, 2006; Moon, 2006

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**C. Promoting service use**

**Accommodating**

Reluctance to use services

&

Pressing needs for help

**Need to emphasize...**

Family is still the preferred option

Services can **complement** family caregiving



Caregiving w/n the family in a higher quality manner!

Source: Chee & Levkoff, 2001

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### III. Issues related to Dementia in Korean Americans

- A. Which term to use? Dementia vs. Alzheimer's disease
- B. Beliefs about dementia- stigma, cultural acceptance, and causal attributions
- C. Lack of knowledge about available treatment options

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#### III. Issues related to Dementia in Korean Americans

##### A. Which term to use? Dementia (치매) vs. Alzheimer's disease (알츠하이머 병)

	Total N = 209 %	Middle (N=104) %	Elder (N=105) %
Ever heard of dementia	100	100	100
Ever hard of Alzheimer's disease	82	91	72 ***

\*\*\* p < .001

- "Dementia" is more recognized in general
- Lower awareness of "Alzheimer's disease" in older adults

Source: Lee, 2006

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#### III. Issues related to Dementia in Korean Americans

##### B. Beliefs about dementia

###### 1) *Stigmatization* of dementia as insanity

75% believed that dementia is a form of insanity

- Stigma + cultural influence of face-saving → barriers of seeking evaluations and services

Source: Lee et al., 2010; Moon, 2006

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III. Issues related to Dementia in Korean Americans

**B. Beliefs about dementia**

2) Cultural acceptance: **Normalization** of memory loss in old age

**84%:** Memory problems and associated behaviors are *normal consequences of growing old*

**38%:** dementia is a normal part of getting older

- Memory problems are expected to occur

Source: Lee et al., 2010; Moon, 2006

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III. Issues related to Dementia in Korean Americans

**B. Beliefs about dementia**

3) **Social-cultural** causal attributions

	N=209	
	%	
When elders live alone- physically and socially inactive	75	➔
Introvert or passive personality	61	
Korean cultural concept of <i>han</i> (한)	56	

Positive  
can engage in preventive efforts

Negative  
Blaming, shame and embarrassment

Source: Lee, 2006; Moon, 2006

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III. Issues related to Dementia in Korean Americans

**C. Lack of knowledge about available treatment**

Medications are available to ...	N=209	
	%	
delay progression of dementia	31	➔
control behavioral symptoms of dementia	43	

There is no cure for dementia at present: 64%

**In other words...**

Sketch knowledge about tx

+

Correct knowledge about cure

=

Barriers to early detection, diagnosis & treatment

Source: Lee, 2006

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**IV. Assessment of Dementia with Korean Population**

- A. Recent Development of Dementia Assessment Tools for Korean Population
- B. Korean Version of Mini-Mental State Examination
- C. Examples of Assessment of Dementia for use in Korean Population
- D. Issues in Assessment of Dementia with Korean population

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**IV. Dementia Assessment with Korean Population**

**A. Recent Development of Dementia Assessment Tools for Korean Population**

- Early detection and management of individuals with dementia
- Applicable to low education elderly population
- Cultural Validation
  - Translation, modification of test items, administration procedures
  - Development of Korean population norms and Demographically appropriate norms

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**IV. Dementia Assessment with Korean Population**

**B. Korean Version of Mini-Mental State Examination**

**Modification of MMSE:  
MMSE-K (Park & Kwon, 1990)**

- Translated and validated to be administered to Korean elderly people of low education, low literacy
- Two items on language function were changed to ones about comprehension & judgment

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**Korean version of MMSE (MMSE-K)**

<b>Orientation in time</b> <sup>a</sup>	1. Year,* season, date,* day, month*
<b>Orientation in place</b>	2. <i>Do, koon, myun, Dong</i> (city, <i>Ku, Dong</i> , name of this place for city residents), type of place (eg market, school, hospital, or home)
<b>Registration</b>	3. Immediate recall of three named objects
<b>Attention/calculation</b> <sup>b</sup>	4. Serial 7s or speaking 'SAM-CHUL-LI-KANG-SAN' backwards
<b>Recall</b>	5. Asking for names of three objects learned in question 3
<b>Language</b>	6. Naming a pencil and a watch 7. Repetition of ' <i>lianjung-kongjung-kon~jan~ung</i> ' 8. Three-stage command 9. Drawing two intersecting pentagons
<b>Comprehension and judgment</b>	10. Reason for washing clothes 11. Dealing with other's ID card found on the street

(total score /30)

\*Responses by the lunar calendar are also correct. Source: Park & Kwon, 1990

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**IV. Dementia Assessment with Korean Population**

**Korean version of MMSE (MMSE-K) (cont'd)**

Education Correction in Scoring (Park & Kwon, 1990)

<sup>a</sup> One point is added for the non-educated who did not make full score in time orientation and language.

<sup>b</sup> One or two points are added for the non-educated who did not make full score in the serial 7s or speaking backward.

Cut-off Score on MMSE-K for community dwelling old people in Korea (Kim et al., 2001)  
Suggested optimal cut-off score served by clinical diagnosis of dementia was 21/22 ; Age-related cut-off score, such as in 75 yrs or over, 20/21.

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**IV. Dementia Assessment with Korean Population**

**C. Examples of Assessment of Dementia for Use in Koreans**

Korean Version of the Consortium to Establish a Registry for Alzheimer's Disease Assessment Packet (CERAD-K; Lee et al., 2002)

Korean Version of modified Mini-Mental State Examination (K-mMMSE; Jeong et al., 2004)

Korean-Dementia Rating Scale (K-DRS; Chey et al., 1999)

Korean Version of Alzheimer's Disease Assessment Scale (ADAS-K; Youn et al., 2002)

Korean Version of Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE; Lee et al., 2005)

Korean Version of the AD8 Informant Interview (K-AD8) in Dementia (Ryu et al., 2009)

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#### IV. Dementia Assessment with Korean Population

##### D. Issues in Assessment of Dementia with Korean population

- Administration and interpretation should consider culture, language, and educational level differences.
- Early detection of dementia is essential to help its proper treatment and to reduce the great burden of family dementia care.

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##### V. Korean Family Caregivers for Dementia Patients

- A. Factors Affecting Korean Caregivers' Distress
- B. Challenges of Informal Caregiving for Korean Immigrants
- C. What to Do with Korean Family Caregivers

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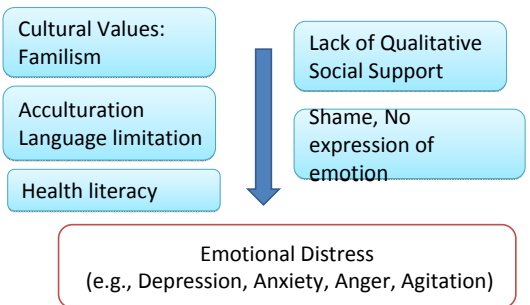
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##### V. Korean Family Caregivers for Dementia Patients

###### A. Factors Affecting Korean Caregivers' Distress



Sources: Han et al., 2008; Chee & Levkoff, 2001

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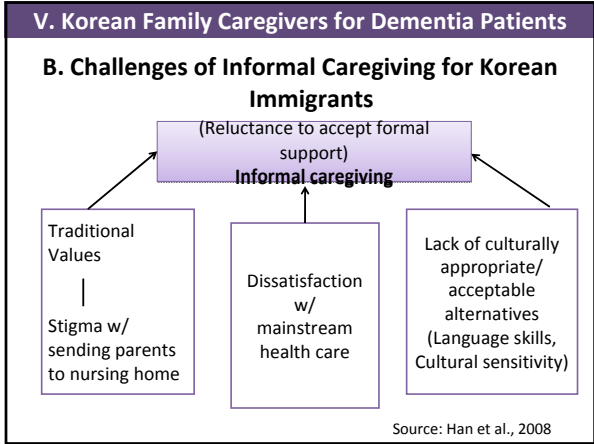
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**V. Korean Family Caregivers for Dementia Patients**

**Common themes related to caregiving among Korean immigrants**

- **Facing double challenges**  
 "It is a burden...because I have to earn money. However, it does not mean I am unwilling to take care of parent."
- **Going through changing family dynamics**  
 "My families get angry rather than soothe me. They say, 'Can't you endure even that little thing?'"
- **Changing attitudes about filial piety**  
 "I don't want my children to take care of me. I want an independent life with dignity. I don't want to be left alone in an empty house."
- **Ambivalence about the use of formal services**  
 "It would still be best if adult children take care of their parents. Forma services cannot provide love."  
 "They could speak only English, and provided American food only but she couldn't eat them. She had eaten Korean foods for almost 80 years."

Source: Han et. al., 2008

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**V. Korean Family Caregivers for Dementia Patients**

**C. What to do with Korean Family Caregivers**

- Recognize/assess Korean family caregivers' risk of negative experiences and adverse consequences for their own well-being
- Understand changing cultural norms (e.g., coexistence of filial piety & filial autonomy) and life context of Korean family caregivers
- Provide education and intervention to enhance coping skills in relation to caregiving, and promote caregiver's well-being
- Identify/develop more culturally-appropriate support services

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## Topics Include:

Part I: Risk of Dementia

Part II: Assessment of Dementia in Diverse Populations

Part III: Treatment and Management of Dementia

Part IV: Working With Families  
(14 chapters featuring diverse populations)

Part V: Community Partnerships for Support of Ethnic Elders and Families

Preview Available at: 

# *Ethnicity and the Dementias*

*Second Edition*



*Edited by  
Gwen Yeo and Dolores Gallagher-Thompson*

