

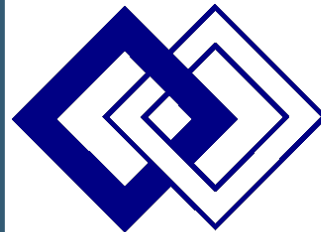
KCS Hep B Toolkit: Targeted Outreach for Faith Leaders in the Korean Community and Beyond

Paul Lee

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

plee@kcsny.org

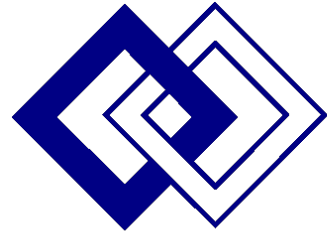
(718) 939-6137 ext. 308



KCS
WWW.KCSNY.ORG

THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴욕한인봉사센터



KCS
WWW.KCSNY.ORG

THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴욕한인봉사센터

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

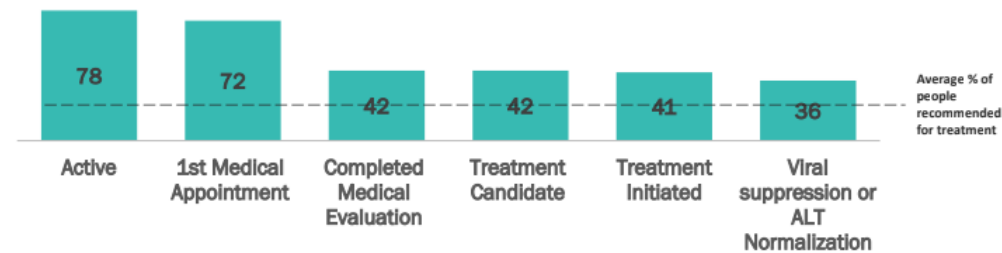
KCS envisions a world where Koreans and other immigrant communities work together to build a better American society for all; one based on empathy, mutual collaboration, and dedicated service. Thus, our mission at KCS is to serve as a bridge for immigrants and other underprivileged communities by assisting 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.

KCS CheckHep B Activities

Korean Community Services July 1, 2018 – June 30, 2019



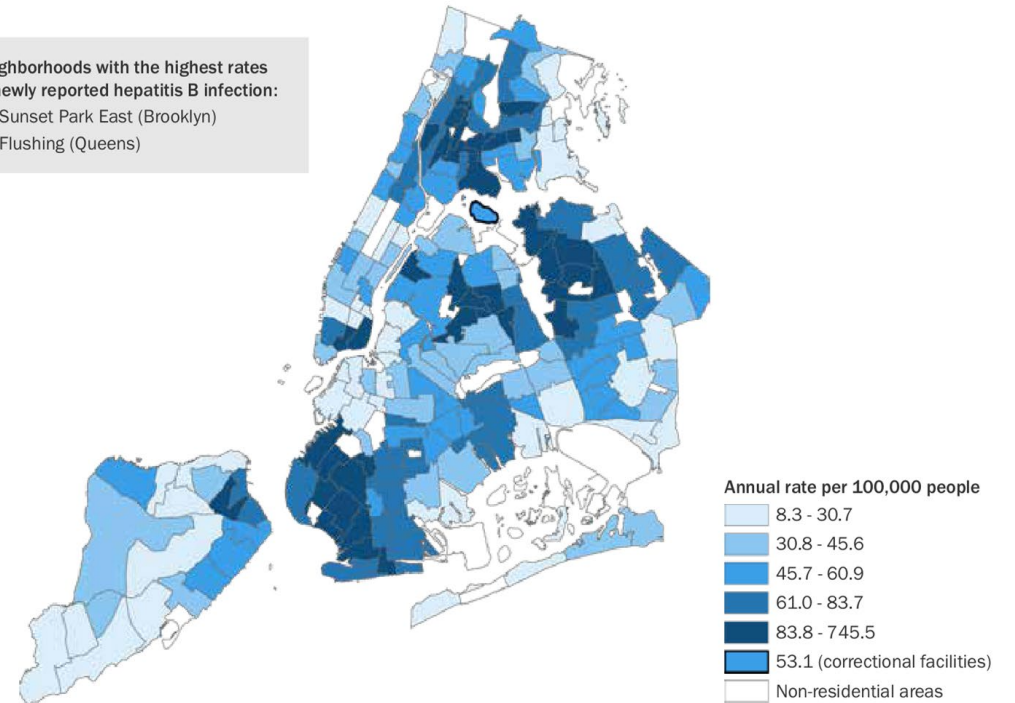
Patient Characteristics	
Country of Birth	4
South Korea	86%
Born Outside of the US	99%
Preferred Languages other than English	4
Korean	89%
Uninsured	51%

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)



Historical Background of Hep B Immunization in South Korea



S.Korea (along with Taiwan) introduced one of the world's first mass hep B immunization programs in 1982, ten years before the WHO began recommending mandatory vaccinations worldwide.

Early immunization efforts were tied to rapid economic and social development beginning in the mid-1960s.

In 1955, S.Korea was ranked as the poorest country in the world. (1955 GNI of \$67 per capita / \$631.82 in 2019).

Remains an area of “low-intermediate” endemicity (2 - 4.99% HBsAg prevalence).

The rate is estimated to be even higher in N.Korea (4 – 9% HBsAg prevalence). Some estimates as high as 15% HBsAg prevalence.

Some possible explanations for continued endemicity may be linked to S.Korea's early focus on vaccine development and immunization of adults.

Vaccination of newborns did not become mandatory until 1995.

Hep B Prevalence Among Korean Americans



Most Korean Americans are foreign-born (78%), and incidence rates of hepatic cancer among Koreans in the US 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 from 9 churches in southern California found that while HBV prevalence was lower than expected, nearly 35.1% of self-reports of immunization status were incorrect.

Furthermore, it was found that 20.1% were susceptible, and an additional 3.0% had an active HBV infection.

Historical factors and recent studies emphasize the continued need for testing and awareness raising about HBV among the Korean community.

Also underscores the need for more concrete data regarding awareness, immunization status, and disease prevalence within the community.

FBOs in the Korean American Community

Religious Affiliation Among U.S. Asian Groups

-----U.S. Asian groups-----

	Chinese	Filipino	Indian	Jap- anese	Korean	Viet- namese
	%	%	%	%	%	%
Christian	31	89	18	38	71	36
Protestant	22	21	11	33	61	6
<i>Evangelical</i>	13	12	8	13	40	2
<i>Mainline</i>	9	9	3	19	21	4
Catholic	8	65	5	4	10	30
Other Christian	*	3	2	1	*	*
Buddhist	15	1	1	25	6	43
Hindu	0	*	51	0	0	0
Muslim	*	0	10	*	0	0
Sikh	0	0	5	0	0	0
Jain	0	0	2	0	0	0
Other religion	2	2	1	4	*	*
Unaffiliated	52	8	10	32	23	20
Don't know	1	0	1	1	*	*
	100	100	100	100	100	100

2012 Asian-American Survey, Q30. Figures may not add to 100% due to rounding.

PEW RESEARCH CENTER

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).

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

Also serve as community gathering places for non-religious individuals.

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

Church leaders are trusted and respected figures in the community.

Likewise, churches and FBOs in immigrant communities often perform other roles beyond religious functions including social work, advocacy, and providing linkages-to-care or referrals to other services.

A Top-down Approach

Despite successes with screenings and outreach at churches, we have observed significant obstacles tied largely to culturally grounded taboos, notions of stigma, and associations with sin or punishment. Overreliance on “traditional medicine” and distrust towards “Western” medical practices are also prevalent.

Educating church leaders:

Capable of dispelling myths and removing stigma related to disease especially when framed in a religious context. Can also correct perceptions of disease as punishment for sin.

Leaders can catalyze a “culture shift” among congregation about Hep B and illness in general. Church members are more willing to discuss sensitive or stigmatized topics if prompted by ministers or church leaders.

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

FBO Hep B Toolkit: Mobilizing Action through Spirituality

Ending Hepatitis B in New York City



A TOOLKIT FOR KOREAN AMERICAN
CHURCH LEADERS

v1.1

"Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security."

—
Jeremiah 33:6

More than 100,000 people in NYC are living with Hepatitis B. Many do not know they are infected.

Approximately 20% of Korean American adults who report they are vaccinated against Hep B are actually at risk of infection.*

There is currently **no cure** for Hep B, but appropriate medical treatment can suppress the virus and keep the patient healthy.

*Based on serological diagnoses of 973 first-generation, Korean American adults living in the United States who believed they had been successfully vaccinated. (Navarro N., et al. BMC Infect Dis. 2014; doi: 10.1186/1471-2334-14-269).

4

The truth about living with Hepatitis B.

For those who are aware of their chronic Hep B condition, the disease can seem like a death sentence or an unbeatable hardship. Some people may believe that it is a punishment for sin or a test from God. Others may feel ashamed or deny the reality of their condition and neglect treatment until it is too late.

Although living with Hep B is a serious condition, and despite having no cure at this time, it is **NOT** a death sentence. Because it is most commonly transmitted unknowingly from an infected mother to her baby, it is **NOT** a punishment nor shameful.

Although you are not required to tell anyone about your condition, by understanding the disease you can take precautions to prevent its spread to others. Most importantly, having Hep B **does NOT** mean you cannot live a normal life.

By **knowing** your immunity status and how the disease functions, you are **protecting yourself, family, friends, community, and church.**

By **knowing** you can take action to reduce liver damage caused by the Hep B virus with appropriate medication and treatment.

By **knowing** you can spread awareness and understanding about Hep B, the effectiveness of the vaccine for unexposed people, and that there is hope for a day when the disease is completely eliminated.

Casual Contact is Safe.

You **CANNOT** spread Hep B through sneezing, coughing, kissing, hugging, shaking hands, talking, breastfeeding, preparing food, sharing eating utensils, drinking glasses, food or drinking water.

People with Hep B should **NOT** be excluded from worship, fellowship, work, school, exercise, or physical group activities.

Hepatitis B is spread through **contact with blood** infected with the virus.

6

FBO Hep B Toolkit: A Closer Look

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

한인 교회들이 어떻게 B형 간염을 다룰 수 있을까요?

앞 부분에서 언급했던 것처럼, 한인 교회들은 B형 간염의 유행을 끝낼 수 있는데 어떤 조치를 취할 수 있는 특별한 위치에 있으며 중요한 역할을 합니다.

여러분의 교회가 한인들과 심지어는 여러분의 신자들 안에 있을지도 모르는 B형 간염을 관리할 수 있는 몇 가지 절차가 있습니다:

- B형 간염을 검사하는 행사를 준비하여 진행하세요. KCS PHRC(한인봉사센터)가 여러분을 도와드릴 수 있습니다!
- 예를 들어 당신이 먼저 검사 받아 리드하세요. 당신의 신자들이 검진하고 자신들의 상태를 알도록 격려하세요. 그들의 가족과 친구들이 행동을 취하지 않음으로써 받을 수 있는 잠재적인 위험에 대해 설명하세요.
- 한인 사회 속에 있는 B형 간염의 유행에 대한 인식을 높여주세요.
- B형 간염이 어떻게 기능하고 전염되는지에 대한 정확한 정보를 제공하세요.
- 한 사람의 건강에 B형 간염이 주는 영향에 대해 설명하고 그들도 완전히 **평범한 삶을 살 수 있다고** 설명하세요.
- B형 간염이 음식을 함께 먹는 것과 같은 가벼운 접촉으로는 퍼지지 않는다는 것을 강조하세요.
- 낙인에 대한 두려움에 의해 유발되고 있는 감춰져 있는 고통을 강조하며 문화적인 금기에 맞서세요. 우리는 모두 그리스도 전체의 한 부분이라는 것을 강조하세요.
- 병을 얻는 것은 잘못이나 **신의 처벌이 아니며** 부끄러운 것이 아니라는 것을 가르침으로써 그리스도의 연민과 사랑의 메시지를 고취시키세요.

"이와 같이 우리많은 사람이 그리스도 안에서 한 몸이
되어 서로 지체가 되었느니라."

로마서 12:5

FBO Hep B Toolkit: A Closer Look

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.

More Resources and Info about Hepatitis B

NYC Hep Free
Visit: (www.hepfree.nyc)

NYC Department of Health and Mental Hygiene
Call: 311
or Visit: (www1.nyc.gov/site/doh/index.page)

Hep B United
Visit: (<http://www.hepbunited.org/hep-b-resources>)

Hepatitis B Foundation
Call: (215) 489-4900 or visit: (www.hepb.org)
for Korean: (www.hepb.org/korean)

Centers for Disease Control and Prevention (CDC)
Visit: (www.cdc.gov/knowhepatitisB)
or Visit: (www.cdc.gov/hepatitis)

American Liver Foundation
Call: (800) 465-4837
or Visit: (www.liverfoundation.org)

Low-Cost Hep B Medical Care at NYC Public Hospitals
Visit: (www.nyc.gov/hhc)

Access NYC
Visit: (access.nyc.gov)

NYC Check Hep B Patient Navigation Program
Visit: (hepfree.nyc/check-hep-b-patient-navigation-program)

KCS Check Hep B Patient Navigation Program
Visit: (www.kcsny.org/en/hepatitis-b-check-and-care)

If any members of your congregation are suffering from depression contact LIFENET, available 24/7.
Call: (800) LIFENET / (800) 543-3638
for Korean: (877) 900-8585
or visit: (www.aaspe.net)

You can also contact the KCS Mental Health Clinic
Call: (718) 366-9540
or Visit: (www.kcsny.org/en/mhc)
for Korean: (www.kcsny.org/ko/정신건강클리닉)

Contact Us



Main Office:
203-05 32nd Avenue, Bayside, NY, 11361
Tel: (718) 939-6137

Public Health & Research Center:
2 W 32nd Street, 604, New York, NY, 10001
Tel: (212) 463-9685

For more information about KCS, visit:
(www.kcsny.org)



For more information about Hep Free NYC, visit: (www.hepfree.nyc)

For more information about the Faith-based Committee, visit: (www.hepfree.nyc/faith)

FBO Hep B Toolkit: Future Developments

Working to retrofit the current FBO Hep B Toolkit to accommodate for multiple different belief systems and languages.

Digital Access for KCS Hep B Toolkit:

<https://www.dropbox.com/sh/asg23geg5xzof6k/AACSQd51v1UtgUG9XFcFkKZGa?dl=0>

Thank you!

References:

1. Bastani, Roshan, Beth A. Glenn, and Annette E. Maxwell. "Cluster-Randomized Trial to Increase Hepatitis B Testing among Koreans in Los Angeles." *Cancer Epidemiology, Biomarkers & Prevention : A Publication of the American Association for Cancer Research, Cosponsored by the American Society of Preventive Oncology*. September 2015. Accessed July 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560609/>.
2. "Check Hep B Patient Navigation Program." Hep Free NYC. May 10, 2019. Accessed July 19, 2019. <https://hepfree.nyc/check-hep-b-patient-navigation-program/>.
3. Chen, Moon S., and Julie Dang. "Hepatitis B among Asian Americans: Prevalence, Progress, and Prospects for Control." *World Journal of Gastroenterology*. November 14, 2015. Accessed July 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4641114/>.
4. Chen, Tzung-Wen. "Paths toward Hepatitis B Immunization in South Korea and Taiwan." *Clinical and Experimental Vaccine Research*. July 2013. Accessed July 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3710927/>.
5. Kim, Jin-Wook. "Hepatitis B Virus Infection in South Korea: Three Decades after Universal Vaccination." *The Korean Journal of Internal Medicine*. July 2013. Accessed July 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3712147/>.
6. Liu, Joseph, and Joseph Liu. "Chapter 1: Religious Affiliation." Pew Research Center's Religion & Public Life Project. February 11, 2014. Accessed July 19, 2019. <https://www.pewforum.org/2012/07/19/asian-americans-a-mosaic-of-faiths-religious-affiliation/>.
7. Unnewehr, Markus, and August Stich. "Fighting Hepatitis B in North Korea: Feasibility of a Bi-modal Prevention Strategy." *Journal of Korean Medical Science*. November 2015. Accessed July 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4630473/>.