

미국 California 주의 건강증진사업 사례

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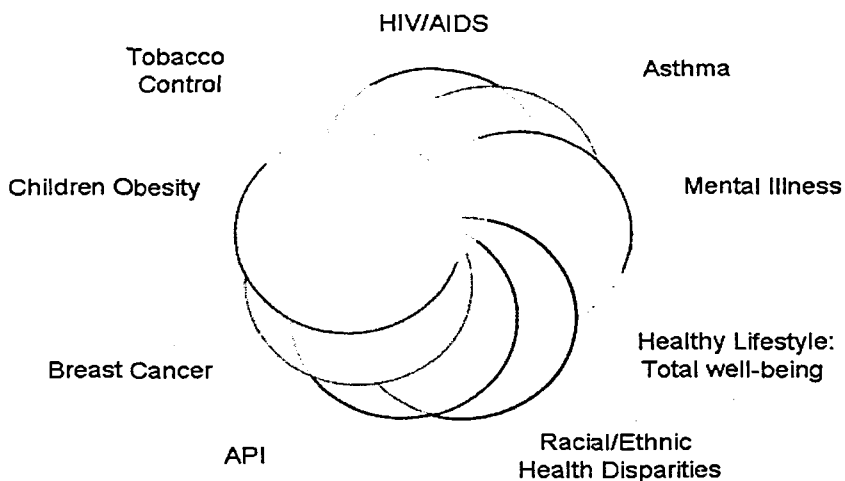
Health Promotion Activities in California, USA

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Specific Health Topics in California



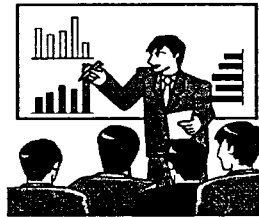
Characteristics of Community Intervention Strategies in CA

- Collaboration within community coalitions
- Church-based trials particularly older and ethnically diverse urban populations
- Community Organizing Model and Empowerment
- Adaptation rather than adoption, "Tailored" program to culturally different populations
- Interpersonal communication, "social network activation"
- Lay health advisor-led education model

1. Korean Community Advisory Board: Coalition

2. Cultural Competency in Reducing Racial and Ethnic Health Disparities

3. Health Care Interpreting Services in the US: Quality of Health Care



4. Certified Health Education Specialist (CHES): Increasing importance in health workforce

Korean Community Advisory Board (KCAB)

Center for Family and Community
Health (CFCH)
UC Berkeley

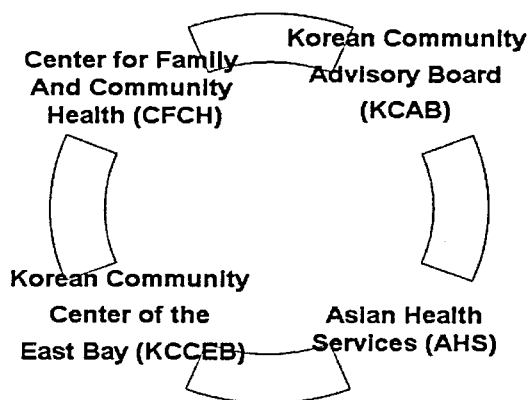


Since 1993

Type of KCAB Coalition

- Established in response to a *CDC PRC* (CFCH)'s funded research core projects
- **Community –based coalitions** of professional and grassroots leaders for long-term community health promotion
- **Action-set coalitions** through collaborative partnership
- Core and peripheral members
- Multi-faceted work: needs assessment, plan, implementation, evaluation, and advocate
- Membership contribution to **decision-making**

Other Collaborative Partners



Projects to have done with KCAB

Health is Strength:

10-year project with 4 years of community intervention to increase breast and cervical cancer screening behaviors among Korean American women in Alameda County, CA

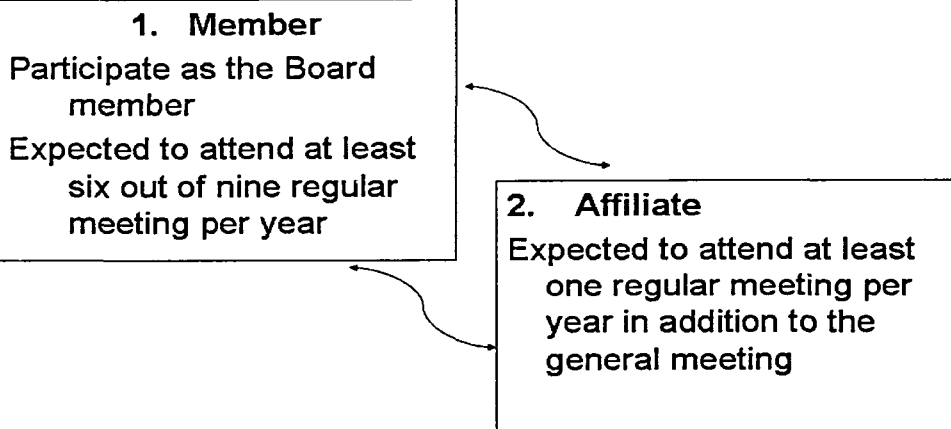
Virtual Village Program:

Internet-based health and social services educational program delivered by KCCEB's volunteers in Korean American churches

Present Priorities

1. **Quitting is Winning**
 - Internet-based smoking cessation project for Korean American males in the US
 - Compare educational effects between traditional self-help and internet use
 - Estimated 2300 KA male smokers to participate
2. Project that examines KA health status in California and disseminates the results

Membership: Type



Membership: Size and Diversity

No more than 15 members

Health care
providers

media-related professionals Faith-based institutions

Health, government or social institutions KCAB Elders, young adults, or home makers

Korean business sectors Educational institutions

The Board is doing.....

- Assist in ***identifying*** community –generated priorities on health
- Help to ***determine health needs and set priorities*** of the KA community
- ***Guide and inform*** the Center on how best to address the Center’s Core Research Project and other Center Projects addressing the KA Community
- Help conceptualize the scope of the Center’s Core Research Project and other Center Projects addressing the KA community

The Board is doing.....

- Ensure ***cultural sensitivity and appropriateness*** in the planning and implementation of the Center's Core Research Project and other Center Projects addressing the KA Community
- Assist with reporting and dissemination of research
- Assist in ***recruitment*** of new Board members
- Appoint ***representative(s) to CDC/PRC*** National and Regional Community Committees



KCAB Meeting



- The Board shall hold at least 9 regular meetings per year.
- Any decision to be reached through group consensus
- Facilitator is to be rotated .
- Simultaneous interpretation is provided during meeting. Meeting agenda and minutes to be prepared in Korean and English
- Standing Subcommittees and Ad Hoc Committees

**Cultural Competency
in Reducing
Ethnic and Racial Healthcare Disparities**



Powerful instrument used for health equity

Population with different cultures

- Minority, Underserved, Special or Under-represented populations
- 28 % in 2000 <<<<<<<<< 40% by 2030
- 43% In CA (CHIS, 2003)

Generic terms indicating America

- ☞ No longer “Melting Pot”
- ☞ “Salad Bowl” or “Mosaic”
- ☞ Diversity
- ☞ Multi-cultural society

How Culture is Like an Iceberg

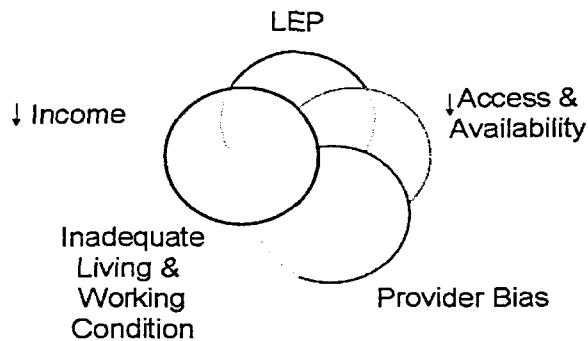
Food, Language, Dress, Music, Literature,
Dance, Celebrations.



Conception of past and future, definition of obscenity,
patterns of group decision-making, health beliefs,
theory of disease, attitudes towards elders,
approaches to problem-solving, eye contact behavior,
relationship to animals, social interaction rate,
AND MUCH, MUCH MORE

(Source: Sharon Rhuly)

Why Importance in Equity : Multiple Barriers



Cultural Competency

Cultural sensitivity

Cultural responsiveness



Cultural appropriateness

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession that enables that system, agency or professions to work effectively in cross-cultural situations (Lecca et al. 1998)

Culturally Competent Health Professionals

1. Recognize that there is some problem or conflict between both cultures
2. Identify socio-cultural factors that affect health beliefs and behaviors
3. Consider alternative solutions
4. Evaluate the outcomes

Settings of Cultural Competency

- ***Individual*** setting - provider, researcher, policy-maker
- ***Institution*** – profit/non-profit health agency or organization, medical school
- ***Health promotion plan*** – school, workplace, community
- ***National/ International*** levels

California Health Interview Survey (CHIS)

- Most comprehensive source of important health information on Californians
- Conducted every two year – 2001,2003 & 2005
- Telephone survey on health care, health insurance coverage, health behaviors, chronic health problems and cancer screening
- Results and data files from CHIS are available in a variety of ways to anyone with an interest in public health issues
(www.chis.ucla.edu/products_findings.html)

Cultural Adaptation as a Customized Research Process

QA05_C18 During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?



Salad? I do not like American food. I ate Korean salad, NAMUL at lunch time. Wait, I ate Kimchi every day.



QA05_C21 During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup?



QA05_C28 Now think about the *past week*. In the *past 7 days*, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

Future Directions (Zambrana et al. 2004)

- Mandate standards on culturally and linguistically appropriate services at national level
- Establish minimum standards for health professional training
- Adjust reimbursement rates to reflect any increased costs associated with culturally and linguistically appropriate services in health care

Health Care Interpreter

Services in the US

Quality of Health Care

Statistics on People with Communication Problems

- 47 million Americans are speaking a language other than English at home (US Census Bureau, 2000)
- 21 million Americans are limited in English Proficiency (US Census Bureau, 2000)
- 29.6% of Asians who speak English not well/not at all in CA (CHIS, 2001)
- 49.4% of Koreans who speak English not well/ not at all in CA (CHIS, 2003)

How language barriers can have a major adverse impact on health and health care

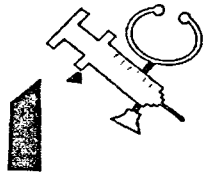
- Impaired health status
- Lower likelihood of having a usual source of medical care



Lower rates of mammograms
& pap smears

Greater likelihood of diagnosis
of psychopathology

How language barriers can have a major adverse impact on health and health care



- Increase risk of drug complications
- Higher utilization for diagnostic testing
- Medical care delay – delays in treatment initiation, management, and patient discharge
- Less empowerment of LEP communities

Ad hoc interpreters:

Family members, friends, untrained medical and non-medical staff, & strangers

- Significantly more likely to have not been told of medication side effect (David & Rhee 1998)
- Errors significantly more likely to be errors of potential clinical consequences (Flores et al. 2003)
- Misinterpreted or omitted 23 to 52 percent of the questions asked by physicians (Ebden et al. 1988)
- Ignored embarrassing issues when children are used to interpret (Ebden et al. 1998)

Need for Culturally Competent Professional Health Care Interpreting Service

Federal Laws: *Title VI of the Civil Rights Act of 1964/ Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care (2000)*

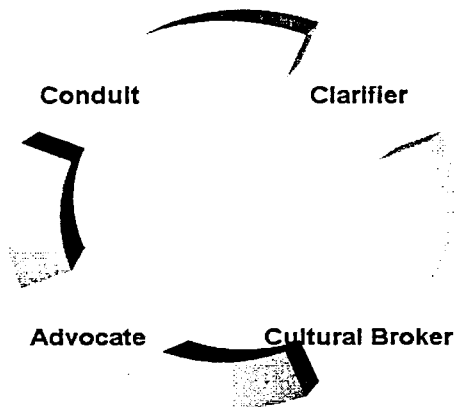
California laws: *Availability of interpreter services, at least five percent of the population of the geographic area served by the hospital*

California Certified Medical Interpreter Examination
administered by CPS Human Resource Services

Health Care Interpreter Certificate Training: *The City College of San Francisco HCI certificate is widely accepted by Northern California hospitals.*

California Healthcare Interpreting Association (CHIA)
has developed "California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention."

Role of Interpreter

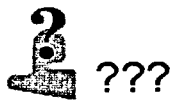


Linguistic/language barrier: Conduit

- Message Converter
- “default” role
- Interpret everything that is said.
- NO Addition; No Omission; No Edition or polishing



Register barrier: Message Clarifier



Changing register
Word pictures
Symbolic meaning
Check for understanding

Cultural barrier: Cultural Broker
Provide a necessary cultural framework

Systematic barriers: Advocate
Take an action on behalf of the patient

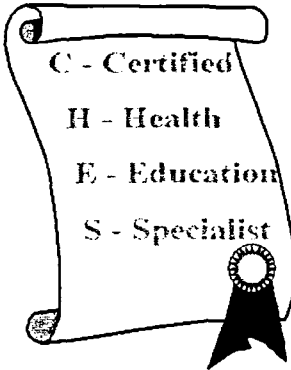
Since 1989

Certified Health Education Specialist (CHES)

the National Commission for Health
Education Credentialing, Inc



Benefits of Certification

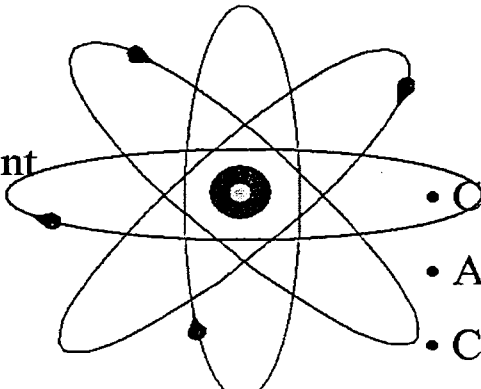


- Establishes national standard
- Attests to individual's knowledge and skills
- Assists employers in identifying qualified practitioners
- Sense of pride and accomplishment
- Promotes continued professional development

Other Benefits

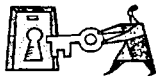
- Affiliated with Health Education Credentialing Organization
- Updates on efforts within profession
- Notices of continuing education opportunities
- Receive newsletter & other mailings
- Free job postings

CHES Responsibilities

- Assess
 - Plan
 - Implement
 - Evaluate
 - Coordinate
 - Act as Resource
 - Communicate
- 

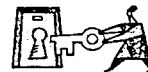
CHES Responsibility I & II

ASSESS individual and community need for health education.



Community Analysis
Community Diagnosis
Surveys, FGI, Community
forum, Delphi Panels,
HRA

PLAN effective health education programs.



Health People 2010
Health behavior theories
PRECEDE-PROCEDE
Mission, goals, &
objectives

CHES Responsibility III & IV

IMPLEMENT health
education programs.



Educational Activities
Environmental Interventions
Behavior Modification
Advocacy Activities
Communication Activities

EVALUATE health
education programs.



Process; Formative;
Impact; Outcome;
Summative;
Quantitative;
Qualitative Evaluations

CHES Responsibility V & VI

COORDINATE the provision
of health education
services.



Coalitions
Community Empowerment
Critical Consciousness
Community Organizing/Building
Conflict Management

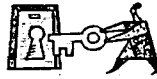
ACT as a resource
person in health
education.



Consultation (formal/informal)
Database
Internet Source of Health
Information
Sources for Professionals

CHES Responsibility VII

COMMUNICATE health and health education needs, concerns and resources.

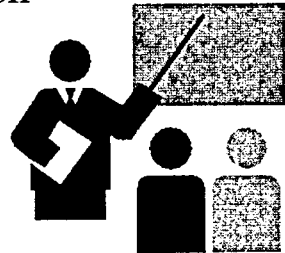


Enter-education or “edutainment”
Advocacy
Public relations
Social Marketing
Media Advocacy

Health Belief Model
Theory of Reasoned Action
Theory of Planned Behavior
Translational Model
Social Cognitive Theory
Diffusion of Innovation
Empowerment

CHES Eligibility Requirements

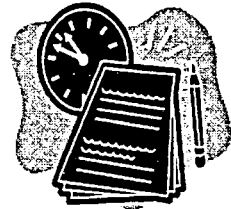
- Bachelor’s, Master’s or Doctoral degree from an accredited institution
AND
 - *A major in: health education, community health education, public health education, school health education*
- OR
 - *25 semester hours (37 quarter hours) specific to course work related to competencies*



CHES Examination

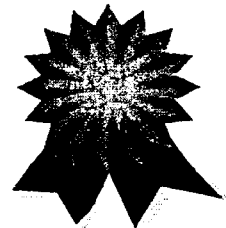
- Scheduled twice a year
- Offered at over 120 testing locations nationwide
- 150 multiple choice questions: Passing Score 94/ Your score 132

Areas of Responsibility	Correct Answers	Percent Correct
Needs Assessment	17	94%
Program Plan	25	93%
Program Implementation	32	82%
Program Evaluation	16	94%
Service Coordination	12	80%
Resource Person	15	83%
Health Communication	15	94%

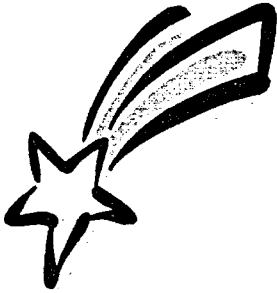


CHES Certification Requirements

- Pass written examination
- Annual renewal fee
- 75 hours of continuing education within 5 year cycle
- Recertify at the fifth year if
 - Renewal fees paid
 - Continuing education requirement met



CHES Continuing Education

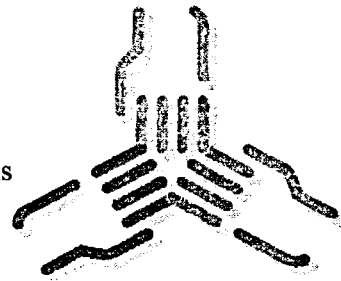


Continuing Education Contact Hours (CECH)

- 75 CECH are required for
the five-year recertification

Employment Opportunities

- ❖ College & University
- ❖ Consultant Practices
- ❖ Government Agencies (all levels)
- ❖ Health Care/Medical Care
- ❖ International Health
- ❖ Non-Profit Organizations
- ❖ Private Companies
- ❖ Public/Community Health Organizations
- ❖ School Health
- ❖ Worksites
- ❖ Others



? ? *Did You Know* ? ?

- CHES designation is required for health educators in Arkansas, New Jersey, & North Carolina
- Most job postings are saying “CHES eligible” or “CHES required”
- Employers are recognizing salary advancement to individuals who are CHES certified
- Many employers are seeking culturally competent CHES to meet the needs of people with different cultures

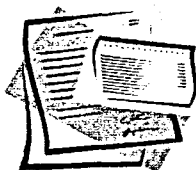
For More Information

The National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite #303 Whitehall, PA 18052
(888) NCHEC4U (624-3248)
www.nchec.org

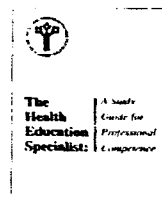
Brochures



CHES Exam Application



Study Guide



〈국문요약〉

미국 California주의 건강증진사업 사례

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Center for Family & Community Health

School of Public Health

University of California, Berkeley

미국 캘리포니아 주의 건강문제로는 흡연, HIV/AIDS, 천식, 정신질환, 아동비만, 유방암, API, 건강한 생활양식 형성, 인종간의 건강격차 등을 들 수 있다. 이러한 건강문제를 해결하기 위해 캘리포니아주에서 진행되는 지역사회 중재전략은 지역사회 단체와의 협력이라는 특성을 지니고 있으며, 도시지역의 노인이나 다양한 인종들을 대상으로 하는 프로그램들의 경우는 교회를 통한 접근방법이 빈번하게 활용된다. 중재 프로그램들은 지역사회 조직모형과 역량강화의 개념을 활용하며, 문화적으로 다른 배경을 가진 인구집단을 대상으로는 이들의 요구에 맞는 프로그램을 진행하는 형태로 기존의 프로그램을 채택하는 것이 아닌 이들의 다양한 요구에 맞도록 수정된 프로그램을 제공하고 있다. 개인 간 의사소통을 활용하여 사회적 관계망의 활성화를 도모하며, 일반인이 건강지도자가 되는 교육모형도 활용하고 있다.

한국교민사회 자문위원회(Korean Community Advisory Board, KCAB)는 CDC PRC(CFCH)의 기금으로 진행되는 연구 프로젝트를 수행할 목적으로 1993년 설립되었다. 장기적인 지역사회 건강증진을 위하여 전문가와 일반인 지도자들이 지역사회에서 협력하는 방법을 활용하며 요구도 진단, 수행 평가, 건강옹호와 같은 다양한 사업을 진행한다. 회원들은 핵심 회원과 일반회원으로 구분되고 이들은 사업의 수행과 관련된 의사결정에 도움을 주게 된다. 한국교민사회 자문위원회가 수행한 프로그램은 “Health is Strength”, “Virtual Village Program”이 있으며, 현재는 “Quitting is Winning”이라

는 미국거주 한국 남성을 대상으로 하는 인터넷 금연 프로그램을 수행하고 있다. 또한 캘리포니아 주 거주 한국인의 건강상태에 대한 조사를 진행하고 그 결과를 보고하는 프로젝트를 진행하고 있다. 이들이 하는 주요 업무는 지역에서 발생하는 건강문제에 대한 우선순위를 파악할 수 있도록 하여 한국교민들의 건강요구를 파악하고 사업의 우선순위를 설정하는데 도움을 주고 있다. 센터에서 진행되는 한국교민 대상 연구나 사업에 가장 효과적일 수 있는 방법에 대한 지침이나 정보를 제공한다. 또한 문화적으로 민감한 사항이나 적절성 여부에 대한 확인을 하며 연구결과를 보고하고 확산하는데 도움을 주고 있다.

캘리포니아 주는 다양한 인종들이 거주하는 지역이다. 따라서 문화적 민감성이나 문화적 대응전략, 문화적 적절성은 건강증진사업을 수행할 경우에 매우 중요한 이슈가 된다. 또한 이들은 소수민족인 경우가 많아 언어장벽으로 인하여 의료서비스 이용에 제한을 받게 된다. 따라서 보건의료전문가들은 이러한 문화적 요소들을 능숙하게 다루는 기술이 필요한데, 이러한 기술이란 문화가 다른 사람들 간에는 갈등이 존재한다는 점을 인식하고, 건강관련 믿음과 건강행동에 영향을 미치는 사회문화적 요인들을 파악하고, 대안적 해결책을 제시하며, 결과를 평가할 수 있는 능력을 의미한다. 이러한 영역에서 health care interpreter는 소수인종의 보건의료 서비스의 원활한 이용을 위하여 매우 활발한 역할을 수행하고 있다.