CHURCHES, SOCIAL SERVICE ACCESS AND KOREAN-AMERICAN ELDERS:
AN EXPLORATORY STUDY

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This study examined how Korean co-ethnic churches serve as connections between Korean seniors and the agencies that offer social and health care services. The study developed from a pilot outreach program funded by the North Central Texas Council of Governments’ Area Agency on Aging (NCTAAA) to inform Korean seniors about Medicare-related programs between February and May of 2011. The results of the pilot program suggested that the Korean-American church can be an effective place for program outreach. The dissertation project, working in partnership with the NCTAAA and 2-1-1 services, further explored the use of Korean churches as a vehicle to connect Korean seniors to Extra Help (EH) and Medicare Saving Programs (MSP) and 2-1-1 services, a toll-free number for information about non-emergency health and social services. Fifty-three pastors were contacted to participate in a telephone survey and a face-to-face, in-depth semi-structured interview. Thirty telephone surveys and 11 face-to-face interviews were conducted. Five of the 30 pastors agreed to host program outreach presentations for the EH, MSP, and 2-1-1 services in their churches. Host churches tended to be more likely highly structured, regularly scheduled programs (e.g., Senior College) for seniors already in place. A total of 405 Korean seniors participated in the program outreach sessions. Five seniors received the EH application information, and 17 MSP application forms were distributed. Additionally, 28 seniors were assisted by phone, not only with the targeted programs, but also with other benefits information. Together, these outcomes indicate that the co-ethnic church can be a vehicle to connect Korean seniors to services offered by outside agencies.
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CHAPTER 1
INTRODUCTION

In 2000, approximately 80% of Koreans residing in the US were immigrants (U.S. Census Bureau, 2003), with most from South Korea (Terrazas, 2009). The U.S. population of foreign-born Koreans has increased dramatically in the last five decades, from about 11,000 in 1960 to over 1 million in 2007 (Terrazas, 2009). However, despite their substantial numbers, Korean immigrants tend to have unmet health care and social service needs and tend to be “underserved” in the areas of health care and social services (Fiebert, 2008; Jo, Maxwell, Yang, & Bastani, 2010). With the increasing need for health care and social service that characteristically comes with aging, Korean immigrant seniors, who represent nearly one-fourth of the total Korean immigrant population, are especially likely to be at a disadvantage (Terrazas, 2009). Thus, barriers to health care and social services for Korean immigrant seniors should be addressed (Zhan, & Whittington, 2004).

Not surprisingly, one barrier to care and services for Korean immigrants is language (Fiebert, 2008). Nearly 60% of Korean immigrants age 5 or older report limited English proficiency (Terrazas, 2009). Other challenges include substantial cross-national differences in health care and social service systems. For example, whereas health care coverage is universal in South Korea (Song, 2009), it is not in the US. According to the 2009 California Health Interview Survey, only 74% of all Koreans and 88% of Korean seniors in the state are currently insured. In fact, compared to the corresponding percentages among six other Asian groups, Koreans were the least insured. (California Health Interview Survey, 2009). To make matters worse, Koreans are often reluctant to ask for help because, in the “Confucian tradition” of their homeland, they tend to value “self-effacement” (Kang, & Lee, 2000, p.23).
The use of existing social network ties to bridge gaps between needs and services has been advocated as a solution (e.g., Wei-Skillern, 2010). There is a suggestion that strategic outreach and effective public education efforts should be made to increase service availability for Korean seniors in the US (Moon, Lubben, & Villa, 1998). In addition, other studies suggest that such efforts can be made through Korean-American churches (Kim-Goh, & Baello, 2008; Wu, Kviz, & Miller, 2009). Indeed, past studies have shown church-based interventions to be effective for African- and Latin-Americans (Gelfand, 1994).

Statement of the Problem

Since a large majority of the Korean community tends to attend religious services with their co-ethnics on a regular basis (Min & Kim, 2002), the use of church ties as a bridge between needs and services in the Korean community seems particularly promising. Nonetheless, the use of church ties for such a purpose is likely to depend to a significant extent upon the buy-in of Korean-American church pastors and leaders, who serve as gatekeepers to their senior congregants (Jin, 2009; Lee, Hanner, Cho, Han, & Kim, 2008). Past studies have shown that community gatekeepers, such as “law enforcement, Adult Protective Service, case managers, postal carriers, physicians, apartment managers, senior center staff, clergy, paramedics, code-enforcement personnel, and so forth” can be effective in getting services to hard-to-serve populations (Yang, Garis, & McClure, 2005, p.73-74; see also Florio & Raschko, 1998). A recent exploratory study of Korean-American church leaders in California suggests that many are willing to have their churches serve a holistic purpose and take on roles that are beyond spiritual and religious (Jo, Maxwell, Yang, & Bastani, 2010, p.159). In the study, leaders highlighted the
various resources of the church that could be used in fulfilling unmet health care and social service needs of their community, including those of seniors. These resources included leaders’ support or blessing of particular program outreach, screening, and education efforts, and use of their personal contacts inside and outside their congregation (Jo, Maxwell, Yang, & Bastani, 2010).

However, while the results of recent studies have pointed out the promising potential of using the Korean-American church as a vehicle for program outreach, education, and screening the Korean senior community, no study has specifically tested this potential. That is, no study has examined Korean-American church pastors’ availability, willingness, and ability to facilitate the use of their church as a means to connect Korean seniors to an actual social service offered by an outside agency. Nor has any study documented such a facilitation and its problems and successes.

**Significance of the Study**

This study attempts to fill these gaps in the existing literature. More importantly, my dissertation project developed from the results of an outreach program funded by the North Central Texas Council of Governments’ Area Agency on Aging (NCTAAA) between February and May 2011. In this program, I explored avenues of connecting Korean seniors to services to fulfill their health care and social service needs. The avenues included Korean markets, a home health agency with a Korean interpreter, and the Korean church. The two targeted programs for the outreach were the Medicare-related Extra Help (EH) program and the Medicare Saving
The results indicated that the Korean-American church can be an effective place for outside social service agencies to connect with Korean seniors.

In conducting this dissertation project, I worked in partnership with NCTAAA and 2-1-1 Texas and Aging Services at United Way. As a bilingual, bicultural Korean, I took on three roles in the project: as a NCTAAA benefits counselor, as a 2-1-1 information and referral specialist, and as the project investigator. I contacted 53 pastors in Protestant Korean-American churches in Collin and Denton counties in Texas to solicit their help in connecting seniors in their congregations to two social service programs and 2-1-1 Texas and Aging Services at United Way. The 2-1-1 program is a confidential and nationally-accredited service offered (in collaboration with the Texas Health and Human Services Commission) 24 hours a day, 365 days a year. The program offers a toll free number to an information and referral specialist, who provides information about non-emergency health and social services and refers callers to the services they need.

The two social service programs were the Extra Help (EH) with Medicare Part D program and the Medicare Saving Programs (MSP). EH assists low-income Medicare beneficiaries who are over 65 with payment of their prescription drug costs. Medicare Saving Programs (MSP) pays the premium of Medicare Part A (hospital insurance) and Part B (medical insurance) or only Part B based on their income and asset eligibility. MSP takes three specific forms: Qualified Medicare Beneficiary (QMB); Specified Low-income Medicare Beneficiary (SLMB); and Qualified Individual (QI).

Full subsidy for EH and QMB is given to seniors whose income is less than 100% of the federal poverty level. QMB is equivalent to Medicaid, which pays all medical costs for the needy who are aged and disabled. To be qualified for these benefits, the monthly income of individual
and married couple should be below $928 and $1,246, respectively. Still, the MSP pays a 
premium of Medicare Part B to seniors whose income level is slightly higher than the federal 
poverty level. For those whose income is between 101% and 135% of the federal poverty level, 
partial subsidy is given for EH and SLMB. And, finally, seniors who have income between 
136% and 150% of the federal poverty level are eligible for partial subsidy for both programs.

The enrollment process differs slightly for the EH and MSP initiatives. For example, the 
two initiatives have separate application forms and processes even with similar eligibility 
requirements. This is, in part, due to different government agencies being involved in the two 
initiatives.

For the EH initiative, seniors can fill out a paper application form that is sent to the 
Social Security Administration Office, or they can apply for the program online 
(http://www.socialsecurity.gov/prescriptionhelp/). Regardless of how a senior applies for EH, 
once their application is submitted, the Social Security Administration reviews their application 
and sends a letter indicating whether they qualify for EH or not. If a senior qualifies for EH and 
is already a Medicare prescription Part D beneficiary, the EH money is sent directly to their 
insurance company. If a senior qualifies for EH and is not already a Medicare prescription Part D 
beneficiary, the Center for Medicare and Medicaid Services (CMS) sends a letter to ask the 
senior to choose his/her insurance company for Medicare prescription Part D.

For the MSP initiatives, seniors, again, may apply via a paper application form or online. 
Online application is through the Your Texas Benefits website 
(https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp). Regardless of how the senior 
applies for the MSP initiatives, once the application is submitted, the Texas Health and Human 
Services Commission takes charge of the enrollment process. If a senior meets the income and
resource requirements set by the program, the local Texas Health and Human Services Commission will send a letter notifying him or her of their enrollment in the program. If a senior does not meet the income and resource requirements set by the program, the local Texas Health and Human Services Commission will also send a rejection letter of enrollment in the program. The seniors can appeal their denied cases and discuss their applications further.

For the purpose of study, I informed Korean pastors about the EH and MSP programs and asked for their help in identifying seniors in their congregations who might be eligible for the services. I also offered to provide an educational presentation about EH, MSP, and 2-1-1 at their churches. When I was given the opportunity to conduct such a presentation by pastors, at the end I asked seniors to fill out their need for the services offered by the programs, and I collected their name, phone number, and address. Using this information, I contacted them for eligibility for EH and MSP and found out about their needs for other services as well.

Korean seniors were encouraged to recruit a family member to fill out the paper work so that this family member could be involved in the post-application, follow-up process with the agencies, depending upon the program. After the family member was recruited, I asked NTCAAA to mail the application form(s) to the senior according to their needs and eligibility. Within approximately two weeks, I called the seniors to check whether they received the form(s). I documented any challenges and issues that arose. Since the enrollment decisions were made by a third party, I was not able to follow up on the actual enrollment decisions.

Through a multiple methods approach, this study explored the availability, willingness, and ability of pastors in Protestant Korean-American churches in two Texas counties to facilitate the use of their church as a means to connect Korean seniors to the services provided by the EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way. The main quantitative
portion of the study consists of an analysis of pastors’ responses to close-ended questions in a telephone/email survey of all pastors of Protestant Korean-American churches in the two counties. The main qualitative portion of the study consists of a conventional content analysis of the pastors’ responses to a schedule of open-ended questions in a separate, in-person interview.

Additional quantitative and qualitative data collection and analysis focused on outreach, education, and screening outcomes. That is, I documented educational programs offered, referrals and screening efforts. However, as mentioned earlier, since actual enrollment of a senior in the initiatives is decided by a local social security office and Texas Health and Human Services Commission (HHSC)—outside the purview of NCTAAA and myself (as one of NCTAAA’s benefits counselors)—I was not be able to follow up on whether or not the seniors who applied actually get enrolled in an initiative. Throughout the study, I also made a note any challenges, problems, or issues that arose.

Research Questions

Nine general questions guided the research:

(1) According to pastors of Protestant Korean-American churches, what ministries and services are currently provided by their church to seniors?

(2) According to pastors of Protestant Korean-American churches, what are the unmet health care and social service needs of seniors in their congregation?

(3) To what extent do the pastors of Protestant Korean-American churches feel the need of connecting seniors in their congregation to health care and social services?
(4) What socio-demographic factors of Protestant Korean-American pastors and their churches are associated with use of the church as a vehicle for a North Central Texas Council of Governments’ Area Agency on Aging (NCTAAA) certified benefits counselor to reach out to, educate, and screen seniors in the Medicare-based EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way?

(5) What other factors are associated with use of the church as a vehicle for a NCTAAA certified benefits counselor to outreach, educate, and screen seniors in the Medicare-based EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way?

(6) What are the reasons Protestant Korean-American pastors are receptive or not receptive to the outreach efforts of NCTAAA with regard to the Medicare-based EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way?

(7) How effective is the use of the Protestant Korean-American church as an actual vehicle to outreach, educate, and screen seniors in programs, such as the Medicare-based EH and MSP initiatives, and 2-1-1 Texas and Aging Services at United Way that are offered by an outside agencies?

(8) What were the effects and challenges of recruiting and using a family member to help seniors in the application for enrollment process?

(9) What are some of the remaining barriers and ongoing issues to the use of the Protestant Korean-American church as vehicle to outreach, educate, and screen seniors in programs offered by outside agencies?
CHAPTER 2

LITERATURE REVIEW

This chapter includes existing literature about Korean immigrants and seniors, their challenges, and their unmet social service and health care needs during the process of adaptation in the United States. It explores the use of existing social network ties, including church-based ties, to reach out to hard-to-reach and hard-to-serve groups. It highlights cases of program outreach partnership with other minority-group churches, such as African-American churches, and the role of their pastors as gatekeepers. The chapter concludes with a focus on Korean immigrants and seniors and Korean-American churches, and how these churches can be a resource to reach hard-to-serve Korean seniors in the US. These previous literatures are expected to give essential overviews on how this dissertation project was developed to fill gaps in these literatures.

For the purpose of this dissertation, the terms “senior” “older adult” and “elder/ly” are interchangeable and all refer to a person aged 65 or older.

Korean Immigrant Seniors in the US

More than 100 years have passed since the first group of Koreans arrived on the island of Hawaii to labor on sugar plantations (Sohn, 2004). According to the 2000 U.S. Census, Korean Americans are now 10.5% of Asians in the US and constitute 0.4% of the entire U.S. population (Kim, Kim & Kelly, 2006). Koreans in the US are the fifth largest ethnic population among 28 Asian American Pacific Islander (AAPI) ethnic populations (Sohn, 2004), and a population that has increased 1,500% since 1970 (Jang, Kim & Chiriboga, 2005).
As the population of the US is aging, it is expected that persons aged 65 and over will be 20% of the total population by 2030. This growth is expected to be even more dramatic for racial/ethnic minority populations, including Koreans (Sohn, 2004).

Koreans in the US continue to grow along with Korean seniors and the Korean-American senior population has increased from 2.4% in 1980 to 6.75% in 2004 (Lim, Kayser-Jones & Waters, 2007). Korean elderly immigrants, in most cases, came to the United States to reunite with their adult children after the passage of the 1965 Immigration Act. Due to this fact, Korean elderly immigrants are more recent immigrants than other AAPI groups; therefore, they are more likely to need support for adaption and acculturation (Mui, 2001).

Older Korean immigrants in the US have tended to face many challenges and issues, and have adjusted to their new lives in a variety of ways (Lee, 2007; Lim, Kayser-Jones & Waters, 2007; Mui, 2001).

Korean Immigrant Seniors’ Social Service and Health Care Needs

The challenges and issues associated with the adaptation and acculturation process of Korean immigrants in the US began getting attention from researchers and policymakers in the 1970s, after the passage of the Immigration Act of 1965, which lead to the increase in the population of Korean immigrants. Five major issues about Korean Immigrants in the US have been addressed during the course of studies: “(1) immigration; (2) health; (3) lack of human and social services; (4) behavioral and mental health; and (5) family” (Lim & O'Keefe, 2009, p. 182-184).
In particular, elderly Korean immigrants tend to be depressed due to the stresses related to adjusting to immigrant life: language barriers, acculturation, financial hardship, health/illness, social isolation, and separation from the household (Mui, 2001). A preliminary, qualitative study examined elderly Korean immigrants’ own perceptions of stressors in the immigration and acculturation processes. The elders identified: “language barriers, isolation and loneness, dependence upon their children, fear of being a burden, financial problem, transportation problem, discrimination and fear of death because of health problem” (Lee, 2007, p.407-408). They also revealed that they experienced a shift from traditional family values.

The most serious problem reported by the Korean immigrants and seniors in studies was lack of proficiency in the English language (Lee, 2007; Lim & O'Keefe, 2009; Moon, Lubben & Villa, 1998; Mui, 2001; Yang & Jackson, 1998). Lack of English fluency lowered self control and self esteem and increased anxiety and depressive symptoms (Lee & Yoon, 2011). The quality of life related to health status deteriorates when seniors cannot communicate clearly with a doctor. Health disparities and English language limitations are associated in Korean seniors and limit their treatment options. When Asian ethnic seniors, including Koreans, have a language barrier, they are more likely to be underserved by the health care systems in the US (Kim, 2013; Mui, Kang, Kang & Domanski, 2007). English ability to better communicate with medical professionals even relates to a higher level of satisfaction with health care services. The language barrier among Korean immigrants as well as Korean seniors in the US is predominant and contributes to these populations’ lack of access to information needed to meet their social service and health care needs (Jang, Kim & Chiriboga, 2005).

Whether Korean seniors have health insurance or not is one of the facilitators of healthcare visits (Jang, Kim & Chiriboga, 2005; Sohn & Harada, 2004), and even relates to
higher satisfaction for the service (Jang, Kim & Chiriboga, 2005). Yet, racial/ethnic minority populations are less likely to be insured compared to their cohort of whites, and studies have been consistent that Korean seniors in the US were less insured (California Health Interview Survey, 2009; Jang, Kim & Chiriboga, 2005; Sohn & Harada, 2004). Recently arrived Korean seniors to the US are not eligible for such government health care coverages as Medicare and Medicaid. As such, newly immigrated Korean seniors might not be able to access the health care that they need (Jang, Kim & Chiriboga, 2005).

Another barrier for seniors in accessing available services is transportation. When the location of a service provider is beyond the seniors’ transportation means, it keeps them from reaching the services they need (Yeatts, Crow & Folts, 1992). One study about barriers to seeking mental health services among Korean American immigrant women identified lack of transportation as one of the barriers (Wu, Kviz & Miller, 2009). In addition, many Korean older immigrants are unfamiliar with U.S. public transportation (Kim, 2013), which can also hinder their access to health services. The lack of transportation is also socially isolating. The lack of transportation keeps Social isolation can result. Their lack of transportation means keeps Korean and other seniors from socialization and limits their mobility in their daily lives.

Koreans in the US are not well cognizant of services available (Wu, Kviz & Miller, 2009). Regarding Korean seniors’ service needs, knowledge, and utilization, a study found low levels of awareness and utilization by Korean seniors of social service and health care systems and high levels of unmet service needs. Yet, this study also indicated that Korean seniors utilized the services they were informed of (Moon, Lubben & Villa, 1998). Even a study comparing Chinese with Korean seniors in Canada found that Korean seniors tended to use local services less than did their Chinese counterparts (Hwang, 2008).
In another study on service needs in a Korean-American community, Korean community leaders mentioned that information about services available should be provided. One of the community leaders commented: “I would like to see more outreach in the community about health and available services. There is a huge lack of awareness of what is available” (Lim & O'Keefe, 2009, p.197).

Using Existing Social Networks and Gatekeepers for Reaching out to the “Hard to Serve” Populations

Many federal and state programs in the US are underutilized among the elderly, the immigrants, the disabled, and the low-income families. Special efforts are required to reach these underserved populations. Collaboration with community partners, researchers suggest, can be an effective way to contact these populations in order to promote their service utilization (Gorman, Smith, Cimini, Halloran & Lubiner, 2013).

There are several examples in the literature of successful collaboration with community partners. For instance, the Latino Health Insurance Program (LHIP) was culturally designed and implemented for outreach, education, enrollment and maintenance, and as a referral for primary care and social services for Latino families (Abreu & Hynes, 2009). The LHIP used community members to get 230 children and adults enrolled or re-enrolled in health insurance programs between 2006 and 2007 in East Boston, Massachusetts. This outreach working with community-based organizations can serve as a model health insurance access program and also a model of collaboration for other programs to reach Latinos and other immigrant and minority groups.
Another example is a statewide initiative focused on the elderly and people with disabilities, immigrants and low-income households (Gorman, Smith, Cimini, Halloran & Lubiner, 2013). This initiative used community partners to promote knowledge of the Supplemental Nutrition Assistance Program (SNAP). It successfully increased knowledge of SNAP among the targeted populations.

In still another example, a clinical mental health intervention using trusted community gatekeepers was made to older adults (Yang, Garis, & McClure, 2005). As older adults, especially those with mental health issues, often express “fear, suspiciousness, and mistrust” of the conventional health care system, they tend to be one of the more difficult to serve populations. Thus, in the intervention, clinicians used trusted relationships between older adults in need of mental health services and various community gatekeepers, that is, referring parties, such as “law enforcement, Adult Protective Service, case managers, postal carriers, physicians, apartment managers, senior center staff, clergy, paramedics, code-enforcement personnel,” to initiate treatment in a community setting. Results were positive.

Liaisons with community gatekeepers such as pastors, social workers, physicians, senior center staff, police officers, attorneys, home health nurses and aides, and senior residence managers can assist seniors in further utilizing services, by their reciprocal and continuous relationship. More active outreach programs are also encouraged through non-professional gatekeepers for immigrant seniors, to where they often congregate like churches, community centers, and senior centers. In order to contact seniors who might be eligible for services, it is better to talk with gatekeepers to enable seniors more access to the services (Yang & Jackson, 1998).
A church-based health promotion outreach partnered between health professionals and churches in communities produced desired outcomes and promoted health behaviors. For example, there was a suggestion for a social worker to educate and empower the church to become supportive for end-of-life issues for family members and people who went through end-of-life adversities (Curtis, 2010).

Outreach effort through churches, in order to connect underserved populations to services, provided positive outcomes for both African-and Latin-Americans (Gelfand, 1994). The majority of church-based program outreaches were implemented in African-American communities which were underserved. African-American churches have tended to be more receptive to the outreach activities by outside agencies (Baruth, Laken, Bopp & Saunders, 2008; Peterson, Atwood & Yates, 2002). Pastors of African-American churches have been regarded as gatekeepers, and they were well suited to take this role (Baruth, Laken, Bopp & Saunders, 2008). Several other program outreach efforts were made including financial assistance, parenting, substance abuse and family support programs through African-American churches (Tirrito & Choi, 2004).

While Latinos have been Catholic in their home land, Latino immigrants in the US are more involved in evangelical and other Protestant churches, for instance, 23% of Latinos in the US are Protestant. Leaders of Protestant Latino churches can be effective community partners to prevent domestic violence in their congregations (Behnke, Ames & Hancock, 2012).
More often than not, spiritual formation in the elderly enriches their lives, and faith-based organizations, where the elderly practice their spiritual life, are imperative for them (Beran, 2010; Tirrito & Choi, 2004). In particular, for ethnically diverse seniors, faith based organizations are very important in adjusting their immigrant lives (Hwang, 2008; Peterson, Atwood & Yates, 2002; Tirrito & Choi, 2004). Correlation between church attendance and subjective health of the elderly is positively related, explaining that the social support that churches provide plays a part in evaluating their health (Broyles & Drenovsky, 1992).

Church provides essential social support for frail African-American elderly who stay in the communities (Bowles, et al., 2000). Activities supported by churches play an important part in the elderly African Americans in that churches provide social networks that enable them to remain socially engaged in the community. Even for the elderly who do not attend religious service on a regular basis, they tend to participate in a church-sponsored social activity. The "older old" church congregants are more likely to attend church sponsored activities than their "younger old" cohorts (Symonette, 2004).

Korean-American Immigrant Churches in the US

A small group of people who settled in the island of Hawaii in America built up their ethnic church after they arrived in the foreign land to labor on sugar plantations. One of the distinct features of Korean-American culture is how Korean immigrants became more religious from the time they first immigrated. Korean immigrants tended to build a church wherever they
lived throughout their immigration history, and the church was exclusively significant for Korean immigrants in the US. Many Korean ethnic churches were affiliated with the Methodist and Presbyterian denominations and had 10,000 members with at least fifteen Korean ethnic churches by 1950 (Chang, 2005).

While only 14%–30% of Koreans residing in South Korea go to church on a regular basis, 70% of Koreans in the US attend church regularly (Kang, 1992; Min, & Kim, 2002).

“The central nature of the Korean churches as the focus of Korean social life can be glimpsed in the Presbyterian Panel Study and Racial Ethnic Presbyterian Panel Studies by the Research Center of the Presbyterian Church (US). In this a mail survey of 1,900 African Americans, 1,072 Hispanics, and 1,355 Koreans, four-fifths of Koreans (78%) reported that they attended their congregation’s Sunday worship every week, as compared to 34% of African Americans, 49% of Hispanics, and 28% of Caucasians. In fact, Korean-American Christians quite commonly attend church three or more times a week” (Lee, Hanner, Cho, Han, & Kim, 2008, p.17).

Many Koreans in the US originally were not associated with churches in Korea, yet they developed their ethnic community surrounded by Korean churches in the US. Then, for Korean immigrants, church has been a central place in order to cope with their life adversities and adapt new cultures for their lives in America. Protestant Churches became predominantly critical and influential resource among Korean immigrants (Hurh & Kim, 1990; Kang, 1992). To better understand Korean Americans, their religion rooted on their Korean ethnic churches should be reviewed. Koreans’ regular attendance to churches gave them opportunities to socialize with other Korean Americans, which compensated their hard work during the week days (Lee, Hanner, Cho, Han, & Kim, 2008). Korean-American churches provide Korean immigrants with social and psychological support as well as spiritual comfort, so that they are refreshed and strengthened to relive stress related to adjusting to their foreign lives (Hurh, & Kim, 1990; Kang, 1992).
Empirical findings from a study by Hurh and Kim in 1990, about how participation in Korean American churches affects immigrants, found that church affiliation was positively associated with their mental well-being for female immigrants while possessing church staff positions were positive for male immigrants (Hurh, & Kim, 1990). Korean-American churches can be the major resource of a social network that cares and protects (Lyu, 2009).

Korean Seniors and Churches in the US

Religious affiliation differs among Asian elderly immigrants. A study on religious affiliation among six Asian immigrant elderly groups indicated a wide variety in affiliation.

“Fifty percent of Korean elders were Protestants and 24 % Catholic. Majority of Japanese (88%) identified as Buddhist, most Filipino elders (92%) were Catholic, and Vietnamese elders reported between Catholicism (48%) and Buddhism (48%). Over two-thirds (69%) of Indian elders were Hindu, and one-fifth Muslim Eighty-one percent of these Asian elderly immigrants felt that their religion was very important or somewhat important” (Mui, Nguyen, Kang & Domanski, 2007, p.204-205).

These profiles of Asian immigrant elderly showed that Korean elders were more involved in Protestant Churches than any other Asian elderly. Therefore, for Korean immigrant elderly, church is their central place for their wellbeing (Hwang, 2008; Kim, 2013), and churches and religious affiliation also provide support and a sense of community (Kim, 2012). A study exploring factors that influence the well-being of low-income Korean immigrant elders, spiritual coping is significantly related to their “lower anxiety, lower depression, higher positive well-being, and higher vitality” (Lee, & Yoon, 2011, p.269). Korean-American churches can be utilized not only for seniors but also for caregivers of fragile Korean-American elders while fostering their spiritual and cultural needs (Yu, 2002).
Korean-American churches, whose senior congregants constitute around 20–30% of the whole congregation in Sunday services, with these elderly people, are key in maintaining many Korean-American churches. Hence, there is suggestion that Korean-American churches develop programs sensitive to the needs of the elderly, and church members should increase awareness and concern for this cohort. Pastors also need to put elder ministry as one of the primary tasks during his or her ministry (Kim, 1996). Ethnic senior school that provides programs in churches for the Korean immigrant elderly is an example. The elderly that benefit by attending this school are enabled to better cope with the stress of living in the US and with the issues they face: a language barrier and, particularly, transportation issues, including the use of public transportation. Senior school also promotes the psychological well-being of these Korean elders because a large number of them stay home and only interact with their adult children and their families, but, by attending school, they can get opportunities to leave the house, meet friends, and experience self-enhancement. Since the ethnic senior school is under the church program, Korean seniors can get the additional influence of religion for their psychological health, such as having “appreciation of current situation, protection and guidance, and [the ability to give] voluntary service to others” (Kim, 2013, p.346-350).

Korean American Churches as a Vehicle for Program Outreach

Community outreach effort was suggested by Korean-American churches to reduce barriers to mental health services: for example, language and cultural differences, lack of transportation, lack of knowledge, and lack of partnership with churches (Wu, Kviz, & Miller, 2009). Korean-American churches can also contribute toward educating Korean-American
women who are victims of domestic violence, reducing their resistance to seeking help (Kim-Goh, & Baello, 2008).

Effective public educational program outreach efforts through Korean churches were suggested in order to increase service utilization among the Korean elderly (Moon, Lubben, & Villa, 1998). The outreach support hosted by churches is particularly relevant to Korean Americans for whom faith is typically important (Hurh & Kim, 1990).

Indeed, leaders in Korean-American churches were willing to open their churches to benefit the Korean community in other than spiritual reasons. Leaders appointed their various resources available, such as their volunteer base, the church facility, and church network for fulfilling unmet health care and social service needs of the Korean community, including those of seniors. They were willing to allow their church facility to host program outreach, education, and screening to connect seniors to services available, in order to meet their needs. Korean churches, as a social and educational center, can be a great way to reach seniors with service outreach efforts and public education for the Korean-American immigrants and senior populations (Jo, Maxwell, Yang, & Bastoni, 2010).

Potentiality of Pastors of Korean-American Churches as Gatekeeper

As a social and cultural center of Korean-American churches, pastors play a principal leadership role in the daily lives of Korean Americans (Lee, Hanner, Cho, Han, & Kim, 2008). Korean Americans decide on what church in which to get involved according to pastors’ leadership availability (Kang, 1992). Pastors take a leadership role in teaching, and counseling, and providing social services supplying the needs of their congregations (Jin, 2009; Lee, Hanner,
Cho, Han, & Kim, 2008) and their leadership assumes reverent spiritual leadership (Lee, Hanner, Cho, Han, & Kim, 2008). The leadership can be explained by the influence of Confucian value ingrained and infused in the Korean culture within the context of the Korean-American churches (Sun, 2010). A study indicated that Korean-American leadership tends to be autocratic and hierarchical, while American leadership tends toward a democratic style (Kim, 1998). What this means is that one’s position in will fall into one of the following five ranks, per order: pastors, elders, ordained deacons, deacons, and members without any church positions (Jun, & Armstrong, 1997).

An important gatekeeper for Korean-American communities is the Korean co-ethnic church pastor. The Association of Korean-American Psychiatrists (AKAP) held community workshops on etiology to promote mental health service access for Korean Americans in 2000, 2003, 2004, and 2005 in local churches for the sake of working with pastors for the possibility of their becoming gatekeepers to promote the mental health of Korean Americans. Korean-American pastors can be the first point of contact, while the primary care physicians will continue to serve a small segment of people who need their treatment (Lee, Hanner, Cho, Han, & Kim, 2008). This suggests that pastors can be a gatekeeper in providing great assistance in removing the barriers to mental health services for Korean Americans (Lee, Hanner, Cho, Han, & Kim, 2008: Wu, Kviz, & Miller, 2009).

Summary

While addressing characteristics of Korean immigrants and seniors in the US, social service and health care needs of Korean seniors were reviewed. No doubt, language a major
challenge and other adversities include acculturation, financial difficulties, social isolation, heavy dependence on their children, transportation, health concerns, depression, lack of insurance, and lack of information of the services that are available.

A major development in the provision of services to hard to serve population is the potential of collaborating with existing social networks and community gatekeepers. Church-based interventions are especially promising, as exemplified by results of studies focusing on the church and pastors within African- and Latin-American communities.

Historically, Korean-American immigrants have built their ethnic community centering their ethnic Korean churches to become major resources not only for spirituality but also for socialization and psychological support. A large number of Koreans including seniors residing in the US attend their church regularly; thus, these co-ethnic churches have the potential to serve as a vehicle for program outreach, education, and screening seniors for services offered by outside agencies.

When aging services, such as the United Way, local; MSP, EH, states; and Medicare, federal, want to reach out to elderly Korean Americans, studies have shown that leaders in Korean co-ethnic churches are willing to open their churches for outreach efforts and have suggested that the role of pastors, as gatekeepers, is crucial. However, to date, no study has tested whether Korean co-ethnic churches and their pastors can be effective in connecting seniors in their congregations to services provided by outside agencies. The purpose of this dissertation project was to conduct this test.
CHAPTER 3

METHOD

Research Design

This study was facilitated by Medicare’s low-income outreach and application for the Medicare-related programs sponsored by The North Central Texas Council of Governments’ Area Agency on Aging (NCTAAA), which coordinates and delivers social services to people of age 60 and older in nineteen counties in the region, and 2-1-1 Texas and Aging Services at United Way. I targeted Korean seniors in two of these counties, Collin and Denton counties, in Protestant Korean-American churches. I sought the help of pastors in order to inform Korean-American Medicare beneficiaries with low income and assets about the Extra Help (EH) with Medicare Part D and Medicare Savings Programs (MSP) and assisted them in accessing benefits as appropriate.

According to a report in the Konet Weekly Korean newspaper in 2006, there are 113 Protestant Korean-American churches (Cho, 2006) in the broader Dallas-Fort Worth (DFW) area and an estimated 48 churches in Collin and Denton counties. Later, I also added five new churches, which I found by internet research and in a recent Korean newspaper, which brought the total number of churches to 53 churches. The study population consists of these 53 churches and their pastors.

I am a bilingual, bicultural Korean who in the study assumed the roles of researcher, the NCTAAA certified benefits counselor and the 2-1-1 information and referral specialist in this study. All instruments used in the study were provided in both Korean and English. I conducted a quantitative survey and a qualitative interview of pastors concurrently. I documented outreach,
education, screening, and application for enrollment efforts in the pastors’ churches both quantitatively and qualitatively. I created not only telephone survey questionnaires but also email survey questionnaires using Qualtrics’ web-based software, supported by the University of North Texas. I followed the procedure of multiple methods, and I supplemented results from the quantitative analysis of responses to the survey questionnaire with conclusions derived from the pastors audiotaped in in-depth interviews. I analyzed the translated transcriptions of the interviews with conventional content analysis. Such procedure is appropriate when exploring an issue or area in which there is limited research and piecemeal theoretical guidance (Hsieh, & Shannon, 2005). The results contribute to theorizing about effective health care and social service outreach efforts for Korean seniors through their co-ethnic churches.

Data Collection Procedures

The UNT Institutional Review Board’s (IRB) review granted an initial approval of proposed human subject research in June, 2011. However, upon my employment at 2-1-1 Texas and Aging Services at United Way as an Information and Referral Specialist, I added 2-1-1 services in both quantitative and qualitative questionnaires. UNT IRB reapproved my research with the addition of 2-1-1 services in October, 2011. I contacted all pastors of Protestant Korean-American churches in Collin and Denton counties via telephone. I invited each of them to participate in the telephone survey. However, if they could not respond by phone, I invited them to participate via email.

Upon collecting phone or email survey, the pastors were notified that their participation in the survey would be voluntary and that they could withdraw from it at any time. They were
told of the purpose of the study and the study procedures. For this study, no monetary compensation was given to the participants, but their contribution for Korean community was explained. More importantly, confidentiality, rights of participants, and no harm were ensured.

Upon receiving their consent to participate in the study, I started administering a brief structured, closed-ended item questionnaire. The questionnaire is attached as Appendix A to this proposal. Items are designed to obtain basic socio-demographic information on the pastors and their churches, to determine current ministries and programs for seniors that are provided by the churches, to assess pastors’ perceptions of their senior congregants’ needs for various health care and social services, including the Medicare-based EH and MSP initiatives, and to gauge their initial willingness to facilitate the education, screening, and application for enrolling of these seniors in the EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way. At the end of the survey, I thanked them for answering the questions and asked them if they were willing to participate in a face-to-face interview to discuss in more depth these topics. With pastors who agreed to such an interview, I scheduled an appointment to conduct one as soon as possible.

I have four dispositions of pastors' responses: 1) completed the survey; 2) refused the survey; 3) church closed; 4) unable to contact. Of the 53 churches I contacted, 27 churches completed the survey by phone and three completed it by email. Three churches refused, and 14 churches could not be reached. Further, I was not able to contact six churches even after calling more than 10 times over a two week period. I took extensive notes on each survey.

The schedule of open-ended questions for the in-depth face-to-face interview is attached as Appendix B to this proposal. Again, before going forward with the interview, each pastor signed a detailed informed consent form. This form informed pastors of the study’s purpose and
procedures and how their participation in it would benefit the greater Korean community. It also let pastors know that their participation in the study was voluntary and that their responses would be kept confidential and used only for study purposes. The face-to-face interview questions were designed to obtain more in-depth information about the church’s provision of ministries and services to seniors and the pastors’ perception of various issues, including unmet needs among seniors in their congregation, the issues and barriers they face in providing for these seniors, and their role as gatekeeper in connecting seniors to services from outside agencies. The in-person interview also asked the pastors to elaborate on their decision to facilitate or not to facilitate the education, screening, and application for enrollment of their senior congregants in the Medicare-based EH and MSP initiatives. When given permission by a pastor, I taped the interview with an audio recorder.

All data collected were used for the sole purpose of the study. Telephone and email surveys, as well as face-to-face interviews were expected to provide more reliable answers than mail surveys because the interviewer could clarify questions for respondents during the procedures.

In the course of the survey and interview with the pastors, upon agreement and arrangement with a pastor, I implemented outreach activities for Korean senior congregants by educating, screening, and helping them apply for the Medicare-based EH and MSP initiatives. I also introduced the service of 2-1-1 Texas and Aging Services at United Way.

Five churches invited me to speak about these programs through educational outreach. Four of these five churches have senior college programs for Korean seniors in the community on a regular basis. These senior college programs include seminars, classes, activities, and several educational activities. One church provides the facilities and serves lunch to the Dallas
Korean senior group once a year. These five churches invited me to present Medicare-related MSP and EH programs, as well as 2-1-1 services, to Korean seniors. For each, I distributed survey sheets to get the contact information and social service needs of Korean seniors. I personally contacted those who submitted the sheets in order to help them with their applications and other service needs.

I documented all outreach activities, including any educational programs and materials. I recorded the number of referrals, results of screening for eligibility, the number of forms distributed, whether or not a family member was recruited to help the senior with their application for enrollment. I further documented challenges and issues that came up during the process.

Analysis of Data

Research questions were examined using both the quantitative and qualitative data collected. To prepare for the quantitative data analysis, responses to the telephone-administered close-ended item questionnaire of pastors were entered into Microsoft Word Excel and checked. Once checked, the data were read into a widely used statistical software program, the Statistical Package for the Social Sciences (SPSS) v. 21, and saved as an SPSS dataset. To examine Research Questions 1, 2, and 3, SPSS was used to generate frequency and percentage distributions of pastors’ responses to questionnaire items about the provision of current ministries and services for seniors in their churches. I also used qualitative in-depth interview data with the pastors to further answer research question 2 and 3 using content analysis. To examine Research Questions 4 and 5, SPSS was used to generate correlations for further analysis.
of pastors’ use of their churches for the EH and MSP initiatives by NCTAAA and 2-1-1 Texas and Aging Services at United Way.

Results from these quantitative analyses were supplemented by analysis of pastors’ responses to relevant open-ended questions from the in-depth in-person interviews. Each of the audiotaped in-depth interviews, which were conducted in Korean, were transcribed verbatim by me. I then translated each of the transcriptions from Korean into English. The translated transcriptions were analyzed using conventional content analysis, as described by Hsieh and Shannon (2005). This type of analysis is consistent with a grounded theory approach, whereby conceptual frameworks and themes are allowed to emerge from the data, rather being imposed on them (Charmaz, 2006). Such an analysis is appropriate when exploring an issue or area in which there has been limited research and piecemeal theoretical guidance (Hsieh, & Shannon, 2005).

For each open-ended question, codes were derived. In qualitative analysis, coding is “naming segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data” (Charmaz, 2006, p.43). From these initial, close-to-the data codes, major themes and subthemes were identified. This was an iterative process, with codes and major themes and subthemes, all potentially changing to reflect any new information as each additional transcript was added to the database. I also wrote memos or made notes of first impressions, thoughts, and initial analysis (Hsieh & Shannon, 2005, p.1279). I made note of any problems and challenges of the study. The analysis concluded for each of the open-ended questions when saturation was reached, that is, when, essentially, no new themes or patterns emerge among the responses (Neuman, 2004).
In addition to addressing Research Questions 1, 2, and 3, the results of the qualitative analysis addressed Research Questions 6, 7, 8, and 9 which focus on the effectiveness and challenges of using the Protestant Korean-American church as a means of connecting seniors to services provided by outside agencies. Research Questions 6, 7, 8, and 9 also were addressed by additional documentation collected by me concerning the outreach activities, namely, educational programs and materials presented, the number of referrals, results of screening for eligibility, the number attendants, whether or not a family member was recruited to help the senior with the application for enrollment. I also examined notes made by me about the study as it was underway for anything of relevance to the research questions, particularly Research Questions 6, 7, 8 and 9.

The proposed research is “a concurrent study with the intent of gathering both quantitative and qualitative data and merging or integrating them to best understand the research questions” (Creswell, 2009, p.122). The multiple-methods approach provides a more comprehensive and fuller explanation of the study’s research questions (Hesse-Biber, 2010, p.4).
CHAPTER 4
RESULTS

This chapter contains data analysis and findings for the study. Data was obtained through a telephone/email survey completed by 30 pastors among 53 churches. Twenty-seven pastors completed the survey by telephone and three pastors completed it by email. Fourteen churches seemed to be closed because they could not be reached. I was not able to contact another six churches even after a number of telephone calls. Three pastors refused to participate in the study. Of the thirty pastors who completed the telephone/email survey, 11 pastors also participated in a face-to-face interview.

Description of Socio-Demographic Data

The socio-demographic variables of the pastors in the sample are (a) gender, (b) age, (c) denomination, (d) education, (e) location of seminary degree earned, (f) years of ministry in the U.S., (g) years of ministry in the current church, (h) size of congregation, (i) number of senior congregants, (j) ownership of church building.

Table 4.1 displays the statistics of the socio-demographic variables of the pastors and the churches in the study. As the table shows, all the respondents in the study are male pastors. The average of age for the pastors in the sample was 48.7 years old with a standard deviation (SD) of 9.2 years. Southern Baptist Church, Presbyterian Church USA and United Methodist Church were the major denominations represented in the sample. Eighty-six percent of the churches were of one of these three denominations. The pastors in the sample were highly educated. Ninety
percent of the pastors completed at least graduate school with 30% having earned Ph.D. or Ph.D. equivalent. Furthermore, 80% of the pastors earned a Seminary degree in the US.

The pastors in the sample had ministered in the US for an average of 12.5 years and had been ministers in their current churches for an average of 7.0 years. The sizes of the congregations varied considerably from 0 to 1800. At the time of my contact, one of the pastor’s indicated that his entire congregation had recently left the church. Fifty-three percent of the churches had fewer than 100 members in their congregation. Forty percent of the churches’ congregation sizes were between 101 and 500. However, two of the churches had congregation sizes of 1200 and 1800, respectively. The larger churches tended to have more senior congregants. For example, the two largest churches had about 300 senior congregants each. The number of Korean senior congregants in the average church in the sample was 34 (SD 73.7). Forty percent of the pastors’ congregations had between 11 and 60 seniors and 53% had fewer than 10. Slightly over one-half (57%) of the pastors’ churches had their own buildings.

Eleven pastors of 30 churches in the sample agreed to a face-to-face interview. Three interviewees were the senior pastors in their churches, four interviewees were the assigned ministers for Korean senior groups in their churches, and the other interviewees had other pastoral roles. One of the assigned ministers for seniors was retired from the position during the period of the interview, so I made an additional interview of the new minister in that church. Most of the interviewees (8 of 11) held a full-time position in their church. The congregation size of the pastors who participated in an in-depth interview was between 25 and 1800, and the size of their senior congregations was between 2 and 300. The range of years in their current churches was from 5 months to 18 years.
Table 4.1

Descriptive Statistics for Socio-Demographic Variables of Pastors

<table>
<thead>
<tr>
<th>Variable</th>
<th>N(%)</th>
<th>( \bar{x} )</th>
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</tr>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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<td></td>
</tr>
<tr>
<td>Female</td>
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<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 – 39</td>
<td>5(17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 – 49</td>
<td>12(40)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 – 59</td>
<td>10(33)</td>
<td>48.7</td>
<td>9.2</td>
</tr>
<tr>
<td>60 – 69</td>
<td>2(7)</td>
<td></td>
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</tr>
<tr>
<td>70 – 79</td>
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<td><strong>Denomination</strong></td>
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<tr>
<td>Presbyterian Church USA (PCUSA)</td>
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<tr>
<td>Southern Baptist Church (SBC)</td>
<td>13(43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Methodist Church (UMC)</td>
<td>2(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Denominations</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Some Ph.D.</td>
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<td>Ph.D. Graduate</td>
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<tr>
<td><strong>Location of Seminary Degree earned</strong></td>
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<tr>
<td>In Korea only</td>
<td>3(10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the U.S. only</td>
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<td></td>
</tr>
<tr>
<td>In both Korea &amp; the U.S.</td>
<td>16(53)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>2(7)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Years of Ministry in the US</strong></td>
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<td></td>
</tr>
<tr>
<td>1 – 10</td>
<td>18(60)</td>
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<tr>
<td>11 – 20</td>
<td>9(30)</td>
<td>12.5</td>
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<td>21 – 30</td>
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<td><strong>Years of Ministry in Current Church</strong></td>
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<td>11 – 20</td>
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<td><strong>Size of Congregation</strong></td>
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<td>0 – 100</td>
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<tr>
<td>101 – 500</td>
<td>12(40)</td>
<td>224</td>
<td>375.9</td>
</tr>
<tr>
<td>1200</td>
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<tr>
<td>1800</td>
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<td><strong>Number of Senior Congregants</strong></td>
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<tr>
<td>0 – 10</td>
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<tr>
<td>11 – 60</td>
<td>12(40)</td>
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<td><strong>Ownership of Church Building</strong></td>
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<tr>
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<tr>
<td>No</td>
<td>13(43)</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

*Some percentages do not total 100.0 due to rounding*
Table 4.2 displays a description of the number of special ministries designed for Korean seniors, as well as the ministers assigned to those ministries. Of 30 churches in the sample, 20% had assigned ministers for the elderly congregation, and five of these ministers were paid staff. Forty-seven percent of the churches in this study had special ministries to fulfill seniors’ spiritual needs. The activities of these ministries included fellowship meetings, Bible study, worship services, and prayer meetings. Further, some churches had more than one special ministry dedicated to senior congregants. One pastor who participated in the survey mentioned that a church retreat is another type of ministry that meets seniors' spiritual needs.

Table 4.2

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Assigned Ministers</th>
<th>Fellowship Meeting</th>
<th>Bible Study</th>
<th>Worship Service</th>
<th>Prayer Meeting</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>20 %</td>
<td>37%</td>
<td>33%</td>
<td>10%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 4.3 displays a description of the number of social services provided for seniors in the churches. Forty-three percent of the Korean-American churches surveyed provided social services for seniors. Of these social services, transportation was provided most often. Thirty percent of churches provided general transportation for seniors who either did not have cars or could not drive. Translation services for seniors who were not proficient in English were the second most provided social service. Seventeen percent of the churches provided translation services for senior congregants. Other social services included legal aid, health and medical assistance, citizenship assistance, financial assistance and family counseling.
However, there were other social services available for Korean seniors in the churches such as senior college, picnics, U.S. travel, seminars on legal and financial management, and nursing home visitations. Some pastors reported that their churches provided social services for senior congregants when requested.

Table 4.3

Description of Social Services

<table>
<thead>
<tr>
<th></th>
<th>Transportation</th>
<th>Translation Service</th>
<th>Legal Aid</th>
<th>Health &amp; Medical Assistance</th>
<th>Citizenship Assistance</th>
<th>Financial Assistance</th>
<th>Family Counseling</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Percent</td>
<td>30%</td>
<td>17%</td>
<td>13%</td>
<td>10%</td>
<td>10%</td>
<td>7%</td>
<td>7%</td>
<td>27%</td>
</tr>
</tbody>
</table>

According to their pastors, 37% of the churches provided services for seniors’ health care needs. Table 4.4 displays a description of these services. The most common of these services was an English translation service. Twenty percent of the churches provided such a service for seniors during appointments with medical doctors. Transportation to these medical appointments was the second-most provided health care service. Seventeen percent of the churches provided this sort of transportation. Other related services included medical insurance information, health screening, assistance paying medical bills, volunteer care giving, and health care services available at the church itself. Further, home or hospital visitations, health seminars presented by doctors, and check-ups provided by nurses in the congregation were also provided by a few churches.
Table 4.4

Description of the Number of Services for Health Care Needs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Translation to See a Doctor</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Appointment Transportation</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Medical Insurance Information</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>Caregiver Assistance</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Health Screening</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Medical Bill Payment</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Health Care at Church</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>13%</td>
</tr>
</tbody>
</table>

However, based on pastors’ responses, it is more likely that most services are provided as needed, rather than as part of a schedule.

A face-to-face interview added the information about other services in the Korean churches for their senior congregation. In particular, four churches had Senior College programs for Korean seniors in their community. In the college programs, seminars on information about health and benefits for elderly Koreans were held. The following are pastors’ statements about the senior college programs. One pastor indicated: “We provide a seminar regarding Medicaid, Medicare, and Social Security once in a while in the monthly meeting of Hope College…. We have 140 to 150 participants at the most, and at least 100 all the time for this gathering.” Another pastor reported: “…every other weekend, we provide special programs for seniors in the college program.” Regarding program content, one pastor indicated: “They [Korean seniors] create their own curriculum. There is one retired professor from Korea University. He provides programs such as seminars on health.”

Several pastors reported food services with connection to American food pantries for Korean senior congregants. For example, one pastor indicated: “On the other hand, there is a food program. A food pantry in Dallas delivers the food to the poor that are recipients of SSI once a month.” Another pastor reported: “We only use food pantries operated by American agencies. Sometimes, I deliver donated food from some restaurants to seniors.”
Some interviewees’ responses in the face-to-face interviews revealed extensive personal assistance provided to their senior congregants by the pastors themselves, including assisting seniors in visitation to the social security office, helping them when hospitalized and when settling in new apartments. As one pastor reported: “In addition, I personally go to a hospital or social security office with seniors as much as I can. They bring me application forms and other papers they cannot translate. Then I help them.” Other pastors indicated: “I help seniors with their social security office visitation and translating. For instance when seniors have letters in English, they do not understand at all so I translate the letter on their behalf. I also bring them to the food stamp office or Department of Aging and Disability. When seniors move to new apartments, I help them to settle in;” “When seniors are sick, I bring them to a hospital and become an interpreter for all the processes at the hospital.”

Face-to-face interviews detailed the nursing home ministries of two of the churches in the sample. For example, “We do not have many Korean seniors in our church, but there is a nursing home (several Koreans reside there) near our church. Families in our church sometimes visit Korean elderly residents in the facility.” In addition, “We serve nursing home ministry in Carrollton. We prepare meals for Korean senior residents in the nursing home on the first and third Saturday, which is twice a month.”

One pastor also mentioned a funeral ministry for the elderly: “We also have a church member who provides a funeral ministry.”
More than half of the Korean co-ethnic churches in the sample did not provide services in accordance with seniors’ social service and health care needs. Fifty-seven percent of the churches did not provide any social services, and 63% of the churches did not provide any services to address seniors’ health care needs. This result demonstrates that about 60% of the churches in the sample did not meet social service and health care needs of seniors through their churches. Even with the existing services for Korean seniors’ social service and health care needs displayed in Table 4.3 and Table 4.4, the churches provide less than 20% of the services. Moreover, no pastor in the survey reported that his church provided senior center or long-term care services for the elderly congregation. Thus, Korean-American Protestant churches do not seem to be a place for fulfilling the long-term care needs of elderly Koreans.

Table 4.5 displays a description of the number of the churches with no services and the primary reason why they do not provide any services for social service and health care needs.

The lack of church members’ need was the primary reason given by pastors for why their churches do not provide any services for the needs of social service and health care. Fifty-nine percent of the churches with no social service, and 58% of the churches with no health care service chose this answer. Most of these pastors reported that they do not have enough senior congregants to perceive the need of each service.

Other answers included lack of funding and lack of pastor’s and church leader’s interest. No pastors responded that lack of availability of pastors, less priority of other group ministry, and lack of church members’ interest are the primary reason.
Other primary reasons concerning no social services for Korean congregants include the following statements: “Because family members take care of their elderly parents, I do not have any idea how to provide social services in my church;” “This question is not fit for immigrant church;” “It is hard to provide a scheduled service because of small size of my church.”

Other than the answers described above, the pastors added the primary reasons for no services for health care needs. One pastor indicated that he did not believe that the church should provide these services: “Church should focus on members’ spiritual growth, not for any other needs.” Another pastor seemed willing to provide such services but reported: “Lack of information is the primary reason why we do not provide services in our church because we do not know what to provide.”

Table 4.5

Description of Primary Reason for No Services

<table>
<thead>
<tr>
<th>No Social Services</th>
<th>Lack of Church Members’ Need</th>
<th>Lack of Funding</th>
<th>Lack of Pastor’s and Church Leader’s Interest</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>17</td>
<td>10</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>57%</td>
<td>59%</td>
<td>18%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Health Care Services</th>
<th>Lack of Church Members’ Need</th>
<th>Lack of Funding</th>
<th>Lack of Pastor’s and Church Leader’s Interest</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>19</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>63%</td>
<td>58%</td>
<td>16%</td>
<td>5%</td>
</tr>
</tbody>
</table>

In addition, face-to-face interviews with 11 pastors provided more in-depth and detailed information of unmet social service and health care needs of Korean senior congregants. Ten themes of social service and health care needs for Korean seniors emerged. These themes were 1) information to access benefits for the elderly, 2) translation service, 3) transportation service, 4) empowering activities for Korean seniors in the Community, 5) preventive health care Service, 6) care giving service, 7) services for non-citizen or illegal Korean seniors in the US, 8) ineffective health care system, 9) dental care, and 10) cost of Medicare copayment.
11) Information to Access Benefits for the Elderly

This theme was most often discussed among participants. Ten of them mentioned this need during the course of the interview. They indicated that Korean seniors need information about accessing benefits available for their social service and health care needs. The following are examples of their comments that carry this theme: “I want seniors to learn more about the benefits of social welfare presented by professionals. I want them to get more opportunity to access the information more on those programs;” “They do not know such thing as 211 service;” “I wish that there is someone who can explain which programs go with what eligibility criteria. It might be really helpful for those who are eligible for the programs;” “Particularly, if Korean seniors cannot get the information of community services in their churches, they are more likely to be isolated from the information.”

Moreover, Pastor 11’s ministry focuses on Korean seniors in the community, and the number of senior congregants is 20 out of 25 in the entire congregation. While he was serving for the needs of seniors, he realized the need for a direct channel to service the senior needs. He described it in this matter:

What I want to have is the channel to connect the services seniors need. Like I told you earlier, the social security office told me to go here and there. Also, I often waste time on the phone. Even when people are in imminent need, they tend to make a circle and end up getting no help. Government should create a channel that can connect directly to the services seniors need. Currently, no channel is established for a direct connection to the service.

1) Translation Service

An inability to communicate in English keeps Korean seniors from accessing the information related to social service and health care needs. Many of the participants indicated
that Korean seniors need translation service. Pastor 5 who has been an assigned minister especially for seniors for three-and-a-half years answered when asked the question:

I: What do you see as the biggest barrier to seniors at your church getting in their social service and health care needs met?

P 5: Language; the biggest barrier is the language issue.

Korean Seniors experience disadvantages to be enrolled in services they might be eligible for due to the language barrier. Korean seniors need to have someone or an agency to assist them in translation service. The pastors’ comments supported this idea: “For most Koreans in the church, English is not their first language. Therefore, Korean seniors need someone who will help translate the information of the services they need;” “Most materials are in English and they tend to give up applying for the benefits in many cases even though they want them;” They have a language barrier. Therefore, we need translation agencies to help Korean seniors.”

Pastor 11 described a difficulty in volunteer recruitment to help Korean seniors with this issue. He shared his experience as in the following passage:

There was a lady at church who helped a female senior during my absence because I was in Korea. She was so frustrated and disappointed after she helped the senior…. She has some fluency in English, so I asked her to help the senior, but I believe that she was hurt. Now she does not even attend the church any more (Laugh).

2) Transportation Service

Participants reported that they have experienced the need of transportation service for Korean seniors. When their churches provide programs for Korean seniors, pastors often encounter an issue in which their senior congregants do not have a ride to churches. There are several other comments supporting transportation issues: “Other ministries need volunteers, but at least they can drive to church. However, in ministry for the elderly, the church should even provide a ride because they cannot come to church on their own, which is similar to child care. It
is not easy to run the program in this manner;” “In our church, seniors who are over 75 years old seem to be very difficult to drive. Then they are very restricted from participating in church meetings and visiting social service agencies. As far as I know, there are 10 seniors who are going through transportation issues;” “I and my wife usually drive around to pick up seniors in the Allen areas, but not McKinney areas. Some seniors in McKinney wanted to join our church, but I told them that I would not be able to drive that far to pick them up because it would take too long.”

Pastor 5 also described the transportation for the disabled elderly:

I want to mention about the handicapped for this case. We’ve got wheelchair people who require special services. We also have people with glaucoma and people with the need for ophthalmic services. Some are at the verge of losing their eye sight. It is difficult for us to provide rides for these people. There are issues for them to use transportation services for the disabled like yellow buses. I mean, they do not know how to apply for the service.

3) Empowering Activities for Korean Seniors in the Community

Several participants commented that immigrant Korean seniors feel helpless and isolated in the U.S. society. Pastor 4 made statements like the following: “(Sigh) It might be the same in churches in Korea, but in particular, seniors in immigrant churches feel helpless and useless….Immigrant seniors only wait for their time of death. They feel useless.”

More importantly, some participants pointed out that Korean seniors need activities that empower them in U.S. society.

For example, Pastor 2 stated, “Now Korean seniors only stay home alone and take care of grandkids. They need to be empowered and build up their self esteem. They should feel needed and serve in the U.S main society. Eventually, the main American society will benefit from this. This is win win situation….Korean seniors keep making excuses all the time saying that I cannot communicate in English. They feel helpless. They have to find and develop areas they can get
involved in even with the language barrier.” Pastor 3, who is the new minister that takes charge of a Korean senior group, expressed his enthusiasm about this activity: “We need services that seniors can provide, not services to serve seniors. The following excerpts are from the interview with Pastor 3.

P3: For example, seniors can serve for the homeless, or healthy seniors can visit patients who are at hospitals. Seniors can serve for the less fortunate.

I: I believe that seniors will be healthier.

P3: Seniors will enjoy their volunteer activities. We can arrange volunteer work even in our church

I: How did they respond?

P3: They want to get involved in these activities. When I suggested it, they were so willing, but we encountered one big issue for this plan. I did not come up with the idea that the “RIDE” can be an obstacle. Korean seniors usually do not have their own car to drive. They need to come to church earlier if they volunteer. But, they depend on their adult children for their ride. Seniors usually follow along when their children come and leave. Because of their lack of mobility, they only wish that they can involve in some ministries in church. They have passion for ministry, though.

4) Preventive Health Care Service

Participants mentioned systematic health care for Korean senior congregants’ preventive health care needs. Pastor 7, who has been a minister for a senior group, mentioned about having preventive health care service in his church: “Um, I wish we have regular health checkups. For instance, there is a program like the mammogram test provided by county once a year for women.” In a similar way, other pastors stated, “When they are sick, they only get treatment for the symptoms, and we have lack of systematic health care system in holistic care;” “I want to provide information about flu shot, weight control, and health intervention.”
5) Care-giving Service

Some pastors described the need for care giving for Korean senior congregants. Most of the time, adult children take care of elderly Korean parents under the filial piety. However, when they do not get along, Korean seniors are more likely to suffer from the relationship because they are more isolated in U.S. society. Pastor 4, who has served immigrant churches for 25 years, shared his experience on this issue during his ministry:

They do not live alone. They usually live with their children…. But when seniors are sick, children are of no use to them at all…. Church cannot be much involved in the relationship between parents and children. If the church is involved, the relationship gets worse. Church is not supposed to be responsible for caring for the elderly when they have their children.

Pastor 9 mentioned the need of care giving service for Korean congregants. He stated, “We need services to fulfill practical needs such as …cleaning services, visiting homes, and bathing.”

Pastor 11 recognized the issue of care giving service provided by health care agencies. He stated, “health care agencies get paid for 40 hours of service by the government, but they only provide 20 to 30 hours of service to seniors. They put the rest of money in their pockets…. If the money goes to caregivers, they will provide better services to senior clients…. American home health care pays $12 but Koreans only pays $8 to medical assistant.”

6) Services for Non-Citizen or Illegal Korean Seniors in the US

During this study, I have come across an unexpected issue regarding services for non-citizen or illegal Korean seniors in the community. In many cases, children in the US invited their elderly mother to take care of a new born grandchild. The elderly parent often applied for permanent resident status or even stayed illegally in the US. When this group requires social service and health care needs in the US, they are not eligible for any services. Some pastors
mentioned the needs for social service and health care for non-citizen or illegal seniors during the interview:

I experienced two seniors who could not move at all; they needed somebody who should carry them around. So their children in the US sent the seniors to Korea after giving them some money. I know these cases might be too extreme, but Korean seniors do have nothing here. Because they did not have green cards here, they were not eligible for any services.

Illegal residents do not have any benefits at all. They only get treated when they are in critical emergencies. For those who have green cards without benefits of Medicare and Medicaid, they are in blind spot in medical system.

7) An Ineffective Health Care System

Pastor 11 experienced an ineffective health care system while assisting the Korean elderly. He encountered finding hospitals not accepting Medicaid and ineffective health care connections among healthcare agencies:

For the person who only has Medicaid, few hospitals accept it…. As I remember, the next issue is that those who are receiving services from home health care can use only the hospital affiliated with the home health care…. If I want to go to a certain hospital, the hospital should get permission from the home health care because money is paid through home health care…. We need to reform the medical system. Otherwise, seniors are only abused by home care, and Primary care and Prima Care and are utilized only for their monetary profits. Seniors cannot get the appropriate services they need.

8) Dental Care

Further, Pastor 11 also shared an incident about a senior congregant who had no dentures for several years:

One senior lived without teeth at all and with no dentures for 5 to 6 years. Since I do not have enough money, I wrote a letter to pastors in big churches with the story of the senior’s situation asking them to recruit dentists in their churches to volunteer in providing denture services with no cost or with charge only for materials. I was willing to pay the cost for materials. But there is none…. a dentist … was in American worship service. My pastor friend once taught him the bible took over the implanting job for that senior.
9) Cost of Medicare Copayment

Pastor 8 commented on the high Medicare copayments:

But, by the way, even the seniors who are Medicare beneficiaries cannot afford to pay 20% copayment. Even though they do not want to take advantage of social systems, they end up applying for Medicaid since they have to pay for very expensive medications. It is very a difficult issue.

With enlisted themes of social service and health care needs for Korean seniors that emerged from this study, some of the needs are interrelated. For example, a language barrier keeps Korean seniors from accessing the information related to social service and health care needs. Korean seniors feel more helpless and isolated from the main society in the US, yet, they cannot join activate or serve a community due to the language barrier. They cannot even participate in, or serve, a Korean community/church because of the issue of transportation. The language barrier also limits Korean seniors in choosing health care agencies, so they allow providers to take advantage of their situations. Since elderly Korean parents heavily depend on their adult children, care giving becomes a bigger issue when their relationships do not go well. Furthermore, illegal elderly Korean residents are double disadvantaged in all the services in the US.

The Extent that the Pastors Feel the Need for Connecting Senior Congregants to Health Care and Social Services

In the telephone survey responses, it appears that most pastors agree that the churches should provide services for Korean seniors’ social service and health care needs. Ninety-three percent and 87% of the pastors agreed on the provision of social services and health care
respectively for Korean senior congregation in their churches. Moreover, 100% of the pastors in the survey agreed that their churches should provide the information about social services for the Korean elderly congregation.

Table 4.6 displays a description of the pastors’ agreement on social services, services for health care needs, and information about social services for Korean senior congregation in their churches.

Table 4.6

Description of Social Services, Services for Health Care Needs, and Information Provision in their Churches

<table>
<thead>
<tr>
<th>Churches Should Provide Social Services for Seniors</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>16</td>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>53%</td>
<td>40%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Churches Should Provide Health Care Services for Seniors</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Refused answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>15</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>50%</td>
<td>37%</td>
<td>10%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Churches Should Provide Information about Social Services for Seniors</th>
<th>Very Important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>24</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percent</td>
<td>80%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Regarding the question about how willing the church is to accept and utilize program outreach by outside agencies, 97% of the pastors answered that they are willing to accept outreach efforts provided by outside agencies for Korean elderly congregation.

Table 4.7 describes the pastors’ willingness to accept activities by outside agencies for Korean seniors.
Table 4.7

**Pastors’ Willingness for Outreach Activities by Outside Agencies**

<table>
<thead>
<tr>
<th></th>
<th>Very willing</th>
<th>Willing</th>
<th>Not Willing</th>
<th>Not willing at all</th>
<th>Refused answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>26</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>87%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Forty percent of the pastors have contacted outside agencies to assist in programs for Korean seniors. No initial contact has been made by outside agencies for outreach activities only for senior congregation. Yet, a couple of the churches informed of having mammogram tests provided by an outside agency for the entire church congregation during the telephone survey. Table 4.8 displays a description of pastors’ contact of outside agencies for Korean seniors.

Table 4.8

**Pastors’ Contact of Outside Agencies for Korean Elderly Congregation**

<table>
<thead>
<tr>
<th>Ever contacted outside agencies</th>
<th>Ever been contacted by outside agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Frequency</td>
<td>12</td>
</tr>
<tr>
<td>Percent</td>
<td>40%</td>
</tr>
</tbody>
</table>

Eighty-three percent of the pastors answered that they are willing to host presentation for Medicare-related MSP and EH and 2-1-1 Texas and Aging Services at United Way. Other responses included: “We only three seniors in the church, I will invite after I know what they need.” “I will discuss the person who is in charge of the elderly group, and I will contact you.”

Table 4.9 displays the pastors’ willingness to host presentation for Medicare-related MSP and EH and 2-1-1 Texas and Aging Services at United Way.
The table 4.9 also includes the pastors’ further willingness to provide the contact information of senior congregants who might be eligible for these two Medicare-related programs.

Table 4.9

Pastors’ Willingness to Host Presentation for MSP and EH and 2-1-1 Texas and Aging Services and Willingness to Provide the Contact Information of Seniors for MSP and EH

<table>
<thead>
<tr>
<th>Willingness to Host Presentation about MSP &amp; EH, and 2-1-1 Services</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>25</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>83%</td>
<td>7%</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Willingness to Release Seniors’ Contact Information for MSP and EH</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>25</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>83%</td>
<td>7%</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

A face-to-face interview described the pastors’ willingness to play a gatekeeper role to facilitate the linking of Korean senior congregation to services provided by outside agencies.

Most of the pastors regarded the role of gatekeeper as a necessary step and accepted it with great willingness. The following are comments by the pastors in this regard: “I believe that it is a necessary process because a church is an institution. When outside agencies request this connection, they have to follow the senior pastor’s opinion and decision.” “It will be absolutely good if I can be a help for seniors.” “I greatly welcome this role since I can be a part of serving seniors. I believe we should serve seniors.”

On the other hand, there were some different responses regarding the gatekeeper role. One participant thought that it would be an unnecessary step because it is better to contact the person who is in charge of the senior group in his church. The pastor stated: “I believe that it is
an unnecessary step to go through me. It is better to contact the deacon who takes charge of senior meetings.’

Another pastor expressed concern about the potential demands of the gatekeeper role, responding that it would be a burden if the agency continues to connect their services to the elderly Korean congregation through the pastor and his church.

P: Um, I think that each church might be different in accepting the role. If a church has its own senior department and special program in certain system, they will accept it gladly.

I: Yes, every church likes it.

P: (Laugh) But the church like us might say that we do not have much to help.

I: You mean you feel burdened, right?

P: Yes, we feel burden since we do not have senior department and system….It might be possible to provide a place to connect the seniors to one time of seminar. However, if the person continues to connect for seniors, it starts to burden us.
CHAPTER 5
PROGRAM OUTREACH ACTIVITIES

This chapter reports the findings from outreach activities through Korean-American Protestant Churches with Medicare-related MSP and EH programs and 2-1-1 Texas and Aging Services at United Way. The purpose of this study was to not only examine the pastors’ willingness but also their availability to connect Korean senior congregants to the services for healthcare and social service needs.

As the researcher who plays other roles, the NCTAAA benefits counselor and the 2-1-1 information and referral specialist, I invited the pastors during the course of a telephone survey to host a presentation in regard to Medicare-related MSP and EH initiatives and 2-1-1 Texas and Aging Services at United Way. As I noted in the previous chapter, 83% of the pastors who responded in the telephone survey indicated that they would be willing to host the presentation about Medicare-related MSP and EH and 2-1-1 Texas and Aging Services at United Way. However, only 17% of the churches, or only 5 of the 30 churches, made actual invitations for the NCTAAA and 2-1-1 Texas and Aging Services at United Way in their churches.

In this chapter, I present the outcome of outreach efforts by NCTAAA and 2-1-1 Texas and Aging Services at United Way through these five churches. I also report the socio-demographic factors as well as other factors and the characteristics of these churches in relation to hosting the presentation for Korean seniors.

I also explore what the reasons are for Korean-American pastors’ receptiveness or unreceptiveness to the outreach efforts of NCTAAA with regard to the Medicare-based EH and MSP initiatives and 2-1-1 Texas and Aging Services at United Way.
More importantly, in this chapter, I examine how effective the program outreaches are by outside agencies with the help of pastors in Korean-American churches. I also document issues and challenges that occurred in the course of the outreach activities.

Socio-Demographic and Other Factors for Hosting the Program Outreach

In order for Korean seniors to be connected with Medicare-related MSP and EH programs and 2-1-1 Texas and Aging Services at United Way, this study used Korean-American Protestant churches as a vehicle with the help of the pastors.

Seventeen percent of the churches, or 5 churches of 30, hosted the program outreach about two Medicare-related MSP and EH program initiatives by NCTAAA and 2-1-1 Texas and Aging Services at United Way.

Table 5.1 displays characteristics of the five consenting churches: total congregation size, senior congregation size; whether the church had a senior group or an assigned paid minister for the senior group; and, whether they provided social service or services for health care needs. The congregation size of these five churches ranged from 150 to 1800, with an average of 780. The size of the senior congregation was between 20 and 300, with a mean of 136 in these five churches. All of these churches had group meetings consisting of elderly Korean seniors in their church programs. Sixty percent of the churches, which are 3 churches of 5, had paid ministers who took charge of caring for the elderly congregation, and another two churches had volunteer leaders who took care of the senior groups.

The Korean elderly-group meetings in these churches included at least one of the following: special worship, Bible study, prayer meeting and fellowship for the seniors’ spiritual
needs. Further, sixty percent of these churches currently provide social services and services to fulfill health care needs for their senior congregants.

It appears that churches established with the elderly Korean-group meetings and assigned ministers/leaders for Korean seniors tend to be more likely to host program outreach efforts made by outside agencies for Korean seniors’ social service and health care needs. It also appears that the churches currently providing spiritual, social, and health care services for Korean seniors were more likely to host the program outreach by NCTAAA and 2-1-1 Texas and Aging services at United Way.

Table 5.1

<table>
<thead>
<tr>
<th></th>
<th>Church 1</th>
<th>Church 2</th>
<th>Church 3</th>
<th>Church 4</th>
<th>Church 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregation size</td>
<td>350</td>
<td>1200</td>
<td>400</td>
<td>1800</td>
<td>150</td>
</tr>
<tr>
<td>Number of Seniors</td>
<td>30</td>
<td>300</td>
<td>30</td>
<td>300</td>
<td>20</td>
</tr>
<tr>
<td>Senior Group</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Paid Assigned Minister</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Provision of Social/Health Service</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 5.2 displays a bivariate table about relationships between outreach invitation and denominations. Table 5.3 also displays a bivariate table about outreach invitation and church building possession. As these tables show, in the outreach activities, all five churches who hosted the presentation about MSP and EH programs and 2-1-1 Texas and Aging Services at United Way belonged to mainline Protestant denominations such as Southern Baptist, Presbyterian, and Methodist and had their own church buildings.
Table 5. 2

*Bivariate Table between Denomination and Host of the Outreach Activities*

<table>
<thead>
<tr>
<th></th>
<th>Mainstream Protestant Denominations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Had an Outreach</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>100.0 %</td>
</tr>
<tr>
<td>Yes</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Total</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

Table 5. 3

*Bivariate Table between Owning Buildings and Host of the Outreach Activities*

<table>
<thead>
<tr>
<th></th>
<th>Own Church Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Had an Outreach</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>100.0 %</td>
</tr>
<tr>
<td>Yes</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Total</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

During the outreach activities, the most important finding is that 4 of these 5 churches that hosted the MSP and EH programs by NCTAAA and 2-1-1 Texas and Aging Services at United Way have a special program for Korean seniors in their communities. This special program for Korean seniors is called Senior College. Korean seniors in the communities participate in these monthly or bi-weekly senior college programs.

These senior college programs are designed to enrich spiritual lives and socialization, as well as give educational opportunities to Korean seniors in the communities.

The names of the senior college programs are the Light of Silver Senior College, Hope Senior College, Grace Senior College and Silver Senior College. Each senior college program
meets on different days each month so that Korean seniors in their communities can choose to attend each senior college program if they want.

The last of these five churches opens up the church facility for an annual meeting of the Dallas Korean Senior Association to provide a worship service and lunch for the Korean seniors in this meeting. These five churches hosted the outreach efforts by NCTAAA and 2-1-1 Texas and Aging Services at United Way in their churches.

Table 5.4 shows these five churches’ programs for Korean seniors in their communities, the names of each program, and the schedule of each meeting.

Table 5.4

| Meetings of Hosting Churches for Korean Seniors in their Communities |
|-------------------------------------------------|----------|---------------|-----------------|---------------|
|                                                                 | Church 1 | Church 2       | Church 3        | Church 4       |
| Meeting for Korean Seniors                        | Senior College | Senior College | Dallas Korean Senior Association | Senior College |
| Name of the Meeting                               | Light of Silver Senior College | Hope Senior College | Annual Meeting for Dallas Korean Senior Association | Grace Senior College |
| Schedule of the Meeting                           | The Second Saturday of the Month | The First Saturday of the Month | The Third Saturday in September | The Second & Fourth Saturday of the Month |
|                                                   |          |                |                  |               |

In this study, it appears that the actual invitations of program outreach efforts by outside agencies for Korean seniors are predominantly affected by whether or not a Korean-American church has a current program set up with a designated time and place for Korean seniors in the church. It seems that it is much more convenient and less burdened for a church pastor to accept program outreach activities by outside agencies because the church already has a schedule program for Korean seniors.
The Reasons of the Churches’ Receptiveness to the Program Outreach

Regarding a question in the face-to-face interview about why the pastors accepted the outreach activities by NCTAAA and 2-1-1 Texas and Aging Services at United Way, one of the reasons of the churches’ receptiveness is that the outreach efforts can be an opportunity for Korean seniors to be informed of service information to them. The pastors said: “I accepted it because such information can help Korean seniors more specifically and efficiently;” “I want seniors to learn more about the benefits of social welfare presented by professionals. I want them to get more opportunity to access the information more on those programs.”

Pastors also accepted the outreach because the information about services can be a help to Korean seniors who are more likely to be isolated from the service information. Following quotations are pastors’ answers explaining why they were receptive: “I accept it because it will serve people or seniors who are isolated. Maybe, not all of them are isolated but some are isolated from this information. I wish I can be a help for them;” “I wish I can be a help to seniors to improve their lives with the information.”

One pastor who is in charge of one of senior college programs answered that he accepted the outreach offer because he believes that the agency I work with is one of the partner agencies for seniors in Dallas area. He said, “I accepted your offer since I believe that your agency is one of the partner agencies that work for seniors in Dallas. I believe that the offer itself is to improve the welfare of seniors. Then, there is no reason to refuse it.”

One church that does not have senior college program, yet hosted for an annual meeting in the Dallas Korean association, answered that he would need to discuss it with a person who is in charge of the event. The church only provides a worship service and prepares lunch for seniors
in this meeting so the pastor would need to ask an elder in his church who is in charge. He responded, “I need to discuss this matter with an elder who is in charge of inviting for that event for our church. But we only provide a worship service and lunch.”

The church made a final decision and notified me after one and a half months from this interview. They decided to invite the program outreach by NCTAAA and 2-1-1 Services at United Way because they believed that this informational outreach would help Korean seniors in the meeting.

During the telephone survey, 25 of 30 churches answered that they would be willing to invite the Medicare-related program outreach and 2-1-1 Texas and Aging Services at United Way. Yet, only 5 of these 25 churches made actual invitations to the program outreach.

Several pastors answered that they would invite the presentation later when they had enough senior members in their churches, or the pastor would need to discuss first with a person in charge of a senior group and contact me later for an invitation. Some pastors were not sure whether their elderly members would need Medicare-related MSP and EH and the information about 2-1-1 Texas and Aging Services at United Way.

In the end, only five churches contacted to host the program outreach for the Korean senior congregation.

Effectiveness of the Use of the Korean Churches for Program Outreach

In the previous reports of the telephone survey, all the pastors answered very important or somewhat important questions for their churches about providing information on social services for an elderly congregation.
Furthermore, there were questions in the telephone survey about pastors’ knowledge on state and federal programs for the elderly, MSP and EH programs, and the programs’ eligibility criteria or application processes.

Regarding to what extent pastors know about state or federal social services to meet physical, psycho-social, financial, and medical needs for the elderly, 10% of the pastors answered that they knew very well, and 37% of the pastors answered that they knew somewhat well. However, even though 47% of the pastors answered that they knew about information on state and federal services for the elderly, 83% of the pastors did not know about the MSP and seniors’ eligibility based on income and resources or about the application process.

For the EH program, 73% of the pastors did not know about the EH program and 87% did not know about the program’s eligibility criteria or the application process.

While surveying by telephone, I explained briefly about MSP and EH programs and their eligibility criteria to the Korean pastors and asked whether or not they would be able to identify seniors who might be eligible for MSP and EH programs. For each question, 13% and 17% of the pastors said that they could identify seniors in respect to MSP and EH programs.

Regarding a question on whether the pastors knew about 2-1-1 Texas and Aging services, which can give information of social service agencies, 90% of the pastors answered that they did not know about this service.

After the phone survey with the pastors, I emailed them with Korean flyers about MSP and EH programs and 2-1-1 Texas and Aging Services at United Way. Two pastors needed to know about the EH program and how to apply it. I emailed the information about the Social Security website so that they could assist seniors with applying to the program.
One pastor found that his parents who are over 90 years old did not have benefits from
the MSP program, so I asked the NCTAAA to send him two MSP application forms for his
elderly parents.

During this study, for cases other than MSP and EH information, some pastors contacted
me to get the benefits information for their church members or seniors, so I gave them the
information by email or telephone accordingly.

Of five pastors who hosted the program outreach, only one pastor knew about the MSP
program but was not aware of the EH. Another four pastors did not know the MSP and EH
programs, their eligibility criteria, or application processes. Further, none of them was aware of
2-1-1 Texas and Aging Services.

Most importantly, in this dissertation project, I offered the program outreach to the
pastors in two counties in Texas so that they could host the presentation about the Medicare-
related MSP and EH programs and 2-1-1 Texas and Aging Services at United Way. In the course
of this dissertation project, five churches who have scheduled programs for Korean seniors
hosted the program outreach in their churches.

The following are the reports about the outreach activities through Korean-American
churches conducted not only as a researcher but as a benefits counselor by NCTAAA and an
Information & Referral Specialist of 2-1-1 Texas and Aging Services at United Way.

The First Program Outreach

The first presentation about Medicare-related programs and 2-1-1 Texas and Aging
Services was held at a Korean-American church. The congregation size of this church was 350
and the number of senior members was 35. This church had a senior college program and its regular attendance was around 65. The name of the senior college is Light of Silver Senior College and Korean Seniors get together monthly on the second Saturday of the month. This senior college program is not only for their church senior congregation but also for seniors in the community.

The program outreach was hosted on the second Saturday in May 2012. About 60 Korean seniors in the community attended this senior college program, which provides educational classes, seminars and recreations. Church volunteers prepare lunch for seniors in this group.

Korean flyers about MSP and EH and 2-1-1 Texas and Aging services at United Way were distributed to Korean seniors in the meeting. Fifty minutes were allocated for the presentation about Medicare-related programs. I also introduced 2-1-1 Texas and Aging Services at United Way to Korean seniors and church staff who were in this senior college program.

I played a Korean DVD about Medicare and Medicare-related programs made by the Centers for Medicare & Medicaid Services (CMS). After the Korean seniors watched the DVD about the Medicare programs, I explained MSP and EH, their criteria, and 2-1-1 Texas and Aging services at United Way using Korean flyers.

At the end of the presentation, I distributed forms for Korean seniors to put down their contact information and questions about benefits information for the elderly. I also allowed them to write down any service information other than MSP and EH programs.

To support this program outreach through Korean-American churches, a staff benefits counselor by NCTAAA also joined and assisted Korean seniors for the benefits information. I took a translator role for Koreans who could not communicate in English during this event. At lunch, several seniors visited us with many questions about benefits and their eligibility.
After this outreach event, I made attempts to contact seniors for two week periods. I was not able to reach some of seniors because they did not answer the phone and did not make a return call after I left a message.

During the two-week period of contacting seniors, five seniors were assisted with the information according to their needs by telephone. After assessing the need and eligibility of the seniors for the MSP and EH programs, I emailed Social Security website information on how to apply for the EH program to one senior, and two MSP application forms were delivered to a senior couple. Their adult children were recruited on behalf of their application process. I confirmed the deliverance of the application within the two week period. I also answered other service information for seniors by phone while collaborating with a staff benefits counselor by NCTAAA to answer.

Seniors at this outreach event asked questions about services other than MSP and EH program. These other services included: Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare Part D, Prescription Plan Enrollment and Medicare Advantage Plans.

The Second Program Outreach

On the first Saturday in September 2012, the second programs outreach was held at a Korean-American church in which there was another senior college program. The congregation size of this church was 1200 and the number of senior members was 300.

The name of the senior college program of this church is Hope Senior College. It serves Korean seniors in the community with educational, spiritual and other programs once a month. There are 120 regular attendees in this senior college program, and about the same number of
seniors participated in the second program outreach efforts by NCTAAA and 2-1-1 Texas and Aging Services at United Way.

A staff benefits counselor at NCTAAA was also present for this event in order to support the MSP and EH program outreach. I played three-fourths of the Korean DVD about the Medicare-related programs made by the Center for Medicare & Medicaid due to the shortage of time at this outreach event. The church allocated me only 40 minutes for the presentation, and I explained the programs using Korean flyers after the DVD. I also introduced the 2-1-1 Texas and Aging Services at United Way and explained how to use the Korean interpretation line for the service.

Like I did for the previous outreach event, I handed out the forms for seniors’ contact information and their benefits questions. I collected them after seniors’ filling out their contact information and benefits questions.

During a lunch time, a couple of seniors approached me and a staff benefits counselor with their benefits questions. I also became a translator this time for the seniors’ sake.

After this program outreach, I individually contacted each senior who submitted their contact information with benefits questions. I assessed the needs of 11 seniors; one senior was identified for the need of the EH program and three seniors for the MSP. I informed about the Social Security website and how to apply to the EH program. I also contacted NCTAAA to mail the MSP application forms to the seniors who might be eligible for MSP.

Within the 2 weeks, I confirmed the deliverance of the MSP application forms, and I also confirmed the availability of their family members’ assistance for their enrollment process.

Other than the needs for MSP and EH program, I assisted seniors by telephone with benefits and social service information. Additionally, I made a phone call to Texas Health and
Human Services Commission (HHSC) to request an Emergency Medicaid application form for a person who had surgery for cancer. The following is the information given to the seniors except the MSP and EH program: Medicare and Medicaid related questions including Emergency Medicaid application, Indigent Health Care plan, Medicare Advantage Plan, Dental Care, Care giving service, Free Cell Phone Services by state, Medicare Part D plans and their drug coverage, and buying Medicare questions.

The Third Program Outreach

For the third programs outreach presentation, I was invited to an annual meeting for the Dallas Korean Senior Association supported by a Korean church. The congregation size of this church was 400 and the number of senior members was 30. This church supports the Dallas Korean Senior Association once a year by opening up its facility, providing a worship service and serving lunch for Korean seniors in the group.

The presentation was held on the third Saturday in September, 2012, and there were about 110 Korean seniors in this annual meeting. For this event, only 25 minutes were allocated, so I did not play the Korean Medicare-related DVD, but I presented about MSP and EH programs and 2-1-1 Texas and Aging Services at United Way using only Korean flyers. A staff benefits counselor at NCTAAA was not able to attend this program outreach event.

I also handed out the forms for contact information and benefits questions at the end of the meeting so that I would be able to contact seniors for the information assistance. However, because of the tight schedule for the program, I could not collect the forms. I asked the president
of this association to collect them for the next upcoming meeting, but found that no one submitted the forms.

    After the meeting, one male senior asked about Medicare Drug plan and Extra Help, so I gave him the address for the Social Security website to apply to the program.

    About one month after the outreach event, one Korean senior called for the MSP information so I asked the NCTAAA to mail two MSP application forms to a couple. I confirmed the deliverance this time as well within 2 weeks and assisted him in the application process by telephone. Because there was no collection of the forms for contact information and benefits questions, no further assistance by telephone was given for this event.

The Fourth Program Outreach

    The fourth presentation for the programs was held in a church that has another senior college program on the fourth Saturday in September 2012. The congregation size of this church was 1800 and the number of senior members was 300. The name of this senior college program is Grace Senior College, which meets the second and the fourth Saturday in each month.

    Since the church provided me only 40 minutes for the presentation, I decided not to play the Korean DVD about the Medicare-related programs. There were approximately 100 Korean seniors in the meeting. I explained more in detail about the MSP and EH program using only Korean flyers, and I also introduced the 2-1-1 Texas and Aging service at United Way to Korean seniors in the meeting.

    I also gave the forms for seniors’ contact information and benefits questions so that they could write down their name, phone number and their benefits questions. A staff benefits
counselor at NCTAAA was not able to be present for the support about Medicare-related programs for this event. Several seniors came to ask about Medicare Drug Plan, Supplemental Security Income (SSI), and other service information, at the end of the meeting. I gave the information accordingly on the site, and I further contacted the seniors for more detailed information, with a telephone follow up.

As same as the previous program outreaches, I personally contacted each senior who turned in the forms, and assisted 12 seniors in the services they needed. Through this outreach event, I assisted 11 seniors by telephone and identified two seniors with the MSP need. After I checked with their eligibility, I got the MSP application forms mailed to the seniors. I also identified two seniors who would need the Medicaid so I got Texas HHSC to mail the application forms to the seniors, and I checked with them to ensure that their delivery from Texas HHSC occurred within the two-weeks period.

Information about several other needs was provided by telephone contacts, and the following is the additional information for the seniors other than the MSP and EH needs: Medicaid, SSI for seniors who have never worked in the US, Medicare drug plans including the Donut Hole for Medicare Part D, SNAP, Medicare Advantage Plans, and Medicare copayment.

After this event, two seniors contacted me to inquire about Medicare Advantage Plans and home health care information, and I provided them with this information and made a referral to the service to which they should connect.
The Fifth Program Outreach

The last presentation was held on the third Thursday in February 2013 at a church in another senior college program. The congregation size of this church was 150 and the number of senior members was 20. Particularly, this senior college consists of more church congregants than seniors in the community.

Their regular attendants had been around 20, but it was around 15 at the time of this program outreach due to bad weather. A couple of family members joined while I was presenting the programs. Because of the group size, I was able to engage more closely with the seniors in the event, and the presentation was provided in a less official and a more flexible manner.

A more experienced staff benefits counselor from NCTAAA was present and was able to provide answers during the presentation. Since this senior college consists of a small number of people, there was no formal agenda for the meeting, which allowed seniors to inquire about service information. I was able to play the Korean DVD about Medicare-related programs and introduced 2-1-1 Texas and Aging service at United Way for this presentation. I took a translator role between Korean seniors and a staff benefits counselor, in case I needed her intervention. In total, the presentation and the benefits counseling for those in the meeting lasted one and one-half hours.

Since we provided on-site benefits counseling, for the sake of the seniors and their family members, I did not hand out the forms for seniors’ contact information and their benefits questions. Several questions were discussed, but mainly benefits in terms of Social Security programs including Social Security Disability and Social Security Survivors Benefits, and their eligibility criteria and regulations.
After the meeting, all attendants went to a restaurant for lunch and they invited me and the staff benefits counselor to join with them, in which further discussion was made for the programs. At table, we were able to provide directly to the seniors who needed the MSP application forms, so five MSP application forms were given to the seniors during this time. Then, no further telephone contact was made after the event.

Summary of the Program Outreach

Five churches hosted the program outreach, in which 405 Korean seniors participated. Three seniors received the EH application information, and 15 MSP application forms were distributed. Additionally, I provided benefits counseling by telephone for individuals who submitted their contact information. A total of 28 seniors were assisted, not only for the targeted programs, but also for other benefits information by this service. A lot of other benefits information was given to Korean seniors onsite during the course of these outreach events.

Table 5.5 displays a list of churches, their senior college programs, the dates of outreach events, the number of attendants for the meetings, the duration of the presentations, the number of applications forms for MSP and website assistance for EH program, and other benefits information provided during the telephone or onsite benefits counseling for Korean seniors throughout the outreach events.
Table 5.5

Summary of the Program Outreach in the Five Churches for Korean Seniors

<table>
<thead>
<tr>
<th></th>
<th>Church 1</th>
<th>Church 2</th>
<th>Church 3</th>
<th>Church 4</th>
<th>Church 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of the Meetings</strong></td>
<td>Light of Silver Senior College</td>
<td>Hope Senior College</td>
<td>Dallas Korean Senior Association</td>
<td>Grace Senior College</td>
<td>Silver Senior College</td>
</tr>
<tr>
<td><strong>Presentation Date</strong></td>
<td>May 12, 2012</td>
<td>September 1, 2012</td>
<td>September 15, 2012</td>
<td>September 22, 2012</td>
<td>February 21, 2013</td>
</tr>
<tr>
<td><strong>Number of Attendants</strong></td>
<td>60</td>
<td>120</td>
<td>110</td>
<td>100</td>
<td>15</td>
</tr>
<tr>
<td><strong>Duration of the Presentation</strong></td>
<td>50 min</td>
<td>40 min</td>
<td>25 min</td>
<td>40 min</td>
<td>90 min</td>
</tr>
<tr>
<td><strong>Number of the MSP Forms</strong></td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Number of the EH programs</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Other Benefits Counseling Provided Throughout the Outreach Events</strong></td>
<td>SNAP, Medicaid, Medicare Part D, Prescription Plan Enrollment and Medicare Advantage Plans</td>
<td>Medicaid, Indigent Health Care plan, Medicare Advantage Plans, Dental Care, Care giver service, Free Cell Phone Service, Medicare Part D plans, and Buying Medicare</td>
<td>No Telephone Assistance for the Benefits Information was Provided after the Event</td>
<td>Medicaid, SSI, SNAP, Medicare Drug plans including the Donut Hole for Medicare Part D, Medicare Advantage Plans, and Medicare Copayment</td>
<td>Onsite Benefits Counseling was provided; Social Security related Benefits etc</td>
</tr>
</tbody>
</table>
Challenges and Issues

There are several challenges and issues that appeared during the course of the program outreach activities. The following are the challenges and issues that I encountered throughout this research project.

First, there was a great disparity in the size of senior congregations among churches. The difference in the sizes of the senior congregations was between 0 and 300. For the churches that did not have enough number of senior members, it seemed impractical to accommodate the actual program presentation in their churches.

Second, it seemed necessary for churches to have a scheduled program only for seniors to host the program outreach activities offered by outside agencies. All the churches that invited the program outreach currently provided senior college programs or hosted the group of the Dallas Korean Senior Association in their church facilities.

Third, for the churches without senior college programs and paid ministers, it might have been better if I had contacted a person/deacon/leader in charge of the senior group in those local churches. In many cases, pastors were not aware of social service and health care needs of their senior congregants. However, this study focuses on the availability, willingness, and ability of pastors in Protestant Korean-American churches, so I did not connect with a person in charge of the senior group directly, unless the pastor gave me permission and her/his contact information for the presentation. No invitation for the program outreach was made by any person from the senior group.
Besides, most cases that pastors referred were not related to the MSP and EH program, but the cases were for seniors whose Medicare had been cancelled or for those who were not eligible for any services in the US due to their illegal status.

Fourth, there were too many other service needs expressed among Korean seniors despite the fact that the programs targeted are the MSP and EH program and 2-1-1 Texas and Aging Services. Some seniors were confused whether or not they were in the MSP or EH programs. It was hard to assess their program needs accurately.

Regarding the program outreach about the 2-1-1 Texas and Aging Services at United Way, several pastors gave their attention to the service. However, it was hard to measure on how effective the program outreach was for seniors. All the more, it was very challenging for one person to cover all their needs, even with the support by a staff benefits counselor by NCTAAA.

Fifth, even after I informed seniors of agencies that they would need to contact for other service needs, it appeared that Korean seniors were not capable of navigating and furthering the process because of a language barrier. Most cases, they should have transferred the information to their adult children who would have been able to help the process, but it seemed hard for the seniors to transfer the right information even to their children.

Sixth, in terms of recruiting family members for enrolling in the program, Korean seniors had a family member to assist them in most cases. However, they wanted to have someone else other than family members because they were afraid to burden their adult children. Some seniors asked me whether I was available to meet them for the enrollment process, or to go to a Social Security office with them.
Seventh, the Korean seniors’ tremendous social service and health care needs caused me exhaustion and frustration throughout the dissertation project. Korean seniors in the community have longed for someone who can assist them in the benefits information and enrollment process.

When Korean seniors had an opportunity to meet a benefits counselor and information and referral specialist, they expected much more assistance than I was able to provide. Throughout the program outreach, I found that Korean seniors would need an advocate or case manager more than a benefits counselor and information and referral specialist.
CHAPTER 6

CONCLUSION

Summary of Findings

This dissertation project was established based on previous studies about community gatekeepers in getting services to hard-to-serve populations (Yang, Garis, & McClure, 2005) and a recent exploratory study of pastors and leaders’ openness for unmet health care and social service needs of the Korean immigrant communities and seniors (Jo, Maxwell, Yang, & Bastani, 2010). My study filled a gap in the literature by examining whether Korean-American Protestant churches can be a vehicle for program outreach, education, and screening Korean seniors to the services offered by outside agencies. It also tested gatekeeper potentiality of the Korean pastors’ availability, willingness, and ability to assist the process for the educational program outreach activities.

Moreover, my dissertation project was developed from the results of an earlier pilot study of an outreach program funded by the North Central Texas Council of Governments’ Area Agency on Aging (NCTAAA) in 2011. This earlier project examined the actual use of Korean churches to connect Korean seniors in two counties in North Texas to social services offered by outside agencies. The targeted programs for the outreach were the Medicare-related Extra Help (EH) program and the Medicare Saving Programs (MSP). The results suggested that the Korean-American church can be an effective place for outside agencies to connect Korean seniors with the services.

For the dissertation, I worked in partnership not only with the NCTAAA targeting the EH and the MSP, but also with 2-1-1 Texas and Aging Services at United Way. The 2-1-1 program
offers a toll-free number to an Information and Referral Specialist, who provides information about non-emergency health and social services.

I targeted Korean seniors in Collin and Denton counties in 53 Protestant Korean-American churches. While conducting a telephone survey with the pastors, I asked pastors’ knowledge of the EH and the MSP and application process according to the income-based eligibility criteria of seniors. The pastors of 30 out of 53 churches answered the telephone survey and the majority of the pastors did not know about the MSP and the EH health care and social service needs or vice versa programs. When they answered that they did not know very well or did not know at all, I optimized the moment to introduce the EH and the MSP programs. I asked about 2-1-1 Texas and Aging Services at United Way in the same way and explained this service to the pastors and how to utilize the service for the sake of their senior congregants. At the end of the survey, I also asked whether they could identify senior congregants who might be eligible for the services. More importantly, I asked pastors’ willingness to host presentation about the two Medicare-related programs and 2-1-1 Texas and Aging Services at United Way. More than 80% of respondent pastors were willing to accommodate the educational program outreach in their churches. In the end, 5 of 30 Korean-American churches hosted the program outreach supported by these outside agencies.

Thirty telephone surveys and 11 face-to-face interviews were collected in the course of the dissertation project. I also documented outreach activities, the number of referrals, and screening processes for the services.

For the analysis of data of 30 telephone surveys collected, the Statistical Package for the Social Sciences (SPSS) v.21 was used for quantitative data analysis to generate frequency, percentages, and correlations. The audio-taped interviews that transcribed verbatim in Korean
and were translated into English were analyzed using conventional content analysis because such an analysis is suited for exploratory study, as there has been limited research and little in the way of theoretical background (Hsieh, & Shannon, 2005).

Regarding the socio-demographics of 30 pastors of the sample, their average age is 49. The average years of the ministry of the US was 13 years and 7 years, per current churches. The distinction in the data showed that 86% of the churches belonged to a major denomination: Southern Baptist Church, Presbyterian Church USA, and United Methodist Church. The educational background of the pastors was very high with at least 90% possessing at least graduate degree. The sizes of congregations varied greatly from 0 to 1800, which with more than one-half only having fewer than 100 church members, but with the congregation size of two churches being 1200 and 1800. Accordingly, the senior congregants’ sizes also varied, from low of 0 to a high of about 300, yet 53% had fewer than 10 senior church members.

According to pastors, 6 out of 30 churches have assigned ministers for seniors and five of them are paid staff. About 47% of the churches have a special ministry for fulfilling the spiritual needs of seniors as follows: fellowship, Bible study, worship, and prayer.

Regarding social service and health care needs of senior congregants, services were provided as needed rather than as scheduled programs. About 43% of the churches surveyed provided social services for their senior congregants. Of these social services, transportation and translation were the most provided. Other social services included legal aid, health and medical assistance, citizenship assistance, financial assistance, and family counseling. About 37% of the churches provide services for seniors’ health care needs. The most-often provided services were English translation services for doctor visits, and medical transportation. Other health care
services included medical insurance information, health screening, assistance paying in medical bills, volunteer care giving, and health care services available on the premises of the church itself.

Above all, 57% and 63% of the churches did not provide social services and services for health care needs, respectively. Lack of church members’ need was the primary reason that the church did not have those services. It also appears that pastors did not have knowledge of service needs of seniors because of lack of enough senior members. No senior center and longer care services were provided, which suggests that the church is not a fit for the long-term care needs for its seniors.

Face-to-face interviews from the pastors uncovered further unmet social service and health care needs of Korean senior congregants, including:

1) Information to Access Benefits for the Elderly

This was the major unmet need of seniors according to the interviewed pastors. This was mentioned by community key informants on service needs in a Korean-American community by previous study, which pointed to a great lack of awareness of services available (Lim & O’Keefe, 2009). Pastors desired to have professionals inform seniors of services available because seniors are more likely to be isolated from the information because of a language barrier.

2) Translation Service

Almost all previous studies on Korean senior immigrants’ have found that their single most serious issue is the language barrier (Lee, 2007; Lee, & Yoon, 2011; Moon, Lubben & Villa, 1998; Mui, 2001; Mui, Kang, Kang, & Domanski, 2007; Yang & Jackson, 1998). Consistent with past studies, in this study the pastors interviewed chose language as the biggest barrier to seniors at their church in getting their seniors’ social service and health care requirements met.
3) Transportation Service

Availability of means of transportation directly connects to service utilization among seniors (Yeats, Crow & Folts, 1992). Many Korean seniors do not have transportation means and so they need to come along with their adult children in order to attend church. Public transportation was not available in the two counties where senior resided, yet, for immigrant seniors it would be challenging for them to utilize the public system, even if they have one because they are not familiar with public transportation in the US (Kim, 2013). Difficulty in using transportation for the handicapped was further discussed during an interview.

4) Empowering Activities for Korean Seniors in the Community

Several interviewees mentioned that Korean seniors feel helpless and isolated in the US. They pointed out that seniors should feel needed, and activities and services should be developed not to serve seniors, but so that seniors can serve, empowering them in the community.

5) Preventive Health Care Services

Preventive health care needs were identified by this study. In particular, pastors mentioned need for services such as flu shot, weight control, and health intervention so that seniors have an opportunity in holistic care.

6) Care-giving Services

Korean adult children take care of their elderly parents in the US under filial piety, but when they do not get along, elderly parents tend to suffer severely from the relationship because they are more isolated in community of the US.

7) Services for Non-Citizen or Illegal Korean Seniors in the US

Korean elderly mothers, in most cases, were invited to take care of a new-born grandchild. Then some seniors became permanent residents. However, some seniors end up staying without
any legitimate legal status. This issue was unexpected prior to the dissertation project, but, throughout the program outreach project, illegal Korean residents, in particular, have been issues because they are not eligible for any current services of the US unless they have emergency medical conditions. Also disadvantaged are those Korean seniors who are permanent residents with no Medicare because they do not have a work history in the US; as a result, they are not eligible for the two Medicare-related programs presented in this study’s outreach presentations.

8) Ineffective Health Care System

One pastor mentioned difficulties in finding hospitals that are accepting Medicaid while he was helping seniors. He also pointed to an ineffective health care system that keeps seniors from getting effective health care.

9) Dental Care

Dental care appears to be most imminent care throughout the program outreach activities. A large number of seniors came to ask how to get dental care benefits because the traditional Medicare does not cover dental care service. One pastor shared his ordeal in helping a senior without teeth for several years during the interview.

10) Cost of Medicare Copayment.

High Medicare copayment was mentioned because a 20% copayment is overwhelming for those who cannot afford it; in the end, they have to apply for Medicaid.

All pastors in the study agreed that the church should be a place for Korean seniors to acquire service information showing congruence with the previous study (Jo, Maxwell, Yang, & Bastani, 2010) in that 93% of pastors in my study were willing to accept program outreach by outside agencies, yet the pastors in my study have never been contacted by outside agencies for program outreach for the sake of their elderly congregation prior to my dissertation.
Previously, 83% and 73% of the pastors did not know about the MSP and the EH respectively, and the eligibility criteria based on seniors’ income and resources or about the application process. Yet, during the telephone survey, I was able to have the opportunity to educate pastors on the program information of two Medicare-related programs and 2-1-1 Texas and Aging Services at United Way. After each survey, I emailed to pastors Korean flyers containing information about the two programs and their eligibility criteria based on seniors’ income and assets as well as service information about 2-1-1 Texas and Aging Services. I assisted two pastors in applying for the EH using the social security website. I also identified a pastor whose elderly parents were eligible for the MSP program and had a staff member of NCTAAA mail the application forms.

For the program outreach for the EH and MSP and 2-1-1 Texas and Aging Services at United Way, 83% of the pastors wanted to host it, but, indeed, 17% of them invited the actual program outreach at their churches. Some of the pastors said that they would consider hosting it when they had enough senior members.

Pastors who willingly accepted the role of gatekeeper commented that it would be a necessary step since the church is an institution, but other responses claimed it would be better to contact a person in charge of a senior group instead of contacting a pastor. Another response was that it would be a burden if an agency continued to contact senior congregants through pastors.

Starting with the first program outreach presentation in May 2012, three consecutive presentations were accommodated at churches in September 2012. The last presentation was held in February 2013. The sizes of the senior groups varied from 15 to 120, and total number of attendants of the program presentations was 405 Korean seniors in the community throughout the program outreaches. A staff benefits counselor from the NCTAAA supported all through the...
outreaches. In addition, a non-Korean, American staff benefit counselor joined me in 3 out of 5 program outreach activities hoping for the continuum of service information, follow-ups, and program outreaches, by connecting the pastors through my initiation of the program outreach.

In giving my presentations, I played a Korean DVD about Medicare and Medicare-related programs made by Center for Medicare & Medicaid Services (CMS). I distributed Korean flyers for the EH and the MSP and 2-1-1 Texas and Aging Services to introduce the service usage and the eligibility criteria. However, I was not able to play the DVD for two of the presentations because of shortage of time allowed. At the end of the presentation, I handed out the information sheets to collect seniors’ contact information in case they would need further assistance. I contacted them by telephone within two weeks after the program outreach in order to assist them in answering benefits questions individually. A total of 28 seniors got benefits counseling by telephone not only for the targeted programs, but also for other benefits information given person to person by telephone.

I worked closely with NCTAAA staff to assist seniors and give information according to their needs. When they needed application forms for MSP, I had the staff of NCTAAA mail the forms to eligible seniors. I confirmed the deliverance of the form by a telephone call to each senior.

I also worked with Texas Health and Human Services Commission (HHSC) when seniors needed Medicaid and SNAP services and with the office of Social Security Administration (SSA) for Social Security-related benefits, SSI, and Medicare. When necessary, I contacted Texas HHSC for Medicaid forms to be delivered.

Throughout the program outreach activities at the churches, 10 MSP application forms were mailed to the seniors after I screened their eligibility for the services. Five MSP application
forms were distributed on the site of the presentation. For the EH program, no paper application forms were mailed, but information about the social security website was given concerning applying for the EH. In the course of the person-to-person telephone contacts, three people got the information either by telephone or email.

Besides, a large number of service information was asked by seniors when I contacted them by telephone. The following service information was given to them: SNAP, Medicaid, Medicare Part D, Prescription Plan Enrollment and Medicare Advantage Plans, Buying Medicare, Medicare Copayment, Indigent Health Care Plan, Dental care, Care giver Service, Free Cell Phone Service for low incomes, SSI, Medicare Drug Plans and Donut Hole, and Social Security related questions, and so on.

The congregation size of the churches that accepted actual program outreach with Medicare-related programs and 2-1-1 Texas and Aging Services at United Way was between 150 and 1800, and their senior congregations were between 20 and 300, whose averages were 780 and 136, respectively. It appears that congregation size is closely related to whether the church hosts the program outreach by outside agencies.

Additionally, 3 out of these 5 churches have paid ministers and two had non-paid volunteer ministers in charge of the senior groups. All of these churches definitely had special meetings for seniors’ spiritual needs in at least one of following ways: worship, Bible study, prayer meeting and fellowship, and three churches provided social service and health care for Korean senior congregants at their churches.

All of these churches had their own church building rather than renting a church building and their denominations were mainstream, that is, Southern Baptist, Presbyterian, and Methodist.
The most prominent characteristic of these churches was that they have regularly scheduled programs for seniors. Four of the churches had a program called Senior College which consisted of bi-weekly or monthly meetings for Korean seniors, and included various educational classes, seminars and recreations not only for their senior congregation but also for Korean seniors in the community. The fifth of the five churches accommodates an annual meeting of the Dallas Korean Senior Association by providing a worship service and lunch. It appears that it is much more convenient for the church to accommodate the program outreach when they have ongoing scheduled programs for seniors so that they do not have to arrange a time and place only for the program outreach by NCTAAA and 2-1-1 Texas and Aging Services at United Way.

Whereas some pastors considered hosting the program outreach for their church group for seniors, they did not respond back with the request. In these cases, their church did not have a Senior College program.

The major factor for pastors’ receptiveness to the outreach efforts was their level of their intent to inform Korean seniors who are underserved of service information available by professionals in the area. Pastors also responded that they would be a help for seniors who are isolated from any such program information.

Discussion

This dissertation project was to test whether Korean churches can be a vehicle to connect Korean seniors to services offered by outside agencies, on which I collaborated with the NCTAAA and 2-1-1 Texas and Aging Services at United Way. I especially attempted to examine pastors’ availability, willingness, and ability to facilitate the use of their church as a
means to connect to actual Medicare-related EH and MSP and 2-1-1 Texas and Aging Services at United Way.

After all, most pastors welcomed the idea that the church can be used to get senior congregants informed of service information. However, pastors’ screening the need of the EH and the MSP among their senior congregants seemed very burdensome because it required them to discern if senior congregants were Medicare beneficiaries because the two Medicare-related benefits would be available only for a person enrolled in the Medicare program. They further had to know seniors’ incomes and assets for eligibility for the programs. Many pastors even did not know about what the Medicare program was unless they had parents with this benefit. Most of all, it seemed hard for pastors to get sufficient service information enough to discern seniors’ eligibility, and take a personal role in being a gatekeeper for connecting me to screening seniors’ need for the targeted programs. All referrals from the pastors after they had obtained service information about the EH and MSP turned out not related to the targeted services. Some pastors referred church members who were not seniors to me for their social service needs.

For the dissertation project, 5 churches out of 30 invited the actual program outreach offered by outside agencies. As mentioned earlier, a significant factor is that these churches have scheduled programs not only for their senior congregants but also for Korean seniors in the community as a whole. For the churches without a scheduled program, it appears that it would be more laborious to host the program outreach solely for their senior congregation.

In the Dallas Metroplex, there are five senior college programs operated by Korean-Protestant churches as a senior adult ministry in the community. During the course of the dissertation project, I presented the targeted programs in four senior college programs. The other senior college program was not within the two counties of my study.
The senior college programs in the Dallas/Fort Worth area offer senior ministry for achieving “(1) spiritual enrichment, (2) learning opportunities, (3) socialization, (4) service opportunities, and (5) needed services” (Kim, 2009, p.120). I assume that this dissertation outreach program fits the service opportunities and needed services of senior college programs so that they could accommodate the program outreach efforts by NCTAAA and 2-1-1 services at United Way with no obstacles.

The crux of the matter is that churches with a senior group only for the church congregation did not invite the program outreach after my contacting pastors and leaders of the group in the church. It assumes that it would not be easy for the church to host the program outreach for social service and health care needs offered by outside agencies to their Sunday group meeting because it exists more for spiritual purposes.

Throughout the program outreach, a major impediment was that Koreans seniors expressed a great variety of service needs other than the targeted programs because they had never had this type of assistance in the past. As a benefit counselor and 2-1-1 Information and Referral specialist, I provided service information to seniors other than that given by the targeted programs. However, most noteworthy is that Korean seniors, due to their inability to communicate in English, seemed to need a case manager and an advocate that could assist in the process and follow-ups, rather than the service providing its information directly.

Even with assisting in the targeted programs, it appears that it was inefficient for me to inform seniors about the targeted programs because a family member recruited should assist with their enrollment into them. Therefore, I recommend that a future outreach worker collaborate closely with adult children for program outreach for Koreans seniors.
Another obstacle of the dissertation project was that I needed to handle cases where there was no service available such as: dental care, health care for permanent resident without the Medicare, and health care for illegal Korean seniors.

Dental care needs increase with aging, and the oral health of older adults is related to their quality of life (Kandelman, Petersen & Ueda, 2008). Yet low-income ethnic elder groups are less likely to have visited a dentist than white cohorts (Slaughter & Taylor, 2005). During the outreach, many seniors asked about dental care for the elderly because it would not be covered by traditional Medicare. Besides, because of my limitation for the study, I was not able to assist seniors individually in selecting one of the Medicare Advantage Plans that might be covering limited dental care. Hence, public health should consider the oral health promotion for older adults (Kandelman, Petersen & Ueda, 2008).

Next, the targeted Medicare-related programs were not available for seniors without the Medicare despite that they were permanent residents. People who are 65 years need to have worked in the US at least 10 years, with 40 credits, but many of the permanent Korean residents were not qualified for the case in my study because they came to the US in their later age.

Worst of all, I encountered several Korean seniors who resided in the US without a current legitimate legal status. They were not eligible for any services in the US unless they needed to visit an emergency room for imminent medical need. Entering the US on a tourist visa, they end up overstaying their allowed time limit. They are shunned themselves from benefits programs and fearful of detection and deportation (Fogul, 1977).

In Texas, the health care cost for illegal residents is the second biggest after education. When an illegal resident uses an emergency room without private health insurance, in most cases, either the federal government covers the cost of the emergency Medicaid program, or the
hospital takes over the cost for the treatment. Because of the high cost of emergency room visits, the cost can be tremendous. According to the Health and Human Services Commission, Texas spends over $300 million a year for emergency Medicaid for non-citizens, and at least a third is accountable for illegal residents (Bernsen, 2006).

Hence, without Medicare and other benefits, illegal Korean elderly residents only get health care needs met when they need emergency care, which costs much more than preventive care and regular medical care. My study cannot assist any of these elderly during the dissertation project. Nonetheless, particular attention should be paid to developing programs to meet the needs of these persons.

For the previous grant-funded outreach activity by NCTAAA in 2011, I visited seniors’ homes to assist in enrolling them in the EH and MSP. I filled out the application forms of the MSP and I also visited the social security website to apply for the EH. Yet, different from the previous outreach, I limited my assistance for this dissertation project because of the overwhelming load of work required. I only confirmed the deliverance of the application forms and provided service information according to their needs. My study was not able to track the actual acceptance of the targeted programs.

Therefore, for future study, if funding is available, more outreach workers should be recruited with bi-lingual ability, in Korean and English, in order to assist Korean seniors in enrolling in the targeted programs. I also recommend that volunteers can be recruited and trained from church members and/or family members of Korean seniors for this purpose.

This study was not able to test how the service information about 2-1-1 Texas and Aging Services at United Way can be beneficial for the Korean seniors because there is no means to evaluate the frequency of service utilization. In fact, I became uncertain that Korean seniors used
services operated in English even with my introduction of a Korean interpretation service into the system. Instead, the information about 2-1-1 Texas and Aging Services at United seemed more profitable for those who directly assist Korean seniors such as their adult children and their pastors. Accordingly, I suggest that more future outreach effort should occur about 2-1-1 Texas and Aging Services at United Way to the Korean community as a whole.

Ultimately, I want to suggest that future models for social service agencies and government services reach out to Korean seniors through churches by the help of gatekeeping pastors. During the outreach activities, I accompanied a non-Korean, American staff benefit counselor by the NCTAAA so that the church can be provided with a continuum of service after the dissertation project.

Two churches that I reached out to with the programs in 2012 contacted me for an additional program outreach for 2013. I referred them to a staff benefit counselor of NCTAAA for another session according to their request. However, after all, they did not invite a staff benefits counselor who only can speak English. It appears that even pastors prefer to invite someone with bi-lingual ability to directly inform Korean seniors of service information so that they do not have serve as an interpreter or else the pastors will recruit one. In the future, government agencies should consider recruiting or training more Korean speaking volunteers for the delivery of services.

I further recommend that future studies include not only pastors but also leaders of senior groups at their churches as gatekeepers. More importantly, my study illustrates that Korean seniors have social service and health care needs much more than the targeted programs. Hopefully, future program outreach meets a variety of their needs while collaborating with more service providers who can communicate in both Korean and English language.
APPENDIX A

TELEPHONE SURVEY QUESTIONNAIRE
Telephone Survey Instrument for Pastors

Socio-Demographic Information of Church and Pastor

1. What is your gender?
   1) Male (   )  2) Female (   )

2. What denomination is your church affiliated with? (   )

3. How old are you? (   )

4. What is your highest level of education?
   1) Some elementary school (   )
   2) Elementary school graduate (   )
   3) Some junior high school (   )
   4) Junior high school graduate (   )
   5) Some high school (   )
   6) High School graduate (   )
   7) Some college (   )
   8) College graduate (   )
   9) Some graduate school (   )
  10) Graduate school graduate (   )
  11) Some Ph.D. (   )
  12) Ph.D. graduate (   )

5. Did you finish your seminary degree in Korea only or in the U.S only or in both Korea and the U.S?
   1) In Korea only (   )
   2) In the U.S only (   )
   3) In both Korea and the U.S (   )
   4) Others: specify (   )

6. How long have you been in the Church ministry in the U.S? (   )

7. How long have you been in your current Church? (   )

8. How many people do you have in your congregation? (   )
9. Do you have your own church building?
   1) Yes (     )  2) No (     )

10. How many elderly (over 60) do you have in your congregation? (     )

❖ Information about Current Ministry and Services for Korean Seniors

11. When making plans, which ministry takes first priority?
   1) Children’s Ministry (     )
   2) Youth Ministry (     )
   3) Young Adults’ Ministry (     )
   4) Adults’ Ministry (     )
   5) Seniors’ Ministry (     )
   6) Others: specify (     )

12. Does your church have a minister who is assigned only to the elderly congregation?
   1) Yes (     )  2) No (     )  3) Other: specify (     )

13. Do you agree that your church should have a special ministry to fulfill Korean seniors’ spiritual needs?
   Strongly agree  ---------------------------  1
   Agree  ---------------------------  2
   Disagree  ---------------------------  3
   Strongly disagree  ---------------------------  4

14. What special ministries do you have to fulfill Korean seniors’ spiritual needs? (CHECK ALL THAT APPLY)
   1) No special service for the elderly (     )
   2) Special worship service only for the elderly (     )
   3) Bible study only for the elderly (     )
   4) Prayer meeting only for the elderly (     )
   5) Fellowship meeting only for the elderly (     )
   6) Other: specify (     )
15. Do you agree that your church should provide any social services for the Korean seniors?

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<thead>
<tr>
<th>Agreement Level</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
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</tbody>
</table>

16. What social services does your church currently provide specifically for Korean seniors? (CHECK ALL THAT APPLY)

1) No social service (     ) IF ANSWER 1), GO TO QUESTION 16-1.
2) Financial assistance (     )
3) Health and medical assistance (     )
4) Legal aid (     )
5) Citizenship assistance (     )
6) Interpreting services (     )
7) Family counseling (     )
8) Transportation (     )
9) Senior Center (     )
10) Long-term care (     )
11) Other: specify (     )

16-1 What is the primary reason that your church does not have social services specifically for the Korean senior congregation?

1) Lack of funding (     )
2) Lack of availability of pastors (     )
3) Lack of pastor’s and church leader’s interest (     )
4) Less priority than other group ministry (     )
5) Lack of church members’ interest (     )
6) Lack of church members’ need (     )
7) Other reasons: specify (     )
Information about Health Care Needs

17. Do you agree that your church should provide any service to fulfill health care needs for seniors?

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<table>
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<tbody>
<tr>
<td>Strongly agree</td>
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<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
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</table>

18. Which of the following health care needs do seniors in your church express the most?

1) No medical insurance (   )
2) No money to pay medical bills (   )
3) Suffer from disease from aging (   )
4) No transportation to see a doctor (   )
5) No ability for communication in English with doctors (   )
6) No caregivers (   )
7) I do not know (   )
8) Other: specify (   )

19. What services do you currently provide to meet their health care needs?

1) No service for health care needs of seniors (   ) IF ANSWER 1), GO TO QUESTION 19-1.
2) Health screening for seniors (   )
3) Assistance for medical bill payment (   )
4) Provision of medical insurance information (   )
5) Volunteer assistance as caregivers (   )
6) Transportation assistance to see a doctor (   )
7) Interpreter assistance to see a English speaking doctor (   )
8) Provision of health care service available at church (   )
9) Other: specify (   )
19-1 What is the primary reason that your church does not have any services to meet Korean seniors’ health care needs?

1) Lack of funding (   )
2) Lack of availability of pastors (   )
3) Lack of pastor’s and church leader’s interest (   )
4) Less priority than other group ministry (   )
5) Lack of church members’ interest (   )
6) Lack of church members’ need (   )
7) Other reasons: specify (   )

Information about Knowledge of Social Service and its needs of Pastors

20. How important do you think it is for your church to provide the information about social services in order to meet the needs of the elderly in your congregation?

Very important ------------------------------------------------- 1
Somewhat important ------------------------------------------- 2
Not very important --------------------------------------------- 3
Not at all important -------------------------------------------- 4

21. How much do you know about state or federal social services to meet physical, psycho-social, financial, and medical needs for the elderly in your area?

Know very well ------------------------------------------------- 1 GO TO QUESTION 21-1.
Know somewhat well --------------------------------------------- 2 GO TO QUESTION 21-1.
Do not know very well ------------------------------------------- 3 GO TO QUESTION 22.
Do not know at all --------------------------------------------- 4 GO TO QUESTION 22.

21-1. How did you acquire information about these services? (CHECK ALL THAT APPLY)

1) Korean outreach flyer (   )
2) Korean local newspaper (   )
3) Direct contact from a social service agent (   )
4) Family members (   )
5) Church members (   )
6) Friends other than church members (   )
7) Outreach and public education (   )
8) Others: specify (   )
22. Have you ever contacted any outside social service agencies for program outreach to Korean seniors?

1) Yes (     )  
2) No (     )

23. Have you ever been contacted by any outside social service agencies for program outreach to Korean seniors?

1) Yes (     )  
2) No (     )

24. If a social service agency wants to provide program outreach to your Korean senior congregation, how willing are you to utilize it?

- Very willing  
- Willing  
- Not willing  
- Not willing at all

25. Do you know about Extra Help (EH), which can pay for Medicare part D prescription drug costs for the Medicare beneficiaries who have difficulty in paying?

- Know very well  
- Know somewhat well  
- Do not know very well  
- Do not know at all

26. Do you know the eligibility based on income and resources or the application process for EH?

- Know very well  
- Know somewhat well  
- Do not know very well  
- Do not know at all
Can you identify people who need EH?

1) Yes ( )
2) No ( )
3) Maybe ( )
4) Other: specify ( )

27. Do you know about Medicare Savings Programs (MSP) that are available for those who have difficulty in paying their health care costs?

- Know very well --------------------------------------------------- 1
- Know somewhat well --------------------------------------------- 2
- Do not know very well ------------------------------------------- 3
- Do not know at all ----------------------------------------------- 4

28. Do you know the eligibility based on income and resources or the application process for MSP?

- Know very well --------------------------------------------------- 1
- Know somewhat well --------------------------------------------- 2
- Do not know very well ------------------------------------------- 3
- Do not know at all ----------------------------------------------- 4

29. Can you identify people who need MSP?

1) Yes ( )
2) No ( )
3) Maybe ( )
4) Other: specify ( )

30. Do you know about 211 Texas and Aging services who can give the information of social services agencies that provide services for your senior congregations?

1) Yes ( )
2) No ( )
3) Maybe ( )
4) Other: specify ( )
31. I am a certified benefits counselor from North Central Texas Aging and Disability and Area Agency on Aging (NCTAAA) and Information & Referral Specialist at 211 Texas and Aging Services at United Way. I may be able to help seniors in your congregation apply for enrollment in EH and MSP services and connect them to social services they need. Are you willing to host a presentation by me to your seniors about these services?

1) Yes (   )  
2) No (   )  
3) Maybe (   )  
4) Other: specify (   )

32. Alternatively, are you willing to provide me with contact information for seniors in your congregation who might benefit from EH and MSP services?

1) Yes (   )  
2) No (   )  
3) Maybe (   )  
4) Other: specify (   )

33. I’d like to discuss these issues in more detail with you. Would you be interested in further discussing them with me?

1) Yes (   )  
2) No (   )  
3) Maybe (   )  
4) Other: specify (   )

Thank you so much for your cooperation. Your support is expected to contribute to better services for Korean-American seniors in our community.
목사님 전화 설문지

교회와 목사님의 사회 인구 통계학적 정보

1. 귀하의 성별은 무엇입니까?
   1) 남 ( )  2) 여 ( )

2. 귀하의 속한 교단은?( )

3. 귀하의 연령은?( )

4. 귀하의 최종학력은?
   1) 국민학교 중퇴 ( )
   2) 국민학교 졸업 ( )
   3) 중학교 중퇴 ( )
   4) 중학교 졸업 ( )
   5) 고등학교 중퇴 ( )
   6) 고등학교 졸업 ( )
   7) 대학중퇴 ( )
   8) 대학 졸업 ( )
   9) 대학원 중퇴 ( )
  10) 대학원 졸업 ( )
  11) 박사과정 중퇴 ( )
  12) 박사학위 취득 ( )

5. 귀하는 신학교 학위를 한국에서만, 미국에서만, 혹은 한국미국 둘다 받으셨습니까?
   1) 한국에서만 ( )
   2) 미국에서만 ( )
   3) 한국 미국 둘 다 ( )
  4) 기타의견: 구체적으로 ( )

6. 귀하는 미국에서 사역하신지 얼마나 되셨습니까? ( )

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7. 귀하는 귀교회에서 사역하신지 얼마나 되십니까? ( )
8. 귀하의 교회 성도수는 몇 명입니까? ( )
9. 귀하는 자신의 교회 건물이 있나요?
   1) 예 ( )  2) 아니요 ( )  3) 이외: 구체적으로 ( )
10. 귀하의 교회는 노인성도분 (60세 이상)이 몇 명입니까? ( )

▲ 한국 노인을 위한 현재 사역 및 서비스에 대한 정보

11. 귀하의 교회에서 가장 중점을 두는 사역대상은 무엇입니까?
   1) 어린이 사역 ( )
   2) 청소년 사역 ( )
   3) 청년부 사역 ( )
   4) 장년부 사역 ( )
   5) 노인부 사역 ( )
   6) 기타의견: 구체적으로 ( )
12. 귀하의 교회는 노인 성도분들만을 위한 사역자를 따로 두고 계십니까?
   1) 예 ( )
   2) 아니요 ( )
   3) 기타의견: 구체적으로 ( )
13. 귀하의 교회에 한국 노인분들의 영적인 필요를 채우기 위한 특별한 사역을 두어야 한다는 것에 얼마나 동의하신니까?
   
   매우 동의함 --------------------------- 1
   동의함 ----------------------------- 2
   동의하지 않음 ------------------------ 3
   전혀 동의하지 않음 ------------------- 4
14. 귀하의 교회는 한국노인분들의 영적인 필요을 채우기 위한 어떤 특별한 사역이 있습니까?
   (해당 항목 모두 선택)
   1) 노인들을 위한 특별한 사역이 없음  (   )
   2) 노인분들만을 위한 특별한 예배가 있음  (   )
   3) 노인분들만을 위한 성경 공부가 있음  (   )
   4) 노인분들만을 위한 기도모임이 있음  (   )
   5) 노인분들만을 위한 교제모임이 있음  (   )
   6) 기타의견: 구체적으로 (                         )

15. 귀하의 교회가 노인에 대한 사회 서비스를 제공해야 한다는 것에 얼마나 동의하십니까?
   매우 동의함                       1
   동의함                           2
   동의하지 않음                    3
   전혀 동의하지 않음                4

16. 교회가 현재 노인을 위해 특별히 제공하고 있는 사회서비스는 무엇입니까?
   1) 사회 서비스를 제공하지 않음  (   ) 1) 번으로 응답하신 경우 질문
   2) 재정 지원 (   ) 16-1로 가시기 바랍니다
   3) 건강 및 의료 지원 (   )
   4) 법률 보조 (   )
   5) 시민권 지원 (   )
   6) 통역서비스 (   )
   7) 가족상담 (   )
   8) 교통 수단 보조 (   )
   9) 노인센터 (   )
   10) 장기 치료 (   )
   11) 기타의견: 구체적으로 (                          )
16-1. 귀하의 교회가 노인성도분을 위한 특별한 사회 서비스를 제공하지 않는 가장 큰 이유는 무엇입니까?

1) 재정부족 (   )
2) 목회자의 여유 부족 (   )
3) 목사님과 교회지도자들의 관심부족 (   )
4) 다른 그룹 사역에 우선순위를 두어야하기 때문 (   )
5) 교회 성도들의 관심 부족 (   )
6) 교회성도들의 필요 부족 (   )
7) 기타의견: 구체적으로 (   )

※ 건강관리 필요에 관한 정보

17. 귀하는 교회가 노인을 위한 건강관리 필요를 충족하기 위한 서비스를 제공해야 한다는 것에 얼마나 동의하십니까?

 매우 동의함 -------------------------- 1
 동의함 --------------------------  2
 동의하지 않음 -------------------------- 3
 전혀 동의하지않음 -------------------------- 4

18. 다음중에서 노인분 들이 가장 많이 표현하는 건강관리 필요는 무엇입니까?

1) 의료보험이 없음 (   )
2) 병원 치료비 지불할 돈이 없음 (   )
3) 노화로 인한 질병으로 고생 (   )
4) 의사를 방문할 교통수단이 없음 (   )
5) 의사와 영어로 의사소통의 능력이 없음 (   )
6) 돌봐줄 사람이 없음 (   )
7) 잘 모르겠다음 (   )
8) 기타의견: 구체적으로 (   )

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19. 다음중 귀하의 교회에서 현재 노인분들의 건강관리 필요를 충족하기 위하여 어떤 서비스가 있습니다?

1) 노인분들의 건강관리에 대한 서비스가 없음 ( ) 1)번으로 응답하신 경우 질문 19-1 로 가시기 바랍니다.
2) 노인분들을 위한 건강검진 ( )
3) 의료 청구서 지불을 위한 지원 ( )
4) 의료 보험 정보 제공 ( )
5) 돌보아줄 자원 봉사자 지원 ( )
6) 의사 방문시 교통수단 제공 ( )
7) 의사방문시 영어 통역 지원 ( )
8) 교회에서 건강 관리 서비스 제공 ( )
9) 기타의견: 구체적으로 ( )

19-1. 귀하의 교회가 노인분들의 건강관리 필요를 충족하는 서비스를 제공하지 못하는 가장 큰 이유는 무엇입니까?

1) 재정부족 ( )
2) 목회자의 여유 부족 ( )
3) 목사님과 교회지도자들의 관심부족 ( )
4) 다른 그룹 사역에 우선순위를 두어야하기 때문 ( )
5) 교회 성도들의 관심 부족 ( )
6) 교회성도들의 필요 부족 ( )
7) 기타의견: 구체적으로 ( )
목사님의 사회 서비스 지식과 요구 사항에 대한 정보

20. 귀하는 노인분들의 필요를 충족하기 위한 사회 서비스 정보를 교회에서 제공해야 한다는 것이 얼마나 중요하다고 생각하십니까?

매우 중요함 .......................... 1
다소 중요함 .......................... 2
다소 중요하지 않음 ..................... 3
전혀 중요하지 않음 .................... 4

21. 귀하는 지역의 노인에 대한 신체적, 심리 사회적, 물질적, 의료요구를 충족하기 위해 연방 정부의 사회 복지제도에 대해 얼마나 알고 계십니까?

매우 잘 알고 있음 .......................... 1 21-1번 질문으로 가십시오.
다소 잘 알고 있음 .......................... 2 21-1번 질문으로 가십시오.
다소 잘 모르고 있음 ...................... 3 22번 질문으로 가십시오.
전혀 모르고 있음 .......................... 4 22번 질문으로 가십시오.

21-1. 이런 서비스에 대한 정보는 어디에서 제공 받으셨습니까?

1) 한국어로 된 전단지 (   )
2) 한국어 지역 신문 (   )
3) 사회 서비스 요원의 직접 접촉 (   )
4) 가족 (   )
5) 교회성도가 아닌 친구 (   )
6) 사회 복지 기관의 봉사와(outreach) 공공교육 (   )
7) 기타의견: 구체적으로 (   )
22. 귀하는 노인분에게 필요한 서비스를 연결하기 위해서 외부 사회 봉사 기관과 연락한 적이 있습니까?
   1) 예 ( )  2) 아니요 ( )

23. 사회 봉사 기관이 노인분들에게 필요한 서비스를 제공하기 위하여 귀하에게 연락한 적이 있습니까?
   1) 예 ( )  2) 아니요 ( )

24. 사회 봉사 기관이 교회 노인분들을 위하여 복지 프로그램을 제공 하고자 한다면, 얼마나 활용하고 싶으신니까?

| 매우 있음 | --------------- | 1 |
| 있음     | --------------- | 2 |
| 없음     | --------------- | 3 |
| 전혀 없음 | --------------- | 4 |

※ 엑스트라 헬프, 메디케어 절약 프로그램과 유나이트 웨이 211 텍사스 서비스의 노인서비스에 대한 정보

25. 귀하는 지불에 어려움이 있는 메디케어 수혜자에 대한 메디케어 파트 D 의 처방의약품 비용을 지불할 수 있도록 도움을 주는 엑스트라 헬프에 대해서 얼마나 알고 계십니까?

| 매우 잘 알고 있음 | --------------- | 1 |
| 다소 잘 알고 있음 | --------------- | 2 |
| 다소 잘 모르고 있음 | --------------- | 3 |
| 전혀 모르임 | --------------- | 4 |

26. 귀하는 엑스트라 헬프에 대한 수입과 재산에 따른 자격여부 또는 신청과정에 대해 얼마나 알고 계십니까?

| 매우 잘 알고 있음 | --------------- | 1 |
| 다소 잘 알고 있음 | --------------- | 2 |
| 다소 잘 모르고 있음 | --------------- | 3 |
| 전혀 모르임 | --------------- | 4 |
27. 귀하는 엑스트라 헬프가 필요한 노인분을 식별할 수 있습니까?

1) 예 (    )
2) 아니요 (    )
3) 아마도 (    )
4) 기타의견: 구체적으로 (    )

28. 귀하는 의료 비용을 지불하기 어려운 사람들 위해 사용할 수 있는 메디케어 절약 프로그램에 대해서 얼마나 알고 계십니까?

매우 잘 알고 있음 ----------------------- 1
다소 잘 알고 있음 ----------------------- 2
다소 잘 모르고 있음 --------------------- 3
전혀 모름 ----------------------------- 4

29. 귀하는 메디케어 절약프로그램에 대한 수입에 따른 자격여부와 또는 신청과정에 얼마나 알고 계십니까?

매우 잘 알고 있음 ----------------------- 1
다소 잘 알고 있음 ----------------------- 2
다소 잘 모르고 있음 --------------------- 3
전혀 모름 ----------------------------- 4
30. 귀하는 메디케어 절약프로그램이 필요한 노인분을 식별할 수 있습니다?

1) 예 (   )
2) 아니요 (   )
3) 아마도 (   )
4) 기타의견: 구체적으로 (   )

31. 유나이트 웨이 211 텍사스는 텍사스에 거주하시는 분들과 노인분들에게 지역사회 서비스 정보를 제공하는 기관입니다. 귀하는 이 프로그램에 대해 알고 계십니까?

1) 예 (   )
2) 아니요 (   )
3) 아마도 (   )
4) 기타의견: 구체적으로 (   )

32. 저는 노스 센트럴 텍사스의 노인과 장애인서비스 기관 (NCTAAA)의 혜택 상담원이며, 또한 유나이티드 웨이에서 2-1-1 텍사스 서비스의 노인 서비스에 대한 정보 및 추천 전문가입니다. 노인성도분들의 엑스트라 헬프와, 메디케어 절약프로그램 신청과 필요한 사회 서비스를 연결을 도와줄 수 있을 수도 있습니다. 귀하는 저를 초청하여 이런한 서비스에 대하여 노인성도들에게 발표할 수 있는 자리를 마련할 의향이 있습니까?

1) 예 (   )
2) 아니요 (   )
3) 아마도 (   )
4) 기타의견: 구체적으로 (   )
33. 또는 엑스트라 헬프와 메디케어 절약프로그램이 필요한 노인성도분들의 연락처를 저에게 제공할 의향이 있습니까?

1) 예 (  )

2) 아니요 (  )

3) 아마도 (  )

4) 기타의견: 구체적으로 (  )

34. 귀하는 더욱 자세히 이 문제에 대하여 논의할 수 있는 인터뷰에 응할 의향이 있습니까?

1) 예 (  )

2) 아니요 (  )

3) 기타의견: 구체적으로 (  )

※ 귀하의 협조에 감사를 드립니다. 귀하의 연구 설문지 작성이 미국내 한국 노인분을 위한 더 나은 서비스 제공에 사용될 것으로 기대됩니다.
INFORMED CONSENT NOTICE

Before agreeing to participate in the telephone survey for this study, it is important that you listen to and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Korean-American Protestant Churches as a Vehicle for Educating, Screening, and Enrolling Korean Seniors in Services Offered by Outside Agencies: An Exploratory Study

**Principal Investigator:** Dr. Cynthia Cready, University of North Texas (UNT) Department of Sociology

**Key Personnel (Student Investigator):** Eunkyung Kim, University of North Texas (UNT) Department of Applied Gerontology

**Purpose of the Study:** You are being asked to participate in a telephone survey for a study to explore Korean-American Protestant churches as a bridge between social and health care needs of Korean seniors. This study will examine pastors’ availability, willingness, and ability to connect Korean seniors to social services offered by outside agencies.

**Study Procedures:** You will be asked to provide general information about yourself: age, highest education earned, etc. More specific questions will follow regarding current church ministries and services for Korean seniors, awareness of Korean seniors’ unmet needs of health care and social services, and your willingness to screen Korean seniors and open your church for education services to reach Korean seniors in services offered by outside agencies. The survey will last for 10 to 20 minutes. The survey questionnaires will be filled out by key personnel while you are answering by telephone. This survey will be conducted with your voluntary participation. You may stop participating in the study any time you want.

**Foreseeable Risks:** There may not be foreseeable risks for the study, but some questions might cause discomfort. There may be questions addressing personal socio-demographic information and/or your current ministry and services for the senior congregation. To minimize those negative results, you are free to stop answering whenever you want, and you will not be forced to talk.

**Benefits to the Subjects or Others:** This study is not expected to be of any direct benefit to you. However, it is hoped that, in the future, this study will benefit Korean seniors in your congregation and the larger Korean senior community in the United States with better services.

**Compensation for Participants:** You will not receive any compensation for your participation.

**Procedures for Maintaining Confidentiality of Research Records:** Records of respondents will be kept confidential and will remain in a place where only the principal investigator and the student investigator can access them. The records will not be released to unauthorized personnel. Your name or the name of your church will not be included on your questionnaire. Data from the study will be used only for the study. The confidentiality of your individual information will be maintained in any publication or presentations regarding this study.
Questions about the Study: If you have any questions about the study, you may contact the principal investigator Dr. Cynthia Cready at (940) 369-8791 or the student investigator Eunkyung Kim at (817) 517-8902.

Review for the Protection of Participants: This research has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Right:
You have been told about the purpose of the study, benefits and compensation for participation, potential risk of the study, and procedures for maintaining confidentiality of records. You understand your rights as a research participant and you voluntarily consent to participate in this study. You have a right to refuse to participate and withdraw at any time. You will not have any penalty or loss of rights or benefits from the refusal to participate.
전화 설문지 참여 동의

본 연구에 대한 설문을 응해 주셔서 감사합니다. 설문에 앞서 이 연구의 목적, 방법, 유익, 그리고 주의할 사항을 미리 아는 것은 바른 결과를 얻는데 매우 중요합니다.

연구 제목: 외부기관에서 제공하는 노인들을 위한 서비스에 관한 미국내 한인교회들이 교육과 심사와 모집에 있어서 어떠한 역할을 하고 있는지에 관한 연구

주 연구자: 신시아 크리디 박사, 북텍사스 대학교 (UNT), 사회학과

학생 연구자: 김은경, 북텍사스 대학교 (UNT), 응용 노인학과

연구의 목적: 이 연구는 외부기관에서 제공되는 노인들을 위한 건강관리와 사회서비스에 대하여 한인교회가 어떤 역할을 담당할 수 있는지 실험을 파악하고자 하는 목적으로 만들어진 설문지입니다. 이 연구는 특별히 한인교회의 목사님들이 노인들과 외부기관간에의 연결자로서 어떠한 역할을 하고 있는지, 또한 연결자로서 효용성과 의지와 역량이 있는지를 확인하기 위함입니다.

연구 절차: 이 연구는 귀하의 나이와 학벌등 개인 정보에 대해 질문할 것입니다. 더나아가, 현재 교회가 노인들의 건강관리와 사회 서비스 필요를 충족하기 위해 어떤 서비스와 사역을 제공하고 있는지 질문할 것입니다. 그 외에, 외부기관에서 노인들에게 제공하는 건강관리와 사회서비스의 연결자로서의 역할, 의지에 관하여 질문할 것입니다. 설문서 응답은 10-20분이 예상되며, 학생 연구자에 의해 작성될 것입니다. 응답은 언제든지 중지 하셔도 됩니다.

예상되는 어려움 : 이 연구에 예상되는 어려움은 없으나 간혹 개인적인 정보나 노인들에 대한 현재 사역에 관한 질문은 답하시기 거북한 내용일 수 있습니다. 이러한 불편하고 부정적인 느낌을 최소화하기 위하여 귀하께서는 모든 질문에 대답하실 필요가 없으며, 언제든지 중지하시셔도 됩니다.

연구로 얻는 이득: 이 연구가 일차적으로 귀하에게 직접적인 도움이나 이득이 되진 않겠지만 미국내에 사는 한인노인들에게 더 나은 의료 및 사회 서비스를 제공하는데 필요한 정보와 근거를 제공할 것입니다.

참가보상: 이 연구는 귀하의 참여에 관한 어떠한 보상도 제공하지 않습니다.
연구 기록의 보안을 유지하기 위한 절차: 응답자의 기록은 비밀로 유지되며, 오직 주 연구자와 학생연구자만이 접근할 수 있는 장소에 보관될 것입니다. 기록은 승인되지 않은 어떤 사람에게도 공개되지 않을 것입니다. 모든 자료는 연구를 위한 목적에만 사용될 것입니다. 연구에 대한 모든 간행물이나 발표시 귀하의 개인 정보의 보안은 유지 됩니다.

연구에 관한 질문: 이 연구에 대한 질문이 있으면 주 연구자 신시아 크리디 박사 (940) 369-8791 혹은 학생 연구자 김은경에게 연락하실 수 있습니다.

참가자 보호에 관한 점포: 이 연구는 UNT IRB 의 심사위원회의 검토 및 승인을 받은 연구입니다. UNT IRB 연구 대상자의 권리에 관한 질문이 있으면 (940) 565-3940 에 연락하실 수 있습니다.

연구 참가자의 권리: 귀하는 연구의 목적, 이득, 보상, 예상되는 어려움, 그리고 기록의 보안을 유지하기 위한 절차에 대해 설명들었습니다. 귀하는 연구 참여자로서 권리를 이해하고 자발적으로 이연구에 참여하는데 동의합니다. 언제든지 응답을 중지하시셔도 되며, 이에 대한 불이익은 주어지지 않을 것입니다.
APPENDIX B

IN-DEPTH FACE-TO-FACE INTERVIEW
In-Depth Interview Protocol for Pastors

1. To start, during our earlier conversation on the telephone, you indicated that your congregation totals [INSERT NUMBER] and that about [INSERT NUMBER] of these are seniors. Is this correct? What do you expect in the future in terms of the number of the congregation? In particular, do you believe that the number of seniors who are 60 years of age or older will increase, decrease, or stay the same? Can you tell me the reason why you believe so?

2. Now, I’d like to find out more about you and your staff. You have said that you have been at this church [INSERT NUMBER] years. What is your title? Are you paid or not paid staff? What positions do other paid staff members hold and how do they serve the church?

3. I’d also like to better understand your experience as pastor of this church in a typical week. Let’s start with Sunday. Please describe and discuss a typical Sunday as pastor of this church from the time you get up to the time you go to bed.

4. Thank you for your description of your typical Sunday. Now, could you tell me about your typical week days? What do you usually do on typical week days?

5. I’m interested in hearing more about any services, programs, or ministries provided by your church specifically for seniors in the congregation. In the past year, what kind of services, programs, or ministries did your church provide specifically for this population? Would you tell me who usually facilitates the delivery of these services? Are there any volunteers or paid staff involved in these services, programs, or ministries?

6. Hard-to-reach and hard-to-serve populations, such as Korean seniors in the U.S., are often best reached by health care and social service agencies through churches or other communities. Has your church ever worked with an outside agency to deliver services, programs, or ministries to seniors in the congregation?

   If yes: Please describe instances in which your church did so. Who initiated the service, program, or ministry? How did it get initiated? How effective was it? What were some of the challenges?

   If no: Can you tell me specifically why you did not attempt to work with other agencies to deliver services, programs, or ministries to seniors in the congregation?
7. For your church to facilitate the linking of seniors in the congregation to needed services from outside agencies, the agencies typically must go through you, the pastor. Thus, as the pastor, you are a gatekeeper. How do you feel about playing this gatekeeper role?

8. In our first discussion on the telephone, you were offered the opportunity of using your church for outreach activities by the NCTAAA and Texas and 2-1-1 Aging services at United Way. Did you accept this offer?

   If yes: Why did you accept it?

   If no: Why did you not accept it?

9. What are your preferred ways of helping seniors in your church to get the health care and social services that they need from outside agencies?

10. What resources do you or your church have that may assist seniors in your church to get the health care and social services that they need from outside agencies?

11. Can you tell me more about health care and social service needs of seniors in your church?

12. What do you see as the biggest barriers to seniors in your church getting their health care and social service needs met?

13. What kinds of services, programs, or ministries for seniors would you like to see at your church?

14. What do you see as the biggest barriers to providing these services, programs, or ministries?

15. Is there anything else you wish to tell me before we close this interview?
인터뷰 질문

1. 전화응답을 통해 교회성도수가 ( )명이고, 노인성도수가 ( )명이라고 하셨는데, 앞으로 성도수의 변화를 어떻게 보실니까? 특히, 60세 이상 노인성도수가 증가, 감소 혹은 같은 수를 유지할까요? 그렇게 생각하시는 이유에 대해 말씀해 주시겠습니까?

2. 이제, 교회의 사역하시는 분에 대해 더 알고 싶습니다. 이교회에 ( ) 동안 사역하셨다고 하셨는데, 교회에서의 직분 (title)은 무엇입니까? 보수를 받고 일하시나요 아니면 무보수로 일하십니까? 주로 교회에서 보수를 받고 일하시는 분들은 누구시며, 어떤일을 하시나요?

3. 귀하의 주중 생활에 대해 알고 싶습니다. 주일날은 아침에 일어나서 취침전까지 주로 어떻게 하루를 보내시는지, 전형적인 주일날의 삶을 설명해 주십시오.

4. 전형적인 주일상을 설명해 주셔서 감사합니다. 그럼, 귀하의 전형적 주중 생활에 대해 말씀해 주시겠습니까? 주중에는 주로 무슨 일을 하시나요?

5. 귀하의 교회에서 노인분들을 위한 서비스, 프로그램, 또는 사역에 대해 알아보겠습니다. 노인분들을 위하여 주로 어떤 서비스, 프로그램, 또는 사역이 있었나요? 이 일을 주로 맡아서 한 사람은 누구입니까? 자원봉자자 입니까? 아니면 보수를 받는 직원이 맡았나요?

6. 한국 노인분처럼 접근이 어려운 고령층 및 사회봉사기관이 교회나 다른 커뮤니티를 통해 접근하는 것이 가장 좋은 방법으로 여겨지고 있습니다. 귀하의 교회가 노인성도분들을 위하여 교회밖에의기관과 연결하여 서비스, 프로그램, 또는 사역을 제공한 적이 있었습니까?

예로 답한 경우: 이 사례를 말씀해 주십시오. 누가 주도하여 서비스, 프로그램, 또는 사역을 제공했나요? 어떻게 진행되었나요? 그것이 얼마나 효과적이었습니까? 어떤점이 힘들었습니까?

아니요 로 답한 경우: 귀하가 성도분들을 위한 서비스, 프로그램, 또는 사역을 제공하기 위해 다른 기관과 함께 일하지 않은 이유를 구체적으로 말씀해 주시겠습니까?

7. 외부 기관이 교회노인분들에게 필요한 서비스 연결을 촉진하기 위하여, 목사님을 거쳐야 합니다. 이 일을 위해서 게이트 키퍼 (문지기) 역할을 해야 한다면 어떤 느낌이 드나요?
8. 지난번 전화통화 때, 노스 센트럴 텍사스의 노인과 장애인서비스 기관 (NCTAAA)과 211 텍사스의 노인 서비스에 대해 소개하는 기회를 제공받았음이 있는데, 이 제안을 수락하셨나요?

그렇다면, 왜 그것을 수락하셨나요?

그렇지 않다면, 왜 그것을 수락하지 않았습니까?

9. 외부 사회서비스 기관에서 교회의 노인 성도분들을 위하여 어떻게 도와드릴으면 좋겠습니다가?

10. 외부 사회 서비스 기관과 연결하여 일할수 있도록 활용할 수 있는 교회의 자원이 있다면 무엇입니까?

11. 교회 노인성도분이 필요로 하는 건강 관리와 사회 서비스에 대해 좀 더 자세히 말씀해 주시겠습니까?

12. 귀하의 교회 노인분들이 건강관리와 사회 서비스 필요를 제대로 채우지 못하는 가장 큰 장애물이 있다면 무엇입니까?

13. 귀하의 교회에서 노인분들을 위한 어떤 서비스, 프로그램, 또는 사역이 있기를 원하십니까?

14. 귀하는 이러한 서비스, 프로그램, 또는 사역을 제공하는데 가장 큰 장애가 무엇이라고 보십니까?

15. 인터뷰를 마치기 전에 더 하고 싶은 말이 있습니까?
INFORMED CONSENT FORM
Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Korean-American Protestant Churches as a Vehicle for Educating, Screening, and Enrolling Korean Seniors in Services Offered by Outside Agencies: An Exploratory Study

Principal Investigator: Dr. Cynthia Cready, University of North Texas (UNT) 
Department of Sociology

Key Personnel (Student Investigator): Funkyung Kim, University of North Texas (UNT) 
Department of Applied Gerontology

Purpose of the Study: You are being asked to participate in an interview for a study to explore Korean-American Protestant churches as a bridge between social and health care needs of Korean seniors. This study will examine pastors’ availability, willingness, and ability to connect Korean seniors to social services offered by outside agencies.

Study Procedures: You will be asked to provide information about ministry for seniors and your pastoral work, reasons of receptiveness or non-receptiveness to outreach activities with Extra Help (EH), Medicare Saving Programs (MSP) and 211 Texas and Aging Services at United Way, your willingness in the role of gatekeeper connecting Korean seniors to social services offered by an outside agency and barriers to meet the needs of health care and social services for your senior congregation. The interview will last for about 30 to 40 minutes. I, the student investigator, will audiotape your responses while I am interviewing you in person.

Foreseeable Risks: There may not be foreseeable risks for the study, but some questions might cause discomfort. There may be questions addressing demographic information of your congregation, reasons of receptiveness or non-receptiveness to outreach activities with Extra Help (EH), Medicare Saving Programs (MSP), and 211 Texas and Aging Services at United Way, the feeling of the role of gatekeeper connecting Korean seniors to social services offered by an outside agency and barriers to meet the needs of health care and social services for your senior congregation. To minimize those negative results, you are free to stop answering whenever you want, and you will not be forced to talk.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you. However, it is hoped that, in the future, this study will benefit Korean seniors in your congregation and the larger Korean senior community in the United States with better services.

Compensation for Participants: You will not receive any compensation for your participation.
Procedures for Maintaining Confidentiality of Research Records: Audiotaped records of interviewees will be kept confidential and will remain in a place where only the principal investigator and the student investigator can access them. The audio-taped records will not be released to unauthorized personnel. Your name or the name of your church will not be included on the audiotaped records. Data from the study will be used only for the study. The confidentiality of your individual information will be maintained in any publication or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact the principal investigator Dr. Cynthia Cready at (940) 369-8791 or the student investigator Eunkyung Kim at _______.

Review for the Protection of Participants: This research has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Right:
Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

• Dr. Cynthia Cready or Eunkyung Kim has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.

• You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.

• You understand why the study is being conducted and how it will be performed.

• You understand your rights as a research participant and you voluntarily consent to participate in this study.

• You have been told you will receive a copy of this form.

________________________________
Printed Name of Participant

________________________________
Signature of Participant                                               ___________________
Date
For the Principal Investigator or Designee:

I certify that I have reviewed the content of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

________________________________________                                    __________________
Signature of Principal Investigator or Designee                                                   Date
인터뷰 참여 동의서

본 연구에 대한 인터뷰를 응해 주셔서 감사합니다. 인터뷰에 앞서 이 연구의 목적, 방법, 유익, 그리고 주의할 사항을 미리 아는 것은 바른 결과를 얻는데 매우 중요합니다. 아래의 내용을 꼭 읽어주시고 마지막 페이지의 동의란에 서명해 주시면 감사하겠습니다.

연구 제목: 외부기관에서 제공하는 노인들을 위한 서비스에 관하여 미국내 한인교회들이 교육과 심사와 모집에 있어서 어떠한 역할을 하고 있는지에 관한 연구

주 연구자: 신시아 크리디 박사, 북텍사스 대학교 (UNT), 사회학과

학생 연구자: 김은경, 북텍사스 대학교 (UNT), 응용 노인학과

연구의 목적: 이 연구는 외부기관에서 제공되는 노인들을 위한 건강관리와 사회서비스에 대하여 한인교회가 어떠한 역할을 담당할 수 있는지 실태를 파악하고자 하는 목적으로 만들어진 인터뷰입니다. 이 연구는 특별히 한인교회의 목사님들이 노인들과 외부기관간의 연결자로서 어떠한 역할을 하고 있는지, 또한 연결자로서 효용성과 의지와 역량이 있는지를 확인하기 위함 입니다.

연구 절차: 이 연구는 노인들을 위한 교회의 사역과 목회자로서의 역할, 엑스트라 웨이 (EH: Extra Help), 메디케어 절약프로그램 (MSP: Medicare Saving Program)과 유나이트 웨이 211 텍사스 서비스의 노인서비스의 수용여부와 이유, 외부기관에서 노인들에게 제공하는 건강관리와 사회서비스의 연결자로서의 역할, 의지에 관하여 질문할것입니다. 인터뷰는 30-40분이 예상되며, 인터뷰의 내용은 정확한 기록과 분석을 위하여 학생 연구자에 의하여 녹음 될것입니다.

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