

## **inSocialWork Podcast Series**

### **Episode 16 - Dr. Wooksoo Kim: Drinking Behavior Among Elderly Korean Immigrants**

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University of Buffalo School of Social Work is celebrating 75 years of transforming lives and communities. We would like to invite you to be part of the celebration. Please visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu) to see a full list of events marking our seventy fifth year leading up to the gala celebration. I'm your host Adjoa Robinson Dr. Wooksoo Kim is an assistant professor of social work at the University at Buffalo. As a researcher and educator Dr. Kim has focused on cultural and mental health issues particularly alcohol use among Asian populations using both qualitative and quantitative methods. Dr. Kim works to expand the fields understanding of mental health and health behavior issues such as alcohol use among disadvantaged populations including older immigrants in North America and women with alcohol related problems in Korea with her work Dr. Kim attempts to inform researchers policy makers practitioners and the public about populations that are often neglected omitted or misunderstood particularly with regard to their mental health and substance use issues. In this episode of Living Proof I speak with Dr. Kim about her exploratory research on alcohol use among elderly Korean immigrants in Toronto Canada.

[00:02:04] Although Dr. Kim's research was conducted in Canada there are cross-border similarities and perceptions of Koreans as Asian immigrants and a dearth of research literature on drinking among elderly Korean immigrants in both countries. Welcome Dr. Kim. Thank you for having me. Dr. Kim why is this topic why alcohol use among older Korean immigrants. There are a couple of reasons why I chose this topic. Alcohol use is a serious problem among elderly population in the United States. It is related to so many health related problems including falls mental health problems all sort of problems are also exacerbated by alcohol use excessive alcohol use usually alcohol problems are captured within the school or work settings. But these populations are not going to school this population do not work. So they are underreported. The problem is out there but we don't know them much about it. Now is it this elders in general or specifically older Koreans elders in general OK now that you explained why you focus on Korean elderly. Why go to Toronto. Are there no Koreans in Buffalo. Actually not many. And also Buffalo Korean community is formed around the Korean ethnic church which makes it a little bit harder to get information about substance use so it is hard to get in and get the information about alcohol drinking. Toronto has a larger and more diverse Korean community and they have about 42000 Koreans living in Toronto and the other issue is that there was no study done with this elderly population in Canada. They have a large fastest growing population segment in that country. And no study was done. So if there is no study done there is no evidence for use and there is no services.

[00:04:20] So this is groundbreaking work both here in the United States as well as for our neighbors to the north. So tell me about the Korean elvers I should start with a model minority myth that affected the Korean Americans or our Asian Americans in general. Whatsapp model minority myth explains that Asian Americans are doing well in the United States. They're immune to many social problems. So it was believed that Korean Americans had few problems and alcohol use in keeping with the positive image of their financial and educational status. And also they're not captured. And the national data set because of language barriers they cannot speak English and they are not captured. Second thing is it's a measurement issues there. The concept of drinking or the question of drinking may have different cultural meanings. I'm more interested in the culture melting of trends. There's actually one prior study that explored psychiatric illnesses among Korean

elderly population living in a Los Angeles area. Data were collected in 1980. So what they found was that over 35 percent of elderly Korean men had cold dependence problem and 2 percent for women. But they never explored the father issues. There is no studies on elderly Korean population on alkalis two you started out with conducting some focus groups so I had like 3 focus groups of men three and one women focus group. I recruited a sample from Korea and senior center in Toronto. So you did focus groups. What did you find. What I found is that people change their behavior drinking behaviors and they change drinking norms. What I mean by that is what they said in the focus group is that they tend to drink less than their Korean peers.

[00:06:37] They drink a lot less than when they were in Korea. That was very interesting finding for me at first I suspected that the drinking measures we are using may not be culturally appropriate culturally sensitive science in Korea of course is considered to be food you drink as you eat good food always accompanied with that drink and with our drink. The food doesn't taste right. That is called upon to punch you punch. That is a cold meal. Some people drink and then eat. Some people eat and drink. Everybody has different parem but some people counted it as drink. Some people don't count children to see it as food a natural part of a meal. You just sit down and you have a plan for drinking. You sit down and drink with friends that's cold drink if you stay at home and just drink with your meal. They may not counted as drinking so I decided OK let's capture those drinks that may have not captured the within the regular measure state. What were your overall research question my research question was to find out what's going on. Actually I was using quantitative study but it was exploratory in nature. I wanted to find out what's going on. OK so you have this notion based on your your focus groups that there may be a difference in meaning of what what is having a drink and so you wanted to do something more descriptive that possibly could be more accurate because you are incorporating all of these different meanings of what it is to drink lots of cases drink alcohol studies with the Koreans. They use simple measures Prinsloo or not.

[00:08:36] I wanted to find out that if they're drinking really means drinking and in terms of like you know research people. So I include included all the detailed drinking measures and I also included the other information like demographics like gender age marital status immigration status that were supposed to be related to drinking and of course detail the drinking variables and health variables like how do they think about their health would be a factor for them to decide to drink or not have more drink than less. And also as I suspected as I experienced in my clinical practice what about mental health. Is there any relationship between depression and mental health and drinking. So those are the things I was looking for but it was very exploratory. I didn't have a clear hypothesis. Instead I had a research question. What are the factors associated with drinking among this population. And what are the factors associated with heavy drinking with this population. So what were your methods. So I did a survey. I recruited samples from various locations Protestant churches Catholic churches Buddhist temple senior center and personal contact. So I collected data from those various locations in Toronto area. I ended up having 149. Who did you include in your sample. The criteria for the sample was dead. They should be older than 60. They should be able to speak and read Korea's lag. They should be permanently living in Canada. So you have an end of 149 and tell me more about your sample. What did they look like.

[00:10:36] I have 61 percent of women that's 91 and which are two of the married religious affiliation was the majority of them Protestant. Fifty eight percent and carefully 30 percent of Buddhists 7 percent and others like no religion or other religions like confession and immigration variables. What I found mean is over immigration was about 20 years and they immigrated in this country between like 25 and 83 years old and close to 80 percent of people were using Korean at home as a main language and financial satisfaction. 76 percent said either very satisfied or satisfied 23 percent of population sample said they are not satisfied and depression score. This is kind of interesting. I use this centre for epidemiological study depression scale what it's recommended in the United States is 16 Cup point score. If you score 16 or higher you are depressed. Using that

criteria about 30 percent of popular sample were depressed but Koreans tend to be depressed. Even in Korea. So they recommend the other point which is a lot higher. It's twenty one point after I applied 21 could point that criteria 17 percent of people were depressed. OK so you were looking for two things you wanted to find out what factors were associated with drinking among older adults and what factors were associated with drink can you tell us how did you define drinking and heavy drinking. That's a very good question drinking. I defined as one drink in last year. It was kind of difficult. It doesn't show in the data but I can tell you that when we were doing a survey when we asked are you drinking. And they said no.

[00:12:42] And after we finished survey they said you know I don't drink but I just drink a beer cold beer when I feel like thirsty. So we had to go back and redo it. OK. That means you're drinking. So you have the county that's drinking and so that sounds like it's one of the things that clued you into differences in perception of. Exactly. I thought I knew and I thought I included everything I could but that didn't really occur to them as in drinking. So what we decide to do with the event with especially with women is that when they said when I asked Are you drinking. Are you currently drinking. And they said no. Fortunately we found the problem early on. Like after like the last 10 10 interviews we realized that there's something going on here. We had two interviewers so we talked about it and we changed slightly. Chase the question and we added a question whenever they answered no to the question. Are you currently drinking we added one more slight revision of that question. Not a drop not a drop. There are a lot of it has to turn into people say oh you know I just touch my mouth. I just touch my lips on the cup underclass. I just pretend that I'm drinking. So do they count. I counted it as a drink because I know what that means when they said it is touching my lips to the glass. What does that mean actually. Actually they kind of you know lifted there is some some real liquid coming into their mouth.

[00:14:32] I didn't know I included as a drinking so they're drinking very well includes those people who said they always said yes to that. Not a single drop. So the frequency was very very low for that you know for those population who are very minimal drinkers. They say you know I do that only once a month and the heavy drinking what I was measure was that there was no clear or universal criteria for heavy drinking for this age for this population. What I used is there for women if they say they drink more than two at one sitting at a one day. The question is on a day when you're drinking how many drinks do we have. When they said more than 1 for women meaning that two or more I counted as heavy drinking and for men for man it was a little bit higher was if they said three or more. So how did you decide to distinguish or are operationalizing heavy drinking differently for men and women. In most studies they have different criteria. So when women are like the waves race in previous research there is research they've always defined a different number for men and women. Exactly. For whiskey drinking for women. Usually it's three or more beers. For men it's five or more. So I kind of use that criteria. And also I had a I had a lot of talk with Korean folks saying you know what do think about women age 60 or older say more than one drink. They think it's kind of you know cannot do think it is OK to count that as a heavy drinkers or should I go about like three drinks.

[00:16:21] We talked about I talk with so many people about you know who are knowledgeable about this population. And I came up with numbers. I think this number could change later on if when the more research is done with this study I think this is a good number at this time based on the circumstances. Anyways what I found about drinky is the current drinking the predictors for current drinking was when they got married when they are married their marital status is married. They tend to drink more. So married people are one point six times more likely to be current drinkers and the literature it says that men and women have different drinking behavior. So I split the sample. Men and women to see what are the different factors explain their current drinking for men. It's not surprising to find that nothing really predict their current drinking. Think about it. They're drinking their lives. Instead they just train. So there isn't. Whether they are employed or

married or Protestant or a number of friends it doesn't matter what of their health it's just a regular part of just a regular part of their life in terms of current drinking which was counted as a least to 0 one drouth in last year. OK. The other thing is that interestingly the Protestant church for Protestant church or Ed will raise the likelihood of drinking for women like a three point three kinds which is exactly opposite of what other studies. Exactly. Exactly. But remember that. I have to emphasize the fact that current drinking was measured as a Lyca a drop in a year. Some people say I just pretended drinking. So I just pretended to drink.

[00:18:31] So it does not mean that they're drinking but it's again to me what it implies is that they are involved in the community they have more of meetings they go to that involves drinking. Remember the Korean culture they tend to drink or when they have meetings. It's social it's social Moberly cunts and that's the way they get to know each other they hang out. So what did you find about predictors of heavy drinking heavy drinking was also very interesting when I put them all together. Depression score appear to be a strong predictor for heavy drinking. People who have a centre for epidemiology studies depression score for that if one unit of increase of their score the more depressed it affects their likelihood of being heavy drinker. It's 6 percent increase with each point on the depression scale it increases the likelihood that the person will be a heavy drinker by 6 percent. Exactly. If it is like a 10 percent higher probably 60 percent. So depression is a significant predictor here. When I split the sample that was more interesting to me Forman Centre for Epidemiological Study depression skills appeared to be a strong predictor for heavy drinking. One unit of increase in depression score would increase the likelihood of being a heavy drinker. 16 percent antihistamine for women. Actually I didn't find them much and to being if women are a little bit younger they can to be a heavy drinker. It's marginal significance so I can't I included it because of the nature of this study is exploratory.

[00:20:33] I include that as like to something I can suggest for the Future study it was interesting but still you know a.g is always a factor for heavy drinking. The younger you tend to drink more that's kind of you know what I could expect. The interesting thing is for men it didn't appear to it's significant. It's very clear gender difference in terms of like predicting their drinking or heavy drinking which was very very interesting. So what does it mean. It means that gender is very important to understand their drinking behaviour because the predictors are totally different for both men and women also. It was very interesting to find that immigration is ear's of immigration didn't really affect their drinking behaviour in the acculturation theory that include alcohol behaviour they tend to see that the more you spend time in the United States you tend to become you know you kind of get up to the behaviors of the country that you're in. Yes so the norm is that people usually come in come in from different countries and they tend to drink less than the American people. So when you come in they tend to drink more. But here what is said the immigration the culture is it didn't really affect their drinking behaviour is my speculation for this result is that you know they live in. I call it ethnic island meaning that they tend to speak Korean at home. 80 percent of them speak Korean at home. They tend to go to Korean church they they go to Korean Senior Center pickerel Korean restaurant. They're living in Korea. It also suggests that acculturation cannot simply be measured by time in our country. Exactly.

[00:22:26] It has to be other they have other factors that we have to see why they change their behavior phoning sample was that one in the previous study I did with this sample. The previous study previous the previous focus group study showed that they change their behavior not because of living in this country but because of environment change. They adapted but in a sense it is because of living in this country because the environment was different. They had to change their behavior because the environment changed. It is not a function of acculturation. They believe change. OK. That makes sense. And also I had I realized that the number of friend a number of friends does not equate to the strength of the social support they had a hard time to figure out how many how many friends they how many close friends they have because they they go to church.

They tend to see them like twice a week say hi are they close friends or should they change their concept of close friends. So there were like close friend. So I think we have to find a good measure to measure their social networks. The number of social strength of social support and social support because it's been seen in other research too. The other research if you have a higher level of social support you tend not to drink. So it's a protective factor. It should be protective factor. But with this population with no because the number could be in terms of real solutions. Point to it is kind. It could be arbitrary.

[00:24:09] So it seems like one of the theories that emerged from your research is there needs to be better conceptualization and operationalization of terms terms like drinking terms like friends close friends all sorts of thing. Yeah I think cell with this population with the special circumstances they're in. I think they need to. We need to clarify and refine the measurement to measure what we are measuring its validity issues yes yes and also the volition is very interesting that we have to explore farther. This is like a preliminary study. This is the one exploratory study. Example We have to find out what religion means to them. What is a well-adjusted. How could I measure the strength of their religion strength of religiosity with this population. Because how many times you go to church that doesn't mean that much. We call it culture Christian. Then they go to church because that's the community they have. They usually go to church twice a week. They have another meetings with this church group. They are very involved socially very bothered with this church. But does it really mean that they are living in the Bible living in the Bible living according. Living according to the Bible or do they. They are living in a certain way they interpreting the Bible in a different way. There are so many questions but it's hard with tell something. Exactly and that depression depression appeared to be very appear to be a strong predictor for men for their heavy drinking behavior. So it sort of confirms you know although tentatively what you witnessed in your practice. Absolutely. And so for you know practitioners are out there.

[00:26:24] They should ask the next question that's going to be that when they are in trouble they should because of the drinking they have to ask their depression. Right. Right. They have to pay attention to the possibility that this this person could be depressed that could be a mechanism of dealing with depression self medication that could be. Well Dr. Wooksoo Kim thank you for taking the time to share with us your research on alcohol use among older Korean immigrants in Toronto. Thank you for having me Don. Thank you to come Sunday the You've been listening to Dr. Wooksoo Kim assistant professor of social work at the University at Buffalo discuss her research on alcohol use among elderly Korean immigrants and Canada. Join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. More information about who we are our history our programs and what we do. We invite you to visit our Web site [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). At UB ee are living proof that social work makes a difference in people's lives.