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## Perceived Racial Discrimination and Mental Distress in Older Korean Americans: The Moderating Role of Ethnic Resources

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### Abstract

**Objectives:** To examine associations among perceived racial discrimination, ethnic resources, and mental distress in older Korean Americans. Ethnic resources included ethnic identity (how closely individuals identify themselves with other members of the same ethnic background) and sense of community (individuals' feelings of belonging to their ethnic group). We examined the direct effect of perceived racial discrimination and these ethnic resources, as well as their interactions, hypothesizing that mental distress associated with perceived racial discrimination would be reduced by ethnic resources.

**Design:** Using survey data from the Study of Older Korean Americans ( $N = 2,150$ ), linear regression models of mental distress were examined for direct and interactive roles of perceived racial discrimination and ethnic resources.

**Results:** Mental distress was directly associated with perceived racial discrimination ( $B = 1.90$ ,  $SE = .20$ ,  $p < .001$ ), ethnic identity ( $B = -.41$ ,  $SE = .13$ ,  $p < .01$ ), and sense of community ( $B = -.45$ ,  $SE = .12$ ,  $p < .001$ ). Perceived racial discrimination interacted significantly with sense of community ( $B = -1.86$ ,  $SE = .28$ ,  $p < .001$ ). Subgroup analyses suggested that in the context of experiencing racial discrimination, a high sense of community can serve as a buffer against mental distress.

**Conclusions:** Ethnic resources are a benefit in coping with experiences of discrimination. The moderating role of sense of community suggests the value of fostering social capital in ethnic communities to protect and promote older immigrants' mental health.

## Keywords

racial discrimination; mental health; older immigrants; ethnic identity; sense of community

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## Introduction

Racial discrimination is a pervasive social threat and a critical source of health disparities (D'Anna, Ponce, and Siegel 2010; Priest and Williams 2018; Williams et al. 1997). Studies of diverse groups of racial and ethnic minorities show that perceived racial discrimination is closely linked with poor physical health, psychological distress and symptoms of depression, deterred use of health services, social withdrawal, and poorer quality of life (Carter et al. 2017; D'Anna, Ponce, and Siegel 2010). Until recently, however, Asian Americans have received relatively little attention with respect to racial discrimination. This has been so, despite the historical and ongoing oppression against Asian Americans at least since the execution of the Chinese Exclusion Act of 1882 (Gupta, Szymanski, and Leong 2011; D. L. Lee and Ahn 2011). During the COVID-19 pandemic, the prevalence of racist behavior directed against Asian Americans has substantially increased. From March 2020 to June 2021, according to a national report by the STOP AAPI Hate movement, a total of 9,081 hate incidents against Asians were reported, and this surge of anti-Asian xenophobia has had a devastating impact on individuals and communities of Asian origin (Chen, Zhang, and Liu 2020; S. Lee and Walters 2020).

The limited literature on Asian Americans and racial discrimination is in general agreement that perceived discrimination poses a risk to mental health (D. L. Lee and Ahn 2011; Yip, Gee, and Takeuchi 2008; Zhang and Hong 2013). Building on this research, in the present study we examine ways in which ethnic resources can protect individuals from the negative mental health ramifications of experiencing racial discrimination. Our analysis is guided by Pearlin's (1999) stress process paradigm, which underscores the role of coping resources in the relationship between stressors and health outcomes. This model has been applied previously in the context of racial discrimination (Mossakowski and Zhang 2014; Ong, Fuller-Rowell, and Burrow 2009). Especially relevant to the present analysis is that various psychosocial characteristics and ethnic resources have been identified as resources for coping (D. L. Lee and Ahn 2011; Mossakowski and Zhang 2014).

In this study, we are interested specifically in the roles of ethnic identity and the individual's sense of community. These two constructs are interrelated, but they represent unique aspects of ethnic resources. Referring to how closely individuals identify themselves with other members of the same ethnic background, ethnic identity represents feelings of interpersonal closeness (D. L. Lee and Ahn 2011; Yip, Gee, and Takeuchi 2008). Sense of community, applied here, indicates an individual's feelings of belonging to a collectivistic ethnic group (Bess et al. 2002; McMillan and Chavis 1986). These ethnic resources, which represent forms of social capital, may not only enhance the health and well-being of ethnic group members but also protect them from mental distress when they encounter discrimination. In a study with Korean immigrants in Canada, Noh and Kaspar (2003) found that ethnic support reduced mental distress generated by negative emotional responses (e.g., passive

acceptance, emotional distraction) to experiences of discrimination. Findings for Asians in the National Latino and Asian American Study (NLAAS) also showed a moderating role of ethnic social capital (e.g., ethnic identity, ethnic density, social cohesion) when individuals faced racial discrimination (Mossakowski and Zhang 2014; Yip Gee, and Takeuchi 2008). The results of these studies, however, vary with age, ethnicity, and nativity. The within-group variations of these mixed results warrant a targeted approach.

Numbering approximately 1.9 million, Korean Americans are the fifth largest Asian American subgroup (Budiman and Ruiz 2021). Because most Korean immigrants arrived in the U.S. after the Immigration Act of 1965, the current generation of older Korean Americans is predominantly foreign born and linguistically challenged. A few studies have demonstrated their high vulnerability to mental health problems and its close link to the experience of discrimination (Bernstein et al. 2011; Jang et al. 2010). Health benefits of ethnic resources have been found in older Korean Americans (Jang et al. 2015; Kim et al. 2013), but their role in the context of racial discrimination and mental distress has not been explored.

We hypothesized that (1) perceived racial discrimination and ethnic resources would have a direct effect on mental health among Korean Americans, and (2) this perceived discrimination would interact with ethnic resources. Thus the negative effect of perceived racial discrimination on mental health should be alleviated by ethnic resources. To contextualize these proposed direct and moderating effects, we also considered sociodemographic variables (age, gender, marital status, education), immigration-related variables (years of residence in the U.S., English-speaking ability), and physical health (chronic medical conditions, functional disability). Our selection of these contextual variables was based on the literature on discrimination and mental health in immigrant populations (e.g., Bernstein et al. 2011; Jang et al. 2015; D. L. Lee and Ahn 2011; Yip, Gee, and Takeuchi 2008; Zhang and Hong 2013).

## Methods

### Participants

Data for this investigation are from the Study of Older Korean Americans (SOKA), a multi-state survey of Korean immigrants aged 60 and older. The states included in the SOKA are California, New York, Texas, Hawaii, and Florida, representing an array of Korean population densities in the U.S. In each state, the survey focused on a primary metropolitan statistical area with a representative proportion of Korean Americans: Los Angeles, New York City, Austin, Honolulu, and Tampa. The inclusion of multiple sites enables the evaluation of geographic variation and thereby increases generalizability.

The SOKA's community-based samples were recruited by investigators who shared the target population's language and culture. At each site, research began with the compilation of a database listing Korean-oriented resources, services, and amenities; this database facilitated the research team's efforts for community engagement and guided the selection of potential recruitment sites. In the development and use of these ethnic resource databases, community advisors' input was actively solicited. Employing non-probability sampling,

recruitment and data collection took place at multiple sites and events (e.g., churches, temples, grocery stores, small group meetings, cultural events) until the targeted sample size at each site was met. Sample size targets were based on the Korean population density of each metropolitan area.

Data collection was conducted from April 2017 to February 2018. The SOKA questionnaire was in Korean, developed using back-translation and reconciliation. The questionnaire was designed to be self-administered, but trained interviewers were onsite for any participants who might need assistance. The project was approved by a university's Institutional Review Board. A total of 2,176 individuals participated in the survey. After removal of those with more than 10% data missing on study variables, the final sample for the present study consisted of 2,150 participants.

## Measures

**Mental distress.**—Using the Kessler Psychological Distress Scale 6 (K6; Kessler et al. 2002; Kessler et al. 2003), participants were asked to report how often, over the past 30 days, they had experienced symptoms such as “so depressed that nothing could cheer you up,” “hopeless,” and “everything was an effort.” Each item was rated on a 5-point scale ranging from “none of the time” to “all of the time,” with responses summed for a composite score from 0 to 24. A score of 6 or greater indicates mental distress (Kessler et al. 2003). The K6 has been translated into Korean, and its psychometric properties have been validated (Min and Lee 2015). Cronbach's alpha for the present sample was 0.91. In the present analysis, we used K6 total scores in a continuous format.

**Perceived racial discrimination.**—Participants were asked to indicate whether they had ever been discriminated against or treated unfairly due to their race or ethnicity, using a binary response format.

**Ethnic resources.**—Ethnic identity was measured by asking participants how closely they identified themselves with other Koreans, rated on a 4-point scale ranging from “not at all” to “very close.” For a sense of community, participants were asked to indicate how much they felt that they belonged to the Korean community on a 4-point scale ranging from “not at all” to “very much.”

**Covariates.**—Sociodemographic variables included age (in years), gender (male or female), marital status (not married or married), and education (high school graduation or >high school graduation). Years of residence in the U.S. and English-speaking ability were included as immigration-related covariates. The latter was assessed with a question on how well participants spoke English, answered on a 4-point scale ranging from “not at all” to “very well.” Chronic medical conditions and functional disability were included as indicators of physical health status. Chronic medical conditions were assessed with a checklist of 10 diseases and conditions common in older populations (e.g., hypertension, heart disease, stroke, diabetes, cancer, arthritis), and the total count was used in the analysis. Functional disability was assessed with a composite measure for activities of daily living and instrumental activities of daily living (Fillenbaum 1998). The measure included 16 activities

(e.g., walking, bathing, dressing, managing medication), and participants were asked to indicate how well they could perform each activity on a 3-point scale from “without help” to “unable to do”, with responses summed for a composite score from 0 to 32. Cronbach’s alpha for the present sample was 0.89.

### Analytical Strategy

After reviewing descriptive characteristics of the sample, bivariate correlations were conducted to determine underlying associations among study variables and ensure the absence of collinearity. For our two main hypotheses, a series of linear regression models of mental distress were used to test the direct effect of perceived racial discrimination and ethnic resources (ethnic identity and sense of community) and their interactions (perceived racial discrimination  $\times$  ethnic identity and perceived racial discrimination  $\times$  sense of community). Analyses were conducted after controlling for covariates known to be associated with the experience of discrimination and mental health in immigrant populations (age, gender, marital status, education, years of residence in the U.S., English-speaking ability, chronic medical conditions, and functional disability). When an interaction reached statistical significance, further analyses were conducted following the guideline by Aiken and colleagues (1991). The sample was divided into subgroups based on the moderating variable, and the effect of perceived racial discrimination on mental distress in each subgroup was examined. All analyses were conducted using IBM SPSS Statistics 27 (IBM Corp., Armonk, NY).

## Results

### Descriptive characteristics of the sample

Sample characteristics are summarized in Table 1. The mean age was 73.4 years ( $SD = 7.97$ ), with a range from 60 to 100. Over two thirds were women, about 60% were married, and 40% had received more than a high school education. Years of residence in the U.S. ranged from 0.17 to 80 years, with an average of 31.5 ( $SD = 12.1$ ), and English-speaking ability averaged 2.08 ( $SD = 0.76$ ). The scores for chronic medical conditions and functional disability averaged 1.57 ( $SD = 1.40$ ) and 1.70 ( $SD = 3.49$ ), respectively.

The experience of racial discrimination was reported by nearly one quarter of the sample (24.2%). The scores for ethnic identity and sense of community averaged 2.95 ( $SD = 0.68$ ) and 2.82 ( $SD = 0.75$ ), respectively, suggesting that participants identified moderately closely with other Koreans and felt they were part of the Korean community. K6 scores averaged 3.87 ( $SD = 4.03$ ), and about 30% of the sample fell into the category of mental distress (K6  $\geq 6$ ).

### Bivariate correlations among study variables

Table 2 presents bivariate correlations among the study variables. All correlations were in expected directions, with the highest correlation between years of residence in the U.S. and English-speaking ability ( $r = .44, p < .001$ ). Perceived racial discrimination was associated with greater mental distress ( $r = .21, p < .001$ ). Ethnic identity and sense of community were interrelated ( $r = .34, p < .001$ ). Supporting their proposed role as ethnic

resources, both ethnic identity ( $r = -.12, p < .001$ ) and sense of community ( $r = -.12, p < .01$ ) were associated with lower levels of mental distress. Additionally, greater mental distress was associated with female gender, unmarried status, lower education, limited English-speaking ability, more chronic medical conditions, and higher levels of functional disability. Collinearity was not a concern.

### The effect of perceived racial discrimination and ethnic resources on mental distress

Table 3 presents the linear regression models of mental distress. In the initial model, after controlling for the effect of covariates, perceived racial discrimination had a significant direct effect on mental distress. The model explained 10% of the variance of mental distress. In the subsequent model, both ethnic identity and a sense of community had significant direct effects. Greater levels of ethnic identity and sense of community were associated with lower levels of mental distress, adding an additional 1% of explained variance to the model. The entry of the interactions between perceived racial discrimination and ethnic resources increased the explained variance by 2%, resulting in a total variance of 13% accounted for. There was a statistically significant interaction between perceived racial discrimination and sense of community. With respect to covariates, advanced age, female gender, unmarried status, lower education, limited English-speaking ability, more chronic medical conditions, and greater functional disability were consistently associated with higher levels of mental distress.

### Subgroup analyses of the moderating variable

To further examine moderating effects, using the group mean of the sense of community, we divided the sample into two subgroups (high vs. low), and we examined the effect of perceived racial discrimination on mental distress in each subgroup after controlling for covariates. In respondents with a low sense of community, the effect of perceived racial discrimination on mental distress was substantial ( $B = 3.75, SE = .44, p < .001$ ). Although statistically significant, the effect was lower ( $B = 1.03, SE = .22, p < .001$ ) in those with a high sense of community. These findings demonstrate the protective role of the sense of community within the context of racial discrimination.

## Discussion

The present investigation was undertaken in response to the continuing social threat posed by racial discrimination (D'Anna, Ponce, and Siegel 2010; Priest and Williams 2018; Williams et al. 1997) and the limited attention paid to discrimination against Asian Americans (Gupta et al. 2011; D. L. Lee and Ahn 2011). However, the heterogeneity of the Asian American population called for a targeted approach, and so for this study we focused on older Korean Americans and explored the associations among perceived racial discrimination, ethnic resources (ethnic identity and a sense of community), and mental distress. Applying Pearlin's (1999) stress process paradigm in this specific context of racial discrimination (Mossakowski and Zhang 2014; Ong Fuller-Rowell, and Burrow 2009), we conceptualized perceived discrimination as a life stressor and mental distress as a health outcome. We expected that ethnic identity and a sense of community would attenuate the negative effect of perceived racial discrimination on mental health. Approximately a quarter

of the sample reported that they had experienced discrimination due to their race or ethnicity. This rate was slightly lower than the 30%–32% rate found in previous studies of Asian Americans, which included young and middle-aged samples (Cho et al. 2021; McMurtry et al. 2019), suggesting age group differences in exposure to and perceptions of discriminatory experiences.

About 30% of the sample reported mental distress, and research has shown that perceived racial discrimination is a critical life stressor that poses a risk to the mental health of diverse groups of racial and ethnic minorities, including older Korean Americans (Bernstein et al. 2011; Jang et al. 2010). Our multivariate model also showed that mental distress was associated with lack of personal resources (advanced age, female gender, unmarried status, lower education, limited English-speaking ability) and physical health constraints (more chronic medical conditions and greater functional disability).

After we controlled for the effects of covariates and perceived racial discrimination, both ethnic identity and sense of community were significantly associated with mental distress. Both are forms of ethnic social capital that promote the health and well-being of older immigrants. Beyond this direct benefit, sense of community interacted significantly with perceived racial discrimination, such that mental distress associated with the experience of discrimination was modified by the feeling of belonging to one's ethnic community. Our subgroup analyses demonstrated that the adverse effect of perceived racial discrimination on mental health was attenuated in those with a high sense of community. The feeling of belonging to the Korean community thus serves as a buffer against the stress of perceived racial discrimination and protects older Korean Americans from mental distress. Indeed there is a longstanding body of research on the sense of community as an important psychological asset (Bess et al. 2002; McMillan and Chavis 1986). Our analysis suggests the importance of social capital in ethnic communities for older immigrants who may be culturally and linguistically isolated (Chau and Lai 2011; Jang et al. 2015). This finding is also in line with the stress-buffering hypothesis (Cohen and Wills 1985), which emphasizes the protective effect of the collective feeling provided by belonging to a social group.

Whereas the sense of community had both direct and moderating effects on mental distress, ethnic identity was directly associated only with mental distress. Ethnic resource constructs may be interrelated yet play different roles in the context of discrimination. The sense of community may involve more bonding and connectedness with people and the community in the context of ethnicity, which can buffer psychological stress, whereas perceived discrimination may be more directly associated with mental distress regardless of one's ethnic identification. The salience of the sense of community could also be explained by the emotional safety and empowerment obtained from solidarity with ethnic group members (García et al. 2020; McMillan and Chavis 1986).

Some limitations of this study should be noted. Given the use of a cross-sectional design, non-probability sampling, and single-item measures of perceived racial discrimination and ethnic resources, the findings should be interpreted with caution. Future efforts should address the major constructs by using standardized assessment tools with established psychometric properties in an attempt to infer causal directionality and increase

generalizability. Our reliance on self-report measures adds to these limitations. Future studies should also consider various types of psychosocial and cultural resources (e.g., self-esteem, social support, and coping strategies).

Nonetheless, our findings contribute to a better understanding of the pathways through which perceived racial discrimination affects mental health, and they suggest implications for community health programs. In such programs, the adverse effect of racial discrimination should be recognized and addressed. Given the significant role of ethnic resources, social capital in ethnic communities (e.g., community social cohesion and solidarity) should be fostered in an effort to protect and promote older immigrants' mental health. Strategies may include enhancing opportunities for community engagement and facilitating supportive community environments in partnership with religious organizations and other local community groups.

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**Table 1**

Descriptive Characteristics of the Sample of Older Korean Americans (N = 2,150)

<b>Variable</b>	<b><i>M±SD</i></b>	<b>%</b>
Age	73.4±7.97	
Gender (female)		66.8
Marital status (married)		60.6
Education (>high school graduation)		40.0
Years in the U.S.	31.5±12.1	
English-speaking ability	2.08±0.76	
Chronic medical conditions	1.57±1.40	
Functional disability	1.70±3.49	
Perceived racial discrimination		24.2
Ethnic identity	2.95±0.68	
Sense of community	2.82±0.75	
Mental distress	3.87±4.03	

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Table 2

Bivariate Correlations among Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. Age	—											
2. Female	-.11***	—										
3. Married	-.24***	-.26***	—									
4. >high school graduation	-.07**	-.29***	.17***	—								
5. Years in the U.S.	.17***	-.01	-.02	.13***	—							
6. English-speaking ability	-.20***	-.13***	.18***	.42***	.44***	—						
7. Chronic medical conditions	.27***	.11***	-.16***	-.17***	.01	-.21***	—					
8. Functional disability	.35***	.10***	-.19***	-.16***	-.04	-.26***	.31***	—				
9. Perceived racial discrimination	-.13***	-.04	.04	.02	.02	.04	.01	-.03	—			
10. Ethnic identity	.04	-.03	.07**	.02	-.03	-.01	-.07**	.00	-.06**	—		
11. Sense of community	.09***	-.04	.04	.07**	.00	-.01	.02	.00	-.04	.34***	—	
12. Mental distress	-.00	.10***	-.12***	-.04*	-.03	-.11***	.16***	.20***	.21***	-.12***	-.12***	—

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$

**Table 3**

The Effect of Perceived Racial Discrimination and Ethnic Resources on Mental Distress

	<i>B (SE)</i>		
Perceived racial discrimination	1.90 (.20)***	1.84 (.20)***	1.79 (.20)***
Ethnic resource			
Ethnic identity	—	-.41 (.13)**	-.46 (.15)**
Sense of community	—	-.45 (.12)***	-.02 (.14)
Interaction			
Discrimination × Ethnic identity	—	—	.20 (.30)
Discrimination × Sense of community	—	—	-1.86 (.28)***
Covariate			
Age	-.04 (.01)**	-.03 (.01)*	-.03 (.01)*
Female	.45 (.20)*	.46 (.20)*	.43 (.20)*
Married	-.63 (.19)**	-.55 (.19)**	-.55 (.19)**
>high school graduation	.40 (.20)*	.45 (.20)*	.41 (.20)*
Years in the United States	.00 (.01)	.00 (.01)	.00 (.01)
English-speaking ability	-.34 (.15)*	-.36 (.14)*	-.34 (.14)*
Chronic medical conditions	.29 (.07)***	.27 (.07)***	.26 (.06)***
Functional disability	.17 (.03)***	.17 (.03)***	.17 (.03)***
<i>R</i> <sup>2</sup>	.10***	.11***	.13***

\*  $p < .05$ .\*\*  $p < .01$ .\*\*\*  $p < .001$ .