

### HISTORY

Japanese immigrants began arriving in Hawaii and the continental United States around 1885, mainly as laborers. After 1924, the National Origins Act barred Japanese and other Asians from immigrating to the U.S. First generation Japanese Americans are known as *Issei*, and second generation Japanese are called *Nisei*. During World War II, 120,000 Japanese Americans, the majority of whom were U.S. citizens, were forced into internment camps.<sup>1</sup>

The U.S. government has since apologized for its treatment of Japanese Americans during World War II.

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### DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 nearly 797,000 people in the United States indicated that they were Japanese (one race alone)<sup>2</sup> and nearly 1,149,000 that were Japanese alone or in combination with other races.

### HEALTH STATUS

It is difficult to characterize the health status of Japanese. Many studies do not differentiate between the various ethnicities studied. Small sample sizes make it difficult to generalize research findings. Finally, in some cases, data are just not available. For these reasons, the data contained here provide only a rough estimate of Japanese health status.

### MATERNAL AND CHILD HEALTH

Japanese American women are more likely than women in almost all other racial and ethnic groups to receive early prenatal care; over 89% enter into prenatal care in the first trimester compared to 81% of AAPIs overall. However, approximately 8% of Japanese infants in the U.S. are considered low birthweight, which is among the highest rates for AAPIs.<sup>3</sup>

### CHRONIC DISEASES

#### Cardiovascular Disease

The United States has one of the highest rates of heart disease in the world, while Japan has the lowest rates.<sup>4</sup> Immigrant Japanese appear to have a risk of heart disease that is intermediate between the overall rates in the two countries.

- A landmark study of Japanese men living in Japan, Hawaii, and California found that the Japanese in Hawaii died from heart disease and stroke at rates that were in between Japanese in California (highest rate) and Japanese in Japan (lowest rate).<sup>5</sup>
- The difference in mortality from cardiovascular disease is thought to be partly the result of lifestyle changes due to Westernization. Japanese in Hawaii are more likely to follow a traditional lifestyle than Japanese in California.<sup>6</sup>

- Mortality rates for Japanese Americans are declining, yet they continue to be higher than in the country of origin.<sup>6</sup>

#### Cancer

Japanese Americans experience most cancers at rates that are similar to or lower than the white population, with some notable exceptions. However, rates among Japanese Americans differ depending on the cancer site when compared to cancer rates in Japan. Cancer of the stomach occurs at very high rates in Japan and low rates in the U.S. Japanese Americans in one study were found to have rates of stomach cancer that were significantly higher than among Whites in the same region; stomach cancer rates among Japanese American women were three times higher than among White women (23.7 vs. 6.9 per 100,000). The same study found rates of breast and ovarian cancer among Japanese American women and colon cancer among Japanese men were about half the rates seen in the White population.<sup>7</sup> However, breast cancer rates among Japanese women living in the U.S. are still two to three times higher than rates for women living in Japan.<sup>8</sup> In addition, Japanese American women are less likely than white women to undergo breast conserving therapy and adjuvant therapy, likely due to cultural differences in body image.<sup>9</sup>

One study found Japanese American men experienced liver cancer at a rate nearly 5 times higher than Whites (16.5 vs. 3.4 per 100,000)

Japanese American men have also been found to have rates of liver cancer that are substantially higher than the White population. One study found Japanese American men experienced liver cancer at a rate nearly 5 times higher than Whites (16.5 vs. 3.4 per 100,000).<sup>10</sup>

#### Diabetes

Research shows that second generation Japanese Americans suffer from diabetes at approximately twice the rate of the White population, and four times the rate seen in Japan.<sup>11,12</sup> Japanese Americans who retain a more Japanese lifestyle appear to experience diabetes at lower rates, and are more likely to have higher levels of physical activity and consume less fat and animal protein.<sup>13</sup> Diet and environmental factors are thought to contribute to the higher rates of diabetes among Japanese Americans.<sup>14</sup>

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#### HIV/AIDS

Japanese Americans have the third highest percentage of AIDS cases among Asian American and Pacific Islander (AAPI)

populations; nearly 12% of AIDS cases among AAPIs in California occur in Japanese Americans.<sup>15</sup> Healthcare providers often perceive AAPIs to be at very low risk for HIV. Consequently, AAPIs often do not discover their HIV status until they are already very sick.<sup>16</sup>

## MENTAL HEALTH

There are few studies on mental health and depression among Japanese in the U.S. However, suicide among Japanese Americans has been well documented. Yet, while suicide rates for some populations actually decrease when they live in a state with large numbers of people from their ethnic group, this is not true for Japanese Americans.<sup>17</sup> Japanese American elderly and young men are more likely to commit suicide than other Japanese populations in the U.S.<sup>18,19</sup>

## HEALTH BEHAVIORS

Smoking is fairly common among the Japanese American community. In California, approximately 20% of Japanese American men and 15% of Japanese American women smoke.<sup>20</sup> Japanese Americans drink less alcohol than the general population, but seem to exhibit similar drinking patterns. Younger Japanese Americans are more likely to be heavy drinkers and have drinking problems than other age groups. However, in Japan, middle aged people are the most likely to be heavy drinkers.<sup>21</sup>

## ACCESS TO CARE

### *Linguistic And Cultural Barriers*

While some Japanese Americans have lived in the U.S. for several generations, many are new immigrants to this country. This diversity indicates that while some Japanese may be well-assimilated into American life and culture, others may require more assistance. Language is a major barrier to accessing services for many Japanese in the U.S. In fact, approximately 25% of Japanese Americans are limited-English proficient in 1990<sup>22</sup>. Furthermore, the mainstream community in the U.S. views Japanese Americans as a "model minority" that is highly educated and proficient in English, while the data show a different picture.

Cultural issues greatly impact community health. Unfortunately, few programs are designed to build upon cultural assets and community strengths. Many Japanese place tremendous importance on spirituality, family life, and tradition. Viewing these beliefs as cultural strengths, and incorporating spirituality or Japanese traditions into a Western healing regimen can be extremely beneficial. In addition, programs which provide culturally competent nutrition education are likely to be successful in reducing risks for diabetes and heart disease, as they have among other populations.<sup>23</sup>

### *Lack of Health Insurance*

Japanese Americans have one of the highest health insurance rates in the United States. In 1997, 13% of Japanese in the U.S. were uninsured. Approximately 3% received Medicaid or other public health care coverage, 77% had job-based coverage, and 7% purchased private insurance. 52% of uninsured Japanese Americans had no usual source of care<sup>24</sup>.

## RESOURCES

- Japanese American Citizens League

<http://www.jacl.org>  
415-921-5225

- Japanese American Network  
<http://www.janet.org/>

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