

DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 nearly 1,077,000 Koreans lived in the United States¹.

HEALTH STATUS

It is difficult to characterize the health status of Koreans. 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 Korean health status.

MATERNAL AND CHILD HEALTH

Starting prenatal care as early as possible during a pregnancy is believed to promote healthier birth outcomes for both the mother and infant. Korean American women in 1992-1993 were less likely to begin prenatal care in the first trimester than whites (77% vs. 82%)².

CHRONIC DISEASES

Mammography and clinical breast examinations are underutilized by racial and ethnic minority women. A survey of 1,090 Korean American women in California revealed that only 34% of those age 50 and older had a mammogram in the past 2 years, and only 32% had a clinical breast exam in the past 2 years. Those who had regular medical checkups were much more likely to have been screened.³ Among Korean American women, English language proficiency has been found to be associated with receiving mammograms.⁴

While cervical cancer is common in Korean American women, only about 50% of Korean American women age 18 and older have had a Pap test.

While cervical cancer is common in Korean American women, only about 50% of Korean American women age 18 and older have had a Pap test. Women who have spent a larger part of their lives in the U.S. are more likely to have been tested.⁵ According to one survey of Korean American women, 26% of respondents had never heard of a Pap test, and the most common reason for not having been tested was the absence of disease symptoms.⁵ Focus groups indicate that economic barriers (such as lack of health insurance),

time factors (working long hours) and language problems affected whether or not Korean American women were screened. Also, psychosocial barriers such as fear/fatalism, denial, embarrassment, and discomfort requesting the procedure from the physician have been documented.⁶

While colorectal cancer is the second most common type of cancer among Korean American women and third among Korean American men,⁷ screening practices such as digital rectal exam (DRE) and fecal occult blood tests (FOBT) are greatly underused. Rates of DRE in Korean Americans aged 40-69 years were only 14% in men, and 11% for women. Rates of FOBT were even lower: 11% for men and 9% for women. Similar to cervical cancer screening, length of residence in the U.S. was found to be associated with receiving screening.⁸

Stomach cancer incidence among Korean Americans is reported to be much higher than other ethnicities in the U.S.

Stomach cancer incidence among Korean Americans is reported to be much higher than other ethnicities in the U.S. The three-year age-adjusted cumulative incidence rate for Korean American (172 per 100,000) was about four times higher than in African Americans (41 per 100,000) and eight times higher than in whites (21 per 100,000).⁹

HEALTH BEHAVIORS

Alcohol Use

While few studies have been done on drug and alcohol use among Korean Americans, there is evidence that some Korean American adolescents do misuse alcohol, and are influenced by similar social factors as other adolescents.¹⁰

Tobacco Use

A California statewide survey estimated that lifetime smoking prevalence among Korean Americans is 16%.¹¹ Smoking has also been linked to acculturation levels. Korean American men who were categorized as "bicultural" were least likely to smoke, while among women, those who were "acculturated" and "bicultural" were more likely to smoke than "traditional" women.¹²

ACCESS TO CARE

Having health insurance has a significant impact on the ability to get care, as well as the kind of care people receive. Until recently, few studies have provided insurance information on specific Asian American ethnicities.

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Analysis of Current Population Survey data by the UCLA Center for Health Policy Research has found that in 1997 Korean Americans had one of the highest rates of uninsurance among all racial or ethnic groups (34%), almost two and a half times higher than the rate among non-Latino whites (14%). Much of this difference may be accounted for by the low rate of health coverage that Korean Americans receive through their employment (48% compared to 73% among whites). This low employment-based coverage is thought to be due to a high degree of self-employment and employment in small businesses, which are less likely to offer health coverage. In spite of the higher costs, more Korean Americans (14% compared to 5% among whites) purchase private insurance, yet this is unable to compensate for the lack of employment-based coverage. Additionally, only 1% of Korean Americans, compared to 6% of Whites, were covered by Medicaid.¹³

In California, the situation for Korean Americans is even worse. Forty-five percent of Korean Americans, ages 0-64 are without health insurance, and only 40% received coverage through their employment.¹⁴

According to a study of 345 Korean American households in Los Angeles County, Korean Americans were found to have a lower annual number of doctor visits. On average, Korean Americans reported:

- 2.8 visits per year to M.D.s and doctors of traditional medicine compared to 5.6 visits among Whites, and 4.7 among African Americans.
- Women made more frequent visits to a doctor, compared to men; those over 65 years of age made the most number of visits (11.7).
- Many Korean Americans reported using traditional healing practices, with 30% of medical services being provided by traditional doctors. This was particularly true among those with family incomes under \$10,000 (3.3 visits per year) compared to 0.7 visits for those with family incomes greater than \$50,000.

Also, the study found that most Korean Americans visited

Korean-speaking doctors (76%), especially those who were more recent immigrants and those who were less fluent in English¹⁵.

RESOURCES

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