

Community Health Needs & Resource Assessment:

An Exploratory Study of Koreans in NYC



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Table of Contents

Acknowledgements	v
Background	1
Who are the Koreans in NYC?	3
Health Status, Information, and Health Seeking Behaviors	9
Access to Healthcare.	11
Health Conditions	13
Literature Gaps and Recommendations.	19
References	21
Appendix	23

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Note: To date, CSAAH has completed assessments in the Cambodian, Chinese, Filipino, Korean, Vietnamese, and South Asian communities. The Japanese CHNRA is forthcoming. Bilingual surveys were administered by trained staff members and volunteers at various community-based sites such as community centers, places of worship, health organizations/agencies, local businesses as well as community events like health fairs and cultural celebrations. Each assessment had a set of advisors to guide the process; which included CSAAH partnering with over 30 concerned individuals, community groups, faith based organizations, and professional associations to design, conduct, analyze, and interpret these assessments.

Background



More than one million documented and undocumented Asian Americans live in New York City (NYC). However, there is scant health research available on NYC Asian Americans. In collaboration with community-based organizations and advocates, the NYU Center for the Study of Asian American Health conducted a series of community health needs and resource assessments (CHNRA) among Cambodians, Chinese, Filipinos, Koreans, Japanese, South Asian, and Vietnamese in NYC from 2004-2007. The studies were exploratory in nature, using formative research methods to identify the health concerns and needs of Asian Americans in New York City. The goals of the assessments were to determine 1) the degree to which the health issues exist in the Asian American community; (2) the resources available for Asian Americans; and (3) the best approaches to meet the needs of the Asian American community in New York City. The study activities included a review of the current state of health literature on Asian American health and the conduct of a survey on the community's perceived health status, health seeking behaviors, barriers to care, and health resources available for the community. From this, a set of health priority areas and strategies

were developed to guide health education material development, community outreach initiatives, and future research projects for the specific Asian American communities.

The following are the results from 100 surveys of the Korean CHNRA of individuals 18 years or older. The fact sheet also includes a literature review on the state of health literature on Koreans Americans. Findings of the Korean CHNRA are compared to national, state, and local data to assess similarities and differences of experiences.

Who are the Koreans in NYC?



HISTORICAL OVERVIEW

The first Koreans to arrive in the United States were recruited to Hawaii as plantation laborers between 1903 and 1905, after the Chinese labor immigration ban. Some 7,000 South Koreans immigrated during this time, and until 1924 several students and political exiles also entered the United States. Between 1924 and 1945, no immigrants were admitted and population growth remained stagnant, with about 10,000 Koreans living in Hawaii and California. After the Korean War, there was a second wave of immigration, which peaked in the 1980s and ended in 1985. Since then, Korean immigration to the U.S. has been increasing at a slower pace.

In the 1980s and 1990s, Koreans became noted for their small businesses such as dry cleaners and convenience stores (Park, 1997). In 2005, there were 1.4 million Korean Americans in the U.S., and currently they are the fourth largest Asian-American population in the United States (2005 Census Profile).



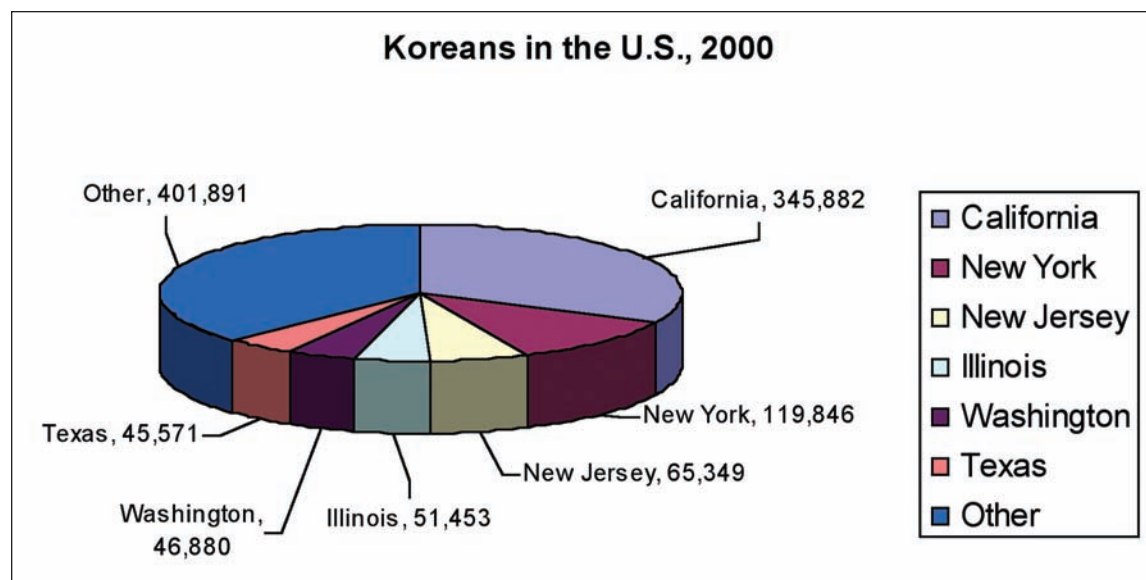


Figure 1: Korean Population in the United States

Source: U.S. Census, 2000.

IMMIGRATION AND SETTLEMENT IN NYC

In 2000, New York had the second largest Korean population in the United States after California (Fig. 1), and New York City was the largest area of settlement within New York State (Fig. 2). Furthermore, in New York State the number of documented immigrants hovers at around 130,000, while experts believe the number of undocumented immigrants would bring the total closer to 300,000 (Szczepanski, 2003). According to the U.S. Census (2000), most Koreans (around 70%) reside in Queens, while around 14% reside in Manhattan. The Korean American community in New York City has been experiencing a steady increase in growth, from 69,000 in 1990 to 86,000 in 2000. In 2005, the Korean population numbered at about 91,000 (U.S. Census, 2006) (Fig. 2).

Korean Americans, like other Asian immigrants, move to metropolitan areas in the U.S. in order to seek opportunities not available in their

native countries. In South Korea, the supply of college graduates exceeds demand for the highly educated workforce. Over 53% of NYC Koreans have a bachelor's degree or higher (U.S. Census, 2006). Hence, many middle class Koreans view immigration as a means of social mobility for both themselves and their children (Lee, 2002). To a greater degree than other immigrants, recent Korean immigrants have gravitated towards small businesses and self-employment (Park, 1997). Korean Americans in the U.S. are 2 times more likely to be self-employed than the national average (U.S. Census, 2006). Most Koreans living in New York City are owners of small businesses—mostly small shops, warehouses, and dry cleaners. Although most Koreans reside in Queens, several businesses are also concentrated in Koreatown located in Midtown Manhattan. Today, the area bustles with restaurants, nail salons, cafés, banks, and hotels.

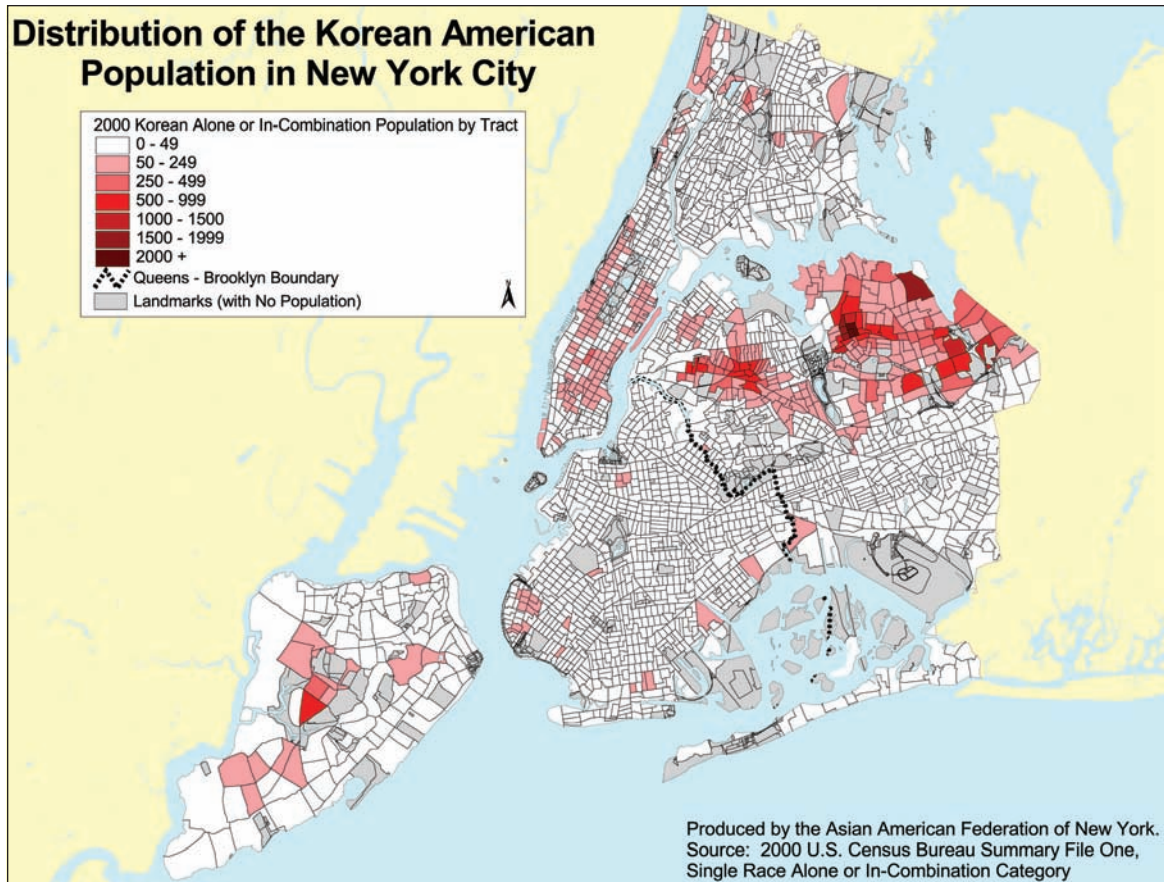


Figure 2: Geographic Distribution of Koreans in NYC.

Source: Asian American Federation of New York (2004). Census Profile: New York City's Korean American Population. New York, NY: Asian American Federation of New York Census Information Center.

In terms of demographics, the American Community Survey of 2005 found the median household income for NYC Koreans to be \$45,182, which is higher than the city average at \$43,434 (U.S. Census, 2006). The average number of persons living in each household for Koreans in NYC is similar to the city average (2.87 vs. 2.93). In terms of per capita income, NYC Koreans earn on average \$28,221 a year. When compared to their NYS State and national counterparts, NYC Koreans make between \$1,400 - \$4000 more (U.S. Census, 2006).

In addition, 8 out of 10 Koreans in New York City (77%) were foreign born, compared

with 37% of the total city population in 2005. The overwhelming majority of NYC Korean immigrants have lived in the U.S. for 15 years or more (53%). Nearly 59% of NYC Koreans are U.S. citizens. The number of Korean non-U.S. citizens is higher compared to other immigrant populations at 41% (U.S. Census, 2006).

Figure 3: The Korean American Demographic Profile At-A-Glance

	United States	New York State	New York City	Korean CHNRA
Source	U.S. Census (2006). National Data from the American Community Survey, 2005 of Korean alone or in any combination. (Unless otherwise noted)	U.S. Census (2006). New York State Data from the American Community Survey, 2005 of Korean alone or in combination.	U.S. Census (2006). New York City Data from the American Community Survey, 2005 of Korean alone or in combination. (Unless otherwise noted)	CSAAH (2007). Korean Community Health Needs & Resource Assessment.
Total Population	1,406,687	131,358	91,354	100
Gender	54% Female 46% Male	54% Female 46% Male	54% Female 46% Male	49% Female 51% Male
Residence	See Figure 1. Koreans in the U.S.*	30% Outside of NYC 70% NYC	70% Queens* 14% Manhattan* 8% Brooklyn* 4% Bronx* 4% Staten Island*	94% Queens 16% Outside of NYC 9% Bronx, Brooklyn, Manhattan, and Staten Island
Place of Birth	69% Born Outside U.S. 31% US-Born	74% Born Outside U.S. 26% US-Born	77% Born Outside U.S. 23% US-Born	95% Korea 5% United States
Length of stay in U.S.	22% Entered 2000 or later 24% Entered 1990 to 1999 54% Entered before 1990	18% Entered 2000 or later 29% Entered 1990 to 1999 53% Entered before 1990	18% Entered 2000 or later 29% Entered 1990 to 1999 53% Entered before 1990	40% Entered 2000 or later 29% Entered 1990 to 1999 31% Entered before 1990 Average length of stay in U.S. – 11.4 Years
Citizenship	68% US Citizens 45% Native 55% Naturalized 32%Not US Citizens	63% US Citizens 41% Native 59% Naturalized 37%Not US Citizens	59% US Citizens 39% Native Born 61% Naturalized 41%Not US Citizens	---
Average age	33.5Years Old	33.9Years Old	35.6Years Old	41.7Years Old
Educational attainment	9% Less than high school 19% High school graduate 20% Some college 35% Bachelor's degree 18% Graduate or professional degree • Population 25 years or older	7% Less than high school 18% High school graduate 15% Some college 42% Bachelor's degree 18% Graduate or professional degree • Population 25 years or older	9% Less than high school 19% High school graduate 20% Some college 35% Bachelor's degree 18% Graduate or professional degree • Population 25 years or older	12% Less than high school 22% High school degree 40% Bachelor's degree 14% Graduate or professional degree 12% Declined to state • Population 18 years or older

Language	43% speak English less than "very well"	45% speak English less than "very well"	52% speak English less than "very well"	79% speak English less than "very well"
Employment status	61% In labor force 39% Not in labor force	61% In labor force 39% Not in labor force	62% In labor force 38% Not in labor force	66% In labor force 22% Not in workforce 12% Declined to state
Income	\$48,035 (median household income) \$24,183 (per capita income)	\$46,180 (median household income) \$26,807 (per capita income)	\$45,182 (median household income) \$28,221 (per capita income)	---
Average number of people in household	3.0 Persons	2.9 Persons	2.9 Persons	2.7 Persons
Average number of people contributing to household income	---	---	---	1.6 Persons

* U.S. Census 2000, Summary File 1.

Health Status, Information, and Health Seeking Behaviors



PERCEIVED HEALTH STATUS

Results from the Korean CHNRA found that the majority (57%) of respondents described their health status as “good”, while 30% reported “fair or poor”; and 12% reported to have “excellent” health. When compared to findings from a NYC-wide community health survey (NYC DOHMH, 2005), Korean respondents were similar to NYC Asians overall, with 30% of both groups reporting their health as “fair or poor,” a figure higher than the overall NYC population (23%) (Fig.4).

HEALTH INFORMATION

Respondents from the Korean CHNRA were also more likely to learn about health information from media sources such as the internet (34%) and newspapers (32%) versus their healthcare provider (28%), friends (19%), and family (17%). Four out of 10 men indicated that they read the newspaper to access health information compared to 2 out of 10 women. Furthermore, women (32%) were also more likely than men (25%) to report learning information about health from their doctor.

HEALTH SEEKING BEHAVIORS

Sixty seven percent of respondents indicated that they see a doctor or healthcare provider when sick or injured. Additionally, 21% use the pharmacy or self care remedies and 12% use the emergency room as their first source of care.

Figure 4. Community Health Profile

Population	All NYC Residents	All NYC Asian Population	Korean CHNRA Sample
Source	NYC Department of Health & Mental Hygiene (2005). Community Health Survey.	NYC Department of Health & Mental Hygiene (2005). Community Health Survey.	CSAAH (2007). Korean Community Health Needs & Resource Assessment.
Health Status	19% Excellent 25% Very Good 34% Good 23% Fair or Poor	13% Excellent 26% Very Good 32% Good 30% Fair or Poor	12% Excellent 57% Good 27% Fair 3% Poor
Health Insurance	18% Medicaid 12% Medicare 4% Others 59% Private 17% Uninsured	22% Medicaid 11% Medicare 5% Others 41% Private 21% Uninsured	17% Medicaid 12% Medicare 21% Other Public Insurance 21% Private 18% Uninsured
Have a Regular Healthcare Provider	80% Have a regular provider	79% Have a regular provider	95% Have a regular provider
Cholesterol Screening	80% Yes 20% No	75% Yes 25% No	66% Yes 34% No
Blood Pressure Screening	96% Yes* 4% No*	91% Yes* 9% No*	74% Yes 26% No
HIV Test	58% Yes 42% No	40% Yes 61% No	22% Yes 78% No
Colonoscopy (50 years or older)	55% Yes 45% No	50% Yes 50% No	36% Yes 64% No
Mammogram	73% Yes 28% No	65% Yes 35% No	67% Yes 33% No
Pap Test	80% Yes 20% No	64% Yes 36% No	49% Yes 51% No
Current Smoker	19%	13%	32%
Heavy Smoker (more than 10 cigarettes a day)	Among current smokers, 44% Yes 56% No	Among current smokers, 41% Yes 59% No	Among current smokers, 44% Yes 56% No
Binge Drinking (5 or more drinks on one occasion in the past 30 days)	15% Yes 85% No	9% Yes 91% No	25% Yes 75% No

*Data drawn from 2002 New York City Community Health Survey

Access to Healthcare



ROUTINE CHECKUPS

Within the arena of preventive health care, studies have highlighted the importance of maintaining healthy eating habits, stopping smoking, reducing alcohol intake, drinking sufficient water, adhering to a regular exercise regimen, and getting regular screenings or examinations (Cornelius, 2002). By doing so, the likelihood of developing many diseases and conditions such as certain types of cancers, cardiovascular problems, asthma, diabetes, and infectious diseases is decreased.

Nearly 49% percent of Korean CHNRA respondents saw their doctor for a routine checkup within the past year. Whereas, 5% do not have a regular doctor or have never had a checkup before. Findings from the Korean CHNRA also show respondents who live longer than 10 years in the U.S. have higher rates of check ups or preventive screenings for conditions such as cardiovascular disease, diabetes, cancer, Hepatitis B, HIV/AIDS, and oral health.

HEALTH INSURANCE

As a result of self-owned small businesses and the high costs of employer based health insurance, many Korean Americans are uninsured (NYC Immigrant Health Report, 2006). The New York City Immigrant Health Report (2006) states that Koreans have among the highest uninsured rates, with 37% of all Koreans in New York City having no type of health insurance coverage. Results from the Korean CHNRA found lower rates of uninsured with 18% of respondents reporting not having health insurance. Korean men (25%) were nearly two times more likely to be uninsured than Korean women (13%).

Moreover, over half of Korean CHNRA respondents were on some type of public health insurance (17% had Medicaid, 18% had Medicare, and 21% had other types of public insurance such as Family Health Plus or Prenatal Care Assistance Program). Rates for Medicaid and Medicare from the Korean CHNRA were similar to NYC-wide rates for the overall population and for NYC Asian Americans (Fig. 4). Among those who were 65 years or older, Korean women (80%) were more likely to be Medicare recipients compared to Korean men (50%) in this age range.

Lastly, only 21% of Korean CHNRA respondents reported having private or employer-based coverage, a significantly lower rate when compared to 41% of Asian Americans and 59% of the overall population according to a NYC-wide community health survey (Fig. 4).

According to a Korean community health advocate, many community members may be eligible for certain types of public benefits

programs but do not participate due to lack of information, the perception of ineligibility, the inconvenience of the application process, and negative social stigma. What is more, some community members may also fear that participation will adversely affect their ability to change their immigration status or sponsor family members (N. Abesamis-Mendoza, personal communication, August 28, 2007).

BARRIERS TO HEALTH CARE

English language proficiency is among the most important indicators to understanding the health care challenges facing immigrant communities. Also relevant are poverty and income, education, and immigration status, as these factors may determine the likelihood of immigrants to seek medical attention. According to the American Community Survey of 2005, 84% of Koreans in NYC speak a language other than English at home and 52% were limited English proficient (defined as speaking English less than “very well”). The Korean CHNRA found higher rates of limited English proficiency with 79% of respondents that reported speaking English less than “very well”. Among them, 39% reported speaking English “so-so” and 23% “poorly”.

Despite this, the majority (67%) of survey respondents indicated having a provider who spoke a language in which they were comfortable communicating in. Based on this, many of the survey respondents may be seeking services from health care providers that are knowledgeable in the Korean language and culture. Other barriers to care identified by survey respondents included time constraints (17%) and high costs of health care (15%).

Health Conditions



CANCER

Compared to the general American population, cancers among Korean Americans are relatively uncommon (Li, 2003), however cancer was the top health concern identified by survey respondents of the Korean CHNRA (59%). There are certain types of cancer that specifically affect Korean Americans. A report by the state of California collecting data on cancer cases from 2000 to 2002 found that Koreans have the highest rate of stomach cancer compared to all other Asian groups as well as non-Hispanic Whites (McCracken, 2007). The high salt and nitrite/nitrate content of their diet and the high affliction of the helicobacter pylori virus among the population have attributed to its development. Liver cancer is another big killer due to the Hepatitis B virus and high binge drinking rates. Korean females having the highest incidence of liver cancer (15.9/100,000); and Korean men (33.7/100,000) having the second highest incidence among the Asian American population (McCracken, 2007). Korean women have the highest incidence (11.4/100,000) and death rate (4.0/100,000) of cervical cancer (McCracken, 2007). Additionally, Korean women have the lowest incidence (50.7/100,000) and death rate of breast cancer (7.7/100,000) when

compared other Asian American and White women (McCracken, 2007). Korean men have the second highest incidence (57.8/100,000 and death rate (19.1/100,000) of colorectal cancer among Asian American (McCracken, 2007).

Low screening rates of the Korean population in general have prevented the detection and treatment of these cancers (McCracken, 2007). In the same California study on Asian Americans and cancer, Koreans had the lowest screenings when compared to other Asian Americans for nearly every type of cancer examined: endoscopy, FOBT, Pap smears, and mammograms (McCracken, 2007).

Consistent with this study, the Korean CHNRA also found low rates of screenings for certain types of cancers. Fifty five percent of Korean women had a pap smear; of which 60% reported having one within the past 3 years. Pap test for female respondents of the Korean CHNRA (49%) were dramatically lower than their Asian American counterparts (64%) and the overall female population (80%) in NYC (Fig. 4) (NYC DOHMH 2005). A little over half (51%) of female respondents had a clinical breast exam and 67% of female respondents aged 40 years or older had a mammogram. Rates for mammograms were similar to Asian Americans living in NYC, but significantly lower when compared to the overall NYC population (Fig. 4) (NYC DOHMH, 2005).

Among Korean CHNRA respondents who were 50 years or older, 36% received a colonoscopy compared to over 50% of Asian Americans and 55% of the overall NYC population (Fig. 4) (NYC DOHMH, 2005). Additionally, only 36% of male respondents over the age of 50 years received a prostate exam.

CARDIOVASCULAR DISEASE

Thirty six percent of survey respondents identified cardiovascular disease (CVD) as a primary health concern among Korean Americans in New York City, making it the second highest health concern. According to the National Institutes of Health, in 2002, 18% of all Koreans reported being diagnosed with hypertension, a CVD risk factor, at some point in their lives (APIAHF, 2006). A study in Maryland conducted in 1998-1999 found one third of the 761 Korean American sample to be hypertensive, and only 40% of hypertensive individuals were on medication (Kang et al., 2006). In addition to lack of insurance, not having a Korean doctor and not having regular medical checkups were strong barriers against receiving treatment for high blood pressure (Kang et al., 2006).

In terms of receiving CVD-related screenings, 74% of CHNRA survey respondents received a check-up for hypertension (high blood pressure). Among them, nearly 34% had their blood pressure checked within the past year. In addition, 66% of the respondents had a cholesterol screening of which, 28% had it done within the past year. These rates are lower when compared to the general NYC population (80%) and NYC Asian Americans overall (75%) (NYC DOHMH, 2005).

NUTRITION AND PHYSICAL ACTIVITY

Nearly a quarter (22%) of all respondents were concerned with diet and nutrition. According to a 2000 study of Koreans in Michigan, length of residence in the U.S. was inversely proportional to intake of rice/rice dishes (Yang, 2007). The Korean diet is typically low in fat, high in carbohydrates, and moderate in protein content. Longer residence in the U.S. has been

associated with consuming more fat and less vegetables (Yang, 2005). Yang and colleagues did find that despite the lower consumption of rice and rice dishes with length of residence in the U.S., Korean still consumed many spicy dishes such as kimchi, and rice was still the main staple for their meals (Yang, 2007).

INFECTIOUS DISEASES

Hepatitis

Asian American communities continue to experience a high rate of Hepatitis B (HBV) infection compared to other ethnic communities. The prevalence of HBV in foreign born Asian and Pacific Islanders (APIs) ranges from 5-15%, while only 0.3% of the general American population has HBV (Stanford University Asian Liver Center, 2005). In 2005, 24% of 1,633 Asian and Pacific Islanders in New York City tested positive for HBV infection. Among this sample, virtually all the APIs tested were Chinese- or Korean-born immigrants, and results were thus representative of HBV in the Korean American population of New York City (Pollack et al., 2006).

Efforts to outreach to, educate, and screen Koreans Americans about their risk for Hepatitis B is an important step in reducing the burden of disease. According to the Korean CHNRA, 52% of respondents have been screened for HBV, of which, 26% were screened within the past 12 months.

Tuberculosis

Nationally, the proportion of non-US born TB cases increased dramatically, from 30% in 1993 to 53% in 2003, with most of these cases being among individuals originally from high TB incidence areas such Mexico, the Philippines,

Vietnam, India, Haiti, and South Korea as Asia (Talbot et al., 2000; CDC, 2004). This trend is typified in New York City (NYC), where the case rate among self-identified Asian Americans has been higher than that of any other ethnic/racial group in NYC since 1995 (Liu et al., 2005).

Continuous efforts to educate, screen, and offer treatment can eliminate tuberculosis among high risk populations. Among the Korean CHNRA sample, 51% of respondents reported being screened for TB. Of those who have been tested, they were more likely to be male, have lived in the United States for 10 or more years, have more years of education, and report their health to be “good” or “excellent”.

SUBSTANCE USE AND ABUSE

Tobacco

The smoking rate of Korean Americans is between 27-39%, which is higher than that of the general U.S population, at 21% (Ma, 2006). In 2001, it was reported that 20% of Korean American women (in the U.S.) between the ages 18-24 years were smokers (Office of Women’s Health, 2001). Despite the lower rates of smoking in the U.S. compared to Korea, the cultural reasons for smoking that affect Korean Americans are similar. For Korean men, smoking is often seen as a social facilitator and often a way of gaining acceptance to a social group (Ma, 2006).

According to the Korean CHNRA, over one-third (32%) of respondents were current smokers, a smoking rate that is consistent with the previously mentioned study. Among them, men (39%) were more likely to report being a current smoker than women (23%) in the Korean CHNRA. The smoking rate among

Korean respondents was 1.7 to 2.7 times higher compared to NYC Asian Americans and the general NYC population (Fig. 4) (NYC DOHMH, 2005). Among respondents who reported being current smokers, 44% reported smoking half a pack or more a day (a pack is equal to 20 cigarettes). A larger proportion of males (22%) reported being heavy smokers compared to females (4% of Korean females). The rates of heavy smoking are consistent with a NYC-wide community health survey (NYC DOHMH, 2005).

Alcohol

Alcohol use patterns and the prevalence of alcohol-related problems vary among ethnic groups. Among the elements thought to account for these ethnic differences are social or cultural factors such as drinking norms and attitudes and, in some cases, genetic factors (Galvan and Caetano, 2003). Eighty-three percent of CHNRA respondents indicated that they had a least one drink of any kind of alcohol, not counting small tastes or sips, in their lifetime. According to the Korean CHNRA, 75% of Korean women reported they were lifetime drinkers compared to nearly 90% of Korean men.

Sixty one percent of lifetime drinkers indicated that they drank one or more times a month; among whom, nearly a quarter (25%) drank five or more drinks in one sitting (binge drinkers). The results from the Korean CHNRA are consistent with previous studies on alcohol consumption. The New York City Immigrant Health Report stated that 27% of foreign-born NYC Koreans reporting binge drinking at least once a month (NYC Immigrant Health Report, 2006). The Korean binge drinking rate found in both the Korean CHNRA and the NYC Immigrant Health Report showed significantly higher rates when

compared to Asian Americans overall (9%) and the NYC general population (19%) (Fig. 4) (NYC DOHMH, 2005).

As with smoking, alcohol consumption is a cultural norm in Korea, and immigrants often bring with them this practice of binge drinking to the U.S. Though binge drinking may be common, there is minimal research on alcohol abuse among the Korean population and other Asian populations in the U.S. There is evidence however that alcohol misuse does occur among Koreans who often develop drinking problems due to social influences unlike for non-Hispanic white populations whose drinking behaviors are often linked to psychological reasons. (Nakashima, 2000).

MENTAL HEALTH

Receiving care for psychological issues is not a common practice and is often frowned upon in Korean culture (Kim et al., 2002). Most Koreans believe that psychological suffering should be endured privately, and that seeking professional help will bring shame to the family (Kim et al., 2002). Findings from a NYC report support the complexity of mental health issues among Korean Americans as a chronic and serious illness that both Korean community members and health care professionals must face (Bernstein, 2007). Most of the participants acknowledged the need for mental health services but did not seek professional help and coped with the stressors of immigrant life by endurance, patience, and religion (Bernstein, 2007). According to the Korean CHNRA, 55% of respondents indicated feeling stress some of the time, 18% a little of the time, 17% all or most of the time, and 6% none of the time. Despite 72% of respondents indicating they felt

stressed some to most of the time, only 16% of all Korean CHNRA respondents perceived that mental health was an important health concern for the Korean community.

ORAL HEALTH

Previous research with other ethnic minorities has shown that culture and age cohort, as well as language and economic limitations, act as barriers to obtaining dental care and maintaining good oral health. An oral health assessment compared self-reported oral health attitudes, self-efficacy, and dental practices of 20 younger and 23 elderly Korean-Americans (Lee and Kiyak, 1992). The study found favorable knowledge and beliefs towards oral health care. However older Korean Americans were less knowledgeable about periodontal disease compared with younger respondents, even though older persons reported a more recent dental visit (Lee and Kiyak, 1992).

Sixty five percent of Korean CHNRA respondents reported having had a dental visit; of which 29% indicated that they did so within the past year. Better preventive dental care and education are necessary for Korean immigrants who may have not been exposed to preventive dentistry in their home country.

Literature Gaps and Recommendations



Korean Americans in New York City are the most uninsured population among APIs (The New York City Immigrant Health Report, 2006). Most are self employed, owning small shops such as dry cleaners, delis, markets, and beauty salons, so providing insurance for employees as well as themselves is difficult, and taking the initiative for health care is often neglected (Park, 1997; (Lee, 2002). Korean Americans, like many other Asian American groups have health disparities that are unique to their population and thus deserve medical attention specific to their needs.

Based on results from the Korean CHNRA, several programmatic and policy recommendations are provided:

- Increase research efforts to document the health experiences of Korean Americans.
- Focus health education and screening efforts on health issues that are of particular concern for Korean Americans, such as certain types of cancer like stomach, liver, and cervical cancer and substance abuse.



- Create gender- and age- specific health programs and interventions
- Develop tailored health outreach efforts on increasing access to health insurance programs for uninsured Koreans.
- Partner with community-based institutions like churches, businesses, schools, and other organizations to develop health promotion and screening activities.
- Form linkages with media outlets such as ethnic and local newspapers and internet-based health resources.

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Appendix

RESOURCES FOR THE KOREAN COMMUNITY IN NYC

Health Related Resources

ANNA ERIKA ASSISTED LIVING

110 Henderson Avenue
Staten Island, NY 10301
phone: (718) 727-8100

ASIAN & PACIFIC ISLANDER COALITION ON HIV/AIDS, INC.

400 Broadway
New York, NY 10013
phone: (212) 334-7940
www.apicha.org

CHARLES B. WANG COMMUNITY HEALTH CENTER

268 Canal Street
New York, NY 10013
phone: (212) 379-6986
www.cbwchc.org

HAMILTON-MADISON HOUSE, INC.

50 Madison Street
New York, NY 10038
phone: (212) 349-3724
www.hmhonline.org

GRACIE SQUARE HOSPITAL - ASIAN PROGRAM

420 East 76th Street
New York, NY 10021
phone: (212) 434-5540
www.nygsh.org

KOREAN AMERICAN ASSOCIATION FOR REHABILITATION OF THE DISABLED (KAARD)

35-20 147th Street, Annex 2F
Flushing, NY 11354
phone: (718) 445-3929

KOREAN AMERICAN COMMUNITY CENTER OF NEW YORK, INC.

39-18 221 Street
Bayside, NY 11361
phone: (718) 279-1523

KOREAN AMERICAN COUNSELING CENTER, INC.

35-26 Union Street
Flushing, NY 11354
phone: (718) 939-7214
www.helpneedy.org

**KOREAN AMERICAN SENIOR
CITIZENS ASSOCIATION OF NEW
YORK, INC.**

P.O. Box 140237
Staten Island, NY 10314
phone: (718) 761-7190

**KOREAN AMERICAN SENIOR
CITIZENS SOCIETY OF GREATER
NEW YORK, INC.**

149-18 41st Avenue
Flushing, NY 11355
phone: (718) 461-3545

**KOREAN COMMUNITY SERVICES
OF METROPOLITAN NEW YORK, INC.
(KCS)**

35-56 159th Street
Flushing, NY 11358
phone: (718) 939-6137
www.kcsny.org

**MENTAL HEALTH ASSOCIATION OF
NEW YORK - ASIAN LIFENET**

666 Broadway, Suite 200
New York, NY 10012
phone: (877) 990-8585
www.mhaofnyc.org/2lifenet.html

**NEW YORK COALITION FOR ASIAN
AMERICAN MENTAL HEALTH**

253 South Street, 3rd Floor
New York, NY 10002
phone: (212) 720-4522
www.asianmentalhealth.org

**THE CHILD CENTER OF NEW YORK
- ASIAN OUTREACH PROGRAM**

87-08 Justice Avenue
Elmhurst, NY 11373
phone: (718) 899-9810
www.childcenterny.org

**TZU CHI-ELMHURST HOSPITAL
FAMILY HEALTH CENTER**

41-60 Main Street, Suite 201
Flushing, NY 11355
phone: (718) 334-6730

Other Resources

**ASIAN AMERICAN LEGAL DEFENSE
AND EDUCATION FUND (AALDEF)**

99 Hudson Street, 12th Floor
New York, NY 10013
phone: (212) 966-5932
www.aaldef.org

**ASIAN AMERICANS
FOR EQUALITY, INC.**

108 Norfolk Street
New York, NY 10002
phone: (212) 979-8381
www.aafe.org

**ASIAN PROFESSIONAL
EXTENSION, INC.**

352 Seventh Avenue, Suite 201
New York, NY 10001
phone: (212) 748-1225
www.apex-ny.org

ASIAN WOMEN IN BUSINESS

358 Fifth Avenue, Suite 504
New York, NY 10001
phone: (212) 868-1368
www.awib.org

ASIAN YOUTH CENTER OF NEW YORK

35-34 Union Street
Flushing, NY 11354
phone: (718) 321-1010

BIG BROTHERS BIG SISTERS OF NYC/NEW AMERICAN PARTNERSHIP

89-56 162nd Street, 2nd Floor
Jamaica, NY 11432
phone: (718) 297-7160
www.bigsny.org

CAAHV: ORGANIZING ASIAN COMMUNITIES

2473 Valentine Avenue
Bronx, NY 10458
phone: (718) 220-7391
www.caaav.org

FLUSHING YMCA

138-46 Northern Boulevard
Flushing, NY 11354
phone: (718) 961-6880
www.ymcanyc.org

GAY ASIAN & PACIFIC ISLANDER MEN OF NEW YORK

P.O. Box 1608
Old Chelsea Station
New York, NY 10113
phone: (212) 802-RICE (7423)
www.gapimny.org

KOREAN AMERICAN ASSOCIATION OF GREATER NEW YORK

149 West 24th Street, 6th Floor
New York, NY 10011
phone: (212) 255-6969
www.nykorean.org

KOREAN AMERICAN COMMUNITY FOUNDATION

501 Fifth Avenue, 3rd Floor
New York, NY 10017
phone: (212) 736-5223
www.kacfny.org

KOREAN AMERICAN FAMILY SERVICE CENTER, INC.

P.O. Box 541429
Flushing, NY 11354
phone: (718) 539-7682 / 460-3800
24-hr Hotline
www.kafsc.org

KOREAN AMERICAN LEAGUE FOR CIVIC ACTION

149 West 24th Street, 6th Floor
New York, NY 10011
phone: (212) 633-2000
www.kalca.org

KOREAN FAMILY COUNSELING AND RESEARCH CENTER

35-71 162nd Street
Flushing, NY 11358
phone: (718) 321-2400
www.kfccny.org

**KOREAN IMMIGRANT SERVICE OF
NEW YORK**

136-65 Roosevelt Avenue
Flushing, NY 11354
phone: (718) 359-5400

**NEW YORK ASIAN WOMEN'S
CENTER**

39 Bowery, PMB 375
New York, NY 10002
phone: (212) 732-0054;
(888) 888-7702 (24-hour hotline)
www.nyawc.org

**NODUTDOL FOR KOREAN
COMMUNITY DEVELOPMENT**

53-22 Roosevelt Avenue,
Second Floor
Woodside, NY 11377
phone: (718) 335-0419
<http://www.nodutdol.org/>

RAINBOW CENTER, INC. OF NY

P.O. Box 540929
Flushing, NY 11354
phone: (718) 539-6546

**THE NEW YORK IMMIGRATION
COALITION**

137-139 West 25th Street, 12th Floor
New York, NY 10001
phone: (212) 627-2227
www.thenyic.org

**YOUNG KOREAN-AMERICAN
SERVICE & EDUCATION CENTER,
INC. (YKASEC)**

136-19 41st Avenue
Flushing, NY 11355
phone: (718) 460-5600
www.ykasec.org

YWCA OF QUEENS

42-07 Parsons Boulevard
Flushing, NY 11355
phone: (718) 353-4553
www.ywcaqueens.org