HEALTH DISPARITIES IN KOREAN AMERICANS

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Vision

- Creating a Korean American community that eliminates health disparities.
- Improve cancer screening
- Improve access to health care for undocumented
- Change behaviors hazardous to health

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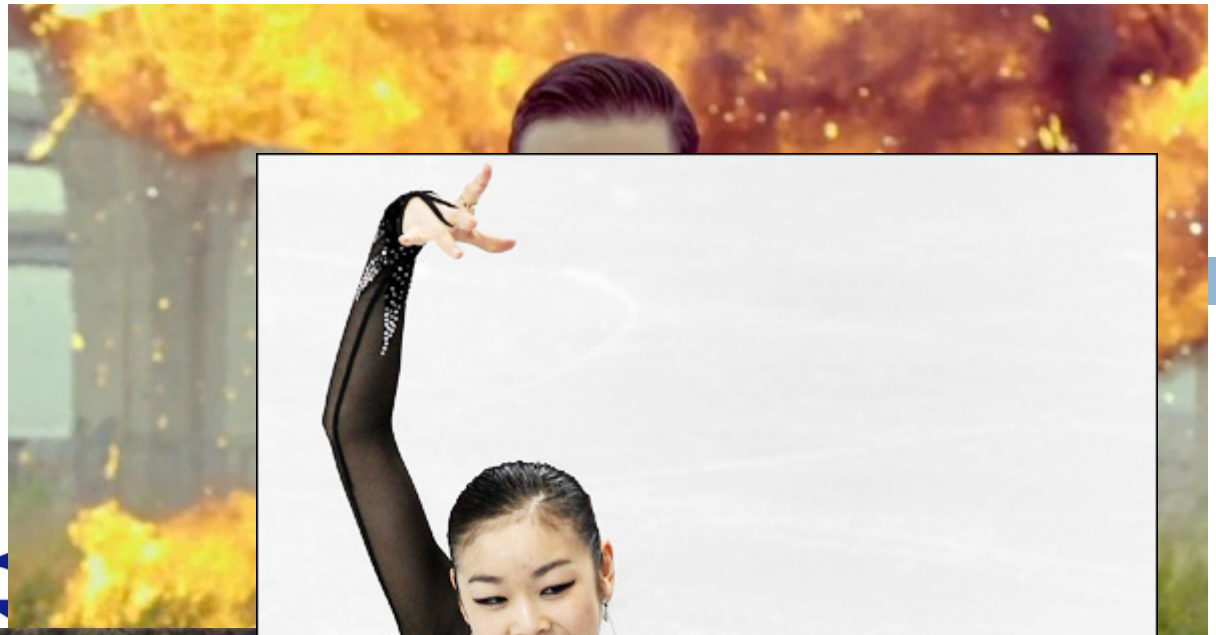


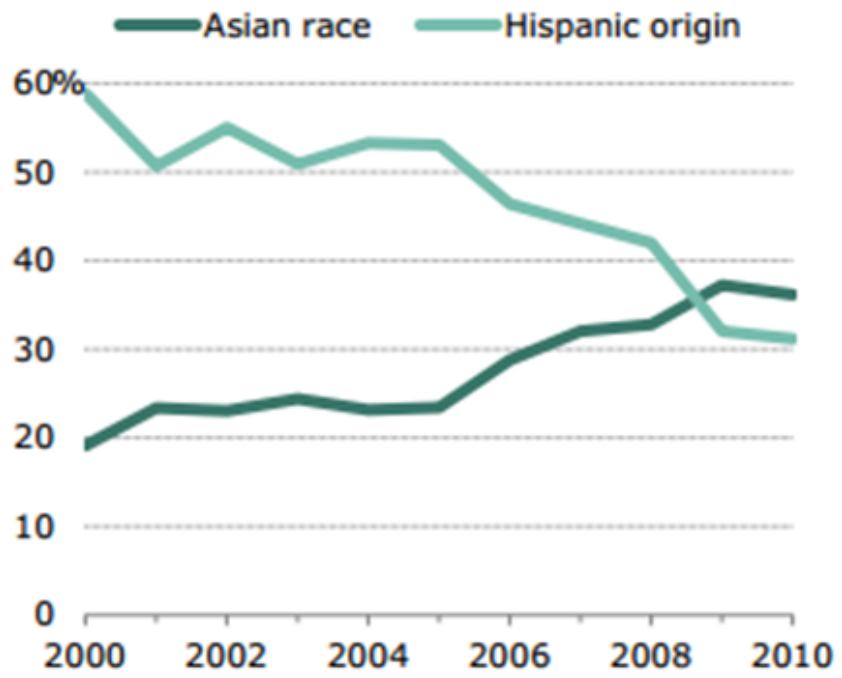
Asian American's Demographics

Asian American's Demographics

- Asian Americans, fastest growing racial/ethnic group

Meet the New Immigrants: Asians Overtake Hispanics

% of immigrants, by year of arrival, 2000-2010



Note: Based on total foreign-born population, including adults and children. Asians include mixed-race Asian population, regardless of Hispanic origin. Hispanics are of any race. The 2010 ACS includes only partial-year arrivals for 2010; arrivals for 2010 adjusted to full-year totals based on analysis of 2005-2009 ACS data on partial-year arrivals.

Source: Pew Research Center analysis of 2010 American Community Survey, Integrated Public Use Microdata Sample (IPUMS) files

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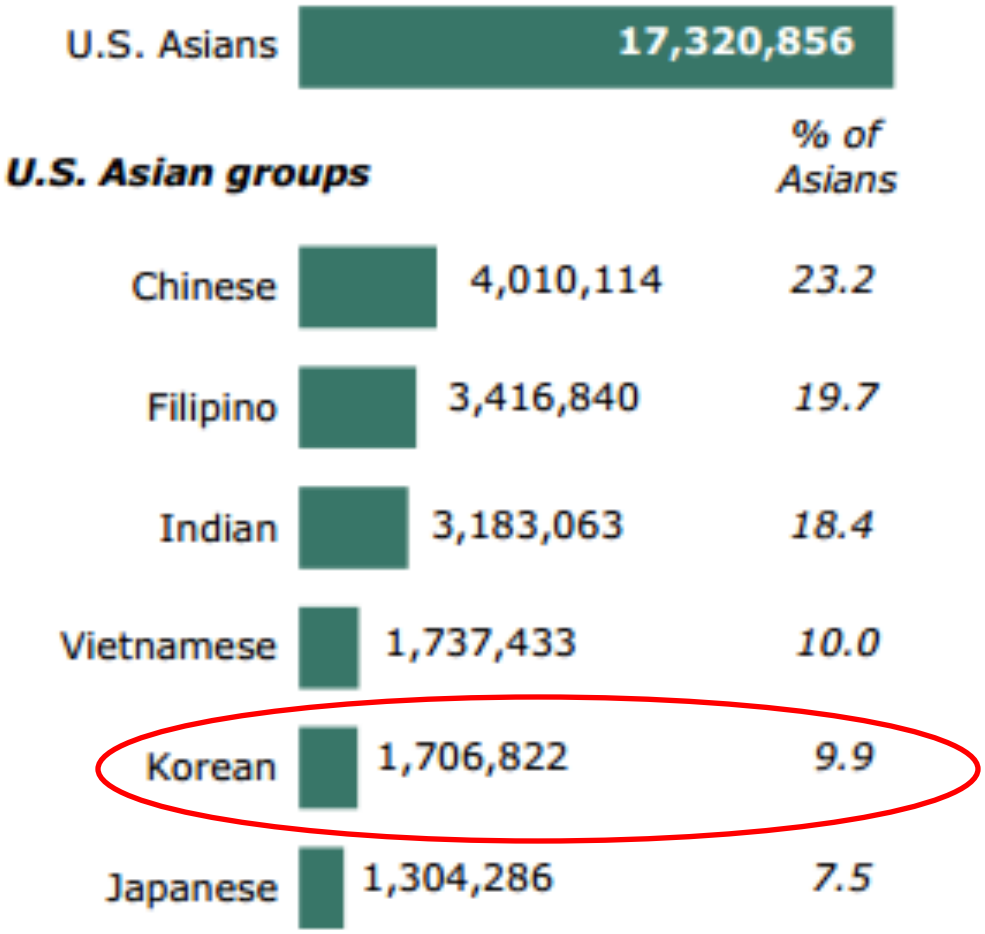
The Largest U.S. Asian Groups

The six largest country of origin groups each number more than a million people



Household Income, 2010

Median

Note: Based on householders ages 18 and older. Race and Asian subgroup based on those of household head. All Asians (and each subgroup) include mixed-race and mixed-group populations, regardless of Hispanic origin.

Source: Pew Research Center analysis of 2010 American Community Survey, Integrated Public Use Microdata Sample (IPUMS) files

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Adults in Poverty, 2010

% in poverty

Note: Based on total population. All Asians (and each subgroup) include mixed-race and mixed-group populations, regardless of Hispanic origin. For detailed information on how poverty status is determined, see http://usa.ipums.org/usa-action/variables/ POVERTY# description_tab. These data will differ from those provided by the U.S. Census Bureau.

Source: Pew Research Center analysis of 2010 American Community Survey, Integrated Public Use Microdata Sample (IPUMS) files

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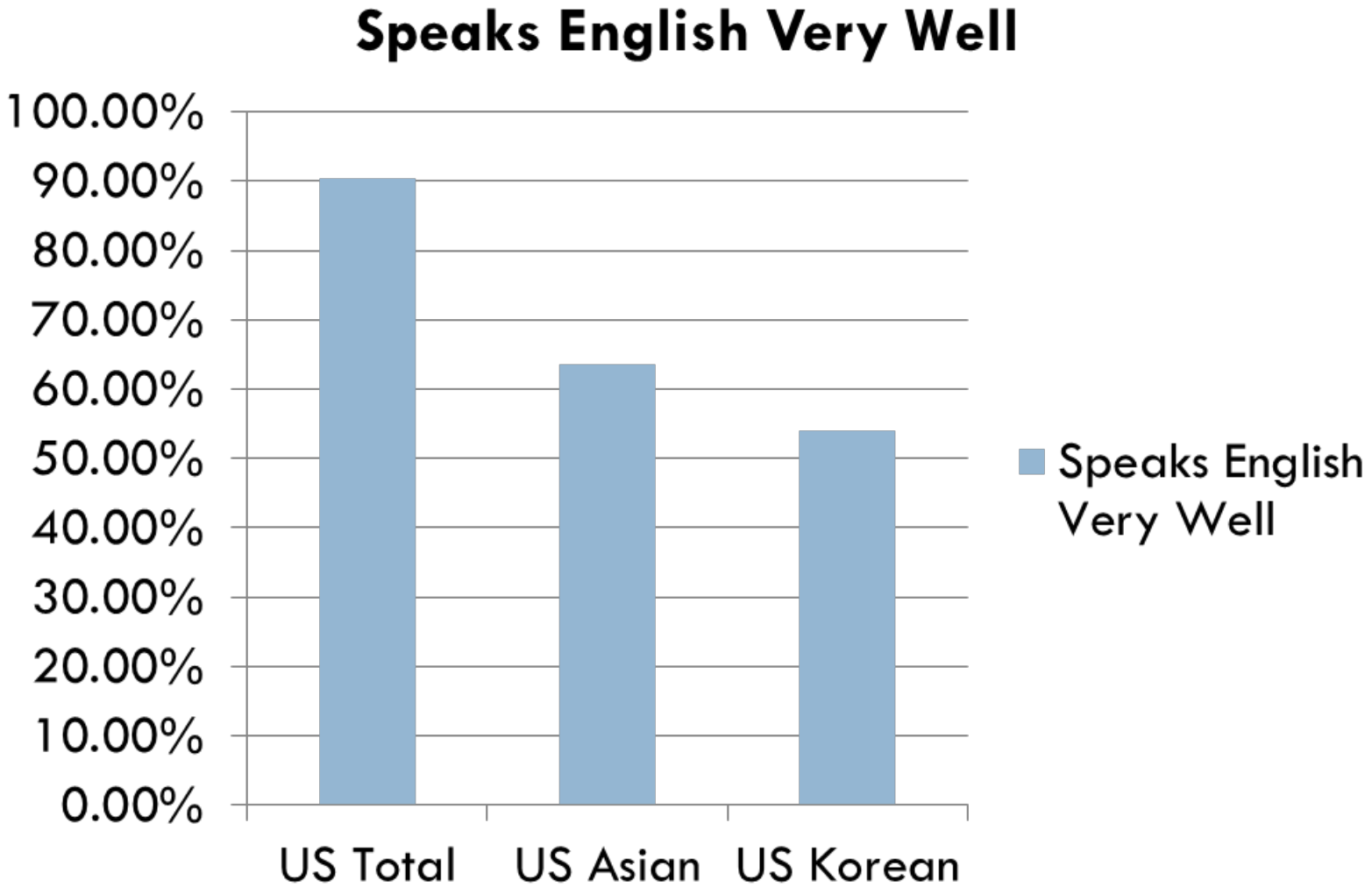
Characteristics of U.S. Korean Adults, 2010

% (unless otherwise noted)

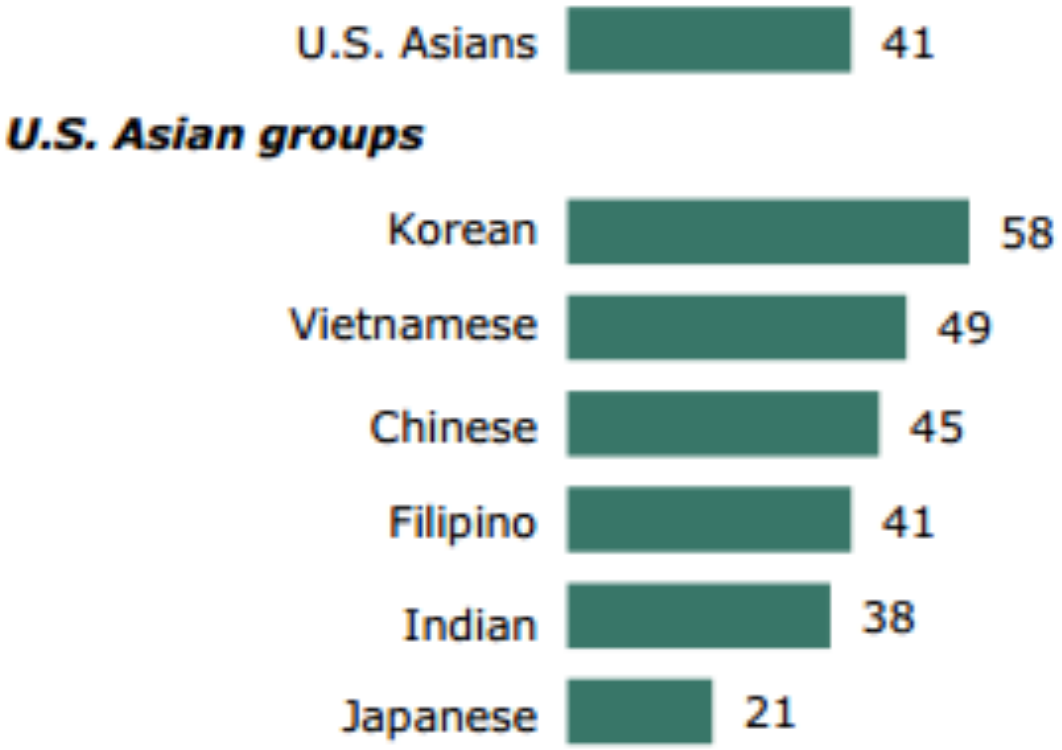
	U.S. Total	U.S. Asians	U.S. Koreans
Foreign born	15.8	74.1	78.5
Of these, arrived in past 10 years	26.3	28.8	24.3
Citizen	91.4	69.6	67.3
Median age *(in years)*	45	41	40
Married	51.4	59.0	55.7
Fertility (women ages 18-44)			
Had a birth in the past 12 months	7.1	6.8	5.2
Of these, % unmarried	37.1	14.6	9.3
Educational attainment (ages 25+)			
Less than high school	14.4	13.9	7.7
High school or more	85.6	86.1	92.3
Bachelor's degree or more	28.2	49.0	52.6
Median annual personal earnings			
Full-time, year-round workers	$40,000	$48,000	$45,000
Household annual income			
Median	$49,800	$66,000	$50,000
Average household size *(persons)*	2.6	3.1	2.6
Homeownership rate	65.4	58.1	48.1
In poverty	12.8	11.9	15.1
Language			
Speaks English "very well"	90.4	63.5	54.0
Speaks English less than "very well"	9.6	36.5	46.0
Region of residence			
Northeast	18.3	20.1	21.3
Midwest	21.6	11.3	11.3
South	37.0	21.5	22.8
West	23.0	47.1	44.6

Language Barriers



Friendships within U.S. Asian Groups

% saying all or most of their friends in the U.S. are of their same Asian country of origin



Health Disparities Amongst Asian Americans

- Cancer
- Hepatitis B
- Mental health

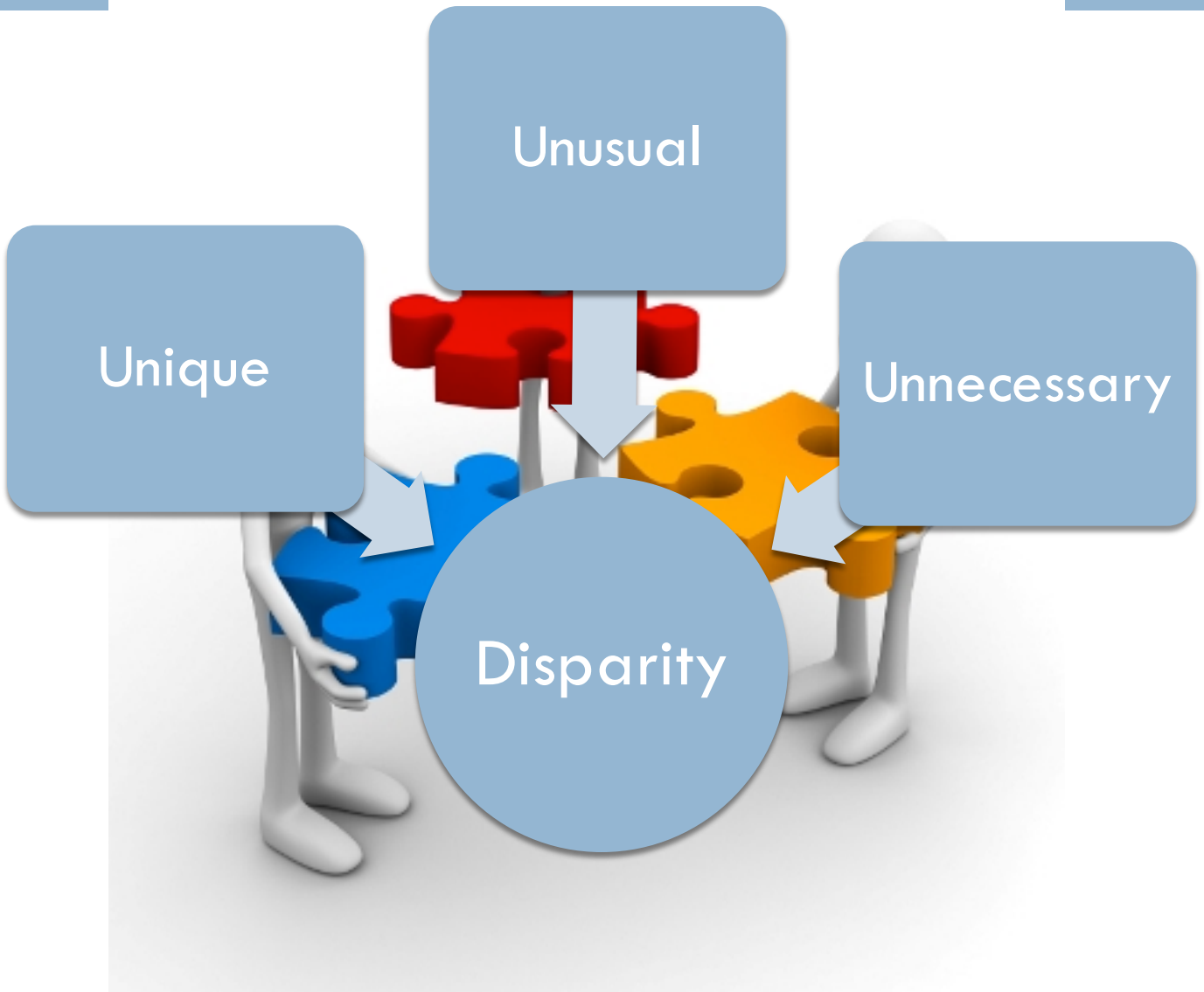
Health Disparities Amongst Asian Americans

- Osteoporosis
- Tuberculosis
- Teen smoking

Leading Cause of Death By Race/Ethnicity Males, US 2010-CDC

Rank	Asian/Pacific Islander	White	Hispanic	Black	American Indian/Alaska Native	All Races
1	Cancer 27.1%	Heart Disease 25.1%	Cancer 20.7%	Heart Disease 24.1%	Heart Disease 18.9%	Heart Disease 24.9%
2	Heart Disease 23.5%	Cancer 24.6%	Heart Disease 20.6%	Cancer 23.3%	Cancer 18.6%	Cancer 24.4%
3	Stroke 6.6%	Unintentional injuries 6.2%	Unintentional injuries 9.5%	Unintentional injuries 5.5%	Unintentional injuries 13.5%	Unintentional injuries 6.2%

Asian American Cancer Disparity

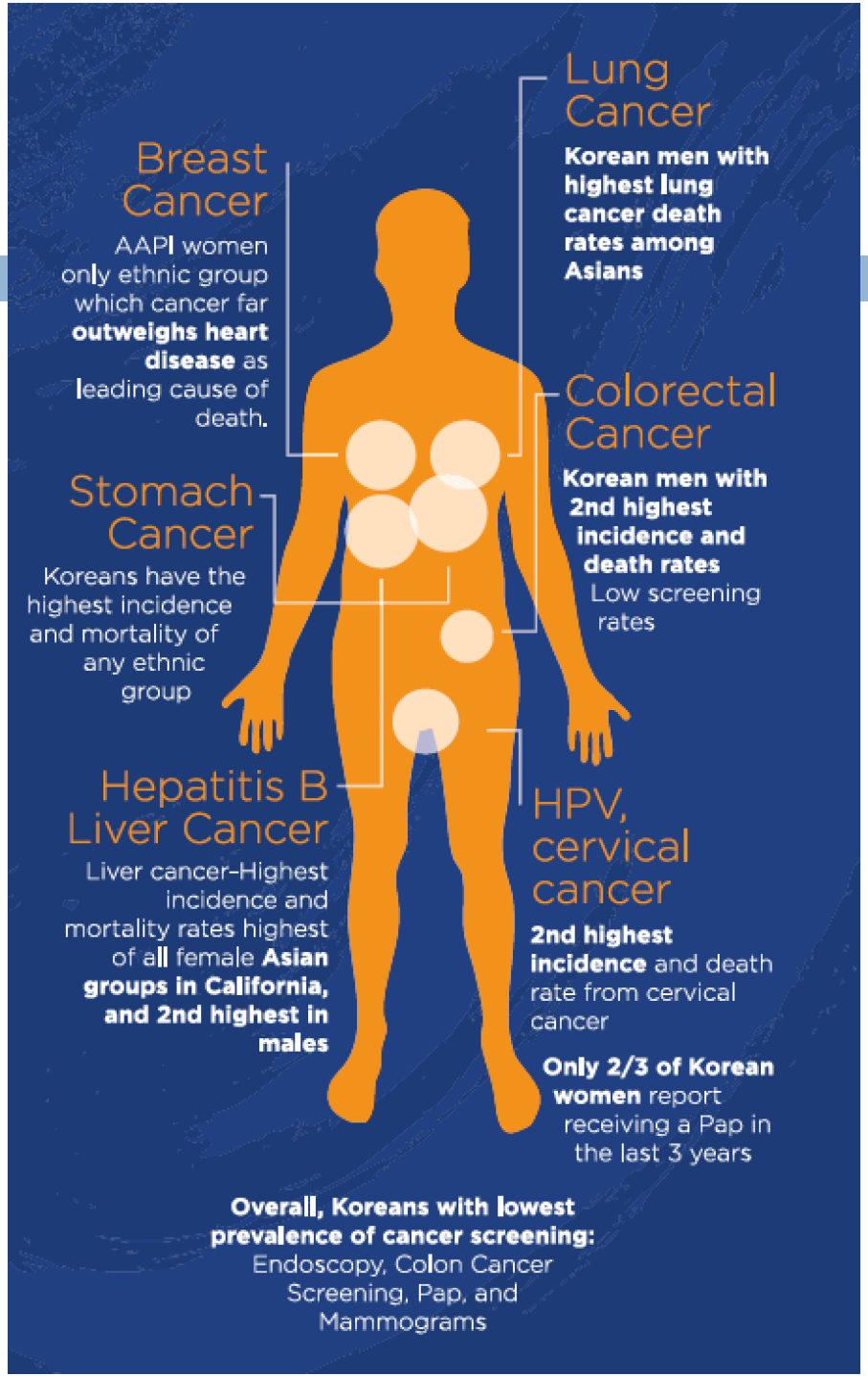


Cancer Disparity Among Asian Americans

- Unique-cancer is leading cause of death
- Unusual-proportionally more causes of infectious origin of cancer (hpv, hepatitis b virus induced liver cancer, and stomach cancer)
- Unnecessary-if overcome barriers
- Reducing cancer health disparities among Asian Americans will involve research into their unique, unusual, and unnecessary cancer burden.

Chen, M. S. (2005). Cancer health disparities among Asian Americans. Cancer, 104(S12), 2895-2902.

Korean American Health Disparities



Cervical Cancer Screening

- 1999-survey of 159 Korean-American women (40-69 years old)
  - Kim, Katherine et al Cancer Nursing Aug 1999
  - 26% never heard of pap smear
  - 34% had a pap smear for screening (compared to 81% in US)
    - Absence of disease cited for not having done pap
- Focus Group
  - Kim H, et al, Taehan Kanho Hakhoe Chi 2004
  - Themes: lack of knowledge about pap, loss of feminity if diagnosed with cervical cancer, unaware regular gyn exams part of screening, embarrassment, lack of information written in Korean

HPV Vaccine & Women's Health Awareness in the Korean American Community

Jennifer Kim, Sonia Kim, Brendan Kim,
David S. Kim, MD, PhD, MBA

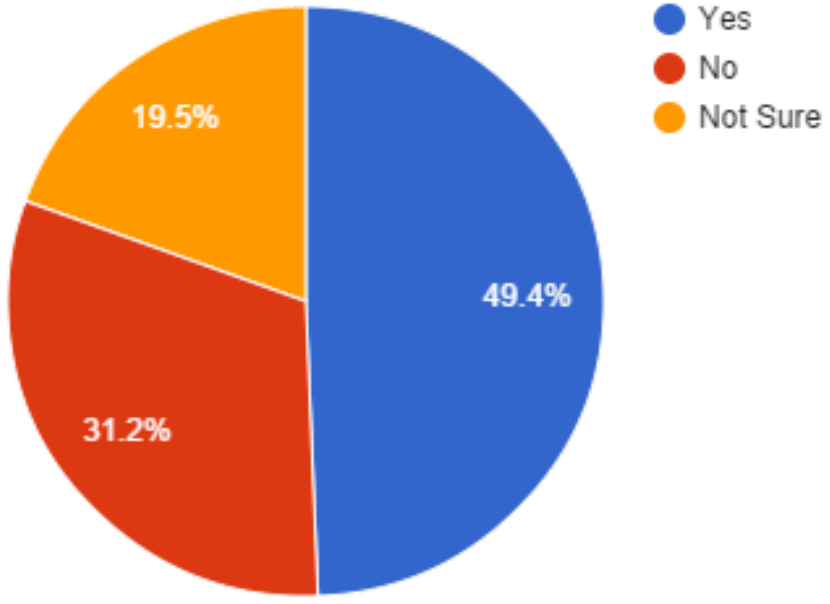
KAGMA KOREAN AMERICAN GRADUATE MEDICAL ASSOCIATION

KAHAG Korean American Health Action Group

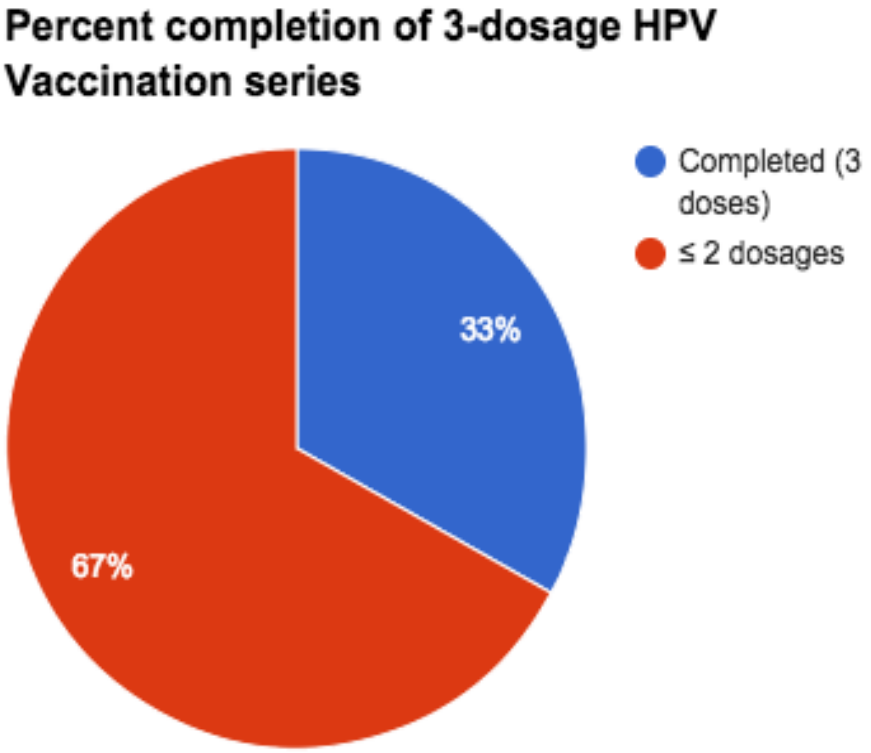
Results

- 273 surveys collected
  - 119 online (43.6%)
  - 154 paper (56.4%)
  - 78 surveys from those 26 years old or under
    - recommended age range

Results

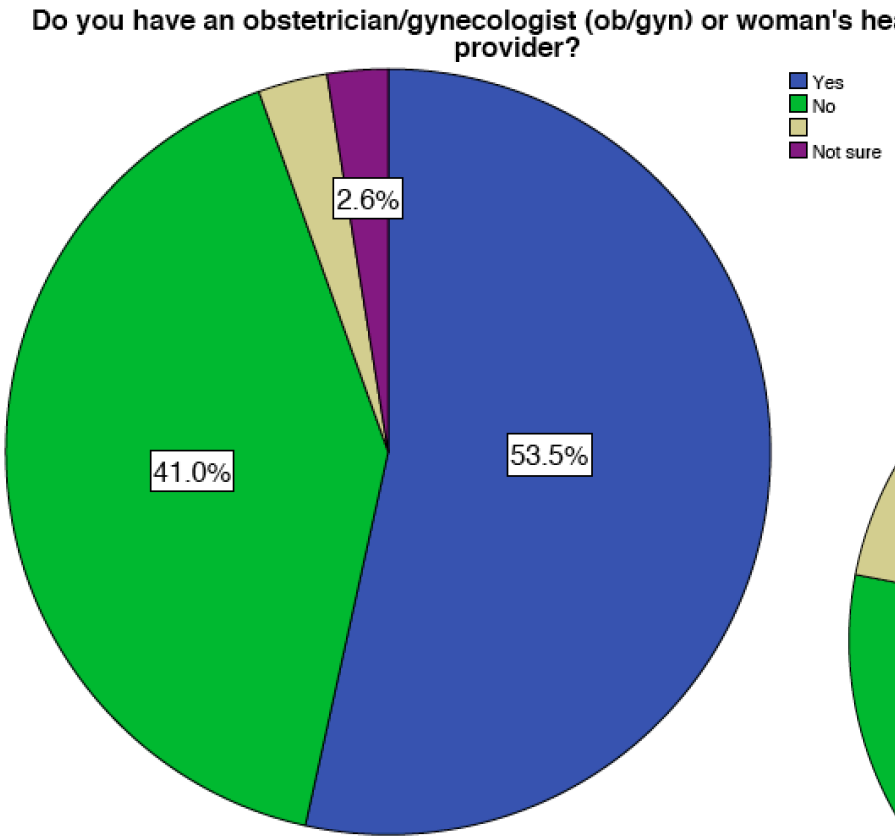


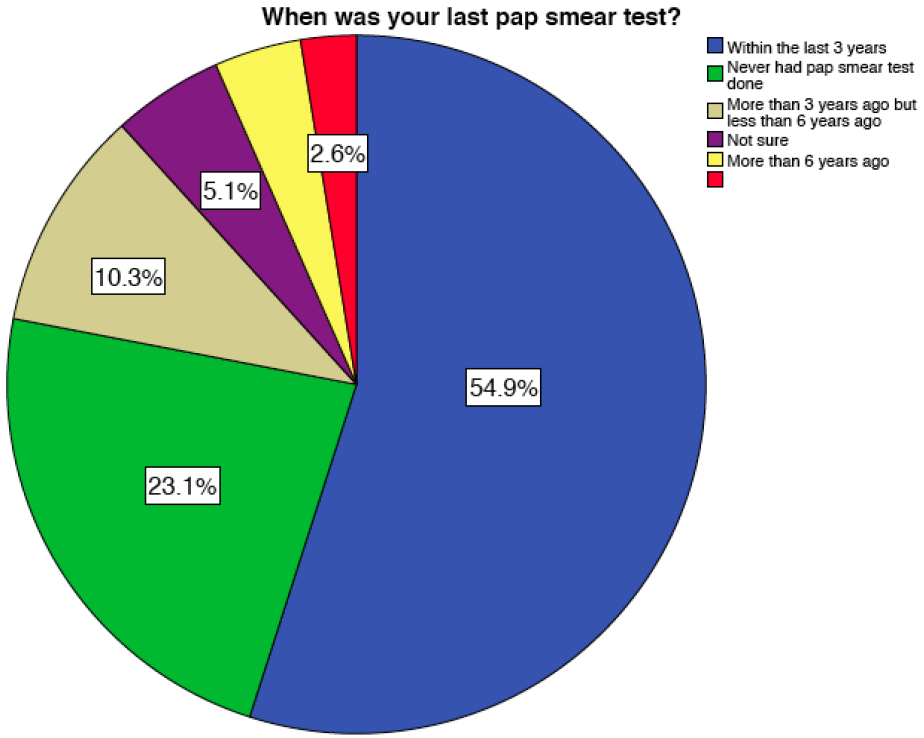
60% had at least one HPV vaccine dose nationally-all ethnicities; 69.2% in California-HPV 1 dose. (CDC MMWR July 31, 2015



39.7% had at completed HPV vaccine series nationally-all ethnicities; 47.7% in California-3 doses (CDC MMWR July 31, 2015)

Women's Health





Conclusion of Study

- Need for improving HPV vaccination in KA women
- Need for improving cervical cancer screening in KA women

Health Disparities-Unique, Unusual, and Unnecessary in Korean Americans

- Health disparities-Unique and unusual in KA
  - Lower median income
  - Higher poverty rate
  - Greater language barriers
  - Isolated community
  - Larger uninsured population
  - Results in less cancer screening and physician visits
  - Larger proportion of infectious etiologies of cancer

Health Disparities-Unique, Unusual, and Unnecessary in Korean Americans

- Unnecessary
  - Higher rates of adverse lifestyle behaviors
  - Lack of health education and health literacy
  - Cultural barriers preventing screening

Vision

- Creating a Korean American community that eliminates health disparities.
- Improve cancer screening.
- Access to health care for undocumented.
- Change behaviors hazardous to health.

SWOT Analysis

- Strengths
  - Cohesive, mature community
  - Strong network of culturally sensitive health care providers, hospitals, and community health centers
  - Growing professional community
- Weaknesses
  - No obvious strategic planning to improve community/population health
  - Little incentive to address access issues of uninsured in the community

SWOT Analysis

- Opportunities
  - Organization to take the lead & do strategic planning
  - Existing health/community institutions collaborate to improve health care access
  - Successful business institutions/corporations can help fund projects to improve health care
  - Community networks exist to help deliver health education (churches, community centers)
  - Other untapped community health centers for underserved (Saban Community Clinic, Eisner Clinic, KHEIR)
  - Campaigns to educate community

SWOT

- Threats
  - Indifference is normalized
  - Lack of action believing ACA will solve problems
  - Voter apathy decreases KA influence on political process and results in lacking health programs/funding for KA community

Conclusion

- Korean American health disparities are unnecessary if we overcome barriers.
- Improving health care access is important to reducing disparities.
- Opportunities exist to improve population health and reduce disparities in the Korean American community.

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Thank You

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