

Research on Health and Health Care of the Korean American Elder Population in the United States

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I. Introduction

The population of people age 65 and older continues to become more ethnically diverse in the United States. By the year 2020, 40 percent of the elderly will be ethnic minorities. Among the minority elderly, Asian-American elders are a fast growing population, which was just 2 percent of the US older population in 2000 but will be 6.7 percent by 2010 (Watari & Gatz, 2004). Korean-American elders are one of the ethnic groups that accelerate this trend (Barnes & Bennett, 2002; Korean-American-Coalition, 2003). Korean-Americans age 65 and older consisted 4.3 percent of the total Korean-American population in 1990 and the percentage increased to 6.7 percent in 2000. Although the Census 2000 showed slowness in the rate of increase of the 65 years and over population in the United States, the number of Korean-American elders has doubled in the last decade (Hetzl & Smith, 2001). The total number of Korean-Americans age 65 and older is 68,505. Despite the rapid increase of the Korean-American elder population, the knowledge on

health of this population is very limited.

The Korean-American immigration history can be divided into three stages (Kang, 1992). The first wave of immigration started in 1905 with farm workers coming into Hawaii. The number of immigrants was just 6,500, and the workers were young and male. After that, their brides came to the United States. The second wave was during the Korean War. Immigrants were mainly brides of American soldiers and war orphans. About 15,000 Koreans came to the United States during that period. The third wave of immigrants began coming to the US in 1965 as a result of the Act of Immigrant in the United States and continues today. During this time, the unit of immigration was usually an entire family. Most recent and current immigrants from Korea had white collar jobs in Korea and are educated. The majority of the current Korean-American population immigrated during this recent time. The rate of immigration has increased rapidly; the number of Korean Americans was 1,076,872 in the year 2000, an increase of 35 percent from 1990. The majority of the Korean-American elder population moved

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투고일: 2007년 2월 9일 심사완료일: 2007년 3월 11일

to the United States after being invited by one of their children during the third wave of immigration. The characteristics of the elders in this group are: very limited English skills, low incomes, and low education levels.

There are two smaller groups that make up the Korean-American elders population. One is the second or third generation of early Korean immigrants. Many of them do not speak Korean at all. Five to ten percent of all Korean-American elders are in this group. The other group is the first-generation immigrants who immigrated as young adults and just reached the age of 65 or older. The number of people in this group is currently minute, but will grow in a couple of decades. They are educated and financially more independent. They have better English skills and generally have worked in the United States.

With regards to economic status, Korean-American elders have been reported as having a lower economic status than White elders (Kauh, 1999; Min, 2001; Moon, Lubben, & Villa, 1998), which is similar to previous studies on other ethnic minority elders such as Chinese, Hispanic, and Black (Huang et al., 2003; Social Security Administration, 2001). In 2001, the median income of all age groups in the United States was \$18,965, and 21 percent had an income of under \$10,000 (Social Security Administration, 2001). Korean-American elders' incomes vary across different studies; nevertheless, it is lower than that of White elders. Forty-five to 78 percent have an annual income of under \$10,000 (Kim, Han, Kim, & Duong, 2002; Min, 2001; Moon et al., 1998; Yoo & Sung, 1997). The fact that Korean-American elders have a lower income than White elders is due to scarce sources of income other than social welfare subsidies. In 2001, about 90 percent of people aged 65 or older in the United States received Social Security benefits, which

provides at least half of the total income of the beneficiaries (Social Security Administration, 2001). Other major sources of income are assets, retirement benefits other than Social Security, and earnings. Similarly, Kauh (1999) found in his study that most Korean-American elders have social welfare subsidies; however, the difference is that Korean-American elders predominantly depend on governmental welfare subsidies without additional asset incomes or earnings. Moreover, Min (2001) found that Korean-American elders, in his study with a sample of 153 elders, received support from their adult children as one source of income other than social welfare. Min reported that 87 percent of the study sample received Supplementary Security Income (SSI). Other income sources were Social Security and support from their adult children. Kauh (1999) also found that a majority of Korean-American elders in Philadelphia relied entirely on SSI. For them, receiving governmental financial subsidies were a way to avoid complete financial dependency on their adult children and to maintain a degree of autonomy.

The education level of elder Korean-Americans is comparatively low. Approximately 50 to 60 percent have less than a high school education (Kim et al., 2002; Kim & Lauderdale, 2002; Min, 2001). Min (2001) reported that 4 percent of Korean-American elders in his study had no formal education. In Sohn (2004), 7.8 percent fell into that category. In terms of English competency, many Korean-American elders do not speak English at all in spite of their long duration of residency in the United States. Min reported that about 70 percent of Korean-American elders speak only Korean even though many have been in the US for an average of 17 years. Another study with 1,146 Korean-American elders age 60 and older in Los Angeles, Chicago, and New York found that just

20 percent of the sample reported that they speak English well (Kim & Lauderdale, 2002).

In brief, the Korean-American elder population is growing rapidly due to the increasing size of the Korean American population and the aging of the Korean American population. Korean-American elders in general have low socioeconomic status. Most of them were not financially well-off when they were younger and did not prepare well for their old age; moreover, this population has a low level of education and a low English proficiency. They may be vulnerable and limited to healthcare services due to financial barriers such as lack of insurance and personal barriers such as cultural difference and language difference (Healthy People 2010). Despite the rapid increase of the Korean-American elder population and their vulnerability in healthcare access, not many studies have specifically attempted to explore issues on health of this population. The purpose of this review paper is to summarize what have been known about the health of the Korean-American elder population and to discuss what should be studied in future research.

A computerized database search was conducted on PubMed, CINAHL (Cumulative Index to Nursing & Allied Health Literature), BAS (Bibliography of Asian Studies), and the ISI Web of Science in which the key words "Korean American", "Korean immigrants", "Asian American", "Asian immigrants", "older adults", "elderly", "older population", and "elder population" were used. A manual search was also performed based on references from the articles found on the computerized databases. Empirical studies specifically focusing on Korean-American elder population were relatively rare, considering the enormous amount of research on health of elder population in the United States. Just 21 empirical studies were yielded. Age range of the study samples was broadened to 50 years and

older rather than 60 years and older in order to obtain more studies. Just one study included a sample, aged 50 years and older (Maxwell, Bastani, & Warda, 2000); and the other studies limited their sample to at least 60 years and older. Moreover, two studies that consisted of more groups other than the older adults group were included since the older adult group was analyzed separately as a subgroup (Juon, Seung-Lee, & Klassen, 2003; Shin, Song, Kim, & Probst, 2005). Table 1 summarizes the 21 studies.

II. Research on Health Issues of Korean American Elders

1. Research on Illness

There were just three studies to examine associated factors or process of chronic disease: two for depression and one for osteoarthritis. Jang, Kim, and Chiriboga (2005) explored the relationship between acculturation and depressive symptoms with a sample of 230 Korean-American elders. In their study, twenty-four percent fell under the cut-off score for probable depression on the Geriatric Depression Scale-Short Form (GDS-SF), and more than thirty percent reported higher scores than the cut-off score on the Center for Epidemiologic Studies-Depression Scale (CES-D). This study revealed that Korean-American elders with lower levels of acculturation were more likely to inhibit positive affects on the depression scales than Korean-American elders with higher levels of acculturation. The other study on depression examined the relationship between acculturation stress and depressive symptoms among 407 elders from six Asian-American elder groups: Korean, Chinese, Indian, Filipino, Vietnamese, and Japanese (Mui & Kang, 2006). In their study, twenty-four percent of Korean-American elders had depressive

(Table 1) Summary of the Twenty-one Studies

Author	Design	Study Area	Sampling	Sample	Finding
Research on Illness					
Jang, Kim, & Chiriboga (2005)	Survey, Cross sectional	Tampa and Orlando, Florida	Convenience	230 KA Age range: 60-92 yrs	24% had depression on GDS-SF; 30% had depression on CES-D. KAE with lower levels of acculturation were more likely to inhibit positive affects on the depression scales than KAE with higher level of acculturation.
Mui & Kang (2006)	Survey, Cross sectional	New York City	Area probability sample from U.S. census list	407 Asian Americans (100 Korean: 105 Chinese : 52 Filipino: 100 Indian: 25 Japanese: and 25 Vietnamese) Age range: 65-96 yrs	24% of KAE had depression on GDS, which is lower than Japanese (76%), Vietnamese (64%), Indians (50%), and Chinese(46%) and higher than Filipinos (15%).
Dickson & Kim (2003)	Grounded theory	A northeastern city	Purposive sampling from a community	7 KA women Age range: 63-80 yrs	A five stage emerged in restructuring a meaning of pain: 'suffering with pain, struggling to remove pain, stumbling along with pain, striving to reduce pain, plus managing and tolerating pain (p. 680)'.
Research on Disease Prevention					
Sin et al. (2004)	Focus group	Seattle, Washington	Convenience	13 KA Age range: 72-86 yrs	Good physical and mental health was motivator for exercise while poor health, old age, cultural self consciousness, and lack of transportation were barriers.
Belza et al. (2004)	Focus group	Seattle, Washington	Convenience	Total 71 elders from 7 ethnic minority groups including 11 KA (age range: 66-85 yrs)	The KAE were motivated to exercise because of health benefit such as 'relieving joint pain, aiding digestion, and feeling more relaxed and happy (p.5)'.
Sin et al. (2005)	Intervention	Seattle, Washington	Convenience	13 KA Age range: 67-86 yrs	The modified LFP for 12 weeks improved muscle strength of arms and agility and balance of body. It also decreased systolic blood pressure.

Note. KA = Korean Americans ; KAE = Korean American Elders; AA = African Americans; EA = European Americans; LA = Latino Americans.

<Table 1 Continued>

Author	Design	Study Area	Sampling	Sample	Finding
Maxwell, Bastani, & Warda (2000)	Survey, Cross sectional	Los Angeles	Convenience	229 KA: 218 Filipino American Age range: 50-85 yrs	The rate of receiving cancer screening: Pap smear (KA: 41%, Filipino: 48%), mammogram (KA: 40%, Filipino: 55%), clinical breast exam (KA: 36%, Filipino: 46%), sigmoidoscopy/colonoscopy (KA: 22%, Filipino 6%), and adherent to cancer screening for all three sites (KA: 10%, Filipino: 14%)
Juon, Seo, & Kim (2002)	Survey, Cross sectional	Greater Baltimore Metropolitan Area, MD	Convenience	130 KA Age range: 60-89 yrs	35% received mammography and 29% received Pap smear within the past two years. Education, government support, and having routine checkup were predictors of mammography; age, duration of US stay, English proficiency, and insurance status were predictors of Pap smear.
Juon, Seung-Lee, & Klassen (2003)	Survey, Cross sectional	Baltimore-Washi ngton area	Convenience	85 KAE women (age 65 yrs and older) and 374 KA women (age 40 to 64 yrs)	Older KA women were less likely to receive Pap smears than younger KA women.
Research on Health Service Utilization					
Shin et al. (2000)	Survey, Cross sectional	Greater Baltimore Metropolitan Area, MD	Random sampling	205 KAE Age range: 60-89	71% had at least one physician visit within the past 6 months. The majority of the respondents had experienced being unable or having difficulty to access to health care services. 25% received health care service of Korean traditional medicine.
Sohn (2004)	Survey, Cross sectional	Los Angeles	Systematic random cluster sampling	208 KA Age range: 65-90 yrs	31% had no physician visit for the last one year. 22% had no health insurance. 90% had a Korean physician as a regular doctor.
Sohn & Harada (2004)	Survey, Cross sectional	Los Angeles	Systematic random cluster sampling	208 KA Age range: 65-90 yrs	The mean number of physician visit for the past one year was 10.2. 22% was uninsured. Health insurance status and education level was significant predictors of the number of physician visit.

<Table 1 Continued>

Author	Design	Study Area	Sampling	Sample	Finding
Pourat et al. (2000)	Survey, Cross sectional	Los Angeles	Probability sampling	223 KAE (mean age: 75) and 201 EA elders (mean age: 73) age 65 and older	The number of physician visit for the past one year among KAE and European American elders were 11 and 8, respectively. However, the physical functioning and the self-rated health of KAE were poorer than European American elders.
Shin et al. (2005)	Survey, Cross sectional	Los Angeles	Random sampling	1660 KA from 539 households including (210 KA aged 65 or older)	The number of physician visit for the past one year among KAE was 9.37, which was 5 times more than nonelderly KA (Age younger than 65). 24% of elderly KA were uninsured while 49% of nonelderly KA were uninsured.
Kim et al. (2002)	Survey, Cross sectional	Greater Baltimore Metropolitan Area, MD	Random sampling	205 KAE Age range: 60-89 yrs	While 3.9% used traditional medicine only, 53.7% used western medicine only. Twenty-six percent used both traditional and western medicine, and 16% had not used any health care service within the past six months. Having no insurance was closely associated with no utilization of health care service
Moon, Lubben, & Villa (1998)	Survey, Cross sectional	Los Angeles	Probability sampling	223 KA and 201 EA aged 65 or older Mean age: KA (73), EA (75)	KAE had markedly lower level of utilization of community long term care services compared to European American elders.
Kang et al. (2006)	Survey, Cross sectional	Greater Baltimore Metropolitan Area, MD	Random sampling	146 KAE with hypertension (SBP 140mmHg or higher/ or DBP 90 mmHg or higher/or on antihypertensive drug) Mean age: 69.8 yrs	66% of the elders with hypertension did not receive any care for their hypertension; moreover, among elders on the anti-hypertensive medication, just 22% had their blood pressure under control.

<Table 1 Continued>

Author	Design	Study Area	Sampling	Sample	Finding
Watari & Gatz (2004)	Medical record, Cross sectional	Los Angeles	Convenience	60 KAE, 44 AA, 79 LA, and 89 EA	Different from hypothesis, there was no significant difference among groups. However, Korean American elders with dementia used health care service for their dementia less frequently than the non-Korean American group.
Research on Ethics					
Moon & Williams (1993)	Survey, Cross sectional	Minneapolis, MN	Convenience	30 KA, 30 AA, and 30 EA All female elders, age range 60 to 75	KAE women were less likely to perceive scenarios as abusive than the other two ethnic groups; moreover, lower percentage of Korean American group intended to report about abusive scenario than the other groups.
Chang & Moon (1997)	Survey, Cross sectional	Los Angeles	Convenience	100 KA Age range: 60 to 95 yrs	34 out of the 100 KAE reported that they had seen or heard about Korean American elder abuse incidence at least once within the past one year. Elder abuse incidence was defined as what each subject perceived. Those 34 participants described 46 incidents, which were categorized into 6 types by researchers: financial, psychological, culturally specific, neglect, physical and other.
Blackhall, Murphy, & Frank (1995)	Survey, Cross sectional	Los Angeles	Convenience	Total 800 elders (age 65 or older): 200 KA, 200 AA, 200 EA, and 200 Mexican American	KAE and Mexican American elders in the study were less likely to believe that the diagnosis and progress of terminal illness should be disclosed to patients. Just 47% of KAE perceived that patients should know the terminal condition. Moreover, Korean American elders and Mexican American elders were more likely to believe that family members should decide life support care than do European American elders.

scores higher than the cut-off score for possible depression of Geriatric Depression Scale (GDS). This percentage was lower than those of Japanese, Vietnamese, Indians, and Chinese in this study. Acculturation stress was a significant predictor of depressive symptoms among Asian-American elders. The percentages of Korean-American elders with probable depression were 24% (GDS-S) and 30% (CES-D) in Jang et al. (2005) and 24% (GDS) in Mui and Kang (2006). These appeared to exceed the prevalence of depression among community-dwelling elders including all ethnic groups 15 to 20% (Gallo & Lebowitz, 1999). A study on osteoarthritis of Korean-American elders explored experiences of osteoarthritis-related pain using the grounded theory (Dickson & Kim, 2003). A five stage reconstruction on the meaning of pain emerged: 'suffering with pain, struggling to remove pain, stumbling along with pain, striving to reduce pain, plus managing and tolerating pain (p. 680)'.

2. Research on Disease Prevention

There were six studies regarding disease prevention: three for physical activity and three for cancer screening. Regarding physical activity, Sin, LoGerfo, Belza, and Cunningham (2004) and Belza et al. (2004), using a focus group method, describes perspectives on leisure-time physical activity of Korean American elders. Sin et al. (2004) found that good physical and mental health were motivators for exercise while poor health, old age, cultural self-consciousness, and lack of transportation were barriers. As a cultural factor, face-saving (che-myun) was mentioned in a focus group as a reason not to do exercise. Belza et al. (2004) presented various perspectives on physical activity from ethnically diverse groups: American Indian/Alaska Native, African American,

Filipino, Chinese, Latino, Korean, and Vietnamese. The Korean-American elders were motivated to exercise because of health benefit such as 'relieving joint pain, aiding digestion, and feeling more relaxed and happy (p.5)'. Adding to these two focus group studies, there was an intervention study. Sin, Belza, LoGerfo, and Cunningham (2005) conducted a community trial with 13 Korean-American elders who resided in a senior housing. The modified Lifetime Fitness Program (LFP) which consisted of three 50 minute sessions per week for 12 weeks, significantly improved muscle strength of arms and agility and balance of the body. It also decreased systolic blood pressure.

There have been three studies concerning cancer screening among Korean-American elders. Maxwell et al. (2000) examined screening rates for cervical, breast, and colorectal cancer among Korean-American women and Filipino-American women aged 50 years and older. Among Korean-American women in this sample, 41% received a Pap Smear within the past two years; 25% received a breast cancer screening within the past two years; and 38% received a colorectal cancer screening. Korean Americans had significantly lower rate in cervical and breast cancer screenings and a higher rate in colorectal cancer screening than Filipino Americans. Only 10% of Korean-American women in this study were adherent to cancer guidelines for all three cancer sites. Another study on cancer screening was to examine screening rates and related factors of breast and cervical cancer among Korean-American elderly women (Juon, Seo, & Kim, 2002). In this study, 35% received a mammography and 29% received a Pap smear within the past two years. Higher education level, receipt of government support, and having routine checkup were significant predictors of receipt of mammography. Furthermore, younger age, longer duration in the United States, good

English proficiency, and having insurance were significant predictors of receipt of Pap smears. Juon et al. (2003) revealed that older Korean-American women, aged 65 years and older were less likely to receive Pap smears than younger Korean-American women, aged between 40 years and 64 years.

3. Research on Health Service Utilization

Eight studies were found regarding health service utilization among Korean-American elders, of which the topics were ambulatory care visits such as visits to a physician or nurse practitioner's office, comparison of Korean traditional medicine and western medicine utilization, the use of community long-term care services, and help-seeking behaviors of elders with chronic disease such as hypertension and dementia. Four studies focused on general ambulatory care visits. Shin, Kim, Juon, Kim, and Kim (2000) found 71% of the Korean-American elders in their study had at least one physician visit within the past 6 months. This study also reported that the majority of the respondents had experienced having difficulty or being unable to access health care services. In this study, 25% received Korean traditional medicine healthcare service at least once within the past 6 months. Sohn (2004) revealed, with a sample of 208 Korean-American elders, that 31% had not visited a physician for the last year and that 22% did not have health insurance. In her study, over 90% had a Korean physician as a regular doctor. Sohn and Harada (2004) examined, using a same sample of Sohn (2004), factors influencing the number of visits to a physician. The significant factors were health insurance status and education level. In their study, the mean of the number of physician visits for the past one year was 10.2. They discussed the high rate of the uninsured

(22%) among Korean-American elders and (14%) among the U.S. population and the effects of the lack of insurance on healthcare utilization. Different from those three studies discussing difficulty of health care access (Shin et al., 2000; Sohn, 2004; Sohn & Harada, 2004), Pourat, Lubben, Yu, and Wallace (2000) found that Korean-American elders visited a physician more frequently than White-American elders: the average of physician visits per year for Korean-American elders and White Americans were 11 and 8 respectively. However, the physical functioning and the self-rated health of Korean-American elders were not as good as Whites. Shin et al. (2005) also revealed that the average ambulatory care visit per year among Korean-American elders was 9.37, which was five times more than the non-elderly Korean American group (younger than 65 years old) in their study. They discussed that the ambulatory care visit among non-elderly Korean Americans was much less frequent than that of the general U.S. population: however, the frequency of ambulatory care visits among Korean-American elders in their study was not low compared to White-American elders. In their study, among Korean American elders, 24% were uninsured while 49% of non-elderly Korean Americans were uninsured.

Moreover, one study, in particular, focused on utilization of traditional Korean medicine (hanbang) among Korean-American elders (Kim et al., 2002). They found that Korean-American elders predominantly use western medicine rather than traditional Korean medicine. While 3.9% used traditional medicine only, 53.7% used western medicine only. Twenty-six percent used both traditional and western medicine, and 16% had not used any healthcare services within the past six months. Having no insurance was closely associated with not utilizing healthcare services. In terms of utilizing

traditional medicine only, none of the members in this group had private insurance while some of 'western medicine only group' and 'both group' had private insurance. Traditional medicine appeared to have a supplementary role in healthcare utilization among Korean-American elders in this study and health insurance status made some impact on the healthcare utilization. Another study compared the utilization of community long-term care services such as a senior citizen center, a visiting nurse service, and an adult daycare center among Korean-American elders and White-American elders (Moon et al., 1998). In their study, Korean-American elders had a remarkably lower utilization level of community long term care services compared to White-American elders. Moreover, there were two studies on healthcare utilization among Korean-American elders with chronic diseases. Kang, Han, Kim, and Kim (2006) explored barriers to healthcare among Korean-American elders with hypertension. Among the 205 Korean-American elders who agreed to participate in the study, 146 had high blood pressure or were on anti-hypertensive medication. In the study, 66% of the elders with hypertension did not receive any care for their hypertension; moreover, among elders on the anti-hypertensive medication, just 22% had their blood pressure under control. Kang et al. discussed that the prevalence of untreated hypertension among Korean-American elders was extremely high considering the 15% of all individuals with high blood pressure in the United States. The other study on healthcare utilization of Korean-American elders with chronic disease examined healthcare seeking Korean-American elders with dementia using patient registry data (Watari & Gatz, 2004). They compared time waited to seek care for dementia among different ethnic groups: Korean American, African American, Latino, and

European American. Different from the hypothesis that Korean Americans would prolong seeking care than other ethnic groups, there was no significant difference among groups. However, Korean-American elders with dementia used healthcare service for their dementia less frequently than the non-Korean American group.

4. Research on Ethics in the Health Care

Related to healthcare ethics, there were two studies on elder abuse and a study on healthcare decision making. Moon and Williams (1993) compared perceptions on elder abuse among Korean-American, African-American, and European-American elderly women. Korean-American elderly women in the study were less likely to perceive scenarios as abusive than the other two ethnic groups; moreover, a lower percentage of the Korean-American group intended to report abusive scenarios than the other groups. In addition, Chang and Moon (1997) found that 34 out of the 100 Korean-American elders in their study reported that they had seen or heard about Korean-American elder abuse at least once within the past year. Elder abuse incidence was defined as what each subject perceived. Those 34 participants described 46 incidents, which were categorized into 6 types by researchers: financial, psychological, culturally specific, neglect, physical, and other. Culturally specific incidence included a case of an adult son and his wife who did not want to live with their frail elder parent. Regarding healthcare decision-making, Blackhall, Murphy, Frank, Michel, and Azen (1995) examined the attitudes of older adults toward decision making about terminal illness and end-of-life care. They found Korean-American elders and Mexican-American elders in the study were less likely to believe that the diagnosis and progress of terminal illness should be disclosed to patients. Just 47% of Korean-

American elders perceived that patients should know the terminal condition. Moreover, Korean-American elders and Mexican-American elders were more likely to believe that family members should decide life support care than do European-American elders. In short, among Korean-American elders, culturally unique aspects were reported in the perception of elder abuse (Chang & Moon, 1997; Moon & Williams, 1993) as well as decision making on terminal illness.

III. Conclusion

Twenty-one studies were summarized based on four categories: research on illness, research on disease prevention, research on health care utilization, and research on ethics in the health care. First, all of the three studies on illness included cultural aspects in some extent among Korean-American elders in explaining their illness and illness-related behavior. The two studies on depression discussed the relatively low acculturation level among Korean-American elders and the influence of the acculturation level on depressive symptoms. Dickson and Kim (2003) described that patients' experience of chronic pain was embedded in Korean cultural contexts of seeking Korean traditional medicine and viewing chronic pain as a process of aging. These three studies on illness are significant attempts to present unique aspects among Korean-American elders regarding chronic disease.

However, there are some limitations to research on illness of Korean-American elders. Just three articles on two topics of depression and arthritis were found. However, as seen in the list of 29 common illness problems presented by the National Institutes of Health (NIH) Senior Health in the US (NIHSeniorHealth, 2007), there are acute and chronic health problems critical to older adults more than depression and arthritis: such as heart failure,

diabetes, balance problems, cataract, glaucoma, dry mouth, and so forth. More studies should focus on various illness conditions among Korean-American elders; at the same time, absolutely, more research for each topic should be accumulated for better understanding about illness of Korean-American elders.

Secondly, in terms of studies on disease prevention, Sin and her colleagues found the importance of culture-specific intervention while conducting a focus group study and developed a physical activity program for Korean-American elders (Sin et al., 2004; Sin et al., 2005). It was the only intervention study of 21 articles reviewed. Despite the small sample size ($N = 13$), it was meaningful to present that an intervention program designed for Korean-American elders was attempted and showed effectiveness in improving health. With regards to cancer screening, the rate of receiving cancer screening was inconsistent between two studies (Juon et al., 2002; Maxwell et al., 2000). The reasons might be the different range of age included and other differences in sample characteristics. Both studies used convenience sampling method from one regional area. Therefore, more studies on this topic are required to identify Korean-American elders' cancer prevention behaviors.

In addition, Asian-American elders, in general, have been reported to visit physicians less often than White elders (Boult & Boult, 1995). However, there has been some contradiction about healthcare access among Korean-American elders. Some studies found that there was no difference in the number of ambulatory care visits or time waited to seek care for dementia between Korean-American elders and non-Korean or White-American elders (Pourat et al., 2000; Shin et al., 2005; Watari & Gatz, 2004). However, Korean-American elders still appeared to have barriers to healthcare access. In a

study, the majority of Korean-American elders perceived difficulty in access to healthcare services (Shin, Kim, Juon, Kim, & Kim, 2000). Moreover, the rates of the uninsured among Korean-American elders were 22% and 24%, which were higher than that among U.S. population (Shin et al., 2005; Sohn & Harada, 2004). Moreover, a high rate of untreated hypertension and a lower frequency of healthcare visits for dementia were reported among Korean-American elders than the general elder population in the US (Kang et al., 2006; Watari & Gatz, 2004).

Finally, three studies on health care ethics were reviewed. Two studies described Korean-American elders' perspectives on elder abuse. These studies showed the significance of cultural context to define 'elder abuse'. Moreover, Blackhall et al. (1995) presented the different perspectives on terminal illness and family involvement to health care decision making. Ethical issues in health care require understanding the context of an individual situation therefore, exploring ethical issues in different ethnical groups might be essential (Hornung, Eleazer, Strothers, Wieland, Eng, McCann, & Sapir, 1998). Therefore, more research should be performed for Korean-American elders on ethical issues, including end-of-life decision making, such as living wills and durable power of attorney, and patient's right.

In general, reviewing 21 published empirical studies, some issues were found to be improved. The amount and the topic of research on Korean-American elders were very limited. Thus, sufficient explanations could not be provided for each health care issue. Moreover, majority of studies used convenience sampling methods; and no study used nationally representative data. Most of the studies are regional and use small sample sizes. Therefore, generalizations are inappropriate.

Korean-American elders are a vulnerable population in health care system of the US, considering financial barriers such as lack of health insurance or few financial resource and personal barriers such as cultural differences and language difference (Healthy People 2010). However, not much attention has been paid on health of this population. More efforts should be made on the research for Korean-American elders, taking consider of the issues pointed out from this review. Even with limitations of articles reviewed, this review paper might provide some ideas about health care among Korean-American elders.

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- 국문초록 -

미국 내 한국계 노인의 건강 및 의료서비스 이용과 관련한 연구문헌 고찰

고진강*

미국의 65세 이상 노인인구의 구성을 보면, 민족이 더욱 다양화되고 있는 추세이다. 다양화 되고 있는 민족 가운데 한국계 미국인의 수는 급속히 증가하고 있으나, 그들의 건강문제에 대한 정보는 매우 부족한 실정이다. 연구목적: 본 연구의 목적은 한국계 미국 노인의 건강에 대한 현재까지의 연구를 정리하고, 이를 바탕으로 앞으로의 연구방향에 대해 논의하는 것이다. 연구방법: 컴퓨터 데이터베이스를 이용한 검색과 수작업에 의한 검색을 통해 수집된 21개의 자료를 분석하였다. 결론 및 제언: 21개의 자료는 네 개의 항목으로 나눠 정리하였다. 기존의 연구는 주제의 다양성이나 각 주제별 연구의 수에 있어서 매우 미흡하였다. 중요한 주제임에도 다루지지 않고 있는 분야에 대한 관심이 요구되며, 또한 각 분야에 대한 심도 있는 연구가 이루어져야 할 것이다.

주요용어 : 노인 건강, 한국 노인

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