

HEALTH AND HEALTH CARE OF KOREAN- AMERICAN ELDERS

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DESCRIPTION

This section describes some of the information known about Korean-Americans. Relatively little information is available with regard to health status and health care of Korean-American elders in the U.S. Particular acknowledgement is given to the Korean Heritage Library at the University of Southern California for their excellent resources. http://www.usc.edu/isd/locations/ssh/korean/kabib_eld.html

LEARNING OBJECTIVES

After completing this module, learners should be able to:

- 1) Describe three characteristics of the Korean culture.
- 2) List four health beliefs or traditional health care practices.
- 3) Describe two factors that health care providers should consider when counseling a Korean American family regarding temporary or long-term nursing home placement.

CONTENT

I. Introduction and Overview

A. Demographics

Korean-Americans are the fastest growing subgroup of Asian-Americans. There have been several waves of immigration beginning with the late 1800s and the recruitment of Korean laborers to the Hawaiian sugar plantations in the early 1900s. . Since 1975, Koreans have ranked in the top five of immigrants to the U.S., along with immigrants from the Philippines, China, and Vietnam. In the 2000 census, over one million U.S. residents (1,076,872) identified their “race” as Korean. This was an increase from less than 800,000 in 1990. The number of Korean-Americans is expected to continue to increase.

Since 1965 most immigrants are highly education professionals and political refugees. This is in striking contrast to the fact that before 1965, most immigrants were uneducated laborers. In 1999, the most Korean-American lived in metropolitan areas of the western U.S. (53%), and the South (20%).

In 1990 4.4 % of Korean Americans were aged 65 and over. Characteristics of the Korean American elders in 1990 included: 91% were foreign born, 19% of whom were naturalized; 80% do not speak English well, and 53% were linguistically isolated; 42% had less than a high school education; 20% reported incomes under the poverty level, 43% to 48% of those live alone; 1.4% live in nursing homes. (Young & Gu, 1995)

Religion.

Korean-Americans are usually Buddhist or Christian. Churches or temples serve as social and educational centers providing group ties, identity, and acceptance. It is not unusual for churches or temples to locate or provide housing and socialization for Korean visitors and Korean students studying in the U.S.

II. Patterns of Health Risk

A. Koreans in Korea

According to data from the Korea National Statistics Office, the major health problems of Korean elders in Korea include:

1. **Circulatory Disease:** hypertension, cerebrovascular accident, coronary heart disease;
2. **Cancer:** stomach, liver, cervix, breast;
3. **Endocrine Diseases:** diabetes mellitus;
4. **Dementia;**
5. **Respiratory;** pneumonia, chronic obstructive pulmonary disease;
6. **Musculoskeletal Disease:** osteoporosis, arthritis, fractures.

B. Korean- Americans

As populations move away from the home country health risks are subject to change. The known studies involving Korean American elders are summarized as follows:

1. Low Risk:

a. **Obesity.** This population had very low rates of obesity. In one study only 8% had Body Mass Index (BME) scores indicating they were obese.

2. Moderate Risk

a. **Alcohol Abuse.** A study of a potential risk factor for illness explored the drinking behavior of 280 adult Korean Americans in Los Angeles, 12.5% of whom were over age 60 (Lubben, Chi, & Kitano, 1989). The older Koreans were more likely to describe themselves as abstainers than those aged 45 and under; only 20% of those 61+ reported drinking alcohol at all. Heavy drinkers in the study were more apt to be male, and to go to bars or nightclubs.

b. **Adjustment Problems:** Fifty Korean immigrants in the San Francisco Bay Area age 60 and over were interviewed in 1981 to identify typical adjustment problems. Ratings of stress and adaptation in five areas of functioning (social, cultural, economic, health, and emotional/ cognitive) found that those in greatest risk of difficulty were those with little education, had arrived in the U.S. recently, and lived alone (Kiefer et al., 1985).

3. High Risk

a. Diabetes Mellitus Type II. In a San Jose, California, study of 50 senior center participants and senior apartment dwellers aged 65 to 82, all of whom were born in Korea, 36% reported a history of diabetes, which is approximately four times the rate of older Americans as a whole (Lee, Yeo, & Gallagher-Thompson, 1993). Only 30% of those who reported diabetes said that they were overweight at the time they were diagnosed.

b. Hypertension and Cardiovascular Disease. In the San Jose study, 36% reported having high blood pressure. Much lower rates of other cardiovascular-related disease risk factors were found. For example, 8% reported having elevated cholesterol (32% said they did not know their cholesterol levels), 8% were currently smokers, and an astounding 72% were currently exercising on a regular basis. Even though they expressed little interest in, or knowledge of, cardiovascular risk factors, 82% reported they had made changes to improve their health in the last five years. Approximately half reported each of the following: eating less salt, less red meat or eggs, or eating more fiber, fruits, and vegetables (Lee et al., 1993).

c. Hepatitis B Virus. In a study of close to 7,000 Korean Americans in communities in the Northeast U.S., 5.2% of the females and 7.4% of the males over age 40 were found to be carriers of Hepatitis B Virus. Of the carriers, 42% were found to have chronic hepatitis and 11% had cirrhosis of the liver (Hann, 1994).

d. Nutritional Status. A study of nutritional status of residents of senior housing in Chicago found that the nutritional quality of the Korean American elders' diets was poorer than the other two groups, the Chinese and Japanese Americans. This was due to the large percentage of Korean elders with low intake of calories, calcium, vitamins A and C and riboflavin; 25% of the 60 older Korean women in the study also consumed less than 67% of the Recommended Dietary Allowance for protein (Kim et al., 1993).

The traditional Korean diet is very high in salt. In traditional Korean meals, numerous small servings of preserved foods are served. These foods are usually pickled in brine or have been packed in salt and lightly rinsed. This high salt diet predisposes to hypertension, and is especially troublesome when patients with congestive heart failure are noncompliant with their dietary restrictions

III. Culturally Appropriate Geriatric Care: Fund of Knowledge

A. Importance of Family and Kinship

Characteristics that have been found among Korean American families include: a high regard for filial piety; clearly divided family roles; family collectivity and interdependence which frequently overrides individualism and independence; and importance of good education (Chin, 1993; Kitano & Daniels, 1988).

The importance of blood relatives and importance of being full-blooded Korean cannot be overstated, especially among traditional Korean elderly. Korean people often feel an important kinship relationship even to relatives they have never met. This has been especially striking in the past few years surrounding the discussions about closer ties and the lifting of travel restrictions between North and South Korea. Letters appeared in the Korean newspapers addressed to possible relatives of known ancestors. The importance of blood ties and purity of blood lines makes adoption of children into Korean families highly unacceptable to Korean elders. Children of mixed ethnicity are undesirable and often made available for adoption. Among Korean-Americans, mixed ethnicity marriages are growing, but this is a distinct break from tradition and may be unacceptable to the elders in the family.

B. Health Beliefs

The beliefs stated below are true for most traditional Koreans. They are less true of more Westernized Koreans, but are still very likely to have a strong influence.

Many Koreans, especially elders, may prefer *Hanbang*, also known as *Hanyak*, and Oriental medicine, as the preferred method of health care. Practitioners of traditional oriental medicine are called *Hanui*. *Hanbang* is derived from Chinese medicine and is based on balance between *um* (the same as *yin*) and *yang*, and balance of fire, earth, metal, water, and wood. (Pang, 1989, 1991) Diagnostic methods used in *hanbang* are observing the patients, obtaining histories of the illness, listening to patients' voices, and taking their pulse. The four most common treatment methods are acupuncture, herbs, moxibustion, and cupping. Korean patients may alternate between practitioners of Western and traditional Korean medicine although each type of practitioner may discourage patients from seeing the other. (McBride, Morioka-Douglas, & Yeo, 1996)

One conceptualization of illness is the interruption of the flow of life energy and blood, or *Ki* (*ch'i* in the Chinese medicine), as follows:

- lack of regularity and control of daily patterns of living from physical exertion which can cause arthritis, high blood pressure, or other pain;
- lack of control of food intake, which can cause diabetes or fainting spells;
- lack of blood caused by "drying blood" which can cause neuralgia or cramps.
- coldness, dampness, and/or wind (*Pung*), which may come from inside the body, also can interfere with the flow of *Ki*, producing neuralgia, indigestion, or abdominal pain.

Koreans have described spiritual causes of illness if they do not meet their spiritual being's expectation of them, whether they are related to Christianity, animism, shamanism, or Confucianism. Some were due to failure to pray, others to displeasure of ancestors with their burial place or offenses displeasing folk spirits. A particularly interesting cultural construction of illness found by Pang (1991) was *Hwabyung*, literally translated as "fire illness", and related to a failure to keep their emotions from being expressed openly as traditionally required, especially for women. Each emotion affects particular organ systems and influences the flow of *Ki* in different ways. All of the women in Pang's study were familiar with *Hwabyung*, and 80% had experienced it, many of whom were well educated. In most cases it was related to difficult interpersonal or family relationships

Because of a strong orientation towards the family, many Koreans are more likely to believe their family or friends' view of their illness rather than that of the physician.

Traditionally, men have predominated over women in Korea, so emphasis is more likely to be placed on illnesses that occur more frequently in men than in women.

C. Historical Influences on Korean American Elders

Koreans first started moving to the U.S. when the door for immigration was opened by the 1882 Korea-U.S. Trade Treaty that established diplomatic relations between Korea and the U.S. The climax of this immigration was reached between 1903 and 1905 when approximately 7,000 unmarried male workers relocated to Hawaii to work sugar cane plantations. After the Korean War in 1950, numerous Korean-American war orphans were sent to the U.S. After the enactment of the 1965 Immigration Act during the administration of President John F. Kennedy, Korean immigration to the U.S. continued to increase.

Many of today's Korean American elders are relatively recent arrivals as "followers of children" continue to immigrate to join younger family members. For example, during three years (1989-1992) over 8500 people over aged 60 arrived in the U.S. from Korea as permanent residents (Young & Gu, 1995).

IV. Culturally Appropriate Geriatric Care: Assessment

For a complete list of domains of assessment with elders from diverse ethnic populations, see Module IV of the Core Curriculum in Ethnogeriatrics.

A. Approach to the Patient

Because of poor English language skills and conceptualization of illness, it is difficult for many older Korean-Americans to communicate with health care providers. Most Koreans are much more comfortable with same sex health care providers, especially in the case of obstetricians and gynecologists. Many more traditional Koreans do not usually speak their mind to unfamiliar people

B. Respect for Authority

Many Koreans have a great deal of respect for authority. If they themselves are high ranking, they may expect the same degree of respect.

C. Caregiver Stress

Although the family is extremely important, the support system to provide care for an older person may be limited for financial reasons. This creates a significant amount of guilt in adult children.

D. Work Ethic

Work is highly valued and industriousness is expected. This pervades every aspect of Korean life. The Korean-American patient will likely expect a busy medical office and hard-working staff.

V. Culturally Appropriate Geriatric Care: Utilization and Treatment

A. Utilization of Health Care:

A number of factors combine to make older Korean-American immigrants reluctant to use the U.S. health care system. These include language problems, unfamiliar systems, unfamiliar food in hospitals, and health beliefs. Korean churches play an important social role, and may greatly facilitate getting older people the help that they need. It would be important for health providers to understand this relationship and to establish ties to the Korean church to serve the community.

Because they do not understand the U.S. health care system, and because they moved to the U.S. before there was a separation of the pharmacy from the health practitioner in Korea, older immigrant Koreans may not trust patent medications. Many still diagnose themselves and send for traditional medications from family or friends in Korea. Traditional Korean oriental medicines are also sold in the U.S. by Korean peddlers. This can be a serious issue because many of these traditional medications are aimed at relieving symptoms rather than treating the underlying conditions.

1. Inpatient care: Even when there are a number of Korean-Americans living in a community, the availability of Korean-language speaking health care providers is very limited. Hospitalization may be especially undesirable because of separation from family, preference for traditional medicine, and the lack of Korean food. Most Koreans-American elders eat traditional Korean food or a blend of Korean and American food. .

2. Korean "Hospitals" in the U.S. In some U.S. communities, there are places where traditionally oriented elders go for care. These are usually unlicensed private homes where care is provided to people who are sick. The Korean community is likely not to be forthcoming about the existence of these homes. There may also be licensed residential care homes, but these are rare.

3. Nursing Home Care. In Korea, because of the great sense of responsibility to care for family members at home, nursing homes are very scarce. Only a few private facilities exist, and they are expensive. Ordinarily, a middle-aged female family member provides the in-home care. They may also remain in the acute hospital for very long stays. In the U.S., Korean Americans are underrepresented in nursing homes. However, the need for all family members to work, often more than one job, results in family stresses around the care needed at home. When the care needs of the elder far exceed what can be safely provided at home, it may be

necessary to accept institutional care. It should be anticipated that a great deal of counseling will be required around this decision, and extended family criticism of the decision is to be expected.

B. Issues Around Health Promotion

Most Koreans prefer methods perceived to be natural ways of improving health, such as diet, eating uncooked or natural foods, and by walking around their home or in a park to get fresh air. In addition, they will use traditional Oriental health practices to prevent them from becoming ill. For example, they may use a fomentation bath, or a sauna, to promote the circulation of the blood.

C. Senior Services

Korean churches and temples provide the most important system for activities and support for Koreans in the U.S. Because of the traditional industriousness of Koreans, there may be a reluctance to participate in American senior citizens programs if they are seen as merely social or entertainment. Incorporation of activities to promote health, especially if they are in harmony with traditional beliefs, will make such programs more acceptable.

D. End-of-Life Issues

Many Koreans prefer to die at home, and some will return to Korea to die, or have their bodies sent there after death. Under the influence of Confucianism, Taoism, and Buddhism, many believe that not only is death inevitable to enter another life, but that assenting to one's death is a kind of virtue. Family members, especially the oldest son, are likely to be present when older people are near death. Most Koreans prefer burial to cremation because descendants visit their ancestors' tombs on the holiday called the Korean Thanksgiving Day. By keeping customs of burial and visiting tombs, Koreans maintain a sense of unity among family members.

INSTRUCTIONAL STRATEGIES

In addition to lecture and reading assignments, the following cases can be used for discussion or written assignments.

CASES:

Case 1: *An elderly Korean woman is admitted to the hospital because of a stroke. She is a relatively recent immigrant to the U.S. Her daughter, a successful business person, visits daily. The patient makes good progress in the hospital and plans are made to send her to a nursing home for skilled nursing level restorative rehabilitation services. The daughter strenuously objects, and wants her mother to stay in the hospital until she is well enough to be discharged directly to her care at home. The daughter travels as part of her work, and her mother cannot be left alone safely. The patient has been in the hospital for 7 days, the acute care level is no longer needed, and her status is downgraded to that of a nursing home patient. The discharge planning team is pressing the daughter to acquiesce to finding restorative rehabilitation care for her mother or to take her home immediately. The patient's daughter gets very angry and stops visiting. She will not answer her phone. The mother is presumed to have been abandoned in the hospital.*

What should the attending and the discharge planning team do to reenlist the daughter in her mother's care?

Discussion: The team should realize that it is very unlikely that the daughter has truly abandoned her mother in the hospital. Careful observation would reveal that the daughter is visiting daily, but late at night when the discharge planning team is not around. In this case, the family has enough money to provide for either in-home or nursing home rehabilitation care. The major issue is the unacceptability of perceived institutional care in a nursing home.

The patient also has a son in Korea who is strongly advising his sister not to place the mother in a nursing home and that she should quit her job and stay home to provide the care herself. Quitting her job is not acceptable, as that is the reason she moved to the U.S. in the first place, and her business depends on her presence. Her brother further states that he has checked with his doctor friends in Korea and that his mother should be able to stay in the hospital until she is well enough to go home.

This case was resolved. How?

Answer: *A Korean-American medical resident rotated on to the service. When he heard of the dilemma, he worked with the discharge planning team to devise a plan.*

He left a message in Korean on the daughter's answering machine that he would like to discuss the situation with her and to help work on alternative solutions. He also left a letter in Korean for the daughter at the patient's bedside. The daughter contacted him, and with her permission, he called the patient's son in Korea to help explain the American system. A nursing home that was also called a "rehabilitation center" was contacted and they agreed to take the patient for a stay of 6 weeks or less. They were adamant about not keeping the patient any longer than six weeks, and this reassured the family. During the time that the patient was in the rehab center, the daughter worked through her temple to find an appropriate in-home caregiver. A referral to a licensed home care program was made prior to the discharge home from the rehab center.

Case 2: *An elderly Korean-American woman is found dazed on the sidewalk. She is brought by ambulance to the hospital ER where it is found that she is malnourished, dehydrated, and suffering from a recent minor head trauma. She has no identification. She is speaking loudly in Korean in a high-pitched voice, and appears to be frightened to the point of panic. An MRI reveals no significant head injury. Because she is becoming increasingly agitated, mild sedation is considered for her safety. She is admitted and is quite difficult for the nurses to handle. They manage to quiet her with their calm demeanor and offer of food. She improves somewhat over the next few days. The hospital has obtained the services of a translator, but the translator says that the patient is not making any sense and has no suggestions to offer.*

What would you do next?

Answer: *The hospital social worker calls the Buddhist temple near where she was found. The Buddhist priest comes to visit the patient and recognizes her. She has been a member of the temple for many years. Unfortunately, she never had children and has outlived her spouse. She appears to be alone in the world. In the hospital, the patient continues to improve and she is eating well. Her agitation has abated. A Korean physician is consulted to help reassess her mental status. She is found to have a moderately severe dementia. The social worker places a call to the Korean Care Home, and there is an opening. The patient is discharged to the care home in improved condition.*

Case 3: A 72-year-old Korean-American hard-driving businessman who was born and raised in the U.S. suffers a heart attack. His Korean language skills facilitate building a successful international business. He is a heavy smoker and admits to one or two drinks of whiskey per day. Two days after admission, he has a hallucination that his room is filled with Chinese farmers and chickens. The medical team considers whether his symptoms are a result of the cardiac drugs that he is being given. His blood pressure is elevated and he is tachycardic. Drug levels are requested and he is given a tranquilizer. Drug levels are in the low therapeutic range, and he is diagnosed to be in delirium tremens from alcohol withdrawal.

What cultural factors may have led to this situation?

Discussion: Although born and raised in the U.S., the patient's business requires contact with colleagues and clients who are smokers and who have an alcohol-habituated life. Most of his Asian national business colleagues are hard drinkers and heavy smokers, and expect to be entertained. He will need a great deal of counseling to save his life. Responsibility to his family may be an important factor in changing his lifestyle. This is certainly not a situation exclusive to Korean Americans. However, the business milieu in the U.S. has been gradually changing to a healthier lifestyle. Visiting Asian businessmen are somewhat more likely to be smokers and to expect to be entertained with alcohol.

STUDENT EVALUATION

QUESTIONS AND ANSWERS:

True/False:

1. Most older Korean-Americans readily accept Western medicine as their preferred health care practice. (False)
2. Obesity in Korean-Americans is about the same as in Caucasians. (False)
3. It may be very difficult for a Korean-American family to accept the need for nursing home care, even on a temporary basis. (True)
4. Among traditional Koreans blood ties are the most important relationship. (True)
5. Korean-American elders are likely to be open about their traditional health practices. (False)

Multiple Choice:

6. Cultural characteristics of Koreans are as follows: (all true)
 - a) Family, especially blood ties, are extremely important.
 - b) there is a strong tradition of filial piety.
 - c) work and the ability to work are highly valued.
 - d) Temples and churches are important in the lives of most Koreans.

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INTERNET RESOURCE

http://www.usc.edu/isd/locations/ssh/korean/kabib_eld.html: This is a web site that contains an excellent bibliography on Koreans.