

BACKGROUNDS

- South Korean government has been providing various supports to North Korea refugees' in terms of livelihood, housing, employment, education, and healthcare, in accordance with the North Korean Refugees Protection and Settlement Support Act of 1997
- However, the level of adaptation of them are still considered to be low compared to the general public of the country. Especially. there is a significant unmet needs of medical care, according to preceding studies
- Preceding studies on the health and use of medical systems by North Korean refugees have been dependent on sampled surveys and interviews with a small number
- Therefore, the amount of empirical data that could provide scientific insight into their behavior in using medical services and other healthcare-related characteristics leaves a lot to be desired

OBJECTIVES

- This study examines the health status of North Korean refugees living in South Korea and identify how does it change according to adaptation process through DB analysis and case study

METHODS

Research methods		Research contents	
Literature Review	Review on preceding studies and related systems	• The settlement process and support systems for North Korean refugees • The health care and medical systems for North Korean refugees	
DB Analysis	Cross-sectional analysis (2019 year)	North Korean refugees from 2002 to 2019 (38,565 people)	• Demographics • The current status and trend of using medical services
	Longitudinal analysis (2010~2019 year)	The North Korean refugees who became eligible in 2010 (2,929 people)	• Current status and trend of the use of health check-ups • Current status and trend their diseases
Case Study	1:1 In-depth interview	• (Interviewees) 12 North Korean refugees (8 Female, 4 Male) • (Contents) General characteristics, Heath status, Health behavior, Utilization of medical service	

RESULTS

- **General characteristics (38,565 people as of 2019)**
- **(Gender)** Female(67.8%) was 2.1 times of the male(32.2%)

- **(Age)** The average age was 36.3, and the share of the elderly over 65 was only 5.2%, while the group between 35 and 49 accounted for 33%
- **(Area of residence)** The Greater Seoul Area accounted for 63.8%
- **(Types of medical security)** The medical aid accounted for 45.0% of all respondents, while Health Insurance covered 55.0% of them

- **Medical service usage (2,929 peoples as of 2010 to 2019)**
- More female(96.1%) turned out to have used medical services compared to men(90.5%)
- **(The time of using their first medical service after becoming eligible)** 72.0% of the individuals used their first medical service within three months from becoming eligible. 94.6% used a medical service within 12 months from becoming eligible
- **(Changes in the annual per-capital medical expenses)** The increase rate per annum was 4.8% in average. Increases were observed in admissions(6.4%), outpatients(6.9%), and use of pharmacies (5.3%) altogether
- **(Receiving health check-ups)** The rate of the North Korean refugees who received a general health checkup in 2019 was 51.1%, which was lower than 74.1% of South Koreans by 23%p according to the 2019 Health Check-up Statistics Yearbook
- **(Dental care)** dental care increased drastically starting from 50, No implant support
- **(Smoking rate)** The smoking rate of the male North Korean refugees in 2019 was 53.2%, while the male smoking rate according to ‘2019 Health Check-up Statistics Yearbook’ was 35.3%, indicating that North Korean refugees were 17.9% more likely to be a smoker

- **Major disease (2,929 peoples as of 2010 to 2019)**
- **(Mental health)** The prevalence of North Koreans is 2.3 times higher than that of South Korea, and the annual average growth rate is also very high. Especially in North Korean women
- **(Endocrine, nutritional and metabolic diseases)** Men and women have a high average annual growth rate, and men have the highest diabetes
- **(Malignant neoplasm)** Men and Women have the highest annual growth rate, and women have the highest annual growth rate among those aged 20 to 64

CONCLUSIONS

- **Reinforce the actions for health promotion and prevention**
- Provide quit-smoking program & Apply treatment programs early on
- Improve the rate of receiving health checkups and develop strategies for follow-up management
- **Reinforce the mental health counseling and treatment programs**
- Collate the information on the mental health counseling programs and treatment programs
- Expanding the support for professional counseling for mental health and treatment support
- **Expansion of Medical Expense Support**
- Expanding the eligibility for dental care, including implants
- Easing the eligibility conditions for severe chronic diseases