

Factors affecting Health care accessibility among Korean Americans living in New York City*

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Part I. Background of the Project

A. Definition of the Problem

According to the U.S. Census in 1990, 31.8 million U.S. residents don't speak English or do not speak it well. Such language barriers restrict their access to essential services and important information. The Cross-Cultural Affairs Office (CCAO) is a part of New York City Health Department. ¹Cross-Cultural Affairs Office (CCAO) addresses this problem by coordinating the translation of public health education materials as many as twenty-three different languages. The immigrant health project is the foundation for the CCAO functions of cross-cultural advising, translation, materials development and the Volunteer Language bank (VLB). It supplies Department

of Health (DOH) staff and other health care service providers with current information on community needs and concerns. The project focuses on enhancing the DOH's delivery of public health education messages to non-English speaking populations of New York City, facilitating access to services and the expansion of data collection on these populations. As a growing immigrant population, the Korean community needs culturally and linguistically appropriate health information to allow them to remain informed in health issues they face.

To expand and improve the relations with the Asian community, CCAO has successfully enlisted the help of CBOs from the NYC Asian community, to maintain and coordinate Advisory Board on health issues. CCAO has put together a general Guide to Language,

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¹ Cross-Cultural Affairs Office(CCAO) is a part of New York City Health Department.

Culture and Health and recently drafted In-depth Guides to Language, Culture and Health. There is a great need to inform Agency staff on how to best interact with clients from different cultures. My project primarily involves finishing a draft of a Korean Guide and enhancing participation of Korean CBOs in CCAO activities.

B. Significance of the Problem to Public Health

Along with the lack of health insurance, health access issue is a significant public health problem among immigrant populations. Culturally sensitive and linguistically appropriate services are major keys to effectively improving access for immigrant populations. In general, many health care providers are in great need of medical interpreters and cross-cultural sensitivity training. However, the smaller community-based organizations and providers are the agencies that are currently providing such services because CBOs consist of their own Language speaking staffs and culturally sensitive care providers. Although the New York City Volunteer Language Bank provides interpreter services in many languages to various city agencies, it is critical that many health care providers recognize the need for culturally sensitive and linguistically appropriate services. Although these senses to be increasing awareness of the need in culturally appropriate, very little research exists on the health beliefs and behaviors of Korean Americans in NYC.

C. Appraisal of Existing Information Bearing on the Subject

Demographic Data

The 1990 US Census reported that 71,225 Koreans resided in NYC, representing 0.97% of NYC population. Of these Koreans, slightly more than 70% of NYC Koreans (49,970 Koreans) resided in the borough of Queens.

The borough of Queens is divided into 14 community districts. Among these community districts, Districts #7 (Flushing and White stone) claimed the greatest number of Korean residents (17,323 Korean: 24.32% of all Koreans in NYC).

The age and gender distribution of ZIP codes 11354 and 11355 showed that the API population is younger. When compared within sexes (API female v. total female: API male v. total male), APIs are still younger than the general population. However, the difference in calculated mean age is more significant for the female populations than for the male populations. Seniors make up more than one-third of the population in the District 7; however, services must be increased in order to meet the growing demands of this population.

Insurance Status

To see if the insurance status of Korean community had a significant impact on hospital utilization, hospital admissions rates of Zip 11354 & 11355, Queens and NYC were analyzed by different insurance status (United Hospital Fund, 1994). The Korean community reported greater hospital admissions rate for Medicare than Queens or NYC (KCS, 1999). This is most likely due to greater portion of Korean community being relatively older (Korean American Senior Citizen Counseling Center, 1999)

The lower overall hospital admission rate for our community, then, is due to fewer admissions by those covered by other categories. The population reported decreased admissions rates for ALL of the other categories, including Medicaid.

This overall decrease in hospital utilization can result from a significant portion of community, namely the immigrant population (API 33.77% and others), lacking health insurance. This would result in lower rates for all other types of health insurance because enrollment figures in the Korean community would be lower. Furthermore, it would result in lower rates for self pay / no charge category and might even result in lower rate for Medicaid, since Medicaid requires verification of immigration status.

Insurance status was also analyzed for the birth outcomes in 1996 because it was reasoned that birth outcomes would be less affected by insurance status (or lack of insurance status) than general hospital admissions.

Some data analysis on hospital admissions rate and birth rate by financial status indicate that the Korean community has a considerable number of uninsured persons. Interviews and fieldwork reveal that lack of health insurance is a serious concern in the Korean community. However, the recent introduction of Child Health Plus has begun to enroll a large number of Korean children (Agape Korean Nursery, 1999).

D. Statement of Hypothesis

1. Korean Americans living in NYC have health access problems such as lack of health insurance, financial difficulties, and

language problems.

2. Korean Americans in NYC have information by Korean ethnic mass media.
3. Acculturation level affects health care accessibility.

Part II. Investigative Phase

A. Design of Study

1. Literature review
2. Interview or personal communication with Korean Americans including Korean CBOs leaders
3. Survey research: It is descriptive and expository survey research.

Based on the previous information of Korean immigrants in NYC, CCAO conducted survey research in order to investigate traditional and western medicine utilization, usage of mass media, health insurance status and the barriers to health access. The second section of fill-in questions, for health care providers only, was also included on the survey. The survey was given exemption from DOH IRB review in May 8, 1999. Expository and descriptive survey questionnaires have been developed in both Korean and English versions. This survey was designed and targeted to Korean immigrants living in NYC.

B. Collection of Data Activities

Self-administrated survey questionnaires developed simultaneously in both English and Korean languages, were printed on opposite sides of papers. Respondents (N=115) had the option to fill out the survey in either language. They were given to a convenience sample of health fair attendees (n=83)² and

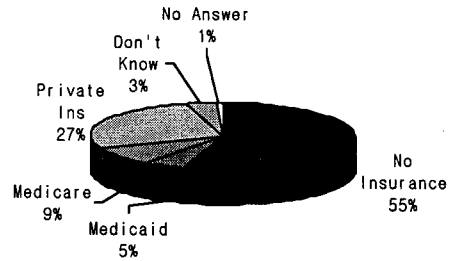
members of a Korean Church (n=32) in Manhattan on a voluntary basis. We had an opportunity to administer a brief survey to a Korean Health Fair, and also administered questionnaires to a Korean church to provide a comparison group on May 9, 1999. This effort was meant to increase our knowledge of this hard-to-reach population and generate hypothesis for further research.

C. Result³

The sample strongly tends to prefer Korean language. 83% answered the Korean Version of survey. Average time living in NYC is 10 years. Age distribution: 23 to 83

In terms of health insurance coverage there are No insurance (55%), Private insurance (27%), Medicare (8.7%), Medicaid (5%), and others (4%) (Figure 1).

Top three Usage of medical services are Korean MD (60%), Korean pharmacy (31%), US general clinic and hospital (14%). And others are Traditional MD (11%), Korean staff hospital (10%), US drug store (8%), others

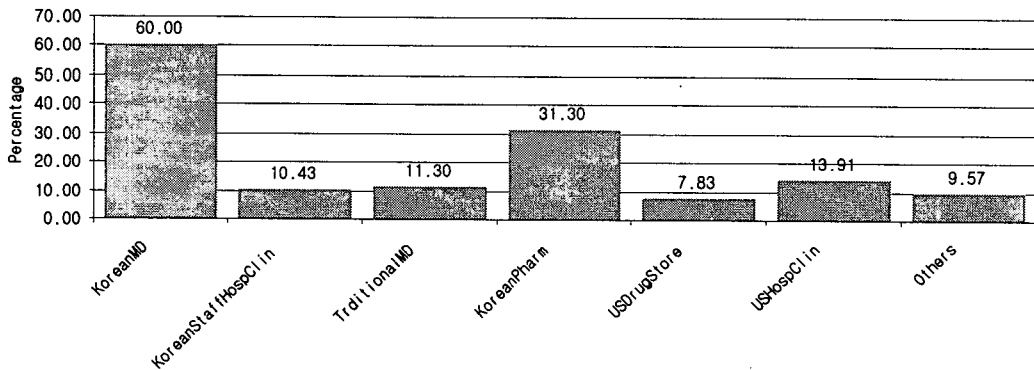


(figure 1) Percentage of Health Insurance Coverage

(9%). Tend to use Korean speaking western medicine providers/services (Figure 2).

Top three Barriers to health access are Cost of service (53%), Language barriers (37%), Unawareness of services (19%). And, others are Schedule conflict (17%), Manner of staff (13%), Lack of Korean language information (13%), Mistrust of US health system (10%), Unawareness of needs (3%) (figure 3).

Top three Media preferences are Korean newspapers (69%), Korean TV (61%), Korean radio (57%), English TV (37%). Interestingly, readership of Korean magazines and English

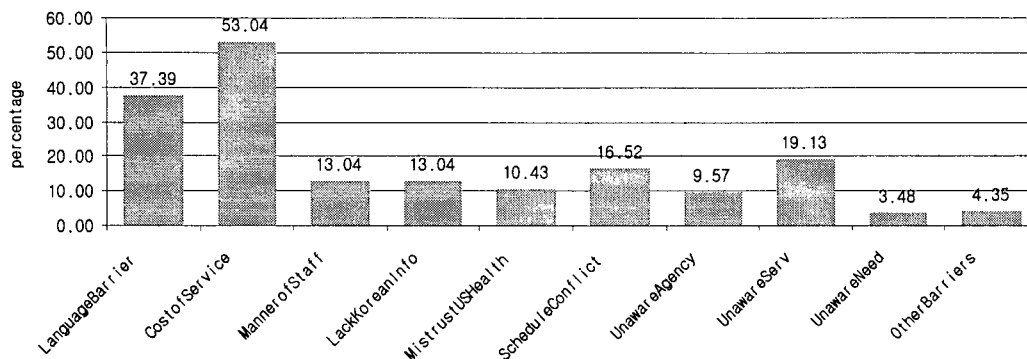


(Figure 2) Usage of Medical Services

2 The 3rd Annual Health fair sponsored by The Korean Community Service Center held on May 8, 1999 in Flushing high school.

3 Data were entered into an MS Access data base table. Data were analyzed in MS Excel and SPSS version 9.

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(Figure 3) Barriers of Health Access

magazines were answered by the same number 24%. Most Korean get information from the Korean Papers Korean TV.

Moreover, in the provider section (N=11) of the survey, language barrier is mentioned as the biggest general problem for the comments, and lack of health insurance is mentioned as a biggest health problem.

Part III. Discussion

Health insurance issues related to socioeconomic factors, language barriers, self-employment and various other barriers exist within the Korean immigrant community. Education and skill building regarding the importance of health insurance and insurance utilization is needed. It may be useful for the community if health insurance administrators and/or company representatives presented the material and information in Korean. With regards to addressing the socioeconomic barriers faced by new immigrant children, Child Health Plus should be suggested. Child Health Plus has been created as an accessible and low-cost health insurance for those children who cannot afford other types of

insurance plans and policies. Community-wide health fairs where individuals could meet with insurance providers who speak Korean could assist members in the community better understand their options and opportunities. **Bilingual** hospital, clinical and agency staff members could aid in this process. There seems to be a general distrust of the U.S. health care system on the part of the immigrant Korean community. It would be helpful for new immigrants if **hospital staff resembled their patients** to reduce language barriers, to understand cultural issues, and to provide patients with an overall feeling of comfort and ease. Creating bilingual and culturally-appropriate written **educational materials** to be distributed in health care settings would allow the Korean immigrant community to educate themselves about various health issues as well as the educational opportunities. This could help engender a feeling of empowerment and ownership over the ability to learn more about issues pertaining to their current lives in the United States. In addition, these types of efforts could positively affect feelings of isolation. **Mass media** is another medium by

which health education can take place. Utilizing radio, television, Korean videotapes, commercial advertisements and billboards to reach out to members of the immigrant Korean community could be another effective method of integrating culturally sensitive practices with the U.S. health care system. This educational medium can be useful in meeting the needs of those immigrants that cannot read (who are illiterate) but have access to a radio and/or television.

Immigration, acculturation and settling into a new community are stressful life events in and of themselves. Creating services that address these issues could help to establish a cohesiveness among families as well as to deconstruct fears that they are the only family that is struggling with these issues. In other words, services addressing these needs could build skills as well as a sense of community, consciousness and connection.

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ABSTRACT

뉴욕 거주 한국인의 의료서비스 접근도에 영향을 미치는 요인분석

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뉴욕시 정부의 이민자들에 대한 다각적인 접근과 시도에도 불구하고 의료 서비스 제공자들과 대상자간에 언어적 장벽과 문화적 차이로 인한 상호협조의 어려움은 계속되고있다. 본 연구는 뉴욕시 보건국 소속 다민족 다문화 계층의 의료수준 향상을 위한 노력의 일환으로 실시된 프로젝트 중 일부이다. 뉴욕시의 한국 이민자들이 뉴욕시에서 증가하는 추세를 감안할 때, 이들의 의료시설 이용 및 서비스 수혜에 대한 기초 조사를 실시하여 한국 이민자들의 문화적 배경과 그로 기인한 건강 신념을 알고자하는 시 정부 차원의 요구가 이 연구의 배경이다. 즉, 한국이민 사회의 독특한 특성을 뉴욕시 정부 관련 의료서비스 제공자들에게 그 이해를 높여서 한국 이민자들의 미국에서의 의료서비스 수혜의 기회를 높이고자 한 것이다. 기초 관련 연구가 전무한 한국 이민자들의 건강관련 이슈를 다루기 위해 미국 센서스와 병원 입퇴원 기록 현황에 나타난 한국인 혹은 아시안의 의료보장 실태 등을 고찰하였고, 한국이민사회의 주요 기관의 대표들과의 면담과 이민자들을 대상으로 한 직접 설문조사로 자료를 수집하여 분석한 결과는 다음과 같다.

한국 이민자들은 한국어를 주요 언어(83%)로 사용하는 것으로 나타나 문화의 동화율이 낮았고, 낮은 문화 동화율은 의료 서비스 접근도를 낮추는 요인으로 나타났다. 또한, 의료 보험이 없는 것(55%)이 가장 큰 요인으로 지적되었는데, 이는 미국 직장에 적용하기 어려운 이민생활로 자영업을 주로 하는 생활 양태가 비싼 사 보험(private health insurance)을 사지 못하는 요인과 관련되어있다고 본다. 따라서, 주로 이용하는 의료 서비스의 종류에도 많은 제한점이 있어서, 60%가 한국인 의사를 선호하며, 31%가 한국인 약사에게 건강관리를 의존하는 것으로 나타나 미국사회의 의료 서비스 접근도는 극히 취약한 것으로 드러났다. 의료서비스 접근을 막는 주요 장벽으로는 비싼 의료비(53%), 의사소통장애(37%)로 나타났다. 보건의료 서비스를 위해 주로 이용하며 생활의 정보를 얻는 통로로는 한국어 신문(69%)과 한국어 TV(61%), 한국어 라디오(57%)로 밝혀졌다.

결론적으로 한국 이민자들에게 좀더 나은 의료 서비스 수혜를 위해서는 문화 친밀도가 높은 의료환경 조성 및 의료 서비스 제공자들의 이해를 높이는 일 등과 함께 한국 이민자들이 의료보험을 살수 있도록 한국어로 된 의료 서비스 정보를 제공하는 등의 노력이 필요할 것으로 생각한다.