

The Perception of the Accessibility of the United States Healthcare System for Asian Immigrant Women

By Madison Zhan

Author Bio

Madison Zhan is a junior at Stuyvesant High School in New York. She is passionate about the psychological and anthropological views of gender equity and social justice, and she hopes to continue conducting research in these fields and fighting for equality.

Abstract

Asian immigrant women living in the United States (U.S.) are more likely to encounter barriers when accessing the U.S. healthcare system. These challenges can include language differences between physicians and patients, cultural incompetency within the healthcare system, and discrimination. Additional qualitative research is needed to better understand the unique perspectives and needs of Asian immigrant women living in the U.S. The objective of this research is to study the U.S. healthcare system from the perception of Asian immigrant women and explore potential challenges and experiences with discrimination. The methodology for this study was a qualitative interview design using a thematic analysis approach. A convenience sample of $n=7$ Asian immigrant female study participants was recruited. The themes from the qualitative analysis included cultural differences, cultural barriers, language, healthcare accessibility, and potential improvements to the U.S. Healthcare System. More research should be done regarding the extent to which immigrants actively seek out and utilize healthcare services dedicated to educating and assisting immigrant populations. Further research is needed to understand how non-English speakers can be better informed about the healthcare options and translation services available.

Keywords: Immigrants, parents, Asian, language barrier, reliance, lack of support, family, culture competency, culture, racism, discrimination, healthcare, U.S. healthcare system.

Introduction

Asian immigrant women living in the U.S. are more likely to encounter barriers when accessing the U.S. healthcare system. These challenges include language differences between physicians and patients, cultural incompetency within the healthcare system, and discrimination (Clough et al., 2013). Discrimination against Asian immigrants is a serious concern in a society that strives toward equity. Studies have found that Asian immigrants are susceptible to misunderstandings between physicians and patients, delayed treatment-seeking behaviors, mistrust of the medical system, and poor quality of care (Clough et al., 2013). The purpose of this research is to increase awareness of the challenges faced by Asian immigrant women when accessing the U.S. healthcare system. This research highlights the inequities faced by Asian immigrant women living in the U.S.

Research Question

How is accessibility of the U.S. healthcare system perceived by Asian immigrant women?

Literature Review

The definition of cultural competence is the ability of an individual to establish interpersonal relationships that supersede cultural differences by understanding the importance of social and cultural influences on patients, taking into account how these factors interact, and developing appropriate interventions (Beach et al., 2005). Data from this study demonstrated strong evidence that cultural competence training affects healthcare providers' knowledge and impacts patient satisfaction. Positive outcomes are associated with interventions that teach general cultural concepts, specific cultures, or both. Notably, healthcare professionals who possess cultural competence may be more skilled in eliciting patient histories and, therefore, more accurate diagnoses (Beach et al., 2005). However, effective training interventions can be challenging to conduct due to the diversity of curricular content and methods.

The U.S. Department of Health and Human Services' request for the public's input on Culturally and Linguistically Appropriate Services (CLAS) standards suggests that tackling the range of encounters that occur in healthcare settings requires

cultural competence to broaden. Based on 2000 census data, from 2000 to 2030 the percentage of Asian and Pacific Islanders is expected to increase by 285% (Parker, 2010). When dealing with non-White elderly individuals living in long-term care facilities, there can be problems with meeting language, cultural, and religious needs. Language differences are not the only barrier to cross-cultural understanding. There is a greater need to improve overall communication skills, reflection, and self-awareness to increase understanding between Asian immigrants and healthcare workers. It is essential for healthcare workers to acknowledge different diversity factors at stake (Parker, 2010).

Being foreign-born increases the odds of Asian and Latino individuals reporting discrimination (Lauderdale et al., 2006). Foreign-born Asian individuals, along with foreign-born Black and Latino individuals, are more likely to report discrimination after adjustments are made to care access, socioeconomic status, and home language (Lauderdale et al., 2006). Sources of usual care are linked to discrimination reports, especially for the emergency room. Respondents in previous research were asked if there was a time when they believed they would have received better quality medical care if they were from a different race/ethnic group; 16% of Black, 15% of Latino, 13% of Asian, and 1% of White individuals reported this perception (Lauderdale et al., 2006). Those born in a foreign country report significantly higher rates of discrimination. This trend suggests that being foreign-born itself may increase the risk of encountering or perceiving discrimination in healthcare settings. This is likely due to conflicting cultural beliefs regarding health care or structural barriers to access. The data from this study could not determine the key cultural, structural, or psychological factors that may increase perceptions of discrimination in foreign-born individuals or the accuracy of self-reports (Lauderdale et al., 2006). It would be misleading to omit immigration status in discussions regarding discrimination in healthcare as nativity plays a pivotal role in how Asian and Latino individuals perceive discrimination (Lauderdale et al., 2006).

There is a positive correlation between racial discrimination and anxiety/depression among Asian Americans (McMurtry et al., 2013). Research shows that encountering racial discrimination, in the form of institutional obstacles or interpersonal incidents,

is a detrimental stress factor in individuals' lives (McMurtry et al., 2013). When asked, 13% of Asians reported that they felt discriminated against when they went to a doctor or health clinic (McMurtry et al., 2013). Fear of facing discrimination causes Asian immigrants, especially women, to avoid formal medical care (McMurtry et al., 2013). The positive correlation between Asian discrimination and health issues suggests that racial discrimination threatens the physical and mental health of Asian Americans.

Research Gap and Objective

Based on the literature review conducted for this study, additional qualitative research is needed to better understand the unique perspectives and needs of Asian immigrants living in the U.S. This research aims to study Asian immigrant women's perception of the U.S. healthcare system and explore potential challenges and experiences with discrimination.

Methodology

Thematic Analysis

This study's methodology was a qualitative interview using a thematic analysis approach. The primary researcher reviewed interview transcripts line by line. Thematic analysis was based on keywords related to perceptions and challenges in the United States healthcare system. For example, codes and themes were identified if participants mentioned "language barrier," "reliance on family," "discrimination," etc. The themes were categorized using Microsoft Word. Codes and themes were analyzed for similarities and differences between the interview transcripts. Interviews with individuals who were patients were compared to interviews with individuals who were healthcare professionals to explore varying perspectives about the U.S. healthcare system.

Study Participants

A convenience sample of $n=7$ study participants was recruited to participate in the study. All study participants were Asian American women who had immigrated to the U.S. Three study participants were healthcare workers. One was a physician.

Interviews

All participants, except for one, were contacted via messaging applications and email to schedule an interview time. Four interviews were conducted on Zoom, and three interviews were conducted via written format due to language limitations. Interviews were transcribed using either the Otter or Zoom software platform. Notes were taken during and/or after each interview by the primary researcher. Interviews ranged from 30 to 60 minutes in length.

Participants were asked about the accessibility of the U.S. healthcare system when they first immigrated, how understandable the system is for them now, what barriers they faced when accessing the system, and their overall perception of the system. Participants were also asked their opinions regarding possible accessibility solutions. The physician participant received adapted interview questions centered on her experiences with immigrant Asians, how the U.S. healthcare system already accommodates immigrants, what the U.S. healthcare system can do to eliminate boundaries, and their opinion on NGOs that help Asian immigrants achieve better healthcare.

Ethical Considerations

The primary researcher informed study participants how their identifying information would be protected. All study participants provided informed consent prior to participating in this study. A potential risk was triggering traumatic memories of healthcare events. To minimize the risks and discomfort, participants were provided the questions beforehand and given the option to decline to answer any questions or take breaks from the interview at any time.

Data Management, Security, Anonymity of Informants

Data was stored on a personal computer, and paper notes were stored in a private location. Personal identifiers were removed from the data after the transcription process.

Results

Cultural Differences

While conducting the interviews, several common themes became apparent. Study participants mentioned the differences between Asian and Western medical philosophies. A surprising result from a qualitative interview was the differing perspectives on the use of painkillers in Asian countries versus in the U.S. One participant shared their experiences with varying perspectives on medication use.

“[People in China and Chinese American immigrants] don’t like to take so many medications. And then, of course, here in America, people sometimes joke, ‘No, darling, you’re popping a Tylenol like it’s candy.’ You know, you can turn around and just ask anybody, ‘Do you have Tylenol?’ and a lot of times people have a bottle in their bag, which was really surprising to me, at least when I first started in nursing school.”

Cultural Barriers

When asked about experiences regarding cultural barriers, especially Asian immigrants who did not want to use Western medicine, one interviewee discussed her concerns.

“Yes! Especially in my field like psychiatry. There’s a negative stigma about mental health. A lot of times I will tell the Asian mother, ‘Your child is really depressed, and we have medications for it. It really works!’ And they’re like, ‘No, I don’t want medications.’ ... And a lot of times I let them know they have high blood pressure and will need to take medications for blood pressure. It’s the same thing for depression. There’s a need to educate and give information. Some of them hold on to old cultural values, like those around giving birth and not getting up to do stuff.”

Cultural differences can make it difficult for doctors and Asian parents to agree on the medicine to give children, and the resulting reluctance to use Western medicine may interfere with children receiving the best medical care. This interviewee provided an example regarding their attempts to treat children with ADHD.

“The kids really struggle with sitting still, learning,

and doing their homework. Once you treat their condition, the kids are good at school! They’re able to follow instructions and do really well in class. It’s better to acknowledge a mental health condition like ADHD instead of saying, ‘My kids are just lazy, he doesn’t do anything and just plays video games.’ I point out to them I don’t think he’s lazy, it’s hard for him to focus so he gives up. And then after we treat that condition and you see a big turnaround, they’re able to follow instructions, do their homework, study and they get the grades. You know it’s not laziness per se, it’s just that he has problems focusing.”

Another component of this theme is dependence and the impact of cultural barriers.

“Because of the language and cultural barriers ... Asian mothers may not be in a position to advocate for themselves. They may be fearful of asking questions because culturally you just listen to what the doctor says. You don’t know better ... Westerners who are more educated and more tech-savvy would have already done some research on their own. They would raise issues and tell the doctor I did all this research online and here’s what I think is going on. Without a language barrier, Westerners are often more effective at advocating for themselves. Asian immigrants ... tend to say: ‘I will listen to whatever you think is best.’ I have a role in their decision-making, but all I should be doing is giving them the information they need to make the best decision for themselves and their family. This is often new to them.”

Language and Healthcare Accessibility

The English-speaking interviewees (n=4) noted they felt the U.S. healthcare system was effective in providing quality and accessible health services. A potential reason for this perspective was the English language skills of these Asian immigrants.

“I was amazed at how quickly you could actually get the service. And it was interesting because I came from a family that has doctors. My mom’s a doctor in China and so I’m familiar with going to hospitals in China. So, I was amazed by how quickly I was able to enter the ER and do all the tests and everything.”

Although these English-speaking interviewees did not have significant issues when communicating with doctors, their parents did. Many

of the informants' parents relied on professional translators or family members to communicate effectively with their doctors.

This theme included the dependence of older immigrant family members on younger, English-speaking family members to serve as the primary point of contact. This dependence on family members or interpreter services presents a complicated barrier for these patients seeking care. This was echoed during interviews with non-English-speaking participants.

"Language is the biggest barrier for immigrant Asians when it comes to the American healthcare system. Even if written information is offered in our language, we are afraid to pick up the phone and speak to secretaries who don't speak our language and then visit doctors who don't speak our language. I rely on my English-speaking children to help me do everything, from call[ing] Medicaid and doctors to taking me to appointments and explaining to me the options I have."

The reliance on family members to serve as translators persisted throughout the interviews, signaling that there are not enough translation-interpretation services accessible in the healthcare setting. A healthcare professional interviewee expressed similar problems.

"Interpretation is available, and there are three versions of it: via telephone, and in-person – which is hard to come by now so it should be pre-arranged. And now they have these iPad rovers. The iPad sits on a rolling stand, and it is rolled into the patient's room and then there's an actual video and audio interpreter going on. Sometimes the rover has specific Asian dialects like maybe Fujianese, but beyond that it is limited."

This interviewee continued to share that there are thousands of languages spoken by Asians, with many dialects. When asked how the language barriers affect Asian immigrants obtaining medication, the healthcare professional explained the importance of translators at insurance companies. This interviewee also discussed how Asian immigrants may prefer pharmacies where the employees speak their native languages.

"Hopefully, someone at the insurance company speaks your language and can clarify the situation. [Some Asian immigrants prefer] smaller local pharmacies that speak Asian languages and can give them some guidance on medication or answer any questions they have."

Potential Advancements to the U.S. Healthcare System

When asked about possible improvements to make the U.S. healthcare system more accessible, the interviewees stated a need for more translation services, multi-language medical forms, transportation services for the elderly, guidebooks to help immigrants learn the differences between the U.S. healthcare system and their ethnic country's healthcare system, more outreach to spread awareness of available resources, and more inclusive, free healthcare. In addition to language services, participants expressed that English-speaking physicians should improve their cultural awareness. The physician interviewee shared her personal success in assisting fellow physician colleagues in preparation for interactions with Asian immigrants.

"[We] help non-Asian healthcare professionals to better understand Asian patients. [The patients and their families] don't know what's going on. [It is] easier for [physicians] to learn from a colleague who has had a similar experience rather than from a patient."

One participant discussed the importance of interpretation services across multiple fields within healthcare.

"You need to ensure health care providers like nurses, occupational therapists, doctors, physical therapists, speech therapists, and pharmacists can all provide services in Asian languages as all this is important. There needs to be diversity in the medical field. ... Facilities that are predominantly white people, English speaking, seem so inaccessible to someone who is Asian or another minority group."

Several participants in this study mentioned the importance of non-profit organizations that help Asian immigrants access healthcare in their native languages. Participants shared that non-profit organizations have limited resources and face logistical

issues for patients receiving care.

“For example, we arrange for a mom to receive care at a hospital, but they live so far away that it would take them a whole day to get there and back by train. They need to take time away from work, and if they don’t work, they need to think about feeding and caring for family members at home. So maybe it is just audio social services that you can provide. Or possibly car service to reduce their travel time from 90 minutes to 30 minutes each way.”

Discussion

The results from this study effectively answered the research question. The combined literature review and qualitative research study provide information on the perceived accessibility of the U.S. healthcare to Asian immigrants. The themes from the qualitative analysis included cultural differences, cultural barriers, language, healthcare accessibility, and potential advancements, which are consistent with previous literature.

This study found that cultural differences exist between Asian and Westernized cultures regarding medication use and medical philosophies. These cultural differences were also referred to in previous research, which found that a reason for immigrants encountering/perceiving discrimination in America’s healthcare system may be contrasting cultural beliefs and a lack of cultural competency (Lauderdale et al., 2003). The cultural barrier theme in this study referred to a lack of willingness of some Asian immigrants to accept Western medicine (such as mental health treatment) and a lack of self-advocacy. Previous studies have examined rates of healthcare utilization in minority groups and found that Asian Americans may underutilize mental health services due to cultural factors and help-seeking behaviors (Sue et al., 2012).

The theme of language and healthcare accessibility was characterized by participants who were fluent in English and reported easier access to healthcare services compared to participants who were not fluent in English. Non-English-speaking immigrants frequently relied on family members for translation assistance. Older non-English speaking immigrants also reported more challenges

when communicating with physicians and seeking healthcare. These findings are consistent with articles identified in the literature review that discussed the language challenges experienced by older Asian immigrants (Parker, 2010). The final theme in this review focused on advancements for the U.S. healthcare system: improved translation services, physician cultural training, and access to transportation for healthcare appointments. Previous research found that cultural misunderstandings can be minimized with cultural competency training, which improves health outcomes (Beach et al., 2005; Horner-Johnson et al., 2014).

Limitations

A limitation of this study is the small sample size of individuals who completed the qualitative interview. The small sample size may limit the generalizability of the results to the extensive Asian immigrant population living in the U.S. Another limitation is the inclusion of only female participants in this study, which excludes perspectives from male Asian immigrants.

Future Research

After analyzing the interviews and literature, it is possible to identify the most realistic and helpful policies that could make the U.S. healthcare system more accessible for Asian immigrants. Medical forms and information should be expanded to languages other than English, with improved advertisement of healthcare service organizations to diverse communities. Comprehensive education on cultural differences regarding medical philosophies should be incorporated into medical school training to ensure doctors understand their patients’ points of view. Research should also be done regarding the extent to which Asian immigrants actively seek out and utilize healthcare services dedicated to educating and providing assistance to immigrant populations. Further qualitative research is also needed to understand how non-English speaking immigrants can be better informed of the healthcare options available to them and how they can more easily access language translation services.

Acknowledgments

I would like to thank my mentor, Dr. Maxine Weisgrau at Columbia University, for guiding me through this research process. I would also like to thank the participants in the study; without their shared experiences, this research would not have been possible.

References

- Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., Smarth, C., Jenckes, M. W., Feuerstein, C., Bass, E. B., Powe, N. R., & Cooper, L. A. (2005). Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions. *Medical Care*, 43(4), 356–373. <http://www.jstor.org/stable/3768438>
- Clough, J., Lee, S., & Chae, D.H. (2013). Barriers to Health Care among Asian Immigrants in the United States: A Traditional Review. *Journal of Health Care for the Poor and Underserved* 24(1), 384-403. <https://doi.org/10.1353/hpu.2013.0019>
- Horner-Johnson, W., Fujiura, G. T., & Goode, T. D. (2014). Promoting a New Research Agenda: Health Disparities Research at the Intersection of Disability, Race, and Ethnicity. *Medical Care*, 52(10), S1–S2. <http://www.jstor.org/stable/24465881>
- Lauderdale, D. S., Wen, M., Jacobs, E. A., & Kandula, N. R. (2006). Immigrant Perceptions of Discrimination in Health Care: The California Health Interview Survey 2003. *Medical Care*, 44(10), 914–920. <http://www.jstor.org/stable/41219540>
- McMurtry, C. L., Findling, M. G., Casey, L. S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. Discrimination in the United States: Experiences of Asian Americans. *Health Services Research*, 54, 1419-1430. <https://doi.org/10.1111/1475-6773.13225>
- Parker, V. A. (2010). The Importance of Cultural Competence in Caring for and Working in a Diverse America. *Generations: Journal of the American Society on Aging*, 34(4), 97–102. <https://www.jstor.org/stable/26555751>
- Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: a call to action. *The American psychologist*, 67(7), 532–544. <https://doi.org/10.1037/a0028900>