

# Barriers to Health Care Access in Korean Children living in Louisville KY

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## Background

- The racial and ethnic composition of the U.S. population has undergone significant changes with Asian Pacific Islanders being the fastest growing population. Furthermore, the number of immigrant children has doubled in the past two decades, and a quarter of U.S. children are estimated to have at least one foreign-born parent.
- Despite such increases in immigrant populations and ethnic diversity, the current literature focuses primarily on African Americans and Hispanics/Latinos, with analyses of health inequalities among recent ethnic and immigrant groups from Asia being relatively uncommon.
- Compared to their white counterparts, Korean children are more likely to be rated by parents to be in fair or poor health, to lack health insurance, and to have had no well child examinations, even after adjusting for socioeconomic differences in both children and adults.

## Objective

- The purpose of this exploratory study was to identify barriers and enabling factors that influence healthcare access and utilization in pediatric population of Korean descent in an urban Midwest community.

## Methods

- The current study used qualitative methods to explore the experiences of Korean parents and their understanding and use of the healthcare system for their children.
- Study participants were members of faith-based and community-based organizations recruited by working with community leaders and utilizing existing Korean business advertisements as well as personal rapport within the community.
- Four focus groups were conducted in the languages of their preference, Korean or Korean mixed with English for clarification.
- A semi-structured facilitator-guide was used to guide questions on cultural influences on health care decisions and interactions and utilization of health services.
- Data were analyzed using grounded theory methodology. Using NVIVO, the researchers coded and identified recurring themes and a model developed to characterize the findings.

## Results

- Language barriers in health care interactions
  - Patient knowledge regarding and quality of interpreter services
    - ✓ *"Only 10 years ago there weren't such services available. I wish they would announce the availability more openly."*
  - Physician inquiry regarding the need for such services and their effective utilization
    - ✓ *"I typically use English during my child's well-child examinations. I request interpreter service however when my child is going through surgery or I have important questions I wanted to address."*
    - ✓ *"One time, I was comfortable with using English, but the provider insisted that we use the interpreter phone. I was grateful for the effort, but the phone-use actually made that particular visit less effective and more frustrating."*
  - Usefulness of written instructions and visit-summaries
    - ✓ *"I wish the providers would high-light or circle the medication administration instructions. There are so many extra fine-prints that make things difficult to understand, especially when providers do not tell me in person how to take the medication."*
- Differences in healthcare between Korean and the United States Systems
  - Health insurance expenses and perceived healthcare costs
    - ✓ *"In Korea, all medical providers including the doctors and the pharmacists have clear sense of what is covered and not covered by insurance and prescribe and suggest management accordingly. Maybe it has to do something with having every legal residents covered under universal national insurance in Korea, Here, that does not seem to be the case."*
  - Wait-times involved in scheduling as well as during appointments
  - Physician inquiry and understanding of common Korean home remedies or multicultural lifestyle
    - ✓ *"I do not use the Korean oriental combination herbal medicine but I do use Korean ginseng for my children. Everyone in Korea uses this, and it is available in a tube-paste form. This never comes up during my doctor's visits here, and the providers do not know much about the usefulness or side effects associated with its use."*
    - ✓ *"One of the providers encouraged the family to use Korean at home to promote my child's bilingual potential. Providing such anticipatory guidance was helpful, especially since I had not even think about this when I lived in Korea."*
    - ✓ *"My (Caucasian-American) husband (who grew up in the States) gives my child ice-cream for coughing whereas I (Korean-American who grew up in Korea) give my child warm water."*
  - Quality of physician's time spent with patients
  - Patient autonomy in care and discussion of primary treatment options
    - ✓ *"In Korea, the doctor had prescribed antibiotics to treat potential infection, antipyretics in case my child spikes fever, antiacids for associated antibiotic side effect regarding reflux, and probiotics for associated antibiotic side effect regarding altered gut flora in one setting when my child was seen for a scalp laceration. Here, doctor did not prescribe anything and asked if I needed anything else."*

- Understanding of primary care
  - Effectiveness of well-child examination and immediate care facilities
  - Korean-speaking acquaintance and internet for medical information
    - ✓ *"In Korea, I would have taken my child to the local clinic right away. Here in the States, the cost is not only substantially high but also I have to mentally prepare myself before the visit to the doctor in order to communicate with my child's English-speaking doctors."*

## Limitations

- By the qualitative nature of the study with limited number of participants, study results may not be generalizable to all Koreans living in the Midwest not to mention Louisville, KY.
- Study participants were not selected at random. In fact, they were recruited from a relatively tight-knit community and utilizing personal rapport to maximize the involvement of potentially difficult to reach population of Korean immigrants

## Conclusions

- Korean children may experience unique barriers to health care access. We have also learned that there were misconceptions about appropriate use of the healthcare system.
- These findings merit additional research to further examine these barriers and establish quality improvement efforts within the community.
- Community resources aimed to empower ethnically and linguistically diverse populations through education and networking as well as a more nuanced and inquisitive cultural competency training within healthcare system are needed.

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