

Why Korean Americans Need Responsible Health Reform

Achieving A Healthier Tomorrow Today

Congress and the President are committed to fixing the health care system to guarantee quality, affordable health care for all Americans. All Americans refer to all people who have made their lives in the United States and share common values, volunteer, study, play sports, dance and raise a family.

Our Policy Goals

The National Korean American Service and Education Consortium (NAKASEC), and its affiliates the Korean Resource Center (KRC) in Los Angeles and the Korean American Resource and Cultural Center (KRCC) in Chicago prioritized three initiatives within national health reform legislation this year: 1) immigrant inclusion, 2) health equity for racial and ethnic populations, and 3) affordability through the creation of a public plan option in any new health insurance pool.

Our Community Stories

Language Barriers to Quality Health Care

A limited English proficient Korean American senior was admitted to a hospital for complications related to kidney failure and diabetes. She developed an infection after breaking her arm and hip. She told hospital staff in Korean that she is in pain or “apah.” After ignoring several of her requests for a medical interpreter, the staff instead asked her limited English proficient husband to interpret the word “apah.” When he told them it meant pain, the staff made no attempt diagnose her condition and simply gave her painkillers each time she said “apah.” By the time they discovered the infection that was causing her pain, it had entered her bloodstream and spread to the rest of her body. Shortly before passing away she said, “I can’t speak English, but I should be thankful that they are treating me. She was unaware that her fatal condition was the result of the hospital staff’s failure to provide qualified medical interpretation.

Poor Health Condition of Uninsured Korean Americans

Physicians and medical students volunteer their time during KRC’s monthly second-opinion clinic and twice-annual health fairs, where uninsured patients receive free medical consultations and preventive health services. These volunteer physicians and medical students were surprised and deeply troubled by the alarming percentage of patients who were in poor health and suffered from chronic illnesses. Clearly, patients’ lack of health coverage created a significant gap in access to regular preventive health care services, forcing many to delay care due to costs. As a consequence, the illnesses of patients had reached advanced stages by the time they were treated at KRC.

Our Worsening Health

These stories reveal the steadily worsening health of Korean Americans. Nationally, 26% of Korean Americans do not receive regular care [the number climbs to 48% among those uninsured], with only 26% of Korean Americans reporting to visit a regular doctor. Subsequently, Korean Americans are more susceptible to delayed care, the possibility of financial ruin, and even death in emergency rooms. Though breast, cervical and colon rectal cancer is common among Korean American women, screening practices are greatly underused. In California 53% of Korean American women aged 40 or older reported receiving a mammogram in the past two years, and only 50% aged 18 years and older have had a Pap Test according to the National Institutes of Health. The rates are even lower for colon rectal cancer screenings.

Key Factors In The Health Care Crisis Impacting Korean Americans

Two key factors impact the ability of Korean Americans to receive preventive medical care and/or early diagnosis of illness—lack of health coverage and health inequity. Nationally, Korean Americans are known to have the highest uninsured rate of 52% among all ethnicities.¹ Several key factors contribute to this dismal statistic: immigration status, affordability, and lack of work-based health insurance programs. With regard to health inequity, Korean Americans are disproportionately impacted by the lack of health services that are culturally competent and linguistically appropriate.

Immigration status: According to the 2000 Census data, 71% of Korean Americans are immigrants and one in five Korean Americans are undocumented. Low-income undocumented immigrants do not have access to regular health care services and public health insurance programs, and more likely to be uninsured.

Affordability: Poverty and lower income have been correlated with high rates of death and disease while higher income has been correlated with better health status. Large disparities in income have been linked to lower life expectancy in cross-national comparisons as well as higher mortality and obesity rates at the state level. In 2005, the Asian Pacific Islander American Health Forum revealed that the per capita income for Korean Americans is \$18,027 compared to almost \$25,000 for the white population. The report also found that 14% live below the federal poverty level and 30% live below 200% of the federal poverty level compared to 8% and 22% for whites. In the same year, the California Health Interview Survey reported that the most common reason cited by Korean Americans for not having insurance is cost.

Lack of work-based health insurance programs: Among foreign-born Asian Americans and Pacific Islanders (AAPIs), Korean Americans have the highest self-employment rate. Immigrant small business owners and employees often are concentrated in relatively low-skill service industries (i.e. restaurants, retail, groceries, beauty services, etc) established in ethnic enclaves. Most small businesses are less likely to offer health insurance coverage. Faced with a high employee turnover rate and low profits, health insurance coverage is forgone to keep overhead costs low. Thus, the 2005 Asian Pacific Islander American Health Forum Survey found that only 48% of Korean Americans are insured through their employer, while 73% of their white counterparts have employment-based insurance.

Cultural competency: Cultural competency and the availability of culturally sensitive services also impact the Korean American community's access to health care. A nationwide survey of Korean Americans conducted by the Commonwealth Fund, found that: (1) Four in 10 respondents reported having great difficulty communicating with their physician with only 24% strongly agreeing that their doctor understands their background and values; (2) only 28% of Korean Americans were "very satisfied" with their health care; and (3) one out of 4 respondents reported having used acupuncture on a constant basis.

Language access: As a recent immigrant community, a vast majority of Korean Americans are limited English proficient (LEP) and about 41% are linguistically isolated. According to the 2005 Asian Pacific Islander American Health Forum Survey, individuals who are LEP are less likely to be insured, and less likely to receive key preventive health measures, such as immunizations, mammograms and regular checkups.

¹ The Commonwealth Fund (2001). *2001 Health Care Quality Survey*.

How Responsible Health Reform Will Work

A. *Provide quality health care coverage for all people living in the United States, including legal and undocumented immigrants.*

Affordable health care for everyone in the U.S. is a necessity. We need a health care system where everyone contributes to the cost of medical care, and no one has to fear that one accident or illness will leave them unable to care for themselves or their families. By removing barriers to health care, we can create healthy communities and opportunities for individuals to seek preventive care and live healthier lives. Within this context, undocumented immigrants must be included in any health reform proposal. According to a recent RAND study undocumented immigrants are more likely to be uninsured than are any other group; “[to] have a meaningful impact on the problem of the uninsured, then you must talk about undocumented immigrants.”²

B. *Improve equity in health care access, treatment, research and resources to people and communities of color, resulting in the elimination of racial disparities in health outcomes and real improvement in health and life expectancy for all.*

To ensure effective communication between consumers and providers and prevent medical errors that cost lives and money, culturally-competent and linguistically appropriate services must be guaranteed as a covered service, financially supported, and accessible to patients who are limited-English proficient. Appropriate standards must be developed and training must be appropriate in both content and setting. In addition, concrete strategies must be developed and supported to address chronic shortages in the spectrum of health professionals for communities of color and immigrants. Pipeline incentives as well as reimbursement reform must be aimed at training, attracting, supporting and retaining a diverse, culturally competent workforce. Finally, a robust public health system, at a minimum, invests in health planning, undertakes prevention strategies, conducts disease surveillance and management, increases health literacy, and fosters a health care safety net through community health care workers and clinics.

C. *The option between a private health insurance plan, including keeping the insurance of one’s choice, or a public insurance plan without a private insurer middleman that guarantees affordable coverage.*

Narrowing disparities in health outcomes requires a truly affordable benefit package that provides a defined, comprehensive set of age-appropriate and gender-appropriate services to maintain or promote health and function and to prevent or treat illness and injury. Whether through public or private plans, coverage must be backed by adequate reimbursements and incentives to promote provider participation and robust provider networks to ensure meaningful access to services in communities of color and among immigrant communities.

² “RAND Study Finds Undocumented Immigrants Are Most Likely to Be Uninsured,” Press Release, November 10, 2005.

April 2009

Help Make History and Be a Part of the Movement for Responsible Health Reform

Immigrants and communities of color are representing increasingly important voices in the national health reform debate and movement. AAPIs and multiracial groups are amongst the fastest growing populations. A record number of immigrant voters turned out for the last presidential election --- representing a growing formidable and influential voting bloc. For these voters, providing health care to everyone regardless of immigration status is a priority according to the Asian American Legal Defense Education Fund's 2008 exit poll. Moreover, anti-immigrant sentiments have not proven to winning platforms for candidates as the 2008 elections have shown. Voters overall are rejecting the politics of division and exclusion and reflect a new movement that embraces the principles of inclusion and unity.

Be a part of history by demanding the inclusion of all Americans regardless of immigration status to strengthen our communities and give everyone an opportunity to contribute to a healthier tomorrow today.

What You Can Do

- Make a visit to your legislator – go online to www.nakasec.org or call NAKASEC for resources and assistance.
- Speak up for communities of color and immigrant communities in health reform– make sure that health disparities, including language access, and social, environmental and economic factors are taken into account.
- Learn about the importance of a public plan option in any new health insurance pool that is created for individuals and people who do not qualify for health insurance through their employers or publicly-funded programs. Sign on to the ten principles of comprehensive health care reform at the Healthcare for America Now (HCAN) website www.healthcareforamericanow.com.
- To find out how you can make the promise of health care for all a reality or to share your thoughts and experience with KRC's and NAKASEC's healthcare campaign– set up an appointment with Carol (323) 937-3703 ext. 200 or Hemi (202) 339-9318.

About Us

The National Korean American Service & Education Consortium (NAKASEC) was founded in 1994 by local community centers to project a national progressive voice and promote the full participation of Korean Americans; as a part of a greater goal of building a national movement for social change. NAKASEC maintains its national office in Los Angeles and an office in Washington, D.C. NAKASEC also has affiliates in Los Angeles (The Korean Resource Center) and Chicago (The Korean American Resource & Cultural Center). NAKASEC sits on the policy, legislative and field committees of the Health Care for America Now campaign and serves on the steering committee of the Health Rights Organizing Project, which led the national campaign to reauthorize the Children's Health Insurance Program, increasing access to healthcare for legal immigrant children and pregnant women.