



Quality of Health Care for Asian Americans

Findings from The Commonwealth Fund 2001 Health Care Quality Survey

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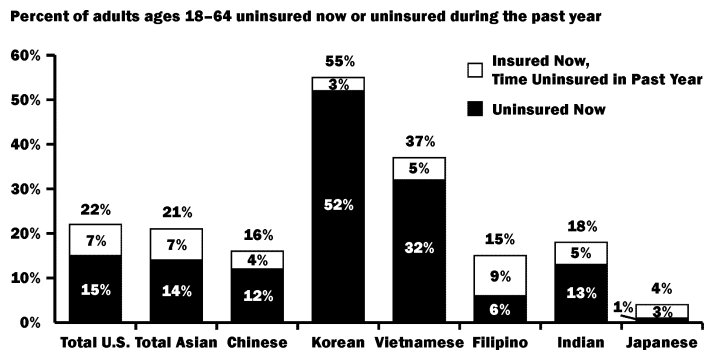
The Asian American and Pacific Islander population is the fastest-growing minority population in America. Currently numbering 10.9 million people (about 4% of the total U.S. population), this population is projected to reach 37 million (9.3% of the U.S. population) by the year 2050.¹

The Commonwealth Fund 2001 Health Care Quality Survey sampled 669 Asian Americans, allowing relevant subgroup comparisons. These subgroups included adults of Chinese, Korean, Vietnamese, Filipino, Indian, and Japanese heritage. Overall, the survey found that despite their comparatively higher socioeconomic status (as measured by income and education) Asian Americans reported poorer quality of health care than the overall population. Asian Americans had greater communication difficulties with their physicians, fewer preventive services and less chronic disease care, and less satisfaction with the quality of their health care.

Health Insurance and Access to Care

Uninsured rates vary widely across Asian American populations, even though a majority of survey respondents in each group reported at least one full-time worker in their family. One of five Asian American adults ages 18 to 64 is uninsured or has been uninsured at some point in the past year, with especially high rates for Korean and Vietnamese Americans.

Variation in Rates of the Uninsured in Six Asian American Populations



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

¹ Population Projections Program, Population Division, U.S. Census Bureau, Washington, D.C.

Sixty-eight percent of Asian Americans have a regular doctor, though only 46 percent of Korean and 59 percent of Vietnamese respondents said they have one. Little variation was seen, however, in the degree of choice Asian Americans have in their source of care: roughly one-third of all subpopulations reported having a “great deal” of choice, significantly less than the 50 percent reported for the U.S. population overall.

Health Status and Health Habits

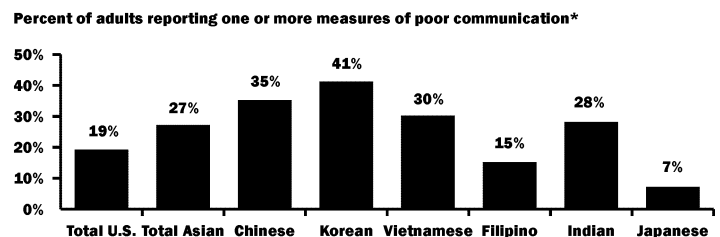
Similar to the overall population, 49 percent of Asian Americans said that their health status is “excellent” or “very good.” This average, however, masks the low percentage of Koreans (25%) and Vietnamese (20%) who provided the same self-rating. With respect to medical diagnoses, Japanese Americans (55%) were the most likely to report having a chronic disease (29% of Japanese survey respondents were age 65 and older compared with 7% of all Asian Americans), followed by one-third of Filipinos and Koreans and roughly one-quarter of Chinese, Vietnamese, and Indians. Koreans and Vietnamese are much more likely to report smoking cigarettes (41% and 29%, respectively) than other Asian Americans (14%) or the overall population (20%).

Patient-Physician Interaction

Across an array of survey measures probing patient-physician interactions, Asian Americans were less likely than the overall population to rate their care highly, less likely to be confident about their care, and more likely to indicate having a communication problem with their doctor.

Asian Americans were much less likely than whites, African Americans, or Hispanics to rate their experiences with physicians

Asian Americans Report Greater Difficulty in Communicating with Their Doctor

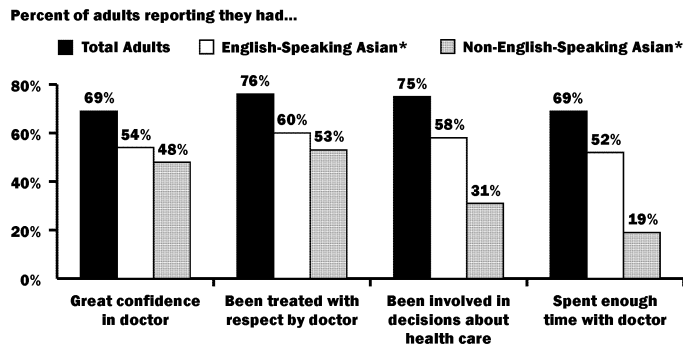


Base: Adults with a health care visit in the past two years.

* Doctor didn't listen to everything, patient didn't understand fully, or patient had questions but didn't ask. Source: The Commonwealth Fund 2001 Health Care Quality Survey.

positively. When asked whether they have a great deal of confidence in their physicians, have been treated with dignity and respect, have had enough time with their doctor, and have been as involved in health care decisions as they have wanted, Asian Americans responded less positively than whites, African Americans, and Hispanics. Ratings given by Chinese, Korean, and Vietnamese Americans were much lower on these measures than other Asian populations. Differences in patient-physician interaction were also notable between Asian Americans whose primary language is English and those whose language is not English.

Asian Americans Less Likely to Report Positive Patient-Physician Interactions

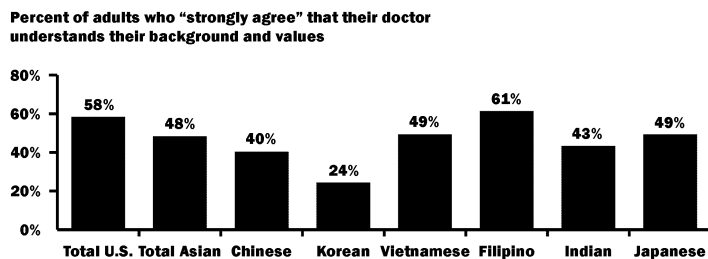


Base: Adults with a health care visit in the past two years.
 * As defined by language spoken at home.
 Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Patient Attitudes and Experiences

Asian American populations, particularly Chinese, Vietnamese, and Filipinos, are more likely to “strongly agree” that it is better to take care of one’s own health and that staying healthy is a matter of luck. Asians are slightly less likely to report leaving it to their doctor to make the right decisions for their health. They also differ from the overall population in their report of health care experiences: Asian Americans are less likely to believe that their doctor understands their background and values and are more likely to agree that their doctor looks down on them. Twice as many Asians (11%) believe that they would get better care if they were of a different race or ethnicity than the overall population (5%).

Many Asian Americans Believe Their Doctor Does Not Understand Their Background and Values



Source: The Commonwealth Fund 2001 Health Care Quality Survey.

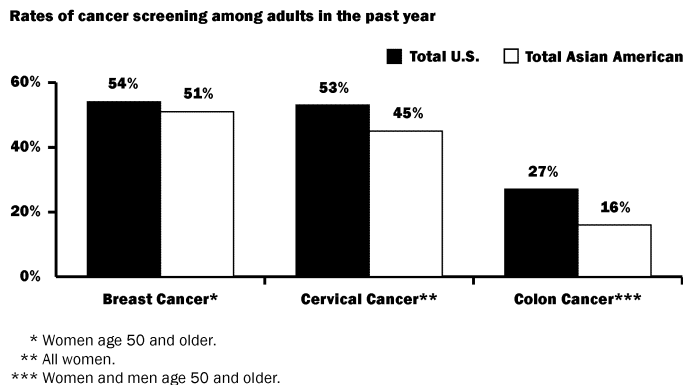
Quality of Clinical Care

Compared with 62 percent of the overall population, only 45 percent of Asian Americans are “very satisfied” with their health care,

ranging from less than one-third of Chinese (29%) and Koreans (28%) to 71 percent of Japanese.

Rates are significantly lower among the Asian population for most preventive care services. Only 41 percent of Asian Americans report having a physical exam in the past year and 70 percent having had their blood pressure checked, compared with 48 percent and 79 percent, respectively, of the overall population. Disparities in cancer screening were demonstrated in survey findings as well.

Fewer Asian Americans Are Screened for Cancer



* Women age 50 and older.
 ** All women.
 *** Women and men age 50 and older.
 Source: The Commonwealth Fund 2001 Health Care Quality Survey.

Asian Americans are also less likely to receive physician counseling about smoking cessation (68% of Asian smokers vs. 79% of total U.S. smokers), healthy diet and weight (35% vs. 49% overall), exercise (45% vs. 50% overall), and mental health (14% vs. 19% overall). Again, these averages mask variation across groups, with Koreans and Vietnamese being less likely to report receipt of many preventive care services and counseling.

Alternative Care Use

Asian Americans are less likely than Americans in general to use herbal medicine (20% vs. 23% overall) and chiropractors (10% vs. 15% overall). However, they are twice as likely as Americans in general to use acupuncture (6%) and the services of traditional healers (6%). These averages hide considerable variation within populations: more than a third of Vietnamese (38%) and Japanese (36%) use herbal medicines, 24 percent of Koreans use acupuncture, and 14 percent of Chinese consult with traditional healers.

The Commonwealth Fund 2001 Health Care Quality Survey, conducted by Princeton Survey Research Associates from April through November 2001, consisted of 25-minute telephone interviews in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese with a random, national sample of 6,722 adults age 18 and older living in the continental United States. The study oversampled adults living in areas with disproportionately large numbers of African Americans, Hispanics, and Asian Americans. The survey sample included 3,488 whites, 1,153 Hispanics, 1,037 African Americans, and 669 Asian Americans. The final data were weighted to the parameters of the adult population using the U.S. Census Bureau’s March 2001 Current Population Survey.