Understanding Asian American Chicago

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Health Care

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❖ Summary ❖

- Asian Americans in the Chicago area reported quality of health similar to non-Asians living in the area.

- Younger, wealthier, or better educated Asian Americans reported having better general health.

- Of the areas surveyed, the greatest areas of health risk among Asian Americans appeared to be respiratory illness among those living all or most of their lives in the U.S., higher blood pressure among those over 30 or who had higher incomes, and high levels of cholesterol among those over 30.

- Asian Americans are significantly less satisfied with their health care quality than are non-Asians in the Chicago area (53 percent compared to 70 percent). Among Asian Americans, non-citizens were particularly dissatisfied. Only 41 percent reported being very satisfied.

- Relative to non-Asians, Asian Americans were significantly less satisfied with wait times for appointments (40 percent) and in the waiting room (33 percent), thoroughness of treatment (52 percent), explanations of conditions (53 percent), courtesy and respect (59 percent), and quality of services (55 percent).

- Many Asian Americans living in Chicago may have particular problems with health care. Suburbanites were much more likely to have regular medical exams (75 percent compared to 57 percent), exercise regularly (63 percent compared to 54 percent), visit the dentist (72 percent compared to 59 percent) and eat healthier foods (53 percent compared to 41 percent).

- Asian Americans over 30 were significantly more likely to never get exercise (38 percent).

- Asian Americans were somewhat less likely than non-Asians to use a doctor's office as their regular source of medical care (60 percent compared to 55 percent). Non-citizens in particular used other sources for medical services.

- Expense continues to be a major barrier to accessing dental care for many Asian Americans (12 percent).

❖ Introduction ❖

The following research brief provides an overview of the status of health and health care among Asian Americans in the Chicago metropolitan area. Key areas covered include:

- ❖ General assessment of health conditions of Asian Americans
- ❖ Presence of health risk factors among Asian Americans
- ❖ Health activities undertaken
- ❖ Sources and sufficiency of medical care

The data used in this report are drawn from an annual survey of residents of the six-county Chicago area by the Metro Chicago Information Center conducted during the 1990s. The survey consists of a random sample of approximately 3,000 households per year. Over the decade, 689 Asian American households were surveyed as part of that sample. The race or ethnicity of the household was that identified by the individual responding to the survey.

The Asian American data used here contain some biases attributable to the survey being conducted in English or Spanish. Households with no English or Spanish speakers would be unrepresented or underrepresented in the survey. However, many of the survey questions are directed at the entire household and if one adult member of the household spoke English or Spanish, then that household could have participated in the survey. Nevertheless, for this report we have attempted to present only data that would be relatively unbiased by the lack of non-English speakers in the sample. United States Census data contains a similar bias in that non-English speaking Asians are far more susceptible to not being counted.

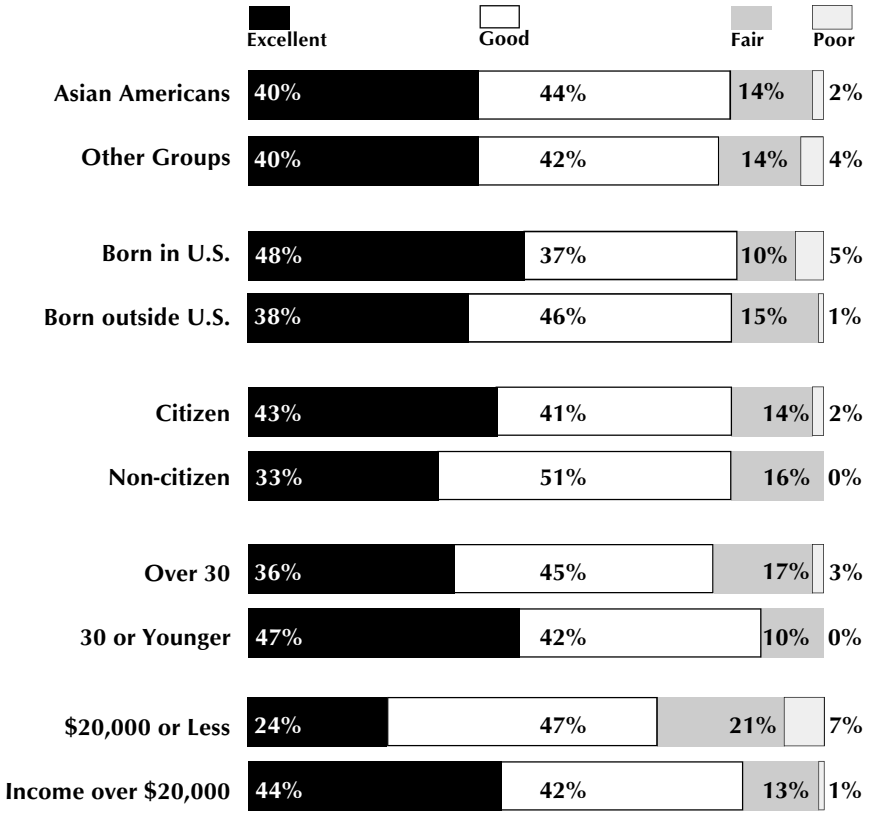
There is wide variation in the number of Asian Americans who responded to any particular survey question. This is because some questions were asked every year of the survey during the 1990s, but others were not. Additionally, not every survey respondent answered every question. In no case is a survey question reported if it had fewer than 50 responses. Most questions used in this analysis had more than 100 Asian American responses. In instances where subgroups are created within the general category of Asian Americans — such as those above or below 30 years of age — then the number of responses generally falls below 100. Each table contains a listing of the years in which a survey question was asked and the number of Asian survey respondents in that year. As a general rule, the margin of error of findings for non-Asians is about plus or minus 3 percent. Findings for Asian Americans as a group have a margin of error of about plus or minus 6 percent, and subgroups a margin of error of about plus or minus 8 percent for a 95 percent level of certainty.

❖ General Conditions of Health ❖

Most Asian Americans in the Chicago metropolitan area report that their health is "Good" or "Excellent." Asian Americans and non-Asian Americans were nearly identical in their self-assessments of their health condition (Figure 1).

Asian Americans born in the United States were more likely to view their health favorably than were those born outside the United States. Citizens and younger people were also more likely to report good health.

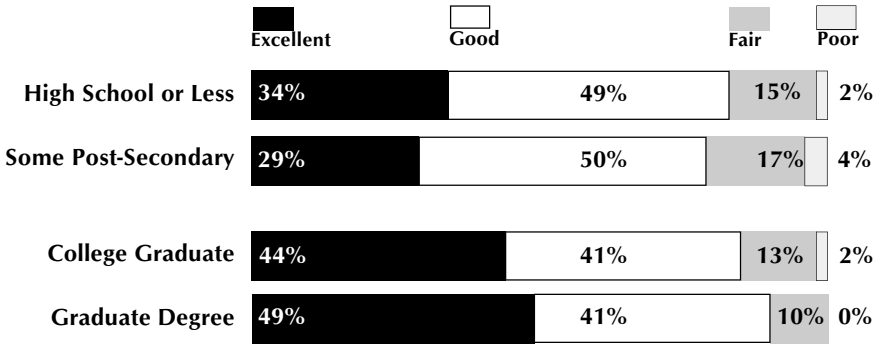
Figure 1 ❖ General Health



Survey question asked in 1992, '93, '94, '95, '96, '97, '98, and '99. Asian American N = 621.

Levels of income and education also correlate strongly with self-assessment of health. Asian Americans with incomes under $20,000 reported significantly worse health than those with higher incomes, and Asian Americans with college or advanced degrees reported significantly better health than those with less than a college education (Figure 2).

Figure 2 ❖ General Health

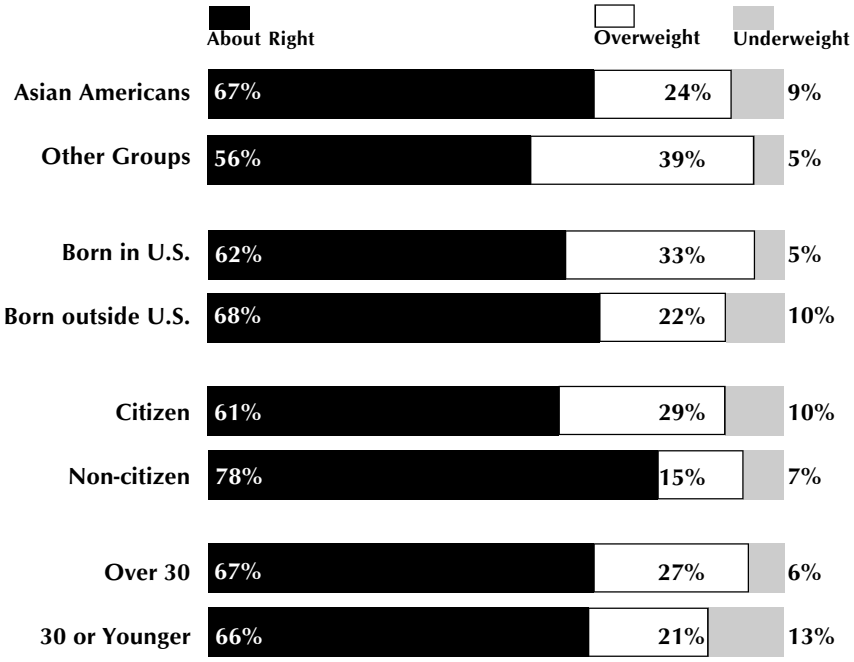


Survey question asked in 1992, '93, '94, '95, '96, '97, '98, and '99. Asian American N = 621.

❖ Health Risk Factors ❖

About two-thirds of Asian Americans reported body weight that was "just about right," a figure that was significantly better than for non-Asians (Figure 3). Asian Americans born in the United States and citizens were more likely to report being overweight than those born outside the U.S. and non-citizens.

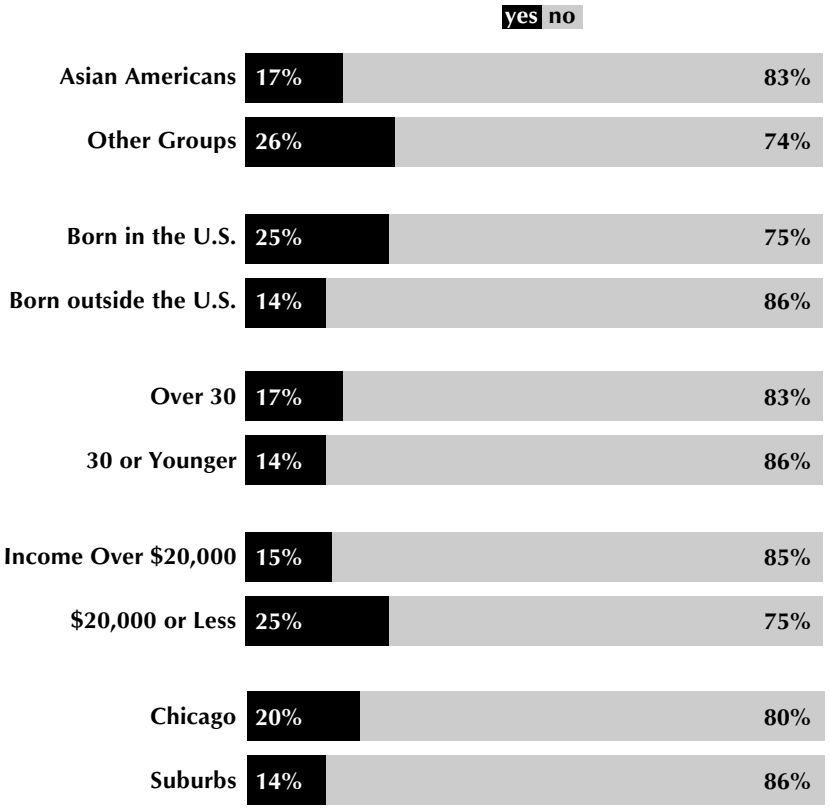
Figure 3 ❖ Weight



Survey question asked in 1993, '94, '97, and '99.
Asian American N = 330.

Asian Americans reported less tendency (17 percent) to smoke cigarettes than non-Asian Americans (26 percent). Among the Asian American population, those born in the United States, and those with lower incomes were more likely to smoke (Figure 4).

Figure 4 ❖ Smoking Cigarettes



Survey question asked in 1993, '94, '95, '96, and '99.
Asian American N = 424.

❖ Prevalence of Selected Health Conditions ❖

Asian Americans were slightly more likely than non-Asian Americans to report that their doctor had warned them of high cholesterol (14 percent to 10 percent). But they were healthier on average than non-Asian Americans with respect to high blood pressure, weight, and respiratory ailments (Table 1). The greatest areas of health risk appeared to be reports of:

- ❖ Respiratory illness among those living all or most of their lives in the United States.
- ❖ Higher blood pressure among citizens, those over 30, and those with higher incomes.
- ❖ High levels of cholesterol among those over 30.

Table 1 ❖ Doctor Has Warned Of:

	High Blood Pressure	High Cholesterol	Weight Problem	Respiratory Illness
Asian American	14%	14%	6%	9%
Other Groups	22%	10%	19%	17%
Born in U.S.	15%	12%	7%	23%
Born outside U.S.	14%	14%	6%	6%
Citizen	18%	15%	7%	12%
Non-Citizen	7%	10%	5%	4%
Over 30	19%	20%	9%	9%
30 or Younger	7%	2%	2%	9%
$20,000 or Less	5%	10%	–	8%
Over $20,000	16%	13%	5%	8%

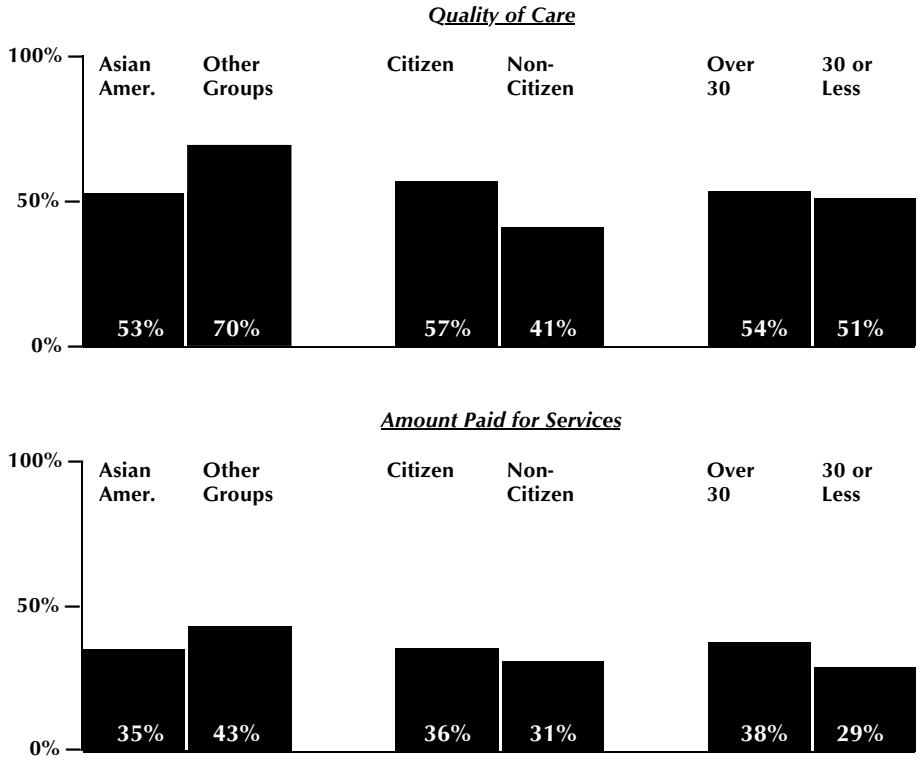
Question asked in 1994, '95, '96, '97, and '99. Asian American N = 420.
"Weight Problem" asked in 1995, '97, '99. Asian American N = 246.

❖ Satisfaction with Regular Source of Health Care ❖

Asian Americans were significantly less satisfied with their health care than were other groups. Whereas 70 percent of the members of other groups said they were "very satisfied" with the quality of their care, only 53 percent of Asian Americans expressed strong satisfaction. Non-citizens in particular were less satisfied with the quality of their care (41 percent).

Asian Americans also were more likely to feel that they had paid too much for their services. Whereas 43 percent of the members of other groups said they were "very satisfied" with the amount that they paid, only 35 percent of Asian Americans said they were "very satisfied" with the amount paid for services. Among the insured, suburbanites were far more satisfied with available choices (52 percent) than were Chicagoans (35 percent).

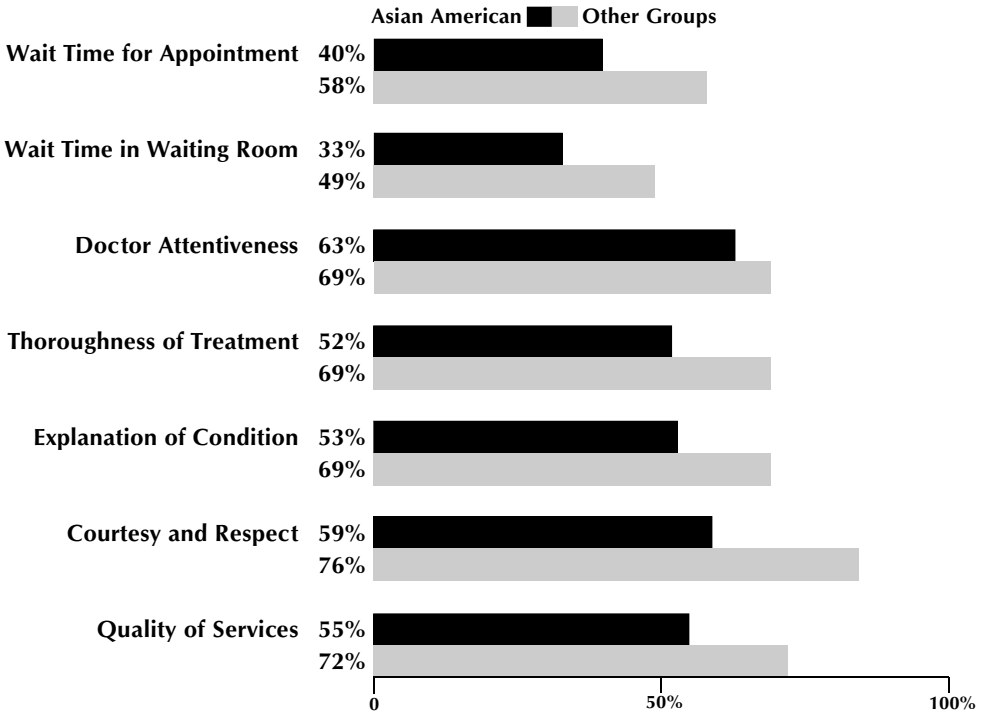
Figure 5 ❖ Percentage of Respondents Who Were Very Satisfied with Quality of Care and the Amount They Paid for Services



"Quality" asked in 1994, '95. Asian American N = 212. "Amount" asked in 1994, '95, '99. Asian American N = 281.

In numerous areas Asian Americans expressed lower levels of satisfaction with care than did the members of other groups (Figure 6). Their reported experience was significantly less satisfying than the experiences of the metropolitan population as a whole with respect to wait time for appointments and in the waiting room, thoroughness of treatment, explanation of condition, courtesy and respect, and quality of services.

Figure 6 ❖ Services Received in the Past Two Years of Which Respondents Said They Were Very Satisfied



Question asked in 1997 and 1999. Asian American N = 143.

❖ Health Activities during the Past Year ❖

Asian Americans are somewhat less likely to have medical exams and visit the dentist than are non-Asian Americans. About two-thirds of Asian American respondents reported receiving a medical exam or visiting a dentist during the past year.

Those born outside the United States reported greater tendency to have medical exams, as did those over 30 years old. Citizens were far more likely to report annual dental visits than non-citizens. Asian Americans 30 or younger were more likely to report exercising regularly or eating healthy food.

Asian Americans in Chicago, in particular, may have trouble accessing health services. For instance, 72 percent of Asian Americans living in the suburbs reported having seen a dentist in the past year, compared to only 59 percent of those living in Chicago. Suburbanites were more likely to visit a doctor, exercise regularly, and eat healthy foods (Table 2).

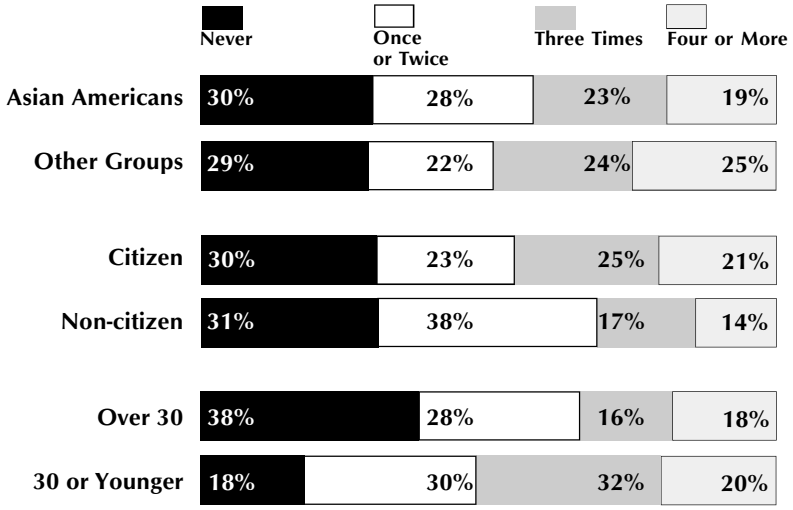
Table 2 ❖ Percentage of Respondents Who Were Very Satisfied with Quality of Care and the Amount They Paid for Services

	Had Medical Exam	Exercise Regularly	Visited Dentist	Ate Healthier Food
Asian Americans	68%	59%	66%	49%
Other Groups	74%	59%	73%	49%
Born in U.S.	58%	69%	–	–
Born Outside U.S.	71%	56%	–	–
Citizen	69%	59%	73%	51%
Non-Citizen	66%	60%	54%	
Over 30	72%	55%	70%	44%
30 or Younger	60%	65%	63%	57%
Chicago	57%	54%	59%	41%
Suburbs	75%	63%	72%	53%

"Medical" and "Exercise" asked in 1993, '94, '96. Asian American N = 252.
"Dentist" asked in 1994 and 1997. Asian American N = 183.
"Food" asked in 1993 and 1996. Asian American N = 143.

Asian Americans report slightly less tendency to exercise than do non-Asian Americans (Figure 7). Asian American citizens were much more likely to exercise than non-citizens, and younger people exercise more often than older people. Less than 60 percent of Asian Americans report exercising regularly.

Figure 7 ❖ Frequency of Exercise per Week



Survey question asked in 1995, '96, '97, and '99. Asian American N = 311.

❖ Regular Source of Medical Care ❖

The most common source of health care for Asian Americans and the general public is the doctor's office (Table 3). HMO offices and hospital clinics are the second and third most common venues for medical care. Non-citizens and lower income people were more likely to use alternatives to the doctor's office than were citizens. Younger people were twice as likely as older people to use a hospital clinic.

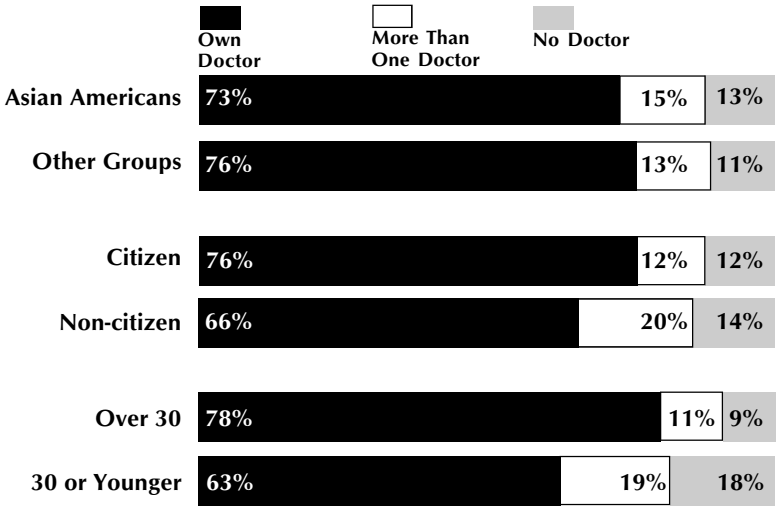
Table 3 ❖ Regular Sources of Medical Care

	Doctor's Office	HMO Office	Hospital Clinic	Public Clinic	Other Clinic	Hospital ER	No Usual Place
Asian American	55%	14%	11%	5%	3%	6%	5%
Other Groups	60%	13%	9%	5%	3%	6%	3%
Born in the U.S.	59%	9%	12%	5%	5%	8%	3%
Born outside U.S.	55%	15%	11%	6%	2%	5%	5%
Citizen	60%	13%	10%	5%	3%	7%	3%
Non-Citizen	47%	16%	15%	8%	2%	4%	8%
Over 30	58%	17%	8%	5%	2%	6%	4%
30 or Younger	54%	10%	16%	6%	3%	6%	4%
$20,000 or Less	50%	12%	18%	10%	3%	2%	3%
Over $20,000	57%	14%	10%	6%	2%	6%	5%

Questions asked in 1995, '96, '97, '98, '99. Asian American N = 381.

Asian Americans and the general public were about equally likely to report that they had their own doctor, 73 percent and 76 percent respectively. Citizens and older people were more likely to claim one regular doctor.

Figure 8 ❖ Percentage of Respondents Who Have Their Own Doctor



Survey question asked in 1995, '97, '98, and '99.
Asian American N = 318.

❖ Reasons for Not Receiving Medical Care ❖

Reasons for not receiving medical care varied little between Asian Americans compared to the general population. About 7 percent of Asian Americans reported failing to receive care because of cost, and 2 percent because they did not have insurance coverage (Table 4).

People over 30 reported a higher burden of insurance costs than younger persons, although lack of insurance coverage did not appear to be a problem for survey respondents. Survey bias away from low income persons could result in an understatement of levels of insurance. As observed above, accessibility to quality health care appears to be a problem for Asian Americans in Chicago.

Expense was a much greater barrier to dental care than to health care. Asian Americans born in the United States, in particular, were much more likely to report failing to receive dental care because of its expense (Table 5).

Table 4 ❖ Reasons Household Member Did Not Receive Medical Care

	Too Expensive	No Insurance	Inaccessible
Asian Americans	7%	2%	3%
Other Groups	8%	4%	2%
Born in the U.S.	9%	2%	2%
Born Outside U.S.	6%	2%	3%
Over 30	9%	0%	0%
30 or Younger	5%	3%	3%
Chicago	8%	3%	7%
Suburbs	6%	1%	0%

Question asked in 1993, 94, 96. Asian American N = 152

Non-Asians were twice as likely as Asian Americans to complain of failing to receive eye care because of its expense (Table 6). As with dental care, those born in the United States were more likely to say that someone in the household did not receive eye care because of its expense.

Table 5 ❖ Reasons Household Member Did Not Receive Dental Care

	Too Expensive	No Insurance	Inaccessible
Asian American	12%	2%	4%
Other Groups	15%	5%	1%
Born in the U.S.	27%	2%	4%
Born Outside the U.S.	9%	3%	3%
Over 30	13%	1%	1%
30 or Younger	12%	4%	5%
Chicago	8%	3%	7%
Suburbs	16%	3%	1%

Question asked in 1993, '94, '96. Asian American N = 152

Table 6 ❖ Reasons Household Member Did Not Receive Eye Care

	Too Expensive	No Insurance	Inaccessible
Asian American	4%	1%	1%
Other Groups	9%	3%	1%
Born in the U.S.	11%	2%	4%
Born Outside the U.S.	3%	1%	0%
Over 30	6%	0%	0%
30 or Younger	4%	2%	2%

Question asked in 1993, '94, '96. Asian American N = 152