

Health Disparities of Uninsured Korean American Population in Los Angeles



NUR 342 Community and Public Health
Spring 2022/ WMU

Professor Charlotte Y. Kim, FNP, DNP

By Ruth Park, Myung Jin Kim, Boh Kyoung Kim

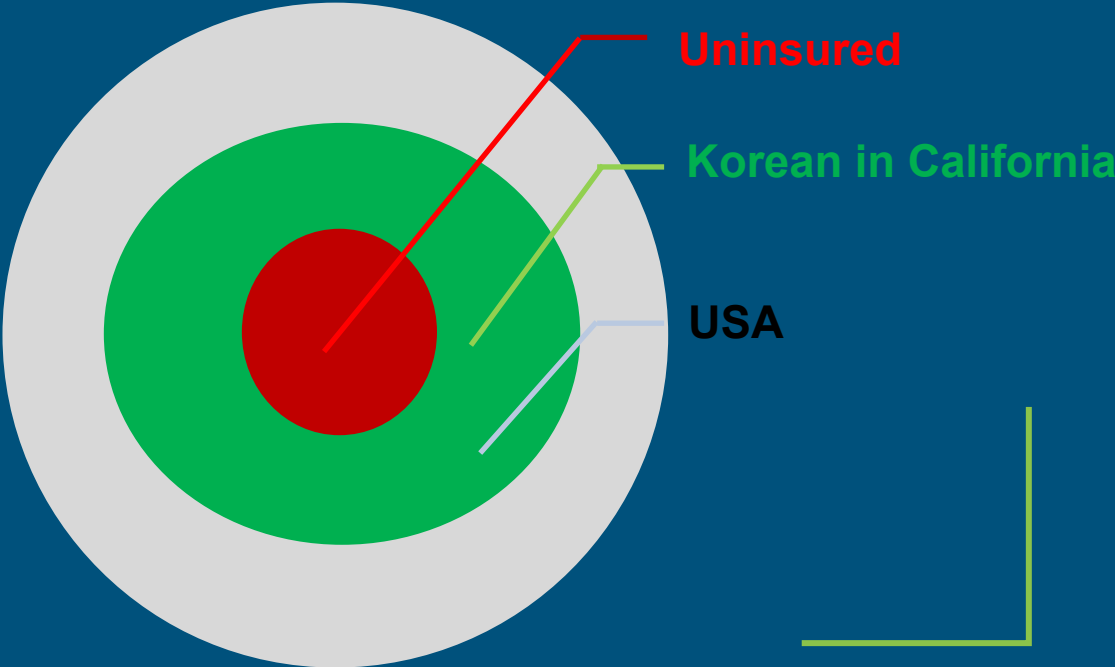
PURPOSE

1. To identify **Health Disparities**
2. To identify the **Gap** between the health care systems and health status
3. To strengthen **community-level approaches** to bridge the gap



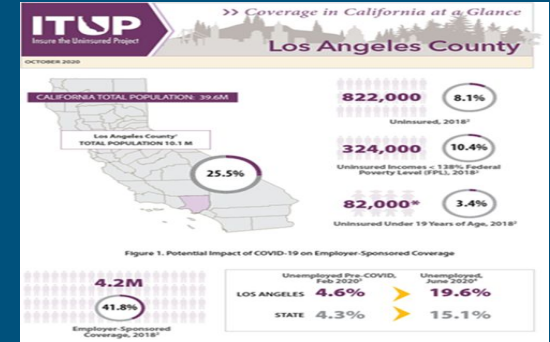
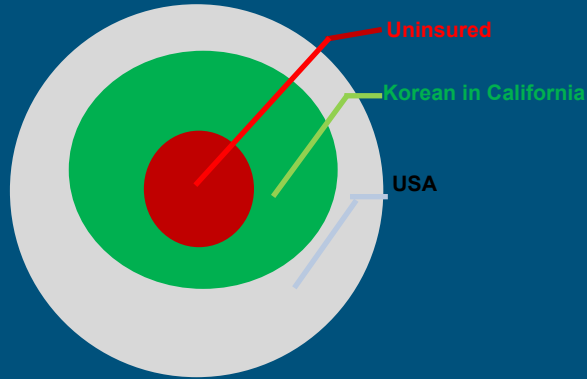
Health Disparities of Uninsured Korean American Population in LA

TARGET

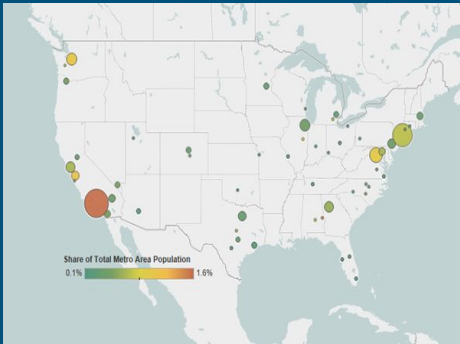
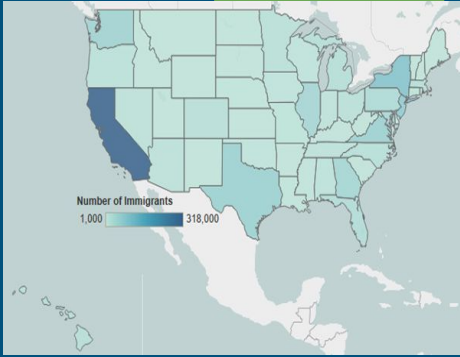


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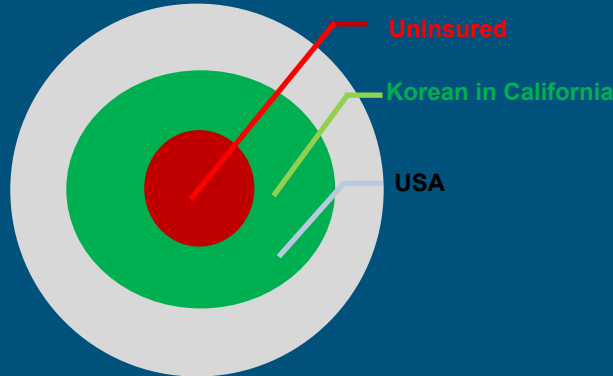
Uninsured in USA



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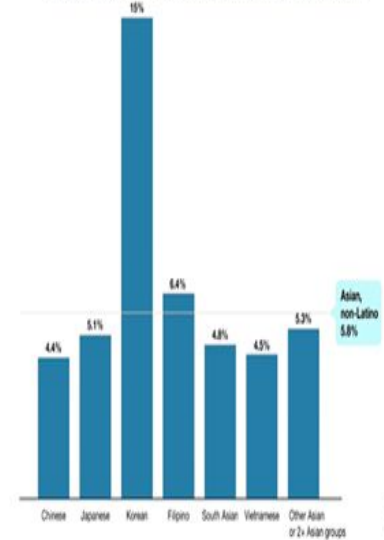


TARGET



Asian Group Uninsured Rates, 0-64 Years

Percent Uninsured, 0-64 Years by Asian Group - California, 2020



Source: 2019-2020 combined data from the California Health Interview Survey (CHIS) weighted to the 2019 population



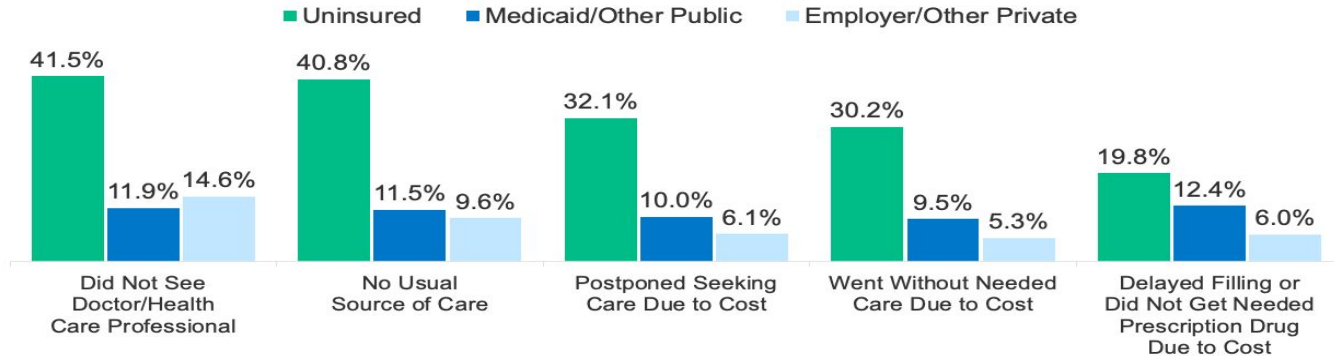
Health Disparities of Uninsured Korean American Population in LA

Why Matters?

Uneasy access to Health Care

Figure 8

Barriers to Health Care among Nonelderly Adults by Insurance Status, 2019



NOTE: Includes nonelderly individuals ages 18 to 64. Includes barriers experienced in the past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All Medicaid/Other Public and Employer/Other Private are statistically different from Uninsured at the p<0.05 level.
SOURCE: KFF analysis of 2019 National Health Interview Survey.

KFF



Health Disparities of Uninsured Korean American Population in LA

Healthy People 2020



Healthy People 2020 Leading Health Indicators

1. Access to Health Services
2. Clinical Preventive Services
3. Environmental Quality
4. Injury and Violence
5. Maternal, Infant and Child Health
6. Mental Health
7. Nutrition, Physical Activity and Obesity
8. Oral Health*
9. Reproductive and Sexual Health
10. Social Determinants of Health
11. Tobacco Use
12. Substance Abuse



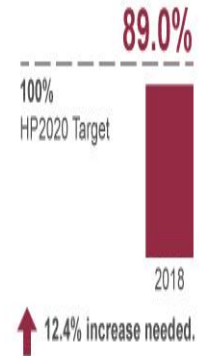
*New in 2020

Healthy People 2020 Targets

Persons with Health Insurance

In 2018, 89.0% of persons aged less than 65 years had health insurance.

Data source: National Health Interview Survey (NHIS), CDC/NCHS.



Affordable Care Act

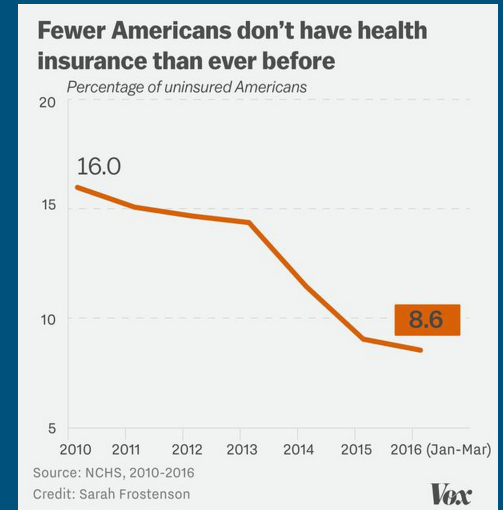
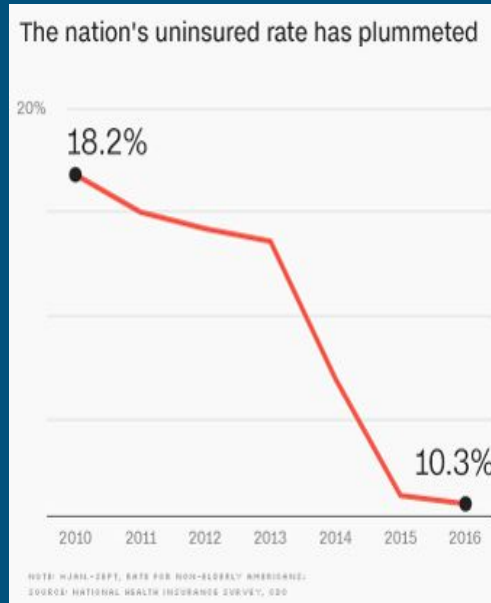
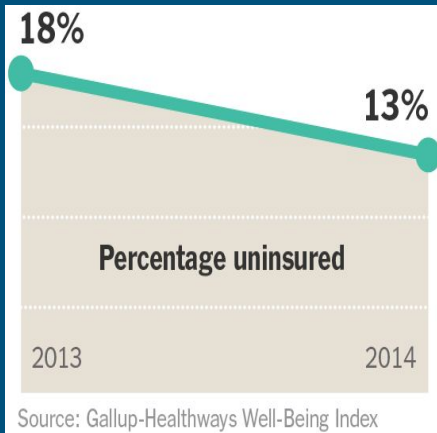
Goals

- Increase the quality of affordability of health insurance
- Decrease the number of uninsured people
- Reduce the overall cost of healthcare in the country



Health Disparities of Uninsured Korean American Population in LA

Affordable Care Act



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Affordable Care Act

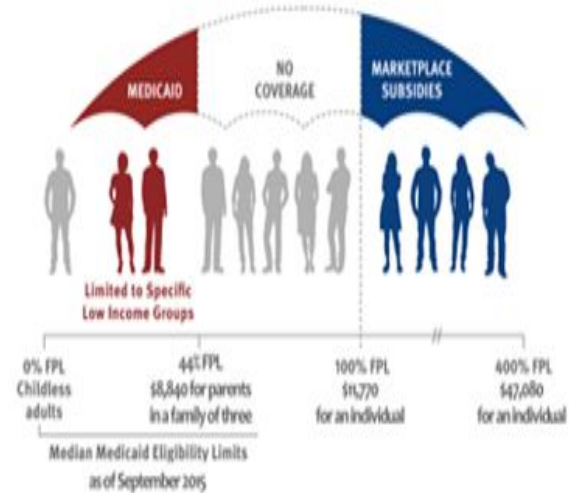
Number of Uninsured and Uninsured Rate among the Nonelderly Population, 2008-2019



NOTE: Includes nonelderly individuals ages 18 to 64

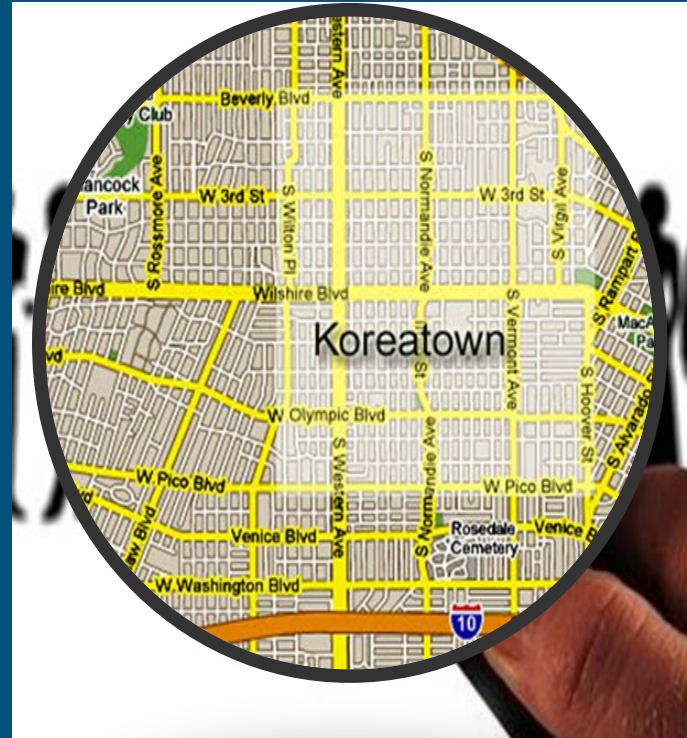
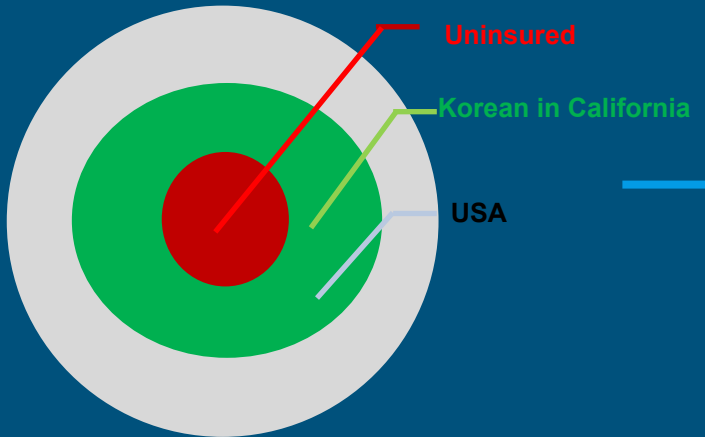
SOURCE: KFF analysis of 2008-2019 American Community Survey, 1-year estimates

Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA



Health Disparities of Uninsured Korean American Population in LA

Uninsured in LA



Health Disparities of Uninsured Korean American Population in LA

Outreach Services

Definition: Any time of health service that mobilized health workers to provide service to the population or to other health workers, away from the location on where they usually work and live

09/26/21 (Sun)

10/10/21 (Sun)



04/11/14/21 (Sun)



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Table 1 Baseline Characteristics of Participants

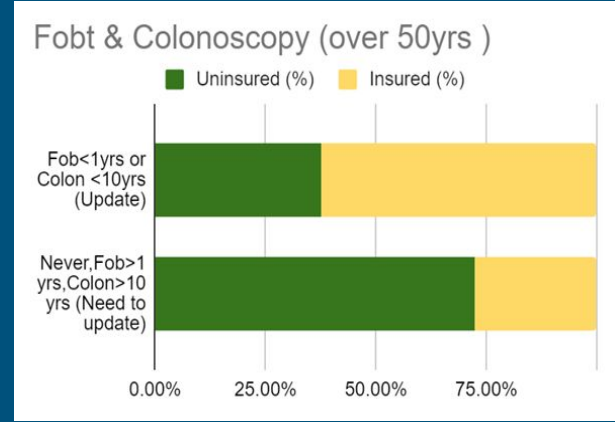
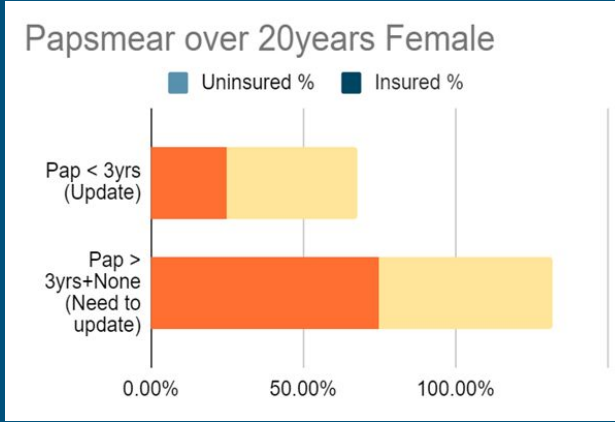
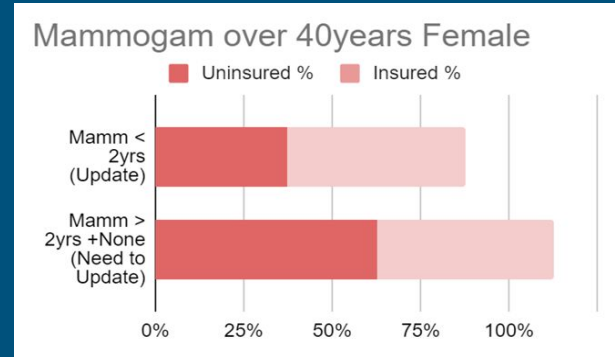
| Variable | Category | Uninsured N(%) | Insured N(%) | Total Number |
|------------------------------------|--------------------|----------------|--------------|--------------|
| Gender | Male | 20 (45.45%) | 16 (41.02%) | 36 |
| | Female | 24 (54.54%) | 23 (58.97%) | 47 |
| Marital Status | Married | 29 (65.9%) | 24 (64.86%) | 53 |
| | Single | 15 (34.09%) | 13 (29.54%) | 28 |
| Live in the US | <1yrs | 3 (6.81%) | 2 (5.4%) | 5 |
| | 1-4yrs | 4 (9.09%) | 2 (5.4%) | 6 |
| | 5-10yrs | 11 (25%) | 8 (21.62%) | 19 |
| | 11- 15yrs | 9 (20.45%) | 12 (32.43%) | 21 |
| | 16 - 20 yrs | 5 (11.36%) | 6 (16.21%) | 11 |
| > 20 yrs | 12 (27.27%) | 7 (18.91%) | 19 | |
| Last Health Exam | < 1 yr | 8 (18.18%) | 21 (56.75%) | 29 |
| | 1-3 yrs | 21 (47.72%) | 11 (29.72%) | 32 |
| | > 3 yrs | 15 (34.09%) | 5 (13.51%) | 20 |
| BMI | < 18.5 (UnderWt) | 0 (0%) | 2 (5.55%) | 2 |
| | 18.5 - 25 (Normal) | 31 (70.45%) | 21 (58.33%) | 52 |
| | 25 - 30 (OverWt) | 13 (29.54%) | 8 (22.22%) | 21 |
| | > 30 (Obesity) | 0 (0%) | 5 (13.88%) | 5 |
| Last mammogram (over 40yrs Female) | none | 4 (25%) | 2 (16.66%) | 6 |
| | < 2yrs | 6 (37.5%) | 6 (50%) | 12 |
| | > 2yrs | 6 (37.5%) | 4 (33.33%) | 10 |
| Last Pap smear (over 20yrs Female) | none | 9 (37.5%) | 8 (38.09%) | 17 |
| | < 3yrs | 6 (25%) | 9 (42.85%) | 15 |
| | > 3yrs | 9 (37.5%) | 4 (19.04%) | 13 |
| Last Fobt (over 50 yrs) | none | 13 (81.25%) | 5 (50%) | 18 |
| | < 1yrs | 0 (0%) | 2 (20%) | 2 |
| | > 1yrs | 3 (18.75%) | 3 (30%) | 6 |
| Last Colonoscopy (over 50 yrs) | none | 11 (68.75%) | 5 (50%) | 16 |
| | < 10yrs | 4 (25%) | 5 (50%) | 9 |
| | > 10yrs | 1 (6.25%) | 0 (0%) | 1 |
| Lab of HbA1C | ≤ 5.7 (Normal) | 33 (78.57%) | 31 (83.78%) | 64 |
| | 5.7 - 6.4 (pre-DM) | 7 (16.66%) | 4 (10.81%) | 11 |
| | 6.5 & up (DM) | 2 (4.76%) | 2 (5.4%) | 4 |
| Lab of Triglyceride | < 149 (Normal) | 31 (73.8%) | 28 (75.67%) | 59 |
| | 150-199 | 4 (9.52%) | 1 (2.7%) | 5 |
| | >200 | 7 (16.66%) | 8 (19.04%) | 15 |
| Lab of HDL | < 39 (Normal) | 4 (9.52%) | 1 (2.7%) | 5 |
| | > 39 | 38 (90.4%) | 36 (97.29%) | 73 |
| Lab of LDL | < 100 (Normal) | 7 (16.66%) | 7 (18.91%) | 14 |
| | 100-129 | 14 (33.33%) | 17 (45.94%) | 31 |
| | 130 -159 | 14 (33.33%) | 6 (14.28%) | 20 |
| | > 160 | 7 (16.66%) | 7 (18.91%) | 14 |
| Take Medication | W/Medication | 4 (33.33%) | 6 (42.85%) | 10 |
| | W/ No Medication | 8 (66.66%) | 8 (57.14%) | 16 |

Health Disparities of Uninsured Korean American Population in LA

Outreach Services



| Category | Uninsured % | Insured % |
|--|-------------|-----------|
| Mamm < 2yrs (Update) | ~35% | ~65% |
| Mamm > 2yrs + None (Need to Update) | ~65% | ~35% |
| Pap < 3yrs (Update) | ~45% | ~55% |
| Pap > 3yrs + None (Need to update) | ~55% | ~45% |
| Fob & Colon < 10yrs (Update) | ~40% | ~60% |
| Never Fob & Colon > 10yrs (Need to update) | ~70% | ~30% |

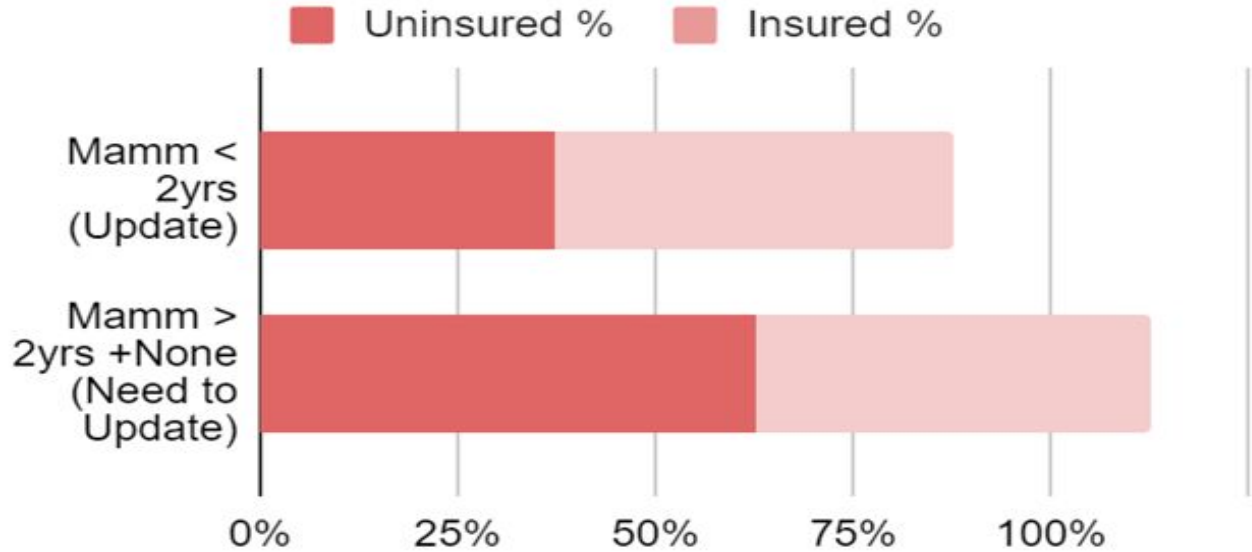


Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Mammogram over 40years Female

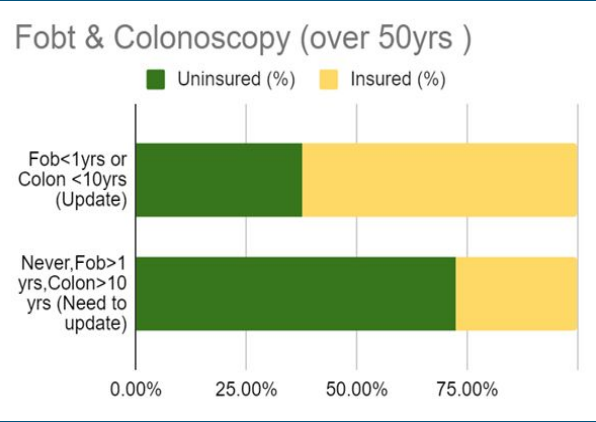
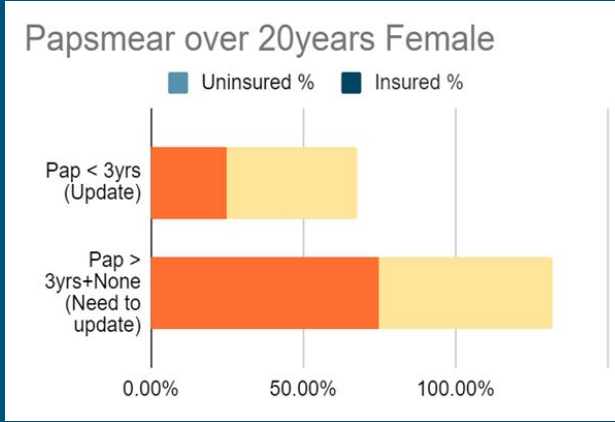
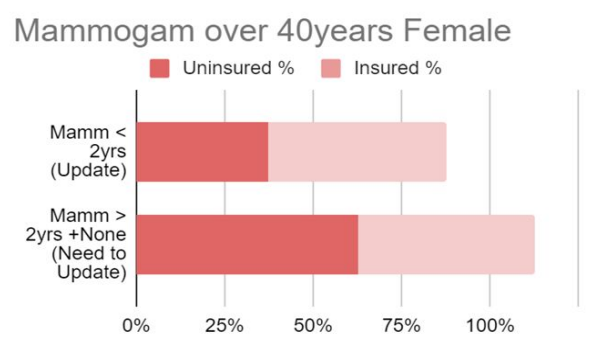


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| Pap > 3yrs + None (Need to update) | ~65% | ~35% |
| Fob < 1yrs or Colon < 10yrs (Update) | ~45% | ~55% |
| Never Fob > 1yrs, Colon > 10yrs (Need to update) | ~75% | ~25% |

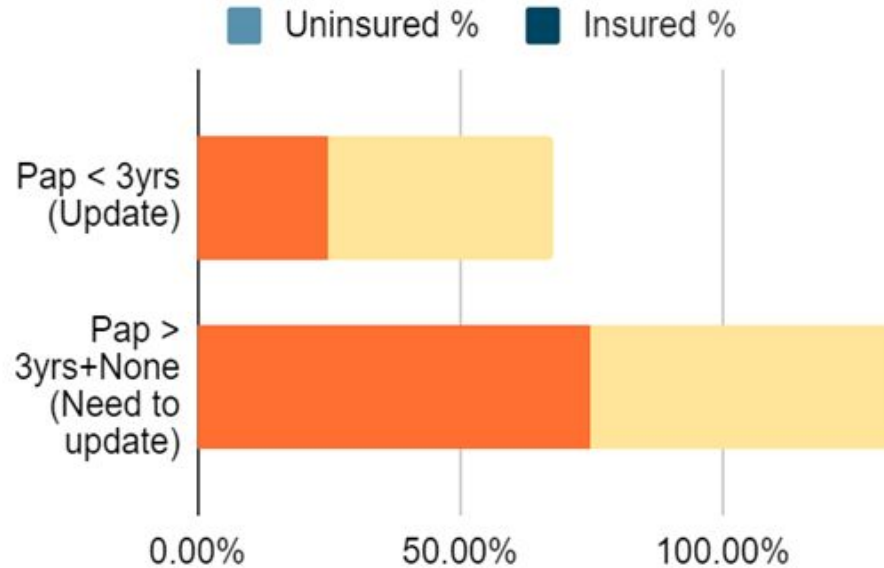


Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Papsmear over 20years Female

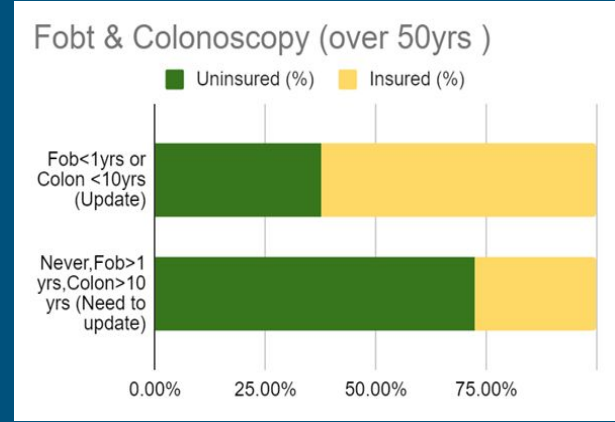
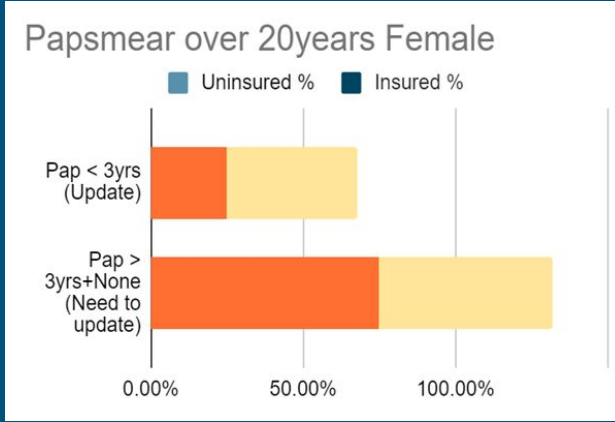
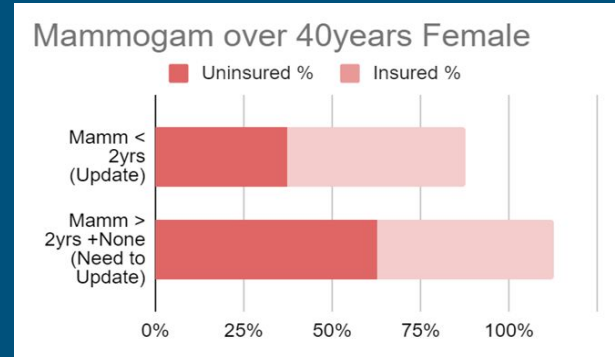


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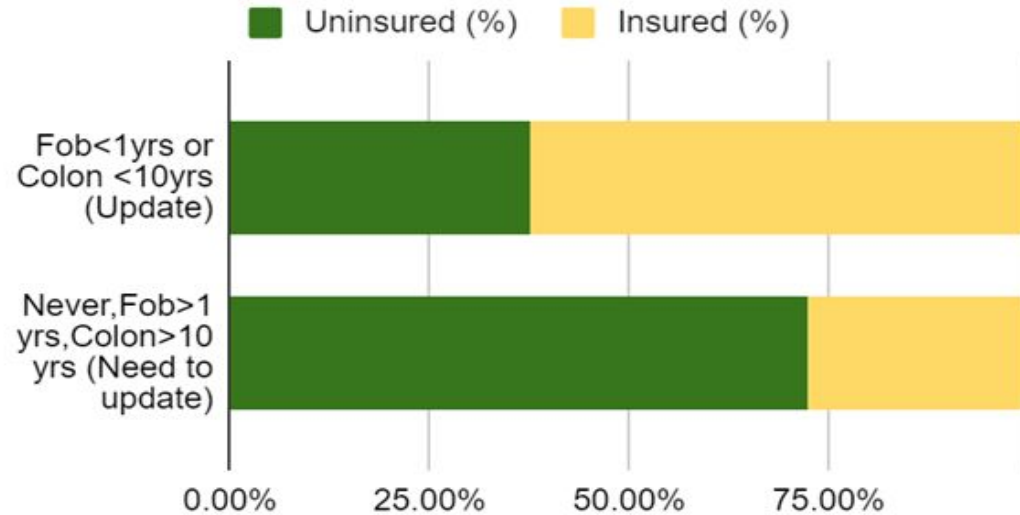


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Outreach Services



Fobt & Colonoscopy (over 50yrs)

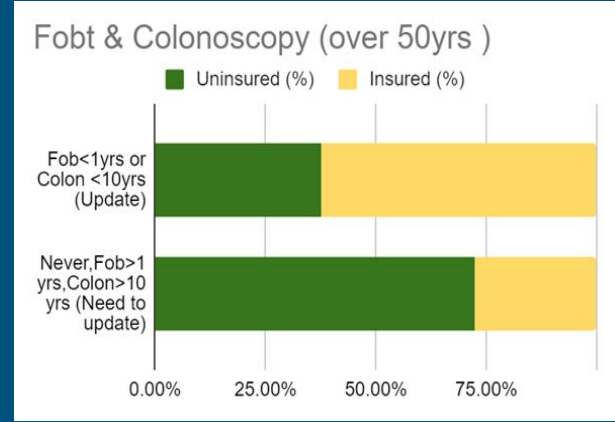
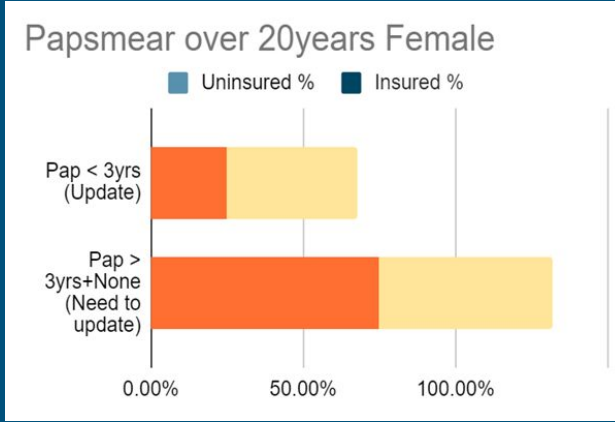
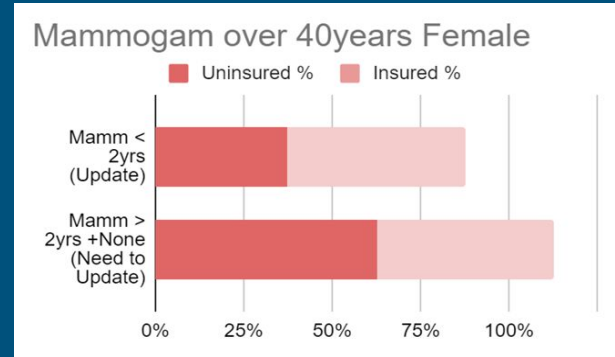


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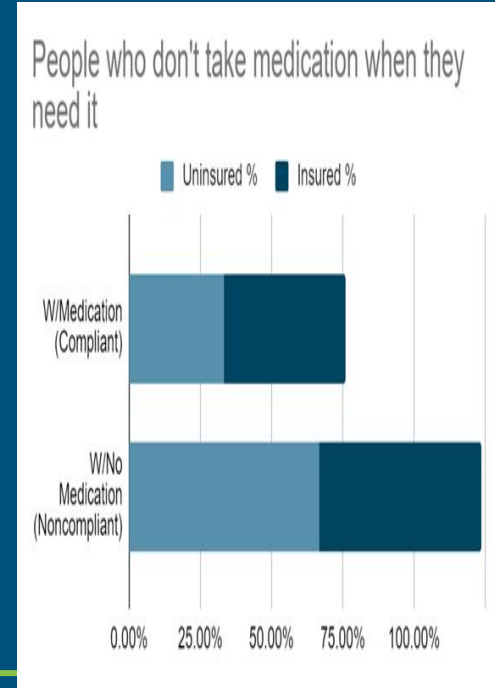
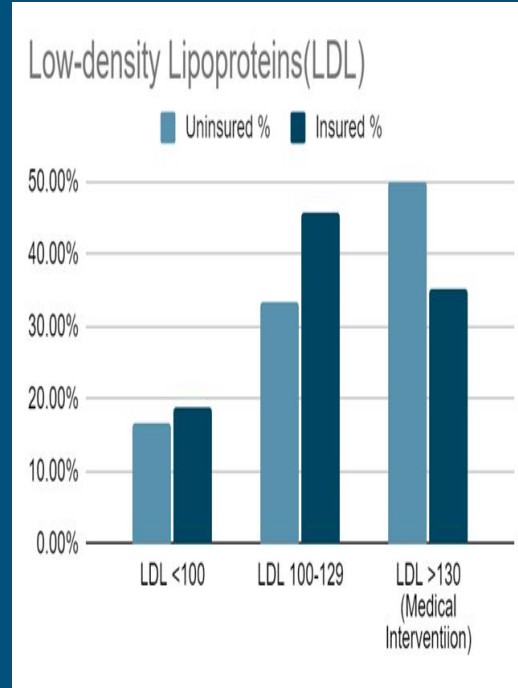
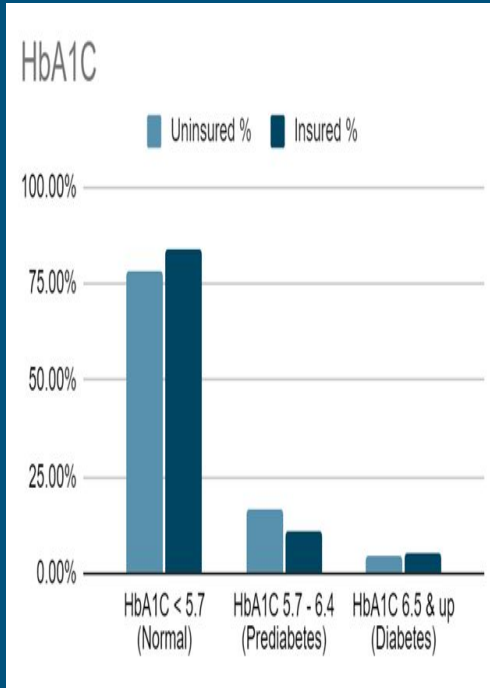


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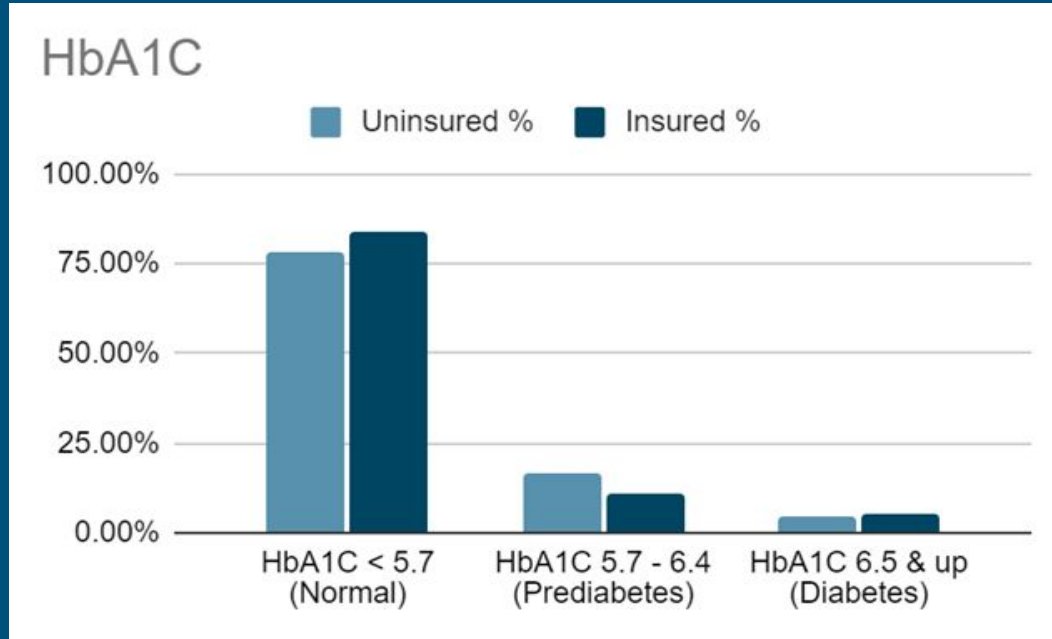


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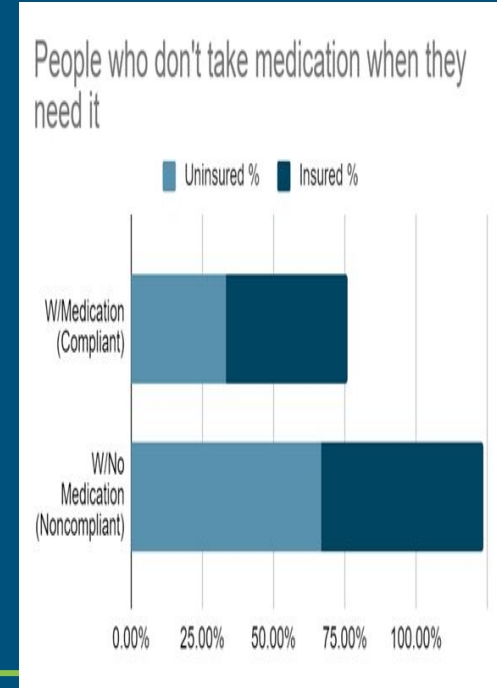
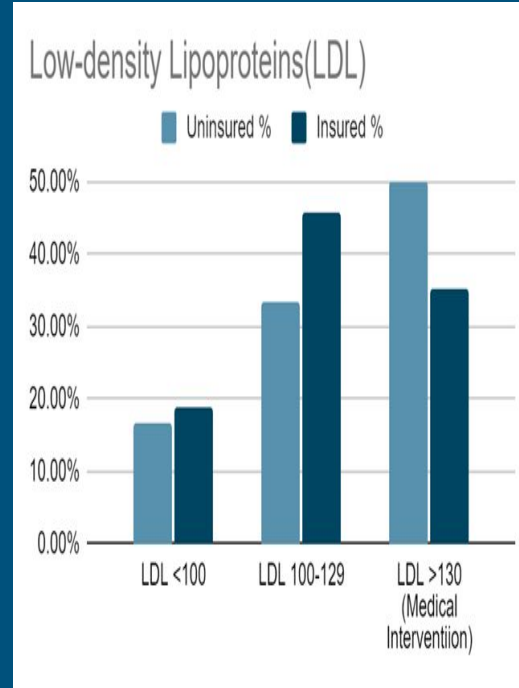
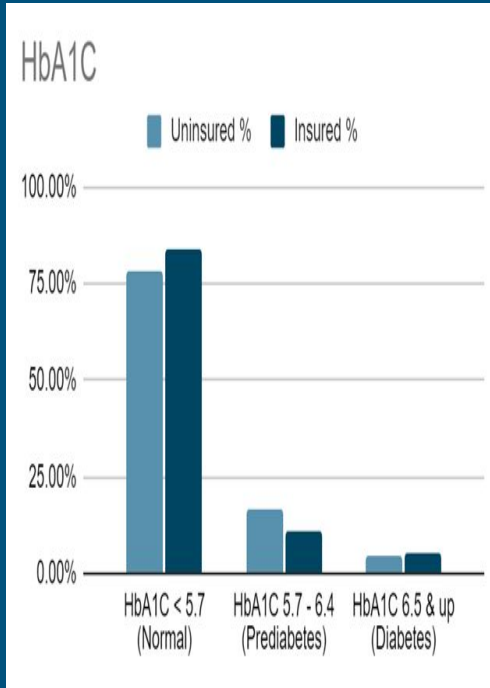
3C

Medical Clinic



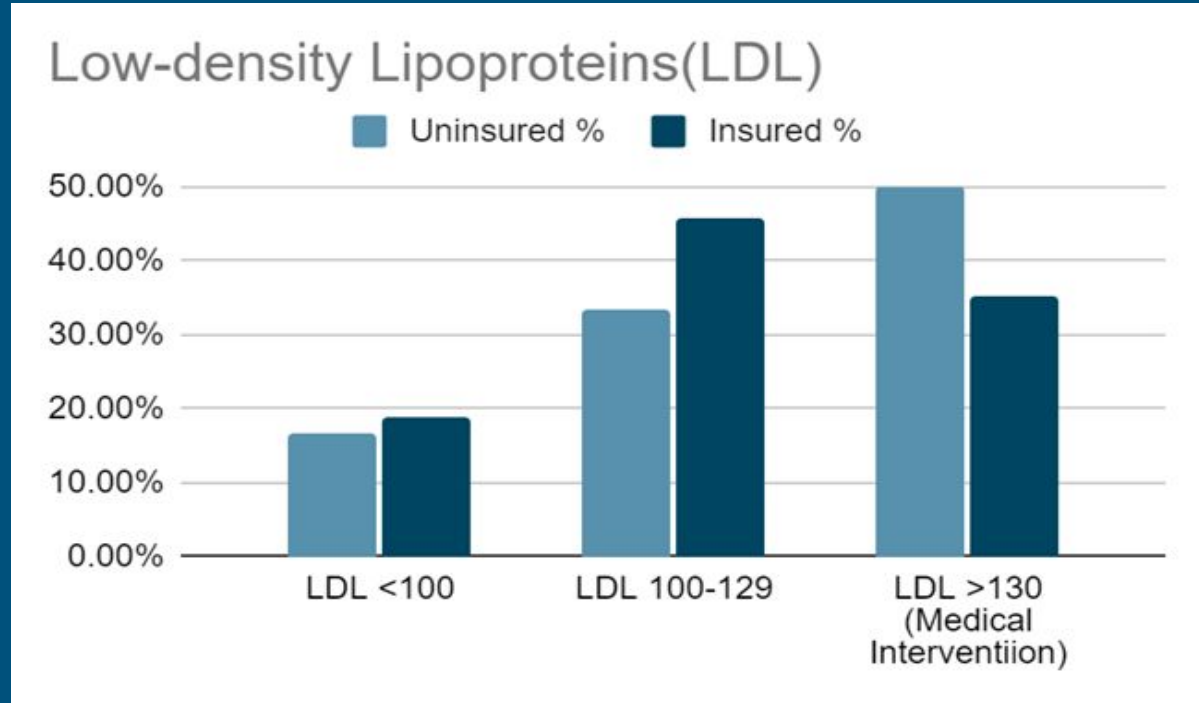
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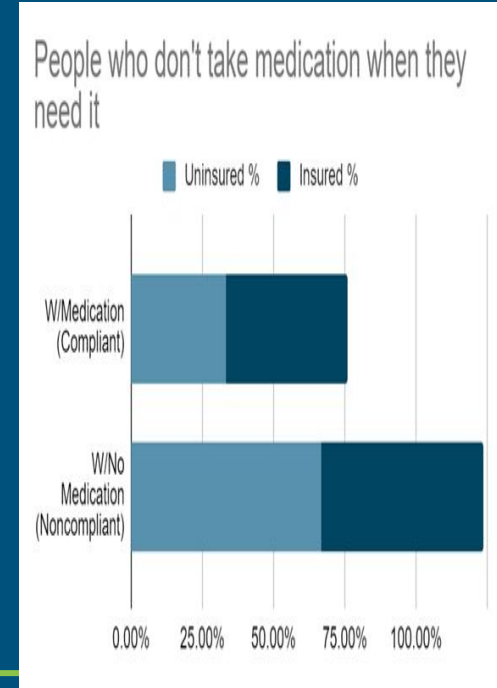
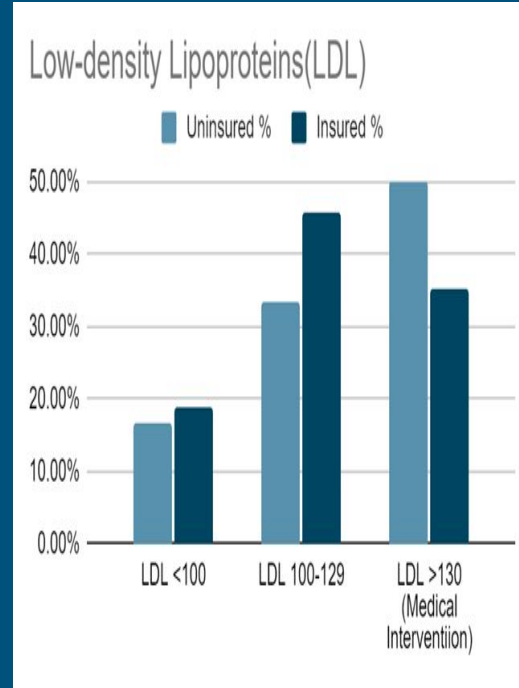
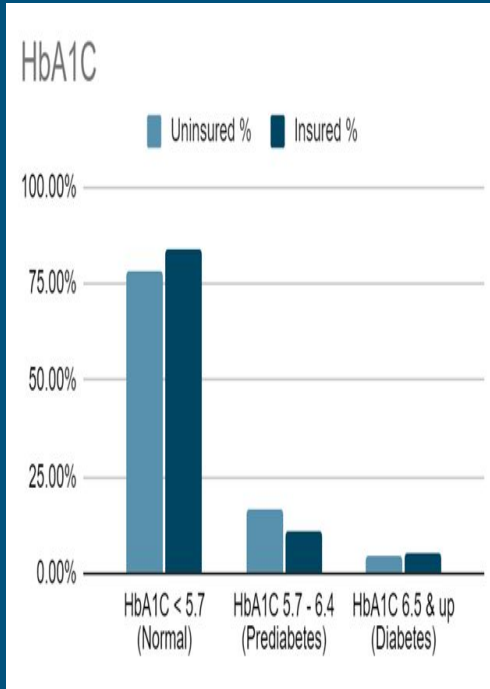
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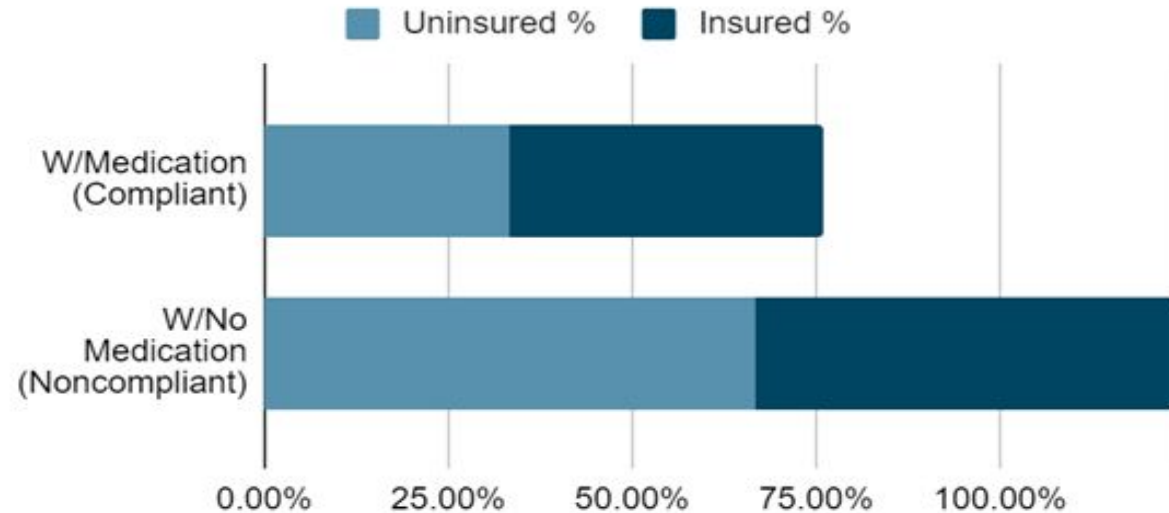


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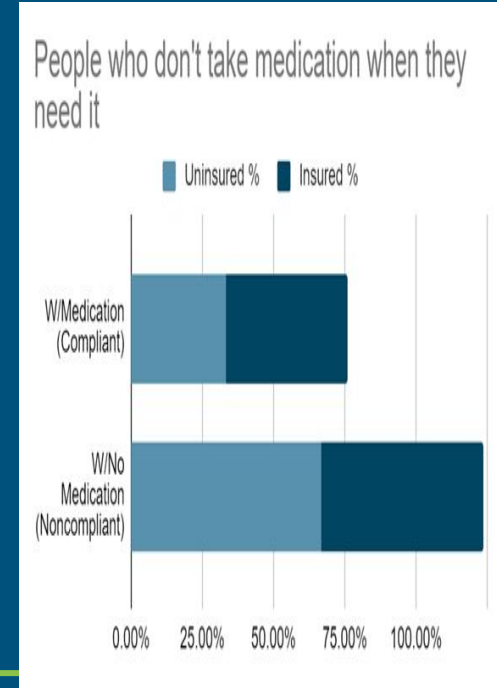
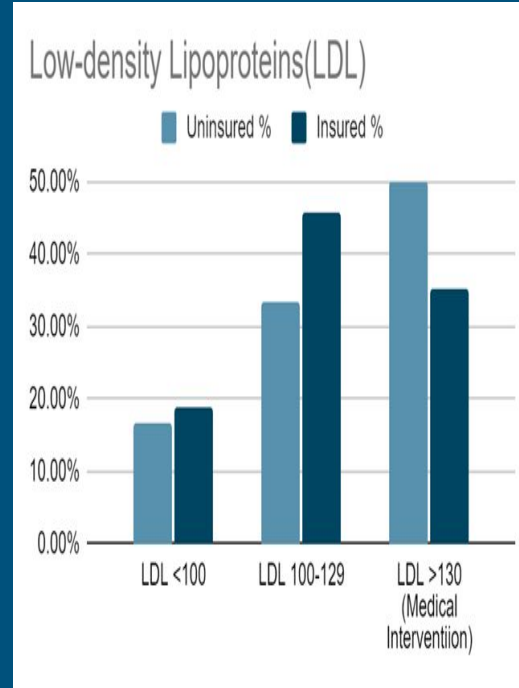
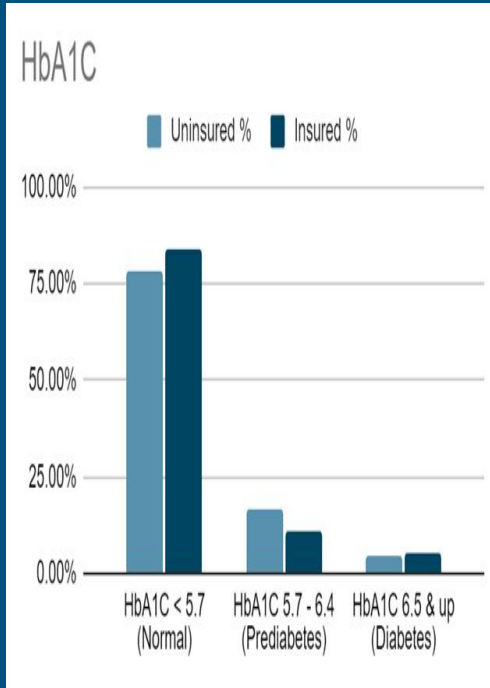


People who don't take medication when they need it



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



3C Medical Clinic Outreach Progress Note

| General Info | | Provider Note | |
|--|------------------------------------|---------------------------|--|
| Date | | Allergies: | |
| Pt Last Name | | ROS: | |
| Pt First Name | | | |
| DOB | | PE: | |
| Sex | M/F | | |
| Social Hx | | Dx: | |
| Family Relation | single/married/widow | | |
| Immigration duration | 0-5y/5-10y/11-20y/21y+ & 25y+/25y+ | | |
| Insurance | Yes/No | PLAN: | |
| Last Blood Test? | 1y/2y/more than 3 year | Note: | |
| Basic Patient Data | | Provider Signature: _____ | |
| BP | | Date: _____ | |
| Pulse | | | |
| Height | ____ Feet ____ inches | | |
| | Or ____ cm | | |
| Weight | ____ lbs | | |
| Pre-Existing Condition | | | |
| | Yes No On Med | | |
| HTN | | | |
| DM | | | |
| Prediabetes | | | |
| Hyperlipidemia | | | |
| CAD | | | |
| Cancer Screening | | | |
| Last Mammogram (40-75 F, every 2 year) | | | |
| Last Pap (21-64 F, every 3 years) | | | |
| Last FOBT (45-75, every year) | | | |
| Last Colonoscopy (45-75, every 10 years) | | | |

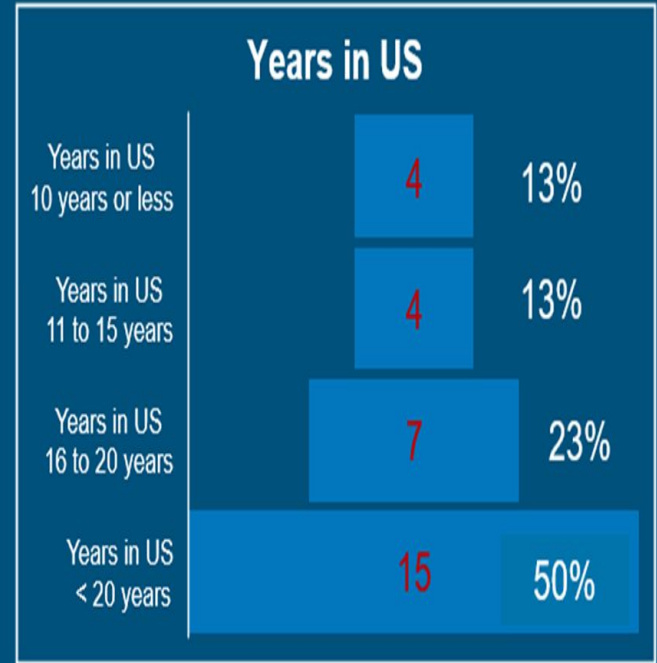
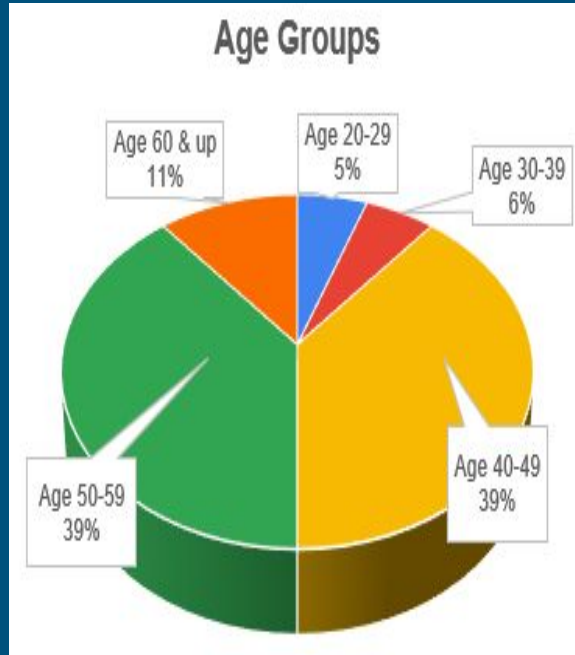
| <혈액 종합검사 패키지> | | |
|---------------|--------------|---|
| 1 | 기본 혈액검사 | 간, 신장기능 검사, 전해질, 단백질, 알부민, 콜레스테롤 혈당수치 |
| 2 | 종합 혈액검사 A | 적혈구, 백혈구, 혈소판, 간, 신장기능 검사, 전해질, 단백질, 알부민, 콜레스테롤, 혈당수치, 3개월 당뇨수치 |
| 3 | 종합 혈액검사 B | 적혈구, 백혈구, 혈소판, 간, 신장기능 검사, 전해질, 단백질, 알부민, 갑상선 콜레스테롤, 혈당수치, 3개월 당뇨수치 |
| <항목별 혈액 검사> | | |
| 4 | 암 혈액 검사 (남성) | 전립선암, 대장암, 췌장암, 간암 |
| 5 | 암 혈액 검사 (여성) | 난소암, 대장암, 췌장암, 간암 |
| 6 | B, C 형 간염 검사 | B형, C형 간염 여부를 스크리닝 |
| <암 스크리닝 검사> | | |
| 7 | 자궁경부암 검사 | 3C Medical Clinic 으로 예약 필요합니다. |
| 8 | 유방암 검사 | 무료 Mammogram 정보 받아주세요 |
| 9 | 대장암 검사 | 대변 잠혈 검사. 검사 키트를 받으신후 집에서 직접 랍으로 메일링 하시면 됩니다 |

Cross-sectional study
(Total of 36 Participants)

Health Disparities of Uninsured Korean American Population in LA

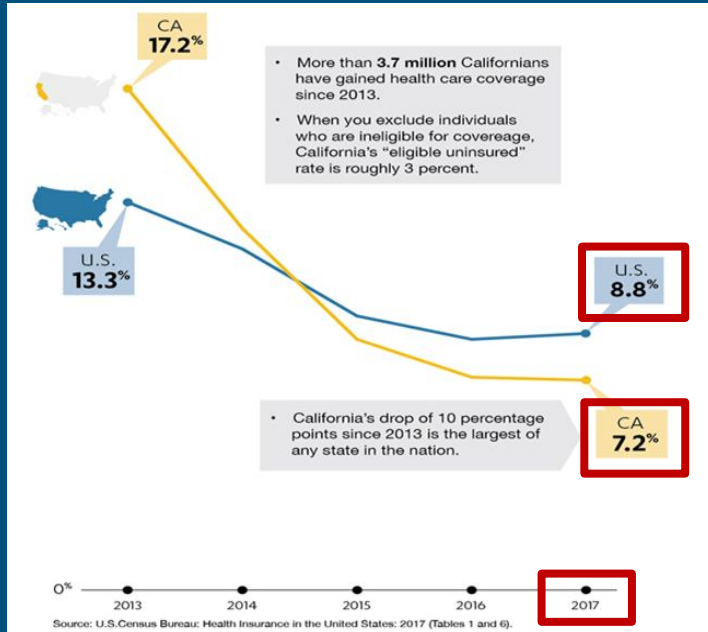
Outreach Services

Total of 36 Participants

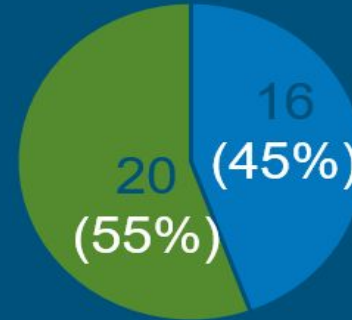


Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Insurance Status



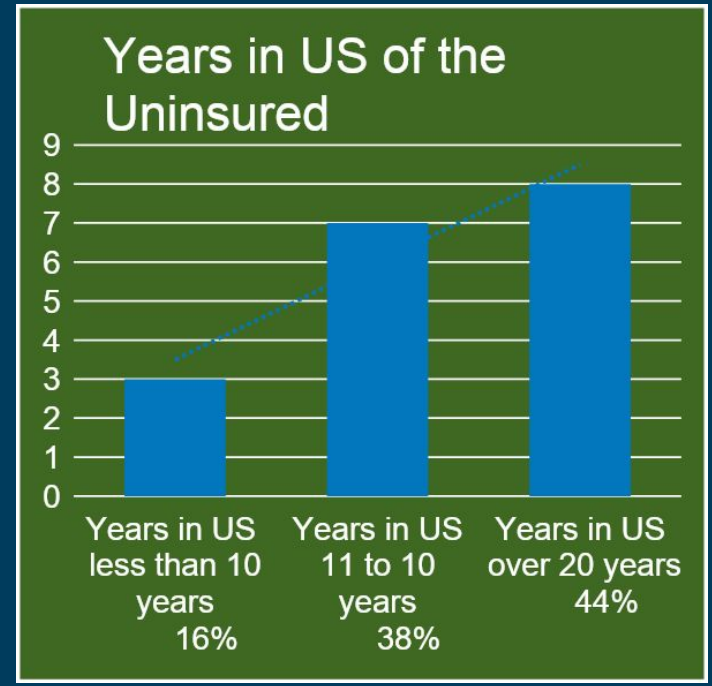
■ Insured ■ Uninsured

Total of 36

Health Disparities of Uninsured Korean American Population in LA



Outreach Services

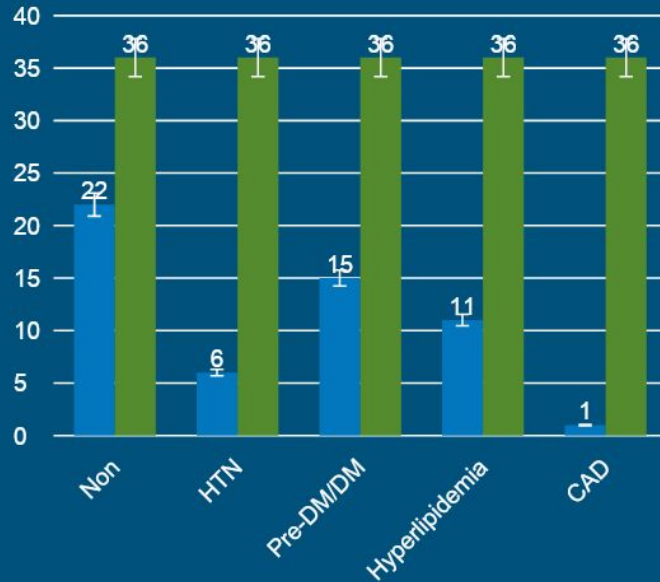


Health Disparities of Uninsured Korean American Population in LA

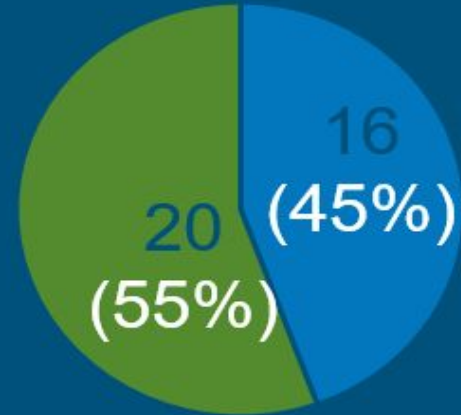
Outreach Services

Total of 36

Pre-existing Conditions



Insurance Status

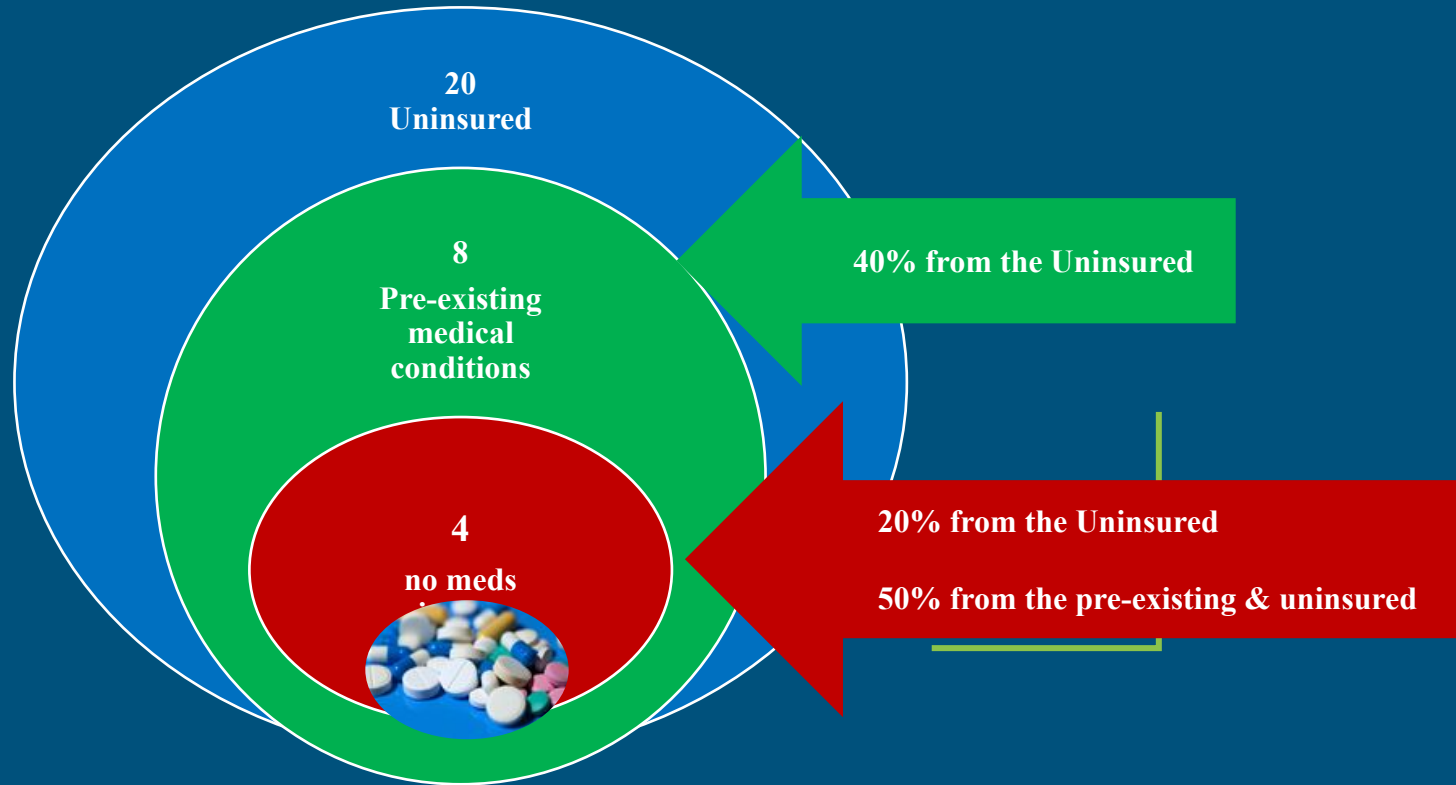


■ Insured ■ Uninsured



Health Disparities of Uninsured Korean American Population in LA

Outreach Services



Health Disparities of Uninsured Korean American Population in LA



Outreach Services

Major Findings from Total Tested **36** Participants

1. Uninsured **20** (55%)
2. The longer US stay, the more uninsured
3. Uninsured 8 pre-existing medical conditions; **4** no meds
4. Uninsured 4 pre-diabetics; **4** (100%) no meds



Need **access** for **immediate** medical **attention**.

The delay in treatment intensifies the **risk** for **further deterioration**.

Early screening and **Connection to the primary care** for continuous care are crucial in the uninsured minority population.



Health Disparities of Uninsured Korean American Population in LA

Feel the Gap? Fill the Gap!



Affordable Care Act
Medical
Medicare

Uneasy Access

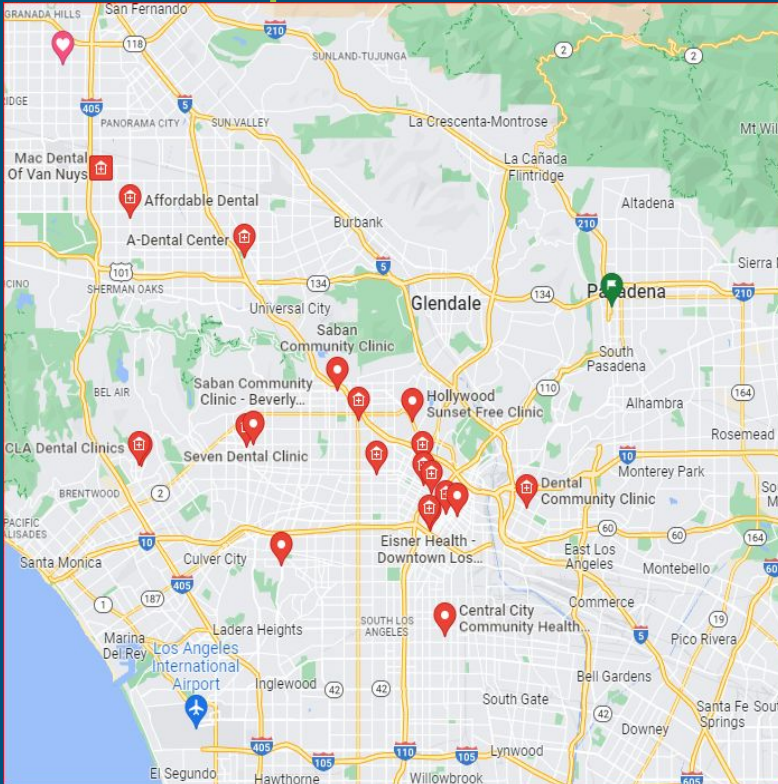
Uninsured
Inconvenience
Limited resources





Health Disparities of Uninsured Korean American Population in LA

Low Cost Clinic Near Korea Town in LA



| Name of Clinic | LA Dental Clinic | AHF Downtown Dental Office | LA Cristian Health Center Joshua House Clinic | UCLA Dental Clinics | APLA Health Dental Clinic, Downtown Los Angeles |
|----------------|---|---|--|---|---|
| Phone # | 213)785-7837 | (213) 744-1752 | 213)893-1960 | 310)825-2337 | 213.201.1388 hello@apla.org |
| Address | 3377 Wilshire Blvd. Ste 202 LA, CA 90010 ladentalclinic.com | 1414 S Grand Ave #485, Los Angeles, CA 90015 info@hivcare.org | 325 E 7th St, Los Angeles, CA 90014 lachc.com | 714 Tiverton Dr Los Angeles, CA 90095 dentistry.ucla.edu | 1, 1127 Wilshire Blvd., Suite 1504 Los Angeles, CA 90017 2, 611 S. Kingsley Dr. Los Angeles, CA 90005 |
| Business Hours | 8:30am - 4pm | 8:30am -5:30 pm | 8:30am - 3pm | 8:30am - 5pm | Monday: 7:30 a.m.-9 p.m. Tuesday-Thursday: 7:30 a.m.-10 p.m. Friday: 7:30 a.m.-8 p.m. |
| Services | <ul style="list-style-type: none"> •Broken & Missing Teeth •Misaligned Teeth •Mouth Pain •Checkups & Cleaning •Cosmetic & Corrections •Dental Emergencies | <ul style="list-style-type: none"> •AHF Dental Centers provide advanced dental care designed specifically for HIV-positive clients. •AHF Services providers are knowledgeable of up-to-the-minute developments in HIV medical care.Clinic | <ul style="list-style-type: none"> •Medical •Dental •Optical •Psychiatry •Social Workers on Staff to help as well | <ol style="list-style-type: none"> 1. General Dentistry and Hygiene 2. Emergency & Urgent Care 3. Specialized Dental Services <ul style="list-style-type: none"> • Esthetic Dentistry • Oral and Maxillofacial Surgery • Oral Medicine • Orofacial Pain • Orthodontics • Oral Pathology • Oral Radiology • Pediatric Dentistry • Periodontics and Implant Surgery • Prosthodontics • Restorative Dentistry | <ul style="list-style-type: none"> •Dental examinations •Dental X-rays •Dental cleanings •Tooth extractions •Dental fillings •Oral surgery •Replacement of missing teeth with bridges, partial and full dentures •Root canals (limited) |

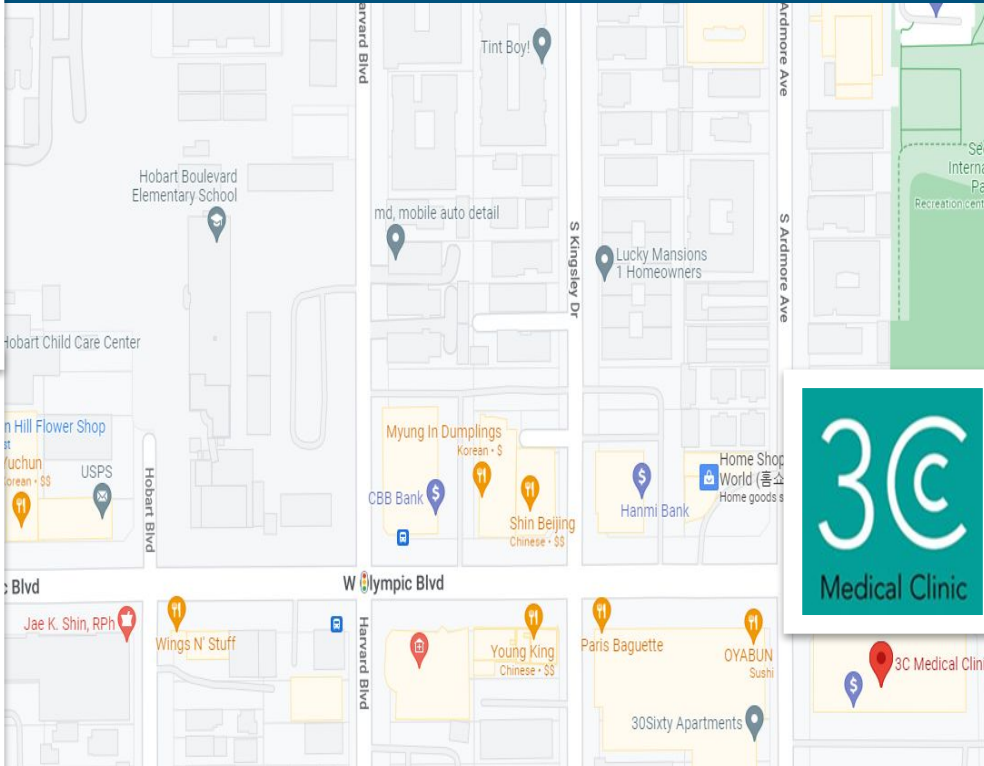
Health Disparities of Uninsured Korean American Population in LA

Joshua House Health Center



Health Disparities of Uninsured Korean American Population in LA

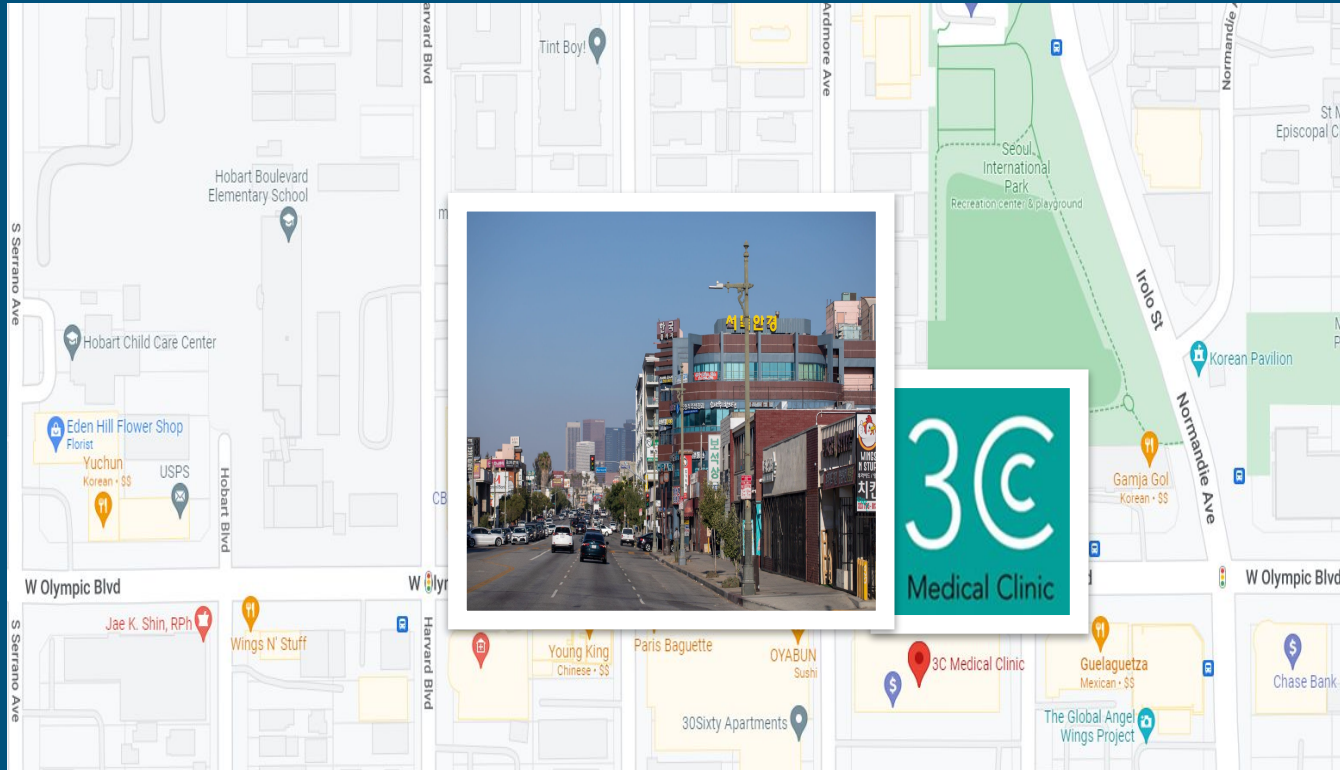
Windshield Survey



By Yin Hwa Kwon, Yoon Jung Ra, Ruth Park, Myung Gin Kim, and Boh Young Kim

Health Disparities of Uninsured Korean American Population in LA

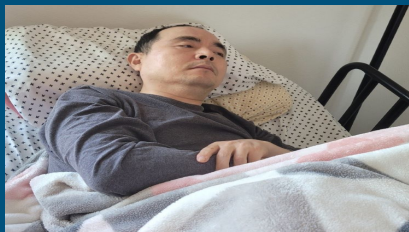
Windshield Survey



By Yin Hwa Kwon, Yoon Jung Ra, Ruth Park, Myung Gin Kim, and Boh Kyoung Kim

Health Disparities of Uninsured Korean American Population in LA

Windshield Survey



朝鮮日報 LA

보험 있지만 의료혜택 사각지대에 놓인 그들

의료 혜택에 사각지대에 놓여 있는, 사각지대에 놓여 있는... (Article text in Korean)

손흥민 아시아 첫 EPL 득점왕 등극

손흥민이 아시아 최초 EPL 득점왕 등극... (Article text in Korean)



By Yin Hwa Kwon, Yoon Jung Ra, Ruth Park, Myung Gin Kim, and Boh Kyoung Kim

Health Disparities of Uninsured Korean American Population in LA

Windshield Survey

보험 있지만 의료혜택 사각지대에 놓인 그들

신혼 6년차 때 남편 큰 교통사고 당해 머리 다치고 사지마비로 17년째 병상 아내 김씨 대소변 받아내며 지극 간호

메디컬있지만 항생제치료 너무 비싸 장애인 이동수단도 '있으나 마나' 비영리 의료 및 지원단체 도움 절실



김씨의 수입원은 인홈케어서비스(HSS, In-Home Supportive Service) 간병인으로 매월 2000달러 받는 것이 전부다. 저소득층 식비지원 프로그램인 푸드스탬프 가입은 월소득 1450달러 미만인 사람에게만 해당되기 때문에 이씨 부부는 자격 미달이다. 현재 메디컬에서 제한된 알약과 기저귀를 지원받고 있으며, 장애인선교단체에서 환자용 침대와 휠체어를 기부받은 것으로 버티고 있다.

김씨는 “남편이 장애인으로 겪어야 하는 인내는 상상을 초월한다”며 “휠체어 환자라 병원방문 시엔 교통서비스 이용에 하루를 다 보내야 할 때도 많다. 메디컬 지정병원임에도 불구하고 환자를 문진받지 않을 때도 있다. 그럴 때마다 환자는 물론 가족까지도 많은 고통을 감내해야 하는 게 현 의료시스템”이라고 말했다.

정부지원으로 노약자와 휠체어 이용 장애인에게 특별 이동수단이 되어주는 액세스(Access)서비스가 있지만 들쭉날쭉한 도착시간에 기본 몇 시간씩 기다리기 일쑤다. 여러 장애인을 태우려고 ‘뽕뽕이’ 돌리는 시간에 1분만 늦어도 그냥 가버리는 푸대접도 이씨 부부에게는 시럽다. 이웃케어클리닉 부속 버트양로보건센터는 몸이 불편한 65세 이상 시니어나 발달장애가 있는 성인들의 입장을 허용하고 있다. 그러나, 마찬가지로 장애인 교통편이 제공되지 않아 이씨에게는 있으나마나 한 서비스다.

현재 이씨의 상태는 24시간 100% 신체적, 정신적 도움이 필요한 상황이다. 양 손을 간신히 조금 움직일 수 있을 뿐, 몸의 다른 기능은 제대로 작동하지 않는다. 지능은 어린이 수준인데다 말도 제대로 하기 어렵다. 이씨의 대소변을 받아내고 있는 김씨는 6~7개 이불을 깔고 매일 손빨래를 해야하는 고된 작업을 수행하고 있다. 이씨의 몸에 욕창이 생기지 않도록 이리저리 몸을 돌리느라 김씨의 손가락과 발가락, 무릎, 등쪽의 관절염은 악화하고 있다.

아내 김씨는 “그래도 주위의 따뜻한 손길이 있었기에 그 긴 세월동안 남편 간호를 할 수 있었다”고 말한다. 현재 이씨는 비영리의료재단인 3C 메디컬클리닉 내과에서 정기진료 및 치료를 받고 있다. 해당 클리닉 내과 주치의가 정기적으로 이씨 집을 방문해 항생제와 비타민 등을 일일이 챙겨주고 있다. 김씨는 주치의의 의료적 현신에 중증환자를 돌보아야 하는 두려움도 사라졌다고 고마워한다.

김씨 부부는 지난 2009년 병원과 의료혜택이 다양하다는 LA지역으로 이주해 올림픽 볼러바드의 한 시민이파 트에 거주 중이다. 하지만, 여전히 의료혜택의 사각지대에 있음을 느낀다. 부부는 현재 시민권자 신분이고 남편은 현재 메디칼에 가입돼 있지만, 지정병원에서 받을 수 있는 혜택은 한정적이다. 65세 미만이라 메디케어 가입대상에서도 제외된다.

LA카운티의 올리브뷰(Olive View)병원에서 13년 째 근무 중인 김보경 간호사는 이씨의 상태와 관련해 “신체적 활동이 원활하지 못한 이씨는 폐렴 같은 위험한 상황에 자주 노출되는 중증환자”라며 “폐렴의 경우, 항생제 혈관주사만 맞으면 빠르게 회복되는데도 불구하고 보험이 커버되지 않아 알약만 처방받고 집으로 보내지는 안타까운 실정”이라고 말했다.

김 간호사는 “의사처방과 간호사 보조가 필요한 항생제 혈관주사는 건 당 최대 1000달러에 달한다”며 “항생제 알약을 복용할 경우 열이 쉽게 가라앉지 않고 합병증도 생길 수 있어 빠른 회복을 기대하기 힘들다”고 말했다. 김 간호사는 “이씨는 메디칼 보증을 확대 적용할 수 있도록 의료비가 개선되지 않는 한 계속해서 어려움을 겪을 수밖에 없다. 의료혜택의 사각지대에 고립된 환자인 셈이고 그런 상황에 처한 환자들 꽤 많은 것으로 안다. 이씨의 경우는 최소한 비영리 의료 및 자선단체의 도움이 이어질 수 있으면 좋겠다”고 밝혔다.

한인가정상담소의 이미리 홍보팀장은 “이씨가 받고 있는 메디칼과 간병인서비스(HSS)가 현재로서는 최선책”이라며 “모든 비영리단체는 정부기관 그랜트를 받아서 프로그램을 진행하기 때문에 교통사고로 인한 환자 지원 프로그램이 전무하다”며 안타까워 했다.

코로나19 팬데믹 기간 이씨는 전립선 방광염증 혹은 신장에 돌이 생겨 응급실 방문만 일곱 번을 했으며, 때로 응급수술을 받아야 하는 상황도 있었다. 그때마다 간병인을 따로 두지 않은 채 남편을 홀로 돌보고 있는 김씨가 힘겹게 간호를 하고 있지만 모든 것이 역부족이다.

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Health Disparities of Uninsured Korean American Population in LA

Interprofessional Collaboration

Interprofessional collaboration is an effective way of providing holistic, patient-centered care to patients while integrating and coordinating skills in therapy from across disciplines. This approach ensures all professionals working with a particular client keep the needs and interests of the client as the center of treatment.



Health Disparities of Uninsured Korean American Population in LA



Health Disparities of Uninsured Korean American Population in LA

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Health Disparitis of Uninsured Korean American Population in LA

Thank you



Ruth Park, Myung Jin Kim, Boh Kyoung Kim