

# The AAPI Experience: How Changing AAPI Populations in America Are Impacted in Healthcare

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## Background

- There has been a major influx in the Asian-American Pacific Islander (AAPI) populations in the last 20 years
- Many previous studies are focused on populations with historical ties to the United States such as China and Vietnam
- Many ethnographic studies focus on healthcare outcomes of patients in certain specialties and are not comparative of their experiences
- Many ethnographic studies do not compare the healthcare experiences of AAPI populations across ethnicities and do not account for differences in disparities within the AAPI label

## Methodology

- Each interview was conducted on Zoom and ran for approximately an hour with questions from a semi-structured interview guide
- Participants (9) were asked about their healthcare as well as their family's experiences with healthcare
- Participants were gathered through fliers posted on Instagram and snowballing method after each interview
- Line-by-line coding and Grounding Method used to code interviews
- Literature reviews were done to focus in on interview topics



## Major Themes

### Lack of Individualism

- Doctors constantly in a rush to go from one patient to the next to get through all patients throughout the day
- Not enough healthcare workers to accommodate patient needs
- Participants feel that doctors are on “autopilot mode”
- Physicians not empathizing with individual patients

“In the emergency intervention places, they are just focused on you coming back out.” (L)

### Representation

- Language barrier reduced for immigrant relatives + relatives not proficient in English
- Physicians of similar backgrounds seen as some sort of family
- Participants feel more relatable to physicians of similar backgrounds

“People of color recognize the representation and everything that is lacking in the system for people of color.” (M)

### Gender + Sexuality

- Participants and women in their family seen to have less pain or not believed the first time
- Physicians of similar cultural backgrounds judge patients for sexuality and sexual activity
- Female participants and family members dismissed of their concerns

“He is ok when he talks to my dad...He is dismissive of me and my mom” (E 2)

### Racism

- Individuals in healthcare or with family members in healthcare been stereotyped by patients
- Many of participant's families have been neglected and treated rudely by physicians
- Participants' families feel the need to assimilate to get proper care

“They are afraid of what the consequences would be if they did this to a white family.” (SR)

### Socioeconomic Status

- Many participants are taken advantage of when visiting doctors by being unaware of what is covered by insurance
- Participants with worse insurance plans go to less appointments and checkups
- Participants with good insurances believe that better insurance prevents them from experiencing other barriers

“After I left, I hadn't realized that there were some things that hadn't been covered and they didn't tell me and they billed me for \$600” (P)

## Discussion

- All individuals mentioned language and economic barriers they face when family members are accessing healthcare
- Sexuality is heteronormative in interactions despite individuals having queer identities
- People of Southeast Asian and South Asian identities facing more healthcare disparities and mistreatment from doctors
- Majority of participants had indicated getting a female doctor or a doctor with similar backgrounds as them
- Family members who are not proficient in English treated more harshly and taken advantage of by doctors
- Participants prefer a physician of their own generation
- Participants stated they would be treated with more respect if they were white

## Future Directions

- Include more participants within the study
- Get more diverse gender representation within study
- Include participants within different age ranges
- Expand participant pool to have more people of different ethnic backgrounds

## References and Acknowledgements

