

PERSPECTIVES ON THE UNITED STATES HEALTH CARE SYSTEM
BY INTERNATIONAL STUDENTS FROM THE NEWLY
INDEPENDENT STATES OF THE FORMER SOVIET UNION AND A
COMPARISON OF FORMER SOVIET COUNTRIES' AND THE
UNITED STATES HEALTH CARE SYSTEMS

A Senior Honors Thesis

by

LARISSA DIANE LEUENBERGER

Submitted to the Office of Honors Programs
& Academic Scholarships
Texas A&M University
In partial fulfillment of the requirements of the

UNIVERSITY UNDERGRADUATE
RESEARCH FELLOWS

April 2002

Group: Health and Education

PERSPECTIVES ON THE UNITED STATES HEALTH CARE SYSTEM
BY INTERNATIONAL STUDENTS FROM THE NEWLY
INDEPENDENT STATES OF THE FORMER SOVIET UNION AND A
COMPARISON OF FORMER SOVIET COUNTRIES' AND THE
UNITED STATES HEALTH CARE SYSTEMS

A Senior Honors Thesis

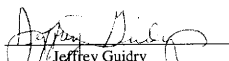
by

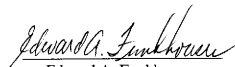
LARISSA DIANE LEUENBERGER

Submitted to the Office of Honors Programs
& Academic Scholarships
Texas A&M University
In partial fulfillment of the designation of

UNIVERSITY UNDERGRADUATE
RESEARCH FELLOWS

Approved as to style and content by:


Jeffrey Guidry
(Fellows Advisor)


Edward A. Funkhouser
(Executive Director)

April 2002

Group: Health and Education

ABSTRACT

Perspectives on the United States Health Care System By International Students From
the Newly Independent States of the Former Soviet Union and a Comparison of Former
Soviet Countries' and the United States Health Care Systems

Research Fellows. (April 2002)

Larissa Diane Leuenberger
Department of Health and Kinesiology
Texas A & M University

Fellows Advisor: Dr. Jeffrey Guidry
Department of Health and Kinesiology

The purpose of this study was to establish baseline data from international students regarding health care system perspectives, access, barriers, and utilization. International students bring preconceived ideas regarding health care based on the health care system of their country. These ideas affect their perceptions, expectations, and use of health care. The research of this thesis was limited to students of the Newly Independent States of the former Soviet Union (NIS). The health care systems were analyzed to determine what beliefs these students may carry with them. A survey was conducted to gather information about the NIS international students language use, health insurance, hospital utilization and access to care, and basic demographics. The results can be used by the university health care clinics as well as by other health care facilities to help understand NIS international students utilization and barriers.

TABLE OF CONTENTS

	Page
ABSTRACT	iii
TABLE OF CONTENTS	iv
LIST OF FIGURES	v
CHAPTER	
I INTRODUCTION AND BACKGROUND	1
II METHODS	8
III RESULTS	10
Language Acquisition	10
Insurance	10
Health Care Utilization	12
Demographics	12
Analysis	13
IV CONCLUSION AND RECOMMENDATIONS	15
REFERENCES	17
APPENDIX A	20
VITA	27

LIST OF FIGURES

FIGURE	Page
1 NIS International Students Self-Reported Health Status	12
2 NIS International Students' Number of Visits to a Health Care Facility.....	12

Introduction and Background

Due to the common environment, the health of international students affects the health of others of the student body. Norton, a College Health Administrator in Cedar Rapids, Iowa, found that screening for Tuberculosis (TB) is not mandatory for all international students. As a result, 39 % of active TB cases in the United States (US) are found in foreign-born individuals. He also found that 35% of the international students tested for TB had positive skin tests (1999).

As of January 2002, there were over 3000 international students; nearly one hundred of them were from the Newly Independent States of the former Soviet Union (NIS) (Texas A & M University Office of Institutional Studies and Planning, 2001). The research of this thesis was limited to students of the NIS: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. They were chosen for this study due to the changing governing system with the “collapse” of Communism and for their vast contrast in health care systems to that of the United States (US).

Most international students come from countries with vastly differing customs, beliefs, governmental rule and control, family structures, and economic structures. As a result these differences affect their perceptions, expectations, and use of health care. A case study done by the State University of New York at Buffalo suggests that international students carry expectations about American health care based on their own health care system (O’Shea, 1994). Also, an article by the American Society of Internal Medicine stated that, “failure to address the very real issues of cross-cultural

communication and variations in health beliefs in the clinical setting certainly threatens patient satisfaction and potentially threatens clinical outcomes” (Lavizzo-Mourey and Mackenzie, 1996). If students are not satisfied with the care they receive whether it be due to miss understanding the system or some other barrier they may choose not to use the US health care when they need it.

The health care systems of the NIS were analyzed to determine what beliefs these students may carry with them. Although each country of the NIS has their own rich, unique culture and are in the process of health care reform, they all still overwhelmingly reflect the influence of the Soviet system (Filerman, 2000; Figueras, et al, 1998). Social style health care is available to all members of society. However, because health care was universally available does not mean that they had a single system of care; there were actually several overlapping systems. The primary system of health care was based on geography. This, currently, seems to be the dominant system. Within the geographical system, individuals are assigned to a provider based on where their place of residence (American International Health Alliance (AIHA)).

In the basic structure of the geographical system the smallest unit is the “uchastok” or sub-district. The sub-district serves as the first health service contact. In the 1980s these services provided 90% of all health care. In urban areas sub-districts are served by a polyclinic (AIHA). Polyclinics offer preventive, diagnostic and rehabilitative services. They are often divided by who is serviced: adults, children, or women for reproductive health (Figueras, et al, 2000). In rural areas they are served by a

medical house or “feldsher post” which function primarily as first aid stations (Figueras, et al, 2000).

There are usually ten to fifteen sub-districts in a district or “rayon.” The district is the second access point for health services. Districts are served by a basic hospital system and ambulatory care. Ambulances are not strictly for emergencies as they are in the US; they commonly make home visits for health advising and non-emergencies (AIHA). Bribes are also frequently made to receive better care or drugs (Bologova, 1996).

The next sphere of care is the region or “oblast;” in rural/territory areas the organizational unit was the “kray.” This unit provides primary, secondary, and tertiary levels of health care. Citizens are assigned to a physician based on their place of residence (in the rayon level). However, this gatekeeper role is often bypassed because the patient refers himself or herself to a specialist. In contrast to the US, they have few general physicians. Instead, specialization occurs early in their training (within the first three years of medical school). This specialization results in less general competence and ultimately leads to patients’ doubt of physicians’ care and diagnosis (Sharbarova, 2001).

The republic is the final and highest entity of care within the geographical system. It provides hospitals and specialty institutes to entire republics, which are now independent states (AIHA).

The Ministry of Health centrally controlled the geographical health care system. Through this system they made some phenomenal achievements. They had the world’s

best ratio of physicians and hospital beds per inhabitant, and basic medical care was available to the large majority of the population. However, their love of numbers made the system very legalistic. This can be seen in their strict quotas, standards, and norms with essentially no flexibility. They specified the number of 1000-bed hospitals to be built, the number of patient visits and medical exams to be performed, and even the number of sutures per given type and size of laceration (Mortimer, 1989).

The employment-based health system was the second health care system contact option. This system is beginning to collapse because of financial burden now placed on employers due to a shift to a capitalistic economic system. These health care facilities were associated with large industries and available only to workers of the particular farm, factory, or industrial enterprise (Figueras, et al., 1997). This system was available to approximately 25% of the population. Quality of care generally was considered about average (AIHA).

During the Soviet rule, a third option was available to top party and government official, veterans, and other elites called the "Fourth Department." This system of care was by far the most technologically advanced system, attracting some of the most renowned Soviet physicians. The "Fourth Department" illustrates that although the Soviets strived for universal care it was stratified and unequal (Mortimer, 1989). Since the formation of the NIS, the hospitals and clinics of the "Fourth Department" have in some cases received budget cuts, been shut down, or opened to the general public (AIHA).

A fourth health care system is the Sanitary Epidemiological Services (SES). The SES is similar to the US Center for Disease Control and Prevention. Responsibilities of the department include: preventing and controlling communicable diseases and also those caused by environmental pollution, investigating epidemics, monitoring the safety of working conditions, and monitoring food and water safety. (Figueras, et al., 1999) The SES has stations set up at all levels of the geographical system. However, they are separate or appear to be separate entities. Though significantly under financed the SES system also continues to function. Stations have bacteriology, parasitology, virology, and environmental laboratories. These stations are staffed by physicians who have specialized in hygiene and by sanitation technicians (Figueras, et al., 1996).

In addition to the differing structure of the NIS health care system, the health care professional roles are different as well. Nurses, for example, do not have a defined professional role. They work as assistants to doctors following the orders they are given. Most nurses start their two years of practical training between the ages of 14 and 16 (Filerman, 2000).

Physicians train for six or seven years. Most of their training is practical with little exposure to research or pure science. This, however, is slowly beginning to change after the collapse of the Soviet system. Physicians, as noted earlier, begin specializing within the third year of their training. The concept of general practitioners is rare compared to the US (Mortimer, 1989).

Midwives are well-respected professionals in the NIS. There is a long, established tradition of midwives contributing to their esteemed status in the community. They

receive three years of training before they are responsible for normal deliveries (Mortimer, 1989).

Feldshers also hold an important role in the geographical health care system, especially in rural areas. Feldshers are held in high regard and admired because of their work in areas that generally would not be served. They are qualified to work independently within a narrow scope of practice. Although the role varies slightly from country to country, practicing basic first aid and functioning as emergency medical technicians is common for feldshers (Filerman, 2000).

In light of these health care systems and roles, the health care status of the NIS countries is less than optimal. Lack of medical equipment and funding has put the systems in a critical state (Rothstein, 1999). Medical supplies and pharmaceuticals are also scarce (Bettencourt, 1999). The NIS have inherited health care facilities that are in archaic and in disrepair. The focus on quantity rather than quality during Soviet control was demonstrated by their desire to build another hospital instead of making repairs on an existing hospital. Some countries are moving towards an insurance form of payment to compensate for the inadequate finances. However, they lack the technology to make that transition very quickly (Filerman, 2000).

One must take this health care history into consideration when looking at the health care perspectives of NIS international students. These students are accustomed to free health care services where the average person visits eight times per year (World Health Organization, 1999). In addition they may not have exposure to diagnostic testing,

screening for illness, and the types of treatment that are offered through the US health care system. One must analyze their access and utilization in light of these factors.

Miller and Harwell found the international students enrolled at the University of Toronto were not using community health services or the university health center. They recommended the development of a health education program to inform incoming international students about health practices and available services (1983). At Texas A&M University (TAMU), limited information about insurance and general payment is available to international students in the International Student Office. The information is copied on colored paper and displayed with approximately 50 other sheets of various contents from how to work out roommate problems to international tax sheets.

In an interview, Taffy Fulton, a health educator at the Texas A & M University student health center, she explained that the health orientation event is a major ordeal they plan for months in advance. They set up stations for vaccines and immunizations (most students are not current on required immunizations). They give a thirty-minute presentation on the services and care available at the health center and an explanation of insurance and insurance requirements. Fulton explained that during orientation there is confusion about why immunizations are needed, what insurance is, and the concept of pay-for-service.

Methods

A health care systems analysis was performed through a literature search. Information regarding the current health systems status was obtained through the World Health Organization. The US Library of Congress provided background about the Soviet system and ideology. The University of Toronto and the United Nations explained the current health status of the NIS' people and home health care practices. The International Committee of the Red Cross identified a convoluted network of organizations assisting and supporting the health care systems of the NIS (Dogny, 1998). The American International Health Alliance provided the needed health care information and histories to develop an outline of the former Soviet health care system and what is still present in the NIS.

An interview was conducted with the TAMU health educator who organizes the health orientation for international students. A description was given of the steps TAMU is taking to inform students about US health care practices and system. She also explained how TAMU has increased their cultural sensitivity in the past two years.

A survey questionnaire was modified from existing surveys of the National Institute of Health. This contributes to the reliability of the survey used in this research. The questionnaire had 26 questions in categories of: language use, health insurance, hospital utilization and access to care, and basic demographic questions. (See Appendix A). Due to the use of human subjects, an Institutional Review Board reviewed and approved the questionnaire research. It was also pilot-tested to recheck for validity, reliability, and

clarity of the questions. A few questions were changed to clarify the intent of the question. After the survey was modified it was peer reviewed for validity purposes.

Twenty-four surveys were anonymously distributed and collected through the office of the Associate Director of International Programs for Students. Students were contacted via e-mail and asked to complete the health survey. The cover sheet of the survey stated that participation was on a voluntary basis and by completing and returning it participants were consenting to participation. At the end of the survey, directions stated participants were to put completed surveys into a provided, manila envelope to secure anonymity.

The sample consisted of a convenience sample; 18 of the students from the NIS were surveyed. After consultation with graduate students from the statistics program, the survey data was then entered into a research-developed database and analyzed proportionately and comparatively.

Results

The following results are proportional statistics from the survey tool.

Language acquisition

- Only 22% speak English at home, in contrast to 72% who speak Russian
- 11% reported that they do not speak or read English fluently, however 100% speak and read Russian fluently
- 28% don't speak in English with their friends, in contrast 100% speak in Russian with their friends
- 33% of the students have spoken English less than two years
- 61% of the students reported they don't always understand when someone speaks to them in English

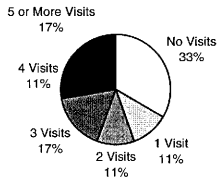
Insurance

- 100% of the students are covered by insurance, however, 17% did not know what type of insurance.
- 56% did not know if they were limited to a specific list of physicians or if they could go to anyone
- 61% did not know if they needed a referral or doctor approval for special care
- 78% had some misunderstanding or uncertainty about their insurance coverage

Figure 1: NIS International Students Self-Reported Health Status



Figure 2: NIS International Students' Number of Visits to a Health Care Facility



Health Care utilization

- 28% of the students reported their health was less than good
(See Figure 1)
- 91% who have a specific place where they go for health service go to the campus student health center
- 33% of the students reported that they have not visited a health place in the past 12 months (See Figure 2)
- 83% agreed the cost of medication could keep an international student from seeking medical care; only 6 % disagreed
- 78% agreed the cost of diagnostic tests could keep an international student from seeking medical care; none disagreed
- 89% agreed the cost of hospitalization could keep an international student from seeking medical care; none disagreed
- Only 5% agreed communication with the doctor could keep an international student from seeking medical care
- 39% agreed that lack of understanding the US health care system could keep an international student from seeking medical care

Demographics

- 89% are first or second year masters students
- 50% have been in the US 12 months or less

- Out of those who have been in the US three or more years all of them made four or more visits to a health care facility and 66% of them agreed understanding the US health care system could prevent international students from seeking medical care

Analysis

The language acquisition part of the survey is of highlighted interest. Only 22% speak English at home, 28% do not speak English with their friends, and 33% have only spoken English up to two years. Further inquires into their actual understanding and ability to communicate their thoughts would be helpful to determine the accuracy of their communication and comprehension.

Also of noteworthiness is that 88% had some degree of uncertainty about their insurance coverage. This does not seem unusual due to the exposures of their countries to health insurance. In addition, the explanation of insurance they receive at orientation may not be clear or thorough enough for their particular health system background. Interestingly 88% had some degree of uncertainty about their insurance coverage, but only 39% thought the lack of understanding the US health care system could keep international students from seeking medical care. The NIS international students carry the bias that health care should be free is demonstrated by their overwhelming agreement that cost is the primary barrier to receiving health care. This finding supports earlier research that international students carry preconceptions about health care systems based on the health care system of their home country.

The most significant observation is of those who had been in the US three or more years all of them had made four or more visits to a health care facility for health care; of those 66% said that lack of understanding the US health care system could keep international students from seeking medical care. Pursuit of this barrier should be researched more to determine if these students themselves experienced health care system confusion as a barrier, if more exposure to the US health care system has revealed previously unacknowledged barriers, or if they have observed confusion among others as a barrier to accessing health care.

Conclusion and Recommendations

Having studied the health care systems of the NIS, struggling trying to untangle the overlapping systems, one can only imagine the confusion international students endure trying to decipher how to get health care. At first glance the health care system appeared nice and neat, but this was not the case. Because a majority of those who have lived in the US for three or more years and were utilizing the US health care system agree that understanding the system could pose a barrier to international students it seems they may also misunderstand the US health care system. Giving international students tours through the student health care facility and explaining in detail what services are available, what the service is, and how much it costs will be beneficial in minimizing the confusion associated with the US health care system. Because of the over-load of information within the first few weeks of their arrival, it may be more effective to offer the tour after they have been at the university for several weeks.

Although the information available about health issues and services is good, it needs to be displayed in a more orderly and accessible location in the International Student Office. Because most of the students who are using the US health care system are accessing it through the university clinic, increased efforts need to be made to decrease barriers and increase utilization.

The average person in the NIS makes 8 visits to health care facilities and only 17% of the NIS international students have visited 5 or more times indicates their utilization is decreasing when they come to the US. Further studies need to be done to pinpoint the specific barriers. When further studies are done, students should be interviewed to

maintain the ability to follow up on comments that reflect the possibility of health care barrier.

References

- American International Health Advisory. Introduction to the Health Care Systems of the New Independent States, *Resources for Partners*, Available at: www.aiha.com/english/resources/uspart/hlthcare.cfm
- Bettencourt. (1999). Looking at Health Care – Russia, *Cultural Profiles Projects*, Available at: <http://cwr.utoronto.ca/cultural/english/russia/health/html>
- Bologova, Natalia. (1996). Voices of the Ukrainian Community, *Voices of the Communities*, 1-5, Available at: <http://www.xculture.org/resource/library/index.cfm>
- Davis, D.P. (1993). Cultural differences and the practice of medicine, *Health Care Analysis*, 1 (1), 101-102.
- Harwell, D. J., & Miller, D.F. (1983). International Students at an American university: health problems and status. *Journal of School Health*, 53(1), 45-49.
- Figueras, et al. (1996). Health Care Systems in Transition Azerbaijan, 12-13, Available at <http://www.euro.who.int/>
- Figueras, et al. (1997). Health Care Systems in Transition Belarus, 49-57, Available at: <http://www.euro.who.int/>
- Figueras, et al. (1999). Health Care Systems in Transition Kazakhstan, 29-34, Available at: <http://www.euro.who.int/>
- Figueras, et al. (1998). Health Care Systems in Transition Russia, 47-53, Available at: <http://www.euro.who.int/>
- Figueras, et al. (2000). Health Care Systems in Transition Tajikistan, 31-36, Available at: <http://www.euro.who.int/>

Filerman. (2000). NIS/US Health Workforce Planning 2000, Available at:
<http://www.aiha.com/english/pubs/tashkent/filerman.cfm>

Fulton, Taffy. (2002). Personal interview at AP Beutel Student Health Center,
April 8.

Hasan. (2000). Looking at Health Care – Lithuania, *Cultural Profiles Projects*,
Available at: <http://cwr.utoronto.ca/cultural/english/lithuania/health/html>

Lavizzo-Mourey, & Mackenzie. (1996). Cultural Competence: Essential
Measurements of Quality for Managed Care Organizations, *Annals of Internal Medicine*
May 124, 919-921.

Lee, C. (1998). Looking at Health Care – Ukraine, *Cultural Profiles Projects*,
Available at: <http://cwr.utoronto.ca/cultural/english/ukraine/health/html>

MacFarlane. (1999). Looking at Health Care – Kazakhstan, *Cultural Profiles
Projects*, Available at: <http://cwr.utoronto.ca/cultural/english/kazakhstan/health/html>

Miller, & Harwell. (1983). International students at an American University:
health problems and status, *Journal of School Health* January 53 (1), 45-49.

Mortimer, Louis. (1989). Soviet Union a Country Study, *Federal Research
Division of the Library of Congress*, Available at: <http://lcweb.loc.gov/>

Nelson, M. E., & A. R. Fingar. Tuberculosis screening and prevention for
foreign-born students: eight years experience at Ohio University, *American Journal of
Preventive Medicine*, 11 (3), 48-54.

Norton, D. (1999). Tuberculosis screening for international students. Kirkwood
Community College, Cedar Rapids, Iowa.

O'Shea, et al. (1994). Culture shock in a university health service: a case and commentaries, *Journal of American College Health*, 43 (1), 39-44.

Rothstein. (1999). Looking at Health Care – Belarus, *Cultural Profiles Projects*. Available at: <http://cwr.utoronto.ca/cultural/english/balarus/health/html>

Sharbarova, Zoya. (2001). Primary Health Care in the NIS: History and Current Situation, Available at: www.aiha.com/

Texas A & M University Office of Institutional Studies and Planning. (2001). International Student (Non-Immigrant) Headcount, Fall Semester, September 14.

United Nations Office for Drug Control and Crime Prevention. (2001). Russian Federation: Country Profile, Available at: http://www.undcp.org/russia/country_profile.html

World Health Organization. (1999). Highlights on Health in the Russian Federation 24, Available at: <http://www.euro.who.int/>

APPENDIX A

Survey Questionnaire

The following questions are about language use.

Q-1 What language(s) do you usually speak at home?
CIRCLE THE NUMBER OF ALL THAT APPLY

- 1 Arabic
- 2 Armenian
- 3 Azerbaijani
- 4 English
- 5 Farsi
- 6 Georgian
- 7 Kazak
- 8 Russian
- 9 Tajiki
- 10 Turkmen
- 11 Ukrainian
- 12 Uzbek
- 13 Other _____
(Please Specify)
- 14 Don't know

Q-2 What language(s) do you speak and read fluently?
CIRCLE THE NUMBER OF ALL THAT APPLY

- 1 Arabic
- 2 Armenian
- 3 Azerbaijani
- 4 English
- 5 Farsi
- 6 Georgian
- 7 Kazak
- 8 Russian
- 9 Tajiki
- 10 Turkmen
- 11 Ukrainian
- 12 Uzbek
- 13 Other _____
(Please Specify)
- 14 Don't know

Q-3 In what language(s) do you usually speak with your friends?
CIRCLE THE NUMBER OF ALL THAT APPLY

- 1 Arabic
- 2 Armenian
- 3 Azerbaijani
- 4 English
- 5 Farsi
- 6 Georgian
- 7 Kazak
- 8 Russian
- 9 Tajiki
- 10 Turkmen
- 11 Ukrainian
- 12 Uzbek
- 13 Other _____
(Please Specify)
- 14 Don't know

Q-4 How long have you spoken English?

- 1 1-6 Months
- 2 7-12 Months
- 3 Up to 2 Years
- 4 Up to 3 Years
- 5 Up to 4 Years
- 6 More than 4 years

Q-5 In what country were you born?

- 1 Armenia
- 2 Azerbaijan
- 3 Belarus
- 4 Georgia
- 5 Kazakhstan
- 6 Kyrgyzstan
- 7 Latvia
- 8 Lithuania
- 9 Moldova
- 10 Russia
- 11 Tajikistan
- 12 Turkmenistan
- 13 Ukraine
- 14 Uzbekistan
- 15 Other _____
(Please Specify)
- 16 Don't know

Q-6 When someone speaks to me in English I completely understand what they tell me.
(Circle one)

ALWAYS USUALLY SOMETIMES SELDOMLY NEVER

Q-7 When I read in English I understand everything that is being communicated.
(Circle one)

ALWAYS USUALLY SOMETIMES SELDOMLY NEVER

The following questions are about Health Insurance.

Q-8 Are you covered by health insurance or health care coverage?

- 1 Yes
- 2 No
- 3 Don't know

- Q-9 What kind of health insurance or health care coverage do you have?
(If you have more than one kind of health insurance, respond only about the primary one you use)
- 1 Private health insurance plan purchased directly
 - 2 Private health insurance plan through government program
 - 3 Private health insurance plan through school
 - 4 United States Government program
 - 5 Single service plan (e.g. Dental, Vision, Prescriptions)
 - 6 Other _____
(Please specify)
 - 7 Don't know
- Q-10 Does the insurance you have cover any part of dental care?
- 1 Yes
 - 2 No
 - 3 Don't know
- Q-11 Under your plan, can you choose any doctor or must you choose from a specific group or list of doctors?
- 1 Any doctor
 - 2 Selected list
 - 3 Don't know
- Q-12 Do you have the option of choosing a doctor from a preferred or a select list at a lower cost?
- 1 Yes
 - 2 No
 - 3 Don't know
- Q-13 If you need to go to a different doctor or place for special care do you need approval or a referral?
- 1 Yes
 - 2 No
 - 3 Don't know

The following questions are about hospital utilization and access to care.

Q-14 Would you say your health in general is . . .

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't know

Q-15 Compared to 12 months ago, would you say your health is now . . .

- 1 Better
- 2 Worse
- 3 About the same
- 4 Don't know

Q-16 Is there a place you usually go when you are sick or need advice about your health?

- 1 Yes (Answer Q 17)
- 2 No (Skip to Q 18)

Q-17 What kind of place do you go to most often:

- 1 Beutel Health Center
- 2 Another clinic or health center
- 3 Doctor's office
- 4 Hospital emergency room
- 5 Some other place
- 6 Don't know

Q-18 During the past 12 months how many times have you visited a doctor's office, a clinic, a hospital, or an emergency room?

- 1 None
- 2 One time
- 3 2 times
- 4 3 times
- 5 4 times
- 6 5 or more times
- 7 Don't know

Q-19 About how long has it been since you last saw or talked to a doctor or other health care professional about your health?

- 1 1-6 Months
- 2 7-12 Months
- 3 Up to 2 Years
- 4 Up to 3 Years
- 5 Up to 4 Years
- 6 More than 4 years

Q-20 During the past 12 months, were you a patient in a hospital overnight? Do not include an overnight stay in the emergency room.

- 1 Yes
- 2 No
- 3 Don't know

Q-21 Based on your experiences, how much would you agree that each of the following can keep an international student from seeking medical care?

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5 = Strongly disagree

(Circle one in each group)

- | | | | | | |
|--|---|---|---|---|---|
| a. Cost of medications | 1 | 2 | 3 | 4 | 5 |
| b. Cost of diagnostic tests (x-rays, etc.) | 1 | 2 | 3 | 4 | 5 |
| c. Cost of hospitalization | 1 | 2 | 3 | 4 | 5 |
| d. Amount of insurance co-payments | 1 | 2 | 3 | 4 | 5 |
| e. Access to car or truck | 1 | 2 | 3 | 4 | 5 |
| f. Finding someone to drive you | 1 | 2 | 3 | 4 | 5 |
| g. Problems in communicating with the doctor | 1 | 2 | 3 | 4 | 5 |
| h. Lack of understanding the system | 1 | 2 | 3 | 4 | 5 |

The following are demographic questions

Q-22 What is your sex?

- 1 Male
- 2 Female

Q-23 What is your current academic status?

- 1 Undergraduate freshman
- 2 Undergraduate sophomore
- 3 Undergraduate junior
- 4 Undergraduate senior
- 5 Undergraduate 5th or more year
- 6 Masters 1st year
- 7 Masters 2nd year
- 8 Masters 3rd year
- 9 Masters 4th year
- 10 Doctorate

Q-24 How long have you been in the United States?

- 1 1-6 Months
- 2 7-12 Months
- 3 Up to 2 Years
- 4 Up to 3 Years
- 5 Up to 4 Years
- 6 More than 4 years

Q-25 How many people live at your current residence, including yourself?

- 1 one (live alone)
- 2 2
- 3 3
- 4 4
- 5 5 or more

Q-26 In what year were you born?

19____

Vita

Larissa Diane Leuenberger

PO Box 786

Palmer, AK 99645

larissaleuenberger@hotmail.com

Education

Currently enrolled

Texas A&M University (TAMU)
College Station, TX
Bachelor of Science Health
Community Health option
Biomedical Sciences emphasis**Certification**

Mar 2002

Occupational Safety and Health
Administration 1910-1030
Bloodborne Pathogens**Honors and Awards**

Apr 2000-present

International Golden Key Honor
Society

May 2002

President's Achievement
Scholarship \$10,000

May 2002

Texas Education Grant \$1000

Aug 2001-May 2002

Undergraduate Research Fellow

Sep 2000-present

Eta Sigma Gamma
National Professional Health
Education Honorary