Lost Without Translation: Foreigners Struggle To Make Sense of Japanese Heath Care

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Foreigners Struggle to Make Sense of Japanese Health Care

日本の病院で悪戦苦闘する外国人たち

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Foreigners in Japan face significant challenges getting health services. Language and cultural differences mean that foreigners often delay seeking care, have difficulty communicating with medical staff, cannot read essential medical documents, and often feel their concerns are not understood or responded to. These challenges can adversely impact the delivery of health services and lead to poor outcomes.

As Japan increases its participation in the global marketplace through business, education, cultural initiatives and major events like the 2020 Tokyo Olympic and Paralympic Games, its health system must be ready to care for a more diverse population. Having a better understanding of the foreign patient experience can help government, business, and health care leaders address potentially harmful barriers, ease health care provider interaction with foreigners, and improve overall quality of care.

DiversityRx and the Osaka University Graduate School of Human Sciences conducted a national survey in 2014-15 of foreign patients seeking health care in Japan. Through an online, 48-question survey, about 500 foreign residents and visitors to Japan reported their experience accessing care, interacting with health care providers and staff, and coping with cultural and linguistic barriers.

Although respondents reported a high level of respect from Japanese medical staff, they described many challenges to getting the health care they needed. Survey highlights include:

- 57% of respondents said they delayed getting care because of language or cultural difficulties;
- 60% of respondents either needed an interpreter sometimes or chose an English speaking doctor;
- 80% of those who needed, but did not have an interpreter, said it may have negatively affected the quality of care;
- 55% of respondents said the doctor did not give clear explanations of their condition and treatment; and
- 58% of respondents said their questions or concerns were not completely addressed by the doctor.

This report reviews the survey findings and offers recommendations for policymakers, health care leaders, and organizations that have a strong interest in foreign residents or visitors by comparing Japan’s unique situation with benchmark practices and policies from other countries.
概要

日本にいる外国人は、医療サービスを受けるにあたって多くの困難を抱えている。言葉や文化が違うことから、病院にかかることをためらって治療がおくれる、病院スタッフとの意思疎通のしにくいなどの問題が生じている。その結果として、医療サービスを受けること自体をためらって治療がおくれる、病院スタッフとの意思疎通のしにくいなどの問題が生じている。その結果として、困っていることが理解されず、相応のサービスが受けられないと感じている人が少なくない。そして、こうした問題は、医療サービスの質に大きく影響を与え、不十分な結果をもたらすことにつながっている。

ビジネスや教育、文化活動に加え、2020年東京オリンピック・パラリンピックという大規模なスポーツイベントの開催など、日本がグローバル社会に参加する機会が高まるにつれて、国内においても多様化した社会対応できる保健医療サービスの提供が求められている。外国人患者たちが、これまで日本の医療機関でどのような経験をしてきたのかを知ることは、適切な医療の提供に対して潜在的に障壁となっているリスク要因を理解し、現場スタッフの外国人患者対応をやりやすくなるためのヒントを示唆するとともに、結果として医療の質を高めることに繋がるだろう。

DiversityRxと大阪大学大学院人間科学研究科国際協力学講座のチームは、2014年から2015年にかけて、日本にいる外国人を対象に、日本の医療サービスに関するオンライン調査を行った。医療機関にかかった時の経験、現場スタッフとのコミュニケーション、言葉や文化の違いから生じる障壁にどのように対処したのかなど、48の質問項目から成り立っている。約500名の外国人住民や旅行者から回答が寄せられた。

回答者は、日本の医療スタッフからは高い敬意を払われていると感じている一方で、望む医療サービスを受けるためには多くの困難があったことを指摘している。

- 約57%が、言葉や文化の障壁から、医療サービスを受けることがおくれたと回答した
- 約60%が、通訳が必要なことがあったり、英語の話せる医師を探したりしたと回答した
- 通訳が必要な状況だったがなかった人の約80%が、そのことが医療の質を低下させたと回答した
- 約55%が、医師は病状や治療に関して、分かりやすい明瞭な説明してくれなかったと回答した
- 約58%が、質問や心配事の問題を、納得するまで医師に応対してもらえなかったと回答した

本報告書は、日本特有の医療の実践や政策を他国と比較しながら、オンライン調査結果の報告をするとともに、外国人患者の対応に強い関心を持つ行政や医療関係者等の関係各位へ向けた提言を含んでいる。
We are at our most vulnerable when we are ill in a foreign country. Health systems are structurally and culturally different, identifying a provider or source of care can be difficult, and language barriers may complicate basic communication and trust-building between doctors and patients.

While Japan’s ethnic and cultural diversity may be low compared to other countries, the nation has recently embarked on a mission to globalize and attract foreigners through a variety of economic and political initiatives. The Abe government has proposed increasing Japan’s participation in the global marketplace by:

- Preparing Japan for foreign visitors coming to the 2020 Olympics
- Doubling the number of tourists to 20 million per year
- Building the medical tourism industry, increasing to 30 million by 2030 the number of visitors coming to Japan for medical treatment
- Expanding international participation in Japanese university education, doubling the number of foreign students by 2020.

These efforts build on the steady increase in the number of foreigners living and working in Japan over the last few decades. The number of foreign residents in Japan has more than doubled since the 1990s to over 2 million individuals, with the largest numbers of foreigners coming from China, Korea, the Philippines, Brazil, Vietnam and the United States (see Appendix A).

However, Japan’s health care system is significantly unprepared to cope with the demands of a more diverse population. The survey results in this report highlight the gap between the government’s goals, demographic pressures, and the actual experience of foreign individuals seeking health care.
DiversityRx, a United States-based non-governmental organization, and Osaka University Graduate School of Human Sciences conducted a national survey of foreign patients seeking health care in Japan. The purpose of the survey was to

- Analyze the experience of foreign residents and visitors as they interact with the Japanese health system with respect to access, communication, and overall experiences
- Identify opportunities and challenges to improving the health care experience and quality of care for foreigners in Japan.

The 48-question survey in English was developed jointly by DiversityRx and Osaka University and incorporates questions drawn from established and validated tools for assessing cultural competence in health care: the U.S. Consumer Assessment of Healthcare Providers and Systems Cultural Competency Item Set and the American Medical Association’s Communication Climate Assessment Toolkit. This research was approved by the Research Ethics Committee of Graduate School of Human Sciences, Osaka University.

Information about the online survey was disseminated nationally in Japan through local NPOs and government agencies serving foreigners, English teacher associations, international business groups, international schools, and online social media groups. 491 surveys were completed between October 2014 and March 2015.

Respondents were asked to report on a specific representative health care encounter that occurred in the previous 12 months as they responded to questions about access to health services, interactions with doctors and other clinicians, and how language difference or cultural issues might have affected care.

Most survey respondents reported on a visit to an individual doctor’s office, and 30 percent reported on a hospital visit. More than 70 percent of respondents were from North America or Europe, and 73 percent spoke English as their primary language at home. Respondents resided in more than 100 cities in Japan, with 30 percent living in Tokyo. Although more than half said they had lived in Japan for more than four years, the self-reported level of Japanese speaking and writing proficiency was low.
The key findings from the survey are summarized below in four categories:

1. Finding and getting healthcare
2. Language barriers and interpretation
3. Doctor-patient interactions
4. Basic communication

Each key finding includes an observation, survey results data, and quotes from respondents. Reported statistics represent the percentage of answers to each question. A selection of data from the survey is contained in the Appendix B. Additional survey results can be found online at www.diversityRx.org/health-care-japan.

1. Finding and Getting Health Care

Language and cultural difficulties often complicate the process of getting health care. Most can easily find care for their condition, but many report significant delays in seeking care.

More than half (57%) of respondents reported delays in seeking care due to language or cultural difficulties. More than one quarter (28%) delayed seeking care due to concerns about quality. Half of the respondents relied on referrals from friends or referral lists from work and embassies to find a provider, but 27% said that difficulties finding a provider led to delays in seeking care.

“I waited longer than I would have back in my home country to seek out health care because I don't speak Japanese. Once I finally went to the doctor, I was referred to another doctor who referred me to another doctor. It was quite complicated.”

“I had also heard that Japanese dentists weren't as good as US dentists, and I have anxiety about dentists, so I put it off for two years until I had a dental emergency (broke a tooth).”

Most respondents prefer to use English when talking to a health care provider (74%) and many people said language compatibility was important in choosing a doctor (31%).
2. **Language Barriers and Interpretation**

Language differences are a key concern for many foreign patients. Not having an interpreter has a negative impact on the quality of care, but trained medical interpreters are not usually available. Use of family members, friends and co-workers is common, raising concerns about accuracy and confidentiality.

Nearly half of respondents said they often or always need an interpreter. Another 15% said they look for a doctor who speaks their own language. Some patients try to use a mix of Japanese and English, with variable results.

> “I act as interpreter for my husband. I’m not always sure of what is being said though. I usually have to remember words to look up later. I try to find providers who speak some English, but usually there are not many in this area. We end up communicating in a mix of English and Japanese.”

Most of the respondents (80%) who needed an interpreter but did not get one said it negatively impacted the quality of care.

> “I had complications after major surgery and no translator was there to explain what happened and my translator was not there because visiting hours were over and they were made to leave.”

> “When having my first child here all my Japanese disappeared and I ended up having quite a difficult time (during delivery) - couldn’t understand what I was meant to do and the doctor ended up using a ventouse (vacuum forceps).”

➤ **Medical offices and hospitals use different people to bridge the language gap for patients, although medical interpreters are used infrequently.** When no interpreter is provided, respondents usually bring an untrained person to interpret for them or no one at all.

When an interpreter was provided by a facility, it was usually a doctor or other medical staff (46%) or non-medical staff (24%) who spoke some English. Medical interpreters were used less than a quarter of the time.

When an interpreter wasn’t provided by the facility, most people either bring untrained interpreters or no one at all. When they did bring someone, it was usually a friend, family member,
work colleague or someone arranged by the workplace (55%). Private interpreters or local agency interpreters are rarely used.

“My company doesn’t provide a translator so I had to ask a friend. I felt bad because my friend had to take time off work and had to stay with me for 8 hours at the hospital.”

“The most helpful person was the bilingual patient who also happened to be at the doctors at the time and offered to help me when she saw me struggling to communicate.”

**Respondents used a variety of other methods when no interpreter was available**

- Mixed language conversation: 55%
- Smartphone translation program: 44%
- Family or friend interpreted over the phone: 22%
- Translated questions/answers on paper or cue card: 13%
- Other: Dictionary or medical book, pictures, signing/body language: 12%

(More than one answer allowed)

**Use of non-professional interpreters raises concerns about accuracy and confidentiality.**

People asked to provide language assistance may not always accurately interpret what is said: 26% of respondents said these ad hoc interpreters did not, or sometimes did not, interpret accurately, and 17% said they didn’t know whether the interpretation was correct.

“My husband is Japanese and he wanted to be involved as much as possible. But there were times he struggling with the medical terms and didn’t know how to explain well in English.”

Respondents also raised concerns about privacy and confidentiality when non-professional interpreters are used:

“I didn’t answer fully and truthfully to all questions, because there were some things I was uncomfortable talking about in front of my boss.”

“It was for my annual health check-up. My Japanese boss made the appointment for me, because he said he knew a place that would be able to provide care in English. But it turned out no one spoke English at the clinic where he made the appointment. I managed to get...
through the appointment, but the clinic then called my boss and asked him to accompany me to the follow-up meeting. I was very uncomfortable with this but felt I didn't have a choice but concur. It was an especially uncomfortable situation because I am female. In my country, I don't think a doctor would ever allow someone who is not a close family member sit in on such a meeting, unless they are a certified translator (and definitely not someone's boss from work!). I never returned to that doctor again.”

3. Doctor – Patient Interactions

Most doctors in Japan communicate basic information and show respect to patients. However many doctors do not explain conditions or respond adequately to questions. Some patients said their expectations of communication are different from the practices of Japanese doctors, and that cultural issues have an impact during medical encounters.

Most respondents (80%) said their doctor was respectful to them in tone and manner. Doctors often (44%) described what they were seeing in examinations and explained the reasons for additional tests (46%). Most respondents (67%) said the doctor or pharmacy explained medications and their side effects, although only 3% received written medication instructions in their own language.

However, many respondents were unsatisfied with explanations for their conditions or responses to their questions. Over half said:

- they did not receive a complete explanation of their condition or treatment
- they did not feel comfortable asking questions they had
- their questions or concerns were not answered completely to their satisfaction

Almost half said the doctor showed only some or no interest in their questions, and one-third reported the doctor did not respond completely to something the patient said.

“Whenever I asked questions, I felt like I was bothering the doctor. He made me feel like I was not supposed to ask questions, but to just listen and nod so he could go to the next patient. This has happened numerous times.”

“Most doctors get uncomfortable after 2 questions. Sometimes I am plainly told they don't have time to answer my questions.”
“... some doctors have a chip on their shoulder and scolded me for asking questions and suggesting alternatives, and that If I knew my condition so well then why don’t I just treat myself”

Foreign patients often have different expectations from Japanese doctors about communication. Most respondents (85%) thought doctors should discuss treatment-related decisions with the patient, but said that most Japanese doctors (60%) did not ask patients what they thought was best for them. Almost one-third said they were not sure if the doctor always told them the truth about their health.

“Asking questions and getting answers [about my baby’s condition] was very difficult and they usually answered with, "you do not have to worry, I am taking care of him, you can trust me." This was often frustrating because I did feel like I could trust him. I just wanted to know what was going on and what they were doing about it. I finally called specialists at hospitals in the States and described the situation and asked what they thought might be going on just to get some information I could understand.”

Some 27 percent of patients said cultural issues had an impact on communication with the doctor.

“I had one issue with a doctor who refused to look at me when I was sick. He told me "You’re American, You are strong! You’ll be fine tomorrow" I had a severe case of influenza and the next day my regular doctor told me I wasn’t allowed to work for a week.”

“I once went to a doctor to get my throat checked. He was about to insert a tube up my nose when I stopped him and asked for local anesthesia. I explained to him that my nose bone is a little crooked so it hurts horribly without anesthesia. He replied with something like "this is Japan, you are not in your country anymore. If you come here, you should adapt to the way we do things here. I am the doctor, so I decide how to examine you". It was a very uncomfortable and unpleasant (to say the least) experience. I obviously never went back to that doctor.”

“I am used to (from my German background) have any and all questions answered and as much information provided as possible. This however seems to make doctors very uncomfortable here - often it seems, they assume all my questions mean I don't trust them (which is not the case). However, I have to add that doctors I have visited more than once tend to get used to this and even seem to like having someone who is showing real interest in what is going on.”
4. Basic Communication: Receptionists and Forms

Most respondents have difficulty with basic administrative communications, including untranslated signs, forms and other documents.

Over half (56%) had difficulty communicating with the receptionist. Many had difficulty understanding signs and written documents (43%) and one-third could not understand them at all. Only a quarter of respondents were able to fill out forms by themselves.

“Forms and other written materials are one of the most difficult things about going to a doctor in Japan. The terms and kanji used are very unfamiliar due to the specific nature of legal and medical language. Usually there is no furigana on kanji which would be very helpful so I could look up terms more easily. I have never seen an English version of any of the forms I've been asked to complete.”

➡️ Untranslated forms and documents may result in vital health information not being communicated

Respondents said that medical history forms are only translated about one-third of the time. General health information or information specific to a condition was often not understood or not provided.

“Only the most essential forms were explained in depth. Most things relating to my condition were left out due to the doctors not having the time or ability to explain it to me.”

“The medication descriptions are in Japanese. I wish they were in English so I can find out more about the medications given to me on the Internet.”
The national survey reveals that language and cultural barriers have a significant impact on the quality of care received by many foreigners in Japan. Respondents to the survey report difficulties finding a health care provider in a timely fashion. When people delay getting needed health care, this can result in more advanced disease that poses a risk to the patient's health and can be more costly to treat (for private insurers and the Japanese health system).

Language barriers can complicate the exchange of important health information, and lead to clinically significant errors. Most survey respondents say language barriers affect how they receive health care. There are relatively few people who have the training and expertise to communicate complex medical information in a second language. A substantial base of literature documents the negative impacts of language barriers on health and health care delivery, including the impact of using unqualified interpreters. In addition to the impact on patients, health care providers may find language barriers affect their ability to deliver appropriate care in an effective and efficient manner. Employers should take special note that using non-professional interpreters, especially coworkers, may compromise care if patients avoid communicating vital health information due to concerns about privacy and confidentiality. In addition, the lack of untranslated documents and signs means that patients often feel lost in health care facilities, receive no written information about their conditions or receive medication instructions that are not translated. This can lead to medication errors and inadequate adherence to medical treatment, resulting in poor outcomes.

Many Western patients are accustomed to a more participatory style of interaction with their health care providers and expect to be able to discuss their conditions, options for treatment and how to manage their health at home. It can be deeply frustrating not to be able to express their health concerns or to have their questions rebuffed or ignored. The attitudes and communication styles of some Japanese health providers can be alienating for foreign patients, leading them to feel that their needs are not adequately met. Some providers clearly have dismissive or discriminatory attitudes that are professionally unacceptable. This can cause foreign patients to lack confidence in the professional capability of Japanese health system, leading them to avoid seeking necessary health care.

Finally, this study was conducted in English, and may not have reached the largest population of foreigners in Japan, notably those originally from Asian countries and those from Brazil and Peru. Consideration should be given to expanding the survey and translating it to include these populations, which may have different needs and require different approaches.
The Japanese government has recognized that health care needs to be made more accessible for the millions of visitors expected to visit Japan for the 2020 Olympic and Paralympic Games and as medical tourists. It is designating foreigner-friendly hospitals, allowing some foreign health professionals to practice, and facilitating the training of medical interpreters. These measures are a good start, and should be expanded to address the millions of foreigners who already live, work, or study in Japan, including those outside main tourist destinations.

Many countries around the world have decades of experience adapting their health care systems policies and practices to meet the needs of foreigners, new immigrants, and citizens who have different linguistic and cultural backgrounds. The literature documents strong models from North America, Europe, Australia and New Zealand. A list of recommendations for key stakeholders in Japan is included below and incorporates solutions developed abroad with Japan’s unique situation. Further details related to these strategies, including references, can be found online at www.diversityRx.org/health-care-japan.

**Health care professionals**

- Use interpreters and telephone/video interpretation services with specific training and qualifications related to medical situations.
- Become more comfortable with patient engagement: offer explanations, answer questions, support dialogue and discussion.
- Allow for more time in appointments where language barriers are involved.
- Participate in training to better understand and meet the needs of foreign patients.
- Study second languages, with a focus on health situations, terminology, and interpreting skills.
- Offer translated forms, signs, health and medication information.

**Health care administrators**

- Develop organizational policies on the culturally and linguistically sensitive care of foreign patients.
- Use on-site qualified medical interpreters or telephone/video interpretation services and/or patient navigators who can offer “entry to exit” support, not just medical encounter-based interpretation.
- Offer training and grand rounds to clinical staff on the needs of foreign patients and strategies to better communicate with them.
- Support the integration of foreign nursing and support staff with language courses and interpretation skills.
- Translate key forms, signs, health and medication information and website pages.

✔ National health leaders

- Develop and require training for clinical and administrative staff about the needs of foreign patients, culturally sensitive health care, and how to work with interpreters. Target health education training programs and continuing education.
- Develop criteria to assess the cultural and linguistic capabilities of health care providers (clinicians and health care organizations) that serve foreign patients.
- Develop clinical practice guidelines for working with foreign patients.
- Encourage second-language study by staff with direct patient contact.
- Conduct evaluations of foreign patient care experiences in health care organizations.
- Promote culturally and linguistically responsive care at the clinical and administrative levels as a patient safety and clinical efficiency issue.

✔ The Ministry of Health, Labor and Welfare, other government agencies, professional associations

- Develop national standards of care for foreign patients (both residents and medical tourists) that address cultural and linguistic needs. Facilitate implementation by prefectures.
- Require training for health professionals and administrative staff on culturally sensitive care practices.
- Provide funding/reimbursement for in-person and telephone/video interpretation services, medical interpreter training, and awareness-raising in the health care system.
- Create a national telephone interpretation service, and a database of trained interpreters, available free of charge to patients and doctors.
- Develop a national online database of health care providers and organizations that can meet the needs of foreigners.
- Create an online database of translated commonly used forms and health information.
- Support second language training for health care staff (clinical and administrative).
- Develop resources for doctors and patients to facilitate mixed language conversations (glossaries and phrase books).
- Support development of mobile device communication tools for use by patients and health care staff, such as online medical history or medication forms that translate to Japanese.
✔ **Patients and representative organizations (employers, embassies, universities, relocation companies, support agencies)**

**Patients:**
- Be proactive about finding health resources (GP, hospital, dentist, etc) before the need arises. Use verified lists from respected organizations.
- Identify a trained interpreter who can be available in person or by phone.
- Learn about the Japanese health system and use resources that facilitate communication in Japanese

**Representative organizations:**
- Provide briefings and information on how foreigners can access health care in Japan.
- Develop and regularly update lists of health providers and resources for foreign patients, verifying their language abilities and experience working with foreign patients.
- Offer educational workshops for patients and health care providers on the needs of foreign patients and how to meet them.
- Partner with government, health insurance companies and health care providers to improve the accessibility of health services for foreign employees and their families.
- Respect privacy by not using patients’ colleagues for interpretation, and pay for professional interpretation for health communications.

✔ **Interpreters**
- Promote the medical interpretation profession and training opportunities to young people, immigrants, language teachers, and bilingual Japanese and foreign residents.
- Raise awareness through a national campaign about the value of trained medical interpreters to health care providers, patients and the organizations that serve them.
- Deliver presentations and workshops for health care providers at hospitals, universities and health conferences on the importance of using trained interpreters in medical situations.
- Create a national online database of medical interpreters, including freelance interpreters, for use by health care providers and patients.
References


(Appendix A) Statistics Japan

### Changes in Foreign National Residents, Population by Nationality (1988-2014)

![Graph showing changes in foreign national residents population by nationality from 1988 to 2014.](image)

#### Foreign National Residents, Population by Area (2014)

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<td>7,315</td>
<td>2,226</td>
<td>821</td>
<td>778</td>
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<td>8,039</td>
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<td>1,301</td>
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<td>842</td>
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<td>476</td>
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<td>42,897</td>
<td>8,610</td>
<td>5,158</td>
<td>6,022</td>
<td>12,559</td>
<td>1,816</td>
<td>283</td>
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<td>1,076</td>
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<td>Hiroshima</td>
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<td>2,335</td>
<td>2,850</td>
<td>795</td>
<td>583</td>
<td>748</td>
<td>194</td>
<td>203</td>
<td>3,577</td>
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<tr>
<td>Kochi</td>
<td>32,718</td>
<td>6,918</td>
<td>2,717</td>
<td>3,872</td>
<td>4,424</td>
<td>1,756</td>
<td>501</td>
<td>3,321</td>
<td>1,735</td>
<td>1,433</td>
<td>933</td>
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<tr>
<td>Nagano</td>
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<td>9,528</td>
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<td>3,960</td>
<td>5,269</td>
<td>986</td>
<td>562</td>
<td>494</td>
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<td>246</td>
<td>624</td>
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<tr>
<td>Others</td>
<td>302,762</td>
<td>101,028</td>
<td>60,922</td>
<td>32,744</td>
<td>21,031</td>
<td>17,080</td>
<td>10,559</td>
<td>3,888</td>
<td>5,426</td>
<td>5,261</td>
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<td>39,609</td>
</tr>
</tbody>
</table>

* % in Foreign National Residents in Japan
** % in Total Population in Japan

法務省在留外国人統計（1988年12月末）および総務省統計局統計調査部国勢統計課平成25年推計人口をもとに報告者作成

<table>
<thead>
<tr>
<th>%</th>
<th>China</th>
<th>Korea</th>
<th>Philippines</th>
<th>Brazil</th>
<th>Vietnam</th>
<th>USA</th>
<th>Peru</th>
<th>Thailand</th>
<th>Nepal</th>
<th>Taiwan</th>
<th>Others</th>
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</thead>
<tbody>
<tr>
<td>30.7%</td>
<td>23.6%</td>
<td>10.3%</td>
<td>8.3%</td>
<td>4.7%</td>
<td>2.4%</td>
<td>2.3%</td>
<td>2.0%</td>
<td>1.9%</td>
<td>11.8%</td>
<td>100.0%</td>
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</tbody>
</table>
### (Appendix B) Survey Results

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No. (%)</th>
<th>Characteristics</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (n=424)</strong></td>
<td></td>
<td><strong>Country of origin (n=407)</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>282 (66.51)</td>
<td>North America</td>
<td>191 (46.93)</td>
</tr>
<tr>
<td>Male</td>
<td>142 (33.49)</td>
<td>Europe</td>
<td>99 (24.33)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asia</td>
<td>69 (16.95)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Australia/NZ</td>
<td>30 (7.37)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central/South America</td>
<td>10 (2.46)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle East</td>
<td>7 (1.72)</td>
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<tr>
<td></td>
<td></td>
<td>Africa</td>
<td>4 (0.98)</td>
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<tr>
<td><strong>Age (n=427)</strong></td>
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<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>138 (32.31)</td>
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</tr>
<tr>
<td>30-40</td>
<td>153 (35.83)</td>
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<tr>
<td>40-50</td>
<td>88 (20.61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50+</td>
<td>48 (11.24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Length of stay in Japan (n=422)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 yr</td>
<td>42 (9.96)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 yrs</td>
<td>143 (33.89)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-7 yrs</td>
<td>93 (22.04)</td>
<td></td>
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</tr>
<tr>
<td>7-10 yrs</td>
<td>41 (9.22)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 10 yrs</td>
<td>103 (24.41)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City of residence in Japan (n=401)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tokyo</td>
<td>117 (29.18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osaka</td>
<td>24 (5.99)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tsukuba</td>
<td>22 (5.49)</td>
<td></td>
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</tr>
<tr>
<td>Yokohama</td>
<td>21 (5.24)</td>
<td></td>
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</tr>
<tr>
<td>Nagoya</td>
<td>21 (5.24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (100+ cities)</td>
<td>196 (48.86)</td>
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<td></td>
</tr>
<tr>
<td><strong>Reason for stay in Japan (n=400)</strong></td>
<td></td>
<td><strong>Self-reported Japanese proficiency; Speaking</strong></td>
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</tr>
<tr>
<td>Language teacher</td>
<td>98 (24.50)</td>
<td>Level 1 (Little to none)</td>
<td>75 (17.61)</td>
</tr>
<tr>
<td>Spouse of Jp national</td>
<td>81 (20.25)</td>
<td>Level 2</td>
<td>100 (23.47)</td>
</tr>
<tr>
<td>Working for Jp company</td>
<td>64 (16.00)</td>
<td>Level 3</td>
<td>121 (28.40)</td>
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<tr>
<td>Spouse of non-Jp national</td>
<td>60 (15.00)</td>
<td>Level 4</td>
<td>64 (15.02)</td>
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<tr>
<td>University student</td>
<td>47 (11.75)</td>
<td>Level 5 (Fluent)</td>
<td>66 (15.49)</td>
</tr>
<tr>
<td>Working for non-JP company</td>
<td>44 (11.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term training/contract</td>
<td>4 (1.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tourist</td>
<td>2 (0.50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-reported Japanese proficiency; Reading</strong></td>
<td></td>
<td>Level 1 (Little to none)</td>
<td>125 (29.98)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 2</td>
<td>132 (31.65)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 3</td>
<td>75 (17.99)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 4</td>
<td>52 (12.47)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 5 (Fluent)</td>
<td>33 (7.91)</td>
</tr>
<tr>
<td><strong>Education level (n=423)</strong></td>
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<tr>
<td>Some high school</td>
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<tr>
<td>High school graduate</td>
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</tr>
<tr>
<td>University (undergraduate)</td>
<td>158 (37.35)</td>
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</tr>
<tr>
<td>Graduate degree</td>
<td>138 (32.62)</td>
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</tr>
<tr>
<td>Postgraduate studies</td>
<td>88 (20.80)</td>
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</tr>
</tbody>
</table>
[Finding and Getting Health Care]

Have you sought health care in Japan for yourself or a family member in the last 12 months? (n=483)

- Yes, once
- Yes, more than once
- No

What language do you feel most comfortable using when communicating with health care provider? (n=479)

- English (native language)
- English (acceptable 2nd language)
- Japanese
- Other

Do you ever delay or avoid getting health care in Japan? Please check all applicable reasons. (n=422, multiple choice)

- Language/cultural challenges
- Too busy
- Concerns about quality of care
- Difficulty finding a health care provider
- Cost/insurance difficulties
- Prefer to seek care in my own country

[Language Barriers and Interpretation]

Do you usually need an interpreter when you get health care in Japan? (n=430)

- Yes
- Sometimes
- No
- Look for a doctor who speaks my language
Did you need an interpreter when you went to this provider’s office or the hospital? (n=428)

Did you use an interpreter during this visit to talk to the medical provider or staff? (n=349)

If an interpreter was provided by the office or hospital, who was it? (n=139, multiple choice)

Do you think the interpreter accurately interpreted everything you and the provider said? (n=192)

If you did not have an interpreter but you needed one, do you think this negatively affected the quality of care you received? (n=216)
[Doctor – Patient Interactions]

Was the provider respectful to you in tone and manner? (n=434)

Did the provider ask you to describe your condition? (n=437)

Do you feel the provider gave you a complete and an easy to understand explanation about your condition and the next steps for your treatment? (n=436)

If a prescription was provided, did you understand what the medication was, how to take it, and any possible side effects? (n=416)

Did the provider encourage you to ask questions during the consultation? (n=434)
Did you feel comfortable asking all the questions you had? (n=437)

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Did the provider show interest in your questions and concerns? (n=436)

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Did the provider answer all your questions and concerns to your satisfaction? (n=435)

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<tr>
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</table>

When you and the provider talked about having a medical procedure or treatment, did the provider ask what you thought was best for you? (n=427)

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<tbody>
<tr>
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</table>

Do you think it is important for providers to discuss treatment-related decisions with the patients? (n=441)

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<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Depends on the situation</td>
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</tbody>
</table>
[Basic Communication: Receptionists and Forms]

Were you able to communicate with the receptionist or clerk at the hospital? (n=465)

- Yes, easily
- Yes, with some difficulty
- No

Could you understand the signs and written documents? (n=464)

- Yes, easily
- Yes, with some difficulty
- No

Were the required forms translated into your preferred language? (n=464)

- Yes, English
- Yes, another language
- No, but I could read Japanese
- No, I couldn't understand them

Did you fill out a medical intake or history form? (n=466)

- Yes, in Japanese
- Yes, in preferred language
- No, I didn't fill out form

Did staff help you fill out the forms? (n=466)

- Yes
- No
- Not necessary, I could fill them out
DiversityRx aims to improve the accessibility and quality of health care for immigrant, minority and indigenous communities. Founded in 1995 in the United States, DiversityRx works worldwide to inform, educate, and support health care providers, policymakers, researchers, and advocates who share our goals. We facilitate the exchange of knowledge and information among professional colleagues. We offer technical assistance on key practice and policy issues. We also spearhead research and policy development, and advocate for culturally responsive care.

Julia Fortier, Project Director
Paula Birung and Esther Jung, Research Interns

The Osaka University Graduate School of Human Sciences was established in 1972 covering three academic disciplines: psychology, sociology and education. It was the first school or faculty to carry the name ‘human sciences’ in the country. In 1976 the Graduate School of Human Sciences was created offering Master and Doctoral level programs. Today areas of study include behavioral sciences, psychology, sociology, biological and cultural anthropology, education, philosophy, development studies and area studies.

Rie Ogasawara, Ph.D. Candidate
Yasuhide Nakamura, Professor

For more information in English, please contact Julia Puebla Fortier at 080 4642 1798 or rcchc@aol.com
For more information in Japanese, please contact Rie Ogasawara at ogaoga616@yahoo.co.jp
Lost without Translation

Foreigners Struggle to Make Sense of Japanese Health Care

2016 年 3 月発行

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