



SEWA-AIFW (Asian Indian Family Wellness)

Project SAHAT (South Asian Health Assessment Tool)

-- Health Assessment for the South Asians living in Minnesota



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1. Executive Summary

This report presents findings from the Minnesota South Asian Health Assessment Tool (SAHAT) survey, including recommendations for policy, research, and practice to address health disparities as well as approaches to integrate the health needs and culture of South Asians into the mainstream health care system.

1.1 Background

The South Asian population in Minnesota has more than doubled since 2000 (21,925) compared to 2010 (44,461). According to the 2010 Census, the South Asian population is the second largest Asian immigrant group in Minnesota with over 44,000 South Asians currently living in Minnesota (Council on Asian Pacific Minnesotans, 2012). The South Asian community is comprised of individuals with families of origin from India, Pakistan, Bangladesh, Bhutan, Nepal, and Sri Lanka as well as South Asians whose past generations originally settled in the Caribbean (Guyana, Jamaica, Suriname, Trinidad, and Tobago).

In spite of significant growth in the South Asian population, there is limited data and research on the health issues faced by this growing population. Little attention has been given to both research and programmatic efforts to better understand and address the health and well being of the South Asian community. Federal and state level studies typically aggregate this community with other Asian Pacific Islander groups such as Chinese, Vietnamese, Korean, etc. and as a result, there is a limited understanding of the health issues specifically faced by the South Asians community.

1.2 Methodology

SEWA-AIFW (Asian Indian Family Wellness) partnered with the Center for Applied Research and Educational Improvement (CAREI) at the University of Minnesota-Twin Cities to conduct a health survey specific to the South Asian community living in Minnesota. This collaboration led to the development of Project SAHAT (South Asian Health Assessment Tool) in order to gain a better understanding of the health issues and challenges in this community. This effort was led by the Executive Director of SEWA-AIFW and a Research Associate from CAREI with assistance from CURA undergraduate students, SEWA-AIFW volunteers, and partners. This study recruited over 1154 self-identified Minnesota South Asian adults (18 years or older) to participate in a paper-based or online survey. The University of Minnesota's Institutional Review Board approved this study. The survey gathered information on (1) health status, (2) lifestyle, (3) health care access, and (4) demographic information. The survey did not collect any personal information (i.e., name, birth date, SSN, address, etc.).

The survey participants included various ages (ranging from 18 through 70 plus), education levels (ranging from less than high school to post graduate degree), and income levels (ranging from \$25,000 to over \$250,000). In order to support the community with limited English speaking skills, the survey was translated into Hindi, Urdu, and Punjabi. Various techniques and approaches to data collection were implemented to ensure broad community participation.

1.3 Key Findings

1. Chronic issues such as diabetes, high cholesterol, and high blood pressure are prevalent in the South Asian community living in Minnesota. Twelve percent of the total participants indicated that they have diabetes, 18% of the total participants indicated that they have high cholesterol, and 14% of the total participants indicated that they have high blood pressure. South Asians living in Minnesota have higher rates of diabetes (12%) compared to the overall population living in Minnesota (7%).
2. The percentage of people with these chronic health issues is higher among participants aged 51 or above.

| Health Issue | Age | Percent |
|---------------------|--------------|--------------|
| Diabetes | 51 and older | 33% (1 in 3) |
| High Cholesterol | 51-60 | 37% (1 in 3) |
| | 61-70 | 42% (2 in 5) |
| | 71 and older | 51% (1 in 2) |
| High Blood Pressure | 51-60 | 35% (1 in 3) |
| | 61-70 | 44% (2 in 5) |
| | 71 and older | 65% (3 in 5) |

3. Fifty percent of the participants were either overweight or obese based on western BMI guidelines (Underweight = BMI <18.5, Normal weight = BMI 18.5–24.9, Overweight = BMI 25–29.9, Obese = BMI of 30 or greater). Based on BMI standards for South Asians set by the World Health Organization (WHO) (Overweight = BMI 23-25 and Obese = BMI of 25 or greater), 73% of participants were either overweight or obese. Since even a little excess body fat can significantly increase one’s risk of developing diabetes and heart disease, the WHO lowered the BMI limits for South Asians in 2004 to more accurately reflect risk for this population.
4. South Asians living in Minnesota have lower rates of attending wellness checks compared to the overall Minnesota population. For example, 56% of South Asian women reported having had a recent pap smear compared to 88% of all women in Minnesota (MN). Similarly, 60% of South Asian women reported participating in a recent mammogram compared to 81% of all women in MN. South Asian men were also less likely to have received a recent prostate cancer screening, with 26% undergoing a recent prostate cancer screening compared to 40% of all men in MN.
5. Drinking was more prevalent than smoking in the South Asian community living in MN. Only 4% of the participants indicated that they currently smoked, while 33% of the participants indicated that they currently drink alcohol.
6. The following proportions represent participants who reported being either “very dissatisfied” or “dissatisfied” with a recent health care visit because they felt the health care provider did not understand the South Asian:
 - Diet (18% of participants)
 - Culture (19% of participants)
 - Genetic disposition (16% of participants)
 - Family support structure (16% of participants)
 - Religious beliefs (16% of participants)

1.4 Recommendations and next steps

The health survey is the first step in understanding the health issues prevalent in the South Asian community living in Minnesota. Based on the findings from this research, SEWA-AIFW will work with the community to create awareness and implement various programs to improve the overall health of the community. This report will also be distributed widely to health care providers and legislators to increase their awareness of health issues in the South Asian community and start a dialogue about ways to reduce health disparities and make the health care culturally more competent.

The following section includes some key recommendations based on the results of the SAHAT survey.

- **Community Organizations:**
 - **Create programming that is focused on increasing:**
 - awareness about chronic health issues, mental issues, and long term impact (including genetic disposition);
 - participation in preventive care and health screening; and
 - participation in outdoor activities including exercise (especially with those who are pre-diabetic or have a family history of health issues).
- **Health Care Providers:**
 - **In working with South Asian clients:**
 - increase awareness of South Asian culture and develop culturally specific training materials;
 - provide diet guidelines suitable for South Asian clients by developing the United States Department of Agriculture’s “My Plate” based on South Asian diet; and
 - develop effective methods for educating the Minnesota South Asian community on how to effectively navigate the American health care system.
- **Legislators:**
 - **While prioritizing projects, resources, and funds**
 - commit research dollars with a focus specific to the South Asian community living in MN;
 - disaggregate data, to understand issues specific to the South Asian community living in MN; and
 - commit funds and resources related health equity initiative to meet the needs of the underserved and vulnerable South Asians living in Minnesota.
- **Mental Health Professionals:**
 - **Work with community organizations to:**
 - engage MN South Asian community members to come up with new ideas and approaches to remove stigma and denial around mental health;
 - educate the MN South Asian community on signs and behaviors related to mental illness and depression;
 - provide information on available resources; and
 - create a support structure for people in need.

Next Steps:

- Disseminate information among key stakeholders such as health care providers, community members, health advocates, policy makers, social workers, etc.
- Develop best practices to foster effective partnerships between key stakeholders who are working on eliminating health disparities. This includes developing a health tool kit that can facilitate awareness building and education on South Asian health issues.
- Community based health and wellness programs have been proven to be highly effective in combating health disparities; part of this includes identifying and leveraging existing programs around community health.
- Develop culturally competent training materials for health care providers that includes content specific to working with the South Asian population.
- Identify the role of faith-based organizations in creating health initiatives in the community. In many cultural communities, faith-based organizations function as catalysts in both initiating and sustaining long-term changes in the community. In the case of South Asian health, implementing both awareness and education programs through these organizations can be highly effective as well.
- Work with peer support groups such as cultural clubs and social organizations to create health initiatives as part of their annual programming, which is an effective way to address some of the health discrepancies within the South Asian community.
- Partner with public health organizations and policy organizations to establish resources for research, education, and interventions on eliminating South Asian health disparities that are crucial to bring about the desired changes.