

Kris Nelson Community-Based Research Program

... a program of the Center for Urban and Regional Affairs (CURA)

South Asians Health and Awareness Research

Prepared in partnership with

SEWA-AIFW

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UNIVERSITY OF MINNESOTA

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SECTION 1.0: EXECUTIVE SUMMARY

Research findings showed that health disparities were prevalent in the South Asians population in the United States. South Asians are composed of people and their ancestry from Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, Sri Lanka, Guyana and Trinidad. Diabetes and heart diseases are the most relevant cause of death among South Asians. However, no research has been done in Minnesota's South Asian's community. Therefore, SEWA-AIFW partnered with CURA from University of Minnesota to conduct the health research in South Asians communities of Minnesota. The goal of our research was to improve individuals', families', and community's health in South Asians population of Minnesota. The research was conducted using surveys: online and paper copy. Paper copy surveys sped up the process of collecting the data but online surveys are found to be more accurate. Recommendations were made according to the observations from the research assistants when collecting the data.

SECTION 2.0: INTRODUCTION

2.1 Who are South Asians?

South Asians community in the United States includes people whose ancestry came from Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, Sri Lanka, Guyana and Trinidad. Currently, over 3.4 million of South Asians live in the United States, with Indians made up the largest community within the South Asians population, followed by Pakistanis, Bangladeshis, Nepalis, Sri Lankans, Bhutanese, and Maldivians¹. According to U.S. census, South Asians are the fastest growing population among all major ethnic groups in the country¹. As a whole, the growth rate of the South Asians population compares to Asian American population is 43% which considerably exceeds the other ethnicity¹. California, New York, New Jersey, Texas, and Illinois hold the largest South Asians populations in the United States¹.

In Minnesota, South Asians are 17.7% of the Asians population. According to the population census from 2000 to 2010, the South Asian population nearly doubled in Minnesota². Asian Indian composed the largest segment in the South Asian Community².

2.2 Health Disparities in South Asians

One of the challenges South Asian population faces is the “model minority” myth, i.e., South Asians are educated, healthy, and have no problems. However, findings from SAALT (South Asian American Leading Together) suggested otherwise. According to SAALT, many South Asians have similar range of health issues compared to the general population, but also include some issues that have a higher prevalence than other

ethnicities³. Heart disease is the major cause of death among Indian men and is twice as high as the general population³. The next cause is diabetes with 14% prevalence rate among South Asians³. Cancer and tuberculosis come in third and fourth as the highest cause of death³. Prostate, colorectal and lung cancer are the most prevalent among South Asian men, and breast, ovarian, and uterine cancers are the most prevalent among South Asian women³. Tuberculosis is widely seen among foreign-born South Asians compared to the U.S. born persons³. One research showed that approximately 40% of South Asians under the age of 65 reported to have no regular source of care and 1 out of 5 South Asians lack health insurance in the United States⁴.

2.3 Goal of the research

South Asians population has been doubling in Minnesota since 2000 and there has been no research on their health disparities. Therefore, SEWA – AIFW (Asian Indian Family Wellness) partnered with CURA (Center for Urban and Regional Affairs) to find out the health disparities among this community. Our goal is to improve individual, family, and community's health in South Asians population in Minnesota.

SECTION 3.0: DATA COLLECTION

3.1 Online Surveys

The research committee created a tiny.url link for the convenience of taking the survey online. Flyers containing a brief explanation of the research and the survey links were handed out to the community at the temple, festivals and other community gathering events. The committee also reached out the South Asians organizations in Minnesota to

promote the survey. The link as well as the brief description of the survey was sent using the organizations' email lists.

3.2 Paper Surveys

Approximately 600 copies of paper surveys were printed out and distributed at Hindu temples, festivals, grocery stores, events and gatherings. The paper surveys were collected after the participants finished answering the questions. The participants were first approached to take the survey and it was only distributed when they agree to do so. Also, they can stop anytime during the survey if they feel reluctant to take it.

SECTION 4: DATA ENTRY

Online surveys data were entered automatically using online data entry software. Paper surveys data were entered into the Microsoft excel sheet by the research assistants. No alteration were made when entering the data, and random surveys were selected to check the correct data entry. The survey data will be analyzed by Melissa Kwon from Asian American Studies Department.

SECTION 5: FINDINGS

Since the research just finished data collection phase, no data has been analyzed or interpreted. However, some interesting observations were made when collecting the survey. South Asians men are more willing to take the survey than women. Older populations are less likely to take the survey since they are more likely to be illiterate or needed help in translation. When entering the data, it was observed that diabetes and high blood pressure were the most prevalent among all the other diseases. Most of the

participants have obtained bachelor degrees or higher. Some women claimed to be homemakers even though they have obtained college degrees.

SECTION 6: RECOMMENDATIONS

6.1 Survey data collection

The use of paper surveys sped up the process of the research. There are many advantages and disadvantages in using the paper survey. The advantages are that it is easy to get people to do the survey, easy to reach out to people who do not use technologies, and easy to reach out to different ethnicities within South Asians communities. The disadvantages of the paper surveys are that people do not really trust the confidentiality, illiterate people have difficulty understanding the survey, and people unwilling to take the survey because of its length (since some questions weren't skipped automatically as in online survey). If time permits, the use of online survey is more accurate in obtaining the data but the paper survey can be modified or adjusted to shorten the length. Visiting temples, grocery stores, and events definitely helped in reaching out to the communities.

6.2 Improving the Community's Health

While collecting the data, I encountered the free clinic session for Indian community at Hindu temple in Maple Grove. I thought this is a good idea to promote health awareness in South Asians population. More free health clinic sessions should be hold at multiple locations, not just in Maple Grove. Also, there were multiple South Asians organizations and temples in Minnesota. It would be nice if they collaborate and held a health conference. Educational health sessions such as diet, insurance, etc. should be made

available to the community in all South Asians language. By using this method, they will reach not only older people but also people who lack access to health insurance and medical attention.

SECTION 7: CONCLUSIONS

I learned many aspects of Indian and South Asians culture and the intricate process in collecting the data for a research. Asking people for to take the survey was hard at first, but it became smooth after a couple of practices. Overall, it was an interesting and wonderful experience.

SECTION 8: REFERENCES

¹A Demographic Snapshot of South Asians in the United States, July 2012 update, SAALT, viewed October 9, 2013, < <http://saalt.electricembers.net/wp-content/uploads/2012/09/Demographic-Snapshot-Asian-American-Foundation-2012.pdf>>

²Asian and Native Hawaiian and Other Pacific Islander Population 2011, Council on Asian Pacific Minnesotans, viewed on October 10, 2013, < <http://mn.gov/capm/pdf/2010demographicreport.pdf>>


³Health Care Issues Affecting South Asians in the United States 2009, SAALT, viewed October 10, 2013, < <http://saalt.electricembers.net/wp-content/uploads/2012/09/Health-Care-Issues-Affecting-South-Asians-in-the-United-States.pdf>>

⁴Brown, E.R., Ojeda, V.D., Wyn, R., & Levan R. Racial and ethnic disparities in access to health insurance and health care UCLA, Center for Health Policy Research (April 2000)

SECTION 9: APPENDICES

Online Survey Link: <http://tinyurl.com/2013sahat>

Flyer:



**SOUTH ASIAN
HEALTH SURVEY**

THE GOAL OF THE SURVEY IS TO IMPROVE INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH.

This survey will take you approximately 10 minutes to complete. When you are done with the survey, you will have the option to be entered into a raffle (through a different webpage) for a chance to win 1 of 50 \$10 Target gift cards. This survey is COMPLETELY CONFIDENTIAL. Your name and contact information will not be collected in the survey.

<http://tinyurl.com/2013sahat>

Thank you!

Please send email to 2013sahat@gmail.com if you have any questions. Find out more about the health survey at www.SEWA-AIFW.org