

IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

Asian Indian Community Needs Assessment Summary Report

RESEARCH TEAM

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BACKGROUND

In December 2004, the research team conducted one focus group and one individual interview to assess the health needs of the Asian Indian community of Montgomery County, Maryland. 12 people participated in the focus group. The participants (hereafter, this group) consisted of a fairly wide representation of the Asian Indian community in Montgomery County, including community leaders from a faith group (a Buddhist temple) as well as health professionals, engineers, and academicians. In July 2007, we met with five health professionals (two males and three females, representing an age range between 20s and 60s) in a clinic affiliated with a mosque to review and update the report done in 2004.

1 | HEALTH CONDITIONS

a. General Health Issues

This group expressed needs similar to those expressed by other Asian American communities in the County. They expressed concerns about obesity, diabetes, neoplasm (cancer), heart disease, hypertension, and high cholesterol. One clinic estimated that approximately one-third of the patients they have attended to from the Asian Indian community have diabetes (mostly in their late 40s), one-third have hypertension, and more than one-fifth have cardiovascular diseases. Health professionals from the clinic also raised arthritis, allergies, and hypothyroidism as other health concerns among this community. For religious reasons, this group rarely drinks or smokes.

b. Mental Health Issues

Mental health needs were not expressed as a serious problem for this community, which may be due in part to a cultural bias against mental illness. The most common mental health issues include isolation and depression (due in part to cultural barriers, lack of transportation, etc.). However, this group appeared to have a tendency to be unwilling to acknowledge mental health issues. The clinic explains that there is no program in the mosque to meet mental health needs; they expressed the need for additional psychologists or psychiatrists. This finding was similar to other Asian subgroups and warrants attention.

c. Vulnerable Groups

Seniors: Health professionals at the clinic brought up arthritis, diabetes, and cardiovascular disease as major health concerns for seniors. For senior citizens, this community believed that the uninsured and those ineligible for Medicare face the most serious problems. Particularly vulnerable members include 1) the unemployed, 2) newly arrived immigrants who have no working history in America, and 3) retired senior citizens who are younger than age 65. They believed that depression and isolation are the most common problems among Asian-Indian seniors.

Children and Adolescents: Participants were also asked about specific needs for children in the community. They requested an affordable, reliable, and community-based (small business-like) daycare program provided by the County government.

Women: The clinic noted that there is a lack of awareness of regular screenings such as mammograms and Pap smears. Infertility is also a concern for some women. Domestic violence exists, and the group recognizes it as a problem, but people do not openly discuss this topic.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

Lack of health insurance is considered to be the most significant access barrier, followed by lack of transportation and language barriers. In terms of access to health care, participants responded differently to this issue. Those participants from the Buddhist temple expressed more concerns about access to health insurance, while those members from Indian professional groups explained that they had fewer barriers to health care, perhaps due in part to their relatively higher socioeconomic status. They indicated that certain community members are at a higher risk of being uninsured, including 1) newly-arrived immigrants (e.g., those sponsored by their U.S. relatives and who had recently migrated here), 2) retired seniors (who had never worked in the United States and have not yet reached 65 years of age), and 3) the undocumented population.

b. Preventive Services

Women are not having regular screenings for mammograms and Pap smears. Awareness of the importance of screening is needed in addition to low-cost and accessible screening programs.

c. Physician Preference

This group prefers service providers and researchers who are culturally sensitive in dealing with the issues of this community.

d. Alternative Medicine

This group expressed a preference for the use of alternative medicine to Western medicine. Alternative medicine (such as herbal medicine and oil) is more affordable and widely used by undocumented and uninsured residents who pay cash to get care. Community members with insurance generally use Western medicine and visit their physicians on a regular basis.

3 | RECOMMENDATIONS

a. Health Education

This group suggested that the County provide outreach and social programs to guide the Asian Indian community on issues such as where to get insurance and whom to talk to when they are facing health problems. They suggested that additional health education programs be offered for community organization, nutritional consultation, cardiovascular health, diabetes, and women's health. Additionally, the group expressed a need for free services and convenient hours for public facilities (such as community centers in Montgomery County) and support for health promotion activities such as Yoga classes. The mosque clinic provides diabetes health education to the community three hours per week every month and is very successful. They request more resources allocated to this program, as well as education classes for women's health, contraception, and personal hygiene. Contrary to many other Asian subgroups, this community did not express the need for health education materials being translated into native Indian languages.

b. Disseminating Health-related Information

This group raised lack of access to health information as a problem. Since religious organizations (temples and mosques) are an important part of the community, participants recommended that the County provide information on faith-based/minority health funding mechanisms. To address the issues of communication in health care, participants suggested that the County government provide health information in newsletters or electronic newsletters to be distributed to the community on a regular basis. These newsletters/e-newsletters

may include announcements of health fairs, information about health insurance, and health services that are available.

c. Improve Access to Health Services

The group recommended that insurance provide coverage for the costs of alternative medicine. They also expressed a need for County support for additional nurse practitioners who can write and refill prescriptions.

They expressed a need for the County to enhance existing health promotion, communication activities, and preventive health services for this community.

The community also requested that the Pan-Asian Volunteer Clinic, a very well known and trusted organization among the Chinese community, extend their services to the Asian Indian community. This community expressed a willingness to share its health professionals (such as physician and nurse resources) to assist with other communities.

d. Others

Many members of this group expressed the need to have an Asian Indian community center.

SUMMARY

Most participants agreed that the majority of this community is well-educated and highly literate, and this group has strong religious and professional organizations with a strong volunteer pool when called upon. Compared to other subgroups, this community consists of more affluent individuals who do not have as many language barriers as other Asian Americans in the County. This group's main health concerns are diabetes, hypertension, hypercholesterolemia, cardiovascular disease, obesity, cancer, arthritis, and mental health. Lack of health insurance and transportation are major health care access barriers. They desire more health education programs and enhanced access to preventive services. Faith-based organizations would be good channels to deliver health-related information. Lastly, the fact that the Indian American community appears to have the tendency to either neglect or be unwilling to acknowledge mental health problems is similar to many Asian subgroups, and thus warrants special notice. This may suggest the need for more culturally-sensitive, accessible screening programs for mental health problems for this and other Asian subgroups.