

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

Nepali Community Needs Assessment Summary Report

RESEARCH TEAM

Maryland Asian American Health Solutions (MAAHS)
University of Maryland College Park School of Public Health

Date of focus group: May 11, 2007

BACKGROUND

In May 2007, the research team conducted a focus group to assess the health and health care needs of the Nepali community of Montgomery County, Maryland. Nine community members participated in the focus group. One participant was 18 year old, two participants were in their 20s, four participants were in their 30s, and two participants were over age 65. About half of the group was composed of women and about half considered Hinduism an important part of their lives. All of the participants except one (the 18 year-old), had completed college or further education. Most of the group members were employed in professional areas, such as accounting, research, engineering, and health care.

1 | HEALTH CONDITIONS

a. General Health Issues

The Nepali group participants identified mental health as the utmost priority (please refer to the mental health section below), followed by tuberculosis (TB) testing, acid reflux, and hypertension. Almost all participants agreed that tuberculosis testing was an important issue for them, as nearly all Nepalis have been inoculated against tuberculosis as children in Nepal and therefore render TB positive when tested in the United States. This has resulted in mandatory and frequent TB tests, as well as required medications that are considered a significant burden. When asked about other important health conditions they identified acid reflux,

hypertension, diabetes, asthma, and smoking as the leading health concerns in the community. According to the group, the high prevalence of acid reflux results from the spicy food they traditionally eat. The group reported that hypertension was prevalent among the Nepali community in Montgomery County as well as in Nepal. They also reported that smoking is very prevalent in Nepal. However, they have observed many Nepalese quit smoking when they come to the United States. For this group, Hepatitis B and HIV/AIDS were not an important concern. The participants reported that community members do not usually talk openly about their health issues, particularly HIV/AIDS. Therefore, they are not aware of how prevalent some illnesses actually are in their community.

b. Mental Health Issues

According to the group, mental health issues are not openly shared by community members due to the negative stigma that it carries. This situation results in a lack of knowledge of the prevalence of mental health conditions among the community members. They expressed concerns about insufficient knowledge of how to identify and manage mental health issues appropriately.

c. Vulnerable Groups

Seniors: Consistent with other Asian American groups, this group expressed particular concerns regarding senior health. According to the group, seniors in the community are isolated and have limited opportunities for social interaction. Most live with their children and may have some caregiving responsibilities within the household (e.g., child care). The participants mentioned that language barriers may affect an individual's mobility around the community, such as to and from the temple. Another concern is the lack of health insurance for seniors. According to the group, many members invite their parents to come from Nepal and stay with them for several months or to come live with them. Given a lack of health insurance, many are unable to bring their parents to the United States in order to care for them properly. Some participants mentioned that arthritis was a common problem among seniors.

Children and Adolescents: Several respondents reported that asthma was a common problem among children as well as adults. They mentioned that it was common for children born in Nepal to have asthma. They attributed this to exposure to polluted air in Nepal. The participants did not consider Nepali children and adolescents as vulnerable to substance abuse, particularly those who were born in Nepal. However, they recognized that it might be a hidden problem and not known to the community at large. They also expressed concerns about the possibility of their children being victims of violence at school.

Women: Female participants identified lack of health knowledge and education as the most important women's health issue. Many female participants reported that women do not access health services in general unless they are very sick. Reproductive health services and screen-

ings, such as Pap smears and pelvic examinations, are usually conducted at the time of the first pregnancy. They attribute this to lack of knowledge on the importance of preventive health care and lack of time to go to the physician. Moreover, they said that most Nepali women are less likely to talk about women's health issues with each other or anyone outside the immediate family.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

Participants stated that language barriers pose an obstacle to getting health care services. Terms used in the Nepali language may not have a direct translation into English. Seeing a physician who does not speak Nepali could make the individual uncomfortable because effective communication is not ensured. The group also identified the lack of health insurance as a problem among the Nepali community. Particularly vulnerable members include the unemployed and newly arrived immigrants who do not have a work or educational history and no sponsor in the United States. Although many individuals in the Nepali community do have health insurance, the group acknowledged that people with low-wage occupations may have difficulty getting health insurance, which will consequently hinder or detract them from accessing health care services. A participant suggested that children have access to health insurance through the state programs in the public schools, but that there are some immigrants who are not aware of this availability. The high cost of health services is also a concern for the Nepali community. Some individuals may go to a free clinic, but its location and payment policies are not convenient. At times, the community goes to the Nepali temple to access health services from a Nepali doctor.

b. Preventive Services

The group attributed the lack of using preventive services to a lack of access, as well as a culture of not having regular health check-ups or using preventive services. When people emigrate from Nepal to the United States, they may carry that mentality with them. Therefore, it may not occur to them to participate in screenings, blood tests, or other preventive services. The group also mentioned that individuals may not want to participate in preventive services out of fear of bad news or unexpected diagnoses.

c. Physician Preference

Even though communication may be more effective with a doctor that speaks Nepali, the group expressed that they may prefer a doctor who is Indian rather than Nepali. It was mentioned that the small size of the Nepali community in Montgomery County may pose some point-of-entry problems regarding health. Individuals may hesitate in accessing health services

provided by Nepali health care professionals for fear that information about their condition may not be kept confidential and will become known to other community members. Also, they are able to communicate better with an Indian physician than an English-speaking physician due to some similarities in the language structure.

3 | RECOMMENDATIONS

a. Health Education

Group members expressed a need for obtaining health information about common illnesses. More importantly, they were interested in obtaining more information about mental health, its symptoms, and treatment options. Schools often serve as the primary source of health education for children; however, the community is concerned about adults who do not have access to local schools and are not exposed to this information.

b. Disseminating Health-related Information

In order to disseminate information about health services and programs efficiently and effectively, the ideal Nepali community representative should be an individual who is proficient with both English and Nepali and has close ties with other community members. It is essential that this person has command of both languages in the event that printed information needs to be translated from English to Nepali. Moreover, the group suggests delivering essential information during traditional rituals and activities when all Nepalis gather. The group seemed to prefer a more personal approach to the dissemination of information, such as small community meetings and posting information at the temple as opposed to posting information on the Internet since many Nepalese do not have Internet access. They suggested a one-stop clearinghouse of information on County services, health, and resources for newly arrived Nepalis.

c. Improve Access to Health Services

The group expressed a need for the County to provide free basic health services twice a year, such as blood tests or annual check-ups, to uninsured Nepali people. The group suggested that the County work closely with area Nepali temples and community leaders to provide outreach and social programs to guide the Nepali community on issues such as acquiring health insurance or when to seek medical attention.

SUMMARY

Consistent with other Asian American communities researched, the Nepali community tends to keep their health issues private and seldom shares them with other community members. This results in a general lack of knowledge of the true prevalence of many illnesses in the community. However, mental health, acid reflux, hypertension, tuberculosis testing, and diabetes were primary concerns for the participants. The seniors in the community tend to be more socially and physically isolated, which may result in depression. According to the participants, low-income Nepalese may lack access to health services due to lack of health insurance and language barriers. Many of them tend to seek services when they are very ill, and seldom use preventive services. They recommend that the County work closely with the community to provide culturally and linguistically appropriate health information on the priority health issues, as well as on women's reproductive health. Access to low-cost or free preventive and screening services was also strongly suggested to benefit those who lack health insurance.