

# **A Brown Paper**

## ***The Health of South Asians in the United States***

### **Executive Summary**



**South Asian Public Health Association  
(SAPHA)**

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## ***Introduction***

South Asians have origins in seven countries: Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka. Broader definitions include those from Afghanistan, Burma/Myanmar, and Tibet. Approximately 2 million people of South Asian origin live in the United States according to year 2000 census data—a growth rate of 106% over the last ten years. Even though this population increase has created a demand for information, there is limited published literature about South Asian American health issues. Significant increases in population coupled with wide diversity within the South Asian community present a challenge for health care providers to respond to both community and individual needs adequately. Consequently, effective programming and services tailored to this emerging group are hindered. Professionals interested in South Asian health issues began to strategize at national and regional events in the mid-1990s, and conceived the idea to develop a White Paper to uncover the specific health needs of this population.

Recognizing the importance of addressing the health and well-being of South Asian communities, a group of public health professionals and students formed the South Asian Public Health Association (SAPHA) in 1998. SAPHA began as an Internet community through an on-line listserv, and today links over 360 professionals and advocates across the US. The enthusiasm from SAPHA's nationwide volunteer base led to the *White Paper* initiative – a review of health research and literature on South Asians in the United States. During development of the publication, the final product was renamed *A Brown Paper: The Health of South Asians in the United States* to better represent the people it discusses.

This groundbreaking compendium evaluates and summarizes existing knowledge about several key health indicators for South Asian Americans. The report consists of 13 chapters: Socio-demographic Profile, Youth Health, Women's Health, Lesbian, Gay, Bisexual and Transgender Health, Elderly Health, Cancer, Cardiovascular Disease (CVD), Diabetes, HIV/AIDS, Intimate Partner Violence (IPV), Mental Health, Nutrition, and Substance Abuse. Individuals who have contributed to planning and writing the *Brown Paper* chapters include researchers, health care providers, advocates, and activists. Based on research and analyses of each topic, the authors make recommendations for policymakers, health care providers and community outreach workers. The recommendations aim to influence allocation of resources that can reduce disparities in the health status of South Asian communities and to designate priorities for future prevention, diagnosis, treatment, education, research, and policy development. A Resource Guide of organizations that provide health-related services to South Asian Americans across the country was also compiled and accompanies the publication.

SAPHA will release the *Brown Paper* in the fall of 2002 and will distribute it to policymakers, health care providers, community health centers and others in the health field. As part of the release, SAPHA will partner with local community organizations, funders, researchers, advocates, and city agencies to highlight the needs of South Asian communities. Local events will provide opportunities for information gathering and professional networking, as well as planning for action and community mobilization around shared priorities.

SAPHA is proud and excited to present the first-ever *Brown Paper on the Health of South Asians in the United States*. For further information about SAPHA and the *Brown Paper*, please visit <http://www.sapha.net>

## Methodology

The *Brown Paper* initiative is an entirely volunteer effort led by public health students and professionals. Researchers, health care providers, and community advocates throughout the country were recruited for their expertise and contributions in the field of South Asian public health. An oversight committee was established to implement and manage the project.

A combination of factors determined the final topics that were selected for inclusion in the report, including availability of sufficient material on South Asian communities and interest of qualified and committed authors. The authors of the *Brown Paper* chapters conducted an analysis of qualitative and quantitative information, acquired through literature reviews, regional and national research, and key informant interviews with directors and staff from community-based organizations. The oversight committee implemented a review process, in which at least two independent expert reviewers were identified to verify the accuracy and inclusion of appropriate information in each section. Authors made revisions as necessary. Data are listed for South Asian populations where available. “Asian Indian” or Asian American Pacific Islander (AAPI) data are referenced where comprehensive South Asian statistics were not available. Based on the findings, the authors present conclusions and recommendations for each health topic.

The Resource Guide, which includes almost 100 resources and agencies that provide services to South Asian communities in the US, is organized into four categories: 1) *Brown Paper* chapter-specific information; 2) professional groups; 3) health and social service agencies and 4) information and referral resources. The directory was compiled using resources from the chapter authors, the Asian American Federation of New York database, on-line searches, and the SAPHA Web site.

## Data Highlights

The paper uncovers several noteworthy findings as listed below:

South Asian Demographic/Health Profile	
South Asian population in the US (Asian Indian, Pakistani, Bangladeshi, Sri Lankan)	1.89 million people – US Census Bureau, 2000 (106% Increase)
National poverty level	Asian Indians ranked 12 <sup>th</sup>
South Asian uninsurance rate	21% (national average: 18%)
Educational level	25% of Asian Indians have limited English proficiency, which means they do not speak English well
Asian Indian elderly	Comprise 10% of Asian Indian population
Youth health	Asian American children are 2-3 times more likely to lack a usual source of health care and continuity of care, when compared to White children
Women’s health	Women who have immigrated to the US from India are more likely to deliver low birth weight infants than White women and women in other ethnic groups, though they receive first trimester prenatal care at about the same rate as White women (80% vs.82%)
Leading chronic health concerns	High blood pressure, diabetes, obesity
Primary cause of mortality for Asian Indians	Cardiovascular disease (higher prevalence than other Asians and non-Hispanic Whites)

## **Recommendations**

As common themes prevail throughout several chapters of the *Brown Paper*, four cross-cutting recommendations are proposed:

- Reliable data must be collected for South Asians as an entire group in order to better understand their particular health issues. Disaggregated data for South Asian subgroups is also needed to improve understanding of risk factors for particular diseases.
- More research on the health status, needs and concerns of South Asians must be conducted. National, state, and local agencies should fund additional research efforts.
- Culturally appropriate outreach and education is required, including information on prevention, diagnosis, and treatment of various conditions, as well as on the range of health services available in their communities. Local efforts can be strengthened if administered through community-based organizations that have cultural and linguistic capacity, as well as established relationships with the various South Asian communities.
- The “model minority” myth that continues to envelop AAPI communities, including South Asians, must be eliminated. Specific and serious health concerns are often overlooked due to assumptions and misperceptions, such as economic and academic success among all South Asians living in the US.

Specific recommendations are also highlighted in each section. For example:

- Health care providers working with South Asian populations should raise awareness of diabetes. They should define and explain the disease to patients, and provide information about risk factors and prevention methods.
- Service providers working to end intimate partner violence should collaborate closely with South Asian American communities to determine effective and culturally acceptable methods for conducting research and outreach.
- Researchers and mental health clinicians must distinguish between experiences and mental health needs of first- and second-generation South Asians.
- Community forums should be conducted to raise awareness about substance abuse issues and to discuss risk factors, prevalence, and prevention methods.
- South Asian women need increased education about reproductive health and sexuality, with attention to South Asian cultural norms, as women often serve as the gatekeeper to health for the entire family.

## **Conclusion**

The *Brown Paper on the Health of South Asians in the United States* is the first such document ever written and widely distributed. It summarizes the current state of South Asian American health, revealing several interesting facts and trends emerging around the health and well-being of the South Asian American population. The report identifies areas in which progress has been made and details disparities that warrant further attention. Increasingly critical to maintaining this community’s productive and positive contributions to life in America is greater attention toward enhanced and targeted resources, funding, services, and research.

Tremendous diversity exists within the South Asian community with respect to health seeking behavior and knowledge, socioeconomic status, educational level, cultural traditions, and specific health care needs and issues. Recognizing these differences and developing specific programming will help make the US health care system more accessible and, in turn, lead to a healthier South Asian population in the United States.

## ***About the South Asian Public Health Association***

### **SAPHA Mission**

The purpose of the South Asian Public Health Association (SAPHA) is to promote the health and well-being of South Asian communities and the advancement of public health professionals. SAPHA seeks to:

- Provide a forum for mentorship, dialogue, and resource-sharing among public health professionals working with South Asian communities;
- Advance the leadership, networking, and professional development of South Asian public health professionals;
- Raise awareness of health risks and encourage healthy behavior among South Asians;
- Increase awareness of the value of culturally-appropriate services for South Asians in the United States; and
- Encourage and support research and academic communities interested in South Asian health issues.

### **SAPHA Board of Directors**

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