Kris Nelson Community-Based Research Program
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South Asians Health and Awareness Research

Prepared in partnership with
SEWA-AIFW

Prepared by
Julie Lee
Research Assistant
University of Minnesota

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Center for Urban and Regional Affairs (CURA)
University of Minnesota 330 HHH Center
301—19th Avenue South
Minneapolis, Minnesota 55455
Phone: (612) 625-1551
E-mail: cura@umn.edu
Web site: http://www.cura.umn.edu

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Purpose

The South Asian American community in the US is comprised of individuals who have settled in the US with ancestry from India (including the sub continent), Pakistan, Bangladesh, Bhutan, Nepal, Sri Lanka, and Maldives Island. According to 2010 census data, South Asians led all Asian groups in the United States in the rate of population growth from 2000 to 2013. The total number of Indian Americans, including Asian Indians, of mixed race was 3,183,063. Indian Americans made up 18% of the Asian American population in 2010, which had grown 2% since 2000.

To be more specific, Minnesota is second highest Asian Indian group is the Asian Indian population of 28,097. Including India and other South Asian countries, the total Asian population is about 40,183 according to 2010 U.S. census. Arrivals from Bhutan make up 8.5% as a refugee group in Minnesota. Even though the South Asian population is increasing rapidly, the South Asian community gets less funding for research and other programs. According to my findings, the main reason is the theory of “model minorities”.

According to 2007 to 2009 data, Indian Asian American led all Asian American groups in the country in median household incomes at $86,660. Indian Americans lead all other groups of minorities by a significant margin in their levels of income and education. Seven-in- ten Indian American adults age 25 and older have a college degree compared to a quarter of Vietnamese Americans. South Asian Americans have been viewed as the model minority community because of high education levels and a high average income per household. The belief that South Asian Americans are one of the “model minorities” who have made it. This belief has prompted both government agencies and private foundations to severely under-fund Asian nonprofits. Only 0.4% of all US foundation dollars support efforts serving Asian
Americans. Obviously the number is lower for South Asians another problem is researchers have a lack of disaggregated data on the South Asian community. In demographic studies, South Asian Americans are mostly considered under Asian Americans, which also include East Asians, Southeast Asians, and other Pacific Islanders.

Due to a lack of funding for the South Asian community in Minnesota, SEWA- AIFW (Asian Indian Family Wellness) nonprofit organization and the Center for Urban and Regional Affairs from University of Minnesota collaborated together to conduct the first ever South Asian health survey in Minnesota. SEWA reached its goal of distributing the surveys to 1000 South Asians who are currently living in Minnesota. The project started in June 2013 and ended at the end of September.

**Method**

SEWA built a connection with various South Asian nonprofit organizations such as religious, social and educational organizations. Information was collected from various partnership organizations and updated partnership details. The best way to reach people was attending to different events that were hosted by South Asian organizations. The researchers asked people to take surveys at the event or handed out flyers so the participants to take them home. The researchers also visited South Asian restaurants and grocery stores in order to meet with the owners to see if they were willing to distributed flyers at the stores. To reach out to college students, information from University professors who are of South Asian background was collected. The researchers also sent out emails to different South Asian student groups on campus and asked them to spread the word on the health survey to other students.
Findings

Because most of our project time was spent collecting data on the South Asian community, the data result have not been analyzed yet. However, I could locate some trends on frequently found diseases among the South Asian community by reading different research articles. The groundbreaking publication “Brown Paper: The Health of South Asians in the United State” summarized key health issues faced by this community. First, Asian Indians in the U.S have a high prevalence and risk of coronary artery disease—three times as high as the general U.S population. Second, Type 2 diabetes is common in this population due to hypertension and a genetic resistance to insulin. Unfortunately, although health disparities are now being identified and documented within South Asian Americans, few programs and resources are actually identified as available to address these health disparities.

SEWA- AIFW is playing a vital role in strengthening and empowering South Asian communities through a variety of missions, including improving individual and community health through outreach and health education. However, SEWA and other nonprofit organizations cannot achieve the goal of improved health outcomes, disease prevention, and greater access to insurance unless researchers have data. Too little information is available on the health objectives, needs, and challenges of the South Asian community. This project is the first step to improve South Asian’s wellness by looking at their diet and other cultural effects upon their health. SEWA- AIFW (Asian Indian Family Wellness) is in the process of putting the survey data together and it in order to give the scientific shape to the project.

Recommendations

To address community needs SEWA will have different health clinics and find solutions to improve the wellness in the future. I recommend two ways to promote a healthy lifestyle in the
South Asian community. One example is building a community partnership with other specialists in health fields who understand South Asian’s cultural background. SEWA can create a Health Specialist Board to bring together community members, public health practitioners, health care providers, researchers, social scientists, advocates, and students to advocate for each other and identify to feasible health initiatives for the community. This program will bring a different perspective of looking at people’s health and bring out a variety ways of reach out to the community. Since the specialists have connections with others who work in the health field, they can expand the size of this program. However, there might be some challenges when addressing health issues among the South Asian group. The biggest challenge faced is language differences. In order to overcome this problem, materials must translate into Hindi, Gujarati, Tamil, and other major native languages spoken within the community. This will cost money and time.

Another way to promote a healthy lifestyle is by regularly holding a clinic session. The clinic should focus on helping individuals to understand their health status and to understand ways to care for themselves. The clinic should have health-related activities such as screenings, education about eating habits, and discussion of prevention of common diseases among the South Asian community. The clinic will be the best way to approach to the community and educate them more about preventing their health. Also, low income people can come without worrying about insurance and other extra payment. Of course, there are some challenges in receiving funding from government. Low cost clinic will need other means of financial support. It will take time and effort to get funding from big corporations and individual donors.

One way to reduce the cost is collaboration with other partnership groups to eliminate any duplication of efforts. If different South Asian organizations build a good relationship with each other, they can have more effective, less redundant communication about the health
advocacy program. Since this effort will involve different organizations, they can split up different cost and areas of focus. In this case, they will save money and time as each organization can develops and strengthens its quality of service.

The last recommendation is utilizing technology by using social media, and blogs. Social media would be the easiest way to spread the word and raise awareness of health issues to the community including research finding. Data result will support other researchers and community leaders who want to know more details. I believe these recommendations will work effectively.

**Conclusion**

The overall experience of working with the South Asian community was one of the best experiences I had in college. Even though I am Asian American of Korean descent, I still feel a cultural difference between South Asian community and my own community. Our religious beliefs, languages, diets, and general cultural backgrounds are very different. The project was a good opportunity work outside of my comfort zone and explores a different culture. I appreciate both SEWA and CURA for giving me the great opportunity to be a part of this research process. I hope it will positively impact the South Asian community in Minnesota.
Bibliography


