Between 2014 and 2015, the Center for the Study of Asian American Health collected 113 surveys in the Indian community in NYC in partnership with community groups. The NYC Indian community is focused in Queens (61%), with smaller populations in Brooklyn (14%), and Manhattan (13%).¹ The 2010 Census counted 232,696 Indians in the NY Metro Area and the population has grown 13% from 2000 to 2010. CHRNA survey findings indicate that the majority (93%) of Indian respondents were foreign-born, 83% of whom were born in India.

### DEMOGRAPHIC INFORMATION

About 42% of foreign-born Indian CHNRA respondents have lived in the U.S. for 10 years or less. Family reasons and economic opportunities were the top reasons for coming to the U.S.

#### YEARS LIVING IN THE U.S.

- 5 years or less: 14%
- 6-10 years: 38%
- 11-15 years: 28%
- 16-20 years: 8%
- Greater than 20 years: 12%

### EDUCATION

- 27% have less than a high school education
- 11% have some college education
- 54% are college graduates

### LOW ENGLISH LANGUAGE PROFICIENCY

- Over half of respondents (54%) speak English less than “very well”
- 28% speak English “not well” or “not at all”
- Among these respondents, 52% have someone over the age of 14 in their household who can speak English

### LOW INCOME

- 35% $<25,000
- 18% $25,000 - $55,000
- 28% > $55,000
- 19% Don’t know

### WORKING HOURS

Among Indian respondents who work:
- 40% work < 34 hours per week
- 40% work 35-40 hours per week
- 18% work ≥ 40 hours per week

### EMPLOYMENT

About 81% of participants were working-age adults between 18 to 64 years old.

- Full time: 38%
- Part time: 35%
- Do not work: 27%

Of the respondents who do not work, 18% are retired and 53% are homemakers.

### GENERAL HEALTH

**PERCEIVED HEALTH STATUS**

- 73% describe their health status as GOOD, VERY GOOD, or EXCELLENT
- 27% rated their health as FAIR or POOR

**DID YOU KNOW?**

The top health concerns among Indian respondents were:
- ☑ Cardiovascular disease (51%)
- ☑ Headache (22%)
- ☑ Diabetes (18%)
**HEALTH PROFILE**

**OVERWEIGHT/OBESITY**

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. According to standard BMI measurements, about half of Indian respondents are overweight, with 11% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese.²

When using Asian BMI standards, the proportions of overweight and obese Indian respondents shift to 48% and 30%, respectively.

**PHYSICAL ACTIVITY**

Sedentary lifestyle is related to many chronic diseases such as obesity, diabetes, heart diseases, and depression.

- **30%** of Indian respondents do not engage in any weekly physical activity, compared to 26% of New Yorkers overall²
- About **40%** engage in sufficient weekly physical activity, compared to 67% of New Yorkers.² Sufficient physical activity means spending >150 minutes per week engaging in moderate physical activity, > 75 minutes a week engaging in vigorous physical activity, or a combination of both

**ACCESS TO HEALTHY FOOD**

- About 17% of survey participants “sometimes” worry about having enough money to buy nutritious meals
- 43% reported that their homes are a 10-minute-walk or more away from a place to buy fresh fruits and vegetables.

**HEALTH INSURANCE COVERAGE**

- 32% have private or employer coverage
- 20% do not have health insurance
- 45% are enrolled in public or government insurance coverage (Medicaid, Medicare, or other)

**HEALTH INFORMATION**

The Indian CHRNA respondents get their health information and hear about services primarily from:

- 58% Family
- 47% Internet
- 44% Friends

**HEALTH CARE PROVIDERS**

- 5% do not have a regular health care provider

Among those with a regular provider:

- 24% to some extent feel that their doctor looks down on them and the way they live their life
- 27% did not understand everything their doctor discussed with them during their last visit.

**BARRIERS TO HEALTH CARE**

**DID YOU KNOW?**

17% of Indian CHRNA respondents reported difficulty obtaining necessary medical care, tests, or treatments in the last year. Reasons given were because of cost (54%) or because they could not get time off from work (15%).

**HEALTH CARE ACCESS**

**ROUTINE CHECKUPS VS. MEDICAL EMERGENCY**

- 91% saw a health care provider for a routine physical checkup in the past year, in comparison to 88% of all New Yorkers²
- 3% of respondents have never had a check-up
- 45% see a private doctor when sick or injured
- 14% take medicine at home without consulting a doctor
- 29% of respondents visit the ER for medical attention when sick or injured
ORAL HEALTH IS ONE OF THE TOP HEALTH CONCERNS
About 44% of Indian CHRNA respondents rate their oral health as “POOR” or “FAIR”

MENTAL HEALTH STATUS
A depression screening was used to determine how respondents would describe their feelings in the past 2 weeks:

- 2% of respondents may potentially benefit from mental health services
  - From this at-risk group, about 50% are considered to have “moderate” depression
  - 23% have been screened for depression in their lifetime
  - Of these, 6% have been told by a health care provider that they have depression

RISK FOR CARDIOVASCULAR DISEASES
High cholesterol levels and high blood pressure are risk factors of cardiovascular diseases (CVD), which can lead to heart disease and stroke.

- 80% of Indian CHRNA respondents received a checkup for cholesterol in the last year
- 36% have been told they have high cholesterol. In comparison, 30% of New Yorkers were told the same thing by their physicians
  - 69% of respondents with high cholesterol are currently taking medications for high cholesterol
- 83% of respondents had their blood pressure checked in the last year
- 21% have been told they have high blood pressure, while 29% of New Yorkers were told the same thing by their physicians
  - 87% of respondents with high blood pressure are currently taking medications for high blood pressure

51% of respondents said CVD is a major concern for themselves or for their families

53% 69% 75% 67% 78%
0% 20% 40% 60% 80% 100%

Colonoscopy Mammogram Pap smear

Indian CHRNA New Yorkers

INCREASED RISK OF DIABETES
Frequent blood sugar level screenings are important to preventing and controlling diabetes

- 80% of Indian CHRNA respondents have received a check-up or screening for blood glucose in the past year
- 21% have been told by a health care provider that they have diabetes, more than the 11% of New Yorkers told the same thing2
- 73% of respondents with diabetes are currently taking medications prescribed by a health care provider

OSTEOPEROSIS
Two risk factors that increase risk of osteoporosis in later life are:
1. Being of Asian descent
2. Being female

Early screenings and intervention help to prevent negative health outcomes such as arthritis and joint injuries.

- 22% of female Indian CHNRA respondents 65+ years have never received a checkup or screening for bone mineral density

COMPARISON OF CANCER SCREENING RATES

- Only 53% of Indian CHRNA respondents 50+ years old have received a colonoscopy compared to 69% of New Yorkers 50+ years old6
- Approximately 81% of female Indian CHRNA respondents 21+ years have had a clinical breast exam
- 86% of female respondents 40+ years have had a mammogram in the past 2 years, as compared to 75% of New York women6
- 67% of female Indian CHRNA respondents have had a pap smear in the past 3 years, as compared to 78% of New York women5

DID YOU KNOW?
42% of male Indian CHNRA respondents 50+ years have never received a prostate exam.
SMOKING

- 8% of Indian CHRNA respondents are current smokers, compared to 16% of New Yorkers\(^2\)
- 13% of male CHRNA respondents are current smokers, compared to 20% of New York men\(^2\)
- 1% of women surveyed are current smokers; in comparison, 13% of New York women are current smokers\(^2\)

ALCOHOL

- 23% of Indian CHRNA respondents are current drinkers
- Of these, about 46% have consumed 5 or more drinks on one occasion at least once in the past 30 days, which is considered binge drinking
- In comparison, 18% of New Yorkers have had 5 or more drinks on one occasion at least once in the past 30 days\(^2\)

TUBERCULOSIS

Approximately 72% of Indian CHRNA respondents have previously had a tuberculosis (TB) test.
- 0% reported a history of infection with TB, although 6% reported that they were unsure if they’ve ever been diagnosed

HEPATITIS B

Asian Americans are at higher risk for Hepatitis B, but many who are infected do not know it\(^3\)
- 28% of Indian CHRNA respondents have never been screened for hepatitis B
- Of those who have been screened, about 3% have been diagnosed with hepatitis B

SEASONAL FLU VACCINE

- 55% of Indian CHRNA respondents received the flu vaccine in the past year, on par with the 56% of all New Yorkers\(^2\)

<table>
<thead>
<tr>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian CHRNA</td>
<td>45%</td>
</tr>
<tr>
<td>New Yorkers</td>
<td>44%</td>
</tr>
</tbody>
</table>

NOT MEETING SLEEP RECOMMENDATIONS

Sleep supports healthy brain function to ensure good mental and physical health. A lack of adequate sleep can impact how well a person thinks, works, learns, or gets along with others.\(^4\)

Only 48% of Indian respondents reported getting the recommended number of hours of sleep.

- 7-9 hours is the recommended amount for healthy adults
- 47% fell asleep during the day
- 48% reported < 7 hours

RELIGIOSITY

- Among religious Indian CHRNA respondents, 69% go to their house of worship at least once per week
- 69% pray at least once a day

- Hinduism 42%
- Sikhism 35%
- Islam 8%
CONCLUSION

The Indian CHRNA results are aligned with the public health literature which indicates that significant health disparities exist in Asian American subgroups. Low levels of English language proficiency and high rates of poverty were noted in the Indian community. Rates of certain types of health screenings for cervical and colon cancer were relatively low in the Indian population surveyed compared to New Yorkers in general. High rates of diabetes were also noted in the Indian population surveyed compared to New Yorkers in general.

Health Promotion

Developing community-based health promotion and preventive healthcare (such as screening activities) in partnerships with Indian-serving community-based organizations is essential to improving the health and well-being of the Indian community.

Citations:
1. Asian American Federation, “Asian Americans in NYC, April 2013
2. New York City comparison data derived from the New York City Department of Health and Mental Hygiene’s EpiQuery: NYC Interactive Health, 2013 NYC Community Health Survey data at http://on.nyc.gov/1Cf1RAf.
5. New York City comparison data derived from New York City Department of Health and Mental Hygiene’s EpiQuery: NYC Interactive Health, 2010 Survey Trends data at http://on.nyc.gov/1AnvDsL.

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The mission of the NYU Center for the Study of Asian American Health (CSAAH) is to identify health priorities and reduce health disparities in the Asian American community through research, training and partnership.

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