



PROMOTE POLICIES AND PRACTICES THAT ADDRESS THE HEALTH NEEDS OF SOUTH ASIANS.

Health needs that affect South Asians must be addressed with cultural and linguistic competency by health care providers and community members alike. South Asians confront a range of health issues including cardiovascular disease; diabetes; various forms of cancer mental, reproductive, and sexual health; and HIV/AIDS.ⁱ **Immigrant eligibility restrictions often prevent South Asians from receiving vital benefits**, including state-sponsored medical coverage. In addition, many South Asians also face **obstacles when accessing health care due to linguistic and cultural barriers, immigration status, and economic status**. As a result, many South Asians, including recent immigrants, the poor, the elderly, women, and children lack the ability to access linguistically and culturally appropriate health care.

Access to Affordable Health Coverage The limited availability of affordable health coverage affects many individuals and families in the United States, including those within the South Asian community. In fact, over 20% of all South Asians lack health coverage plans making adequate health care out of reach for a significant segment of the population.ⁱⁱ According to a study of racial and ethnic disparities in access to health insurance and health care conducted in 2000, forty percent of uninsured South Asians under the age of 65 had no regular source of care and even 15% of those with coverage felt they had no regular source of care.ⁱⁱⁱ

While health insurance is out of reach for many in the United States, obstacles to accessibility are especially heightened for many foreign-born individuals due to their immigration status. For example, as a result of welfare reform legislation in 1996, immigrants who arrived in the United States after August 22, 1996, are required to wait five years before becoming eligible for various federal health coverage programs (including Medicaid and SCHIP). This leaves many legal immigrants without

insurance, preventative care, and illness treatment. Moreover, undocumented immigrants are entirely ineligible for Medicare or Medicaid, making it nearly impossible for them to obtain any health coverage or health care at all.

Research and Prevention Strategies on Health Issues Affecting South Asians Primary health concerns for the South Asian community include cardiovascular disease, diabetes, tobacco-related diseases^{iv}, and various forms of cancer.^v In fact, the most common cause of death for South Asians is heart disease^{vi} with rates that are nearly four times that of the general population in the United States.^{vii} South Asian immigrants are also seven times more likely to suffer from Type 2 diabetes than the general population,^{viii} and South Asian women are particularly susceptible to this disease as compared to the general population.^{ix}

While the leading causes of disease for South Asians have been identified and documented, there is a need for research and data to show their prevalence and how they manifest in various South

Asian subpopulations.^x Moreover, there is a need for greater awareness within the community about potential health risks and the need for preventative care.

Availability of Linguistically Accessible and Culturally Competent Health Care

For many South Asians new to the United States, access to health information can often be limited or nonexistent.

These challenges often arise due to different cultural perceptions about health care and health service provision and language barriers on the part of many immigrants.^{xi} Linguistic barriers can prevent individuals from being able to adequately communicate with health care providers. As a result, South Asian immigrants may be erroneously denied services, improperly use family members to translate with service providers, or fail to seek medical attention at all.

Misinterpretation and miscommunication caused by linguistic and cultural barriers can have grave consequences for individuals and completely block vital assistance that marginalized South Asians need. Programs designed to raise awareness, provide treatment, and promote prevention in a linguistically and culturally appropriate manner must be instituted by government agencies and health care providers.

Availability of Linguistically Accessible and Culturally

Competent Mental Health Services Addressing the mental health needs of South Asians is an important yet often overlooked concern, especially for newly-arrived immigrants and survivors of trauma.

Depression, in particular, is a major concern for South Asians. Suicide rates in our communities, particularly among young South Asian women, are found to be higher than in other populations.^{xii} Mental health needs also surface for recent immigrants. In fact, elderly South Asians particularly struggle with the acculturation process and its mental health consequences as they adjust to new lives in the United States.^{xiii}

In addition, many survivors of domestic violence and hate crimes grapple not only with the physical trauma of abuse, but also with psychological and psychiatric consequences including depression, anxiety disorders, and substance abuse.^{xiv} Yet, little comprehensive research has been conducted on the state of mental health in the South Asian community and, in particular, on the psychological impact of domestic and intimate partner violence, hate crimes, and other traumatic events.

DID YOU KNOW?

The limited availability of affordable health coverage affects many individuals and families in the United States, including those within the South Asian community. Lack of coverage can especially be challenging for the elderly, new immigrants, and the economically disadvantaged. In fact, over 20% of all South Asians lack health coverage plans, making adequate health care out of reach for a significant segment of the population. According to a study conducted in 2000 of racial and ethnic disparities in access to health insurance and health care, 40% of uninsured South Asians under the age of 65 had no regular source of care and even 15% of those with coverage felt they had no regular source of care. *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*, UCLA Center for Health Policy Research and the Henry J. Kaiser Family Foundation (2000).

Issues surrounding mental health are seldom acknowledged within the South Asian community, due to religious beliefs and cultural influences, forcing many afflicted with mental health conditions to suffer in silence. South Asians are often unwilling to seek mental health services and instead opt to work out issues within the family structure.^{xv} In order to ensure the mental health of the entire community, South Asian individuals need adequate and compassionate support that is linguistically appropriate and culturally sensitive.

Awareness and Care Regarding Reproductive Health, Sexual Health, and HIV/AIDS Concerns

While not often publicly addressed, reproductive health, sexual health, and HIV/AIDS issues are growing concerns within the South Asian community. Many young South Asians refrain from seeking appropriate health services or counseling regarding sexuality and relationships due to cultural perceptions within the South Asian community. In fact, South Asians

often express difficulty communicating with their families or doctors about issues related to sex, sexuality, relationships, and marriage.^{xvi}

This is particularly a concern for those who endure sexual abuse or are sexually assaulted, either as adults or as children. In fact, a study conducted between 1998 and 1999 of South Asian women in Boston revealed that 65% of women surveyed who reported physical abuse also reported sexual abuse.^{xvii} Silence in the South Asian community surrounding these issues prevents many survivors from being able to obtain help and reach a safe

space, while suffering through the trauma of abuse and dealing with its consequences.

In addition to sexual health, accurate education and information specifically regarding reproductive health is needed.^{xviii} In particular, due to unequal power dynamics between men and women in some South Asian families, South Asian women are often unable to exercise complete control over their reproductive health needs.

HIV/AIDS issues are also a growing concern for South Asians. Misconceptions about how the disease is transmitted exist within the community; for example, 54% of South Asians surveyed in a recent study conducted in New York City incorrectly believed that diaphragms, birth control, pills, and patches provided effective protection against HIV/AIDS during sex.^{xix} Religious and cultural beliefs about HIV/AIDS as a “punishment” also affect the perception of the disease; in fact, the same study showed that 45% of South Asians surveyed believed that individuals afflicted with HIV/AIDS “deserved to get it because of their lifestyle.”^{xx} This stigma prevents many South Asians from obtaining accurate information, seeking testing, and obtaining treatment.^{xxi}

Awareness Regarding LGBTIQ Health Issues

Often, health care service providers are not aware of the South Asian lesbian, gay, bisexual, transgender, intersex, questioning, and gender non-conforming (LGBTIQ) community’s health care needs. A recent survey of the South Asian LGBTIQ community in Southern California showed that 90% of respondents experienced mental health issues, which can manifest into suicidal thoughts, abuse in the family, substance abuse, and unsafe sex.^{xxii} Utilization of health services is also relatively low among LGBTIQ individuals, especially for mental health and sexual health issues, even among those who have access to these services.^{xxiii} Often, this is a result of the social stigma surrounding homosexuality within South Asian cultures and religions, which forces many LGBTIQ individuals to be reluctant to seek health care.^{xxiv} In addition, many South Asian LGBTIQ individuals report discrimination in health care settings due to multiple factors, including sexual orientation, gender non-conformity, ethnicity, nationality, and immigration status.^{xxv} Yet instances of such discrimination are often underreported due to internalized homophobia within the South Asian community.^{xxvi}

KEY RECOMMENDATIONS

Ensure the right to affordable health care for all.

- Congress should enact legislation providing universal state-sponsored health care for all.
- Congress should enact legislation permitting states to provide the option of coverage of immigrants under the Medicaid program and the State Children’s Health Insurance Program (SCHIP).
- Congress should eliminate restrictions to state-supported medical insurance based on immigration status.
- Congress should repeal citizenship documentation requirements for those seeking Medicaid coverage.
- Congress and the Department of Health and Human Services (HHS) should simplify enrollment procedures for state-sponsored health insurance programs, including Medicare and Medicaid.
- Federal and state health agencies should provide translated materials into South Asian languages regarding state-sponsored health insurance programs.

Develop culturally relevant treatment strategies and research geared towards understanding diseases affecting South Asians.

- Public health officials and health care providers should increase the design and implementation of treatment and prevention programs with the goal of reducing the prevalence of various diseases affecting South Asians, including cardiovascular disease, cancer, tobacco-related diseases, and diabetes.
- Public and private funders should support targeted research towards understanding the various diseases affecting different South Asian populations.
- Public and private funders should support collaborative efforts among state agencies, hospitals, health care providers, and community organizations in addressing South Asian health issues.
- The Office of Minority Health (OMH) within HHS, the Center for Disease Control (CDC), the Health Resources and Services Administration, and state agencies should collect and report disaggregated data by ethnicity, primary language, gender, and country of origin on health issues affecting different South Asian communities.
- OMH, CDC through the Health Resources and Services Administration, and state agencies should collect and report disaggregated data on the health needs of South Asians in regions

where the population is heavily concentrated, including the New York/New Jersey, Los Angeles, Chicago, San Francisco, and Washington, DC metropolitan areas.

Ensure availability of linguistically accessible and culturally competent medical services.

- OMH within HHS and state health agencies should implement policies to allow the government to extend coverage that is linguistically and culturally appropriate to South Asians.
- Federal and state health agencies should mandate that all administrative and direct service staff at medical facilities undergo cultural competency training pertaining to treating South Asian patients.
- Hospitals and other health care facilities should increase the hiring of qualified bilingual South Asian staff.
- Federal and state health agencies should provide trainings and implement uniform standards for interpreters used in medical settings.
- Federal and state health agencies should provide trainings to medical service providers on how to appropriately work with interpreters in an objective manner.
- Federal and state health agencies should prohibit the use of patients' children and family members as interpreters in medical settings.
- Federal and state health agencies should provide translated materials and information in South Asian languages about health care services and benefits, including free and low-cost coverage.

Increase research and culturally appropriate resources regarding mental health services for South Asians.

- Congress should enact legislation requiring equity in the provision of mental health and substance-related disorder benefits under health insurance plans.
- Public and private funders should increase funding to mental health care providers (including mainstream organizations and South Asian community-based groups) that offer services in a culturally appropriate context to South Asians.
- OMH, the CDC, the Health Resources and Services Administration, the National Institute on Mental Health, and state agencies should collect and report disaggregated data by ethnicity, primary language, gender, and country of origin on mental health issues affecting different South Asian communities.

Increase research and culturally appropriate resources concerning reproductive health, sexual health, and HIV/AIDS for South Asians.

- Public and private funders should increase funding to support reproductive health, sexual health, and HIV/AIDS research within the South Asian community.
- Federal, state, and local health agencies should implement collaborative outreach and awareness efforts involving South Asian community-based organizations and religious institutions on these issues in manners consistent with institutional cultures and religious teachings.
- Government health agencies and community-based organizations should develop programs addressing the reproductive health, sexual health, and HIV/AIDS needs of South Asians.
- OMH, the CDC, the Health Resources and Services Administration, and state agencies should collect and disaggregate data by ethnicity, primary language, and country of origin on sexual, reproductive, and HIV/AIDS health issues affecting different South Asian communities.

Promote awareness and services related to LGBTIQ health issues.

- Hospitals and other health care providers should develop programs relating to mental health, sexual health, gynecology, HIV-testing and treatment, safe sex education, and intimate or family abuse grounded in an understanding of the specific needs faced by LGBTIQ South Asians.
- Federal and state public health agencies should implement collaborative outreach and awareness efforts involving South Asian community organizations and religious institutions to combat discrimination against patients based on sexual orientation, gender identity, or gender expression.
- Hospitals and other health care providers should implement trainings for health care service providers around cultural competency and sensitivity when addressing the medical needs of the South Asian LGBTIQ community.
- OMH, the CDC, the Health Resources and Services Administration, and state agencies should collect and disaggregate data by ethnicity, primary language, and country of origin on LGBTIQ health issues affecting different South Asian communities.
- Federal and state health agencies should promote the visibility of South Asian LGBTIQ organizations and develop state-sponsored programs that address the medical needs of this community.

- ⁱ Asian Pacific Islander American Health Forum, *Health Briefs: South Asians in the United States* (2005).
- ⁱⁱ *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*, UCLA Center for Health Policy Research and the Henry J. Kaiser Family Foundation (2000). See also *APIAHF Health Brief: South Asians in the United States*, Asian Pacific Islander American Health Forum (August 2006).
- ⁱⁱⁱ *Estimates of the Unauthorized Immigrant Population Residing in the United States: 1990 to 2000*, U.S. Immigration and Naturalization Service, Office of Policy and Planning.
- ^{iv} *Tobacco and South Asians*, South Asian Network (2003).
- ^v See *supra* note i.
- ^{vi} Ivey, S.L., Khatta M., Vedanthan, R. *Cardiovascular Disease in A Brown Paper: The Health of South Asians in the United States*, South Asian Public Health Association (2002).
- ^{vii} Enas, E.A., *How to Beat the Heart Disease Epidemic Among South Asians*, Coronary Artery Disease among Asian Indians Research Foundation (2005).
- ^{viii} Bhopal, R., Unwin, N., White, M., Yallop, J., Walker, L., Alberti, K.G., Harland, J., Patel, S., Ahmad, N., Turner, C., Watson, B., Kaur, D., Kulkarni, A., & Laker, M. *Heterogeneity of coronary heart disease risk factors in Indian, Pakistani, Bangladeshi, and European origin populations*. British Medical Journal (1999).
- ^{ix} Kieffer E.C., Martin J.A., Herman W.H., *The Impact of Maternal Nativity on the Prevalence of Diabetes During Pregnancy among U.S. Ethnic Groups in Diabetes Care* (1999).
- ^x See *supra* note i.
- ^{xi} In fact, one-half of all Bangladeshis are LEP, while almost one-third of Pakistanis and nearly one-quarter of Indians are LEP. U.S. Census 2000, Summary Files 1 through 4. See also *Demographic Characteristics of South Asians in the United States: Emphasis on Poverty, Gender, Language Ability, and Immigration Status*, South Asian Americans Leading Together (2007).
- ^{xii} Rastogi, M., and Suthakaran, V. *Mental Health in A Brown Paper: The Health of South Asians in the United States*, South Asian Public Health Association (2002).
- ^{xiii} *Id.*
- ^{xiv} *Id.*
- ^{xv} See *supra* note i.
- ^{xvi} Rao, S., Akram, S., Ivey, S., and Bhattacharya B., *A Brown Paper: The Health of South Asians in the United States: Women's Health*, South Asian Public Health Association (2002).
- ^{xvii} Raj, A., Silverman, J. *Intimate Partner Violence against South Asian Women in Greater Boston*, Journal of American Medical Women's Association (2002).
- ^{xviii} See *supra* note xvi.
- ^{xix} *South Asian Women's HIV/AIDS Related Issues: An Exploratory Study of New York City*, Asian & Pacific Islander Coalition on HIV/AIDS, Inc. (2004).
- ^{xx} *Id.*
- ^{xxi} Bhattacharya, G, Health care seeking for HIV/AIDS among South Asians in the United States. *Health & Social Work* (2000).
- ^{xxii} *No More Denial: Giving Visibility to the South Asian LGBTIQ Community in Southern California*, Satrang and South Asian Network (2007).
- ^{xxiii} *Id.*
- ^{xxiv} *Id.*
- ^{xxv} *Id.*
- ^{xxvi} *Id.*