

Asian-Indians in Minnesota

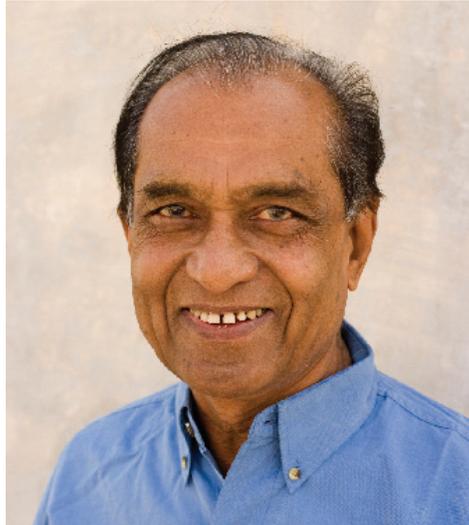
Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

The Asian-Indian population in the U.S. grew from 1,679,000 in 2000 to 2,602,676 in 2009—the highest growth rate for any Asian American community in the country. The U.S. has the second largest population of Asian-Indians outside of India in the world, second to Nepal. This population is the second largest Asian-American ethnic group in the U.S., following Chinese-Americans. The largest Asian-Indian communities are in California, New York, New Jersey, Texas, and Illinois.

Prior to the most recent influx, Asian-Indian immigration to America has taken place in several waves—during the 1700s, the early 1900s, and the 1950s. The elimination of immigration quotas in 1965 prompted increased immigration in the 1970s and 1980s, and with the demand for skilled workers following the technology boom of the 1990s in the U.S., the largest wave of immigrants yet took place between 1995 and 2010. This population has emigrated from India, as well as from Asian-Indian communities in the United Kingdom, Canada, and other Southeast Asian nations.

In Minnesota, according to the 2010 U.S. Census, the Asian-Indian population nearly doubled in the last 10 years, from 16,887 to 33,031. (The population also doubled during the previous decade, from 8,234 in 1990 to 16,887 in 2000.) Though fast-growing, this population represents only 15.4 percent of all Asians in the state, up from 12 percent 10 years ago. Asian-Indians are the second largest Asian community in Minnesota, after the Hmong.^{1,2}



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

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Type 2 diabetes is common in this population due to hypertension and a genetic resistance to insulin.

According to State Demographer Tom Gillaspay, the doubling of the population is a result of Minnesota's demand for high-skilled workers for the high-tech industry and from people moving here to join family members who already live here. "This is not a refugee movement, by and large, this is a job-related, high-tech industry, high-education movement," he says.

More than any other ethnic group in Minnesota, Asian-Indians have settled in the suburbs. Since the last census, Asian-Indian populations have quadrupled in Maple Grove (1,359), tripled in Eden Prairie (2,560), Woodbury (1,500), and Edina (2,500), and doubled in Plymouth (2,335). Nearly 3,000 Asian-Indians live in Minneapolis.³

Social Structure. Although the U.S. Census has used the term Asian-Indian for immigrants who came to America from India, the terms East Indian and South Asian also are commonly used terms.

Asian-Indians tend to be family oriented, well-educated, and upwardly mobile. They assimilate well into American culture, while at the same time, maintaining the culture of their ancestors. They may assimilate more easily than other immigrant groups because English is the official language of India and is widely spoken among professional classes, because Asian-Indians are disproportionately well-educated, and because, like Americans, they come from a democratic society. In addition to speaking English, they also may speak one or more of 20 languages spoken in India, with more than 200 dialects. Language often identifies a person's place of origin.

This population is usually highly educated. They hold five times the national average of master's, doctorate, and other professional degrees. They, and other Asian communities, have the highest educational qualifications of all ethnic groups in the U.S. Like other Asian cultures, Asian-Indians emphasize achievement as a reflection upon the family and community.

Asian-Indians in the U.S. represent diverse cultures, traditions, customs, and languages. Although legally abolished for many years, the caste system still influences social relations in India. The caste system is a hierarchy of four social classes: Brahmins (priest class), Kshatriyas (warrior class), Vaishyas (merchant class), and Sudras (laborer class). Individuals inherit their class from parents and believe that

birth in a particular caste is predetermined by karma from previous lives.

Although a diverse community, the Asian-Indian community in Minnesota is well-established and represented by organizations that support and promote its members. SEWA-AIFW was created in 2004 to serve and promote total family wellness for Asian-Indians in Minnesota. The India Association of Minnesota (IAM) is a nonprofit organization whose aim is to build a strong and cohesive community of Indians in Minnesota.^{4,5,6}

Diet. The cuisine of India is characterized by the use of spices, herbs, vegetables, fruits, and a wide assortment of dishes that varies from region to region. The Indian cuisine reflects the varied demographics of a large, ethnically diverse country. India's religious beliefs and culture, as well as exposure to the foods of Greece, the Middle East, and Asia have influenced its cuisine. Hinduism encourages a vegetarian diet. Staples include rice, whole wheat flour, lentils, peas, and seeds. Indian curries are cooked in peanut, mustard, soybean, or coconut oil. The most frequently used spices are turmeric, chili pepper, black mustard seed, cumin, ginger, coriander, cinnamon, clove, and garlic. Popular spice mixes are garam masala and goda masala. Food is most often eaten using two fingers of the right hand, with bread, such as naan, puri, or roti, to scoop the curry without letting it touch the hands. In southern India, a banana leaf is used as a plate for festive occasions. When hot food is served on banana leaves, it adds a special aroma and flavor to the food. Pan, or beetle leaves, are often chewed after a meal to aid digestion.

Religion. In India, 80.5 percent of the people are Hindus and 13.4 percent are Muslim. Asian-Indians also are Sikh, Jain, Buddhist, Parsis, Christian, Jewish, and Zoroastrian. While Hindus believe in one God, they worship many forms of gods and goddesses in temples or at home, and read from holy scriptures (Vedas, Upanishads, and Gita). The Hindu Temple of Minnesota is the largest Hindu temple in the U.S.

Medical Care. Asian-Indians in the U.S. tend to accept most Western medical practices, including regular exams, screening procedures, transfusions, and surgeries. This population has a high prevalence and risk of coronary artery disease—three times as high as the general U.S.

population. Type 2 diabetes is common among Asian-Indians due to hypertension and a genetic resistance to insulin. Along with Western medical practice, Asian Indians also may practice faith and spiritual healing, as well as yoga to eliminate certain physical and mental illnesses.

Hindus and Sikhs believe that disease is due to karma, the result of one's actions in past lives. They also may attribute illness to body imbalances, which create toxins that can accumulate in weaker areas of the body, resulting in conditions such as arthritis. Some older people use home remedies based on the medicine system Ayurveda (knowledge of life/health), which uses spices and herbs for cold, congestion, and heart problems. Remedies may include turmeric paste as an antiseptic, ginger and lime juice for stomach ache, and buttermilk stored in an iron utensil for anemia.^{4,5,6}

■ End of Life. Hindus and Sikhs believe in reincarnation—the body dies, but the soul is immortal. The father, husband, or other responsible person decides whether to tell the loved one when death is imminent. That person also informs relatives and friends. Asian-Indians prefer death to take place at home, where they can perform religious rituals. Among Hindus and Sikhs, the body is washed by close family members, dressed, and prepared for cremation. Hindus save ashes of the cremated body until they can be scattered into the sacred river Ganges in India. Organ donation and autopsy are unacceptable to many Hindus, Sikhs, and Christians.^{4,5,6}

Sources

¹American Community Survey 2009, American Community Survey, U.S. Census, viewed January 24, 2012

²CIA World Factbook 2010, <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>, viewed January 24, 2012

³Asian Indian numbers in metro surge, Article by: ALLIE SHAH, Star Tribune, <http://www.startribune.com/local/122756984.html>, viewed January 24, 2012

⁴Asian Nation, <http://www.asian-nation.org/demographics.shtml>, viewed June 9, 2010

⁵Indian Health Care Beliefs and Practices, Baylor University, http://bearspace.baylor.edu/Charles_Kemp/www/indian_health.htm, viewed June 11, 2010

⁶*Culture and Clinical Care*, UCSF Nursing Press, University of California School of Nursing, San Francisco, CA, 2005

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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