Attitudes toward Health Care in Indian American Elderly

Vasundhara Kalasapudi MD, Bharati Kochar * MD, Avani Sinha BS,
Mahesh Velama MBBS, Ajar Kochar* MD, Edward Feller, * MD FACP

Background

The Indian American population in the United States recently doubled, with the 2010 census reporting 3.2 million Asian Indians. Indians are amongst the fastest growing ethnic groups in the country. The most rapidly growing age group in America is above 65; it is implicit that the number of elderly Indian Americans in the United States is also rising. However, there is a paucity of data investigating beliefs and attitudes of older Indian Americans. In order to optimally care for a population, providers must be familiar with their historical experiences and current perspectives toward healthcare. We studied a group of Indian American seniors living in New York City to better comprehend their attitudes toward health care.

Methods

After a literature search to identify gaps in knowledge, we designed a guide to assess attitudes toward medical care in the United States. Two leaders and one recorder conducted two focus group discussions in English for Indian American seniors attending centers in Queens, New York. Proceedings were transcribed from a recording.

Results

Demographics: The focus groups had we had twenty three participants, sixteen female and seven male, ranging in age from fifty six to eight six with a mean age of sixty nine. Education level spanned from tenth grade to graduate degrees. Years of immigration from India ranged from 1970 to 1992.

Attitudes toward Healthcare: All participants expressed reliance on a non-allopathic form of medicine such as homeopathy, ayurveda or other herbal home remedies. A majority also utilized allopathic medicine, often as a second line agent. When asked about preventive medicine, responses varied greatly. One participant reported never seeing a doctor. Only six participants believed that it is important to have a primary care doctor and reported seeing a doctor at least annually for preventive health care. There seemed to be a correlation between a family history of chronic or malignant conditions and a propensity to seek preventive health care. Eight participants recalled undergoing at least one form of screening: colonoscopy, mammography or bone densitometry. One participant reported hearing that the radiation involved with screenings was detrimental to health.

Barriers to Healthcare: Participants expressed frustrations with the medical system, especially as it pertains to paperwork. Participants reported feeling discriminated when they had to wait longer than other people that entered the waiting room after them. Communication was a frequently cited barrier. One participant reported going only to Indian doctors to overcome this barrier. Other participants reported that even though they can speak English, they cannot express nuances

in English. Provider gender preference was only expressed for gynecology. Many seniors reported only having Medicare as they did not qualify for Medicaid. Therefore, they felt that they could not easily afford co-pays and post hospitalization rehabilitation services.

Comparisons: When asked to compare their experiences between the Indian and American medical systems, most seniors felt more involved with their medical care in India due to better communication as well physically having their own medical file. However, participants expressed appreciation for universally available emergency medical systems regardless of insurance status in the United States.

Discussion

Behaviors and attitudes from India carry over despite long term residency in America. For example, widespread use of Indian complementary medicine continues decades after immigration. Thus, healthcare providers must ask Indian American seniors about use of alternative medicines. Providers should educate their patients about the risks and benefits of these products, as well as be aware of interactions.

Knowledge and utility of preventive health care were poor amongst this population despite a high level of education. One third reported having received health screenings; however, it was often times a one-time event. In order to increase compliance with preventative measures it will be important for health-care providers to proactively dispel misconceptions such as risks of radiation.

Indians are the second highest earning ethnic group in America; however, cost remained a barrier to healthcare. Communication was cited as a barrier despite our participants being conversational in English. Thus, it is important for providers to inquire about comfort with English especially when discussing complex medical issues. Contrary to well held beliefs, this group did not express a race or gender preference in their primary care providers.

Our findings from this focus group reveal the need for further investigation into the use of complementary and alternative medicines in this population as well as the need to elucidate preventive health seeking behaviors and barriers. Furthermore, education programs regarding preventive health care need to be delivered to patients.

*Alpert Medical School of Brown University, Providence, RI.

Corresponding Author:
Vasundhara Kalasapudi, MD
Executive Director
India Home
PO Box 40263
Glen Oaks, NY 11004
Email: indiahomeusa@gmail.com