



# Attitudes toward Health Care in Indian American Elderly

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## Background

- 2010 census reported 3.2 million Asian Indians, a doubling from the previous census
- Most rapidly growing age group in America is above 65
- Paucity of data about beliefs and attitudes of older Indian Americans
- Providers should be familiar with their patients' historical experiences and current perspectives

## Aim

- To study a group of Indian American seniors living in New York City to comprehend their attitudes toward health care

## Methods

- 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 and interpreted using qualitative data analysis methods

## Results

### Demographics

Participants	Total	Male	Female
	23	7	16
Age group in Years	56 to 86 (Mean = 69)		
Education level	10 <sup>th</sup> Grade to Graduate		
Years of Immigration	1970 to 1992		

### Attitudes toward Healthcare

- ❖ Reliance on non-allopathic forms of medicine, such as homeopathy, ayurveda or other herbal home remedies
- ❖ Majority also utilized allopathic medicine, often as a second line
- ❖ Only six participants believed it is important to have a primary care doctor
- ❖ Correlation between 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

### Barriers to Healthcare

- ❖ Paperwork
- ❖ Discrimination
- ❖ Communication
- ❖ Provider gender preference only for gynecology
- ❖ Affordability: not qualifying for Medicaid

### Comparisons

- ❖ Felt more involved with their medical care in India due to better communication and ability to have the own medical file
- ❖ Appreciated 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
- ❖ Widespread use of Indian complementary medicine continues decades after immigration
- ❖ Knowledge and utility of preventive health care were poor amongst this population despite a high level of education
- ❖ In order to increase compliance with preventative measures, health-care providers need to proactively dispel misconceptions
- ❖ Indians are the highest earning ethnic group in America; yet, cost remained a barrier to healthcare
- ❖ Communication was cited as a barrier despite our participants' command on English
- ❖ No race or gender preference expressed for primary care providers

## Future Research

- Investigating the use of complementary and alternative medicines
- Elucidating barriers to obtaining health care
- Education on preventive health seeking behaviors

## References

1. Chang M, Feller E, Nimmagadda J. Barriers to healthcare access in the Southeast Asian community of Rhode Island. *Med Health RI*, 2009; 92(9): 310-3.
2. Hoeffel EM, Rastogi S, Kim MO, Shahid H. The Asian Population: 2010. US Census Bureau, 2012; 1-23.
3. Menec VH, Shooshtari S, Lambert P. Ethnic differences in self-rated health among older adults: a cross sectional and longitudinal analysis. *J Aging Health*, 2007; 19: 62-86.
4. Ruff CC, Alexander IM, McKie C. The use of focus group methodology in health disparities research. *Nurs Outlook* 2005; 53(3): 134-40.

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## For further information

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