

ELDERLY INDIAN-AMERICANS' ATTITUDES TOWARD AMERICAN HEALTHCARE

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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 years
- 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 understand their attitudes toward health care

Methods

- Designed a guide to assess attitudes toward medical care
- Categories of interest: perceptions of medical care, quality of care, screenings and perceptions of healthcare in America
- Conducted 2 focus group discussions in English for Indian American seniors attending centers in Queens, New York.
- Interpreted using qualitative data analysis methods

Results

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

Attitudes Towards Healthcare

- Reliance on non-allopathic forms of medicine, such as homeopathy, Ayurveda or herbal home remedies
- Majority utilized allopathic medicine, but often as a second line
- Only 6 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
- ❖ 35% (8) recalled undergoing at least one form of screening

Barriers to Healthcare

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

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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