

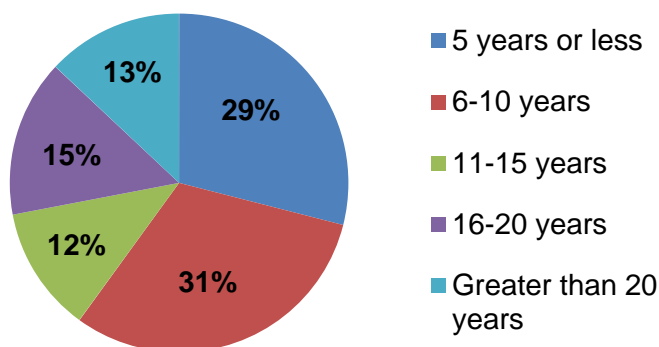
Bangladeshi CHRNA (Community Health Resources and Needs Assessment)

Between 2014 and 2015, the Center for the Study of Asian American Health collected 159 surveys in the Bangladeshi community in NYC in partnership with community groups. The NYC Bangladeshi community is focused in Queens (62%), with smaller populations in Brooklyn (20%) and the Bronx (14%)¹. The 2010 Census counted 61,718 Bangladeshis in the NY Metro Area and the population has grown 119% from 2000 to 2010. CHRNA survey findings indicate that the majority (98%) of Bangladeshi respondents were foreign-born.

DEMOGRAPHIC INFORMATION

About 60% of foreign-born Bangladeshi CHRNA respondents have lived in the U.S. for 10 years or less. Family reasons and economic opportunities were the top reasons for coming to the U.S.

Years Living in the U.S.



LOW ENGLISH LANGUAGE PROFICIENCY

- An overwhelming majority (75%) speak English less than “very well”
- 35% speak English “not well” or “not at all”
- Among these respondents, 75% have someone over the age of 14 in their household who can speak English

EDUCATION

- 47% have a high school education or less
- 16% have some college education
- 37% are college graduates



CHRNA BANGLADESHI RESPONDENTS were...

66%

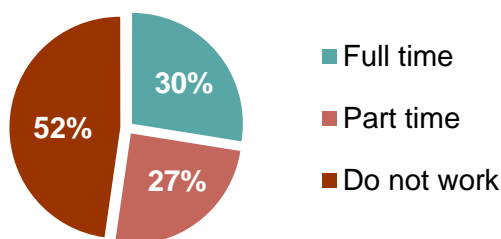


34%



EMPLOYMENT

Over **96%** of participants were working-age adults between 18 to 64 years old.



Of those who do not work, 70% reported they were homemakers

LOW INCOME

- 36% of survey respondents reported less than \$25,000 in annual household income
- 26% reported an annual household income between \$25,000 and \$55,000
- Only 11% have an annual household income greater than \$55,000
- 6% did not answer the question

WORKING HOURS

Among Bangladeshi respondents who work:

- 38% work < 34 hours per week
- 43% work 35-40 hours per week
- 15% work ≥ 40 hours per week

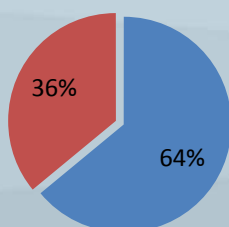
GENERAL HEALTH

PERCEIVED HEALTH STATUS

Bangladeshi respondents were asked to rate their health status:

64% describe their health status as **GOOD, VERY GOOD, or EXCELLENT**

36% rated their health as **FAIR or POOR**

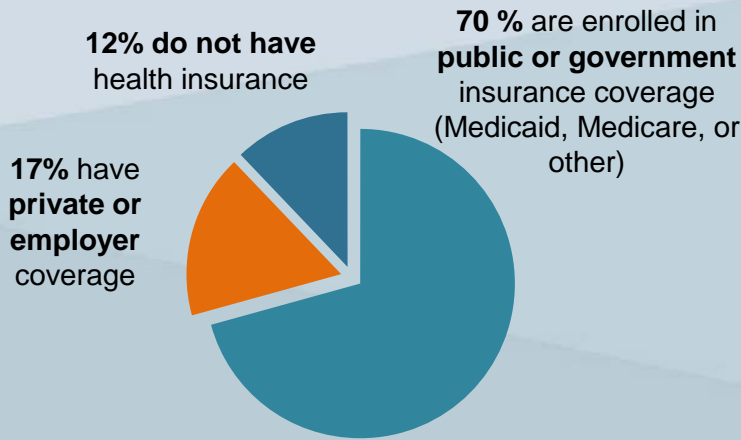


DID YOU KNOW?

The top health concerns among Bangladeshi respondents were:

- ✓ **Cardiovascular disease (53%)**
- ✓ **Headache (24%)**
- ✓ **Pain (23%)**

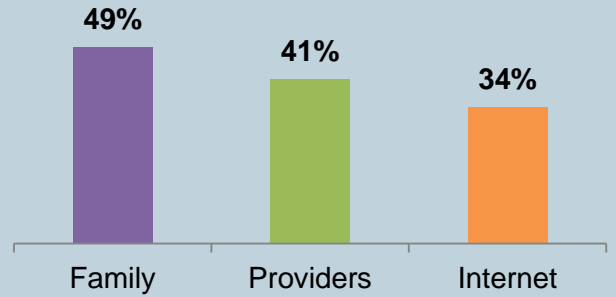
HEALTH INSURANCE COVERAGE



HEALTH CARE ACCESS

HEALTH INFORMATION

The Bangladeshi CHRNA respondents get their health information and hear about services primarily from:



ROUTINE CHECKUPS

VS.



MEDICAL EMERGENCY

27% of respondents visit the ER for medical attention when sick or injured

- 80% saw a health care provider for a routine physical checkup in the past year, in comparison to 88% of all New Yorkers²
- 4% of respondents have never had a check-up
- 51% see a private doctor when sick or injured
- 3% visit a hospital based clinic when sick or injured

HEALTH CARE PROVIDERS

- 4% do not have a regular health care provider
- Among those with a regular provider:
 - 16% reported they did not have a provider who speaks a language they can comfortably communicate
 - 21% did not understand everything their doctor discussed with them during their last visit.



BARRIERS TO HEALTH CARE

Did You Know?

Nearly 20% of CHRNA Bangladeshi respondents reported difficulty obtaining necessary medical care, tests, or treatments in the last year. Reasons given were because of **cost** (16%) or because they could not take **time off from work** (16%).

OVERWEIGHT/OBESITY

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. According to standard BMI measurements, about 40% of Bangladeshi respondents are overweight, with 16% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese²

- When using **Asian BMI** standards, the proportions of overweight and obese Bangladeshi respondents shift to 49% and 30%, respectively

HEALTH PROFILE

ACCESS TO HEALTHY FOOD

- About 14% of CHRNA Bangladeshi respondents “sometimes” worry about having enough money to buy nutritious meals
- 33% reported that their homes are a 10-minute-walk or more away from a place to buy fresh fruits and vegetables.



PHYSICAL ACTIVITY

Sedentary lifestyle is related to many chronic diseases such as obesity, diabetes, heart diseases, and depression.



- **34%** of Bangladeshi CHRNA respondents **DO NOT** engage in **any** weekly physical activity, compared to 26% of New Yorkers overall²
- About **35%** engage in **sufficient weekly physical activity**, compared to 67% of New Yorkers.² Sufficient physical activity means spending >150 minutes per week engaging in moderate physical activity, > 75 minutes a week engaging in vigorous physical activity, or a combination of both.

ORAL HEALTH IS ONE OF THE TOP HEALTH CONCERNS

49% of Bangladeshi respondents rate their oral health as “POOR” or “FAIR”

MENTAL HEALTH STATUS: UNMET NEED

A depression and anxiety screening was used to determine how respondents would describe their feelings in the past 2 weeks:

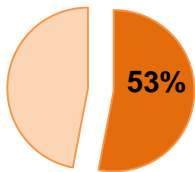
14% of respondents were at risk for depression

- From this at-risk group, about 47% are considered to have “mild” depression
- About 26% are considered to have “moderate” depression
- However, 60% of respondents said they had never been screened for depression

15% of respondents were at risk for anxiety

RISK FOR CARDIOVASCULAR DISEASES

High cholesterol levels and high blood pressure are risk factors of cardiovascular diseases (CVD), which can lead to heart disease and stroke.



53% of respondents said CVD is a **major concern** for themselves or for their families

- 74% of CHRNA Bangladeshi respondents received a checkup or screening for cholesterol in the last year
- **29%** were told they have **high cholesterol**. In comparison, 30% of New Yorkers were told the same thing by their physicians²
 - 69% of respondents with high cholesterol are currently taking medications for high cholesterol
- 80% of Bangladeshi CHRNA respondents received a checkup or screening for blood pressure in the last year
- **20%** were told they have **high blood pressure**, while 29% of New Yorkers were told the same thing by their physicians²
 - 66% of respondents with high blood pressure are currently taking medications for high blood pressure

Did You Know?

Only 20% of male Bangladeshi CHRNA respondents 50+ years have ever received a prostate exam.

INCREASED RISK OF DIABETES

Frequent blood sugar level screenings are important to preventing and controlling diabetes

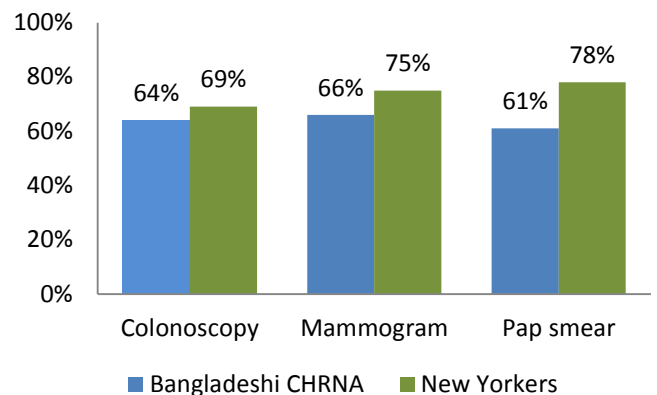
- 73% have received a check-up or screening for blood glucose in the past year
- About **21%** were told by a health care provider that they have **diabetes**, more than the 11% of New Yorkers told the same thing²
- About 77% of respondents with diabetes are currently taking medications prescribed by a health care provider

HEPATITIS B

Asian Americans are at higher risk for Hepatitis B, but many who are infected do not know it.³

- **28%** of respondents have **never** been screened for hepatitis B
- Of those that have been screened, 3% have the infection
- 50% of respondents who have ever had hepatitis B have taken medications prescribed by a health care provider

LOW CANCER SCREENING RATES



- Only **64%** of Bangladeshi respondents 50+ years old have received a colonoscopy, while **69%** of New Yorkers 50+ years old received a colonoscopy in the past 10 years⁶
- Approximately **54%** of female Bangladeshi respondents 21+ years have had a clinical breast exam.
- **66%** of female respondents 40+ years have had a mammogram in the past 2 years, as compared to **75%** of New York women⁶
- **61%** of female Bangladeshi CHRNA respondents have had a pap smear in the past 3 years, as compared to **78%** of New York women⁵

SMOKING



- **11% of Bangladeshi CHRNA respondents are current smokers**
- One-third of participants have used other tobacco products, such as paan
- **30% of men are current smokers**, compared to 20% of male New Yorkers²
- 2% of women surveyed are current smokers; in comparison, 13% of New York women are current smokers²

DISCRIMINATION

Bangladeshi CHRNA respondents were asked about facing discrimination in their day-to-day activities.

- 16% reported being treated with less respect than other people a few times a year or more
- 19% reported being treated with less courtesy than other people a few times a year or more
- 16% reported being called names and insulted a few times a year or more
- 7% reported they were physically or verbally abused or their property was damaged because of their race or ethnicity

TUBERCULOSIS

Approximately 63% of respondents have previously had a tuberculosis (TB) test.

- 3% were told by a health care provider that they have the TB infection

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Bangladeshi CHRNA respondents reported using various types of complementary and alternative medicine (CAMs) in the past 12 months to maintain health or treat a health condition

- 11% have used herbal medicine
- 26% have used home remedies
- 20% have used other CAMs such as massage therapy and yoga

SOCIAL ENVIRONMENT

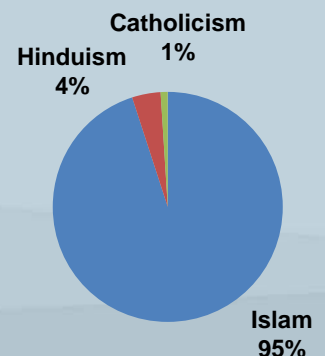
NEIGHBORHOOD



- 83% of Bangladeshi CHRNA respondents believe people in their neighborhood are **trustful**
- 85% believe people in their neighborhood **get along well together**
- 83% believe that their neighbors **look out for each other**
- 85% believe their neighbors would **offer assistance** in the event of the emergency

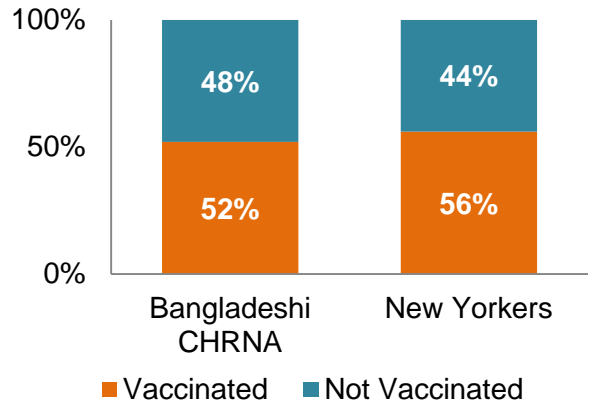
RELIGIOSITY

- Among religious Bangladeshi CHRNA respondents, 49% go to their house of worship at least once a week
- 81% pray at least once a day



SEASONAL FLU VACCINE

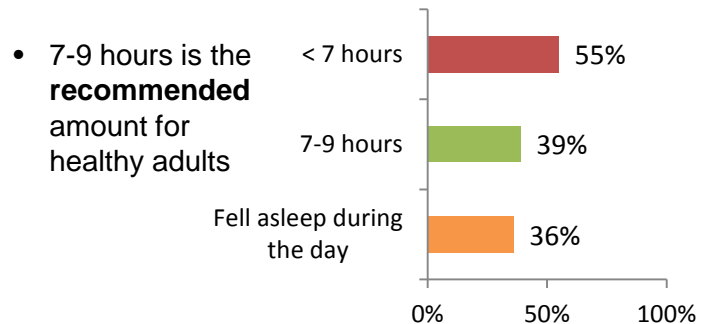
- About **52%** of Bangladeshi CHRNA respondents received the flu vaccine in the past year, on par with the 56% of all New Yorkers²



NOT MEETING SLEEP RECOMMENDATIONS

Sleep supports healthy brain function to ensure good mental and physical health. A lack of adequate sleep can impact how well a person thinks, works, learns, or gets along with others⁴

Only 39% of Bangladeshi respondents reported getting the recommended number of hours of sleep.



- 36% of respondents reported **unintentionally falling asleep** during the day
- 10% reported taking sleeping pills, other drugs, or alcohol to help them sleep

CONCLUSION

The Bangladeshi CHRNA results are aligned with the public health literature which indicates that significant health disparities exist in Asian American subgroups. Low levels of English language proficiency and high rates of poverty were noted in the Bangladeshi community. Rates of certain types of health screenings for cervical cancer and hepatitis B were relatively low in the Bangladeshi population surveyed compared to New Yorkers in general. Additionally, the results showed high rates of diabetes in the Bangladeshi population surveyed compared to New Yorkers.

Health Promotion

Developing community-based health promotion and preventive healthcare (such as screening activities) in partnerships with Bangladeshi-serving community-based organizations is essential to improving the health and well-being of the Bangladeshi community.

Citations:

1. Asian American Federation, "Asian Americans in NYC, April 2013"
2. New York City comparison data derived from the New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2013 NYC Community Health Survey data at <http://on.nyc.gov/1Cf1RA4>.
3. Center for Disease Control and Prevention. "Asian Americans and Hepatitis B" CDC Features. <http://www.cdc.gov/features/aapihepatitisb/>
4. National Institute of Health. "Why Is Sleep Important?" NHLBI, NIH. <http://1.usa.gov/1zdBlfa>.
- 5 New York City comparison data derived from New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2010 Survey Trends data at <http://on.nyc.gov/1AnvDsL>
6. New York City comparison data derived from New York City Department of Health and Mental Hygiene's EpiQuery: NYC Interactive Health, 2012 Survey Trends data at <http://on.nyc.gov/1AnvDsL>

This study was supported by P60MD000538 from the National Institutes of Health-National Institute on Minority Health and Health Disparities



NYU CENTER FOR THE STUDY OF
ASIAN AMERICAN HEALTH

med.nyu.edu/asian-health

The mission of the NYU Center for the Study of Asian American Health (CSAAH) is to identify health priorities and reduce health disparities in the Asian American community through research, training and partnership.



Arab-American Family Support Center
المركز العربي الأمريكي للخدمات الاجتماعية

Muslims
for Peace



Bangladeshi American
Community Development & Youth Services



chhaya CDC

Sustaining Homes
Strengthening Communities



For more information about this project, please
contact:

Catlin Rideout, MPH
Program Manager
Center for the Study of Asian American Health
catlin.rideout@nyumc.org
212-263-7869



ICNA
ISLAMIC CIRCLE
of NORTH AMERICA

