

Himalayan CHRNA

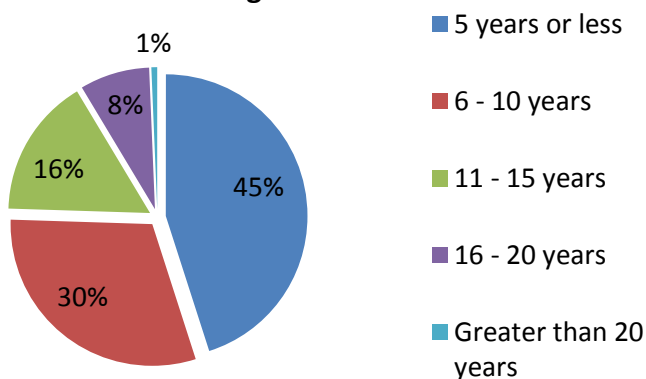
(Community Health Resources and Needs Assessment)

Between November 2013 and August 2014, the Center for the Study of Asian American Health (CSAAH) collected 156 surveys in the Himalayan community in New York City in partnership with community groups including Adhikaar, United Sherpa Association, Tibetan Dege Society, and Mustang Kyidug. The Himalayan community in NYC is ethnically diverse and includes many different castes and subgroups which include: Brahmin and Chettris, and Adivasi Janajati (indigenous nationalities), which includes subgroups who have historically spoken Tibeto-Burman languages and were not originally part of the dominant Hindu caste system. The majority of surveyed individuals were from Nepal or Tibet.

DEMOGRAPHIC INFORMATION

AN EMERGING COMMUNITY: 100% of survey respondents were born outside the U.S. The average number of years in the U.S. was 7.

Years Living in the U.S.



LOW ENGLISH LANGUAGE PROFICIENCY

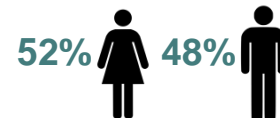
- An overwhelming majority (87%) speak English less than “very well”
- 39% speak English “not well” or “not at all”

EDUCATION

- 51% have less than a high school education
- 17% have some college education
- 19% are college graduates

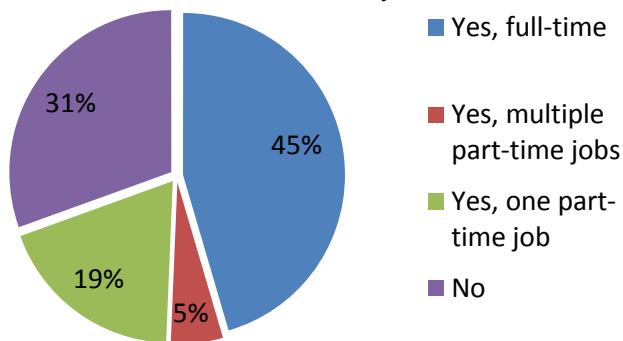


CHRNA HIMALAYAN RESPONDENTS were...



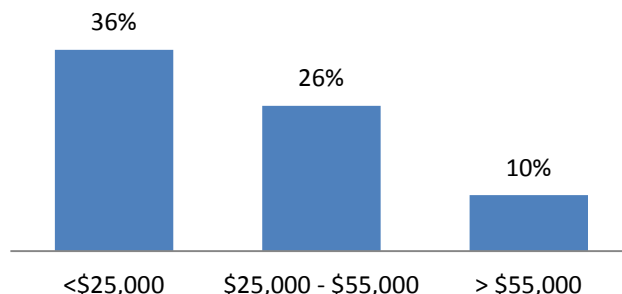
EMPLOYMENT

Over **90%** of participants were working-age adults between 18 to 64 years old.



Of the respondents who do not work, 31% reported they are unable to work.

LOW INCOME



LONG WORKING HOURS

Among Himalayan respondents who work:

- 28% work < 34 hours per week
- 36% work 35-40 hours per week
- 36% work ≥ 40 hours per week

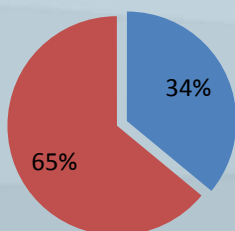
GENERAL HEALTH

PERCEIVED HEALTH STATUS

Himalayan respondents were asked to rate their health status:

65% describe their health status As **GOOD, VERY GOOD, or EXCELLENT**

34% rated their health as **FAIR or POOR**



DID YOU KNOW?

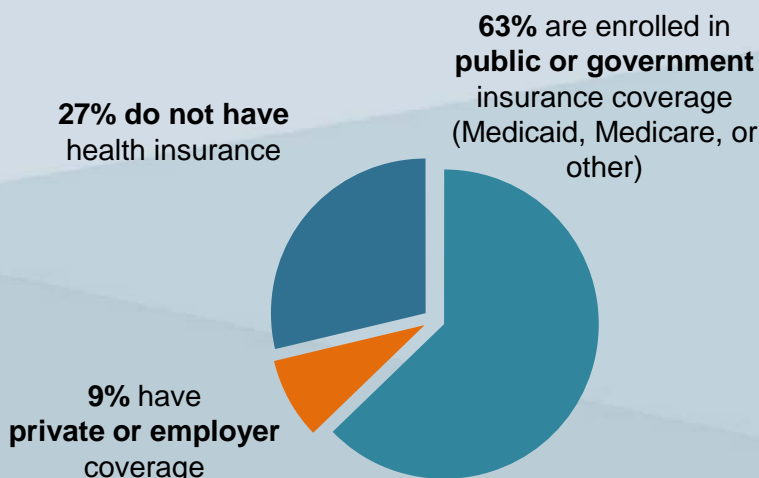
The top health concerns among Himalayan respondents were:

- ✓ **Headache (33%)**
- ✓ **Oral or dental health (26%)**
- ✓ **Cardiovascular disease (25%)**

HEALTH CARE ACCESS

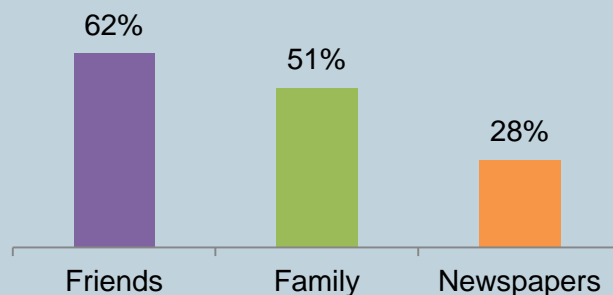
HEALTH INSURANCE COVERAGE

Of the Himalayan respondents:



HEALTH INFORMATION

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



HEALTH CARE PROVIDERS

- Nearly **14%** do not have a **regular health care provider**.

Among those with a regular provider:

- 14%** to some extent feel that **their doctor looks down on them** and the way they live their life
- 52%** did not understand everything **their doctor discussed** with them during their last visit



ROUTINE CHECKUPS

VS.



MEDICAL EMERGENCY

30% of respondents visit the ER when they become sick or injured

- 43%** see a **private doctor** when sick or injured
- 77%** saw a health care provider for a **routine physical checkup** in the past year, which is below 88% of all New Yorkers overall²
- 9% of respondents have never had a check-up

BARRIERS TO HEALTH CARE

Did You Know?

Of the **7%** of Himalayan respondents reporting difficulty obtaining necessary medical care, tests, or treatments in the last year, reasons were because of **cost (57%)** or because they could not take **time off from work (29%)**.

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 half of Himalayan respondents are overweight, with 11% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese.²

When using Asian BMI standards, the proportions of overweight and obese Himalayan respondents shift to 47% and 29%, respectively.

HEALTH PROFILE

ACCESS TO HEALTHY FOOD

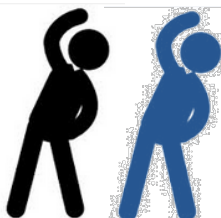


- About **17%** of survey respondents "sometimes" **worry about having enough money to buy nutritious meals**
- 23% reported that their homes are a 10-minute-walk or more away from a place to buy fresh fruits and vegetables

PHYSICAL ACTIVITY

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

- 40%** of Himalayan respondents **DO NOT** engage in **any** weekly physical activity compared to 26% of New Yorkers overall²
- About **42%** engage in **sufficient weekly physical activity** compared to 26% of New Yorkers overall². 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 2ND TOP HEALTH CONCERN

A majority (60%) of Himalayan respondents rate their oral health as “POOR” or “FAIR”

MENTAL HEALTH STATUS: UNMET NEED

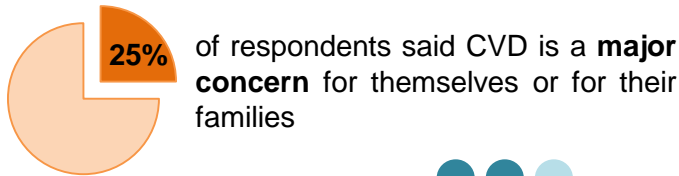
A depression screening was used to determine how respondents would describe their feelings in the past 2 weeks:

9% of respondents may potentially benefit from mental health services, and 6% did not answer the depression risk questions

- From this at-risk group, about 25% are considered to have “moderate” depression
- 8% are considered to have “moderately severe” depression
- However, 100% of respondents said they had never been screened for depression

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.



- Over **two-thirds** received a checkup or screening for cholesterol, 55% in the last year
- **16%** were told they have high cholesterol. In comparison, 30% of New Yorkers were told the same thing by their physicians²
 - 44% of respondents with high cholesterol are currently taking medications for high cholesterol
- **90%** of Himalayans surveyed received a checkup or screening for blood pressure. 80% had their blood pressure checked in the last year
- **29%** were told they have high blood pressure. Similarly, 29% of New Yorkers were told the same thing by their physicians²
 - 74% of respondents with high blood pressure are currently taking medications for high blood pressure

Did You Know?

Only 42% — **less than half** — of male Himalayan CHRNA respondents 50+ years have ever received a **prostate exam**.

DIABETES

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

- **60%** have previously received a check-up or screening for blood glucose in the past year
- About 6% were told by a health care provider that they have diabetes, less than the 11% of New Yorkers told the same thing²
- About 78% of respondents with diabetes are currently taking medications prescribed by a health care provider

OSTEOPOROSIS

Two risk factors that increase risk of osteoporosis in later life are:

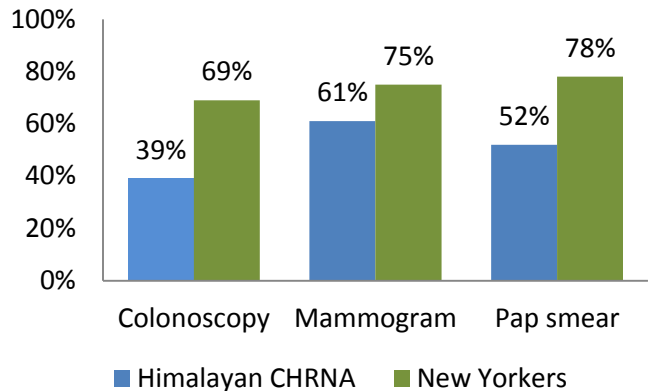
1. Being of Asian descent
2. Being female



Early screenings and intervention help to prevent negative health outcomes such as arthritis and joint injuries.

- **50%** of female Himalayan participants 65+ years have **never received a checkup or screening for bone mineral density**

LOW CANCER SCREENING RATES



- Only **39%** of Himalayan 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 **62%** of female Himalayan respondents 21+ years have had a clinical breast exam
- **61%** of female respondents 40+ years have had a mammogram in the past 2 years, as compared to **75%** of New York women⁶
- **52%** of Himalayan women surveyed have had a pap smear in the past 3 years, as compared to **78%** of New York women⁵

SMOKING



- **12% of Himalayan respondents are current smokers**
- One-third of participants have used other tobacco products, such as pan
- 21% of men are current smokers; this rate is on par with that of current male smokers in New York (at 20%)²
- 4% of women surveyed are current smokers; in comparison, 13% of New York women are current smokers²

ALCOHOL

- Nearly half of all respondents are current drinkers
- About **14%** of all respondents have consumed 5 or more drinks in one sitting at least once in the past 30 days, which is considered **binge drinking**
- In comparison, 18% of New Yorkers have had 5 or more drinks in one sitting at least once in the past 30 days.²

TUBERCULOSIS

Approximately 80% of respondents have previously had a tuberculosis (TB) test.

- 7% were told by a health care provider that they have a TB infection
- 13% of respondents who have ever had TB have taken medications prescribed by a health care provider

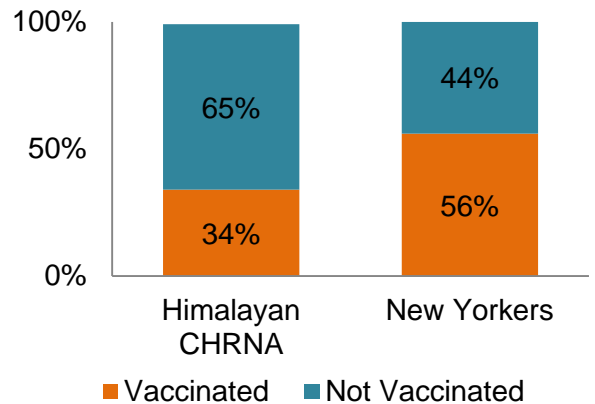
HEPATITIS B

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

- 72% of respondents have previously been screened for hepatitis B
- About 2% have the infection

SEASONAL FLU VACCINE

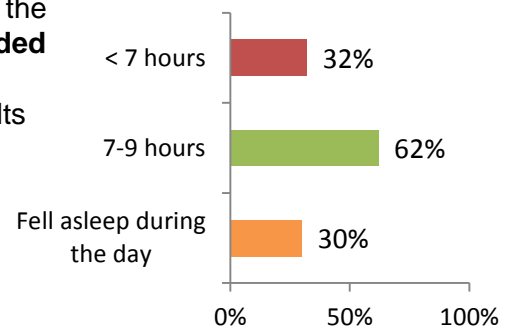
- Only about **one-third** of Himalayan respondents received the flu vaccine in the past year, compared to **over half** of all New Yorkers²



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 others.⁴ Only 62% of Himalayan respondents reported getting the recommended number of hours of sleep.

- 7-9 hours is the **recommended** amount for healthy adults



- 30% of respondents reported **unintentionally falling asleep** during the day

SOCIAL ENVIRONMENT

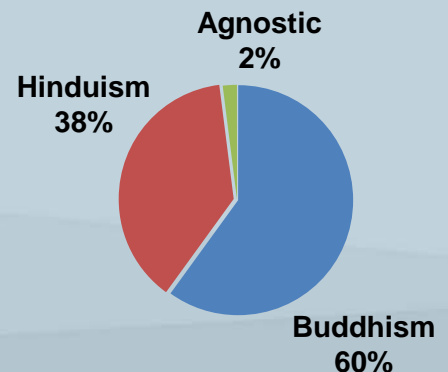
NEIGHBORHOOD



- 65% of Himalayan CHRNA respondents believe people in their neighborhood are **trustful**
- 66% believe people in their neighborhood **get along well together**
- 55% believe their neighbors **look out for each other**
- 60% believe that their neighbors would **offer assistance in the event of an emergency**

RELIGIOSITY

- Among religious Himalayan respondents, 44% attend religious services or worship at least once a week
- 67% pray at least once a day



CONCLUSION

The Himalayan 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 Himalayan community. Rates of certain types of health screening for cervical cancer and oral/dental health were relatively low in the Himalayan population surveyed compared to New Yorkers in general.

Health Promotion

Developing community-based health promotion and preventive healthcare (such as screening activities) in partnerships with Himalayan-serving community-based organizations is essential to improving the health and well-being of the Himalayan 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/1Cf1RAAt>.
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>

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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.



For more information about this project, please contact:

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