

# Indo-Caribbean CHRNA

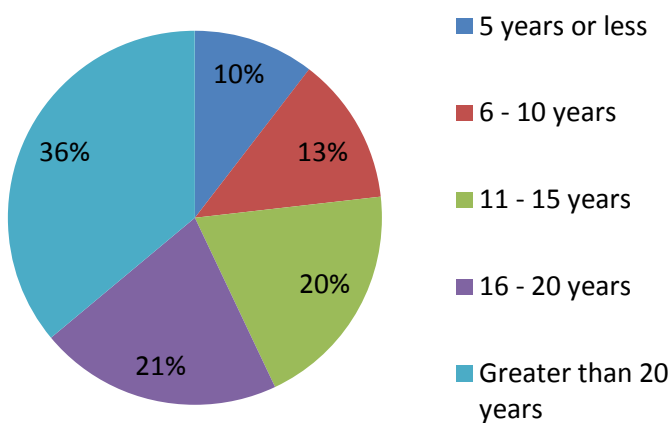
## (Community Health Resources and Needs Assessment)

Between 2013 and 2015, the Center for the Study of Asian American Health (CSAAH), in partnership with Indo-Caribbean Alliance and Richmond Hill Economic Development Council, collected 105 surveys in the Indo-Caribbean community in New York City. The Indo-Caribbean population is largely focused in Queens. The size of the Indo-Caribbean community is uncertain as the US Census does not include a category for Indo-Caribbean. The 2015 American Community Survey for New York City counts 141,600 residents from Guyana and 85,090 from Trinidad and Tobago. CHRNA survey findings indicate that the majority (90%) of Indo-Caribbean respondents were foreign-born, 83% of whom were born in Guyana and 13% born in Trinidad. Among the immigrants, over 35% have lived in the U.S. for longer than 20 years.

### DEMOGRAPHIC INFORMATION

A majority of foreign-born Indo-Caribbean CHRNA respondents have lived in U.S. for more than two decades. Economic opportunities and family were the top reasons for coming to the U.S.

#### Years Living in the U.S.



#### HIGH ENGLISH LANGUAGE PROFICIENCY

- An overwhelming majority (75%) speak English "very well"
- Only 4% speak English "not well" or "not at all"

#### EDUCATION

- 31% have less than a high school education
- 29% are high school graduates
- 11% have some college/technical education
- 31% have a college education

INDO-CARIBBEAN CHRNA RESPONDENTS were... **57%**  **43%** 

#### INCOME

- 33% of survey respondents reported less than \$25,000 in annual household income
- 15% reported an annual household income between \$25,000 and \$55,000
- 28% have an annual household income greater than \$55,000
- 24% did not know or declined to answer the question

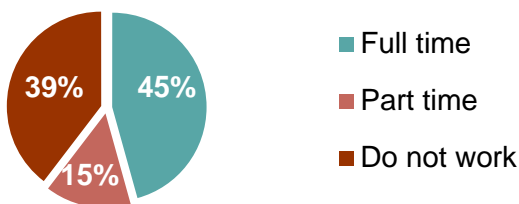
#### WORKING HOURS

Among Indo-Caribbean respondents who work:

- 16% work < 34 hours per week
- 58% work 35-40 hours per week
- 26% work ≥ 40 hours per week

#### EMPLOYMENT

81% of participants were working-age adults between 18 to 64 years old.



Of the respondents who do not work, 12% are retired and 10% are a homemaker.

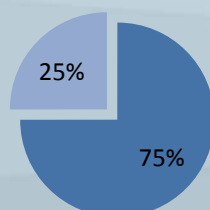
### GENERAL HEALTH

#### PERCEIVED HEALTH STATUS

Indo-Caribbean CHNRA respondents were asked to rate their health status:

**75%** described their health status as **GOOD, VERY GOOD, or EXCELLENT**

**25%** rated their health as **FAIR or POOR**



#### DID YOU KNOW?

The top health concerns among Indo-Caribbean CHRNA respondents were:

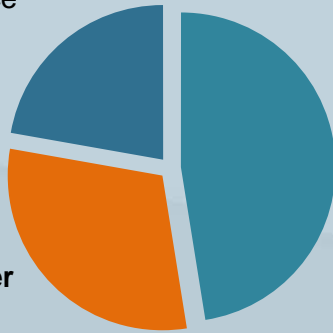
- ✓ **Cardiovascular disease (65%)**
- ✓ **Cancer (28%)**
- ✓ **Diet or nutrition (23%)**

## HEALTH CARE ACCESS

### HEALTH INSURANCE COVERAGE

22% do not have health insurance

47% are enrolled in public or government insurance coverage



30% have private or employer coverage



#### ROUTINE CHECKUPS



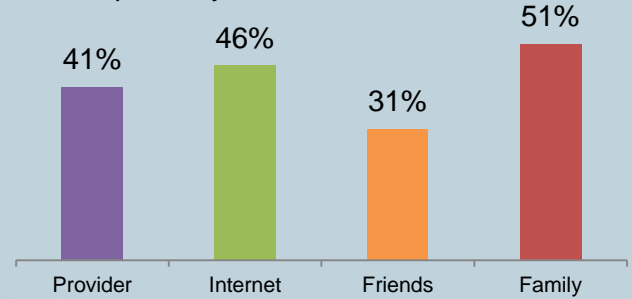
- 79% saw a health care provider for a routine physical checkup in the past year, which is below 88% of all New Yorkers overall<sup>2</sup>

When Indo-Caribbean CHRNA respondents feel sick or become injured:

- 39% see a private doctor or healthcare provider
- 20% go to a hospital emergency room
- 27% take medicine without medical consultation

### HEALTH INFORMATION

The Indo-Caribbean CHRNA respondents get their health information and hear about services primarily from:



### HEALTH CARE PROVIDERS

- 1 out of 10 do not have a regular health care provider.

Among those with a regular provider:

- 17% to some extent feel that their doctor looks down on them and the way they live their life
- 40% did not understand "everything" their doctor discussed with them during their last visit

### BARRIERS TO HEALTH CARE

23% of Indo-Caribbean CHRNA respondents reporting difficulty obtaining necessary medical care, tests, or treatments in the last year. Reasons given were because of cost (50%), problems with insurance (19%), or couldn't take time off work (13%).

### 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 45% of Indo-Caribbean respondents are overweight, with 21% registering as obese. In comparison, 33% of New Yorkers are overweight and 23% are obese.<sup>2</sup>

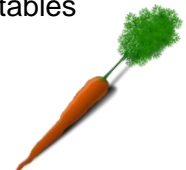
When using Asian BMI standards, the proportions of overweight and obese Indo-Caribbean respondents shift to 44% and 39%, respectively.



## HEALTH PROFILE

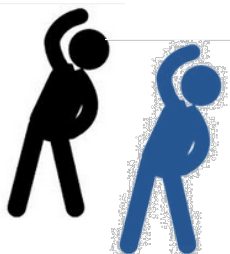
### ACCESS TO HEALTHY FOOD

- About 18% of Indo-Caribbean CHRNA respondents "always" or "usually" worry about having enough money to buy nutritious meals
- 35% 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.



- 20% of Indo-Caribbean respondents DO NOT engage in any weekly physical activity, compared to 26% of New Yorkers overall<sup>2</sup>
- About 58% engage in sufficient weekly physical activity, compared to 67% of New Yorkers.<sup>2</sup> 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

- 30% of Indo-Caribbean respondents rate their oral health as “POOR” or “FAIR”
- Only 62% have received an oral/dental health check-up in the past year

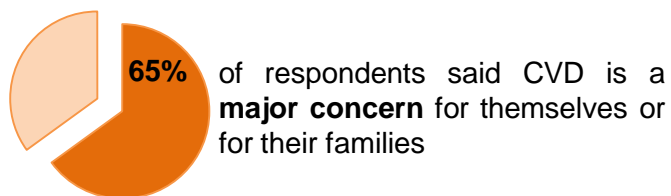
## MENTAL HEALTH STATUS

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

- **23% of respondents are at risk for depression**
- 16% are at risk for anxiety
- 4% have been diagnosed with depression or other mental health condition
- However, 45% of respondents have never been screened for depression or other mental health conditions

## 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.



- **86%** received a checkup or screening for **cholesterol**, 69% in the last year
- **41%** were told they have **high cholesterol** compared to 30% of New Yorkers<sup>2</sup>
  - 63% of respondents with high cholesterol are currently taking medications for high cholesterol
- **93%** of Indo-Caribbeans surveyed received a checkup or screening for **blood pressure** 74% had their blood pressure checked in the last year
- **28%** were told they have **high blood pressure**, while 29% of New Yorkers were told the same thing by their physicians<sup>2</sup>
  - 97% of respondents with high blood pressure are currently taking medications for high blood pressure

## INCREASED RISK OF DIABETES

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

- **73%** have previously received a check-up or screening for **blood glucose** in the past year
- **24%** were told by a health care provider that they **have diabetes**, higher than the 11% of New Yorkers told the same thing<sup>2</sup>
  - 83% 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:

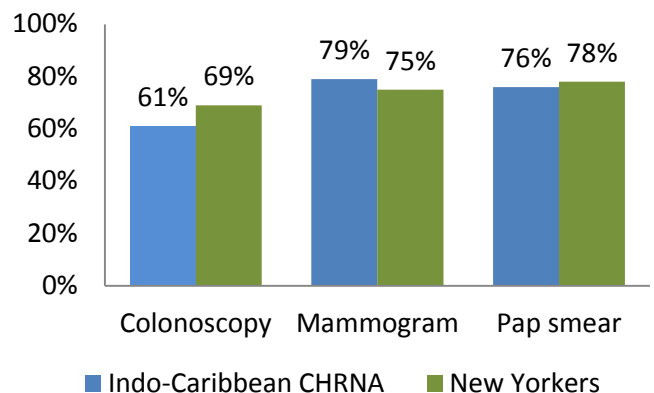
1. Being of Asian descent
2. Being female



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

- 22% of female Indo-Caribbean CHRNA respondents 65+ years have **never received a checkup or screening** for bone mineral density

## COMPARISON OF CANCER SCREENING RATES



- **61%** of Indo-Caribbean CHRNA respondents 50+ years old have received a **colonoscopy**, while 69% of New Yorkers 50+ years old received a colonoscopy in the past 10 years<sup>6</sup>
- Approximately **72%** of female Indo-Caribbean CHRNA respondents 21+ years have had a **clinical breast exam**
- **79%** of female respondents 40+ years have had a **mammogram** in the past 2 years, as compared to 75% of New York women<sup>6</sup>
- **76%** of female Indo-Caribbean CHRNA respondents have had a **pap smear** in the past 3 years, as compared to **78%** of New York women<sup>5</sup>
- Only 41% — **less than half** — of male Indo-Caribbean CHRNA respondents 50+ years have ever received a **prostate exam**

## SMOKING



**12% of Indo-Caribbean CHRNA respondents are current smokers, compared to 16% of New Yorkers\***

## ALCOHOL

- About half of all respondents are **current drinkers**
  - Among them, 58% have 1 or 2 drinks on the days they drink
- **42%** of current drinkers have consumed 5 or more drinks 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 at least once in the past 30 days<sup>2</sup>

## TUBERCULOSIS

Approximately three quarters of respondents have previously had a tuberculosis (TB) test.

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

## HEPATITIS B

Asian Americans are at higher risk for Hepatitis B, but many who are infected do not know it <sup>3</sup>

- 71% of respondents have previously been screened for hepatitis B
- 2% of all participants have been diagnosed

## SEASONAL FLU VACCINE

- 47% of Indo-Caribbean CHRNA respondents received the flu vaccine in the past year, which is less than the **56%** of all New Yorkers<sup>2</sup>

## COMPLEMENTARY AND ALTERNATIVE MEDICINE

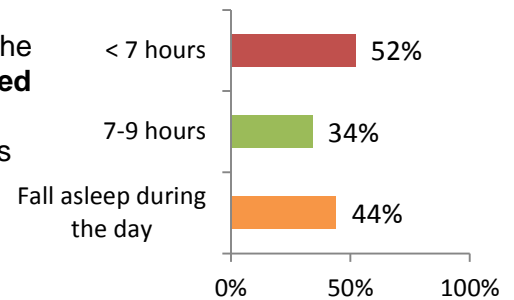
Indo-Caribbean CHRNA respondents reported using various types of complementary and alternative medicine to maintain health or treat a health condition

- 27% have used herbal medicine
- 30% have used home remedies
- 41% have used other CAMs, such as prayer, massage, and yoga

## 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.<sup>4</sup> Only 34% of Indo-Caribbean respondents reported getting the recommended number of hours of sleep.

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



- 66% of respondents self reported that they did not get enough rest or sleep at least once in the past 30 days
- 10% reported taking sleeping pills, other drugs, or alcohol to help them sleep

## NEIGHBORHOOD

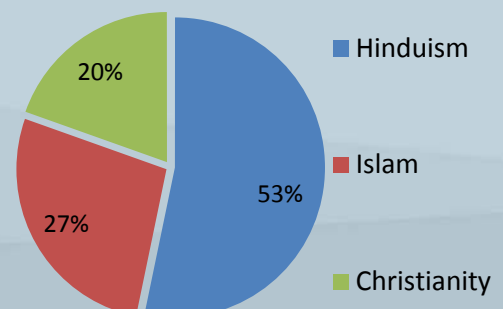


- **77%** of Indo-Caribbean CHRNA Respondents believe people in their neighborhood **are trustful**
- **78%** believe people in their neighborhood **get along well together**
- **76%** believe their neighbors **look out for each other**
- **86%** believe that their neighbors **would offer assistance in the event of an emergency**
- **11%** have been verbally or physically abused, or have had property damaged specifically because of race or ethnicity

## SOCIAL ENVIRONMENT

### RELIGIOSITY

- Among religious Indo-Caribbean respondents, 39% worship at least once a week
- 64% pray at least once a day



## CONCLUSION

The Indo-Caribbean CHRNA results are aligned with the public health literature which indicates that significant health disparities exist in Asian American subgroups. The results showed high rates of diabetes in the Indo-Caribbean population surveyed compared to New Yorkers, and high rates of cardiovascular disease related risk factors, such as high cholesterol. Cardiovascular disease was identified as the top health concern among respondents. Indo-Caribbean respondents also had high rates of overweight and obesity, low rates of meeting physical-activity guidelines, and high rates of binge drinking.

### Health Promotion

Developing community-based health promotion and preventive healthcare in partnerships with Indo-Caribbean serving community-based organizations is essential to improving the health and well-being of the Indo-Caribbean 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>

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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.

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