

## Literature Review

### South Asian American: Culture and Care Needs

#### 1. Preventing Diabetes in South Asians: Too Little Action and Too Late:

(ABSTRACT) The south Asian diaspora in the United Kingdom comprises Indians (predominantly Gujaratis and Punjabis), Sri Lankans, Pakistanis, and Bangladeshis. A dramatic increase in the prevalence of type II diabetes in south Asians is observed in many parts of the world including the United Kingdom. While marked cultural and social differences arise within this racial group, south Asians have the unenviable distinction of achieving the highest death rates of coronary heart disease in the United Kingdom, with Bangladeshis being particularly disadvantaged. Much of this excess risk may be attributed to the increased risk of type II diabetes (four times that of Europeans), which develops about 10 years earlier than in Europeans, and renal and cardiac complications are encountered more commonly.

Chowdhury, T. Grace, C., Kopelman, P. Preventing Diabetes in South Asians: Too Little Action and Too Late. 2003. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=261729>

#### 2. Changes in food habits after migration among South Asians: The effect of demographic, socio-economic and integration factors:

(ABSTRACT) The aim is to explore changes in food habits after migration, and the resultant present food consumption patterns, as well as the effect of demographic, socio-economic and integration factors on these changes. Analyses were based on data collected through the Oslo Immigrant Health study, from 629 persons 30–60 years of age, born in Sri Lanka and Pakistan, and living in the U.S. A majority of the Sri Lankans reported increase in the consumption of meat, milk, butter, margarine and potatoes. Around half of those from Pakistan reported increased consumption of oil, meat, fish and potatoes. Both groups reported a decrease in bean and lentil consumption. Multivariate regression showed that age was negatively related to increases in butter and margarine consumption, and a good command of the Norwegian language reduced the likelihood of increased consumption of oil and butter. The likelihood of having present fat and sugar rich food patterns were reduced with age and years of education, whereas scoring high on an index of integration increased the likelihood of a fat rich food pattern. In conclusion, a number of demographic and socio-cultural factors may modify the changes in food habits after migration. Some of these may have substantial health implications.

Wandel, M. Raberg, M., Kumar, B., Holmboe-Ottesen, G. Changes in food habits after migration among South Asians: The effect of demographic, socio-economic and integration factors (ABSTRACT). 2007. [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6WB2-4PPMXJ7-3&\\_user=10&\\_rdoc=1&\\_fmt=&\\_orig=search&\\_sort=d&\\_docanchor=&\\_view=c&\\_searchStrId=1024181986&\\_rerunOrigin=google&\\_acct=C000050221&\\_version=1&\\_urlVersion=0&\\_userid=10&md5=6a5082b3911494773bf1baa2feae6883](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WB2-4PPMXJ7-3&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&_view=c&_searchStrId=1024181986&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=6a5082b3911494773bf1baa2feae6883)

#### 3. Voices of the South Asian Communities:

(Abstract) Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own. The Cross-Cultural Health Care Program (CCHCP) in Seattle, WA works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This "Voices of the Communities" profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP's effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.

Voices of the South Asian Communities. 1996. <http://ethnomed.org/voices/soasia.html>

#### **4. South Asians and Diabetes: Higher Risk with Traditional Beliefs:**

(Abstract) South Asians have a paradoxically increased prevalence of diabetes in the United States despite high education and socioeconomic attainment. Future studies should focus on which aspects of traditional cultural beliefs may be modifiable to decrease diabetes risk. South Asians have a high prevalence of metabolic disorders and cardiovascular disease worldwide. There are approximately 4 million people of South Asian origin in the United States, but no population-based studies of this ethnic group with assessment of glucose tolerance.

We performed a population-based study of 150 South Asians (SA) between 45-84 years without known cardiovascular disease in the San Francisco Bay Area. We modeled this study on the Multi-Ethnic Study of Atherosclerosis (MESA) using identical methods and measurements for comparison with other U.S. ethnic groups. We obtained demographic and lifestyle information, fasting and 2-hour glucose tolerance tests, physical examination, abdominal CT scan, and carotid ultrasound for intima media thickness. We compared diabetes prevalence in SA to the four MESA ethnic groups. We used proportional odds models to examine risk factors associated with impaired and diabetic glucose tolerance. Approximately 98% of SA were immigrants who had lived a median of 26 years in the United States. SA had high socioeconomic attainment with 77% having earned  $\geq$ Bachelor's degree and 67% had a family income  $\geq$ \$75,000. SA had higher age-adjusted prevalence of diabetes than the MESA ethnic groups (26% SA vs. 7% in Whites, 14% in Chinese Americans, and 19% in African Americans and Latinos,  $p < 0.001$ ). Using the comprehensive definition of diabetes (use of hypoglycemic medication, fasting plasma glucose  $\geq 126$  mg/dl and/or 2-hour post-challenge glucose  $\geq 200$  mg/dl), 43 (29%) had diabetes, 56 (37%) had pre-diabetes (fasting glucose 100-125 mg/dl and/or 2-hour glucose 140-199 mg/dl), and 51 (34%) had normal glucose tolerance. Men had higher prevalence of diabetes than women (21% vs. 8%,  $p < 0.001$ ), and those with stronger traditional cultural beliefs were more likely to have diabetes ( $p = 0.03$ ). In multivariable models adjusted for sex and age, variables significantly associated with pre-diabetes and diabetes were hypertension (OR 4.2, 95% CI 2.0-8.9), traditional cultural beliefs (OR 2.5, 95% CI 1.1-5.9), visceral fat area (OR 2.1, 95% CI 1.4-3.2, per SD), alanine aminotransferase (OR 1.9, 95% CI 1.1-3.2, per SD), internal carotid intima media thickness (OR 1.7, 95% CI 1.1-2.5, per SD) and log micro-albuminuria (OR 1.53, 95% CI 1.1-2.14).

Kanaya, A., Mathur, D., Ranpura, V., Byri, S. Wassel, C. South Asians and Diabetes: Higher Risk with Traditional Beliefs. 2008.

[http://professional.diabetes.org/Abstracts\\_Display.aspx?TYP=1&CID=70023](http://professional.diabetes.org/Abstracts_Display.aspx?TYP=1&CID=70023)

#### **4. South Asian American Health Report Reveals High Heart Disease Risk:**

(Abstract) Heart disease has a higher prevalence among Asian Indians in the United States than among any other Asians or non-Hispanic whites, making cardiovascular disease the leading cause of mortality in that population, according to a first-ever report on South Asian American health.

For two years, the Maryland-based South Asian Public Health Association (SAPHA) collected and examined statistics and finally released a collection of data on critical health issues for South Asian Americans called "A Brown Paper: The Health of South Asians in the United States."

Chow, M. South Asian American Health Report Reveals High Heart Disease Risk. 2002.

AsianWeek. <http://www.highbeam.com/doc/1P1-79131951.html>

#### **5. Health and Health Care for Pakistani American Elders:**

(Abstract) Similar to their Indian counterparts, Pakistanis overall are at high risk for coronary heart disease and diabetes mellitus. More specifically, Pakistani immigrant women are at high risk for dyslipidemia and therefore at high risk for cardiovascular disease risk compared to their American counterparts. Other health problems that are prevalent include tuberculosis, hypertension, oral sub-mucous fibrosis (often secondary to chewing paan which is tobacco and betel quid with a lot of added spices) and cancer (especially patients with sub-mucous fibrosis who also smoke are at high risk for oral

cancers). Pakistani and Indian immigrant women in the U.S. are higher risk for breast cancer compared to their counterparts in India and Pakistan.

High risk health behaviors include poor nutrition, which may include foods high in saturated fats, higher prevalence of smoking and chewing tobacco in men, and a sedentary life style. Also a recent study in the United Kingdom (Gibbons, 1993) showed that about 55% of Pakistani marriages were between first cousins. This may put them at a higher risk for certain diseases, such as thalassemias.

Periyakoil, V., Mendez, J., Buttar, A., Health and Health Care for Pakistani American Elders.  
2000. <http://www.stanford.edu/group/ethnoger/pakistani.html>

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