IRB-FY2025-82

Health Education Gaps in South Asian Communities Vary by Age, Sex, and National Origin

Zeeshan Javed MS-2[1*], Hashim Aslam MS-3[1*], Zaynab Ketana MS-2[1], Tai Metzger MS-2[1], Zaheen Hossein MS-2[1], Shayzal Siddiqui MS-2[1], Virginia Uhley PhD, RDN

1 Oakland University William Beaumont School of Medicine, * Equal contribution

Introduction

- Health education plays a critical role in disease prevention and management, yet disparities persist in how different communities access, understand, and apply health information.
- South Asian communities, one of the fastest-growing ethnic groups globally, face unique challenges due to cultural beliefs, language barriers, and variations in healthcare literacy.
- Prior research suggests that age, sex, and national origin influence health knowledge and engagement with medical information, but data on these variations within South Asian populations remain limited.
- Differences in socioeconomic status, influence of culture, and healthcare accessibility provide further depth for these disparities. Understanding which health education gaps exist in different demographic subgroups of South Asian communities is essential for designing targeted educational interventions.
- A nuanced approach is necessary, as diverse cultural perspectives, healthcare experiences, and learning preferences shape how individuals receive and act upon health information Identifying these gaps, leads to the development of age-appropriate, culturally tailored, and gender-sensitive educational strategies to improve health outcomes.

Aims and Objectives

- Hypothesize that South Asians will vary in terms of their health needs and challenges:
- Difficulty in accessing healthy food, fitness facilities, and healthcare providers due to SES, cultural diet, and geographic limitations. They may also have less social support, making it difficult to maintain a healthy lifestyle or engage in preventative behaviors. Additionally, we expect that lower health literacy will affect patient understanding towards positive changes in their health.
- Identify challenges and create culturally competent health education resources and lifestyle programs tailored to meet the needs of low-SES South Asians.
- Improve health by overcoming barriers related to diet, physical activity, and access to healthcare.
- Evaluate the effectiveness of these tailored resources through both qualitative and quantitative analyses to see if they improve the adoption of healthier behaviors in this community.

Methods

A cross-sectional survey was administered to predominantly low-income, uninsured South Asian patients at the Michigan Association of Physicians of Indian Heritage (MAPI) Charitable Clinic and the Muslim Community of Western Suburbs (MCWS) Health Fair to evaluate demographics, healthcare access, gaps in health knowledge, and health education needs.

Results

83 respondents (mean age: 48, 60% male, and over 90% of South Asian descent)

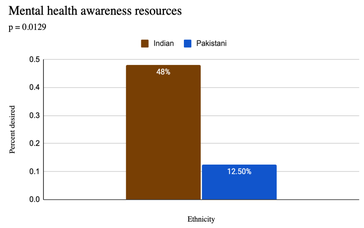

Figure 1. Indian patients reported mental health awareness resources more helpful than Pakistani patients (48% of Indian versus 12.5% of Pakistani patients; p=(0.0129).

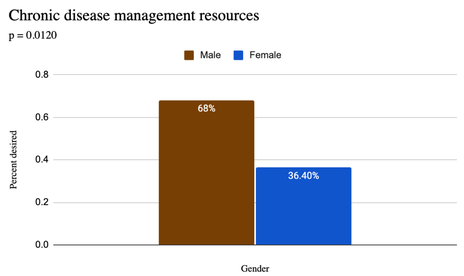

Figure 2. Male patients were more likely than female patients to request resources for chronic disease management (36.4% of female patients versus 68% of male patients; p = 0.0120).

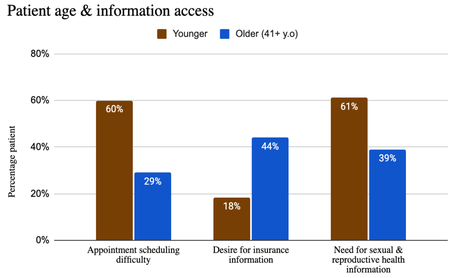

Figure 3.Patients 41 y.o + had a strong desire for insurance information compared to patients <40 y.o. Overall, patients <40 y.o struggled with appointment scheduling and need for sexual or reproductive health information compared to patients 41 y.o +

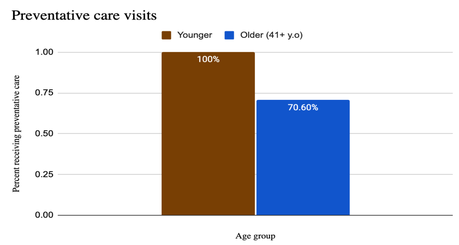

Figure 4. Overall, all patients < 40 y.o had preventative care visits when surveyed within the year . 70.6% of patients 41 y.o + only had preventative care visits within the year.

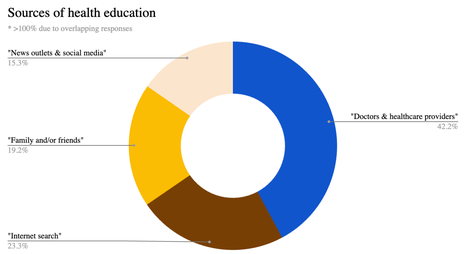

Figure 5. Overall, the most common sources of health education selected by respondents were “doctors and healthcare providers” (77%) followed by “internet search” (42.5%).

Discussion

- By focusing on this under-researched group, this study hopes to provide healthcare providers and community organizations with valuable insights into how they can better support low-SES South Asians in preventing chronic diseases.
- Ultimately, the findings from this research could lead to the development of more effective, culturally sensitive health programs that improve the quality of life for this population and reduce health disparities.
- By identifying key barriers to healthcare access, health literacy, and lifestyle modifications, this research can serve as the foundation for interventions that address the specific needs of low-SES South Asians.
- Hope to develop more effective health programs that can reduce the risk of chronic diseases such as diabetes and cardiovascular disease and improve overall health outcomes for low-SES South Asians.

Conclusions

- Lack of health education interventions catered to South Asian patients’ healthcare beliefs and needs results in poor health outcomes.
- Findings show that this community is not a monolith but has differences in health education needs based on age, gender, and national origin.
- Tailoring health education and interventions that align with these needs and values will improve health outcomes for the South Asian population.
- Future studies involving a larger variety of South Asian nations (Bangladesh, Nepal, etc) and a mix of urban + rural SE Michigan communities could reveal further trends.

References

1. Vakil K, Desse TA, Manias E, et al. Patient-Centered Care Experiences of First-Generation, South Asian Migrants with Chronic Diseases Living in High-Income, Western Countries: Systematic Review. Patient Prefer Adherence. 2023;17:281-298. Published 2023 Feb 1.
2. Joo JY, Liu MF. Culturally tailored interventions for ethnic minorities: A scoping review. Nurs Open. 2021;8(5):2078-2090.
3. Tirodkar MA, Baker DW, Makoul GT, Khurana N, Paracha MW, Kandula NR. Explanatory models of health and disease among South Asian immigrants in Chicago. J Immigr Minor Health. 2011;13(2):385-394.