

# DIVERSITY & INCLUSION

## Diversity & Inclusion Spotlight: South Asian Americans

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### Introduction

The American Dental Association and the Greater Houston Dental Society strive to model diversity and inclusion in everything we do. As a result, we serve and support the different identities, beliefs and perspectives of a diverse membership, leadership, workforce and staff, as well as a wide range of communities and organizations.

The Greater Houston Dental Society's Diversity and Inclusion committee strives to raise awareness and cultural competency of our members. This month's GHDS Journal spotlight is on South Asian Americans.

### Background

South Asian Americans are Americans of full or partial South Asian ancestry. South Asian American people can usually trace back their heritage to Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Be aware that this group encompasses a tremendous heterogeneity in language, culture, religious traditions, dietary practices and immigration history. Social practices in one region can be vastly different from those in another. Common religions of the area are Buddhism, Christianity, Hinduism, Islam, Jainism, Sikhism, and Zoroastrianism. Language fluency varies among South Asian-American groups; so does educational attainment.

Common languages include Bengali, Bodo, Dzongkha, Hindi, Konkani, Maithili, Nepali, Pali, Punjabi, Sindhi, and Urdu. But there are several more regional dialects.

Economic status varies widely among Asian populations in the United States. According to the 2015 census, the median household income of Asian Americans was \$77,368, as compared to \$61,394 for non-Hispanic whites. Yet more Asians than Caucasians may live at a poverty level. Insurance coverage varies.

South Asian Americans are one of the fastest growing groups in the United States, increasing in population from 2.2 million to 4.9 million from 2000 to 2015. Around one third of the group lives in the Southern United States, with the population nearly tripling in the South between 2000 to 2017.

### Best Practices to Consider for Patient Interaction:

Assessment of language barriers. Ascertain whether the patient speaks English or not, their native dialect, and the degree of acculturation.

Allowing sufficient time for interviews. Be patient. Translation often requires extra time. It may also take time for some Asian American patients to feel comfortable and establish rapport.

Promotion of educational resources about dental health. Increase the patient's and/or

community's awareness of oral health. One of the best methods to increase trust is through education.

Inquiries about beliefs toward dental care. Ask about beliefs regarding dental care to gather any information on how these beliefs can influence an individual's expression of oral health and their preferred methods of treating dental disorders.

Ask detailed clinical history with open-ended questions first and be attentive to non-verbal clues (facial expression, tearing, etc.).

### Health Disparities among the South Asian Community:

South Asians all across America are considered a minority group and like many such groups, face health disparities as a whole. According to an epidemiologic study conducted by the University of Michigan, South Asian immigrants employ three acculturation strategies: "separation (characterized by a relatively high degree of preference for South Asian culture over U.S. culture), assimilation (characterized by a relatively high degree of preference for U.S. culture over South Asian culture), and integration (characterized by a similar level of preference for South Asian and U.S. cultures)."<sup>1</sup> Participants with no religious affiliation, higher levels of income, those who lived a

greater percentage of their lives in the U.S., and those who spoke English well, or very well, were less likely to use the separation strategy than the assimilation or integration strategies. This study found that 20% of the participants used the separation strategy, which may ultimately affect their health and well-being.

Though more research must be done to fully understand the health disparities amongst this community, one of the greatest challenges faced by researchers is the lack of information on this group compared to other larger minority groups. According to an article published in the Journal of Racial and Ethnic Health Disparities, “a key factor in this paucity of data is the lack of participation and engagement of [South Asian] community members in studies which examine distribution and determinants of adverse health outcomes.”<sup>2</sup>

### Support for this Community:

As dentists and adjective members of the Greater Houston Dental Society, we encourage our fellow colleagues to engage with this community and help support them. Like many other minority groups, South Asians struggle with access to health and dental care. We want to do our part to support them as needed.

There are many organizations which unite South Asian professionals including:

- Network of Indian Professionals (NetIP)
- South Asian Americans Leading Together (SAALT)
- South Asian Women’s Professional Network (SAWPN)
- South Asian Chamber of Commerce Houston

There are also many local organizations and clinics which offer free or discounted dental services to members of the South Asian community, including but

not limited to the following:

- Interfaith Community Clinic
- Ibn Sina Foundation
- Shifa Clinic

## Our Stories

### Dr. Adeena Arain

It wasn’t until I went to dental school that I realized how culturally “different” I am. Even though I attended one of the most diverse dental schools in America, I truly felt like a “minority” amongst a group of students who were of majority Caucasian descent. Having lived in New York, Chicago, Toronto, and finally Houston, I never realized how blessed I am to have been raised in some of the most diverse cities on this continent. There were always familiar looking faces in my school, people of similar backgrounds and rich cultures who spoke my language and practiced my religion. Perhaps my parents intended for us to live in such diverse cities to prevent culture shock and ensure a comfortable experience for us. However, even in a city like Houston, I found myself feeling like a minority for the first time in dental school. “Why do you not wear a hijab when most Muslims do?” “What is the language that you’re speaking?” “Why do you all have so many weddings and events in every wedding?” These were all questions I had never been asked before, and to be honest, many of them left me baffled and confused. Perhaps it was because I hadn’t really thought of the answers ever before. It was during this time that I realized how some people perceive me to be truly different. However, it was not a negative experience. I am thankful for the people I met in dental school and I am thankful for all they have taught me about being open to others exploring my culture. Many of them experienced their first dinner at an Indian/Pakistani restaurant with me, and I even hosted a Bollywood movie night in my home and cooked dinner for some of my classmates so they could explore our culture. I believe that my culture is a core part of who I am as a human and has shaped me into the

individual I am today. I hope that people can continue to be as open minded and accepting as my colleagues in dental school were to learning about our rich culture. And hey, if you’re one of those people, feel free to come over for a Bollywood movie night!

### Dr. Neela R. Patel

Nearly forty years ago, I became conscious of the fact that I was different when I was asked to raise my hand while the 7th grade teacher tallied all the black and white students in the Southern Arkansas classroom. “What was I?” I thought to myself, “Is brown an option?” Back then in August 1981, my family and I had just moved to a new continent, and I experienced not knowing where I, as a “brown” per-

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Traditional Indian dance at GHDS Installation of Officers

son, belonged. In this small Southern town, when I said that I was Indian, most kids thought of cowboys and Indians. My British accent was also difficult to understand so I felt like an “unknown” or an outsider not only because of my race, but also because of how I spoke. There were no other “brown” people in town that I could identify with besides my immediate family. I felt that the community as a whole were very curious of the new Indian family. Although, some people displayed prejudices, most people were very friendly and welcoming. It took several years, and other South Asian families moving into the area, for people in this small town to recognize and appreciate the Indian culture. This was before social media, MTV or the Internet. There was a disconnect between what people knew and experienced back then because our worlds were much smaller, and less integrated. Unlike now, there were no global diversity days back then; even educators received no training in cultural awareness or diversity at that time. For me, being in the 7th grade is quite different from what another kid in the same circumstances would experience in any small town in the U.S. today. I was at a disadvantage, but due to the internet and how culturally aware our present world is, we as a whole are more in tune to racial and cultural diversity. As a practicing dentist, I chose to keep my license under my maiden

name Patel so many people would identify that I was Indian. Today, I believe that my name helps identify who I am. I no longer consider myself as an unknown; I am part of a rich heritage and ethnic background.

### Dr. Laji J. James

My story begins in a village on the southern tip of India in a beautiful state named Kerala. I grew up on a farm with chickens, cows, and the occasional bat, snake, and monkey. We had no indoor plumbing or air conditioning and regular roaming black outs. Both automobiles and elephants used the main roads to travel. My parents and I immigrated to the U.S.A. in the 1970s. They wanted a “better” life for me and their future family. We moved around between Illinois, Michigan, and Texas. We struggled to find work, community, or climate that we enjoyed until moving to Houston. Houston has been our home ever since and has been wonderful to us. Did we face discrimination, hardship, and prejudice? Yes. Did we work hard, keep our sense of culture, language, religion, and enjoy the freedoms and opportunities that the U.S.A. had to offer? Absolutely. I am so thankful to be here and amazed at the life that I have now compared to 40 plus years ago. But I also know that others struggle with the transition to another culture or relating to diverse people. I hope that being involved in our profession and our community will help increase understanding, collaboration, and successful mutual results for us all.

### References

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