

**Title:**

Collaborative Partnership: Promoting Cultural Diversity for Achieving Health Equity in South Asian Indian Immigrant Women

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**Session Title:**

Asian Indian Culturally Diverse Health Practices

**Slot:**

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**Scheduled Time:**

3:05 PM

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**Keywords:**

Community stakeholders, Cultural diversity and Health equity

**References:**

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**Abstract Summary:**

Approximately 33% of the people in the United States belong to a racial or ethnic minority population group. Attainment of health equity to avoid a disproportionate burden of preventable disease among minorities such as South Asian Indian immigrant women, is a major public health concern.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
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<p>The learner will be able to describe collaborative partnership with community stakeholders in promoting cultural diversity for attainment of health equity in ethnic minorities.</p>	<p>Increasing percentage of racial and ethnic minority population in the United States, implementation of the Affordable Care Act, attainment of health equity to avoid a disproportionate burden of preventable disease among minorities, health disparities related cardiovascular disease and diabetes in South Asian Indian (SAI) immigrant women, Healthy People 2020 goal to eliminate health disparities related to poor physical activity in Asian Indian immigrants. Involvement of community stakeholders in promoting cultural diversity, addressing social support network and attainment of health equity among SAI immigrant women related to their poor physical activity.</p>
<p>The learner will be able to discuss the impact of collaborative partnership with community stakeholders in facilitating the implementation of the national community guide to increase physical activity in South Asian Indian immigrant women.</p>	<p>Collaborative partnership with community stakeholders in facilitating the implementation of behavioral and social approaches; campaigns and informational approaches; and environmental and policy approaches to increase physical activity in midlife SAI immigrant minority women, promoting cultural diversity and achieving health equity, facilitating physical activity motivational workshops for SAI minority women, setting up personal goals for routine physical activity, learning strategies for structured problem solving to maintain the behavior change to promote physical activity, setting up a buddy system for physical activity routine, participating in walking groups, and utilizing the motivational reminder calls or messages via phone call or text in order to have a positive attitude towards lifestyle physical activity.</p>

#### **Abstract Text:**

#### **Background**

Approximately 33% of the people in the United States belong to a racial or ethnic minority population group. Attainment of health equity is important to avoid a disproportionate burden of preventable disease among minorities. Health disparities, related to a high risk for cardiovascular disease and diabetes mellitus in South Asian Indian (SAI) immigrant women, is a major public health concern. The age adjusted predicted risk of coronary artery disease for midlife SAI immigrant women is higher (0.88%) compared to non-Hispanic white women (0.61%). Similarly, the prevalence of diabetes for SAI immigrant women is

higher (14.0%) than the national prevalence rate (9.0%) for both men and women, regardless of race/ethnicity.

One of the Healthy People 2020 goals is to eliminate health disparities related to poor physical activity in Asian Indian immigrants. In spite of the high risk of cardiovascular disease and diabetes, the lifestyle physical activity of SAI immigrant women residing in the United States is low (average daily steps 6,814; moderate intensity leisure-time, household, and occupational physical activity less than 53%).

Involvement of community stakeholders can play a significant role in promoting cultural diversity and addressing social support network, which may potentially affect the health equity status of SAI immigrant women related to their poor physical activity.

Collaborative partnerships with SAI community stakeholders is an innovative strategy to address the community guide approaches to increase physical activity in SAI immigrant women. The community guide approaches include behavioral and social approaches, campaigns and informational approaches, and environmental and policy approaches, as recommended by the National Community Preventive Services Taskforce. Community stakeholders are seen as the leaders in the SAI community and can promote awareness of the social support network, economic, and environmental conditions that may affect health equity status of SAI immigrant women. Therefore, partnership with significant community stakeholders is crucial for health practitioners to successfully organize community efforts, in order to bring the necessary changes to attain health equity among SAI immigrant women.

In addition, the involvement of trusted stakeholders in diverse minority populations has been found to be significantly important for gaining the trust of the community and promoting their involvement in the community health activities. Therefore, it is imperative to understand the impact of collaborative partnerships with SAI community stakeholders, in order to implementing the community guide approaches for increasing physical activity in SAI women.

## **Purpose**

The purpose of this paper is to describe the collaborative efforts of SAI community stakeholders in identifying the ways to implement the community guide to increase physical activity recommended by the National Community Preventive Services Taskforce for behavioral and social approaches; campaigns and informational approaches; and environmental and policy approaches to increase physical activity in midlife SAI immigrant minority women, by promoting cultural diversity and achieving health equity in SAI immigrant women.

## **Methods**

We identified significant SAI community stakeholders by contacting SAI faith- and non-faith-based community organizations and SAI businesses, including Indian hair salons, grocery shops, and restaurants. Face-to-face meetings with the community stakeholders were held to explain the study's purpose and procedures and to discuss their involvement with facilitating the social networking with potential participants. Continued communication was maintained with these community stakeholders throughout the recruitment period. Participation of the community stakeholders enabled recruitment of study participants from SAI religious institutions (Christian church, Hindu temple, and gurudwara for Sikh religion), and an SAI community organization via social networking and community presentations. Eligible participants included SAI immigrant women between 40 to 65 years of age, who were born in India, immigrated to the United States, spoke English or Hindi as their primary language, and had no disability that interfered with walking. Purposeful and snowball sampling were used. Five stakeholders from the SAI faith- and non-faith-based community organizations and SAI businesses, volunteered to help with the recruitment for the focus groups.

The Physical Activity Framework for SAI Immigrants was used to guide this study. This study used a qualitative approach with focus groups to explore the perspectives of SAI immigrant women related to lifestyle physical activity. Five focus groups, two in English and three in Hindi were held. Focus groups were divided into two age groups (40-50 and 51-65 years of age). The study was approved by the Institutional Review Board of the affiliated university. The open-ended and semi-structured questions

addressed personal (such as education and health), social (such as support from family or friends), cultural (American and SAI), and environmental factors (such as weather and accessibility to health clubs) that affected their physical activity. Descriptive statistics (frequencies, means, and standard deviations) were calculated for the demographics. Transcribed and de-identified audio taped sessions were coded independently by three researchers. The data were then analyzed using Atlas-ti software. The 'community guide to increase physical activity' as recommended by the National Community Preventive Services Taskforce Community guide was used to capture participants' perspectives related to physical activity approaches. Participant's perspectives related to behavioral and social approaches; campaigns and informational approaches; and environmental and policy approaches to enhance physical activity were categorized into themes.

## **Results**

The median age of the 40 participants was 50 years ( $M=51$ ,  $SD=7.0$ ); the majority immigrated from either the northern ( $n=16$ , 40%) or southern ( $n=16$ , 40%) regions of India. The time since immigration to the United States varied from 2 to 30 or more years. Participants were predominantly married ( $n=38$ , 95%) with their average household size of 4.3 ( $SD=1.25$ ) adult and child members. The mean score for global health ( $M=3.9$ ) indicated moderately good health. Approximately 13% of participants had hypertension ( $>140/90$ ). The mean BMI ( $M=27.6$ ) was in the overweight range (25-29.9). The mean waist circumference was 33.3. The community stakeholder-led social networking resulted in 62.5% ( $n=25$ ) of the participant recruitment. Community presentations facilitated by the community stakeholders yielded 37.5% ( $n=15$ ) of the recruitment. Due to the involvement of the community stakeholders, 82.5% ( $n=33$ ) of the participants were recruited from faith-based organizations in a fairly short period of time (8 weeks). 'Motivational groups' was identified as the core theme for the behavioral and social approaches. 'Community awareness' was identified as the core theme for the campaigns approaches. 'Motivational reminders' was identified as the core theme for the informational approaches. 'Enhanced access to suitable environment' was identified as the core theme for the environmental and policy approaches for increasing physical activity.

## **Conclusion**

Developing a collaborative partnership with SAI community stakeholders can promote cultural diversity for achieving health equity in SAI immigrant women. This innovative approach based on the collaborative efforts of the SAI community stakeholders can help researchers to reach out to at risk-SAI immigrant population and to conduct physical activity motivational workshops to help SAI minority women to use the community guide to increase their physical activity through multiple interventions including setting up personal goals for routine physical activity, learning strategies for structured problem solving to maintain the behavior change to promote physical activity, arranging a buddy system for physical activity routine, participating in walking groups, and utilizing the motivational reminder calls or messages via phone call or text in order to have a positive attitude towards lifestyle physical activity.