



**Northern Illinois  
University**

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

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# Disclosure



- **Authors:** Manju Daniel and Judith Erlen
- **Learning objectives:**
  - To describe collaborative partnership with community stakeholders for attainment of health equity in ethnic minorities
  - To discuss impact of collaborative partnership in implementing the national community guide to increase physical activity in South Asian Indian immigrant women.
- There is no **conflict of interest** in this presentation
- **Employer:** Northern Illinois University, School of Nursing
- **Funded by:**
  - Joan Wood Research Award: Northern Illinois University, School of Nursing

# Background



- **Health equity:**
  - Attainment of highest level of health by everyone
  - Important to avoid disproportionate burden of preventable diseases among minorities
- **Affordable Care Act:**
  - Increased access to health care
  - Achievement of health equity requires local, state and national level efforts
- **CDC:**
  - Involvement of community organizations
    - Social support network to improve health equity status

# Background



- Approximately 33% of the U.S. population belongs to racial or ethnic minority population
- South Asian Indians are the second largest minority group (2,843,391) in the U.S.
- Mortality rate for cardiovascular disease (CVD) among South Asian Indians (SAIs) is twice that of Whites
  - 2.86 v 1.32 events
- Age adjusted predicted risk for coronary artery disease
  - 0.88% for SAI women
  - Non-Hispanic white women (0.61%)
- Prevalence rate for diabetes
  - 13.8% for SAI women
  - National prevalence rate (9.0%) men and women

# Background



- **CDC:**
  - Physical activity- strategy to achieve health equity related to chronic illnesses
- **Healthy People 2020 Physical Activity Goal:**
  - National efforts to eliminate health disparities related to poor physical activity
- **Gap:**
- Limited evidence regarding collaborative partnership
  - To increase physical activity
  - To improve health equity status in SAI women

# Purpose

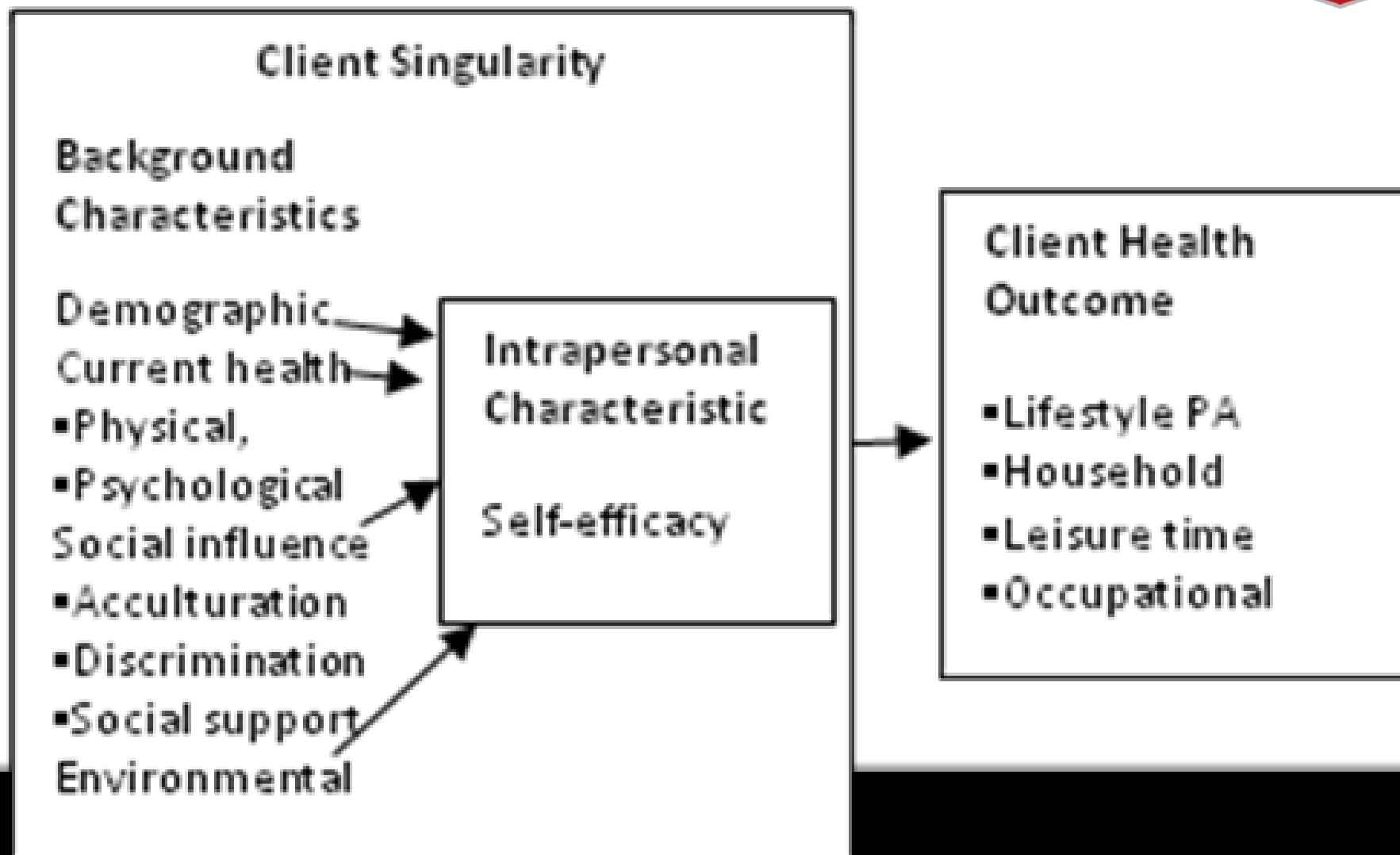


- To describe collaborative partnership with SAI community stakeholders in facilitating implementation of:
  - Behavioral and social approaches
  - Campaigns and informational approaches
  - Environmental and policy approaches
- To promote physical activity in midlife SAI immigrant minority women

# Physical Activity Framework for SAls



Figure 1. The Physical Activity Framework for SAl Immigrants



# Method



- **Design**
  - Qualitative approach comprising five focus groups
- **Eligibility**
  - Age between 40 and 65 years
  - Born in India
  - Immigrated directly from India
  - No disability
  - Provided informed consent
- **Sample**
  - 40 midlife SAI women



# Method: Recruitment



- **Recruitment sites**
  - SAI Faith based organizations
    - Christian church, Hindu temple, and gurudwara for Sikh religion
  - SAI Non-faith based community organization
- **Recruitment strategies**
  - Distribution of flyers (English and Hindi)
  - Presentations
  - Weekly announcements
  - Social networking
  - Bilingual research team

# Method: Community Stakeholders



- Significant community stakeholders were identified by:
  - Contacting SAI religious institutions
  - SAI community organizations
- Face-to-face meetings with the community stakeholders were held to:
  - Explain the study's purpose and procedures
  - Discuss their involvement with the recruitment and facilitating the focus group sessions

## Method: Community Stakeholders (cont.)



- **Face-to-face meetings with the community stakeholders were held to explain collaborative partnership for:**
  - Behavioral Interventions
  - Social support Interventions
  - Community-wide social campaigns intervention
  - Informational Interventions
  - Environmental and policy Interventions
  - Behavioral counseling Interventions

# Results : Collaborative Partnerships with Community Stakeholders



- Five community stakeholders volunteered to be:
  - screened, were found eligible, and participated
- Active involvement of community stakeholders:
  - 82.5% (n=33) of recruitment from faith based organizations (8 weeks)
- Community stakeholder-led social networking:
  - 62.5% (n=25) of recruitment
- Community stakeholder-led community presentations:
  - 37.5% (n=15) of the participant recruitment

# Results : Participant Characteristics

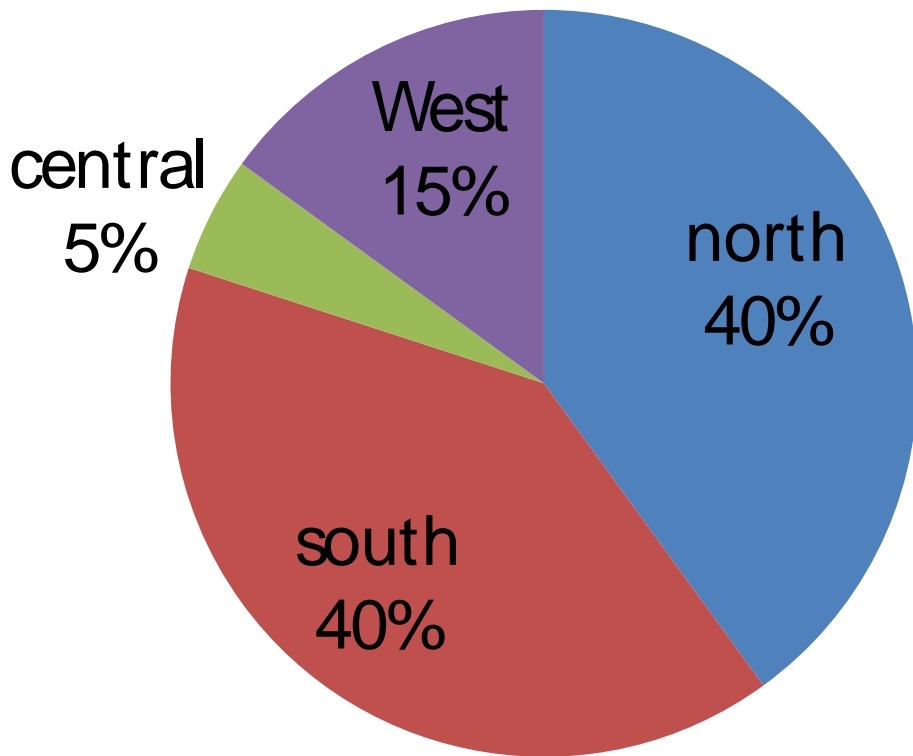


Demographics	Mean (SD)
Age	50 (7.0)
Years living in the United States	20.1(10.5)
Household size	4.3 (1.25)
	%
Married	95
Have Children	95
Graduated college	87.5
Currently employed	65
Annual household income > \$50,000	97.5

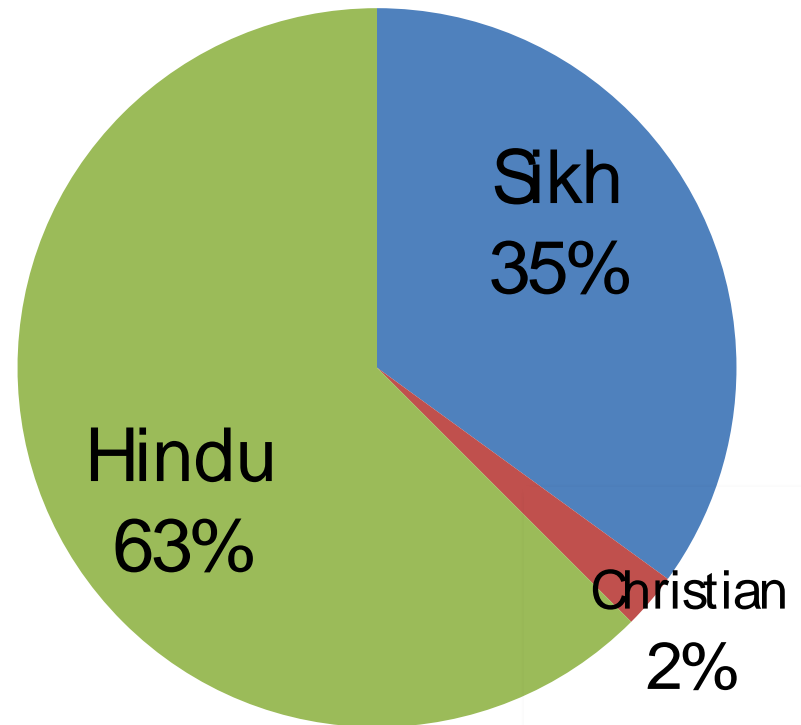
# Results : Participant Characteristics (cont.)



Regional background



Religion



# Results : PA motivation groups-collaborative partnership for behavioral interventions



- Need for motivational groups was identified to help SAI women with the following:
  - Personal goal-setting for routine physical activity
  - Learn strategies for self-monitoring of progress toward meeting physical activity goals
  - Learn about behavioral reinforcement through positive self-talk
  - Learn strategies for structured problem solving to maintain behavior change for physical activity routine
  - Learn strategies for prevention of relapse into sedentary behavior

# Results : Social networking-collaborative partnership for social support interventions



- Need for motivational groups was identified to help SAI women with the following:
  - Building, strengthening, and maintaining social networks to learn from each other how to become more physically active
  - Setting up a buddy system to maintain their physical activity
  - Setting up walking groups or other groups incorporating specific cultural activities such as starting Indian dances in groups to exercise.



# Results : Community awareness-collaborative partnership for community wide campaigns



- Community stakeholders' participation in the study motivated other community members to:
  - Inquire about the study
  - Volunteer to participate in the study
  - Increase community members' awareness about benefits of increasing physical activity such as:
    - Physical appearance with toned and slim bodies
    - Decreasing risk factors for cardiovascular disease, diabetes & metabolic syndrome
    - Physical fitness for physical and psychological health

# Results : Motivational messages-collaborative partnership for Informational Interventions



- Need for motivational reminders was identified to stay physically active by being:
  - Reminded of the benefits of physical activity
  - Encouraged to have positive attitudes and beliefs towards physical activity
- Identified ways of motivational reminders included:
  - Email reminders
  - Text messages
  - Personal and automated phone calls
  - WhatsApp personal and group messages

# Results : Access to suitable environment- collaborative partnership for environment



- Community stakeholders' participation in the study motivated SAI women to find ways to enhance access to places for physical activity, such as:
  - Meet as a group in the basement of religious institutions for group physical activity such as cultural dances and yoga
  - Join health clubs for aerobics, swimming and Zumba
  - Explore places for group walking:
    - At workplaces
    - In neighborhoods
    - At SAI religious institutions
- Walk indoor in malls and other shopping centers in cold, rainy and hot weather

# Results : Collaborative Partnership for Behavioral Counseling



- Community stakeholders already involved in arranging health fairs were motivated to include physical activity component in upcoming health fairs
- Community stakeholders NOT already involved in arranging health fairs were motivated to start arranging for health fairs with physical activity component in SAI community events
- Community stakeholders were motivated to take leading roles in educating their community members to access behavioral counseling for physical activity from their healthcare providers for medium vs high intensity physical activity

# Discussion



- Community stakeholders provided vital support in:
  - Facilitating recruitment at faith and non faith based SAI organizations
  - Facilitating community presentations
    - To cause awareness of the study purpose in being with alignment of the community's need.
- Being present during the community presentations
- Facilitating social networking with potential participants
- Encouraging SAI community to volunteer to be screened for the study as they distributed flyers

# Discussion



- Leisure-time physical activity component was viewed as the physical activity such as:
  - Walking for exercise, riding a bike, dancing, doing a yoga routine
  - Walking was most frequent and preferred leisure-time PA
- Religious institutions are an ideal intervention site:
  - Motivational workshops
  - Walking program
  - Acceptable by family and community

# Implications



- Future research needs to establish collaborative partnership with SAI community's key stakeholders in implementation of community level approaches :
  - Faith based organizations
  - Physical activity motivational groups
  - Group walking program
  - Group yoga
  - Group stretching/toning exercises
  - Group Indian dance

# Limitations



- Female participants
- Midlife sample



# Conclusion



- Collaborative community partnership initiatives are crucial to:
  - Implement community guide to PA
  - Community based PA interventions
  - Improve health equity status

# Acknowledgements



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