

Closing the Gap - Global Networking Workshop on South Asian Health Research

The CINI 2014 global networking workshop on South Asian Health brought together key researchers committed to improving South Asian health from India, Canada (BC and Alberta), and the US (list of attendees provided). The goals of the meeting were:

1. Networking of Key leaders from multiple disciplines in research on South Asian health network from British Columbia, Canada, US and India. Foster cross-pollination of ideas and research groups.
2. Identify targeted areas of need for improving South Asian Health (e.g. diabetes, cardiovascular disease and mental health). Will also include cross cutting themes including health literacy, use of technology and knowledge translation.
3. Develop plans for future international research projects on South Asian health issues
4. Explore international funding opportunities.

The goals outlined by the group focused on bidirectional capacity building and international collaborations on identified chronic disease detection and management.

This document will provide the strategies for capacity building and research project priorities.

Capacity Building

To build research capacity and training for researchers.

1. Capacity Building Strategies

- a. Buddy System – Representatives from India sent to observe data sets and published papers in Canada and vice versa
- b. Need for funding to improve communication and connections with both countries
- c. two supervisors from each country recruit students to investigate both countries and work together on mutual projects and generate papers
 - i. PHD students ideal for working on capacity building
 - ii. Funding from university as well as home country
- d. Implement Science & take action by identifying grant terms and principal investigators
 - i. Give PI positions to younger generations – they are in need of opportunities as well as mentors
 - ii. Training workshops on how to give grants & using technology
- e. Remote capacity building using papers
 - i. Small papers are feasible
 - ii. Work with students from other countries on mutual projects – higher success rates
- f. Building Community Capacity

- i. Providing education and understanding of different perspectives
- ii. Stigma needs to be addressed
 - 1. Important to community outcome
- iii. Community members can build upon one another on different levels – gives different perspectives and innovation – greater benefits
- iv. Facing challenge in implementing innovation
 - 1. Requires community engagement
 - 2. Thinking on a holistic basis to move faster in implementing innovation

2. Research priority areas: Multiple research topics were identified with the following identified as higher priority topics. Collaboration on research projects that would compare South Asian populations from Canada and India were seen as a priority.

1. Research collaboration on point of care models; efficient use of technology to increase access to health care in rural areas.
 - A. Research collaboration that would help us increase e-health literacy in population
 - B. Collaboration on research projects that would compare South Asian populations from Canada and India
2. Microbiome
 - a. Looking at diseases and disorders
 - b. Coming out with a Diagnostic Kit based on these diseases
3. Biomarkers for Cardiovascular Diseases
 - a. Rapid Diagnostics- point of care diagnostics
 - i. Both rural and urban centers
 - b. Screening & Primary Identification
 - i. Base level studies
 - c. Focusing on Remote Localities
 - d. Establishing normative reference values in the South Asian population
 - i. Population based references
4. Culturally tailored and patient centered programs to treat diabetes or other chronic diseases in health promotion, prevention and secondary prevention
 - a. Use of dance and yoga as tools
 - i. Participant chooses from a menu of interventions that would be therapeutic
 - ii. And online system could be run, linking countries

- iii. This could link a variety of diseases
- iv. Could narrow it down to a signature treatment
 - 1. For example, life style improvement plans for diabetes
- v. Tailored health promotion
 - 1. Start with promotion of literature – knowledge of stats could motivate change
 - 2. Prevention is important
- 5. Exploring what community members expect vs. what they are receiving from their physicians
- 6. End of life decision making
 - a. Seeking opinions of community members in both countries
- 7. Primary prevention in adolescent populations
 - a. Monitor for chronic disease conditions through School Entry
 - b. Standardized Yoga and Physical Education Programs
 - c. Stress reduction workshops, relaxation workshops
 - d. Integrate improving mental health as well
 - e. Screening for mental health issues in college students
 - i. Screen for common issues for South Asian youth such a cardiovascular disease and diabetes – prevalent earlier on in life
- 8. Primary and Secondary Prevention in Geriatric Populations
 - a. Study dementia, cognitive impairment, heart disease
 - b. Monitor for 3-5 years then publish results
 - c. Biomarkers can monitor improvements
 - d. Targeting Marital issues and other stress
- 9. Substance Abuse
 - a. Language barriers to be overcome
 - b. Informing older generations and educating elders on the effect of media on youth etc.
- 10. Treatment in Urban vs. Rural populations
 - a. Different strategies tailored for both groups for different genders and for different ages
 - b. Tailored treatments that are acceptable for each demographic
 - i. Exploring online treatments to be accessed by wider demographic
- 11. Stress Management
- 12. More thorough evaluation on traditional SA diet and its effects on health
 - a. Polysaturated fats & their effects

3. Identified Next Steps:

- 1. Common email group involving all the experts in this workshop
 - a. Maintaining Communication
- 2. Focus on feasible points rather than those that may be out of research
- 3. Focus on funding projects to catalyze change
 - a. Perhaps using primary investigators
- 4. More discussion in person and exchange of information in conferences

5. Developing few key themes and divide into groups
 - a. Easier to get initiatives going
 - b. Working with people with similar interests
6. Research funding associations in both countries regarding each specific topic of interest (categorize)
 - a. Work out funding possibilities in India – should be more mobility
 - b. In Canada, research how to access funds
 - i. University Initiatives
 - ii. British Columbia – India initiative
 - c. Explore initiatives in the US and abroad that are not region specific/
are international
7. Writing Team (publication in paper)
 - a. Discussion of larger themes
 - b. Check back every month
 - i. Teleconference Calls
 - ii. Email list