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# South Asian Health in Fraser Health

## Opportunities and Challenges

July 8, 2016, 1-2PM



# Welcome!

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# Agenda

- Introduction – Dr. Victoria Lee
- South Asian Health Institute – Dr. Arun Garg
- South Asian Health Report - Key Findings – Corey Green
- Sehat Program – Deljit Bains
- Questions



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# Introduction

**Dr. Victoria Lee**

Chief Medical Health Officer & Vice President  
Population & Public Health, Fraser Health

# What Affects our Health?

“A health care system – even the best health care system in the world – will be only one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment, or empty with despair.”

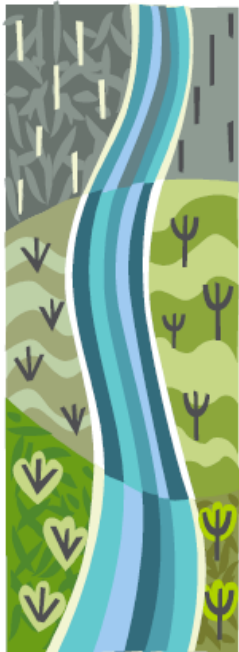
Roy Romanow





# How Do We Improve Everyone's Health?

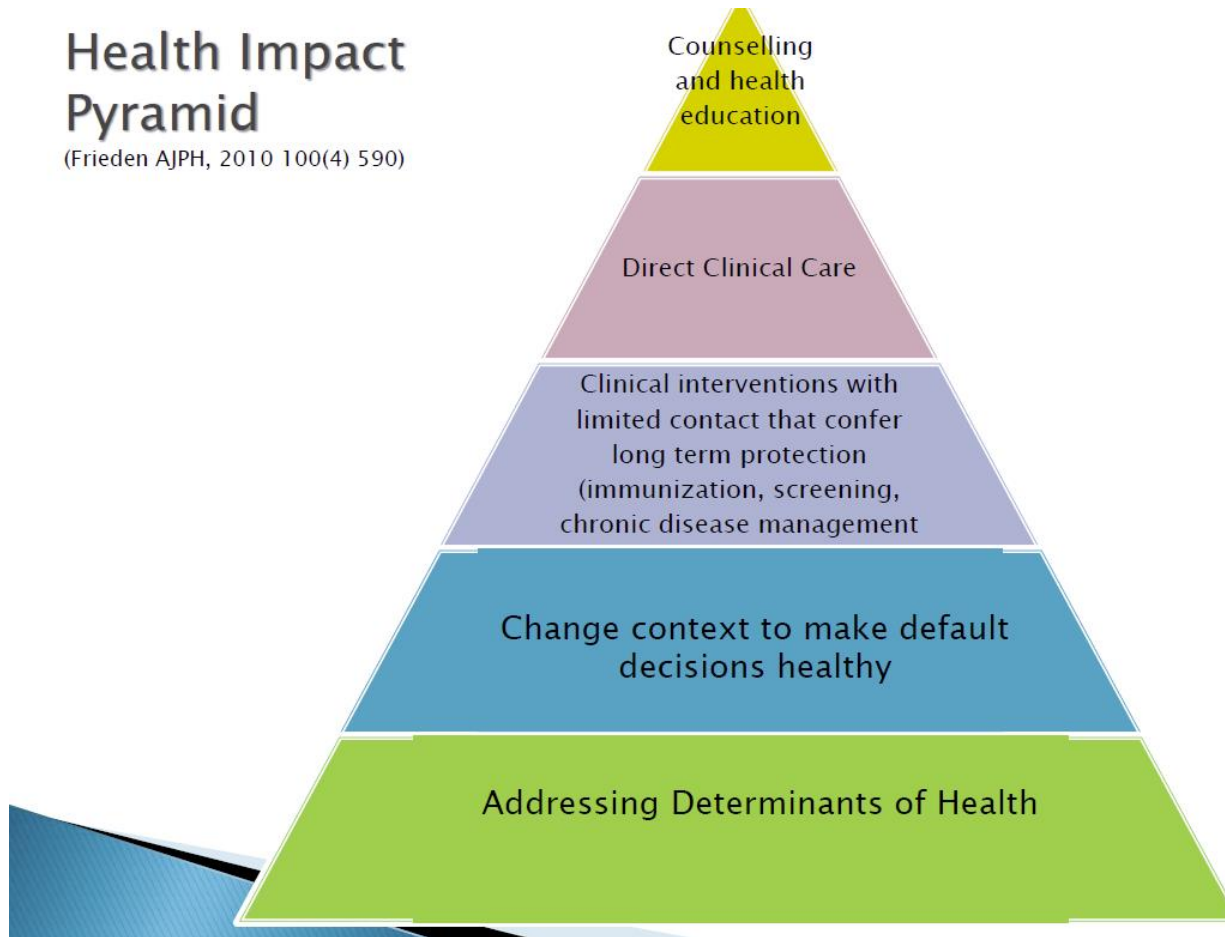
## ▶ Population Health Approach



- Look at the health of the community vs the individual.
- Focus on a broad range of factors (determinants) both in and out of the healthcare system that can influence health.
- Differences in health exist across communities, some may be due to unavoidable factors (genetic pre-conditions) but others are unfair and avoidable...

## Health Impact Pyramid

(Frieden AJPH, 2010 100(4) 590)



## Equality



## Equity







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# South Asian Health Institute

**Dr. Arun Garg**

Program Medical Director, South Asian Health Institute  
Population & Public Health, Fraser Health

# South Asian Health Institute (SAHI)

July 2016



# SAHI Vision

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Established in 2013 the goal is to:

Improve the health and health outcomes of the South Asian population in a way that values culture through innovative, evidence based care and empowers the South Asian population to make healthier decisions.

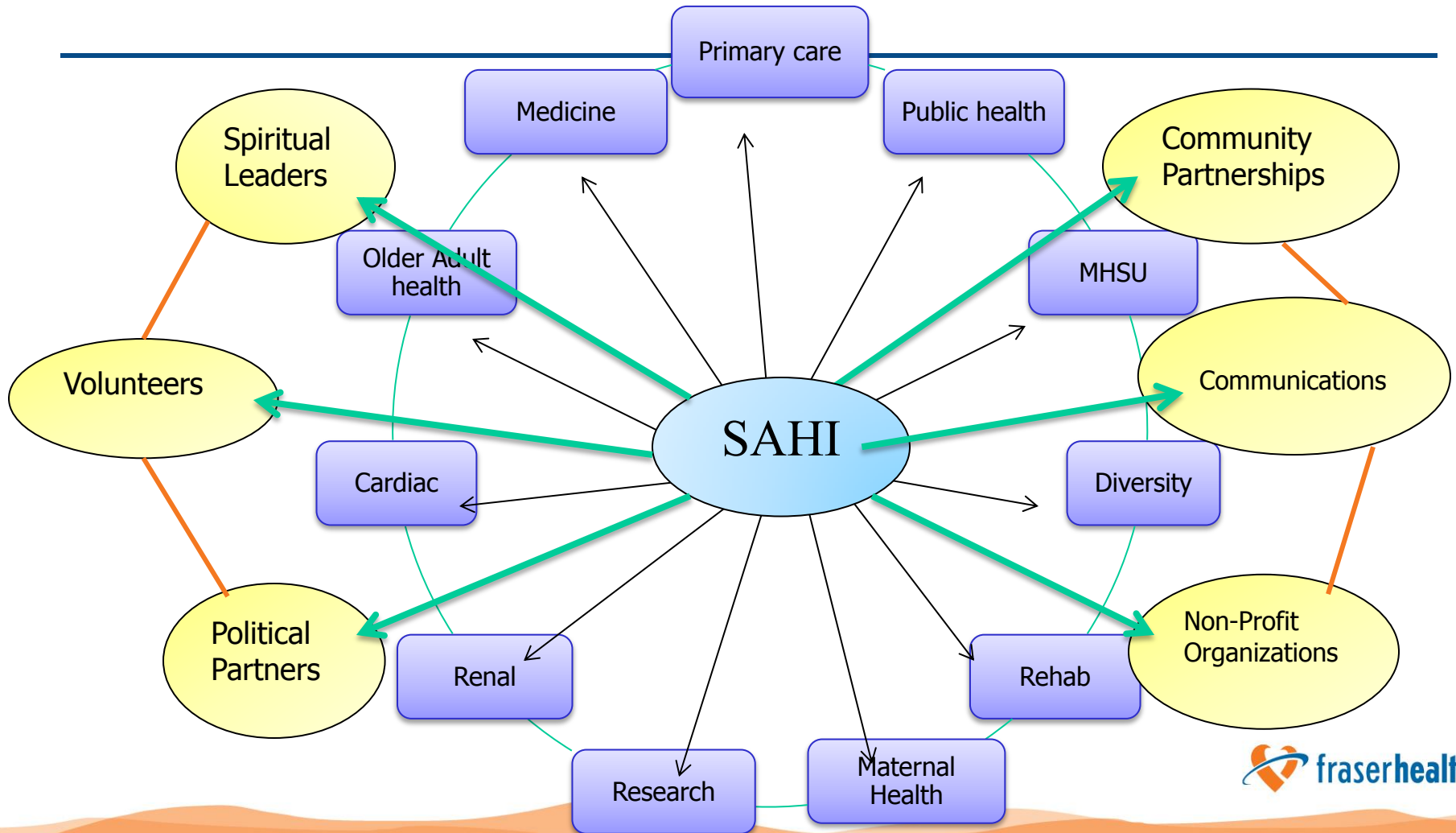
# SAHI Mandate

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To act as a catalyst for cooperation, collaboration and coordination between Fraser Health and community-based partners to:

- Better understand the specific health needs of the South Asian population
- Support development and implementation of evidence-informed programs and pathways at the program and community level
- Lower the chronic disease burden at the individual, family, community and health system levels through a community based co-accountability model for health improvement

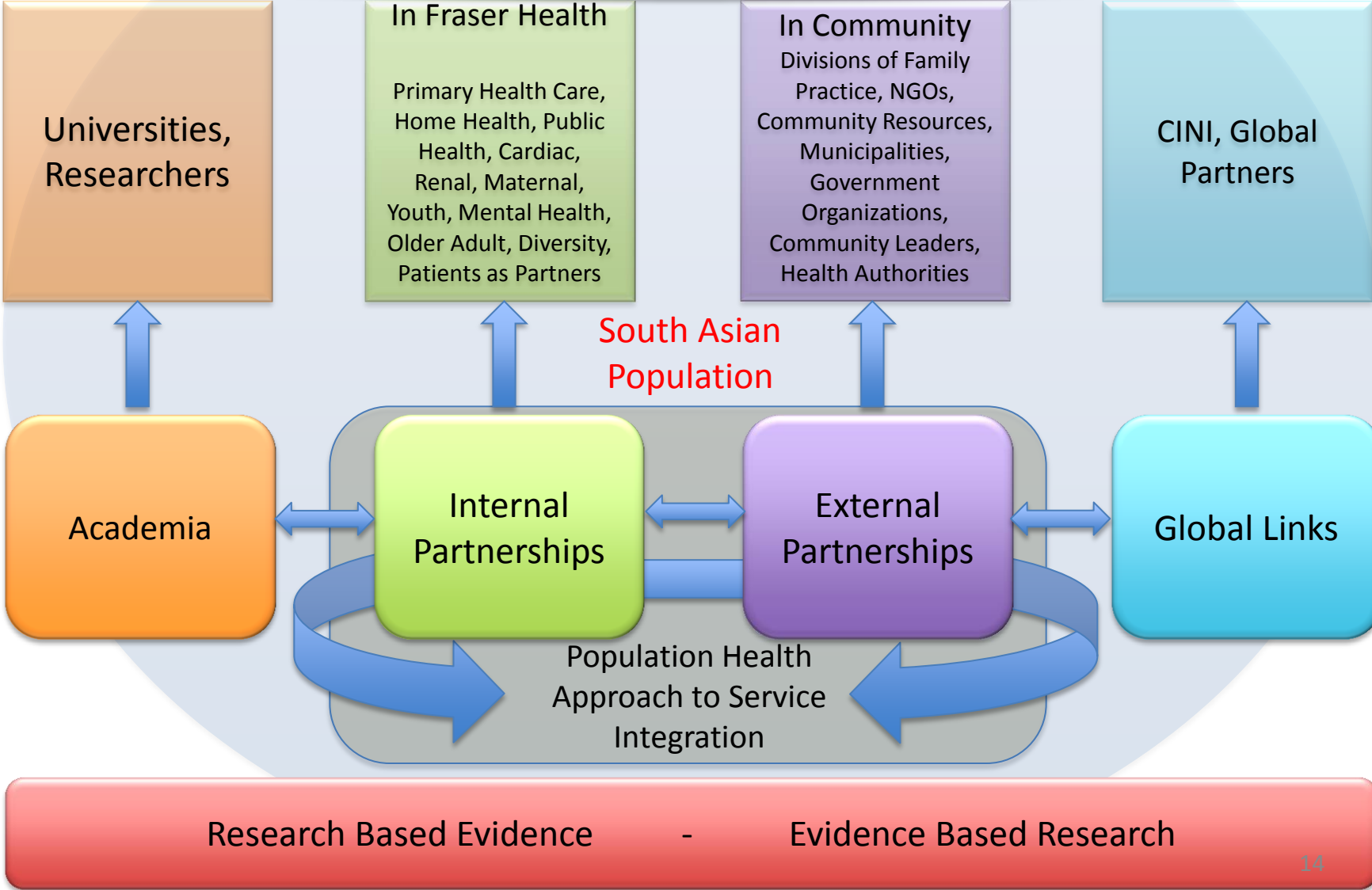
# SAHI Internal/External Coordination





# South Asian Health Institute (SAHI)

## Improved Health Outcomes



# Focus of Interest (FH)

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- Mental Health and Substance Abuse
- Population Health
- Maternal Health
- Healthy Community
- Chronic Disease Management and Primary Care

# Focus of Interest (External)

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- Health Authorities
- Professional Organisations
- Community Organisations
- Academic Organisation



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# South Asian Health Report

## Key Findings

**Corey Green**

Manager, Population Health Observatory  
Population & Public Health, Fraser Health

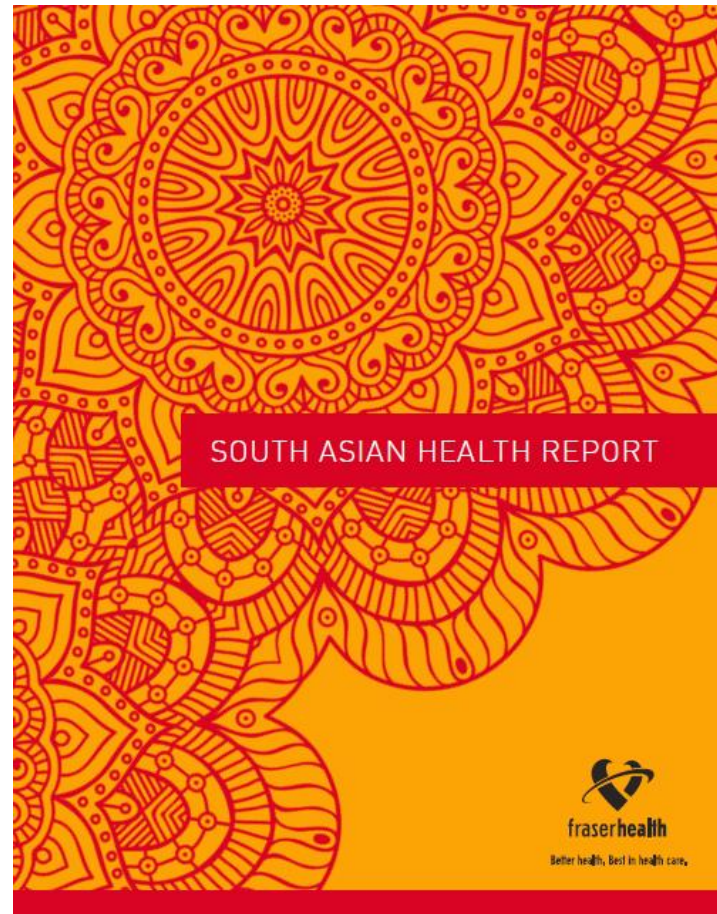
# South Asian Health Report

Overview of Key Findings  
Webinar July 8, 2016



# Content

- Purpose
- Data sources
- Methods
- Limitations
- Key Findings



# Purpose

To provide Fraser Health planners, decision-makers and community stakeholders with information about the health of South Asian residents in Fraser Health to inform strategies that can improve South Asian health



# Data Sources

- Focused literature reviews
- My Health My Community Survey
- National Household Survey 2011
- Walk Score®

# Data Sources: My Health My Community Survey

- Conducted June 2013 – July 2014
- Fraser Health and VCH residents, 18+ years of age
- Available in English, Chinese, and Punjabi
- Over 33,000 respondents, 15,000+ in FH
- Content: demographics, socioeconomic, health status, health behaviours, health care access, built environment, community resiliency
- Results weighted by age, sex, education

[www.myhealthmycommunity.org](http://www.myhealthmycommunity.org)



# Methods: Analysis

- Percentages (South Asian vs. FH overall)
- Stratification by age, sex, education, income, and immigration status where appropriate
- Chi-squared tests to identify statistically significant differences
- Multivariate regression analysis (age, sex, income, education, etc.)



# Methods: Deriving South Asian Ethnicity

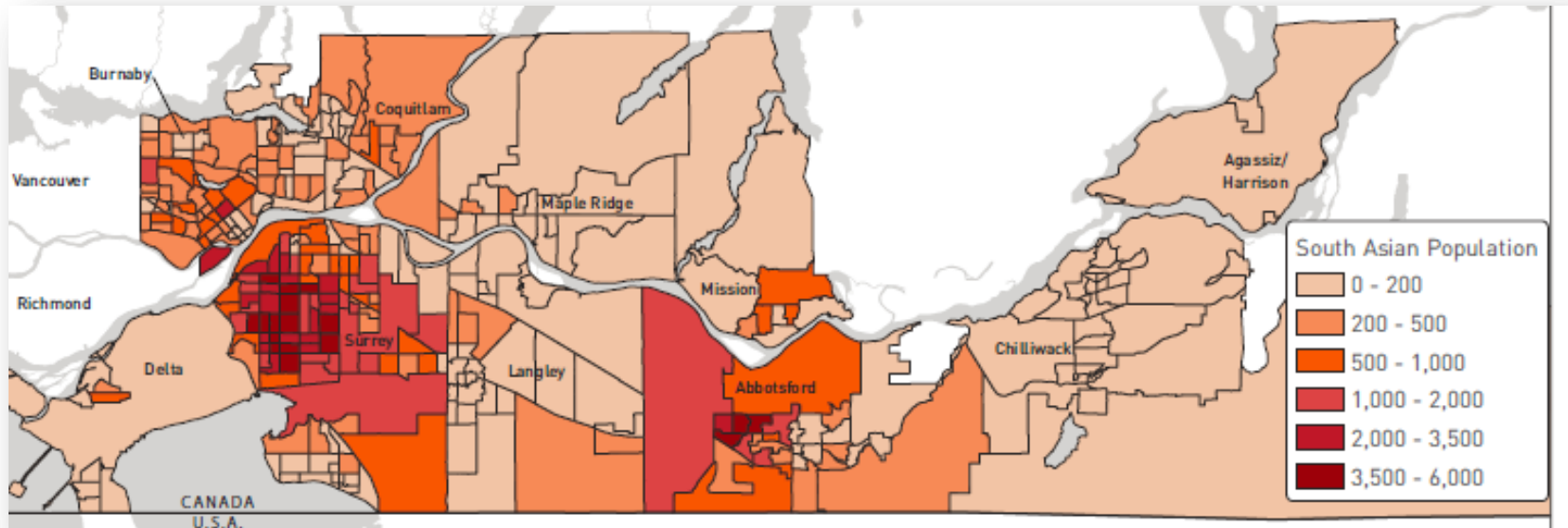
1. Mainly self-identification: Do you consider yourself to be...(e.g., South Asian)
2. Where were you born? (Bangladesh, India, Nepal, Pakistan, Sri Lanka, etc.)
3. What languages are you comfortable speaking? (Gujarati, Punjabi, Urdu, Sindhi, Nepali, Malayalam, Bengali)

# Limitations

- **Self-report:** potential for social desirability and recall bias
- **Non-response** on some key indicators (e.g., income, walking behaviours, BMI)
- **Representativeness:** convenience sample, online survey...BUT targeted efforts, outreach and weighting help

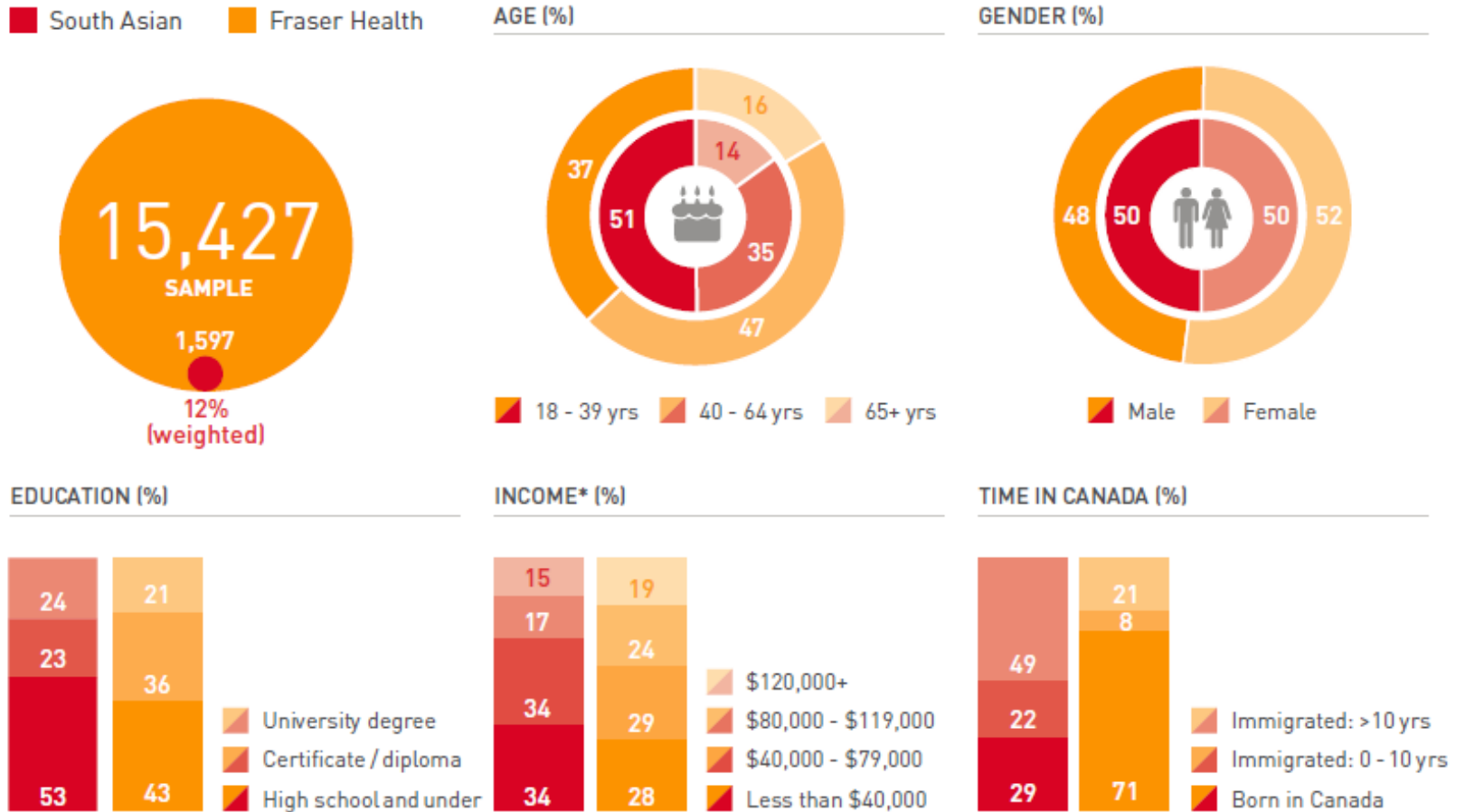
# Demographics and Socioeconomic

- Roughly 75% of South Asians in BC live in Fraser Health region (NHS, 2011)
- South Asians comprise 15% of Fraser Health population (Surrey – 34%, Abbotsford – 22%, Delta – 17%) (NHS, 2011)



# Demographics and Socioeconomic

FIGURE 1.2: Demographic and socioeconomic characteristics of the South Asian and Fraser Health populations



Notes: \*Income (%): The distribution in each income group only reflects the percentage among those who reported income in the MHMC survey; income was missing for 27% of respondents in Fraser Health overall, and 36% among South Asian respondents.

# Healthy Immigrant Effect

A pattern in which the primary applicants for migration to Canada are younger, more educated, and in relatively good health<sup>1</sup>

Often observed as a survival advantage among immigrants over Canadian-born counterparts<sup>2</sup>

<sup>1</sup> Ng E, Wilkins R, Gendron F, Berthelot J. Dynamics of immigrants' health: evidence from Canada, 1994-95 to 2002-03. Summary Report. Canadian Studies in Population 2005;32(1):131-133.

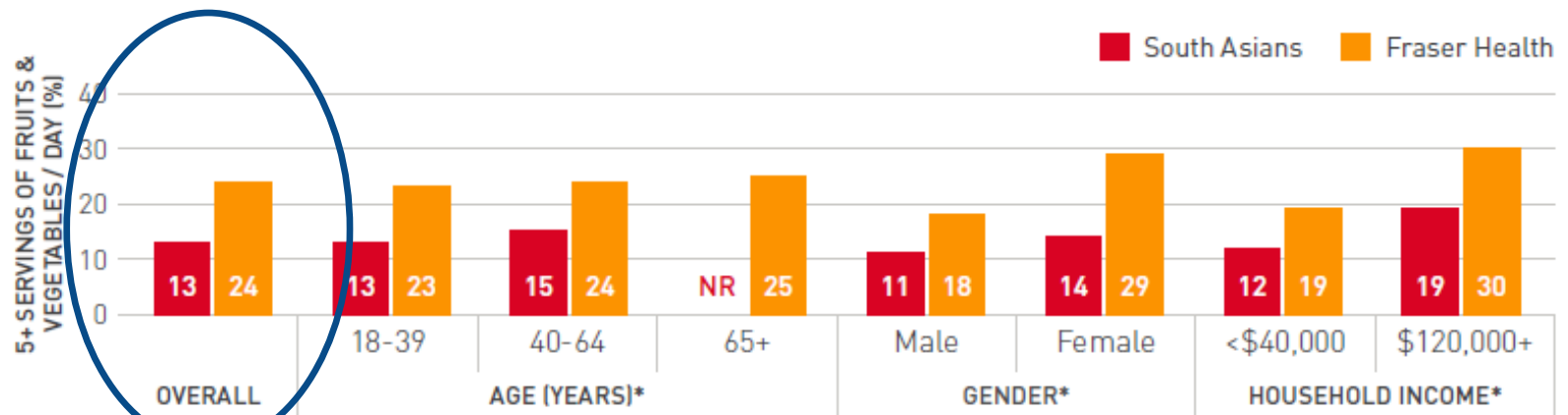
<sup>2</sup> Vang Z, Sigouin J, Flenon A, Gagnon A. The healthy immigrant effect in Canada: A systematic review. Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series. February 2015; 3(2).



# Health Behaviours: Diet

- 1 in 8 South Asians eat recommended 5+ servings of fruits and vegetables per day

FIGURE 2.1: Fruit and vegetable consumption among the South Asian and Fraser Health populations



Note:

1) \*Significantly different between South Asian and the overall Fraser Health population,  $p < 0.05$

2) NR, numbers too small to report

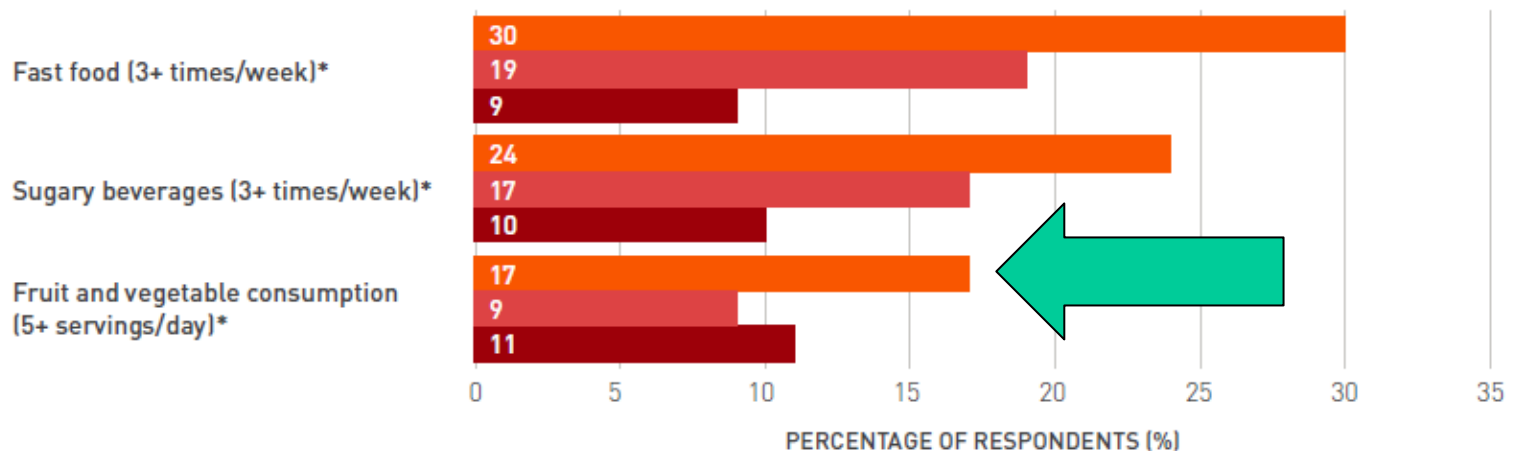
Data Source: My Health My Community Survey (2013-14)

# Health Behaviours: Diet

- Canadian-born South Asians were more likely to eat fast food, drink sugary beverages frequently, and have high screen time compared to those who immigrated to Canada

**FIGURE 2.3:** Dietary behaviours among South Asians in Fraser Health by time in Canada

■ Born in Canada ■ 0-10 years ■ >10 years

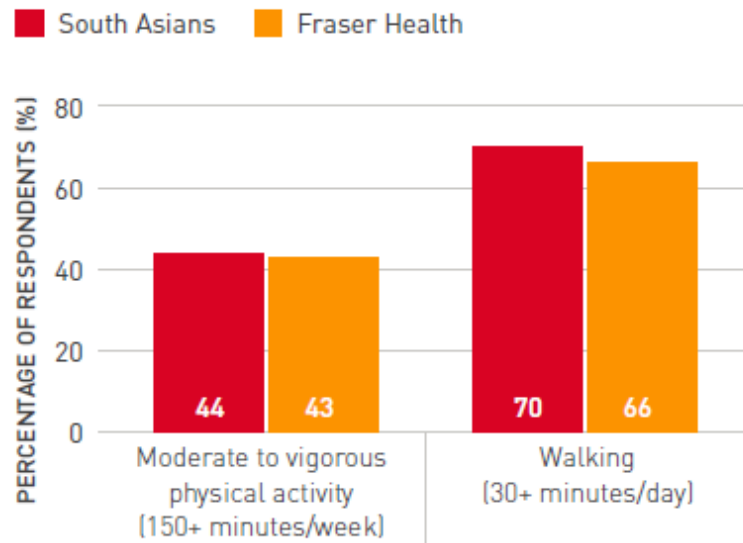


Note: \*Significantly different between South Asian and the overall Fraser Health population,  $p < 0.05$

Data Source: My Health My Community Survey (2013-14)

# Health Behaviours: Physical Activity

**FIGURE 2.4:** Physical activity and walking behaviour among the South Asian and Fraser Health populations



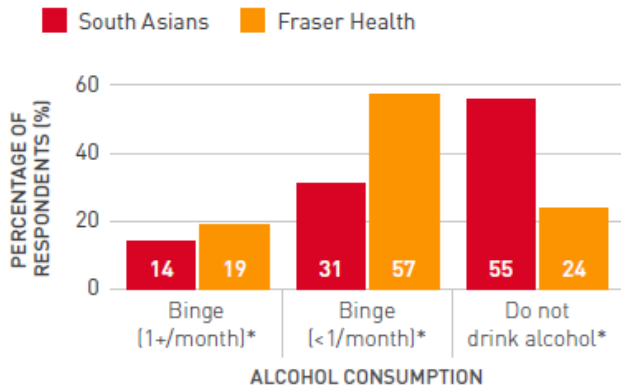
*Note: Differences between South Asians and overall Fraser Health population were not significantly different.*

*Data Source: My Health My Community Survey (2013-14)*

- Less than half of South Asians report getting 150+ mins of moderate to vigorous physical activity per week
- Higher percentage walk 30+ mins/d

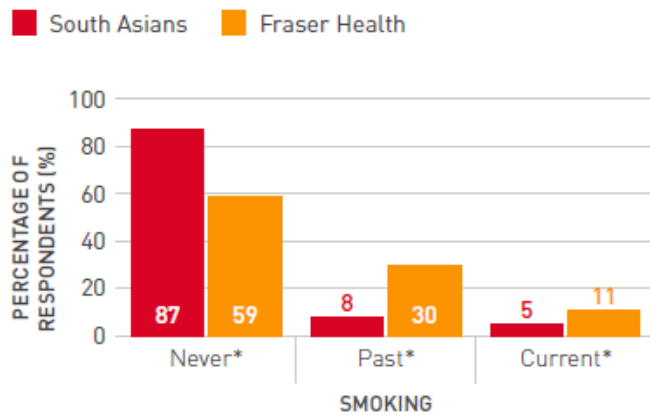
# Health Behaviours: Alcohol and Smoking

**FIGURE 2.6:** Alcohol consumption in the past 12 months among the South Asian and Fraser Health populations



- South Asians report overall less alcohol consumption

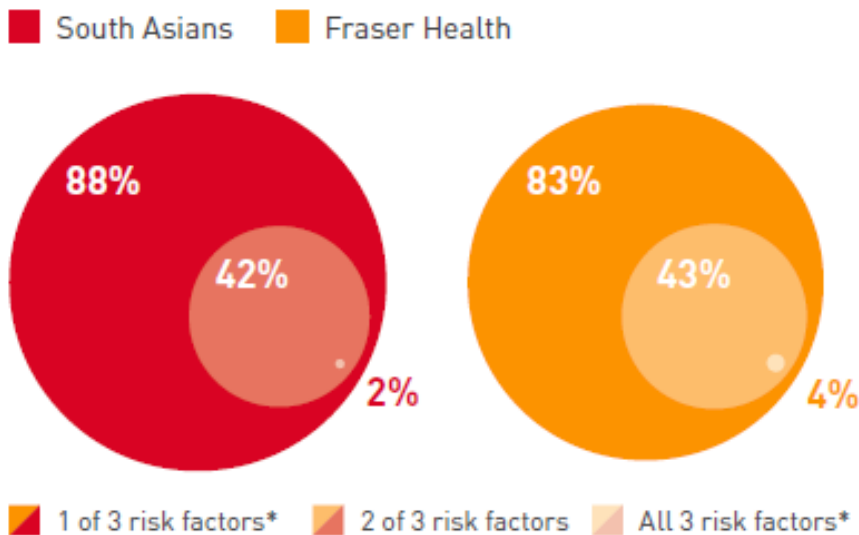
**FIGURE 2.8:** Smoking behaviour in the past 12 months among the South Asian and Fraser Health populations



- Smoking rates are also considerably lower among South Asians

# Health Behaviours: Multiple Risk Factors

**FIGURE 2.11:** Multiple risk factors among the South Asian and Fraser Health populations

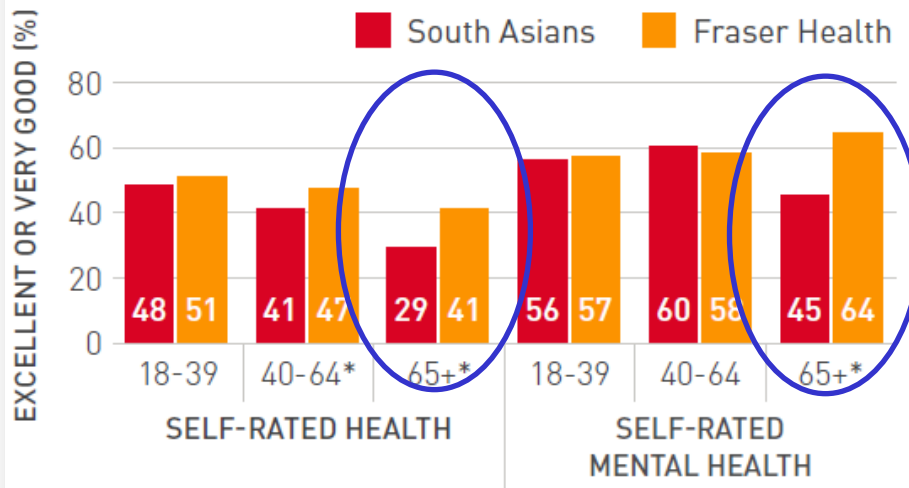


*Note: Risk factors that were studied include: 1) not getting a minimum of 5 servings of fruits and vegetables/day, 2) being a current smoker and 3) not getting recommended moderate to vigorous physical activity of 150 minutes/week*

- Having multiple risk factors can increase the risk of developing chronic diseases
- Higher % of South Asians had 1 of 3 risk factors; but half as many had all 3

# Health Status: General and Mental Health

**FIGURE 3.2:** Self-rated excellent or very good health and mental health, by age, among the South Asian and Fraser Health populations



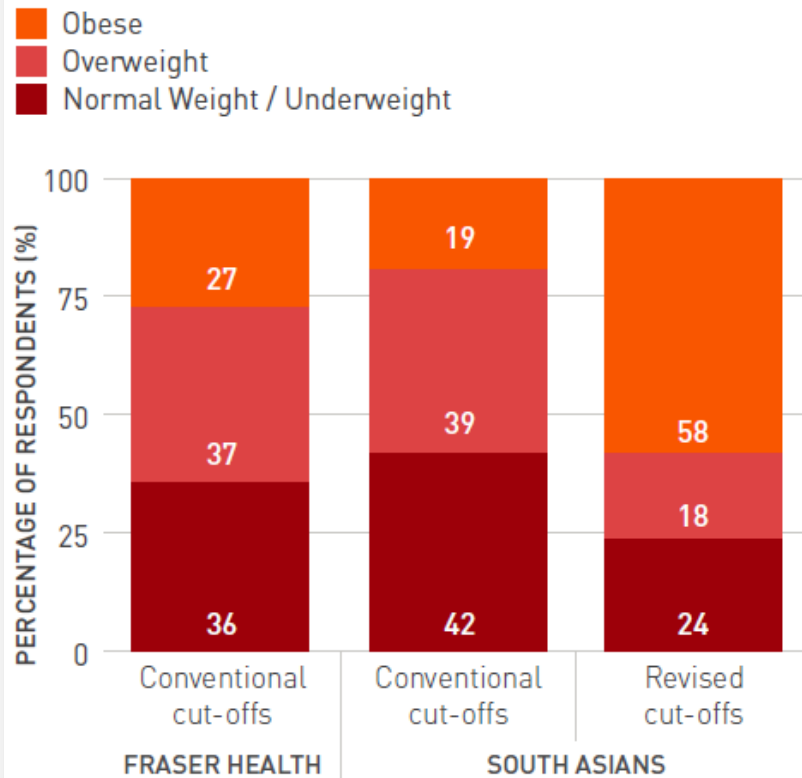
*Note: \*Crude differences were significantly different between the South Asian and Fraser Health populations,  $p < 0.05$*

*Data Source: My Health My Community Survey (2013-14)*

- South Asian seniors significantly less likely to report Excellent/Very Good overall health or mental health

# Health Status: BMI and Obesity

**FIGURE 3.3:** Body Mass Index (BMI) distribution among the South Asian and Fraser Health populations



- 58% of South Asians would be identified as obese by applying South Asian-specific BMI cut-offs ( $\geq 25$  kg/m<sup>2</sup>)

BMI CLASSIFICATION	REVISED CUT-OFFS FOR ASIAN INDIANS	CONVENTIONAL CUT-OFFS
UNDERWEIGHT	<18.0 kg/m <sup>2</sup>	<18.5 kg/m <sup>2</sup>
HEALTHY WEIGHT	18.0-22.9 kg/m <sup>2</sup>	18.5-24.9 kg/m <sup>2</sup>
OVERWEIGHT	23.0-24.9 kg/m <sup>2</sup>	25.0-29.9 kg/m <sup>2</sup>
OBESE	$\geq 25$ kg/m <sup>2</sup>	$\geq 30$ kg/m <sup>2</sup>



# Health Status: Chronic Diseases



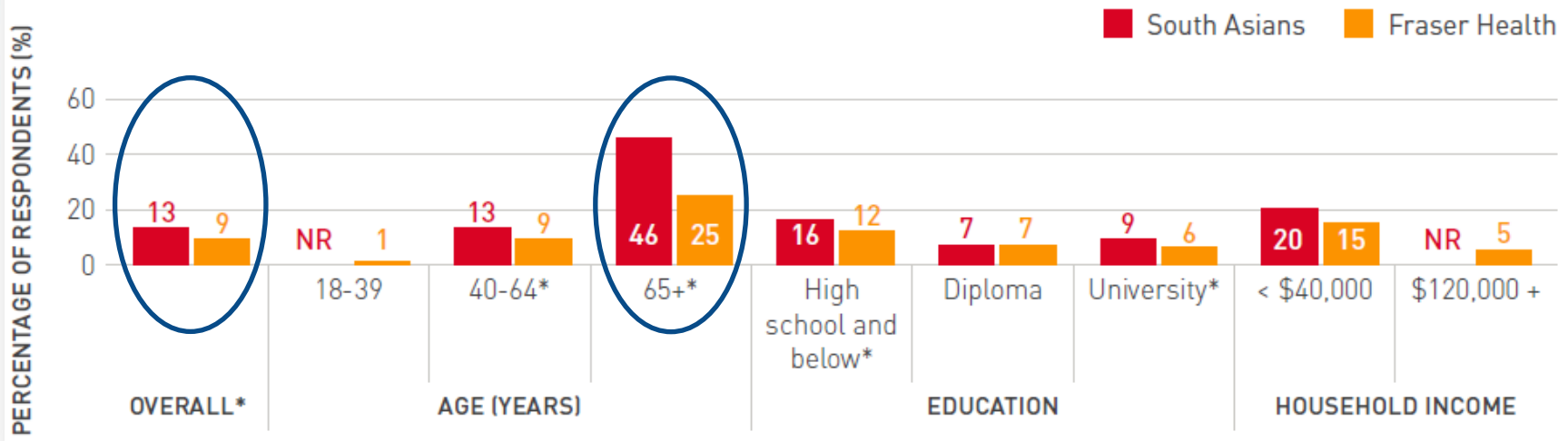
Compared to the rest of the population, South Asians in Fraser Health have

- 3 times higher odds of diabetes
- 2 times higher odds of heart disease

# Health Status: Multiple Chronic Diseases

- 13% of South Asians overall, and 46% of those 65+ years of age, reported being diagnosed with 2+ chronic conditions

**FIGURE 3.8:** Self-reported diagnosis of two or more chronic diseases among the South Asian and Fraser Health populations



# Built Environment: Walk Score®



Neighborhoods with a high density of South Asians were less likely to be classified as 'Very Walkable' or 'Walkers Paradise'



# Built Environment: Relationship to Health Behaviours

- **Diet:** South Asians were nearly 2 times more likely (15% vs. 8%) to eat 5+ servings of fruits and vegetables when they reported that their neighbourhood had a large selection available





# Sense of Community Belonging

- Significantly more South Asians (65%) reported having a strong sense of community belonging compared to Fraser Health overall (55%)



# Health Care Access and Utilization

- 90% of South Asians in the Fraser Health region reported having a family doctor



# Conclusion

- Tendency to focus on gaps, to allow us to identify targeted areas for improvement
- Need to acknowledge strengths in the South Asian community:
  - Social support from larger family groups living together
  - Strong sense of community belonging
  - Younger population, possibly more accessible online and through social media
  - Lower self-reported smoking rates and higher percentage abstaining from alcohol





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# Sehat Program

## Deljit Bains

Leader, South Asian Health Institute  
Population & Public Health, Fraser Health

# Sehat Program

## Program Overview

Deljit Bains, RN, BSc MBA

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Leader, South Asian Health Institute  
Fraser Health Authority



Denise Withers, MSc

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Consultant, Institute for Health System  
Transformation & Sustainability



# Sehat Snapshot

- Sehat program is an innovative health promotion program developed by SAHI to improve health outcomes for the local South Asian population.
- The long term approach includes activities for health literacy and choice design, client engagement, service delivery, system navigation and partnership development.

# Activities to date

- Volunteer Development
- Program Development
- Resource Development
- Program Delivery
- Community Engagement
- Program Evaluation
- Developmental Evaluation



# Insights

- Authenticity Matters- ensuring that Sehat is led and delivered by South Asians from the community has generated success
- Assumptions Persist- design and deliver of health promotion is often driven by assumptions about how to change behaviour in sustainable, scalable ways
- Demand Exists- the South Asian community in the region is keen to support the Sehat initiative

# Opportunities

- Developmental Evaluation of the Sehat program has identified an opportunity to co-create a approach to community-based wellness.
- The new model adopts a **patient-centred design lab approach**, committed to developing a **sustainable and scalable model of community-based health promotion** that will improve health outcomes across the South Asian population.
- One key feature of this new “Apnee Sehat Design Lab” is the development of a networked approach, to work with and build capacity through existing institutions and community-based partnerships, beyond the temples.

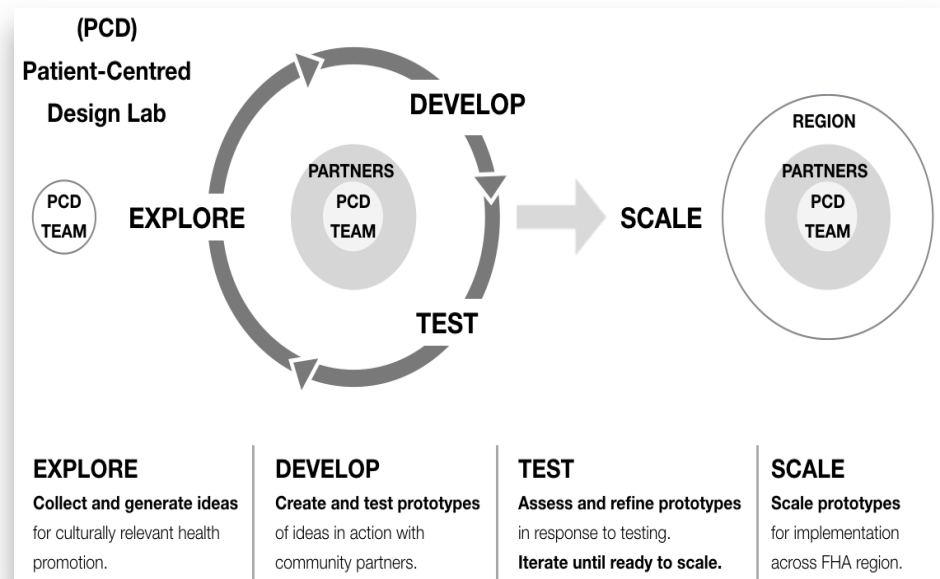
# Apnee Sehat Design Lab

Human-centred design labs work from the perspective of their target users. They apply hands-on, collaborative research and design methods to define and resolve users' real world needs in a way that works best for the user.

The new framework adopts a patient-centred design approach. The goal is to work directly with a small number of temples and community members to explore, test and refine each health intervention before implementing it at scale across the region.



This will enable the SEHAT team to challenge and resolve assumptions that have historically reduced the impact of health promotion programs.



The PCD Lab approach starts small, working with a core team that includes community members to develop and test specific interventions that address specific health challenges identified in the community. Each intervention is tested with progressively larger groups - including community partners - to refine it. Once an intervention has been proven effective, the Lab will scale it out across the region.

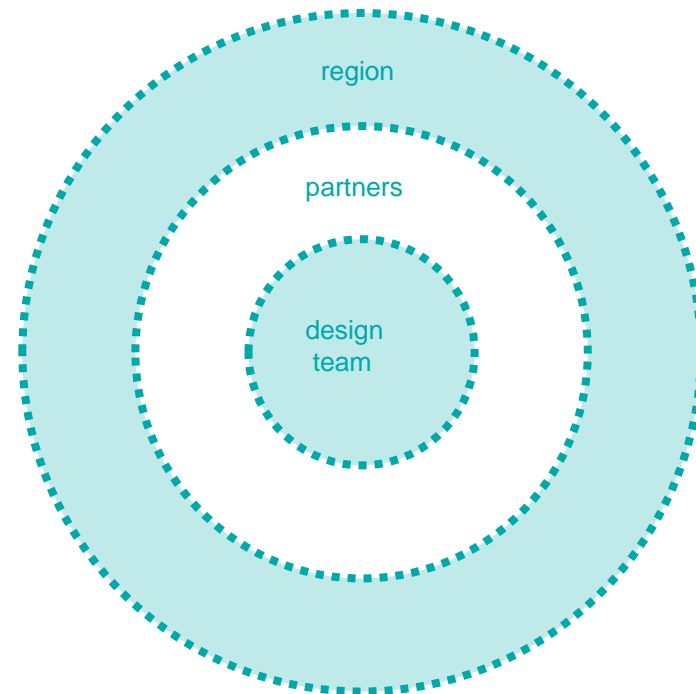


## Apnee Sehat Design Lab

For the next six months, the lab will focus on designing and testing targeted literacy and behaviour change campaigns to reduce the consumption of carbohydrates among South Asian new Canadians age 30-50.

The first round of design activities include:

- working with temples to change recipes, serving methods and portion sizes in their kitchens
- developing a model for workplace healthy lunch clubs
- serving nutritional Sehat Lassis to nudge diet conversations at soccer tournaments, festivals and parades
- hosting lunch time call in shows about health eating for men on local Punjabi radio and
- partnering with local South Asian TV producers on a series about health and wellness



Initial ASD Lab Engagement Model works *with* and *for* community participants and partners to scale impact across the region



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# Questions?

Send your questions via email to:

[populationhealthobservatory@fraserhealth.ca](mailto:populationhealthobservatory@fraserhealth.ca)