South Asian Women's Type 2 Diabetes Round Table

Empowering Change: South Asian Diabetes

October 2023

Prepared by

Institute of Health System Transformation and Sustainability
in partnership with
the Canadian Indian Network Society

Executive Summary

The South Asian Women's type 2 Diabetes Round Table, held on October 27, 2023, stands as a pivotal initiative in the collaborative efforts of the Canadian India Network Society (CINS) and the Institute for Health System Transformation and Sustainability (IHSTS).

This third session underscored the urgency of addressing the significantly elevated risk of type 2 diabetes among South Asian Canadians, particularly focusing on the crucial role of women within this demographic.

With cultural nuances influencing health decisions and behavior change across generations, South Asian women grapple with multifaceted challenges in managing their own diabetes amidst familial responsibilities and societal expectations. The round table, structured as an online focus group, provided a platform for eight participants to share their lived experiences, contributing to a nuanced understanding of barriers, challenges, and potential solutions.

The outcomes of this session not only shed light on the diverse and complex landscape of type 2 diabetes within the South Asian Canadian population but also furnish actionable insights for tailoring diabetes care strategies.

As we delve into the comprehensive summary, the round table emerges as a vital step toward redefining approaches to diabetes prevention, self-management, and alleviating the burdens faced by South Asian women in their healthcare journey.

Context

South Asian Canadians have up to 8 times higher risk of developing type 2 diabetes than the general population[1] and face unique cultural dynamics that influence the prevention and management of the disease.

In the South Asian population, family plays an important role in the management of health. Women are integral to health decisions and have great influence on behaviour change in the intergenerational nature of their families. However, managing their own type 2 diabetes can be made more challenging due to factors such as not prioritizing their own self-care, accessing culturally relevant care, being pressured to continue with a traditional diet, time-consuming family commitments, and the existence of type 2 diabetes stigma.

There is significant diversity within the South Asian Canadian population and cultural norms and behaviours can vary between geographic groups. That diversity is also reflected in the challenges that South Asian women face.

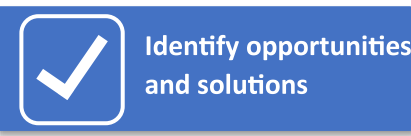
The Canadian India Network Society (CINS) and the Institute for Health System Transformation and Sustainability (IHSTS) have been partnering to engage with the South Asian population to better understand their unique needs in type 2 diabetes prevention and management. The South Asian Women's Type 2 diabetes Round Table was the 3rd session held to date. Learning about the unique barriers that South Asian women face is an important part in understanding how to support type 2 diabetes care in this population.

Purpose and Desired Outcomes

The round table discussion was organized to hear the lived experiences of South Asian women to better understand the barriers, challenges, and opportunities that lifestyle, family dynamics, and culture play in type 2 diabetes prevention, self-management, and lowering the burden of diabetes in this population. An online focus group format was used to hear and learn from the participants.

The desired outcomes for the session included:

- Learning from the lived experience of South Asian women, reflecting the culturally diversity within the population;
- Understanding the barriers and challenges faced by South Asian women in the prevention and self-management of type 2 diabetes;
- Identifying opportunities and solutions that can be shared with others when planning services for type 2 diabetes prevention and management.



[1] Diabetes Canada. Diabetes in Canada 2022 Backgrounder. Available at Diabetes Canada

Participant Selection and Background

Nine willing participants were identified through community contacts and word of mouth. Eight of the nine women participated in the session.

Requirements for participation included being female, diagnosed with type 2 diabetes or as pre-diabetic, and ability to speak in English. One participant had limited English but was able to fully participate with her daughter's attendance and help with interpretation.

Demographics were collected on the participants' age, years with type 2 diabetes, South Asian country and region of origin, family structure (nuclear or joint), educational level, and number of family members with diabetes.

Country of origin for participants included India, Sri Lanka, Bangladesh, and Pakistan, reflecting the significant diversity found within the Canadian South Asian population. None of the participants currently live in a multi-generational family structure. See Appendix A for complete details.

Session Format

Members of the planning and facilitation of The Round Table Discussion included: Dr. Arun Garg, Kathleen Chouinor, Joanne Spooner, Nitya Suryaprakash (Research Coordinator, South Asian Exercise Research), and Saira Abrar (Manager, Surrey, North Delta Division of Family Practice).

Prior to the online discussion, a scoping search of reviews was conducted using PubMed to identify the barriers and facilitators to type 2 diabetes prevention, diagnosis and management in the South Asian Population. The results of this review were summarized under five categories: Access to Care, Diet, Exercise, Self-Management, and Social. See Appendix B.

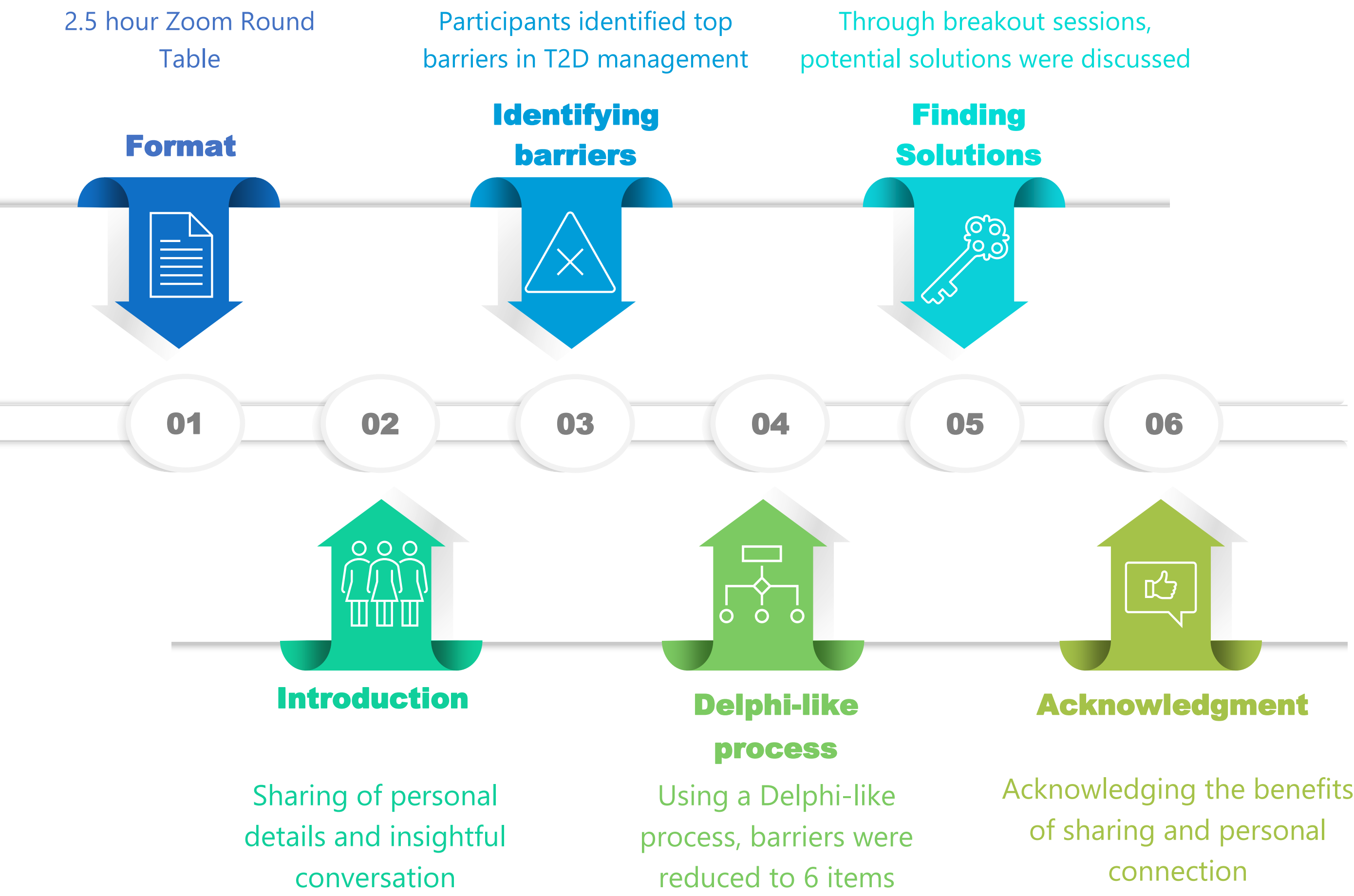
Participants were provided with this summary list of barriers to review and identify which barriers were most relevant to them. They were also encouraged to think of other barriers they may have faced that may not have been included on the list.

Individual 15-minute pre-session Zoom calls were then held with each participant to review the session format, answer questions and ensure each woman was comfortable with the Zoom technology.

Other details include:

- The Round Table was held over Zoom and was 2.5 hours in length.
- Following introductory comments, participants were asked to share their name, favourite breakfast food, one challenge they are currently having in managing their diabetes and one piece of advice they would give to someone newly diagnosed with type 2 diabetes. These questions generated good conversation and surfaced some additional challenges that were not highlighted in the literature, see Barriers discussion summary below.
- In a round table format, the participants were asked to identify their top barriers for each of the categories and identify any additional barriers they may have that were not included in the list.
- Through a Delphi-like method, the barrier list was condensed to the top ten barriers experienced by the most participants, and then condensed again to the top six barriers.

- The participants were assigned to two breakout groups to discuss potential solutions for the top six barriers. Group 1 were asked to focus on three of the top six barriers, and group 2 were assigned the other three.
- The session allowed for personal sharing of experiences and the women expressed they benefited from the connection and exchange. One participant informed the group of recent evidence on the health benefits of replacing whole wheat and rice with positive millet flour and grains[1] .
- Participants were given a small honorarium for their contributions. Some expressed gratitude for being asked to participate and offered to provide further feedback if desired.



[1] Positive Millets include: Barnyard Millet, Foxtail Millet, Little Millet, Kodo Millet and Browntop Millet. Millet is lower on the glycemic index and raises blood sugar more slowly than other grains. It is a high fibre, low-GI food that can help people keep blood sugar steady. Millet flour can replace wheat flour in roti's and millet grain can replace rice.

Barriers Identified

Top 10 Barriers

During the first round of discussions, the following top ten barriers were identified by the participants:

1. Difficulties in attending appointments – too far away, limited transportation, long waiting times to book appointments and in the office;
2. Not enough time with the health professional, including having only one question addressed at a time;
3. Lack of familiarity by doctors and dietitians of the nutritional diversity of South Asian foods (including a lack of established resources providing alternative dietary choices tailored to the needs of South Asians with type 2 diabetes.);
4. Difficulties socializing without eating unhealthy food. Pressure to eat unhealthy foods at events;
5. Lack of motivation;
6. Fear of injury or worsening health with exercise (including limitations from other disorders such as back and joint pain);
7. Lack of funds for health promoting investments (footwear, food, exercise);
8. Lack of time due to family (e.g. childcare) and work commitments;
9. Preference for alternative therapy (Ayurveda, bitter melon, fenugreek etc.);
10. Lack of support from medical insurance/pharmacare to encourage self-management (e.g. cost of testing strips, certain medications).

Top 6 Barriers

During the second round of discussions, the list was narrowed to the following six barriers:

1. Difficulties in attending appointments – too far away, limited transportation, long waiting times to book appointments and once in the office;
2. Not enough time with the health professional including having only one question addressed at a time;
3. Fear of injury or worsening health with exercise (including limitations from other disorders, such as joint and back pain);
4. Lack of motivation;
5. Preference for alternative therapy (Ayurveda, bitter melon, fenugreek etc.);
6. Lack of support from medical insurance/pharmacare to encourage self-management (e.g. cost of testing strips, certain medications).

Solutions Discussed

The breakout groups were each assigned three barriers and were asked to discuss potential solutions for as many of the barriers as time permitted.

Breakout Group 1 were assigned:

- Difficulties in attending appointments
- Fear of injury or worsening health with exercise
- Lack of motivation

Breakout Group 2 were assigned:

- Not enough time with the health professional
- Preference for alternative therapy
- Lack of support from medical insurance/pharmacare

Breakout Group 1 focused their discussions on fear of injury and lack of motivation which had similar solution themes.

Solutions: Participants discussed how the fear of injury or worsening existing conditions, especially causing a flare to conditions like joint and back pain, impacts their motivation to exercise. Some ideas to improve motivation and feel more comfortable with incorporating exercise into their lifestyle were discussed. Participants identified that SA women do not prioritize taking care of themselves and that culturally self-care is seen as selfish.

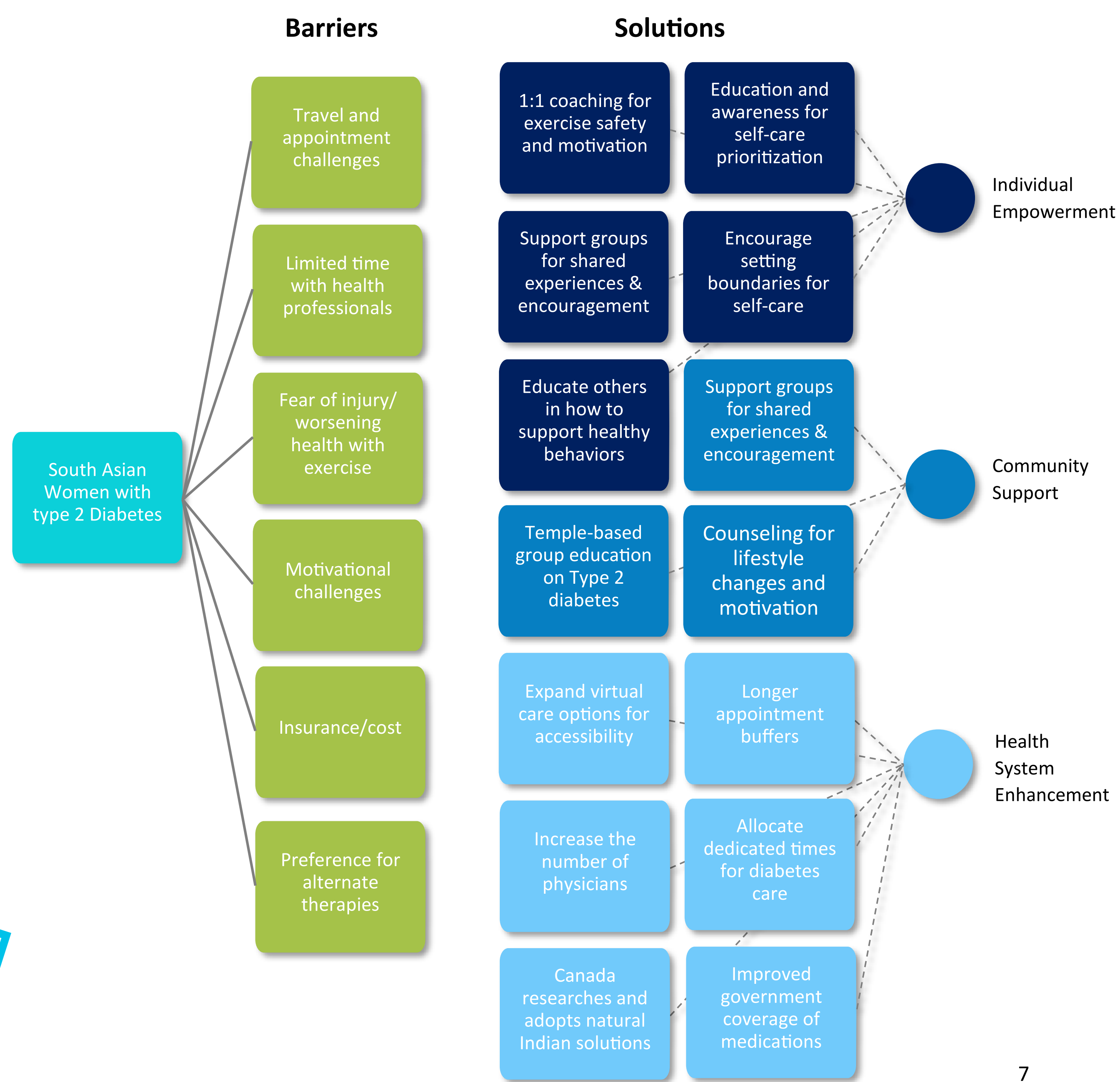
1. Help through 1:1 coaching – professional to show correct exercise technique to avoid injury or worsening of a previous condition. It was suggested that 1:1 coaching would also help with motivation.
2. Education and awareness that self-care is okay – South Asian women don't prioritize themselves. Support and education that self-care is not selfish. It can still be done while caring for others. Get rid of stigma that self-care is selfish.
3. Support Groups for the South Asian population – can be run by professionals or can be simply a group of SA women coming together to share experiences and encourage each other.
4. Set Boundaries – support and encouragement to say no to certain things so that you have time for self-care.
5. Educate others in the general South Asian population – so that they can encourage and support healthy behaviors and support women with diabetes.

Breakout Group 2 focused their discussions on the barrier of not having enough time with health professionals and on the South Asian preference for alternative therapies.

All participants expressed frustration that their time with their primary care physician was limited and often there is not enough time to answer questions. It was recognized that the new physician payment schedule that allows more time with patients may, over time, help with this concern. Solutions that were discussed include:

1. On a patient level, to maximize time with the Primary Care Provider, patients should make a list of questions to discuss with their care provider.

2. In appointment scheduling, physicians should allow more time between patients to create a buffer in case one visit runs long.
3. Increase the number of physicians in the system.
4. Have allocated times within the week (i.e. an afternoon) that is dedicated to diabetes care. This could include group medical visits focused either on diabetes education or clinical management.
5. Provide group education about type 2 diabetes management at temples.
6. Have more virtual care options available.
7. Provide counselling to help with lifestyle changes and motivation.



The participants discussed the role of alternative therapies alongside western diabetes care, recognizing that adding options like Aryuvedic medicine to mainstream medical care in BC would be challenging. However, they noted that South Asian Canadians have a lot of trust in alternative medicine – which is used extensively in India, and less trust in Western Medicine. They suggested that Canadian authorities research and provide options for natural solutions already used in India.

A short discussion was held about the cost of medications and that pharmacare seems to only cover the cheapest versions, but physicians prescribe higher cost formulations. One solution suggested was that the government should provide better coverage for expensive medications if prescribed by the physician.

Summary

The South Asian Women's Type 2 Diabetes Round Table, a collaboration between CINS and IHSTS, addressed unique challenges faced by South Asian Canadians in preventing and managing type 2 diabetes. Through a Zoom session, participants shared experiences, identified key barriers, and discussed solutions. The project yielded practical solutions to address diabetes challenges specific to South Asian women, considering their unique cultural context. By engaging the community in discussions, it empowered individuals and contributed to a holistic healthcare approach. The outcomes of this initiative contribute to a comprehensive understanding of type 2 diabetes challenges in South Asian communities and offers actionable insights for improving prevention and management strategies.

Next Steps

- The process and results of this Round Table discussion will be presented in a storyboard on April 23rd, 2024 at the Quality Forum JCC Pre-Forum. IHSTS partnered with the Surrey North Delta Division of Family Practice in a successful joint abstract submission called *"Barriers and Solutions to Diabetes Care in the South Asian Women's population – learnings from lived experience".* The storyboard will include results from the Round Table as well as findings from a gestational diabetes focus group conducted by the Division.
- Identify other South Asian community groups to engage with and learn from.

Appendix A – Participant Demographics

Age	Education	Years with T2D	Where Born or Country of Origin	Family Structure	# of family with T2D
62	Master in English lit. Working on masters in special ed	5	India Maharashtra Mumbai	Spouse, children have moved out	Nobody has been diagnosed
67	Bachelor Economics Law degree	3 - 4	India Gujarat	Alone. Lives next to son. Helps with grandchildren sometimes	Mother-in-law Mother Grandfather
56	Masters Environmental Science	22	Bangladesh Dhaka	Husband Daughter at university	Dad – due to pancreatic cancer Mom at age 56 Sister.
77	Masters	20	India Rajasthan, Udaipur	Husband at home. 2 daughters – 1 in California and 1 in Vancouver	All 3 brothers. Deceased sister. Sister's daughter diagnosed at age 16
41	Bachelor Civil Engineering	Pre-diabetic GDM 13 years ago	Pakistan Karachi	Husband and children	Father – diagnosed in his 30's
60	Technical College – Sri Lanka	2	Sri Lanka Jaffna	Lives with husband and daughters	Husband and– most of his family
52	Masters Education	10	Pakistan Lahor	1 son in university and 1 in grade 4	Father in Pakistan
84	Grade 12 plus banking courses at UBC	3	Sri Lanka Kandy	Single	No one else in family

Appendix B – Literature Review Summary