

Creating a Food is Medicine Program for South Asians through Community Collaborations

Creating a Food is Medicine Program for South Asian Adults with Cardiometabolic Disease

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Background

- South Asians face a high risk of type 2 diabetes and cardiovascular disease compared to the other population groups in the United States.
- Food is Medicine (FIM) programs combine health care and nutrition care by providing medically tailored meals or groceries to help prevent or manage chronic diseases such as heart disease or type 2 diabetes.
- Tailoring FIM programs for the participants can improve acceptability and longevity of the programs, but such programs for South Asian Americans are lacking.

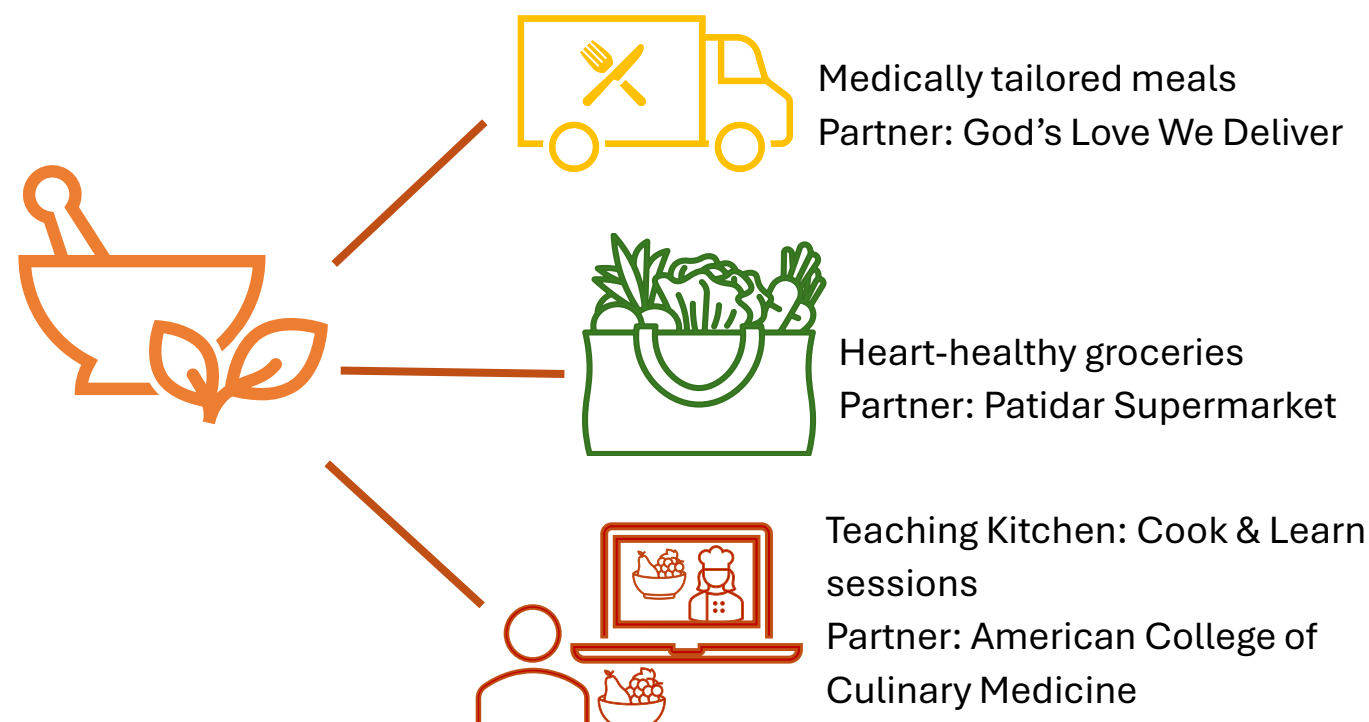
Objective

With the help of the community partners, we aimed to create and implement a FIM program for South Asian (SA) adults with cardiometabolic disease such as diabetes or heart disease. We are studying the feasibility and acceptability of this program.

Methods

Phase 1: Interviews with 20 SA community members to learn about their preferences and what would make it easier for them to participate in a FIM program.

Phase 2: Based on the information from Phase 1, development and implementation of a tailored FIM program, including medically tailored meals, heart-healthy groceries, and hands-on, teaching kitchen (Cook & Learn) educational sessions.



Program Progress



Medically Tailored Meals



- Provided by God's Love We Deliver.
- Weekly delivery: 11 or 21 meals/week for 2-4 weeks.
- Meals are designed to match disease-related nutrition needs.
- Dietitian-approved.
- Inspired by a variety of cuisines.
- Made with consideration for certain dietary preferences (e.g., vegetarian).



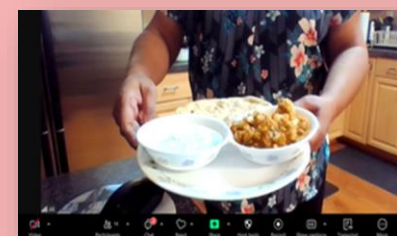
Heart-Healthy Grocery Deliveries



- Provided by Patidar Supermarket.
- Participants ordered up to \$65 worth of groceries for 2-4 weeks.
- The website (South Asian CHEF) for grocery orders was created by the research team.
- Delivered by research team members.



Teaching Kitchen: Cook & Learn Interactive Education



- Hosted at Rutgers Nutritional Sciences Teaching Kitchen; 2-4 weekly sessions took place on Zoom.
- Interprofessional team: South Asian medical doctor and registered dietitians, culinary experts, community partner, students.
- Live cooking by all during the session, educational presentation, and Q&A.
- Included participants' family members.



Assessments



- In-person at Rutgers-New Brunswick.
- Before, after, and 3-month follow up.
- Body measurements (weight, height, waist and hip circumference, blood pressure).
- Cholesterol and A1C tests.
- 24-hour dietary intake.
- Survey on health care and lifestyle behaviors (physical activity, quality of life, medical history, etc.).
- Feedback interviews with participants & partners.

Outcomes

Participant Characteristics (n=19)

		Mean ± SD or Count (%)
Age, yr		55 ± 11
Gender	Female	13 (68)
	Male	6 (32)
Marital Status	Single or no partner	7 (37)
	Married or with partner	12 (63)
Education	Some college or more	19 (100)
Generational status	First-generation	17 (90)
	Second-generation	1 (5)
	Unknown	1 (5)
Disease Status	Pre-diabetes	16 (84)
	Diabetes	12 (63)
	High blood pressure	11 (58)
	High cholesterol	14 (74)
	Coronary artery disease	4 (21)
A1C, %		7.0 ± 0.5
BMI, kg/m ²		27.6 ± 4.9
BMI Categories	Normal (18.5-22)	4 (21)
	Overweight (23-27.4)	7 (37)
	Obese (27.5-40)	8 (42)

- In the longer (2-month) program, 89% of the participants attended 3 out of 4 Cook & Learn sessions.
- To date, 95% of the participants completed the study.
- Follow-up assessments, feedback interviews, and data analyses are ongoing.

Key Takeaways

- This is the first Food is Medicine program to focus on SA adults in this region, a group that faces a high risk of cardiometabolic diseases such as type 2 diabetes and heart disease.
- Results from this study will help form future Food is Medicine programs to improve the participation and effectiveness of these programs for chronic disease prevention and management.

References & Acknowledgments

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