## Center for Asian Health Promotion and Equity (CAHPE)





#### **Key Takeaway:**

Integration of faith-based caregiving support may lead to a more robust network around caregiving support for diverse older adults with multiple chronic conditions, reducing isolation and improving the overall well-being of caregivers and family.

### Domains of Caregiving Support Accessed by South Asians in Faith-Based Settings

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#### **Research Institution/Setting**

- <u>Research Institution</u>: New York University Rory Meyers College of Nursing
- <u>Setting</u>: New York and New Jersey Area; South Asian-Serving Faith-Based Communities
- **<u>Population:</u>** Hindu, Muslim, and Sikh Identifying Faith Leaders, Volunteers, and Caregivers

#### **Study Population**

- <u>Aim 1</u>: Faith leaders and volunteers (n=24) from Hindu, Sikh, and Muslim communities will be purposively recruited through community outreach and investigator networks.
- For Hindu-identifying participants, community liaisons will identify and recruit participants.
- The PI and Co-I will recruit Sikh and Muslim-identifying participants through direct outreach and community engagement.

• <u>Aim 2</u>: Caregivers (n=45) of older adults with multiple chronic conditions will be snowball sampled through community outreach, WhatsApp groups, word of mouth, and email outreach.

#### **Background, Unmet Need**

The rapidly growing South Asian population in the U.S. faces health disparities, particularly related to multiple chronic conditions, including cardiometabolic diseases. The caregiving burden is significant, but little is known about this population.

South Asian-serving faith-based communities, which often provide culturally sensitive caregiving support, remain understudied. Due to historical discrimination and underrepresentation in aging and caregiving research, little is known about how such communities support caregivers or how they help mitigate caregiving stress and foster religious coping.

Addressing these gaps is crucial to developing culturally sensitive interventions that alleviate caregiving burden and ensure equitable support for South Asian caregivers in the U.S.

#### **Funding/Acknowledgements**

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#### **Aims of the Project**

- Aim 1: To describe the domains of caregiving support accessed in faith-based settings by South Asians who identify as Hindu, Sikh, or Muslim (16 interviews completed)
- Aim 2: To explore caregiver burden, stress, psychosocial support, and religious coping among family caregivers of older adults with multiple chronic conditions who identify as Hindu, Muslim, or Sikh (38 surveys returned).

South Asians include those with ancestry from Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives.

## Pilot Project Design & Procedures

#### Aim 1: Semi-Structured Interviews

- Faith leaders and community volunteers identifying as Hindu, Sikh, or Muslim will be recruited through established site partnerships and community outreach via word of mouth, email, and WhatsApp community groups.
- Interviews will be conducted via Zoom and last no more than 45 minutes. After participating, each participant will receive a \$50 e-gift card incentive.
- Qualitative interviews will be transcribed, de-identified, and analyzed using directed content analysis with themes developed inductively.

#### Aim 2: Surveys

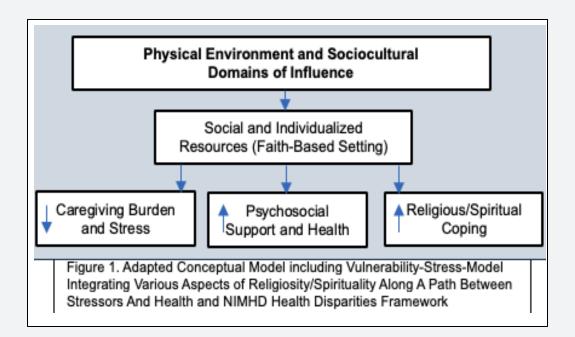
- Caregivers who identify as Hindu, Sikh, or Muslim and care for someone with chronic medical conditions will be recruited via email outreach, WhatsApp community groups, and word of mouth.
- Surveys will be delivered via email using REDCap. For completing the survey, each participant will receive a \$25 e-gift card incentive.
- Survey data will be summarized using frequencies, percentages, and correlations (e.g., Pearson's or Fisher's Exact Test) to assess relationships between caregiver burden and religious coping variables.

#### **Contact**

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#### **Conceptual Framework**



#### **Assessing Impact and Key Messages**

#### Future Goals for Implementation and Impact:

•Establish a framework for caregiving support services, support groups, and educational and public health programming within South Asian-serving faith-based communities.

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•Integration of faith-based caregiving support can lead to a more robust network around caregiving support for older adults with multiple chronic conditions, reducing isolation and improving the overall well-being of caregivers and older adults.



 Offer insight as to how faith-based settings can be leveraged to provide culturally sensitive support to South Asian caregivers.



 By exploring the role of faith-based settings in caregiving, the study may highlight effective strategies for integrating religious and community resources into public health interventions.



 The findings could inform the development of more comprehensive and accessible support systems for caregivers, particularly those in underserved or minoritized communities and faith-based settings.

