

KEY TAKEAWAY: Acceptability of a Culturally Tailored Food-is-Medicine Program among South Asian Adults in New Jersey

Culturally Tailored Food is Medicine for Cardiometabolic Health among Asian Americans

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Background

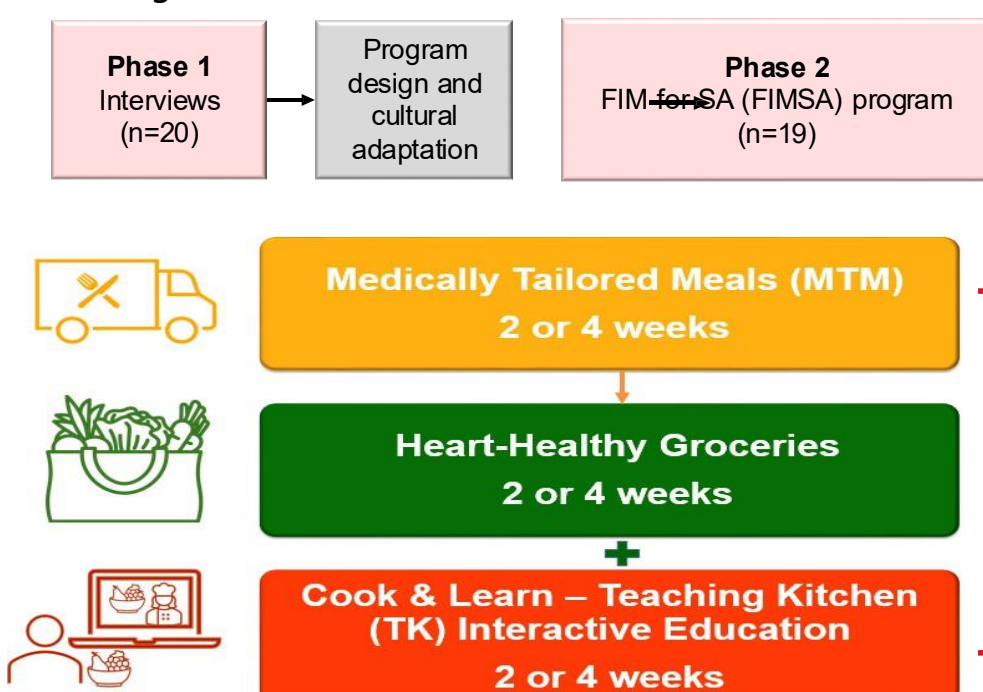
- South Asians face a high burden of chronic diseases such as type 2 diabetes, and cardiovascular disease (CVD) compared to other racial/ethnic groups in the United States. They also have a higher risk of developing these diseases at an earlier age and lower body weight status.¹⁻³
- Certain eating patterns have been linked to increased CVD risk among South Asians.⁴ Culturally tailored Food-is-Medicine (FIM) programs may be an effective way to impact the chronic disease outcomes through sustainable and healthy eating patterns, but acceptability of various types of FIM approaches in South Asian populations is unknown.

Objectives

- Examine South Asian adults' preferences, perceived barriers and facilitators to participate in FIM programs.
- Test the acceptability of developing and implementing a culturally tailored FIM program among South Asian adults with diet-related chronic diseases.

Methods / Pilot Design

- Phase 1:** Interviewed 20 South Asian adults about their barriers and preferences to participate in FIM programs.
- Phase 2:** Developed and implemented a FIM program among 19 South Asian adults with chronic disease.



- In addition to the before and after program assessments, satisfaction with various aspects of the FIMSA program was collected at the 3-month follow-up time after the completion of the program.

Results – Phase 1

Perceived barriers

- Family preferences, tempting foods at social events
- Hard to give up carbs & cooking/taste preferences

Inconvenience/time limitations

Preferences for diet-related programs

- Adapt South Asian food practices
- Involve family
- Individually tailor to disease status and flavor preferences
- Flexible program logistics (after-work hours, online access, etc.)

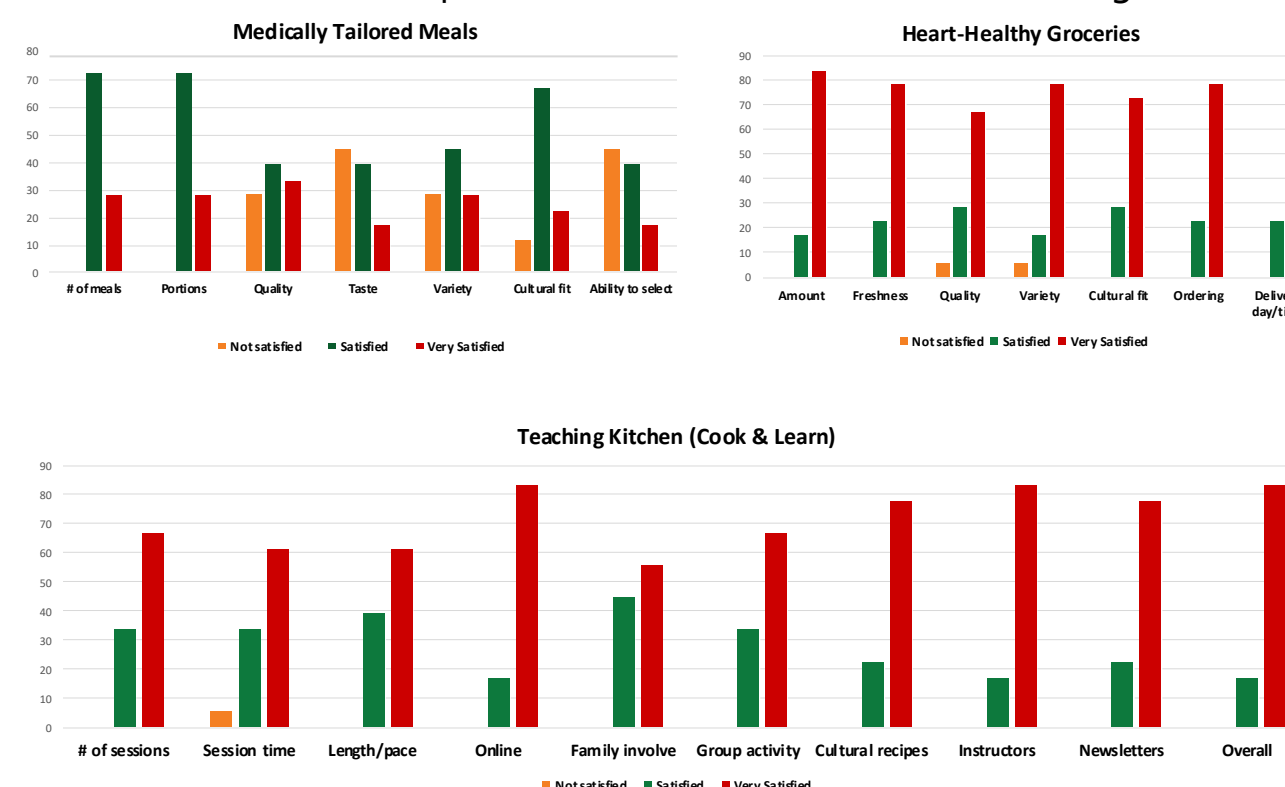
Results – Phase 2 (FIMSA)

- Program was tailored by using South Asian recipes, delivering virtual TK sessions, welcoming family members; adapting TK content for South Asian cooking practices; partnering with a South Asian grocery store; and using newsletters to enhance online access.

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 w/ partner	12 (63)
Education	Some college or more	19 (100)
	First generation	17 (90)
Generations in the US	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)
BMI, kg/m ²		27.6 ± 4.9

Satisfaction with the FIMSA Program

- 78% of participants said that FIMSA was “very helpful” to eat foods that are good for their health; 22% thought it was “helpful.”
- 83% described their FIMSA experience as “excellent”; 17% said it was “good.”



- High satisfaction ratings were reported for TK and grocery components.
- For MTM, most were satisfied with the amount and portion sizes; 28% - 44% were dissatisfied with the taste, variety, or being able to select the foods they wanted.

Conclusions and Discussion

- This is the first FIM study in NY/NJ area that focused on South Asians with chronic diseases.
- Multiple partnerships were critical to develop and implement this program:
 - God's Love We Deliver*, our key partner provided MTM services and actively participated in all aspects of the study.
 - Patidar Supermarket* was a key partner making the culturally appropriate and heart-healthy groceries possible.
 - American College of Culinary Medicine* provided the recipes, base curriculum, and TK website.
- Close to 80% of the participants found this program very helpful, and they were highly satisfied with their experience in the study, especially with the TK and heart-healthy grocery components.
- Many participants found the number of meals, portion sizes, and overall cultural/religious appropriateness of MTM acceptable, but limitations in full integration of South Asian cuisine into MTM was reflected in lower satisfaction ratings for taste and variety.
- Cultural adaptations made for the TK and grocery components in this study were highly acceptable for South Asian adults and can be replicated in other programs.
- Operational or medical necessities may limit the cultural tailoring of MTM interventions, but high acceptability of other components such as TK and grocery selections may help mitigate such limitations, and enhance the overall acceptability of FIM programs.

Contact

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