

Adapting Evidence-based Hypertension Prevention and Healthy Promotion Strategies for Asian American Populations

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Presentation Outline

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- Methods & Process: Cultural Adaptation
- Cultural Adaptation: Nutrition Strategy
 - i. Inclusion of Cultural Foods & Images
 - ii. Dissemination: REACH FAR Social marketing
- Cultural Adaptation: Community Clinical Linkages Strategy
 - i. Keep on Track
 - ii. Million Hearts
- Conclusion

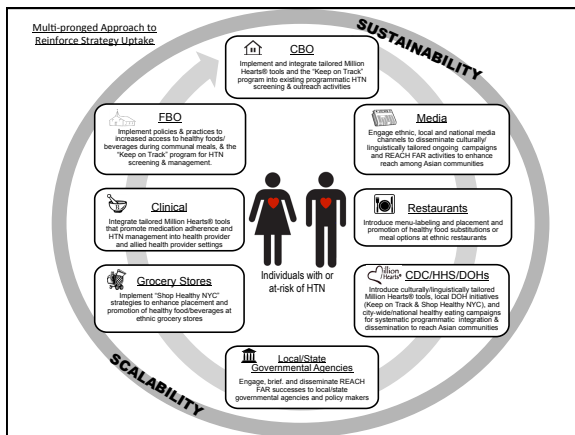
Objective

We will discuss the cultural adaptation process and the consensus decision-making made to the Evidence Based Strategies (EBSs) for hypertension prevention & healthy promotion strategies for Asian American populations under the REACH FAR project.

Background: REACH FAR Project

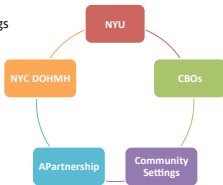
The goal of the Racial and Ethnic Approaches to Community Health for Asian Americans (REACH FAR) Project is to use a community-partnered approach to implement culturally adapted EBSS to address hypertension and improve healthy eating options for Asian Americans (i.e. Asian Indians, Bangladeshis, Filipino and Koreans) living in NYC/NJ

1. Improving healthy eating options for AAs (Nutrition Strategy)
 - i. FBOs/CBOs – mosques, churches, gurdwaras, senior centers
 - ii. Ethnic restaurants and/or grocery stores
2. Increase access to prevention, risk reduction and chronic disease management opportunities to address hypertension for AAs (Community Clinical Linkages Strategy)
 - i. Keep on Track – FBOs/CBOs
 - ii. Million Hearts – Pharmacies, community physicians, nurses associations



Methods & Process: Cultural Adaptation

- Principles of community-based participatory research (CBPR) and social marketing were used to adapt EBSS
 - Consensus building
 - Review Process across various partners and stakeholders
- Nutrition Strategy:
 - Using appropriate imagery
 - Dissemination in community based settings
- Community Clinical Linkages (CCL) Strategy:
 - Beyond Translations



Nutrition Strategy: Inclusion of Cultural Foods & Images

Same Foods – BIG Difference in Sodium
The amount of sodium in packaged foods varies a lot by brand.

Food	Serving Size	Range of Sodium (mg) per Serving*
Canned soup	1 cup	30-950
Canned vegetables	½ cup	10-550
Sliced bread	1 slice	75-310
Frozen cheese pizza	1 slice	460-1190
Frozen meals	6-10 ounces	260-1300
Tomato juice	8 ounces	140-680
Salad dressing	2 tablespoons	20-620
Salsa	2 tablespoons	90-250
Potato chips	1 ounce	5-250
Pretzels	1 ounce	75-580

*Based on a convenience store.

Always read labels. For example, by choosing your pizza wisely, you can avoid 730 mg of sodium.

Food	Serving Unit	Sodium Range (mg)
Soy sauce	15ml	120 - 1120
Instant Ramen	100g	547 - 2655
Crackers	30g	145 - 207
Hot Sauce	15ml	1100 - 1800
Tuna	55g	222 - 490
Seam	56g	580 - 790
Soy Bean Paste	30g	470 - 1172
Hot Sauce Paste	30g	460 - 1176
Frozen Dumplings	100g	300 - 510
Kimchi	30g	179 - 210
Packaged Curry Balls	150g	317 - 6237
Seaweed	10g	100 - 240
Dried Fish	30g	316 - 540

Korean

Food	Serving Unit	Sodium Range (mg)
Frozen Samosas	1 large/2 small	140 - 820
Ready to eat Chutneys	1 tablespoon (28g)	130 - 896
Pickle	20g	700-1700
Chut Masala Spice Mix	5g	78-2812
Frozen/Ready to Eat Breads	100g	174 - 840
Canned Tomatoes	100g	12 - 557
Garbanzo Beans	130g	35 - 384
Nankhena (storey fried snacks)	35g	167 - 664


Indian


Nutrition Strategy: Inclusion of Cultural Foods & Images





Nutrition Strategy: Korean Plate Planner





Dissemination: REACH FAR Social Marketing

CBPR Approach:
 AP Partnership
 NYU CSAFE
 DREAM Coalition
 Kalsugan Coalition
 Korean Community Services, Inc.
 United Sikhs

CCL Strategy: Adapting *Keep on Track* program

NYC DOHMH Volunteer Blood Pressure Program

- Hiring bilingual KOT consultants
- Translation & Review
 - Keep on Track Manuals
 - Health Counseling Materials
- In-language Trainings

CCL Strategy: *Keep on Track* Launches for AAs

KCS – Flushing United Methodist Church – 9.20.15
 United Sikhs – Van Wyck Gurdwara – 9.27.15

Screening

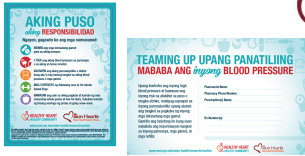
Consenting

Measuring

Counseling

Culturally Adapted Million Hearts tools

- Adapt existing Million Hearts tools – e.g. “Taglish”
- Disseminate Million Hearts tools delivered by variety of providers
 - Pharmacies
 - Healthcare providers
 - Nurses association



Conclusion

EBSs to improve policy, systems, and environmental outcomes are critical to mitigate AANHPI health disparities. Community engagement and social marketing strategies are needed to enhance message relevancy, and diffusion and sustainability of EBSs to reach AAs or other underserved racial/ethnic audiences.

Q&A

Thank you!



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