

# South Asians generally healthy when they get here

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Dietician Indubala Shekhawat often gets the same baffled reaction when she counsels South Asian immigrants about diabetes.

“When I see clients one-on-one, they say they were healthy when they came here. They never had diabetes or high cholesterol or high blood pressure at home.”

They wonder why their health has taken a turn for the worse in their new home. Shekhawat always responds with the same answer: “I ask what their weight was back then. How much physical activity were you doing? What was your diet?”

Shekhawat is a registered dietician with the South Asian Diabetes Prevention Program, which was created just over a year ago to tackle the high rate of diabetes in Toronto’s South Asian community.

According to Statistics Canada’s Canadian Community Health Survey, 11 per cent of Canadians of South Asian descent have diabetes, compared to 6 per cent of Canadians of white European origin.

The phenomenon is particularly acute in the Toronto area, where many South Asians settle. **The Social Services Network, a charity that delivers social programs to the South Asian community, came up with the idea for the prevention program two years ago. “We strongly felt that the community was not accessing services available and that the disease was going undetected until it was too late,” explains network chair Naushad Hirji.**

Statistics from the Institute for Clinical Evaluate Sciences (ICES) bear this out. In 2006, only 43 per cent of those of South Asian descent who had diabetes went for eye-testing. This compares to 50 per cent of those of white European descent.

People with diabetes are advised to get regular eye exams because they are at risk of suffering damage to their retina, or retinopathy, which can lead to vision loss if left untreated.

The ICES research also showed that South Asians suffer more complications than the general population because of their diabetes. Of all diabetics who had laser treatment to correct vision problems, 1.8 per cent were of South Asian descent and 1.3 per cent were white European.

“We need to do something about it,” says Dr. Baiju Shah, a scientist at ICES. His grandparents were born in India.

“We need to set up the healthcare system to provide resources where they are needed, where there are large concentrations of these populations. We need to engage the population, so they know what their risk is and they know how to take appropriate precautions to prevent diabetes.”

Shah says South Asians have a genetic susceptibility to insulin resistance.

Preliminary ICES data shows that South Asians don’t have to be as overweight as the general population to be susceptible to diabetes, he says.

**In 2008, the Social Services Network went to the Flemingdon Health Centre with its idea for a diabetes prevention program. The health centre turned the idea into a workable program proposal, which it presented to the Toronto Central Local Health Integration Network, a provincial regional authority that coordinates and funds health services in Toronto.**

The LHIN liked the idea, funded it to the tune of \$347,000, and the South Asian Diabetes Prevention

Program was born.

It mainly serves northeast Toronto, an area identified in a 2007 ICES report as having one of the highest rates of diabetes in the city.

“Diabetes disproportionately affects different population groups. Visible minorities, Aboriginals, marginalized populations and people who live in poverty or are underhoused have much higher rates of diabetes,” explains LHIN spokesperson Janine Hopkins.

“People with the highest rates live in the highest needs neighbourhoods in terms of poverty. They also have the least access to diabetes treatment, both primary care and diabetes education programs,” she adds.

Hopkins says the South Asian Diabetes Prevention Program aims to address the service gaps.

The program is run out of the Flemingdon centre near Don Mills Rd. and Eglinton Ave. E. But, rather than expect clients to come to the centre, the program goes to where the clients are.

A project coordinator, a registered nurse, three outreach workers and Shekhawat, the dietician, travel to places of worship, social hubs, seniors’ residences and even workplaces to screen people for prediabetes.

Prediabetes refers to blood-glucose levels that are higher than normal, but not yet high enough to point to Type 2 diabetes.

The six members of the team have South Asian backgrounds and can communicate in a variety of languages, including Tamil, Farsi, Urdu, Gujarati, Hindi and Bengali.

“This population is facing access barriers to mainstream healthcare services because of language and transportation,” explains Heba Sadek, head of health promotion at Flemingdon. “We bring services that are culturally sensitive and linguistically relevant.”

Program coordinator Neil Stephens says that because of cultural differences, many newcomers are not inclined to seek out health and social services. That’s why it’s important to bring the services to them.

“It’s culturally taboo to reach out for help. They do so only as a last resort,” he says.

The team conducts mass screenings for groups of up to 40. Each screening involves three sessions, the first of which includes a glucose prick test, calculations of body mass index and a questionnaire that asks about family history of diabetes and personal history of blood pressure, physical activity and age.

The second session is a healthy living workshop. The third session connects people with other resources and professionals, such as physicians and the Mid-Toronto Diabetes Education Program, an ongoing support program operated out of Flemingdon.

The program has screened 837 people so far, 131 of whom have been identified as prediabetic. Another 407, including people who had been previously diagnosed and some who are now deemed at risk, have been referred to the education program or doctors for assistance with self management and monitoring.

Mussarat Sheikh, originally from Pakistan and now in her early 70s, was found to be at risk during a screening last summer. Both her father and brother had diabetes and both died of heart attacks, as many people with diabetes do. Another brother also has the disease.

Although a recent blood test in her doctor’s office showed her blood sugars are fine, Sheikh says she knows she has to be careful.

“I try, but you know how we are. Our food, unfortunately, is greasy. We eat a lot of curries,” she says. “Of course, I’m lazy. I don’t do exercise. That’s my biggest problem. I think if I did exercise, I’d be okay.”

Shekhawat, who immigrated to Toronto from India in 2004, knows she is at risk for type 2 diabetes.

Her father has diabetes and she had gestational diabetes during her first pregnancy.

She can speak with authority on the subject and counsels people to make small changes in their lives.

For example, when she recommends that people take the stairs or walk briskly, she refers to it as “physical activity,” not “exercise.”

A lot of South Asians, she explains, associate the word exercise with joining gyms, something they were not accustomed to back in their homelands. There, they were more physically active because they walked more, relying less on cars and elevators.

Shekhawat notes that many components of the traditional South Asian diet are healthy. For example, many people are vegetarian.

But there are unhealthy aspects, too, she adds, citing samosas and pakoras deep fried in ghee, or clarified butter.

She recommends against deep frying and advises replacing ghee with oil from plant sources such as olive or canola.

Shekhawat says many South Asians change their cooking styles when they settle in Canada. “They want to adapt to the western diet and eat food that is convenient.”

That means more processed food, which is typically high on the glycemic index.

Also, fresh fruits and vegetables tend to be less accessible in the poorest parts of the city, where there are few supermarket chains. Weight tends to climb as diet suffers.

“Back home, you can find vegetables and fruits on every corner. People even sell on cycles and carts. They stop in front of your house, maybe two or three times a day,” Shekhawat says.

During the second session of the screenings, she does a cooking demonstration, showing people who sometimes work two part-time jobs how to make healthy food fast.

She prepares a triple bean salad, using canned beans rather than legumes they would have to cook themselves. She also gives them a list of inexpensive food items, noting that many must watch their pennies.

The team also teaches stress management. Shekhawat, who speaks from experience, says the process of immigrating puts newcomers at risk for chronic stress.

“When you come here, there is lots of paperwork, you’re learning a new language, you’re searching for a job and a place to live,” she says.

Stephens says the team has noticed elevated blood sugars among many Tamils and he believes there may be an association with stress caused by the conflict in their native land.

Hopkins says the benefits of such preventative programs are self-evident.

“The cost it takes on people’s lives is high, but there is also the cost to treat life-threatening and debilitating conditions.”

Diabetes can lead to heart disease, stroke, and kidney and vision problems. The provincial government spends more than \$5 billion annually on treatment for diabetes and related conditions.

“The chance of getting complications is fairly high,” Hopkins says. “The best thing to do is prevent diabetes in the first place.”