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TAPE:

SHANNON MCCORMICK – AROGYA

PODCAST

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SHANNON MCCORMICK

I'm Shannon McCormick from Cigna. This podcast is part of a continuing series we are doing at Cigna focused on health equity. Today, I am interviewing Dr. Nalini Saligram at Cigna's Manhattan office. In this interview, we will talk about her work as an advocate for improving health equity in the South Asian population. Here is Nalini to introduce her work.

00:01:03

NALINI SALIGRAM

India is one of the diabetes capitals of the world. I think China is number one, India is number 2. India has 66 million people living with diabetes. A million people die from it each year. But the general feeling among experts is that there is an equal number of people who are at high risk and probably an equal number of people who are undiagnosed. 00:01:30 So, if you add it all up, it is sort of like 200 million people is the diabetes burden in India right now, and that is two-thirds of the population of America, so it is a huge, huge problem.

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SHANNON MCCORMICK

So, here we are in New York City where the U.N. General Assembly is meeting just a few blocks from here, and I am curious, if you had 15 minutes to get up on stage and speak to that audience, what would you tell them?

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NALINI SALIGRAM

I would tell them that noncommunicable diseases are the top health and development challenge of our generation. It would tell them it is our responsibility to fix it and that India is a major player in this crisis. It is the country that is affected by diabetes and heart disease disproportionately. There are many reasons for it, but the problem is huge 00:02:30 and it is particularly challenging in India where the public health agenda is already crowded. There are maternal deaths. There is under five childhood mortality. There is malnutrition. There is infectious diseases, tuberculosis, HIV/AIDS, malaria. There is a lot of health problems that the country is dealing with, then on top of that, this rising tide of noncommunicable diseases, particularly diabetes and heart disease.

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SHANNON MCCORMICK

And can you please speak to what you are doing to help improve the health of those in South Asia, specifically India?

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NALINI SALIGRAM

We – Arogya World is very invested in improving the health of the future generations in India. We are a diabetes prevention organization. Arogya means good health. It means living without disease in Sanskrit, so the name of our organization is aligned with our mission. We do diabetes prevention programs in schools, in workplaces, and in deep – 00:03:37 we go deep into the community with text messaging and mobile apps, and we also are developing a new nutritional icon called My Thali with which we can educate consumers about what they should eat and in roughly what quantities.

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SHANNON MCCORMICK

Thank you. And why are Indians more susceptible to diabetes?

00:04:02

NALINI SALIGRAM

Indians gets diabetes with a BMI of 17, so it is a very, very big problem. People don't know why, really why, Indians get diabetes in such large numbers, but they do. So, there is a genetic predisposition. That is the general understanding that that may be one of the factors. The other factor is low birth weight perhaps leads to increased risk for diabetes and 00:04:32 heart disease later in life in the child, and that may be a reason. Malnutrition of the mother may be a reason. And then superimposed on all that is the western lifestyles. So, people are eating fast food and leading much more sedentary lives, and therefore they are getting the chronic diseases which were traditionally supposed to be western diseases and now are affecting people around the world. Two out of three people in the world are 00:05:02 dying from noncommunicable diseases, 80 percent of them in developing countries.

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SHANNON MCCORMICK

And what are some of the challenges faced by South Asians in regards to receiving care?

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NALINI SALIGRAM

The care for diabetes, for a person with diabetes, is chronic. They have to go to see a doctor every three months and sometimes the doctor is very far away, and that makes it challenging. There are fewer doctors, and that makes it challenging, and the other is the cost. The Indian, average Indian, pays for healthcare out of pocket, so they very often have to borrow money from 00:05:42 friends and family to pay for healthcare, so that is an issue, and women, in general, don't seek healthcare for themselves. This is there all over the world. They will take care of their families, and the last person they take care of is themselves. So, for all these reasons, the care for diabetes particularly is very, very difficult in countries like India.

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SHANNON MCCORMICK

And can you please elaborate on some of the health interventions that you are exploring such as M diabetes and My Thali (Thali means dinner plate) that you mentioned?

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NALINI SALIGRAM

We are very excited about the power of cell phones in providing healthcare messages. You know, delivering health, as part of the delivery of healthcare. So, we take prevention messages, diabetes prevention messages, in 12 languages and with Nokia, we distributed these messages to a million people, and we checked whether the messages did anything to improve the health behavior of these people, and we did that 00:06:44 by asking a subset of people who received our messages before and after the messages – it's a six-month package, twice a week – and also comparing their responses to an equal number of control people who never got our messages, and we found that 15 percent or more people improved their health behavior. They had one, two, or three positive health behavior changes. And these results were published in 00:07:13 the Journal of Medical and Internet Research recently with a lot of statistical rigor and analysis by a group of experts at Northwestern University, and they said that – they gave a score, a behavior change score, to every person in the study, and they were able to confirm our understanding that there was significant public health impact from the text messages.

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SHANNON MCCORMICK

Fifteen percent improvement, that's amazing.

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NALINI SALIGRAM

Yes, it is really amazing. And the other one I wanted to highlight is the My Arogya app. It is a mobile app that we built based on the success of the text message program, and My Arogya goes beyond diabetes prevention. It also has messages on heart disease risk and prevention, on stroke awareness and prevention, on kidney disease and other complications of diabetes, and offers these messages for smart phone 00:08:12 users, so they are much more detailed messages in Android or iPhone format and also has trackers built in. The development of the app itself was supported by the Cigna foundation, and we are grateful for that, and they also gave us support to do a study in a formal randomized control trial to see if this app could do anything to improve not just the behavior but also the physiological response in the recipient 00:08:42. So, we are eager to see – the study is ongoing. We are eager to see what the response is.

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SHANNON MCCORMICK

Can you please give an example of what one of those text messages might say?

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NALINI SALIGRAM

So, our text messages cover topics like diabetes is a big problem in India, did you know it can be prevented with healthy living, this is what we mean by healthy living. You can increase physical activity in your day. You should eat healthy food, eat more fruits and vegetables. This is how you include fruits and vegetables in your diet. You can – if you are working, take the stairs or go do chores. Walk to the market to bring things, and those 00:09:21 are the things we include. That there is compelling medical evidence that the World Health Organization says 80 percent of heart disease, 80 percent of diabetes, and 40 percent of cancer can be prevented with three lifestyle changes. You avoid tobacco, you increase fruits and vegetable intake, and you increase physical activity.

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SHANNON MCCORMICK

How do you get people to sign up?

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NALINI SALIGRAM

So, in the text message program, we asked them to – if they were interested in getting the messages, and they said yes. They opted in. And then we sent it. Now that the study is over, we are trying to do the same. We are trying to find patients and family members of patients who might be more motivated to sign up and they would sign up and then we would send them the messages.

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SHANNON MCCORMICK

And how do you communicate with such a large population that speaks so many different dialects?

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NALINI SALIGRAM

So, in the Nokia M diabetes program that we did with Nokia, we sent the messages in 12 different languages. The Nokia phones had the ability to do that. But now we are finding that the best way to do it would be through voice messaging. So, we are going to offer text messages in English and voice messages in the different languages that we would have prerecorded.

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SHANNON MCCORMICK

And how would you go about communicating with a South Asian in the United States?

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NALINI SALIGRAM

So, we have plans to bring our India approaches to help South Asians in the U.S., help them lead healthier lives, and we think that our approach, which is a multi-pronged sort of community approach can be useful in South Asian settings, and we want to recruit consumers in pockets where there are many Indians and South Asians living and get them through community centers and then reach them with our mobile app 00:11:14. We also want to do cooking demonstrations of healthy recipes with Indian foods and also have a lifestyle coach training with Indian coaches, so that they can understand the foods people eat, which are different sometimes from the normal American diet and can be more relevant to the audiences they teach.

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SHANNON MCCORMICK

So, South Asians in the United States are susceptible to the same noncommunicable diseases as those in South Asian countries?

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NALINI SALIGRAM

Yes, South Asians in the U.S. are hit by a double whammy. They have the underlying increased disposition for these diseases, but they also have the American lifestyle, you know, contribution

as well and the fast lives we lead. So, Indians and other South Asians in the U.S., there are a couple studies going on, which are really quite interesting, and they are logging that these populations are 00:12:15 particularly susceptible to diabetes. There is a greater risk for diabetes. In fact, Caucasians have a six percent risk for diabetes, and in the South Asian population, it is 24 percent. So, it is four times higher. So, it is almost as if, if you have, if you are of South Asian 00:12:34 origin, that itself is probably a risk factor for these diseases, and it is a really major concern in this country because the South Asian population is the largest growing ethnic population in America and is supposed to be – they are well educated, they are more affluent, and therefore probably easier to influence, so we should influence them for taking up this behavior change.

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SHANNON MCCORMICK

Could we please talk about karma and the impact that it has on people?

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NALINI SALIGRAM

So, one other aspect of Indian life that people should appreciate is that Indians in general believe very much in karma, particularly Hindus. So, not all Indians and not all South Asians are Hindu, but most people from that region would believe in karma. And karma really is fate for lack of a better alternative, but it is something that you get in this life 00:13:38 because of your past lives and past, you know, history of actions. So, if you did good things, you will get benefits now. If you did bad things, you will get suffering now. So, a lot of people would, you know, their fatalistic and they think I got diabetes or I got heart disease because of my past, so I have no control over that, and that's not true. Even if you get diabetes, you can control it better with exercise and diet. 00:14:08 If you didn't – if you are at high risk for diabetes, you can probably prevent it with exercise and diet. At least you can push it out for 10 more years. So, instead of getting it at age 35, you may get it at 45 or 55. Fifty-five is the more common age for getting diabetes in America. Thirty or thirty-five is the more common age for getting diabetes among Indians, so there is a discrepancy. I got diabetes when I was 44. It runs in my father's family, and I 00:14:38 have had it now for so many years, so I understand that perhaps I could not have prevented it entirely because it does run very deeply in my father's family, but I probably could have delayed its onset if I had been aware of this and smart about it in my thirties and really done some physical activity around it.

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SHANNON MCCORMICK

What role can healthcare providers play in helping the South Asian population?

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NALINI SALIGRAM

Healthcare providers, I think, should be more culturally sensitive to the person sitting in front of them, the patient still in front of them. Look at them holistically. Understand a little bit more about the culture, about the foods they would eat. So, for instance, a nutritionist – sometimes the doctor will say go meet a nutritionist, and it is really great. You go meet a nutritionist, and she or he is very interested in your diet and to help you, but they really don't understand the food that, you know, a South Asian eats. A South Asian would eat 00:15:38 more rice, maybe chapatti, and then –chapatti is the Indian bread, but the American nutritionist wouldn't quite

understand what goes into making a chapatti and therefore cannot give great advice, and they don't understand how we eat, you know, lentils with our rice and how we eat yogurt with the rice and that the combination is the one that gives us better protein, you know, intake than 00:16:08 just rice alone. So, there is a lot of cultural nuances to the food. And in South Asia, food is a big, big part of life. It is the way we celebrate festivals. It is the way we welcome people. It is a sign of our hospitality and culture. You know, food is a very, very important part, almost more important than in American culture. And so if somebody appreciates how important that food is and 00:16:38 two-thirds of the diabetes problem is probably food, and yes, physical activity is important, but it is really important to change food intake if you are wanting to change behavior, and that is a difficult thing if neither the doctor nor the nutritionist has an understanding the food the somebody eats. So, I have never found the nutritionist's advice to be helpful to me, so my – every time somebody calls me and says you want advice, I say well, if the person 00:17:07 is South Asian perhaps yes, but otherwise it is a waste of her time and my time.

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SHANNON MCCORMICK

I am wondering how did you get involved with this line of work? What made you passionate about wanting to choose this as your career?

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NALINI SALIGRAM

So, I used to work at Merck. I have a Ph.D. in biochemistry from the Indian Institute of Science in Bangalore, but I lived and worked in many parts of the world. Ended up working at Merck in communications and public affairs. So, I have stayed on the fringes of science, and I was restless when I was at Merck. I wanted to use all of me to make a contribution to global health. I was very conscious that I had certain 00:17:53 skills and background. I had lived in different parts of the world. I could talk to a lot of people at different levels, and I really wanted to use that to make a meaningful contribution, and I wanted to work with likeminded organizations and likeminded people. So, I decided to leave and start this nonprofit, and I am privileged. I get to do the work I do because every single day I am excited about what the day can achieve and what difference we can make in 00:18:23 people's lives, and we are thrilled because we are able to measure that impact, and the measurement part is some of the signs, discipline that I bring in from my earlier background, and we know we have helped 150,000, 170,000 people lead healthier lives, and it's that kind of measureable impact that really spurs us on.

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SHANNON MCCORMICK

How did your relationship with Cigna start and how has it grown over the past couple years?

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NALINI SALIGRAM

So, we applied a few years ago for the Cigna World of Difference grant. I know somebody who works at Cigna who suggested I apply, and I did, and we got the grant. It was to do develop the My Arogya mobile app and to do the clinical trial to test its effectiveness. So, we did that. We have since then been supported by Cigna also for the My Thali project, the start of the My Thali project, which I think is a fundamental 00:19:25 change in the way Indians view eating. If we can really promote it well, it will make a big, big difference, not just to malnutrition but also to obesity and NCD, so we are really excited because it's a fundamental tool. We are really excited

about that. And also they have supported our Platinum Healthy Workplace project for the first year. Just a few words about our Healthy Workplace project, we recognize companies that meets our criteria that mark 00:19:55 them as healthy, and we develop the criteria with multi-stakeholder input in India, so it is a co-created with industry set of criteria. And we assess companies on this with in-person visits. This year, we started a platinum exercise, which is an exercise at understanding the metrics that a company has and also scoring it for a return on investment or cost effectiveness calculation. So, that project has been supported 00:20:25 by Cigna and again we are very excited. We will have seven companies at least in this year in the first batch. It pioneering public health work, and we are really excited. And one reason why the Healthy Workplace program is particularly important in countries like India is that India is a very young country. It is – two-thirds of India is under age 35 and half of India is under age 25. This is a country with one point something billion people, so 00:20:54 it's large numbers of people that we are talking about, and Indians get diabetes about 10 or 20 years earlier than people in the west. So, if you want to reach young people and get them to change behavior, the workplace where they spend so much of their day is an important platform for change as is a middle school where they can change lifestyle habits before they are fully set. So, those are the two areas we are focusing a lot on, and we are using mobile 00:21:24 technology to reach them because that's what they are most comfortable with.

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SHANNON MCCORMICK

So, you mentioned that heart disease is another issue within the South Asian population. Are there any ways that you are intervening the health of South Asians in that way?

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NALINI SALIGRAM

We – in our mobile app My Arogya, which means my health, we have added a special module on digital heart health, and that has messages on how to keep your heart healthy, what diet you should eat, you know, that you should exercise, that you should control the salt you eat, and it has messages and pictures that explain to the Smartphone user what they should be doing. In addition to that, whatever we are doing with the diabetes prevention 00:22:09 actually will prevent heart disease also because they are all linked. That's part of the metabolic syndrome, a set of conditions. The one thing I want to mention is salt. The Indian diet is very salt heavy. It is also very carb heavy, but the salt is a very difficult thing to reduce. So, next year, in 2017, we will be holding a salt summit to figure out how to, what 00:22:39 are the salt reduction strategies that might work in India. In India, people probably get their salt not only from packaged foods and chips but also from unregulated street vendors and from the food they cook at home, and it is very common in India to have salt shakers on the table at restaurants really used and also at home. For every meal, they will add salt to the food on their plate even above what has been put into the food when it 00:23:09 is cooked at home. So, there is a lot of consumer education that is important. There is a lot of street vendor education, cafeteria education, and, of course, government policy. So, we are very excited about what can happen with something like an advocacy salt summit in India. One more point about the salt, hypertension is a big problem 00:23:29 in India, among Indians. One-third of India is probably – adult Indians – are probably suffering from high blood pressure, and the reason is the amount of salt we eat. In earlier generations, people were in the field and they needed the salt because of the way they would – they'd spend the whole day out in the field, but now they sit in air conditioned offices the whole day, and they are still eating that much salt. No wonder 00:23:59 one-third of the people have

high blood pressure, so there is a lot of education we have to do and smart ways to get the people to reduce salt intake.

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SHANNON MCCORMICK

How do you identify these small ways or small fixes that people can do to make such a big difference?

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NALINI SALIGRAM

It's public health. It's public health knowledge, and it's working with people and working with organizations. There is a lot of great ideas out there. People have seen this in other countries, just taking salt reduction for instance. It has worked really well in the U.K. and in other countries. So, just learning from other examples and copying best practices is, I think, the best way to do this.

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SHANNON MCCORMICK

If there is one thing you want people to remember from this podcast, what would you like that to be?

00:24:50

NALINI SALIGRAM

I would like people to appreciate that South Asians, which is not just Indians but they are the largest number of people, but also people from Pakistan and Bangladesh and Nepal and other regions around India, people from those countries have a particular risk for diabetes and heart disease, and their cultural habits are something that people should, especially healthcare provider, should be more aware of, and they 00:25:20 celebrate festivals, they celebrate fasts, they break fasts with food. And the food is carb heavy, it's fat rich, and it's deep fried, and culturally, you know, changing that is a very big part of the way people can prevent diabetes, and ordinary advice from a healthcare professional may not always work, but a little bit more digging into the cultural nuances would be a very effective way of 00:25:50 preventing diabetes. Diabetes must be prevented in South Asians and in Indians in India for us as a generation to really fight this noncommunicable disease crisis.

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SHANNON MCCORMICK

Thank you so much for your time.

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NALINI SALIGRAM

Thank you. So, we had talked a lot about how Indians are getting diabetes in large numbers, and, in fact, and Asians are getting diabetes, so this led the authorities including the American Diabetes Association to reduce the threshold for BMI for Asians. So, in other words, they said if Asians have a BMI of higher than 23, this is body mass index 00:26:37 of higher than 23, then they are at risk for diabetes and heart disease and should go see a doctor and go get their cholesterol levels and other things tested, but BMI is not always the best predictor of risk in Asian populations, and so – and that is because Indians especially have a predisposition to

abdominal fat. So, they have some 00:27:07 kind of gene that gets them to increase the deposition of fat around their abdomen, so their stomach size is usually bigger than what would be there for Americans. So, if you have a waist circumference then, and the way they measure it nowadays is a waist-to-hip ratio. Measure your waist size, measure your hip size. If the ratio is 0.9 or higher or higher for men and 0.85 00:27:37 or higher for women, it is a predictor of diabetes and heart disease risk. So, the main thing to take home from this is that both consumers, so people of Indian origin, and doctors who are looking at South Asian patients should measure waist circumference. It is a much better predictor of diabetes risk, and it is an easy measurement they can make and come to conclusions around whether their 00:28:06 patient needs to get further testing or not.

00:28:15

SHANNON MCCORMICK

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