Structured Diabetes Education Programme for the Minority Ethnic Communities in Glasgow

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INTRODUCTION

The 2001 Population Census showed that just over 2% of Scotland's population was from minority ethnic groups. This figure underestimates the size of the BME population, particularly in the light of increased numbers of asylum seekers, refugees and immigrants from Eastern Europe.

The census highlights Greater Glasgow with the largest BME population in Scotland (4.5% or 39,318 people).

Studies in the UK show a higher prevalence of type 2 diabetes in some minority ethnic group i.e. Indians, Pakistanis, Bangladeshis and African Caribbean. Early diagnosis, treatment, and above all appropriate education are essential to help manage and minimise the toll diabetes takes on individuals and families.

The Health Plan Our National Health: a plan for action, a plan for change, requires NHS Boards:

"to ensure that NHS staff are professionally and culturally equipped to meet the distinctive needs of people and family groups from ethnic minority communities." (Scottish Executive, 2001: 53)

Key barriers to providing healthcare to Scotland's growing minority ethnic population are the lack of information about health and healthcare services in community languages and the limited awareness and training of staff to deliver culturally appropriate health messages. To help reduce gaps in diabetes education, a patient-led structured education programme was developed and piloted amongst Glasgow's Chinese and the South Asian community.

AIMS

The aims of the programme were to:

- Develop and pilot culturally and linguistically tailored structured diabetes education sessions to raise diabetes awareness and knowledge to support self management.

Learning Outcomes

- Awareness on why to take a healthier lifestyle approach
- Healthier lifestyle in terms of healthy eating and physical activity
- Weight management in relation to diabetes and other health problems
- Building capacity to self manage their diabetes
- Ability to make informed decisions about the management of their health
- Coping strategies for stress management.

METHODS

1. Following several ad-hoc group sessions, a structured approach to diabetes education was developed by the authors in 2004. The programme was planned and developed in conjunction with minority ethnic community managers, healthcare professionals and Chinese/South Asian people living with type 2 diabetes.
2. A partnership approach was taken in developing the content of the comprehensive programme, publicity, resources, language use, teaching /delivery style, evaluation method and venue preferences.
3. The focus was on developing a flexible approach adapted to meet the learning styles, and religious & cultural needs of the target group, to help understand diabetes, manage complications to help live their daily life with diabetes.
4. The pilot education sessions were run with the Chinese and the South Asian community in Glasgow tailored ethnically at the target group.

THE FIRST PILOT

Eight Cantonese speaking men and women who did not speak English but were literate in Chinese registered to participate in patient led structured diabetes education programme.

The six hour long programme was run over 3 consecutive weeks with a trained interpreter. All participants completed diabetes awareness, knowledge and behaviour questionnaire pre and post educational sessions.

Anthropometric measurements, blood pressure and blood glucose was measured in all the patients. Educational material in Chinese language was provided to the participants.

The programme was publicised in China Town shopping complex, Church and the Chinese Healthy Living Centre. The venue, resource material, age-group, language use, group-size, cultural food was all kept in mind to ensure interactive participation to maximise learning experience.

At the end of each session participants set their own target for dietary action and physical activity. All participants completed a food record diary, took part in group discussion on the advantages and disadvantages of adopting healthier lifestyles, barriers to healthier lifestyle, long term goals etc.

At the last session, weight, blood pressure, post education knowledge assessment and behaviour change questionnaire was repeated. All participants were invited back in six months time for review and follow up.

Of the eight participants, six attended the final meeting requesting an on-going "Diabetes support group".

FINDINGS

The programme evaluated very well in terms of diabetes knowledge and awareness gained post sessions.

Owing to the diversity of the minority ethnic population and variability in dietary practices, the programme also highlighted several challenges in terms of:

Lack of resources i.e. trained diabetes interpreters, translators, culturally-tailored pictorial information; inadequate explanation of food portion size; translated written information; and lack of support to cope with stress.

These challenges were addressed in the programme by:

- Pictorial information using traditional Chinese foods
- Eating lunch together post sessions for visual estimation of portion size
- Keeping food diaries
- Group discussion on stress management and coping strategies

DISCUSSION AND CONCLUSION

People from minority ethnic groups are more likely to attend educational programmes if they are culturally relevant to them, easily accessible and run by professionals familiar to them and their culture.

The evaluation shows a positive shift in participants' diabetes awareness, knowledge and behaviour justifying the need to continue to provide structured diabetes education to Scotland's rapidly growing minority ethnic groups who are affected by diabetes at a younger age and have shown to have poorer diabetes outcomes. The programme will also be monitoring clinical outcomes in terms of glycaemic control, blood pressure, lipids, BMI, waist size and psychological well-being.

Support from a "Diabetes Ethnic Minority Development Worker", funded by the Scottish Executive between August 2005 and August 2006, helped to write up these sessions into an "Education pack/ toolkit".

The programme continues to evolve. Further pilots are planned in Lothian, Fife and Grampian with the South Asian and the Chinese communities to look into the effectiveness of the toolkit and to guide future development.

The Diabetes Action Plan (June 2006) included a commitment to build on the toolkit and to publish, by June 2007, diabetes education packages tailored for six minority ethnic communities.

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