

# Diabetes in your Community

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## BACKGROUND

**A**USTRALIA is one of the most culturally and linguistically diverse (CALD) nation in the world and NSW is one of the most multicultural states in Australia with one in three residents having been born overseas and approximately one in five speaking a language other than English at home<sup>1</sup>.

Although this diversity brings many benefits to our society, it also brings inherent difficulties to the delivery of health services and information.

Language barriers and different cultural beliefs often disadvantage people from CALD communities to access mainstream diabetes education and support services. Although interpreter services are available these are often limited.

A report published by the NSW Department of Health in 2007 concluded that identifying and reaching CALD groups most in need and opening avenues whereby they can access the required services appears to be best addressed by the use of bi- or multi-lingual GPs and community health workers and by engaging community leaders and organisations<sup>1</sup>.

In an attempt to address some of the identified barriers and healthcare disparities for CALD groups and improve access to diabetes information, Diabetes Australia-NSW (DANSW), a non-profit, non-government charity organisation, in collaboration with the *Health Promotion Service for Older People (HPSOP)*, NSW, has been conducting a program aiming to train 'bilingual volunteers' to deliver **diabetes awareness** in their respective communities.

HPSOP has 43 bilingual volunteers from 16 different language backgrounds, including English. The role of the volunteers, called 'bi-lingual peer educators (BPE)', is to conduct free health education sessions to groups of older people.

## AIM OF THE PROGRAM

**T**HE AIM of the program titled: 'Diabetes in your Community' is to increase awareness and understanding of diabetes prevention and management to Culturally and Linguistically Diverse Communities in a approach that is culturally sensitive and reaches as many people as possible by training bilingual peer educators to gain a basic understanding of diabetes, its management and prevention. In turn, these peer educators promote diabetes awareness in their own communities.

## HOW IS THE PROGRAM CONDUCTED?

**F**ROM 2007, HPSOP organised training sessions for 32 volunteer Bilingual Peer Educators to be conducted by a Credentialed Diabetes Educator (CDE) from DANSW.

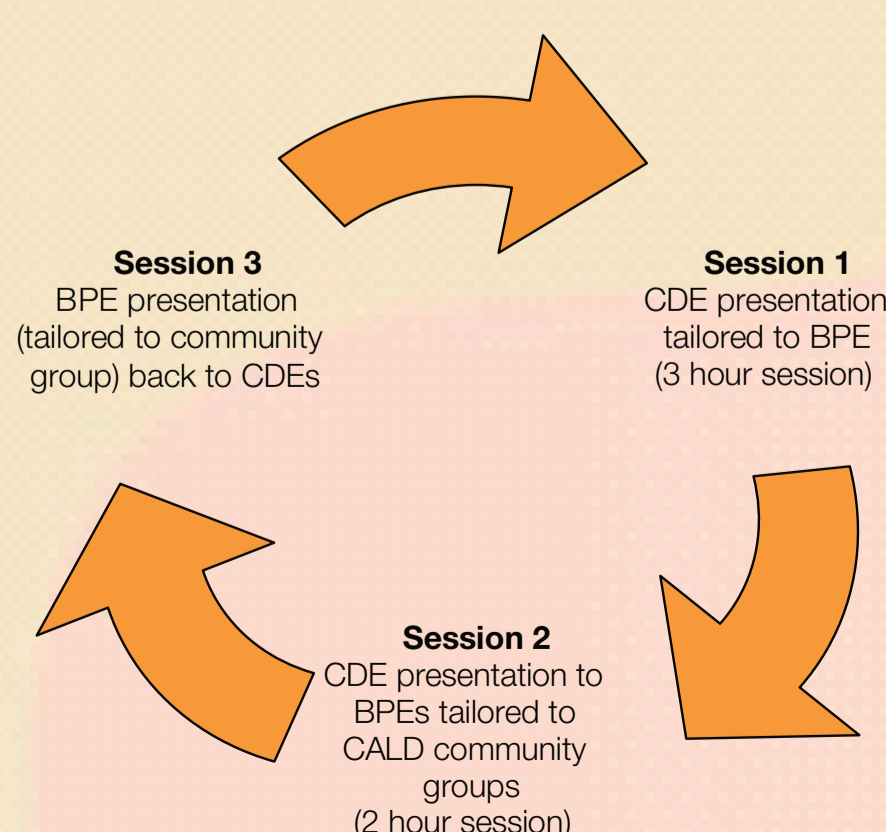
### Training program

DANSW developed a specific training program and manual including:

- CD and hard copies of the PowerPoint presentations
- DANSW fact/resource sheets

Figure 1 illustrates the session delivery process. All new and existing volunteers are invited to attend training programs and all are welcome to attend a yearly refresher program.

FIGURE 1.



CDE - Credentialed Diabetes Educator BPE - Bilingual Peer Educator

## HOW IS THE PROGRAM EVALUATED?

**S**TANDARDISED assessment/feedback forms are used to evaluate DANSW CDE and peer educators' performance; these were given in the following order:

1. Bilingual peer educator completed a standard 'Lecture Evaluation Form' to rate the DANSW presenter's session with regard to their expectations, lecturer performance, venue and overall satisfaction.
2. CDE observed and evaluated performance of BPE's delivered session (No 3) with a standardised 5 question 'Bilingual Peer Educators (BPE) Assessment'.
3. Assessment of BPE's knowledge and understanding of the presented information with a standardised 13 item knowledge questionnaire.
4. A participant feedback sheet was sent to all trained BPE in April 2010 to assess the extend of the uptake of the program and how confident they felt with the acquired knowledge and presenting to community members.

## RESULTS

**32** BILINGUAL peer educators from Arabic, Armenian, Cantonese, Dutch, English, Farsi, Pilipino, French, Greek, Hindi, Italian, Spanish, Turkish and Vietnamese speaking background across metropolitan Sydney and one BPE from each Wollongong and Newcastle have been trained to date and 29 have successfully completed the assessments.

Interpreters were used for other language groups.

The number of community participants in each group ranged from 10-115 (see tables below).

### Lecture Evaluation Form

**T**HE overall rating by BPEs of DANSW CDE presentation was very good to excellent with program expectations met by all BPE participants. All participants indicated that the information presented was relevant, clear, simple and concise with good pictorial aids.

### Participant Feedback Questionnaire

**O**F the 29 bilingual peer educators who received a certificate of completion, 15 returned the Participant Feedback Questionnaire, resulting in a response rate of 51.7%.

Of those trained between 2008 and 2009, four BPE presented between 1-3 and four BPE between 4-6 community sessions.

Of those who have presented less than 3 times per year, barriers were identified as personal time constraint and not being invited to present.



The venue mostly used for presentations were local community centres (9 answers), followed by church halls (5 answers) and community halls (4 answers).

Advertising was mostly done through the HPSOP office, word by mouth and community noticeboards.

When asked "How confident did you feel about your content knowledge of diabetes?" the average score was 8 (from 0=not at all to 10=extremely confident). Equally, BPE were very confident in delivering the presentation (average score of 8).

Suggestions for increasing the uptake of the program all indicated the need for increased advertising.

## CONCLUSION

**T**HE 'Diabetes in your Community' program has been successful in terms of spreading diabetes awareness to a large, diverse CALD population and presenting the messages in a culturally sensitive approach through bilingual peer educators who bring with them a familiarity with the cultural and traditional background of their community.

This program has shown that trained bilingual peer educators are confident with the content and delivery of diabetes awareness messages.

The challenge now is to assess the impact of the program on community participants. This could include measures of knowledge, behaviour modification, attitude to diabetes prevention/management, rates of new diabetes as well as clinical indicators (eg changes in glucose tolerance, blood glucose control, weight, waist circumference).

## References:

1. Colagiuri R, Thomas M and Buckley A. Preventing Type 2 Diabetes in Culturally and Linguistically Diverse Communities in NSW. Sydney: NSW Department of Health, 2007.

## PROCESS EVALUATION

