

Forums on Diabetes Prevention Benefit Bilingual Health Educators from Various Ethnic Communities of Melbourne.

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Background

Diabetes is a global health issue of epidemic proportions. People from some culturally and linguistically diverse background (CALDB) communities are classified as high risk for the development of type 2 (the so-called 'lifestyle') diabetes (1). Though great emphasis is placed on patient education and diabetes prevention across Australia, CALDB populations often face language and cultural barriers to effective health promotion programs. Accordingly, the importance of training bilingual health educators (BHEs), many of whom work almost exclusively within community settings and are active, influential community members, is self-apparent (2).

"Listening to other participants allowed me to gain more ideas on how to help my community" – BHE participant

Rationale and Objectives

- To empower BHEs to deliver diabetes-related prevention and management education programs to migrant and refugee women from CALDB populations.
- To develop culturally appropriate and specific education/training resources and programs towards the prevention of type 2 diabetes.

| Day 1 | Day 2 | Day 3 |
|-----------------------------|-----------------------------|-------------------------------|
| Introduction | Diet and Nutrition | Physical Activity |
| What is Diabetes? | | |
| Lunch | Lunch | Lunch |
| Complications of diabetes | Mental Health and Wellbeing | Overcoming Barriers to Change |
| Who is at risk of diabetes? | | Evaluation |

Results

Following completion of the workshop, participants demonstrated a statistically significant improved knowledge of diabetes (Graph 1.) Participants were better able to relate to diabetes sufferers in their community, to relay the broader complications of the disease and to employ strategies to influence behavioural change in at-risk individuals. Participants provided feedback about current resources available in their language and identified a 3-day program for implementation in their communities, as shown in Table 1.

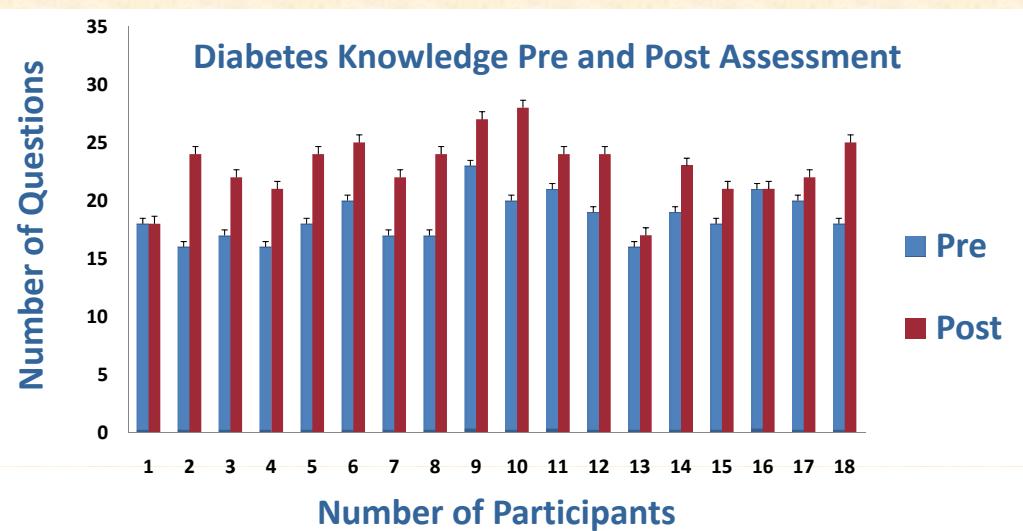


Image 1: Participants present their discussion results to the group.

Table 1: 3-day diabetes prevention workshop program developed by ACCD with the input of BHE participants.



Image 2 & 3: Traditional foods are ordered from most to least healthiest in a collage and presented by participants to the group.



Graph 1: Participants Diabetes Knowledge Assessment before and after forums.

"Friendships were established, contact details exchanged and ideas and issues were discussed" – BHE participant



Image 4: The training included participants who spoke 18 different languages: Amharic, Arabic, Bengali, Burmese, Chinese (complex & simple), Hindi, Luganda, Persian, Filipino, Punjabi, Somali, Spanish, Sudanese, Swahili, Turkish, Urdu and Vietnamese.

Conclusion: These forums were highly successful, particularly in terms of increasing the participants' motivation and engagement to contribute to their communities. The "consultation approach" is beneficial not only in developing culturally appropriate resources for various migrant and refugee communities but also for the development of solution-finding champions in each community to improve health. 'Insiders' who are influential and who have commitment to the social health of their communities need to be involved at the strategic and planning level so that they take on the learning process and a shared responsibility for disseminating this education and improving the health (primary and secondary prevention) in their communities. Overall, participants left the forum with a greater understanding of diabetes prevention and the important role BHEs play in the management of the disease in ethnic communities.

"I never knew diabetes can be such a fatal disease. Now it's my responsibility to educate my community about how to prevent it" – BHE participant

References

1. Chowdhury, T., Grace, C. and Kopelman, P. (2003). "Preventing diabetes in South Asians" British Medical Journal, vol. 327, no. 7423, pp. 1059-1060.
2. Liebman, J., Heffernan, D. and Sarvela, P. (2007). "Establishing Diabetes Self-Management in a Community Health Centre Serving Low-Income Latinos" Diabetes Educator, vol. 33, no. 6, pp. 132-138.

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