

# CULTURAL AWARENESS IN DIABETES EDUCATION



MA Stone, N Patel, L Drake and C Gayle

University of Leicester, Southwark PCT and Kings College Hospital, London on behalf of the DESMOND BME group

## Background:

**Black and minority ethnic groups comprise sizeable proportions of the UK population with 7.9% of those included in UK census data for 2001 describing themselves in categories other than white (National Statistics, 2004). The importance of acknowledging cultural differences and needs has been recognised in the context of providing services for patients with diabetes. (Greenhalgh et al, 1998; Stone et al, 2005; Lawton et al, 2006; Davies, 2006).**

**This work formed part of an action research project related to modification of the DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) structured education module, to make it suitable for patients from black and minority ethnic populations. This included a project involving African and Caribbean patients in the Southwark area of London.**

## Aims:

The purpose of this study was to identify key cultural issues relevant to providing appropriate education for people newly diagnosed with Type 2 diabetes in a UK African and Caribbean community. An additional aim was to test the usefulness of the collaborative action research approach used to gather this information.

## Methods:

An outline plan of investigation was reached through a joint 'brain storming' meeting involving members of the University academic research team and a group of local primary and secondary health-care providers and facilitators involved in diabetes care in London. It was decided to organise a combined education and feedback event at a community venue. Additional involvement from patient participation groups and community organisations was subsequently enlisted. Participants were recruited by letter of invitation or using posters displayed by local community groups. Invitations stated that the event was open to local African and Caribbean people who either had diabetes themselves or had a family member with diabetes. A modelled DESMOND education session was followed by focus groups in which the following issues were explored:

- Practical and organisational issues such as separate sessions for men and women and appropriate venues for the delivery DESMOND education sessions for patients
- Beliefs and practices such as attitudes to exercise and use of alternative treatments for diabetes
- Style of education and use of pictorial resources such as views on the use of images and the non-didactic style of DESMOND education
- Relevance of foods for food games including consideration of existing foods in food games and suggestions for those commonly eaten in African and Caribbean communities.
- Other issues raised included the need for more information about portion sizes, pressures to eat certain foods in social situations in large portions, advice on cooking and impact of adding fat such as coconut milk to foods such as rice and peas.

## Results:

The action research approach and topic guide for focus groups effectively identified relevant foods and other cultural issues such as traditional large portion sizes and social pressures related to food consumption in the African and Caribbean community. Language was regarded as the main barrier to joint education sessions for people from diverse ethnic backgrounds.

<b>Carbohydrates and sugary foods</b> (for consideration of sugar content)	Sweet potato Plantain Condensed milk Hard dough bread Mangos and mango juice Carrot juice Cocoa bread	Sweet cakes and spicy buns e.g. bulla Malt bread Cassava Guinness punch Super malt (energy drink) Milo Nesberry
<b>Fish</b> (for consideration of omega-3 content)	Salt fish Red snapper Tilapia Croaker	Barracuda Dried herrings Whiting Sprats
<b>Types of fats</b> (saturated, polyunsaturated or monounsaturated)	Coconut oil Palm oil	Groundnut oil (widely used by Gambian communities)
<b>Additional items</b> (for consideration of fat and calorie content)	Salt fish fritters Fried dumplings Patti	Liquorice Black bean cake Rice flour cake

Examples of culturally relevant foods for diabetes education, suggested by African and Caribbean participants in two focus groups held in Southwark, London.

## Conclusions:

**Participants' perceived cultural differences were mainly related to food. Making education sessions more inclusively relevant could be achieved through raising educators' awareness of cultural issues. They could also be encouraged to increase cultural relevance during education sessions with ethnically diverse groups, for example, by including and referring to foods commonly consumed by each ethnic group.**

**In reflecting on the methodology used, it was considered that the education and research event had been very useful in terms of identifying locally relevant food items and other issues which could assist with raising cultural awareness in DESMOND educators in African-Caribbean communities. The collaboration between the university researchers and local educators and community groups worked well in terms of planning and organising the event and recruiting a useful sample of participants for the focus groups.**



## \*The Desmond BME group:

ME Carey, H Daley, MJ Davies, A Farooqi, C Gayle, K Khunti, J Roland, TC Skinner, MA Stone on behalf of the DESMOND Collaborative



## References:

Greenhalgh et al. BMJ, 1998; 316:978-83, Stone et al. Family Practice, 2005; 22: 647-52 Lawton et al. Diabetic Med, 2006; 23: 1003-7, Davies et al. Br J Nursing, 2006; 15 (9): 516-9



University of  
**Leicester**