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).

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.

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

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>Diet and Nutrition</td>
<td>Physical Activity</td>
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<tr>
<td>What is Diabetes?</td>
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<tr>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
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<tr>
<td>Complications of diabetes</td>
<td>Mental Health and Wellbeing</td>
<td>Overcoming Barriers to Change</td>
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<tr>
<td>Who is at risk of diabetes?</td>
<td>Evaluation</td>
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Graph 1: Participants Diabetes Knowledge Assessment before and after forums.

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.

“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


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