

NORTH EAST

RACE EQUALITY FORUM

INFORMATION BRIEFING

No.2



Ethnic minorities and experience of diabetes education

This is based on HAREF's contribution to the 2014 consultation on diabetes education in Newcastle. Their feedback highlights how different approaches meet the needs of an increasingly diverse population.

Sixty minority ethnic people (five of them men) in Newcastle took part in discussions about diabetes education. Four of the discussions involved people within family groups. Language support was needed in nine of eleven separate discussions, for at least one person taking part. This support was provided by bilingual workers and, in family groups, by bilingual relatives.

Just over half (33) of the people taking part had been diagnosed with type 2 diabetes, six within the last five years. The ethnic origins of participants included Chinese, Pakistani, Bangladeshi and Indian. Almost eighty percent were 55 or over, and concentrated in the NE4 postcode.

A person from the Czech Republic was identified as having diabetes by their GP practice and invited by letter to take part in an interview. HAREF arranged language support for a telephone interview, at the beginning of which the person said that they did not think they had diabetes. This illustrates the complexity of providing primary care support in the process of diagnosis where considerable discussion is needed.

Practices with a high number of people on their lists with English as a second language have highlighted the practical issue of managing appointments to meet need, citing the time required for interpreter-supported work.

People diagnosed with diabetes within the last five years

Eleven women taking part in discussions were diagnosed within the last five years, more than half from South Asian countries; most were older and all lived in the NE4 area. Five remembered being identified through a health check. A younger woman had gestational diabetes during pregnancies, and was subsequently monitored. She was identified as being at high risk of developing diabetes, which she initially controlled well through exercise and changes in diet. She was diagnosed with diabetes six months later.

All of the women talked about the emotional challenge of getting a diagnosis of diabetes:

“The diagnosis was a big shock. I had no symptoms and when I was told I had diabetes I felt depressed and frightened.”

“I never thought I would get diabetes because I eat healthy food and I walk around a lot. I thought I was just getting old. It is in my family and my husband has had diabetes for about 20 years so I already knew a lot about diabetes and what to do.”

“When I was first diagnosed I wondered how I would ever control it and it was scary.”

Half of the six women diagnosed relatively recently found it difficult to access any information because of their level of English skill. The information that five women said they needed at the point of diagnosis was:

- How to take care of feet;
- How to avoid infection;
- What to eat and how to put that information in to practice with the food they cooked; and
- Where to go, including information about women-only space, to help with exercising.

One woman wanted support to make changes in her eating, as she felt she had



“fallen in to the bad habit of snacking”. All six women remember being referred to an education programme by their GP. Five attended the Diabetes Centre Desmond education programme, and one is still taking part in the ‘Living well, taking control’ pilot programme facilitated by HealthWORKS. None could remember having any particular expectations of the programmes to which they were referred. Women who attended the Desmond programme at the Diabetes Centre couldn’t remember any ongoing support.



All highlighted the potential of follow-up sessions with community-based groups, to top up messages about making changes in diet and where to go to exercise. The two women who attended the Desmond programme, whose level of English meant that there was no barrier to them getting the information, found it useful:

“I learned a lot of things I hadn't known about what to eat, and felt I got everything I needed at that point.”

"It was a very good programme because they explained everything very well.”

However, two others attending the programme said it was very difficult to understand the information; the session was long and the language was complicated, creating barriers. The importance of bilingual workers was emphasized.

The woman participating in the ‘Living well, taking control’ pilot programme, highlighted many positive aspects of the support she is receiving. It’s in a familiar venue, much of the information is visual and easily understood and meeting with a support group and a health buddy has helped to reduce stress and enhance motivation. Practical information around healthy cooking was also very valuable, as was the involvement of friends and families. These views were more generally shared. Older women were not enthusiastic about the idea of online education programmes.

Contact: For further information, back copies of Information Briefings or Research Briefings, or to join the Network, email gary.craig@galtres8.co.uk and for further information about HAREF contact Ann McNulty at ann@haref.org.uk

The North East Race Equality Forum is a Network of around 300 individuals and organisations in the North East Region committed to promoting racial equality in the context of social justice. No one organisation is necessarily committed to every idea published in the name of the Forum. The Forum is supported by the 'Race', Crime and Justice Regional Research Network, which includes researchers from each University in the region.

