



Improving the health of people in the midlife from black and minority ethnic communities

Report for the National Institute of Health and Clinical Excellence on the Bristol South Asian Community Diabetes Facilitator Project

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Executive Summary

Objectives and Approach

The project has two distinct but interrelated objectives:

- To develop services which improve health and well-being, and reduce health inequalities, within the South Asian population specifically around diabetes. A critical element being the promotion of physical activity, good nutrition, smoking cessation, and weight management;
- To increase employment opportunities within the NHS for South Asian people in the midlife.

The key initiative of the approach has been the recruitment of two workers from the South Asian community to act as community facilitators.

A longer-term aim is to disseminate the lessons learned in order to ‘*bend*’ NHS services to better meet the needs of this group.

Main Findings

Recruitment Process:

An innovative process was used to recruit the two part-time South Asian Community Diabetes Facilitators, who began work in January 2005. This included:

- Key members of the South Asian community being involved in drafting the job description and person specification.
- Involvement of a community member on the interview panel.
- Adapting the standard NHS application form to ensure applicants provided information addressing the essential criteria listed in the person specification.
- Advertising the posts widely within the local South Asian community and placing application forms in locations where South Asians were likely to visit.

Role Promotion:

As the Facilitators’ role was new, it was essential to promote the role and to ensure that the remit of the Facilitators was clear to primary care staff and members of the community.

Role Implementation:

The Facilitators completed an induction programme, followed by job shadowing, and a range of relevant training courses.

The Facilitators delivered a series of diabetes education sessions, which included group work and one-to-one counselling. The Facilitators organised a Diabetes Awareness Day in June 2005 attended by over 130 people with, or at high risk of developing, diabetes.

In addition to self-referral, protocols and feedback routes were developed to enable GPs and community organisations to refer South Asian people to the Facilitators. The Facilitators have been able to provide culturally appropriate advice on diabetes and relevant lifestyle issues. The Facilitators also promoted NHS job opportunities amongst South Asian people in the midlife.

Evaluation and Learning Points

A series of focus groups were conducted with members of the South Asian community who had diabetes to establish their knowledge and awareness of the condition and its associated risk factors and to discover the content and format of potential education delivery. Evaluations of group education sessions were conducted. On the evidence to date, it is judged that the Facilitator role has proved effective in improving the diabetes knowledge and behaviour amongst a group that has previously had difficulty accessing mainstream NHS provision. The Facilitator role has stimulated increased engagement and active participation of the target group.

The impact of the role on NHS employment practices has also been monitored. The importance of involving the target group in the recruitment process has become evident. The lessons learnt around employment have been successfully applied to the recruitment of staff to other new roles and initiatives within the Bristol Primary Care Trusts.

A number of mechanisms have been used to ensure dissemination of the learning and mainstreaming into planning at local level.

Background

In the UK, people of South Asian decent constitute one of the largest ethnic minority groups, encompassing approximately 4% of the total population (OPCS, 2001), unevenly distributed in geographical terms. Bristol has a significant South Asian population (approximately 2% according to the 2001 census) and as with most large cities of the UK, the majority of South Asian people in Bristol live in the inner city. It is also important to be aware that this group is diverse, as it includes people who speak different languages, possess varying literacy rates, have different religious beliefs and who are from different cultural heritages. The South Asian groups of the resident population covered by Bristol North and Bristol South & West PCT's are shown in Table 1. The total South Asian population in Bristol is estimated at just under 11,000. Currently, there is no available data regarding the age-profile of the South Asian population in Bristol.

Table 1: The South Asian Population in Bristol (Numbers (%))

	Asian or Asian British: Indian (BN PCT)	Asian or Asian British: Indian (BS&W PCT)	Asian or Asian British: Pakistani (BN PCT)	Asian or Asian British: Pakistani (BS&W PCT)	Asian or Asian British: Bangladeshi (BN PCT)	Asian or Asian British: Bangladeshi (BS&W PCT)	Asian or Asian British: Other Asian (BN PCT)	Asian or Asian British: Other Asian (BS&W PCT)
All People	3205 (1.5)	1390 (0.8)	2960 (1.4)	1090 (0.6)	995 (0.5)	235 (0.1)	680 (0.3)	304 (0.2)
Males	1601	744	1517	596	503	122	346	169
Females	1604	646	1443	494	492	113	334	135

Source: 2001 Census

South Asian men and women were found to have the highest rates of diabetes in the Health Survey for England (Erens et al, 2001). Prevalence of Type 2 diabetes in the Bangladeshi and Pakistani communities was found to be over five times higher than the general population. If undiagnosed diabetes is also considered, this may well be an underestimation of the true differences in prevalence. There is evidence that people of South Asian origin with diabetes, have worse diabetic control than the general population and that prevalence of diabetic complications is greater in comparison to Europeans (Chowdhury and Lasker, 2002; Chaturvedi et al, 2002). Previous local health needs assessment and equity audit work has identified diabetes as a priority area for work with the South Asian community (Naqvi, 2004).

The Fourth National Survey of Ethnic Minorities (1997) highlighted that Pakistani and Bangladeshi men were considerably more likely to have left the labour force due to disability and retirement in middle age than white men. Pakistani and Bangladeshi

men were also found to suffer relatively high rates of unemployment in middle age. Locally, recent workforce monitoring shows that across both PCTs we employ 24 Asian staff, or 1.7% of our total workforces, against a City of Bristol Asian population of 2.9%. Of these staff, only two are from Asian – Bangladeshi backgrounds. The majority of Asian staff within the PCTs are from Asian – Indian, and Asian – Pakistani backgrounds.

Recruitment monitoring within the PCTs shows that fewer Asian people are applying for employment in proportion to their representation in the local population. To improve under-representation the PCTs operate a range of traditional equal opportunities measures, and since May 2003 have been participating in a major positive action initiative to promote the NHS as an employer to people from Black and minority ethnic communities in Bristol. The PCT also employed an Outreach Worker – NHS Employment who was responsible for developing and a programme of community-based recruitment events and helped with the administration for the recruitment of the two posts. In addition, local NHS colleagues assisted in providing support to potential applicants from the BME communities in a range of ways including mentoring, coaching and skills training. Whilst we were confident that this would deliver change over time, we were keen to accelerate progress, and employing and developing Community Facilitators from the South Asian backgrounds was identified as an additional way for us to do this.

Aims of Main Project

- To develop a greater understanding of the needs of the midlife cohort in black and minority ethnic communities.
- To develop services that will improve health and well-being and reduce health inequalities within the South Asian subgroups, specifically around diabetes.
- To increase employment opportunities for the midlife cohort amongst the black and minority ethnic communities in Bristol.

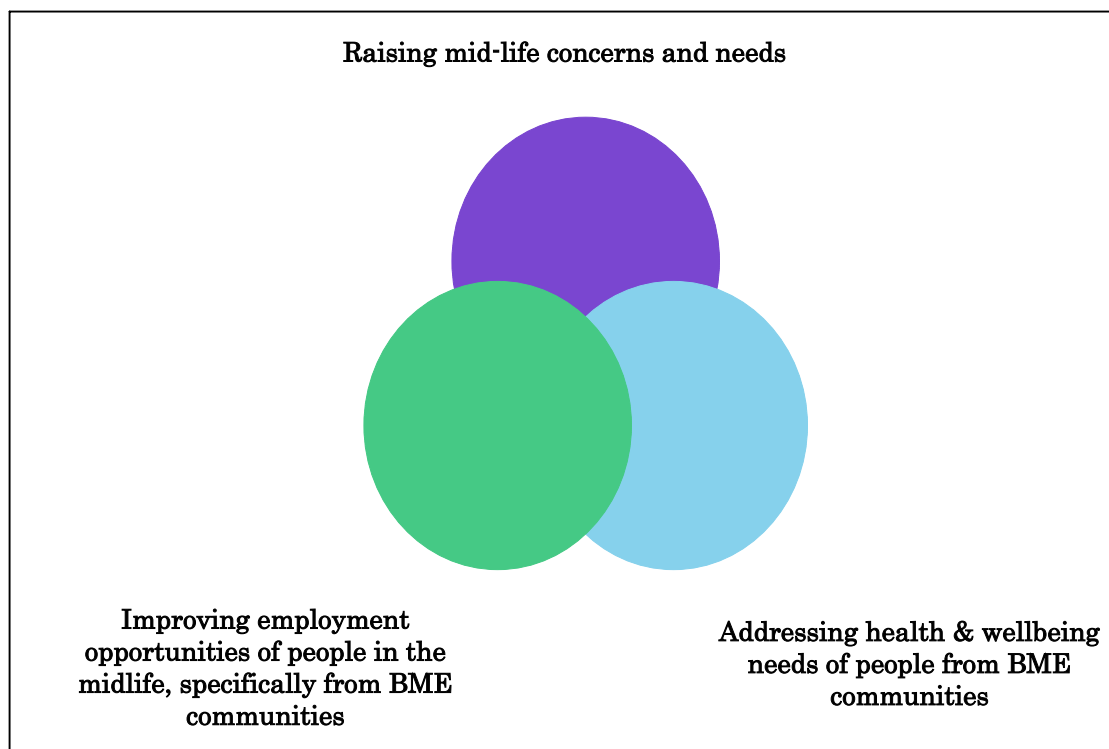


Figure 1: The three inter-related aims of the main project.

Objectives of the Bristol Project

- To recruit and employ two workers from South Asian communities, and to develop them into the roles of Community Diabetes Facilitators.
- To implement a programme of education for people with diabetes in the South Asian communities in Bristol.
- To encourage members of the South Asian community (in particular those with a diagnosis of diabetes) to adopt healthier lifestyles such as participating in more physical activity, avoiding use of tobacco, eating fruit and vegetables.
- To highlight employment opportunities amongst the midlife cohort of black and minority ethnic communities in Bristol.

Description of the Project

Management of demonstration site

The demonstration site drew upon the expertise of and personnel from three different Directorates across the two Bristol PCT's.

a) Public Health Directorate

The Assistant Director of Public Health, based in the Joint Public Health & Community Development Directorate of Bristol North and Bristol South & West PCTs took the overall lead for the project. The Assistant Director of Public Health was supported by a Public Health Analyst and related this project with the wider Race Equality and Neighbourhood Renewal agendas of the Directorate. The project utilised wherever possible, their skills and contacts with the local community.

b) Human Resources Directorates

The project worked closely with key contacts within the PCTs Human Resources Directorates in order to maximise opportunities to integrate the intervention into existing work and learn from the project. The Patient and Public Involvement Leads and Patient Advice and Liaison Manager for both PCTs were involved to ensure that the communication avenues between these key services and South Asian communities targeted by this pilot are as strong and well developed as possible.

The project also linked closely with the NHS Employment Outreach Worker, whose role was to promote NHS employment opportunities to people from BME groups in Bristol. This positive action programme supported potential employees by providing mentoring, coaching, career advice, and training related to the recruitment process.

c) Primary Care Directorates

The Expert Patient Manager linked closely with the project to explore opportunities for developments in the Expert Patient programme.

Community involvement

The proposal to establish a small demonstration site focusing on people in midlife in the South Asian communities in Bristol conceptualised a project that had a strong community-driven approach. Consequently, the South Asian Community Diabetes Facilitator Steering Group was formed during the early stages of the project. The

Steering Group included representation from the South Asian Community Organisations in Bristol and was involved in the each stage of the project (see Appendix 1 for Terms of Reference for the South Asian Community Diabetes Facilitator Steering Group).

Recruitment of the South Asian Community Diabetes Facilitators

The implementation of a programme of education for South Asian people with diabetes required skilled Community Facilitators. Effective self-management education needed to be culturally appropriate, interactive, structured, grounded in appropriate theories of education and behaviour change and responsive to the individual's learning and needs. The aim was to recruit two part-time South Asian Community Diabetes Facilitators with the role to improve knowledge and understanding of diabetes amongst the South Asian community of Bristol, encourage people with diabetes to adopt healthier lifestyles through workshops, seminars and awareness events.

The process for recruiting the Community Facilitators was discussed at an early stage at the first South Asian Community Diabetes Facilitator Steering Group meeting. It was agreed that the Steering Group would be involved at each stage of the project from initial planning, to implementation and evaluation. Steering Group members were concerned to make the posts, and the recruitment process itself, as accessible as possible for members of the local South Asian population. Consequently, the Steering Group advised on the person specification and job description for the Community Facilitator posts (see Appendix 2 for Person Specification of the South Asian Community Diabetes Facilitator posts).

Key discussions centred upon the language skills required for these posts, whether there should be an age criteria bearing in mind the target group, and finally whether it was essential that one male and one female worker was appointed. It was decided that as well as good knowledge of English, it was essential that the worker spoke at least one South Asian language, and desirable that they spoke more than one.

On advice from the Employers Forum on Age it was decided to make being aged between 50 and 65 a *desirable* rather than *essential* criteria for application to these posts. Nothing was included in the person specification regarding gender, although the Steering Group members maintained that it would be helpful to have one male and

one female worker. No specific experience was required for the posts, but there was a strong emphasis on the understanding of cultural awareness and diversity, and the communication skills associated with this.

As well as this, the Steering Group agreed a number of other ways to make the recruitment process as clear and accessible as possible. These were as follows:

- An attractive “flyer” advertising the roles (see Appendix 3). This was displayed in a wide range of venues in the community including shops, libraries, GP surgeries, as well as at the premises of five key South Asian community organisations
- The application packs for the posts were also located at five key South Asian organisations/community groups.
- The advertisements listed six people to whom interested parties could speak to about the roles, these being both NHS staff and community representatives.
- Development of a tailored “supporting statement” form, linked to the person specification criteria. This made it clear what information was needed from the applicants. This not only made the short-listing panel’s role straightforward but also brought the best out of the applicants.
- The use of two relevant skills-based assessment tests as well as an interview. Both of these related to applicants’ communication skills.
- Involvement of a member of the South Asian community in the selection process.

Induction, training and project plans

Following an innovative recruitment process, the two part-time South Asian Diabetes Community Facilitators were recruited and began work at the beginning of January 2005. A meeting to discuss the training and development needs of the facilitators took place between the Facilitators and the Assistant Director of Public Health. One-to-one

meetings between the Assistant Director of Public Health and the Facilitators took place on a regular basis to discuss the project and any needs arising.

The project plans and objectives were developed and shared in consultation with key partners, in particular with the local South Asian Community and Diabetes Networks. Regular meetings were held with the projects' South Asian Community Steering Group. The Diabetes Knowledge Facilitator based within the Bristol PCTs also worked closely with the two Facilitators.

As part of their induction programme, the Facilitators met with health promotion staff, the staff of the local South Asian community groups, and shadowed diabetes specialist nurses. They attended a two-day Support to Stop Smoking Advisor training programme and a Diet & Nutrition course. They also attended the three-day PCT induction programme and the Expert Patient Course in April 2005. Furthermore, whilst the facilitators felt that they were sufficiently computer literate, they were offered the possibility to embark upon the ECDL course at a later stage of their employment.

Developing the Facilitators' work plan

One of the goals of the National Service Framework for Diabetes is empowerment of patients to enable them to participate fully in the management of their diabetes. This reflects the fact that these individuals are responsible for the decisions they take regarding self-care of their diabetes and will bear the decisions about lifestyle, self-care behaviour and compliance with medication. However, enabling people to take on board the role of *active self-management* requires more than just the provision of information.

In close collaboration with key partners, in particular with the local South Asian Community (via the South Asian Community Diabetes Facilitator Steering Group), and keeping in mind the aims and objectives of the project, the work plan for the Diabetes Community Facilitators was established. The short-term objectives of the Community Facilitator approach included (i) the establishment and provision of a person-centred education programme for South Asian people with diabetes to adopt healthier lifestyles through education and support that recognises the importance of culture, language and religion, and (ii) the promotion of NHS employment

opportunities for BME people in their midlife. The long-term objective of this approach aimed to disseminate the lessons learned in order to *reshape* or *bend* NHS services to better meet the needs of minority groups.

Advertising the South Asian Diabetes Community Facilitator Project

It was agreed at the initial South Asian Diabetes Community Facilitator Steering Group meeting that the projects' success would depend, in part, upon its promotion within both the local NHS and the South Asian community of Bristol. Consequently, an effective publicity implementation strategy was developed that included the production of an information leaflet outlining their role and the services they provide in relation to both diabetes and lifestyle issues, and the promotion of NHS job opportunities for South Asians who are in their midlife (see Appendix 4 for the information leaflet). The project was also advertised within the Bristol PCTs and the South Asian community newsletters.

The Facilitators gave an interview on a Bristol radio programme for the BME community, and the project was presented at various meetings including at the Bristol Race Equality Health Partnership and at the Bristol South & West PCT Diabetes Board, the Bristol North PCT Diabetes Service Improvement Network, at the Bristol Public Health Directorate meetings, and details of the project were fed into the national Race for Health programme. In addition, the Facilitators presented their service at various GP practice meetings, particularly at practices with high numbers of South Asian patients. Finally, an article outlining the South Asian Diabetes Community Facilitator Project was produced and published in the Health Service Journal (15 September 2005 edition, see Appendix 5).

Delivering the education programme

As an aid to inform the content of the diabetes education programme, a series of focus group discussions were conducted with diabetes patients of the local South Asian population. The focus group sessions obtained insights into South Asian people's conceptualisations of diabetes, including risk factors, symptoms, treatment objectives, and information resources. The findings of this qualitative research indicated a general lack of knowledge and awareness of diabetes and the associated lifestyle changes that come with the condition. In particular, the findings highlighted the extent

to which myths regarding the condition are prevalent among the South Asian population (For the focus group report, see Appendix 6).

Consequently, the model for the delivery of the diabetes education programme included a combination of both group and one-to-one client diabetes education sessions. The aims of both approaches were to implement culturally appropriate, interactive and structured diabetes self-management and lifestyle education, grounded in appropriate theories of behaviour change.

The group education sessions focused upon issues such as *What is diabetes?*; *Myths and facts about diabetes*; *How to control diabetes*; *Diet and diabetes*; *Physical activity and diabetes*, and *Diabetic complications* (see Appendix 7 for the Group Education Delivery Notes). Each group session included interventions such as blood glucose/blood pressure testing by local practice nurses; light exercise and yoga sessions with a trained physical activity trainer, and demonstration of healthy cooking. The results of the blood glucose and blood pressure checks were fed back to the individuals GP (see Appendix 8). A total of 10 group sessions were delivered at the local South Asian community organisations, religious institutions and local GP practices, including a Diabetes Awareness Day which attracted over 130 members of the local South Asian population (for the Diabetes Awareness Day advertisement, press release, and the programme for the day see Appendices 9, 10, and 11 respectively).

GP practices also referred South Asian patients with diabetes, whom they thought would benefit from culturally appropriate diabetes and lifestyle advice, to the Facilitators for one-to-one sessions. The Facilitators then contacted the patient and organised a series of one-to-one sessions with the client, at a location convenient for the client (most often this was at the client's home). The Facilitators also asked the permission from GPs of potential clients that they may have come across during their group education sessions. This involved sending a letter to the clients' GP (see Appendix 12). An individual record form was completed for each client, recording the clients' basic medical history (as recorded in the patient referral form) and the advice that they have provided the client (Appendix 13). This information was then fed back to the clients' GP practice.

Promotion of employment opportunities in the NHS

The initial step in increasing employment opportunities for South Asians in their midlife was taken during the process of employing the two South Asian Diabetes Facilitators. An innovative approach to recruitment was utilised with the aim of making the recruitment process itself as clear and accessible as possible for the target population (as discussed earlier). This approach was again successfully employed during the recruitment process of other similar posts, particularly those of Health Trainers (Bristol being an *early adopter* of the Health Trainer initiative).

NHS recruitment stalls were held at a number of group diabetes education sessions and also at various fairs and Mela's organised by the South Asian organisations during 2005. In addition the Facilitators took every opportunity to promote employment opportunities within the NHS to South Asians, particularly within their midlife years.

Achievements and Main Findings

Recruitment of the South Asian Community Diabetes Facilitators

The process by which the South Asian Community Diabetes Facilitators were recruited was innovative, but more importantly, it facilitated the accessibility of applying for the posts. As previously highlighted, the approaches included the production of an attractive “flyer” advertising the roles and displayed in a wide range of venues in the community; the application packs for the posts were also located within the community settings; a number of designated people were cited to whom interested parties could speak to about the roles, these being both NHS staff and community representatives, and finally the “supporting statement” section in the application form was linked to the person specification criteria. This made it clear what information was needed from the applicants.

There was a great deal of interest in the Facilitator roles, with over 20 people collecting the application pack. An encouraging proportion of people went on to apply for the roles – twelve in all, from which seven people were short-listed. Both the short-listing and interview panels were made up of NHS staff and colleagues from community organisations (members of the South Asian Community Diabetes Facilitator Steering Group). The selection procedure was successful and two part-time Community Facilitators were appointed, taking up post in January 2005. The Facilitators were both female, in their midlife and between themselves were able to communicate in three different Asian languages.

One can argue that employing one male and one female worker in these roles would have been the ideal combination in targeting the South Asian community. Whilst the benefits (mainly the ability to target an even spread of both males and females) of that approach may outweigh the limitations, the recruitment process indicated that two females recruited were the most able persons in carrying out the roles. In fact, the two Facilitators did not encounter any major difficulties in conducting the group or one-to-one education sessions with clients of either sex. This may have been due to the fact that both the Facilitators had previous experiences of working closely with the South Asian community of Bristol in one capacity or another.

Community involvement and partnership

One of the successes of the project was the positive involvement of the local South Asian community in shaping and driving this project forward. As highlighted earlier in this report, the South Asian Community Diabetes Facilitator Steering Group that included representation from the South Asian community organisations in Bristol, was formed during the early stages of the project and was involved at each stage of the project development. The majority of the educational group sessions were delivered in partnership with the main South Asian community organisations and places of worship in Bristol. A total of 10 group educational sessions were carried out with the attendance at these sessions ranging from 15 to 130 members of the local South Asian community. The sessions targeted both males and females across the main South Asian sub-groupings.

Developing effective working relationships with GP practices and delivering the diabetes education programme

The number of South Asian patients targeted in the one-to-one diabetes education sessions was largely dependent upon the extent to which individual GP practices were proactive in referring patients to the Facilitators. Whilst this approach was initially slow to commence, meetings with GP practice staff (particularly those practices with high South Asian populations), helped to increase the number of referrals received.

A number of Practice Nurses and Health Link Workers (interpreters based at GP practices with high proportions of South Asian patients) were at first cautious of this service, viewing it as possibly overlapping their roles. However, *their* apprehension was dispelled by highlighting the uniqueness of the Diabetes Community Facilitator's roles in providing specific and culturally appropriate lifestyle advice to people of South Asian origins who have diabetes.

During the first five months of commencing the one-to-one sessions with patients, the Facilitators received approximately 15 referrals from GP practices. Whilst this approach is effective in providing patients with culturally appropriate and individually tailored lifestyle advice regarding their diabetes, evidence of the clinical effectiveness of this education programme (for example in reducing blood glucose or BMI levels), will require more time than the duration of this specific project.

The group education sessions were well represented by the South Asian community of Bristol. Because of the vast educational input, the sessions were delivered in two phases and usually on separate days. The first phase typically explained '*what is diabetes*', '*myths and facts*', '*when and how to control diabetes*', and '*lifestyle issues*'. The second phase focused upon the '*complications of diabetes*'. Health professionals were also invited at the awareness sessions, including local diabetes practice nurses to check blood sugar and blood pressure levels of attendees, and physical activity specialists to display some light exercises. All those that attended appreciated the sessions; in particular, the multi-lingual and culturally sensitive aspect of the education programme was welcomed. Opportunistic screening of blood sugar levels did result in a number of attendees at each group session being referred to their GPs as a result of high blood sugar levels (see *Impact on Individuals* section for examples of group diabetes awareness session evaluations).

Increasing BME access to NHS employment opportunities

One of the initial achievements of the project related to the process by which the two Facilitators were recruited. A number of steps were taken to improve the accessibility for BME communities (in this case, South Asians) of making an application for employment within the NHS.

More time is required to observe whether this approach can result in potential increases in BME recruitment within the NHS. Certainly, the Facilitators found that South Asians were not responsive to the idea of employment during their midlife years. When approached with the idea of working in the NHS, one South Asian lady in her midlife stated, "*working in midlife is not a done thing in my culture*". Further research is required to determine whether this is a cultural issue per se, or whether gender cuts across the cultural dimension.

Mainstreaming the Project and Lessons Learnt

In this section of the report an assessment of whether the role of the Facilitator has been effective in achieving the aims of the project is made and an attempt is made to share information about what has been less effective.

Three main impact measures are considered:

1. Evidence of increased engagement and active participation of the target group
2. Evidence that services respond to the needs of the target group through mainstream planning process
3. Identification of services that respond to identified needs, including employment services.

1. Evidence of increased engagement and active participation of the target group

There is evidence that the project has been successful in achieving increased engagement and active participation of the target group by:

- Involvement of South Asian Community members from the midlife at each stage of project development
- Attendance of large numbers of South Asian community, particularly those in the midlife, at community events
- Participation of the target group in diabetes education sessions.

The number of referrals for one-to-one advice on diabetes has however been quite low. In addition, the majority of referrals have been made for women (a ratio of referrals of 5 women to 1 man). A new approach of active case finding is currently being tested within one GP practice. The approach involves the South Asian Community Diabetes Facilitators identifying South Asian people by their surname from GP practice diabetes registers and then contacting the patient directly to arrange a meeting. It is too soon to determine whether this will be effective in increasing referrals for one-to-one advice or whether it addresses the inequity in referrals according to gender. Evaluation of one-to-one sessions shows that these sessions are effective in increasing knowledge about diabetes in a group of patients who may not wish to discuss their individual health issues within a group or are unlikely to access traditional NHS health care provision.

In addition to the group education sessions that formed an integral part of the South Asian Community Diabetes Facilitator Project, a number of South Asian community organisations requested the knowledge and expertise of the Facilitators to help develop awareness programmes for their organisation, relating to the topic of ‘*Diabetes and Lifestyle Issues*’. One such organisation was the *Humdard Group*, which was keen to run fourteen sessions (two hours every Monday morning) between January-May 2006, focussing upon diabetes and lifestyle workshops running in conjunction with parallel yoga and screening (blood pressure, blood glucose, smoking and weight) sessions. Appendix 14 presents the *Humdard Group ‘Diabetes and Lifestyle Issues’* Programme.

2. Evidence that services respond to the needs of the target group through mainstream planning process and lessons learnt

A number of mechanisms were used to ensure dissemination of learning and mainstreaming into planning at a local level. These included discussing the development of the project and outcomes with key stakeholders groups such as the Bristol Race Equality Health Partnership, Diabetes Boards / Implementation Groups, the Equality and Diversity in Employment Group / Human Resources, the Local Workforce Development Group, Professional Executive Committees and PCT Boards. In particular, the learning from this project around recruitment practices is an area that can be successfully mainstreamed (see point 3 below).

A proposal has been developed and provisionally agreed for funding the South Asian Community Diabetes Facilitators beyond April 2006 through the Choosing Health indicative allocation via the Local Delivery Plan (LDP) process. Under this proposal, a new part-time post of community facilitator for hypertension and diabetes for the African and Caribbean community will also be established.

The South Asian Community Diabetes Facilitators have cascaded the training they received around diabetes and lifestyle issues to nominated workers from each of the eleven South Asian Community groups in Bristol. Although it is too soon to see the full benefits of this approach, it is predicted that this ‘cascade approach’ will potentially reach larger numbers of South Asian people with diabetes. In addition, if other members of the South Asian community can reiterate the lifestyle messages given by the South Asian Community Diabetes Facilitators, this may help lead to improved concordance amongst the target group.

3. Identification of services that respond to identified needs, including employment services.

Diabetes services meeting identified needs

The South Asian Community Diabetes Facilitators reported that the majority of people referred for one-to-one advice had low levels of knowledge around diabetes and that many had not received advice from a health care professional on lifestyle issues relating to their diabetes. This reflected findings from the focus group interviews that indicated poor knowledge and awareness of diabetes and associated risk factors. The focus group interviews also highlighted the content of the diabetes education programme and its mode of delivery for the target population. Overall, this project has been successful in working towards addressing the inequity in access to diabetes lifestyle advice.

Employment

The lessons learnt around employment have already been applied to the recruitment of staff to other new initiatives in the PCT. For example, Bristol PCTs are one of the 'early adopter' sites for NHS Health Trainers and used the recruitment methodology developed by this project to successfully recruit fourteen health trainers. These health trainers include people from a range of BME backgrounds, some of whom are from the midlife.

The key measures taken in adapting mainstream recruitment practice included:

- Key members of the communities being involved in the development of the job description, person specification and advert
- Involvement of a community member on the interview panel
- Adapting the standard NHS application form to ensure applicants provided information addressing the essential criteria listed in the person specification
- Advertising the posts widely within the local communities, placing application forms in locations where the target candidates are likely to visit. Providing informal contacts and support to those that wish to discuss their application.

Impact on Individuals

This section of the report examines the impact the project has had upon those involved. It was of particular importance to obtain insights into the recruitment process of the Facilitator posts and in relation to the delivery of the project and subsequent involvement of the South Asian community.

Recruitment of the South Asian Community Diabetes Facilitators

“I first learned about the post of South Asian Community Diabetes Facilitator whilst at my local GP Practice. I am also involved in a Language Clinic for South Asians at that practice and was encouraged to apply for the Facilitator post by my colleagues”

“I phoned one of the PCT contact persons in order to obtain more information regarding this post. The person I spoke to was very thorough, he answered all my queries and sent me through the application forms promptly”

“I found the application form straightforward and managed to complete it with ease”

“The whole process of my recruitment for this post was uncomplicated, encouraging and welcoming”

Quotes from the South Asian Community Diabetes Facilitators



Figure 1: The South Asian Community Diabetes Facilitators.

Community involvement

The local South Asian community of Bristol was involved at each stage of the South Asian Community Diabetes Facilitator Project, including the recruitment process of the Facilitators, and the organisation of awareness events and group education sessions.



Picture 2: Members of the South Asian Community Diabetes Facilitator Steering Group welcoming attendees during a diabetes awareness day for the South Asian community of Bristol.



Picture 3: The South Asian Diabetes Facilitators delivering a group education session.



Picture 4: Opportunities of having your blood sugar and blood pressure levels tested were presented during the diabetes group education sessions.



Picture 4: The importance of light physical activities was highlighted and demonstrated as part of the diabetes education sessions.

Delivering the diabetes education programme

Below are two typical examples of group diabetes education session evaluations.

South Asian Community Diabetes Awareness Session

Khaas Asian Day Centre,

St Werburghs Community Centre, Horley Rd, BS2 9TJ

Wednesday 7th September 2005 11.00am to 2.00pm

Pre-Planning Agenda:

The South Asian Community Facilitators had a pre-meeting with Ms. Gurdarshan Dhanjal, the co-ordinator of Khaas Day Centre, to organise the Diabetes Awareness Session to meet the requirements of the Day Centre users. The Khaas Day Centre requested:

- Talks on care, control, and prevention of Diabetes.
- Emphasis on Healthy lifestyle: healthy diet and keeping fit.

The Facilitators collected the appropriate resources including plastic foods (including Asian fruits and vegetables); sugar and fat kit; leaflets & booklets on Diabetes in English, Urdu, Punjabi, and Bengali. The Facilitators utilised their Group Education Delivery Notes and a Flipchart with all the information written in bullet points to facilitate the delivery this session.

Delivery of Session:

- Approximately 35 ladies attended the event and were registered.
- The Facilitators presented the talk on *Diabetes Care, Control and Prevention of Diabetes* in Punjabi language. In order to get the whole group involved in the session, the Facilitators devised group tasks, such as answering questions regarding the cause and risks associated with diabetes (e.g. ‘do people with diabetes.....?’).
- The Facilitators laid out the food chart and plastic food for a further group activity. The delegates had to sort out the food into different categories e.g. meat, carbohydrates, fat, dairy products, fruits, vegetables, etc.
- A brainstorming session followed on the topic of how everyone can keep active.
- The Facilitators presented the Khaas Day Centre with a Diabetes Resources Box of video tapes, booklets, leaflets, posters on diabetes in English, Urdu, Punjabi and Bengali, for the users to borrow the videos and take the relevant leaflets home.
- The Khaas Day Centre provided a health vegetarian lunch.

Evaluation/Feedback (participants’ quotes)

- *“Found the programme educational and very useful.”*
- *“Own language delivery of session was good and makes a change, we understand more.”*
- *“Very interactive diabetes education – with food models.”*
- *“Enjoyed group participation very much, it makes it more easy to understand things.”*
- *“Handouts were good and useful and in our language.”*
- *“All information was for our own benefit, now it’s up to us to implement it.”*
- *“Sugar/fat kit was very good, makes me think about the food we eat.”*
- *“Looking forward to the next session on 28th September 2005.”*

South Asian Community Diabetes Awareness Session
Dekh Bhal Asian Day Centre,
42 Ducie Road, Barton Hill, Bristol BS5 0AY
Monday 22nd August 2005 10:30am to 2.00pm

Pre planning Agenda:

For the above session, the Facilitators had a meeting with Ms. Daisy Rajput, the co-ordinator of Dhek Bhal, in order to organise the day and meet the requirements of the Day Centre clients.

Consequently, the Dekh Bhal Day centre requested:

- Nurses for blood sugar and blood pressure screening;
- Talks on *Diabetes Care*, and *Control, Prevention and Complications of Diabetes* to be delivered in Punjabi.

The Facilitators collected the appropriate resources including plastic foods (including Asian fruits and vegetables); sugar and fat kit; leaflets & booklets on Diabetes in English, Urdu, Punjabi, and Bengali. The Facilitators utilised their Group Education Delivery Notes and a Flipchart with all the information written in bullet points to facilitate the delivery this session.

On the day:

- Approximately 20 ladies attended this event and were registered.
- Nurse Grace Beveridge and her colleague from the local Charlotte Keel Health Centre were present to take blood sugar and blood pressure checks. Most of the ladies wanted their blood pressure and sugar levels tested.
- The Facilitators presented the talk on *Diabetes Care*, and *Control, Prevention and Complications of Diabetes* in Punjabi. The target group asked many questions.
- Dekh Bhal were presented with a Diabetes Resource Box of video tapes, booklets, leaflets, posters on Diabetes in English, Urdu, Punjabi and Bengali for the users to borrow the videos and take the relevant leaflets home.
- Dekh Bhal provided a healthy vegetarian lunch.

Evaluation/Feedback (participants' quotes)

- *"I learnt a lot more about Diabetes than ever before in the past."*
- *"Very educational."*
- *"I will give up Mithai and reduce Mangoes in my diet and in my husbands' diet too."*
- *"Learnt things which are good and relevant to me – in my own language."*
- *"Never before has anyone talked to me about diabetes and Asian diet in my language."*
- *"The session was long. Our lunch was delayed."*

The following are two case histories of typical patients referred by a local GP practice to the South Asian Community Diabetes Facilitators for one-to-one consultations on diabetes and lifestyle issues.

(1) Female; 43 years old; Muslim

“I first discovered that I had diabetes when I was 30 years old. I was pregnant with my first child and put the tiredness down to pregnancy. I was in Pakistan for 11 years, I had no treatment or advice on care and control of diabetes.”

Mother, father, brother and sister all have diabetes.

Takes insulin injections. Diabetes is very high and I feel low all the time. Is 43 years old and almost blind in right eye. Had laser treatment, but it hasn't helped much. Ankles and right hand is always swollen. Sometimes has numbness in my left leg. Has angina and suffers from depression. Forgets to eat and sugar levels drop.

Regular eating day plan is:

Breakfast: tea and two biscuits

4.00pm: fruit

Dinner: small portion of curry (mostly meat) with a chapatti (sometimes, we have chicken and chips or other English dishes)

Never smoked

Only advice from GP is not to have sugar. Never been advised on physical activities. I don't go out for walks. The literature on diabetes is in English, she doesn't read or speak English, but has had an interpreter when she needed medical help. Never been offered literature in Urdu. She would welcome any help or advice on controlling diabetes in her own language.

(2) Male; 70 years old; Indian

“I came from India nearly 38 years ago”.

First discovered that he had diabetes when he was 52 years old. He was diagnosed when visiting India via screening that was going on at a public event.

He takes tablets for his diabetes and follows a healthy diet to keep it in control. He has never had alternative medication, but believes in having the Indian vegetables e.g. aubergines, ladyfingers and okra in his diet to control his diabetes.

His father and brother have diabetes, but he never thought he would have it too.

His regular eating day plan is:

Breakfast: one and a half Weetabix with semi skimmed milk with 1 teaspoon of sugar

Lunch: mostly vegetarian curry, chapattis, salad

Dinner: similar to lunch, though he often has English alternative with fish.

For snacks he has fruit.

Physical activities:

Half hour walks 3-4 times a week. Stretching exercise in the morning.

Keep fit exercises at the local Asian Day Care Centre – twice a week.



Picture 4: A member of the South Asian community receiving information about the South Asian Community Diabetes Facilitator Project.

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Appendix 1:
Terms of Reference for the South Asian
Community Diabetes Facilitator Steering
Group

Bristol South Asian Diabetes Project Community Steering Group: Terms of Reference

Aims and objectives:

Bristol South Asian Diabetes Project Community Steering Group will set the direction for project.

Objectives:

- To guide and inform the process for developing the project and oversee the implementation.
- To monitor and evaluate progress according to the National Institute of Clinical Excellence (NICE) and local requirements.
- To provide quarterly progress reports to the NICE and PCT groups as appropriate.
- To ensure that the work of the community facilitators is integrated and links monitored within the local South Asian communities.
- To encourage the development of good practice based on the implementation of the action plans.

Membership:

- Assistant Director of Public Health, Bristol PCTs – Natalie Field
- South Asian Community Diabetes Facilitators – Veena Bassi / Harjeet Panensar
- Public Health Analyst / Research Associate, Bristol PCTs – Habib Naqvi
- Asian Health & Social Care Association – Danus Blanchard / Amarjit Singh
- Bangladesh Association – Abdul Wahab
- Dhek Bhal – Zakia Ahmed
- Bangladesh Women's Association – Sourma Alam
- Awaz Utaoh – Simi Chowdhry
- Black Development Agency – Bhupi Bowri

Accountability:

Individual members of the group are accountable to their respective organisation.

Meeting arrangements:

- Meetings will initially be held monthly during the development phase, then will become bi-monthly / quarterly
- Notes of the meeting will be circulated to all members.
- The meetings will be chaired by Natalie Field, Assistant Director of Public Health.
- Agendas for the meeting will be sent to members prior to the meeting.

- All members are invited to contribute to the agenda.

Communication channels:

Representatives of the South Asian Community groups will ensure that members of their organisation are informed and consulted as appropriate, on the development of the project.

The Community Steering Group will ensure there is regular communication with existing clinical forums (Practice managers meetings, Community nurses meetings and GP Forums) in order to integrate the work of the facilitators into primary care.

Appendix 2:
Person Specification for the South Asian
Diabetes Facilitator Posts

Person Specification & Job Description

<i>Job Title</i>	Community Facilitator – Diabetes in the South Asian Population	
Department	<i>Bristol Directorate for Public Health</i>	
Catalogue No.	(For HR use)	
Reporting Arrangements	Responsible to	Natalie Field
	Accountable to	Natalie Field
Base	King Square House	
Grade and Salary	<i>A&C5</i>	
Job Summary - what the role is designed to do	To improve knowledge about diabetes amongst older members of the South Asian community in Bristol, and to encourage members of that community (especially those already with a diagnosis of diabetes) to adopt healthier lifestyles.	

Specific Duties and Responsibilities

Professional/Job Role

- To provide confidential support and advice to members of the South Asian community with diabetes on lifestyle issues.
- To respond to enquiries from members of the South Asian community with diabetes, using empathy and good judgement, whether face-to-face, in writing, or email.
- To co-ordinate a diary of appointments with members of the South Asian community with diabetes.
- To organise meetings, workshops and seminars on the subject of diabetes and health lifestyles, including arranging venues and refreshments.
- To review the information sources currently available to South Asian people with diabetes, and contribute towards addressing any gaps, either by developing new resources or finding out whether information could be purchased from elsewhere.
- As part of the role, to promote the National Health Service as an employer to South Asian people, including those in mid-life.

Organisational

- To develop, establish, and maintain secure and effective systems, including databases, for recording client information and lifestyle advice offered to South Asian people with diabetes, and to provide feedback as appropriate to GPs, Practice Nurses, Specialist Nurses and other health professionals.
- To respond to routine correspondence relating to the project including letters, telephone calls and emails.
- To draft other correspondence and documents for the project such as simple reports to inform others on progress made and the outcome of the project, including recommendations.
- To attend and contribute to meetings of existing programmes that link with the project, such as the PCT Diabetes Networks and the South Asian Steering Group.
- To collate and distribute papers for meetings, such as minutes and agendas, ensuring that deadlines are met.

Communication

- To liaise with the designated manager and other team members regularly.
- To use a range of media to communicate with others, including face-to-face, telephone, email and letter.
- To liaise with staff across the Primary Care Trusts as appropriate to achieve the aims of the project and inform others of the work.
- To liaise with people in other NHS organisations and non-NHS organisations, as necessary.

Education and Research

- To complete a training programme about diabetes in order to provide effective healthy lifestyle advice to older people with diabetes.
- To develop your own knowledge and skills about health promotion by participating in training on health promotion issues.
- To support the evaluation of the project, for example by encouraging members of the community to attend focus groups, facilitating focus groups, and contributing to the design of evaluation methods.

General Terms and Responsibilities

- To undertake any other duties that may be reasonably requested of the post holder to help the department run smoothly.
- To ensure that you and others take notice of and operate within relevant Health and Safety guidelines.

Dignity at Work Statement

- We are committed to treating all of our staff with dignity and respect. You are responsible for behaving in a way that is consistent with the aims of our Equality and Diversity in Employment Policy. This includes not discriminating unfairly in any area of your work and not harassing or otherwise intimidating other members of staff.

Equality Statement

- To act in a way that is consistent with PCT procedures and the law relating to equality, diversity and rights, and to treat everyone with whom you come into contact equitably, with respect and without discriminating.
- To recognise and appreciate that people, both colleagues and service users are different and to act in ways that are consistent with their needs and preferences.

Confidentiality Statement

- All information regarding the Trust's patients and staff must be treated as strictly confidential at all times, and you may not divulge to any other person except with the authority of your head of department.
- Such authority may only be given when it is in the patient's or staff's own interest and is a necessary part of treatment.
- Unauthorised disclosure of confidential information will result in disciplinary action and may lead to your dismissal.

Job Description Review

This job description is not a complete list of duties, but is intended to give a general indication of the range of work undertaken. The job description is further supported by a detailed list of tasks required to be performed by the post holder. It will vary over time as demands and priorities within the NHS change. Significant changes in the range of work undertaken will be made only after discussion with the post holder. This job description will be kept under review to ensure that it remains up to date.

Person Specification

PERSON SPEC. HEADING	
1. Education, Qualifications Training	<ul style="list-style-type: none"> • No specific qualification needs, but must be willing to undertake training for the role.
2. Experience	<ul style="list-style-type: none"> • Experience of working with community groups and their members in some capacity. • Experience of South Asian culture.
3. Knowledge	<ul style="list-style-type: none"> • Understands the importance of respecting and valuing people regardless of background. • Awareness of different cultures to ensure that the project is developed appropriately and sensitively. • Awareness of healthy lifestyle issues. <ul style="list-style-type: none"> • An understanding of the role of Primary Care Trusts within the wider NHS. • An understanding of the structure for the delivery for primary health care services. • An understanding of the law relating to (e.g.) Data Protection. • An understanding of the implications of cultural difference for service delivery • Understandings of the steps that need to be taken to provide appropriate, accessible and sensitive primary health care services.
4. Skills and abilities	<ul style="list-style-type: none"> • Able to communicate clearly and effectively to both individuals and groups. • Able to write letters, simple reports and record information in clear and accurate English. • Good knowledge of English and at least one South Asian language.

	<p>Able to use computer packages such as Microsoft “Word” and “Outlook”.</p> <ul style="list-style-type: none"> • Able to work effectively and co-operatively as part of a team. • An understanding of team dynamics, including what factors make a team work well and what can go wrong. • Able to work without supervision to achieve the objectives of the post. • Able to make appropriate decisions on own initiative. • Able to deal with confidential issues. • High degree of tact and diplomacy. • Able to liaise at all levels of any organisation. • Able to build effective working relationships. • Able to work effectively with senior colleagues.
<p>5. Other job-related requirements</p>	<ul style="list-style-type: none"> • Willing to travel across the city to meet the needs of the job. • Able to start work earlier or finish later on occasions. • Able to vary days worked on occasions.

Appendix 3:
Advertisement for the South Asian
Diabetes Facilitator Posts



Bristol North PCT
Bristol South & West PCT

Diabetes in the South Asian Community

Can You Help?

COMMUNITY FACILITATORS

We are looking for two people to help us support and educate South Asian people who have diabetes, or who are at risk of diabetes. The focus of the jobs is to encourage people to make healthy lifestyle choices, so that the risk and effects of diabetes is reduced.

We Offer:

- Flexible hours (two days per week in total)
- A good salary
- Full training for the role
- A friendly and supportive working environment

You Need:

- Good knowledge of English and at least one South Asian language (preferably you will be able to speak at least two)
- Good communication skills, to work with individuals and groups
- To be willing to travel across the City of Bristol

Find out more!

Pick up an Information Pack including application form from:
Bangladesh Association Dhek Bhal
Awaz Utaoh Asian Day Care Centre

Or the Recruitment Service, King Square House, King Square,
Bristol BS2 8EE, tel. 0117 9002676 Ref.44006N

Closing Date 10 November 2004

Appendix 4:
Information Leaflet Outlining the South
Asian Diabetes Facilitator
Roles

NHS job opportunities

The facilitators will provide information on job opportunities within the NHS for South Asian people who are in their midlife years (aged 50 and over).

How long will this project last

The service will start from June 2005 and will last until June 2006.

The success of the project is being measured and future development will depend on the outcome of this.

If you would like more information

please contact:

South Asian Diabetes Facilitator

Harjeet Panesar

Tel: 0117 9841524

Email: harjeet.panesar@bristolwpct.nhs.uk

and

Veena Bassi

Tel: 0117 9841525

Email: veena.bassi@bristolwpct.nhs.uk

An answer phone is available if you would like to leave a message if we are not there.

We are based at:

Bristol Directorate for Public Health

King Square House

King Square

Bristol

BS2 8EE

Tel: 0117 976 6600

Fax: 0117 976 6601

Bristol North and Bristol
South and West PCTs

A Guide to the South Asian Community Diabetes Facilitator Service

This service aims to improve the health of people with diabetes through supporting them to adopt healthier lifestyles.

The service also aims to raise awareness about diabetes and how it can be prevented.

How will the service work?

Two South Asian Community Diabetes Facilitators will be working with the community to:

- Provide culturally appropriate and up to date information and advice to improve care and control amongst people with diabetes.
- Offer visits on one-to-one basis.
- Provide advice and information on the prevention, care and control of diabetes, through group sessions and the Awareness Day.

Interpreters will be available for group sessions or for the one-to-one visits.

What can we offer to people with diabetes?

- Making you aware of the care you need to manage diabetes.
- Signposting to services such as chiropody (foot care) and opticians.
- Lifestyle advice on:
 - Diet
 - Physical Activity
 - Smoking
 - Weight Management
- We can speak several Asian languages and can arrange for interpreters if we cannot speak the language of your choice.
- Where – to make it more convenient for you we can visit you locally:
 - At home
 - GP practices
 - Local community setting

The South Asian Diabetes Facilitators

We have received training through the Primary Care Trusts (NHS) on lifestyle issues for diabetes.

We are not trained to give medication but can provide a link between you and your doctor in relation to your diabetes.

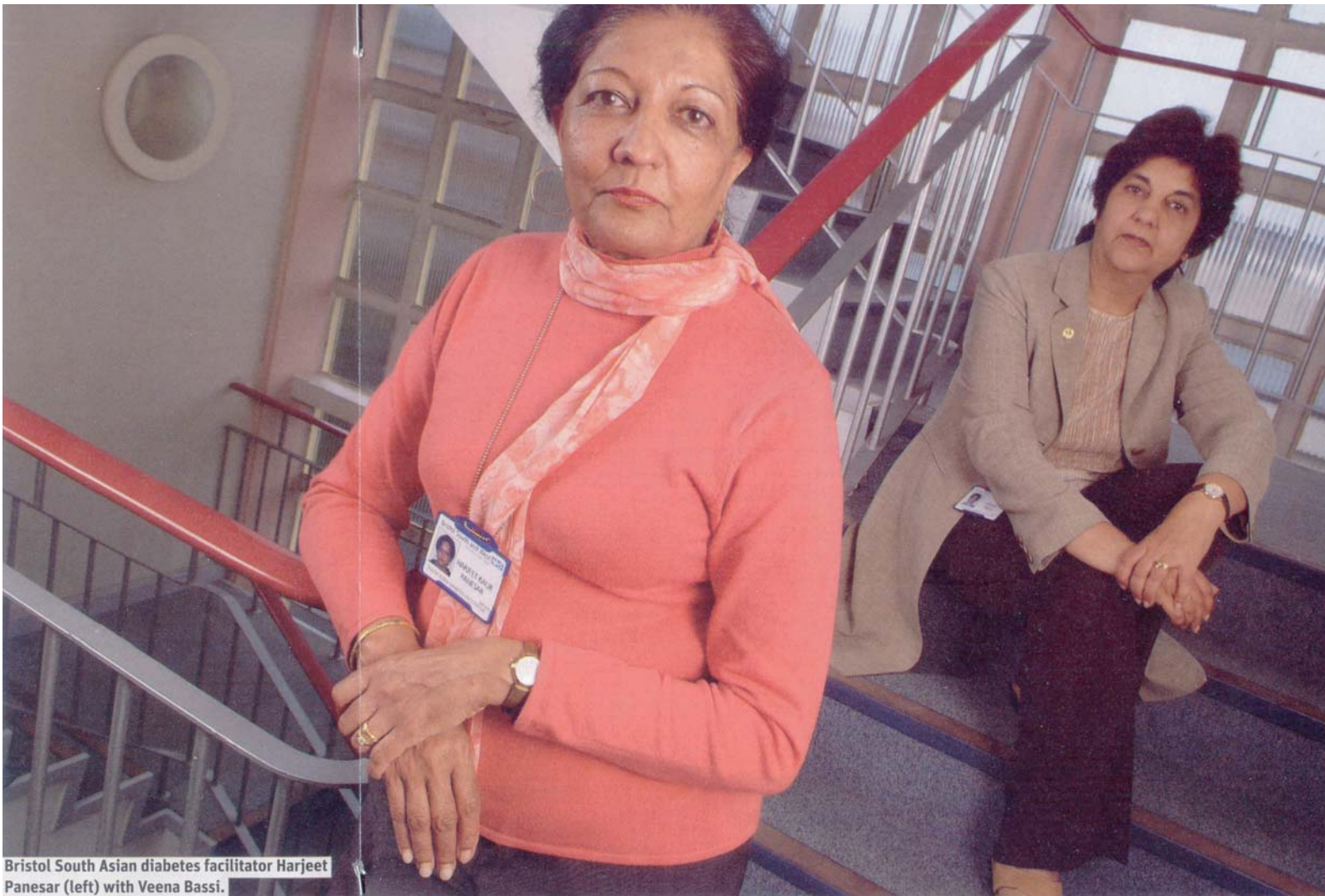
How to access our service

Carers or persons with diabetes can refer themselves to us for lifestyle advice.

We will also see people with diabetes who have been referred from their doctor or practice nurse and diabetic specialist nurses.

We will write back to your doctor to let them know what we have advised you. All the information about your diabetes that we receive from your doctor/nurse or what we discuss is treated with the strictest confidence.

Appendix 5:
Health Service Journal Article



Bristol South Asian diabetes facilitator Harjeet Panesar (left) with Veena Bassi.

PUBLIC HEALTH

The team delivering the Bristol South Asian diabetes facilitator project has made great progress.

Since January 2005 Veena Bassi and Harjeet Panesar have been working on a programme set up by Bristol North and Bristol South and West primary care trusts to reduce inequalities among a group with the highest diabetes rates in England and to promote PCT employment opportunities for South Asians.

The project is targeted at the mid-life group of the community, where

diabetes-related illness and unemployment levels are high.

The facilitators' backgrounds reflect aspects of the cultural awareness and skills needed to deliver self-management. They show how individuals with no training can contribute to disease reduction, raise the profile of NHS careers and prompt managers to revise recruitment plans accordingly.

'I was in semi-retirement after a career in accountancy,' says Veena, 'with experience as a volunteer for

Arthritis Care. I also speak Punjabi, Hindi, Urdu and Gujarati.'

Veena is very glad of the confidence that six months' training in health promotion, diabetes and smoking cessation has given her.

'We invited all the local South Asian groups and community workers to our awareness day in June, which was really successful. We are now booking one-to-one sessions for women too isolated or shy to attend group work.'

Publicising the project has involved visits to religious centres, liaisons with

diabetic nurses, leaflets and interviews with local radio.

'It's about educating people about leading a healthy lifestyle,' says Harjeet, a former nurse and midwife who has experience teaching English as a foreign language.

Harjeet is well aware that it will take many sessions to persuade some people of the benefits of their message. 'There are those who believe they can live with a disease like diabetes without doing anything,' she says.



Bristol South Asian diabetes facilitator Harjeet Panesar (left) with Veena Bassi.

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Harjeet is well aware that it will take many sessions to persuade some people of the benefits of their message. "There are those who believe they can live with a disease like diabetes without doing anything," she says.

Appendix 6:
Focus Group Report –
Diabetes: beliefs, perceptions and
prospects of risk reduction in a sample of
South Asians in Bristol

Diabetes: beliefs, perceptions and prospects of risk-reduction in a sample of South Asians in Bristol

Habib Naqvi, Bristol Directorate for Public Health

Introduction

South Asian men and women (i.e. those ethnic groups originating from the Indian subcontinent) are found to have the highest rates of diabetes. Prevalence of Type 2 diabetes in the Bangladeshi and Pakistani communities was found to be over five times higher than the general population (Erens et al, 2001). If undiagnosed diabetes is also considered, this may well be an underestimation of the true differences in prevalence. There is evidence that people of South Asian origin with diabetes, have worse diabetic control than the general population and that prevalence of diabetic complications is greater in comparison to Europeans (Chowdhury & Lasker, 2002; Chaturvedi et al, 2002).

Chronic conditions such as diabetes, which have no well-defined recovery point, are a profoundly disruptive experience for many, primarily because everyday life and the assumptions underlying one's life are altered or re-examined. Consequently, successful management of such conditions requires that we understand the beliefs, perceptions and attitudes of those affected. This exercise is particularly pertinent when focusing upon ethnic minority groupings that have cultural needs distinct to those of the general population.

In the UK, people of South Asian descent constitute one of the largest ethnic minority groups, encompassing approximately 4% of the total population (OPCS, 2001), unevenly distributed in geographical terms. Bristol has a significant South Asian population (approximately 2% according to the 2001 census) and as with most large cities of the UK, the majority of South Asian people in Bristol live in the inner city. It is also important to be aware that this group is diverse, as it includes people who speak different languages, possess varying literacy rates, have different religious beliefs and who are from different cultural heritages.

Increasing evidence indicates that intervention, both pharmacological and lifestyle, can favourably influence the clinical course of diabetes – improving

the everyday management of the condition. However, the effectiveness of the uptake of such interventions amongst people of South Asian origins is in part dependent upon the extent to which the cultural needs of this population are considered.

A qualitative study was carried out to obtain insights into South Asian people's thoughts on diabetes, including risk factors, symptoms, treatment objectives, and information resources. It is anticipated that this information will inform the development of an educational strategy for both people in the community and for patients who have diabetes, who are of South Asian origin.

Method

Design of study – After gaining approval from local research ethics committees, focused discussions were conducted with groups of South Asian people who had diabetes, between May-July 2005.

Sample – People who had diabetes were selected from local South Asian Community Groups and Day Centres. Posters advertising the opportunity to participate in a focus group interview were posted within the local South Asian community group organisations, in shops, places of worship and libraries. In addition, an information sheet and invitation letter was sent on behalf of their GP, to South Asian diabetic patients registered at a health centre located in inner city Bristol which has the largest South Asian registered patient population. Potential participants were given the opportunity to select their preferred language of communication during the focus group interviews, before the interviews took place. In all, 38 South Asian participants agreed to take part in the study.

Procedure – A discussion guide was developed on the basis of findings of previous studies (REFS). Discussion items dealt with knowledge, perception of risk factors, treatment and access to services, and information resources. Each discussion group was moderated by the researcher/facilitator, who ensured that each group fully discussed each item on the agenda and that all participants had sufficient opportunity to air their views.

Translation and analysis – Interviews were conducted in Punjabi, spoken by all our participants. The discussions were simultaneously translated and

transcribed by the Researcher. Each transcript was analysed independently and coded to identify emergent themes. Examples to illustrate these were noted, and were used to derive hypotheses explaining beliefs displayed by the participants to the relevant themes. The Facilitator who listened to the original recording while reading the draft translation checked the transcripts and the coding of themes.

Results

Origin and nature of diabetes

Diabetes was in general attributed to events or agents outside the human body rather than to primary failure of an internal organ. Most participants believed that the primary cause of diabetes was too much sugar and fat in the Asian diet. Other aetiological factors mentioned by the participants included psychological stress and worries, particularly of family issues (such as getting children married and looking after elderly relatives), economic difficulties, and fear of crime. A number of participants attributed the origins of diabetes to the side effects of medications they had been taking for other chronic illnesses. A minority however, had no explanation for the cause of diabetes and presented a fatalistic approach to the nature and cause of this and all illnesses in general.

They say that there is a 'sugar nerve' in the body that bursts. I'm also very sad, and they say that I developed diabetes due to my worries.

I don't think it is caused by the diet you eat. Diabetes occurs when you're ill and have pains. You go to the doctor who gives you medications. Some medications suit you others don't. That's how I got diabetes, because before no one in my family had it. So I believe I developed diabetes from medications.

I had arthritis, the doctor gave me strong tablets to eat, and because of these tablets I developed diabetes in my urine and blood.

In addition to the above factors, when asked why South Asians have a higher prevalence of diabetes than the majority population of the UK, participants highlighted the issue of diet and heredity (the notion of 'shared blood' rather than an inherited predisposition).

I believe it's our diet too. I mean we eat pakoras and foods filled with oil and fat.

It runs in Asian families, my sister has it, my mother had it and now my son has diabetes too.

Objectives of diabetic treatments

Participants viewed diabetic treatments (insulin injections and tablets) as a way to control their diabetes. However, a number of participants also suggested that such treatments are more effective for some people than others. Most participants generally tested their own blood glucose at home. However, some participants seemed to believe, that in the absence of symptoms, their diabetes was well controlled.

There is only one type of tablet for diabetes; they suit some people but not others.

With tablets your sugar level becomes lower. By taking medication, you control your sugar level. But I control my diabetes with diet.

Importance of dietary control

Amongst the majority of participants, diet and nutrition was regarded as an important factor in controlling diabetes. However, most participants expressed difficulties in adapting their diet and cooking methods in order to reduce the risk of diabetes amongst those who do not have the condition, and help control diabetes amongst those that have it. In Asian culture, social gatherings and religious festivals are common, and in most cases, centre upon the consumption of traditional sweets and rich foods. Participants highlighted a profound failure to achieve a calculated balance between dietary compliance in-line with a healthy lifestyle for a person who has diabetes and social obligation.

When I eat fruit, my sugar levels go up. It 's difficult for us Asians not to eat fruits such mangos, we've been brought up eating this fruit since we were children.

Due to different weather and environmental conditions, it's not healthy to consume a traditional Asian diet.

Importance of physical activity

Physical activity in the form of 'exercise' was a concept that had both cultural and religious implications for the informants. The importance of physical activity in helping to control diabetes was not underestimated; however respondents highlighted a number of physical and material barriers to physical activity.

It (physical activity) is very important to control diabetes. Physical activity lowers the sugar level but it doesn't completely control it altogether.

In addition, respondents presented a fatalistic approach towards their condition, and consequently, towards its management.

Our clothing and shoe-wear restricts Asians and in particular Asian women in participating in exercise and group classes etc. Swimming is an obvious example, but also we are reluctant to wear tracksuits too.

What are your experiences of accessing diabetes health care?

Respondents in general felt that they were not provided with diabetes care that met their needs. Lack of culturally appropriate and sensitive information giving on part of the health care professionals was suggestive of poor knowledge and awareness of the condition, its risk factors and complications.

I ask my nurse where I can go for exercise class or swimming, but I don't get any answers. I have to eat 22 tablets a day, for my diabetes and blood pressure. That it self equates to one plate of food!

Doctors and nurses don't tell us anything, they just warn us of being careful of what we eat.

Poor communication skills on part of both the South Asian patient and the health care professional often resulted in respondents seeking diabetes advice from relatives and friends.

I get help and advice about my diabetes from nephew who is a doctor, and I also have a neighbour who has it too.

Discussion

The results of the focus groups with members of the local South Asian community that had diabetes highlight pertinent issues. For reasons of demography, only first generation South Asians were recruited in the group discussions. Furthermore, diabetic control in our sample of participants was not controlled for, hence individual knowledge and experiences could not be related to level of diabetic control in any way.

Respondents' comments regarding the causes and risk factors for diabetes highlighted a lack of knowledge and awareness, and in some cases, the misconception of this medical condition cut across issues of religious beliefs, and in particular, the notion of 'fatalism'. Respondents did highlight stress and worries as being prominent within Asian communities and along with the Asian traditional diet, these were suggested by some as potential risk factors for diabetes.

The results indicate that the perceptions towards both the disease condition and approaches towards its management amongst South Asians with diabetes is distinct to those held by the majority White population that have the condition (as well as to Western health care professionals – as discussed above). The importance of beliefs about health and illness should not be underestimated, as they have been shown to influence patient behaviour when ill and suffering from a chronic condition (Jayaratnam, 1990). Any attempt to alter such cognitions would have to be tackled sensitively and with the consideration of both religious and cultural issues.

As group members deemed the issue of poor communication as a pertinent barrier in accessing diabetic primary health care services, it is worthy of some further discussion here. The health beliefs of Western health care professionals are shaped by their personal cultural background as well as by their clinical training, and are based upon the scientific medical paradigm. Whilst, as the results presented here suggest, the health beliefs of patients from different cultural backgrounds are often not concordant with those of Western health care professionals. This 'mismatch' increases the likelihood of misunderstanding between the patient and health care professional and highlights the need for primary health care professionals to achieve a balance

of 'etic' (universal values and beliefs related to health behaviors) and 'emic' (how diverse ethnic groups may have different health beliefs and behaviors than their own) strategies for understanding cultural influences upon health behaviors.

Knowledge and understanding of diabetes and its associated preventive measures have been shown to be low within the South Asian communities (Greenhalgh et al, 1993), and this has been further emphasized in the focus group results presented here. Information derived from the focus group discussions has highlighted areas of diabetes health education for this particular community. Health education that is in-line with the target populations' 'lay epidemiology' and folk models of understanding is more likely to result in behaviour change. Furthermore, given that respondents in this study valued oral explanations from family and friends regarding their condition, it may be more appropriate to deliver diabetes education to this population via oral sources.

Given that the South Asian population is heterogeneous, it is important that the content of the diabetes education programme is both culturally sensitive and appropriate to meet the needs of the particular (sub)group to which it being delivered. Furthermore, if the delivery of the education programme is made by a respected and known member of the community that is able to communicate in one or more of the common South Asian languages, the potential for learning will be high.

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Appendix 7:
Diabetes – Group Education Delivery
Notes

Diabetes – Group Education

Delivery Notes

South Asian Diabetes Facilitators

Bristol Primary Care NHS Trust

Objective

*To increase awareness of care and control of
diabetes*

- 1. What is diabetes*
- 2. When and how can you control it*
- 3. Why should you control it*

What is Diabetes?

Person will often complain of:

- *Feeling very thirsty*
- *Passing a lot of urine (water)*
- *Feeling tired*
- *Losing weight*
- *Difficulty in seeing clearly*
- *Itching or skin rashes*

Types of diabetes:

- *Insulin dependant*
- *No-insulin dependent*

Those people most at risk of developing Type 2

diabetes include:

- *Those with a family history of diabetes;*
- *Those of Asian or African-Caribbean origin;*
- *Those who are overweight;*

- *Women who have had a baby weighing over 4kgs or were diagnosed with gestational diabetes during pregnancy.*

Myths and Facts about Diabetes

Myths about diabetes	Facts about diabetes
Eating too much sugar causes diabetes.	No, being overweight makes you at risk of Type 2 diabetes.
You cannot eat sugar if you have diabetes.	No, sugar can be part of your total diet. Speak to a dietician to find out more about this.
You can catch diabetes.	No, you cannot. However if a person in the family has diabetes, there is a greater risk of another family member developing it.
You may only have mild diabetes.	No, you either have diabetes or you do not.
You can be cured of diabetes.	No, it can be managed but there is no cure available. There are many treatments and the correct one will be decided for you.
People with diabetes must not exercise.	No, physical activity is important in helping to control blood glucose levels.
The diet for diabetes is very strict and you have to eat special foods.	No, you should eat the same healthy diet advised for everyone. Special diabetic foods are expensive and unnecessary.
There are herbs and other preparations, which can replace insulin or tablets.	No, some herbal remedies may help reduce the blood glucose level, but it will not cure it. At no time should you stop taking your insulin and/or tablets without first consulting your GP or diabetes care team.
You cannot drive if you have diabetes.	There are certain vehicles, which you will not be allowed to drive. These include large buses and lorries. You must tell the DVLA that you have diabetes.
You will not be able to get a job so easily.	There are some jobs, from which you would be banned, e.g. airline pilot, bus driver. It should not stop you getting work.

When and how do you control Diabetes?

*Diabetes cannot be cured but with treatment it
can be controlled*

The aim of the treatment is to keep blood glucose levels between 4 – 7 mmol/l before meals and 10 mmol/l, two hrs after meal.

Healthy Lifestyle

- *Diet and Diabetes*
- *Physical activity*
- *Smoking cessation*

Diet and diabetes

Why? To keep your blood glucose and cholesterol under control

- **There is no special 'diabetic' diet**
- **The healthy diet for people with diabetes is same as the healthy diet for everyone**
- **Eat regular meals**
- **Cut down on fat (ghee, oil, butter)**
- **Eat more fruit and veg (5 portions)**
- **Cut down on sugar and sugary food (Methai/Asian puddings)**
- **Use less salt to control your BP**
- **If you drink alcohol:
keep to guidelines:**
 - **2 units a day for women**
 - **3 units a day for men**

Fasting for religious reasons

Physical Activity

Very important for people with diabetes because it: -

- ***Helps control lower blood glucose level***
- ***Can lower blood pressure***
- ***Keep the heart fit (cholesterol)***
- ***Helps with weight management***
- ***Makes you feel good – so helping to prevent depression***

Recommended: 20 30 mins of physical activity

everyday

- ***If you are not active now, start off slowly and build up your fitness gradually***
- ***If you are on tablets, you may need an extra snack***

Hypoglycaemia (Hypo)

Hypoglycaemia, (hypo) is the word used to describe when the blood glucose level goes below 4 mmol/l. hypos can happen when you take insulin or some of the diabetes tablets. Mostly these are caused by too much insulin, too many tablets or not enough food, (e.g. a missed meal or following lots of activity). Sometimes there is no clear reason for the hypo happening.

Warning signs

Most people have some warning signs that their blood glucose level is going too low, these include:

- *feeling giddy or shaky*
- *feeling hungry*
- *headache*
- *sweating*
- *going pale*
- *heart racing*
- *not being able to think clearly*
- *bad-tempered – unreasonable behaviour*
- *blurred vision*
- *tingling lips.*
-

Treatment

You should treat hypo as soon as you notice it happening. If you are unsure if what you are feeling is hypo, then you may test your blood to check the glucose level. It is sometimes difficult to do your blood test if you are hypo.

To take care of the hypo, you must have some sugar that will get into your blood quickly, e.g.

- *a glass of fruit juice – not squash a small glass of Lucozade/Cola*

Why should you control it?

Complications: due to high blood glucose levels:

EYES:

- **Blurred (unclear) sight**
- **Cataracts**
- **Retinopathy (loss of sight)**

KIDNEYS:

- **Treated on dialysis (kidney machine)**
- **Transplant of a kidney**

NERVES:

Damage to nerves can affect the nerves in 2 ways:

- (a) **Blood supply to the nerve can be damaged**
- (b) **The nerves can be damaged**

HANDS AND FEET:

- (c) **Muscles tighten and cause weakness**
- (d) **Have lots of pain, later you can lose feeling**

HEART:

Hardening of some blood vessels (arteries)

- **Risk of heart attack**
- **Stokes**

Care checklist

These should be checked at least once a year:

- **Average blood glucose level**
- **Blood pressure**
- **Your feet**
- **Your eyes**
- **Your kidney function (blood test)**
- **Your weight**
- **Cholesterol and triglyceride (blood test)**
- **Your weight**

Appendix 8:
Diabetes Awareness Day Screening Sheet

South Asian Community Diabetes Awareness Day
Rose Green Sports & Leisure Centre
Thursday 23 June 2005

Dear Dr Practice

Surname: **First names:**

Date of birth:

Your patient attended the above information day and the following measurements were recorded:

Blood pressure: Measurement 1: mmHg

Two further blood pressure measurements to be recorded if initial reading is raised.

Measurement 2: mmHg

Measurement 3: mmHg

Random blood sugar: mmol/l

Body mass index: kg/m²

They have been advised to:

Signature:

Name of nurse:

This event is organised as part of the South Asian Diabetes Community Facilitator Project, Bristol
Directorate for Public Health
King Square House, King Square, Bristol, BS2 8EE (Tel: 0117 9841524/9841525)

Appendix 9:
Diabetes Awareness Day Advertisement



An awareness day on

Diabetes for the South Asian Community

**Thursday 23rd June 2005, 11am-3pm
Rose Green Sports and Leisure Centre, Gordon
Road, Whitehall, Bristol, BS5 7DL**

Health professionals will give talks on:

- **What is diabetes?**
- **Diabetic complications**
- **Reducing the risks of diabetes**
- **Diabetes and healthy eating**
- **Diabetes and physical activity**

The day will also provide:

- **Advice on stopping smoking**
- **Advice on foot care**
- **Blood pressure and blood sugar testing**

**Interpreters available all day.
Free refreshments and healthy vegetarian lunch
will be provided.**

Come along on the day!

This event is organised by the Bristol Primary Care NHS Trusts. If you require further information please contact:

Habib Naqvi

Tel: 0117 9002653

Email: habib.naqvi@bristolswpct.nhs.uk

or Veena Bassi/Harjeet Panesar

Tel: 0117 9841524

Email: veena.bassi@bristolswpct.nhs.uk/harjeet.panesar@bristolswpct.nhs.uk

Appendix 10:
Diabetes Awareness Day Press Release

Highlighting risks of Diabetes for South Asian Community

A special day to raise awareness of diabetes is being held in Whitehall, Bristol on **23 June 2005** as some groups of people in the south Asian community are five times more likely to develop the condition compared to the rest of the population in Britain.

The awareness day has been organised by Bristol North and Bristol South and West Primary Care Trusts and will be held at the Rose Green Sports and Leisure Centre, Gordon Road, Whitehall, from 10:30 am until 3pm.

The event is for the public with health professionals being available to answer questions.

The day will include talks from experts including Asian dietitian Aruna Thaker from London. Topics will include, how to reduce the risks of developing diabetes, the importance of healthy lifestyles such as eating a healthy diet, participating in physical activity and avoiding the use of tobacco and reducing the risks of complications of diabetes.

The day will also provide advice on:

- stopping smoking
- advice on foot care
- blood pressure and blood sugar testing

Interpreters will be available all day and there will be free refreshments and a vegetarian lunch.

Natalie Field, Assistant Director of Public Health at the Bristol PCTs said: *"We do hope that people with diabetes and others in the South Asian Community will come along to find out more about the condition. There is a higher risk of diabetes in this particular community but steps can be taken to reduce the risks particularly through a healthy diet and by participating in physical activity. This will be a chance to find out more about diabetes and have a bit of health check."*

Veena Bassi and Harjeet Panesar, South Asian diabetes facilitators, said: *"The awareness day is an opportunity for members of the Asian community, with and without diabetes, and their families, to gain health information that is culturally appropriate. The event will also bring together various Asian organisations, Day Centres and religious places so that they are aware of the project. We hope that this event will also raise awareness of the service we can provide for the South Asian public. We will be seeing people either in small groups or on a one-to-one basis"*.

For more details on the event or anyone wishing to access this new service please contact **Habib Naqvi** on 0117 900 2652 or email on habib.naqvi@bristolswpct.nhs.uk

ends

Further information from Julie Hendry communications 0117 900 2549

Appendix 11:
Diabetes Awareness Day Programme

Awareness Day

DIABETES FOR THE SOUTH ASIAN COMMUNITY

Thursday 23 June 2005, 10:30am to 3:00pm
Rose Green Sports and Leisure Centre,
Gordon Road, Whitehall, Bristol BS5 7DL

Programme

- 10:30am** **Blood Sugar; Blood Pressure; Height/Weight**
This is an opportunity to have measurements checked by Practice Nurses from Montpellier and Charlotte Keel Health Centre
- Tea and Coffee**
- 11:45am** **Welcome and Introduction**
Natalie Field, Assistant Director of Public Health
- 12:00pm** **Talk on Diabetes – Risks and Complications**
Judith Wood, Diabetic Specialist Nurse, BRI
- 1:00pm** **Vegetarian Lunch**
- 1:45pm** **Healthy Eating/Nutrition**
Aruna Thakur, Dietician, London
- 2:45pm** **Plenary & Evaluation**
- 3:00pm** **Close**

Stalls

Physical Activity
Simon Carpenter, Health Promotion Specialist

Podiatry (Foot care)
Nicola Drake, Podiatrist, Southmead Hospital

Smoking Cessation
Ainul Islam, South Asian Advisor
Miriam Thornton, Specialist Advisor

Healthy Diet, Monica Dinnall, NHS
NHS Job Opportunities, Paul Martin, NHS

This event is organised as part of the South Asian Diabetes Community facilitator Project, Bristol Directorate for Public Health, King Square House, King Square, Bristol BS2 8EE
(Tel. 0117 9841524/9841525)

Appendix 12:
Letter to GP Asking for Patient Referral



Bristol North Primary Care Trust
Bristol South and West Primary Care Trust

Bristol Directorate for Public Health

King Square House
King Square
Bristol BS2 8EE

Tel: 0117 984 1525/1524
Fax: 0117 900 2571/3409

Partners for better health

Date: X

Dear Dr.

South Asian Community Diabetes Facilitator Service

You may be aware of the above service that aims to provide culturally appropriate lifestyle advice to members of the South Asian community with Type 2 diabetes. We have enclosed an information leaflet about the service in case you are not aware of the work we do. Between us we can speak several Asian languages (including Punjabi, Urdu, Hindi and Gujarati). We have found that many members from the community have approached us for culturally appropriate advice on diabetes management and lifestyle issues in their own language.

To enable us to see patients for one-to-one lifestyle advice we require a referral from their GP. One of your patients, Mr/Mrs X has contacted us with a request for us to see her.

If you are happy for us to advise Mr/Mrs X, we would be grateful if you could write a referral letter (with her address & telephone number) and send it to the above address.

We will then be able to meet your patient at time and place convenient for them. Once we have seen your patient, we will write back to inform you of the lifestyle advice we have provided.

Thank you for your help with this matter. Please do not hesitate to contact us if you have any queries or require further information.

Yours sincerely

Harjeet Panesar/Veena Bassi
South Asian Community Diabetes Facilitators
Tel: 0117 984 1524/1525
E-mail: harjeet.panesar@bristolwpct.nhs.uk or veena.bassi@bristolwpct.nhs.uk

Appendix 13:
Individual Patient Record Form

South Asian Diabetes – Patient Record Card

Patient Information

Surname Title

Forenames

Address

.....

Postcode

Telephone No

Date of Birth/...../.....

Age.....

Male Female

Ethnic Origin

Bangladeshi Indian

Pakistani Other

Languages Spoken

Languages Read

How long have you been in the UK.....

Weight Height CO² HbA_{1c}

BMI Blood Glucose Blood Pressure

Name of GP Health Centre

Past Medical History

Allergies

Family History of Diabetes

None Father Mother

Brother Sister Child

Diabetes

Type 1 Type 2

Medication

Previous Dietary Advice Given? Yes No By whom _____

Reason for referral to this service?

Appendix 14:
Humdard Group '*Diabetes and Lifestyle
Issues*' Programme

Diabetes & Lifestyle Awareness Sessions ***Humdard Group***

14 Sessions (2 hour): 16th Jan – 22nd May 2006

Programme:

16th January (1st session):

Yoga / Screening & Healthy Eating

Brainstorming session – what we are eating/what we should eat – South Asian Community Diabetes Facilitators.

23rd January (2nd session):

Yoga / Screening & Physical Activity

Workshop on Physical Activity - ladies discussed walking in pairs as part of their exercise regime. – South Asian Community Diabetes Facilitators.

30th January (3rd session):

Yoga / Screening

Nurse Grace Beverage (Charlotte Health Centre) - Blood Glucose, Blood Pressure, and Waist Measurements.

6th February (4th session):

Yoga / Screening & Diabetes

Talk on 'What is Diabetes' – South Asian Community Diabetes Facilitators.

Half-Term Break

20th February (5th session):

Yoga / Screening & Hypertension

Talk on 'What is Hypertension' - Nurse Grace Beverage from Charlotte Keel Health Centre.

27th February (6th session):

Yoga / Screening & Healthy Eating 2

Talk on Healthy Eating – with resources in Urdu, Sugar and fat kit - South Asian Community Diabetes Facilitators.

6th March (7th session):

Yoga / Screening and Physical Activity & Arthritis

Talk on Arthritis in Punjabi.

13th March (8th session):

Yoga / Screening & Heart Disease

Talk on Heart Disease in Urdu.

20th March (9th session):

Yoga / Screening & Diet for the Family 1

Talk on Diet for the Family - Toni Osman, Hospital Nutritionist.

27th March (10th session):

Yoga / Screening & Diet for the Family 2

Talk on Diet for the Family - Toni Osman, Hospital Nutritionist.

Easter Break

24th April (11th session):

Yoga / Screening & Menopause

Talk on Menopause in Urdu.

8th May (12th session):

Yoga / Screening and Diabetes and Your Feet

Workshop with a chiropodist.

15th – 22nd May (13th 14th sessions):

Evaluation & Celebration of Achievements.

