South Asian community health education and empowerment in diabetes

South Asian Health Foundation

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SACHE Diabetes

Supported and funded by Novo Nordisk
The South Asian Health Foundation (SAHF) report on diabetes published in 2012 showed that some 2.9 million people were diagnosed as having diabetes in the UK with another 1 million people left undiagnosed. This raises real challenges not just for people living with diabetes and their families, but also for society, through its associated impact on NHS and other public health resources. It is notable that, in the two years since our last report the number of people registered with diabetes has risen even higher, and now stands at 3.2 million – or some 6% of the UK population. No doubt some of this is due to enhanced screening and detection but there is still the concern of the rising tide of diabetes. According to 2011 census the number of South Asians living in the UK is around 3 million. It is estimated that there are around 388,000 South Asians with Type 2 diabetes in the UK. Our 2012 project was a partnership between SAHF and Novo Nordisk to create and implement the South Asian Community Health Education and Empowerment (SACHE) programme for diabetes. Both SAHF and Novo Nordisk recognised the specific need to address issues of awareness and understanding of diabetes across the ‘at risk’ populations in South Asian communities in the UK. South Asians face particular challenges with diabetes as well as heart disease. South Asians are between three and six times more likely to develop Type 2 diabetes when compared to white Europeans. More importantly, South Asians tend to present with diabetes at an earlier age, with an associated increase in the risk of disease-related complications, a problem which is compounded by cultural factors that impact on the management of diabetes.

Our first phase of work focused on promoting broad understanding and awareness of the risk of diabetes across the South Asian community. Building on that success, SAHF and Novo Nordisk agreed to a second phase of activity, delivered this year, which specifically targeted South Asian people who have been diagnosed with diabetes. Our aim was to improve self-management of the condition through the provision of culturally sensitive information about treatment options as well as the benefits of diet control and healthy lifestyle choices. Given the challenges involved here, the results are impressive. Attracting upwards of 400 South Asians that are prepared to acknowledge they or their family members have been diagnosed with diabetes is – on its own - a significant success. We should like to thank all at SAHF, and those at the various community centres, temples, mosques and gurdwaras for their help with this important project. Between them, many people have been positively influenced, and we have captured some valuable learning which can be fed through into on-going education, including helping healthcare professionals better understand the general and community-specific attitudes that often govern how South Asians respond to the different treatment options that are offered.

Executive Summary

The remainder of this report sets out the experiences and insights gathered at each event. We should like however to note just a few that we believe will prove particularly valuable to our work moving forward:

- Taking responsibility - there seems to be the beginning of a shift in attitude towards diabetes and a willingness to share experiences and concerns beyond immediate family. This is very welcome news, and means the prospects for delivering positive influence and making a difference to the lives of South Asians living with diabetes will be greatly enhanced.
- Awareness of diabetes - there has been a general increase in the awareness of the consequences of diabetes in the community. More and more South Asians now recognise they are at risk and what this means in terms of complications. There has also been a clear shift in the attitude of the community towards engaging with healthcare professionals about treatment options.
- Community engagement - the South Asian community is fortunate in having strong community organisations that are able and willing to help deliver education programmes such as this. In many of our events, even elderly females were willing and indeed enthusiastic about organised physical exercise. If we can bring the two together, for example after prayers, we can make as real impact on cultural stigmas by creating a wave of new, organised opportunities for people to exercise together. For many, this will perhaps be their first experience.
- The future for our children - there was a strong and positive reaction across all communities about the implications of giving sugary snacks, sweets and drinks to children as rewards. Few appreciated the links here with increased likelihood for children to develop diabetes later in life. Many vowed to change their practices and, given the love we all have for our children, this is an area where comparatively little educational effort would generate significant positive change.
- A recipe for success - in most South Asian communities, it is the women that are in charge of family cooking. Many attending our events had not previously thought about small forms of change, such as using less oil in cooking or grilling as a healthier alternative to frying. Simple messages such as these could be the start of a small but very important revolution in our kitchens, delivering diet control benefits that will extend into future generations.
Programme Background

Diabetes is managed in primary care predominantly through medicines and dietary advice. The mainstay treatment in managing the condition is through healthy lifestyle choices. In SAHF’s experience, detailed advice on physical activity delivered by healthcare professionals (HCPs) is often neglected. The South Asian population tends to lag behind access to such advice or resource, participate in education programmes or engage in physical exercise classes and activities. Although fruit and vegetables are prominent in many South Asian diets, there is also a culture of snacking on sugary foods and sweets, not indifferent to many populations prone to health inequality. Our previous work has shown that alcohol consumption and smoking are also challenges.

Phase two of the SACHE programme therefore aimed to highlight not only lifestyle changes to reduce the risk of diabetes, but also to improve self-management for people with diabetes through a combination of myth-busting, motivation and knowledge improvement. It was agreed that content would cover issues that most commonly impact diabetes such as physical exercise, diet, treatment options and compliance with medicines, and engagement with supporting services available through the NHS.

Objectives:
- To increase knowledge and understanding about the management of diabetes and appropriate treatment options and the importance of medicines compliance
- To provide culturally appropriate education targeting people with diabetes and their families and carers.
- To inform healthcare professionals’ understanding of attitudes to treatment options of South Asians with diabetes.

Target audience
- Newly diagnosed people with diabetes
- All healthcare professionals in local communities
- People with diabetes already taking diabetes medication
- Carers of people with diabetes

Programme Approach

SAHF organised 11 community events in a mix of community centres, mosques, gurdwaras and temples reflecting the need for settings culturally most acceptable to the attendees. Events were advertised across local communities through posters in GP surgeries, through the networks of local community leaders and also through direct contact with people registered with diabetes. Emphasis was placed on extending the invites to the wider family group to reflect the need for wider family engagement in improving self-management.

Although the content of the events varied – see the event reports which follow – each event followed a broadly similar approach:
- A general introductory session led by SAHF healthcare professionals and specialist guest speakers on the nature of diabetes and its complications, screening services and other NHS diagnostic approaches
- Positive self-management of diabetes covering medicines compliance, lifestyle changes and the importance of diet and exercise – supported through the showing of the short film ‘Meethi Baatein’ or ‘Sweet Talk’ (in Hindi and English) on the risk factors and complications of Type 2 diabetes, produced by SAHF and Pink Sequin Productions

Each event culminated in question and answer sessions which, for the most part, generated positive and useful debate, exploring some potentially sensitive issues such as fasting through to more obvious issues around engaging the wider family in lifestyle change.

Copies of the DVD were distributed at each event along with support material provided by SAHF, Novo Nordisk, Diabetes UK and the British Heart Foundation.

Programme Steering Group

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SAHF Cardiovascular Group, Project Manager Lead for SACHE II Diabetes
Cardiac Specialist Nurse

Professor Wasim Hanif
Chair Diabetes Working Group, SAHF
Consultant Physician in Diabetes and Endocrinology

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Consultant Cardiologist & Honorary Senior Lecturer, NHS England Area Team Medical Director

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Trustee, SAHF (Scotland)
Pharmacist

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External Relations Manager
Novo Nordisk
For this second phase project, it was agreed to conduct some evaluation that might help identify the value of these events as educational platforms. Although numbers were small compared to more scientific assessments, they still demonstrate interesting insights into attitudes and levels of knowledge, and in a few cases reveal some worrying misconceptions.

A simple questionnaire was created to establish attendee knowledge at the beginning of each event, which was then completed again at the end of each event. We wanted to assess the extent to which the event itself was effective in increasing knowledge and exploding some myths. The questions and results, in the form of pie-charts, are set out overleaf.

Ensuring high levels of completion was always going to be a challenge, even with assistance offered. In practice, questionnaire completion rates were high at the start of the events, but for various reasons (largely people needing to get home or having other commitments) completion fell away after each event, in some cases significantly. Unfortunately this means we cannot make any substantiated scientific claims in regard to post-event impact. However, the data nonetheless shines a useful qualitative light on attitudes and knowledge across the South Asian community, and the data we do have for the post-event element does give us some means of quantifying the results of the programme, as well as identifying areas that would benefit from further focus in the future. Much of these are captured in the learning section following each event report.

We managed to secure good quality data from seven of our events. Around 210 people in total completed the surveys prior to the events, but as expected with mostly evening events we lost around one third of those to other appointments and family commitments. With that caveat, we were still able to identify the extent to which Phase two of the SACHE Programme has successfully increased awareness and helped people improve self-management.

The following charts are based on comparing the percentage of total respondents answering Yes/No to each of the eight statements before the events with the percentage of total respondents answering Yes/No to the same statements on exit. Obviously this is quite basic maths but it still sufficiently indicative of how educational programmes such as ours can successfully influence attitudes and build knowledge. Although we cannot necessarily draw scientifically robust conclusions, it is interesting that there are relatively high levels of basic knowledge about diabetes amongst South Asians diagnosed with diabetes and their close relatives (our event audience). The data shows that the events have indeed further increased knowledge and awareness of important facts about diabetes and its management across the board, by between 10 and 15 percentage points. Good examples here include the link between obesity and diabetes risk and frequent thirst as a sign of the disease.

Some worrying myths also appear to remain in the South Asian mindset, such as diabetes being an old persons’ disease and the implications of being on insulin. These and other myths – if allowed to continue – can significantly affect whether some South Asians are able to identify their symptoms early and seek specialist help, and how others (and their families) take to medicines with confidence. In this regard, the data shows that quick and effective wins can indeed be made through educational intervention, particularly delivered by healthcare professionals from similar ethnic backgrounds. For example, respondents believing that being on insulin meant you were likely to die dropped from 40% to 10%; those that now understand that diabetes can contribute to heart attacks has risen from 83.6% to 98.4%.
Exercise can help control diabetes

Before: Yes 80.8% No 19.2%
After: Yes 96.9% No 3.1%

Diabetes can only happen if you are old

Before: Yes 35.7% No 64.3%
After: Yes 19.8% No 80.2%

Being overweight can increase the risk of diabetes

Before: Yes 80.8% No 19.2%
After: Yes 96.9% No 3.1%

Diabetes can contribute to heart attacks

Before: Yes 83.6% No 16.4%
After: Yes 98.4% No 1.6%

Overweight children can have diabetes

Before: Yes 83.8% No 16.2%
After: Yes 92.9% No 7.1%

Exercise can help control diabetes

Before: Yes 87.4% No 12.6%
After: Yes 95.3% No 4.7%

Feeling thirsty more frequently can be a sign of diabetes

Before: Yes 81.8% No 18.2%
After: Yes 97.6% No 2.4%

South Asians are more likely to be diagnosed with diabetes

Before: Yes 86.5% No 13.5%
After: Yes 96.8% No 3.2%

Before: Yes 83.6% No 16.4%
After: Yes 98.4% No 1.6%

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Recommendations

- **Role of the Third Sector:** South Asian communities are not hard to reach, but simply put, we often do not know how to reach them. Using programmes such as SACHE enables healthcare professionals (HCPs) to address health inequality in vulnerable groups. We hope the NHS can see how important the Third Sector can be in health promotion and patient empowerment.

- **Increased engagement:** SAHF will itself continue to press for increased engagement with South Asian supporting communities to broaden reach in terms of education and lifestyle influence and implement innovative solutions such as events following prayers, education about diet and lifestyle to targeted groups, engaging with communities now that stigma is a barrier which can increasingly be overcome.

- **Educating HCPs:** HCPs responsible for helping South Asian people with diabetes should be urged to read the report to better understand how South Asian attitudes can be different and to reflect the learnings from the SACHE programme in their work and in their patient dialogue.

- **Commissioning more education:** our work in 2012 showed the need for culturally appropriate education that addresses the specific and diverse needs of the South Asian community. This year’s programme demonstrates that this gap remains, but also that the right messages at the right time can make a disproporionately positive impact not only on the lives of individuals, but also on the costs of their condition to the NHS. Commissioners need to do more to tap into this opportunity by providing more tailored education.

- **Tailoring materials:** the ‘Meethi Baatein’ DVD and other collaterals used in presentations showed the real power of the picture over the word. Strong visuals not only reinforce messaging, they also help to overcome language barriers. Commissioners, HCPs and other organisations should ensure their programmes benefit from strong visuals.

- **Targeting younger people:** more needs to be done to educate young South Asians generally about diabetes. However, arguably the most significant reactions across this year’s events were in relation to the risks to our children of cultural habits around diet and lifestyle. HCPs and others working in this area should focus on how positive interventions in diet and lifestyle introduced by parents can significantly reduce the chances of their children being diagnosed with diabetes later in life.

- **Targeting gestational diabetes:** there is a clear need for culturally appropriate information targeted at South Asian women with gestational diabetes, alongside educating midwives about the risk factors for South Asian women so that they can provide more diet and lifestyle information as well as more specialised help at the right time.

- **Tailoring dietary messaging:** the role of sugar in the diet should continue to feature but we need to look for change beyond this, from reducing alcohol consumption in some communities to the wider promotion of diet management during fasting. SAHF will address these in future work.
Schedule of events & summary reports

<table>
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<tr>
<th>Lead contact</th>
<th>Location</th>
<th>Date</th>
<th>Numbers of attendees</th>
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<td>Tower Hamlets, London</td>
<td>1 March 2014</td>
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<td>Kiran Patel</td>
<td>Walsall</td>
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<td>Dewsbury West Yorkshire (womens group)</td>
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<tr>
<td>Mahendra Patel</td>
<td>Dewsbury West Yorkshire (mens group)</td>
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<td>Rumeena Gujral</td>
<td>Southall, London</td>
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Tower Hamlets, London: Bengali community

Venue: Poplar Youth & Community Development Association
Date: 1 March 2014
Author: Mahendra Patel

Background
A largely Bengali audience comprising of children, men, women and the elderly attended this event.

Attendees
The programme was delivered separately for men and women, in line with cultural sensitivity, with presentations to emphasise the dangers of diabetes once diagnosed and not managed properly. This was further supported by the local SAHF Pharmacy Champion to highlight the use of medicines and the different types of insulin.

Summary
The two sessions were fully attended (30 people). Both men and women were clearly very keen to find out more about diabetes and associated risk, how it affects them (and importantly their children and family members), and what can they do to prevent it.

Attendees were responsive to all of the messages, including keeping to a low fat, low salt diet with reduced sugar intake, and changing cooking habits such as grilling over frying (not widely seen to be an alternative). There was a definite intent and desire to make some changes slowly e.g. ‘eating one samosa instead of two or three or more’. The group also appeared receptive to reducing tobacco intake, to increase physical activity (by only five minutes a day, at prayers which would mean more people to enjoy it with) and there was clear interest in different treatment options for diabetes.

Learnings
- Tapping into strong parental responsibility across South Asian communities is likely to be a highly effective means of generating behaviour change in children’s diets. The impact of sugar/fizzy drinks/snacks on the future diabetes and other obesity risks for children generated arguably the most significant reaction in the evening.
- Visual aids appeared to have a real and profound impact: diabetic foot, furred arteries, men and women with central obesity.
- Simple bite-sized messages focusing on ‘reduction’ (as opposed to stopping) except in the case of physical exercise appeared most effective and popular with this audience group.
Walsall: Male & Female (Hindu community)
Venue: Shree Ram Mandir, Pleck
Date: 6 June 2014
Author: Amal Lad

**Background**
The event was at Shree Ram Mandir, Pleck, led by Dr Kiran Patel.

**Attendance**
Attendees comprised approximately 65 predominantly Gujarati speaking members of the community, mixed gender, across an age range from 40 – 85 years.

**Summary**
A fluent Gujarati speaker, Dr Patel covered in depth the basics of diabetes, lifestyle measures and an introduction into the treatment of diabetes. The “Meethi Baatein” film was also shown and prompted positive responses. Some attendees’ experiences were also captured on video to view alongside this report (see: https://vimeo.com/97618663).

Feedback from the event was largely positive. There was particular interest in diet management, yoga and exercise, herbal remedies and the safety of traditional cooking ingredients such as rice and ghee, and which fruits to avoid. Messing around the importance of foot examinations was well received, and there was clear interest in general discussion about treatment options and some never treatments coming into clinical use.

**Learnings**
- There appears to be a noteworthy and encouraging shift in the willingness across the South Asian community to admit to having problems with diabetes. Taking ownership of their condition is a vital step in being more receptive to messaging around lifestyle change and improved self-management
- Improving self-medication is impacted by confusion over compliance and in particular side effects of use with other medicine such as statins
- Simple lifestyle change messages were quickly grasped – such as staying hydrated with water and doing regular exercise
- There is a need for advice specifically around fasting that reinforces the importance of medication and avoiding fasting for long periods of time

Dewsbury, West Yorks: Female (Indian Muslim)
Venue: Indian Muslim Welfare Association
Date: 16 June 2014
Author: Mahendra Patel

**Background**
Dr Mahendra Patel delivered a presentation to female members of the Indian Muslim Welfare Association.

**Attendance**
Some 17, largely middle-aged women aged between 40-70 years of age attended the event. The main language spoken was Gujarati although most were comfortable with using English also.

**Summary**
The programme followed a similar approach in delivery and content (including resources distributed) to the 19 June event for the men.

Some of the women accepted they were not aware they were – indirectly - facilitating higher rates of obesity and increased risk of developing diabetes at an early age amongst their children by offering and giving sweets and sugary food as rewards.

As with the men, almost all attendees had some family members and immediate family who suffered from diabetes, and for whom obesity was a serious issue.

All acknowledged that diet could be better – with more reduced portion sizes and certainly reduced sugar intake and less fizzy drinks. Eating at least five portions of fruit and vegetables per day was clearly customary practice within their daily life. While grilled food rather than fried food was seen as being more favourable, many didn’t know the difference in terms of increased risk effect of diabetes.

**Learnings**
- Diet management is a significant issue amongst this community and there was receptivity to changing habits and delivering quick wins - for example some vowed immediately to change habits when they realised whole fat milk (blue top) was adding to their risk
- As in other communities, women were well placed through the kitchen to influence dietary changes for themselves and the wider family
- As with the men, physical activity as part of their daily prayers was perceived to be of real value and benefit – physical, mental and social well-being
- Symptoms of diabetes were not apparent to the majority of women in this group – neither was the fact that being overweight could increase risk of diabetes
Dewsbury, West Yorks: Male (Indian Muslim)

Venue: Indian Muslim Welfare Association
Date: 19 June 2014
Author: Mahendra Patel

Background
Dr Mahendra Patel delivered a presentation at this session to male members of the Indian Muslim Welfare Association, complementing the women’s session organised on 16 June.

Attendees
Twelve, largely middle-aged men aged between 40-70 years of age attended the event. The main language spoken was Gujarati although it was clear they were comfortable with using English also.

Summary
The session covered the importance of use of medicines and the different types of insulin. Resources from the British Heart Foundation including information booklets and diet sheets were provided alongside additional information from Diabetes UK covering, among other things, diabetes and fasting. The resources were popular and all took home copies.

All agreed that apathy was a real barrier to improved self-management, though the DVD underlined successfully the importance of diet management – all acknowledged that their diets could be better, with more reduced portion sizes and reduced sugar intake.

Reducing alcohol intake was seen as an issue although smoking cessation required wider promotion. In general discussion, there was a definite intent and desire to make some changes and promote the message on their local radio. Eating at least five portions of fruit and vegetables each day was seen as achievable by the majority of attendees.

Learnings
• Events such as this reach a much wider audience than simply those attending. Almost all attendees had some family members and immediate family who suffered from diabetes. In this regard central obesity was seen by this group to be common among family and friends
• There is scope to promote increased physical activity as part of daily prayers – this group saw this to be of real value and benefit and something to be advocated, delivering genuine physical, mental and social well-being
• Visual aids appeared to aid understanding better, and more successfully drive home key messages
• There is a need for on-going myth-busting including tackling fears and misconceptions about the role of insulin in self-management
• There is a particular need, and opportunity, to deliver guidance on diet management around Ramadan, including how to fast successfully while managing diabetes

Walsall: Male & Female (Muslim)

Venue: Aisha Mosque and Islamic Centre
Date: 21 June 2014
Author: Shahjehan Hanif

Background
This event at the mosque was organised at the initiative of the local community and mosque and arrangements were made by Dr Obaid Farooqui. The SAHF team attended the event, and volunteers both from the SACHE team and the mosque were present.

Attendance
Both men and women attended with 65 people present in total. A talk for the women took place upstairs while the men were located downstairs.

Summary
The areas served by the Aisha Mosque in Walsall are amongst the most deprived areas of Britain with a very high black & ethnic minority (BME) population, mostly from the Mirpur area of Pakistan. The prevalence of diabetes in this population is very high with poor health outcomes in all indices of diabetes care. The event began with lectures from Professor Hanif and Dr Obaid Farooqui along with opportunities for the participants to ask questions. The event was multilingual in English, Urdu and Punjabi. People had many questions around diabetes including the use of injectable medicines. There were also blood pressure and blood sugar measurements offered to willing patients. The general feedback of the event was extremely positive both from the participants as well as the mosque committee.

Learnings
• The importance of the lifestyle advice especially around physical activity, needs to be reiterated constantly
• The emphasis of these education programmes needs to be multipronged – covering not only blood glucose but also blood pressure and cholesterol
• Opportunities for questions were vital in helping patients clarify their understanding, delivering greater impact in terms of behaviour change. Provision should be made for women to ask questions in private. Co-ordinating education with prayer times would maximise audience reach and impact
Birmingham: Male & Female (various communities)

Venue: Mason Youth Centre
Date: 22 June 2014
Author: Shahjehan Hanif

Background
The event was led by Professor Wasim Hanif and supported by Sandeep Pahal, SAHF Pharmacy champion, alongside a multi-disciplinary team of consultants, GPs, nurses, pharmacists and community workers. It was organised by Every Human Matters, a non-profit organisation that caters to a wide section of the Birmingham community. The main focus of the event was the preparation for patients with diabetes who are planning to fast during the month of Ramadan.

Attendance
A mixed group of mainly young people, approximately 20, from various South Asian communities in Birmingham.

Summary
There was considerable interest in the fasting during Ramadan, with plenty of audience interaction and questions. A diabetes specialist nurse provided a 10 minute presentation on medication and what to do during Ramadan. The participants felt that they had learned a great deal about diabetes management during the Ramadan which would help them to cope more effectively during the fasting month. Specific questions covered medicines management and whether young children should fast. The feedback from the audience and the organisers was extremely positive. They thanked the SAHF team and wanted to organise additional such events across the country in the future.

Birmingham: Female & Male (Sikh community)

Venue: Nishkam Gurdwara
Date: 27 July 2014
Author: Dr Paramjit Gill

Background
Colleagues from the Nishkam Gurdwara assisted in organising the event including advertising and providing hospitality. As this was hosted during the wedding/celebration season the majority of the early participants left early due to other commitments.

Attendees
About 35-40 people attended with the majority being women over 40 alongside a few men.

Summary
The 90-minute event was led by Dr Paramjit Gill with support from Ranjit Dhillon (SAHF), Jo Weathall from Diabetes UK and Sukhjeevan Dhillon, a student. Content included the ‘Meethi Baatein’ DVD plus additional materials specific to diabetes. The audience was engaged with good input, and some volunteering their case histories during the session and afterwards. Resources were distributed including copies of the DVD.

Subjects covered in more depth in general discussion included the importance of compliance with medication, fear of needles and how to manage the condition in busy lifestyles. Informal feedback was positive.

Learnings
- Some SACHE events will have to be tailored to the needs of the community and provided at the appropriate time of year, as we did here in order to include aspects of fasting during Ramadan.
- Travelling abroad was seen by some as a reason temporarily to abandon medication or be less compliant – “the diet is different so my blood sugar should be OK”
- Some people with diabetes do not grasp that it is a lifetime condition
- The perceived efficacy of herbal remedies needs to be dispelled
- Hearing others’ potted case histories and being able to share coping strategies can be a powerful driver for behaviour change.
Glasgow 1: Physical Education

Venue: Nitsdale Road Surgery
Date: 13 August 2014
Author: Alia Gilani

Background
This event comprised an evening education lecture, organised in a general practice for South Asian women with diabetes delivered by a personal trainer.

Attendance
There were fourteen South Asian women with diabetes who attended the exercise session.

Summary
This event focused on the importance and benefits of physical exercise and its positive impact on the long-term management of diabetes, including emotional benefits. Advice delivered included practical demonstrations of how to exercise at home, an overview of the nutritional benefits of different food groups, advice on meal choices, when to eat and how to help diabetes through diet management.

The feedback from the event was extremely positive. All attendees overwhelmingly agreed that they would like such a session delivered on a regular basis and that they had not previously received such detailed nutritional and physical activity advice, even though some had lived with diabetes for many years. Although the trainer was a male the female attendees were comfortable in asking questions and receiving input from the trainer.

Learnings
• Combining education events with existing prayer events deliver more significant audiences and far greater reach
• Diet control-messaging needs to be broadened to overcome the perception that reducing sugar/sweet intake is the key factor here
• Work is needed to drive home the message that children can be at risk – this session revealed a surprising number of people that were unaware of this

Leeds, Alwondley: Female (Punjabi)

Venue: Treetops Community Centre, Alwondley
Date: 18 August 2014
Author: Mahendra Patel

Background
Dr Mahendra Patel delivered this presentation at the Health for All Leeds Programme (through their Shakti Project), organised by their manager Mrs Gurpreet Gill.

Attendance
Sixteen elderly Punjabi women, all over the age of 60 years, attended the event.

Summary
The programme was delivered using slide and SAHF DVD presentations (broadcast of “Meethi Baatein”) with Dr Patel supported by the local SAHF Pharmacy Champion to highlight the use of medicines and the different types of insulin.

In general discussion the attendees acknowledged that keeping to a low fat, low salt diet with reduced sugar intake was seen as important. All agreed it was feasible to put into practice but gradually – especially being cooks of the household. Punjabi women in particular enjoyed large samosas and sweet foods especially jalebes – they agreed favourably to reduce portion sizes in their own homes.

Affluence appeared to explain some of the unhealthy lifestyles within Punjabi families. In direct comparison to the Dewsbury session, there was no misunderstanding amongst this group about the role of insulin in diabetes self-management.

The group were also asked to take part in a brief stand-up exercise activity as an example of what simple exercise entails and its value in reducing the likelihood of developing diabetes and associated risks.

Learnings
• Age need not be a barrier to physical exercise – it was impressive to see this group of elderly Punjabi women take part without showing any resistance or reluctance, and in fact actually enjoying themselves. Small but regular bouts of simple exercise, enjoyed as a whole group, would help encourage participation
• Cooking – in most South Asian communities the women would be in charge of family cooking and thus diet messaging should have increased impact if targeted at women particularly, particularly advocating simple changes in cooking habits such as grilling fish rather than frying, and using less oil
• Alcohol intake amongst Punjabi men in this community was identified as a big area for improvement, but convincing male family members to change behaviour here would be very challenging
• While appreciating the value of increased intake of fruit and vegetables, this group felt eating at least five portions of fruit per day was not achievable
**Glasgow 2: Pregnancy**

**Venue:** Nitsdale Road Surgery  
**Date:** 25 August 2014  
**Author:** Alia Gilani

**Background**  
Diabetes in pregnancy is more common in South Asian women leading to potential complications in birth and developing diabetes in the long term. There is a lack of awareness of gestational diabetes and its implications. This education session was organised and hosted in a general practice for registered and non-registered patients. The session was delivered by the local Consultant Diabetologist and pharmacist. The format of the education session was presentation, followed by a group discussion.

**Attendees**  
The event was supported by highly targeted research into those from the local South Asian community most likely to benefit from engagement, with invites issued to patients registered in a local practice with a history of gestational diabetes alongside their relatives within a fertile age band. Altogether 20 females were invited and 10 attended the session.

**Summary**  
The session lasted for one hour and covered the risks, implications and treatment of gestational diabetes, along with advice in relation to detection and prevention, including post-pregnancy tips and the benefits of healthy lifestyle. The session concluded with a summary of the key messages by the pharmacist, a group discussion and a final question & answer session with the Consultant.

**Learnings**
- There is a clear lack of awareness of gestational diabetes in the South Asian community. Further work is needed to promote grassroots education by SAHF and all other organisations with an interest, focusing on pragmatic advice that will have a tangible impact on primary prevention.

Feedback was positive with the overwhelming view being the lack of awareness of gestational diabetes and its implications. Most of the attendees were shocked at the findings e.g. South Asian women being 11 times more at risk of gestational diabetes. Participants wanted to make changes in their lifestyles, and strategies to promote changes within extended families were also discussed. It was agreed that running a community event at Glasgow Central mosque after Friday prayers would generate significant attendance. SAHF Scotland intends to lead on this and plans to engage with the mosque.

**Southall, London: Hindu community**

**Venue:** Vishwa Hindu Kendra (VHK) temple  
**Date:** 7 September 2014  
**Author:** Rumeena Gujral

**Background**  
The session was delivered as part of an existing Sunday prayer event to engage as many people as possible. It was advertised in advance by the VHK temple committee, and hosted in the main hall.

**Attendees**  
The event was attended by 97 people, and the majority of the congregation were in the 60-69 age groups. There were several children in attendance also. The congregation spanned four generations, all of whom were engaged and interested.

**Summary**  
The session was presented by Dr Rumeena Gujral. It was extremely well received by the audience and resulted in lots of further discussion with both Dr Rumeena Gujral and between members of the congregation. There were many requests for copies of the “Meethi Baatein” DVD.

In general discussion it was clear that the concept of ‘moderation’ was understood, especially with Diwali approaching. There was some surprise about the broad complications of diabetes, and that complying with diet and medication can decrease associated morbidity.

This proved a popular event; there was a request for another session in Kingston (South West London) and to return again to the VHK in Southall to deliver another, lengthier session in the community lecture hall.

**Learnings**
- Combining with existing prayer events delivers more significant audiences and far greater reach
- Work is needed to drive home the message that children can be at risk – this session revealed a surprising number of people that were unaware of this
- Diet control-messaging needs to be broadened to overcome the perception that reducing sugar/sweet intake is the key factor here