

Cultural adaptation of the virtually delivered Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) Newly Diagnosed and Foundation (NDF) structured education programme.



Leicester Diabetes Centre
Committed to Growing International Research, Education & Innovation



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Objective:

People from some ethnic minority groups have an increased prevalence of type 2 diabetes. Since Covid-19, virtual diabetes self-management programmes (such as virtual DESMOND) (Figure 1) have emerged and become more widely used. However, they are often not culturally-specific, which could limit engagement and effectiveness. We aimed to culturally adapt the existing virtual DESMOND Newly Diagnosed and Foundation (NDF) programme and resources in order to provide a more fair and equitable service, to meet the needs of several ethnic minority groups.

Methods:

Utilising DESMOND's cultural adaptation pathway (Figure 2), commissioner's request and experience from the Centre for Ethnic Health Research, we culturally adapted existing DESMOND-NDF virtual resources, including PowerPoint slides and worksheets, into:

- > Hindi
- > Bengali
- > Punjabi
- > Urdu
- > Polish
- > African Caribbean versions.

Figure 2: DESMOND Cultural Adaptation Pathway



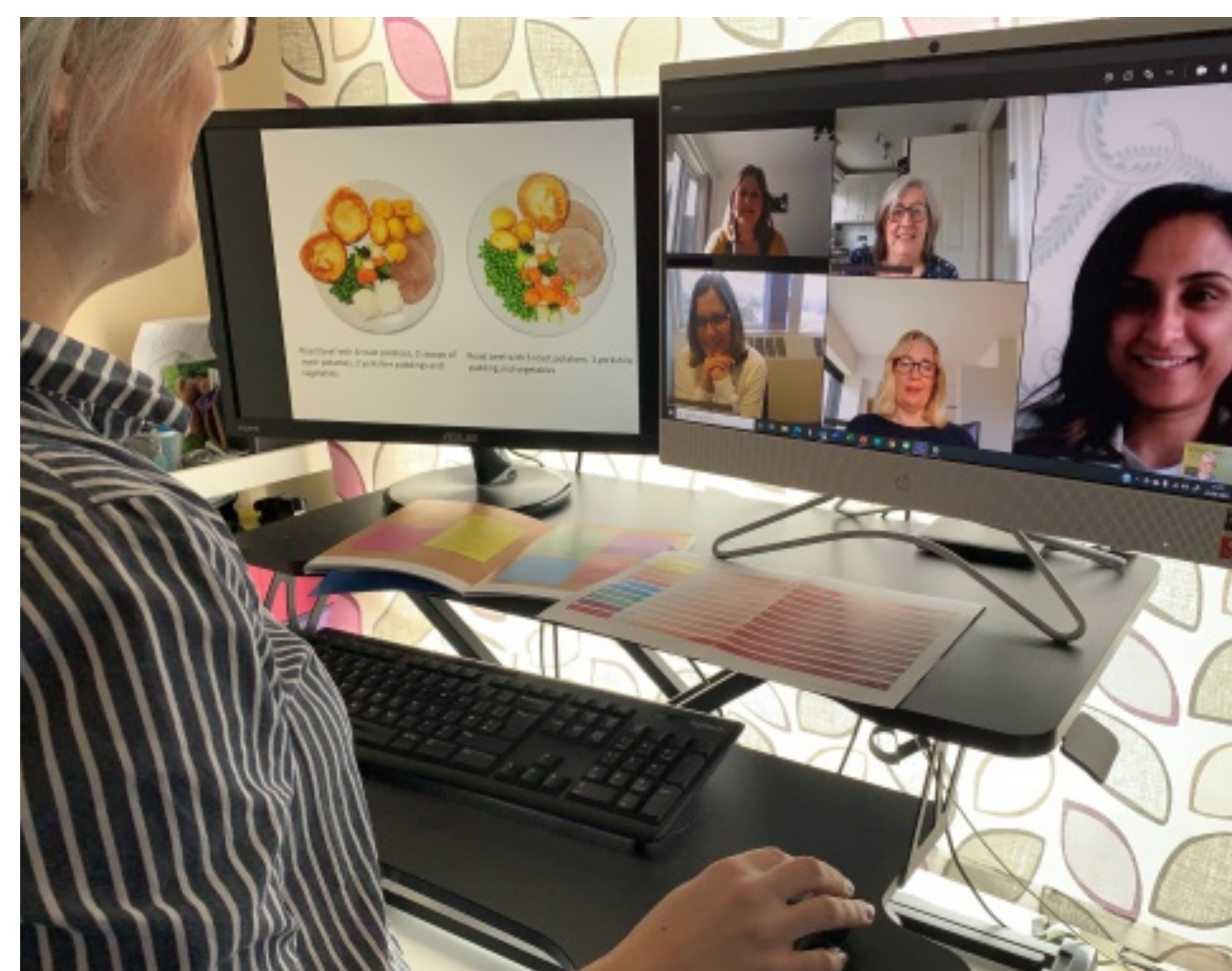
Members of the Leicester Diabetes Centre (LDC) with experience of developing and delivering DESMOND programmes, worked with minority groups and/or who were of the same ethnic background, carried out the adaptation work.

An initial meeting was held to ascertain what changes were required to the existing slide set and worksheets to make them more culturally appropriate. The slide sets were then updated by members of the LDC to reflect the changes discussed and were reviewed by the group/individual and any further refinements were made before a final version was agreed upon.

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Figure 1: Virtual DESMOND delivery



An iterative process was used and the main changes were:

- > Using culturally appropriate food images (Figure 3)
- > Using more images instead of words (Figure 4) as some people may understand a different language but cannot always read or write it. An adapted, simplified version of the action plan was also produced.
- > For communities who can read and write their native language, resources with images and translated text was produced (Figure 5).
- > An updated 'health profile' resource for participants to plot their health results (e.g. waist circumference), for South Asian and African Caribbean communities, as their target health measurements are lower than other ethnicities (Figure 6)

Figure 3: Example of resources including culturally appropriate food images

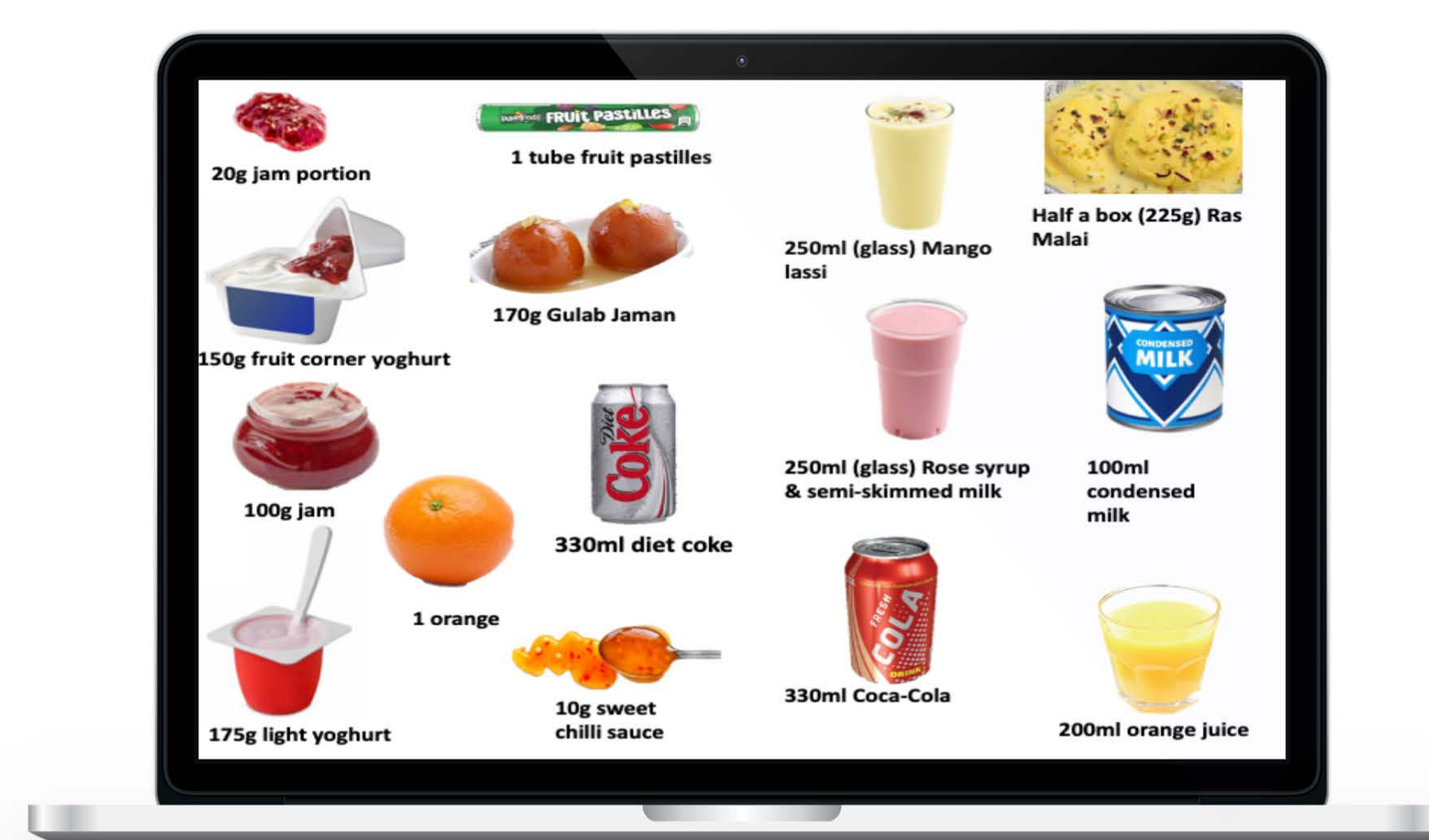


Figure 4: Use of more images within resources

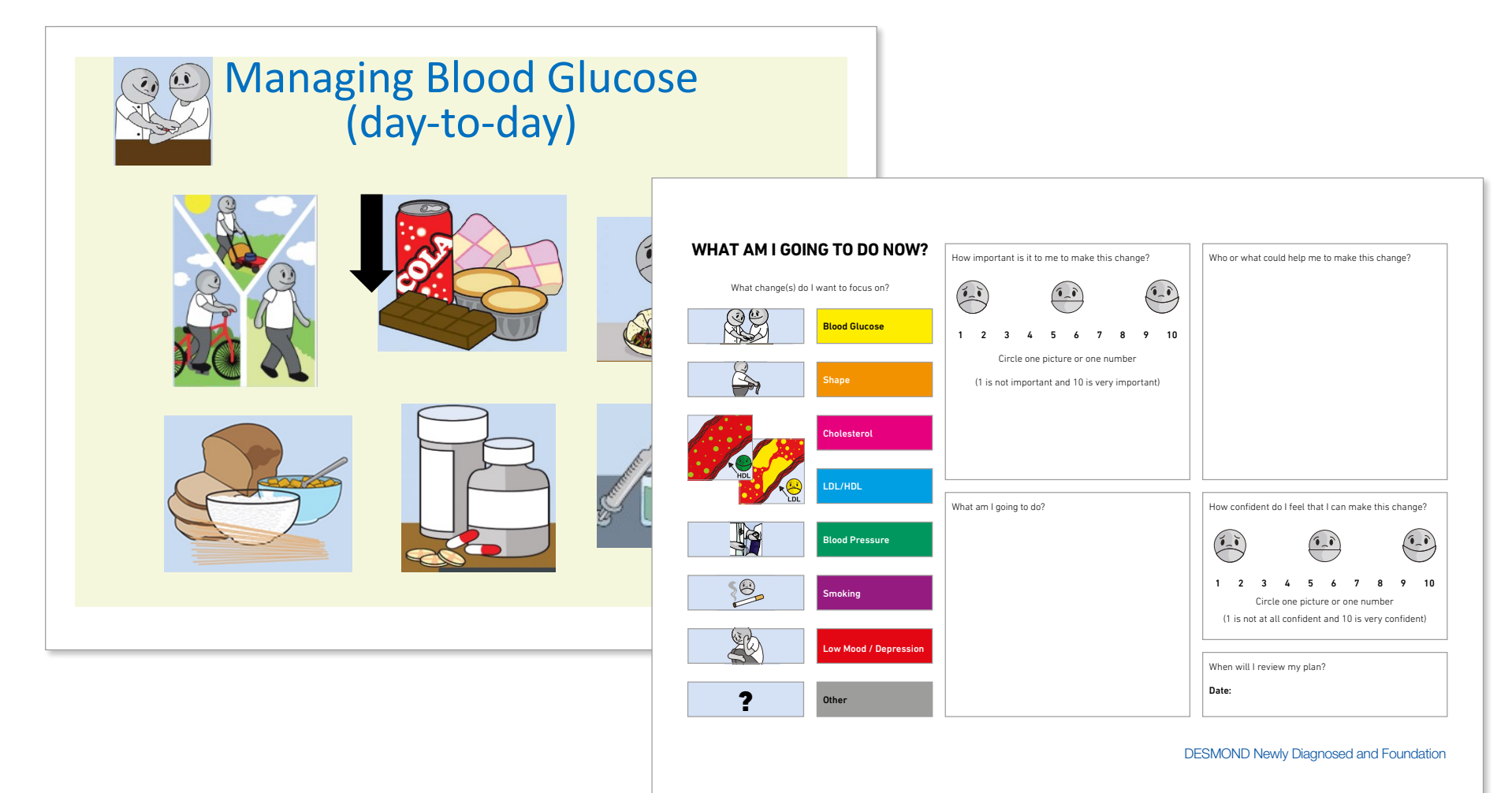


Figure 5: Example of resources with images and translated text



Figure 6: Updated Health Profile for South Asian & African Caribbean communities

MY HEALTH PROFILE - For people from Black or South Asian backgrounds			
Weight	Less than 85kg	85kg	More than 100kg
Waist Circumference	Less than 80cm (men)	80cm	More than 88cm (men)
Blood Pressure	Less than 130/80mmHg	130/80mmHg	More than 140/90mmHg
HbA1c	Less than 5.7mmol/mol	5.7mmol/mol	More than 6.5mmol/mol
LDL	Less than 3.0mmol/L	3.0mmol/L	More than 4.0mmol/L
Blood Pressure	Less than 130/80mmHg	130/80mmHg	More than 140/90mmHg
Blood Pressure	Less than 130/80mmHg	130/80mmHg	More than 140/90mmHg
Smoking	None	1-10 cigarettes	More than 10 cigarettes
Use of Alcohol	None	1-10 units	More than 10 units

Results:

Initial feedback about the adapted slides and resources were very positive and as a result, six new culturally adapted DESMOND-NDF versions are available.

Conclusions:

Culturally-relevant resources are now available for educators to use when virtually delivering DESMOND. Feedback is being sought from service users to inform any other refinements needed.