

Organisation of an African/Caribbean diabetes information day

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Introduction

The diabetes nurse facilitator has an important role to play in promoting collaboration between professionals working in primary and secondary care, the voluntary sectors and people with diabetes. This article describes one way of getting the message across to patients on how they can actively participate in their care. The British Diabetic Association (1998) asserts that an essential element in the treatment of people with type 2 diabetes is ongoing, culturally appropriate education. A diabetes information day for African and Caribbean people was organised with this aim in mind. The community dietitian, working closely with the facilitator, was instrumental in organising the day and, in particular, in ensuring that the message about healthy eating related specifically to the African/Caribbean communities.

Diabetes is a chronic disease which affects 2–3% of the UK population (British Diabetic Association, 1996). In Britain, the Asian and the African/Caribbean population have a higher prevalence of diabetes than the local population (BDA, 1996). However, in the Islington Diabetes Survey (Forrest et al, 1986) and the Coventry Diabetes Study (Simmons et al, 1991) the prevalence of diabetes in these groups appeared to be much higher still (Tables 1 and 2). It is predicted that by 2010 more than 125 million people worldwide will have the disease (McCarthy and Zimmet, 1994).

Wandsworth has a diverse cultural population, of which 20% is from ethnic minority communities. The African and Caribbean population accounts for about 10% (Merton, Sutton & Wandsworth Health Authority, 1996/1997). As diabetes is increasing nationally and internationally, it was felt that a diabetes information and awareness day should be organised in the area for these groups, as nothing had previously been done to explore their needs locally.

Aims of the information day

- To provide information on diabetes care and management to the increasing numbers of African/Caribbean people with diabetes.
- To encourage better understanding of and more active participation in their care.

Organisation of the day

Getting going

The idea for organising this day originated from the diabetes nurse facilitator in the Diabetes Unit at St George's Hospital, London. It required commitment from professionals in the unit, primary care and especially the voluntary sector. Representatives from these sectors formed the working party.

The working party held an initial meeting in March 1998 to explore the feasibility of holding this event. Some of the members had recently organised a Hypertension Day. The experiences from this day and those of other members were pooled.

The facilitator acted as coordinator, bringing ideas together, disseminating information and ensuring that everyone remained focused and took on responsibilities so that everything went to plan. The project took 4 months from beginning to end.

The process

Venue

The first priority was to secure a suitable venue. This had to take into account the following factors:

Accessibility: The geographical location had to be easy to access using public transport and have wheelchair access, lifts and, ideally, parking facilities. Liaison with

ARTICLE POINTS

- 1 Multiprofessional collaboration is the key to promoting good diabetes care.
- 2 A culturally sensitive patient education programme enhances patient understanding.
- 3 Patient empowerment can only be achieved by patients becoming more involved in their management.
- 4 Maximising resources in the primary, secondary and voluntary sectors enables us to get more out of the system.

KEY WORDS

- Diabetes
- African/Caribbean
- Patient education
- Empowerment

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- 1 The programme focused on understanding diabetes and healthy eating using African and Caribbean foods.
- 2 It is essential to obtain funding in order for the project to proceed.
- 3 Appointing a suitable chairperson is crucial to the success of the event.
- 4 A suitable chairperson is a skilled person who can guide the day and keep to the programme.

the local councillors secured the ideal venue — the civic suite in Wandsworth.

Hall capacity: The hall had to be large enough to accommodate the numbers anticipated, have enough space for the workshops and displays, and have catering facilities. All of these were available at the above venue. Health and safety issues also had to be addressed.

Public announcement system equipment: The provision of the microphone system, audiovisual aids, extra leads, tables, display boards and seating arrangements had to be discussed with the hall manager. This is an important issue, as the audience needs to be able to see the slides and/or overheads and hear the speakers clearly.

Date and time: The event was originally planned to take place in Diabetes Week at the beginning of June 1998. However, the hall was not available during this period and the event was deferred to 9 July 1998. We were unable to secure the use of the hall at a weekend as it was fully booked to the end of the year. A weekend would have been preferable for the event, as it would probably have attracted larger numbers.

The organisers felt that the day should not start too early or last too long as this might reduce the numbers attending. The event was therefore arranged to run from 11 am to 5 pm.

Funding

The pharmaceutical companies provided sufficient funding for catering and publicity. It was essential to obtain funding, in order for the project to proceed.

Publicity

Before publicity could be mounted, it was necessary to confirm the format for the day, the speakers and the availability of the venue. The last item caused us great anxiety, as the venue was not confirmed until 2 weeks before the event. This was because the local councillors had to agree to the free use of the venue; also, a council meeting had to be postponed because of local elections.

We compiled the poster with some help from a graphics expert. Fortunately, this was not expensive — often it can account for a large proportion of the budget.

We had 2 weeks in which to flood the locality with the posters. The two voluntary groups targeted individual members and the professionals gave individual invitations to patients.

The event was advertised in a local paper and a national West Indian newspaper. A journalist from the latter paper attended the day and reported on it that week. This enabled us to reach a wider audience in which to raise awareness about diabetes.

The programme

The programme focused on understanding diabetes, specifically type 2 diabetes, and on healthy eating using African and Caribbean foods (Figure 1).

The chairperson

Appointing a suitable chairperson is crucial to the success of the day. This role requires a skilled person who can guide the day and keep to the programme. We were fortunate to find a very able individual within our group to perform this role.

The event

One hundred and ten people attended the event. These were primarily members of the general public. Various professionals also attended the event. Help was solicited from professionals from the Diabetes Unit, primary care and the voluntary groups. This enabled the day to progress smoothly. The

Table 1. Prevalence of diabetes (known and previously undiagnosed) in people of African-Caribbean and European origin*

Age (years)	Men		Women	
	African Caribbean	European	African Caribbean	European
40+	16.7%	5%	17.7%	3.1%

* Pooled data from four UK studies (Chaturvedi et al, 1993; Cruickshank et al, 1991; Forrest et al, 1986; McKeigue et al, 1991). In these studies, people were classified as having diabetes or not after a glucose tolerance test, so that these data include known and new or previously undiagnosed cases.

Table 2. Prevalence of diabetes (known and previously undiagnosed) in people of Asian and European origin in the Coventry study*

Age (years)	Men		Women	
	Asian	European	Asian	European
20-39	2.5%	0.5%	1.5%	0.5%
40-59	12.5%	3.5%	9.5%	6.0%
60-79	25.5%	6.5%	20.0%	8.0%

*Simmons et al, 1991

response, particularly from primary care, was encouraging.

The early part of the programme allowed participants to view the displays. This enabled some people to be screened for diabetes and hypertension. The local leisure centre promoted exercise. The BDA used this event as an opportunity to advertise their African/Caribbean leaflet and video.

In the morning, Dr Steve Nussey (St George's Hospital, London) gave a 20-minute talk on 'What is diabetes?' and Professor Stephanie Amiel (King's College Hospital, London) gave a talk on 'Understanding diabetes and how to manage it'.

Verona Bryant, Community Dietitian from South West London Community NHS Trust, talked about African and Caribbean foods, promoting traditional foods with appropriate choices and cooking methods. A stand displaying traditional foods with appropriate leaflets for this group was provided and included the chance to take part in a raffle. The prize was a large tropical fruit basket donated by the local supermarket.

Workshops were held in the afternoon, and all of these were very well attended. They were very interactive and gave participants the opportunity to ask questions that were pertinent to them.

Catering

The dietitian was responsible for planning a healthy lunch; a suitable menu was duly provided and was well appreciated on the day.

Evaluation

Forty-two per cent of participants completed an evaluation form, which sought to determine participants' views of the event. The data obtained from the completed forms were collated and are shown in Figures 2–6. The questions were as follows:

Which presentation did you enjoy most?

Figure 2 shows participants' ratings of the presentations. Figure 3 shows that participants heard about the day through various channels.

Which workshop did you attend?

Attendance at the various workshops of those who completed the evaluation is shown in Figure 4.

11 am	Registration, exhibitions and screening
12 noon	Lunch
1.15–2.30 pm	20-minute presentations: 1. Understanding diabetes 2. Management of type 2 diabetes 3. Food choices in African and Caribbean cuisine
3.00–3.15 pm	Forum for questions
3.30–4.30 pm	Workshops: 1. Care of the eyes 2. Care of the feet 3. Monitoring diabetes 4. Exercise and looking after yourself
4.30-5.00 pm	Feedback from workshops Forum for questions

Figure 1. Programme for the day.

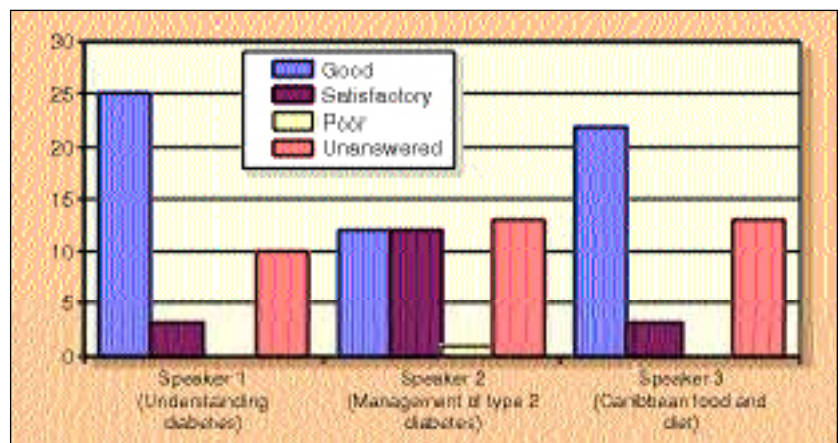


Figure 2. Responses to evaluation question: 'Which presentation did you enjoy most?'

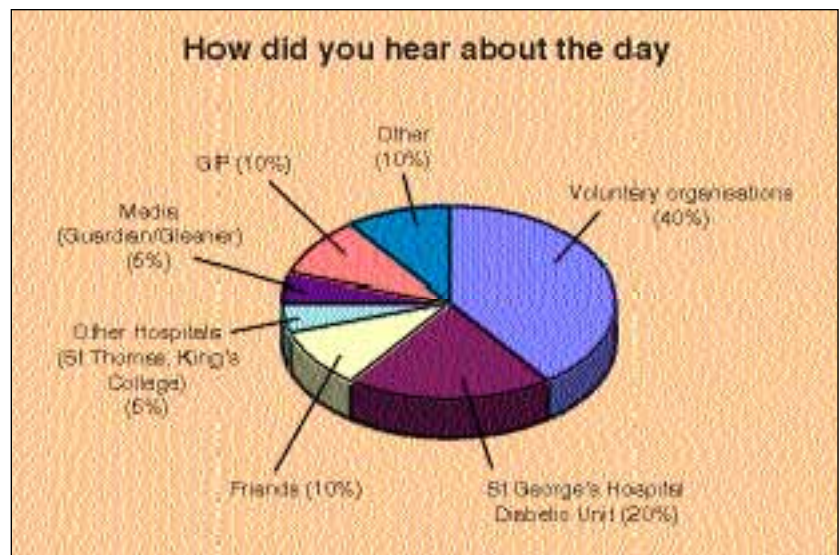


Figure 3. Responses to evaluation question: 'How did you hear about the day?'

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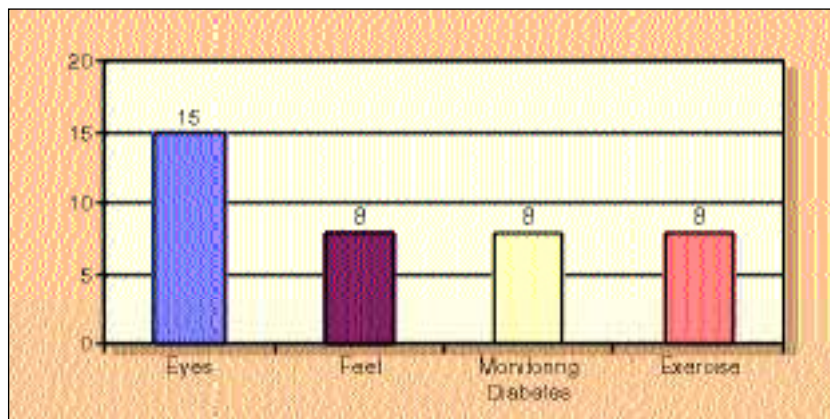


Figure 4. Responses to evaluation question: 'Which workshop did you attend?'

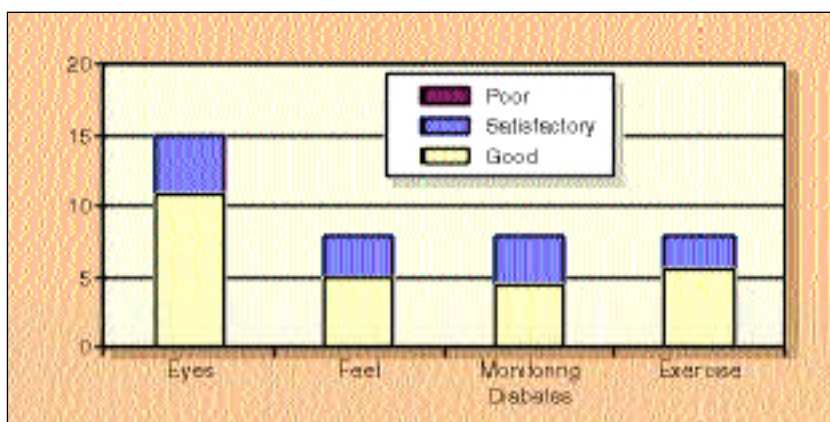


Figure 5. Responses to evaluation question: 'What rating would you give the workshop you attended?'

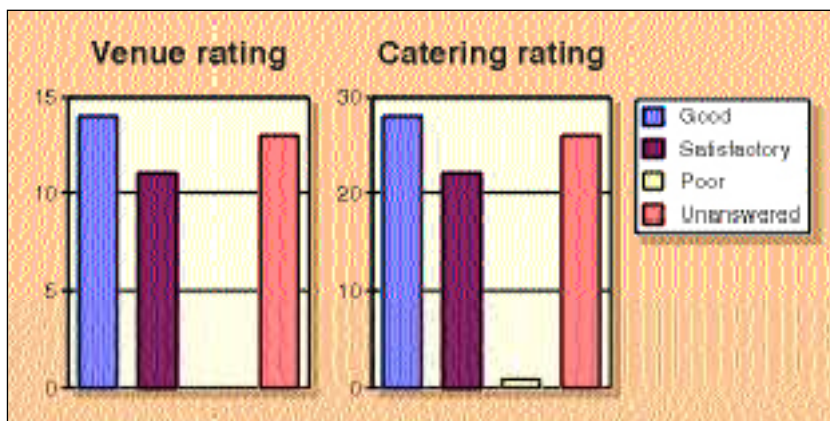


Figure 6. Responses to evaluation questions: 'Were you happy with the venue?' and 'Were you happy with the lunch provided?'

What rating would you give to the workshop you attended? Of those who responded to this question, all who attended were happy with the workshops (Figure 5).

Sixty-six per cent of respondents were happy with the venue and 77% of respondents were happy with the lunch provided (Figure 6).

Comments from participants

- 'Very good initiative'
- 'Very interesting day'

- 'I have enjoyed all the topics, the speakers' talks and the workshops – much information gained as to understanding and living with diabetes'
- 'Could we have more similar days?'
- 'Good organisation'
- 'I would have liked the option to attend more than one workshop'
- 'In future, might it be possible to consider psychological care?'
- 'Is anything being done to target younger age groups?'

Benefits of holding this event

- Good working relationships were forged between professionals, patients and local groups
- Patients and professionals were able to meet each other in a non-clinical environment. It was an excellent forum for specialists, particularly from the Diabetes Unit, to meet people within the community
- It gave people with diabetes the chance to tell professionals of their needs and to ask questions in a 'safe' environment
- The responses and interaction of participants were an indication of how much the efforts made to reach them were appreciated. This was highlighted in the responses to the evaluation questions.

Recommendations

Events such as this should be held at least yearly to bring professionals and people with diabetes together. They also give pharmaceutical representatives the chance to meet the people who use their products.

Pointers when organising such an event

- Plan ahead; ideally, start about 6 months before the event
- Form a working party. Collaborate with all groups involved in diabetes care, and identify key people who are enthusiastic and able to commit the time
- Identify a coordinator
- Secure funding (NB. The venue and catering account for a large proportion of the funding)
- Organise regular meetings to keep things on track
- Devise the programme. Afternoon sessions should allow for plenty of interaction.

Publisher's note: The images are not available full resolution in the online version.

People involved in organising the event

The working party was made up of representatives from:

- The Diabetes Unit, St George's Hospital, London (acute sector)
- Action on Black Health – comprising an African-Caribbean dietitian and health visitors (Wandsworth Community Health Trust)
- Wandsworth African and Caribbean Association (voluntary organisation)
- South London Black Elderly Project (voluntary organisation)

- Ensure that the day is not too long
- Book the venue and speakers well in advance. Check that the venue has the required facilities
- Draw up publicity and distribute no more than 3–4 weeks before the event
- Include lunch or a light snack if the budget allows
- Engage sufficient help for the day
- Evaluate the event on the day.

Conclusion

People with diabetes need a good knowledge and understanding of the disease if they are to be empowered to take control of their management.

It is well recognised that articulate people in the higher socioeconomic groups are better able to access services and tend to be more motivated to achieve empowerment. We therefore need to make a greater effort to reach people from

more socially deprived sections of society.

This is not necessarily related to culture. Holding a Diabetes Information Day is one way of getting the message across to those who need it most. In this article, we have shared our experiences of organising such a day with readers, in the hope that more events of this nature will be organised to the benefit of patients. ■

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PAGE POINTS

1 A good knowledge and understanding of diabetes is crucial to the empowerment of people with diabetes.

2 People in the higher socioeconomic groups are better able to access services and more motivated to achieve empowerment.

3 We need to make a greater effort to empower people from the lower socioeconomic groups to take control of their own management.

4 Holding a Diabetes Information Day is one way of getting the message across to those who need it most.