

# Report of pilot empowerment program for Pakistani diabetics

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# Background

From literature review

- Diabetes self-management education<sub>1-2</sub>
- Group-based approaches of diabetes self-management interventions<sub>3-6</sub>
- Minority as a risk factor<sub>7</sub>

1. Norris, S.L., Engelgau, M.M., & Venkat Narayan, K.M. (2001). Effectiveness of self-management training in type 2 diabetes: a systematic review of randomized control trials. *Diabetes Care*, 24, 561-587.
2. Norris, S.L., Lau, J., Smith, S.J., Schmlld, C.P., & Engelgau, M.M. (2002). Self-management education for adults with type 2 diabetes: a meta analysis of the effect on glycemic control. *Diabetes Care*, 25, 1159-1171.
3. Deakin, T., McShane, C.E., Cade, J.E., & Williams, R.D. (2005). Group based training for self-management strategies in people with type 2 diabetes mellitus (Review). *Cochrane Database Systemic Review Appraisal*, 18, 347.
4. Erskine, P., Daly, H., Idris, I., & Scott, A.R. (2002). Patient preference and metabolic outcomes after starting insulin in groups compared with one-to-one specialist nurse teaching. (Abstract). *Diabetes*, 51 (Suppl. 2): 77A.
5. Mensing, C.R., & Norris, S.L. (2003). Group education in diabetes: effectiveness and implementation. *Diabetes Spectrum*, 16, 96-103.
6. Rickheim, P.L., Weaver, T.W., Flader, J.L., & Kendall, D.M. (2002). Assessment of group versus individual diabetes education. *Diabetes Care*, 25, 269-274.
7. Ann, S., Nancy, P., Douglas, B., Grace, E.F., Sally, A.K., Heather, M.J., & Maureen, A.S. (2011). Minority Status and Diabetes Screening in an Ambulatory Population. *Diabetes Care*, 34, 1289-1294.

# Background

From clinical observation

- Showed passive participation in their diabetes self-care

Possible causes:

? Language

? Cultural difference

? Low socio-economic status

# Background

- With our Breakfast Club Model (multidisciplinary team approach) and an interpreter's help<sup>1-2</sup>
- A Pakistani Diabetes Patient Group (PDPG) was formed in July of year 2011

1. "Patient perceptions of the contribution of a Breakfast Club for diabetes self-management: A mixed method study." Proceeding of the 8th International Diabetes Federation (IDF) Western Pacific Region Congress 2010. Busan, Korea. 17-20 Oct / 2010.

2. "The Education Process of a Breakfast Club and the Role of the Nurse in the process: A mixed method study in a Diabetes Education Centre in Hong Kong." Proceedings of the 12th Hong Kong Diabetes and Cardiovascular Risk Factors – East Meets West Symposium 2010. Hong Kong. 1-2 Oct / 2010.

# Objective

- Report the findings of the group-based diabetes self-management program in PDPG

# Methodology

- Group FU Schedule: every 3 months
- 1 Diabetologist, 1 Diabetes Nurse, 1 Dietitian & 1 Interpreter
- Identify some topics each time
- \*\* Share their concerns, questions and problems \*\*

# Methodology

- Total 6 group meeting at 3-month interval
- A survey was conducted to investigate their impression of this group-based diabetes self-management program

## The Evaluation of the Service of the Pakistan Group with Translator in DACC

				Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
1)	You appreciate the group education with the translator to enhance the communication.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	The small group education can enhance your diabetes knowledge.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	The small group education can improve your diabetes self-management in daily life.							
	3.1	Diet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2	Exercise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3	Medication		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.4	Self-monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	You enjoy the group activities.							
	4.1	peer interaction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2	close interactions with health care professionals, including Doctor, Nurse and Dietitian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.3	diabetes knowledge enhancement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.4	sharing experience in daily life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	The group can motivate interaction between peer members.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	What areas can be improved in the group?							



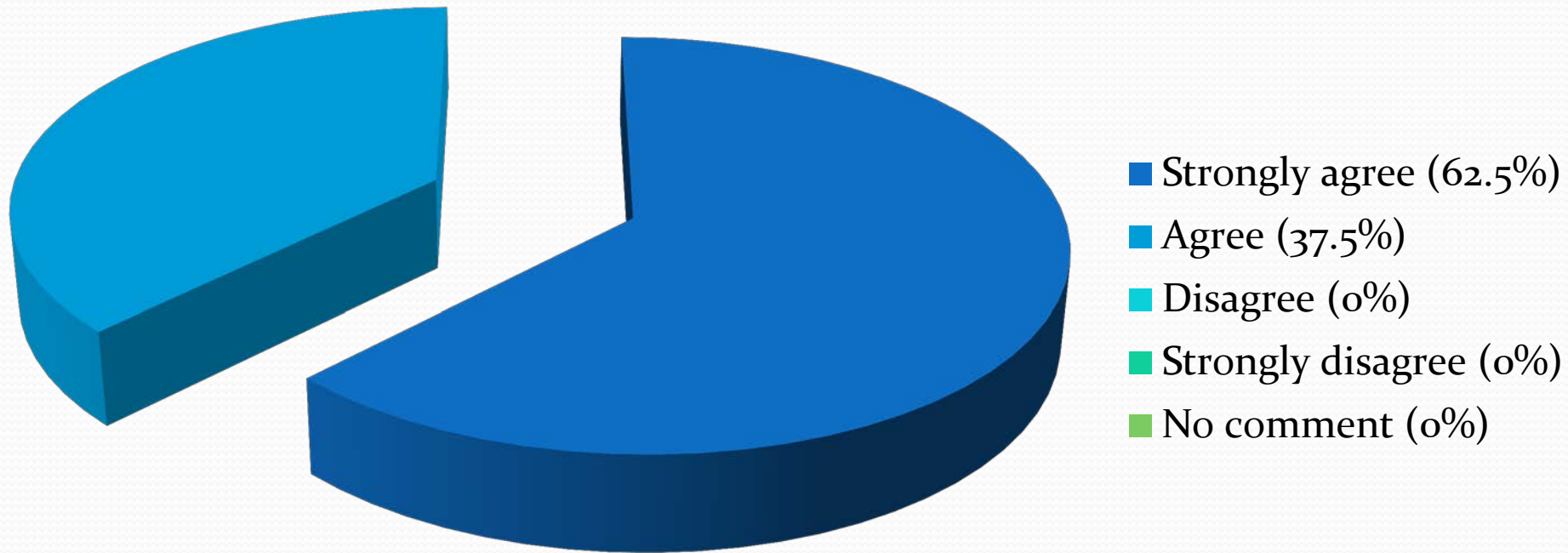
# Result

- 8 out of 9 patients completed the survey (5 male and 3 female, married)
- Mean age: 47 years old
- Educational level: 3 No formal education, 2 primary level and 3 secondary level
- Working status: 4 retired, 2 housewife and 1 constructive worker and 1 unemployed
- Duration of DM: 10 years
- Medication treatment: all insulin therapy +/- OHAs.

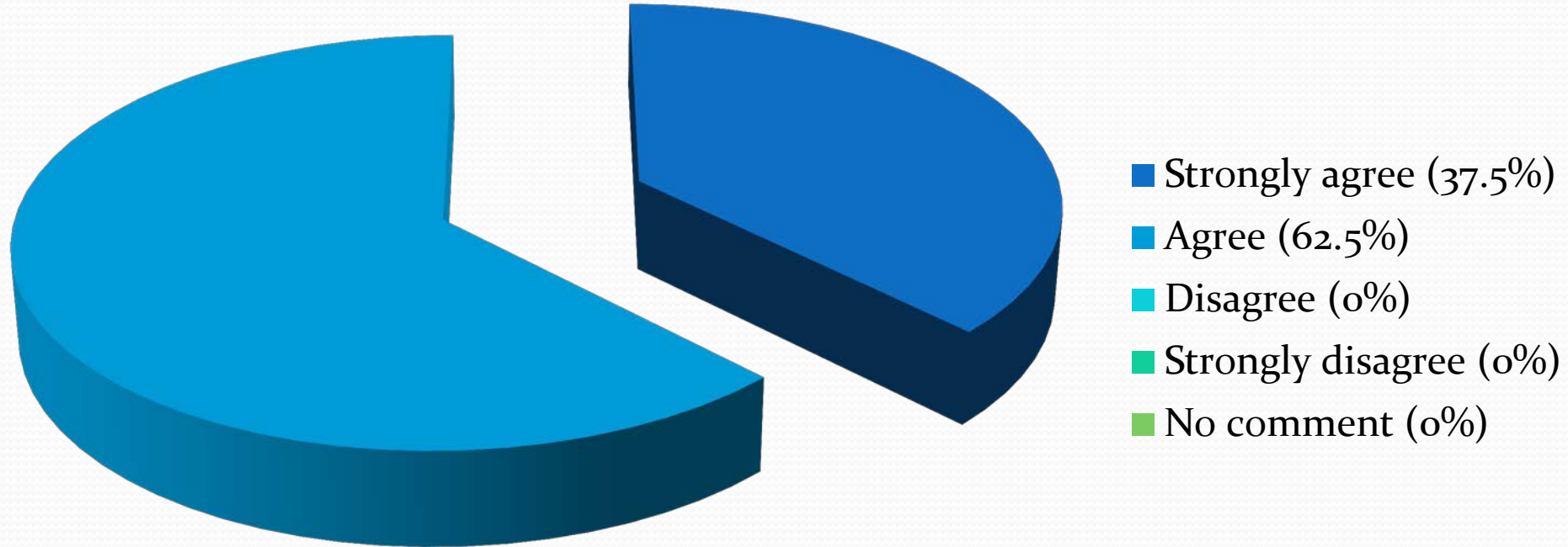
**Q1:** You appreciate the group education with the interpreter to enhance the communication

**Q2:** The group education can enhance your diabetes knowledge

**Q4.1 & 4.2:** You enjoy the group activities in peer interaction and close interactions with HCPs

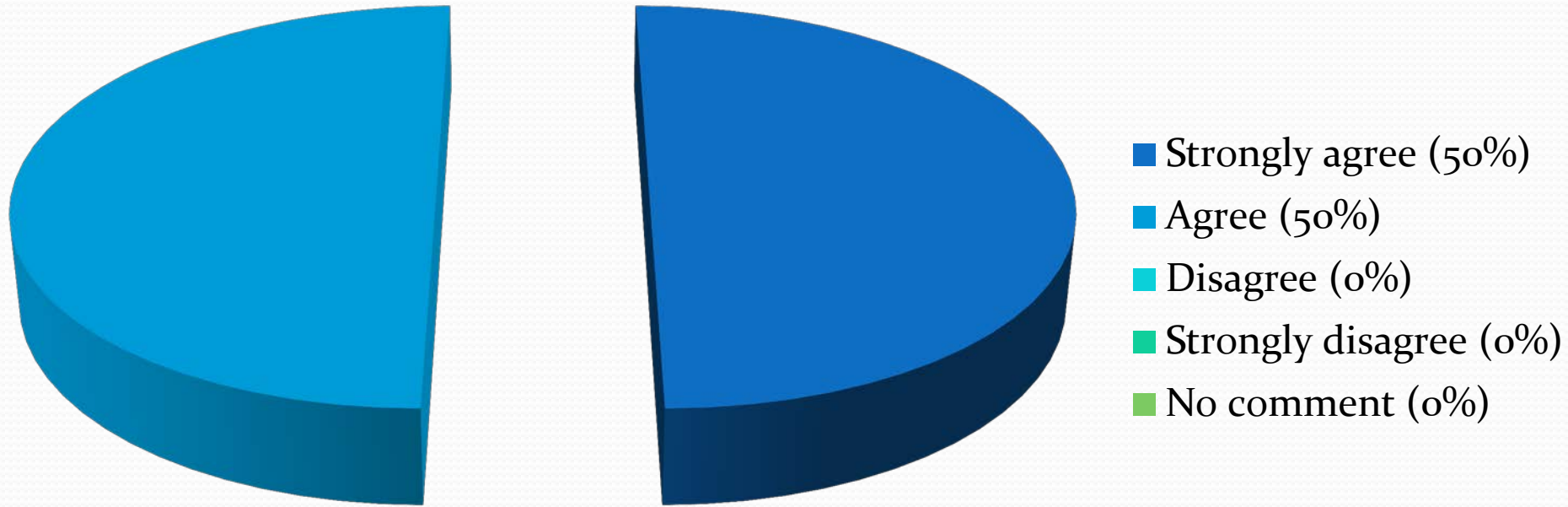


**Q3.1:** The group education can improve your diabetes self-management in daily life in terms of diet aspect



**Q3.2, 3.3 & 3.4:** The group education can improve your diabetes self-management in daily life in terms of exercise, medication and self-monitoring aspects

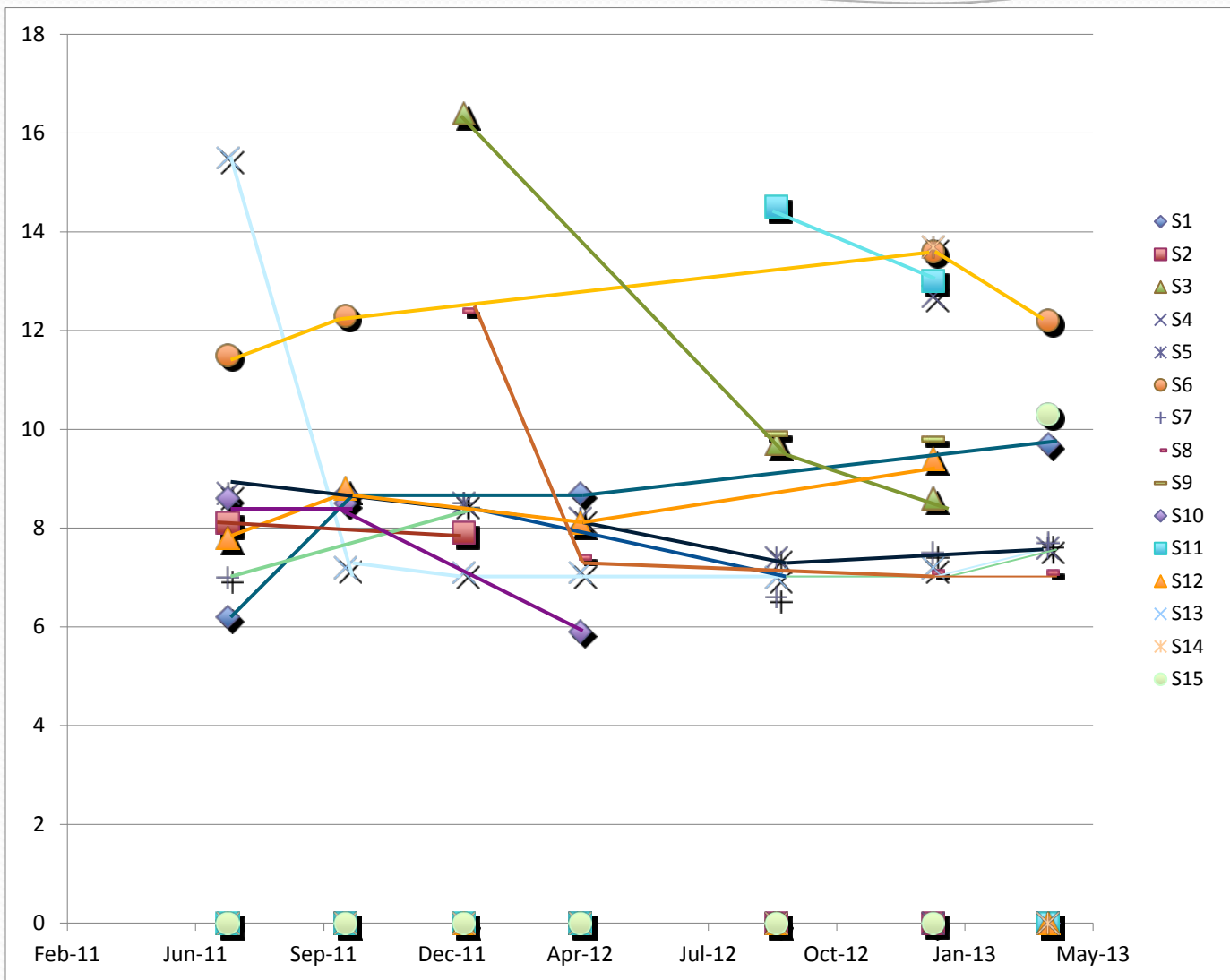
**Q4.3 & 4.4:** You enjoy the group activities in diabetes knowledge enhancement and sharing experience in



# Result

Q6: What areas can be improved in the group?

- Half of patients expressed we provided good service to them.
- 1 patient suggested to arrange exercise class.
- 1 patient told he is very happy to join in the PDPG.
- 2 patients did not have any comments.



HbA1c Result

# Discussion

- Positive responses
- Tailor-made service
- Greater job satisfaction from the HCPs

# Sharing

Any difficulty?

- 1) Language barrier
- 2) Assess the understanding of DM education
- 3) Time-consuming



# Sharing

Solution !!!

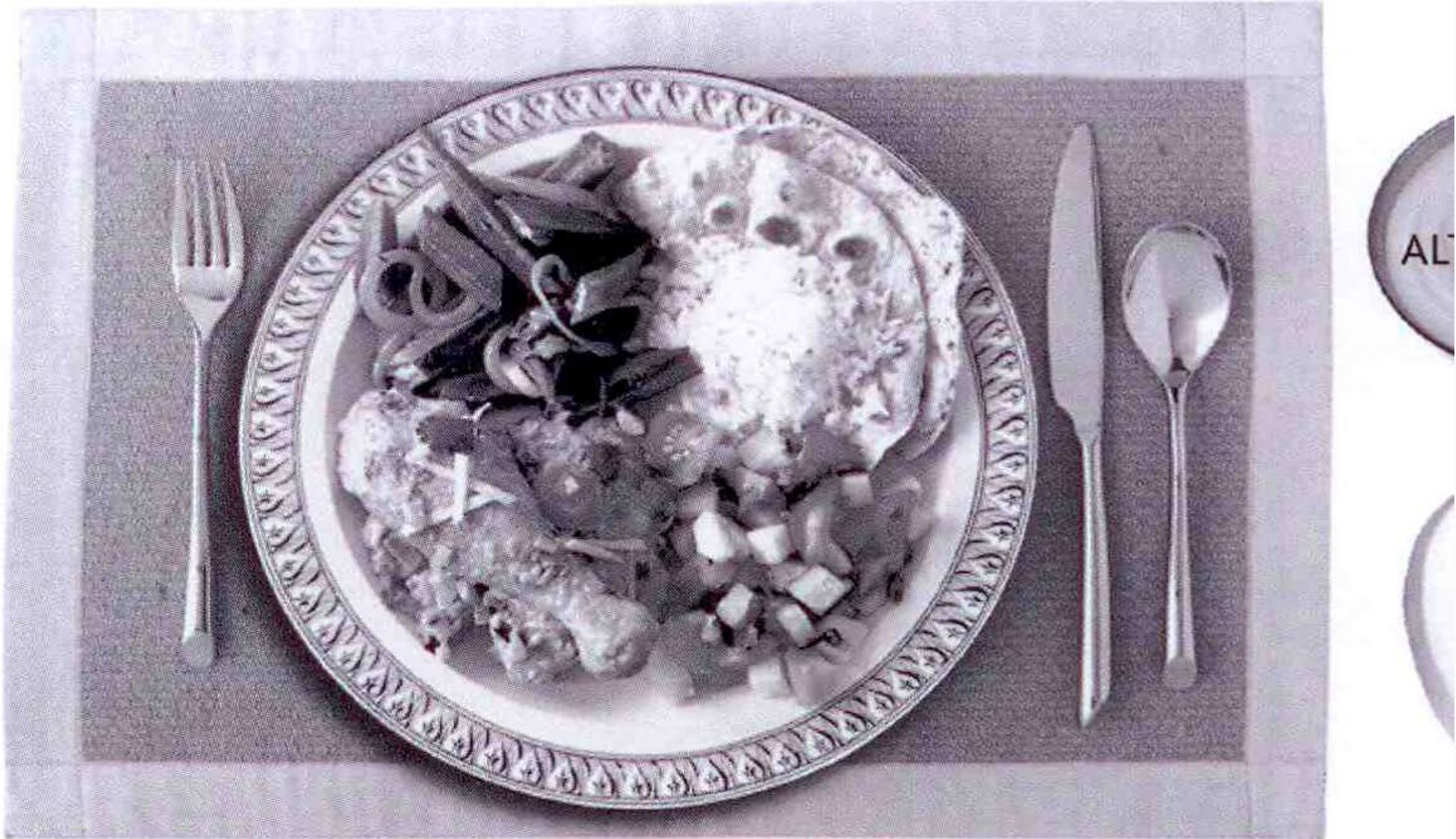
- Seek help from community available resources  
Dr. Shamila Gurung & Ms Asma Bukari  
(Nurse) who run South Asian Health Support  
Programme in Jockey Club Wo Lok  
Community Health Centre under United  
Christian Nethersole Community Health  
Service

# Sharing

Improvement 😊:

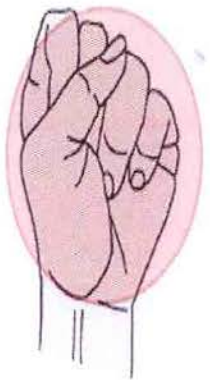
- Simplify the content
- Precise wording
- More picture in handout

# Plan *for* healthy eating



# Handy portion guide

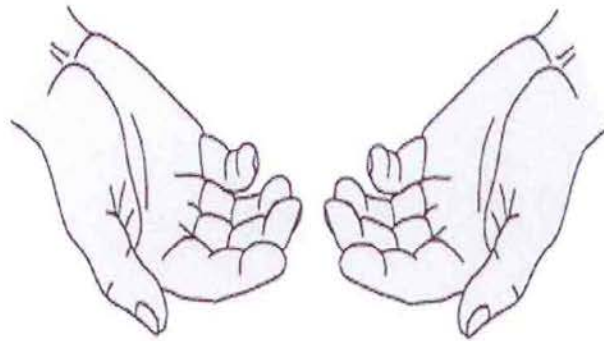
Your hands can be very useful in estimating appropriate portions. When planning a meal, use the following portion sizes as a guide:



## FRUITS\*/GRAINS & STARCHES\*:

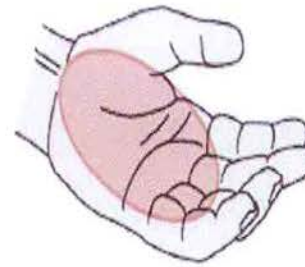
Choose an amount the size of your fist for each of Grains and Starches, and Fruit.

**MILK & ALTERNATIVES\***: Have up to 250 mL (8 oz) of low-fat milk or  $\frac{3}{4}$  cup (175 mL) yogurt with a meal.



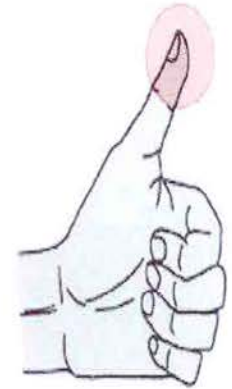
## VEGETABLES\*:

Choose as much as you can hold in both hands.



## MEAT & ALTERNATIVES (PROTEIN)\*:

Choose an amount up to the size of the palm of your hand and the thickness of your little finger.



## FATS\*:

Limit fat to an amount the size of the tip of your thumb.

# ذیابیطس امبولیٹری کیئر سینٹر۔ یونائیٹڈ کرسچن اسپتال

برائے مہربانی معائنہ کے لیے اپنا Glucometer اور اپنا Blood Glucose Record ساتھ لے کر آئیں

تاریخ:	صبح سے	صبح 8 بجے کے 2 گھنٹے بعد	دوپہر کے کھانے سے پہلے	دوپہر کے کھانے کے 2 گھنٹے بعد	رات کے کھانے سے پہلے	رات کے کھانے کے بعد	سونے کے اوقات
بانت:							
خون میں گلوکوز کی مقدار:							
25							
20							
15							
10							
5							
0							
خون میں گلوکوز کی مقدار (10 سے زیادہ)							
کھانے کے بعد خون میں گلوکوز کا ہدف (6-10)							
کھانے سے پہلے خون میں گلوکوز کا ہدف (4-7)							
خون میں گلوکوز کی کمی (4 سے نیچے)							
حیوی سے اڑا کرنے والی انسولین کی مقدار							
کھانے کی اشیاء مع مقدار	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ	مثلاً اسکرملک (کم تیزائی والا دودھ) 1 کپ
انہی ہوئی تیزیاں	1 ٹول	1 ٹول	1 ٹول	1 ٹول	1 ٹول	1 ٹول	1 ٹول
ہماپ والی جھگی	3 حصے	3 حصے	3 حصے	3 حصے	3 حصے	3 حصے	3 حصے
چھائی	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)	1 عدد (17 چمقلہ)
ورزش							
ورزش کھانا کھانے کے 1 گھنٹے بعد کریں							
صبح کے بعد	صبح کے 2 گھنٹے کے بعد	دوپہر کے کھانے کے بعد	دوپہر کے کھانے کے بعد	دوپہر کے کھانے کے بعد	دوپہر کے کھانے کے بعد	دوپہر کے کھانے کے بعد	دوپہر کے کھانے کے بعد
مثلاً	مثلاً	مثلاً	مثلاً	مثلاً	مثلاً	مثلاً	مثلاً

The diabetes self-  
management program  
in PDPG

- New Year  
Celebration  
2013  
on 15/1/2013



The diabetes self-  
management program  
in PDPG

- Diabetes  
Patient  
Congress 2013  
on 14/4/2013



The diabetes self-management program in PDPG

# Pakistani patients exercise workshop

on 16/4/2013





The background is a solid blue color. At the top, there are several wavy, overlapping lines in shades of blue and cyan, creating a decorative header effect.

**Thank you!**