Report of pilot empowerment program for Pakistani diabetics

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Introduction
Diabetes self-management education is to empower patients through their acquisition of diabetes knowledge, self-care practices and coping skills to make better choices and have greater control of their life1. Group-based approaches of diabetes self-management interventions have better self-care outcomes2. In many studies, minority has been identified as a risk factor not only for having Type 2 diabetes mellitus (T2DM) but for increased morbidity and mortality with the disease3. In our Diabetes Ambulatory Care Centre, we have been seeing T2DM patients from minority who showed passive participation in their diabetes self-care. Cultural difference, belief and language have been the major barriers for minority’s access to the DM services3. With our Breakfast Club Model (multidisciplinary team approach) and an interpreter’s help, a Pakistani Diabetic Patient Group (PDPG) was formed in July of year 2011 to study for passive participation improvement.

Objectives
Report the findings of the group-based diabetes self-management program in PDPG in a local hospital in Hong Kong.

Methodology
Pakistani diabetics were invited to joint the PDPG. They met every 3 months before formal consultation. Care-providers would explain the concept of T2DM management in relation to diet, exercise and medication. In each meeting, they were encouraged to share their concerns, questions and problems. A total of six group meeting at 3-month interval have been conducted. In the last visit, we conducted a survey on their impression of this program.

Result
Eight patients completed the survey. (5 male and 3 female, mean age: 47 years old, duration of DM: 10.17 years). 60% of the Pakistani diabetics strongly agreed that the program has helped improve their diabetes knowledge, stimulate interaction among peers and with health care professionals. 50% of the diabetics strongly agreed that the program has helped improve their self-management in daily life, including exercise, medication and self-monitoring. Also they enjoyed the group activity, especially the part of diabetes knowledge enhancement and sharing of their
experience in daily life. 62.5% of the diabetics agreed that the program can enhance their dietary management. All responses from the diabetics in survey is positive and they appreciated the service we tailor-made for them according to their culture. Simultaneously, the care-providers perceived greater job satisfaction from these responses. In conclusion, the group-based program does not only improve diabetes knowledge and motivate diabetes self-management of the minority, but also enhance job satisfaction of the care-providers. In future, it is suggested to increase the variety of the program, such as exercise for weight reduction.