

# Delivering Diabetes Education to the Chinese Community

## 為華人而設的糖尿病講座



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"We have a diabetes education program presented in Chinese. It would be perfect for you to attend."

"Where is the program?"

"The program runs at community health centres in Doncaster and Wantirna."

"Oh I can't get there. I don't drive & I don't know how to use public transport by myself. I will have to discuss with my son & see if he can give me a lift. So how much does it cost?"

"Oh it is only \$30 for the entire 9-hour program. And we provide you with a bilingual manual!"

"That's very expensive for me with no income, and no Australian pension. No thanks. I am not interested in attending the program."



### Background

Scientific research has shown that the Chinese population has a high incidence of developing type 2 diabetes (King & Rewers, 1993). With the rapid increase of Chinese migrant settling in the Eastern suburbs, prevention strategies and self-management skills are considered to be essential elements of care.

**The Chinese Diabetes Consortium** was formed in 1999 by various Eastern Melbourne health service organisations, including Melbourne East General Practice Network, Migrant Information Centre (Eastern), Whitehorse Community Health Service, Knox Community Health Service, Manningham Community Health Service. MonashLink Community Health Service joined the consortium in 2008.

The aim of the partnership was to provide a linguistic and culturally appropriate diabetes education program for Chinese speaking clients. The members of the consortium share ideas and resources, including bilingual diabetes nurse educators and dietitians. A 3-session 3-hour Chinese Diabetes Education Program was developed by translating English materials. The sessions were delivered quarterly, by Chinese-speaking health professionals, at Whitehorse, Manningham and Knox Community Health Services. The program was very well-received in the past but attendance gradually declined, resulting in repeated cancellation of sessions. In 2009, the consortium decided to review the program.

King, H., Rewers, M. (1993) Global estimates for prevalence of Diabetes Mellitus and impaired glucose tolerance in adults World Health Organisation ad hoc diabetes reporting group. *Diabetes Care*, 16, 157 - 177

### Method / Community Consultation

To understand specific needs and preferences of the community, a bilingual survey was developed by Chinese speaking health professionals in the consortium to re-assess the community needs of a diabetes education program. The survey method was used as it is a preferred method expressed by the community.



### Findings

The survey was distributed to a number of Chinese senior community groups. A total number of 120 surveys were given out, and an 80% response rate was achieved.

From the survey, it was concluded:

- the community expressed a strong interest to learn about stable blood sugar control, even for those without diabetes
- a short information session is very much preferred compared to individual consultation with health professionals
- dietary management of diabetes was the most welcomed topic
- information sessions need to be affordable, and at a local familiar venue
- the barriers of attendance include co-ordinating transport arrangements with busy adult children, high cost, time of day conflicting with sending grandchildren to schools



↑ Program flyer (in Chinese)



### The New Program

The survey results shaped the development of a new program, called "血糖控制講座" (blood sugar control talk). The new single-session 1-hour program focuses on dietary information for diabetes prevention as well as management. The content of the program includes discussion of Chinese cultural cuisine and cooking methods. It is delivered regularly at a preferred morning timeslot, and locally at various accessible venues, including local community health services, libraries, and community halls. The cost of attending the program is very low and facilitator has the authority to waive the fee if required.

The program has been running since the beginning of 2010. With promotion to the local GPs, ongoing referral into the program has been successful.



### The Next Step

We have plans to collaborate with a tertiary institution to conduct a formal evaluation to further investigate health impact of the program, as well as various cultural appropriate elements for improved access to health service. Data from the evaluation will help direct a future chronic disease management model for this cultural group.

### Lesson Learnt

The delivery of program in Chinese language was not enough to engage the community. More work on engagement was necessary. From the consultation, we found that time frame and cost were important enablers for a successful program. Also Chinese elders are often dependent on adult children for transport and have little knowledge & confidence about using public transport. They expressed particular interest in dietary management, it might be because this is a familiar treatment method for them. By engaging this population on this occasion opens opportunities to further increase health literacy. The development of the Chinese diabetes program demonstrated the importance of listening to and meeting different needs of culturally diverse groups which is fundamental for delivering health service effectively.

← Photos taken during a session

The program evaluation team →

