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.





Mandalia P¹, Orwin D¹, Harrison S¹, Northern A¹, Johnson V¹

¹ University Hospitals of Leicester, NHS Trust, UK

Objective:

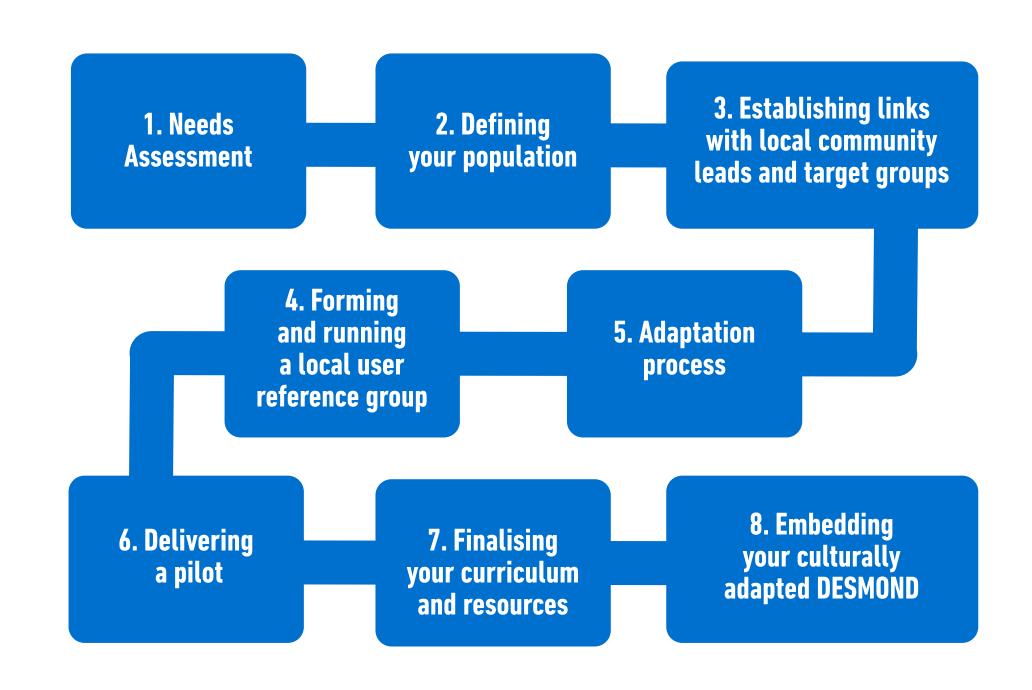
People from some ethnic minority groups have an increased prevalence of type 2 diabetes. Since Covid-19, virtual diabetes self-management programmes (such as virtual DESMOND) (Figure 1) have emerged and become more widely used. However, they are often not culturally-specific, which could limit engagement 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



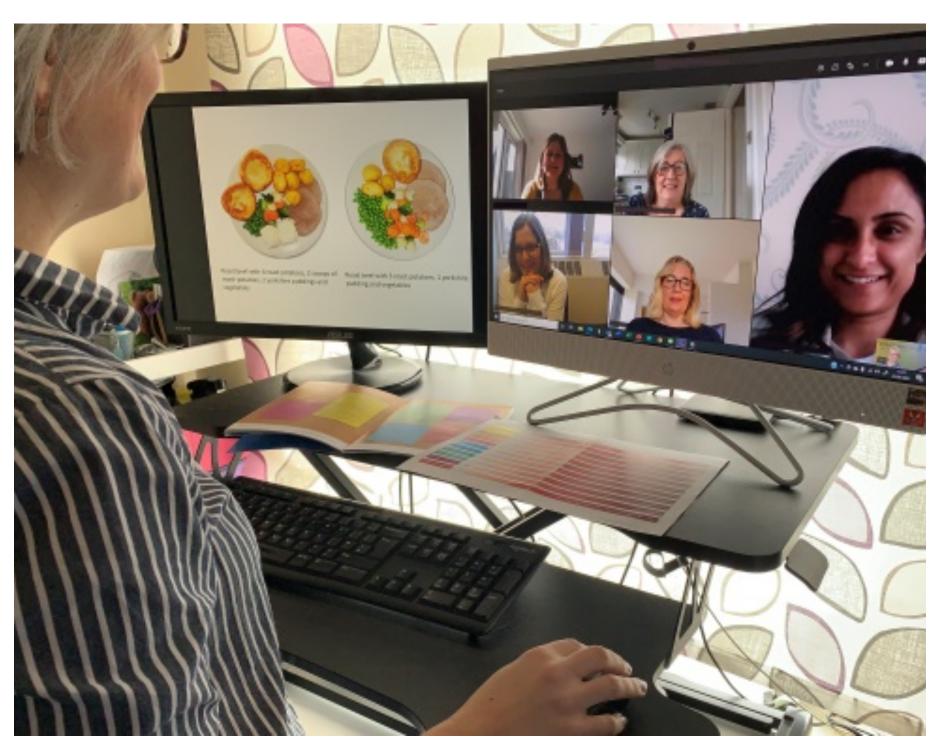
Members of the Leicester Diabetes Centre (LDC) with experience of developing and delivering DESMOND programmes, worked with minority groups and/or who were of the same ethnic background, carried out the adaptation work.

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.

Corresponding author:

Panna Mandalia panna.mandalia@uhl-tr.nhs.uk

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

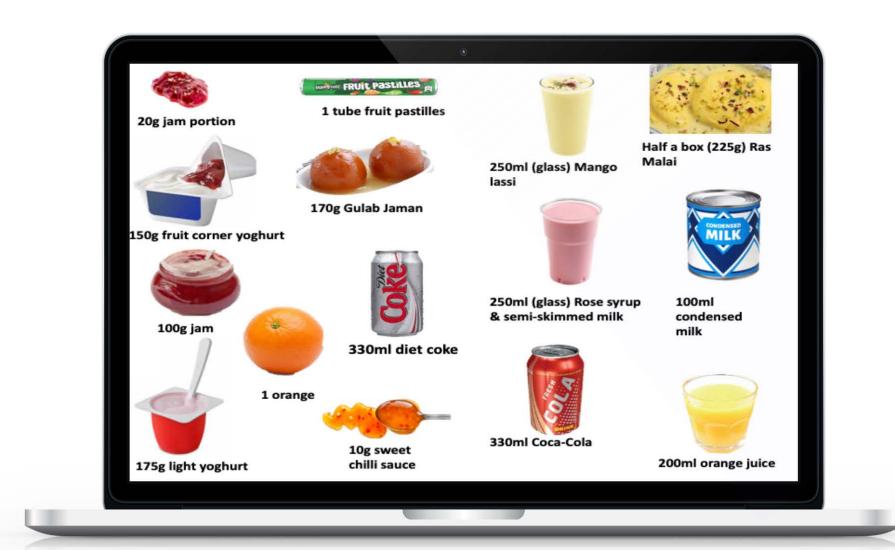


Figure 4: Use of more images within resources

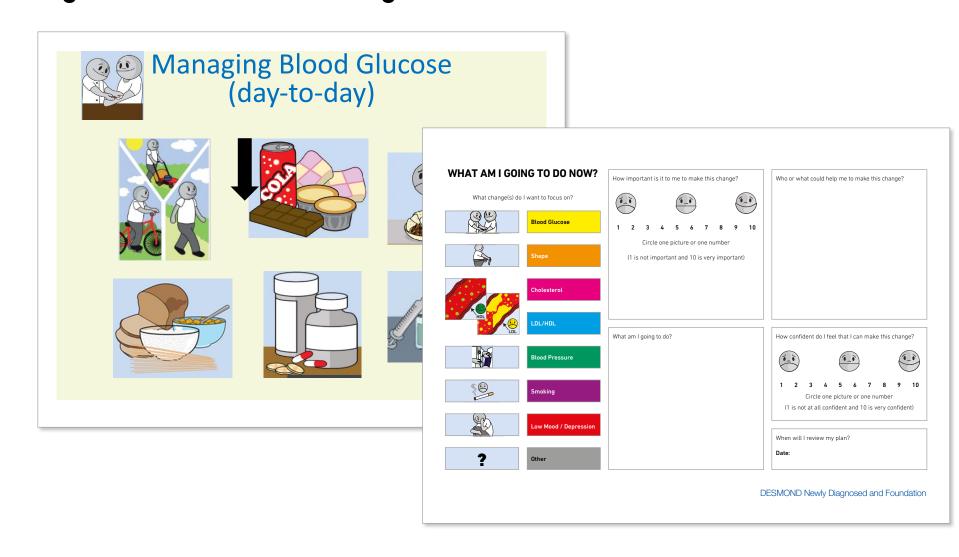
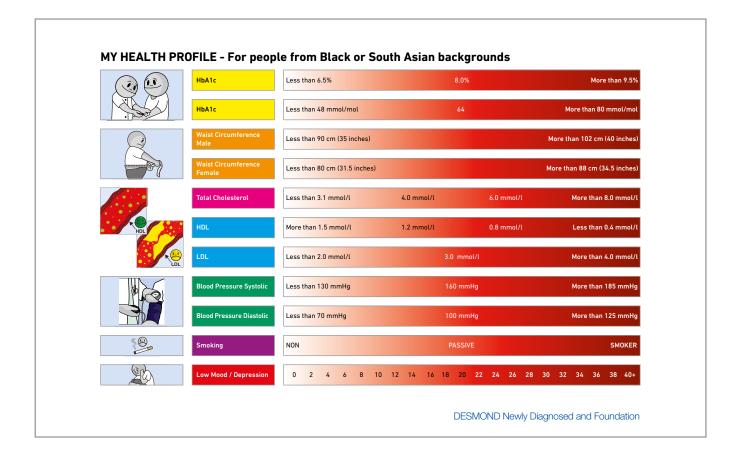


Figure 5: Example of resources with images and translated text



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



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.





