

Diabetes UK is committed to supporting those with, and at risk of, diabetes in the Black, Asian and Minority Ethnic (BAME) communities. Here, Chief Executive **Chris Askew** explains how the charity is meeting the challenge and how healthcare professionals can get involved

Can you remind us of the basic facts and figures around diabetes in the UK BAME community?

First of all, 14 per cent of the population of England and Wales identify themselves as non-White and BAME communities will be one-third of the UK population by 2050. Around 80 per cent of our population growth is from BAME groups. It is well known that these people have higher rates of diabetes, both Type 1 and Type 2. Currently, around one million of the UK BAME population have diabetes and we know that millions more are at risk.

Why are BAME groups more at risk of diabetes than the White population?

Research shows that there is a complex interplay between genetic and environmental factors. Chief among these are:

- a more sedentary lifestyle (more driving, less exercise, busy lives)

- higher intake of sugary and starchy foods, and use of highly saturated fats like ghee
- socio-economic deprivation, which leads to more frequent purchase of cheaper foods that are higher in fat
- a poor record of engagement with healthcare professionals
- language barriers (with 20 per cent having poor, or no, English) meaning that health messages are often missed, or misunderstood.

Can you pinpoint some specific challenges that Diabetes UK has identified as contributing to the diabetes problem in BAME communities?

Our work has found that there is a big issue around food when it comes to understanding key concepts and changing traditional habits and customs. Low levels of physical activity is another concern, particularly for South Asian women. Then there are problems with

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PHOTOS: DIABETES UK



Community Champions at work in Birmingham



ENGAGES WITH BLACK, ETHNIC COMMUNITIES

adherence to diabetes medication which, in turn, often arise from understanding the need for it. Finally, there are cultural beliefs – such as thinking that diabetes is not a serious condition and that ‘feeding up’ your family is a sign of wealth and success.

When you are working with BAME communities, how does the issue of diversity play out?

For a start, there is no ‘one size fits all’ solution. Diversity in the UK is increasingly complex. We have so many different countries of birth, languages, backgrounds, histories and generations! Needless to say, this leaves us with specific challenges in tailoring our engagement efforts to take into account the needs of diverse audiences.

So, taking all this on board, what is Diabetes UK’s engagement strategy?

We are led by our Engaging Communities team in this work, which aims to secure better self-management, and reductions in complications and to

prevent cases of Type 2 diabetes through education, information, options for action and support in the communities. Our approach is to achieve all this through engagement with the communities, clinical commissioning groups and public health agencies.

The Engaging Communities team has both internal and external roles. The internal role involves building organisational capacity, insight and engagement within the Diabetes UK family. We have a Reaching Diverse Communities Working Group, which works across departments to build up our capacity and understanding, and to make our services more effective and responsive to diverse needs. It also helps to build a diverse workforce within the charity, and to guide, shape and influence our work, so it is reflective of the communities we serve.

The external part of the Engaging Communities team’s role involves the Community Champions programme, the Insight Advisory Group and the BAME Knowledge Network.

What is the Community Champions programme?

The programme consists of recruiting and training, to the highest standards, individuals known as Community Champions, who work closely with their communities in order to:

- raise awareness of diabetes and its complications, and encourage people to have a test if they are high risk
- signpost people to healthcare services
- bridge the gap between communities and healthcare settings
- create community hubs through faith and community centres.

We offer Community Champions a two-day training course on prevention and management of diabetes and behavioural change. The whole programme is made sustainable through the Champions being embedded in the local infrastructure. As key stakeholders, Champions share good practice and act as ambassadors to influence change at a local level.

COMMUNITY CHAMPIONS



Janssen is delighted to be working in partnership with Diabetes UK to deliver their Community Champions programme from 2016 to 2018. As part of the wider Johnson & Johnson family, Janssen has a proud heritage of addressing health inequalities, and is committed to improving outcomes for people living with Type 2 diabetes.

What has been the impact of the Community Champions programme?

Our target has been to have 1,000 Community Champions recruited and trained by 2016 and so far, 700 of these roles have been secured. The programme has set up five commissioned projects in 2016 in target areas all over the country and there will be new projects coming up in 2017. Brent is a good example of a location where the Community Champions are having a real impact. In the one-year programme in 2015, 36 Community Champions were involved in 65 community events, reaching 75,000 people and engaging with 6,500 people from target communities.

The true impact of Community Champions' work is best expressed in the words of two healthcare professionals

"On returning a month after a talk at a Bangladeshi Community Champions event, the Community Champion asked what had happened as a result of the talk...over half the women in the group had made changes to their diet and most had discussed the talk with their family."

Sunder Chita is Health Service Research Manager at a North West London Hospitals Trust.

"The benefits of commissioning Diabetes UK to do the project showed clear expertise with their tried and tested methods. Impressed that they were able to make connections with the local organisations and delivered quality groups in such a short time than they would have been able to do internally. We were given more than we had signed up to."

Margaret Chawke is Diabetes Service Redesign Project Manager, Lewisham Clinical Commissioning Group.

who have first-hand experience of the programme (bottom, left).

How do the Insight Advisory Group and the Ethnicity and Diabetes Knowledge Network function?

The Insight Advisory Group was set up to ensure the Programme remains relevant. It helps to identify current and future needs, and makes decisions based upon evidence, experience and expertise. Membership of the Group is open to individuals with expertise on diabetes and diversity and who have the capacity to help us gain insights and apply them for the benefit of communities we serve. Recruitment has begun and we are looking for people with expertise in nutrition, diet, endocrinology and physical activity.

The Ethnicity and Diabetes Knowledge Network is designed to connect and identify what works

and identify research findings and applicability – as well as identifying where the gaps in research lie. The work of the Network is key, because the relevant evidence is scattered across stakeholders, is not systematically compiled or shared and is not easily accessible to everyone. The Network provides the infrastructure for information sharing, learning, networking and facilitation of partnerships.

And, finally, how can healthcare professionals contribute to the Community Champions Programme?

We can work together to support the Programme by inviting you to create new partnerships in your area. You can also link up with the Community Champions in areas where we are already working to make the services accessible to patients. Finally, please advocate for clinical commissioning groups and Public Health England to support our Community Champions Programme.

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