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South Asian participants’ views of the Life! Taking Action on Diabetes prevention program

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Background

This report is based on analysis of telephone interviews with participants who identified as being of South Asian origin and who had taken part in the Life! Taking Action on Diabetes program in 2009-2010.

The Life! Taking Action on Diabetes (Life!) program is a behaviour change program for the prevention of type 2 diabetes mellitus. It is provided to residents of Victoria aged 50 years or over who are at high risk of diabetes. Entry into the program is determined by a minimum score of 15 on the AUSDRISK test. The group program is based on the Greater Green Triangle Diabetes Prevention Program that used a lifestyle intervention in primary health care settings to reduce participants’ risk of developing type 2 diabetes. Life! is funded by the Victorian Department of Health with a joint partnership for development and implementation by Diabetes Australia Victoria.

The Life! program consists of six group sessions, attended over a period of eight months. The overall goals of the program are to create goal-setting and planning models for behaviour change to assist participants to: reduce the total energy from fat, reduce energy from saturated fat, increase fibre intake, undertake moderate physical activity and to reduce weight. The content of the sessions include information and guidance on understanding food and the healthy eating guidelines, the benefits of being healthy and active, and how to reduce modifiable risk factors for diabetes. Participants are supported to set achievable healthy eating and physical activity goals and to work through rewards and barriers to achieving their goals.

Aim

The aim of this study was to gain insight and understanding about the experiences of the Life! program from the perspectives of participants of South Asian origin. This group was selected because South Asians are at high risk for diabetes at lower BMI compared with Anglo-Celtic groups for whom the program was originally designed. We wanted to know what modifications needed to be made to the Life! program for this population.

Methodology

When entering the Life! program participants are asked to record their country of birth/ethnic origin. Those who identified as being South Asian (i.e. born in countries of the Indian subcontinent) and signed a consent form for participation in research, were eligible to be contacted for interview.

A total of 17 participants were contacted by telephone to take part in an interview about their experiences in the Life! program, with 14 willing to participate in the interview. A semi-structured interview schedule was developed by Professor Reddy (see Appendix). The telephone interviews were conducted by a consultant researcher who was independent of the Life! program and had no involvement in its inception or delivery. The data from the interviews were recorded and analysed for the purposes of this report.
Results

Recall of the Life! program

Participants were asked to recall what they remembered about the program in terms of the location, length, and facilitator. Ten (of the total 14) participants were able to recall where they participated in the Life! program. Locations where the program was conducted ranged from medical centres, community health centres, city councils and universities. Nine participants were able to recall the name of the facilitator who conducted the group sessions, with other participants identifying the profession of the facilitator such as ‘Dietician’ and ‘Physiotherapist’ but being unable to remember the names of facilitators.

Participants were asked to describe how they heard about the Life! program. Four (of the total 14) participants were told about the program by their general practitioner (GP), two read about the program in the newspaper, and two heard about the program from a community health centre/local council health department. Other individual responses included hearing about the program from a dietician, the television, a health related website, a relative who works for Diabetes Australia and reading about it during Diabetes Week.

Why did participants take up the Life! program?

Ten participants provided responses to why they decided to do the Life! program sessions. Four participants joined the program because they had a family history of diabetes:

- Father had diabetes and died of a heart attack
- Mother had diabetes and died of renal failure

Other responses to this question included being assessed at ‘high risk’; being recommended to the program by their GP; being ‘diagnosed as a pre-diabetic’; having ‘obesity’ and ‘weight issues’; and having had ‘gestational diabetes’.

Learning or achievements in the Life! program

Participants were asked to remember what they learned or achieved in the Life! program. Responses were categorised into either learning or an achievement (see Table 1). The main things participants learned in the program were diet and goal setting (‘targets’) and the main things participants achieved surrounded goals, physical activity and weight loss.
Table 1. Participant responses to “What did you learn or achieve in the Life! program?”

<table>
<thead>
<tr>
<th>Learning</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning about diabetes and consequences</td>
<td>Achievement of some targets</td>
</tr>
<tr>
<td>Liked the idea of setting targets and the aspect of targets starting small and slowly growing into large gains</td>
<td>Exercise activities easily continued after program finished</td>
</tr>
<tr>
<td>Awareness of the importance of healthy food and regular exercise</td>
<td>Weight loss</td>
</tr>
<tr>
<td>Awareness of food in general and what foods to avoid and reduced meal portions and alcohol</td>
<td>Became motivated after interacting with others in the group</td>
</tr>
<tr>
<td>The importance of the waist measurement</td>
<td>Ability to make informed choices on food selection</td>
</tr>
<tr>
<td>Goals are achievable and practical</td>
<td>Able to discuss personal aspects with others with the same condition</td>
</tr>
<tr>
<td>Educational from a scientific aspect – diet, exercise, psychology</td>
<td></td>
</tr>
</tbody>
</table>

Most helpful parts of the Life! program

The most helpful aspects of the Life! program described by participants were coded into three categories: information about food, support from the group or facilitator, or other helpful components of the program. The responses are shown in Table 2.
Table 2. Participant responses about helpful aspects of the Life! program

<table>
<thead>
<tr>
<th>Information about food</th>
<th>Support from group or facilitator</th>
<th>Other helpful components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on healthy food and exercise and benefits of same</td>
<td>Group sessions – interacting as a group – able to listen and learn from others</td>
<td>The Participant Manual and ongoing use as reference manual, the slide shows and other material provided</td>
</tr>
<tr>
<td>Information on foods to avoid and alternative preparation methods</td>
<td>Awareness of not being the only one with significant weight issues</td>
<td>Information on diabetes in general</td>
</tr>
<tr>
<td>Learning how to read the labels on all foods</td>
<td>Awareness that others with extreme weight issues have similar thoughts about self</td>
<td>Practicality of the information provided</td>
</tr>
<tr>
<td>Ability to ask questions at restaurants re food content and cooking ingredients</td>
<td>Interaction with others in group stimulated motivation and provided encouragement</td>
<td>Increased awareness which can be used everywhere in daily life</td>
</tr>
<tr>
<td></td>
<td>Support of facilitator and on call access</td>
<td>Program has left a long-term imprint on mind which can only be of benefit</td>
</tr>
</tbody>
</table>

Additional positive aspects of the program were:

- *I looked forward to going to all the sessions.*
- *The Participant Manual is invaluable.*
- *I was keen to participate in a health and well being program.*

**Improvements to the Life! program**

Some participant’s also volunteered information about what they thought was not helpful or could be improved in the Life! program:

- *No practical information provided, wanted more information from ‘specialists’ in this field.*
- *Initially found it difficult to commit to one hour of homework.*
- *More specific information on why certain foods are not good for you and the different categories of food.*
- *More suitably trained facilitators – facilitator not able to answer quite a few questions*
- *More specific information on why certain foods are not good for you and the different categories of food.*
Activities after completing Life!

Participants were asked what helpful strategies or activities they had continued since completing the Life! program. Six people answered this question, with most of the ongoing activities relating to diet practices:

- Reduction of food portions and fatty food.
- Reading labels on all food in supermarkets.

Participants were also asked if they had kept in touch with anyone in their group. Out of the eight participants who responded, just over half had not kept in touch with member of their group. Reasons cited for not keeping touch included:

- ...the group was widespread.
- ...there was not much formation of friendship.

Recommendations for improving diabetes prevention

Participants were asked to describe what they would do if the government were to give them money to help people prevent diabetes. A common theme in the responses was more information, education and awareness about diabetes, risk factors and healthy lifestyles:

- More information/education sessions for both young and old people on diabetes, heart disease and obesity.
- Consistent and regular promotional activities on health, diabetes and heart disease on TV to raise awareness – similar to soap, car, insurance commercials. More community based programs for the elderly.
- More promotion of this sort of program. Promotion and education with regard to diabetes and the monitoring and awareness of sugar levels needs to be similar to that of breast and prostate screening.

Other suggestions included gyms and walking groups that target the elderly, development of a risk assessment tool with more specific categories, and more training of facilitators and inclusion of ‘specialist’ speakers:
- Arrange for Councils to organise activities and walking groups specifically for the elderly. The elderly do not like walking alone or going to gyms by themselves.

- Develop a Risk Assessment Tool with more specific categories, current categories too general

- Invite ‘specialist’ speakers (dieticians, doctors, etc.) to give advice at sessions on how people can change their lifestyles. Also provide practical exercises, recipes etc. on what and how we can change. Need Dieticians to run the sessions on food.

Apart from specific responses to this question, participants spontaneously provided recommendations and suggestions on how to specifically improve the Life! program, such as:

- Cooking classes should be considered for people with diabetes and those who are at risk particularly for those people who have lost their partners and would have not normally been responsible for the cooking of family meals.

**Adaptation of Life! for South Asians**

Participants were asked to identify any changes or things that needed to be included if there was a program specifically for people of South Asian origin. Most of the 14 participants interviewed felt that there would not need to be any major changes to the program:

- it would suit all people
- most people of South Asian origin are pretty much westernized.

Some participants noted that changes would be necessary for South Asian people:

- ...language may be a problem for elderly newly arrived immigrants as their English may not be as good as young people from South Asia.
- ...could focus more on specific food that people of South Asian origin eat so that they can relate to the food, preparation and cooking recommendations.
- Beneficial foods were suited to the Anglo Saxon diet. People of South Asian origin eat a lot of food high in carbohydrates and sugar, so information on substitute food and preparation alternatives may help.
- Maybe some issues with language in terms of those people of South Asian origin who are not Indian.
Conclusion

This study has provided information about the experiences of Life! participants of South Asian origin. The data collected in this study will contribute to the development of a diabetes prevention programs that focus on high risk South Asian populations in Australia.

Overall the data from the interviews have shown that the Life! program was suitable and relevant for people of South Asian origin. Achievements and lessons learned from the program were generally in line with the program goals of healthy eating and were positive in terms of behaviour change to reduce risk. The group format and information provided was also found to be generally helpful for the participants. Interestingly, few commented on achieving program goals in relation to weight loss or increased physical activity.

Some aspects of the program need to be examined based on recommendations provided by participants. Many of the participants’ comments about improvement were concerned with the appropriateness of food examples presented in the program and information about specific cooking practices. Portion size, serving styles, timing and frequency of meals need to be considered when developing a diabetes prevention program for South Asian populations as they are for the general program.

Findings from these interviews have confirmed that South Asians have diverse eating patterns that could be dependent on place of origin, culinary sub-group, religious beliefs, family preferences and degree of acculturation. Materials and components of a culturally adapted diabetes prevention program need to be tailored to this heterogeneous community.

Physical activity patterns in this group require further examination – are they similar to other Life! participants in levels of physical activity during and after the group sessions? The focus on diet and eating patterns seems to overshadow physical activity in the experiences of the participants interviewed for this study.
Appendix
Interview questions:

1. What do you recall about the program – describe it – for example the location, who conducted it, and for how long?
2. Who told you about the program? What did they say?
3. Why did you decide to undertake the program?
4. What did you remember learning or achieving in the program?
5. What has been the most helpful to you from the program (are there strategies/activities that you have continued?)
6. Was there a time when you thought you did not want to be in the program and what did you do then?
7. Have you kept in touch with anyone in the group?
8. If the Government were to give you some money to help people prevent diabetes what would you spend it on?
9. Is there anything we have not talked about that you would like to tell us?
10. What do you feel we would need to change or include if we were to run a program for people of South Asian origin?