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This manual has been developed in recognition of the high rates of diabetes in immigrant and refugee communities in Australia.

The manual’s development has spanned several diabetes prevention education projects conducted by the Multicultural Centre for Women’s Health, which involved the development and delivery of diabetes prevention education sessions specifically for immigrant and refugee women. The sessions were conducted by the Centre’s bilingual health educators using the ‘woman-to-woman’ model of participatory peer education. The intent of the sessions was to provide reliable, culturally appropriate and relevant diabetes-related information, which women could use and pass on to family and friends.

The pilot initiative, funded by the Ian Potter Foundation, was the first step in the development of this manual. Subsequent funding from the Foundation has ensured that this resource can now be shared with other community workers who work with immigrant and refugee communities.

The manual sets out the key messages for diabetes prevention. Emphasis is placed on risk reduction and the early detection of Type 2 diabetes. As such, there is only basic information on diabetes-related complications and the management of diabetes.

Additional and supporting multilingual resources can be obtained from the Multicultural Centre for Women’s Health website, www.mcwh.com.au
This manual is for use by community workers for the delivery of diabetes prevention education. Although this manual has been specifically developed for facilitating education sessions with immigrant and refugee women in a community setting, it can also be used as a guide to facilitate sessions with other immigrant and refugee groups in other settings.

This manual contains 5 modules for diabetes prevention education to be delivered in two one-hour sessions.

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With the exception of Module 2 on Gestational Diabetes, the modules should be presented one after the other. However, this is at the discretion of the educator, depending on the needs of the group.
For easy reference we have used the following symbols to help you plan and deliver your session

The Learning Objectives for each topic is outlined at the beginning of each module to assist you in planning the delivery of each module.

Discussion Points for each module are provided to assist you in communicating the key messages.

Delivery of the modules should be used in conjunction with other teaching and learning resources (multilingual factsheets, leaflets, booklets, posters, food models, DVDs etc.) during the sessions. You can substitute materials for those that are suggested.

The Discussion Notes provided in each module are to remind you of some of the key messages to be shared with participants during the sessions. The discussion notes

A selection of six case studies has been provided to aid your discussions during the sessions (see ‘Case Studies’ Section).

Depending on time and the needs of the group, you may also want to include some group activities as part of the module delivery.
Some activities require additional resources, which you will need to prepare before your session.

The suggested session guide (see below) is only an example of how the sessions can be conducted. You have the flexibility to modify the contents of the sessions to meet the needs of your particular group, as well as add any information that you find is relevant to the group.

Don’t forget to conduct an evaluation at the end of the last session (see Appendices for a sample evaluation template).

**Suggested Session Guide**

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What is diabetes?

Aim
This module aims to provide an overview of the different types of diabetes, and the signs, symptoms and complications of diabetes.

Objectives
At the end of this module, participants should be able to:

- Describe the role of insulin in normal body function.
- Describe what happens in the body when insulin is not available or when the cells cannot use insulin properly.
- Describe the different types of diabetes.
- State the symptoms and complications of diabetes.

Discussion Points
The discussion should address the following points:

- What is diabetes?
- Why is it a serious concern?
- What are the types of diabetes?
- What are the causes, symptoms and complications of diabetes?
Discussion Notes

- **Diabetes** is a condition where the body cannot properly control the amount of glucose in the blood.
- **Diabetes** is a chronic (long-term) condition. It cannot be cured.

In a healthy body:

- The body’s digestive system breaks food down into glucose, which then travels in the bloodstream to cells throughout the body.
- **Insulin** is a hormone produced by the pancreas and helps the body use glucose for energy. As blood glucose levels rise after a meal, the pancreas releases insulin to help cells take in and use glucose.
- **Glucose** is a form of sugar that is the body’s main source of energy. Glucose in the blood is called ‘blood glucose’ or ‘blood sugar’.

There are different types of diabetes:

- **In Type 1 diabetes**, the body does not produce insulin and so a person with Type 1 diabetes must take lifelong insulin by injection every day (or via an insulin pump). This is the less common form of diabetes, with only 10 to 15 per cent of people with diabetes having this type. Diagnosis of Type 1 diabetes often occurs in childhood and adolescence, but can also occur in adulthood.

- **Type 2 diabetes** is the most common form of diabetes and is a condition where there is too much glucose in the blood. It is a condition, affecting 85 to 90 per cent of all people with diabetes. In Type 2 diabetes, the body produces insulin but not enough to control blood sugar levels. Regular physical activity and healthy eating are important in preventing and managing this form of diabetes. People with Type 2 diabetes may need to take medication, usually in pill form, which can help reduce the complications caused by diabetes. Different diabetes pills do different things, such as:
  - Help the pancreas make more insulin
  - Help the body’s cells use insulin more efficiently
  - Work with both the pancreas and the cells to control blood sugar levels
  - Slow down the digestion of carbohydrates in the food we eat causing the rise of glucose in the blood following a meal to be less.
• **Gestational diabetes** mellitus (GDM) occurs during pregnancy, usually disappears after birth, and does not mean that the baby will be born with diabetes; however, women who have had gestational diabetes are at increased risk of Type 2 diabetes. In Australia 3 to 8 per cent of pregnant women are diagnosed with gestational diabetes.

• **Pre-diabetes** (Impaired Glucose Tolerance (IGT) or Impaired Fasting Glucose (IFG) depending on the test used for diagnosis) is a condition that occurs when the blood glucose level is higher than normal but not high enough to be diagnosed as Type 2 diabetes. As with Type 2 diabetes, pre-diabetes is when the body does not respond properly to insulin. People with pre-diabetes can reduce their risk of developing Type 2 diabetes by leading a healthy lifestyle.

**More on Type 2 diabetes**

• People at risk of type 2 diabetes can delay and even prevent its onset by following a healthy lifestyle. This includes regular physical activity and making healthy food choices.

• Many people with Type 2 diabetes may not have symptoms and so they may not be diagnosed. This can lead to serious diabetes complications such as kidney damage, eye disease, heart and blood vessel disease (leading to stroke/heart attack), lower limb amputation and gum infections.
These complications can, however, be prevented and/onset delayed, impact minimised (see Module 3). It is therefore important to be aware of the risks for developing diabetes and the strategies to prevent the onset of Type 2 diabetes. The symptoms of diabetes may include:

- being very thirsty
- urinating often
- blurred vision
- feeling dizzy
- feeling very hungry or tired
- mood swings
- tingling or numbness in your hands or feet (a feeling of ‘pins and needles’ in the feet)
- slow-healing sores and frequent/recurrent infections

- Talk to your GP/health care provider about your risk and whether you should be tested—it is important to find out early if you have pre-diabetes or Type 2 diabetes to prevent serious diabetes complications.

**Diabetes Statistics**

- Diabetes is Australia’s fastest growing chronic disease and is the sixth highest cause of death by disease in Australia
- Over 1.7 million Australians live with diabetes. Worldwide, 246 million people have diabetes.
- Everyday, about 275 adults in Australia develop diabetes
- Type 2 diabetes represents 85–90% of all cases of diabetes in Australia.
- The total number of people with diabetes in 2001 across all local government areas in Victoria was 96,344. By 2008 this had increased to 200,602. This is an increase of more than 100% in 7 years.
‘Diabetes Betty’

Use the ‘Diabetes Betty’ diagram (see Appendices) to show participants what happens when the body does not have enough insulin or does not use insulin properly.

Use the insulin ‘key’, ‘lock’ and ‘glucose’ and ‘fat’ symbols (either cut out or draw on to the diagram) and explain the following:

- Insulin is like a key that helps open the ‘lock’ to the cell doors and allows glucose to enter the cell where it can be used for energy.

- When there are not enough insulin keys or if they are not working properly, glucose builds up in the bloodstream and causes all kinds of damage.

- Excess body fat, especially abdominal fat, prevents insulin from working properly.

- You could use ‘Adelina’s’ story (Case study 1) to begin the discussion about diabetes.
Gestational Diabetes Mellitus (GDM)

Aim

This module provides an outline of gestational diabetes, its causes, symptoms and complications.

The module also addresses the risk of developing gestational diabetes, prevention of gestational diabetes, and reducing the risk of developing Type 2 diabetes for women with a history of gestational diabetes.

Note: Depending on the needs of the women and how the educator has set out the sessions, a more extensive discussion on prevention and risk reduction may be conducted using Modules 3 and 4.

Learning Objectives

At the end of this module, participants should be able to:

- Define gestational diabetes.
- Identify the causes of gestational diabetes.
- State the symptoms of gestational diabetes.
- Identify the complications of gestational diabetes for both mother and baby.
- Identify the link between having gestational diabetes and increased risk of developing Type 2 diabetes.
- Describe the role of physical activity and healthy eating in gestational diabetes prevention and management.
**Discussion Points**

The discussion should address the following points:

- What is gestational diabetes?
- What causes gestational diabetes?
- What is my risk of developing gestational diabetes? (also refer to Module 3)
- What are the symptoms of gestational diabetes?
- How can gestational diabetes affect mother and baby?
- What happens after the baby is born?
- How can I prevent getting Type 2 diabetes later on in life? (refer to Module 4)
Discussion Notes

- Gestational diabetes occurs during pregnancy and usually disappears after birth, and does not mean that the baby will be born with diabetes. However, the baby has a higher risk of developing Type 2 diabetes later in life and as the child grows older, getting regular physical activity and a healthy diet may reduce this risk.

- Gestational diabetes is caused by hormonal changes in pregnancy which can change the body’s ability to use insulin. Insulin is important because it helps keep blood sugar at a healthy level.

- Whilst all women undergo hormonal changes, only some women develop gestational diabetes.

- Approximately 3% to 8% of pregnant women will develop gestational diabetes, which starts to show around 24 weeks of pregnancy.

- Women are at increased risk of developing GDM if they:
  - Are over 30 years of age
  - Have a family history of diabetes
  - Are overweight
  - Are from an indigenous Australian or Torres Strait Islander background
  - Are from a Vietnamese, Chinese, Middle Eastern, Polynesian or Melanesian background
  - Have had GDM during previous pregnancies
Some women who develop GDM may not have risk factors, which is why it is important that all pregnant women are screened for GDM. Testing is usually done between 26 and 30 weeks of pregnancy.

Women who have had gestational diabetes are at increased risk of Type 2 diabetes and are advised to undergo a Glucose Tolerance Test (GTT) every 2 years.

Women can lower the risk of gestational diabetes and prevent/lower the risk of Type 2 diabetes through healthy eating and regular, moderate, physical activity.

You could use ‘Aaliyah’s’ story (Case study 4) to begin a discussion on GDM or as a way of highlighting the main issues.
Why am I at risk of developing Type 2 diabetes?

Aim
The aim of this module is to raise awareness on the factors increasing risk of developing Type 2 diabetes.

Learning Objectives
At the end of this module, participants should be able to:

- Identify the risk factors of developing Type 2 diabetes.
- Recognise and relate their risk of developing Type 2 diabetes.

Discussion Points
The discussion should address the following questions:

- What are the risk factors of developing Type 2 diabetes?
- Am I at risk of developing Type 2 diabetes?
**Discussion Notes**

- Women are at a higher risk of developing Type 2 diabetes if they:
  - have a family history of diabetes
  - come from certain cultural backgrounds
  - are not physically active
  - have an unhealthy diet
  - are overweight
  - are over 45 years old (being over 65 years increases risk even further)
  - have pre-diabetes
  - have had gestational diabetes
  - have Polycystic Ovarian Syndrome
  - have had cardiovascular disease (high blood pressure, heart attack, stroke)

- You cannot change risk factors such as family history and cultural background but you can do something about your level of physical activity and eating habits.

**Suggested Activities**

- **At Your Own Risk:** You could have diabetes and not know so it is important to know the risk factors.

  What you will need:
  - Deck of cards
  - Blank labels
Write out each of the risk factors listed on the previous page on the labels and stick them on the front of the playing cards (covering the numbers). You may also want to include a visual.

Shuffle the cards with the rest of the deck. Tell the group you will be playing a game to help them learn about what puts people at a higher risk of diabetes.

Distribute the cards evenly between each person and tell them to look at the cards to see if they have been dealt a risk (the card with a label).

Ask the group if anyone has a risk factor for diabetes. Tell the group that everyone with risk factors on their cards must be tested with diabetes. Those with plain/blank cards are not at risk, but they should check their risk again in one year.

Go around the group and ask them to read out their risk factors for diabetes.

Gather all the risk factor cards and place them together in a prominent position during the remainder of the session to remind the group of the risk factors.
How can I prevent Type 2 diabetes?

Aim

This module seeks to raise awareness on preventing and reducing the risk of developing Type 2 diabetes through physical activity and healthy eating in ways that are culturally appropriate and encourage families to adopt/maintain active lifestyles with regular physical activity and healthy eating habits.

Learning Objectives

At the end of this module, participants should be able to:

- Describe the importance of healthy eating and physical activity in Type 2 diabetes prevention.
- Relate personal benefits of physical activity and healthy eating.
- Determine simple ways to incorporate healthy eating and physical activity into their daily lives.
- Identify strategies for overcoming the barriers to achieving a healthier diet.
Discussion Points

The discussion should address the following questions:

- Is diabetes a curable disease?
- What lifestyle changes can I make to prevent/ reduce the risk of diabetes?
- What is the significance of diet and nutrition in preventing diabetes?
- What is the role of increasing level of physical activity in Type 2 diabetes prevention?
- How can I maintain these lifestyle changes?

Discussion Notes

- Type 2 diabetes can be prevented through healthy eating and physical activity.
- Eating healthy and getting more physically active can not only help in preventing diabetes, but also lowers the risk of other diseases. In addition, you will feel better and have more energy to do the things you enjoy.
**Tips for healthy eating**

- Make healthy food choices by aiming to:
  - eat *more* fruit and vegetables.
  - eat *some* meat and chicken (with little fat), fish, nuts, eggs, milk and yoghurt.
  - eat *only a little* of foods containing sugar, butter, margarine, salt, oil and cream.

- Enjoy a variety of nutritious foods from the main food groups.

- Eat healthy meals and snacks at regular times every day.

- Watch the size of your food portions.

- Try to avoid take-away and packaged foods. Fresh fruit and vegetables and home cooked meals are usually better.

- Drink plenty of water.

- Change cooking and preparation methods. For example, grill, steam or bake instead of frying; and cook with healthier fats such as olive oil instead of butter.

- Take one step at a time: small changes can make a big difference. Making one or two health changes every week, can make diabetes prevention easier, and allows for gradual changes to the family’s lifestyle.
Healthy eating on a budget

- Fruit and vegetables that are in season usually taste better and are usually cheaper.
- Watch your portion sizes and prepare only what you need, this will help prevent food wastage.
- Fruit and vegetables can be cheaper at the local market rather than the supermarket (local markets often have specials on meat, vegetables and fruit at the end of the day).
- Buying in bulk could mean better value, but be sure to serve healthy portions.

Tips for keeping active

- Move more each day—being physically active can be a lot of fun!
- Getting more physically active does not have to be boring, you can make it social and have fun. Choose activities you enjoy and that fit into your daily life. For example, you can:
  
  o enjoy regular walks with family and friends

  o walk to the shops

  o dance to your favourite music

  o clean around the house to your favourite music!

  o do some gardening

  o actively play with the children

  o make one night of the week family activity night.

- Use blocks of time: physical activity does not have to be all in one go—you can be active for blocks of 10 minutes or more throughout the day (it’s the daily total that matters!) For example, 20 minutes walking the children to and from school and 10 minutes dancing to your favourite music already totals 30 minutes of physical activity.
Diet and Nutrition Resources

- **Food models** can be used to aid discussion on portion sizes and making healthy food choices. Ensure that the food models you select are appropriate for the culture and food habits of the women in the group.

- **Provide healthy examples**: You may choose to use actual food as this is a practical way for participants to become familiar with the serving sizes, as well as taste different healthy options. For example, refreshments provided or prepared by the facilitator (Session 1) and by participants (Session 2) can be used to show portion sizes and healthy food choices and is an opportunity for participants to engage in preparing and ‘test’ tasting healthier food options. Alternatively, participants can prepare refreshments for both Session 1 and Session 2 and compare and discuss how their choices have changed between the two sessions. This practical exercise may encourage the women to relate to the items and remember them so that they can estimate portion sizes without necessarily having to measure and weigh food. Participants can also bring and share everyday recipes with the group to stimulate discussion.

- For the discussion on reading and understanding **nutrition labels**, select a variety of food packages and encourage participants to bring their own food items to allow for a variety of foods commonly bought by the women in their community.

Suggested Activities

- **Take a short break**: if the group decides to have a short break during the session, this time may be used for 5-10 minutes physical activity e.g. walk around the building, down the hall and back, or in a circle in the room. Remember to offer an alternative physical activity for people who have reduced mobility, for example, consider what activities can be done while sitting in a chair or wheelchair.
• **Emphasise the ‘feel good’ factor:** encourage women to talk about what they enjoy doing and how they can incorporate physical activity. Exercise ought to be based on what the women already enjoy doing. What makes them happy? Are these the same things that make them feel physically healthy? If not, how can they add an active element?

• **Sugar Display:** demonstrating how much sugar is in different drinks can help encourage women to choose healthier options. This demonstration can also be done with food items.

  **What you will need:**

  - Packet of sugar cubes (one sugar cube represents 1 teaspoon of sugar)
  - A glass of water and two or three drinks from the following:
    - 250 ml tetra pack of ‘Ribena’ - 9 cubes of sugar
    - 600ml bottle of ‘Fanta’ or ‘Sunkist’– 20 cubes of sugar
    - 250 ml bottle of apple juice drink– 7 cubes of sugar
    - 300ml carton flavoured ‘Big M’ milk– 7 cubes of sugar
    - 375 ml bottle of ‘Coca-Cola’– 10 teaspoons of sugar

  Set up the drinks and ask women what they usually buy from the drinks on display. Ask women to guess how many teaspoons of sugar are in the different drinks on display. Count out and place the place the sugar cubes next to each drink to begin a discussion on healthy drink and/or food options.

• **You could use the story about ‘Riya’ and ‘Shan’** (Case study 2) to begin a discussion about healthy eating and cooking.
Where can I go for more information and support?

Aim

The aim of this module is to provide an overview of services/service providers offering information and support on diabetes prevention and management.

Learning Objectives

At the end of this module, participants should be able to:

- Identify sources of reliable information on diabetes prevention and management.
- Demonstrate the ability to access people who can provide reliable information and advice on diabetes prevention and management.

Discussion Points

What kind of assistance can you seek?

- What kinds of programs and services are available on diabetes prevention and management?
- Where can you go for more information and support?
**Discussion Notes**

- It is important to be aware of places where you can learn more about diabetes, have access to services that can help in diabetes prevention and management, and where you can feel supported.

- There are many programs and service providers in and around your community that can help you. These include GPs, practice nurses, dieticians, diabetes educators and your local pharmacist. Other health professionals such as podiatrists, endocrinologists, optometrists/ophthalmologists can also help, especially if you have been diagnosed with diabetes.

- Community health centres can be a good place to find out about dieticians and diabetes educators working in your community.

- Dieticians can provide you with individualised information about healthy eating.

- There are a number of other organisations that provide multilingual information on diabetes, for example:
  - The Multicultural Centre for Women’s Health  
  - Diabetes Australia Victoria [www.diabetesvic.org.au](http://www.diabetesvic.org.au)
  - Victorian Government’s Health Translations Directory  
Note to the BHE

Learning comes from experiencing, thinking and reflecting. Telling stories may help in understanding information, as well as relating to a particular experience. This can be a good way of relating concepts to lived experiences, as well as encouraging participants to share their experiences with the group. Stories help us connect with each other as well as connect with our own story.

Six case studies have therefore been included to assist you in making information on Type 2 diabetes prevention relevant to participants. The following case studies are a resource for group discussion of the issues covered in the modules. You may change the names or the general circumstances of the characters to make the case studies more appropriate to the particular group of women. You may also choose to tell the story in your own words.
Case Study 1: ‘Adelina’

Adelina is 36 years old and married with three young children. She does not work and stays at home to look after the children who all attend primary school. Since migrating to Australia, Adelina has put on extra weight but she does not feel self-conscious about her new size because she doesn’t feel any larger than the other women in her community. Apart from walking a short distance to the school, she cannot do much exercise anyway because of a foot problem.

Adelina recently had what she thinks is thrush—she has been too embarrassed to see a doctor—but has been keeping it under control through creams purchased from the chemist. Although she has been feeling very tired lately, especially after a busy day with the children, she generally feels well.

Adelina thinks she could have diabetes because her mother had diabetes; however, she doesn’t think she needs to be tested for diabetes because she knows that diabetes is a ‘sugar disease’ and she rarely eats sweet things.

Question Prompts:

1. What are the main issues?

2. What are your thoughts or opinions about Adelina’s situation?

3. Do you think that Adelina has a problem?

4. What would you do in Adelina’s situation?
Case Study 2: ‘Riya’ and ‘Shan’

Riya and her husband Shan migrated to Australia 2 years ago. Both are in their mid 40s. Neither of them has been able to find proper ongoing employment. Riya works as a waitress and Shan works at a nearby market where his job is to unload crates of food before trading hours, often starting around midnight and working till 5am. They are under immense financial strain and they don't see much of each other due to their working hours.

Recently, Shan has been feeling very tired, has lost quite a bit of weight, and feels thirsty all the time. The GP diagnosed him with Type 2 diabetes, and advised him to make some lifestyle changes, including changes to his diet. The GP provides Riya with some simple “Western” recipes. Riya has since tried to modify the way she cooks by incorporating more fish, fruit and vegetable in their meals and cutting down on ‘bad’ oils and fatty red meat. She doesn’t feel comfortable cooking unfamiliar recipes and foods, and does not know where to find traditional food items and ingredients that she is familiar with, but still tries her best.

Shan, however, loves his red meat, hates seafood, isn’t too fond of fresh vegetables and fruits, and doesn’t like the taste of olive oil in his meals. He insists that Riya gives up her new way of cooking and will have it no other way. Shan’s GP meanwhile sees no improvement in his blood sugar levels. Riya is very worried and feels guilty that her food is the main cause of Shan’s diabetes.

Question Prompts:

1. What are the main issues?

2. What are your thoughts or opinions about Riya’s situation?

3. What can be done to solve this problem?

4. How would you handle the family’s situation?

   (a) Where would you go for help?

   (b) What else might you do?
Case Study 3: ‘Mary’

Mary is a 34 year old housewife. She and her husband James migrated to Australia a year ago with their 4 year old daughter, Cynthia. Mary’s family is back in their home country and she is always thinking about her mother who has Type 2 diabetes and has been recently admitted into hospital because she had stopped taking her insulin injections and so her sugar levels were not well controlled. However, she feels better that her sister has offered to stay with their mother once she is out of hospital.

Mary and James are now thinking of having a second child, but Mary is worried because she is always feeling very thirsty and tired, and has had a sore on her foot which is taking quite a long time to heal. She is still getting used to the health system in Australia and so has not yet been to see her doctor about all this. Mary also feels that her case is not serious enough to pay a visit to the doctor. Her friend told her that she has heard that women with a history of diabetes in their family need to lose weight before thinking of having a baby.

Question Prompts:

1. What are the main issues?
2. What are your thoughts or opinions about Mary’s situation?
3. What can be done to solve this problem?
4. What would you do in Mary’s situation?
Case Study 4: ‘Aaliyah’

Aaliyah is 30 years old, is 4 four months pregnant and has diabetes. When she was 2 months pregnant she thought she had a miscarriage because she was bleeding. Two weeks ago, she went to the doctor for a check-up. The doctor sent her for a scan to confirm that she was still pregnant. The scan showed that she was more than 16 weeks pregnant.

Aaliyah is very upset. She thought she had lost the baby. She does not want to keep the baby as she is diabetic and when she was previously pregnant she was in and out of hospital and had to have insulin injections. At the moment she has stopped taking her diabetic medication.

Now she is worried sick as she is over the normal 12 weeks to have a termination. Her husband is supporting her decision.

Question Prompts:

1. What are the main issues?

2. What are your thoughts or opinions about Aaliyah’s situation?

3. What can be done to solve this problem?

4. How would you handle Aaliyah’s problem?
   
   (a) Where would you go for help?
   
   (b) What else might you do?
Case Study 5: ‘Lourdes’

Lourdes is 62 years of age and lives alone. Just after her husband died, Lourdes fell ill due to lack of nutrition, and shortly after this, she was diagnosed as having diabetes. Her doctor told her that as long as she ate properly, exercised and took her medication, she could keep her condition under control.

Lourdes never really came to terms with her diabetes and does not understand how improving her lifestyle can help her. She thinks that the shock of her husband’s death caused her to get diabetes and she feels she is too old to change her habits. She sometimes resorts to herbal remedies used in her culture to treat diabetes, but doesn’t want to tell this to her doctor for fear of reprimand. She often says to her friends, ‘I will die when my time is up and nobody can change that.’

She takes the tablets for her diabetes irregularly when she is feeling weak and dizzy expecting the tablet to ‘cure’ her. Lourdes is accepting of her diabetes but feels that her life is ‘practically over’ anyway. She misses her husband and feels lonely most of the time.

Question Prompts:

1. What are the main issues?
2. What are your thoughts or opinions about Lourdes’ situation?
3. Do you think that Lourdes’ attitude is contributing to her ill health?
4. How would you handle Lourdes’ situation?
   (a) Where would you go for help?
   (b) What else might you do?
**Case Study 6: ‘Adi’**

Adi, a previously healthy 8-year-old boy, discovered a few months ago that he had diabetes. He lost a lot of weight, felt thirsty, frequently went to the toilet and his lips were very dry. His parents took him to the hospital and his blood sugar was tested. Adi’s blood sugars were very high and the doctors said he should go on a careful diet, as well as have insulin injections.

Adi’s mother has been very strict about his diet, always giving him vegetable and other boiled food. Adi’s father sometimes sneaks him some chocolates and sweets, as he feels bad that his other 6 year old son can eat anything he likes. On one occasion, he had to go to hospital because his blood sugar became very high.

Now Adi is frustrated and tired. He has been missing a lot of school. His parents are worried at his lack of enthusiasm and interest in his studies.

**Question Prompts:**

1. What are the main issues?

2. What are your thoughts or opinions about Adi’s situation?

3. What can Adi’s parents do to help their son?

4. How would you handle the family’s situation?

   (a) Where would you go for help?

   (b) What else might you do?
"Betty"
Appendix: Sample Evaluation

<table>
<thead>
<tr>
<th>Educator</th>
<th>Organisation</th>
<th>Name of the group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session date</th>
<th>Session time</th>
<th>Session language</th>
<th>Topics/Modules</th>
<th>Approx No.</th>
<th>Age range</th>
<th>Cultural group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Before you attended the session(s) had you ever received information about diabetes prevention in your own language?

<table>
<thead>
<tr>
<th></th>
<th>Yes – already had a lot of information in my own language</th>
<th>Yes – had a little information in my own language</th>
<th>No- had never received information in my own language</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your country of birth</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>In Australia</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. How would you rate the following?

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair/OK</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the information presented by the facilitator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity/ clearness of the information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relevance of the information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Usefulness of the information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

|                               |           |      |         |      |           |
| About the written information given to you to take away |           |      |         |      |           |
| Clarity/ clearness of the information          | 1         | 2    | 3       | 4    | 5         |
| Relevance of the information                  | 1         | 2    | 3       | 4    | 5         |
| Usefulness of the information                  | 1         | 2    | 3       | 4    | 5         |

3. If you were not happy 😞 with any of the information provided why was this? (Answering this question will help us improve our sessions)

4. How much new information did you learn about diabetes prevention as a result of attending the session?

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>A little</th>
<th>Not much</th>
<th>Nothing new</th>
<th>Not applicable/ this was not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
5. How important are each of the following to you:

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Quite important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to talk about health issues in my own language</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>To be able to discuss health issues with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>To be able to find out information about topics I don’t often discuss with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

6. Are you more likely to do any of the following differently now that you have attended the health education program?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>May-be</th>
<th>No</th>
<th>I already did this before the session/s</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to my family about health issues/ concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Visit a doctor or other health professional to talk about health issues/ concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Visit a doctor this year for screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Visit a doctor every year for screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Change some of the things I do so that I will be more healthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Take health concerns more seriously</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Share the knowledge I have gained with friends and community members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
REFERENCES

For diabetes statistics:


Diabetes Australia-Victoria www.diabetesvic.org.au; www.diabetesepidemic.org.au

For additional reading on the use of case studies:


The ‘At Your Own Risk’ Activity was adapted from:
