

# Implementing diabetes courses for Arabic speaking citizens in municipal health care centres: A qualitative study of health education ideals and practices

## Sundhedsfremme, Magt og Velfærd

Kritiske perspektiver og alternativer til aktuel sundhedspraksis og –politik, Center for Sundhedsfremmeforskning, RUC

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Nanna Ahlmark

Statens Institut for Folkesundhed, SDU

Statens Institut for

**Folkesundhed**

Syddansk Universitet

## Disposition

1. PhD focus areas
2. Context
3. Method and setting
4. Findings: ideals and practice
5. Summary of findings and concluding remarks

# 1 The PhD project

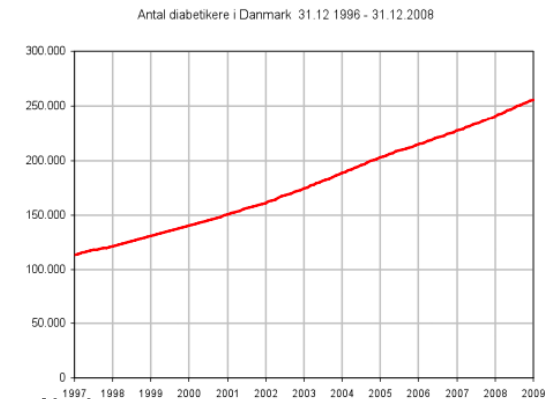
Three focus areas

1. **What are the health education ideals and practices of health care professionals conducting diabetes courses for Arabic speaking citizens in municipal health care centres?**
2. How do Arabic speaking citizens **experience and translate diabetes courses** in municipal health care centres?
1. How do Arabic speaking minorities experience and manage **type 2 diabetes as part of daily practice?**



## 2 Context

- Type 2 diabetes growing globally and in Denmark
- Ethnic minorities particularly vulnerable:
- Up to 7 times higher prevalence
- more frequent use of hospital and GP – taking less medicine
- Challenged socially, structurally, culturally, language wise
  
- Limited health education interventions targetted at ethnic minorities
- Municipalities: new arena for such initiatives since municipal reform
- Limited documentation of how these operationalized including health pedagogical approach



## 3 Methods and setting

- Qualitative, explorative study
- Collective case study: Nørrebro, Vollsmose, Århus Vest health care centres
- Participant observation of diabetes classes in Arabic (19) and Danish (1) and in introductory interviews (4)
- Interviews with heads (5) and health care professionals (9)

The first health care centres to undertake diabetes courses targeting ethnic minorities



## 4 Findings

## Health education ideals

Described by heads and health care professionals as

- participatory
- non-directive
- empathy, understanding
- open health concept

“it is essentially about believing in the individual human being. Empathy and compassion - that is what characterizes the approach in its totality.”

(interview head of health care centre)



## Perceived purpose of the course: time and care

"For many, it's the first time they feel they are heard. Both in the health care system and in the municipal system. Here, there is *time*." (Interview, health care professional)

"It should also feel good to come here. Not official, like in the hospitals".  
(Interview, health care professional)

→ Sense of purpose defined and confirmed through creating boundaries to hospitals and GPs

## Perceived challenges delivering diabetes courses

Health care professionals focused on the target group's:

- belief in authorities
- lack of 'student discipline'
- lack of physiological knowledge
- collective orientation frame – preventing

→ Indicating the need of *fact-based, paternalistic, professional-centred approach*

## Practice (1): Health educator or interpreter

Health educator:

- mediating socially, culturally and conceptually
- directly engaging
- spontaneous discussions, internal dialogues course participants
- space on course participants' terms

Interpreter:

- verbal translation
- being 'invisible'
- hcp had control with topics and stucked to agenda
- main focus on hcp as the expert

## Practice (2): Inclusive or authoritative

### Inclusive approach

- Hcp inviting to share experiences
- Active listening
- Open-ended questions

### Authoritative approach

- Delivering messages
- Paternalistic communication
- Right and wrong answers, predefined frame for sharing experiences

## Practice (3): Holistic or biomedical health concept

### Holistic

- Recognizing course participants' medical models: diabetes as consequence of chock
- habits entry point
- talking about social context and social relations

### Biomedical

- focus on the M triangle: food, medicine, excercise (Mad, Motion, Medicin)
- objective measurements reference frame – 'you should only trust the blood sugar level'
- focus on risks and negative consequences of lack of treatment (e.g. using scary visuals)



## Observations during diabetes course

C: I tell my doctor that I have unstable blood sugar. And then, all she says is that I should exercise!

H: But this is not bad. This is within the normal area.

C: Well, but it was 7,9. And then it's 8,4!

H: Yes, but of course, because you ate.

C: But it takes much longer time for me

H: But we are all different

C: But, its because... I'm scared of it. Because everybody in my family has it. My mum and dad died from it.

H: It is fine! We will talk more about it. If it gets higher, then you might have to start taking tablets.

## 5 Summary of findings

- Health pedagogical ideals and sense of purpose: aligned with recent literature on action-competence, participatory approach
- Practice: Co-existence of participatory and professional-centred approach

## Practice seen in light of agents' multiple navigation frames

Health care professionals' practice (might be) oriented by

- Recent health education trends/theory
- New undefined municipal setting: need for defining purpose
- New practice field: learning by doing
- Limited resources: influence (limit?) planning, implementation, evaluation efforts
- Bio-medical background
- Perceptions (preconceptions?) of ethnic minorities



## Concluding remarks

- Translating theoretical ideals into practice is a multifaceted process
- Does the coexistence of different approaches represent a contradiction?
- Need for more awareness among health care professionals on applied approaches, motivations behind and implications for target group?
- The question of resources
- Need to look into experiences, preferences, resources of the target group in this context

# Tak for opmærksomheden