



CROYDON BME FORUM

Diabetes Awareness Programme Report





Acknowledgements

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Diabetes UK Croydon Voluntary Group for funding this successful programme



Lynette Richards-Lorde in helping with the planning of the programme and assisting in obtaining the fund from DUK Croydon

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Sonal Shah for the nutritional information shared with the group

Shewa Adeniji, the Chef who helped with the cooking

Nadine Windley (Croydon BME Forum) for the support in arranging the sessions and taking pictures

Phylex Green for providing healthy juices



*Report Compiled by
Gifty Nmaju, Croydon BME Forum*

Introduction

At least 30,000 people in Croydon are living with Diabetes, which is classed as an incurable condition where the body's method for balancing blood sugar levels has broken down or is impaired. With diet, exercise and medicines, a near normal life is possible and, in some cases, Type 2 Diabetes can be corrected.

Croydon borough has more than 45% of its residents from BME backgrounds. The health of people in Croydon is varied compared with the England average. Deprivation is lower than average. However about 23% children live in poverty. Croydon's diversity is now comparable with inner London boroughs such as Hackney, Lewisham, Lambeth and Barking and Dagenham. 57% of school children are from a black or minority ethnic group and 28% of children are living in poverty. Children in the borough have higher than average levels of obesity as 22.8% of children in year 6 are classified as obese, worse than the average for England.

Also, 24.3% of adults are classed as obese (Croydon Child Health Profile March 2015). One of the health priority is reduction of obesity and Diabetes.

Unhealthy diets and physical inactivity are key risk factors for the major non communicable diseases such as Diabetes, obesity, cancer, cardiovascular disease (WHO, 2010). Recognising the opportunity for reducing deaths and Diabetes in Croydon by improving diets and increasing levels of physical activity, Diabetes UK Croydon Voluntary Group in partnership with BME Forum initiated this strategy on Diabetes awareness. This strategy will provide recommendations for CCG, health leaders, private sectors, non-governmental organisations and consumers on the promotion of healthy diets and regular physical activity for the prevention of Diabetes and other diseases.

Croydon Public Health and CCG face a number of issues in the borough including health inequalities, an increasing number of residents with long term conditions including Diabetes.

One of the challenges faced by health professionals is the low engagement by the BME communities and specifically that of access and the reluctance to present earlier rather than later. Late presentation is more likely to lead to poor outcomes and its result - chronic state of ill health. It is well established there are also health inequalities in terms of health

provision and delivery to this group. There are many reasons for this, including:

- Language barriers
- Access to GPs
- Unemployment
- Poverty
- Discrimination
- Mental ill health
- Cultural barriers

Croydon does have these challenges and in particular amongst the borough's BME communities. The Diabetes Awareness project and similar ones aims to readdress some of these concerns.

This Diabetes Awareness programme intended to target groups in Croydon's BME community in the Broad Green area and surrounding wards such as young mothers, men and the older BME women who are usually the main care giver and are the ones that are normally responsible for the cooking, maintaining the health of the family and close relatives.

To raise awareness of Diabetes prevention with young people, we went to Croydon College on the 19th of January and spoke to over 100 students. We handed out leaflets explaining to them the importance of eating well, exercising regularly (walking). The reception was overwhelming, they were eager to taste the fruits and the beetroot juice and learned that to avoid Diabetes in 10 years' time or less, they need to eat well and exercise.



An outreach programme to engage with Croydon University students. They were eager to understand more on this topic and make their future Diabetes free.

Diabetes Awareness Programme

The Five weeks Diabetes awareness Programme will take place at Croydon BME Forum, 56a Mitcham Road Croydon CR0 3RG. It has a large BME community group's membership. The forum is embedded in the community and most of the learners will come from the community and some of the community groups that are aware of the forum and the work it does with the BME community. Some participants will come from the Handcroft Estate in the Broad Green ward, with a high poverty level.

1. The programme will enable and encourage learners to make health choices, understand nutrition, reduction of fats, salts and sugars, plan meals, eat healthy on a budget, learn some light exercise that they can continue at home, learn some IT skills to help them research the nutrition value of the ingredients they use to cook and provide a long lasting change in healthy eating and simple exercise for the whole family.
2. The programme will enlist the experience of Sonal Shah, a Nutritional Therapist & Reiki-Seichem Practitioner- she has worked extensively in the areas of health and nutrition, is very aware of certain barriers and obstacles that may prevent people from making positive health changes. The contents of teaching sessions are culturally relevant and she will apply cultural references where appropriate this will resonate with the learners.
3. Shewa, is the co-ordinator/ founder of Trading places Enterprise, she has received various award including the Scarman Trust community Champion's Award, The Millennium Award, Unltd start-it Award. Shewa is a community Chef with over 20 years' experience of enabling people to eat healthy and achieve their potentials. She will work with the nutritionist Sonal Shah to plan the meals with the participants, the menu must answer the question why they choose the meal, the nutritional value and comparing the cost of preparing the meal with unhealthy take out.
4. Linda Procter is a fitness instructor who works with Croydon council delivering fitness classes at the Hub. She is an experienced instructor who understands how to deal with different dynamic people. She will show them manageable exercises that they can be able to continue at home, even with the family for more fun.
5. Participants will walk down to the shop as a team (30 minutes daily exercise) to buy the ingredients.
6. The chef and the nutritionist will cook their meal with them observing their cooking method and showing them the healthy options of cooking. The chef Shewa with the Nutritionist Sonal will be facilitating the participants as they are prepping and cooking the food. They will also be demonstrating the cooking methods and explain why. It is very much a local collaboration as the facilitators, also represent the demography of the learners of Diabetes programme and are familiar with some of the meals The learners can then practice the meals at home with families and friends.
7. Tim Read, the chairman of Croydon Diabetes UK Group, will be teaching the participants how to prevent Diabetes he will also be undertaking their BMI, tape measuring and Risk score.
8. Racheal Glover from Diabetes UK will be teaching the importance of looking after our feet and the stress free ways of coping with Diabetes
9. The participants will also learn the difference between a smoothie and juicing and the nutritional value of both.
10. Diabetes awareness programme will reflect the BME communities so the approach is very much culturally sensitive and linguistically competent, it is aimed at getting maximum engagement and increase participation.
11. There will be opportunities for every learner to learn to make their own stock (either vegetable or chicken stock) this will minimize the use of artificial seasonings which is full of salt.
12. The programme is five weeks long, every Thursday 10 to 1 pm, once a week for it to have a sustaining positive impact.

13. At the beginning of the programme every learner is provided a record folder with; health and lifestyle questionnaire, Daily water Intake chart, BMI- Body Mass Index Form, Weekly Weight Loss Chart, Reward/progress report. There will be regular evaluation and feedback at the end of every session.
14. At the end of the five weeks, each learners is assessed and baseline gathered which will include information ;objective, goals and progress report, there will be an evaluation and discussion where the learners and the demonstrators can comment about the sessions and what they have learned
15. It will be very interactive, there will be health talks, food, buying on budget, emotional health nutrients, social networking and cooking techniques.
16. Learners are encouraged to make entries of their water intake, they are encouraged to drink at least eight glasses of water a day. Learners are encouraged to record changes like weight loss, water intake, making meals and observe any change in health behaviour and any attitude shift in making health choice such as changes in lowering salt contents, more fruits and vegetable added to diet etc.
17. At the end of the project, every learner is re-weighed, measured and recorded. A certificate of completion will be given. The progress of the programme is also charted on the forum's social networks and newsletters that is widely circulated.
18. In evaluating the programme, it is hoped that it shows a shift to healthier food choices and physical health.

Week 1

On the 02/02/17 at the Croydon BME forum twenty learners came in for the first Diabetes awareness session. We had the Diabetes UK chairman Tim Read who explained what Diabetes is, the categories (pre-Diabetes, Type 1, Type 2 and Gestational) and that over 30,000 people in Croydon are living with the disease. Somewhere around 90% of people living with Diabetes are Type 2. Many people are undiagnosed (500,000-850,000 estimated) and there are around 3.5 million people in the UK living with Diabetes. He also explained that although it's classed as an incurable condition where the body's method for balancing blood sugar levels has broken down or is impaired, with lifestyle changes of a good diet, exercise and medicines a near normal life is possible. In some cases people living with Type 2 Diabetes can stop taking medicines, provided they keep the new lifestyle. However, they remain high risk. The ethnic mix, inheritance factor cannot be changed but many key factors can be changed such as portion size, a good diet and exercise.



Some of the participants on our programme

The group learned the importance of managing what they eat, their water intake (to drink at least 8 glasses of water) and especially to exercise, they were encouraged to walk more often, at least 30 minutes a day.

- Type 2 Risk management- measurement on Diabetes UK website with lots of materials, recipes and help
- There is nothing that you can do on some issues – Age, ethnicity.
- However you can mitigate the risk and prevent Type 2 Diabetes by taking 30 minutes of exercise a day, for me I walk everywhere I can.

- Eating well
 - Regular meals
 - Wholemeal flour
 - Portion size
 - Carbohydrates (rice)
 - Cut the fat in food
 - Lots of vegetables
 - Reduce salt
 - Oily Fish good for you (Omega 3)
 - More of all types of beans
 - Reduce Sugar (we buy less than 1 bag sugar/year)
 - Hydrate with water best
 - No “Diabetes food”
 - See a dietician
 - Complex carbohydrates like potatoes, rice (wholegrain), yam etc. produce sugar, so it is important to reduce the carbohydrate intake and increase the protein, vegetables using the eat well guide below as much as possible.

The group also undertook a quiz on how well informed they are on Diabetes history and information.

They were all given a pack containing weekly weight loss chart and water intake record. They were measured using the BMI machine which was recorded and each person would be re-weighed again at the end of the five weeks to check their progress.

Observation

The group listened attentively and supported one another, giving each other time to speak. Respecting peoples' views, kept questions to minimum so that speaker can have time to explain and go through the programme.

Feedback

Found the information very useful. The water diary very motivating and the practical tips on how to make the target achievable very useful. Will aim to adapt their diet slowly. I know now what sugars and fats does to the receptors. I will always bring folder and fill out water diary daily to show every week.

Summary of nutritional talk

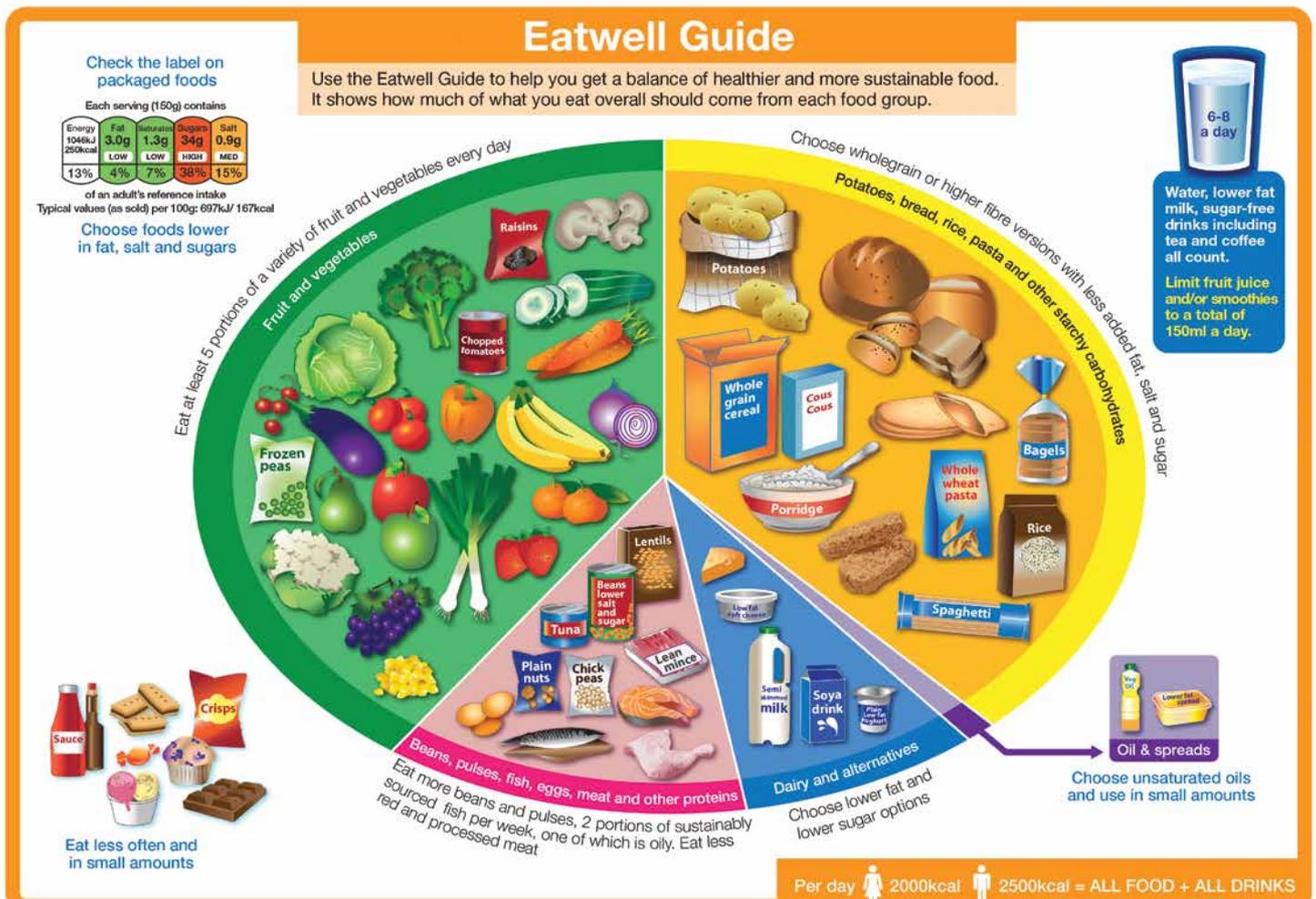
by Sonal Shah

Essential nutrition and why it is important and learned that essential nutrients are those that the body cannot make and need to be obtained from the foods we eat or from supplementation (minerals and vitamin D, and essential oils, for examples). A balanced diet should consist of all the food groups: complex carbohydrates, protein, essential fats, fibre foods and water. Dairy is fine in moderation. If avoiding dairy, then calcium and nutrients can be obtained from vegetables, seeds and supplementing at least 2000IU of vitamin D in a spray or liquid form.

The impact of too much sugar, bad fats and salt on our cells: They damage our cell receptors and cell membrane (outer fatty layer). this cell damage can block the nutrients from entering into the cell to create energy (ATP) and can also prevent waste substances, such toxins, from being released from within the cell. We learned that eating excessive amounts of sugars(either directly or indirectly through hidden sugars in certain foods); as well and bad fats/oils such as trans-fats found mainly in processed/fast foods can lead to cell death or

mutation (leading to chronic cellular inflammation and the potential development/promotion of diseases such as type 2 Diabetes and cancers).

Sugar, insulin, hormones and the impact on our hunger: We learned that the daily guideline amount of sugar (recommended by World Health Organisation) is less than 6 teaspoons per day. We talked about the effects of high sugars in the blood increasing insulin production which in turn increases fat storage because the sugars cannot be moved into the cell by insulin due insulin resistance. We learned that the type of fat stored due to excess sugars and insulin resistance because of receptors being damaged; is the type of fat that usually accumulates around the waist (visceral fat). We learned that this type of fat is highly 'toxic' leading to many chronic diseases such as heart disease, Diabetes and cancers. We also learned that bad/man-made fats such as hydrogenated fats such as margarine can affect our hormones such as the ones that tell us when we are hungry and when we are full. The hormone ghrelin triggers feelings of hunger and the hormone leptin triggers feelings of fullness. We



talked about some of the facts and myths and fats such as we need good fats such as olive oil, avocado, nuts and seeds in our diet as the body's cells and brain are made up of fatty tissue. These dietary fats provide the building blocks and also serve many roles in the body, they help transport nutrients and nerve signals throughout our body, balance appetite, manufacture hormones and provide energy.

Salt, the daily recommended salt for adults is 6g, which is approximately a teaspoon. We learned that regular table salt is processed and depleted in natural nutrients may contain added chemical substances. The better salt alternatives are natural salts that are abundant in minerals such as Himalayan pink salt which contains 84 essential minerals and helps to regulate blood sugar and body water levels. Sea salt is another alternative. There is a brand called Herbamare which is made of sea salt and 12 different fresh organically grown vegetables, garden herbs and iodine rich kelp. This can be ordered online or bought from health food stores like H&B. We learned that most of the salts we eat come hidden in processed foods such as ready meals, crisps and processed meats. We talked about the way excess 'bad' salts affects our health due to water/fluid retention leading to weight gain and high blood pressure (but not necessarily fat gain, as sodium has no calories). We learned that using various spices and herbs can enhance the flavour of foods which means using less salt to bring out the flavour of your foods.

The different types of oils and fats such as saturated and unsaturated and which are best for cooking with heat and those best used cold such as coconut oil which is a saturated fat; but has many health benefits as well as being able to tolerate high heat without reducing its' beneficial properties. We learned that the brain uses mainly fats (that is good fats) for its energy supply; and that the brain is about 60% fat and we talked about the fatty coating of brain nerve cells called 'myelin sheath' and how this fatty coating acts a protection and supports the signalling functions of the brain. We learned that in conditions such as Alzheimer's disease and schizophrenia, in particular MRI scans reveal brain shrinkage indicative of loss of that vital fatty coating that makes up most of the brain. We learned that high levels of sugars/bad fats can lead to many types of chronic inflammation resulting in the breakdown of various body tissues including the fatty coating that protects our nerve cells in the brain.

Checking how much fat, sugar and salt in your food by reading the food label. We learned that for:

- Sugar any amounts over 15g per 100g is high, between 5 to 15g per 100g is medium and 5g and below per 100g is low.
- Fats any amounts over 20g per 100g is high, between 3g and 20g per 100g is medium and 3g and below per 100g is low.
- Saturates/saturated fats any amounts over 5g per 100g is high, between 1.5g and 5g per 100g is medium and 1.5g and below per 100g is low.
- Salt any amounts over 1.5g per 100g is high, between 0.3g and 1.5g per 100g is medium and 0.3g and below per 100g is low.
- The UK guidelines recommend that adults should NOT be eating more than 6g of salt (3/4 teaspoon) per day.
- The amount of a particular food you eat will affect how much sugars, fats, saturates and salt you will get from it.

Observation

The group listened attentively and supported one another. Giving each other time to speak. Respecting peoples' views, kept questions to minimum so that speaker can have time to explain and go through the programme.

Feedback

Found the information very useful. The water diary very motivating and the practical tips on how to make the target achievable very useful. Will aim to adapt their diet slowly. Also learned never to use saxon salt. I will always bring folder and fill out water diary daily to show every week.

Week 2

To start our session we talked about the rising crisis of obesity and the impact on children for developing chronic conditions such as Diabetes and heart disease, people were put in groups and asked to come up with a recipe that is healthy, does not cost a lot, and is quick to prepare.

Applying the knowledge of essential nutrients they learned last week, they choose a meal by researching on the internet on the benefits of the ingredients before coming up with a meal, wrote out the ingredients and costed it. These meals will be prepared next week.



Researching ingredients, with the help of a nutritionist, for a healthy meal the participants will prepare next week

Yoghurt – Low Fat

There was a discussion on the value of food being not just to fill our stomachs and satisfy hunger; and that we need to include a variety of foods in our diet to supply nutrients which are essential for maintaining good long-term health. The participants also learned the role of complex carbohydrates for weight control and Diabetes prevention, they also understood the influence of different types of carbohydrate in order to be able to put sugars under the spotlight.

For the second session we had Linda a fitness instructor teach on the importance of light exercise, circulation exercise, work hard and have fun, they developed skills to manage stress and de-stress. They understood the importance of cardiovascular activity for health, weight control and Diabetes prevention, from the picture below we can see participants working hard but having fun:

Example Recipe

Poona Recipe by Liza Siva

15cm cucumber, finely sliced then chopped
1 red onion, finely sliced
1 carrot,
Juice half a lemon
2tsp coconut oil
2 eggs, lightly beaten
2 onions finely sliced
500g stir-fry turkey strips
1 red pepper, thinly sliced
2 cloves garlic sliced
1 red chilli, chopped
160g Savoy cabbage, shredded
4 spring onions, chopped
1 heaped tbsp nasi goreng paste
160g frozen peas, defrosted
480g cooked wholegrain rice (240g uncooked)

Method

1. Mix all the ingredients for the pickles together, cover, then set aside, mixing occasionally.
2. Add a teaspoon of oil to a non-stick pan, then add the eggs and cook for 30-60 seconds to make a thin pancake omelette. Remove from the pan, roll up, then set aside.
3. Add another teaspoon of oil to the pan, add the sliced onions and cook for 4-5 minutes, stirring regularly. Add the turkey strips and red pepper, then cook for a further 4 minutes.
4. Add the garlic, chilli, cabbage and spring onions, then cook for 3 minutes. Stir in the nasi goreng paste and mix well, adding a dash of water if it starts to stick.
5. Mix in the cooked rice and stir regularly for 4-5 minutes, until piping hot. Put into a serving bowl, top with sliced omelette and serve with the pickled vegetables.



*It's all in the legs:
Our participants doing some
light chair-based exercises*

Week 3

It's important to know that cooking method used and ingredients can turn a meal from healthy to unhealthy

We talked about the many benefits of organic coconut oils such as being good for the brain, body, and skin. We learned that, although coconut oil is a saturated fat it is one of the beneficial saturated fats; unlike saturated fats from animal sources. We talked about extra virgin olive oil being best used cold on salads etc. due to its low tolerance of heat and that adding heat to olive oil causes it to lose its beneficial properties and it can become harmful to the cells, due to free radical development. We also learned about how good fats help to protect our cells and help transport nutrients such as oil soluble vitamins into the cells; and how omega 3 fats and cod liver oils help to reduce inflammation in the body and joints. We also discussed the difference between butter and margarine; and learned that margarine is made by adding hydrogen to oil to make it solid and that hydrogenated oils can cause problems with our cells being able to take in nutrients and get rid of waste. We also discussed on different types of salts and which is better; Types of salt, sea salt, Himalayan pink salt and table salt and about the benefits of using whole salts such Himalayan pink salt. We learned that Himalayan pink salt contains 84 essential minerals and can help to regulate blood sugar and body water levels. We learned that using various spices and herbs can enhance the flavour of foods which means using less salt to bring out the flavour of your foods.

We then talked about why we need nutrition and that foods is required for:

1. Energy
2. Maintenance of body tissue and
3. Regulation of bodily processes

We took a brief look at the 6 classes of nutrients required in our diet:

1. Carbohydrates
2. Fats
3. Proteins
4. Vitamins
5. Minerals and
6. Water

It is important to know that both the ingredients and the cooking method used can turn a meal from healthy to unhealthy

For the cooking session:

The chef together with the nutrition showed each group the healthier way to prepare their meal, they participants prepared the meal with the chef's assistance. Each group gave a presentation about their dish, they explained the health benefits of their dish and why they decided to cook that dish. The salt content of the dish was also scrutinised and opportunities were given for people to ask questions. The meals were shared and tasted by everyone, each group interacted with other groups and the recipes was shared for all the try at home. The cooking session was really an idea to help people hit the ground running for a healthier you and prevent Diabetes. Some of the meals prepared were: Mixed vegetable soup, mixed fruit smoothie and fish, beetroot and mixed olives salad.



Our participants get to work with the help of our chef



Some of the healthy meals prepared by our participants

Week 4

Rachael Glover from the Diabetes UK spoke on the importance of looking after feet. People leaving with Diabetes are 20 times more likely to have amputation. Foot care is important to people with Diabetes because of high sugar level, diabetic foot disease is the most common cause of Diabetes-related hospital admission.

How to avoid amputation:



People with Diabetes have to avoid developing blisters/cuts. So, it's important to look after their feet to avoid neuropathy. Also, Diabetes impacts on circulation meaning cuts, sores and ulcers do not heal well. If you are looking after your sugar level, you can avoid foot disease and everyone needs to be careful when cutting their toe nails.

The participants also learned the 9 simple steps to healthy feet:



Rachael spoke about taking control of your body by enrolling in the Diabetes self-management education. According to statistics, 4 out of 5 people don't feel they are in control of their Diabetes but 9 out of 10 who completed the course said they feel more confident, more aware and can manage their Diabetes.



Rachael Glover's presentation

Rachel outlined the courses available:

Course	Duration	Details
DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed), for adults with Type 2 diabetes www.desmond-project.org.uk	6 hours of education, usually in one day or half day formats	Helps participants understand their diabetes, including risks factors and complications, make food choices and take control. Available in Punjabi, Gujarati, Urdu or Bengali in some areas.
X-PERT Diabetes Programme , for adults with Type 2 diabetes www.xperthealth.org.uk	2½ hour sessions delivered over six weeks, plus annual follow up session	Participants explore how their body works and how lifestyle changes can improve their diabetes control.
DAFNE (Dose Adjustment For Normal Eating), for adults with Type 1 diabetes www.dafne.uk.com	Five day training course, plus follow up session at eight weeks	Gives people the skills necessary to estimate the carbohydrate in each meal and inject the right dose of insulin, so that they can fit diabetes into their own lifestyle.

- Quality assured courses
- DESMOND and DAFNE in Croydon
- 1:1 sessions in other languages
- Other options
- Ask your healthcare professional

Week 5



Phylex making smoothies for the group

Phylex Green from Greenwellness spoke on the importance of looking after the body by drinking smoothies, he explained that green smoothies offer pure nutrition.

The amount of vitamins you'll get depends on the fruits and vegetables you choose for the smoothie. However, most fruits and vegetables are high in vitamins A and C. For example Guava is high in folate, while avocados provide high amounts of potassium and magnesium.

Green smoothies are much healthier than fruit or vegetable juices. When juices are extracted, you get vitamins and minerals but no fiber. However, smoothies are made using the whole fruit/vegetable, so you get all the fiber in your drink, the smoothies will also provide you with a lasting energy.

Awards

The participants also received their certificates and were told to impact their community, families and friends by changing the way they eat, drink and look after themselves. They were encouraged to go out into their communities and share the knowledge that they gained while participating in this course.

Comments

This was the first programme ever run as a collaboration between Croydon BME Forum and Croydon Group Diabetes UK. As such it was very successful and shows what can be achieved. It is planned to try another venture on a smaller scale that could be run throughout the community to educate people who are at high risk of Type 2 diabetes and show them how to take preventative measures, especially young people.

Final Evaluation

- The overall rating for the facilitator/coordinator was excellent
- The overall rating for the content of training was excellent
- The Overall rating for the questions and answers was excellent
- The venue was good

Other comments

Very valuable course that will save lives.

Exercise was excellent, the fitness instructor was very accommodating, good and very encouraging

Very practical ways of how to achieve your 8 glasses of water a day

Smoothie making was good. Thank you

The training is very good, very useful and I will pass on what I learned.

I had a really good time and met people from other communities

I need to change my drinking intake

What part of the training you found most useful?

I learned about different light exercises that I can do at home

I found mostly all the information useful and interesting, to cut back on carbohydrates and have my food plate looking colourful

All of it, discussions and hearing others people's points of view and what they have learned

Learned more about sugars and fats learned and to incorporate good nutrients with exercise, to drink plenty of water

I found learning about food most useful and that it depends on everybody's health and we have to watch what we eat

Exchanging ideas and recipes, and researching for the meals

The foot care very knowledgeable and useful

Learning about hidden salts, fats and sugars

Tips on how to achieve 8 glasses of water a day

Has the training increased your awareness of healthy eating?

The training made my daughter to buy the smoothie blender for me, so I now make my smoothie but I need to learn more on the types of smoothie to make

Definitely, very much so, have been making changes in my and my family's diet

Yes, by preparing food from scratch with quality ingredients

Are there any other topics we should include in future training?

Learning about Parkinson's disease. Knowledge on Smoothies that are good for Diabetes, guts and the immune system.

Acidity in stomach and how to reduce or get rid of it without medicine

Food that might reduce or prevent dementia and cancers

Any health related topics

Please have the training for men on health issues, eating and healthy foods

Conclusions

The evaluation of the programme, showed that programmes such as this one, save people lives and is much needed. The programme fulfilled most of their expectations.

This programme was designed to give the BME community a good understanding of how to manage Diabetes and not just be fully dependent on medication. The programme helped eliminate the stigma in the community when it comes to discussing Diabetes and the many myths about the causes of Diabetes such as stress, developing the condition in old age, lack of sunshine and anxiety.

Initially we expected 10 learners but 15 participants took part and nobody dropped out. Some of them told their friends and family about the sessions and encouraged them to join. We had a wide range of ages; from early thirties to over eighty, the ethnicities mainly Caribbean, Africans and South Asians. And mixed faith (Christians, Hindus and Muslims). Most of the participants were newly diagnosed Diabetes patient's type 2. Some were carers, others lived in fear of developing Diabetes, given their family history. We would have liked to accommodate a larger number of participants but this was not possible, due to funding limitations.

The exercise programme was very popular and participants wanted to have the instructor come on a regular basis, because after the five weeks when they were re weighed, they found out that they had lost some weight and a change in their BMI.

There was a lot of preparation involved such as sourcing fresh fruits and vegetables locally on a weekly basis and preparing the refreshments. This enabled us to cut costs. We sourced health promotional materials, photocopy hand-outs, transcribed previous sessions, prepare the space for visual aids and packs, hold meetings to brief and make adjustment to the programme when need be. It was time consuming but the hard work paid off.

There are so many aspects of health and wellbeing that can be incorporated in future programme and we have been able to achieve that in this particular programme. The format has so much potential as a health promotion format.

Recommendations

- Address obesity, Diabetes, and mental illness in adults and young children who are predisposed to them
- Make more funding available to run similar programmes for 12-30 years old to change their eating habits and lifestyle in order to prevent the onset of Diabetes. Further programmes should be run to help people with Diabetes manage their condition
- Use social media, especially What's Up to create a group to help exchange recipes on healthy cooking and support each other in maintaining healthy decisions
- Work with the CCG on training GPs in Diabetes awareness with an emphasis on the support options available in the community to manage Diabetes, as opposed to just medication prescribing
- Public Health and Diabetes UK should post on their websites information on how to prevent Diabetes e.g. foods to eat, how to look after families with Diabetes and lose weight. Information should be available in additional community languages including French and Hindi

Appendix

Programme flyer

Are you at Risk?


CROYDON BME FORUM

DIABETES AWARENESS WORKSHOPS


**5 WEEKS
COURSE**


**LIMITED
SPACES**

**Introduction to Diabetes ~ Diabetes & Food
Staying Fit Exercise ~ Feet & Hand Massage
Cook & Taste**

**Join us for the first session
on **Thursday 2nd
February 2017****

10am - 12noon

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

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