

Approach to Diabetes Education

Aboriginal Resource and Development Services Inc. (ARDS)

Aboriginal Resource and Development Services Inc. (ARDS) have developed a model for health education that is based on the principle that people need to have good quality explanations for the health problems that they are facing in order to take control of them and deal with them effectively. The challenge is to provide information to the depth that provides a logical, intellectually satisfying explanation as to why and how the problem has occurred, what the current situation is and what the possible outcomes. The emphasis is on providing information that allows people to make their own informed choices rather than just providing instructions about what they should or shouldn't do.

ARDS Inc. is working predominantly with Yol`u (the Aboriginal people of North-East Arnhem Land) so we will talk specifically about this situation. The principles, however, could be applied in any cross-cultural setting and are, in fact, congruent with adult education philosophy in general.

The ARDS approach is based on three fundamental principles. The first is that Yol`u come from a specific cultural background and have their own cultural knowledge base (information that is commonly shared and believed to be correct and meaningful). They already have a wealth of knowledge about their world and around health issues. This information may, however, be quite different to that contained in the cultural knowledge base of health care providers who come from a different cultural background. Many of the explanations that are provided by health professionals are inadequate because of a mismatch between what the health professional assumes the Yol`u client thinks and knows of a certain issue or problem and what is actually the case. Also the assumptions that the Yol`u client has about the Balanda (European) health carers and the Western medical system they represent may also be incorrect. This can lead to further miscommunication. It is important, therefore, for the educator to be aware of what Yol`u people with whom they are working know and hold to be true around health issues. Educational interventions should be developed with this information in mind. This will ensure that relevant background information can be included in the intervention if necessary and potential areas for miscommunication identified.

Before the diabetes intervention was formulated, time was spent talking to people to find out what they knew and thought about diabetes and chronic disease in general. For example, it was ascertained that there was no real understanding of the disease. People generally thought that it was related to eating white sugar, which was different from other forms of sugar. Most people thought that it was not a serious illness and there was very little understanding of the complications that resulted from vascular damage. The fact that it is a chronic illness, which needs life long lifestyle interventions to prevent complications, was not clearly understood. There was also some confusion about the role of medication in that some people thought that

medication had a curative role rather than a management role. All these things among many others had to be taken into account while developing the diabetes intervention.

The other aspect of this is that there are numerous concepts, attitudes, beliefs that Yol`u people already hold true that can be very useful in providing explanations or introducing new information. For example, the diabetes story uses Yol`u food classifications and traditional eating patterns and lifestyle in the discussion about the role of carbohydrates and fats in the body and traditional practices to introduce the role of body fat and the process of weight loss.

The second principle is tied up with language and communication. Yol`u almost exclusively speak one of the Yol`u Matha languages as a first language, with English often their third or fourth language at best. Any information from a Western medical origin should be introduced keeping these facts in mind. The ARDS philosophy is that education should be undertaken in one of the more common Yol`u Matha languages which are universally understood in this population. For this to be achieved it is a requirement that staff not fluent in Yol`u Matha must become so and work closely with Yol`u to ensure quality information is provided. Language acquisition is a priority area and staff are paid while they undertake language learning activities.

Being able to communicate in Yol`u Matha also greatly assists when trying to access people's cultural knowledge base as so much of the way people think is tied up in language. Some concepts do not transfer well in a foreign language such as English as equivalent terms do not exist.

The third principle is that the emphasis during education sessions is on process. Dialogue is fundamental to process. ARDS educators attempt to engage participants in an interactive process, which is driven by the participants own concerns and questions. While education products such as flipcharts, posters, videos can be useful teaching aids, and ARDS educators rely heavily on good quality diagrams and illustrations, the key to promoting understanding is dialogue.

The diabetes story is drawn out on a big piece of butcher's paper and diagrams, photographs etc are used to illustrate points. Each session starts with a blank sheet of paper which is divided up into four sections. The story progresses through four main areas – the role of carbohydrates and fat in the diet, normal physiology of fat and carbohydrate use in the body and how this differs in a diabetic, diabetic complications and, lastly, treatment and prevention. Graphic representations are made on the butcher's paper as the story progresses. Participants are encouraged to ask questions at any time and the educator checks what the participant(s) is (are) understanding at regular intervals. This is often evident by the comments that are made or the questions that are asked. Through the repeated telling of the story it is fine tuned and enriched by participants responses.

The overall aim has been to develop a scientifically correct and rational explanation of the disease and why recommendations for lifestyle changes and medication use are made. ARDS educators work in the people's language and incorporate the people's

worldview in educational interventions to enhance understanding. The emphasis in the education process is for people to take charge and begin their own investigation of the problem. It is then up to the individual to decide what they will and will not do. It is acknowledged that any number of other factors influences people's behaviour and that behaviour change may not be the outcome even after the rational for it is understood. However, for people to be able to take control of their situation effectively they must be able to understand it. People can then create their own interventions.

Yol`u people's access to information is not equitable with dominant Australian society. It is not even equitable with many of the ethnic minority groups living in Australia for whom varying amounts of written material has been translated and interpreter services are available. Yol`u people have expressed very clearly that they want knowledge. ARDS interventions attempt to facilitate Yol`u people gaining knowledge by making information available in a format that is meaningful.