# Many Faces of Diabetes

## The Role of the Cross-Cultural Health Broker

The act of linking and bridging individuals of different cultural backgrounds for the purpose of producing change is the definition of cultural brokering (1). Cross-Cultural Health Brokers (CCHB), individuals that mediate cultural brokering, were introduced in the 1960s for the use of health care delivery to diverse communities (2). Engaging CCHB in the delivery of health care is supported by numerous reasons; for example, it addresses cultural variations in the perception of illness and disease (2) and it speaks to cultural influences on help-seeking behaviours and attitudes toward health care providers (2). Thus, the roles of acting as a liaison, cultural guide, mediator, and catalyst for change (2) in CCHB manifest into brokering between patients and representatives of the mainstream health care system (1). Immigrants and refugees have been shown to have an increased risk for developing chronic diseases such as type 2 diabetes (3). This may be attributed to barriers that they experience when accessing health services (4). These barriers may include language, economic circumstances, and discrimination (5). The precise role of CCHB, therefore, is to provide culturally appropriate services to these communities and to help health service providers understand the cultural aspect of health care delivery (6). A cross-cultural health brokering model has been promoted as a best practice for improving access and utilization of medical services, cultural relevance, and effectiveness of these services (2, 7). By fostering collaboration and communication between marginalized communities and health care providers, CCHB increase access to care and reduce racial and ethnic disparities in health (2), ethnic disparities in health, enhance health care provider understanding of the communities they serve (2), and improve health-service user experiences by incorporating appropriate cultural perspectives (2). These benefits may also reduce healthcare costs by improving community health outcomes (6). As a result, cultural brokering, such as the roles performed by CCHB, is viewed as necessary for bridging meanings, information and the cultural divide in health care settings (2,8).

> *"Before, I did not walk or do any physical activities. Now, I walk daily and enjoy every day doing the exercises we practice here at our sessions. I feel healthier, energetic and enthusiastic."*
>
> Participant, Latin American self-management group

## Our Goal

Demonstrate the effectiveness of CCHBs in diabetes screening, self-management, and support for accessing mainstream health services to prevent and address type 2 diabetes in diverse immigrant and refugee communities.


References

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2. National Center for Cultural Competence. 2004. "Bridging the Cultural Divide in Health Care Settings. The Essential Role of Cultural Broker Programs". Rockville, MD: National Health Service Corps Bureau of Health Professions Health Resources and Services Administration U.S. Department of Health and Human Services.

3. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. 2013. "Canadian Diabetes Association 2013: Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada". Canadian Journal of Diabetes, 37 (suppl 1).

## What We Did

- Facilitate 12 diabetes screening events based on the model and training established by London Intercommunity Health Centre.
- Deliver 40 ethno-culturally specific workshops to six diabetes self-management groups. Workshops included a variety of activities, including:
  - ✓ Physical activities, including tailored sessions with a Tae Kwan Do instructor
  - ✓ Ethno-cultural group discussions, sharing experiences
  - ✓ Hands-on activities with figures and models
  - ✓ Mindfulness and relaxation techniques
  - ✓ Preparing, tasting, and assessing culture-specific dishes, as well as adapting and preparing popular culture-specific dishes to fit with Canadian Diabetes Association dietary guidelines
- Lead an advisory committee of representatives from community organizations, health authorities, and affected communities to facilitate an iterative, participatory evaluation of the project.

215 participants screened

*"I have diabetes. With this program I have learned a lot regarding food preparation. I changed the amount of oil while cooking and have lost 13 kg. I feel much better and my glucose values are almost normal. Also, this is very important since, as a chef, I prepare the food for all our community events."*

Participant,
Afghan self- management group

Baseline measures recorded (BMI, bodyweight, waist circumference).

Self-management groups engage in culturally tailored workshops led by community Cross-Cultural Health Broker

During 6 and 10 month follow-ups with two groups, 38% of participants showed a reduction in weight, BMI, or waist circumference.


4. Torres, S, Spitzer DL, Labonté R, Amaratunga C, Andrew, C. 2013. "Community Health Workers in Canada: Innovative Approaches to Health Promotion Outreach and Community Development among Immigrant and Refugee Populations". Journal of Ambulatory Care Management 36(4): 305-318.

5. Ministry of Health and Long Term Care (MOHLTC). 2008. "Ontario Public Health Standards 2008". Toronto: Government of Ontario. Retrieved Dec. 22, 2016. <http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf>.

6. Torres, S, Spitzer DL, Labonté R, Amaratunga C, Andrew, C. 2014. "Improving Health Equity: The Promising Role of Community Health Workers in Canada". Healthcare Policy 10(1): 73-85

7. Multicultural Health Brokers Co-Operative (MCHB Co-Op). 2014. Retrieved Dec. 22, 2016 Edmonton: Author. <http://mchb.org/>

8. Lo, MC. 2010. "Cultural brokerage: Creating linkages between voices of lifeworld and medicine in cross-cultural clinical settings". Health (London) 14(5): 484-504.

*"The CCHB role is important because it raises awareness. We will only learn if there is someone who is available to teach us. We feel happy and comfortable when someone talks to us in our mother language. I can understand the content better and the CCHB can also understand me better when we can talk in our own language."*

Participant,
Punjabi self- management group

## What We Found

- Data from screenings:
  - ✓ 56% engage in <30 minutes/day of physical activity
  - ✓ 69% have at-risk waist circumference (>90cm and >88cm for males and females, respectively)
  - ✓ 33% have abnormal oral glucose tolerance test results which may be associated with diabetes or pre-diabetes
- Data from self-management groups:
  - ✓ 58% with Body Mass Index (BMI) ≥ 27 (considered overweight)
  - ✓ 88% have at-risk waist circumference
  - ✓ 32% already diagnosed with diabetes
- Follow-up with two CCHB-led self-management groups during 6 and 10 months showed that 38% of participants showed a reduction in weight, BMI, or waist circumference.

## Key Take-Home Messages

- Data from self-management groups show the need for culturally relevant, evidence-based projects like the Many Faces of Diabetes to support community members to fully understand the relationship between body weight and waist circumference measurement with diabetes prevention and management.
- CCHBs engage participants to practice incremental changes week by week to increase their confidence in themselves to lead healthier lifestyles, as well as having them share their knowledge with others.
- CCHBs are trusted members of the community and are a key point of access to the health system for new immigrants and people facing language and other barriers.


## Contact

***Many Faces of Diabetes*** is an initiative of the Umbrella Multicultural Health Co-op http://umbrellacoop.ca/
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