

**Title of Intervention:** Diabetes awareness and exercise program in a multi-ethnic workforce

**Intervention Strategies:** Group Education

**Purpose of the Intervention:** To increase exercise and diabetes knowledge

**Population:** Mainly Polynesian hospital workforce

**Setting:** Hospital in New Zealand; worksite-based

**Partners:** Hospital management, culture advisor

**Intervention Description:**

- Group Education: Participants were invited to a community diabetes education session and the showing of a 17-minute diabetes awareness video entitled "Lets Stop Diabetes Now." The community diabetes educators utilized personally-designed and illustrated flip charts. Presentations lasted approximately one hour with groups ranging in size from 5 to 15 participants. Educators were matched to the ethnicity of participants. Once a week, a physiotherapist held low impact exercise classes during the last thirty minutes of work.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Physiotherapist, community diabetes educators
- Training: Not mentioned
- Technology: Not mentioned
- Space: Hospital facilities to recruit workers and conduct sessions
- Budget: Not mentioned
- Intervention: "Let's Stop Diabetes Now" video, flip charts, culturally-tailored exercise plan
- Evaluation: Questionnaires, anthropometric measurement tools

**Evaluation:**

- Design: Quasi-experimental
- Methods and Measures:
  - Questionnaires assessed knowledge.
  - Anthropometric measurements were collected to assess body composition.

**Outcomes:**

- Short Term Impact: Increased diabetes knowledge was retained in the intervention group for at least six months after the end of the intervention.
- Long Term Impact: The exercise sessions were well attended, although attendance declined over the intervention period. One month after termination of the program, the proportion reporting regular exercise activity had slightly increased.

**Maintenance:** Not mentioned

**Lessons Learned:** A widely-held view in New Zealand is that adult Pacific Island people consider it culturally-inappropriate to exercise. However, it appears the combination of culturally-tailored exercise techniques and diabetes video presentations can change this attitude.

**Citation(s):**

Simmons, D., C. Fleming, et al. (1996). "A pilot diabetes awareness and exercise programme in a multiethnic workforce." *N Z Med J* 109(1031): 373-6.