

Quality Criteria and Recommendations (QCR) Health and wellbeing for all —



Culturally sensitive lifestyle intervention for Somalis

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Abstract

Description & knowledge

- Type 2 diabetes is more common among Somali origin population compared with other immigrant groups or native Finns
- The differences between ethnic groups can be partly explained by genetic and lifestyle factors, such as diet and exercise habits
- There are no existing public health interventions targeting the needs of immigrant population groups

Rationale

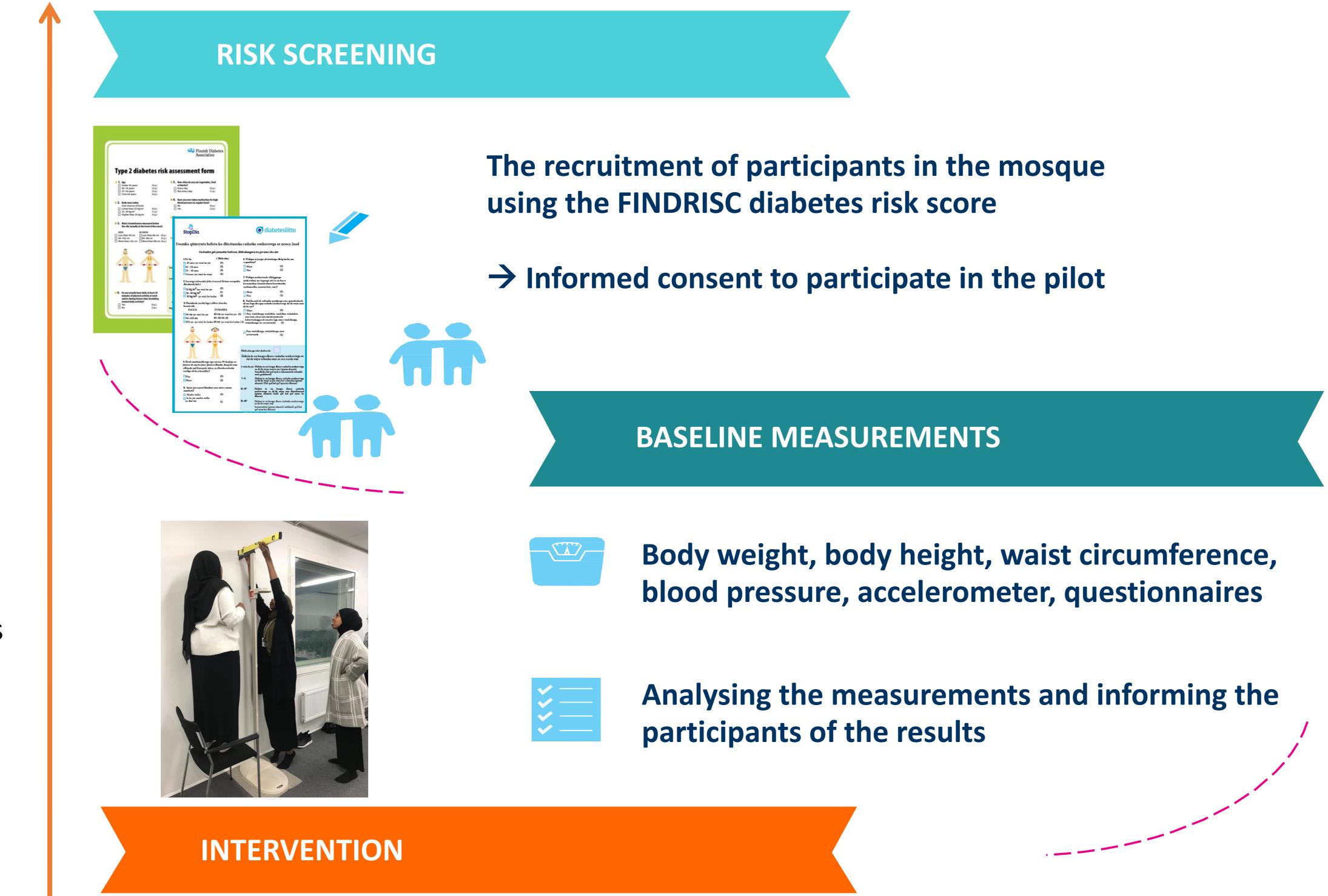
- Type 2 diabetes is preventable by lifestyle counselling provided to high-risk individuals
- In Finland, a national model (StopDia) for diabetes risk identification and prevention on the individual, environmental and societal level has just been developed

Specific aims

- To use the QCR tool to develop and pilot a lifestyle intervention specifically tailored to the Somali population using the StopDia model
- To examine the effects and suitability of the StopDia-concept on this specific population

Key performance indicators

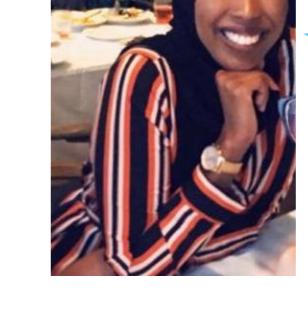
- Training completed
- Recruitment completed
- Three intervention groups: female, male, app only
- Group meetings completed
- Evaluation measurements completed



Face-to-face group intervention: 6 meetings over 12 weeks, delivered by a professional with Somali background and volunteer health care students











OUTCOME EVALUATION

Measurements & questionnaires repeated

CHRODIS PLUS Budapest Conference 14-15 May 2019

The Finnish pilot action

Enablers:

- Focus group discussions and workshops at the pre-implementation phase
- Co-operation with the Mosque
- Volunteer health care students with Somali background
- Comprehensive training of the volunteers
- 18 women and 6 men participating in lifestyle intervention (separate groups)
- The pilot intervention and the data collection completed by the mid of April, 2019

Barriers:

- The recruitment of men was difficult, as they tended to have low risk factor levels
- Some participants had difficulties in attending the scheduled counselling sessions due to the lack of time

Next steps:

- Evaluation of the pilot action
- Discussions about the continuation and scale-up of the piloted practice

Key messages

- > The QCR tool provides a useful framework for designing practices to improve prevention and care of chronic diseases
- > List of criteria is comprehensive and covers all necessary dimensions
- > QCR tool guides the implementers to see the whole picture at the beginning of the project and forces to ponder practical details in advance

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