

Culturally appropriate health education for type 2 diabetes is effective in the short-term

Clinical Question	How effective is culturally appropriate diabetes health education for important outcomes in the management of type 2 diabetes?
Bottom Line	Compared to 'usual care', culturally appropriate diabetes health education appears to have short-term effects (up to six months) on glycaemic control and knowledge of diabetes and healthy lifestyles. This health education includes using community-based health advocates, delivering information within same-gender groups or adapting dietary and lifestyle advice to fit a particular community's likely diet.
Caveat	None of the other clinical outcome measures, such as cholesterol, blood pressure or weight showed any improvement, nor were there any improvements in quality of life outcomes for patients. The benefits were not sustained one year later. The participants originated from developing countries but lived in upper-middle or high income countries. None of the studies were long-term (only 3 followed up at one year, the others were six months or less), and so clinically important long-term outcomes, such as development of diabetic complications, death rates and costs of the education programmes, could not be studied. The heterogeneity of the studies made subgroup comparisons difficult to interpret with confidence.
Context	In upper-middle and high income countries, minority ethnic groups often suffer a higher prevalence of type 2 diabetes than the local population. They also tend to come from lower socioeconomic backgrounds, with attendant difficulties in accessing good quality health care. In some cases, cultural and communication barriers increase the problems minority ethnic communities experience in accessing good quality diabetes health education, a vital aspect contributing towards patient understanding, use of services, empowerment and behaviour change towards healthier lifestyles.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

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**Cochrane Systematic
Review**

Hawthorne K et al. Culturally appropriate health education for type 2 diabetes mellitus in ethnic minority groups. *Cochrane Reviews* 2008, Issue 3. Art. No.: CD006424. DOI: 10.1002/14651858.CD006424.pub2. This review contains 11 studies involving 1,603 participants.

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