

Preparing a culturally
tailored online diabetes
self-management
programme for
evaluation and scale





Members of the HEAL-D patient involvement group.

HEAL-D (Healthy Eating & Active Lifestyles for Diabetes) is a type 2 diabetes structured education programme that supports people to achieve diet and lifestyle goals through the development of self-management skills.

The programme has been developed to address health inequalities and is co-produced and culturally tailored for adults of Black African and Caribbean heritage.

Project summary

The Covid pandemic has emphasised the importance of effective type 2 diabetes management and the need for accessible, culturally sensitive diabetes education to be a priority. HEAL-D was initially developed and evaluated as a face-to-face programme, and further developed to enable online delivery due to the pandemic.

The provision of bespoke diabetes education that meets the cultural needs of patients provides a cost-effective approach to improve long-term diabetes outcomes and tackle health inequalities.



The project had two workstreams:

- 1** An evaluation to explore the feasibility and acceptability of a virtual model of delivery for HEAL-D Online in south London, and the factors affecting its scale-up across other areas in England. This evidence was crucial to support further local commissioning of the service and inform research studies to examine the clinical impact of face-to-face and virtual HEAL-D delivery.
- 2** Exploring the potential for HEAL-D Online to be an effective solution in different populations and geographies, by preparing resources and engaging with areas outside south London to raise awareness and learn about potential commissioning and operating models.

The project partnered with community organisations to support the recruitment of people with lived experience and gain their trust and time. It also collaborated with the local Integrated Care System (ICS).

| Addressing health inequalities

The HEAL-D programme was developed to address inequities in healthcare access. Co-design methods were used to identify the optimal structure, format and methods of delivery, and to ensure the content was culturally sensitive. HEAL-D continues to be developed in partnership with people living with type 2 diabetes of African and Caribbean heritage.

The project recruited a reference group of people with lived experience of diabetes, and who have completed HEAL-D Online, to be part of the process and review all key decisions. This included the redesign of a questionnaire and materials for the evaluation, such as developing the service user interview questions and review of resources.

A series of interviews was held with people who completed HEAL-D Online to understand their experience of the programme. Additionally, focus groups were held with people from the HEAL-D target population outside of London to understand the impact of a digital model of participation. The group considered the impact of culturally tailored content, and the potential digital exclusion caused by remote methods of delivery. Additionally, involvement and service user feedback has informed programme resource development and recommendations for future service delivery.

Another way the project sought to address health inequalities was by understanding type 2 diabetes services in different geographies and operational models for areas with low and high density populations, to support other areas to take up HEAL-D as effectively as possible. The potential scale of HEAL-D Online means that more populations can benefit from the programme, addressing unmet needs and closing the inequalities gap elsewhere in the country.

Members of the HEAL-D reference group



“The HEAL-D team have brought hope. They understand our African and Caribbean way of life and have deep-dived into how to connect with us. The HEAL-D programme breaks things down and builds them up again in a way that we can identify with. Understanding that we can still eat the things we love in controlled portions and actually stay alive and healthy is a breakthrough.”

HEAL-D service user

| Outcomes

Initial review of the data suggests that HEAL-D Online is both acceptable and feasible as an innovation, and could provide an opportunity to offer a culturally tailored programme in areas where geography or population density may mean a face-to-face model is not practical or cost effective. However there are challenges around digital exclusion which were explored in this project, and will require further consideration in future development of HEAL-D Online.

Through population analysis and identifying populations experiencing health inequalities in type 2 diabetes healthcare access, and working with them to understand their needs, it was possible to identify where HEAL-D Online could address gaps and unmet needs. This may include innovative ways of working, such as pooling resources across geographies which could produce efficiencies.

To understand population demographics and the impact of HEAL-D, it is important to ensure that data is relevant and of sufficient quality. For this to be available, it is necessary to ensure that those collecting the data have the expertise and resource to do this.



| Implications for service improvement

Service planning

- Use population health data to review local population needs and health inequalities.
- Ensure allocation of funds to actively address and reduce inequalities.
- Be open to innovative ways of working which could produce efficiencies, such as working across ICS boundaries, creating a centralised virtual delivery model with local community organisations trained to deliver in person for those who are digitally excluded.
- Ensure time and funding for lived experience engagement is embedded within the project plan.

Practice

- Actively target services to meet the needs of the population.
- Adapt usual referral process to ensure engagement from target population (e.g. working with community organisations to build trusted relationships between healthcare and service users).

Policy making

Invest in culturally tailored services and delivery at scale.

Behaviour

Apply learning from HEAL-D to other areas of practice, based upon the positive experience of care that is reported by attendees.

Research commissioning

Ensure research provides valuable insights to inform commissioning decision-making.

Next steps

HEAL-D will continue to involve people with lived experience, who are key to ensuring the intervention meets the needs of the target population. It will also ensure insight and feedback is collected from people who do not engage with health services and do not attend or complete HEAL-D to understand their needs and inform development of a more accessible programme.

The team will explore opportunities in other areas of England to further assess acceptability of the programme content and build an evidence base.

A large clinical-effectiveness and cost-effectiveness trial is underway, which will run in London, Birmingham and Manchester over the next four years.

Resources

- HEAL-D [website](#), [leaflet](#) and [participant resources](#).
- Peer-reviewed evaluation protocol published in [BMJ Open](#) (November 2022).
- [Blog](#) and [case study](#) focusing on the involvement activities.

Key partners

Delivered thanks to a partnership between:

- Health Innovation Network (HIN) South London
- Applied Research Collaboration (ARC) South London
- King's College London

With thanks to:

- Guy's and St Thomas' NHS Foundation Trust
- Caribbean and African Health Network
- Greater Manchester Integrated Care Board
- Voice of BME Trafford
- Holloway Seventh Day Adventist Church

Also special thanks to our Lived Experience Reference Group members who have supported the project.

This project was undertaken by Health Innovation Network (HIN) South London and National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) South London with funding from the Accelerated Access Collaborative at NHS England, and support from the NIHR.

The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.



More information

HIN South London

 healthinnovationnetwork.com

 hin.southlondon@nhs.net

ARC South London

 arc-sl.nihr.ac.uk

 arc-communications@kcl.ac.uk

Care settings

 Community

Clinical areas

 Diabetes

Cross-cutting themes

 Diversity, inclusion, and equality

 Health inequalities

 Patient and public involvement and co-design

Solution themes

 Management

Innovation types

 Service

Innovation status

 Proof of value