NICE public health guidance on prevention of type 2 diabetes – preventing pre-diabetes:

Testimony by the Aga Khan Health Board for the UK

1 Introduction

This testimony aims to provide an overview of the existing and planned activities within the Ismaili Muslim community to promote health and prevent pre-diabetes. Each intervention has stemmed from formal and informal needs analyses. The Aga Khan Health Board for the UK (AKHB UK) recognises that in order to promote healthy lifestyles, information must be made available to the community and health behaviours must be normalised. Below we describe interventions that are aimed at addressing each of these spheres.

2 Background

2.1 The Ismaili community

The Ismailis are a religious community of Shia Imami Muslims. In the UK, the community is widely dispersed with concentrations in London and the Midlands. The Ismaili Muslim community contains considerable geographic and cultural diversity and it mainly consists of first and second-generation immigrants from India, Pakistan and South East Asia. The cultural practices therefore vary widely, with increased diversity added from the incorporation of Western culture and habits.

2.2 AKHB UK

AKHB UK forms part of the national social governance structure of the Ismaili Community in the UK and consists of health professionals who provide their time in a voluntary capacity. By working within their community, this group aims to identify the health needs of Ismailis and to develop programmes, provide support, and impart education to improve the community's health in a culturally sensitive way. AKHB UK has been operational since December 1986 and currently comprises 11 healthcare professionals each with a defined portfolio.

3 Risk and needs assessment

AKHB UK recognises the importance of data gathering to inform strategic planning and has attempted to estimate the prevalence of disease and associated risk factors within the UK Ismaili community. There is regular monitoring of death certificates to determine common causes of death within the community. Additionally, a health status census was carried out in 1994, with a repeat sample survey (n=1000) in 2000. Key findings included:

- Estimated 5% prevalence of diabetes in the community (self-reported; ages <11 to >50 years)[i];
- Estimated IGT prevalence of 13% (from screening, self-selected at community events, ages 5-78[ii];
- Estimated 43% of the community engaging in physical activity only *occasionally* or *not at all*[i].

The above data are to be expected given the ethnic backgrounds of our community members, which are recognised to confer increased risks of cardiovascular disease and diabetes. Adoption of a 'Western' lifestyle with decreased physical activity may increase this risk further.

4 Dietary behaviour

Recipes sourced from the South Asian Food Survey (1); The Ismaili "Taste of our Cooking" publication (2); recipes collected from members of the Ismaili community during a national recipe competition in 2010; and observations of behaviour indicate that the following dietary habits are prevalent within the UK Ismaili community:

- Recipes tend to be handed down from previous generations;
- Ingredients are not measured out in the process of cooking many traditional dishes. This makes advice to reduce added fat, sugar and salt difficult to implement;
- Many recipes tend to be lower in fat and calories content than traditional Bengali and Pakistani dishes (1, 3);
- Families tend to be adopting a mix of Western and traditional eating habits;

- Typical meals can be heavily based on carbohydrate, e.g. potato, lentils, chapattis and rice;
- The mode of eating is conducive to larger portion sizes: platters of food are placed centrally on the dining table and it is considered hospitable to encourage second or further helpings. A variety of components to a meal can make portion control difficult;
- Women are usually the primary cooks;
- There is a culture of hospitality with food occupying a central role, especially during cultural festivities;
- There is a limited awareness of the link between dietary behaviour and the higher prevalence of conditions such cardiovascular disease and diabetes.

5 Tailoring of programmes

Recognition of dietary habits has influenced the methods used when addressing lifestyle change in the community.

The 'Cooking with Auntiji' programme[iii] encourages young people to learn how to cook traditional dishes. These lessons incorporate measured ingredients and health education (4).

Insufficient data exist regarding nutritional intake and practices of South Asians in the UK. In response to this identified need, the Ismaili community has initiated its own programmes and research. This is covered in more detail below.

6 The Ismaili Nutrition Centre

In the mid 1990's AKHB UK noted the lack of nutritional data on foods commonly consumed by South Asian communities and thus set out to address this need. AKHB UK aimed to enable healthcare professionals who worked in areas of high South Asian population to better understand current dietary practices. This would then enable them to impart tailored, culturally appropriate and practical dietary guidance to their patients.

This South Asian Food Survey (1), carried out by King's College London, is a research project that investigated the nutritional content of foods commonly consumed by various South Asian groups living in the UK. The study was jointly funded by the Aga Khan Foundation (UK), the Department of Health and the then Ministry of Agriculture, Fisheries and Food. These data were published by AKHB UK in 2000.

This publication, used primarily by dietitians, offers a detailed analysis of the nutritional content of commonly eaten dishes such as dahl (lentils) and biryani, including some healthier, lower-fat variations.

In 2009, AKHB UK set out to use these data for dietary modification by creating 'The Ismaili Nutrition Centre' (www.TheIsmaili.org/nutrition). This includes a collection of user-friendly traffic-light coded recipes (using the Food Standards Agency sign-posting criteria, (5) for dishes commonly eaten by the communities participating in the original research (Ismaili, Pakistani and Bangladeshi). In time, the recipe library on this online resource will be expanded to draw on data gathered from other groups including African, Middle Eastern and Central Asian communities, as we recognise the representation of these groups within the Ismaili community. The next phase of recipe publication will also include more Westernised dishes to reflect current UK eating patterns. This, we believe, will also attract younger people to the site.

Additionally, the site contains a host of culturally appropriate healthy eating tips, as well as "Eating for Health", a regular column written by South Asian dietitians. The Ismaili Nutrition Centre has been peer-reviewed by five leading UK dietitians (6) and is supported by a number of organisations including the British Dietetic Association (BDA), the British Nutrition Foundation, the British Heart Foundation, the Food Standards Agency, the World Cancer Research Fund and Diabetes UK, amongst others (7). Azmina Govindji, site dietitian, was awarded a BDA Roll of Honour 2009 for her work on this project.

7 Other health promotion activities

7.1 Promotion of healthy food choices

In addition to the Ismaili Nutrition Centre, AKHB UK aims to promote healthy food choices at times when food is served at numerous community social events across the country. At a recent social event, options

were given to the community to partake in a 'biryani' dinner cooked in the traditional style or a healthier version of the same dish. It is of note that less than five per cent opted for the healthy option (8). As such, it is clear that work still needs to be done to encourage individuals to make healthier food choices. The availability of healthy food as the only option at such events is currently being considered.

7.2 Screening and education

The emphasis on screening within the community has lessened over recent years as the National Health Service has encouraged screening within primary care through the Quality Outcomes Framework targets. We continue to perform opportunistic screening as part of wider health awareness. This occurs at the biannual National Sports Festival (with waist circumference and body mass index measurement). A health screening event is planned for the community in Leicester in October 2010, with the aim of identifying a cardiovascular risk score for each community member.

AKHB UK also takes the opportunity to educate the community on (i) the importance of healthy eating and physical activity, and (ii) the early identification and management of chronic diseases (e.g. diabetes). Examples of such instances include 'Health Fairs', 'Health days' and organised talks provided by healthcare professionals within the community.

7.3 Physical activity

Social activities and voluntary service are important components of community life. We have sought to encourage the community to engage in increased physical activity by holding formalised events and activities for all ages. Examples include:

- *'Partnerships in Action Walk and Run'*: A biannual fundraising event for the Aga Khan Foundation, comprising a sponsored 10 km walk or run, with participants ranging from ages <5 to >80 years.
- *National Sports Festival:* A biannual community sports event with a 26-year history. This event aims to promote competitive sports at all ages. NSF 2010 saw over 1000 participants playing 11 sports and competing in 37 categories.
- *The Jubilee Cup*: an annual family sports event held for the UK Ismaili community that plays host to football, netball and volleyball tournaments.
- *Bike4Life*: an annual fundraising bike challenge (across Sub-Saharan Africa in 2010).
- *Yoga for senior citizens* (aged >60 years) as part of their weekly social programme.

Whilst many of these events are episodic, we aim to embed physical activity in community activities in order to promote an active culture.

8 Conclusion

Effectiveness of our efforts in preventing pre-diabetes will be dependent on:

1. A critical mass of information on all cooked foods commonly consumed by our community in the UK at present;
2. Awareness within the community of how to access and use this information to assess and act on risky behaviour; and
3. Appropriate behaviour change.

As volunteers, we have limited resources in ensuring and evaluating these strands. Despite this, we continue to strive to achieve these goals and believe we are well on our way. The interventions and activities that we describe synergise with existing DH/NHS initiatives and are potentially replicable to communities with similar ethnic and cultural backgrounds.

References

1. "The Composition and Nutrient Content of Foods Commonly Consumed by South Asians in the UK" by Patricia A Judd, Tashmin Kassam-Khamis, Jane Thomas. Aga Khan Health Board for the UK, 2000. ISBN 0-9537882-3-7.
2. "A Taste of our Cooking", Women's Activities Portfolio, His Highness Prince Aga Khan Shia Imami Ismaili Council for the UK, 3rd edition, 2002.
3. The Ismaili Nutrition Centre, www.TheIsmaili.org/nutrition
4. Chicken curry recipe: http://www.theismaili.org/recipe/64/Chicken-Saak-curry; mini kebabs: http://www.theismaili.org/recipe/66/Mini-Kebabs ; potato curry: http://www.theismaili.org/recipe/65/Potato-Curry-Bateta-Saak
5. http://www.food.gov.uk/foodlabelling/signposting
6. http://www.theismaili.org/cms/544/Collaborators-and-contributors
7. http://www.theismaili.org/cms/709/What-others-are-saying
8. Estimate based on observation and analysis of food remaining after the event.

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[i] Aga Khan Health Board UK (2000) Health Status Sample Survey

[ii] Aga Khan Health Board UK (1994) Health Status Screening

[iii] Youth Cultural and Social Network Programmes: *Cooking with Auntiji*. His Highness Prince Aga Khan Shia Imami Ismaili Council for the UK, 2009 and 2010. http://www.foodvision.gov.uk/pages/cooking-with-auntiji