Workshop 2

Lifestyle and diabetes prevention programmes for minorities

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Projected Diabetes Prevalence in 2030

- United States and Canada: 33.9% (2030), 19.7% (2020)
- European Union: 37.4% (2030), 28.3% (2020)
- Middle East: 52.8% (2030), 30.1% (2020)
- India: 79.4% (2030), 31.7% (2020)
- China: 42.3% (2030), 20.7% (2020)
- Sub-Saharan Africa: 22.0% (2030), 13.3% (2020)
- Latin America and the Caribbean: 148% (2030), 148% (2020)
- Southeast Asia: 58.1% (2030), 22.3% (2020)
- Australia: 0.9% (2030), 0.7% (2020)

Research at 02.04.2007
Special Challenges in Minorities

Minority groups are often more vulnerable to health inequalities and poor healthcare.

Reaching minority groups for lifestyle education and education is often more difficult than standard local populations, given barriers in language, culture, and neighbourhoods.

The effectiveness and generalizeability of traditional diabetes prevention programs is uncertain in minorities and immigrants.

Finally, given social cohesiveness of minority populations, optimizing interventions for minority social networks could possibly be important to managing diabetes in minorities.
Questions for discussion

How can we better monitor changing diabetes prevalence, and lifestyle risk factors in minority groups and immigrants?

How do culture and ethnicity affect the effectiveness of traditional lifestyle intervention programs?

How can we better target and carry out lifestyle intervention programmes in difficult to reach minority groups?

Given the social cohesiveness of many minority populations, how can we leverage minority social networks for delivering more effective diabetes prevention and control programs?