Barriers and enablers to attending diabetic retinopathy screening experienced by immigrants to Canada from multiple cultural and linguistic minority groups
Introduction
Introduction

• People from ethnocultural backgrounds are at higher risk of developing diabetic retinopathy → Can lead to partial loss of vision or blindness

• Lower attendance to retinopathy screening among newcomers, especially:
  • People from China
  • People from South Asia
  • People of African descent

➢ Why?

➢ What can be done to make it easier for these persons to get their eyes checked?
1- Objectives
Objectives

Identify barriers and enablers to attending diabetic retinopathy screening across three linguistic and cultural minority groups in Canada
2- Patients involvement
## Patient involvement

<table>
<thead>
<tr>
<th>OUR PATIENT EXPERTS</th>
<th>WERE CONSULTED</th>
<th>CONTRIBUTED WITH</th>
<th>SUPPORTED IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key members of our team</td>
<td>In discussions and on study components</td>
<td>Their lived expertise with diabetes</td>
<td>Participant recruitment from their communities</td>
</tr>
<tr>
<td>Immigrants from a South Asian, Chinese or francophone African background</td>
<td>On potential intervention strategies</td>
<td>Their cultural expertise to maintain cultural relevance</td>
<td>Data collection</td>
</tr>
</tbody>
</table>
3- Research design
Research Design

Individual interviews conducted in native language of participants

- 13 South Asian immigrants (Hindi/Urdu)
- 13 African immigrants (French)
- 13 Chinese immigrants (Mandarin)

Phase 1: Qualitative analysis using the Theoretical Domains Framework

Phase 2: Mapping barriers and enablers to Behaviour Change Techniques to inform culturally tailored intervention for the 3 groups
Research Design

Examples of ‘top five’ theme cards and individually selected solutions with French speaking individuals of African Descent (left) and Urdu speaking individuals of Pakistani descent (right).
Research Design

Participants and research staff from co-design session conducted in Mandarin with individuals of Chinese descent. Generated solutions to barriers visible on chart-paper in background.
4- Results
<table>
<thead>
<tr>
<th>Theme</th>
<th>African</th>
<th>Chinese</th>
<th>Pakistani Men</th>
<th>Pakistani Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>I didn't know it was free or it costs too much money</td>
<td>It’s too long a wait for an appointment</td>
<td>the doctor doesn’t tell me about it, or help me make my appointment</td>
<td>the doctor doesn’t tell me about it or help me make my appointment.</td>
</tr>
<tr>
<td>2nd</td>
<td>I don't know what diabetic retinopathy is, what screening is, or how to make an appointment at the clinic</td>
<td>I don’t know what screening is</td>
<td>I don’t know what diabetic retinopathy is, or what screening is, or why it is important</td>
<td>My family and friends think it’s important / My family helps me to do it</td>
</tr>
<tr>
<td>3rd</td>
<td>I don't have access to a doctor</td>
<td>The doctor doesn't tell me about it, help me make my appointment, or remind me</td>
<td>I didn’t know it was free or It costs too much money</td>
<td>It is a priority and is important to me</td>
</tr>
<tr>
<td>4th</td>
<td>I'm worried about getting bad news</td>
<td>It’s hard to make an appointment</td>
<td>My family helps me to do it</td>
<td>There’s a risk it might harm my eyes</td>
</tr>
<tr>
<td>5th</td>
<td>it's hard to fit it in around work and other things in my life</td>
<td>I prefer to do my own research on it first</td>
<td>It is a priority and is important to me</td>
<td>Other people I know have eye problems</td>
</tr>
</tbody>
</table>
5- Discussion and lesson learned
Discussion

• Taking a Theoretical Domains Framework-based approach allowed us to hone in on particular barriers and enablers to prioritise for future interventions and support for each group.

• These nuances have important implications for developing culturally competent and linguistically-appropriate interventions, with some degree of tailoring for each group.
Lesson learned

• Participants more reachable for the interviews in the preferred (non-English) language.

• Partnerships with community leaders facilitated recruitment. But missing some homogeneity.

• The study focused on just one South Asian country. Future research may focus on other countries.

• Rooting data collection and analysis in the Theoretical Domains Framework gave access to more possible barriers/enablers.
Conclusion
Conclusion

• More work is needed to see if the barriers/enablers are representative of other ethnocultural minority groups in general.

• A simple awareness-raising or educational intervention is likely to be insufficient for supporting cultural and linguistic minority groups to attend retinopathy screening.

• We expect to develop culturally-tailored behaviour change interventions to increase diabetic retinopathy screening attendance among people from ethnocultural minority backgrounds in Quebec and Ontario.
THANK-YOU!

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