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

Introduction

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- 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



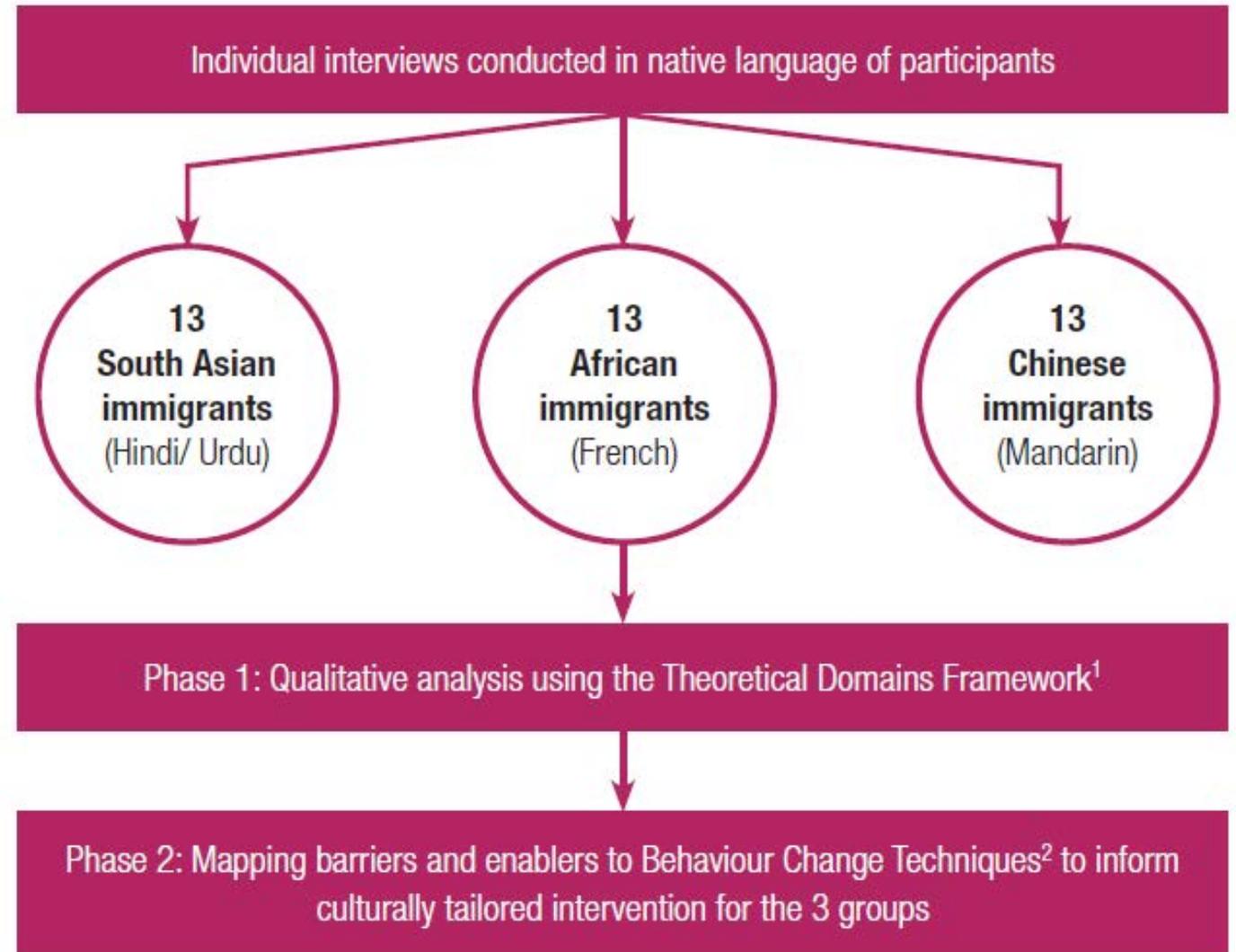
2- Patients involvement

Patient involvement

OUR PATIENT EXPERTS			
ARE	WERE CONSULTED	CONTRIBUTED WITH	SUPPORTED IN
Key members of our team	In discussions and on study components	Their lived expertise with diabetes	Participant recruitment from their communities
Immigrants from a South Asian, Chinese or francophone African background	On potential intervention strategies	Their cultural expertise to maintain cultural relevance	Data collection

3- Research design

Research Design



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

Summary of the top five themes identified in each co-design session:

	African	Chinese	Pakistani Men	Pakistani Women
1 st	I didn't know it was free or it costs too much money	It's too long a wait for an appointment	the doctor doesn't tell me about it, or help me make my appointment	the doctor doesn't tell me about it or help me make my appointment.
2 nd	I don't know what diabetic retinopathy is, what screening is, or how to make an appointment at the clinic	I don't know what screening is	I don't know what diabetic retinopathy is, or what screening is, or why it is important	My family and friends think it's important / My family helps me to do it
3 rd	I don't have access to a doctor	The doctor doesn't tell me about it, help me make my appointment, or remind me	I didn't know it was free or it costs too much money	It is a priority and is important to me
4 th	I'm worried about getting bad news	It's hard to make an appointment	My family helps me to do it	There's a risk it might harm my eyes
5 th	it's hard to fit it in around work and other things in my life	I prefer to do my own research on it first	It is a priority and is important to me	Other people I know have eye problems

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

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- 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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