

Perspectives of healthcare professionals and stakeholders who provide education for culturally and linguistically diverse communities to prevent cardiovascular disease and stroke: a qualitative study

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BACKGROUND:



Australia is a culturally diverse nation.
1 in 7 Australians were born in a non-English speaking country
1 in every 4 Australians speak a language other than English (1).



People from culturally and linguistically diverse (CALD) are at a higher risk of cardiovascular disease (CVD) and stroke (2).



Health education and promotion strategies are known to improve self-management to mitigate chronic disease progression (3).



Healthcare professionals and end-user organisations face numerous challenges in providing CVD and stroke prevention education to people from CALD communities.

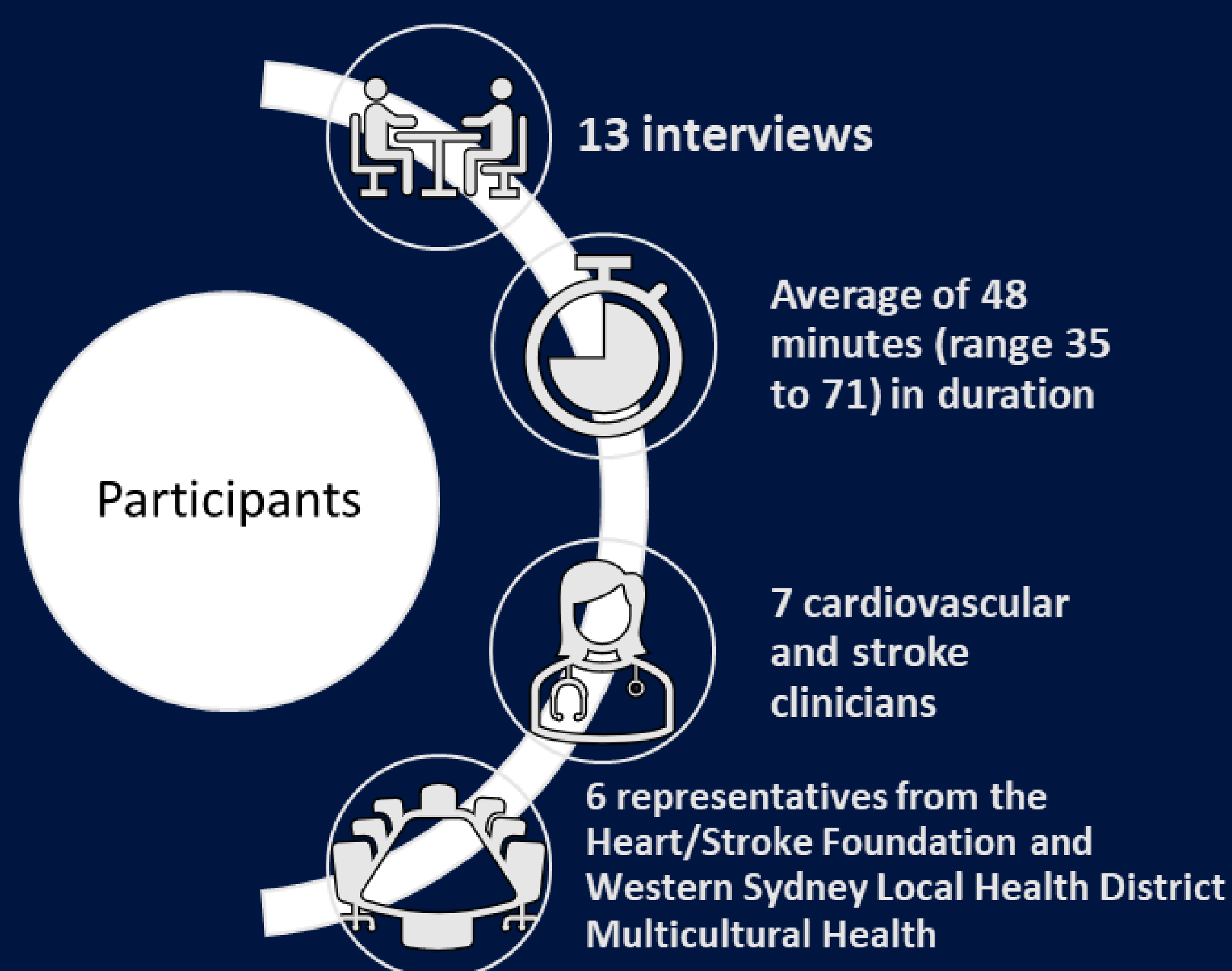
AIM:

To explore the experiences, attitudes and opinions of healthcare professionals and stakeholders with regard to providing CVD and stroke prevention education for people from CALD communities.

METHODS:

A qualitative descriptive study.
Purposive and snowball sampling was used to identify clinicians and representatives of end-user organisations who provide CVD and stroke prevention education to people from CALD communities.
One-to-one semi-structured interviews were conducted via Zoom, audio-recorded and transcribed verbatim.
Data were analysed in Nvivo using inductive thematic analysis following Braun and Clarke's method and guided by the COM-B framework for behaviour change.

RESULTS:



FUNDING:

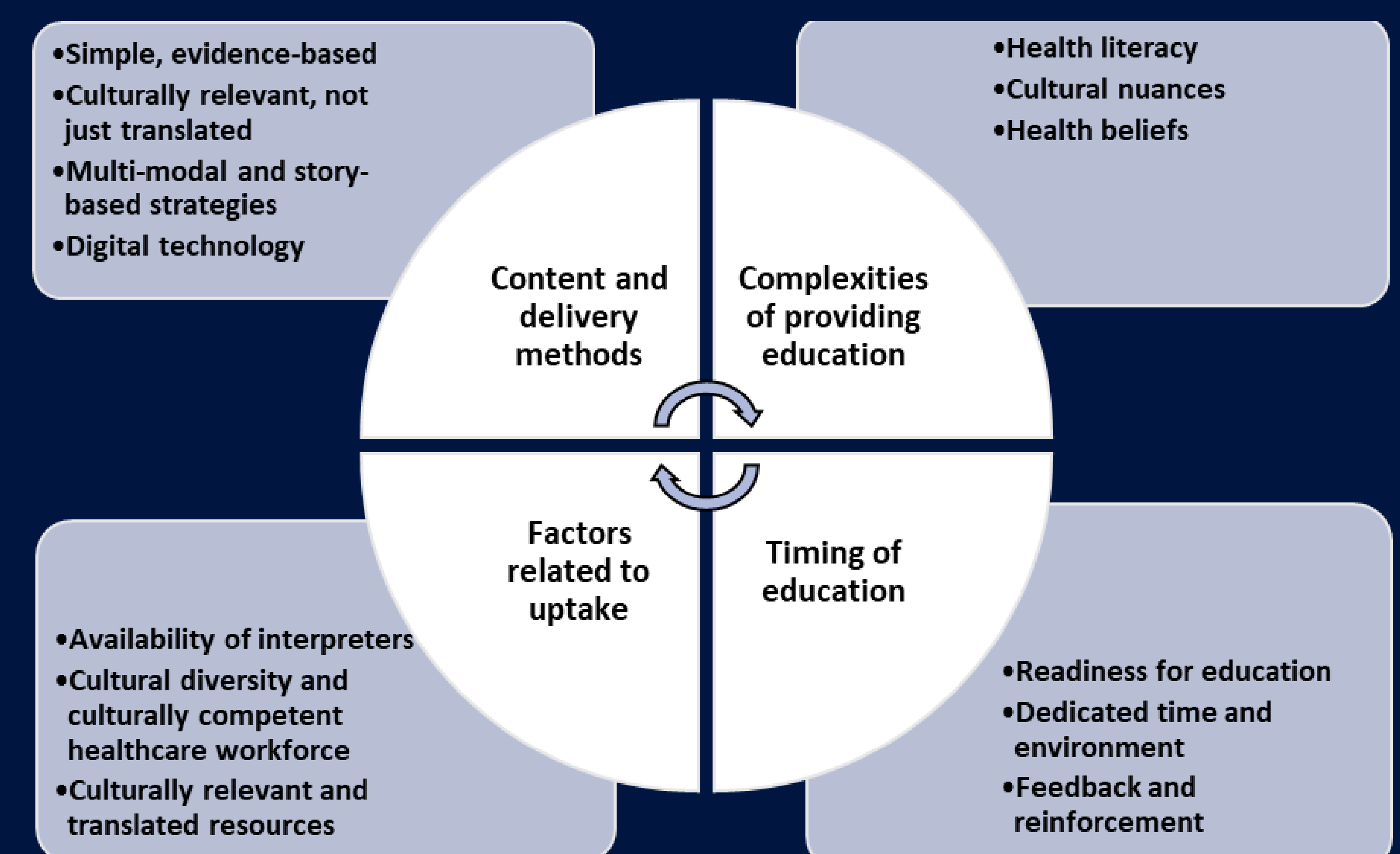
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FINDINGS:

Four key themes were identified.
Each theme has 3-4 sub-themes.



Theme 1: Complexities of providing education

Sub-theme: Cultural nuances

"...but it's always more complex when you're engaging with an audience that have a whole different way of looking at their life, the way that they live, their relationship with their community, their beliefs, and even their relationship with how they see the medical community and the health community." – Heart Foundation staff, Interview #9

Theme 2: Timing of education

Sub-theme: Dedicated time and environment

"...taking the time to be with them, knowing that it will take some more education or more time with an interpreter or whatever it might be." – Speech Pathologist, Interview #4

Theme 3: Content and delivery methods

Sub-theme: Simple, evidence-based

"I'm very simplistic in a way that I educate patients. There's no point using big words and a lot of times the medical people will go in and they'll talk to them, and they nod yes they understand it and then they walk away and they look flummoxed right, because nobody really likes to speak up sometimes." – Stroke CNC, Interview #2

Theme 4: Factors related to uptake

Sub-theme: Cultural diversity and culturally competent health workforce

"Our staff are very experienced, and most of them are bilingual so they understand the cultural sensitivity of the community. We have already developed presentations and then we look at whether it's appropriate for that community." – Multicultural Health staff, Interview #11

CONCLUSION:

- Healthcare professionals and stakeholders highlighted the need for culturally tailored educational-behavioural programs for CVD and stroke prevention in CALD communities.
- Engaging CALD communities in co-design is critical in building trust and producing high-quality interventions that are appropriate to the community they serve.

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