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Title

Understanding Culturally Tailored Approaches in Males of Punjabi Ancestry with Alcohol Use Disorder at Roshni Clinic

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Learning Objectives: 1. Identify and describe factors that are important to the care of patients of Punjabi ancestry suffering from AUD. 2. Explain the importance of culturally tailored approaches to primary care in the context of AUD. Context: Structural and institutional racism in the healthcare system, language barriers, and stigma have resulted in people of color (POC) facing increased barriers to healthcare access, even though POC are often experiencing greater severity with their substances use disorders. There is limited research on the evaluation or description of culturally tailored interventions and limited culturally tailored centers serving racialized populations struggling with AUD, especially for the Punjabi population. Therefore, it is crucial for primary care providers to understand the importance of culturally tailored approaches to this patient population, as they are often the first point of contact. Objective: To understand and describe what aspects of care provided at Roshni Clinic was beneficial to patients by conducting a qualitative analysis of interviews. Study Design: Qualitative study. Interviews translated from Punjabi to English. Responses transcribed and coded, occurrences of themes were tabulated. Setting: Study completed at Roshni Clinic, a culturally tailored center located in Surrey, Canada that addresses problems associated with alcohol and other substances for adults >18 years old in a holistic, culturally tailored approach. Population Studied: Eight participants recruited and consented. Inclusion criteria: cis-male of Punjabi ancestry, communicate in English/Punjabi, diagnosed with AUD, hospitalized for alcohol related harms, and presented for care at Roshni. No exclusion criteria. Results: Nearly half the responses identified culturally tailored approaches as most helpful. Over one third of the responses indicated structural factors intrinsically tied to Roshni such as counseling, and accountability, as helpful. Approximately 10% was attributable to medications and patient education. Conclusions: Culturally tailored approaches and providers fluent in the Punjabi language proved to be the most beneficial factors to patients at Roshni Clinic. There are limited culturally tailored, primary care addictions centers such as Roshni Clinic serving Punjabi males with AUD in BC's Lower Mainland. Thus, this study stresses the importance of investment in research and development of patient informed culturally tailored care centers.