Submission Id: 4201

Title

Contextualizing diabetes and obesity care for immigrant and refugee populations

Priority 1 (Research Category)

Community based participatory research

Presenters

Nicole Ofosu, PhD, Thea Luig, Yvonne Chiu, Roseanne Yeung, MD, FRCPC, MPH, Karen Lee, MD, MHSc FRCPC, Denise Campbell-Scherer, MD, PhD

Abstract

Context: Personalized healthcare strategies are recommended for diabetes and obesity. This approach helps to identify and address root causes and barriers to patients' health, and provides them with a sense of agency in healthcare. To develop such strategies for migrant patients, there should be a deeper understanding of their situation.

Objective: To understand healthcare gaps and opportunities for enhancing diabetes and obesity care for immigrant and refugee populations in primary care.

Study Design, Setting and Population Studied: A community-based research, involving 3 qualitative studies conducted in Edmonton, Alberta. Study participants were: 1) members of ethnocultural communities with diabetes and/or obesity; 2) Multicultural Health Brokers (MCHB) - community health workers (CHW) in these communities; and 3) Healthcare providers (HCP).

Data set and Analysis: We generated data through interviews and focus groups. Community member (CM) study had 3 focus groups (two groups of 8 males & females (mixed); one of 13 females); and 22 interviews (5 males, 8 females). MCHB study had 10 interviews (females) and 2 observation sessions. HCP study had 4 focus groups (two groups of 6; 2 groups of 8 mixed) and 9 interviews (2 males, 7 females). Data were thematically analyzed.

Outcome Measures: CM study explored lived experiences of diabetes and obesity. HCP study examined experiences with caring for patients with diabetes and obesity from ethnocultural communities. MCHB study examined broker roles in relation to primary care.

Results: CM study showed that pre- and post-immigration stressors interact synergistically with the lived experience of diabetes and obesity thereby compounding the adverse disease effects. HCP study showed significant challenges navigating cultural distance and trying to address the non-medical issues of migrant patients. MCHB study illustrated their embeddedness in ethnocultural communities playing an invaluable but largely unrecognized role as partners in primary healthcare.

Conclusions: Our findings highlight the challenges of intercultural care in primary care settings. CHWs like the MCHB can provide context for healthcare providers, thereby supporting a personalized and context-informed care that understands the intersecting realities of migrant populations. Collaborations with CHWs in primary care have widespread implications for improving healthcare and reducing health disparities for migrants with diabetes and/or obesity.