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| **Symposium or Masterclass Title (max. 10 words):**  *The title should be as brief as possible and clearly indicate the nature of the session. If you wish to include a subtitle, it must be included in this field and included in the 10-word limit.* |
| Supporting optimal diabetes management in culturally and linguistically diverse communities |

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| **Presenters:**  *Please provide details of all proposed presenters including their name, email address, ADS or ADEA member number (if applicable) and their residential state. Please indicate the key contact person for this session with an asterisk.* |
| **Blinded for review** |

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| **Session Chair(s):**  *Please provide details of the nominated session chair(s), including their name and email address.* |
| **Blinded for review** |

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| **Session description (max. 200 words):**  *Please provide an overview of the session, including key content each presenter intends to cover.* |
| This masterclass presents an evidence-based framework for enhancing diabetes self-management support in culturally and linguistically diverse (CALD) communities through health literacy principles. Delegates will be guided through practical approaches to cultural and linguistic adaptations of diabetes communication to optimise engagement and understanding by people living with diabetes (PWD) from CALD communities.  Dr Amira Howari will start by sharing her experiences of a person living with diabetes (PWD) from a CALD background receiving care, and how this shaped her diabetes management.  Dr Shannon Lin will share the evidence on the extent of CALD community members negatively impacted by healthcare delivered without or with limited consideration of their culture or language, the research around health literacy and strategies that can improve individual level support to improve diabetes management.  Supported by the presenters and Chair, delegates will work through case studies to apply the evidence-based strategies, adapting educational resources, and practicing cultural communication techniques to demonstrate real-world application of culturally and linguistically appropriate principles in diabetes education. By the end of the masterclass, delegates will be able to use these in their own practice. |

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| **Evidence base (max. 100 words):**  *Where appropriate, please include a brief description and citations of the evidence that supports your session or will be presented and discussed during the session.* |
| Despite comprising 29% of the population, 38% of Australians living with diabetes were born overseas (1). Behavioural patterns related to health, healing and wellness are shaped by intertwined culture and language (2). Therefore, improving health outcomes among Culturally and Linguistically Diverse (CALD) populations living with diabetes require culturally tailored approaches (3).  Australia faces challenges in providing accessible and culturally competent preventative services. Many service providers lack understanding of the barriers that CALD communities face in service access (4), while 10% of CALD community members are unaware of their rights to access free interpreting when talking to health professionals (5). |

**References**

1. Australian Bureau of Statistics (2018), National Health Survey: First Results, 2017-2018
2. Vaughn, E. J. and Krenz, V. D. (2013), Planning, Implementing, and Evaluating Culturally Appropriate Programs in Cultural Competence in Health Education and Health Promotion, 2nd Edition, eds. Pérez, M. A. and Luquis, R. R., pp. 171-192
3. Lagisetty, P., Priyadarshini, S., Terrell, S., Hamati, M., Landgraf, J., Chopra, V. and Heisler, M. (2017), “Culturally Targeted Strategies for Diabetes Prevention in Minority Population: A Systematic Review and Framework”, The Diabetes Educator (43), pp.54-77. 10.1177/0145721716683811
4. Ethnic Communities’ Council of Victoria and Diabetes Victoria (2022). Chronic Disease Prevention In Multicultural Communities. Access: [Chronic Disease Prevention in Multicultural Communities Report 2022 - V2.indd](https://eccv.org.au/wp-content/uploads/2022/05/Chronic-Disease-Prevention-in-Multicultural-Communities-Report-2022.pdf)
5. Ethnic Communities’ Council of Victoria, (2020), Communicating about COVID: Health Literacy and Language Services during the Pandemic. Access: [Communicating about COVID-19: Health Literacy and Language Services During Pandemic - Ethnic Communities Council of Victoria](https://eccv.org.au/communicating-about-covid-19-health-literacy-and-language-services-during-pandemic/)

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| **Key learning objectives (max. 100 words):**  *Please identify the key knowledge and/or skills that delegates will achieve by the conclusion of the session. Key learning objects can be presented in dot point form.* |
| 1. Importance of health literacy, and role it plays in people from CALD backgrounds and PWD generally 2. What clinicians can do to support health literacy at: advocacy and individual levels |