|  |
| --- |
| **Culturally-informed strategies for chronic wet cough in multiple Indigenous communities** |
| Gloria LAU1, Pam LAIRD1, Robyn AITKEN2, Melanie BARWICK3, Gabrielle MCCALLUM4, Peter MORRIS4, Richard NORMAN5, Maree TOOMBS6, Roz WALKER7, Anne CHANG4,8 and André SCHULTZ on behalf of the APPLE Investigator Group\*\*APPLE Investigator Group:Liam BEDFORD  Emily BOWDEN Angela FUERY Reece GRIFFIN Neha JAIN Mina KINGHORN Renae MCKENZIE Sarah MUNNS Bhavini PATEL Peter RICHMOND Aarti SAIGANESH Slade SIBOSADO Joan WILSON  |
| *1* *Wal-yan Respiratory Research Centre, WA, Australia**2 College of Medicine and Public Health, Flinders University, SA, Australia**3 Child Health Evaluative Sciences, The Hospital for Sick Children, Toronto, Ontario, Canada**4 Menzies School of Research, NT, Australia**5 School of Population Health, Curtin University, WA, Australia**6 School of Public Health, University of Sydney, NSW, Australia**7 School of Population and Global Health, University of Western Australia, WA, Australia**8 Australian Centre for Health Services Innovation, Queensland University of Technology, QLD, Australia* |
| **Introduction/Aim:** Chronic wet cough (CWC) is highly prevalent amongst Indigenous children. It is usually caused by protracted bacterial bronchitis which can lead to bronchiectasis if left untreated. Primary care is crucial in the timely detection and management of CWC. In 2018, we implemented a successful program in a Kimberley regional town, Western Australia, which improved CWC detection and management through health promotion, clinician training, and practice changes. However, given the diverse cultural and geographical characteristics of Indigenous communities, what proved effective in one community may not apply elsewhere. We studied the barriers and facilitators to implementation of our program in multiple Indigenous communities.**Methods:** A qualitative, Indigenous co-led, participatory action research study with semi-structured interviews at seven sites across Australia. The Consolidated Framework for Implementation Research was used to identify stakeholders and develop interview frameworks. Data were analysed using NVivo software.**Results:** 169 Indigenous family members and 95 health care practitioners (HCPs) participated. Families wanted culturally secure health information shared by Indigenous health staff and delivered using methods tailored to each community’s size and needs (home visits in smaller communities, organised events in larger ones). Other facilitators included customised visual materials aligned with local culture, social media and technology (where possible) and adapted communication methods (spoken or visual) and languages (English or local language). HCPs wanted repeated clinician training sessions (aligned with best practice) and diverse educational resources. HCPs faced challenges such as heavy workloads and staff turnover, and intermittent doctor presence in some settings. Clinic practice barriers could be addressed through system modifications such as adding CWC into routine screening, electronic record prompts, and initiatives to empower non-medical HCPs to prescribe and administer medications.**Conclusion:** Strategies for timely detection and management of CWC are broadly consistent across cultural and geographical contexts, although each site had unique characteristics that required tailored strategies.**Grant Support:** MRFF investigator grant (APP1193796: Preventing Bronchiectasis in Indigenous People) and NHMRC partnership grant (APP1170735: Partnerships to prevent permanent disease in children with chronic wet cough). |

Key Words: qualitative, culturally-informed, chronic wet cough

Word Count: 298