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| **How can ‘design thinking’ be used to guide the development of a culturally appropriate intervention?** |
| **Background/Objectives**  Non-English-speaking immigrant populations have lower levels of access to postnatal services and support than English-speaking populations. This is due to linguistic and cultural barriers to appropriate and timely care. In the Sydney Local Health District area, 45% of residents spoke a language other than English.  A trial intervention to improve access to information, health care and support for migrant new mothers was developed in partnership with Local Health District health professionals, Bilingual Community Researchers and academics, using design principles informed by the the Stanford ‘Design Thinking’ model.  **Methods**  We followed five ‘design thinking’ steps:  *1. Empathise – insight gathering*  Perspectives on barriers to appropriate access to health services for new migrant families were identified through 1) a qualitative research study involving 13 patient and 9 provider interviews and 2) a systematic literature review.  *2. Define - scoping*  Bangladeshi and Chinese mothers were identified as the target population as they comprise the two largest ethnic groups who gave birth in Canterbury Hospital in 2017 (excluding Australians). Informal conversations were held with key stakeholders and a 20-member Advisory Group was established, including members from the Bangla and Mandarin-speaking communities.  *3. Ideate – idea generation*  A ‘Scan Focus Act’ methodology was used to develop and refine the intervention in co-design sessions with Child and Family Health Nursing staff, Bangla and Mandarin-speaking Bilingual Community Researchers and the Research team.  *4. Prototype*  A series of 4-6 parenting workshops delivered in Bangla and Mandarin are scheduled for March 2019. These workshops will be facilitated by the Bilingual Community Researchers in conjunction with health professionals and interpreters.  *5. Refine and scale*  The intervention will be refined and scales following the completion of prototyping.  **Results**  Following the above steps proved to be a valuable approach to developing an intervention, as it provided a structured process for involving bilingual community researchers, academics and service providers in all stages of the intervention development.  **Discussion**  The benefits of engaging cultural groups and clinicians in health services research can only be realised if there is a systematic process for engagement. The Stanford ‘Design Thinking’ model provides such a framework.  **Keywords**  Health equity, migrants, early childhood, access to health services |