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POSTER ABSTRACT

Bridging Cultural Gaps in Chronic Disease Prevention: Integrated Care Lessons from Culturally Tailored Diabetes Programs among Arab Communities

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Background: Cultural and linguistic diversity presents a persistent challenge to integrated care and equity in chronic disease prevention. Among Arab communities worldwide, diabetes prevalence remains high, reflecting gaps in communication, trust, and cultural alignment between healthcare systems and minority populations.

These gaps highlight the need for integrated, culturally anchored care models that connect medical, psychosocial, and community dimensions of health. The principles identified in diabetes prevention may also inform strategies for managing other chronic conditions that require long-term behavioral and system-level coordination.

Methods: A systematic review and meta-analysis examined diabetes prevention and intervention programs developed for Arab populations across different countries. Using JBI methodology and PRISMA guidelines, we analyzed 23 studies (13 quantitative and 10 qualitative) retrieved from 3,133 publications. Interventions were mapped according to type, delivery context, duration, and outcomes. Beyond clinical outcomes, the analysis focused on how programs engaged key stakeholders, including healthcare providers, patients, family members, and community leaders, to foster collaboration and co-design in diabetes prevention.

Results: Culturally tailored and psychosocially informed programs achieved the strongest results in improving both biomedical and behavioral indicators. Interventions combining health education with personalized counseling, lifestyle coaching, and peer or family support led to significant reductions in HbA1c, blood glucose, and BMI, while improving emotional well-being, energy, and social functioning.

Programs co-developed with community actors or delivered in patients' native languages enhanced engagement and adherence, effectively addressing cultural misconceptions about diet,

exercise, and medication. Integrating psychosocial and cultural dimensions within diabetes care emerged as a practical model of integrated care that connects clinical, behavioral, and community strategies to support sustained lifestyle change.

Implications: This synthesis underscores the importance of embedding cultural competence in the design and delivery of integrated care systems. The lessons extend beyond Arab populations and beyond diabetes care, offering transferable strategies for reducing disparities and improving outcomes in the prevention and management of chronic diseases. Health systems can strengthen continuity and integration by training multidisciplinary teams, including nurses, educators, and community health workers, to co-develop interventions that are culturally and linguistically appropriate. Such integration promotes trust, equity, and self-management, aligning with the global vision of people-centered and inclusive integrated care.