Bridging Health Equity: Culturally Adapting the 'I Manage My Meds' Toolkit for Diverse Older Populations

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Background: Polypharmacy is a significant patient safety concern, particularly for the older population in the UK, with ethnic minorities facing additional risks due to cultural beliefs and language barriers. The 'I manage my meds' toolkit was co-designed to support older adults with frailty in managing polypharmacy at home. This study addresses the need for culturally adapted interventions to reduce health inequities, as simply replicating interventions often leads to less effective outcomes.

Objectives: This study aimed to explicitly detail the process of culturally adapting the 'I manage my meds' toolkit for older adults of South Asian background in the UK, addressing the gap in literature regarding intersectionality of age and ethnicity in medicine management.

Methods: The Cultural Adaptation Process (CAP) model guided the adaptation, with the Ecological Validity Model (EVM) providing a systematic framework for documenting changes across eight domains (language, people, metaphor, content, concepts, goals, methods, and contexts). The process involved three iterative phases: collaboration with Leeds Older People's Forum and a South Asian stakeholder group for initial adaptations and easy-read design; piloting and refining the adapted toolkit, including Urdu translations and video dubbing; and an acceptability study with general and South Asian populations.

Results: The cultural adaptation involved both surface and deep structure modifications. Key adaptations included translating materials and videos into Urdu, including South Asian individuals in imagery, ensuring culturally relevant terminology, and modifying content to reflect that family members often manage medications for older relatives. The goal was to align the toolkit with the language and beliefs of older South Asian adults managing polypharmacy at home. Methods were adapted to include hard-copy versions of the toolkit to address digital exclusion. The adaptations aimed to improve acceptability and effectiveness within the target population. Initial feedback from the acceptability study has been positive.

Conclusion: This study provides a detailed, replicable model for culturally adapting healthcare interventions using the CAP and EVM models, addressing a gap in the literature regarding methodological transparency in cultural adaptations. The participatory approach, involving older South Asian adults and community stakeholders, enhanced the toolkit's relevance, ownership, and acceptability by incorporating lived experiences and cultural nuances. While further research is needed to assess long-term effectiveness, this work highlights the importance of embedding cultural adaptation early in intervention design to improve health equity and support safe medication management in increasingly diverse older populations.

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NIHR SafetyNet Symposium 2025

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Background

- Cultural adaptation improves the effectiveness and equity of healthcare interventions by ensuring they are relevant to the language, values, and experiences of specific target populations.
- Despite increasing recognition of its value, many interventions in the UK still fail to meet the needs of ethnically diverse groups, often relying on superficial changes like language translation alone.
- Without deeper adaptations that consider core cultural beliefs, family dynamics, and preferences for and patterns of health system navigation, interventions risk being inaccessible or ineffective.

Aim: To culturally adapt the I Manage My Meds toolkit for a South Asian population

Method

Cultural Adaptation Process

1. Phase 1

Community Collaboration - Work with community stakeholders to identify the cultural needs, how to improve accessibility, and ensure interventions are relevant.

We worked with older people's groups and South Asian stakeholder groups to develop an easy-read, talk through translations, and prepared culturally appropriate content.

2. Phase 2

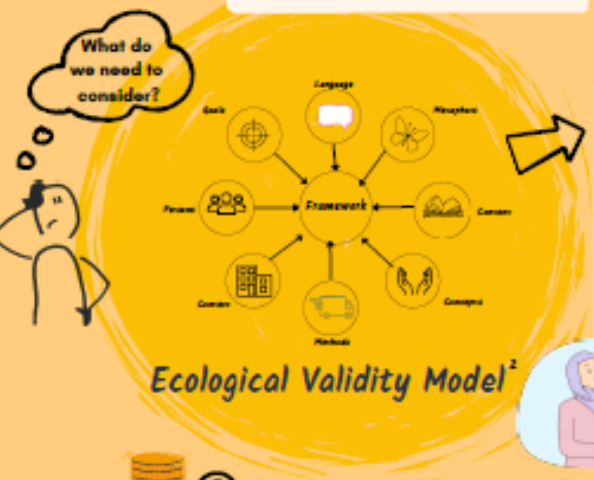
Pilot and Refinement - Test adapted materials with stakeholder groups, check translations and content changes for cultural fit. Refine based on feedback.

Stakeholder groups reviewed all adaptations we made and checked content, imagery, and English to Urdu translations. Feedback led to further refinements and videos were also dubbed into Urdu.

3. Phase 3

Iteration and Feedback - Roll-out of adapted intervention. Incorporate feedback mechanisms which can further improve cultural relevance and make the adaptations a cyclical process.

We conducted an acceptability study with participants from the general population and a South Asian background. We collected feedback on cultural relevance and acceptability.



Ecological Validity Model[2]

We applied the Ecological Validity Model (EVM) to guide deep-structure adaptations of the "I Manage My Meds" toolkit at each stage of the phases of CAP

Our acceptability study has shown a higher acceptability reported by participants of a South Asian background suggesting that adaptations can lead to improved outcomes and perceptions of healthcare interventions

Cost of adaptation £2500

Time taken for adaptation 6 months

SO WHAT?

Findings provide guidance for future UK-based adaptations, supporting health equity through culturally sensitive design

I Manage My Meds

Co-designed with older people, carers, and healthcare staff
Using Experience-Based Co-Design (EBCD), the team developed an intervention to support safe self-management of multiple medicines for frail, community-dwelling older adults.

Five-part "I Manage My Meds" programme Checking medicines, organising supply, maintaining routines, managing changes, and knowing when/how to seek help. Delivered online with videos, handouts, and a facilitator guide for face-to-face use.

Improves safety and confidence
Draws on patient stories, resilient healthcare theory, and behaviour change techniques to build practical skills, enhance communication with healthcare teams, and reduce medication-related harm.

Findings

- **Cultural adaptation is vital for improving intervention effectiveness and equity.**
- **CAP + EVM frameworks offer a clear, documented pathway for adaptation, balancing fidelity with cultural relevance.**
- **Early and continuous stakeholder engagement is key.**

References:
1 Koning, et al, 2023
2 Bernal, et al, 1995

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I Manage My Meds

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Thank you to our community researchers Carol Peltier & Nazreen Butt

This study is funded by the National Institute for Health and Care Research (NIHR) Yorkshire and Humber Patient Safety Research Collaboration. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.