

# Provision of cancer systems by cancer services for culturally and linguistically diverse patients



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## AIM

Culturally and linguistically diverse (CALD) patients receive suboptimal healthcare with poorer outcomes. Missed identification, unclear information and/or lacking knowledge about services negatively impacts cancer care for CALD communities. VCCC Alliance aims to address these by supporting projects across community, primary and tertiary settings.

## BACKGROUND

The burden of cancer in Australia is unevenly distributed across the population including CALD communities, due to unjust inequities. A key gap is the unstructured identification of CALD patients leading to missed opportunities to fully access health support and services. There is currently no consistency in data collection related to CALD communities. The National Standards for Statistics on Cultural and Language Diversity developed by the Australian Bureau of Statistics (ABS) in 1999 is the main national framework for the collection and dissemination of data on cultural and language diversity.<sup>1</sup> Only a few of the recommended data variables are routinely collected by health services.<sup>2</sup> More evidence is needed to identify communities which need enhanced services to improve cancer outcomes.

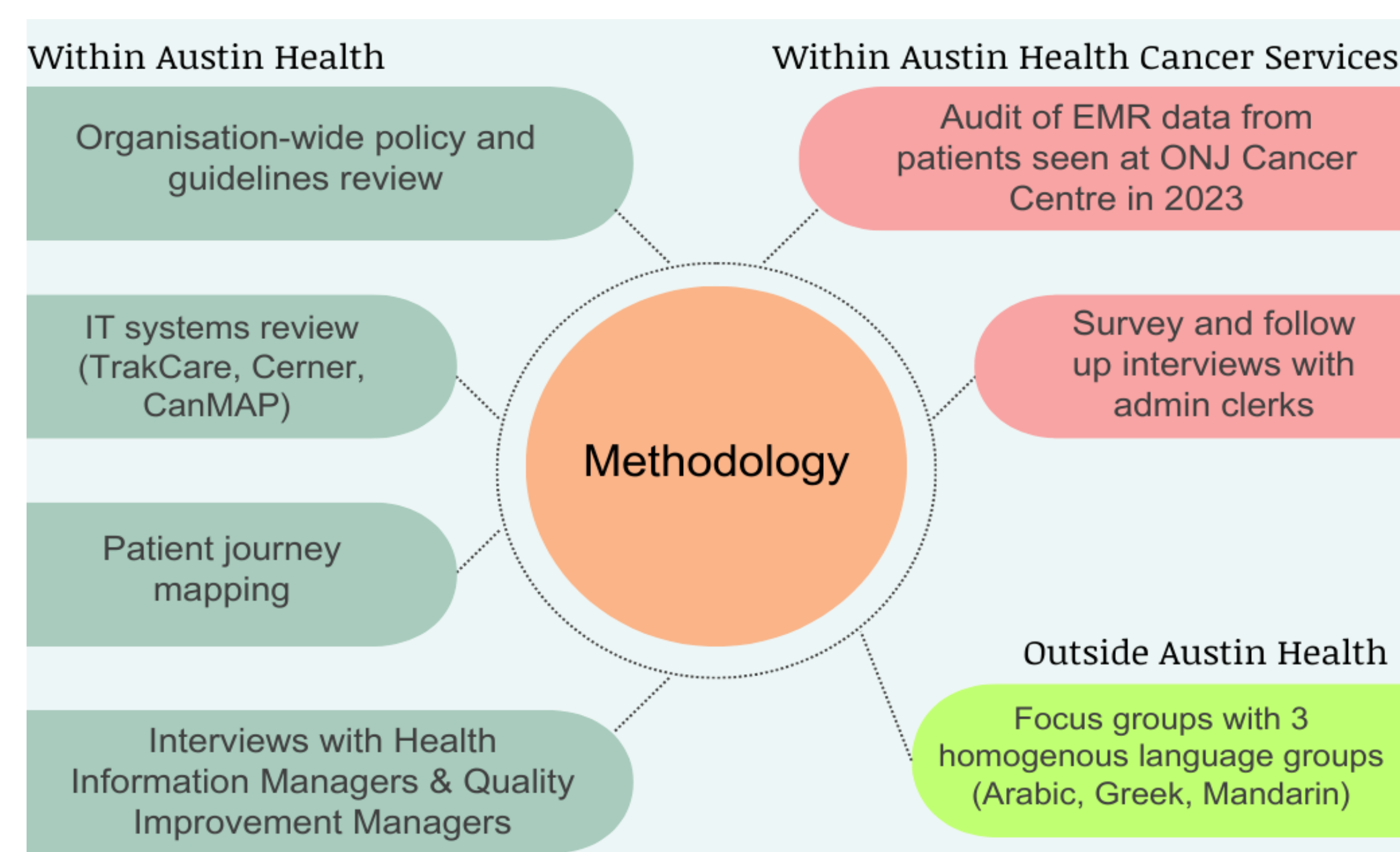
## METHODS & RESULTS

### Project 1

The VCCC Alliance collated a data dictionary on the ABS data standards and brought together a wide range of stakeholders interested in improving collection of health service data about CALD people in a roundtable discussion.<sup>3,4</sup> This led to a mixed methods approach to a service improvement project within Cancer Services at Austin Health to understand how CALD patients are identified. An audit of patient data systems assessed the collection of ABS recommended data variables to identify CALD patients, with insights from a staff survey and community focus groups.

#### Results

- > Mapping of the patient journey to identify critical touchpoints where CALD data is captured.
- > Surveys with cancer services admin staff identified gaps in resources, knowledge and training relating to CALD data collection methods.
- > Focus groups with 3 language groups (Greek, Arabic, Mandarin) assessed feedback and recommendations for improving data collection.



### Project 2

The National Lung Cancer Screening Program will commence from July 2025 available to specific cohort.<sup>5</sup> To augment its implementation, healthcare professionals, bi-cultural workers, peer workers and interpreters working in primary and community organisations providing care and support to CALD communities were interviewed (n=38) to assess needs and tailored solutions.

#### Results

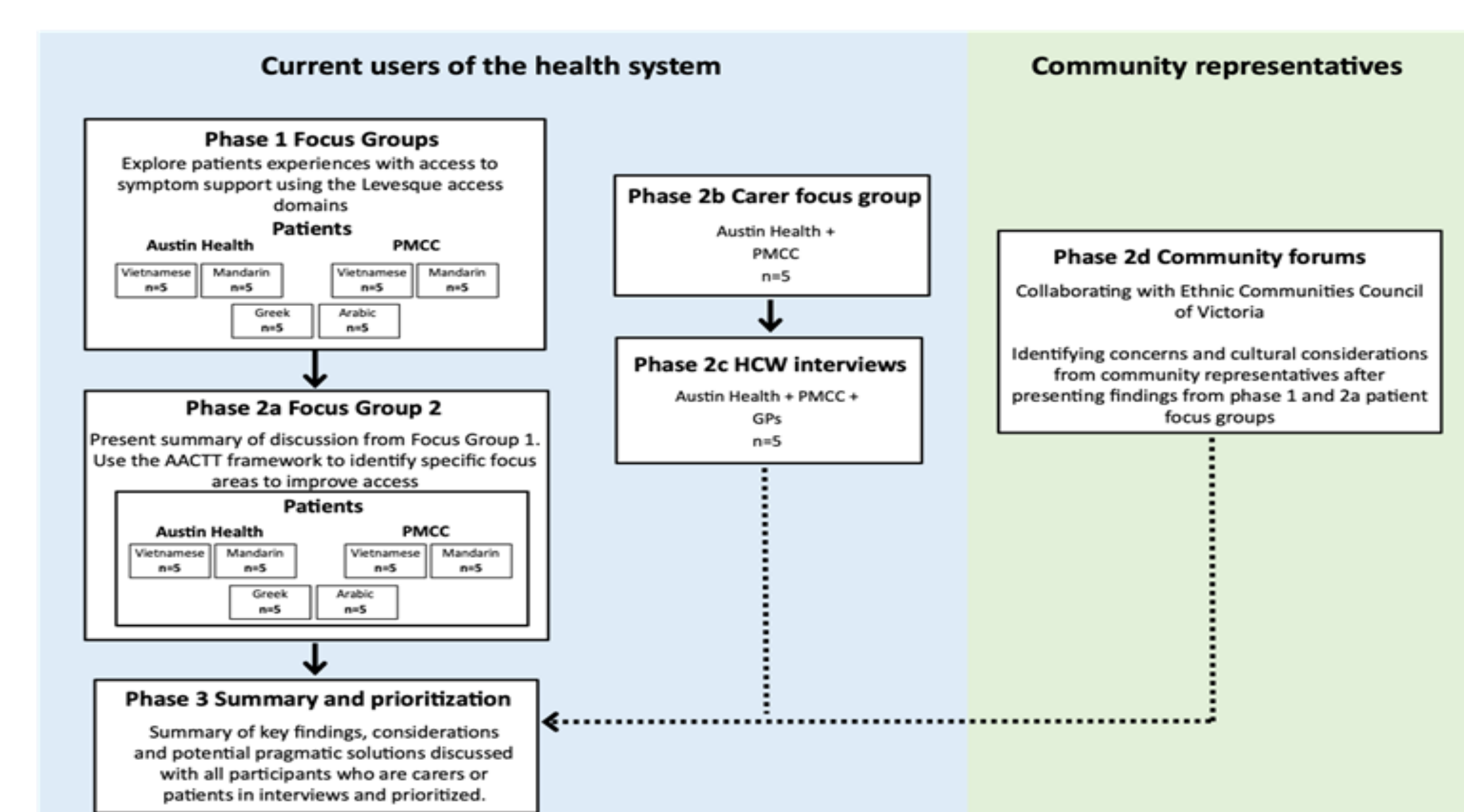
- > **Barriers to screening:** Key barriers to lung cancer screening are at the organisational and policy level which limit general practice ability to provide patient-centred care to CALD communities.
- > **Smoking criteria guidance:** Specific guidance on how eligibility can consider different types of tobacco smoking could ensure equitable recruitment of CALD communities.
- > **Tailored implementation:** Integrating existing systems between community and primary care will be essential to reach at-risk CALD patients and support through the screening pathway.

### Project 3

A multi-site qualitative programme aims to identify barriers and facilitators experienced by CALD cancer patients and carers when accessing symptom support services. Using experience-based co-design methodology in partnership with patients, carers, health care professionals and community representatives, this study aims to design, implement, and evaluate interventions for equitable and culturally safe symptom support services.

#### Preliminary Results

- > Barriers to accessing symptom support included having lack of awareness of symptom support services, issues with interpreter availability and reliability as well as a cultural attitude of privacy and shame around cancer.
- > Facilitators to access included having an English-speaking family member available to translate, and access to in-person interpreters.
- > Participants provided suggestions for service characteristics such as access to bilingual patient navigators to facilitate equitable access to symptom support services.



## CONCLUSION

By understanding the barriers in systematically collecting better CALD data, recommendations can then be integrated into health service policies for replicability at other hospitals or health care settings, such as providing a culturally safe environment for CALD patients and carers to access cancer support services. Improved identification of the CALD population will enable more targeted approaches and education for the CALD community to participate in screening such as the forthcoming National Lung Cancer Screening Program. These projects will lay the foundations for future work to tailor implementation strategies, creating a health system that is better responsive to the needs of the diverse community, thus increasing equity in care for the CALD population.

## REFERENCES

- 1 Australian Bureau of Statistics, Standards for Statistics on Cultural and Language Diversity, 1999 (SSCLD)
- 2 Truong, M., et al., *Availability and quality of data related to cultural and linguistic diversity in the Victorian Suicide Register: A pilot study*. Australian and New Zealand Journal of Public Health, 2023. 47(5): p. 100078
- 3 CALD Data Dictionary, [https://vccc Alliance.org.au/assets/CALD\\_DataDictionary-03\\_20230727.pdf](https://vccc Alliance.org.au/assets/CALD_DataDictionary-03_20230727.pdf)
- 4 <https://vccc Alliance.org.au/news-and-events/news/can-better-data-improve-cancer-service-access-treatment-and-care-for-cald-communities/>
- 5 <https://www.health.gov.au/our-work/nlcsp/how-it-works>

VCCC Alliance members

