

# Promoting future-state health equity

## Establishment of a culturally and linguistically diverse Victorian Integrated Cancer Services Optimal Care Summit

Ashley Macleod<sup>1</sup>, Umbreen Hafeez<sup>1,2</sup>, Spira Stojanovik<sup>1</sup>, Francesca McGannon<sup>1</sup>, Helena Rodi<sup>1</sup>, Linda Nolte<sup>1</sup>

<sup>1</sup> North Eastern Melbourne Integrated Cancer Services (NEMICS), Heidelberg, Victoria, Australia

<sup>2</sup> Austin Health, Melbourne, Victoria, Australia

### Background

Understanding of the unique priorities, experiences, and outcomes for different population groups is integral to ensuring equitable and quality cancer care is available to all Australians. Both the Australian Cancer Plan and the Victorian Cancer Plan recognise culturally and linguistically diverse (CALD) communities as a priority population, acknowledging the numerous challenges they experience across all stages of the cancer journey [2] and the inequities in how cancer services currently understand and accommodate the needs and experiences of people with cancer from CALD backgrounds.[2-5] As a result, people from CALD backgrounds diagnosed with cancer often demonstrate low health service utilisation, poorer outcomes and poorer quality of life than non-CALD cancer patients.[1] With an estimated 25% of all cancer cases in Victoria occurring in individuals from non-English-speaking countries,[4] the North Eastern Melbourne Integrated Cancer Services (NEMICS) undertook a robust exploration of cancer policy, CALD patient experiences, and regional patterns of admitted cancer care to inform cancer services reform and quality improvement, supporting priorities for equitable cancer care and outcomes for the CALD community. This presentation highlights several important findings related to improving cancer care for people from CALD groups.

### Aim

To improve the understanding of CALD communities' cancer care priorities, experiences, and outcomes within Victoria and inform CALD optimal cancer care indicators.

### Methods\*

Across 2023-24, four interconnected mixed-methods studies produced important information about community group expectations and needs, cancer care experiences, and patterns of cancer care and outcomes for CALD cancer patients. This work included:

- a review of Victorian CALD cancer resources, and relevant health and cancer policy for people with cancer from CALD backgrounds,
- online semi-structured focus group/interviews with four CALD community organisations representing the top five non-English language groups in Victoria,
- mixed-methods analysis of the Victorian Agency for Health Information 2023 Cancer Patient Experience Survey data for self-identified respondents who speak a language other than English at home, and
- statistical analyses of 2019-2023 Victorian admitted episode data (VAED) investigating differences in admitted cancer care for the five most common non-English speaking country of birth (COB) groups in the NEMICS region (Arabic Speaking, Chinese Speaking, India, Southeastern Europe, and Southern Europe) as compared to primarily English-speaking cancer patients.

\*Further details available on request

### Results

#### CALD specific cancer resources, data and programs

Cancer resources available in limited languages, mainly focused on treatment/recovery across limited tumour streams. Limited CALD identifiers in cancer specific data restricts the current understanding of the burden of cancer in this group. CALD-specific programs often hindered by limited research and cancer trials involving CALD people with cancer, lack of community consultation during program development, and a lack of CALD-specific data to monitor and evaluate program effectiveness.

#### CALD community priorities

Barriers to high quality patient-centred cancer care within the NEMICS region included:

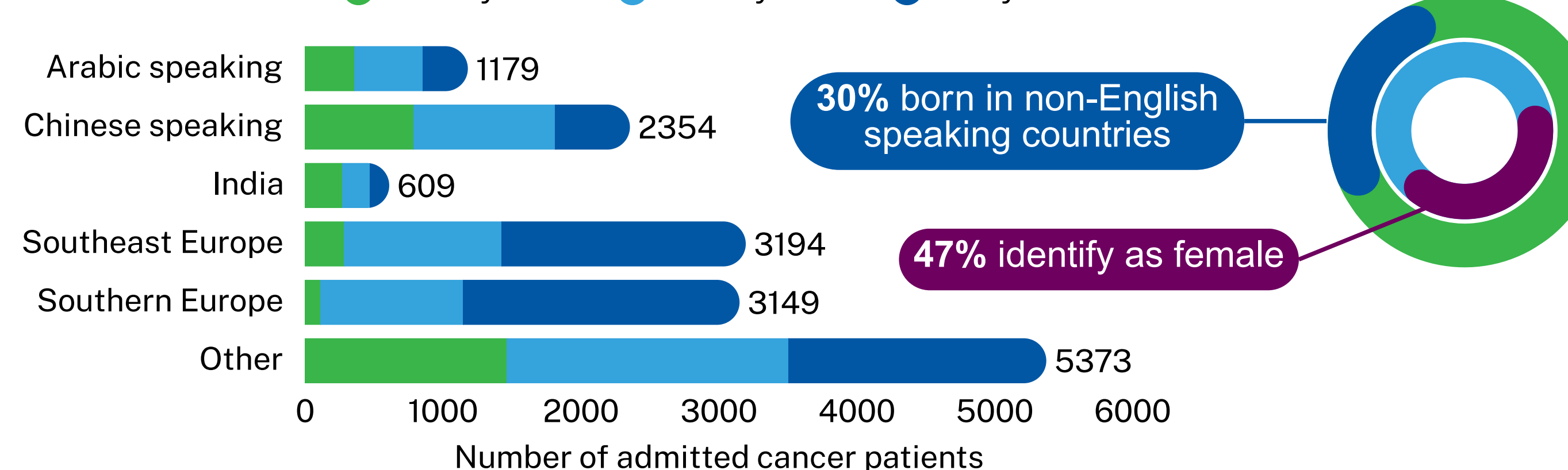
- Limited information available in accessible languages at different cancer journey stages
- Lack of trust/confidence in cancer services due to higher risks of social isolation, lack of CALD community engagement and fears of being treated as "lab rats" in clinical trials
- Diverse cultural beliefs about cancer being taboo and/or seeking medical assistance for a serious health issue, and limited workforce knowledge/skills related to culturally safe care
- Difficulties navigating the health system due to language barriers, limited social support, difficulties with transportation, varying levels of health literacy, challenges in understanding medical information and issues with interpreter services
- Lack of CALD data items and reporting in relation to cancer care, experience, and outcomes

#### 2022 Victorian Cancer Patient Experience Survey improvement opportunities

Key areas include greater involvement in decision-making, shorter wait times, and more information and support for financial matters, long-term side effects, surgery, post-surgery contact information, follow-up care planning and tests, and survivorship care. Free text responses highlighted the importance of communication, information, timeliness of care, empathy and support from staff, access to bilingual staff and quality interpreter services.

#### CALD admitted cancer care at NEMICS health services

● 19-59 years ● 60-74 years ● 75+ years



#### Between-group variations in admitted cancer care within the NEMICS region

##### First admission via ED

- **Higher** for CALD patients older than 60 years
- Similar for patients aged 19-59 years

##### CTx admissions

- **Higher** for CALD patients aged 60-74 years
- Similar for other age groups

##### Admissions with palliative care Dx

- **Higher** for CALD patients older than 60 years
- Similar for patients aged 19-59 years

##### Length of Stay

- **Lower** for CALD patients older than 60 years
- Similar for patients aged 19-59 years

##### Procedures per admission

- **Lower** for CALD patients older than 60 years
- Similar for patients aged 19-59 years

##### Dx per admission

- **Higher** for CALD patients older than 60 years
- **Lower** for patients aged 19-59 years

##### In-hospital mortality

- **Higher** for CALD patients older than 60 years
- Similar for patients aged 19-59 years

### Conclusions

Ensuring equitable cancer care and outcomes for CALD people with cancer requires more than the recognition of these needs in cancer policy. The four studies produced important information about CALD people's cancer care within the NEMICS region, community group expectations and needs, cancer care experiences, and patterns of cancer care and outcomes. These findings highlight important opportunities for improving cancer care for people from CALD groups and informed the development of the CALD communities VICS Optimal Care Summits program and quality indicators. Building culturally safe optimal cancer care should involve system reform to remove existing barriers and facilitate consistent, structured data collection and quality monitoring, and improved navigation of the health system, better access to information and knowledge, improved availability of appropriate services including quality interpreters, greater access to clinical trials, and the expansion of a culturally safe cancer workforce.

### References

1. Cancer Council Victoria. Culturally and linguistically diverse communities: Profile and statistics 2025. Accessed date: 25 February 2025.
2. Scanlon B, Brough M, Wyld D, Durham J. Equity across the cancer care continuum for culturally and linguistically diverse migrants living in Australia: a scoping review. *Globalization and health*. 2021;17:1-13.
3. Khatri RB, Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC public health*. 2022;22(1):880.
4. Cancer Australia. Australian Cancer Plan (Summary). Surry Hills, NSW: Cancer Australia; 2023.
5. State Government of Victoria. Victorian cancer plan 2024–2028: Optimal and equitable cancer outcomes for all Victorians. In: Health Do, editor. 2024.

### Acknowledgements

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NEMICS builds relationships between healthcare providers and other cancer care stakeholders to develop, implement and evaluate initiatives that improve the way our member health services provide care and support people affected by cancer. For more information, visit [www.vics.org.au/nemics](http://www.vics.org.au/nemics)



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### Correspondence

Questions should be directed to [nemicsadmin@austin.org.au](mailto:nemicsadmin@austin.org.au)

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