

# Innovation and Leadership in Multicultural Health Delivery



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# A good cancer service will....

- Provide equity in access to all patients
- Inform patients about treatment options and their advantages and disadvantages
- Ensure timely care
- Ensure appropriate support
- Calm, therapeutic environment
- Right treatment to the right patient (and carer) at the right time

# Challenges with multiculturalism

- Different culture, different beliefs
- Differing needs
- Differing expectations including prognosis, treatment, adequacy of care
- Multi-system co-morbidities
- Significant psychological issues, often coming from bad environments including areas of war, violence, poverty, lack of health care
- Health literacy
- Communication barriers
- Decision-making fragmented including young children
- Duration of consultations, and admissions often longer – insufficiently recognised with health \$\$.
- Multiculture Research can be costly
- Some non-Medicare

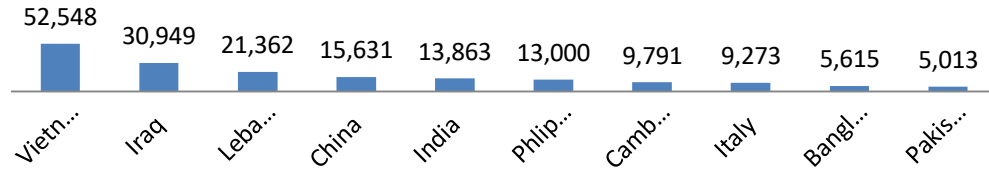
# SWS population census 2016

	Bankstown	Camden	Campbelltown	Fairfield	Liverpool	Wingecarribee	Wollondilly
Speaks other language	65%	14.5%	30.5%	71%	52%	5.8%	6%
Speaks English only	31%	81%	64%	23%	41.5%	88%	89%
Not stated	4%	4%	5.5%	4%	6%	9%	5%

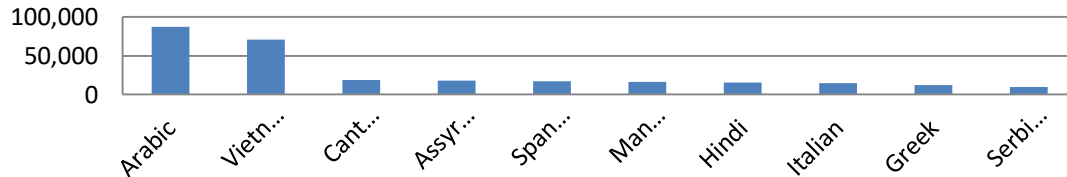
In SWSLHD – 83000 interpreter OOS, 79 languages

# Country and language diversity

## Top 10 NESB countries of birth SWS



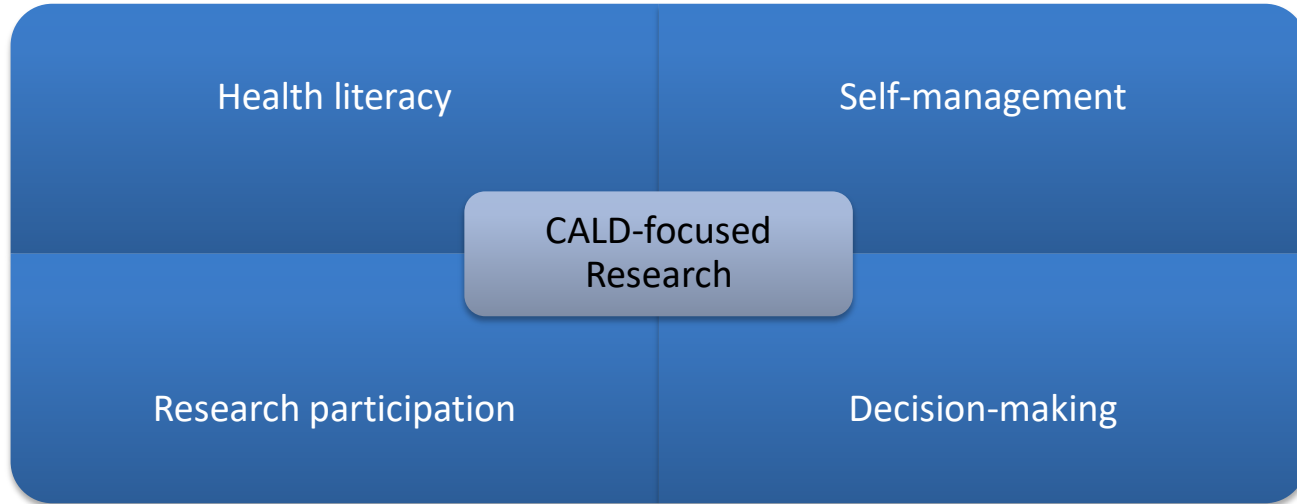
## Top 10 languages spoken at home SWS



# So, to make this work,

- WE HAVE TO BE INNOVATIVE
- WE HAVE TO BE INCLUSIVE
- LOOK AT DIFFERING MODELS OF CARE
- LOOK AT DIFFERENT TOOLS TO COMMUNICATE

# So what are we doing about it?



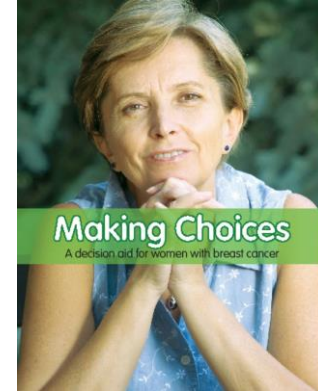
# Innovation – ACRF Cancer Survivorship and Wellness Research Centre

- Communication
- Health literacy
- Culture training
- Better carer support
- Clinical Trial participation
- New multi-disciplinary ways of delivering care
- Clinical decision-making
- Patient reported outcomes



# Decision-making (Breast reconstruction)

- About 40% of women with breast cancer have a mastectomy
- Post-mastectomy breast reconstruction aids psychological adjustment
- Breast reconstruction less common in CALD (9%) vs All SWSLHD patients (13%)
- Analysis of barriers/facilitators to breast reconstruction underway
- Future development of decision aid to assist CALD breast cancer patients



# Self-management (WeCope)

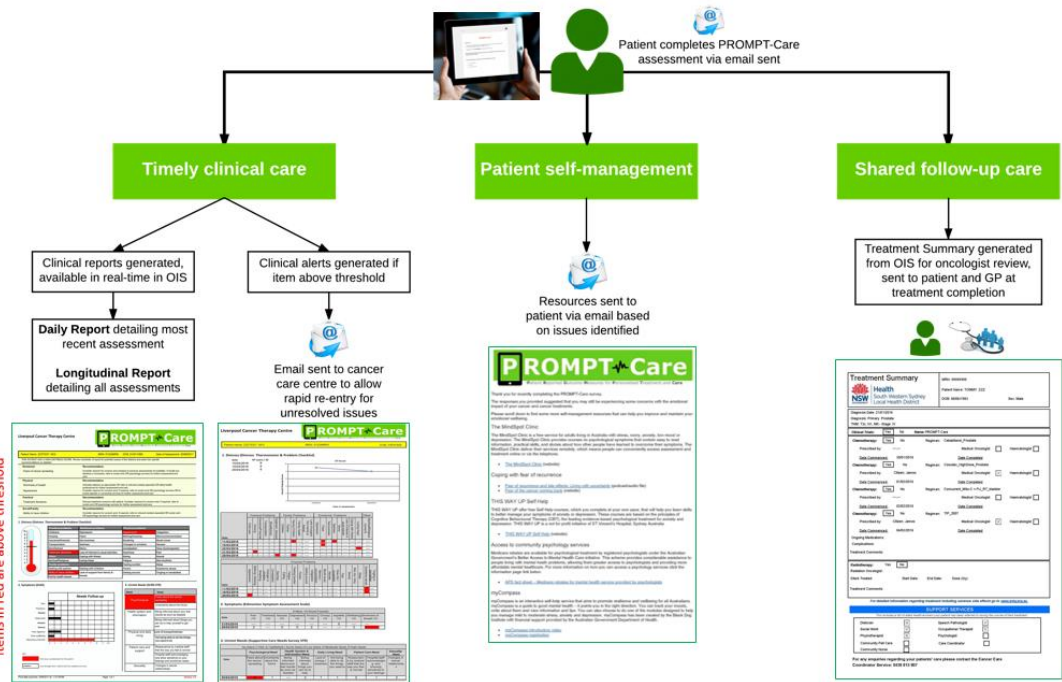
- There is a lack of interventions to help CALD cancer patients cope with cancer
- WeCope is a self-management resource for Chinese-Australian cancer patients & carers
  - Based on community consultation & needs assessment
  - Culturally appropriate
  - Developed and implemented in conjunction with CanRevive
- Funded by Tour de Cure



•PROMPT-Care is the first Australian integrated eHealth platform using systematically collected PROs to inform cancer survivors' real-time clinical care and self-management (2013+)

15+ years of evidence, now being translated into practice, clear agenda of both research and integrated service improvement

Funding: Cancer Institute NSW, Bupa Health Foundation, Wollondilly Health Alliance



# Conclusions

- Many changes, but many possible solutions to address the inequity of care divide faced by patients from multicultural backgrounds
- Further work is needed. Funding and resourcing remain a challenge