

## Abstract Form

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**Title of abstract:** Same, same but different: Exploring the health literacy of culturally and linguistically diverse (CALD) versus English-speaking cancer patients.

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**Background:** For culturally and linguistically diverse (CALD) patients diagnosed with cancer, the stress of this diagnosis and treatment can be amplified by unfamiliarity with the health system, lack of culturally and linguistically appropriate information, and difficulties communicating with the treating team. Lower levels of health literacy may underly poorer outcomes in CALD cancer patients, but few studies have explored this issue to date.

**Aims:** This study aimed to explore health literacy profiles of two CALD populations (Arabic and Vietnamese) affected by cancer and their English-speaking counterparts using the validated Health Literacy Questionnaire (HLQ). Patients were eligible to participate if: a) aged 18+ years; b) diagnosed with cancer in the last five years; c) identified English, Arabic or Vietnamese as their primary language; d) were born outside of Australia (for CALD groups) or in a predominantly English-speaking country for the English-speaking group; and e) were cognitively able to provide informed consent. Patients were recruited through their cancer care centres (screened by oncologists) and through a mailout approach.

**Method:** Levels of health literacy were evaluated using a cross-sectional self-report questionnaire provided to consenting patients in their preferred language. Language proficiency and preferred language were confirmed during the

recruitment process by a bi-lingual research team member. ANCOVA was used to evaluate differences in health literacy domains between CALD and English-speaking groups, while controlling for pre-determined variables (i.e. age, country of birth, education level attained).

**Results:** Preliminary results indicate that CALD (n=73, Arabic=52% Female=64%, Mean Age=62 years) and English-speaking (n=52, Female=63%, Mean Age=62 years) patients displayed significant differences in one health literacy domain, the ability to find good health information (M=3.49 CALD vs M=3.85 English,  $F(1,115)=4.63$ ,  $p=0.034$ ) when controlling for age, country of birth, education level, health insurance and number of comorbidities.

**Implications that impact on your project:** CALD and English-speaking cancer patients had broadly similar health literacy profiles, but CALD patients found it more difficult to find good health information. There is a need for more culturally and linguistically appropriate information for CALD patients.