CO-DEVELOPING THE CALD-PC NAVIGATOR PROGRAM FOR NSW PALLIATIVE CARE SERVICES

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KEYWORDS

Access to and utilisation of services, navigation, palliative care

EXECUTIVE SUMMARY (100 words maximum)

This study represents the first of a two-phase research program, the CALD Palliative Care (CALD-PC) Navigator Program, focused on adapting and evaluating the implementation of patient navigation to improve outcomes within palliative care among Arabic- and Chinese-speaking communities. In collaboration with two local health districts in Sydney, Australia, the initial phase utilises Participatory Action Research (PAR) involving clinicians, service providers and consumer advocates to co-develop the program. Two co-development workshops were conducted in February and March 2026, providing foundational insights that directly informed the design and scope of the navigator role and the methodology for the pilot implementation phase.

INTRODUCTION

Patient navigation refers to activities that enable people to overcome healthcare barriers and facilitate access to quality health and psychosocial care. In a context of ongoing and significant racial, ethnic and socioeconomic disparities in health outcomes worldwide, patient navigation has been shown to reduce inequities and improve care access and health outcomes. A recent systematic review found that patient navigators can reduce hospital readmissions in people with cancer and improve quality of life, these effects were most significant amongst indigenous and ethnoculturally diverse populations.

With 31% of the NSW population being born overseas, cultural and language discordance between patients and clinicians has created barriers to providing high-quality care. This is demonstrated by less adherence to follow-up care, resulting in more adverse events, and increased healthcare costs. This effect is amplified in patients with palliative care needs and is present right through to end of life, where age-related communication problems are increasingly common and the increasing need to have difficult conversations around life-limiting conditions. International studies have proven that cultural navigators are highly valued by palliative care patients and improve rates of advanced care planning and end of life care. In Australia, the Department of Health and Western Sydney University recommend the following: one-on-one support for individuals/families,

increasing the number of culturally specific palliative care workers, multilingual and culturally appropriate resources and clear guidance on palliative care options and entitlements. Culturally and linguistically diverse (CALD) patient navigators have not yet been established in palliative care settings in Australia. This research addresses this gap by partnering with community to co-develop a navigator program that reflects their cultural needs. In doing so, the findings will contribute to a more equitable, responsive and culturally safe palliative care sector.

HIGHLIGHTS

- Linguistically accurate and culturally safe care
- Empowering patients through community-driven research
- Clarifying navigator role within multidisciplinary care teams
- Establishing support systems for patient navigators

METHODOLOGY/ PROCESS

Approved by the Sydney Local Health District Human Research Ethics Committee (HREC: 2025/ETH02285), the qualitative study involved the co-development of the CALD-PC Navigator program using cycles of PAR with community stakeholders (see Figure 1 for an overview). Participants were recruited through purposive sampling and informed consent was provided prior to participation. Two iterative co-development workshops were held in-person, in South-West Sydney, Australia. Researchers employed open, non-leading questions during workshop activities enabling participants to provide input on the scope of the proposed navigator role, components of the navigator training, the implementation model and patient resources. Some activities were conducted in breakout groups, facilitated by three research staff (J.L.; R.S.M.; F.H.), to support more in-depth discussion and participation. Field notes and analytical memos were taken by four independent scribes (L.S.; M.R.; S.D.; N.P.). Data was audio recorded and collection occurred until saturation was reached, defined as the point which no new themes emerged from the data and a rich depth of understanding was achieved to address the research objectives. This study adopted a reflexive thematic analysis for data collection and analysis.

RESULTS/OUTCOMES

A total of 28 and 27 participants took part in co-development Workshops 1 and 2, respectively, and included palliative care clinicians and allied health professionals, heads of department, multicultural health officers, bicultural support workers, medical interpreters, consumer advocates with lived experience representing Arabic- and Chinese-speaking communities, and researchers from the University of Technology Sydney, and Sydney and South-West Sydney Local Health Districts (SLHD and SWSLHD). Preliminary thematic analysis revealed key insights into the design and implementation of the CALD-PC Navigator Program. In Workshop 1, participants defined the program characteristics (e.g., teamwork, differentiating between other services) and the importance of trust, relationships and support structures (e.g., training and resources for Navigators). Workshop 2 expanded on the findings from Workshop 1 by proposing metrics to evaluate the program's success (e.g., patient engagement, likelihood of recommending the program), as well as adaptation of in-language resources and the use of easy-read written consent forms to support patient inclusion.

CONCLUSION

This research is part of a larger, on-going study evaluating the implementation of a program to facilitate the introduction of patients from CALD backgrounds into palliative care. Phase 1 of this research established the content, structure and objectives of the CALD-PC Navigator Program, laying a strong foundation for its overall success. The next step involves implementation and evaluation of our program in specialist palliative care contexts in two local health districts in Sydney (SLHD and SWSLHD). This work will set new benchmarks for the delivery of culturally sensitive palliative care services in Australia.

Figure 1. *Study Diagram of Phase 1 Co-Development Workshops*

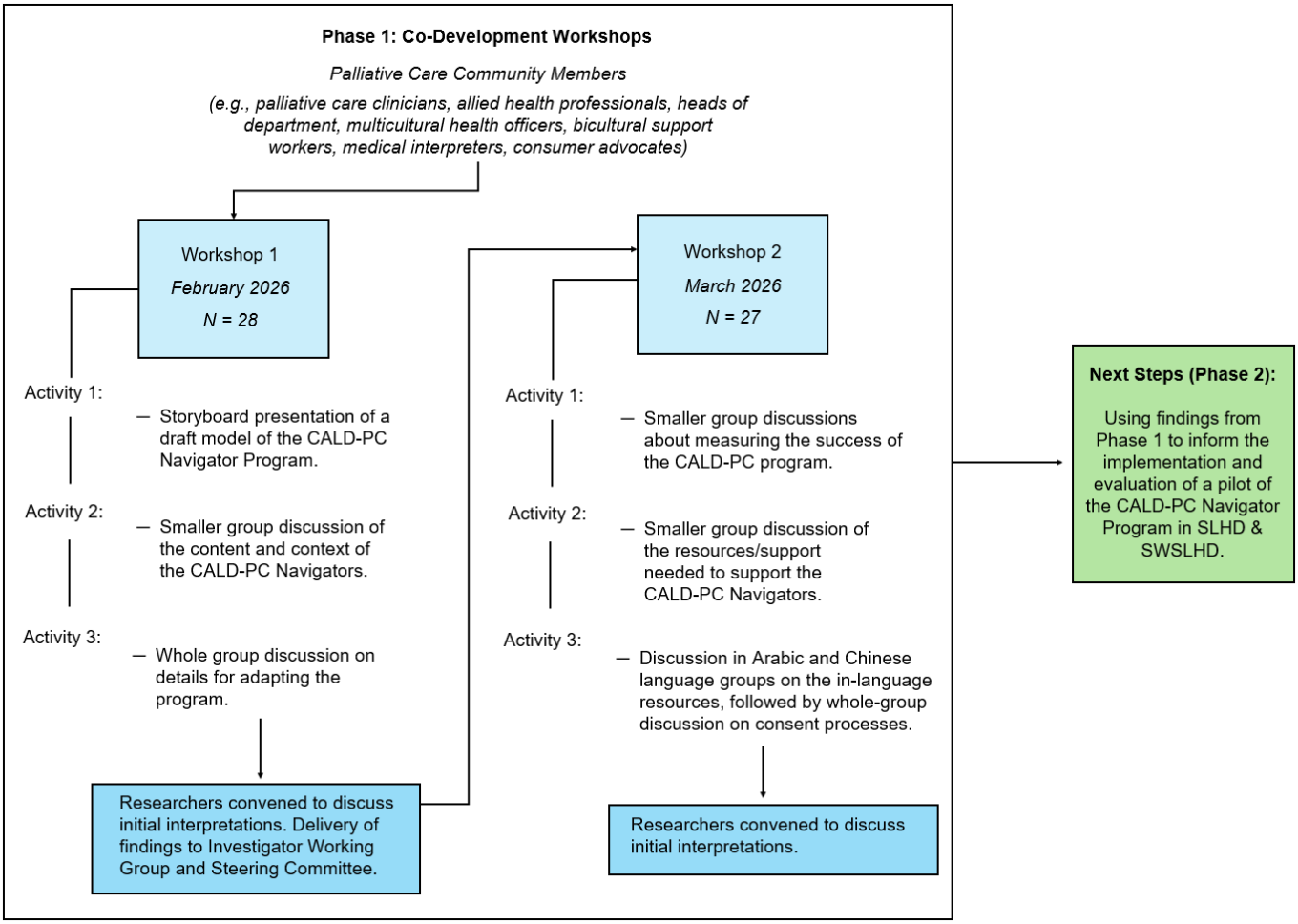

Figure 1: Diagram of the co-development workshops with palliative care community members, showing specific activities in each workshop and iterative cycles of development to be consolidated for Phase 2 pilot implementation of the CALD-PC Navigator Program.