

Local Cancer Screening Community Profile

Brimbank and Wyndham

March 2018

Acronyms and Key Terms

Abbreviation	Full Name
AIHW	Australian Institute of Health and Welfare
BSV	BreastScreen Victoria
CALD	Culturally and Linguistically Diverse
CCV	Cancer Council Victoria
CLCSP	Community-led Cancer Screening Project
DHHS	Victorian Department of Health and Human Services
FOBT	Faecal Occult Blood Test
IRSAD	Index of Relative Socioeconomic Advantage and Disadvantage
LGA	Local Government Area
NWMPHN	North Western Melbourne Primary Health Network
SA1, SA2, SA3, SA4	Statistical Area Level 1, etc. are geographic areas defined in the Australian Statistical Geography Standard (ASGS). SA1 is the smallest

Review panel

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1 Introduction

The Community-led Cancer Screening Project (CLCSP) aims to increase early detection of bowel, breast and cervical cancer. North Western Melbourne Primary Health Network (NWMPHN) is one of four lead agencies funded by Victorian Department Health and Human Services (DHHS) for three years to 2020 to deliver the project.

This document captures data relevant to the project in NWMPHN catchment. Emphasis is placed on Brimbank as this was identified as a high area of need in the original project documentation. There is also a focus on data from Wyndham as it was identified as being a possible alternative for the place-based Aboriginal and Torres Strait Islander Community-led aspect of the project.

NWMPHN catchment contains significant areas where populations are under-screened for bowel, breast and cervical cancers. There is opportunity to work with communities in these areas to understand in more detail the underlying issues that lead to lower screening rates and work collaboratively to develop innovative ways to increase screening uptake.

2 Project Priority Populations

The Community-led Cancer Screening Project (CLCSP) is particularly focused on improving cancer screening participation rates for identified under-screened communities in Aboriginal and/ or Torres Strait Islander, Culturally and Linguistically Diverse communities (CALD) and people living in areas affected by socio-economic disadvantage. Whilst it is acknowledged that Lesbian Gay Bisexual Transgender Intersex and Queer (LGBTIQ) and disabled communities may also be under-screened, however, they are not specifically being addressed in this project due to scope limitations.

Aboriginal people typically experience significantly poorer health and life outcomes across all ages and stages than other population groups. In cancer screening there may be many issues that influence participation in mainstream screening services.

Some CALD communities have lower cancer screening participation rates. The geographic areas targeted in this project have high CALD populations including refugees. People from CALD backgrounds may experience specific health needs relating to trauma, cultural factors or social isolation. In addition, there can be significant barriers to navigating and accessing the health system including cancer screening services. Language, cultural differences, taboos around health issues, different cultural concepts of sexuality, and different approaches and expectations to preventative healthcare may all be present. To meet the needs of these people, the health system in the region must be able to engage CALD communities and humanitarian arrivals through culturally appropriate screening resources and services.

People living in areas affected by socio-economic disadvantage are significantly less likely to participate in cancer screening programs. They are more likely to be facing issues such as domestic violence, accommodation issues, and financial difficulties, mental health and substance abuse issues and homelessness.

The CLCSP aims to use a place-based approach to deliver improvements in cancer screening participation for the identified under-screened communities. This document considers data for these priority populations and is important for project planning, implementation and evaluation.

3 Region Overview

The North Western Melbourne PHN (NWMPHN) region covers 3,212 km² with an estimated population of 1,572,503 in 2014. It is a region of significant geographical, cultural and socioeconomic diversity. The catchment crosses 13 Local Government Areas (LGAs). The LGAs referred to in this report are Brimbank and Wyndham as they have been identified as areas selected by DHHS for the CLCSP based on factors including low bowel screening participation, Aboriginal and/or Torres Strait Islander population, socioeconomic disadvantage, and cultural and linguistic diversity.

Brimbank and Wyndham are part of the outer suburban growth corridors. These areas have experienced both high growth in the absolute number of people and high proportional change in overall population. In addition to this growth, within these areas are some of the most socio-economically disadvantaged places in Victoria, scores and correspondingly poor outcomes seen across many determinants of health.

Some important points to note are:

- In terms of age distribution, Aboriginal residents tend to be younger than non-Aboriginal residents across all LGAs (this may have implications for screening services that are age based).
- Brimbank and Wyndham have high numbers of humanitarian arrivals as a proportion of total population.
- Brimbank has one of the highest rates of homelessness in NWMPHN catchment.
- Brimbank has new suburbs but also contains more established suburbs, including some of the most disadvantaged places in Melbourne. For example, high numbers of people are experiencing food insecurity, rental or mortgage stress, and high levels of psychological stress in Brimbank
- Many of Victoria's justice facilities are in the west of Melbourne. Dame Phyllis Frost Centre, Ravenhall and the Metropolitan Remand Centre are all in Melton LGA but close to the Brimbank and Wyndham LGA boundary.
- Brimbank and Wyndham, as part of the growth corridors have high usage of health services. These LGAs have some of Victoria's highest rates of GP and after-hours GP attendances. In addition, there are large workforce shortages across much of the growth corridors area, including GPs and other medical specialists.
- The communities of St Albans and Sunshine (Brimbank) have the highest levels of disadvantage in Victoria according to the Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD).
- Over 60% households in Brimbank speak a language other than English and over 14% households have low English proficiency making it one of the most culturally diverse LGAs in Victoria.
- Both Brimbank and Wyndham have a high proportion of the population who do not meet physical activity and dietary guidelines.

- Cancer is the second highest burden of disease for 75+ years age bracket. Common cancers in older adults include colorectal and breast cancer.

4 Screening Services Profile

4.1 Bowel Screening

Bowel Screening Kits (FOBT) are sent to eligible people by mail to complete at home and send back to a laboratory for analysis. There is no cost involved in completing the test.

Test results are sent directly to the participant by the pathology laboratory. A copy of the result is also sent to the participant's nominated doctor. Participants with a positive FOBT result are advised to see their doctor to discuss the result and referral to further diagnostic testing, usually colonoscopy.

Follow-up health services after a positive FOBT are provided through state government health services (Western Health) or private health services. Private colonoscopy services, whilst available are unlikely to be fully accessible by the under-screened population group due to a number of factors including cost and cultural appropriateness.

4.2 Breast Screening


There is one BreastScreen Victoria clinic location in Wyndham at 27 Princes Highway, Werribee 3030. The Werribee clinic is a fixed clinic in a street and shares space with Capital Radiology X-Ray Clinic clients.

There is one BreastScreen Victoria clinic location in Brimbank at Ground Floor, Sunshine Hospital 176 Furlong Road, St Albans 3021. Women may also be using Breastscreen Victoria Clinics in other locations such as nearby to their place of work. Women requiring follow up screening or assessment are sent to St Vincent's Hospital.

4.3 Cervical Screening

General Practitioners in Brimbank and Wyndham can provide cervical screening. It must be considered that in addition there are Cervical Screening Nurses. IPC Health and cohealth offer women's health services including cervical screening to eligible women. Women may choose to see a different GP or a nurse for cervical screening for several reasons, for example cultural appropriateness and gender of the screening provider.

4.4 Specialist Demand



Many primary care providers in our region have significant concerns about public hospital outpatient and outreach waiting lists. They hold particular concerns about the impact of wait times on elderly and CALD people. Providers suggest that, in addition to increasing funding to address wait times, there are opportunities to improve referral pathways and triaging. This is consistent with client surveys conducted in recent years in the previous Northern Melbourne and Inner North West Melbourne Medicare Local catchments. High numbers of people reported feeling that they waited longer than acceptable to get an appointment with a GP or with a specialist.

4.5 HealthPathways

HealthPathways Melbourne is a web based clinical and referral pathways tool available to all primary care practitioners in NWMPHN. HealthPathways empowers clinicians with locally agreed information to make the best decisions, together with patients, at the point of care. HealthPathways is designed and written for use during a consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition.

Pathways include information about making referrals to services in the local health system. Each pathway is evidence-informed, reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation, and accelerate evidence into practice to ensure better and safer care.

HealthPathways is an important enabler for the CLCSP. With accurate information on screening primary care providers are better able to provide appropriate screening care, information and referrals to the community. HealthPathways is continuously being updated. At the time of writing this document some pages included information on under-screened populations, however not all did.

Currently HealthPathways Melbourne includes the following pages on cancer screening;

- National Bowel Cancer Screening Program (includes links to Indigenous Bowel Screening Training)
- Colorectal Symptoms -Suspected Colorectal Cancer
- Urgent or Routine Colorectal Surgery Referral
- Colonoscopy Surveillance
- Cervical Screening
- Urgent or Routine Gynaecology Referral
- Immediate Gynaecology Referral or Admission
- Colposcopy Referral

Relevant cancer screening pages yet to be localised on HealthPathways Melbourne include;

- Colonoscopy Referral
- Immediate Colorectal Surgery Referral
- Breast Screening
- Urgent or Routine Breast Surgery Referral
- Immediate Breast Surgery Referral

5 Regional Screening

5.1 Breast Screening

Breast screening rates within Greater Melbourne area segmented by Statistical Area 3 (SA3) are displayed below in Figure 1 with Wyndham (C) and Brimbank (C) outlined in green.

Wyndham is in the lowest quintile (bottom 20%) of SA3s within Greater Melbourne. Brimbank (C) is comprised of Brimbank SA3 and part of Keilor SA3, which display median to above median screening rates.

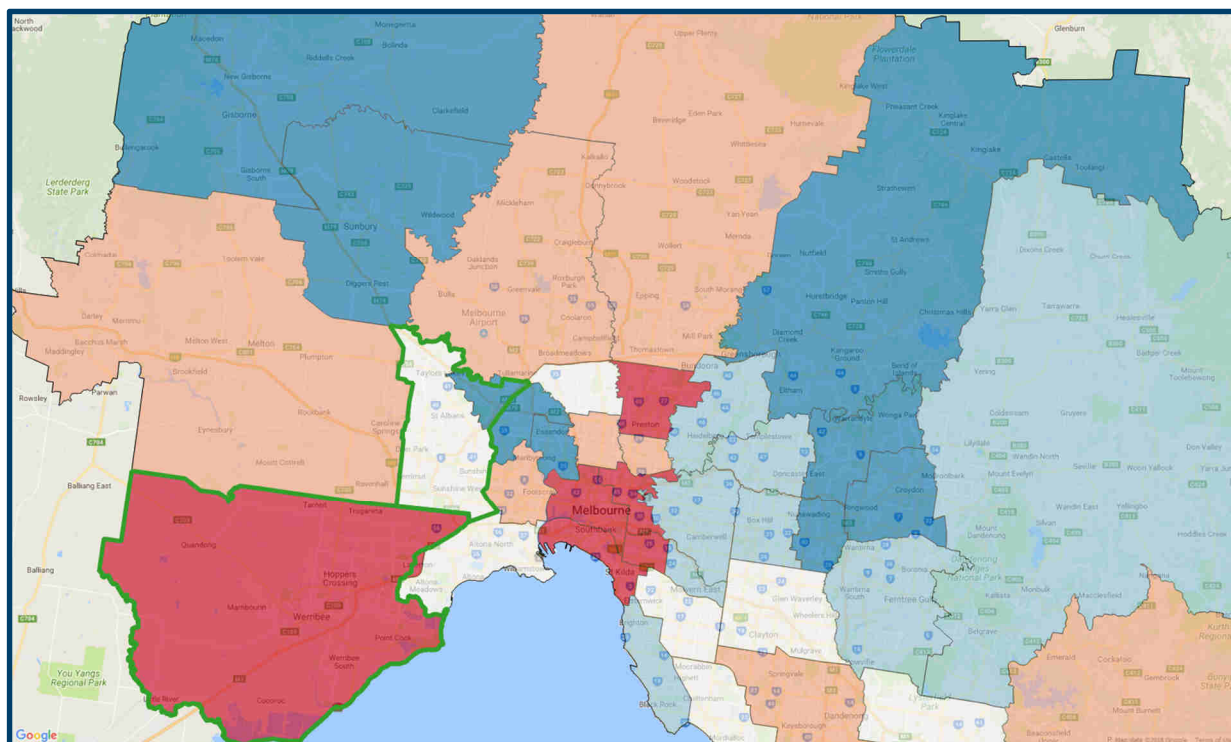


Figure 1 Breast screening rates within Greater Melbourne. Red indicates screening rates in the lowest quintile of SA3 within Greater Melbourne, dark blue the higher rates

North Western Melbourne PHN displays Breast screening participation rates below the Victorian value (52.6 vs 54.6). Brimbank SA3 is above the NMWPHN value, 53.3, while Wyndham is well below, 49.4

Table 1 SA3 Breast Screening participation rates

Region	Age Group	Participation
Victoria	50-69	54.6
North Western Melbourne	50-69	52.6
Brimbank	50-69	53.3
Wyndham	50-69	49.4

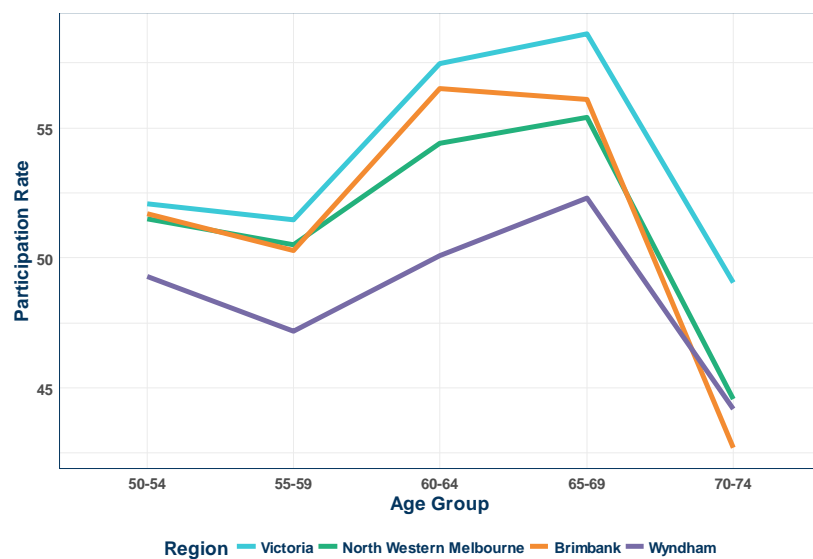


Figure 2 Breast screening participation rate by age bracket

The participation rate exhibits some dependency on the age bracket of the population, showing a characteristic shape of a decrease from 50-54 years to 55-59 years, followed by an increase before tapering off after 65-69 years. Wyndham SA3 is once again well below NWMPHN rates, particularly in the 50 -69 years bracket. While Brimbank SA3 mirrors the NWMPHN curve, outperforming in the 60-64 years bracket.

5.2 Cervical Screening

Wyndham displays cervical cancer screening participation rates in the lowest quintile while Brimbank SA3 exhibits below median rates. The Keilor SA3 region of Brimbank (C) displays above median participation rates.

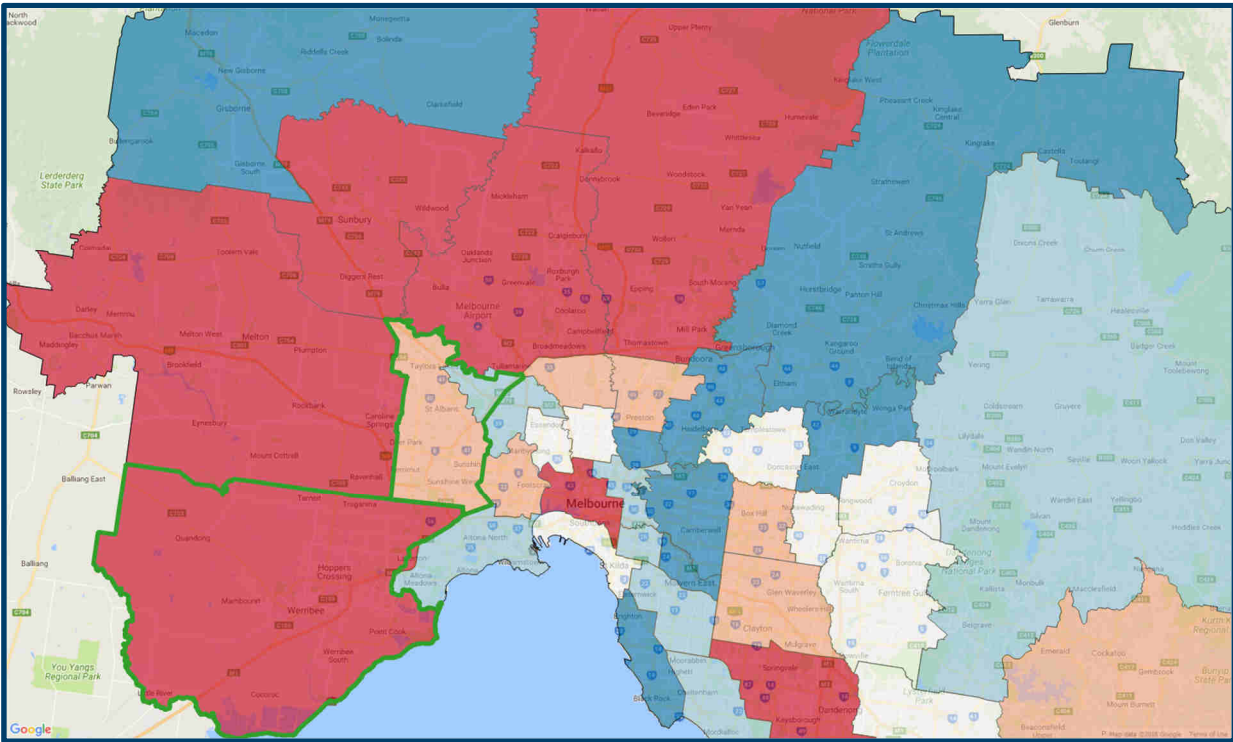


Figure 3 Cervical Cancer screening participation rates within Greater Melbourne. Red indicates screening rates in the lowest quintile of SA3 within Greater Melbourne, dark blue the higher rates

Table 2 SA3 Cervical screening participation rates

Region	Age Group	Participation
Victoria	20-69	56.6
North Western Melbourne	20-69	52.5
Brimbank	20-69	52.2
Wyndham	20-69	49.0

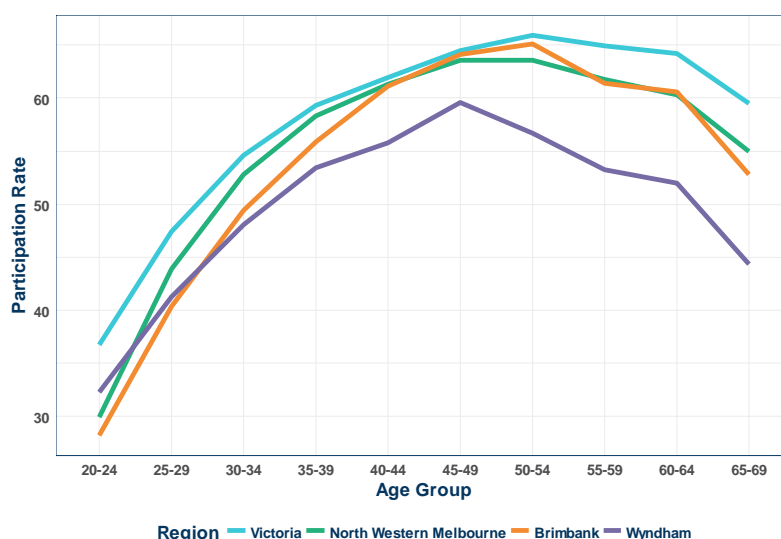


Figure 4 Cervical cancer screening participation rate by age bracket

The participation rates for cervical screening display increasing trend from age 20-24 years before reach a plateau around 50-54 years and slowly decreasing thereafter. Brimbank SA3 largely reflects this pattern, however Wyndham reaches a maximum at an earlier age, 45-49 years before plunging. Additionally, Wyndham again displays participation rates below NWMPHN and State value, with the discrepancy increasing in older age brackets

5.3 Bowel Screening

Wyndham displays bowel cancer screening participation rates in the lowest quintile while Brimbank SA3 exhibits below median rates. The Keilor SA3 region of Brimbank (C) displays above median participation rates.

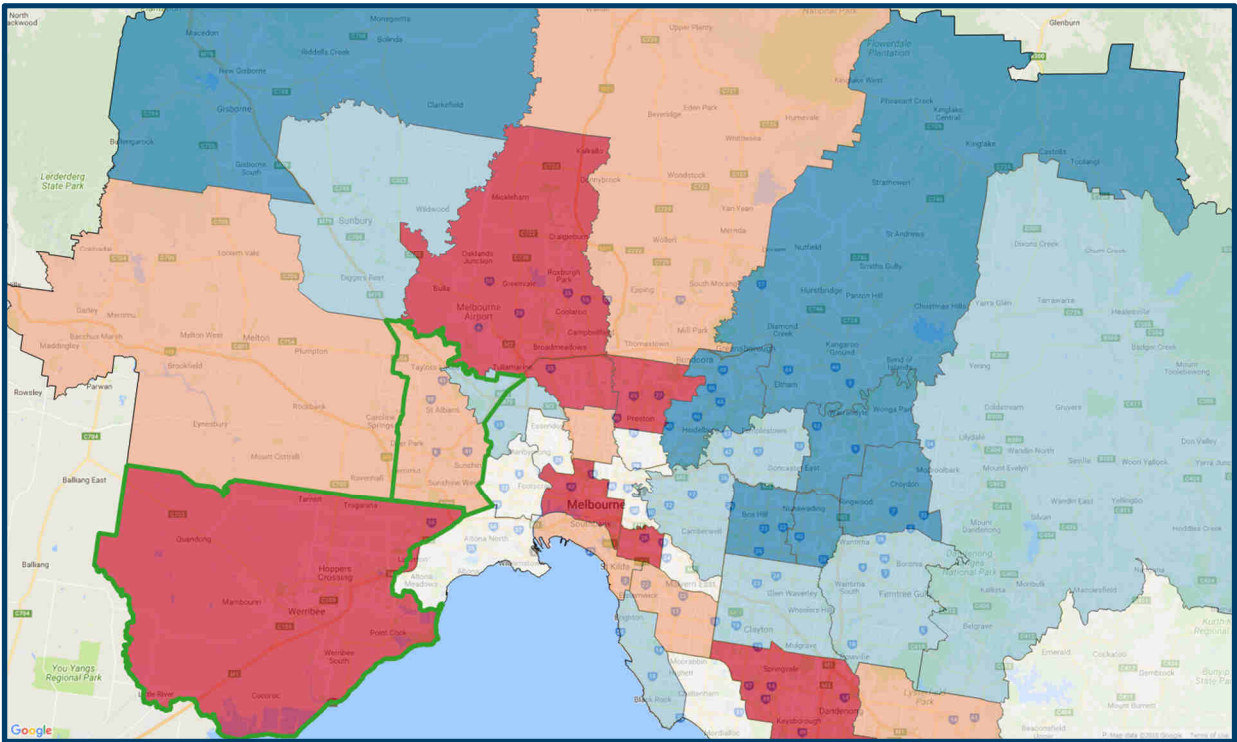


Figure 5 Bowel Cancer screening participation rates within Greater Melbourne. Red indicates screening rates in the lowest quintile of SA3 within Greater Melbourne, dark blue the higher rates

Table 3 SA3 Bowel screening participation rates

Region	Participation
Victoria	41.9
North Western Melbourne	38.2
Brimbank	38.0
Wyndham	36.4

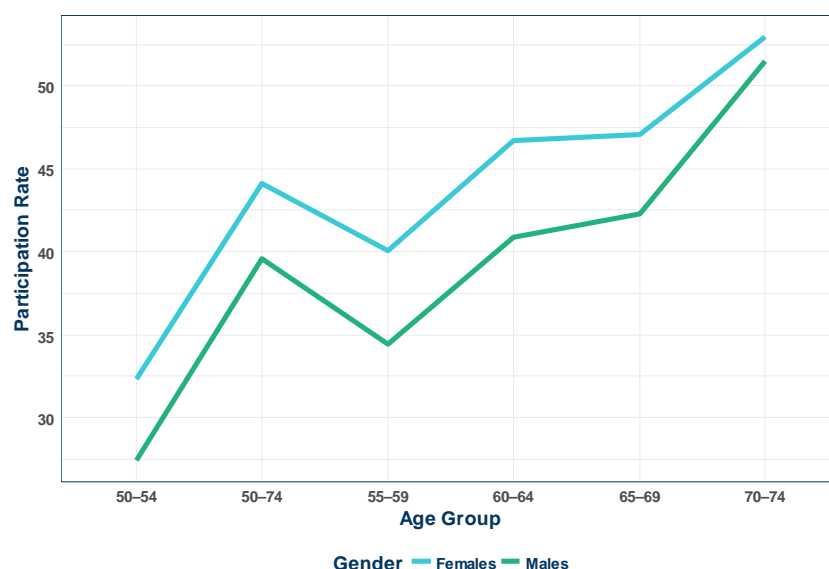


Figure 6 Victorian Bowel cancer screening participation rates by age bracket

The bowel screening participation rate is also supplied at lower geography level, Statistical Area 2 (2011) displayed below for Wyndham (C) and Brimbank (C). The SA2 (2011) differs from the SA2 (2016) within Wyndham displayed in later maps due to population growth.

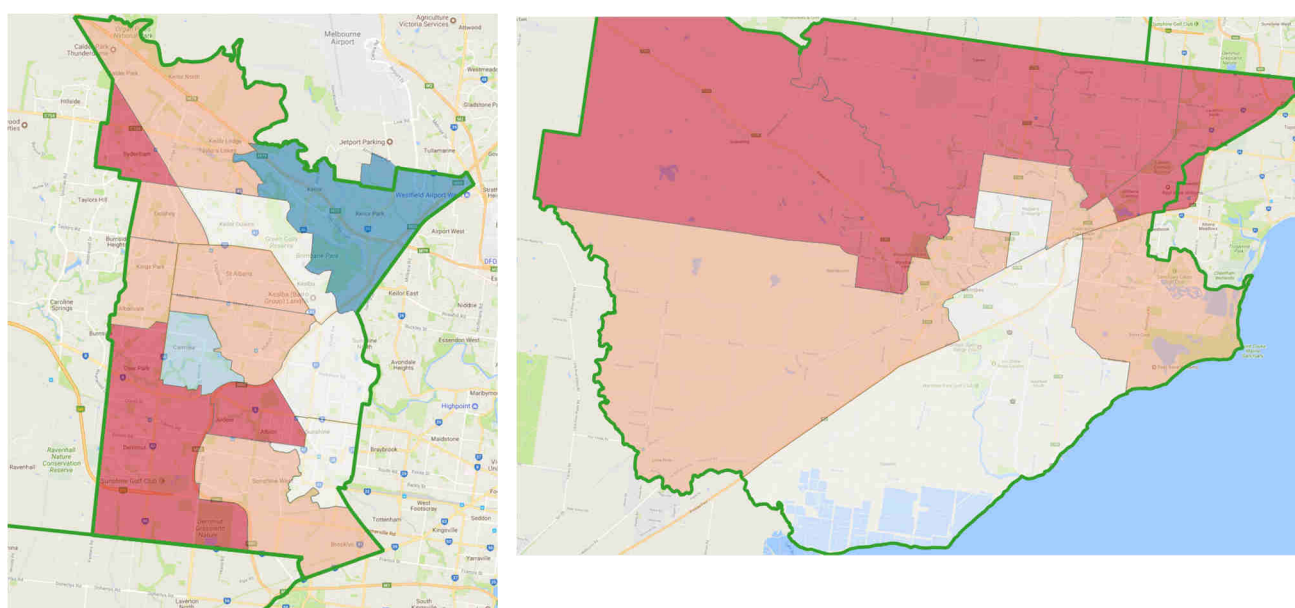


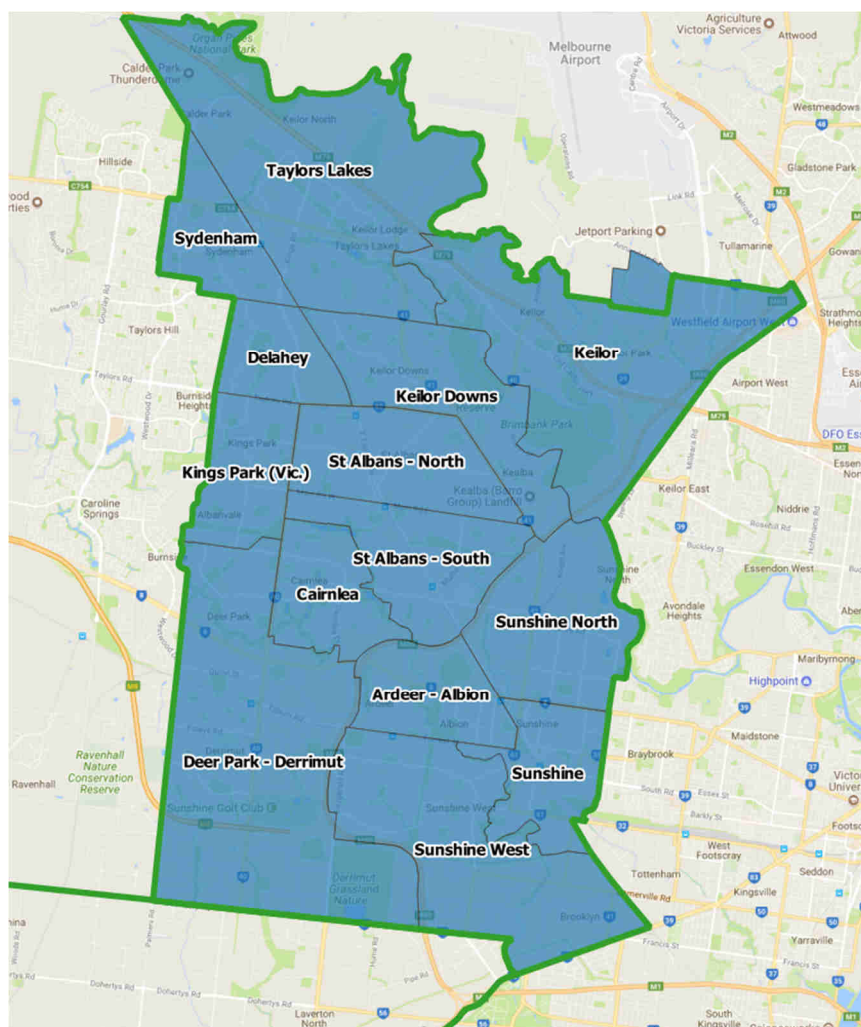
Figure 7 Victorian Bowel cancer screening participation rates by Statistical Area 2 (2011) displayed below for Wyndham (C) and Brimbank (C).

6 LGA Screening Population Profile

6.1 Brimbank (C)

6.1.1 Country of Birth

6.1.1.1 Brimbank SA2



6.1.1.2 Breast Screening

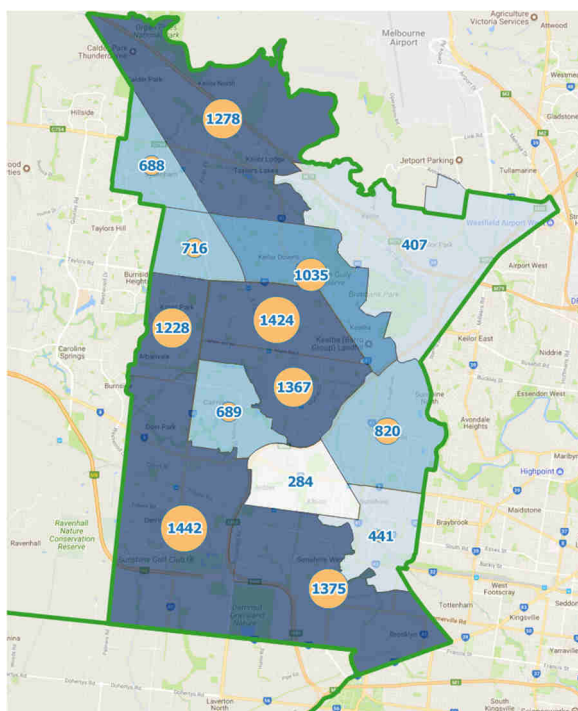


Figure 7 SA2 distribution of females age 50-69 years and country of birth overseas

Table 4 Most Common Country of birth for females age 50 -69 years by Brimbank SA2

SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnam	Malta	Philippines	England	China (excludes SARs and Taiwan)
Cairnlea	Vietnam	Philippines	India	The former Yugoslav Republic of Macedonia	Malta
Deer Park - Derrimut	Vietnam	Philippines	Malta	India	Italy
Delahey	Philippines	Vietnam	Malta	Timor-Leste	The former Yugoslav Republic of Macedonia
Keilor	Italy	England	Malta	Greece	Germany
Keilor Downs	Vietnam	The former Yugoslav Republic of Macedonia	Croatia	Italy	Malta
Kings Park (Vic.)	Vietnam	The former Yugoslav Republic of Macedonia	Malta	Philippines	Cyprus
St Albans - North	Vietnam	Malta	The former Yugoslav Republic of Macedonia	Philippines	Croatia
St Albans - South	Vietnam	Malta	Philippines	The former Yugoslav Republic of Macedonia	China (excludes SARs and Taiwan)
Sunshine	Vietnam	Philippines	India	China (excludes SARs and Taiwan)	Greece
Sunshine North	Vietnam	Malta	Philippines	Italy	Croatia
Sunshine West	Vietnam	Malta	The former Yugoslav Republic of Macedonia	Philippines	Greece
Sydenham	India	Philippines	The former Yugoslav Republic of Macedonia	Croatia	Malta
Taylors Lakes	Italy	The former Yugoslav Republic of Macedonia	India	Malta	Croatia

It is worth noting that women of Vietnamese decent have higher than average participation in Breast screening services.

6.1.1.3 Cervical Screening

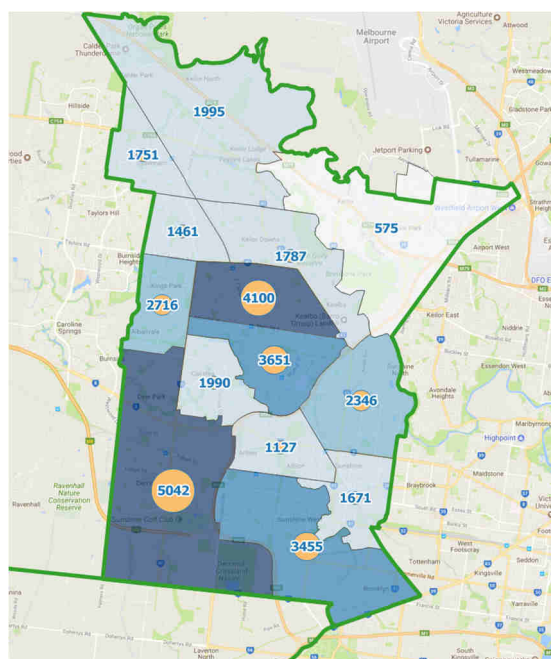


Figure 8 SA2 distribution of females age 20-69 years and country of birth overseas

Table 5 Most Common Country of birth for females age 20 to 69 by Brimbank SA2

SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnam	India	Philippines	China (excludes SARs and Taiwan)	New Zealand
Cairnlea	Vietnam	Philippines	India	The former Yugoslav Republic of Macedonia	China (excludes SARs and Taiwan)
Deer Park - Derrimut	Vietnam	Philippines	India	China (excludes SARs and Taiwan)	New Zealand
Delahey	Vietnam	Philippines	India	Timor-Leste	The former Yugoslav Republic of Macedonia
Keilor	Italy	England	Vietnam	China (excludes SARs and Taiwan)	India
Keilor Downs	Vietnam	The former Yugoslav Republic of Macedonia	India	Croatia	Italy
Kings Park (Vic.)	Vietnam	Philippines	The former Yugoslav Republic of Macedonia	India	Malta
St Albans - North	Vietnam	India	Philippines	Malta	New Zealand
St Albans - South	Vietnam	India	Philippines	China (excludes SARs and Taiwan)	Malta
Sunshine	Vietnam	India	Myanmar	Philippines	Nepal
Sunshine North	Vietnam	Myanmar	Malta	Philippines	India
Sunshine West	Vietnam	India	Philippines	China (excludes SARs and Taiwan)	Malta
Sydenham	India	Philippines	Vietnam	Sri Lanka	New Zealand
Taylors Lakes	India	Italy	Vietnam	The former Yugoslav Republic of Macedonia	Malta

6.1.1.4 Bowel Screening

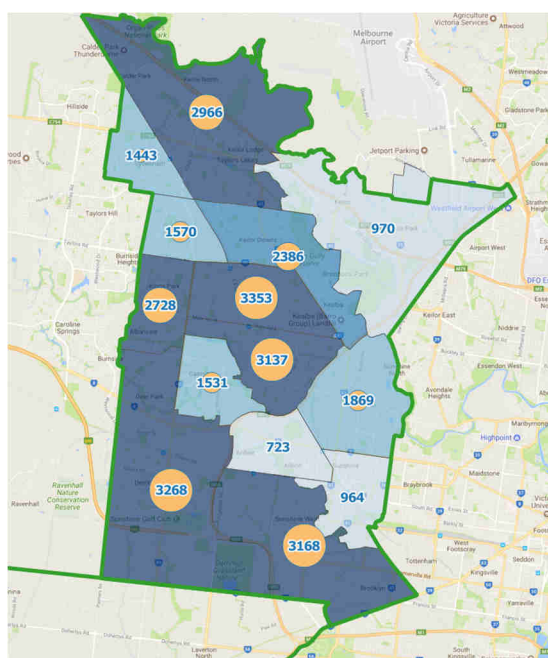


Figure 9 SA2 distribution of persons age 50-74 years and country of birth overseas

Table 6 Most Common Country of birth for persons age 50-74 years by Brimbank SA2

SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnam	Malta	Germany	England	China (excludes SARs and Taiwan)
Cairnlea	Vietnam	Philippines	Malta	The former Yugoslav Republic of Macedonia	India
Deer Park - Derrimut	Vietnam	Philippines	Malta	Italy	The former Yugoslav Republic of Macedonia
Delahey	Vietnam	Philippines	Malta	The former Yugoslav Republic of Macedonia	Timor-Leste
Keilor	Italy	England	Greece	Croatia	Malta
Keilor Downs	Vietnam	The former Yugoslav Republic of Macedonia	Italy	Greece	Croatia
Kings Park (Vic.)	Vietnam	Malta	The former Yugoslav Republic of Macedonia	Philippines	Cyprus
St Albans - North	Vietnam	Malta	The former Yugoslav Republic of Macedonia	Croatia	Italy
St Albans - South	Vietnam	Malta	Philippines	The former Yugoslav Republic of Macedonia	Croatia
Sunshine	Vietnam	Philippines	India	China (excludes SARs and Taiwan)	Greece
Sunshine North	Vietnam	Malta	Italy	Philippines	Croatia
Sunshine West	Vietnam	Malta	Greece	The former Yugoslav Republic of Macedonia	Philippines
Sydenham	India	Philippines	Malta	The former Yugoslav Republic of Macedonia	Croatia
Taylors Lakes	Italy	The former Yugoslav Republic of Macedonia	Malta	India	Croatia

6.1.2 Speak Language Other than English (LOTE) and Speak English Not Well or Not At All

6.1.2.1 Breast Screening

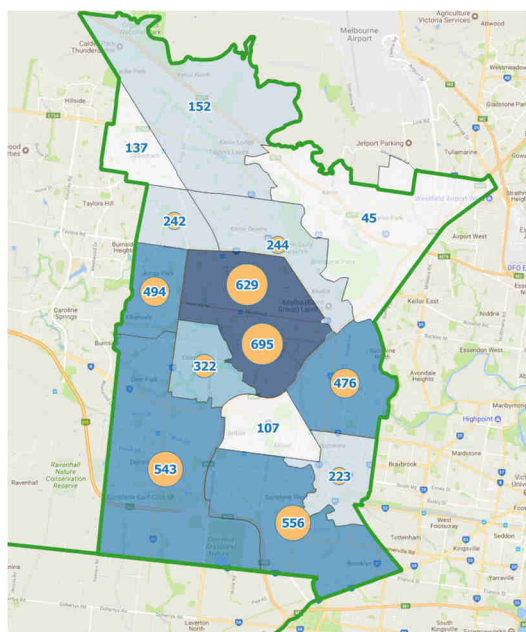


Figure 10 SA2 distribution of females age 50-69 years and speak LOTE with little or no English proficiency

Table 7 Most Common LOTE with little or no English proficiency for females age 50-69 years by Brimbank SA2

SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnamese	Cantonese	Spanish	Mandarin	Maltese
Cairnlea	Vietnamese	Cantonese	Hakka	Mandarin	Lao
Deer Park - Derrimut	Vietnamese	Cantonese	Mandarin	Macedonian	Turkish
Delahey	Vietnamese	Hakka	Macedonian	Cantonese	Turkish
Keilor	Italian	Macedonian	Mandarin	Cantonese	Spanish
Keilor Downs	Vietnamese	Macedonian	Greek	Cantonese	Croatian
Kings Park (Vic.)	Vietnamese	Macedonian	Cantonese	Bosnian	Greek
St Albans - North	Vietnamese	Cantonese	Macedonian	Punjabi	Arabic
St Albans - South	Vietnamese	Cantonese	Mandarin	Macedonian	Greek
Sunshine	Vietnamese	Cantonese	Mandarin	Greek	Croatian
Sunshine North	Vietnamese	Cantonese	Maltese	Min Nan	Spanish
Sunshine West	Vietnamese	Cantonese	Macedonian	Greek	Turkish
Sydenham	Macedonian	Mandarin	Punjabi	Arabic	Croatian
Taylors Lakes	Vietnamese	Macedonian	Greek	Maltese	Mandarin

6.1.2.2 Cervical Screening

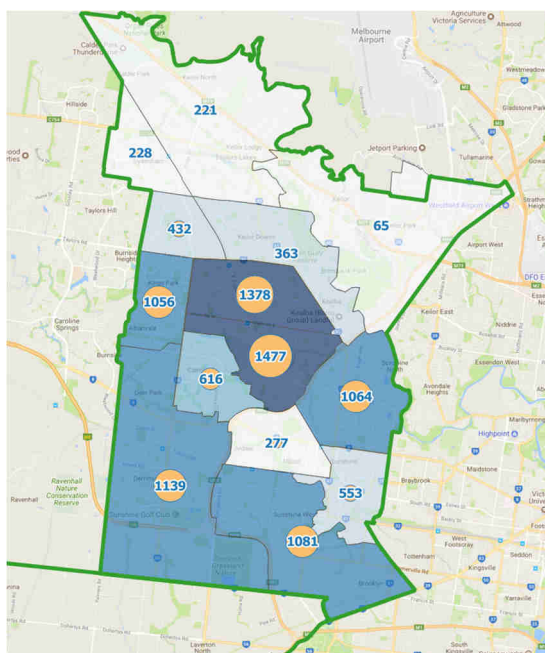


Figure 11 SA2 distribution of females age 20-69 years and speak LOTE with little or no English proficiency

Table 8 Most Common LOTE with little or no English proficiency for females age 20-69 years by Brimbank SA2

SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnamese	Cantonese	Mandarin	Tamil	Bengali
Cairnlea	Vietnamese	Cantonese	Hakka	Mandarin	Turkish
Deer Park - Derrimut	Vietnamese	Mandarin	Cantonese	Spanish	Arabic
Delahey	Vietnamese	Hakka	Macedonian	Cantonese	Arabic
Keilor	Italian	Mandarin	Macedonian	Cantonese	Spanish
Keilor Downs	Vietnamese	Macedonian	Cantonese	Greek	Croatian
Kings Park (Vic.)	Vietnamese	Macedonian	Cantonese	Bosnian	Chin Haka
St Albans - North	Vietnamese	Cantonese	Arabic	Macedonian	Punjabi
St Albans - South	Vietnamese	Cantonese	Mandarin	Arabic	Macedonian
Sunshine	Vietnamese	Burmese and Related Languages, nec	Mandarin	Cantonese	Chin Haka
Sunshine North	Vietnamese	Cantonese	Burmese and Related Languages, nec	Chin Haka	Maltese
Sunshine West	Vietnamese	Cantonese	Greek	Macedonian	Mandarin
Sydenham	Vietnamese	Arabic	Mandarin	Punjabi	Macedonian
Taylors Lakes	Vietnamese	Macedonian	Greek	Mandarin	Cantonese

6.1.2.3 Bowel Screening

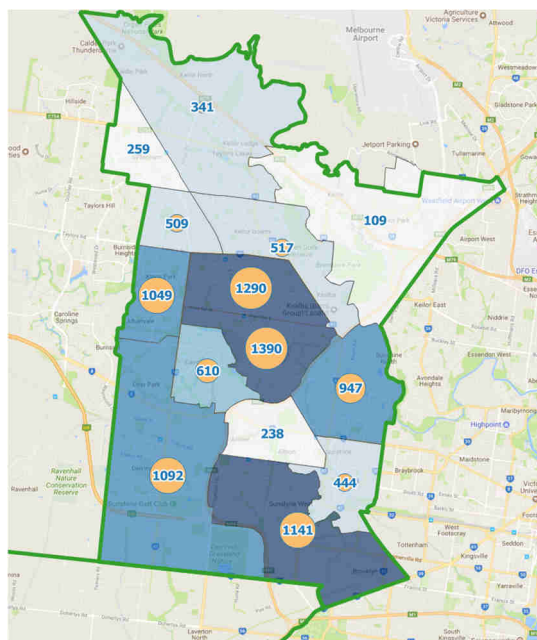


Figure 12 SA2 distribution of persons age 50-74 years and speak LOTE with little or no English proficiency

Table 9 Most Common LOTE with little or no English proficiency for persons age 50-74 years by Brimbank SA2

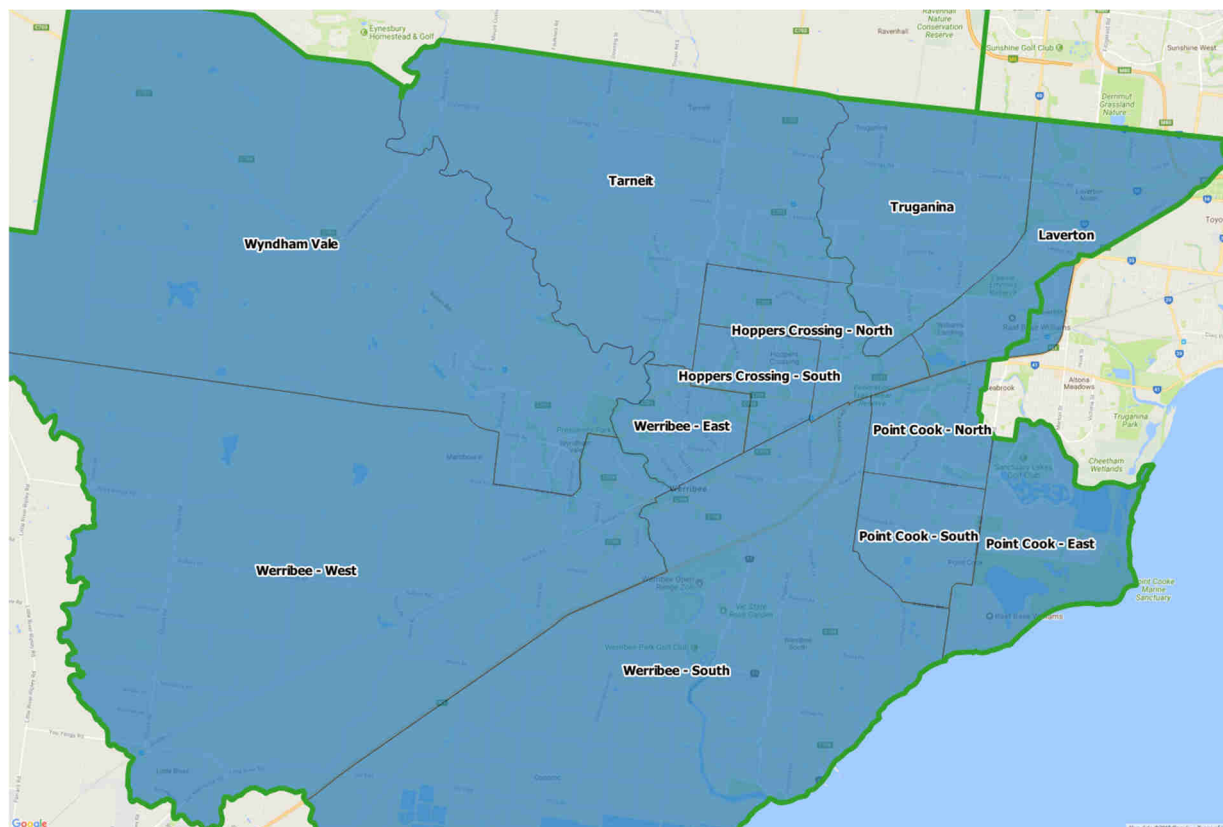
SA2 Name	1	2	3	4	5
Ardeer - Albion	Vietnamese	Cantonese	Polish	Mandarin	Spanish
Cairnlea	Vietnamese	Cantonese	Macedonian	Hakka	Lao
Deer Park - Derrimut	Vietnamese	Cantonese	Mandarin	Macedonian	Spanish
Delahey	Vietnamese	Hakka	Macedonian	Cantonese	Maltese
Keilor	Italian	Cantonese	Croatian	Macedonian	Greek
Keilor Downs	Vietnamese	Macedonian	Greek	Cantonese	Croatian
Kings Park (Vic.)	Vietnamese	Macedonian	Cantonese	Greek	Serbian
St Albans - North	Vietnamese	Macedonian	Cantonese	Maltese	Greek
St Albans - South	Vietnamese	Cantonese	Macedonian	Mandarin	Greek
Sunshine	Vietnamese	Cantonese	Mandarin	Greek	Italian
Sunshine North	Vietnamese	Cantonese	Maltese	Min Nan	Italian
Sunshine West	Vietnamese	Macedonian	Greek	Cantonese	Turkish
Sydenham	Macedonian	Croatian	Vietnamese	Punjabi	Mandarin
Taylors Lakes	Macedonian	Vietnamese	Croatian	Italian	Greek

6.2 Wyndham (C)

Wyndham has the largest number Aboriginal people in NWMPHN and a high growth rate of 53% between the 2011 and 2016 census.

6.2.1 Aboriginal and/ or Torres Strait Islander

6.2.1.1 Wyndham SA2 (2016)



6.2.1.2 Breast Screening

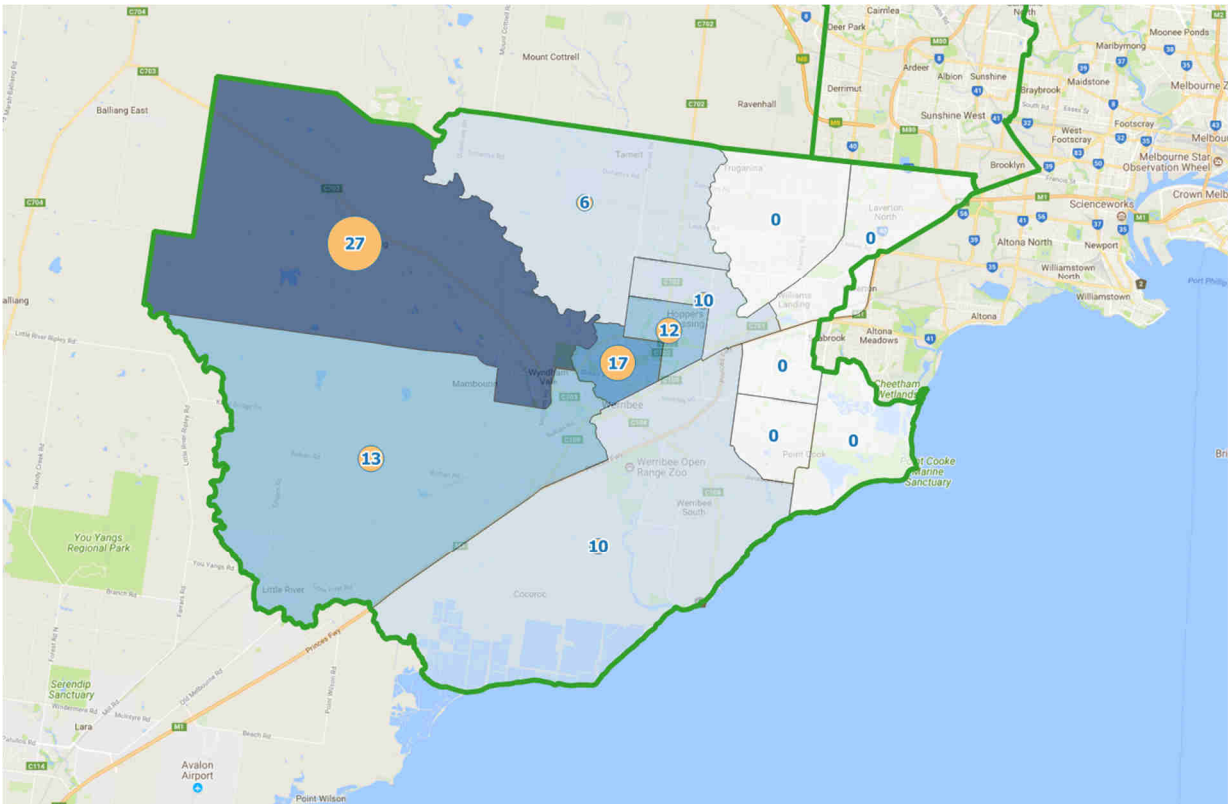


Figure 13 SA2 (2016) distribution of females age 50-69 years and Aboriginal and/or Torres Strait Islander heritage

6.2.1.3 Cervical Screening

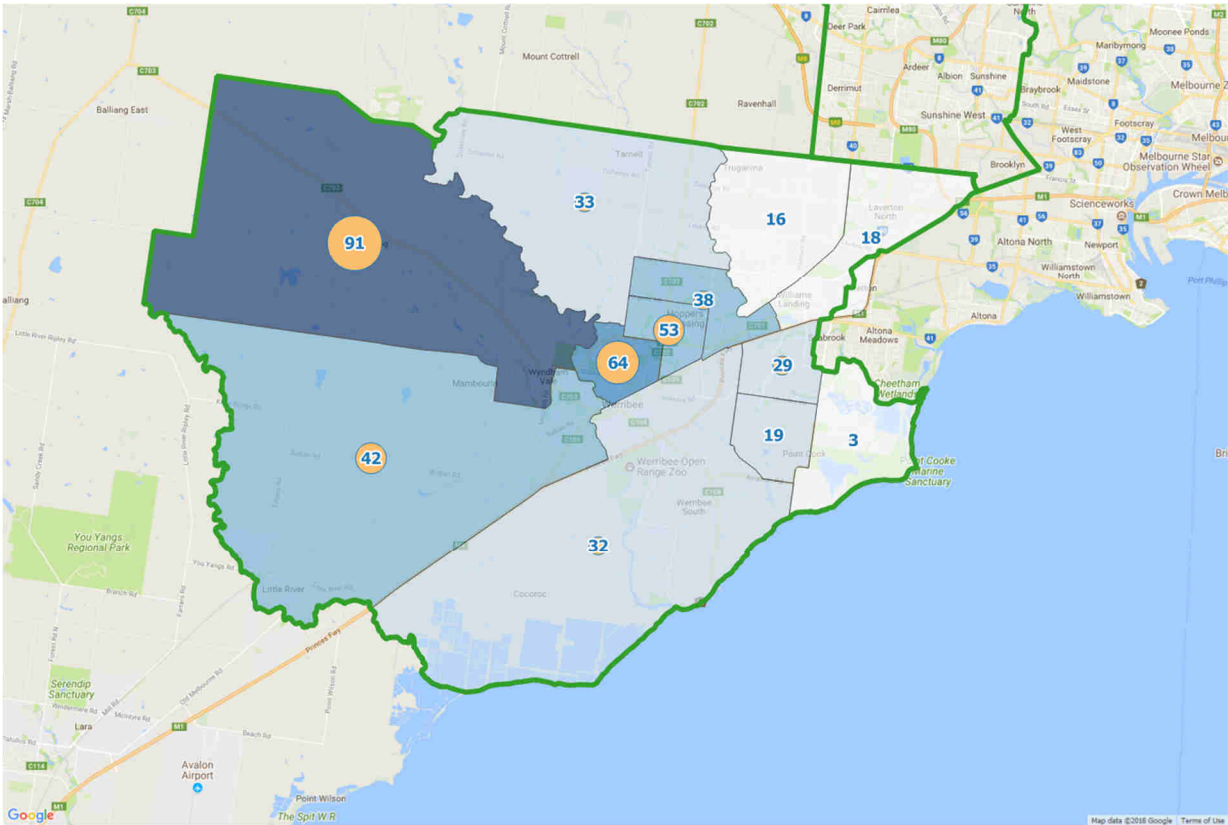


Figure 14 SA2 (2016) distribution of females age 20-69 years and Aboriginal and/or Torres Strait Islander heritage

6.2.1.4 Bowel Screening

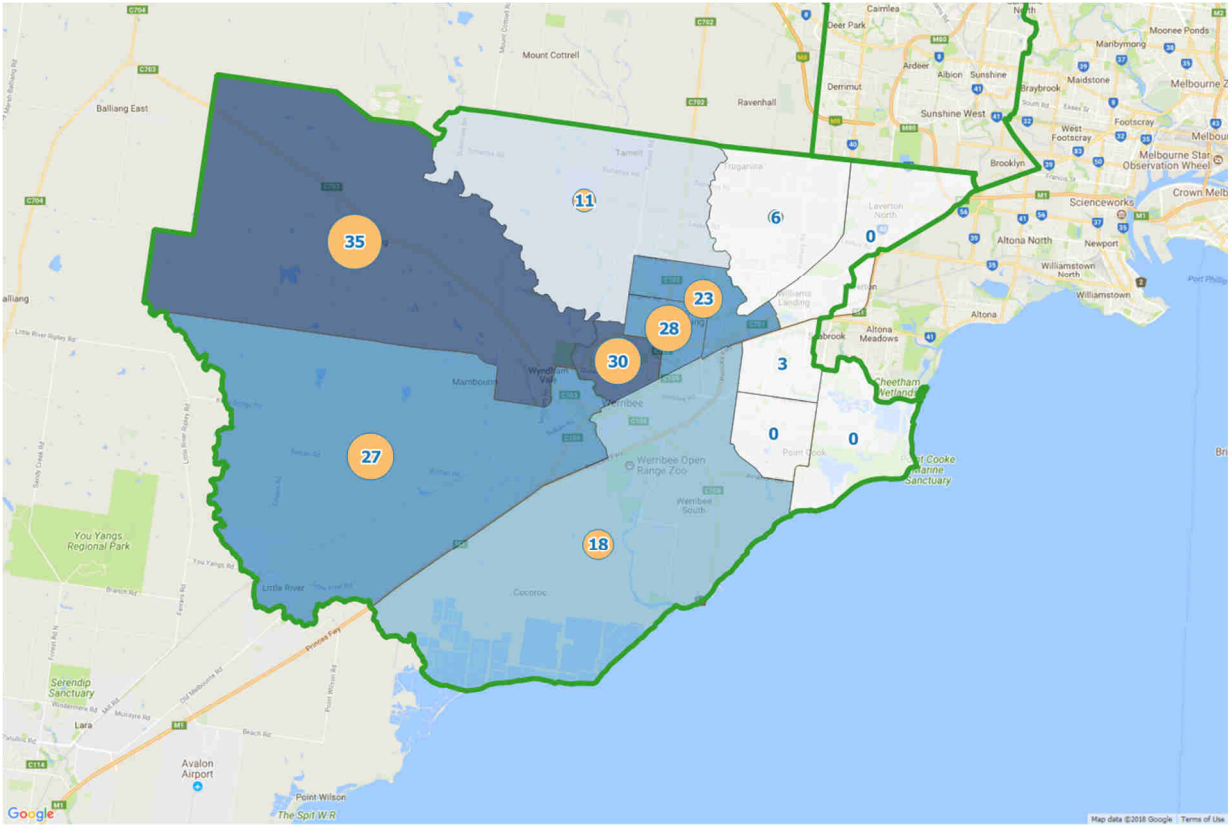


Figure 15 SA2 (2016) distribution of persons age 50-74 years and Aboriginal and/or Torres Strait Islander heritage



7 Conclusions

There is a significant under-screened population within NWMPHN catchment for breast, bowel and cervical cancers. Wyndham is in the lowest quintile for all three types of cancer screening, whilst Brimbank is below median Victorian rates (with the exception of Keilor).

Brimbank is a highly culturally diverse region and well suited for the CALD aspect of the CLCSP. The country of birth and language varies slightly depending on age group and gender, however overall there are significant numbers of Vietnamese, Indian, Phillipino, Maltese and Macedonian people residing in the area. There are also high levels of socio-economic disadvantage in Brimbank, making it a suitable locality for work with people living with the health disadvantages inherent with these circumstances. Wyndham has a high population and high population growth of Aboriginal people and also has several established cultural hubs from which community-led cancer screening work could be initiated.

The data contained in this document should inform activity planning for Workstream 1 and 2 of the CLCSP in NWMPHN.

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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