Improving breast and cervical screening participation rates amongst CALD and Indigenous women in regional Australia: Evaluation of the implementation of pop-up amalgamated clinics

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BACKGROUND

• Breast and cervical screening rates for CALD and Indigenous women in regional Australia fall well below national averages (2018, Cancer Institute NSW).
• Research reports that these women frequently do not access breast and cervical screening services because of practical, psychological and cultural barriers (Ogunsiji, Kwok, & Fan, 2017).
• BreastScreen NSW Greater Southern (BSSG) has received funding from the Cancer Institute to help address this issue by establishing pop-up amalgamated breast and cervical screening clinics to be trialled in Wagga Wagga, Albury and Queanbeyan.
• The University of Notre Dame Australia (UNDA) is working with BreastScreen NSW to support the research process, facilitate focus groups and participant interviews, and to evaluate the success of the clinics.

AIMS

1. To raise awareness among CALD and Indigenous women in regional NSW about breast and cervical screening services.
2. To identify barriers and enablers which impact on CALD and Indigenous women participating in breast and cervical screens in regional NSW.
3. To increase participation rates for CALD and Indigenous women in regional NSW through the implementation of culturally sensitive pop-up amalgamated breast and cervical screening clinics.

METHODOLOGY

BACKGROUND

• Presence of cultural and language barriers to breast and cervical screening.
• Lack of awareness of health services.
• Uncertainty about medical procedures.
• Language barriers and translation issues.
• Illiteracy and difficulty reading information material.

AIMS

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METHODOLOGY

Information sessions, yarning sessions
• Afghani and Yazidi
• Burmese, Sudanese and Burundian
• Aboriginal and Torres Strait Islander.

Focus group discussions
• Afghani and Yazidi
• Burmese, Sudanese and Burundian

Amalgamated breast and cervical screens
• Breast screens x 10 (2 Afghani; 8 Yazidi)
• Cervical screen x 9 (2 Afghani; 7 Yazidi)

Post-screen interviews
• Afghani x 2
• Yazidi x 8

Key Informant interviews
• Doctors
• Health Workers
• Multicultural officers

FINDINGS TO DATE

Key points emerging from information sessions, yarning sessions, focus groups and interviews with participants and key informants

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<thead>
<tr>
<th>Source</th>
<th>Barriers</th>
<th>Comments</th>
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<tbody>
<tr>
<td>CALD – Information sessions and focus groups</td>
<td>Lack of awareness of health screen services</td>
<td>“We don’t know about it.”</td>
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<tr>
<td>CALD – Information sessions and focus groups</td>
<td>Lack of health literacy – uncertainty about medical procedures in general</td>
<td>“If the doctor doesn’t tell us to have a screen, we don’t.”</td>
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<tr>
<td>CALD – Information sessions and focus groups</td>
<td>Unsure about what procedures they have had done, overseas or in Australia</td>
<td>“Last year when they come to Australia, I think the GP did, but she not sure.”</td>
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<tr>
<td>CALD – Information sessions and focus groups</td>
<td>Information is not available in some languages or dialects, e.g. Kurmanji</td>
<td>Some participants illiterate in own language, so translated information may not help</td>
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<td>CALD – Information sessions and focus groups</td>
<td>Presumed that unmarried women are not sexually active so do not need screens</td>
<td>“There may be some issues for some cultures.”</td>
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<td>CALD and Indigenous – Information sessions</td>
<td>General consensus regarding health screens</td>
<td>“If we’re not sick, we don’t need them.”</td>
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<table>
<thead>
<tr>
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<th>Enablers</th>
<th>Comments</th>
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<tr>
<td>CALD and Indigenous – information sessions</td>
<td>Information sessions and education are critical to increase participation rates</td>
<td>“If we know about it, we will come.”</td>
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<td>Key Informant – GP</td>
<td>Raise awareness of health screens among CALD women</td>
<td>“If [CALD] women know about these screens, they are generally happy to have them” (GP)</td>
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<td>CALD and Indigenous – information sessions</td>
<td>Group screens for specific CALD and Indigenous women</td>
<td>“A group is better ... if someone is scared ... and if someone forgets ... it is better”</td>
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LIMITATIONS

• Only preliminary data available to date
• Challenges associated with a project of CALD groups together with Indigenous groups
• Cannot generalise among CALD groups, or between CALD and Indigenous groups, although similarities may occur
• Possible loss of integrity of data through interpretation

KEY LITERATURE
