

Breast Health



**.Breast Screening in
culturally and
linguistically diverse
communities.
MNHHS SEED
Innovation Program**

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Overview of the presentation

- Why we did it
- What we did
- How we did it
- What we found
- Lessons learned

Why we did it

- Breast cancer screening is the most effective way to detect breast cancer in early stages
- The last available figures (2014/2015) show 60.44% of eligible women from CALD backgrounds in MNHHS screen
- One of the strategies to improve screening is to provide information that is understood by women from CALD background and is culturally appropriate

Why we did it (cont.)

- Existing resources about breast cancer and breast screening for CALD communities were difficult to understand and lacking cultural sensitivities
- BreastScreen Northside Service applied for SEED Innovation Grant to develop evidence based, culturally appropriate resources

How we did it

- The Project commenced in January 2017
- Established a Reference group (NGO's, Women, Health professionals, who guided the development
- Extensive consultation with women from many backgrounds (85 interviews)
- Analysis of information
- Development of draft and testing
- Resources finalized and produced



Development of new resources

- Guided by women during information gathering sessions e.g. type of resource, size, language, illustrations
- Wishes and suggestions of the women were respected
- Cultural sensitivities were incorporated in the resources,



Outcomes

As suggested by women

- 51 page A5 booklet
- 6 page DL brochure in English and 11 most commonly spoken languages in Queensland : Arabic, Vietnamese, Chinese, Dari, Farsi, Somali, Burmese, Punjabi, Swahili, Spanish Korean



New Resources



Brochures in 11 languages



Launch 24 January 2018



What we found?

- **Numerous barriers to screening prevented many women from attending BreastScreen**
- **Most of the barriers have been addressed in new resources**

Challenges to breast screening and how we overcome them

Language and health literacy in English and in own language

- No word for cancer in some languages
- Word BreastScreen is not in the dictionary
- Did not understand breast cancer/breast screening
- Did not know how to find information
- Did not realise seriousness of the disease
- Did not know how to make appointments
- Did not understand Consent Form

Challenges cont.

Aetiology of cancer

- Did not know what cancer is
- Think it is a punishment for bad deeds
- Sceptical about treatment
- Did not know risk factors, diagnosis or treatment
- Thought cancer was contagious
- Used traditional treatment



Challenges cont.

Stories about aetiology

- Wearing bra
- Visiting someone with cancer
- Bump on the breast
- Mammography causes cancer
- Having stressful life
- Talking about cancer
- Reading about cancer

Challenges (cont).

Cyclical view of life (belief in destiny)

- Seeking information about disease prevention is irrelevant for many
- **Cannot change course of the disease**
- Fatalism as informed by religious and cultural beliefs /witchcraft



Challenges (cont).

Stigma associated with cancer

- Community members tend to disassociate themselves from the patient and patient's family



Challenges (cont).

Fear of equipment

- Fear of possible pain during examination and fear the environment where screening is being done
- Low awareness of the benefits of screening
- Not aware of what happens at BreastScreen



Challenges (cont).

Other priorities

- Transport
- Child minding
- Other family commitments
- Cultural and religious events
- **Women are unaware that breast screening services are available in many locations**



Some lessons learnt

- Preventive behaviours are not practised as, prevention of disease is poorly understood if at all
- Screening for breast, cervix, bowel and other conditions are uncommon in many countries, hence do not understand screening
- Breast cancer was not perceived as cancer that can be detected and treated early
- Breast cancer was not a concern as women have not been aware of it in the home country

Lessons learned cont.

- Spiritual and cultural beliefs play an important part
- Using simple messages and words are essential when developing information
- Positive title for health related brochures hence **“Your Guide to Breast Health”**

Lessons learned cont.

- Most were confused about getting a letter from BreastScreen on their 50th Birthday. The reasons for the confusion were:
 1. Were fearful of how government obtained their address
 2. Fearful that was something wrong with their breast
 3. Fear of consequences if do not attend
 4. Did not understand the letter
 5. Fearful of having their benefits cut
 6. Did not realise that the letter was an invitation to make an appointment
 7. Some threw the invitation in the bin

Recommendation for developing new resources

- **Listen to the community**
- **Investigate what the barriers and issues are and tailor the resources to the audience**
- **Address the barriers in new resources and provide solutions**
- **Involve the community in the promotion of information**
- **Involve the health care professionals in use of the resources**

