

Increasing Priority Population Participation

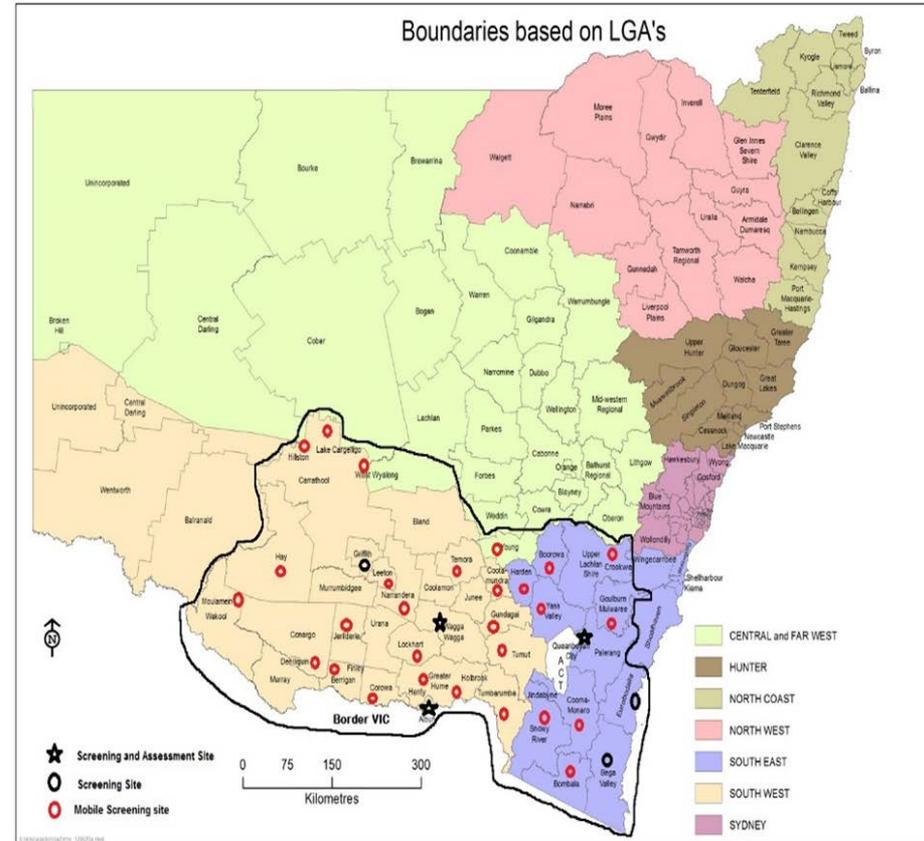
Background – BreastScreen NSW Greater Southern (BSGS)



- Two Local Health Districts Murrumbidgee and Southern NSW LHD.
- The second largest geographical area in NSW.
- Covering approximately 170,000 square metres (40 LGAs).
- Services 78,330 women 50-74 years.
- CALD and Aboriginal women (50-74 years) make up approx. 7% (5,617) of the eligible population.

Small target population in large geographical area

NSW Local Health Districts – Service Coverage



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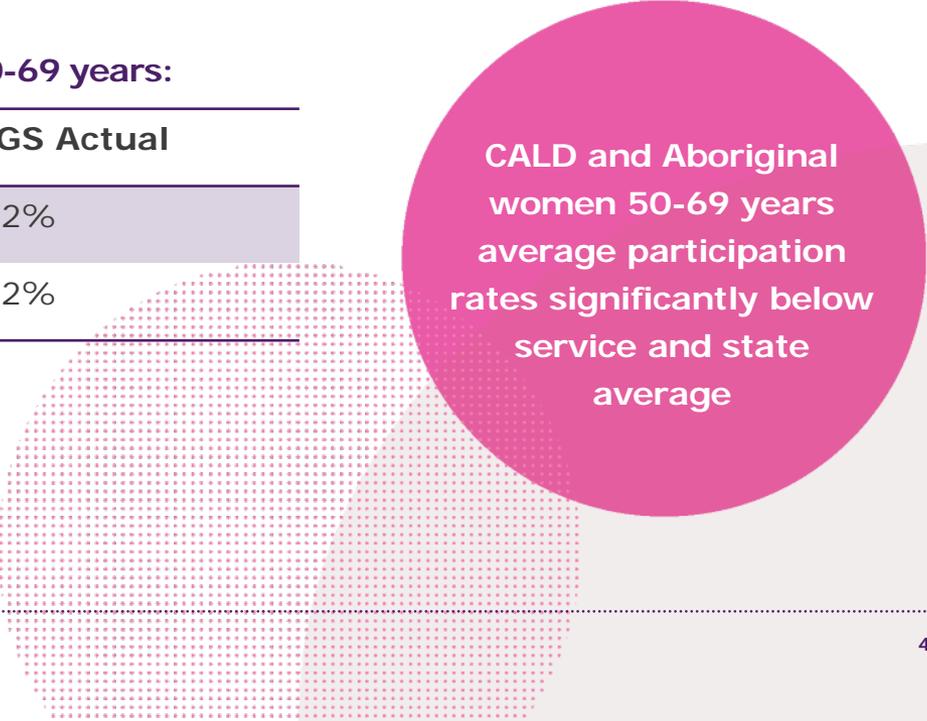
Background – BreastScreen NSW Greater Southern (BSGS)

Service participation for all women 50-69 years FY 16/17:

SAS Target	NSW Avg	BSGS Actual
55.5%	52.9%	55.7%

CALD and Aboriginal service participation for 50-69 years:

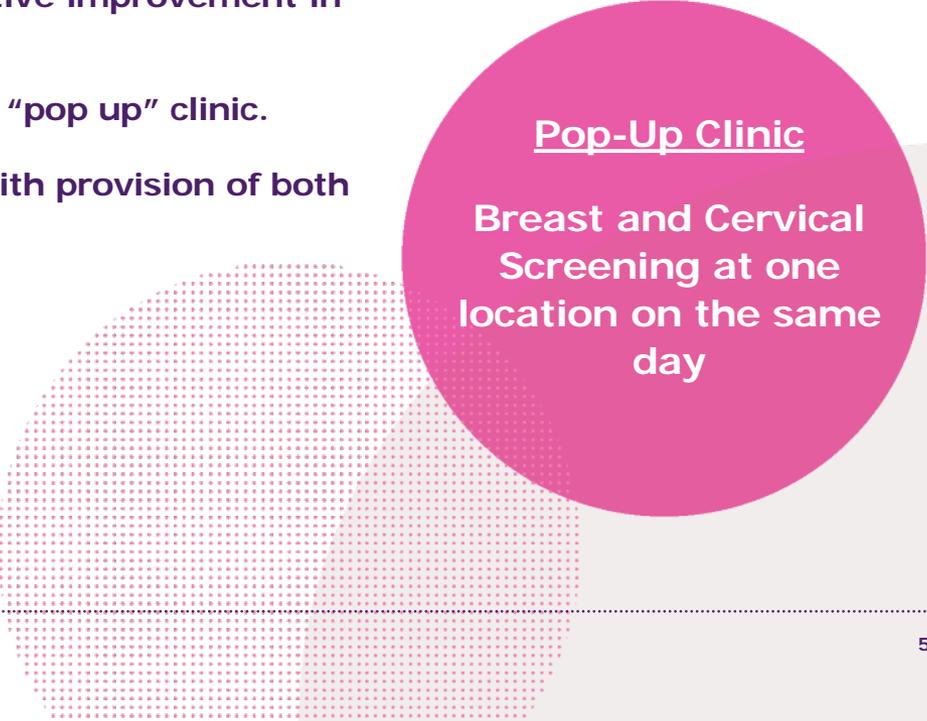
FY16/17	NSW Avg	BSGS Actual
CALD	47.6%	32.2%
Aboriginal	41.2%	34.2%



CALD and Aboriginal women 50-69 years average participation rates significantly below service and state average

How Do We Improve Screening in Priority Populations?

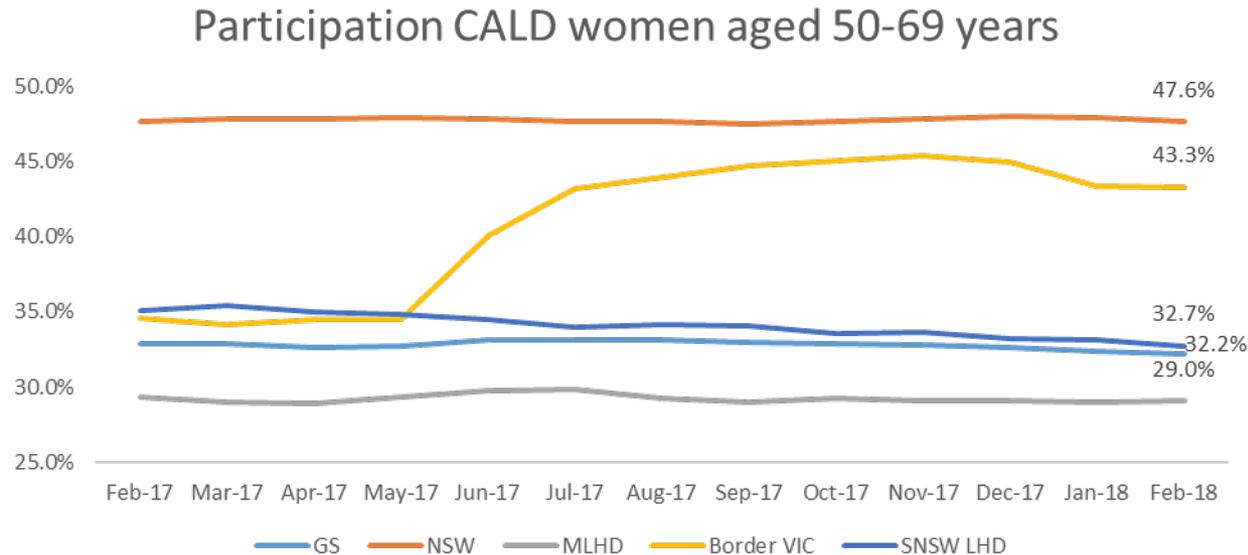
- Preliminary client surveys suggested an integrated service (Mammogram/Cervical) was preferred by target groups.
- Collaborations between BSGS and local Women's Health Services explored a novel model to increase cancer screening for hard to reach women.
- Block bookings of CALD and Aboriginal were trialled successfully in Albury and on the mobile van showing definitive improvement in participation in both groups.
- Cancer Institute NSW Innovation funding for "pop up" clinic.
- Private culturally sensitive group bookings with provision of both breast and cervical cancer screening.



Pop-Up Clinic

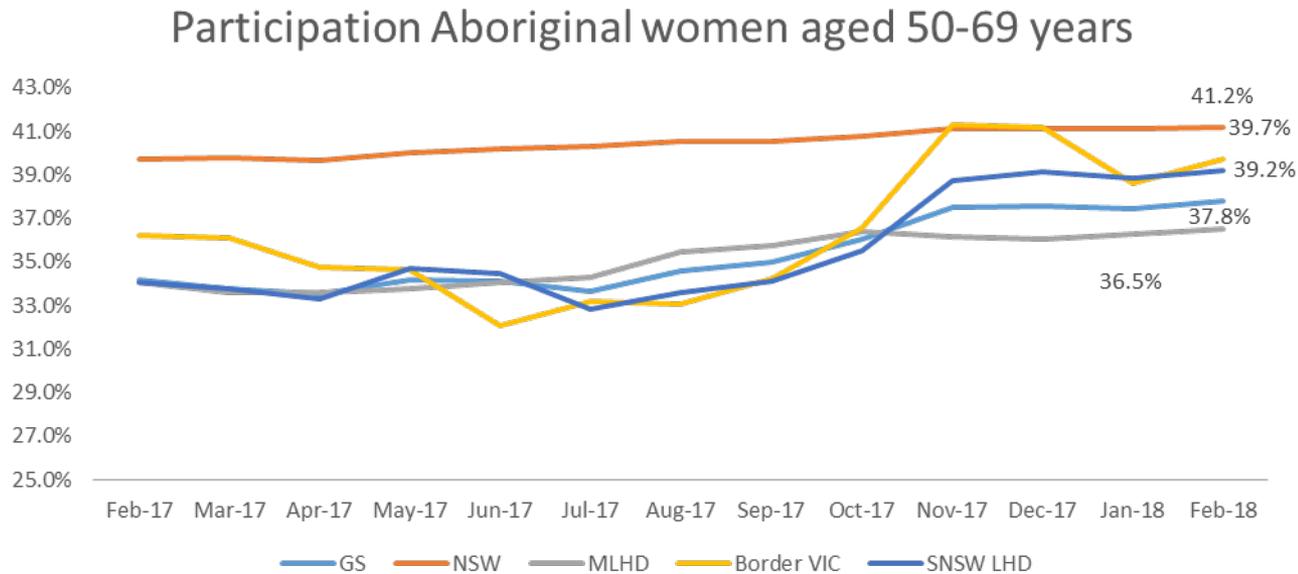
Breast and Cervical
Screening at one
location on the same
day

CALD Block Booking Results:



- 50-69yrs CALD participation is 32.2% significantly below state average of 47.6%.
- BSGS coordination with CALD communities increased participation by 8.7% since initiation.

Aboriginal Block Booking Results:



- **50-69yrs Aboriginal participation increased by 3.6% from Feb-17 34.2% till Feb 2018 37.8% however we are still below state average 41.2%**

Pop-Up Project Aims:

- To raise awareness among CALD and Aboriginal women.
- To identify barriers and enablers which impact on CALD and Aboriginal women.
- To increase participation rates for CALD and Aboriginal women through the implementation of culturally sensitive pop-up breast and cervical screening clinics.
- To build strategic partnerships with key stakeholders to maximize potential outcomes.
- To find an innovative way to incorporate the new cervical screening model (5 yrs) with the BreastScreen model (2 yrs).



Increase in
participation for CALD
and Aboriginal
women 50-74 years

Methodology:

- Identify CALD and Aboriginal communities in Albury, Wagga Wagga and Queanbeyan
- Education sessions in communities – raise awareness, increase health literacy.
- Focus or Yarning groups – identify enablers and barriers.
- Provision of pop-up clinic – increase access to health services.
- Client satisfaction interview – post screening.
- Face to face interviews – key personnel.
- Case study reports.
- Participation and retention rates.



Quantitative and
Qualitative methods
and measures of
success and
sustainability

Project Key Milestones:

Ethical Approval

Engagement and Collaboration

Education Session

Focus Groups/Yarning Sessions

Pop-Up Clinics

Participant Interviews

Key Informant Interviews

Evaluation

Service Adaptation



"Tidda Love" Created by Rebecca McGuinness, 2018. Depicts "the support we share as women experiencing such trauma. It is a connection unbreakable, a passion unspeakable. It is the love we have for our Mothers, Aunties and Sisters".

Key Findings:

Source	Barriers Identified	Comments
CALD Education sessions and focus groups	Lack of awareness of health screen services	"We don't know about it."
CALD Education sessions and focus groups	Lack of health literacy – uncertainty about medical procedures in general	"If the doctor doesn't tell us to have a screen, we don't."
CALD Education sessions and focus groups	Unsure about what procedures they have had done, overseas or in Australia	"Last year when they come to Australia, I think the GP did, but she not sure." "Maybe [the doctors] do something sampled, but [she] is not sure."
CALD Education sessions and focus groups	Education is not available in some languages or dialects, e.g. Kurmanji	Some participants illiterate in own language, so translated Education may not help
CALD Education sessions and focus groups	Presumed that unmarried women are not sexually active so do not need screens	"There may be some issues for some cultures."
CALD and Aboriginal Education sessions	General consensus regarding health screens	"If we're not sick, we don't need them."

Key Barriers:

Lack of awareness

Lack of health literacy

Key Findings:

Source	Enablers Identified	Comments
CALD and Aboriginal Education sessions	Education sessions are critical to increase participation rates	"If we know about it, we will come."
Key Informant GP	Raise awareness of health screens among CALD women	"If [CALD] women know about these screens, they are generally happy to have them" (GP)
CALD and Aboriginal Education sessions	Group screens for specific CALD and Aboriginal women	"A group is better ... if someone is scared ... and if someone forgets ... it is better"

Key Enablers:

Raising awareness

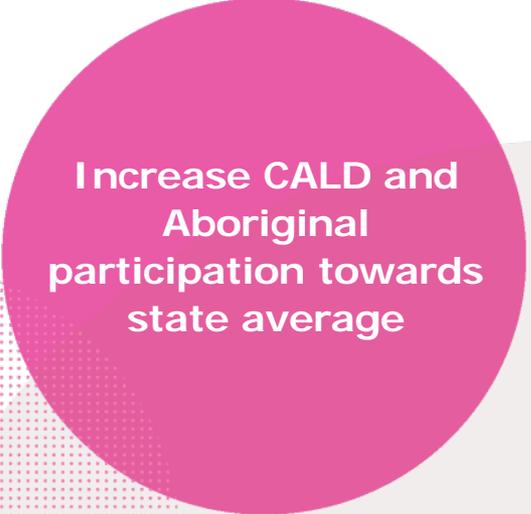
Support in numbers

Limitations:

- Only preliminary data available.
- Challenges associated CALD groups.
- Possible loss of integrity of data through interpretation.
- Generalisations cannot be made in or between CALD and Aboriginal groups, although similarities may occur.

Expected Project Outcomes:

- Increased participation rates for Aboriginal and CALD women
- Ensure quality and sensitivity of service for Aboriginal and CALD women
- Identify factors that reduce retention rates in breast screening model
- Develop collaborative strategic partnerships between services to ensure retention of women in the future.
- Provide referral service for priority groups
- Reduce mortality and morbidity rates for target population
- Incorporation of model into business as usual.



Increase CALD and
Aboriginal
participation towards
state average

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Thank you!

