

April 2018
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Effectiveness of CALD Community Engagement Model (CALDCEM) in breast cancer screening

Programme commenced from 2009

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Rationale

Breast cancer is the most common cancer affecting women including women from **culturally and linguistically diverse (CALD)** background in Australia.

However, **CALD women** have been **consistently reported** as having a lower breast screening participation rate than other groups.

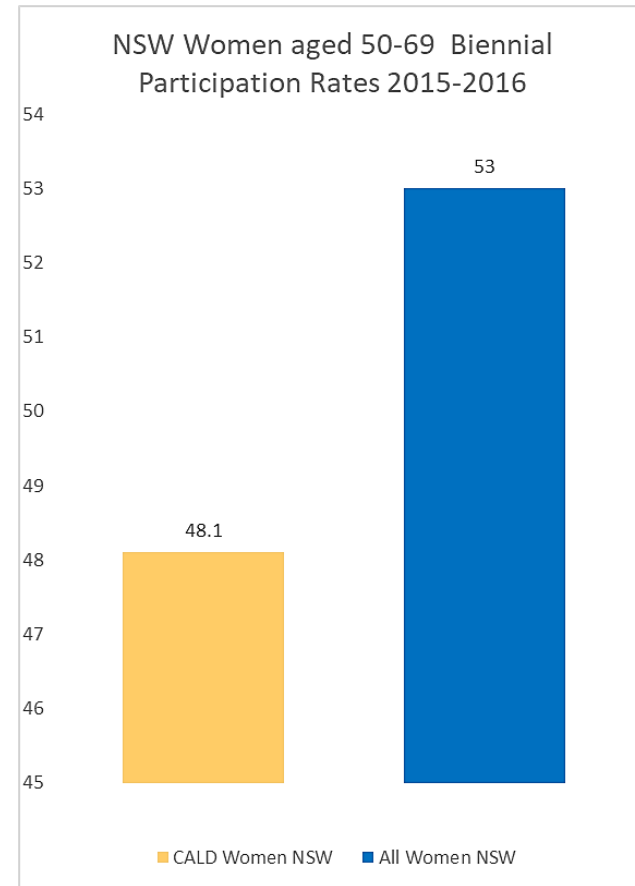
Epidemiological evidence indicates that a woman's risk of developing breast cancer rises following migration from low-risk countries, such as those in Asia, to Western countries.¹



¹ Lam, M. , Kwok, C. and Lee, M. (2018), *Prevalence and sociodemographic correlates of routine breast cancer screening practices among migrant-Australian women. Australian and New Zealand Journal of Public Health*, 42: 98-103. doi:10.1111/1753-6405.12752

Screening Behaviour

In 2015-2016, CALD women in New South Wales (NSW) aged 50 to 69 have lower biennial participation rates (48.1%) compared to all women (53%).



1 Australian Institute of Health and Welfare 2017. BreastScreen Australia monitoring report 2014–2015. Cancer series no. 106. Cat. no. CAN 105. Canberra: AIHW.

NSW's Diverse Population (2016 Census)



- The NSW population for 2016 was 7,480,237.¹
- **Around one quarter of the NSW population** 2,068,099 (27.6%) born overseas ¹
- **1 in 5 people in NSW** speak a language other than English - 1,878,653 or (25.1%) ¹
- **Top 5 languages in NSW** are: (1) Mandarin, (2) Arabic, (3) Cantonese, (4) Vietnamese and (5) Greek.

¹ Multicultural NSW 2016, accessed 7 April 2018, <http://multiculturalnsw.id.com.au/multiculturalnsw>

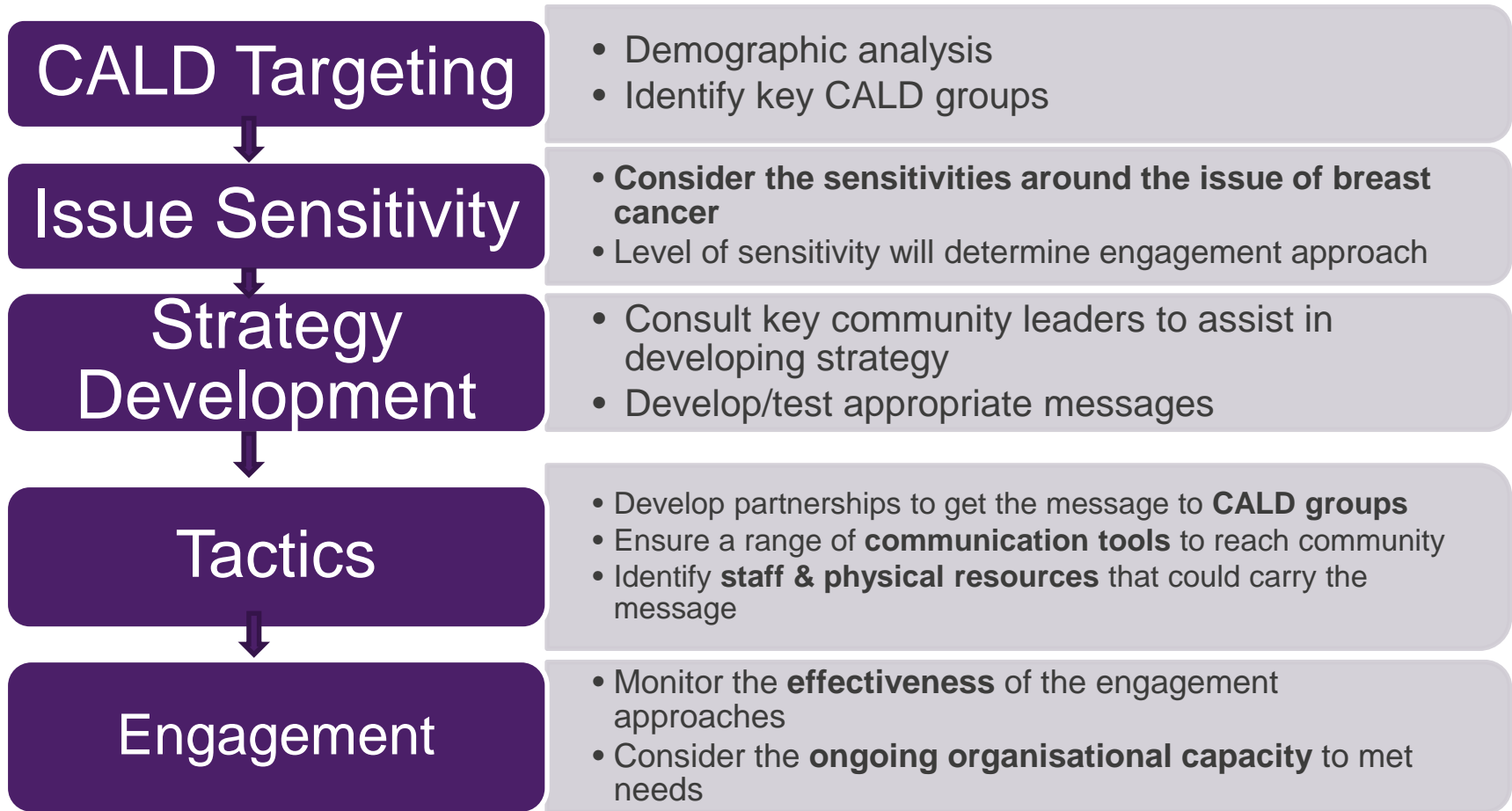
Barriers for Screening

- Sociodemographic characteristics –marital status, education level; employment status and age¹
- Acculturation Factors - English proficiency & length of stay in Australia (positively correlated with screening rates)¹
- Culturally based health beliefs & practices – fatalism, eg. cancer screening is perceived as looking for trouble ²
- Other barriers –Concerns about modesty and transport

1 Lam, M. , Kwok, C. and Lee, M. (2018), Prevalence and sociodemographic correlates of routine breast cancer screening practices among migrant-Australian women. Australian and New Zealand Journal of Public Health, 42: 98-103. doi:10.1111/1753-6405.12752

2 Kwok, C. , Fethney, J. and White, K. (2012), Mammographic Screening Practices Among Chinese-Australian Women. Journal of Nursing Scholarship, 44: 11-18. doi:10.1111/j.1547-5069.2011.01429.x

The CALD Community Engagement Model (CALDCEM)¹



¹ NSW Agency For Clinical Innovation 2016. Working together with multicultural communities. Seminar delivered to NSW Agency For Clinical Innovation, 2016

Culturally Sensitive Strategies

1. Highlight importance of early detection for outcomes such as better survival rates and treatment options
2. Emphasize increased risk following immigration
3. Emphasize the risk factor for breast cancer is being a woman and over 50 years old. Simply being healthy is not sufficient.
4. Private change room; female radiographer
5. Practical issues: provide support such as block booking assisted by interpreters, bilingual workers, translated screening location maps
6. Ensure frontline staff attend culturally sensitive training and know how to book health care interpreters
7. New emerging social media technologies – eg. Wechat

Culturally Sensitive Strategies – Photo Gallery

Free Event 

JAPANESE WOMEN HEALTH INFORMATION DAY WITH INTERPRETER

For women 50 and over

Light Refreshments

DATE: JULY 3, 2014 (THURSDAY)
TIME: 10AM—1PM
PLACE: GROUND FLOOR, GURINGAI ROOM, ROYAL NORTH SHORE COMMUNITY HEALTH CENTRE, 2C HERBERT ST, ST LEONARDS (SEE MAP BELOW)
TRANSPORT: TRAIN OR BUS TO ST LEONARDS

HEALTH PRESENTATIONS: (i) BREAST HEALTH & PAP SMEAR
 (ii) HEART HEALTH
 (iii) HEALTHY HEARING
 (iv) HEALTHY LIFESTYLE (INCLUDES A VIDEO ON DIABETES)
 (v) HOW TO USE INTERPRETER SERVICES

OTHER ACTIVITIES: *INFORMATION STALLS—COMMUNITY, HEALTH & FAMILY HARMONY
 *BOOK FREE HEALTH CHECKS WITH INTERPRETER
 (NOTE: HEALTH CHECK APPOINTMENTS WILL BE AVAILABLE BY APPOINTMENT ON ANOTHER DAY)





Clinic16 

皇家北岸医院乳房X光检查服务

免費
 乳腺癌普查
 婦女50歲以上
 即可參加

我们为性工作者提供乳房X线照片服务, 包括翻譯服務, 所有服务都是免费和保密。(不需要医院卡, 我们只需要你的真实姓名和地址)

地址: 6樓, RNS Community Health Centre 皇家北岸医院, 社區健康中心, 2C Herbert 街 (St Leonards 火車站, 北岸線)
中文電話: 任女士 9462 9625 或手机 0421 028 919
中文診所: 每星期五 (10点 - 12点) 和 第一個星期三 (2点 - 3:30点)
有翻譯服务, 你需要預約。




WILLOUGHBY CITY COUNCIL
MOSAIC – BREAST HEALTH TALKS

WEDNESDAY 1 MARCH - KOREAN
 11AM - 12PM
 MOSAIC Multicultural Centre, 12 Brown Street, Chatswood

MONDAY 6 MARCH - ENGLISH
 11AM - 12NOON
 MOSAIC Multicultural Centre, 12 Brown Street, Chatswood

TUESDAY 7 MARCH - CANTONESE
 2PM - 3PM
 MOSAIC Multicultural Centre, 12 Brown Street, Chatswood

MONDAY 13 MARCH - MANDARIN
 1PM - 2PM
 MOSAIC Multicultural Centre, 12 Brown Street, Chatswood

TUESDAY 14 MARCH - ITALIAN
 1PM - 2PM
 Beauchamp Park, Nicholson Street, Chatswood

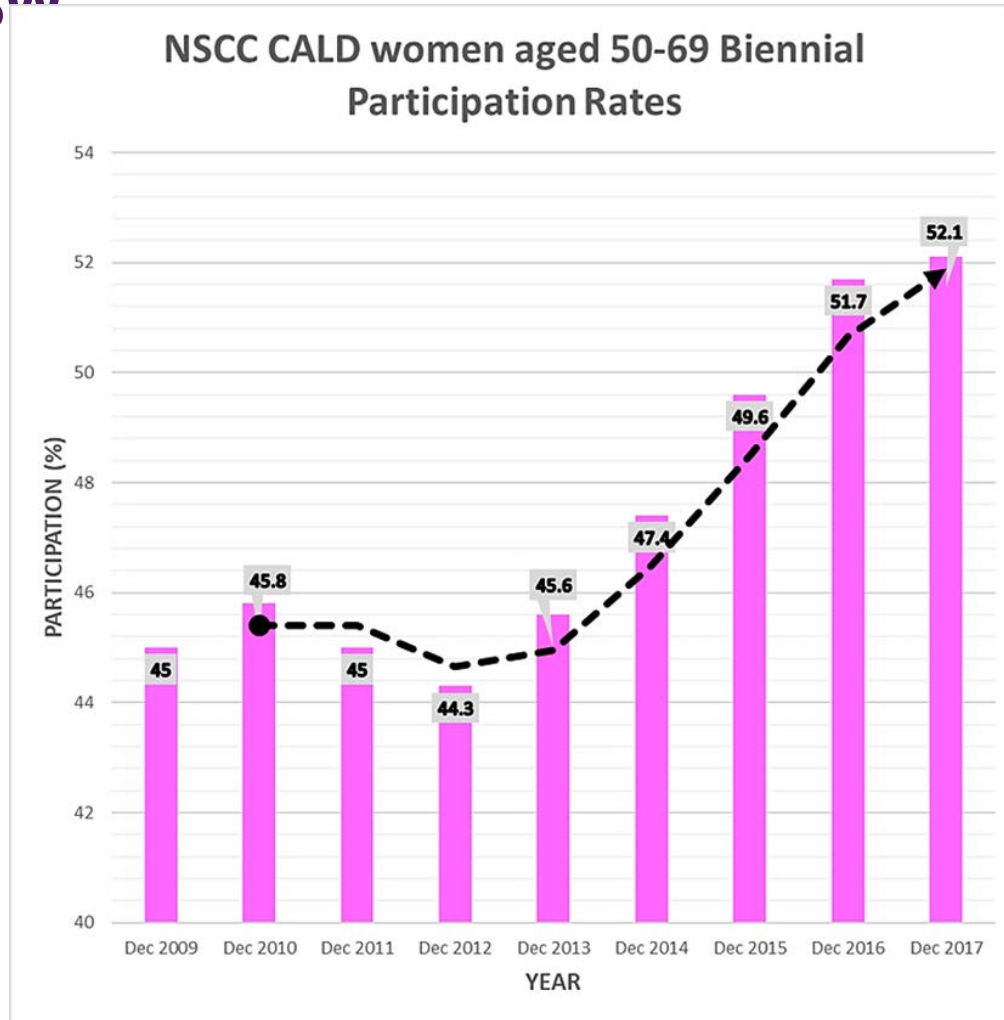
WEDNESDAY 15 MARCH - JAPANESE
 1PM - 2PM
 MOSAIC Multicultural Centre, 12 Brown Street, Chatswood

Breast cancer is the second most common cause of death from cancer among Australian women. Early detection of breast cancer is vital, when treatment can be most effective.

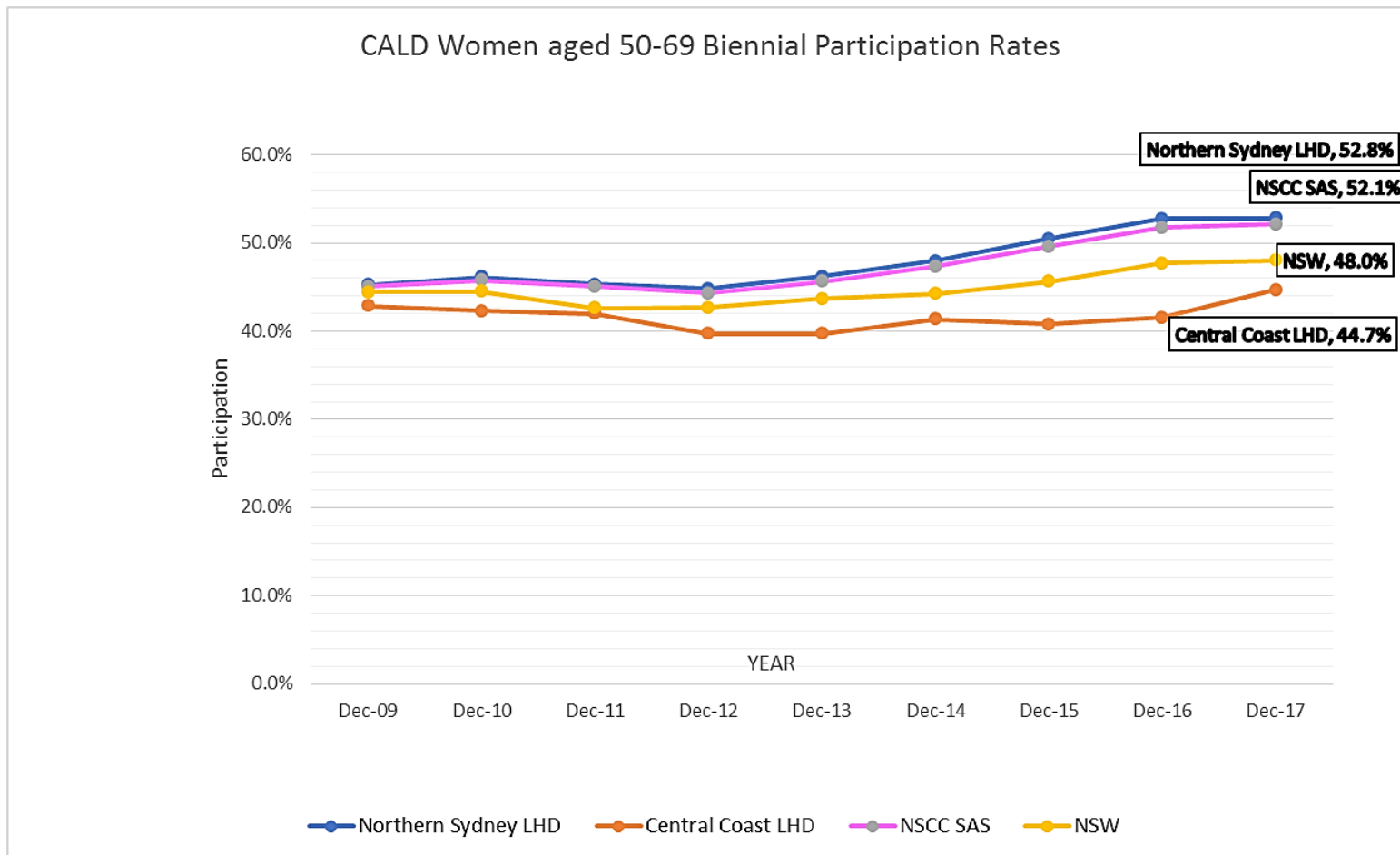
Two lucky door prize winners from each session will have a portrait sketched by Mr Alan Da San Tung, a Taiwanese artist.

INFORMATION AND BOOKINGS
 Phone: 9777 7952 or email mosaic@willoughby.nsw.gov.au

Outcome - Highest Breast screening Participation Rates in NSW



Upward Trajectories



Data Source: Cancer Institute NSW Sydney April 2018

Conclusion

- For screening to be effective, it is essential to gain an understanding of **CALD women's belief and attitudes towards cancer and screening practices.**
- Our findings indicate that **evidence-based interventions** based on the **CALD Community Engagement Model (CALDCEM)** such as culturally sensitive strategies are effective in reaching CALD women to access breast screening program.
- Recent research study suggests that health promotion interventions for early diagnosis of breast cancer should be expanded to include navigational assistance to support **young, recent migrants** and **those without a partner** in negotiating the health system.¹

¹ Lam, M. , Kwok, C. and Lee, M. (2018), *Prevalence and sociodemographic correlates of routine breast cancer screening practices among migrant-Australian women. Australian and New Zealand Journal of Public Health, 42: 98-103. doi:10.1111/1753-6405.12752*

Important take-home message:

- Where are your CALD women?
- What are your top 5 major languages?
- Do you have a CALD Community Engagement Model?
- Consult LHD Multicultural Health staff/local council/multicultural networks
- Health care interpreters – block bookings/staff training
- Culturally sensitive breast screening education and support

References

Australian Institute of Health and Welfare 2017. BreastScreen Australia monitoring report 2014–2015. Cancer series no. 106. Cat. no. CAN 105. Canberra: AIHW. p.viii.

Kwok, C. , Fethney, J. and White, K. (2012), Mammographic Screening Practices Among Chinese-Australian Women. *Journal of Nursing Scholarship*, 44: 11-18. doi:10.1111/j.1547-5069.2011.01429.x

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Multicultural NSW 2016, accessed 7 April 2018,
<http://multiculturalnsw.id.com.au/multiculturalnsw>

NSLHD Multicultural Health, Ethnicity Snapshot (2016 Census): Language Spoken at Home. Sydney: Northern Sydney Local Health District, November 2015.

NSW Agency For Clinical Innovation 2016. Working together with multicultural communities. Seminar delivered to NSW Agency For Clinical Innovation Workshop, 2016

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