



Special needs groups—a targeted approach to improving access and participation in screening programs for culturally and linguistically diverse and Aboriginal and Torres Strait Islanders women in rural and remote communities

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The poster provides evidence of the unique and culturally and linguistically diverse groups eligible for the service in the Loddon Mallee Region and specific cultural barriers to accessing services.

The poster demonstrates a new model of service and information delivery adopted by BreastScreen Victoria targeted at the specific culturally and linguistically diverse groups (CALD), ie refugee women being relocated to regional Victoria, Italian women (who represent the largest cultural group in the BSVB catchment) and Aboriginal and Torres Strait Islanders (ATSI).

BreastScreen Victoria (BSV) is part of a government-funded National BreastScreen Program that provides free two-yearly screening mammograms to eligible women. The program is targeted at women 50–69 and aims to detect breast cancer early in its development when treatment can be most effective. The program employs a rural mobile screening service and relocatables to ensure that the service reaches women in all areas.

BreastScreen Victoria Bendigo (BSVB) is one of eight screening and assessment sites and is located in regional Victoria. The service covers nearly 60,000 square km (one-quarter of the state of Victoria), similar in size to Tasmania. There are two fixed screening sites and six remote sites serviced by the mobile screening service.

The goal of the program is to achieve 70% participation in the target age group. BreastScreen Victoria Bendigo data demonstrates participation rates below state average. Further analysis reveals CALD and ATSI groups are screening at 38% for the state of Victoria. BSVB participation rates for these groups varies across the sites and ranges from 4.7% up to 31.1%

BSVB data identifies CALD and ATSI women as specific needs group and that this group of women, when they do present for screening, often present with symptoms (palpable breast lump) and are therefore at risk of less favourable outcomes and lower survival rates.

Challenges specific to BSVB are the very small percentage of women from a diverse range of CALD communities across a large geographic region, some of whom are not permanent residents and who are often transient in their lifestyle. The demographic includes newly arrived refugees.

The traditional role of the BreastScreen community liaison officer is to inform health service providers and community groups by way of presentations at public forums/trade displays and written information. An informal review of this approach suggested that it was not meeting the needs of the diverse CALD and ATSI groups.

In recognising that women from these communities are underrepresented the BSVB manager, community liaison nurse, nurse counsellor and local government ethnic services providers set about identifying the barriers to participation and strategies to address these barriers with the result that participation in the overall CALD and ATSI communities has increased.

Strategies for identifying barriers to participation

- Review of BSVB specific data related to CALD groups, ie why they chose to participate in screening.
- Literature reviews.
- Interviews with local CALD community leaders.

- Engaging with specific consumer groups—face-to-face interview and teleconference.
- Interview local CALD specific service delivery groups.
- Engage local third-year Monash University public health student to assist in the project.

Principles of the new BSVB service delivery model specific to CALD and ATSI

Culturally specific screening information is delivered directly to the women 'on-site' (both fixed sites and the mobile screening service).

Transport is provided directly to the screening site (mobile and fixed sites)

Focus of the 'information day' is fun and friendship and not specifically 'BreastScreen/breast health'.

On-site interpreters/culturally specific presentations/food/music/fun and leisure activities arranged for the day.

Women are offered a screening opportunity on that day. (refugee women were offered an opportunity to return to the sites at a pre-arranged day for craft activity and further opportunity to screen).

Increased input from nurses counsellors/radiographers specific to this cultural group and there was increased interaction with other service providers prior to the women having a screening mammogram.

Target local service providers (practice nurses and community health and district nurses).

Outcome

- Women participating in the screening program for the first time.
- Women re-screening after a period of non-participation.
- Service delivery model validated by the elders in the specific community groups as a culturally appropriate approach to service delivery.

Challenges for the future

The challenges for the service now are to refine this approach to meet the needs of every CALD group within the BSVB catchment.