BREASTSCREEN AUSTRALIA
CONFERENCE 2024

BoraCare

Engaging with hard-to-reach communities

CALD, Refugees, People with Disability and Mental Health

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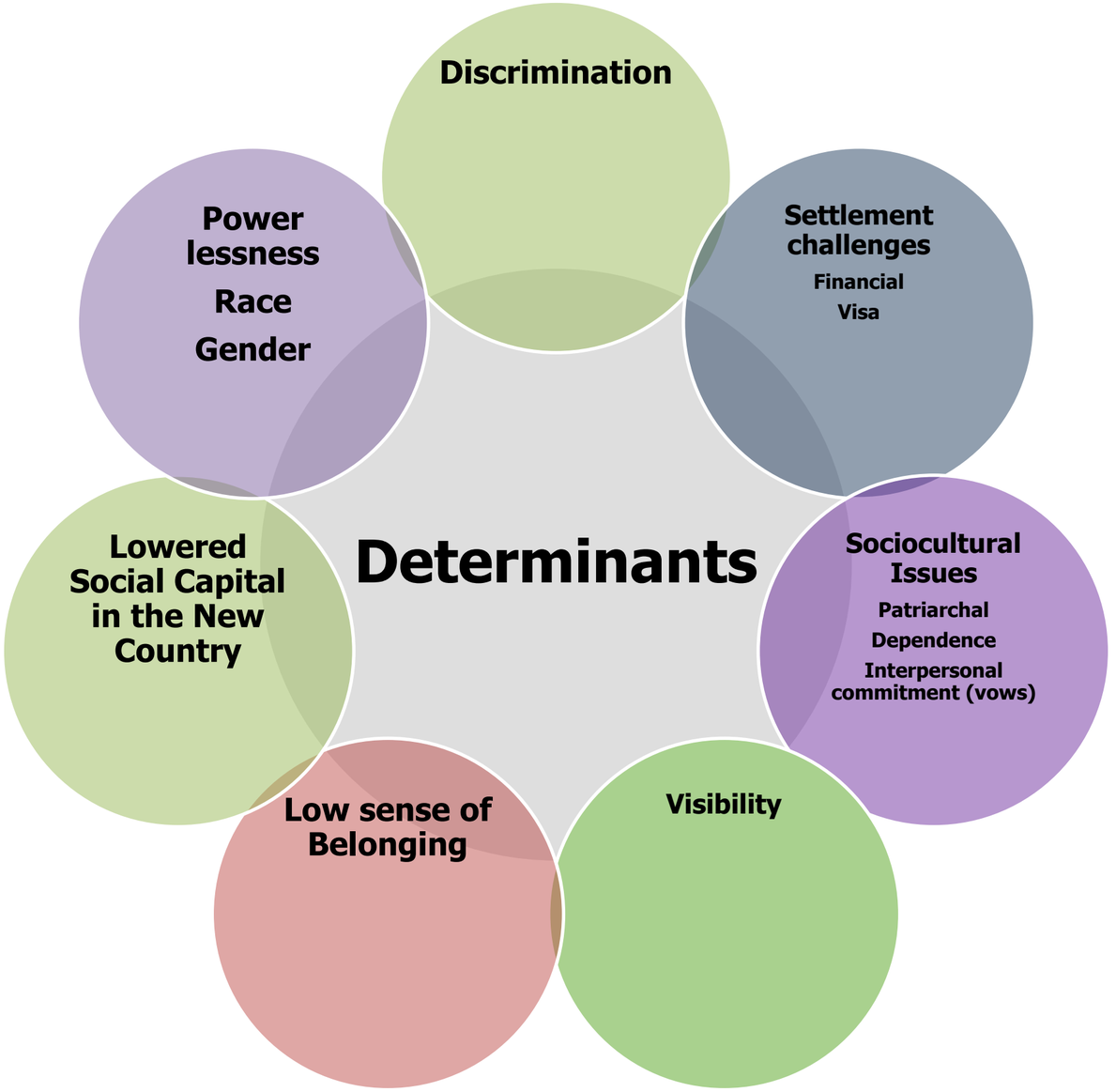
Engaging with hard-to-reach communities:

"We are not hard to reach,
but we may find it hard to trust, feel less confident about being treated with dignity and respect or find ourselves excluded."
(Islam et al 2021)

Everyone regardless of race, gender, culture, ability, religion, political belief, or socio -economic condition deserves to have unrestricted access to health care including breast cancer screening.

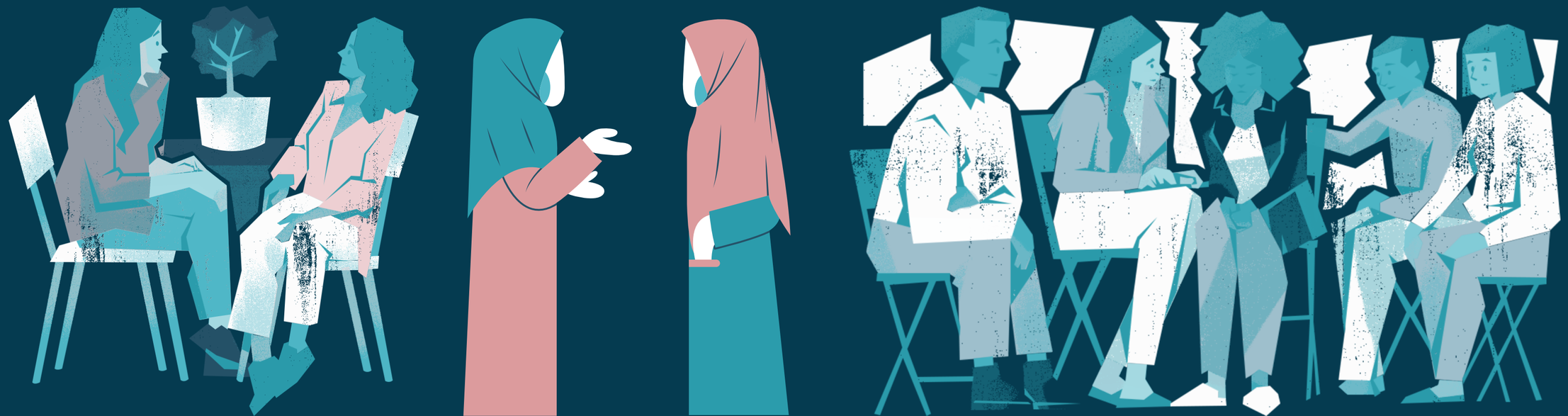
Intersectionality



Current Discourses: CALD Women and Women with Disability

- Significant screening disparities between CALD women, women with disability compared to women from general population.
- Women with disability are Less likely to be screened for breast cancer despite having the same or greater risk of having breast cancer than women without disabilities (Kath & Cotton, 2014)
- Despite strong evidence that cancer screening saves lives through early detection and treatment, there is lack of empirical studies on migrant women's knowledge, attitude and usage of cancer screening in Australia.
- Women who have passed their child-bearing years or had not presented to healthcare facilities for medical issues were more likely to be unaware of cancer screening.
- Risk of late-stage cancer for both CALD and Women with disability.

Myths/Cultural beliefs that could account for t
poor mammogram rates of CALD Women



Breast Cancer Myths/Cultural Beliefs

CALD

- Mammography could cause breast cancer.
- Believing that mastectomy was always necessary - Unawareness of breast -conserving surgery.
- Belief that the arm on the affected side would be crippled after surgery.
- Belief that men would be less attracted to women who had breast cancer surgery
- Female body are often taboo topics, especially among the elderly - CALD women tend to be more conservative than their Western counterparts, and issues concerning cancer.

Reasons for low screening rates

Women with Disability

- Severity of disability
- Women with autism , brain injury, intellectual disability, mental health were less likely to present for screening due to cognitive difficulties and ability to provide informed consent, sensory issues
- Fear and anxiety around screening
- Preventive care may be overlooked due to women with disabilities having multiple needs and multiple health care providers serving them, and their needs - attention will be on the care needs not screening
- Misconception of health care professionals or caregivers that mammography is inappropriate in this population.

Barriers to CALD/Women with Disability Accessing Breast Cancer Screening

Barriers to screening are multi-fold for women from CALD Background and Women with Disability

Systemic Barriers:

- Lack of accessible information
- Absence of inclusive images i.e. CALD/Disability images on educational/marketing materials (ads, brochures etc.)
- A lack of knowledge of Australian healthcare providers on CALD related health risks,
- GP attitudes and knowledge on the unique needs of CALD women and women with disability

  (Verger at el, 2005)
- A dislike of medical procedures and perceived no preventive measures.

  (Sin, Mo-Kyung PhD, RN; Kim, HHo BSN : 7/8 2017- Volume 40 – Issue)

Structural Barriers:

- Limited Research on CALD communities in Australia.
- Absence of policy regarding CALD communities' health.
- Limited physician recommendation -both CALD and women with disability.
- Physical access- Lack of universal designs in physical and nonphysical spaces (buildings, language, easy read).

Barriers

Socio-Cultural:

- Gender and modesty considerations and patriarchal marital beliefs
- Language barriers
- Lack of trust in hospitals and doctors
- Embarrassment associated with screening mammography.

Economic Factors:

- Lack of transportation
- Lack of medical insurance
- Sociodemographic factors: age, race, ethnicity, language, disability.

Barriers

- Physician-level factors often compound individual barriers. Women seeing a physician from their region of origin are less likely to be screened. Most CALD -trained physicians are even less likely to speak about Breast cancer screening.
- Access to a female provider and a family physician remain important determinants of screening.
- GP attitude towards breast cancer screening for CALD women and women with disability.

❖ Risk perception and concepts of preventative health and screening

- Screening is a challenging concept
- The absence of symptoms can be the reason not to get screened.

"My health is pretty good, there is nothing to be concerned about"

- Breast pain and lumpy breasts can be worrisome and a reason to seek screening
- The role of mammography in addressing these symptoms is unknown

Barriers cont.

Risk perception

- Is shaped by an individual.
- Specific personal experience with health, ill health and screening to date .
- Fear of cancer and procedural pain.
- Fear of a positive test result were common women become anxious about their risk through external influences like the media.
- Some avoid screening altogether to avoid finding out the unknown.

Strategies for Successful Engagement and Promotion

- Understanding Culture
- Cultural intelligence: understanding Cultural contexts
- Bursting existing myths and stigma around Breast Cancer Screening- using lived experience narratives
- Utilising inclusive marketing collateral – representing CALD women and women with disability
- Co-design workshops with CALD Women and Women with Disability - marketing information

Understanding Culture

Collectivist VS Individualistic

(Hofstede &Hall)

High Context Culture

Collectivistic: Emphasis on group welfare.
Communication: Can involve silence and body language, can be animated.
Relationship: Expected to be reciprocal, Deep-rooted, build over time, Loyal, Transferrable
Thought Process: Rely on intuition
Power relations: Hierarchy (autocratic leadership), Affiliated with expectation of inequality and power differences

Low Context Culture

Individualistic: Emphasis on individual accomplishments
Communication: Direct and consistent with feeling
Relationship: Different levels of friendships from casual/acquaintances to strong relationships
Thought Process: Rely on Logic
Power relations: Egalitarian

Facilitators to Promoting Screening:

Exposure to ethno-specific media

Perceptions concerning positive aspects of the healthcare system in country of origin

Physician recommendations

Technology

Religious health education – for some religions/cultures

Facilitators Cont.:

- Perceived threat is the main motivator for rapid disclosure in CALDwomen with potential breast cancer symptoms and leads to a better follow -up of the symptoms. Therefore, increasing women's awareness about breast cancer symptoms, treatments, and non –follow -up consequences leads to a better perception of the threat level

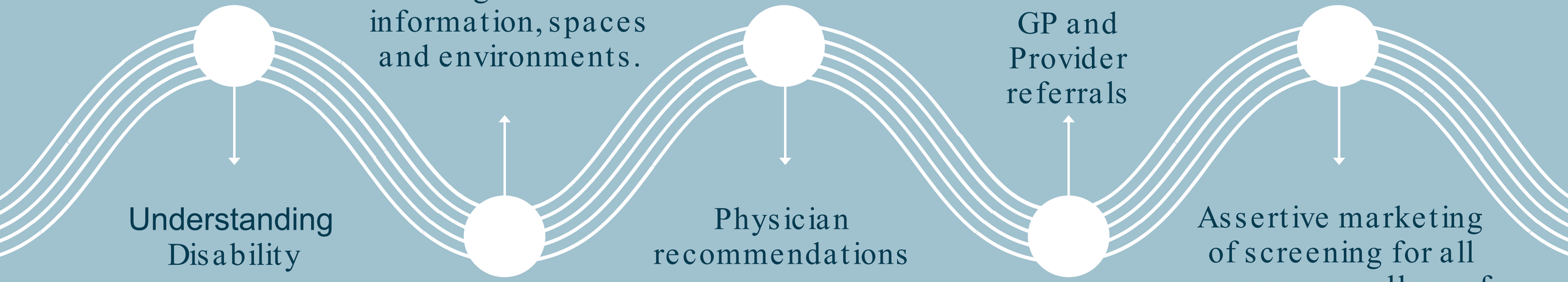
(Rafii, Forough PhD, MSN;Momeni, Maryam MSN; Taleghani, Fariba PhD, 1/2 2022- Volume 45 - Issue 1- p 21-30)

- Improved health promotion strategies that provide accessible information and education to migrant women regarding cancer screening.

- Religious beliefs can facilitate breast cancer screening include cleanliness, prevention and individual responsibility in health promotion, diet and eating habits, and exercise.

- Self -efficacy, obligation to others, and willingness to be screened.

Facilitators for Successful Screening for Women with Disability:



Understanding Disability

Creating accessible information, spaces and environments.

Physician recommendations

GP and Provider referrals

Assertive marketing of screening for all women regardless of culture, disability etc.

Culturally Appropriate Strategies for Engagement with CALD Communities

Strategies:
CALD

- Understanding ethno-specific care-seeking beliefs and practices.
- Culturally appropriate health education and outreach programs, as well as further community-level targeted studies.
- Knowledge of Psychosocial barriers, culturally mediated beliefs, and health.
- Developing increased educational efforts targeting older CALD women of low socioeconomic status with limited access to healthcare.
- Cancer awareness campaigns and education should target women to improve health seeking behaviours regarding cancer screening, diagnosis and treatment.

Strategies Cont.

CALD

- Designing educational interventions that are culturally appropriate i.e videos in local language by local women.
- Include Women with lived experience in education strategy: Women who knew someone with breast cancer were more likely to have better knowledge. Having someone close (a friend or relative) with breast cancer could heighten one's awareness of the disease and result in an increased understanding of the condition.
- To reach out to the elderly- public education materials to be in languages other than English (even in local dialects).
- Partner with local GP's- It has been shown that doctors have a strong influence on the uptake of mammogram attendance. Primary healthcare physicians be encouraged to provide more opportunistic health education and screening.

Strategies Cont.

CALD

- Delivering health education programs in community-based settings and involving interpreters, CALD medical students can enhance breast cancer knowledge and lead to improvements in mammography completion.
- Multi-pronged approaches to reach CALD women in their communities.

For example, communication strategies should differ with age: younger CALD women can navigate the Internet and ask their peers for health information, whereas older women use other traditional media i.e radio.

Strategies: CALD and Women with Disability:

- Developing a positive association between patients' and provider increases uptake of breast cancer screening.
- Uptake is higher among patients of female providers.
- Facilities with flexible appointment times and reminders had higher mammography uptake.
- Greater organizational commitment to quality and performance had higher breast cancer screening rates.
- Expanding access to convenient community -based screening
- Recruitment of Peer Leaders, who were recruited through partner agencies to provide health education workshops in their native languages
- Developing culturally relevant interventions that enhance healthcare providers’ awareness while empowering CALD communities to prevent Breast Cancer.

Thank You