BREASTSCREEN AUSTRALIA
CONFERENCE 2024

BoraCare

Equity of Access

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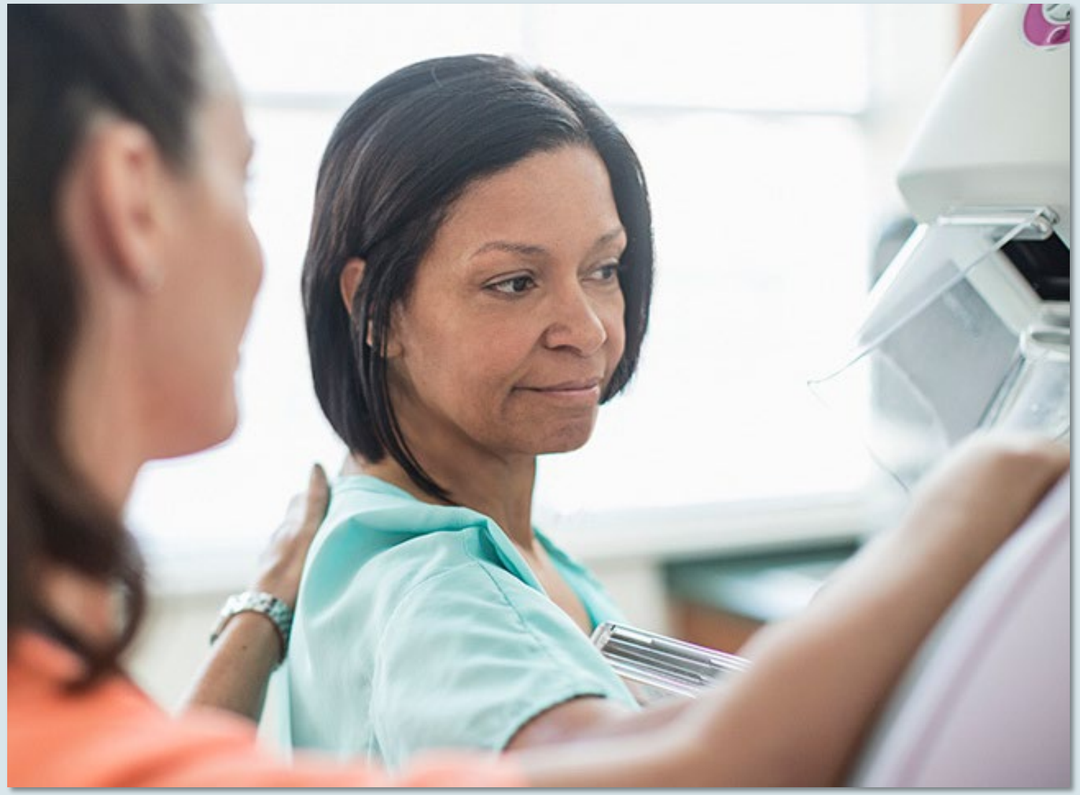
Equity of Access

- 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.
- Is the fundamental basis of the Australian Health Care System.
- To all populations is a collective responsibility across all government and community sectors.

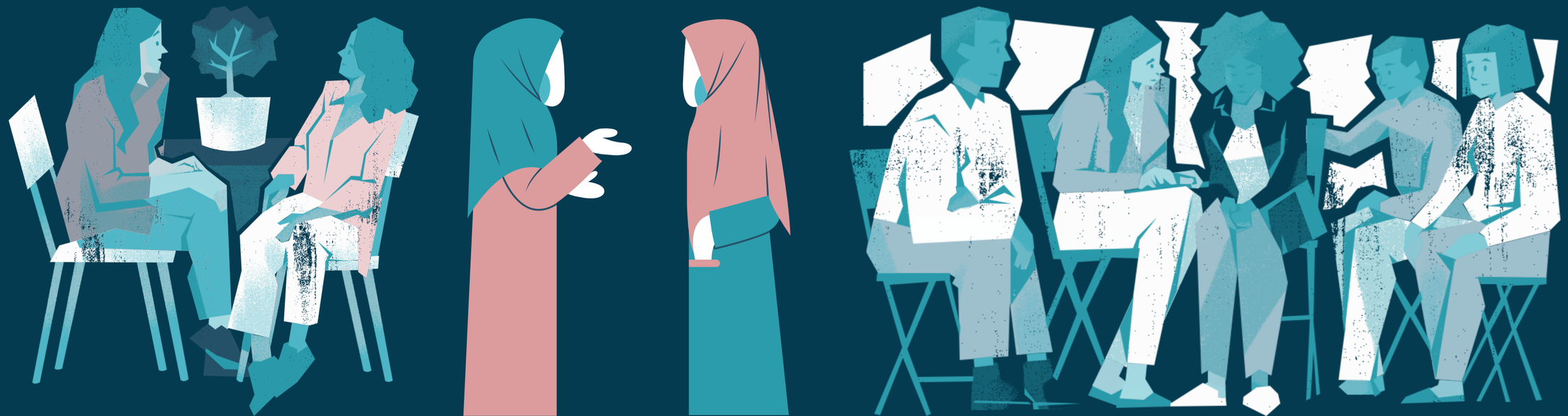


Lack of equitable access means Exclusion

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 th poor mammogram rates of CALD Women



Breast Cancer Myths/Cultural Beliefs

CALD

- Mammography could cause breast cancer.
- Believing that a 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, on issues concerning cancer.

Barriers to Equitable Access

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

Systemic Barriers:

- The current public education materials are too complex for their understanding and/or due to a lack of interest on their part.
- Perceptions of an inaccessible healthcare system.
- A lack of knowledge of Australian healthcare providers on CALD related health risks.
- More focus on the disability and less focus on health related issues i.e Breast Cancer Screening
- 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.
- Limited connections between disability and health

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

Identifying and acknowledging our Biases:

1. Unconscious bias
2. Halo effect- General bias towards a particular group e.g. when managers have an overly positive view of a particular employee-can impact how we hire/promote people
3. Horn effect- When you make a snap judgment about someone based on one negative trait.

Barriers cont.

Risk perception

- Is shaped by an individual.
- Specific personal experience with health, ill health and screening to date, as well as contact with family members and acquaintances that had been diagnosed with cancer of any kind sort screening.
- Fear of cancer and procedural pain.
- Fear of cancer and 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

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.:

- Reinforcing getting screened for the sake of the family (High Context)

- Screening practitioners should take into account culturally driven motivations and barriers to mammography adherence among CALD women.

- Practitioners/client interactions should involve more discussion about women's breast cancer risks and screening harms and benefits. Such awareness could open a dialogue around breast cancer that is culturally sensitive and nonthreatening to the patient.

- Information may need to be tailored to women individually or targeted to subethnic groups rather than using generic messages for all immigrant women.

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 are required to enhance the uptake of such screening in this migrant group.

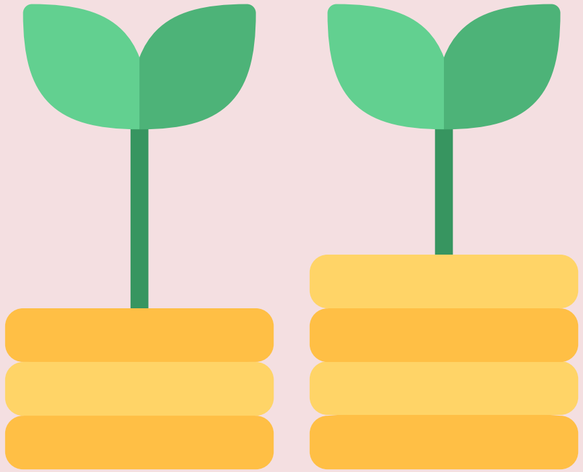
- Religious beliefs can facilitate breast cancer screening include cleanliness, prevention and individual responsibility in health promotion, diet and eating habits, and exercise.

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

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 were reported to use other traditional media i.e radio. Language issues were magnified for older CALD women

Strategies: CALD and Women with Disability:

- Developing a positive association between patients' and provider increases uptake of breast cancer screening. Uptake was also 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 and women with disability to prevent Breast cancer

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Thank You