INCREASING CANCER SCREENING

for Culturally Diverse Communities in the Nepean Blue Mountains region

Why CALD cancer screening rates are lower than the NSW average

AIMS

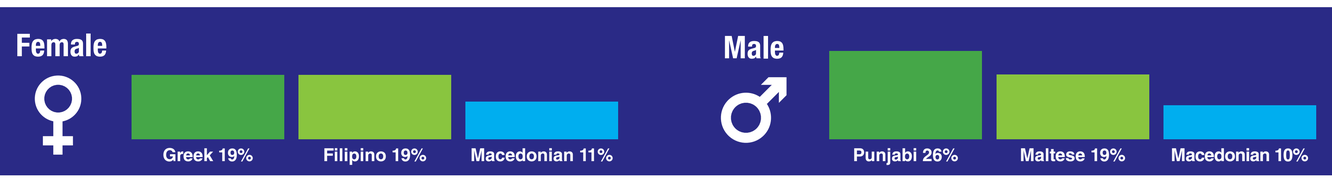
- To understand the barriers to screening in culturally diverse communities.
- Develop targeted strategies to improve cancer screening participation.

METHOD

In partnership with Western Sydney University Translational Health Research Institute, qualitative research was undertaken to assess behaviours and explore the attitudes of 31 CALD men, 58 CALD women, and 20 primary care practitioner's (PCP).

- Topics included perceptions of health, barriers and facilitators to National Cancer Screening Program (NCSP) participation
- Semi-structured individual interviews and focus groups
- Working closely with multicultural agencies and CALD community groups

TOP 3 BACKGROUNDS of PARTICIPANTS

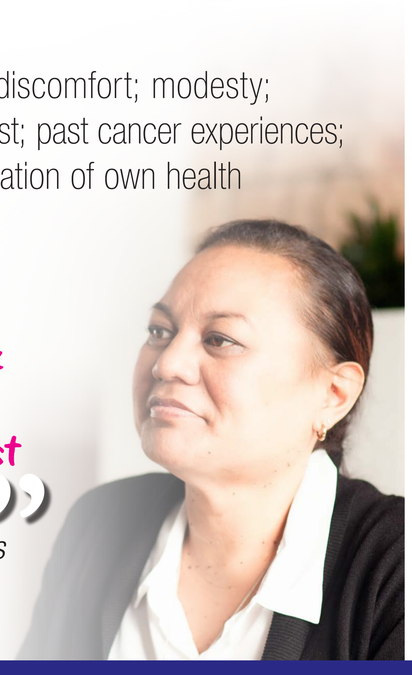


CERVICAL SCREENING

1. **Service:** Gender of GP; need for chaperones; prompts from GP; interpreter availability
2. **Sociocultural:** Modesty; sex, promiscuity and stigma; history of trauma and genital mutilation; patriarchal cultures; low education and health literacy
3. **Individual:** Discomfort and invasiveness; information and resources; access to women's healthcare

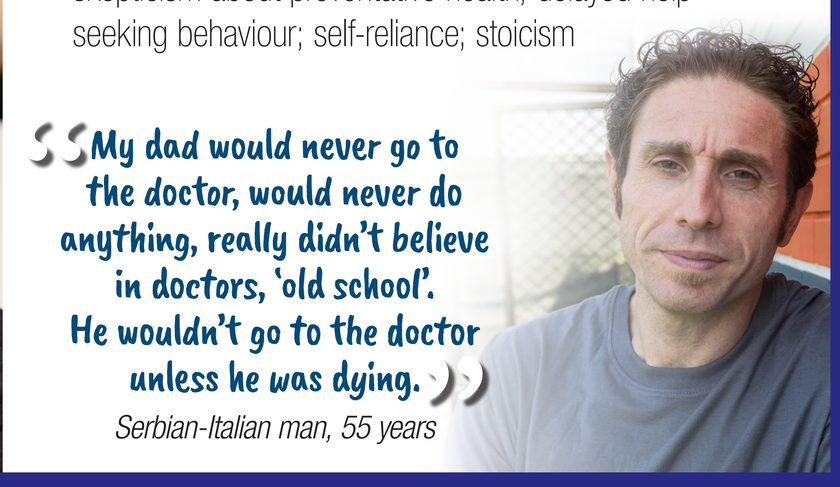
BREAST SCREENING

1. **Service:** Initiate screening during consultation; breast screening location and availability
2. **Sociocultural:** Beliefs about women's role and tendency to 'soldier on'; lack of knowledge; unaware of importance of mammogram; transport; language barriers
3. **Individual:** Physical discomfort; modesty; misinformation about test; past cancer experiences; peace of mind; prioritisation of own health



BOWEL SCREENING

1. **Service:** Lack of GP recommendation; low endorsement of bowel screening in primary care
2. **Sociocultural:** Influence of masculinity beliefs and men's health related behaviours; cultural beliefs and traditional customs; language barriers; education level; income; ethnicity
3. **Individual:** Low health literacy; unaware of screening; low perceived risk; fear and fatalism regarding cancer; test concerns and misconceptions; distrust in healthcare; skepticism about preventative health; delayed help-seeking behaviour; self-reliance; stoicism



RECOMMENDATIONS FOR COMMUNITY

- Cater to cultural sensitivities and experiences of trauma
- Targeted community education
- Engage community champions
- Encourage men to feel more comfortable talking to a doctor

RECOMMENDATIONS FOR GENERAL PRACTICE

- Increase cultural awareness of providers
- Develop referral networks for different CALD groups
- Upskill practice nurses as women's health specialists
- Develop culturally appropriate and gender-sensitive educational materials
- Minimise health jargon and use visuals in health promotion to address all screening programs
- Develop consistent patient record protocols
- Develop a primary care 'prompt' tool for health checks
- Decision making tool for providers seeing CALD patients

www.nbmphn.com.au/CALDCancerScreening

We should not consider CALD communities as one homogenous group.

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