



Consultation with multicultural communities on cancer screening

A summary of findings for participants
and supporting organisations



01

What is this project about?

The Australian Government Department of Health and Aged Care, the Health and Social Care Unit (Monash University), and a group of multicultural organisations are working together to promote cancer screening amongst multicultural communities in Australia. We are focusing on three types of screening: bowel, breast and cervical.

02

Why is this important?

Cancer screening is an essential way to check if everything is fine and to find any early signs of cancer, even when people have no symptoms.

Early detection helps with chances of successful treatment and can save lives.

Data shows that people from multicultural communities go for cancer screening less than the general Australian population.

03

Why does talking to community members matter?

For this initiative to be successful, we first needed to understand how to communicate better about cancer screening with multicultural communities. In October 2023, with the help of various organisations, we spoke with more than a hundred people, including people from multicultural communities, bicultural workers, and language experts, in Melbourne, Adelaide and Hobart (see Table 1).



The insights and inputs from these consultations will be shared with organisations in 2024, in a way that helps them plan and deliver local initiatives to promote cancer screening for multicultural communities.

Table 1. List of community consultations

Organisation	Mode	Participants	Location
Multicultural Aged Care (MAC)	Face-to-face	Carers (family members)	Adelaide
Multicultural Aged Care (MAC)	Hybrid	Young bicultural workers	Adelaide
Multicultural Youth Advocacy Network (MYAN) Australia	Online	20-30 year old women or people with a cervix	Adelaide
Multicultural Resource Centre/Water Well Project	Face-to-face	Afghan women's group (Farsi speakers)	Hobart
Hispanic Women's Association of South Australia	Face-to-face	South American women's group	Adelaide
Uganda the Pearl of Africa Victorian Association	Online	Ugandan community	Melbourne
Migrant Information Centre	Face-to-face	Chinese seniors	Melbourne
cohealth	Online	Bicultural workers	Melbourne
cohealth	Online	Bicultural workers	Melbourne
RMIT	Online	Translators and interpreters	Melbourne and Brisbane

What have we learned?

In this section we highlighted the most common comments heard across consultations. It does not reflect the richness of individual inputs and stories shared, but it helped us to identify main themes.

Inputs from individuals from multicultural communities

- Many participants worried about the cost of cancer screening and treatment, even for those who were eligible for free screening.
- Bilingual GPs were the most common trusted source for health advice, but difficulties accessing them (e.g. waiting time, additional fees, availability in different areas) often made 'preventive' health checks harder.
- For **bowel** cancer screening, the home test kit was a challenge. Many participants felt uncomfortable about the test's hygiene, found the process hard to follow, and were unsure about what to do when the kit came.
- For **breast** cancer screening, many did not know that screening was actually free from the age of 40. Some participants incorrectly thought that breast self-examination was enough for prevention, with breast screening only being necessary if they saw or felt something 'wrong'.
- For **cervical** screening, young women highlighted the need to consider privacy of information, and the connection with sexual activity that is part of conversations around HPV. Most participants were not aware of the self-collection option.
- Reminders are important, and these could be through text messages from GPs or Government at the time screenings are due, in addition to letters.
- Participants felt access to information in their language, and through communication channels they often access, was important. Depending on age, gender, ethnicity, etc., the preferred channel will be different, but there was strong preference for simple, plain language with audiovisual alternatives, and images that connect to their specific cultural group.
- Attitudes towards prevention and open conversations around 'disease' differed between senior men and senior women. Many men had an 'I'm ok' attitude that made screening as prevention action, more challenging.
- Some participants suggested the need for more education of the general public about primary prevention so they can stay healthy.





What have we learned?

Inputs from bicultural workers

- The way information is delivered, and who delivers it, is extremely important. Many participants encouraged the use of bicultural workers, community leaders and bilingual health professionals. However, they highlighted the importance of paying them appropriately for their time and expertise in getting information out to their communities.
- Bicultural workers highlighted that they are not necessarily trained to deliver complex health information. They need capacity building in the subject matter (e.g. cancer screening), and on how to communicate about it sensitively with their communities.
- Whenever possible, clinicians should be in information sessions for community, so that they can deliver important clinical information and answer specific questions.
- Many participants shared approaches that have worked for them in communicating about health, such as focusing on the positive (i.e. what can be gained from screening) rather than the negative (i.e. what can be avoided), and tapping into 'collectivist' ideas common in multicultural communities, for example 'taking care of yourself is important for your family's wellbeing'.
- Community engagement work requires spending time with communities, building relationships and expanding networks. Pressure to comply with performance measures can be unproductive and demotivating.

Inputs from translators and interpreters

- There are many translated resources (see Box 1) but often they are 'literal'/'exact' translations, with formal or outdated language that is unlikely to create a connection with the reader.
- Brochures often relied on a lot of written information and plain design. They should include more visually attractive designs, including images to help people 'see themselves in it' and feel 'the resource is for them.'
- The translation process should start with a comprehensive brief that points out the resource's purpose and key messages but give translators the permission to choose the most appropriate words and phrases, rather than doing a literal translation.
- Translations should always be checked by at least two translators. Also, whenever possible, they should be 'tested' with people who know the language but are not translators.
- Distribution of translated resources should happen through various channels, including places where the target audience/s visit often, such as places of worship, community events and festivals.

About cancer

In Australia, screening for bowel, breast and cervical cancer is **free for people who are eligible**. Eligibility can differ depending on the cancer type, your age and your entitlements (e.g. Medicare, visa type). You can find basic information on the screening programs for bowel, cervical and breast cancer in Table 2 below

Table 2. Cancer screening in Australia

Screening program	What is involved in screening?	Who should take part?	How are multicultural communities participating?	Helpful links
Bowel cancer screening	Screening for bowel cancer is done every two years in Australia, by people themselves in their own home. It involves using a kit to take two tiny samples from two different poos, and using the reply-paid envelope to return them for testing.	<p>People between the ages of 50 and 74 will get the bowel screening kit in the mail.</p> <p>People younger than 50 or older than 74 who are worried about bowel cancer should talk to their doctor about other options for getting screened.</p>	Between 25% and 32% of Australians who speak a language other than English at home is taking part in bowel screening, compared to 41% of the general population.	<p>Who should do a bowel screening test?</p> <p>How to use the kit and do the test?</p> <p>National Bowel Cancer Screening Program</p>
Breast cancer screening	To screen for breast cancer, women can have a mammogram. This can find breast cancer early, before it can be seen or felt.	<p>Women aged 50 - 74 are invited to have a mammogram every two years and will get an invitation in the mail.</p> <p>Women aged 40 - 49, or over 75 can also have a mammogram. These women just won't get an invitation in the mail.</p>	37% of women from multicultural backgrounds are taking part in breast cancer screening, compared to around 49% of the general population.	<p>Who is eligible?</p> <p>Where to have a mammogram?</p> <p>BreastScreen Australian program</p>
Cervical screening	<p>In Australia, cervical screening involves taking a swab of the vagina or cervix to look for HPV - a common infection spread during sexual contact.</p> <p>It can be done by a doctor, nurse or health worker, or by women themselves. It should be done every five years.</p>	<p>People are eligible if they:</p> <ul style="list-style-type: none"> • are aged between 25 and 74 • have ever had any sexual contact • are a woman or person with a cervix. 	Around 46% of women from multicultural backgrounds are taking part in cervical screening, compared to 62% of Australian-born women.	<p>Who should get a cervical screen?</p> <p>National Cervical Screening Program</p>

Resources about cancer screening

Translated resources

There are a number of different places you can find information and resources in different languages about cancer and cancer screening. While these can be useful, we suggest starting by reading and understanding the English version, and using your knowledge of your community's language skills to work out if and how translated versions may be useful. These resources may not cover all languages that you need.



Bowel

Search for translated resources on the bowel screening kit by selecting the language you speak in the [National Bowel Screening Program's resource directory](#).

Cervical

View the Department of Health and Aged Care's [translated cervical screening resources](#), including written resources and a video, to see if there are resources available in your language.

Breast

Search for translated resources about breast screening by typing in the language you speak into [BreastScreen Victoria's directory of translated resources](#).

Cancer screening

Search for translated resources by language, community type (e.g. CALD) and cancer type (including bowel, breast and cervical) on [Cancer Council Victoria's Cancer Screening Hub](#).