

Recommendations

The aim of the CPP was to increase the number of women from CALD backgrounds regularly using cancer screening services, in particular PST's. The program demonstrated that there are no simple or quick "fixes" to achieving this aim. However the program did succeed in developing strategies that work to educate and support women, particularly isolated women, thus increasing immediate screenings. The program was also successful in forming partnerships to increase the availability of screening services, and demonstrated effective strategies to increase the cultural responsiveness of these services.

The learning from the program show that any single strategies applied in isolation to try to increase cancer screening of women from CALD backgrounds would have limited success. The core recommendation from the program therefore is that to achieve an effective cancer prevention program, an integrated strategy is required. To be sustainable, such a strategy should be part of a broader health program responding to the needs of women from CALD backgrounds – strategies which effectively engage women from CALD backgrounds in using cancer prevention services are likely to be applicable to a broad range of other health issues.

The following recommendations together present a model to achieve increased participation rates of women from CALD backgrounds in cancer prevention screening.

Recommendation 1 – an integrated strategy

- 1.1 Implement an integrated strategy which addresses barriers across each of the three areas of awareness and knowledge, access to services, and cultural appropriateness of services. The integrated strategy should include:
 - a community awareness component and
 - a health services development component.
- 1.2 Implement the strategy across Brisbane and surrounding areas without the restrictions of geographical boundaries.
- 1.3 Support the integrated strategy at the policy and program development level by the appointment of a program coordinator. This person should possess cross-cultural knowledge and community liaison skills. This coordinating role is important for systems development, and to ensure the strategy is implemented in a consistent and integrated way across Brisbane and surrounding areas, using 'community' rather than geographic boundaries.
- 1.4 Recognise the core roles in implementing the integrated strategy as project coordinators, bilingual assistants or outreach workers, and healthcare service providers. Support each of these roles by adequate funding:
 - to enable full-time employment of project coordinators, recognising the key role of these persons in building partnerships, implementing systems, and in coordinating and supervising the work of bilingual assistants;

- to enable the casual employment of bilingual assistants and to reimburse their legitimate out-of-pocket expenses, including phone and vehicle costs and
- to trial incentive measures to encourage private service providers to undertake more screening, and to improve the cultural sensitivity of their screening practice.

Recommendation 2 – community awareness

- 2.1 Include a community awareness component to increase knowledge within CALD communities about cancer prevention screening.
- 2.2 Ensure the community awareness component:
 - is developed in collaboration with ethnic community groups and takes a community-development approach;
 - is coordinated with other health education needs of these groups;
 - targets men as well as women, particularly in patriarchal communities;
 - is flexible around time, place, method and geographical boundaries, with a view to targeting difficult-to-reach communities and maximising numbers of participants and
 - includes on-the-spot recruitment of women for screening.
- 2.3 Support the community awareness component with adequate funding to:
 - develop (or review and re-print) information brochures in the languages of all targeted groups;
 - provide interpreter services for educational workshops including on evenings and weekends;
 - adapt and reproduce mainstream educational resources to ensure they are culturally appropriate for different ethnic groups and
 - provide on-site childcare where necessary.

Recommendation 3 – improving access

- 3.1 Address the barriers faced by women from CALD backgrounds in accessing cancer prevention screening, by:
 - using bilingual assistants to provide practical support to women with low English language proficiency (eg, appointments, transport, follow-up);
 - implementing a booking system to support service providers in communicating with women, with resources in the languages to be used;
 - supporting health service providers in ensuring reminder and follow-up letters are provided in the most effective way for each woman;
 - providing ‘emergency relief’ funds to help meet costs of public transport and childcare where necessary;
 - supporting women to use existing systems to meet the costs of medical consultations, including negotiating bulk-billing where possible;
 - providing free PST’s where possible for women who will otherwise be unable to access it and
 - assisting women develop skills to independently access regular screening.

Recommendation 4 – health services development

- 4.1 Include a health services development component, in which health service providers are invited to collaborate.
- 4.2 Focus the health services development component focuses upon:
- increasing health practitioners' awareness of the need to promote cancer screening to women from CALD backgrounds and to provide opportunistic screening;
 - increasing GP's and other health practitioners' awareness of culturally appropriate practice;
 - improving GP's access to, and use of, interpreter services;
 - improving the availability of PAP smear testing by female GP's and
 - support for GP's and other health practitioners to resolve issues arising from their provision of cancer screening to women from CALD backgrounds.
- 4.3 In collaboration with the relevant health services, consider strategies to:
- develop a 'pool' of female GP's willing to accept referral of women specifically for Pap Smear testing;
 - reduce the costs borne by GP's in using trained female interpreters;
 - provide specific-language clinics and
 - provide GP's with easily-accessed educational material promoting culturally aware practice.
- 4.4 Support the integrated strategy with funding to implement the health services component, including, for example, funding of incentives for accredited GP's to provide PST's, funding to support a specific-language clinic, and to produce educational material for health practitioners.

Recommendation 5 – implementation

- 5.1 Set a realistic time frame for the implementation plan, of at least four years, with annual review. This recognises that to achieve sustainability, with increased numbers of women from CALD backgrounds independently accessing regular screening, the integrated strategy must take into account:
- the lengthy time-frame needed to achieve developmental outcomes when working with ethnic communities, given the complexities of the issues and
 - the time needed to assist women towards independent 'maintenance' when they face significant barriers including limited English. Reinforcement at the two-year follow-up stages is important.
- 5.2 Evaluate progress and outcomes of the integrated strategy through:
- putting information collection systems in place from the outset and
 - using action research strategies for ongoing review of effectiveness and to ensure continual improvement of methods.