

Breast cancer—knowledge and skills to support Aboriginal and Torres Strait Islander women

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Background

Breast cancer is the most common cancer experienced by Aboriginal and Torres Strait Islander women and is the second leading cause of cancer death after lung cancer. Aboriginal and Torres Strait Islander women had approximately nine per cent higher rates of breast cancer mortality than the Australian female population as a whole in 2000-2004.^[1] Compared with non-Indigenous women, Aboriginal and Torres Strait Islander women are also less likely to complete treatment for breast cancer and face a number of barriers to optimal care and treatment.^[2]

Many of these barriers can be overcome by providing Aboriginal and Torres Strait Islander women with culturally appropriate information and support to access and complete treatment for breast cancer, and by providing health workers with the capacity and skills to support Aboriginal and Torres Strait Islander women. It is recognised that health agencies and services need to form collaborative partnerships with Aboriginal and Torres Strait Islander organisations and individuals to improve cancer outcomes for Aboriginal and Torres Strait Islander people in the future.^[3]

Improving knowledge and skills of Aboriginal and Torres Strait Islander women and health workers is a project undertaken by National Breast and Ovarian Cancer Centre (NBOCC), which aims to have better informed Aboriginal and Torres Strait Islander women and health workers about breast cancer treatment and care, including the latest advances. This is a project of the *Supporting Women in Rural Areas Diagnosed with Breast Cancer Program*, funded by the Australian Government and delivered collaboratively between NBOCC and Breast Cancer Network Australia.

Aim

To provide information and resources to Aboriginal and Torres Strait Islander women, their communities and health professionals about breast cancer treatment and care; to facilitate a forum “yarning session” for participants to raise any matters of significance to them and identify service delivery needs in the provision of information and supportive care.

Methodology

A series of summits were held across Australia to provide information that supports Aboriginal and Torres Strait Islander women, their communities and health professionals in breast cancer treatment and care. The summits were held in accessible locations; Darwin (NT), Lismore (NSW) and Broome (WA); based on population demographics of Aboriginal and Torres Strait Islander women.

Development of the summits was based on NBOCCs model of engagement with Aboriginal and Torres Strait Islander women, local health services and key stakeholders. Key components of the model are:

- *Community engagement* was undertaken formally with NBOCC's Aboriginal and Torres Strait Islander Advisory Network and informally through local contacts and key community champions at the summit locations.
- *Culturally appropriate branding and targeted promotion* was developed through promotional and workshop resources utilising NBOCC branding for Aboriginal and Torres Strait Islander education

initiatives. Targeted promotion and recruitment of Aboriginal and Torres Strait Islander women and health workers was undertaken through existing health professional and media communication channels.

- *Support and accessibility* was provided through financial and practical support to participants and by holding the summits in accessible locations. Practical support involved organisation and individual support for travel and accommodation, particularly for women with breast cancer.
- *Collaboration and capacity building* was undertaken with local health services and key community leaders to ensure culturally appropriate information and resources were provided to participants to take back to their communities.
- *Evidence translation and key messages* were provided through evidence based information encompassing breast cancer awareness, diagnosis, treatment, follow-up care and survivorship in the summit content. Short key messages reinforced learning's. The development of summit content was informed by the NBOCC Aboriginal and Torres Strait Islander Advisory Network, clinical experts and key stakeholders.

Evaluation

The evaluation of the summits included self administered pre and post surveys to measure participants' knowledge, skills and benefits gained in targeted learning outcomes areas. This included knowledge of breast cancer from awareness and early detection to follow-up care and confidence in supporting other Aboriginal and Torres Strait Islander women with breast cancer.

Discussion and feedback from the "yarning session" were recorded and transcribed from butcher's paper from the day. Analysis of outcomes of the forum has been conducted.

Results

The summits were successfully delivered across Australia to Aboriginal and Torres Strait Islander women with breast cancer, other Aboriginal and Torres Strait Islander women and health workers. In all 154 women attended the summits, of these 131 completed pre-surveys:

- 106 (69%) identified as Aboriginal and Torres Strait Islander.
- 37 (24%) were Aboriginal and Torres Strait Islander women diagnosed with breast cancer.

Initial evaluation has indicated the summits have met their objectives. Results from the surveys have found:

- An increase in knowledge of early detection, treatment, follow-up care and impact of breast cancer on the woman.
- An increase in confidence in talking with other women about breast cancer since attending the summit.
- Over 80% respondents found information presented was easy to understand and practical to their family/community/work.

Key issues relating to service delivery needs and future opportunities to improve outcomes for Aboriginal and Torres Strait Islander women with breast cancer were identified. Outcomes and findings from the summits will inform future work programs at NBOCC and a paper NBOCC is submitting to the Department of Health and Ageing.

Conclusion

NBOCC's integrated approach to engaging local communities to deliver information in an effective and culturally appropriate way has the potential to improve the capacity and knowledge of Aboriginal and Torres Strait Islander women and health professionals in breast cancer treatment and care. Areas of need have been identified to improve breast cancer treatment and care for Aboriginal and Torres Strait Islander women.

This model has the potential to be adapted to other cancers for this population group.

References

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