

Breast screening among Indigenous women in Australia

Sue Moore

Menzies School of Health Research



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



I acknowledge the traditional owners and custodians of the land in which we are meeting today. I wish to pay respects to Elders past and present, and to Māori, Pacific Islander and Aboriginal and Torres Strait Islander people who are present here today.

I want to particularly acknowledge and thank Ngati Toa for last night's welcome.

I respectfully use the term 'Indigenous' to refer to Aboriginal and Torres Strait Islander people.



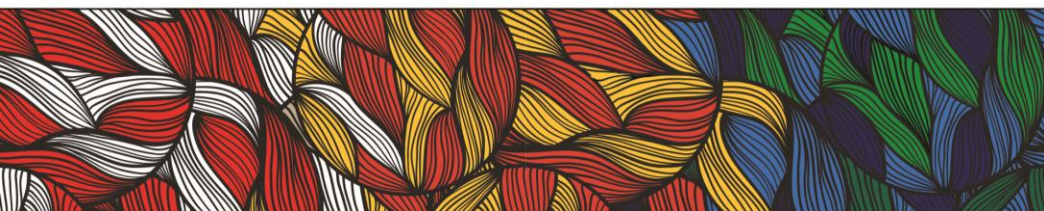
INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Presentation overview:

- ***Breast cancer among Indigenous women in Australia***
- ***Background on breast screening and participation in Australia***
- ***Barriers to screening and strategies to address these***



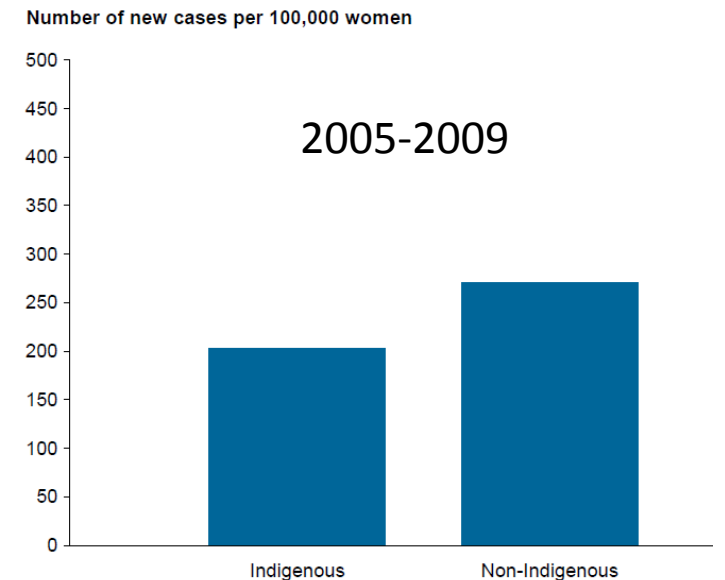
INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Background- Incidence

- Breast cancer is the most common cancer diagnosed in Indigenous Australian women, followed by lung, bowel and cervical.
- It accounts for 25% of all Indigenous female cancers and one in eleven women will develop the disease.
- Indigenous women had a significantly lower incidence of breast cancer than non-Indigenous women (203 vs 271 new cases per 100,000).
- No national trend data. From 1991-1996 and 2007-2012, 274% increase in breast cancer incidence in NT.



References: Breast Screen Monitoring report 2015; Chong and Roder, 2010; Australian Institute of Health and Welfare, 2012; Condon 2016

INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Background- Incidence in Indigenous populations in high-income countries

CANADA - Aboriginal (4.3%): First Nation, Inuit, Métis

CANADA, Alberta (FN 3.3%; Inuit 0.1%)

M	F
CRC	CRC
Lung	Lung
Prostate	Breast
Kidney	Cervix



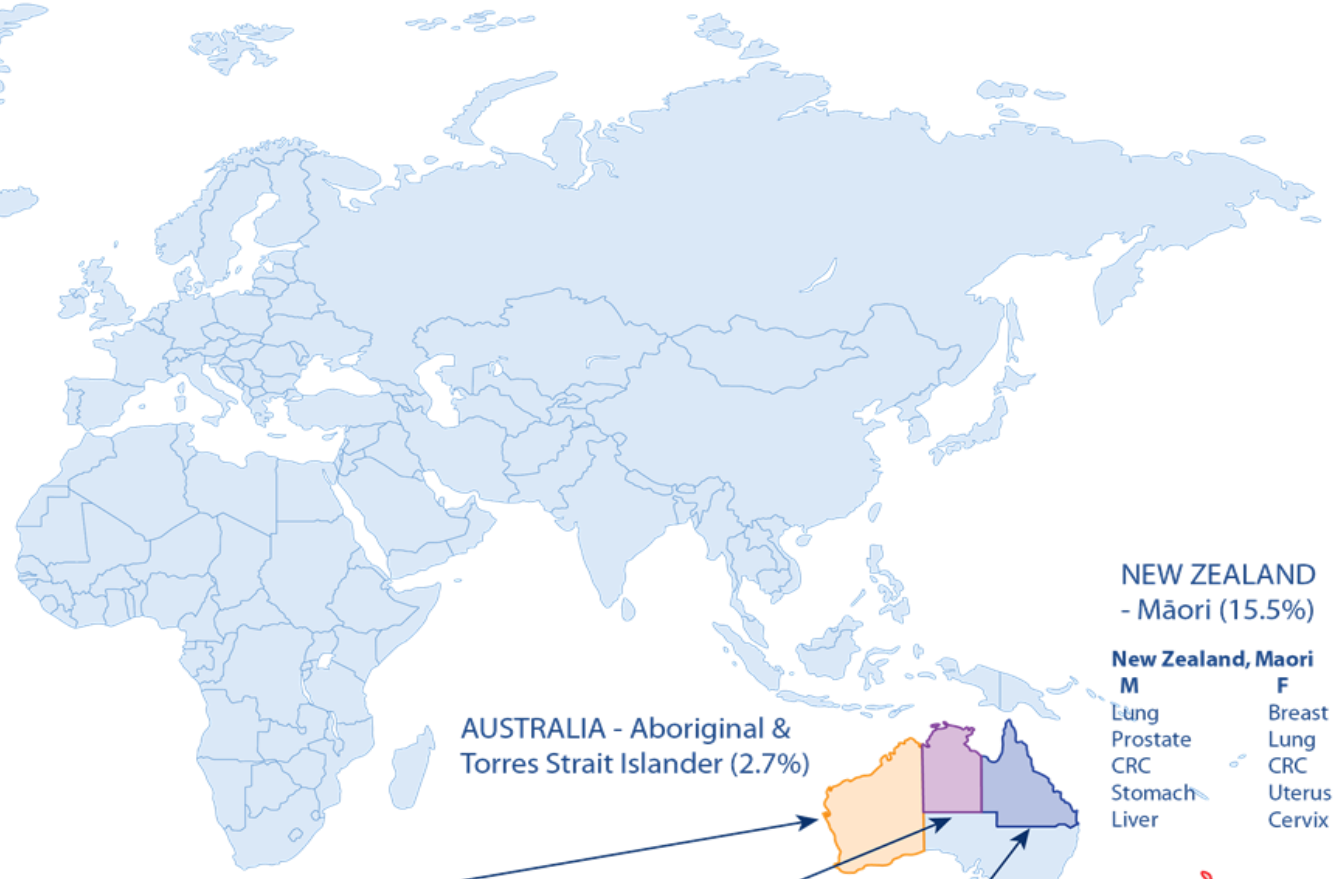
UNITED STATES - Alaska Native / American Indian (1%)
(Contract Health Service Delivery Area (CHSDA))

USA, Alaska (15.6%)

M	F
Lung	Breast
CRC	CRC
Prostate	Lung
Stomach	Uterus
Kidney	Stomach

USA (Except Alaska) (1%)

M	F
Prostate	Breast
CRC	Lung
Lung	CRC
Kidney	Uterus
Liver	Kidney



AUSTRALIA - Aboriginal & Torres Strait Islander (2.7%)

AUSTRALIA, Western Australia (1.7%)

M	F
Lung	Breast
H&N	Lung
Prostate	CRC
Oesophageal	Cervix
CRC	H&N

AUSTRALIA, Northern Territory (31.6%)

M	F
Lung	Breast
H&N	Lung
CRC	H&N
Prostate	Cervix
Liver	Stomach

AUSTRALIA, Queensland (3.6%)

M	F
Lung	Breast
Prostate	Lung
H&N	CRC
CRC	Uterus
Oesophageal	Cervix

NEW ZEALAND - Māori (15.5%)

New Zealand, Maori

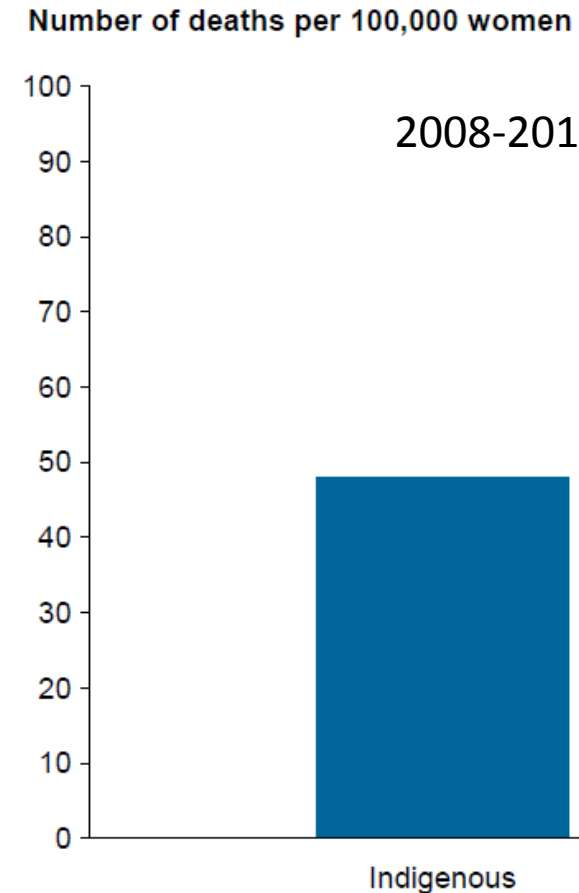
M	F
Lung	Breast
Prostate	Lung
CRC	CRC
Stomach	Uterus
Liver	Cervix

Reference: Moore et al, 2015

Background- Mortality and survival

- Mortality from breast cancer was higher at 48 vs 44 deaths per 100,000 women (2008-2011).
- 5yr crude survival 70% vs 81% (1991-2007)
- Higher mortality has been associated with larger tumours and greater spread to lymph nodes at diagnosis for Indigenous women.

Early detection is therefore paramount if disparity in survival is to be reduced.



References: Breast Screen Monitoring report 2015; Roder 2012

INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Australia's Breast Screening program

- Breast cancer screening programs are designed to detect cancer early, when treatment is more likely to be successful.
- BreastScreen Australia offers free, 2 yearly mammograms to all women aged 50-74, although women aged 40-49 and 75 years and older are able to attend.
- Since the BreastScreen Australia program started in 1991, deaths from breast cancer have reduced by a third.



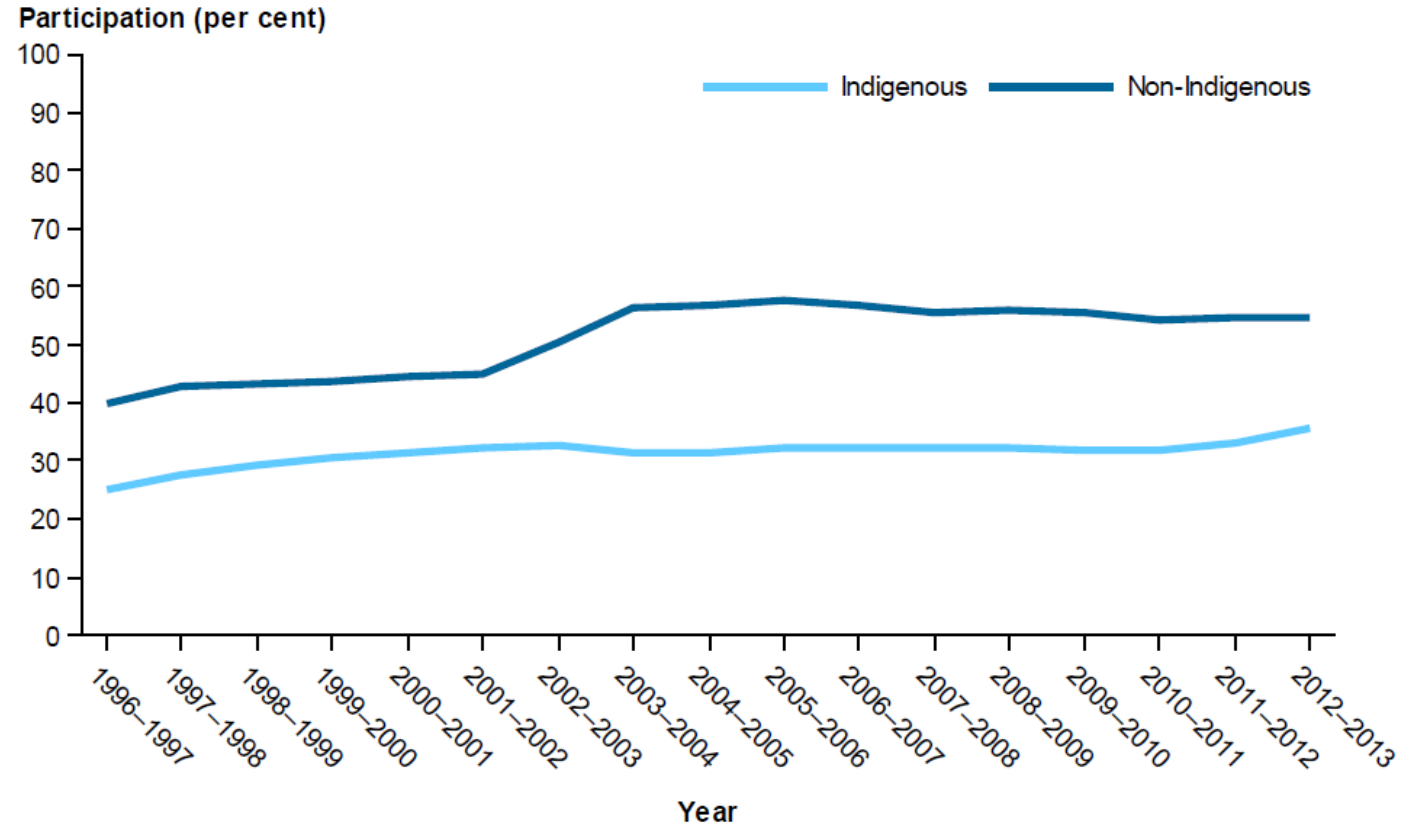
INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Participation by Indigenous Australian women

- In 2012-2013, **35.5%** Indigenous women compared to **54.5%** non-Indigenous women participated (19% lower).
- Indigenous women less likely to participate in re-screening within the recommended 27 months.
- Less likely to attend post-screening assessment within recommended 28 days if recalled.



Note: The non-Indigenous participation rate excludes women with Indigenous status 'not stated' and is therefore lower than the total Australian participation rate.

References: (AIHW, 2015). (Cancer Australia, 2012).



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Reasons for low participation

Indigenous women in Australia and internationally have reported:

- Limited and vague understanding of screening,
- Geographical isolation and difficulty attending screening,
- Cultural beliefs around cancer in general and breast cancer in particular,
- Fear of a positive diagnosis,
- Competing health and life priorities,
- Lack of culturally appropriate services that address beliefs and knowledge,
- Lack of understanding by staff of cultural differences.

References: Shahid 2012; Kolahtooz 2016; Pilkington 2017



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Western Australian study- What do Indigenous women say about participation?

Pilkington and colleagues interviewed 65 Aboriginal women and found they were generally willing to have a mammogram. Key reasons given were:

- having a genetic predisposition to breast cancer,
- a perception of investing in health for the sake of the next generation,
- well as personal well-being.

They recommended:

- increased education delivered by respected Aboriginal women,
- culturally appropriate promotion of breast screening,
- the provision of care and support from other women in the community.



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Resources and programs

Concerted national efforts which aim to improve access via:

- mobile screening units that travel to communities,
- targeted culturally-attuned health promotion campaigns,
- increasing support from Indigenous Health Workers,
- increasing and providing more flexible mobile services for rural and remote areas,
- group bookings for Indigenous women,
- one-on-one support from female health workers,
- offer Indigenous women only screening days,
- Provide testimonials from health workers and women who have had breast cancer.



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



QLD Closing the Gap Project

BreastScreen Queensland saw a marked increase in participation following the 12-month *Closing the Gap in Breast Cancer Screening* project which has lifted participation from **49%** in 2010/11 to **56 %** in 2012/13 (7% increase compared to 2% non-Indigenous population).

Strategies include:

- Training IHW's to build their capacity to build trust, educate and support Indigenous women to attend.
- Funding to deliver localised health promotion initiatives including resources with culturally appropriate messages, art shows, partnerships with local Indigenous groups, and to provide transport to screening locations.
- In north Queensland, an Indigenous health worker was specially recruited and trained to promote the mobile screening van schedule to Indigenous women, including organising group bookings of women from the same community to attend together.



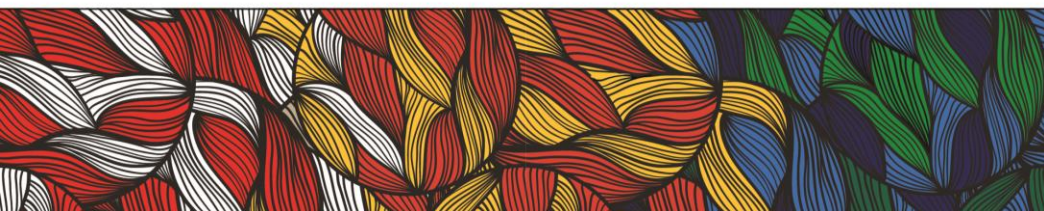
INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations



Conclusion

- Despite lower incidence, Indigenous women experience worse outcomes from breast cancer than non-Indigenous women.
- Screening can reduce breast cancer disparities.
- Successful programs, driven and informed by Indigenous women, need to be adopted and maintained by breast screening services and other health care providers in Australia.



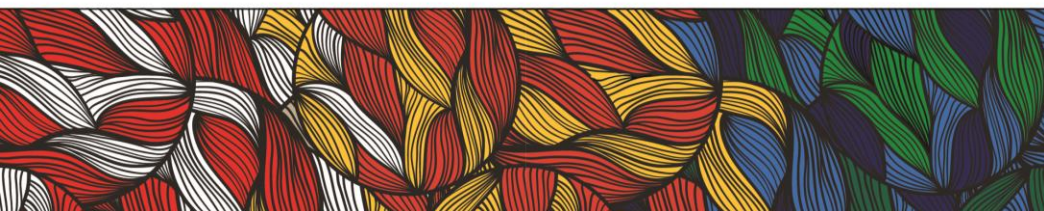
Acknowledgements



Indigenous community Ambassadors- Aboriginal and Torres Strait Islander people who have had cancer or have a family member or friend with cancer and are passionate about educating their community about cancer.



Colleagues of Discovering Indigenous Strategies to improve Cancer Outcomes Via Engagement, Research Translation and Training (DISCOVER-TT CRE, funded by NHMRC #1041111).



INDIGENOUS PEOPLE AND CANCER
A shared agenda for Aotearoa, Australia and Pacific nations





INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations

