Co-Designed, Culturally Tailored Cervical Screening Education with Migrant and Refugee Women in Australia A Feasibility Study

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Background: Participation of culturally and linguistically diverse (CALD) women from migrant and refugee backgrounds in cervical screening is crucial to eliminate cervical cancer as a public health problem within the next 20 years. However, **CALD women report low participation** *in cervical screening*. Research is needed to investigate the process, feasibility and acceptability of culturally tailored delivery and evaluation of cervical screening health education, particularly given recent changes to the Australian national cervical screening program.

Key findings

• Forums were delivered to a total of seven groups, involving 12 unique sessions (see Table 1) with 71 CALD women from East and West Africa and the Middle East.

• The co-design and co-delivery of the forums was time and resource intensive however allowed for

Methods: CALD community health workers took part in a two-day training program, facilitated by Family Planning NSW and Western Sydney University. Day 1 addressed knowledge about cervical screening; day 2 explored facilitation methods and strategies for tailoring the forums for individual communities. They then codesigned, and co-facilitated cervical screening health promotion forums within their communities.



cultural tailoring resulting in engagement with 'hard to reach' CALD women, improved health literacy and intention to screen.

- Flexibility in the intervention implementation was crucial to ensure forums were responsive to community interests and needs.
- Both face-to-face and online formats were feasible and acceptable to CALD women.

Community	Modality	Forum topics/ activities	Languages
West African (young women)	Face-to-face (weekend, daytime)	1.Cervical screening; zumba class; lunch	English and Krio
West African	Online (weekday, evening)	 Stress management Cervical screening Breast, bowel screening 	English
Fast African	Face-to-face	1 Cervical screening	luba-Arabic

Table 1. Co-designed, culturally tailored health promotion forums overview



Taking the time to *"listen to"* and *"understand"* each group" and "the barriers they face", including cultural and religious beliefs and norms, enabled facilitators to tailor information and address community specific myths and misinformation.



The ability of facilitators to *"deviate from the PowerPoint"* and *"let the ball roll according to*" what we [participants] wanted to *know"* was viewed by women as a "very effective way of getting" information".

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