



# **Consumer Voice(s)**

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The Australian National University**

**Breast Screening Australia Conference  
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FOREFRONT | CANCER

# A more comfortable mammogram? Yes, plus other new state-of-the-art breast cancer screening tools

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## Topics


- Hematology and Oncology (Cancer)
- Prevention and Screening
- Breast Cancer
- Breast Imaging
- Answer Cancer
- Women's Health
- Patient Care
- Care
- Wellness



Mammograms with curved compression surfaces. A faster and less expensive breast MRI. Artificial intelligence (AI)-aided tumor detection. A quick biopsy performed as a patient sits up in a chair.

These are among advances on the horizon or already in use at the University of Chicago Medicine. The academic health system recently expanded its [breast imaging services](#), adding state-of-the-art technologies to improve accuracy, comfort and convenience.





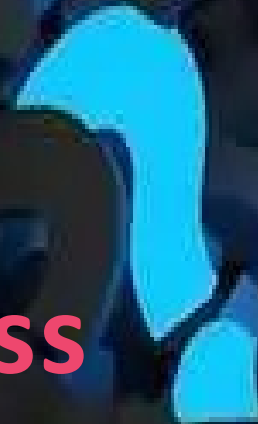
***“Like many in the oncologic imaging community, I dream of detecting cancer early when it can be cured. Unfortunately, cancers will continue to mutate and develop clones resistant to treatment. But the use of new technologies will transform breast cancer into a manageable disease.”***

Linda Moy's editorial celebrating the 100<sup>th</sup> year anniversary of the flagship journal *Radiology* (2023)

**BEHAVIOR CHANGE**



# Knowledge/Awareness Barriers



# Voices...

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***“What is mammography? How does it work? I have not heard about it. I have not seen it before. I don’t know anything about the mammography programme.”***

***“I am not sure if I know anything about this programme. I don’t think it really helps to find breast cancer. I am not sure”.***

Suwankhong, D., & Liamputtong, P. (2018).

# Voices...

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***“I have heard about breast cancer quite a lot but didn't consider breast cancer as a confronting issue for me. I breastfed my three children and usually took my tight bra off when I got home. So, I believed my chance of getting breast cancer would be low.”***

**Kim (2021)**

***“If we don't feel sick, there is no need to go [and screen]”.***

**Jonasson et al (2019)**

# Emotional Barriers





# Voices...

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***I didn't understand why people had to do breast screening through a painful mammogram in this era of high technology. If pain is reduced during mammograms or if breast screening is done through a less painful way, I think more women would participate in the breast screening program (Under screener, 50-59 years old).***

**Kim (2021)**

# Voices...

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***It was so painful. I don't want to do it anymore. It would be good if there are other ways to do this that do not hurt. I think it is better than having a compressing machine on our breasts. It hurt a lot. I still remember that it was not good.***

Suwankhong & Liamputtong (2018)

# Voices...

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*This was one of reasons why I put off getting screened. I had a feeling that if cancer was found, I would be very anxious and stressed about going through chemotherapy and other cancer treatments. I thought I might die earlier because of stress caused by a cancer diagnosis rather than breast cancer itself... If I discover breast cancer, I know I will suffer from extreme stress and anxiety about painful cancer treatments... so I still believe it would be better not to discover cancer through screening.*

Kim (2021)

# Voices...

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***“My mum had her left breast taken off 40 odd years ago, yeah ... two cousins passed away with breast cancer. They had both of them removed, but they still passed away.”***

***“Yes, fear. It’s fear! ... It’s better not to know [the results]”***

Jonasson et al (2019)



**Cultural beliefs**

# Voices...

***“For me, being naked to others even to health care staff is very embarrassing. I don’t like to show my breasts to other people”.***

Suwankhong & Liamputtong (2018)

***“It’s just like embarrassing – it’s your body. And they’re looking at your parts.”***

Jonasson et al (2019)



# Voices...

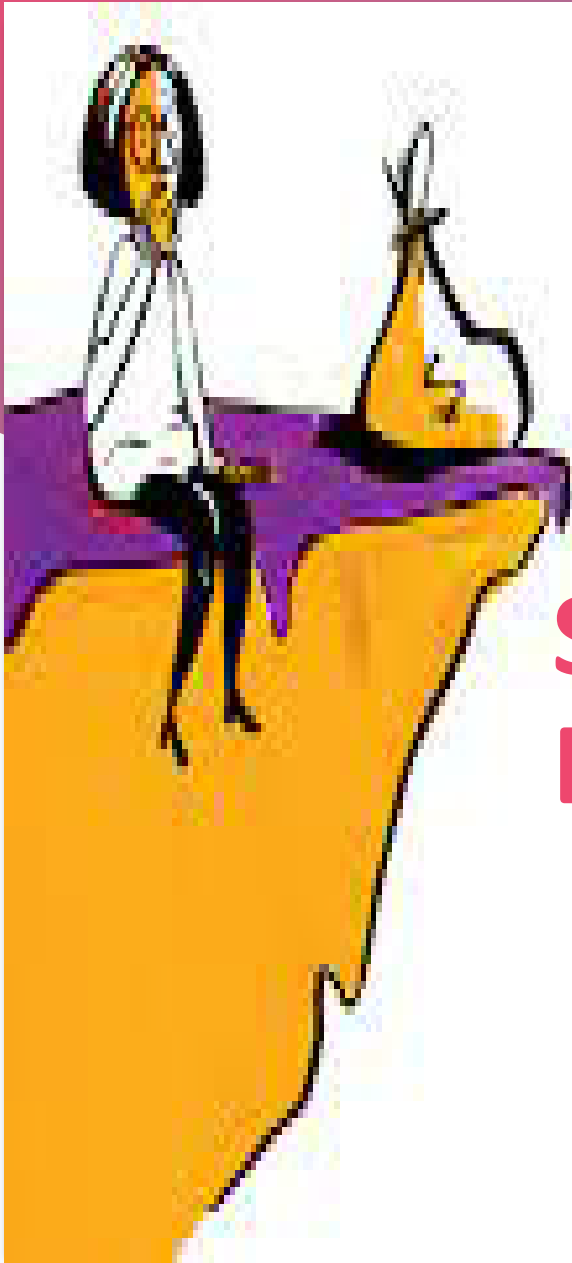
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***“For me, I don’t mind [having to be undressed] ... I need to be safe. I don’t mind”.***

**Another women whose husband had died from cancer said, *“I don’t care how embarrassing it is, get it done!”.***

Jonasson et al (2019)

# Structural Barriers





# Voices...

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***Because of language barrier, I had put off going for a mammogram. You know... If you don't speak English, how could you make a screening appointment... Living in a country where you don't speak the language at all is very hard. In particular, Korean old women like me face many barriers and cannot express our health concerns and ask questions confidently to English speaking health professionals despite we want to know a lot... Kim (2021)***

# Voices...

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***“When I attended my breast screening appointment, I was more worried about staff members whether they would be nice to me this time despite my poor English speaking skills. I had a bad experience in the past. You know... when someone with poor English attends a screening appointment, they would be already dampened by a concern about communication with staff in English. Kind and friendly staff can make those women feel at ease during mammogram screening. Otherwise, it would be pretty stressful time for the woman.”***

Kim (2021)

# Voices...

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***“I am reluctant to see any health care providers here because I cannot explain to them well. I am scared to seek care here. Sometimes, we understand what they say but not all and not in sufficient detail. Even when we try to explain to them, they cannot understand what we are trying to say. It is difficult to make them understand our health concerns!”***

Suwankhong & Liamputtong (2018)

# Voices...

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***“When I wanted to ask the health carers questions, I didn’t know how to ask. I could not think of any words and I was stuck. When they explained my health issues, I didn’t understand well. When they asked if I had any questions, I had no idea what to ask as I could not understand their explanations fully.”***

**Suwankhong & Liamputtong (2018)**

# Voices...

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***“If the access is easy, I would like to go for it. But I have no car. Public transport is just not convenient for me.”***

Suwankhong & Liamputtong (2018)

***“... transport is a major issue”.***

Jonasson et al (2019)

# Voices...

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***“As migrants, I think most Korean people are very busy with their daily job. I guess breast screening would not be their top priority. In my case, I work at a small retail shop from Monday to Friday. So I could not take time off for breast screening, although I sometimes thought about getting screened. I had to consider how my manager would feel or react...as you know I was not sick and breast screening seemed not to be an urgent matter. So I kept putting it off as I had other things to do and worry in my daily.***

**Kim (2021)**

# Voices...

***“I knew that screening is good for women but I have to work every day. I have no time. I mostly finish work late at night and arrive home at about 12 am or 1 am and I would be very tiring. I often did not even take a proper shower; only wash my face and go to bed, you see!*”**



Suwankhong & Liamputtong (2018).

# Voices...



***“She was suffering with a problem with her eyes ... that’s why she wasn’t thinking about screens.”***

***“She had problems with her teeth, so she was thinking about other things”.***

**Jonasson et al (2019)**



# Voices...

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***“If you look at people in the Korean community, you will see many without Medicare. Some of them are waiting for their permanent residency visa granted and others may hold a temporary visa. These people don't participate in breast screening, because they think it will cost a lot of money.”***

Kim (2021)

# Voices...

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**CALD women in Jonasson's study simply said,**

***"... we don't know the way".***

**They needed the support of staff from multicultural councils and BreastScreen NSW and the support of other women in their group, to make the screening process easier –**

***"... a group is better ... if someone is scared it is better, and if one forgets, it is better".***

**Jonasson et al (2019)**

## To conclude

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- **The barriers which prevent CALD women from accessing breast screens are complex and reflect the different beliefs, values and attitudes of each woman. Despite the diversity of cultural backgrounds, similarities in the barriers have been identified.**





# Cultural intelligence

*the ability to understand, correctly infer, function, manage, and deal with situations characteristic of cultural diversity*

Majda et al (2021)

# 9 Cultural competencies

cited by Jonasson et al (2019)

- interpreter services;



- recruitment and retention policies;
- training;
- coordinating with traditional healers;
- use of community health workers;

# 9 Cultural competencies

- culturally competent health promotion;
- including family/community members;
- immersion into another culture;
- administrative and organisational accommodations



# My wish

**Communicating with care, dignity, concern, and empathy at all points of the screening engagement, and creating messages that are built around hope, rather than fear.**



**Maraming  
salamat!  
Thank you for  
listening.**

