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| **Health Literacy improves needs assessment through intervention implementation: full implementation of Ophelia (OPtimising HEalth LIteracy and Access) to improve uptake of screening for breast cancer in disadvantaged groups** |
| **Background/Objectives**This project used the Ophelia (OPtimising HEalth LIteracy and Access) process to explore uptake of breast cancer screening in Melbourne’s North West among women from Italian, Arabic, Aboriginal and Torres Strait Islander backgrounds. The project sought to increase participation in breast screening by disadvantaged groups.**Methods**The Ophelia process guides development and implementation of health promotion and service redesign initiatives. It is a structured, co-design approach to identifying, understanding and responding to the health literacy needs of a community. The Health Literacy Questionnaire (HLQ) was administered to 429 women. These data and qualitative interviews (N=21), were used to develop vignettes of the varied experiences of women across cultural groups and screening behaviours (regular through to never screened). 12 workshops were undertaken to co-design process and service solutions.**Results**A total of 343 intervention ideas were identified across a) individual, b) family/community, c) organisation and d) system/policy levels. 7 were selected for formal implementation by BreastScreen Victoria: #1 Reminder letters to women in language (Italian/Arabic); #2 Calling lapsed women in language (Italian/Arabic); #3 Developing culturally appropriate media advertisements in language (Italian/Arabic), and an animation (Arabic); #4 Delivering screening messages through peers (Arabic); #5 Delivering screening messages through pharmacies (Italian/Arabic); #6 Providing staff with training in working with culturally/linguistically diverse women; and #7 A customised shawl that Aboriginal women can wear during screening.Interventions #1 and #2 were evaluated using a randomised controlled design (N=1032 and 195, respectively).While #1 (letters) was not effective, the other 6 interventions were found to have strong elements of effectiveness. For #2, in language phone calls, 64.2% of women in the intervention arm and 6% in the control arm booked a screening appointment within 14 days. This difference was was 10.0 (95%CI 3.9, 26.3) times higher among Italian women, and 11.6 (95%CI:2.9, 46.5) times higher among Arabic women in the intervention compared to usual care group p<0.0001.**Discussion**The Ophelia process generated a large number of interventions resulting in service improvements and large increases in screening behaviour in hard to reach groups.**Keywords**Health literacy, breast cancer, co-design, CALD |