BreastScreen: Keeping Abreast with the Community[a]

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BreastScreen NSW Central & Western

BreastScreen NSW Central & Western covers approximately half of New South Wales (NSW), and this vast area and the diversity of its population requires a different approach from programs in smaller and more homogeneous locations. Although the Program has a discrete budget and staff dedicated solely to breast screening, it has also been important to develop, foster and maintain links with community health staff and with members of local communities in order to provide the service effectively. A variety of links which have been developed and are crucial to the success of the program are described.

BreastScreen is a free, national, population based, early detection program set up in response to the increasing incidence of breast cancer in women in Australia (Cancer Council, 1995). Overseas research has demonstrated that biennnial mammography in women aged 50-69 years, which detects breast cancer at an early stage, and when combined with treatment, can reduce death rates by as much as a third (Cancer Council, 1994).

Although the Program actively recruits women between 50 and 69 years old, women who are 40 or over can request a mammogram. Women who have an abnormal mammogram are recalled for further tests, which might include more mammography, ultrasound, clinical examination and biopsy. These are also provided free. The most important difference between BreastScreen and other primary health services is that the budget is determined by the number of women seen. Therefore, vacant appointment 'slots' or a lack of radiographers to screen women costs the service in terms of its funding.

BreastScreen NSW Central & Western was established early in 1995, to provide a service to the women of central and western New South Wales. Although the area represents approximately half of NSW, the population is small and based mostly in the eastern part of the service area (ABS, 1991). The sheer size of the area, the diversity of the communities and the personal nature of the service, mean that communities, and especially the women in those communities, have to be involved in the service. BreastScreen is very much a program for women and has relied on close involvement of women from its inception. Community consultation, community development and a flexible approach, have enabled BreastScreen and community health staff to establish successfully a new service.

Community consultation began well before the Service was established. The two women's health co-ordinators who cover the service area, arranged a series of meetings, including a representative from the Cancer Council, to enable women to discuss issues and concerns about the proposed service.

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The consultations reached as far as Broken Hill in the far west.

Soon after the Health Promotion/Recruitment Officer was appointed, she organised 'whistle stop' tours of the service area for herself, the Director, and Chief Radiographer to meet the staff and community members. They would be 'on the road' for about four days at a time and spend about three hours in each town. Sometimes there was just one meeting, at other times two or three. They met with community health staff, hospital staff, the Aboriginal Medical Centre staff, general practitioners, health administrators, local councils, members of cancer support groups, women's organisations, and in fact anyone who wanted to meet with them. Tibooburra, White Cliffs, Bourke, Lightning Ridge, Coolah, Mudgee and Lithgow, and most towns in between, were all visited.

The team leader, community nurse, and/or women's health nurse would arrange the venues, times and promote the visits. Because they knew their communities and local politics, they would decide whether one or more meetings were appropriate, who should be invited and to which one. The community health staff knew the individuals and organisations in their communities who had been lobbying for the BreastScreen Service over many years and made sure they were invited to the meeting. This provided the opportunity to explain the BreastScreen Service, and as well to gain valuable insights into the communities, such as who were the key players and who would be likely to provide assistance in the future. The largest public meeting, in a town of about 3000, was attended by more than 70 people.

The Service is provided through BreastScreen centres and a BreastScreen Van which visits some thirteen towns. In the more remote towns, which are visited every two years by the Van, many of the staff and individuals who were involved at those first meetings became the nucleus of the BreastScreen Van Local Committees. These Committees are set up in each of the towns the Van visits and choose a site for the Van, assist in publicity and provide support to the BreastScreen staff. A member of the local community health staff, takes responsibility for the BreastScreen Van Local Committee and provides a link back to the Health Promotion/Recruitment Officer. The local link might be the women's health nurse, a social worker, a team leader or a community nurse. With the vast distances, and sometimes short 'stopovers' for the Van, this has saved the Recruitment Officer from being continually on the road and has given the particular community 'ownership' of the Van.

It depends on the particular community how structured the BreastScreen Van Local Committees are; some keep minutes, others meet informally. It is better to just 'go with the flow', be flexible and try to let the people who are interested enough to be involved set the scene. In Broken Hill, one woman was so keen to have ongoing involvement that for more than five months while the Van was in town she kept it supplied with fresh flowers.

Feedback is needed from the women who have used the Service. Random satisfaction surveys are carried out at the Centres or the Van. The Local Committee is asked to evaluate the visit by the Van as soon as possible after it has left town. Information updates, together with pamphlets, posters and other promotional materials are mailed to all community health centres and Aboriginal Medical/Health Services and general practitioners. Keeping health professionals informed has enabled them, in turn, to inform the women they see about the Service.

A BreastScreen Advisory Committee has been established with Women's Health Co-ordinators and community representatives as members. This has provided excellent opportunities for two-way communication and planning of services. Meetings are held every three months and alternate between Orange and Dubbo. Community

representatives are appointed for a year so that different parts of the service area have an opportunity to be represented. The only criteria for community membership is that they are women in the target age group and are interested in the program.

Community health staff assist in promoting the Service and a kit, including photos, overheads and handouts for Women's Health Nurses to use, is being developed. They are also keen to see how they can support the Van when it is on 'their patch'. This could mean holding Pap smear and BSE (Breast Self Examination) clinics at the same time, talking to women recalled for step-down assessment, giving talks, and being able to provide accurate information about breast cancer.

The community health staff in Lightning Ridge, which has an unusually high non-English speaking background (NESB) population, has offered, providing the women agree, to be their advocates and receive and interpret the results of their mammograms. Awareness of the delays to mail caused by wet weather, especially floods which were frequent in 1996, was also brought to the attention of BreastScreen by local community health staff. This causes difficulties in getting results quickly to women who have only a weekly mail service, and that only if the roads are open.

The Aboriginal Liaison Officer at Dubbo Base, suggested that BreastScreen should be promoted to the Aboriginal women living in the north west, and that she would come with the Service to visit Aboriginal communities. We spent four days in April 1996 visiting Aboriginal staff, Aboriginal women and community health staff in Enngonia, Bourke, Brewarrina, Weilmoringle, Goodooga, Collarenebri, Lightning Ridge and Walgett. The obvious mutual respect between this woman and her people opened doors I could only have dreamt of. The Aboriginal Liaison Officers at Orange and Dubbo Base also make themselves available to talk to any Aboriginal women who attend for screening.

The isolation and poor public transport within the service area has been a challenge. We try to work with the local community and encourage them to find ways to bring women into one of the screening sites. This has worked well and to date we have had cars, mini buses and large buses from all over the Area.

For BreastScreen to fulfil its role, it is necessary to involve many people. With the continued support of other primary health care workers and the communities we serve, BreastScreen will continue to provide a valuable service.

References

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