

Designing for impact with multicultural community-led projects: Evaluation of a cancer screening grants program

Tove Andersson
Centre for Behavioural Research in Cancer
Cancer Council Victoria

Evaluating impact in 11 community projects

AIM: Increase bowel and cervical cancer screening for culturally and linguistically diverse Victorians

- Grants up to \$5000
- Arabic, Mandarin and South Asian languages
- Funded by Victorian Department of Health

Jan 2020

Open application process

Mar 2020

Committee selects 11 projects

Oct 2020

Evaluation design and training workshop

Jan to Oct 2021

Projects implemented



Background

		Victorians	Australians	CALD Australians
National Bowel Cancer Screening Program	People 50-74 every two years	44.6%*	41.6%*	24.8%-34.3%**
National Cervical Screening Program	Women & people with a cervix 25-74 every 5 years	61.9%***	62.4%*	?



Preliminary participation 2019-2020 <u>AIHW Quarterly Data</u> 15 July 2022
 Participation 2018-2019 AIHW 2021 <u>Bowel Screening Monitoring Report p.48</u>

^{*** 4} year estimated participation 2018-2021 AIHW Quarterly Data 15 July 2022

What do we already know?

ADDITIONAL BARRIERS



Low knowledge



Health and cancer beliefs



🕅 Cultural norms

INTERVENTIONS

Tailored community engagement

leads to increased knowledge,

confidence, changes in beliefs

about cancer screening

IMPACT?



11 Projects

BOWEL

Arabic women

Sinhalese group

Church elders

Refugee group

People with a disability

Chinese group

CERVICAL

Play groups

Refugee women

Sport group

Mosque group

Regional women

IN PERSON ACTIVITIES

- Group session with meal
- Individual session in appointment
- Walking group
- Group screening appointments

REMOTE ACTIVITIES

- Group Zoom
- Individual and small group calls
- Messages
- Recorded USB presentation



Collaborative evaluation design

1. Collaborative

- Understanding
- Shared ownership
- Strengthened design
- Proportionate

2. Simple

- Accessible language
- On one page
- More confidence
- Better feedback



Evaluation challenges

1. Remote evaluation

- Busy time
- Learning what worked
- Community anxiety

2. Different aims

 Increasing knowledge rather than increasing participation



Examples of tools selected

Post activity survey in Urdu

سروائیکل کینسر کی اسکریننگ کا تعلیمی سیشن شرکا کا سروے

س العبرة ك نام جس سے سيس مامعه دين بر (گول دائر) انگائيں:

ہر بانی كر كے اپنے جو اب پر (گول دائر) انگائيں:

ہر بانی كر كے اپنے جو اب پر (گول دائر) انگائيں:

ہر کی عمر کیا ہے؟

پا آپ گھر میں انگریزی كے علاوہ كوئی اور زبان بولتے ہيں؟

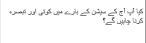
سكرينگ تُسِمُّ كيا ہے؟

شكرينگ تُسِمُّ كيا ہے؟

پا آچ كی بریزینٹیشن كے نتوجے میں آپ كے

ہال محریقیشی نہیں





Dilly bag reflection activity

Dillybag reflection activity
Cervical cancer screening education

Time: 15mir

Participant number: suited to groups less than 30 people

This activity must be done in person

You will need:

- Whiteboard or large piece of butcher paper

- Whiteboard marker

- Sticky notes (enough for 4 per participant

Instructions

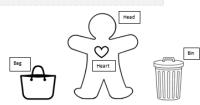
This activity is a reflection activity that can be done at the end of an education session. You will draw an outline of a person with a bag to their left and a garbage bin to their right.

Provide participants with 4 different coloured sticky notes each. Ask participants to write their responses to each of the four thoughts and place the sticky notes on the corresponding area on the figure.

Head – "Something I have learnt"

Bag - "Something I will share with someone later"

Garbage bin – "Something I want to forget or did not like about today"



When the activity is completed, you will need to collect all off the sticky notes organised by question and enter the responses into a word document clearly listing each of the 4 area headings and what the participants responded under each heading. This document will be sent to Cancer Council as part of the evaluation impact reporting. You may also wish to take a photo of the finished activity to send to Cancer Council and for your own records. Translated

Using faces in the scale

Alternative activity

This activity is credited to: The Fred Hollows Foundation. (2016). Lessons to share about planning, implementing and evaluating Community Based Worker programs. Darwin: The Fred Hollows Foundation.



Collaborative evaluation design

Community outcomes	 Increased knowledge Increased confidence Intention to share info Intention to screen 	Survey after activities	
Community impacts	 Shared information Ordered a bowel kit Completed a screen 	2 month follow up survey	
Grantee outcomes	Increased capacity to deliver cancer screening education	Interview with	
Implementation	What worked well/ not well?	grantees	
		Cancer	

Community Outcomes

More than 80% of participants reported...



...increased knowledge



...increased confidence



...intention to tell others



...intention to screen

11 projects

9 projects

9 projects

9 projects



Community impact: Sharing information



More than 60% of participants told others

10 projects

938 participants



1024 extra community members

23 grantees



22 extra community leaders



Community impact: Bowel screening

	Arabic	Refugee	Sinhalese	People with	Church	Chinese
	women	group	group	disability	elders	group
Ordered kit	24%	95%	4%	66%	46%	70%
Completed kit	35%	38%	46%	56%	58%	81%
Response rate	55, 59%	21, 64%	26, 23%	121, 72%	26, 87%	27, 11%

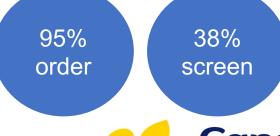
Refugee project

Settlement support workers

Arabic (in-language)

33 people attend Zoom sessions

Follow up calls





Community impact: Cervical screening

	Play groups	Mosque group	Refugee women	Regional women	Sport group
Completed	100%	17%	7%	74%	12%
Response rate	9, 10%	6, 25%	14, 52%	42, 88%	25, 100%

Regional Project

Nurse CSP

Hindi, Punjabi, Tamil, Malayalam (interpreter)

35 women attend information lunches with tour

15 receive recording on USB

74% screen



Why is this exciting?



- Demonstrating impact
- Amplifying impact
- Funding
- Improving and learning





tove.andersson@cancervic.org.au

I would like to acknowledge:

- Lauren Temminghoff who designed the evaluation
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