

Evaluation of the impact of
PapScreen's campaign on
Culturally and Linguistically Diverse
(CALD) women

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INTRODUCTION

Many women feel that a Pap test can be an uncomfortable, awkward and even embarrassing experience. Women from Culturally and Linguistically Diverse (CALD) backgrounds may be faced with additional barriers to having a Pap test such as language, access to appropriate services, and cultural values, which make choosing to have a Pap test even more problematic for them than for other women.

The Victorian Cervical Cytology Registry (VCCR) does not have information about the country of birth or the language spoken by women who have Pap tests. However, data from the National Health Survey (Australian Bureau of Statistics, 2001) indicated that women who speak a language other than English at home are less likely to have regular Pap tests (42.8%) than women who speak English at home (56.9%), which suggests the need to take special measures to encourage CALD women to have a Pap test.

In considering how to address this problem, PapScreen Victoria (PSV) staff spoke with 22 bilingual health educators to ascertain CALD women's perceptions of the Pap test, and to look at the best channels to communicate with them on a broad level. Bilingual educators believed that while women were aware that they should have Pap tests, they didn't make the Pap test a priority and thought women would be motivated by the fact that the test could save their life.

Making information available to women from CALD backgrounds in their own language was seen as essential and it was decided to implement a public relations and advertising campaign targeting women from some of the CALD backgrounds represented in Victoria. A radio and print media campaign was developed for women who spoke Arabic, Cantonese, Greek, Italian or Mandarin. The campaign was based on a mainstream media campaign first aired in Victoria in July 2004, with the theme "Don't just sit there".

Media space was booked in multicultural print and radio for seven weeks, from 21 March to 8 May 2005. In negotiations with newspapers and stations there was a strong emphasis placed on added value and acquiring Community Service Announcement support. The media space was purchased with two-thirds of the money being allocated to radio, as it is believed that this is the preferred medium of older CALD women, at least some of whom would be unable to read, even in their own language. The media buy also covered regional radio stations for key CALD areas.

This campaign was not aimed only at women from the CALD groups. It also had the broader aims of influencing individuals and groups such as doctors who speak the targeted languages, ethnic councils, community language bilingual health educators and multicultural print and radio. However these broader aims are outside the scope of this evaluation, which was only concerned with trying to determine whether there was any increase in the number of CALD women attending for Pap tests while the campaign was in progress.

This evaluation had three aims:

- 1) To determine if there was any increase in the overall number of Pap tests conducted across Victoria during the campaign period, in comparison with the corresponding weeks in 2003 and 2004.
- 2) To identify Local Government Areas (LGAs) with high proportions of CALD residents and determine if the number of women screened in those areas differed during the campaign when compared with the period before the campaign.
- 3) To compare screening rates in high CALD areas with matched LGAs of low CALD areas before and during the campaign.

PSV launched a major mainstream media campaign the day after the CALD campaign concluded, so it was not possible to make any comparisons from the post-intervention period as many CALD women would also have been exposed to the mainstream campaign.

METHOD

The Victorian Cervical Cytology Registry (VCCR) keeps records of Pap tests conducted in Victoria. Women can choose to opt off the Pap test register, but it is estimated that fewer than 1% do so (Mitchell, Burrows, Scott 2005). VCCR has address details of women who participate in screening to facilitate sending reminder letters to women who fall behind in their screening. Therefore it was possible to determine the area where women who attended for screening lived. Data on cervical screening rates by postcode was provided by VCCR for the purposes of this study, but no information which could identify individual women was provided.

Data on the number of tests conducted in each postcode during the period of interest were collapsed into LGAs. If a postcode was part of more than one LGA it was assigned to the LGA where the greater proportion of the postcode was located.

Australian Bureau of Statistics data from the 2001 census (compiled by the Victorian Office of Multicultural Affairs) were used to profile LGAs to determine areas where the campaign was likely to have more or less impact, by identifying the proportion of the population speaking the targeted languages in each LGA.

In addition, the Socio-Economic Indexes for Areas (SEIFA) (ABS, 2001) were used to profile the social and economic status of each LGA. SEIFA is created using data from the 2001 Census of Population and Housing, combining an extensive range of measures such as income, education, occupation, expenditure and assets to rank areas. Lower scores indicate higher levels of disadvantage. Finally, the average age of the population was taken into account.

Appendix A presents the data on SEIFA score, proportion of people speaking the languages of interest and the mean age for all metropolitan LGAs and for those areas which also include some of Melbourne's outer suburbs. As the data in Appendix A indicate, there is a spread of people who speak languages other than English across Melbourne. There are some clusters, especially for Greek, Italian and Chinese languages, but there were no areas with a strong concentration of Arabic speakers. There were five LGAs identified where a high proportion of residents spoke one of the targeted languages: Darebin, Moreland, Monash, Manningham and Whittlesea.

As control communities, five LGAs were selected in which the residents had a similar SEIFA and mean age, but where low proportions of the respondents spoke the target languages. Table 1 is a summary of data from Appendix A, showing the high-CALD LGAs and the low-CALD LGAs picked as their controls.

Table 1: Demographic data from LGAs paired as comparisons

LGA	Total speaking targeted language	SEIFA	Mean age
Whittlesea	22.5%	962.40	32.7
Casey	5.5%	993.76	31.8
Darebin	28.1%	966.80	36.3
Hobson's Bay	13.0%	988.72	36.2
Moreland	29.5%	984.56	36.0
Frankston	2.4%	992.72	35.5
Monash	20.2%	1053.12	38.6
Glen Eira	10.1%	1083.20	37.9
Manningham	26.9%	1086.64	39.2
Bayside	5.2%	1107.76	40.7

RESULTS

Comparison of Victoria-wide screening rates during campaign period and in previous years

An initial comparison was made of screening rates across Victoria during the campaign period and in the corresponding weeks of 2003 and 2004. Table 2 presents data on the total number of tests conducted, the average number per week and the average number per work day for each of the three years.

Table 2: Pap tests conducted in weeks 12 to 18 of 2003, 2004 and 2005

	2003	2004	2005
Total tests	77712	79534	77410
Average per week	11102	11362	11058
Average per work day	2428	2410	2419

As can be seen in Table 2, there is no evidence that the CALD campaign increased screening rates across Victoria. The average number of tests conducted per day in 2005 was nine more than in the corresponding period in 2004, but nine less than in 2003.

Impact in areas with high and low proportions of CALD residents

As described above, LGAs with high and low proportions of CALD residents were identified using data from the ABS. VCCR data on the postcodes of women having tests were then classified into LGAs to determine the number of tests conducted in these LGAs before and during the campaign.

In Table 3, the total number of tests and the average number of daily tests in each of the LGAs is presented, and summed for the high CALD and the low CALD areas.

As can be seen in the data in Table 3, there was no overall change in the number of tests done during the campaign for either the high or low CALD groups. The greatest increase in tests was actually in Casey, where on average 4.9 more women had tests during the campaign than before it. Casey had one of the lowest proportions of CALD women, at 5.5%, so this change cannot be attributed to the campaign.

Table 3: Total number of women from different LGAs having Pap tests before and during the campaign

	Pre-campaign (Jan 31 to March 20)		During campaign (March 21 to May 8)		Difference in daily tests
	Total number of tests	Average per work day (34 days)	Total number of tests	Average per work day (32 days)	
High CALD					
Whittlesea	1873	55.1	1777	55.5	+0.4
Darebin	2253	66.3	2059	64.3	-2.0
Moreland	2280	67.1	2259	70.6	+3.5
Monash	2339	68.8	2229	69.7	+0.9
Manningham	2229	65.6	2008	62.8	-2.8
<i>Total</i>	<i>10974</i>	<i>322.9</i>	<i>10332</i>	<i>322.9</i>	<i>0</i>
Low CALD					
Casey	3299	97.0	3260	101.9	+4.9
Frankston	1623	47.7	1518	47.5	-0.2
Hobson's Bay	1387	40.8	1188	37.1	-3.7
Glen Eira	2113	62.2	1895	59.2	-3.0
Bayside	1638	48.2	1594	49.8	+1.6
<i>Total</i>	<i>10060</i>	<i>295.9</i>	<i>9455</i>	<i>295.5</i>	<i>-0.4</i>

DISCUSSION

The purpose of this evaluation was to try to determine whether the CALD media campaign had led to any measurable increase in cervical screening among women from CALD backgrounds.

The CALD campaign did not lead to any overall change in the number of women attending for Pap tests across Victoria. It was not anticipated that it would have done so, but the figures on attendance during the relevant weeks in 2003, 2004 and 2005 emphasise how stable cervical screening rates are when there is no wide-reaching campaign occurring.

As we do not have direct information about the ethnicity of women attending for Pap tests, a de facto measure of identifying LGAs with a high proportion of women from Arabic, Italian, Greek or Chinese-speaking backgrounds was used to compare screening before and during the campaign. This comparison found that there was no change at all in the average number of women screened each day in high-CALD areas when the campaign was running. Low-CALD LGAs also showed completely stable screening rates.

The fact that this evaluation was not able to identify any effects from the CALD campaign does not indicate that no women were affected by it. A campaign such as this is by its nature trying to access small groups of women. Even in those communities with up to 29% of respondents coming from the relevant CALD backgrounds, approximately half will be men, some will be outside the age range for cervical screening, some will have had hysterectomies and some will be up-to-date with their Pap tests. This leaves a small pool of women to influence. Mitchell (1997) was able to detect an effect using a similar method, but there are two key differences between that study and this. The first is that 11 languages were targeted in the 1997 campaign, so the proportions of people speaking one of the languages in the geographic areas was higher. The second is that the intervention described by Mitchell occurred during the early 1990s, when media campaigns about cervical screening were intended to convey new information, that is, to make women aware of the availability of the Pap test. In the current climate, awareness of cervical screening is high, so media messages are intended to motivate women to have a test, but it is less likely that women will be hearing about the test for the first time.

Due to the timing of the mainstream mass media campaign, which commenced the day after the CALD campaign ended, data was only analysed until the last day of the campaign. Thus, any CALD woman who was influenced by the campaign, but did not actually have a test for some weeks would not have been detected by this evaluation.

It is also possible that a media campaign such as this may have an additive effect, rather than a stand-alone one. That is, many women who were exposed to this mass media campaign in their own language would also have seen the mainstream campaign which was aired directly after it. It may have been the combination of messages which had an impact on some CALD women, but if they did not act until the mainstream campaign was underway, they would not be detected in this evaluation.

In summary, although this evaluation was not able to detect any effects of the campaign, it cannot be concluded that there were none. If PSV wants to reach women who may not be reached by broad, population-based interventions such smaller scale interventions must be continued even if the effects can not be demonstrated.

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APPENDIX A

LGA	SEIFA	Population size (ABS data, 2003)	% Speaks language other than English (Census data, 2001)	Proportion (%) languages spoken (ABS data, Census data 2001)							Mean Age (ABS data, 2002)
				Total speaking targeted language	Arabic (incl. Lebanese)	Greek	Italian	Mandarin	Cantonese	Chinese languages	
Greater Dandenong	876.88	127,380	52.0	7.5	1.9	3.7	3.4	1.9	3.8		35.9
Maryibyrnong	915.36	61,863	44.1	15	1.1	3.9	3.8	?	?	6.3	35.4
Brimbank	918.64	172,995	53.7	14	2.2	3.6	5.2	?	?	3.0	33.4
Hume	954.16	144,314	34.5	12.4	4.7	2.2	5.5	?	?		31.7
Whittlesea	962.40	123,397	45.7	22.5	3.3	6.6	10.7	?	?	1.9	32.7
Darebin	966.80	127,321	41.1	28.1	3.7	9.3	12.0	1.8	1.3		36.3
Moreland	984.56	135,762	41.7	29.5	6.2	6.9	14.5	?	?	1.9	36.0

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				Total speaking targeted language	Arabic (incl. Lebanese)	Greek	Italian	Mandarin	Cantonese	Chinese languages	
Hobsons Bay	988.72	83,858	29.2	13	3.4	3.5	4.4	?	?	1.7	36.2
Frankston	992.72	117,079	7.5	2.4	0.3	0.8	0.8	?	?	0.5	35.5
Casey	993.76	201,913	21.2	5.5	1.0	1.1	1.6	?	?	1.8	31.8
Melton (S)	997.36	65,507	17.2	4.6	0.7	1.3	1.9	?	?	0.7	30.0
Wyndham	1007.52	99,611	18.0	6.5	0.7	0.9	4.0	?	?	0.9	31.7
Yarra	1013.92	69,536	25.5	13.4	0.6	4.9	3.3	?	?	4.6	32.9
Moonee Valley	1016.40	109,567	30.8	19	1.4	3.9	10.4	?	?	3.3	37.0
Cardinia (S)	1018.88	51,290	4.6	1.4	?	0.2	1.2	?	?	?	34.1
Kingston	1024.08	135,997	23.1	11.1	0.8	5.7	2.4	0.8	1.4	-	38.0
Mornington Peninsula (S)	1027.84	137,467	4.4	0.9	0.1	0.6	1.0	?	?	0.2	40.4

LGA	SEIFA	Population size (ABS data, 2003)	% Speaks language other than English (Census data, 2001)	Proportion (%) languages spoken (ABS data, Census data 2001)								Mean Age (ABS data, 2002)
				Total speaking targeted language	Arabic (incl. Lebanese)	Greek	Italian	Mandarin	Cantonese	Chinese languages		
Yarra Ranges (S)	1037.12	143,636	5.6	2.2	0.2	0.3	1.4	?	?	0.3	35.0	
Melbourne	1037.60	58,031	23.9	12.2	1.4	3.5	4.0	?	?	3.3	28.9	
Knox	1041.04	150,157	16.3	7.5	0.7	1.4	1.7	?	?	3.7	34.4	
Maroondah	1052.96	100,80	8.6					?	?		35.7	
Monash	1053.12	161,841	33.6	20.2	0.7	7.6	3.5	?	?	8.4	38.6	
Banyule	1057.92	118,149	16.0	8.9	1.0	2.1	3.9	?	?	1.9	37.6	
Whitehorse	1067.68	145,455	22.4	13.9	0.4	3.8	2.5	?	?	7.2	38.5	
Port Phillip	1078.72	82,331	19.0	7.5	?	4.0	1.5	?	?	2.0	34.8	
Glen Eira	1083.20	122,770	25.0	10.1	0.4	4.9	2.0	?	?	2.8	37.9	
Manningham	1086.64	114,059	34.9	26.9	1.7	7.8	6.6	?	?	10.8	39.2	

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				Total speaking targeted language	Arabic (incl. Lebanese)	Greek	Italian	Mandarin	Cantonese	Chinese languages	
Nillumbik (S)	1107.68	60,585	7.5	4.0	0.3	0.9	2.4	?	?	0.4	34.4
Bayside	1107.76	89,330	11.6	5.2	0.4	2.3	1.5	?	?	1.0	40.7
Stonnington	1108.00	90,197	18.8	9.6	?	4.8	1.5	?	?	3.3	35.8
Boroondara	1122.16	157,888	18.1	11.1	?	3.2	2.3	?	?	5.6	37.7

Notes: ? denotes not stated.