PROJECT REPORT

Cervical Screening in CALD Communities

June 2020

Project Details

Project Name
Cervical Screening in CALD Communities

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NSW Refugee Health Service
South Western Sydney Local Health District
Western Sydney Local Health District

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1 ACRONYMS

BCE	Bilingual Community Educators
CALD	Culturally and Linguistically Diverse
CINSW	Cancer Institute NSW
CST	Cervical Screening Test
FPNSW	Family Planning NSW
HPV	Human Papilloma Virus
LHD	Local Health District
SWSLHD	South Western Sydney Local Health District
WSLHD	Western Sydney Local Health District

2 EXECUTIVE SUMMARY

The *Cervical Screening in CALD Communities* project was delivered by Family Planning NSW through the Cervical Screening Program grant from the Cancer Institute NSW. The project aimed to increase cervical screening participation rates for women from refugee backgrounds, aged 25 to 74 years in South Western Sydney Local Health District and Western Sydney Local Health District. The project targeted newly arrived women from Syria, Iraq, Afghanistan and Myanmar. Partnerships with NSW Refugee Health Service, South Western Sydney Local Health District and Western Sydney Local Health District Bilingual Community Educator programs were developed to facilitate this work. The project was led by the FPNSW CALD health promotion team over July 2017 to March 2020. The intended project outcomes included:

- Increase the capacity of bilingual community educators in western and south western Sydney to provide community education on the changes to the National Cervical Screening Program
- Increase knowledge on cervical screening and intention to participate in cervical screening for newly arrived women from Syria, Iraq, Afghanistan and Myanmar
- Develop information resources and local media campaign to increase awareness and knowledge of the cervical screening program.

Family Planning NSW adopted a multi-faceted approach by implementing a range of activities over the duration of the project, including:

- Provision of face-to-face training for Bilingual Community Educators on providing community education to women from the identified communities.
- Development of teaching resources to support Bilingual Community Educators in delivering community education.
- Provision of two-hour community education sessions on cervical screening.
- Development of the *Know Your Health: Cervical Screening Test* brochure in 13 languages
- Development of informational videos depicting a doctor and patient consult on cervical screening in plain English, and in six community languages.
- Development of the *Know your Health* microsite on the Family Planning NSW website.
- Development of a social media campaign in English and in Arabic to encourage cervical screening.

An evaluation of the project was conducted in 2019. Evaluation findings showed that the project was overall positively received, led to increased knowledge around cervical screening for both Bilingual

Community Educators and community members, and may have contributed to an increase in cervical screening participation for the target population. Clinic data from Family Planning NSW shows an increase in cervical screening amongst CALD women, particularly for language groups involved in this initiative. Despite several limitations of the evaluation (as described in the report), findings from the evaluation suggest the project achieved its intended outcomes.

Following feedback received from Bilingual Community Educators, community education participants and the project team, and based on data collected throughout the project, the following recommendations are made:

1. Continue to deliver the training developed for Bilingual Community Educators
2. Seek additional opportunities to communicate key health messages to communities in their own languages via digital campaigns
3. Continue to utilise 'landing pages' to complement social media advertising
4. Enable online booking for clinical appointments at Family Planning NSW accessible via social media campaigns
5. Encourage men to participate in reproductive and sexual health matters
6. Explore verbal evaluation methods for culturally and linguistically diverse communities with low literacy and/or without a written language
7. Promote the audio-visual resources developed as part of this project in the Family Planning NSW clinic

3 BACKGROUND

Cervical cancer remains the most common cause of cancer-related deaths in 42 countries worldwide, most of which are lower-middle-income countries (Bray et al., 2018). Further, 91% of all deaths from cervical cancer occur in low- to upper-middle income countries, with 60% of all deaths in occurring in the low and lower-middle income countries (Bray et al., 2018). Higher rates of cervical cancer incidence occur in women from developing and war-affected countries, due to lower socioeconomic status, a lack of national screening programs, and low awareness of preventative health measures (Zaher, et al., 2019). In addition, only 14% of low-middle income countries had established HPV vaccination programs as of 2016 (LaMontagne, S.D, & Gallagher, K. (2017). Finally, higher incidence of cervical cancer can be assumed to indicate lower rates of participation in screening, as 80% of Australian women with cervical cancer have either never been screened or have not had regular screening (Cancer Institute NSW, 2017). Taken together, these data suggest that people from war-affected and lower income countries have limited access to, and participation in, cervical cancer prevention initiatives and are at greater risk of dying from cervical cancer than that of their higher socioeconomic counterparts.

At the time of project planning, refugees were being resettled in South Western Sydney Local Health District (SWSLHD) and Western Sydney Local Health District (WSLHD) in high numbers, with data indicating over 9000 arrivals in 2016/17.These refugees were predominantly arriving from Syria and Iraq, with smaller, but still significant groups coming from Afghanistan and Myanmar (Australian Government, 2017). Not only are these population groups potentially susceptible to higher rates of cervical cancer incidence and mortality, but these two LHDs where they were being resettled also have the lowest rates of cervical screening participation compared with the rest of NSW (Cancer Institute NSW, 2017). To address this need for cervical cancer prevention initiatives with these populations, Family Planning NSW delivered the *Cervical Screening in CALD Communities* project through the Cervical Screening Program grant from the Cancer Institute NSW (CINSW). The project aimed to increase cervical screening participation rates for women from refugee backgrounds, aged 25 to 74 years in SWSLHD and WSLHD. The project targeted newly arrived refugee women from Syria, Iraq, Afghanistan and Myanmar in particular.

Family Planning NSW adopted a multi-faceted approach by implementing a range of activities over the duration of the *Cervical Screening in CALD Communities* project. This project was timed to coincide with the national move from a two-yearly Pap test to a five-yearly Cervical Screening Test (renewal of the National Cervical Screening Program (NCSP)). In the first phase of the project, FPNSW worked with existing bilingual community educators (BCEs) in SWSLHD and WSLHD to develop a training manual and culturally appropriate education and community resources addressing changes to the NCSP. Phase two of the project included the development of a social media campaign to extend the

reach of the project materials. Partnerships with NSW Refugee Health Service, SWSLHD and WSLHD BCE programs were developed to facilitate this work.

4 PROJECT IMPLEMENTATION

Project implementation was led by the FPNSW CALD health promotion team over July 2017 to March 2020, and was guided by a project advisory committee comprised of representatives from:

- FPNSW Health Promotion, Research Centre, and the FPNSW Quality and Assurance Nurse
- CINSW
- NSW Refugee Health Service
- SWSLHD BCE Program
- WSLHD BCE Program
- CORE Community Services

The project advisory committee also included a BCE and consumer representative. This group met three times over the course of the project and informally communicated through telephone and email throughout the entirety of the project. A working group was also established to assist in the development of culturally appropriate education programs and resources on the changes to the NCSP. The working group was comprised of BCEs from the identified target communities.

In order to ensure a consumer perspective was prioritised in this process, focus groups were established with each of the target communities. The focus groups convened with the assistance of the partner organisations. A total of six focus groups were organised, and 59 community members provided their contribution.

This multi-faceted project incorporated a range of activities:

- Development of the *Know Your Health: Cervical Screening Test* brochure in plain English and in-language (Arabic, Assyrian, Dari, Farsi and Karen).
- Development of videos depicting a doctor and patient consult on cervical screening in plain English and in-language (Arabic, Assyrian, Dari, Farsi, Karen and Rohingya).
- Development of teaching resources to support BCEs in delivering community education (flip chart and facilitator manual).
- Development of the *Know your Health* microsite on the Family Planning NSW website, which houses all the resources developed as a part of this project.
- Provision of face-to-face full-day training for 17 BCEs on providing community education to women from the identified communities.

- Provision of 25 two-hour community education sessions on cervical screening delivered to women from Syria, Iraq, Afghanistan and Myanmar in western and south western Sydney.
- Development of a social media campaign which included a short video series (20 videos) in English and Arabic.

4.1 Development of a resources

Resource development was led by FPNSW Health Promotion officers in consultation with the advisory committee and working group. Additional community consultations were also conducted to ensure that resources met the needs of the communities.

4.1.1 Know Your Health: Cervical Screening Test brochure

The *Know Your Health: Cervical Screening Test* brochure was developed as a printed resource for women, available in plain English and community languages. The resource aimed to describe the changes to the NCSP in an easy-to-read format for women with low-literacy. Community consultations were conducted with women from Syria, Iraq, Afghanistan and Myanmar to develop this resource. The text and design for the resources was developed in close partnership with women from the identified communities, and the brochure was produced in Arabic, Assyrian, Dari, Farsi, Karen, and plain English. A photo-shoot was conducted at the FPNSW Fairfield clinic with community members to be used for the brochure. This resource was printed in September 2018, with distribution beginning immediately. Since then, a total of 9,830 brochures have been distributed to project partners, community members, BCEs and organisations working with CALD communities. The brochure has also been translated into Burmese, Chinese, Dinka, Hindi, Somali, Spanish, Swahili, Tamil, and Vietnamese. The resources can be viewed here: https://www.fpnsw.org.au/know-your-health/cervical-screening

4.1.2 Audio-visual resources

Audio-visual resources were developed in plain English and in-language (Dari, Farsi, Karen, and Rohingya) depicting a doctor and patient consult on the changes to the NCSP. The videos aimed to address some of the barriers to cervical screening for CALD women, including language, financial and cultural barriers. As with the brochure, these videos were developed in consultation with women from the identified communities through focus testing. The videos were disseminated through social media, e-newsletters, networking events, conferences, CALD mailing lists and to organisations working with CALD communities. The videos can be viewed here: https://www.fpnsw.org.au/know-your-health

4.1.3 Know your health microsite

As community and stakeholder consultations progressed, it was evident that BCEs, stakeholders and community members wanted an easy place to access the resources developed for this project and general reproductive and sexual health information (RSH) for CALD women. In response, the *Know*

your Health microsite was developed. The micro-site houses all the resources developed as part of this project, and includes information and resources on other RSH topics, including (but not limited to) menopause, breast health, youth sexual health and pregnancy options. The micro-site can be viewed here: https://www.fpnsw.org.au/know-your-health

4.1.4 Teaching resources for BCEs

In collaboration with the working group, teaching manual and flip chart resources were developed to support BCEs in delivering community education on cervical screening. The manual detailed the two-hour session plan to be delivered by BCEs, which included information about cervical screening, and strategies to address known barriers to screening. It also included notes on trauma-informed practice, information on local services, and strategies for answering difficult questions. The flip chart was also developed as a visual aid to compliment the two-hour session on cervical screening.

4.2 Development and delivery of BCE training

BCEs in western and south western Sydney were trained to provide community education on the changes to the NCSP, and encourage refugee women from Syria, Iraq, Afghanistan and Myanmar to get a Cervical Screening Test.

FPNSW developed full-day training for BCEs in collaboration with project partners and the working group. Seventeen BCEs from the identified language groups were trained across south western and western Sydney. At a later stage, an additional twenty BCEs who spoke other languages were trained in order to extend the reach of the developed training and to benefit additional communities.

The training session was designed to build the capacity and knowledge of the BCEs so they may propagate the key messages within their community networks, and be confident in delivering information by undertaking community education sessions with the identified communities. This training also aimed to provide BCEs with the skills and knowledge to address specific concerns and barriers for the women in these communities regarding cervical screening. The training included interactive activities and opportunities for BCEs to practice delivering content in front of their peers.

4.3 Community education sessions

BCEs delivered two-hour community education sessions to women from Syria, Iraq, Afghanistan and Myanmar in western and south western Sydney. The sessions focused on explaining the changes to the NCSP, the importance of screening, what is involved in screening, and where women could get the Cervical Screening Test. The content within the session was developed to address the specific myths and barriers around cervical screening within these communities.

The project initially aimed to deliver 12 community education sessions to women from the target communities from September 2018 to March 2019. However, due to an enthusiastic uptake of the education sessions, the delivery of community education was extended until June 2019. The target was exceeded with 25 community education sessions delivered.

4.4 Group Cervical Screening Test bookings

To support women in accessing cervical screening, BCEs were encouraged to arrange group bookings for Cervical Screening Tests at a local Family Planning NSW clinic or Women's Health Centre. BCEs were compensated for their time in coordinating and attending the bookings. This resulted in 59 women attending cervical screening at a FPNSW clinic. Although this required significant administrative time for the project team, this approach enabled a clear link from the intervention delivered to positive behaviour change (i.e. getting a Cervical Screening Test). \

4.5 Social media campaign

In the final months of the project, FPNSW proposed to use surplus funds to extend the project an additional six months for the development and implementation of a social media campaign. Development of a social media campaign comprised of a series of short videos of local community members encouraging women to get a CST. A production company was engaged to develop modern and culturally relevant videos. The script was translated into Arabic and local community members from the Fairfield area were recruited to participate. Both the initial in-language audio-visual resources (*see section 4.1.2*) and the new English and Arabic videos were disseminated through Facebook using geographical postcodes to target the audience. These postcodes were situated within western and south western Sydney. The duration of the campaign was from December 2019 to mid-March 2020. Google analytics were used to track the number of views, engagement with the video, and clicks to the website where further information was available. The call to action for all videos was a consistent message to visit the website and to call FPNSW to book a screening appointment.

4.5.1 Social media landing pages

Landing pages on the FPNSW website were developed to host basic information on cervical screening. These landing pages were translated into the corresponding languages and linked to each of the social media videos. This ensured that the information imparted through the in-language videos was continued in the user's language when they visited the website. The website did not have a direct online booking capability for a Cervical Screening Test. Instead, users were directed to request an appointment through the FPNSW online form.

5 EVALUATION PLAN

An evaluation plan was developed in conjunction with the FPNSW Research Centre to assess all aspects of this project. The project evaluation aimed to:

- Determine whether training BCEs increased their knowledge regarding cervical screening, and their capacity to provide community education sessions to women from the identified communities.
- Determine whether the community education sessions increased attendee's knowledge about, and intention to participate in, cervical screening.
- Determine the reach and engagement of the social media campaign
- Determine whether the initiative resulted in changes to cervical screening behaviour in the identified communities.

5.1 Evaluation method

The evaluation utilised surveys to assess the outcomes of both the BCE training and community education sessions. Both quantitative and qualitative data were collected using pre- and post-activity surveys, for both the BCE training and community education. Surveys for both groups were anonymous and included multiple choice and open response questions to assess knowledge about, and attitudes towards, cervical screening. The social media campaign was evaluated using standard Facebook analytics. All evaluation activities were conducted in accordance with the National Statement on Ethical Conduct in Human Research and were approved by the Family Planning NSW Human Research Ethics Committee (approval # R2017-02) and South Western Sydney Local Health District Human Research Ethics Committee (approval # HE18/021).

5.1.1 BCE training

BCEs who attended the BCE training sessions were invited to complete surveys both before and after the training. An external evaluator (not the BCE trainer) conducted the pre- and post-training surveys to avoid bias. A total of 12 participants completed both the pre- and post-survey.

5.1.2 Community education sessions

Participants were invited to complete pre- and post-session surveys translated into their own language. An external evaluator conducted the pre- and post-session surveys to avoid bias. The survey was completed verbally with assistance from the BCE for women who were not literate in English or in the translated languages (n = 20 for pre-education survey; n = 24 for post-education survey). A total of 136 participants provided data from the community education. However, 10 participants were excluded because they did not complete the pre-education survey, 24 participants were excluded because they did not complete the post-education survey and a further 18 participants

were excluded because they provided responses as a group. Data were analysed from the remaining 84 participants.

We also compared rates of cervical screening at FPNSW clinics prior to the project implementation in 2018, and during implementation in 2019 in order to evaluate whether the education sessions resulted in increased screening.

5.1.3 Social media campaign

In order to evaluate the social media campaign, data had been retrieved from Facebook Analytics to explore the reach and potential effectiveness of the cervical screening videos based on audience engagement with this content. The key metrics that were focused on include:

1. Reach: The number of unique consumers from the target demographic who saw a specified piece of digital content.
2. Impression: The number of times content has been delivered to a person with repeated exposure; indicative of brand recognition and promotion of health messages.
3. Engagements: a measurement of consumer interaction with the digital content quantifiable as comments, likes, shares, saves, video views and clicks. Each engagement is considered a delivery of the health message.
4. Completed video view: A video view that equals at least 95% of its duration.

5.2 Data analysis

Descriptive statistics including frequency counts, percentages, were used to analyse and present quantitative survey data from community education and BCE training sessions and FPNSW clinic data. The second phase of the project also evaluated the social media campaign using Facebook Analytics to determine the reach of the cervical screening videos. This included how many individuals viewed the entire video, partially viewed the video and how many clicked through to the landing page.

6 RESULTS

This section of the report describes the results of project. The results draw on data from four sources: 1) BCE training surveys 2) Community education surveys 3) Facebook Analytics 4) FPNSW CST clinic data.

6.1 BCE training

BCEs attending the training sessions completed surveys assessing their knowledge about routine cervical screening and changes to the NCSP, and seeking feedback about the training and usefulness of the provided resources. Results are provided for the 12 BCEs who completed both the pre- and post-training surveys.

6.1.1 Characteristics of BCE's completing training

Of the 12 BCEs who completed both the pre- and post-training surveys, all participants were female and were aged 36 or older, with half of participants aged between 51 and 60. Participants in the training program had been working as a BCE with the NSW refugee health service for between two and 18 years; the average duration of service was 7.4 years. The majority of participants (n=8, 66.7%) indicated that they were aware of the changes to the National Cervical Screening program

At the time of training, only two BCEs (16.7%) had previously provided an education session on cervical screening, and both indicated a high level of confidence in delivering such education sessions despite reporting that they had access to some, but not a lot, of resources to deliver these sessions.

6.1.2 Knowledge questions

BCEs were asked a series of knowledge questions about the Cervical Screening Test (CST) in both the pre- and post-training survey to determine baseline knowledge and whether the program increased knowledge from baseline. Overall, there was an increase in knowledge amongst BCEs following the delivery of the training (Table 1). In particular, the largest increases were for questions regarding the frequency and purpose of the new Cervical Screening Test (58.3% and 50% increase, respectively).

Table 1 BCE performance on knowledge questions before and after training (*n* = 12)

#	Question	Correct responses *n*(%)		Change %
		Pre-Training	Post-Training	
1	Who should have a cervical screening test?	8 (66.7)	10 (83.3)	+ 16.7
2	How often should a woman have a routine cervical screening test?	5 (41.7)	12 (100)	+ 58.3
3	The purpose of the new cervical screening test is to:	5 (41.7)	11 (91.7)	+ 50.0
4	Which women are eligible for a self-collection Cervical Screening Test?	7 (58.3)	8 (66.7)	+ 8.3

Note: Totals may not equal 100% due to rounding errors.

6.1.3 Usefulness of resources

In the post-training survey, BCEs were asked questions to assess the quality and usefulness of the resources (flip chart and brochure) that they received to assist them in the delivery of the session. All BCEs (*n*= 12) indicated that they would use these resources when delivering their education sessions. Overall, the majority of the BCEs found the resources to be of high quality, easy to use, and helpful in the delivery of sessions (Table 2).

Table 2 BCE's ratings of usefulness of resources after training (*n* = 12)

		n (%)			
#	Statement	Strongly disagree/ Disagree	Neither agree nor disagree	Agree	Strongly agree
1	The resources are of high quality	0 (0.0)	1 (8.3)	3 (25.0)	8 (66.7)
2	The resources are easy to use	0 (0.0)	1 (8.3)	2 (16.7)	9 (75.0)
3	The resources will help me deliver cervical screening education sessions	0 (0.0)	1 (8.3)	1 (8.3)	10 (83.3)

6.1.4 Learning needs

BCEs were asked a series of questions in the post-training survey to determine whether their learning needs were met in the training sessions. Predominantly, BCEs self-identified an increase in knowledge and skill as a result of the training and felt more confident in delivering future sessions. Overall, BCEs were satisfied with the training and would recommend it to colleagues (Table 3).

Table 3 BCE's ratings of learning need fulfilment after training (*n* = 12)

		n (%)			
#	Statement	Strongly disagree/ Disagree	Neither agree nor disagree	Agree	Strongly agree
1	My knowledge and skills have increased as a result of the training	0 (0.0)	0 (0.0)	2 (16.7)	10 (83.3)
2	I feel more confidence in delivering information on cervical screening as a result of this training	0 (0.0)	0 (0.0)	2 (16.7)	10 (83.3)
3	I am very satisfied with the training	0 (0.0)	1 (8.3)	2 (16.7)	9 (75.0)
4	I would recommend this training to my colleagues	0 (0.0)	0 (0.0)	3 (25.0)	9 (75.0)

6.2 Community education sessions

6.2.1 Demographic data

Demographic data were collected from the community education participants to better understand the reach of the project. All participants attending the education sessions were female, with most over the age of 50 (*n* = 57; 68%) and married or living with a partner (*n* = 54; 64%). Approximately 60 percent

of attendees had three or more children (*n* = 50) and 25 percent (*n* = 21) had no children. The majority of participants were born in Iraq (*n* = 53; 63%), followed by Lebanon (*n* = 16; 19%), Myanmar (*n* = 5; 6.0%) and Afghanistan (*n* = 3; 3.6%). Six other attendees indicated other countries of birth (7.1%). Most participants indicated that Arabic was the main language spoken at home (*n* = 68; 81%), followed by Chaldean (*n* = 6; 7.1%), Karen (*n* = 5; 6.0%), Dari (*n* = 3; 3.6%), and English (*n* = 2; 2.4%). Five attendees indicated other languages that were mainly spoken at home (6.0%).

Participants' duration of time in Australia ranged between one month and 45 years. On average participants had been in Australia for 13 years with a median of 10 years. Half of the participants came to Australia as asylum seekers (*n* = 25; 30%), or as humanitarian entrants or refugees (*n* = 17; 20%) .The remaining attendees arrived in Australia as migrants or settlers (*n* = 36; 43%) except for two participants who listed other reasons (2.4%). Participants were asked about their highest level of educational attainment; 43% had completed high school (*n* = 36), 24% had completed vocational training (e.g., TAFE; *n* = 20), 18% had completed primary school (*n* = 15), only one attendee had never attended school (1.2%), and the remaining participants had an undergraduate degree or higher qualification (*n* = 11, 13%).

6.2.2 Pre-education screening behaviour and attitudes

Prior to community education, 90% of attendees had heard of cervical screening and/or Pap tests before (*n* = 76), and 83% had been screened previously (*n* = 70). Of the total sample, 49% had been screened within the past two years (*n* = 41), and an additional 24% had been screened in the last five years (*n* = 20). The remaining seven attendees who had been screened previously indicated that they could not remember when this occurred (8.3%). Prior to participating in community education, 93% of attendees believed that women should have a CST.

6.2.3 Knowledge questions

Community education participants were asked a series of knowledge questions about the CST both before and after the session to determine baseline knowledge and whether the education increases knowledge from baseline. Overall, the education sessions increased participants' knowledge about cervical screening (see Table 4). In particular, the question regarding frequency of screening (question 2) resulted in a 63% increase in correct responses after education. Question 4 resulted in a smaller increase likely due to a high level of knowledge prior to the education session. Of those indicating that they knew where to book a screening test at question 4, 57% were able to name at least one possible service provider prior to education, which increased to 63% after community education. Responses to the open format questions included Family Planning, Liverpool Women's Health Centre, GPs, gynaecologists, medical centres and community health centres.

Table 4 Participant performance on knowledge questions before and after education session (*n* =84)

#	Question	Correct responses *n*(%)		Change %
		Pre-Education	Post-Education	
1	Who should have a cervical screening test?	53 (63.1)	68 (81.0)	+ 17.9
2	A woman should have a cervical screening test every _____ years.	12 (14.3)	65 (77.4)	+ 63.1
3	If a woman is widowed or divorced and no longer has sex, does she still have to have regular cervical screening tests?	62 (73.8)	80 (95.2)	+ 21.4
4	Do you know where you could book an appointment for a cervical screening test?	65 (77.4)	72 (85.7)	+ 8.3

6.2.4 Intention to book a CST

Community education participants were asked a question in the post-education survey to determine whether the education session influenced their intention to book a CST. Overall, the results indicated that the test positively increased the participant's intention to screen (Table 5).

Table 5 Participants' self-reported intention to screen before and after community education

How likely are you to book an appointment for cervical screening?	Responses *n*(%)		Change %
	Pre-Education	Post-Education	
Not at all	8 (9.5)	5 (6.0)	- 3.5
Maybe	12 (14.3)	7 (8.3)	- 6.0
Very likely	10 (11.9)	20 (23.8)	+ 11.9
Most likely	12 (14.3)	16 (19.0)	+ 4.7

6.3 Social media campaign

A total of 23 videos were developed and promoted through Facebook to the Arabic, Assyrian, Dari, Farsi, Karen and Rohingya communities. Videos disseminated included:

- 8 for Arabic community in Arabic
- 10 for Arabic community in English
- 5 in other languages (Assyrian, Farsi, Dari, Karen, Rohingya)

6.3.1 Facebook video views

The content was delivered to a total combined audience of over 379,456 and presented 1.84 million times (impressions), with 114,000 engagements (shares, likes, comments and clicks) and 20,587 completed video views. Languages with higher population numbers also had higher video views (Table 6).

Table 6 Facebook analytics data for reach and number of views for educational videos

Video	Reach*	Completed^	50%†
Arabic (in Arabic)	255,040	12,522	33,331
Arabic (in English)	209,984	5,328	16,756
Assyrian	30,528	1,285	2034
Farsi	37,864	2,149	1,352
Dari	3,506	38	53
Karen	1,438	15	32
Rohingya	1,446	24	40

Notes:

* The duration for the Facebook campaign in each language varied, and this should be taken into consideration when analysing the results. Arabic and English videos ran for 4 weeks, and the other languages between 1-2 weeks.

^Represents the number of times videos were viewed to the end

†Represents the number of times videos were viewed at least to the half-way point

6.3.2 Landing page views

The Facebook video advertisements included a link to a 'landing page' for further information on cervical screening. The landing pages were translated in to the language of the corresponding group. There were a total of 21,864 unique link clicks to the landing pages. As expected, languages with higher population numbers had correspondingly higher landing page views. Landing page views indicate an interest in the video content (Table 7).

Table 7 Number of clicks through to the landing page from each video type

Landing page	Number of clicks
Arabic (in Arabic)	12,048
Arabic (in English)	8,816
Assyrian	1,187
Farsi	1,085
Dari	47
Karen	21
Rohingya	22

6.4 Cervical screening data

In 2018, 997 CALD women received cervical screening across FPNSW clinics compared to 1,140 in 2019. Cervical screening tests provided to CALD women in 2018 and 2019 represented 18% of all tests provided in these years. This indicates that the increase in cervical screening tests for CALD women was similar to the general increase in cervical screening. The 2019 cervical screening data

also includes tests provided to 59 women who attended an FPNSW clinic as a part of the group bookings arranged within the education sessions.

CALD women comprised 19% of all under-screened women receiving screening in both 2018 and 2019 (*n* = 165 and 178, respectively). In 2018, 63 CALD women who had not previously been screened received CSTs, representing 41% of all cervical screening tests delivered to never-screened women. This number increased to 86 in 2019, comprising 52% of all cervical screening delivered to never-screened women, which represents an increase of 11% since project implementation. .

7 DISCUSSION

The results of the evaluation show that the project was overall positively received, led to increased knowledge around cervical screening for both BCEs and community members, and may have contributed to an increase in cervical screening participation for the target population, particularly for those who had never been screened.

BCEs knowledge across all content improved from baseline surveys, and BCEs reported increased confidence in delivering information on cervical screening. Similarly, community education participants' knowledge across all content improved from baseline surveys and participants indicated, on average, an increased intention to have cervical screening after attending community education.

Clinic data from Family Planning NSW from the year that community education sessions were held, show that increases in cervical screening amongst CALD women are on par with increases in cervical screening seen in the general population. This trend is also seen for those CALD women who are under-screened. However, the proportion of never-screened CALD women participating in cervical screening increased from 41% of all women who have never been screened, to 52% within the 12 month period that community education was conducted.

The evaluation of the project identified areas requiring further improvement in regard to reaching the intended target groups. The intended population for the project was refugee women from Syria, Iraq, Afghanistan and Myanmar. The majority of community participants in the project was from the identified countries and had arrived to Australia as refugees or asylum seekers. However, the majority of women were in Australia for over ten years. This indicates that the initiative was not successful in targeting women who were newly arrived and potentially may have benefited more from the information. However, data from the FPNSW clinics indicates an increase in cervical screening participation for CALD women who were under-screened or never-screened. If attributed to the project, this is a very positive outcome because 80% of Australian women with cervical cancer have either never been screened or have not had regular screening (Cancer Institute NSW, 2017).

The social media campaign was evaluated using Facebook Analytics to determine the reach of the cervical screening videos. The analysis has showed us that the reach of the videos was extensive. In addition, many individuals clicked through to the landing page for further information which suggests that they were engaged with the content.

Despite the many positive outcomes of the project, there were a number of limitations that may be used to guide the design, implementation and evaluation of future projects. The survey-based design did not enable us to assess whether the project had lasting effects over a follow-up period. The initial

project evaluation design included 3-month follow-up interviews with BCEs and community education participants as part of a more comprehensive mixed-methods approach. Unfortunately, this component of the evaluation had to be abandoned due to lack of uptake. In order to encourage uptake, participants were offered gift vouchers for their participation, however this did not result in sufficient sign-ups to run the interviews.

As part of the evaluation, clinic data from FPNSW clinics was used to assess the impact of the project on cervical screening rates for women in SWSLHD and WSLHD. We were unable to access the data from the National Cancer Screening Register to gather screening data from other providers. This may pose evaluation limitations given that the data does not capture women who sought cervical screening elsewhere as a result of the project. Based on survey responses, we know that women are aware of services outside of FPNSW who provide cervical screening (e.g. women's health centres, general practices and specialists).

The evaluation of the project has some limitations which have been acknowledged. Despite these limitations, findings suggest that the project achieved its intended outcomes. Overall, community education delivered by BCEs led to increased knowledge about cervical screening amongst participants and an increased intention to screen. Data from the FPNSW clinics indicates that the project may have contributed to an increase in cervical screening participation for CALD women, particularly for those who had never been screened. The project was able to reach a large portion of women in the identified community groups through a combination of education and social media. Moving forward, similar initiatives should diversify their approaches to focus on CALD women who are newly arrived in Australia to ensure that programs reach those who could most benefit from them.

8 RECOMMENDATIONS

Following feedback received from BCEs, community education participants and the project team, and based on data collected throughout the project, the following recommendations are made:

1. Continue to utilise the training developed for BCEs on delivering information on cervical screening
    a. Partner with FPNSW Education team to include the BCE training in professional development provided by the CALD health promotion
    b. Promote training and flip chart to other BCE programs across NSW.
2. Encourage group bookings at Family Planning NSW following community education sessions
    a. FPNSW health promotion and clinic team to develop a process to facilitate group bookings following community education sessions
3. Seek additional opportunities to communicate key health messages in-language to communities via digital campaigns. This includes:
    a. exploring specific grant funding opportunities to further support resource development and digital health promotion campaigns in relevant community languages
    b. collaborating with the Digital Engagement Specialist to pilot an in-language Facebook 'chatbot'
    c. working with consumers to develop relevant social media friendly content in community languages.
4. Continue to utilise 'landing pages' to complement social media advertising. This ensures the consumer is able to easily find relevant information on one page and reduces likelihood of the consumer getting lost or navigating away from the website. When developing in-language campaign material, it is recommended that we also translate the landing page text to streamline the consumer's experience
5. Enable online bookings for clinical appointment at Family Planning NSW accessible via social media campaigns
    a. The primary call to action for the social media campaign was to book an appointment. This was impeded by not providing an easy to access booking process. To facilitate this, it is encouraged that future campaigns build online booking capability into the website.
    b. Online bookings will allow prompt action, which is in-line with behaviour change models which encourage removing as many barriers as possible to facilitate the call to action.
    c. This will allow more accurate data collection and ability to gauge the effectiveness of a social media campaign.
6. Encourage CALD men to participate in sexual and reproductive health matters

    a. Future campaigns should consider including men from the identified community to disseminate health messages as this breaks cultural myths and supports women in looking after their health
    b. Recruit men from the community as this may lend legitimacy to the campaign and might be more relatable
7. Invest in translation services to improve material quality
    a. All future projects should consider a separate budget for engaging a professional translation agency as well as a 'middle person' to review the translations. This person (or agency) would work with the agency to ensure the work produced is accurate and of high a quality. This is particularly important where less commonly spoken languages are being used, such as Rohingya.
    b. Factor in costs for less commonly spoken languages, as translators for these are rare and the costs are significantly greater (as is the time to produce the work).
8. Explore verbal evaluation methods for CALD communities to ensure methods are accessible and appropriate for participants with low literacy
9. Promote the audio-visual resources developed as part of this project in the FPNSW clinics
10. Continue to use the audio-visual resources developed as part of this project in FPNSW social media posts

9 REFERENCES

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