

# Cancer Screening Services: What do Indigenous Communities Want?

## A Systematic Review

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### Background

Indigenous communities experience worse cancer outcomes compared to the general population partly due to lower cancer screening access (1,2,3). This is demonstrated by lower screening rates seen in Indigenous populations as shown by figure 1 (4). “One-size fits all” screening programmes are unsuitable for reaching Indigenous communities. In this review we summarise available evidence on the perspectives of these communities; with a view to informing the improvement of cancer screening services to achieve equitable access.

### Objectives

This systematic review was undertaken to collate existing studies that examined the facilitators and enablers of cancer screening services, as reported by Indigenous communities, in order to define optimal models for the provision of cancer screening services

### Methods

We undertook a systematic review according to the PRISMA guidelines (5), using the databases MEDLINE, Scopus, PubMed, and Google Scholar. The search terms used were: “indigenous community or indigenous communities”, “cancer screening”, and “facilitators, enablers, desires, or needs”. Qualitative studies published up to the 30<sup>th</sup> of August 2022 investigating the perspectives of Indigenous communities on factors encouraging screening participation were included into the study. Studies seeking close-ended responses from participants or feedback on specific aspects of screening programmes without the opportunity to openly discuss their perspectives were excluded. The included studies were reviewed and analysed inductively by two independent reviewers, and key themes regarding indigenous access to cancer screening were then extracted.

### Results

A total of 204 unique articles were identified from the search. The title and abstracts of these studies were screened, and 164 were excluded based on the exclusion and inclusion criteria. The full texts of the remaining 40 studies were examined and 18 were included into the review. Four key themes were identified pertaining to culturally tailored education and information dissemination, community involvement, positive relationships with healthcare providers and individual empowerment and autonomy.

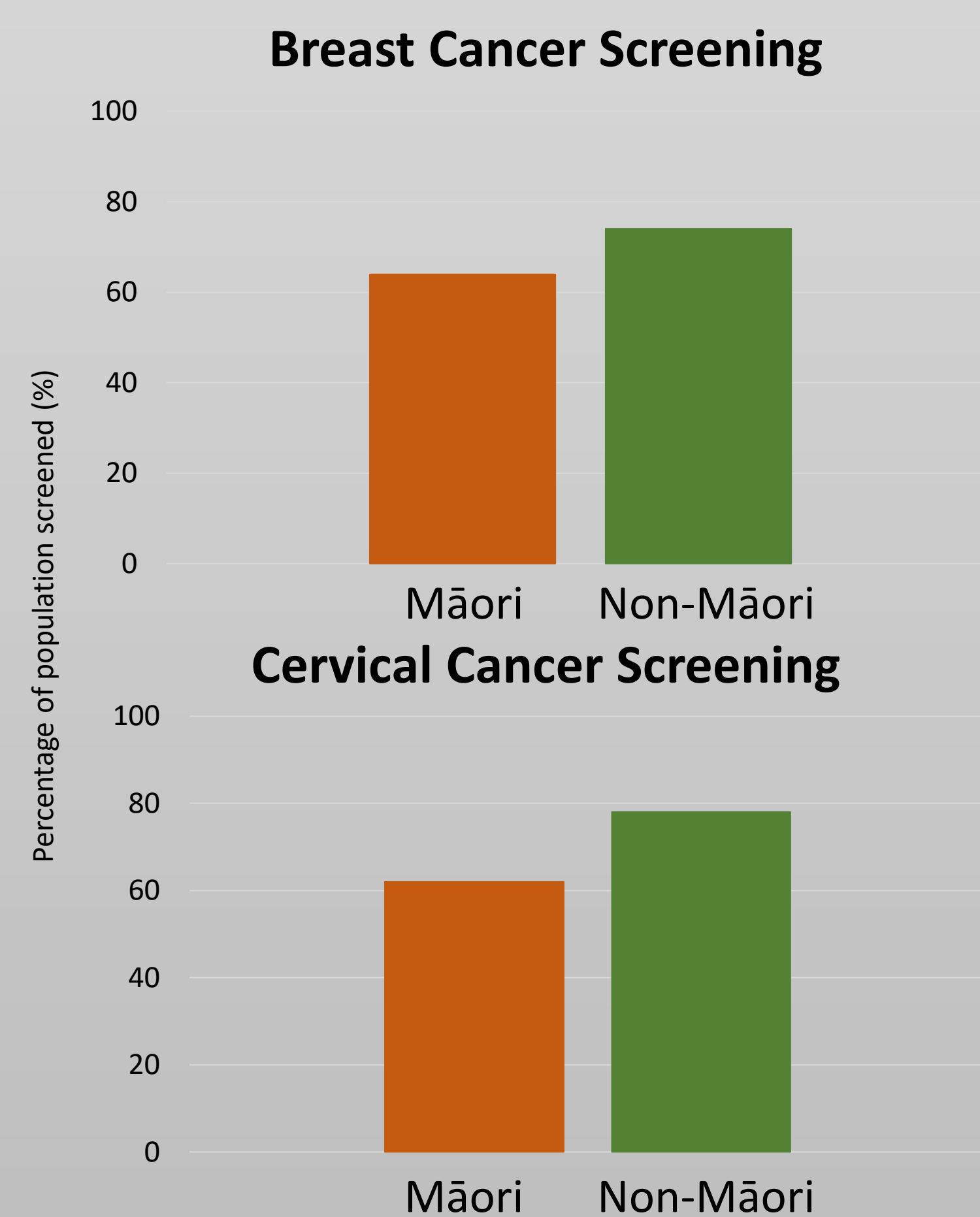


Figure 1 Rates of breast cancer and cervical cancer screening in New Zealand for Māori and Non-Māori

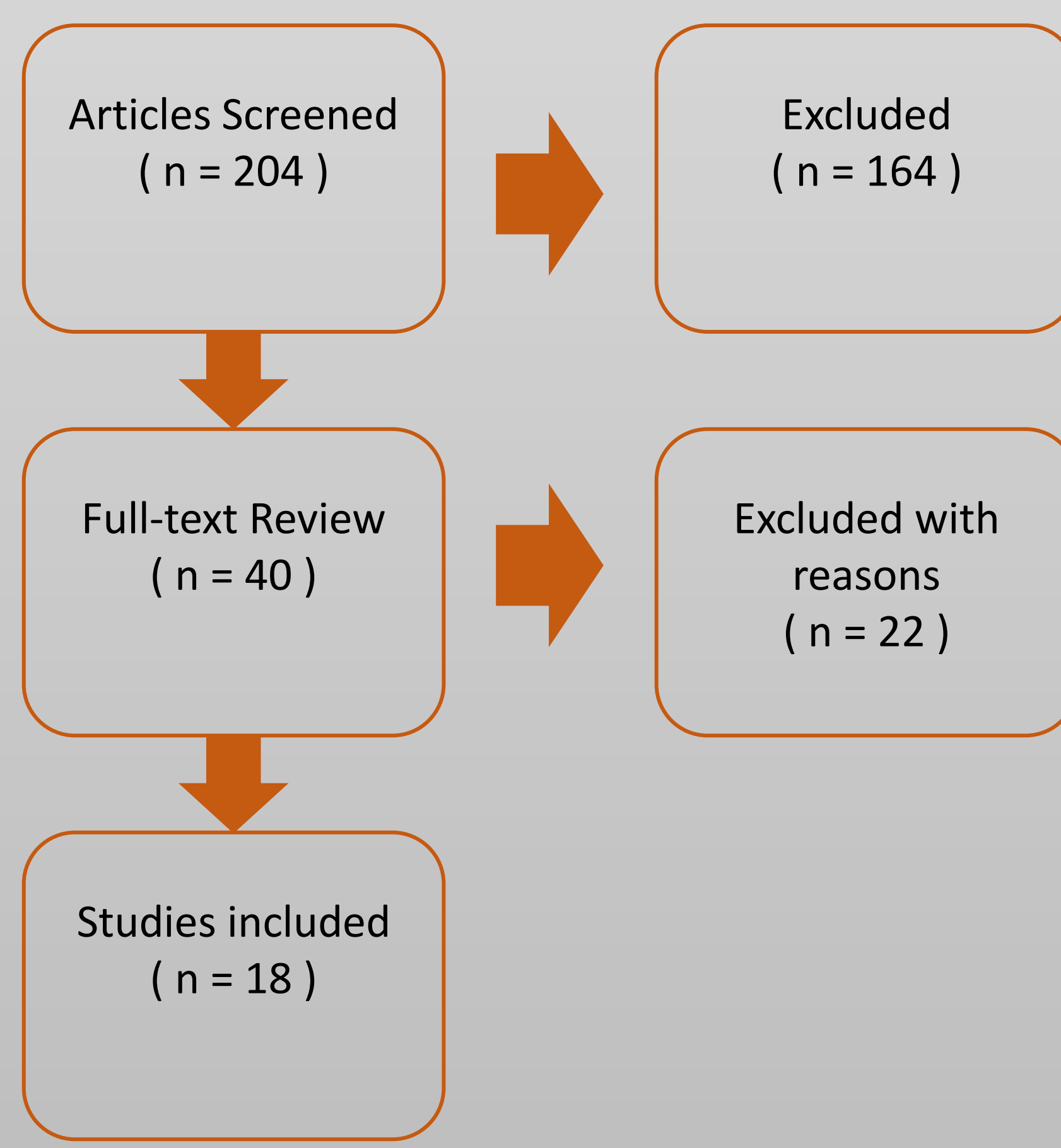


Figure 2 PRISMA flow diagram for reporting systematic reviews

### Key Themes

#### Culturally tailored information dissemination

- Variety of information diffusion strategies and settings required to reach all community members, in a culturally appropriate manner, with the inclusion of Indigenous themes and languages.
- Emphasis on oral method of teaching and learning given the strong influence of oral tradition in many Indigenous communities.

#### Community involvement

- Peer support to encourage health awareness and disease prevention.
- Need for leaders and elders of communities to act as role models.
- Community outreach events for education and opportunistic screening.

#### Positive relationship with healthcare provider

- Involvement of providers with a good relationship with the patient.
- Cultural awareness of the healthcare worker, and a willingness to understand possible negative past experiences that has led to distrust, disappointment, and dissatisfaction.

#### Empowerment and autonomy

- Patient with active role in decision making for empowerment and bodily autonomy.
- Maintain privacy, modesty, and respect during the screening process.

### Recommendations

- **Culturally tailored education and information dissemination using mass media campaigns**
- **Community outreach events for education and opportunistic testing**
- **Promotion and encouragement through community elders and leaders through the method of storytelling**
- **Employing patient navigators who are respected members of the community to guide Indigenous peoples through the complexities of healthcare systems**
- **Education of healthcare workers at a systemic level in Indigenous cultural views of health, as well as etiquette and values**
- **Flexible appointment scheduling to accommodate those with a variety of unavoidable commitments, family groups and screening for multiple conditions at the same appointment**
- **Empowerment of the patient, and an affirmation of autonomy by enabling active involvement in decision making associated with their care**
- **The involvement of Indigenous peoples in systems-level decision making regarding screening delivery, design, eligibility, and resource prioritisation.**

### Conclusion

This systematic review was undertaken to listen to the voices of Indigenous communities, and their perspectives and ideas on improving cancer screening participation. We have outlined a number of recommendations based on the four themes identified from our study and these should be used to inform future cancer screening programmes. However, given the scarcity of available literature, we recommend a thorough investigation of the ideas and concerns of local Indigenous communities prior to the initiation of cancer screening programmes.

### References

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4. Ministry of Health NZ. 2018; Available at: <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer>. Accessed 25 April 2023.
5. Page M, McKenzie J, Bossuyt P, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Syst Rev* 2021; 10: 1–11.
6. Reference list of the 18 studies included into the review can be provided upon request Eunjong.Han@waitematadhb.govt.nz