

A new measure of Aboriginal Community Engagement (ACE) and its relationship with health service attendance in New South Wales, Australia

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Research



Advocacy



Prevention



Support



NHMRC grant #440202



Background

- Cancer is the second leading cause of death for Aboriginal people after cardiovascular disease
- Aboriginal people are 30-60% more likely to die from their cancer compared to non- Aboriginal people
- The disparities in outcomes may be influenced by delays in accessing diagnostic and treatment services



Background


Possible reasons for disparities:

- Practical/logistical barriers to accessing health services
- More comorbidities
- Aboriginal cultural beliefs about cancer
- Mistrust, uncertainties, unfamiliarity and fears about health systems
 - Less screening, delays in seeking diagnosis
 - Later diagnosis
 - Lower treatment uptake



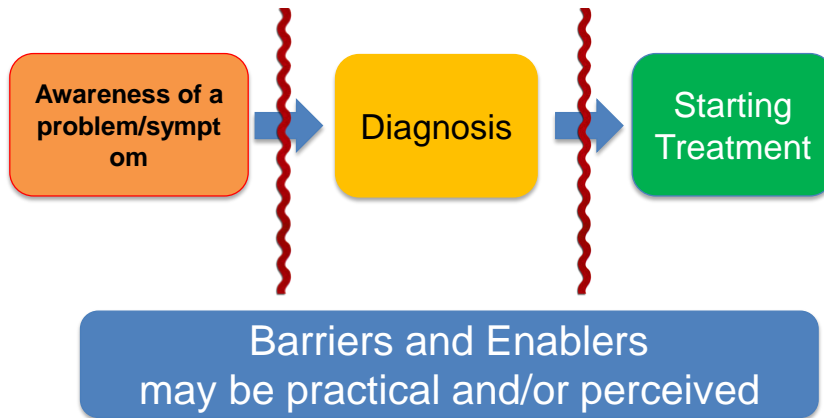
Pathways to diagnosis study

- Developed a new measure of Aboriginal Community Engagement (ACE)
- Examined demographic and psychosocial factors, including ACE, associated with:


 Awareness of cancer symptoms
 Trust in non-Aboriginal people and non-Aboriginal organisations
 Screening attendance
 Pre-diagnosis health services attendance
 Delays in start of treatment



Cancer Pathway



Participants

- **Sourced from NSW hospitals and clinical cancer registries**
 - » Diagnosed with any cancer Dec 2010 to July 2013, aged 18 years or older
- **Telephone questionnaire with trained Aboriginal interviewers**
- **277 potential participants**
 - 138 able to be contacted
 - 102 Aboriginal participants
 - 73.9% response rate



ACE items and scores

How much do you...

... feel you belong to an Aboriginal community?

... have in common with an Aboriginal community?

... interact with an Aboriginal community?

Overall ACE (mean of above items)

0. Not much	1. Somewhat	2. Quite a bit	3. A lot
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- Mean scores between 'somewhat' and 'quite a bit'
37% ACE < 1.5 63% ACE ≥ 1.5
- Cronbach's Alpha=0.82



Variation in ACE by demographic factors

- ACE Scores similar by age, sex, place of residence, education level, relationship status at diagnosis
- Those in full-time employment or were students or unemployed had lower ACE scores



Construct validity

Four variables chosen for their expected association with ACE:

	Expected association
Visit to an ACCHS	Higher score
Visit to a non-ACCHS GP	Lower score
Trust in most non-Aboriginal people	Lower score
Trust in most non-Aboriginal organisations	Lower score



Associations between ACE and cancer pathways variables

	Observed ACE association	p-value
Awareness of problem with	Lower score	P <0.05

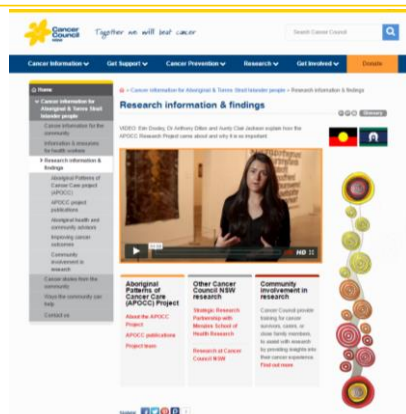


Conclusions

- ACE maybe a proxy measure of people's cultural barriers to health service access
- ACE may be useful for identifying people who may experience greatest barriers navigating health services
 - Tailoring information/support for people and their carers
- Need to validate ACE for different groups of people
 - People who do not attend health services
 - Other states/territories
 - Other Indigenous populations



Thank you



Cancer Council would like to advise Aboriginal and Torres Strait Islander users that these videos contain voices and images of people who have since passed away.

Artist: Carissa Pagliano

www.cancercouncil.com.au/aboriginalcancer

