

## Abstract Form

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**Title of abstract:** Who, what, where, when and how? - using data to design interventions to promote cervical screening

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### Background:

Antenatal and postnatal care present key opportunities for consumers and primary health care providers to review the need for cervical screening. Aboriginal women and women from culturally and linguistically diverse (CALD) backgrounds have significantly lower rates of participation in cervical screening. However, the lack of routine collection of country of birth or indigenous status means that there is little data to guide and evaluate targeted interventions to promote cervical screening participation.

South Eastern Sydney Local Health District is leading a multiagency partnership project, funded by the Cancer Institute NSW, to increase participation in cervical screening during the antenatal and postnatal periods, for never screened and under screened vulnerable populations. Data has been drawn from a range of sources to develop more targeted interventions to promote cervical screening participation.

### Aims:

The aim is to use quantitative and qualitative data to design highly targeted intervention strategies for never screened and under screened vulnerable populations.

### Method:

Data was gathered from the following sources: (1) eMaternity (NSW state-wide maternity database system) for the cohort of women birthing at SESLHD maternity services; (2) NSW Pap Test Register data matched to the SESLHD postcodes identified as having larger numbers of women from the target populations; (3) survey data from Primary Care Providers (including GPs, Midwives and Child and

Family Nurses); (4) focus groups with community workers who work with Aboriginal women; and (5) focus groups with community workers who work with women from CALD backgrounds.

**Results:**

We were able to develop more highly targeted interventions by bringing together data about (i) cervical screening in the antenatal and postnatal periods (when); with (ii) postcode level population, screening and service utilisation data, including the identification of vulnerable population subgroups (who); and (iii) key geographical areas (where) in which to target interventions. Survey and focus group data provided insights into framing community messages (what) and ways of working (how) with these subgroups.

**Implications that impact on your project:**

Highly targeted intervention strategies are required to reach never screened and under screened vulnerable populations, who are not reached by mainstream campaigns. Development of these strategies requires triangulation of a range of quantitative and qualitative data sources.