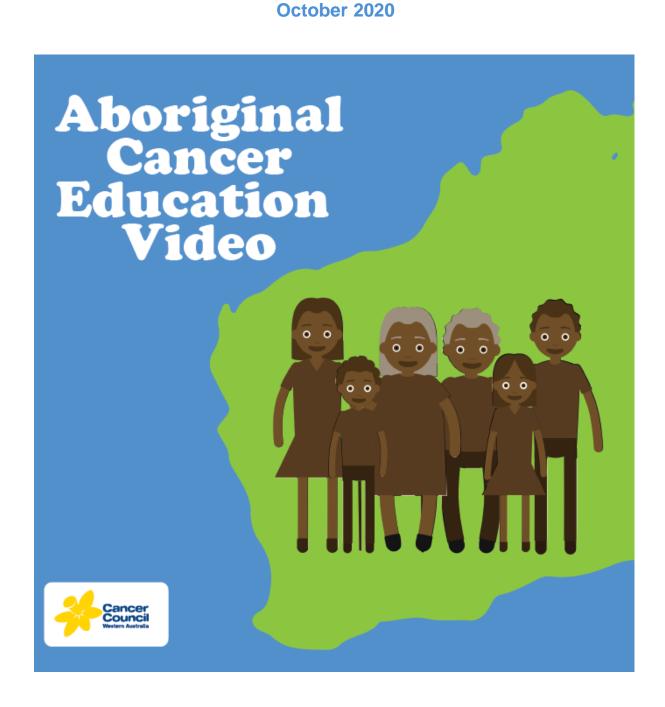
Yarning Guide for the Aboriginal Cancer Education Video



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Background Information

This short video is for Aboriginal Australians and aims to:

- Use common medical words to talk about cancer so they are familiar.
- Give power to Aboriginal people to talk about preventing cancer with their health worker.
- Help you, Aboriginal health workers and other health professionals, see your client's cancer trials, illness and journey.
- Give you a tool to help your clients with basic cancer knowledge.

In a five minute video it was not possible to cover all cancer information in a lot of detail, so we have included some detailed information in this yarning guide to help you answer any questions your clients or community might have about cancer. This information can change and go out of date as more information about cancer comes to light. If you are not sure on something, we have included some very good websites for you to check or call Cancer Council 13 11 20.

Other publications Aboriginal people can be found at the Cancer Council WA website.

About this video

This video is cartoon style and was created for Aboriginal health workers, and/or other health professionals who work closely with Aboriginal people. It is meant to be used as a yarning tool so you can discuss cancer with your clients and community.

The video has clear and simple messages and gives facts about cancer to help break down the myths and fears surrounding cancer. The video has six chapters that look at:

- What is cancer?
- Risk factors and prevention (what causes cancer)
- Screening (National screening programs)
- Finding cancer early (what symptoms to look for)
- Treatment and support
- Summary (a bit of everything above).

The video gives you time after each section to pause, reflect or discuss each of the topics before moving on to the next section. This will give your audience the chance to ask questions. You can choose to watch one chapter or as many or as few of the chapters as your clients need.

Who should use this video? (This is a suggested audience)

This video has been made for Aboriginal health workers, teachers, lecturers, workplaces and health professionals working with Aboriginal people. The video is suitable for Aboriginal men and women over 18 years of age from all over Australia to view.

A lot of Aboriginal people were involved in all of the steps taken to make this video. Every attempt has been made to have a resource that respects Aboriginal culture, particularly relating to men's and women's business. It is important that this video is shown in a culturally respectful way, which may mean showing it to women-only or menonly groups.

Tips for getting your audience involved

If you are showing this video to a group, you might like to ask a few questions to get your audience involved. You could ask:

- How many people in this room have heard of cancer?
- How many people in this room know of at least one person in their family with cancer?
- What do you think we could do to prevent cancer? Then play the chapter on Risk Factors and Prevention or talk about preventing cancer through healthy lifestyle choices: eating a good/balanced diet with bush tucker/foods, avoid/limit alcohol intake, quit smoking/don't smoke, exercise regularly, stay in shape and be SunSmart.
- How many people have heard of cancer screening? What is cancer screening?
 What cancers do they think can be screened for? Then play the chapter on
 Screening and talk about the importance of participating in the national cancer screening programs: cervical, breast and bowel.
- How many people know a common symptom of cancer? Call them out! Tick them off
 the list below. Then play the chapter on Finding Cancer Early or talk about the
 importance of finding cancer early by knowing your body and telling your doctor,
 clinic nurse or health worker if you notice any unusual changes to your body.
- How can we talk about cancer with our young people, elders and community? How
 can we spread the message that cancer can be prevented, and treated more easily
 when found early? Ask for some ideas from the group on ways we could do this?



Main themes

We can't do much about getting older, or the genes we get from our parents, but we can make changes to the way we live to cut the chances of getting cancer. It is worth acknowledging that we have all heard of people who smoked their whole lives and never got cancer and people who were very healthy and got cancer at a young age. Sometimes cancer just happens. We do know from big research studies of thousands and thousands of people that at least a third of all cancers can be prevented with a healthy lifestyle. Including:

Stop smoking or never start smoking tobacco

Smoking can cause 16 types of cancer (lung, bladder, bowel, oesophagus, mouth and throat are the more common ones). The most common cancer from smoking, lung cancer, was the leading cause of cancer-related death in Aboriginal men and women between 2013-2017¹. Tobacco smoke has more than 7,000 chemicals, including over 69 chemicals known to cause cancer (carcinogens). There is no such thing as a safe cigarette or a safe level of smoking. Breathing in the secondhand smoke breathed out by a smoker, and the smoke from the end of a burning cigarette can also cause cancer. When a person breathes in this secondhand smoke it is called passive smoking. This is why it is important to also not smoke around other people, especially children.

- For more information about quitting smoking visit <u>makesmokinghistory.org.au/</u>
- For Community Services wanting to support clients with quitting visit makesmokinghistory.org.au/community-services/community-services
- For health professionals wanting more information about helping people quit visit makesmokinghistory.org.au/health-professionals/health-professionals-overview

Move your body

Being physically active reduces the risk of breast, bowel and endometrial cancer². For example:

- Doing any physical activity is better than doing nothing. If you don't do any, start by doing some and build up to the recommended amount.
- Be active most days of every week, be active everyday if you can.
- Be moderately physically active, equivalent to brisk walking, for at least 30 minutes every day.
- As fitness improves, aim for 60 minutes or more of moderate activity, or for 30 minutes or more of vigorous physical activity every day.
- Limit sitting time, such as watching television, playing video games and computer time.

For cancer prevention, the more physically active you are the better. Regular physical activity also helps to stay in shape and maintain a healthy body weight.

For more information about moving your body visit cancerwa.asn.au/prevention/activity.

Stay in shape

Being overweight or obese increases the risk of 13 types of cancer (bowel, breast, uterine/womb, kidney, liver and oesophagus are the more common ones).

¹ Western Australian Cancer Registry. 2020

² For further information see https://www.wcrf.org/dietandcancer/exposures/physical-activity

Good nutrition and regular physical activity help to maintain a healthy weight. There are two ways to measure if a person's weight is healthy. Neither way is perfect so it can be helpful to use them together:

- Waist circumference: shows how much fat you have around the middle of your body or stomach.
- Body mass index (BMI): is your weight compared to your height. To find out your BMI, divide your weight (in kilograms) by your height (in metres) squared i.e. BMI = kg ÷ (m x m) There are lots of online BMI calculators available too.

For more information about staying in shape visit cancerwa.asn.au/prevention/weight/

Eat for health

Eat a wide variety of nutritious foods:

- At least 2 serves of fruit and 5 serves of vegetables every day
- A variety of whole grain and wholemeal foods (like grainy bread and brown rice)
- Choose low salt foods
- · Drink plenty of water instead of sugary drinks
- Limit red meat and avoid processed meats
- Junk foods like chocolates, cakes, chips, pies, sweets and lollies should only be eaten sometimes in small amounts.

The Australian Guide to Healthy Eating

Reproduced with permission from the Commonwealth of Australia as represented by the Department of Health

The Australian Guide to Healthy Eating shows us the ideal proportions for each of the 5 core food groups. For more information about eating for health visit https://www.eatforhealth.gov.au/ or livelighter.com.au/

Be SunSmart

Protect yourself from skin cancer in five ways: Slip on sun-protective clothing, Slop on sunscreen, Slap on a hat, Seek shade & Slide on sunglasses. Remember Ultraviolet (UV) radiation from the sun can damage all skin types, so everyone should protect their

skin when UV radiation levels reach 3 or above on the UV Index. The higher the number, the faster the damage happens. For more information about UV radiation and being SunSmart visit MyUV.com.au

Aboriginal people have a wide variety of skin colours. The lighter your skin, the faster you will get sunburn and skin damage. People with very dark skin can also get sunburn and have their skin damaged by too much sun. So it is smart to use sun protection if you are going to be outside for more than a few minutes.

Avoid or limit alcohol

Drinking alcohol can cause seven types of cancer (bowel, breast, mouth, throat and oesophagus are the more common ones). Alcohol can also cause liver cancer, which is the second leading cause of cancer related death in Aboriginal people. There is no safe level of alcohol intake. If you don't drink alcohol then don't start. If people choose to drink alcohol, they should drink within the National Health and Medical Research Council (NHMRC) guidelines which advise:

- no more than 2 standard drinks a day (for healthy men and women) to reduce the long term harm from alcohol.
- no more than 4 standard drinks on a single occasion to reduce the risk of long term harm from alcohol.

For more information about alcohol and cancer visit cancerwa.asn.au/prevention/alcohol/

Infections and cancer

In Australia just over 3 percent of all cancers are caused by infections. Normally our immune system is good at getting rid of infections from our body. But sometimes our immune system finds it hard to do this, so an infection stays in the body for a long time. This is called long term or persistent infection. In a small number of people, long term infection can lead to the growth of cancer. How this happens is not fully known, but it is known that some long term infections can:

- Damage the DNA in our cells, which can lead to cancer
- Cause inflammation, which causes cells to rapidly divide and can lead to cancer.

For more information on infection and cancer visit cancerwa.asn.au/prevention/infections-and-cancer/

Human papillomavirus (HPV)

Human papillomavirus (HPV) is a common infection. There are more than 100 different types of HPV. Some types of HPV cause common warts on the hands and feet. About 40 types of HPV are known as genital HPV as they affect the anal and genital area in men and women. Genital HPV is spread by intimate skin-to-skin contact and skin to mucosa contact, including sexual intercourse, and commonly occurs in the early years of sexual activity or with a new sexual partner. Both men and women can get HPV. Most women and men will have had at least one type of genital HPV in their lifetime.

HPV is responsible for almost all cases of cervical cancer and causes more than 50% of vaginal and vulval cancers in women. HPV can cause cancer of the anus, and head

and neck area in men and women, as well as cancer of the penis in men. The HPV vaccine protects against certain types of HPV.

Girls and boys aged 12 to 13 years can be vaccinated against HPV as part of the school-based immunisation program. The vaccine is most effective if given before first sexual contact. The vaccine doesn't protect against all types of HPV that can cause cancer, including cervical cancer in women, which is why it is important that women still have regular cervical screening even if they have had the HPV vaccine.

For more information on HPV and the vaccine visit www.hpvvaccine.org.au/

Hepatitis B and C

Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infections are the leading causes of liver cancer worldwide. Drinking alcohol and being overweight or obese also cause liver cancer. Most liver cancers are preventable through reducing transmission from person to person, and through early detection and treatment of infected people.

Hepatitis viruses can cause acute infection (newly gained) and/or long term infection (lasting for more than six months) as well as inflammation of the liver.

HBV is highly contagious and in Australia is most commonly transmitted at birth from an infected mother to the baby. HBV infection can be prevented through vaccination. A vaccine for HBV is available and is recommended for all babies and adolescents in Australia, as well as adults who are at risk of HBV infection, including Aboriginal people.

Hepatitis C virus (HCV) is transmitted by exposure to infected blood or blood products and contaminated needles (hypodermic, tattooing). People infected with chronic HCV are at increased risk of developing liver cancer.

Preventing hepatitis-related liver cancer can be done by:

- Vaccinating against HBV in babies, adolescents and eligible adults.
- Screening high-risk groups (including Aboriginal people) to find infected individuals earlier, so antiviral therapies can be given, which can control HBV infection and eradicate HCV.
- Ongoing surveillance and management of infected individuals.

Improving long term health for people with hepatitis infection relies on early detection and getting the correct treatment.

Cancer screening

Screening for cancer means finding early cell changes or early cancer before symptoms develop. Screening does not diagnose cancer; it finds people who need more tests to see if cancer is present.

Screening can reduce the impact of cancer on Australian people. It can improve the chances of successful treatment because there may be more treatment options available than if cancer is diagnosed at a later stage.

Cervical cancer screening

In 2017 the cervical screening test changed from a Pap smear to the Cervical Cancer Screening Test (an HPV test). If you are aged 25-74, have a cervix and have ever had sexual contact, it is recommended that you have a Cervical Screening Test every five years. The procedure is the same, a sample of cells are taken from the cervix. Cervical screening looks for HPV infection in the cells from the cervix. If HPV is found the same sample is re-tested to look for any changes in the cells of the cervix that may eventually

turn into cervical cancer. Cervical cancer is rare and it usually takes 10 to 15 years for changes in cells caused by HPV to turn into cervical cancer.

For most women their first Cervical Screening Test is due at 25 years of age or two years after their last Pap smear. Women aged 70 to 74 will be invited to have a Cervical Screening Test and if the test is negative, these women can stop screening.

Women who have not screened regularly may be eligible for an alternative way to collect a sample so ask your health care professional if this is an option for you. WA Cervical Cancer Prevention Program has an Aboriginal cervical cancer screening flipchart. Contact them on email: cervicalscreening@health.wa.gov.au or phone 13 15 56.

For more information about cervical cancer screening visit cancerscreening.gov.au/cervical or cancer.org.au/cervicalscreening

Breast cancer screening

Screening mammograms (breast x-rays) look for early signs of breast cancer in women without symptoms. Mammograms may find a breast cancer that is too small to feel. Screening mammograms are currently the best method available for early detection of breast cancer in women aged 50-74 years.

BreastScreen WA offers FREE screening mammograms every two years to Western Australian women 40 years and over with no breast symptoms.

Women aged 50 to 74 are personally invited to attend since the benefit from screening mammography is greatest for women in this age group.

Women aged 40 to 49 or over 74 years of age, who have low or average risk of breast cancer, and thinking about breast screening, may choose to talk to their doctor or health worker about whether mammography screening is suitable for them. They can discuss any possible harms or limitations of breast cancer screening with them.

For more information about the BreastScreen WA screening program or when the van is coming to your regional area visit www.breastscreen.health.wa.gov.au

Bowel cancer screening

The National Bowel Cancer Screening Program sends a free test kit to men and women aged 50-74, which is easy to use and can be completed at home. The test looks for blood you can't see in the poo - it's important that people do the test even if they're feeling well because bowel cancer can develop without any obvious signs. If bowel cancer is found and treated early, you have a good chance of getting better.

The type of test used (the immunochemical faecal occult blood test (iFOBT)) is currently the best screening test available for bowel cancer and could reduce bowel cancer deaths by up to 25%.

People from the age of 50 are invited to participate if their name is on the Medicare or Department of Veterans' Affairs enrolment records. Kits are sent every 2 years until the age of 74

In some "hot zones", such as the Kimberley and Pilbara, the kits are only sent in June and July so that the tests don't get damaged by the hot weather – it's best if people can do the kits and send them back as soon as possible after they get them.

In Australia participation in the NBCSP is around 45% and screening participation in Aboriginal Australians is even lower at around 23%. This means that more than 75% of Aboriginal Australians who are invited to screen don't do a simple test which could save their life. Promotion and endorsement of the NBCSP by Aboriginal health workers,

teachers, lecturers, workplaces and health professionals working with Aboriginal people is vital in order to increase participation rates. For more information about bowel cancer screening visit cancerscreening.gov.au/bowel

Prostate Cancer Screening

There is no national screening program for prostate cancer. At the moment the Prostate Specific Antigen test (PSA) is not a suitable test to use on well men with no symptoms. When the benefits and harms of PSA testing are weighed up, there is no clear, overall benefit.

PSA is a protein produced by the prostate. If the prostate becomes enlarged or damaged, PSA can be detected in the blood. A high PSA level can be a sign of cancer, but PSA will also be raised in prostate conditions that are not cancer.

While there is no population screening program, some men may still choose to have a PSA test. Men should talk to their health worker or doctor if:

- They are over 50 and concerned about prostate cancer
- They think they are at higher than average risk of developing prostate cancer.

It is important for men to talk to their health worker or doctor about risk factors; age, symptoms, family history and the impact of a prostate cancer diagnosis on quality of life before you decide to have a PSA test for prostate cancer.

It is important for men to know the symptoms of prostate cancer. It is very common for men over 50 years of age to notice changes in urinary flow, urgency or control. These symptoms do not mean a man has prostate cancer, but they should be checked by a health worker or doctor.

For more information about prostate cancer testing visit www.cancer.org.au/about-cancer.org.au/about-cancer/early-detection/prostate-cancer-screening.html

Find Cancer Early

While national screening programs are the best way of detecting cervical, breast and bowel cancers early, **before** symptoms develop, if you have symptoms, do not wait to participate in a screening program. This could result in delayed diagnosis, more difficult treatment and a poorer outcome, so tell your doctor, clinic nurse or Aboriginal health worker straight away. The earlier cancer is found the greater the chance of successful treatment, living longer and being around for your family. Symptoms to look out for include:

Once or more?

- coughing up blood
- blood in your poo or your wee

For more than 4 weeks:

- problems peeing
- runny poo
- losing weight for no reason
- an unusual pain, lump or swelling
- being out of breath more often

- a cough that won't go away
- a new or changed spot on your skin,
- or any other change in your body that is not normal for you.

Having one or more of these symptoms does not always mean you have cancer, but it's a good idea to get it checked by a doctor just in case. For more information about Find Cancer Early visit https://www.findcancerearly.com.au/

Misunderstandings about cancer

Perceptions about cancer can have an important effect on whether or not Aboriginal people see their health worker or doctor, take part in cancer screening and go for treatment. Fear of cancer as a death sentence plays a large part in putting Aboriginal people off going for treatment and continuing with treatment as there is a belief that help is beyond the control of medical professionals and the health system.

Research has found that misunderstandings around cancer screening, fear of cancer, distrust of health services, poor recall and follow-up systems, and the economic and social burden, can all impact the use and access of health services for screening.²

After using the video, it might help to talk about some of these issues with your clients or communities to dispel these misunderstandings.

For more information around the research, please refer to our "Whispered sort of stuff" report at: cancerwa.asn.au/resources/publications/aboriginal/.

iheard?

If you are not sure if a cancer claim is true you can get the facts at: iheard.com.au

You can ask any cancer related question and it will be answered by experts. The iheard site is designed to correct confusion, rumours and fanciful claims about cancer.

Last tips

Once you have shown the video and had a yarn, you can remind your clients and community:

- Of the importance of regular screening and follow ups.
- There is a "no shame" factor in admitting you're sick or in pain.
- Cancer does not discriminate.
- About screening in your area, for example: Breastscreen WA van visits, BreastScreen WA clinic locations by handing out pamphlets and posters.

Remember:

- Take time to answer questions.
- If you don't know the answer to a question, refer them to call 13 11 20.
- Ask your audience for feedback so you know what went well and what could be improved for next time!

How to order

To order the video please complete the order form on our website visit cancerwa.asn.au/resources/publications/aboriginal/

How you can help spread the message

Share our website with colleagues at: cancerwa.asn.au/professionals/aboriginalhealth/

You may like to play the Aboriginal Cancer Education Video in chapters and include some of the story telling videos in your session with clients and communities.

Other Resources

This video has been developed to be used as a stand-alone resource. Cancer Council has a few different Aboriginal resources you can order and give to your clients/community or use during education sessions. Check them out at cancerwa.asn.au/resources/publications/aboriginal/

Note: If you would like to view personal stories of Aboriginal people with cancer then head to the WA Centre for Rural Health website and look out for their Whisper No More resources. https://www.wacrh.uwa.edu.au/aboriginal-health-projects. They have developed video resources taken from personal stories.

The Australian Indigenous HealthInfoNet has information and knowledge exchange products about various health topics including <u>cancer</u>.

Acknowledgements

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For more information contact Cancer Council WA on 13 11 20 or visit www.cancerwa.asn.au

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