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Health Authority Abu Dhabi



Susan G. Komen for the Cure Global Initiative for Breast Cancer Awareness
Emirate of Abu Dhabi, UAE

2008 Community Profile Summary of Findings

Abu Dhabi Island & Middle Region
Eastern Region (Al Ain)
Al Gharbia Region
March –July, 2008

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The information contained in this Community Profile has been compiled by Course for the Cure™ participants and comes from a variety of sources. Participants have attempted to obtain the latest and most reliable data available and to accurately reflect breast cancer challenges and resources in their city at the time of the profile. Susan G. Komen for the Cure does not recommend, endorse or make any representations or warranties of any kind with respect to the accuracy, completeness, timeliness, quality, efficacy or non-infringement of the information contained in this document.



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The Global Initiative for Breast Cancer Awareness Team and Participants of the Course for the Cure, Phase I, 2008- Abu Dhabi

INTRODUCTION

An estimated 25 million women around the world will be diagnosed with breast cancer over the next 25 years, and up to 10 million could die without a cure. With this in mind, Susan G. Komen for the Cure® - the world's largest grassroots network of breast cancer survivors and activists - launched the Komen for the Cure Global Initiative for Breast Cancer Awareness. The Institute of International Education (IIE) - one of the world's most experienced global higher education and professional exchange organizations - designed and manages the Initiative through its West Coast Center, in collaboration with local partners in nine countries: Brazil, Costa Rica, Jordan, Mexico, Panama, Romania, Saudi Arabia, Ukraine and United Arab Emirates. The Health Authority Abu Dhabi leads the Global Initiative in the UAE, which was launched in November 2007, and twenty two partner organizations participated in 2008 across Abu Dhabi.

The goal of the Initiative is to create a dynamic global network of dedicated activists with the skills, knowledge and vision to play a strategic role in shaping their countries' response to breast cancer. This is accomplished by (1) empowering diverse stakeholders with the training, tools and support needed to influence strategic, locally-appropriate programming and funding decisions around breast cancer; and (2) strengthening individual and organizational capacity to launch effective education, awareness and advocacy campaigns to increase early breast cancer detection and reduce mortality.

At the core of the program is Course for the Cure™, a series of training modules based on Komen's 27 years of experience in breast cancer awareness and advocacy. The training modules, which have been customized in each country, cover five key topics: Community Assessment, Volunteer and Organization Development, Awareness and Education, Fundraising, and Advocacy.

Participants in the Course for the Cure™ workshops are trained on types of data collection, identifying and prioritizing gaps, and devising strategic long-term goals and short-term objectives. Participants collaborated with Global Initiative staff to apply the community profile skills they are learning. By collecting and analyzing available data on breast health, participants identify and prioritize the community's unmet needs or "gaps" in breast health. These gaps are areas where the available resources do not meet the needs of the community or specific segments of that community. These prioritized gaps form the basis for better understanding – and tackling – the most significant barriers to breast health in their communities.

GOALS AND OBJECTIVES

The community profile is an assessment of breast health needs and resources - a snapshot of the community that affords a valuable insight into the face of breast cancer in Abu Dhabi, and serves to inform future work in the fight against breast cancer. The Community Profile is a living document that needs to be updated regularly and should be used on an on-going basis to inform strategic planning in the community around breast health and to strengthen existing programs and services.

The objectives of the community profile are to:

- Determine the demographics and breast health indicators for the three communities' regions in the Emirate of Abu Dhabi.
- Document the current breast health and breast cancer programs and services.
- Identify and interview key informants to determine the gaps and needs that exist in breast health services.

METHODOLOGY:

Participants of the Course for the Cure™ in the three regions of the Emirate of Abu Dhabi played an important role in gathering data and conducting 426 Key Informant Interviews over 6 weeks. Key informants included directors and heads of health care facilities, healthcare professionals, survivors and co-survivors, community leaders, university students, school directors and housewives.

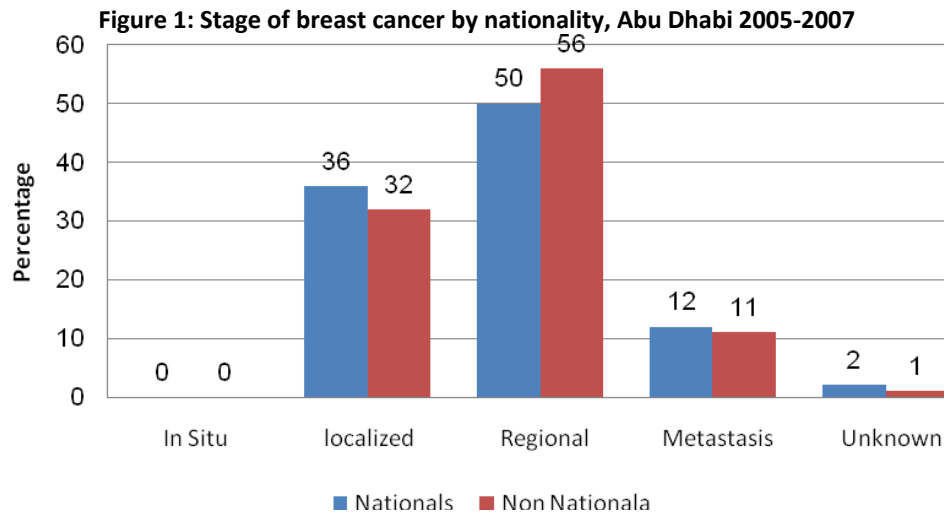
Segmentation of the community was carried out according to the following categories: geographic distribution, nationality, age, employment and education level. After establishing the priorities, the team and the participants developed goals and objectives to address the priorities identified. It was important to involve the grassroots in identifying the gaps in breast health knowledge and healthcare service in their communities as well as in developing plans to address these gaps appropriately.

KEY FINDINGS / RESULTS

Breast Cancer Statistics:

Data from the National cancer registry were limited. However current available data showed:

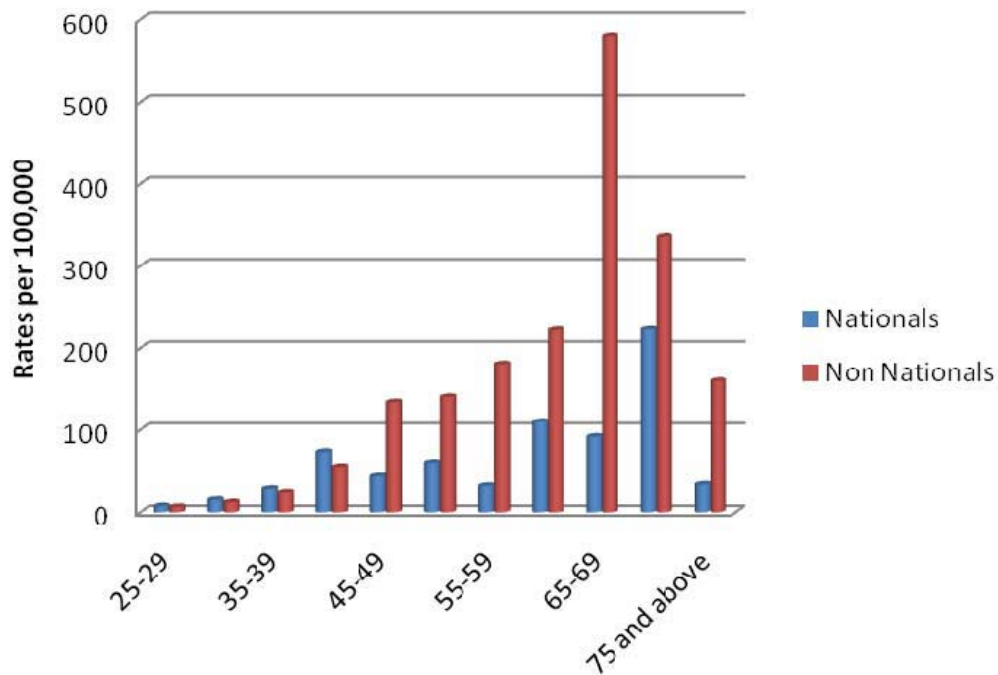
- Breast cancer is in the list of top ten commonest cancers for the general population in the UAE and is the leading cancer in women.
- It is the second leading cause of death among women and accounts for 28% of all female deaths.
- Every year there are more than 130 new cases of breast cancer diagnosed.
- 87% of breast cancer cases occur after the age of 40 years.
- More than 64% of women with breast cancer, regardless of nationality, present in late stages of the disease (either with regional or metastatic disease) at first diagnosis (Figure1), compared with around 15% in the USA.



Source: National Cancer Registry- Tawam Hospital in Affiliation with John Hopkins University

- The mortality rate for breast cancer is 44%, compared with 10-15% for USA. This is likely to be because of late presentation at first diagnosis and due to the larger proportion of the younger age structure of the population in the UAE as breast cancer affecting younger women tends to be more aggressive.
- The breast cancer incidence for 2005 is shown in Figure 2. The incidence of breast cancer increases with age, and the incidence rate is higher in Non Nationals than Nationals. However in the younger age group of 25- 44 year old women, incidence was higher in Nationals.

Figure 2: Female breast cancer incidence rates for UAE population by age and nationality in 2005



Source: National Cancer Registry- Tawam Hospital in Affiliation with John Hopkins University

- Breast cancer was most prevalent among Non-Emirati Arabs, followed by Emirati Nationals, and was least prevalent amongst Asian women.
- There are no UAE data on risk factors for breast cancer.

Demographics:

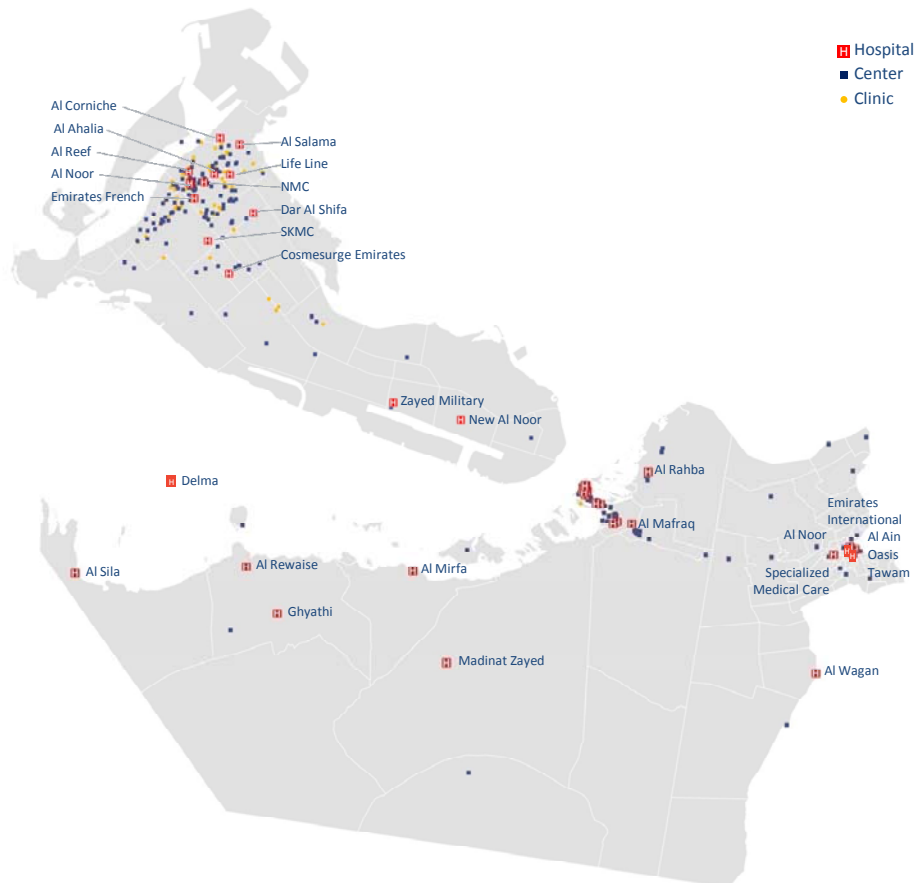
In Abu Dhabi City & Middle Region: 45,468 women fall within the target population of age 40-69 years. Within this segment, National women represent only 23%, the rest comprises non-Emirati Arabs (36%) followed by Asians (34%) and other nationalities (7%). Women largely reside on Abu Dhabi Island. About 15% are illiterate and the illiteracy rate was higher among Nationals. Only 30% of the target population is employed.

In the Eastern Region: The target population age 40-69 years, is 20,140 women. Of this, Nationals represent 41 %, followed by Asians (31.5%) and then non-Emirati Arabs (22.2%). There is a high illiteracy rate (32.6%) especially higher among National women and only 27% of the target women are employed.

In the Al Gharbia Region: the number of women in the target population aged 40 and above is 3,311. Over half (53%) are National, with 47% Non National, mainly non-Emirati Arabs followed by Asians, then the "Bedoon" as the smallest group. 45.3 % of the target population are illiterate and illiteracy was higher among National women. Also, 26.2% of females are employed.

Breast health programs and services:

Figure 3 Locations of Abu Dhabi Health Facilities



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1. Awareness and Education

- Information on breast health from different health providers markedly varies, especially with regard to the screening guidelines.
- Health education is only intense during October, leading to a dramatic increase in the number of mammograms in this month only and dropping to lower levels for the rest of the year.
- Health education materials are only in Arabic & English and do not reach all segments of the population.
- Community outreach programs are deficient.
- Healthcare professionals lack awareness of screening guidelines and existing screening providers.

2. Screening Services

- There are **few** screening facilities and these are mainly located in the Cities of Abu Dhabi & Al Ain, **with no screening facilities available in the Western Region.**
- Screening is mainly provided by the Public sector. Most Private health care providers offer mainly diagnostic Mammograms.
- Screening is free for nationals and non nationals with Daman enhanced plan, however further assessment such as breast ultrasound, MRI or breast biopsies are not free, except at the National Screening Program in Abu Dhabi, which provides free screening and assessment for all.
- Communication and co-working between providers in Abu Dhabi is not optimal leading to missed opportunities for joint initiatives.
- There is marked underutilization of the existing public screening services. In 2007 only 12% of the target population of women underwent screening via mammography compared with over 75% in the USA. However, this rate is increasing in Abu Dhabi, with a 16% mammography screening rate in 2008.
- There is a lack of trained technicians and female staff working in breast cancer screening and diagnostic services.

3. Treatment

- Breast cancer treatment is costly. However, all plans cover the full range of treatment except the very new treatments.
- Public hospitals providing treatment accept only Daman insurance and not other insurance plans.
- In Al Gharbia Region, the only treatment available is surgery.
- Most surgeons are general rather than specialized breast surgeons
- Radiotherapy, plastic surgery and sentinel node biopsy are not widely available interventions.

4. Support services

- Support services are under consideration in the plan of breast cancer health care. Apart from the two support groups: Sheikh Khalifa Medical City support group and Bosom Buddies, no other support services are available.

Key informant interviews:

It is important to draw attention to barriers, common myths about breast cancer and end users' satisfaction with the breast health care system in order to plan and deliver effective breast health care services.

- Barriers that affect utilization of breast screening services:
 - **Lack of awareness of existing facilities, tools of early detection and importance of early treatment.**
 - **Fear** of diagnosis of breast cancer and of losing the breast.
 - Cultural barriers: shyness, refusal of examination by a male doctor, fatalistic attitude, modesty, pessimism.
 - Ignorance.
 - **Cost of screening and treatment.**
- The most prevalent myths and false beliefs about breast cancer are:
 - Breast cancer equals death.
 - Breast cancer treatment affects a woman's femininity.
 - Breast cancer is a curse or due to bad /evil eye.
- Dissatisfaction of breast health care was due to the following gaps:
 - Lack of information on existing screening and treatment services in Abu Dhabi.
 - Lack of health professional guidance/ counseling on screening.
 - Expensive services (screening and treatment) that are not covered by insurance.
 - Lack of healthcare providers, doctors and nurses in breast cancer screening.
 - Facilities deficient in number, lack of female doctors providing breast health care, lack of expertise, lack of some specialties, lack of rapport and long waiting hours and appointment wait times.
 - Distrust of providers.

CONCLUSION & RECOMMENDATIONS

The team in each region chose to address their priority issue based on its severity and their ability to have an impact. The prevalent challenges and gaps identified by the teams are:

Cross-regional issues

- Late presentation of breast cancer.
- Lack of community awareness about breast cancer, especially tools for early detection and availability of providers.
- Fear due to misconceptions about breast cancer (“it is a death sentence and requires losing one’s breasts”).
- Under-utilization of the existing breast screening services.

Eastern Region

Sub-optimal communication and co-working between providers

Al Gharbia Region

- Absence of breast health services in health facilities where the target population seeks health services in general.

Recommendations

I. Increase overall awareness of breast cancer and tools for early detection amongst all nationalities

- Conduct year round events such as “Pink Zone” campaigns.
- Develop audio-visual materials and distribute these through new channels and in additional languages.
- Conduct more of the capacity-building "Course for the Cure" workshops to increase the number of breast health activists.
- Mobilize the community to reach the community through "Community Educator Program," through which members from different communities in Abu Dhabi will be trained as educators and will conduct regular activities to raise awareness within their communities.
- Deliver a workplace awareness program focusing on breast health. Employees from different companies will be trained as peer educators and will educate their companies’ employees, their families, and their customers about breast cancer.
- Conduct a training and awareness program for medical professionals/healthcare providers.

II. Conduct activities aiming to increase the number of women performing breast cancer screening

- Encourage health professionals at primary healthcare centers (PHC) to increase rates of clinical breast examination (CBE) and mammogram referrals.
- Distribute directories of breast healthcare providers.
- For Al Gharbia Region, provide transportation for women to go to providers in the middle region or facilitate the use of a mobile mammogram unit in Al Gharbia.

III. Reduce fear due to misconceptions about breast cancer

- Develop materials targeting the biggest barriers to screening (fear, misconceptions, fatalism).
- Develop a new, UAE-specific DVD focusing on personal stories of survivors.
- Produce a short TV/Radio spot that discusses misconceptions about breast cancer.
- Use survivors and religious leaders as speakers in awareness activities.

IV. Enhance collaboration of different care givers

- Encourage proactive and regular reporting of screening data from all providers in order to monitor screening rates, with regular feedback to providers.