International Journal of Integrated Care

Azar, D et al 2020 Understanding barriers to breast, bowel and cervical cancer screening participation in Latrobe, Gippsland. *International Journal of Integrated Care*, 20(S1): A79, pp. 1-8, DOI: doi.org/10.5334/ijic.s4079

CONFERENCE ABSTRACT

Understanding barriers to breast, bowel and cervical cancer screening participation in Latrobe, Gippsland

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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Introduction: Breast, bowel and cervical cancer screening participation rates are lower for sub-population groups in Latrobe City, Gippsland compared to Victorian rates. The aim of this qualitative research was to directly engage with the community to explore their knowledge, attitudes, behaviours and barriers to the three National Screening Programs, as part of the Gippsland Primary Health Network's Latrobe Health Innovation Zone Initiative.

Theory/Methods: Fourteen group discussions with 80 participants from the local community, segmented by age, sex, and screening participation were conducted. Participants were not up to date in at least one of the cancer screening programs. All sessions were recorded and transcribed, and the data was thematically analysed.

Results: While results differed for each of the three cancer screening programs, overarching themes included: the concept of cancer screening was not well understood, with the construct of population screening being somewhat antithetical to people's approach to their personal health; low priority for preventive health behaviours; issues related to local general practitioners, and; screening was described as unpleasant, embarrassing and/or inconvenient. A key determinant of participation in cancer screening was exposure to prompts to action, and it was evident that participants often required multiple prompts before they took action.

Discussions: Factors that affect screening participation included a combination of: perceptions of susceptibility to each of the cancers; awareness and experience of each of the screening tests; personal health attitudes and beliefs; and being reminded to screen.

Conclusions (comprising key findings): There are opportunities to influence behaviours across all three screening programs by addressing health attitudes and beliefs that affect how people balance their decisions with respect to the barriers and benefits of screening. Addressing barriers and perceptions of susceptibility will require different messages for each of the cancers.

Lessons learned: Engaging with the community highlighted opportunities to address low breast, bowel and cervical cancer screening participation in the region including: developing attitudes to health that place disease prevention as a high priority; improving understanding of the benefit of screening in terms of early detection and treatment, and; the development of messages for each of the screening programs.

Limitations: Participants were recruited through a professional research recruitment agency who have previously expressed their interest in participating in market and social research thus there may be a degree of sampling bias in the research. As with all quantitative research, these findings cannot be extended to wider populations and future research should validate the findings.

Suggestions for future research: Further research would be recommended to inform the development of social marketing campaign messages that more effectively prompt and remind people about the screening programs, with an aim of communications being to normalise participation through stimulating conversations about cancer screening. Further consideration needs to be given to the effectiveness of existing communication programs, including invitation and reminder letters, general practice reminder systems, the role, barriers and challenges of the general practitioner, the practice nurse and others in promotion and delivery of cancer screening programs.