1. Research Insights

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RESEARCH INSIGHTS

Aims

- Identify key barriers and facilitators for participation from recent research and reports
- Identify and describe key non-screening groups and their behaviours
- Provide recommendations to effectively tailor the design of the next campaign

Cancer Council

64% of people are up-to-date with some form of bowel screening

NBCSP Screeners, 43.7%

Other, 20.7%

Intenders, 26.9%

Refusers, 6.1%

NBCSP FOBT Naïve, 2.8%

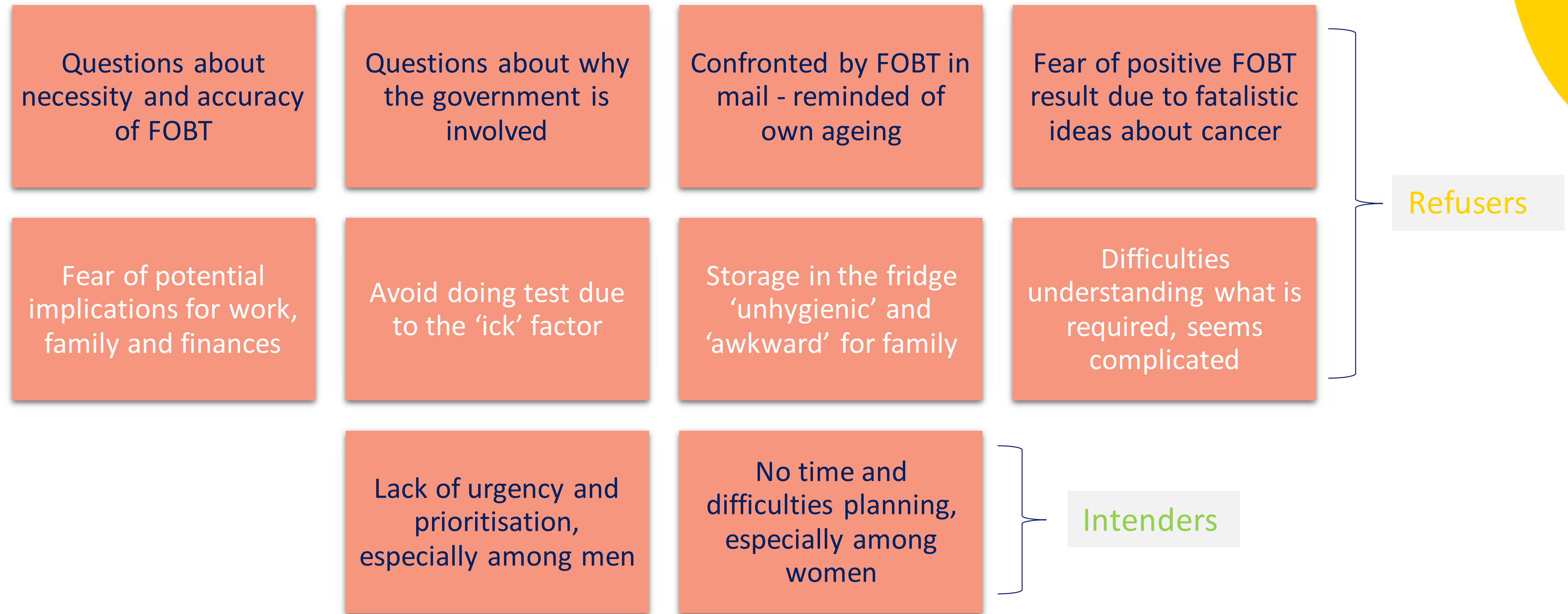
Colonoscopy Screeners, 13.7%

Advised to screen via colonoscopy, 2.7%

Non-NBCSP FOBT Screeners, 4.3%

2019 CCA Representative Population Survey (N=4,001) of those 50-74 years not diagnosed with bowel cancer, funded by the Australian Government, Department of Health.

Barriers identified in review of prior research



Goodwin et al. "I'm not doing that." *Translational Behavioral Medicine* 2020; Myers L, Goodwin B. Health action process approach for developing invitee endorsed interventions to increase mail-out bowel caner screening background. Annals of Behavioral Medicine 2021; Ipsos Public Affairs. Cancer Screening Programs - Bowel Screening Research: Executive summary of report prepared for the Cancer Screening Unit, Queensland Health. December 2020.; Goodwin BC, Myers L, Ireland MJ, March S, Ralph N, Dunn J, Chambers S, Aitken J. Barriers to home bowel cancer screening. Psycho-Oncology 2021; Lotfi-Jam K, O'Reilly C, Feng C, Wakefield M, Durkin S, Broun K. Increasing bowel cancer screening participation: integrating population-wide, primary care and more targeted approaches. Public Health Research & Practice 2019; 29(2).

Priority group barriers

Culturally and Linguistically Diverse Communities

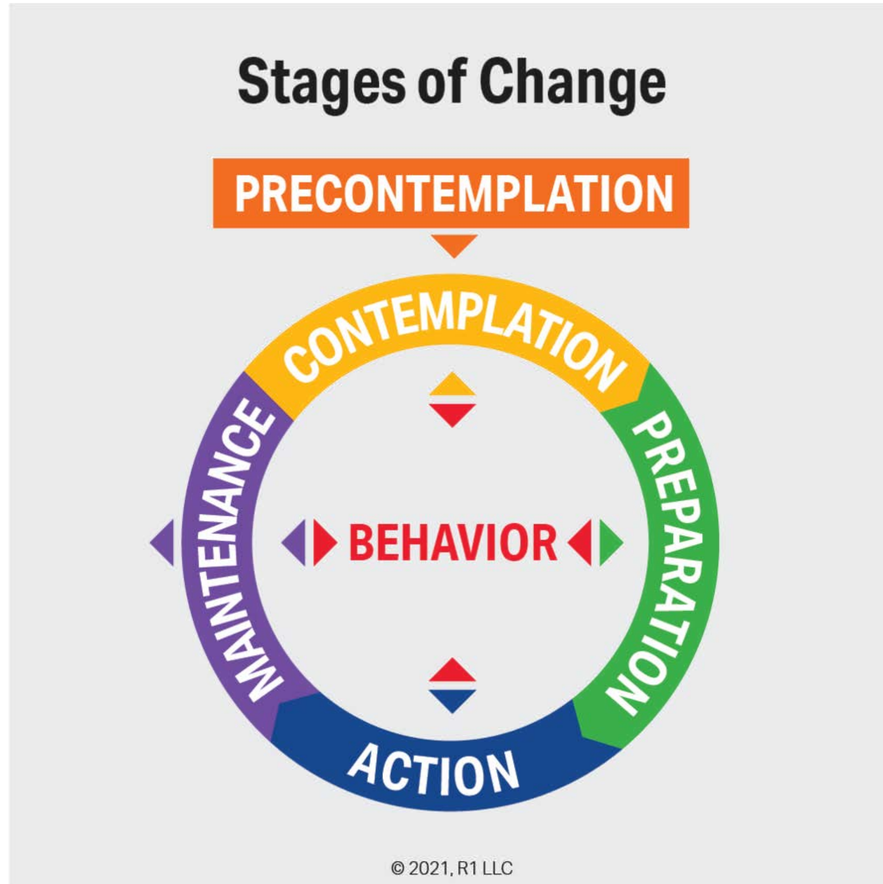
- Low knowledge about bowel cancer and screening
- Most in-language resources not tailored to communities, not evaluated
- **Privacy of sample and results a concern, especially for recent arrivals – link to visa**
- Fatalistic views of cancer
- Cultural norms about faeces
- Difficulties understanding instructions, not simple to do

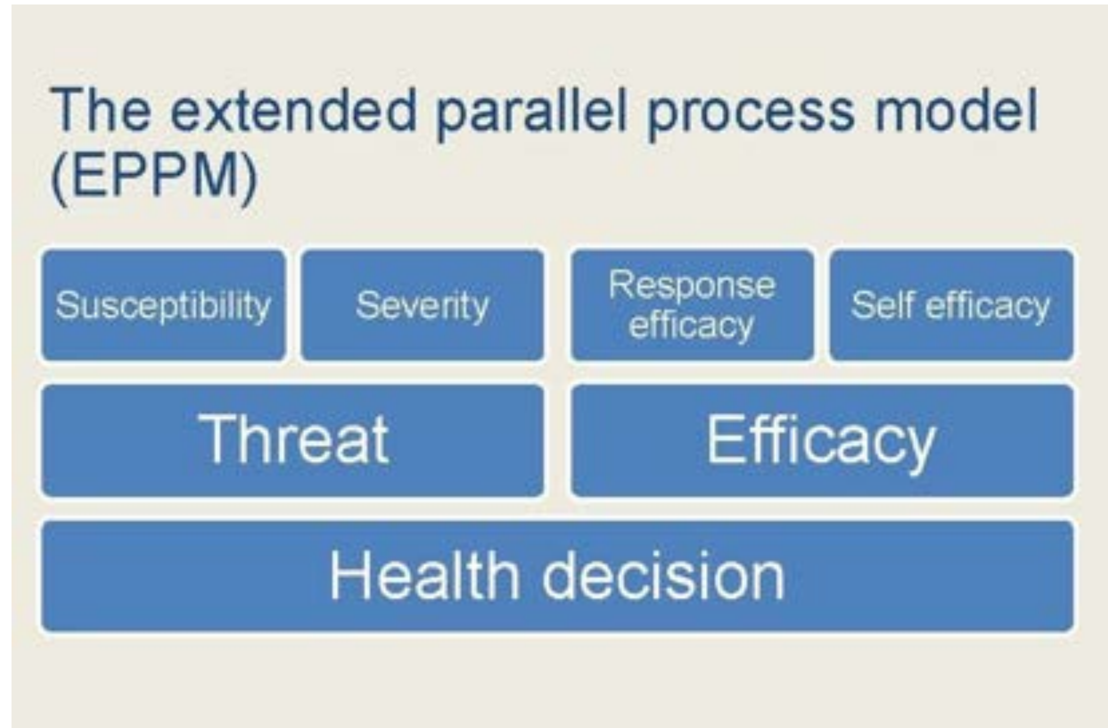
Aboriginal and Torres Strait Islander Communities

- Low knowledge of bowel cancer and screening
- Existing resources not in language, messaging or imagery that resonates
- Privacy and storage when screening at home an issue for those with many people in household
- Fatalistic views of cancer
- Cultural norms about faeces
- Kit instructions can be confusing for those with low English literacy

Creagh, et al., Evaluating ways to engage with culturally and linguistically diverse (CALD) groups about national cancer screening programs…Prepared for: Commonwealth Department of Health. Melbourne School of Population and Global Health, The University of Melbourne, June 2021 & December 2021; Nightingale, et al., Development of a strategic approach to achieve increased participation in the bowel, breast and cervical national cancer screening programs…Prepared for: Commonwealth Department of Health. Melbourne School of Population and Global Health, The University of Melbourne, July 2020; Garveyet al., National Indigenous Bowel Screening Pilot: Final report. Menzies School of Health Research, October 2020; Scalzo. Bowel cancer messages for Aboriginal communities in Victoria…Prepared for Victorian Department of Health. Centre for Behavioural Research in Cancer, Cancer Council Victoria, November 2014; D'Onise et al., Colorectal cancer screening using faecal occult blood tests for Indigenous adults: A systematic literature review of barriers, enablers and implemented strategies. *Preventative Medicine* 2020.

Behaviour Change Theories





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EPPM guidance on the tasks for each risk response category

	HIGH EFFICACY	LOW EFFICACY
HIGH RISK	**Activated Intenders** Feels the risk, believes the FOBT can help avoid the risk, and feels they can do the test **TASK = REMIND + REINFORCE**	**Refusers** Feels the risk, but don't feel they can complete the FOBT due to emotional or capacity reasons **TASK = REASSURE + FACILITATE**
LOW RISK	**Relaxed Intenders** Feels capable of doing the FOBT and believes it will help avoid the risk, but that the risk is not high for them **TASK = BUILD RISK RELEVANCE**	**Naive** Doesn't understand the risk well nor know of any solutions that they could carry out to avoid the risk **TASK = EDUCATE ABOUT RISK + SOLUTION**

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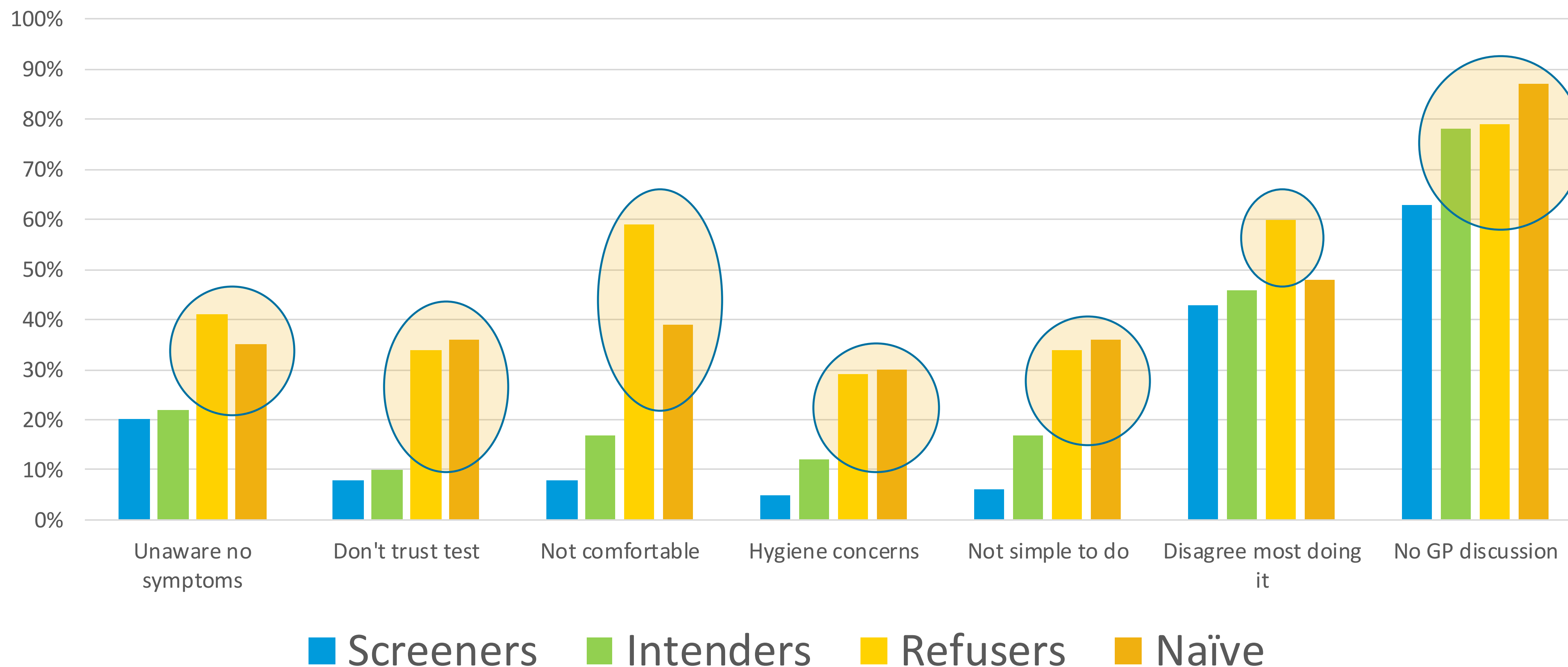
General pop screening audience – Barriers (sample=4,001)



2019 CCA Representative Population Survey (N=4,001) of those 50-74 years not diagnosed with bowel cancer, funded by the Australian Government, Department of Health.

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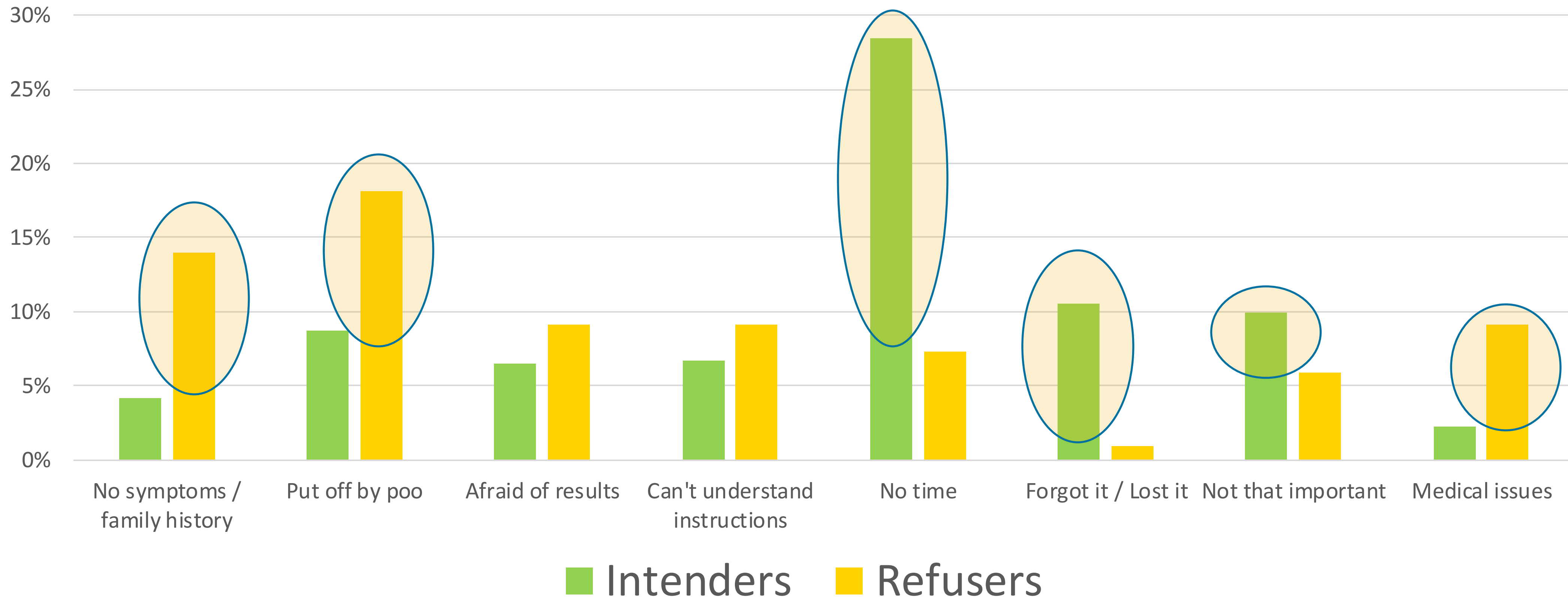
Did not do last mailed test – Barriers (sample=617)



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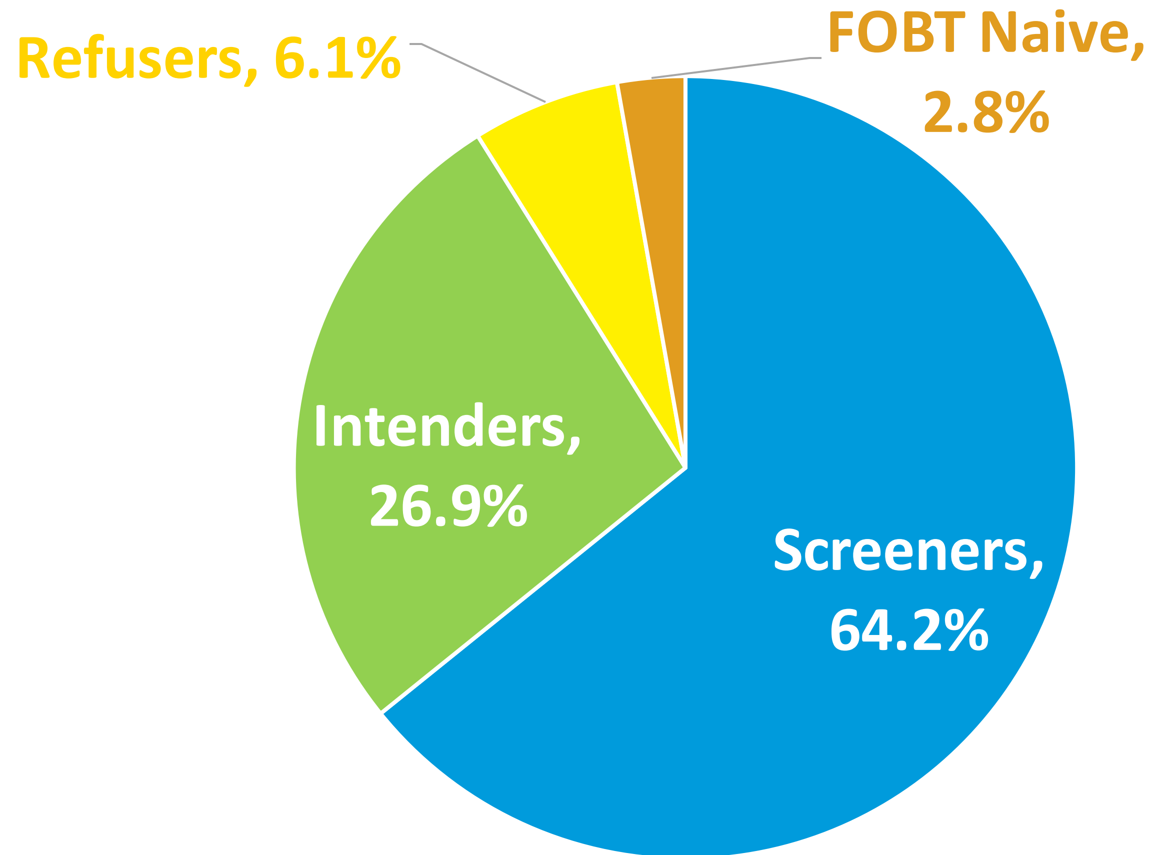

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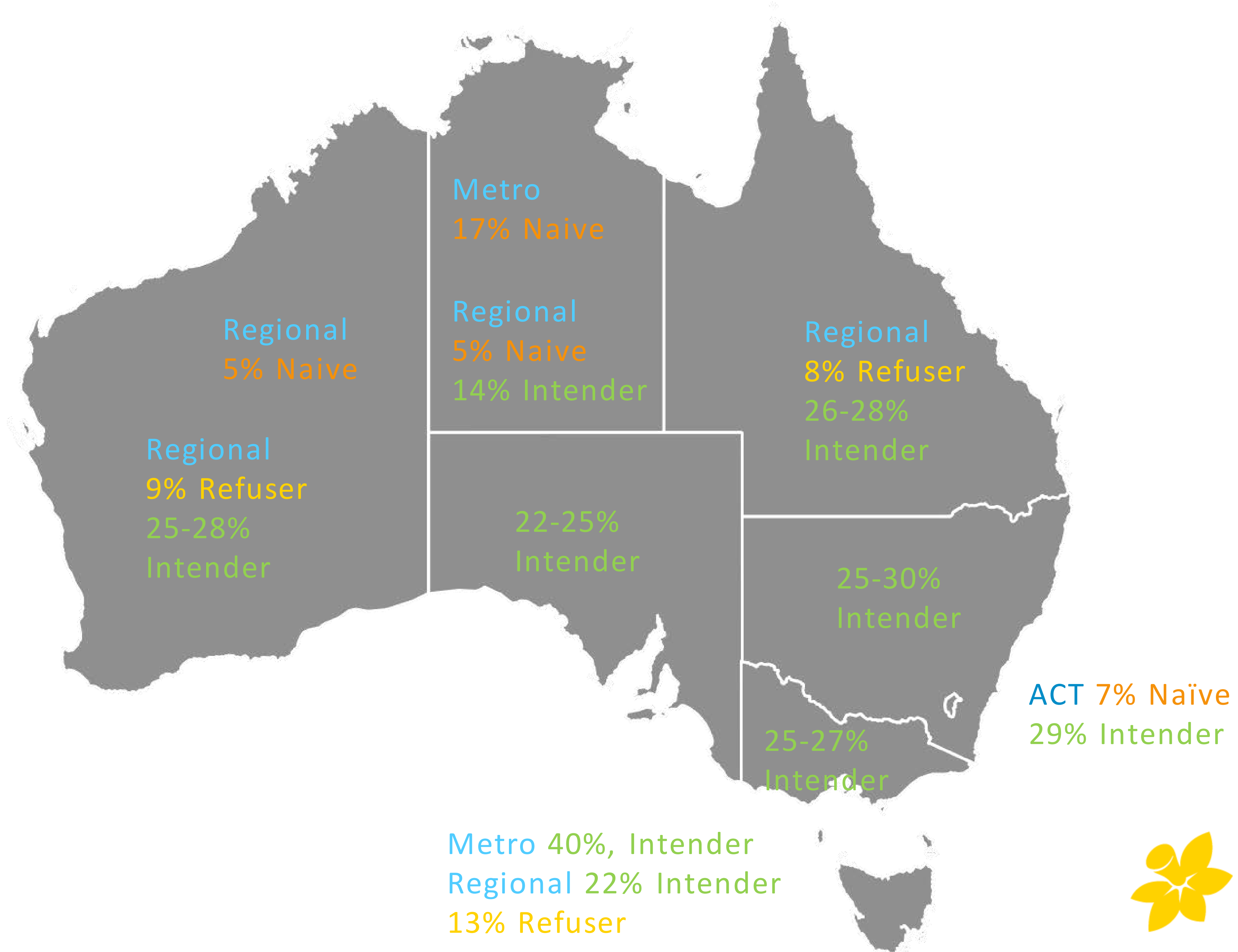

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Recommendations – Program Participants

Mass reaching integrated communications

To target the **Intenders** vast majority of non-screeners who are closest to taking action

Messages need to reinforce reasons and provide frequent reminders to do the test

Moving intenders to action will have the dual benefit of helping to normalise bowel screening.

Targeted micro-communications

To target the smaller segment of **Refusers** with varied barriers

Reassure about the benefits, the hygiene and simplicity to motivate

Messaging that encourages conversations may help normalise screening

Community led - communications

To target **Naïve** need trust built and education

CALD + ATSI

Co-designed messages

Delivered by community influencers, elders, health professionals

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Recommendations - Stakeholder + Program

Health Professionals

Increase HPs understanding and endorsement of the program to help build trust among **Refusers** and **Naïve**

Training for Indigenous and CALD health workers to build confidence to speak with their patients

More intel about the extent and nature of inappropriate screening to allow it to be incorporated into the AIHW denominator to get an accurate screening rate and to better understand the causes

More research into the nature of HP attitudes toward NBCSP FOBT vs colonoscopy.

Program

Kit designs that encourage and facilitate bathroom storage would help **Intenders**

On the envelope or letter - due date for completion, time it takes to complete, QR codes that can link to an SMS or app that can push out reminders would help **Intenders**

Longer sample sticks, plastic gloves, opaque storage bags may help **Refusers**

Easy access to leaflets and online multi-media describing what the FOBT is about and QR codes with links to video based instructions (also in-language) may help activate the **Naïve**

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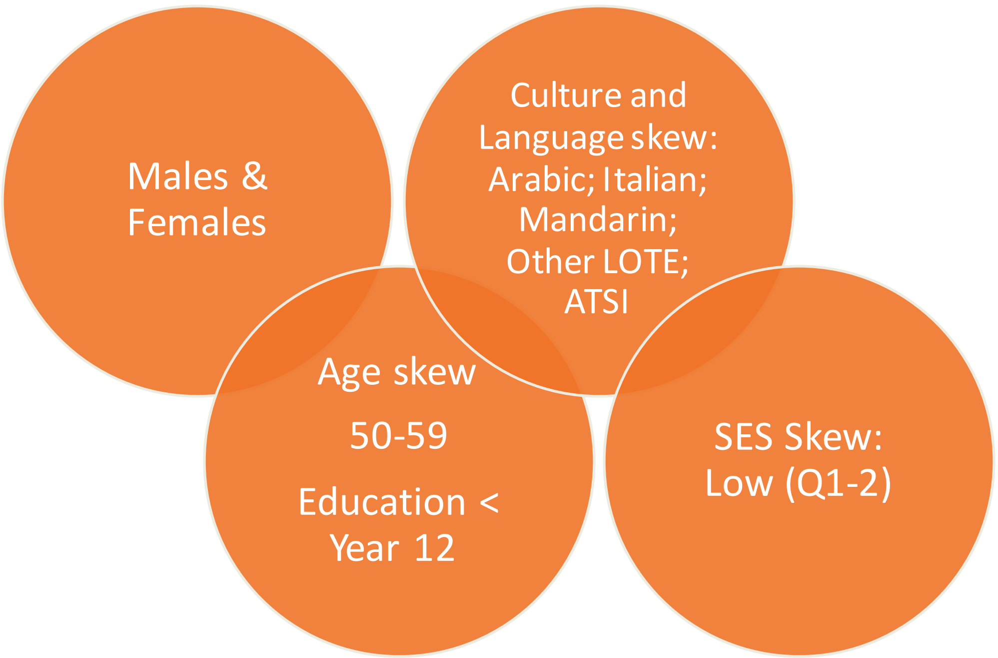


FOBT Naïve (3%)

Move from: lack of knowledge to an appreciation of the needs and benefits of screening

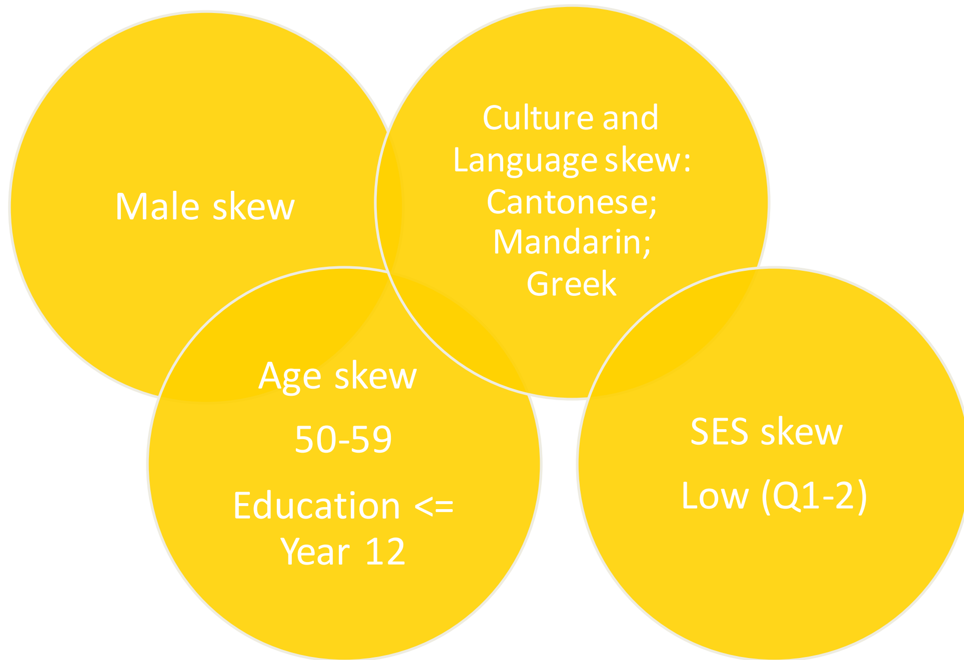
What is this letter from the government?

CORE BARRIERS

INTERVENTIONS THAT MAY WORK

EDUCATE ABOUT RISK + FOBT AS SOLUTION

- Educate about NBCSP purpose, accuracy, efficacy and privacy
- Educate about the risks after 50 years and that you can have no symptoms and no family history
- Emphasize that 90% successfully treated



Refusers (6%)

Move from:
fear to relief
‘it’s disgusting’ to ‘it’s hygienic’,
‘it’s too hard’ to ‘it’s simple’

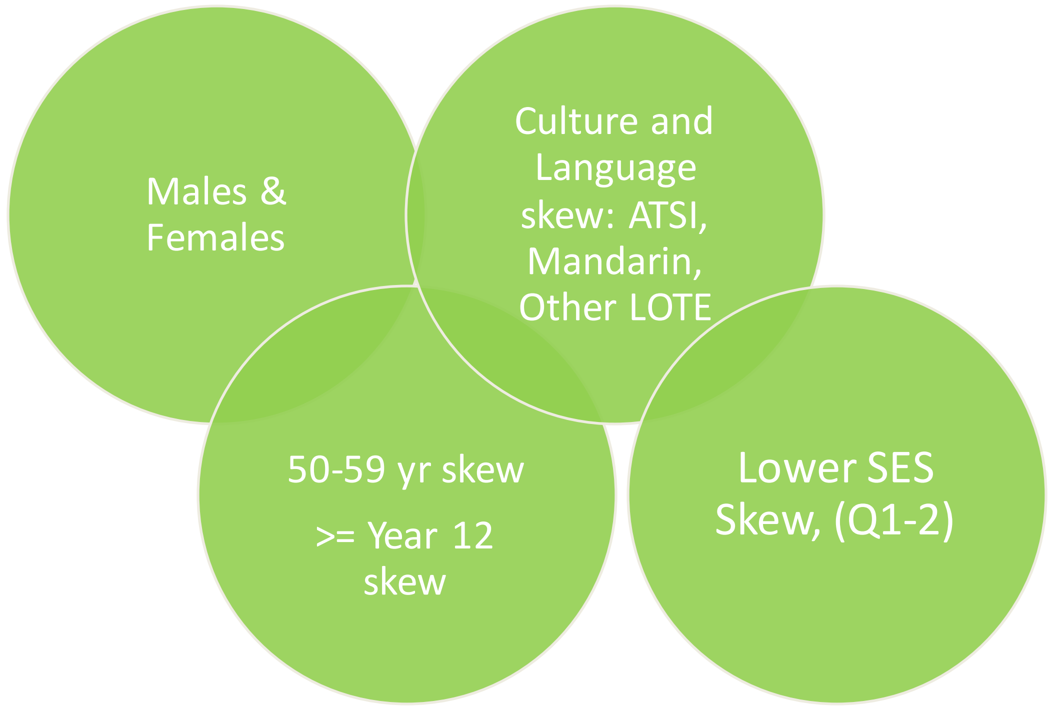
I knew right from the beginning I’m not going to do it.

CORE BARRIERS

INTERVENTIONS THAT MAY WORK

BUILD RELEVANCE + TRUST, REASSURE + FACILTATE

- Screening can help you live a long healthy life, even if you've just turned 50 years
- Emphasize the feeling of relief you get with a negative result or with catching it early
- Emphasize or promote elements of process that make it hygienic – use modelling of similar others
- Similar others / GPs / HPs discuss how quick and easy it is and help to explain the process
- Easy access to audio-visual instructional videos



You just shove it up in the cupboard and say I'll do that, and then just never get around to doing it.

CORE BARRIERS

Intenders (27%)

Move from:
'there's no time' to 'I'll find the time'
'I forgot about it' to 'I must do it'

INTERVENTIONS THAT MAY WORK

REMIND & REINFORCE

- Reinforce the urgency and importance / reasons to do it
- Frequent reminders close to the action
- Encouraging or modelling taking the kit to the bathroom

To access the full report,
please email
media@cancer.org.au