COMMUNITY AND PRIMARY CARE PERCEPTIONS ON BOWEL CANCER SCREENING PARTICIPATION AMONG CALD MEN IN THE NEPEAN BLUE MOUNTAINS REGION

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Background and aims

- Bowel cancer 2nd most diagnosed cancer & cause of cancer mortality in Australia
- Screening using FOBT leads to lower mortality and improved health outcomes
- Participation sub-optimal in NSW and lower in NBM region (NSW ranked 7th of 8 states, NBM 33.3% vs NSW 35.1%)
- Participation lower in men, especially among men of culturally and linguistically diverse (CALD) backgrounds
- NBM population high proportion CALD individuals
- Important to understand reasons behind low participation to guide interventions in primary care and improve rates
The Research Study

- Qualitative in-depth exploration of cancer screening behaviours in CALD men living in NBM
- Semi-structured individual interviews and focus groups
- Topics included perceptions of health, barriers and facilitators to NBCSP screening participation
- Working closely with multicultural agencies and CALD community groups
- 31 CALD male community participants
- 20 primary care practitioners and practice staff
"I did receive it, but I thought that was not for me, that was for a lot older people than me"  [Lebanese man, 52 years]

"The test it's is not good, is not good at all, my goodness me. It's messy you know, that's why"  [Egyptian man, 62 years]

"Never had bowel problems, never had food digestive problems, I don't vomit at a minute’s notice or anything, so at least that part of my system has always worked well, its regular and I don't see reason to go worry about that sort of stuff you know"  [Dutch man, 75 years]

"Doctor's going to tell you 1 year to go, 2 years to go, I don't wanna know. When death comes it comes, that's my opinion"  [Macedonian man, 58 years]
Key recommendations – one size does not fit all

- Male targeted health talks at community events, men’s groups, social clubs and encouragement of open discourse around health through identified community champions and culturally appropriate health support workers.

- Encouragement of medical help-seeking in general, in the context of masculinity, to increase the frequency of primary care visits and development of ongoing relationships with GPs.

- Adoption of a tailored approach – unique needs of each community using simplified language.

- Overall raising community awareness of bowel cancer morbidity and mortality rates while highlighting ‘it is good to know early’.

- Target men via primary care with explanation and demonstration of how to do the test and use of visual images.

- Development of a primary care tool to prompt recommendation of NBCSP during consults, ideally automated flagging based on age with follow up.
Future work and sustainability

Understanding bowel cancer screening practices

- Among CALD men living in the NBM region
- Primary care perspectives of bowel cancer screening practices
- PCP potential role in promoting participation in the NBCSP

Resulting recommendations

- Important role in guiding future strategies for NBM PHN
- In engaging with and supporting men from CALD backgrounds in development of multiple-strategy interventions (involving communities and primary-care providers)

Wider dissemination

- Other Primary Health Networks and Local Health Districts in NSW
- Particularly for regions with similar demographics to the NBM region
- Publication of findings (in conjunction with recent population-based survey) to facilitate dissemination beyond NSW and add to evidence base
Project partners

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