

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

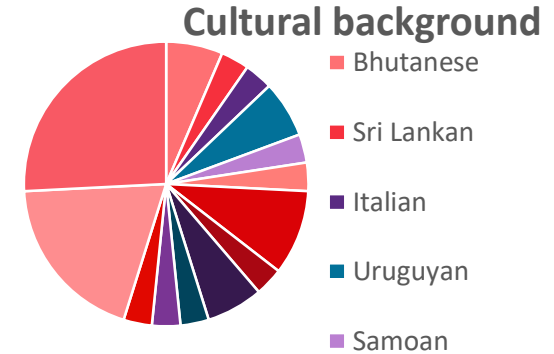
- Bowel cancer 2nd most diagnosed cancer & cause of cancer mortality in Australia
- Screening using FOBT leads to lower mortality and improved health outcomes
- Participation sub-optimal in NSW and lower in NBM region (NSW ranked 7th of 8 states, NBM 33.3% vs NSW 35.1%)
- Participation lower in men, 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



Key findings

"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]

Lack of knowledge



Being unaware of screening, low health literacy

Low perceived risk



No need to screen due to lack of digestive symptoms or family history of cancer

Fear and fatalism



Helplessness and futility regarding cancer, not wanting to know result

Masculinity beliefs



Self-reliance, stoicism, heterosexual presentation, low help-seeking

Specific cultural factors



Health beliefs, traditional customs

Sociocultural factors



Language barriers, education level, transportation, income, ethnicity

Test concerns and misconceptions



Unpleasant, embarrassing, confusion with other tests and physical exams

Lack of GP recommendation



Low endorsement of screening in primary care

Distrust in healthcare



Scepticism about preventative health and conventional cancer therapies

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) facilitate dissemination beyond NSW and add to evidence base

Project partners

WESTERN SYDNEY
UNIVERSITY



Translational Health
Research Institute

phn
NEPEAN
BLUE MOUNTAINS

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