

Improving participation in Cancer Screening Programs:

A review of social cognitive models, factors affecting participation and strategies to improve participation

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EXECUTIVE SUMMARY

The *Victorian Cancer Action Plan (2008-2011)* identified increasing participation rates in population-based cancer screening programs as one of its key priority areas. Subsequently in 2009 the Victorian Department of Health commissioned a review of the relevant literature. This summary presents the findings of the review.

Factors to consider when designing interventions that aim to increase cancer screening participation include:

- Issuing invitations to screen will strengthen the relationship between attitudes and intention.
- Activities that successfully change intentions will change behaviour but the impact on behaviour will be much smaller.
- People who are inclined to screen but who do not are the major reason intentions not aligning with behaviour.
- The type of screening test should determine whether attitudes, social norms or self- efficacy are addressed, and there was no evidence targeting all three factors simultaneously would produce a greater effect.
- Financial incentives appeared to have the largest impact on intentions.
- Financial incentives and social encouragement/pressure/support individually had the greatest impact on behaviour.
- Monitoring data containing reliable demographic information can be used to identify, broadly, which groups are non-adherent to screening guidelines and assist in targeting strategies.
- Engaging people at the time of the first screen and ensuring a positive experience is likely to enhance repeat screening within and across screening programs.
- Recently arrived immigrants are less likely to participate in screening mammography and Pap tests. Relevant issues are a complex blend including health literacy, English language skills, fatalism, modesty, embarrassment and shame; and medical mistrust.
- Literacy is likely to be low among some non-adherent groups. However, the specialised nature of health-related information means that even those with good literacy skills may have reduced health literacy levels, making them less likely to seek out and/or engage with health-related literature and information

- Reducing fear, worry, and anxiety issues relating to people's generalised cancer worries and fear of the screening process itself would have a positive impact on screening uptake. Such strategies will need to take into account the psychological and cultural factors underpinning these feelings.
- Both recommendations from outpatient and primary care doctors during routine visits and the provision of female health care providers and interpreters were found to be associated with screening uptake.
- There was a general lack of evidence in relation to physical and mental health affecting screening uptake.

Strategies that appear to increase participation in cancer screening include:

- Telephone invitations and reminders, GP endorsement, telephone and face-to-face counselling, economic incentives, and prompts for health care providers increased uptake among the general population.
- Mailed invitations and reminders. However, to improve their effectiveness need to consider including an appointment time and following up non-respondents using telephone invitations and reminders
- Coaching, community interventions and multi-component interventions increased uptake among Indigenous groups.
- Counselling increased uptake among other ethnic groups.
- Counselling, financial incentives, changes to the test procedures and multi-component strategies increased uptake among low income groups.
- Invitations and reminders and education increased uptake among non-urban groups.
- There was no clear evidence about which strategies would be most effective in increasing uptake among Australian males and it is unlikely that one strategy will be equally effective across all groups of men.