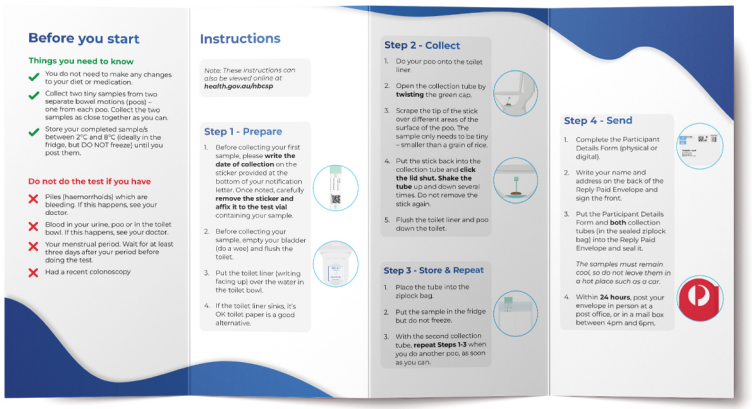
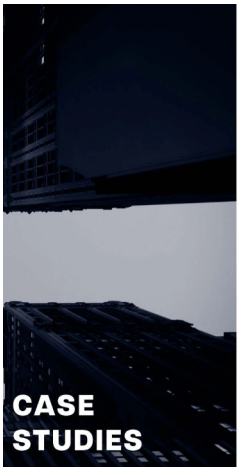
National Bowel Cancer Screening Process

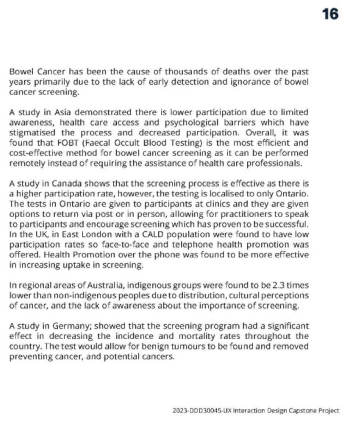
2023 saw my greatest uni challenge yet. This multidiscipline team consisted of 6 people, who were tasked with coming up with a way to improve the participation rates within the National Bowel Cancer Screening Process.

The 3 month journey consisted of extensive research, focus groups and eventually redesigning certain elements and introducing new features. For this project, I was tasked with researching and redesigning the instruction brochure.



Research for this task involved looking at other countries procedures, as well as current issues in Australia. It was found that indigenous participation rates were much lower than the non-indigenous population. Additionally, the more rural an area is, the participation is lower as well.





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Bowel Cancer has been the cause of thousands of deaths over the past years primarily due to the lack of early detection and ignorance of bowel cancer screening.

A study in Asia demonstrated there is lower participation due to limited awareness, health care access and psychological barriers which have stigmatised the process and decreased participation. Overall, it was found that FOBT (Faecal Occult Blood Testing) is the most efficient and cost-effective method for bowel cancer screening as it can be performed remotely instead of requiring the assistance of health care professionals.

A study in Canada shows that the screening process is effective as there is a higher participation rate, however, the testing is localised to only Ontario. The tests in Ontario are given to participants at clinics and they are given options to return via post or in person, allowing for practitioners to speak to participants and encourage screening which has proven to be successful. In the UK, in East London with a CALD population were found to have low participation rates so face-to-face and telephone health promotion was offered. Health Promotion over the phone was found to be more effective in increasing uptake in screening.

In regional areas of Australia, indigenous groups were found to be 2.3 times lower than non-indigenous peoples due to distribution, cultural perceptions of cancer, and the lack of awareness about the importance of screening.

A study in Germany; showed that the screening program had a significant effect in decreasing the incidence and mortality rates throughout the country. The test would allow for benign tumours to be found and removed preventing cancer, and potential cancers.

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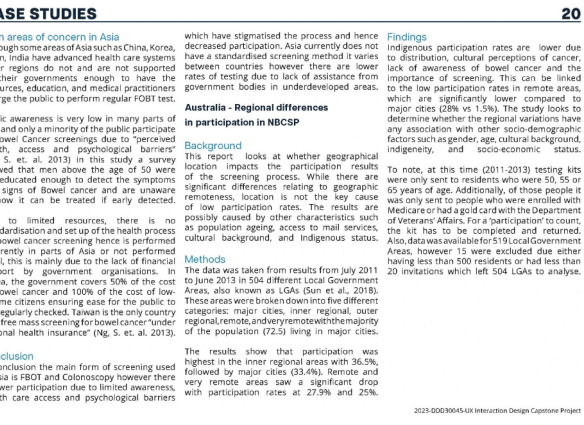

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Main areas of concern in Asia

Although some areas of Asia such as China, Korea, Japan, India have advanced health care systems other regions do not and are not supported by their governments enough to have the resources, education, and medical practitioners to urge the public to perform regular FOBT test.

Public awareness is very low in many parts of Asia and only a minority of the public participate in Bowel Cancer screenings due to "perceived health, access and psychological barriers" (Ng, S. et. al., 2013) in this study a survey showed that men above the age of 50 were not educated enough to detect the symptoms and signs of Bowel cancer and are unaware of how it can be treated if early detected.

Due to limited resources, there is no standardisation and set up of the health process for bowel cancer screening hence is performed differently in parts of Asia or not performed at all, this is mainly due to the lack of financial support by government organisations. In Korea, the government covers 50% of the cost of bowel cancer and 100% of the cost of low-income citizens ensuring ease for the public to get regularly checked. Taiwan is the only country with free mass screening for bowel cancer "under national health insurance" (Ng, S. et. al. 2013).

Conclusion

In conclusion the main form of screening used in Asia is FBOT and Colonoscopy however there is lower participation due to limited awareness, health care access and psychological barriers which have stigmatised the process and hence decreased participation. Asia currently does not have a standardised screening method it varies between countries however there are lower rates of testing due to lack of assistance from government bodies in underdeveloped areas.

Australia - Regional differences in participation in NBCSP

Background

This report looks at whether geographical location impacts the participation results of the screening process. While there are significant differences relating to geographic remoteness, location is not the key cause of low participation rates. The results are possibly caused by other characteristics such as population ageing, access to mail services, cultural background, and Indigenous status.

Methods

The data was taken from results from July 2011 to June 2013 in 504 different Local Government Areas, also known as LGAs (Sun et al., 2018). These areas were broken down into five different categories: major cities, inner regional, outer regional, remote, and very remote with the majority of the population (72.5) living in major cities.

The results show that participation was highest in the inner regional areas with 36.5%, followed by major cities (33.4%). Remote and very remote areas saw a significant drop with participation rates at 27.9% and 25%.

Findings

Indigenous participation rates are lower due to distribution, cultural perceptions of cancer, lack of awareness of bowel cancer and the importance of screening. This can be linked to the low participation rates in remote areas, which are significantly lower compared to major cities (28% vs 1.5%). The study looks to determine whether the regional variations have any association with other socio-demographic factors such as gender, age, cultural background, indigeneity, and socio-economic status.

To note, at this time (2011-2013) testing kits were only sent to residents who were 50, 55 or 65 years of age. Additionally, of those people it was only sent to people who were enrolled with Medicare or had a gold card with the Department of Veterans' Affairs. For a 'participation' to count, the kit has to be completed and returned. Also, data was available for 519 Local Government Areas, however 15 were excluded due either having less than 500 residents or had less than 20 invitations which left 504 LGAs to analyse.

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