National Bowel Cancer Screening Program
Small group discussion case studies

Introduction

The five (5) National Bowel Cancer Screening Program case studies below have been prepared for healthcare providers for small group discussion in the 'Lifting the lid on participation: conducting effective audits to improve National Bowel Cancer Screening Program uptake' workshop.

Discussing these cases as a group, rather than answering individually contributes to your reviewing performance CPD hours (if applicable).

For each case study below, this document includes:

- Case study questions
- Facilitator prompts to help facilitate small group discussion
- Suggested answers

Contents

Case study 1: Male patient between 50-60 years of age 2

Case study 2: Aboriginal and Torres Strait Islander patient 6

Case study 3: Person with a disability 13

Case study 4: Patient from a culturally and linguistically diverse background 17

Case study 5: Rural/remote patient..... 21

Case study 1: Male patient between 50-60 years of age

John Hopton, a 58-year-old man, is a regular patient at your local general practice. He is generally healthy, with no significant medical history, and has no history of bowel cancer in the family. John works as a construction manager and leads a busy lifestyle. Recently, he received a letter from the National Bowel Cancer Screening Program, inviting him to complete an iFOBT screening test. Despite multiple reminders from the National Cancer Screening Register and conversations with his GP, John has expressed a strong reluctance to participate in the program.

During his recent visit to the GP for a routine check-up, John's doctor again brought up the topic of the National Bowel Cancer Screening Program, as he has never participated. John responded by saying, "I'm not interested in that kind of screening. I don't have any symptoms, and I feel fine. I don't see the need." He further mentioned that he finds the process awkward and doesn't believe the risk of developing bowel cancer applies to him. He also does not feel he has the time to complete the test as it is "another thing" on his already full plate.

Questions for small group discussion

1. What barriers might John face which may influence his participation in the National Bowel Cancer Screening Program?

2. What strategies can healthcare providers employ to encourage and support John to participate in bowel cancer screening? Consider the following:
   a. How can healthcare providers address the misconception that bowel cancer only affects individuals with a family history or older age?
   b. What strategies could be employed to help John overcome his discomfort with the screening process (e.g. the stool sample collection)?

A few months later, John completes his iFOBT via the Program's alternative access to kits model and he returns a positive result for blood. John books a follow up appointment to discuss this result with you.

3. What information would you give John about this result and the follow-up actions?

Facilitator prompts to help facilitate small group discussion

- What resources are you aware of which might assist John to understand the screening process? e.g. videos, printed materials, demonstration test kits.
- How can healthcare providers help John understand the importance of early detection, even in the absence of symptoms?
- What role can community engagement or peer support play in encouraging John and similar patients to take part in screening programs?
- Are there alternative methods of engagement or communication (e.g. digital tools, phone reminders, educational materials) that might better resonate with patients like John?

Suggested answers

1. What barriers might John face which may influence his participation in the National Bowel Cancer Screening Program?
   - Lack of confidence in carrying out the test/feeling awkward completing it
   - Health misconceptions, including that he feels healthy/has no family history of bowel cancer, so therefore does not need to have bowel cancer screening.
   - Perceived lack of time; being busy.
   - Being put-off by the method of sample collection (the ick factor)
   - Cost (both time and monetary) of attending follow up medical appointments or accessing a follow-up colonoscopy if required.
   - Fear of the unknown / losing control / declining health as part of the screening test process.

2. What strategies can healthcare providers employ to encourage and support John to participate in bowel cancer screening? Consider the following:
    a. How can healthcare providers address the misconception that bowel cancer only affects individuals with a family history or older age?
    b. What strategies could be employed to help John overcome his discomfort with the screening process (e.g. the stool sample collection)

- Emphasise that bowel cancer can affect anyone, regardless of age or family history, and highlight the benefits of early detection, which can lead to more effective treatment and better outcomes. Sharing statistics on survival rates when cancer is detected early could be impactful.
- Emphasis that if found early, more than 90% of bowel cancer cases can be successfully treated.
- Men are more likely to shift their attitude towards engaging with cancer screening when they have been provided with detailed, specific explanations of what the test and screening entails
- Reassure John that the screening process is simple, non-invasive, and quick. Offering educational materials or videos that demonstrate the process might make it feel less intimidating. Use of demonstration test kits to improve familiarity with the process of collection to address his discomfort.
- Reassure John that fear is normal and support him to explore his fears (use of motivational interviewing techniques such as use open-ended questions, expressing and utilising empathy, reflective listening, exploration of ambivalence, assessing readiness to change, promoting self-efficacy and communicating cancer risks versus fear of risk).
- Help John view screening as a proactive health measure, similar to regular dental check-ups or blood pressure monitoring, rather than a response to a problem. This can shift the perception from something unnecessary to an important aspect of staying healthy.
- Highlight the convenience of the at-home screening test, which can be completed in private without needing to take time off work or make a doctor's appointment, with the test kit then posted back in the reply-paid envelope. Emphasising the ease of the process could address his concerns about time and inconvenience.
- Offer a test kit as part of the alternative access to kits model – opportunistic discussion with John when he presents for another health issue to his GP.
- Continuously foster an open and trusting relationship between John and his GP, where he feels comfortable asking questions and expressing concerns about the screening. This rapport can lead to better engagement over time.
- Use a combination of text messages, emails, and phone calls to remind John about the screening, particularly focusing on the convenience and importance of completing it for his long-term health.
- Use analogies that John can relate to (e.g. car maintenance to detect changes before they become major issues).

3. What information would you give John about this result and the follow-up actions?

   Discuss with John the following:

   - A positive test result means blood was found in one or both test samples.
   - A positive result does not mean a person has bowel cancer. There are other reasons blood can be found in stool, and most are not related to cancer.
   - However, a positive result should be further investigated, usually by colonoscopy.
     - There is a small chance that further tests (such as a colonoscopy) will find something, such as polyps, adenoma or possibly cancer. If something concerning is found, the earlier it is found, the easier it will likely be to treat.
     - If found early, more than 90% of bowel cancer cases can be successfully treated.
   - A further diagnostic test is clinically recommended to find the cause of the bleeding. In most cases this will be a colonoscopy.
   - Discuss considerations such as public hospital wait times for colonoscopy and availability and wait times for private clinic options. For otherwise healthy patients, direct access colonoscopy may be indicated (available in some public and private settings).
   - Discuss possible out-of-pocket expenses such as bowel preparation products, time off work for clinical appointments, the procedure and recovery, gap fees for private providers (proceduralists, anaesthetists, day surgery fees etc.), and travel costs.

Case study 2: Aboriginal and Torres Strait Islander patient

Jack Sylvan is a 56-year-old Aboriginal and Torres Strait Islander man living in a remote community. He has a history of hypertension and currently smokes 10 cigarettes per day. He has no family history of bowel cancer on his mother's side and does not know if there is a history of bowel cancer on his father's side. Jack has no prior history of cancer screening and attends the local health clinic for minor injuries and illnesses.

Jack has previously been invited to participate in the National Bowel Cancer Screening Program (NBCSP) but has never completed the test. Jack visits his local healthcare provider to discuss smoking cessation, as he is wanting to try quitting again. You, as his healthcare provider, consider bringing up bowel cancer screening again with Jack.

Questions for small group discussion

1. What factors could impact Jack wanting to participate in the National Bowel Cancer Screening Program?
    a. Consider the following:
        - Social and cultural determinates
        - Geographic barriers
        - Relationship with healthcare provider
        - Social barriers
        - Health literacy

2. How do the healthcare providers' communication strategies affect Jack's likelihood of participating in the screening program?
    a. Consider relationship building, cultural safety (including considering which topics are men's business), and the importance of culturally tailored information.

3. What specific strategies can the healthcare provider use to overcome to support Jack in bowel cancer screening?

4. How might the healthcare provider build trust with Jack, considering the historical context of healthcare and Aboriginal and Torres Strait communities?
    a. Consider the importance acknowledging past historical events, cultural safety, culturally tailored communication, possible impacts of access/gender/language barriers, and liaising with/referring to Aboriginal health workers/practitioners or community leaders or family.

5. How can healthcare providers collaborate with Aboriginal health services or community leaders to understand the gaps in bowel cancer screening to support Jack and other community members in participating in the screening program?
    a. Build genuine partnerships, co-design community-based outreach strategies with ACCHOs/Aboriginal health services to promote bowel cancer screening and improve screening rates in Aboriginal and Torres Strait Islander populations.

Facilitator prompts to help facilitate small group discussion

- How might Jack's understanding of the screening process influence his decision to participate or not participate? How can healthcare professionals improve?

- What are some social and emotional or cultural factors that may impact Jack's decision-making to participate in the screening program?
- Are there alternative methods of engagement or communication that might better resonate with Aboriginal and Torres Strait Islander people like Jack?
- Are there any ways in which you could engage with Jack opportunistically to talk about bowel cancer and screening?

Suggested answers

1. What factors could impact Jack wanting to participate in the National Bowel Cancer Screening Program?
   a. Consider the following:
      - Social and cultural determinates
      - Geographic barriers
      - Relationship with healthcare provider
      - Social barriers
      - Health literacy

<u>Social and cultural determinants</u>

- Lack of trust: Jack may have limited trust in mainstream healthcare services due to historical experiences of discrimination or mistreatment in the healthcare system.
- Cultural differences: The healthcare provider's communication approach may not align with Jack's cultural background. Mainstream medical approaches might be unfamiliar, and he may not fully engage with information that doesn't reflect his cultural context – such as language, beliefs, spiritual, social norms and the respectable way of doing things.
- Language differences: How a clinician speaks may make it harder for Aboriginal and Torres Strait Islander patients to understand the information being provided to them.
- Family responsibilities: Jack may have family responsibilities or obligations to care for others which are a higher priority and more important to him than screening. In addition to impacting his ability to do the screening test, these responsibilities may also impact his ability to leave his community or regularly to travel to appointments.
- Shame job: Touching your own bowel movement may be considered a 'Shame job'.
- Stigma around bowel cancer in the community: People in Jack's community may have seen others pass away from bowel cancer therefore it's not spoken about.
- Inadequate facilities: Houses may not be fully functioning or are overcrowded. This could mean the toilets are overused/not functioning.
- Lack of transportation options: It may be difficult for Jack to access a car, or the fuel needed to drop bowel samples back off where they need to go.

Geographic barriers

- Remote location: Jack lives in a remote community, which could hinder his ability to engage with the screening program and/or access healthcare services (including visiting a tertiary centre /private colonoscopist for a follow up colonoscopy).
- Extreme temperatures: Jack may live in a 'hot zone' which may impact on him being able to appropriately store the sample or return it to the post-box.
- Seasonal barriers: Ability to travel by road or air may seasonal and limited to small periods of the year.
- Minimal courier services in remote communities: Infrequent mail or courier services may mean Jack is unable to get samples sent back for testing within prescribed 14 days.

Relationship with healthcare provider

- Lack of trust (provider): Trust is formed over time with the continuity of having the same provider. Jack may not have had enough time to build a rapport with a male clinician around bowel topic.
- Lack of trust (health system): Jack may have limited trust in mainstream healthcare services due to historical experiences of discrimination or mistreatment in the healthcare system.
- Culturally safe engagement: Bowel screening may be a sensitive topic and considered 'men's business' as such it would be culturally inappropriate to discuss it with the broader community and/or a female healthcare provider/worker.

Social barriers

- Multi-generational housing: In remote communities, it is common for large families to live together in one house. This could impact Jack doing the test as he might not feel comfortable doing it with others around. He may also not be comfortable storing the sample in the fridge where everyone keeps their food.
- Transient lifestyle: Jack may be living in different communities at different times.
- Clinic access: Clinics may not be open or able to be accessed due to unrest in the community or due to sorry business where clinics close out of respect.

Health literacy

- Understanding of screening: Jack may not fully understand what the bowel cancer screening involves or how to complete it. His health literacy may prevent him from navigating the process successfully.
- Misunderstanding the importance: Jack may not understand the significance of bowel cancer screening in the context of his life, as it may not have been a topic of focus in his community.

2. How do the healthcare providers' communication strategies affect Jack's likelihood of participating in the screening program?
    a. Consider relationship building, cultural safety (including considering which topics are men's business), and the importance of culturally tailored information.

- Building relationships and trust: For Jack to engage in the screening program, the healthcare provider needs to build a relationship of trust and understanding, particularly given the historical mistreatment of Aboriginal and Torres Strait Islander people in healthcare settings. If Jack perceives the healthcare provider as a safe space and culturally considerate, he may be more likely to participate.
- Culturally safe communication: The provider must ensure that Jack feels culturally safe during interactions. This includes using language that Jack can understand, respecting his values, recognising the topic may be men's business and acknowledging the unique health experiences of Aboriginal and Torres Strait Islander people.
- Clear explanations: Using clear, culturally tailored language without medical jargon and taking the time to explain the benefits of bowel cancer screening can help Jack understand why it is important. Additionally, providing reassurance that the test is simple and that it's about preventing future health issues may encourage him to take part.
- Direct and clear explanations: If the healthcare provider asks Jack what information he would like to know about the test and shows the screening process in a simplified manner, he is more likely to follow through. This may involve explaining the process step-by-step using a flip chart or using a demonstration kit, showing empathy, and answering any questions Jack has about the procedure, including concerns he may have about the test.
- Open, two-way conversations: Having an open, two-way conversation style of communication is important. Jack will have good reasons as to why he is not doing the test and understanding these reasons is important.

3. What specific strategies can the healthcare provider use to overcome to support Jack in bowel cancer screening?

<u>Culturally safe approaches</u>

- Use of appropriate Aboriginal health workers/practitioners: Including Aboriginal health workers/practitioners or community leaders in discussions can help build rapport with Jack to help him feel more confident with bowel cancer screening. These individuals can offer cultural guidance and tailor the information to be more accessible, as well as ensuring sensitivities around discussions being men's or women's business are respected.
- Tailored Education: The healthcare provider could offer educational materials in a culturally appropriate format, perhaps using videos, visuals or culturally relevant stories that resonate with Jack.

- Accessible language: The healthcare provider should avoid medical jargon and use culturally relevant, easy-to-understand language when explaining the screening process.

Health education and motivation

- Motivational interviewing: Using motivational interviewing techniques could help engage Jack in the discussion and address his potential ambivalence towards the screening. By exploring his motivations for wanting to stay healthy and discussing how bowel cancer screening fits into that, the healthcare provider can encourage Jack to participate.
- Assistance with the test: Offering to guide Jack through the steps of completing the test or even providing a support person to help him with the process and collecting the samples could make it easier for him to follow through.

Addressing geographic barriers

- Telehealth or mobile screening units: Noting these may not be suitable in all situations, the healthcare provider could look into providing access to mobile screening units or telehealth consultations for follow-up care, reducing the need for travel.
- Community outreach: Involve local health services or community clinics in the outreach process to make participation more accessible. Collaborating with community health workers can improve the delivery of health messages and make screening a more familiar, trusted process.
- Consider the time year when engaging: If in a 'hot zone', provide additional information about how to safely store iFOBT samples, including asking the ACCHO if they have small eskies available or offering that samples can be stored in an ACCHO clinic, if available. Healthcare providers could arrange to do patient recalls and/or promotional events during the cooler parts of the year.

Opportunistic screening

- Discuss in appropriate forums: Healthcare providers could have discussions about bowel cancer through holistic screening days or men's groups, incorporate screening as part of other assessments such as the 715 Aboriginal Health Assessment for people aged 55 and over.
- Opportunistic discussions on screening: You could discuss bowel cancer risk as part of the broader discussion around motivations for smoking cessation.
- Utilise the alternative access to kits model: Offer screening via the alternative access to kits model to issue kits opportunistically. It also provides a good opportunity to discuss any concerns Jack has and to show him the screening kit.

4. How might the healthcare provider build trust with Jack, considering the historical context of healthcare and Aboriginal and Torres Strait communities?
    a. Consider the importance acknowledging past historical events, cultural safety, culturally tailored communication, possible impacts of access/gender/language barriers, and liaising with/referring to Aboriginal health workers/practitioners or community leaders or family.

- It is important for the healthcare provider to be aware of, acknowledge and understand the historical mistreatment of Aboriginal and Torres Strait Islander people in the healthcare system. This includes listening to Jack's concerns, providing support and recognising factors that may impact Jack participating in screening.
- Building a relationship based on mutual respect and trust is key. The healthcare provider should invest time in listening to Jack's needs and preferences, acknowledging his knowledge and experiences, and demonstrating that his wellbeing is a priority, offering culturally tailored support or services where appropriate.
- Working closely with local Community leaders or respected community members can help bridge the gap between healthcare providers and Jack. These leaders can provide insights into culturally appropriate care, and Jack may feel more confident participating when encouraged by someone he trusts.

5. How can healthcare providers collaborate with Aboriginal health services or community leaders to understand the gaps in bowel cancer screening to support Jack and other community members in participating in the screening program?
    a. Build genuine partnerships, co-design community-based outreach strategies with ACCHOs/Aboriginal health services to promote bowel cancer screening and improve screening rates in Aboriginal and Torres Strait Islander populations.

- Collaborate with Aboriginal health services: Healthcare providers can collaborate with Aboriginal health services to facilitate education and the screening process. Local services such as ACCHOs often have the cultural expertise and trust of the local Aboriginal and Torres Strait Islander population to promote participation in health programs like the NBCSP.
- Organise community-based health days: Led by Aboriginal health workers or community leaders, community-based health days may help reduce stigma, start the conversation about bowel cancer and encourage broader community participation in screening programs. These events can create a supportive environment where individuals like Jack feel more comfortable.
- Engage trusted community members: Having trusted community members who have already participated in the screening program talk about their experience can motivate others in the community. Men's yarning circles and support networks can help increase engagement and reduce any anxieties associated with the process.
- Offering more flexible options for completing the test: The alternative access to kits model, could help overcome barriers related to Jack's remote location.

Case study 3: Person with a disability

Sarah Kimber is a 48 year old woman with Down Syndrome and an intellectual disability. She has a history of dyslipidaemia, obesity, and anxiety and takes fluoxetine 20mg orally daily. She lives in supported independent living with one other person with an intellectual disability and is supported by 24/7 disability support workers who help with her daily activities. Sarah has not participated in the National Bowel Cancer Screening Program (NBCSP) and is yet to request her first screening test. She has no family history of bowel cancer.

Sarah is independent with some of her activities of daily living such as feeding herself, and is independent with her toileting but requires assistance getting dressed, administering her medications and showering. Sarah has very limited understanding medical procedures, and she is often unsure about the purpose of medical examinations and tests. She is able to speak basic English and can communicate her basic needs, such as when she needs to use the toilet, or when she is hungry. Sarah is booked into the clinic today for an hour-long appointment for her annual Intellectual Disability Health Assessment. You review Sarah's bowel chart, provided by her disability support workers and it shows that she has type 4 or 5 stools on the Bristol stool chart every 1-2 days and there is no appearance of blood.

Questions for small group discussion

1. What potential barriers might Sarah face in participating in the National Bowel Cancer Screening Program and follow up care?

2. What role does Sarah's support network (family, disability support workers) play in her participation in the screening program?
    a. Consider how these individuals can assist Sarah in understanding and completing the test.

3. What specific strategies can the healthcare provider use to discuss bowel cancer screening and encouraging participation in the NBCSP for people with an intellectual disability like Sarah?

4. How can the healthcare provider collaborate with disability support workers to help Sarah with the screening process?

Facilitator prompts to help facilitate small group discussion

- What are some common challenges for individuals with intellectual disabilities in engaging with healthcare systems and preventative health programs?
- What are some of the systemic barriers to Sarah being able to receive good medical care?
- How can the healthcare provider ensure that the screening process is explained to Sarah in an accessible and understandable way?
- How might you be able to work with Sarah's care team to encourage her participation in the NBCSP?

Suggested answers

1. What potential barriers might Sarah face in participating in the National Bowel Cancer Screening Program and follow up care?

   Consider cognitive, emotional, and environmental factors that may impact her ability to participate in the program.

   - Sarah may struggle to understand the purpose of bowel cancer screening or how to complete the test due to her intellectual disability and lower health literacy.
   - Sarah may experience anxiety or fear about the medical process or attending appointments. The waiting room environment may be suboptimal for Sarah, including lengthy waits for her appointment, noise and over-stimulation.

- Sarah and health disability support workers may also have misconceptions about her bowel cancer risk, given she has the appearance of normal bowel actions and no family history of bowel cancer, so may not prioritise bowel cancer screening.
- Sarah relies on her disability support workers to collect the samples, complete the paperwork and post her samples back. She may also be cared for by many support workers, where communication between her care team may be poor.
- Health providers may place lower priority on preventative health screening for people with an Intellectual Disability, instead focusing on more acute issues.
- Sarah may face challenges with accessing and completing a colonoscopy due to healthcare provider bias which exists within the healthcare setting, lack of tolerability of bowel preparation and the colonoscopy itself.

2. What role does Sarah's support network (family, disability support workers) play in her participation in the screening program?
   a. Consider how these individuals can assist Sarah in understanding and completing the test.

   - They may play a role in:
     - Encouraging bowel cancer screening
     - Reinforcing the health provider's message to Sarah about bowel cancer screening, such as going over the written materials provided within Sarah's own home
     - Specimen collection and storage
     - Posting the samples back to the NCSR

3. What specific strategies can the healthcare provider use to discuss bowel cancer screening and encouraging participation in the NBCSP for people with an intellectual disability like Sarah?
   - Encourage the booking of long appointments to ensure sufficient time to discuss preventative health.
   - Encourage appointments to be at the start of a consulting session to minimise waiting for Sarah in the waiting room.
   - The healthcare provider should assess Sarah's level of understanding and adapt their communication style to meet her needs, using simple, easy-to-understand language.
   - Provide educational resources in Easy Read format.
   - If Sarah uses a communication aid, then asking to be shown this and learning how to use this can assist.
   - Use demonstration kits to show Sarah and her disability support workers how to collect the samples.
   - Offer a kit via the alternative access to kits model.
   - Conduct Annual Intellectual Disability Health Assessments (item 701-707) in which preventative health is discussed.

- Utilise telehealth appointments to encourage bowel cancer screening if face-to-face appointments are not always possible, such as ordering a kit to be sent to the patient's home.

4. How can the healthcare provider collaborate with disability support workers to help Sarah with the screening process?
    - Engaging Sarah's support network, such as family members or group home staff, is crucial. They can help reinforce the importance of screening and provide ongoing assistance throughout the process.
    - They can help with specimen collection, including applying techniques to maximise chances of collection, for example temporarily disabling the toilets flushing mechanism.
    - The healthcare provider can work with Sarah's care team to ensure that the screening process is tailored to her needs. This might include providing extra time for consultations or having a staff member assist with the collection and mailing of samples.
    - The health provider can complete some of the Participant Details Form to ensure that this is filled out correctly, rather than rely on her support workers to complete this in full.

Case study 4: Patient from a culturally and linguistically diverse background

Mei Li, aged 58, has a history of type 2 diabetes, cholecystectomy and hysterectomy. She is a non-smoker and has no family history of bowel cancer. Mei speaks basic English and primarily communicates in Mandarin. She moved to Australia three years ago for her husband's work at the local University. She lives with her husband and 2 adult children, who speak some English, but they are often busy with their work and studies. Mei has not participated in the National Bowel Cancer Screening Program (NBCSP), despite receiving two screening kits via mail and reminders to screen. She has also never had a mammogram or a cervical screening test.

During a routine check-up, Mei's healthcare provider asks if she has completed her bowel cancer screening test, and it is revealed that she has not responded to the program's letters. She seems confused when asked about the program, and there are concerns about her understanding of the process due to her limited English proficiency. The healthcare provider is now considering how to assist Mei in completing the screening.

Questions for small group case discussion

1. What potential barriers might Mei face in participating in the National Bowel Cancer Screening Program?
    a. Consider cultural, language, social, and health literacy factors.

2. What specific strategies can the healthcare provider use to overcome the barriers Mei faces?
    a. Discuss approaches like using culturally appropriate materials, involving family members for support, and providing extra assistance with the test.
    b. Consider the use of interpreters, written information in her preferred language, and the clarity of explanations.

Facilitator prompts to help facilitate small group discussion

- How might Mei's limited English proficiency impact her understanding of the screening process and her ability to follow through with the test?
- How can healthcare providers collaborate with interpreters to support Mei in participating in the screening program?
- What resources in Mandarin are you aware of which can be used to communicate with Mei?
- How do the healthcare provider's communication strategies affect Mei's likelihood of participating in the screening program?

Suggested answers

1. What potential barriers might Mei face in participating in the National Bowel Cancer Screening Program?
   a. Consider cultural, language, social, and health literacy factors.

   <u>Language barriers</u>

   - Mei may struggle to understand the letters and instructions sent from the screening program, as they are in English. This prevents her from fully understanding the purpose of the screening and the steps required to complete it.
   - Mei may have difficulty understanding the program's instructions and the process for completing the test. Without translation, she may miss key details about the importance of screening or the steps to follow.
   - Mei may feel uncomfortable asking for clarification, particularly if she feels embarrassed about her limited English skills.

   <u>Cultural barriers</u>

   - Mei might come from a cultural background where preventive healthcare and screening programs are not as common, potentially reducing her interest in participating.
   - Mei may feel uncertain or uncomfortable with the process of completing a bowel cancer screening, especially if it's something unfamiliar in her home culture.

   <u>Social barriers</u>

   - While Mei lives with her family, they may not be readily available to assist with understanding medical instructions or completing the screening. Her children may not have time to explain it in detail, and Mei may hesitate to ask for help.

   <u>Health literacy</u>

   - Mei may not fully grasp the importance of bowel cancer screening or the consequences of not participating due to her limited health literacy and lack of understanding about the Australian healthcare system.

2. What specific strategies can the healthcare provider use to overcome the barriers Mei faces?
    a. Discuss approaches like using culturally appropriate materials, involving family members for support, and providing extra assistance with the test.
    b. Consider the use of interpreters, written information in her preferred language, and the clarity of explanations.

    Use of interpreters and translation services

    - Healthcare providers can connect with interpreter services (e.g. Translating and Interpreting Service, TIS National) to offer language support during consultations. This ensures that Mei understands the importance of the program and how to complete the test. Family members should not be used as interpreters.
    - Providing Mei with information about the NBCSP in Mandarin or another language she is comfortable with will ensure she has access to clear and understandable instructions.
    - Show Mei videos about the NBCSP that are in Mandarin. She can watch them in the clinic or at home.

    Culturally tailored approach

    - The healthcare provider should acknowledge Mei's cultural background and explain the screening process in a way that resonates with her. This might involve using culturally appropriate analogies or framing the importance of the test in a manner she can relate to.
    - Using diagrams or pictures to demonstrate the test procedure can help make the process clearer and less intimidating.
    - The provider must ensure they are using simple language and avoid jargon. The use of clear, easy-to-understand explanations is critical to ensure that Mei comprehends the information.
    - Demonstrate using a demonstration kit.

    Family and social support

    - Since Mei lives with her family, the healthcare provider could involve her adult children or other family members in the conversation, with her consent, to provide support and ensure that the message is fully understood. They could help Mei complete the test if needed.
    - Connecting Mei with local Mandarin-speaking health professionals that offer support for immigrants could provide additional guidance and reassurance.

    Extra assistance with completing the test

    - If Mei is still hesitant or unclear about completing the test, the provider could offer additional support, such as helping her through the process or scheduling a follow-up visit to answer questions.
    - The health provider can assist Mei to complete the Participant Details form.

    Opportunistic discussions

    - Discuss cancer screening more broadly with Mei including breast cancer, cervical cancer and bowel cancer, as part of a comprehensive preventative screening appointment.

- Offer her a kit via the alternative access to kits model as part of the broader discussion about the NBCSP when she attends for another health issue.

Case study 5: Rural/remote patient

Tom Williams, aged 62 years, works as a station hand on a cattle station, which is 50 km from your clinic and 400km from the nearest capital city. Tom works long hours and has been a station hand since he left school at age 15. Tom has a history of chronic back pain and knee osteoarthritis. He lives alone and has no family nearby, though he is in regular contact with a small network of friends in the local town. He has no personal or family history of bowel cancer. Tom rarely visits healthcare providers except for occasional check-ups for his chronic conditions and prescriptions of his anti-inflammatory medication, meloxicam.

Despite receiving several screening kits and reminders from the National Bowel Cancer Screening Program (NBCSP), Tom has not completed the screening test. He has not responded to the program's letters, and when his local healthcare provider asked about bowel cancer screening during his last visit, Tom appeared uninterested and did not express any understanding of its importance.

Questions for small group case discussion

1. What potential barriers might Tom face in participating in the National Bowel Cancer Screening Program and follow up care?
    a. Consider geographical, psychological and practical barriers.
    b. How might Tom's geographical location impact his ability to access healthcare services and complete the screening test?
    c. How does Tom's understanding of the benefits of bowel cancer screening affect his likelihood of participation?

2. What specific strategies can the healthcare provider use to help overcome these barriers and encourage Tom to participate in the screening program?
    a. Consider tailored approaches for patients in remote locations and strategies for improving health literacy.

3. Tom decides to participate in the NBCSP. Both of his iFOBT samples return a positive result for blood. Tom agrees to a referral to the nearest tertiary hospital for a colonoscopy. What details are important to include in the referral to ensure it is triaged appropriately?

Facilitator prompts to help facilitate small group discussion

- How might Tom's geographical location impact his ability to access healthcare services and complete the screening test?
- How does Tom's understanding of the benefits of bowel cancer screening affect his likelihood of participation?

Suggested answers

1. What potential barriers might Tom face in participating in the National Bowel Cancer Screening Program and follow-up care?
   a. Consider geographical, psychological and practical barriers.
   b. How might Tom's geographical location impact his ability to access healthcare services and complete the screening test?
   c. How does Tom's understanding of the benefits of bowel cancer screening affect his likelihood of participation?

   <u>Geographical barriers</u>

   - Living in a remote area, Tom may find it difficult to access healthcare services. Regular visits to a GP or a specialist may not be feasible due to the distance to the nearest healthcare facilities or lack of available appointments.
   - He also works long hours, so may not easily get time off to attend appointments.
   - Given the scarcity of appointments, more pressing acute health issues may take the priority for Tom, and he may miss out on preventive health discussions such as bowel cancer screening.
   - Tom may live in a 'hot zone' which may impact on him being able to safely store and return the sample.
   - Living in a remote area, Tom may only be able to receive or send mail once every week or two.
   - Poor mobile reception for conducting telehealth consultations.
   - Tom is also far from tertiary care, so if he has a positive iFOBT, access to a colonoscopy may be more challenging.

Psychological barriers

- Tom might not fully appreciate the importance of screening for asymptomatic screening, especially if he doesn't have symptoms or a personal family history of cancer.
- There may be a general reluctance to engage in preventive health activities.
- Depending on Tom's background and previous healthcare experiences, he might be less inclined to trust the health system or preventive health practices.
- Tom might have low health literacy, which could prevent him from understanding the instructions on the test kit or the significance of early cancer detection.

Practical barriers

- Tom does not have family and may have a small social network to encourage him to participate in the NBCSP. This can be especially challenging for older individuals living alone in remote areas.
- If Tom is not familiar with the process of bowel cancer screening or if the instructions are not clear to him, he may find it difficult to complete the home test, leading to delays or avoidance.

2. What specific strategies can the healthcare provider use to help overcome these barriers and encourage Tom to participate in the screening program?
   a. Consider tailored approaches for patients in remote locations and strategies for improving health literacy.

- Discuss bowel cancer screening opportunistically, including handing out a kit via the alternative access to kits model.
- The healthcare provider should provide clear, simple, and concise instructions for the bowel cancer screening test. This can include visual aids, easy-to-read brochures, and even phone calls to guide Tom through the process.
- Educate him about bowel cancer and the role of screening in Australia, dispelling myths about bowel cancer only occurring in people with a family history or people who are symptomatic.
- Use demonstration kits to show the simplicity of the test.
- A face-to-face discussion during his regular check-ups might be necessary to ensure that he understands the importance of the screening and how to complete it. Discuss screening opportunistically when Tom attends for other reasons.
- Assist Tom to complete the Participant Details form.
- The healthcare provider can assist Tom with the completion of the test by walking him through the process and helping him if necessary. Follow-up reminders (via phone calls or SMS reminders) could ensure that Tom completes the test and submits it.

3. Tom decides to participate in the NBCSP. Both of his iFOBT samples return a positive result for blood. Tom agrees to a referral to the nearest tertiary hospital for a colonoscopy. What details are important to include in the referral to ensure it is triaged appropriately?

   When referring a patient with a positive NBCSP test result, ensure you:

- State on the referral, ‘NBCSP participant with a positive result’ (this ensures patient is triaged as category 1 AND is a cue for the receiving clinician to complete program reporting)
- Include relevant clinical information, medical history, any family history, and current medications.
- Submit the form, ‘NBCSP GP assessment’ (this ensures the patient is on the correct screening pathway).