



Review article

Impact of non-clinical community-based promotional campaigns on bowel cancer screening engagement: An integrative literature review

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ARTICLE INFO

Article history:

Received 11 December 2015

Received in revised form 25 April 2016

Accepted 14 May 2016

Keywords:

Bowel cancer

CRC

Screening

Promotion

Campaign

Intervention

ABSTRACT

Objective: This paper reviewed the relationship between non-clinical, client-oriented promotional campaigns to raise bowel cancer awareness and screening engagement.**Method:** An integrative literature review using predefined search terms was conducted to summarise the accumulated knowledge. Data was analysed by coding and categorising, then synthesized through development of themes.**Results:** Eighteen of 116 studies met inclusion criteria. Promotional campaigns had varying impact on screening uptake for bowel cancer. Mass media was found to moderately increase screening, predominately amongst “worried well”. Small media used in conjunction with other promotional activities, thus its effect on screening behaviours was unclear. One-on-one education was less effective and less feasible than group education in increasing intention to screen. Financial support was ineffective in increasing screening rates when compared to other promotional activities. Screening engagement increased because of special events and celebrity endorsement.**Conclusion:** Non-clinical promotional campaigns did impact uptake of bowel cancer screening engagement. However, little is evident on the effect of single types of promotion and most research is based on clinician-directed campaigns.**Practice implications:** Cancer awareness and screening promotions should be implemented at community and clinical level to maximize effectiveness. Such an approach will ensure promotional activities are targeting consumers, thus strengthening screening engagement.

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1. Introduction

Bowel or colorectal cancer is the third most common cancer in the world [1], with nearly 1.4 million new cases and 694,000 estimated deaths in 2012 [2]. The incidence of bowel cancer is increasing in certain countries where risk was historically low [3]. Bowel cancer is one of Australia's most common cancers and it is estimated that by 2016, there will be almost 18,000 newly diagnosed cases of the disease [4]. Every week, around 80 Australians die from bowel cancer [5]. Fortunately, bowel cancer is one of the most curable types of cancer if it is found early [5]. Currently, early detection is the best protection against bowel cancer for those at risk of the disease. Methods for early detection include the faecal occult blood test (FOBT), colonoscopy, and endoscopy. Several randomised controlled trials have demonstrated that [6] colorectal cancer mortality can be reduced by 15–33% through regular bowel screening using FOBT [7]. Australia is one of a few countries, along with the United Kingdom, France, and Germany, to implement a nationwide government-funded FOBT screening program that enables the detection of bowel cancers prior to sufferers becoming symptomatic [5]. Despite the efforts of Australia's national screening program, bowel cancer screening rates are at the suboptimal rate of 36% [8]. The highest rate of participation was by people aged 65 years (41.6%), followed by those aged 55 years (33.2%). The lowest rate of participation was among 50 year-olds (27.4%) [6]. The burden of the disease is often undermined [9], and many people avoid being screened [10] due to a variety of issues. Among 40–70 year olds, only 53% have knowledge of the symptoms indicative of bowel cancer [4]. Roughly 50% of adults are unaware of the age at which screening should commence [4], and do not understand the need for regular screening [9] due to the nature of the disease. Furthermore, 50% of adults in the aforementioned cohort are unaware that bowel cancer affects both men and women [4], which is similar to a common misconception that women are protected from the disease because of their gender [9].

Evidently, raising awareness and promoting the prevention of bowel cancer has a number of challenges. Barriers that stop people from screening for bowel cancer can be resolved [9] through interventions that educate consumers about the benefits of early detection through screening [11]. Promotional activities are necessary as raising awareness regarding cancer is likely to lead to an increase in screening participation, and eventually a decrease in related mortality rates [8,12]. The purpose of promotional activities is to motivate change and maintain positive health behaviours at the population level [13,14]. In regards to bowel cancer, the level of impact and effectiveness of promotional activities is not entirely clear [8]. However, the effect of awareness activities has been demonstrated for other health behaviours [14]. For example, there is strong empirical evidence that mass media campaigns reduce smoking prevalence and promote quitting [15]. Furthermore, public health campaigns aimed at reducing coronary heart disease are estimated to be responsible for a 30% reduction in cholesterol over 30 years [16]. Given these examples, the benefit of

cancer awareness raising activities should not be underestimated [16], and instead warrants further investigation.

Several researchers have attempted to evaluate the effectiveness of promotional campaigns in raising awareness and motivating screening, for bowel and other cancers [13,17–39]. Outcomes of such research have varied. This paper sought to review the existing published evidence regarding the relationship of non-clinical promotional campaigns aimed at increasing colorectal (CRC) screening uptake and screening engagement. By focusing on non-clinical initiatives, we will review campaigns that have potential to be initiated at the community or lay health worker level. Community-level campaigns are an important strategy in increasing screening rates and reducing disparities among population groups [40]. This paper sought to evaluate initiatives that are not based on psychosocial or behaviour change models (e.g. Health Behaviour Model) or interventions directed to or from healthcare providers and physicians, such as the use of client reminders or mailed FOBT kits. Instead, this paper will focus on the efficacy of marketing and communication promotional campaigns that motivate and enable clients to increase control over and improve their health [41] in terms of CRC prevention and detection. These will include small and mass media campaigns, celebrity endorsements, special events and group/one-on-one education. For discussion purposes, comparisons will be made to promotional campaigns advocating for other cancer screening. As bowel cancer is also known as CRC these terms will be used interchangeably.

2. Methods

2.1. Literature search

An integrative literature review was undertaken in this paper as it aims to create new understandings of a topic through a process that involves reviewing, critiquing and synthesising representative literature [42]. The identification and analysis of literature was completed in two stages by two investigators.

First, a search of peer-reviewed literature published between 1995 and 2015 was performed using predefined key search terms: 'bowel cancer'; 'colorectal cancer'; 'CRC'; 'screen'; 'screening'; 'FOBT'; 'faecal occult blood test'; 'colonoscopy'; 'endoscopy'; 'promotion'; 'promotional activity'; 'activities; campaign'; 'intervention'; 'group education'; 'one-on-one education'; 'celebrity'; 'education'; 'special event'; 'small media'; 'mass media'; 'media'; 'lay health'; 'expense'; 'cost'; and 'out of pocket'. Databases were searched through the University of Adelaide and The University of Western Australia Libraries' electronic databases that included PubMed, Science Direct, BioMed Central, Wiley, BMC Cancer, ProQuest, Elsevier, OvidSP, and EBSCO. Additional targeted searches were carried out using Google and Google Scholar to access relevant literature missed by the main databases. Reference lists of retrieved literature were examined in order to find further suitable articles.

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