Barriers to Bowel Screening in Welsh Prisons

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Changes to the Screening Programme
We did it! Bowel cancer screening age to be lowered to 50 in England and Wales

England and Wales announce they are lowering the bowel cancer screening age from 60 to 50, following a recommendation from the UK National Screening Committee.

Earlier this year, we supported Lauren Beckler to hand in her change.org petition signed by half a million people to the then Secretary of State for Health and Social Care, Jeremy Hunt MP calling for this change in England.

Currently, men and women, aged 60 to 74, are invited for bowel cancer screening and are sent a screening test every two years in the post.

Following a comprehensive review of the evidence, the committee recommends that screening should be offered from aged 50 to 74 using the new and more accurate screening test, the faecal immunochemical test (FIT) at a sensitivity level of 200pg/g. FIT at this level has the potential to detect twice as many cancers and four times as many adenomas.

The sensitivity of FIT to detect blood in poo can be adjusted to be more or less accurate. Adjusting the sensitivity

Changes to the Screening Programme
Bowel Screening in Prisons

Prisoners face **significant** social, alongside physical and mental **health inequalities**

- **4,810 prisoners** in 5 prisons
- Since 2002, prisoners over 50 increased by 150%
- More dying from natural causes in prison
- Reducing the screening age to 50 nearly **DOUBLES** the screen-eligible population
- It is likely prisoners are at **higher risk of CRC**
- Limited screening uptake

Eligible prisoners should have **EQUITABLE** access to screening in a way that meets their needs.
Bowel Screening in Prisons

Overrepresented groups in the Prison Population

**LOWER SOCIOECONOMIC STATUS**
- MOST deprived - 3x ↑ in incarceration compared to the LEAST
- Lower screening uptake

**MENTAL HEALTH CONDITIONS**
- 90% common conditions e.g. anxiety and depression
- 10% severely mentally ill
- 49% ↑ CRC mortality
- Lower screening uptake

**LEARNING DISABILITIES**
- 20-30% have LDs
- 2% in the GENERAL POPULATION
- More likely to die from CRC than other cancers
- Lower screening uptake

**ETHNIC MINORITY GROUPS**
- 27% PRISON population in England and Wales
- 13% GENERAL population
- Lower screening uptake

INCREASING UPTAKE in these groups is IMPORTANT INCARCERATION provides a UNIQUE opportunity for this.
COM-B Model and the Behaviour Change Wheel

Figure 3: The COM-B Model (17)

Figure 4: The Behaviour Change Wheel (17)
AIM

To identify barriers to bowel screening in the prison population, through consideration of important subgroups, and subsequently map these barriers to the sub-domains of the COM-B model.
Methods

SIX databases were systematically searched

Included papers were assessed using CASP

Themes and Sub-themes identified through THEMATIC ANALYSIS

Sub-themes were then MAPPED to the sub-domains on the COM-B Model

Figure 5: PRISMA Flow Diagram for study selection. Adapted from: (18)
Results

-6 KEY THEMES-

1. IDENTIFICATION AND INVITATION TO SCREENING
   - No routine invite if no GP
   - Manual identification of screen-eligible prisoners
   - No identification of those with LDs or MH issues to enable reasonable adjustments to be made

2. COMPETING PRIORITIES
   - Competing Life Demands - e.g. caring/physical or mental health symptoms/short-term focus on enjoyment of present/acute help-seeking only
     - Prison Security - prioritised over other functions

3. INACCESSIBILITY
   - Inaccessible Information
     - Poor knowledge of CRC
     - Low health literacy
     - Language barriers
   - Practicalities of Test Completion

4. SOCIAL INFLUENCES
   - Stigma - cancer as taboo/‘sick role’
   - Poor Relationship with Healthcare Provider - not taken seriously
   - Lack of GP Recommendation

5. REACTIONS
   - Unfamiliar and Off-putting - active role in healthcare, outside of healthcare setting
     - Embarrassment - faeces as taboo
     - Fear of Colonoscopy

6. BELIEFS
   - Perceived lack of vulnerability - asymptomatic
   - Fatalistic Beliefs
   - Non-uptake as protective - avoid further tests
   - Lack of Self-Efficacy - collection, storage, postage of samples. Prisoners completing the test in cells


**Discussion**

**Figure 6: Applying COM-B to the barriers to bowel screening in prisons. Where the sub-themes were not consistent across the themes, the relevant sub-theme has been included in brackets**

**THREE PRIORITY AREAS TO TARGET**

1) Improving identification and invitation of prisoners to screening
2) Improving accessibility of information
3) Improving self-efficacy

** Capability:**
- Psychological - Inaccessibility (Practicalities of test completion)
- Physical - Inaccessibility (Practicalities of test completion)

** Motivation:**
- Reflective - Competing Priorities (Competing Life Demands)
  - Beliefs
- Automatic - Reactions

** Opportunity:**
- Physical - Identification and Invitation to Screening
  - Competing Priorities (Prison Security)
  - Inaccessibility (Inaccessible information)
- Social - Social influences
Thank You

Any Questions?
References


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