



Pivot to prevent bowel cancer: Reflections on adapting an Aboriginal bowel cancer screening awareness program to a digital call to action—A commentary

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Abstract

Issue Addressed: The Sydney Local Health District (SLHD) Health Promotion Unit was awarded a Cancer Institute NSW grant to raise awareness of bowel cancer and promote the National Bowel Cancer Screening Program (NBCSP) among Aboriginal communities in SLHD. The COVID-19 pandemic thwarted initial plans for face-to-face workshops and plans pivoted to digital products and dissemination of messages on a range of communication platforms.

Discussion: The coronavirus (COVID-19) pandemic provided staff with the freedom, flexibility, and ability to be creative in ways not possible prior to the pandemic and ultimately ended up with a superior product with a reach further than anticipated. A more comprehensive suite of digital resources addressing barriers to bowel cancer screening in the Aboriginal community was produced that is able to be used more broadly. These resources have reached a much larger population group through websites, social media, as well as TV and radio advertisements, and have the potential to be used and adapted in other local health districts and states across Australia.

Conclusion: Adapting an Aboriginal bowel cancer screening awareness program to a digital platform is a promising approach.

So What? COVID-19 provided an opportunity to create new long-lasting partnerships and to be creative beyond the scope of the original grant. This in turn produced a product with a reach further than anticipated that can also be built on and sustained.

KEYWORDS

aboriginal health, bowel cancer, COVID-19, health promotion, prevention, screening

1 | BACKGROUND

The coronavirus (COVID-19) pandemic created extraordinary volatility and uncertainty around the world and forced many health services to be transformed and even shut down. It also fundamentally hastened the transition to digital ways of working and living.¹

The first case of a novel coronavirus in Australia was reported in Victoria on 25 January 2020, with an additional three cases confirmed in New South Wales later that day. A public health emergency was announced on 16 March 2020.² In Sydney Local Health District (SLHD), NSW, staff were redeployed over a 2-year period to assist with the COVID-19 response for the local community.³

Prior to the COVID-19 pandemic in 2019, the Health Promotion Unit (HPU) was awarded a Cancer Institute NSW grant to increase participation rates in the National Bowel Cancer Screening Program (NBCSP) among Aboriginal communities in SLHD. The grant was intended to be used for developing face-to-face workshops, but due to the altered working conditions and public health restrictions, the HPU was forced to pivot from the originally intended plans to an online format.

1.1 | The issue

Bowel cancer (colorectal cancer) is a leading cause of cancer-related diagnoses and deaths in Australia and it is estimated that bowel cancer will remain the second leading cause of cancer death in Australia, after lung cancer.⁴ Bowel cancer incidence and mortality rates in Indigenous Australians is comparable to non-Indigenous Australians; however, participation rates in the NBCSP in Indigenous Australians is at almost half the rate compared with non-Indigenous Australians which is likely to underestimate incidence and mortality rates in Indigenous Australians.⁵

Low rates of bowel cancer screening in Indigenous Australians as well as a higher screening positivity rate,^{5,6} (p. 60) longer time between positive screen and follow-up diagnostic assessment,⁶ (p. 70) and a lower follow-up diagnostic assessment rate compared with non-Indigenous Australians,⁶ (p. 63) is a public health concern. Missing or leaving a longer time to a follow-up diagnostic test risks the cancer developing to a later stage, which in turn impacts survival rates.⁴ (p. 22) Indigenous Australians show lower 5-year survival for bowel cancer.⁵

Bowel cancer screening can detect changes in the bowel early, improving treatment outcomes and increasing bowel cancer survival rates.⁷ Delivering awareness and education campaigns targeting this group should be a public health priority.⁸ However, barriers to Aboriginal Bowel Cancer Screening exist at both the individual and health service level. Barriers include: poor knowledge, awareness, and confidence around bowel cancer and screening, stigma and embarrassment of the sensitive topic, beliefs around cancer, absence of symptoms; lack of support and cultural understanding from health workers, and a lack of culturally adapted health promotion material in Aboriginal languages.^{9,10}

Evidence suggests that more tailored, complementary education programs targeted at under-screened groups; active, sustained

engagement with these communities, as well as the use of plain language instructions can overcome some of these barriers.¹¹

Several strategies have been recommended to better engage Aboriginal groups on this issue, including⁹:

1. Ensuring health workers are knowledgeable about bowel cancer and NBCSP to better promote and support screening among Aboriginal people.
2. Increasing general knowledge and awareness of bowel cancer screening in Aboriginal communities. This will also help to remove the shame and stigma associated with discussing bowel cancer. Promotional activities should occur prior to individuals receiving NBCSP material so that there is some awareness and expectation of the test.
3. Increasing the availability and dissemination of culturally appropriate, Aboriginal-specific educational resources.

2 | PROJECT OUTLINE

In 2019, the SLHD HPU was awarded a Cancer Institute NSW grant of \$20 000 to raise awareness of bowel cancer and promote bowel cancer screening among Aboriginal communities living in SLHD. The grant was developed in collaboration with SLHD Aboriginal Health Unit and guided by Aboriginal Medical Services (AMS) Redfern. It was to be used for face-to-face workshops for staff from Aboriginal community organisations and health staff, delivered by Aboriginal Health Workers, promoting the importance of bowel cancer screening to prevent cancer within the community. These plans were disrupted due to the impact of the COVID-19 pandemic.

2.1 | The need to pivot

During 2020 and 2021, the NSW Government suspended some health services to contain the spread of COVID-19 and many face-to-face services switched to an online format. In addition, most HPU staff were deployed to work as surge staff during the pandemic response.

This called for an adaptation to what had been planned in the original grant application. The workshops were cancelled, and the funds were channelled to create animated videos that could be delivered and distributed virtually via a variety of outlets and settings, including social media.

There is a strong case for mass media strategies to increase bowel cancer screening participation,¹¹ and knowledge of bowel cancer screening has been significantly associated with exposure to media advertising.¹² In particular, electronic messaging on bowel cancer and the importance of screening have been shown to be an effective resource and well received by Aboriginal communities, although the impact can be limited due to lack of distribution and dissemination restraints for hard copy electronic resources such as DVDs.¹³ These limitations, however, could be addressed with resources that are easy

to distribute through a variety of digital media channels and social media.

Considering this evidence, a new project working group was formed to develop the animated videos, which included health promotion staff, Aboriginal health staff, and clinicians from gastroenterology. A media production group was contracted to produce the videos with the funding from the original grant. Each group was integral to the project and provided invaluable expertise. This mix of disciplines working together created a product that is culturally appropriate, clinically accurate, as well as clear, and relatable.

3 | THE PRODUCTS

The first of the two videos produced is animated and explains who is at risk of bowel cancer, what bowel cancer screening is, and why it is important. It is voiced by Aboriginal staff from SLHD and the video ends with a call to action: 'Get a bowel screen today!'.¹⁴

The second video is a lived experience, 'Question and Answer' style format where Aboriginal Elders tell three different, yet compelling stories about bowel cancer screening and the impact bowel cancer has had on their families. Both videos convey a strong message that bowel cancer screening saves lives.

These videos were developed to be used by healthcare staff to encourage and motivate their Aboriginal patients and clients aged over 50 years to have a bowel cancer screen as soon as eligible, in clinical settings as well as in other relevant education programs and community events held throughout SLHD.

Both videos were developed in close consultation and collaboration with local Aboriginal leaders, staff, patients, and clients. The local Aboriginal community approved of the content produced and how they were depicted.

3.1 | Unexpected outcomes

Due to the high standard of work produced, the products have been built upon, and shared by other teams and organisations.

First, using remaining funds from the grant, a call to action advertisement, based on the first animated video, was featured on My Doctor TV and Aboriginal TV (patient waiting room TV) in priority locations, including the AMS Redfern and selected medical and dental centres throughout SLHD reaching a predicted audience of 124 191.¹⁵

SLHD clinicians who were not part of the original working group, saw the videos after distribution and were impressed by their calibre and approached HPU to expand the working group and suite of resources to include another Aboriginal-specific animated video, and companion factsheets to educate patients on colonoscopy procedure.¹⁶ The clinicians saw a need for colonoscopy resources to address the reluctance and hesitancy of their Aboriginal patients to follow through with a colonoscopy after a positive bowel cancer screen result. These additional resources enhanced the original bowel cancer screening suite of products.

Moreover, during bowel cancer screening awareness month in 2022, bowel cancer screening advertisements using the testimonies and voice over messages from the lived experiences video were played on Koori radio, which has a potential audience of 6 million listeners. New TV advertisements based on the first animations will also be broadcast on National Indigenous Television (NITV) in 2023, airing 52 times in total,¹⁷ extending the reach of the call to action. NITV reaches an average of 1.8 million Australians each month on television.

The additional colonoscopy resources that were developed, plus the TV and radio advertisements together cost a total of \$40 000 (colonoscopy video \$8000; colonoscopy factsheets \$2000; TV advertisements \$20 000; radio advertisements \$10 000) which were funded by the HPU.

This compilation of videos and factsheets is already being utilised in other local health districts across NSW and could be potentially rolled out nationally.

An evaluation to assess the effectiveness of these resources (funded by a separate Cancer Institute grant) is also being carried out by the Direct Access Colonoscopy Clinic at RPA Hospital Sydney in partnership with the Population Health Research and Evaluation Hub and is due to be completed by June 2024.

4 | DISCUSSION

The COVID-19 pandemic thwarted plans for a traditional face-to-face health education program to increase Aboriginal bowel cancer screening rates in SLHD. Instead, a more comprehensive suite of digital resources addressing barriers to Aboriginal bowel cancer screening was produced that can be used more broadly. These resources have reached a much larger population group than expected through websites, social media, as well as TV and radio advertisements, and have the potential to be used and adapted in other local health districts, and states and territories across Australia. Instead of one-off face-to-face workshops with <100 people from the local Aboriginal community, the videos and factsheets that were produced have already reached potentially millions of Australians and can continue to be used over time, which makes the digital approach more impactful and sustainable.

The barriers to Aboriginal bowel cancer screening participation and documented successes were key considerations in the development of the digital campaign resources. Utilising this tailored digital media suite of resources that can be easily distributed through various channels could potentially overcome difficulties associated with written material, that is, cultural and literacy barriers as well as reducing staff time, resources, and costs needed in disseminating messages. Using digital media, messaging can also circumvent difficulties in reach, access, and funding and is also an effective way of addressing and discussing a sensitive topic in the Aboriginal population.

Another positive outcome of the project pivot was the unique multidisciplinary partnership that was formed to work on the project, which would not have been established otherwise. Often health

teams work in silos, but better health outcomes are achieved when disciplines work together in partnership.¹⁸ This new collaboration meant that the suite of resources could be expanded, and these teams were able to share the workload, expertise, and budget to create the additional resources.

The COVID-19 pandemic accelerated digital transformation and forced healthcare services to re-invent themselves; however, these technologies were already evolving in a Fourth Industrial Revolution world. Although we are now living in a post-COVID era, digital media continues to be used widely, technology continues to evolve rapidly and a hybrid healthcare model still exists, emphasising the need to continue to practice innovative contactless healthcare and prevention,¹⁹ especially for those remote, hard-to-reach population groups.²⁰

Due to the format and various styles of messaging, these products could also easily be modified to be posted on other, new and emerging social media platforms, as well as adapted to be culturally specific to other Aboriginal communities around Australia. The digital messaging does not fully replace the face-to-face workshop format as there lacks two-way feedback; however, these products could also be utilised in a webinar, which does allow discussion.

A health promotion resource will only be effective if it is utilised and disseminated.¹³ These resources have the potential to reach a large audience due to their accessible, online format but it is paramount that healthcare professionals recognise their influential role in increasing Aboriginal bowel cancer screening rates and promote these resources.¹³ Staff working in this area need to be aware of the issues and trained to prioritise and promote these resources to ensure exposure in the Aboriginal population.¹³

5 | SO WHAT?

COVID-19 provided an opportunity to create new, long-lasting partnerships and to be creative beyond the scope of the original grant. This in turn produced a product with a reach further than could have been predicted that can also be built on and sustained.

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CONFLICT OF INTEREST STATEMENT

All authors declare that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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