



BowelScreen

Market research 2021

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Bowel screening

- BowelScreen is offered to people aged 60-69 every two years.
- Around 2,800 people are diagnosed with bowel cancer in Ireland every year.
- BowelScreen involves taking a sample of your stool (poo) at home using a home test. A FIT test kit is posted out to participants, which they complete and return. This test looks for blood in the stool sample.
- If the amount of blood found in the stool sample is above the screening limit, a referral for a colonoscopy will be made.



Research results





Research aim & objectives

Research aim: Identify and explore peoples' perceptions of screening services in Ireland and what drives and inhibits them to attend screening.

- Gain insights into awareness, knowledge and understanding of screening in Ireland.
- Understand public sentiment and trust of screening services.
- Explore what drives and inhibits attendance at screening appointments.
- Identify knowledge gaps about screening services, limitations of screening and interval cancers.
- Measure awareness and impact of communications campaigns and explore preferred communications channels for engaging with target audiences.



Research approach



HCW Interviews

8 interviews were conducted with healthcare workers to understand their experience on the ground

July-August



Online Survey

2,000 nationally representative interviews were completed to effectively measure and quantify findings

Sept-Oct



Focus Groups

11 focus groups were carried out to delve deeper into findings and to understand the 'why' behind the results

December



BowelScreen research overview

- Core Research carried out the research on behalf of the HSE's National Screening Service.
- National survey was among 320 eligible for bowel screening.
- 3 focus groups, broken down by males/ females (2 male groups).
- Where there was a difference in knowledge, results are broken out by male/ female responses.
- Some results are from research conducted by Kantar in 2021, as part of a project co-funded by NSS and the Irish Cancer Society. The BowelScreen survey results presented in blue were among 314 people aged 60-69.



High levels of awareness

- 94% are aware of 'BowelScreen'.
- 91% are aware that bowel screening is a good way to identify people who are at risk of developing cancer.
- 85% know it's extremely/ very important to do regular screening.
- 87% are very/ quite likely to do their next bowel screening test.
- 86% feel positive towards BowelScreen.
- 89% know that bowel screening involves a testing kit that is used in a person's home.
- 81% believe BowelScreen puts the interest of people first and that it provides high quality and safe healthcare.



Low levels of knowledge

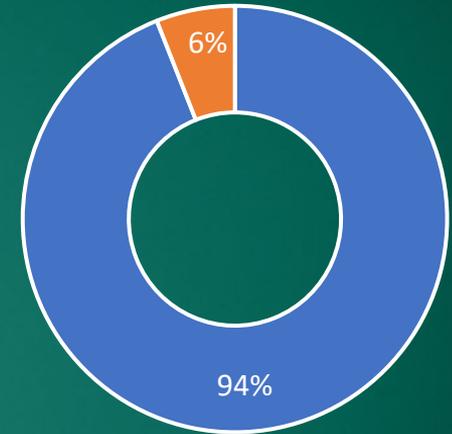
- 42% know very little/ nothing about bowel cancer.
- 59% are not confident in spotting symptoms of bowel cancer.
- 36% know very little/ nothing about bowel screening.
- 29% don't know how to reduce the risk of bowel cancer.
- 42% don't know why it's important to participate in bowel screening.
- 57% think that a normal result means a person doesn't have bowel cancer.
- 19% think that bowel screening involves a doctor inspecting a person's rectum with their finger.



Sentiment towards BowelScreen

- 94% are aware of 'BowelScreen', with women being more aware (98% v 91% for men).
- 86% feel positive towards BowelScreen (57% very positive).
- Reasons for feeling positive are due to good/ helpful service (22%) and early detection (20%).
- People would feel more positive if they had more information, registration was easier and if the eligible age cohort was extended.
- Being a HSE programme adds weight to BowelScreen and the faith people have in it.

Awareness of BowelScreen



■ Yes ■ No



Trust in BowelScreen

81%

Puts the interests
of people first

33%

Admits
responsibility when
things go wrong

81%

Provides high
quality and safe
health care

75%

Communicates in a
way that's easy &
straightforward for
me to understand



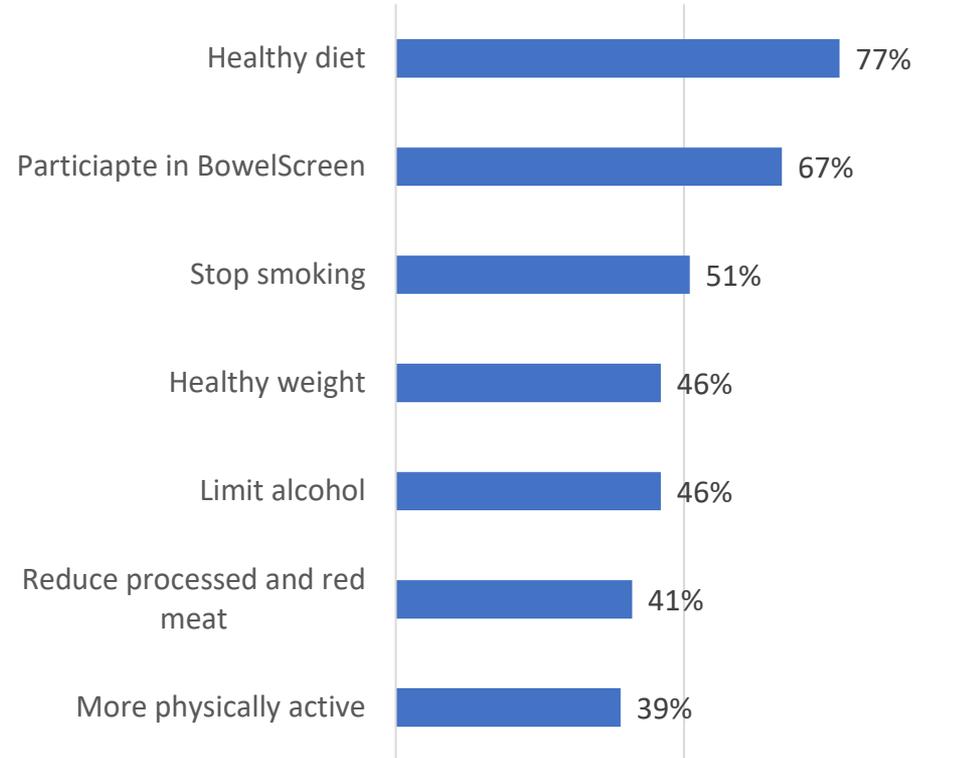
Bowel cancer

- **Bowel cancer is the second most common cancer in men and the third most common cancer in women in Ireland.**
- **Almost 18 out of 20 cases of bowel cancer in Ireland are diagnosed in people over the age of 60.**
- Only 23% have a good level of knowledge of bowel cancer.
 - Male: 18%
 - Female: 27%
- 26% correctly identified 60+ as the age cohort most at risk of bowel cancer, with a third of males knowing this. (Male: 33%; Female: 16%)



Risk of developing bowel cancer

- When it comes to reducing the risk of developing bowel cancer, 29% don't know what steps to take.
 - Leading a healthy lifestyle (diet and exercise) (37%)
 - Attending check-ups/ screening (23%)
 - High fibre diet (8%)
- Focus groups showed awareness of family history being a risk.
- However, when prompted as to what factors can reduce the likelihood of developing bowel cancer, awareness rose (see chart).





Bowel cancer – symptoms

- 67% look out for symptoms of bowel cancer.
- Only 40% are confident in spotting the symptoms of bowel cancer.
- There are high levels of awareness of some symptoms of bowel cancer: blood in your stool (95%), bleeding from rectum for no obvious reason (94%), a change in bowel habits (81%).
- However, there is low awareness and uncertainty around some symptoms:
 - Unexpected loss of weight (77% - 18% unsure)
 - Pain in your stomach (46% - 44% unsure)
 - Sudden loss of appetite (42% - 45% unsure)
 - Constipation (42% - 40% unsure)
 - A lump in your stomach (41% - 50% unsure)
 - Unexplained vomiting (31% - 56% unsure)
 - Excessive gas (flatulence) (22% - 52% unsure)
 - Discomfort when sitting on hard chair or bicycle seat (22% - 55% unsure)



Bowel screening

- 28% have a good understanding of bowel screening.
- When provided with statements though,
 - 89% know that bowel screening involves a testing kit that is used in a person's home.
 - 83% agree that bowel screening is a way of detecting blood in your stool (poo).
- 75% know bowel screening is for healthy people – 19% disagree with this statement.
- 42% don't know why it's important to participate in bowel screening.
- However, 89% think the purpose of bowel screening is to diagnose bowel cancer.

Importance of doing bowel screening



30%

Early
detection



21%

Detects
abnormalities

HE Why do screening

- High levels of awareness of the importance and benefits of regular screening.
- Motivations to participate in screening include:
 - peace of mind (52%)
 - receiving an invitation letter (52%)
 - advice from GP/ healthcare professional (42%)
 - part of normal healthcare routine (36%)
- Calling out the benefits specifically,
 - early detection (55%)
 - detect cancer (21%)
- The home test is a benefit as it is private.

85%

Know it's extremely/ very important to do regular screening

91%

Know it's a good way to identify people who are at risk of developing cancer

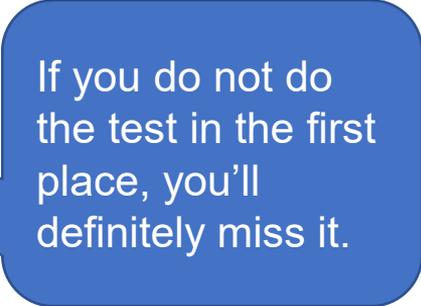
87%

Plan to do their next bowel screening test



Limitations and interval cancers

- 75% don't know what the limitations of screening are.
 - 14% said not 100% accurate
 - 5% said growths/ cancer can develop between screening
- 73% of general population are aware that cancer can occur between screening appointments (called an interval cancer).
- Interval cancer is not a term that is completely understood.
- However, 82% agreed with the statement “It is possible to develop bowel cancer between bowel screenings”.
- Focus groups mentioned people should be aware of their own body between screenings, e.g. taking note of changes in bowel movements. More likely to happen among women rather than men.

A blue callout box with rounded corners and a pointer pointing towards the text '73% of general population are aware that cancer can occur between screening appointments (called an interval cancer)'.

If you do not do the test in the first place, you'll definitely miss it.



Misconceptions and knowledge gaps

19%

Think that bowel screening involves a doctor inspecting a person's rectum with their finger.

89%

Think the purpose of bowel screening is to diagnose bowel cancer.

57%

Think that a normal result means a person doesn't have bowel cancer.

HE Barriers to doing screening

- Fear is the biggest challenge, followed by access to and awareness of BowelScreen.
- Embarrassment around the test is also a barrier. But it is simple to do with easy to follow instructions.
- HCWs called out fear of sedation regarding colonoscopy procedure if something is found.
- Reasons given for not participating include: no symptoms/ feel fine (particularly for males), embarrassment, not wanting to know if something was wrong.

43%

Fear of finding something wrong

29%

Not knowing how to access bowel screening services

27%

Not knowing if you are eligible



What to communicate

- Explain the process – demystify and reassure; it's simple to do. Some confusion over BowelScreen screening and referral to colonoscopy service.
- Use statistics of rates but in a supportive, reassuring fashion, not as a scare tactic.
- Normalise the conversation around bowel screening to reduce embarrassment.
- Scope to have a humorous tone as a way to tap into the male psyche. Scope for modernity.

No more difficult than doing an antigen test.

I wouldn't be using it as an opening line in a conversation.



What to communicate

- More information is required on the below topics:
 - How to reduce your risk of bowel cancer (55%)
 - What symptoms you should look out for between screenings (54%)
 - Where to go if you were concerned about symptoms (37%)
 - The benefits of bowel screening (37%)
 - Likelihood of needing a follow-up test/ colonoscopy (33%)
 - The limitations of screening (32%)
 - Where to go if you were concerned about results (32%)
 - What's involved in a follow-up test/ colonoscopy (31%)
 - The reasons you should avail of bowel screening (30%)



How to communicate – language

- Language used when communicating is vitally important. It should be proactive – focus on taking control; motivate. Stay away from negative.
- ‘Limitations’ and ‘interval cancer’ are not clear – better understood when explaining what the limitations are (without using the word ‘limitations’) and that cancer can occur between screenings.
- The research showed:
 - 95% think that bowel screening **helps find cancer at an early stage**, when it is easier to treat.
 - 91% are aware that bowel screening is a **good way to identify people who are at risk of developing** cancer.
 - 89% think the purpose of bowel screening is to **diagnose** bowel cancer.
- This reflects lack of clarity as to what bowel screening does and perhaps confusion with diagnosis of cancer/ finding cancer/ finding something that could lead to cancer. ‘Diagnosis’ is also seen as a frightening, negative word.



How to communicate – communications channels

- GPs are the most important source of information (85%). It was suggested GPs could be more proactive as there's a personal connection. However, HCWs feel there is a gap as they don't interact with the public on it.
- 63% like to receive the letter but 52% also said email (60% among males).
- To normalise conversation, have non-medical people who are respected discussing the service (for men) – perhaps a person with a story of the process and success of early catching.



Performance of communications campaigns

- New campaign launched on radio and press ads in April 2021, Bowel Cancer Awareness Month.
- 35% are aware of the radio ad. After hearing the ad:
 - 79% would be encouraged to do the test
 - 79% would be encouraged to register
 - 73% are more aware of bowel cancer screening
- 26% are aware of the press ad, with 68% seeing it in a newspaper (33% on social media). After seeing the ad:
 - 75% would be encouraged to do the test
 - 73% would be encouraged to register
 - 68% are more aware of bowel cancer screening

