

ADDRESSING THE POPULATION HEALTH EFFECTS OF INEQUITABLE UPTAKE IN COLORECTAL CANCER SCREENING IN NEWFOUNDLAND AND LABRADOR

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BACKGROUND

Newfoundland and Labrador Colon Cancer Screening Program launched July 2012

- Use Fecal Immunochemical Test (FIT) kits
- Self-referral by calling a toll free number or through email
- Some FIT kits distributed by family physicians
- Abnormal test results are referred for a follow-up colonoscopy
- Once enrolled in the program, participants receive a kit every two years

Goal: to reduce provincial mortality rates through the early detection of CRC in the target group of men and women aged 50 to 74

BACKGROUND

By June 2014, 4630 individuals had self-referred or requested a screening kit

About 75% of people who requested screening kits returned them to the laboratory for analysis

Approximately 15% of screening tests resulted in a positive finding

PROBLEM

Colorectal cancer (CRC) incidence rates for both males and females are highest in NL

Screening rates remain low despite the announcement or implementation of organized screening programs in all provinces across Canada

Research has shown that participation in CRC screening varies across social and economic factors

OBJECTIVE

To analyze the evidence surrounding CRC screening participation and develop policy options to address inequitable uptake in screening in NL

METHODS

Rapid Knowledge Synthesis

PubMed and Google Scholar, 2004-2014

Canadian-based articles addressing CRC screening in relation to:

- Participation
- Perceptions
- Barriers

Papers were excluded if:

- Participants were already enrolled in screening programs
- Participants had hereditary CRC or a family history of CRC

Screening of 215 returned articles yielded 15 articles meeting the criteria for review

METHODS

Policy Analysis

3-I framework to assess the ideas, institutions, and interests that should inform policy options to increase accessibility to screening kits in NL

3-I FRAMEWORK

Ideas

- High rates of CRC in NL
- Early detection
- Inequities in screening participation

Institutions/Interests

- Government
 - Physicians
 - Regional Health Authorities (RHAs)
 - Patients
 - Canadian Cancer Society (CCS)/NL Public Health Association (NLPHA)
 - Pharmacists
-

RESULTS

Factors associated with inequitable uptake in CRC screening

- Income
- Health literacy
- Age
- Contact with a family physician

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- Income
- **Health literacy**
- Age
- **Contact with a family physician**

POLICY OPTIONS

1. Do nothing and allow the current screening program in NL to stay the same

Option	Government	Physicians	RHAs	Patients	CCS/NLPHA	Pharmacists
Do Nothing	+	-	+	-	-	-

POLICY OPTIONS

1. Do nothing and allow the current screening program in Newfoundland and Labrador to stay the same
2. Provide family physicians with financial incentives to distribute CRC screening kits

Option	Government	Physicians	RHAs	Patients	CCS/NLPHA	Pharmacists
Do Nothing	-	+	+	+	+	-

POLICY OPTIONS

1. Do nothing and allow the current screening program in Newfoundland and Labrador to stay the same
2. Provide family physicians with financial incentives to distribute CRC screening kits
3. **Expand the scope of practice of pharmacists to distribute CRC screening kits and educate the public about preventative screening**

Option	Government	Physicians	RHAs	Patients	CCS/NLPHA	Pharmacists
Do Nothing	+	-	+	+	+	+

LIMITATIONS

Small number of studies

Many individuals in NL have hereditary CRC

English only

Rapid Knowledge Synthesis

- Need more detailed methodological analysis

SUMMARY

Individuals with higher income, adequate health literacy, regular contact with a family physician and of an older age group are more likely to be screened for CRC

NL can implement a policy to allow pharmacists to distribute screening kits to reach individuals without family physicians and increase health literacy

Increased accessibility to this health service is an important element in reducing the burden of disease across Canada

Thank-you