



IMPROVEMENT OF QUALITY OF THE NATIONAL CANCER SCREENING PROGRAMMES IMPLEMENTATION (CRO SCREENING)



MINISTRY OF HEALTH
OF THE REPUBLIC
OF LITHUANIA



LITHUANIAN UNIVERSITY
OF HEALTH SCIENCES



Nacionalni inštitut
za javno zdravje



Ministry
of Health
Together



HZJZ
INŠTITUT ZA
RAZISKANJE
O RAKU



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European Union

**Communication strategies to improve participation
in screening programmes**

**Communication strategy in Program Svit
– expiriances from Slovenia**

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- **Communication strategy** needs to be a part of every public health program.
- Communication is not about being pleasant, witty or nice – it **is about reaching the goals.**
- Communication needs to be **planned, targeted, systematic, theory and evidence based.**
- Interventions need to be **constantly monitored, evaluated and adapted to current situation.**



SVIT Slovenian National Population Based Colorectal Cancer Screening Program

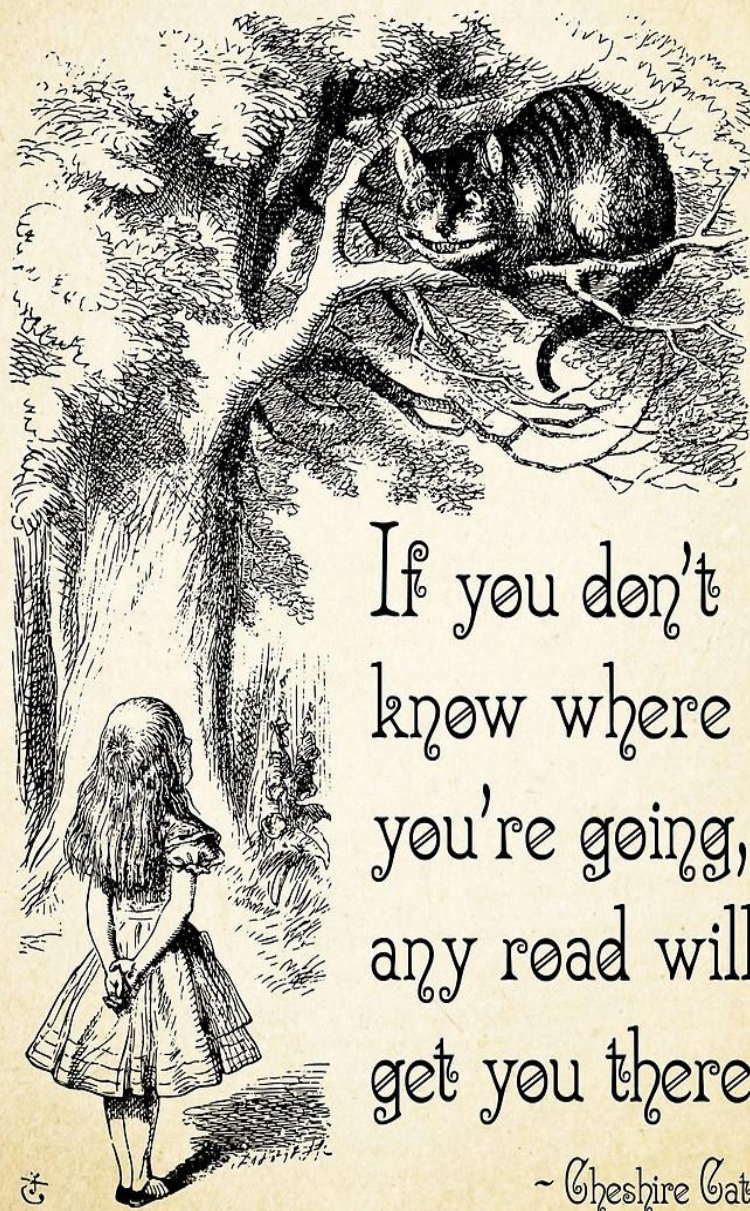
2007 - Preparation Phase (graphic symbol, logo, media strategy for preparation phase created by LUNA TBWA)



2008 - Pilot (Three cities in Slovenia - June-December; Creation of strategic communication plan and tools)



2009 - in April National Population Based Colorectal Cancer Screening Program starts



If you don't know where you're going, any road will get you there.

~ Cheshire Cat

WE WANT TO IMPROVE THE SCREENING UPTAKE.

But – what does this really mean?

What *exactly* do we want to achieve?

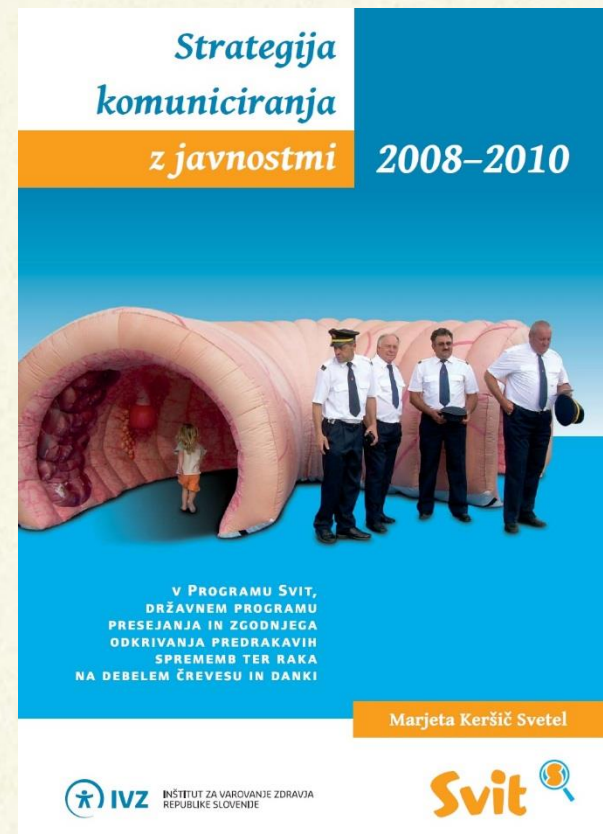
OBJECTIVES:

- At least 60% of invited people sign participation form
- 90% of test kits returned to the lab
- Minimum of mistakes in all procedures
- All FOBT + patients undergo colonoscopy

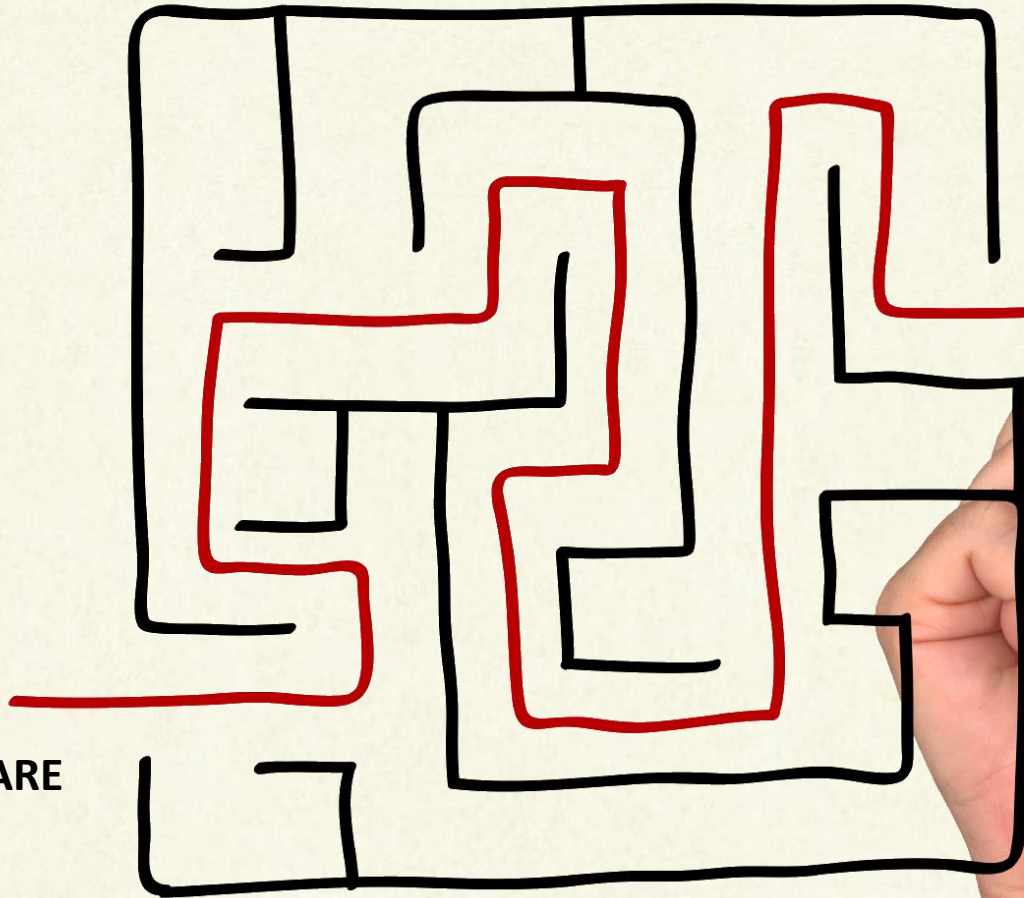
PLANNING COMMUNICATION STRATEGY

- Choosing theoretical basis
- Analysis of status quo, of target audiences, of obstacles, possible supporters and channels of communication
- Gathering evidence
- **Setting realistic objectives**
- Designing interventions
- Designing tools for these interventions
- Designing training for communicators
- Creating evaluation methodology

DESTILLING THE ESSENCE



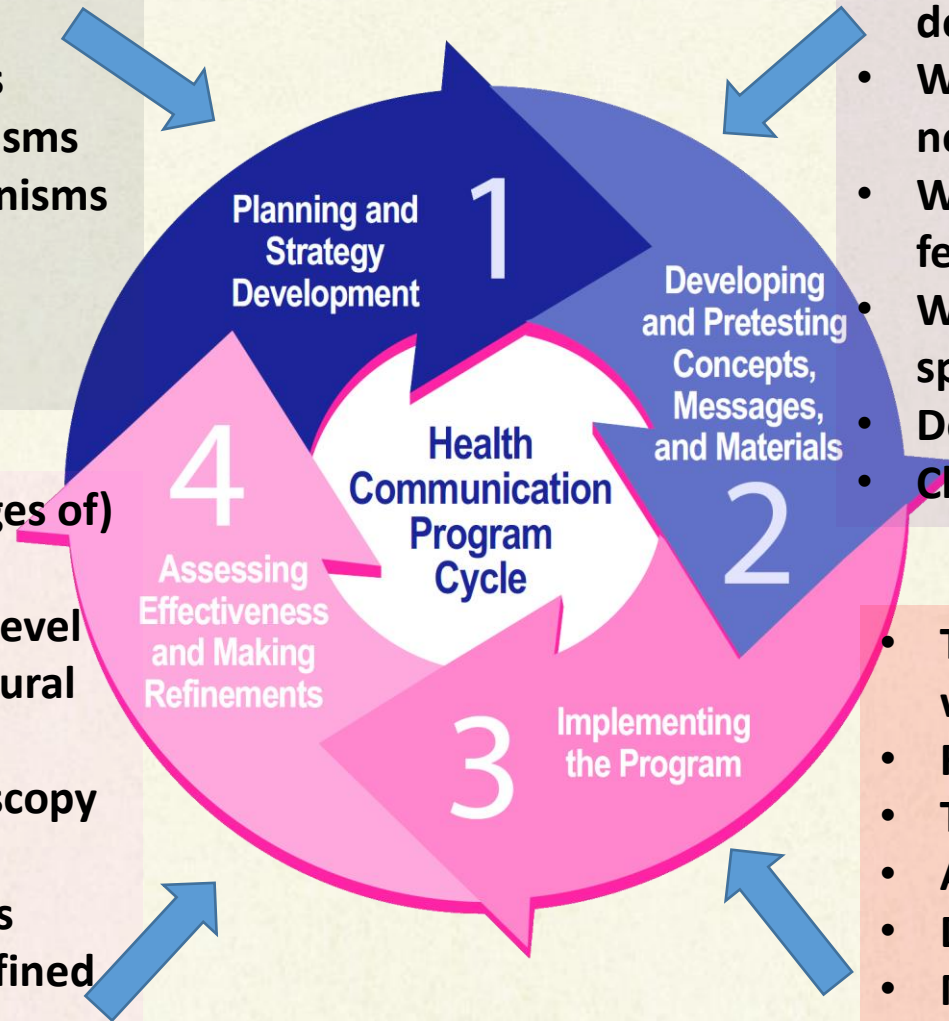
**WHERE WE ARE
NOW**



**WHERE WE WANT
TO BE**

- Analysis of screening algorithm
- Analysis of target populations
- Defining obstacles
- Research mechanisms
- Evaluation mechanisms
- Resources
- Time scale
- THEORY

- What do they need to know?
- What do they need to do?
- What skills are necessary?
- What do they need to feel?
- What about people with special needs?
- Designer's work
- Channels and tools



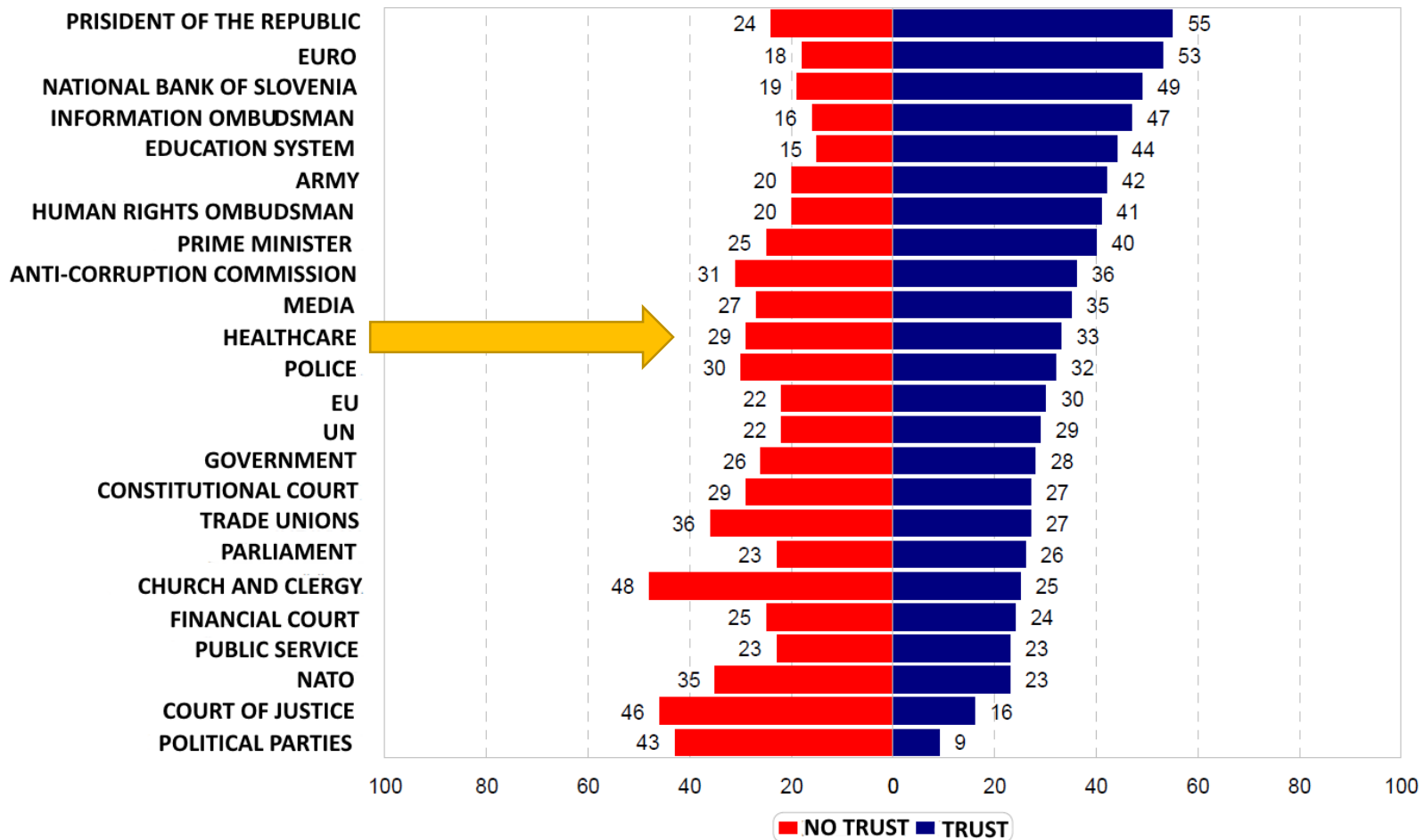
- Training healthcare workers
- Recruiting volunteers
- Treining volunteers
- Activating channels
- Dessemination of tools
- Motivation of communicators

- Monitoring (all stages of) uptake on national, regional and local level
- Monitoring procedural mistakes
- Monitoring colonoscopy experiences
- Target interventions
- Campaigns with defined goals

- **Changes and adaptations of the strategy**

SLOVENIAN PUBLIC OPINION SURVEY AUTUMN 2008

TRUST IN INSTITUTIONS



**GENERAL OBSTACLES -
TARGET POPULATION**

(people over 50)

- Very low trust in healthcare system
- High trust in general practitioners – but they have no time
- Low health literacy
- Little knowledge about colorectal cancer
- Stigma and taboo
- Fear of cancer
- Disgust
- A lot of tasks to be performed by patients at home
- Relatively complicated tasks and procedures
- Low self esteem
- Need of repeating participation in testing
- Unpleasant (painful) colonoscopy performed without sedation
- Test kit to be delivered to a post-office
- Time consuming visits to general practitioner and pharmacy in case of FOBT+
- Demanding preparation for colonoscopy

EVIDENCE

Metastudy – what influences CRC screening – by National Health Service - Centre for Reviews and Dissemination together with experts from York University, UK:

- Older people are more willing to be tested
- Women are more willing to participate in screening than men
- More educated people are more willing to be tested
- People who participated in screening before and had positive experience are more willing to do it again
- Information alone is not enough to effect behaviour.
- Call centre is essential
- Personal contact and interactive, interpretive communication is essential

Jepson R, Clegg A, Forbes C, Lewis R, Sowden A, Kleijnen J. The determinants of screening uptake and interventions for increasing uptake: a systematic review. Health Technology Assessment 2000;4(14).

<http://www.hta.ac.uk/fullmono/mon414.pdf>

SUPPORTING PARTICIPATION	OBSTACLES TO PARTICIPATION
Communication and support of the chosen general practitioner	Individual obstacles (handicap, distance, literacy...)
High self esteem, sense of control, capability, freedom of choice	Fear of cancer Fear of being seriously ill
Living together with someone who has participated Family support	Low self esteem Sense of not being able to perform all the tasks independantly and successfully
Noticing alarming symptoms	Low trust
Communication interventions in local community, work environment Peer advise	Lack of support from healthcare workers
Personalized letters and other messages; reminders; call centre	

Jepson R, Clegg A, Forbes C, Lewis R, Sowden A, Kleijnen J. The determinants of screening uptake and interventions for increasing uptake: a systematic review. *Health Technology Assessment* 2000;4(14).

Main obstacles mentioned by the participants in the 2000 survey:

- **fear of cancer diagnosis** («It is better not to know!“ „As long as I do not know, I am healthy.“)
- **high opinion on personal health** («I feel perfectly well – so I do not need any tests!«)
- **no support from family and peers** («Nobody gets tested – so I will not participate either!“)
- **no cases of cancer in the family** («Cancer is not a problem in my family – we die of other causes.“)
- **disgust** («I will *not* handle my poo – if my physician sends me directly to colonoscopy, I will think about it. «)
- **personal obstacles** (financial, distance, language, literacy...)
- **other serious problems prevailing** (« I have so many grave problems at the moment that I can not cope with another one!«)

- QUESTIONS ABOUT PARTICIPATION FORMS – criteria for exclusion
- FOBT+ WITHOUT RESPONSE
- COLONOSCOPY CENTRES

- INVITATION LETTERS
- TEST KITS
- REMINDERS
- FINDINGS
- REFERRALS



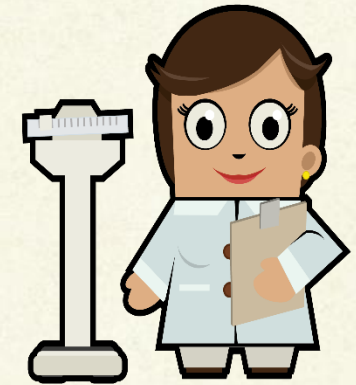
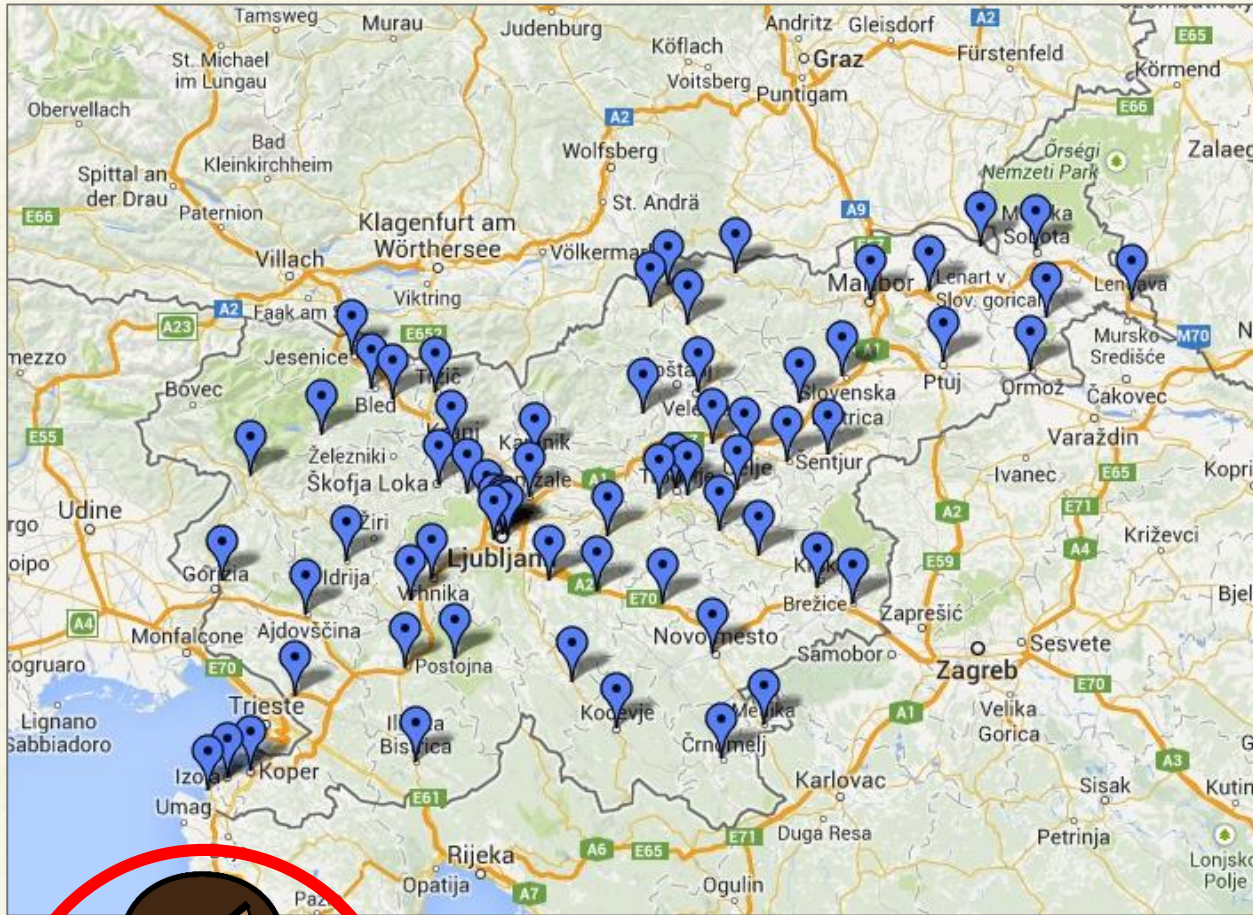
- COLONOSCOPY APPOINTMENTS
- QUESTIONS
- FEARS

- PARTICIPATION AGREEMENTS
- TEST KITS
- Personal letters
- POST COLONOSCOPY SURVEY

CALL CENTRE
Phone, e-mail, fax

MAIL TERMINAL
Letters, parcels

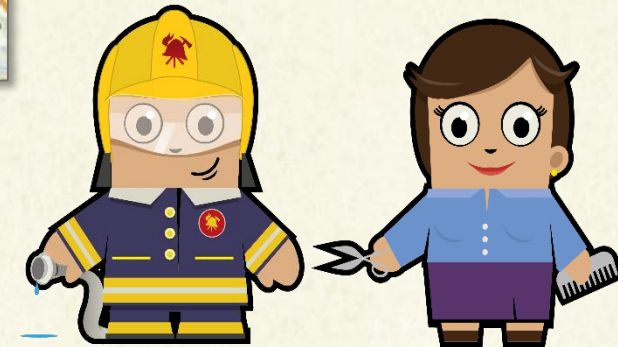
Community Preventive Healthcare Centres in Slovenia



- Svit contact points
- Coordination on local level
- Local Svit events
- Local ambassadors and supporters



VITAL- but very, very busy!



Communication interventions have different goals:



TO INFORM ON FACTS :
What is the problem
What is the solution
HOW DOES SVIT WORK

TO GIVE CLEAR INSTRUCTIONS

TO CREATE AND SUSTAIN TRUST

**TO REMOVE OBSTACLES TO
PARTICIPATION IN SCREENING**

TO MOTIVATE FOR PARTICIPATION

**TO INVITE SUPORTERS AND
AMBASSADORS**

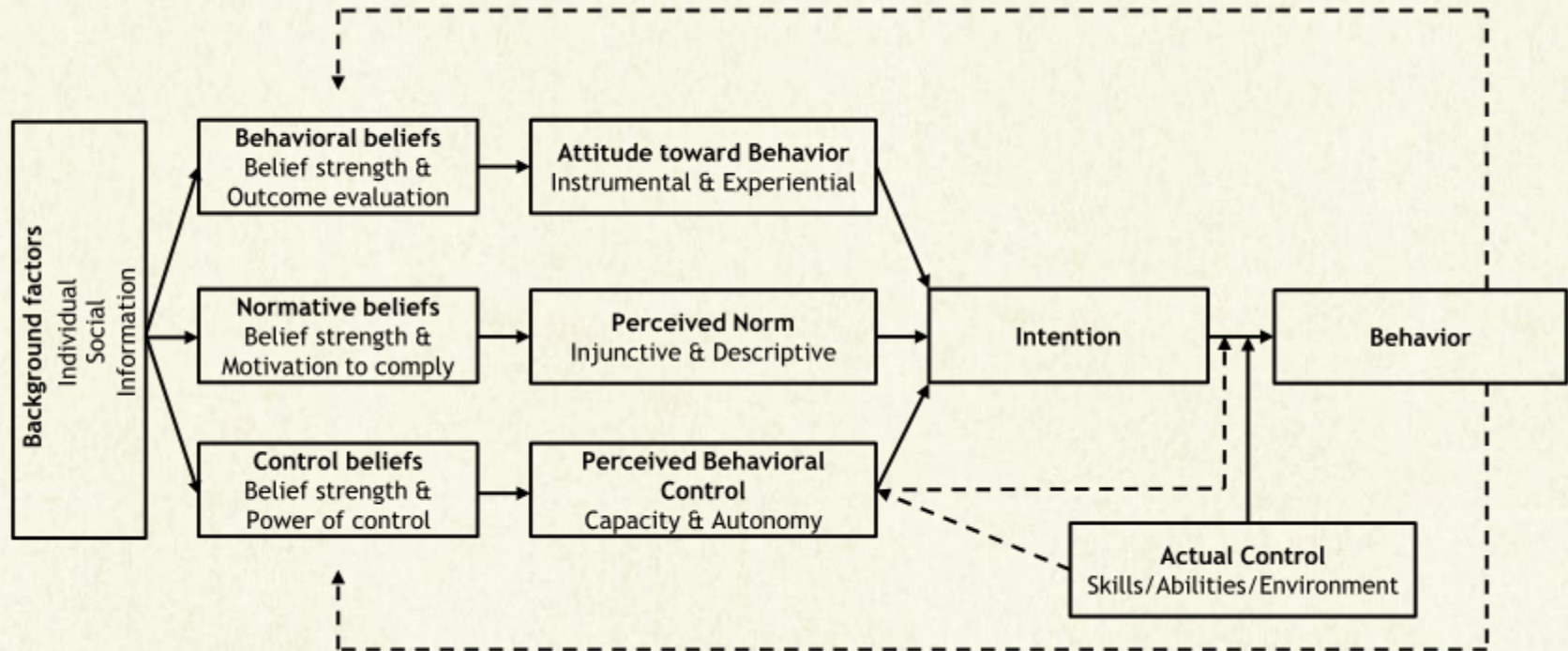
THEORETICAL FRAME FOR COMMUNICATION STRATEGY

Health belief model

Transtheoretical model (Prochaska-DiClemente)

Social cognitive theory (Bandura)

Theory of planned behaviour (Ajzen)



Targeted communication tools and channels



Program Svit

Fantje, pametno je sodelovati v Programu Svit in poskrbeti za zdravje.

vsajemu okoli 500.000 prebivalcev Slovenije. Tudi veliko sodelavcev programa pri tem potrebuje spodbudo, da premagajo predsodke in smoleči traji strah. Gasilci, ki v Slovenji še po tradiciji pomagajo reševati življenja in zdravje ljudi, lahko pri tem veliko pomagajo.

Gasilca sveta Slovenije je bila med prvimi nevladnimi organizacijami, ki so se odzvale pobudi za sodelovanje pri osvoboditvi o pomenu Programa Svit za okrevanje zdravja starejših od 50 let.

Prvotovarno gasilstvo ima na Slovenskem že skoraj 160-letno tradicijo. Kljub ne odvisnosti v gasilsko društvo, da bi učinkoviteje preprevali in gasili požare. Naloga gasilskih društev pa je veliko več kot le galerije in reševanje ob požarih. V njih so ljudje namreč socialno oporni in solidarni, nesebično pomoč ob vsakršni nesreči. Pomož v starih in težkih okoliščinah gasilcev, zato komo z vselej pomagali Programu Svit je zagotovil predsednik Gasilske zveze Slovenije Anton Koren, ko je svečano podpisal Listino o podpori Programu Svit že leta 2008.

KAKO LAHKO POMAGATE?
Prav vsak lahko pomaga Programu Svit, s tem da svoje bližnje spodbudi k sodelovanju v programu. In bodo prejeli vabilo za sodelovanje. Pomagajte pa lahko tudi prek svoje gazilce organizacije oziroma društva.

GASILCI:

- Poskrbite, da bodo v vašem gasilskem domu viseli plakati Programa Svit in da bodo na voljo shemke o programu.
- V aktivno gasilsko društvo imenovanje poveljnika za Program Svit, ki bo zadolžen za promocijo programa.
- Spodbudite vaša regionalna gasilsko svetov, da na svoje članke in druge javnosti organizirajo Svitov dan s predstavitvijo modela debelega črevesa in predavanja.
- Spodbudite članke društev, da se udeležijo predstavitev Programa Svit, ki jih po Sloveniji organizirajo zdravstvenovarnostni centri v zdravstvenih domovih in Zavodi za zdravstveno varstvo v sodelovanju z drugimi organizacijami.

STIK za organizacijo Svitovih dogodkov: Margjeta Keršič Svetec, strokovna sodelavka za komuniciranje z javnostmi, tel. št. 01 427 374 e-naslov: margjeta.svetec@svit.si

INŠTITUT ZA VARNOSTNE ZDRAVJA

KRI V BLATU JE LAHKO ZNAK RESNIH BOLEZNIŠKIH SPREMEMB. ČE JO OPAZITE, SE POSVETUJTE S SVOJIM IZBRANIM OSEBNIM ZDRAVNIKOM! Ko dobite vabilo v program Svit, izkoristite priložnost, opravite test na prikrito krvavitev v blatu in poskrbite za svoje zdravje!

Svit

BRŠAVNI PROGRAM PRESEJANJA IN ZDRAVNIŠKA ODPRITAVNA PREDKRAVNIŠKIH SPREMEMB IN RAKA NA DEBELEM ČREVESJU IN DANKE!



Novell Vibe

www.program-svit.si/sl/o-programu-svit

SLOVENŠČINA

Klicni center: 01 620 45 21 | Fax: 01 620 45 29 | info@program-svit.si

Svit


O Programu Svit | Rak na debelem črevesu in danki | Kolonoskopija | Podpora uporabnikom | Novice in zanimivosti | Za podpornike Programa Svit | Za zdravstvene delavce

DOBRODOŠLI!

Program Svit je Državni program presejanja in zgodnjega odkrivanja predrakavih sprememb in raka na debelem črevesu in danki. Sodelovanje v Programu Svit rešuje življenja!

[Več o programu >](#)

Čas je, da pomislite nase.




Svit

DRŽAVNI PROGRAM PRESEJANJA IN ZGODNJEGA ODKRIVANJA PREDRAKAVIH SPREMEB IN RAKA NA DEBELEM ČREVESU IN DANKI


O PROGRAMU SVIT

[Preberi si več o tem »](#)






VIZIJA IN POSLANSTVO

[Preberi si več o tem »](#)



ČASTNI POKROVITELJ

[Preberi si več o tem »](#)



Windows taskbar: Internet Explorer, File Explorer, VLC, PowerPoint, Word, Excel, Outlook, Adobe Reader, System tray: SL, 16:42, 7.11.2016



DRŽAVNI PROGRAM
PRESEJANJA IN ZGODNJEGA
ODKRIVANJA PREDRAKAVIH
SPREMENB IN RAKA NA
DEBELEM ČREVESU IN DANKI

KAKO SE PRIPRAVIMO NA KOLONOSKOPIJO





DON'T BE AFFRAID OF THE WORLD INSIDE YOU! TAKE A TEST IN PROGRAM SVIT!

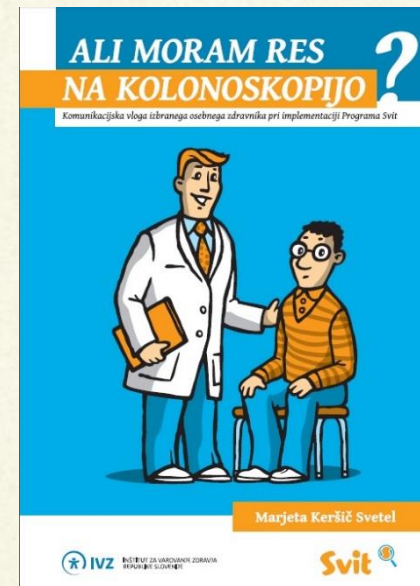
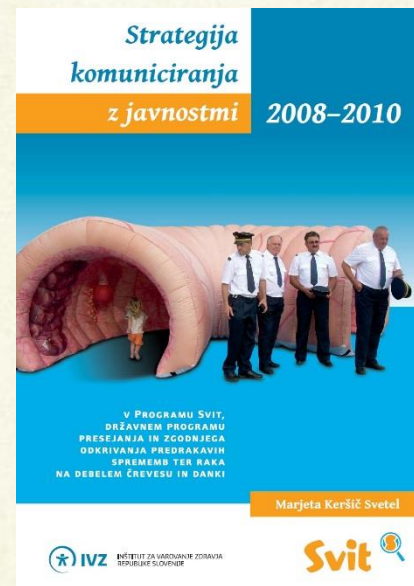
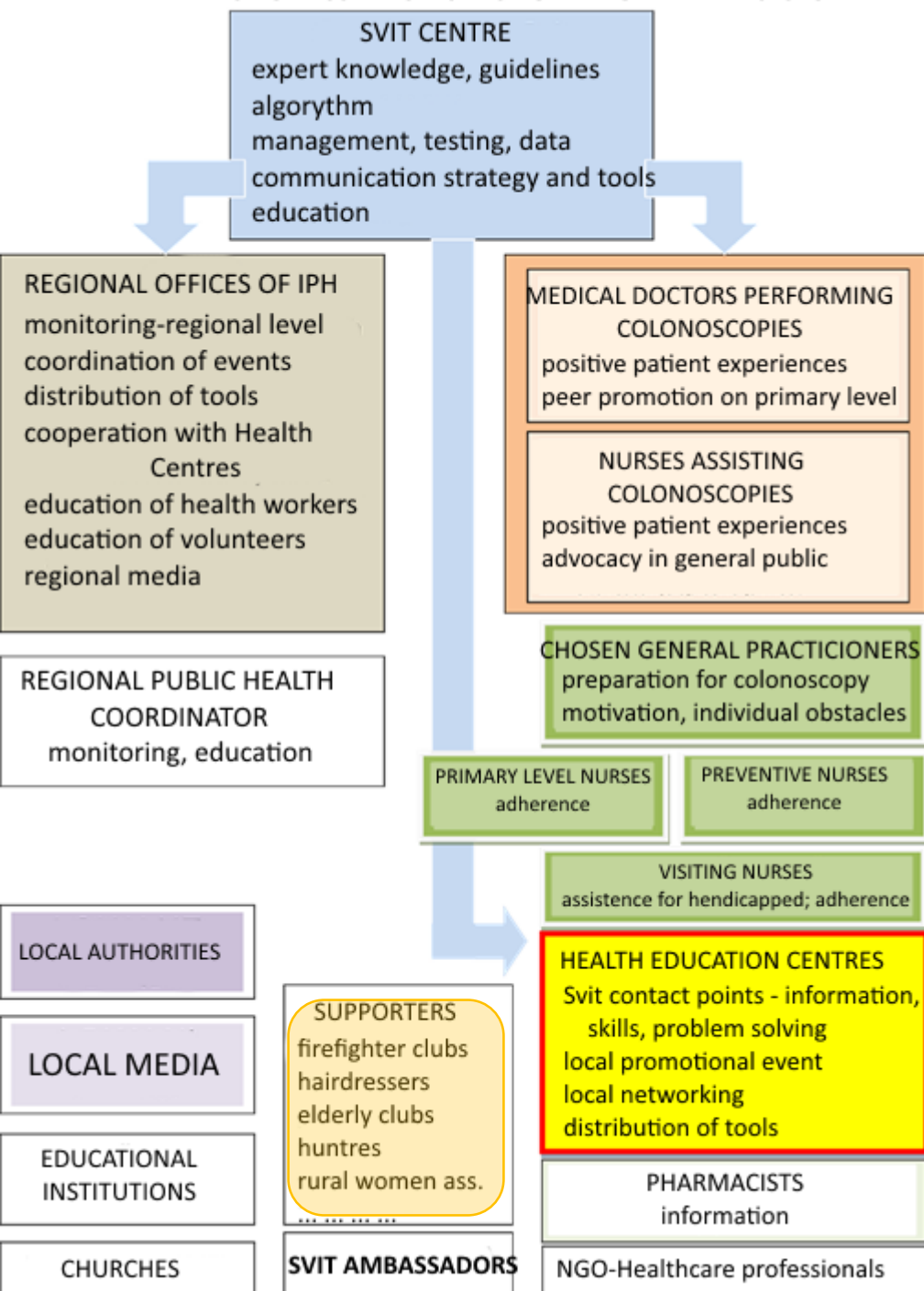
„You know what? Everyone is a little scared of places where the sun never shines. But it is much better to be checked early than to die early!“



Viktor Grošelj,
mountain climber

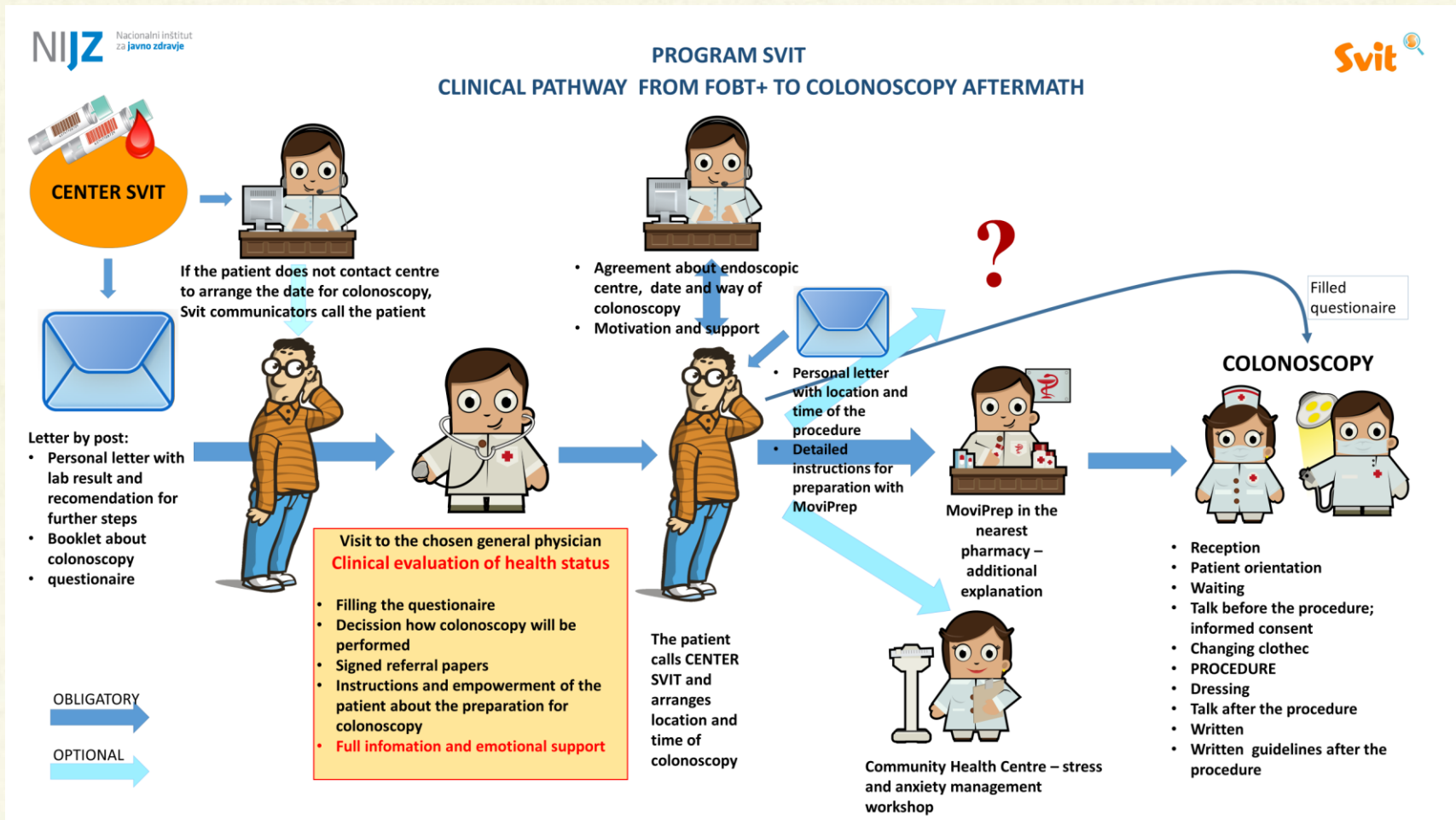


DIFFERENT ROLES IN COMMUNICATION STRATEGY - MAIN ACTORS



The Strategy was systematically implemented from 2009 to 2014.

Clinical pathway is a multidisciplinary **management tool** based on evidence-based practice for a specific group of patients with a predictable clinical course, in which the different tasks (interventions) by the professionals involved in the patient care are **defined, optimized and sequenced** either by hour (ED), day (acute care) or visit (homecare). Outcomes are tied to specific interventions.





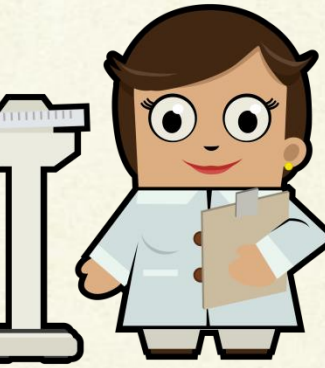
CHOSEN GP



NURSE
PRACTITIONER



VISITING
NURSE



HEALTH
EDUCATION
NURSE



PHARMACIST

-
- CALGARY-CAMBRIDGE MODEL OF CLINICAL CONVERSATION
 - MOTIVATIONAL INTERVIEW
 - CULTURALLY COMPETENT COMMUNICATION



- TOOLS
- MANUALS
- TRAINING

Motivational Interviewing



- Spirit of MI:
- Agape
- Collaborative (patient as a partner)
- Evocative (evoking patient's strength and will)
- Honoring patient autonomy

W. R. Miller, S. Rollnick (1991), *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York, London: Guilford press.

Forcing people to adopt „official“ values, behaviour and conduct



What causes conflict, defensive reaction and objection:

- Orders, imposing, forcing, warning, threat
- Advises, pushing, forcing one's own opinion
- „sermons“, mentioning science and guidelines as highest authority
- Judging, criticising, accusing

MOTIVATIONAL INTERVIEW



What supports behavioural change:

- Exploring different points of view, opinions, values and possibilities
- High self esteem
- Confidence in one's abilities
- freedom of choice
- Acknowledging that there is more than just one way to the main goal

Communication interventions budget per year: on average 120. 000,0 €

Results in 2014:

	number	all	men	women
Number of invitations sent out	253.335	94,71%	94,39%	95,03%
Number of letters received	252.305	99,59%	99,38%	99,80%
Returned signed agreement to participate in screening	152.475	60,43%	55,22%	65,53%
Excluded on the basis of clinical criteria	8.289	5,44%	5,61%	5,29%
Number of test kits sent out — without repeated sendings	144.144			
People who sent samples unsuitable for analysis	4.119	2,85%	2,65%	3,01%
Number of people screened with FOBT test	138.214	56,64%	50,91%	62,27%
FOBT -	129.693	94,12%	92,73%	95,23%
FOBT +	8.108	5,88%	7,27%	4,77%
Colonoscopy adherence > 90%				

Percentage of people who signed participation form in 2014 by region

