

Framing cervical cancer screening messaging — challenges and future solutions, experiences from Australia

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Background

- Australia's National Cervical Screening Program commenced in 1991, 2 yearly Pap test
- Renewed program commenced in Dec 2017, 5 yearly HPV test taken by a doctor or nurse; option of self collected tests initially restricted
- Universal access to self collected tests commenced July 2022, uptake steadily increasing
- Preliminary national cervical screening participation rate is 68.3% (2018-2022)*
- Some groups participate less in cervical screening:
 - Aboriginal and Torres Strait Islander populations
 - People living in rural and remote areas
 - People living in areas of greater socio-economic disadvantage
 - Some culturally and linguistically diverse groups
 - People living with a disability
 - LGBTIQ+ communities
 - Older age group (65-74 years)
- The challenge: ensuring increased and equitable participation





So what are the challenges and solutions in framing cervical cancer screening messaging?

CHALLENGE 1: Communicating the option of selfcollected Cervical Screening Tests



Insights from a Population Survey

Methods

- Cross-sectional survey January March 2022
- 725 Victorians eligible for screening (36% = under screened)
- Investigated awareness, knowledge, attitudes, and preferences for cliniciancollected and self-collected Cervical Screening Tests

Results

Low awareness of self-collection, 9.7% of respondents Barriers to self-collection:

- low confidence in ability to self-collect
- concerns about testing accuracy
- needing more information before testing with this option

Enablers to self-collection:

- private
- easy to do
- removes barriers associated with a speculum exam





Example: Victorian self-collection campaigns

What we did

- Paid advertising campaigns targeting women and people with a cervix, including Arabic and Punjabi-speaking audiences
- Created campaign web page
- Self-collection instructions postcard/wallet card
- Health professional communications

Learnings

- Important to address knowledge gaps
- Quick, easy, reliable, private important messages to include
- Emphasis on choice in message framing
- Self-collection not a stand alone term, needs to be used alongside cervical screening for context
- Results (young person's campaign) increased knowledge, number of screens increased slightly













Self collection instructions, postcard and wallet card



www.cancervic.org.au/selfcollection

Insights from community responses to campaigns

But can it give false results?

How do you know you are getting the right spot? I was under the impression that part of the cervical screen was locating the cervix and swabbing that. This is coming from someone who had a cervical lesion and consequently a total hysterectomy. Had symptoms for a long time, even saw a gynaecologist, but Pap smears were OK. Finally, got the positive one, grade IV.

I'd hate to do this wrong and miss a diagnosis. I'm overdue but this has made me think about booking so that's good

It can be pretty difficult to reach the cervix especially on your own, so as much as I love that traumatised people can do this on their own instead of completely missing out on this important assessment, I don't think it should be normalised for just anyone to do it. The accuracy and room for error seems very large

My GP is very anti this. Most concerned that most women would not get a good enough sample for a diagnostic tool.

Like Reply 3w

Except my doctor surgery said they aren't doing it

Amazing! But the last time I tried to do this the path lab said "you can't do that" and had no idea what I was talking about and said I should be getting them done by a dr peven though there was information posters all over the GP wall and I clearly knew you could self collect as it's also on their website



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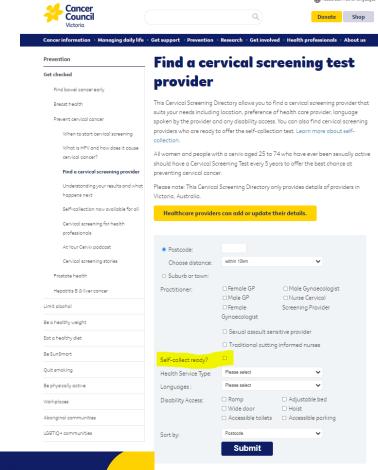
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CHALLENGE 2: Communication needs and message framing for priority audiences



Insights from CALD qualitative research

Methods

- In-language focus groups (n=14)
- 106 under-screened women and people with a cervix

 Arabic (n=21) Cantonese (n=23) Mandarin (n=23) Indian (n=39)
- Investigated awareness, knowledge, attitudes, barriers and enablers to cervical screening

Results

Limited awareness of cervical cancer and cervical screening Common barriers to self collection:

- Self-efficacy
- Test accuracy
- Low knowledge and awareness of cervical screening in general
- Stigma

Enablers to self-collection:

- Trusted relationship with their doctor (particularly bilingual doctors)
- Private and less embarrassing



Insights from CALD qualitative research

Messages that increased likelihood of self-collection

- Self-collection allows more privacy and is less embarrassing (Arabic, Cantonese and Mandarin)
- Self-collection is just as accurate as a cervical sample collected by a doctor (Cantonese and Mandarin)
- Self-collection is quick, convenient and easy to do (Mandarin)
- Self-collection can help to detect cervical cancer early and keep you healthy (Arabic)
- Self-collection can help you to stay healthy for you and your family (Arabic)
- Highlighting choice important across all language groups



Insights from CALD qualitative research

Effective ways to communicate messages

What and where ...

- Animated videos illustrating how self-collection is performed
- Social media (WeChat, Facebook, YouTube, Instagram)
- Material at doctor's practices / clinics (posters, videos, brochures)
- Advertising (TV, radio, print, digital)
- Government health websites
- Local community women's groups, health centres, schools and child care centres
- Religious centres / places of worship

How ...

- In language
- Presented by women from their own community (female GP, trusted community leader, cancer survivor story)
- Important role of trusted doctors, bilingual doctors











Example: Victorian LGBTIQ+ campaign

What we know ...

- Low participation rate for LGBTIQ+ Australians 58% in 2018-2019*
- Even lower for transgender men, 38.9%
- Literature review found significant barriers:
 - **Sexual minorities:** fear of discrimination, misconception around need to screen
 - **Gender minorities:** Previous negative experiences, difficulty finding HCP, psychological and physical barriers

Includes ...

- Paid social media advertising targeting women and people with a cervix aged 25-74
- Suite of videos and images with real stories from the LGBTIQ+ community
- Campaign web page
- Promotional postcard and clinic poster







Stories from the community













Attention everyone with a cervix!

Cervical screening just got easier

f you're a woman or person with a cervix, aged 25–74, and have had sexual contact with a person of any gender, you need a Cervical Screening Test every five years.

You have a choice for your next Cervical Screening Test. You can now self-collect your test,

Self-collected tests can be done in private at the doctor's or another health setting usually behind a curtain or in the bathroom. It's quick, comfortable, safe and easy to do.

fou can also choose to have a clinician do the test for you, using either the self-collection

f you are due or overdue for cervical screening, speak to your doctor or nurse about your option











Kerr, Lucille; Bourne, Adam; Hill, Adam; McNair, Ruth; Wyatt, Kerryann; Lyons, Anthony; et al. (2023): THE IMPORTANCE OF LGBTQ AFFIRMING SCREENING SERVICES FOR ACHIEVING CERVICAL CANCER ELIMINATION IN AUSTRALIA. La Trobe. Report. https://doi.org/10.26181/22642852.v1

The framing of CHOICE and CONTROL





Self-collection is a choice for your 5 yearly cervical screening

Talk to your GP or visit wellbeingsa.sa.gov.au/cervicalscreening for more information.





Visit Cancer Council WA

There are now two options for your Cervical Screening Test

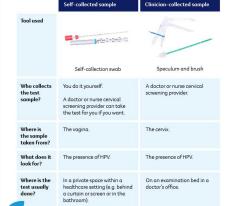
Talk to your GP about self-collection for cervical screening.

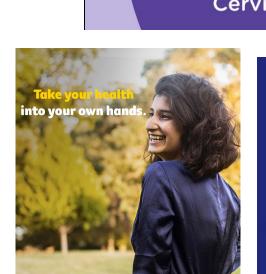
Learn more





You have a choice for your next Cervical Screening Test Self-collected sample Clinician-collected sample







It's easy to do!

YOURSELF



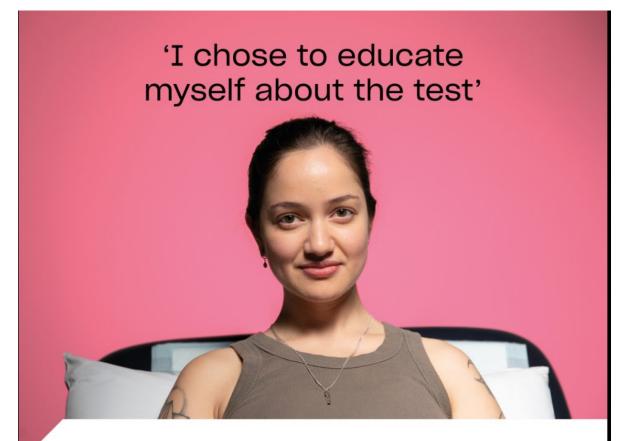
CERVICAL SCREENING

PROGRAM

DO IT

Own it – an LGBTIQ campaign

Further information at canwe.org.au



It's your Cervical Screening Test.

Own it.









It's your Cervical Screening Test. **Own it.**

CERVICAL SCREENING







It's your Cervical Screening Test. Own it.

CERVICAL SCREENING





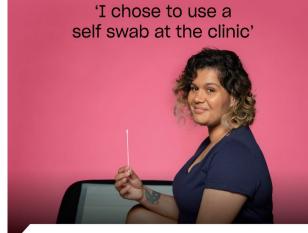


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CHALLENGE 3: Framing of gendered language, what's the right approach?



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People with a cervix

Women

Women and people with a cervix



Key points for framing cervical cancer screening messaging...

- Communicating self-collection presents an opportunity
- Barriers and enablers differ across priority groups, tailored messaging needed
- The framing of CHOICE and CONTROL is important, particularly to reach priority groups
- Communications need to address gaps in knowledge, including rationale behind recent program changes, as well as work to increase self-efficacy of self-collected Cervical Screening Tests
- Can't rely on communications alone
 - Co-designed community-based programs are needed to reach priority populations
 - Crucial that health care providers are supported and informed so that they can provide safe and inclusive cervical screening services and communication



Cancer Screening Resources Hub

https://screeningresources.cancervic.org.au





Thank you

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