BACKGROUND

- Efforts to support cancer prevention and public health, increase attendance at cancer screening and promote earlier cancer diagnosis have all been highlighted as key priorities in the Cancer Strategy.
- Obesity, smoking, physical inactivity, poor dietary intake and alcohol-attributable hospital admissions are highest among the most socially deprived groups, as is lower awareness of cancer symptoms, lower uptake of colorectal cancer screening and expressing more barriers to seeking medical help.
- Community-based health workers (CHWs) often work with the most socially deprived and vulnerable groups of the population. They are well-placed to discuss cancer prevention and promote earlier diagnosis among these groups but often have low awareness of cancer risk factors and of the bowel screening programme.

TALK CANCER WORKSHOPS

Talk Cancer is a training programme for CHWs, developed and delivered by Cancer Research UK.

The workshops aim to:
- Increase awareness of cancer screening programmes and risk factors.
- Increase awareness of the importance of early diagnosis and spotting cancer early.
- Increase confidence to discuss cancer.
- Reduce cancer fear and fatalism.

STUDY AIM

To evaluate CHW awareness of cancer screening programmes and risk factors, beliefs about cancer, and confidence to discuss cancer with members of the public after attending a Talk Cancer workshop.

METHODS

STUDY DESIGN & PARTICIPANTS

178 trainees completed a paper-based questionnaire immediately before (T0) and after (T1) attending Talk Cancer and were contacted by telephone to complete the two-month follow-up (T2) interview.

STATISTICAL ANALYSES

McNemar's tests were used to determine differences between T0 and T1 and again between T1 and T2. A significant result between T0 and T1 indicated an improvement between immediately before and after training. Given a significant result between T0 and T1, a non-significant difference between T1 and T2 indicated the effect was sustained at 2-month follow-up.

RESULTS

AWARENESS OF SCREENING PROGRAMMES

- Awareness of breast and cervical screening programmes was high (both 97%). This did not change significantly across the study.
- Awareness of the bowel screening programme significantly increased from 87% (T0) to 98% (T1) and was sustained at 96% (T2).

AWARENESS OF RISK FACTORS

- Awareness of smoking as a cancer risk factor was high (99%) and did not change significantly across the study.
- Awareness of all other risk factors significantly increased from T0 to T1 but this was only sustained at T2 for sunburn. Awareness of the remaining risk factors was significantly higher at T2 than T0 except for secondhand smoke.

BELIEFS ABOUT CANCER

Trainees were asked the extent to which they agreed with the following statements:
- “Cancer is treatable if diagnosed early” (% agreed)
- “A cancer diagnosis is a death sentence” (% disagree)
- “I would avoid talking to someone about cancer” (% disagree)
- “I would find it hard to talk about cancer” (% disagree)

Positive beliefs about cancer increased significantly from T0 to T1 and were sustained at T2. The number of people who disagreed that they would find it hard to talk about cancer increased significantly again between T1 and T2.

CONFIDENCE TO DISCUSS CANCER

Trainees were asked to indicate their confidence in their ability to discuss:
- Cancer in general
- Lifestyle changes to reduce cancer risk
- Where to direct people to for lifestyle-modification support
- The action people should take in response to persistent/unusual changes to their body

Confidence to discuss the above increased significantly from T0 to T1 and was sustained at T2.

APPLICATION OF TRAINING (T2 ONLY)

- 86% of trainees reported applying their learning in their role (n=152/178)
- 59% of trainees reported having had more conversations about cancer and lifestyle (n=105/178)

CONCLUSIONS

- There was an immediate improvement in awareness of the bowel screening programme and of cancer risk factors. However, only the changes in awareness of bowel screening and sunburn were sustained at 2-month follow-up.
- In most analyses where the immediate increases in awareness were not sustained at 2-month follow-up, awareness remained significantly higher than baseline.
- Talk Cancer appears to be particularly effective at promoting more positive cancer beliefs and improving confidence to discuss cancer amongst CHWs. This improvement was sustained at 2-month follow-up for the majority of belief and confidence measures.
- The majority of trainees reported applying their learning in their role, and over half reported an increase in the number of conversations about cancer awareness and reducing risk.

LIMITATIONS

- Lack of control group.
- 2-month follow-up period is relatively short.
- Possible sampling bias from non-random approach to commission follow-up of 200 participants at T2.
- Difficult to ascertain who trainees are engaging with as a result of attending Talk Cancer & wider impact on early diagnosis and cancer prevention.

FUTURE DIRECTIONS

Various ongoing learning and support opportunities (such as regular email updates) are being explored by Cancer Research UK to increase longer term sustainability of training.

REFERENCES


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Get in touch with talkcancer@cancer.org.uk with any enquiries.