

The impact of training on increasing awareness of cancer among socio-economically deprived and ethnically diverse communities

A breast and bowel cancer awareness 'Train the Trainer' project in England



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Aim

To promote the early presentation of breast and bowel cancer symptoms to targeted audiences known to be at higher risk of delayed presentation by training people to spread cancer awareness messages through a cascade model.

Background

Breast cancer is the most common cancer in women in the UK and the second most common cause of death from cancer in women (after lung cancer). Bowel cancer is the fourth most common cancer and the second most common cause of cancer death for men and women in the UK.



It's well established that delays in diagnosis contribute to worse cancer survival. Delays may be due to poor cancer awareness, delayed presentation by patients, poor uptake of screening and delayed referral to primary care. Further, socio-economic indicators and deprivation are proven to be key factors influencing the uptake of bowel and breast cancer screening programmes as well as the rate of late and emergency presentations.



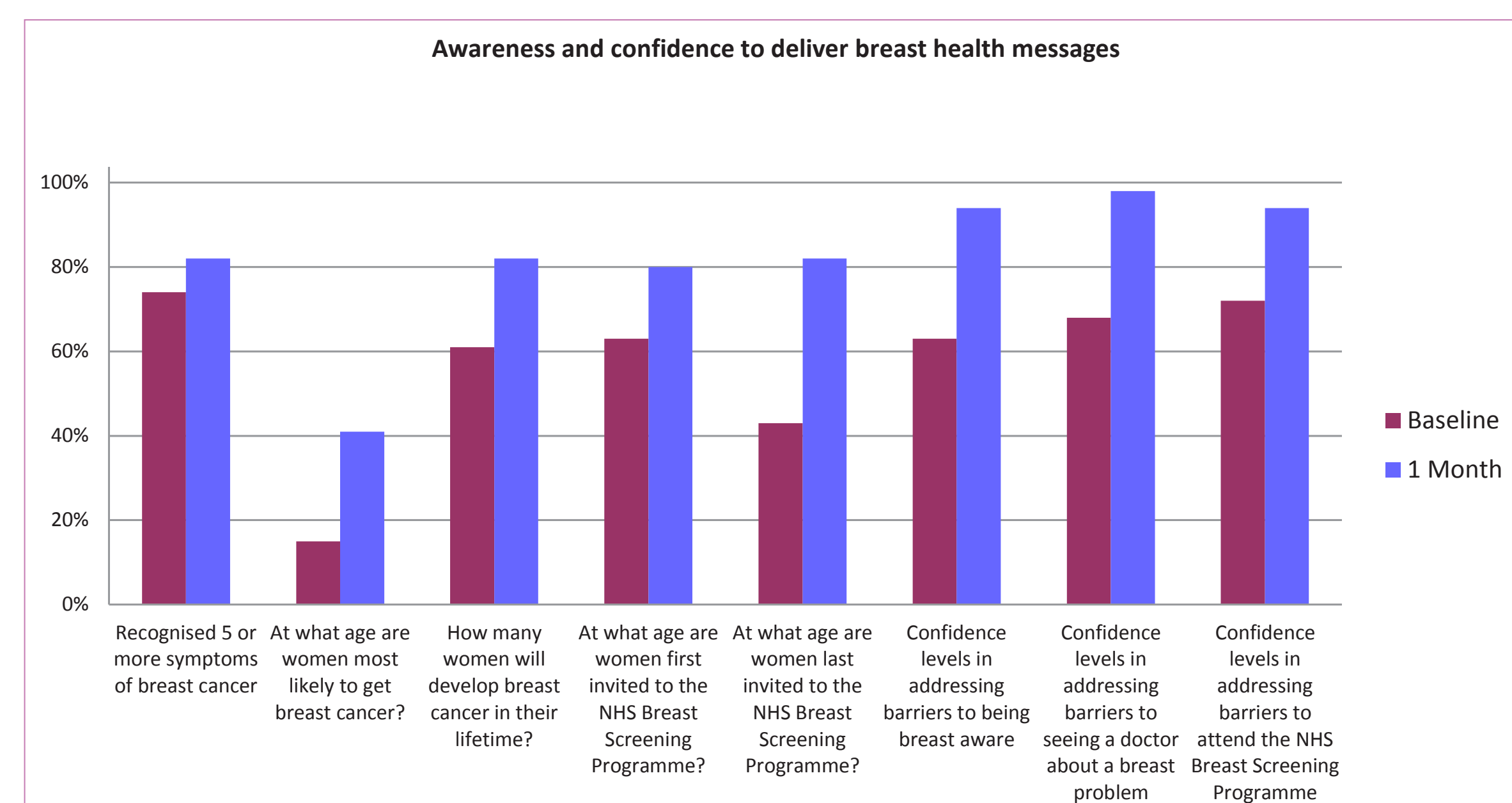
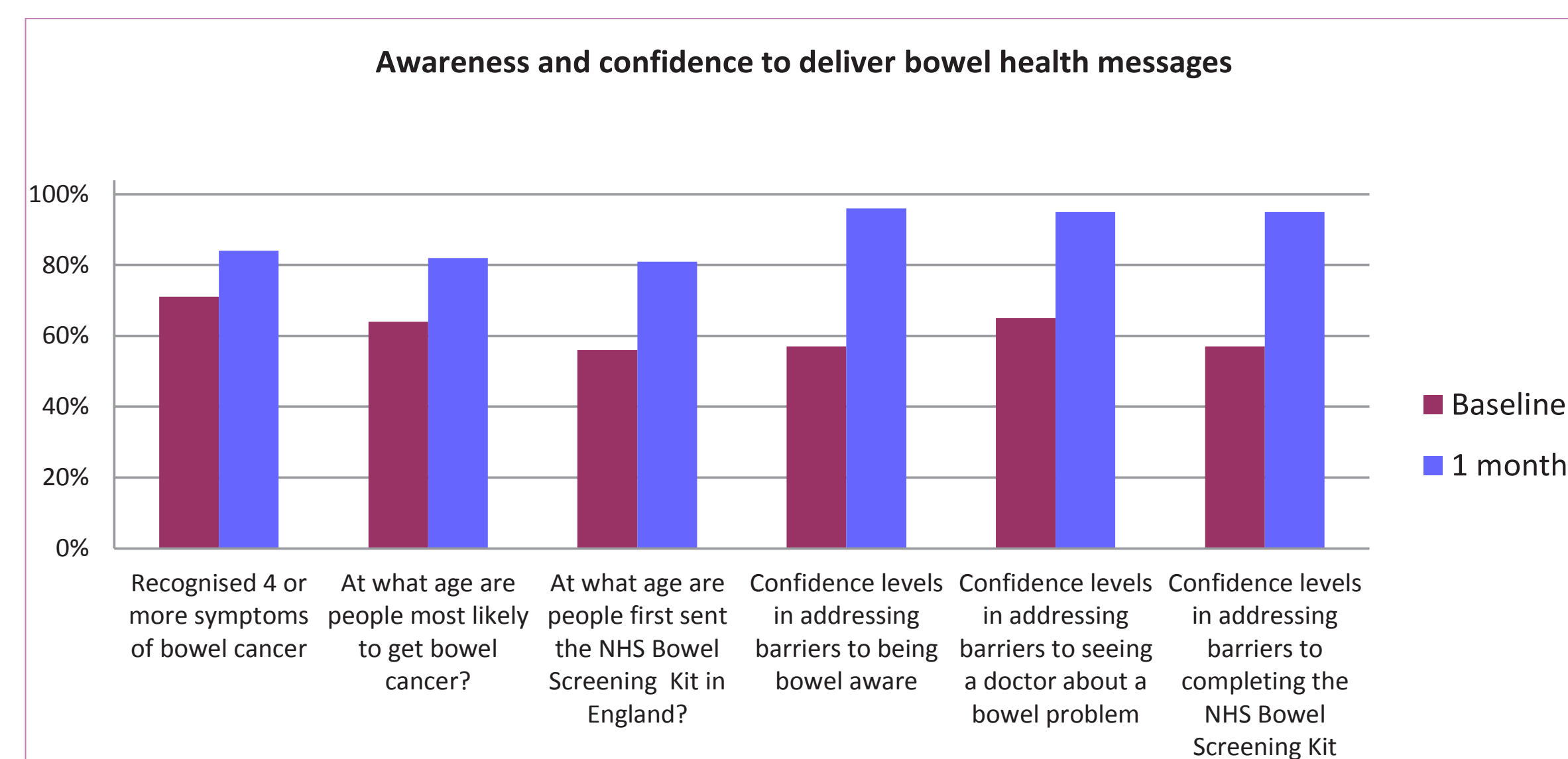
Low cancer awareness is a risk factor in delayed presentation of symptoms associated with cancer (Ramirez et al, 1999). Late diagnosis in breast cancer has been shown to contribute to differences in survival between affluent groups and those from socio-economically deprived backgrounds, as well as between women from black and minority ethnic backgrounds and women of white ethnicity (Downing et al, 2007; Jack et al, 2009). Bowel cancer, if diagnosed at the earliest stage, is highly treatable, with a survival rate of more than 90% over five years, making early diagnosis crucial (National Cancer Intelligence Network, 2009).

Cancer awareness is at the forefront of UK government policy. The Cancer Reform Strategy (Department of Health, 2007) highlighted the importance of raising awareness in the general population resulting in the National Awareness and Early

Diagnosis Initiative (NAEDI). The role of NAEDI is to co-ordinate a programme of activities to promote early diagnosis, including raising public awareness of the signs and symptoms of early cancer, encouraging people to seek help sooner, reducing delays in primary care and access to diagnostics.

Six years ago, in response to promoting breast cancer awareness and early detection, Breast Cancer Care developed and implemented the Train the Trainer breast health promotion programme to train healthcare professionals, community workers and volunteers to deliver breast cancer awareness messages within their communities across the UK.

Following on from the success of this health education intervention, Breast Cancer Care and Bowel Cancer UK joined forces to undertake a Department of Health-funded partnership project using the Train the Trainer model. Bowel Cancer UK had a growing and successful team with expertise in health promotion. The new course, which is focused on reaching key groups for both charities, delivers both breast and bowel cancer awareness messages and aims to promote early presentation of both cancers and encourage screening attendance by equipping key workers, volunteers and practitioners with the skills and knowledge to deliver breast and bowel health promotion in their own communities.



Methods

All trainees attending the course completed a self-administered questionnaire at baseline, one and six months after attending the course. Data was collected on the number and types of community/individual contacts reached by the trainees and measured their confidence in delivering breast and bowel cancer awareness at one and six months after the training.

The questionnaire included an amalgamation of the breast and bowel cancer awareness measures. Validated measures (Linsell et al, 2010) examined knowledge of site-specific cancer symptoms, age-related risks, the NHS Breast and Bowel Screening Programme, confidence to detect signs and symptoms and confidence in going to the GP. Further, it assessed confidence to explain the risk and symptoms of each cancer. It also assessed confidence in promoting breast checking and early presentation of both cancers. It assessed confidence to discuss the advantages of early diagnosis and barriers to early presentation.

Following development of the course, two pilots were held and an interim evaluation undertaken. Semi-structured interviews were carried out with eight trainees to explore perceptions of training. Competency to deliver breast and bowel cancer awareness messages was conducted with all trainees at baseline, three and six months after course attendance.

A further five courses have been delivered since the first in May 2012. This presentation reports on the findings of one month data for all six courses.

Findings

At one month, the Train the Trainer programme successfully increased knowledge of symptoms and risks for both breast and bowel cancer (see bar charts).

The programme also increased confidence in delivering both messages and confidence to deliver an overall health promotion message. By 8 May 2013, the project had reached 90 trainees and 6,656 clients. The client reach has already exceeded the target for the entire project. When delivering both breast and bowel cancer messages together, 767 people from black and minority ethnic communities and 1,563 people from socio-economically deprived communities had been reached.

Following the completion of this project, Breast Cancer Care will undertake further evaluation of retention of confidence and knowledge and reach of messages, six months post training.

In addition to this an evaluation of the charity partnership has been commissioned, the findings of which will be used to develop a health education partnership model.

Participants

Eighty trainees took part in six courses over 10 months. All trainees responded to the baseline questionnaire. Seventy per cent (n=56) responded to the one month questionnaire.

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