CERVICAL SCREENING PRESENTATIONS

FOR PROVIDERS OF MEDICAL PRACTITIONER EDUCATION IN QUEENSLAND
Section 3: Health Promotion

- 3.1 Health Promotion and Cervical Screening
- 3.2 Barriers Affecting Women’s Participation in Regular Cervical Screening
3.1 Health Promotion and Cervical Screening
Cervical screening provides an example of the application of important Health Promotion principles.

Significant in the evolution of the public health movement was the development, at an international level, of the Ottawa Charter for Health Promotion in 1986.
The key principles of the Ottawa Charter are:
- Build public policies that support health
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services
Promoting participation in cervical screening:

4 categories of strategies (Straton 1996)

1. Individual invitation – “calls” and “recalls”
   ~ 30% of women cite “forgetting” as the main reason for not being up to date with smears

2. Improving opportunistic screening
   - Only valid for women attending a health service
3. Providing special/acceptable and accessible services to women
- availability of services in a wide variety of settings

Important components of this strategy are:

- RN Pap smear providers e.g. Mobile Women Health Nurses, Remote Area Nurses, Sexual Health nurses, Practice Nurses

4. Community-based media and health education programs
Cervical Screening Practice Incentives

To further increase participation rates in cervical screening, the Federal Budget in 2001-2002 provided for a Cervical Screening Incentive Payment (PIP). This was made available for General Practices which improve the level and quality of cervical screening within their patient population.

(PIP enquiry line 1800 222 032 or http://www.medicareaustralia.gov.au)
Health Promotion Resources:

- Cervical screening resources available through National and Qld Cervical Screening Programs
  www.cervicalscreening.gov.au, or

- Cervical cancer resources available through Cancer Council Help line 13 11 20
3.2 Barriers Affecting women’s Participation in Regular Cervical Screening
90% of deaths from cervical cancer occur in women who have not been screened or who have been screened less frequently than desirable.

56% never had a smear
Only 10% regularly screened

Victorian Cervical Cytology Registry.
Participation in cervical screening is the primary indicator used in monitoring the success of the National Screening Program.
Participation rate for Australian Cervical Screening…. For the present, the key is still to better screen the stripes!


Source: AIHW analysis of state and territory Cervical Cytology Registry data.

Annual participation rates by Qld Health Service Districts, statistical local areas and general practice divisions are available through the Qld Cervical Screening Program.
Barriers to Screening

Three broad categories:
1. Practitioner related
2. System related
3. Client related
Practitioner related:

- Time constraints
- Gender of practitioner – especially relevant for Aboriginal and Torres Strait Islander and CALD women
- Knowledge and skill levels
- Concern about client embarrassment
System related:

- Accessibility – location (role of RN PSPs)
- Cost to client
- Inadequate reminder systems
How could barriers be addressed?
Overcoming barriers:

- Explore areas of reluctance or fear
- Provide information
- Explain procedure
- Identify the underscreened
- Opportunistic or invite back
- Offer options with providers
Client related:
These have been specifically identified for Australian women
i. women’s knowledge, attitudes and beliefs about cervical cancer screening e.g. embarrassment, fear of procedure and/or diagnosis, poor understanding of screening purpose or frequency
ii. Women’s perceptions of Pap smear services
iii. Other reasons e.g. forgetting, inadequate time
Women needing special consideration:

Women from CALD backgrounds:
- The concept of screening is often outside traditional views of health
- Use of bilingual educators is most acceptable strategy to improve screening
Aboriginal and Torres Strait Islander Women: Higher incidence and mortality from cervical cancer. Several contributing factors –

- Poor socio-economic conditions
- Presence of co-morbidities
- Lack of awareness of preventive behaviour
- Lack of adequate medical services
- Late presentation
Specific beliefs producing barriers to cervical screening:

- Cervical screening is “women’s business” and not to be discussed with others
- Pap smears should be performed by female practitioners
- Association between cervical cancer and STI produces stigma of shame
- Screening not a high priority in presence of chronic disease e.g. diabetes, renal disease
Most barriers can be overcome by implementing culturally safe and culturally appropriate programs.
Women with disabilities:

- Require access to cervical screening in line with national guidelines

- Refer to: Preventative Women’s Health Care for Women with Disabilities. Guidelines for General Practice. NSW Cervical Screening Program. Sydney. 2003
Lesbian Women:

- Same screening guidelines as heterosexual women
- Risk of HPV is important e.g. -male partners in past -history of sexual abuse
- Misinformation of health care providers and patients may lead to underscreening
It is important to impart information, and arrange provision of screening services, in an appropriate way for all women, regardless of their situation.