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**Title**

*Perspectives on cancer screening in a highly urbanised region: a Q-methodology study in The Hague, the Netherlands*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context

The Netherlands hosts, as many other European countries, three population-based cancer screening programmes (CSPs). These programmes focus on cervical, breast and colorectal cancer. The overall uptake for these CSPs is generally high, but decreased over the past years. Especially in highly urbanised regions the uptake rates tend to fall below the minimal effective rate of 70%, set by the World Health Organization.

Objective

The aim of this study was to explore various perspectives on participating in cancer screening.

Study Design

A Q-methodology study was conducted. Hereto respondents were presented with a set of opinion statements on beliefs and motivations for participating in a CSP, and were instructed to rank them according to agreement. Subsequently, respondents were asked to explain their ranking of the statements. Follow-up interviews were held with several selected respondents. By-person factor analysis was used to identify distinct perspectives, which were interpreted using data from the rankings and interviews.

Setting

This study was conducted in the city of The Hague, the Netherlands, in the autumn of 2021.

Population Studied

Potential respondents in the region were invited by an external research agency. A total of 112 people were invited, of which 49 completed the study.

## Instrument

In an online application 31 statements needed to be ranked into a 9-column forced ranking grid, followed by a short survey. Statements were based on available literature and clustered by the Integrated Change model.

## Outcome Measures

The rankings of the statements (Q-sorts), combined with the responses of selected respondents in the interviews.

## Results

In total 39 rankings (80% of the respondents) were suitable for analysis. Respondents were mostly female and aged between 50 and 59 years of age. Three distinct perspectives were identified: 1). 'Positive about participation', 2). 'Thoughtful about participation', and 3). 'Fear drives participation'. Most respondents were in favour of participating in the CSPs in all three perspectives.

## Conclusions

To make sure participation rates are sufficiently high, cues for improvement should be identified starting from the three different perspectives of potential participants. In order to increase awareness and knowledge, we suggest tailoring communications according to the different perspectives. For a part of the population this would include greater involvement of health professionals working in primary care.