

## Introduction:

- Targeted public awareness interventions are needed to improve earlier cancer diagnosis and reduce socioeconomic inequalities in cancer outcomes.
- The health check (intervention) is an interactive touchscreen questionnaire delivered by trained lay advisors, developed in partnership with Tenovus Cancer Care.
- It aims to raise awareness of cancer symptoms and risk factors, and encourage timely help seeking among adults living in deprived communities using theory derived behaviour change techniques (Smits et al 2016).
- Findings from Phase 2a pre/post evaluation are presented.

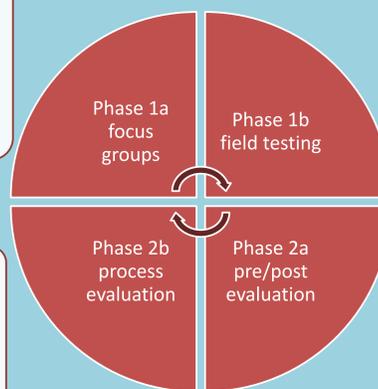
## Methods:

**Six focus groups**

- In Communities First areas
- members of the public aged 40+
- GPs, practice nurses, community pharmacists
- public health, community partners

**Observations and interviews (fidelity):**

- 20 observations of health check usage
- 30 interviews with health check participants from 2a



**Field testing:**

- 20 interviews with likely users
- Five sites in Communities First areas (eg GP practice, community centre, job clubs, pharmacy)

**Prospective questionnaire study:**

- Cancer awareness, attitudes, beliefs, help-seeking intentions and behaviours measured before and after health check use in 95 participants

Figure 1: Diagram of study methodology.

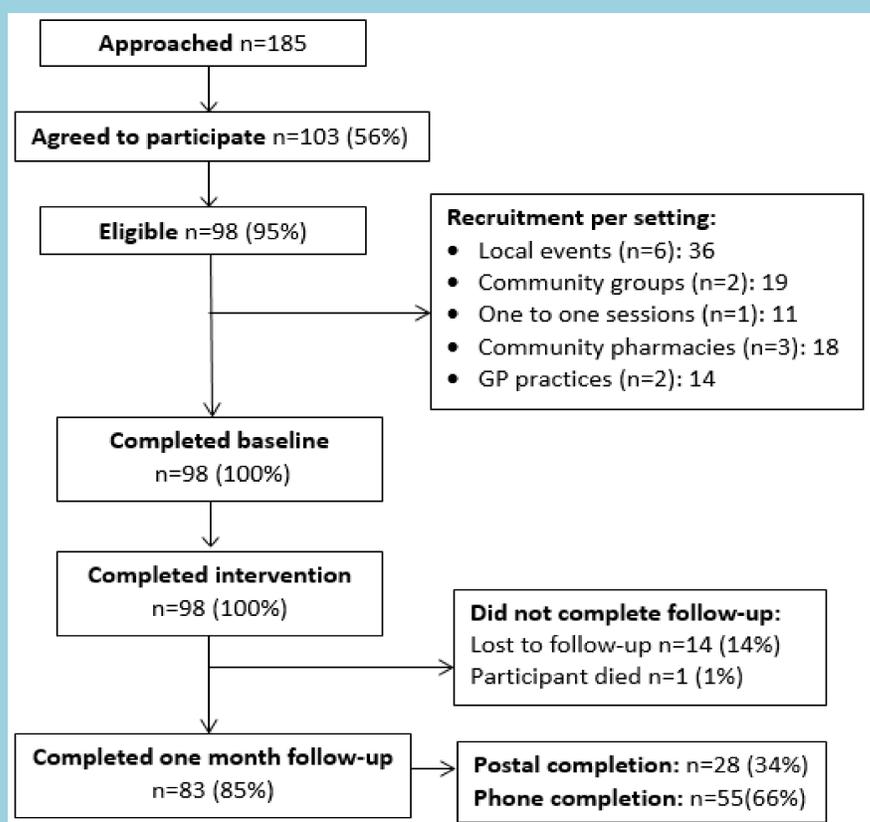


Figure 2: Diagram of phase 2a study recruitment

- 34 (35%) participants were male, 64 (65%) were female
- 55 (56%) participants were in the lowest deprivation quartile and 20 (20%) were in the second lowest deprivation quartile

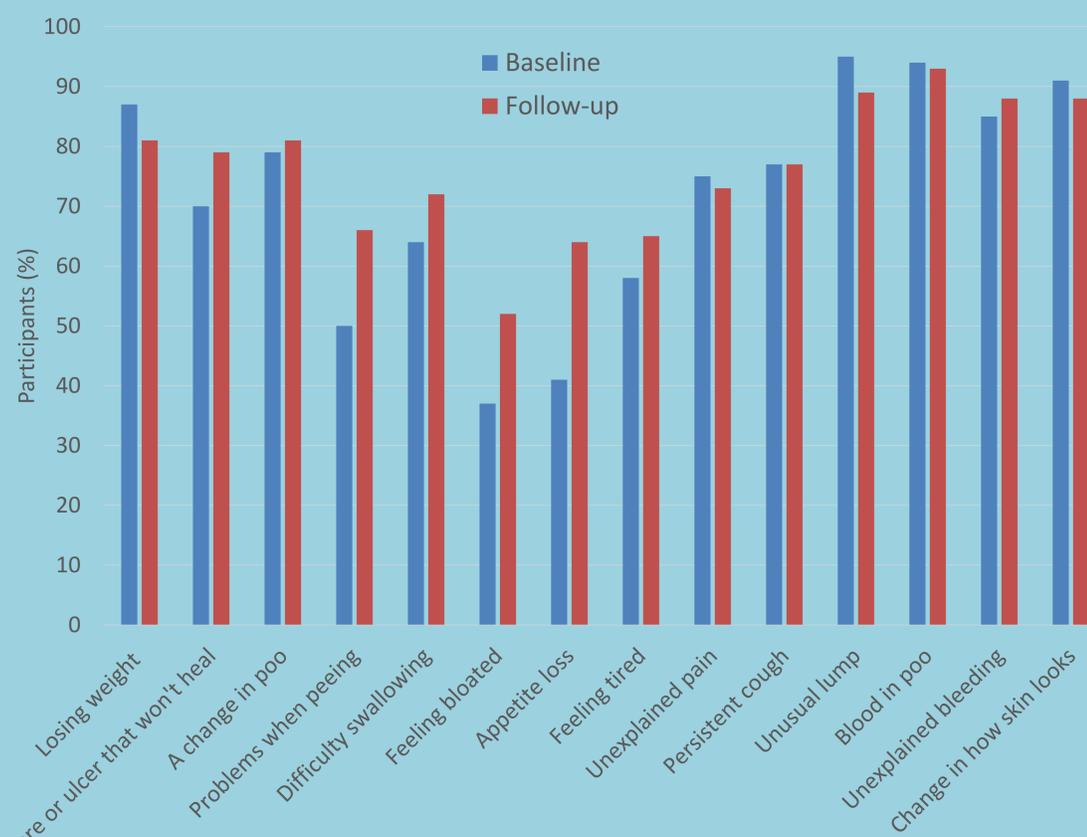


Figure 3: Cancer Symptom Knowledge Pre and Post intervention (% answering "yes" to 'Please tell us if you think the following are warning signs of cancer').

- 83 (100%) participants described the health check as useful
- 75 (90%) participants described the amount of information as "about right", 5 (6%) felt there was "not enough" and 3 (4%) "too much information"
- 83 (100%) participants said they would recommend the health check to friends or family

## Conclusions

- Recruitment was feasible across community and health care settings in socioeconomically deprived areas
  - Follow up via telephone questionnaire was feasible
- The intervention is acceptable and has the potential for improved recognition of non-specific, vague symptoms

