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Perceived barriers and enablers to multi-disease health screening in a low-socioeconomic status neighborhood in Singapore - the patient-provider divide

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Abstract

Introduction and Objective Access to preventive services in disadvantaged Asian populations is under-studied. We investigated perceived barriers and enablers to cardiovascular and cancer screening uptake amongst residents in a low-income Asian urban community; as well as amongst healthcare providers serving these communities; via a qualitative study. Methodology Residents staying in two public rental-flat neighbourhoods in Singapore who were not going for regular cardiovascular/cancer screening and healthcare providers (polyclinic directors, free-clinic directors) serving these communities were recruited via purposive sampling over April-May 2012. In-depth interviews were conducted using standardised questionnaires and transcripts content-analysed to capture themes. Residents and providers were interviewed until data saturation was reached. Results 20 patients and 9 providers were interviewed. For each of 6 screening modalities (hypertension/diabetes/hyperlipidemia/breast, cervical, colorectal cancer), barriers and enablers of screening identified by patients and providers could be classified into seven themes: cost, procedural issues, attitudes towards screening, knowledge towards screening, ordering of priorities, primary care characteristics and sources of information. Notably, there were some divergences in opinions between patients and providers. Healthcare providers were less aware that a) a large proportion of needy residents felt that screening was unnecessary as they were physically healthy; b) cost of subsidised screening was still a barrier for the needy; c) specifically, for colorectal cancer and hyperlipidemia, knowledge about screening process and frequency was extremely lacking; and d)breast self-examination was perceived by the needy as an acceptable substitute to mammography. However, there was also a certain degree of concordance in the views of both parties. For example, healthcare providers rightfully suggested procedural issues as a potential problem for screenings that involve drawing blood (hyperlipidemia and diabetes screenings). Our interviews with residents confirmed that this was indeed a common concern. Discussion & Conclusion Significant divergences in perceived barriers to screening reported by residents and healthcare providers may hinder uptake of preventive services in needy

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communities. By utilising our findings, more focused efforts and interventions can be made by medical students to increase screening participation amongst low-SES communities. More research is needed to investigate means by which socioeconomic disparities in screening can be further addressed in these disadvantaged communities.

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