Use of the Precaution Adoption Process Model in screening among older persons

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Background

In the Netherlands preventive health centres for older persons is pleaded for as a solution to the growing health care costs. We examined what determines which people, eligible for screening, actually go for screening; using a stage model of health behaviour (the Precaution Adoption Process Model).

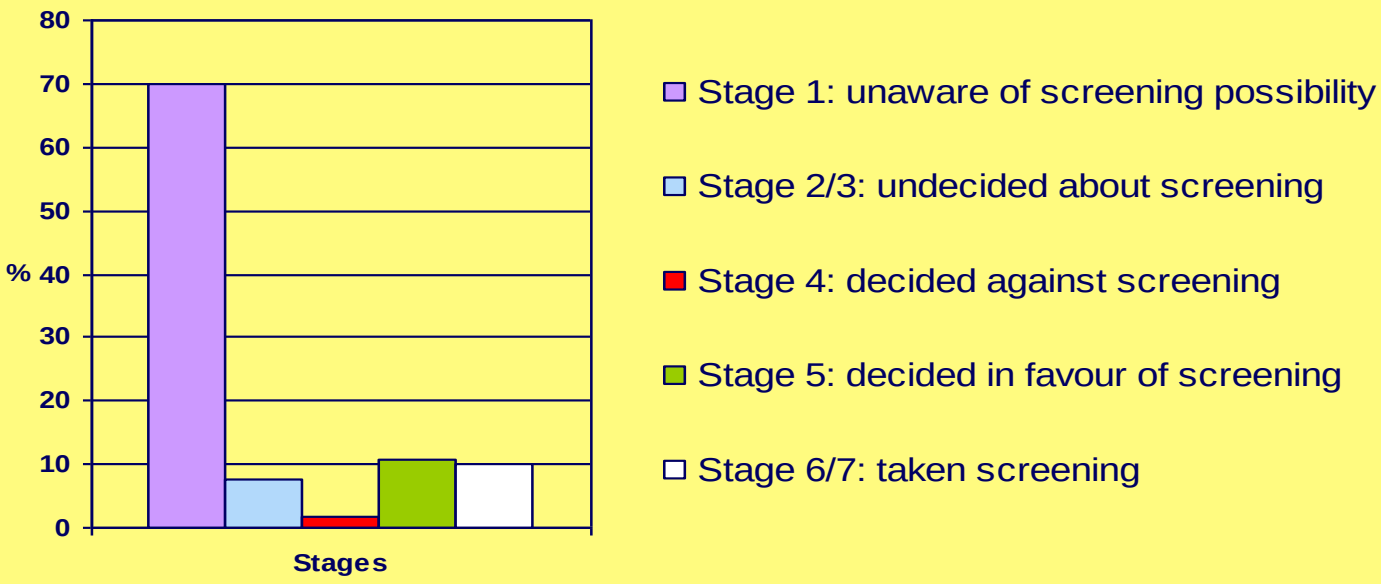
Method

Cross-sectional survey data of 2390 people, 55 years and older, living in areas where preventive health centres exist, is analysed with regard to lifestyle, personal and external factors.

Results

- **Most people eligible for preventive screening are unaware of the possibility (*figure 1*).**
- **People are generally positive about screening (*figure 2*).**
- **(Perceived) social norms and self-efficacy play a significant role in the decision-making process of screening uptake.**
- **Undecided people and people deciding against screening are less personally involved and have more doubts concerning the usefulness and necessity of screening than others (*figure 2*).**
- **Compared to people deciding in favour (but who did not take tests), people that have taken tests are on average older and more often receive a personal invitation.**

Figure 1 Stage distribution screening uptake among older persons in the Netherlands



PAPM

The Precaution Adoption Process Model is a stage model of health behaviour. In this study, we distinguish among 7 stages whereby people in stage 2/3 and 6/7 are very alike and therefore treated as one stage.

Conclusions

Preventive health centres should be aimed at:

- **Providing balanced and realistic information, targeting advantages and disadvantages of screening**
- **Lowering potential barriers by sending personal invitations and visiting people at home, if necessary.**
- **Sending invitations for screening simultaneously to people living in the same neighbourhood by the people's own GP.**
- **Providing help to find ways in changing unhealthy lifestyles.**

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***Figure 2* Differences in attitudinal beliefs between stages**

	Stage					*Scheffe post hoc analysis* *
	1	2/3	4	5	6/7	
% agreement	**%**	**%**	**%**	**%**	**%**	
Negative beliefs						
Personally, screening is not needed	12	21	23	6	8	*5,6/7,1 < 2/3,4*
Need test only if have symptoms	22	42	47	10	16	*5,6/7,1 < 2/3,4*
Having screening test is just looking for trouble	33	44	59	29	28	*6/7 < 2/3,4* *5,1 < 4*
Information about previous health status is essential	43	56	69	28	35	*5,6/7 < 2/3,4* *1 < 4*
Visiting your GP regularly makes screening unnecessary	36	55	60	30	37	*5 < 4,2/3*
Positive beliefs						
Screening is the best you can do	63	48	34	73	76	*4 < others* *2/3 < 5, 6/7*
Screening is needed for people my age	79	66	40	95	91	*4 < others* *2/3,1 < 5,6/7*
Early screening leads to timely identification of health problems	91	83	60	96	91	*4 < others* *2/3 < 5*
People with a family history need screening	94	92	91	97	95	*4 < 1,6/7,5* *2/3 < 5*
Early screening benefits treatment	95	90	83	99	98	*4 < 2/3, 5,6/7*

** Additional exploration of means. % agreement in left stages is significant lower than in right stages (α = .05)*