‘Cancer does not discriminate’

A targeted intervention to raise awareness of cancer amongst BME communities in England

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Summary

• Developing the pilot project
• Major cancers by ethnic origin in England
• Developing a co production model of community engagement
• Measuring success
Developing The Pilot Project

A pilot campaign was developed which aimed to test different methods to:

• Increase awareness of early signs and symptoms of cancer amongst BME communities

• Challenge myths and misconceptions held by some BME communities about cancer

• Look at increasing the levels of cancer awareness and improving take up of cancer screening programmes within the pilot areas.
Cancer By Ethnic Origin In England

• In England at least 10,000 of the 250,000 new cancer cases a year are from people of BME origin (this figure is believed to be higher but at present around 15-20% of ethnic coding data is missing).

• Surveys / research shows awareness levels among people of BME origin are generally lower than their white English counterparts (for breast and cervical cancers).

• Across England people of BME origin are less likely to take up cancer screening invitations.

• African and Caribbean women have lower incidence rates for Breast cancer and higher mortality rates (NCIN 2009, Bowen 2009 and Wild 2006).

• In 2009 NCIN report identified variation in incidence level of a number of cancers within some ethnic minority communities.
Cancer By Ethnic Origin In England

- Prostate cancer for African and African Caribbean men are around three times the rates for white men

- Stomach cancer for both African and African Caribbean males and females are around 50% higher than the rates for white males and females

- Liver cancer for both African and African Caribbean males and females are around twice as high as the rates for white males and females

- Myeloma for both African and African Caribbean males and females are around twice as high as the rates for white males and females

- Cervical cancer for South Asian females over 65 are twice as high as white females over 65

- Mouth Cancers are higher in South Asian males and Females

* Source NCIN 2009/10
A Co-Production community Engagement Approach

4 main methods were used

• Community development approach (6 steps)
  - Targeted community
  - Established community organisation
  - Co development/design
  - Geographical area – time specific
  - Create partnership with existing statutory organisations
  - Create ownership & legacy

• Faith programme

• Media programme

• Targeted clinical intervention

www.BMEcancervoice.co.uk
Targeted Communities

Over all 17.21 %* England population is from a BME community

- Tower Hamlets in London (52.34%*)
- Nottingham City (25.17 %*)
- Leeds (17.42 %*)
- Birmingham (36.74%*)
- Leicester City (39.94%*)

Areas were chosen for their large BME populations and active community organisations working on health issues

*(ONS estimates them by combining data from the 2001 census the Labour Force Survey and the annual Population Survey)*

www.BMEcancervoice.co.uk
Established community organisations

BHI (Leeds)
BME Cancer Communities (Nottingham)
Behalal (Birmingham)
Roko Cancer care (Tower Hamlets)
Muslim Directory (Leicester)

www.BMEcancervoice.co.uk
Targeted Information

- Raising awareness of signs and symptoms
- Patient stories
- Myths and realities of cancer
- Cancer Screening Programmes
- Support
Media

A Ethnic commercial Radio network spectrum worked with us to pilot community ambassadors (Bengali and Ghanaian radio presenters):

Structured broadcasts, Interactive phone ins, Health care interviews
Cancer & Faith Programme

Partnership with faith organisation

The programme included:

– Awareness workshops (focusing on various cancers and screening)

– Drop-in sessions (which can be requested by churches and faith groups)

– Local patient champions (anyone who is a member of a church/faith group, can become a local champion, after a short training course)

Cancer Patient Champions

• local people trained to deliver awareness workshops
• Targeting faith communities
• Collecting patient experience
• Challenging myths and misconceptions

www.BMEcancervoice.co.uk
Regional Focus

- Small grants
- GPs
- Libraries
- LA screens
- Ethnic food shops
- Pre and post surveys
- Radio
- Charity partner
- Local NHS partner

www.BMEcancervoice.co.uk
GP Intervention

Working in partnership with Jo’s trust and 30 GP’s across 3 geographical areas to increase the uptake of cervical screening amongst BME women. Locations were chosen specifically for their large ethnic communities. (Leicester, Nottingham, Birmingham)
Measuring Success

• Amount of information given out
• Increases in charity helpline calls
• Increases in screening uptake in target areas
• Increase in cervical screening uptake during the GP intervention pilot
• The amount of people attending workshops/drop ins
• Number of local champions trained
• Changes in awareness levels
Results (Awareness & Training)

- 8300 information packs given out over a 5 month period. 20 workshops delivered across London, Leeds, Nottingham, Birmingham, Bristol, and Bradford where tailored workshops were delivered providing information, advice, and signposting.

- A two-day training course developed in partnership with tumour specific charities to provide a comprehensive toolkit for those trained to deliver reliable awareness workshops using standardised information and materials.

- 17 local patient champions trained, using a specifically developed 2-day course to enable them to deliver awareness workshops to faith communities across England.
Results (Media & Regional Focus)

• 21 interviews with healthcare professionals, charity experts and patients were broadcasts throughout the pilot period from October 2011 – July 2012, topics included: breast awareness, prostate awareness, a prostate patient story, mouth cancer interview, caring for someone with cancer, bowel screening, bowel cancer patient journey, gynaecological cancers, lung cancer awareness, cervical screening, and genetic cancers.

• 11 events were held between November 2011 and May 2012, cancer awareness material was handed out at all events along with the community ambassadors business card.
Results (Media & Regional Focus)

• 17,685 NCAT promos were played during the 12 month period, talking about ‘Cancer does not discriminate’

• Radio interviews were re-listened to 67,381 times during the pilot

• 8763 pdf cancer signs and symptom leaflets were downloaded from the specially designed website during the 12 months

• There were a total of 153,497 hits on the NCAT section of the website.
Results (Information & Engagement)

• 622 organisations were engaged with, which included: health organisations, faith groups, libraries, hair & beauty shops, ethnic food shops and BME community organisations

• 2495 people attended awareness events/ workshops as part of the campaign

• 400 people completed pre campaign awareness surveys

• 412 people completed post campaign awareness surveys

• Positive increase in awareness
Findings

• City wide month long activities arranged and delivered in partnership with BME community organisations had a positive impact on the number of people who could recall hearing about the campaign and on their awareness levels.

• People that attended workshops felt more informed about the early signs and symptoms of cancer, and where they had not previously attended their screening appointment, many indicated that they would now take up the invitation following the information provided at the workshop.

• People who attended the workshops liked the culturally specific newspapers, they identified with the information and felt it was relevant to them.
Summary

- Targeted geographical and population approach
- Mixed methodology
- Builds on existing good practice
- Establishes partnerships with BME led organisations
- Creates legacy through cascade models and train the trainer approaches
- Grants provides a kick start to a local area activity and engagement
- Supports local people delivering sessions for local people