Improving uptake of bowel cancer screening in the South Asian community

Prof Lesley Smith
Oxfordshire population (2011 Census)

22% from a black or minority ethnic group compared to 13% in England

~ 7%
Pakistani, Indian, & Bangladeshi
A difference of 8.8 years (men) and 6.2 years (women) in life expectancy at birth from the least to most deprived areas of Oxford.
Screening inequality or inequity?

• National target for uptake of bowel cancer screening 60%
• Uptake amongst South Asians in the UK ~30%
What works to increase uptake?

- Universal interventions improve uptake across the general population by 1-2%
- Universal interventions can widen health inequalities
- Targeted and tailored strategies have potential to improve uptake in specific groups
- Little research on the barriers to bowel screening uptake by South Asians in England
Aims

Development of a community-based intervention to increase bowel screening uptake in South Asians in Oxfordshire
Objectives

• Identify barriers and enablers of bowel cancer screening uptake
• Identify approaches that could increase uptake in S.Asians in Oxford
• Co-design a tailored and targeted community-based intervention
Iterative approach to co-design

- Interviews with S.Asians
- Stakeholder feedback
- S.Asian community feedback
### Theoretical Domains Framework (TDF)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Knowledge about bowel cancer and screening procedures</td>
</tr>
<tr>
<td>Skills</td>
<td><em>Do participants feel they have all of the right instructions in order to do the test? Understand instructions? Competence</em></td>
</tr>
<tr>
<td>Social role/identity</td>
<td>Does it fit with group norms and identity?</td>
</tr>
<tr>
<td>Belief about capabilities</td>
<td><em>Do participants feel capable, confident and comfortable to do the test?</em></td>
</tr>
<tr>
<td>Beliefs about consequences</td>
<td>Anticipated regret, outcome expectancies, beliefs</td>
</tr>
<tr>
<td>Intentions</td>
<td><em>How much do participants intend to do the test?</em></td>
</tr>
<tr>
<td>Goals and motivation</td>
<td>Do participants make plans to do test?</td>
</tr>
<tr>
<td>Memory, attention, decision processes</td>
<td><em>Do participants remember to do the test?</em></td>
</tr>
<tr>
<td>Environmental context and resources</td>
<td><em>Do physical or resource factors facilitate or hinder doing the home test?</em></td>
</tr>
<tr>
<td>Social influences</td>
<td>Social pressure and social support to do the test</td>
</tr>
<tr>
<td>Emotion</td>
<td><em>Do emotions/feelings influence whether or not participants do the home bowel cancer screening test?</em></td>
</tr>
</tbody>
</table>
Challenge

How do we reach and recruit individuals to a research study about bowel screening when they typically do not take up other prevention initiatives?

Hard to reach or engage?
What worked well

• Faith-based
  • Mosques
  • Temples

• Festivals
  • Mela
  • Eid
What did not work so well

• Organizations and businesses
  • Taxi firm
  • City council
  • Healthwatch
  • CCG

• Community group leaders
  • Asian womens group
  • Asian men group
  • Football group
Another challenge

In small communities translators/interpreters need to come from outside the community
Key learning points

- Traditional recruitment methods not efficient
- Need to identify what is the benefit to the individual/community to take part in the research
- A desire/need for health information – an enabler
- Relationship building and trust in the community requires resources: time, money and patience – many leads go cold
- Knowing when to stop pursuing a lead – to not breach ethical boundaries – ‘using’ community champions
- Many barriers identified – some surprises
What does an individual need to do to carry out the test?

• Open, read and understand the letter explaining what is being asked of them
• Understand why the test is important
• Identify different parts of the kit: instructions, card, sticks, return envelope
• Obtain and have readily available a pen to write on the test kit, a disposable container to gather the poo, a means of disposing of used kit (sticks, container etc. after each poo
• Follow instructions on how to store kit safely, take the samples, and return in the post
• Obtain a sample of poo, take 2 specimens from each, on 3 separate occasions within a 14 day period within 4 months of receiving the test kit
• Identify a place to store the kit safely before and between obtaining 3 samples
• Seal sample and return via post
What next?

Co-produced community-based intervention evaluated in a follow on study

Increase the proportion of South Asians in Oxford who take up invitations for bowel cancer screening

Bowel cancer screening is an effective prevention strategy leading to earlier diagnosis, improved treatment outcomes and survival rates

Whilst this intervention will be tailored to South Asians in Oxford, it or individual components may be applicable to other UK South Asian communities or could be appropriately modified

It is also possible that through increased awareness and adherence with bowel cancer screening the intervention will also increase uptake to other screening
Thank you

Prof Eila Watson
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Dr Cathy Henshall
Dr Pooja Saini