

Exploring knowledge of lung, breast and bowel cancers within Black and minority ethnic communities in three areas of Newcastle upon Tyne

Introduction

This brief report gives an overview of a small-scale exploration of people's knowledge of lung, breast and bowel cancers within Black and minority ethnic (BME) communities in three geographical areas in Newcastle upon Tyne, identified for the Healthy Communities Collaborative¹.

Information about the level of awareness of cancers within ethnic minority communities is an important resource in planning service provision, including health improvement services² (Kay *et al.* 1998, Koffman *et al.* 2003). For example, nationally, reported smoking rates are highest in Bangladeshi men (Rasul and Cross 2006). Knowledge of cancers and uptake of preventive health service provision, including bowel cancer screening, is lower in Black and minority ethnic communities than in white communities (Nunn and Begum 2007, Sheikh *et al.* 2008).

The areas identified by the Healthy Communities Collaborative were Elswick in the west of Newcastle and Byker and Walker in the east of the city. A significant Bangladeshi community lives in the Elswick area of Newcastle, and in the east of the city there is a growing community of people from countries in Africa who have arrived in Newcastle seeking asylum.

Newcastle Health and Race Equality Forum facilitated two focus group interviews, one with people from Black and minority ethnic communities living in Byker and Walker, and one with bi-lingual health development workers who have predominantly worked with South Asian communities in west Newcastle.

¹ The Healthy Communities Collaborative works to address health inequalities in areas of socio-economic disadvantage. The focus of the Newcastle Healthy Communities Collaborative is to improve people's awareness of the signs and symptoms of breast, bowel and lung cancers and to encourage them to consult with their GP at as early a stage as possible.

² The first UK Ethnic Minority Cancer Awareness Week was held 7–13 July 2008 to highlight inequalities in provision of information about cancer symptoms. The week of awareness-raising was planned by an alliance of leading cancer charities. A launch event took place in the House of Commons involving policy makers, service providers and community organisations. (<http://info.cancerresearchuk.org/news>, accessed 4 August 2008)

Focus group discussions

Focus group discussions were used to produce information about levels of knowledge of lung, bowel and breast cancers, complementary to the findings of group discussion involving members of the majority white communities in Walker, Byker and Elswick, facilitated by Community Action on Health during 2008.

Group 1

Four people from ACANE (African Communities Advice North East), all of whom live in Byker and Walker, took part in the first group in March 2008. The venue was the meeting room in the ACANE base in Byker, a place familiar to the participants.

Each of the four had arrived in the UK from an African country, seeking asylum between 2000 and 2007. English was a second or third language for each of them, and there were varying levels of confidence in using English. All however wanted to take part in the focus group discussion without the support of an interpreter, which was offered as a matter of course. The small group included two women in the age range twenty to thirty, one woman aged between fifty and sixty, and a man aged between thirty and forty.

The opening icebreaker was a round of participants talking about the sort of things they do to relax. Responses included:

- listening to music
- listening to the radio while jogging
- walking eg to the Quayside
- cooking
- reading books and newspapers
- visiting friends
- sleeping
- resting

The facilitator explained that the aim of the interview was to ask what participants knew about lung, breast and bowel cancers. She checked that everyone knew where the lungs, breasts and bowel are in the body, by using a simple body outline drawing.

An information pack about different forms of cancer was given to the ACANE Coordinator after the group discussion, to be available to the participants and others who use the service.

Key findings

1. A lack of knowledge about what body changes to look out for was common in relation to the three cancers³: “And if you had cancer, you wouldn’t know, how are you meant to know?” Participants referred to the potential of outreach by health professionals to enhance their knowledge and understanding of cancers: “We are meeting up with health workers in ACANE and finding out about health and the services we can use and who provides the services. That helps us”.
2. Participants’ responses showed some understanding of the need for early intervention, coupled with a lack of knowledge of symptoms that suggested that early presentation would be unlikely: “If I understand it, it starts with having a tumour, and if it’s discovered before it’s late they can cure it, but we don’t know the symptoms”.
3. Participants did not make connections between particular behaviours and cancer risks, with the exception of one person who referred to the link between smoking and lung cancer.
4. Participants were unaware that men can develop breast cancer.
5. The idea of an inevitable connection between cancer, pain and death was expressed: “I mean, when I hear about cancer, it’s that it can’t be cured, and that’s the only thing I know”.
6. When asked how it would feel to go to see a GP if something seemed to be wrong, replies suggested difficulty in assessing when this might be necessary, rather than hesitation in approaching professional support per se, although one person mentioned embarrassment as a potential barrier.
7. There was desire to know more⁴ – all participants said that they would find it helpful to see information leaflets in English about different cancers, and to be able to discuss the information with professionals.

³ A low level of knowledge within BME communities in Brent and Harrow in the UK was identified by Thomas *et al.* 2005.

⁴ This was one of the findings of Lanceley and Cox 2006 who researched in a London borough.

Group 2

Five bi-lingual community development workers (CDWs) took part in the second focus group towards the end of 2008.

Key findings

1. The community development workers were equipped with information about the symptoms of lung, breast and bowel cancers, and about risk factors, for example passive smoking in relation to lung cancer.
2. They suggested that there is generally very limited knowledge of cancers among people in minority ethnic communities⁵ in Newcastle upon Tyne. However, they highlighted different levels of awareness linked to gender and generation, with cancer regarded as a subject “not to be talked about” by older people, and with higher levels of awareness and willingness to use screening services among young people.
3. They identified a lack of what was described as ‘positive models’, that is people who have had the experience of developing cancer, who are able to talk about it and challenge myths such as: “If I’m going to get it, I’m going to get it, and there’s nothing I can do about it, and I’ll die”.
4. The workers had clear ideas, based on their experience of working with different minority communities, about what would make a difference, and highlighted the importance of outreach work⁶ that offers the potential of discussing early cancer symptoms appropriately within a broad health improvement approach. These ideas are in line with recent UK initiatives⁷.

⁵ Information is available in a range of community languages, and can be accessed by health professionals, for example from the NHS Cancer Screening Programme website and from Cancerbackup (<http://www.cancerbackup.org.uk/Healthprofessionals>, accessed 4 August 2008).

⁶ Outreach and information-sharing is possible in partnership with community development workers, for example the Health Improvement Service for Ethnic Minorities (Newcastle PCT) and the Health Trainer Team (HealthWORKS).

⁷ Mistry (2004) reports on the evaluation of the New Opportunities Fund ‘Living with cancer’ initiative in England, Scotland, Wales and Northern Ireland. The programme in England was targeted at people from Black and minority ethnic communities, and people from disadvantaged communities who were known through research to have had unequal access to cancer information and support services. The evaluation identified the complexity of turning an abstract unmet need into concrete outcomes. Innovative approaches highlighted in the evaluation report include: using drama as a way of introducing the concept of cancer to Asian women; using local Asian radio stations to raise awareness of cancer and the issues surrounding it; providing talks on prostate cancer to men in places where they meet, for example mosques.

References

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