Ethnicity as a barrier to screening

16th July 2014

Robert Music, Chief Executive
Who we are

- Established 1999
- UK’s only dedicated cervical cancer support charity
- Offer a range of support and information both online and face to face
- Campaigning for excellence in cervical cancer treatment and prevention.
- Education and awareness campaigns - want to better understand barriers to prevention
Cervical screening coverage

• Last year in the UK 1 million women didn’t attend cervical screening

• Just over 1 in 5 women are not attending
UK Cervical screening coverage

% coverage by country - 25-64 years
Why don’t women attend screening?

- It’s hard to book an appointment
- I’m too busy, I don’t have time
- I am scared of the results
- I don’t know what it’s for…
- It’s not relevant to me
- I am put off by the fact it might be painful
- I can’t get someone to look after the children!
- I’m embarrassed.
Cervical screening Vox Pop video:
http://www.youtube.com/watch?v=5Dbn99RggXM
Understanding the role of screening

General lack of awareness about the disease and how it can be prevented

- 55% did not know the Human Papillomavirus (HPV) caused cervical cancer
- Almost a 1/3 didn’t know the cause
- Many fail to realise that screening is a necessary health test for all women
- Issues around women understanding the information sent to them
- Poor knowledge about the screening process, what is expected, what they can ask, and confidence in how they will be made to feel
Finding time to attend

Issues around GP and employer flexibility for those that delayed

- 39% of working women found it hard to leave work to attend screening appointments
- Just 16% said their GP surgery offers appointments in evenings or weekends
- 30% aged 25-34 always book holiday to attend appointments as they were too embarrassed to talk to employers
- 26% of working women would be more encouraged to attend if their company was more flexible and they didn’t have to take holiday
- 29% of women felt making an appointment at a convenient time was difficult
YouGov Survey

- Ethnic Minority Cancer Awareness Month
- 1179 white women and 1177 BME women aged 20-65
- Highlighted a range of barriers
Relevance

• 1/3rd more BME women of screening age (12%) compared to white women (8%) said they had never attended a cervical screening appointment.

• Of those invited for screening, four times as many BME women as white women said ‘It did not seem relevant to me’
Relevance

• It’s part of the healthy upkeep of a woman’s body
  – 61% Asian v 66% average and 70% white

• It’s a necessary health test
  – Half of BME women aged 55-65 (53%) think it is necessary v 67% white
  – 80% 20-24 white v 65% BME

• 8% BME women aged 20-24, compared to 5% white women said screening was not relevant to them
  – Could impact when receiving their first screening invite
Incidence in older BME women

- Cervical cancer incidence rates for Southeast Asian women over 65 are twice as high as white women of the same age; 2009 report by National Cancer Intelligence Network

- Among those who were born overseas uptake was below 60 per cent and one-third were recorded as ‘never screened’. Webb et al. (2004) Uptake for cervical screening by ethnicity and place-of-birth: a population-based cross-sectional study. Journal of Public Health

- Cancer Incidence and Survival By Major Ethnic Group, England, 2002-6

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Estimated European age-standardised incidence rates (per 100,000)
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Knowledge about screening

• Screening is a test to check cells from the cervix to find pre-cancerous abnormalities
  – 91% white women agreed v 78% BME women
  – Just 70% Asian women

• 42% of Asian women knew HPV was the major cause of cervical cancer v 59% white women

• A test for sexually transmitted diseases
  – 17% white 20-24 thought this v 31% BME
Information received

• More detailed explanation of what the risks are if I don’t have the screening
  – 51% BME wanting this v 32% White

• Better knowledge about the test and why it is important wanted
  – twice as many BME women (30%) as white women (14%)

• Better use of images
  – Twice as many BME women (15%) as white women (8%) felt simpler information & more images might help encourage attendance
Where to be screened / by who

• 30% of BME women said more choice of where to have the test will encourage them to attend compared to 22% of white women.

• 45% of white women would be comfortable talking to a male GP about cervical screening but only 28% of BME women agreed

• BME women had preference to go to
  – a family planning clinic
  – local health centre
  – a clinic on the high street
Survey summary

Need for investment in:

• Improving education

• More targeted information

• Appropriate screening opportunities

• More resources (people) to work in communities!
Drilling deeper into understanding a community

• South Birmingham

• Uptake lower than national averages
  – 25-29 uptake is 56%
  – 60-64 uptake is 68%

• Range of socio-economic issues

• Drilled down further
The dominant consumer group here is ABC1

The dominant consumer group here is R&M

The dominant consumer group here is BME

The 13 GP practices account for 47% of female population aged 25-34 within South Birmingham PCT

The 13 GP practices account for 35% of female population aged 60-69 within South Birmingham PCT

56 practices in South Birmingham
13 have an overall average not screened rate of 34.18%
Diverse consumer groups

**BME consumer group**
25.29% of individuals in South Birmingham PCT - Hindu, Sikh and Muslim

**Routine & Manual (R&M) consumer group**
37% of employed women in South Birmingham PCT work in routine and manual roles

**Urban ABC1 consumer group**
31% of employed women in South Birmingham PCT work in managerial or professional roles
Next steps

Stakeholder meeting

Determine local priorities and agree most appropriate approach to meet desired objectives

Audience 1: Healthcare professional facing activities

Audience 2: Public Facing Activities

Audience 3: Stakeholder Facing Activities
Behind the Screen: "Revealing the true cost of cervical cancer..."
Cost savings in England through increased coverage

<table>
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<tr>
<th>Screening rate</th>
<th>Direct cost to the NHS</th>
<th>Cost to state</th>
<th>Cost to individuals</th>
<th>Total costs</th>
<th>Savings</th>
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<tbody>
<tr>
<td>78.3% (current)</td>
<td>£21,126,025</td>
<td>£9,372,848</td>
<td>£14,198,904</td>
<td>£44,697,777</td>
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<tr>
<td>85%</td>
<td>£17,661,640</td>
<td>£8,071,090</td>
<td>£11,946,600</td>
<td>£37,679,330</td>
<td>-16%</td>
</tr>
<tr>
<td>100%</td>
<td>£12,111,586</td>
<td>£6,137,306</td>
<td>£8,634,672</td>
<td>£26,883,564</td>
<td>-40%</td>
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<tr>
<td>70%</td>
<td>£27,585,702</td>
<td>£10,181,045</td>
<td>£15,569,784</td>
<td>£53,336,531</td>
<td>19%</td>
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Incidence in England in 1 year if uptake was 85%
Mortality in England after 5 years if uptake was 85%
Today’s meeting

• Building on our current knowledge to
  – Collaborate and work in partnership
  – Identify (possible) barriers
  – Share ideas and successes (and what didn’t work)
  – Increase screening uptake

Save lives