National BME Cancer Alliance
Our calls for action
Introduction

This National BME Cancer Alliance is a coalition of 20 charities, which all work towards improving the health outcomes for black and minority ethnic (BME) communities. The Alliance is supported by the National Cancer Action Team, and its vision is to work together collaboratively for the shared goal of improving cancer outcomes for the communities they represent.

The Alliance believes that more must be done to reduce the health inequalities experienced by BME communities affected by cancer. This first national analysis of cancer incidence and survival by ethnic group in England was published by the National Cancer Intelligence Network and Cancer Research UK in 2009. It found that there is increased risk of certain cancers in BME groups. The fact that the analysis was undertaken represented significant progress; however, this exercise has not yet been repeated and further research in this area is required.

Evidence shows that:

- Awareness of cancer is generally lower in BME groups than amongst white men and women
- Uptake for breast, cervical and colorectal cancer screening programmes is generally lower in BME groups than in the population as a whole
- In comparison with white ethnic groups, black people have significantly higher rates of multiple myeloma and stomach cancer
- Black men have higher rates of prostate cancer
- Asian women have increased rates of cancers of the mouth
- Black and Asian women with breast cancer have poorer survival
- BME patients rated their experience of care less positively than white patients on 25 measures in the National Cancer Patient Experience Survey 2011-12 (which is an increase from 22 measures in 2010)

The Alliance is, therefore, calling for immediate action from the Government and the NHS to improve outcomes for these groups. The Alliance strongly believes that reducing inequalities in cancer will not only improve the health outcomes of BME communities but will also save the NHS money in the medium- and long-term.

The legacy of the positive contribution of the many BME communities must not be ignored. This includes groups such as the Windrush generation of Britain’s first post-war Caribbean migrants who responded to the shortage of labour in the hospitals, coinciding with the launch of the NHS, and the contribution of the Irish community who came and worked on much of the UK’s buildings infrastructure.

The Alliance’s calls for action are aligned to the five domains of the NHS Outcomes Framework as shown in the figure overleaf. To illustrate that these calls are practical and achievable, some current examples of work in BME communities are included in the Appendix.
Domain 1: Preventing people from dying prematurely

• Call 1 - The Department of Health should further develop and retain signs and symptoms awareness campaigns, and screening campaigns, targeted at BME communities

• Call 2 - Those involved in the design and implementation of clinical trials should ensure greater representation of patients from BME communities

Domain 2: Enhancing quality of life for people with long-term conditions

• Call 3 - The Department of Health should promote the greater collection of PROMs from BME cancer patients and consider getting PROMs validated in other languages

• Call 4 - All cancer patients should have timely access to ethnically appropriate wigs and prostheses

Domain 3: Helping people to recover from episodes of ill health or following injury

• Call 5 - Active treatment rates amongst BME communities must be improved through earlier diagnosis

• Call 6 - Every cancer patient should be given a culturally sensitive assessment and care package, and support in the language of their choice

Domain 4: Ensuring that people have a positive experience of care

• Call 7 - Culturally and spiritually appropriate information and support should be commissioned and made available throughout the cancer pathway

• Call 8 - The Department of Health should work to increase and boost the response rate to the National Cancer Patient Experience Survey from some BME communities

Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm

• Call 9 - Healthcare providers must have access to interpreters trained in medical terminology so that they are able to communicate accurately with cancer patients in the language of their choice

• Call 10 - The Department of Health should work in partnership with community organisations to support cancer patients in complying with their treatment regime and attending medical appointments
Why equality matters

Equality is an essential component of good quality care, not an optional extra. The first guiding principle of the NHS Constitution states that:

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

Reducing inequality not only has a significant impact on individuals’ experiences of services, but also will lead to lasting benefits to the health service as a whole.

The National Cancer Equality Initiative (NCEI) argues that to meet the objective of saving 5,000 additional lives a year, as set out in Improving Outcomes: A Strategy for Cancer, we must narrow the inequalities gap in cancer outcomes. Given that outcomes are worse amongst BME groups, targeted efforts to improve their outcomes will show significant benefit across the whole health service.

The NCEI has identified five policy drivers for reducing inequality in cancer:

- **The NHS Outcomes Framework** contains five domains each of which suggest action on cancer and reducing inequalities - “Tackling health inequalities and promoting equality is central if the NHS is to deliver health outcomes that are among the best in the world”

- **Improving Outcomes: A Strategy for Cancer** calls for developing the evidence base on inequalities and embedding equality in all aspects of cancer services - “Through the approaches this Strategy sets out, we aim to save an additional 5,000 lives every year by 2014/15, aiming to narrow the inequalities gap at the same time”

- **The NHS Operating Framework for 2011/12** states that the NHS Commissioning Board will be responsible for promoting equality and reducing inequalities in access to healthcare, in cooperation with Public Health England

- **The Equality Act 2010** protects individuals from unfair treatment, including in the provision of health services, and promotes a fair and more equal society. It covers age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion; faith or belief; sex and sexual orientation

- **The Equality Delivery System** is voluntary to all NHS organisations and provides a framework through which the NHS Equality and Diversity Council can performance-manage health and social care organisations against their legal commitments; this is voluntary not mandatory

Promoting equality in cancer services for BME groups will help the NHS meet its objectives under these frameworks, and in the case of the Equality Act, comply with the law.
The calls in detail

Domain 1: Preventing people from dying prematurely

Call 1 – The Department of Health should further develop and retain signs and symptoms awareness campaigns, and screening campaigns, targeted at BME communities

Evidence suggests that awareness of cancer is generally lower in BME groups than amongst white men and women\textsuperscript{14} and that uptake of breast, cervical and colorectal cancer screening programmes is lower in BME groups than in the population as a whole.\textsuperscript{15,16,17} Given this, it is essential that campaigns to increase awareness of signs and symptoms of cancer, and to encourage screening uptake, are targeted at BME communities groups. These need to be tailored for target groups, to take into account particular cultural and linguistic needs, as well as the needs of those whose risk of developing cancer might be higher (such as those with severe mental illness\textsuperscript{18}).

The Department of Health’s roll-out of the Be clear on cancer initiative to highlight the signs and symptoms of some of the more common cancers is an important step in the right direction. The materials aimed specifically at minority and ethnic groups in certain regions which have been produced through the Detect cancer early programme are also encouraging.

Cancer does not discriminate is a national programme, run by the National Cancer Action Team, which addresses both the need for greater awareness of cancer amongst BME communities and the importance of screening. This is excellent progress. It will be important that the Department of Health effectively evaluates the programme and ensures that it makes a long-term commitment to supporting outreach to BME communities.

Call 2 – Those involved in the design and implementation of clinical trials should ensure greater representation of patients from BME communities

Evidence shows that people from BME communities are often under-represented in clinical trials, which potentially affects the external validity of the trial findings, as well as has important repercussions regarding the safety and the efficacy of new drug use in BME groups.\textsuperscript{19}

Academics have called for increased awareness and monitoring of recruitment and retention of BME groups in clinical trials, and analysis of data by ethnicity of subjects to be done consistently, to address this problem.\textsuperscript{20} In addition, it has been suggested that a more rigorous review by the research ethics committee of clinical trial protocols, payment for translation of information supplied to participants, community participation, and education of BME groups may contribute to attaining proportional representation of BME patients in trials.\textsuperscript{21}

The National Cancer Research Network should explore inequalities in access to clinical trials and what steps are needed to improve access in any patient group(s), as called for by the National Cancer Equality Initiative.\textsuperscript{22} This would enable the Initiative to make recommendations as to how BME participation in clinical trials could be increased, with benefits for both patients and the research itself.
Patient reported outcome measures (PROMs) evaluate quality from the patient perspective, and are an essential component in understanding and analysing the quality of care and outcomes delivered to NHS patients. Unfortunately, to date, these have been under-utilised with cancer patients, particularly those from BME communities.

The Department of Health should promote the greater collection of PROMs from BME patients in cancer services, and consider actively boosting the numbers to ensure that the figures are statistically significant. This will ensure a most robust sample, so that the data are more reliable and therefore more useful.

In addition, the fact that PROMs are only validated for the English language presents a barrier to getting them completed by BME patients who might not have English as their first language. The Department of Health should consider getting PROMs validated in other languages so that the pool of patients able to fill them in is increased.

Call 4 - All cancer patients should have timely access to ethnically appropriate wigs and prostheses

There is no doubt that wig and prostheses services are improving for cancer patients. However, there are still gaps in access to ethnically appropriate wigs and prostheses for some BME patients. Due to the way that some NHS bodies currently procure these products, there can be differences in cost between wigs and prostheses for BME patients and those for white patients. This means that some BME patients are told that their local health service will not pay for these products, some are told to pay the price difference, and some have to wait up to 18 weeks before they are provided with what they need.

The National Cancer Survivorship Initiative has supported the production of a training manual and information which includes the specific needs of BME groups. In addition, a training programme has been targeted at hair professionals who provide services to BME groups. This is good progress. However, alongside this, the Department of Health should place a duty on NHS bodies to negotiate a price for all wigs and prostheses so that there is no difference in the availability of these products on the basis of ethnicity.
Increasing active treatment rates is the most effective way of improving outcomes for cancer patients. This also helps to make care safer and more cost effective through reducing unnecessary admissions and reducing poorer outcomes.

Although there is no evidence to demonstrate that cancer patients from BME communities receive different treatment to other cancer patients, it is well established that people from BME communities can delay going to see a healthcare professional about signs and symptoms for some cancers. This can mean that these patients are diagnosed at a later stage, often when cancers can be less amenable to active treatment. In addition, evidence suggests that people from BME communities develop cancer at a younger age than the general population meaning that doctors are less likely to consider cancer as a potential reason for the symptoms that patients present with. The consequence of this is that patients are diagnosed later, which limits their treatment choices.

The Department of Health should make GPs aware that the age profile for cancer patients in BME communities is lower, therefore they should consider cancer as a possibility when younger patients present with the symptoms. As described in Call 1, targeted awareness and screening campaigns should be tailored for BME communities. These efforts will ensure that cancer is diagnosed earlier and therefore treated effectively.

Every cancer patient should have access to an assessment and care package. This should include a treatment summary, a written care plan and a cancer care review with their GP. In order for BME cancer patients to be able to make the most of this important package, each of the elements must be developed in a culturally sensitive way, making it responsive to the individual patient’s needs and wishes. The written elements of the package, in particular the care plan, should be accurately translated into an appropriate language so that the patient has easily accessible information about signs and symptoms of recurrence, how they can re-enter services if necessary and support in getting back to ‘normal’ life.

Results from the National Cancer Patient Experience Survey 2011-12 show that patients from BME communities reported a worse experience in terms of being given enough care after discharge than white cancer patients. One reason for this may be that some BME cancer patients will not ask for support or challenge healthcare professionals because of their culture. It is therefore important that healthcare professionals are proactive in providing support to BME cancer patients and are able to demonstrate that they are culturally competent to deliver this support.
Culturally and spiritually appropriate information and support is essential for patients living with cancer. Without it, clinical outcomes and patient experience will be adversely affected. This information and support should be provided whatever stage of the pathway the patient is in. There are particular points in the journey when support may be especially required:

- When receiving a diagnosis
- When making treatment decisions
- When beginning treatment
- When experiencing treatment side effects
- When being discharged

It is essential that this support is provided in a culturally sensitive manner, as well as delivered in the correct language. The approach to providing support must be patient-centred. A good principle is to ask the patient what it is they need rather than determining what they might want without consulting them. The Royal College of Nursing has issued guidance on commissioning for equality which could be a useful guide to those planning and monitoring services.27

In the results from the National Cancer Patient Experience Survey 2011-12, 3.9% of respondents identified themselves as Asian or Asian British, Black or Black British, mixed background or other.28 This response rate is low in relation to the proportion of cancer patients from these backgrounds and has implications for the validity of the results from the Survey in these patient groups. To ensure that those providing and commissioning cancer services are able to understand the particular experiences of BME communities, a higher response rate is essential.

In future iterations of the Survey the Department of Health should work to increase the response rate from cancer patients in the categories Asian or Asian British, Black or Black British, mixed background or other. The Department of Health needs to understand why patients from BME communities are less likely to respond to the survey, including whether there are any cultural or language barriers. The Department should consider whether a different approach in terms of dissemination and outreach should be undertaken.

Additionally, the Department of Health should consider actively boosting the sample from this patient group so that the results of the Survey are more statistically significant and learnings can be more easily drawn from the Survey.
In order to improve early diagnosis, clinical outcomes, patient experience and patient safety, it is essential that clinicians are able to communicate with people affected by cancer accurately in the language of their choice. Accurate interpretation is essential so that people affected by cancer are able to understand their diagnosis and make informed decisions about their treatment and care.

Key points in the patient pathway where clear communication is essential include:

- The point of diagnosis
- Breaking bad news
- Making treatment decisions
- The point of discharge
- The move into survivorship

Formal interpretation services must be easily accessible as relying on friends and family members can lead to unintentional miscommunication, putting the patient at risk of avoidable harm. Additionally, it is essential that formal interpreters are trained in medical terminology and organisations must have agreed training for all interpreters. Research shows that the use of professional interpreters is associated with improved clinical care more than the use of ad hoc interpreters.  

Community outreach is an important mechanism in terms of engaging cancer patients from BME groups. This community support can be very important in ensuring that patients comply with their treatment, for example during religious festivals. This can also be critical in helping cancer patients from different communities to network with other people affected by cancer, as well as to build connections with relevant services and support groups.

Community groups are often best equipped to understand the specific needs of those within their communities and how those affected by cancer can be supported to live full and healthy lives. The Department of Health must continue to support community organisations which work with cancer patients and the local NHS should have strong links with these organisations and make patients aware of them. This could include NHS commissioners setting service level agreements involving voluntary organisations, or cancer centres funding community outreach workers. These services which are so important to cancer patients must not diminish or be forced to close because of current funding pressures.
**Appendix – Examples of work with BME communities**

<table>
<thead>
<tr>
<th>Name of project/service</th>
<th>BHI Survive and Thrive Cancer Programme</th>
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<tbody>
<tr>
<td><strong>Description of project/service</strong></td>
<td>To raise awareness of signs and symptoms to the BME Communities within Leeds, through facilitating workshops, information sessions and seminars&lt;br&gt;Dispelling of cultural myths and beliefs held&lt;br&gt;Gender specific groups meeting regularly to support each other by sharing their individual cancer experiences&lt;br&gt;Individuals trained to become ‘Buddies’ providing a structured one on one support mechanism for those who are either recently diagnosis or who require support through their treatment&lt;br&gt;Programme development to support healthy lifestyle changes e.g. healthy cooking courses, fitness&lt;br&gt;To work closely with those who provide support services to encourage an inclusive service for all providing cultural competence training and effective peer mentoring within a community setting for second tier NHS Managers encouraging increase in community awareness.&lt;br&gt;Signposting of current cancer support services to the communities which have little or no knowledge of them and/or the work/service they provide.</td>
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<tr>
<td><strong>Evidence of effectiveness (outcomes)</strong></td>
<td>• Attendance at information sessions, workshops and seminars by members of the BME Communities within Leeds are on the increase&lt;br&gt;• Effective working partnership between BHI and service providers looking at the equality of service, equal access etc&lt;br&gt;• Co-producing reports and other documents to influence services&lt;br&gt;• Gender specific groups where individuals are working and supporting each other&lt;br&gt;• BHI trained Local Patient Champions used during various Cancer site campaigns</td>
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<tr>
<td><strong>Learning from the project/service</strong></td>
<td>Partnership working between statutory service providers and a community engagement organisation ensures that the message you want to disseminate is carried out in the way which will be received by the target group/community.&lt;br&gt;Community settings for workshops/seminars etc is conducive and effective. It brings professionals/clinicians etc to the communities thus showing an investment.&lt;br&gt;Delegates within familiar settings have readily received information disseminated to them within</td>
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‘their’ environment as it is deemed specific and relevant to them. Culturally reflective literature supports the message that this is for the community you are targeting.

**Contact details for further information**

BHI, 231-235 Chapeltown Road, LEEDS LS7 3DW.
Tel: 0113 307 0300
Web: [www.blackhealthinitiative.org](http://www.blackhealthinitiative.org)

**Name of project/service**

Let’s Get to the Bottom of Things

**Description of project/service**

The National Bowel Cancer Screening programme was introduced in Nottingham in April 2008. By March 2010, all people aged 60-69 living in Nottingham and registered with a City GP practice should have received an invitation to take part in the programme and a screening kit to enable them to do the test at home. The test involved providing a stool sample. Less than half of the kits were being returned.

Bright Ideas was commissioned by NHS Nottingham City, from 2009-2011, to explore the views of people aged 60-69 about their experience of receiving the kit. They wanted to find out what encouraged some people to complete and return the kit and what stopped others. In the second year, the project particularly focussed on Black and minority ethnic communities.

‘Let’s Get to the Bottom of Things’ involved outreach and engagement within local communities. Experiences regarding the screening kits were collected via surveys, discussion groups and one to one telephone conversations. Ideas were also collected regarding what would encourage more people to complete and return the kits e.g. advertising campaigns.

**Evidence of effectiveness (outcomes)**

As a result of ‘Let’s Get to the Bottom of Things’, Bright Ideas was able to produce a report called ‘An exploration of the motivating factors and barriers to returning the bowel cancer screening kit’, containing detailed information on the factors that may either encourage or dissuade a person to complete and return their screening kit. This information was made available to the strategic levels of NHS Nottingham City to inform their work to encourage higher take up rates.

The service also raised awareness about the kits and the need to return them within communities in Nottingham. Some of the participants had never heard of the kits and did not know anything about bowel cancer. Through their involvement in this project, participants increased their own awareness about the kits / bowel cancer and were able to share this information with friends, family and other members of their communities.

**Learning from the project/service**

The project found that those from BME groups were three times less likely to say that they have
received the screening kit than those from the White British group. Those who consider themselves to have a disability were also significantly less likely to say that they had received a kit. The need for targeted work at specific groups was clearly evident.

Furthermore, participants said that they would welcome humour in talking about the kits and the process of doing the test. Many participants said that they would welcome humour in approaches to promoting the take up of the screening programme. They would also welcome advice in relation to ensuring that the stool sample could be collected hygienically and many suggested changes to the actual kit.

Finally, the importance of early intervention needs to be more widely promoted.

**Contact details for further information**

For more information, please visit our website: [www.brightideasnottingham.co.uk](http://www.brightideasnottingham.co.uk)

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**Name of project/service**

Champions of Change Cancer Services

**Description of project/service**

Champions of Change has been commissioned by NCAT as part of its ‘Cancer does not discriminate’ campaign and is being run by Bright Ideas Nottingham and BME Cancer Communities.

‘Champions’ are people from Nottingham from visible and non-visible BME groups who volunteer their time to provide their views and opinions. They help to make recommendations about cancer services and related health and well being services in Nottingham and Nottinghamshire. Champions also feed into a national network called the National BME Cancer Voice.

There are two types of Champion; Network Champions- people from BME groups with recent experience of using cancer services or being a carer for someone using cancer services, and Community Troupe Champions- people interested in cancer and carer issues who want to support others to put forward their views and promote the service within their community.

**Evidence of effectiveness (outcomes)**

At the time of writing this case-study Champions of Change is a relatively new service, however, the Champions have already attended several major health events in Nottingham, including two GP protected learning time events. At these events, the Champions were able to make themselves and the service known to a range of health professionals, as well as getting their voices heard and represented.

By the end of the Champions of Change programme, we hope to have created a network of Champions who feel confident and empowered enough to put forward their thoughts and suggestions as to how cancer services could be improved within Nottingham. We hope that this will lead to improvements being made to current services which will benefit all future cancer patients within Nottingham City, as well as raising awareness of the signs and symptoms of cancer to increase early intervention.
We are confident that Champions of Change will also make a national impact. Champions will be part of the National BME Cancer Voice. We also hope that NCAT will look at ways of using this model of working across the country.

**Learning from the project/service**

So far, we have learnt that the model of engagement and involvement that we are using for the service is fit for purpose. It is flexible and replicable and enables a collective voice and meaningful engagement and involvement.

We have learned that we need to be very sensitive when recruiting and selecting Champions. Whilst we need ensure that project engages people who have had recent experiences of using cancer services, we must also check that each individual is in the emotional and practical position to fully and effectively engage with the programme.

**Contact details for further information**

To find out more about Champions of Change:

- Visit the Champions of Change website; [http://cancerchampions.wordpress.com/](http://cancerchampions.wordpress.com/)
- Visit the Bright Ideas website; [http://www.brightideasnottingham.co.uk](http://www.brightideasnottingham.co.uk)
- Contact Lisa Jackson, the Champions of Change Facilitator; lisaj@brightideasnottingham.co.uk, 07989 302 571
- Call the Bright Ideas office; 0115 837 9474.

### Name of project/service

Patient Navigation/ how it can be used to promote access to screening in the BME population and hard to reach groups.

### Description of project/service

PNP is a public health intervention that aims to improve both signs and symptoms awareness, and breast cancer screening for hard to reach groups. Through community outreach work by actively promoting breast cancer screening.

The aim of the project is to ensure that any barriers to accessing health services are overcome. PNP aims to prevent delays and improve the patient experience. By assigning patient navigators to individual patients to guide them through the health care system. The navigators act as advocates by locating relevant sources.

### Evidence of effectiveness (outcomes)

Patient navigators were made aware of 1,000 BME women across Lewisham and Southwark who had not attended their mammography appointments. Patient navigators were able to make appointments for 36/37 % of women. Of the 650 women contacted appointments were made for 371.
Learning from the project/service

We have learnt that by providing patient navigators you are delivering a coordinated and joint approach to care throughout the patient pathway. The PNP works to eliminate barriers and reduce delays to timely care. This project has shown to address inequalities and increase the uptake of screening which in turn saves lives. By providing tailored personalised care the patient experience is enhanced and provides a positive outcome.

Contact details for further information

Marina Raime 0208 906 3734

Name of project/service

Heroes Wanted - Give the Gift of Life

Description of project/service

The ACLT’s (African Caribbean Leukaemia Trust) goal is to raise the awareness of the shortage of Black and Ethnic Minority donors on the UK Bone Marrow, Blood and Organ registers. It recruits potential donors to come forward at ACLT registration drives via (saliva or blood) and be involved in the process of offering hope and a healthy future to someone whose disorder may otherwise prove fatal.

Black and Ethnic Minority sufferers who need a Bone Marrow or Organ Transplant are still at a severe disadvantage due to the lack of awareness and communication of the problem in the community and consequently the lack of suitable BME donors. This also compounded by the vast array of myths, fears and taboos on the subject matter of giving Blood and donating Organs for transplant purposes, & the odds of a Bone Marrow match are still around ONE in 100,000.

Evidence of effectiveness (outcomes)

Raised number of Black and Mixed Race people on UK Bone Marrow register from 550 (in 1996) to 38,000 (in 2012)

Saved 40 lives by finding matching Bone Marrow donors such as Actor David Harewood, Dr Kamisha Guthrie, Footballer Clive Wilson, Debra Forth, Helen Robinson, Naomi Williams, Johanna Charles and Francesca Clarke, etc. Recent report from Anthony Nolan register details exact date and location of when ACLT donors registered and donated to save a life.

In 2011 ACLT recruited the following number of donors:

- **Anthony Nolan Register**
- 662 - potential bone marrow donors
- **NHS Blood & Transplant**
- 424 - Signed up blood donors
- **290** – Donated 1 unit (475 mls) of blood - Daniel De-Gale Blood Donation Week
- **982** – Donated 1 unit (475 mls) of blood - Daniel De-Gale Blood Donation Month (October)
- **62** - Potential bone marrow donors (British Bone Marrow Register)
- **247** - Signed up as organ donors

## Learning from the project/service

We have learnt the following:

- There is Mistrust of the Medical Establishment by the Black communities until absolutely necessary
- No clear understanding of the varied cultural differences including language, religion between different BME groups
- Lack of culturally targeted raising awareness campaigns by the NHS and Cancer related organisations in the Black community
- Miscommunications between BME’s and Medical Establishment on the issue of general health, blood donations and Cancer

The ACLT has self-learnt to provide accessible, high-quality, blood, bone marrow and organ donation services for individuals and families in the BME community. We have been able to:

- Increase the number of BME people on UK blood, bone marrow and organ donor registers.
- Provide support, comfort and hope to children, adults and families in need of donors.
- Increase awareness among young BME people to assist their peers with life threatening blood diseases.
- Find matching bone marrow donors.

## Contact details for further information

Orin Lewis OBE on 020 8240 4480, orin@aclt.org

## Name of project/service

Chinese Cancer Awareness Project

## Description of project/service

This is a three year project that started on the 7th July 2008. The aim is to:

a) reduce the stigma attached to cancer and promote positive attitudes towards cancer within the Chinese community;

b) raise awareness of the early signs and symptoms of cancer and the benefits of early
diagnosis;
c) promote healthier behaviours that are known to reduce the risk of cancer.

The project involves producing ten Chinese cancer booklets covering the most common types of cancer and healthy eating and lifestyles, including online access; ten “Positive towards Cancer” one-day roadshows in different cities nationwide in partnership with health authorities/cancer charities and Chinese community organisations; and a national Chinese conference on cancer.

**Evidence of effectiveness (outcomes)**

The outcomes of the project were:

- raised awareness of the early signs and symptoms of cancer and the benefits of early diagnosis among Chinese people
- raised awareness of lifestyle factors that increase risk of cancer
- better access to information on signs and symptoms of cancer for Chinese people
- reduced stigma of cancer among Chinese people

Through our booklets, roadshows, telephone enquiries and the use of CNHLC website & mass media, over 5000 people have been benefited from this project.

**Learning from the project/service**

From our own research during the project, we found:

- 60% of the people claimed it is hard to get Chinese cancer information in UK.
- 42% of people cannot speak English, of which 6% can only speak Mandarin, 71% can only speak Cantonese.
- however 91% can read traditional Chinese.
- Top three preferred format of cancer information: 1) Lecture/ talk; 2) Website; 3) Booklets.
- Top three distribution channels: 1) GP; 2) Community Centre; 3) Library.

The roadshows and booklets were really effective means to convey the knowledge and raising the awareness across the community.

**Contact details for further information**

Eddie Chan, Director of Chinese National Healthy Living Centre

Tel: 020 7534 6546

Email: eddie.chan@cnhlc.org.uk
National BME Cancer Alliance members

The long term aim of the ACLT is to educate and raise awareness about the importance of registering as potential bone marrow donors, blood and organ donation to enable worldwide donor searches on behalf of Black, Mixed Race and Ethnic Minority patients.

The Afiya Trust is a national charity that works to reduce inequalities in health and social care provision for people from racialised communities; it supports and maintains national and local networks concerned with the promotion of BME health and social care issues.

The AHPN is the leading policy organisation that influences policy on health and wellbeing issues that affect Africans in the UK; it is a network of membership organisations and individuals.

Bedfordshire African Community Centre aims to meet the needs of African community members by developing and promoting the integration of African and other disadvantaged groups into the wider community through a programme of information, advice, support and services.

Betterdays Cancer Care is committed to increasing local, national and international attention on the devastating impact of breast cancer on the African-Caribbean community.

BHI aims to develop interventions that enable service users to make positive lifestyle choices in relation to their health and wellbeing.

The Black Health Forum will assist with infrastructure support, empower and support local community champions, reduce current inequalities and improve the health and wellbeing of the African and African-Caribbean communities in Bradford.
BME Cancer Communities is a Social Enterprise initiative specialising in the support, development and delivery of BME specific cancer services and provision for UK BME communities affected by cancer.

Bright Ideas is a vibrant community based business that is passionate about working with local people to effect change and improvement in their communities.

Cancer Black Care provides a comprehensive support service to all members of the community who are affected by cancer; it offers a place where service users and carers can meet to support each other’s cultural and emotional needs.

Cancer Equality is a unique organisation working to address the inequality in cancer care faced by people from Black and Minority Ethnic and Refugee communities.

Cancer Hair Care offers professional, caring and helpful advice on a broad range of specialist cancer related hair care subjects, to inform people about what is available as well as where to go for help.

Cancer Help for Minority Ethnic Communities aims to meet the support, cultural and practical needs of Black and Minority Ethnic cancer patients and their carers in Bristol and South Gloucestershire.

CNHLC aims to promote healthy living and to facilitate access to health services for the Chinese community in the UK; the Centre takes a holistic approach to tackling both the physical and psychological aspects of health.

The Federation of Irish Societies is a national umbrella organisation which draws together Irish clubs and societies in Britain; it promotes the interests of Irish people through a number of means including community care, education and information provision.

Manchester Asian Parent Carers provides information and advice, individual and group support services and carers’ activities for
parents and carers of disabled children from Manchester’s Asian communities

MCCR is Manchester’s Community Relations Council, promoting good community relations, community cohesion, good race relations and equality throughout the city and amongst all its residents

The UK branch of Roko Cancer works towards creating awareness and detection of cancer amongst women in India; the core vision of the trust is to bring awareness of breast cancer and to provide early detection, leading to treatment wherever possible

The SAHF runs health promotion campaigns, undertakes healthcare research, ensures access to medical care, distributes information, acts as a pressure group and promotes scholarship and research

VBME –T works to raise cancer awareness amongst BME communities in Trafford; its objective is to improve quality of care for patients, carers and families by creating an opportunity for them to represent their needs and interests
References

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Our calls for action

Supported by NCAT