

Kirklees Council- Public Health Improvement

A BAME community partnership approach to preventing cancer using active listening, learning and constructive challenge

Recent public health intelligence data identified that our Kirklees South-Asian population show lower uptake of screening programmes (breast, bowel and cervical) and experience comparatively later diagnosis and poorer outcomes post cancer diagnosis. An issue that is also reflected nationally, with evidence suggesting bowel cancer screening uptake within South Asian populations in England is approximately half that of the general population (33 % vs 61 %). Initial insight gathering indicated that there are wider social issues impacting upon the uptake of preventative cancer screening.

Our corporate aim is to focus council resources on making a difference, changing and developing a collaborative relationship with residents, and our commitment is to working with our partners for the benefit of all the towns and villages within Kirklees.

A new exploratory project was therefore established, with the aim of understanding the barriers, attitudes and beliefs that South Asian communities have around the breast, cervical and bowel screening processes.

Innovating new practice

This exploratory project (outlined in Figure 1) was delivered by truly connecting with our local Muslim community. A new approach involving building meaningful relationships to properly understand the barriers to people wanting to use preventative practice, which was owned and jointly led by the community was required. An approach that is rooted in mutual trust and respect.

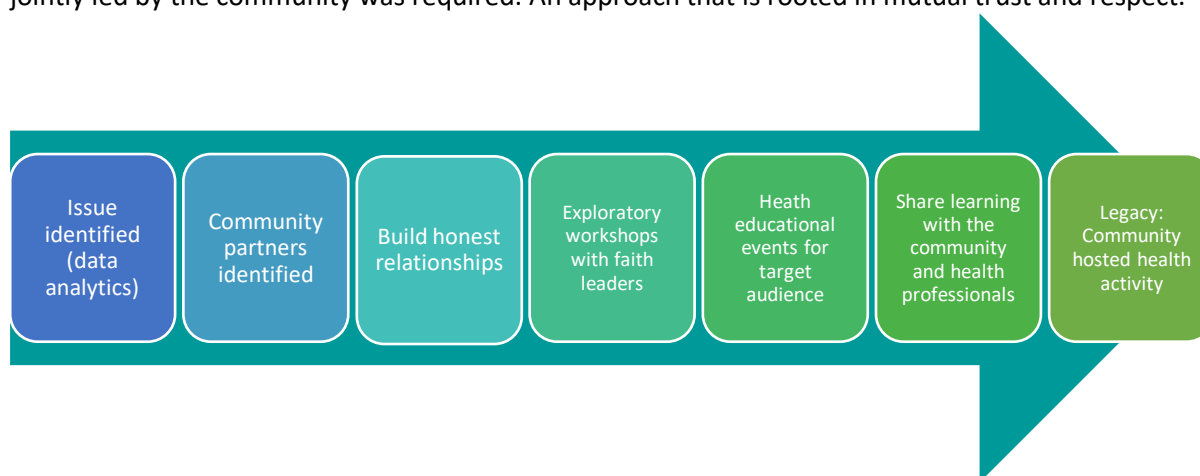


Figure 1: Project delivery flowchart

Our innovative public health team were resolute not to undertake a standardised consultation exercise, convincing people to conform to the current screening system, as this would only provide a short term gain (if any!). Instead they were heavily motivated to actively listen, learn and constructively challenge, to collaboratively develop new ways of working to address the health inequalities which prevent South Asian communities from taking part in screening programmes.

Building relationships

To do this, our Health Improvement Practitioner (HIP) reached out to the Screening and Immunisation Co-ordinator from NHS England. Together they approached a local Muslim community centre (the Eden Foundation) and spoke openly and honestly about the combined concerns around

screening uptake within the community and the poorer cancer related outcomes. The health practitioners established a relationship of mutual trust, respect and understanding with the religious leaders that was enabled by the public health practitioner's willingness to listen and learn from the community. After initial discussions listening to the community centre leaders and facilitators' insights and perspectives on why screening uptake was lower, it was recognised that our public health team had a lot to learn and the Eden Foundation committed to become a leading partner to locally drive the project.

Our public health practitioner subsequently participated in a 2 day educational course titled 'Muslim faith and the relationship with health' that was by the Eden Foundation. The course contributed to a deeper understanding of healthcare engagement (including barriers) and the association with religious beliefs; and the learning from it was reflected in subsequent community workshops. This investment of time and money, and demonstrable willingness to learn was critical to the partnership, relationship, and success of this project.

Co-producing in search of answers

The health practitioner led a series of focus group sessions in partnership with the community centre, to gain an in-depth understanding of the barriers and facilitators that impact on screening programme uptake within the local Muslim community. Our health practitioner and the Eden Foundation co-facilitated each session, from co-editing presentation content, to logistics and delivery. One focus group consisted of 8 female Muslim leaders, another of 7 male Muslim leaders and a final group of 10 women from the wider local Muslim community.

The purpose of the focus groups was to gain quality insight and understanding into:

- Perceived barriers to accessing screening
- Perceptions of incidences of cancer & low uptake of screening
- Religious beliefs/attitudes on cancer & screening
- Interventions and solutions to increase uptake

Meaningful dialogue from each focus group provided qualitative data which increased our understanding of views towards screening from a personal, religious and cultural perspective.

"I think it comes down to education, it comes down to education, how we understand what it means, how to do it"

"How do you educate a cohort of people who are not accustomed to receive education? They have not been to school, ok they've never, they are not literate, most of them can't read, so how can you"

"It stops people from going and wanting to be seen going into, you know, a big van that says breast on it"

These conversations enabled the partnership to develop an effective next step strategy to increase healthcare communication.

Asking the community

Following on from the focus groups Kirklees Council, the NHS and the Eden Foundation worked in partnership to organise two bowel screening awareness events. One for practising Muslim women at the Eden Foundation community centre and another for men after Friday prayers within the local

mosque. The decision to begin with the promotion of bowel cancer screening was guided by the qualitative data from the focus groups and discussions with the Imams and Scholars.

Of the three cancer screening programmes bowel screening was deemed permissible in terms of modesty i.e. the test is done in their own home, without the requirement to undress. The event was owned and heavily marketed by the Eden Foundation, utilising effective communication channels normally used for community messages and prayer notifications. The event involved Bowel Cancer UK and Macmillan sharing education around bowel screening, the importance of screening, and how to complete the test kit. Over 60 men and 100 women attended the events, with most women bringing their daughters/granddaughters along, providing an intergenerational approach. The session was translated into Urdu to reduce language barriers. Interestingly these events revealed the reliance on younger members of the family to translate and encourage the older members to complete their screening kits. Many daughters/granddaughters requested kits on their parents' behalf. Inadvertently we educated a proportion of the younger generation at this event, who will in future be invited to bowel cancer screening and as a result be more likely to engage with the service.

“Creating more opportunities to even have conversations about cancer, like we saw with the bowel cancer, they came and did a presentation, and it really opened people up. We even saw the community asking questions and they were thinking about the issue, and those conversations they didn't just get confined to the mosque, they actually trickled down to families” - One of many positive quotes received.

Motivated by this success, public health colleagues progressed conversations about promoting breast and cervical screening within the Eden Foundation community centre leaders. There were however, reservations from a number of the local Imams and Scholars due to the sensitivities of the screening processes, which the leaders of the Eden Foundation communicated. In response it was proposed the centre would host a conference with local health stakeholders to provide the opportunity to openly discuss and explore the related issues and varying perspectives in more detail, with the aim of resolving the barriers.

A range of health professionals and faith specialists were represented at the conference, including:

- Muslim Imams and Scholars
- NHS England
- Kirklees Council Public Health
- Eden Foundation Health Professionals
- Local GPs (in particular those with low uptake rates)
- Yorkshire and Humber screening leads
- North Kirklees and Greater Huddersfield Clinical Commissioning Groups
- Cancer clinical leads
- Hospital chaplains
- Radiographers and lead colposcopy consultant

Over 80 people attended the conference where intelligence of the incidence of breast, bowel and cervical cancer for Kirklees and for Pakistan was shared. It was requested by the Imams and Scholars that incidence and prevalence for Pakistan was also identified as many of the elderly South Asian community originate from Pakistan and have the belief that it doesn't happen there. Incidence, prevalence and outcomes were used to challenge locally expressed beliefs that cancer (specifically cervical) doesn't exist within South Asian populations and that it is associated with promiscuity.

Through extensive exploration and communication at the conference a deeper understanding and clarity was gained by all participants of local religious beliefs and associated barriers to breast and cervical screening uptake. The conference highlighted the differing views amongst the Muslim scholars in relation to the permissibility of screening. It was highlighted by some of the Imams and Scholars that exposure of the body was impermissible for non-diagnostic purposes. The arguments for impermissibility of exposure were due to screening essentially being non-diagnostic (asymptomatic patients), so the rule around permissible exposure for diagnosis and treatment for screening is deemed not applicable by some. The scholars who don't support the permissibility of undressing for screening expressed that the reasons given by the other scholars for permitting undressing for screening were too general. This clarity provides a position from which the agenda can be progressed in partnership. This highlights a need for education amongst scholars and the wider community to increase understanding of screening and immunisation, relating to prevention, asymptomatic cancer and early diagnosis. The partnership has collaboratively raised this issue of conflicting perspectives and the associated barriers to promoting screening uptake with a senior scholar (Mufti), and asked for his opinions and judgements around the issue. Due to the Mufti's more senior position and health promoting and healthcare focused work his opinions and judgements may influence the local and national position.

Sharing builds the legacy

This project had no budget, but was not a barrier due to the focus on relationships and working with (not doing to) people. Kirklees Council and NHS England committed staff time to the coordination and learning needed for the project, and the Eden Foundation enabled its success through being a committed partner, excellently hosting engagement activities, supporting the agenda, and taking on a leadership role.

This exploratory project achieved its aim of understanding why the local Muslim community have a lower cancer screening uptake. It has provided a model for future engagement, and provided a foundation for success. Furthermore, this project's engagement model has significantly impacted how Kirklees Council nurtures relationships with our residents and has influenced other areas of health inequality engagement.

Building on this work, Public Health and NHS England have started to engage with another Muslim community centre in Kirklees, where there are similar cancer related issues.

This project has attracted a lot of attention from local authorities across West Yorkshire and Harrogate who have heard about the project, Clinical Commissioning Groups, Public Health England and the Muslim Network. We are sharing our learning and experience with teams across West Yorkshire and Harrogate, in particular how the partnership and innovate engagement model has been key to the project's success. The project evaluation report has been positively received by other West Yorkshire and Harrogate health partners.

Our public health practitioner has been invited to showcase the project and learning to members of the local community, other local community organisations and professional health organisations, at an event hosted by the Eden Foundation titled "Our Community Our Future".

The project has delivered wider additional benefits for the Eden Foundation. They have become more confident in advocating and supporting health improvement within their community, and relationships now exist between them and key health programmes across Kirklees. The Eden

Foundation have developed a plan to run health-focused events and have developed a new community WhatsApp group to invite the community to events and to communicate with them regularly. They have since held successful awareness sessions supported by Kirklees Council and NHS England on:

- Diabetes
- Dementia
- Stroke prevention (including Body Mass Index, blood pressure and atrial fibrillation checks) in partnership with Health-watch Kirklees.

What's next?

- Sharing our learning nationally by leading on a Public Health England podcast,
- Sharing locally by hosting a shared learning event across West Yorkshire and Harrogate,
- Continue learning – it became clear scholars views towards approval of different screening varied and this needs exploring further,
- Exploring opportunities for cervical self-screening awareness activity.

We believe this project was innovative as engagement with our target audience was never 'a tick box activity' for short term gain. Investment into meaningful relationships and dialogues have formed the methodology, and awareness has been raised on both sides of the relationship (healthcare/community). We needed to shape a new engagement model that would address the priority concerns of the community and we feel we have achieved this and been rewarded with so much more. Although it's still too early to evidence the long term positive impact this project has had on people's health, the relationships built and learning has reaped countless rewards.