UKSBM 17th Annual Scientific Meeting

Special Interest Groups

09.00-10:25

Wednesday 30th March
Please note, the special interest groups will be held outside of the virtual platform. Direct links to access these sessions will be included in the joining instructions email which will be sent to all registered attendees approximately 1 week prior to the conference.

Older adults

Further information to be announced in due course

Children's lifestyle, behaviours, wellbeing and health

Further information to be announced in due course

Addressing inequalities in cancer

Convenor: Dr Marie Kotzur, University of Glasgow
Discussant: Prof Katie Robb, University of Glasgow

Purpose: This structured discussion will focus on health inequalities in cancer screening access and uptake among marginalised groups and approaches to addressing these issues.

Objectives: Our discussion will address four objectives:
1. Describe approaches to targeting screening uptake interventions for marginalised groups
2. Discuss opportunities to reach marginalised populations
3. Discover collaborative research strategies that engage communities
4. Develop recommendations for tackling screening inequalities in marginalised groups

To meet these objectives our panel will describe their work in this area with Muslim women, people with learning disabilities, socio-economically deprived groups, and in global settings in four short presentations. Each speaker will pose a question for discussion with the audience. Interaction with the audience will be facilitated through the Q&A function of the conference portal and Mentimeter. The discussion will aim to develop a manuscript outline for a commentary article to be submitted for publication.

Rationale: Health inequalities in cancer screening uptake are well documented and lead to inequalities in cancer treatment outcomes due to later diagnosis among underserved groups. As we emerge from the Covid-19 pandemic, the UKSBM ASM 2022 is an invaluable opportunity to consider approaches to addressing health inequalities in cancer screening access which have been only exacerbated by the pandemic situation for population groups that are also at higher risk from Covid-19 infection. Never has our need been greater to tackle the challenges underlying health inequalities. This structured discussion is a key opportunity for knowledge exchange of approaches with the highest potential to improve cancer health outcomes.

A faith-based intervention for Muslim women in Scotland to encourage uptake of breast, bowel and cervical cancer screening: a community-based participatory approach.

Christie-de Jong Floor
University of Sunderland

Background: British Muslim women use breast, bowel, and cervical screening less often than white British women, which puts Muslim women at risk of delayed detection. We aimed to co-design a culturally tailored, faith-based online intervention to increase uptake of breast, bowel, and cervical screening in Scottish Muslim women and evaluate acceptability of the intervention qualitatively.

Methods: Scottish Muslim women (n=28), aged 25-74, were recruited through snowball sampling from community organisations. In the first phase of the study, a participatory approach with four online workshops based on the World Café method was used to develop the intervention, underpinned by the Behaviour Change Wheel. In phase
2, the online intervention was delivered twice in March 2021. Two focus groups were conducted one week later to qualitatively evaluate the intervention. Analyses were conducted thematically.

Results: The co-design phase resulted in an online intervention consisting of four components: 1) peer-led discussion of barriers to screening, 2) health education session led by healthcare providers, 3) videos of Muslim women’s experiences of cancer or screening, and 4) religious perspective on cancer screening delivered by a female religious scholar. Focus groups revealed that participants were very positive about their experience and accepted the intervention’s content and delivery. Participants felt their knowledge of screening had increased and reported attitudinal and behavioural change towards screening. They valued the multidimensional delivery of the intervention, appreciated the faith-based perspective, and in particular liked the personal stories and input from a healthcare provider.

Conclusion: Participatory and community-centred approaches can play an important role in tackling health inequalities in cancer and its screening. Attitudinal and behavioural changes towards screening following the intervention require further investigation to establish effectiveness in more depth. The multidimensional and targeted faith-based approach used in this study could be applied to other populations and to other public health issues.

Increasing access to cancer screening for people with intellectual disabilities

Marie Kotzur
University of Glasgow

Background: Screening can reduce deaths from cancer if people participate. The challenge is that often cancer screening programmes fail to sufficiently engage the most vulnerable, leading to persistent inequalities in uptake. Our recent analysis highlighted that uptake of bowel, breast, and cervical cancer screening is substantially lower among people with intellectual disabilities. Cancer research among people with intellectual disabilities and other vulnerable groups is neglected and underfunded, and we need greater diversity in our approach as a research community. Our research aims to improve access to bowel, breast, and cervical cancer screening among people with intellectual disabilities through a rigorous process of co-design. This presentation describes the process of developing a talking mat, an innovative tool to facilitate qualitative interviews about cancer screening with people with intellectual disabilities.

Method: Two online co-design workshops were facilitated by the TalkingMats® team. Three people with intellectual disabilities and five researchers with expertise in intellectual disabilities and/or cancer screening participated in the workshop. The first workshop aimed to identify relevant concepts to include in the talking mat. Participants first discussed their prior experience with cancer screening and using talking mats, followed by a short introduction of the purpose of the research. The participants were then guided to develop three topics to be covered by the talking mat. For the second workshop the TalkingMats® team produced draft images to symbolise the talking mats topics. The participants provided feedback on the images and discussed further developments.

Results: The team produced a talking mat to facilitate qualitative interviews about key barriers and facilitators of bowel, breast, and cervical screening. The talking mat will allow effective communication for people of all abilities and enable inclusive qualitative research.

Conclusion: Collaborative approaches to research design and material development can facilitate the inclusion of underserved groups in health research about them.

Evaluation of the Call for a Kit intervention (CFAK) to increase bowel cancer screening uptake

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Background: The ‘Call for a Kit’ health promotion intervention was initiated to improve uptake of the NHS Bowel Cancer Screening Programme in Lancashire (an ethnically diverse county). To reduce language and cultural barriers, screening non-responders were called and invited to attend a consultation in their preferred language with a health promotion team member of the same sex at their local GP practice.
Method: We used data from 68 GP practices. The health promotion team called up individuals registered with the practice who did not return their test kit within 13 weeks after receiving their most recent bowel screening invitation. During the call, individuals were invited to a 15-minute in-person consultation at their GP practice. For individuals who were unable or refused to attend in-person, a brief phone-based consultation was offered to discuss the barriers, at the end of which individuals were offered a replacement test kit. Test kit return was checked by GP practices 13 weeks after issue of the replacement test kit.

Results: 10,772 non-responders were called in 2019. 5,303 (49.2%) answered the call and 3,529 (66.5%) accepted the invitation for a consultation. 2890 non-responders requested a test kit of which 1608 (55.6%) were successfully returned. Individuals with a black, mixed or a non-Indian/Pakistani Asian ethnic background were significantly more likely to accept the offer of an in-person consultation and return the test kit. Women and those registered with a GP practice in socioeconomically deprived areas were less likely to return the test kit.

Conclusion: The use of in-person or phone-based consultations with previous non-responders has been found to be highly effective. Further research should address how to optimise initial contact and understand the specific benefits to non-responders from ethnically diverse backgrounds.

Ensuring access to cervical cancer screening in rural Malawi during the Covid-19 pandemic

Dr Christine Campbell
University of Edinburgh

Background: Cervical cancer ‘screen and treat’ programmes are operating in many countries in sub-Saharan Africa. In Malawi, which has the highest global mortality from cervical cancer, MALSCOT is a nationwide project delivering screening using visual inspection with acetic acid (VIA) and treatment with thermal ablation for VIA-positive lesions. Screening is provided at clinics at rural hospitals and associated health centres. In response to the covid-19 pandemic, Malawi introduced restrictions on non-essential travel. This had the potential to adversely affect the access to screening for women in rural areas.

Methods: Local implementing teams re-evaluated their screening delivery plans: while maintaining facility-based services, teams added sensitisation and provision of cervical cancer screening to maternal and child health sessions at remote outreach posts. Monthly Covid-19 impact assessment data were collected, including experiences of providers, and the numbers of women screened. Messages about Covid-19 protection were included in community messages. The importance of safeguarding policies was emphasised. A WhatsApp group enabled mutual support and encouragement for professionals across project sites.

Results: Up to 50 outreach screening sessions were held per month, from 28 health centres. 37,227 women attended MALSCOT clinics (static or outreach) from April 2020 to September 2021: this comprised 33,223 first screening attenders and 5,004 additional visits (follow-up after previous thermal ablation treatment, or women presenting with gynaecological symptoms). Approximately 25% of attendees were women living with HIV. 610 women were referred with suspected cancer.

Conclusions: The ongoing pandemic is likely to affect routine delivery of cancer screening in health centre clinics for some time: adapting the service in order to reach rural women closer to their own villages and integrated with other health services will be important to ensure continued delivery of screening. This approach also provides opportunities to raise awareness of the Covid-19 vaccine, and address community misconceptions about screening.