



UKSBM

UK Society for Behavioural Medicine

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.

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 to 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

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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.

Adapting a breast cancer early presentation intervention for Black women: A focus group study with women of Black African and Black Caribbean descent in the UK

Dr Afrodita Marcu¹, Ms Lorraine Marke, Prof Jo Armes, Dr Katriina Whitaker, Prof Emma Ream

¹University Of Surrey, Guildford, United Kingdom

Background: Black women living in the United Kingdom have lower rates of breast cancer than White women but are more likely to be diagnosed with advanced breast cancer and have lower survival rates. We consulted women of Black Caribbean and Black African descent in the UK on how an existing intervention, “Promoting Early Presentation” (PEP), could be adapted for Black women to encourage timely help-seeking for breast cancer symptoms.

Methods: Focus groups with 22 women of Black African and Black Caribbean descent, age range 39-77. Five participants were breast cancer survivors. The participants were recruited from a large UK breast cancer charity and from community settings. Data were analysed using Framework Analysis.

Results: Four themes summarized the participants’ views on how to adapt the PEP booklet and intervention. ‘Justify the focus on Black women’ captured mixed views on interventions targeting Black women, with some expressing concern that ethnically-tailored interventions risk othering Black women. ‘Black people don’t talk about cancer’ reflected concerns that stigma may prevent engaging with Black communities around cancer. ‘Make the PEP leaflet inclusive and engaging’ summarized suggestions for adapting the leaflet in content and style to increase its appeal. ‘Engage with Black communities to deliver the PEP intervention’ encapsulated the views that raising breast cancer awareness requires deep engagement with Black communities around cancer prevention.

Conclusions and implications: Breast cancer interventions focusing on behaviour change and addressing Black women need to: be inclusive, illustrate how breast cancer symptoms manifest on black skin, emphasise that breast cancer is curable to reduce cancer fear, address stigma around cancer. Any future interventions would require involvement of Black communities in design and delivery to address cultural barriers to early presentation with

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cancer symptoms. The implications for the development of community-based intervention will be addressed in this presentation.

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.

Older adults

UKSBM SIG webinar programme: *The future of healthy ageing research for behavioural medicine*

Date & time: Wednesday 30th March 2022 09:00 - 10:20am

Joining instructions: **Insert Zoom link** (presentations live but copy of presentation slides sent in advanced in case any technical issues)

Session overview:

In less than 20 years, a quarter of people in the UK will be over the age of 65. The importance of research into how we can help people to stay healthy, independent, and living meaningful lives for longer has therefore never been greater. Older adults are as diverse a group as people at other life stages, requiring a broad set of topics and approaches to address this aim. For example, older adults are often presented as a drain on health services, yet they also contribute significant amounts in unpaid labour, often as carers, which we would struggle to manage without. Similarly, while the risk of frailty and disability may increase with age, many older adults are largely fit and well, so there is no single way to support health across the age group.

This session will include four short presentations reflecting on the direction of travel for the contribution that behavioural medicine can make to improve the health of older adults. Our speakers will each draw on their own research and experience to illustrate some of the potential for future research in their area of focus. They include well-established academics, an Early Career Researcher, and a representative from the [Centre for Ageing Better](#), which was established to bring together stakeholders to promote evidence-informed change in policy and

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practice to promote a more enjoyable later life for all. We have purposefully chosen topics that reflect the diversity of research to promote healthy ageing, and that address some of the practical challenges of responding to a changing environment in what we research, the methods we could use to conduct our research, and how we can get our research translated into action. All attendees are welcome to share their thoughts and ideas on this in the discussion at the end of the session, both on the topics raised, and of what they'd like to see from this SIG in the future.

Programme outline

UKSBM SIG webinar programme – The future of health ageing research for behavioural medicine		
Date & Time: 30 th March 2022 09:00 - 10:20am		
Conference start session 10:25 so need to finish promptly at 10:20		
9:00 – 9:05	Dr Mel Chandler (University of Bristol)	Introduction and welcome from the UKSBM Chair of the Older Adults Special Interest Group
9:05 – 9:15	Dr David Maidment (Loughborough University)	Inclusivity of older adults in an increasingly digital future
9:15 – 9:25	Professor Afroditi Stathi (University of Birmingham)	Co-production in healthy ageing research / Older adults as research partners
9:25 – 9:35	Professor Richard Cheston (University of the West of England)	How people act to protect themselves from the threat of dementia; clinical implications
9:35 – 9:45	Centre for Ageing Better (Speaker tba)	Translating research into policy and practice to promote healthy ageing
9:45 – 10:15	Q&A, and panel/audience discussion: “ <i>What should our focus be as a field to maximise the impact of behavioural medicine in relation to healthy ageing?</i> ” Discussion Chair: Professor Fiona Gillison	
10:15 – 10:20	Dr Mel Chandler	Closing remarks and next steps for the SIG

Children's lifestyle, behaviours, wellbeing and health

UKSBM SIG webinar programme: *School food: working with stakeholders and identifying potential solutions*

Date & time: Wednesday 30th March 2022 09:00 - 10:20am

Joining instructions: **Insert Zoom link** (presentations live but copy of presentation slides sent in advanced in case any technical issues)

Session overview:

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‘*School Food*’ has received positive and negative press attention during the COVID-19 pandemic, highlighting the importance of school food for many children, but also current challenges that exist within the school food system.

The session will include four short talks on topical issues such as initiatives to increase school meal uptake and improve school food. Presenters will discuss the issues around delivery of school food during the COVID-19 pandemic, engagement with various stakeholders to improve school food (e.g. caterers, parents, and pupils), and relevant challenges in both the primary and secondary school setting. This session provides an opportunity

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to link the UKSBM Children’s Lifestyle Behaviours, Wellbeing and Health SIG and the wider UK Prevention Research Partnership [GENIUS](#) Network (Generating Excellent Nutrition in UK Schools; which has provided funding for some of the work to be presented), enabling sharing of expertise and discussion of issues relevant for practice and policy. Presenters will have a range of expertise and include both well-established academics and Early Career Researchers.

Programme outline

UKSBM SIG webinar programme – School food: working with stakeholders and identifying potential solutions Date & Time: 30 th March 2022 9:00 – 10:20 Conference start session 10:25 so need to finish promptly at 10:20		
9:00 - 9:05	Prof Jayne Woodside (Queen’s University Belfast)	Introduction and welcome from the UKSBM Chair of the Children’s Lifestyle Behaviours, Wellbeing and Health SIG and GENIUS Network
9:05 - 9:20	Prof Annie Anderson (University of Dundee)	Turning a blind eye...feeding in primary schools during Covid-19
9:20 - 9:35	Dr Marie Murphy (University of Birmingham)	Changing the food environment in secondary school canteens to promote healthy dietary choices: perspectives of school catering staff.
9:35 - 9:50	Dr Stephanie Chambers (University of Glasgow) and Dr Suzanne Zaremba (University of Dundee)	An assessment of the role of parental networks on uptake of school meals
9:50 - 10:05	Prof Alison Gallagher (Ulster University)	A pilot study of peer-led approaches to promote positive choices in secondary schools
10:05 - 10:20	Q&A, and discussion (Prof Michelle McKinley & Dr S Spence) Presentation of ECR certificate & close of session (Prof Jayne Woodside)	