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Policy Statement

Health inequalities in cancer and Black and Minority Ethnic Communities

Introduction

According to the 2001 census around nine per cent of the UK population now identify themselves as being from a Black or Minority Ethnic (BME) community. There is evidence that BME communities have unmet need relating to health information, support and services as well as potentially differing rates of some cancers. This policy statement sets out:

- Differences in lifestyle factors, that impact upon cancer incidence, between BME communities and the general population.
- Evidence of cancer inequalities in terms of incidence and unmet need for services experienced by BME communities.
- The action required to reduce cancer inequalities between BME communities and the general population.

Lifestyle Factors

Smoking and other forms of tobacco consumption are the main cause of health inequalities between those at the top and bottom of the socioeconomic scale. There are also differences in tobacco consumption rates between BME communities and the wider population. Among men smoking rates appear to be higher among a range of different BME communities, including Bangladeshi, Caribbean, and Chinese. For women, rates of smoking are generally lower in BME communities. A further issue within some BME communities is the chewing of tobacco and related products. This activity can result in higher rates of a variety of cancers including those of the mouth and pharynx. UK wide rates of this activity are very low but within the Bangladeshi community Quida/ Paan chewing was found, by one study, to be undertaken by 78 per cent of those questioned.\(^1\)

There are also differences in other lifestyle factors, between BME communities and the general population, which have been found to impact upon cancer rates. These include:

- Higher rates of the consumption of fruit and vegetables among BME communities compared to the general population
- Lower fat intake among BME individuals
- BME communities, apart from the Irish, were found to be much less likely to exceed recommended drinking levels or binge drink.
- Lower levels of participation in exercise among BME communities compared to the general population.
- Obesity rates vary among BME communities with women from Black African and Black Caribbean communities more likely to be obese than the general population.\(^2\)
Cancer rates among BME communities

Currently ethnicity is not recorded systematically by cancer registries in the UK. The result is that the evidence available relating to potential cancer inequalities within and between BME communities is often produced through smaller scale studies, often at an area rather than national level. Examples of the growing evidence base in this regard include:

- Breast cancer rates being lower among South Asian women
- Breast cancer occurring at a younger age, and as a more aggressive tumour type, among black women of African and Caribbean descent
- Prostate cancer occurring at higher rates among Black African and Caribbean men
- Higher rates of mouth cancer among South Asians

One factor that is likely to impact upon cancer rates among BME groups is that they are often made up of a higher proportion of those from younger cohorts. It may therefore be the case that, as these cohorts age, the cancer rates of BME communities will increasingly match those of the general population. Improved monitoring of ethnicity nationally would allow monitoring of any changes in cancer rates within BME communities.

Information and support needs of BME communities

Evidence suggests that BME communities have unmet need relating to the provision of cancer information. This has resulted in lower awareness of cancer risk factors, signs and symptoms and cancer services among BME communities.

Language can be a significant barrier to BME communities accessing health information and services. Studies have shown that among those with additional language needs a high proportion do not have access to a translator when visiting the GP and that BME cancer patients were less likely to understand their treatment options and diagnosis. English literacy may also be a barrier to accessing written information among older members of BME communities with many hospitals outside of urban areas not providing written information in other languages.

Health service utilisation among BME communities

Women from BME communities appear to have a lower uptake of cancer screening services than those from the general population. Attitudes to using preventative services and to specific diseases, as well as the (real or perceived) attitudes of service providers to BME individuals, may act as barriers to uptake of such services.

BME individuals may not have the information they need to understand their rights relating to health services or their cancer care pathway. At the same time it is important to remember that BME communities are dynamic between generations, with second generation migrants often having information and support needs more similar to the indigenous population, rather than those of their parents.

Next steps to reduce health inequalities between BME communities and the general population

There are gaps in our knowledge relating to BME communities, their experiences as cancer patients, and their needs for information and support. The first task should therefore be to undertake research in this area; specifically exploring, implementing and evaluating ways of
systematically recording ethnicity within cancer registries. By doing this, the NHS, and related government departments, will in the future be able to develop 'good practice' guidelines in terms of implementation of services which meet the needs of BME communities.

In order for health care to be utilised by BME communities at the point of need it is important that services are provided in a way that ensures they are culturally sensitive and aware of the information and support needs of users. Cancer Research UK believes that through effective partnership working, between various stakeholders (including the public and charitable sectors) and the development of appropriately tailored information and support for those who require it, services can meet the needs of the UK's diverse population.

For more information contact Cancer Research UK's Policy and Public Affairs team on 020 7061 8360 or publicaffairs@cancer.org.uk.

References


