

Evaluation of Barriers to Colorectal Cancer Screening in Migrant Communities: The Mirror Project

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“Hard to Reach” Communities



- South Asians
- Afro-Caribbeans
- Somalis
- Eastern Europeans
- Signers

Ulcerative colitis

Community	Incidence of UC (cases/10 ⁵ /year)
Gujarati	17.2
Bangladeshi	8.2
Polish	1.8
European	5.3
Afro-Caribbean	Not known
Somali	Not known
Signers	Not known – but same as parent community

Colorectal Cancer

Community	Incidence of CRC (cases/10⁵/year)
Gujarati	Not known
Bangladeshi	Not known
Polish	Not-known – but large case series
European	35
Afro-Caribbean	Not known – but large case series
Somali	Not known
Signers	Not known – but same as parent community

Participation Rates in Colitis Screening

Country	Study design	Year	Total patients	Non compliant
Sweden	Prospective	1977-2002	211	36 (17%)
Sweden	Prospective	1977-1991	131	13 (10%)
Italy	Prospective	1980-2000	65	29 (45%)
Italy	Prospective	1989-1992	65	15 (23%)

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UK CRC screening pilot (2003)

Uptake of Colonoscopy

Non Asians	74%
Asians	55%

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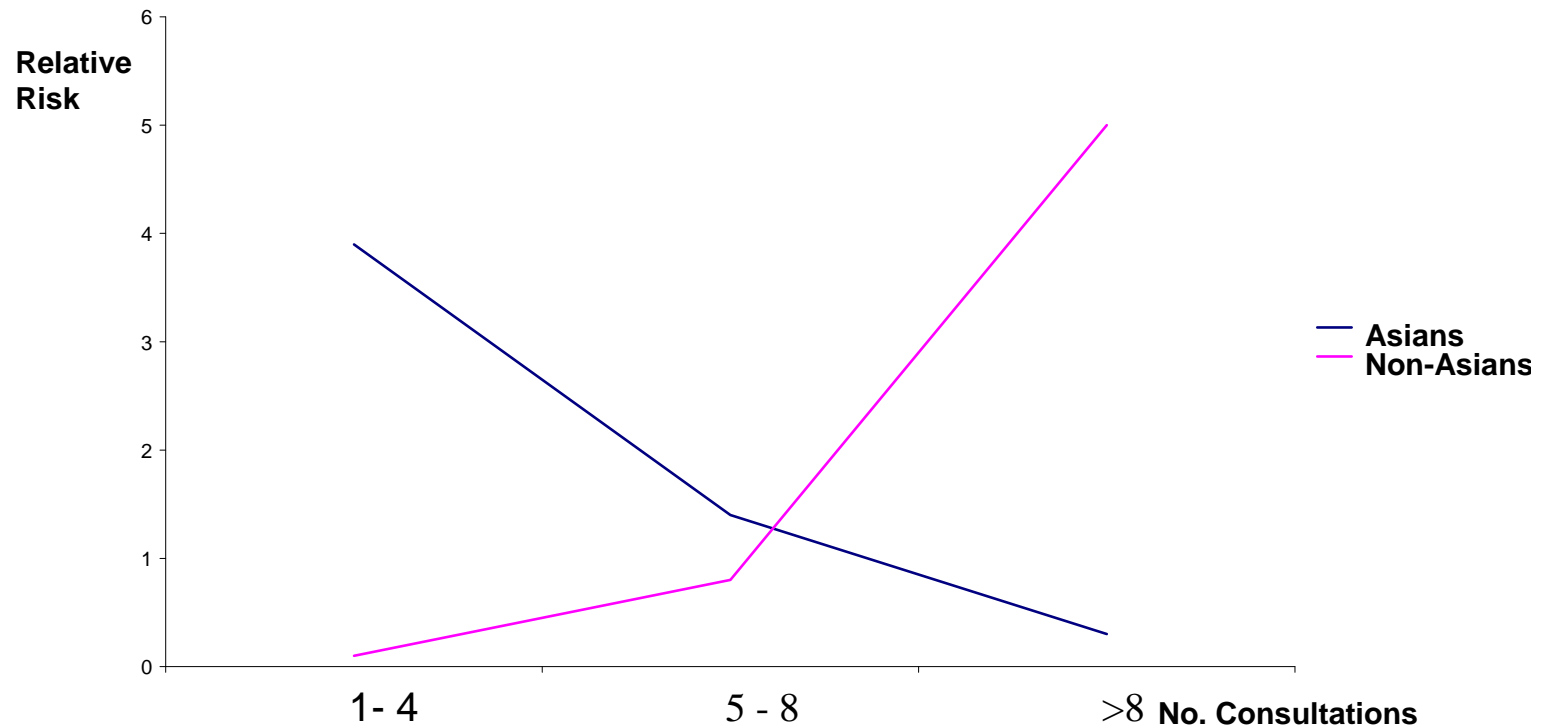
Preliminary Data about Colitis from Leicester:

	Non-Asian (n = 23)	Asian (n = 22)
Women	48%	39%
Screening	52%	60%
Hospital Admissions	48%	25%
Discharged	17%	25%

Not significant

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Number of Consultations with a Consultant over a Decade



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Preliminary Results for Colitis from Leicester

1. Asian women seem less likely to be seen in hospital
2. Asian people seem less likely to be admitted to hospital
3. Asian people seem to be reviewed by consultants much less frequently
4. Asian people are more likely to be discharged

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UK CRC screening pilot (2003)

There is some evidence that patients' background, social and cultural values can influence their openness to services on offer.

Leicester Preliminary study in colitis:

There is a trend in which Asian people appear to receive sub-optimal care.

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The role of Participatory Meetings:

- The community has a right to participate as an equal partner at every level of decision making.
- Principles of individual and community informed consent should be strictly enforced.
- Research processes and outcomes should benefit the community.
- Community members should be part of the analysis and how results are distributed.

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- Broadened access.
- Effective partnerships.
- Capacity building.
- Improved status for the socially secluded.