

ART Case Study – Improving Access to Cancer Screening

Context

The Community Links team already had a broad understanding of the picture of Cancer screening services 'as is'.

After seeing low screening rates in Bengali and Romanian communities, the public health team worked with clinical leads in cancer who identified that the lack of English was a big barrier that they see.



Health Equity Ambition

Identify the barriers to accessing cancer screening services for Romanian and Bengali women with low levels of English.

Increase willingness to attend/participate in cancer screening appointments for Romanian and Bengali women.

Method of Change

Collaboratively design better cancer screening services **with** residents.

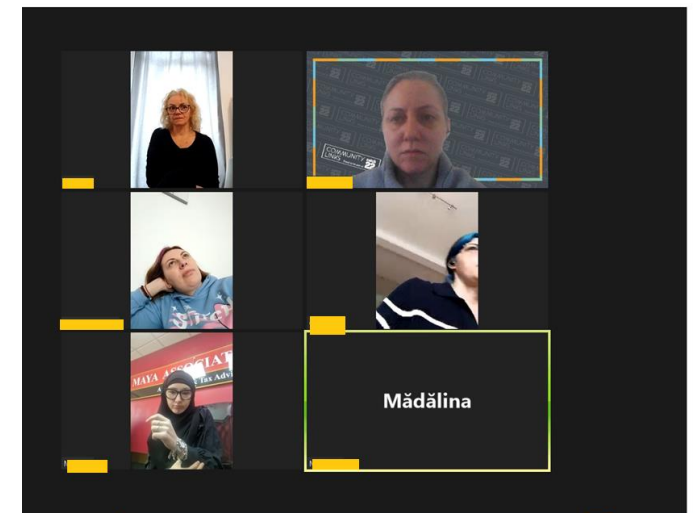
The What

To figure out why services were not being accessed by these groups as much, **initial qualitative data collected** from surveys found out some themes that could be relevant, such as language barriers or the accessibility of information.

These themes were taken to 2 **focus groups** with Bengali and Romanian women respectively, to expand on and develop these ideas coproductively.

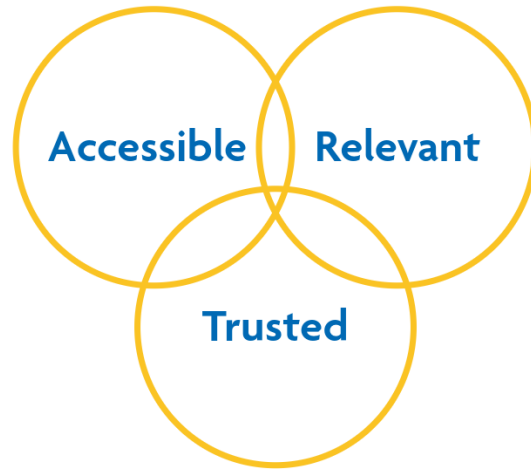
From these focus groups, the team came away with **key points and proposals initiated by participants**.

To organise and make sense of these ideas, the team decided to use **the ART framework** to categorise the insight



Our tools - The ART Framework

The ART Framework



What are the barriers to uptake within our control as service providers?

The aim of the ART framework is to **shift agency** for accessing and using health promoting services from current/potential service users to providers.

ART recognises that **accessibility, relevance and trust** are three key elements that encourage people to use our services, and that the absence of these elements can create a barrier to uptake.

WE ARE NEWHAM.

Insights Categorised by ART

Insights	Access	Relevance	Trust	Screening affected
Language barriers	✓	✓		Cervical, Breast
Screenings clashed with other priorities		✓		Cervical, Breast
Lack of information on screenings and signs & symptoms	✓		✓	Cervical, Breast
Lack of childcare support	✓	✓		Cervical
Appointments unavailable at suitable location/time	✓	✓		Cervical, Breast
Fear of screenings outcome		✓	✓	Cervical, Breast
Misconceptions about risks of getting Cancer		✓	✓	Cervical, Breast
Difficulty in reaching the GP	✓	✓	✓	Cervical
Knowledge about what services are available to them	✓	✓		Cervical, Breast

Challenges Categorised by ART

Insights	Access	Relevance	Trust
First version of questionnaires were extremely long - impossible to complete more than 5 to 6 questionnaires per session.	✓	✓	
Older Bengali respondents to the screening questionnaires were not able to read Bengali (a different dialect (Dhakai) from the one they speak (Sylheti)) – English Questionnaires had to be translated live.		✓	
Lack of ethnic organisations - made it difficult to find appropriate contacts to engage with the communities.			✓
Local Romanian priests, although positive about the project, considered it inappropriate to discuss the topic inside the Church, but allowed us to engage with the community outside the Church.		✓	✓

Benefits of Using ART

When speaking to the community, and learning that there was a **very wide range-of barriers to cancer screenings**; ART helped to break down the problem.

ART reveals how connected some of the barriers are – involving Romanian translators and shortening the screening questionnaire both help to make it more relevant to Romanian women – **but only by doing both can you make it relevant for the most people**

Learning for next time

Embedding ART earlier into the process may have helped to tackle some of the challenges that came up later – such as noticing the questionnaire was quite long.



COMMUNITY
LINKS

Using the ART Framework

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If you have any questions and want some support – please get in touch with the Newham Health Equity Programme team:
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