

What works to improve cervical screening rates in diverse communities?

Hamdi Rage, Public Health Intern at Birmingham City Council



Analysis

This research focuses on studies with a high or medium applicability to Birmingham.

- ‡ High- studies based on the British Health system or similar, focus on similar studies as found in Birmingham or focus on interventions that could work within the British system
- ‡ medium- could possibly be useful
- ‡ low - would probably not be useful

Applicable interventions:

- ‡ Combined interventions are more effective than singular strategies
- ‡ Educational media campaigns can be useful to the Birmingham population as studies have suggested that increased knowledge of the significance of screenings could increase women from ethnic minority groups (Marlow et al., 2015).
- ‡ Telephone calls in the preferred language of patients who are limited English proficient could potentially limit the effect of language barriers on non-attendance (Marlow et al., 2015). Screening invitations are currently sent through mail (Public Health England 2021). Sending invites using translated letters could make the screening process more accessible to those who are limited English proficient.

- ‡ 95% of the UK population use a mobile phone (Statista, 2022). Therefore sending screening invites through text messages instead of or alongside mail invitations could be an effective intervention
- ‡ Weekend and evening appointments under the extended access to general practice service (NHS, 2018).
- ‡ Low-income household across the UK still face barriers to accessing healthcare due to inadequate transportation provisions (Government Office for Science, 2019), so economic incentives through vouchers to assist in transportation costs could potentially increase cervical screening rates in low-income women.

limitations:

- ‡ The health systems and ethnic groups included in the studies differ from the Birmingham ethnic minority population and the British healthcare system.
- ‡ Many studies only reported the short-term impact of the interventions.
- ‡ Many of the studies did not highlight the barriers to implementing the proposed interventions. Most articles did not declare the cost of the strategies they proposed.
- ‡ The majority of studies used self-reporting to measure the effectiveness of the intervention strategies instead of verifying the claim using claimant data.

Conclusion

- ‡ There is not a lot of directly applicable research on interventions which could increase South Asian and Black women's screening rates in the UK. However, the findings can be applied to the Birmingham population.
- ‡ Interventions which include telephone calls, translated letters, educational media campaigns, economic incentives and extended appointment hours are the most applicable interventions to the Birmingham context.
- ‡ With more research, these interventions could increase cervical screening rates in diverse communities in Birmingham

Recommendations

- ‡ Further studies on interventions that specifically aim to improve the low screening rates of Black British people with a cervix are needed
- ‡ More research on interventions which attempt to overcome direct barriers to cervical screening rates that ethnic minorities in the UK require.
- ‡ Further research on the short and long term impact of using telephone calls, translated letters, educational

