

# Raising Prostate Cancer Awareness in Black African and Afro-Caribbean communities

## Background

Two initial workshops were held on the 19<sup>th</sup> April 2021 with 7 people with Black African or Afro-Caribbean backgrounds to discuss how to raise awareness of the higher risk of prostate cancer for and with Black men. Some local services, such as Carers in Southampton and Dorset Macmillan Information Service, also came. One workshop was held in the morning and one in the evening. They were promoted and organised by Dorset Race Equality Council, Wessex Cancer Alliance (WCA) and Wessex Voices.

## Feedback and potential actions

People were incredibly generous with sharing their thoughts and insight - about family experiences of losing fathers and brothers early to prostate cancer, often because they were reluctant to seek help early for reasons that were shared (see below). But also talking about this very personal and sensitive subject so openly, as well as, for some being honest about their own ongoing reluctance to get checked out even though they know the risks. The workshop organisers would genuinely like to say thank you for this and for the enthusiasm for waiting to stay involved with the project.

## Barriers and solutions

Themes	Specific comments	Solutions
Lack of GP awareness about health issues for the Black community generally, and specifically prostate cancer	<ul style="list-style-type: none"> <li>• Low GP awareness of diversity issues for minority ethnic communities, e.g. mental health, prostate etc</li> <li>• Men are fobbed off when they go to the GP about prostate cancer or to ask for a PSA test</li> <li>• GPs often refuse to give a PSA test because men don't have symptoms</li> <li>• GPs are not aware of the statistics for black men</li> <li>• GPs don't listen</li> </ul>	<p>Involve GPs in the project. WCA to lead a programme of GP education and awareness around prostate cancer awareness for and with Black men including communications in the Local Medical Council newsletter; a GP focussed webinar etc.</p> <p>WCA to explore a consistent pathway approach that does not include a rectal examination.</p>
Black men's health and accessing health services generally	<ul style="list-style-type: none"> <li>• There are issues around trust and confidence in any public service with Black communities that need to be overcome</li> <li>• Men don't want to be ill - no news is good news (what you don't know won't hurt you)</li> </ul>	<p>Need to develop a strong communications and engagement plan via range of channels - by going to community groups to raise awareness; educate people to have peer to peer conversations and talk to their</p>

	<ul style="list-style-type: none"> <li>• An example was given of a man who hasn't been to the GP for over 10 years, but they also said that it would be the same for the optician</li> <li>• If men feel healthy they don't need to go to the doctor for checks</li> <li>• Men keep things to themselves (particularly if it of a personal or sensitive nature)</li> <li>• Men talk to each other about anything other about their health or emotions</li> <li>• They don't want to accept they have symptoms</li> <li>• They avoid interventions</li> <li>• They may not have a conversation with the GP because of differences in educational backgrounds</li> <li>• Men leave it to the last minute to get help</li> <li>• They may rely on other remedies or treatments (e.g. one person talked about their father eating vegetables to try and get rid of prostate cancer)</li> </ul>	<p>families and friends; at the barbers and other community/faith venues; via social media (including LinkedIN) and key community leaders; and via other voluntary sector partners</p> <p>The message as well as the messenger is important. Black men need to talk to Black men. Involve (national and local) celebrities e.g. Black footballers (Ian Wright, Rio Ferdinand) but also target and profile Black men from different backgrounds: Black security guards, police officers, military officers, refuse workers etc. It could also include the Portsmouth Mayor and other powerful speakers.</p>
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	<ul style="list-style-type: none"> <li>• GP registration/ immigration issues - some men are not registered with a GP because they are scared of being reported to the Home Office</li> </ul>	<p>Raise awareness with women, partners and other family members as they are important in encouraging men to seek help.</p>
<p>Black men’s awareness (of their higher risk) around prostate cancer</p>	<ul style="list-style-type: none"> <li>• This will depend on where you live in the UK (e.g. in London men may be more connected to others in the Black community so are more likely to be aware than in South)</li> <li>• Depends on how long you have lived in the UK, how connected you are to health services and how connected they are to communities</li> <li>• Men are not aware of the disease</li> <li>• People may not know what the prostate is</li> <li>• What are the signs and symptoms to look for</li> <li>• What does ‘being caught (diagnosed) early’ mean?</li> </ul>	<p>Draw parallels for men with cervical screening and other sensitive tests women go through.</p> <p>See if there are people who are willing to share personal stories. If family members have been affected, it can create better motivation to do something. The younger generation may be more receptive so may be good people to raise awareness with.</p>
<p>Men’s lack of awareness of the current tests for prostate cancer</p>	<ul style="list-style-type: none"> <li>• People don’t know what tests for prostate cancer are (e.g. a PSA test is a blood test that looks for a protein the blood) or involve</li> <li>• Is it going to be painful? Intrusive?</li> </ul>	<p>Produce question and answer sheets and resources that tackle all the barriers - including GP registration, right to request</p>

	<ul style="list-style-type: none"> <li>• People don't necessarily understand that when blood is taken it is not tested for everything, just specific things</li> <li>• Men don't know that they can request a PSA test and should be given it from age of 45</li> </ul>	<p>PSA test, info about what the prostate is, signs and symptoms of prostate cancer, what the risk is, what tests involve etc etc.</p>
<p>Stigma around prostate cancer and possibility of having a rectal examination</p>	<ul style="list-style-type: none"> <li>• There is historical and false information that is passed between men that the test always involve a rectal examination. This is less likely to happen now. It is more likely to be blood test for PSA and then an MRI scan (fully clothed)</li> <li>• There is huge stigma about having a rectal examination, particularly mentioned by those from an Afro-Caribbean background but also an African community member. This relates to ideas of manhood, masculinity and ego, and relates to some homophobic attitudes</li> <li>• Treatment is also seen as taking away manhood</li> <li>• Raising issue of prostate cancer met with resistance by others at a funeral even though that's what the person had died of.</li> </ul>	<p>Evaluate how these messages are being received and measure the impact of the project</p>

## Follow up from the meeting

All the people attending seemed keen to be involved in developing the solutions (see above). D from Pompey in the Community offered to do a video for social media. ES offered to edit the recording from these meetings into bite sized clips (e.g. personal stories, barriers, solutions, what tests are and involve) for all to share and start the conversation with others.

Everyone to share resources that could support the project. Obrey has shared these powerful videos:

<https://www.youtube.com/watch?v=mxgVhDcza6E&t=39s> (shorter version)

<https://www.youtube.com/watch?v=PRZWlpywT2k&t=162s> (slightly longer)

[Prostate Cancer UK information for Black men](#). There was a reflection on the images not reflecting Black men. Philippa will contact them to raise this issue.

[NHS info about PSA Testing](#)

Everyone was asked to send Nathalie the names of groups and community leaders who would also be interested in the project.

Nathalie will ask everyone if they are happy to share their contact details and consent for their images to be used (videos and future photos). We also need to clarify with the group that there is funding for the project and people can claim expenses. A meeting to be arranged for the next few weeks / month. Is anyone interested in helping plan this? Contact Nathalie at REC.