Cancer Awareness
Within the Irish community

Background

Research by a number of eminent investigators since the 1990's has persistently shown high levels of mortality from cancer among the Irish community in Britain (Harding and Balarajan, 1996 & 2001, Harding and Rosato 1999, Wild et al 2006). It has been known for almost two decades that standard mortality ratios for all cancers are significantly increased for Irish people at all ages (Harding 1998) and this persists into the second and to some degree the third generations (Harding et al 2001). This contrasts with cancer mortality rates for other migrant groups such as South Asians and African Caribbeans who have generally lower rates of cancer albeit now converging towards the rates of the host population (Smith et al 2003, Harding et al 2009). Despite policies to reduce cancer inequality by enhancing awareness and improving access to services especially by minority ethnic groups, there is no mention of the disproportionate mortality from most cancers among the Irish in Britain.

Cancer mortality rates

Harding et al (2009) analysing longitudinal data from 1979-2003 demonstrate that men born in Northern Ireland and the Republic of Ireland (RoI) have high all cancer mortality rates compared to the population of England and Wales, with particular divergence among the RoI born. Trends for lung cancer mirrors the all cancer profile and high rates of colon cancer are evident in Irish men. Among women, all cancer mortality rates for RoI women increased between 1989-1993, and 1999-2003. Trends in lung and breast reflect overall cancer patterns with high rates of mortality among Irish women.

Although patterns vary somewhat between different time periods and between those born in Northern Ireland and the Republic of Ireland, consistently high rates of cancer of the oro-pharynx, rectum, liver, larynx, stomach cancer and pancreas persist and in some cases have increased among Irish men. Among women, rates of colon, stomach, cervical and ovarian cancer continued to be high and showed no evidence of the decline in mortality seen in other populations (Harding et al 2009).

Compared with general reduction in mortality for the overall population of England and Wales, mortality rates from cancer either remained the same or in some cases widened for the Irish from 1979-2003 (Harding et al 2009).

Causal factors

The older age profile of the Irish in Britain relative to the total population is a factor in the high incidence of cancer but does not explain excesses across all age groups. Equally socioeconomic factors explain some risks, but do not account for all the incidence and mortality (Harding & Balarajan 1996). However socio-economic factors are important given the high proportion of Irish people living in areas of marked multiple deprivation, including many of the Spearhead areas (Tilki et 2009). Clearly lifestyle factors play a part in the genesis of cancer and risk factors such as smoking, alcohol consumption and diet are public health issues and concerns for the Irish community. Addressing them however effectively requires attention to the social context within which many people live, which avoids blame and which recognises cultural factors which make change difficult.

Research into beliefs about cancer has shown that knowledge of signs and symptoms of cancer is poorer among the Irish than the White British (Scanlon et al 2006). Irish people fear cancer more, are more likely to keep it hidden and are less optimistic about how effective treatment can be. These beliefs reflect cultural ideas and negative family experiences of cancer diagnosis and treatment. They at least in part explain delays in seeking help and diagnosis at advanced stages which significantly influence mortality rates (Harding and Rosato 1999). It is easy to suggest that the problem of early diagnosis is a culturally shaped choice. However, this ignores the reality that a significant proportion of the Irish population in Britain live in areas of multiple deprivation with poorer access to services and arguably poorer services to access. It also ignores the insensitivity and racism experienced within the NHS by some Irish people, especially those who are older or marginalised (Tilki 2003).

Policy - neglect

Despite substantive research evidence, the Irish community are persistently excluded from cancer (and other) policy initiatives. *Public Awareness of Cancer: Report for the National Awareness and Early Diagnosis Initiative (*2009) addresses ethnicity and cancer and recruited participants from the “six largest ethnic groups in the UK” but the Irish are excluded. The report from the National Cancer Intelligence Network (NCIN), *Cancer Incidence and Survival by Major Ethnic Group* (2009) aggregates the Irish within the White category, despite Department of Health recommendations (2005) to publish Irish as a separate ethnic category.

Studies investigating differences in cancer screening uptake or help seeking behaviour among minority ethnic groups either aggregate the Irish into the White group (Cuthbertson et al 2009), focus on South Asian communities (Kernohan 1996, Szcepura et al 2008), visible minorities (Waller et al 2009) or pay limited attention to ethnicity though acknowledging the need for more research (Weller et al 2007). While there is scope for further research into cultural and religious factors impacting on screening and help-seeking, it is significant that these and other studies highlight the links between deprivation, ethnicity, age and (male) gender and late diagnosis of cancer. These are particularly pertinent to the Irish community in Britain.

Given the influence of such studies it is hardly surprising that NCIN *‘Reducing Cancer Inequality: evidence, progress and making it happen’* (2010) excludes the Irish community while having concerns for minority groups with significantly lower rates of morbidity and mortality. *Improving outcomes: A strategy for cancer* (DH

2011) again fails to disaggregate the Irish although existing evidence and third sector knowledge suggest that the National Awareness and Early Diagnosis Initiative (NAEDI) pathway is particularly pertinent to the Irish community in Britain.

Implications for public health and cancer services

There is undoubtedly a need for better data on the Irish community in Britain but in particular there is a need to address the skin colour conceptualisations of ethnicity which inform ethnic monitoring.

As for other groups, there is a need for cancer registries and death certificates to include ethnic monitoring data related to people of Irish birth or descent.

There is a need for up to date comprehensive research on risk, prevalence, uptake of screening, diagnosis and the effectiveness of treatment within wider ethnic minority research.

At a general level, but particularly in relation to cancer, there is a need for public health profiles of Irish populations in order to strategically target the community for health promotion, screening and treatment.

The National Awareness and Early Diagnosis Initiative in England (NAEDI) pathway must take account of the disproportionate incidence of cancer mortality among the Irish community in Britain.

There is an urgent need to raise awareness of cancer symptoms, the benefits of screening, early diagnosis and treatment and the positive developments in cancer survival.

The principles of prevention, enhancing early help-seeking, improving uptake of screening and early access to treatment by non-Irish minority ethnic groups are highly relevant for Irish people in Britain.

The potential for health improvement and ill-health prevention through sensitive targeting of smoking and alcohol consumption is considerable and the reach through Irish community organisations and Irish media in Britain is extensive.

There is a need to ensure that statutory and third sector organisations providing information and support to those with cancer or their families can outreach and sensitively support Irish people.

Irish community third sector organisations can provide many opportunities for general or focussed health campaigns or events

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