



Working with Muslim Communities to Increase Bowel Cancer Screening

Learning From and Impact of Public Involvement

Evaluation of The British Islamic Medical Association (BIMA) intervention for bowel cancer screening in the Muslim community

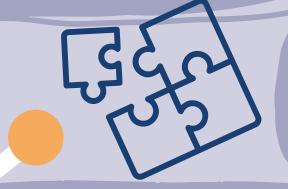
Written by ARC EoE Research Team



IMPACT: The engagement of community and religious leaders was key: Imams in participating mosques promoted the intervention and follow-up sessions after prayer times and put up posters advertising them. Health professionals and GPs from within the community shaped the health message, making its delivery relevant to participants.

IMPACT: Public involvement contributors advised on how best to contact community gatekeepers and how to frame the intervention and its benefits when discussing involvement with mosques. Their insight and guidance also helped us to appropriately tailor data collection activities (e.g., separate sessions for men and women).





LEARNING: Community involvement, early in the planning stages of projects is an asset - without public involvement we may have had to abandon data collection in some sites. Ideally we would spend more time and resources preparing to accommodate any potential challenges.

LEARNING: Public involvement is an asset, but it is not a solution in and of itself. Engaging with under-served communities is still difficult, even with public involvement support from those communities. It is unfair to expect our public contributors to be able to 'fix' this for us or to assume that they can automatically guarantee engagement success for us. To address this, it is important to spend time developing links with the community to build trust and mutual understanding.



Convincing people to complete the questionnaires proved difficult as it was a new concept for them. Cultural factors also played a role as seeking medical advice was often associated with being unwell and preventive measures were not widely understood. - Peterborough-

based GP involved in the study