



Promoting Cancer Screening in Chinese Communities in Ontario

Niagara Public Health Summit

October 27, 2008

Better cancer services every step of the way

Presentation overview

- background
- the challenge
- project aim
- partnerships/collaborations
- resource kit contents & distribution
- evaluation plan
- lessons learned & implications

Cancer Care Ontario

- the provincial agency responsible for continually improving cancer services in Ontario
- developed the Ontario Cancer Plan 2008-11
- six goals, including:
 - Reduce the incidence of cancer
 - Reduce the impact of cancer through effective screening and earlier detection
- ambitious screening participation targets set

Screening participation rates

Type of cancer	Screening test	Current participation rate	2010 target
Colorectal cancer	Fecal Occult Blood Test (FOBT) Men & Women 50-74	<20%	40%
Cervical cancer	Pap test Women 20-69	70%	85%
Breast cancer	Mammography Women 50-69	63%	70%

The challenge

- illiteracy, poverty and recent immigration to Canada negatively affect women's tendency to participate in screening
 - ↳ higher morbidity and mortality
- best practices to educate newcomers include:
 - community based interventions
 - culturally appropriate materials
 - same culture educators

Approach to addressing the challenge

- develop, implement and evaluate a resource kit to assist health promoters
- include breast, cervical, colorectal screening and some cancer prevention messages
- establish a working group of health promoters in Chinese communities from across the province
- use a collaborative approach

Project aim



To increase capacity of health promoters to deliver programming to raise awareness and uptake of breast, cervical and colorectal screening in Chinese communities in Ontario.

To increase public knowledge of screening guidelines and how to access the tests.

Key milestones

- advisory group meeting & recommendations (Sept 06)
- funding confirmed and project plan approved (Dec 06)
- working group established roles & key barriers to screening
- developed materials
- plain language review
- translation to Traditional Chinese
- focus test materials (2 groups in Mandarin, 2 in Cantonese)
- final approval of materials
- announcement of resource kit availability and order form
- kit distribution (March 08 - present)
- final evaluation (spring 09)

Kit includes:

- Introductory letter (English)
- PowerPoint Presentation: “Cancer Screening: What You Should Know” CD (Traditional Chinese & English)
- Sample Poster and Bookmark (Traditional Chinese) and order form
- Supporting Resources (Traditional Chinese) and order forms
- Order form for laminated flip-chart version of the presentation (Traditional Chinese & English)
- Evaluation tools (English)

Kit resources



癌症普查 挽救生命

Cancer Screening Saves Lives

我在什麼時候需要接受普查？

乳癌： 年滿50歲的婦女應當作乳房X光造影檢查，一般來說每2年檢查一次。

子宮頸癌： 只要曾經有性生活，所有婦女每年一次，連續3年，便需要做一次柏氏抹片檢查。如果試驗結果正常，建議每2-3年做一次柏氏抹片檢查，直至70歲為止。

結腸直腸癌： 年滿50歲在一般風險水平的男士和女士應每2年做一次大便隱血檢查 (FOBT)。家族中有患結腸直腸癌歷史的男士及女士，應每5年做一次結腸鏡檢查。

請和你的醫生或護士討論這些檢查和你的家族病史。你可能需要較早開始普查或更頻密做測試。

如需要更多資料請聯絡：

- 你的醫生或護士
- 加拿大癌症協會
- 安大略省癌症協會 1-800-668-8334 或 www.cancercafe.on.ca
- 在多倫多地區 1-888-699-3333 (你可以要求中文服務) 或 www.cancer.ca

© Cancer Care Ontario / Action Cancer Ontario 2017

Communication & distribution

- Broad e-mail announcement to 135 potential users (mid-February 2008)
- 73 kits ordered to date:
 - 21 PHU
 - 20 CCS
 - 17 OBSP
 - 5 Hospitals
 - 5 CHC's & Chinese community organizations
 - 5 Universities and students
- 11 groups declined

Evaluation

Resource kit usefulness and effectiveness:

1. Order form. To find out who wants the kit and why others not interested (mid-February 08)
2. Pre-use evaluation. To acquire initial feedback on contents (Spring 08)
3. Resource kit evaluation. To measure perceived usefulness of kit and contents. Survey monkey (Spring 09)

Pre-use surveys

- 12 completed
- overall very positive
- resources are high quality and user-friendly
- requests for kits to reach other immigrant/newcomer populations: Arabic, Hindi, Somali, Punjabi, Urdu, Russian, Vietnamese

Lessons learned

- very labor intensive process
- very time intensive process
- there is a need for resources for other underscreened and multi-cultural communities
- keep ordering information and process simple

Implications

- will provide basis for a model that can be transitioned to other under-screened communities
- utilize learnings for future development of multi-cultural initiatives