MAKING IT HAPPEN

TOGETHER

INCREASING CANCER SCREENING RATES FOR SOUTH ASIANS IN PEEL

2013

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CENTRE FOR RESEARCH ON INNER CITY HEALTH

Acknowledgements/Credits

This report is based on research conducted for the Peel Cancer Screening Study that was funded by the Canadian Institutes of Health Research. The goal of this study was to identify barriers to breast, cervical, and colorectal cancer screening for South Asians in the Peel region of Ontario, and build capacity for the community to reduce these barriers. This research would not have been possible without the generous support of Peel Public Health, Punjabi Community Health Services and Cancer Care Ontario. We also are grateful to those who assisted with the research (*) and with writing this report (+) including:

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Contents

Introduction

The Centre for Research on Inner City Health (CRICH) is based at St. Michael's Hospital in Toronto, and is focused on reducing health inequities. We work in partnerships to produce evidence that can be used in practice. In 2010, researchers from CRICH asked community members and organizations in Peel Region, Ontario to help identify barriers to breast, cervical and colorectal cancer screening faced by South Asians*. Since those initial conversations, we have worked together to identify a range of rich information that can be used by organizations interested in implementing interventions to reduce barriers to cancer screening for South Asians and/or other racialized ** groups. Two findings rose to the top. First, barriers to cancer screening are complex.[1,2] No one intervention or organization can address the problem. What can help, however, is collaboration. What is needed in Peel – and across the health care system – is an intricate web of ongoing and active relationships between community agencies, primary care physicians, testing facilities, hospitals, cancer-related organizations, grassroots groups and community residents.[1, 3, 4, 5]

Our second key finding is that patients themselves are generally not the root cause of low cancer screening rates. Those who work within the healthcare system may look to externalize problems, and might even see patients as the problem. Our research demonstrates that, in fact, many barriers to screening are due to the health system, health service providers and society at large. As with most health issues, when it comes to improving cancer screening rates, context is everything.[1] With this report, we hope to share some contextual information that organizations can use to help remove barriers to screening and reduce health inequities for South Asians in Peel, and for other groups with low rates of cancer screening across Ontario.

What you need to know

1. Early detection of cancer through screening can save lives.[6, 7]
2. Evidence suggests that immigrants, people who are racialized, people living on low incomes and people who are geographically isolated are under-screened for cancer in Canada and the U.S.[8-14]
3. Cancer screening tests are offered at no cost through the health care system in Ontario.[6]
4. This report identifies some barriers to cancer screening faced by South Asians in Peel Region. It also suggests some ways organizations can work together to help promote screening and increase access.

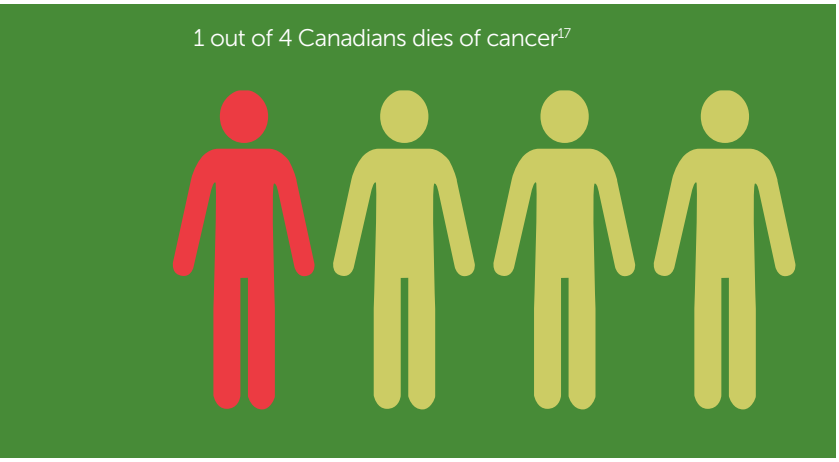
Why we created this report

We created this report for community agencies, health organizations, health providers, public health units, community groups and community leaders. The intent is to share our research in the hope that it can be used to strengthen programs and collaborations to improve cancer screening rates for South Asians in Peel Region and across Ontario. This report is not designed to offer a specific plan of action or comprehensive information about cancer screening.

* We broadly defined South Asians as people with Indian, Pakistani, Bangladeshi or Sri Lankan ancestry, and included both people born in Canada and people who have immigrated to Canada. However, we acknowledge that South Asian communities are incredibly diverse on many levels including linguistic preferences, religious beliefs and socio-economic status.

** "The term racialized is used to acknowledge "race" as a social construct and a way of describing a group of people. Racialization is the process through which groups come to be designated as different and on that basis subjected to differential and unequal treatment. In the present context, racialized groups include those who may experience differential treatment on the basis of race, ethnicity, language, economics, religion (Canadian Race Relations Foundation, 2008)."[15]

Early detection of cancer through screening can save lives



Cancer is the leading cause of death in Canada.[16] Finding cancer when it first develops means there is a better chance of saving a life that otherwise could have been lost.

Health service providers should encourage people at specific ages to receive the appropriate screening tests to detect cancer early:

Cancer Type	Screening Test
Breast cancer	Mammogram
Cervical cancer	Pap test
Colorectal cancer	Fecal occult blood test (FOBT)

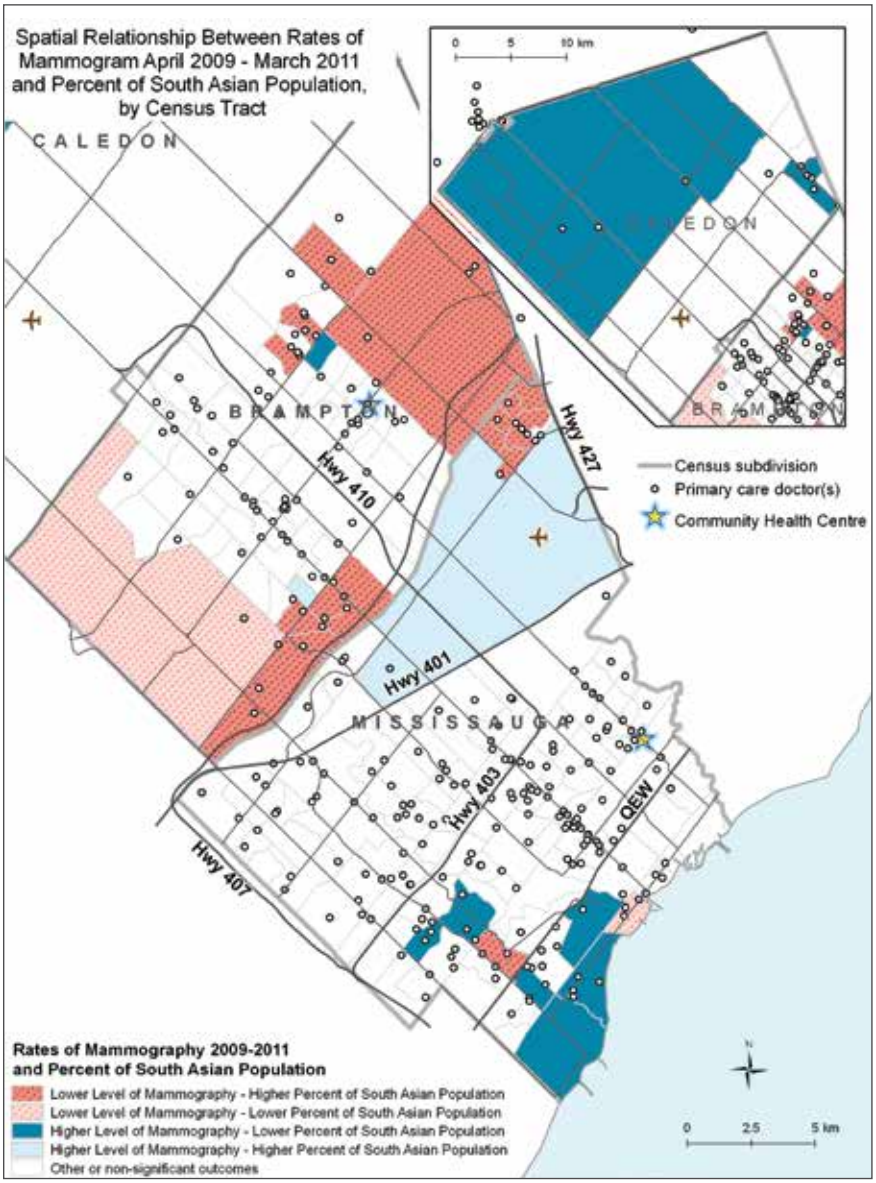
Health service providers do not routinely screen for other types of cancers because research does not support a life saving benefit from other tests. For details about who should get screened for cancer, and when, please go to: www.cancercare.on.ca or www.cancer.ca.

While cancer screening rates* in Ontario are not markedly different than the rest of Canada, research suggests that there are inequities in the province for cancer screening for certain subgroups, including people with low incomes and immigrants. Evidence suggests that South Asians are a group that is particularly vulnerable to under-screening.[18-24]

We chose to focus our research on cancer screening in the Region of Peel. Peel is an area of 1.3 million people that includes Caledon, Brampton and Mississauga. It has the highest concentration of South Asian residents in Ontario. At the time of our study, Peel Region also had cancer screening rates slightly lower than other Ontario regions and partners motivated to improve health and health care access for South Asians.

* When we refer to 'cancer screening rates' in this report, we are talking about age-appropriate screening for breast, cervical and colorectal cancers.

Where are screening rates low?



This section of the report is based on the publication:

Lofters AK, Gozdyra P, Lobb R. Using geographic methods to inform cancer screening interventions for South Asians in Ontario, Canada. BMC Public Health. 2013;13:395.

Within Peel Region, we identified areas that would be a good place to start implementing and testing programs designed to increase cancer screening rates for South Asians. Using health and census data, we identified a geographic area with relatively low screening rates and a relatively large South Asian population. Partner organizations recognized and reinforced the validity of this location.

This map shows deep pink areas that represent a 'high risk' area of Peel with relatively low breast cancer screening rates and a relatively high South Asian population. These areas in eastern Brampton and northeastern Mississauga are a good place to start implementing and evaluating interventions. Maps that show the corresponding high risk areas for cervical and colorectal cancer screening are in Appendix 2. The high risk areas were consistent across screening types. In the high risk area, we found screening rates for:

- Breast cancer as low as 48.5% compared to 63.4% in the general Ontario population.
- Cervical cancer as low as 51.1% compared to 67.6% in the general Ontario population.
- Colorectal cancer as low as 42.5% compared to 58.3% in the general Ontario population.

Why are screening rates low?

This section of the report is based on the publication:

Lobb R, Pinto AD, Lofters AK. Using concept mapping in the knowledge-to-action process to compare stakeholder opinion on barriers to use of cancer screening among South Asians. Implementation Science. 2013;8:37.

We asked 53 community members in Peel including South Asian residents, health providers and representatives from community agencies and health service organizations to share their ideas about what barriers South Asians face to screening for breast, cervical and colorectal cancer.

All groups agreed on the top-rated barriers – *'limited knowledge among residents,' 'ethno-cultural discordance,' and 'health education programs'* – which suggested actions organizations and groups can take to promote increased screening.

Themes included the need for:

- **Logistical supports** like shorter wait times for appointments; interpretation services; transportation help (e.g. bus fare); and access during hours that do not interfere with employment and other responsibilities.
- **Educational materials** that are well-translated, easy to understand, include endorsements from credible community sources and are distributed through media outlets accessed by South Asian residents. These materials should include information about:
  - Cancer screening – when and how to get it, and that it is free of charge;
  - Cancer risk factors, and the success of cancer treatment;
  - Using the health care system for prevention – before you get sick.
- **Cultural competency training** that emphasizes respect for South Asian cultures and traditional notions of health.
- More **female health providers.**
- **Primary care physicians who emphasize the need for screening,** listen to concerns and answer questions.
- Additional **health providers and technicians from South Asian cultures** and who speak South Asian languages.

To see a full list of barriers, please see Appendix 1.

The goal of cultural competence is to create a health care system that can deliver high quality care to every patient regardless of their race, ethnicity, culture, religion or language proficiency.[25] To make this happen, health care organizations will need to include greater diversity in leadership and in the health service provider network. In addition, to help ensure that the cultural and linguistic perspectives of patients are recognized and respected by the health system, health provider organizations should provide their staff specific training in cultural competence.[25]

While there was broad agreement between community agencies, health service organizations, health providers and community residents as to the top barriers to screening, the differences are worth exploring. Community residents, for example, were the only ones who highly rated 'cost' – both in terms of lost wages and perceived cost of tests – as a barrier for colorectal cancer screening. Health service organizations, including health providers, were the only ones who highly rated 'limited knowledge among physicians' as a barrier for all types of cancer screening. This included barriers like:

- Primary care physician does not emphasize the need for cancer screening;
- Primary care physician does not equally emphasize the need for mammograms, Pap tests and FOBTs;
- Primary care physician perceives lower risk of cancer among South Asians.

These research findings are important, because a physician recommendation is one of the strongest predictors of cancer screening. More generally, these results speak to the importance of talking to various stakeholders when designing interventions. We also found that agreement about which barriers to cancer screening were most important was greater among South Asian residents and the community service organizations (Pearson Correlation measure*: breast 0.84; cervical 0.80; colorectal 0.80) than for South Asian residents and local health service organizations (Pearson Correlation: breast 0.42; cervical 0.50; colorectal 0.31). The similarities in opinion demonstrate the level of knowledge that frontline line community workers often have about communities, and the importance of collaborations between health providers and community agencies.

* In our study Pearson Correlation measured the strength of the agreement about the importance of barriers to cancer screening between South Asian residents and community agencies and health care organizations (1.0 = perfect agreement, 0.0 = no agreement).

What can organizations do about inequity in cancer screening?

Because many of the barriers to cancer screening were at the organizational level, we surveyed organizations that provided services to promote screening for breast, cervical or colorectal cancer for South Asians to learn about how they communicated to provide outreach, education, navigation or clinical services. We identified 22 organizations in this informal "South Asian cancer screening network" in Peel including the provincial lead for cancer screening, the designated cancer treatment centre for Peel Region, the regional public health department, two hospitals, two community health centres, seven screening facilities and seven community organizations with non-clinical services targeted to South Asian residents (e.g. settlement services, neighbourhood organizations).

The results of the survey will be published in the American Journal of Public Health:

Lobb R, Carothers BJ, Lofters AK. Using organizational network analysis to plan cancer screening programs for vulnerable populations. Am J Public Health; In Press.

These results will be used to identify opportunities to strengthen existing linkages among organizations and develop new linkages.

Our research to date indicates that there is tremendous potential for ethno-specific organizations to improve outreach and communication about cancer screening for immigrant groups and to play a key role in cancer screening networks because they often have very strong links to communities.[1,28] However, collaborations among organizations must be equitable. Collaborations among health service organizations and ethno-specific community organizations will only work if the learning is mutual and the benefits are reciprocal.

By operating as a cohesive system through communication, collaboration, and referrals, the South Asian cancer screening network can contribute to better coordinated care and therefore improved health outcomes.[4,5,26] Active networks can be effective ways to leverage scarce resources, reduce redundancies, standardize messages, and fill gaps in service.[4,5,27]

How can area organizations help remove barriers to screening for South Asians in Peel Region?

The research we have conducted tells us that by considering the real world barriers listed in this report, by considering those areas of Peel identified as high-risk, and by working collaboratively and equitably to improve outreach and communication, area organizations can begin to help reduce cancer screening inequities for South Asians in Peel.

We hope that organizations in Peel and elsewhere can use the information in this report to inform the development of methods, approaches and interventions to increase cancer screening among racialized subgroups of the population. The Canadian Cancer Society has already begun to use our research to adapt the Screening Saves Lives (SSL) program for South Asian communities in the Region of Peel. SSL is a health promotion initiative that uses peer volunteers (lay health educators) who are trained to engage friends, families, colleagues and social networks in conversations about breast, cervical, and colorectal cancer screening. Organizations and health providers in Peel can get involved with SSL by:

- Joining the SSL community advisory group;
- Referring volunteers to be trained as lay health educators;
- Requesting presentations from lay health educators for programs or groups.

For more information or to get involved with SSL, please contact Anna Sangha at: asangha@ontario.cancer.ca

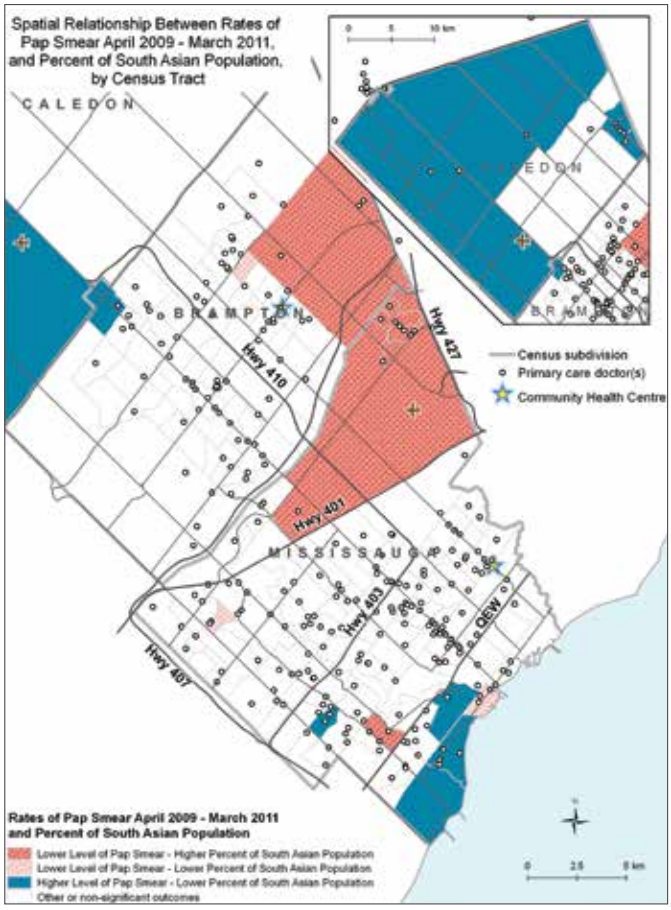
Appendix 1: Barriers to cancer screening faced by South Asians in Peel region as identified by 53 South Asian community residents, health providers and representatives of community and health service agencies.

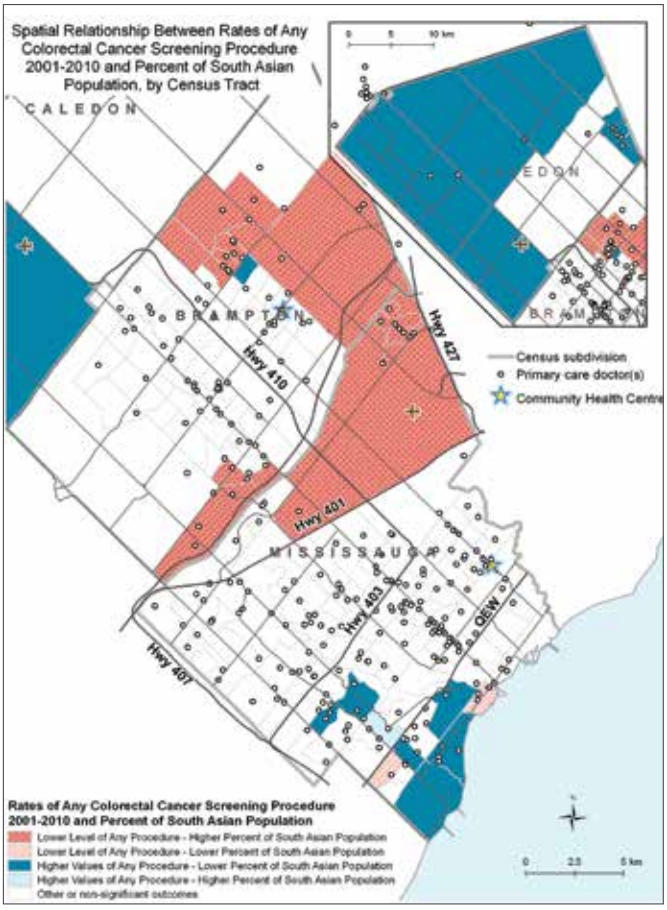
Study participants identified the categories below as barriers to cancer screening for South Asians in Peel. The participants were then asked to rate each barrier based on the question: "How likely is it that addressing this barrier would increase the use of mammograms, Pap tests or fecal occult blood tests among South Asians in Peel?" A green dot (●) indicates a barrier that received a rating of average or below. A red dot (●) indicates a barrier that received a higher than average rating. Organizations should pay special attention to barriers marked in red.

Description of Barrier	Mammograms	Pap Tests	FOBT
Patient's beliefs, fears, lack of social support			
Patient experiences emotional or physical discomfort about tests (e.g. fear, pain, concern about invasiveness or embarrassment, or reluctance to handle feces).	●	●	●
Patient is afraid that cancer will be detected (i.e. stigma, neglect by family).	●	●	●
Patient is uncomfortable with starting a discussion about cancer or cancer screening with their physician.	●	●	●
Patient fears going to the tests alone.	●	●	●
Patient has religious beliefs about modesty.	●	●	●
Patient does not have family and friends experienced with cancer screening to endorse participation.	●	●	●
Patient fears going to hospital.	●	●	●
Patient is afraid of the side effects of treatment (e.g. loss of hair, loss of weight, pain, etc).	●	●	●
Patient is concerned about a lack of confidentiality.	●	●	●
Females and their health are worthless in some families.	●	●	●
Female patient is not able to access cancer screening unless her partner approves.	●	●	●
Limited knowledge among patients			
Patient has limited accurate knowledge about cancer and risk factors.	●	●	●
Patient has limited knowledge about the success of cancer treatment.	●	●	●
Patient has limited knowledge about cancer screening tests.	●	●	●
Patient does not know how to access tests.	●	●	●
Patient is not familiar with the Canadian health care system.	●	●	●
Patient does not prioritize cancer screening.	●	●	●
Patient has limited knowledge about using the health system when not sick.	●	●	●
Cost			
Patient experiences loss of time and wages to see the primary care provider.	●	●	●
Patient has difficulty accessing transportation, including cost.	●	●	●
Patient is concerned about cost associated with specialized tests.	●	●	●

Description of Barrier	Mammograms	Pap Tests	FOBT
Ethno-cultural discordance with the health system			
Education programs do not offer materials that are well translated and culturally appropriate.	🔴	🔴	🔴
The Region of Peel does not have enough female primary care providers.	🔴	🔴	🟢
The Region of Peel does not have enough primary care providers and technicians from South Asian cultures or who speak South Asian languages.	🟢	🟢	🟢
The health system does not respect or accommodate the culture and traditional notions of health care among South Asians.	🟢	🟢	🟢
Limited knowledge among physicians			
Primary care physician does not equally emphasize the need for mammograms, Pap tests, and fecal occult blood tests.	🔴	🔴	🔴
Primary care physician does not emphasize the need for cancer screening.	🔴	🔴	🔴
Primary care physician perceives a lower risk of cancer among South Asians.	🟢	🔴	🟢
Primary care physician lacks regard for patients' personal choice about whether cancer screening should be completed.	🟢	🟢	🟢
Primary care physician is unaware of guidelines for cancer screening.	🟢	🟢	🟢
Primary care physician is unaware of cancer screening programs.	🟢	🟢	🟢
Primary care physician does not have financial incentive to ensure cancer screening is completed.	🟢	🟢	🟢
Materials and delivery of education programs			
Education program does not provide messages through multiple mediums that are accessed by South Asians (e.g. newspaper, television, conversation with primary care provider).	🔴	🔴	🔴
Education programs do not offer endorsements or provide information through credible sources (e.g places of worship, schools, hospitals, primary care providers, community leaders, South Asian cancer survivors).	🔴	🔴	🔴
Education programs do not offer materials that are easy to understand (e.g. use pictures to convey message, low reading level).	🔴	🟢	🔴
Education programs sometimes deliver inconsistent messages.	🟢	🟢	🟢
Health system			
Patient experiences delays in getting an appointment (e.g. long wait, inconvenient times).	🔴	🔴	🔴
Patient has limited time to talk about cancer screening with the primary care provider.	🔴	🔴	🔴
The Region of Peel does not have enough partnerships between public health departments and primary care providers to promote cancer screening.	🔴	🔴	🔴
The health system does not have automated reminders to prompt primary care providers to talk with patients about cancer screening.	🟢	🔴	🔴
Patient needs to access tests by going through a physician.	🟢	🟢	🔴
The health system does not provide personal reminders from a credible authority (e.g. Ministry of Health).	🟢	🟢	🟢
The Region of Peel does not have enough primary care physicians.	🟢	🟢	🟢
The health system sometimes discontinues successful cancer screening programs.	🟢	🟢	🟢
The Region of Peel does not have enough test facilities in convenient locations.	🟢	🟢	🟢

Appendix 2


Spatial Relationship Between Rates of Pap Smear April 2009 - March 2011, and Percent of South Asian Population, by Census Tract
CALEDON
BRAMPTON
MISSISSAUGA
Hwy 410
Hwy 427
Hwy 401
Hwy 403
Hwy 407
QEW
Census subdivision
Primary care doctor(s)
Community Health Centre
Rates of Pap Smear April 2009 - March 2011 and Percent of South Asian Population
Lower Level of Pap Smear - Higher Percent of South Asian Population
Lower Level of Pap Smear - Lower Percent of South Asian Population
Higher Level of Pap Smear - Lower Percent of South Asian Population
Other or non-significant outcomes


Spatial Relationship Between Rates of Any Colorectal Cancer Screening Procedure 2001-2010 and Percent of South Asian Population, by Census Tract
CALEDON
BRAMPTON
MISSISSAUGA
Hwy 410
Hwy 427
Hwy 401
Hwy 403
Hwy 407
QEW
Census subdivision
Primary care doctor(s)
Community Health Centre
Rates of Any Colorectal Cancer Screening Procedure 2001-2010 and Percent of South Asian Population
Lower Level of Any Procedure - Higher Percent of South Asian Population
Lower Level of Any Procedure - Lower Percent of South Asian Population
Higher Values of Any Procedure - Lower Percent of South Asian Population
Higher Values of Any Procedure - Higher Percent of South Asian Population
Other or non-significant outcomes

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This report is based on three research papers:

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Referral resources for Peel

Cancer screening resources in Peel

Ontario residents can access breast, cervical and colorectal screening tests free of charge based on their age or risk factors. Residents can contact their primary care physician or go to a walk-in clinic, community health centre, public health unit or local hospital to find out if they need to get checked and how to get a referral. For information about available education materials in English or other languages, and screening guidelines and programs for breast, cervical and colorectal cancer, residents can contact any of the following **health service organizations.** Note that this is not an exhaustive list.

Ontario Breast Screening Program
Phone: 1.800.668.9304
Website www.cancercare.on.ca/pcs/screening/breastscreening/OBSP

Canadian Cancer Society
Phone: 1.888.939.3333
Website: www.cancer.ca/en

Peel Public Health
Phone: 905.799.7700
Website: www.peelregion.ca/health/topics/commdisease/cancer.htm

Cancer Care Ontario
Phone: 416.971.9800
Website: www.cancercare.on.ca

Mississauga Halton/Central West Regional Cancer Program
Email: mhcwrcp@cvh.on.ca
Website: www.trilliumhealthpartners.ca/patientservices/cancerservices

William Osler Health System (Brampton Civic Hospital) OBSP Clinic/Diagnostic Imaging Booking Office
Phone: 905.494.6688

Bramalea Community Health Centre
Phone: 905.451.6959
Website: www.bramaleachc.ca

East Mississauga Community Health Centre
Phone: 905.602.4082
Website: www.eastmississaugachc.org

You can contact the following **community service organizations** in Peel Region to learn about cancer screening education programs and to find out if any support services such as interpretation or transportation are offered to facilitate screening tests. These organizations have been active in planning and/or providing education related to cancer screening.

Aurat Health Services
Phone: 647.317.0807
Website: www.aurat.ca

Brampton Multicultural Community Centre
Phone: 905.790.8482
Website:www.bmccentre.org

Canadian Association of Multicultural People
Website: www.camp-on.com

India Rainbow Community Services of Peel
Phone: 905.275.2369
Website: www.indiarainbow.org

Malton Neighbourhood Services
Phone: 905.677.6270
Website: www.mnsinfo.org

Mississauga Halton Community Care Access Centre
Phone: 310.CCAC (310-2222)
Website: www.310ccac.ca

Punjabi Community Health Services
Phone: 905.790.0808
Website: www.pchs4u.com

For information about the Peel Cancer Screening Study, please contact Aisha Lofters at aisha.lofters@utoronto.ca or Rebecca Lobb at lobbr@wudosis.wustl.edu.