# Promoting Cancer Screening among Ontario Chinese Women

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## ABSTRACT

**Objectives:** Cancer screening participation is typically low among newcomers to Canada. Consequently, mortality and morbidity rates are higher in ethno/cultural populations. There are inherent challenges in reaching these population groups to increase awareness and participation in cancer screening. Many reports have cited the need for culturally appropriate materials and multi-pronged strategies for effective outreach in the Chinese community. This paper outlines the consultation/development process and evaluation strategy for promoting cancer screening among Chinese women with limited English language skills.

**Participants:** As Chinese is the third most commonly spoken language in Canada, this community education project focused on health promoters providing services to Chinese women 50 years and older.

**Setting:** Ontario communities.

**Intervention:** Partners and stakeholders were consulted and engaged to define the best approach to develop and distribute culturally sensitive public education resources to assist communities in realizing greater awareness of and participation in cancer screening.

**Outcomes:** Customized resource kits were developed and distributed to the target population over the course of two phases of this project. An evaluation strategy was designed and implemented to assess the impact of the project.

**Conclusion:** The process to develop culturally sensitive and evidence-based materials for Chinese is detailed in this article. This multi-year project designed and distributed customized resource kits, through consultation with partners and stakeholders. Project outcomes will be further assessed one year after distribution of the kits.

This project template may be useful for adaptation and use in other ethnocultural groups within and outside Ontario.


**Key words:** Underscreened; Chinese; cancer screening; vulnerable populations; ethno-cultural intervention; project process

La traduction du résumé se trouve à la fin de l'article.

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As in other jurisdictions,[1-11] cancer screening* participation rates among newcomers to Canada (including Asian and Chinese Canadians) are lower than those in the general population.[12-14] Low screening participation rates among women of multi-ethnic groups result in higher morbidity and mortality.[4,15-18]

It is well documented that poverty, illiteracy and recent immigration to Canada are three significant factors that influence women's willingness to participate in cervical screening.[12,14] Community organizations and various reports indicate that newcomers to North America identify language, cultural values, socioeconomic issues, modesty or preference for a female physician as significant barriers to screening.[12,19-21]

In general, common barriers to screening participation include: 1) lack of awareness and understanding of the importance of screening; 2) not knowing required screening frequency; 3) not knowing how to access screening; 4) emotional barriers (fear of Pap testing, fear of finding cancer, embarrassment, memories of negative experiences); and 5) cognitive barriers (lack of knowledge, not understanding concept of prevention).[22] Among the Chinese, cultural beliefs – including fatalism[23] – may influence attitudes, behaviour and subsequent decisions against cancer screening participation.[9,10] Low awareness and knowledge about cancer screening may be factors, but these women likely face barriers that impede their participation[17,24-26] and may require customized interventions.[27,28]

* Screening for breast, cervical and/or colorectal cancer

When this project was first developed, Chinese people comprised the largest visible minority and Chinese was the third most frequently spoken language (872,400 people) after English and French.[29] Surveys and anecdotal reports from providers working with Chinese women recommend culturally appropriate materials to promote screening in this population.[22,26,30,31] Without culturally appropriate education materials, educating cultural/ethnic groups regarding awareness and the importance of cancer screening participation is challenging.[3,4,6,9,23,26,32,33]

Yet, it is difficult to develop population-based strategies that are specific to ethnocultural groups, as there is no easy way to identify these populations. This challenge is compounded by mobility. After settling in a community, their most likely source of information is from small community and cultural groups, and health matters may not be their first priority. Beyond priorities, they may lack a basic awareness of the concept of prevention and screening.

Given this background information, the Ontario Breast and Cervical Screening Programs (OBSP and OCSP) developed a campaign in 2002-2003 to increase awareness of cancer screening among Chi-

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nese women 50 years and older. Literature on best practices recommends community-based interventions, combined with translated materials and same-culture educators to promote screening among multi-ethnic groups, including Chinese populations.[5,34-36]

Both Phase I and II of this project were intended to support Ontario health promoters by developing translated and culturally sensitive promotional and educational materials, customized for the Chinese population. The major objective was to increase awareness and screening participation. Both provincial programs have strong health promotion components and have assumed leadership roles to support stakeholder efforts to increase cancer screening rates.

The purpose of this report is to describe the development and evaluation processes regarding this project to increase community capacity for public education related to cancer screening. The project goal was to increase awareness by providing effective resources for those working with underscreened Chinese women. Community partners were engaged to facilitate collaborative development of resources/tools and define a distribution plan. This process discussion includes details regarding a proactive approach to increase awareness of cancer screening.

## METHODS

This project involved two phases, both of which were facilitated by Cancer Care Ontario's (CCO) screening unit. The first occurred in 2002-2003 and the second in 2006-2008. The requirement for two phases was precipitated by unforeseen events related to a public health crisis in Ontario (described in Results (Phase I) and Discussion).

**Phase I (2002-2003)** involved a review of potential project goals and activities by engaging existing advisory committees to both cancer screening programs. Both programs rely on collaboration with key stakeholders in planning and implementing health promotion strategies. Potential partners from organizations working with Chinese communities were contacted.

Meetings with these community organizations and other individuals confirmed the need for culturally appropriate materials to promote cancer screening among Chinese women. Many organizations lacked resources to develop such materials. Some had translated a few public education resources but lacked variety. A working group comprised of health promoters (Appendix A) was struck to assist in planning and material development for a resource kit. Working group members were identified through a call for volunteers via provincial screening networks and by contacting community health centres serving large Chinese populations.

After consultation with key stakeholders, the working group was surveyed to determine preferences for kit materials. The survey included two sections: rating 1) the likely effectiveness of posters, promotional items, overhead presentations, articles for newspapers and radio public service announcements; and 2) the importance of seven barriers to screening reported in the literature.

The principal barriers to screening identified by the surveys and stakeholder input were addressed by including key messages regarding these topics in the resource kit. The kits and new promotional materials (Appendix B) were distributed to public health units and community groups to plan outreach initiatives in their areas. Feedback from recipients of the kit was obtained by survey.

**During PHASE II (2006-2008),** and after the low uptake of materials distributed in Phase I, an advisory group* met to assess the feasibility of updating the 2002/2003 resource kit. After confirming the need, the group defined what resources should be included. Since the original group had not been active since 2003, an open call was issued to form a second provincial working group to provide guidance for an updated initiative. "Promoting Cancer Screening in Chinese Communities" was funded jointly by Cancer Care Ontario (CCO) and the Canadian Cancer Society (Ontario Division).

The working group included representation from public health units, community health centres, Canadian Cancer Society, a hospital and university students who were part of the Chinese community. Members met by teleconference quarterly for just over a year; a smaller subgroup met more frequently to provide input on the content, design and translation of materials. To inform key messages, members were surveyed (Appendix C) regarding perceived barriers and obstacles that impede health promotion efforts in the Chinese population regarding cancer screening (breast, cervical and colorectal cancer). Women's limited awareness of screening guidelines was noted as a key barrier. Consequently, clarity of screening guidelines was the major focus of material development and educational presentations.

The focal point of the complimentary multi-strategy resource kit was a PowerPoint presentation "Cancer Screening: What You Need to Know". The presentation, poster and bookmark used culturally appropriate photos and were formatted by a Chinese graphic artist. All materials (Appendix B - complete content list) were intended to assist health care providers, health promoters and community workers who promote breast, cervical and colorectal screening within the Chinese community. A clear language review of content was completed prior to translation into Traditional Chinese. Four focus group tests in both Cantonese and Mandarin were held. Final revisions were made in October 2007.

The evaluation plan and tools were developed through consultation with Ontario's Public Health Research, Education and Development Program (Appendix D). A communications plan was developed. Information about the resource and ordering information was distributed to a broad audience in mid-February 2008 (Appendix E).

## RESULTS

### Phase I

Survey respondents from community organizations identified the following individual-level barriers to screening *(most to least important):* individual risk perception, modesty, needing doctor's recommendation, no/limited awareness of screening guidelines/early detection/prevention, insufficient time, concern for cost of screening. Other barriers included 'English as a second language', having a male doctor, discomfort with a physical exam and lack of transportation. Where possible, these barriers were addressed in kit materials. However, some barriers are most effectively addressed at the local level, e.g., transportation and access.

After kit distribution, 11 of 74 (14.8%) recipients reported using the resources and only 6 used resources directly with the intended population. This very limited uptake of the resource kits was attributed to the fact that material distribution coincided with the first SARS episode in the Spring of 2003. Public health unit activities were diverted to SARS activities over most of that year.

* comprised of organizations promoting cancer screening to Ontario's Chinese communities

Nevertheless, several public health units, with established lay health education programs in their Chinese communities, reported extensive use of the materials. A follow-up survey to determine specific reasons for low uptake also revealed (in addition to the challenges related to SARS) that some public health units did not order additional materials, despite awareness, as they did not understand that there was no charge. Ease of use and no/minimal cost were factors that influenced use of resources. Material adoption was too low to assess utility of kit components.

### Phase II

In mid-February 2008, potential users (Appendix E) were notified by email of the availability of Phase II resource kits. As of mid-June 2008, 69 kits were ordered and distributed. Additionally, 13 respondents provided feedback; 11/13 reported either that it was not relevant in their community or that no linkage had been established with the Chinese community. Some recipients have forwarded the notice to colleagues; consequently, orders have been received from people outside of the original distribution list of 135 names and organizations.

Although only 11 pre-use surveys have been returned to date (16% response rate), feedback has been very positive. All respondents indicated that the resource kit will be "very useful" in their work and 89% reported that it is "very relevant". Content quality was rated as "excellent" by 78% of respondents.

## CONCLUSION

This article reviews the process involved in defining a need, consulting with relevant partners, and developing customized materials to meet the public education needs of a specific community population.

### Targeted provincial materials

Evidence-informed, culturally sensitive and translated resources were developed and distributed in partnership with stakeholders working with Chinese communities across the province. These resources helped to fill the identified need for appropriate materials to assist health promoters in planning effective outreach. To date, the response to these kits has been positive and health promoters are requesting similar kits to help reach other under-screened populations.

### Partnership building

Through coordinated facilitation of material development with active stakeholder engagement, enhanced interactions among CCO's screening and prevention programs and partners have been noted, including Canadian Cancer Society, public health units and other community agencies/organizations. This is a striking example of the power of collaboration with community partners and stakeholders to meet the needs of a vulnerable population. Strong partnerships are essential in developing customized interventions that are meaningful for specific target populations. Collaboration was essential for project success and to ensure that the best materials are available to meet the unique needs of specific communities and ethno/cultural groups.

### Timing is everything

It was expected that the most significant demand for Phase I kits would come from public health units. Since initial product distribution inadvertently coincided with Ontario's SARS experience, public health resources were dedicated to respond to this high-priority public emergency; uptake of the kits was therefore limited. Most Medical Officers of Health were unaware of this health promotion initiative (Phase I). When informed post-SARS, they recognized the value of these resources and asked that the project be refreshed. Phase II of this project was carried out in response to those requests from Medical Officers.

### Strengths

Both Phases of this project addressed the needs of providers and a specific target population. Both OCSP and OBSP had few Chinese materials; this project allowed for expansion of available resources. Development and effective distribution of such materials is consistent with recommendations from previous studies.[22,26,30,31] This was an ideal project to evaluate efforts to increase community capacity via customized resources for a specific target population that may not respond to public awareness campaigns and strategies aimed at the general population.

### Limitations

A collaborative/consultative process, while necessary, can be labour and time intensive. Working in two languages increased the time and resources necessary for a successful project. It was not possible to measure the impact of this initiative with respect to awareness and screening participation. Neither screening program has individual identifiers in databases with the capacity to track participation rates among specific ethnic groups.

Developing provincial materials is time consuming and intended for general, multiple purposes. This project developed resources for a specific population which provided consistent messages, thereby allowing more time for health promoters to plan outreach activities.

In conclusion, key provincial priorities and aggressive screening participation goals have been defined[37] to facilitate early detection of precancerous lesions and cancer of the breast, cervix or colorectum. Additional strategies are required to effectively reach vulnerable populations. In this project, stakeholders and partners confirmed the need for community-based interventions, and the development of culturally appropriate translated materials for same-culture educators to promote screening among multi-ethnic groups.

Evidence supports the need for targeted and multi-faceted strategies to effectively increase awareness and screening participation. This project documents the challenges and successes of developing customized resources for a specific ethno/cultural group. Despite the challenges impeding successful distribution in Phase I and the ongoing monitoring of uptake from Phase II, stronger community partnerships have emerged. Findings regarding project processes and outcomes may be useful for the design and implementation of customized initiatives in other jurisdictions and with other populations, e.g., specific ethnocultural groups, Aboriginal groups, those of low literacy or those who live in poverty.

Final evaluation in the Spring of 2009 will address the utility and effectiveness of the resource kit and potential impact on screening behaviour in this population.

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## Appendix A. Working Group Representation

**Phase I**
Community Health Centres (South Riverdale and Somerset West)
Immigrant Women's Health Centre
OBSP (Provincial and Ottawa region)
OCSP
Public Health Units (Waterloo and York Region)
St. Stephen's Community House
University Health Network (Toronto Western Hospital)

**Phase II**
Canadian Cancer Society, Ontario Division
Community Health Centres (South Riverdale and Somerset West)
Hamilton Public Health
Interested citizens
Mount Sinai Hospital (Koffler Breast Centre)
OBSP (Provincial and Ottawa region)
OCSP
Public Health Units (Ottawa, Peel and Toronto)

## Appendix B. Resource Kit Materials in Both Traditional and Simplified Chinese

**Phase I**
- Key messages for distribution at health fairs or educational displays.
- Articles on breast and cervical screening for submission to community newspapers or newsletters.
- The breast and cervical screening PowerPoint presentations (slides and speaker notes) to be used for group presentations.
- Script for radio Public Service Announcements for media campaigns with local radio stations.
- A promotional item (emery board).
- OBSP and OCSP program materials (fact sheets and a Breast Self-Exam video in Mandarin and Cantonese).

**Phase II**
- Introductory letter with guidelines for use
- PowerPoint presentation
- 11 x 17" poster
- Bookmark
- Supporting resources
- Laminated table-top flip chart presentation of Powerpoint
- Ordering information
- Evaluation tools and instructions

## Appendix C. Key Messages/Barriers to Screening Survey

Thank you for taking the time to complete this survey.
If possible, please reply by February 16th, 2007.

**Purpose:** To develop health promotion materials on breast, cervical and colorectal screening that will be effective in reaching Chinese women and can be used in all regions across the province. **Note:** this project will include messages for men due to the colorectal screening content, however, it is primarily targeted at women.

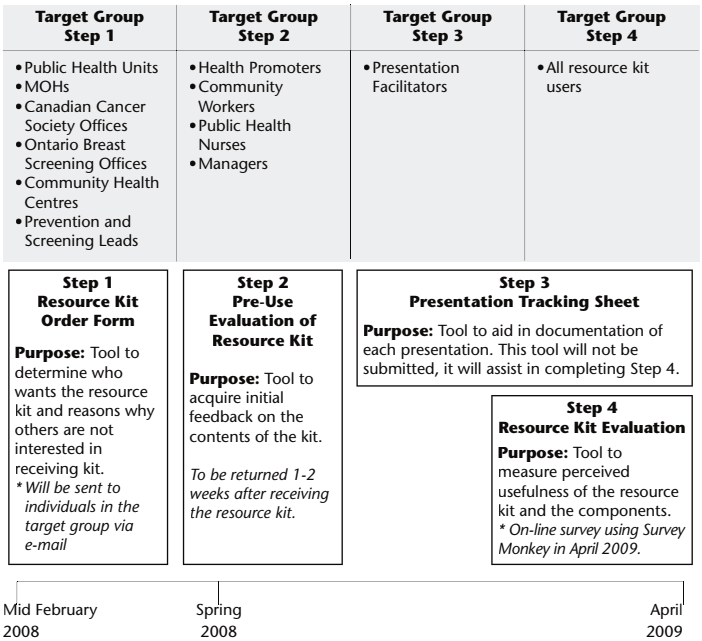
There are many barriers that can stop women from going for screening. We will address some of these in promotional materials and would appreciate your assistance to determine which ones to focus on in messaging.

From your experience, please rank the following issues to be addressed: with 1 being the MOST important and 8 being the LEAST important.

Also, if there are other barriers or issues that you think are a must for us to address in the promotional materials, please note these in the space provided.
- ☐ Women may not think they are at risk.
- ☐ Women may not appreciate the importance of early detection and prevention.
- ☐ Women may not be aware of breast and cervical screening guidelines.
- ☐ Women may not be aware that services are free of charge.
- ☐ Women may not take time for their health.
- ☐ Women may not participate unless their doctor suggests it.
- ☐ Women may not have a family doctor.
- ☐ Modesty.

Other (please specify): _____

## Appendix D. Process Evaluation of Joint Chinese Initiative




## Appendix E. Phase II Resource Kit Distribution, February 2008

- Canadian Cancer Society (Ontario Division – local/regional offices and diversity consultants)
- Canadian Breast Cancer Foundation
- Colorectal Screening Program (Regional Points of Contact)
- Community Health Centres (as identified by partners)
- OBSP (Regional Centres)
- OCSP Collaborative Group
- OCSP Recruitment, Education and Communications Committee
- Ontario Public Health Units (Medical Officers of Health and Nursing Staff)
- Prevention and Screening Leads – CCO Division of Preventive Oncology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## RÉSUMÉ

**Objectifs :** La participation au dépistage du cancer est habituellement faible chez les nouveaux arrivants au Canada. Par conséquent, les taux de mortalité et de morbidité sont plus élevés chez les populations ethnoculturelles. Il existe des défis inhérents à surmonter pour atteindre ces groupes de la population afin de les sensibiliser davantage et d'accroître leur participation au dépistage du cancer. De nombreux rapports ont cité le besoin de documents pertinents sur le plan culturel et de stratégies à volets multiples afin d'atteindre efficacement la collectivité chinoise. Cet article souligne le processus d'élaboration et de consultation ainsi que la stratégie d'évaluation pour la promotion du dépistage du cancer chez les Chinoises ayant une connaissance limitée de l'anglais.

**Participants :** Étant donné que le chinois représente la troisième langue la plus parlée au Canada, ce projet d'éducation de la collectivité est centré sur les promoteurs de la santé offrant des services aux Chinoises de 50 ans ou plus.

**Lieu :** Collectivités ontariennes

**Intervention :** Nous avons consulté les partenaires et les intervenants et leur avons demandé de définir la meilleure méthode pour élaborer et distribuer des ressources d'éducation du public respectueuses de la culture afin d'aider les collectivités à être plus familières avec le dépistage du cancer et à y participer davantage.

**Résultats :** Nous avons élaboré des trousses de ressources personnalisées et les avons distribuées à la population cible au cours de deux étapes de ce projet. Nous avons conçu une stratégie d'évaluation que nous avons mise en œuvre afin d'évaluer les répercussions du projet.

**Conclusion :** Dans cet article, nous présentons en détail le processus d'élaboration de documents fondés sur des données probantes et respectant la culture à l'intention des Chinois. Ce projet pluriannuel a permis de concevoir et de distribuer des trousses de ressources personnalisées grâce à des consultations avec des partenaires et des intervenants. Nous évaluerons davantage les résultats du projet un an après la distribution des trousses.

Ce modèle de projet peut être utile pour l'adaptation et être utilisé avec d'autres groupes ethnoculturels à l'intérieur et à l'extérieur de l'Ontario.

**Mots clés :** dépistage insuffisant, Chinois, dépistage du cancer, populations à risque, intervention ethnoculturelle, processus de projet