Council Direction:

Not applicable

Information:

Immigrant women are less likely to obtain cancer screening tests than non-immigrant women (Gentleman and Lee, 1997). Public Health Nurses in the Chronic Disease Prevention - Adult Program together with a research consultant from the Public Health Research Education & Development Program within the City of Hamilton developed a creative approach to address this issue and meet the mandate for the Early Detection of Cancer in the Mandatory Health Promotion Programs and Services Guidelines (Ministry of Health and Long Term Care, 1997).

The project, called Women’s Health Educators (WHE), was developed to evaluate how peer health educators could work with women of the same culture to improve women’s health and to encourage screening for breast and cervical cancers. Public Health Nurses are integral to the role. They train and mentor the WHE’s to reach groups in the community who are not reached with “usual” mainstream approaches, to reduce barriers to breast and cervical cancer screening. Due to the success of this innovative pilot project completed in the spring of 2005, this program was approved to be continued as part of the Healthy Living Division in Public Health Services, during the 2005 budget process.

Background

Cancer is a major health care issue and is the leading cause of premature death in Canada (Canadian Cancer Society, 2006). Women’s cancers have a significant impact on
women and their families. Improvements in treatment and early detection of women’s cancers have been shown to reduce mortality. Research has identified that women who are poorer, less educated, aged more than 60 years, rural, immigrant, aboriginal and those whose mother tongue is neither official language are under-screened for breast and cervix cancers (Goel, 1994).

In 2001, 20.5% of immigrant women in Hamilton aged 18 years and over had never had a Pap test, compared to approximately 10% of non-immigrant women. Peer educators have been shown to effectively increase cancer-screening rates within some cultural groups (Oelke, 2002).

Overview of the WHE Pilot Project
In September 2003, two women health educators were hired to teach and support women from their Vietnamese and Chinese communities about how to access health services for cancer screening. To reach women from their ethno-cultural community, the WHE’s invited women to group sessions called ‘tea parties’. Through follow-up phone calls, immigrant women were assisted to overcome barriers and, when needed, women were accompanied to screening appointments for language and emotional support.

From October 2003 to February 2005, the Women Health Educators delivered 50 presentations to approximately 517 women (341 Chinese and 176 Vietnamese) and 44 men and children in a variety of community locations.

Before receiving the presentation, 38% of Chinese women and 45% of Vietnamese women reported that they had never had a pap test. Of the women over fifty years, 46% of Chinese and 35% of Vietnamese women had never had a mammogram. At four months after the WHE presentation, 77% of the Chinese women and 74% of the Vietnamese women reported they had obtained a pap test. These were women who were due for cancer screening according to Canadian guidelines and who answered the evaluation. Since attending a presentation, 83% Chinese women and 75% Vietnamese women had a Clinical Breast Exam (CBE). Among women over fifty years, 67% of the Chinese women and 64% of the Vietnamese women were screened with mammography. Evaluation data showed that women experienced significant barriers including language difficulties, having no doctor, not having access to a female health care provider, and being too busy with their lives to make the time for their own health care. Part of the Women’s Health Educators’ role was to assist women to overcome these and other barriers.

Other successes from the pilot project:
- Significant connections were made with the Vietnamese and Chinese communities and other ethno-racial groups
- Women learned how to access the health care system (find a Family Physician) and influence other women to obtain appropriate health care.
- Translation and distribution of educational materials into languages that had been previously unavailable
- Community leaders have been identified to help advise the project, forming a WHE Community Advisory Committee
- Diverse populations have increased awareness about services provided by Public Health (e.g. Dental, Parent Child services)
Present Status of WHE Program
The Women’s Health Educators (WHE) program has continued within the Chinese and Vietnamese communities. Two new WHE’s have started as of June 6th, 2006; one from the Arabic-speaking community and one from the South Asian community who speaks Hindi, Punjabi and Urdu.

2006 Objectives for the WHE program are:
- To continue to help women learn how to access health care services
- To increase immigrant women’s knowledge and adoption of healthy living behaviours for chronic disease prevention.
- To expand the program to include Arabic and Punjab communities
- To increase cultural competency of Public Health Nurses and other public health staff
- To strengthen and form partnerships with health service agencies and community groups.
- To distribute translated printed materials as appropriate
- To disseminate lessons learned locally, provincially, and nationally.

Presently, the program offers free educational sessions on various topics: Health Services in Hamilton, Women’s Health (including cancer screening), Nutrition (presented by city staff Dieticians and interpreted by the WHE’s) and in 2007, will expand to other chronic disease prevention.

Cultural appropriate evaluation tools have been developed to address key common chronic disease risk factors in collaboration with Chronic Disease Prevention – Adult program staff. Women who need help to access cancer screening tests are accompanied to appointments with the WHE’s for language and emotional support.

Summary
Cancer screening participation and healthy lifestyle changes for these women will be continually evaluated to determine the effectiveness of the program. Preliminary outcomes from the WHE program from November 2005 to June 2006 include conducting 26 groups reaching 200 women and some male partners. Following the presentations, women indicated that they intend to visit the family doctor for a check up, make healthy eating choices (including more vegetables and fruit), increase activity, and talk to their doctor about their care and book cancer screening tests. The WHEs have continued to accompany women for cancer screening tests to the Ontario Breast Screening Program, the Mature Women’s Health Program and the City of Hamilton, Well Women Clinic for language and emotional support.

To maintain the WHE program, the plan is to move beyond cancer screening strategies to become more integrated with chronic disease prevention initiatives in the Healthy Living Division. Finally, it will also be important to continue and build community partnerships so that the benefits of WHE’s supporting women in their individual communities are maximized. Addressing all these areas will lead to greater impact of early detection of cancer and chronic disease prevention among immigrant women and their families.
www.cancer.ca


Coughlin, S. S., Uhler, R. J., Hall, I., & Briss, P. A. Nonadherence to breast and cervical cancer screening: What are the linkages to chronic disease risk? Vol. 1 Center for Disease Control.


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