

Mobilizing Newcomers and Immigrants to Cancer Screening Programs

Project Tool Kit

How to implement evidenced-based
peer-to-peer methodology and
cultural competency knowledge exchange



Canadian Cancer Society
Société canadienne du cancer



London
InterCommunity
Health Centre

ML BUREAU DE SANTÉ DE
MIDDLESEX-LONDON
HEALTH UNIT
www.healthunit.com



south west regional
cancer program
in partnership with
cancer care ontario

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London Peer Health Educator Team
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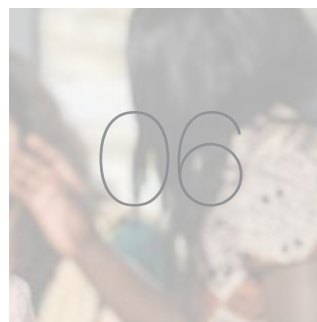
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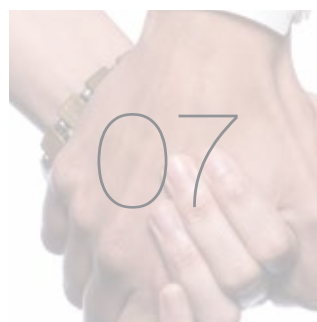
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NEWCOMERS & IMMIGRANTS

The goal was to develop, deliver and evaluate an evidence-based cancer prevention and screening service delivery model.



LESSONS LEARNED

If you catch yourself making an “assumption”- even if it is based on outcome learnings take a step back and re-examine the facts.



PEER-TO-PEER

Positive outcomes are achieved when using this model to promote awareness about reducing cancer risks and other chronic diseases.



CULTURAL COMPETENCY

An integral part of this model is to offer opportunities for health care providers to increase awareness about cultural differences.

INTRODUCTION



The “Mobilizing Newcomers and Immigrants to Cancer Screening Programs” project resulted in a tremendous learning experience that the project partners would like to share and endorse as an evidence-based model for addressing cancer care disparities. A predominant outcome of this project is recognizing that each individual immigrant community requires a different approach to

achieve health equity. By sharing this model and key measures of success, it can be implemented in other under and never screened immigrant communities across Canada.

The purpose of this tool kit is two-fold:

- 1) Provide a comprehensive resource for working with under

and never screened populations using an evidence-based, peer-to-peer model to help reduce barriers, increase awareness and mobilize participants to cancer screening programs.

- 2) Offer strategies for improving cultural competency among health care providers.

Citation and Logos:

We ask you to please cite any materials you use or adapt. To cite any of the Mobilizing Newcomers and Immigrants to Cancer Screening Programs toolkit materials for exact use or with adaptation, please state: “Adapted with permission from the Mobilizing Newcomers and Immigrants to Cancer Screening Programs Project, 2014; funded by the Public Health Agency of Canada”

PROJECT OVERVIEW



Funded by the Public Health Agency of Canada, this project aligned with the focus of their Cancer Program - Community-Based Programming. Our goal is to disseminate the project outcomes and materials as an evidence-based model to like-minded organizations across Canada.

For more information please refer to the Final Project Report at: <http://www.southwestcancer.ca> (Click on Health Care Providers at the top of your screen).

Newcomers & Immigrants

According to the Public Health Agency of Canada (PHAC), immigrant and newcomers are less likely to participate in cancer screening, have a later-stage cancer diagnosis (sometimes present when they arrive in Canada), and as a result are more likely to experience unfavourable outcomes from the disease. The goal of this project was to develop, deliver and evaluate an evidence-based cancer prevention and screening service delivery model targeted to newcomer and immigrant under/never screened populations in London, Ontario.

Target groups included two established immigrant groups - Arabic and Spanish speaking populations; two emerging newcomer groups - Iraqi and Nepalese; local family physicians,

nurse practitioners and cancer screening/treatment staff and specialists.

As project partners, the Canadian Cancer Society Elgin-Middlesex Unit, London Intercommunity Health Centre, Middlesex-London Health Unit and the South West Regional Cancer Program provided an intersection of cross cultural primary health care, cancer services, community development, and public health. Managers and content expert staff from partner organizations formed a project advisory committee to support the development of education modules, cultural competency knowledge exchange tools and resources, evaluation methodology and a sustainability plan.

Project Deliverables

- Identify and reduce barriers that limit access to cancer information and screening programs
- Increase awareness about cancer prevention and screening
- Improve cultural safety of immigrant and newcomer cancer care experience
- Promote participation of immigrants and newcomers in cancer screening

Project Activities (Appendix 1)

Peer-to-Peer

- Recruit/train trusted members of each target community who are fluent in English and the language of target population to become Focus Group Facilitators and Peer Health Educators

Knowledge Transfer

- Conduct focus groups in each target group languages to identify cancer knowledge and barriers, test content of low literacy education modules/materials, and then implement - deliver and evaluate education modules

Cultural Competency

- Develop and deliver cultural competency tools and resources for knowledge exchange with health and cancer care service providers

Implement

- Deliver culturally safe education workshops
- Mobilize target populations to cancer screening programs

Sustain

- Disseminate evidence-based model across Canada

LESSONS LEARNED

DON'T ASSUME



Take time to draw conclusions using evidence-based facts. Make no assumptions.

- Don't assume that people who speak the same language are from the same country
- Don't assume that a woman who wears a hijab (head scarf) is Muslim or that she speaks Arabic
- Don't assume that same language populations share similar dialects
- Don't assume that a target population is literate in their own language
- Don't assume that English words retain their meaning when translated to different languages
- Don't assume that all cultures want to participate in group screening
- Don't assume that people from the same country, or who those who speak the same language, share the same religion/faith based principles

DO YOUR HOMEWORK



Seek to understand the population that you are targeting — consider the iceberg analogy (what is easily seen versus what you cannot “see”).

- Learn how cultural practices/beliefs are impacted by the country of origin and faith based practices vs. language
- Recognize that social determinants of health may differ for some cultures compared to the general population based on family structure, accessibility to services, faith based beliefs, and hierarchy of decision making within family unit
- Be prepared to: remove your shoes, accommodate a call to prayer and/or open with a prayer, include Elders, adapt to variations in communication styles, and be flexible to social variables in punctuality
- Respect preference to exclude men or to have them present for approval
- Be sensitive, but don't limit information about behaviour that does not reflect the cultural norm i.e. alcohol use/premarital sex

ENHANCE CULTURAL SAFETY



Identify ways to improve the cancer care experience for immigrant populations.

- Engage trusted sources from the target community to help tell your story
- Anticipate and avoid potential cross cultural and political controversy where possible
- Choose venues relevant to target groups that are easily accessible by public transit
- Consider providing transportation (bus tickets), child care, and culturally relevant food/refreshments
- Coach staff/volunteers to be culturally sensitive
- Be sensitive to how incentives/prize draws may be perceived based on cultural practice
- Use words and examples that resonate and are recognizable by the target population

“Don't assume that same language populations share similar dialects, that they are literate in their own language, or that English words retain their meaning when translated to different languages.”

“We (immigrants) have overcome so much to come to this country, to settle and make a life. It would be a shame to then succumb to something like cancer just because we didn't understand or know about cancer screening.”

~ Dharshi Lacey
Team Lead, Immigrant and
Ethno-Cultural Programs,
London Intercommunity
Health Centre

PEER-TO-PEER PROJECT METHODOLOGY

Under/Never Screened Target Population(s)

You may already have a target population in mind. If you don't, here are some resources you may consider reviewing for input:

Statistics Canada:

- <http://www5.statcan.gc.ca/subject-sujet/theme-themeaction?pid=30000&lang=eng&more=0&HPA>

Your local immigrant portal website, i.e.:

- <http://immigration.london.ca/About-Us/Immigrant-Statistics/Pages/default.aspx>
- Newcomer settlement agency
- Intercommunity primary healthcare agency
- Multicultural association
- Cultural or faith based organizations
- Local community centre

Peer Health Educator (PHE) Recruitment and Training

PHE Recruitment:

Building trust in the target community(s) is the first step to meet the goal of this model. The Peer-to-Peer model is a proven mechanism for reaching communities through a trusted source. As an immigrant community member with lived experience, PHEs understand the unique psychosocial needs of their communities. The ideal candidate is someone who has lived experience as an adult immigrant and is a foreign trained health professional who will benefit by improving their employment eligibility. However, based on our experience, non-health professional candidates also worked effectively in this role.

According to the American Public Health Association (2009), "A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served". This trusting relationship enables them to serve as an intermediary between healthcare, social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. They also help to increase individual and community capacity by improving health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy¹.

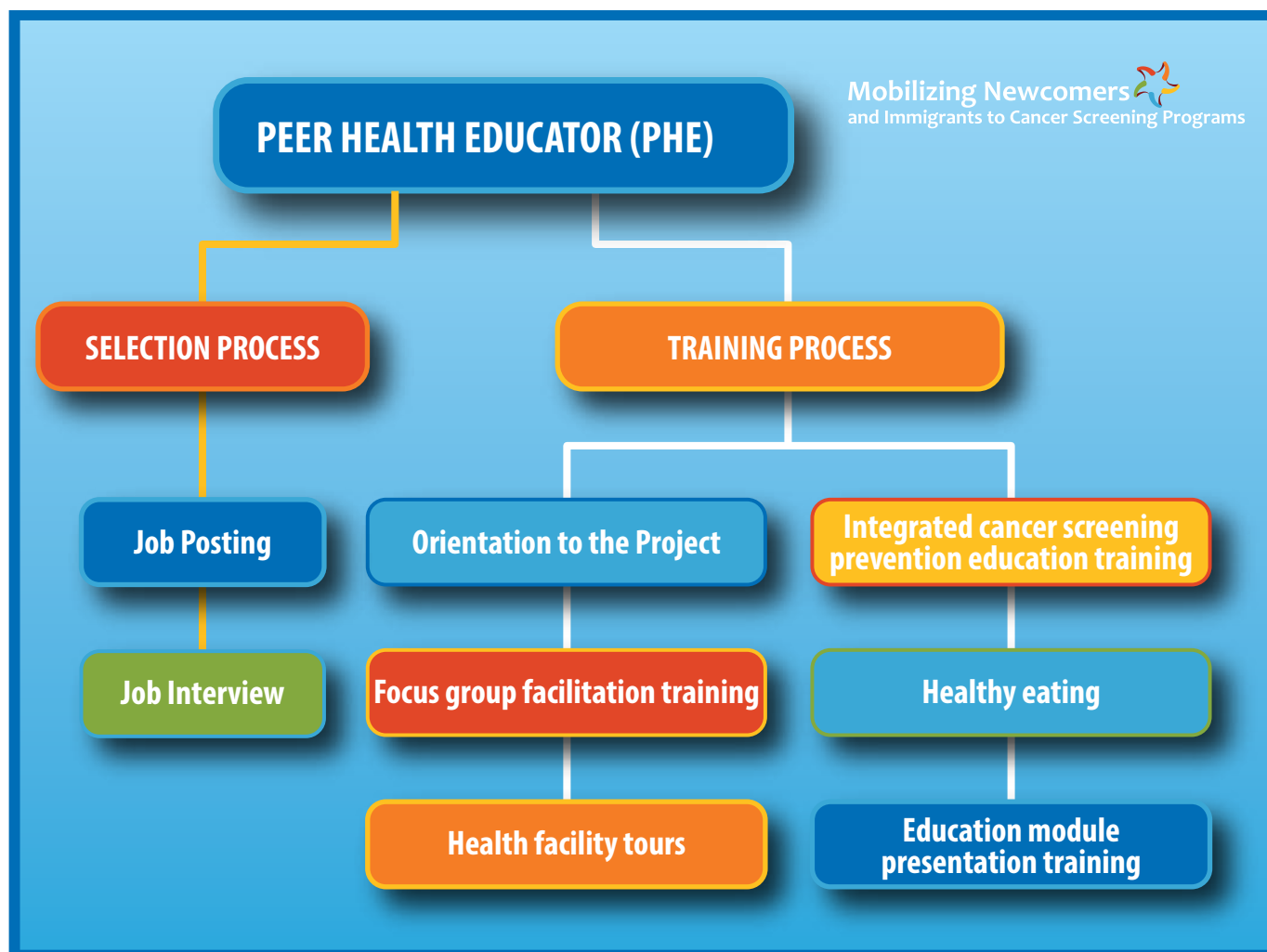
Peer-to-Peer models have demonstrated positive outcomes when used to promote awareness about reducing risks for chronic diseases such as Diabetes, Asthma, Cardiovascular Disease and Cancer in underserved communities².

PHE Characteristics:

- Member of target group
- Fluency in target language (written and verbal)
- Fluency in English language (written and verbal)
- Self-motivated, confident
- Comfortable in a leadership role
- Ability to take initiative
- Open to learning
- Personal interest in promotion of healthy behaviors
- Public speaking and presentation skills
- Conflict resolution skills
- Compliant with confidentiality policies and procedures
- Ability to work flexible hours, evenings and weekends

1. American public Health association (APHA). Support for community health workers to increase health access and reduce health inequities, Policy Number 20091, 2009. <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393>. Accessed, July 2014

2. <http://cepac.icer-review.org/wp-content/uploads/2011/04/CHW-Draft-Report-05-24-13-MASTER1.pdf>. Accessed, July 2014



PHE Training:

To achieve maximum capacity of the PHE's ability to deliver the cancer screening information, it is important to provide various levels of training:

- i. Orientation to the Peer-to-Peer Model: Understanding the main objectives of the model and how it will be developed helps the PHE recognize the impact the model will have in their community.
- ii. Integrated Cancer Screening Training: This training provides core knowledge needed for presenting the education workshops. Providing standardized evidence-based cancer prevention and screening knowledge will help PHEs avoid personal bias during discussions held at education workshops. It is important to provide access to resources and services that are available, locally, provincially and nationally.
- iii. PHE Skills Training: To effectively convey the key messages, it is essential that PHEs feel confident in their ability to conduct the focus groups and education workshops. A PHE Training Manual can be created using printed copies of the slide decks available in the project materials

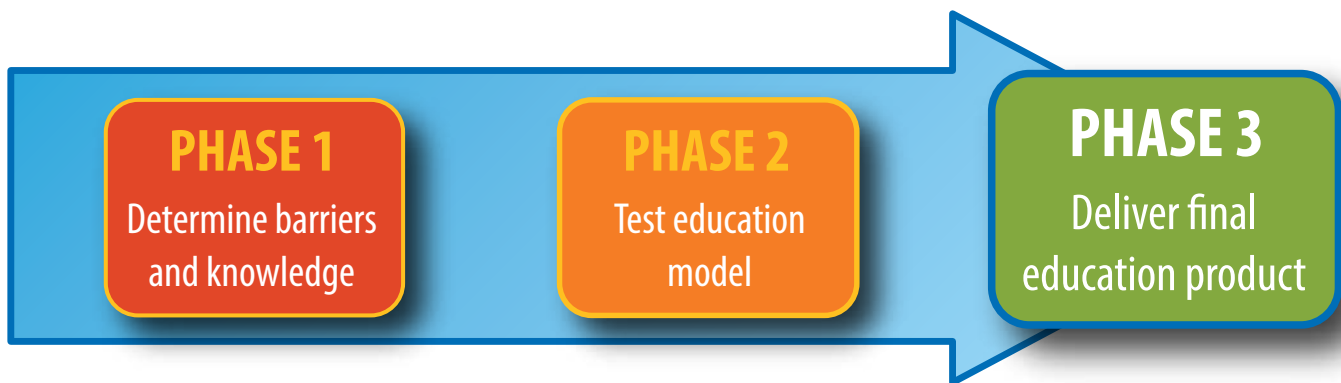
section (e.g., Orientation to the Project; Cancer Prevention and Cancer Screening Training; Focus Group Facilitator Training; plus information about accessing cancer services.) Digital copies of these slide decks are available for download at: www.southwestcancer.ca (Click on Partners Area).

- iv. Health Facility Tours: Having personal knowledge about which facilities are available and how to access them will help PHEs talk about them more confidently as well as identify potential cultural competency concerns.



Community Evidence-Based Strategies

To work effectively with the target communities, the Peer-to-Peer methodology is divided into three different phases.



Focus Groups:

Focus groups are conducted in the target group's language, and audio recordings and notes are translated into English following each session. English samples of focus group documents (i.e., consent form, scripts, ground rules, questions) are provided in the Project Materials section. These documents will need to be translated into the target group's language as part of the focus group planning.

While Phase 1 and 2 focus groups have different objectives, logistically they share many commonalities. Facilitators must remain impartial and unbiased. They must refrain from interjecting their own ideas and thoughts into the process. The facilitator can use ground rules to help participants feel respected and safe to express their ideas freely during the focus group.

These protocols, such as encouraging participation from everyone and allowing participants to speak one at a time, are important to reinforce. There is also value in talking one-on-one with participants after the focus group to gain insight into personal observations that may not have been shared with the group.



Phase 1



Phase 2



Phase 3

Focus Group Organization:

1. Venue:

To encourage attendance, location plays an important role. PHEs can help identify locations based on proximity to where target communities reside and meet naturally, keeping in mind access to public transportation and free parking. For some communities it may be important not to choose faith based venues (i.e: church, mosque).

2. Time and Dates:

Similar to the venue, timing and date are key factors that can influence attendance. It is important to consider that different time frames may be needed for different populations.

3. Refreshments:

Consider the cultural appropriateness of refreshments to ensure participants feel welcome and respected.

4. Incentives:

Providing bus tickets, gift cards and health related promotional resources (e.g., healthy plate, Canadian Cancer Society – Thingamaboob, FOBT Stool Collection Kit, pedometer, calendars, etc.) help to recruit participants and retain attention. Placing incentives inside translated thank you cards implies gratitude and appreciation for the participants' time.

5. Childcare:

Providing childcare by trustworthy, trained volunteers will help support attendance.

6. Ground Rules:

It is important to review and post translated ground rules where they are visible in the room and can be revisited as need. This will help create a safe environment for open and respectful dialogue.

7. Room Set Up:

The use of health promotion banners and posters about cancer screening programs will help participants to focus on the discussion topics. Other gestures such as using table cloths on display tables and organizing refreshments and materials neatly and creatively will help create a welcoming atmosphere.

8. Check List:

A focus group check list for all materials needed during the focus groups is essential. Check this list at least twice in the days leading up to, and on the day of, the event.

9. Written Scripts:

Provide facilitators with written scripts (translated into target language) to guide them in the process of participant recruitment, focus group welcome, introduction and questions. This will help them explain the purpose of the focus group and the participant's role. Include prompts to help facilitators keep the discussion going without interjecting their own thoughts or ideas.

10. Agenda:

Follow the outlined agenda to keep the focus group on time and on task. Participants may arrive late or others may need more time to discuss during and/or after the event. Plan your agenda accordingly to meet these time challenges. Facilitation training with role play practice will help develop time management skills.

11. Number of Participants:

Invite up to 12 participants to allow for retention. Ten to 12 participants are optimal for managing participant engagement. PHEs are a good resource for recruiting participants.



When recruiting focus group participants keep in mind the need to include:

- Range of ability in the English language
- Varied level of education
- Variety of ages based on cancer screening eligibility
- Diversity of countries represented by common language spoken
- Gender diversity
- Length of time in Canada



Phase 1 Focus Groups – Understanding Knowledge and Barriers: Appendix 2

Goal:

To receive feedback from target community members to inform development of culturally appropriate information, resources and intervention strategies.

Objectives:

- Determine level of understanding in each community regarding cancer, cancer prevention and cancer screening
- Gain understanding of barriers that limit access to information about cancer, cancer prevention, and cancer screening
- Gain understanding of barriers that limit access to and participation in cancer screening programs
- Identify the manner of presentation that would be most appropriate and best received by each community

See Appendices 3, 4, 5, 6

Notes:

Additional Resources:

Original project outcomes from the London Phase 1 focus groups identified a need to create: testimonial videos about cancer screening experiences in the target group language(s), an instructional brochure about how to complete the ColonCancerCheck FOBT kit, a resource tool to reinforce what participants learned (includes a check list to capture relevant cancer risk behaviors that can be changed), information links, program contact information, and goal setting. (Refer to the "Getting Started Brochure" and the "How to Reduce Your Cancer Risk" in the Project Materials Section).

See Appendix 13 and 14

Phase 1 participants recruited by PHEs may prove helpful when recruiting candidates for Phase 2 focus groups and Phase 3 - Implementation.



Phase 2 Focus Groups – Testing Education Modules and Materials: Appendix 7

Goal:

To produce culturally appropriate education modules and resources for future cancer prevention and screening education workshops.

Objectives:

- Develop sample modules and resource materials based on feedback from Phase 1 focus groups
- Test sample modules and resources for cultural appropriateness, literacy level and overall content
- Confirm the style and manner of presentation that will be most appropriate and best received by each community
- Use Phase 2 focus group feedback to inform final versions of modules and resources

See Appendices 8, 9, 10, 11, 12, 13, 14

Notes:

Interactive Teaching Tools:

Original project outcomes from the London Phase 2 focus groups prompted PHEs to use a variety of educational tools to help explain the different cancer screening modalities. These tools include: a pelvic model with a sample speculum, the "Getting Started" brochure and FOBT Stool Collection Kit, a tape measure and slinky toy to illustrate length and shape of colon, Canadian Cancer Society Thingamaboo to demonstrate the benefit of early detection through mammography, a mammography video, a bag of marbles to show the need for compression during mammography, the healthy plate magnet to illustrate food portions, and canned food samples relevant to the target group for food label reviews. These tools helped the implementation phase presentations become more interactive. Participants reported that the tools helped increase their understanding about how the screening modalities worked, and they felt more engaged during the education process. PHEs indicated that using the tools helped them feel more comfortable during sensitive discussion about topics that were difficult to describe with words alone.

Phase 3 – Implementation:

Appendix 15

Goal:

To reduce barriers that limit access to cancer information and screening, and mobilize participants to cancer screening programs.

Objectives:

- Use education to increase cancer prevention and screening awareness
- Influence behavioral change to help reduce cancer risk and improve overall health
- Mobilize participants to cancer screening programs by offering onsite bookings, group screening events, and stool collection kits
- Complete a final test to assess cultural appropriateness, literacy level, and the overall content of modules and resources
- Confirm that the style and manner of presentation is most appropriate to be well received by each community

See Appendices 16, 17, 18, 19, 20

Notes:

Volunteers: For larger participation numbers (30 or more) consider recruiting volunteers to help invite community members to participate and assist at the workshops. PHEs can help recruit and train volunteers from the target community or, alternatively, from the list of participants who attended Phase 1 and 2 focus groups.

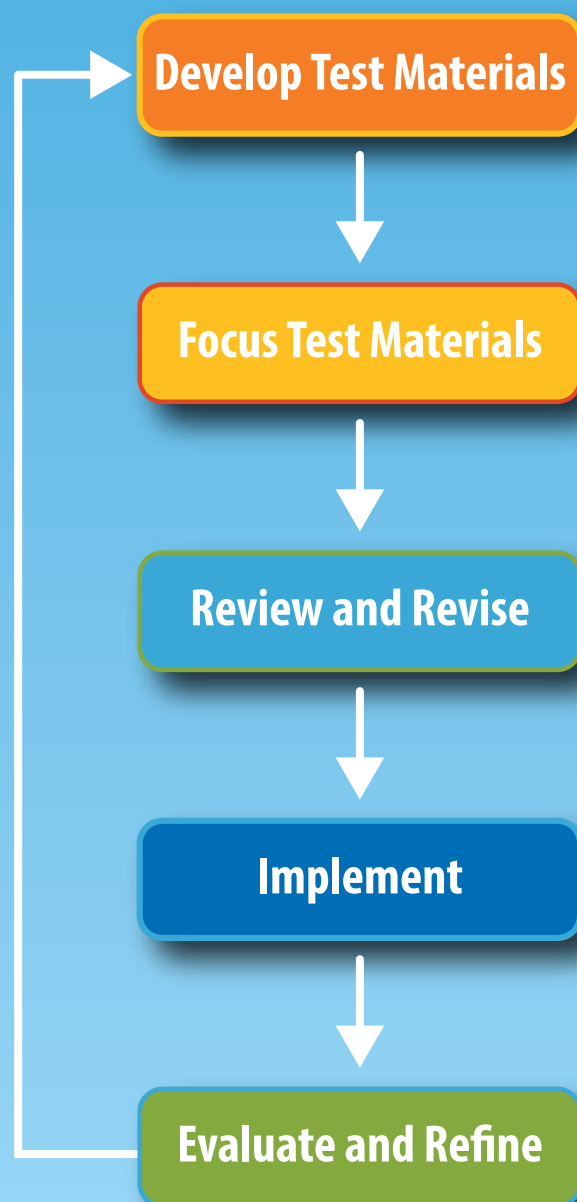
Promoting Education Workshops: Original project outcomes from the London Phase 2 focus groups helped to shape promotional activities for Phase 3 implementation workshops. These activities included: translated flyers and bookmarks that were disseminated to various community and faith-based organizations frequented by the target groups, and translated advertisements placed on popular same-language television shows. Mouth-to-mouth communication with PHEs and volunteers from Phase 1 & 2 focus groups proved to be one of the most successful ways to reach people.

Agenda: Create an agenda for the education workshops that allows PHEs enough time to manage interactive activities throughout the workshop.

Mobilizing Participants to Cancer Screening Programs: Education workshops provide an excellent opportunity to motivate eligible community members to participate in screening programs. This can be done at the end of the workshop by booking appointments or offering group screening events at local breast screening and Pap test clinics. If family doctors are easy to identify, consider asking them for pre-signed colorectal cancer screening requisition forms for disbursement at events with corresponding screening kits. If funding permits, you may wish to offer transportation, access to an interpreter, or child care if necessary.

Mobilizing Newcomers and Immigrants to Cancer Screening Programs

Phase 2 to Phase 3 Process Flow



CULTURAL COMPETENCY KNOWLEDGE EXCHANGE

An integral part of this model is to offer opportunities for health care providers to increase awareness about cultural differences and how they may impact access to cancer screening programs. This may be as simple as working with cancer screening program staff to share information about general cultural nuances and behaviors or more in-depth by offering strategies to physicians who work directly with specific target population(s). While it is fundamental to stress the significance of having professional medical interpreters, this may not be an option for all health care service providers due to budget restrictions. Other ways to support cultural competency is to provide links to free resources such as translated cancer screening fact sheets and brochures, the Canadian Cancer Society Cancer Information Service, or other local community entities you may have access to such as your local United Way office or provincial cancer care government agency.

Cultural Competency Project Materials:

The original project in London offered accredited CME events hosted by primary care providers at several venues, each with a different focus. Slide decks adapted from the ABCDE Model from the SickKids Cultural Competency Train the Trainer Workshop were developed to support these events. See Appendix 21.



Cultural Competency Knowledge Transfer Events:

Depending on your needs and financial resources, you may wish to develop your own program to meet your organizational cultural competency goals and objectives. In the original London project, three events were hosted within the local community. The first event, presented to regional cancer program staff, was offered at regular Oncology Grand Rounds at the London Regional Cancer Program. The second event was focused around a theatrical performance by a group called "M T Space" from Kitchener,

Cancer Screening Saves Lives

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Ask me how.

Mobilizing Newcomers
and Immigrants to Cancer Screening Programs

Screen for Life
Cancer screening sees what you can't
Breast Cervical Colorectal

Ontario. The event aimed to increase awareness for primary care providers through interactive live theatre. The third event, "Acceso", was targeted to both cancer and primary health care service providers. It focused on cross cultural communication using case studies and round table discussions. These exercises helped participants recognize how different cultural behaviors may be perceived, and offered solutions for overcoming these potential barriers. Refer to the Project Materials section for sample slide decks presented at each event. See Appendix 22.

APPENDICES

All documents can be downloaded in the Health Care Providers section of www.southwestcancer.ca
(Look for the button located at the top of the page.)

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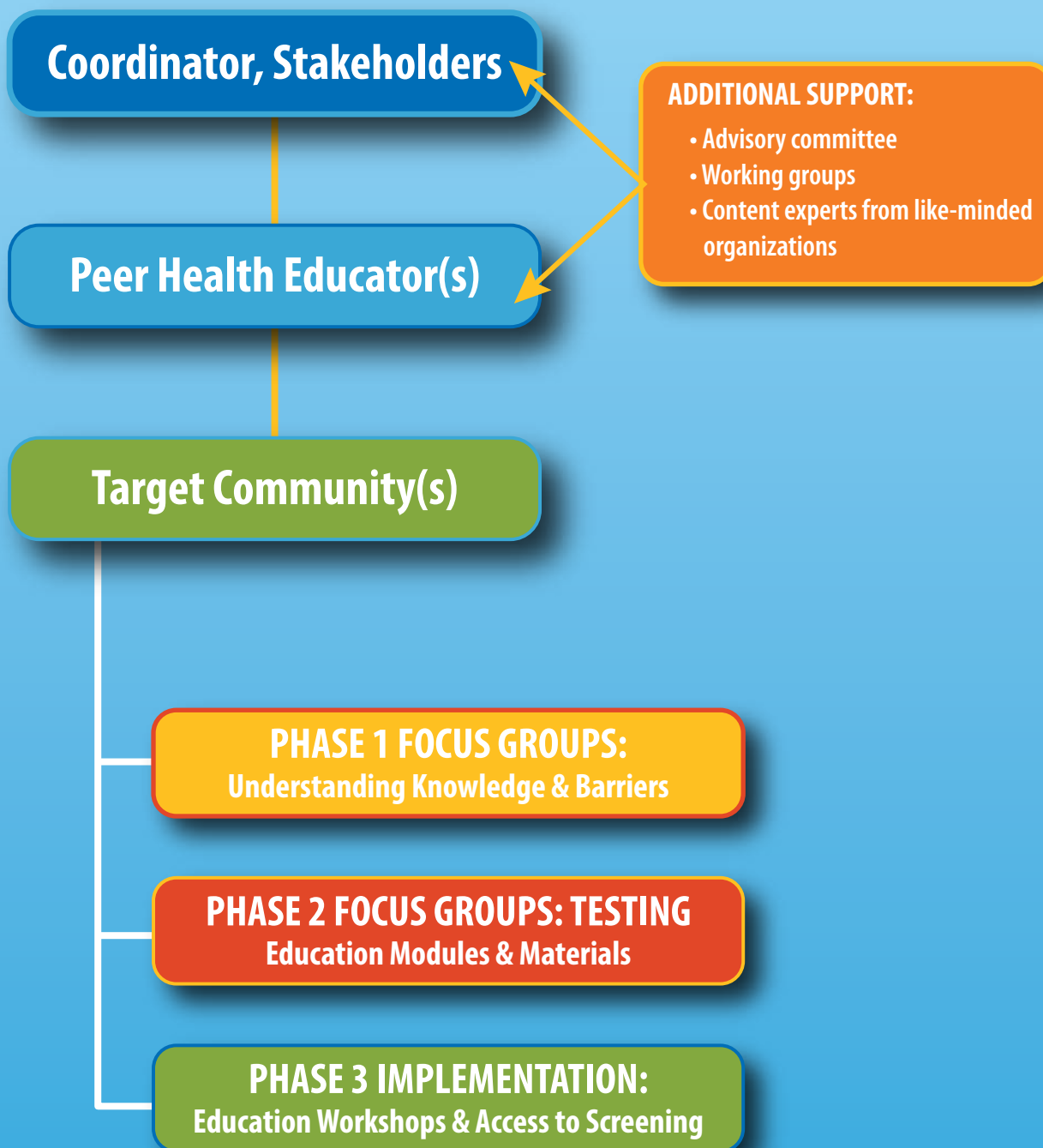
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Appendix 1

Project Activities



Appendix 2

Phase 1 Focus Group Components



Appendix 3

Phase 1 Focus Group Check List

Phase 1 Focus Group Check List		
	Item	Check
General Set up	Voice recorder	
	AAA Batteries	
	Camera	
	Cancer screening posters/info graphics	
	Cancer screening promotional banner/display	
Registration	Participant sign in sheet	
	Participant name tags	
	Participant consent form – translated	
	Participant consent form – English	
	Clip boards	
	Pens	
	Markers	
	Stickers (to recognize participants who decline photo consent)	
Focus group	Masking tape	
	Ground rules (translated onto flip chart paper)	
	Focus groups questions – English	
	Focus group questions – translated	
	Envelope – consent forms	
	Paper – for participants who prefer to write an answer/note	
	Envelope – for participant written answers/notes	
	Thank you cards (translated)	
Incentives	Record sheets – for bus tickets and gift certificates	
	Bus tickets	
	Incentives (cash or gift cards)	
Debriefing	Debriefing guideline – for post focus group discussion with facilitator, assistant and observers	
Refreshments	Water bottles	
	Coffee/tea, sugar, cream, milk	
	Juice boxes	
	Granola bars	
	Hand sanitizer	
	Fruit	
	Artificial flower arrangements (optional)	
	Vases	
	Plates	
	Cutlery	
	Napkins	
	Paper towels	
	Tablecloths	
Cancer Screening Information	Breast Cancer Screening brochures	
	Colorectal Cancer Screening brochures	
	Cervical Cancer brochures	
	Acrylic brochure holders	
	Other cancer screening promo items	
	Translated cancer screening fact sheets	

Appendix 4

Phase 1 Focus Group Informed Consent

This is an informed consent for the _____ community members who are participating in focus groups about barriers that limit access to cancer information and screening.

Focus Group Objective: The objective of this focus group is to identify the barriers that limit immigrants from learning about and accessing cancer screening program services in _____. Based on the focus group findings, educational strategies will be developed to increase awareness about cancer screening in the _____ community.

Participating Organizations: The organizations that are involved in this project are:

Procedure: During this focus group we will ask you what you know about cancer and cancer screening programs, and any barriers that may limit your community members from accessing those programs. This session will be audio recorded so that we do not miss any valuable information.

Benefits and Risks: Benefits of participating include learning about cancer prevention, and breast, cervical and colorectal cancer screening programs. There is no anticipated risk related to participating in this focus group.

Honorarium: As thank you for your participation, at the end of the focus group, you will receive a \$ _____ gift card. There will be no additional compensation for your time.

Participant Rights: Your participation is voluntary and you have the right to decline it at any time without penalty or loss of any benefit. Your identity will not be shared in any publication or written material.

Confidentiality: The collected information from this project will be confidential. This information will be stored in a secure place, and only people involved in this project will have access to it. The information will not be shared with anybody.

Questions and Suggestions: If you have any questions or suggestions about this project, the procedure, risks and/or benefits, contact:

Informed Participation Consent

I have read and understand this informed consent that explains information about the procedure, risks and benefits of the focus group for “Mobilizing Newcomers and Immigrants to Cancer Screening Programs” project.

I agree to participate in this focus group,

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Informed Consent for Photography

I give permission to the members of the “Mobilizing Newcomers and Immigrants to Cancer Screening Programs” project to publish photos in its publications i.e., annual report, website, letters, flyers, brochures, etc. Publication of any photos will not include my name or any personal and/or private information.

I have been informed that these photos will only be used to promote cancer screening. Use of my photos will be protected under the Personal Information Protection and Electronic Document Act.

I agree to having my photos taken and published ☐

I do not agree to having my photos taken or published ☐

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Appendix 5

Phase 1 Focus Group Introduction Script

Order of Welcome:

- Welcome
- Overview of the topic – why you are here
- Review guidelines or ground rules
- *Opening question (ice breaker)*

Good (evening/afternoon), and welcome to our session tonight. Thank you to everyone for agreeing to be part of the “Mobilizing Newcomers and Immigrants to Cancer Screening Programs” project and for taking the time to join our discussion about cancer screening barriers.

My name is _____ and assisting me is _____, and we are here on behalf of _____. We want to learn about what our community knows about cancer screening and what they would like to know. You were selected because you all belong to the _____ community living in _____ and we want to learn about cancer screening barriers specific to the _____ community.

We are particularly interested in your views because we want to develop an educational model to motivate people to get screened that meets our cultural needs.

We want to know what you know about cancer, and what issues prevent you from accessing cancer screening programs. Today we will also ask your thoughts and opinions about what you know about accessing cancer screening programs.

While you may have different points of view, there are no wrong answers. Please feel free to share your point of view even if it differs from what others have said. Keep in mind, we’re just as interested in negative comments as positive comments, and at times the negative comments can be the most helpful.

Before we begin, let me suggest some things that will make our discussion more productive. Please feel free to speak up, but only one person should talk at a time. We’re tape recording the session because we don’t want to miss any of your valuable comments. We’ll be on a firstw name basis only. We will not use any names in our reports, nor will there be any names attached to comments. *You can be assured of confidentiality.*

My role here is to ask questions and listen. I won’t be participating in the conversation, but I want you to feel free to talk with one another. I’ll be asking _____ (#) questions, and be moving the discussion from one question to the next. There is a tendency in these discussions for some people to talk a lot and some people not to say much. It is important for us to hear from each of you tonight because you each have different experiences. If one of you is sharing a lot, I may ask you to let others talk. If you are not saying much, I may ask your opinion. You will see there are name cards on the table in front of you. This will help us remember each other’s names.

To begin, let’s find out more about each other by going around the table. Tell us a few words to describe yourself. _____, let’s start with you.

Appendix 6

Phase 1 Focus Group Questions To Test Knowledge and Barriers

Introduction

1. Please introduce yourself and tell us a little bit about yourself (e.g., country of origin; length of time in Canada, your town/city, etc.)

Knowledge of cancer screening

2. What thought or image comes to mind when you hear the word cancer?
3. What thought or image comes to mind when you hear the words cancer screening?

What you know about cancer screening in Canada

4. Do you know where you can get information about cancer screening services?
5. What do you want to know about cancer screening?
6. What is your experience with cancer screening programs/services?

Barriers to cancer screening

7. What are some of the barriers you face or have faced in accessing cancer screening services?

Possible answers to use as prompts:

- *Language*
- *Scare/fear*
- *Not knowing what cancer screening means*
- *Not knowing what kind of test is (blood test, XR, US...)*
- *Low priority*
- *Not having a family doctor*
- *Physician have not offered or explained the test*
- *Not having a female doctor*
- *Lack of time*
- *Transportation*
- *Child care*
- *Open hours are not accessible*

Recommendations

8. What suggestions do you have to help improve access to cancer screening programs for the men and women in your community?

Possible answers to use as prompts:

- *Showing body parts (pelvic area, colorectal, breast) - words that we could use during a workshop*
- *How many people during a workshop (small or big groups)*
- *Women and men in different groups?*

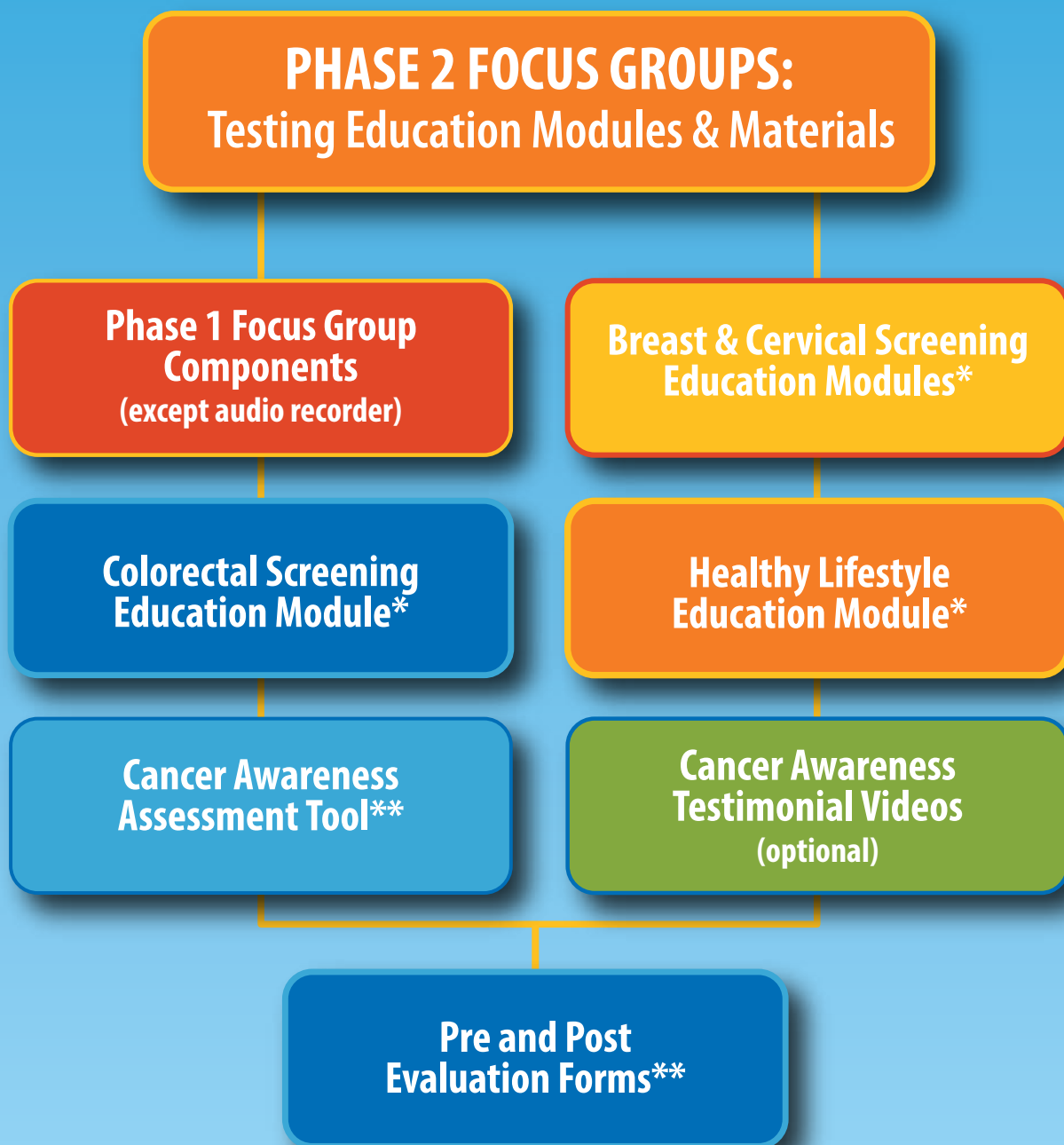
9. Do you prefer receiving written and/or oral information about cancer screening in your own language?

10. Do you have any questions about cancer screening?

(Facilitator can provide a description of what cancer screening means to help participants think of questions they may have)

Appendix 7

Phase 2 Focus Group Components



* Provided in project materials section of appendices; translate the notes sections into your target language for testing.

** Provided in project materials section of appendices; translate into your target language for testing.



Appendix 8

Phase 2 Focus Group Check list		
	Item	Check
General	Laptop	
	LCD projector	
	AAA batteries	
	USB (presentation modules)	
	Camera	
	Speakers	
	Internet/WiFi access (optional)	
	Extension cord	
	Cancer screening poster/Infographic	
	Cancer screening promotional banner display	
Registration	Participant information sign in sheet	
	Participant name tags	
	Participant consent form (one English copy and translated versions for participants)	
	Cancer prevention assessment tool (one copy in English and one translated copy)	
	Pre-evaluation form (one English copy and translated versions for participants)	
	Clipboards	
	Pens	
	Markers	
Focus group	Stickers (to recognize participants who decline photo consent)	
	Masking tape	
	Envelope – for consent forms to respect confidentiality	
	Envelope – for handwritten answers/notes written by participants	
	Paper – for participants who prefer to write answers/notes	
	Thank you cards (translated)	
Incentives	Post - Evaluation forms (one English copy and translated versions for participants)	
	Record sheets – for bus tickets and gift certificates	
	Bus tickets	
Debriefing	Incentives (cash or gift cards)	
	Debriefing guideline – for post focus group discussion with facilitator, assistant and observers	
Food	Water	
	Coffee/tea, sugar, cream, milk	
	Granola bars	
	Fruit	
	Hand sanitizer	
	Artificial flower arrangements (optional)	
	Plates	
	Cutlery	
	Napkins	
	Paper towels	
	Kettle	
	Tablecloths	
Cancer Screening Information	Breast Cancer Screening brochures	
	Colorectal Cancer Screening brochures	
	Cervical Cancer Screening brochures	
	Acrylic brochure holders	
	Other cancer screening promo items	
	Translated cancer screening fact sheets	
	Canadian Cancer Society Thingamaboobs	
	Smoking cessation resources	
	“Talk to a Dietitian” nutrition guides – Eat Right Ontario	
	Healthy plate magnets	
	Pedometers	
	FOBT collection kits and “Getting Started Brochure”	
	Canadian Cancer Society Cancer Information Service business cards	
	Other healthy lifestyle and cancer prevention resources	

Appendix 9

Phase 2 Focus Group Informed Consent

**This is a sample form that you can adapt as needed. Depending on your organizational policy and/or protocols, you may wish to send the consent form to your ethics department for review.*

This is an informed consent for the _____ community members who are participating in focus groups to provide their opinion about cancer prevention and screening education modules, and tools and resources for adaptation to meet the needs of the community.

Focus Group Objective: The objective of this focus group is to review and test the draft education modules, tools and resources to determine if they meet the needs of the _____ community. Based on participant feedback, the modules and resources will be revised to help increase cancer screening knowledge with the goal of mobilizing immigrants to participate in cancer screening programs.

Participating Organizations: The organizations that are involved in this project are:

Procedure: During this focus group, education modules, tools and resources will be presented to enhance awareness and knowledge about cancer prevention and cancer screening programs. Each participant will be asked to express his/her ideas and suggestions to help improve the content. The participant's opinions will help create culturally appropriate tools for the _____ community. It will also be important to evaluate how these tools impact participation in cancer screening programs. Therefore, we require your consent to contact you by phone in the future. I agree to be contacted by phone at (_____) _____ , _____ (initials).

Benefits and Risks: Benefits of participating include learning about cancer prevention and breast, cervical and colorectal cancer screening programs. There is no anticipated risk related to this focus group.

Honorarium: As a thank you for your participation, at the end of the focus group you will receive a \$_____ gift card. There will be no additional compensation for your time.

Participant Rights: Your participation is voluntary and you have the right to decline participation at any time without any penalty or losing any health benefits you may be eligible to receive. Your identity will not be shared in any publication or written material.

Confidentiality: The collected information from this project will be confidential. This information will be stored in a secure place, and only people involved in this project will have access to it. The information will not be shared with anybody.

Questions and suggestions: If you have any questions or suggestions about this project, the procedure, risks and/or benefits, contact: _____

Informed Participation Consent

I have read and understand this informed consent that explains information about the procedure, risks, and benefits of the focus group for “Mobilizing Newcomers and Immigrants to Cancer Screening Programs” project.

I agree to participate in this focus group.

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Informed Consent for Photography

I give permission to the _____ (organization name)
to publish photos in their publications (annual report, website, letters, flyers, brochures, etc).
Publication of any photos will not include my name or any personal and/or private information.

I have been informed that these photos will only be used to promote cancer screening. Use of my photos will be protected the Personal Information Protection and Electronic Document Act.

I agree to having my photos taken and published ☐

I do not agree to having my photos taken or published ☐

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Appendix 10
Phase 2 Focus Group Pre Evaluation Form

Mobilizing Newcomers
and Immigrants to Cancer Screening Programs

Pre Evaluation Form

Page 1

Date: _____

Community: _____

Demographic information:

Gender: ☐ Male ☐ Female

Age: ☐ 20 or younger ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 or older

Do you have a family doctor? ☐ Yes ☐ No

How long have you been living in Canada? _____

Your country of origin _____

Current cancer screening knowledge:

What is the test to screen *breast cancer*?

- ☐ Ultrasound ☐ Mammogram
☐ Self-examination ☐ I do not know

What is the test to screen *cervical cancer*?

- ☐ Ultrasound ☐ Annual physical exam
☐ Pap Test ☐ I do not know

What is the test to screen *colorectal cancer*?

- ☐ Annual physical exam ☐ Fecal Occult Blood Test (FOBT)
☐ X-ray ☐ I do not know

Pre Evaluation Form

Page 2

This page is to be completed AFTER Page 1.

Colorectal Screening History

Have you ever had a colorectal screening (FOBT)? ☐ Yes ☐ No ☐ Not applicable

Have you ever had a colonoscopy? ☐ Yes ☐ No ☐ Not applicable

When was your last colorectal cancer screening?

☐ Less than 1 year ago
☐ 1 - 2 years ago
☐ More than 2 years ago
☐ Never

Breast Screening History

Have you ever had a mammogram? ☐ Yes ☐ No ☐ Not applicable

When was your last mammogram?

☐ Less than 1 year ago
☐ 1 - 2 years ago
☐ More than 2 years ago
☐ Never

Cervical Screening History

Have you ever had a Pap Test? ☐ Yes ☐ No ☐ Not applicable

When was your last Pap Test?

☐ Less than 1 year ago
☐ 1 - 2 years ago
☐ More than 2 years ago
☐ Never

Appendix 11
Phase 2 Focus Group Breast and Cervical Screening Post Evaluation Form

Mobilizing Newcomers
and Immigrants to Cancer Screening Programs

Breast & Cervical Post Evaluation Form

Page 1

Date: _____

Community: _____

Demographic information:

Gender: ☐ Male ☐ Female

Age: ☐ 20 or younger ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 or older

Do you have a family doctor? ☐ Yes ☐ No

How long have you been living in Canada? _____

Your country of origin _____

Current cancer screening knowledge:

What is the test to screen *breast cancer*?

☐ Ultrasound ☐ Mammogram
☐ Self-examination ☐ I do not know

What is the test to screen *cervical cancer*?

☐ Ultrasound ☐ Annual physical exam
☐ Pap Test ☐ I do not know

What is the test to screen *colorectal cancer*?

☐ Annual physical exam ☐ Fecal Occult Blood Test (FOBT)
☐ X-ray ☐ I do not know

Breast & Cervical Post Evaluation Form

Page 2

Please answer the following questions:

The material of this session was appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I could understand the information that was provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
There was enough time for the session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
The presenter was clear, knowledgeable & answered my questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I know more about cancer prevention after attending this session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I know more about cancer screening after attending this session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I would recommend this session to other people I know.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I will encourage other women to get cancer screening.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I feel motivated to get regular mammograms.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I feel motivated to get regular Pap Tests.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know

What suggestions do you have for how information was given in this session? (Pictures, words, message)

Will you book an appointment for a mammogram at the end of the session, if it is offered?

☐ Yes ☐ No - If you answered no, please tell us why:

Will you book an appointment for a Pap Test at the end of the session, if it is offered?

☐ Yes ☐ No - If you answered no, please tell us why:

Any suggestions that you would like to share:

Appendix 12
Phase 2 Focus Group Colorectal Cancer Screening Post Evaluation Form

Mobilizing Newcomers
and Immigrants to Cancer Screening Programs

Colorectal Post Evaluation Form

Page 1

Date: _____

Community: _____

Demographic information:

Gender: ☐ Male ☐ Female

Age: ☐ 20 or younger ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 or older

Do you have a family doctor? ☐ Yes ☐ No

How long have you been living in Canada? _____

Your country of origin _____

What is the test to screen colorectal cancer?

☐ Annual physical exam

☐ Fecal Occult Blood Test (FOBT)

☐ X-ray

☐ Ultrasound

☐ I do not know

At what age should you start getting regular colorectal cancer screening?

☐ 30

☐ 40

☐ 50

☐ I do not know

How often should you screen for colorectal cancer?

☐ 1 year

☐ 2 years

☐ 3 years

☐ I do not know

Who has a high risk of having colorectal cancer? (indicate all you may think are right)

☐ Family history (mother, father, brother, sister)

☐ Having polyps

☐ Having personal history of Ulcerative Colitis or Crohn's Disease.

☐ I do not know

Colorectal Post Evaluation Form

Page 2

Please answer the following questions:


The material of this session was appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I could understand the information that was provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
There was enough time for the session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
The presenter was clear, knowledgeable & answered my questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I know more about cancer prevention after attending this session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I know more about cancer screening after attending this session.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I would recommend this session to other people I know.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I will encourage other men and women to get cancer screening.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I feel motivated to get regular colorectal screening - FOBT	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
I feel motivated to get a colonoscopy if it is needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No	<input type="checkbox"/> Do not know

What suggestions do you have for how information was given in this session? (Pictures, words, message)

Any suggestions that you would like to share:

Appendix 13
How to Reduce Your Risk Form

Cancer Screening Programs




Colorectal Cancer Screening Program

Fecal Occult Blood Test - FOBT

1. Request FOBT Kit with your family doctor
2. Follow directions and send in results
3. If you do not have a family doctor, call Health Care Connect at 1-800-445-1822

More information:
1-866-828-9213 • www.ontario.ca/coloncancercheck




Breast Cancer Screening Program

Mammogram

1. No doctor appointment necessary
2. Call to book an appointment at Ontario Breast Screening Program (OBSP) 1-800-668-9304

More information:
1-866-662-9233 • www.ontario.ca/screenforlife



Cervical Cancer Screening Program

Pap Test

1. Book your appointment with your family doctor
2. If you do not have family doctor, call Health Care Connect at 1 800 445 1822

More information:
1-866-662-9233 • www.ontario.ca/screenforlife

Risk factors you can change to reduce your risk of cancer:	Colorectal	Breast	Cervix
Eat healthy	●		
Be physically active	●	●	
Maintain a healthy weight	●	●	
Do not use tobacco products	●		●
Limit alcohol	●	●	

Canadian Cancer Society
InterCommunity Health Centre

BUREAU DE SANTÉ DE MONTREAL
HEALTH UNIT
www.healthunit.com

South West regional cancer program
South West Health Unit
www.southwesthealthunit.com

Mobilizing Newcomers
and Immigrants to Cancer Screening Programs

Canadian Cancer Society
Cancer Information Service: 1-888-939-3333
Cancer information available in different languages.

This form does not replace medical advice or assessment.
If you have any questions, please contact your family doctor and/or a nurse practitioner

How to reduce your risk - Your personal checklist



Healthy Eating

- ☐ Eat 7 servings of fruits and vegetables daily
- ☐ Reduce red meat - less than 3 times a week
- ☐ Drink water instead of juice, pop or other sugary drinks
- ☐ Use a "Healthy Plate" to control portion sizes
- ☐ Eat less refined grains (white)
- ☐ Do not add salt to your meals
- ☐ Reduce the amount of sugar you add to foods



Physical Activity

- ☐ At least 150 minutes a week
- Example: ☐ 30 minutes/day
- ☐ Three 10 minute intervals/day
- ☐ Muscle and bone strengthening 2 days/week

Limit Alcohol

- ☐ Men: no more than 2 drinks/day
- ☐ Women: no more than 1 drink/day



Don't Use Tobacco Products

- ☐ Be smoke free - quit using tobacco
- ☐ Avoid second-hand smoke
- ☐ Stop using chew tobacco
- ☐ Stop using shisha/hookah

**For more information
call the Smoker's
Helpline:
1 877 513-5333**

Screen for Life

Cancer screening sees what you can't

☒ Breast ☒ Cervical ☒ Colorectal

Get Screened

- ☐ Colorectal Cancer Screening:
Men and women age 50-74 years old.
FOBT kit every 2 years.
- ☐ Breast Cancer Screening:
Women age 50-74.
Mammogram every 2 years.
- ☐ Cervical Cancer Screening:
Women age 21-70 who have ever been sexually active.
Pap test every 3 years.

Cancer Prevention

My goals for cancer prevention are:

☐ Healthy Eating ☐ Physical Activity ☐ Quit smoking ☐ Limit Alcohol

Get Screened: ☐ Colorectal ☐ Breast ☐ Cervical

Actions to achieve my goals are:

**Mobilizing Newcomers
and Immigrants to Cancer Screening Programs**



Funded by Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the view of the Public Health Agency of Canada (PHAC).

MMICSP - June 2014 This form does not replace medical advice or assessment.

Appendix 14
 “Getting Started” FOBT Instructional Brochure.

Getting Started

Colon Cancer Check

IMPORTANT:
 You must send in the test card as soon as the 3 flaps have been completed but no later than 10 days after collecting your first sample.

Sending the Sample ...

1

2

3

For more information contact:

Elgin St. Thomas Public Health
 519-631-9900 ext. 1233

Middlesex-London Health Unit
 519-663-5317 ext. 2220

Perth District Health Unit
 519-271-7600 ext. 307

Oxford County Public Health & Emergency Services
 519-539-9800 ext. 3473

South West Regional Cancer Program
 519-685-8600 ext. 54512

south west regional
cancer program
in partnership with
cancer care ontario

April 2013

Using the Kit ...



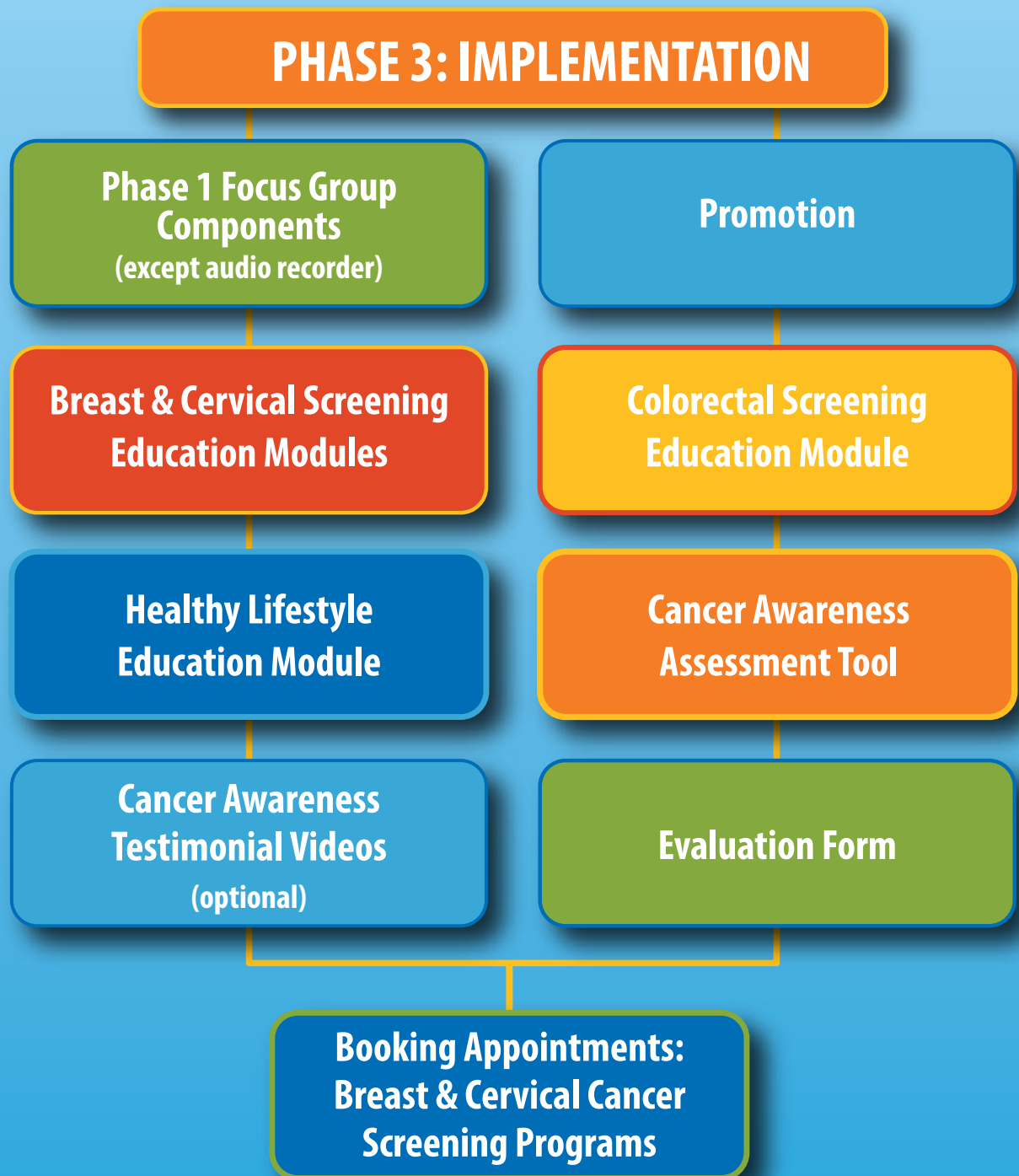




See next page for mailing information ➡

Appendix 15

Phase 3 Education Workshops & Access to Cancer Screening Components



Appendix 16

Phase 3 Education Workshop Check List		
	Item	Check
General	Laptop	
	Projector	
	Camera	
	Cancer screening poster/infographic	
	Cancer screening promotional banner display	
	USB (slide deck presentation)	
Participant's forms	Participant information sign in sheet	
	Informed consent - translated	
	Informed consent - English	
	Post-evaluation form - translated	
	Post-evaluation form - English	
	Pens	
Event set up	Masking tape	
	Volunteer name tag	
	Stickers (to recognize participants who decline photo consent)	
	Clipboards	
	Laser pointer	
	Hand sanitizer	
	AAA batteries	
	Internet/WiFi (optional)	
	Extension cord	
	Mammogram appointment booking form	
	Pap test appointment booking form	
	Project folders or envelopes (for participants - to hold workshop resources and materials)	
Refreshments	Project eco bags (optional)	
	Water	
	Coffee, sugar, cream, milk	
	Tea	
	Granola bars	
	Fruits	
	Plates	
	Cutlery	
	Paper towel	
	Napkins	
	Kettle	
Interactive Teaching Tools	Tablecloths	
	Canadian Cancer Society – Thingamaboob (optional)	
	Speculum	
	Brush	
	Pelvic model	
	Blue pearls	
	Slinky toy (to illustrate colon shape and texture)	
	FOBT kit	
	Getting Started Brochure and FOBT stool collection kit	
	Colon cancer white coat	
	Dinner plate (to demonstrate Healthy Plate magnet)	
	Healthy plate magnets (to demonstrate healthy portions)	
	Canned food samples relevant to target group (for reading labels)	
	Canada Food Guide	
	Canadian Physical Activity Guide	
Child Care	Tape measure (to demonstrate length of colon)	
	Organize craft and games for entertaining kids	

Appendix 17
Phase 3 Education Workshop Agenda

Education Workshop Agenda Cancer Prevention and Screening		
Time	Item	Responsibility
15 minutes	Registration (obtain name and contact information)	PHE/Volunteers
10 minutes	Welcome and Introduction	Presented by PHE in the Target Group Language
40 minutes	Breast/Cervical Screening or Colorectal Screening	Presented by PHE in Target Group Language
5 minutes	Testimonial Video	PHE/Volunteer
15 minutes	Questions and Answers	PHE
10 minutes	Break	PHE/Volunteer
30 minutes	Cancer Prevention (Health Living)	Presented by PHE in Target Group Language
20 minutes	Appointments for Pap Test and Mammogram	PHE/Volunteers
10 minutes	Complete Evaluation Form	Participants

Appendix 18

Phase 3 Education Workshop Survey

Evaluating the Breast and Cervical Cancer Workshop

1. What is one thing you learned from today's workshop?

2. Because of this workshop, I now know:

	Yes	No	I already knew
What the breast cancer screening test is (mammogram)			
Who is eligible for a mammogram			
How to schedule a mammogram			
How to reduce risk of breast cancer			
What the cervical cancer screening test is (Pap test)			
Who is eligible for a Pap test			
How to schedule a Pap test			
How to reduce risk of cervical cancer			

3. After attending the workshop, my knowledge of the HPV vaccine has increased:

☐ A lot ☐ A little ☐ Not at all ☐ I already knew about it

4. (For women only) Because of this workshop, I plan to get regular mammograms:

☐ Yes ☐ No ☐ I am not eligible ☐ I already do it ☐ I don't know

5. (For women only) Because of this workshop, I plan to get regular Pap tests:

☐ Yes ☐ No ☐ I am not eligible ☐ I already do it ☐ I don't know

6. Do you plan to make any lifestyle changes to help reduce risk of cancer? (Please check all that apply)

Visit doctor about cancer screenings		Exercise at least 30 min/ day	
Eat healthy portion sizes		Limit alcohol	
Eat less salt		Avoid tobacco	
Eat less sugar		None	
Eat less fat			

7. In your opinion, should others from your community participate in this workshop to learn about cancer prevention and screening? ☐ Yes ☐ No ☐ I don't know

8. Please provide any suggestions to make the workshop more effective for your community

9. Gender: Female ☐ Male ☐

10. Do you have a family Physician? Yes ☐ No ☐

11. Age: Under 20 ☐ 41 – 50 ☐ 71 and over ☐

 21 – 30 ☐ 51 – 60 ☐

 31 – 40 ☐ 61 – 70 ☐

12. How long have you been living in Canada?

 Less than 1 year ☐

 1 to 5 years ☐

 6 to 10 years ☐

 More than 11 years ☐

Appendix 19 Phase 3 Education Workshop Survey

Evaluating the Colorectal Cancer Screening Workshop

1. What is one thing you learned from today's workshop?

2. I now know:

	Yes	No	I already know
What the colorectal cancer screening test is (Fecal Occult Blood Test - FOBT)			
Who is eligible for the FOBT			
Where to get the FOBT kit			
How to do the FOBT			
How to reduce risk of colorectal cancer			

3. Because of this workshop, I plan to do regular FOBTs:

☐ Yes
 ☐ No
 ☐ I am not eligible
 ☐ I already do it
 ☐ I don't know

4. Do you plan to make any changes to your lifestyle to help reduce risk of cancer?

(Please check all that apply)

Visit doctor about cancer screenings		Exercise at least 30 min/ day	
Eat healthy portion sizes		Limit alcohol	
Eat less salt		Avoid tobacco	
Eat less sugar		None	
Eat less fat			

5. In your opinion, should others from your community participate in this workshop to learn about cancer prevention and screening?
☐ Yes
☐ No
☐ I don't know

6. Please provide any suggestions to make the workshop more effective for your community:

7. Gender: Female ☐ Male ☐

8. Do you have a family Physician? Yes ☐ No ☐

9. Age:

Under 20 ☐ 41 – 50 ☐ 71 and over ☐
 21 – 30 ☐ 51 – 60 ☐
 31 – 40 ☐ 61 – 70 ☐

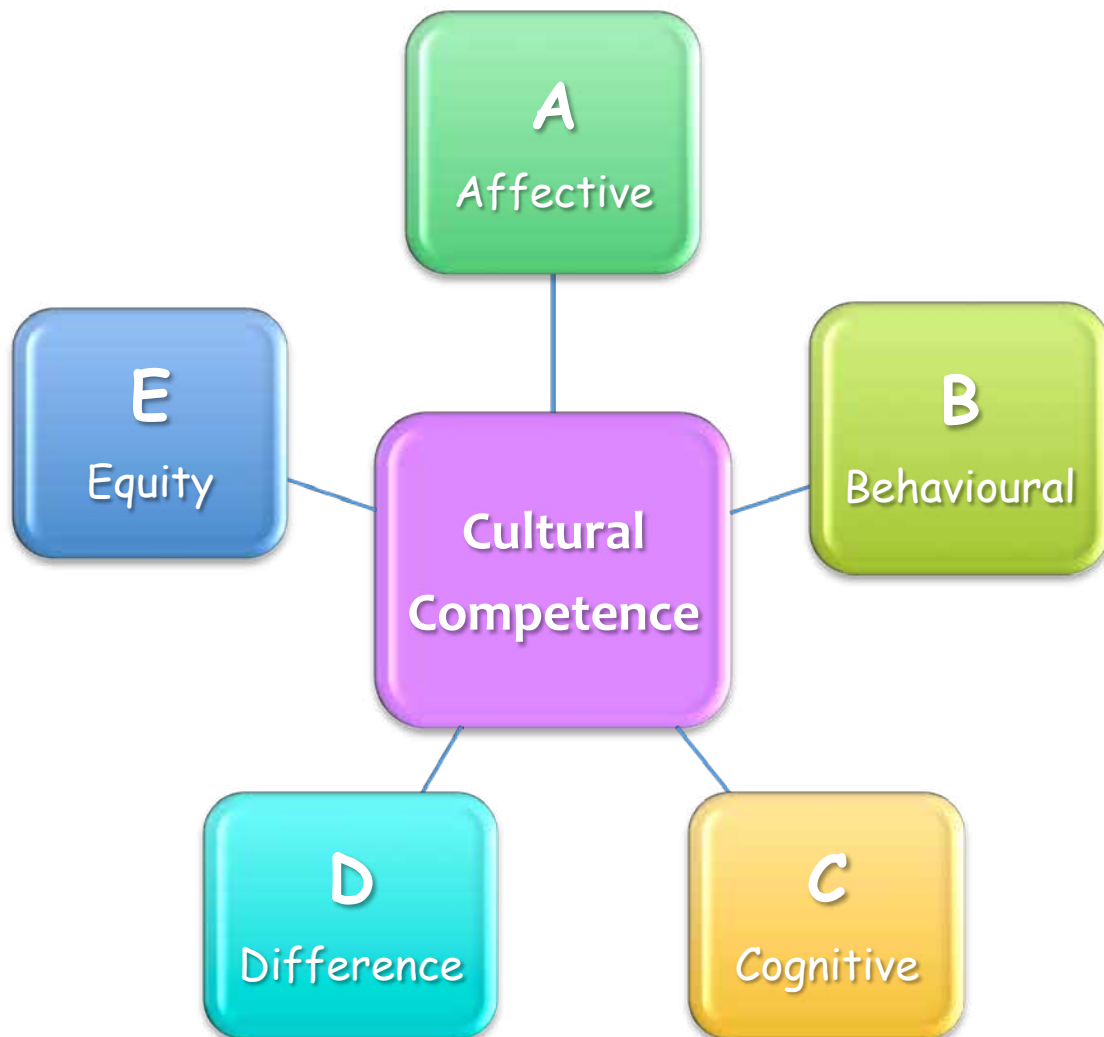
10. How long have you been living in Canada?

Less than 1 year ☐ 1 to 5 years ☐
 6 to 10 years ☐ More than 11 years ☐

Appendix 20
Breast and Cervical Cancer Screening Appointment Form

[illegible]

Appendix 21
Cultural Competency ABCDE Model¹



¹ Copied with permission from Cultural Competence Train the Trainer Manual provided by The Hospital for Sick Children (SickKids). April 2014

Appendix 22

Cultural Competency Case Studies



CASE ONE

An Afghani Muslim woman lived in a refugee camp and then immigrated to Canada a couple of years ago. She has just been matched with a male family physician through Health Care Connect. She is here to see her doctor for a scheduled intake history and physical. She brought her 21 year old daughter in to interpret for her.

The doctor offers the woman a Pap test. The woman is not sure that she needs this test given that her Muslim faith prohibits pre-marital sex and it is unlikely she has been exposed to HPV.



CASE TWO

A 62 year old man from Honduras is in a family physician office for his physical exam. The patient does not speak English, so he brought his 17 year old daughter to in to interpret for him.

During the physical assessment the doctor asks about GI symptoms. The patient replied he did not have symptoms; however he had a positive family history for colorectal cancer.

When the doctor explained the colonoscopy procedure to the patient, he noticed the patient becoming uncomfortable.



CASE THREE

A 56 year old refugee woman from Nepal came to see her family physician. She has only seen a physician twice in the past for febrile illness while she was in a refugee camp. She was also monitored by a midwife for the delivery of her three children. There is no known past medical or surgical history. She does not take any medications.

During a visit for a cough, it was suggested by her family physician that she was due for breast screening. She states, "Whatever is destined will happen."

Appendix 23
Project List of Materials Available in Adaptable Digital Formats
 Download from www.southwestcancer.ca
 (Go to Health Care Partners; News Bulletins)

1. Project Overview

- a. Project Activities
- b. Peer Health Educator Recruitment and Training
- c. Phase 1, 2, 3 Process Flow
- d. Phase 1 Focus Group Components
- e. Phase 2 Focus Group Components
- f. Phase 2 to 3 Process Flow
- g. Phase 3 Education Workshop and Access to Cancer Screening
- h. Cultural Competency – ABCDE Model

2. Peer Health Educator Recruitment (PHE)

- a. PHE Job Description
- b. PHE Interview Questions

3. PHE Training

- a. Certificate of Completion PHE Training – Template
- b. ICS Training – Cancer Overview Slide Deck
- c. ICS Training – Cancer Prevention Slide Deck
- d. ICS Training – Breast Cancer Screening Slide Deck
- e. ICS Training – Cervical Cancer Screening Slide Deck
- f. ICS Training – Colorectal Cancer Screening Slide Deck
- g. Focus Group Planning Slide Deck
- h. Focus Group Facilitator Training Slide Deck
- i. Focus Group Facilitation Manual
- j. Using Probes and Asking Clarifying Questions
- k. Focus Group Invitation Script
- l. Focus Group Ground Rules
- m. Focus Group Debriefing Guide

4. Phase 1 Focus Group –

Understanding Knowledge and Barriers

- a. Phase 1 Focus Group Introduction Script
- b. Phase 1 Focus Group Informed Consent
- c. Phase 1 Focus Group Check List
- d. Phase 1 Focus Group Questions to Understand Knowledge and Barriers

5. Phase 2 Focus Group –

Testing Education Modules and Materials

- a. Phase 2 Focus Group Informed Consent
- b. Phase 2 Focus Group Check List
- c. Arabic Cancer Prevention Education Modules
- d. Nepalese Cancer Prevention Education Modules
- e. Spanish Cancer Prevention Education Modules
- f. Breast and Cervical Cancer Screening Education Modules
- g. Colorectal Cancer Screening Education Modules
- h. Phase 2 Focus Group Pre Evaluation Form
- i. Phase 2 Focus Group Introduction Script
- j. Phase 2 Breast and Cervical Cancer Screening Presentation Post Evaluation Form
- k. Phase 2 Colorectal Cancer Screening Presentation Post Evaluation Form
- l. “How to Reduce your Cancer Risk” Form
- m. “Getting Started” FOBT Instructional Brochure
- n. Video Informed Consent
- o. Testimonial Video URL Links on YouTube

6. Phase 3 – Implementation

- a. Phase 3 Workshop Informed Consent
- b. Phase 3 Workshop Check List
- c. Phase 3 Workshop Agenda
- d. Phase 3 Breast and Cervical Screening Workshop Evaluation
- e. Phase 3 Colorectal Screening Workshop Evaluation
- f. Volunteer Training Slide Deck
- g. Phase 3 Workshop Volunteer Responsibility Form
- h. Breast and Cervical Cancer Screening Appointment Form

7. Cultural Competency Knowledge Transfer Education

- a. Cultural Competency Slide Deck
- b. Cultural Competency Case Studies
- c. Cultural Competency ABCDE Model
- d. Health Care Provider Cultural Competency Multi Language Poster

Appendix 24

Links to Other Information Resources

1. Information for newcomers and immigrants:

This section provides details about living in Canada as well as information of local agencies that support newcomers and immigrants in their adjustment and settlement journey

- a. Cross Cultural Learner Centre: <http://www.lcclc.org/>
- b. London InterCommunity Health Centre: <http://lihc.on.ca/>
- c. LUSO Community Services: <http://www.lusocentre.org/>
- d. Middlesex London Health Unit – Health Topics – Health Equity – Healthcare for Refugees: <https://www.healthunit.com/healthcare-refugees>
- e. Ontario Ministry of Health and Long-Term Care: <http://www.health.gov.on.ca/en/public/programs/ohip/>
- f. Settlement.org – Welcome to Ontario: <http://www.settlement.org/index.asp>

2. Cancer prevention information:

The listed websites provide current information and resources of cancer prevention and healthy lifestyle

- a. Cancer Care Ontario – Prevention & Care – Prevention: <https://www.cancercare.on.ca/pcs/prevention/>
- b. Canadian Society for Exercise Physiology – Guidelines: <http://www.csep.ca/english/view.asp?x=804>
- c. Canadian Cancer Society – Prevention & Screening: <http://www.cancer.ca/en/?region=on>
- d. EatRight Ontario: <http://www.eatrightontario.ca/en/default.aspx>
- e. London InterCommunity Health Centre – Immigrant and Ethnocultural Communities: <http://lihc.on.ca/immigrant-and-ethno-cultural-communities/>
- f. Middlesex London Health Unit – Health Topics – Cancer – Prevention: <https://www.healthunit.com/cancer-prevention>
- g. South West Regional Cancer Program – Prevention & Screening – Prevention: <http://www.southwestcancer.ca/prevention-screening/prevention>

3. Integrated Cancer Screening information:

This section provides information about the Integrated Cancer Screening Programs (Breast, Cervical and Colorectal). Those websites offer detailed and up-to-date information about screening, diagnosis, treatment and support services

- a. Canadian Cancer Society – Prevention & Screening: <http://www.cancer.ca/en/?region=on>
- b. Canadian Cancer Society – Support Services – Talk to an Information Specialist: <http://www.cancer.ca/en/support-and-services/support-services/talk-to-an-information-specialist/?region=on>
- c. Cancer Care Ontario – Screening: <https://www.cancercare.on.ca/pcs/screening/>
- d. Middlesex London Health Unit – Health Topics – Cancer – Screening: <https://www.healthunit.com/cancer-screening>
- e. South West Regional Cancer Program – Prevention & Screening: <http://www.southwestcancer.ca/prevention-screening/screening>

Appendix 24

Links to Other Information Resources

4. Cultural Competency materials and resources:

This section offers a valuable and significant information about cultural competency providing different resources to increase awareness and knowledge of being cultural competent through e-learning modules and workshops as well as information about local translation services. There is information in different languages that could be offered to patients to explain the different cancer screening programs as well.

- a. Across Languages
<http://www.acrosslanguages.org/>
- b. Canadian Cancer Society – Support Services – Talk to an Information Specialist
<http://www.cancer.ca/en/support-and-services/support-services/talk-to-an-information-specialist/?region=on>
- c. Cancer Care Ontario – Prevention & Care – Breast Cancer Screening – Patient Education
https://www.cancercare.on.ca/pcs/screening/breastscreening/patient_education/
- d. Cancer Care Ontario – Prevention & Care – Cervical Cancer Screening – Patient Education
https://www.cancercare.on.ca/pcs/screening/cervscreening/patient_education/
- e. Cancer Care Ontario – Prevention & Care – Colorectal Cancer Screening – Resources and Research
<https://www.cancercare.on.ca/pcs/screening/coloscreening/cccresearch/>
- f. Kids New to Canada – Culture and Health
<http://www.kidsnewtocanada.ca/culture>
- g. Sick Kids Hospital – Cultural competency – E-learning Modules Series
<http://www.sickkids.ca/culturalcompetence/elearning-modules/eLearning-modules.html>
- h. Sick Kids Hospital – Train-the-trainer Workshop
<http://www.sickkids.ca/culturalcompetence/train-the-trainer-NISN/train-the-trainer.html>

5. URL Links to Testimonial Videos

- a. Cervical Cancer Screening: Bhutanese Community, London, Ontario: https://www.youtube.com/watch?v=btwifdOjG_w
- b. Breast Cancer Screening: Arabic Speaking Community, London, Ontario: <https://www.youtube.com/watch?v=MzTe9HPfpzA>
- c. Colorectal Cancer Screening: Arabic Speaking Community, London, Ontario: https://www.youtube.com/watch?v=UTMZ_mqzaqU
- d. Breast Cancer Screening: Spanish Speaking Community, London, Ontario: <https://www.youtube.com/watch?v=4Ho-F4IKnhU>
- e. Colorectal Cancer Screening: Spanish Speaking Community, London, Ontario: <https://www.youtube.com/watch?v=TXWAjd08rvo>

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