

Strategies to Maximize Participation in Cervical Screening in Canada Catalogue of Interventions

in Canada

February 23-24, 20



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

Strategies to Maximize Participation in Cervical Screening in Canada

Catalogue of Interventions

February 23-24, 2010



Table of Contents

Executive Summary.....	4
Novel Strategies.....	9
Tell Every Woman.....	11
B.C.’s First Pap Awareness Week: Raising Awareness and Promoting Partner Clinics to Increase Women’s Participation in Cervical Screening	13
The Federation of Medical Women of Canada: A “Smear” Campaign Against Cervical Cancer	15
Join Club Cervix: Engaging Young Women, Clinics and Beauty Businesses to Build a Movement that Increases Participation in Cervical Cancer Research.....	17
A Woman-Centred Approach to Cervical Screening: An Educational Video for Clinicians to Increase Women’s Participation	19
Primary Prevention of Invasive Cervical Cancer: Educating Grade 9 Students about Invasive Cervical Cancer.....	21
Promoting Cancer Screening and Prevention in the Workplace Toolkit	23
Promoting Cancer Screening in Chinese Communities in Ontario	25
Everything about Cervical Cancer Screening in Alberta Just Changed: Challenges in Guideline Revisions	71
Well Women Clinic Pap Report Cards for Nova Scotia Health-Care Providers.....	30
Your Health Matters. A Workplace Cancer Prevention and Screening Program.....	33
Developing an Innovative Web-Based Approach for Promoting Cervical Health in Young Women.....	37
Creative Approach to Increase Cervical Screening Participation.....	39
First Nations, Inuit and Métis Women	41
The Effects of a Distance Education Intervention on Prevention of and Screening for Cancer of the Cervix among First Nation Women	43
Cervical Cancer Incidence and Screening among James Bay Cree of Iiyiyiu Aschii.....	45
Cervical Cancer Screening for Aboriginal Women in Nova Scotia: Resource Tools for Providers and Patients	47
Cervical Cancer Screening Strategies for Aboriginal Women	49

Removing Barriers	53
Implementation and Testing of a Nursing-Led Cervical Cancer Screening Program in the Mauricie Region of Quebec: Preliminary Results	55
Cervical Screening Enhancement in the Straits of Belle Isle (SBIHC) Catchment Area	57
What Women Want: One-Stop Team-Based Cancer Screening	59
Community Grants to Increase Cervical Cancer Screening: Impacts and Lessons Learned ...	61
Evaluation	63
“Changing the Face of Cervical Cancer” Beginning with Our Teens (Poster)	65
Evaluation of a Cervical Cancer Screening Intervention Pilot Program for Women in Prison	67
HPV Focal Study: Will Primary HPV Testing Change Cervical Cancer Screening Participation in British Columbia?.....	69
Pan-Canadian Best and Promising Practices to Engage Seldom- or Never-Screened Women in Cancer Screening.....	27
Perceptions of the Pap Test Clinical Experience: An Exploratory Study of Mid-life Lesbian Women in Calgary	73
Effect of Vaginal Self-Sampling on Cervical Cancer Screening Rates: A Community-Based Study	75
Feasibility of Self-Collection of Specimens for Human Papillomavirus Testing in Hard-to-Reach Women.....	77
Self-Collected Vaginal Swabs and ThinPrep Cervical Samples Screened for RNA by APTIMA HPV and DNA by Hybrid Capture 2	79
Urine Testing with APTIMA HPV Assay for Detection of Oncogenic HPV Infection and High-Grade Cervical Cancer Precursors	81
Young Women and Cervical Cancer Screening.....	82
Impact of Invitation/Reminder Letters and Message Framing on Uptake of Cervical Cancer Screening	84
Using Data and Technology to Understand Pap Screening Uptake and Target Interventions	88
Using Geographic Information Systems to Access and Increase Cervical Cancer Screening..	90
Community Profile Tool and Geographic Information Science Mapping to Identify and Reach “At Risk” Populations: A Newfoundland and Labrador Perspective.....	93

Executive Summary

Strategies to Maximize Participation in Cervical Screening in Canada highlights presentations from the Pan-Canadian Cervical Screening Initiative's (PCCSI) Participation Workshop in Montreal in February 2010. Representatives from cervical screening programs from across Canada attended.

The overall goals of the PCCSI Participation Workshop were to

- Share knowledge about successes and lessons learned in cervical cancer screening projects to develop a catalogue of strategies.
- Foster networking of individuals interested in excellence in cervical cancer screening.

This catalogue is an amalgamation of oral and poster presentations from the PCCSI Participation Workshop, organized into the following four categories:

1. Novel Strategies (Social Awareness / Media Campaigns, Educational Strategies, Prevention and Screening Strategies).
2. First Nations, Inuit and Métis Women (Educational Interventions, Research and Evaluation).
3. Removing Barriers (Evaluation of Enhanced Nurses' Roles in Screening, Provision of Community Grants, Combination of Various Screening Programs).
4. Evaluation (Educational Materials, Pilot / Research Projects, Program Evaluation and Geographic Information Science Evaluation Projects).

Key successes from cervical cancer screening projects across Canada included:

- **Increased screening** in never-screened and under-screened women in rural and urban areas through initiatives such as targeted interventions, partnerships with other organizations and social media.
- **Improved awareness of cervical cancer screening** in women (through personal involvement), health-care providers, men, multicultural populations (e.g., Aboriginal women), youth and unique populations (e.g., prison populations).
- **Enhanced and novel educational strategies** through
 - Media coverage (traditional strategies including magazines, posters, postcards, video and fact sheets, and novel interventions including

Facebook, Twitter, Google, YouTube, educational toolkits and distance education).

- Locating materials in places women frequent (fitness studios, pharmacies, beauty businesses, women's washrooms).
 - Launching social media campaigns (bingo campaign).
 - Branding (LACE).
 - Practice (adapting best practice resources).
 - Development of a comprehensive database, and knowledge translation strategies (reminders).
- **Increased partnerships** with professional organizations, industry, academia (high schools, school districts, universities) and other health promotion programs.
 - **Improved evaluations** from schools, teachers, and students.

Lessons learned through the cervical cancer screening projects included:

- **Clear and specific campaign objectives are required** to sustain the volume of activities, to broaden the repertoire of promising practices and to address diminishing participation in the post-test phase.
- **Partnerships with medical organizations are needed** for improved collaboration, communication among organizations, building partnerships with Aboriginal communities and engaging school boards.
- **Access to Pap tests is essential** owing to a lack of family physicians or consistent health-care providers (especially female providers) for many women, those living in remote areas; recruitment challenges; booking and scheduling difficulties; minimal drop-in appointments; and insufficient funding to improve projects and activities.
- **Improved Screening rates were not always achieved** through awareness campaigns (especially among younger women) and owing to small sample sizes limiting generalization, low numbers, requirement for reminder letters and inability to engage the target population in promotional strategies.
- **More public education and awareness strategies are needed** to engage women outside target areas, to expand the narrow geographic focus, to provide a pan-Canadian scope (required greater time and investment to cultivate national allies), to decide how messaging should be conveyed (edgy versus less

positive), to develop age-specific focus content and correct amount of educational content (concise fact sheets), to reinforce preventions, to increase knowledge of HPV and its relationship to cervical cancer, and to emphasize an evidence-based approach to screening with a planning framework to provide decision-makers with the tools for planning and service evaluation.

- **Behavioural change** must encompass an understanding of women's motivation for having Pap tests, fear of mistreatment following disclosure of sexual identity, and misconceptions about what a Pap test entails.
- **Media coverage** needs to include efficient video production, age-specific versions, resource suitability and access to meet the needs of health promoters and target population, site design for Internet education, appropriate content, culturally adapted promotional material, and creative technology for hard-to-reach populations.
- **Cultural and language barriers need to be addressed** to ensure there are multilingual versions of educational toolkits, translation of speaker notes (not just slide presentations), photos, increased capacity and resources, and connections with key cultural associations.
- **Follow-up is required** in terms of detailed partnership agreements, provincial recall programs and reminder letters to increase screening rates.
- **Factors that delayed implementation** of programs included the H1N1 outbreak and the economic downturn.

Next steps to move cervical cancer screening forward include:

- 1. Increase education and awareness by:**
 - Increasing extended public health education efforts for underserved populations.
 - Developing reminder tools.
 - Reviewing and updating educational tools (teaching kits).
 - Creating and publishing a compendium of best and promising practices.
 - Integrating provincial screening guidelines into report cards.
 - Increasing Pap Awareness Weeks.
 - Planning annual schedules for cancer screening well in advance.
 - Joint messages for organized cancer screening programs.
 - Increasing awareness among family doctors and in lesbian communities.

- Exploring strategies to eliminate knowledge gaps in sexual health and Pap testing.
 - Engaging in more research.
 - Tailoring messages and recruitment strategies for different age groups.
 - Adjusting data for hysterectomy.
 - Enhancing recruiting campaign.
- 2. Enhance media coverage by:**
- Using creative promotional tools to raise awareness.
 - Sharing ideas nationally.
 - Developing online interventions and continuing education.
 - Determining a plan for distribution and regular updating of information.
- 3. Increase partnerships to:**
- Engage women and partner clinics in the development of promotional strategies.
 - Build on grassroots networks to promote community involvement and activities.
 - Expand and strengthen a network of health agencies across the country.
 - Increase public and private funding.
 - Engage nurses in health and wellness centres.
 - Develop new consultations and collaboration with groups in cancer screening health promotion activities.
 - Engage school boards.
- 4. Engage in evaluation to:**
- Incorporate feedback from evaluations into possible revisions and projects.
 - Design user-friendly data collections methods and tools with local applications.
 - Evaluate communication strategies.
- 5. Eliminate cultural and language barriers by developing:**
- Multilingual versions of teaching kits.
 - Provincial strategies to consistently and appropriately collect data on ethnicity, as well as a feedback mechanism to communicate screening status to different ethnic populations.
- 6. Address screening, accessibility and follow-up to:**
- Consider models for under-screened communities.
 - Target younger women (20-29).
 - Target a broader range of locations for messaging (beauty salons, spas, English as second language classes and community events).

- Increase geographic representation.
- Avail one-stop screening to women eligible for mammography.
- Open up screening to women under 40 and those not eligible for mammography in the one-stop clinics
- Mail out Pap test results.
- Introduce weekend and walk-in appointment clinics.
- Assess attitudes and acceptance of high-risk HPV testing, its implementation and the potential impact on participation rates.
- Offer self-collected vaginal swabbing to women who are not responding to invitations for pelvic examinations.
- Determine sensitivity of urine testing.

Conclusion

Strategies to Maximize Participation in Cervical Screening in Canada highlights oral and poster presentations from the Pan Canadian Cervical Screening Initiative's (PCCSI) Participation Workshop. Key successes, lessons learned and next steps are articulated with each strategy in the four identified areas. Contact information is provided for each author and readers are encouraged to communicate for further information.

Novel Strategies

- Social Awareness / Media Campaigns
- Educational Strategies
- Prevention and Screening Strategies

Tell Every Woman

Author: Lesley Dyck

Category: Novel Strategy

Type of Strategy: Social Awareness Campaign (Pap Test Week)

Target Audience: All women ages 18-69 but specifically under-screened (not screened for between two and five years) or unscreened (never been screened or have not been screened in more than five years) women

Goals:

- Increase provincial screening rates.
- Increase access to screening services.
- Reach under-screened and unscreened populations.

Key Elements:

Manitoba Pap Test Week is coordinated by the Manitoba Cervical Cancer Screening Program (MCCSP) and is held in October each year. The principles are to combine awareness and education with access to service, to communicate to the public the importance of Pap tests, and to make it as easy as possible for women to get screened (clinics province-wide offer walk-in, no-appointment Pap test clinics during Pap Test Week).

Activities generated by the MCCSP include coordinating and sponsoring all media (e.g., transit and newspaper ads, posters and flyers, television PSAs and Flower Day), providing resources and supporting documentation, and making presentations to groups of women (e.g., unscreened and immigrant women).

The “Tell Every Woman” campaign and brand strategy is used to communicate the program’s core messages and to advertise all Pap Test Week activities, clinics where women can receive service, and the MCCSP.

Successes:

- Women who wouldn’t otherwise be screened get screened.
- Women (particularly immigrant women) are educated and reminded about Pap tests and the importance of being screened.
- Flower Day increases awareness.

Lessons Learned / Challenges:

- Sustaining the volume of activities.
- Changing the Pap test service model.
- Poster and flyer font was described as too “scripty.”
- Greeting cards.

Next Steps:

1. Shift access to walk-in screening from a one-week Pap Test Week blitz to year-round access.
2. Use Pap Test Week as an awareness campaign.

Contacts:

Lesley Dyck, Recruitment and Health Promotion Specialist, Manitoba Cervical Cancer Screening Program

CancerCare Manitoba

Unit 5-25 Sherbrook St., Winnipeg MB R3C 2B1

Tel: (204) 788-8627

Fax: (204) 779-5748

Email: lesley.dyck@cancercare.mb.ca

B.C.'s First Pap Awareness Week: Raising Awareness and Promoting Partner Clinics to Increase Women's Participation in Cervical Screening

Author: Anne McCulloch

Category: Novel Strategy

Type of Strategy: Social Awareness Campaign (Pap Awareness Week)

Target Audience: B.C. women aged 20-29 years who have not had a Pap test in the past two years

Goals:

The *overall* goal was to increase the number of women who have Pap tests during and in the months following the campaign (294 were screened who were overdue or who had never had a Pap test in B.C.).

The *specific* goals were to

- Raise awareness of cervical cancer screening.
- Encourage women who are due for a Pap test to see their regular health-care provider.
- Link women who do not have a regular health-care provider to partner clinics.

Key Elements:

Clinics were asked to

- Choose a time during the designated week to offer Pap tests on a drop-in basis.
- Put up posters in the surrounding community.
- Help the Cervical Cancer Screening Program measure outcomes.

Successes:

- In the Vancouver area, 12 clinics participated and 100+ women were screened. As well, 96 clinics in 49 other communities participated.
- Considerable media coverage was attained.
- Awareness was raised among women and health-care providers.
- Women who would not normally be seen attended clinics, especially immigrant women.

Creative strategies that were integrated included:

- Media tactics, including magazines, websites, Facebook, Google grants program.
- Posters in bars, restaurants and buses.
- Women-only fitness studios (floor decals), women's aisles of Shoppers Drug Mart (shelf-talkers) and mirror clings in washrooms.

Lessons Learned:

- Behavioural change is the bottom line, not awareness or catching attention.
- Clear and specific campaign objectives are essential.
- Audience segmentation was key (Who are they? What motivates them?).
- Partnerships are essential to an effective campaign.

Next Steps:

1. Prepare for the second annual provincial Pap Awareness Week (October 25-30, 2010).
2. Engage women and partner clinics in the development of the promotional strategy.
3. Build on grassroots networks to promote the event in communities where partner clinics are located.

Contacts:

Anne McCulloch, Promotion and Education Specialist, Cervical Cancer Screening Program

BC Cancer Agency

801-686 West Broadway, Vancouver BC V5Z 1G1

Tel: (604) 877-6000 ext. 4622

Email: amcculloch@bccancer.bc.ca

The Federation of Medical Women of Canada: A “Smear” Campaign Against Cervical Cancer

Authors: Dr. Sajni Thomas, Susan Dallin O’Grady

Category: Novel Strategy

Type of Strategy: Social Awareness Campaign

Target Audience: All women

Goals:

The *key* goal was to increase access for all women who face barriers to accessing a Pap test; in particular, women who lack a family practitioner or gynecologist and who have time constraints.

Two additional goals were to

- Increase awareness (e.g., publicity around the campaign will remind women who do have a physician to book their Pap test).
- Increase understanding through public education that Pap testing is a preventive measure against cervical cancer.

Key Elements:

- In 2008, a national approach was sought to improve screening rates for cervical cancer through awareness and public education initiatives. The last week of October was chosen as Cervical Cancer Awareness Week.
- Offices, clinics and/or health centres were recruited to offer Pap smears on a drop-in or appointment basis.
- Communication and advertising were supported centrally. More specifically, public and media relations were engaged to promote public Pap test clinics and a central web listing of clinics.
- Support packages were distributed to participating clinics (bilingual customizable posters, a local media release and patient questionnaires).

Successes / Results:

- Helpful partnerships were developed with the Society of Obstetricians and Gynaecologists of Canada and the Society of Canadian Colposcopists in 2009.
- Media exposure and assistance from industry partners were expanded.

- In 2009, 750 women received Pap tests (in 43 clinics, 30 cities, eight provinces and one territory).
- The program reached a high-risk group whose Pap test results were abnormal more frequently than those of the general population.
- Participating clinics recognized the need for this campaign.

Patient Questionnaire Results (N = 181):

- Only half of respondents reported having a family doctor.
- 80% felt that women should receive a Pap test at least once a year.
- Only 60% reported having a Pap test done within the past three years.
- 80% said that the Smear Campaign contributed to their decision to get a Pap test.

Lessons Learned:

- The campaign was worthwhile and responded to a need for access to Pap tests.
- Partnerships with other medical organizations are needed in order to recruit more clinic locations and to cover more regions to make it a truly national campaign.
- More public education and awareness is required to ensure that the public is aware of both the need for Pap tests and clinics that they can access.

Next Steps:

1. 2010 goals include increasing
 - Geographic representation.
 - Number of participants.
 - Public promotion.
 - Partnerships.
 - Public education efforts to reach underserved populations.

Contacts:

Susan Dallin O'Grady, Executive Coordinator / Coordonnatrice exécutive
Federation of Medical Women of Canada / Fédération des femmes médecins du
Canada

780 Prom. Echo Dr., Ottawa ON K1S 5R7

Tel: (613) 569-5881 or 1-877-771-3777

Fax: (613) 569-4432

Email: fmwcmain@fmwc.ca

Join Club Cervix: Engaging Young Women, Clinics and Beauty Businesses to Build a Movement that Increases Participation in Cervical Cancer Research

Author: Anne McCulloch

Category: Novel Strategy

Type of Strategy: Social Media Campaign

Target Audience: Women in their 20s

Goals:

- Develop a social media (web) campaign to encourage young women in British Columbia to talk about cervical screening.
- Improve attitudes and knowledge through peer-to-peer dialogue.
- Increase the cervical screening participation rate.

Key Elements:

Young women in their 20s were consulted to develop a campaign that evolved into a conceptual brand with three elements:

- Tying a piece of lace of any colour around a finger as a reminder to get your Pap test (LACE = Live Aware. Create Empowerment).
- Placard-style frames for the crotch area.
- Animated motion tag of a torso sketch for video.

The campaign produced videos for YouTube that featured the Action Team delivering key messages, postcards for the waiting rooms of supporters (clinics and beauty businesses) and an online tool for women to send themselves a reminder email.

The Action Team blogged and gathered supporters.

Successes / Key Outcomes:

Participant involvement was considered a major success. Key outcomes included:

- The line drawing of a pelvic frame.
- Postcards.
- Motion graphics animated signature.
- YouTube videos with LACE branding.
- LACE tied around finger reminders.

- Communication via Facebook.

Lessons Learned:

- It was challenging to get people together (owing to scheduling conflicts) and to engage women outside Vancouver.
- Deciding whether or not to use “edgy” or less-positive messaging was difficult.

Next Steps:

1. Continue to build grassroots support.
2. Develop an email reminder tool.
3. Launch the campaign in April 2010.
4. Integrate the campaign into Pap Awareness Week.

Contacts:

Anne McCulloch, MA, Promotion and Education Specialist, Cervical Cancer Screening Program

BC Cancer Agency

801-686 W. Broadway, Vancouver BC V5Z 1G1

Tel: (604) 877-6000 ext. 4622

Email: amcculloch@bccancer.bc.ca

www.LACEcampaign.com

Lisa Kan, Screening Operations Leader, Population and Preventative Oncology

BC Cancer Agency

801-686 W. Broadway, Vancouver BC V5Z 1G1

Tel: (604) 877-6201

Email: lkan@bccancer.bc.ca

A Woman-Centred Approach to Cervical Screening: An Educational Video for Clinicians to Increase Women’s Participation

Authors: Lenore Riddell, Anne McCulloch

Category: Novel Strategy

Type of Strategy: Educational Strategy (video)

Target Audience: Health-care providers

Goal:

The goal was to develop an educational aid and present what women and concerned health-care providers suggest may help with the cervical cancer screening experience.

Key Elements:

A video was developed in collaboration with the BC Cancer Agency and BC Women’s Hospital and Health Centre. There were five chapters in the 30-minute video, with the option to view individual chapters or to play them all. Chapters were

1. Focus on Screening
2. Focus on Cervix
3. Focus on Technique
4. Focus on Exam
5. Focus on Women

The timeline for development was nine months.

Successes:

- The campaign acknowledged the importance of women and health-care providers.
- The video was evaluated as useful and acceptable.
- The campaign strengthened linkages among the Cervical Cancer Screening Program, health-care providers and the provincial gynecological cytology laboratory.

Lessons Learned:

- The additional effort required to form and obtain input from an advisory group with representation from all the health professions that perform Pap tests was worthwhile. The content, acceptability and uptake of the video were also strengthened.

- Efficient video production requires a detailed script and shot list developed in close consultation with an experienced producer, director and editor.

Next Steps:

1. The video will be disseminated on the password-protected websites of the BC Cancer Agency (www.bccancer.bc.ca/cervicalscreening; click on “For health professionals”) and to relevant university departments and professional organizations.
2. The video will be used in the province’s women’s reproductive screening course.

Contacts:

Lenore Riddell, MSN, NP(F)
BC Women’s Hospital and Health Centre
4500 Oak St., Vancouver BC V6H 3N1
Tel: (604) 875-2869
Email: lriddell@cw.bc.ca

Anne McCulloch, MA, Promotion and Education Specialist, Cervical Cancer Screening Program
BC Cancer Agency
801-686 W. Broadway, Vancouver BC V5Z 1G1
Tel: (604) 877-6000 ext. 4622
Email: amcculloch@bccancer.bc.ca

Primary Prevention of Invasive Cervical Cancer: Educating Grade 9 Students about Invasive Cervical Cancer

Author: Nancy Levy, Margery MacIsaac

Category: Novel Strategy

Type of Strategy: Educational Strategy (teaching kit)

Target Audience: Junior high students (male and female) ages 14-15 years

Goals:

- Develop relevant, clear and supportive teaching materials about prevention of cervical cancer and its associated risk factors.
- Educate and encourage the early adoption of healthy lifestyle habits.

Key Elements:

A teaching kit, adapted from the Toronto (Canada) Public Health material, was used to educate grade 9 students. The Cervical Cancer Prevention Program (CCPP) collaborated with Nova Scotia's Departments of Education and Public Health. The kit included a canvas bag with a three-lesson binder, CD, Pap test instruments and a video available in English and French. The material was compatible with grade 9 Healthy Living outcomes and provided a comfortable, turnkey delivery for both genders. Two kits were provided to each school.

In 2003, CCPP staff delivered professional development sessions to teachers and guidance staff in seven English school boards in Nova Scotia. A team approach was used in the training.

Teachers evaluated students immediately using the pre-test and post-test surveys included in the kits. Teachers also provided feedback.

Successes:

- The evaluation of the professional development sessions indicated that the team approach was useful.
- Teacher evaluations after implementation were positive.
- Student evaluations demonstrated an increase in knowledge in all areas surveyed.
- Pap screening for females aged 15-19 increased in seven of nine Nova Scotia District Health Authorities (DHAs) after exposure to the program.

- A significant increase was seen in DHAs and provincially.
- Pap screening in the target population increased significantly in the two years following the introduction of the kit.
- Teachers considered the kit a valuable resource.

Lessons Learned:

- Although there was an increase in uptake in some DHAs and provincially, it was unknown whether this increase was solely attributable to the introduction of the teaching kit.
- Screening rates in women aged 25-29 not exposed to the school kit either failed to show a significant increase or decreased in the same period.
- Suggestions included connecting the kit more to HPV and making it more interactive over the day sessions.
- In response to demand, a French version of the teaching kit was released in the fall of 2007.

Next Steps:

1. The CCPP will review and update the teaching kit regularly. If updated, two copies will be sent to each school with a cover letter highlighting the changes.
2. There will be a formal evaluation of the curriculum in cooperation with the Department of Education.

Contacts:

Nancy Levy, Healthy-Living teacher

Central Kings High School

Cambridge, NS;

Amy Folkes, Program Manager, Cervical Cancer Prevention Program

Cancer Care Nova Scotia

1276 South Park St., Halifax NS B3H 2Y9

Tel: (902) 473-7438

Fax: (902) 473-4425

Email: amy.folkes@ccns.nshealth.ca

www.cancercare.ns.ca

Promoting Cancer Screening and Prevention in the Workplace Toolkit

Author: Susan Larsh

Category: Novel Strategy

Type of Strategy: Educational Strategy (toolkit)

Target Audience: Occupational health nurses and health promoters practising in workplace settings

Goals:

- Increase capacity of occupational health nurses and health promoters practising in workplace settings to deliver programming to raise awareness of the primary prevention of cancer and the benefits of breast, cervical and colorectal screening.
- Raise awareness and advance knowledge in Ontario workers of the benefits of regular breast, cervical and colorectal cancer screening and to promote cancer prevention behaviours.
- Increase breast, cervical and colon screening rates.

Key Elements:

A toolkit with the theme “Cancer screening saves lives. Check it off your to-do list” was developed through an inclusive consultation process.

The evidence-based, complimentary toolkit

(www.cancercare.on.ca/workplacetoolkit) was provided and included

- A poster.
- A factsheet.
- An interactive game.
- A looped presentation.
- Supporting resources (e.g., sample newsletter article and background information for health professionals, including suggested workplace activities).

A two-stage evaluation process was implemented that included two web-based surveys to inform potential users of the content and design of the toolkit and to explore how the toolkit was used and determine its effectiveness.

Successes / Results:

- This toolkit was the result of an effective, productive collaboration that recognized the expertise of contributors.
- While Cancer Care Ontario supplied the cancer screening and prevention content, experts in the field of workplace health promotion provided their insights into effective tools and their design. They also helped promote the project among their peers.

Lessons Learned:

- Repositioning of messages on poster: to ensure engagement of the male population, colorectal cancer screening was listed first to avoid audience disengagement.
- More information was not necessarily better: the content of the fact sheet was drastically shortened from the original version. Information was streamlined and revised to focus on key messages.
- Resource suitability and access: based on feedback, the poster was offered in two sizes (11" × 17" and 8" × 11") to better meet the needs of health promoters. Online ordering was well received.

Next Steps:

1. Continue monitoring ordering patterns.
2. Incorporate feedback from the evaluation into possible revisions and similar projects.

Contacts:

Susan Larsh, MES, Health Promotion Specialist, Public Education, Prevention and Screening

Cancer Care Ontario

505 University Ave., 18th floor, Toronto ON M5G 1X3

Tel: (416) 971-9800, press 1, ext. 3447 I

Fax: (416) 971-6888

Email: Susan.Larsh@cancercare.on.ca

Promoting Cancer Screening in Chinese Communities in Ontario

Author: Susan Larsh

Category: Novel Strategy

Type of Strategy: Educational Strategy (education and resource kit)

Target Audience: Chinese women of all ages

Goal:

The goal was to increase the capacity of Ontario health promoters to educate Chinese women about the importance of regular cancer screening participation.

Key Elements:

The resource kit included

- A comprehensive PowerPoint presentation on breast, cervical and colorectal screening (with speaker's notes) entitled "Cancer Screening: What You Should Know."
- A sample poster.
- A bookmark.
- Supporting resources from the Canadian Cancer Society and Ontario Breast Screening Program.

All resources were available in both Traditional Chinese and English. Accompanying the kit was an introduction letter, instructions for ordering additional materials and evaluation tools.

Successes / Results:

A survey of kit users and health promoters revealed that

- 77% felt that the kit was very useful and very relevant.
- The kit was rated as user friendly and high quality (91% would use it again or recommend it to others).
- There was an appreciation for the integrated screening approach.
- 71% perceived participants to have increased awareness of cancer screening guidelines.
- 71% perceived participants to be somewhat confident in going for screening.

Lessons Learned:

- It was important to translate the speaker's notes, not just the PowerPoint presentation.
- More photos would improve the presentation.
- Providing examples for tool kit usage was helpful.
- There was power in collaboration.
- Working in two languages requires increased capacity and resources.

Next Steps:

1. Consider this model for other under-screened communities.
2. Promote additional uses (e.g., as a quick reference tool; for use in various settings such as the workplace, English as second language classes and community events).

Contacts:

Susan Larsh, MES, Health Promotion Specialist, Public Education, Prevention and Screening

Cancer Care Ontario

505 University Ave., 18th floor, Toronto ON M5G 1X3

Tel: (416) 971-9800, press 1, ext. 3447 I

Fax: (416) 971-6888

Email: Susan.Larsh@cancercare.ca

Pan-Canadian Best and Promising Practices to Engage Seldom - or Never-Screened Women in Cancer Screening

Authors: South Riverdale Community Health Centre, Mount Sinai Hospital, Marvella Koffler Breast Centre and Toronto Public Health

Category: Novel Strategies

Type of Strategy: Educational Strategy (compendium of best and promising practices)

Target Audience: Health and community agencies with a mandate for outreach to populations of women who are seldom or never screened for cancer. Seldom- or never-screened populations include, but are not limited to

- Newcomers to Canada and immigrant women
- Older women
- Rural and geographically isolated women
- Disabled women
- Low-income women
- Aboriginal women
- Women of low literacy or whose first language is not English
- Women who self-identify as lesbian, bisexual, queer, questioning or two-spirit, and trans- and intersex people

Goal:

The goal was to develop and publish a comprehensive overview of best and promising practices that have been successfully employed across Canada to raise breast, cervical and colorectal cancer awareness and screening rates for seldom- or never-screened women.

Key Elements:

- A literature review.
- An environmental scan.
- An online survey.
- Telephone follow-up interviews.
- Outreach with national, provincial/territorial and community agencies with a mandate for outreach to populations of women who are seldom or never screened for cancer

- Personalized outreach using championship model.

Successes:

The compendium highlighted successful and innovative strategies to maximize screening participation rates for seldom- or never- screened women from communities across Canada.

Lessons Learned:

- The dearth of published Canadian articles, in combination with the limited time and resources to adequately evaluate program outcomes, required that the project objective be broadened to include promising practices.
- Definitions of “best” and “promising” practices varied widely.
- When involving public health agencies, pandemics such as H1N1 can result in the redeployment of committee members and target audiences, thereby disrupting outreach activities and projected timelines.
- The pan-Canadian scope of the project required a greater investment of time to cultivate national allies.
- Having diverse partners on the Advisory Committee and Working Group with strong local and national reach, and a mandate for outreach to seldom- or never-screened women, enhanced the process, outreach capabilities and outcome of the project.
- With dedicated follow-up, national and provincial/territorial conferences or presentations involving leaders in cancer prevention and screening catapulted awareness about the project, helped recruit provincial/territorial and regional champions, and helped maximize participation rates across the country.
- There is overwhelming interest and excitement about a compendium of best and promising practices - and the potential for agencies to adopt or adapt practices, identify opportunities for collaboration and improve awareness and screening rates among seldom- and never-screened women.

Next Steps:

1. To create and publish a compendium of best and promising practices to engage seldom- and never-screened women in cancer screening.
2. To share ideas nationally and enable agencies to use or adapt the successes of similar organizations across Canada, making efficient use of limited resources.
3. To expand and strengthen a network of health agencies across the country to share experiences, as well as best and promising practices.

Contacts:

Until June 2010

Aggie Mazzucco, Project Coordinator

Pan-Canadian Best and Promising Practices to Engage Seldom- or Never-Screened Women in Cancer Screening

Tel: (416) 778-9668 Toll free: 1-888-988-9668

Email: amazzucco@srchc.com

Maria Lee, Program Manager

South Riverdale Community Health Centre

955 Queen St. E., Toronto ON M4M 3P3

Tel: (416) 461-1925 or (416) 461-2493

Well Women Clinic Pap Report Cards for Nova Scotia Health-Care Providers

Author: Janice Rhodes

Category: Novel Strategy

Type of Strategy: Prevention and Screening

Target Audience: All women, especially those who were under-screened

Goals:

- Provide a summary of Well Women Clinic (WWC) Pap screening activity to organizers and Pap test providers, highlighting the quality and quantity of smears and characteristics of the population screened.
- Support organizers of rural WWCs with a decision support tool that assessed the level of success in reaching women in need of cervical cancer screening.

Key Elements:

Four categories of summary information were provided, including patient age, Pap screening status, diagnoses and specimen adequacy.

The methods included the following:

- WWC requests the report by clearly identifying Pap request forms with “WWC” and dates and forwards all Pap smears and forms to a local laboratory.
- WWC uses the WWC report card to assess the quality and effectiveness of the clinic and implements improvements for the next clinic.
- The cytology laboratory registers Pap smears with “WWC” identifier and forwards patient demographics, smear-taker identifier and diagnosis electronically to the Cervical Cancer Prevention Program (CCPP).
- The CCPP prepares the report card by analyzing WWC groupings of Pap smears in four categories and produces and mails WWC report cards to WWC organizers.
- The CCPP receives data electronically from the laboratory and WWC and the date identifies groupings of Pap tests.

Successes / Results:

Results for 2004-06 indicated that

- 27,917 women were included in report cards (6% of all women screened).
- 40.4% of women screened were between 40 and 60 years of age.
- 47.3% of women were previously under-screened.
- 4.6% of Pap test results were abnormal.
- 99.5% of slides for women 50 and under were satisfactory for evaluation.
- 99.0% of slides for women over 50 were satisfactory. The percentage of abnormal findings at WWCs increased over the three years relative to provincial rates (2004: 3.6% WWC versus 4.4% provincial; 2005: 4.8% versus 4.5%; 2006: 5.3% versus 4.3%).

Key successes included the following:

- Participation at WWCs has grown over time.
- Median age (46 years) of women screened at WWCs was higher than the median age (39 year) of women screened provincially.
- WWCs screened more under-screened women than the provincial screening pattern.
- The quality of Pap smears taken at WWCs was comparable to the provincial average.

Lessons Learned:

- Report cards allowed organizers to assess their level of success in reaching out to such under-screened women, and allowed Pap test providers to modify their practice if indicated.
- Communication between the WWCs, providers, labs and CCPP was crucial.
- On-time information technology support was required to maintain current definitions of screening status relative to provincial screening guidelines.

Next Steps:

1. Integrate the current provincial screening guidelines into the report cards during the CCPP conversion to a new database platform.
2. Standardize the report card format to address the needs of all providers of Pap smears in Nova Scotia.

Contacts:

Janice Rhodes, Data Management Supervisor

Margery MacIsaac, Coordinator, Cervical Cancer Prevention Program

Cancer Care Nova Scotia

1276 South Park Street, 5th floor, Bethune Building, Halifax, NS B3H 2Y9

Tel: (902) 473-2185

Fax: (902) 473-4425

Email: janice.rhodes@ccns.nshealth.ca

Your Health Matters. A Workplace Cancer Prevention and Screening Program

Author: Nicole Robinson

Category: Novel Strategy

Type of Strategy: Prevention and Screening Strategy (workplace program)

Target Audience: Workplace participants

Goals:

- Identify, educate and refer eligible participants for cancer screening (breast, cervical and colorectal).
- Educate on the status of five modifiable risk factors and their relationship to cancer.
- Link with workplace and community support programs.
- Refer participants for follow-up with their primary health-care provider.

Key Elements:

- Phase 1 of the strategy involved e-learning and a facilitated lunch-and-learn session.
- A baseline survey was implemented at both the facilitated and e-learning sessions.
- An information booklet and personal risk tracking card (focusing on the five modifiable risk factors and categorizing the level of risk) were provided.
- Referral for screening was provided.
- Linkages to workplace or community programs to support lifestyle changes were provided.
- All resources were available in French and English.

Successes:

- As of April 4, 2010, the Your Health Matters (YHM) program was implemented in seven Canadian provinces, within four industrial sectors, nine different employers and one national union. Over 2,000 employees, volunteers and retirees participated in Phase 1 and have completed baseline risk assessment surveys.

- There were significant increases in awareness of modifiable risk factors for cancer and cancer screening programs, follow-up action and cancer screening participation.
- Knowledge of all three recommended cancer screening programs increased notably.
- As of 12 months post intervention, 44.9% of participants had followed up with their health-care provider on their personal risk and screening.
- In this matched subject group, screening rates increased for all four programs under study:
 - 89.8% of those eligible for a mammogram because of their age (over 50) had undergone the test, compared with 88.1% at baseline.
 - 79.2% of those eligible for Pap tests had received the test at 12 months, compared with 75% at baseline.
 - 45.0% of participants eligible for fecal occult blood testing (FOBT) had taken the test at 12 months, compared with 28.3% at baseline.
 - 53.8% of those eligible for colonoscopy had received the test at 12 months.
- Of the overall self-reported personal cancer screening behaviours of this pilot group,
 - 35% of respondents learned they were due for breast screening at the YHM sessions. Of those who learned they were due, 77.8% had already completed it.
 - 59% of participants learned they were due for a Pap test at the YHM sessions. Of those who learned they were due, 70% had already completed the test.
 - 70% of participants learned they were due for an FOBT at the YHM sessions. Of those who learned they were due, 41.2% had already completed the FOBT.
 - 21% of participants learned they were due for colonoscopy at the YHM sessions. Of those who learned they were due, 42.1% had already undergone the test.
- There were significant improvements in pilot participants' attempts to improve the status of their modifiable risk factors: poor diet, sedentary lifestyle or limited physical activity, smoking, alcohol use and obesity. Outcome results for this group indicated significant improvements in healthy eating status.
- Many programs, workplaces and other organizations have expressed interest in implementing the program. The Multicultural Council Windsor-Essex, the Canadian Cancer Society, the Erie St. Clair Regional Cancer Program and the University of Windsor have formed an ethno-cultural community coalition to

expand the program using peer health educators in seven ethno-cultural communities.

Lessons Learned:

- Interest in the program beyond the originally planned national workplaces has been overwhelming. This interest, coupled with only a one-year development and baseline implementation timeline, has presented project management support challenges. Human resource implications for the development and implementation of this program were underestimated.
- Material development timelines for Canadianization of materials were also underestimated. A significant amount of liaison went into achieving provincial cancer program buy-in from multiple representatives. Strategies for contacting pan-Canadian screening teams were attempted but project timelines did not allow for use of these approval channels. Timelines will be planned accordingly for any future design changes to program materials.
- The economic downturn and its impact on the automotive sector delayed the program's implementation in those worksites.
- Another of the selected workplaces from the public sector was negatively affected by a strike.
- E-learning was hosted on each workplace's wellness website, which had huge implications for efficiency when changes were required. All future participation will be linked from one host site.
- The H1N1 outbreak resulted in the redeployment of key public health support staff, resulting in a delay in program implementation.
- A need for follow through to establish detailed partnership agreements has been identified as a key strategy for all future project collaborations. Efficiencies can be further established and quality control maximized by using a single point source for participant data management.

Public Health Agency of Canada grant deliverables (June 30, 2010):

1. Develop national benchmarking database.
2. Establish standardized data management and reporting tools.
3. Produce bilingual pan-Canadian materials.
4. Develop e-learning modules.
5. Develop implementation manual for wellness, public health or other health professionals.
6. Develop a modified program for different ethno-cultural populations.

Next Steps:

1. Partnership recruitment, development of a shared public/private funding model and finalization of a new comprehensive workplace strategy, designed to build on YHM program success. The developed program will enhance and complement positive YHM outcomes, including increased knowledge and awareness and increased screening participation, with a brief and personalized health coaching intervention designed to support sustained behaviour change.
2. The model will also include targeted strategies for organizational change, including development and implementation of healthy workplace assessment and support tools to initiate healthy workplace policies and drive sustained change at the workplace level.
3. The program will also strive to incorporate an outcome-based return-on-investment model in its next iteration.

Contacts:

Nicole Robinson, Windsor Regional Hospital
Erie St. Clair Regional Cancer Program, Coordinator, Cancer Prevention & Patient Education

1275 Walker Rd. Unit 10, Windsor ON N8Y 4X9

Tel: (519) 253-3191 ext. 52830

Fax: (519) 253-0734

Email: Nicole_Robinson@wrh.on.ca

Elizabeth Dulmage, Windsor Regional Hospital
Erie St. Clair Regional Cancer Program, Manager Integrated Cancer Screening Programs

1275 Walker Rd. Unit 10, Windsor ON N8Y 4X9

Tel: (519) 253-3191 ext. 52800

Fax: (519) 253-0734

Email: Elizabeth_Dulmage@wrh.on.ca

Developing an Innovative Web-Based Approach for Promoting Cervical Health in Young Women

Author: Linda Duffett-Leger

Category: Novel Strategy

Type of Strategy: Educational Strategy (Internet approach and guideline recommendations)

Target Audience: Young women 16-25 years of age across New Brunswick

Goals:

- Design a paper prototype of a web-based Internet intervention.
- Generate recommendations for methods and design guidelines for future research.

Key Elements:

This study adopted a participatory approach, including consultation with young women and an expert panel of practitioners to design and iteratively test a paper prototype for an Internet-based intervention to promote cervical health.

Young women (ages 16 to 25) were purposively selected from a variety of cultural and socioeconomic backgrounds and with varying education levels, residing in both rural and urban New Brunswick communities.

Recruitment strategies included word of mouth (key informants), online newsletters and listservs, free public service announcements (newspapers and cable TV), posters, social networking sites (e.g., Facebook) and a community advisory committee.

Development of the web-based Internet intervention included

- Focus groups to explore young women's preferences, goals, values and needs regarding online cervical health information.
- PICTIVE low-tech design sessions to develop paper prototype.
- Usability testing to assess the effectiveness of the navigational design, the usefulness and perceived credibility of the information provided, the think-aloud approach.
- Prototype refinement and testing.

Successes:

Young women were very engaged in the design sessions. They were excited about being asked to participate in the design of a website intended to improve the health of other young women.

Lessons Learned:

Issues were identified in relation to

- Site design (e.g., colours, fonts, images, music and use of multimedia - video and interactive tools).
- Construction and navigation (e.g., tabs, toolbars, links and health literacy issues such as searching medical terminology).
- Content and trustworthiness (e.g., cues include site design, URL, copyright, language; variability by age, education and experience).

Next Steps:

1. Funding will be sought to make this paper prototype into a live website.
2. The impact of this online intervention on young women's health behaviours will be tested over time.

Contact:

Linda Duffett-Leger, PhD(c), RN, Canadian Institutes for Health Research Doctoral Fellow, Honorary Canadian Cancer Society Doctoral Fellow

University of New Brunswick

Tel: (506) 459-5091

Fax: (506) 453-4565

Email: lindadl@rogers.com

Creative Approach to Increase Cervical Screening Participation

Author: Peggy Allan, Vera Lynn Alteen, Newfoundland

Category: Novel Strategy

Type of Strategy: Social Awareness Campaign

Target Audience: Women aged 50+ years

Goals:

- Evaluate a promotional bingo campaign conducted by community health nurses during Pap Test Awareness Week.
- Identify effective strategies to recruit women age 50+ years in the western region of Newfoundland and Labrador.

Key Elements:

- Partnering with public health nurses.
- Use of bingo halls (21).
- Promotional bingo dabbers given to participants.
- Bingo blitzes.
- Promotional activities, including media blitzes, displays, promotional materials and external banners.

Successes:

- A total of 979 women were surveyed as part of the bingo campaign during Pap Test Awareness Week. Of those surveyed, 61% were from the target age group of 50+ years.
- Comparison Pap test participation rates for 2007 and the previous two years: women 50+ years demonstrated an increase in Pap test participation rates in each of the five-year age groups.

Lessons Learned:

- Novel community-based strategies directly targeting specific age groups can be effective in promoting Pap test participation by raising awareness of the need for preventive screening and early intervention and its role in cervical cancer prevention.

- This promotional initiative was part of a comprehensive campaign held annually as a Pap Test Awareness Week, which included a multimedia approach. Other activities included lunch-and-learn education sessions and displays.
- Partnerships with community health nurses and health-care providers were critical to a successful and comprehensive regional approach.
- The younger audience (under 50 years) in this campaign did not translate into higher screening rates overall for that age group.

Next Steps:

1. Target younger women.
2. Target a broader range of locations (e.g., beauty salons and spas, with promotional nail files).
3. Untangle facts around cervical cancer.

Contacts:

Vera Lynn Alteen, Regional Coordinator
Cervical Screening Initiatives Program, Western Health
PO Box 156 Corner Brook, NL A2H 6C7
Tel: 1-709-637-5000 ext: 6435
Fax: 1-709-634-5160
Email: veralynnalteen@westernhealth.nl.ca

First Nations, Inuit and Métis Women

- Educational Interventions
- Research and Evaluation

The Effects of a Distance Education Intervention on Prevention of and Screening for Cancer of the Cervix among First Nation Women

Author: Monique Cormier-Daigle

Category: First Nations, Inuit and Métis Women

Type of Strategy: Educational Intervention

Target Audience: First Nation Women 18-69 years without a Pap test for the past 11 months

Goals:

The goals were to evaluate the effectiveness of a distance educational program related to cancer of the cervix and screening for First Nation women.

Key Elements:

Two remote education sessions were given by Aboriginal nurses in Mi'kmaq. Pap tests were organized through the centre.

Creative strategies included

- An event around the sessions.
- A video in Mi'kmaq about preventing cancer of the cervix.
- Booklets concerning screening tests of the cervix.
- A video and booklet were distributed to all study participants and to actors in the video.

The main outcome measures included knowledge, intention, attitudes about cancer of the cervix and the Pap test, having a Pap test, and satisfaction with the videoconference.

Successes / Results:

- Engaging Aboriginal nurses, producing educational materials in Mi'kmaq and developing a new competence for nurses doing Pap tests.
- An improvement in knowledge and attitudes was demonstrated.
- Distance education facilitated learning.

Lessons Learned:

- The small sample limited generalization.
- The pre- and post-test design required several visits to the health and wellness centre. Participation diminished in the post-test phase of the study.
- Support from the Band council and director of health and wellness centre were crucial to the success of the study.
- The video requires two versions - one for elders and one for young people (in English).

Next Steps:

1. Explore the possibility of obtaining funding for developing the video in English.
2. Engage the nurses in the health and wellness centre to do outreach activities in the schools once the video is translated into English.

Contacts:

Monique Cormier-Daigle, Directrice du développement des compétences / Director of Competency Development

Régie régionale de la santé A / Regional Health Authority A

330, ave. Université Ave., Moncton NB E1C 2Z3

Tel: (506) 862-4564

Email: MoniqueC@rrsb.nb.ca

Cervical Cancer Incidence and Screening among James Bay Cree of Iiyiyiu Aschii

Author: Elizabeth Robinson

Category: First Nations, Inuit and Métis Women

Type of Strategy: Research and Evaluation

Target Audience: 11 nations: 10 First Nations plus Inuit (population about 15,000 in nine communities)

Goals:

The goal was to determine the incidence of cervical cancer and screening among James Bay Cree of the Iiyiyiu Aschii region.

Key Elements:

- Nurses have an extended role and are trained at the beginning of their employment to do Pap testing.
- Nurses called women in for Pap tests (if possible in combination with visits for other reasons) on an ongoing basis and in regular, short-term blitzes. The frequency and regularity vary from one community and one year to another, depending on nursing availability and other factors.
- Index cards were used to keep track of screening.
- Doctors also performed the tests when doing a gynecological exam for other reasons.

Successes / Results:

- The incidence of cervical cancer among the Cree appears to be higher than in the province as a whole but lower than in the total Aboriginal population in Quebec.
- In 2003, 68% of Cree women aged 18-69 years reported that they had had a Pap test in the past three years, compared with 71% of the whole province.

Lessons Learned:

There is a need for improvement in

- Culturally adapted promotional materials.
- Promoting Pap testing during the mobile mammography unit tour every two years.
- Working with the Cree Women's Association.
- Provincial recall program.

Next Steps:

1. An individual needs to be appointed to take responsibility for this file.

Contacts:

Elizabeth Robinson

Direction de santé publique de la région des Terres crie de la Baie James

277 rue Duke St., Montreal QC H3C 2M2

Tel: (514) 861-2352 ext. 229

Email: e_robinson@ssss.gouv.qc.ca

Cervical Cancer Screening for Aboriginal Women in Nova Scotia: Resource Tools for Providers and Patients

Author: Sharon Rudderham

Category: First Nations, Inuit and Métis Women

Type of Strategy: Research and Evaluation (qualitative interviews and evaluation of educational materials)

Target Audience: Aboriginal women of all ages but particularly young women

Goals:

The objective was to increase the uptake of Pap testing by Aboriginal women and adapt educational materials developed in Alberta.

Key Elements:

Focus groups were conducted with women on the Reserve, health-care providers on the Reserve and women off the Reserve.

Data were collected on Pap test uptake, motivation, barriers and annual Pap test statistics.

Customized Alberta materials were developed based on the focus groups and data analyses. These materials included

- Pamphlets.
- Video (targeting young women).
- Brochure series.
- Post-its.
- iPap campaign (iPod prize, ballots, ballot box, promotional poster).
- Youth-produced DVD.
- Birthday card campaign.
- Electronic versions of all materials.
- An “About the Kit” user guide.
- Campaign carrying case.

Successes:

The key successes were attributed to

- Adapting best-practice resources for a local audience.
- Involving community care providers and residents in customization of information.

- Featuring local women and youth in collateral materials.
- Special focus on youth (female and male) as part of the production team.
- Youth-developed video campaign that inspired women to value themselves and their bodies (this was seen as a precondition to being motivated for any disease screening).
- Understanding where people get information and placing it there.
- Clear, concise, culturally competent resources.

Lessons Learned:

- There is a need to ensure that providers understand women’s motivation to have the Pap test, and when to “pitch” it. Connecting the test to opportunity - with other clinic visits such as birth control prescribing - is integral to successful Pap test screening.
- Stressing the message about prevention / curability to avoid the fear of cancer is important to consider.
- Giving the right amount of information at the right time and in the right place for different audiences (posters, pamphlets, provider teaching materials).
- Incentives such as contests and prizes also add to motivation.

Next Steps:

1. Determine a plan for distribution and regular updating of the pamphlets and information developed in collaboration with Cancer Care Nova Scotia.

Contacts:

Sharon Rudderham, Director
 Eskasoni First Nation Health Centre
 Eskasoni First Nation Community
 Cape Breton, NS B0A 1H0

Email: srudderham@eskasonihealth.ca; mj@stylusconsulting.com

Partners: Eskasoni Health Care, First Nations and Inuit Health, Cancer Care Nova Scotia, Health Canada

Cervical Cancer Screening Strategies for Aboriginal Women

Author: Agnes Black

Category: First Nations, Inuit and Métis Women

Type of Strategy: Research and Evaluation (qualitative research study)

Targeted Audience: Aboriginal women

Goals:

- Provide the provincial cancer screening program with an evaluation of the current state of cervical cancer screening interventions for Aboriginal women in B.C.
- Offer suggestions for networking and building relationships with Aboriginal communities in B.C. and organizing outreach efforts in these communities.

Key Elements:

Qualitative interviews explored health challenges, barriers to participation and suggestions for interventions meant to increase participation in cervical cancer screening.

Successes / Results:

Key findings from the interviews on health challenges included

- Lack of consistent access to health providers.
- Arthritis, diabetes, stress, etc.
- Mitigating factors
 - Poverty, isolation, lack of food.
 - High unemployment and school drop-out rates.
 - Domestic violence, lack of healthy relationships.
 - Alcoholism and drug abuse.

Key findings from the interviews on barriers to participating in screening included

- Poverty.
- Lack of cultural safety.
- Legacy of paternalism.
- Privacy and confidentiality concerns.
- Pap test not seen as a priority.
- History of sexual abuse.

- Lack of availability of health-care providers.
- Fear of focusing on cancer.

Key findings from the interviews on suggestions for interventions and partnerships included

- Health authorities should include Aboriginal health plans, programs or teams, dedicated to health improvement in Aboriginal communities.
- Bands should have CHRs (lay health-care workers).
- Partnership should be created with Health Canada - Federal Health Nurses.

Lessons Learned / Challenges:

- Build partnerships in Aboriginal communities and with Aboriginal agencies and programs.
- Educate women from a young age about the importance of cervical cancer screening and the HPV vaccine.
- Create brochures and other educational materials that reflect the lives of Aboriginal women.
- Organize a day or week dedicated to Pap screening.
- Bring services to the women who live in remote communities.
- Offer drop-in appointments.
- Use creative technology for hard-to-reach populations.

Next Steps:

The Cervical Cancer Screening Program (CCSP) is using many of the above suggestions in their work, including

- Community grant funds to support cervical cancer screening projects.
- Networking by prevention coordinators to educate women about the importance of Pap testing.
- Pap Weeks organized by the CCSP, prevention coordinators and others, including Aboriginal health centres.
- B.C. Women's Aboriginal Women's Health Program travels to remote communities to offer Pap testing.
- Promotional posters developed by and for Aboriginal women.

Contacts:

Agnes T. Black

Tel: (604) 521-0953

Email: ablack2@bccancer.bc.ca

Removing Barriers

- Evaluation of Enhanced Nurses' Roles in Screening
- Provision of Community Grants
- Combination of Various Screening Programs

Implementation and Testing of a Nursing-Led Cervical Cancer Screening Program in the Mauricie Region of Quebec: Preliminary Results

Author: Lyne Cloutier

Category: Removing Barriers

Type of Strategy: Evaluation of Enhanced Nurses' Roles in Screening

Target Audience: Women who have never been screened before or have not been screened for three years. No specific geographic areas were targeted.

Goals:

- Increase the screening rate.
- Develop a new model in which nurses are more closely involved.
- Build strategies to recruit and follow up women in the program.
- Increase the quality of Pap smears.
- Develop an information system to ensure follow-up of abnormal results.

Key Elements:

Data were collect on existing models (internal and external) and from the literature.

Advisory Committee members provided input on choice of indicators, calendar for activities, strategy used, information, consultation (general practitioner and nurses of other clinics), regular communication and meetings.

The population was identified through the literature, the database from Commission de la Santé et des Services Sociaux (CSSS) de l'Énergie and Statistics Canada.

Strengths / Results:

Key findings included characteristics that influenced participation at the individual and organizational levels:

- Individual: According to Enquête Nationale de Santé Publique 1996-1997
 - Don't think it is necessary (53%).
 - Recently immigrated.
 - Does not speak French or English.
 - Low income or education level.
 - Older or single women.

- Organization
 - Having a designated coordinator.
 - Having clearly articulated mission and values.
 - Clear role definition.
 - Providing education.

Strengths of this study were:

- The system was functional (up and running).
- The structure (e.g., clinic space, computers and supplies) and human resources (nurses, secretary) were adequate.
- The process (e.g., protocols, recruitment) was established.
- Quality assurance indicated 100% satisfactory results.
- Communication worked but was minimal.
- Those who attended were very satisfied, but the numbers were low.

Limitations:

- Low numbers

Next Steps:

1. Phase 2 of the project has received support from the Ministère de la Santé et des Services Sociaux du Québec (MSSSQ).

Contact:

Lyne Cloutier, Denis Leroux, Anne-Marie Grenier
 Lyne Cloutier, inf. PhD, Professeure, Département des Sciences Infirmières
 Université du Québec à Trois-Rivières
 Local 4862, 3e étage Pavillon de la santé, 3351 Boul. des Forges, CP 500, Trois-
 Rivières QC G9A 5H7
 Tel: (819) 376-5011 ext. 3466
 Fax: (819) 376-5048
 Email: Lyne.Cloutier@uqtr.ca

Cervical Screening Enhancement in the Straits of Belle Isle Health Centre Catchment Area

Author: Judy Applin-Poole

Category: Removing Barriers

Type of Strategy: Evaluation of Enhanced Nurses Roles in Screening (evaluation of screening program)

Target Audience: All women eligible for cervical screening in the Straits of Belle Isle Health Centre (SBIHC) catchment area.

Goals:

- Increase the number of women being screened for cervical cancer, the number of community screening clinics and the number of health promotion activities promoting cervical screening.
- Create a database of all women in the SBIHC catchment area eligible for cervical screening.

Key Elements:

A proposal for funding was developed; funding and approval was received. The strategies for implementation included staffing, timing, recruiting, staff collaboration, community partnering (community capacity building), community clinics, community champion and nurse recruiting.

Successes / Results:

The results demonstrated:

- Increase in the number and variety of health promotion activities.
- Increase in the number of women screened (from 93 to 210).
- Increase in collaboration among professionals (both formal and informal).
- Partnering in community and enhanced community capacity (e.g., planning and organizing of clinics and education sessions).
- Development of an accurate and comprehensive database.

Lessons Learned:

The implementation, with a decreased budget, raised a number of key questions, such as:

- How to collaborate with other clinicians?
- Where to hold the clinics?
- When to start to make it more accessible for all targeted participants?
- How to recruit?

Next Steps:

1. Determine ways to ensure that the partnerships continue.

Contacts:

Judy Applin-Poole

PO Box 107, Flower's Cove NL A0K 2N0

Email: judy.poole@lghealth.ca

What Women Want: One-Stop Team-Based Cancer Screening

Author: Janet Bickerton and Valerie Nugent

Category: Removing Barriers

Type of Strategy: Evaluation of Enhanced Nurses Roles in Screening (evaluation of screening program)

Target Audience: Women aged 40+ years

Goals:

- Plan, implement and evaluate a one-stop team-based approach to cancer screening for women in the Cape Breton District Health Authority.
- Establish partnerships and linkages with key stakeholders.
- Make recommendations for future cancer screening for women.

Key Elements:

Key activities included

- Mammography through the mobile breast-screening unit.
- Wellness visit with a specially trained registered nurse.
- Nutrition education for cancer prevention with a registered dietician.

Successes / Results:

The major success was that a quality screening service that is responsive and satisfactory to the target population was developed. Specifically, the project

- Identified processes, strategies and resources required to provide one-stop screening.
- Built credible partnerships that would enhance future shared screening initiatives.
- Identified strategies to recruit and screen unique populations of women.
- Increased access to screening by the under-screened population.
- Increased cancer-risk and prevention knowledge in the target population.
- Outlined recommendations for future cancer screening for women in Nova Scotia.

Challenges:

- Participation screening rates were low.
- Recruitment was a challenge.
- Booking and scheduling were difficult.
- Appropriate and adequate space was not always available.
- Data management was complex.

Next Steps:

1. Make one-stop cancer screening available to women across Nova Scotia. One-stop screening has three components: mammograms, Pap/colorectal tests and nutrition.
2. Open up screening to non-one-stop clients - women under 40 and those not eligible for mammography.
3. Develop local booking and scheduling for one-stop screening.
4. Establish evening and weekend appointments and allow walk-ins.
5. Use primary health care settings for cancer screening - avoid acute care.
6. Mail Pap test results to women.
7. Plan annual schedules for cancer screening well in advance to allow communities to prepare and recruit, particularly high-risk under-screened women.
8. Organize all provincial cancer screening programs to fall under one umbrella.
9. District cancer prevention teams need to be representative of all screening programs and First Nations health planners.
10. Work consistently and over the long term with First Nations health planners and providers to plan cancer screening and recruit First Nations women.
11. In provincial screening programs, design user-friendly data collection methods and tools that can be used for local data collection.
12. Develop a provincial strategy to consistently and appropriately collect data on ethnicity and the identification of a feedback mechanism to communicate screening status to those ethnic populations.

Contacts:

Valerie Nugent, RN, BScN, Manager, Cancer Prevention Program

Email: nugentv@cbdha.nshealth.ca

Community Grants to Increase Cervical Cancer Screening: Impacts and Lessons Learned

Authors: Alison Nelson, Melissa Hyman, Seema Parmar, Patricia Pelton

Category: Removing Barriers

Type of Strategy: Provision of Community Grants

Target Audience: Unscreened and under-screened women in Alberta

Goals:

- Increase cervical cancer screening throughout Alberta.
- Build relationships and engage communities.
- Develop innovative strategies to enhance screening.

Key Elements:

Health authorities and community groups applied for annual project grants of varying amounts between 2002 and 2008.

The focus of grants expanded to include two out of three cancer screenings (breast, cervical or colorectal) in the last year of the grants (2008/09).

Successes / Results:

- 2006-07 - 28 grants; 2007-08 - 21 grants; 2008-09 - eight grants.
- Multiple innovative projects occurred across the province that attempted to educate women about cervical cancer screening, connect women to screening services and facilitate screening for women without access to screening services.

Challenges / Lessons Learned:

Challenges:

- Determining changes in screening rates over short periods is difficult.
- Ongoing funding is required to sustain and improve projects and activities.
- Project management and evaluation support are important to sustain projects.
- Best practices need to be shared within cancer screening health promotions.

Lessons learned:

- Involve community members.
- Use multiple recruitment, engagement and education methods.
- Ensure cultural sensitivity and appropriate language.
- Involve health-care providers with female providers available.
- Counter common transportation and childcare barriers.

Next Steps:

1. Grant funding ended in 2008/09.
2. Develop new ways to offer consultations and work collaboratively with groups involved in cancer screening health promotion activities at the community level.

Contact:

Email: alison.nelson@albertahealthservices.ca

Evaluation

- Educational Materials
- Pilot / Research Projects
- Program Evaluation
- Geographic Information Science Evaluation Projects

“Changing the Face of Cervical Cancer” Beginning with Our Teens (Poster)

Author: Valerie Fagan

Category: Evaluation

Type of Strategy: Educational Materials (teaching tool)

Target Audience: Level III girls

Goals:

- Educate young girls (Level III) through the Nova Central School District in central Newfoundland about cervical cancer prevention to help them make informed future decisions.
- Recruit all eligible schools in central Newfoundland to participate in the education and awareness campaign that informs Level III girls about the importance of Pap testing.

Key Elements:

A letter was sent to the Executive Director of the Nova Central School District requesting support to approach high schools in the district to offer education sessions.

A second letter was written to high school principals and guidance counsellors eliciting their support to provide the public health nurse with access to the Level III girls in the regular scheduled school day.

Sessions included

- A warm-up activity.
- A standardized PowerPoint presentation.
- Visual aids (e.g., collection tools, model cervix).
- Information brochures.
- Promotional giveaways (e.g., lip balms, compact mirrors, highlighters).
- Opportunity for questions and answers.

Successes / Deliverables:

- Partnerships were developed between health districts and school districts to deliver important health information (program coordinator, public health nurses, school board director, high school principals and students).

- The school board committed to allowing education sessions in all high schools throughout the central region.
- Knowledge (among grade 12 girls) about cervical cancer prevention was increased.
- Being able to educate these young women in their own learning environments (individual schools) during their senior year was a great accomplishment.

Lessons Learned:

- Engaging the school board and school administrative staff increased the success of the initiative.
- The format ensured that young women had the correct information and provided them with a comfortable setting for asking potentially embarrassing questions. It also reinforced the importance of illness prevention through both school and health disciplines.
- Feedback from students attending these education sessions has been extremely positive and encouraging.

Next Steps:

1. The intent of this partnership was to provide ongoing cervical cancer prevention. Choosing Level III girls ensures that there will always be a different group of girls. It will be the coordinator's responsibility to update and re-evaluate this education session regularly.
2. This high school project will continue to be one element of our comprehensive education campaign spanning all ages of women in our region.

Contacts:

Valerie Fagan, BN, RN, CCHN(c), Regional Coordinator
 Cervical Screening Initiatives Program
 3 Bell Place, Gander NL A1V 2T4
 Tel: (709) 651-6264
 Fax: (709) 651-3341
 Email: Valerie.Fagan@centralhealth.nl.ca

Evaluation of a Cervical Cancer Screening Intervention Pilot Program for Women in Prison

Author: Ruth Elwood Martin

Category: Evaluation

Type of Strategy: Research Project

Target Audience: Women in prison

Goals:

- Gather information on the ideas of women in prison for the design of a prison cervical cancer screening intervention pilot project that would address their needs.
- Design, implement and evaluate a prison-based cervical cancer screening intervention pilot program that was based on their input.

Key Elements:

Focus groups were conducted with women in prison to gather and incorporate ideas for the design of a prison cervical cancer screening intervention program.

Two 20-week periods were selected for the study: a pre-intervention period and an intervention period. 847 women were incarcerated at the Burnaby Correctional Centre for Women sometime during these two periods. The 20-week intervention consisted of a nurse-led screening clinic for one-on-one education (about cervical cancer and Pap testing), reporting of test results and arranging for treatment.

Correction Branch inmate records and provincial Cervical Cancer Screening Program patient records were linked and compared for screening rates before, during and after the intervention period. Associations between socio-demographic factors and screening rates were examined.

Successes / Results:

- A higher proportion of the prison population was screened during the intervention period (26.9%) than during the pre-intervention period (21.0%).
- Women with no high school education and longer incarcerations were significantly more likely to participate in prison-based screening.

Lessons Learned:

- The role of the Street Nurse Outreach Program now includes providing regular cervical cancer screening for women in prison.
- The benefit did not reach, to a greater extent, women who had not been previously screened or who were inadequately screened.
- In the following three years, only 50% of women who participated in the intervention had been re-screened.
- Older, Aboriginal and longer-sentenced women were more likely to have had multiple surnames, necessitating exclusion from the linkage analysis.

Next Steps:

1. To facilitate collaboration between federal, provincial and territorial prisons and provincial and territorial screening programs to provide access to cervical cancer screening for women while they are incarcerated.
2. To use participatory modes of engagement to develop peer screening educators and supporters among women inside prison and those released into the community, and to increase uptake of cervical cancer screening among incarcerated women who have not previously been screened.

Contacts:

Ruth Elwood-Martin, Collaborating Centre for Prison Health and Education
University of British Columbia Department of Family Practice
300-5950 University Blvd., Vancouver BC V6T 1Z3
Email: Ruth.martin@familymed.ubc.ca

HPV Focal Study: Will Primary HPV Testing Change Cervical Cancer Screening Participation in British Columbia?

Authors: G. Ogilvie, D. van Niekerk, M. Krajden, R. Martin, G. Stuart, S. Peacock, T. Ehlen, L. Smith, E. Franco, A. Coldman

Category: Evaluation

Type of Strategy: Research Project (randomized controlled three-armed trial)

Target Audience: Women 25-65 years of age registered with the Medical Services Plan in British Columbia

Goals:

- Establish the efficacy of high-risk HPV testing followed by liquid-based cytology (LBC) triage of high-risk HPV positives for screening compared to LBC alone.
- Assess the attitudes to changes in screening practices by study participants and clinicians.
- Assess cost-effectiveness.

Key Elements:

To date, 30,700 women from 147 family physician collaborators have been sent invitation letters to participate in the study. The current recruitment rate is approximately 39%.

Successes:

- 12,040 women have verbally consented to participate.
- The study is unique as it evaluates attitudes to and acceptance of high-risk HPV testing, its implementation within a provincial screening program and the potential impact on screening participation rates.

Lessons Learned / Challenges:

- There is a lack of knowledge about HPV, its relationship to cervical cancer and its precursors.
- There is a stigma attached to HPV and logistical barriers to family physician collaboration.
- Challenges are encountered both in the participant and family physician collaborator populations.

Next Steps:

1. Focal Study participants, family physician collaborators and community opinion leaders (obstetricians/gynecologists) are being invited to explore challenges through surveys and focus groups. The findings will be used to develop and implement knowledge translation mechanisms to assist with eventual paradigm shifts in practice.
2. Canadian cervical cancer screening programs will evolve as high-risk HPV testing is implemented and as more of the female population becomes vaccinated against high-risk HPV types.
3. The HPV Focal Study is assessing not only the efficacy of primary HPV testing for cervical cancer screening, but also attitudes and acceptance of high-risk HPV testing, its implementation within a population-based program and the potential impact on participation rates.

Contacts:

Laurie Smith, BN, RN, CCRP, Manager, HPV Focal Study
BC Cancer Agency
711-750 W. Broadway, Vancouver BC V5Z 1H6
Email: lsmith3@bccancer.bc.ca

Everything about Cervical Cancer Screening in Alberta Just Changed: Challenges in Guideline Revisions

Author: Laura McDougall

Category: Evaluation

Type of strategy: Program Evaluation (revise and communicate changes in clinical practice guidelines)

Target Audience: Health-care practitioners

Goals:

- Revise and effectively communicate evidence-based cervical screening guidelines for Alberta.
- Modify Alberta Cervical Cancer Screening Program (ACCSP) software and materials accordingly.

Key Elements:

Key activities of the strategy included

- Reviewing unsuccessful guideline revision process (2005-06).
- Joint development of guidelines (Toward Optimized Practice and the Alberta Cervical Cancer Screening Program).
- Reviewing other guidelines from the U.K., Europe and other provinces; for screening initiation, consider age and onset of sexual activity as separate factors.
- Determining impact of changes of guidelines on the program.
- Developing a communication strategy (e.g., advance notice to labs, colposcopists and politicians; mail-out packages; email blasts - clinical and administrative; the media; and assessing hits on websites).

Successes / Results:

- The power of national guidelines is impressive but there is a need to keep them updated, and to appreciate the power of local data.
- Cooperation of labs.
- Confidentiality agreements with committee members.
- Communication strategy.

Challenges / Lessons Learned:

- In terms of the administrative structure, separate guideline development from service provision.
- The approach is labour intensive; therefore, we need to consider a national approach at least in terms of keeping a synthesis document of the evidence up to date and templates for dissemination tools.

Next Steps:

1. Evaluate communication strategy.
2. Assess hits on websites.
3. Implement a knowledge, attitudes and practice (KAP) survey for practitioners.
4. Determine utilization.
5. Host online continuing medical education and conduct KAP survey.

Contact:

Email: Laura.mcdougall2@albertahealthservices.ca

Perceptions of the Pap Test Clinical Experience: An Exploratory Study of Mid-life Lesbian Women in Calgary

Author: Andrea Szewchuk

Category: Evaluation

Type of Strategy: Research Project (semi-structured, ethnographic interview qualitative research)

Target Audience: Lesbian women between 43 and 54 years of age

Goals:

- Explore the Pap testing experiences of mid-life lesbian women.
- Identify attitudes towards Pap testing and barriers to screening.

Key Elements:

- Women who self-identified as lesbians between 43 and 54 years of age and who had at least one Pap test done in Calgary were sought for inclusion in the study in October 2008.
- Purposive sampling sought to include women who were of varying ethnic backgrounds, women who had given birth and those who had not, women who had abnormal Pap tests or who never had an abnormal test.
- Recruitment strategies included online social networks and email lists, community organizations, bars catering to the lesbian community and snowball sampling.
- Semi-structured interviews were conducted in accordance with the Health Belief Model and a critical review of the literature.

Successes / Results:

- Pap testing was considered part of a mid-life woman's regular health check; however, participants questioned how lesbian identity influenced the need for screening and what the true "risks" were for lesbian women.
- Participants expressed a desire to have more communication with physicians and access to health materials about sexual health and Pap testing for lesbian women.

- Women self-identified gaps in sexual health and Pap testing knowledge, which were attributed to a generational effect, taboos in discussing sexuality and poor communication with physicians. Some participants had been told by physicians they did not need screening.
- Lack of primary care provider, previous or feared discrimination and mistreatment were also barriers to screening.
- Aging was associated with increased confidence in voicing needs and “catching up” on health information not previously learned.

Lessons Learned:

- Messages about mid-life women’s need for screening may be confounded by a lack of inclusion of lesbian women in these dominant discourses.
- Sexual identity played a role in receipt of health care, including experienced and feared mistreatment following disclosure, as well as misinformation following disclosure.
- Women experienced difficulty finding a family physician, indicating a need from a health services provision perspective.

Next Steps:

1. Increase awareness with family doctors and lesbian communities highlighting that cervical screening is important for women having sex with women (WSW).
2. Explore strategies to eliminate the gaps in sexual health and Pap testing knowledge for mid-life lesbian women, taking into consideration the way in which diverse identity factors (in this case, age) affect cues to screening.
3. Challenge physicians to mitigate disparities in screening and primary-care access by asking directly and non-judgmentally about sexual history and providing educational materials inclusive of sexually diverse populations.
4. Engage in more research to elaborate the extent of screening disparities and prevalence of cervical cancer in WSW populations.

Contacts:

Andrea Szewchuk, AB, MD candidate
 Lynn McIntyre, MD, MHSc, FRCPC
 University of Calgary
 Medicine 2010
 Tel: (403) 701-9715
 Email: aszewchu@ucalgary.ca

Effect of Vaginal Self-Sampling on Cervical Cancer Screening Rates: A Community-Based Study

Author: Pauline Duke (primary investigator), Leigh Ann Butler

Category: Evaluation

Type of Strategy: Research Project (community-based comparative research study)

Target Audience: Women 30-69 years of age

Goals:

The goals were to determine

- Whether a self-collected Dacron swab-based method of specimen collection for HPV testing will lead to improved screening coverage for cervical cancer in under-screened and unscreened women, compared with clinician-collected Pap smear-based strategies.
- The proportion of women in a community-based population who would use a self-collected Dacron swab-based method to screen for HPV.

Key Elements:

Women living in three rural communities of Newfoundland with similar demographics were invited to participate in this study.

Women living in the first intervention community have the option of testing themselves for HPV infection using a vaginal self-collection method. This is in addition to the continued availability of Pap smear screening. An intensive educational and promotional campaign will be used to demonstrate the importance of cervical cancer screening and to encourage HPV awareness.

Women living in the second intervention community receive the same educational and promotional campaign as the first community; however, the only screening method available to potential participants is the usual Pap smear screening initiatives. Furthermore, the educational and promotional campaign is offered in this community, but it does not contain the HPV awareness component.

The third community involved in this study serves as the control community. Women living in this community receive the standard level of cervical screening services provided to all other communities in Newfoundland and Labrador.

Successes / Results:

This is an ongoing research study; however, the authors believe that the option to self-collect vaginal specimens for HPV-based cervical cancer screening will increase the proportion of women who are screened for cervical cancer in Newfoundland and Labrador, particularly in under-screened and unscreened women between the ages of 30 and 69.

Lessons Learned:

Study ongoing; none to date.

Next Steps:

1. The observed cervical cancer screening rates will be compared among the study communities and with the screening rates observed in these communities during previous years to determine the effect of these new interventions on cervical cancer screening rates in Newfoundland and Labrador.

Contacts:

Leigh Ann Butler, MHS, Research Assistant I, HPV Self-Collection Study, Primary Healthcare Research Unit

Rm. 1767, Health Sciences Centre, Faculty of Medicine, Memorial University, 300 Prince Philip Dr., St. John's NL A1B 3V6

Tel: (709) 777-2260

Fax: (709) 777-6118

Email: LeighAnn.Butler@med.mun.ca

Pauline Duke, MD, Associate Professor

Family Practice Unit

Rm. H2407, Health Sciences Centre, Faculty of Medicine, Memorial University, 300 Prince Philip Dr., St. John's NL A1B 3V6

Tel: (709) 777-6743

Fax: (709) 777-7913

Email: pduke@mun.ca

Feasibility of Self-Collection of Specimens for Human Papillomavirus Testing in Hard-to-Reach Women

Authors: Gina Ogilvie, Mel Krajden, Juanita Maginley, Judy Isaac-Renton, Greg Hislop, Ruth Elwood Martin, Chris Sherlock, Darlene Taylor, Michael Rekart

Category: Evaluation

Type of Strategy: Pilot Project (feasibility study)

Target Audience: Sexually active women over age 16 who were homeless or had unstable housing in Vancouver's Downtown Eastside, who were involved in the sex trade or who had a history of alcohol or drug abuse

Goals:

The goal was to determine the feasibility of self-collected specimens for testing human papillomavirus (HPV) status among hard-to-reach women.

Key Elements:

Outreach nurses recruited women in women's centres, shelters and alleys in Vancouver's Downtown Eastside using a standardized recruitment statement.

Participants were given a diagram that illustrated how to obtain a cervicovaginal specimen. They were instructed to insert a Dacron swab intravaginally, rotate it three times and place it in a specimen tube containing specimen transport medium.

Ethical approval for the study was obtained from the Ethics Board at the University of British Columbia.

Successes / Results:

- Of the 151 participants for whom samples were available, 43 (28.5%) tested positive for high-risk HPV.
- Outreach nurses were able to re-contact 81.4% of the participants who tested positive and referred them for further testing.
- About 14% (21 of 151) of participants had never undergone a Pap smear in British Columbia, compared with 8.3% (608 of 7,336) of women in the B.C. general population ($p < 0.05$).

Lessons Learned:

This study demonstrates that self-collection of specimens for HPV testing is a feasible method to reach women who have not previously participated in cervical cancer screening programs.

Next Steps and Contacts:

Email: ruth.martin@familymed.ubc.ca

Self-Collected Vaginal Swabs and ThinPrep Cervical Samples Screened for RNA by APTIMA HPV and DNA by Hybrid Capture 2

Authors: Dr. Max Chernesky, Dan Jang

Category: Evaluation

Type of Strategy: Research Project (comparative research study)

Target Audience: Women 17-63 years

Goal:

The goal was to compare self-collected vaginal swabs to physician-collected cervical samples tested for high-risk HPV using two types of assays.

Key Elements:

- 101 women, median age 29 years, were referred to colposcopy.
- Two swabs were collected from each woman, one by the woman and one by the physician.
- High-risk HPV detection in self-collected samples transported in either a dry or wet state was determined.

Successes / Results:

- Self-collected vaginal swabs may enable more routine HPV testing of women reluctant to undergo pelvic examinations.
- Testing vaginal swabs by APTIMA HPV identified most cervical intraepithelial neoplasia grade 2 (CIN2+) cases, approximating the sensitivity of hybrid capture 2 testing of ThinPrep samples.

Lessons Learned:

- Self-collected swabs detected an increased number of patients with high-risk HPV.
- Dry vaginal swabs can be used for collecting and transporting samples.

Next Steps:

1. Offer self-collected vaginal swabbing to women who are not responding to invitations for pelvic examinations and Pap smear collection.

Contacts:

Dr. Max Chernesky

St. Joseph's Healthcare

Rm. L424, 50 Charlton Ave. E., Hamilton ON L8N 4A6

Tel: (905) 521 6021

Fax: (905) 521 6083

Email: cherneskm@mcmaster.ca

Urine Testing with APTIMA HPV Assay for Detection of Oncogenic HPV Infection and High-Grade Cervical Cancer Precursors

Authors: Alice Lytwyn, Dan Jang (presenter)

Category: Evaluation

Type of Strategy: Research Project (comparative research study)

Target Audience: Women aged 19-62 years referred for colposcopy (median age, 30 years)

Goals:

The goals were to compare test performance of urine APTIMA HPV to urine hybrid capture 2, self-collected vaginal samples and cervical testing, for detecting cervical intraepithelial neoplasia grade 2 (CIN2+) cases and high-risk HPV infections.

Key Elements:

New referrals of women with abnormal Pap test results were made. Participants collected a urine sample and a vaginal swab and the physician collected a second swab.

Successes:

- Urine detected fewer CIN2+ cases than vaginal swab Pap testing did (urine detects more CIN2+ than hybrid capture 2 does).

66% urine APTIMA HPV sensitivity for CIN2+ may be acceptable for women reluctant to provide a genital sample

Next Steps:

1. Further efforts should be directed at sensitivity of urine testing.

Contacts:

A. Lytwyn, L. Lawson, M. Howard, L. Elit, K. Onuma, D. Jang, M. Klingel, A. Ecobichon-Morris, M. Chernesky

McMaster University

Hamilton ON

Email: lytwyn@HHSC.Ca

Young Women and Cervical Cancer Screening

Author: Agnes T. Black

Category: Evaluation

Type of Strategy: Research Project (qualitative research study)

Target Audience: Young women 20-29 years

Goals:

- Evaluate knowledge of cervical cancer screening in young women in British Columbia.
- Explore barriers that discourage cervical cancer screening.
- Understand facilitators that encourage young women to participate in cervical cancer screening.

Key Elements:

Five focus groups were held at colleges and universities; two were held at clinics near shopping centres and one was held at an Aboriginal community centre. A total of 80 women participated in the focus groups.

Successes / Results:

- Reminders about Pap tests were an effective tool for participants.
- Facilitators of cervical cancer screening included education about Pap tests, female test providers and assistance in finding a health-care provider.

Lessons Learned:

- Getting women from different ethnicities to participate in focus groups was a challenge. Over 60% of women were Caucasian. Asian, Aboriginal and Latina women represented less than 20%.
- There was a misconception about what a Pap test entails.
- A lot of women don't have regular health-care providers.
- Barriers to participating in cervical cancer screening included fear and discomfort.

Next Steps:

1. Educate women about the importance of Pap tests and what the Pap test entails.
2. Provide assistance with locating providers or clinics where new patients are accepted and Pap tests are performed.
3. Encourage providers to continue promoting young women's regular participation in cervical cancer screening.
4. Continue and expand Pap Day and Pap Test Week activities, using female providers whenever possible.
5. Send email reminders to women when their Pap test is due.

Contacts:

Agnes T. Black

Tel: (604) 521-0953

Email: ablack2@bccancer.bc.ca

Impact of Invitation/Reminder Letters and Message Framing on Uptake of Cervical Cancer Screening

Author: Maria Linehan

Category: Evaluation

Type of Strategy: Research Project ()

Target Audience: Women 21-69 years

Goals: Two evaluation studies

The goals of Study 1: Impact of Message Framing, were to determine whether

- Messages that emphasize the potential gain of regular screening (gain framed) are more effective at increasing cervical screening uptake than are those that emphasize the potential loss of not being screened (loss-framed).
- Sending invitation letters vs. not sending invitation letters had an impact.

The goals of Study 2: Enhancing Participation in Cervical Screening (EPICS), were to determine

- The impact on cervical screening uptake of sending women standard invitations letters, enhanced invitation letters and no invitations letters, vs. partnering with primary care networks (PCN) and sending women a more directive letter.
- Whether providing primary-care physicians with names of unscreened patients increases screening coverage and to estimate cost-effectiveness of various primary care recruitment strategies.

Key Elements:

Study 1:

- Focused on approximately 31,000 unscreened women for whom the Alberta Cervical Cancer Screening Program (ACCSP) had no record of cervical screening since the program's inception in 2003.
- Women were stratified by age: 21-34, 35-49 and 50-69.
- Letters were sent in batches between July and December 2008.
- Women were selected by postal code and age and were assigned randomly to one of three intervention groups or a control group.

- A subset of women in the intervention groups who were still unscreened at three months were randomized into two groups, those receiving an invitation reminder letter and those who received no reminder letter.
- Uptake rate was monitored at nine months.

Study 2:

- Focused on approximately 46,000 unscreened women living within the geographic boundaries of three PCNs in the Calgary area for whom the ACCSP had no record of cervical screening since the program's inception in 2003.
- The first phase of the project was to measure the impact of sending an enhanced invitation letter to unscreened women compared with a standard program letter. The enhanced invitation letter is written jointly by the PCN and the ACCSP and offered access to a female Pap test provider for women without a family physician.
- Women were randomized into two intervention groups and a control group. After two months, those women who were still unscreened were sent a reminder letter.
- Uptake was measured at six months.
- Data presented are for the first 15,000 women randomized to whom the ACCSP began sending letters.

Successes / Results:

Study 1: Invitations from the organized program increased Pap test uptake by no more than 2.5%. Specifically,

- Impact of invitations was greatest among women aged 35 to 49.
- Reminder letters increased uptake by a further 1%.
- There was no difference in uptake between loss-framed and gain-framed messages.

With gain-framed messages, participants were less likely to opt out and more likely obtain a Pap test sooner.

Study 2 (EPICS):

- Standard letters sent to women in the EPICS project improved uptake by 2% compared with the control group.
- The enhanced letters increased uptake by almost 1% more.
- Enhanced letters are more cost efficient than standard letters.
- Letters to women 35-49 are the most cost efficient.

- Uptake rates using an enhanced invitation letter were not as high as was expected based on the literature.

Results were not comparable with those from the U.K.; this could be because letters were not from the family physician.

Lessons Learned:

Study 1:

- Inviting women aged 35-49 for cervical cancer screening yields higher results than for other age groups.
- Although letters of invitation increase cervical screening uptake, screening programs can expect the increase to be fairly modest.
- Gain-framed messaging should be used for invitation and reminder letters to decrease the number of program opt-outs and to prompt women to have their Pap test sooner.

Study 2:

- The enhanced invitation letter from the PCN and ACCSP was signed by the PCN medical lead, which in most cases was not the woman's primary health-care provider. If the letter was signed by the woman's own primary health-care provider, the results may have been more comparable with what was expected based on the literature.

Next steps:

Study 1:

1. At the completion of the study, the ACCSP updated invitation and reminder letters based on the study results and feedback from women.
2. Consider tailoring invitation messages and recruitment strategies for different age groups.

Study 2:

1. For primary care physicians in the three PCNs, names of under-screened patients who are "attached" to them according to billing data will be provided.
2. Clerical and nursing resources will be offered to assist with recruitment and screening update and cost effectiveness will be determined.

Contact:

Email: Maria.Linehan@albertahealthservices.ca

Using Data and Technology to Understand Pap Screening Uptake and Target Interventions

Author: Margery MacIsaac

Category: Evaluation

Type of strategy: Geographic Information Science Evaluation Project

Target Audience:

- 85,983 women aged 35-49 years (2005-07)
- Spatial aggregation - Nova Scotia District Health Authorities, nine; counties, 18; dissemination areas, 1,609.
- Woman's residence, smear taker - geo-referenced based on postal code.

Goals:

- Describe spatial variability of Pap screening participation rate (PSPR) at three levels of spatial aggregation.
- Examine potential predictors of uptake.
- Identify vulnerable segments of the population.

Key Elements:

- A three-year age-standardized PSPR was based on the most recent Pap smear.
- Multivariate analysis (generalized additive model) was used to model uptake for urban (937 dissemination areas) versus rural (586 dissemination areas) communities, weighted by population size.

Successes / Results:

- In urban settings, PSPR increased with the number of female providers and decreased if distance to the provider was more than 25 kilometres and with the proportion of lone parents.
- In rural settings, PSPR increased with the number of providers and decreased if distance to the provider was more than 60 kilometres.

Lessons Learned:

- Of the number of Pap smear providers, 30% were inactive during time of study.
- Population at risk currently includes women who have had total hysterectomy for benign causes; hysterectomy rates vary over space and time.

- Geo-referencing of health data is based on postal code, not civic address.
- Random allocation of postal codes to dissemination areas by Statistics Canada.
- Pap smear count was greater than in the local population.
- 30% of data were “smoothed.”

Next Steps:

1. Acquire civic addresses.
2. Adjust data for hysterectomy.
3. Verify number of active providers.
4. Select community as spatial unit of aggregation (276 geographic units in Nova Scotia).
5. Engage with communities where uptake deviates strongly from predicted values.

Contact:

Amy Folkes, Manager, Cervical Cancer Prevention Program
Nathalie Saint-Jacques, Surveillance and Epidemiology Unit,
Cancer Care Nova Scotia
1276 S. Park St., Halifax NS B3H 2Y9
Tel: 473-7438
Fax: 473-4425
Email: amy.folkes@ccns.nshealth.ca

Using Geographic Information Systems to Access and Increase Cervical Cancer Screening

Author: Denis Leroux

Category: Evaluation

Type of Strategy: Geographic Information Science Evaluation Project (pilot project)

Target Audience: 13,000 women aged 15-65 years

Goals:

The goals were to develop, implement and assess a cervical cancer screening program. Specific goals were to

- Assess the actual screening rate.
- Increase screening participation.
- Increase services offered by including nurses in the process.
- Develop recruiting strategies.
- Develop information systems for screening monitoring.

Key Elements:

- Focusing on a specific region: Commission de la Santé et des Services Sociaux (CSSS) de l'Énergie (Mauricie).
- Implementing a multidisciplinary approach.
- Use of geography and geographic information systems.
- Collecting data on participants (Statistics Canada database).
- For a three-year period and for each woman, a postal code, birth date, screening date and screening results were collected.
- Data were transferred to Statistical Package for the Social Sciences (SPSS) and ArcGis (a suite consisting of a group of geographic information systems).

Successes / Results:

- Screening rates for CSSS were low (39.1-48.1%).
- Screening rates varied at the municipal level from 10% to 50%.
- Screening rates varied at diffusion areas from 9% to 90%.
- Socioeconomic indicators showed weak but significant relationships between education, income, unemployment and screening rates.
- There was a significant difference between the screening rate mean of Shawinigan census agglomeration and rural areas.

- Screening rates showed significant spatial clustering of high/low values.

Preliminary results of the recruiting campaign showed that:

- “At large” publicity was not efficient as there was a weak response from women.
- Women who responded lived close to the clinic.
- Geography and geographic information systems were useful tools to assess efficiency of cancer screening and health research.

Limitations / Lessons Learned:

- Preliminary results show that recruiting should be targeted (a personalized, customized letter) rather than the global “at large” approach.
- A certain clientele was reached but not necessarily the targeted one.
- The publicity campaign cost \$10,000 and was eight weeks in duration.
- Diffusion “at large” had no specific audience and no targeting.
- The spokesperson was diagnosed with cervical cancer and published a book on her experience.
- The local radio station ran 50 messages on two local radio stations and a radio show (each day for a month).
- Local newspapers ran stories (once a week for a month).
- Posters and flyers were distributed in pharmacies, Groupes de médecine familiale, waiting rooms, etc.
- CSSS de l'Énergie had a significantly lower screening rate than the Province of Québec.
- Actual screening rates were lower than self-declared rates estimated from health surveys (ESCC 2.1).
- Geographic variations of screening rates were observed at all scales, with significant clustering of high/low values.

Next steps:

1. Enhance the recruiting campaign to increase screening.

Contacts:

Denis Leroux, Anne-Marie Grenier, Lyne Cloutier

Submitted by Lyne Cloutier, inf. PhD, Professeure, Département des Sciences
Infirmières, Université du Québec à Trois-Rivières

Local 4862, 3e étage Pavillon de la santé, 3351 Boul. des Forges CP 500, Trois-Rivières
QC G9A 5H7

Tel: (819) 376-5011 ext. 3466

Fax: (819) 376-5048

Email: Lyne.Cloutier@uqtr.ca

Community Profile Tool and Geographic Information Science Mapping to Identify and Reach “At Risk” Populations: A Newfoundland and Labrador Perspective

Author: Joanne Rose

Category: Evaluation

Type of Strategy: Geographic Information Science Evaluation Project (community profile and GIS mapping)

Target Audience: Organized cervical cancer screening programs, health service planners, decision support systems designers, evaluators

Goal:

- Create a framework for site-specific planning that targeted the “at risk” population.
- Enhance the capacity of the local area to promote and provide screening.

Key Elements:

Key elements included

- Developing a framework for assessing capacity for community involvement.
- Identifying the current strengths of the communities and building on them.
- Identifying linkages with health-care professionals and health educators to enhance service delivery.
- Devising a method of measuring and evaluating success (or failure) of the endeavour.

The community profile included

- Community geography and description.
- Census data for female population.
- Income levels, labour profile and major employers.
- Health promotion programs.
- Health services.
- Communication resources.
- Community-based service organizations, schools and secondary institutions.

Sample community strategies included

- Poster presentations.
- Focus-group meeting.
- Beauty salon promotion campaign.
- Advertising in church bulletins, on the radio and in bingo halls.
- School presentations.
- Community presentations.
- Clinics in local sites.

These strategies were repeated with a second community.

Strengths / Results:

- Allowed for comparison with other regional and provincial data.
- Provided the Regional Health Authorities with benchmarks, standard measurements and opportunities to set target populations (by age or geography).
- Tested planning tools for delivery of services looking at a broader field and enhancing community capacity for participation and partnerships.
- Enhanced the capacity of the health-care environment to look at creative approaches to cervical screening.
- The evaluation framework provided detailed review of the process and impact to allow for opportunity to expand in other areas.
- Involved community-based partners in this process to create new opportunities to enhance the health and well being of the population we serve.

Limitations / Lessons Learned:

- Engagement of the local members of health services, educators and community contacts is necessary to build success and sustainability.
- You cannot provide screening services without engaging the target population in a promotion strategy.
- An evidenced-based approach with a planning framework provides decision-makers with the tools they need to plan and evaluate services.

Next Steps:

1. This framework has been used as the methodology for targeting under-screened women by place of residence.

Contact:

Joanne Rose, Provincial Director
Cervical Screening Initiatives Program
58 Oregon Dr., 2nd Floor, Stephenville NL A2N 2Y1
Tel: (709) 643 8718
Email: joannerose@westernhealth.nl.ca

Production of this catalogue has been made possible through a financial contribution from Health Canada.

The views expressed herein represent the views of the authors.

An electronic copy of this document can be found at:

English -

http://www.partnershipagainstcancer.ca/sites/default/files/Pan_Canadian_Cervical_Cancer_Screening_Collaboration_Catologue_Final_English.pdf

French -

http://www.partnershipagainstcancer.ca/sites/default/files/Pan_Canadian_Cervical_Cancer_Screening_Collaboration_Catologue_Final_French.pdf

POSTERS



MARKETPLACE



