



WHY DON'T PEOPLE GET SCREENED FOR CANCER



Summary of Jane/Finch Healthcare Provider Focus Group Reaching Under- and Never-Screened Populations, Provincial Project

Our Goal: To increase the number of people getting screened for colorectal, breast and cervical cancer in Ontario. We are working with communities in Ontario to:

- 1) **Identify who are the never and under screened (UNS)**, what **stops** them from getting screen and what might **help** them get screened in the future.
- 2) Identify, develop and implement sustainable **interventions** to increase screening.

Provincial cancer screening data indicate that screening rates are low for colorectal, breast and cervical cancer are low in Jane/Finch.

Jane/Finch Activities to Date: In (fill in month) 2012 we conducted focus groups with one group of Jane/Finch healthcare providers. Focus groups included 6 to 10 participants and two or three facilitators. Focus group voice recordings were transcribed and analyzed for themes regarding the barriers and facilitators to screening in the community.

Main findings from the healthcare provider interview:

- The UNS of the Jane/Finch are immigrants with or without Canadian status. Most are challenged financially. Some are in crisis and/or facing mental health challenges from trauma in their country of origin.
- **Barriers:** lack of health insurance (can only access healthcare from Community Health Centers; many don't access any healthcare because of financials and/fear of being caught), cultural and language (e.g. lack of preventative healthcare mentality, not having English stops people from seeking healthcare), test factors (e.g., experiences/stories of pain, challenges getting to screening); responsibility (getting screened implicates the individual in being responsible for treatment afterwards, burden of responsibility on CHC to find uninsured treatment options after testing positive)
- **Facilitators:** developing community health literacy (educating young men early to help overcome cultural barriers to colonoscopy, get the community talking about screening as an option to preventing cancer); creating safe spaces to do outreach and educate (going to already established groups, and using their "home-country" tongue); importance of trust (e.g. need a trusting relationship with community in order to do outreach, need trust between patient and doctor in order to overcome cultural barriers); stop over-targeting certain groups (seniors feel overtargeted, and messaging makes them scared).

Next Steps

- Return evidence with healthcare providers
- Develop sustainable informed interventions