



WHY DON'T PEOPLE GET SCREENED FOR CANCER



Summary of Mississauga East Focus Groups

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 low screening rates for colorectal, breast and cervical cancer in Mississauga East.

Mississauga East Activities to Date: In April/May 2012 we conducted focus groups with one group of Mississauga East healthcare providers and with one group of men about 50 years and older from the UNS community. The men were recruited from a local Hindu Cultural Centre. 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 Mississauga East are individuals who are racialized and/or a member of a cultural minority and/or immigrants with or without Canadian status. Many are in crisis and/or facing financial challenges; some have mental health challenges.
- Barriers: acute priorities (e.g. working survival jobs), lack of health insurance, cultural differences (e.g. lack of preventative healthcare mentality, language), doctors (failure to inform/remind patients, lack of doctors)
- Facilitators: awareness through tailored engagement of already established groups (use of language, collaborating with community leaders creates a sense of ownership, safety in numbers), involving the workplace; better waiting room signage; youth solution to language barrier and translating information within families.

Main findings from the community members interview:

- Barriers: mis/lack of information (assumption that people who get cancer always die, busy “fending” for family, cannot waste time searching for news of death); culture and colonoscopy (negative cultural beliefs regarding the intimate site; takes time to change such beliefs; very personal decision)
- Facilitators: family engagement (need multiple access points to get information into family, encourages conversation; need for family friendly information videos); workplace support for screening and treatment (clarifies unknowns about life with cancer); inform the youth in school (gives boys/men time to “ramp up” to screening; information will also trickle up to fathers).

Intervention activities to date:

- YouTube video starring Mississauga East community member Bob Dani sharing personal story of his cancer survival and the benefits of screening
- Community talk/outreach at Shree Haranarian Mandir Cultural Centre, Brampton Ontario

Next Steps

- Use evidence to develop and implement further sustainable **interventions**