

# The Quarterly

A Newsletter for Primary Care Providers in the Central Region

The  
Diversity  
Issue

April, 2015 Issue 12

PREVENTION AND SCREENING, CENTRAL REGIONAL CANCER PROGRAM

## Diversity and Cultural Competency

By Dr. Jan Owen and Adriana Diaz

The importance of cultural competency is significant, given the diversity and multiculturalism that exists in Canada, and its impact on health care. Culture influences the experience, expression, course, and outcome of health problems, and the response to health promotion, prevention or treatment interventions. The clinical encounter is influenced by beliefs and cultural differences between the physician and patient. In a patient-centred care model, understanding cultural competency is essential for high quality health services.



Dr. Jan Owen, Regional Primary Care Lead, South West Regional Cancer Program

Why is cultural competence important? In 2011, 20.6% of Canadians were foreign-born, and 29% in Ontario were immigrants (5.4M residents). These numbers continue to rise. As a result of these statistics, the numbers of immigrant clients per physician is increasing.

With support from PHAC, the South West Regional Cancer Program together with the Canadian Cancer Society, London Inter-Community Health Centre, and the Middlesex-London Health Unit recognized an opportunity to collaboratively influence change and improve the health of immigrant communities living in London. Working within target communities and using community focus groups, they were able to identify several barriers to cancer screening. The team identified a need for cultural competency training and support for health care providers, to explain and motivate individuals from unique cultural linguistic groups when assessing cancer screening and services.

“As a physician who worked for many years at an inner city clinic for women, I was privileged to work with many women who were newcomers to Canada. I became acutely aware of my limitations when trying to understand my patients’ needs and communicate effectively in a sensitive manner. It would be my hope to see this kind of training as part of the curriculum for all health care providers with on-going continuing educational opportunities for all practicing professionals.”

Cultural competency has been recognized as necessary training for health care providers in Canada, to support a culturally sensitive health care environment. Based on the information gathered through the focus groups, as well as the “Cultural Competence Train-The-Trainer Manual” developed by SickKids Hospital in Toronto, a cultural competency education session was developed. Health care providers that attended the sessions reported an increased knowledge and awareness of cultural competency dimensions, and felt encouraged to learn more about cultural competency. Providers also discussed strategies to better understand the unique challenges that are faced in trying to provide optimum health care for immigrant communities. Some actions that support cultural competency are:

- Examine your own values, beliefs, and assumptions
- Recognize conditions that exclude people such as stereotypes, prejudice, discrimination, and racism
- Reframe thinking to better understand other world views
- Become familiar with local services that support immigrants and local professional interpretation agencies

The project improved awareness and access to cultural competency tools and resources for health and cancer care service providers. In addition, it provided targeted populations with culturally safe education and screening opportunities, as well as interpretation and translated resources for target populations. When a positive relationship is present, immigrants are more likely to feel comfortable approaching their service provider for further information. When this relationship is absent, immigrants are less likely to discuss the topic of cancer and cancer screening with their providers.

### How Culturally Competent is your practice?

Try the workbook to identify an area to focus your diversity efforts on:

<http://bit.ly/1FUGXME>



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## News and Updates

### Cancer Care Ontario launches online cancer prevention tool



By Dr. Marla Ash, Central Regional Primary Care Lead

Cancer Care Ontario has launched My CancerIQ.ca – an innovative online cancer risk assessment tailored for average risk Ontarians age 40 and over.

The website allows users to determine their risk for breast, cervical, colorectal and lung cancer. The tool is designed to provide information on cancer prevention, screening and health behavior change as well as enhance and support conversations between patients and their health care providers.



I would highly encourage everyone to complete the risk assessments themselves; not only because your patients could be coming in with questions or printed results from My CancerIQ, but because you can become better informed about various cancer risks and improve your own wellbeing as well.

The tool guides you through a series of questions regarding your health, family history, and habits such as various occupational exposures, dietary intake, exercise, alcohol and smoking.

My CancerIQ will provide you with your cancer risk relative to Ontarians your age and sex, and include a detailed summary and explanation of the factors both raising and lowering your risk. Screening recommendations are also provided. There are extensive links provided to trusted Canadian resources for health behavior change. Cancer Care Ontario anticipates adding more cancers such as melanoma in the future.



## CCO's Position Statement on PSA

**What does Cancer Care Ontario recommend for prostate cancer screening?** Randomized controlled trials of prostate cancer screening using the prostate-specific antigen (PSA) test have shown a possible, but small, reduction in prostate-cancer mortality; however, harms associated with screening, including over-diagnosis and over-treatment, are common.



**Therefore, Cancer Care Ontario does not support an organized, population-based screening program for prostate cancer.**

Men who are concerned about their risk of prostate cancer should talk to their primary care provider. Individual decisions to screen should be made as a part of a shared decision-making process involving a discussion between a man and his primary care provider.

**CCO Position Statement:** <http://bit.ly/1N847BJ>



### NEW Ontario Breast Screening Program (OBSP) Screening Women Aged 75 Years and Older

Women aged 75 years and older who decide to be screened in the OBSP must be referred by their primary care provider (PCP); this aligns with recommendations made by the Canadian Task Force on Preventive Health Care

**Effective immediately, all OBSP sites are expected to have a process in place so that women aged 75 years and older are screened with proper requisition**

**Impact:** PCPs may be contacted for a requisition by women or their local OBSP sites, including for women currently scheduled without a requisition

If screened through the OBSP, women aged 75 years and older will receive result letters; however, they will not receive recall or invitation letters.

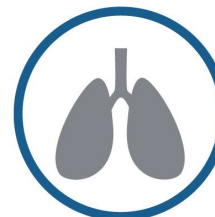
### NEW

#### Fact Sheet on Abnormal Fecal Occult Blood Test (FOBT) Results



CCO has created a new fact sheet for the public to inform participants about the meaning of an abnormal FOBT result and the recommended follow-up test, colonoscopy.

**Participants who receive an abnormal FOBT result letter will be directed to the fact sheet on CCO's web page:** <http://bit.ly/1BLXw7u>



### Update: Lung

There has been an update to the lung cancer referral guidelines and systematic reviews.

The aim of this guideline is to assist FPs and other primary care providers with recognizing features that should raise their suspicions about the presence of lung cancer in their patients.

**Read more here:** <http://bit.ly/1GUceOB>



## Diversity and Newcomers

### Diversity Facts in the Central LHIN:

**1.8 million residents= Largest region of all LHINS population wise**

**Central has the largest proportion of immigrants:**

**48% of residents within the LHIN**

**Second highest visible minority population: 42% of residents**

**4.5% of residents report no knowledge of either official language**



Our LHIN has the highest proportion of immigrants in the province

## Diversity Is Not Just Ethnicity

### NEW

**Provider online educational module for LGBTQ from the Canadian Cancer Society**

Studies show LGBTQ populations have lower screening rates for colon, breast and cervical cancer than the general population, mainly due to barriers related to sexual orientation and/or gender identity or expression.

Healthcare providers can do a great deal to eliminate these barriers by creating a welcoming, culturally competent, sensitive and educated environment for LGBTQ clients and their families.



Access the Canadian Cancer Society's Main-pro-M2 accredited (.5 hours) LGBTQ training module at:

<http://bit.ly/1HF0FhC>

## Newcomer Resources Now Available In Multiple Languages

**Settlement.org** - CCO has posted cancer prevention and screening information on settlement.org, a site that provides newcomers with information that helps them settle in Ontario. Click "Checking for Cancer" <http://bit.ly/1FUQjbe>

**Cancer Screening Video Stories** - The videos feature short testimonials of women speaking in their own language (with English subtitles) about their fears and beliefs related to cancer screening; each story is accompanied by a customized facilitator guide. <https://youtu.be/NUOOa7J9FFQ>

### Available Languages:

Hindi

Bengali

Simplified Chinese



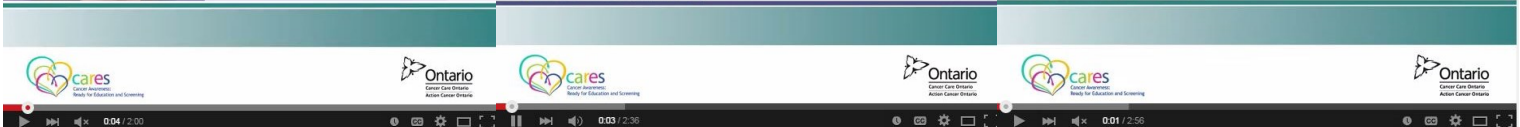
Rose's breast cancer screening story  
羅絲的乳癌篩檢故事



Hosne Ara's cervical cancer screening story  
হোসনে আরার সার্ভিক্যাল ক্যান্সার পরীক্ষা করার কান্নার কাহিনী



Hasina's breast cancer screening story  
হাসিনার স্তন ক্যান্সার পরীক্ষা করার কান্নার কাহিনী



## Physician Leads in the Community



**Dr. Erica Mantay, MD, FRCSC, Regional Colposcopy and Cervical Screening Lead (Left)** answers questions regarding prevention and cervical cancer screening at Georgina Island Women's Health Day.

**Dr. David Baron, MD, FRCPC, Regional Colonoscopy and Endoscopy/GI Lead (Right)** presents to 32 York Regional Police officers about the benefits of colorectal screening and prevention in March, 2015.



## Advanced Care and End-of-Life Care Planning



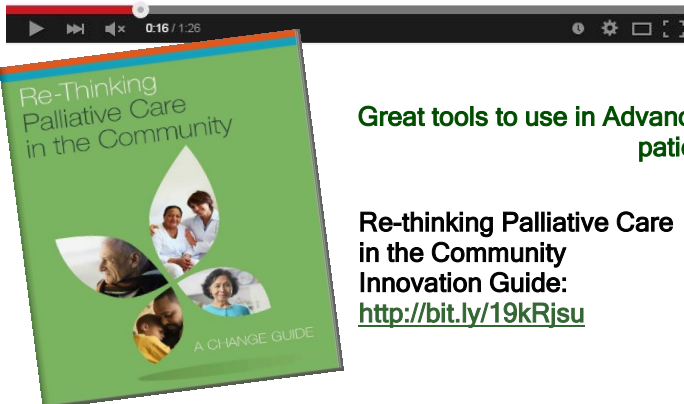
IT'S JUST 5 STEPS...

Advanced Care Planning (ACP) is an important conversation to have at any age, and at any stage in a patient's journey. In preparation for ACP day on April 16th, the Canadian Hospice Palliative Care Association has created an online campaign toolkit with the goal of normalizing ACP as part of living healthy. The toolkit focuses on a public health approach, as well as promotes social networking. It is full of useful resources surrounding ACP such as posters, videos, social media messaging (Hashtag - #ACPDAY2015), workbooks, blogs and much more. This is a great tool for anyone starting the conversation regarding end-of-life care.

The toolkit can be found at <http://bit.ly/19kR94g>

<http://bit.ly/19kR94g>

Youtube video resource for ACP : <https://youtu.be/mPtu-FpY1Kw>



Great tools to use in Advanced Care Planning with your patients:

Re-thinking Palliative Care in the Community Innovation Guide: <http://bit.ly/19kRjsu>

Improving End-of-Life Care in First Nations Communities: Read the report here: <http://bit.ly/19kRowk>



## TWO NEW OBSP SITES

The Central Region welcomed two new OBSP sites in March:



18 Wynford Drive, Suite 507, Toronto  
Phone: 416.449.8289  
<http://www.insightdiagnosticimaging.ca/locations>



4256 Bathurst St. #104, Downsview  
Phone: 416.636.2196  
<http://omiclinics.ca/locations/>

## Profile: Matthew George, Smoking Cessation Advisor



I first became interested in working in healthcare when conducting research in the area of health and exercise psychology. It was then that I realized my work, whether directly or indirectly, could have an impact on a person's quality of life. In my role, I help facilitate the implementation of a smoking cessation program within the Central Regional Cancer Program. Aligning with framework recommendations from Cancer Care Ontario, standardized smoking cessation initiatives have launched within Regional Cancer Centres with hopes to expand to OBSPs, Diagnostic Assessment Programs and surgical oncology networks in the future. In addition, I provide cessation or maintenance support directly to SRCC oncology out-patients upon referral from a healthcare provider. Feel free to contact me through [icsregional@southlakeregional.org](mailto:icsregional@southlakeregional.org) to inquire about ordering patient materials, available cessation services in our community (e.g., community pharmacy cessation programs, Smokers' Helpline Quit Connection, STOP programs) and additional intervention strategies to help your patients quit smoking.

Receive this newsletter electronically by emailing us!  
Your stories and feedback are welcomed. Please forward ideas or submissions to: [icsregional@southlakeregional.org](mailto:icsregional@southlakeregional.org)



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