



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 22, 2014
SUBJECT/REPORT NO:	Public Health Services Cancer Prevention Strategies - BOH14008 (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

The Board of Health, at its meeting of December 2, 2013, approved a motion: Strategies to Address Cancer:

Whereas, the Hamilton Spectator did a week-long series on the differential impact of cancer on Hamiltonians, and;

Whereas, the City of Hamilton - Public Health Services has been active in poverty reduction efforts spurred on by the Hamilton Spectator's previous Code Red series.

Therefore, be it resolved that Public Health Services report back on actions that the City of Hamilton can take to deal with issues raised in the Hamilton Spectator's Cancer series.

This report will describe what actions Hamilton Public Health Services (PHS) is taking to address cancer, with a focus on at risk groups such as immigrants/refugees and those with low income.

Information:

Cancer is a major concern in Canada. About two in five Canadians will develop cancer in their lifetimes and one in four will die of the disease¹. In Hamilton, approximately 305 people die annually from lung cancer, 175 from breast cancer, 135 from colorectal cancer, 20 from melanoma skin cancer and 15 from cervical cancer.² See Appendix A for further details.

Reducing the impact of cancer on people requires many different approaches including:

- Preventing cancers from starting (primary prevention),
- Detecting cancers as early as possible (secondary prevention), and
- Treating cancers once detected, and following up to identify any recurrence or spread (tertiary prevention).³

PHS is responsible for the prevention and early detection of breast, lung, colon, skin and cervical cancer. It is not responsible for prostate cancer, nor treatment of any cancers.⁴

PHS prevents cancers by reducing exposures to substances that causes cancers such as tobacco, alcohol, asbestos, radon and ultraviolet (UV) radiation. It provides human papilloma virus (HPV) vaccination to protect against cervical cancer and promotes protective actions such as healthy eating and physical activity. PHS also promotes screening of cancers such as mammograms for breast cancer, pap tests for cervical cancer and fecal occult blood tests for colorectal cancer. Ontario's cancer screening programs are summarized in Appendix B.

PHS works with other community partners including neighbourhoods, primary care/family doctors and the Juravinski Cancer Centre (JCC) to do this work. Further details on how PHS prevents and promotes screening of cancers can be found in Appendix C.

Identifying the Gaps

Despite a comprehensive strategy to prevent and detect cancer at an early stage, some gaps still remain. Some areas of the City have worse rates or outcomes of cancer. Screening rates are nearly three times greater in the wealthiest neighbourhoods compared to the poorest ones.⁵

Many members of our community have barriers to understanding and accessing information, programs and services and require specialized support to guide them through the complexities of our health care system.⁶ They often require more time, more patience and more exposure to messaging than our citizens with higher education, better income, greater supports and adequate access to health care.⁷ For a

large segment of our City, the traditional approach does not get the job done. Many people are left unscreened for cancers (that in some cases are entirely preventable), resulting in late stage diagnosis with poor prognosis, limited treatment options and heavy health care, social, emotional, personal and financial burdens.⁵

This disparity may worsen as the number of people who live with low incomes is increasing, immigrant populations are growing and the number of people living with physical and mental disabilities is increasing.⁸

In order to address this gap in cancer prevention and screening services and address the health inequities that the Code Red Cancer series highlighted, PHS staff have implemented a cost effective, promising intervention using Community Health Educator/Navigators (CHEN) approach.

Responding to the Gaps: The CHEN Approach in PHS

CHEN is an approach where a “navigator” connects certain individuals to services they would otherwise likely not access on their own. The navigator or CHEN helps coordinate services, provides information in lay language, and helps to address barriers for the individual to increase the likelihood the person will receive needed services. Various titles fall into the category of a CHEN; for example, Women Health Educators and Community Health Brokers.

CHENs are effective in reaching priority and underserved groups because they:⁹⁻¹²

- Are connected to their community and skilled in community engagement,
- Understand health beliefs, practices and challenges from the perspective of their communities,
- Inform and link people to services in ways that build up community assets, partnerships and improve health of the community, and
- Align with City of Hamilton Strategic Goals and support priority of community development in the Neighbourhood Action Teams.

Research has shown that using the CHEN approach is cost effective, with an average return of investment of \$3.74 for every \$1 invested.¹³⁻²⁰

Two programs within the Healthy Living Division of PHS have successfully put in place the CHEN approach: The Women’s Health Educator (WHE) program and Creating Access to Screening and Training in the Living Environment (CASTLE) project. Both initiatives focus their efforts on the vulnerable populations who are under or never been screened in Hamilton (those who may not even be aware of screening, or its life-saving importance).

Women's Health Educators

The WHE program was developed to address the low rates of cancer screening in immigrant and refugee populations. Beginning as a pilot project in 2003, it became a City funded Program in 2006 with four Women's Health Educators; each working 0.3 FTE, serving the Chinese, Vietnamese, South Asian and Arabic communities.

Rather than using the traditional approach of using health professionals to do health promotion, the WHE takes an innovative approach. Lay people from diverse communities are trained by Public Health Nurses to provide culturally tailored health education and help people learn how to connect to health, community and various PHS services.

This has allowed for a better relationship between the community and PHS, leading in higher screening rates and other cancer protecting actions in these immigrant/refugee community groups. Over the past 10 years, the WHE program has reached approximately 7,885 people with health education and assisted 572 women to access health services for cancer screening tests.

Over the years, their role has grown to include other chronic disease risk factors: physical activity, healthy eating and tobacco cessation in addition to promoting colorectal screening for both men and women. PHS uses a similar approach to reach out to those with low incomes in priority neighbourhoods through the CASTLE project.

CASTLE Project

PHS and regional partners received a two-year \$912,341 grant from the Public Health Agency of Canada (PHAC) to implement a similar peer-to-peer approach in six communities in a project called CASTLE. CASTLE uses CHENs to increase screening for breast, cervical and colorectal cancer for vulnerable and priority populations. In Hamilton, CASTLE CHENs serve the McQuesten, South Sherman and Crown Point neighbourhoods, in partnership with these communities, including the local Neighbourhood Action Teams. CASTLE CHENs, currently called Community Health Brokers (CHBs), have reached 38,167 people from vulnerable populations. With the funding ending in May 2015, Hamilton PHS is exploring options to sustain the CHEN role, as has been done in partner municipalities. For example, Niagara, Brant and the Francophone Centre (three of the CASTLE sites), have secured permanent funding for the CHEN position.

Successful Collaboration in the CHEN Approach with the Juravinski Cancer Centre

The CHEN approach works best in collaboration with partners from various areas of health services. PHS and the JCC have collaborated on a CHEN approach in a variety of initiatives. There is recognition that this approach helps guide those individuals less likely to access services, through the complexities of cancer prevention, screening and treatment. Some CHEN initiatives that PHS and the JCC have worked successfully on together include:

- **Aboriginal Train the Trainer Project:** The project funded by the Canadian Breast Cancer Foundation. This joint project of Ontario Breast Screening Programs (OBSP), De dwa da dehs nye>s Aboriginal Health Centre and Hamilton PHS empowered Aboriginal women living in Hamilton and Brantford communities to engage in breast health education and routine breast screening, through a CHEN strategy. The project was given the Cancer Care Ontario, Quality Award in 2010.
- **South Asian Mammogram Screening Project:** The project funded by the JCC, was a collaborative project between the WHE and OBSP to increase breast cancer screening rates in under-screened South Asian women. The CHEN approach included culturally tailored posters and cards, partnerships with physicians serving South Asian women, and cultural education sessions for OBSP staff.
- **JCC's Screen For Life Mobile Coach:** CASTLE team members participated on the Coach Steering Committee and facilitated the initial site for the coach to 'reside in' the McQuesten neighbourhood. The CASTLE team promotes the coach regularly within their communities.
- **CASTLE:** As partners on this project, JCC and OBSP staff participated actively in developing CASTLE strategies and on the evaluation of the project.
- **Secondment of a 0.5 FTE Public Health Nurse Clinician:** From the Tobacco Control Program to the Juravinski Cancer Centre to co-lead the Cancer Care Ontario (CCO) Regional Smoking Cessation Framework in Central West Ontario.

Next Steps

PHS will continue to build on the work and momentum in cancer screening and prevention that has been nationally recognized by exploring the expansion and sustainability of what is working well both in the research literature, and in our community.

These include:

- Sustaining the CASTLE project and the CHEN role in priority neighbourhoods since federal PHAC funding ends in May 2015.
- Increasing the current FTE of the WHE program and adding an additional CHEN with Arabic language skills to address the largest growing diverse populations in Hamilton.
- Exploring collaborative opportunities with primary care, especially as parts of PHS will be moving into the McMaster Health Campus.
- Further developing PHS' partnership with JCC; exploring new strategies for cancer screening and prevention (For example: lung cancer screening for high-risk groups).

It is critically important to address both the demographic and financial pressures approaching. With only two WHE staff employed by the City, there are significant limitations in the ability to meet the growing needs of Hamilton's priority populations. Immigration trends for Canada indicate the South Asian, Black and Filipino populations will double in size, while the Arab and West Asian groups would triple in size²¹.

As federal funding for the CASTLE project ends in 2015, a sustainable solution must be found in order to ensure that services are maintained for those most vulnerable in our priority neighbourhoods.

PHS will report back in 2015 about what actions can be taken to deal with these challenges, as well as how to pursue opportunities for collaboration.

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