



# Cancer screening: How Ontario's Community Health Centres achieve results

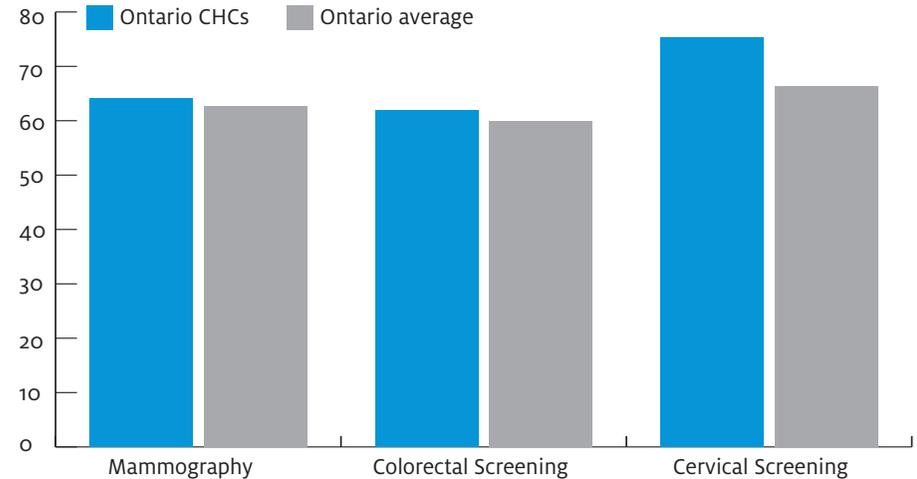
## THE RESULTS

Ontario's Community Health Centres serve large numbers of people living on low incomes, as well as other populations who have traditionally faced barriers accessing services that prevent illness. Even so, Ontario's Community Health Centres achieve higher cancer screening rates than provincial averages.



### LOW INCOME

**54.1%** of people visiting CHCs are living on low income.



## HOW WE ACHIEVED THESE RESULTS

- CHCs are accountable for their results because they are governed by community members. They are also required to report their screening rates to the LHINs who fund them.
- CHCs' Model of Health and Wellbeing prioritizes under-screened populations.
- Centres deliver culturally safe services in many different languages.
- A business intelligence reporting tool enables health providers to keep track of people due for screening and set goals for continuous quality improvement.
- Many different engagement strategies are used to engage and educate under-screened populations.

## LESSONS LEARNED

- Senior leadership needs to set goals, then establish processes to reach them.
- Engagement and education happens best in community settings.
- Tracking socio-demographic shifts enables appropriate adjustments in approach.
- Effectively integrating data tools, training and empowerment of frontline staff is key.
- Working with Cancer Care Ontario and the Canadian Cancer Society delivers results.

## HOW RESULTS COULD BE SCALED UP IN ONTARIO'S PRIMARY HEALTH CARE SYSTEM

- Equitable access to interprofessional teams with all members working to their full scope
- Appropriate funding for health promoters and outreach workers
- Health equity principles and assessment tools embedded into clinical practices
- System-wide strategies to strengthen community leadership in primary health care organizations
- Continued and strengthened support for information management technologies
- Mandatory reporting of screening rates for all primary health care organizations and practices

## CASE STUDIES

### TÉMISKAMING: SUSTAINING A CULTURE OF QUALITY IMPROVEMENT

This centre's community board and executive leadership embed a culture of quality improvement throughout the entire organization, stewarding frontline staff to exceed their targets. Quality improvement is not an additional task. Using an in-house designed dashboard tool, clinicians integrate cancer screening checks into all encounters with clients, including prescription renewals. The tool also enables the centre's five sites to compare how others are doing. This fosters healthy competition. Meanwhile nurses and other providers are constantly seeking out new ways to break down social barriers that prevent screening. For example, a volunteer driving initiative gets people without transportation to appointments.



### TAIBU: TRANSFORMING CANCER SCREENING THROUGH AN EQUITY LENS

Located in Scarborough, TAIBU CHC breaks down barriers for the black community in the GTA, first by understanding and then responding to cultural factors that affect screening rates. In 2012, the centre instituted a call-back program for clients overdue for screening, which took into account cultural factors, such as not calling Muslim clients during Ramadan. Interprofessional teams also work with Cancer Care Ontario's Breast Screening program to identify sites where female technicians screen, to better accommodate people with a gender-related barrier. Health promotion is also embedded in the process: town halls deepen the community's understanding of factors affecting screening, and awareness programs highlight that the black population served is disproportionately affected by cancer. A peer leadership program called Ko-Pamoja (from Yoruba and Swahili meaning "to learn together") works with the Health Equity Research Collaborative to add a community-centred component to the program.



### SOUTH EAST GREY CHC: EMPOWERING FRONTLINE STAFF

A robust performance management system developed by the board and senior leadership empowers Registered Practical Nurses to work to their full scope of practice. To encourage high performance and constant quality improvement, goals are tailored for individual RPNs, within a larger framework of stretch targets that encourage "lifting the bar" regularly. Staff meet with senior leadership quarterly to review results and determine areas that need support. RPNs access BIRT (a data analytics tool developed by AOHC), that enables them to identify who's not being screened. RPNs then make the calls to people who require screening, and schedule appointments with MDs and NPs, whose schedules they can directly access. During client calls, RPNs uncover barriers to screening to be addressed, such as social isolation, poverty, and mobility issues.



## PARTNERSHIPS THAT DELIVER RESULTS

Several Community Health Centres and Aboriginal Health Access Centres are partnering with the Canadian Cancer Society's Screening Saves Lives program, which aims to increase colon, breast, and cervical cancer screening rates in Ontario's under- and never-screened populations. The program educates and supports local volunteers known as Health Ambassadors to promote the importance of early detection and screening within their communities. With their commitment to equity-driven health promotion, community development principles, and expertise in addressing health disparities in marginalized populations, CHCs are key partners in ensuring that barriers to cancer screening experienced by under- and never-screened communities are successfully identified and addressed.

'Screening Saves Lives partners with key community-based organizations to engage marginalized communities in identifying and taking action on issues that impact their health and well-being. CHCs are ideally positioned within the community to help us increase screening rates for colon, breast and cervical cancers across Ontario.'

Susan Flynn, Senior Manager, Cancer Prevention, Canadian Cancer Society, Ontario Division

