NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6441

Title

Beyond the numbers: Cervical Cancer Screening Facilitators and Barriers Among Racialized Communities in Peel Region, Ontario

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Cancer is a leading cause of death in Canada. In the province of Ontario, a well-established cervical screening program is in place within a universal health care system. Despite this program, and the benefits of early detection on patient health outcomes, screening disparities persist with racialized populations remaining under screened. Objective and Population Studied: To understand the barriers and facilitators to cervical cancer screening in Peel Region, Ontario—a racially diverse and under screened area. Specifically, to gain insight into: a) screening rate variations amongst racialized populations; b) perceived screening facilitators and barriers; and c) service gaps and potential solutions. Study Design and Analysis: A convergent parallel mixed-methods participatory study was conducted. Population-based health administrative databases that capture screening visits linked with immigration and census data were used to estimate screening rates overall and by sub-population. Concurrently, community research assistants were hired to support participant and stakeholder recruitment. They conducted one-on-one semi-structured interviews which underwent thematic analysis. Dataset: Data from over 20,000 Peel Region residents were analyzed and 42 participants (35 healthcare users and 7 providers) were interviewed. Outcome Measures: To understand factors that foster or hinder cervical cancer screening; to explore variables associated with cervical cancer screening and predictors of screening practices. Results: Participants from the Caribbean (e.g., Jamaica, Trinidad) and Asia (e.g., China, Vietnam) were found to have higher screening rates than individuals from India, Pakistan, and Poland. Individuals not registered to a family physician, and living in lower socioeconomic status areas were less likely to undergo screening. Interviews revealed cultural barriers (e.g., familial obligations as a newcomer), screening stigmas (e.g., fear of social judgement) and the need for culturally responsive cervical cancer screening information. Conclusions: Findings underscore the need for decision makers to avoid a one size fits all screening approach and to shift towards designing and implementing approaches

that reflect diverse patient experiences. Additional research is needed to learn from jurisdictions with high screening rates and lower disparities in screening uptake to increase the evidence needed to improve cancer screening amongst racialized populations.