Facilitators and barriers to accessing clinical prevention services for the South Asian population in Surrey, BC: A qualitative study.

Authors: Sanaa Majid, BHSc
MPH Practicum Student, Fraser Health Authority
MPH Candidate, University of Waterloo
400–13450 102nd Ave. Surrey, BC, V3T 0H1

Rachel Douglas, MPH (corresponding)
Evaluation Specialist, Population Health Observatory, Fraser Health Authority
400–13450 102nd Ave. Surrey, BC, V3T 0H1
Rachel.douglas@fraserhealth.ca 604-930-5404 x765860

Victoria Lee, MD MPH
Chief Medical Health Officer, Fraser Health Authority
400–13450 102nd Ave. Surrey, BC, V3T 0H1

Elizabeth Stacy, MA
Research Coordinator, eHealth Strategy Office, Faculty of Medicine, The University of British Columbia
P.A. Woodward Instructional Resources Centre (IRC)
105 – 2194 Health Sciences Mall, Vancouver, BC, V6T 1Z3

Arun K Garg, MD PHD
Medical Lead, South Asian Health Institute, Fraser Health Authority;
Clinical Professor, Department of Pathology and Laboratory Medicine, Faculty of Medicine, The University of British Columbia
330 E Columbia St., New Westminster, BC, V3L 3W7

Kendall Ho, MD
Director, eHealth Strategy Office and Professor, UBC Department of Emergency Medicine, Faculty of Medicine, The University of British Columbia
P.A. Woodward Instructional Resources Centre (IRC)
105 – 2194 Health Sciences Mall, Vancouver, BC, V6T 1Z3

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Abstract

Background:

British Columbia falls short in uptake of provincially recommended clinical prevention services, with even lower rates among newcomer populations. This study explored facilitators and barriers to clinical prevention service uptake among South Asians, who represent 31% of the population, in Surrey, BC.

Methods:

Eight focus groups were conducted with South Asian participants in Punjabi with English interpretation for non-Punjabi speaking participants. All focus groups were audio recorded, and transcripts were analyzed thematically by two independent coders.

Results:

Facilitators and barriers fell into three broad categories: patient factors; patient-provider relationship factors; and health system factors.

Patient factors include individual characteristics or experiences. Facilitators included: taking ownership over health; health literacy; and respecting provider's advice. Barriers included: fear of diagnosis, death and/or procedures; low perceived utility/risk; and side effects of procedures.

Provider factors reflected patients' experiences with health care providers, and centred on trust-based patient-provider relationships, strong communication, and spending adequate time with patients during a visit.

Health system factors included structures that influence care. These included facilitators such as processes to ensure prevention services are routinely offered as part of other health or social services, system incentives that encourage "full service" family practice and low/no cost services.

Interpretation:

Facilitators and barriers identified in each category provide insight into how services can be more acceptable and accessible. The relative emphasis on factors influenced by system level

policies supports greater consideration of how universal policies may disproportionately impact some populations and contribute to health inequity.

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Introduction

Population health improvement has emerged as a priority within BC's health system and an integrated and systematic provision of clinical prevention services has been identified as a key strategy to achieve this goal. [1-3] Moreover, a cost-effective delivery of priority clinical prevention services has the potential to reduce the burden of disease and the resulting demand for health care. [4-7] In 2009, BC's Clinical Prevention Policy Review Committee (CPPRC) released a "Lifetime Prevention Schedule" [3], which identified priority clinical prevention activities based on clinical effectiveness, population health impact, clinically preventable burden and cost effectiveness. Based on this assessment, the following 10 activities were identified as priorities for adults: smoking cessation; alcohol screening and brief counselling; hypertension and cholesterol screening and treatment; colorectal, breast and cervical cancer screening; and influenza, pneumococcal and tetanus immunizations.

For many of these services, uptake rates in BC lag behind international gold standards [3] and evidence from Canada and the US suggests even lower uptake among ethnic minority groups, including South Asians. [8-10] The South Asian population also has higher risk than the Caucasian population for both diabetes and cardiovascular disease [11-12].

Fraser Health is British Columbia's largest and fastest growing health region and home to over 40% of the province's immigrants

and over 80% of government assisted refugees. [13] In this context, strategies to deliver preventative services that meet the needs of diverse populations are essential for providing quality care and contributing to health system sustainability. Despite the increasing focus and literature on clinical prevention for South Asians [14–21], there are significant gaps in understanding barriers to service uptake. This study sought to understand the barriers and facilitators to clinical prevention uptake for the South Asian population.

Methods

- *Setting*

Surrey, BC is the Fraser Health region's largest city with more than 450,000 residents. [22] Visible minorities make up 53% of the population and 31% of the total population reported South Asian ancestry. South Asians also represent 15% of the region's overall population and are its fastest growing segment. In Surrey, the top five countries of origin for South Asian immigrants include: India, Pakistan, Sri Lanka, Nepal and Bangladesh. Punjabi is the most common non-official language spoken by 24% of the overall population. Other common South Asian languages included Hindi (7%) and Urdu (1%). [22]

Participant Recruitment

Study participants were South Asians over 40 years old from Surrey, BC. We used multiple recruitment sites and diverse mechanisms to reach a broad spectrum of the South Asian population. We drew the study sample from patients and visitors to the Jim Pattison Outpatient Care and Surgery Centre (JPOCSC),

and community settings. At JPOCSC, we used multilingual volunteers in waiting areas and a database of recent patients who had consented to be contacted for research to identify potential participants. In the community we recruited at health events and via seniors programs and housing, community organizations, primary care and recreational settings. Word of mouth among members of the community was also a source of referrals.

We tailored recruitment methods to the needs of each site. In most locations members of the research team gave prospective participants a brief verbal and/or written overview of the study and invited them to provide their contact information if they were interested in participating. In other locations posters were used. Research ethics required that individuals have at least 24 hours to consider their participation before consenting so volunteers contacted those who expressed interest to complete the consent process 1-2 weeks after initial contact.

Study Type/Design

The Fraser Health Research Ethics Board reviewed and approved this study. The research team adopted an inductive, qualitative research approach and data was collected through focus groups. We organized participants into groups based on gender, as community partners advised us that gender specific groups would support more active participation. The study was originally designed to host separate focus groups for older (65+) and younger (40-65) participants in order to focus only on topics that were recommended for the group based on age and gender.

However, many focus groups were integrated into ongoing community programs where it would have been inappropriate to deny participation by those outside of the age range for the focus group so the design shifted to respond to the community context. A maximum of 10 participants were recruited for each focus group.

We obtained background data from the majority of participants upon their enrollment into the study, using a brief demographic questionnaire. However, due to logistical considerations, one site requested that we contact participants to collect demographic information following the group instead. Background questions explored: age, gender, languages spoken, length of time in Canada, native country/region, religious beliefs, education level, and level of identification with South Asian culture using an adaptation of the South Asian Identity Scale [14].

We conducted focus groups in person in community settings and at JPOCSC. All groups were led by a bilingual Punjabi and English speaking facilitator. We held focus groups in Punjabi and provided simultaneous whisper translation of the questions and discussion into English to include non-Punjabi speaking participants. We recorded both the English and the Punjabi dialogue. The English version was transcribed for data analysis and a bilingual member of the research team reviewed the transcripts comparing them to the Punjabi recording and adding notes to the transcripts with any dialogue that was missed or misinterpreted during the interpretation process. Most of these

notes were errors of omission and did not substantially change the meaning of the dialogue but enriched it. Focus groups were semi-structured based on a focus group guide developed in collaboration with community partners (see Appendix A). We used fictitious case scenarios or "vignettes" [23] to encourage in-depth discussion without having to share personally sensitive information in a group context. In each vignette, the character learns about a clinical prevention activity that he or she is eligible and insured for under BC's universal Medical Services Plan, but with which he or she does not follow through. Focus group participants were then asked about what the character might be thinking or feeling about the prevention activity and what might prevent him or her from accessing the service. Participants were also asked where they might seek information about the topic and how services could change to improve accessibility.

Each focus group was assigned 3 of the 10 priority clinical prevention topics based on a purposeful process to ensure coverage of each relevant topic for each gender. Groups ran for a total of 90 minutes, with approximately 20 minutes allocated for each topic along with time for refreshments and an introduction to the group.

Primary measurements and outcomes

Initial analysis focussed on identifying facilitators and barriers for accessing clinical prevention services from the patient perspective. The research team used the study

objectives and research questions to develop the initial codebook for qualitative analysis of the transcribed focus groups.

Two coders (SM & RD) worked independently using QSR NVivo version 10 software to attach labels to parts of the text that relate to the themes. They created additional codes and sub-codes throughout this process and kept a shared log of new codes and their descriptions. The coders met regularly to review their understanding of each code, explore how they had been applied, and resolve any discrepancies in their interpretation. The results of this initial analysis were shared with the broader team and the ensuing discussion helped to guide subsequent coding. The coding team continued with a second level of analysis to map relationships between the codes and identify any emerging themes.

Results

A total of 81 participants took part in the study; 76 of them completed demographic interviews; and 62 attended 1 of the 8 focus groups (5 female, 3 male). This sample represented 74% of our 110 participant target for recruitment. While the study offered focus group participation in Punjabi, English, Hindi or Urdu all participants were comfortable participating in either Punjabi or English so no interpretation into Hindi or Urdu was conducted. Additional demographic details are summarized in Table 1.

During coding, researchers observed barriers and facilitators appearing in three different contexts: 1) within the individual context, based on personal characteristics or experiences; 2) within the provider context, based on factors related to the patient-provider interaction; and 3) within the context of the health care system, based on factors related to how services are structured or delivered. However, some barriers and facilitators touched on multiple levels and were coded as such.

Individual Factors

When participants spoke about individual level facilitators, they stressed the importance of taking responsibility for one's own health by asking for services, advocating for health needs and keeping notes or records. Participants also identified knowledge as a key facilitator, including information about disease risks and the risks and benefits of prevention services. They recommended outreach education and collaboration with the South Asian media to increase awareness. Finally, participants mentioned cultural beliefs that fostered respect for the advice of the healthcare provider as a facilitator to accessing services.

Participants identified fear as the primary individual barrier to uptake. This included fear of: diagnosis, death and procedures as well as fear of the healthcare provider's recommendations and subsequent impacts on life (e.g., needing to take time off work or change dietary habits). Moreover, some participants endorsed a belief that the stress of learning about

a diagnosis could actually exacerbate symptoms and make health worse. A second barrier was perceived low risk of disease or utility of the intervention (e.g., not experiencing symptoms; living a healthy lifestyle; don't see the need for the service). Side effects of clinical prevention activities, real or perceived, emerged as a third barrier. See Box 1 for a selection of participant comments within the individual context.

Provider Interaction Factors

When participants spoke about interactions with their healthcare provider they mentioned the following facilitators: a) active listening, where the participant feels their doctor is listening to them and acknowledging their concerns; b) trusting relationships, where the provider and patient have a strong rapport; and c) an unhurried pace, where the participant feels their provider gives them space and time to voice their concerns, takes time to explain procedures or changes, and allows time for questions.

Barriers in this context included: not sharing information (e.g., not providing advice on relevant prevention activities, providing medication without counselling); broken trust as a result of inaction or a missed diagnosis and; rushing/not listening. See Box 2 for a selection of participant comments about the provider interaction context.

Health System Factors

When speaking about health system level facilitators participants raised: embedded processes, where prevention services are routinely offered or required as part of other health or social services (e.g., reminders for mammograms, medical check-up requirements for a job); availability of services, including mobile mammograms, the nurse telephone hotline, flu shots at the pharmacy and; low or no cost of clinical prevention services.

The most commonly mentioned health system barriers were policies that limit physicians' time with patients and/or limit the number of issues discussed per visit; conflicting or changing guidelines about a procedure; and a lack of reminders for prevention services. See Box 3 for a selection of participant comments concerning the health system context.

While barriers and facilitators were described at all three levels in our study the most commonly voiced barrier to clinical prevention uptake, by far, was the lack of effective communication and trust with primary care providers due to curtailed consultations.

Interpretation

The results of this study are consistent with previous research on access to health services by South Asians in North America. This literature highlights the impact of culturally-related [14] and pragmatic [15] barriers to service uptake such as transportation and hours of service. It also describes the central role of cultural and health literacy in preventative

service uptake and chronic disease management for South Asians [24-26] and other immigrant and senior populations [27-28]. All of these themes also emerged in our study.

However, while culturally specific and patient level barriers were present in our study, the most salient barriers to clinical prevention access were related to short duration and poor quality patient-provider interactions. BC primary care physicians are predominantly remunerated under a "fee for service" model that has been associated with short appointment times and office policies limiting the number of issues addressed per visit [29] and both of these characteristics were highlighted as key barriers for our study participants. Although brief, single issue visits can be characterized as a universal barrier that is well known [30-34] and applies to the entire population, our study suggests that there is potential for a greater negative effect on populations who may already have difficulty accessing care (i.e., immigrants, seniors etc.). Moreover, the role of physicians in the South Asian population is very culturally significant and the population places high value on the "physician directive" (confirmed by author with cultural knowledge). This means that when there is limited time during visits for prevention activities, it may have an even greater impact for the South Asian population as they expect leadership to come from their physician.

Strengths and Limitations

The primary strength of this study was involvement of the community at multiple stages of project design and

implementation. Community-based providers contributed to the design of data collection tools and assisted with recruitment and communication strategies. This allowed for a more culturally appropriate design and broader reach for participant recruitment. During the data collection phase, community partners advised on focus group logistics to remove barriers to participation. During data analysis and interpretation, it was an asset to have one coder with a South Asian background. Presenting early results to the broader team for discussion also ensured the interpretation of the results was culturally appropriate and resonated with both health authority and community service provider perspectives. Rigour during data analysis was also supported by having two coders, thorough documentation of code definitions and iterative, collaborative refinements of the coding structure.

Limitations include: low representation from South Asian communities emigrating from outside of India as well as non-Punjabi speaking participants of Indian origin; loss of participants due to seasonal travel to India; and an inability to explore themes based on age due to the change in study design.

Conclusion

Results of this study suggest recommendations at multiple levels. First, to address individual factors, develop outreach education and services for the South Asian community by partnering with the local South Asian media and bringing educators to community gathering spaces (e.g., faith-based and

community centres) such as the Inter-Cultural Online health Network program in BC. [35] This will support the community by bringing services and linguistically appropriate information to them. Second, within the context of the patient-provider interaction, this study lends support to initiatives that promote physician attachment such as BC's *A GP for Me* [36] but suggests that models of attachment should include and measure factors like communication and trust between patients and providers.

Finally, within the context of the health system, policies and remuneration methods that facilitate "full-service family practice" [37-38] and enable embedded processes and reminders are recommended.

Implementation research based on the above recommendations is needed to test the impact that suggested changes have on clinical prevention uptake and population health outcomes.

Further research into the interaction between culturally specific barriers and the overarching health system factors that exacerbate them would also support more accessible and relevant provision of clinical prevention services to multicultural communities.

2557 Words

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Tables and Boxes

Table 1: Demographic Characteristics of Focus Group Participants

Gender	Age	Language(s) Spoken	Country of Birth	Years in Canada	Religious Affiliation	Highest Level of Education	Annual Household Income	South Asian Identity Scale
N=62	N=58	N=58	N=58	N=58	N=57	N=57	N=26	N=58
Male=26 Female=36	Mean=66.07 Min=40 Max=87 Median=68	Punjabi=52 English=32 Hindi=24 Urdu=9 Other=3	India=49 Pakistan=6 Other=3	Mean=19.31 Min=1 Max=65 Overall Median=18 Median by Focus Group=4.5 to 32.5	Sikhism=43 Other=8 None=6 NR=1	No Formal Education=8 Elementary School=22 High School or other Diploma/ Certificate=9 University Degree or more=18 NR=1	<40k=21 >=40k=5 NR=32	Mean # of endorsed items=9.21 Min=7 Max=10 Median=9

Box 1: Individual Factors

Taking Responsibility for Health *"But if you know that this is the test you need, then you can go and pressure the doctor. "This is the test I need. This is my right""* Female Focus Group Participant

Knowledge *"Unless he doesn't know about his benefits or non-benefits, he won't accept it. Our people who come from India are new immigrants, they never used to bother. They would think I'm fine, I don't need this."* Male Focus Group Participant

"And examples. When somebody does it he was fine, and somebody didn't do it, what are the losses he had. If you give an example then it's more beneficial." Male Focus Group Participant

Fear *"So many of my friends won't get tests done because they think they'll be taken to the hospital Some people live so many years without knowing about their illness and they are fine. As soon as they find out about it they begin to panic."* Female Focus Group Participant

"… some people think that if we go for the test, and we may get cancer." Female Focus group Participant

"He comes from Asia. … We eat a lot of clarified butter, sweets, that's all fat. If he has knowledge – these are the benefits, these are the risks of taking, then he thinks he'll have to stop it, and then I don't know, he's scared that doctor would say – like, if it's there – then my sweets and everything will be stopped." Male Focus Group Participant

Low utility/risk *"Like, maybe I don't need one [the pneumococcal vaccine]. In India nobody is bothered about pneumonia. Older people, they don't give much importance to this."* Male Focus Group participant

"There are so many injections like flu and for other things and so if you are healthy, then you don't care. "I don't need those injections." And sometimes there is information like those companies who make the medicine, they are ruining the economy" Male Focus Group participant

Box 2: Provider Interaction Factors

Trusting relationship *"If the doctor establishes a good relationship with the patient and encourages him, then it's better for the patient."* Male Focus Group Participant

Unhurried pace *"But now my doctor, he is really good. I've had the same doctor for the last seven, eight years and he's really good. He's a good doctor. I'm happy with the doctor now. So if I have any other problems, they should listen to each and every problem. Whatever problem you have, the doctor should listen to you."* Female Focus Group Participant

Broken trust *"If you will tell the doctor to check, only then they will check, otherwise they don't. The family doctor should check in routine the blood pressure, blood sugar. But they don't actually check the patient. They just prescribe the medicine, and they just ask verbally and write down the medicine and send the patient home."* Female Focus Group Participant

"I had cancer in the jaw. I never had any pain in my tooth but I had pain in the jaw and went to see the doctor. I had swelling. He took about two wisdom teeth right away. He took $250 from me, and then after some time he took out another wisdom tooth. But after that, whenever I used to go to visit him, he would say, "You are fine, you are fine. You're just fine." He just kept on telling me that you don't have to worry about this, just kept telling me that I have infection." Female Focus Group Participant

Rushing/Not listening *"The doctor always will not talk to me, and then she will just write down the medicine for me. They don't have time to discuss with the patient. I show the list of my questions to the doctor and the doctor just gives me the medicine … she didn't have time to discuss or ask about that. "* Female Focus Group Participant

"In India when we go to the doctor, they attend them properly. They listen to the patient in detail, but here they don't. They just write down the medicine. Send the patients home. Whenever I went to the clinic, doctor has never checked my diabetes sugar level. I just test myself. They don't. The family doctor does not do that. He should do, it's his duty, but he does not listen. So what is the use of the family doctor?" Female Focus Group Participant

Box 3: Health System Factors

Embedded processes *"Every driver will go do the medical test…he will have to go to this one [to maintain his class 4 driver's license]"* Male Focus Group Participant

Availability of services *"At the Indo-Canadian senior centre, the nurse used to come and then they came to know about blood pressure. They should be in that kind of facility and when seniors can go and check their blood pressure, they can get all the information."* Female Focus Group Participant

System encourages short visit duration *"But the doctor should also take care of the patients. There should be more clinics, and they should listen to the patients. The doctor should give sufficient time to each and every patient. The family doctor does not have this much of time to attend sufficient time."* Female Focus Group Participant
"If I'm talking about stomach illnesses, flu, then he said, "No, you come tomorrow. Come tomorrow, the day after too." They don't want to listen to the other things, and they'll write down afterwards they just talked about one thing. One to two more topics, nothing more than… That time my interest to get some knowledge will go away." Male Focus Group Participant

Lack of Reminders *"You are advising us that after 50, we should go for the colon screening test. Why the doctors are not referring our cases to the specialist for all these tests? It's the doctor's duty. If you say that after 50 years of age every lady should go for colon test, so why the doctors are not …referring their cases?* Female Focus Group Participant

Appendix A: Data Collection Instruments

Health is the Key to Happiness – Background interview
Participant Number: _____

Introduction:
We would like to ask you some questions about yourself and your background. Your answers to these questions are confidential and will only be used for this research project.

1) What is you gender: Male Female
Other: Specify _____

2) How old are you? _____

3) What languages do you speak?
_____

4) Would you prefer to attend a focus group in English or Punjabi? _____

5) Where were you born? Country: _____
Province/State: _____

6) How long have you lived in Canada? Number of Years:
_____

7) What countries or regions do you consider your ancestral home? _____

8) Do you consider yourself as belonging to any particular religion or denomination?

☐ Yes ☐ No

If yes, which one? _____

9) What is the highest degree, certificate or diploma that you have completed?

☐ No formal education

☐

Grade 6 (Elementary School)

☐ Grade 12 (High School)

☐ Certificate or diploma (non-university)

☐ University Bachelor's degree

☐ University degree or certificate above bachelor's degree (e.g. Masters or Doctoral Level)

10) How many people live in your household?

_____

11) What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?

☐ Less than $40,000

☐ $40,000 or more but less than $80,000

☐ $80,000 or more but less than $100,000

☐ $100,000 or more but less than $150,000

☐ $150,000 and over

South Asian Ethnic Identity

Do you:

1. Celebrate national holidays, cultural or religious festivals from your South Asian heritage?

2.

Always Often Sometimes Rarely Never

3. Go to visit your ancestral home?

Yes No

4. Read any South Asian newspapers, magazines, periodicals or websites?

Yes No

5. Teach your children or grandchildren to read and write in a South Asian language?
Yes No

6. Attend cultural and social functions organized by your South Asian community?
Yes No

7. Eat any food that is associated with South Asian religious holidays or special events?
Yes No

8. Dress in traditional South Asian dress like a Shalwar-Kurta or Saree?
Yes No

9. Listen to radio broadcasts, watch television or go to films in a South Asian language?
Yes No

10. Keep in touch with South Asian relatives and friends who live in your ancestral home or other countries?
Yes No

11. Speak a South Asian language at home?
Yes No

Closing the Gap

Focus Group Moderator's Guide

Population and Public Health

August 20, 2014

Abridged for dissemination October 14, 2015 (please contact corresponding author to request full version)

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OMNI Institute

www.omni.org

Introduction

Purpose

This study aims to gather unique information that will contribute to the body of knowledge on developing culturally appropriate strategies to increase access to preventative care and reduce disparities in health outcomes for the South Asian population. While the scope of this project is small the project will provide foundational data for further inquiry into an identified gap in the literature. The intention is to use the results of this study to develop a proposal for a larger implementation research project to address gaps in clinical prevention uptake; add significantly to the literature; and inform the design of clinical prevention services.

The objectives of this study are as follows:

1) To explore participants' attitudes towards each of the top 10 clinical prevention activities.
2) To identify common barriers to accessing clinical prevention services and ways that the participants are able to overcome them.
3) To characterize participants' preferences for accessing clinical prevention services and information, including preferences for e-health tools to support prevention.
4) To describe how various characteristics or perspectives may influence preferences about accessing clinical prevention information and services.

Target Audience

Participants will be drawn from the English or Punjabi speaking 40+ year old South Asian population in Surrey, BC. The participants for each focus group will vary by topic area based on the clinical guidelines. For example, the Pneumococcal Vaccine will only be discussed with the 65+ year old age group as BC guidelines only recommend this vaccine for the general population over 65. In order to facilitate discussion, participants will be recruited into groups that are as homogeneous as possible in terms of gender and age. The groups that discuss mammograms and Pap Tests will only be open to women.

Additional Directions

Each focus group will run for 2 hours with 1 ½ hours dedicated to the group discussion of 2 or 3 clinical prevention topics. The remaining half hour will be for the group to gather, help themselves to some food and get to know one another and the facilitators through an ice breaker exercise.

• Each focus group will have a moderator and a co-facilitator. The role of the moderator is to facilitate the discussion (but not lead it). The role of the co-facilitator will be to ensure that the process pieces of the focus group are working. This can include making sure that recording and any interpretation are running smoothly, keeping an eye on the time, monitoring the group's dynamics to make sure that everyone feels supported to contribute to the discussion, managing any disruptions etc. The co-facilitator will also take notes on any non-verbal communications to supplement the audio transcript.

• Allow about 20 minutes for each clinical prevention topic. Announce to participants when both 5 minutes and 10 minutes remain so that they are aware of the time left to contribute their thoughts.

• Use your judgment to determine if the topic is providing valuable data and need to adjust the amount of time spent on that particular topic.

• Encourage each participant to speak equally. Call on participants that are not contributing as much to the discussion.

• Suggest to participants to speak up when they have difference of opinion, rather than agreeing with everyone else's opinions and values.

• Provide paper and pen to participants for the icebreaker and for additional notes they may want to take throughout the focus group.

Moderator Guide and Script

Introduction-Explanation of the Project

Hello to everyone, welcome and thank you for agreeing to be part of our focus group today.

First of all, let me introduce our team: I'm (name of facilitator) and this is (name of co-facilitator). We're working on this research project with the Fraser Health Authority, the University British Columbia and Genesis Family Empowerment Society. Let's take a minute to go around the circle so that each of you can tell us your name.

Today we want to discuss a group of health services called clinical prevention services. They are activities that you do with your health care provider such as immunization, screening, preventative medication and lifestyle counselling.

Clinical prevention includes 2 types of activities

1) Activities that prevent illness before it begins. An example of this is getting your flu shot.
2) Activities that help us find illness earlier so that it is more treatable and does less harm to us. An example of this would be colon cancer screening.

The clinical prevention topics that we will be talking about today are (insert topic names here)

Research shows that South Asian people are less likely to use clinical prevention services. We want you to help us learn about why some people may not be using these services. The valuable comments and suggestions you provide today will help us learn more about how we can share information about these services and make the services work better for the South Asian community and easier to use.

Ice Breaker

Before we get started we'd like to learn a little more about you. We really appreciate the time that you're spending with us to share your thoughts and would like to get to know you better by hearing about what you would be doing instead if you weren't here. I'll go first; if I wasn't here today I would be …

What did you give up to be here today?

Directions

I will facilitate our discussion. That means a few things

- I will ask questions to the group.

- I won't be doing much talking, but may ask you to explain more or to give an example.

- I will also try to make sure that everyone has a chance to share their ideas and make sure that we have time to discuss all of the questions.

There are no right or wrong answers to the questions we're asking. Each person's opinions are important and we want to hear them.

So, please speak up, whether you agree or disagree with what's being said, and let us know what you think.

Before we start I want to tell you a few things about focus groups:

Sometimes people talk about personal issues during these discussions. Before we begin, I would like everyone to agree that once we leave this group, we will NOT talk about the personal issues that others share with anyone else. Can I see a nod from everyone showing me that you agree with this ground rule? (If anyone is not willing to give their consent to confidentiality, they may be excused from the group.)

We will record the focus group on this recorder because we want to get everything that you say, and we can't write fast enough to get it all down. Only the research team will use this recording. The information in the recording will not be shared in any way that could identify you.

It is important that we speak one at a time, so that we have a good quality recording. So, now that you know what our process is, is everyone OK with being recorded?

We plan to be finished with our discussion by STATE END TIME. After our discussion, you will receive a gift card as our thank-you to you for participating in our research study.

The restrooms are located _____. One last thing, please turn your cell phones off or to silent mode so that we can begin our discussion. Thanks.

We are going to have a discussion about 2 or 3 stories about clinical prevention. The stories are not about real people. They are meant to get you thinking about the topic and how it might relate to people's lives. (*Facilitator Note: Proceed to the clinical prevention topics assigned to this session and select the scenarios that are appropriate to the age and gender of the group*)

Dialogue of Topics to Cover

Smoking

More than 175,000 people living in the Fraser Health area smoke. 1 in 2 people who smoke will die from a smoking-related disease. Smoking causes: cancer, lung disease, heart disease and stroke. For people who smoke quitting smoking is the best thing they can do for their health and the health of others around them.

Women

Sabita is a mother with three children ages 6, 8 and 11 years. She immigrated to Canada 3 years ago with her husband and children. After the children go to bed Sabita tries to find time to sit with her husband and discuss the day. Sabita's husband smokes cigarettes and says that they help him to relax at the end of a long day. Sometimes he offers a cigarette to Sabita when they are sitting together and lately she has been accepting them. Now Sabita sometimes wishes that she could have a cigarette at other stressful moments. The other day Sabita's 11 year old son came home from school talking about how he had learned about tobacco and how it can harm your health. Sabita wondered about whether smoking was impacting on her health and whether she should try to quit. In the end, she decided not to talk to her doctor about it.

Men

Gurdial is 67 years old and recently retired from a security job. His adult son lives in another city with his family and his wife has gone to visit them for 3 months. Gurdial likes to smoke and feels that it relaxes him. Since his wife has been away, he has noticed that he has been smoking more often. The other day Gurdial was listening to a radio show and he learned about tobacco and how it can harm your health. He has been thinking about it but he is not sure that he wants to talk to his doctor about his smoking.

What do you think that (insert name) might have been thinking or feeling when he/she thought about quitting smoking?

Probe: What are some reasons that they would want to quit?

Probe: Are there reasons they would think they do not **need** to quit?

Probe: Are there reasons that they would not **want** to quit?

Why do you think they might find it difficult to talk to their health care provider about quitting smoking?

What advice would you give (name) that might make it easier for them to get help to quit smoking?

Where might someone like (name) look or who would they ask if they wanted to learn more about quitting smoking?

Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get help with quitting smoking?

Probe: Right now people have a few choices if they want help with quitting smoking. They can:

1. Call 811 for information on the BC Smoking Cessation program and ask about free nicotine replacement medications and community resources to help them quit smoking
2. Ask their doctor or nurse practitioner for help
3. Visit www.quitnow.ca or call them to get personalized help on planning to quit smoking

Do you think these services would be helpful for (name)?

How could we change these services to make them easier for (name) to use?

What other services could we add that would make it easier for (name) to quit smoking?

Alcohol

Too much alcohol can hurt your health. Consuming large amounts of alcohol can: increase risk of liver, pancreas and mouth cancers, change the way medications work, raise blood pressure and affect the heart. If people choose to drink, they are advised to limit themselves to low risk drinking levels. For women, this is no more than 2 standard drinks/day or 10drinks/week. For men, this is no more than 3 standard drinks/day or 15 drinks/week.

Women

Sabita is a mother with three children ages 6, 8 and 11 years. She immigrated to Canada 3 years ago with her husband and children. Once a month, Sabita gets together with a group of her friends. When they're together the women like to chat about their lives and often they will have up to four or five glasses of wine over the course of an afternoon. The other day Sabita's 11 year old came home from school talking about how he had learned about alcohol and how it can harm your health. Sabita wondered about whether drinking alcohol was affecting her health and whether she should try to drink less alcohol. In the end, she decided not to talk to her doctor about it.

Men

Jatinder is a 50 year old Engineer from India. He immigrated to Canada 2 years ago with his wife and kids. Each evening, he likes to have a few drinks and says that it helps to relax him at the end of the day. He recently heard on the radio that drinking alcohol can have a negative impact on health and sometimes wonders whether he should try to cut back. In the end, Jatinder decided not to talk to his doctor about it.

What do you think that (insert name) might have been thinking or feeling when they heard about how alcohol affects health?

Why do you think they might find it difficult to talk to their health care provider about alcohol and health?

What advice would you give (name) that might make it easier for them to get advice on alcohol and health?

Where might someone like (name) look or who would they ask if they wanted to learn more about alcohol and health?

> Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to discuss their alcohol use and how it impacts on health?

> Probe: Right now people have a few choices if they want to talk about alcohol and their health. They can:
>
> 1. Call 811 or the Alcohol and Drug Referral Information line
> 2. Talk to their doctor or nurse practitioner
> 3. Visit the Here to Help website (http://heretohelp.bc.ca/sites/default/files/images/alcohol.pdf)
>
> Do you think these services would be helpful for (name)?
>
> How could we change these services to make them easier for (name) to use?
>
> What other services could we add that would make it easier for (name) to learn about alcohol and their health?

Flu Shots

Over the course of a normal flu season one in ten adults and one in three children will come down with the flu. 2,000 to 8,000 people will die from it. Some people are more likely to experience serious

infections and can get a free flu shot. Getting the flu shot is the best way to protect you from the flu. Getting the flu shot also protects your friends and family by reducing the spread of the virus.

Women

Surinder is 40 years old and came to Canada 2 years ago with her husband and children. Her husband works as a laborer in the construction industry. Surinder has 4 children and the youngest two are not yet in school. Surinder stays home with her children but also provides childcare to 3 other young children in order to have more money for her family. Surinder was at the pharmacy the other day and saw a poster saying that child care providers could get the flu shot for free. Surinder thought about asking the pharmacist about the flu shot but decided to wait.

Men

Balwant, age 75, takes great pride in his health. He was a famous college wrestler and kabaddi player and continues to coach youth in these sports. Last year, he contracted the flu and was unable to do his regular activities for several months. This year he thought about getting a flu shot but decided he was well enough and did not get the flu shot.

What do you think that (insert name) might have been thinking or feeling when they thought about getting the flu shot?

Why do you think they might not talk to their health care provider about getting the flu shot?

What advice would you give (name) that might make it easier for them to get their flu shot?

Where might someone like (name) look or who would they ask if they wanted to learn more about the flu shot?

> Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get the flu shot?

Probe: Right now people have a few choices if they're thinking of getting a flu shot. They can:

1. Call 811 to find out about getting a flu shot at a local pharmacy or health unit
2. Ask their doctor or nurse practitioner for the flu shot
3. Visit www.fraserhealth.ca and search "flu shot" to find out where they can get the flu shot

> Do you think these services would be helpful for (name)?
>
> How could we change these services to make them easier for (name) to use?
>
> What other services could we add that would make it easier for (name) to get a flu shot?

Pneumococcal Vaccine

Pneumococcus is a bacterium that can cause serious infections, including pneumonia, meningitis and blood infections. Pneumococcal infection can be spread through coughing, sneezing or sharing food or drinks. Seniors over 65 years old, people living in a residential care or other group facility and people living with a chronic health issue like COPD, asthma or diabetes are at greater risk of serious illness and can get the pneumococcal shot for free.

Women

Simar is 74 years old and living at home with her 2 sons and daughter-in-laws. Simar's sons and daughters in law work long hours so she takes pride in preparing meals for the family. However, last winter Simar needed to go to the hospital for pneumonia and it took a long time for her to recover. The meals in the house were not the same for some time. This year, one of her sons heard that people over 65 can get a free shot that helps prevent pneumonia and told her about it. However, she's not sure that she wants to get one.

Men

Jagdev is 74 years old and living at home with his wife, 2 sons and daughter-in-laws. Jagdev has been to the doctor 3 times for pneumonia and it seems to occur at the same time every year. Each time it takes a long time to recover and he misses out on activities with his family and friends. One of his sons heard that people over 65 can get a free shot that helps prevent pneumonia and told him about it but Jagdev does not want to go and get it.

What do you think that (insert name) might have been thinking or feeling when they heard about getting the pneumococcal shot?

Why do you think they might find it difficult to talk to their health care provider about getting the pneumococcal shot?

What advice would you give (name) that might make it easier for them to get their pneumococcal shot?

Where might someone like (name) look or who would they ask if they wanted to learn more about the pneumococcal shot?

> Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get the pneumococcal shot?

> Probe: Right now people have a few choices if they're thinking of getting a pneumococcal shot. They can:
>
> 1. Call 811 to find out about getting the shot at a local pharmacy or health unit
> 2. Ask their doctor or nurse practitioner about getting a pneumococcal shot

3. Visit www.healthlinkbc.ca and search "pneumococcal" to learn more

Do you think these services would be helpful for (name)?

How could we change these services to make them easier for (name) to use?

What other services could we add that would make it easier for (name) to get a pneumococcal shot?

Tetanus Shots

Tetanus is a serious infection that can cause severe muscle spasms and seizures. Tetanus is caused by bacteria that live in the soil. You can become infected through a cut or wound. The best way to prevent Tetanus is to get a tetanus shot. Tetanus shots need to be updated every 10 years.

Women

Kiran is 45 years old. One day one of her sons came back from school and said that his whole class got a tetanus shot that day. Kiran remembers signing a consent form but didn't really think much of it. Her son tells her that everyone should get a tetanus shot every 10 years. Kiran doesn't remember the last time she had a tetanus shot but does not try to get one.

What do you think that (insert name) might have been thinking or feeling when they heard about getting the tetanus shot?

Why do you think they might find it difficult to talk to their health care provider about getting the tetanus shot?

What advice would you give (name) that might make it easier for them to get their tetanus shot?

Where might someone like (name) look or who would they ask if they wanted to learn more about the tetanus shot?

Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get the tetanus shot?

Probe: Right now people have a few choices if they're thinking of getting a tetanus shot. They can:

1. Call 811 to find out about getting the shot at a local pharmacy or health unit
2. Ask their doctor or nurse practitioner about getting a tetanus shot
3. Visit www.healthlinkbc.ca and search "tetanus" to learn more

Do you think these services would be helpful for (name)?

How could we change these services to make them easier for (name) to use?

What other services could we add that would make it easier for (name) to get a tetanus shot?

Blood Pressure Screening

Everyone over the age of 18 should get their blood pressure checked each year. It is normal for your blood pressure to go up and down but if it stays too high it can cause health problems. For example, high blood pressure can cause heart attacks, strokes, blindness, kidney disease and amputations. High blood pressure is often called a 'silent killer' because it has no warning signs or symptoms – it affects one in five Canadians. By knowing and controlling your blood pressure, you can cut your risk of stroke by up to 40 percent and heart attack by up to 25 percent.

Women

Gurleen is 59 years old. She's a cleaner at the hospital and works long shifts. She's known in her community as an excellent cook loves feeding her family a wide variety of rich and tasty food. One day she sees a poster at the hospital saying that all adults should get their blood pressure checked every year. Gurleen wonders whether she should find a way to get her blood pressure checked but ends up not doing it.

Men

Avtar is 71 and generally feels that he is in good health. He used to go for regular check-ups with his doctor. Now his family has moved to a new community and he no longer sees his doctor regularly. Avtar hears on the radio that all adults should get their blood pressure checked every year. He wonders whether he should find a way to get her blood pressure checked but ends up not doing it.

What do you think that (insert name) might have been thinking or feeling when they heard about blood pressure screening?

Why do you think they might find it difficult to talk to their health care provider about getting their blood pressure checked?

What advice would you give (name) that might make it easier for them to get their blood pressure checked?

Where might someone like (name) look or who would they ask if they wanted to learn more about blood pressure?

Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get their blood pressure checked?

Probe: Right now people have a few choices if they're thinking of checking their blood pressure. They can:

1. Call 811 to ask about hypertension
2. Ask their doctor or nurse practitioner about diet, exercise, and medications to control their blood pressure
3. Many pharmacies also offer free blood pressure testing
4. Visit www.heartandstroke.bc.ca and search "hypertension" to learn more

Do you think these services would be helpful for (name)?

How could we change these services to make them easier for (name) to use?

What other services could we add that would make it easier for (name) to get their blood pressure checked?

Cholesterol Screening

Too much bad cholesterol builds up and clogs arteries. It increases your risk for heart attacks and strokes. Many things cause high cholesterol such as: being overweight, being inactive, unhealthy eating and a family history of high cholesterol. Women over 50 and men over 40 should talk to their health care providers about cholesterol testing.

Women

Preet is a 65 year old woman who is generally in good health. She recently found out that her cousin has suffered from a stroke. She also heard that her cousin had high cholesterol and that this increased her risk of having a stroke. Her cousin's family is saying that everyone in the family should get their cholesterol checked to make sure aren't at risk for a stroke too. Since she found out about her cousin, Preet has been postponing her annual visit to her family doctor. When the doctor's office asks if she would like to reschedule she says she is too busy.

Men

Manvir is a 40 years old and lives with his mother, his wife and his 2 sons. Manvir takes good care of his health by eating well and walking with his family each weekend. Manvir does not smoke or drink alcohol. Manvir has not had any problems with his health and has not seen his doctor in the past 10 years. Last month, one of his sons was learning about heart health at school and came home with a pamphlet that recommended cholesterol screening for men starting at age 40 but Manvir has not scheduled an appointment with his doctor.

What do you think that (insert name) might have been thinking or feeling when they heard about cholesterol screening?

Why do you think they might find it difficult to talk to their health care provider about getting their cholesterol checked?

What advice would you give (name) that might make it easier for them to get their cholesterol checked?

Where might someone like (name) look or who would they ask if they wanted to learn more about cholesterol?

> Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get their cholesterol checked?

> Probe: Right now people have a few choices if they're thinking of getting their cholesterol checked. They can:
>
> 1. Call 811 to speak to a nurse or dietitian
> 2. Ask their doctor or nurse practitioner about lipid (cholesterol) testing
> 3. Visit www.heartandstroke.bc.ca and search "high blood cholesterol" to learn more
>
> Do you think these services would be helpful for (name)?
>
> How could we change these services to make them easier for (name) to use?
>
> What other services could we add that would make it easier for (name) to get their cholesterol checked?

Colorectal Cancer Screening

Colon cancer can develop from small growths of tissues in the colon and rectum. If undiscovered and untreated, these growths can become cancer. Colorectal cancer is the third most common cancer in Canada and the second leading cause of cancer death in British Columbia. Fortunately, if detected at its earliest stage, the chance of survival is over 90%. A Stool (poop) test can check for an early sign of colorectal cancer. Everyone 50 to 74 years old should have a check for colon cancer.

Women

Guneet is a busy professional who balances work with family responsibilities but always finds time to go for annual check-ups with her doctor. Her doctor said that now that she has turned 50, she should start getting colorectal cancer screening. Guneet asked what she has to do and it turns out she has to give a stool sample. She takes the pamphlet and leaves but does not get the screening done.

Men

Arun is a retired accountant and a very busy member of his community. He goes for annual check-ups with his doctor. His old doctor has retired and when he went to see his new doctor they said that he

should get colorectal cancer screening done. Arun asked what he has to do and it turns out he has to give a stool sample. He takes the pamphlet and leaves but does not get the screening done.

What do you think that (insert name) might have been thinking or feeling when they heard about colon cancer screening?

Why do you think they might find it difficult to talk to their health care provider about getting colon cancer screening?

What advice would you give (name) that might make it easier for them to get colon cancer screening?

Where might someone like (name) look or who would they ask if they wanted to learn more about colon cancer screening?

> Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get colon cancer screening?

> Probe: Right now people have a few choices if they're thinking of getting their screened for colon cancer. They can:
>
> 1. Call 811 to get advice about colorectal cancer
> 2. Ask their doctor or nurse practitioner about screening for colorectal cancer
> 3. Visit www.bcguidelines.ca/pdf/col_pat.pdf to learn more
>
> Do you think these services would be helpful for (name)?
>
> How could we change these services to make them easier for (name) to use?
>
> What other services could we add that would make it easier for (name) to get screened for colon cancer?

Cervical Cancer Screening

Cervical cancer happens when abnormal cells on the cervix grow out of control. Most cervical cancer is caused by a virus called Human Papillomavirus (HPV). You can get HPV by having sexual contact with someone who has it. Pap tests check for early signs of cervical cancer. Regular Pap tests help to improve the chance that changes in the cervix are caught early when they are more treatable and can save lives.

Women

Surinder is 54 years old. She has never got a Pap test done and moved to Canada 2 years ago. Surinder's doctor is a male doctor who wants her to get a pap test done. The doctor gave her a brochure on pap tests but she has not read it and has not scheduled a pap test with her doctor.

What do you think that Surinder might have been thinking or feeling when her doctor told her about getting a pap test?

Why do you think she might find it difficult to talk to their health care provider about getting a pap test?

What advice would you give Surinder that might make it easier for her to get a pap test?

Where might someone like Surinder look or who would they ask if they wanted to learn more about pap tests?

Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like Surinder to get cervical cancer screening?

Probe: Right now people have a few choices if they're thinking of getting a Pap test. They can:

1. Call 811 to speak to find out ways to prevent cervical cancer
2. Ask their doctor or nurse practitioner for a Pap test
3. Visit www.bccancer.bc.ca and search "pap" to learn more

Do you think these services would be helpful for Surinder?

How could we change these services to make them easier for Surinder to use?

What other services could we add that would make it easier for Surinder to get a Pap test?

Breast Cancer Screening

Breast Cancer is the most common cancer in women in B.C. 1 in 9 women will get breast cancer in her lifetime. Mammograms are x-rays of the breasts. They look for early signs of breast cancer to help find it while it's treatable. Women over 50 should talk to their health care provider about when they should start or have their next mammogram.

Women 40-64

At 40, Permjit was a healthy mother of 3 young children. She balanced working with raising 2 active young boys and a daughter and caring for her in-laws and extended family. Never did she think she would have breast cancer. One day she heard a story on the radio about a woman her age who had been diagnosed with breast cancer. The woman on the radio said that when she first heard she had cancer all she could think about was what would happen to her little girl. She also said that every woman should talk to their doctor about having a mammogram. Permjit wondered whether she should get screened but somehow she didn't get around to booking an appointment with her doctor.

What do you think that (insert name) might have been thinking or feeling when they heard about breast cancer screening?

Why do you think they might find it difficult to talk to their health care provider about getting breast cancer screening?

What advice would you give (name) that might make it easier for them to get breast cancer screening?

Where might someone like (name) look or who would they ask if they wanted to learn more about breast cancer screening?

Probe: {If media sources (e.g. TV, Radio, Newspapers, Websites, Social Media) are mentioned} Which station/site/paper would (name) go to first for information?

What could we change about how services are offered to make it easier for people like (name) to get breast cancer screening?

Probe: Right now people have a few choices if they're thinking of getting a mammogram. They can:

1. Call 811 for advice about mammograms
2. Book their own screening mammogram by calling 1-800-663-9203
3. Ask their doctor or nurse practitioner about free screening mammogram every 2-3 years
4. Visit www.smpbc.ca to learn more

Do you think these services would be helpful for (name)?

How could we change these services to make them easier for (name) to use?

What other services could we add that would make it easier for (name) to get a mammogram?

Closing Q & A