Using Equity Data to Improve Cancer Screening in Ontario CHCs

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Community Health Centre: Model of Health & Wellbeing

Comprehensive Primary Care Model – 72 CHCs in Ontario (over 100 sites)

- Evidence informed road map [1]
- Every CHC has endorsed and adopted
- Committed to health equity and social justice
- Focused on marginalized and vulnerable populations
- Grounded in community development and empowerment
- Comprehensive primary health care, interprofessional teams, health promotion, social work, and community development
- Celebrating 50 years in Ontario

USING DATA TO INFORM AND IMPROVE PRACTICE

Evaluation Framework developed that describes standardized data elements including:

- Client sociodemographic and race-based data
- Encounter/Visit details (location of service, services procedures, immunizations, providers involved, etc)
- Reason for Visit and Issues Addressed (including risk factors and determinants of health)
- Personal Development Groups
- Community Development Activities

Data is extracted nightly into a data warehouse and widely available (dashboards, standardized queries, data visualizations, ad hoc queries). Also linked with ICES and CIHI data.
To ensure cancer screening is offered to everyone and to personalize care all cancer screening measures (cervical, breast and colorectal) are equity stratified and included as a core measure (all CHCs included)

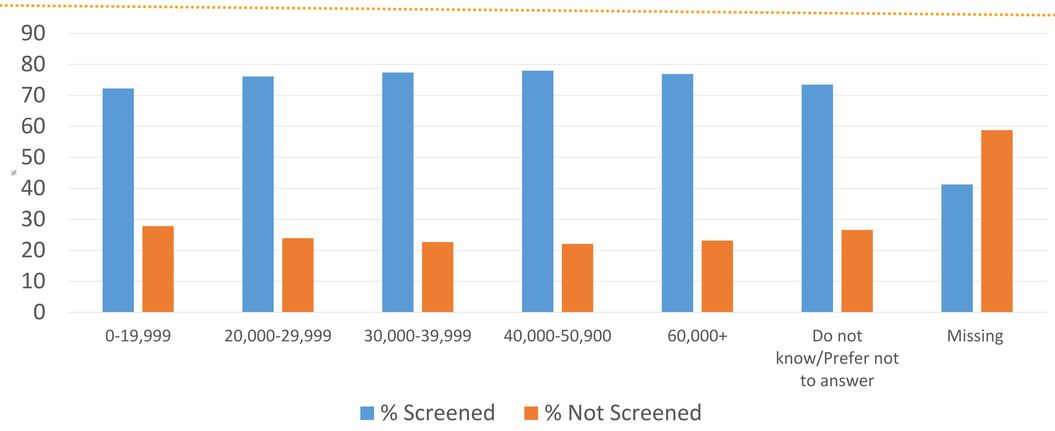
AIM: To measure and stratify cervical screening data with income and race-based data

Cancer Screening measures were developed using the CCO inclusion and exclusion criteria
All measures were stratified by household income and race-based data (standardized data elements)
Denominator includes active primary care clients only (seen in the last 3 years, primary care provided at the CHC
Data visualized on a dashboard that includes all other CHC data and the ability to specify a CHC peer group for improvement ideas
Providers/CHC staff can access a list of names for people not screened

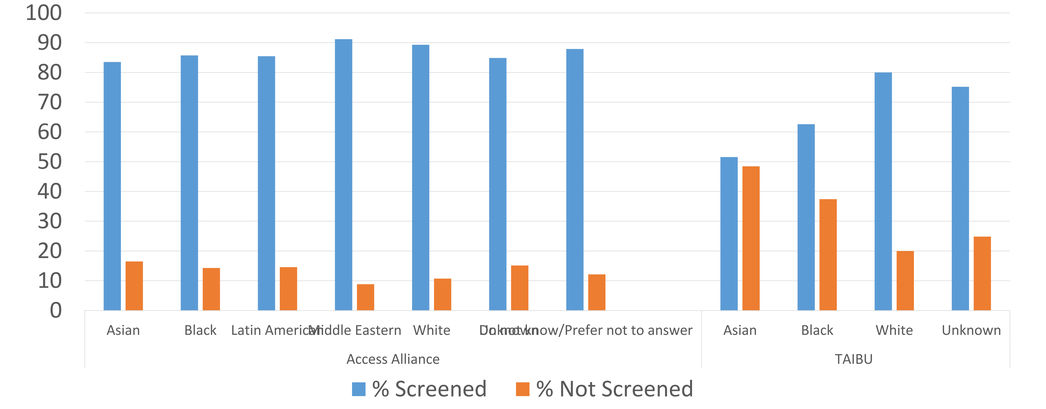
Client characteristics

- **19% of women eligible for cervical screening have household incomes less than 19,999 and only 12% have incomes greater than 60,000**
- **For two urban CHCs 88% of the population identified as Black, Asian, Latin American or Middle Eastern (12% of women identified as white)**
- **Cancer screening for most women who receive primary care at a CHC are higher than the overall Ontario average (65%) [2], despite belonging to a 'high risk' population**

Ontario CHCs: Cervical Screening by Household Income



CHC examples: Cervical Screening by Racial Identity



Personalized Interventions to Increase Screening Rates

CHCs personalize and tailor interventions to ensure equity-based care. Examples include:

- Local volunteers are trained as Health Ambassadors to promote screening and education within their communities
- Interprofessional teams to ensure provider/gender choice is available
- Community-based and culturally tailored health education and workshops
- Mobile cancer screening bus
- Disaggregation of equity data matters

For more information check out Access Alliance's resource guide or contact Jennifer.Rayner@allianceon.org

References
1. Rayner J, Muldoon L, Bayoumi I, McMurchy D, Mulligan K, Tharao W. Delivering primary health care as envisioned: A model of health and well-being guiding community-governed primary care organizations. *J Integr Care (Brighton)*. 2018;26(3):231–241. doi:10.1108/JICA-02-2018-0014
2. Cancer Care Ontario Screening Performance Report https://www.cancercareontario.ca/en/screening-performance-report-2016

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