



Spotlight Presentation 2-1:

PINK DIFFERENT: A Fun and Fresh Idea to Improve Breast Cancer Screening in Vulnerable Women

Presenters:

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Description:

Trauma, homelessness, poverty, mental illness, and substance use are barriers for women accessing traditional breast cancer screening. A Community Health Centre (CHC) engaged a hospital to co-host a “Mammogram Party” for vulnerable women. This unique trauma-informed approach successfully engaged five women in breast cancer screening with overwhelmingly positive client evaluations.

Session objectives and learning outcomes:

- Participants will be able to identify barriers to women accessing existing breast cancer screening programs in their communities.
- Participants will be able to advocate for group-based mammograms in their community, based on client satisfaction and cost-benefit analysis of this project.
- Participants will understand facilitators and barriers to successfully engage vulnerable women and multiple levels of the health care system to replicate this work.

Full description:

Challenge:

Women who have trauma history, homelessness, poverty, mental illness, or substance use experience barriers to accessing existing breast cancer screening programs, despite having higher risk.

This can result in women declining referrals or missing appointments resulting in wasted health system resources and compounding vulnerability for women at risk.

Action:

Using a trauma-informed care (TIC) approach, a CHC engaged a local hospital to pilot a group mammogram event. A Nurse Practitioner (NP) identified women who had previously refused mammogram screening or missed multiple appointments. The women were invited to a “Mammogram Party” with incentives for attendance such as transportation, prizes, gift cards, and a meal.

The women met at the CHC and traveled by taxi with the NP, a Social Worker (SW) and Community Health Worker (CHW) to the hospital. The hospital reserved a private meeting room for the group, separate from the main waiting area. Inside the “party room,” a meal was served, a movie screened, and “loot bags” distributed, which included a coffee shop gift card, transit passes, snacks, and activities. The SW and CHW remained in the “party room” to provide support.

The NP liaised between clients and hospital staff, ushered clients to mammogram suites, provided emotional support, communicated results, and answered questions. Female technicians were scheduled for the event and TIC literature was provided in advance. The hospital allotted extra

time for mammograms, allowing for same-day diagnostic ultrasounds, radiologist consultation, and biopsies to be done if needed.

Impact:

Five women (mean age 57 years) attended the “Mammogram Party” in November 2023. All had a history of trauma, homelessness, poverty, mental health and addictions issues. Collectively, they missed fifteen mammograms in the previous five years. All five participants completed mammograms. Two women had abnormal results. This was communicated in real-time and diagnostic ultrasound was done immediately, which confirmed benign findings.

Participants were invited to complete a client experience survey at the end of the event. 100% of respondents felt safe, comfortable, and good about asking questions. 100% of respondents said they would be likely to have another mammogram and recommend the event to a friend. Furthermore, women specified fear, pain, and isolation as barriers for attending past mammogram appointments. Attending with others and having their NP present were facilitators for attending. Camaraderie, support, laid-back atmosphere, and fun was what participants liked about the event. Having access to results and next-step diagnostic imaging in real-time was helpful for participants and care providers alike.

This pilot demonstrates a cost-benefit impact as well. Due to social and systemic barriers, many vulnerable clients miss appointments. The impact of delayed screening for women at high risk for breast cancer is significant, as they may engage with the health system later in the course of the disease. The cost of fifteen missed mammogram appointments at the participating hospital is estimated at \$1875 (assuming \$125 fee/mammogram). Including all expenses for transportation, incentives, and staff salaries, the CHC invested approximately \$800. The Mammogram Party was a worthy investment of health system resources.

Trajectory:

Due to the positive outcomes of the Mammogram Party pilot, another three events are committed for 2024. We anticipate adapting this approach to reach women who encounter language, ethnicity, or religious barriers when accessing mammograms. We encourage all providers to notice when clients decline breast cancer screening or miss mammogram appointments and consider what barriers they may experience in attending traditional screening programs.

By engaging clients, primary care, and local tertiary care institutions to “Pink Different,” positive impacts can be made at both the individual and systems levels.