



2017

# Multicultural Awareness Campaign Survey Report Greater Victoria, BC



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## 1.0 Executive Summary

Breast cancer awareness data amongst immigrant women in BC, and Victoria specifically, is largely unknown and has not been extensively studied in the past. This report describes the survey results from Phase 1 of the Multicultural Awareness Campaign for Breast Cancer within immigrant communities of Greater Victoria, BC. It also provides recommendations based on the survey findings and background research. Any questions or comments about this report can be sent to [keri@vircs.bc.ca](mailto:keri@vircs.bc.ca).

In summary, 506 surveys were analyzed by the research team. Ninety-five per cent of respondents completed the survey on paper while five per cent used the online option. There were 79 countries of origin reported. China had the largest number of respondents at 22%, followed by 6% from the Philippines, and 5% from Syria. Three quarters of the survey respondents identified themselves as female. The 41 to 50 age cohort had the highest number of respondents. Overall, nearly 30% of respondents were newcomers living in Canada for less than 5 years. There were 61 reported languages spoken at home. English was the most spoken language, followed by Chinese, Arabic and Spanish. The majority of respondents (59%) were educated at the post-secondary level.

In Canada, 55% of the survey respondents never received information about breast cancer. Seventy-four per cent of the female respondents had never been screened for breast cancer; this was the most common answer for those within the 20 – 30 age group. Both in Canada and in their countries of origin, the healthcare system was the most common source for respondents to learn about breast cancer. Newcomers and immigrants face many unique challenges in accessing screening and breast cancer education. These include language and literacy barriers, and lack of knowledge of the Canadian healthcare system or local resources. A general shortage of family doctors makes access to primary care very difficult in the Greater Victoria area.

People who have lived in Canada the longest viewed learning about breast cancer as important, regardless of their gender. Almost two thirds (63%) of those surveyed said that they are very comfortable with learning about breast health and breast cancer. An overwhelming 80% of people agreed that their spouse should learn about breast cancer. Almost 34% of survey respondents recommended various methods of education for breast cancer awareness and education. These would include workshops, courses, support groups, print materials, and face-to-face meetings. Prevention of breast cancer and general knowledge are the two most important topics people want to learn about.

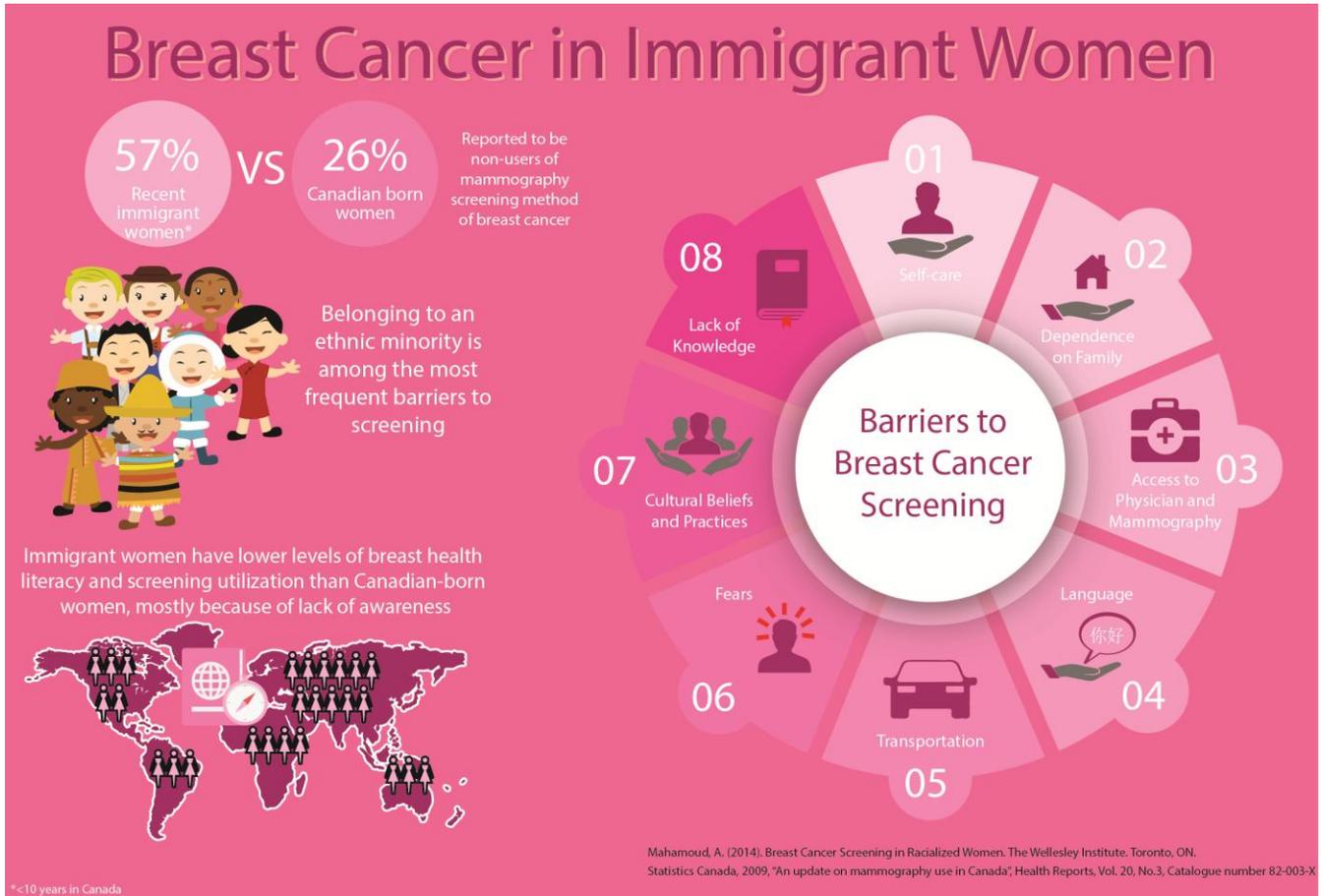
## 2.0 Importance of Breast Cancer Education for Immigrant Women

Breast cancer is one specific area of concern for immigrant populations. Various barriers exist regarding breast cancer awareness and early diagnosis of breast cancer for immigrant women. Despite arriving in good health with significant social resources, immigrant women often experience a disproportionate share of mental health concerns and mental illness that are linked to social determinants of health (Hyman & Khanlou, 2009 as cited in MacDonnell, 2012). In addition, settlement often brings with it many challenges such as social isolation, altered family dynamics, precarious and unpaid work, discrimination, tenuous immigration statuses, and limited access to relevant services (potentially influenced by age and geography) (Guruge et al., 2008 as cited in MacDonnell, 2012).

New immigrants also face many unique challenges regarding accessing health systems that don't often apply to Canadian-born individuals. These challenges include language and literacy barriers, lack of knowledge of the Canadian healthcare system, no access to a family physician, balancing sensitive cultural issues with primary care access, financial burdens, time constraints, many culturally specific ideals surrounding traditional medicine, and ideals around death and dying.

Immigrant women new to Canada still represent one of the most underserved, and under-screened groups (Vahabi et al. 2015). Research suggests that low breast cancer screening rates might be due to better levels of overall health amongst immigrant women (Rondet et al. 2010). However, in the years following immigration, breast cancer risk increases for immigrant women. This could possibly be due to reduced health literacy, and ultimately becomes close to that of Canadian-born women. Therefore, increasing breast cancer awareness and education amongst immigrant women is vitally important.

Figure 1: Immigrant Women and Breast Cancer Screening in Canada



## 3.0 About VIRCS and Project Objectives

### 3.1 VIRCS

VIRCS has been on the forefront in improving the quality of services provided to the immigrant and refugee populations of the Capital Regional District (CRD). Founded in 1989, VIRCS assists in the settlement and adjustment of immigrants and refugees in Canada, through the provision of services designed to increase the newcomer's participation in Canadian society.

In July 2016, VIRCS received funding from the **Canadian Breast Cancer Foundation** (CBCF) to launch an innovative *Breast*

*Cancer Awareness & Prevention* project that will engage immigrant men and women. This is a new addition to the ongoing and successful Healthy Women, Healthy Community Program established through the Settlement Department at VIRCS.



### 3.2 Project Objectives

The focus of this 2 year project is to improve education about breast cancer within the multi-ethnic communities of Greater Victoria. It will also identify gaps in community resources, and provide awareness education to women and men, maintaining consideration of cultural sensitivity issues.

This project will conclude in July 2018 and is conducted in two phases:

- *Phase 1 from July 2016 to June 2017* – Complete: over 500 newcomers and immigrants in Victoria, BC, Canada were interviewed or surveyed to determine their awareness and pre-existing knowledge of breast cancer. This report is a summary of results.
- *Phase 2 from July 2017 to July 2018* - disseminate Phase 1 report with recommendations to: improve the education and connectedness of the immigrant populations within Victoria about breast cancer, and identify gaps in community resource education. This information will assist with workshop planning, resource collaboration and implementation of project activities. Utilize results to design and implement workshops and engage with community stakeholders in resource collaboration/allocation to provide newcomers with accessible and culturally competent information and services related to breast health.

## 4.0 Phase 1 Project Activities: What did we do?

From August 2016 to February 2017, a voluntary survey (see **Appendix 1**) was distributed by paper and online. The paper surveys were offered in English, Arabic, French, Spanish, and Chinese languages.



Overall 524 surveys were received by the research team. Respondents completed **497 surveys on paper, and 27 surveys online**. Eighteen completed surveys were removed, as the survey respondents were born in Canada, leaving a total of **506 valid survey returns** to be analyzed by the research team.

Both men and women were included in the survey. Seventy five percent of the survey population identified as women.

No other specific demographic criteria were established to ensure generalizability of the results. The only established inclusion criterion, was that the participant must be of immigrant origins living in Canada.

Most of the paper surveys were distributed at VIRCS with the help of volunteers and staff members who are fluent in multiple languages. There was also support from community organisations, such as the Intercultural Association of Greater Victoria, Emmanuel Baptist Church and Muslim Students Association of University of Victoria. VIRCS also engaged in outreach activities at Uptown Shopping Centre, Masjid Al-Iman social events, Bayanihan (Filipino) Centre, Francophone Immigration Program of BC, University of Victoria and at VIRCS community events.

Draw prizes were utilized as incentives to promote participation. Most of the prizes were donated and included: grocery store gift cards, Uptown Shopping Centre gift certificates and a Camosun College hoodie. Contest entry was optional after completion of the survey. Also, no particular set of survey questions or answers were incentivized.

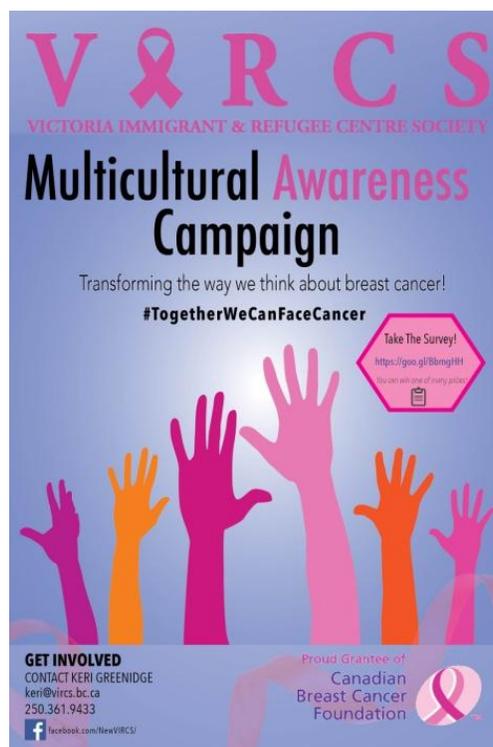


## 5.0 What did we learn?

For respondents, the paper survey was easier to complete than the online survey. The surveys were completed in convenient locations for respondents such as the VIRCS office, and often with the assistance of a volunteer or staff member. Also, the paper surveys were offered in different languages such as Arabic, Spanish, French and Chinese.

There were some challenges associated with the administration of the online survey. First, most of the target population may not have access to a computer or the internet, or may have low computer literacy. Therefore an online survey may have appeared intimidating to complete. Second, the online survey was only offered in English, which may have been difficult for people with low levels of English.

Within the first two months, we also discovered that some of the survey participants did not like the original survey/project name (Breast Cancer Awareness and Prevention for Newcomers). The terms *breast* and *cancer* were the first words to describe the project, which proved unappealing to the audience. In certain cultures, it is offensive to say *breast* especially if you are speaking to men. In addition, in some African cultures, *cancer* is considered a taboo topic to talk about as it is something that relates to death or dying. Therefore, the project name was changed to “Multicultural Awareness Campaign”, to appeal to our broader audience.



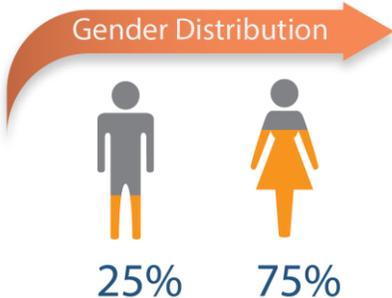
# 6.0 Demographic Results of Respondents

Overall, 506 surveys were analyzed by the research team. Below is a breakdown of the demographic results of the respondents.

## 6.1 Sex of Respondents

In terms of the sex of respondents, three quarters of respondents were female and 25% were males.

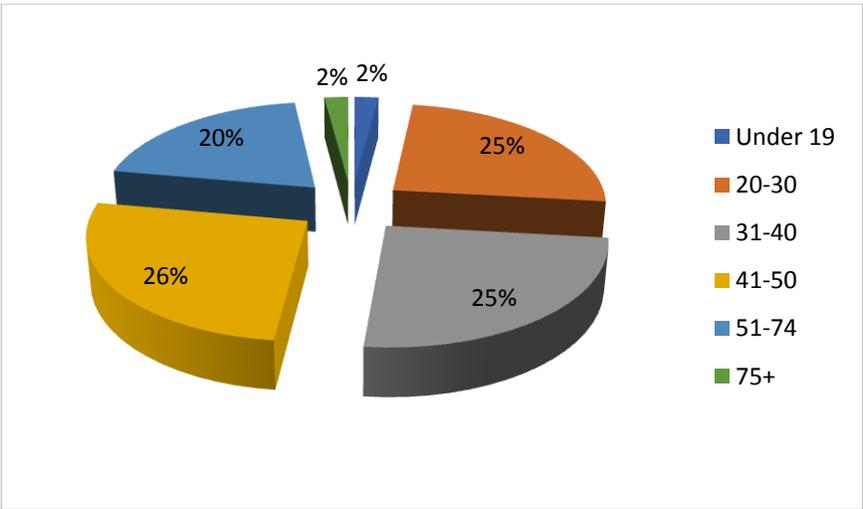
Figure 2: Sex of Respondent



## 6.2 Age Distribution

As shown in *Chart 1*, respondents were distributed almost evenly among the age groups of 20 to 30, 31 to 40, and 41 to 50 years old (25% each). Only 2% of respondents were under 19, and 2% over 75.

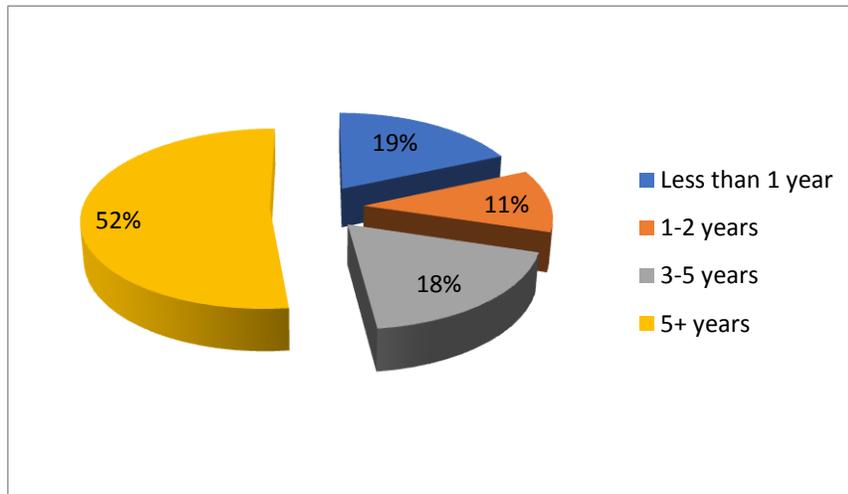
Chart 1: Age Distribution of Survey Respondents



### 6.3 Years in Canada

More than half of the survey respondents have been in Canada more than 5 years, and 19% less than one year. **Nearly 30% of respondents have been in Canada between 1 and 5 years.**

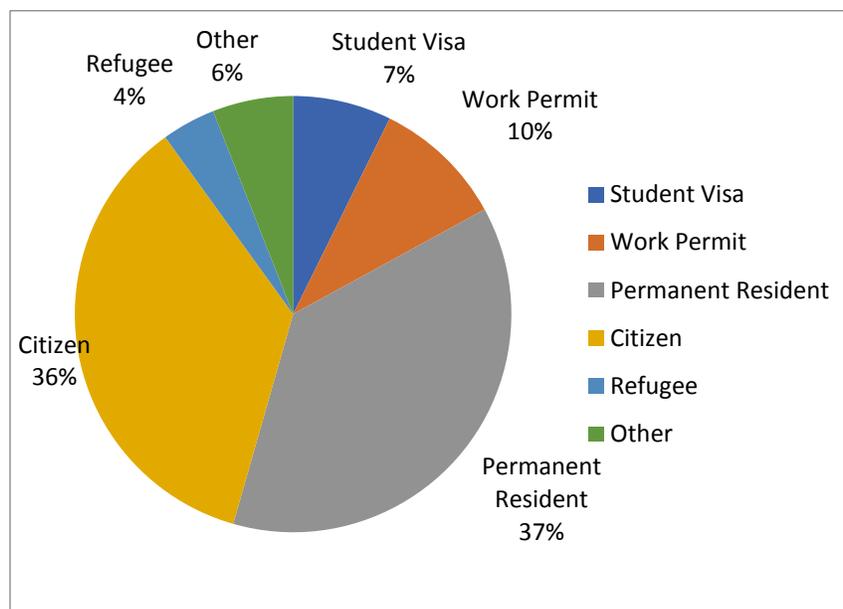
**Chart 2: Number of Years in Canada**



### 6.4 Immigration Status in Canada

A greater diversity was found in terms of the immigration status of the respondents, with **36% of them being Canadian citizens, and 37% permanent residents.** Survey respondents also included people with work permit (10%), international students (7%) and refugees (4%).

**Chart 3: Immigration Status in Canada**



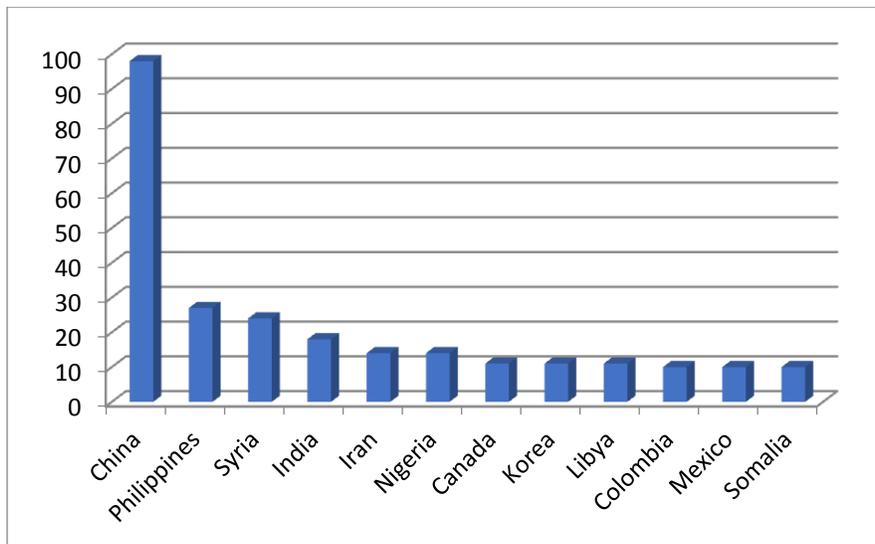
## 6.5 Country of Origin

The survey respondents are a great example of how diverse Victoria, BC is, **with a total of 79 countries of origin reported**. In general, almost **22% of respondents were from China – the largest group**, followed by **6% from the Philippines, 5% from Syria, 4% from India, and 3% from Iran and Nigeria**.

*Figure 3: Country of Origin*



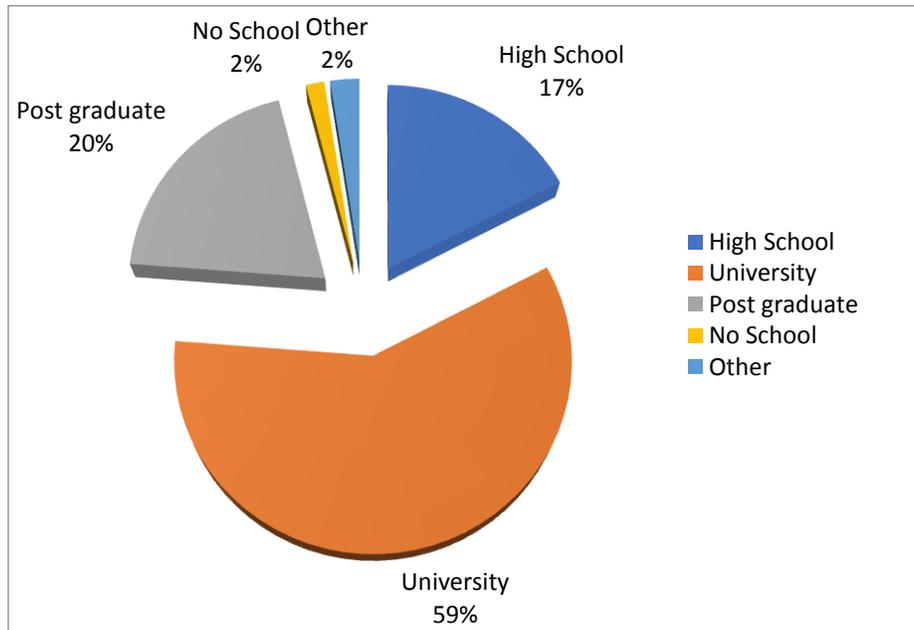
*Chart 4: Top 12 Country of Origins for Survey Respondents*



## 6.6 Education Level

As *Chart 5* shows, the **majority of respondents have university education (59%), and 20% have post graduate education**, which means this sample of newcomers to Canada is highly educated. Seventeen per cent of respondents had completed high school, with 2% reporting no school, and 2% reporting other kinds of education.

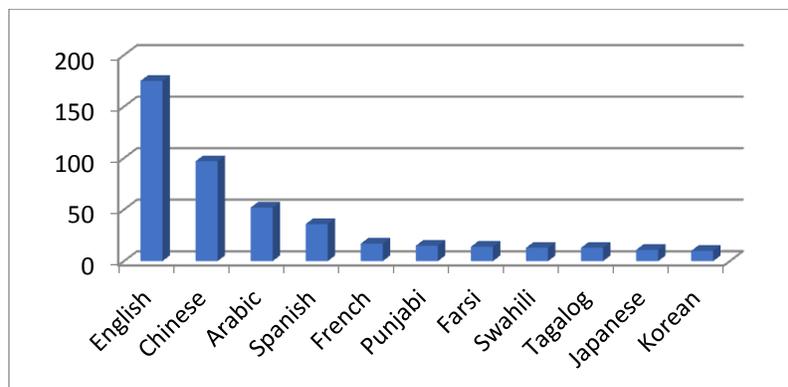
**Chart 5: Level of Formal Education**



## 6.7 Language Spoken at Home

The survey also found a great diversity in the languages spoken at home, with a total of **61 languages from all over the world**. *Chart 6* below shows the top 10 languages spoken by survey respondents. **English is the most spoken language, followed by Chinese, Arabic and Spanish.**

**Chart 6: Languages Spoken at Home**

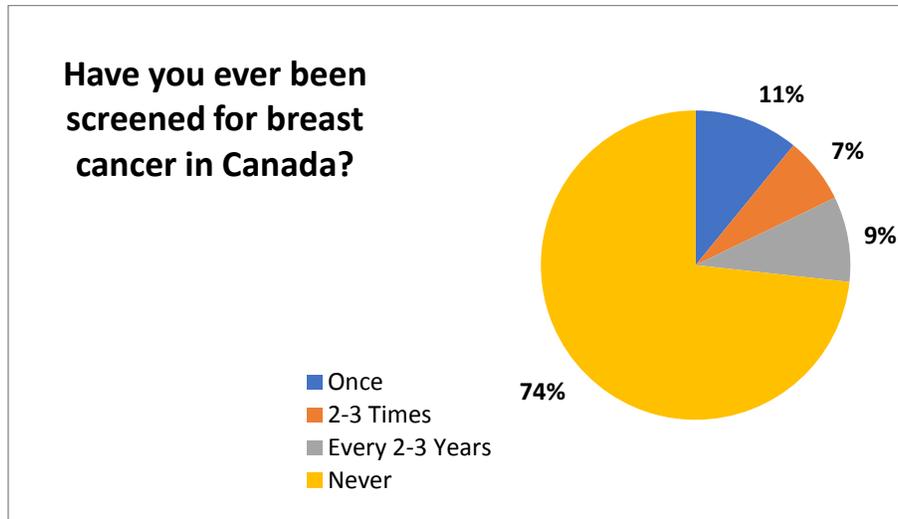


## 7.0 Survey Responses about Breast Cancer Awareness

### 7.1 Frequency of Breast Cancer Screening Versus Age Group

Almost three quarters, **(74%) of the female respondents had never been screened for breast cancer** (see *Chart 7* below). Only 11% of respondents had been screened once, while 7% had been screened 2 or 3 times, and 9% reported regular screens of every 2-3 years.

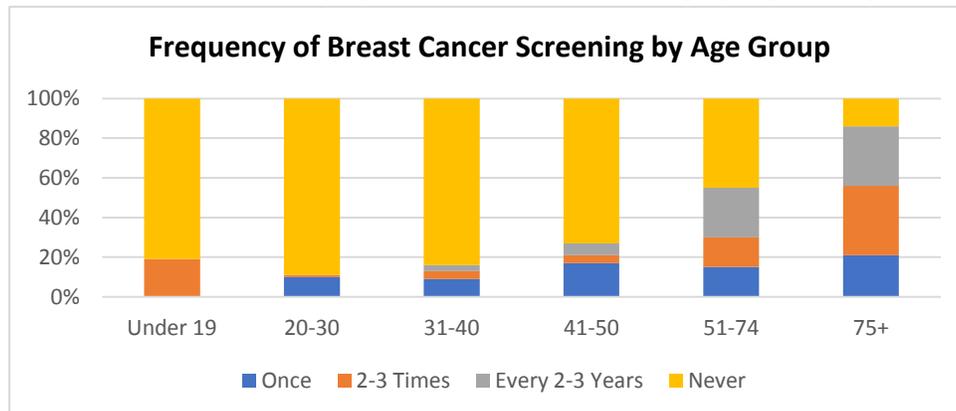
**Chart 7: Frequency of Breast Cancer Screening done in Canada**



As *Chart 8* indicates, women within the **20 to 30 years-old age group had the largest percentage (89%) of respondents who have never been screened**; followed by women between the ages of 31 to 40 years old at 84%, and for those under 19 at 81%.

Of the women within the **key screening age range of 51-74 years old, 45% had never been screened, and the rest have been screened either once or 2-3 times (15% each)**. Only one quarter of the women within this important age group get screened regularly every 2 or 3 years.

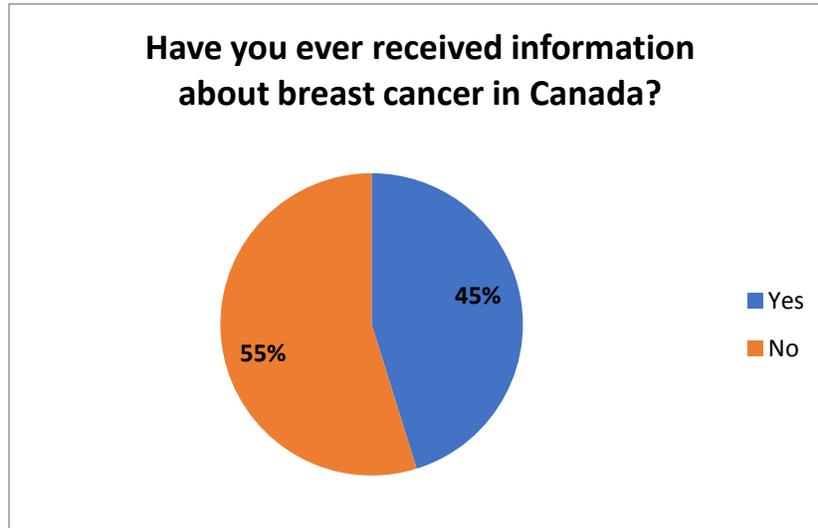
**Chart 8: Frequency of Breast Cancer Screening by Age Group**



## 7.2 Access to Information about Breast Cancer

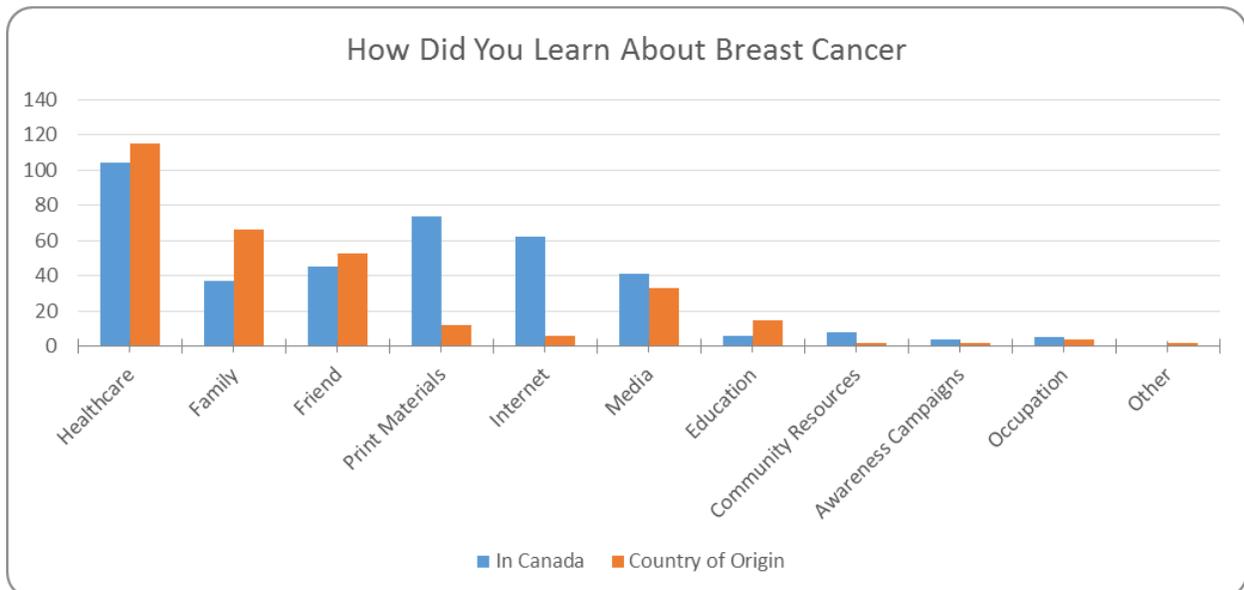
The results from our data indicate that **55% of the respondents have never received information regarding breast cancer while in Canada**. Although those that have not received information in Canada may have learned about breast cancer in their respective countries of origin, the increased risk of being diagnosed with breast cancer following immigration to Canada is likely not emphasized.

**Chart 9: Access to Information about Breast Cancer in Canada**



Our survey shows that newcomers in the CRD learned about breast cancer through a variety of sources. They range anywhere from informal methods such as the internet, media, family, and friends, to formal methods via the healthcare system, occupational education and awareness campaigns.

**Chart 10: Access to Information about Breast Cancer in Canada versus Country of Origin**



The results show that **the most common source to learn about breast cancer was through contact with the healthcare system, both in Canada and in their countries of origin**; but this source is more common in their country of origin.

The prevalence of *healthcare systems* as a source of knowledge may reflect the professional authoritarian image attributed to doctors, nurses and other healthcare professional by not just the immigrant population but the population in general. It highlights the importance of how training these professionals to be mindful of culture in relation to health can directly impact the health of vulnerable immigrants.

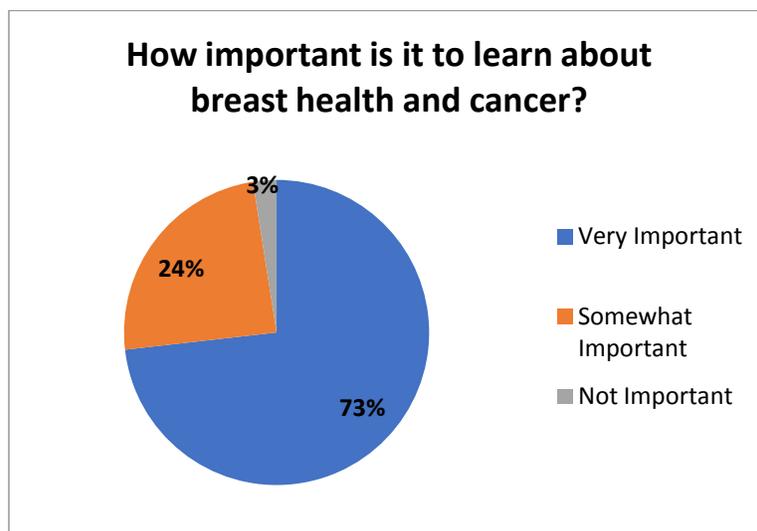
The use of *print materials* and *internet as a form of learning about breast cancer was drastically more prevalent in Canada than in the respondents' countries of origin*, which may in part be due to the difference in public health education efforts between their countries of origin and Health Canada.

Interestingly, family as a source of knowledge was more prevalent in their countries of origin, compared to Canada. This can be interpreted in different ways, such as stronger family relations back home, weaker public education campaigns, etc. It can also suggest the possible detrimental effect of increased isolation that often accompanies immigration to a foreign nation. The loss of a supportive network, by which one may safely learn about sensitive health issues that could directly impact the health of those at risk.

### 7.3 General Knowledge about Breast Cancer

Our survey results show that, **although more than half of respondents (55%) have not received information about breast cancer in Canada (See Chart 9), almost all of them (97%) reported breast health is at least somewhat important to them**. In fact, as shown in *Chart 11 below*, 73% of participants say it is very important.

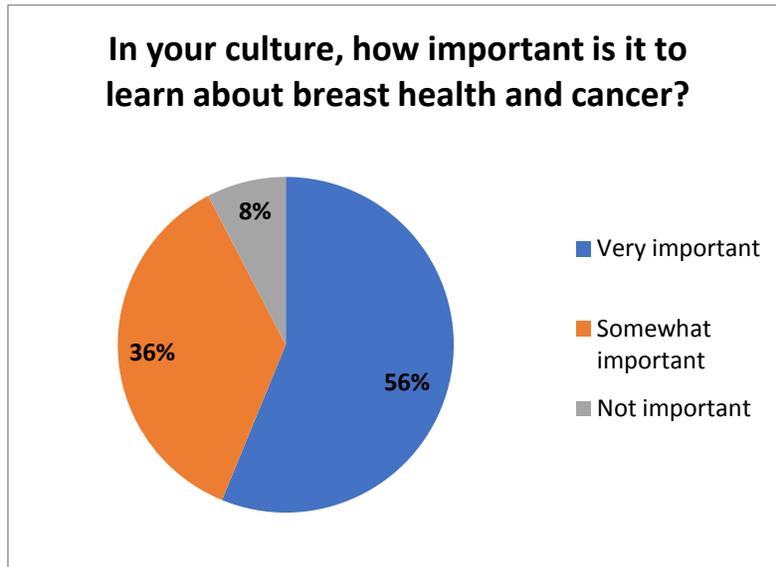
**Chart 11: Importance of Learning about Breast Health and Cancer**



The discrepancy between how many people would like to learn about breast cancer and how many have received information, highlights the gap in breast health education among newcomers in Victoria.

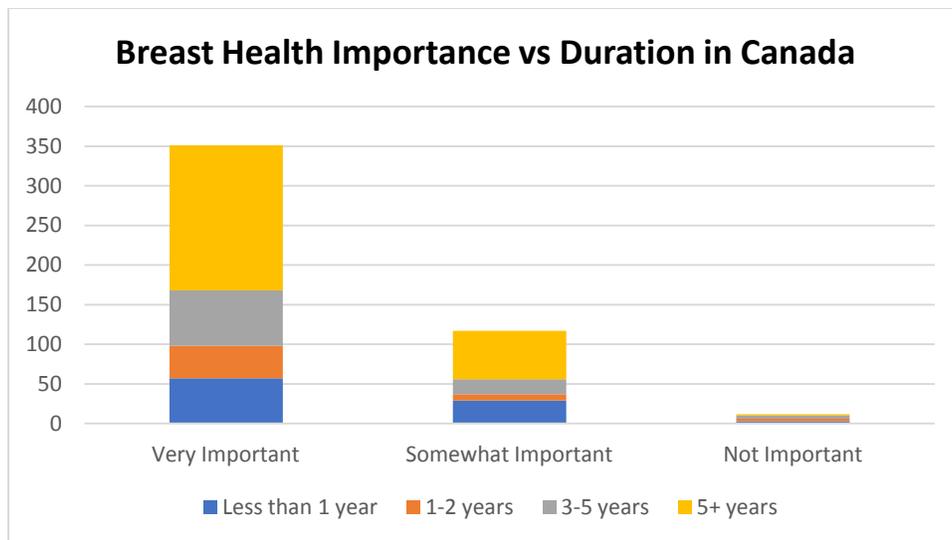
When asked about the influence of culture in an individual’s view on how important breast health is, responses suggest that if a person’s culture views breast cancer as important, there is an increased likelihood that this individual will see breast cancer knowledge as important.

**Chart 12: Culture and Learning about Breast Health & Cancer**



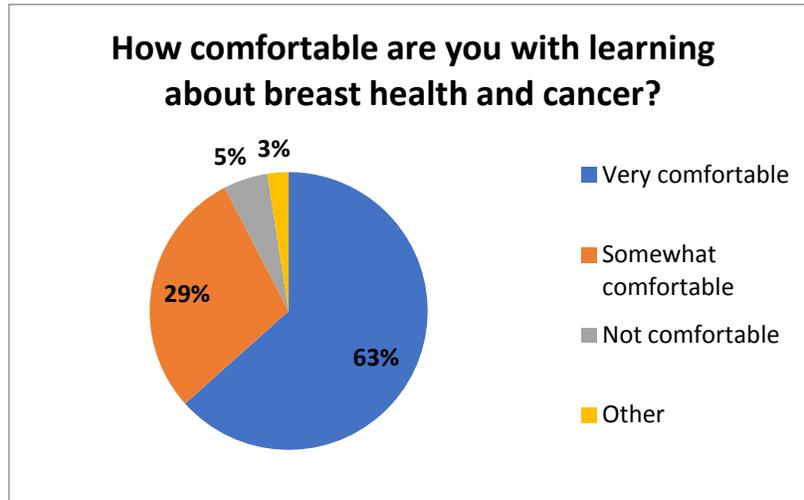
According to our survey findings, **people who have been in Canada the longest, are more likely to view learning about breast cancer as important, regardless of their sex.** However, the level of formal education of the respondents did not seem to have a correlation with this question.

**Chart 13: Breast Health Importance versus Duration in Canada**



It is encouraging to see that **almost two thirds (63%)** of those surveyed said that they are **very comfortable with learning about breast health and breast cancer**. In addition, 29% are somewhat comfortable, while only 5% said they are not comfortable learning about breast cancer.

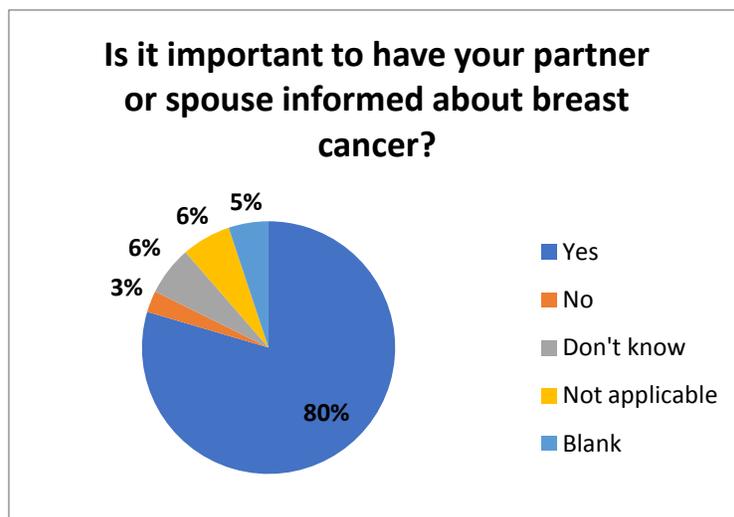
**Chart 14: Comfort with Learning about Breast Health and Cancer**



When asked whether the respondents thought it was important for their spouse to learn about breast cancer, **an overwhelming 80% of respondents agreed that their spouse should learn about breast cancer**. When analyzing the responses by sex, we found that 87% of male respondents agreed that it is important, compared to 83% of females who responded affirmatively.

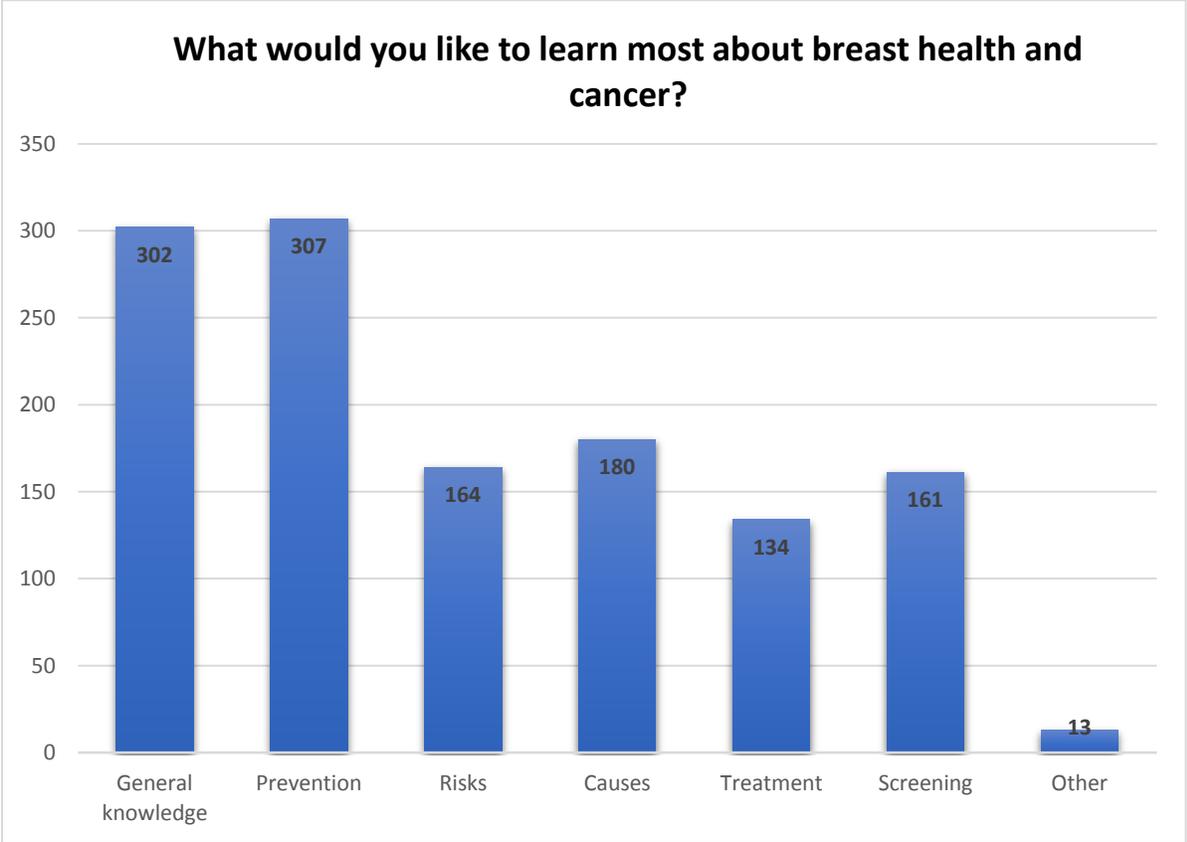
*"I know people that have it and the men know very little on how to support the wife".*

**Chart 15: Importance of having your Partner or Spouse informed about Breast Cancer**



The results of our survey suggest that **prevention of breast cancer and general knowledge are the two most important topics people want to learn about**. Respondents also expressed interest in learning more about the causes of breast cancer, risks, screening and treatment, as *Chart 16* shows.

**Chart 16: Breast Cancer Awareness Topics Survey Respondents want to learn**



## 8.0 Analysis of Survey Findings

The analysis of the survey findings falls within three main themes: 1) comfort with learning about breast cancer, 2) immigrant women and access to screening and 3) access to primary care physicians.

### 8.1 Comfort with Learning about Breast Cancer

Most survey respondents (63%) are comfortable discussing the topic of breast cancer. However, among the 8% of respondents who are not comfortable discussing breast cancer, **there may be individuals who have personal barriers that need to be addressed**, such as low education, lack of knowledge and understanding of medical issues, and other barriers.

### 8.2 Immigrant Women and Access to Screening

Newcomers and immigrants face many unique challenges in accessing screening. These include language and literacy barriers, lack of knowledge of the Canadian healthcare system or local resources, fear resulting from precarious immigration status, financial burdens and time constraints, and fragile family dynamics. Cultural sensitivity issues are also important factors, including those surrounding traditional medicine, death and dying, etc.

Gender related issues also play a significant role in the ability or desire to access healthcare. In many cultures, women form the foundation of the family unit and bear a large responsibility in childcare and general familiar cohesion. However, racism and discrimination may also be important barriers for newcomer women accessing screening and other health services.

### 8.3 Access to Primary Care Physicians and Breast Health Education

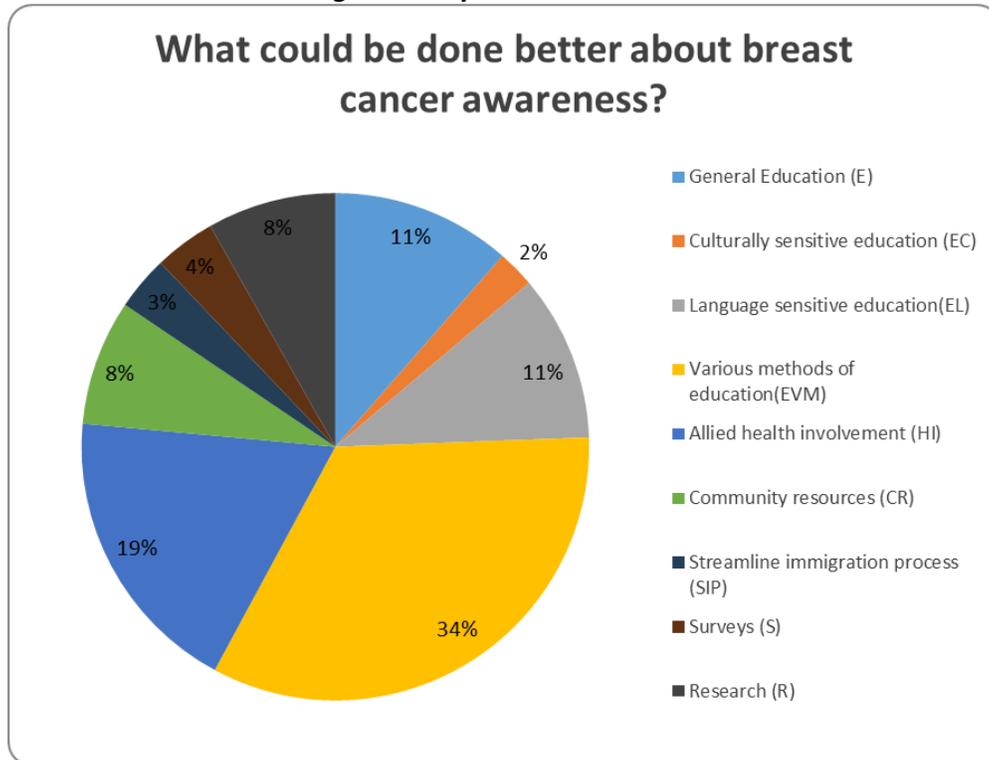
Women without access to primary care physicians are 22% less likely to be screened for breast cancer compared to those who have a regular doctor. The biggest theme of lack of resources for providing breast cancer awareness and screening information exist in Victoria. Furthermore, **a general shortage of family doctors makes access to primary care very difficult in the Greater Victoria Area**. This adds up to a situation in which newcomers face steep barriers in getting access to current, valid information on breast cancer and breast health.

In the Greater Victoria Area, there are organizations focused on raising awareness about cancer screening, diagnosis, and treatment. These include but are not limited to, the BC Cancer Agency Vancouver Island Division, Inspire Health, Island Health, Island Sexual Health, the Canadian Cancer Society, and the BC Ministry of Health. Family doctors also play a critical and central role in educating women about breast health and providing access to cancer screening resources when needed.

## 9.0 Recommendations to Improve Breast Cancer Awareness

Survey respondents had a wide variety of ideas with regards to what could be done better to improve breast cancer awareness. *Chart 17* presents the nine categories developed for this analysis.

**Chart 17: Strategies to Improve Breast Cancer Awareness**



### 9.1 Various Methods of Education

Of the 414 written responses to the open question “*what you think could be done to improve newcomer experiences of receiving information about breast cancer and breast cancer screening?*” **the largest group (almost 34%) reported various methods of education.** These would include **workshops, courses, support groups, print materials, and face-to-face meetings.** These resources are generally available through the public health system, educational institutions, and community organizations. Some respondents felt that existing programs did not provide these resources.

*“Do some workshops related or also it can be a focus group, kind of informal. Bringing or explaining some situations of how to prevent and detect it on time”.*

### 9.2 Healthcare Professionals

The next largest group, or **19% of respondents, felt that involving healthcare professionals** in the distribution of breast cancer education to newcomers was the best approach.

*“Physicians in the clinic should guide the patients about the procedures of screening; providing information in their first language.”*

### 9.3 Language and Cultural Sensitivity

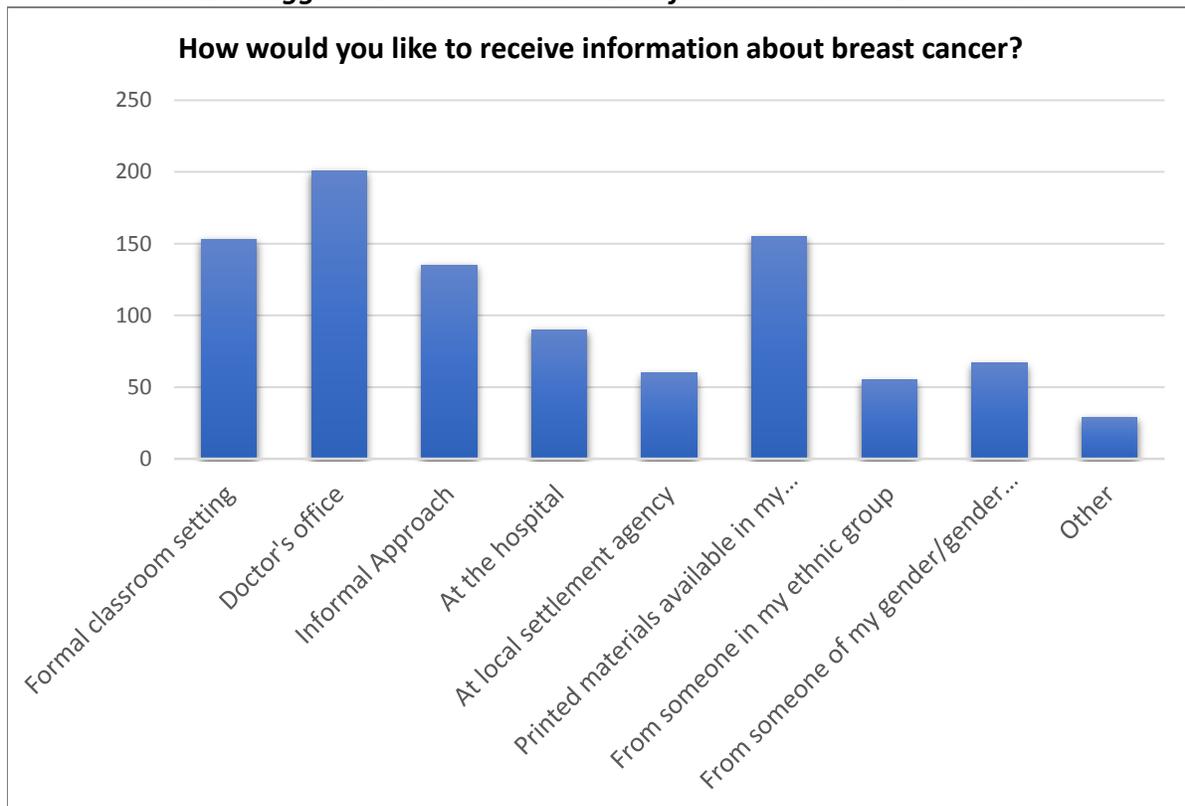
Only a small number of people pointed to either **improved language (11% of responses)** or **cultural sensitivity (2%)** as ways to improve breast cancer awareness for newcomers. This may reflect on a general lack of understanding of the importance of cultural competencies and cultural safety when accessing services in our community. Alternately, it could be an indication of a resistance to any cultural filtering of factual medical information or any unneeded “cultural packaging.”

*“I wish people will talk about different types of screening. Also different ethnicities have different percentage of getting breast cancer”.*

### 9.4 Recommended Sources of Information

Survey respondents were asked “how they would like to receive information about breast cancer?” the majority indicated they would be **most comfortable receiving this information in a doctor’s office**. The **next most sought after method to receive information was in a formal classroom setting, with a large proportion of newcomers looking for printed materials in their native language as well**. It is also worth to explore educational models which incorporate elders and family networks to increase basic breast cancer knowledge and ensure access to direct health information and screening.

**Chart 18: Suggested Sources to Receive Information about Breast Cancer**



## 10.0 Conclusion

The make-up of the Victoria demographic is unique, with a significant contribution from the growing immigrant and refugee population. As such, continuous support in the development of services for this population is in increasing demand. Given the diversity of cultures within the immigrant and refugee population, various educational approaches may be needed.

The majority of the survey respondents are beyond what would typically be classified as newcomers (a person who has lived in Canada for less than 5 years). *More than half of the 506 survey respondents have been in Canada for more than 5 years: 1/3 of them are naturalized Canadian citizens, and 1/3 are permanent residents.* Although newcomers may be able to obtain settlement support with the help of government funding, a continuous support system is needed after the government subsidies are discontinued. There is a unique population of immigrants who are underrepresented, and who do not qualify for government support with settlement services, such as students, visitors, and refugee claimants, but still in need of a community to help them navigate through common health education and societal barriers.

Most immigrants look towards health care professionals for public education and services. It is very important that the information provided is accessible in various languages, and presented in plain English. To ensure that health education presentations or materials are clearly understood, access to translation or interpreter services will be essential. It is also of strategic importance that major public health institutions within BC's health care system collaborate with immigrant serving agencies to deliver health education programs. This type of collaboration could include, the provision of volunteers, workshop presenters, space for workshop activities and funding for wellness or public health education programs, just to name a few.

Long term health education programs for all immigrants are needed to address the barriers they may face within the Canadian health care system. Typically, traditional settlement services are designed to address short-term settlement needs of newcomers and are usually poorly funded. **Long term public health programs can drastically improve social engagement and community connectedness and ultimately result in better health for immigrant populations.**

Overall, VIRCS looks forward to disseminating this report among service providers and the wider community to bring attention to the various barriers regarding breast health in immigrant women populations. This report also points to opportunities for further action in increasing breast cancer screens in key immigrant women age cohorts, and providing better access to breast cancer prevention strategies and resources in immigrant women populations.

Thank you to the Canadian Breast Cancer Foundation for the provision of funding to complete this project.

## 11.0 Glossary

**Immigrant:** A person who has settled permanently in another country.

**Naturalized Canadian Citizen:** A person who was a Permanent Resident and met the eligibility criteria for Canadian citizenship and was successfully granted citizenship from Immigration Refugee and Citizenship Canada.

**Newcomer:** A person who has immigrated to Canada and has lived here for less than 5 years.

**Permanent Resident:** A permanent Resident is someone who has been given permanent residence status by immigrating to Canada, but it is not a Canadian citizen

**Refugee:** A person who is forced to flee from persecution and safety from their home country.

**Sex:** Refers to the biological differences between males and females, such as the genitalia and genetic differences.

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## 13.0 Appendices

### Appendix 1: Survey Questions, Consent Form and Contest Entry Form in English

#### Survey front page

Questions	Responses
Age	<input type="checkbox"/> Under 19 <input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-74 <input type="checkbox"/> 75+
Country of birth Language(s) spoken at home Gender / gender identity How long have you been in Canada?	Please indicate: _____ Please indicate: _____ Please indicate: _____ <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+
Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Post graduate <input type="checkbox"/> No School <input type="checkbox"/> Other _____
Status in Canada	<input type="checkbox"/> Student Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Other _____
1) How important is it for you to learn about breast health and cancer? It is	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important
2) Have you ever received information about breast cancer in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If yes, how did you receive this information? From	<input type="checkbox"/> Doctor <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other: - _____ <input type="checkbox"/> Print materials/pamphlet <input type="checkbox"/> Internet <input type="checkbox"/> TV
3) Did you ever receive information about breast cancer in your country of origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If yes, who did you receive this information from?	<input type="checkbox"/> Doctor <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other: - _____
4) How comfortable are you with learning about breast health and breast cancer? I am	<input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable <input type="checkbox"/> Other _____
5) Have you ever been screened for breast cancer in Canada?	<input type="checkbox"/> Once <input type="checkbox"/> 2-3 Times <input type="checkbox"/> Every 2-3 years <input type="checkbox"/> Never
6) In your culture, how important is it to learn about breast health and cancer?	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important
a) <b>Why?</b>	

<p>7) How would you like to receive information about breast cancer? <i>Please check the options that you prefer.</i></p>	<input type="checkbox"/> Formal Classroom Setting <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Informal Approach (Tea group, social gathering) <input type="checkbox"/> At the Hospital <input type="checkbox"/> At local Settlement Agency <input type="checkbox"/> Printed materials available in my language <input type="checkbox"/> From someone in my ethnic community <input type="checkbox"/> From someone of my gender/gender identity <input type="checkbox"/> Other please indicate _____
<p>8) Do you think it is important to have your partner or spouse informed about breast cancer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Applicable
<p>9) What would you like to learn most about breast health and breast cancer?</p>	<input type="checkbox"/> General Knowledge <input type="checkbox"/> Prevention <input type="checkbox"/> Risks <input type="checkbox"/> Causes <input type="checkbox"/> Treatment <input type="checkbox"/> Screening <input type="checkbox"/> Other-please describe: _____
<p>10) What could be done better to help newcomers in Canada receive information about breast cancer and breast cancer screening?</p>	

**Survey back page**

The Victoria Immigrant and Refugee Centre (VIRCS) and the Canadian Breast Cancer Foundation are working together, to improve awareness and prevention of breast cancer within newcomer communities of Victoria. Your participation in this survey is completely voluntary. Your identity will remain anonymous. The survey results will be compiled into a report for the Canadian Breast Cancer Foundation, VIRCS and other interested organisations. Please complete this survey before February 1st 2017.

Fill out a contest form and you could win one of many *fantastic prizes* available! This information is collected separately to ensure your privacy and to allow us to contact you if your name is chosen. Contest ends February 1<sup>st</sup> 2017, one entry per person. Please indicate on the entry form, if you are interested in being contacted about upcoming workshops in September 2017.

Thank you and if you have any questions, contact Keri Greenidge, Engagement Coordinator at (250) 361-9433 ext. 202 or [keri@vircs.bc.ca](mailto:keri@vircs.bc.ca).

**Contest form (separate from survey questionnaire)**

<b><u>Enter to win one of many fantastic prizes!</u></b>	
<b>Name:</b>	_____
<b>Email/Telephone:</b>	_____
<input type="checkbox"/>	<b>Yes, contact me about when workshops will begin in 2017</b>
*One entry per person and not open to VIRCS staff. <b>Contest ends February 1<sup>st</sup> 2017</b>	

## Appendix 2: Project Press Release

For Immediate Release

### Victoria Immigrant and Refugee Centre Society (VIRCS)

#### **‘VIRCS joins Canadian Breast Cancer Foundation to Raise Awareness with Newcomers’**

VIRCS, a registered charitable organization which assists immigrants and refugees in Victoria, BC, was awarded a grant from the Canadian Breast Cancer Foundation (CBCF) to launch a ‘Breast Cancer Awareness and Prevention’ campaign for newcomers.

VIRCS was awarded \$50,000 from the Canadian Breast Cancer Foundation Community Health Grant Competition. This grant will help both organisations further current research regarding newcomer perceptions of breast health. “We are hoping to reach 250 to 500 newcomers in the survey,” says Keri Greenidge, Engagement Coordinator for this project. The data collected will guide VIRCS in offering relevant and accessible information about breast cancer to both men and women of various ethnic groups within Victoria.

Executive Director David Lau, says “this program will raise the profile of VIRCS as a community based organisation that offers culturally responsive services that increase the participation of immigrants and refugees in Canadian society.” It is VIRCS’ second time receiving a grant from CBCF. In 2008, VIRCS launched the “Women’s Health Program”, to provide immigrant and refugee women with information on breast cancer.

#### About Victoria Immigrant & Refugee Centre Society (VIRCS)

VIRCS helps immigrants, refugees, new Canadian citizens, and visible minorities settle and adapt into new lives in Victoria, BC. Our services increase the newcomer’s participation in the Canadian society. VIRCS has 27 years of experience in providing comprehensive settlement services to immigrants, refugees (including refugee claimants), and their families. Three former refugees formed VIRCS in November of 1988. The Centre provides a full continuum of services to over 2000 vulnerable and multi-barrier immigrant and refugee clients yearly, including youth, women, seniors, families, and people with disabilities. Visit [www.vircs.bc.ca](http://www.vircs.bc.ca) for more information.

#### About the Canadian Breast Cancer Foundation (CBCF)

CBCF is a national community-driven charity. As the largest charitable funder of breast cancer research in Canada, CBCF’s vision is to create a future without breast cancer. Since its inception in 1986, the Foundation has invested over \$360 million in breast cancer research, funding more than 1,400 scientific and community grants. CBCF’s investments in vital research, education, health promotion, support and information programs have led to progress in breast cancer prevention, diagnosis, treatment and care. For more information, visit [cancer.ca](http://cancer.ca).

#### Contact

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Phone: 250-361-9433 Ext.202  
Email: [Keri@vircs.bc.ca](mailto:Keri@vircs.bc.ca)

### Appendix 3: Project Activity Schedule\_ June 2016 to July 2017

#	Activity	Duration
1	Hire project coordinator	June
2	Create project work plan and announcement	July
3	Recruit volunteers	July to January
4	Assemble project team	August to January
5	Assemble research team for data analysis	August
6	Finalise project survey questions	August
7	Translate project survey questions	August to November
8	Volunteer intake and orientation activities	August to January
9	Distribute paper surveys	August to February
10	Project team meetings and activities	August to April
11	Create project promotion materials	August to December
12	Post on social media about project campaign	August to February
13	Co-ordinate and implement outreach activities	August to January
14	Design and launch online survey option	August to February
15	Find donations for survey prize incentives	August to January
16	Announce winners of survey prize incentives	December and February
17	Collect and analyze survey responses	August to March
18	Conduct background research	August to March
19	Begin writing survey report	March to June
20	Write final report and submit for approval	June to July
21	Submit final report to funder	July
22	Distribute final report to community agencies	July and Ongoing

### Appendix 4: Multicultural Breast Cancer Awareness Campaign Promotion Video

**VIRCS Mannequin Challenge Video** on the **@NewVIRCS** Facebook page can be found via this link [https://www.facebook.com/pg/NewVIRCS/videos/?ref=page\\_internal](https://www.facebook.com/pg/NewVIRCS/videos/?ref=page_internal). The purpose of this video was to promote the online survey option and to announce the contest winners for the first prize draw in December 2016.

**VIRCS**  
VICTORIA IMMIGRANT & REFUGEE CENTRE SOCIETY

# Multicultural Awareness Campaign

Transforming the way we think about breast cancer!

**#TogetherWeCanFaceCancer**

Take The Survey!  
<https://goo.gl/BbmgHH>  
You can win one of many prizes!

**GET INVOLVED**  
CONTACT KERI GREENIDGE  
keri@vircs.bc.ca  
250.361.9433  
facebook.com/NewVIRCS/

Proud Grantee of  
Canadian Breast Cancer Foundation