

# PARENTING WITH A DISABILITY BULLETIN

Volume 12 Issue 4

September 2010

## PDN UPDATE



As many of you are aware, Kimberly McKennitt has been away for quite some time due to medical reasons. Recently, Kimberly has informed us that although she is doing much better physically, she has decided not to return to her position as coordinator of the Parenting With a Disability Network. She is enjoying her time at home with her family and wishes to continue doing so. Kimberly will be missed by many of the staff and PDN members but we wish her every success in her future endeavours.

I have been asked to take over as the permanent coordinator of the PDN, along with the support of my wonderful team: Carling Barry (Peer Support Program Assistant), Melissa Simas (Volunteer with PDN) and Melanie Moore (Inquiries Generalist). Rest assured, we will continue to provide you with support and a vast array of resources and networking opportunities.

## PDN Annual Picnic

On Saturday August 14th, PDN members gathered at High Park for our annual PDN Picnic. The weather was great, attendance was terrific, and I think it's safe to say that everyone had a great time. While the kids were having fun in the playground and blowing bubbles, parents had the opportunity to catch up and get re-acquainted.

Here are a few snapshots from the day:





## Strength-Based Parenting Initiative (SPIN)

By Melanie Moore

Hello to all CILT Members,

I truly hope everyone is enjoying their summer. I hear the PDN picnic was a great success. This was of course because of the hard work of Nancy, Carling and Melissa. Thank you for your hard work. Unfortunately, I was away at a wedding, otherwise I would have been there to enjoy the fun, laughter and sharing stories.

As many of you know, Nancy is now coordinating the PDN, along with the support of Carling, Melissa and myself. Parenting is such a huge topic. As some of you may recall, folks from 'Through the Looking Glass' came to speak at a symposium that was held in February. After that symposium there were further discussions at CILT with other community partners, many of whom expressed an interest to carry this parenting initiative forward. Of all those collaborations, along with the PDN's successful May conference came SPIN. It gives me great pleasure to introduce SPIN - Strength-based Parenting Initiative that developed out of several collaborative discussions since February 2010. The purpose of SPIN is to identify what gaps in

services parents and prospective parents have faced, are facing and will continue to face. The objective is to build a stronger community partnership with other community partners.

PDN and SPIN will work hand in hand. Nancy will be coordinating the PDN part while I will be coordinating the SPIN part. The collaboration is a cross-disability partnership with many other organizations including: The Centre for Independent Living (CILT), CNIB, Anne Johnston Health Station, Canadian Paraplegic Association, Native Child and Family Services and several other individual community partners that aren't affiliated with a specific organization, but have quite a lot of expertise in the field of parenting. We hope to expand our collaborative with other service organizations so that all disability groups are represented.

We will be hosting two focus groups in September to find out what parents and prospective parents want and need so that we can determine where to go from here. For many parents that cannot attend, Citizens With Disabilities Ontario will be assisting us in an online discussion for both dates - September 16 and September 25.

For further information please feel free to contact the coordinator Melanie Moore 416-599-2458 ext 228 or by

email [info@cilt.ca](mailto:info@cilt.ca) or [melanie.moore@cilt.ca](mailto:melanie.moore@cilt.ca).

In my experience as a parent of three boys, and as a parent with a disability, I completely support that we all need support and resources. SPIN hopes to enhance the parenting experience by working collaboratively with all community agencies that wish to empower their members.

## SPIN Focus Groups

SPIN is holding two focus groups for Parents and Prospective Parents with Disabilities to



find out: What YOUR needs are; Where the gaps in service lie; and Which needs are not being met by current services.

Two focus groups are being held and you are welcome to join us for one of the following:

**Thursday September 16, 2010**  
10:00 a.m. to 12 noon  
CNIB—1929 Bayview Avenue  
(Bayview & Kilgour)

**OR**

**Saturday September 25, 2010**  
2:00 p.m. to 4:00 p.m.  
Anne Johnston Health Station  
2398 Yonge Street  
(Yonge & Montgomery)

***Register Early, Space is Limited.*** To register, contact Carling Barry at 416-599-2458 ext 270, by email at [carling.barry@cilt.ca](mailto:carling.barry@cilt.ca), or by TTY at 416-599-5077 by September 9, 2010.

### **Participants will be required to sign a Confidentiality Waiver.**

If you are unable to join us in person, Citizens With Disabilities Ontario (CWD-O) is assisting with the online discussions for the collaborative parenting initiative. You can access the online CWD-O Conference Rooms at [www.ideal-group.org/cwdo](http://www.ideal-group.org/cwdo).

For further information, contact Pat Seed at [pat.seed@tbaytel.net](mailto:pat.seed@tbaytel.net) or call 807-473-0909.

Light refreshments/Attendant Services will be provided. No childcare will be provided as we are providing Webinar Access. Other accommodations may be provided upon request by September 9, 2010.

This event is a collaboration among the following: Anne Johnston Health Station, Canadian National Institute for the Blind (CNIB), Canadian Paraplegic Association (CPA), Centre for Independent Living Toronto (CILT), Ethno-Racial Coalition for People with Disabilities in Ontario (ERDCO), G. Hope Enterprises, Native Family and Child Services of Toronto and Individual Consumers With Disabilities.



## Combat Back to School Jitters © Toronto4Kids.com

From your bedroom at night, you can hear your child tossing and turning. You can hear this, because you are awake tossing and turning. It's back to school time, which also includes the back to school jitters both for children and moms. This feeling of anxiety is normal for both you and your child. Whether your child is starting school for the first time or has become a seasoned pro, school time is nerve wracking. Here are some helpful tips to relax your child and bring their fears to a rest:

### Tip One: Take them to the School

A few days before school begins, get your child really excited about the school. If it's a new school then take them there a few times, maybe walk through the halls, find their classroom and pick out where their locker will be. If your child is a returning student then visit the school anyways, go for a walk around the grounds and get your child to tell you fun stories from the

previous school years, about friends and teachers, help them remember how much fun school is. This will also help you remember that your child enjoyed themselves, and even though they may be scared now, in a few weeks this will all be forgotten and they will be running out to the bus to meet up with friends again. When you're walking around the grounds, make sure you point out all the exits and where all the crossing guards are going to be, explain why this is very important.

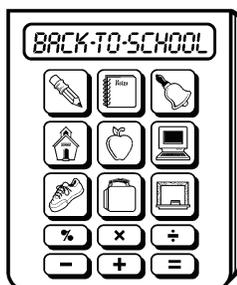
### Tip Two: Review the Route

If you can't be there everyday to pick your child up, and there isn't a direct school bus route from your front step to your child's school, then you are more than likely going to want to review the route. As you drive by the school the last few days before the end of summer, take time to review the path from your home to the school. Make sure your child becomes familiar with their surroundings. Make them chose landmarks they can't forget and choose spots that ,if need be, they can stop at. As the date comes closer, get your child to lead the way in the car, ask questions such as, "where should I turn next?" make sure you don't help out, see how well your child can find their way home.



### Tip Three: Start talking about back to school Shopping

Once your child feels a little more at ease, then start talking about back to school supplies, what they would like, explain what they are going to need. Set a day where the two of you can have some mommy and me time, and make a day of back to school shopping. This will make your child feel more grown up and a part of the planning process will keep them in the loop and become more excited about the big day.



**Mommy Tip:** Make sure everything they take to school is well labeled so they don't end up in the lost and found piles!

### Tip Four: Adjust your Clock

Now that the day is fast approaching, your child may not be accustomed to going to bed at a regular time, or getting up so early for a full day. If your child is tired and cranky the first day or week of school this will make nothing run smoothly. One week before school, start a new bedtime, and start getting them up in the morning earlier and earlier. This will make the mornings easier for them AND you.

### Tip Five: Check your lunch Ideas

As important as back to school shopping is, so is choosing their lunches. Make sure everything you're sending your child with to school, is kid friendly. Some straws challenge most adults and not all zip locks are as easy as one, two, three. Pack everything in a lunch-box or bag, then sit with your child and show them everything your going to be putting in it, and how to open and close everything. Remind them if they need any help, they can always ask a teacher or lunch aide.

### Tip Six: Library Card

Take your child to a local library and sign them up with their very own library card. Education is the most important part of going back to school and all teachers, including early childhood educators, encourage reading even from very early ages.

### Tip Seven: Celebrate the New Year

The day/night before is going to be the longest, make sure you make lunch the day before and put aside some time for your child to pick out their own back to school first day outfit. Have a special dinner that night; throw a "Beginning of the Year" party with hats, blowers and a cake. Take pictures of your child and mark their height inside a closet door.

Make it exciting and a big deal, this is a very exciting time for you and your child, they grow up so fast, both of you should enjoy these times. However you choose to celebrate the new school year, make it an annual event.

Memories are one of the most precious things you can give your child. They'll be quick to remind you about your annual back-to-school celebration the first time you forget.

### Tip Eight: The Big Day

For the first morning, make a good breakfast and leave a little early, so you have time to walk your little one in and make sure they get to their class okay. Take a second to talk with their teacher, the teacher may not have a lot of time, but they will take a second to reassure you everything will be fine. Remember this is harder on you than it is on them. Enjoy these times, they go by so fast!

## Cost Saving School Lunches © Canadian Living CITY PARENT

Nutrition and money are important back-to-school issues for all families. Here's how you can easily entice your kids to enjoy nutritious home-made lunches instead of heading to the food court. We compare the nutritional elements of two popular lunch-time

favourites, one made at home versus one purchased at a fast-food outlet.

### Deli Beef and Vegetable Sandwich "Burger" – versus a Double Cheese Burger

A double burger loaded with cheese and sauce not only gives you more than half of your daily 51 g of protein but also clocks up half of your day's 63g of fat. Reduce both the fat and protein with this sandwich of deli roast beef, a lower-fat sauce and lots of fresh vegetable toppings.

Double Cheese Burger:

Trip to food court: 15 minutes

Fat: 34 g

Calories: 590 Sodium: 1,070 mg

Versus:

### Deli Beef and Vegetable Sandwich "Burger":

Time to make: 10 minutes

Fat: 7 g

Calories: 274

Sodium: 1,040 mg

Bonuses: Fibre from whole wheat bun;

1 Canada's

Food Guide

serving of vegetables.



Servings: 4

**Ingredients:**

2 tbsp (25 mL) light mayonnaise  
 1 tbsp (15 mL) grainy or dijon mustard  
 1 tsp (5 mL) prepared horseradish  
 1/4 tsp (1 mL) pepper  
 4 whole wheat kaiser buns, halved  
 4 leaves leaf lettuce  
 8 oz (250 g) rare deli roast beef  
 4 thin slices red onion  
 1 cup (250 mL) alfalfa sprouts  
 1 tomato, sliced  
 16 thin slices english cucumber

Preparation:

In small bowl, combine mayonnaise, mustard, horseradish and pepper; spread on cut sides of buns. Top bottom halves with lettuce, beef, onion and sprouts; sandwich with top of buns. (Make-ahead: Wrap in plastic wrap. Pack tomato and cucumber in airtight container. Refrigerate for up to 24 hours.) Add tomato and cucumber to sandwiches.

**Vegetable Pizza – versus Cheese and Pepperoni Pizza**

Delicious and colourful, this is what pizza should taste and look like. Using small amounts of two cheeses - feta for flavour and mozzarella for stretchiness - gives satisfaction without excessive fat.

**Cheese and Pepperoni Pizza:**

Trip to food court: 15 minutes  
 Fat: 14 g per slice  
 Calories: 280 per slice  
 Sodium: 600 mg per slice

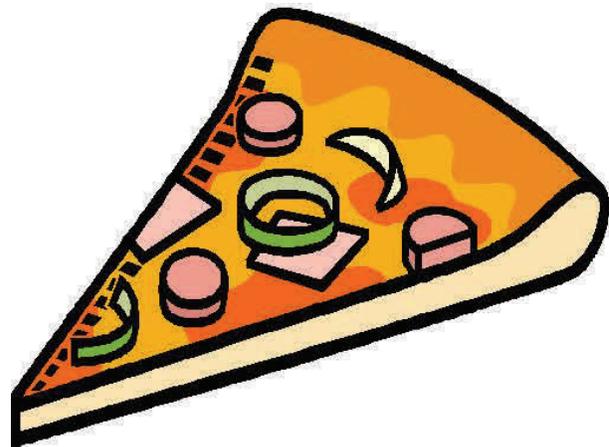
**Versus:**

**Vegetable Pizza:**  
 Time to make: 20 minutes  
 Fat: 5 g per slice  
 Calories: 158 per slice  
 Sodium: 400 mg per slice  
 Bonus: 2 slices (one-quarter of the pizza) provide 1 Canada's Food Guide serving of vegetables.

Servings: 4

**Ingredients:**

1 prepared pizza base  
 1/2 cup (125 mL) salsa or pizza sauce  
 1 cup (250 mL) thinly sliced mushrooms  
 Half each sweet red and green pepper, thinly sliced



1 green onion, sliced  
 3/4 cup (175 mL) shredded part-skim mozzarella cheese  
 1/2 cup (125 mL) crumbled feta cheese

Preparation:

Place pizza base on pizza pan or rimless baking sheet. Spread salsa to edge of base.

Arrange sliced mushrooms, red and green peppers and green onion over salsa. Sprinkle with mozzarella cheese and feta cheese.

Bake pizza on bottom rack of 425°F (220°C) oven until crust is crisp and golden, about 15 minutes. (Make-ahead: Let pizza cool. Wrap individual slices in plastic wrap and refrigerate for up to 2 days. Reheat individual slices in toaster oven or microwave.)



## IMPORTANT NEWS:

### The Special Diet Allowance: What Did the Government Do?

#### What happened to the Special Diet Allowance?

On March 25, as part of its 2010 budget, the provincial government announced that it will cancel the Special Diet Allowance Program and replace it with a new program. The government has said very little at this point about what the new program will be. But what they have said shows that the new program will be different in many important ways:

- it will be a “nutritional supplement” program – not a “special diet” program
- it is intended to only help people with “severe medical needs” – not the people who need special dietary treatment to manage their conditions and prevent worse health
- not everyone who is currently on Special Diet will be eligible for the new program – so the government will save money.

The government has said that they will announce the details of the new program “in the near future” but they haven’t said yet when this will be. The government has also said that there will be a transition period of nine to twelve months during which the new program will be set up. They have committed to making sure that no one loses their Special Diet Allowance until the new program is set up.

### **What’s going to happen now?**

Many individuals, groups, and organizations across Ontario are shocked and disappointed by this decision. Check the following websites for information on the different kinds of action that groups are taking to convince the government of the importance of the Special Diet Program – and the importance of providing incomes that will support people’s need for healthy food.

#### **ODSP Action Coalition:**

[www.odspaction.ca](http://www.odspaction.ca)

#### **Put Food in the Budget:**

[www.putfoodinthebudget.ca](http://www.putfoodinthebudget.ca)

ISAC is continuing with legal proceedings at the Human Rights Tribunal of Ontario to enforce the Tribunal’s order to ensure people with certain health conditions receive additional support.

## **News from Toronto Community Care Access Centres (CCACs)**

### **Long-Term Care: New Regulations**

The Ministry of Health and Long-Term Care issued new regulations to accompany the Long-Term Care Homes Act, 2007. These came into effect on July 1, 2010. The three main components of the Act address:

- Residents’ rights and care
- Placement and admissions process; and
- Defining clear roles, responsibilities and authority for the hospital and community sectors.

Toronto Central CCAC has been working with our hospital and LTC partners to plan for the successful implementation of the regulations across the Toronto Central LHIN. Their approach is focused on:

- Producing the best client and care giver experience
- Developing an interdisciplinary team approach across the organizations that integrates and respects one another’s roles and responsibilities
- Improving client access and transitions

- Supporting the Toronto Central LHIN Emergency Department / Alternate Level of Care Strategy.

## GET INVOLVED

### Mayoral Debate On Disability Issues

**When:** Wednesday September 22/10  
1:00pm – 3:00pm

**Where:** Trinity St. Paul's United Church - 427 Bloor Street West (south side of Bloor Street 1 block west of Spadina Ave.)

Keynote address by Helen Henderson, Disabilities Journalist

Moderated by Ing Wong-Ward, Producer, "Here and Now", CBC Radio Toronto.

Real-time captioning, ASL interpretation and attendant care will be available. For more information, please contact Susanne Burkhardt at 416-392-0335 ext. 248 or [sburkhardt@scaddingcourt.org](mailto:sburkhardt@scaddingcourt.org)



#### Event Sponsors:

ARCH Disability Law Centre  
Centre for Independent Living in Toronto  
Pooran Law  
Scadding Court Community Centre  
Schizophrenia Society of Ontario  
The Canadian Hearing Society

## RESEARCH PARTICIPANTS NEEDED

Researchers at the Neil Squire Society in cooperation with the Canadian Association of the Deaf, the Canadian National Institute for the Blind and the Manitoba League of Persons with Disabilities are conducting a study to look at how "911" emergency calls and emergency disaster alerts on cellular phones can be made more accessible.

The goal of this project is to get input from actual cell phone users on how the next generation of emergency services should be designed to ensure accessibility before they are released. Your feedback will be used to make industry and government aware of the unique needs of persons with disabilities.

They are currently looking for people who are blind, people who are Deaf

and people with mobility impairments. People with blindness or deafness that currently use a cell phone or have used a cell phone in the past are preferred. Also, we are looking for people with a mobility impairment that prevents them from using cell phones because of limited hand control. Anyone interested will have a choice of attending a focus group or completing a brief survey.

The focus groups will be held at locations in Vancouver, Winnipeg and Ottawa. The focus groups will typically last 2 hours and consist of 6 to 8 people. There will be a brief presentation and an open question and answer session.

To learn more about this research and your eligibility, please contact the Neil Squire Society by email to [research@neilsquire.ca](mailto:research@neilsquire.ca).

## Cardiovascular Clinical Research Study at Sick Kids

The Cardiovascular Clinical Research Unit at SickKids is looking for students to assist with a research project about childhood obesity. The students will be conducting telephone surveys with households in two Ontario communities. Each survey requires 20 minutes to complete. Surveys are

completed by adults who are parents or caregivers of young children, up to 8 years of age. Students will be paid \$200 for the completion of 30 surveys.

Surveys will be completed at The Hospital for Sick Children, 555 University Avenue, Toronto. Students must be available for training and completion of the survey at all of the following dates/times:

- Thursday 16 September 2010  
from 3:00 pm until 9:00 pm
- Friday 17 September 2010  
from 3:00 pm until 9:00 pm
- Tuesday 21 September 2010  
from 3:00 pm until 9:00 pm
- Monday 27 September 2010  
from 3:00 pm until 9:00 pm
- Tuesday 28 September 2010 from  
3:00 pm until 9:00 pm

Students interested in assisting with the completion of these surveys should submit their resume, class schedule on the testing dates and transcript of courses/marks to: Dr. Pat Longmuir, [patricia.longmuir@sickkids.ca](mailto:patricia.longmuir@sickkids.ca).

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## IN THE COMMUNITY...

### Exploring the Health Care Needs of Immigrant Families Raising Children With Disabilities

*Dr. Gillian King (Bloorview Research Institute), Dr. Sally Lindsay (Bloorview Research Institute), Dr. Anne Klassen (McMaster University), Dr. Victoria Esses (University of Western Ontario), Suzanne Robinson (Project Coordinator, Bloorview Research Institute), Dr. Ronit Mesterman (McMaster University)*

#### Overview

This two phase study will assess attitudinal, policy, and practice barriers to health service utilization by immigrant parents from Asia, Africa, and the Caribbean who are raising a disabled child or youth in Toronto or Hamilton. The project is based on a critical review of the literature on immigrant families raising a child with a disability, which revealed how little is known about the health and social service access, utilization, and service care experiences of these families, particularly in the Canadian context. Directions identified for research included the need for comparative

studies involving different immigrant populations, in order to determine common and unique barriers and areas of unmet need related to ethnicity.

The project will assess the perceptions of service providers, immigrant parents with a disabled child, and community service organization representatives regarding barriers in service delivery for immigrant families, unmet needs, and the extent to which health services are culturally sensitive and family-centered, all of which are relevant to the issue of discrimination.

#### Phase 1: Focus Groups and Individual Interviews:

The first phase of research will involve a qualitative assessment of perceptions of barriers to service, unmet needs, and the extent to which health services are culturally sensitive for recent immigrants raising a disabled child. Focus groups and individual interviews will be conducted to obtain information from several perspectives (pediatric service providers, community organization representatives, and immigrant parents) concerning main issues regarding service access, utilization, and service care experiences, as well as helpful practices. This qualitative data will be used to clarify and improve on the nature of questions to address in Phase 2 (the survey phase).

Two focus groups will be held in each location (Hamilton and Toronto). The first set of focus groups will be held with 6-8 service providers from Bloorview Kids Rehab and McMaster Children's Hospital who have experience delivering pediatric rehabilitation services to immigrant families raising a child with cerebral palsy or spina bifida (targeted as these are among the most common and homogeneous types of physical disabilities). The second set of focus groups will be held with 6-8 representatives from partner organizations that provide health care support to newcomers and have an interest in service delivery for children with disabilities. Each focus group will follow a semi-structured guide with open-ended questions.

In addition to these four focus groups with service providers and community service organization representatives, three individual interviews will be conducted at each site with English-speaking parents who have immigrated to Canada from Asia, Africa, or the Caribbean in the past 5-10 years and are raising a child with spina bifida or cerebral palsy. These interviews will follow a semi-structured guide and involve open-ended questions to provide an in-depth narrative of personal experiences with health care services for their child and their perception of supports and barriers to health care utilization.

### **Phase 2: Surveys of Unmet Needs and Service Experiences:**

The second phase of research will involve survey samples of English and French-speaking parents who have immigrated to Canada from Asia, Africa, or the Caribbean in the past 1-10 years and are raising a child with a physical disability. In partnership with Bloorview Kids Rehab, McMaster Children's Hospital, and organizations that support immigrant health care needs, survey packages will be given to 225 families that meet the inclusion criteria. The aim is to receive completed survey packages from samples of 30 Asian, 30 African, and 30 Caribbean parents. The survey package will contain:

- a cover letter from a known service provider,
- a study information letter,
- a background information survey,
- a Survey of Immigrant Families' Needs and Experiences Regarding Health Services, developed for this study, and
- a psychometrically sound measure of family-centered care survey, called the Measure of Processes of Care - MPOC-20. Survey materials will be available in English and French.

**Research Implications:** The project will provide important information for service organizations and policy makers regarding health service barriers experienced by immigrant families raising a disabled child, and will inform the development of policies and best practices.

**Research Timeline:** The study period will be from June 2010 through March 2011.

**For more information, please contact:**

Suzanne Robinson  
Project Coordinator  
Bloorview Research Institute  
Phone: (416) 425-6220 (ext. 6421)  
Email: [srobinson@hollandbloorview.ca](mailto:srobinson@hollandbloorview.ca)



## Engaging Seldom or Never Screened Women in Cancer Screening: A Compendium of Pan-Canadian Best and Promising Practices

Across Canada, community and health agencies have implemented a wide array of effective, tailored programs to increase awareness of and participation in cancer screening among women who seldom, if ever, engage in regular screening. To the best of the project team's knowledge, however, there have been no organized, cross-country attempts to document and share these successes, the majority of which occur at the grassroots level. This project seeks to address this gap in knowledge.

The **Pan-Canadian Best and Promising Practices to Engage Seldom or Never Screened Women in Cancer Screening** project was conceived to collect and share effective strategies to increase awareness of and participation in cancer screening. By creating a comprehensive overview of such practices, our aim is to help community and health agencies and providers, health promoters, provincial/territorial cancer prevention and screening programs, researchers, educators, policy

makers, government, decision-makers and funders in their efforts to engage seldom or never screened populations. Ideally, this project will:

- Facilitate national collaboration and sharing of resources
- Recognize and highlight the wealth of successful practices to improve awareness and cancer screening participation for underserved and often marginalized communities
- Allow agencies and researchers to make efficient use of their limited resources by harnessing and adapting the successes of their peers across the country
- Expand and strengthen a network of Canadian community and health agencies and researchers to further share experiences and best and promising practices.



The scope of this project was limited to women, but did include trans women, trans men and intersex people as recommended by stakeholders. As a broader, longer-term goal, it is hoped that this compendium will eventually contribute to increased cancer screening participation, and to reductions in morbidity and mortality associated with breast, cervical and colorectal cancers for all Canadian women.

### About this document

This compendium contains information on the need for the Pan-Canadian Best and Promising Practices project and the background events leading to its creation. It outlines the project's methodology, specifically, a literature review and environmental scan. The literature review provides a summary of evidence-based research on best and promising practices aimed at increasing awareness, intention to screen and screening uptake for breast, cervical and/or colorectal cancer. The environmental scan identified 61 successful, customized practices that agencies across Canada undertook to engage seldom or never screened populations in cancer screening.

Descriptions of these promising Canadian practices make up the bulk of this document. Each practice description provides detailed information on target audience, program focus and setting, theoretical background, goals and objectives, as well as program implementation steps, scope and engaging seldom or never screened women in cancer screening reach. Formal and informal evaluation results and key findings are included. Importantly, each description includes a list of critical factors for implementation, as well as challenges and lessons learned. Where available, program links and contact information are provided to encourage the sharing of resources and

the building of networks.

In the “Working towards best practices” section, a summary of key messages gleaned from the literature review and practice descriptions has been included to distil their collective wisdom and experience. This section can serve as a useful starting point or checklist for agencies as they plan and implement initiatives to engage seldom or never screened women in cancer screening programs.

This document is intended as a guide and is not an exhaustive representation of the practices across the country. Ideally, users of the document will consider the needs, values, attitudes and preferences of individuals and groups of women, use clinical judgment, and work with available human, financial and healthcare services and resources in their settings. While this compendium was developed using the best available evidence, it is incumbent upon program providers and implementers to stay current in this rapidly changing field.

**Background: The need for this project - Why prepare a compendium of best and promising practices?**

From 2002 to 2006, the South Riverdale Community Health Centre

(SRCHC) (Toronto) and partner agencies implemented a series of projects to engage underserved women in cancer screening. This current initiative builds on the success of the Joy Luck Women’s Project; Phase II of the Joy Luck’s Women’s Project; and a third phase, Building Breast Healthy Neighbourhoods.

As a result of the success of these projects, agencies in other provinces (including Alberta, Manitoba and Nova Scotia) approached SRCHC to share ideas, program resources and expertise to supplement their outreach efforts. Gaps in literature — as well as limited human and financial resources — mean that many program providers struggle to find the best strategies to reach underserved groups and to meet their diverse and challenging needs. Requests for assistance — and the agencies’ restricted capacity to develop and evaluate similar programs and materials — suggested that there was a strong need for a compendium of best and promising practices. Such a document would optimize the use of limited resources while capitalizing on the often untapped, and often unrecorded, wealth of excellent programs across the country.

In 2009, SRCHC, Mount Sinai Hospital’s Marvelle Koffler Breast Centre and Toronto Public Health partnered with key advisors from the Canadian Cancer Society, Cancer Care Ontario,

Centre for Independent Living in Toronto, KCWA Family and Social Services and Odette Cancer Centre, Sunnybrook Health Sciences Centre, to put forward a proposal for funding to develop this project. This project has been realized thanks to funding received by the Public Health Agency of Canada.

### **Inequities in cancer screening among marginalized populations**

Most provinces and territories in Canada have cervical and breast cancer screening programs. Colorectal cancer screening programs have recently been implemented in a few provinces, with more expected in coming years. Regular cancer screening can prevent and/or detect cancer at an early stage. If cancer is detected and successfully treated, morbidity and mortality can be significantly reduced. Despite the availability of screening programs and the proven effectiveness of cancer screening, participation rates vary across the country. In recent years, breast and cervical screening rates in several provinces have reached a plateau, and there is room for higher screening participation for all three cancers. Further, research indicates that, in Canada — and in many other countries — some groups of women are less likely to participate in cancer screening, and are much more likely to experience unfavourable outcomes if diagnosed

for breast, cervical and colorectal cancer. Seldom or never screened populations may include, but are not limited to:

- Newcomers to Canada and immigrant women
- Older women
- Rural and geographically isolated women
- Disabled women
- Low-income women
- Aboriginal women
- Women of low literacy or whose first language is not English
- Women who self-identify as lesbian, bisexual, queer, questioning or two-spirit, and
- Trans women, trans men and inter-sex people (where screening may be indicated).

Novel and targeted approaches are needed to further improve screening participation rates and to reach seldom or never screened populations. This document highlights dozens of such customized approaches, so that agencies across the country can learn about, draw on and, hopefully, replicate their peers' successes. The Pan-Canadian Best and Promising Practices project has seen extraordinary support and buy-in from agencies with a mandate for engaging seldom and never screened women in cancer screening. In creating this resource, what has become evident is not only the remarkable breadth, diversity, commitment

and creativity of these agencies and programs, but also program providers' overwhelming eagerness to share and learn about their own and others' successes. It is hoped that this compendium will serve as a springboard for future efforts aimed at engaging seldom or never screened populations.

To download the compendium, visit <http://www.srchc.com/engagingwomenincancerscreening>

## CILT News

### CILT's Annual General Meeting

This year's Annual General Meeting has been scheduled for Thursday September 23, 2010 from 5:00 to 8:00 p.m. at 365 Bloor Street East (Bloor & Sherbourne) on the 9<sup>th</sup> floor. Volunteers are welcome and encouraged to attend.

The AGM is a good opportunity to meet the Board of Directors and members of CILT, and to learn more about what CILT has accomplished over the past year. We are looking forward to seeing you all there!



## Body Image Workshop for Women With Disabilities

CILT's Peer Support Program is pleased to present a workshop on Body Image for Women With Disabilities on Thursday September 30, 2010; 1:00pm to 4:00pm at 365 Bloor Street East, Suite 902 (Bloor & Sherbourne). Refreshments and attendant services will be provided. To register, please contact Carling at 416-599-2458, extension 270, by TTY at 416-599-5077, or email to [carling.barry@cilt.ca](mailto:carling.barry@cilt.ca).

Each individual holds an idealized mental picture of his or her physical self; he or she uses this image to measure concepts related to body image. Once an individual's percepts or concepts of this body image are altered, emotional, perceptual and psychosocial reactions can result. Psychosocial well-being often is affected by such factors as anxiety and depression, concerns with self-esteem, and satisfaction with life. In the general population, a person's positive or negative feelings toward his or her body have been found to affect his or her well-being.

Living in a society of mostly able-bodied persons, individuals who have disabilities must contend with comparing the appearance of their bodies and functional capabilities to those of

others around them. Mental health practitioners often see physical deviation from the norm as central to people's behavior and personality.

## CILT's Diner's Club Comes to Peel Region

CILT's Toronto Diner's Club has been in operation for 20 years and we are now bringing this popular program to folks living in the Brampton and Mississauga Area.

All restaurants will be checked for wheelchair accessibility and affordability! We are planning to host these events on a monthly basis. We need to develop a consumer base in the Peel Region. If interested please call Nancy Barry at (416) 599 2458 ext 227, TTY (416) 599 5077 or email to [peers@cilt.ca](mailto:peers@cilt.ca). Check out our website at [www.cilt.ca](http://www.cilt.ca)

The first Diner's Club Peel event has been scheduled for Tuesday September 21, 2010. For more information, or if you would like to attend this event, please contact us.



## THE CLASSIFIEDS

Please remember to share with us any used childcare equipment that you would like to get rid of and we can advertise it for you right here. To place a free ad call 416-599-2458, ext. 227.





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To become a member of the *Parenting with a Disability Network (PDN)* or to submit an article to the PARENTING BULLETIN, contact *CILT* at:

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The PARENTING BULLETIN is also available in large print, on audiotape or in Braille.

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