

PEI Well Women's Clinics: A Case Study of Gender Specific Clinics to Increase Screening Rates*

Increasing cervical cancer screening, other health promotion screening practices, and offering health promotion education plays a significant role in improving women's health. Opportunistic screening (i.e., pap smears taken on the initiative of the woman and/or her physician) is the traditional format that cervical screening has taken. However, it is not reaching all women. There are groups of hard-to-reach women who are not served by traditional screening methods.

One format to increase screening rates of hard-to-reach women that has been used in various places, including Prince Edward Island, are well women's clinics. These clinics offer cervical screening and other health promotion services in an accessible location, often times with a female provider. These clinics overcome many of the barriers that have been identified with regards to reaching the unscreened or underscreened.

Well women's clinics in Prince Edward Island are one intervention used for early detection of breast and cervical cancers and heart disease. These PEI clinics were an initiative of the Well Women's Health Coalition with the goal of increasing women's choices for accessing health promotion and disease prevention information and screening in order to reduce the incidence of preventable or premature morbidity or mortality.

The Well Women's Health Coalition of Prince Edward Island developed this synthesis paper on gender specific clinics as an intervention, using PEI well women's clinics as a case study. The case study includes historical document analysis and literature review. It includes examples of interventions in other areas and with other populations (e.g., prostate screening for men). Policy and program implications to increase screening rates are also identified and discussed.

Findings

Several challenges were identified throughout the development and implementation of the clinics that need to be considered:

- ❖ the difficulty in **recruiting** physicians and the possibility that physicians feel pressured into working in these clinics
- ❖ the issue of **locums** for outside doctors
- ❖ the low physician **remuneration** for well women-type services.
- ❖ **continuity of care** if women do not have a family physician; the issue of interruption of continuity of care and follow-up if women do have a physician
- ❖ the **duplication of services** issue (i.e., the notion that opportunistic screening is sufficient to reach women)
- ❖ the **level of service** offered at the clinics, as there is a possibility of a false sense of security if women are given a pap smear but no pelvic exam

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Recommendations

As a result of this initiative and some of the challenges that have arisen, recommendations for further clinics include:

- ❖ Offer **ongoing, permanent clinics** as opportunistic screening is limited in its reach (only 214 women were screened in the provincial well women's clinics); clinics should be offered more than once a year.
- ❖ Send copies of pap reports to both the participating clinic physician and family physician. Implement a **consistent mechanism for reporting** to a woman's family physician.
- ❖ **Negotiate** an appropriate clinic fee.
- ❖ **Evaluations** need to show key stakeholders that clinics are an effective strategy.
- ❖ **Define 'hard to reach women'** to demonstrate that a gender specific clinic can provide a service that opportunistic screening does not
- ❖ **Train nurses** to perform pap smears as is done in areas of Nova Scotia; in PEI this requires changes to the Shared Competency Act

Conclusions

Several policy and program implications for gender specific screenings arise from the literature as well as from the experiences of people involved in other well women type services or other health promotion related clinics. Awareness should be increased about the seriousness of the issue of screening for cervical cancer. Women in Canada die needlessly from a disease that is almost 100% curable if detected early from screening.

Accessibility of options for women should be broadened. All individuals involved in supporting women in making health decisions should play a role in increasing screening. Multiple initiatives can be employed to encourage all women to be screened and to create a supportive environment for screening services and health promotion education. Alternative service providers can be sought – specially trained nurses performing screening has overcome a number of barriers, including difficulties in recruiting doctors.

Comprehensive services can be offered in one place and at one time to maximize the benefit of attending. For example, being able to have a mammography and a pap smear in the same visit has been shown to be effective in reaching older women. Health promotion education sessions are also important in conjunction with screenings. Ideally, the clinic or service should be located where the women are (e.g., the workplace, the shopping centre, and anywhere else that will reach under or unscreened women). Communication and promotion of various service options should be varied and suited to the population. Role models can also be effective in increasing screening.

Finally, research has a role to play in illustrating the success of clinics. For all stakeholders involved, research can demonstrate what is successful, what aspects might be changed, and establish the need for such a service.

Well women's clinics, as have occurred in Prince Edward Island and other provinces, offer an alternative to traditional opportunistic screening. These clinics overcome many of the barriers to screening that have been identified by hard-to-reach women, and should continue to play an important role in improving women's health.

Maritime Centre of Excellence for Women's Health

PO Box 30711 Telephone: 902-420-6725 info@mccewh.ca
Halifax, Nova Scotia Toll-free: 1-888-858-1112 www.medicine.dal.ca/mcewh
BCJ 308 Canada Fax: 902-420-6752

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