

## Way To Go BreastStrokes



A local dragon boat team has made it their mission to increase breast cancer awareness and to provide hope and support for those living with the impact of breast cancer. The BreastStrokes Dragon Boat team was formed in 1998 when the Guelph and Wellington Breast Cancer Support Group decided to start paddling.

Dragon boating, the fastest growing team sport in the world, is a great way to build camaraderie, find support and raise awareness of important issues including breast cancer. In addition to the many noted benefits of dragon boat racing it also offers many unique benefits to breast cancer survivors. Dr.

Don McKenzie from the University of British Columbia has found through his research that repetitive upper-body exercise discourages lymphedema and improves the quality of life in women who have had breast cancer.

The BreastStrokes team trains at Guelph Lake during warmer months and during the off-season team members continue to improve their fitness in the gym and pool at the University of Guelph. This team clearly demonstrates that breast cancer survivors are all winners and that there is 'life after breast cancer'!

The University of Guelph – sponsored BreastStrokes team was invited to compete in the world dragon boat invitational held last summer in Australia.

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## Welcome To The Second Issue

The purpose of the newsletter is to provide a forum for exchange of cancer prevention and screening efforts in the Waterloo Wellington Regional Cancer Program and beyond.

Cancer Care Ontario (CCO) states that approximately 50% of cancers that will be diagnosed by the year 2020 can either be prevented or detected early, before they become a serious health problem.

Since the Cancer 2020 Action Plan was released in 2003, many advances in prevention and early detection have been made. By taking action on prevention and early detection, the burden of cancer and other chronic diseases will be reduced, increase the quality of citizen's life and reduce the costs of cancer services.

In this issue, Cancer Care Ontario's radio ads say eating fruits and vegetables are

linked to decreased risk of cancer; Wellington - Dufferin - Guelph world record walk gets people *in motion*; Waterloo Wellington Breast Cancer Care Pathway Map wins Avon Award; a collaborative venture puts additional shade into school yards to reduce UV exposure and local dragon boat team competes in Australia. Also, a Chinese physician offers her perspective on some cultural differences between Canadians and Chinese, and the meaning of Cancer.

Finally, congratulations to the Waterloo Wellington Network's successful proposal in CCO's Primary Prevention of Colorectal Cancer Request for Proposal.

Please provide us with your feedback on our newsletter. Let us know of topics you'd like to see in future issues.

For an electronic copy of this and the past newsletter, visit: [www.grandriverhospital.on.ca](http://www.grandriverhospital.on.ca)



## World Record Walk Gets People Of All Ages *in motion!*

On October 3rd, 2007, 160,048 citizens of all ages from across Ontario left their foot-prints in the world record books by walking one kilometre at the same time. Canada's overall total was 231,635 participating citizens, which means that Canada walked—or perhaps trampled—right over Western Australia's record of 100,915. This is quite an accomplishment, as the total distance walked that day by participating Canadians is equal to circling the globe almost six times!

The world record walk also kicked off a new health promotion strategy in Wellington, Dufferin and Guelph called *in motion* that aims to increase the physical activity levels of all area residents. The message was clear across the region that walking is an exciting way to not only achieve world records, but also a healthier, happier, and more active lifestyle! In Wellington-Dufferin-Guelph,

21,608 residents got *in motion*, participating at various launch sites and walk sites throughout the region including schools, recreation centres, and workplaces.

The *in motion* Strategy was developed in Saskatoon with great success, and has now been adapted to meet the needs of Wellington-Dufferin-Guelph (WDG) residents. WDG *in motion* is a collaborative project with more than 16 partners from across the region including the City of Guelph, the County of Wellington, the Towns of Erin, Minto, Mono, and Orangeville, the Townships of Centre Wellington, Wellington North, Guelph/Eramosa, and Mapleton, along with the YMCA-YWCA of Guelph, the University of Guelph, the Heart and Stroke Foundation and the Ministry of Health Promotion.

*For more information on the in motion strategy, please visit [www.wdginmotion.ca](http://www.wdginmotion.ca)*

## Enhance Your Cancer Prevention Knowledge

The University of Waterloo offers a Master of Public Health (MPH) degree program, through the Department of Health Studies and Gerontology, in the Faculty of Applied Health Sciences (AHS). Responding to a widely recognized need for more advanced public health training opportunities in Canada, the program draws on existing strengths in AHS in health behaviour and population health promotion,

health informatics, health communication, and environmental health sciences.

The MPH program will appeal to practitioners working in cancer education, cancer prevention, and early detection wishing to upgrade their public health training on a part-time or full-time basis. The curriculum is course-based with an applied practicum. The program's initial and final courses are delivered on UW campus in two-week blocks. The remaining seven core graduate courses and three

*(Cont'd page 3)*

## Organizing Committee

Newsletter of the Waterloo Wellington  
Regional Cancer Program

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*The organizing committee assumes no responsibility for opinions, claims, endorsements, representations and statements made by the contributing writers.*

# The Cultural Meaning of Cancer:

## Differences between Canadians and Chinese

*Disclaimer: This is one opinion from Dr Xu Wang, and may not represent the opinions of all Chinese Canadian individuals.*

Canada's ethnic diversity can be a challenge to health care professionals who have to develop culturally sensitive health care strategies, especially in the field of cancer prevention and treatment.

For the past several years, China has been among the top five countries for immigration to Canada. Although the extraordinary growth in China's economy has connected China with the rest of the world, there are still a number of different cancer beliefs between Chinese and Canadian people.

First, Chinese are very fearful of a cancer diagnosis. For most Chinese, getting cancer is similar to receiving a death sentence. Since there is no religious death culture in China, death is a very horrible thing because there is no hope for an afterlife. Chinese are also afraid of cancer because most cancers are in the final stage when they are diagnosed due to poor prevention and lack of early detection. People are then led to believe that cancer is untreatable. In addition, there is a lack of patient education in China. Research has shown that poorly educated Chinese immigrants in the U.S. still believe that cancer is contagious. Even in large cities in China, where the medical treatment of cancer is advanced and standardized, patients still know very little about their disease. This may be because doctors are too busy to spend time explaining the illness to patients, but also because patients themselves have a difficult time understanding and accepting their condition. Once a patient finds out that they have cancer, they become upset and feel hopeless. Some will even refuse treatment because they don't want to become a burden to their family. Although it is believed that cancer patients should be informed of their diagnosis and the terminal nature of their illness, it is for these reasons that Chinese physicians prefer to tell the diagnosis to family members first rather than the patients. Based on how well the conversation with the patient's family members goes, the physician will be able to find the

best way to inform the actual patient and gain satisfactory compliance with therapy.

A second difference between Canadian and Chinese people is their knowledge of accessibility to and use of cancer prevention and screening programs in their own country. As is well known, disease prevention is even more important than disease treatment. Since China is a large developing country, it is very difficult to provide every resident with free health care. The present health care system can only cover part of the expense. Cancer screening tests, such as breast mammography or cervical Pap smear, are not free and are actually quite expensive for people who need to be tested. In addition, most medical resources are still used for treatment of disease rather than prevention. In contrast, Canada's health care system is very much dedicated to cancer prevention and early detection. The new HPV vaccine for young women is a good example of expanded cancer prevention and early detection programmes. The Ontario Breast Screening Program accepts any new residents of Ontario for free breast screening; women over the age of 50 may self refer even if they don't have a family physician. Since not every new immigrant has a family doctor, education about cancer prevention and screening becomes important.

Regarding the opinion of cancer treatment, there is also quite a difference between Canadian and Chinese people. In Canada, the type of treatment is most often decided by the physician and patient, whereas in China the family's opinion is more important. Chinese physicians appear to give far greater weight to family preference in medical decision making than do Canadian physicians. This phenomenon may be due to the fact that the relationship between parents and children are closer in China than in Canada. Chinese children have the responsibility to take care of their parents when their parents become old and ill. As a result, family members' financial situation and their preferences play an important role in the patient's medical decision making. Another difference is that Chinese

patients prefer more radical treatment. For example, one study has found that Chinese-American women are more likely to be treated with surgery that removes the entire breast and a portion of the underarm lymph nodes (also known as modified radical mastectomy), regardless of age or stage of disease, rather than breast-conserving treatment. For terminally ill patients, Chinese are more likely to try alternative treatments.

In conclusion, developing awareness about cross-cultural practices regarding cancer issues will allow Canadian clinicians to become more sensitive to the expectations of culturally and individually diverse cancer patients. This awareness may affect patient and family responses in different clinical situations, potentially affecting patient satisfaction and compliance with therapy.

*Submitted by: Xu Wang, M.D.  
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### ENHANCE (from page 2)

elective graduate courses are provided through web-based distance education. The practicum requirement is completed over a 12- to 16-week period after completion of the required coursework.

The degree can be completed full-time in just under two years or part-time in four years. Students may take the general MPH or specialize in sociobehavioural aspects of public health, focusing on health promotion and disease prevention (including cancer prevention). With core courses including foundations of public health, environmental health, public health and society, health and risk communication, health policy, biostatistics and epidemiology, the MPH would be very useful to practitioners in cancer education, cancer prevention, and early detection.

*For more information visit:  
[www.ahs.uwaterloo.ca/hsg/mp](http://www.ahs.uwaterloo.ca/hsg/mp)  
or contact: [mph@uwaterloo.ca](mailto:mph@uwaterloo.ca)*

**Tuesday, April 29, 2008**

**Time: 6:30pm — 9:00pm**

# Community Fair for Cancer Care

**Come and learn about cancer prevention and early detection,  
nutrition and support services**

**With MC Mark Paine  
from KOOL FM and  
Keynote Speaker...**



**Dr. Linda  
Rabeneck!**



Location:

**Holiday Inn**

601 Scottsdale Drive, Guelph

Visit [www.higuelph.ca](http://www.higuelph.ca) for directions  
and map

\*\*\* Free parking \*\*\*

**Enter a draw to win one  
of many exciting door  
prizes!!**

## AGENDA

- 6:30—7:00 Displays from regional cancer care partners
- 7:00—7:45 **Preventing Cancer Through Diet**  
Registered Dietitians Janine Robertson and  
Margaret Chappell, Grand River Regional Cancer  
Centre
- 7:45—8:00 Break and visit displays
- 8:00—8:45 **Colorectal Cancer Screening**  
Dr. Linda Rabeneck, Regional Vice President,  
Cancer Care Ontario;  
Chief, Odette Cancer Centre; Sunnybrook Health  
Sciences Centre;  
Professor of Medicine, University of Toronto
- 8:45—9:00 **Draw for door prizes!**

- ★ See health related displays!
- ★ Refreshments available.
- ★ No registration required.
- ★ Open to the entire public!

For more information, visit [www.grrcc.on.ca](http://www.grrcc.on.ca)  
and click on "Calendar of Events",  
or call Lori Temple at 519-749-4370  
ext.3544.

Organized by the

**Waterloo Wellington  
REGIONAL CANCER PROGRAM**

# Local Team Wins Avon Award

Congratulations to the Breast Cancer Care Pathway Map team, who have won a \$5,000 national award with Avon Canada! Over 1,000 entries from across Canada were submitted to the Avon Hello Tomorrow Fund. Entries were required to present unique ways to empower women and girls and to improve society through breast cancer community service, awareness or outreach programs.

The Breast Cancer Care Pathway team (see photo) is made up of representatives from St. Mary's General Hospital, Guelph General Hospital, Cambridge Memorial Hospital, Grand River Hospital, Waterloo Wellington Community Care Access Centre, and various community support partners. Together they



submitted a proposal to Avon for a Breast Cancer Care Pathway Map to ensure that women have easy access to all of the community care and support information needed to navigate their journey with breast cancer. The pictorial map, currently under development, will be available for every woman in Waterloo Wellington diagnosed with breast cancer.

*"Financial support from Avon's Hello Tomorrow Fund will allow us to develop, print and distribute this pictorial map to the women of our region and beyond,"* said Helen Martini, registered nurse at Guelph General Hospital. *"Our Breast Cancer Care Pathway team recognizes the anxiety and fear that accompanies a diagnosis of breast cancer. The goal of the map is to reduce some of this anxiety and fear by clearly identifying the path that a woman may take on her breast cancer journey and the supports that are available for her in the community."*

The regional Breast Cancer Care Pathway team looks forward to introducing the finished Breast Cancer Care Pathway Map early in 2008, and will provide education to the community on how to use this valuable resource tool currently being developed.

*Submitted by: Jane Stacey, OBSP Regional Coordinator, Waterloo Wellington*

## Healthy Foods Ads

XM Satellite Radio (XM) approached Cancer Care Ontario and offered to assist in the development of health messages related to the prevention and detection of cancer in Ontario.

Cancer Care Ontario and the Canadian Cancer Society (Ontario Division), together with regional partners, developed six catchy radio ads educating Ontarians about the value of a diet rich in vegetables and fruits, and to encourage them to eat more fruits and vegetables. This social marketing campaign was focused among men (18-44 yrs), women (18-44 yrs) and parents with school-aged children.

The radio campaign was piloted in the Greater Toronto Area, Windsor and Thunder Bay. It was then evaluated to assess awareness of and reaction to the campaign, and also to determine the impact of the campaign on attitudes and behaviour related to the consumption of vegetables and fruits. Overall, the radio ads performed well, were well-received by the marketplace, and were instrumental in changing attitudes and behaviour toward the consumption of vegetables and fruits.

The health messages were then produced and packaged by XM for Cancer Care Ontario, and were disseminated to regional cancer prevention and screening networks

and other interested health organizations for use in social marketing.

The Waterloo Wellington Cancer Prevention and Screening Network selected one message relating to men and one for parents.

The two 30-second radio ads were:

**"Video Game"** – for parents: Highlights the importance of setting a good example by eating well ourselves so we can help our kids grow up strong & healthy.

**"Size"** – for men: Clarifies the myth of a "serving size" and promotes the fact that five to ten servings of vegetables and fruits for men are doable.

These were aired three times a day starting October 29th to November 24th, 2007 on K-W and Guelph radio stations, plus radio stations on the three university campuses and Conestoga College.

Feedback on the ad campaign indicated it was successful in creating awareness & attitudes among listeners as well as noting some improvement in behaviors regarding vegetable and fruit consumption as reported by listeners.

*To listen to the radio ads, go to [http://www.cancercare.on.ca/print/index\\_dietAndhealthyBodyweight.htm](http://www.cancercare.on.ca/print/index_dietAndhealthyBodyweight.htm) (under the Vegetable & Fruit Radio PSAS heading)*

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## BREASTSTROKES (from page 1)

There were 2000 breast cancer survivors, 90 teams and a bunch of 45-foot-long boats in the Australian event.

The Guelph team members that attended the invitational range in age from 30 to 83, and a majority are part of the University community.

Coach Pat Richards has seen a steady improvement in the team over the years. They can cover the standard 500 metre course in three to four minutes, and recently won their division in Stratford.

*For more information visit:*

*<http://www.breaststrokes.org/>*

*Submitted by Liz Aubin, Masters of Public Health Student.*

# Shade Workshop Held in Centre Wellington



A highly successful joint venture was recently held in Centre Wellington to promote the addition of shade to schoolyards to help reduce UV exposure as well as providing more welcoming play environments. A committee made up of members of NeighbourWoods, Wellington-Dufferin-Guelph Public Health (WDGPH) and the School Boards met throughout the summer to plan a workshop for school personnel.

Dennis Wendland, a retired teacher and now Evergreen consultant, presented new and exciting ideas to revitalize school grounds, which have been based on a military model of buildings, tarmac and grass for more than 50 years. Adding rocks, trees and mulch can improve the schoolyard climate by providing more inviting places for all children to play.

In total, 51 people including teachers, administrators and school council members from both elementary and high schools learned how to incorporate low-cost and effective ways to

add shady areas to current yards. Glenna Rogers and Jennifer McCorriston from the WDGPH presented information on the risks of childhood skin cancer and the need for starting good lifelong sun safety habits.

The participants were inspired by the presentation to go back to their schools to begin greening their own schoolyard. There was an added incentive of two hours of Wendland's consulting time and \$300 of plant material to be won by a lucky school.

The selected school was Ross R. MacKay located in Hillsburgh, Ontario.

The workshop was funded by the Grand River Conservation Authority Foundation, Fergus Horticultural Society, Grand River Regional Cancer Centre (Waterloo Wellington Regional Cancer Program) and Wellington-Dufferin-Guelph Public Health.

*Authors: Jean Loney, Volunteer, NeighbourWoods & Toni Ellis, Director, NeighbourWoods*

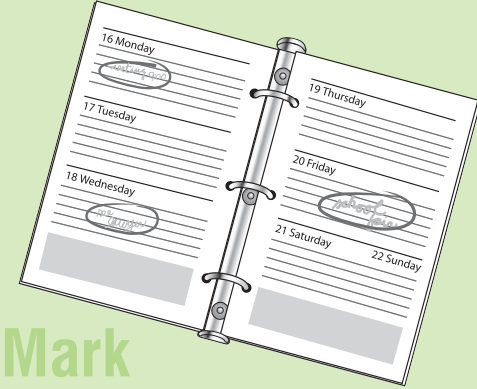
## Winning Proposal - Primary Prevention of Colorectal Cancer

In response to Cancer Care Ontario's Primary Prevention of Colorectal Cancer request for Proposals, the Waterloo Wellington Regional Cancer Prevention & Early Detection Network was one of the six successful proposals to receive this one time funding.

Jennifer McCorriston, Project Manager, lead

in the submission of "WDG Web - Based Nutrition & Physical Activity Program". This project will act as an extension of the Live Well: Eat Healthy, Be Active program which is currently run through WDG Public Health. It will expand on the existing content of the program to develop a web - based nutrition and physical activity education tool, in order to reach a greater number of individuals at risk at a lower cost.

*To learn more e-mail:  
Jennifer.McCorriston@wdghu.org*



## Mark Your Calendar

### March 19, 2008

*"Cancer Prevention in Chinese"*  
Richard Yung-Che Weng, M.D.  
Kitchener Public Library, Auditorium  
6:30 to 8:45 pm

### April 15, 2008

*"Smart Eating and Cancer Prevention:  
How to protect your health through quick  
and easy mealtime recipes"*  
Dietitian  
Wellington County Museum and Archives  
6:30 to 8:45 pm

### April 16, 2008

*"Oral Cancers"*  
Sofia Vaqar, Dentist  
Kitchener Public Library, Hamblin Room  
6:30 to 8:45 pm

### April 29, 2008

*"Community Fair for Cancer Care"*  
(See page 4 for details)  
Guelph Holiday Inn  
6:30 to 9:00 pm

### May 14, 2008

*"Preventing Cancer Through Diet"*  
Margaret Chappell, RD; Janine  
Robertson, RD  
Kitchener Public Library, Auditorium  
6:30 to 8:45 pm

### May 27, 2008

*"Sun Safety"*  
Dr. K. Kobayashi  
Kitchener Public Library, Auditorium  
6:30 to 8:45 pm

### May 29, 2008

*"Sun Safety"*  
Dr. K. Kobayashi  
Guelph - Location to be determined  
6:30 to 8:45 pm

## Cancer Prevention Exchange Newsletter

***Please Let Us Know  
What You Think!***

Your opinion is important in improving the newsletter.

*Simply fill out this survey and forward it to us.  
Thank you!*

Where did you receive this newsletter? \_\_\_\_\_

|  | YES | NO |
|--|-----|----|
| Did you enjoy reading this newsletter?         |     |    |
| Was this newsletter informative and practical? |     |    |
| Has this newsletter been helpful to you?       |     |    |

Were there any sections that you particularly enjoyed reading? If so, please list below:

\_\_\_\_\_

\_\_\_\_\_

Was there anything that you felt was missing?

\_\_\_\_\_

\_\_\_\_\_

|   | YES | NO |
|---|-----|----|
| Was the newsletter easy to read and understandable? |     |    |

If no, can you please tell us about anything that slowed down the reading or made the newsletter difficult for you to understand.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   | YES | NO |
|---|-----|----|
| Do you have any suggestions for future newsletters? |     |    |

If yes, please list below suggested future topics or revisions to the newsletter:

\_\_\_\_\_

\_\_\_\_\_

|   | Excellent | Very Good | Good | Adequate | Poor |
|---|-----------|-----------|------|----------|------|
| Please rate the overall presentation (for example, colours and use of pictures) of the newsletter |           |           |      |          |      |
| Please rate the overall content of the newsletter   |           |           |      |          |      |

***Please Return to:***

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