

# BRIDGING POLICY AND ACTION TOWARD COMMUNITY-CENTRED CARE

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Innovative Solutions to Advance  
Equitable Access to Cervical  
Cancer Screening in Canada

## Innovative Solutions & Key Findings:

The Women's Health Coalition and the ACCESS International Consensus Group recently co-hosted a collaborative workshop with community leaders, key experts and implementation partners in Alberta to address the dynamic landscape of cervical cancer screening policy and find ways to create lasting system-wide change to drive the elimination of cervical cancer in Canada. This was especially timely given the new report of cervical cancer screening rates plateauing and no longer declining within the country.

This highly unique event brought together healthcare professionals, system partners, Indigenous and community leaders, patient and healthcare advocacy groups, collaborator associations, and innovators to identify practical strategies to improve screening rates, strengthen trust in healthcare systems, and drive partnership across sectors. The intent of this dialogue was to create a call to action to accelerate initiatives that will reach under-screened women and marginalized populations – most often those who do not have a regular healthcare provider. The discussion moved beyond dialogue and into action-oriented collaboration, identifying both policy and program-level interventions that can make access to cervical cancer screening more equitable across the province.

The workshop marked a defining moment in advancing equitable cancer prevention in Canada. Participants agreed that eliminating cervical cancer is achievable through smarter resource allocation, collaboration, innovative solutions such as mobile screening programs and community empowerment. The event underscored that lasting progress depends on shifting from institution-centered to people-centered care, where every woman can access screening with trust and dignity. This change matters now more than ever as the country needs to recommit to its cervical cancer elimination goals.

## Overview of Presentation Summaries:

### ACCESS Consensus Group Presentation, Dr. Lananh Nguyen, Associate Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto, ACCESS Consensus Group, Canadian Representative

Dr. Nguyen introduced participants to the ACCESS Consensus Group, an international, multidisciplinary team dedicated to improving cervical cancer screening participation, particularly among under-screened women. The group advocates for the development of national cervical cancer elimination plans with ambitious participation targets that go beyond the World Health Organization (WHO) recommendations. Dr. Nguyen highlighted the Group's White Paper and emphasized the groups' six key recommendations including:

- 1 Developing cervical cancer elimination plans with goals for elimination by a defined date, including ambitious national screening programme participation targets at the population level.
- 2 Implement targeted and culturally relevant education, information and awareness-raising initiatives, particularly focused on under-screened women.

- 3 — Improve the accessibility of cervical cancer screening.
- 4 — Support healthcare professionals to increase participation in cervical cancer screening.
- 5 — Encourage and support the creation of national cervical cancer patient advocacy groups and national cervical cancer prevention coalitions
- 6 — Ensure health insurance appropriately covers screening in all high-income countries.

### **ACCESS Consensus Group Patient Survey findings, Hannah Walter, Vice President, Edelman Data & Intelligence**

To set the stage for the conversation, Ms. Walter presented findings from a recent comprehensive survey of Canadian women helping to frame the conversation regarding patients' current perceptions around and understanding of cervical cancer screening guidelines and identified barriers for screening. The presentation included national polling alongside provincial breakdowns for British Columbia, Alberta, Ontario and Quebec, which revealed that there is high familiarity with cervical cancer screening methods among patients, especially the Pap test.

The survey also confirmed that healthcare professionals play a central role in building trust and influencing decision-making in Canada, with 91% of respondents valuing their presence and 65% indicating that a professional's recommendation would affect their choice of screening method. Emotional barriers such as fear of discomfort and embarrassment, as well as practical barriers like appointment availability and preference for female providers, remain prevalent.

Despite these challenges, 88% of women agree that screening is necessary for their overall health. Clinician-collected screening is seen as highly reliable, while self-collection is perceived as convenient but is less deeply understood. Notably, 74% of Canadian women feel they lack sufficient information to compare clinician- and self-collected methods, however, when provided with additional information on the differences in test sensitivity and collection methods, women's preferences for clinician-collected samples increased. Flexibility and support are key enablers, with women expressing a desire for walk-in or same-day appointments, extended hours, and more booking options. Educational information that clarifies follow-up steps and risks is most likely to motivate women to participate in screening.

### **Primary Care Alberta Transformation, Kim Simmonds, PhD, CEO Primary Care Alberta**

Dr. Simmonds introduced Alberta's key primary care goals focusing on improving access, transitions, quality of care, patient navigation, cultural safety, and the health workforce. She noted the organization is working to enhance programs to align with the latest evidence and best practices to reduce barriers for underserved populations, expand and enhance programs to align with evidence and best practices for screening, and leveraging data and technology for efficiency and effectiveness while adjusting data systems to optimize the use of new technology. Enhanced programs will place a strong emphasis on providing culturally safe, patient-centred care, particularly for First Nations, Métis, and Inuit peoples. The desired outcomes are improved access, integration, quality, prevention, and fostering partnerships with patients.

Currently in Alberta, women aged 25 to 69 are recommended to have a Pap test every three years, with HPV testing and self-sampling pilot projects underway. HPV primary screening for those aged 50 to 69 is set to launch in November 2025. The province is targeting priority populations, including Indigenous peoples, newcomers, rural and remote residents, and those overdue for screening. The Cervix Self-Screening Pilot Project (2024–2026) aims to improve access for these groups. Future considerations include assessing the impact of vaccination, monitoring HPV subtypes, and optimising screening intervals.

## **Integrated Screening Program, Case Study, Joan Hauber, Manager, Alberta Health Services (AHS)**

Joan Hauber presented a recent case study in Alberta to highlight a pilot project called Screen Test Mobile. The AHS Integrated Screening Program utilizes mobile clinics to deliver mammography and integrated screening for breast, cervical, and colorectal cancers to rural and Indigenous communities across Alberta. The mobile clinics have successfully improved access and convenience, with high patient satisfaction and strong interest in continuing integrated clinics.

Key challenges have included recruitment of healthcare providers to administer the screening, and logistical issues for patients seeking to book and align multiple screening appointments at once. Success factors identified include engaging community healthcare providers, providing robust administrative support, and offering a single point of contact for booking multiple screenings. The program has been particularly effective in reaching individuals who were overdue or had never been screened, and ongoing efforts are exploring the potential of at-home FIT and HPV self-sampling tests as future opportunities. No other method, including home self-collection, has accomplished similar statistics on reaching this specific patient population with a very high increased rate of screening participations. Meeting the population where they are, offering multiple screenings all at once, is what makes mobile screening so successful.

“ Urgent action is needed to address the declining screening participation rates and to stop women dying from this largely preventable disease. We believe lasting progress depends on shifting from institution-centered to people-centered care, where every woman can access screening with trust and dignity. With the invaluable support of those in attendance, we are committed to advocating for these recommendations and advancing equitable access to cervical cancer screening in Canada. ”

**Carmen Wyton, President, Women’s Health Coalition**

## From Discussion to Action: Breakout Sessions & Recommendations

Following the presentations, participants moved to facilitator-led breakout sessions focused on key factors that can drive successful implementation and advance equitable access to cervical cancer screening in Canada.

Six unifying themes emerged across sessions:

- 1 Continued investment and progress needs to be made for community-led, relationship-based care to ensure all women are screened in rural and remote communities in Alberta. The use of mobile screening in rural and remote areas can be especially effective if properly resourced, and appointment booking is coordinated and simplified.
- 2 Allied health professionals must be educated on cervical cancer screening guidelines to ensure coverage across multiple modalities. Patients build trust with health professionals in varying ways. Ensuring all are educated helps to disseminate information.
- 3 System integration and coordination should be enshrined in policy objectives. Building patient reminders within electronic health record technology is imperative to ensure patients are aware of their preventative care needs.
- 4 Meet the population where they are and offer cultural and linguistic adaptation to help improve communication with patients who are from Indigenous communities, newcomers and those in culturally and religiously diverse areas.
- 5 Community partnerships are a conduit to help enhance communication between patients and healthcare providers, and we need more innovation and partnerships including with local Indigenous leaders, religious community leaders and influencers. Thinking bigger and broader is key to enhanced education and communication.
- 6 We must ensure that women and girls of all ages are armed with age and culturally appropriate education to ensure cervical cancer can be eliminated in Alberta. Education is the foundation of patient and healthcare provider communication. Education is power.