

# Health Association of African Canadians: Community Liaison Project Report



Health Association  
of African Canadians  
*Our Health is our Wealth*

March 2025 - March 2026

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## 1. Executive Summary

From March 2025 to March 2026, the Health Association of African Canadians (HAAC) implemented a community-based outreach initiative aimed at increasing awareness, access, engagement and screening with lung cancer screening services among African Nova Scotian and Individuals of African descent communities. This work was supported through a Community Liaison role, designed to bridge gaps between the Nova Scotia Health Cancer Care Program and historically underserved communities.

This project was funded by the Canadian Partnership Against Cancer. Throughout the project, outreach and education were conducted across multiple communities in Nova Scotia. The goal was to address cancer prevention, early detection, and care pathways for lung, breast, cervical, and colon cancers. Engagement was rooted in culturally competent, in-person approaches that prioritized trust-building, relationship development, and community empowerment.

A key milestone of the project was the Cancer Care Conference “Healing Our Bodies, Families and Communities: Cancer Care Conference” held on March 27th, 2026 at the Black Cultural Center in Dartmouth, Nova Scotia. This event brought together over 80 participants, including community members, cancer survivors, healthcare professionals, and researchers. The conference served as a space for knowledge sharing, dialogue, and strengthening connections between communities and healthcare systems.



Image 1.1: Co-President Sharon Davis-Murdoch welcoming participants to the Cancer Care Conference.

## 2. Background & Context

African Nova Scotian communities experience unique health disparities influenced by historical, systemic, and social determinants of health. Barriers such as mistrust in healthcare systems, lack of access to culturally appropriate services, and limited awareness of screening programs contribute to lower participation in preventative care.

Through Nova Scotia Health's Cancer Care Program, the Lung Cancer Early Prevention and Detection Program project team established three overarching objectives of its communications approach, which guided the initial stages of this research project. These include:

- Increase awareness of the program across the entire population, focusing on groups that have been historically marginalized and/or high-risk groups.
- Increase utilization of program resources, including system-based referrals and self-referrals.
- Understand and design communications to accommodate differences in awareness and uptake across different groups.

This project was developed to address these gaps by providing culturally relevant education and building stronger connections between communities and healthcare providers, specifically through collaboration with the Nova Scotia Health Lung Screening Program.

## 3. Role of Community Liaison



As the Community Liaison for this project, my role focused on bridging services between the Nova Scotia Health Lung Screening Program and African Nova Scotian/Individuals of African Descent. This involved traveling across the province to engage directly with communities, delivering education, and fostering relationships grounded in trust and cultural understanding. Throughout this project, workshops were held in: Lucasville, Upper Hammonds Plains, North Preston, East Preston, Amherst, Birchtown, Kentville, Amherst, Truro, Clayton Park, Beechville, and New Glasgow.

Image: 1.2: Community Engagement session in Amherst, Nova Scotia.

Key responsibilities included facilitating community-based workshops and presentations, raising awareness about cancer prevention and screening, and advocating for equitable access to healthcare services through focus groups. A central aspect of this role was ensuring that information was shared in ways that were accessible, culturally competent, and responsive to community needs. In addition, participants of workshops were asked a series of questions to give input and recommendation on screening materials and pamphlets, so that community members could see themselves represented in the health care system.

## The program

- Our work is being informed through consultation and stake holder reviews. Subcommittees report to a working group that meets weekly and to a steering committee.
- We have designed a 3-step approach to lung cancer specific using existing resources whenever possible.

### Prevent

Reduce lung cancer through smoking cessation and promotion of healthy living.

### Educate

Provide patients and primary care providers with tools to encourage earlier detection.  
Reduce shame and stigma-based delay in care.  
Coordinate with lung cancer diagnostic pathways throughout province.

### Screen

Redirect existing CT lung screening resources and screen those who meet criteria.  
Improve access to those systemically excluded from cancer care.



Image 1.3:  
Information  
on the Lung  
Screening  
Program

Additionally, I played a lead role in planning and hosting a Cancer Care Conference, which served as a celebratory event to bring together diverse stakeholders and further advance community engagement and knowledge sharing.

## 4. Activities & Implementation

Community outreach and education were conducted across multiple communities in Nova Scotia through in-person engagement. Activities included workshops, focus-groups, presentations, and informal community discussions focused on cancer prevention, early detection, and care pathways for lung, breast, cervical, and colon cancers. Presentations focused on issues that were unique to that historical African Nova Scotian community, barriers to accessing appropriate healthcare, and recommendations to improve the Lung Screening Program.

Partnerships with healthcare providers, community organizations, and leaders were essential in supporting outreach efforts and ensuring meaningful engagement. Developing relationships with community members was critical in this role, and I often worked with community champions to recruit members to attend workshops. This project would not be successful without the hundreds of community members that participated, asked questions, gave recommendations and disseminated information to their people.

In addition, our reach was expansive by taking unique approaches to raising awareness and information sharing. For example, I attended the “Halifax Health Expo: Aging Your Way” event

on September 27th, 2025 at the Cedar Event Center in Clayton Park. At this event, the Health Association of African Canadians hosted a vendor booth, where we were able to connect with local community members.

Another unique opportunity that I took part in was filming a video for the CT Scan process when an individual has to attend an appointment through Nova Scotia Health. This was an all-day event, where the Health Association of African Canadians, Immigrant Services Association of Nova Scotia and Nova Scotia health gathered as actors to participate in a mock CT scan. This video will be used to provide information and expectations for patients who have to get a CT scan through the Lung Screening Program. The video created will be hosted on the Nova Scotia Health website and will serve as another resource for community members.

## 5. Cancer Care Conference

In March 2026, a Cancer Care Conference was hosted as a final event for the project. The conference welcomed approximately 80 participants, including community members, cancer survivors, healthcare professionals, and researchers. The conference hosted speakers on various topics that disproportionately affect the Black community such as:

- Lung Cancer & Screening: Dr. Daria Manos: Radiologist and the Medical Director of the Nova Scotia Health Lung Screening Program
- Black Skin Health & Skin Cancer: Dr Yinka Akin-Deko: Central Zone Division Head, Family Practice
- Black Men's Health and Cancer Prevention - Prostate Cancer and Colon Cancer: Dr. Ron Milne, Nova Scotia Sisterhood/Brotherhood
- Breast Cancer and Communities of African Descent in the Atlantic: Dr. OmiSoore Dryden: Tier 1 Canada Research Chair (CRC-CIHR), Black Health Studies
- African Cancer Support Group: Olyakinka & AdeBayo Oladele: Co-founders of the African Cancer Support Group



Image: 1.4: Participants

The event created a space for meaningful dialogue around cancer care, prevention, and screening within African Nova Scotian communities. It also provided an opportunity to share knowledge, highlight lived experiences, and strengthen connections between community members and service providers.



Image 1.5: Participants shared their most valuable learnings



Image 1.6: Participants shared next steps after attending the Cancer Care Conference

Reflecting on the conference theme and discussions, participants noted they appreciated information from Black health care professionals, and how cancer diseases affect our community. One of the recurrent conference themes centered on prevention and recognizing signs/symptoms of early onset, and who to reach out to for health care advice/support. Many questions were raised on how to find a Black health care provider, how to self-advocate for culturally competent care within the healthcare system, and how cancer appears differently in the African Canadian community.

In terms of attendance demographics, the following information was taken from the conference evaluation survey:

- 95% of participants were individuals of African Descent
- 53% of participants were community members, 17% healthcare professionals, 7% cancer survivor/patients, and 10% were a caregiver/family member
- 95% of participants were from Nova Scotia, 5% out of province
- 33% of participants were 65+ years of age, 24% age 55-64, 14% 25-34, and 14% were between the ages of 35-44

As the Lung Screening Program is only available to individuals between the ages of 55-74, our demographics align with the majority of the audience within the 65+ age range.

## **6. Impact & Outcomes - Assessment of Project Goals**

This project contributed to increased awareness of cancer prevention and screening within African Nova Scotian communities. Through direct, in-person engagement, community members were provided with accessible and culturally relevant information, helping to build trust and improve understanding of available healthcare services.

The initiative also strengthened relationships between community members and healthcare providers, creating pathways for ongoing collaboration and engagement. One of the common questions asked while delivering in-person sessions focused on having the Lung Screening Program health care professionals attend in-person with the community to answer specific questions on cancer diagnoses, medication, treatment, aftercare etc. Allowing the nurses, physicians, and other health care professionals to be present in community would further enhance the relationship building and work to rebuild trust within the Black community, as this was a barrier noted by many participants.

- Increase awareness of lung cancer screening
- Improve access to and trust in screening services
- Provide culturally competent cancer education on lung, cervical, colorectal and breast cancer
- Strengthen partnerships between community and healthcare systems

### **Educational Session Overview and Demographics**

- During this project, we met with over 105 community members across the province
- Education sessions/focus groups were held in 11 different communities, targeted at African Nova Scotian seniors groups
- Majority of the participants identified as either having cancer themselves or supporting a family member or loved one with cancer
- We provided a community meal from a Black-owned business, and also gave out materials, brochures, pamphlets and other items promoting the lung screening program and \$25 Visa gift cards as incentives and honorariums for community members time
- Received positive feedback, was invited to come back with health care professionals to answer in-depth medical questions

## 7. Common Themes from Lung Screening Program Education Sessions

### **Lack of Black Health Care Professionals**

- Various discussions around the lack of leadership at the senior leadership level, and also a community presence and input into the lung screening program
- A question raised during the conference “Where are all the Black doctors?”. Consideration of a diverse healthcare system, with a focus on rural areas where representation is low

### **Increasing awareness of the Lung Screening Program**

- 70% of participants were not aware of the Lung Screening Program. Many had knowledge of the breast, colon, and cervical, but not for lung screening
- Many community members were unaware of the lack of signs and symptoms with early stage lung cancer.

### **Concerns around Eligibility for Screening**

- Many participants noted shared concerns for the age criteria for screening, and noted that this will miss a large demographic of people who want to live a healthy life
- “The program should be accessible to people over 75, because there are a lot of healthy people at 75 who would want to participate”
- “I think that the testing should start earlier. If you started smoking by the age of 14, and now your in your 40’s, you don’t want to wait until your 55 to access the screening program”

### **Mistrust in the Healthcare System**

- When accessing a family doctor or walk-in clinic: participants noted they did not feel seen, heard, or believed when sharing their experiences at the doctors/hospital. Many noted they felt rushed, and that the health care professional did not take the time to listen to them
- “There are a lot of trust issues involved in going to the healthcare system. I took my elder father to the doctor, when the doctor came to see him, he looked at his records and realized he hadn’t been to the doctor since 1966” - Truro community member
- “The healthcare system does not work for us, and it’s not made for us.” - East Preston community member

### **Positive Experience with Diagnosis/Treatment**

- For those community members that had lung cancer themselves, or supported a friend/family member going through it, overall the experience was positive.
- Many shared their physician/specialist explained the lung cancer process, and took the time to go over all questions and treatment
- People felt they were informed and kept up to date on their treatment and overall lung health
- “I had a good experience at the Cancer Clinic. We went in for bloodwork, we had a good doctor (8 years of going through this).” - Upper Hammonds Plains community member
- “The communication between the family doctor and the specialist has to be good” this leads to a positive impact on the patient - Upper Hammond’s Plains community member

## 8. Challenges & Lessons Learned

While the project achieved meaningful engagement, challenges such as historical mistrust of healthcare systems, logistical barriers, and varying levels of awareness required ongoing relationship-building and adaptability in approach. The following section highlights community members' reflections on the barriers they face when it comes to accessing healthcare. It is important to note that many African Nova Scotian communities are in rural areas of the province, where services are lacking and transportation is a common concern.

### Barriers to Access Cancer Screening

- Building relationships and rapport takes time, and knowing that this project funding ends in March, it is difficult to maintain the relationships.
- I travelled to various communities and had great conversations and getting to know the needs of the community, and on many occasions was invited back to continue the discussion. However, due to the length of the project, I cannot guarantee that I can attend to the community's needs beyond that. I had to explain that most workshops could be a one-off, which created challenges in trust.
- Getting the message communicated to individuals and groups in the community, when you do not have a constant presence or familiar face with the community
- Lack of lung cancer data/statistics for individuals of African Descent, specifically how does lung cancer affect African Nova Scotians?
- The goal of increasing uptake is difficult when the LSP program is not yet made available in all of the zones.
- It is good information for people to have, but to be able to access the program and its availability is challenging.
- Cost and impact on the family, for medications and travelling to appointments
- Reliance on Western medical practices: treatment with medication instead of holistic
  - “My husband passed away from lung cancer and the amount of drugs he was taking, he was like a zombie. He had no quality of life, the response we got from the doctor was to keep taking medication. We went to the pain clinic, and he was taking drugs that would counter act with each other. **I don't think the pain doctor/pharmacist/family doctor communicates with each other or knows what the other one is doing.”**
  - “I felt like there was a push on medication, just to get us out the door”

## System Challenges (Across All Stages)



**1. Health System Complexity:** Difficult to navigate, unclear entry points, inconsistent information.



**2. Structural Inequities:** Language barriers, cultural mismatch, transportation and geography, financial concerns.



**3. Trust and Historical Experience:** Mistrust of healthcare system, previous negative experiences, perception that system is not responsive.



**4. Organizational Constraints:** Limited staffing and capacity, rigid processes, slow system adaptation.

Image 1.7:  
System  
Challenges noted  
by participant  
feedback

Part of my role consisted of taking information and questions from the community back to Nova Scotia health, and disseminate this information back to the community. However, this created challenges as there was not a guarantee that program length or funding would allow for multiple visits to the same community. Throughout the project there was new information on the program, such as the launch in other zones outside of the Central zone, but information could not always be given back to communities, unless by virtual communications (email/telephone).

## 9. Recommendations

Participants expressed a strong interest in continuing engagement sessions with health care professionals, noting that several communities specifically requested follow-up sessions to ensure that more individuals have the opportunity to receive important information. In multiple communities there was also a request for lung cancer health care professionals to be directly involved in future sessions to speak in more detail about the diagnosis and treatment of lung cancer.

There was a clear need for more comprehensive information on risk factors, particularly regarding second-hand smoke and vaping. Community members raised questions about the medical impact of second-hand smoke and whether it increases the risk of lung cancer. One participant from the Lucasville community shared, "I've heard that second-hand smoke is worse than smoking yourself, but this program only focuses on those that have smoked?" This highlights a broader concern that current messaging and screening criteria may be too narrow and should better address and include the risks associated with second-hand smoke exposure.

Additionally, there was notable interest in forming an African Nova Scotian Community Advisory Group. Several participants expressed a desire to create or join a team that could provide ongoing feedback, insight, and guidance to ensure the lung screening program is

responsive to the unique needs of African Nova Scotian communities. It was emphasized that this advisory group should include representation from all four zones across Nova Scotia to ensure diverse perspectives are included.

Participants also identified several key priorities for strengthening the program moving forward. These included expanding outreach to additional communities, particularly in rural areas; continuing culturally relevant education initiatives; increasing funding and support for Community Liaison roles; and strengthening long-term partnerships between healthcare providers and communities to support sustained engagement and trust.

## 10. Conclusion

This report highlights the meaningful progress made in increasing awareness and engagement around lung cancer screening within African Nova Scotian communities, while also underscoring important opportunities for growth. This project demonstrates the critical importance of culturally competent, community-based approaches to health promotion. By prioritizing trust, relationships, and accessibility, the initiative successfully increased awareness and engagement with cancer screening services.

Continued investment in this work and the Health Association of African Canadians is essential to sustain and build upon these outcomes, ultimately contributing to improved health equity for African Nova Scotian communities. Many community members asked for additional sessions to target more community members and expand the program's reach. It was clear that seniors' health and wellness is a priority in the African Nova Scotian community and individuals should feel supported and encouraged to have autonomy over their healthcare.

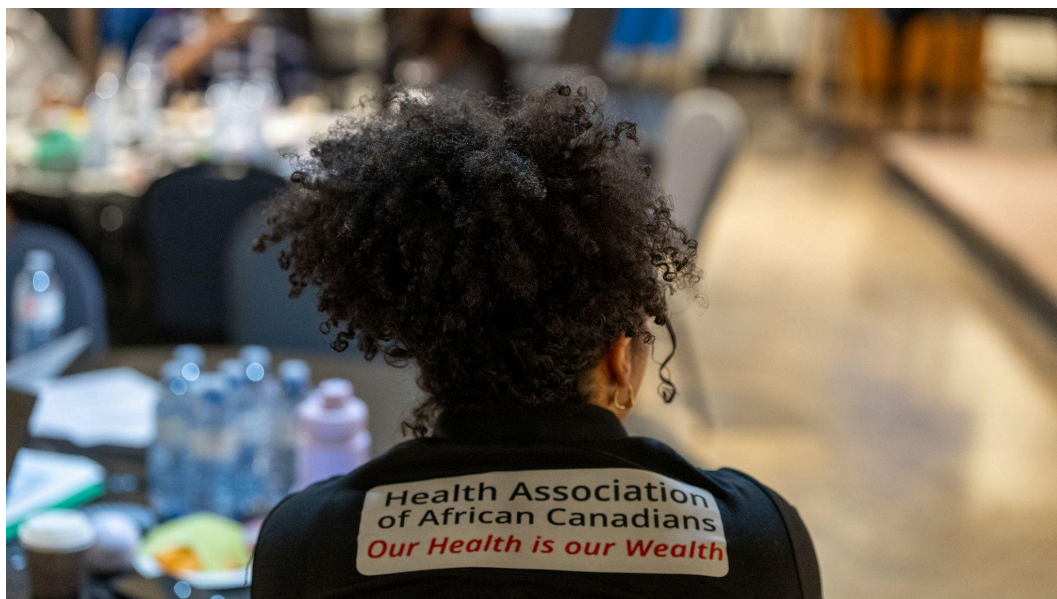


Image 1.8: Health Association of African Canadians



Image 1.9: Shelley Fashan, Soliel Gibson, and Evan Williams at the Cancer Care Conference



Image 2.0: Dr. Yinka Akin-Deko, Family Doctor