

# **HISPANIC DEVELOPMENT COUNCIL**

## **BREAST SCREENING PILOT PROGRAM FOR HISPANIC WOMEN IN TORONTO AND FOLLOW-UP OF WOMEN WHO WERE SCREENED AT OBSP CENTRES**

**Prepared by**

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## **BREAST SCREENING PILOT PROGRAM FOR HISPANIC WOMEN IN TORONTO AND FOLLOW-UP OF WOMEN WHO WERE SCREENED AT OBSP CENTRES**

### Abstract:

*The Breast Screening Program for Hispanic Women in Toronto was a collaborative project of the Ontario Breast Screening Program and the Hispanic Development Council, designed to outreach Hispanic women 50 years and older for breast screening at the Ontario Breast Screening Program (OBSP) centres in 1997. The outreach program included: group presentation about breast health, TV awareness programs, newspapers ads, magazines and flyers. It was found that presentations were more effective in recruiting women for screening tests. Age, lack of proficiency in English and inability to attend screening appointments on their own were the main barriers for getting screened. Of those women who were screened at The Ontario Breast Screening Program (OBSP), 36% had never had a mammogram before. Forty five percent reported that her family doctor never examined their breasts. Nearly half of the women reported never had performed Breast self examination (BSE). Hispanic women are still reluctant to touch their breasts because of cultural barriers and unfavourable social attitudes. The follow up conducted on the one hundred women screened at OBSP centres revealed that a high number of Hispanic women (20%) obtained abnormal results compared to other women in the OBSP (13.7%). Abnormal results were proved later to be benign/normal. Once the program ended on Dec 31, 1997, Of those women who received one -year recall letters for rescreening only 20% returned*

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### **1. Background and Purpose:**

The Breast Screening Pilot Program for Hispanic Women in Toronto was a collaborative project of The Ontario Breast Screening Program and The Hispanic Development Council designed to outreach Hispanic women 50 years and older for breast screening at OBSP Centres. The program started on February 01, and ended on December 31, 1997. It was implemented because traditionally low income minorities and in particular Hispanic women have not focused their health concerns on preventive approaches. Hispanic women are less likely to follow recommended breast health guidelines due to lack information, language and cultural barriers, attitudes and beliefs about breast cancer and a poor understanding of health promotion as well as disease prevention as reported by (Zavernik, 1993; Tortolero-Luna et al., 1995). In addition, studies have established that when cancer is detected among this particular group, usually is in its later stages, thus lowering its survival rate as is pointed out by (Saint-Germain and Longman, 1993). In this regard, the program aimed at increasing awareness on breast cancer and the benefits of early detection, eliminating unnecessary suffering and preventing needless loss of life from this disease among Hispanic women

### **2. Components of the report**

- A. Part I** included the reporting of strategies implemented to outreach Hispanic women for breast screening, barriers to participating in screening programs as well as recommendations for future programming.
- B. Part II** Follow-up conducted on one hundred women, who were screened at OBSP Centres during the period of February 01-December 31, 1997. The objective was to gain insight about the participant's demographic characteristics screening practices, screening results and compliance with screening recalls. Another major interest in gathering this data was to identify opportunities for developing a comprehensive and ongoing breast prevention program for Hispanic women

## **A. Part I: Breast Screening Pilot Program for Hispanic Women in Toronto**

The Breast Screening Pilot Program for Hispanic Women in Toronto focused on promoting knowledge and awareness of breast cancer, its risk factors, the purpose and value of screening methods and facilitates the attendance of Hispanic women to the Ontario Breast Screening Program (OBSP) Centers.

### **1. Target Population**

The Hispanic population in Toronto is estimated at 112,159, and represents a mixture of Latin-American nationalities. Most of the Hispanics come from El Salvador, Chile, Ecuador, Colombia and Peru. Hispanics is a young community with 80% of individuals born outside Canada. They possess a relatively high level of education, two thirds of which have at least post secondary education, in contrast, they show high levels of unemployment and low levels of personal income. As other immigrants, Hispanics, in addition to the stress of leaving their countries of origin, have to cope with the pressure and problems of adaptation to a new society. The major barriers they face are lack of communication skills in English, culturally wise, and emotional trauma.

The Hispanic community concentrates in different areas of Toronto, with the highest concentration in North York (30%); former City of Toronto (30%) followed by Scarborough (12%), and Etobicoke (10%). The population of Hispanic women 50 years and older in Toronto is estimated at approximately 7,892 (Hispanic Development Council, 1994).

### **2. Strategies to Community Outreach**

The community outreach was achieved through three intervention components:

- Promotion and diffusion of information about breast cancer through Hispanic media and community channels.
- Breast Cancer presentations to different community organizations
- Outreach to physicians and services providers.

The strategies implemented to outreach Hispanic women are described to illustrate how each of them contributes to the recruitment of 100 women for screening at OBSP Centers.

#### **2.1 Promotion and diffusion of messages about breast cancer through Hispanic media**

Information regarding breast cancer and the promotion of this unique program for Hispanic women was made through Hispanic newspapers, TV programs, magazines, and flyers. Also, an info-line was promoted encouraging women to call for information or making appointments for screening.

### **2.1.1 Newspapers**

An ad promoting the OBSP appeared in May 26, 1997 in "Compra y Venta" (Buy and Sell) a free weekly Spanish newspaper, widely distributed in Spanish stores, travel agencies and community centres. Twelve calls were received, seven asking for general information, and five women made appointments for screening.

On Monday July 21st, 1997 in the daily Spanish newspaper "El Popular" one page was dedicated to women's health in which one of the issues was breast cancer. A paid ad promoting the OBSP was placed in the same page. "El Popular" is the only daily newspaper in Spanish and has a large circulation in the community across Canada. Surprisingly, only one phone call was received asking for general information. Most likely, older Hispanic women are not used to buy papers.

There are others free Spanish newspapers such as "El Negocio Redondo" "Raices", "Expreso", "El Espacio", "El Mundo Latino News" that are distributed across Metro in stores, churches, markets and community centres. Since "Compra y Venta", (Buy and Sell) encouraged women to make calls; perhaps other free newspapers can be used in the future to outreach older Hispanic women.

### **2.1.2 Newsletter/magazine**

Information about the program and an ad promoting the OBSP program appeared in "La Gazeta", newsletter of the Hispanic Development Council. Two hundred copies were distributed to agencies serving the Hispanic community. Five phone calls were received from community workers requesting a Breast Health Presentation be giving in their agencies.

An article about breast cancer appeared in the fall edition of "Que Pasa" A guide to Hispanic Life and Events in and around Toronto. The Article featured information about the OBSP/HDC program for Hispanic women. No phone calls were received.

### **2.1.3 Television**

On April 29, 1997, In TELELATINO Network, a Spanish-Italian cable channel, the Co-ordinator of the program was invited to the show "La Hora de Claudia" to talk about breast cancer and the program for Hispanic women. After the show, eight calls were received asking for information and five women made appointments for screening.

On September 27, 1997, the Co-ordinator appeared in the show "Hispanos en Canada", seven phone calls were received after the show asking for information, and five women made appointments for screening.

The major impact of the TV presentations was observed after the two T.V. shows were aired. Women who attended Breast Health Presentations after the show remembered it, which was very influential in motivating them to sign up for screening. This confirms that Hispanic women are not used to calling and asking for information, but they are very receptive to the information that they receive through their favourite TV programs.

### **2.1.4 Distribution of Printing Material**

More of 500 fact sheets *Ten good reasons why women aged 50 and over should have breast screening*, and breast-self examination brochures in Spanish were distributed to the participants to the presentations and community agencies. Five hundred flyers outlining the program offered by OBSP/Hispanic Development Council were distributed to the community agencies and to women in the community.

## **2.2 Breast Cancer Presentations**

The main objective of Breast cancer presentations is to provide women with information and support that allow them to adopt positive breast health behavior. A typical presentation includes: First, general information about breast cancer, its risk factors, and methods for early detection, followed by a showing of the video "Breast-Self Examination". After that, information about OBSP (Ontario Breast Screening Program) is given and a series of slides named "A Walk through an OBSP Centre" is showed, which portray a woman having a clinical examination of her breasts by a nurse examiner, and obtaining a mammogram. At the end of the presentation, women are encouraged to sign-up for screening and they are offered transportation, escort and interpretation at screening Centres.

Breast health presentations were delivered to Hispanic women where they normally congregate in the community: Churches, Clubs, women's groups and seniors' groups sponsored by community agencies, CO-OP housing projects, tenant's groups, ESL classes etc. Senior's groups and ESL classes tended to be mixed (women and men). Presentations were delivered for everyone, because men need also to be aware of breast cancer, and their support is needed to encourage their spouses to attend OBSP centres.

Fourteen community agencies, members of the Hispanic Development Council participated in the program and 14 breast cancer presentations were given to Hispanic groups sponsored by them. Presentations also were done in two churches with large Hispanic congregations, five ESL classes for Hispanic seniors, 7 Hispanic senior groups, 2 CO-OP housing projects, 1 tenant group. (A list of organizations is provided in Appendix A)

Five hundred and eight (508) individuals attended the presentations, (174 were women under 50 and 283 women over 50, and 51 were men).

Eighty five percent of the women who were screened were recruited at the presentations. Offering to the women appointments, escort, and group screening at the presentations, explain the high number of women recruited.

### **2.2.1 Breast Presentations - Evaluation**

Evaluation forms were filled-out by the participants at the end of each presentation. The majority of the participants rate "Breast-self examination" as the most important topic in the presentations. They said the information helped them to learn about breast cancer, and have a better knowledge of their bodies.

The level of awareness on breast cancer varied among the participants. They still had misconceptions about risk factors for breast cancer. The most common was that an injury or bruise to the breast can cause cancer; also they were surprised to learn that age is an important risk factor in developing

breast cancer. Regarding early detection methods practiced by participants (Breast-Self Examination, clinical examination, Mammography), Breast-self examination was reported as done only occasionally, and the 3 steps for breast-self examination were unknown for most of the women. Nonetheless, they were more aware about mammography. This finding can be explained by the fact that women who participated in community groups tended to be more informed about health issues and visit a doctor each time that they have a health problem. Most of the participants reported that their family doctors do not do annual physical examination of their breasts. In addition, women are reluctant to ask male doctors for physical examinations due to the social and cultural attitudes they have toward these types of examinations.

Women over 50 years who attend OBSP centres for screening are offered a physical examination by a nurse practitioner; this was an incentive for women to attend OBSP Centres. Women under 50 year of age were disappointed to learn that they could not attend OBSP Centre for only the physical examination of their breasts, they pointed- out the need of this service being extended to them.

### **2.3. Outreach to physicians**

The Hispanic Development Council provided a list of Hispanic physicians serving the Hispanic community. A letter with information about the program and the services offered was sent to all of them. A follow-up is needed to assess how many referrals they have made.

### **3. Recruitment and Organization of Group Screening for Hispanic Women to attend the OBSP Centres.**

Women were not capable of attending the Centre on their own. Only five women were able to reach OBSP Centre by themselves. Age and lack of knowledge of English were the main barriers for using public transportation. Most of them have only learned how to get to their ESL classes or the place where they meet. Women who attended the OBSP centres for screening were provided with transportation tickets, escort and interpretation at the Centres. These services provided by the project were crucial in facilitating women access to the screening centres. Without these services Hispanic women will not be able to access the OBSP centres

Even though one hundred and forty women signed-up for screening, 20 women were not screened because they did not meet some requirements, such as age, or they have had a mammogram in the last 12 months. Twenty women cancelled their appointments, or did not show up the day of their appointments. Women were contacted many times to reschedule their appointment but the efforts were unsuccessfully. Most likely they were afraid to face a diagnosis of cancer.

Screening groups of 2-9 women were organized at different dates through the duration of the program. One hundred women were screened at OBSP centres. Ninety-six women at Princess Margaret Hospital, and 4 women at North York Centre.

Eighty-five percent of the women screened were recruited at the presentations, 10% through TV's Programs and 5% through newspaper's ads.

#### **4. Conclusions**

The Breast screening Program for Hispanic women succeeded in recruiting more than 100 women for breast screening during the lifespan of the project. The most effective way to outreach Hispanic women was through Breast Cancer Presentations. Personal interactions created a friendly environment where women shared their concerns, asked questions and were motivated to go for screening. After the presentations, women who signed for screening were immediately given an appointment and a group screening was organized. The organization of group screening proved to be worthwhile, because women overcome fears, by supporting each other during their visit to the OBSP centre, making the environment more amicable and relaxed. The program provided the women with transportation, escort, and interpretation at OBSP Centres. These services were crucial in facilitating the access of the women to the screening centres. Women were not capable of attending OBSP Centres on their own; only five women were able to reach OBSP Centre by themselves. Age and lack of knowledge of English are the main barriers for using public transportation, and attending the OBSP centres for screening.

Even though, the Outreach Program was effective in bringing women in for screening, a one time intervention as is pointed out by (Hiatt and Pasick, 1996), will not lead to sustained adherence to screening guidelines, in order to get that it is necessary a program that can establish a enduring relationship with the community that can provide accurate education, information and motivation over time.

#### **5. Recommendations**

- Establish an ongoing breast screening program designed to overcome structural barriers that prevent Hispanic women to participate in screening programs, that includes education programs, access to screening centres, support and follow-up of screening abnormalities
- The Hispanic Development Council should become in the future a Cancer Information and Resource Centre for Women and the Hispanic community at large, due to the commitment and resources that has devoted to research, outreach and education on breast and cervical cancer in the Hispanic community.
- Strengthen community's capacity creating networks and partnerships with agencies working in the cancer field that allows the building of a enduring infrastructure that facilitate and promote the social change needed to increase breast cancer screening among Hispanic women.

## **FOLLOW-UP OF WOMEN SCREENED AT OBSP CENTRES**



## **B. FOLLOW-UP OF WOMEN SCREENED AT (OBSP) CENTRES**

The follow-up of the women, who were screened at the Ontario Breast Screening Program (OBSP) had as its main objective to gain insight about their demographic characteristics, screening practices, screening results and compliance with screening recalls.

### **1. Methodology**

The sample frame comprised of one hundred Hispanic women 50 years and older, Ontario residents who have no history of breast cancer, no breast augmentation, have not had a mammogram within the last year and were free of acute breast symptoms. There was no upper age limit on screening.

The methodology used was based on a retrospective review of medical records of Hispanic women who attended OBSP centres for breast screening during the period of February 01, 1997 to December 31, 1997. The information was gathered from the Clinical History, Family History, Screening Report, and Assessment Results (follow-up of screening abnormality).

The data was input in Excel 6.1 software. The processing and management of information was made mostly in Excel, this made easier to transfer the information to SPSS Statistical package software for further processing. Descriptive statistics were used to compute frequency of responses. Crosstabs and association between some variables were computed for the total sample of 100 participants.

### **2. Findings**

#### **2.1. Age**

Women were categorised in three groups: 50% of the women were in the age group of 50 to 65 years of age, 39 %, in the age group of 66 to 75 year of age, and 11% in the age group 76 and over. Women screened were between 50 and 81 years of age.

#### **2.2. Breast Cancer Screening Practices**

Breast Cancer Screening Recommendation for women age 50 and older includes biannual mammography, yearly clinical breast examination by a health care professional, and a monthly Breast Self Examination (BSE).

##### **2.2.1 Mammogram use**

Thirty six percent of the women were screened for the first time. Ten percent of the women had their last mammogram a year ago, 19% had had their last mammogram two years ago, and 25% reported to have had their last mammogram three years ago and more.

**Table 1. Mammogram Utilization**

When was the last time that you have a mammogram?

1 year ago	10.0%
2 years ago	19.0%
>3 years ago	25.0%
Never	36.0%
Don't remember	10.0%

When women were grouped by age, it was found that in the age group 50 to 65 years old, 18% of the women had a mammogram for the first time and 17% of women reported having their last mammogram within the last two years. Women in the 66 to 75-year-old group, 14% had a mammogram for the first time, 10% had had a mammogram within the last two years. In the group 76 and over 4% had a mammogram for the first time. 2% had their mammogram 2 years ago.

**Table 2. Mammogram use by Age**

Age	Never	1 year ago	2 years ago	>3 years ago	Don't remember
50-65	18%	5%	12%	11%	2%
66-75	14%	5%	5%	11%	4%
76 -older	4%	-	2%	3%	4%

### 2.2.2 Breast-self-examination (BSE)

When women were asked, "When was the last time you examined your breasts?" Nearly half responded to have never had performed BSE, 38% said they had done BSE less than 1 month ago, and 10% 1-3 months ago. Although women who attended the presentations watched the video "Breast-Self Examination" which showed the 3 steps for performing a good breast self examination, when they described how they performed it, most of them did not follow the guidelines recommended. Some women reported doing it "every time I take a bath" or "when I remember it"; others only touch their breasts superficially without follow any pattern. Furthermore Hispanic women are still reluctant to touch their breasts because of cultural and social attitudes. Thus, the benefit of doing BSE incorrectly as a preventive method is dubious as is point-out by (O'Malley and Fletcher, 1987; and Saint-Germain and Longman, 1993).

### 2.2.3 Clinical Breast Examination (CBE)

When women were asked: "Had you ever had a physical examination by a doctor or nurse?" 65% reported having had physical examination by her family doctor. Thirty five per cent reported that their family doctor never examined their breasts.

Women who had physical examination by her doctor were asked: "When was the last one?". Twenty nine per cent of the women reported having breast examinations done by her family doctor within the last 6 months. Fifteen per cent reported having had CBE within last 7-12 months, 36% reported more than one year the last time that the doctor examined their breasts. Twenty per cent of the women could not remember when was the last time her family doctor examined their breasts.

### 3. Family History of breast Cancer

Eight per cent of participants reported to have a close relative who had had breast cancer. Four per cent reported their mother had breast cancer, three per cent reported their sisters had had breast cancer, one per cent reported her daughter had had breast cancer.

### 4. Hormone Replacement Therapy

Seventy six per cent of the women reported that they never had taken estrogens. Twenty two per cent of the women reported having taken estrogens. Of the women reporting taking estrogens, half of them have taken estrogens for short periods of time, and half of them are currently taking estrogens.

### 5. Screening Results

Screening Results are sent to both women and their family doctors. If the results of the screening are normal, women are invited to return for recreening in one or two years, depending on different criteria, such as family history of breast cancer, physician's request etc. Women with abnormal results are referred to their family physician for additional investigation. Suggestions for further assessment are provided to the physician to arrange the necessary follow-up.

Eighty per cent of the women screened received normal results, 20% of the women received a letter informing them that an abnormality was found and further assessment was needed. They were advised to contact their family doctor. Further assessments recommended were: biopsy, breast ultrasound, and surgical consultation. After the women received the letter with abnormal results, it took them between one to seven months to start the follow up. This delay could be explained by the facts that letters were sent in English; it was not in place a support system to follow up the assessment recommended and /or women's fears to face a diagnosis of cancer

Further assessments recommended vary among the women. It was recommended between one to four procedures to follow-up the screening abnormality. After the follow-up, there were no abnormalities detected on the 20 women.

**Table 3. Diagnostic procedures received by 20 women with abnormal screens**

No of women	Seen by Doctor	Surgical Consultation	Special Views	Ultrasound	Biopsy	Final Result
1	-	Yes	Yes	Yes	Yes	Benign/normal
2	-	Yes	Yes	Yes	-	Benign/normal
1	Yes	-	Yes	Yes	-	Benign/normal
3	-	Yes	Yes	-	-	Benign/normal
2	Yes	Yes	-	-	-	Benign/normal
2	-	Yes	-	-	Yes	Benign/normal
2	-	-	Yes	Yes	-	Benign/normal
2	Yes	-	Yes	-	-	Benign/normal
1	Yes	-	-	Yes	-	Benign/normal
1	-	Yes	-	-	Yes	Benign/normal
2	Yes	-	-	-	-	Benign/normal
1	-	-	Yes	-	-	Benign/normal
Total	20					

## **6. Compliance to Rescreening**

Women with normal results received automatic recall letters inviting them to return for rescreening in one or two years. Twenty-six percent of the women received one-year recall letters, 74 % were scheduled to return in two years. Women received one year recall letter for rescreening because they have a relative who has had breast cancer, or was suggested by the radiologist or physician. After the program ended in Dec. 1997, of the women who received one-year recall letters, only 20% returned for rescreening .

## **7. Conclusions**

Twenty percent of the Hispanic women screened at OBSP received abnormal results; this percentage is high compared to the 13.5% reported by (Perrault et al., 1994) for all the women screened at OBSP from January to December 1992. Abnormal results were proven later to be false-positives. Even though it was a small sample the finding confirmed that in race/ethnic groups as Hispanics with lower prevalence of breast cancer than the mainstream population, the likelihood of false positive is greater as is outlined by (Hiatt and Pasick, 1996).

The implementation of the screening program uncovered other important issues, such as the lack of support to the women in following up the screening abnormality. It is fundamental, that an infrastructure that facilitates access to screening should also provide support in following-up abnormal screening.

The low rescreened rate observed after the program ended in Dec 1977, demonstrated that one time intervention would not lead to sustained adherence to screening guidelines. An ongoing screening program is needed that offers women education, support and motivation over time.

## **8. Recommendations**

Due to the likelihood of a high number of false positives, a set of procedures needs to be put in place when a mammogram result is abnormal. Indeed, women need support in following-up an abnormal result. They should receive the written notification of the results in Spanish. The letter to Hispanic women should be written in simple language and includes: the reason for further investigation, further steps to be taken and a phone number of a Hispanic contact person who can provide support services such as interpretation and escort in the follow up of an abnormal screen.

Seventy eight percent of the women reported having a Hispanic family doctor as their physician. Effort should be aimed to work closely with those doctors in order to increase awareness of the program, so they can make the necessary referrals.

More time has to be dedicated to outreach all the community groups, who have become more aware of breast screening since this program began. The OBSP and HDC should continue establishing enduring partnership and linkages with community agencies, to promote and sustain the social change needed to increase breast cancer screening among Hispanic women.

Due to the short period of time of the project we cannot measure the impact of the program in the community. However, given the interest shown by the participants and others, we can only guess that the benefits will be great in the future

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## APPENDIX A

### ORGANIZATIONS

#### BELLO HORIZONTE CULTURAL PROGRAM

CO-OP (Spanish Group)  
1500 Keele St.  
Phone: (416) 653-7620

#### BLACK CREEK COMMUNITY HEALTH CENTRE

Spanish Women Group  
2721 Jane St. Unit 14  
Phone: (416) 469-0196

#### CENTRE FOR SPANISH SPEAKING PEOPLE

Spanish Women Group  
1004 Bathurst St.  
Phone: (416) 533-8545

#### CENTRE FOR SPANISH SPEAKING PEOPLE

ESL Senior Classes  
542 College St.  
Phone: (416) 971-9327

#### CO-OP OSCAR ROMERO PLACE

Spanish Group  
2352 St. Clair Av  
Phone: (416) 760-0906

#### COSTI NORTH YORK CENTRE

Falstaff Spanish Women Group  
1700 Wilson Av. Suite 114  
Phone: (416) 244-0480

#### DAVENPORT PERTH NEIBOURHOOD CENTRE

Senior Group  
1900 Davenport Rd.  
Phone: (416) 656-8025

#### DIXON HALL NEIBOURHOOD CENTRE

Spanish Women Group  
58 Sumach St.  
Phone: (416) 863-0499

#### JANE/FINCH COMMUNITY FAMILY CENTRE

Spanish Women Group  
4400 Jane St.  
Phone: (416) 663-2733

#### KENT SCHOOL (Centre For Spanish Speaking People)

ESL Classes  
980 Dufferin St.  
Phone: (416) 971-9327

**LA CASA DOÑA JUANA**

Women Group  
955 Queen St. East  
Phone: (416) 465-6920

**LAWRENCE HEIGHT COMMUNITY HEALTH CENTRE**

Spanish Women Group  
12 Flemington Av.  
Phone: (416) 787-1661

**LOS ABUELOS DE MISSISSAUGA**

Senior Group  
Mississauga Valley Community Centre  
Phone: (416) 891-780

**MOUNT DENNIS APPARTMENTS**

Spanish Tenant Group  
101 Humber Boulevard  
Phone: (416) 767-5644

**NEW EXPERIENCE FOR REFUGEE WOMEN**

ESL Classes  
745 Danforth Av. Suite 402  
Phone: (416) 469-0196

**NORTHWOOD COMMUNITY CENTRE**

Spanish Women Group  
15 Clubhouse Cs.  
Phone: (416) 748-0788

**NORTHWOOD NEIGHBOURHOOD CENTRE**

Club Senior LatinoAmericano  
15 Clubhouse Cres.  
Phone: (416) 449-6190

**NORTHWOOD COMMUNITY SERVICES**

Spanish Senior Group  
2352 Wilson Av.  
Phone: 748-0788

**SENIOR GROUP "AZTLAN"**

1076 Bathurst St.  
Phone: (416) 516-0851

**SPORT CLUB "BARRABASES"**

Spanish Women Group  
4190 Dundas St. West  
Phone: (416) 233-4327

**ST. STEPHEN'S COMMUNITY HOUSE**

Spanish Women Group  
169 Brunswick Av.  
Phone: (416) 926-8221



**ST. LAWRENCE RECREATION CENTRE**

Spanish Senior Group "NUEVA ERA "

230 The Esplanade

Phone: (416) 656-8025

**ST. FELIPE NERY CHURCH**

Spanish Group

2100 Jane St.

Phone: (416) 241-3101

**ST. PETER CHURCH**

ESL Classes

832 Bathurst St.

Phone: (416) 631-6920

**ST. WILFRED CHURCH**

Spanish Group

1675 Finch Av. W.

Phone: (416) 638-0313

**STONGATE COMMUNITY HEALTH CENTRE**

Spanish Women Group

150 Berry Rd.

Phone: (416) 231-7070

**WORKING WOMEN COMMUNITY CENTRE**

Spanish Senior Group "LA COLMENA"

533 A Gladstone Av.

Phone: (416) 532-2824

**YORK COMMUNITY SERVICES**

ESL Senior Classes

600 Roger St.

Phone: (416) 653-5400

