

Cancer Care Ontario Department of Prevention and Screening

Aboriginal Cancer Strategy Honouring the **Aboriginal Path** of Well-being

5-year Status Update — Major Initiatives and Accomplishments

Acknowledgements

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Summary

Purpose of the Document

Aboriginal Cancer Strategy - Background

Aboriginal Cancer Strategy — 5 Year Plan (2004–2009)

The framework for the Aboriginal Cancer Strategy was a five year business plan that was structured detailing strategic objectives and activities for implementation from November 2004 to March 31, 2009. The business plan highlighted objectives in the following areas: cancer surveillance and research, health promotion and disease prevention, community liaison/external relations and support network regional cancer program and Aboriginal communities. Each of these areas is reported on in the document.

This five-year status update was developed to advise the Joint Cancer Care Ontario Aboriginal Cancer Committee (JOACC) and partners on accomplishments and outcomes that took place across the Aboriginal Cancer Strategy.

A summary of major points are highlighted below:

Cancer Surveillance and Research

- Cancer incidence, mortality and survival rates for the First Nation population are available up to 2001. Further updates to surveillance data would require access to the Ontario portion of the Indian Registry through Indian and Northern Affairs Canada. At this present time Cancer Care Ontario does not have cancer surveillance data on the Métis and Inuit populations.
- A data indicators pilot was designed to test a cultural identifier
 question through a self-identification process for the Ontario
 Cancer Registry. The pilot will be evaluated to assess data collection techniques and potential applicability for expanding
 the pilot beyond two locations.

Why is an Aboriginal Cancer Strategy Important?

The overall incidence of cancer, while still below the rate for the general population, is rising more quickly in First Nations populations. Much of this increase is due to rapid rises in colorectal and lung cancer incidence rates.

Colorectal cancer was uncommon among First Nations people in Ontario, compared to the general population, in the late 1960s and throughout the 1970s. Since then, incidence rates have increased in both males and females and are now similar to those in the Ontario population as a whole.

According to Health Canada statistics, in 2002, 60 per cent of Aboriginal people in Canada were smokers: 72 per cent of Inuit, 57 per cent of Métis, and 56 per cent of First Nations (Health Canada, 2002).

Recent statistics for off-reserve Aboriginal peoples indicates that 39 per cent of Aboriginal males and 37 per cent of Aboriginal females smoke. These rates are significantly higher when compared to non-Aboriginal populations where 25 per cent of non-Aboriginal males and 19 per cent of non-Aboriginal females smoke (CSQI, 2008).



Health Promotion and Disease Prevention

- The Let's Take a Stand Against Colorectal Cancer initiative was designed to educate Aboriginal front line health staff and community members about colorectal cancer. This initiative is aligned with the population based colorectal screening program ColonCancerCheck. A one year grant from the Ministry of Health Long term Care was received to implement the initiative across the province based on train-the-trainer methodology.
- The Aboriginal Tobacco Program (ATP) implemented a sports and recreation initiative with First Nations youth to educate about the harmful effects of commercial tobacco use. ATP also partnered with the Centre for Addiction and Mental Health Training Enhancement in Applied Cessation Counselling and Health (TEACH) study to assist in creating a two day curriculum for Aboriginal tobacco cessation. In addition a relationship with the Program Training and Consultation Centre was developed to aid in educating mainstream organizations about effective strategies to reach the Aboriginal population.

Community Liaison/External Relations

• The Provincial Provider Network for Aboriginal Cancer Prevention and Screening was established in September 2008 to advance the mandate of the Aboriginal Cancer Strategy. It is made up of representatives from Regional Cancer Centres, Cancer Care Ontario, Canadian Cancer Society and provincial and federal governments. The network fosters partnership development and interaction with Aboriginal communities at the local level.

Support Network Regional Cancer Program and Aboriginal Communities

- An Aboriginal Patient Navigator framework was developed, implemented in the Regional Cancer Program setting and evaluated. It is recognized that patient navigation is an on-going need and more work has to be done in this area especially for the far and remote north and those patients requiring referral away from their communities for treatment and follow-up.
- The Aboriginal Relationship Development Training Series was designed to educate individuals in the health care setting about First Nation, Métis and Inuit peoples. Cultural awareness and safety training is still required and needs to be implemented throughout the Regional Cancer Programs in Ontario in order to enhance service delivery to the First Nation, Métis and Inuit populations who enter the cancer system.

The renewal of the Aboriginal Cancer Strategy is a priority for Cancer Care Ontario. The Provincial Lead of Aboriginal Cancer Control will be responsible for leading this effort in joint collaboration with the JOACC and the Aboriginal Provincial Leadership Committee. In the future, the Aboriginal Cancer Strategy will be aligned to the Ontario Cancer Plan and activities will expand across the cancer continuum from prevention and screening to palliation and end of life care.



Purpose of the Document

The purpose of the status update document is to inform the Joint Cancer Care Ontario Aboriginal Cancer Committee (JOACC) and partners of what major initiatives and accomplishments that have taken place within the Aboriginal Cancer Strategy of Ontario. The Aboriginal Cancer Care Unit 5-Year Plan (2004–2009) was developed as a tool to guide and give structure to the Aboriginal Cancer Strategy. The plan outlined a vision, mission, and strategic objectives to be pursued for the five-year period and was built on the 2002 needs assessment "It's Our Responsibility", which served as the foundation for the plan. In 2004 the 5-Year Plan was endorsed through the Chiefs Assembly of Ontario.

The Aboriginal Cancer Strategy has generated a series of documents from 2002 to 2009 that have been disseminated to our JOACC, regional and government contacts. The reports helped to assess and evaluate the direction of the Aboriginal Cancer Strategy and inform Cancer Care Ontario and our partners of Aboriginal specific needs and actions with respect to cancer care.

Aboriginal Cancer Strategy — Background

In 1996, the Ontario Cancer Treatment and Research Foundation (OCTRF), now Cancer Care Ontario (CCO), acknowledged that Aboriginal people did not have adequate access to health care services for cancer. Recognizing the need to work in collaboration with the Aboriginal communities in addressing their health needs, CCO invited representatives from Aboriginal organizations in Ontario to participate on the Joint (Cancer Care) Ontario – Aboriginal Cancer Committee (JOACC).

The JOACC is a sixteen member committee comprised of Aboriginal representatives from each of the provincial/territorial Aboriginal organizations (PTOs), including a representative from the Independent First Nations, and representatives from the Canadian Cancer Society and Cancer Care Ontario. The Committee receives spiritual guidance and support from Aboriginal Elders and is co-chaired by one member representing the Aboriginal organizations and one member representing Cancer Care Ontario.

The JOACC began meeting in September of 1996. In March 1997 the document entitled New Beginnings: Planning Care for Aboriginal Peoples was released. New Beginnings was accepted and supported by the Ontario Chief's Special Assembly in 1997. In 2000, an Aboriginal Cancer Care Unit (ACCU) was established. The New Beginnings document served as the structure that guided the relationship between CCO and the Aboriginal organizations involved. The organizations involved were: Anishnawbek Nation – Union



Aboriginal Cancer Strategy — Background

of Ontario Indians, the Association of Iroquois and Allied Indians, Nishnawbe–Aski Nation, Grand Council Treaty #3, Independent First Nations, Ontario Federation of Indian Friendship Centres, Ontario Native Women's Association, Métis Nation of Ontario and Ontario Métis Aboriginal Association.

CCO would like to acknowledge the contributions of the following individuals for their valued insight, wisdom and commitment to the Aboriginal Cancer Strategy and the Aboriginal population as a whole.

- Archie Cheechoo, Elder
- Roger Jones, Elder
- Elsie Bissaillion, Elder
- Willard Pine, Elder
- Jan Longboat, Elder
- Clarence White, Elder
- Pauline Shirt, Elder
- Roland St. Germain, Métis Senator
- Cathryn Mandoka, Association of Iroquois and Allied Indians
- Helen Cromarty, in her former role at Nishnawbe-Aski Nation
- Tony Jocko, Union of Ontario Indians

- Monique Raymond-Lefebvre, Métis Nation of Ontario
- Carole Burke, in her former role at Ontario Federation of Indian Friendship Centres
- Dr. Chandrakant Shah, Practicing Clinician
- Dr. Verna Mai, Cancer Care Ontario
- Dr. John McLaughlin, Cancer Care Ontario
- Dr. Loraine Marrett, Cancer Care Ontario
- Alison McMullen, Northwest Regional Cancer Centre
- Dr. Amanda Hey, Committee Medical Advisor, Sudbury Regional Hospital
- Patti Payne, in her former role at the Canadian Cancer Society, Ontario Region



Aboriginal Cancer Strategy — 5 Year Plan (2004–2009)

In 2001, the ACCU conducted a province-wide needs assessment of cancer issues in First Nation, Métis and Inuit populations across Ontario. The needs assessment was funded by CCO, Ministry of Health and Long-Term Care and the Ontario Tobacco Strategy and was completed in 2002. Members of the JOACC provided support through their participation on a special Technical Advisory Committee that was struck to assist with and oversee the needs assessment. The purpose of the needs assessment was to establish an evidence-based approach to the development of an Aboriginal Cancer Strategy for Ontario.

Below the vision statement, long-term outcomes and strategic objectives within the 5 Year Plan (2004–2009) are highlighted.

Vision Statement

• Honouring the Aboriginal path of well-being.

Long-term Outcomes Identified Within the 5 Year Plan

- Increased awareness in the Aboriginal youth population on tobacco use
- $\bullet \;\;$ Increased knowledge of traditional to bacco use
- Aboriginal-developed and delivered cessation programming
- Increased capacity in the Aboriginal communities on cancer prevention and tobacco issues
- Improved survival for Aboriginal cancer patients

- Development of an Aboriginal (First Nations, Métis) cancer surveillance system for Ontario
- Decreased rates of colorectal cancer and smoking related cancers
- Patient navigation system for cancer treatment
- Cancer programming for communities
- Improved access to services
- Relationship building with regions and Aboriginal communities



Strategic Objectives Identified Within the 5 Year Plan

Surveillance/Research Strategic Objectives:

Furthering the agenda of the First Nation Cancer Surveillance system.

- Setting a research agenda to identify the priorities in cancer research in the Aboriginal population
- Continue surveillance on incidence in First Nations peoples

Health Promotion and Disease Prevention Strategic Objectives: Development of a Health Promotion Strategy.

- Support the development of culturally relevant, evidence-based materials on cancer prevention
- Increase Aboriginal participation in screening for cancer
- Work with partners to expand the reach of screening/early detection programs by building/increasing capacity to ensure awareness
- Implement the Aboriginal Tobacco Strategy (Project)
- Initiate and support Pilot Projects for tobacco cessation

- Support community based participatory research models
- Monitor the quality of CCO information and materials that are intended to reach Aboriginal people
- Conduct environmental scanning and policy tracking in Aboriginal health to identify promising practices and benchmarks

Community Liaison/External Relations Strategic Objectives:

Build and maintain relationships with provincial and national partner organizations.

• Develop community liaison networks and support regional networks

Support Network Regional Cancer Program's and Aboriginal Communities (Treatment) Strategic Objectives:

Support and work with the Regional Cancer Programs in reaching out to the Aboriginal population and assist in providing the knowledge and training to develop appropriate cultural programs and services to the Aboriginal population in their regions.

• Develop and test models in patient navigation to support Aboriginal people diagnosed with cancer

The long-term outcomes and strategic objectives outlined in the Aboriginal Cancer Strategy 5-Year Plan, helped to set the stage for many actions engaging the First Nation, Métis and Inuit populations. In the below section major initiatives and accomplishments are highlighted based on the implementation results of the 5 Year Plan.



Major Initiatives and Accomplishments

Cancer Surveillance and Research
Health Promotion and Disease Prevention
Community Liaison/External Relations
Support Network Regional Cancer Program and Aboriginal Communities

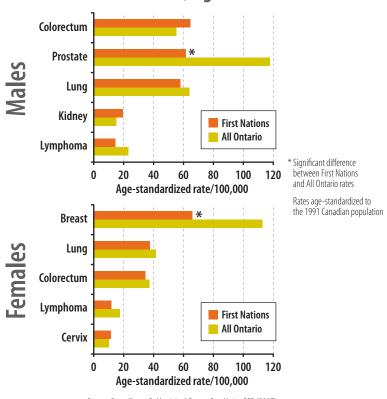
Cancer Surveillance and Research

Cancer Surveillance

First Nations Population

Dr. Loraine Marrett led CCO's research study to produce estimates of cancer incidence, mortality and survival rates from 1968 to 2001 in the Ontario First Nations population. This research study has demonstrated that the overall incidence of cancer, while still below the rate for the general population, is rising more quickly in Aboriginal populations. Much of this increase is due to rapid rises in colorectal and lung cancer incidence rates. Colorectal cancer was uncommon among First Nations people in Ontario, compared to the general population, in the late 1960s and throughout the 1970s. Since then, incidence rates have increased in both males and females and are now similar to those in the Ontario population as a whole. Ontario First Nations people have also experienced a dramatic increase in diabetes rates. Colorectal cancer and diabetes share several risk factors, including: obesity, physical inactivity and some aspects of diet. These trends need to be taken into consideration and thoughtful planning is required for cancer prevention and care of Aboriginal peoples. Furthermore, survival following a diagnosis of cancer is significantly worse in Ontario First Nations people, compared to the general population.

Incidence of Common Cancers, Ontario 1997–2001, ages 15–74



Source: Surveillance & Aboriginal Cancer Care Units, CCO (2007)



First Nations Population

The First Nations cancer surveillance data that was produced was obtained through linkage between the Ontario Cancer Registry and the Ontario portion of the Indian Register through Indian and Northern Affairs Canada (INAC). The file from INAC was created in 1991; this is problematic for the following reasons:

- Children born after 1991, or people who gained/regained status after 1991, cannot be identified
- Name changes are not known, making it difficult to link the Cancer Registry to the Status Indian Register
 - o This is most problematic for women who marry or divorce and change their name which might lead to their cancers not being identified
- Approximately 20 per cent of the deaths among the cohort of Registered Indians were only identified through the update records of the Status Indian Register. Either they died in Ontario and their death was not reported to the Registrar General, or they did not die in Ontario.

The results of the first linkage (1968–1991) have been published in peer-reviewed literature. They have been presented to many First Nations groups, and were the impetus for the creation of the Joint Ontario Aboriginal Cancer Committee.

What could be achieved with recent updates to the Indian Register?

- With updates to the Indian Register, CCO would be able to identify additional cancers and deaths
- Cancer incidence and mortality data is now available through 2006 so time trends can be extended an additional 5 years.

First Nations communities and CCO would need to work together to develop a strategy for requesting data from INAC in order to advance surveillance efforts.

Métis

At this present time we do not have any cancer surveillance data specific to the Métis population of Ontario. CCO is interested in advancing this relationship and will increase outreach to the Métis in order to begin discussions.

Canadian Community Health Survey

According to data from the Canadian Community Health Survey (2005), a higher proportion of Aboriginal Ontarians living off-reserve are smokers and obese compared to non-Aboriginal Ontarians. Proportions of those who are physically active are similar in the two populations. Fewer Aboriginal peoples consume the recommended daily amount of vegetables and fruit, and a higher proportion of them do not follow low-risk guidelines for alcohol consumption compared to the rest of the population. (Comparable data for on-reserve Aboriginal Ontarians is not available).



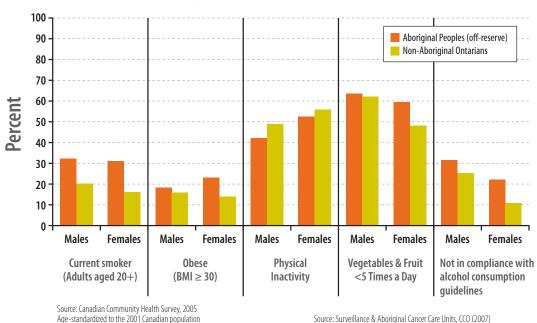
Ontario Cancer Facts

In the Ontario Cancer Facts, September 2008, modifiable cancer risk factors among off-reserve Aboriginal Ontarians identifies and supports the need for increased education in primary prevention activities linked to smoking, nutrition, physical activity and alcohol consumption.

First Nations Cancer Research and Surveillance Workshop (2003)

Participants from the First Nations Cancer Research and Surveillance Workshop (2003) agreed that ongoing surveillance of cancer in Aboriginal populations is important and necessary. Significant barriers to implementation of a nationwide system were recognized. These include: the difficulty of accurately and completely identifying Aboriginal people in health data systems, particularly those who are not Status Indians; the need to develop methods and partnerships that

Prevalence of Risk Factors for Off-reserve Aboriginal Peoples, Ontario 2005



respect the Aboriginal principles espoused in Ownership, Control, Access and Possession (OCAP) principles; and the lack of capacity among Aboriginal people in the relevant technical and scientific disciplines.



Data Indicators Pilot

Cancer Care Ontario is partnering with the Ministry of Health and Long-Term Care (MOHLTC) on the development of a pilot project that aims to enhance cancer data on Aboriginal people in Ontario. The objective of the pilot project is to develop and evaluate a data collection tool and procedures to elicit Aboriginal status for cancer patients attending a Regional Cancer Centre (RCC). This will be done through a self-identification process once an individual presents themselves at an RCC. The cultural identifier question will be asked to all new patients. Every person has a right to respond or decline to answer the question.

The two pilot sites participating in this project are Thunder Bay Health Sciences Centre in Thunder Bay and Juravinski Regional Cancer Centre in Hamilton. Each has a relatively large Aboriginal population in their service area.

The data collection tool was implemented at the two sites beginning in July 2009. After three months of collecting data, an evaluation will be performed. The evaluation will look at our ability to collect the data, and will summarize the methodology used in the collection of the pilot data. This first phase is to determine if it is even feasible to collect this data. If the evaluation outcomes suggest that

it is feasible, then the project could potentially expand province-wide.

During the pilot phase, the Provincial Territorial Organizations (PTOs) will be kept apprised of developments through the Aboriginal Cancer Strategy's advisory committee – the Joint Cancer Care Ontario Aboriginal Cancer Committee (JOACC).

Outcomes

To ensure that implementation is done in a respectful way and aligns with Ownership, Control, Access and Possession principles, the pilot has generated the following support tools:

- A data collection tool that can be implemented at the Regional Cancer Centre level
- A training framework to support implementation at the regional level (including cultural awareness and safety)
- Draft evaluation tools aligned to the pilot project components
- A community and regional communications strategy (to inform about the purpose and importance of the pilot)
- A community presentation to be deliv-

- ered to First Nation, Métis and Inuit populations (to inform about the pilot, importance and address any questions)
- A Memorandum of Understanding type agreement that outlines what information can be generated, how information will be shared with First Nation, Métis and Inuit communities, and the frequency of results (this is a critical component of the pilot to ensure continued information flow at and to the community level so that First Nation, Métis and Inuit communities are informed)

It is also important to note that if this model is successful and can be expanded to other regional cancer programs it will not result in Aboriginal status information for all cases in the Ontario Cancer Registry since not everyone is seen in a Regional Cancer Program. The percentage seen in a regional cancer program varies across cancer types — typically very high for cancers with complex non-surgical treatments (e.g., breast) and lowest for those where surgery is the main treatment (e.g., melanoma).

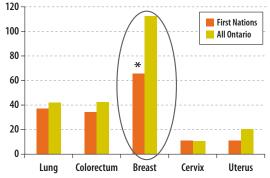


Research

Breast Cancer Survival in First Nations Women in Ontario: Understanding the Determinants

Incidence of Common Cancers, First Nations and Ontario Women





* Significant difference between First Nations and all Ontario rates. Rates age-standardized to the 1991 Canaadian population. Source: Surveillance & Aboriginal Cancer Care Units, CCO (2007) Breast cancer is the most common cancer among Ontario women, including those of First Nations ethnicity. Although incidence rates are lower in Ontario FN women, compared to Ontario women overall, survival following diagnosis is poorer.

Researchers and breast health professionals at Cancer Care Ontario (CCO) and provincial cancer centres collaborated to examine reasons for the survival difference between the general population and First Nations women in Ontario after a breast cancer diagnosis in a study called the Aboriginal Breast Cancer (ABC) Study. For this work, 287 First Nations women with a breast cancer diagnosis between 1995-2004 were identified through the Cohort of Ontario First Nations people at CCO. A second sample of 671 non-First Nations women with breast cancer, similar in age, period of diagnosis and cancer centre attended, was selected for comparison. Data on stage at diagnosis, treatment received, risk factors and other health conditions were collected from medical charts at the regional cancer centres for all 958 (287+671) women.

Findings

The study revealed that First Nations women are being diagnosed with breast cancer at a more advanced stage at diagnosis compared to other Ontario women. Not being screened for breast cancer, having a higher Body Mass Index (BMI) or having no other health conditions, all contributed to diagnosing the cancer later.

These findings were presented in April 2009 at the ABC Care Workshop. Participants included representatives from Aboriginal

organizations, provincial and federal cancer and health agencies, funding organizations, community members and researchers. Workshop presentations reflected the diversity of activities related to Aboriginal cancer care in Ontario. The workshop provided an opportunity for participants to identify ways of assisting Aboriginal women through the cancer continuum pathways: from screening to diagnosis, from diagnosis to treatment, and from treatment to follow-up care.

Outcomes

As Canada's populations age, more families and communities will be affected with breast cancer. It is vital to establish health care pathways that lengthen and improve life after a diagnosis. The results of this study and workshop may support improvements in cancer care for First Nations people."



The Ontario Health Study

Cancer Care Ontario is leading a partnership with other agencies, including the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer (CPAC) to launch the recent Ontario Health Study. This is an innovative, province-wide research initiative that aims to improve understanding of risk factors that lead to cancer, heart disease and other important chronic diseases. This knowledge will help to develop new and better ways of predicting and preventing disease. The study will follow 150,000 volunteers from across Ontario, aged 35-69, for more than a decade, and will involve the collection of information about individuals, their environment and their communities. The Study also aims to encompass the cultural, ethnic and geographic diversity

of the province. An important aspect of this study will be to engage people from rural and urban Northern Ontario, with special focus on First Nations, Inuit and Métis peoples and communities. Initially, the Study will take a phased approach to develop a successful model in the pilot phase. It will then work with specific communities to ensure appropriate design and implementation for recruitment in these communities. It is recognized that it is essential that all prospective research partners are fully aware of the realities involved with researching in First Nations, Inuit and Métis communities and are aware that any research projects must be initiated by First Nation, Inuit and Métis communities.

Outcomes

The Provincial Lead, Aboriginal Cancer Control will provide guidance and feedback toward the development of a separate engagement strategy for the First Nation, Métis and Inuit populations. This process is still in the infancy stages of development and JOACC will be kept apprised of advancements through briefing notes and presentations at the committee level.



Health Promotion and Disease Prevention

Prevention and Screening

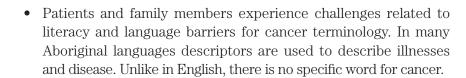
Cancer is the third leading cause of death in Aboriginal peoples. It is estimated that 50% of cancers can be prevented by adoption of healthy behaviours including healthy eating, healthy weights and physical activity. Despite the fact that cancer screening saves lives, only a limited proportion of Ontarians participate in regular screening. In 2007-2008, 66% of women aged 50-69 had a screening mammogram and in 2006-2007 only 24% of Ontarians over 50 had colorectal screening and in 2005-2007, 72% of women aged 20-69 participated in cervical screening.

First Nation, Inuit and Métis peoples in Ontario face unique challenges related to cancer risk factor aware-

ness and early detection of cancer.

• Many are not aware of screening programs or how to access them.

There is a lack of culturally relevant materials to inform the population about cancer prevention and screening including examples targeted to the population.



- Many view screening as a treatment rather than a form of early detection.
- There is a lack of primary care providers in the communities and large staff turnover and many seek primary care through emergency room services.
- Residential School effects have impacts on health and screening behaviours due to the involvement of personal parts of the body. Survivors may be fearful of asking questions of people in positions of power or authority.
- Barriers exist for individuals who must travel to access screening, diagnostic follow-up and treatment services outside of their communities. It may involve travel across long distances and time away from family and work.



Let's take a stand against... Colorectal Cancer!

The creation of surveillance data for the First Nation population highlighted the importance of educating about colorectal cancer and screening. In 2006–2007 the ACCU visited First Nations and urban Aboriginal communities to talk with health care service providers and community members about their views on cancer, the need for education and to determine barriers to accessing cancer screening. This informal engagement provided the framework for the development of a culturally competent colorectal cancer resource that aligned with Ontario's population-based colorectal cancer screening program, ColonCancerCheck. The resource included: reference and facilitator's manuals, posters, playing cards and a signs and symptoms teaching wheel. This initiative was done in partnership with the Sudbury Regional Cancer Program and the Canadian Cancer Society (Ontario Division).

In the Fall of 2007, focus testing of the materials and resources by Aboriginal health care providers and community members provided vital feedback and input to

ensure that the tools were well received. Focus testing occurred in six different locations across the province: Sandy Lake First Nation, Thunder Bay, Timmins, Tyendinaga First Nation, London, and Toronto. In total, 91 First Nation, Métis and Inuit participants reviewed the resources. Community feedback was incorporated into resource amendments.

Outcomes

A grant was received from First Nations Inuit Health in April 2008 which allowed for pilot training of materials and resources, and to test the train-the-trainer approach with 10 First Nations communities across Ontario. During the pilot phase, 100 front-line First Nation health service providers completed a train-the-trainer session. In May 2008 a formal evaluation of pilot training was conducted by an external vendor. Findings from the evaluation indicated 97 per cent of respondents agreed that the train-the-trainer approach was a highly effective way







Let's take a stand against... Colorectal Cancer!

to transmit knowledge about colorectal cancer to health service providers. Additionally, the evaluation indicated the materials were highly regarded for their cultural competence and usefulness. Respondents agreed that the information received was enough to increase their knowledge base, with nearly half the respondents noting they planned to start educating the community immediately.

In the fall of 2008 the ACCU conducted two train-the-trainer sessions with 80 urban Aboriginal front-line workers. To date, the Let's take a stand against ... Colorectal Cancer! materials have been distributed to over 1000 First Nations, Inuit, Métis, Aboriginal and mainstream organizations and service providers.

In June 2008, a funding proposal was submitted to the Ministry of Health and Long-Term Care to support and expand provincial implementation of the project, and in March 2009 confirmation was received for a one time grant.

Fecal Occult Blood Testing Kit Dissemination and Public and Provider Education for the ColonCancerCheck Program

CCO also developed two distinct working groups to examine issues linked to fecal occult blood testing kit dissemination and public and provider education for colorectal cancer through the ColonCancerCheck program. The Ministry of Health translated the colorectal cancer fact sheets into two Aboriginal languages: Ojibwe and Inuktitut as a result of recommendations by the working groups. The Ministry was also made aware of the challenges with dissemination of the branded ColonCancerCheck FOBT kits to the federally funded nursing and health stations. CCO is working in collaboration with the Ministry to ensure the challenges are addressed.

Inuit Engagement

This initiative has also pointed to the need for further engagement and relationship building with the Inuit population in Ontario.

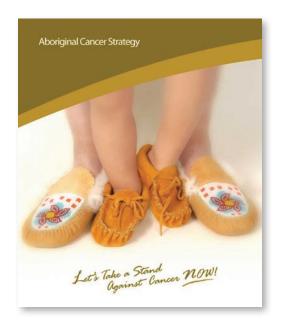
Monitoring and Measurement of Screening Participation Rates

In the future, a strategy will need to be developed in order to determine screening participation rates of the First Nation, Métis and Inuit populations for colorectal cancer. This will involve working with key partners to determine what infrastructure and supports are required in order to monitor and measure results.





Let's Take a Stand Against Cancer NOW!



The ACCU in partnership with the Canadian Cancer Society (Ontario Division) developed a campaign with a focus on disseminating culturally relevant (evidence-based) cancer information fact sheets to health professionals working with Aboriginal people.

Informational needs were determined through individual consultation with both organizations (Cancer Care Ontario & Canadian Cancer Society) and Aboriginal community members across the province. Additionally, 14 health professionals were convened for a workshop in March 2005 to provide input and direction into the campaign materials. Particular attention was paid to the visual images used to ensure they conveyed a sense of security, comfort and knowledge translation between generations.

A Media launch was held in Sudbury on December 2005 to release the materials. Kit folders were distributed to Aboriginal leaders, partner organizations, health professionals working in the community, and Aboriginal media outlets. A total of 561 kits were disseminated throughout Ontario during the campaign.

Campaign components included the development of fact sheets in the following areas:

- Cancer facts for men
- Cancer facts for women

- Tobacco, keep it sacred (traditional and commercial tobacco)
- How You Can Help (when someone you know has cancer)
- Facing cancer with help (directed to those diagnosed)
- The Canadian Cancer Society is here to help
- Seven teachings to health (key prevention messages)
- Cancer in Ontario's First Nations people (highlighting CCO research)

Outcomes

These materials are still used to date by the Aboriginal Cancer Strategy team members. First Nation, Métis, urban communities as well as Regional Cancer Centres and Public Health Units request these materials for their health fairs and health promotion events. An additional 1,500 kits have been ordered and disseminated since 2005. CCS also disseminates these materials via request through their distribution centre.



Newsletter



The Aboriginal Cancer Care Unit has produced and disseminated quarterly newsletters Aboriginal health service organizations and communities, partners and stakeholders since 2005. A newsletter improvement strategy was completed in June 2006. Three focus groups were conducted in London, Toronto and Thunder Bay, and feedback was solicited from identified recipients within the ACCU's dissemination list via a fax-back survey.

Results of the improvement strategy identified that the Newsletter was viewed as a corporate report and did not speak to or attract the attention of its intended target audience, the Aboriginal community at large. The cover page was viewed non-Aboriginal specific and content was too lengthy. As a response to the feedback received the

newsletter was revamped and in November 2006 a pilot test of the new format for the newsletter was launched at the Aboriginal Festival held at the Rogers Centre. Feedback was solicited from passersby at the two day festival where approximately 200 responses were received. The new format was overwhelmingly endorsed.

The newsletter provides information on key developments in the cancer system and information that affects the Aboriginal population with regard to health. Community successes on cancer risk reduction, capacity building and resource development are featured to encourage sharing and networking. The audience is also provided with reliable sources of information (web and/or print) on featured topics. This is an important vehicle to gather and share information with the community. Feedback and input from the community allows the newsletter to showcase not just ACCU's work but also important initiatives taking place across the province.

Past copies of the newsletters are available on the CCO website, under Aboriginal Cancer Strategy. Production of the newsletter has been predominantly in hard copy. During the 2008–09 fiscal year a plan was implemented to reduce the paper copies and move to an online content. A comprehensive database of contacts was compiled during the 2008–09 fiscal year. This database was used as the foundation for email distribution and includes First Nation, Métis, and Inuit organizations and communities.

Aboriginal Tobacco Program (previously Aboriginal Tobacco Strategy)

In 2002, the ACCU responded to the tobacco priorities established in the It's our Responsibility needs assessment and obtained funding from the MOHLTC to develop and deliver a tobacco strategy. The primary purpose of the program is to reduce the use of commercial tobacco and mitigate associated health risks among Ontario's Aboriginal communities and populations.

In 2004, the Aboriginal Tobacco Strategy (ATS) mission was based on delivering a culturally competent strategy that supported Aboriginal peoples on their path to developing "tobacco wise communities" that know the difference between traditional and commercial tobacco and have the knowledge, commitment, resources and skills to mobilize and deploy strategies to promote and protect the well being of its members.

Outcomes

To ensure guidance is rooted in community based knowledge, the ATS assembled a group of Aboriginal people who were identified



According to Health Canada statistics, in 2002, 60 per cent of Aboriginal people in Canada were smokers: 72 per cent of Inuit, 57 per cent of Métis, and 56 per cent of First Nations (Health Canada, 2002). Recent statistics for off-reserve Aboriginal peoples indicates that 39 per cent of Aboriginal males and 37 per cent of Aboriginal females smoke. These rates are significantly higher when compared to non-Aboriginal populations where 25 percent of non-Aboriginal males and 19 percent of non-Aboriginal females smoke (CSQI, 2008).

When working with Aboriginal populations, tobacco control cannot be looked at in isolation from the social determinants of health. Nicotine addiction, access to tobacco, environment, tobacco cost, socio-economic status, education, and cultural norms are all risk factors in Aboriginal tobacco control (Canadian Pediatric Society, Pediatric Child Health, 2006).

for their commitment to and knowledge of tobacco-related issues in the Aboriginal community. Staff began their search for "Tobacco Champions" and as a result the Aboriginal Tobacco Strategy Working Group (ATSWG) was formed. The ATSWG was instrumental in laying the foundation for ensuring a culturally

competent tobacco strategy was developed with a strong emphasis on increasing awareness about traditional tobacco and educating youth about the differences. In 2008 the work of the ATS was rolled into the Aboriginal Tobacco Program (ATP).



Community Capacity Building Projects

Each year the ATP allocates approximately \$100,000 to Community Capacity Building Projects (CCBP) which is administered through a request for proposal or interest process. The CCBP provides small-scale grants to Aboriginal communities to help support community-driven projects in tobacco protection, cessation and prevention. From 2004–2009 the ATS funded a total of 49 CCBP, for a total of \$503,000. The breakdown of community projects is as follows: 37 First Nations, 2 Métis community health branches, one provincial territorial association, two Aboriginal health access centres and seven friendship centres received funding.

In 2008–2009, ATP community capacity building grants concentrated on funding five tobacco cessation pilots for youth

and pregnant and post-partum women and their families. Where community models of tobacco cessation programs did not exist, ATP staff aided in creating frameworks that could be implemented in the designated target groups.

Outcomes

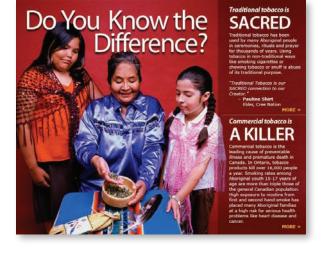
• The community-based tobacco cessation models can be shared with other First Nation, Métis and Inuit communities, thereby increasing the capacity of communities to deliver cessation supports to community members. In total, six quit attempts were documented as a direct result of involvement in the cessation pilots for pregnant, post-partum women and youth in 2008–2009.

- The creation of the Sacredly Stoked video to educate about traditional tobacco was produced as a result of the CCBP and disseminated through the urban mass media campaign. This video aided in delivering the message "Be Tobacco Wise, Keep It Sacred".
- Three television public service announcements designed by Shoal Lake children were created to educate about the harmful effects of commercial tobacco. Young children between the ages of eight and fifteen years were involved in the creation of messaging which included research and engagement with local leadership.



Mass Media Campaign





In 2006–2007 a public education campaign was developed and designed to provide culturally specific messages to reach the urban Aboriginal populations. The Do You Know the Difference? campaign utilized various methods of media which included posters, radio public service announcements (PSAs) and the www.tobaccowise.com website. The urban campaign was evaluated and it was determined that the radio PSAs followed by the website and posters were the most effective means of reaching the urban Aboriginal youth population. This knowledge helped

to inform the major components of the onreserve campaign.

The campaign was then re-launched in 2007-2008 targeting First Nations on reserve communities. ATP worked with First Nation youth and Elders to create public service announcements, posters, and amendments to the website to ensure First Nation on-reserve needs were captured with respect to tobacco messaging.

In January 2008, a creative arts contest was launched during National Non-Smoking Week.

The contest involved First Nation schools from across the province where students were asked to send in a poem, story, essay or poster design with a message about the deadly effects of smoking. In total, the Aboriginal Tobacco program received 112 art submissions from youth aged five to thirteen years and the winning artwork was featured in a 2009 calendar to educate about tobacco.

Outcomes

The Mass Media Campaign materials continues to be popular and relevant: ATP consistently receives requests for the campaign posters and wristbands, usually through the Tobacco-Wise website. In 2009, three years after the initial launch of the campaign, ATP averages one to two requests per week for campaign materials.

- ATP has received anecdotal evidence that the wristbands continue to open up discussions about tobacco use in the community.
- ATP staff continues to observe respected community members such as Elders and Leaders wearing the Tobacco-Wise wristbands.



Knowledge Exchange Forum

The ATP hosted its first ever provincial Knowledge Exchange forum on April 2 to 3 2008, jointly funded through CCO and the MHP. The purpose of the forum was to share knowledge and highlight program initiatives in tobacco control. The forum brought together 126 people interested and involved in tobacco-related issues facing Aboriginal communities. Participants included members of front line First Nation, Métis and Inuit health staff, provincial and federal governments, community-based researchers, public health units, non-governmental organizations and Aboriginal youth. It was also an opportunity for the ATP to present

its case study report Tobacco Cessation: Lessons Learned in Aboriginal Communities. The report highlighted the successes and challenges two Aboriginal organizations encountered in delivering cessation programming tailored to the Aboriginal population.

In keeping with the multipurpose theme of the forum the ATP took the opportunity to host a concurrent working session for youth to expand and put into action the ideas generated at the first youth summit. As a result, the youth developed a detailed implementation plan focusing on prevention, cessation and protection activities the youth can undertake at the community level to broaden their skills and increase awareness amongst Aboriginal youth.

Outcomes

 Community-based tobacco cessation models were researched and lessons learned were documented and shared with conference participants. Actionable learnings in tobacco cessation were applied in the community capacitybuilding cessation pilots.



Aboriginal Youth Summit

The ATP acknowledges that Aboriginal youth need to be involved in the development of strategies designed for them. In March 2007, the ATP held its first Tobacco Youth Summit, funded through the Ministry of Health Promotion (MHP). The purpose of the event was to gather Aboriginal youth from on-reserve First Nation communities, urban settings and Métis to gauge their interest in and knowledge of tobacco control. A total of 179 youth and participants were provided opportunities to interact with one another and learn about strategies taking place in tobacco control. Workshops focused on: traditional uses of tobacco, health effects of commercial tobacco usage, the importance of healthy alternatives, etc.

Outcomes

- As a result of the Summit, the youth developed a five-year action plan to de-normalize commercial tobacco. The plan was distributed to all provincial territorial organization's and JOACC members to ensure that communities were abreast of the needs for Aboriginal youth with respect to tobacco.
- The Summit also led to a continued commitment to partner with Aboriginal youth and the inclusion of an Action Planning session at the Knowledge Exchange Forum held in 2008.





Tobacco-Wise Sport and Recreation



As a follow-up from the Knowledge Exchange Forum in April 2008, the ATP developed a youth tobacco working group to implement components of the youth action plan created for prevention, cessation and protection.

On February 7, 2009 the ATP hosted a workshop for Aboriginal youth with a focus of developing a Tobacco-Wise sports policy for the Little Native Hockey League (LNHL). The LNHL is a tournament held annually during March break for Ontario First Nations. On

March 16 to 19, 2009 the tournament was held in Sarnia Ontario. The youth tobacco working group and two staff from ATP attended the tournament to raise awareness and gain support for the policy. The campaign included a Smoking and Hockey Don't Mix banner, leaflet, posters, skate towel as well as a Tobacco Wise Fact Sheet and a Commercial Tobacco Fact Sheet.

Campaign materials can be found on the **www.tobaccowise.com** website.

Outcomes

- High-level of community support for Tobacco-Wise LNHL as evidenced by hundreds of signatures on the banner and survey responses. 76 per cent of LNHL participants surveyed indicated that they support a Tobacco-Wise LNHL.
- The youth group continues to be committed to this project and almost all members have indicated that they want to remain involved.
- On May 30, 2009 the youth group was invited to formally present the policy to the LNHL Executive Team. The Executive Team offered to sign a letter of support for the initiative and encouraged the youth group to have a stronger campaign at the 2010 tournament.
- Partnerships developed with MAKWA (Making Aboriginal Kids Walk Away from Tobacco Abuse), Youth Action Alliance Manitoulin Island and Native Student Alliance in Blind River.



Resource Development and Building Organizational Capacity

Mainstream Organizations

ATP enhanced its efforts to work with mainstream organizations and Aboriginal organizations to leverage current resources in tobacco control and assist in the development of new resources to better meet Aboriginal needs. In early 2009, the ATP collaborated with the Algoma Public Health Unit (APHU) and the Program and Training and Consultation Centre (PTCC) to develop and deliver a workshop focusing on partnering with Aboriginal organizations to address commercial tobacco use and prevent chronic disease. Participants included public health unit staff and First Nations health workers. The workshop was delivered for the first time on March 27, 2009 at Garden River First Nation.

Outcomes

• The workshop survey responses indicated that the participants were very satisfied with the content and delivery of the workshop. It received an overall score of 4 out of 5 for quality of content.

- A key outcome of the workshop was a new partnership with Garden River First Nation Health Centre. As a result of the workshop, the health centre requested technical assistance from ATP to assist in the collection of local data about commercial tobacco use and cessation in their community. This effort was funded through the community capacity building projects.
- ATP continues to receive requests for this type of workshop and will continue collaborating with PTCC in delivering these workshops.

It is acknowledged that development is required in gathering base line data for Aboriginal-specific tobacco usage and cessation efforts in communities across Ontario. The community capacity building project funded by ATP for Garden River First Nation Health Centre is a step in the right direction. This approach supports ownership, control, access, and possession principles because the community owns and controls their local data.

Centre for Addiction and Mental Health — Training Enhancement in Applied Cessation Counselling and Health (TEACH)

The ATP staff worked with the Centre for Addiction and Mental Health – Training Enhancement in Applied Cessation Counselling and Health (TEACH) on the design of a two day specialty course curriculum. This course entitled Tobacco Interventions for Aboriginal Peoples is for practitioners delivering cessation programming to and for the Aboriginal population. As a member of the curriculum development working group, ATP provided input into the course content, agenda, selection of speakers and the course guidebook. ATP also increased awareness of the upcoming TEACH sessions by recruiting Aboriginal front-line workers to enroll in the course.

Community capacity building project participants were recruited to attend the training.

Outcomes

- The TEACH two-day speciality course was the largest course TEACH has ever offered with over 150 participants including many from Aboriginal communities.
- The TEACH Workshop Survey indicated a high-level of satisfaction for the course receiving an overall evaluation of 4.7 out of 5.



Evaluation of the Aboriginal Tobacco Program at CCO for the Fiscal Year 2008/2009

Cancer Care Ontario conducted a formative evaluation of its Aboriginal Tobacco Program (ATP) for the fiscal year 2008–2009. It was requested that the evaluation be completed in a collaborative and culturally relevant manner and that it facilitate joint learning and inform future decision making.

Outcomes

During the course of the evaluation, interviews were conducted with 21 persons and an extensive document review was conducted. The following is a brief summary of some of the key findings.

Those who have linkage to the program appreciate the following aspects of the program:

- The fact that it actually exists and provides communitylevel funding
- Management and staff are friendly, knowledgeable and helpful
- Messaging, materials and activities are culturally relevant and useful
- The program is effective in developing linkages with mainstream organizations and facilitating opportunities for partnership with the Aboriginal community
- The program strives to be community driven

More work needs to be done in the following areas:

- Engaging the Aboriginal community in setting program direction
- The program is not well-known in the Aboriginal community and a great deal of work is required to educate people about its existence. This is considered the program's strongest area of opportunity for further development.



Community Liaison/External Relations

Canadian Cancer Control Strategy

The Public Health Agency of Canada provided funds to the five national Aboriginal organizations so that they could identify gaps and opportunities in the Canadian Strategy for Cancer Control for First Nations, Métis and Inuit peoples.

Outcomes

In December 2007, the Aboriginal Cancer Care Unit (ACCU) assisted the Chiefs of Ontario with creating a response to the National Strategy. The following documents were developed in joint collaboration: Response to the National Cancer Control Strategy; Aboriginal Patient Navigator Proposal; Community Learning Series Proposal; Surveillance Proposal and a Relationship Agreement.

In June 2007, the Director of the ACCU participated in the National Métis Think Tank that was held to create a response to the Canadian Cancer Control Strategy. A presentation was delivered and input was provided into the document created for the Public Health Agency of Canada.

Canadian Partnership Against Cancer (CPAC)

In 2008 the Aboriginal Cancer Care Unit participated in the Planning Committee for the National Forum on First Nations/Inuit/ Métis Cancer Control, sponsored by the Canadian Partnership Against Cancer (CPAC). CPAC's mandate is to advance Canada's Cancer Control Strategy – this includes facilitating ways to minimize gaps in knowledge and leverage the best available knowledge, as displayed through promising or emerging practices. Being culturally responsive to the needs of First Nations, Inuit and Métis peoples is an important priority of this work. The purpose of the forum was to: share information about gaps across the cancer control continuum for First Nation, Métis and Inuit people; identify initiatives across Canada that are addressing gaps and explore opportunities for improvement.



Provincial Provider Network for Aboriginal Cancer Prevention and Screening

In September 2008 the Provincial Provider Network was created. The membership at present consists of representatives from: Regional Cancer Centres, Cancer Care Ontario, Federal and Provincial governments, as well as the Canadian Cancer Society. This Network works collaboratively to build on and enhance the mandate and initiatives for CCO's Aboriginal Cancer Strategy, while improving provincial and regional capacity for the delivery of effective programs and services for cancer prevention, early detection and education. This mandate is achieved through the following mechanisms:

- Knowledge exchange and communication
- Collaboration and partnership development

As network membership extends beyond regional cancer centres, opportunities also exist to enhance complementary initiatives of partner organizations.

The Northwest's Aboriginal Cancer Care Committee was established in 2000 and brings together representatives from local, regional and provincial groups and organizations to address higher rates of mortality and factors related to health status, risk and health determinants for Aboriginal populations in Northwestern Ontario. The committee meets regularly to develop culturally appropriate strategies for regional cancer prevention and screening with a focus on education and awareness, community outreach, research and planning.

In 2008/09 the committee developed partnerships and received funding from First Nations Inuit Health/Health Canada and the Canadian Cancer Society to establish the Provincial Provider Network for Aboriginal Cancer Prevention and Screening, a provincial one day meeting. In addition, regional efforts have included the Wawatay News poster series, Cancer Word Book, Early Warning Signs resources, Community Kitchens for men, and Honouring our Health role model program.

A pilot site for Cancer Care Ontario's Aboriginal Data Indicators project, the committee has also supported regional research initiatives including: It's Just So Different Up Here: Continuity of Care for Cancer Patients in Northwestern Ontario First Nation Communities, Centre for Rural and Northern Health Research Lakehead University (2002) and Is it that they just don't want to know? Research to identify barriers for women in northern Aboriginal communities related to breast cancer prevention and screening (B. Minore, et al, 2005).

Alison McMullen

Director Preventive Oncology Regional Cancer Care, Thunder Bay Regional Health Sciences Centre



Screening Saves Lives! – Lay Health Educator (LHE) Project

The overarching goal of the project was to increase breast and cervical cancer screening rates across select demonstration sites in Northeastern Ontario. Populations of focus was determined by age-appropriate women (50 to74) across Northeastern Ontario for breast screening and by aiming at recruiting sexually active women aged 18 to 69 to participate in organized cervical screening. The project was funded and led by the Canadian Cancer Society and guided by a Community Advisory Committee (CAC).

Community-oriented interventions were a central function of the LHE. They included:

- Increasing women's knowledge about cancer screening
- Increasing screening behaviours by informing women of screening guidelines
- Informing women about related community resources that are available to them
- Helping to build an informal support network with other women in the community

Furthermore, the LHE was trained to clarify misperceptions about breast and cervical cancers, mammography and PAP screening using social support mechanisms. In addition, members were trained to identify other client-related barriers to screening.

ACCU's involvement was participation on the CAC with a particular emphasis on Aboriginal engagement. The seven First Nations communities of Aundeck Omni Kaning, M'Chigeeng, Sheguiandah, Sheshegwaning, Zhiibaahaasing, Wikwemikong Unceded and Whitefish River in the Manitoulin Island area were involved in the pilot project.



Aboriginal Cancer Care Video Project — In Our Own Words: The Cancer Journey



The Aboriginal Cancer Care Video was a community development project funded by the Ontario Trillium Foundation. The grant enhanced the capacity of partner organizations to build relationships with Aboriginal patients, their communities and health care organizations with respect to cancer care.

The goal of the project was to provide culturally relevant information on cancer and cancer treatment through the voices of actual First Nations/Métis and Inuit cancer survivors in order to enable them to become more knowledgeable and less fearful about cancer treatment. The DVD has been translated into English, French, Oji-Cree, Cree, Mohawk, Inuktitut, Michif and Ojibway.

The video was completed and released in March 2008. The final kit—including a manual, learning resources and DVD—was disseminated by mail in late August 2008. The project was officially completed in January 2009, after submission of the Final Report to Ontario Trillium Foundation.

Collaborative members have presented at 24 health conferences, community events and meetings to speak on the video objectives, learnings from the multi-agency collaborative process, to discuss evaluation results of the video's impact

and to promote its availability. Information was also published in a number of newsletters and journals. An evaluation was conducted by an external consultant, and below highlights of some of the findings.

Outcomes

The change in attitudes/sensitization to First Nations culture and traditional medicine was not directly measured but qualitatively the survey results show positive results:

- 38 per cent change in knowledge of community resources
- 34 per cent increase in knowledge about treatments
- 32 per cent increase in knowledge of how to talk to my doctor
- 34 per cent increase in knowledge of prevention of cancer
- 70 per cent learned more about cancer
- 79 per cent indicated that they would find out more about their health and get medical help if needed
- 74 per cent of public respondents wanted more information about workshops on cancer
- 100 per cent of service providers would be more likely to use the manual if training on how to use the manual was given



Support Network Regional Cancer Program and Aboriginal Communities

Regional Cancer Programs are responsible for implementing provincial standards and programs for cancer care and ensuring service providers meet the requirements and targets set out in their partnership agreements with Cancer Care Ontario. Regional Cancer Programs respond to local cancer issues, coordinate care across local and regional health care providers, and work to continually improve access to care, wait times and quality. Relationships with Regional Cancer Programs are vital because this is where First Nation, Métis and Inuit people receive their care when in treatment.

Aboriginal Primary Care Engagement Forum

In October 2008, Cancer Care Ontario (CCO) launched its Primary Care program to optimize the engagement and integration of primary care within the cancer control system as a key strategy for quality of care improvement as outlined in the Ontario Cancer Plan 2008–2011. This initiative presented a timely and unique opportunity to target efforts to primary care providers who work with and in Aboriginal communities to educate about risk factor awareness and screening participation rates in hopes that early detection will improve for the population. The Northwest Regional Cancer Centre in partnership with CCO's Department of Prevention and Screening, Provincial Primary Care Lead,

Why is this important?

The cultural concepts of disease management are very different in the Aboriginal population. The holistic approach is the foundation of Aboriginal culture, so the western approach of site-specific disease management is not well-accepted. For Aboriginal people the concept of wholeness and balance is fundamental and incorporates an essential belief that the physical, mental, spiritual and emotional aspects of life are connected and cannot be separated. This affects all aspects of cancer management and contributes to a general attitude of mistrust and pessimism toward available mainstream cancer services.

Culturally relevant health care means providing service in such a way that a patient can use the service with comfort and understanding, and that the care is given in a way that recognizes and respects the person. This is important to increase the person's participation in prevention activities and treatment, thus improving health outcomes. Culturally relevant services for Aboriginal people would include: language translation, traditional healing practices, traditional spiritual ceremonies, traditional foods, holistic care and accommodation for large extended family groups.



Aboriginal Primary Care Engagement Forum

Provincial Lead of Aboriginal Cancer Control and program staff representing CCO's Aboriginal Cancer Strategy, Ontario Breast Screening Program, ColonCancerCheck and the Ontario Cervical Screening Program as well as Health Canada's First Nations and Inuit Health (Ontario Region) convened a one day forum for primary care providers who provide services for Aboriginal individuals and communities across Ontario.

On March 25, 2009, a one day Aboriginal Primary Care Engagement Forum was held in Toronto, involving 48 participants including: regional cancer centre program staff; family physicians; nurse practitioners from First Nation communities; Aboriginal Health

Access Centre administrative and primary care staff; family health team representatives; Cancer Care Ontario staff; First Nations and Inuit Health (Ontario Region) staff; and presenters.

Honouring the Aboriginal Path of Well Being: A Prevention and Screening Resource Kit for Primary Care Providers was launched at the Aboriginal Primary Care Engagement Forum. All resource sheets were reviewed and approved by a core team of Primary Care providers working with First Nation/Métis/Inuit communities to ensure accuracy, content, cultural relevancy, readability and attractiveness.

Outcomes

The final outcome of the forum was the creation of an action plan. Highlights included:

- Current models of care need to go beyond the traditional physician-based structure.
- There is a need to have cultural awareness/sensitivity training for front-line service providers in the cancer system: doctors, nurses, specialists, etc.
- Engage in an environmental scan to see what resources exist at the regional level to educate First Nation, Métis and Inuit people about cancer prevention and screening.
- Create linkages between the regional primary care leads and First Nation, Métis and Inuit communities in Ontario to ensure communication pathways are well developed.



Aboriginal Patient Navigation

As identified through the It's Our Responsibility Needs Assessment, Aboriginal Patient Navigation was a key area that required support. Cancer Care Ontario created the first ever Aboriginal-specific navigator located within a Regional Cancer Program setting. This was funded as a pilot at the Northwest Regional Cancer Centre and evaluated upon completion. The evaluation established that the model required further exploration within the cancer system and also identified key areas where improvements could be considered. The model was refined and re-piloted in the Juravinski Regional Cancer Centre where it has been hugely successful with continued funding by the Cancer Centre.

Outcome

It is recognized that patient navigation is an on-going need and more work has to be done in this area especially for the far and remote north and those patients requiring referral away from their communities for treatment and follow-up.

The Aboriginal Primary Care Engagement Forum that CCO organized provided an excellent opportunity for Aboriginal-specific health organizations to meet and interact with staff from Cancer Care Ontario. The Forum provided access to the most recent research in cancer and highlighted their Primary Care Engagement Strategy. The information provided was valuable and I was able to take it back to our primary care and health promotion providers for discussion and implementation. It specifically sparked the need for the creation of a diagnostic code specific to cancer at our centre. The activity also enabled me to develop a better working relationship with CCO through their Provincial Lead of Aboriginal Cancer Control, Caroline Lidstone-Jones. I look forward to working with CCO more closely in the future.

Pam Williamson

Executive Director Noojmowin Teg Health Centre



Aboriginal Relationship Development Series

The Aboriginal Relationship Development Series was created as a cultural awareness and safety initiative to educate front-line health personnel about the First Nation, Métis and Inuit population. The model was based on the train-the-trainer approach so that capacity at the regional level could be enhanced. The Initiative also supported the development of a training curriculum manual that could be customized according to regional need. The training curriculum was delivered to staff within the regional cancer program settings. Community coordinators were selected at each training location and they assisted with recruitment of staff and local set-up. These individuals were called Champions because they not only participated in the training but were expected to continue to deliver the training in the future with regional program staff.

The Aboriginal Relationship Development and Training (ARDT) initiative took place at seven CCO sites from December 2004 to May 2005. Seventy Champions and 13 Aboriginal partners were trained including nine Aborig-

inal organizations from across Ontario. The training included a Special Rounds presentation attended by 20 to 60 participants at each location equaling 200 in total.

All those who participated in the training sessions felt that they were exposed to strategies that would assist them in providing service to a First Nation, Métis or Inuit client more effectively.

Outcomes

The evaluation of the two day training was very favourable. Participants responded that they thought the trainers were knowledgeable (96.2 per cent) and that the manual is a valuable resource for their organization (88 per cent) and are comfortable adapting the manual to suit their training needs (85%). The resources provided were considered comprehensive but were viewed by some participants as "overwhelming" and/or "intimidating." 97.5 per cent of the Champions trained responded that the training had increased their knowl-

edge "very much" or "somewhat" in all key areas. 88 per cent of Champions believed the training would change the way they approach Aboriginal clients.

The Aboriginal Primary Care Engagement Forum, the Aboriginal Breast Cancer Workshop and the Data Indicators Pilot all identified the importance of continuing with cultural awareness and safety training for front line workers. Through participant evaluations it was discovered that the relationship series needed to go beyond historical teachings and include strategies specific to the following areas:

- Methods to encourage a First Nation, Métis or Inuit person to participate in organized cancer screening programs?
- Identifying potential First Nation, Métis and Inuit partners in our regional areas?
- Approaches for supporting traditional healing practices within the mainstream health setting



Next Steps — The Journey Continues

Provincial Lead, Aboriginal Cancer Control

Aboriginal Provincial Leadership Committee

Aboriginal Cancer and Prevention Team and the Aboriginal Tobacco Program Team

From 2004 to 2009, CCO focused on building relationships with First Nation, Métis and Inuit communities. This was critical to ensure that there was an understanding of needs for each of the population groups and to identify community champions. Much of the work completed to date has stemmed from the prevention and screening aspect of the cancer continuum.

A number of important organizational changes have taken place over the past several months to ensure that the Aboriginal Cancer Strategy leverages the expertise and skills across Cancer Care Ontario to build on the success of the past five years and advance key priorities. The new structure will help actively engage resources from across the organization in areas such as research, performance measurement, planning, and communications in addition to prevention, screening and clinical programs.

Provincial Lead, Aboriginal Cancer Control

The Aboriginal Cancer Strategy is a high priority for CCO. A new position entitled the Provincial Lead for Aboriginal Cancer Control was created in April 2009. This position will exercise leadership across CCO and will lead change efforts consistent with the Aboriginal Cancer Strategy and the Ontario Cancer Plan, including efforts to advance Aboriginal cancer initiatives within the Department of Prevention and Screening, and across the Organization.

The Provincial Lead of Aboriginal Cancer Control is responsible for maintaining the partnership with JOACC and this will include a raised profile throughout the organization from prevention and screening to palliation and end of life care.

2009-2010 Priorities

• The Aboriginal Cancer Strategy Renewal process is a critical priority for the Provincial Lead, Aboriginal Cancer Control. The ACS will be aligned to the Ontario Cancer Plan refresh which occurs in 2011. CCO will seek guidance and direction from JOACC as to the development of objectives that will align with the Ontario Cancer Plan (current and future) and the creation of indicators to assess performance of the cancer system for the population.



Aboriginal Provincial Leadership Committee

An Aboriginal Provincial Leadership Committee (APLC) was created as an internal CCO forum for planning and coordinating provincial services in Ontario for the Aboriginal (First Nation, Métis and Inuit) population. The committee comprises of directors and leads across the organization that has a mandate which impacts Aboriginal communities. This group will:

- Establish objectives for the Ontario Cancer Plan, with input and direction from JOACC, that are appropriate for the First Nation, Métis and Inuit populations across the cancer continuum
- Provide leadership for the implementation and monitoring of CCO's Aboriginal Cancer Strategy
- Identify and support the development of Aboriginal indicators to assess the performance of the Ontario Cancer Plan for the First Nation, Métis and Inuit population

 Identify opportunities within CCO where partnerships can be established with First Nations, Métis and Inuit populations in order to improve health status and access to services in the cancer system.

2009-2010 Priorities

 The Provincial Lead, Aboriginal Cancer Control will Chair the Aboriginal Provincial Leadership Committee. The Committee will develop a work plan that will be presented to the JOACC for comment and feedback.



Aboriginal Cancer and Prevention Team and the Aboriginal Tobacco Program Team

Within CCO's Population Health Unit, an Aboriginal Cancer and Prevention Team (ACPT) was established to advance Aboriginal Cancer initiatives linked to primary prevention and risk reduction, including initiatives on physical activity, healthy eating and nutrition. The Aboriginal Tobacco Program Team (ATPT) - which evolved from the work of the Aboriginal Tobacco Strategy - is also situated in the Population Health Unit and will continue efforts to educate about the differences between commercial and traditional tobacco use with a particular emphasis on youth.

2009 – 2010 Priorities

The Let's take a stand against...Colorectal Cancer! initiative is coordinated through the Aboriginal Cancer and Prevention Team and is funded through the Aboriginal Health Transition Fund. Major activities include:

- Hiring a provincial educator for the delivery of regional train-thetrainer sessions including final evaluation planning and development
- Media campaign for newsprint, radio and poster ads in both English and Oji-Cree
- Translation and printing of select resources into Oji-Cree
- Plain language review and re-print of Reference and Facilitator Manuals and web content development for accessibility and sustainability of resources

The ACPT and the ATP will work to develop healthy food guidelines for arena vendors/school meal programs that will be piloted in three communities.

The teams will coordinate work with First Nation, Métis and Inuit communities to aid in developing a provincial Aboriginal Health Promotion Framework integrating healthy eating, tobacco, healthy weights and active living.

Cancer prevention messages for Aboriginal communities will be designed based on World Cancer Research Fund/American Institute for Cancer Research guidelines.

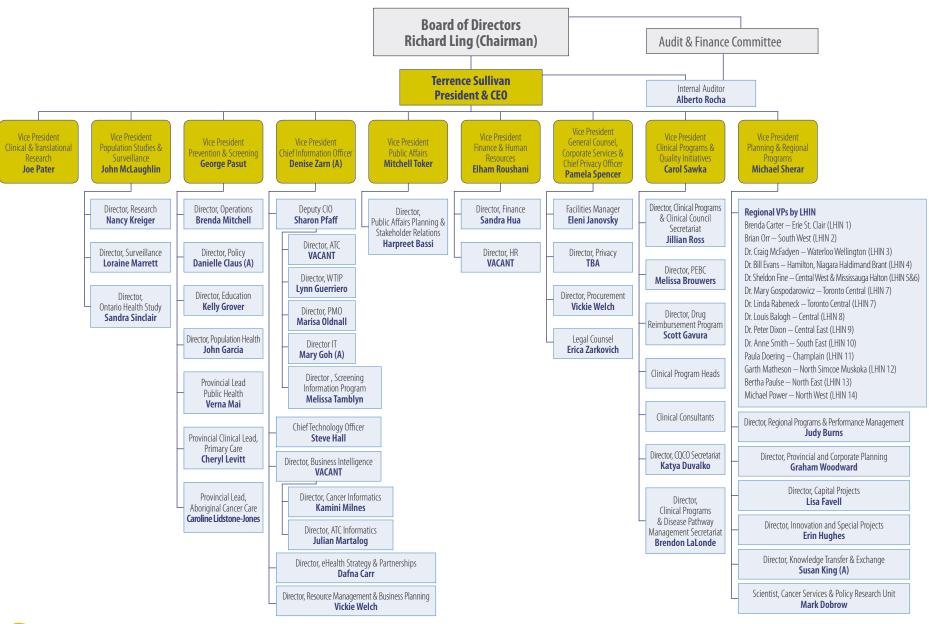
The ATP is working with the Centre for Addiction and Mental Health on the creation of a training curriculum for tobacco cessation within First Nation, Métis and Inuit communities that can be applied across Canada.

Work with the Aboriginal Tobacco Youth group continues and an education booth will be set up at the Little NHL Tournament of March 2010.

The achievements between 2004 and 2009 are significant steps in our journey to build the best cancer system for First Nation, Métis and Inuit people of Ontario – but there remains a great distance to be traveled. The renewed version of the Aboriginal Cancer Strategy must go beyond cancer prevention and screening and expand across the continuum of care. The Provincial Lead of Aboriginal Cancer Control will take a leadership role in coordination with JOACC for this development.



CCO Organization Chart



Prevention and Screening Organization Chart





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