



First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 5

2024–2028



Ontario Health
Cancer Care Ontario



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If you have any questions regarding the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 5 (2024-2028), please contact Indigenoushealth@ontariohealth.ca.

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Tribute to Tony Jocko

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"Anishinabek Nation would like to honour the life and legacy of our late colleague, Tony Jocko.

Tony's 11-year journey with the Indigenous Health Unit and the Joint Ontario Indigenous Health Committee is marked by his unwavering advocacy for equitable cancer care for Indigenous peoples. His inspiring leadership and dedication significantly improved health outcomes for First Nations communities. The ongoing collaboration between the Anishinabek Nation and the Indigenous Health Unit at Ontario Health will continue to honour Tony's legacy, ensuring his spirit of kindness, humor, and passion endures in the vital work ahead. Anishinabek Nation's strong partnership with Ontario Health has led to significant progress, thanks to the collaborative approach and leadership of Alethea Kewayosh and her team, which will be crucial as efforts continue to address cancer care needs of First Nations communities."



Messages from First Nations, Inuit, Métis and Urban Indigenous Leadership



Linda Debassige

Grand Council Chief, Anishinabek Nation

We have made positive strides forward in the areas of detection and treatment of cancers within our First Nation communities, but there is still much work to be done. These positive steps forward are a direct result of the strong relationships built in the past decade with Ontario Health (Cancer Care Ontario). Increased education efforts with our membership, both on and off-reserve in getting screened and detecting cancers early are significantly important in the health and well being of our First Nation members.

Daniel Miskokomon

**Former Chief, Walpole Island First Nation,
Bkejwanong Territory**

It is very alarming to me, the number of people with cancer in our community, and even more upsetting is the number of people who have died from cancer. Addressing the impacts of cancer in our community is an important priority for us. We are very pleased to be working so closely with Ontario Health (Cancer Care Ontario) and look forward to continuing a respectful and productive dialogue in the months and years to come.



Francis Kavanaugh

Ogichidaa (Grand Chief), Grand Council Treaty #3

Grand Council Treaty #3 is committed to the collaboration and partnership with the Indigenous Health Unit at Ontario Health to improve equitable access to culturally safe and appropriate care throughout the cancer care journey. Together we must reduce the barriers and challenges to improve health outcomes by increasing the access to screening for early detection, bringing treatment and care closer to home and providing the critical supports along the care pathway for individuals and their families.

Krystal Brant

President, Ontario Native Women's Association

The Ontario Native Women's Association is honored to continue our partnership with Ontario Health (Cancer Care Ontario) to advance culturally grounded and equitable health care services for Indigenous women, their families, and communities across Ontario. By working together, we bring forward shared knowledge, lived experiences, and expertise to ensure that the distinct needs and voices of Indigenous women are meaningfully integrated into all aspects of cancer care. Together, we are committed to creating a more inclusive, responsive, and compassionate health care system that reflects the strengths and resilience of Indigenous women and their communities.

Margaret Froh

President, Métis Nation of Ontario

The Métis Nation of Ontario is proud of our collaborative longstanding partnership with the Indigenous Health Unit, at Ontario Health. The relationship has been of great benefit in making significant strides to support a healthier quality of life for Métis citizens and their families. Our shared work on priorities like resource building, research, and education, have allowed numerous instances for Métis Citizens to address the complexities of the cancer journey. We look forward to working alongside the Indigenous Health Unit through Cancer Strategy 5. An exciting opportunity to further enhance these efforts and promote Métis holistic approaches to cancer prevention and care.





Armand Jourdain Sr.

**President,
Ontario Federation of Indigenous Friendship Centres**

The Ontario Federation of Indigenous Friendship Centres (OFIFC) is pleased to continue to partner with Ontario Health to address the health inequities faced by urban Indigenous people as it relates to cancer care in Ontario. The OFIFC and Ontario Health (formerly Cancer Care Ontario) continue to build upon and expand promising practices that ensure that urban Indigenous people have access to quality, timely, and culture-based primary care that meets the wholistic needs of those accessing it. The OFIFC and Ontario Health strive to foster a transformative system of health care delivery that meets people where they are at and ensures wrap-around care fulfils the needs of the individual, family, and broader urban Indigenous community. We are pleased to continue to walk on this journey with Ontario Health towards a more comprehensive and sustainable health system.

Caroline Lidstone-Jones

**Chief Executive Officer,
Indigenous Primary Health Care Council**

At Indigenous Primary Health Care Council, we believe that health systems must honour and integrate Indigenous ways of knowing, being, and healing. This strategy represents a meaningful step towards a cancer care system that respects the unique strengths, challenges, and aspirations of Indigenous communities in Ontario.

Judy Anilniliak

Executive Director, Tungasuvvingat Inuit

Tungasuvvingat Inuit is proud to continue its partnership with Ontario Health (Cancer Care Ontario) to ensure that the voices and needs of Inuit and their families are heard and addressed in Ontario's cancer care system. Together, we are committed to improving the health and wellbeing of Inuit by enhancing access to culturally safe and equitable care, reducing cancer incidence, and creating supportive environments that empower communities through Indigenous-led approaches to health care.

Messages from Ontario Health Leadership



A message from Matthew Anderson

President and CEO, Ontario Health

Ontario Health continues to prioritize engaging directly with First Nations, Inuit, Métis and urban Indigenous leadership. Building strong relationships and fostering genuine partnerships with all First Nations, Inuit, Métis and urban Indigenous leaders, communities and organizations remains a priority. These connections are pivotal in creating a responsive, culturally appropriate, person-centred care health system.

Listening to and understanding the needs of all First Nations, Inuit, Métis and urban Indigenous peoples, communities, organizations and nations is paramount, with a focus on supporting Indigenous priorities and initiatives, particularly regarding health and wellbeing. Each Indigenous community, organization and nation possess its own unique strengths, challenges, priorities and governance structures. Ontario Health acknowledges and respects that Indigenous communities, organizations and nations operate their own health systems, programs, services and practitioners.

The establishment of Ontario Health presented new opportunities to engage meaningfully with First Nations, Inuit, Métis and urban Indigenous partners, fundamentally shifting the dynamics of our collaborative efforts in the spirit of reciprocity. Addressing Indigenous health in genuine partnership with Indigenous peoples stands as a top priority for Ontario Health. The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy for 2024-2028 reflects our unwavering commitment to meaningful collaboration towards advancing Indigenous health.





A message from Judy Linton and Dr. Chris Simpson

Executive Vice Presidents, Acute and Hospital-Based Care

Since 2004, multi-year provincial First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies have been instrumental in driving advancements in the Indigenous cancer care landscape in Ontario. These initiatives have aimed to improve system performance while honouring Indigenous wellbeing principles and cultivating supportive environments.

As we embark on implementing this strategy, we emphasize the importance of continued collaboration and engagement with First Nations, Inuit, Métis and urban Indigenous leaders, organizations and communities to address existing and emerging health challenges. Ontario Health remains steadfast in its commitment to advancing Indigenous health and improving the delivery of cancer care through meaningful collaboration with First Nations, Inuit, Métis and urban Indigenous partners.



About Ontario Health



Ontario Health was established under the Connecting Care Act, 2019, with a mandate to connect, coordinate and modernize Ontario's health care system to ensure that the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities.

Operating as a single, unified agency, Ontario Health's mandate is to connect, coordinate and modernize our province's health care system to ensure that the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities. Ontario Health's strategic priorities as outlined in its Annual Business Plan 2025-26 are:

- Reduce health inequities
- Transform care with the person at the centre
- Health system operational management, coordination, performance measurement & management and integration
- Enhance clinical care and service excellence
- Maximize system value by applying evidence
- Strengthen Ontario Health's ability to lead

Equity, Inclusion, Diversity and Anti-Racism Framework

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism. In 2020, Ontario Health released the Equity, Inclusion, Diversity and Anti-Racism Framework. It includes “Partner to Advance Indigenous Health Equity” as a foundational priority. Ontario Health recognizes that strong relationships with First Nations, Inuit, Métis and urban Indigenous leadership, communities, organizations and nations – founded on respect, reciprocity and open communication – are critical in ensuring that the health care system in Ontario reflects and addresses the needs of Indigenous people, communities, organizations and nations.

Ontario Health Regions

The former Local Health Integration Networks are now transformed into the six Ontario Health regions – North West, North East, East, Central, Toronto and West. The Ontario Health regions use a population-based health planning approach and hold strong relationships with local and regional health system providers and partners to ensure that the communities served have access to the right care and services when they need them. These regional teams aim to reduce health disparities and drive health system performance and improvement through the implementation of system-level leadership, funding and monitoring of performance in a way that meets the unique needs of people across the province.

The Ontario Cancer Plan 6

The Ontario Cancer Plan (2024-2028) is a roadmap for how Ontario Health, the Regional Cancer Programs and health system partners will work together to continue to improve the performance of Ontario's cancer system, reduce the risk for developing cancer and improve outcomes for the people of Ontario. This plan builds on a solid foundation built by multi-year provincial cancer plans that have been developed over the past 20 years which have led to progressive advancements in the way cancer services are delivered across this province.

The plan identifies five goals:

1. Advance equity in the cancer system
2. Improve the patient, care partners and provider experience
3. Achieve seamless and effective integration of all cancer services
4. Improve cancer outcomes and quality of life for Ontarians
5. Ensure sustainable cancer system infrastructure and workforce



Regional Cancer Programs

Ontario's 13 Regional Cancer Programs and the Indigenous Health Unit work closely to understand and serve the unique needs of Indigenous people in Ontario. The Regional Cancer Programs:

- Deliver cancer prevention services and care
- Ensure standards are met
- Listen and respond to local concerns and issues

The Regional Cancer Programs develop Regional Indigenous Cancer Plans, which are the blueprint for implementation of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies in each region. The development process involves engagement with Indigenous health networks and communities in the region to build regional capacity in engaging directly with Indigenous people and address unique cancer issues and needs.

Regional Indigenous Cancer Leads, Indigenous Navigators and Project Coordinators work within Ontario's Regional Cancer Programs to champion the strategic priorities and objectives of the Indigenous cancer strategies and Regional Indigenous Cancer Plans. Their work is supported by the Indigenous Health Unit's Regional Program Managers, who liaise between the Regional Cancer Programs, Ontario Health and Indigenous communities to ensure that cancer care at both the provincial and regional levels is effective and accessible for Indigenous people.

Ontario Health Teams

Ontario Health Teams were introduced in 2019 as a new model of integrated care delivery to enable patients, families, communities, providers and system leaders to work together, innovate and build on what is best in Ontario's health care system. Ontario Health Teams organize and deliver services in local communities. They provide people with better connected and more convenient care. The teams bring together health care providers from across health and community sectors to work as one collaborative team to better coordinate care and share resources. As of January 2024, there are 58 Ontario Health Teams across the province.

The Ontario Health Teams are made up of providers and organizations, including primary care, acute care, home care, mental health and addictions services, long-term care and more. Ontario Health Teams play an important role in mobilizing their partners to respond to local, regional and provincial priorities. They first demonstrated their ability to bring partners together around shared priorities during the COVID-19 pandemic. This role continues to be important to deal with many system challenges across the province. It will be important that Ontario Health Teams and health service providers work with Indigenous partners to collaborate on initiatives, such as the development of joint policies and protocols, including funding opportunities, expansion of virtual care and system navigation and improving lower limb preservation and care.



Ministry of Health

The Ministry of Health and Ontario Health have a joint responsibility to achieve better health outcomes and health experiences for Ontarians and for front-line providers and to effectively oversee the use of public funds in a fiscally sustainable manner. The Ministry of Health leads provincial policy work, such as setting out legislation, regulations, standards, policies and directives, engages the health system with Ontario Health, and enables Ontario Health to achieve the objectives and expectations that the Ministry of Health sets out.

Ontario Health receives direction from the Ministry of Health. Ontario Health also receives direction from Indigenous partners. The Connecting Care Act, 2019 and its regulations, the Memorandum of Understanding, the Minister's Mandate Letter and the Accountability Agreements, make up the key elements of the accountability framework between the Ministry of Health and Ontario Health.

The Indigenous Health Unit

The Indigenous Health Unit, formerly the Indigenous Health Equity and Coordination team and the Indigenous Cancer Care Unit, is dedicated to building strong relationships with First Nations, Inuit, Métis and urban Indigenous leadership, organizations and communities, and ensuring that Ontario's health care system reflects and addresses the needs of First Nations, Inuit, Métis and urban Indigenous peoples – founded on respect, partnerships and open communication. The unit is also responsible for developing a model of coordinated engagement with First Nations, Inuit, Métis and urban Indigenous partners; leading coordination of Indigenous health initiatives and engagement, including cancer care, across Ontario Health and with the Regions; and developing First Nations, Inuit, Métis and Urban Indigenous Health Frameworks/Plans, along with the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies for Ontario Health.

The Joint Ontario Indigenous Health Committee

The Joint Ontario Indigenous Health Committee guides and advises Ontario Health on Indigenous health initiatives, such as cancer, mental health and addictions, renal, prevention and digital initiatives. Ontario Health, through the Joint Ontario Indigenous Health Committee, is accountable to each of the Joint Ontario Indigenous Health Committee members and their respective communities and organizations for the programs and services offered through Ontario Health, including those outlined in plans such as the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy.

First Nations, Inuit, Métis and Urban Indigenous Health Framework

In 2024, Ontario Health launched the First Nations, Inuit, Métis and Urban Indigenous Health Framework. The Framework will provide a platform to build upon in the discussions with partners on the development of a First Nations, Inuit, Métis and Urban Indigenous Health Plan for Ontario Health. The Health Plan will provide focused areas for actions for Ontario Health, First Nations, Inuit, Métis and urban Indigenous partners and health system partners to work together to improve Indigenous health and eliminate inequities, including racism. While there is much work that needs to be done, this Framework outlines the commitment Ontario Health is making to First Nations, Inuit, Métis and urban Indigenous partners to initiate this work.



Indigenous Peoples in Ontario



Ontario is home to the largest Indigenous population in Canada. Based on 2021 data, there are an estimated 251,030 First Nations people, 134,615 Métis people, 4,310 Inuit and 9,515 Indigenous-identifying people in Ontario.^[1] Importantly, the true number of Indigenous people in Ontario is likely to be much higher, as the Census of Population has been shown to significantly undercount First Nations, Inuit and Métis peoples and sometimes excludes individual First Nations communities.^[2] For example, the Indigenous population in Toronto was underestimated by 50% in the census and Six Nations of the Grand River is not accounted for within the Canadian Census.^[3]

First Nations, Inuit and Métis peoples are constitutionally recognized nations with inherent and Treaty rights. The Indigenous population consists of status and non-status First Nations people who may live on- and off-reserve, and Inuit and Métis in urban, rural and remote areas in Ontario. Each community and nation has its own histories, languages, cultures, beliefs and practices, as well as perspectives, protocols, infrastructure, accountabilities, jurisdictions and governance. There are more than 40 Treaties and other land agreements covering Ontario, which set out the rights and responsibilities of First Nations and the provincial and federal governments.^[4]

First Nations

First Nations in Ontario include many Nations, such as the Anishinabek (Algonquin, Mississauga, Ojibway, Nipissing, Chippewa, Odawa, Potawatomi), Lenape (Delaware), Mushkegowuk (Cree), Anisininew (Oji-Cree) and Onkwehon:we (Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Seneca and Tuscarora), and each of the nations has its own languages and customs.

There are 133 First Nations communities in Ontario. Most First Nations, but not all, are connected to larger regional groupings known as political territorial organizations (PTO). PTOs are a primary support for political advocacy and secretariat services for First Nations communities. The Grand Chief or Grand Council Chief is the elected leader of a PTO.

Chiefs of Ontario

Regional Chief Abram Benedict

Established in 1975, Chiefs of Ontario is a political forum and secretariat for collective decision-making, action and advocacy for 133 First Nations communities located within the boundaries of the province of Ontario.

Anishinabek Nation

Grand Council Chief Linda Debassige

Established in 1949 as the Union of Ontario Indians, Anishinabek Nation is the secretariat and political advocate for 39 member First Nations across Ontario.

Association of Iroquois and Allied Indians

Grand Chief Joel Abram

Established in 1969, the Association of Iroquois and Allied Indians is mandated to defend and enhance the Indigenous and treaty rights of their eight member First Nations.



Grand Council Treaty #3

Ogichidaa Francis Kavanaugh

With Treaty #3 dating back to 1873, Grand Council Treaty #3 is the governing body of the Anishinaabe Nation in Treaty #3 and represents 28 First Nations in Northwestern Ontario and Manitoba.

Nishnawbe Aski Nation

Grand Chief Alvin Fiddler

Established in 1973, Nishnawbe Aski Nation represents the political, social and economic interests of the people of Northern Ontario, which includes 49 First Nation communities and encompasses the James Bay Treaty #9 and the Ontario portion of Treaty #5.

Independent First Nations

There are 12 Independent First Nations affiliated with the Independent First Nations Protocol, which outlines that, when necessary, the Independent First Nations will work collectively on issues of fundamental concern while respecting each other's autonomy.

Unaffiliated First Nations

Some First Nations are not affiliated with any of the organizations listed and represent themselves on all issues and matters, such as Six Nations of the Grand River.

Inuit



The Inuit are the original people from Inuit Nunangat, which includes four Inuit homelands (Inuvialuit Settlement Region, Nunatsiavut, Nunavik and Nunavut). Inuit are not indigenous to Ontario, but the Inuit in Ontario have relocated here permanently or temporarily from their traditional homelands. While it is estimated to be an undercount of the total Inuit population in Ontario, the majority of the approximately 4,310 Inuit who live in Ontario are in the Ottawa area, but Toronto and other larger cities in Ontario have growing Inuit populations.

The Inuit infrastructure in Ontario is composed of multiple organizations working together to provide services to Inuit. Collectively they operate very differently than First Nations and Métis governance. Coinciding with the Inuit population, most Ontario Inuit service delivery organizations are located in Ottawa.

Tungasuvvingat Inuit

Judy Anilniliak, Executive Director

Tungasuvvingat Inuit is an Inuit-specific registered not-for-profit Ontario service provider offering social support, cultural activities, employment and education assistance, youth programs, counselling, crisis intervention and more. In total, they offer nearly 30 integrated, front-line services. Their goal is to be a one-stop resource and support centre to meet the rapidly growing, complex and evolving needs of Inuit in Ontario.

Métis



The Métis Nation is composed of descendants of people born of relations between First Nations women and European men. The Métis are a distinct people with a unique history, culture and language that draws on their diverse ancestral origins, including Ojibway, Cree, Scottish and French. There are approximately 134,615 people who identify as Métis living in Ontario.¹⁰ The Métis Nation of Ontario is the provincially recognized Métis governance structure of Ontario, though there are other Métis groups in the province.

Métis Nation of Ontario

President Margaret Froh

Founded in 1993, the Métis Nation of Ontario represents the collective aspirations, rights and interests of Métis people and communities throughout Ontario. The Métis Nation of Ontario maintains the only recognized Métis registry in Ontario.

Urban Indigenous



The term “urban Indigenous” refers to First Nations, Inuit and Métis peoples who live in cities and towns and it recognizes the diversity between and within urban Indigenous communities. In Ontario, 88% of Indigenous people live off-reserve in towns, cities and rural areas.^[5] This figure includes Métis people and Inuit who do not live on reserves. Among Ontario cities, Toronto, Thunder Bay, Ottawa and Sault Ste. Marie have significant Indigenous populations. There are many Indigenous-led organizations in Ontario providing supports, programs and services to urban Indigenous people, such as Indigenous mental health and addiction treatment and healing centres, Indigenous children and youth mental health service providers and Indigenous Healing Lodges.

Ontario Native Women's Association

Cora McGuire-Cyrette, Chief Executive Officer

The Ontario Native Women's Association (ONWA) is a not-for-profit Indigenous women's organization focused on empowering and supporting Indigenous women and their families in Ontario. ONWA is mandated to end all forms of violence against Indigenous women. The safety of Indigenous women is central to ONWA's research, advocacy, policy, program designs and service delivery. As an association, ONWA also represents the interests and voices of over 35 membership organizations across Ontario.

Indigenous Partner

Ontario Federation of Indigenous Friendship Centres

Under Recruitment, Executive Director

The Ontario Federation of Indigenous Friendship Centres is the provincial Indigenous organization representing the collective interests of 31 member Friendship Centres located in towns and cities throughout Ontario. Friendship Centres are not-for-profit and charity corporations that are mandated to serve the needs of urban Indigenous people by providing culturally appropriate services in urban communities.

Indigenous Primary Health Care Council

Caroline Lidstone-Jones, Chief Executive Officer

The Indigenous Primary Health Care Council supports the advancement and evolution of Indigenous primary health care services throughout Ontario, including through its work with 25 Indigenous primary health care organizations which address the physical, spiritual, emotional and mental wellbeing of the First Nations, Inuit and Métis peoples and communities being served.

Relationship Protocols with First Nations, Inuit, Métis and Urban Indigenous Partners



Relationship protocols are formalized agreements that hold Cancer Care Ontario, now under Ontario Health, accountable for the work it is committed to delivering through the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies. Ontario Health continues to honour the Protocol Agreements signed with the former Cancer Care Ontario and is currently building relationships with First Nations, Inuit, Métis and urban Indigenous communities and organizations through discussions on new agreements.

While Ontario Health is actively pursuing signing Relationship Protocol Agreements with interested partners, we are equally dedicated to working effectively with all partners, regardless of their interest in formal agreements.

In collaboration with the Regional Cancer Programs, the Indigenous Health Unit also provides annual reports for each relationship protocol holder. These reports are developed using the annual year-end reports submitted by each of the Regional Cancer Programs, along with project updates from the Indigenous Health Unit. All relevant information related to each Indigenous partner is extracted from the Regional Indigenous Cancer Plans to develop customized reports.

The reports demonstrate a commitment to transparent reporting. This practice ensures that partners co-own the work and holds the Indigenous Health Unit accountable, fostering trust and collaboration.

"Our commitment to fostering genuine partnerships and engaging in meaningful collaboration remains unwavering as we strive to empower Indigenous communities and create supportive environments that promote health and wellbeing. As we progress, we acknowledge the invaluable contributions of Indigenous Elders, patients, families, communities, leadership, health care providers and our partners across the province."

Alethea Kewayosh

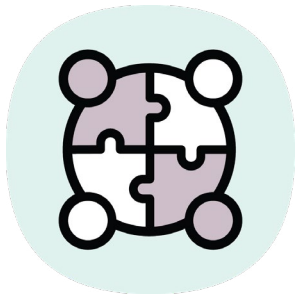
Former Director, Indigenous Health Unit



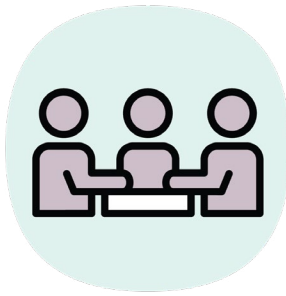
Ontario Health (Matthew Anderson, President and CEO) signed a relationship protocol with the Ontario Native Women's Association (Cora McGuire-Cyrette, CEO) in Thunder Bay in May 2024.

Strategic Priorities

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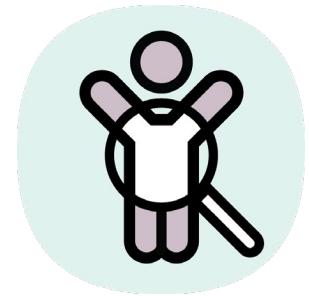
**Build and Sustain
Productive Relationships**



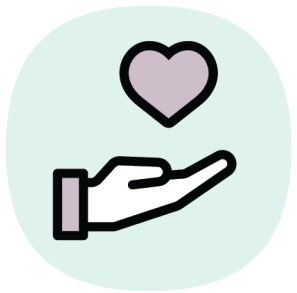
**Measure, Monitor,
and Evaluate**



**Prevention and
Wellbeing**



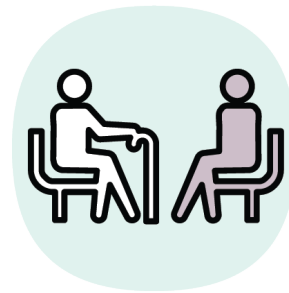
Cancer Screening



**Palliative and
End-of-Life Care**



Survivorship



Education



Equitable Access

Strategic Priority 1

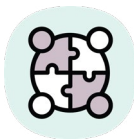
Build and Sustain Productive Relationships



Build and sustain relationships with Indigenous partners based on trust and mutual respect.

Supports the following Ontario Cancer Plan 6 goals:

- Advance equity in the cancer system
- Improve patient, care partner and provider experience
- Achieve seamless and effective integration of all cancer services



Strategic Priority 1: Build and Sustain Productive Relationships



Building and sustaining productive relationships with First Nations, Inuit, Métis and urban Indigenous peoples and communities across Ontario has been foundational to the efforts over the previous cancer strategies. Without taking the time to build and maintain strong, meaningful relationships with Indigenous leadership, communities, health care providers and policymakers, Ontario Health would not be able to achieve any measure of success with the other strategic priorities. Ontario Health continues to honour the formal agreements with the former Cancer Care Ontario and is working towards formalizing new agreements with First Nations, Inuit, Métis and urban Indigenous partners to ensure accountability and to reaffirm Ontario Health's commitment to improving the cancer system for Indigenous people. Ontario Health's ongoing efforts will continue to be guided by the provincial Joint Ontario Indigenous Health Committee, alongside regional and local First Nations, Inuit, Métis and urban Indigenous communities and organizations.



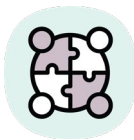
Strategic Priority 1: Build and Sustain Productive Relationships

Objectives and Actions

Build, grow, strengthen, sustain and measure relationships

- Sustain and develop new relationships and partnerships with Indigenous and health system partners to improve First Nations, Inuit, Métis and urban Indigenous cancer system health outcomes
- Continue to work with First Nations, Inuit, Métis and urban Indigenous leadership, governance structures, health networks, communities and other health system partners to implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2024-2028), as well as subsequent Regional Indigenous Cancer Plans
- Support health system partners to develop respectful relationships that are accountable to First Nations, Inuit, Métis and urban Indigenous partners when addressing their cancer care needs, including regular reporting and review of the engagement process
- Work with First Nations, Inuit, Métis and urban Indigenous partners to establish ongoing communication processes based on their guidance
- Continue to measure, evaluate and refine ways to build relationships between the health system and Indigenous people and examine whether these relationships are improving cancer care





Strategic Priority 1: Build and Sustain Productive Relationships

Support Indigenous health priorities throughout the cancer system

- Support health system partners' responses to current, evolving and new Indigenous cancer related priorities, as directed by First Nations, Inuit, Métis and urban Indigenous communities and organizations
- Support First Nations, Inuit, Métis and urban Indigenous health transformation priorities as they relate to cancer
- Engage with First Nations, Inuit, Métis and urban Indigenous health care providers to identify best practices, address challenges and implement strategies that improve Indigenous health system outcomes



Support First Nations, Inuit, Métis and urban Indigenous knowledges and traditional practices in health care as guided by First Nations, Inuit, Métis and urban Indigenous partners

- Update information on existing cultural practices and initiatives across Ontario and support the advancement of Indigenous cultural safety with health system partners, including support for traditional health practitioners, practices and spaces, and trauma informed care
- Promote respect for, and understanding of, First Nations, Inuit, Métis and urban Indigenous knowledges, traditional practices and practitioners/Knowledge Keepers
- Support Indigenous and health system partners in developing and evaluating culturally responsive protocols and processes that respect First Nations, Inuit, Métis and urban Indigenous knowledges and traditional practices in health care settings
- Continue to engage with Elders, Knowledge Keepers and Traditional Healers to advise and guide the work of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies

Measure, Monitor and Evaluate



Compile, develop and leverage information to improve the quality of the cancer experience for Indigenous patients, families and the health care providers that serve them.

Supports the following Ontario Cancer Plan 6 goals:

- Improve patient, care partner and provider experience
- Improve cancer outcomes and quality of life for Ontarians
- Ensure sustainable cancer system infrastructure and workforce



Strategic Priority 2: Measure, Monitor and Evaluate

Community-driven research projects are one way that the Indigenous Health Unit supports health data work. For example, the Catching Cancers Early research project, initiated by Joint Ontario Indigenous Health Committee partners and led by the Indigenous Health Unit and Ontario Health Screening Program scientists, addresses concern that First Nations, Inuit, Métis and urban Indigenous peoples may be diagnosed with screening program cancers before they are old enough to participate in screening. In one of the completed aims, it was found that First Nations people are diagnosed at younger ages and at later cancer stages for colorectal and lung cancers, which suggests that changes to the design of the colon and lung cancer screening programs for First Nations people may be needed. These results have been shared with the provincial screening programs, which are considering implications for screening recommendations for Indigenous people in Ontario.

Another research project underway is focused on understanding key cancer trends in Canada among First Nations, Inuit and Métis peoples, including cancer trends among young people and cancer stage at diagnosis, with a specific focus on understanding the impacts of lung and kidney cancers.

This work builds on previous research led by the Indigenous Health Unit in partnership with First Nations, Inuit, Métis and urban Indigenous communities. Notable projects include the Métis Nation of Ontario Cancer Screening Research Project and the Wequedong Lodge Cancer Screening Research Project, both of which used qualitative research methods to understand cancer screening experiences among the Métis Nation of Ontario and First Nations communities throughout northwestern Ontario, respectively.^{[6], [7]} The findings from these research projects have informed the Indigenous Health Unit's approach to supportive cancer screening, directly influencing the screening objectives outlined in the Screening, Education and Equitable Access strategic priorities.



Strategic Priority 2: Measure, Monitor and Evaluate

Objectives and Actions

Identify, access, generate and analyze health data

- Use data to measure, monitor and evaluate the performance of the cancer system across the cancer journey to improve health experiences, outcomes and wellbeing with and for Indigenous people
- Support Regional Cancer Programs and other Ontario Health teams in evaluating the impact of cancer programs and initiatives
- Estimate the impact of cancer and other chronic diseases on the health and wellbeing of Indigenous people and communities
- Integrate relevant research methods for generating data and developing knowledge translation products relevant to Indigenous people's cancer experiences and priorities

Support Indigenous communities and organizations in using health data for policy and program development and understanding the related implications

- Address gaps in the health system by using and sharing knowledge exchange activities with Indigenous partners
- Support Indigenous partners and communities in developing and enhancing their measure, monitor and evaluation capabilities





Strategic Priority 2: Measure, Monitor and Evaluate

Explore opportunities to partner with organizations with shared health data goals

- Pursue and support access to funding opportunities for research that aims to improve the health and wellbeing of Indigenous people and communities
- Develop and sustain partnerships in Ontario and across Canada to collaborate on common initiatives



Develop, refine, implement and monitor the Ontario Health Indigenous Data Governance Matters process in partnership with First Nations, Inuit, Métis and urban Indigenous partners

- Improve understanding of, respect for and capacity to implement First Nations, Inuit, Métis and urban Indigenous data sovereignty and governance principles within Ontario Health and the regions
- Work with distinct First Nations, Inuit, Métis and urban Indigenous partners, at their direction, to develop, refine, implement and monitor a process to support relevant First Nations, Inuit, Métis and urban Indigenous partners in informing and making approval decisions about Ontario Health work that proposes to involve First Nations, Inuit, Métis and urban Indigenous health-related data
- Support First Nations, Inuit, Métis and urban Indigenous partners in accessing their health-related data held at Ontario Health to advance community health priorities and community-led initiatives

Prevention and Wellbeing



Reduce rates of cancer and other chronic diseases among Indigenous people.

Supports the following Ontario Cancer Plan 6 goals:

- Advance equity in the cancer system
- Improve cancer outcomes and quality of life for Ontarians



Strategic Priority 3: Prevention and Wellbeing



Ontario Health works with First Nations, Inuit, Métis and urban Indigenous partners to recognize and support the distinct and unique world views on wellbeing. For example, in Anishinaabe culture, Mino-Bimaadiziwin represents the way of life that the ancestors planned for future generations. It involves honouring the interconnectedness of all living things, recognizes human responsibility and acknowledges the importance of living a good life and taking care of ourselves, our families and our communities. Other Indigenous peoples and cultures in Ontario are guided by similar approaches to health, wellbeing and community, such as the Inuit Qaujimajatuqangit principles (Inuit ways of knowing) and traditional Métis values.

The reduction and prevention of chronic diseases, including cancer, are prioritized through collaboration, education and community engagement. Ontario Health will continue building community capacity by offering specialized training for health care providers and caregivers and by strengthening partnerships with First Nations, Inuit, Métis and urban Indigenous partners. This priority also focuses on developing customized resources and programs that enhance wellbeing. In this way, the distinct Indigenous worldviews on wellbeing can be recognized and supported within the mandate of Ontario Health.



Strategic Priority 3: Prevention and Wellbeing

Objectives and Actions

Reduce and prevent cancer and other chronic diseases

- Provide training to health care providers with a focus on chronic disease prevention, including cancer, to build capacity at the community level



- Establish relationships and work in collaboration with First Nations, Inuit, Métis and urban Indigenous partners to address cancer and chronic disease prevention
- Work with Indigenous people, communities, organizations and nations to provide customized workshops, resources, education sessions and programs that focus on preventing chronic disease, including cancer, and improving overall wellbeing
- Re-establish the Path to Prevention Partnership Table and bring forward the relevant recommendations from the Path to Prevention report to address behavioural risk factors related to cancer and other chronic diseases
- Continue to promote wellbeing and healthy behaviours by identifying and developing resources that address wholistic health and wellbeing



Strategic Priority 3: Prevention and Wellbeing

Develop and use evidence to reduce the burden of cancer and other chronic diseases and promote wellbeing

- Develop and use chronic disease prevention and behavioural risk factor data, policies and partnerships, in collaboration with First Nations, Inuit, Métis and urban Indigenous communities and organizations, to inform and develop relevant and culturally appropriate approaches to chronic disease prevention and wellbeing
- Continue to collaborate and share knowledge with Indigenous and non-Indigenous partners about preventing cancer and other chronic diseases

Support prevention policies and develop programs to address emerging issues and trends

- Ensure that Indigenous community members and health care providers have the knowledge and tools needed to deal with emerging issues and trends, learn from their experiences and facilitate the exchange of knowledge with Indigenous and non-Indigenous partners

Cancer Screening



Increase participation in cancer screening among Indigenous people across the province.

Supports the following Ontario Cancer Plan 6 goals:

- Advance equity in the cancer system
- Improve cancer outcomes and quality of life for Ontarians



Strategic Priority 4: Cancer Screening

Efforts are underway to continue to explore the barriers that prevent Indigenous people in Ontario from participating in cancer screening at the same rates as the general population. With the support of the Indigenous Health Unit, the Ontario Cervical Screening Program has launched human papillomavirus testing, which replaces cytology (Pap tests) as the primary cervical screening method and serves as a follow-up test in colposcopy. Over the next few years, the Ontario Lung Screening Program will expand to additional regions, ensuring that it meets the needs and priorities of Indigenous communities and is accessible to them. Additionally, the Ontario Breast Screening Program has broadened access to include individuals aged 40-49.

A key partnership between Ontario Health, the Sioux Lookout First Nations Health Authority and the North West Regional Cancer Program aims to improve participation in the ColonCancerCheck screening program among Sioux Lookout and Area communities. This initiative addresses barriers to accessing Fecal Immunochemical Tests by implementing a model that makes Fecal Immunochemical Test kits readily available at nursing stations and health centres. The Indigenous Health Unit is also seeking opportunities to expand this model to additional communities over the coming years.

Ultimately, every Indigenous person eligible for cancer screening should have the support they need to make an informed choice about participating in cancer screening across all programs.





Strategic Priority 4: Cancer Screening

Objectives and Actions

Improve access and participation in cancer screening

- Improve access to cancer screening programs by working with First Nations, Inuit, Métis and urban Indigenous partners to support expansion and enhancements of the programs across the province
- Continue to implement Indigenous community- and research evidence-informed recommendations to improve cancer screening participation in collaboration with First Nations, Inuit, Métis and urban Indigenous partners
- Address barriers to cancer screening for Indigenous people and communities, including primary care and navigation supports
- Explore age eligibility requirements for cancer screening programs for Indigenous people

Improve coordination and integration of cancer screening services

- Continue to support health care providers to improve the timeliness and coordination of cancer screening and follow-up of abnormal results, reducing barriers to early cancer detection and treatment
- Support expansion of the cancer Screening Activity Report into new communities across Ontario



Strategic Priority 4: Cancer Screening

Support specific initiatives to improve organized cancer screening programs

- Improve colon and lung cancer screening participation among Indigenous men
- Support the Ontario Lung Screening Program through expansion and enhancements of the program across the province for Indigenous people
- Develop culturally appropriate First Nations, Inuit, Métis and urban Indigenous-specific cancer screening materials
- Continue to inform organized screening programs for breast, colon, cervical and lung cancer to ensure they are culturally safe and inclusive of Indigenous people addressing their unique needs



Palliative and End-of-Life Care



Address the palliative and end-of-life needs of Indigenous people with cancer.

Supports the following Ontario Cancer Plan 6 goals:

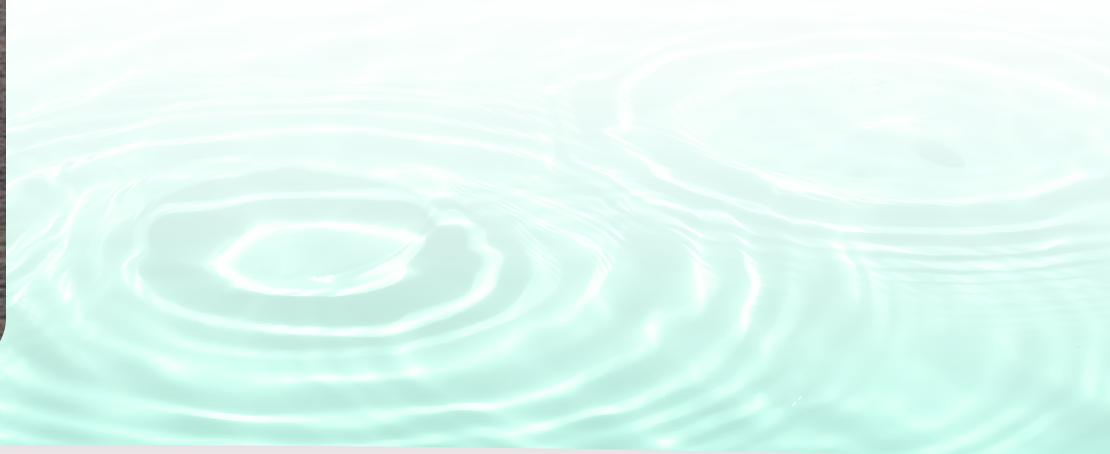
- Improve patient, care partner and provider experience
- Improve cancer outcomes and quality of life for Ontarians



Strategic Priority 5: Palliative and End-of-Life Care



Palliative and end-of-life care services vary drastically for Indigenous people in Ontario. Along with pain management and symptom management, palliative and end-of-life care for Indigenous people need to include emotional, spiritual and cultural aspects of the patient, family and the community. Increasing availability of supports – including expansion of services delivered in the home, modernization of care, access to traditional medicines and healers and being surrounded by family – must be a priority to ensure high-quality person-centred care.





Strategic Priority 5: Palliative and End-of-Life Care

Objectives and Actions

Improve capacity of system to provide timely, high-quality and culturally safe palliative and end-of-life care for Indigenous patients with cancer and their families

- Continue to work with Indigenous and health system partners, including the Ontario Palliative Care Network and Regional Palliative Care Networks, to improve the coordination and integration of palliative and end-of-life care

Support strategies to improve and enhance patient, family and provider experience within the cancer system

- Continue to support patient navigation through palliative and end-of-life care
- Support the development of tools, resources, networking and training to provide health care providers, patients, family and caregivers with additional support through the cancer journey
- Support the inclusion of Indigenous patient and family voices in existing or new Patient and Family Advisory Committees
- Incorporate the meaning of palliative care from an Indigenous perspective into palliative care initiatives

Survivorship

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Cancer survivorship represents resilience, strength and continuation. By prioritizing survivorship, we empower and celebrate the lives of those who have overcome cancer while also ensuring ongoing support, communication and wholistic care for individuals and communities throughout their cancer journey and beyond.

Supports the following Ontario Cancer Plan 6 goals:

- Improve patient, care partner and provider experience
- Improve cancer outcomes and quality of life for Ontarians



Strategic Priority 6: Survivorship

Objectives and Actions

Survivorship represents progress and symbolizes the evolution of the First Nations, Inuit, Métis and urban Indigenous Cancer Strategies in a positive direction. Cancer survivorship means living with, through and beyond a cancer diagnosis, including the mental, emotional, spiritual and physical dimensions of healing. The concerted efforts of the Indigenous Health Unit, the Regional Cancer Programs and Indigenous partners in screening, education and cultural safety training, aimed at early detection, diagnosis and treatment of cancers, have significantly contributed to increased survivorship among First Nations, Inuit, Métis and urban Indigenous peoples in Ontario. This priority aims to support and increase awareness of cancer survivorship by continuing efforts to develop resources for Indigenous patients. Through collaboration and knowledge exchange, First Nations, Inuit, Métis and urban Indigenous communities can receive the necessary support and resources to navigate the survivorship journey successfully.

Support and increase awareness of cancer survivorship

- Work with partners to gather, develop and share information on cancer survivorship with Indigenous communities

Identify and develop supports for cancer survivorship

- Support the development of resources for Indigenous patients at the survivorship stage of the cancer care continuum



Education



Increase the knowledge and awareness among Indigenous people about cancer and other chronic diseases, and among health care providers about cultural safety.

Supports the following Ontario Cancer Plan 6 goals:

- Advance equity in the cancer system
- Ensure sustainable cancer system infrastructure and workforce



Efforts to address cancer and chronic disease misconceptions among First Nations, Inuit, Métis and urban Indigenous peoples in Ontario have led to the development and dissemination of culturally relevant resources by the Indigenous Health Unit. This includes the Indigenous Relationship and Cultural Awareness courses, updated in 2023, which align with recommendations from the Truth and Reconciliation Commission of Canada and provide skills-based training in cultural safety, Indigenous history, rights, governance, conflict resolution and anti-racism. These free, publicly available courses enhance understanding of First Nations, Inuit, Métis and urban Indigenous experiences and promote person-centred care, and as such many health system partners are now required to complete this training. Continued collaboration through this priority will support cultural safety education, integrate First Nations, Inuit, Métis and urban Indigenous perspectives into health care delivery, and ensure culturally appropriate care for First Nations, Inuit, Métis and urban Indigenous communities across Ontario.





Strategic Priority 7: Education

Strategic Priority 7: Education

Objectives and Actions

Address gaps in educational resources and program initiatives

- Measure the impact of the Indigenous Health Unit's resources to address gaps in education and program initiatives across the cancer care continuum
- Increase First Nations, Inuit, Métis and urban Indigenous youth audience and engagement with cancer education initiatives

Support and increase cultural awareness and safety education

- Sustain, enhance, promote and evaluate the Indigenous Relationship and Cultural Awareness courses in collaboration with Ontario Health's Learning and Development business unit

- Work with partners to gather, develop, promote and share information and training opportunities on cultural awareness and safety across the health system

Support education, training and knowledge sharing for Indigenous people, communities, organizations and Indigenous service providers

- Inform and adapt Indigenous cancer resources, training and tools for health service providers working with First Nations, Inuit, Métis and urban Indigenous peoples
- Continue to develop and disseminate culturally responsive information and educational resources to address First Nations, Inuit, Métis and urban Indigenous peoples, communities, organizations and nations' emerging cancer education needs and priorities

Equitable Access



Reduce barriers in the health system and service delivery.

Supports the following Ontario Cancer Plan 6 goals:

- Advance equity in the cancer system
- Achieve seamless and effective integration of all cancer services
- Improve cancer outcomes and quality of life for Ontarians
- Ensure sustainable cancer system infrastructure and workforce



Strategic Priority 8: Equitable Access



First Nations, Inuit, Métis and urban Indigenous peoples continue to face significant inequities in accessing and navigating the health care system due to anti-Indigenous racism, lack of cultural safety and systemic and geographic barriers. This priority aims to reduce barriers, improve experiences and ensure equitable access to culturally safe and appropriate health care. Through collaboration with neighboring provinces, Indigenous Services Canada and other Indigenous partners, this priority is focused on helping to create a more seamless system that responds to the needs and preferences of Indigenous individuals and communities across Ontario.



Strategic Priority 8: Equitable Access

Objectives and Actions

Improve navigation and access

- Identify, improve and share tools and supports for successful transitions in the cancer system through prevention, screening, treatment, recovery, discharge, survivorship, or end-of-life care
- Work with other provinces to address barriers to accessing care between jurisdictions
- Identify new and existing navigational supports and ways to improve access to care, including addressing transportation, temporary accommodation (if relocated), and food needs, to help Indigenous people throughout the cancer journey
- Work with Indigenous communities and partners to advance Indigenous-led cancer care priorities

Enhance quality and improve experience of services

- Support accountability in health care that will initiate action to address infringement of patient rights when accessing care
- Work with First Nations and Inuit partners and Indigenous Services Canada to ensure the Non-Insured Health Benefits Program supports access to timely and effective cancer services and care
- Promote shared decision-making concept between First Nations, Inuit, Métis and urban Indigenous peoples and health care providers

Increase the provision of culturally responsive and anti-racist care

- Help cancer system partners develop relationships with First Nations, Inuit, Métis and urban Indigenous partners to promote culturally safe and supportive care that prioritizes the unique needs of First Nations, Inuit, Métis and urban Indigenous peoples and is free of racism and discrimination in the health care system

Developing the Strategy



The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2024-2028) is the result of Indigenous partners coming together and working with Ontario Health to address cancer issues and to create unique and diverse health care solutions. It aligns with the six goals in the sixth Ontario Cancer Plan (2024-2028).

This plan was developed through a comprehensive process, beginning with a review of progress made under the fourth First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2019-2023). Insight and expertise were provided by the Joint Ontario Indigenous Health Committee, Indigenous patients, staff across Ontario Health and a network of partners, including the Regional Cancer Programs and Indigenous Health Tables.

The review and engagements affirmed the direction set by previous First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies, with the new strategy continuing in the same direction and building on past progress. It identifies areas for advancement, new opportunities for improvement and emerging areas within the health care environment require attention in coming years.

To achieve this vision, the strategy focuses on reducing the burden of cancer and chronic disease in Indigenous people through several key approaches:

- Continuing the momentum from the fourth First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2019–2023) by building on the action items through the strategic priorities for 2024 to 2028
- Addressing the chronic disease and cancer care needs of Indigenous people by incorporating the concept of wellbeing
- Promoting physical, emotional and social wellbeing, as well as ensuring comprehensive care and support individuals beyond treatment through the introduction of a new strategic priority – Survivorship
- Integrating Indigenous knowledge and traditional practice into health and chronic disease policies and programming

Ontario Health has been working with Indigenous partners to create multi-year First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies since 2004. This fifth strategy builds on the progress achieved under its predecessors and has been designed to:

- Improve the performance of the cancer system for Indigenous people in Ontario in a way that honours Indigenous concepts of wellbeing
- Improve the wellbeing of Indigenous people in Ontario and reduce the burden of cancer in these communities
- Empower supportive and healthy environments that build on the strengths of Indigenous individuals, families, communities and organizations

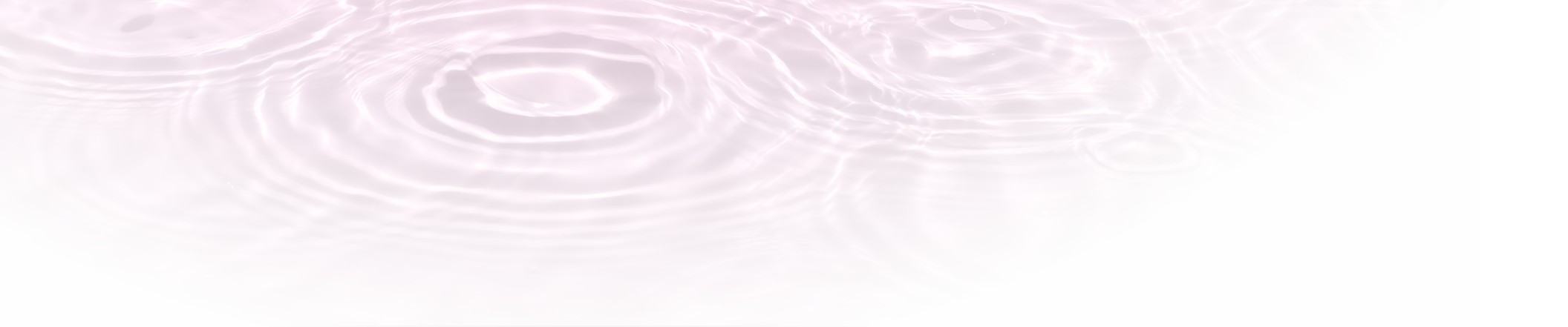
Cancer in First Nations, Inuit, Métis and Urban Indigenous Communities



Cancer and Cancer Care Experiences

Cancer remains a significant cause of morbidity and mortality for First Nations, Inuit, Métis and urban Indigenous peoples. An ongoing research project led by the Indigenous Health Unit with community and institutional partners has shown that over the study period, trends in getting and dying from screening program cancers have improved for First Nations adults in Ontario. The risk of getting or dying from breast cancer was lower in First Nations women compared to other Ontarian women. By the end of the study period, the risk of getting or dying from cervical cancer was similar for First Nations women compared to other Ontarian women. However, the risk of getting or dying from colon or lung cancer remained higher. Also, on average, once a First Nations person gets breast, cervical, colon, or lung cancer, their chance of surviving is lower compared to other people in Ontario. This warrants further efforts to understand how the cancer system can be enhanced to better support prevention, detection and care.^[8]

Past work has demonstrated the negative impact of having another health condition at the time of breast cancer diagnosis.^[9] It is crucial to explore what else impacts cancer survival and what positive changes can be made to improve outcomes. Enhancing the cancer system to better support prevention, care and survivorship for Indigenous populations remains a key priority. Because of a lack of Indigenous identifiers in the Ontario Cancer Registry, monitoring First Nations, Inuit and Métis specific analyses is not possible without linking to databases with such identifiers. The First Nations specific work described above was enabled by such a linkage. Exploring cancer related outcomes for Inuit and Métis people who reside in Ontario is a priority since analyses conducted to date are beyond the provincial boundaries. Using national data revealed that incidence was significantly higher among Métis adults compared to others in Canada for the following cancers: female breast, lung,



liver, larynx, gallbladder and cervical. Furthermore, Métis men had poorer survival for prostate cancer.^[10] Also using national data, cancer incidence among residents of Inuit Nunangat was compared to others in Canada and showed higher rates of cancers of the nasopharynx, lung and bronchus, colorectal, stomach (males) and kidney and renal pelvis (females), whereas prostate and female breast cancers were lower in the Inuit Nunangat population.^[11]

Behavioural, social and systemic factors all contribute to the higher risk of cancer among Indigenous population. Behavioural risk factors for screening program cancers are notably higher in First Nations and Métis persons, for example higher rates of smoking and physical inactivity contribute to increased cancer risk. Additionally, social and systemic factors such as anti-Indigenous racism, limited access to culturally safe health care services, long travel distances and financial

constraints, delay diagnosis and treatment, which impacts cancer mortality and survival. In an impact assessment done by the Indigenous Health Unit, many First Nations participants shared having to travel hours for services such as family medicine, cancer screening and cancer treatment, often lacking reliable transportation. Métis participants expressed the challenges they face due to their increased distance to health care services and the need for additional transportation services. Financial support is also a significant issue, with many First Nations and Métis Impact Assessment participants expressing difficulties due to insufficient coverage and high costs. Cultural safety concerns, including experiences of racism and disrespect in the health care system, further contribute to reluctance in seeking medical help. Addressing these interconnected factors is crucial for reducing the cancer burden and improving outcomes for First Nations, Inuit, Métis and urban Indigenous peoples in Ontario.

Chronic Disease and Risk Factors

Chronic disease has a disproportionate impact on Indigenous people in Ontario. Overall, Indigenous people experience higher rates of some chronic diseases^[12] and mental health conditions,^[13] rooted in the structural and social determinants of health. Indigenous people also face unique, systemic and significant barriers to accessing and receiving equitable care. Chronic disease risk, access to services and health outcomes are also different among Indigenous people in Ontario.

Building from the Path to Prevention report, released in 2016, the rising burden of chronic diseases among Indigenous people has been linked, at least in part, to the higher prevalence of several risk factors, including:

- Commercial tobacco use
- Alcohol consumption
- Physical activity
- Healthy eating

An impact assessment done by the Indigenous Health Unit identified significant challenges faced by many First Nations participants, including chronic pain, chronic conditions, limited mobility and lack of access to exercise facilities, all of which impede physical activity. The assessment also highlighted structural barriers to healthy eating, such as the high cost of nutritious foods, limited availability of healthy foods and limited access to grocery stores, which exacerbate food insecurity among First Nations and Métis peoples. The lack of access to traditional foods and land are often emphasized as contributing factors to food insecurity among First Nations communities. High commercial tobacco usage persists, with stress, cravings and social situations cited as barriers to quitting. Additionally, some participants reported that social norms and mental health conditions influence their alcohol consumption. Addressing these barriers with targeted and culturally appropriate strategies is essential for improving health outcomes and reducing the burden of chronic diseases among Indigenous people.

Despite these challenges, Indigenous people have shown remarkable strengths-based approaches to preventing and managing chronic disease, such as:

- Cultural values and self determination: Emphasizing relationality, respect, reciprocity and wholistic health
- Traditional approaches to health and wellness: Engaging in land-based healing, ceremonies, teachings, language and the use of traditional medicines, plants and animals, while valuing Elders' knowledge and wisdom
- Community engagement and empowerment: Fostering community member support, talking and healing circles, mentorship, leadership and advocacy to drive concrete change

Health and Wellbeing

Indigenous health practices are deeply rooted in a wholistic approach to wellbeing, encompassing physical, spiritual, emotional and mental health.^[14] Traditional Medicine is recognized as an enabler in accessing health care services for First Nations, Inuit and Métis peoples. The impact assessment showed that First Nations, Inuit and Métis peoples broadly expressed the desire for increased access to Traditional Medicine, Traditional Healers and healing practices within or through the Western health care system, indicating that appropriate and respectful integration or collaboration would enhance the cultural safety of health care services.

Inequities in receiving culturally safe health care are significantly influenced by social determinants of health. Many of these determinants, like poverty, access to housing and educational barriers, are rooted in historical and contextual factors relating to Indigenous peoples, including a history of colonization that has affected culture, languages, land rights and self-determination. Recognizing and addressing the root cause of these determinants of health is an essential step in supporting the health and wellbeing priorities of First Nations, Inuit, Métis and urban Indigenous peoples.

Social determinants of health can be leveraged to manage and improve health and wellness through Indigenous led and community driven outcomes, such as culturally tailored interventions. Recent decades have seen the resurgence of Indigenous-led efforts to reclaim culture, assert rights and shape futures. Viewing chronic diseases through the lens of social determinants of health reveals shared root causes, highlighting the importance of community-driven approaches for ongoing improvement.^[15]

Wellbeing among First Nations, Inuit and Métis peoples is multifaceted, involving environmental, cultural, economic, social and spiritual dimensions. These interconnected elements contribute to the overall health and prosperity of Indigenous individuals and communities. Environmental wellbeing involves a deep connection to the land, access to clean water and engagement in traditional practices. Cultural wellbeing centres on language, spirituality and traditional medicine, reflecting sovereignty and the continuation of centuries-old cultural practices.

Social wellbeing emphasizes supportive relationships and addresses social determinants of health, such as cultural safety and colonization.^[16]

Community and family relationships are fundamental, fostering collective responsibility through reciprocity. Shared generational wisdom and traditional knowledge provide teachings and strategies for health and wellbeing approaches to disease management when an unexpected cancer diagnosis is received.

Indigenous health and wellbeing are integral to the Strategy, spanning across all priorities. By incorporating actions aimed at promoting health and wellbeing, the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy will support wellbeing across different stages of cancer care.



Key Accomplishments from the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 4 (2019-2023)



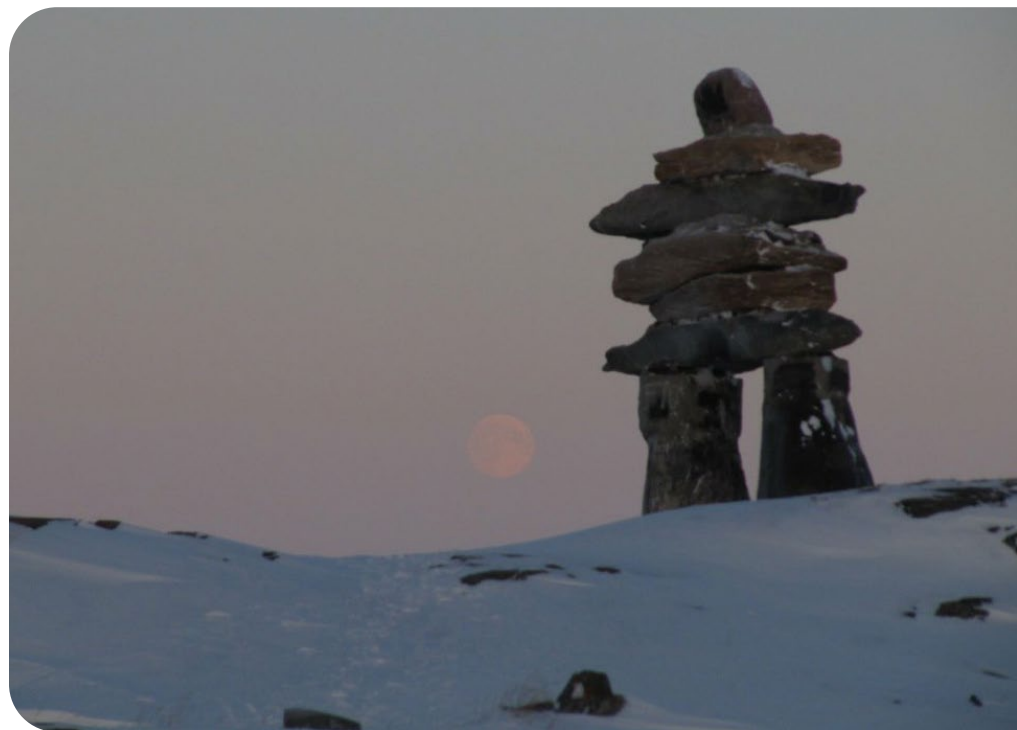
The First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2019-2023) provided a road map for the way Ontario Health, Indigenous communities and individuals and health system partners, aimed at improving health equity and alleviating the unique burden of cancer and other chronic diseases on Indigenous people. Despite the challenges posed by COVID-19, significant work has been completed across each of the seven strategic priorities. Completing or progressing most of this work is a remarkable accomplishment, considering the hurdles encountered during the pandemic.

As we transition to the new strategy, it is crucial to work closely with all partners, including teams across Ontario Health, the Regional Cancer Programs and First Nations, Inuit, Métis and urban Indigenous partners, to identify any gaps from the previous strategy and determine how best to address them moving forward. Some of the key accomplishments and select highlights from the previous strategy are included here:

- **Building Productive Relationships:** Ontario Health continued to honour protocol agreements with First Nations, Inuit, Métis and urban Indigenous organizations and developed new relationship protocols aligned with their guidance. Close collaboration with Indigenous Navigators, Indigenous Coordinators and Regional Indigenous Cancer Leads helped ensure alignment of Regional Indigenous Cancer Plans with the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2019-2023). The Indigenous Health Unit raised awareness of Indigenous days of significance at Ontario Health, supported the recruitment of Indigenous Navigators and created an Indigenous lens tool for health equity impact assessments to support teams across Ontario Health in better supporting Indigenous communities. Additionally, Annual Relationship Protocol Reports were developed and shared with Indigenous partners to maintain transparency and accountability in these partnerships.

- Measurement, Monitoring and Evaluation:** The Indigenous Health Unit continues to work in partnership with First Nations, Inuit, Métis and urban Indigenous partners on several multi-year research projects, such as Canadian Institutes of Health Research-funded grants, one focused on improving cultural safety throughout the cancer screening system. This grant includes three linked research aims that take different approaches to supporting cultural safety – assessing organization and system level cultural safety; working with First Nations, Inuit, Métis and urban Indigenous partners to develop culturally safe screening communication materials; and developing ways of incorporating shared decision making into cancer screening processes. A second funded project is examining cancer outcomes in First Nations, Inuit and Métis populations across Canada. With larger cohorts, we can explore cancers among young people for example. The Indigenous Health Unit is also working with First Nations, Inuit, Métis and urban Indigenous partners to refine the Ontario Health Indigenous Data Governance Matters process. This internal process aims to provide Ontario Health with direction, accountability and standardized approaches to appropriate collection, use, interpretation and dissemination of First Nations, Inuit, Métis and urban Indigenous data at Ontario Health.
- Prevention:** Through the Indigenous Tobacco Program, the Indigenous Health Unit collaborates with First Nations, Inuit, Métis and urban Indigenous communities to address commercial tobacco, cannabis and vaping cessation, prevention and protection, along with other chronic disease priority areas. Additionally, an Indigenous Chronic Disease Toolkit has been developed to facilitate discussions with community members experiencing chronic diseases or seeking information about specific types of chronic illnesses.
- Screening:** In collaboration with the Sioux Lookout First Nations Health Authority, North West Regional Cancer Program, Ontario Health, LifeLabs, Indigenous Services Canada and the Ministry of Health, access to the Fecal Immunochemical Test for colon cancer screening for the Sioux Lookout and Area communities was improved with the launch of the Fecal Immunochemical Test Kits-On-Hand initiative. Additionally, the Indigenous Health Unit continued to work closely with Ontario Health's Cancer Screening programs to help inform the implementation of HPV as the screening test of cervical cancer, the expansion of the age-eligibility criteria for the Ontario Breast Screening Program and the expansion of the Ontario Lung Screening Program across the province in a way that acknowledges and addresses the unique needs of Indigenous communities.

- **Palliative and End-of-Life Care:** The Indigenous Health Unit collaborated with the Canadian Partnership Against Cancer to inform and support the development of national palliative care resources and provided input into the development of a provincial palliative care framework leading to specific models of care that are of benefit to Indigenous communities.
- **Education:** Smoking prevention and cessation workshops were held in First Nations communities on Manitoulin Island through a partnership between the Indigenous Tobacco Program and ReachUp Ultimate involving five schools and 495 students and faculty. Additionally, First Nations, Inuit and Métis-specific comic books were developed in collaboration with the respective Nations, reflecting youth messaging about the cancer journey. We continued to encourage Ontario Health staff to enroll in the recently refreshed Indigenous Relationship and Cultural Awareness courses, while tracking Ontario Health's progress on completing these courses.
- **Equitable Access:** The Indigenous Health Unit developed an educational resource on Cancer Drug Funding to support the Non-Insured Health Benefits Navigator Network, along with the creation of a Non-Insured Health Benefits program reference guide that was developed in collaboration with the Chiefs of Ontario. The Indigenous Health Unit also supported the recruitment of an Early Resolution Indigenous Specialist with Patient Ombudsman.



Acknowledgments



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Many individuals and organizations contributed to the development of this strategy. We are grateful for their wisdom and interest in advancing the health of First Nations, Inuit, Métis and urban Indigenous peoples in Ontario.

Production of this resource has been made possible through collaboration and financial support from the Canadian Partnership Against Cancer Corporation and Health Canada. The views expressed herein do not necessarily represent the views of Health Canada or the Canadian Partnership Against Cancer.

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