Helping the Cancer System Work Better for First Nation, Inuit and Métis (FNIM) Populations in Ontario - A Model for Engagement and Building Productive Relationships

AOHC 2015 Conference
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Conflicts of interest statements

- Alethea Kewayosh has no known conflict of interest
Purpose of this Presentation

Background and Overview

• The Ontario Cancer Plan IV and the Aboriginal Cancer Strategy II
• Provincial and Regional Engagement and Implementation
• Relationship Protocols
• Sustainability in Engagement and Building Regional Capacity

Developing the Aboriginal Cancer Strategy III

• Seeking Guidance from our Partners
• ACS II to ACS III
• My CancerIQ
The Ontario Cancer Plan

- CCO’s roadmap for cancer services in Ontario
- Outlines CCO’s commitment for improving cancer services along every step of the patient journey
Aboriginal Cancer Strategy (ACS II)

• CCO’s roadmap to address FNIM cancer control issues/needs in Ontario
• Outlines CCO’s commitment for improving the FNIM patient journey
• ACS II was a deliverable of OCP III, just as ACS III is a deliverable of OCP IV
• ACS III development underway
Aboriginal Cancer Strategy (ACS II)

- Builds on ACS I (2004-2009)
- Was developed in collaboration with FNIM and other Aboriginal groups over an 18 month period
- Not a pan-Aboriginal initiative – working directly and individually with the First Nation, Inuit and Métis nations
ACS II: Strategic Priorities

- **Strategic Priority 1:** Build productive relationships
  - Work with FNIM groups to formalize relationships based on trust and mutual respect

- **Strategic Priority 2:** Research and surveillance
  - Data to inform programming initiatives will be compiled/developed

- **Strategic Priority 3:** Prevention
  - Smoking cessation efforts will be a key focus but we will begin looking at other modifiable risk areas

- **Strategic Priority 4:** Screening
  - Increasing participation to cancer screening across the Province

- **Strategic Priority 5:** Palliative and Supportive care
  - Help address the Palliative and Supportive care needs of FNIM with cancer

- **Strategic Priority 6:** Education
  - Increase the knowledge and awareness of cancer through cancer education and awareness initiatives
Why We Need an ACS

• Cancer is rising more quickly for FN people – breast and colorectal cancer; Inuit – lung cancer

• FNIM are diagnosed with later stage cancers - FN breast cancer

• Survival for major cancers is significantly worse in FN people compared to the general population

• Incidence rates increased significantly in FN people between 1968–2001 for all cancer and for the four major cancers; ranking of top cancers same for FN and Ontario:

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
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<tbody>
<tr>
<td>1. Breast</td>
<td>1. Prostate</td>
</tr>
<tr>
<td>2. Lung</td>
<td>2. Lung</td>
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<tr>
<td>3. Colorectal</td>
<td>3. Colorectal</td>
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These three account for >50% of cancer in both populations

Issues and Challenges

• A shift in disease patterns away from infectious diseases and toward chronic conditions such as cancer and diabetes.

• Cancer is one of the top three causes of death among FNIM people (circulatory diseases and external factors, e.g. accidents or suicide, are the other two*).

• Approximately 50% all cancer deaths are related to commercial tobacco use, diet and physical inactivity
Issues and Challenges

Specific to Cancer Control:
• Understanding/awareness
• No family physician
• Transportation/distance
• Weather
• Expense – adjustments for northern travel i.e., meals, kilometer rate, SUVs, snow tires
• Data gaps
• Poor coordination of care
• Jurisdictional issues
• Modifiable risk factors
• Fear
• OHIP registration

Other:
• Social determinants of health: poverty, low education, limited economic development opportunities and infrastructure
• Inter-generational trauma: colonialism, Indian Act, residential schools, loss of culture
• Unhealthy coping behaviors: drug & alcohol abuse, smoking, youth suicide
FNIM Strength and Resilience

• Despite facing such challenges FNIM people have demonstrated, and continue to demonstrate, extraordinary strength and resilience.
• FNIM culture, traditions and approaches to healing and wellness remain very strong in FNIM communities across the province.
• FNIM communities are revitalizing their cultures through promotion and use of indigenous knowledge and development of culturally-rooted policies.
• Traditional medicine still plays an important role for many FNIM people when considering treatment options
• A powerful sense of FNIM identity is alive and well in communities in Ontario and across Canada
Importance of Understanding History

• Many Canadians know little about the history of Aboriginal peoples. They may therefore, “blame the victim” and see poor social and economic conditions for Aboriginal people as their own fault.

• Need to understand the historical context of Aboriginal people’s present-day health and wellness. This context allows us to better understand the poor socioeconomic conditions and health of many Aboriginal people.
Where the ACS II Process Started...

- Joint Ontario Aboriginal Cancer Committee (JOACC) committee was established in September 1996 (established following Dr. Marrett’s study on increased cancer burden 1968-1991`)
- CCO received funding December 24, 1998 to establish Aboriginal programming
- Aboriginal Cancer Control Unit was established in early 2000
- ACCU undertook a needs assessment— the “It’s Our Responsibility” report - 2002
- This report led to the development of the first Aboriginal Cancer Strategy (ACS I) – 2004/09
- CCO received funding for ACS II initiatives in 2013/14 (71% is flowthrough)
Provincial and Regional Engagement & Implementation
Dr. Eric Hoskins, Minister of Health

- Engagement with First Nations is crucial
- First Nations voice is critical in the delivery of health care
- Understands why First Nations are distrustful
- He is 100% committed to earning the trust of First Nations
- Recognizes the unique needs of First Nations and much can be learned from the past
- He has respect for and acknowledgement of Traditional practices and traditional medicines
- Cited the Ontario Aboriginal Diabetes Strategy, TFNSOHC, Mental Health and Addictions Leadership Committee as examples of ministry engagement
Summary of Engagement and Implementation

Supports Ontario’s mandate:

• Approach that engages Ontario’s FNIM “on the issues that matter the most to them, and that we implement meaningful solutions to our shared challenges” ¹

• Developing options to increase the voices of FNIM in “decision-making across Ontario’s [cancer system] efforts to build constructive, co-operative relationships with Aboriginal peoples” ¹

• ACCU is also working on a number of initiatives that addresses the MOHLTC mandate, particularly in exploring more efficient and coordinated care to patients and developing partnership and collaborations across organizations and jurisdictions to improve services for FNIM

¹ 2014 Mandate letter: Aboriginal Affairs
Relationship Protocols

- The Ministry of Aboriginal Affairs recognizes protocol agreements as:
  - An agreement that recognizes the unique history and ways of life of Aboriginal communities in Ontario.
  - **An agreement that sets a new course for a collaborative relationship** between the Ontario government and Aboriginal people.
  - An agreement that is intended to improve the well being of Aboriginal children, families and communities while protecting and promoting the distinct culture, identity and heritage of Aboriginal peoples.
  - An agreement that encourages partnership opportunities that recognize and respect Aboriginal traditions.
Current Status

• Relationship Protocols have been signed by:
  - Grand Council Treaty #3 (May 2013)
  - The Union of Ontario Indians (June 2013)
  - Ontario Federation of Indigenous Friendship Centres (July 2014)
  - Nishnawbe Aski Nation (August 2014)
  - Kitchenuhmaykoosib Inninuwug (Big Trout Lake, October 2014)
  - Métis Nation of Ontario (February 2015, Memorandum of Understanding)

• Association of Iroquois and Allied Indians Relationship draft Protocol has been sent to AIAI for review, currently awaiting next steps from AIAI

• Relationship Protocol drafted for discussion with Tungasuvvingat Inuit

• Discussions underway with other Independent First Nations regarding Relationship Protocol development, or alternative as advised
Protocol Signings

Grand Council Treaty #3 (May, 2013)

Anishnabek Nation (June, 2013)

OFIFC (July, 2014)

Nishnawbe Aski Nation (Aug./14)

Métis Nation Ontario (Feb./15)
CCO’s Accountability to FNIM Leadership
ACS II Regional Implementation Process

1) Meet with 10 RCPs:
   • Discuss ACS II strategic priorities and targets
   • Establish primary contacts and working groups
   • Develop *draft* joint RCP – ACS II work plan to make the cancer system more effective for FNIM people

2) Establish FNIM networks:
   • Map and contact established core FNIM health tables in region to seek guidance and feedback on draft work plan
   • Assist RCPs to engage FNIM people directly

3) Build RCP capacity:
   • Create dedicated support (Leads and Navigators) to be able to better address cancer control for FNIM
   • Partnership Liaison Officers support the work of the RCPs and ensure sustained engagement between the RCPs, ACCU and core FNIM health tables
FNIM Self-Identified Population by Region

Data Source: Census 2006
Regional Aboriginal Cancer Plan Development

Draft Regional Aboriginal Cancer Plan

Regional Cancer Programs
RVPs and leadership

ACCU

Aboriginal Navigators

Regional Aboriginal Cancer Leads

Navigators

Leads

Partnership Liaison Officers
Building Regional Capacity

Addressing Aboriginal Cancer Control

ACCU
Navigators
RCP Leadership and Team
Leads
Northwest Region

- Approx. 46,020 registered Aboriginal population (19% of Ontario’s FNIM pop.)
- 69 First Nations communities represented by the following PTOs:
  - Grand Council Treaty #3
  - Union of Ontario Indians
  - Nishnawbe-Aski Nation
  - Independent/Unaffiliated
- 8 Métis Nation of Ontario Councils
- 9 Tribal Councils
- Sioux Lookout First Nations Health Authority
- Sioux Lookout Meno Ya Win Health Centre
- TBRHSC Aboriginal Advisory Council
- GCT#3/Thunder Bay Cancer Committees
- ONWA
- 8 Friendship Centres
- 3 AHACs
Northeast Region –

- Approx. 45,331 registered First Nations
- 41 First Nations communities represented by the following PTOs:
  - Nishnawbe-Aski Nation (NAN)
  - Union of Ontario Indians (UOI)
  - Association of Iroquois and Allied Indians (AIAI)
  - Independent/Unaffiliated
- 9 MNO Councils – mostly rural
  - ≈ 20,000 self identified Metis individuals (Census 2006)
- Inuit population >200
- Approx. 120 cancer patients from the Weeneebayko Area Health Authority (WAHA) in the NE region visit Kingston General Hospital annually
  - WAHA serves 6 FN communities (NAN) along the James Bay Coast
Sustainability…

• In collaboration with the FNIM core health tables we are developing a structure to sustain the FNIM engagement process in each region
Sustaining Regional FNIM Engagement and Aboriginal Cancer Plan Reporting Process:
Options

Option A: Key contact from Core FNIM Health Table identified for information flow, reporting and feedback
Conference calls or full table meetings arranged as necessary

Option B: Establish ‘Aboriginal Cancer Strategy Advisory Committee’
Responsibility of members to report back to Core FNIM Health Tables

Option C: Identify Existing Network (e.g. Aboriginal Health Circle in Barrie)
Develop time on their agenda to discuss Aboriginal Cancer Plan

Option D: Additional Suggestions
Another preferred option identified through discussions with Core FNIM Health Tables

Face-to-face meetings held when necessary
Core FNIM Health Tables (Committees, Boards, Advisory Groups)
Sustained engagement with CCO/RCP
Building Capacity

- Partnership Liaison Officers
- Aboriginal Navigators
- Regional Aboriginal Leads
- Tobacco Wise Leads
Partnership Liaison Officers

- Partnership Liaison Officer positions were created to support the successful implementation of the ACS II, by ensuring accountability through relationships established with FNIM people.
- Helping to develop the capacity of the Regional Cancer Programs (RCPs) to engage directly, effectively and appropriately with FNIM health networks and communities.

Caitlin Mills  
(CE, HNHB, SE, SW, TC)  

Richard Steiner  
(Champlain, ESC, NE, NSM, NW, Central)
Role and Responsibilities

• Helping to fulfill CCO’s commitment outlined in Priority #1 of the ACS II to build productive relationships and ensure accountability (as outlined in Relationship Protocols).

• Providing each region with additional support throughout the ACS II implementation process (e.g. helping to develop customized work plans and engaging core FNIM health networks).

• Providing subject matter expertise in FNIM cancer control issues such as: the NIHB program, navigating FNIM governance and political systems and cultural aspects of working respectfully with FNIM communities.

• Providing provincial-level support to Aboriginal Navigators and Regional Aboriginal Cancer Leads.

• Ensuring an ongoing FNIM voice in the delivery of cancer services in Ontario, thereby helping to lay the groundwork for future strategies.
Aboriginal Navigator Role

Will provide support for FNIM patients with cancer and their families along every step of the cancer journey by:

• Liaising and advocating for the needs of FNIM patients with cancer and their families within the cancer program and with other groups involved in cancer care
• Addressing cultural and spiritual needs
• Improving access to cancer services for FNIM patients with cancer and their families
• Engaging with Navigator Network across the province (10 Navigators)
Aboriginal Navigators

Jeannie Simon, NW Navigator

Leah Bergstrom, NSM Navigator

Audrey Logan, ESC Navigator

Chantel Antone, SW Navigator

Deena Klodt, HNHB Navigator

Sherri Baker, NE Navigator

Kathy MacLeod-Beaver, CE Navigator

Verna Stevens, Champlain Navigator

Lynn Brant, SE Navigator

Joanna Vautour, TC Navigator
Regional Aboriginal Cancer Lead Role

Responsibilities include:

- Champion the ACS II strategic vision and goals in collaboration with RCP
- Identify and respond to regional-level system issues related to the ACS II and/or Aboriginal specific cancer needs
- For example, working with regional screening staff to identify screening participation targets for Aboriginal people (breast, colorectal, cervical)
- Supporting broader mandate of the ACS II in building relationships, prevention, survivorship, and palliative care
- Providing an Aboriginal perspective within the cancer system
Regional Aboriginal Cancer Leads

Dr. Shannon Wesley, NW Lead

Dr. Andrea East, HNHB Lead

NSM Lead, Connie Foster

Bernice Downey, TC Lead

Dr. Jason Pennington, CE Lead

Dr. Annelind Wakegijig, NE Lead

Dr. Mark Tomen, ESC Lead

Dr. Hugh Langley, Interim SE Lead

Dr. Mike Vreugdenhil, SW Lead

Pending Recruitment, Champlain Lead
ATP – Tobacco Wise Leads

Jeffrey Werner (North)
jeffrey.werner@cancercare.on.ca

Lisa Beedie (South)
lisa.beedie@cancercare.on.ca

Recruiting (Sioux Lookout)
Ontario Renal Network (ORN)

- Access to renal services and education about the prevention of end-stage renal disease has been discussed with a number of First Nation communities.
- Development of a plan informed by a current assessment of the utilization rates and travel time across the FNIM communities to access renal services in Ontario.
  - Identified a shared resource to work with both ORN and ACCU.
- Developing FNIM educational resources on CKD (nutrition, dialysis, vascular access).
Developing the Aboriginal Cancer Strategy III
The Development Process

Each ACS II Strategic Priority was assessed

Issues, opportunities, and needs were identified

Major Milestones were identified

Establish what we want to build on (2015-19) Staying the Course

Identify action items to achieve this vision

“What does this mean for FNIM?” embedded within fabric of ACS III
Seeking Guidance and Input from our Partners

Regional Cancer Programs (RCPs)

FNIM Leadership and Health Networks

Cancer Care Ontario Leadership

ACS III priorities that are grounded in the realities of FNIM communities and consistent with the RCP’s capacity.
Strategic Alignment

Ontario Cancer Plan IV

Aboriginal Cancer Strategy III

Regional Aboriginal Cancer Plans

RCP Strategic Plans
Overarching Themes for ACS III

- Important to *stay the course* on 6 Priorities in 2015-19: *Relationship Building, Research and Surveillance, Prevention, Screening, Palliative/Supportive Care and Education*

- Opportunity to do more “work on the work” in 2015-19, i.e. how CCO implements FNIM cancer control projects

- Over time, find increasingly better ways to embed FNIM cancer control across CCO/ RCPs, and with other important partners (i.e. Canadian Cancer Society)
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<thead>
<tr>
<th>ACS II OBJECTIVES and ACHIEVEMENTS</th>
<th>ACS III</th>
<th>OUTCOMES for FNIM</th>
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<tbody>
<tr>
<td>Relationship Protocols</td>
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<tr>
<td>✓ 6 Complete</td>
<td></td>
<td>⚫ Foundation of shared decision making &amp; trust</td>
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<tr>
<td>✓ Working to complete those remaining</td>
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<tr>
<td>RCP Aboriginal Cancer Plans</td>
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<tr>
<td>✓ 10 drafted, 4 finalized</td>
<td></td>
<td>⚫ Improving services for FNIM in the region</td>
</tr>
<tr>
<td>✓ Direct FNIM engagement started</td>
<td></td>
<td>⚫ Direct engagement and feedback from communities through RCPs, ACCU, Leads and Navigators</td>
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<tr>
<td>Prov./Fed. Collaborations relevant to First Nations/Inuit cancer issues/needs</td>
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<tr>
<td>✓ Established working relationship with FNIHB – NIHB and other services</td>
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<td>⚫ More, equitable care for First Nations and Inuit patients</td>
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<tr>
<td>Regional Aboriginal Cancer Leads</td>
<td></td>
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<tr>
<td>✓ 9 Hired, 1 underway</td>
<td></td>
<td>⚫ Increased FNIM voice in regional goals &amp; initiatives</td>
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<tr>
<td>Accountability for delivery of ACS II and emphasis on Relationships</td>
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<td></td>
<td></td>
<td>⚫ Developing and implementing partnership surveys to measure productive relationships</td>
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## Strategic Priority 2: Research and Surveillance

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<tbody>
<tr>
<td>*Risk factor &amp; burden</td>
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<tr>
<td>✓ FN burden (IRS-OCR)</td>
<td></td>
<td></td>
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<tr>
<td>✓ FN,M risk factor reports</td>
<td></td>
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</tr>
<tr>
<td>✓ M incidence (provided analysis)</td>
<td>Continue to update reports</td>
<td></td>
</tr>
<tr>
<td>✓ Focus: analysis, KTE &amp; gathering feedback on reports to inform and improve programs and services</td>
<td>Increased FNIM &amp; CCO capacity to measure &amp; analyze Aboriginal cancer burden</td>
<td></td>
</tr>
<tr>
<td>✓ Help to improve decision making/policy recommendations with and for FNIM people in Ontario</td>
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| *Community level work |
| ✓ Community profiles |
| ✓ Geographic analyses – using postal codes to analyze data | In collaboration with communities, further evolve and expand methodology & effectiveness | Increased community-level awareness and understanding of burden of cancer |

| *Enhance data with FNIM identifiers |
| ✓ Completed FNIM identifier report | Chiefs of Ontario & PTOs, IFNs |
| ✓ Inuit in Ottawa & beyond |
| ✓ Métis Nation of Ontario |
| ✓ Legal & privacy frameworks | Building CCO capacity to identify, assess and improve cancer programming for FNIM people |

Developing surveillance support via mentorship in collaboration with FNIM organizations |

| Continue to evolve options to develop mentorship opportunities | Increasing the capacity of FNIM communities to better understand their data |

| CCO internal resource & capacity building for research | Explore options to create more partnerships for Aboriginal research i.e., Aboriginal Research Table and explore new research questions (primary care) | Responding to relevant research issues for FNIM |
## Strategic Priority 3: Prevention

<table>
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<tr>
<th><strong>ACS II OBJECTIVES and ACHIEVEMENTS</strong></th>
<th><strong>ACS III</strong></th>
<th><strong>OUTCOMES for FNIM</strong></th>
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</thead>
</table>
| *Aboriginal Tobacco Program: feet-on-the-street*  
✓ Met with over 200 communities/orgs.  
✓ 6 Ultimate Frisbee/CS workshops | ➢ Continuing to build awareness & education  
➢ Continue to provide UF/CS workshops in collaboration with schools | ✶ Increased community capacity to address commercial tobacco use  
✶ Incorporate an inexpensive and fun activity to school curriculums |
| *Aboriginal Tobacco Partnership Table*  
✓ 18 Provincial and Federal partners to collaborate on commercial tobacco cessation, protection, prevention initiatives | ➢ Continue to develop and strengthen collaborations and partnerships | ✶ Ensuring greater coordination of efforts in addressing commercial tobacco usage in FNIM communities and increased knowledge exchange |
| *Monitor program performance*  
✓ Build and test ATP Tracker | ➢ Developing records of program impact to inform the ATP | ✶ Improving ATP to better serve the First Nations, Inuit and Métis communities |
| *Assisting communities to develop Smoke-free by-laws or policies when requested* | ➢ Continue to assist in the development of by-laws or policies in collaboration with First Nations communities | ✶ Respecting First Nations authority to set policies or by-laws |
| Identifying and assessing best practices | ➢ RETRAC: understand *why* & *how* interventions work  
➢ Support FNIM Providers with Cessation support (ATP-TEACH) | ✶ Developing and promoting more effective tobacco cessation, prevention and protection initiatives |
| Chronic Disease Prevention Blueprint | ➢ Help inform the direction of CCO on other modifiable risk factors for FNIM | ✶ Addressing risk factors beyond Tobacco |
## Strategic Priority 4: Screening

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<th>ACS III</th>
<th>OUTCOMES for FNIM</th>
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</thead>
</table>
| *FNIM identifiers and database for InScreen  
✓ Non-Primary Enrollment Model Screening Activity Reports: e.g. Sandy Lake First Nation  
✓ Initiated a project with KCA’s client registry | ➢ Further development & expansion in Sioux Lookout region for screening invites and follow up  
➢ Develop SARs for KCA  
➢ FNIM population screening reports (CCO InScreen): develop with FNIM groups | ➢ Increased capacity to identify age-eligible FNIM people for screening  
➢ Increased FNIM & CCO capacity to measure & analyze Aboriginal cancer screening  
➢ Increased FNIM participation in provincial screening programs |
| *Implement an integrated FNIM cancer screening program (Screening Blitz)  
✓ 4 Under/Never Screened projects  
✓ “Improve Screening among FN/M” project - Learn about & address screening barriers | ➢ Complete screening study  
➢ Focus on data, analysis, KTE, to inform CCO’s screening programs and provincial policies | ➢ Understanding of barriers to screening & recommendations to increase access  
➢ Increase FNIM participation to cancer screening programs: everyone who should be screened is screened |
| Explore feasibility of Digital Mammography Units for remote communities | ➢ Continue to explore opportunities to improve access to screening e.g., Digital Mammography | ➢ Enhanced access to screening programs for remote communities |
| Support High risk lung cancer screening business case | ➢ Participate in lung cancer screening pilot program with the Inuit | ➢ Provision of lung cancer screening to improve early diagnosis and treatment |
### Strategic Priority 5: Palliative and Supportive Care

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<th>ACS III</th>
<th>OUTCOMES for FNIM</th>
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</thead>
<tbody>
<tr>
<td>*Aboriginal Navigators hired in RCPs</td>
<td>Focus on patient navigation</td>
<td>Providing relevant support to patients and families in the cancer system</td>
</tr>
<tr>
<td>✓ 10 Aboriginal Navigators, 9 hired through CCO</td>
<td>Continue to gather Patient stories to improve patient experience and feed into Patient Family Advisory Committee</td>
<td>Providing FNIM voice to PFAC and ensure FNIM voice is heard and embedded in the design of cancer services</td>
</tr>
<tr>
<td>✓ Started to gather patient stories and perspectives</td>
<td></td>
<td>Improved patient experience/coordination of services</td>
</tr>
<tr>
<td>*Establish measures/initiatives to track and improve FNIM patient care</td>
<td>Complete and implement iPEHOC</td>
<td>Improved understanding of regional FNIM palliative &amp; supportive care needs</td>
</tr>
<tr>
<td>✓ iPEHOC project</td>
<td></td>
<td>Better information for the patient/physician conversation &amp; improved treatment</td>
</tr>
<tr>
<td>*Pain and Symptom management tools and pathways developed</td>
<td>Complete, implement and expand mISAAC (i.e., AHACs)</td>
<td>Increased access to pain and symptom management tools and follow up for FNIM patients and providers</td>
</tr>
<tr>
<td>✓ mISAAC project</td>
<td></td>
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<tr>
<td>Educate FNIM patients/family regarding the cancer journey (i.e. Palliative Toolkit developed)</td>
<td>Dissemination &amp; feed back</td>
<td>Enhanced awareness of FNIM to palliative support available</td>
</tr>
<tr>
<td>LEAP Needs Assessment initiated and completed</td>
<td>Working with Pallium Canada to develop and implement the LEAP Curriculum for FNIM</td>
<td>Improved palliative care support for FNIM</td>
</tr>
<tr>
<td>Initiated a survey to identify the gaps in palliative care service delivery to First Nations (i.e., CCAC’s)</td>
<td>Addressing the gaps in service delivery through discussions on jurisdictional coordination</td>
<td>Improved palliative care support for FNIM communities</td>
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## Strategic Priority 6: Education

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<tbody>
<tr>
<td><em>Increasing FNIM knowledge and understanding of cancer including cancer prevention and screening</em></td>
<td></td>
<td>✤ Increased healthcare provider understanding of FNIM</td>
</tr>
<tr>
<td>✓ Relationship Building E-Modules</td>
<td>➢ Roll out Relationship Building E-Modules: CCO, RCPs and Province wide promotion</td>
<td>✤ Increased FNIM knowledge &amp; understanding of cancer and cancer prevention across the province</td>
</tr>
<tr>
<td>✓ Provincial and community level cancer profile reports</td>
<td>➢ Continue to develop and analyze cancer profile reports</td>
<td>✤ Increased FNIM awareness of and participation in cancer screening programs</td>
</tr>
<tr>
<td>✓ ATP Website review</td>
<td>➢ Complete ATP website</td>
<td>✤ Enhanced support for family members caring for loved ones with cancer</td>
</tr>
<tr>
<td>✓ Smoking cessation materials</td>
<td>➢ Continue to develop and disseminate smoking cessation materials, palliative care resources and screening fact sheets</td>
<td>✤ Increasing understanding/awareness of CKD prevention</td>
</tr>
<tr>
<td>✓ Screening Fact Sheets</td>
<td>➢ Complete “Cancer 101” education toolkit and dissemination</td>
<td>✤ Increasing FNIM access to dialysis</td>
</tr>
<tr>
<td>✓ “Tools for the Journey” palliative care tool kit</td>
<td>➢ Complete and disseminate CKD education materials and continue to address dialysis accessibility for FN</td>
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<tr>
<td>✓ Develop “Cancer 101” educational resource</td>
<td></td>
<td></td>
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<tr>
<td>✓ Working with ORN to address FNIM CKD – developing education resources and address dialysis needs</td>
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<tr>
<td>Initiated discussions to establish a more structured process to address the cancer educational needs of FNIM</td>
<td>➢ Develop an Education Framework/Strategy for ACS III</td>
<td>✤ Ensure we are meeting the needs of FNIM when it comes to cancer education</td>
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<tr>
<td></td>
<td>➢ Review process to develop, disseminate &amp; evaluate new educational initiatives</td>
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My CancerIQ

Allows you to complete a cancer risk assessment for breast, colorectal, cervical and lung cancer, and get your personalized action plan today

To access the tool and for more information, go to: https://www.mycanceriq.ca/
Miigwetch

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