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Aboriginal Cancer Care Unit Progress Report 2003

March 2005

ABORIGINAL CANCER CARE UNIT

ACKNOWLEDGEMENTS AND MESSAGES

Ms. Helen Cromarty
Co-chair, Joint Cancer Care Ontario-Aboriginal Cancer Committee
Nishnawbe-Aski Nation

Since its inception in 1996, I have been present for the development of the Aboriginal Cancer Care Unit (ACCU) and its work towards an Aboriginal Cancer Strategy (ACS). The members of the Joint Cancer Care Ontario-Aboriginal Cancer Committee (JOACC) have continued to participate in the development of this important work through support of and advice to Cancer Care Ontario.

The year 2003 saw the Manager of the Unit advance to a Director's position while she implemented direction from the outcomes of the Needs Assessment (November 2002) to realign the Unit to respond to the needs of the Aboriginal communities.

The unit began to form more partnerships and establish new networks, helping to increase communication and raise the profile of the unit across the province. The ACCU worked diligently to "set the stage" for the development of increased communication, networking and partnerships to help accomplish the next phases. I am extremely proud of the work the Unit has done to accomplish its goals.

Dr. Verna Mai
Co-chair, Joint Cancer Care Ontario-Aboriginal Cancer Committee
Director, Preventive Oncology

In my new role as Director, Preventive Oncology, I took over the position of the CCO co-chair on the JOACC from Dr. Terrence Sullivan.

The First Nations Cancer Incidence and Mortality Study (1968-1991) by Drs. Marrett/Chaudry was published in Cancer Causes and Control in the spring of 2003. This report laid the foundation through the identification of the status of First Nation cancer rates.

With the development of the First Minister's Report, the widespread release of the Romanow Report and successful completion of the Cancer 2020 in 2003, there is an abundance of evidence supporting the development of the ACS. Most notably, the ACS was ranked as one of the four immediate priorities identified in the Cancer 2020 action plan and CCO has increased its support of the unit throughout its various initiatives. I am honoured to be a part of this important initiative.

Ms. Carmen Jones
Director, Aboriginal Cancer Care Unit

I want to continue to thank the JOACC and CCO for continuing to support me through the wonderful yet complex changes within the ACCU. It has been an even more exciting year than 2002, when we released “It’s Our Responsibility…”, the Aboriginal Cancer Care Needs Assessment which gave us a solid foundation of community experiences of Aboriginal cancer survivors, their families and health care providers from a variety of demographics across the province.

The ACCU has taken the outcomes of the Needs Assessment (NA) and swiftly made appropriate changes to the unit by realigning to reflect the needs that were identified. With that in mind, the Aboriginal Tobacco Strategy (ATS) began its second year of function and implemented a number of pilot projects on smoking cessation in a variety of communities. Evaluation of those projects, improvement and further work in the area are forthcoming in 2004. The Aboriginal Health Promotion Strategy also began inception in 2003, we identified potential partnerships and resources.

In 2003, we began to see the cultivation of partnerships with First Nations, Aboriginal Health Access Centres (AHACS) and Regional Cancer Centres (RCCs). The Unit has also clarified its role as a strategic planner for policy and practice which, supports work in the area of cancer in communities and has taken a strong lead.

2003 marked a year of change and I want to thank all parties involved in the development of the ACCU and the ACS. In 2004, we will focus on new initiatives guided by Needs Assessment outcomes and the direction from Cancer 2020. I am looking forward in building relationships with the provincial and federal governments to increase resources and partnerships in the implementation of the ACS.

HEALTH

The Healing Medicines

Good health is a balance of the Spiritual, Emotional, Physical and Mental elements of life. Health and healing follow when we live a balanced lifestyle. Respect for oneself entails "taking care of oneself" Spiritually, Emotionally, Physically and Mentally:

- **SPIRITUALLY** we need to accept our momentary place on this earth and look to a higher spiritual being for understanding and destiny.
- **EMOTIONALLY** we need to resolve any negative feelings we may have about ourselves or the people around us.
- **PHYSICALLY** we need to be given the proper rest, exercise, food and water if we wish to be healed.
- **MENTALLY** we need balance and the healing of mental anguish from childhood to adult life.

The Medicine Wheel also teaches us about the four Sacred Plants which the Creator has given us to assist in our Healing Journey:

- **TOBACCO** is from the East and is used each morning to welcome the new day and to give thanks for that which the Creator has given us. It is also offered at the roots of plants for their medicines and use. Tobacco is said to be the first plant that came to us from the Creator on Turtle Island.
- **CEDAR** is from the South and is used to cleanse the body by both smudging and consuming. A daily drink of Cedar tea is said to help keep us in good health. Women are usually responsible for picking the Cedar for Sweatlodges, Sundances and other ceremonies.
- **SAGE** is from the West and is usually burned at the end of the day after sunset, to give thanks for what has been given to us. It can also be used to smudge an area prior to any event, to cleanse it and make it ready for use.
- **SWEETGRASS** is burned to smudge ourselves daily and comes from the North. It clears our minds of negative thoughts so we may think and say only good things. Sweetgrass also clears our eyes, ears and mouth, helping us to see, hear and say only good things.

PROGRESS REPORT 2003

Building the Foundation

The release of Aboriginal Cancer Care Needs Assessment "*It's Our Responsibility...*" (2002) laid out a clear direction for an Aboriginal Cancer Strategy. The Needs Assessment was conducted to: determine the needs of the Aboriginal population; support policy development and strategic planning; support planning in Aboriginal communities; and inform governments.

The Aboriginal Cancer Care Unit (ACCU), guided by "*It's Our Responsibility...",* has spent considerable time and effort in sustaining relationships, refining plans and strategies, cultivating relations with provincial and federal counterparts and implementing action-based projects to address Aboriginal cancer care. Four main themes emerged from the Needs Assessment and these established the ACCU's high-level priorities as follows:

1. Health promotion and prevention including Aboriginal tobacco
2. Research/Surveillance
3. Relationship and capacity building within CCO, across Ontario and within Aboriginal communities
4. Treatment, which includes supportive and palliative care.

The Aboriginal Cancer Care Unit's priority is the development of the Aboriginal Cancer Strategy, which involves continued research, knowledge exchange, monitoring and evaluating pilot projects and strategies. Our mandate is to develop strategies for prevention, screening research and provide ongoing support to regions in the delivery of cancer services to Aboriginal peoples and communities.

MAJOR ACCOMPLISHMENTS

Re-alignment of ACCU

In 2003, the Aboriginal Cancer Care Unit was realigned in order to make the best use of the resources needed to address the outcomes of the Needs Assessment.

The original structure of the Unit was designed to implement the Needs Assessment with coordinators in the Northeast, Northwest, and South regions. However, the Needs Assessment indicated that, before the implementation of any programs or services, it was important to develop a strategic plan to ensure that the key needs are being met. In order to support the regions and the Aboriginal communities, planning would have to be the first priority. The functions of the Unit at the provincial level were aligned to support planning and policy development, research/surveillance, health promotion and prevention (knowledge development), community liaison and external relations (capacity building and knowledge exchange) and treatment (work with the Integrated Cancer Programs) to support the strategic plan.

Within the realignment of the Unit, ACCU staff began work on key initiatives designed to move the Needs Assessment outcomes into action. The key projects are:

- Aboriginal Patient Navigator Pilot Research Project
- First Nations Cancer Surveillance Workshop
- Incidence of Cancer in Ontario's First Nation Population data updated to 2001
- Launch of the Aboriginal Tobacco Strategy
- Aboriginal Tobacco Newsletter
- Cancer 2020 – development of the Aboriginal Cancer Strategy, one of four priorities identified

The development of a strategic plan addressed a phased in approach to mobilize the work of the Unit. This strategic plan resulted in enhanced knowledge development in collaboration with Aboriginal communities and organizations.

Aboriginal Tobacco Strategy

As one of the four priorities of the ACCU, the ATS focuses on smoking cessation activities, public education, capacity building, promising practices and leadership engagement.

The ATS assisted in the design and development of pilot projects such as culturally appropriate smoking cessation programs for Aboriginal youth and collecting base-line data for future monitoring and surveillance.

Collaborative partnerships, knowledge exchange and planning serve as catalysts for change. New community-based programs and interventions are being designed in collaboration with provincial partners and Aboriginal communities.

Aboriginal Health Promotion Strategy (AHPS)

The AHPS is in its infancy and will be initiating and supporting partnerships that will develop and implement evidence-based chronic disease and cancer prevention interventions and strategies for Aboriginal people in Ontario.

The Strategy works from a wholistic framework integrating chronic disease prevention and focusing on decreasing the use of commercial tobacco, improving nutrition and healthy body weight and increasing physical activity in Aboriginal communities in Ontario.

Aboriginal Patient Navigator Pilot Project

The Aboriginal Patient Navigator Pilot Project was developed in response to the Needs Assessment to assist Aboriginal patients accessibility to navigate the system by providing support to Aboriginal patients and families, addressing cultural needs,

facilitating networking with Aboriginal communities as well as between patients and health care providers. A memorandum of agreement was developed with the Integrated Cancer Program (ICP) at the Thunder Bay Health Sciences Centre to pilot the project. The pilot is situated in the Supportive Care Unit of ICP and runs until March 2005, at which time it will be evaluated.

Aboriginal Cancer Telephone Information Ontario Networking Supports (ACTIONS)

In 2003, the ACCU partnered with the Southern Ontario Aboriginal Health Access Centre and Wilfred Laurier University Principal Investigator Dr. Terry Mitchell to develop a grant proposal for the development of a telephone support information system. This partnership was developed based on a literature review that suggested that telephone health systems support people in need while being cost-efficient, and alleviate unnecessary trips to hospitals and doctors' offices. This model addresses the issue of cancer awareness and prevention for remote and under-serviced areas as discussed in the Aboriginal Cancer Care Needs Assessement. The grant proposal has been submitted to various granting agencies for possible funding.

First Nations Cancer Research and Surveillance Workshop

In September 2003, the ACCU and Surveillance Unit hosted a First Nations Cancer Research and Surveillance Workshop in Ottawa. This two-day workshop was designed to bring together a diverse group of cancer epidemiologists and researchers, First Nations leaders, health policy professions, cancer agency representatives and government officials to share information and perspectives about cancer research and surveillance as they relate to First Nations people. The main objectives of the workshop were to identify cancer research and surveillance needs and priorities in Canadian First Nations populations and to create an action plan for moving forward in priorities areas. Particular attention was paid to the need for a national First Nations cancer surveillance system.

The Aboriginal Cancer Care Unit, working with the strategic leadership of the JOACC, will initiate discussion on how to further develop cancer surveillance in Ontario's Aboriginal communities in 2004.

FUTURE INITIATIVES

In 2004, the ACCU will focus on the following areas:

- Development of a five-year plan for the Unit
- Partnership with the Canadian Cancer Society (Awareness Campaign)
- Expansion of the Aboriginal Tobacco Strategy
- Evaluation of the Aboriginal Patient Navigator Pilot Project
- Education through the Aboriginal Relationship Development and Training Program
- Release of the updated cancer surveillance data

- Continued support to Aboriginal communities and Integrated Cancer Programs in the Regional Centres

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