Aboriginal Cancer Care Unit

Healthy Living and Colorectal Cancer

cancer care ontario | action cancer ontario

Introduction

The Aboriginal Cancer Care Unit (ACCU) of Cancer Care Ontario honours the Aboriginal path of well being. To promote health in Aboriginal Peoples, we work to advance a wholistic approach to cancer prevention, screening and research.

The third edition of ACCU's newsletter focuses on stories from two of our Elders who talk about the simplicity of a traditional life that brings forth healthy foods and encourages physical activity and family togetherness. They share the path back to our own ways when ill health is borne out of fast-paced lives with habits that lead to problems such as colorectal cancer.

Colorectal cancer was much less common in Ontario First Nations people in the late 1960s and throughout the 1970s. Since then, incidence rates have increased in females to a level similar to the Ontario population. In males, the incidence rate is even higher. Ontario First Nations have also experienced a dramatic increase in diabetes rates. Colorectal cancer and diabetes share several risk factors: obesity, physical inactivity and some aspects of diet.

The overall cancer incidence rate in First Nations people, while still below the rate for the general population, is rising more quickly. Much of this increase is due to the rise in colorectal cancer, and rapidly rising lung cancer rates. Smoking, the most important risk factor for lung cancer, is now established as a risk factor for colorectal cancer. Compared with the Ontario population as a whole, a high proportion of First Nations people smoke cigarettes.

The Ontario Cancer Plan - Ontario's roadmap for improving cancer patients' health and quality of life, and allowing more people to live free of cancer - identifies an urgent need to reduce preventable cancers in Aboriginal populations. Given the many unique challenges, including rising cancer incidence among the Aboriginal populations, there is a need for cancer control strategies in primary prevention, screening, diagnosis and treatment for Aboriginal peoples. This includes the development of culturally appropriate, evidence-based communications materials and health promotion strategies for prevention and screening.

We are excited to share with you stories from Elders, perspectives from two women who participated in the **Ononhkwa'shon:a** culture based pilot project for cancer prevention, highlights from community-based projects that promote tobacco wise communities and information on colorectal cancer, risk factors and prevention.

TABLE OF CONTENTS

Cover photos courtesy of Herman Roote Photography

Elder stories

Audrey Kornylo

Audrey Kornylo, Métis Elder, lives just outside Thunder Bay today, but her memories bring her back to Petersfield, near the mouth of the Red River in Manitoba. Growing up in a poor area just outside Red River, Audrey remembers mostly happy times being raised with her four siblings. "When you don't know you're poor," Audrey explains, "you don't have anything to be sad about."

Audrey's mother was from the Lambert family of the Swampy Cree people in Northern Manitoba. Audrey's parents did the best they could for their children with what little they had. Happiness came from the closeness her family shared in everything they did. They played games and sports, worked and attended social events together. Social activities were very important to their family happiness. Like many other Métis family, they enjoyed fiddle music and step dancing.

"We spent a lot of time during the winter skating on the frozen river."
Audrey Kornylo

Audrey's father trapped. Along with her siblings, Audrey helped him on his trap line while her mom stayed home to tend to the animals, make family meals and mend clothes. Muskrats and rabbits were the animals of choice for the trapping family. Although they trapped only small game, it helped immensely to put food on the table. "This hard work was what kept us healthy," says Audrey. "We were always outside doing something together."

Although they did not consider themselves farmers, Audrey's family did raise cows, pigs, rabbits, goats and chickens. When hunting, the family favoured ducks, partridge and small game. Their meals consisted of mostly vegetables, with breads and small amounts of meat, which Audrey considers another reason they were able to maintain their health.

Eating right was important in her upbringing. They grew their own vegetables and picked berries when in season.

Fish was a part of their diet, as was deer meat. Audrey's mother would can most of the fresh food for the winter months. Without a refrigerator or electricity, they would store their food in a cold cellar dug in the earth. "We never used any preservatives in our food," said Audrey. "It wasn't good for you." Bannock and what they called Makineenin (biscuits with sugar and raisins), made by her grandmother, were the grain-based foods that were often enjoyed. Cold tea was also a family favourite.

There wasn't any alcohol or cigarette smoking in their home, as Audrey's parents considered it unhealthy behaviour. Cancer didn't affect her family until later in life, when her mom was diagnosed with and conquered the disease. Her brother, unfortunately, did succumb to bone cancer later in his life. Audrey credits living a good life with keeping this deadly disease from taking more of her family members.

In the winter, skating was a popular activity. Hockey was also big. "We spent a lot of time during the winter skating on the frozen river," said Audrey. The winter months were just as active as the other seasons.

Staying healthy also meant taking medicines from the forests and swamps. Weeka (Bitter Root) was used to prevent colds from taking hold. The forest was the place to get your medicine.

"Doing things together and respecting your Elders is something kids today should do more of," says Audrey. "Today, families seemed to have lost that." Audrey believes just simply spending quality time together will help build a healthy home.

Josephine Eshkibok

The drums echoed through the trees as Ojibwe Elder and Veteran Josephine Eshkibok (Blue Cloud Woman) joined the circle at the Eagle Staff gathering in Mount Pleasant, USA, carrying in the Okiijawtaa (Warrior) Eagle Staff. Josephine has been surrounded by her family since the passing of her life-long partner and husband, Robert Eshkibok, several years ago. The two had spent their lives traveling together and raising a family in Wikwemikong First Nation.

Being brought up on reserve was not easy, but Josephine looks back on her life with fond memories of a tough but healthy lifestyle.

Fish and deer meat was a staple for her and her family. At this time, her family, like most around Wikwemikong, lived on farms. There they raised chickens, pigs and horses. Families grew their own food, and hunted and fished for most of their meat and fish. Large grocery stores were non-existent, and there was little money to spend.

"We tried to stay away from frying foods 'cause it wasn't good for you."

Josephine Eshkibok

Without electricity, most of the food had to be eaten fresh or preserved. Fish was dried or smoked. "We tried to stay away from frying foods 'cause it wasn't good for you," Josephine remembers. Deer, moose, partridge and rabbit were often shot and quartered late in the fall, then hung to freeze. If the hunting was done before cold weather set in, the fresh meat was often shared with the community, or it was dried or smoked. In the winter months, strips or pieces would be cut off to prepare for meals. Some fish and deer or moose meat was also cooked, and pickled in bottles. Much of it was boiled.

Vegetables were harvested and kept in cold storage houses built beneath the earth. In winter, ice was cut out of the lake in blocks and put into these cold cellars to keep food as cold as possible during the hot summer days. Hay or sawdust was laid on top the ice to keep it from melting too fast.

Berries, one of the few fruits available, were also harvested. They were eaten fresh or dried for future meals. Often, berries were added into other foods to add natural flavours and needed nutrients into meals.

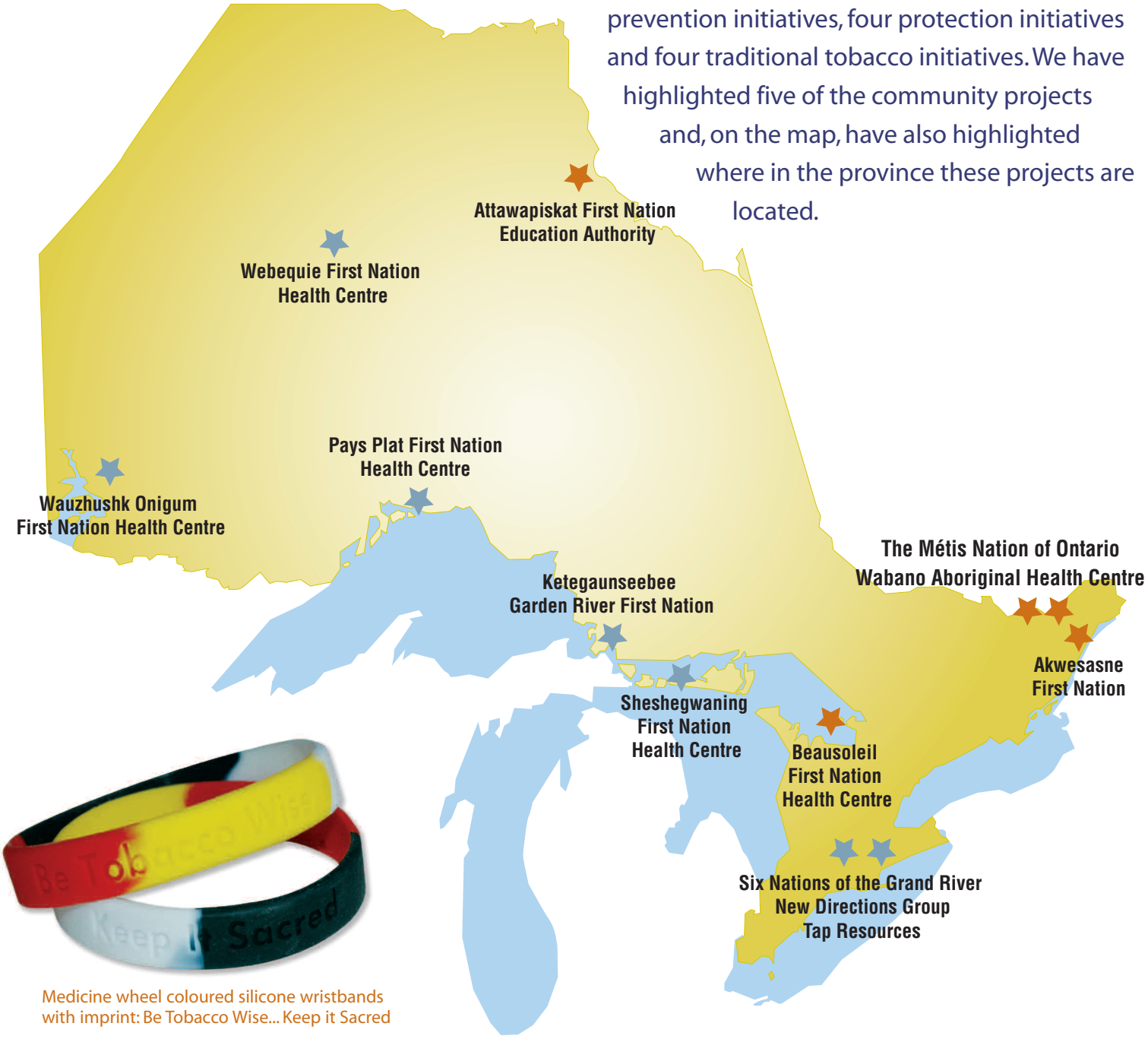
Tea was one of the most important beverages next to fresh water. Cedar tea was a family favourite. Josephine remembers her family preferring natural teas that they harvested themselves. Leaves of different berries were also used for favourite teas. Teas helped add much needed vitamins to the family diet.

"Cooking was very simple," Josephine explained. "This was how we stayed healthy." Food was either eaten fresh, boiled or sometimes fried. Flour and a little bit of salt and pepper were often all you needed to cook your meal. "The

continued on page six

Aboriginal Tobacco Strategy
Be Tobacco Wise…Keep it Sacred

The Aboriginal Tobacco Strategy (ATS) funds Capacity Building Projects to support Aboriginal Peoples on their path to developing tobacco wise communities. A tobacco wise community knows the difference between traditional tobacco and commercial tobacco, and has the knowledge, commitment, resources and skills to mobilize and deploy strategies to promote and protect the well being of its members. Twelve community-based projects were funded. The projects included five cessation initiatives, 10 prevention initiatives, four protection initiatives and four traditional tobacco initiatives. We have highlighted five of the community projects and, on the map, have also highlighted where in the province these projects are located.



Medicine wheel coloured silicone wristbands with imprint: Be Tobacco Wise... Keep it Sacred

★ Akwesasne First Nation

Project Title: "Sacredly Stoked"

Target Group: Community youth

Brief Description: Through this community-based theatre and arts production, the group called upon ancient past and explored traditional teachings regarding tobacco to create a script, play and video. This project helped the community of Akwesasne to become tobacco wise by recovering ancient protocols for tobacco use to help set the stage for improved family and community relationships by endorsing the proper etiquette regarding tobacco use.

★ Attawapiskat First Nation Education Authority

Project Title: Tobacco Abuse Project

Target Group: Youth and families

Brief Description: This project helped the community of Attawapiskat to become tobacco wise by undertaking a community-wide tobacco abuse awareness campaign, providing the community with the knowledge of the amounts of current tobacco abuse in the community, having the students create art work that expresses how tobacco abuse hurts their lives, and providing incentives for youth to become tobacco wise.

★ Beausoleil First Nation Health Centre

Project Title: Distinction and Knowledge Project

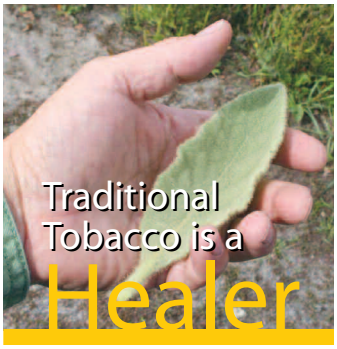
Target Group: All community members

Brief Description: The community of Beausoleil First Nation worked to become tobacco wise by implementing four different objectives in their project.

1. an education program which provided teachings on the differences between commercial and traditional tobacco
2. providing clinics and support programs for those who smoke
3. implementing a poster contest for youth
4. undertaking a smoke-free homes and quit smoking contest for the entire community

★ Ketegaunseebee Garden River First Nation

Project Title: Seven Feather Prevention Program Awareness Mural

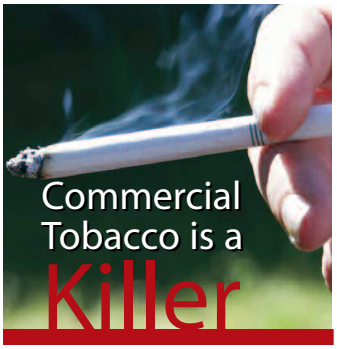


★ The Métis Nation of Ontario

Project Title: Métis Youth in the Know: Strategy Planning Meeting

Target Group: Metis Youth, Senators, and Metis community members.

Brief Description: The Métis Nation of Ontario Youth Council are becoming tobacco wise by convening a one day Youth Strategy Planning meeting. All members of the Provincial, Local and Nation Métis Youth Councils met with Senators and Health Branch workers to develop a strategy for implementing and advocating tobacco wise activities and messages in their own communities across Ontario.



★ Pays Plat First Nation Health Centre

Project Title: Support For Those Who Want To Quit Smoking

★ Sheshegwaning First Nation Health Centre

Project Title: Aabnaabdaa Neegonjenji Zha-ing (looking back so we can go forward)

★ Six Nations of the Grand River

New Directions Group

Project Title: Buying Influences and Selling Death

Tap Resources

Project Title: Traditional Tobacco Provincial Scan

★ Wabano Aboriginal Health Centre

Wabano is an urban Aboriginal Health Centre located in Ottawa, Ontario

Project Title: Sacred Smoke Cessation Support Program

Target Group: All Aboriginal People in Ontario

Brief Description: Wabano Health Centre delivered a train the trainer cessation project. The project consisted of piloting a culturally relevant smoking cessation support program in three Aboriginal Health Access Centres.

- Southwest Ontario Aboriginal Health Access Centre - London (SOHAC)
- Shakagamik-Kwe - Sudbury
- Wassay-Gezhig Nahn-Dah-We-Igamig Aboriginal Health

★ Wauzhushk Onigum First Nation Health Centre

Project Title: Wauzhushk Onigum Asemaa Awareness Campaign

★ Webequie First Nation Health Centre

Project Title: Ombabatay: Smoke Rising

Photos Courtesy of Perry McLeod-Shaboogesic

ATS Booth a Big Hit at Canadian Aboriginal Festival

Over 500 visitors stopped by the Aboriginal Tobacco Strategy Mass Media Project's booth at the Canadian Aboriginal Festival, which took place at Rogers Centre in Toronto from November 25–27, 2005. The coordinator of the project, Christine Smillie-Adjarkwa, and four Youth Tobacco Champions were kept busy assisting visitors with requests for information, and filling out questionnaires for the survey/draw.

Youth ages 10–16 and 17–24 were asked to participate in the survey by choosing, from three posters created for their age group, the one they thought had the best graphics and text. Their names were then entered in a draw for a gift basket. The winner of the draw was Celina Blackhawk from Kenora, Ontario.

The posters displayed at the booth will be used as part of the strategy to create and deliver a province-wide, culturally specific, youth-defined tobacco wise message. The overall goals of the project are to raise Aboriginal youth awareness about the harmful effects of commercial tobacco and to promote knowledge about how tobacco is used traditionally in Aboriginal communities.

Ononhkwa'shon:a Project:

Mohawk word meaning "The medicines that give us a good life" *–Jan Longboat*

Ononhkwa'shon:a: A culture-based pilot project for cancer prevention.

Ononhkwa'shon:a, or "all the medicines that give us a good life" program, completed four weekend sessions that took place in spring, summer, winter and fall. Participants in the program had the opportunity to learn about planting and harvesting traditional tobacco through hands on teaching. Jan Longboat shared teachings on how to live a healthy life according to our traditions and the knowledge around us. The program emphasized learning while reflecting on the four seasons and the circle of life.

Two participants share their experiences about participating in the program.

Bozhoo,

My name is Sarah Starr, I am Anishnaabe. I was a smoker for half of my life. With health and wellness in mind, I was able to make a big change in the way that I lived. But I realized I also needed help and support.

I was sick and tired of being a smoker. I was holding myself back from being the woman I love to be. With the opportunity to participate in the Ononhkwa'shon:a project. I made up my mind and began my journey to becoming a non-smoker. I needed help, motivation and the chance to learn ways to becoming a non-smoker.

After joining the project, I didn't smoke for a few weeks but I still had the mental ways of a smoker. I was angry and sad that I had to give something else up to be a healthier person. I knew smoking is bad for my body, and it would eventually lead to more and more discomfort. I am now aware that these feelings of anger may lead me back to my old habits again.

At first we learnt a lot about commercial tobacco and sacred tobacco. This was important for me to understand as it enabled me to have a positive relationship with our sacred plant, Semma. I looked at how the companies who give us commercial tobacco don't care for us.

We also began looking at other ways to improve the quality of our life. We shared good ways to improve our cupboards with better choices. We all had a chance to speak about where we where coming from and what we would like to achieve. We made it personal. We expressed our hard and good moments. There were teachings to empower our lives, to live with creation and to embrace life. Each season that we would join together there was appropriate learning for that time. We celebrated the seasons and growth with ceremony. We listened to stories of experience. There was laughter, tears, singing and most of all strength of spirit.

Each season I looked forward to our gathering, to help me fill my bundle with good life. I am very thankful that I could be part of this project and without it I would not have been as successful at not smoking today. We are encouraged to become our dreams. To share good ways of healthier living, in a way that compliments or nurtures creation.

"The workshop assisted me in understanding the origin of tobacco and the traditional meaning for our People."

Jeanne Hebert

continued from page three

food had its own flavour," she says. "You didn't put too much spices or other things in because it would take away from the good taste of what you were cooking."

Being raised in the bush, Josephine spent most of her time playing games outside. This, she says, is a big difference in how kids and families spend their time. "Today we spend too much time inside watching TV," she says. According to Josephine, families would live healthier lives if they spent time outside being close to the Mother Earth.

"We didn't get too sick when we were kids because we lived healthy lives and ate good food," says Josephine. When someone did get sick, traditional medicines were used. Josephine's grandparents knew most of those medicines needed, and for those they didn't know, they went to others in the community who did.

Jeanne Hebert Reflection:

My participation in this project has provided me with increased awareness of the links to and the ways to prevent cancer as well as [a chance to] engage in Traditional culture through teachings but also through knowledge of Western medicines.

The Learning Logs and Personal Journal entries provided me with the opportunity to express how I focused on the working sessions, what I learned or found meaningful. I had an opportunity to give my ideas, reflections and impact on my holistic wellness from beginning to end.

The four sessions had themes of Tribute to the cycle of life and the natural environment we live. Teachings about our relationship with our natural environment, our Grandmother the Moon, Grandfather Sun, empowered us to make changes between sessions. Changes in our conditions of living through diet, life style, behaviours and attitudes helped because of the connection to the celebration of each unique time of growth on Turtle Island, our Mother Earth.

While participating in the Project I had time to reflect with others about my birth story, self portrait, remembering my fears, nurturing myself and my dreams.

The cultural experience helped me to connect with our traditional language, song and ceremony as well as what I used for medicines to feed my body, mind and spirit.

The workshop assisted me in understanding the origin of tobacco and the traditional meaning for our People. The comparison [of] how it is used and produced has had an enormous impact on our generations. The negative and positive effects of this traditional medicine helped me to understand how so much of what was good has been changed through chemical process and altered the existence of all of us.

I learned to cultivate tobacco but I was also honoured to cultivate a garden (Our Food) through the growth of ceremony. I was so proud to participate with strong women who had also committed to giving up the habit of smoking while they were participants of this project. What a great step to make.

My best practice is to share the experience of this project in my community and help others understand the need for more awareness [of] wellness.

I consider "Ononhkwa'shon:a Project" to be best practice and [it] has given me the will and spirit to seek the medicines that give me and my family and all those I connect with me "a Good Life."

Josephine is convinced that eating and living a good life is the key to avoiding cancer. People today do not take pride in their health as they once did. "Many people smoke too much today," she states. "Even their kids are smoking."

"Families need to make their lives simpler today," Josephine shares. "Spend quality time together, cook and eat healthy, get exercise and practise your spirituality. A healthy spirit and mind will help you keep your body well."

Resources –

Let's take a stand against cancer Now!

We have partnered with the Canadian Cancer Society to develop eight fact sheets that cover important details about cancer, prevention and risk reduction. We need your help in sharing this information with family, friends and your communities.

To find out how to order these fact sheets please contact the Canadian Cancer Society toll-free at 1 888-939-3333, or online at www.cancer.ca.

To obtain **campaign posters** send requests to sally.hare@cancercare.on.ca

Promoting Tobacco Wise Communities pamphlet

The Aboriginal Tobacco Strategy is based upon the principles of the overall Aboriginal Cancer Strategy. This pamphlet utilizes the Seven Teachings and provides information on the difference between Traditional Tobacco and Commercial Tobacco to assist you, your family and your community to become tobacco wise.

For more information contact: Joey.Fox@cancercare.on.ca

Q&A Section

Dr. Lori Kiefer, medical coordinator of the Fecal Occult Blood Test (FOBT) project, provides the following information.

QUESTION:

What causes colorectal cancer?

The way we live, the genes we inherit from our parents, and our environment all play a role in colorectal cancer.

- In the vast majority of cases (three-quarters of people who develop colorectal cancer), no obvious cause can be found.
- The behaviours that affect our chance of developing colorectal cancer include what we eat, alcohol use, tobacco use, physical activity, and obesity.

Other, rare causes of colorectal cancer include:

- Certain genetic (inherited) disorders
- Inflammatory bowel disease, such as ulcerative colitis and Crohn's disease.

QUESTION:

How can colorectal cancer be prevented?

- One of the best ways to prevent colorectal cancer is by finding bowel problems, such as small growths called 'polyps', before they become cancer. This is called "screening" (see below).

Other ways of preventing colorectal cancer are:

- by maintaining a healthy diet that is low in fat and red meat, and high in vegetables, particularly green and crunchy ones, and high in fruit, whole grains, and fibre
- by drinking less alcohol
- by staying physically active throughout our lives
- by avoiding tobacco use and exposure
- by maintaining a healthy weight

These same behaviours are important for improving our overall health and decreasing our chances of developing many common diseases (e.g., heart problems, high blood pressure, diabetes, stroke, lung disease) and many cancers.

QUESTION:

What is colorectal cancer screening?

Screening is testing a person who does not yet have recognized symptoms or obvious signs of the condition. One of the best ways to prevent colorectal cancer is to be screened.

Screening for colorectal cancer on a regular basis has been shown to decrease the chance of dying from the disease. One commonly used, easy and effective screening test is the FOBT (Fecal Occult Blood Test). This test checks for hidden blood in stool samples from three bowel movements in a row. A person collects small samples at home, and a laboratory tests the samples. If blood is found, the person will need to have one or more additional tests (such as colonoscopy, to look closely at the colon) to find out why there is blood in the stool. Many experts, including the Canadian National Committee on Colorectal Cancer Screening, recommend that everyone aged 50 years and older without symptoms or signs be screened regularly. To get screened, speak to your doctor or health care provider.

Dr. Loraine Marrett, senior scientist and director of the Surveillance Unit, CCO, provides the following insight.

QUESTION:

Why is cancer of the colon and rectum increasing in the First Nations population?

When we see any cancer becoming more common very quickly, it's usually because of changes in people's habits. Being obese (overweight for your height) and not being physically active can increase the risk of cancer in the colon or rectum. What we eat can also increase our risk – not eating enough vegetables and fruit, for instance. Smoking for many years and drinking alcohol may also increase risk.

Many First Nations communities have high rates of type 2 diabetes. Some things that increase the risk of diabetes also increase the risk of colon cancer. Examples of this are being overweight and not being active enough. Diabetes may also cause changes in the body that increase the risk of cancer of the colon or rectum.

If you are interested in any information or would like to find out more please feel free to contact our office.

Aboriginal Cancer Care Unit, Cancer Care Ontario
620 University Ave.
Toronto, ON M5G 2L7
T 416-971-9800 ext.3261
Sally.Hare@cancercare.on.ca

Take a look at our website for up-to-date information.
www.cancercare.on.ca
http://www.cancercare.on.ca/Index_AboriginalCancerStrategy.htm

Funding for this program has been provided by the Government of Ontario. No endorsement by the Ministry of Health and Long-Term Care is intended or should be inferred.

cancer care ontario | action cancer ontario

Cancer Care Ontario is an umbrella organization that steers and coordinates Ontario's cancer services and prevention efforts so that fewer people get cancer, and patients receive the highest possible quality of care.

Volume 3, Number 3, 2006