North East RCP
Cancer Care Ontario
2015-2019
Executive Summary

The Northeast Cancer Centre (NECC) and Cancer Care Ontario’s (CCO) Aboriginal Cancer Control Unit (ACCU), in close collaboration with core First Nation, Inuit and Métis (FNIM) health networks in the Northeast region, have developed the Northeast Aboriginal Cancer Plan (2015-2019) to address the burden of cancer with and for FNIM people in the region. This Plan for improved cancer services builds on the framework of CCO’s fourth Ontario Cancer Plan (OCP IV), the Aboriginal Cancer Strategy III (ACS III) and the strategic vision of Health Sciences North (HSN).

The Plan builds upon the significant achievements of the first Northeast Aboriginal Cancer Plan (2013-2015), and has been made possible as a result of the guidance and insight of FNIM leadership, health networks and community members in the Northeast region. As such, CCO and HSN would like to extend their sincere gratitude to all those partners involved in the development of the Northeast Aboriginal Cancer Plan 2016-2019, namely the Northeast Aboriginal Advisory Committee, and look forward to working together to implement the action items identified within this document.

It has been well documented that health disparities continue to exist between FNIM and non-FNIM populations in Canada. The incidence of cancer among Ontario’s FNIM populations is increasing at a more rapid and unprecedented rate than among other Ontarians and cancer survival is worse. FNIM people in the Northeast region face unique and specific challenges to obtaining equitable cancer care, such as geographical isolation, limited access to services and many cultural, social, historical and economic barriers. However, it is the vision of this NACP to work ever more closely with FNIM people to understand how together we can overcome these challenges, build productive relationships based on trust and mutual respect, and ensure the cancer system meets the needs of communities within the region.

---

2 Ibid.
### List of Abbreviations Used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS III</td>
<td>Aboriginal Cancer Strategy III</td>
</tr>
<tr>
<td>ACSN</td>
<td>Northeast Aboriginal Cancer Screening Network</td>
</tr>
<tr>
<td>ACCU</td>
<td>Aboriginal Cancer Control Unit</td>
</tr>
<tr>
<td>AHAC</td>
<td>Aboriginal Health Access Centre</td>
</tr>
<tr>
<td>AIAI</td>
<td>Association of Iroquois and Allied Indians</td>
</tr>
<tr>
<td>ATP</td>
<td>Aboriginal Tobacco Program</td>
</tr>
<tr>
<td>CCO</td>
<td>Cancer Care Ontario</td>
</tr>
<tr>
<td>ESAS</td>
<td>Edmonton Symptom Assessment System</td>
</tr>
<tr>
<td>FNIM</td>
<td>First Nation, Inuit and Métis</td>
</tr>
<tr>
<td>HSN</td>
<td>Health Sciences North</td>
</tr>
<tr>
<td>ISAAC</td>
<td>Interactive Symptom Assessment and Collection</td>
</tr>
<tr>
<td>MNO</td>
<td>Métis Nation of Ontario</td>
</tr>
<tr>
<td>NECC</td>
<td>Northeast Cancer Centre</td>
</tr>
<tr>
<td>NAN</td>
<td>Nishnawbe-Aski Nation</td>
</tr>
<tr>
<td>OCP IV</td>
<td>Ontario Cancer Plan IV</td>
</tr>
<tr>
<td>PHUs</td>
<td>Public Health Units</td>
</tr>
<tr>
<td>PTO</td>
<td>Political and Territorial Organization</td>
</tr>
<tr>
<td>RCP</td>
<td>Regional Cancer Program</td>
</tr>
<tr>
<td>TDT</td>
<td>Tobacco Dependence Treatment</td>
</tr>
<tr>
<td>UOI</td>
<td>Union of Ontario Indians</td>
</tr>
<tr>
<td>WAHA</td>
<td>Weeneebayko Area Health Authority</td>
</tr>
</tbody>
</table>

*Representatives from Thessalon First Nation and the Aboriginal Cancer Control Unit during an Ultimate Frisbee and Commercial Smoking Cessation Workshop, Thessalon First Nation, September 2014*
## Contents

Executive Summary ................................................................................................................ 1  
List of Abbreviations Used ...................................................................................................... 2  
About First Nations Communities in the Northeast ................................................................. 4  
Cancer Care Ontario's Relationship with the Métis Nation of Ontario ................................. 4  
Cancer Care Ontario's Relationship with Inuit service providers in Ontario ....................... 5  
Map of Communities and Service Providers in the Northeast Region ................................ 6  
Index of Communities and Service Providers in the Northeast Region ............................. 7  
Cancer Care Ontario and the Aboriginal Cancer Control Unit .............................................. 8  
The Aboriginal Cancer Strategy III and the Northeast Cancer Centre ............................... 9  
The Northeast Aboriginal Advisory Committee ................................................................ 10  
Strategic Alignment of Provincial Priorities and NECC Commitments .............................. 11  
  - Priority #1: Building productive relationships
  - Priority #2: Research and Surveillance
  - Priority #3: Prevention
  - Priority #4: Screening
  - Priority #5: Palliative and End-of-Life Care
  - Priority #6: Education

OCAP Principles and Reporting Process ................................................................................. 22
About First Nations communities in the Northeast

There are approximately 45,331 registered First Nations (27% of Ontario’s First Nations population) in the Northeast region, with approximately half living on and half living off reserve. This population is comprised of 41 First Nations communities, served by the following Political and Territorial Organizations (PTOs): Nishnawbe-Aski Nation (NAN), Union of Ontario Indians (UOI) and the Association of Iroquois and Allied Indians (AIAI). Some First Nations in the Northeast region are Independent First Nations and therefore unaffiliated with any PTOs.

A variety of services are provided to Aboriginal communities in the Northeast by eight Friendship Centres and three Aboriginal Health Access Centres (AHACs): Shkagamik-Kwe Health Centre, N’Mninoeyaa Aboriginal, one Family Health Team: Baawaating Family Health Team and one Community Health Centre: Misiway Milopemahtesewin Community Health Centre Health Access Centre and Noojmowin Teg Health Access Centre. Cancer services are provided by the NECC, Timmins and District Hospital and the Weeneebayko Area Health Authority (WAHA). Approximately 120 cancer patients from the WAHA region also visit Kingston General Hospital in the Southeast region each year for certain oncology services.

A wide range of health services are provided by the Northeast region’s First Nations communities, via health centres and nursing stations, including a variety of cancer-related services. These include, but are not limited to, the following:

- Transportation to and from medical appointments
- Smoking cessation support programming
- Primary care physician referral
- Telemedicine (Ontario Telemedicine Network)
- Pap testing
- Provision of FOBT kits
- Traditional healing and medicines
- Healing lodges

Cancer Care Ontario’s Relationship with the Métis Nation of Ontario

The Northeast region is also home to a robust Métis population, served by the following nine Métis Community Councils: Northern Lights, Timmins, Chapleau, Temiskaming, Sudbury, North Bay, Mattawa, Historic Sault Ste. Marie and North Channel. The Métis Nation of Ontario (MNO) Healing and Wellness Branch facilitates and coordinates activities to address the holistic needs of the Métis Nation in Ontario at the provincial, regional and local levels, and as such provides a variety of services to meet the needs of Métis people in the Northeast region.

On February 21st 2015, CCO signed a Memorandum of Understanding with the MNO. This memorandum formalizes the relationship between CCO and the MNO, and will help CCO ensure that the cancer system recognizes the cultural distinctiveness of the Métis people. It also ensures that CCO will address the unique cancer control needs of Métis people and Métis communities.
The Memorandum of Understanding represents a relationship that is inclusive of Métis voices, respectful of Métis governance structures and protocols, and outlines how CCO and MNO will work together to enhance the quality of health for Métis people through partnership. Practically speaking, the Memorandum of Understanding provides a way for CCO and MNO to work together on cancer control priorities and projects through well-established processes. CCO has established regular touch points with the MNO Healing and Wellness Branch in order to provide progress reports and seek guidance and approval on key initiatives. For all joint projects undertaken, specific project agreements are drafted and approved by both parties before work begins. CCO is dedicated to working with MNO in a manner that is, above all, respectful of processes and procedures appropriate to the MNO.

**Cancer Care Ontario’s Relationship with Inuit Service Providers in Ontario**

Outside of Inuit Nunangat (Inuit homeland), the largest Inuit population in Canada resides in Ottawa, so a number of Inuit service providers are located in the national capital. They provide a variety of health, social, educational and political services to the Inuit community. CCO has met and works closely with Inuit service providers in Ottawa to understand and respond to cancer control needs and challenges specific to Inuit living in Ontario, or travelling to Ontario for services from Northern Canada.

CCO will continue to work directly with each of the Inuit service providers in Ottawa to develop methods of working collaboratively that are appropriate to each organization, and commensurate with Inuit Qaujimajatuqangit (IQ), or the Inuit way of doing things. CCO seeks guidance and feedback on all initiatives through direct touch points with Inuit service providers, and has established dedicated working groups with both Inuit service providers and community members to advance a variety of projects in a manner that is culturally relevant to Inuit.

In order to ensure an inclusive, collaborative approach to working with Inuit service providers in the Ottawa region, CCO’s Aboriginal Cancer Control Unit and the Champlain Regional Cancer Program have also established an Inuit Regional Health Table, which currently includes representatives from the following organizations:

- Inuit Tapiriit Kanatami
- Tungasuvvingat Inuit
- Akausivik Family Health team
- Pauktuutit
- Larga Baffin
- Ottawa Health Services Network Inc.

Although the Inuit population of the Northeast region is believed to be very small, CCO will be working with Ontario’s Inuit service providers and the NECC to identify the region’s Inuit population in order to understand and address their cancer control needs.
Map of FNIM Communities in the Northeast
Index of FN communities in the Northeast

7. Atikameksheng Anishnawbek (Whitefish Lake)
8. Attawapiskat First Nation
9. Aundeck Omni Kaning First Nation
12. Beaverhouse First Nation
17. Brunswick House First Nation
20. Chapleau Cree First Nation
21. Chapleau Ojibwe First Nation
28. Constance Lake First Nation Mattawa
33. Dokis First Nation
36. Flying Post First Nation
37. Fort Albany First Nation
43. Henvey Inlet First Nation
44. Hornepayne First Nation
47. Kashechewan First Nation
57. Magnetawan First Nation
58. Marten Falls First Nation
59. Matachewan First Nation
60. Mattagami First Nation
62. M’Chigeeng First Nation
63. Michipicoten First Nation
65. Missanabie Cree First Nation
66. Mississauga #8 First Nation
70. Mocreebec Council of the Cree Nation
73. Moose Cree First Nation
83. Nipissing First Nation
90. Ojibways of Batchewana (Rankin)
91. Ojibways of Garden River
102. Sagamok Anishnawbek First Nation
106. Serpent River First Nation
107. Shewanaga First Nation
108. Sheguiandah First Nation
113. Taykwa Tagamou (New Post)
114. Temagami First Nation
115. Thessalon First Nation
120. Wahnapitae First Nation
123. Wasauksing First Nation
127. Weenusk First Nation
128. Whitefish River First Nation
131. Wikwemikong Unceded Indian Reserve
133. Zhiibaahaasging First Nation

Index of MNO in the Northeast

3. Chapleau Métis Council
11. Mattawa Métis Council
12. Métis Nation of Ontario Timmins
15. North Bay Métis Council
16. North Channel Métis Council
18. Northern Lights Métis Council
24. Sudbury Métis Council
26. Temiskaming Métis Council
**Cancer Care Ontario and the Aboriginal Cancer Control Unit**

Cancer Care Ontario (CCO) is the provincial government’s cancer advisor. Working with its many partners, CCO implements provincial cancer prevention and screening programs; develops and implements quality improvements, standards and accountability for cancer care; and uses electronic information and technology to advance the safety, quality and efficiency of Ontario’s cancer services. CCO also develops multiyear system plans—including the Ontario Cancer Plan IV (OCP IV) and the Aboriginal Cancer Strategy III (ACS III)—to ensure that the needs of current and future people with cancer will be met.

OCP IV is the road map for the way CCO, healthcare professionals and organizations, cancer experts and the provincial government will work together to develop and deliver cancer services from 2015 to 2019. The goals of OCP IV focus on quality of life and patient experience, safety, equity, integrated care, sustainability and effectiveness. An important strategic objective of OCP IV is the development and implementation of the third Aboriginal Cancer Strategy, of which the Northeast Aboriginal Cancer Plan is a key regional component.

The Aboriginal Cancer Control Unit (ACCU) addresses the issue that cancer rates among First Nations, Inuit and Métis people are increasing disproportionately compared with overall Canadian cancer rates. First Nations, Inuit and Métis have higher mortality rates from preventable cancers, show higher rates of some modifiable risk factors and tend to present with later-stage cancers at the time of diagnosis. The ACCU worked directly with provincial First Nations, Inuit and Métis groups in developing the ACS III in order to ensure that programs and strategies are relevant and effective at the community level.

*Copies of the Aboriginal Cancer Strategy III and Cancer in the Métis People of Ontario at the launch of the Aboriginal Cancer Strategy III, Toronto, September 2015*
The Aboriginal Cancer Strategy III

Cancer is not an equal opportunity disease. Some populations are at greater risk for developing cancer and suffer poorer outcomes than others. FNIM peoples are among those populations who bear a disproportionately high cancer burden. People with any Aboriginal origins have been found to have higher age standardized mortality rates than people with no Aboriginal ancestry.\(^3\) Mortality rates have been found to be highest among Registered Indians (those who are registered as Indians under the Indian Act).\(^4\) Cancer incidence rates for major cancers are increasing more rapidly among First Nations people, and cancer survival is worse in this population compared with other Ontarians.

The rising burden of cancer among Aboriginal peoples has been attributed at least in part to the higher prevalence of several modifiable risk factors, such as smoking, poor diet and obesity. Focusing risk reduction efforts on individual behaviour is unlikely to have a significant and lasting impact on reducing cancer risk and incidence without also putting in place complementary system-level initiatives that target the broader determinants of health through improved public health policy and community programming. Without both, our efforts to reduce the prevalence of modifiable risk factors in FNIM populations will be of limited effectiveness.

These patterns underscore the need for a cancer strategy to address the unique needs of FNIM people. Ontario’s Aboriginal Cancer Strategy envisions a day when FNIM people no longer die prematurely from preventable and treatable cancers. When they no longer suffer due to avoidable under-treatment of cancer. When Aboriginal people with cancer and their families are approached with respect and appreciation for the communities they come from. Only then will Aboriginal people be able to respond to cancer in their family and community with confidence in their healthcare system, and service providers will be fully equipped to help FNIM people prevent or manage cancer.

The Northeast Cancer Centre

The Northeast Cancer Centre (NECC) of Health Sciences North (HSN) is one of thirteen cancer programs in Ontario. The NECC is a Cancer Care Ontario (CCO) partner. The NECC provides cancer services planning and quality improvement oversight to a population of more than 600,000 in Northeastern Ontario. To achieve the missions of CCO and HSN, the NECC will focus its efforts on advancing the quality of all cancer services for patients in Northeastern Ontario through integration, partnerships and innovation. The NECC works to enhance cooperation with all its partners and communities in the Northeast to better meet the needs of cancer patients.

---


The Northeast Aboriginal Advisory Committee

During 2013, the NECC and the ACCU met with 12 core FNIM Health Networks in the Northeast region in order to build respectful, productive relationships and seek guidance as to cancer control needs and priorities among the communities with whom the health networks are affiliated.

In order to ensure that these health networks have an ongoing voice in the delivery of cancer services in the Northeast region, it was unanimously agreed by each table that a Northeast Aboriginal Advisory Committee be established. A representative from each network sits at this Committee, along with representatives from the NECC and the ACCU.

The Committee meets quarterly, and is Co-Chaired by Roger Boyer, Primary Health Care Manager at N’Mninoeyaa Aboriginal Health Access Centre and Mark Hartman, Regional Vice President of Cancer Services, Health Sciences North.

North East Aboriginal Advisory Committee Membership:

- Roger Boyer II, Primary Health Care Manager, North Shore Anishnawbek Health Steering Committee and N’Mninoeyaa AHAC (Co-Chair)
- Mary-Jo Wabano, Health Services Director, Wikwemikong Health Centre
- Julie Morin, Executive Director, Mnaamodzawin Health Services Inc.
- Roger Beaudin, Health Services Manager, M’Chigeeng Health Centre
- Sally Dokis, Health Services Manager, Dokis First Nation
- Tony Jocko, Health Policy Analyst, Union of Ontario Indians
- Angela Recollet, Executive Director, Shkagamik-Kwe Aboriginal Health Access Centre
- Tammy Maguire, Primary Health Care Manager, Noojmowin Teg AHAC
- Gisele Kataquapit, Director of Health, Fort Albany First Nation
- Jean Lemieux, Health Director, Wabun Tribal Council
- Mark Hartman, Regional Vice President, Northeast Cancer Centre (Co-Chair)
- Dr. Annelind Wakegijig, Regional Aboriginal Cancer Lead, Northeast Cancer Centre
- Sherrri Baker, Aboriginal Navigator, Supportive Care program, Northeast Cancer Centre North East Regional Cancer Program
- Koop Alkema, Manager, Preventive Oncology and Screening, Northeast Cancer Centre
- Richard Steiner, Group Manager, Cancer Care Ontario’s Aboriginal Cancer Control Unit
- Dr. Carole Mayer, Director of Research and Regional Psychosocial Clinical Lead of the Supportive Care Program, Northeast Cancer Centre
Strategic Alignment of Provincial Priorities, NECC Action Items and Anticipated Outcomes for FNIM people

**Strategic Priority 1: Building Productive Relationships**

### Existing Aboriginal Cancer Control Unit and Northeast Cancer Centre Commitments

- Formalize and embed FNIM communication and engagement structures necessary to achieve success
- Develop productive partnerships with primary care providers to provide appropriate follow-up care
- Establish FNIM representation on the NE Patient and Family Advisory Committee to provide ongoing input into NECC goals and initiatives.

### Outcomes Achieved (2013-2015):

- Relationship Protocols were signed between CCO and the Anishinabek Nation, Nishnawbe Aski Nation, the Ontario Federation of Indigenous Friendship Centres; and a Memorandum of Understanding was signed between CCO and the Métis Nation of Ontario to formalize relationships and create accountability for the implementation of the Aboriginal Cancer Strategy.
- Meetings held with all core FNIM health networks in the North East region.
- NE Aboriginal Advisory Committee Established to guide the implementation of the NE Aboriginal Cancer Plan.
- Relationship developed with the Pediatric Oncology Group of Ontario (POGO) in order to explore opportunities for enhanced FNIM pediatric cancer care and increased cultural competency.
- NE Aboriginal Cancer Screening Network established to raise awareness and increase participation in Ontario’s cancer screening programs within Aboriginal communities in the North East.

### Aboriginal Cancer Control Unit Commitments (2015 – 2019)

- Identify and collaborate with key service providers such as Aboriginal Health Access Centres, and Local Health Integration Networks on programming and services for FNIM people (i.e. advocating for provincial-level systemic change regarding acute care, home and community care and strengthening the role of mainstream service providers serving FNIM people).
- Collaborate with Health Canada’s First Nation and Inuit Health Branch to help address cancer issues and gaps (e.g. NIHB).

### NECC Commitments (2015 – 2019)

- Regional Aboriginal Cancer Lead will engage with regional hospitals and continue to engage medical oncologists, radiation oncologists and clinical oncologists to champion the vision of the ACS III at the regional level.
- Aboriginal Navigator, Medicine Lodge Keeper and Aboriginal Coordinator will work in partnership with additional Navigators in the region (North Shore Tribal Council, Shkagamik-Kwe and Noojmowin Teg) to enhance Navigational support for FNIM patients.
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explore options to include measures on building productive relationships in the Cancer System Quality Index (CSQI).</td>
<td>• Identify FNIM community member(s) as patient and caregiver advisors to join the NE Aboriginal Advisory Committee (NE ACAC)</td>
</tr>
<tr>
<td>• Work with the NECC and other partners to promote respect for, and understanding of, indigenous knowledge and traditional medicine.</td>
<td>• To recruit and sustain active representation for the NE Patient and Family Advisory Committee</td>
</tr>
<tr>
<td>• Work with traditional knowledge keepers, Regional Aboriginal Cancer Leads and other FNIM partners to develop a position statement on indigenous knowledge and traditional medicine.</td>
<td>• Identify FNIM community member(s) to join the NE Patient and Family Advisory Council, ideally including a community member from a James Bay Coast First Nation.</td>
</tr>
<tr>
<td>• Establish accountability for the delivery of ACS III with FNIM partners through Relationship Protocol Reports and regular reporting to the NE Aboriginal Advisory Committee.</td>
<td>• To transfer knowledge and build capacity in communities by offering a series of workshop strategies to build understanding of the Aboriginal Cancer Care Strategy III</td>
</tr>
<tr>
<td></td>
<td>• Increase membership on the NE Aboriginal Cancer Screening Network (ACSN) ensuring representation for all First Nations and Metis.</td>
</tr>
<tr>
<td></td>
<td>• Ensure FNIM Leadership and NE Aboriginal Advisory Committee representation at all major NECC events; CCO and NECC will work together to ensure invitations are distributed in a timely and respectful fashion.</td>
</tr>
<tr>
<td></td>
<td>• Develop the HSN Medicine Lodge collaborative to support cancer patient system navigation, culturally appropriate education (i.e. cultural safety and sensitivity training), traditional medicine and research.</td>
</tr>
<tr>
<td></td>
<td>• Invite Medicine Lodge Keeper to attend at least one NE Aboriginal Advisory Committee meeting per year.</td>
</tr>
</tbody>
</table>

**Process Measures by March 31, 2019:**
- • At least one patient or family representative on the NE ACAC.
- • 90% of First Nations communities participating in the ACSN.
- • Invitation of NE ACAC to all NECC public events and participation of NE ACAC members at 50% of NECC events.
- • HSN Medicine Lodge Keeper participation and update to NE ACAC once annually.
--- | ---
• Discussions by the Aboriginal Coordinator with 9 communities on the NE ACP via OTN, skype, attend regional and local PTO events and networking.

• A foundation of trust and shared decision-making is established within the regional cancer system.
• Increased FNIM input into regional initiatives, ensuring FNIM people have a voice.
• Improved strategic planning and culturally sensitive care for FNIM patients and families.
• Reporting process (through NE Aboriginal Advisory Committee and Relationship Protocols) will ensure FNIM leadership and partners are fully informed.

Strategic Priority 2: Research and surveillance

Existing Aboriginal Cancer Control Unit and Northeast Cancer Centre Commitments

• Build and populate databases to provide accurate information for FNIM planning, surveillance and research.
• Enhance capacity to collect, support and maintain cancer information relevant to FNIM populations.
• Engage with regional FNIM groups on their data and surveillance needs.
• Evaluate the impact of initiatives such as Aboriginal Navigator initiative.

• The update of the Indian Registry System-Ontario Cancer Registry linkage was initiated to develop an understanding of the burden of cancer on status First Nations.
• A FNIM identifier report was completed to inform Cancer Care Ontario of identifiers for data linkage opportunities.
• Developed a Métis Cancer Risk Factor Report (*Cancer in the Métis People of Ontario*).

--- | ---
• Expand risk factor surveillance work to accommodate the priorities of FNIM populations (e.g., explore options regarding risk factors in Inuit Ontarians, identify and assess new sources of data).
• Complete projects to update measures of First Nations cancer burden (e.g., incidence, survival) and identify and explore options for expanding to other Aboriginal groups.
• Ensure all NECC affiliated research carried out at the regional level is done so in accordance with Ownership, Control, Access and Possession (OCAP) principles, and appropriate data sharing agreements (DSAs) are in place.
• HSN’s Research Institute to support research grant proposals, driven by FNIM community questions, and explore opportunities to develop
### Aboriginal Cancer Control Unit Committments (2015 – 2019)

- Work with experts and communities to support knowledge translation and exchange activities relating to cancer statistics and research findings.
- In collaboration with communities, expand creation, enhance validity, and increase effectiveness of community cancer profiles.
- Enhance options to develop mentorship opportunities with FNIM partners.
- Establish research priorities in collaboration with FNIM groups (i.e. impact of hydro lines, environmental contaminants in community water).
- Explore opportunities and requirements for bringing together FNIM research users, decision-makers and organizations interested in Aboriginal research to form Aboriginal research table or partnerships that increase capacity for policy-relevant research.

### NECC Commitments (2015 – 2019)

partnerships (i.e. Well Living House, Waakebiness-Bryce Institute for Indigenous Health).

### Process Measures by March 31, 2019:

- 3 collaborative research initiatives completed.


- Increased capacity to measure and analyze FNIM cancer burden.
- Improved awareness among regional healthcare providers of concerns unique to Aboriginal communities in the region.
- Increased understanding of FNIM patient and family experience in the Northeast region.
**Strategic Priority 3: Prevention**

**Existing Aboriginal Cancer Control Unit and Northeast Cancer Centre Commitments**

- Support a respectful approach to commercial smoking cessation, prevention and protection within FNIM communities.
- Coordinate initiatives with existing regional FNIM tobacco control strategies/initiatives and chronic disease prevention and management.
- Collaborate with hospital based inpatient and outpatient smoking cessation and chronic disease management programs to make prevention strategies more effective.

**Outcomes Achieved (2013-2015):**

- CCO’s Aboriginal Tobacco Program (ATP) provided commercial tobacco prevention, cessation and protection support and capacity building to FNIM communities/organizations in the Northeast region.
- Focus groups to inform the development of a FNIM Chronic Disease Prevention Blueprint (“Path to Prevention”) were completed.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to build awareness and education in commercial tobacco prevention, cessation and protection with FNIM people through the Aboriginal Tobacco Program (i.e., expand the reach of Ultimate Frisbee and commercial tobacco prevention, cessation and protection workshops in collaboration with schools).</td>
<td>• In partnership with the ACCU, support implementation of recommendations from the FNIM Chronic Disease Prevention Blueprint (“Path to Prevention”).</td>
</tr>
<tr>
<td>• Enhance the tracking system used to monitor FNIM programming needs and the impact of ATP workshops.</td>
<td>• Collaboration with FNIM communities to disseminate physical activity, smoking cessation, alcohol consumption and healthy eating awareness initiatives.</td>
</tr>
<tr>
<td>• Disseminate and support FNIM providers with cessation support through ATP-TEACH e-module.</td>
<td>• In partnership with CCO’s Aboriginal Tobacco Program and the Northeast Aboriginal Advisory Committee, promote an outreach strategy involving all communities and Aboriginal organizations to ensure access to culturally appropriate commercial tobacco protection, prevention and cessation information.</td>
</tr>
<tr>
<td>• Support Research on Tobacco Reduction in Aboriginal Communities (RETRAC) to improve understanding of why and how interventions work with FNIM groups and share findings.</td>
<td>• Identify and align with Aboriginal health centre’s tobacco programs to optimize transition and continuity of care of commercial tobacco users identified during their NECC cancer treatment.</td>
</tr>
<tr>
<td>• Assist in the development of by-laws or policies in collaboration with First Nations communities (upon request).</td>
<td></td>
</tr>
</tbody>
</table>
### Aboriginal Cancer Control Unit Commitments (2015 – 2019)

(“Path to Prevention”), addressing modifiable risk factors in a culturally relevant context (e.g. smoking cessation, physical activity, healthy eating, and alcohol consumption).

### NECC Commitments (2015 – 2019)

<table>
<thead>
<tr>
<th>Process measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aboriginal Tobacco Program tracker is used to monitor FNIM programming needs, and the impact of ATP workshops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased capacity to address the use of commercial tobacco within FNIM people.</td>
</tr>
<tr>
<td>• Established networks which enable long-term commercial smoking cessation support and commercial tobacco education programming for FNIM people.</td>
</tr>
<tr>
<td>• Together we will work with CCO IV, NECC to assist with necessary key service providers to deliver outcome measures as identified in the Cancer Care Strategy III and Path to Prevention recommendations.</td>
</tr>
</tbody>
</table>
**Strategic Priority 4: Screening**

**Existing Aboriginal Cancer Control Unit and Northeast Cancer Centre Commitments**

- Increase access to, and awareness of cancer screening for eligible under/never screened FNIM people.
- Engage communities and Aboriginal partner organizations in developing and leading sustainable community based screening improvement projects.

**Outcomes Achieved (2013-2015):**
- As a result of the North East Under/Never Screened initiative, cancer screening rates for First Nations people were significantly increased.
- North East Aboriginal Cancer Screening Network (NE ACSN) established.
- Developed and disseminated cancer screening resources in partnership with FNIM communities and healthcare providers (i.e. FNIM cancer screening factsheets/Let’s Talk About Cancer Screening pamphlets).
- Implemented the 2015 NE Aboriginal Pap Test Campaign

**Aboriginal Cancer Control Unit Commitments (2015 – 2019)**

- Complete a major cancer screening study to improve the understanding and delivery of cancer screening to First Nations and Métis peoples; the study will help to inform policy makers regarding barriers to accessing cancer screening unique to First Nations and Métis people.
- Establish evidence to inform screening correspondence and provincial policies for screening invitations and follow-up.
- Continue to explore opportunities to improve access to screening and participate in a lung cancer screening pilot program.

**NECC Commitments (2015 – 2019)**

- Support dissemination of First Nations Cancer Screening Toolkit to communities and Aboriginal healthcare providers.
- Develop culturally sensitive and sustainable strategies and campaigns, in collaboration with the Northeast Aboriginal Cancer Screening Network (NE ACSN), to increase cancer screening for FNIM populations.
- Improve capacity for culturally appropriate cancer screen education and information provision of Primary Care Providers and other Health Care Providers.
- Undertake a Cancer Screening Access Study to understand the practical barriers to cancer screening and make recommendations.
- Collaborate with Aboriginal health centres to introduce quality improvement projects or tools that will assist in identifying and inviting eligible - people to participate in Ontario’s
Northeast Aboriginal Cancer Plan

<table>
<thead>
<tr>
<th>Process Measures by March 2019:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete 3 culturally appropriate screening campaigns.</td>
</tr>
<tr>
<td>• Improve screening rates at AHAC’s by 10%.</td>
</tr>
<tr>
<td>• Work towards 5% improvement over baseline for colorectal and cervical screening in at least 3 Aboriginal Health Centres.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased FNIM participation in colorectal, breast and cervical screening programs in the Northeast region.</td>
</tr>
<tr>
<td>• Increased capacity to identify eligible people for screening in the Northeast region.</td>
</tr>
<tr>
<td>• Enhanced access to screening programs for FNIM in the Northeast region.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Existing Aboriginal Cancer Control Unit and Northeast Regional Cancer Program Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Help FNIM people with cancer to navigate the cancer system to improve their cancer journey and health outcomes.</td>
</tr>
<tr>
<td>• Enhance supportive care via Aboriginal Navigator program and expanded telehealth services.</td>
</tr>
<tr>
<td>• Aboriginal Navigator will help promote and facilitate access to culturally safe and culturally sensitive care on and off site (e.g. access to traditional healers).</td>
</tr>
<tr>
<td>• Deploy Patient Reported Outcome Measures (PROM’s) and ISAAC software in rural communities (i.e. mISAAC initiative)</td>
</tr>
<tr>
<td>• Improved systems of palliative care across sectors.</td>
</tr>
<tr>
<td>- Establish health care professional learner opportunities in Palliative Care with Northern Ontario School of Medicine.</td>
</tr>
<tr>
<td>- Collaborate with the NE-End of Life Care Network on establishing interdisciplinary community palliative care teams.</td>
</tr>
<tr>
<td>- Expand palliative consultation services regionally when capacity allows</td>
</tr>
</tbody>
</table>
### Outcomes Achieved (2013-2015):
- Aboriginal Navigator hired within the NECC (part of a Network of 10 Navigators in Ontario).
- Participated in and supported a pilot to inform patient PROMs for FNIM peoples (through the Improving Patient Experience and Health Outcomes Collaborative).
- Pain and symptom management tools (i.e., the Mobile Interactive Symptom Assessment and Collection [mISAAC] app) were developed and implemented.
- Completed needs assessment and regional engagement with FNIM partners to inform the Learning Essential Approaches for Palliative and End-of-Life Care (LEAP) course development with Pallium Canada.
- Developed “Tools for the Journey” educational materials.

### Aboriginal Cancer Control Unit Commitments (2015 – 2019)
- Complete implementation of mobile ISAAC pilot (tools to support pain and symptom management) and expand to Aboriginal Health Access Centres and major FNIM health centres. Continue to provide the Knowledge Translation working with PROMs and symptom management guides. Support the evaluation of mobile ISAAC.
- Work with Pallium Canada to complete and implement the LEAP curriculum for FNIM groups.
- Address the gaps in service delivery through discussions with regional, provincial and federal programs and services to improve jurisdictional coordination.
- Increase FNIM identifiers in Cancer Care Ontario data holdings.

### NECC Commitments (2015 – 2019)
- Continue to disseminate “Tools for the Journey” educational materials for FNIM people with cancer and their families.
- Explore opportunities to establish FNIM identifiers during NECC registration process.
- Regional Aboriginal Cancer Lead will lead a “train the trainer” approach with other healthcare providers in the region on Pallium’s LEAP modules (making the training regionally relevant and enhancing healthcare provider understanding of palliative care needs unique to FNIM people); one to two sessions per year.
- Explore opportunities to include add-on modules for those who have received standard LEAP palliative training.
- Ensure the Northeast Aboriginal Advisory Committee has the opportunity to inform, and receive information from, the Ontario Palliative Care Network (OPCN).
- Develop understanding of new Medical Assisted in Dying (MAID) legislation and processes through training and workshop sessions for Coordinator, Navigators, RACL, and Medicine Lodge Keeper.
### Process Measures by 2019:
- All NECC patients provided the opportunity to self-identify as First Nations, Inuit and/or Métis.
- 25 aboriginal providers LEAP trained.

### Anticipated Outcomes for FNIM People (2015 – 2019):
- Improved understanding of regional FNIM palliative care needs.
- Enhanced culturally sensitive support for FNIM patients and their families, including spiritual care.
- Increased advocacy for the needs of FNIM cancer patients and their families within the region, and with all groups involved in cancer care.
- Improved access to palliative and end-of-life care for remote FNIM patients and their families.
- Improved healthcare provider awareness of spiritual, psychosocial, practical and physical concerns unique to FNIM patients.
**Strategic Priority 6: Education**

<table>
<thead>
<tr>
<th>Existing Aboriginal Cancer Control Unit and Northeast Regional Cancer Program Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Significantly enhance FNIM peoples’ knowledge and awareness of cancer.</td>
</tr>
<tr>
<td>• Develop and implement regional dissemination strategies to ensure resources/tools are reaching FNIM communities.</td>
</tr>
</tbody>
</table>

**Outcomes Achieved (2013-2015):**

- FNIM knowledge and understanding of cancer was enhanced through the development of culturally relevant resources, including smoking cessation materials, FNIM cancer screening fact sheets, and the “Tools for the Journey” palliative care toolkit.
- A series of nine relationship-building e-modules aimed at addressing healthcare providers’ understanding of FNIM history, traditions, governance and cancer control challenges and needs was developed (“Aboriginal Relationship and Cultural Competency” courses).

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement Aboriginal Relationship and Cultural Competency courses through an online learning management system.</td>
<td></td>
</tr>
<tr>
<td>• Complete the enhanced Aboriginal Tobacco Program website for FNIM communities.</td>
<td></td>
</tr>
<tr>
<td>• Develop an education framework and evaluate new educational initiatives.</td>
<td></td>
</tr>
<tr>
<td>• Complete “Cancer 101” education toolkit.</td>
<td></td>
</tr>
<tr>
<td>• Support dissemination of all FNIM-specific educational materials.</td>
<td></td>
</tr>
<tr>
<td>• 75% of all NECC staff will complete CCO’s ARCC modules and participate in education to promote cultural competent care. First year by 35%, 2\textsuperscript{nd} year 20% and 3\textsuperscript{rd} year 20%.</td>
<td></td>
</tr>
<tr>
<td>• Coordinate an in-person event(s), involving Regional Aboriginal Cancer Lead and Aboriginal Navigator, in order to provide cultural competency training and education to HSN Health Care Professionals and Providers.</td>
<td></td>
</tr>
<tr>
<td>• Provide Cultural Competency and Traditional knowledge training/workshop sessions for all Health Sciences North staff.</td>
<td></td>
</tr>
</tbody>
</table>

**Process Measures By 2019:**

- 75% of NECC staff to complete ARCC modules.

**Anticipated Outcomes for FNIM people (2015 – 2019):**

- Increased knowledge and understanding of cancer, cancer prevention and cancer screening within FNIM communities.
OCAP Principles

The Northeast Aboriginal Cancer Plan will respect the right of Aboriginal people to own, control, access and possess information about their people. It acknowledges that this is fundamentally tied to self-determination and to the preservation and development of Aboriginal cultures.

Reporting Process

Regular reporting (including timelines) on all deliverables to be provided at Northeast Aboriginal Advisory Committee meetings (held quarterly).

Mark Hartman, Regional Vice President, Northeast Regional Cancer Program, Alethea Kewayosh, Director, Aboriginal Cancer Control Unit and Sheila McMahon, President, Ontario Federation of Indigenous Friendship Centres exchange gifts at the CCO-OFIFC Relationship Protocol signing, Sault Ste. Marie, August 2014