

# Aboriginal Cancer Care Unit Cancer Care Ontario

Presentation to  
Northern Ontario School of Medicine  
January 24, 2007

# Agenda

- **Purpose**

- To examine why a separate Aboriginal strategy is needed for cancer care
  - Reasons – gaps identified
- What we do know
  - Surveillance
- Evolution of the Aboriginal Cancer Strategy
  - An ACCU introduction

# Exploratory Question

- Why do you think a separate Aboriginal Cancer Strategy for Ontario was developed?

# Gaps/Challenges Identified in the Cancer System

- **Process:**

- Needs Assessment – It's Our Responsibility (2001)
  - Qualitative study – community based assessments
  - Participatory based
- Informal needs assessment
  - Awareness of cancer screening
  - Attitudes toward cancer research

# Summary of Gaps/Challenges

- **Surveillance/Research**

- Lack of data (Metis)
- Limited capacity for data collection – infrastructure needs
- Reluctant to participate in research
- Lack of evidence to determine that cancer requires further investment



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# Summary of Gaps/Challenges

- **Cancer Screening:**
  - Accessibility (remote access)
  - Confusion identifying screening as treatment rather than preventive
  - Not seen as an essential service from non-insured health benefits
  - Access to primary care – consistency
  - Lack of screening guidelines
  - Residential school syndrome



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# Summary of Gaps/Challenges

- **Knowledge and Resources:**
  - Limited culturally appropriate materials
  - Literacy barriers
    - Dialects – translation issues
    - Cancer terminology (for technical terms)
  - Lack of awareness
    - Signs and symptoms
    - Risk factors
    - Prevention strategies



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# Summary of Gaps/Challenges

- **Capacity:**
  - Currently no cancer educators at grassroots
    - Limited to no funds being directed for cancer specific programming



# Summary of Gaps/Challenges

- **Fragmented Health Care System:**
  - Federal, provincial and First Nations jurisdictions
    - Federal (funds non-insured)
    - Provincial (health services and treatment)
    - Community (after care and follow-up)
  - Lack of case management systems
  - The community health centre is often the first point of contact into health system

# Summary of Gaps/Challenges

- **Demographics:**

- 2/3 of the Aboriginal population is under 30 years
- # of new cancer cases can be expected to increase as the population ages



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# The Evidence We Do Have

What we do know

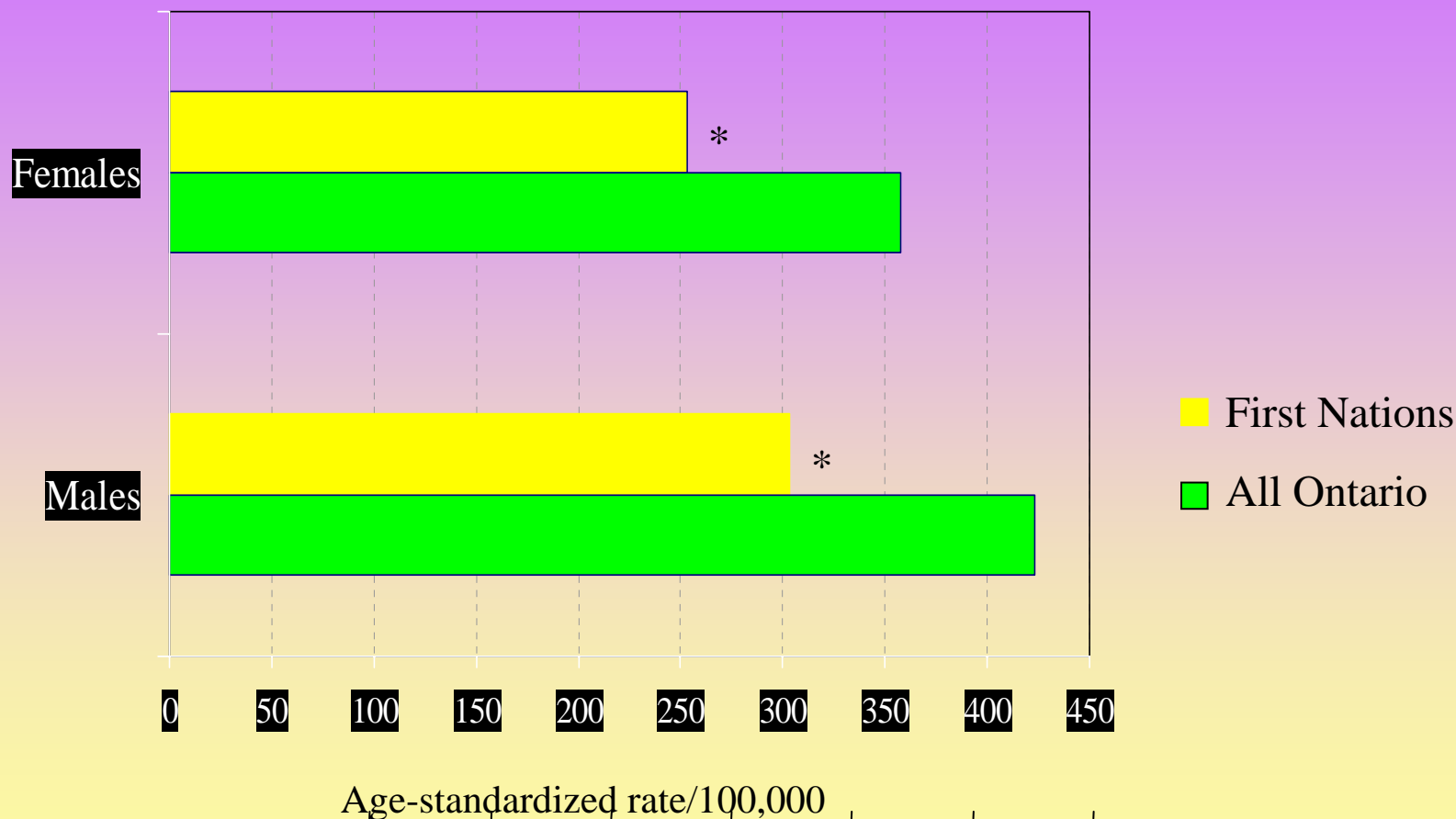


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# Incidence: All cancer, 1997-2001

## Ontario, ages 15-74 (Surveillance and Aboriginal Cancer Care Unit – CCO - source)



\* Significant Difference



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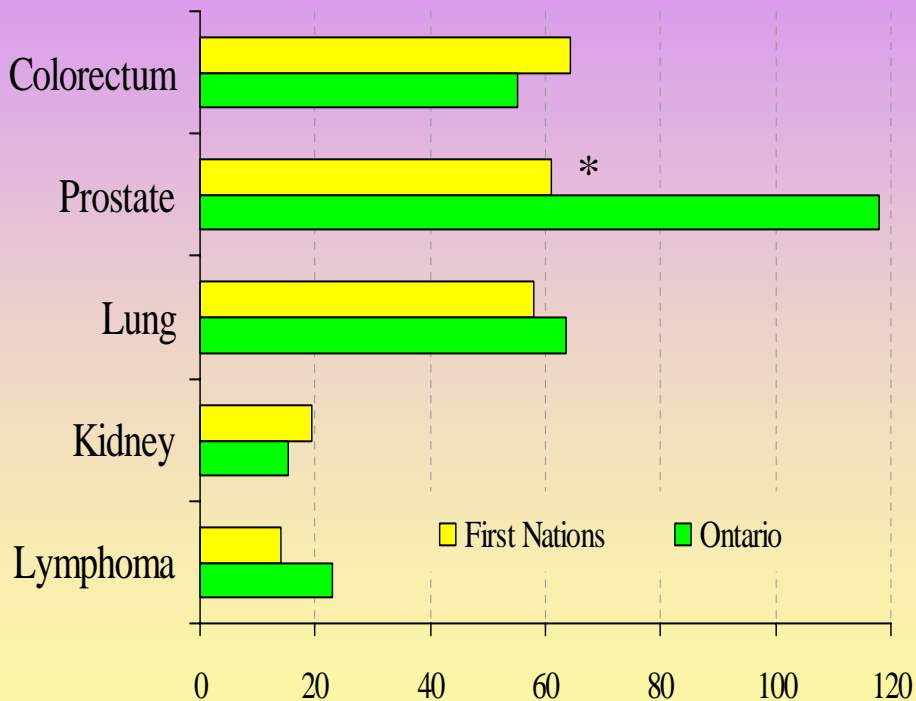
Rates age-standardized to the 1991 Canadian population

# Incidence: Common cancers, 1997-2001

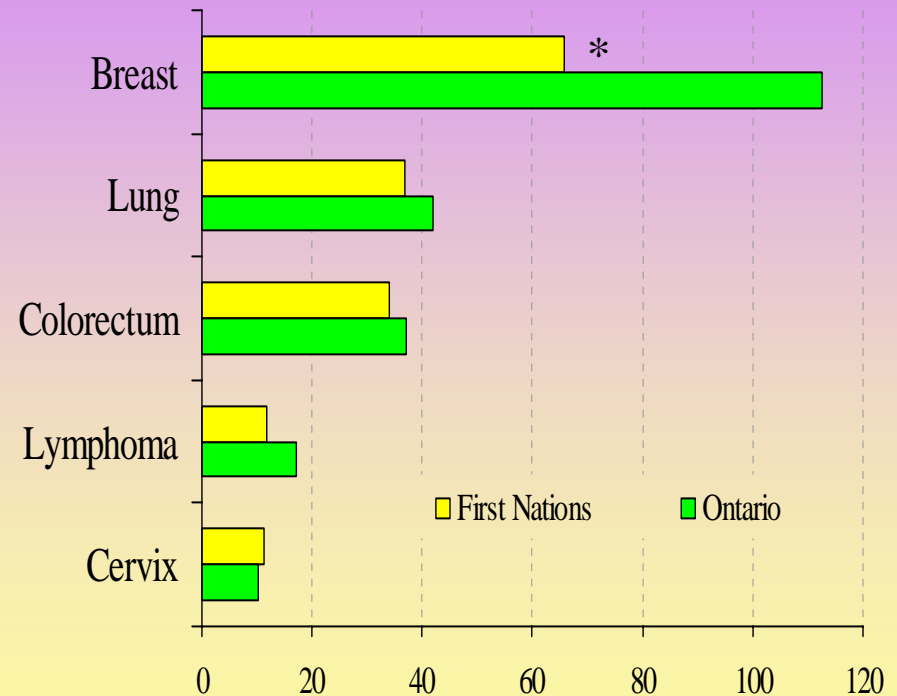
## Ontario, ages 15-74

(Surveillance and Aboriginal Cancer Care Unit – CCO - source)

Males



Females



Age-standardized rate/100,000

Age-standardized rate/100,000

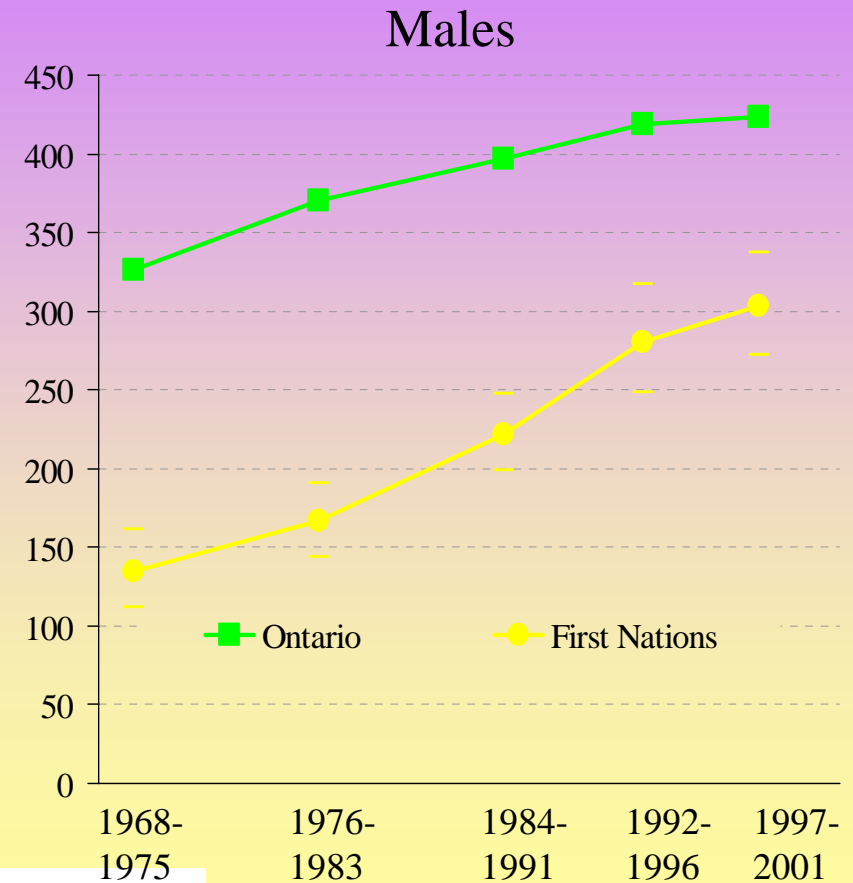
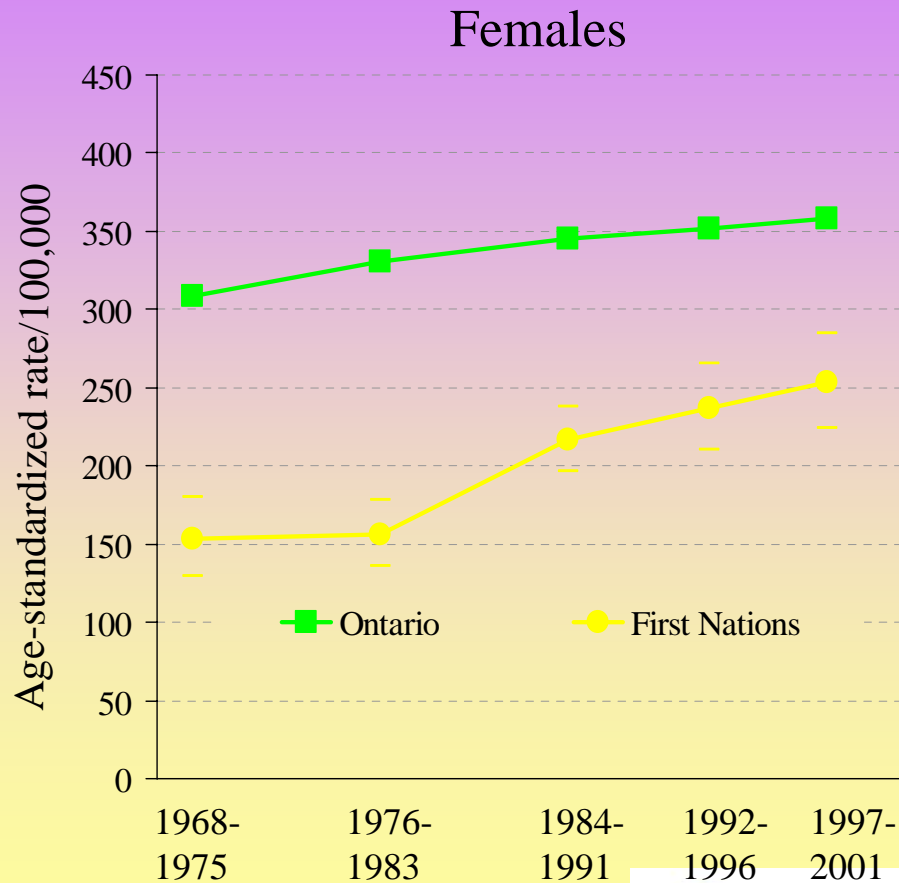


\* Significant Difference

Rates age-standardized to the 1991 Canadian population

# Incidence: All cancers combined

## Ontario, ages 15-74 (Surveillance and Aboriginal Cancer Care Unit – CCO - source)



Year of diagnosis



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Year of diagnosis

Rates age-standardized to the 1991 Canadian population

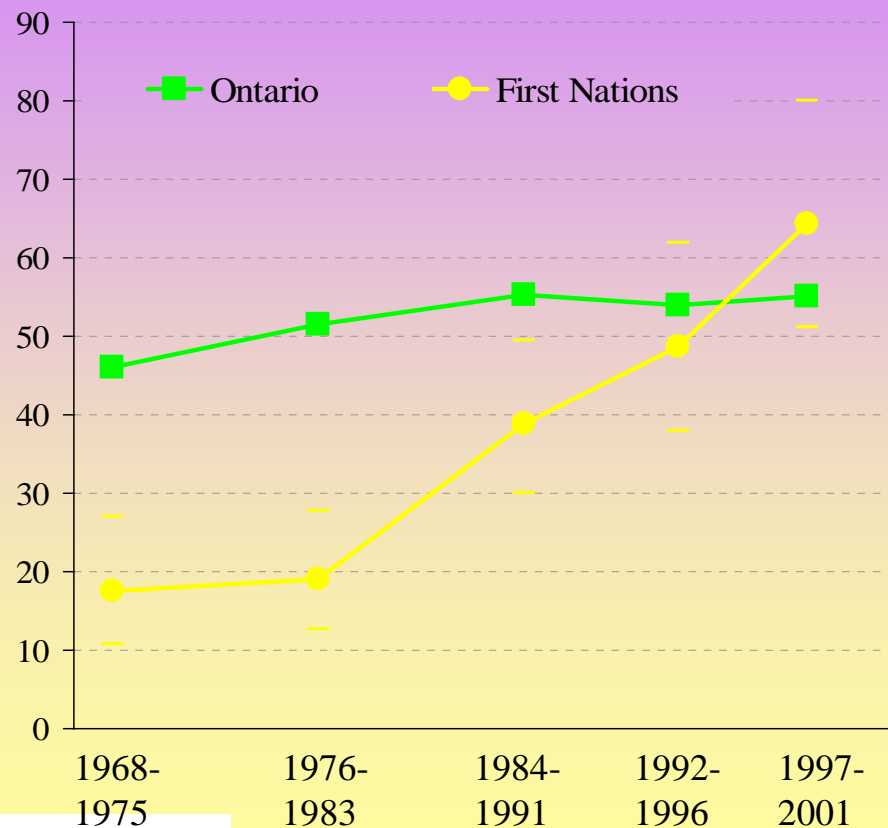
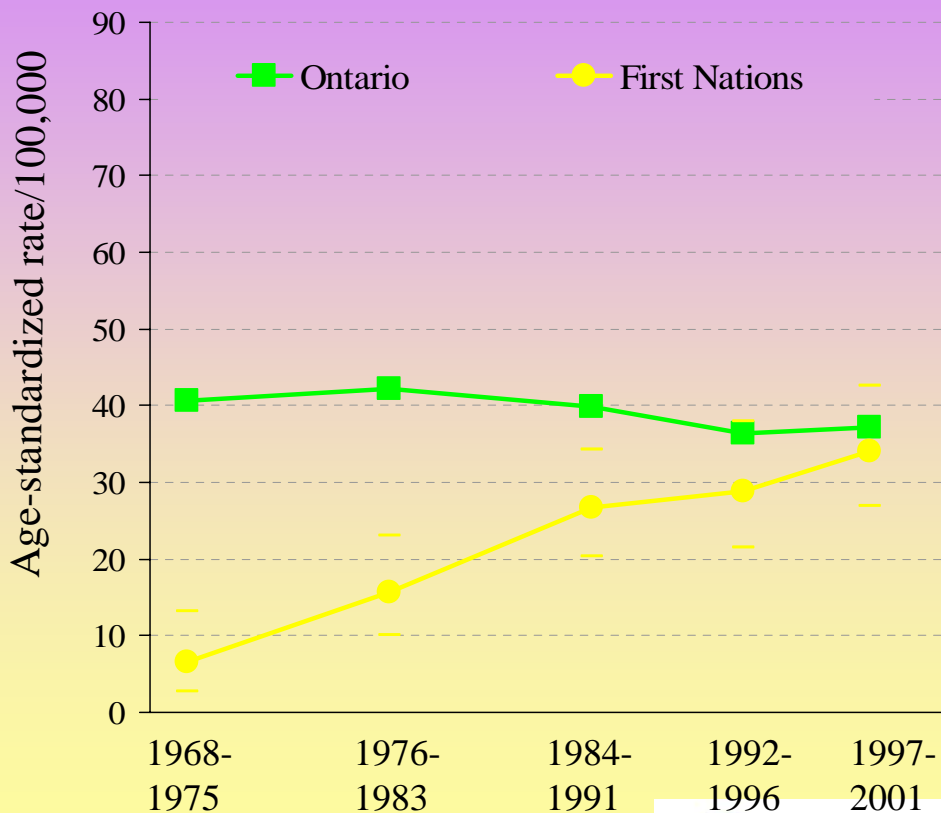
# Incidence: Colorectal cancer

## Ontario, ages 15-74

(Surveillance and Aboriginal Cancer Care Unit – CCO – source)

### Females

### Males



Year of diagnosis



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Year of diagnosis

Rates age-standardized to the 1991 Canadian population

- **Any Questions?**



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# Evolution of the Aboriginal Cancer Strategy

- To aid in addressing the gaps/challenges identified
- Aboriginal community engagement
- Partnership development

# Aboriginal Cancer Care Unit

## Background Information



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# Aboriginal Cancer Care Unit

## **Vision:**

*“Honouring the Aboriginal Path of Well-being”*

## **Mission:**

The ACCU is responsible for developing and building an Aboriginal Cancer Strategy by basing it on a wholistic approach to cancer prevention, screening and research. The Unit will accomplish this through tracking policies, environmental scanning, developing training modules, establishing partnerships, networking with regions, implementing community-based pilot projects and creating linkages on Aboriginal cancer issues.

## **Goal:**

Reduce the incidence of cancer among Ontario’s Aboriginal populations.

# Aboriginal Cancer Care Unit

## Joint Ontario Aboriginal Cancer Committee

- Mandate – make recommendations to CCO regarding Aboriginal cancer care services
- 8 PTO's and representation from the independent FN's sit on the Committee
  - Uof OI;                      AIAI;                      Treaty #3;
  - NAN;                      ONWA;                      MNO;
  - OFIFC;                      Independent FN's

# Aboriginal Cancer Care Unit

## Strategic Direction

### Health Promotion

- Aboriginal family wellness (physical, spiritual, mental and emotional)
- Community inclusion
- Awareness building
- Behaviour change
- Supportive environments

### Disease Prevention

- Primary Prevention (disease avoidance)
- Secondary Prevention (early diagnosis and treatment)
- Tertiary Prevention (disease management to prevent further complications)

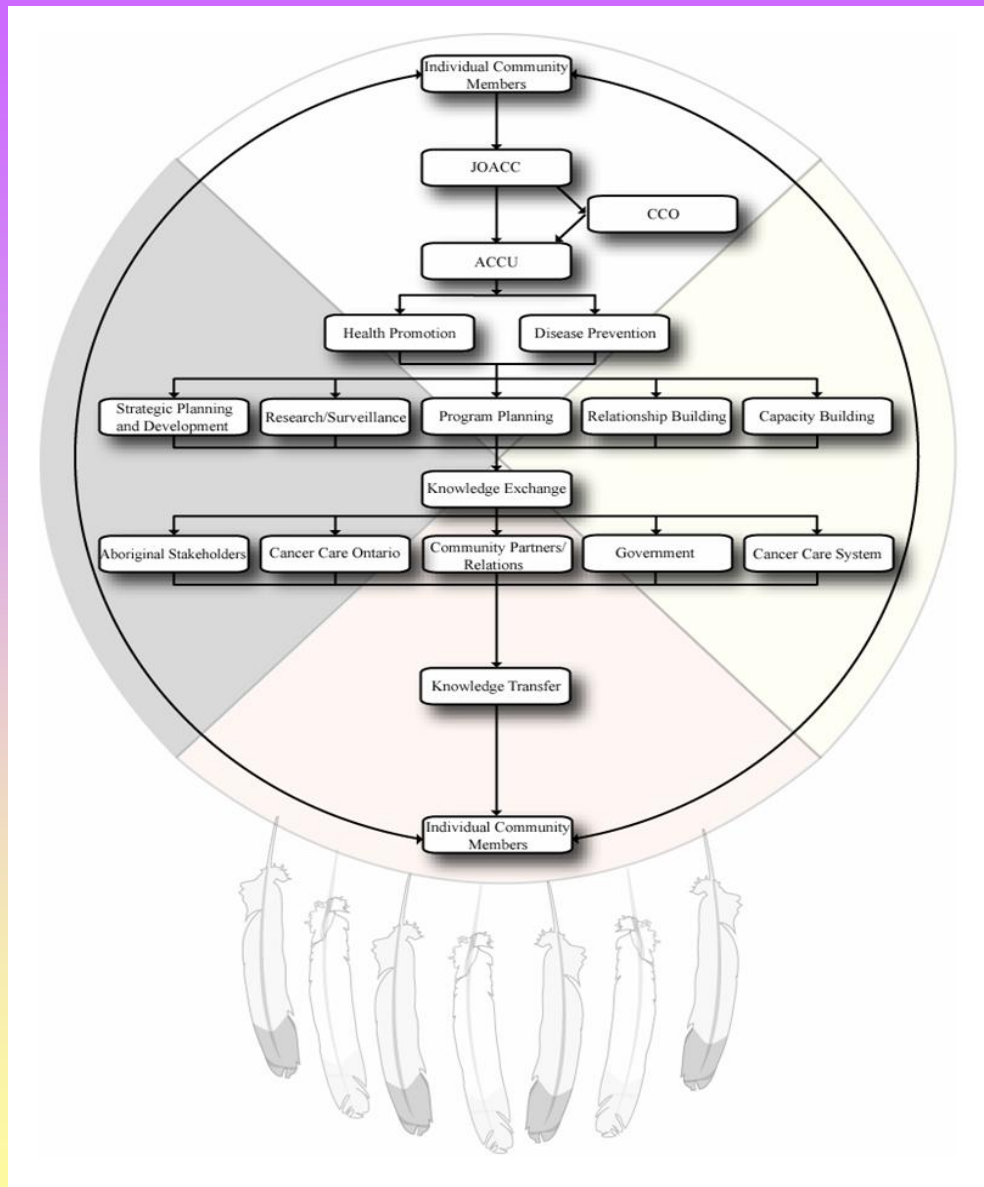


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# Strategic Planning

- Aboriginal Cancer Strategy for Ontario
  - Aboriginal Tobacco Strategy for Ontario



# ACCU – Core Functions

Strategic Planning and Development	Research / Surveillance	Program Planning	Relationship Building	Capacity Building
<ul style="list-style-type: none"> <li>•Environmental scans</li> <li>•Promising practices</li> <li>•Gap identification</li> <li>•Benchmarks</li> <li>•Indicators</li> <li>•Policy development</li> <li>•Communications strategy</li> <li>•Aboriginal Tobacco Strategy</li> <li>•Aboriginal Cancer Strategy</li> </ul>	<ul style="list-style-type: none"> <li>•Setting Aboriginal research agenda</li> <li>•Grant proposals</li> <li>•Surveillance</li> <li>•Knowledge development</li> <li>•Community-based participatory research</li> <li>•OCAP principles</li> </ul>	<ul style="list-style-type: none"> <li>•Needs assessment – community input</li> <li>•Program design</li> <li>•Program implementation</li> <li>•Resource tracking</li> <li>•Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>•Community collaborations</li> <li>•Outreach</li> <li>•Networking</li> <li>•Partnership creation</li> <li>•Regional and community support</li> </ul>	<ul style="list-style-type: none"> <li>•Community learning series</li> <li>•Relationship development series</li> <li>•Patient navigator</li> <li>•Community capacity building projects</li> <li>•Mass media campaign</li> <li>•Newsletter dissemination</li> <li>•Culturally appropriate resources development</li> <li>•website</li> </ul>



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# Aboriginal Cancer Care Unit Community Capacity Building

- Community learning series
- Relationship Development Learning Series
- Patient Navigator
- Community Capacity Building Projects
- Mass Media Campaign
- Newsletter Dissemination
- Culturally-appropriate resource development
- Website – [www.tobaccowise.com](http://www.tobaccowise.com)

# Building Community Capacity

## Principles:

- Knowledge Translation
- Knowledge Exchange
- Knowledge Transfer



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# Aboriginal Tobacco Strategy (ATS)

## **Purpose:**

- To engage Aboriginal communities in the creation of health promotion strategies to decrease and prevent the misuse of tobacco.

# ATS

## Strategy Components

- Community development and capacity building
  - Community engagement
  - Partnerships
  - Knowledge exchange
- Aboriginal Tobacco Strategy Working Group (ATSWG)
  - Commitment and knowledge of traditional tobacco
  - Tobacco champions
  - Elder involvement



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# The End

## Any questions?



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