A Prevention and Screening Resource Kit
For Primary Care Providers

Honouring the ABORIGINAL PATH of Well Being

March 25, 2009
Who is Cancer Care Ontario (CCO)?
Cancer Care Ontario is the provincial agency responsible for continually improving cancer services. As the government’s cancer advisor, Cancer Care Ontario:

- Directs and oversees close to $700 million public health care dollars to hospitals and other cancer care providers to deliver high quality, timely cancer services.
- Implements provincial cancer prevention and screening programs designed to reduce cancer risks and raise screening participation rates.
- Works with cancer care professionals and organizations to develop and implement quality improvements and standards.
- Uses electronic information and technology to support health professionals and patient self-care and to continually improve the safety, quality, efficiency, accessibility and accountability of cancer services.
- Plans cancer services to meet current and future patient needs, and works with health care providers in every Local Health Integration Network to continually improve cancer care for the people they serve.
- Rapidly transfers new research into improvements and innovations in clinical practice and cancer service delivery.

What is the Ontario Breast Screening Program (OBSP)?
The Ontario Breast Screening Program (OBSP) is a program of Cancer Care Ontario. It provides top quality breast screening services for women 50 years of age and older. It is free-of-charge for women.
The OBSP provides:

- High-quality mammograms in sites accredited by the Canadian Association of Radiologists;
- Well-developed quality assurance at each site;
- Physical exams of women’s breasts by specially trained nurse examiners (at some locations);
- Results of the screening appointment within two weeks to you and your doctor;
- Help to set up extra tests or referrals if your results suggest that they are needed;
- A reminder letter when it is time to return for your next screening mammogram. Usually, this is every two years. Women over the age of 74 do not receive a reminder letter. However, they are welcome to call for an appointment after they have discussed it with their doctor.
What is the Ontario Cervical Screening Program (OCSP)?
Cancer Care Ontario is committed to implementing a comprehensive and coordinated quality cervical screening program, to which all Ontario women will have access. Working in partnership with a variety of stakeholders, Cancer Care Ontario is building on existing services and enhancing information systems to ensure a coordinated approach to cervical screening in Ontario.

The program's key components are:

- Education and communication
- Recruitment
- A provincial cervical screening information system
- Recall and follow-up
- Quality assurance and improvement, and
- Evaluation and research

The goal of the program is to reduce the incidence of and mortality from cervical cancer.

What is the coloncancercheck (CCC) program?

The Ontario Ministry of Health and Long-Term Care, in collaboration with Cancer Care Ontario, has launched a province-wide colorectal cancer screening program, ColonCancerCheck, aimed at reducing deaths from colorectal cancer by increasing early detection. The first of its kind in Canada, ColonCancerCheck provides funding to screen all asymptomatic average risk adults 50 years and older for colorectal cancer using the Fecal Occult Blood Test (FOBT) every two years, and to screen those at increased risk (i.e., with a first degree family member - parent, child or sibling - with colorectal cancer) with colonoscopy. Individuals at increased risk should be referred for a colonoscopy at the age of 50 years, or 10 years earlier than the relative’s age of diagnosis, whichever comes first.

ColonCancerCheck FOBT kits will be available through primary care providers. Individuals without a primary care provider can obtain a kit from a pharmacist or by calling Telehealth Ontario.
What is the primary care engagement strategy?

The purpose of the strategy is to improve cancer outcomes and the experience of cancer by optimizing the cancer services provided through the primary care sector. This strategy involves the recruitment of a primary care lead for each regional cancer centre and CCO has also appointed a provincial lead for primary care. Regional primary care leads will be champions for optimal engagement and full integration of primary care in the cancer system and will help address cancer service delivery issues within the region. The Primary Care Engagement Strategy is committed to ensuring that all people have access to quality and best practice services at the primary care level.

Resources:

Cancer Care Ontario website
http://www.cancercare.on.ca

Ontario Breast Screening Program
http://www.cancercare.on.ca

Ontario Cervical Screening Program
http://www.cancercare.on.ca

ColonCancerCheck weblink
http://www.coloncancercheck.ca
The Case for Prevention and Screening in Ontario's First Nations People

There is a significant disparity between the health status of Ontario's Aboriginal people and the general population. Evidence of this is in the growing incidence of cancer and in the lower survival rates of Aboriginal people with cancer compared to other people in Ontario. The work of Dr. Loraine Marrett at Cancer Care Ontario looks at the incidence of cancer in the Aboriginal population and survival data that has helped build the case for prevention and screening.

The overall cancer incidence rate in First Nations people, while still well below the rate of the general population, is rising more quickly (Figure 1).

**Figure 1. All cancer incidence, Ontario, 1968-2001, ages 15-74**

![Graph showing cancer incidence rates for males and females in Ontario from 1968 to 2001.](source)

Rates for new cases of colorectal cancer in both First Nations men and women have increased by more than three times between 1968 to 2001 (Figure 2).

**Figure 2. Colorectal cancer incidence, Ontario, 1968-2001, ages 15-74**

![Graph showing colorectal cancer incidence rates for males and females in Ontario from 1968 to 2001.](source)
The rate of new cases of breast cancer (Figure 3) in First Nations women has almost doubled over the same time period although is still much lower than other women in Ontario. In contrast, the cervical cancer incidence rate has declined for both First Nations and other Ontario women. This has been linked to better screening techniques and increasing use of Pap tests to detect abnormal cells even before they become cancer.

For the major cancers, survival is significantly worse in First Nations people compared to the general population in Ontario (Figure 4).
It is estimated that at least 50% of the cancers that will be diagnosed over the next 20 years can be either prevented or detected early. An ounce of prevention … and early detection … certainly appears to be worth a pound of cure.

Reference

http://www.cancercare.on.ca

This information has been provided by Regional Cancer Care at Thunder Bay Regional Health Sciences Centre and Cancer Care Ontario with funding from Health Canada. The opinions expressed in this publication are those of the authors and do not necessarily reflect the official views of Health Canada.
Frequently Asked Questions about Health Care and the Aboriginal Population in Canada

Who are Aboriginal peoples?
Aboriginal peoples are the descendents of the first people of Canada. The Canadian Constitution recognizes three groups of Aboriginal people: Indian (First Nations), Métis and Inuit, each with their own distinct heritage, language, cultural practices and spiritual beliefs.

How many First Nations, Métis and Inuit are there?
In 2006, Statistics Canada reported the number of people who identified themselves as First Nations people, Métis or Inuit to be 1,172,790 or almost 4% of the total population of Canada. Twenty percent or 242,495 of all Aboriginal people in Canada live in Ontario. Of these, 65% are of First Nation ancestry, 30% are Métis and 5% are Inuit.

What is the demographic profile of Aboriginal peoples?
Eight in ten Aboriginal people live in Ontario and the western provinces. More than half live in urban areas. The Aboriginal population is younger than the non-Aboriginal population. Children and youth under the age of 24 years comprise 48% of the population, compared to 31% in the non-Aboriginal population in Canada.

Who provides health services for Aboriginal people in Ontario?
As Ontario residents, Aboriginal people access the same health services for cancer as everyone else through health clinics, physicians, hospitals and regional cancer centres. What differs for the population is that First Nation, Inuk, Innu and an infant less than age one whose parent is eligible in one of the above categories receives health care coverage through non-insured health benefits.

Métis people do not receive coverage through non-insured health benefits. Their health coverage is through the province of where they reside or through personal insurance programs.

What is Non-Insured Health Benefits (NIHB)?
The Non-Insured Health Benefits Program of Health Canada’s First Nations and Inuit Health (FNIH) provides for some, or all costs of medical, dental and pharmacy services that are not covered by the province or territory or third party health plans. The services received through FNIH are in addition to what is covered in provincial and territorial insured health programs.

Who is eligible to receive NIHB Program benefits?
A person must be a resident of Canada and one of the following:

- A Registered Indian according to the Indian Act;
- An Innu member of either Davis Inlet or Sheshatshiu Innu communities in Labrador;
- An Inuk recognized by one of the Inuit Land Claim organizations;
- An infant less than one year of age and whose parent is an eligible recipient.
Do Aboriginal organizations/communities deliver programs and services that are targeted to health?

Yes, the level of service varies from community to community and from organization to organization. Health programs are delivered both on and off reserve and target First Nations, Inuit and Métis. Some examples of programs and services are as follows: providing primary health care services, dietitian services, diabetes education and foot care, medical transportation, long term care services, personal support work, health promotion activities, recreational programs, Aboriginal Healthy Babies Healthy Children, residential school programs, tobacco cessation supports and AIDS educators.

There are several organizations that provide health services and programs to on and off reserve populations, Inuit and Métis in Ontario. The following list of organizations will assist in navigating the Aboriginal health infrastructure that exists in Ontario.

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<thead>
<tr>
<th>First Nation (Indian)</th>
<th>Websites</th>
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<tbody>
<tr>
<td>Nishnawbe-Aski Nation</td>
<td><a href="http://www.nan.on.ca">www.nan.on.ca</a></td>
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<tr>
<td>Association of Iroquois and Allied Indians</td>
<td><a href="http://www.aiai.on.ca">www.aiai.on.ca</a></td>
</tr>
<tr>
<td>Grand Council Treaty #3</td>
<td><a href="http://www.treaty3.ca">www.treaty3.ca</a></td>
</tr>
<tr>
<td>Union of Ontario Indians</td>
<td><a href="http://www.anishinabek.ca">www.anishinabek.ca</a></td>
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<tr>
<td>Independent First Nations</td>
<td><a href="http://www.chiefs-of-ontario.org">www.chiefs-of-ontario.org</a></td>
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<tr>
<th>Metis:</th>
<th>Websites</th>
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<tr>
<td>Metis Nation of Ontario</td>
<td><a href="http://www.metisnation.org">www.metisnation.org</a></td>
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<tr>
<th>Off-Reserve Organizations:</th>
<th>Websites</th>
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<tr>
<td>Ontario Federation of Indian Friendship Centres</td>
<td><a href="http://www.offfc.org">www.offfc.org</a></td>
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<td>Aboriginal Health Access Centres</td>
<td><a href="http://www.ahwsontario.ca">www.ahwsontario.ca</a></td>
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<tr>
<td>Ontario Native Women’s Association</td>
<td><a href="http://www.onwa-tbay.ca">www.onwa-tbay.ca</a></td>
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<tr>
<th>Inuit:</th>
<th>Websites</th>
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<tr>
<td>Inuit Tapiriit Kanatami</td>
<td><a href="http://www.itk.ca">www.itk.ca</a></td>
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<tr>
<td>Tungasuvvingat Inuit (TI)</td>
<td><a href="http://www.ontarioinuit.ca">www.ontarioinuit.ca</a></td>
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<tr>
<td>Pauktuutit</td>
<td><a href="http://www.pauktuutit.ca">www.pauktuutit.ca</a></td>
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<td>Inuit Women of Canada</td>
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References

Additional Resources

*Non-insured Health Benefits*


3. First Nations Inuit Health Branch – *Health Provider Information* link includes information on administration of NIHB, Privacy and Provider Registration.
   Available at: [http://www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

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Cancer and Aboriginal Peoples (in Ontario)

Cancer is the third leading cause of death in Aboriginal peoples. It is estimated that 50% of cancers can be prevented by adoption of healthy behaviours including healthy eating, healthy weights and physical activity. Despite the fact that cancer screening saves lives, only a limited proportion of Ontarians participate in regular screening. In 2007-08, 66% of women aged 50-69 had a screening mammogram and in 2006-2007 only 24% of Ontarians over 50 had colorectal screening and in 2005-07, 72% of women aged 20-69 participated in cervical screening.

Challenges to Prevention and Screening

First Nation, Inuit and Métis peoples in Ontario face unique challenges related to cancer risk factor awareness and early detection of cancer.

- Many are not aware of screening programs or how to access them.
- There is a lack of culturally relevant materials to inform the population about cancer prevention and screening including examples targeted to the population.
- Patients and family members experience challenges related to literacy and language for cancer terminology. In many Aboriginal languages there is no direct word to describe cancer.
- Many view screening as a treatment rather than prevention.
- There is a lack of primary care providers in the communities, barriers to continuity of care due to use of locum services and staff turnover and many seek primary care through emergency room services.
- Residential School Effects has impacts on health and screening behaviours due to the involvement of personal parts of the body. Survivors may be fearful of asking questions of people in positions of power or authority.
- At present, there are no dedicated staff who provide cancer education in First Nations, Métis and Inuit communities.
- Barriers exist for individuals who must travel to access screening, diagnostic follow-up and treatment services outside of their communities. It may involve travel across long distances and time away from family and work.

A Traditional Model of Health

Aboriginal health and well-being are a result of Aboriginal history, traditions, spirituality, values and language. Aboriginal worldviews consider the person as a “whole” with a connection to land and community and includes the dynamic nature of the world and the strength that comes in working with others. This traditional model believes that health is a result of a balance in physical, emotional, mental and spiritual well-being.
Aboriginal Peoples’ View of Cancer

Cancer is a widespread concern for Aboriginal people. In most Aboriginal communities everyone knows someone who has been affected by cancer. Many believe that a diagnosis of cancer is inevitable and carries a death sentence. These views in part help to explain the low rates of participation in prevention and early diagnosis and treatment programs.

What can be done?
- Take the time to inform and educate your patients and family members about cancer prevention and early detection to reduce fear and anxiety;
- Recruit peer educators to support community efforts and share the message of cancer prevention and screening;
- Seek out well women and well men programs in the communities;
- Teach children about prevention efforts so they can teach others;
- Encourage cancer survivors to share their stories with others.

Cultural Competence

Cultural competence in health care means providing service in a way that meets the needs of patients. It also recognizes and respects the patient’s culture, tradition and values. Language, fear of touching, comfort level or unfamiliarity with Western medical practice can all be barriers to screening and prevention.

What can be done?
- Allow time for understanding, building trust and involving families in decisions;
- Promote screening and prevention at cultural events such as community feasts, health fairs and Pow Wows;
- Provide translation services and culturally relevant education materials;
- Involve the community and build capacity to promote the chronic disease prevention and early detection message.

Gaps in Service Delivery

Research shows that cancer screening programs are effective in reducing the number of new cases and deaths related to cancer. However, screening and prevention services are not always available or easily accessible for Aboriginal people.

What can be done?
- Create stronger links between Aboriginal communities and regional cancer services;
- Find out about the availability of mobile screening coach programs for the community;
- Find out what First Nations/Organizations in your region has access to medical transportation services;
- Advocate on behalf of the patient and their community for improved access to coordinated cancer prevention and screening services.
References


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CCO Cancer Prevention and Screening Resources
For the Health Professional and General Public

http://www.cancercare.on.ca/psresources