



Caring for Indigenous Patients

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Indigenous Cancer Care Unit & Indigenous Health
Equity and Coordination (Ontario Health)

May 13, 2022

Presenter Disclosure

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 - Patents: N/A
 - Advisory Boards: N/A

Outline

- Overview of Indigenous People in Ontario
- History of the Indigenous Cancer Care Unit
- Working with the Regional Cancer Programs
- Dedicated Support for Indigenous Cancer Patients
- Health Landscape and Colonization
- Resources for Patients and Providers

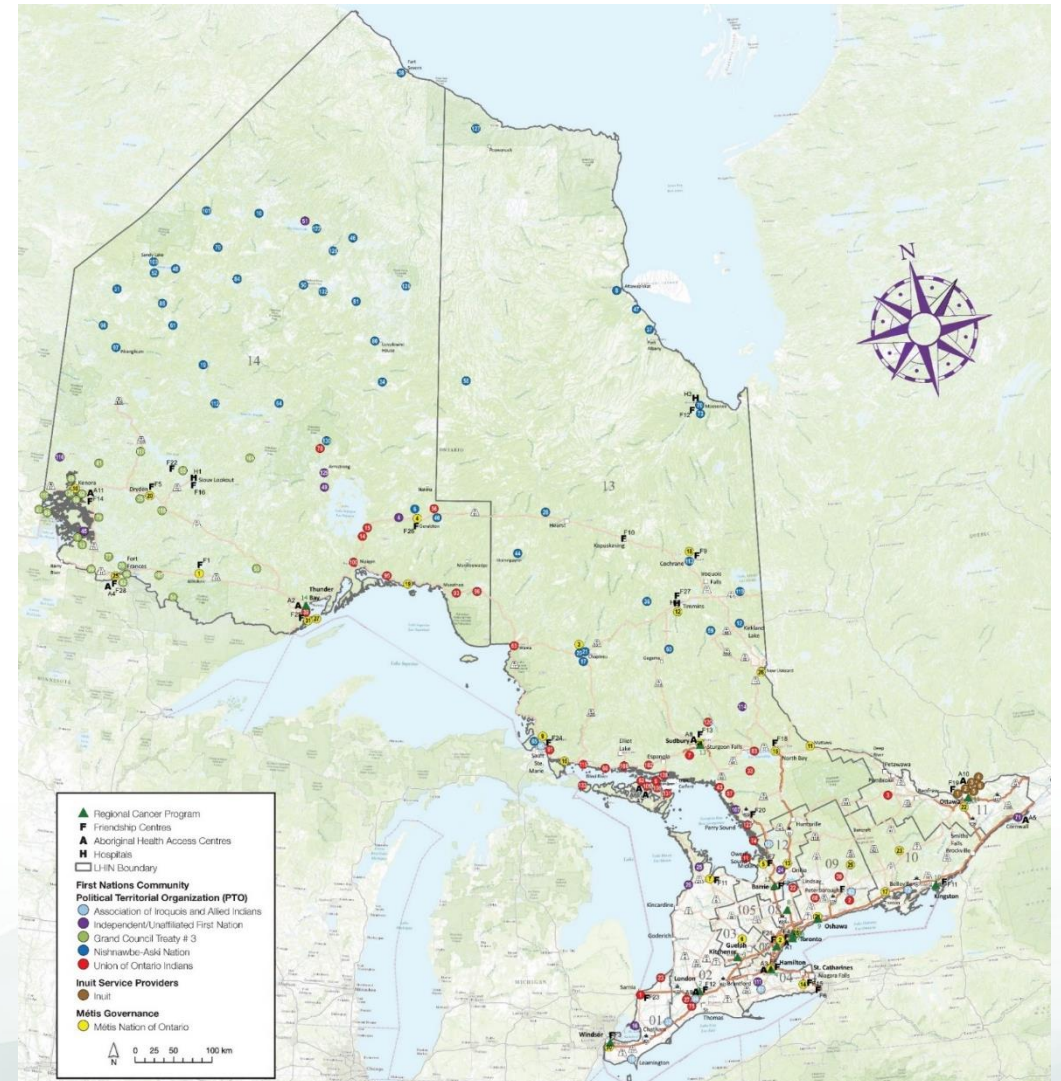
First Nations, Inuit, Métis and Urban Indigenous Peoples

Indigenous peoples are the original inhabitants of Canada

Indigenous peoples are not a cultural group to Canada, but rather ***distinct Constitutionally recognized peoples with Aboriginal and Treaty Rights***

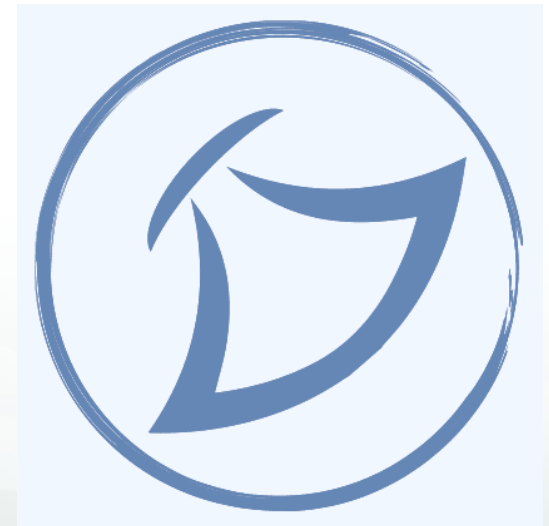
There are 374,395 Indigenous peoples in Ontario

- 236,680 First Nations People
- 120,585 Métis People
- 3,860 Inuit
- 7,540 Other Indigenous Peoples



First Nations, Inuit, Métis and Urban Indigenous Peoples

- **First Nations** - First Nations form the largest group of Indigenous peoples in Ontario and Canada. There are 133 reserves in Ontario, 61 are located in rural or remote areas and 33 are considered fly-in communities with no year-round road access.
- **Inuit** – Inuit are not indigenous to Ontario; they are the original people from Inuit Nunangat – which includes 4 Inuit homelands (Inuvialuit, Nunatsiavut, Nunavik and Nunavut). The majority of Inuit who live in Ontario are in the Ottawa area, and there is a growing population in some 13 other municipalities across Ontario, including Toronto.



First Nations, Inuit, Métis and Urban Indigenous Peoples

- **Métis** – The genesis of the Métis culture and nation dates back to the 1600s when early European settlers first came into contact with local First Nations communities. Early unions between European settlers and local First Nations women led to the emergence of a new and highly distinctive Indigenous peoples. There is a large Métis community in Ontario, mainly in Midland, Kenora, Dryden, Fort Frances.
- **Urban Indigenous** - The term “urban Indigenous” refers primarily to First Nations, Inuit and Métis peoples living in cities and towns and recognizes the diversity between and within Indigenous communities. In Ontario, more than 85% of Indigenous people live off-reserve in urban or rural communities. This figure includes Métis people and Inuit who do not live on reserves.



Historic Overview

- In 1996, former Cancer Care Ontario brought together Indigenous experts who commissioned the development of the *New Beginnings: Planning Care for Aboriginal Peoples Report*
- From this report, the Joint Ontario Indigenous Cancer Committee was established in 1997 to provide guidance and input into Indigenous cancer care in the province – the Joint Ontario Indigenous Cancer Committee continues its mandate to this day
- In 2000, the Aboriginal Cancer Control Unit (now the Indigenous Cancer Care Unit) was established
 - The first task was to initiate the *Aboriginal Cancer Care Needs Assessment – It's our Responsibility*
 - Based on the Need Assessment findings published in November 2002, the first Indigenous Cancer Strategy was published
 - Alethea joined as the lead on the Indigenous Cancer Care Unit in 2010
 - In 2012, 2015, and 2019 the second, third and fourth Indigenous Cancer Strategies were published

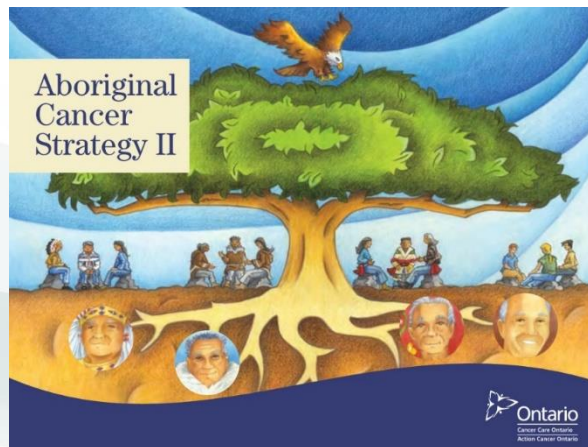
Indigenous Cancer Care Unit

- Works to improve the cancer system for First Nations, Inuit, Métis and urban Indigenous peoples
- Works directly with First Nations, Inuit, Métis and urban Indigenous partners
- Works directly with the Regional Cancer Programs to ensure that programs and strategies are relevant and effective at the community level



Indigenous Cancer Strategies

- Ontario Health's roadmap to address Indigenous cancer control issues/needs in Ontario, and outlines our commitment for improving the Indigenous patient journey
- **Indigenous Cancer Strategies are not a pan-Indigenous initiative** – we work directly and individually with the First Nations, Inuit, Métis and urban Indigenous nations/organizations to develop the strategies
- The digital version of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (Strategy 4) was launched on March 4, 2020: cancercareontario.ca/iccustrategy4



Strategic Priorities



**Build
Productive
Relationships**



**Measure,
Monitor, and
Evaluate**



Prevention



Screening



**Palliative and
End-of-Life
Care**



Education



**Equitable
Access**

Working Directly with First Nation, Inuit, Métis and urban Indigenous Partners

- Starting in 2010, spent 18 months reaching out to First Nation, Inuit, Métis and urban Indigenous Leadership to discuss cancer care
- Discussed ongoing engagement and how we can work together
- Formalized the engagement process through the establishment of Relationship Protocols
- Relationship Protocols were being used by the province (Ministry of Indigenous Affairs) in the work they were doing with Indigenous partners

Relationship Protocol Signings



**Grand Council Treaty #3
(May, 2013)**



**Anishinabek Nation
(June, 2013)**



**Ontario Federation of
Indigenous Friendship
Centres (July, 2014)**



**Nishnawbe Aski Nation
(Aug, 2014)**



**Kitchenuhmaykoosib
Inninuwug
(Oct, 2014)**



**Métis Nation of Ontario
(Feb, 2015)**



**Association of
Iroquois and Allied
Indians (Nov, 2016)**



**Champlain Inuit Service
Providers Regional Table
(May, 2017)**



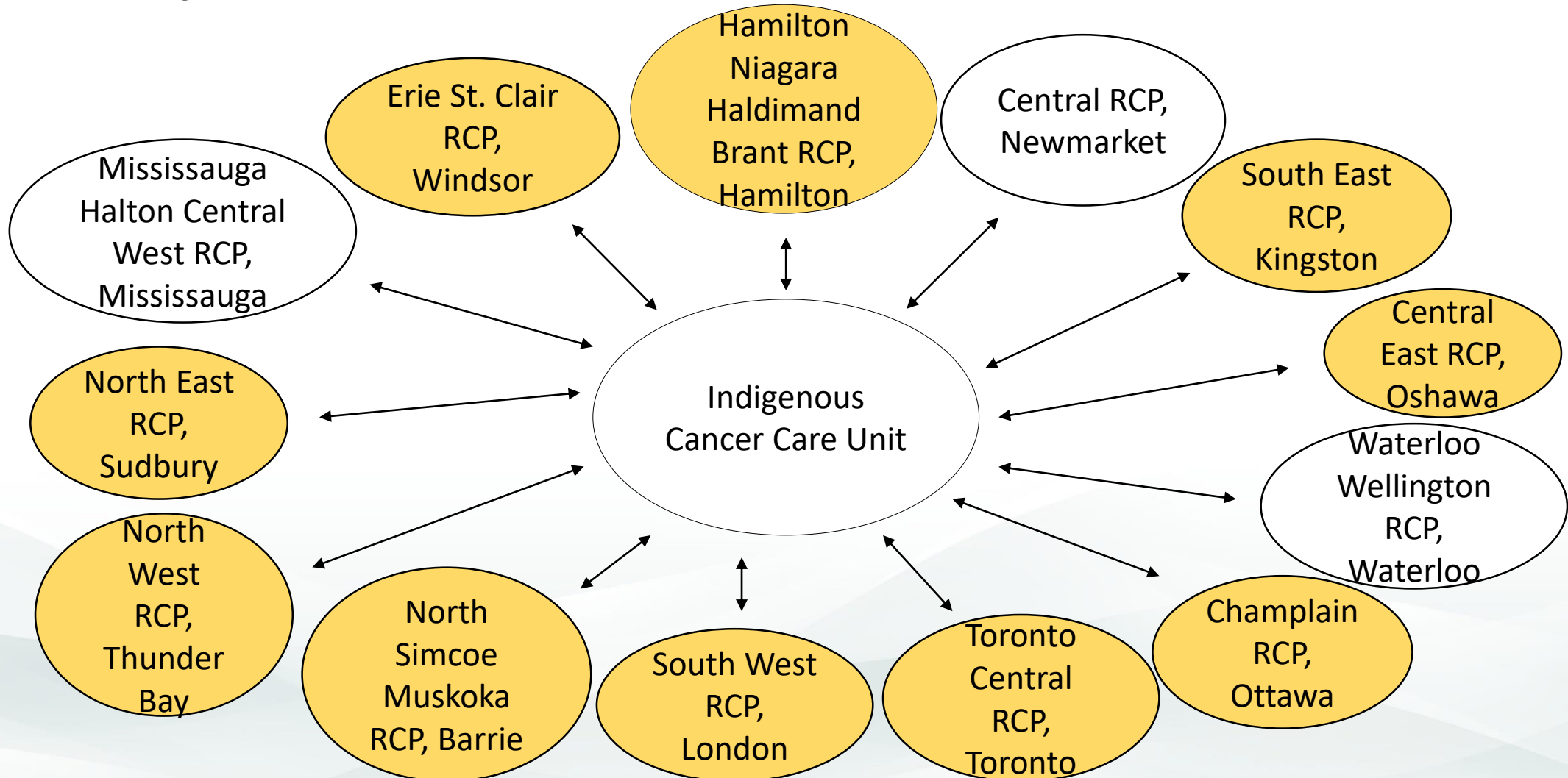
**Mississaugas of the
Credit First Nation
(Feb, 2018)**



**Bkejwanong Territory
(Oct, 2019)**

How we work with Regional Cancer Programs

The Indigenous Cancer Care Unit works in partnership with the Regional Cancer Programs to help address and support Indigenous cancer care in Ontario



How Work Started with Regional Cancer Programs

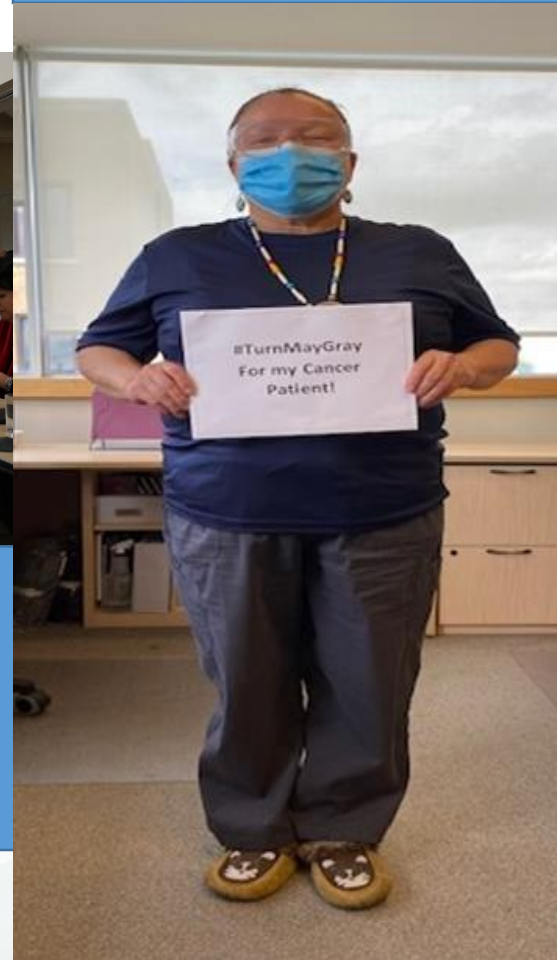
Develop a partnership approach



Connect to and educate about Indigenous networks & communities



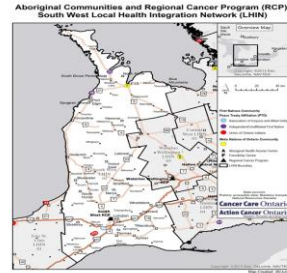
Build capacity



Sustainable engagement



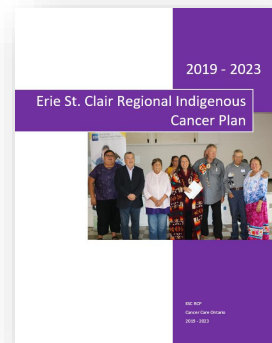
Development and Implementation of Regional Indigenous Cancer Plans



Indigenous Partners by Region



Regional Cancer Programs



Indigenous Cancer Care Unit

Indigenous Navigators

Regional Indigenous Cancer Leads

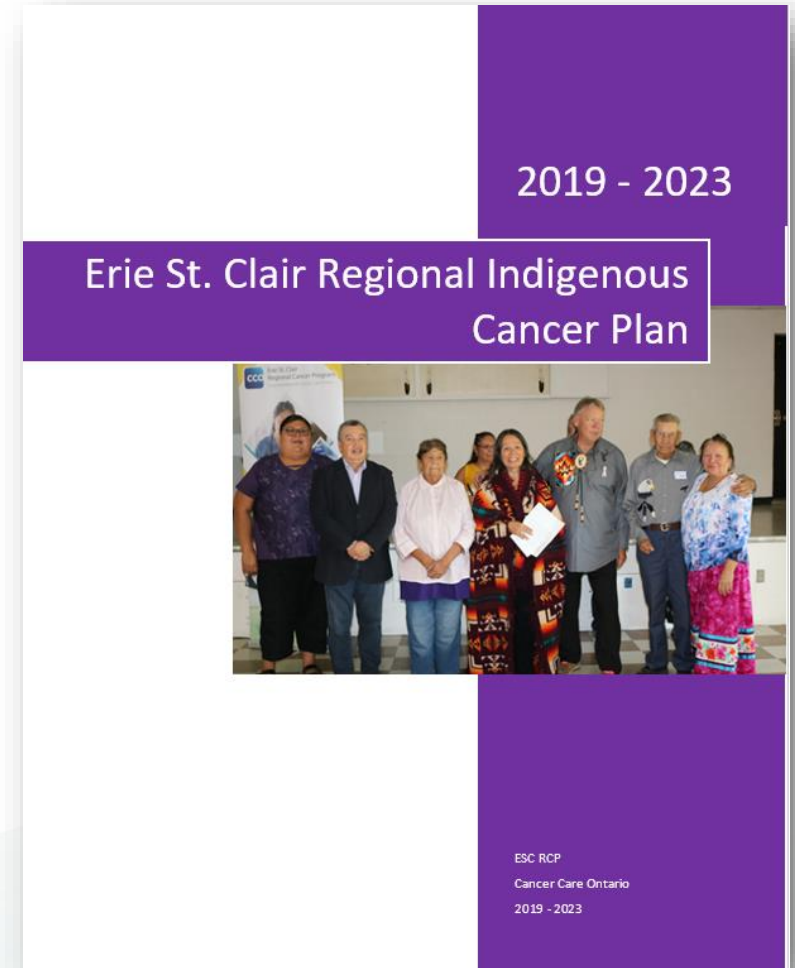
Project Coordinators

Regional Program Managers

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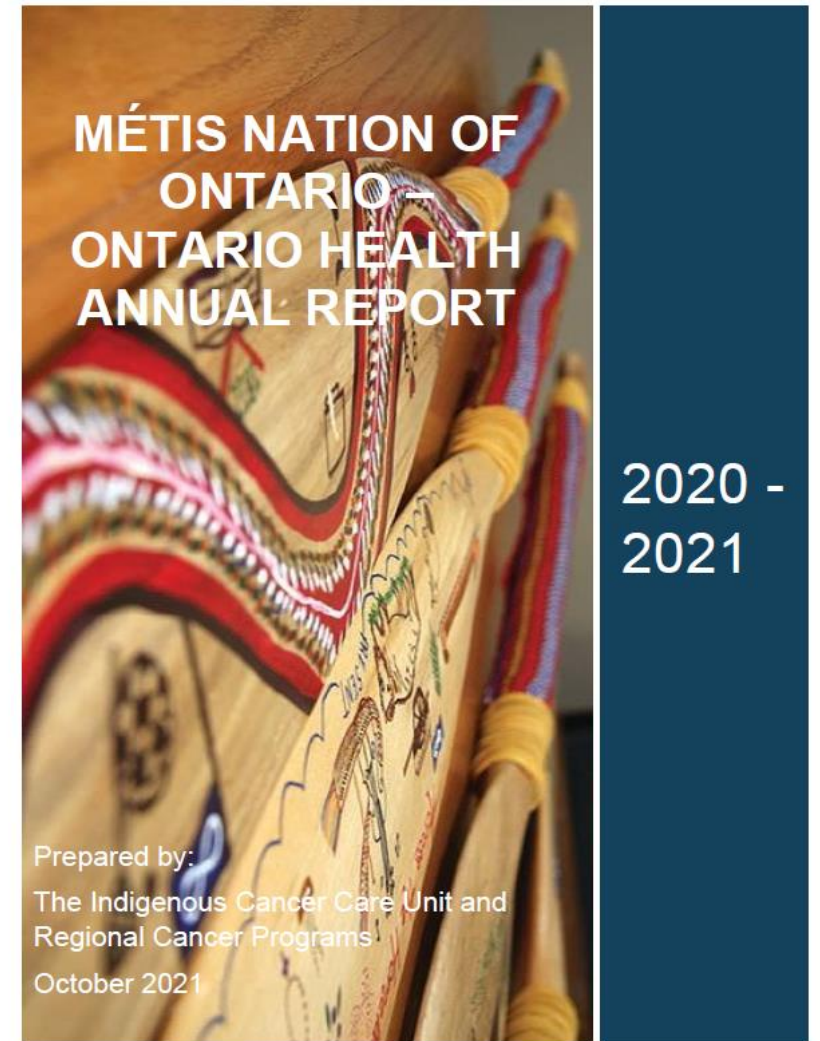
Regional Indigenous Cancer Plan

- Blueprint for implementation of *First Nation, Inuit, Metis and Urban Indigenous Cancer Strategies* in each region – currently working from Strategy 4 (2019 - 2023)
- The development process, involves Indigenous health networks and communities in the region
- Helps build regional capacity to engage directly with Indigenous peoples and address unique cancer issues and needs
- **Goal:** Give Indigenous peoples an ongoing voice in the delivery of cancer services in Ontario



Commitment to First Nations, Inuit, Métis and Urban Indigenous Partners

- Provide verbal and written reports to Relationship Protocol holders
- Annual reports are prepared based on the work undertaken through the Regional Indigenous Cancer Plans and sent to Indigenous Leadership
- Updates are provided to First Nation, Inuit, Métis and urban Indigenous health networks/tables on a regular basis or as requested in collaboration with Regional Cancer Program partners



Improving Indigenous Cancer Care

For Patients:

- Better understanding of their health and treatment plan
- Increased guidance during their treatment plan
- Greater emotional and navigation support
- Enhanced ability to cope emotionally, psychologically and physically with their cancer diagnosis
- Greater satisfaction with their care
- Potential improvement in their cancer treatment outcomes

For Healthcare Professionals

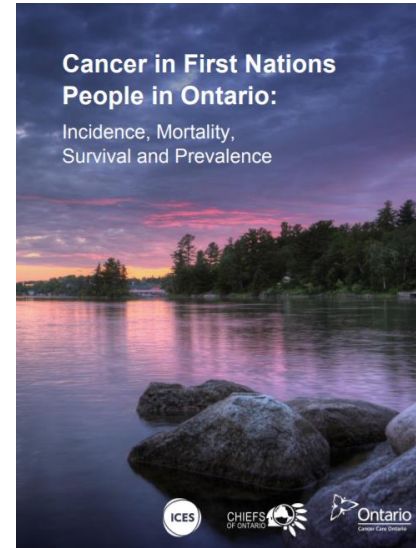
- Improved collaboration and communication among the patient's healthcare team (ensuring appropriate follow-up in clinical and community settings)
- Understanding healthcare from patient's perspective
- Spotting/fixing problems and shortfalls in the healthcare system
- More coordination between healthcare professionals, hospitals and clinics
- Increased patient awareness
- Improved patient outcomes



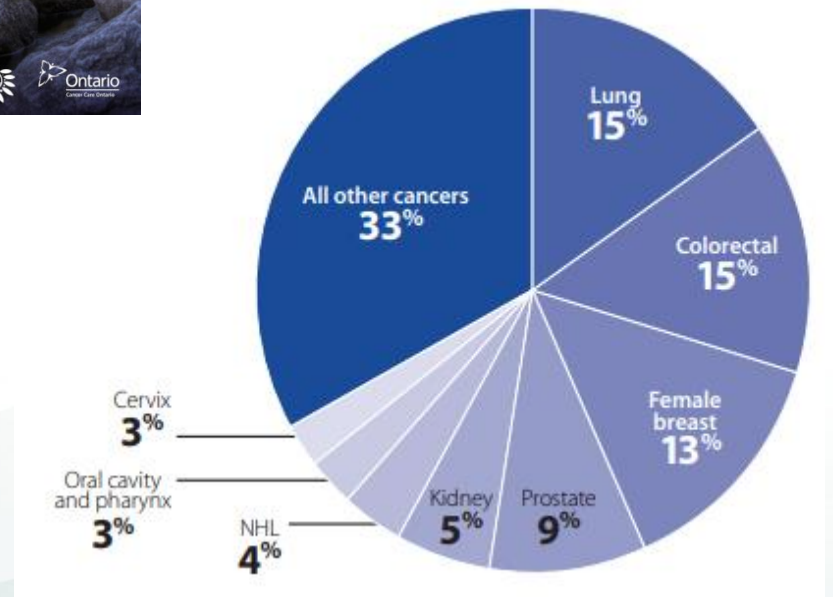
Health Landscape and Colonization

Cancer is a Growing Problem for Indigenous People

- Cancer rates among First Nations, Inuit, Métis and urban Indigenous people are increasing disproportionately compared to the overall Canadian cancer rates
- First Nations, Inuit and Métis peoples have:
 - higher rates of death from cancers that can be prevented
 - higher rates of some modifiable risk factors
 - tend to present with later-stage cancers at the time of diagnosis

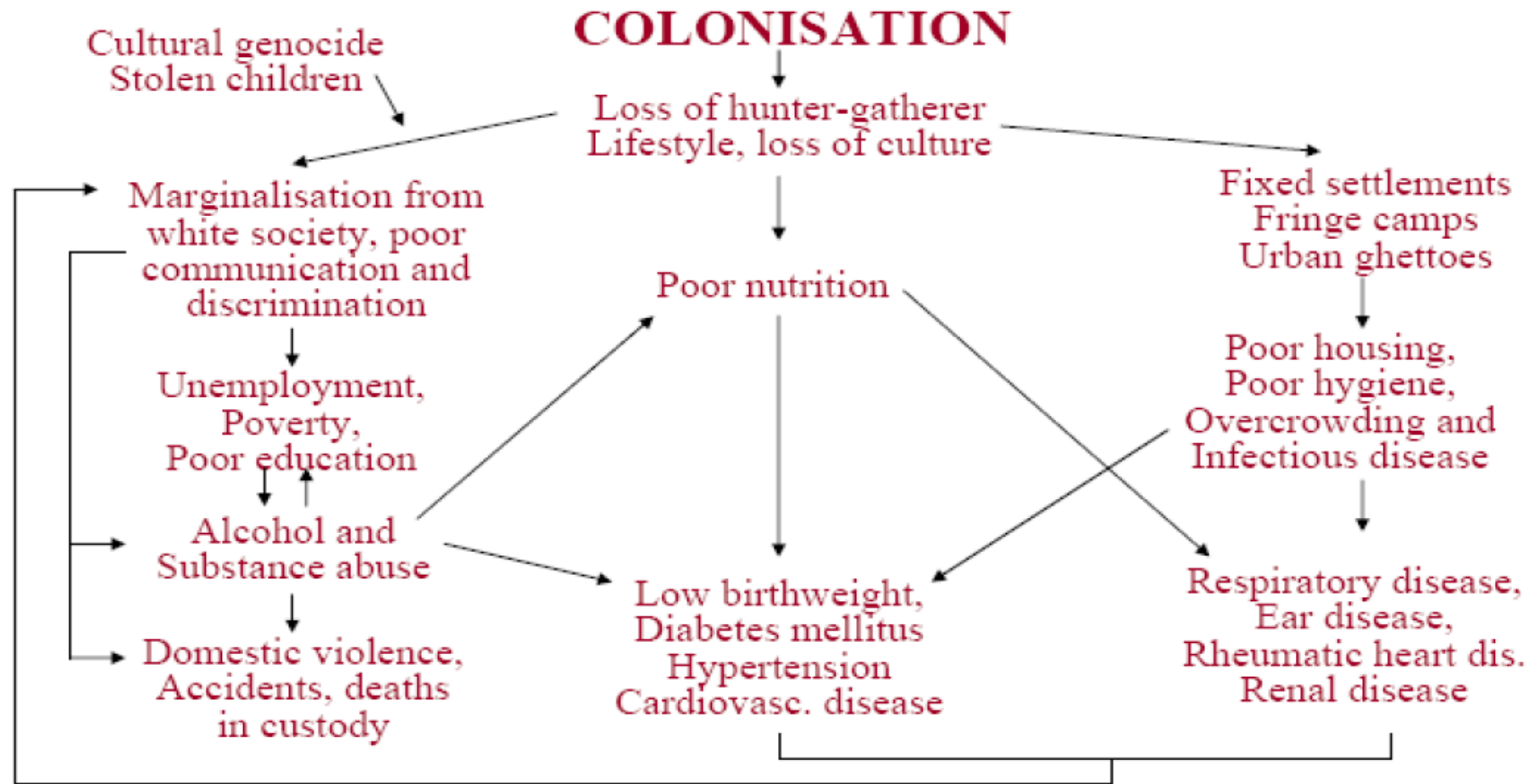


Most common cancers in First Nation Peoples in Ontario



Reference: Chiefs of Ontario, Cancer Care Ontario and Institute for Clinical Evaluative Sciences. Cancer in First Nations People in Ontario: Incidence, Mortality, Survival and Prevalence. Toronto, 2017

Impact of Colonization and Health



From Matthews 1997

Key Issues and Challenges

Specific to Health and Cancer Care:

- Stereotypes and Prejudice
- Communication barriers/translation
- Lack of trust for medical system
- No Family physician
- Poor coordination of care
- Jurisdictional issues (federal/provincial)
- Racism in healthcare system
- Out of pocket expenses (e.g., drugs administered out of hospital setting)
- Travel (i.e., costs, travel away from home and family)

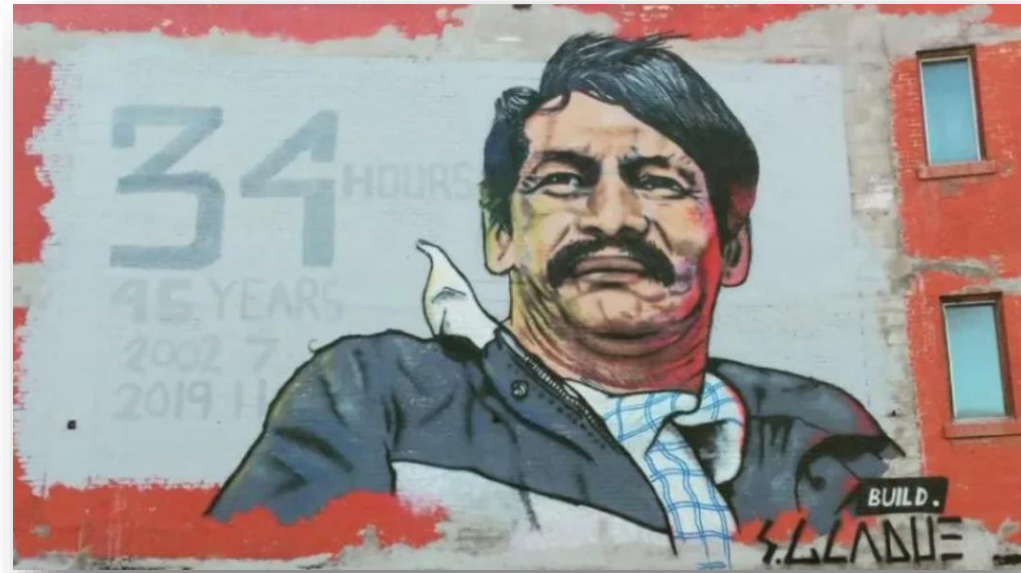
Racism: Current Reality

JOYCE'S PRINCIPLE



1

Joyce's Principle, November 2020



Mural of Brian Sinclair, Winnipeg, 2021

LOCAL : LIFE

Round dance signals start of healing for Niagara Indigenous community

Ceremony held at St. Catharines Market Square honours the life of Heather Winterstein

Set St. Catharines as My Local news

By Luke Edwards Reporter
Fri., March 18, 2022 | 2 min. read

The bangs on the drum were loud, but the tearful reflections of a soft-spoken and mourning mother were deafening.

On Friday, March 18, members of the Niagara Indigenous community held a round dance, a traditional ceremony to start the community healing process for Heather Winterstein. The 24-year-old St. Catharines woman died late last year while waiting in the emergency room at Niagara Health's St. Catharines site.

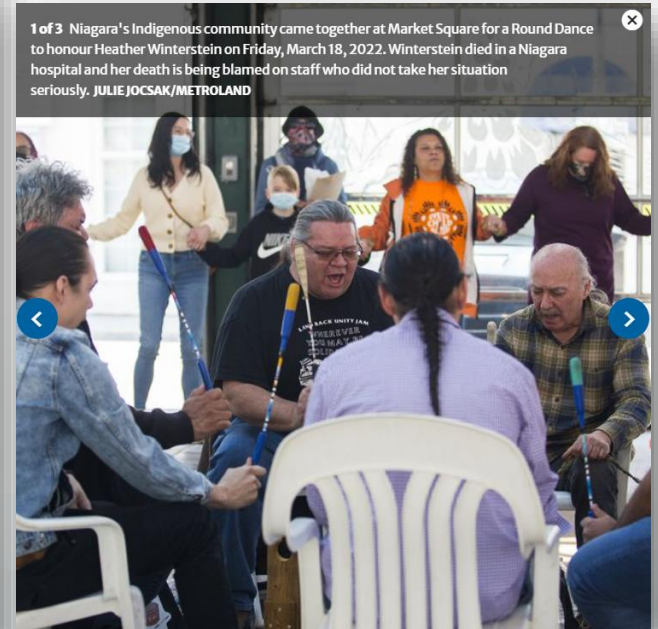
"We can learn from this," said Francine Shimizu, with family and loved ones surrounding her. "This is the kind of thing the community should do for everybody."

Karl Dockstader, executive director of the Niagara Regional Native Centre, said the round dance is a traditional way to remember and honour a lost spirit. He was grateful to see a strong turnout. Both Indigenous and non-Indigenous people took part.

Rin Simon, a two-spirit Anishinaabe member of the Sheshegwaning First Nation, was one of the main organizers of the round dance and was moved to do something after hearing about Winterstein's death.

"We heal as a community, and that's what these round dances and other circle dances are about, bringing us together. You can't make a circle of one person, right?" they said.

Simon worked with NaWalka Geesy Meegwun (Lyndon George), an Anishinaabe member of the Kettle and Stoney Point First Nation in Hamilton, to organize the ceremony.



1 of 3 Niagara's Indigenous community came together at Market Square for a Round Dance to honour Heather Winterstein on Friday, March 18, 2022. Winterstein died in a Niagara hospital and her death is being blamed on staff who did not take her situation seriously. JULIE JOCSAK/METROLAND

Honouring Heather Winterstein, March 2022

Strength and Resilience

- Despite racism and colonialist oppression such as the Indian Act and Residential Schools, Indigenous peoples have demonstrated, and continue to demonstrate, extraordinary strength and resilience
- Indigenous identity and ways of life were forced to be hidden and dormant, but in the last 60 years a powerful sense of Indigenous identity is growing and flourishing across Ontario and Canada
- There has been a resurgence of Indigenous cultures, traditions and practices to healing and wellness



Artist: Christi Belcourt

Indigenous Cultural Safety and Awareness – Online Courses

Indigenous Relationship & Cultural Awareness Courses

Strengthen your understanding of First Nation, Inuit and Métis and urban Indigenous history, culture, and health landscape in order to improve health outcomes and person-centred care.

The thirteen Indigenous Relationship and Cultural Awareness courses are:

- First Nations, Inuit and Métis Culture, Colonization and the Determinants of Health
- Aboriginal History and Political Governance
- The Need for Cultural Competence in Healthcare
- Current Array of Aboriginal Health Services
- CCO - Aboriginal Cancer Strategies and Ontario Renal Network
- Indigenous Knowledge and Traditional Health
- Aboriginal Community Health Services
- The Health Landscape of First Nations, Inuit and Métis People
- Cancer and Renal Issues and Challenges
- Truth and Reconciliation Commission of Canada (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
- Health Literacy - Indigenous Perspectives on Health and Well-Being
- Chronic Disease Prevention for First Nations, Inuit and Métis People
- Pediatric Oncology

This Self-Learning program has been certified by the College of Family Physicians of Canada for up to 19.5 Mainpro+ credits.

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To register or for more information visit:
elearning.cancercare.on.ca

Contact: iccu@ontariohealth.ca

These courses are free of charge and open to anyone.

Free of cost
elearning.cancercare.on.ca

ANISHINAABE MINO'AYAAWIN: PEOPLE IN GOOD HEALTH

Course 1: Foundations of Indigenous Cultural Safety



What is this course about?

The Indigenous Primary Health Care Council (IPHCC) is pleased to introduce Anishinaabe Mino'ayaawin: People in Good Health. This Indigenous cultural safety program will consist of several online courses for individuals working in health-based settings. Participants will learn to adopt and practice culturally safe strategies when providing care to Indigenous clients and patients. The first course, *Foundations of Indigenous Cultural Safety*, is an introductory course that is targeted to any individual working in health care – including any front-line staff, practitioners, volunteers, and students. This course will take users approximately three hours to complete. Moreover, users will have the option of starting, pausing and resuming the training at any time. The training will also include many interactive pieces, such as, a pre- and post-assessment, videos, and reflection check-points.

Learners will begin the training by engaging with the elements that are important to adopting cultural safety, including awareness, sensitivity, competency and humility. Unique to this training is the learner-centric approach in which there are several simulations featured, whereby learners can respond to interactions between health care staff and Indigenous patients. Those simulations demonstrate situations where cultural safety may either be compromised or upheld in health-based settings.

How can I begin registration?

The IPHCC asks each organization to identify one point-person within each interested department. This will be the person to administer all logistics and communications for their department, with the IPHCC. They will receive credentials to an administrative account to oversee all specs for each user within their respective department.

The point-person is to send an email to ics@iphcc.ca indicating an interest to register. IPHCC will follow up to request specific information to begin the enrolment process. Once your organization is registered, you will have access to IPHCC's learning platform for a set period. Within this time, you will be able to complete Foundations of Indigenous Cultural Safety.

All participants will be rewarded with a certificate recognizing their completion of the course and their commitment to honouring cultural safety.



Cost: 175\$

www.iphcc.ca/ontario-ics-program/

Joyce's Principle 2020

Joyce's Principle

Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.

Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.

To adopt Joyce's Principle there are 6 recommendations, the 3rd states: *To reduce stigma and prejudices against Indigenous people regarding health, social leaders and members of government at all levels must actively fight against racism aimed at Indigenous people. The importance of educating non-natives about the realities of Indigenous people must be recognized. The Indigenous authorities concerned must be given the necessary means to fight systemic racism and ignorance of Indigenous realities.*



Questions

Alethea Kewayosh

Director

Indigenous Cancer Care Unit

Indigenous Health Equity and Coordination

437.703.2917

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Appendix

Indigenous Navigators



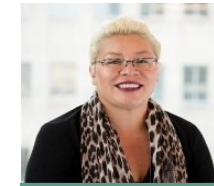
Jeannie Simmon,
North West Navigator



Roberta Manitowabi,
Simcoe Muskoka Navigator



Audrey Logan,
Erie St. Clair Navigator



Chantel Antone,
South West Navigator



Deena Klodt,
Hamilton Navigator



Miranda Carey
North East Navigator



Kathy MacLeod-Beaver,
Central East Navigator



Carolyn Roberts,
Champlain Navigator



Dionne Nolan,
South East Navigator



Leonard Benoit,
Toronto Central Navigator

Indigenous Navigators

Contact information for the Indigenous Navigators in Ontario:
cancercareontario.ca/en/find-cancer-services/aboriginal-navigators

Provide support for Indigenous patients with cancer and their families along every step of the cancer journey by:

- Liaising and advocating for the needs of Indigenous patients with cancer and their families
- Addressing cultural and spiritual needs
- Improving access to cancer services for Indigenous patients
- Engaging with Navigator Network across the province (10 Navigators)
- Many Navigators roles have evolved, and they are now providing support beyond cancer within the hospital and healthcare system (i.e., advisory support)

“In a good way”: Going beyond Patient Navigation to ensure culturally safe care in the cancer system for First Nations, Inuit, Métis, and urban Indigenous patients in Ontario:

<https://jps.library.utoronto.ca/index.php/ijih/article/view/31995/25931>

Regional Indigenous Cancer Leads



Dr. Erin Peltier,
North East Lead



Dr. Elaine Innes,
North East Lead



Bonnie Lindberg, NP,
North West Lead



Under recruitment
North West Lead (Treaty #3
Territory)



Joanna Vautour, MSW,
Toronto Central Lead



Dr. Danusia Gzik,
Simcoe Muskoka Lead



Dr. Jason Pennington,
Central East Lead



Dr. Hugh Langley,
South East Lead



Dr. Treena Greene,
Champlain Lead



Debra Jonathan, RN,
Hamilton Lead



Dr. Samantha Boshart,
South West /Erie St. Clair Lead

Regional Indigenous Cancer Leads

Responsibilities include:

- Strategic planning and program design
- Expert advisory panels relating to Indigenous patient cancer journey and primary care
- Peer education and training, including promotion of the Indigenous Relationship and Cultural Awareness (IRCA) courses
- Engagement with Indigenous and non-Indigenous healthcare providers to help build capacity to address systems issues, with and for Indigenous people

Indigenous Project Coordinators



Susan Bale,
North West RCP,
Indigenous Cancer Lead
Assistant



Mackenzie Daybutch,
Champlain RCP,
Indigenous Program
Coordinator



Stephenie Rowe Jansz,
Hamilton RCP,
Indigenous Outreach
Coordinator



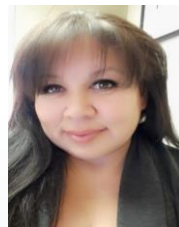
Muriel Lopez Silva,
Toronto Central RCP,
Regional Indigenous
Cancer Program
Coordinator



Marnie Anderson,
North East RCP,
Indigenous Coordinator



Sarah Mushtaq,
Erie St. Clair RCP,
Indigenous Program
Coordinator



Lisa Jackson,
South West RCP,
Project Consultant



Katie Woodcroft,
Simcoe Muskoka RCP,
Indigenous Project
Coordinator



Carter Sehn,
Central East RCP,
Indigenous Outreach
Liaison

Indigenous Project Coordinators

Responsibilities include:

- Building partnerships and sustaining engagement with Indigenous communities/organizations
- Their work is guided by the Regional Indigenous Cancer Plans which are customized and unique to each region
- Supporting the work of the Regional Indigenous Cancer Lead and Indigenous Navigator
- Helping to design and deliver culturally relevant cancer programming, coordination, outreach and education (i.e., resource development, radio shows, cancer screening pathway development, workshops)
- Addressing challenges such as discharge planning or Non-Insured Health Benefits