First Nations, Inuit and Métis Action Plan on Cancer Control

FNHMA 1ST Annual National Conference

November 24, 2011

Presentation by:
Joanne Lucarz Simpson
Overview of presentation

- Partnership’s Commitment
- Overview of the Partnership
- Addressing First Nations, Inuit and Métis cancer control
- Action Plan
  - Background on its development
  - Areas of strategic focus
  - Implementation
  - Communications and engagement
- Next mandate
- Getting your input into how to promote new knowledge uptake and facilitate engagement
Partnership’s Commitment

Committed to addressing First Nations, Inuit and Métis-specific considerations in the work of the Canadian Partnership Against cancer (Partnership)
About the Partnership

• Independent organization set up in 2007

• Funded by the federal government

• 1\textsuperscript{st} mandate is to oversee implementation of Canada’s cancer control strategy

• Role is to be a catalyst for a coordinated approach to improve cancer control in Canada

• Collaborative model that leverages best/leading practices and works across jurisdictions, at every level, supporting actions that strengthen the cancer control system

• Borne \textit{of} partnerships and working \textit{through} partnerships
Partnership’s Goals

- **Reduce** the expected number of cancer cases
- **Enhance the quality** of life for those affected by cancer
- **Lessen** the likelihood of Canadians dying from cancer
- **Increase effectiveness** and **efficiency** of the cancer control domain
Partnership’s Priorities within Cancer Control

Support the Patient Journey
Facilitate Prevention / Early Detection
Encourage Research
Promote Optimal Performance
Well Being
Improve Information & Access
Excel at Governance & Accountability
Support Workforce

Cancer Prevention & Healthy Lifestyle
Cancer Screening
Cancer Treatment, Care Delivery and Follow Up
Quality of Life: Survivorship Through End of Life

Adapted from the Pennsylvania Cancer Control Consortium
Addressing First Nations, Inuit and Métis cancer control (including chronic disease prevention)

- Need for a dedicated focus on the unique health challenges facing First Nations, Inuit and Métis populations
- Partnership’s collaborative work is guided by numerous advisory mechanisms; key participation from provincial cancer agencies, federal agencies, health charities, NAOs/patient representation:
  - The National Forum held in 2009 in Winnipeg;
  - The Knowledge Circle—a new clearinghouse of culturally-responsive resources on Cancer View Canada;
  - The Advisory Committee on First Nations, Inuit and Métis Cancer Control
  - Year One Implementation of the *Action Plan on First Nations, Inuit and Métis Cancer Control*—a people-specific plan that sets the groundwork in 11/12 for a long-term focus.
Development of the Action Plan

• Partnership’s ‘Advisory Committee on First Nations, Inuit and Métis Cancer Control’ established to guide development of Action Plan
  – Members include NAOs, NAO-appointed health/public health experts and patients, Elders, Canadian Association of Provincial Cancer Agencies (CAPCA), Canadian Cancer Society, First Nations and Inuit Health Branch, Public Health Agency of Canada, Heart & Stroke Foundation

• Plan developed to address priority cancer control gaps, as informed by outcomes of the 2009 National Forum, review of literature (grey and published), national and regional plans submitted by FNIM communities
The context for action: key gaps reported in First Nations, Inuit and Métis cancer control

<table>
<thead>
<tr>
<th><strong>System Integration</strong></th>
<th>System of cancer control that integrates all components of the health-care system and implements services in a way that is responsive to practical and cultural needs.</th>
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| **Primary Prevention**  | Lack of awareness about cancer and cancer risk factors.  
Socio-economic determinants of health as a precursor to better cancer control and modification of associated behavioural risk factors. |
| **Screening**           | Need for organized cancer screening programs that are adapted to cultural worldview, safety and practical needs.  
Workers are required across all aspects of cancer control continuum, and dedicated resources for cancer control are needed in the communities. |
| **Cancer Journey**      | Culturally appropriate and community-relevant care is needed that integrates traditional practices and provides patient support.  
Lack of people-specific cancer control data. |
| **Health Human Resources** | Workers are required across all aspects of cancer control continuum, and dedicated resources for cancer control are needed in the communities.  
Lack of people-specific cancer control data. |
People-specific Action Plan

Community-based HHR skills & capacity, and community awareness

Culturally-responsive resources and services

Leadership:
6. Facilitating cross-sectoral collaboration on social determinants of health
7. Raising the profile of cancer among First Nations, Inuit and Métis leaders
Action Plan: moving from priorities to action

- Action Plan supported by Advisory Committee, national Aboriginal organizations, Partnership Board
- Letters of support from CCS and CAPCA
- 2011/12 is focused on gathering information on Action Plan’s strategic priorities and setting the foundation for 2012-2017
  - Work being advanced by third-party organizations, engaged through an RFP process
- Focus of next mandate will be putting new evidence into action
  - Disseminating and facilitating adaptation of leading practices to address identified priorities
Community-based HHR skills and capacity, and community awareness

- Cancer Care Course to be made available in all provinces

- Environmental scan of existing health surveys of FNIM populations will provide information on what it is known about attitudes, values and behaviours regarding cancer and chronic disease prevention, and cancer screening to inform future planning, program and policy
Culturally-responsive resources and approaches to cancer control

• Environmental scan of leading/promising culturally responsive cancer control practices, including patient navigation, which could be adapted to enhance the quality of cancer control with and for FNIM peoples

• Builds on what communities have already developed

• Provides a basis to facilitate system change and augmentation
Action Plan: implementation & year 1 outputs

Access to care in rural and remote communities

• Identification of **leading models of care** (screening, treatment, follow up and palliative care) for FNIM residing in rural and remote community settings for potential application more broadly

• Mapping of **cancer control pathways by FNIM** (including the challenges and opportunities in the pathways) in each province/territory for 4 major cancer types (region and people specific) which will inform cancer control systems quality enhancement
Action Plan: implementation & year 1 outputs

FNIM patient identification in cancer control to improve patient navigation

• An environmental scan and analysis of existing patient identification systems for First Nations, Inuit and Métis peoples in order to determine gaps and identify leading practices

• Information will help to inform work underway in the various jurisdictions and inform standards development and best practices associated with ethno-cultural identifiers
Engaging leadership to:

- Explore opportunities to facilitate and/or strengthen cross sectoral collaboration on the social determinants of health (given Partnership’s knowledge transfer role)
- Raise the profile of cancer control (among political, health and educational leadership) with a focus on prevention and screening
Communications & engagement

• Developing a communications plan to ensure key partners and stakeholders remain current about developments and activities around the Action Plan
  – Bi-annual Newsletter
  – Regular updates on FNIM site of Cancer View Canada and Partnership’s Website
  – Webinars to facilitate dialogue, knowledge exchange and input with interested partners and stakeholders
  – In-person knowledge exchange meetings to prepare the environment for uptake of findings from year 1
Communications and engagement

• Communications objective
  – To ensure key partners, stakeholders and the general public remain current about developments and activities around the Action Plan

• Engagement objectives
  – To spark interest among stakeholders who are in a position to apply the new knowledge generated by the Action Plan to enhance the system of cancer control
  – To engage and empower First Nations, Inuit and Métis communities in shaping how system changes are considered and implemented (Advisory Committee recommendation) within the role of the Partnership
### Progress to date: Outreach July to Dec 2011

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<th>Audience</th>
<th>How</th>
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<tr>
<td><strong>Partners</strong></td>
<td><strong>Presentations/Booth Exhibitions:</strong></td>
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<td>• AFN Annual General Assembly</td>
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<td>• Métis National Health Council</td>
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<td>• AFN Health Technicians</td>
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<td>• FN Health Managers</td>
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<td>• IPAC, A.N.A.C.</td>
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<td>• CAPCA Reference Group</td>
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<td>• Heart &amp; Stroke Foundation</td>
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<td>• The Lung Association</td>
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<td>• AFN Health Forum</td>
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<td>• Nunavut Ministry of Health and Social Services</td>
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<td>• Government of Manitoba</td>
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<td><strong>Knowledge exchange:</strong></td>
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<td>• KE meeting Dec 1-2</td>
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<td><strong>Stakeholders</strong></td>
<td><strong>Knowledge exchange:</strong></td>
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<td><strong>Communications:</strong></td>
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<td>• Letters to F/P/T ministers of health and Aboriginal affairs (on Action Plan release)</td>
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<td><strong>General public</strong></td>
<td>• SE CancerCare Course® expansion on CPAC website</td>
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<td>• Announcement of Action Plan via CPAC communications vehicles (e-bulletin, newsletter, Impact Report, Cancer View Canada)</td>
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## Planned outreach Jan 2012+

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| Partners         | Leadership meetings:  
                  • AFN, ITK, MNC, gov’ts  
                  Presentations:  
                  Knowledge exchange:  
                  • KE3 meeting, spring/summer 2012 |
| Stakeholders     | Knowledge exchange:  
                  • KE 2 meeting December 2011  
                  • KE 3 meeting, spring/summer 2012  
                  Communications:  
                  • Semi-annual FNIM Cancer Control News Bulletin |
| General public   | • Updates on Action Plan progress via CPAC communications vehicles |
Complex communication channels

Canadian Partnership Against Cancer

CAPCA

Heart & Stroke

CCS

PHAC

FNIHB

CAPCA Reference Group

Cancer View Portal Advisory Committee

AFN

FNHIG

MNC

MNHC

ITK

Four Land Claims

NICOH

Regional Cancer Agencies

First Nations Communities

AFN Health Techs

PTOs

FNIM Health Mgrs

IPAC

NIICHRO

A.N.A.C.

Territory Gov'ts & Nunavik Health Region # 18

(NU, NT)

Inuit Communities

Nunatsiavut
Engaging communities – input needed

• Challenges:
  – Hundreds of diverse communities
    • How realistically to reach out to and engage communities in a meaningful way?
  – Capacity
    • How to avoid overburdening communities?
  – Expectations
    • What can the Partnership do, within its mandate, to foster community empowerment and engagement?
    • How can we avoid setting up false or unrealistic expectations?
Knowledge exchange and transfer strategy

Meetings:

Spring 2011
- Contractors
- NAOs
- CPAC

Fall 2011
- Contractors
- Advisory Cmtee
- Further engaging CPAC
- P/T partners

Spring 2012
- Contractors
- Advisory Cmtee
- CPAC
- P/T partners
- Stakeholders

KE1: Project management
- Coordination
- KE: how projects will be conducted

KE2: Shape ongoing work
- KE: shape outcomes of projects
- KT: introduce potential new partners to process

KE3: Share results
- KE: share outcomes of projects
- KT: introduce other stakeholders

Ongoing outreach communications
Who will be attending KE2?

• Approximately 65 attendees
  – Contractors
  – Advisory Committee
  – AFN, ITK, MNC national and regional health directors and managers
  – Provincial cancer agencies and health ministries
  – Federal government (PHAC, FNIHB)
  – Partnership staff
Moving in to the next mandate

• The Prime Minister reinforced the importance of the Partnership’s continued focus on this work during the March 2011 announcement of our renewal, noting that we will:
  – “implement a cancer action plan and improve culturally relevant cancer initiatives for First Nations, Inuit and Métis people, which will be developed in collaboration with community partners.”

• Gathering perspectives of stakeholders on their most pressing cancer control priorities will continue to be paramount while respecting the cultural views around cancer

• Mindful of aligning to priorities; we look forward to working with you and gaining a better understanding of how the findings from Year 1 might be received and applied.
Action Plan: Summary

As guided by our First Nations, Inuit, Métis and cancer community partners, work underway as follows (people-specific outputs where possible):

- An environmental scan of existing health surveys of First Nations, Inuit and Métis populations to identify attitudes, values and behaviours regarding cancer/chronic disease prevention, and cancer screening.

- For each First Nations, Inuit and Métis population, an environmental scan of the context of cancer control in their community (geography, political structures, health services and infrastructure) which will document: a) leading culturally-responsive cancer control resources & services (including patient navigation) and b) leading models of cancer care for remote and rural communities.

- An environmental scan and documentation of existing patient identification systems for First Nations, Inuit and Métis peoples in order to determine gaps and leading practices.

To begin in 2011/2012:

- A baseline educational needs assessment of front-line health workers in Inuit communities to identify gaps in knowledge about cancer control and chronic disease prevention.

- Facilitating cross-sectoral leadership to promote solutions to social determinants of health in First Nations, Inuit and Métis populations; raising the profile of cancer among First Nations, Inuit and Métis national and regional leaders.
How can FN Health Care Managers inform and participate in this Initiative?

• What are your recommendations in keeping you engaged and updated about this Cancer Control initiative?

• How should the work of Year One of the Action Plan be reported to facilitate quality improvement of Cancer Control for and with First Nations?
Thank You

www.partnershipagainstcancer.ca
www.partenariatcontrelecancer.ca