

Innovation & Development Commons
Brown Bag Lunch – June 18, 2015
Everyone Welcome!

TBD

UHNBC Prince George
12:15pm – 1:00pm



Alice Muirhead

Knowledge and Engagement Liaison First Nations, Inuit and Métis Cancer Control
Canadian Partnership Against Cancer

Accelerating action on cancer control with and for First Nations, Inuit and Métis peoples and partners

First Peoples experience a disproportionate burden of disease and some regional studies have indicated that cancer rates are increasing among First Nations, Inuit and Métis peoples compared to the general population. There is a growing need for culturally relevant and safe services. Furthermore, the cancer experience for First Peoples is often complex: access to care is limited by geography, transportation and the availability of culturally relevant and safe care. Screening, diagnosis, treatment, survivorship and end-of-life care may take patients and families through a complicated circuit of services outside their community to access care. This presentation will describe the work of the Canadian Partnership Against Cancer on advancing First Nations, Inuit and Métis cancer control.

Teleconference :1 877-385-4099 Passcode: 8353420#

WebEx <https://innovationdevelopment.webex.com>

Meeting Number: 807 351 166

Meeting Password: brownbag

Addressing gaps in the continuity of cancer care with and for First Nations, Inuit and Métis patients



Alice Muirhead

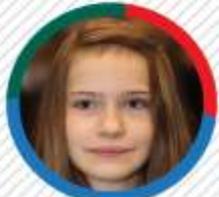
Knowledge & Engagement Liaison, First Nations,
Inuit & Métis Cancer Control

IDC Brown Bag Lunch
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Canadian Partnership Against Cancer



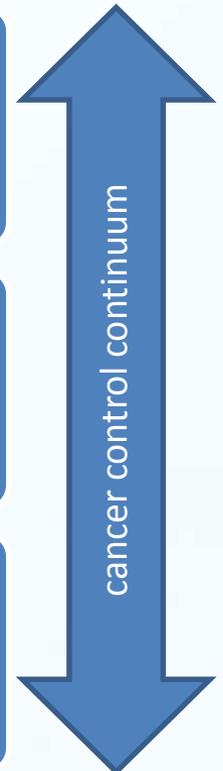
Reduce cancer incidence



Lessen likelihood of dying from cancer

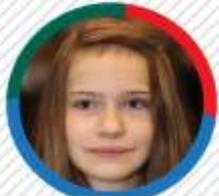


Enhance quality of life for those affected by cancer





The way the Partnership works with our partners:



BROKER KNOWLEDGE: Responding quickly to new evidence so it can be expertly assessed and made available for others to put into action



CONVENE: Bringing together people and organizations to establish and advance priorities for collective action



INTEGRATE: Co-creating solutions with partners to meet shared goals

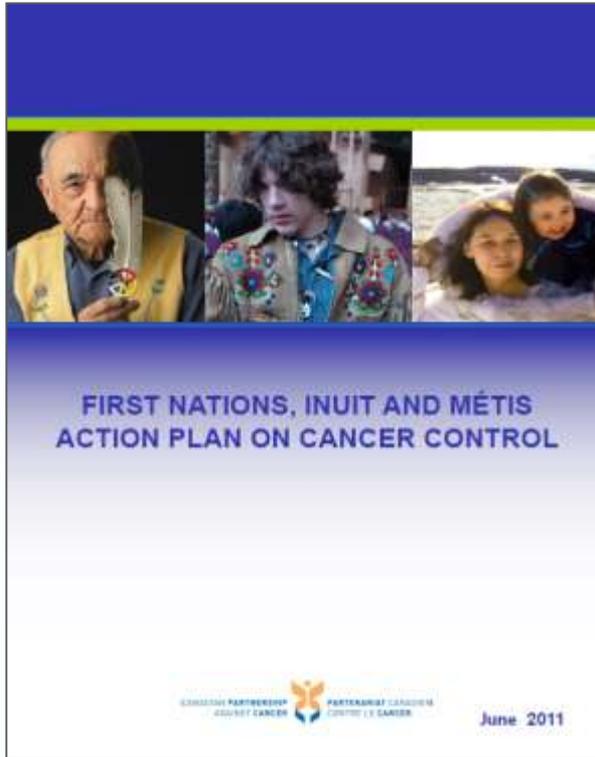


CATALYZE: Investing in, managing and assessing large projects to support successful implementation and sustained effort





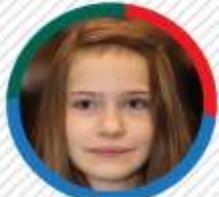
Our work: Action Plan



- National Forum 2009
- Participants included First Nations, Inuit and Métis patients and families, cancer agencies, government and other organizations involved in cancer control and chronic disease prevention
- Action Plan developed and released in 2011
- **Overall objective:** improve cancer control with and for First Nations, Inuit and Métis peoples in Canada



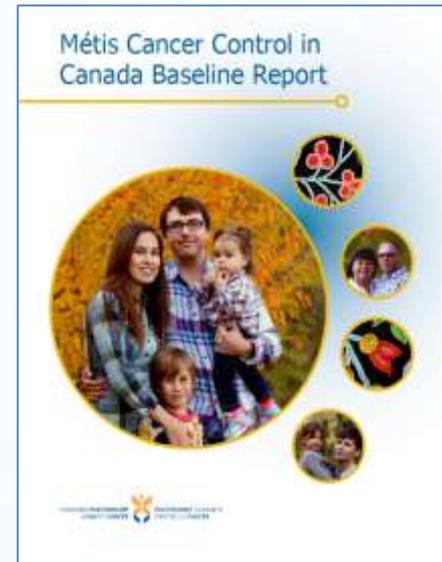
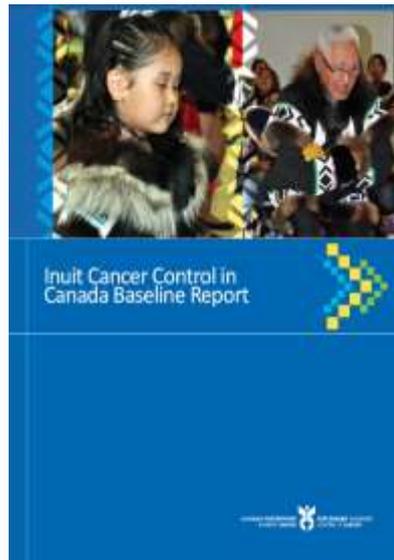
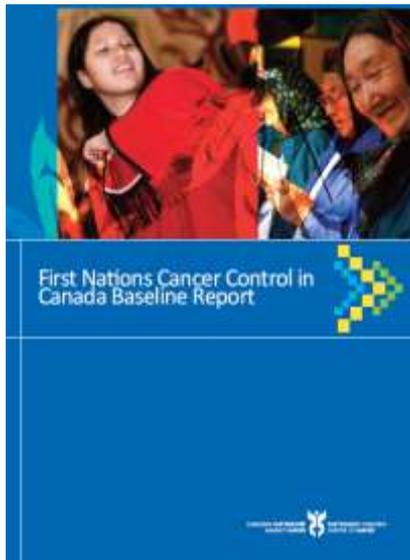
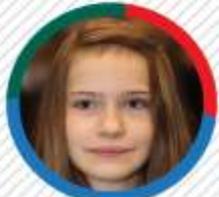
Our Work



- First Nations, Inuit and Métis multi year, multi jurisdictional initiative
- Knowledge translation and exchange meetings
- Screening (baseline)
- Traditional Health Supports (baseline)
- Patient Identification (baseline)
- Evaluation
- Sustainability

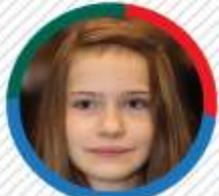


Baseline Reports





First Nations, Inuit & Métis Continuity of Care Initiative



Objective:

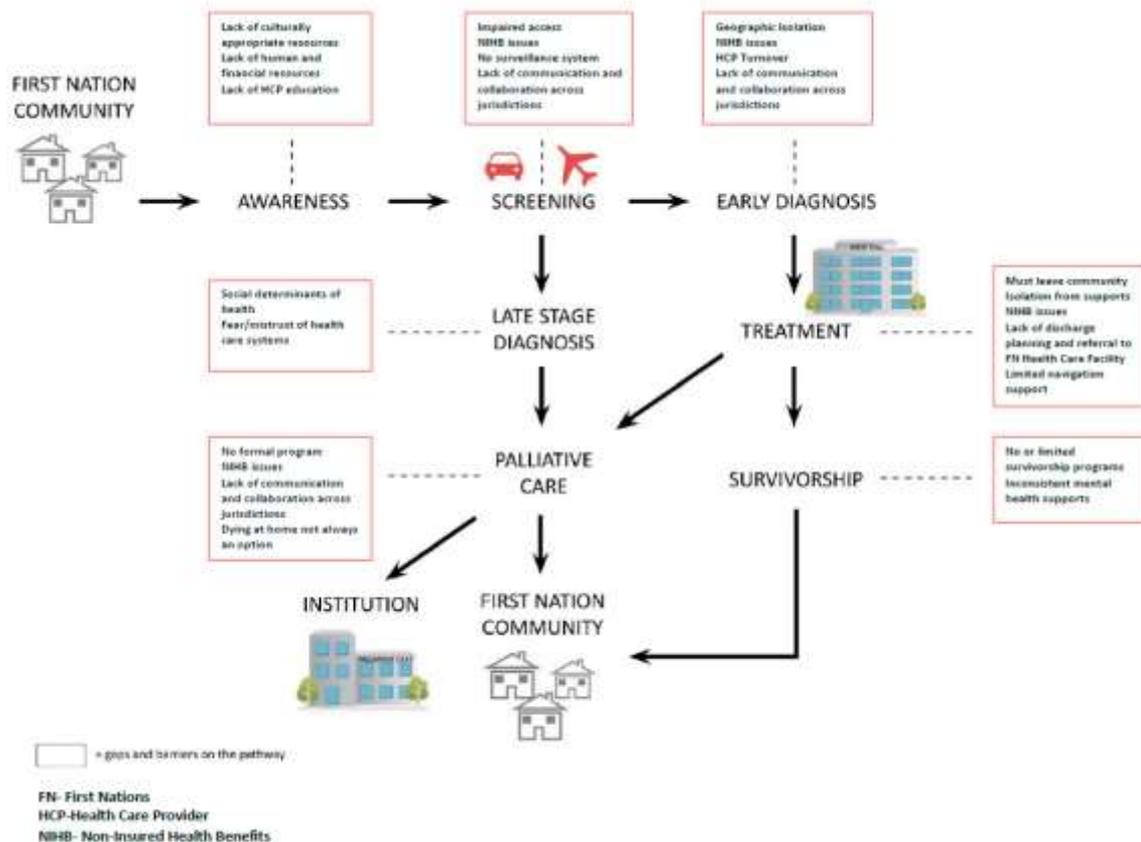
To advance continuity of care, in a culturally responsive and safe way, particularly for and with First Nations, Inuit and Métis cancer patients residing in rural, remote and isolated communities.

Initiative Design:

- Large scale efforts to advance cancer control for and with First Nations, Inuit and Métis through jurisdictional and multi-jurisdictional initiatives
- Multi-jurisdictional networks to exchange knowledge and explore common challenges and opportunities

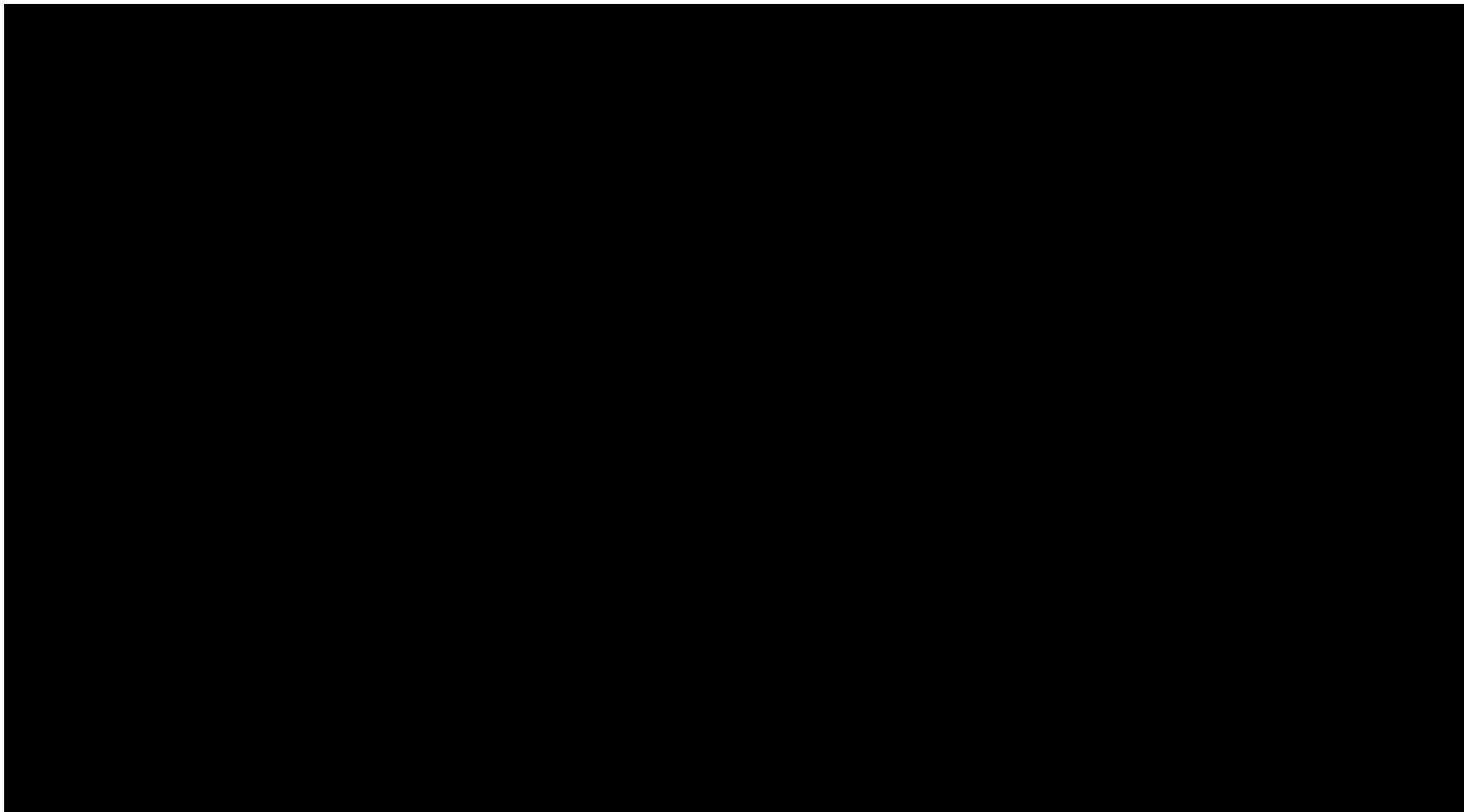


The Patient Journey for First Nations



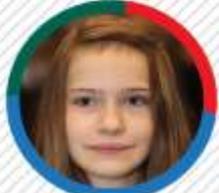


Truth of it





Jurisdictions Involved in the Initiative





Initiative Outcomes by 2017

- Improved knowledge of First Nations, Inuit and Métis patients experience
- Cancer diagnosis is delivered in a culturally and emotionally safe way
- Improved transfer of care
- Increased number of jurisdictions with a specific First Nations &/or Inuit &/or Métis cancer continuum action/strategy
- Collaborative, cross jurisdictional approach to resources, tools and networks





Supporting Success

Effective Collaboration

Culturally Safe & Honouring Environments

- Resources to support collaborative planning
- Culturally safe & ethical
- Encourage formalized agreements re information sharing, roles and responsibilities

Relationship Building & Respect

Quality Engagement & Knowledge Exchange

- Require quality engagement by First Peoples
- Create KE opportunities amongst partners

- Provide a focus
- Have measurable outcomes
- Build the ability to build national knowledge without losing people specific approach

Focused Initiative

Improved Information

- Build on promising practices
- Respect data use & information principles
- Empower, don't 'pathologize' people



How Will CPAC & Partners know if the Outcomes have been achieved?

- Each initiative will develop and conduct its own evaluation
- Each Initiative Outcome will have 1 or 2 common indicators across all 9 Initiatives which will inform a cross-jurisdiction evaluation



Future Priorities: Bridging Traditional Health Supports with Western Health Care

- Guidance was sought from Elders about how to move forward
- With Eagle Moon Offices we offered tobacco and sought permission to forward this work
- A meeting was held with staff of existing models of providing traditional supports within health/cancer organizations
- Developed a strategy to be tabled with the Partnership to advance the understanding about existing promising models of collaborative care in North America





Next Steps

Engage Aboriginal health and national organizations, knowledge keepers and western health/cancer systems to develop a strategy that will enable:

- Improved understanding of protocols, agreements, relationship building and cultural competencies required to advance collaborative blended cancer care
- Build a repository of existing models of collaborations between the two world views and, where available,
 - information on impact on care and quality of life outcomes
 - Implementation and sustainability costs including staff training, KTE between the two systems; policy change requirements
- Facilitate KTE across the jurisdictions with respect to implementing and maintaining integrated models of Traditional and western cancer care activities



Future Priorities: Screening

- Literature review and environmental scan to explore promising and best practices in Canada, the US, Australia and New Zealand
- Engagement with partners across Canada to discuss enabling factors, barriers and next steps



Seeking your feedback

Are there missing components to this strategy that we should consider?

Are there other partners/stakeholders we should consider to engage in this work?



Person-Centred Perspective (PCP)

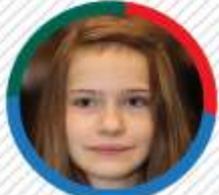


- **Begins with Dignity and Respect** for a person/family where perspectives are acknowledged and their values, beliefs and cultural background are incorporated into care planning and decision-making
- Seeing the world **through the eyes** of the person
- Working **with** the individual rather than **for** them or doing things **to** them
- Focusing on what is **important to the person** in how this is demonstrated in care
- **Perspective of healthcare professionals** are included in taking a Person-Centred approach





Person-Centred Perspective at CPAC



Overall Goal

Improved experience for Canadians with cancer

Four Initiatives – 14 funded projects

- Patient Reported Outcomes
- Primary Care and Oncology Care Integration
- Palliative and End of Life Care
- Survivorship



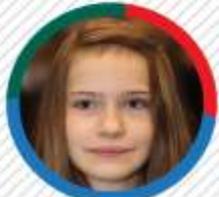
Dialogue and Storywork in Support of First Nations, Inuit, and Métis Cancer Patients throughout Oncology and Primary Care Transition Experiences



- Dialogue and Storywork will emphasize trust and relationship building between First Nations, Inuit, and Métis cancer patients and communities, primary and oncology care providers, and other stakeholders.
- Individual cancer journeys will be documented with multimedia to create informative resources for other cancer patients and their families, and to generate understanding between patients and care providers of their unique needs and perspectives.
- This innovative use of dialogue through stories, compatible with oral traditions, will reveal many of the underlying values, beliefs, hopes, and needs of cancer patients, communities, and care providers by providing opportunity to recognize similarities as well as to explore and interpret differences.

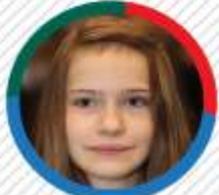


Dialogue and Storywork in Support of First Nations, Inuit, and Métis Cancer Patients throughout Oncology and Primary Care Transition Experiences





Thank you



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