



First Nations Health Authority
Health through wellness



Provincial Health Services Authority

Indigenous Cancer Strategy: Presentation to the FNHDA

by

BC Cancer &
First Nations Health Authority

Cancer Care in BC



BC Cancer:

- 6 stand alone cancer centres across BC; all adjacent to hospitals or in close proximity;
- Providing systemic therapy (chemotherapy), radiation therapy, diagnostics and managing screening programs
- Part of the Provincial Health Services Authority (PHSA)
- approximately 3500 employees across BC

5 Regional Health Authorities

- 42 Community Oncology Network (CON) locations across BC that partner with BC Cancer on cancer services;
- Range in services based on tiers; Tier 6 being highest in Van.
- Administering approximately 50% of chemotherapy in BC, screening and surgeries

Screening Programs

Four (4) screening programs managed by BC Cancer and delivered in partnership with the regional health authorities:

1. **Cervical Screening** - recommended every 3 years for those with a cervix aged 25-69 <http://www.bccancer.bc.ca/screening/cervix>
2. **Colon Screening** – recommended every 2 years for those aged 50-74 and at average risk
<http://www.bccancer.bc.ca/screening/colon>
3. **Breast Screening** – recommended for those aged 50-69
<http://www.bccancer.bc.ca/screening/breast>
4. **Lung Screening** – new program using CT scan capacity at regional health authority sites (launching in April)

First Nation People Diagnosed with Cancer

Family and Friends of First Nation
People Diagnosed with Cancer

Healthcare
Providers

Cancer Care
Organizations

First Nation
Organizations

First Nation
Communities



Cancer Causes Control
DOI 10.1007/s10552-017-0950-7



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ORIGINAL PAPER

Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010

Colleen E. McGahan¹ · Kevin Linn² · Preston Guno¹ · Harmony Johnson² ·
Andrew J. Coldman¹ · John J. Spinelli^{1,3} · Nadine R. Caron^{1,3,4}

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Abstract

Background For First Nations (FN) peoples living in British Columbia (BC), little is known regarding cancer in the population. The aim of this study was to explore cancer incidence and survival in the FN population of BC and compare it to the non-FN population.

generally lower for FN, with differences evident for some cancer sites at 1 year following diagnosis.

Conclusion FN people living in BC face unique cancer issues compared to non-FN people. Higher incidence and lower survival associated with certain cancer types require further research to look into the likely multifaceted basis

Incidence



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BC First Nations experience lower overall cancer incidence compared to the non-BC First Nations population



Colorectal cancer incidence rates were observed to be significantly higher in First Nations men and women compared to non-First Nations men and women



Cervical cancer incidence rates were observed to be significantly higher in First Nations women compared to non-First Nations women

Incidence



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Lung cancer incidence rates were lower for First Nations men and women; however, a trend appears to show rates increasing, whereas rates for non-First Nations people are decreasing (men) or plateauing (women)



Breast cancer was the most commonly diagnosed cancer in First Nations women, but no differences were observed in incidence rates between First Nations women and non-First Nations women



Prostate cancer incidence rates were observed to be significantly lower in FN men compared to non-First Nations men

Survival



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- Poorer survival rates were evident in First Nations people diagnosed with cancer in 10 of the 15 cancer sites examined in women, and 10 of the 12 cancer sites examined in men.
- Poorer survival could be a combination of not receiving a timely diagnosis, access to screening programs and/or primary care services (no access to a GP), and/or poorer access to timely cancer treatments;
- Data currently only pertains to First Nations with status in BC;
- BC Cancer is working with the FNHA and Ministry of Health to access and analyze updated FN cancer data, including screening participation

Indigenous Cancer Strategy



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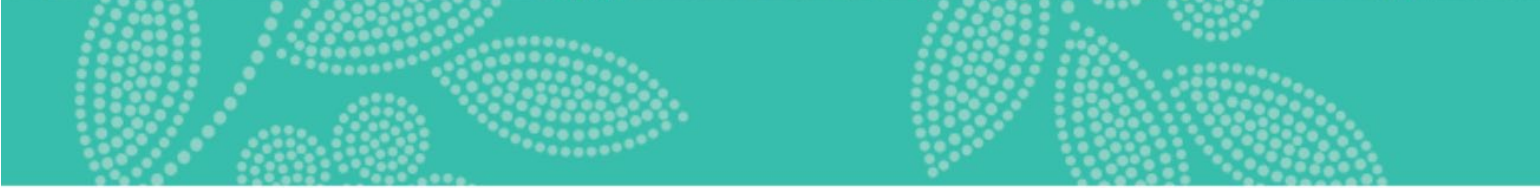
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Improving Indigenous Cancer Journeys in BC:

A ROAD MAP



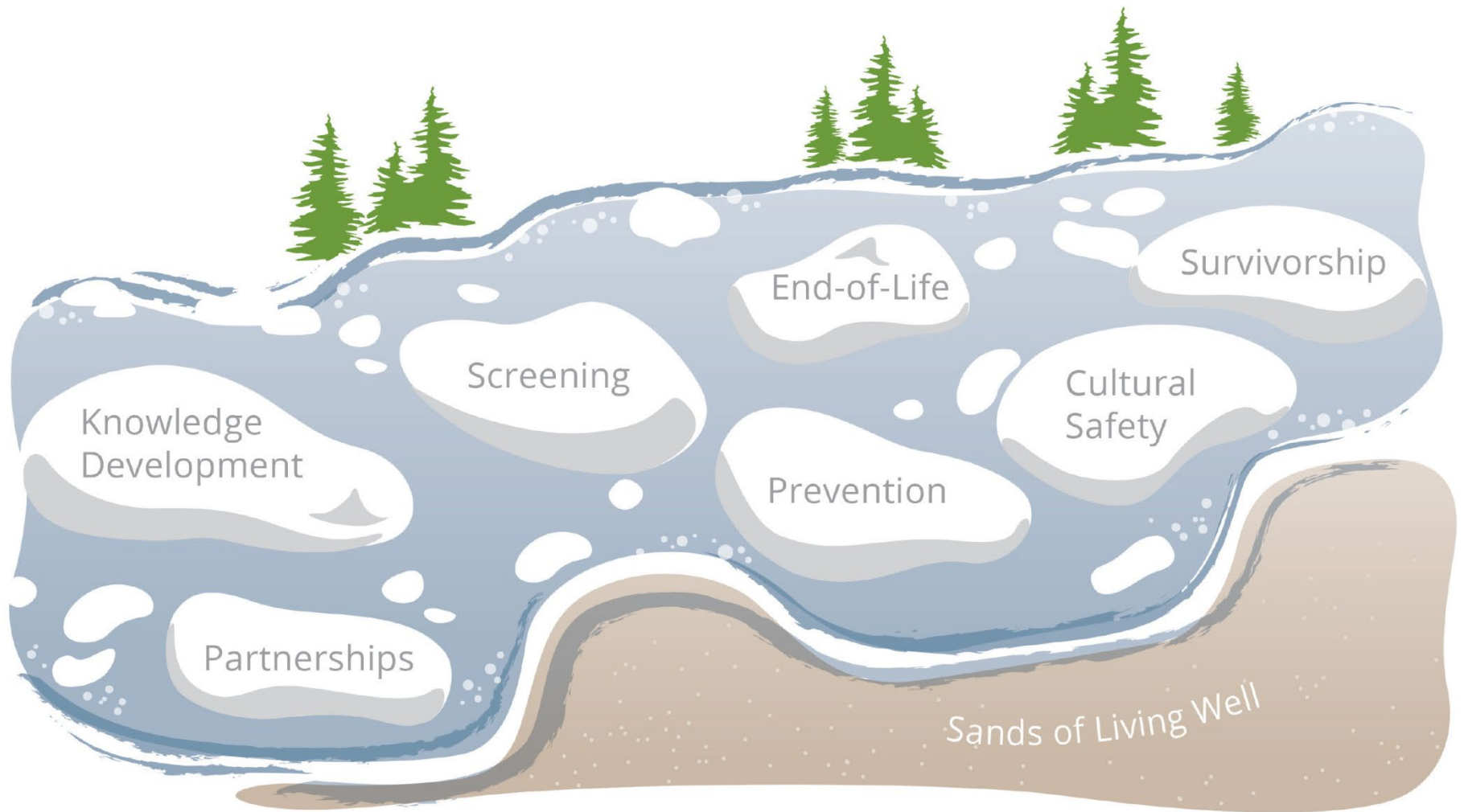
Strategic Priority Areas



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Sands of Living Well

Engagement - Patient Mapping



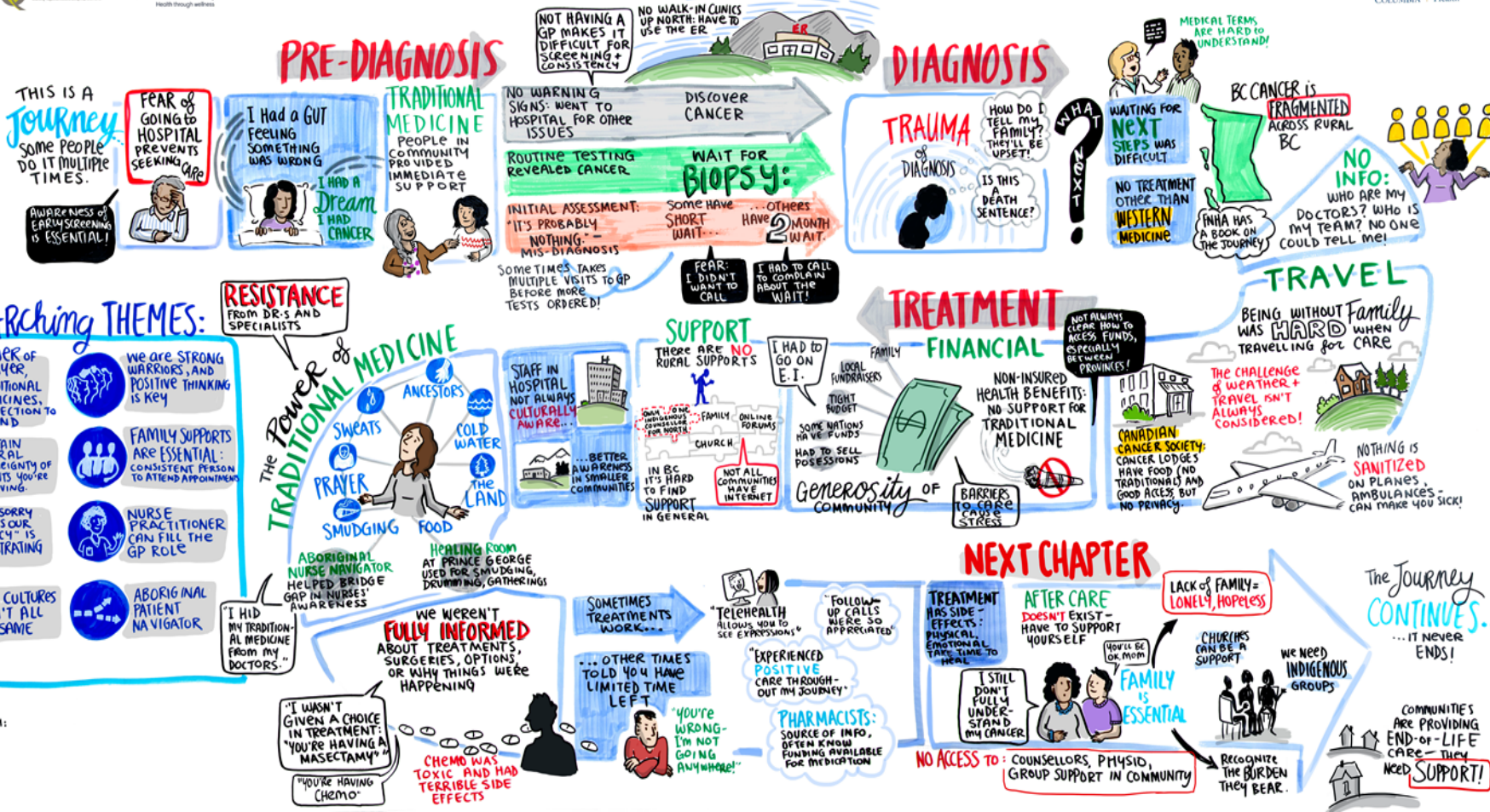
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THE POWER of TRADITIONAL WELLNESS: INDIGENOUS CANCER MAPPING



Strategy Implementation



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- ✓ BC Cancer employees completing Indigenous Cultural Safety training;
- ✓ Creation of culturally reflective spaces at regional cancer centres for ceremony, protocol and family gatherings
- ✓ Working with FNHA on accessing updated First Nations cancer data
- ✓ Developing tools for care providers that promote culturally safe screening
- ✓ Improving complaints processes for Indigenous patients and families
- ✓ Establishment of (6) Indigenous Patient Navigators at BC Cancer Centres



- 3 IPNs currently working at Prince George, Kelowna and Vancouver cancer centers with postings out for Surrey, Abbotsford and Victoria
- Navigate services and programs through BC Cancer and PHSA;
- Advocate for the needs of patients within the health care system and liaise with other community and health organizations;
- Refer to other health and Indigenous community services;
- Assist with the coordination for spiritual or cultural needs, access to traditional medicines and sacred spaces, completion or benefits forms;
- Assist patients and families in addressing unsafe care or to file complaints



- Working with FNHA on 2nd data linkage project that will link the First Nations Client File with BCC Registry and Screening databases
- Analyses will result in three products:
 - Paper #1: Screening coverage and wait times post screening to diagnosis and treatment
 - Paper #2: Focus on colorectal cancer among FN's in BC
 - Paper #3: Focus on updated incidence and survival data
- Support Advisory Committee for FNHA Chair for Cancer and Wellness at UBC (Dr. Nadine Caron) where these projects are part of the Chair's Data and Analytics Plan



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Cancer Related Information and Resources

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What We Do
Services, programs, initiatives

Wellness
Tips, guides, resources

Benefits
First Nations Health Benefits

About
All about the FNHA

OFFICE LOCATIONS CAREERS CONTACT US

Search...

What We Do

Chief Medical Office

Communicable Disease Control

eHealth and Virtual Health

Environmental Health and Emergencies

Health Systems Support

Healthy Living

- Advance Care Planning
- Cancer Awareness**
- Chronic Disease Prevention and Management
- Elder Abuse Awareness
- Injury Prevention and Control

Maternal, Child and Family Health

Mental Health and Substance Use

Cancer Awareness

Marion's Story: Health, Wellness, and Cerv...

Watch on

Improving Indigenous Cancer Journeys • Cancer and First Nations • Screening • Living with Cancer • Silent Enemy

Improving Indigenous Cancer Journeys

Improving Indigenous Cancer Journeys: A Road Map is a strategy for addressing all aspects of cancer, from prevention through to survivorship with a focus on delivering culturally safe cancer care.

Related Links

- FNHA Wellness Resources

Contact Us

FNHA Nursing Services
Email: homecare@fnha.ca



Cancer and First Nations Peoples in BC
A COMMUNITY RESOURCE

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Existing Resources – Cancer Information

- FNHA Cancer Awareness Webpage
 - <https://www.fnha.ca/what-we-do/healthy-living/cancer-prevention>
- Screening Information Chart
 - <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Average-Risk-Screening-Chart.pdf>
- Living With Cancer Booklet
 - <https://www.fnha.ca/WellnessSite/WellnessDocuments/Living-With-Cancer.pdf>
- Gathering Wisdom IX, May 2018 – Cancer and First Nations People in BC Panel Session, Video
 - Focus on personal experiences with cancer, cancer screening and cancer data
 - <https://www.youtube.com/watch?v=JfyV7d27qo4>

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AVERAGE RISK SCREENING CHART

SCREENING TYPE	AGE 40-49	AGE 40-49	AGE 50-59	AGE 60-69	ADDITIONAL NOTES AND RESOURCES
CANCER SCREENING					
Bowel Cancer (Screen for breast cancer)	<p>Speak to your health care provider.</p>	<p>Speak to health care provider about screening program every year.</p>	<p>Every two years.</p>	<p>Every two years until 74. After this time, speak to your health care provider.</p>	<p>If you are age 40 to 49 without a family history of bowel cancer, you are encouraged to talk to your doctor about the benefits and limitations of mammography. If screening mammography is chosen, it is available every two years. A doctor referral is not needed but is recommended.</p> <p>NOTE: BC Cancer website for more info.</p> <p>RESOURCES:</p> <ul style="list-style-type: none"> • Bowel Cancer Screening Information • Bowel Cancer Screening
ST Testing (Screen for breast cancer)	<p>Not routinely recommended in this age group. May be completed in some situations, discuss with a health care provider.</p>	<p>Every two years.</p>	<p>Every two years up to 74 years.</p>	<p>Every two years up to 74 years.</p>	<p>NOTE: From age 50-74, colonoscopy is recommended every two years for people with at least one of the following:</p> <ul style="list-style-type: none"> • One first degree relative (brother, father, sister, cousin, daughter or son) with colorectal cancer • Two or more first degree relatives with colorectal cancer diagnosed at any age, or • A personal history of adenomas. <p>NOTE: BC Cancer website for more info.</p> <p>RESOURCES:</p> <ul style="list-style-type: none"> • ST Testing • Colorectal Cancer Screening
PAF Testing (Screen for cervical cancer)	<p>Starting at 25 every three years.</p>	<p>Every three years.</p>	<p>Every three years up to 65.</p>	<p>Every three years up to 65.</p>	<p>You should still continue to get a cervical cancer test:</p> <ul style="list-style-type: none"> • You've been through menopause • You've had any abnormal cervical test results with the same partner for a while • You've had any human papillomavirus (HPV) infection • You're in a new or new relationship, or • You're in a long-term partnership with a new partner. <p>NOTE: BC Cancer website for more info.</p> <p>RESOURCES:</p> <ul style="list-style-type: none"> • PAF Testing • Cervical Cancer Screening
ADDITIONAL NOTES AND RESOURCES	<p>APV (Age 40-49) (Screen for prostate cancer)</p> <p>Recommended for families and males in school-based program. Approved in Canada's National Prostate Cancer Screening Program (NCPSP).</p> <p>Speak to health care provider.</p>				

Additional Resources:

- [www.cancer.ca/cancer/0-9/a-z/index.html](#)
- [www.cancer.ca/cancer/0-9/a-z/index.html](#)
- [www.cancer.ca/cancer/0-9/a-z/index.html](#)





Existing Resources – Cancer Information

- FNHA Posts & Presentations from Dr. Unjali Malhotra, OCMO Team
 - E.g. HPV Vaccination and Prevention of Cervical Cancer: <https://www.fnha.ca/about/news-and-events/news/human-papilloma-virus-impacts-an-estimated-75-of-sexually-active-men-and-women-how-can-we-keep-our-families-safe>
 - Cultural safety training for mammography and colposcopy (cervical examination) providers
- Cancer Section, First Nations Regional Health Survey, 2015-2017
 - <https://www.fnha.ca/Documents/FNHA-First-Nations-Regional-Health-Survey-Phase-3-2015-2017-BC-Provincial-Report.pdf>
- Community Resource: First Nations Cancer Data Summary
 - <https://www.fnha.ca/WellnessSite/WellnessDocuments/Cancer-and-First-Nations-Peoples-in-BC.PDF>



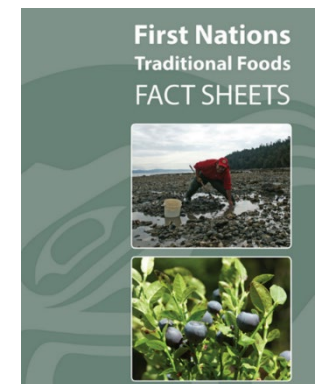
Existing Resources – Wellness Supports

- **FNHA Wellness Grants**

- <https://www.fnha.ca/about/news-and-events/news/the-2022-winter-wellness-grants-are-now-open>

- **Wellness Stream Resources**

- Being Active, Healthy Eating, Nurturing Spirit, Respecting Tobacco:
 - <https://www.fnha.ca/wellness/wellness-for-first-nations/wellness-streams>
- Wellness Daily Organizer:
 - https://www.fnha.ca/WellnessSite/WellnessDocuments/Wellness_Diary.pdf
 - Email to request print copies: Resources@FNHA.ca
- Canning Guide:
 - <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Canning-Foods-Your-Guide-To-Successful-Canning.pdf>
- Traditional Food Fact Sheets:
 - https://www.fnha.ca/WellnessSite/WellnessDocuments/Traditional_Food_Facts_Sheets.pdf





Existing Resources – Wellness Supports

• Mental Health and Wellness Supports

- First Nations Health Benefits, Mental Health Provider List: <https://www.fnha.ca/Documents/FNHA-First-Nations-Health-Benefits-Mental-Health-Provider-List.pdf>
- Mental Health and Wellness Supports for Indigenous People: <https://www.fnha.ca/Documents/FNHA-mental-health-and-wellness-supports-for-indigenous-people.pdf>

• Environmental Contaminants Program

- <https://www.fnha.ca/what-we-do/environmental-health/environmental-contaminants-program>

• Advance Care Planning Resources

- <https://www.fnha.ca/what-we-do/healthy-living/advance-care-planning>

Mental Health and Wellness Supports



The FNHA and other organizations provide culturally safe and trauma-informed cultural, emotional, and mental health services to Indigenous people in BC.

SUPPORT AVAILABLE 24 HOURS A DAY

- **HOPES FOR WELLNESS HELP LINE** offers immediate mental health counseling and crisis intervention by phone or online chat to all Indigenous people across Canada. Call toll-free 1-855-242-1910 or start a confidential chat with a counsellor at <https://www.hopesforwellness.ca>.
- **INDIAN RESIDENTIAL SCHOOL CRISIS LINE** is a national service for anyone experiencing pain or distress as a result of their residential school experience. Call toll-free 1-865-925-4419.
- **WELLBEE CRISIS LINE SOCIETY** provides crisis services for Indigenous people in BC. Adult helpline 250-723-4592; children/youth line 250-723-2000. Or call toll-free 1-800-988-8171. Learn more at www.bccanwellbее.com.
- **MÉTIS CRISIS LINE** is a service of Métis Nation British Columbia. Call 1-833-MétisBC (1-833-638-4722).

OTHER CULTURALLY SAFE SUPPORTS

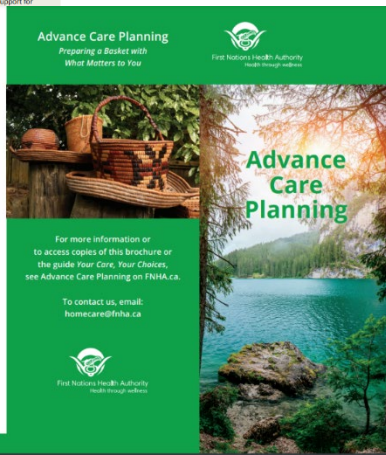
- **FIRST NATIONS VIRTUAL DOCTOR ON-THE-DAY** provides virtual health care and referral support for people who do not have a doctor living in BC, and their family members available by video or phone in an appointment, learn more at <https://www.fnha.ca>.
- **INDIAN RESIDENTIAL SCHOOL** access to counselling, cultural, schools in BC, and their families.
- **TSON'UN LE LUM SOCIETY** supports and personal wishes.
- **VIRTUAL SUBSTANCE USE & IN-ADDITIONS MEDICINE AND PSYCH** service requires a referral from Day provides referral support.

How to Talk about Advance Care Planning

Sometimes it can seem hard to have Advance Care Planning talks with your family, friends and health care team. Talking about your wishes is a way to honour your journey. Here are some ways to help:

- **Be honest and direct:** "I want to make sure you understand my wishes if something happens to me."
- **Share a story:** "When our neighbour was in hospital, his family fought about what to do for his care. I don't want that to happen in our family. Can we talk?"
- **Invite a family member or friend to your medical visit:** "Can you come with me to see my doctor?"
- **Record your Advance Care Plan video and share it:** "I want you to watch this, so if I get sick you know what I want."
- **Make an appointment with your doctor or nurse to talk about your advance care plan.** Bring a list of your concerns, wishes and questions to share: "I want to talk to you about what matters to me and my health care." "How will the treatments affect my life?" "I would like my care to include..." Identify traditions, medicines or ceremonies that you want your care to include.

Remember, it is okay to ask for help. Aboriginal Patient Navigators and Liaisons, Elders, Knowledge Keepers, Traditional Healers, Indigenous End-of-Life Guides, your health care team – all of these people can help you prepare your basket. You are not alone.



Existing Resources – Wellness Supports

- **Respecting Tobacco / Commercial Tobacco Reduction Supports**

- Respecting Tobacco Webpage: <https://www.fnha.ca/wellness/wellness-for-first-nations/wellness-streams/respecting-tobacco>
- Youth Campaign: <https://www.fnha.ca/wellness/community-wellness/youth-respecting-tobacco>
- *Smoking, Vaping and COVID-19: Do they Affect Each Other* animated video [Smoking, Vaping and COVID-19: Do They Affect Each Other? - YouTube](#)
- Culturally relevant quit tips <https://www.fnha.ca/Documents/FNHA-Are-You-Trying-To-Stop-Smoking-Or-Vaping.pdf>

- **NEW Service In Development:** Talk Tobacco. An Indigenous specific, culturally appropriate quit service hosted through the Canadian Cancer Society.

- Interested in informing the development of this service? Please email respectingtobacco@fnha.ca






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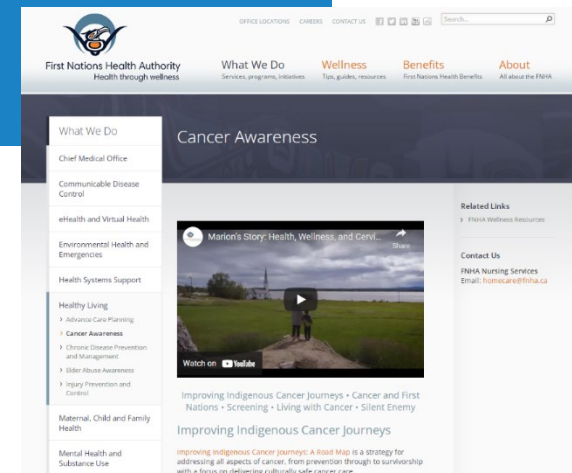


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Upcoming Resources



- Cancer communications campaign tools and resources





Partner Resources: Cancer Care Ontario

- Cancer 101 Toolkit for First Nations, Metis and Inuit People
 - <https://www.cancercareontario.ca/en/cancer-101-toolkit>
- Cancer Screening Resources for First Nations, Metis and Inuit People
 - <https://www.cancercareontario.ca/en/get-checked-cancer/indigenous-cancer-screening-resources>
- Guy's Story – Indigenous Traditional Medicine in the Cancer Journey
 - <https://www.youtube.com/watch?v=asJ7pW aByGc>



Home / Indigenous / First Nations, Metis and Urban Indigenous Cancer Screening Resources

First Nations, Inuit, Métis and Urban Indigenous Cancer Screening Resources

Cancer and Screening Toolkit

The toolkit helps people talk with their healthcare providers about cancer screening. It has culturally appropriate cancer information for First Nations, Inuit and Métis people, and their healthcare providers. It also covers the collective, Inuit and Métis cancer screening programs in Canada.

- First Cover
- What is Cancer & Cancer Screening
- Cervical Screening
- Breast Screening
- Colon Screening
- Treatment & Prevention
- Skin Cover

Cancer Screening Fact Sheets

The fact sheets provide summaries of breast, colon and cervical Inuit or Métis communities.



What is Cancer?

Cancer starts small
Every cancer starts in a cell. Some cells change from healthy cells to cancer cells. Cancer can affect any part of the body.

Life of a healthy cell
Healthy cells are your body's building blocks. Each body has trillions of cells. Cells form our bones, blood and tissue. They run the complicated systems that keep us alive. For example, some cells turn food into energy. Others protect us from illness. Each cell has special instructions (called DNA) to help it do its job.

Over time, your cells wear out. Your body constantly replaces old or damaged cells. For example, skin cells wear out and are replaced by new skin. This is part of the growing, living and healing process.

Your body makes new cells by dividing healthy cells. Each new "daughter" cell should have exactly the same DNA instructions as the "mother" cell.

Cancer cells are different
When a cell is damaged, your body tries to repair it. If repairs don't work, the damaged cell is removed. However, sometimes, damaged cells divide and copy themselves. Cancer develops when a damaged cell grows and makes more damaged cell copies. These bad copies may be missing some DNA instructions or they can have the wrong information. Cancer cells do not behave like healthy cells. Without proper instructions they keep dividing and ignore signals from normal cells. They clump together and can spread to other parts of the body. There are more than 200 kinds of cancer.

Normal cell vs **Cancer cell**

Cancer cell division

Dead cells shed from outer surface
Healthy skin
Cell migration
Dividing cells in hair roots

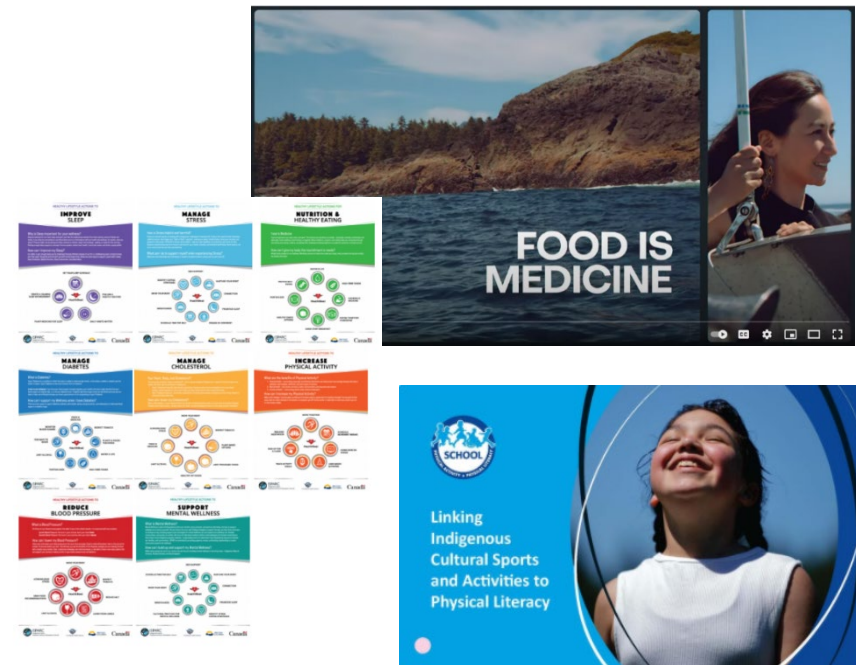
Normal cell division: One cell divides into two identical cells.

Cancer cell division: One cell divides into two cells, one of which is larger and has irregular shape, leading to a clump of cancer cells.



Partner Resources – Indigenous Sport, Physical Activity and Recreation Council

- Food Is Medicine YouTube series:
 - <https://www.youtube.com/watch?v=SyYPrZJgFJU>
- HealthBeat Resources: Holistic health and cultural ways of wellness in the areas of blood pressure, cholesterol, diabetes, mental wellness, physical activity, nutrition, sleep, and stress:
 - <https://isparc.ca/healthy-living-activities/healthbeat/>
- Indigenous Cultural Sports and Activities to Physical Literacy:
 - <https://schoolpapl.ca/indigenous-resources/>





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Thank you!

Key FNHA Contacts:

Nursing Practice Support for Chronic Conditions and Serious Illness: homecare@fnha.ca

Office of the Chief Medical Officer Physician Leads: cmo.office@fnha.ca

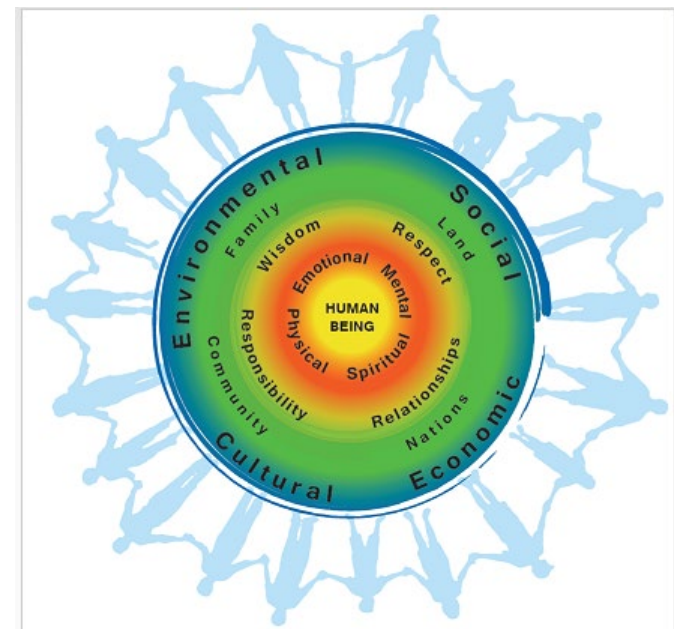
FNHA Quality Care and Safety Office – Compliments and Complaints: quality@fnha.ca

Regional Tobacco Coordinators: respectingtobacco@fnha.ca

Wellness Promotion Support: wellness@fnha.ca

FNHA Environmental Health: environmental.health@fnha.ca

Cancer Strategic Policy Support: kayla.serrato@fnha.ca





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Thank you!

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IPN Victoria - Posted

IPN Surrey - Posted

IPN Abbotsford - Posted

