



BRIDGING THE GAP:

Mobile Cancer Screening in Indigenous Communities

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



Overview

- Introduction to Northwestern Ontario
- Mobile Cancer Screening - Screen for Life Mobile Coach
- Considerations specific to working with Indigenous Communities
- What does it cost?
- What is the pay off?
- Questions

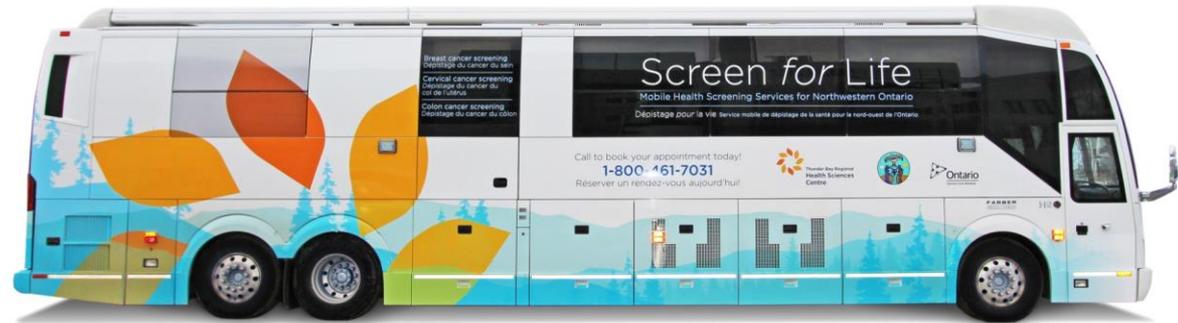


Northwestern Ontario (NWO)

- Population of 231,691 (2016) ⁽¹⁰⁾
- Approximately 25% of the population is Indigenous Ojibway, Ojicree, Cree – representing 58,000 people ⁽¹⁰⁾
- 69 unique Indigenous Communities
- 526,371 sq. km
- 150,000 + lakes
- 2 time zones



Screen for Life Mobile Coach



RN's & MRT's - Drive over 17,000km annually



Annual Volumes

- 5,500-5,700 Mammograms
- 1000 Pap tests performed
- 1000 Fobt Kits dispensed



Screen for Life Mobile Coach

- **Travels throughout Northwestern Ontario from April to October visiting over 75 Indigenous and Non-Indigenous communities**
- **Provides services to 49 Indigenous communities**
 - 24 First Nation communities have coach come to their community
 - 16 First Nation communities access coach in nearby towns
 - 9 First Nation communities fly into Red Lake, Thunder Bay or Geraldton to access screening on the coach



Working with Indigenous Communities



- **Bring Screening into communities** (1,2,6)
- **Providing group transportation where in community screening is not an option** (1)
- **Advanced training for service providers** (3,6,8)
- **Culturally appropriate resources and education** (2,8)

Coach Approach

- Build on strengths

“If you have some here to help me than you are wasting your time, but if you have come here because your liberation is bound up with mine then let us work together”

Lilla Watson

- Meet with communities ahead to:

- Build trust (purposeful loitering) and recruit clients to the coach –
bingos, circle discussions, community walk, door to door
- Assess road/parking conditions
- Assess community readiness
- Liaise with NIHB for fly in communities

What does it cost?

| Coach Related Expenses | Cost | Occurrence |
|---|--------------------|---|
| Coach Purchase | \$550,000 | All said and done 1.5 Million – 1x cost |
| Mammo Unit | \$350,000 | |
| Staffing/Benefits - (RN, MRT, Clerical, Navigators, Medical Lead) | \$936,000 | Annually |
| Maintenance – coach as a vehicle | \$26,000 | Annually |
| Maintenance – Mammo | \$57,000 | Annually |
| Fuel | \$16,500 | Annually |
| PACS Storage | \$10,000 | Based on mammo volume -Annually |
| Office Space - Rent | \$34,000 | Annually |
| Insurance | \$16,000 | Annually |
| Chase Vehicle | \$5000 | Annually |
| Supplies (medical/Office) | \$10,000 | Annually |
| Travel Costs – fuel, mileage, accommodations | \$60,000 | Annually |
| Totals | \$1,170,500 | Annual Budget |



If we didn't have the coach

| Alternative | Considerations | Cost |
|--|--|--|
| More stationary regional mammography units | Initial purchase Staffing Maintenance PACS Storage Rent Office Supplies | $\$350,000/15\text{yrs} = \$23,000$ annually $\$300,000$ $\$57,000$ $\$10,000$ $\$30,000$ $\$10,000$ =\$423,000 Annually |
| Increased Northern Travel Grants | 4000 regional coach patients | <p>Eligible Grant from Point A to Point B (one-way distance = 300km) Travel Grant Calculation is $((300\text{km} \times 2) - 100) \times 0.41 = \\205.00 Accommodation allowance = \$100.00 Total payment to the patient for the trip = \$305.00</p> <p>$\\305×4000 screens = \$1,220,000 Annually</p> |

What's the pay off?

- Participation in preventative health programs decreases as care gets further from home (2,5)
- It is more costly to treat a Stage IV breast cancer diagnosis vs a stage 1, both on the healthcare system but more importantly on the individual patient (5)

(early detection=more treatment options, less invasive = better prognosis to live well after a cancer diagnosis)



Thank you – Meegwetch – Merci

Questions

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