

Wequedong Lodge Cancer Screening Program:

A Summary of an Opportunistic Cancer Screening Pilot Program in Northwestern Ontario

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Kelly-Jo Gillis

Manager, Preventative Health Services

Prevention and Screening Services

Thunder Bay Regional Health Sciences Centre



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Authors & Acknowledgements

- **Authors:**
 - Sara Chow
 - Susan Bale
 - Cathy Paroschy Harris
 - Tarja Heiskanen
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The authors of this report are from Prevention and Screening Services Thunder Bay Regional Health Sciences Centre



Overview

- **Background**
- **Methodology**
- **Results**
- **Recommendations & Lessons Learned**
- **Conclusion**



Northwestern Ontario

- Population of ~ 232,000
- 526,371 sq. km
- 150,000 + lakes
- 2 time zones
- ~ 25% of the population is Indigenous - Ojibway, Ojicree, Cree (58,000 people)
- 69 unique Indigenous communities



Background

- Indigenous people experience greater health disparities than other Canadians. [1,2,3]
- In Ontario, cancer incidence rates are increasing among Indigenous populations, including breast, cervical, and colorectal cancers, all of which have organized province-wide screening programs. [1,2,3]
- Breast Cancer is the most common cancer among Indigenous women (and non-Indigenous women). Incidence is rising among Indigenous women. [2,7,10]
- Studies show that cervical cancer is more common among Indigenous women than non-Indigenous women [9,10]
- Colorectal cancer rates rapidly increasing in the Indigenous population (more than rest of population) among both sexes [7,9,10]
- Disparities also exist in cancer survival rates with Indigenous people having poorer survival rates than non-Indigenous people. [1,2,3]



Barriers to Screening

- Complexity of health care services for Indigenous people
- Fragmented care ^[7]
- A knowledge gap leading to misunderstanding
- Historical trauma
- Lack of culturally sensitive care ^[8]
- Distance to care and lack of recruitment to screening programs^[8].
- Trust and confidentiality



Rationale

- Research suggests that education and access to screening programs that deliver culturally-appropriate services could help to detect cancers early. [2,3,4,5]
- In Northwestern Ontario, opportunistic screening at Wequedong Lodge was seen as a way to ease barriers by utilizing instances where education and screening are provided in a convenient and culturally appropriate way. [4,6,]





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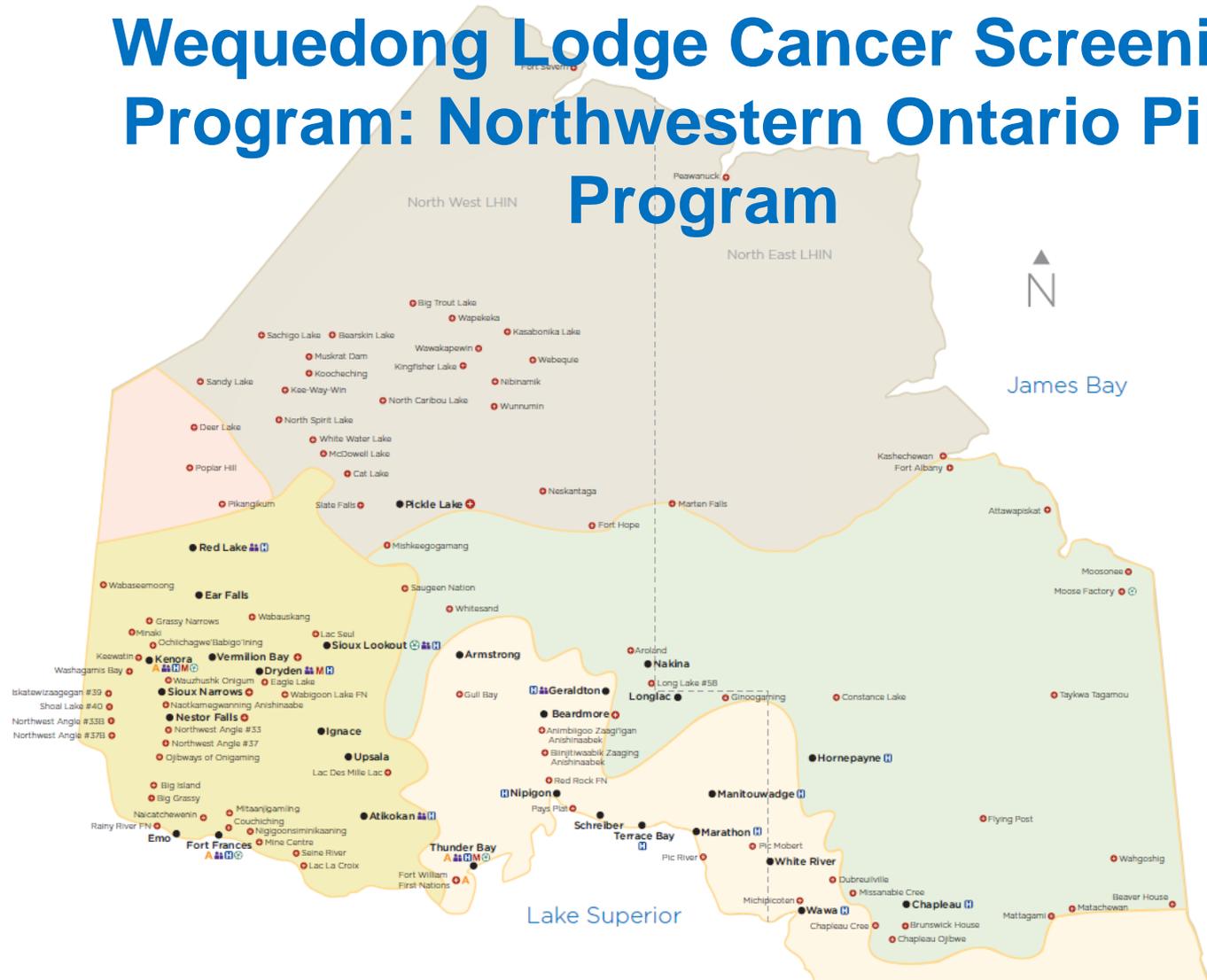
Wequedong Lodge Cancer Screening Program: Northwestern Ontario Pilot Program

Legend

- Nursing Stations / Health Facility
- Ontario Breast Screening Program Affiliated Sites
- Friendship Centres
- Aboriginal Health Access Centres
- Hospitals
- Métis Nation of Ontario
- Local Health Integrated Network Boundary

Treaties

- Robinson-Superior: 1850
 - Treaty #3: 1873
 - Treaty #5: 1875-76
 - Treaty #9: 1905-06
 - Treaty #9: 1929-30
- Nishnawbe Aski Nation



Revised August 2017

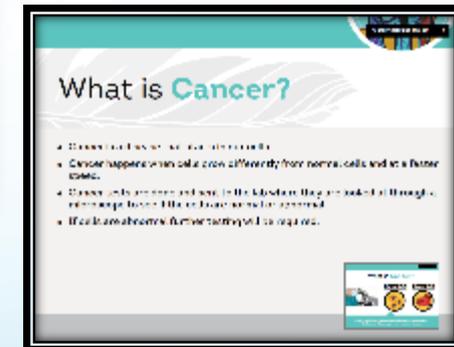
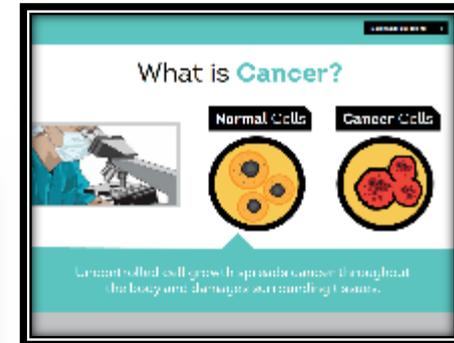
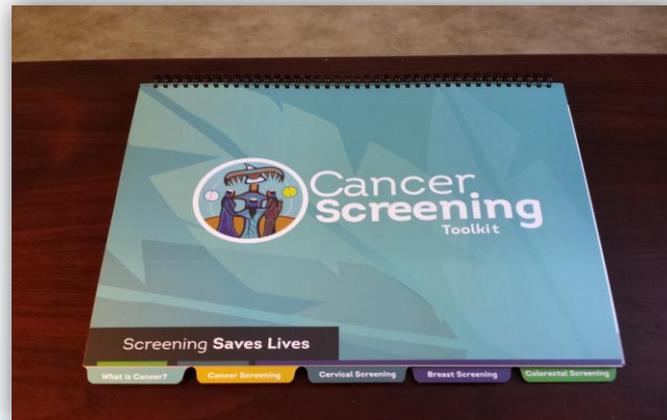
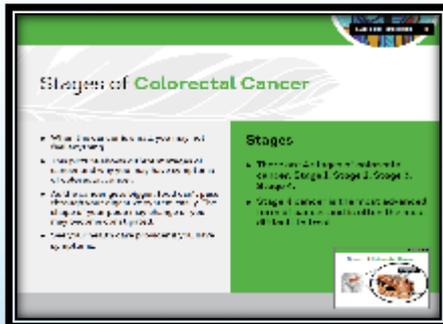
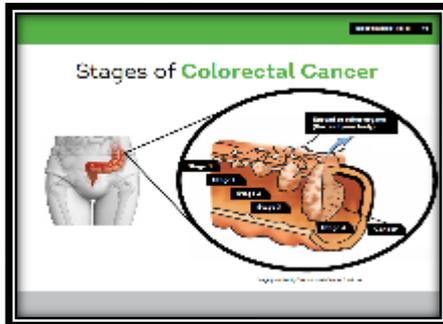


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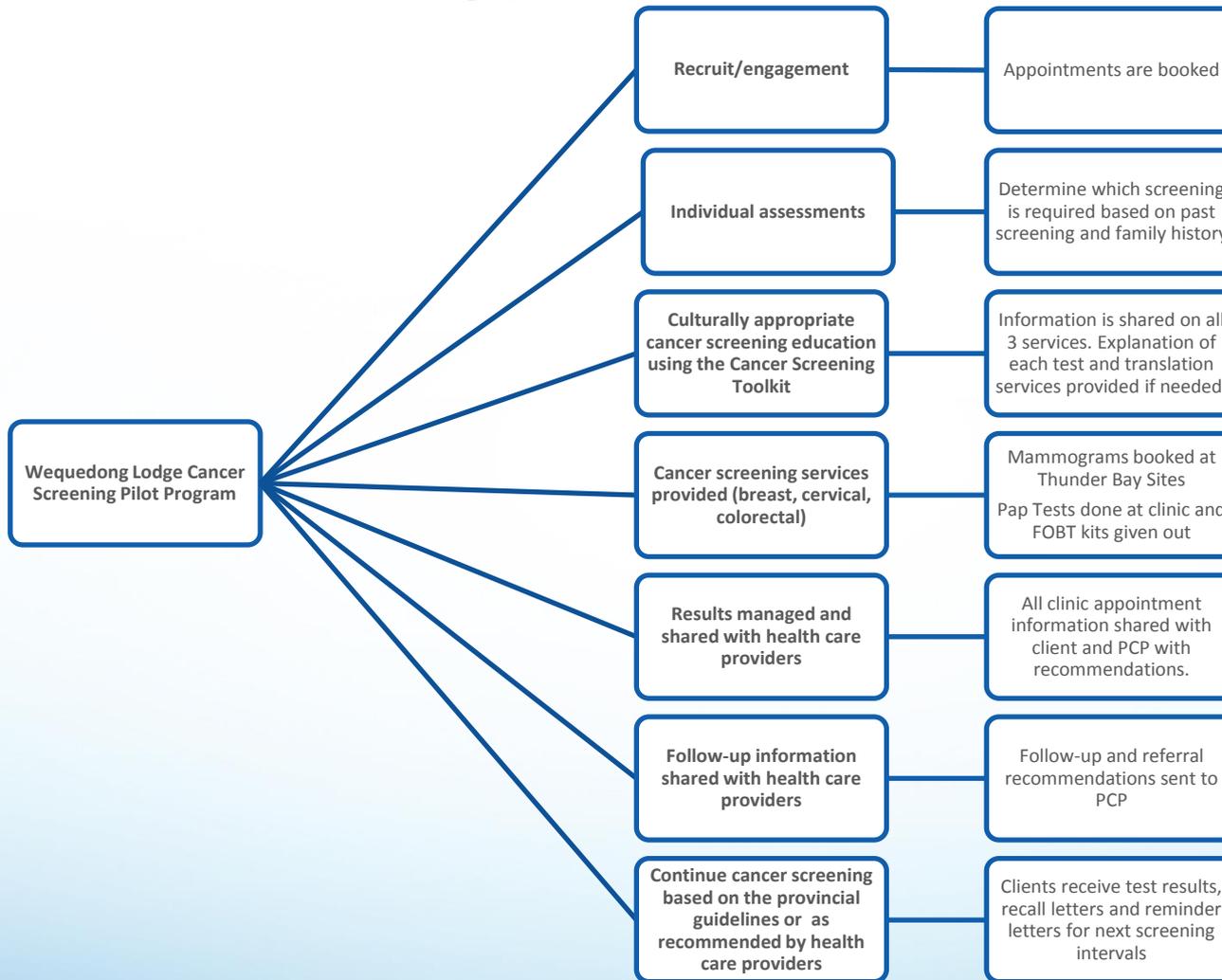


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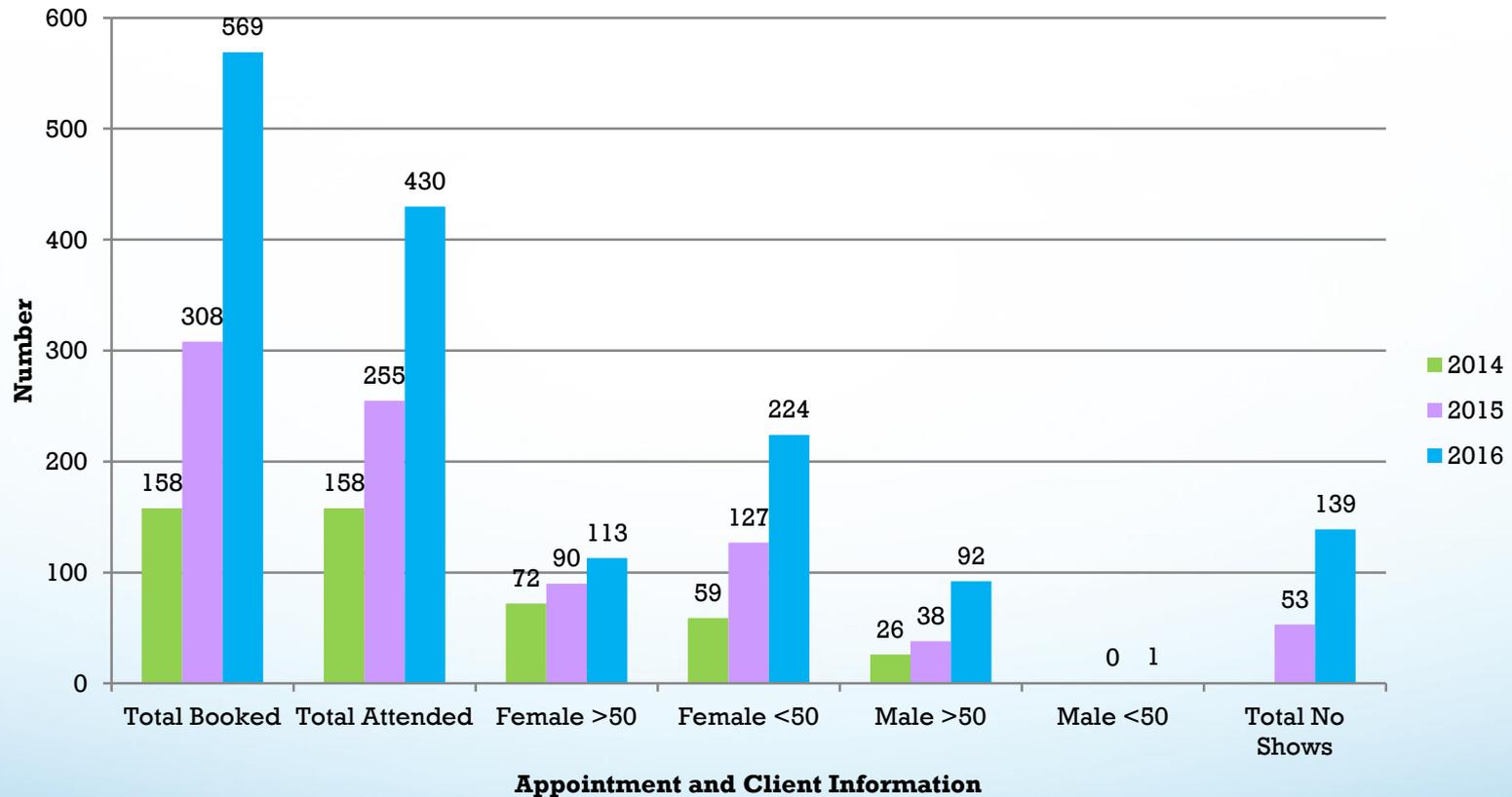
Cancer Screening Toolkit



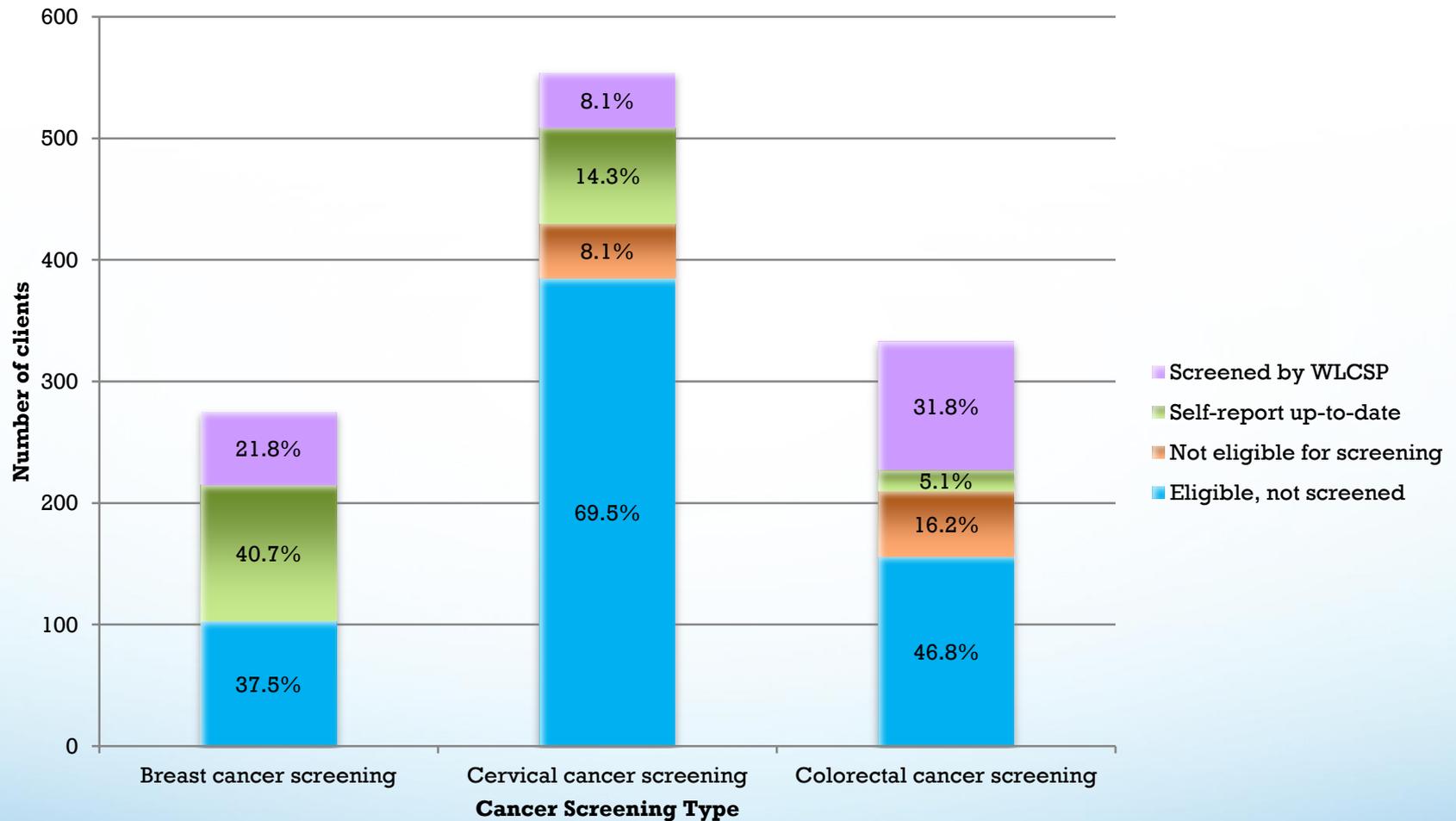
Methodology



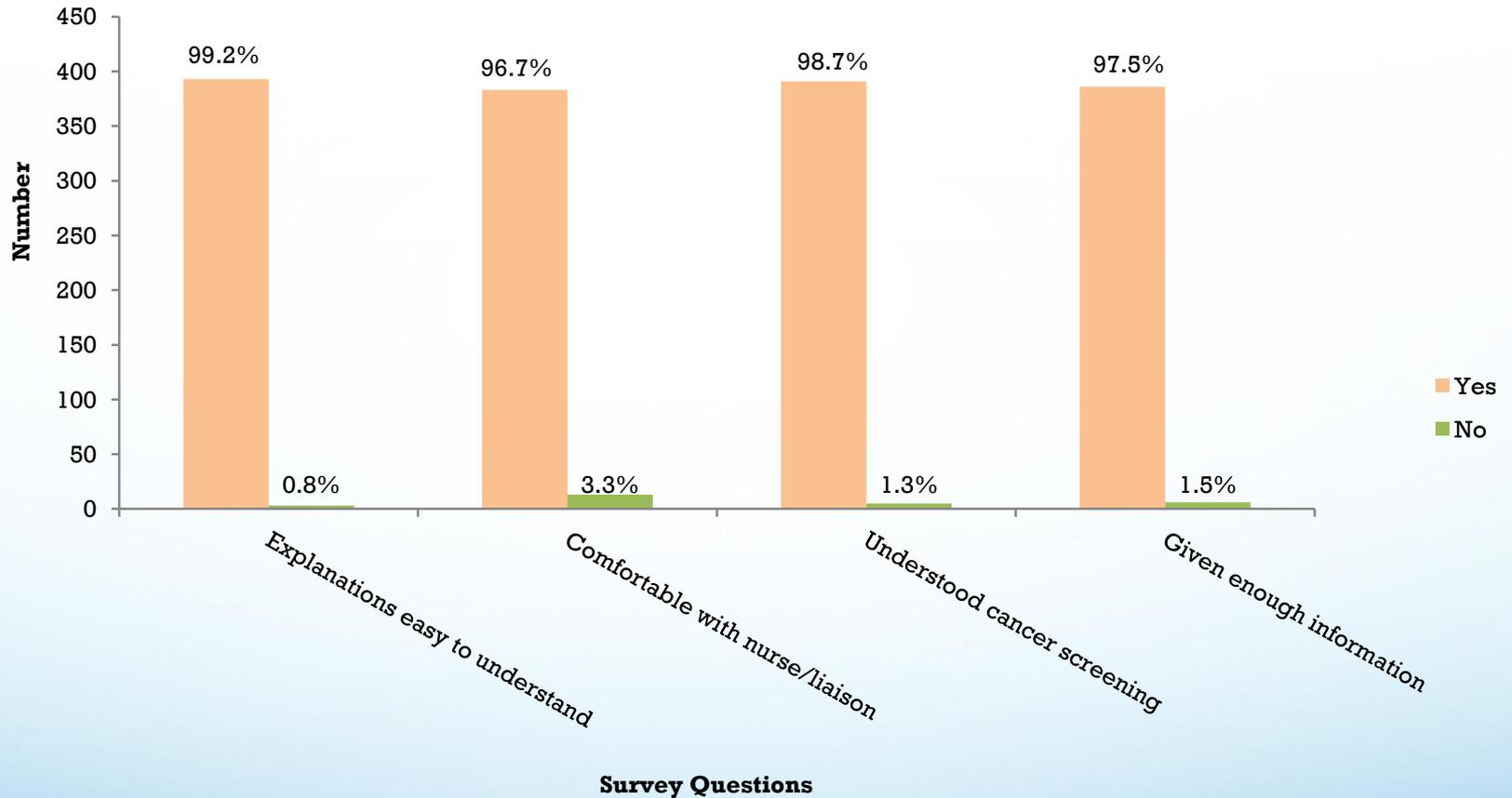
Results: Appointment and Client Information



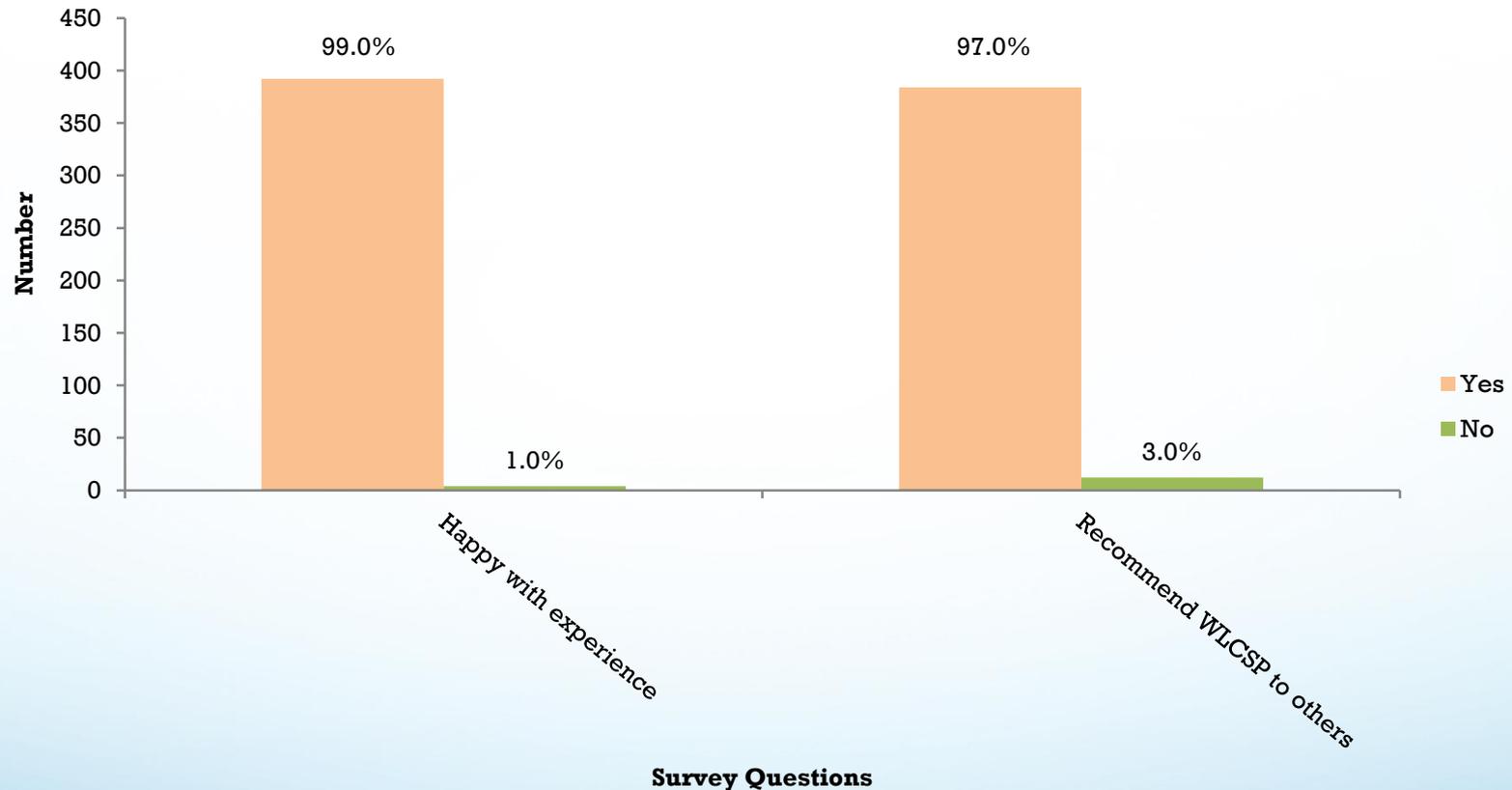
Results: Cancer Screening



Results: Evaluation Survey (n=396)



Results – Evaluation Survey (n=396)



Recommendations & Lessons Learned

Recommendations to ensure future program success:

- Culturally appropriate education
- Translation services
- Medical directives for registered nurses in place
- Increased recruitment – advertising, social media
- Clear pathways for follow-up care
- Organized data collection and analysis



Recommendations & Lessons Learned

- **Community engagement – education and awareness**
- **Community health care provider engagement**
- **Implementation and evaluation planning**
- **Partnering with other health care services and addressing the SDOH**
- **Multi-level collaboration**



Conclusion

- **Opportunistic cancer screening can help to increase cancer screening participation among Indigenous people**
- **Indigenous populations should remain a priority with the aim to deliver culturally appropriate and accessible care**



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Thank you! Questions?



Kelly-Jo Gillis

gillisk@tbh.net

807.684.7221



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