

"It's never too late to start."



Report on the Fort Resolution Community Cancer Sharing Session

August 21 & 22, 2012

Fort Resolution, Northwest Territories



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Dedications

This report on the Fort Resolution Cancer Sharing Session is dedicated to the people of Fort Resolution and the individuals and families affected by cancer. In the words of one session participant, *“If there are any solutions to be found, they’re here!”*

Acknowledgements

The Saint Elizabeth First Nations, Inuit and Métis Program would like to acknowledge the presence and role of the Elders. We would also like to thank the cancer survivors for their thoughtful contributions throughout the day-and-a-half sharing session. Acknowledgement and recognition is also given to Wilfred (Rabbit) Simon for helping to open the hearts and minds of participants through his good words. We also extend our sincere gratitude to the local Yellowknife Health and Social Services Authority (YHSSA) staff and Tausia Kaitu’u-Lal for their support in local coordination of this session and gathering community members to help get the session off to a good start. We would like to thank both Lisa Beaulieu and Cara Carriere for helping to facilitate during the session. Your support and contributions were invaluable. We would like to recognize the contribution of survivor Trudy King, for the preparation of nutritious snacks and meals.



Arthur Beck

A special acknowledgement and thanks to Arthur Beck for his willingness to provide translation services during the session and through sharing his thoughts during the final reflections, providing the title for this report: *“It’s never too late to start”*.

Introduction

This report represents findings of the cancer-sharing session held in Fort Resolution, Northwest Territories on August 21 and 22, 2012. This session focused on opening a dialogue amongst the community members where they could voice their concerns about cancer in their community and identify what opportunities exist to support and enhance their health and well-being. The sharing session encouraged participants to talk openly about their concerns regarding the rates of cancer within their community and to participate in activities that aimed to identify gaps and challenges in the current cancer system. The session gave participants the opportunity to learn from experts about what cancer is and what the rates of cancer are for the NWT and specifically Fort Resolution. The sharing session also provided opportunities for participants to highlight what works well and what could be done to address current gaps and challenges. Through this process, recommendations were generated to facilitate positive action and change for the community. The session was held in response to the community's request and was funded by the Government of the Northwest Territories.

The cancer-sharing session in Fort Resolution was facilitated by Doris Warner and Melissa Spence of the Saint Elizabeth First Nations, Inuit and Métis Program with co-facilitator supports provided by two community members, Lisa Beaulieu and Cara Carriere, as well as Les Harrison, CEO of Yellowknife Health and Social Services Authority, and Sabrina Broadhead from the Government of the Northwest Territories (GNWT) Department of Health and Social Services. Dr. André Corriveau, Chief Public Health Officer (CPHO), Northwest Territories also participated and presented during the second day of the session.

Saint Elizabeth is a social enterprise dedicated to the health of people and communities and is involved in virtually every aspect of health care – from system design to service delivery. Saint Elizabeth is continually looking for ways to impact change in order to create a wiser, more equitable and humane health care system. A dedicated First Nations, Inuit and Métis (FNIM) Program is a key initiative that demonstrates how Saint Elizabeth lives out a vision *to honour the human face of health care*. Through partnership and collaboration, the program works to enhance and support the capacity of FNIM communities to understand and solve complex health care issues, improve access and address barriers to care. Further information on the Saint Elizabeth FNIM Program can be found at:

<http://fnim.atyourside.ca/about-us>

The session report provides an overview of the purpose of the sharing session, the types of activities participants engaged in during the day-and-a-half session and the results of their discussions.

Overview of the Cancer-Sharing Session

Sharing Session

The premise behind the sharing session approach is to create an environment for dialogue and open discussions on cancer in a manner that is culturally safe and meaningful for participants. The sharing session was designed to foster open communication that identifies not only the challenges and barriers, but also the opportunities for addressing or overcoming these barriers. With the firm belief that much of the knowledge was to be found in the room, the role of the facilitators focused on being a conduit for bringing the information together in a way that was respectful to all sharing session participants.

An important aspect of the sharing session was time allotted to have fun. This was accomplished through games and energizers throughout the day and a half which got participants moving and laughing. The purpose of these activities was to bring joy back into the room and to help keep participants motivated and energized to push on through the difficult discussions.



Sharing sessions are a collective effort and require a team that includes facilitators, coordinators and community champions. The coordinators helped to get the logistics of the day in place. This included any

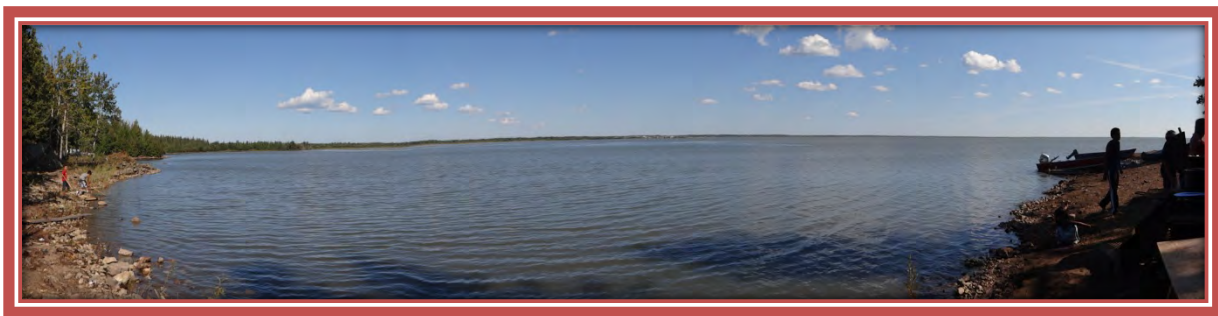
necessary booking of the venue, supporting the facilitators' travel, and nutritious meals and snacks and beverages during the sharing session. The role of the community champions was to get the word out at the community level about the session and to encourage participation. The community champions also assisted the facilitators and coordinators in understanding community protocols. This included the involvement of the Leadership and Elders, who played a vital role during the sharing session by providing support and guidance throughout the session.

The sharing session can be thought of as a community of learning that brings together individuals that share a common interest or passion in cancer awareness and prevention. This is a form of knowledge exchange that comes very naturally to First Nation communities.

"Sharing of the knowledge is powerful in a circle like this." (Session participant)

"Asking the community what they think and {developing} the solutions is part of the solution."
(Youth Session participant)

The Fort Resolution Cancer Sharing Session



Participants

Participants attending the cancer sharing session included community members of all ages, leadership, community health care providers (Home Support Workers and Nurses), caregivers, Community Wellness staff, hamlet staff and cancer survivors from the community of Fort Resolution. Participant attendance through-out the day-and-a-half sharing session ranged from approximately 9 up to 21 participants.

Purpose

The purpose of the Fort Resolution Cancer Sharing Session was to involve community members, health care providers, caregivers, cancer survivors and community leadership in sharing their knowledge through stories and experiences, as well as mobilize the community in addressing barriers and gaps in cancer presentation and care. Participants were eager and willing to share their knowledge and concerns about cancer in their community.

Agenda and Activities

The cancer sharing session was held at the Antoine Beaulieu Memorial Hall. It began with a community supper, where participants were greeted at the door and directed to a table stocked with items to decorate name tags. After supper, a sharing circle was held to introduce participants, facilitators and presenters. The next activity was a discussion of participant expectations for the sharing session. The day adjourned after discussions on what a healthy community looks like and a final sharing circle of reflections from the evening's activities.

On the second day, participants were greeted and the day started with a sharing circle for reflections on activities from the evening before. Next, community perceptions of cancer were discussed followed by presentations on "What is Cancer" as well as cancer statistics for the community, region and territory. The afternoon continued with a discussion on the community's current cancer pathway for prevention – screening – diagnosis – treatment – survivorship/palliation. The participants identified challenges and what the community can do (opportunities, solutions) along the cancer pathway. The sharing session concluded with the development of a Tree of Hope and a final sharing circle was held where participants provided reflections on the day-and-a-half cancer sharing session. The cancer sharing session agenda is located in **Appendix A**.

The cancer sharing session in Fort Resolution included break-out groups and sharing circles as well as fun energizers and games that were both structured and lighthearted. Nutritious meals, snacks and refreshments were also provided.



Expectations

At the start of the session, participants were invited to share their expectations for the day-and-a-half gathering. During the introductions participants were asked to identify their favourite season. The participants were then asked to break up into those seasons: spring, summer, fall and winter, to identify their expectations for the cancer sharing session. The groups outlined their expectations on flip chart paper and reported back to the larger group. The following are the notes from these discussions:

Spring

- How can we live healthier lives to prevent cancer?
- What are the chances of surviving cancer?
- What are the risk factors?
- Why are younger people getting cancer?
- How do contaminants in the environment affect us?
- How can we make youth more aware of preventing cancer?
- How do you incorporate traditional medicine into treating cancer? (Do doctors have that information?)
- Is cancer contagious?
- How important is your diet?
- How many Elders are left with traditional medicines?
- How is faith involved in healing?
- How is stress incorporated into cancer?

Summer

- Why is cancer so high in Fort Resolution?
- Why is there cancer and why so many different forms?
- What is the cure?
- What exactly is cancer?
- Once you have cancer what is the support?
- What is government doing about cancer?
- What are the symptoms?
- What programs are there to prevent cancer or catch it early?
- Can we do earlier testing?
- What effect did Cosmos 954 (satellite) have on cancer?
- What about Pine Point pollution of the water?
- Water pollution?
- Is there a cure for cancer?
- Can a study be done to look at water pollution (i.e. Athabasca, Slave River, Great Slave Lake, Hay River)?
- Can we have more community education about cancer?
- Can we form a community group to make recommendations?

Fall

- What is the cancer journey?
- What to expect
- People willing to share more
- Healing groups
- Target date for lifestyle change - stop/quit smoking
- Is there traditional knowledge for treating cancer?
- Elder/youth sharing about lifestyle choices – Elders educating us about stuff we don't want to lose
- Cancer 101 – start really early, kindergarten and up
- HSS (Health and Social Services) to lobby for a law about smoking in vehicles
- More people would stop smoking

- Would like to see a recommendation to HSS to have support workers located in the bigger hospitals to be there for patients/escorts, not just for physical supports, but emotional, spiritual/physical supports

Winter

What we would like to know, what we expect – Expectations

- More promotional materials
 - Different types of cancer
 - Anything that pertains to cancer
- Proper translation of cancer information (translated properly)
- Education
 - Causes
 - Prevention
 - Remedies/cures
- Support groups / systems
- Access to personal health records
- Traditional combined with scientific knowledge
- Promote screening and testing
- Caregivers need help
 - Relief work
 - Dietary needs – need help learning new ways of cooking, cleaning and basic needs (personal care)
- Re-opening of Elder care facility – need to be at home where they are not lonely or alone
- Stricter regulation for industry on pollution
 - Testing fish, animals we eat off the land – our food chain
- Grow our own food organically
- Encourage people to eat wild fish, food/game
 - Less fatty, less chemicals
- Our water – quality needs to be looked at
 - Clean tanks more often in our homes
 - MACA (Municipal and Community Affairs) has a water tank cleaning kit

- We expect to gain more knowledge to share with others in the community
- Gain more support for each other
- Quicker treatment times
- Monthly checks/screenings
 - i.e. April is chest X-ray month / May is breast health month

A frequently cited expectation was to discuss the concerns about cancer rates within the community.

“We are losing people every week, when you look around we have less elders.” (Session participant)

Participants shared how this sharing session was the first time they were asked to share their experiences around cancer. They were thankful that people were there to listen. There was strong interest expressed in discussing concerns about environmental pollutants such as asbestos and water contaminants, particularly those that affect traditional foods and their impact on cancer incidence. Participants also wanted to talk about the importance of cancer prevention and early detection, as well as palliative care.

It was evident from the roundtable introductions that all of the participants’ lives had been touched by cancer. Many in the session were cancer survivors or had lost family members and friends to cancer.

During the final reflections on the first day of the sharing session, participants expressed the importance of gathering to talk about cancer.

“I know every family has been affected by cancer. If we can get together and start talking that’s what our community really needs.” (Session participant)

“People tend to shy away from and back off from those with cancer. I’m happy to see this {session} happening within the community.” (Session participant)

Healthy Community



On the first evening, participants were divided into groups based on the four seasons. Each group was assigned with an aspect of well-being (Spring - Physical, Summer - Mental, Fall - Emotional and Winter - Spiritual).

The task of each group was to brainstorm what makes a healthy community according to the four dimensions, and discussions were recorded on flip chart paper. The following are the notes from these discussions:

Physical

- Walking, individual or groups, Nordic walking
- Regular exercise
- Organized sports – baseball, hockey, soccer, broomball, curling
- Elders in motion - Tuesday exercise – incentive for joining
- YHSSA organized activities - Nordic walking, Elders in Motion
- Family, community organized activities
- School, Hamlet Recreation, Métis, Band all working together to make things happen
- Activities for all ages – pool, school, Elders in Motion
- Special activities – Culture Camp, Deninoo Days, Carnival, Canada Day, Fishing Derby, Dog Races

- Special organized sports – Arctic Winter Games, Western Canada Summer Games, NAIG (North American Indigenous Games)
- Sliding, snowshoeing, chop wood
- Gardening, yard work, shoveling snow
- Berry picking, boating, canoeing, fishing
- Snowmobiling, quadding
- Biking, Wii, dancing
- Much Music Workshops, hoop dancing
- Share information about the above mentioned activities – you can be healthy, active without fancy facilities
- Find a friend to walk with or do activities
- We need to use Violet Beaulieu (a healthy, physically active community Elder) as a role model for physically active adults



Mental

Have:

- Good neighbors
- Elders story telling – sharing
- Traditional food
- Land – going out on the land
- Counselors – community wellness
- Church, fellowship, spiritual variety
- School counselors
- School

- Great nurses
- Mental Health Workers - Adults/Youth
- RCMP
- Home Support Workers
- Youth Centre with Good Workers
- Good musicians – listen to music "forget your pain"
- Organizations hire youth "summer employment"
- Rich history
- Culture week and school culture camp
- Good support
- Great fishing
- Community events
- Access to larger communities (not isolated)
- Water treatment plant
- Teachers (caring and nurturing)
- Arena
- Adult Education and Trade course
- Library
- Access to internet
- Pets – talking, spending time with

Wish to have:

- Palliative care home for families
- Activities – dance groups, jam sessions
- Support groups – i.e. AA
- Transportation for those who can't afford it
- Two week culture camp – one week is not enough
- A new nursing station – bigger than we have now – with more nurses
- New Northern Store
- More education and awareness on FAS/FAE, Pregnant women who are using street drugs
- Housing for nurses

- Affordable housing – relieves stress for community
- Evening events (instead of cards) – healthy games
- Pave (Paved roads) – get rid of excess dust



Emotional

- People there for each other, supporting and loving
- People feeling safe to talk
- Visiting
- Sharing
- Smiling
- Caring for others
- Children feeling safe at home
- People caring and being responsible for their pets
- Healing on the land
- Being in silence
- Meditating
- No abusive language
- To be emotionally healthy – stay away from drugs and alcohol
- Saying kind words to people
- Giving smiles and hugs
- A healthy community is incorporating more hospitality. Taking care of guests
- Laugh lots
- Say “I love you” more

- Love everyone!!
- Residential school effects; none or less in homes – breaking the cycle
- Gathering more often in the community just to share and care
- Having or knowing what is health and what isn't with regards to boundaries
- Peace and harmony
- Say to yourself "I love you", "you are worth it", " you are special", "you are loved"
- Respect for yourself ...and others
- It's not about winning, it's about participating



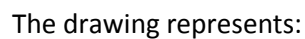
Spiritual

- Fun stuff alone or with people
- Going to church
- Anything that brings their spirits up
- Praying, singing, dancing
- Religion – teaching in the schools
- Aboriginal spiritual knowledge
- People are happy – respect each other
- Following what it says in the Bible
- On the land – respect the land i.e. giving tobacco
- Feed the land
- Follow Traditional rules re: harvesting animals, land, feed the water, keep the land clean i.e. bring the garbage home
- Get medicine from the land

- We would like to see more people doing these things
- Do not disrespect people, animals, water, medicines, air and environment
- People caring for one another
- People helping each other through difficult times
- Youth being taught spiritual values in school and at home
- Sharing of everything
- Parents being an example
- People speaking their traditional languages – it describes animals, land in a different way
- We speak to animals in our language
- Visions and dreams – some guide you
- Spiritual values
- More sober people
- Balance, i.e. going back to tradition (but accepting the best of the new world)
- Parents loving their children



Youth participants were also asked to share what they believe makes a healthy community. They were asked to create a mural that depicts what makes a healthy community. The completed mural is pictured below.



- 16

- Healthy Food (carrots, celery, potatoes and tomatoes etc.)
- Nursing Station
- Clean community (no littering)



The youth presented their mural back to the adult participants later in the evening, receiving applause and praise from the community.

Community Perceptions of Cancer

The cancer pathway can be complicated and complex. Identifying the community norms or perceptions of cancer is a starting point in discussing the barriers experienced during the cancer journey.

During the discussion of community perceptions, participants shared how the sharing session was the first opportunity for them to speak about cancer. With courage they embraced the opportunity with openness and honesty. Many shared touching stories of their personal cancer journey.

Throughout the discussions many expressed that they did not know how to give comfort and support to community members living with cancer, best expressed by the words of one session participant *“I want to apologize to those still with us, I’m sorry for not visiting you because I was scared. I didn’t know what to say, how to act when you were sick.”* Solutions were shared in the form of advice and recommendations from other session participants on how to give comfort and support; this was a major area of discussion during this group activity.

Participants shared that there is a community-wide sense of fear, anger and frustration. Frustration appeared to be due to the lack of action and not enough information as expressed by one session participant, *“We need to know certain things to make decisions for ourselves. Can we be a part of that? It’s part of the understanding that is the healing.”*

Some participants attributed the increased risk of cancer to smoking and unhealthy drinking patterns and lifestyles. Others expressed concern about environmental contamination of the land and the possible links to an increase in cancers within the community.

Participants shared thoughts, experiences and concerns about issues that included the loss of traditional values of love, caring and respect for one another and community cohesiveness and supports. Weakness in these areas has contributed to the perceived lack of supports for those living with cancer as best described by a session participant, *“When I had cancer, nobody came to visit...nobody came to help...I felt so alone!”*

Many of the perceptions expressed related to the power of positive thinking and attitudes in dealing with and preventing cancer. There were many who expressed the need to bring back the traditional way of living by loving, caring and respecting one another and their bodies.

“Think positive; fight it {cancer} just like anything else” (Session participant)

“Let’s look after ourselves” (Session participant)

Participants also discussed the importance of empowerment through self-advocacy:

“Challenge cancer; don’t let it beat you! Stop smoking” (Session Participant)

Although the activity was about community perceptions of cancer, community solutions were already being discussed. This confirmed the thinking that the answers were in the room.

The following participant comments were recorded on flipcharts during the large group sharing circle:

- Fear, sadness, scary
- Not ready, lose hope
- Those with hope do better
- Upset, get mad
- It happens to them, not to me
- Blaming, anger
- Not sure what to do – do we upset the patient?
- Solution – avoid drinking
- Unknown – scared to show emotion, “What do I say?”
- Need to spend time with them – don’t think about them being sick – be compassionate
- Tough to say goodbye – need to be encouraging for them to leave
- Relief when they aren’t suffering
- Visiting is very important
- Family history is important
- Grief happens right away
- Challenge cancer; don’t let it beat you! – i.e. stop smoking
- Cancer causes grief – it hurts (before, during, after)
- Anybody can get it
- Be positive, fight it!
- “I’m going to die” – cancer means death
- Diagnosis takes too long – hard to wait – “is it growing?” worry
- Cancer is not the end
- Some people think we can catch it – good to learn about it
- Loneliness is a bad thing – can we keep people closer to home?
- Healing important for everyone not just patient – families need to be together
- We need to plan for people to have a place to be together at the end. Stanton - not everybody has a family member to be an escort
- Need to talk with them to the end
- People need to get tested

- People blame the water
- Not enough research – government spending money on crazy stuff
- We want to know about the research – what are they funding? Is it true? What do we do with the information?
- Let's look after ourselves
- We got to do things better

Cancer Education and Presentations

Presentations were conducted by the sharing session facilitator Doris Warner, Saint Elizabeth First Nations, Inuit and Métis Program and Dr. André Corriveau, Chief Public Health Officer, Northwest Territories.



The following topics were presented by Doris Warner to the sharing session participants:

- Understanding Cancer
- What Causes Cancer?
- Types of Cancer
- Risk Factors of Cancer
- Warning Signs
- Cancer Prevention

- Early Detection and Screening
- Diagnosis
- Treatment
- Survivorship
- Palliation/End-of-Life



Dr. Corriveau presented on the following topics:

- What is Cancer?
- NWT Cancer Registry
- Cancer trends in the Northwest Territories and Fort Resolution Cancer Rates
- Comparison of Cancers in Fort Resolution to Northwest Territories
- Summary

During the presentation, the sharing session participants had many questions. They are outlined below along with the answers provided.

Question: What are the cancer rates in Fort Resolution? How do our rates compare with other communities in the Northwest Territories?

Answer: In the NWT and Fort Resolution, there has been a steady rise in the rates for new cancer diagnoses. In the NWT, this has increased from almost two to three per 1,000 population.

Typically, Fort Resolution experiences three to four new cancer diagnoses per year. Between 2004 and 2009, it had six to seven cancers diagnosed each year. An increase of one to two cancers increases the rates by a lot. This is because of the small population.

The cancer registry data does indicate that residents of Fort Resolution have an elevated rate of cancer compared to the NWT.

The average age at death for the general population has increased by more than ten years over the last three decades, which means that on average, people are living significantly longer. The percentage of deaths among infants has decreased over the last three decades with deaths due to infections and injuries/poisoning decreasing. The major leading causes of death now are diseases that have a strong association with age. The more elderly people you have in your community the more cancer you will see because it is rare in young people, but becomes increasingly common over the age of 50. Part of any increase in cancer is a natural increase due to an aging population. Cancer is now the leading cause of death followed by diseases of the circulatory system.

More than 50 percent of cancers diagnosed in the NWT are one of the 'top four' everywhere in Canada, which are colorectal, breast, lung and prostate. Almost three quarters of the cancers in Fort Resolution are among the top four cancers diagnosed in the NWT: colorectal, breast, prostate and lung. What is different in Fort Resolution is that lung cancer is the most frequently diagnosed cancer and primarily responsible for the higher rate of cancer overall. Other cancers diagnosed in Fort Resolution are: oral, stomach, cervical, brain, thyroid and non-Hodgkin's Lymphoma.

For the period between 2001- 2009, residents of Fort Resolution were 1.78 times (almost two times) more likely to develop cancer than residents of the NWT. Residents of Fort Resolution are also two times more likely to die of cancer than other residents of the NWT. To better understand why this is the situation, we need to take a closer look at possible risk factors for these types of cancer and also at reasons why cancers may be diagnosed at a later stage.

Question: Is cancer contagious?

Answer: No, cancer is not contagious. Cancer originates from an individual's own cells and you can't pass it onto someone else. There are a few contagious viruses that can lead to cancers such as Human Papilloma Virus (HPV) infection that may lead to cervical cancer, Epstein-Barr virus that can cause a form of lymphoma or H. pylori which is a bacterium that infects the lining of the stomach and can cause cancer there.

Question: How do you get H. pylori?

Answer: H. pylori bacteria are passed through saliva. Dental cavities are reservoirs for the bacteria so good dental hygiene is important in preventing infection or re-infection after treatment. Most people with H. pylori infection acquired the bacteria as toddlers.

Question: How many types of cancers are there?

Answer: There are over 200 types of cancers. Basically, cancer can originate from every kind of cell that makes up our body and it can be found in every part of the body.

Question: Why do some families have more cancer?

Answer: Some cancers have a hereditary (genetic) aspect, meaning that there is something in the make-up of cells in the bodies of certain families that make them more prone to the development of certain cancers.

Question: Long ago we didn't hear about this cancer but why do we have cancer now?

Answer: Cancer is not a new disease. There is evidence of cancer in Inuit bodies found in the permafrost and also in Egyptian mummies, so it's been around for centuries. In the last 25 years we've seen an increase in cancers but prior to this, cancer was relatively rare in the north, which is why people are noticing it more. It's important to stress that cancer can take decades to grow. In other words, what we were doing 20 years ago may be contributing to the cancers of today. For example, skin cancer diagnosed in a 50 year-old individual may have started after a bad sunburn when that person was a teenager. That being said, smoking is still one of the most important risk factors for cancer, not just cancer in the lungs, but in many other parts of the body, because the harmful chemicals in the cigarette

smoke do not stay in the lungs but travel to other organs as well. For example, rates of breast, stomach, bladder and kidney cancers are all increased in smokers.

Question: Can radiation in X-rays cause cancer?

Answer: Radiation from X-rays in large doses can be a cause of cancer. However, radiation from X-rays, using modern equipment and techniques is quite low and not considered to be a significant risk factor.

Question: Can rare metals cause cancer?

Answer: Rare metals have not been known to be a significant cause of cancer, but they can cause neurological diseases. An example is mercury.

Question: Why do people get sick when they get radiation treatments for their cancer?

Answer: Radiation treatment affects the body and may have side effects. If you had radiation, it may also kill some good cells because radiation targets fast growing cells whether or not they are cancerous or normal cells. Technology is advancing in this area.

Question: Is the sun a cause of cancer or is it the ozone layer?

Answer: The sun gives off ultraviolet light (UV) rays that can cause cancer. If the ozone layer thins out or has holes in it, the UV rays can cause more harm as the ozone layer is a protective barrier against UV rays.

Question: Our community had an old hospital that burned down in the 1970's and it had asbestos in it. When it was burning the whole community and surrounding area was thick with the smoke. Would the smoke and asbestos have something to do with the increase in cancer within our community?

Answer: There is a specific type of lung cancer that is attributable to exposure to asbestos (called mesothelioma). Fort Resolution didn't have any cases of this type of cancer that I'm aware of. A single exposure is less likely to cause long-term harm than repeated exposures. That said there is no risk unless the asbestos is disturbed and inhaled. As long as the asbestos is contained within the walls or attics it poses no risk.

Question: What if someone smokes; what is their risk?

Answer: It is important to note that cancer risks are cumulative (increase by successive additions); for example, H. pylori infection may double the risk of cancer in the stomach, but if the person also smokes, the risk will be six to eight times greater and regular consumption of alcohol increases the risk even more. Certain vitamins and foods actually protect against cancer, so if you miss them because of poor diet, then your risk of cancer will increase again.

Question: When I got screened for cancer, I didn't get my results. I had to call a health staff member who had to call for me.

Answer: Everyone should get their cancer screening results whether the result is positive or negative.

Question: What is the cure rate for colorectal cancer?

Answer: If colorectal cancer is detected early the cure rate can be as high as 90 per cent. Screening is really important! Everyone over the age of 50 should be screened annually.

Question: In the 1970's a satellite (Cosmos 954) was known to have crashed in this area. Could this be still emitting radiation which is causing cancers?

Answer: Most of the satellite fragments were junk metals but the core did contain radioactive material, mostly plutonium. Fuel and petroleum contain many ingredients and are known carcinogens and cause blood, kidney and liver cancers. In Fort Resolution we currently don't see these types of cancers.

Question: Do microwaves cause cancer?

Answer: As long as the microwave components and protective barriers are not damaged and in good working order there is no risk to your health or increased risk for cancer.

Question: Why does our community have such a high rate of cancer?

Answer: Cancer is a common disease in all populations. For example, two in five Canadians will develop cancer throughout their lifespan and one in four Canadians will die from cancer. Another factor is the more old people you have in your community the more cancer you will see because it is rare in young people and cancer is more common over the age of 50. Part of any increase in cancer is a natural increase due to an aging population. However, the overall prevalence of various risk factors also plays an

important part. This is something that requires a closer look to fully understand the relative importance of various risk factors here in Fort Resolution.

Question: What is the most common cancer in Fort Resolution?

Answer: Lung cancer is the most common cancer in Fort Resolution followed by colorectal cancer which is the top one elsewhere in the Northwest Territories. There are good reasons to believe that colorectal cancer has become such a common cancer because of the significant loss of traditional foods in the diets of the people. Junk foods won't cause cancer but they don't have the protective factors against cancer that traditional foods do. A decrease in physical activity, poor diet that lacks vegetables and obesity may also increase the risk of cancer because your bowels (gut) isn't moving as often as it should and the food spends more time in the intestine.

Question: What kind of cancer does smoking cause?

Answer: Smoking increases all kinds of cancer; the most common is lung but it also causes cancer of the bladder, breast, liver, throat, stomach, etc.

Question: What are the risks of smoke from camp fires and smoke houses?

Answer: All smoke is damaging to the lungs. The air quality in the house is usually worse than outside. Some major contributors to bad air quality in the home are frying foods, wood smoke from older wood burning stoves and smoking in the home. Mould can also affect air quality although it is not linked to lung cancer.

Question: Can cooking on a gas barbecue cause cancer?

Answer: Anything smoked or burnt will increase your cancer risk slightly, the key is moderation.

Question: Is it the smoke from cigarettes that causes lung cancer?

Answer: The smoke from the cigarette is what causes the damage. Nicotine is what causes you to want to smoke more and it is addictive.

Question: Are berries healthy foods and can they protect people from cancer?

Answer: Berries contain high levels of protective ingredients that can repair damaged cells and protect against cancer. They are also known to decrease the risk of heart disease, diabetes and other chronic diseases. Dark berries are the healthiest.

Question: What are the biggest causes or risk factors for cancer?

Answer: The number one cause of cancer is smoking; ranking at number two is not eating the right foods. Alcohol is another important cancer risk. There are still many causes of cancer that we don't know about, but we know that without smoking and with healthy diets and plenty of physical activity, a majority of today's cancers would be prevented.

Question: How about mercury in the fish we eat, can the fish cause cancer?

Answer: Contaminants can come from anywhere around the globe. For instance the biggest source of mercury in fish comes from burning coal (in China and elsewhere). Exposure to high levels of mercury is associated with many health effects (especially neurological), but not specifically with cancer. However, even if fish has some levels of mercury, fish also has other nutrients such as selenium that may protect against the adverse effects of contaminants like mercury. Healthy foods contain many protective factors within them. This is why traditional foods from the land are still considered to be much better even though we are rightfully concerned about contaminants that are finding their way in our environment.

Question: Won't contaminated water cause cancer?

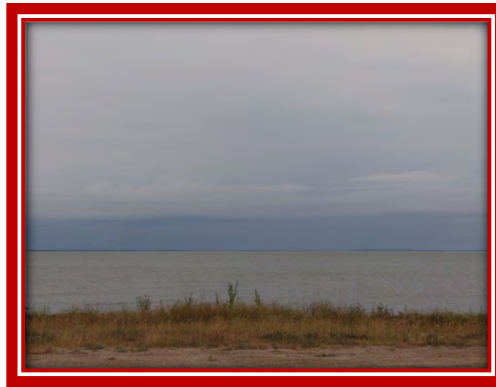
Answer: We test our drinking water on a regular basis. While some contaminants show up in the water in parts per billion, just consider that chemicals in cigarettes are in parts per 100. The arsenic in the water isn't considered a risk to health in the water in the area. As mentioned earlier, cigarette smoking on the other hand is still by far the greatest risk to health.

Question: How does the immune system help to protect us from cancer?

Answer: The immune system plays a big part in finding and eliminating damaged cells. Stress, depression and lack of exercise or poor diet all affect the immune system performance. The key to keeping your immune system healthy is to keep emotionally, spiritually and physically healthy which will also decrease your cancer risks.

Dr. Corriveau ended his presentation with the following message:

“The battle of cancer can be won but we need to make changes today. The most important changes to be made are to stop smoking, eat healthy and increase physical activity. These are things we can change today! However, this does not mean that we are not concerned about things happening in our environment or wanting to enhance monitoring, but for right now, there is no indication that it is contributing significantly to cancer rates”.



Challenges in the Cancer Pathway- What can the community do about it?

On the afternoon of the second day, in order to identify the challenges and opportunities in the cancer pathway for Fort Resolution, the participants were divided into groups based on animals that could be found in their region. The Prevention group was Bears, the Early Detection and Screening group was Bison, the Diagnosis group was Moose, the Treatment group was Eagles, the Survivorship group was Wolves and the Palliation/ End of Life group was Beavers (all participants). Participants were asked to identify in their groupings the challenges and opportunities in navigating the cancer journey of:

Prevention – Early Detection/Screening – Diagnosis – Treatment – Survivorship/Palliation



Prevention: The chance of developing cancer (and many other chronic diseases) is reduced with a healthy lifestyle. (Source: Cancer Care Ontario *Let's take a stand against...Colorectal Cancer!* Reference Manual)

Screening: Screening is testing for a disease such as cancer in a person who does not have symptoms of the condition. Screening is used to detect a condition before it becomes serious, and when it is readily treatable. (Source: Cancer Care Ontario *Let's take a stand against...Colorectal Cancer!* Reference Manual)

Diagnosis: Cancer is diagnosed (confirmed) through various methods and tests. Identifying the stage of disease is a critical aspect of cancer diagnosis. Accurate staging helps patients understand their prognosis and is essential in determining the best treatment options. (Source: www.cancercare.on.ca)

Treatment: Once a diagnosis has been made, and cancer has been confirmed, the next part of the cancer journey is the treatment phase. There are three main ways to treat cancer: surgery, cancer drugs (chemotherapy), and radiation. While surgery entails the removal of tumors, the goal of chemotherapy and radiation is to stop or slow the growth of cancer cells. (Source: www.cancercare.on.ca)

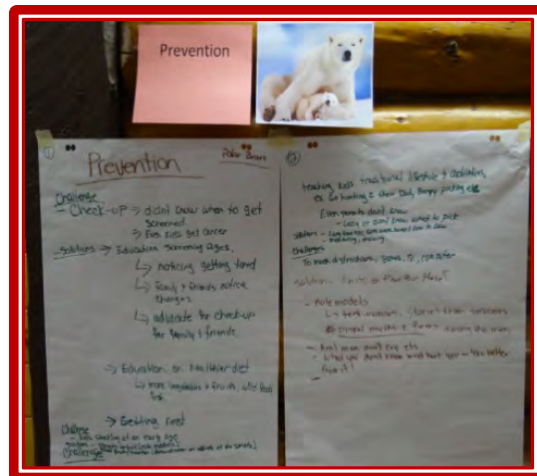
Survivorship: The health and life of a cancer survivor.
(Source: CancerCare Manitoba & Saint Elizabeth Cancer Pathways project survey)

Palliation: Palliative care is more than providing comfort at end-of-life care. It includes pain and symptom management, caregiver support, psychological, cultural, emotional and spiritual support, as well as bereavement support for loved ones. (Source: www.cancercare.on.ca)

Prevention (Bears)

The group participants believe that education and awareness about cancer is a gap. Community members need to be empowered with the necessary education so that they can act as advocates, particularly by encouraging friends and family to go for cancer screening. Education and mentoring and the presence of good role models within the community were considered important to the group and were recurring themes throughout the discussions. Some activities the group felt needed addressing were the lack of mentoring of the younger generation and participating in traditional activities, such as hunting and berry picking with parents and community members.

In addition, the group felt that community members who have experienced or are experiencing cancer journeys could share their stories in an effort to encourage others to take preventative measures and clear up myths about cancer.



Early Detection and Screening (Bison)

Access/Availability

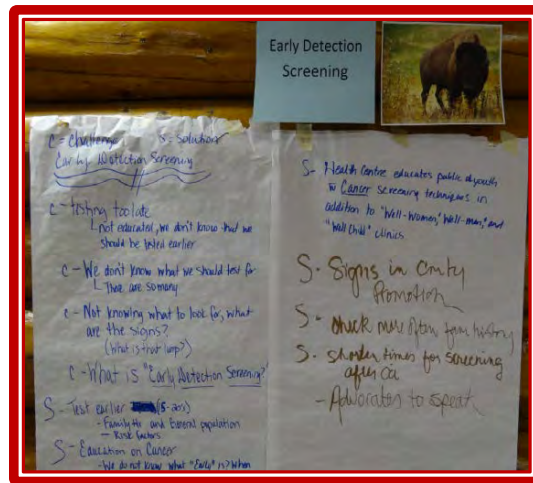
A gap identified by the group was the lack of knowledge of cancer screening and availability within the community. There appears to be knowledge that testing is often occurring too late and it was identified that people were unaware of the benefits of testing earlier for cancer. Solutions discussed were more education and awareness within the community, including within the school.

While there are many types of cancers, not all cancers have screening tests and for those that have screening tests, not all are routinely used to screen healthy individuals. The NWT has clinical practice guidelines for screening for cervical, colorectal and breast cancers. There are no clinical practice guidelines for routine screening for prostate cancer in healthy men in the NWT, however screening is offered if symptoms warrant further investigation.

At present three of the four cancer screening tests are available in Fort Resolution:

1. Pap tests for screening for cervical cancer
2. FIT screening kits for colorectal cancer
3. PSA (Prostrate Screening Antigen) screening test (blood test) for prostate cancer

Breast screening (mammography) is not available locally. Community members must travel to Hay River or Yellowknife to attend mammogram appointments.



Diagnosis (Moose)

Participants explained that community members must travel for diagnostic services to Hay River, Yellowknife or Edmonton.

Participants reported there is a need for education and resources for newly-diagnosed cancer patients and their families. The group identified supports and resources needed are:

- Educational packages for newly diagnosed patients and their families
- Cancer survivors to provide support

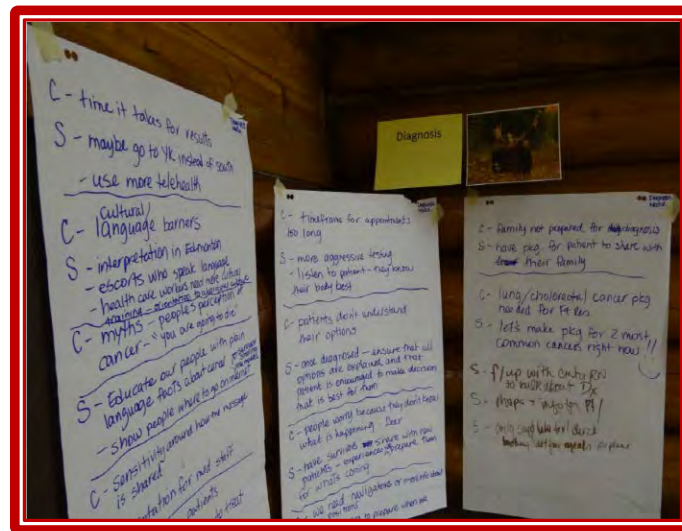
They also identified the urgent need for support packages to contain specific information about the two most common types of cancers, colorectal and lung cancer. Suggestions for information to be included are the type of cancer, where it is located, options for treatment and what to expect.

Escorts and Medical Travel

Participants reported there is a need for support services for escorts of cancer patients. The group identified that supports needed were: Patient Navigators for the journey through the cancer system and travel packages containing information for patients and their escorts containing information and resources such as maps and information about the treatment facilities and the city.

Cultural Safety and Sensitivity

Participants identified a need for escorts who speak the language and interpreters in Edmonton for those patients requiring these services. The group also identified the need for education and orientation for health professionals on the aboriginal (First Nation) culture to avoid stereotyping individuals and to ensure clients feel safe and are treated with respect.



Treatment (Eagles)

For residents of Fort Resolution, treatment takes place in Yellowknife and Edmonton.

A cancer patient is supported in accessing treatment by the Health Centre, and travel is coordinated by Medical Travel. Doctors and other medical staff at the treatment site are responsible for keeping the community health care providers, cancer patient and family well informed.

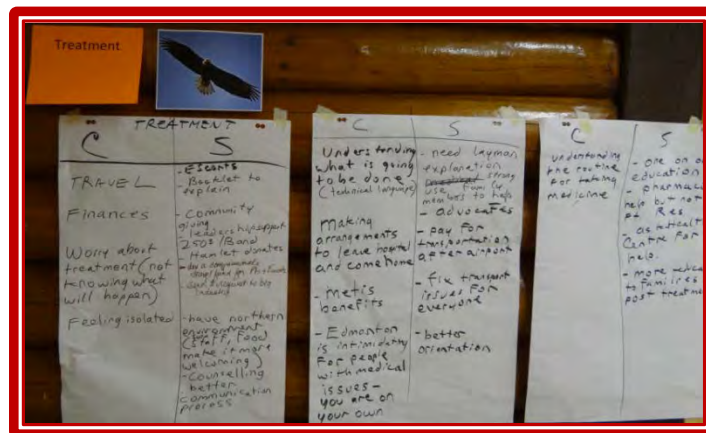
Medical Travel

Participants explained that there is a need for medical travel supports for cancer patients and escorts. The group identified that financial supports are needed to support patients and escorts with incidentals during travel. Further information on the processes for medical travel for escorts is also needed.

Isolation

Participants explained that patients often experience isolation when accessing treatment and provided some solutions such as:

- Improved orientation when patients arrive at treatment centres
- Availability of northern staff and food to make the environment more inviting
- Improved communication processes



Survivorship/Palliation – End-of-Life Care (Wolves and Beavers)

Participants explained that survivors remain on their cancer journey even though they are well, for they must continue going to follow-up appointments and they also need emotional and psychological support.

There is no dedicated palliative care centre in the community. Families must step in to provide care in the home. Home and Community Care staff provides supports as well as supplies such as adjustable beds and medical lifts. Both RNs and doctors provide basic training to families on how to care for a palliative family member. A barrier to in-community palliative care is that there are occasions when palliative clients have no family or a family that is unable to provide supports. Participants also expressed a gap in training for those providing palliative care.

Supports for Caregivers and Escorts

As participants mentioned in the section on Escorts and Medical Travel in Diagnosis, there is a lack of support, both emotional and financial, for escorts accompanying patients to cities. Lack of awareness of their surroundings in unfamiliar cities leads to fear and anxiety amongst both patients and escorts.

Participants identified the need for caregiver supports and education on self-care.

Transportation

The lack of adequate Medical Travel funding for transportation for escorts and alternates, and policies as mentioned previously, is an ongoing challenge.

Resources

There is a lack of cancer resources for health care workers in Fort Resolution. Participants discussed how this is a barrier affecting all the challenges mentioned in this section. Participants explained that there is a lack of culturally appropriate resources around the cancer journey.

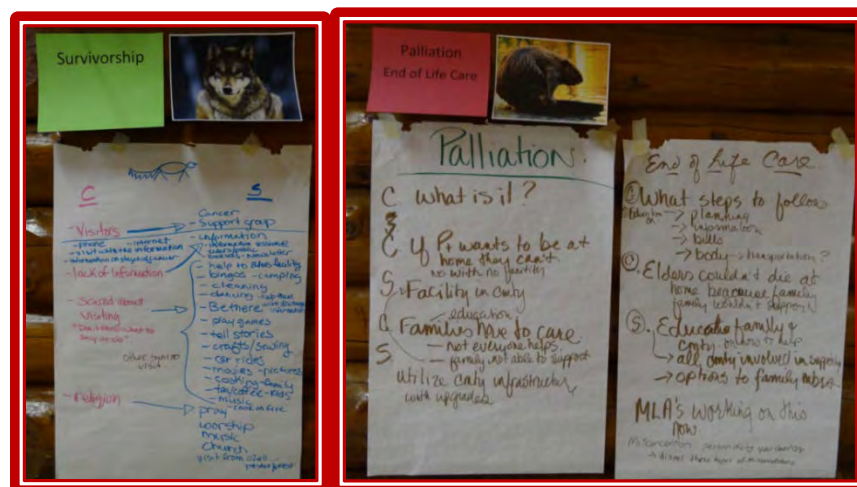
Aftercare for Survivors

Presently in Fort Resolution, there are no support or aftercare programs for cancer survivors and participants agreed this is a significant gap in the current cancer pathway.

Education/Awareness and Training


In reference to the misconceptions about cancer that were outlined previously in the session, the participants explained that there is a lack of education in Fort Resolution for frontline staff, especially Home and Community Care providers, around cancer. As well, participants expressed that within the community there is a great deal of fear around cancer and there is not enough education and advocacy work being done to address this. Throughout the activities, participants expressed the need to know:


- What is cancer?
- How do we prevent it?
- What can the community do?



As mentioned earlier, sharing session participants were asked to discuss challenges and opportunities/potential solutions to address these challenges. Participants tackled this task with enthusiasm and were able to identify multiple practical and realistic solutions, many that the community itself could undertake. These challenges and solutions are presented below.


In order to support community efforts to implement or advocate for these solutions, the challenges and solutions are presented in **Appendix B** in a format that includes sample activities within a workplan. The workplan template has been drafted to be used by the community for planning purposes.



Cancer Pathway	Challenge	Opportunity/Solution
Prevention 	Screening Awareness <ul style="list-style-type: none"> Don't know when to get screened 	<ul style="list-style-type: none"> Education on screening ages (criteria) Education on warning signs of cancer: <ul style="list-style-type: none"> Noticing getting tired Family and friends notice changes Advocate for check-ups for family and friends
	<ul style="list-style-type: none"> Cancer Prevention - diet 	<ul style="list-style-type: none"> Education on healthier diet that includes: more vegetables, fruit, wild foods and fish Getting rest
	Smoking <ul style="list-style-type: none"> Kids are smoking at an early age 	<ul style="list-style-type: none"> Parents to quit smoking - act as role models School smoking prevention (include demonstration of the effects of the smoke)
	Cancer awareness and prevention <ul style="list-style-type: none"> Lack of education and awareness around cancer in general - no programs 	<ul style="list-style-type: none"> Have more handouts - available at the Nursing Station Nurse educating in the school around cancer prevention Teaching kids traditional lifestyles and activities - go hunting with their Dad, go berry picking etc.
	Traditional Physical Activities <ul style="list-style-type: none"> Parents/Adults don't know about the berries - they don't know what to pick - lazy 	<ul style="list-style-type: none"> Training, mentoring Teaching girls skills from long ago - sewing
	Sedentary Activities <ul style="list-style-type: none"> Too many distractions, games (video), TV, computer (Facebook) 	<ul style="list-style-type: none"> Limit time for games, TV and the computer Role models <ul style="list-style-type: none"> Testimonies, stories from survivors

	<p>Myths</p> <ul style="list-style-type: none"> • Myths like real men don't cry and what you don't know won't hurt you! 	<ul style="list-style-type: none"> • Dispel myths and fears among men (like real men don't cry and what you don't know won't hurt you)
<p>Early Detection/ Screening</p> 	<p>Screening Tests</p> <ul style="list-style-type: none"> • Testing too late - not enough education, we don't know that we should be tested earlier • We don't know what we should test for - there are so many cancers 	<ul style="list-style-type: none"> • Test earlier (15-20's) • Family history and general population • Education on risk factors • Education on Cancer <ul style="list-style-type: none"> ○ We don't know what "early" is? When should we be tested? In school, pamphlets for public ○ Health department workshops and teach in school ○ Cancer testing philosophy should be "the earlier the better" plus frequent screening
	<p>Cancer Warning Signs and Symptoms</p> <ul style="list-style-type: none"> • Not knowing what to look for, what are the signs? (What is that lump?) • What is early detection and screening? 	<ul style="list-style-type: none"> • Health Centre educates public and youth around cancer screening techniques in addition to "Well-Women, Well-Men and Well-Child" Clinics • Signs in the community - that promote screening • Understand family history • Shorten timeframe from screening for those that have already had cancer • Have community advocates speak
<p>Diagnosis</p>	<p>Cancer Testing Results</p> <ul style="list-style-type: none"> • Time it takes for results 	<ul style="list-style-type: none"> • Maybe go to Yellowknife instead of south • Use more Telehealth
	<p>Cultural/Language barrier</p>	<ul style="list-style-type: none"> • Interpretation in Edmonton • Escorts who speak the



		<p>language</p> <ul style="list-style-type: none"> Health care workers need more cultural training - orientation to aboriginal culture
<p>Cancer myths</p> <ul style="list-style-type: none"> People's perception of cancer - you are going to die 		<ul style="list-style-type: none"> Educate our people with plain language facts about cancer Show people where to go on the internet Survivor sharing - role models
<p>Sensitivity around how the message is shared (Upon diagnosis of cancer)</p>		<ul style="list-style-type: none"> Orientation for medical staff
<p>Stereotyping</p> <ul style="list-style-type: none"> Stereotyping of patients 		<ul style="list-style-type: none"> Share the message to treat everyone with respect
<p>Timeframe for appointments</p> <ul style="list-style-type: none"> Timeframe for appointments too long 		<ul style="list-style-type: none"> More aggressive testing Listen to patient - they know their body best
<p>Options</p> <ul style="list-style-type: none"> Patients don't understand their options 		<ul style="list-style-type: none"> Once diagnosed, ensure all options are explained and patient is encouraged to make a decision that is best for them
<p>Worries upon diagnosis</p> <ul style="list-style-type: none"> People worry because they don't know what is happening-fear 		<ul style="list-style-type: none"> Have survivors share with new patients - experiences help prepare them for what's coming
<p>Patient Navigators</p> <ul style="list-style-type: none"> We need navigators or more information about the positions 		<ul style="list-style-type: none"> We need a package to prepare when we have to travel
<p>Family Preparations upon diagnosis</p> <ul style="list-style-type: none"> Family not prepared for diagnosis 		<ul style="list-style-type: none"> Have a package prepared for patient to share with their family
<p>Lung and colorectal cancer package</p> <ul style="list-style-type: none"> Lung and colorectal cancer package needed for Fort Resolution 		<ul style="list-style-type: none"> Let's make a package for the 2 most common cancers right now! Follow up with community RN to talk about diagnosis Maps and information

		for patients <ul style="list-style-type: none"> Community support network that understands the needs of the patient - i.e. salt-free meals ordered on plane ride for certain types of testing or treatment
Treatment 	Travel	<ul style="list-style-type: none"> Escorts - booklet to explain the process
	Finances	<ul style="list-style-type: none"> Community giving Leadership support \$250 per Band Member Hamlet donates Develop a compassionate travel fund for patients and escorts Send funding requests to big industry
	Worries about treatment <ul style="list-style-type: none"> Worry about treatment (not knowing what will happen) Feeling isolated 	<ul style="list-style-type: none"> Have northern environment (supervisors, staff and food to make it more welcoming) Counselling Better communications process
	Treatment understanding <ul style="list-style-type: none"> Understanding what is going to be done (technical and language barriers) 	<ul style="list-style-type: none"> Need layman (plain language) explanation Use family members to help
	Arrangements for travel from hospital to home <ul style="list-style-type: none"> Making arrangements to leave hospital and come home 	<ul style="list-style-type: none"> Advocates Pay for transportation after arrival at airport
	Métis benefits	<ul style="list-style-type: none"> Fix the issues with benefits for everyone
	Edmonton travel <ul style="list-style-type: none"> Edmonton is intimidating for people with medical issues - you are on your own 	<ul style="list-style-type: none"> Provide better orientation

	<p>Medications</p> <ul style="list-style-type: none"> Understanding the routine for taking medicine 	<ul style="list-style-type: none"> One-to-one education Pharmacists help but they are not available in Fort Resolution Ask Health Centre staff for help More education for families/caregivers after treatment
<p>Survivorship</p>  <p>Palliation</p> 	Lack of visitors	<ul style="list-style-type: none"> Start a cancer support group
	Lack of information	<ul style="list-style-type: none"> Use phone, internet Visit survivor bring them information Information sessions for Elders and public Booklet, newsletters
	<p>Community members</p> <ul style="list-style-type: none"> Community members are scared about visiting - don't know what to do or what to say 	<ul style="list-style-type: none"> Help survivor to go to Elders facility Take to bingo or camping Cleaning Dancing Assist with discharge information Just be there Play games Tell stories Crafts/sewing Car rides Movies - pictures Cooking - family Tea/coffee with kids Music Cook on a fire
	<p>Religion</p> <ul style="list-style-type: none"> Keeping faith strong 	<ul style="list-style-type: none"> Pray Worship Music Church (Visit from Ozell, pastor or priest)
	<p>Family Caregiving</p> <ul style="list-style-type: none"> Families have to care for palliative loved ones in their homes. Issues are not everyone helps, families are not able to support for various reasons 	<ul style="list-style-type: none"> Utilize existing community infrastructure (Elders Lodge) to create an upgraded space for

		palliative care community members
	Dying in the home <ul style="list-style-type: none"> Understanding what are the steps for a palliative patient 	<ul style="list-style-type: none"> Education on - planning, information, bills, transportation of body
	Respecting clients' decisions <ul style="list-style-type: none"> Elders who want to die at home can't because family won't support their choice 	<ul style="list-style-type: none"> Education for family and community on how they can help and what to expect Get community involvement in supporting options for family members (Member of Legislative Assembly is working on this currently)
	Misconceptions around dying <ul style="list-style-type: none"> Misconceptions around dying - such as - you can't cry around the palliative care patient 	<ul style="list-style-type: none"> Education to dispel these types of misconceptions
	Dying at Home <ul style="list-style-type: none"> If patient wants to be in their home community to die they can't because there is no facility 	<ul style="list-style-type: none"> Re-open a care facility in the community

Opportunities for Improving the Cancer Journey in Fort Resolution



Throughout the sharing session, many opportunities were identified and are presented according to the major themes as follows:

Culture, Traditional Medicine and Knowledge

According to participants, support in navigating the cancer pathway would include culturally appropriate resources specific to the community of Fort Resolution and regionally similar communities. At present, both community and health care provider participants were unaware of resources developed specifically for the territories which support the cultural and regional realities.

Throughout the sharing session participants expressed the desire to preserve the knowledge of traditional medicines. Participants expressed concern that the knowledge of traditional medicines and treatment isn't being passed on to the next generation. There was great discussion on the types of medicines and what ailments they are used to treat. Discussions centred on learning from animals like their ancestors did as stated by a sharing session participant *"The animals never lose the knowledge of the use of the plants. We can learn from the animals"*.



Spruce Gum, Traditional Medicine

The participants also expressed concerns that the traditional way of living that included much physical activity was not being passed onto the younger generation. One sharing session participant gave an example, *“the youth are not taught to go berry picking, they don’t know what to pick and where to find them...the parents don’t have the knowledge too so it’s getting lost.”* Interest and opportunities exists in reconnecting the generations (Elders and youth, etc.) in the sharing of the knowledge of traditional living and activities. Many discussions around the solutions mentioned mentoring the younger generation or youth and reconnecting them to the land and traditional activities.

Empowerment and Advocacy

Participants shared how there are many opportunities for empowerment through education and awareness. Through education about cancer, self-care and the creation of hope amongst cancer patients and their families and friends, the community will be more empowered in overcoming fear and taking control over their cancer journeys and in preventing cancer.



Transportation and Improvement in Medical Travel

Due to the fact that members of their community often travel outside their home community (south) for treatment, participants spoke often about the need for support resources such as financial resources and travel packages around medical travel for the patient and their escorts.

Screening Promotion

Participants recommended much greater education, promotion and awareness about screening. Screening promotion is tied to education for participants, who felt it is important to begin education around cancer awareness from an early age and include it in the health curriculum within the school.

Support Group for Survivors

Currently, there are no aftercare programs or supports for cancer survivors in Fort Resolution. Participants recommended a dedicated group for cancer survivors to provide ongoing support for one another.

Palliative Care in Community

Participants recommended upgrading and broadening the services provided by the Elders Lodge to include palliative care and supportive services, particularly for those palliative clients who don't have adequate supports from family members so they can die with dignity in their own home and community.

Participants also recognized the need for hands-on training for palliative care providers, health care providers, family members and caregivers. One session participant expressed *"Being a home care worker it's tough. You cry with them, you share with them everything. It's hard on us, too"*.

Participants also recommended training and information around planning for an expected death in the home and respecting the rights and wishes of those wishing to die at home.



Information on How to Support those Living with Cancer

Participants shared throughout the discussions that they did not know how to give comfort and support to community members living with cancer. There is an opportunity to develop a resource such as a pamphlet or booklet containing helpful information and suggestions on how to give comfort and support to community members living with cancer. During the sharing session, discussions, personal stories and examples of how to provide comfort and support were shared and documented within this report and may provide content for the resource. Another strategy to address this concern is to provide

opportunities where members of the community, including those living with cancer and cancer survivors, can come together to discuss this important issue and learn from one another.

Several cancer resources were discussed during the sharing session by various participants and presenters. These resources are listed in **Appendix C**.

The Tree of Hope

Hope stands firm with participants in that they have taken the first step of many to come in improving the cancer journey and decreasing the incidence of cancer in the community of Fort Resolution. At the end of the sharing session, the sharing session participants built a “*Tree of Hope*”.



The hopes (leaves) of the participants are as follows:

- Keep smiling
- Hope
- Love everyone!
- Love and healing
- Visit the sick
- Faith
- Tree grow good, OK
- Be strong
- Helping out
- More caring and sharing

- Respect, understanding, support
- Support group/committee
- Cancer cure
- More support
- More eating and praying together
- Education on cancer/healing
- More education on prevention
- Community has more empathy for patients and families
- More education on cancer
- Peace, love, joy
- Care
- Do care for you😊
- Strong
- More knowledge on alternative medicine
- Hope, faith
- More education for family
- Caring for each other
- Forgiveness, understanding, strength
- More support when someone is sick
- Love, support, hope
- Be helpful
- Jesus loves you all!
- Be kind to children
- Mental-physical-emotional & spiritual support
- More people getting screened and tested
- Support
- Love, help each other
- Love
- For cancer survivors to share their stories
- Hope for a cure!!

- Additional support to the nursing staff we have
- What is going to be done
- Be strong
- Love togetherness
- My hope is for community members to become healthy role models
- Be kind
- Hope

Conclusion



This sharing session represents an important first step in making a difference in caring for those with cancer and their families in Fort Resolution. Community participants, community leadership and health providers had a shared desire for knowledge and identified the need for community action to improve the current cancer journey for the people of Fort Resolution. The participants identified the challenges across the cancer pathway and began to develop opportunities/solutions to address these challenges, some of which the community could implement right away.



The final reflections sharing circle was very positive; participants expressed their ongoing commitment to working together toward solutions in addressing the challenges identified in the cancer pathway. The following participant comment reflects this desire for change:

"It's never too late to start." (Sharing session participant)



Appendices



Appendix A: Fort Resolution Cancer Sharing Session Agenda

Day 1: August 20, 2012	
Time frame	Activity
5:00 – 5:45 pm	Meet and Greet / Name Tags Stations
5:45 – 6:00 pm	Opening Remarks & Prayer
6:00 – 6:15 pm	Welcome
6:15 – 6:30 pm	Facilitator Introduction and Purpose of Gathering
6:30 – 7:00 pm	Introductions (Sharing Circle)
7:00 – 7:30 pm	Expectations (Group Activity)
7:30 – 7:45 pm	Break
7:45 – 8:00 pm	Energizer 1
8:00 – 8:50 pm	Celebrating the Community
8:50 – 10:00 pm	Wrap up and Reflections Day 1 (Sharing Circle)

Day 2: August 21, 2012	
Time frame	Activity
8:30 – 9:30 am	Breakfast
9:30 – 9:40 am	Welcome Back
9:40 – 10:00 am	Community Perceptions of Cancer (Group Activity)
10:00 – 10:15 am	What is Cancer?
10:15 – 10:30 am	Break
10:30 am – 12:00 pm	GNWT Health Official – Dr. Corriveau Presentation What is Cancer? Cancer Prevention and Awareness Cancer Incidence in the NWT and Fort Resolution
12:00 – 12:45 pm	Lunch
12:45 – 1:00 pm	Energizer 2
1:00 – 2:45 pm	Community Challenges and Opportunities Around Cancer
2:45 – 3:00 pm	Break
3:00 – 3:30 pm	Wrap up Activity Community Tree of Hope
3:30 – 5:00 pm	Closing Remarks (Sharing Circle)



Appendix B: Fort Resolution Cancer Control Workplan Template

Cancer Pathway	Challenge	Activities	Person Responsible & Resources Required	Timeline/ Target Dates	Outcome	Progress
Prevention 	Cancer awareness and prevention <ul style="list-style-type: none"> Lack of education and awareness around cancer in general - no programs 	<ul style="list-style-type: none"> Develop a program to provide activities around cancer awareness and prevention with the goal to: <ul style="list-style-type: none"> Increase cancer awareness within the community, including the school children Educate the community on cancer prevention. 	Health Centre Staff Cancer Survivors Others:			
Early Detection/ Screening 	Cancer Warning Signs and Symptoms <ul style="list-style-type: none"> Not knowing what to look for, what are the signs? (What is that lump?) What is early detection and screening? 	<ul style="list-style-type: none"> Educate public and youth around cancer screening techniques in addition to "Well-Women, Well-Men and Well-Child" Clinics Develop posters/signs in the community to promote screening <ul style="list-style-type: none"> Understand the importance of family history Shorten timeframe from screening for those that have already had cancer Provide a forum to provide opportunities for community advocates to speak 	Health Centre Staff			

Cancer Pathway	Challenge	Activities	Person Responsible & Resources Required	Timeline/ Target Dates	Outcome	Progress
Diagnosis 	Lung and colorectal cancer package <ul style="list-style-type: none"> Lung and colorectal cancer package needed for Fort Resolution 	<ul style="list-style-type: none"> Develop educational packages for newly diagnosed patients and their families. The package will contain specific information on colorectal and lung cancer (two most common types of cancers within the community). Information to be included is: <ul style="list-style-type: none"> What type of cancer Where it is located Options for treatment What to expect Also contain maps and information for patients and escorts about the treatment facilities and the city. Other: 	Health Centre Staff Cancer Treatment Facilities Others:			
Treatment 	Family preparations upon diagnosis <ul style="list-style-type: none"> Family not prepared for diagnosis 	<ul style="list-style-type: none"> Prepare a package for patients to share with their family. The package will include information such as: <ul style="list-style-type: none"> What type of cancer Where it is located Options for treatment What to expect How to support the family 				

Cancer Pathway	Challenge	Activities	Person Responsible & Resources Required	Timeline/ Target Dates	Outcome	Progress
		<p>member undergoing cancer treatment</p> <ul style="list-style-type: none"> ○ Support services available ○ Also contain maps and information for patients and escorts about the treatment facilities and the city. 				
	Finances	<ul style="list-style-type: none"> ● Mobilize/organize the community to fundraise for finances to support community members undergoing treatment and their escorts. <ul style="list-style-type: none"> ○ Community giving ○ Leadership support ○ \$250 per Band Member ○ Hamlet donations ○ Develop a compassionate travel fund for patients and escorts ○ Send funding requests to big industry 	<p>Community Members</p> <p>Community Members Living with Cancer and their family</p> <p>Leadership</p> <p>Others:</p>			

Cancer Pathway	Challenge	Activities	Person Responsible & Resources Required	Timeline/ Target Dates	Outcome	Progress
	<p>Community Members</p> <ul style="list-style-type: none"> Some community members are scared about visiting (those with cancer) They don't know what to do or what to say. 	<ul style="list-style-type: none"> Develop a resource such as a pamphlet or booklet containing helpful information and suggestions on how to give comfort and support to community members living with cancer. The sharing session discussions, personal stories and examples of how to provide comfort and support, that were shared and documented within this report, may provide content for the resource. Provide opportunities where members of the community, including those living with cancer and cancer survivors, can come together to discuss this important issue and learn from one another. 	<p>Community Members</p> <p>Community members living with cancer and their family</p> <p>Cancer Survivors</p> <p>Health Staff</p> <p>Home and Community Care Staff</p> <p>Leadership</p> <p>Others:</p>			

Cancer Pathway	Challenge	Activities	Person Responsible & Resources Required	Timeline/ Target Dates	Outcome	Progress
<p>Survivorship</p>  <p>Palliation</p> 	<p>Family Caregiving</p> <ul style="list-style-type: none"> Families have to care for loved ones that are palliative in their homes- issues are not everyone helps, families are not able to support for various reasons 	<ul style="list-style-type: none"> Utilize existing community infrastructure (Elders lodge) to create an upgraded space for palliative community members 	<p>Leadership Health Centre Staff Home and Community Care Program GNWT Others:</p>			

Appendix C: Fort Resolution Identified Cancer Resources

The purpose of this listing is to highlight cancer resources that may be helpful to the community and/or were discussed during the sharing session by the facilitators and presenters. The resources are not limited to the Northwest Territories and contain resources from other provinces/territories. For example, the Cancer Bridges resource is listed in order to assist in the community's planning of the Fort Resolution Cancer Support Group.

***Please note this list is not meant to be an exhaustive list of Cancer Resources.**

- CancerView Canada
http://www.cancerview.ca/cv/portal/Home/FirstNationsInuitAndMetis?_afrLoop=1042816307503000&_afrWindowMode=0&_adf.ctrl-state=1c45c9ux7c_95
On CancerView Canada, a site that connects Canadians to cancer services, information and resources, there is a Community of Information page on resources on cancer control for First Nations, Inuit and Métis peoples. On this page, there are videos where people share their personal cancer journeys, as well as a knowledge circle with links to publications and research on cancer prevention, testing, treatment, and living with cancer. This section of CancerView is still in development in cooperation with partner organizations such as the Canadian Partnership Against Cancer and Saint Elizabeth.
- @YourSide Colleague
www.atyourside.ca
One of the key initiatives of the Saint Elizabeth First Nations, Inuit and Métis Program is @YourSide Colleague, a secure web-based learning and knowledge sharing program that provides more than 10 internet-based health related courses (includes the Cancer Care course) for health care providers working in First Nation communities. All of the First Nations courses are developed with community based health care providers from participating First Nation communities and offered at no cost to the communities.
- Alberta/NWT Division of Canadian Cancer Society
http://www.cancer.ca/Alberta-NWT/Support%20Services.aspx?sc_lang=en
In its provincial and territorial regions, the Canadian Cancer Society lists the Northwest Territories together with Alberta. The Canadian Cancer Society is a community organization that supports cancer research, provides information on all cancer types, organizes community programs, and leads initiatives in cancer prevention. (Canadian Cancer Society, 2011)
- Alberta Health Services

Alberta Cancer Information

<http://www.albertahealthservices.ca/Cancer.asp>

Northern Health Services Network

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=4081>

Alberta Health Services Northern Health Services Network (NHSN) helps patients and their families from the Northwest Territories, Nunavut and the Yukon, who are in Edmonton for specialized medical care at all Alberta Health Services sites.

The NHSN focuses on co-ordination of care, discharge planning and follow-up services for approximately 6,000 northern patients annually. The NHSN may be able to assist patients and their families from the North meet their language, cultural and spiritual needs.

Cross Cancer Institute

<http://www.albertahealthservices.ca/services.asp?pid=facility&rid=6122>

The Cross Cancer Institute in Edmonton is the comprehensive cancer centre for northern Alberta and a lead centre for the province-wide prevention, research and treatment program. The Cross Cancer Institute provides advanced medical and supportive cancer care, patient and professional education and conducts research through the Alberta Cancer Research Institute. For more information on programs and services refer to their website.

- NWT Breast Health/Breast Cancer Action Group

<http://www.breasthealthnwt.ca/>

The goal of the website is to provide easy access to breast health and breast cancer information and resources for people in the Northwest Territories (NWT), Canada. The website contains information on events, issues, resources, services and news related to breast health and breast cancer in the NWT and new links to other sources of information.

- CancerCare Manitoba

<http://www.cancercare.mb.ca/home/>

Cancer treatment information is available to view and hear (audio) in the following First Nation languages: Cree, Ojibwe, and Oji-cree, and can be accessed at:

http://www.cancercare.mb.ca/home/patients_and_family/cancer_treatment_information/

The information helps answer the following questions:

- Do you want to better understand your or your family member's cancer treatment?
- Are you not sure how to deal with the side effects of treatment?
- Do you need help talking with the doctors and nurses about your care, treatment and side effects?

- Cancer Bridges Survivorship Network

<http://www.cancerbridges.ca/2011/10/survivor-network/>

The Alberta CancerBRIDGES (Building Research Innovation into the Development and Growth of Excellence in Survivorship Care) team is a large provincial collection of people with special interest in researching and delivering evidence-based survivorship care. The team members include researchers, physicians, oncologists and survivors located mostly in Alberta. For more information on the members of the team, please see the 'Who We Are' section of the website.

- Elders' traditional knowledge and medicines – this is a huge knowledge base and resources, to the benefit of each community
- Yellowknife Health and Social Services Authority (YHSSA)
- YHSSA and GNWT Videoconferencing/Telehealth
<http://www.yhssa.org/>
- Department of Health and Social Services, Government of the Northwest Territories (GNWT)