

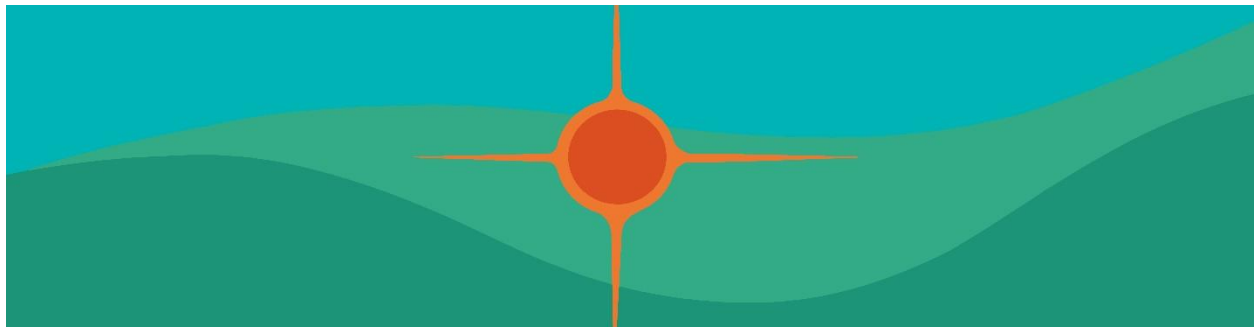


WATERLOO WELLINGTON FIRST NATIONS, INUIT, MÉTIS AND URBAN INDIGENOUS CANCER PLAN 2024-2028

Table of Contents

Executive Summary	4
List of Abbreviations Used	5
A Note on Terminology	6
First Nations, Inuit, Métis and Urban Indigenous People	6
First Nations	6
Inuit	7
Métis	7
Urban Indigenous	8
Working with Provincial Indigenous Partners	9
OH Protocol Agreements	9
Working with Political Territorial Organizations and Independent First Nations	9
Working with the Inuit Service Providers	9
Working with the Métis Nation of Ontario	10
Working with the Ontario Federation of Indigenous Friendship Centres	10
Working with the Aboriginal Health Access Centres	11
Working with the Ontario Native Women's Association	11
Working with the Indigenous Primary Health Care Council	11
About Indigenous Communities in the Waterloo Wellington Region	12
Overview	12
Map of Indigenous Communities and Organizations in the Region	13
Regional Index	13
About the Indigenous Cancer Care Unit at Ontario Health	15
First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028	15
Regional Program Managers	15
About the Waterloo Wellington Regional Cancer Program	16
Overview	16
About Indigenous Health in the Waterloo Wellington Region	17
Overview:	18
Indigenous Health Team	18
Eight Strategic Priorities	19
Strategic Priority 1: Building Productive Relationships	20
Strategic Priority 2: Measurement, Monitoring and Evaluation	23
Strategic Priority 3: Prevention and Well-Being	25
Strategic Priority 4: Cancer Screening	27

Strategic Priority 5: Palliative and End-of-Life Care	19
Strategic Priority 6: Survivorship	30
Strategic Priority 7: Education	31
Strategic Priority 8: Equitable Access	33
Data Governance, Engagement and Reporting Process	35
Ownership, Control, Access and Possession (OCAP) Principles	35
Inuit Qaujimajatuqangit	35
Engagement and Reporting Process	35
Voluntary Self-Identification	35



*Sun artwork created by Indigenous Artist Luke Swinson, installed as part of "Welcoming Spaces,"
Grand River Hospital – KW Campus, 2024*

Executive Summary

The Waterloo Wellington Regional Cancer Program (RCP), through a collaborative partnership with Ontario Health, has developed its third Waterloo Wellington Regional First Nations, Inuit, Métis and Urban Indigenous Cancer Plan (RICP). This Plan is designed to improve cancer service delivery for First Nations, Inuit, Métis and Urban Indigenous people¹, and was collaboratively developed with Indigenous communities and organizations in the region. The Plan builds on the framework of the sixth *Ontario Cancer Plan 2024-2028* (OCP 6); the fifth *First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028* (Strategy 5); the vision, values and goals of the Waterloo Wellington RCP; and most importantly, direction on cancer care priorities from Indigenous partners in the region. This provides the necessary foundation to develop a Waterloo Wellington RICP with Indigenous people that is truly impactful, respectful and sustainable.

This document outlines the commitments of the Waterloo Wellington RCP, aligns these with the strategic priorities detailed in Strategy 5, and identifies regional deliverables for the Waterloo Wellington RICP. This document also outlines what impact these deliverables will have for Indigenous communities in the region. This information will be used to inform the implementation of the Waterloo Wellington RICP and will highlight areas of mutual support that will strengthen Ontario's cancer services and improve the experience for Indigenous patients and families throughout all phases of the cancer journey.



Indigenous Dancer, performing at Rally For Health, Grand River Hospital – KW Campus, 2023

¹ Regional engagement approaches should be specific to Nations and communities.

List of Abbreviations Used

Acronym	Name
AHAC	Aboriginal Health Access Centre
AIAI	Association of Iroquois & Allied Indians
COO	Chiefs of Ontario
FNIMUI	First Nation, Inuit, Métis, Urban Indigenous people
ICCU	Indigenous Cancer Care Unit
IHEC	Indigenous Health Equity Coordination Unit
IPHCC	Indigenous Primary Healthcare Council
IRCA	Indigenous Relationship and Cultural -Awareness
MNO	Métis Nation of Ontario
NAN	Nishnawbe Aski Nation
OCP 6	Ontario Cancer Plan 6
OFIFC	Ontario Federation of Indigenous Friendship Centres
OH	Ontario Health
ONWA	Ontario Native Women's Association
RCP	Regional Cancer Program
RICP	Regional Indigenous Cancer Plan
Strategy 5	First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028
GRRCC	Grand River Regional Cancer Centre
CMH	Cambridge Memorial Hospital
GGH	Guelph General Hospital
SMGH	St. Mary's General Hospital

*The Eagle feather hangs at
Cambridge Memorial
Hospital in Wing A, Main
Entrance*



A Note on Terminology

FNIMUI

"FNIMUI" stands for First Nations, Inuit, Métis, and Urban Indigenous peoples, encompassing a broad spectrum of Indigenous groups in Canada.

Indigenous

"Indigenous" is a term broadly encompassing all Indigenous groups and is preferred in international contexts, like the UN Declaration on the Rights of Indigenous Peoples. While "Indigenous" is often chosen over "Aboriginal," the latter remains relevant for legal and consistent communication. "Indigenous" is gaining formal recognition, as seen in the Declaration on the Rights of Indigenous Peoples Act in British Columbia.

Indigenous Peoples

"Indigenous Peoples" refers to First Nations, Inuit, and Métis in Canada. Though synonymous with Aboriginal, "Indigenous" is preferred and often used globally. However, it is important to specify First Nations, Inuit, or Métis, as "Indigenous" can overlook unique identities and rights. The term should be capitalized when referring to the collective group.

First Nations, Inuit, Métis and Urban Indigenous People

Canada's Constitution Act of 1982 recognizes "existing aboriginal and treaty rights of the [Aboriginal] peoples of Canada" who are explicitly defined as "the Indian now referred to as "First Nations", Inuit, and Métis Peoples."²

Ontario is home to the largest Indigenous population in Canada, with an estimated population of 251,030 First Nations, 134,615 Métis, 4,310 Inuit and 9,515 Indigenous-identifying people. The true number of Indigenous people in Ontario is likely to be much higher, as the Census of Population has been proven to significantly undercount First Nations, Inuit and Métis peoples.² It has been demonstrated that the size of the Indigenous population in Toronto was underestimated by a factor of 2.4 in the Census.

First Nations, Inuit, and Métis peoples are constitutionally recognized nations with Aboriginal, Treaty and inherent rights and land claim agreements. The Indigenous population consists of status and non-status First Nations people who may live on- and off-reserve, Inuit, and Métis in urban, rural and remote areas in Ontario. Each community and nation has its own histories, languages, cultures, beliefs and practices as well as perspectives, protocols, infrastructure, accountabilities, jurisdictions and governance. Their health systems exist distinctly from the Ontario health care system. There are more than 40 Treaties and other land agreements covering Ontario, setting out the rights and responsibilities of First Nations and the provincial and federal governments.



First Nations

First Nations people are the first peoples of North America and they form the largest group of Indigenous people in Ontario, totaling an estimated 251,030 peoples³. Politically, First Nations communities are represented at the provincial level by a Political Secretariat (Chiefs of Ontario) and four Provincial Territorial Organizations (Grand Council Treaty #3, Nishnawbe Aski Nation, Anishinabek Nation, and the Association of Iroquois and Allied Indians). There are also 14 Independent First Nations communities representing themselves. Canada's constitution recognizes First Nations

² Government of Canada. The Constitution Act, 1982, c. 11 (U.K.), Part II: Rights of the Aboriginal Peoples of Canada (Section 35). Ottawa 1982.

³ Statistics Canada. 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E

peoples and their existing treaty rights and places a fiduciary responsibility on federal and provincial governments for the health of Indigenous people.

Inuit

The Inuit are the original people from Inuit Nunangat, which includes four Inuit homelands (Inuvialuit Settlement Region, Nunatsiavut, Nunavik and Nunavut). The Inuit in Ontario have relocated here permanently or temporarily from their traditional homelands. The majority of the approximately 4,310 Inuit who live in Ontario are in the Ottawa area but Toronto and other large municipalities in Ontario have growing urban Inuit populations. Official statistics on Inuit population sizes in Ontario do not accurately reflect the number of Inuit living in urban centres, with several sources reporting significantly larger numbers⁴. The true number of Inuit in Ontario and in the Ottawa area is likely to be much higher, as the Census of Population has been proven to significantly undercount First Nations, Inuit and Métis peoples.



At the heart of Inuit culture is family, which is in turn, surrounded by the community. Inuit families are typically large and deeply inter-connected as a result of powerful bonds formed through childbirth, marriage and adoption. Great respect is given to Inuit Elders who carry Inuit Qaujimajatuqangit (traditional knowledge) that can be shared with younger generations.

The Inuit infrastructure in Ontario is comprised of multiple organizations working together to provide services to Inuit. Collectively they operate very differently than First Nations and Métis governance. Coinciding with the Inuit population, most Ontario Inuit service delivery organizations are located in Ottawa.



Métis

The genesis of the Métis culture and nation dates back to the 1600s when early European settlers first came into contact with local First Nations communities. Early unions between these predominantly male fur-trading European settlers and local First Nations women led to the emergence of a new and highly distinctive Indigenous peoples with a unique identity and consciousness.

The Métis are a distinct people with a unique history, culture, and language that draws on their diverse ancestral origins, including Ojibway, Cree, Scottish and French. There are approximately 134,615 Métis people living in

Ontario.⁵ In the last decade, many more peoples in Ontario have begun to self-identify as Métis. Almost three-quarters (72 percent) of Métis people live in urban locations⁶, including 31 charter communities located along historic trading routes.

⁴ Statistics Canada. 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: [12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E](https://www12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E)

⁵ 2021 census: Statistics Canada [Internet]. Census Profile, 2021

Census of Population. 2022. Available from: [12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E](https://www12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E)

⁶ Statistics Canada. Aboriginal Peoples Highlight Tables, 2006 Census [Internet]. Ottawa: Statistics Canada; 2008 January 15. Available from: <https://www12.statcan.gc.ca/census-recensement/2006/dp-pd/hlt/97-558/index.cfm?Lang=E>.

Urban Indigenous

The term Urban Indigenous refers primarily to First Nations, Inuit and Métis peoples living in cities and towns and recognizes the diversity between and within Indigenous communities. In Ontario, 88 percent⁷ of Indigenous peoples live off-reserve in urban or rural communities. This figure includes Métis people and Inuit who do not live on reserves. The 2002 federal court case *Canada v. Misquadis* defined off-reserve Indigenous peoples as a group of self-organized, self-determining and distinct communities analogous to a reserve community.⁸ The case legally recognized the Urban Indigenous community as a political community unique and separate from the reserve.



Guelph General Hospital (GGH) held its first flag-raising, sacred fire and smudging ceremony lead by Kevin George, from Crow Shield Lodge. Tauni Sheldon, Inuk from Nunavik shared insights and truths in observance of the National Day for Truth and Reconciliation, also known as Orange Shirt Day.



⁷ Statistics Canada. (2021). 'Census of Population: Focus on Geography Series, Ontario.'

⁸ Belanger, Y. D. (2013). Breaching Reserve Boundaries: Canada v. Misquadis and the Legal Creation of the Urban Aboriginal Community. In E. Peters & C. Andersen (Eds.), *Indigenous in the City: Contemporary Identities and Cultural Innovation* (pp. 69-87). Vancouver: UBC Press.

Working with Provincial Indigenous Partners

Ontario Health (OH) Protocol Agreements

Starting in 2013, Cancer Care Ontario signed relationship protocols with the First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) organizations. These agreements formalized the relationship with Cancer Care Ontario and held Cancer Care Ontario accountable for the work it is committed to deliver through the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategies.

Ontario Health continues to honour the Protocol Agreements signed with Cancer Care Ontario and is currently building relationships with FNIMUI communities and organizations through discussions on Relationship Protocols.

Working with Political Territorial Organizations and Independent First Nations

Politically, First Nations communities are represented at the provincial level by a Political Secretariat (Chiefs of Ontario) and four Provincial Territorial Organizations (Grand Council Treaty #3, Nishnawbe Aski Nation, Anishinabek Nation, and the Association of Iroquois and Allied Indians). There are also 13 Independent First Nations communities representing themselves.

Ontario Health has a number of formalized relationships (i.e. Relationship Protocols, Letter of Relationships) with First Nations organizations in Ontario. Through these formalized relationships, Ontario Health has effectively entered into relationships to engage and work with member communities and respective organizations and committees, to improve the cancer system for all community members.

- Grand Council Treaty #3 – May 2013
- Anishinabek Nation – June 2013
- Nishnawbe Aski Nation – August 2014
- Kitchenuhmaykoosib Inninuwig (Big Trout Lake First Nation) – October 2014
- Association of Iroquois and Allied Indians – November 2016
- The Mississaugas of the Credit First Nation – February 2018
- Bkejwanong Territory (Walpole Island First Nation) – October 2019

Working with the Inuit Service Providers

The largest Inuit population in Canada outside Inuit Nunangat lives in Ottawa; a number of Inuit service providers are located there. These providers offer a variety of health, social, cultural, educational and political services to the Inuit community. Ontario Health has developed formalized relationships with the following Inuit service providers in Ottawa:

- Tungasuvvingat Inuit
- Akausivik Inuit Family Health Team
- Pauktuutit Inuit Women of Canada
- Ottawa Health Services Network Inc.
- Larga Baffin

This has enabled us to understand and respond to cancer care needs and challenges unique to Inuit living in Ontario or travelling to Ontario for health services through Iqaluit from throughout the Qikiqtaaluk region.

Collectively these organizations – along with the Indigenous Cancer Care Unit and the Champlain Regional Cancer Program – form the Champlain Inuit Service Providers Relationship Table (CISPRT). This table, which signed a formalized Relationship Protocol in 2017, meets quarterly to provide insight and guidance on the development and implementation of Inuit-focused initiatives within the provincial strategy and Regional Indigenous Cancer Plans.

Working with the Métis Nation of Ontario

In 1993, the Métis Nation of Ontario (MNO) was established through the will of Métis people and Métis communities coming together throughout Ontario to create a Métis-specific governance structure. The MNO has a democratic, province-wide governance structure. The MNO maintain a recognized registry of Métis citizens in Ontario. Métis people who are members of MNO and other Métis people in Ontario receive chronic disease prevention services through the provincially funded health system, just like other people in Ontario, and certain groups also receive drug benefits.

The MNO Healing and Wellness Branch facilitates and coordinates activities that address the holistic needs of the Métis Nation in Ontario at the provincial, regional and local levels. Holistic Métis health includes the physical, mental, emotional, spiritual and cultural aspects of life. The Healing and Wellness Branch operates through 34 locations in Ontario and actively seeks to partner with Métis and non-Métis people and governments that recognize and respect the diverse lifestyles and traditions of Métis people.

On February 21, 2015, Ontario Health signed a Memorandum of Understanding with the MNO. This memorandum formalizes the relationship between Ontario Health and the MNO and will help Ontario Health ensure that the cancer system recognizes the cultural distinctiveness of the Métis people. It also ensures that Ontario Health will address the unique cancer care needs of Métis people and Métis communities.

Working with the Ontario Federation of Indigenous Friendship Centres

The Ontario Federation of Indigenous Friendship Centres (OFIFC) is the largest Urban Indigenous service network in the province. It supports the vibrant, diverse and quickly growing Urban Indigenous population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research and more. There are 29 Friendship Centres located in Ontario. Friendship Centres are community hubs where Indigenous peoples living in towns, cities and urban centres can access community-based and culturally grounded programs and services every day. Friendship Centres receive their mandates from their communities and they are inclusive of all Indigenous peoples.

On July 19, 2014, representatives from Ontario Health signed a relationship protocol with the OFIFC. This protocol enable Ontario Health and the OFIFC to identify and address common concerns and interests in order to enhance the quality of health of Urban Indigenous peoples and communities through partnership. The protocol sets a new course for a collaborative relationship between Ontario Health and OFIFC to work to improve cancer programming and service delivery ensuring those who do get cancer live longer and better lives.

Working with the Aboriginal Health Access Centres

Aboriginal Health Access Centres (AHACs) are Indigenous community-led, primary healthcare organizations. They provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives and social support services to Indigenous communities in Ontario. There are currently 10 AHACs in Ontario that provide health services on- and off-reserve, as well as in urban, rural and remote locations.

Like Community Health Centres (organizations that provide primary health and health promotion programs), AHACs are recognized by the Ministry of Health, and have a direct funding and accountability relationship with the Ministry. The Ministry has recognized AHACs as important providers of health and healing services to Indigenous communities and as partners in Ontario's healthcare system.

*Sharing circle hosted with Southwest Ontario
Aboriginal Health Access Centre (SOAHAC) to
understand the experiences of Indigenous community
members receiving care in Waterloo Wellington, 2024*



Working with the Ontario Native Women's Association

The Ontario Native Women's Association (ONWA) is a not-for-profit organization that was established in 1972 to empower and support Ontario's Indigenous women and their families by delivering culturally enriched programs and services. It is located in Thunder Bay and delivers programs and services throughout the province via 11 Chapter Offices – Delivery Sites and 38 Council Offices – Community Level Groups.

Working with the Indigenous Primary Health Care Council

The Indigenous Primary Health Care Council supports the advancement and evolution of Indigenous primary health care services throughout Ontario, including through its work with 23 Indigenous primary health care organizations which address the physical, spiritual, emotional, and mental wellbeing of the First Nations, Inuit and Métis peoples and communities being served.

About Indigenous Communities in the Waterloo Wellington Region

Overview

According to the 2021 Statistics Canada Census, there are approximately 13,055 Indigenous peoples residing in the Waterloo Wellington Region, which account for 1.6% of the total population. Most Indigenous peoples in the region are First Nations (60.1%) or Métis (33.8%), with about 1.8% identifying as Inuit and 3.6% identifying with multiple responses or responses not included elsewhere. However, these numbers have been known to underrepresented of the Indigenous population; the Indigenous population within the Waterloo Wellington region has been estimated to be about 40,000-50,000.

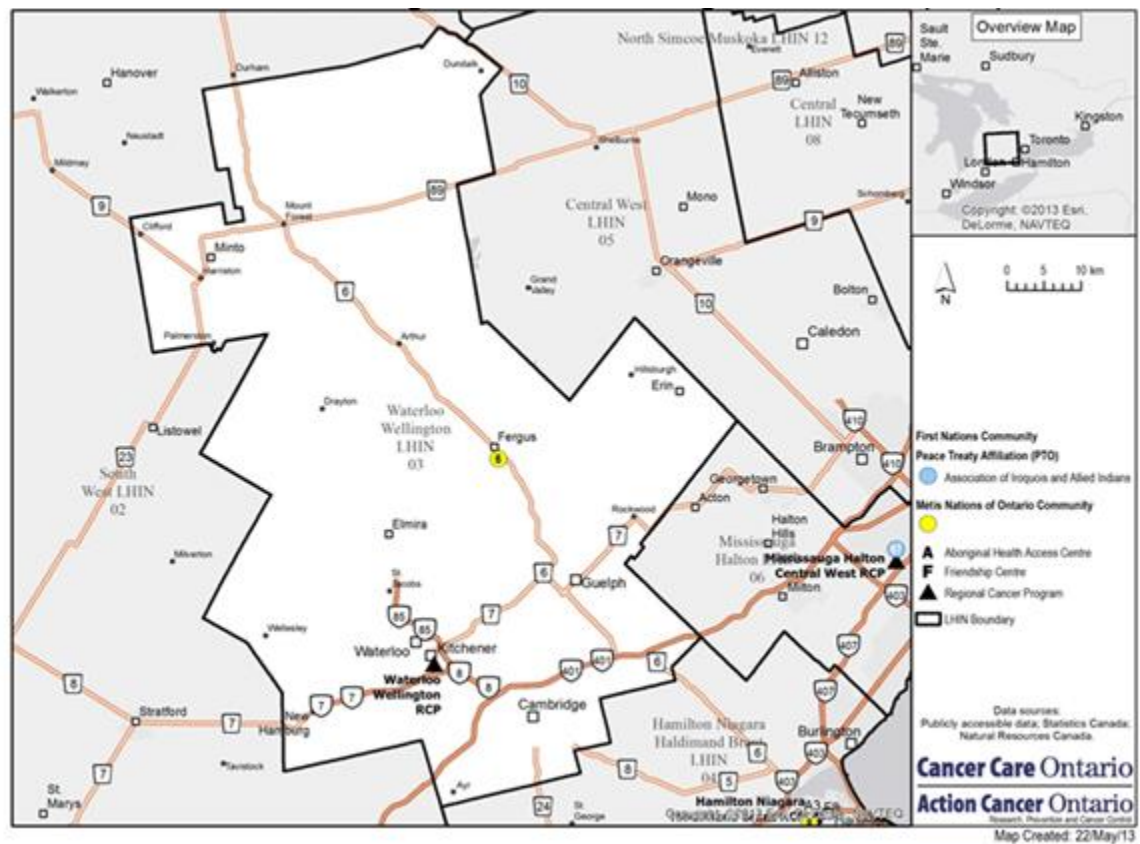
While there are no on-reserve First Nation communities located in the region, there is a strong and vibrant First Nations, Inuit, Métis and Urban Indigenous presence. There are five core Indigenous services within the region: Southwest Ontario Aboriginal Health Access Centre, Anishnabeg Outreach, Healing of the 7 Generations, White Owl Native Ancestry, and the KW Urban Wigwam Project. There are also a number of other supports for the Indigenous population in the region, including: the Métis Nation of Ontario Grand River Regional Council, Conestoga College Aboriginal Services, University of Guelph Indigenous Student Centre, Wilfred Laurier University Indigenous Initiatives, and the University of Waterloo Indigenous Student Centre.

The Waterloo Wellington region has a mix of people from different Indigenous communities, including the United States. The region is proximal to many First Nations communities; many individuals come to Kitchener Waterloo to attend one of the many local colleges/universities. This contributes to the flux in Indigenous peoples living in the region.



*Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
Indigenous Patient Navigator, Ivy, in ceremony with
Elder Henry, 2024*

Map of Indigenous Communities and Organizations in the Region



Regional Index

First Nations Communities

- Although there are no on-reserve First Nations communities in the region, the region is situated on the Haldimand Tract, land that was promised to the Haudenosaunee of the Six Nations of the Grand River and are within the territory of the Neutral, Anishinaabe, and Haudenosaunee peoples

Métis Nation of Ontario

- Kitchener Healing and Wellness Branch
- Métis Nation of Ontario Grand River Regional Council

There is a robust Urban Indigenous community residing in the area originating from other geographic locations

Regional Cancer Programs

- Waterloo Wellington Regional Cancer Program (Grand River Hospital)

Other Indigenous Organizations with a Direct or Partial Health Mandate

- Anishnabeg Outreach
- Conestoga College Aboriginal Services
- Healing of the 7 Generations
- KW Urban Wigwam Project
- Crow Shield Lodge
- University of Guelph Indigenous Student Centre
- University of Waterloo Indigenous Student Centre
- White Owl Native Ancestry
- Wilfred Laurier University Indigenous Initiatives



Indigenous community organizations sharing about their organizations at National Indigenous History Month events hosted by the Indigenous Employee Circle at Grand River Hospital.



About the Indigenous Cancer Care Unit at Ontario Health

Ontario Health is the provincial agency responsible for ensuring Ontarians continue to receive high-quality health care services where and when they need them. As of December 2, 2019, Cancer Care Ontario moved under Ontario Health.

The Indigenous Cancer Care Unit (ICCU) collaborates with regional, provincial and national Indigenous and non-Indigenous partners and organizations to develop and implement Indigenous cancer strategies. Working together, the Indigenous Cancer Care Unit and Indigenous partners ensure that proposed programs and strategies are relevant and have the potential to be highly effective at individual, family and community levels.

First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028

The work of ICCU is guided by the provincial-level *First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028* (Strategy 5), which is the roadmap for addressing Indigenous cancer care issues and needs in Ontario.

To create Strategy 5, the ICCU began by reviewing progress made under the fourth *Indigenous Cancer Strategy 2019-2023*. The Joint Ontario Indigenous Cancer Committee, Indigenous patients, staff across Ontario Health and a network of partners including the Regional Cancer Programs (RCPs) and Indigenous Health Tables provided insights and expertise. The review and engagements confirmed the direction set by previous Indigenous cancer strategies.

Since 2012, Ontario Health has been working with Indigenous health committees and communities as well as the RCPs to improve cancer services for Indigenous patients and families, ensuring they are more culturally sensitive and meet community needs. The RCPs are important partners in all of this work as the RCPs help to identify common goals and outline these in Regional Indigenous Cancer Plans.

Regional Program Managers

The Regional Program Manager (RPM) has a unique position within the ICCU. This role was created to support the implementation of the Indigenous Cancer Strategies by ensuring accountability through relationships established with Indigenous peoples. RPMs work closely with the RCPs, assisting them in developing capacity to engage directly, effectively and appropriately with the Indigenous health networks and communities within the region.

Within the Waterloo Wellington region, the RPM works towards increasing engagement within the various Indigenous organizations/communities in the region. This includes collaborating with the RCP to support the successful delivery of actions outlined within this Plan. The RPM also provides a direct link between the RCPs and the ICCU. In this capacity, the RPM assists the RCP in awareness of new initiatives and resources, and ensuring timely access.

At a provincial level, the RPM also supports the Indigenous Health Equity Coordination unit (IHEC) to address Indigenous health and health equity priorities. This includes building and maintaining relationships with First Nations, Inuit, Métis and Urban Indigenous organizations and contributing to health system level equity goals.

About the Waterloo Wellington Regional Cancer Program

Overview

The Waterloo Wellington region is a mix of urban and rural geography covering an area of 4,800 square kilometers. The region is home to approximately 837,855 people.

The Waterloo Wellington Regional Cancer Program (WW RCP) is one of 14 Regional Cancer Programs created by Cancer Care Ontario in 2005 to ensure cancer care is delivered according to province-wide quality standards. The WW RCP oversees the delivery and quality of cancer services for the areas of Waterloo Region, Wellington County and the southern portion of Grey County; these boundaries align with those of the former Waterloo Wellington Local Health Integration Network.

Cancer care within the region is delivered through a broad network of service providers. The Grand River Regional Cancer Centre provides care for cancer patients served by the Waterloo Wellington Regional Cancer Program. The WW RCP also works closely with a number of regional service providers, including the following hospitals:

- Cambridge Memorial Hospital
- Guelph General Hospital
- Grand River Hospital
- Groves Memorial Hospital
- Louise Marshall Hospital
- North Wellington Health Care Corporation
- St. Mary's General Hospital

Partnership with Ontario Health Teams (OHTs)

In partnership with Ontario Health Teams (OHTs), including the KW4 OHT, Cambridge North Dumfries OHT, and Guelph Wellington OHT, the WW RCP enhances cancer care services tailored to the needs of Indigenous communities. To date, these collaborations have focused on access and awareness to cancer screening for Indigenous communities. There is an opportunity to improve access across the cancer care continuum in partnership with OHTs.

Strengthening Indigenous Health and Reconciliation

Grand River Hospital (GRH) plays a pivotal role in the Waterloo Wellington Regional Cancer Program, serving as a primary hub for cancer services. GRH is actively involved in enhancing Indigenous care, demonstrating a strong commitment to integrating Indigenous perspectives and needs into healthcare delivery. This commitment includes collaborative efforts with St. Mary's General Hospital (SMGH) and Cambridge Memorial Hospital (CMH) to develop an Indigenous Advisory Circle, which is a cornerstone of GRH's broader strategy to improve care across the region. There is a shared commitment among GRH, SMGH, and CMH to work together to enhance cancer care across the region.

Drafting an Indigenous Health and Reconciliation Strategy in Waterloo Wellington

GRH has developed a draft Indigenous Health and Reconciliation Strategy, informed by community feedback and the Calls to Action. This strategy outlines the hospital's approach to enhancing culturally safe care and ensuring that Indigenous voices are central to healthcare planning and implementation. The strategy aligns with the broader objectives of the Waterloo

Wellington Regional Cancer Program, aiming to provide equitable and respectful care that acknowledges the unique health needs of Indigenous populations. Some shared priorities with the regional Indigenous plan include creating cultural safe spaces, education and developing an Advisory Circle.

Regional Indigenous Team

The WW RCP is pleased to hire and onboard a new Indigenous Cancer Navigator and Indigenous Cancer Coordinator to guide and lead cancer Indigenous priorities in the region. As of publication of this report, these roles are undergoing recruitment. A significant focus of the four-year Regional Indigenous Cancer Plan will be supporting and building these two important roles in the regional cancer care organizations and Indigenous community.

Within this region, the following roles support the Indigenous cancer care work:

- **Regional Indigenous Cancer Lead:** Dr. Neil Naik
- **Indigenous Navigator:** TBD
- **Project Coordinator:** TBD
- **Regional Director/Manager:** Sara Kaune, Waterloo Wellington Regional Cancer Program and Cancer Operations; Christine Peters, Interim Manager, Indigenous Health and Reconciliation (Grand River Hospital)
- **Regional Vice President:** Jane Martin, Vice President, Patient Care, RVP, Waterloo Wellington Regional Cancer Program

A number of other individuals within the RCP also supports these roles.

GRAND RIVER HOSPITAL | **Waterloo Wellington Regional Cancer Program**
Ontario Health (Cancer Care Ontario)

We're Hiring

Regional Indigenous Cancer Navigator
Job ID: 4925

Help Indigenous patients and families access cancer services and culturally appropriate care. Work closely with healthcare providers to ensure accessible, respectful, and equitable health support throughout the cancer journey.

Regional Indigenous Cancer Coordinator
Job ID: 494924

Support and advocate for Indigenous patients, fostering partnerships with community leaders to improve culturally safe healthcare. Drive education and developing programs and services to enhance service delivery and reduce health inequities.

Make a difference in Indigenous cancer care. Apply today!

www.grhosp.on.ca/careers  scan here

About Indigenous Health in the Waterloo Wellington Region

Overview:

- Grand River Hospital is the Regional Cancer Program host hospital and serves First Nations, Inuit and Métis Community throughout Waterloo Wellington Region.
 - All radiation therapy treatment for Indigenous patients is provided at Grand River Regional Cancer Centre (GRRCC).
- Cancer surgery for Indigenous patients is available at Grand River Hospital, Cambridge Memorial Hospital, St. Mary's Hospital, Guelph General Hospital, Groves Memorial Hospital and Louise Marshall Hospital.
- Chemotherapy and other systemic treatments for cancer are available for Indigenous patients at Grand River Hospital, Cambridge Memorial Hospital, Guelph General Hospital, Groves Memorial Hospital and Louise Marshall Hospital.
- Primary Care Services for many Indigenous people and their families in Waterloo Wellington are offered at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). Navigation support for all hospitals in the region is provided by SOAHAC. Navigation support will be further enhanced through a partnership to hire a dedicated Indigenous Cancer Navigator for the WW RCP.

Indigenous Health Team

- Southwest Ontario Aboriginal Health Access Centre, Indigenous Patient Navigator services the hospitals in Waterloo Wellington
- Grand River Hospital (GRH) - see hospital link: [Indigenous Health at Grand River Hospital](#)
 - GRH Christine Peters, Interim Manager, Indigenous Health and Reconciliation
 - Regional Indigenous Cancer Coordinator (under recruitment)
 - Regional Indigenous Cancer Navigator (under recruitment)
 - GRH, SMGH, SOAHAC Indigenous Patient Navigator partnership (under development)
- Guelph General Hospital, Malissa Bryan, Equity, Diversity and Inclusion Specialist
- St. Mary's General Hospital, Lesley Nevills, Organizational Development Consultant
- Cambridge Memorial Hospital, Sarah Farwell, Vice President, Strategy, Communications, and Government Relations, Grand River Hospital and St. Mary's General Hospital



St. Mary's General Hospital, Cambridge Memorial Hospital, and Grand River Hospital attending tGidinawendamin/Ska'nikú·lát 21st Annual Pow Wow at the University of Waterloo

Eight Strategic Priorities - 2024-28 Indigenous Cancer Plan



Building Productive Relationships: Build and promote relationships with Indigenous partners based on trust and mutual respect



Measurement, Monitoring and Evaluation: Compile and develop information to improve the quality of the cancer experience for patients, families and healthcare providers



Prevention and Well-Being: Reduce rates of cancer and other chronic diseases in Indigenous People



Screening: Increase participation in cancer screening among Indigenous peoples across the province



Palliative and End-of-Life Care: Help take care of the palliative and end-of-life needs of Indigenous peoples with cancer



Survivorship: Enhancing awareness of cancer survivorship and promoting culturally safe supports.



Education: Increase the knowledge and awareness among Indigenous peoples about cancer and other chronic diseases, and among healthcare providers about cultural safety



Equitable Access: Reduce barriers in the health system and service delivery



Strategic Priority 1: Building Productive Relationships

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Build, grow, strengthen, sustain and measure relationships</p> <ul style="list-style-type: none"> • Sustain and develop new relationships and partnerships with Indigenous and non-Indigenous groups • Continue to work with Indigenous leadership, governance structures, health networks, communities and other health system partners to implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028, as well as subsequent Regional Indigenous Cancer Plans • Support health system partners to develop respectful relationships that are accountable to Indigenous partners when addressing their cancer care needs, including regular reporting • Work with the Indigenous partners and organizations to establish ongoing communication processes based on their guidance • Continue to evaluate and refine ways to build relationships between the health system and Indigenous people, and examine whether these relationships are improving cancer care <p>Support Indigenous health priorities throughout the cancer system</p>	<p>Build, grow, strengthen, sustain and measure relationships:</p> <ul style="list-style-type: none"> • Sustain and develop new relationships and partnerships with Indigenous and non-Indigenous groups • Continue to work with Indigenous leadership, governance structures, health networks, communities and other health system partners to implement the Waterloo Wellington First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2024-2028) in response to First Nations, Inuit, Métis and Urban Indigenous identified high priorities <p>Creating Welcoming and Safe Physical Spaces</p> <ul style="list-style-type: none"> • Within existing spaces and planning for the cancer program in the new hospital • Develop a plan to incorporate Indigenous art and visual representation • Advocate for Indigenous healing spaces across hospitals offering cancer care <p>Support First Nations, Inuit, Métis and Urban Indigenous knowledges and traditional practices in health care</p> <ul style="list-style-type: none"> • Promote respect for, and understanding of, First Nations, Inuit, Métis and Urban Indigenous knowledges and traditional practices • Ensure care is wholistic and acknowledges the importance of spiritual, mental, physical and emotional care • Support development of culturally appropriate protocols and processes to ensure support for traditional healing and medicines <p>Develop, adapt and adopt culturally appropriate education materials</p> <ul style="list-style-type: none"> • Adapt and embed culturally appropriate materials into programs, such as primary care, to promote awareness and education <p>Strengthen connections through engagement and collaboration</p> <ul style="list-style-type: none"> • Connect and attend events hosted by local institutions, such as the University of Waterloo Indigenous employee network, to foster relationships and share information.

<ul style="list-style-type: none"> • Support health system partners' response to current, evolving and new Indigenous cancer related priorities, as directed by First Nations, Inuit, Métis and Urban Indigenous communities • Support Indigenous health transformation priorities as they relate to cancer <p>Support First Nations, Inuit, Métis and Urban Indigenous knowledges and traditional practices in health care</p> <ul style="list-style-type: none"> • Update information on existing cultural practices and initiatives across Ontario and help support the development and improvement of policies, healing spaces and other Indigenous traditional health priorities with health system partners • Promote respect for, and understanding of, First Nations, Inuit, Métis and Urban Indigenous knowledges and traditional practices • Support Indigenous and health system partners in developing and evaluating culturally relevant protocols and processes that respect First Nations, Inuit, Métis and Urban Indigenous knowledges and traditional practices in health care settings • Continue to engage with Elders and Traditional Healers to advise and guide the work of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 	<ul style="list-style-type: none"> • Facilitate collaboration among Indigenous Health Navigators across institutions (e.g., University of Waterloo, GRH, SOAHAC) to build a cohesive support network. • Partner with University of Waterloo Student Health Services to organize initiatives like Indigenous Student Health Day, focusing on education and cancer screening. <p>Foster Community Partnerships</p> <ul style="list-style-type: none"> • Foster partnerships with Indigenous health organizations to enhance continuity of care and resource access. • Continue to have community circles to understand cancer needs and adapt services to meet patient and community needs. • Ensure cancer care and RCP leads have ongoing presence at community events, sharing circles, and consultations. • Create culturally appropriate pathways for communities to share feedback and concerns, including experiences of racism or discrimination during care.
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> • A foundation of trust and shared decision-making, guided by the needs and voices of Indigenous peoples and organizational partners, is established within the Regional Cancer Program 	

- Increased Indigenous input into regional goals and initiatives, ensuring Indigenous peoples have a voice in the cancer care system
- Increased access to Indigenous knowledge and traditional practices within the Regional Cancer Program

**Future home of
Waterloo Region's
new hospital.**

futureofcaretogether.ca

**BUILDING THE
FUTURE
OF CARE
TOGETHER**

**GRAND
RIVER
HOSPITAL**

St. Mary's
GENERAL HOSPITAL

**UNIVERSITY OF
WATERLOO**

Elder Henry asked Creator, Creation and Mother Earth for permission to build the new hospital at the future site.



Strategic Priority 2: Measurement, Monitoring and Evaluation

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Identify, access, generate and analyze health data</p> <ul style="list-style-type: none"> • Use data to measure, monitor and evaluate the performance of the cancer system across the cancer journey to improve health experiences, outcomes and well-being for Indigenous people • Support Ontario Health business units by evaluating cancer programs and initiatives • Estimate the impact of cancer and chronic diseases on the health and well-being of Indigenous people • Support the evaluation of other strategic priority areas as outlined in Strategy 5 • Integrate quantitative and qualitative methods for developing health products and data relevant to Indigenous peoples' cancer and chronic disease experiences and priorities <p>Support Indigenous communities in using health data for policy and program development and understanding the related implications</p> <ul style="list-style-type: none"> • Address gaps in the health system by using and sharing knowledge exchange activities with Indigenous partners 	<p>Identify, access, generate and analyze health data</p> <ul style="list-style-type: none"> • Partner with Grand River Hospital and Indigenous communities to identify, access, and co-create health data while respecting principles of data sovereignty, privacy, and intellectual property rights. • Support Indigenous communities in using health data to inform policy and program development, while ensuring a clear understanding of the implications of data use. <p>Explore Voluntary Self-Identification in Healthcare</p> <ul style="list-style-type: none"> • Collaborate with Grand River Hospital and Indigenous communities to explore interest in voluntary self-identification initiatives, ensuring data governance practices uphold privacy and intellectual property rights. • Identified gaps are addressed through appropriate supports and services tailored to community needs. <p>Deepen Understanding of Community Needs and Priorities</p> <ul style="list-style-type: none"> • Engage with Indigenous communities to gather insights into their understanding of cancer and cancer care services. Use this information to identify gaps and co-create solutions that reflect community voices and priorities. <p>Enhance Community-Centered Communication</p> <ul style="list-style-type: none"> • Partner with Indigenous communities to develop culturally safe and accessible methods for sharing information about cancer and related services. Ensure communication approaches are grounded in community values and preferences. <p>Create Inclusive Feedback Mechanisms</p> <ul style="list-style-type: none"> • Work with Indigenous communities to design diverse and culturally appropriate methods for gathering feedback, such as surveys, sharing circles, and other traditional knowledge-sharing practices. • Use feedback to inform and adapt cancer care services to better meet the needs of Indigenous patients and families.

<ul style="list-style-type: none"> • Enhance and support the development of measure, monitor and evaluate capacity activities in Indigenous communities and partner organizations <p>Explore opportunities to partner with organizations with shared health data goals</p> <ul style="list-style-type: none"> • Generate funding, develop and sustain partnerships in Ontario and across Canada to improve the health and well-being of Indigenous people <p>Implement and monitor the Indigenous Data governance Matters process at Ontario Health</p> <ul style="list-style-type: none"> • Adhere to and be accountable to First Nations, Inuit, Métis and Urban Indigenous data governance and research principles and community requests • Support Indigenous data requests across Ontario Health business units and regions by ensuring they understand the importance of Indigenous data sovereignty, respectful relationships and accountability to Indigenous partners 	
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> • Increased capacity to measure and analyze the Indigenous cancer burden • Improved awareness among regional healthcare providers of cancer-related concerns unique to Indigenous peoples in Waterloo Wellington 	



Strategic Priority 3: Prevention and Well-Being

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Reduce and prevent cancer and other chronic diseases</p> <ul style="list-style-type: none"> • Provide training to healthcare providers with a focus on chronic disease prevention to build capacity at the community level • Establish relationships and work in collaboration with other Ontario Health business units to address chronic disease prevention • Provide Indigenous people with customized workshops, education sessions and programs that focus on preventing chronic disease, including cancer, and improving overall well-being • Reestablish the Path to Prevention Partnership Table, and bring forward the relevant recommendations from the Path to Prevention report to address behavioural risk factors related to cancer and other chronic diseases <p>Develop and use evidence to reduce the burden of cancer and other chronic diseases</p> <ul style="list-style-type: none"> • Develop and use chronic disease prevention and behavioural risk factor data, policies and partnerships to inform and develop relevant and culturally appropriate approaches to chronic disease prevention and well-being • Continue to collaborate and share knowledge with Indigenous and non- 	<p>Reduce and prevent cancer and other chronic diseases and develop and use evidence to reduce the burden of cancer and other chronic diseases</p> <ul style="list-style-type: none"> • Share cancer prevention information • Continue to collaborate and share knowledge with Indigenous and non-Indigenous partners about preventing cancer and other chronic diseases • Provide Indigenous people with customized workshops, education sessions and programs that focus on preventing chronic disease, including cancer, and improving overall well-being • Share prevention related resources with Indigenous communities and health partners <p>Support prevention policies and develop programs to deal with emerging issues and trends</p> <p>In partnership with the ICCU, ensure that Indigenous community members and healthcare providers have the knowledge and tools needed to deal with emerging trends (e.g., vaping and cannabis and accessing the Tobacco Wise Lead for guidance)</p>

<p>Indigenous partners about preventing cancer and other chronic diseases</p> <ul style="list-style-type: none"> Continue to promote well-being and healthy choices by identifying and developing resources that address wholistic health and well-being <p>Support prevention policies and develop programs to deal with emerging issues and trends</p> <ul style="list-style-type: none"> Ensure that Indigenous community members and health care providers have the knowledge and tools needed to deal with emerging issues and trends 	
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> Increased capacity to address the use of commercial tobacco among Indigenous organizations in Waterloo Wellington Established networks that enable long-term commercial tobacco cessation and education programming for Indigenous peoples 	



Survivor's Flag raising ceremony and teaching, National Indigenous History Month, St. Mary's General Hospital, 2024



Strategic Priority 4: Cancer Screening

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Improve access and participation in cancer screening</p> <ul style="list-style-type: none"> • Improve access to Ontario Health's cancer screening programs by working with First Nations, Inuit, Métis and Urban Indigenous partners to support expansion and enhancements of the programs across the province • Continue to implement Indigenous community- and research evidence-informed recommendations to improve cancer screening participation in collaboration with Indigenous partners • Address barriers to help improve access to cancer screening for Indigenous people, including access to primary care and navigation supports <p>Improve coordination and integration of cancer screening services</p> <ul style="list-style-type: none"> • Continue to support health care providers to improve the coordination of cancer screening and follow-up of results, reducing barriers to early cancer detection and treatment <p>Support specific initiatives to improve organized cancer screening programs</p> <ul style="list-style-type: none"> • Improve colon cancer screening participation rates among Indigenous men 	<p>Improve access and participation in cancer screening</p> <ul style="list-style-type: none"> • Explore opportunities to measure screening participation rates, follow-up, and barriers to participation in the region • Explore opportunities to improve access to screening for First Nations, Inuit, Métis and Urban Indigenous people • Implement initiatives to improve access to screening <p>Understand and address awareness of cancer screening</p> <ul style="list-style-type: none"> • Consult with First Nations, Inuit, Métis and Urban Indigenous communities to identify education and awareness needs related to cancer screening. <ul style="list-style-type: none"> • In partnership with the ICCU, share culturally appropriate Indigenous-specific screening communication materials with Indigenous partners <p>Support specific initiatives to improve organized screening programs</p> <ul style="list-style-type: none"> • Host community-based education sessions to build understanding, promote cancer screening participation and highlight its importance. • The Indigenous Navigator and Coordinator be a resource for and support the onboarding of the Ontario Lung Screening Program at St Mary's General Hospital and the HPV implementation for cervical cancer screening.

- Support the Ontario Lung Screening Program through expansion and enhancements of the program across the province for Indigenous people
- Develop culturally appropriate Indigenous-specific screening communication materials
- Continue to inform organized screening programs for breast, colon, cervical and lung cancer to ensure they are inclusive of Indigenous people and address their unique needs
- Explore age eligibility requirements for cancer screening programs and Indigenous people

Anticipated Benefits to Indigenous Communities

- Increased regional understanding of challenges with accessing cancer screening for Indigenous peoples in Waterloo Wellington
- Increased participation in colorectal, breast and cervical screening programs among Indigenous peoples in Waterloo Wellington
- Increased access to screening programs for Indigenous peoples in Waterloo Wellington

Regional Cancer Team hearing community priorities and sharing cancer prevention and screening information at the Gidinawendamin/Ska'nikú·lát 21st Annual Pow Wow at the University of Waterloo





Strategic Priority 5: Palliative and End-of-Life Care

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Improve capacity of system to provide timely, high-quality and culturally safe palliative and end of life care for Indigenous patients with cancer and their families</p> <ul style="list-style-type: none"> Continue to work with Indigenous communities and health system partners, including the Ontario Palliative Care Network and Regional Palliative Care Network, to ensure Indigenous peoples have a voice in the delivery of palliative and end-of-life care services <p>Support strategies to improve and enhance patient and family experience within the cancer system</p> <ul style="list-style-type: none"> Continue to support patient navigation through palliative and end-of-life care Support the development of tools, resources, networking and training to provide caregivers with additional support Support the inclusion of Indigenous patient and family voices in existing or new Patient and Family Advisory Committees Incorporate the meaning of palliative care from an Indigenous perspective into palliative care initiatives 	<p>Improve culturally safe palliative and end-of-life care</p> <ul style="list-style-type: none"> Improve navigation through survivorship or palliative care with support from a dedicated cancer navigator including after care support Work with community and Indigenous organizations to improve processes for palliative care <p>Build an understanding of First Nations, Inuit and Métis perspectives and approaches to end-of-life and palliative care</p> <ul style="list-style-type: none"> Engage with community to understand priorities and explore the opportunity to advance Indigenous palliative care priorities with Indigenous partners at regional planning tables Navigator and Coordinator to review previous needs assessment of the Waterloo Wellington Aboriginal Palliative Care Needs Assessment (2014) and identify opportunities to incorporate ongoing needs <p>Improve cancer system awareness of palliative and end-of-life priorities of Indigenous communities</p> <ul style="list-style-type: none"> Increase understanding of cultural practices, ceremonies, traditional medicines, and the roles of Elders and other community members at end-of-life. Promote respect for cultural and traditional knowledge in end-of-life and palliative care settings.
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> Improved understanding of regional Indigenous palliative care needs Enhanced support frameworks for Indigenous patients and their families, including spiritual care and social work 	



Strategic Priority 6: Survivorship

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Support and increase awareness of cancer survivorship</p> <ul style="list-style-type: none"> Work with partners to gather, develop and share information on cancer survivorship with Indigenous communities <p>Identify and develop supports for cancer survivorship</p> <ul style="list-style-type: none"> Support the development of resources for Indigenous patients at the survivorship stage of the cancer care continuum 	<p>Build an understanding of First Nations, Inuit and Métis survivorship support needs</p> <ul style="list-style-type: none"> Engage with Indigenous communities to identify the specific supports, programs and services needed to support survivors and their families. Ensure understanding of the unique challenges faced by Indigenous cancer survivors, including physical, emotional, and cultural needs. <p>Support patients and families during transitions</p> <ul style="list-style-type: none"> Improve navigation during the survivorship phase with support from a dedicated cancer navigator <p>Support Resource Development</p> <ul style="list-style-type: none"> Create culturally safe resources for Indigenous patients at the survivorship stage, ensuring they align with community-identified needs and the principles of wholistic care. Include information about available services, aftercare options, and long-term recovery supports <p>Enhance follow-up care specifically for survivorship.</p> <ul style="list-style-type: none"> Provide education to clinicians on trauma-informed, culturally sensitive follow-up care specific to survivorship emphasizing wraparound support and continuity of care
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> Improved understanding of regional Indigenous survivorship support needs Enhanced support frameworks for Indigenous patients and their families, including spiritual care and social work 	

Blue jay and cardinal artwork, created by Indigenous Artist Luke Swinson, as part of "Welcoming Spaces" installation, Grand River Hospital – KW Campus





Strategic Priority 7: Education

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Address gaps in education and programming</p> <ul style="list-style-type: none"> • Measure the impact of the Indigenous Cancer Care Unit's resources to address gaps in education and programming • Increase Indigenous youth audience and engagement with cancer education initiatives <p>Support and increase cultural awareness and safety education and programming</p> <ul style="list-style-type: none"> • Sustain, enhance, promote and evaluate the Indigenous Relationship and Cultural Awareness Courses in collaboration with the Learning and Development business unit Work with partners to gather, develop, promote and share information and opportunities on cultural awareness and safety activities across the health system • Support education, training and knowledge sharing for providers and Indigenous people. Inform and adapt Indigenous cancer resources, training and tools for providers working with Indigenous people Continue to develop and disseminate culturally appropriate information and educational resources to respond to Indigenous peoples' emerging cancer education needs and priorities 	<p>Build Awareness of Indigenous History, Health Disparities and the local Community</p> <ul style="list-style-type: none"> • Implement comprehensive education for healthcare staff on Indigenous history, the impacts of colonization, and the health disparities experienced by First Nations, Inuit, and Métis (FNIM) communities. Equip staff with the knowledge to address systemic racism and stereotyping in healthcare and to foster equity in care delivery. • Ensure training reflects the unique history and healthcare needs of the local FNIM community. • Provide education for staff on local Indigenous-based organizations, their roles in the community, and how to collaborate effectively to support comprehensive patient care. Ensure staff have a deep understanding of the local Indigenous community and its unique healthcare needs. <p>Train healthcare staff to deliver trauma-informed and individualized care.</p> <ul style="list-style-type: none"> • Collaborate with Diversity, Equity and Inclusion programs to train healthcare staff on delivering trauma-informed, culturally safe, and affirming care ensuring all staff are equipped to deliver culturally safe care. <p>Develop clinician and frontline staff understanding of traditional Indigenous medicine and wholistic health approaches.</p> <ul style="list-style-type: none"> • Deepen staff understanding of traditional Indigenous medicine and its role in patient care. Promote respect for cultural practices and enable providers to incorporate these approaches into care plan where desired by the patient. • Educate healthcare staff on providing wholistic care that acknowledges and integrates the spiritual, mental, physical, and emotional aspects of health.

	<ul style="list-style-type: none"> • Provide culturally grounded education sessions, such as sharing circles led by Indigenous Elders and Knowledge Keepers, to deepen understanding of Indigenous worldviews and traditional healing practices. <p>Disseminate culturally relevant educational resources.</p> <ul style="list-style-type: none"> • Ensure FNIM communities have access to educational tools, such as Cancer Screening Fact Sheets, by prioritizing their distribution through culturally appropriate channels. • Engage with FNIM communities by attending regional events, including Pow Wows and other gatherings, to share resources, build trust, and foster meaningful connections.
Anticipated Benefits to Indigenous Communities	
<ul style="list-style-type: none"> • Increased knowledge and understanding of cancer among Indigenous peoples in Waterloo Wellington. • Increased understanding of Indigenous history, culture and cancer care issues and needs among health care providers. 	

Indigenous Health Education presentation, part of Staff Learning Days 2024 at Grand River Hospital





Strategic Priority 8: Equitable Access

Strategy 5 Priorities and Actions	Regional Indigenous Cancer Plan Priorities and Actions
<p>Improve navigation and access</p> <ul style="list-style-type: none"> Identify, improve and share tools and supports for successful transitions through the cancer system, from prevention to recovery/survivorship or end-of-life care Work with other provinces to address barriers between jurisdictions <p>Identify new and existing navigational supports to help Indigenous people throughout the cancer journey Enhance quality and improve experience of services</p> <ul style="list-style-type: none"> Support accountability in health care that will initiate action to address infringement of patient rights when accessing care Work with First Nations and Inuit partners and Indigenous Services Canada to ensure the Non-Insured Health Benefits Program supports access to timely and effective cancer services and care Promote shared decision-making concept between Indigenous people and health care providers <p>Increase the provision of culturally safe care and anti-racist care</p> <ul style="list-style-type: none"> Help cancer system partners develop relationships with Indigenous partners to promote culturally safe and supportive care that prioritizes the unique needs of Indigenous people, and is free of racism and discrimination in the health care system 	<p>Improve Navigation and Access</p> <ul style="list-style-type: none"> Work with the community to hire and onboard a Regional Indigenous Cancer Navigator to support Indigenous patients throughout their cancer care journey, ensuring culturally safe and wholistic support. Collaborate with the community to hire and onboard a Regional Indigenous Cancer Coordinator to advocate for Indigenous patients and foster partnerships with community leaders to improve culturally safe healthcare. Identify and enhance new and existing navigational supports to assist Indigenous people throughout the cancer journey. Support collaboration between Indigenous Health Navigators across institutions (e.g., University of Waterloo, GRH, SOAHAC) to create a cohesive network that bridges gaps in access to care and resources. Develop and communicate clear patient care pathways tailored to Indigenous students and the broader Indigenous population, ensuring equitable access to healthcare services and supports. Improve awareness and accessibility of resources that address practical barriers, such as transportation programs, financial assistance for medications, parking fees, and the GRH Indigenous Careship Fund. <p>Enhance Quality and Improve the Experience of Services</p> <ul style="list-style-type: none"> Drive education, programs, and service development to enhance healthcare delivery and reduce health inequities for Indigenous patients. Support the integration of culturally safe practices in cancer care to improve the quality of services and the overall patient experience. Promote collaboration between Indigenous Health Navigators and healthcare providers to address systemic

	<p>barriers and ensure seamless transitions through the cancer system.</p> <p>Help Develop Relationships to Promote Representation in Healthcare</p> <ul style="list-style-type: none"> • Partner with Indigenous Student Centres and post-secondary institutions to raise awareness of career pathways in healthcare, with a focus on roles in cancer care (IRC). • Collaborate with local hospital HR teams to support the recruitment and retention of Indigenous staff and volunteers, improving cultural representation in healthcare. • Increase awareness of roles for Indigenous people in cancer care, fostering mentorship opportunities and creating a pipeline for Indigenous leadership within the healthcare system
<p>Anticipated Benefits to Indigenous Communities</p> <ul style="list-style-type: none"> • Improved patient experience for Indigenous patients and families, leading to better health outcomes for Indigenous peoples. 	



Indigenous Artist Luke Swinson at “Welcoming Spaces” installation opening, Grand River Hospital – KW Campus, 2024

Data Governance, Engagement and Reporting Process

Ontario Health is working with Regional Cancer Programs to support and promote effective data collection, analysis, evaluation and governance that impact First Nations, Inuit, Métis and Urban Indigenous people, communities, organizations and nations and collaboratively address their health priorities.

Ownership, Control, Access and Possession (OCAP) Principles

The Waterloo Wellington Regional Cancer Program and Ontario Health respect the right of First Nations people to own, control, access and possess information about their peoples. It acknowledges that this is fundamentally tied to self-determination and to the preservation and development of their culture.

Inuit Qaujimajatuqangit

Guided by Inuit Qaujimajatuqangit, Ontario Health and the Waterloo Wellington Regional Cancer Program will respect Inuit values regarding the collection, use, and sharing of information (data) for the purpose of developing resources and increasing knowledge. Ontario Health and the Waterloo Wellington Regional Cancer Program agree to seek guidance and direction from individual or collective Inuit Service Providers on processes for respectfully and securely managing any Inuit data collected in collaboration with their respective organization(s).

Engagement and Reporting Process

Regular engagement and reporting on all deliverables to be provided at monthly touchpoint meetings between the Indigenous Cancer Care Unit and the Waterloo Wellington Regional Cancer Program. Within this region, the Waterloo Wellington Regional Cancer Program and the Indigenous Cancer Care Unit engage directly and individually with all Indigenous partners through in-person and virtual meetings.

Voluntary Self-Identification

Voluntary self-ID has not been implemented within the hospital/cancer centre.

Tobacco ceremony, part of Sacred Fire, St. Mary's General Hospital, 2024

