



Let's take a stand against...Colorectal Cancer!
A colorectal cancer education initiative for frontline Aboriginal healthcare providers

presented by:

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at:

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Better cancer services every step of the way



*"Let's take a stand against...
Colorectal Cancer!"*

**Community Learning Series
Reference Manual**



Presentation Objectives:

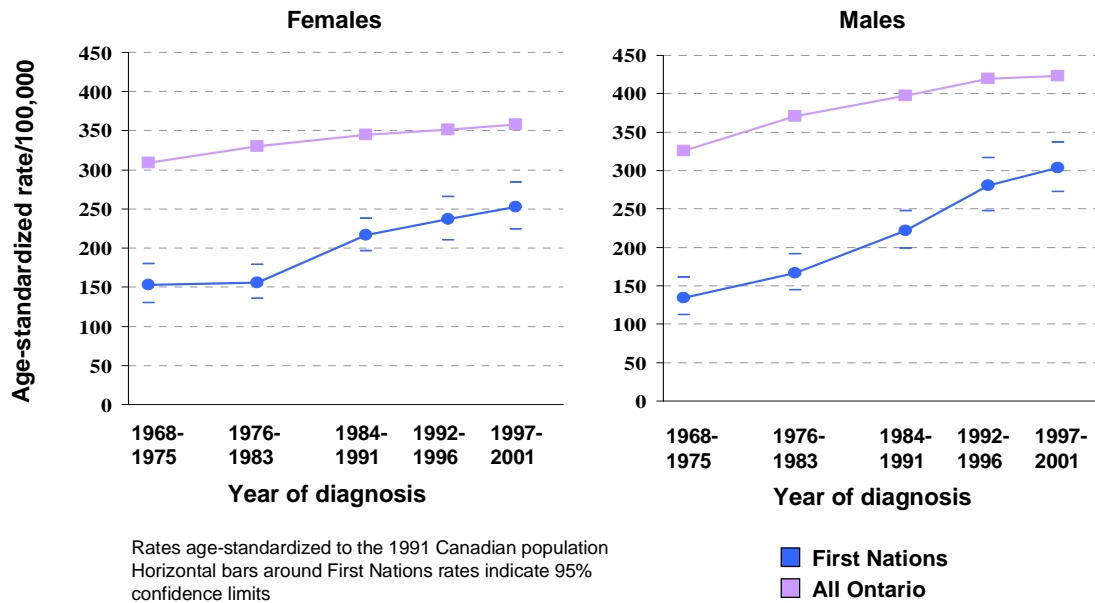
- Rationale for project
 - First Nations cancer and colorectal cancer rates
- Goals & objectives
- Materials development
 - Focus test
- Pilot test
 - Evaluation
- Provincial Implementation

Background

- Concept for *Let's take a stand* evolved from a needs assessment conducted by the ACCU
 - identified the need for health promotion and cancer prevention initiatives in Ontario's Aboriginal population
- Provides an opportunity to increase the knowledge and understanding of cancer in general and colorectal cancer specifically
- *Let's take a stand* responds to the Ontario's roll out of a population-based screening program for colorectal cancer, ColonCancerCheck, with an education and information campaign targeted to Aboriginal needs

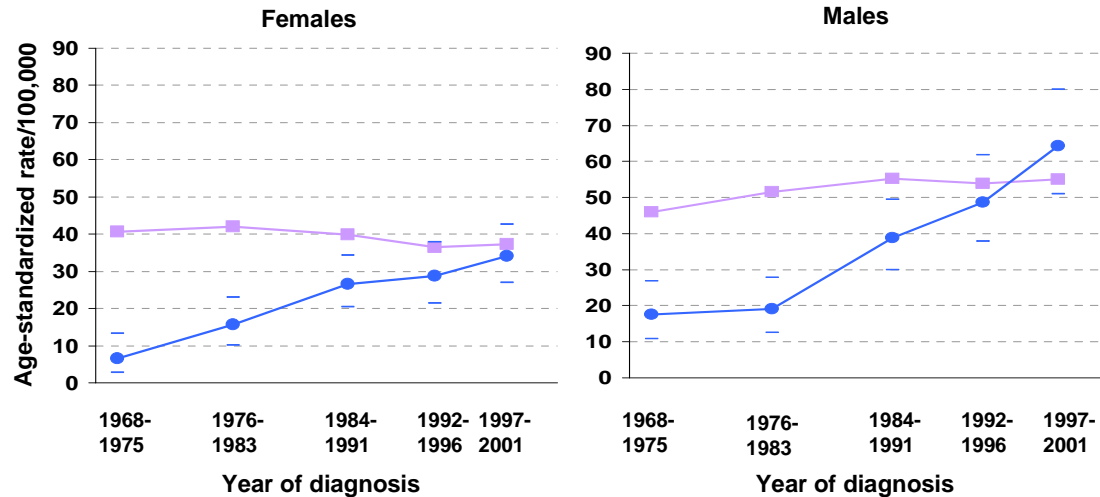
All Cancer Incidence

All cancer incidence, Ontario, 1968-2001, ages 15-74



Ontario First Nations Colorectal Cancer Incidence

Colorectal cancer incidence, Ontario, 1968-2001, ages 15-74



Rates age-standardized to the 1991 Canadian population
Horizontal bars around First Nations rates indicate 95%
confidence limits

■ First Nations
■ All Ontario



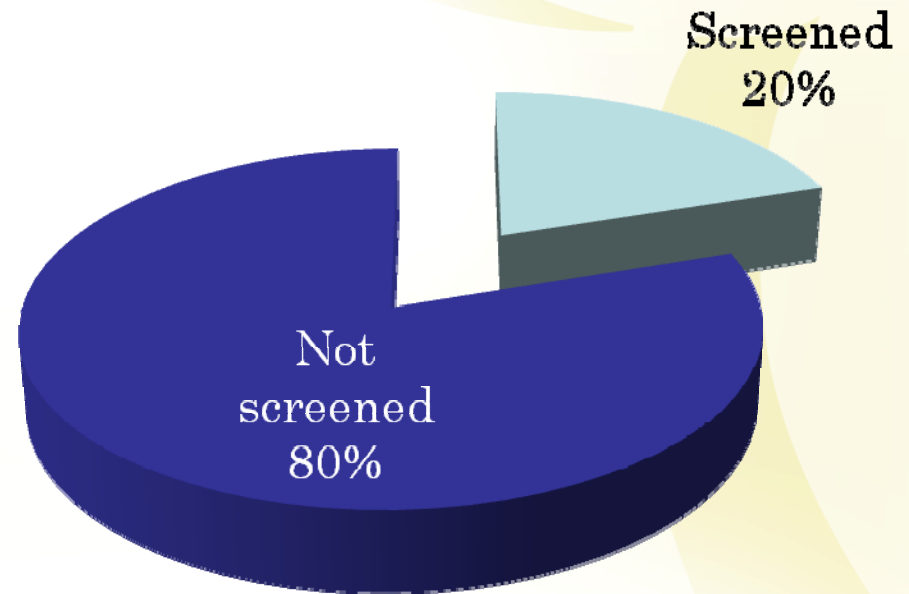
Source: Surveillance & Aboriginal Cancer Care Units, CCO (2007)



Screening rates in Ontario

Currently only*:

- 17% of 50+ Ontarians screened by FOBT
- 20% Ontarians screened for CRC using any method



ColonCancerCheck

- Program branded FOBT kits distributed to family physicians (FP), pharmacies and Telehealth for those without FP

Who should be screened?

- Average risk - 50 y.o.:
Fecal Occult Blood Test (FOBT) every 2 years
- Increased risk - starting at 50:
colonoscopy starting at 50 or 10 years earlier than 1st degree relative's * diagnosis, whichever comes first (*parent, sibling or child)



Let's take a stand against...colorectal cancer! Objectives

- to develop and deliver culturally appropriate information for First Nations, Métis and Inuit communities to increase their knowledge of cancer prevention and colorectal cancer screening
- to increase screening participation rates in Ontario's Aboriginal population

Collaborations:

The Canadian Cancer Society (Ontario Division)

The Hôpital regional de Sudbury Regional Hospital



Toolkit Contents

Manuals:

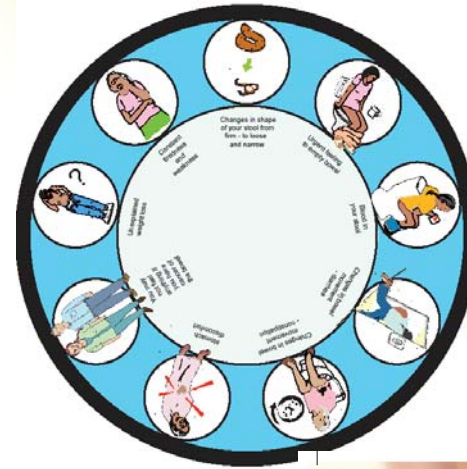
- **Reference Manual:** basic information on CRC risk factors, prevention and screening modalities
 - *Introduction to Cancer*
 - *Cancer Myths*
 - *Cancer Prevention*
 - *Introduction to Colorectal Cancer*
 - *Risk Factors*
 - *Cancer Screening*
- **Facilitators Manual:** provides sample activities facilitators may use to complement/augment learning



Toolkit Contents

Resources include:

- Posters:
 - Medicine Wheel Cycle of Life
 - Seven Grandfather Teachings for CRC
- Educational playing cards:
 - containing messages on risk factors, prevention, screening, signs, symptoms, diagnosis and
- Signs and symptoms wheel



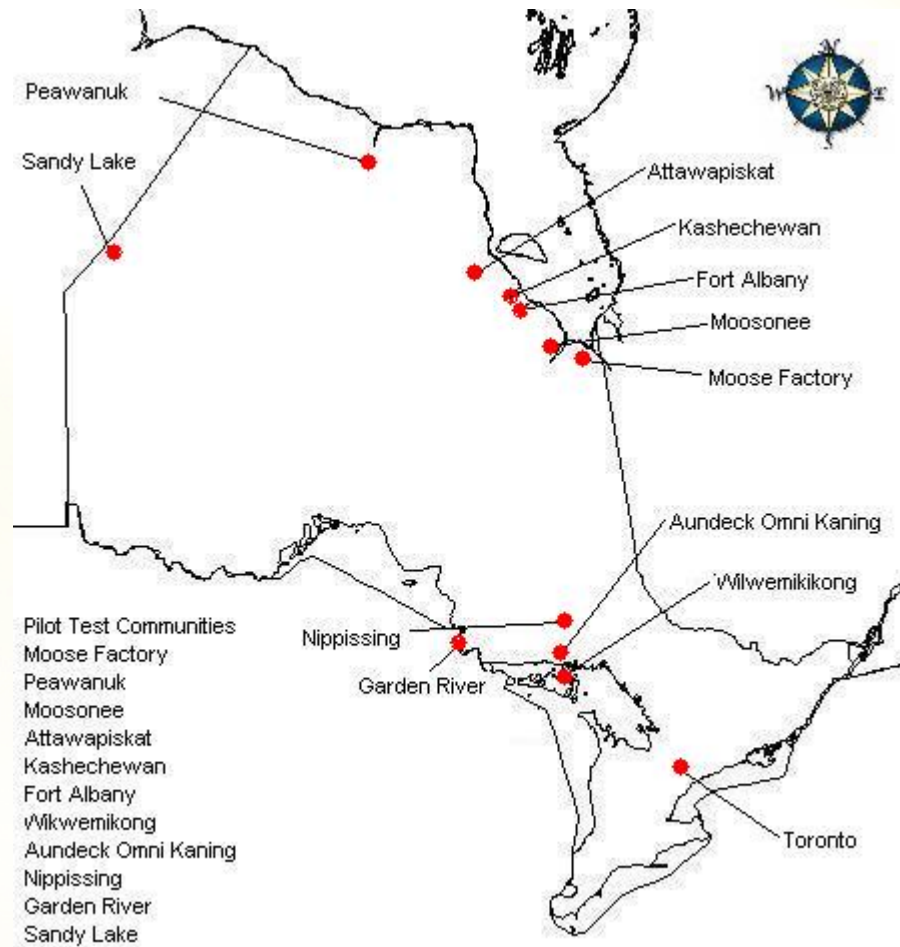
Community Engagement

- **Key informant groups:** healthcare providers and community members
- **Focus testing:** London, Toronto, Timmins, Thunder Bay, Sandy Lake, Tyendinaga
- **Pilot Testing:** Moose Factory, Peawanuck, Attawapiskat, Kashechewan, Fort Albany, Wikwemikong, Audeck Omni Kaning, Nipissing, Garden River, Sandy Lake

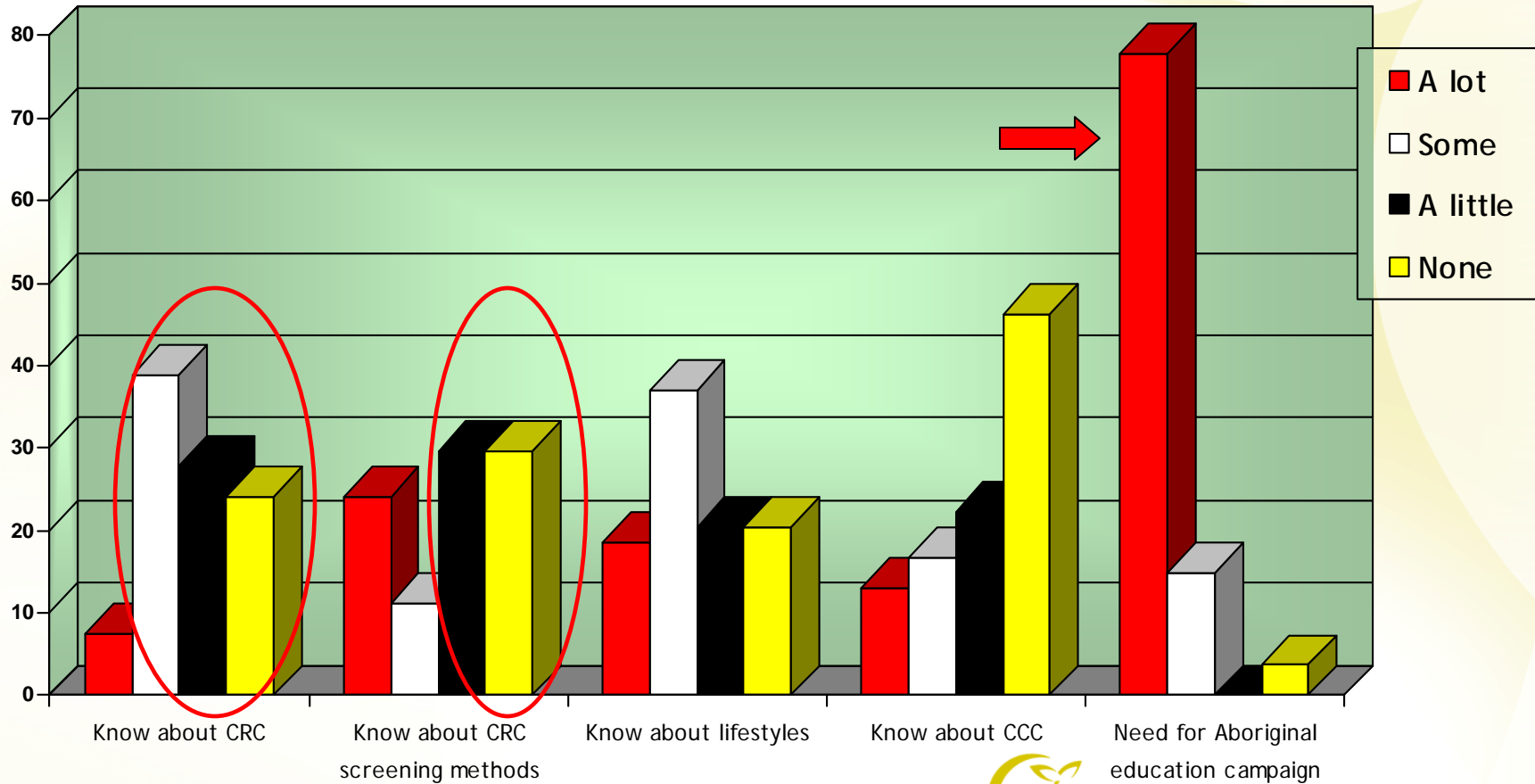


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Pilot Sites (May 2008)



CRC Knowledge Questionnaire: Service Providers



Who participated?

	Overall (N)
Nursing	52
Personal Support	10
Dietitian/Nutritionist	5
CHR	4
Mental Health	2
Other	27
TOTAL	100

Pilot Implementation Evaluation

Key evaluation questions addressed were:

- To what extent does the train the trainers model for CRC education and prevention meet the needs of Aboriginal communities? →
- To what extent are the training and resources sensitive to the cultural realities of Aboriginal communities? →
- To what extent do the training and resources support front line workers in educating their communities about colorectal cancer →

Results:

97% of evaluation respondents considered train the trainer approach to be highly effective

- highly regarded for cultural competence
- tools were seen as very useful
- provides sufficient information to increase knowledge base
- translate key messages

approximately half planned to implement community education sessions right away (notably in the remote northern communities)

Provincial Implementation

- Funding support received from Ontario Ministry of Health:
 - Hire provincial educator
 - Implement media outreach campaign
 - Enhance web page dedicated to support materials' access and scheduled training locations
 - Evaluate project reach at end of fiscal year
 - engage primary care physicians



Let's take a stand against... Colorectal Cancer!

Colorectal cancer is rapidly rising among our people. The good news is, if caught early enough, through regular screening (testing), colorectal cancer is 90% curable. Get screened. The power lies within you!

If you are 50 years or older there is a simple screening test you can do at home called a Fecal Occult Blood Test (FOBT).

Talk to your Health Care Provider about getting screened.

For more information please visit: www.cancercare.on.ca

When found early enough, there is a 90% chance colorectal cancer can be cured.



Better cancer services every step of the way



Acknowledgements:

- **Collaborations:**

- Canadian Cancer Society (Ontario Division)
- Hôpital régional de Sudbury Regional Hospital

- **Cancer Care Ontario Staff:**

- Doris Warner, Health Promotion Specialist
- Caroline Lidstone-Jones, Provincial Lead, Aboriginal Cancer Control

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