Enhancing access to cancer care for the Inuit

P. Doering BScN MBA and C. DeGrasse BScN MScN

Of Canada’s Inuit, 49% reside in Nunavut. Factors such as geographic isolation and a distinct culture have a unique impact on cancer epidemiology in this population and create an area ripe for investigation. Dr. Tim Asmis and colleagues have completed a retrospective study of 11 years of cancer treatment and outcomes in Inuit patients referred from Nunavut to the Ottawa Hospital Cancer Centre (tohcc), the hub of the Champlain Regional Cancer Program. Their study is the first of its kind and provides valuable information about an often overlooked population.

Patients from the Baffin region of Nunavut receive their cancer care at tohcc, travelling more than 2000 km by air to Ottawa for multidisciplinary assessment, treatment, and follow-up for all malignant conditions. Coordination of culturally sensitive care is extremely important for those who come to Ottawa, because these patients need interpreters, housing, and transportation.

The Ottawa Hospital Cancer Centre not only serves the Inuit population from Nunavut, but also a substantial Inuit population that resides in the Ottawa region. In fact, Ottawa is home to the greatest number of Inuit outside of the North, and the region has the third-largest aboriginal population in Ontario. “Aboriginal” is an umbrella term that refers to three distinct groups: First Nations, Inuit, and Métis (FNIM). Each group has its own customs, language, beliefs, and values—and certainly its own health needs. There are approximately 38,000 aboriginal people living in the Ottawa area, and that number is growing rapidly4. During 2001–2006, the FNIM population grew by 67%, greater than the non-FNIM population by a factor of 6 because of higher birth rates and moves to urban areas2. First Nations make up the greatest proportion of the aboriginal population in the Ottawa area, followed by Métis and Inuit. Aboriginal people deserve greater attention in the area of cancer care because the incidences of cancer are increased, cancer diagnoses occur at later stage, and survival rates are lower in FNIM communities than in the general population4. In fact, the Inuit have the highest rate of lung cancer in the world4.

The provincial government—namely, Cancer Care Ontario—has recognized the need to better serve FNIM patients and is committed to reducing cancer cases among FNIM people and to ensuring that those who do develop cancer receive timely and culturally-appropriate access to services. Cancer Care Ontario launched the Aboriginal Cancer Strategy in June 2012 and has been working to achieve key milestones related to each of its 6 strategic priorities: Building Productive Relationships, Research and Surveillance, Prevention, Screening Blitz, Palliative and Supportive Care, and Education4. In executing the strategy, Cancer Care Ontario is working in partnership with tohcc to develop strong relationships with community partners, to support locally-driven solutions, and to position all stakeholders for the upcoming Aboriginal Cancer Strategy III.

The Champlain Regional Cancer Program has enhanced care for the aboriginal population through the introduction of an aboriginal patient coordinator who provides support in navigating the cancer system and addresses cultural and spiritual needs. Patients also have access to a new designated space in the cancer centre that is welcoming and culturally appropriate. Volunteers from FNIM communities were very active in designing the space and participated in a special event to mark the opening.

Specifically for the Inuit community, tohcc collaborates with Ottawa Health Services Network Inc. (to assist in the care of residents of Baffin coming to Ottawa for health care) and with Larga Baffin (an organization that provides culturally sensitive lodging, meals, and transportation for patients from Nunavut). And tohcc is actively pursuing improvements in cancer care in Nunavut. For example, a computed tomography scanner was recently installed in Iqaluit, and physicians are now able to read images and diagnose remotely from Ottawa. The Ottawa Hospital Cancer Centre has also formed a working group to assist in collaboratively designing priorities for improving the provision of cancer care from prevention, through treatment, to survivorship and palliative care. With the support of researchers, government, and the community, tohcc is working diligently to build the foundation for what will be a long-term commitment to improving aboriginal health.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood Current Oncology’s policy on disclosing conflicts of interest, and we declare that we have none.

AUTHOR AFFILIATIONS

*Champlain Regional Cancer Program, The Ottawa Hospital, Ottawa, ON.

REFERENCES

