



# Indigenous Relationship and Cultural Awareness (IRCA) Courses: Interactivity Guide Answers

## Module 9: Indigenous Cancer Care and Challenges

*Note that the answers provided below are not exhaustive and merely provide relevant information/points to consider for each question.*

### Chapter 1 - Overview of the Cancer Landscape

1. The Indian Registration System (IRS) and Ontario Cancer Registry (OCR) Data Linkage Project looked at cancer diagnoses identified in individuals in the IRS through a linkage with the OCR. The 5-year observed survival (%) by cancer site in Ontario between 1992 and 2001 for ages 15-75 was recorded as follows:

Cancer Site	Sex	First Nations	Other Ontarians
		Survival (%)	Survival (%)
Colorectal	F	44*	57
	M	38*	52
Lung	F	17	20
	M	8*	15

\* Observed survival rate is significantly lower than survival rate for Other Ontarians

What do you think could be the contributing factors in the lower rates of survival among First Nations people in Ontario as compared to the general population?

**Answer:** Self-reflection question. Points to consider:

Later stage of diagnosis and a greater likelihood and/or severity of comorbidities among First Nations people are two major factors that are likely to initiate lower rates of survival among First Nations people in Ontario as compared to the general population. Also, while all Canadians theoretically have access to the publicly-funded health care system, distance to and continuity of health-related services are two of many upstream factors that may influence not only screening uptake, but the health and quality of care to First Nations people in Canada.

Also, in Indigenous patients, there is an increase in commercial tobacco use, an increase in rates of physical inactivity, and lower consumption of fruits and vegetables. These factors increase likelihood of mortality.



# Ontario Health

## Cancer Care Ontario

2. Take a moment to think about what you've learned in this module about Indigenous views of cancer. Write out what you now know about how First Nations, Inuit, Métis and urban Indigenous peoples view cancer.

**Answer:** Self-reflection question. Points to consider:

In some First Nations communities, cancer is a taboo subject surrounded in secrecy and fear because historically cancer was rare among First Nations people. Historical and cultural contexts have contributed to unique views of, and a generally pessimistic attitude towards, cancer.

For some, there is a belief that cancer is an unavoidable death sentence.

For example, with Inuit the word 'cancer' in Inuktitut translated to 'it can't be cured', however this was changed to mean 'knocked down out of natural order.'

These and other views effect receptiveness to, and participation in cancer education, prevention and treatment programs.

First Nations, Inuit, and Métis participants commonly associated the word *cancer* with *disease, death, and fear*, often deeming a diagnosis as *terminal* or *incurable*.

Many Indigenous participants shared thoughts of cancer cells abnormally growing in the body – including how cancerous cells eat away at the body or are spiders that grow in the body. Another theme that arose was the dormant nature of cancer, as some participants felt that every person has cancer, but it only activates in some.



### Chapter 2 - Cancer Risk Factors for Indigenous People

1. Reflection: Aside from the cancer risk factors presented in this chapter, what are some other social determinants of health that might affect poorer health and cancer prevalence?

**Answer:** Self-reflection question. Points to consider:

The impact of residential schools and other past mistreatment of First Nations, Inuit and Métis peoples in Ontario may have resulted in poorer coping skills such as addictions, mental health issues, commercial tobacco use and alcohol use.

2. List the cancer risk factors for Indigenous people that are covered in this module.

**Answer:**

- Poverty
- Food security and nutrition
- Physical activity
- Overweight and obesity
- Commercial tobacco misuse
- Alcohol use



**Chapter 3 - Cancer Statistics**

1. After reading through the First Nations, Inuit, and Métis-specific cancer statistics, please fill in the blanks below using the below Indigenous groups:

First Nations	Inuit	Métis
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**Answer:**

- A. **Inuit** have the highest lung cancer rates in the world. Between 1998-2007, cancers with modifiable risk factors such as lung, colorectal, and mouth cancers were elevated in the **Inuit** population compared to other Canadians.
- B. Cancer is rising more quickly for **First Nations** people in Ontario, breast and colorectal cancers in particular. **First Nations** survival rates for major cancers is significantly worse when compared to the general population.
- C. Between 1991 and 2001, **Métis** women had significantly higher rates of death due to cancer overall compared to non-Indigenous women. Specifically, this was for cancers of the lung and uterus. **Métis** men had similar rates of death due to cancer when compared to non-Indigenous men.



### Chapter 4 - Gaps in Cancer Data for First Nations, Inuit, Métis, and Urban Indigenous People

1. Based on what you've learned in this module, what factors contribute to the gaps in First Nations, Inuit, Métis and urban Indigenous cancer data?

**Answer:**

- Lack or under use of First Nations, Inuit and Métis and urban Indigenous identifiers
- No surveillance systems that identify First Nations, Inuit and Métis and urban Indigenous peoples and no central database for existing information from research and surveillance studies that have been completed
- Lack of information specific to First Nations living outside of community, Inuit, and Métis people
- A historical reluctance of communities to participate in research studies based on previous trust issues and broken promises
- Lack of capacity at the community level for interpretation and translation of research findings

### Chapter 5 - Increasing Health Education

1. Reflection: What gaps exist in culturally relevant cancer education for First Nations, Inuit, Métis and urban Indigenous patients? Reflect on how these gaps impact cancer and health outcomes for First Nations, Inuit, Métis and urban Indigenous peoples.

**Answer:** Self-reflection question. Points to consider:

- Cultural concepts of cancer may help explain lower First Nation, Inuit, Métis and urban Indigenous rates of participation in prevention, early diagnosis and treatment programs.
- Healthcare information resources generally do not address the uniqueness of First Nations, Inuit and Métis and urban Indigenous cultures.
- Therefore First Nation, Inuit, Métis and urban Indigenous rates may be unaware of the existence or benefits of these programs.
- Education is needed not only to inform people about the facts of cancer, but also to help overcome misconceptions
- Education also can help overcome beliefs about cancer that may contribute to later-stage diagnoses.