

# **Conversation on Cancer**

## **Part III**

Council of Yukon First Nations

June 10, 2009

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## Executive Summary

On Wednesday June 10, 2009, representatives from the Council of Yukon First Nations, workers in Yukon First Nations health and social service departments, as well as representatives from the Canadian Cancer Society of the Yukon, Arctic Health Research Network and Health Canada met to discuss cancer specific in their own communities, ways to provide more effective services and prejudice within the territorial health system. The objective was to build upon the work and recommendations outlined in the report, *Conversation on Cancer, Part I* and the report, *Conversation on Cancer, Part II*. These workshops took place in October 2007 and March 2009 respectively.

During this workshop, participants were asked to examine how cancer is dealt with in their own communities—looking at screening, prevention, treatment and awareness as key areas. Participants were asked to identify the strengths and the weaknesses about how the system currently works and to develop key action points in order for Yukon First Nations to move from discussions to partnerships and towards change.

This report provides the necessary background information and framework for future work in this area by specifically outlining the action points that were developed. The participants expressed that enough talk has gone on to find out where the problems are. Now there needs to be action, in accordance to the action points developed, to move into partnerships, planning and proposals for funding and ultimately administering programs to improve the system to meet the needs of Yukon First Nations.

## Methodology

Through the guidance of the workshop facilitators, Kari Johnston and Tara McCarthy, the participants worked through individual brainstorming and group brainstorming through a variety of thinking processes. The facilitators utilized the “Thinking Feathers” model, which is derived from Edward De Bono’s *Six Thinking Hats*.

“Thinking Feathers” allowed the participants to look at topics from various angles by thinking about and identifying different ways that things work. Instead of simply answering questions, participants looked at the diversity of ways that things affect them.

These are the six “Thinking Feathers” used:

**White** – this process of thinking examines the facts and figures of a subject. It is neutral and objective and presents where, or how, things are. It is the information we have on the topics we discuss.

**Red** – this process examines the emotional response to circumstances. It looks at how we feel about a subject and where our intuitions lie. Emotions can mean a lot to what we see happening and what we want to see happen.

**Black** – this process is serious and examines subjects with caution and careful thought. It also allows us to identify weaknesses and ultimately think critically about a subject.

**Yellow** – this process examines the positives and optimism towards a subject. It involves looking at a circumstance with hope and positive thought, therefore identifying what is working.

**Green** – this process examines growth. Think of plants in nature – it brings creativity and new ideas to a discussion and allows us to look at thoughts of what to do next.

**Blue** – this process is very much the leader of the “Thinking Feathers” because, much like the sky, it covers all schools of thought on some level. It is about control and organizing our thinking. Through this process we look at what needs to be achieved.

By looking at questions from different angles, the participants were able to create a better outlook on how things are, where things need to be, what needs to change and how things can be changed.

This process was used throughout the day to discuss cancer screening, prevention and awareness in Yukon, barriers to screening/treatments for cancer, as well as the prospects of a mobile screening unit and prejudice in the health care system. Participants worked on their own and in groups and shared what they came up with. Then they determined some key actions points in order to move forward.

Before the facilitators began the process, participants were asked to identify which “Thinking Feather” they most predominantly corresponded with when it came to their own thoughts and direction in their work.

White = 2, Red = 1, Black = 2, Yellow = 6, Green = 0, Blue = 4

## **Expectations for the Workshop**

The expectations of this workshop were not discussed amongst the participants. It was understood by the facilitators that this group was being brought together to build on the work done in *Conversation on Cancer, Part I* and II.

The workshop was designed to focus on the “Moving Forward” aspects in *Conversation on Cancer, Part II*. The facilitators developed a thinking process to tackle issues that were not addressed according to the Part II report. Facilitators could not tackle the distinction between screening and diagnoses and dispelling misinformation about cancer amongst the First Nations population in Yukon due to preparation time constraints. An expert could not be present in short notice to work through these topics.

The expectations from both the facilitators and the participants was to walk away from this workshop with action points to be acted upon. The intent was to allow these discussions to paint a clear picture of where things need to go after thoroughly discussing and dissecting the issues.

## **Background**

### ***Conversation on Cancer, Part I***

As outlined in the report, *Conversations on Cancer, Part I*, in October 2007, representatives from the Canadian Cancer Society, Yukon First Nation health coordinators and other stakeholders met to discuss the needs of the Yukon First Nation population and their concerns with regard to cancer in Yukon.

During the 2007 workshop, participants reviewed the current status and the existing resources for prevention, diagnostics, cancer care and overall support for First Nation communities in Yukon.

Concerns were shared and participants identified key areas where more needs to be done to support the health of the communities, to provide adequate care and to support individuals and families burdened by cancer.

## **Recommendations**

During the 2007 workshop, participants agreed on the following recommendations:

- increase investment for research, surveillance and data collection in Yukon;
- increase resources for cancer prevention and health promotion;
- increase support for palliative patients, their caregivers and families;
- create meaningful partnerships; and,
- develop a comprehensive cancer strategy for Yukon and other northern regions.

## **Action Items**

During the 2007 workshop, participants suggested the following specific actions:

- 1) circulate the Conversation on Cancer, Part I report to appropriate government representatives and stakeholders;
- 2) involve the Canadian Cancer Society in promoting awareness for cancer and prevention in First Nations communities;
- 3) Canadian Cancer Society should organize workshops on cancer and cancer prevention for front line workers and practitioners; and,
- 4) representatives from the Canadian Cancer Society, First Nation health coordinators and other stakeholders should form a committee that will evaluate the next steps.

Upon review of the 2007 report, the 2009 workshop participants identified that the primary reason why the initiatives outlined in *Conversation on Cancer, Part I* have not been implemented is lack of funding and human resources.

## ***Conversation on Cancer, Part II***

### **Summary**

The initial objectives of the *Conversation on Cancer, Part II* workshop were met. The priority areas of screening, prevention and awareness were identified and workshop participants discussed the critical social, environmental and political issues related to each area as they pertain to First Nations populations in Yukon.

Most importantly, the workshop served as a vital first step in identifying the key components needed to meet the outlined objectives. Cancer prevention, awareness and screening in the north will not be successful unless all parties are involved in the creation of relevant projects.

### **Moving Forward**

The workshop held on March 2, 2009, was an important first step in creating a committee to create a cancer strategy for Yukon. The following are the recommended next steps to move this process forward:

### **Disseminate the workshop findings**

- Lori Duncan, Council of Yukon First Nations and Blake Rogers, Canadian Cancer Society, Yukon Region, will take the report to Canadian Partnership Against Cancer;
- Yukon First Nation health and Social Directors will take report back to their communities; and,
- Distribution of the report to the key stakeholders identified in the screening, prevention and awareness frameworks.

### **Create a task force and develop a territorial strategy**

- Recruit membership from the identified partners in this report and formulate a committee to look at the priority areas.

### **Revisit the issues not addressed on March 2, 2009**

Several important issues were identified during the workshop but not addressed due to time constraints. The group recommends that these issues be revisited with a facilitator to ensure the topic is covered in its entirety. These issues include:

- the distinction between screening and diagnosis;
- perceived prejudice and misdiagnosis specific to First Nations communities in Yukon;
- and, dispelling misinformation about cancer amongst the First Nation population in Yukon.

The Council of Yukon First Nations is well-positioned to take the lead on this project in Yukon with the full support of Yukon's First Nation health coordinators, the Canadian Cancer Society and partners in the Government of Canada, the Government of Yukon and throughout the Yukon community.

## **Initial Partnerships**

### ***Council of Yukon First Nations***

The Council of Yukon First Nations (CYFN) is the central political organization for the First Nation people of the Yukon. It has been in existence since 1973 and continues to serve the needs of First Nations within the Yukon and the MacKenzie delta.

The Council was formed under the *Societies Act of the Yukon* and operates under a constitution which has been adopted by its member First Nations at a General Assembly. At present, the Council of Yukon First Nations is made up of 10 Yukon First Nations: the Champagne and Aishihik First Nations, the Teslin Tlingit Council, the First Nation of Nacho Nyak Dun, the Selkirk First Nation, the Little Salmon Carmacks First Nation, the Tr'ondek Hwech'in First Nation, the Ta'an Kwach'an Council, the Kluane First Nation, the Carcross/Tagish First Nation and the White River First Nation. Four other First Nations in the Yukon Territory, the Vuntut Gwitchin First Nation, Liard First Nation, Kwanlin Dun First Nation, and Ross River Dena Council have chosen to work independently of CYFN at the present time.

### ***Canadian Cancer Society***

The Canadian Cancer Society was founded in 1938. It is a national, community-based organization of volunteers whose mission is to eradicate cancer and enhance the quality of life for people living with cancer. The Canadian Cancer Society invests in outstanding cancer research, provides reliable

information on all cancers, delivers community-based support programs and leads cancer prevention initiatives. The society relies on the generosity of donors, corporate supporters and volunteers to achieve its mission.

The Canadian Cancer Society has a regional office in Whitehorse, Yukon and a presence in community health clinics through the distribution of brochures and cancer-related materials. The Canadian Cancer Society in Yukon works to advocate on behalf of Yukoners to the territorial government, and provides support to cancer patients and their families through community initiatives like Relay for Life, an overnight cancer fundraiser that honours cancer survivors.

## Community Information

As of June 2008, Yukon’s population was 33,294, with 25.9 percent identifying as aboriginal.<sup>1</sup> There are fourteen First Nations in the Yukon Territory, eleven of which have signed self-government agreements with the Government of Yukon and the Government of Canada.

The Canadian Cancer Society estimates that in 2009, 110 Yukoners were newly diagnosed with cancer.<sup>2</sup>

## Topic One — Cancer in your Community

To explore this topic, participants were asked to work individually at first by looking at the topic with all six “Thinking Feathers” to define what’s going on, what needs to happen and how it needs to happen. Then the participants were split into two groups, each with seven people, to bring together their individual work and create the following charts:

### Group A

White	Red
<ul style="list-style-type: none"> <li>- too many people getting diagnosed</li> <li>- a lot of unknowns</li> <li>- is it genetic?</li> <li>- survivors/people in remission</li> <li>- giving up, not accepting treatment</li> <li>- people abusing themselves by not taking treatment or following doctor’s recommendations</li> <li>- lack of complete data</li> <li>- most common are breast cancer, lung</li> </ul>	<ul style="list-style-type: none"> <li>- anger, why?</li> <li>- sad, scared, disbelief and disappointment</li> <li>- hope it doesn’t happen to me</li> <li>- how can I deal with it?</li> <li>- don’t want to deal with it</li> <li>- fear of talking because of emotions</li> <li>- sense of loss and fear among women (stats are so high that it feels like it could happen to any of us)</li> </ul>
Black	Yellow

<sup>1</sup> Yukon Bureau of Statistics: <http://www.eco.gov.yk.ca/stats/>

<sup>2</sup> Canadian Cancer Society/National Cancer Institute of Canada’s report entitled, *Canadian Cancer Statistics 2009*.

<ul style="list-style-type: none"> <li>- how can we make community members more comfortable?</li> <li>- how can we help them fight cancer?</li> <li>- can we keep them in the community? (rather than have them attend treatment outside as they do now)</li> <li>- how to accept and prepare for illness and for death</li> <li>- health care providers need to supply info on causes and if cancer is genetic</li> <li>- lack of leadership in prevention and promotion</li> <li>- no one acknowledges cancer until too late</li> <li>- people give up and don't want to fight</li> </ul>	<ul style="list-style-type: none"> <li>- financial support needed</li> <li>- volunteers, fundraising</li> <li>- we see the compassion that our people have – come together/work together</li> <li>- prayers, organized to support families and kids of patients</li> <li>- provide counseling for kids</li> <li>- screening early</li> <li>- physical awareness on your state of health (getting check ups)</li> <li>- need more knowledge of types of cancer</li> <li>- more conversations about cancer</li> <li>- need to convey that we can survive</li> </ul>
<b>Green</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>- need preventative ideas</li> <li>- get active</li> <li>- eat healthy, teach healthy</li> <li>- quit smoking</li> <li>- exercise, recreation</li> <li>- stop alcohol/drug/substance abuse</li> <li>- how do we make the lives of children with or affected by cancer less stressful?</li> <li>- community gardens, organic food, go green!</li> </ul>	<ul style="list-style-type: none"> <li>- need plan to support</li> <li>- need treatment centre for cancer here at home to assist with healing at home idea</li> <li>- takes money to save money in long run</li> <li>- sending and spending for treatment outside of Yukon could be put towards a centre in the territory</li> <li>- all levels of government to work together</li> <li>- more common knowledge and awareness taught in the communities</li> <li>- quit smoking</li> </ul>

**Group B**

<b>White</b>	<b>Red</b>
<ul style="list-style-type: none"> <li>- cancer patient diagnosed younger</li> <li>- more FN being diagnosed</li> <li>- more females diagnosed</li> <li>- info not shared with FNs</li> <li>- increased cases of cancer than any other illness</li> </ul>	<ul style="list-style-type: none"> <li>- helpless feeling, but hopeful attitude</li> <li>- lack of info is frustrating</li> <li>- don't want it to become the "norm" (need to have people face the facts)</li> <li>- rumours can be scary, brings fear</li> </ul>
<b>Black</b>	<b>Yellow</b>
<ul style="list-style-type: none"> <li>- need for more info and education</li> <li>- cause and effect of the disease</li> <li>- not enough action</li> <li>- misdiagnoses</li> <li>- people afraid of the truth</li> </ul>	<ul style="list-style-type: none"> <li>- families slow down and care for each other</li> <li>- more communication relevant to FNs (create DVDs or visual aids versus just the pamphlets that already exist)</li> <li>- more positive approach rather than panic</li> <li>- positive thinking</li> <li>- remain optimistic</li> <li>- sharing experiences</li> <li>- after diagnoses people are more understanding and willing to act</li> </ul>
<b>Green</b>	<b>Blue</b>
<ul style="list-style-type: none"> <li>- presentations and awareness, focus more on the youth</li> <li>- pan-northern approach</li> <li>- lots of groups with no plan</li> <li>- increase home visits</li> <li>- more healthy events and activities</li> <li>- a place for FNs, like a clinic</li> <li>- a FNs liaison person</li> <li>- get more men motivated to get check ups</li> <li>- screening more available, maybe use a mobile mammography machine, etc.</li> <li>- more training for community workers</li> </ul>	<ul style="list-style-type: none"> <li>- we can all be leaders</li> <li>- be role models (be assertive)</li> <li>- leaders need to be more involved in the health of their people</li> <li>- be aware of solutions and preventions</li> <li>- community awareness</li> <li>- develop a strategy that is Yukon-wide</li> <li>- more funding</li> <li>- federal government needs to actually support grassroots initiatives</li> </ul>

### Action Points — Cancer in your Community

These action points were defined by both groups.

- Need more information of causes of cancer, statistics – too much is unknown
- Need more communication relevant to First Nations about cancer (create DVDs with real situations and FN's people, visual aids rather than pamphlets)
- Fear of talking because of emotions – need health care that is comforting
- Need more information and guidance on how to prepare (for illness and/or death), how to make members comfortable, encourage them to fight
- Leaders need to be more involved in the health of their people
- Want to keep members with cancer in the community, not send them away for treatment because they are often less likely to go
- Need financial support for programs and projects
- Need early screening available and more awareness
- Screening needs to be more available by possibly using a mobile mammography machine
- Develop more preventative ideas
- Need a treatment centre for cancer in the territory and/or liaison person
- Need to develop a strategy that is Yukon-wide
- Pan-Northern approach to bettering the system
- Federal Government needs to actually support grassroots initiatives

### Topic Two — Barriers to Accessing Screening in your Community

To explore this topic, participants were asked to work individually at first by looking at the topic with all six "Thinking Feathers" to define what's going on, what needs to happen and how it needs to happen. Then the participants were split into two groups, each with seven people, to bring together their individual work and create the following charts:

#### Group A

White	Red
- community screening not available in Yukon - you can't travel or have an escort travel with you without a doctor's recommendation or diagnosis - limited travel allowances for escorts - no public transportation from communities; if they don't have a vehicle then there is a lot of stress trying to arrange for travel	- anger - frustration - sorrow for the sufferer due to lack of resources - lack of speediness not there in any of the process - anxiety due to waiting for test results
Black	Yellow
- time span is too long from the exam to diagnosis to treatment - cost associated costs with going to treatment, escorts transportation and medication (costs and access); lots of community fundraising to help with costs	- political support for diagnosis and treatment - need for doctors and specialists permanent in the Yukon - setting priorities for cancer being in the forefront
Green	Blue
- mobile mammography machine could bring treatment to Yukoners - permanent doctors - awareness raising and better education for people on symptoms	- better insurance and medical plans - better funding for government to cover gaps in services - workable treatment plans - let's get something concrete rather than temporary funding - medical travel in the Yukon sucks

**Group B**

White	Red
<ul style="list-style-type: none"> <li>- limited screening in communities</li> <li>- long waiting periods for mammograms</li> <li>- long wait for test results</li> <li>- most FN community members need to leave community or home for screening (most won't)</li> </ul>	<ul style="list-style-type: none"> <li>- frustration</li> <li>- fed up with excuses</li> <li>- when being screened people should have all the support they need – this is very important to FN families</li> <li>- holistic support - "The Wheel"</li> <li>- depression – need to look at mental health</li> <li>- fear and anxiety</li> <li>- anger regarding prejudice in the medical system</li> </ul>
Black	Yellow
<ul style="list-style-type: none"> <li>- treatment and diagnosis are often too late</li> <li>- travel should be made easier</li> <li>- support and resources must be in place for travel</li> <li>- lack of funding and lack of resources</li> <li>- information about screening needs to be more open and encouraging</li> <li>- high turnover rates of health professionals</li> <li>- high stress levels</li> <li>- high turnover of FN health workers</li> <li>- prejudice (especially regarding travel because we have to justify the escorts – a lot of our citizens have never stepped foot in a plane before or been in a big city)</li> </ul>	<ul style="list-style-type: none"> <li>- funding to FN directly would be positive</li> <li>- teaching the holistic method – the wheel</li> <li>- meetings with other communities/conferences</li> </ul>
Green	Blue
<ul style="list-style-type: none"> <li>- northern approach</li> <li>- survivors sharing their stories</li> <li>- FN clinic in Whitehorse</li> <li>- mobile screening unit</li> <li>- have leaders commit to plans and strategies</li> <li>- more cross- cultural awareness and orientation; have health professionals trained more in-depth</li> <li>- health professionals need to stop judging and making assumptions – need to listen to patients rather than diagnose too quickly</li> <li>- faster method of diagnosis</li> <li>- more incentives for community health workers to stay in the community</li> </ul>	<ul style="list-style-type: none"> <li>- have control of funding – this is a matter of trust</li> <li>- cancer should be set as a priority</li> <li>- networking</li> <li>- implement an action plan</li> <li>- more workshops needed to educate leadership and encourage them to advocate</li> <li>- get leaders to encourage regular check-ups</li> <li>- political support for working with all people in the health care system to make it happen and more access to screening</li> <li>- proper training for front line workers (they need to be confident + able)</li> </ul>

**Action Points — Barriers to Accessing Screening**

These action points were defined by both groups.

- Community screening is not available in Yukon
- You can't travel or have an escort travel with you without a doctor's recommendation or diagnosis
- Cost associated costs with going to treatment, escorts transportation and medication (costs and access); lots of community fundraising to help with costs
- Need for doctors and specialists permanent in the Yukon
- Let's get something concrete rather than temporary funding
- Medical travel in the Yukon sucks and all levels of government need to make change to improve it
- Holistic support - "The Wheel"
- Travel should be made easier
- Mobile screening unit
- More cross- cultural awareness and orientation; have health professionals trained more in-depth

- Health professionals need to stop judging and making assumptions – need to listen to patients rather than- proper training for front line workers (they need to be confident + able)
- Political support for working with all people in the health care system to make it happen and more access to screening diagnose too quickly

### Topic Three — Mobile Screening Unit

To explore this topic, participants were given a brief description of the project by the facilitators and by Jody Butler-Walker of the Arctic Health Research Network. Participants were also given a copy of the CLASP Backgrounder and the Letter of Intent (LOI) submitted to CLASP by CYFN in their workshop kits.

Participants were then asked to work together using the six “Thinking Feathers” to define evaluate, in general, the information that had been presented. This was a group exercise to create the following chart that was recorded by a facilitator:

#### Open Discussion — Groups A and B

White	Red
<ul style="list-style-type: none"> <li>- where is the money coming from?</li> <li>- what will this cost each FN?</li> <li>- how would access areas with no roads</li> <li>- how does the BC model work?</li> </ul>	<ul style="list-style-type: none"> <li>- cautious about money to support empty proposals</li> <li>- ready to see something happen and have the government commit to funding to keep it going</li> <li>- frustration</li> <li>- has leadership been consulted about this?</li> <li>- sounds promising but more information is needed</li> <li>- it will needed trained personnel</li> <li>- FN workers will need to be involved and travel with the unit</li> <li>- what kind of funding is available for this?</li> </ul>
Black	Yellow
<ul style="list-style-type: none"> <li>- what is a mobile screening unit and how would it work?</li> <li>- would there be privacy issues</li> <li>- could we utilize the health centres for this?</li> <li>- it needs to be versatile to meet the community needs</li> <li>- I think we need to re-visit how it would operate</li> <li>- could it be in a larger vehicle like a trailer?</li> </ul>	<ul style="list-style-type: none"> <li>- a good idea if it speeds up the process for quicker results</li> <li>- couldn't we just have a smaller cancer clinic here in Whitehorse with specialists</li> <li>- couldn't we just use the telehealth system?</li> </ul>
Green	Blue
<ul style="list-style-type: none"> <li>- it needs to be in a large vehicle</li> <li>- it could be a portable unit that could be brought into homes or the health centre (this would help meet the needs of elders)</li> <li>- could it fit in a plane? Could it be fit into a plan rather than a van?</li> <li>- it would need to have consistent staffing</li> <li>- the unit could be used to provide additional information to the community</li> <li>- we really need to understand the logistics of this better</li> <li>- some screening could be done in the vehicle and some could be done at home</li> <li>- examine FN needs</li> <li>- we need to plan to get the “biggest bang for the buck”</li> <li>- could we give prizes for people who get screenings done</li> <li>- we need to make sure there is really good security around the information that is collected</li> </ul>	<ul style="list-style-type: none"> <li>- we need to go to leadership first; do we even have the capacity for this?</li> <li>- are we doing this as 14 FNs or under CYFN?</li> <li>- we need to bring the leadership into this discussion because it is an important issue to discuss</li> <li>- we need to see the van from BC – it should be at a meeting so everyone can see it</li> <li>- we need to make sure we follow the proper channels before we proceed and consult with all FNs.</li> <li>- we should have a community-wide conference on cancer for all of Yukon</li> </ul>

### Action Points — Mobile Screening Unit

- Sounds promising but more information is needed
- We need to bring the leadership into this discussion because it is an important issue to discuss
- We need to make sure we follow the proper channels before we proceed and consult with all FNs
- We should have a community-wide conference on cancer for all of Yukon
- could it be a portable unit that could be integrated into the health centre or brought into homes?
- It would need to have consistent FN staffing and be culturally relevant
- It would need to have secured long-term funding

### Topic Four — Perceived Prejudice and Misdiagnosis Specific to Yukon First Nations Communities

To explore this topic, the facilitators presented the topic and asked the participants to interact in an open discussion setting. This open discussion still worked through all six “Thinking Feathers” in order to completely examine the topic. Through this process the participants worked off of each other’s points to contribute to the bigger picture. A facilitator kept track off all the points in this chart:

#### Open Discussion — Groups A and B

White	Red
<p><i>*no points were collected under this thinking process – much of the discussion examined anecdotes and what is perceived, therefore difficult to determine actual facts and figures</i></p>	<ul style="list-style-type: none"> <li>- generalizations made about FNs</li> <li>- doctor control issues (telling patients what to think too often, rude comments)</li> <li>- wrong treatments from health professionals</li> <li>- not questioning patients properly to find out what is actually wrong</li> </ul>
Black	Yellow
<ul style="list-style-type: none"> <li>- people don’t have trust in health officials</li> <li>- medication is used too often as the answer</li> <li>- need for doctors to listen more</li> <li>- there are links between social and medical (people are getting sick sometimes due to social aspects, not always just medical issues)</li> <li>- need to discuss all symptoms</li> <li>- doctors are rushing through patients (more doctors the answer?)</li> <li>- proper specialists are all in Whitehorse and inaccessible from communities</li> <li>- wait times to see community doctors is too long</li> <li>- certain medications are not covered by the First Nations health plans</li> <li>- there is a political attitude (if you want better health care, do it yourself)</li> </ul>	<p><i>*did not openly discuss specific emotions, but elements of this thinking process came across in the discussion</i></p>
Green	Blue

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- have a doctor in each community (would develop more personal interaction with members, know family history), nurses cannot diagnose</li> <li>- local doctors would create community discussions on illness</li> <li>- doctors should be held accountable for prejudice</li> <li>- there should be an appeal board to examine prejudice in the system</li> <li>- how many FNs have been misdiagnosed? (no one will listen)</li> <li>- where do/can the complaints go?</li> <li>- health officials should question symptoms/death</li> <li>- home visits are a priority</li> <li>- create a group to look into how international treatments work instead of just western ways</li> <li>- partnership between governments needed</li> </ul> | <ul style="list-style-type: none"> <li>- train and educate leaders to jump on change</li> <li>- need for holistic treatments</li> <li>- need to be supported</li> <li>- access to education for FNs doctors (allow our own culture to treat us)</li> </ul> |
|---|--|

### **Action Points— Perceived Prejudice and Misdiagnosis Specific to Yukon First Nations Communities**

- Doctors need to listen more and question symptoms to avoid misdiagnoses
- Medication needs to be used less, holistic approach instead
- Policy for home visits to be looked at and revised
- Political attitude of “do it yourself” needs to stop
- Need partnerships to work through these issues
- Doctors in each community to create comfortable health experiences
- Appeal board for First Nations to report and discuss prejudice they encounter
- Create better access to medical education and training for First Nations

### **Summary**

The objectives of this workshop, Conversation on Cancer, Part 3, were met through the discussions by identifying cancer as a priority in Yukon. Through the individual and group brainstorming sessions, as well as the open group discussions, participants were able to identify action points to lead towards proposal planning, applications for funding and ultimate partnerships. Participants remarked that it was an interesting process of thought and found they could approach the topics from different angles.

### **Protocols**

However, the participants did mention that they are not a “decision-making group” due to the fact that any major decisions must go through chief and council. Therefore they felt that they could only discuss these matters to a certain extent and then leadership needs to really get involved in order to move forward with action. Participants felt that the next meeting in regards to these topics needs to be about funding to make the priorities possible.

### **Mobile Screening Unit**

When discussing the Mobile Screening Unit there were a number of questions from the participants. The project was discussed amongst the health commissioners in *Conversation on Cancer, Part II*, however that information was not passed on to the participants involved in this workshop. Therefore, they felt as though this information was out of nowhere and difficult to discuss due to a lack of knowledge and feedback from chief and councils.

### ***Planning to Move Forward***

One participant mentioned that, "There is no plan to plan." Through the final open discussion, participants expressed the need to move beyond simply talking about these matters and actually act on these action points. They expressed that now is the time to consult chief and council, draw up proposals, plan for programs, locate funding sources and build partnerships based on what priorities were identified and defined through *Conversation on Cancer*, Parts I, II and III. At the same time, participants expressed the need to be critical about how funding is obtained and used. Funding needs to be targeted towards priorities and not just used because it has been made available.

### ***Conclusion***

Overall, participants felt the workshop was successful in defining the action points and priorities. It also enabled them to work together to see where the commonalities lie in their communities and to also see where things differ. This workshop helped to examine what sort of problems are found in different communities and this workshop also kick-started discussion on the possibility of a Mobile Screening Unit being of use to the territory. More information will be collected by CYFN with the assistance of AHRN (Arctic Health Research Network) and shared with participants, so that they may approach their Chief and Councils about this project and how it would/could work in Yukon.

### ***Moving Forward***

The workshop held on June 10, 2009 built upon the discussions and recommendations on *Conversation on Cancer*, Part I and II, but the participants unanimously felt that now action needs to be taken instead of talking. The following are the next steps that were identified:

#### ***Delivery of Report***

All Yukon First Nations should receive a copy of this report for reference and it should be distributed to organizations such as CYFN, AHRN (Arctic Health Research Network), and the Canadian Cancer Society.

#### ***Build Partnerships***

Partnerships need to be built between health and social service departments (and other relevant departments) in all levels of government.

#### ***Form Steering Committee***

Must develop a steering committee/lobby group (to begin to take on priorities, find funding sources, write proposals, etc.) in order to move forward. Departments feel they don't have capacity to take on these new tasks, but a group must be identified in order for make changes to the system.

#### ***Discuss Mobile Screening Unit – Send in Proposal***

Find more information about Mobile Screening Unit from CYFN with assistance from AHRN in order to discuss project with chief and council. A proposal for funding to run the program in Yukon needs to be filled out and delivered by July 17, 2009.

#### ***Bring Priorities to Health Departments/Chief and Council***

Discussions need to be had between the various workshop participants and the other workers

in their First Nations Health Departments and brought forward to chief and council.

***Funding Possibilities and Proposals***

Funding sources and proposals need to be identified to allow these programs to move forward.

***Territory-Wide Forum***

Plan a territory-wide forum to discuss cancer screening, prevention and awareness, bringing together First Nations and non-First Nations. This will help formulate new partnerships and continue to develop steps for change.

## **Acknowledgments**

### ***Funding and Supporting Organizations***

- Canadian Partnership Against Cancer
- Council of Yukon First Nations
- Canadian Cancer Society, BC and Yukon Division

### ***Attendees***

- Agnes Ball (KTC)
- Roberta Auston (CYFN)
- Roberta Behn (TKC)
- Pat Martin (TKC)
- Tracy Kane (CAFN)
- Deb Nagano (TH)
- Jackie Johnny (WRFN)
- Phyllis Peter (NNDNFN)
- Margaret Smith (VGFN)
- Blake Rogers (Canadian Cancer Society, BC and Yukon Division)
- Kim Mia Pronovost (Health Canada)
- Jody Butler-Walker (AHRN)
- Cheryl Moses (CYFN)

### ***Prayers***

- Frances Woolsey

### ***Facilitators and Report Preparation***

- Kari Johnston
- Tara McCarthy