

2nd CANCER PROJECT UPDATE to November 20, 2014

<p>A partnership between the CBHSSJB with the Nunavik Regional Board of Health and Social Services, our RUIS partners, the Direction québécoise de cancerologie at the Ministry of Health, and the Canadian Partnership Against Cancer’s First Nations, Inuit and Métis Strategy</p>	
<p>GOAL: To improve <i>nimeskanâm/nimâskinâm</i>¹ (my path) for patients and to improve the experience with the system of care for individual patients and their families from early screening and detection to end-of-life.</p>	<p style="text-align: center;">THE TERM <i>NIMESKANÂM/NIMÂSKINÂM</i>¹ (MY PATH) WAS CHOSEN BY THE LANGUAGE WORKING GROUP TO DEFINE WHAT THE ONCOLOGY PASSPORT WOULD REPRESENT FOR EEYOU PATIENTS. OVERALL THE REFERENCE TO THE CANCER EXPERIENCE IS OFTEN REFERRED TO AS ‘THE JOURNEY’ WHICH TAKES INTO CONSIDERATION THE DESTINATION. ‘THE PATH’, HOWEVER, REFERS MORE TO HOW HUMANS AND ANIMALS CREATE THEIR OWN WAY, EACH HIGHLY INDIVIDUAL AND LEAVING HIS OR HER DISTINCT IMPRINT.</p>
<p>This project touches many areas of Cree Health Board operations in its goal of improving patient’s <i>nimeskanâm</i> (my path) and we think it important that each of you is up-to-date about what is happening. This update reports on what we are doing in the broad area of ‘cultural competency’, or making the Cree Health Board a welcoming and safe organisation for Eeyouch and others. (1) We report on our work on cultural competency training for non-Eeyou health care workers. (2) We want to tell you of the developments to-date around developing terminology and language tools. (3) As promised in the September update, we present a first brief overview of a culturally competent organization. (4) And we briefly look at some project events coming up.</p> <p>FOR AN OVERVIEW OF THE THREE YEAR CANCER PROJECT, SEE THE FIRST UPDATE FROM THE PROJECT AT WWW.CREEHEALTH.ORG.</p>	
<p>Cultural Competency Training</p>	<p>The <i>Activity Report on Development Planning for Cultural Competency Training</i> has just been submitted to the Executive Committee. This report, with recommendations, completes our existing Cancer Project mandate. Further developments in this area will require mandates from the Administration beyond the specific Cancer Project. Our report will be available on the Cree Health Board website. Many thanks to Cecilia Ariano and Mae Lafrance, and their manager Taria Matoush, for developing this review with Ann Marie.</p>
<p>Language development</p>	<p>Six terminology workshops are planned from October to March to develop over 200 cancer terms and definitions. Ann Marie has organised an excellent team of three Cree language specialists: Mimie Neacappo a Cree linguist from Chisasibi and Carleton University and facilitator for the workshops, Charlotte MacLeod from Mistissini and Brian Webb from Chisasibi and Montreal; as well as three beneficiary attendants from Cree Patient Services who do interpreting for patients: Frances Couchees from Oujé-Bougoumou and Montréal, John Bearskin from Chisasibi and Montréal, and Jacqueline Paddy from Oujé-Bougoumou and Chibougamau. Thanks for the support of their managers Caroline Rosa and Nathalie Beauchemin.</p> <p>Following each workshop, Mimie Neacappo provides a short report on what was accomplished, and Charlotte and Brian validate the work with certain inland and coastal Elders. By the end of March we plan to have a document ready for final validation and revision. Once this happens, Ann Marie will present it to one or two medical groups to explore other aspects of terminology which could be useful in the clinical setting.</p> <p>The new terms, with definitions and pictures, will be merged into the East Cree dictionary. The goal is to establish a common language among Cree speakers about how we talk about sickness and to make the terminology available through audio and visual tools aimed at different categories of users : Eeyouch, non-Eeyouch, health care workers, patients, families and the general public. In the needs assessment Ann Marie did early this year on how interpreters are used in the Cree Health Board, most people said they do not read Cree and prefer audio formats.</p>

¹ The southern Cree is *nimeskanâm* while the northern Cree is *nimâskinâm*.

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	<p>At the same time, we are working on developing some tools in the context of the cancer <i>nimeskanâm</i>. In the first workshop, the specialised cancer nurse did role-playing and the videos of these will become inserts in an audio tool to have people understand what they can expect to experience when they leave for cancer diagnosis and treatment.</p> <p>The aim is not only to describe what someone might expect to see, but also to give an idea of the impact this new experience might have on someone's life. In the future, with some easy-to-use tools, a patient who is not feeling well after a treatment will be able to go to the app to listen to the section on side effects and what to do about them.</p> <p>This work on developing useful apps for smartphones is also being merged with a review of how to adapt the new cancer passport from the Ministry of Health. The passport is a small, individualized booklet where the patient keeps vital information, like phone numbers, appointments, medications, side effects and so on. The patient with cancer needs to find ownership – not of the disease – but of <i>nimeskanâm</i>. Each individual's passport can help provide some continuity for them and serve as their ongoing document, recording what has happened, as well as information in the form of check lists, and questions which they, or their escorts, might want to ask the doctor. These questions will also become available on the phone app so patients and escorts will be able to listen before going in for appointments.</p> <p>Later, once this work has been completed, we will need to launch a media campaign to promote the use of these terms through training sessions within the Cree Health Board and on the radio for the general public, as has been successfully done by JBCCS with their Dab Iyiyuu series.</p> <p>We also received an update report from Mimie Neacappo entitled: <i>Progress report Cancer Project: Development of Lexicographical online Cree Resources. Medical Terminology and Conversation (Resources for Cancer Patients)</i> on the items we contracted from Carleton University earlier this year.</p>
<p>What is a 'culturally competent organisation'²?</p>	<p>Cultural competence is defined as the ability of health care providers and the Cree Board of Health to provide effective care to Eeyouch. It refers to a set of attitudes, practices, policies, and structures that come together in an organisation and enables professionals to work more effectively in cross-cultural situations. A culturally competent organization is more likely to respond to the needs of the population and the physical environment and personnel are more likely to be reflective of the population being served.</p>
<p>Cultural competency involves</p>	<p>(1) Cultural awareness is having a sensitivity and understanding of one's own cultural identity;</p> <p>(2) Cultural knowledge is having knowledge of other cultures' beliefs, values and practices, which allow for an understanding of different worldviews; <i>and</i>,</p> <p>(3) Cultural skills is having the skills to interact effectively with diverse cultures.</p> <p>These need to be widespread in order for patients to feel culturally safe when receiving services. It is not only individuals working in the Cree Board of Health who need to develop their competency, but, more importantly, the organization also needs these aptitudes.</p>
	<p>The Cree Board has evolved from the <i>James Bay Agreement</i>, its governing law S-5, and more recently its Strategic Regional Plan. Each document stresses that the Board's goal is to be an Eeyou respectful organization. Organisations which strive towards cultural competency have shared values which promote respect and cultural self-assessment in order for the institution to be able to use cultural knowledge, adapt to diversity and manage difference.</p>
<p>Standards are mandatory</p>	<p>For this update, we thought you might find it interesting to hear about general standards of cultural competence for a health care organization. Standards are mandatory organizational strategies, as opposed to guidelines which are recommendations. The example below provides us with an idea of</p>

² The content of this section is taken largely from: Olavarria M, Beaulac J, *et al.* March, 2005. Standards of Organizational Cultural Competence for Community Health and Social Service Organizations. Centre for Research on Community Services, University of Ottawa.

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organisational strategies	what an organisation needs to do in five domains. Although the Health Board already is active in some areas (consider this project for example), the purpose of standards or guidelines is to develop an organisation-level planned approach.
Example of standards for a culturally competent health care organisation	<p>A. Organizational Norms, Principles, and Policies</p> <ul style="list-style-type: none"> a. Commitment to CC in policies: mission statement, policy statements, code of conduct, monitoring of policies, CC plan for the organization, person responsible for CC, leadership committed to CC, CC budget b. CC Advisory Committee c. CC activities within organization: review process, CC included in client satisfaction and organization improvement procedures, CC complaint mechanism d. CC climate: commitment of staff to CC, welcoming physical environments <p>B. Asset and need identification related to CC</p> <p>awareness of target population and their needs, users and their needs, identification of CC barriers and issues, ongoing community consultation</p> <p>C. Human Resources and management: policies and practices</p> <ul style="list-style-type: none"> a. Recruitment, hiring, and retention: CC strategies, staff composition at different levels, level of cultural experience of staff, satisfaction and retention level of staff by culture, staff performance evaluation b. Staff training on CC <p>D. Services and Service Delivery</p> <ul style="list-style-type: none"> a. Linguistic competence: materials in Cree, rights/grievances in Cree, interpreter and translation services, linguistic competence of staff, translation of critical forms in Cree b. Services: development and adaptation of CC services/interventions to improve CC <p>E. Community consultation, partnership and information exchange</p> <p>client satisfaction by CC, appropriate partnerships, presence and quality of partnerships, advocacy-related and community building activities, patient and consumer involvement in CC-related activities</p>
Steering Committee	<p>The Cancer Project now has a Steering Committee which will meet as needed. Members have a focus on specific objectives which align with their existing mandates:</p> <ul style="list-style-type: none"> - Ann Marie: Hearing and documenting what patients have to say and cultural competency of the health care system (objectives # 1 and # 2) - Carole Laforest and Laurent Marcoux: Improving linkages between levels of services (#3) - Anne Foro: Improving services offered within the CBHSSJB (#4) - Greta Visitor: all objectives from a local services perspective (#1-4) - Jill Torrie: all objectives from a project management perspective (#1-4)
Updates and other Cancer Project activities	<p>Jill attended an Evaluation Working Group meeting in Saskatoon on November 4 to finalise how the provincial projects will support the national evaluation.</p> <p>Ann Marie and Jill are meeting with the Inuit representatives, Justine Grenier and Jacques Poliquin on November 20 at Duke Street to plan a meeting between the two regions with the RUIS.</p> <p>On November 26 to 28, Ann Marie, Jill and Justine will be travelling to Calgary for the annual meeting of people involved with the nine provincial Indigenous cancer projects. At the meeting, Ann Marie will be speaking with other regions doing activities similar to ours in developing culturally adapted tools and culturally appropriate approaches and Jill will meet with the evaluation group. They also hope to consult an Alberta Cree professor involved with the cancer project who is a leader in the area of making health care organizations culturally competent for Indigenous people.</p>

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