

Introduction

In Newfoundland and Labrador (NL), many of our First Nations, Inuit and Métis (FNIM) residents live in rural or remote areas of the province making access a significant issue to those seeking health services. In addition to geographical and access issues, FNIM people in this province face other challenges when seeking health care or treatment including language barriers and a lack of understanding or awareness amongst health care providers regarding FNIM cultural norms or practices. It is well documented that health outcomes for FNIM people are not as favorable when compared with their non-Aboriginal fellow Canadians. The creation of innovative tools and resources as well as navigation supports can enhance the cancer care journey, ensure culturally safe care, and ultimately improve health outcomes for FNIM people living in Labrador.

The Cancer Care Program of NL was successful in receiving funding under the FNIM portfolio of the Canadian Partnership Against Cancer to conduct a project with FNIM groups in Labrador. Executive sponsorship and support for this project were evident from the outset by the Vice President, Director and Clinical Chief of the Cancer Care Program. There was a strong will to create and foster relationships with those in Labrador who could best articulate what the real needs were and how they could be addressed. During the development phase of this initiative a forum was held in Labrador with a number of stakeholders including leaders from the Labrador-Grenfell Health Authority and all FNIM leaders. Three priority areas for action were identified:

1. Enhancing **Transitions in Care** between hospital and the community setting;
2. Expanding the **Tele-oncology** model for improved access to care;
3. Increasing **Cultural Safety** of care delivery.

Project Plan

A project plan and key deliverables were developed based on the attainment of gains in each of these priority areas. A high volume of innovative resources have been generated as a result of the project work. Some examples of resources are:

- Community and Clinic Profiles developed to facilitate safer discharge planning with respect to patients returning to their home communities;
- Anatomic visual aids to support tele-health and face-to-face consultations;
- A glossary of medical terms translated into the various FNIM languages that can be used during medical encounters;
- The installment of Aboriginal artwork in the tertiary health care centre in order that patients may see familiar and comforting images during their time spent far away from home;
- A video tour of the Cancer Centre in St. John's and the hospital in Happy Valley-Goose Bay, Labrador so that patients don't have to fear an unknown environment before coming to either of these facilities; and
- Cultural safety training which is intended to raise awareness of FNIM cultures in Labrador, provide insight into implicit and explicit biases held toward FNIM people and enable health care professionals to provide more culturally relevant care.

Building Partnerships

From the outset there was immediate acknowledgement and agreement that the issues identified by our Labrador partners had to be addressed collaboratively, however, it was less apparent how to proceed into uncharted territory given that a project of this nature had never been attempted before. The contributions of strong leadership and alliances were instrumental to the successes that have been achieved in work that was largely novel to all involved.

Relationship building with FNIM groups can be challenging for many reasons including distrust on the part of FNIM people around the motives of those coming in from the outside to do work. This distrust is often well-founded based on previous experiences of FNIM people and their encounters with researchers, governments and health care. The deep knowledge at the VP level of the geography of Labrador, of the various FNIM groups that reside there and of the key partners to approach was instrumental to developing meaningful and lasting partnerships. A variety of stakeholders became involved in the project including some that were historically challenging to engage. Stakeholders included:

- Mushuau and Sheshatshiu Innu First Nations,
- Nunatsiavut Government (Inuit),
- NunatuKavut Community Council (Métis),
- Labrador-Grenfell Health,
- Eastern Health,
- Canadian Cancer Society,
- Dr. H. Bliss Murphy Cancer Care Foundation, and
- Cancer patients and caregivers from Labrador

Summary

The impacts of this initiative have been profound. It has provided the opportunity for FNIM communities in Labrador to be engaged in the development of tools, resources and procedures. It has also greatly increased the profile of the two Aboriginal Patient Navigators at Eastern Health, as well as the consideration of the needs of our FNIM patients. Partnering with community, patients and health care providers to create culturally relevant tools will benefit all patients. The relationship building throughout this initiative is likely one of the strongest outcomes. In addition to the partners listed above, partnerships were also formed with the other Regional Health Authorities (Central and Western Health) and with the Newfoundland & Labrador Centre for Health Information. Taking a broad approach has strengthened the provincial reach of the work. Collaboration with stakeholders has been a priority of this initiative and is integral to its success.

A commitment was made to our Labrador partners that we would keep the lines of communication open and consistent and this has been upheld. A forum was held on October 19, 2016 that celebrated the work and knowledge we have created together. Strategies to maintain collaboration and sustainability were also discussed. Partners and stakeholders will continue to be engaged throughout the remainder of the project and beyond. Engagement and strong leadership have helped foster empowerment and ownership of tools created which in turn will greatly benefit the sustainability of the initiative's work.