

## **Cancer Patient Navigation National Workshop**

**Fredericton  
January 18, 2008**



## **Responding to the Needs of Diverse Communities Through Patient Navigation Community Liaison**



### **Cancer Care Nova Scotia**

- A Program of the Department of Health
  - Created to make change
  - A mandate to:
    - Co-ordinate
    - Strengthen and
    - Evaluate
- all cancer services in Nova Scotia



### **Patient Navigation**

Patient Navigation is a client-centered, outcome-focused management approach to assist health professionals, patients, their families and health districts leaders deal more effectively with cancer and the cancer system



### **Black Migration Map**



### **The African Nova Scotia Community**

- The African Nova Scotians represent 3% of the population
- The largest minority group in the province with a heritage dating back to the early 1600's



## Cancer in the African Nova Scotian Community

- Researcher used Africentric methodology to document African Nova Scotian experience with the cancer system
- Report entitled “Navigating the Cancer Care System; African Nova Scotians’ Experience” presented



## Key Findings

- The negative impact of institutional racism on health
- Under-representation of African Nova Scotians in the health professions
- Cancer literature not culturally sensitive
- Health professionals not aware of risk factors in certain diseases



## African Nova Scotians’ Experience

### Recommendations

- More culturally-specific material
- Increased cultural competency for cancer specialists
- Community recruitment for health professionals
- Properly trained volunteers re: anti-racism education
- Research specific to African people
- Formal recognition of already available community supports



## Patient Navigation Community Liaison

Community Liaison is a response to contracted research in the African Nova Scotian community

Implemented to improve access and education to communities that have traditionally found it difficult to access cancer care



## Patient Navigation Community Liaison

Works with diverse communities to:

- Identify their unique needs
- Develop strategies to meet these needs
- Establish and maintain a network of Community Leaders, volunteers and professionals



## Community Liaison (cont.)

Helps patients and families through the cancer system by:

- Introducing the Patient Navigator and explaining the navigator’s role
- Bringing individual needs to the attention of the appropriate Patient Navigator
- Educating the Patient Navigators about the unique needs of diverse communities



## Community Liaison (cont.)

- Assists family physicians, surgeons, community based specialists, oncologists and other health professionals by:
  - Promoting a better understanding of the values and beliefs of diverse communities
  - Encouraging education in cultural sensitivity



## Community Liaison

- Returned report to African Nova Scotian communities and established community contacts
- Patient navigator introduced to diverse community
- Patient Navigator and Community Liaison collaborate on community education sessions



## Community Liaison cont;

- Arranged Diversity Awareness Workshop for Cancer Care Nova Scotia staff and Cancer Center staff
- Educated health professionals
- Through Health Association of African Canadians (HAAC) increased awareness of cancer



## Community Liaison cont;

- Participating in a number of Provincial Department of Health initiatives; Diversity and Social Inclusion and Hospice Palliative Care project and national initiatives
- Planned, developed and implemented the Lay Educator program.



## Lay Educator Program

- Community need for cancer-related education identified by Youth
- Program adapted from previous model to meet the community needs
- Evaluated to see if transferable to other communities



## Cross Cultural Summer Student

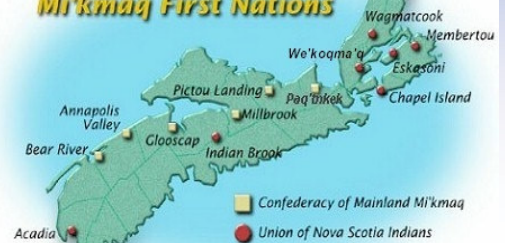
- Developed to encourage recruitment of African Nova Scotians in the field of oncology
- Student evaluated the Lay Educator program and made recommendations



## First Nations Community



## Nova Scotia Mi'kmaq First Nations



## First Nations

First Nations people have experienced a smaller incidence of lung, breast, prostate and colon cancer than Euro-Canadians. However, disease trends are changing in this population.



## Some Trends

First Nations people are more likely to be diagnosed with cancers of the cervix, gallbladder, and kidneys.

Cancer rates among Aboriginals is increasing



## First Nations Community

- Community Liaison introduced Patient Navigators to Community Health Reps.
- Cancer-related information provided for First Nations newspaper
- Community Liaison participated in annual health conferences



## First Nations Needs Assessment

Conducted by Dr. Charlotte Loppie and Dr. Fred Wein on behalf of the Mi'kmaq Health Research Group for CCNS  
Report entitled "Our Journey: First Nations Experience in Navigating Cancer Care" presented



## Recommendations

- Need to improve knowledge about cancer and cancer care system among First Nations people
- Information needs to be culturally sensitive and reflect First Nations culture and beliefs
- Workshops and support groups for patients and their caregivers



## Recommendations (cont.)

- Health professionals, especially doctors, need to be more culturally competent
- Shorten the time between referral and diagnosis
- Communities should have a person trained in and knowledgeable about cancer and the cancer system



## Recommendations (cont.)

- Increase the availability of home care, palliative care and other forms of support
- Address inadequacies in health transportation system
- Provide funding for alternative and traditional healing approaches



## Immigrant Needs Assessment



## Immigrant Community

- Most reside in Halifax although there are small populations in every region of the province
- The proportion of Immigrants from Europe has declined, while increasing from Africa, Asia, Central America and Middle East



## Immigrant Community

- Language is a major barrier
- In metro Halifax, Arabic is the second most spoken language after French
- Cancer information often provided in English not reflecting Immigrant population



## Immigrant Community

- Many experience culture shock, loneliness and homesickness which often leads to mental health issues
- Myths and taboos prohibit seeking medical attention for such diseases as cancer



## Immigrant Community

- Preventive health practices and screening procedures are unfamiliar to many
- Health professionals and other health care providers lack cultural competency
- Religious faith/spirituality are coping mechanisms



- Immigrants live in concentric circles surrounded by members of same ethnic group.
- Some prefer to talk with individuals from the same ethno cultural background
- Racial profiling of people of Muslim faith and Middle Eastern origin has been an issue since 9/11



## Challenges

- Cancer system needs to address language, cultural and religious beliefs
- Health professionals need to be culturally competent
- Immigrants need education about the importance of prevention and screening



## Strategies to Date

Linked with MISA and cultural health Interpreters  
Participated in Immigrant health fair  
Joint project with CHDA, CCNS and IWK  
translation of Pap test brochure into Arabic



## Future Directions

- Continue working with each community using strategies already developed
- Continue to make the connection between community and Cancer Patient Navigator

