# SOUTH EAST REGIONAL INDIGENOUS CANCER PLAN

## 2024-2028

# Table of Contents

Executive Summary ........ 3
List of Abbreviations Used ........ 4
A Note on Terminology ........ 4
First Nations, Inuit, Métis, and Urban Indigenous People ........ 5
  First Nations ........ 5
  Inuit ........ 5
  Métis ........ 6
  Urban Indigenous ........ 6
Working with Provincial Indigenous Partners ........ 7
  OH Protocol Agreements ........ 7
  Working with Political Territorial Organizations and Independent First Nations ........ 7
  Working with the Inuit Service Providers ........ 7
  Working with the Métis Nation of Ontario ........ 8
  Working with the Ontario Federation of Indigenous Friendship Centres ........ 8
  Working with the Aboriginal Health Access Centres ........ 8
  Working with the Ontario Native Women's Association ........ 8
  Working with the Indigenous Primary Health Care Council ........ 9
  About Indigenous Communities in the South East Region ........ 10
  Overview ........ 10
  Regional Index ........ 10
  Map of Indigenous Communities and Organizations in Region ........ 12
About the Indigenous Health Unit at Ontario Health ........ 12
  First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy 2024-2028 ........ 13
  Regional Program Managers ........ 13
About the South East Regional Cancer Program ........ 14
  Regional Indigenous Team ........ 14
Eight Strategic Priorities ........ 15
  Strategic Priority 1: Building Productive Relationships ........ 16
  Strategic Priority 2: Measurement, Monitoring, and Evaluation ........ 18
  Strategic Priority 3: Prevention and Well-Being ........ 20
  Strategic Priority 4: Cancer Screening ........ 21
  Strategic Priority 5: Palliative and End-of-Life Care ........ 23
  Strategic Priority 6: Survivorship ........ 25
  Strategic Priority 7: Education ........ 26
  Strategic Priority 8: Equitable Access ........ 27
Data Governance, Engagement and Reporting Process ........ 28

Ownership, Control, Access, and Possession (OCAP) Principles 28
Inuit Qaujimajatuqangit 28
Engagement and Reporting Process 28
Voluntary Self-Identification 28

# Executive Summary

The South East Regional Cancer Program (RCP), through a collaborative partnership with Ontario Health, has developed its third South East Regional Indigenous Cancer Plan (RICP). This Plan is designed to improve cancer service delivery for First Nations, Inuit, Métis, and urban Indigenous people[1], and was collaboratively developed with Indigenous communities and organizations in the region. The Plan builds on the framework of the sixth *Ontario Cancer Plan 2024-202*8 (OCP 6); the fifth *First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2024-2028* (Strategy 5); the vision, values and goals of the South East RCP; and most importantly, direction on cancer care priorities from Indigenous partners in the region. This provides the necessary foundation to develop a South East RICP with Indigenous people that is truly impactful, respectful, and sustainable.

This document outlines the commitments of the South East RCP, aligns these with the strategic priorities detailed in Strategy 5, and identifies regional deliverables for the South East RICP. This document also outlines what impact these deliverables will have on Indigenous communities in the region. This information will be used to inform the implementation of the South East RICP and will highlight areas of mutual support that will strengthen Ontario's cancer services and improve the experience for Indigenous patients and families throughout all phases of the cancer journey.

It is important to note that this document will be ever-evolving, based on ongoing input from First Nations, Inuit, Métis, and urban Indigenous communities and organizations in the South East region and those on the James Bay and Hudson Bay coasts. Any new needs or priorities identified through ongoing engagement with Indigenous partners will be added in, and changes will be made to continue to reflect community input. The South East RCP is committed to working collaboratively with First Nations, Inuit, Métis, and urban Indigenous partners to learn, grow, and together, improve health outcomes for Indigenous peoples in the South East region and James Bay and Hudson Bay coasts.

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[1] Regional engagement approaches should be specific to Nations and communities.

## List of Abbreviations Used

| Acronym | Name |
|---|---|
| AIAI | Association of Iroquois & Allied Indians |
| CISPRT | Champlain Inuit Service Providers Relationship Table |
| COO | Chiefs of Ontario |
| FNIMuI | First Nation, Inuit, Métis, and urban Indigenous people |
| ICCU | Indigenous Cancer Care Unit |
| IHEC | Indigenous Health Equity Coordination Unit |
| IHU | Indigenous Health Unit |
| IPHCC | Indigenous Primary Healthcare Council |
| IRCA | Indigenous Relationship and Cultural Awareness |
| MNO | Métis Nation of Ontario |
| NAN | Nishnawbe Aski Nation |
| OCP 6 | Ontario Cancer Plan 6 |
| OFIFC | Ontario Federation of Indigenous Friendship Centres |
| OH | Ontario Health |
| ONWA | Ontario Native Women's Association |
| RCP | Regional Cancer Program |
| RICP | Regional Indigenous Cancer Plan |
| Strategy 5 | First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy 2024-2028 |

## A Note on Terminology

**FNIMuI**

"FNIMuI" stands for First Nations, Inuit, Métis, and urban Indigenous peoples, encompassing a broad spectrum of Indigenous groups in Canada.

**Indigenous**

"Indigenous" is a term broadly encompassing all Indigenous groups and is preferred in international contexts, like the United Nations Declaration on the Rights of Indigenous Peoples. While "Indigenous" is often chosen over "Aboriginal," the latter remains relevant for legal and consistent communication. "Indigenous" is gaining formal recognition, as seen in the Declaration on the Rights of Indigenous Peoples Act in British Columbia.

**Indigenous Peoples**

"Indigenous Peoples" refers to First Nations, Inuit, and Métis in Canada. Though synonymous with Aboriginal, "Indigenous" is preferred and often used globally. However, it's important to specify First Nations, Inuit, or Métis, as "Indigenous" can overlook unique identities and rights. The term should be capitalized when referring to the collective group.

# First Nations, Inuit, Métis, and Urban Indigenous People

**Canada’s Constitution Act of 1982 recognizes “existing aboriginal and treaty rights of the [Aboriginal] peoples of Canada” who are explicitly defined as “the Indian now referred to as 'First Nations', Inuit, and Métis Peoples.”[2]**

Ontario is home to the largest Indigenous population in Canada, with an estimated population of 251,030 First Nations, 134,615 Métis, 4,310 Inuit, and 9,515 Indigenous-identifying people. The true number of Indigenous people in Ontario is likely to be much higher, as the Census of Population has been proven to significantly undercount First Nations, Inuit, and Métis peoples. It has been demonstrated that the size of the Indigenous population in Toronto was underestimated by a factor of 2:4 in the Census.

First Nations, Inuit, and Métis peoples are constitutionally recognized nations with Aboriginal, Treaty, and inherent rights and land claim agreements. The Indigenous population consists of status and non-status First Nations people who may live on- and off-reserve, Inuit, and Métis in urban, rural, and remote areas in Ontario. Each community and nation has its own histories, languages, cultures, beliefs, and practices as well as perspectives, protocols, infrastructure, accountabilities, jurisdictions, and governance. Their health systems exist distinctly from the Ontario health care system. There are more than 40 Treaties and other land agreements covering Ontario, setting out the rights and responsibilities of First Nations and the provincial and federal governments.

## First Nations

First Nations people are the first peoples of North America, and they form the largest group of Indigenous people in Ontario, totaling an estimated 251,030 people[3]. Politically, First Nations communities are represented at the provincial level by a Political Secretariat (Chiefs of Ontario) and four Provincial Territorial Organizations (Grand Council Treaty #3, Nishnawbe Aski Nation, Anishinabek Nation, and the Association of Iroquois and Allied Indians). There are also 14 Independent First Nations communities representing themselves. Canada’s constitution recognizes First Nations peoples and their existing treaty rights and places a fiduciary responsibility on federal and provincial governments for the health of Indigenous people.

## Inuit

The Inuit are the original people from Inuit Nunangat, which includes four Inuit homelands (Inuvialuit Settlement Region, Nunatsiavut, Nunavik, and Nunavut). The Inuit in Ontario have relocated here permanently or temporarily from their traditional homelands. The majority of the approximately 4,310 Inuit who live in Ontario are in the Ottawa area, but Toronto and other large municipalities in Ontario have growing urban Inuit populations. Official statistics on Inuit population sizes in Ontario do not accurately reflect the number of Inuit living in urban centres, with several sources reporting significantly larger numbers[4]. The true number of Inuit in Ontario and in the Ottawa area is likely to be much higher, as the Census of Population has been proven to significantly undercount First Nations, Inuit, and Métis peoples.

At the heart of Inuit culture is family, which is, in turn, surrounded by the community. Inuit families are typically large and deeply interconnected as a result of powerful bonds formed through childbirth, marriage, and adoption. Great respect is given to Inuit Elders who carry Inuit Qaujimajatuqangit (traditional knowledge) that can be shared with younger generations.

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[2] Government of Canada. The Constitution Act, 1982, c. 11 (U.K.), Part II: Rights of the Aboriginal Peoples of Canada (Section 35). Ottawa1982.

[3] Statistics Canada. 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E

[4] Statistics Canada.2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=E

The Inuit infrastructure in Ontario is comprised of multiple organizations working together to provide services to Inuit. Collectively, they operate very differently from First Nations and Métis governance. Coinciding with the Inuit population, most Ontario Inuit service delivery organizations are located in Ottawa.

## Métis

The genesis of the Métis culture and nation dates back to the 1600s when early European settlers first came into contact with local First Nations communities. Early unions between these predominantly male fur-trading European settlers and local First Nations women led to the emergence of a new and highly distinctive Indigenous peoples with a unique identity and consciousness.

The Métis are a distinct people with a unique history, culture, and language that draws on their diverse ancestral origins, including Ojibway, Cree, Scottish, and French. Approximately 134,615 Métis people are living in Ontario.[5] In the last decade, many more peoples in Ontario have begun to self-identify as Métis. Almost three-quarters (72 percent) of Métis people live in urban locations[6], including 31 charter communities located along historic trading routes.

## Urban Indigenous

The term urban Indigenous refers primarily to First Nations, Inuit, and Métis peoples living in cities and towns and recognizes the diversity between and within Indigenous communities. In Ontario, 88 percent[7] of Indigenous peoples live off-reserve in urban or rural communities. This figure includes Métis people and Inuit who do not live on reserves. The 2002 federal court case *Canada v. Misquadis* defined off-reserve Indigenous peoples as a group of self-organized, self-determining, and distinct communities analogous to a reserve community.[8] The case legally recognized the urban Indigenous community as a political community unique and separate from the reserve.

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[5] 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/censusrecensement/2021/dp-pd/prof/index.cfm?Lang=

[6] Statistics Canada. Aboriginal Peoples Highlight Tables, 2006 Census [Internet]. Ottawa: Statistics Canada; 2008 January 15. Available from: https://www12.statcan.gc.ca/census-recensement/2006/dp-pd/hlt/97-558/index.cfm?Lang=E.

[7] Statistics Canada. (2021). 'Census of Population: Focus on Geography Series, Ontario.'

[8] Belanger, Y. D. (2013). Breaching Reserve Boundaries: Canada v. Misquadis and the Legal Creation of the Urban Aboriginal Community. In E. Peters & C. Andersen (Eds.), Indigenous in the City: Contemporary Identities and] Cultural Innovation (pp. 69-87). Vancouver: UBC Press.

# Working with Provincial Indigenous Partners

## OH Protocol Agreements

Starting in 2013, Cancer Care Ontario signed relationship protocols with the First Nations, Inuit, Métis, and urban Indigenous (FNIMuI) organizations. These agreements formalized the relationship with Cancer Care Ontario and held Cancer Care Ontario accountable for the work it is committed to deliver through the First Nations, Inuit, Métis, and urban Indigenous Cancer Strategies.

Ontario Health continues to honour the Protocol Agreements signed with Cancer Care Ontario and is currently building relationships with FNIMUI communities and organizations through discussions on Relationship Protocols.

## Working with Political Territorial Organizations and Independent First Nations

Politically, First Nations communities are represented at the provincial level by a Political Secretariat (Chiefs of Ontario) and four Provincial Territorial Organizations (Grand Council Treaty #3, Nishnawbe Aski Nation, Anishinabek Nation, and the Association of Iroquois and Allied Indians). There are also 13 Independent First Nations communities representing themselves.

Ontario Health has a number of formalized relationships (i.e., Relationship Protocols, Letters of Relationships) with First Nations organizations in Ontario. Through these formalized relationships, Ontario Health has effectively entered into relationships to engage and work with member communities and respective organizations and committees, to improve the cancer system for all community members.

- Grand Council Treaty #3 – May 2013
- Anishinabek Nation – June 2013
- Nishnawbe Aski Nation – August 2014
- Kitchenuhmaykoosib Inninuwug (Big Trout Lake First Nation) – October 2014
- Association of Iroquois and Allied Indians – November 2016
- The Mississaugas of the Credit First Nation – February 2018
- Bkejwanong Territory (Walpole Island First Nation) – October 2019

## Working with the Inuit Service Providers

The largest Inuit population in Canada outside Inuit Nunangat lives in Ottawa; a number of Inuit service providers are located there. These providers offer a variety of health, social, cultural, educational, and political services to the Inuit community. Ontario Health has developed formalized relationships with the following Inuit service providers in Ottawa:

- Tungasuvvingat Inuit
- Akausivik Inuit Family Health Team
- Pauktuutit Inuit Women of Canada
- Ottawa Health Services Network Inc.
- Larga Baffin

This has enabled us to understand and respond to cancer care needs and challenges unique to Inuit living in Ontario or travelling to Ontario for health services through Iqaluit from throughout the Qikiqtaaluk region.

Collectively, these organizations – along with the Indigenous Health Unit (formerly the Indigenous Cancer Care Unit) and the Champlain Regional Cancer Program – form the Champlain Inuit Service Providers Relationship Table (CISPRT). This table, which signed a formalized Relationship Protocol in 2017, meets quarterly to provide insight and guidance on the development and implementation of Inuit-focused initiatives within the provincial strategy and Regional Indigenous Cancer Plans.

## Working with the Métis Nation of Ontario

In 1993, the Métis Nation of Ontario (MNO) was established through the will of Métis people and Métis communities coming together throughout Ontario to create a Métis-specific governance structure. The MNO has a democratic, province-wide governance structure. The MNO maintains a recognized registry of Métis citizens in Ontario. Métis people who are members of MNO and other Métis people in Ontario receive chronic disease prevention services through the provincially funded health system, just like other people in Ontario, and certain groups also receive drug benefits.

The MNO Healing and Wellness Branch facilitates and coordinates activities that address the holistic needs of the Métis Nation in Ontario at the provincial, regional, and local levels. Holistic Métis health includes the physical, mental, emotional, spiritual, and cultural aspects of life. The Healing and Wellness Branch operates through 34 locations in Ontario and actively seeks to partner with Métis and non-Métis people and governments that recognize and respect the diverse lifestyles and traditions of Métis people.

On February 21, 2015, Ontario Health signed a Memorandum of Understanding with the MNO. This memorandum formalizes the relationship between Ontario Health and the MNO and will help Ontario Health ensure that the cancer system recognizes the cultural distinctiveness of the Métis people. It also ensures that Ontario Health will address the unique cancer control needs of Métis people and Métis communities.

## Working with the Ontario Federation of Indigenous Friendship Centres

The Ontario Federation of Indigenous Friendship Centres (OFIFC) is the largest urban Indigenous service network in the province. It supports the vibrant, diverse, and quickly growing urban Indigenous population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more. There are 29 Friendship Centres located in Ontario. Friendship Centres are community hubs where Indigenous peoples living in towns, cities, and urban centres can access community-based and culturally grounded programs and services every day. Friendship Centres receive their mandates from their communities, and they are inclusive of all Indigenous peoples.

On July 19, 2014, representatives from Ontario Health signed a relationship protocol with the OFIFC. This protocol enables Ontario Health and the OFIFC to identify and address common concerns and interests in order to enhance the quality of health of urban Indigenous peoples and communities through partnership. The protocol sets a new course for a collaborative relationship between Ontario Health and OFIFC to work to improve cancer programming and service delivery, ensuring those who do get cancer live longer and better lives.

## Working with the Aboriginal Health Access Centres

Aboriginal Health Access Centres (AHACs) are Indigenous community-led, primary healthcare organizations. They provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to Indigenous communities in Ontario. There are currently 10 AHACs in Ontario that provide health services on- and off-reserve, as well as in urban, rural, and remote locations.

Like Community Health Centres (organizations that provide primary health and health promotion programs), AHACs are recognized by the Ministry of Health and have a direct funding and accountability relationship with the ministry. The ministry has recognized AHACs as important providers of health and healing services to Indigenous communities and as partners in Ontario's healthcare system.

## Working with the Ontario Native Women's Association

The Ontario Native Women's Association (ONWA) is a not-for-profit organization that was established in 1972 to empower and support Ontario's Indigenous women and their families by delivering culturally enriched programs and services. It is located in Thunder Bay and delivers programs and services throughout the province via 11 Chapter Offices – Delivery Sites and 38 Council Offices – Community Level Groups.

## Working with the Indigenous Primary Health Care Council

The Indigenous Primary Health Care Council supports the advancement and evolution of Indigenous primary health care services throughout Ontario, including through its work with 23 Indigenous primary health care organizations, which address the physical, spiritual, emotional, and mental wellbeing of the First Nations, Inuit, and Métis peoples and communities being served.

## About Indigenous Communities in the South East Region

### Overview

**Demographics[9]:**

- Total: 25,440 (4.9% of the total population)
- First Nations people: 15,985
- Métis people: 7,990
- Inuit: 325

* Please note these numbers are likely an underrepresentation of the Indigenous population in the South East.

### Regional Index

**First Nations Communities:**

- Ardoch Algonquin First Nation*
- Kijicho Manito Madaouskarini*
- Mohawks of the Bay of Quinte
- Shabot Obaajiwan First Nation*[10]

**Métis Nation of Ontario:**

- Bancroft Healing and Wellness Branch
- Kingston Healing and Wellness Branch
- Northbrook Healing and Wellness Branch

**Indigenous Interprofessional Primary Care Team:**

- Kingston
- Tyendinaga Mohawk Territory

**Friendship Centre:**

- Kingston Native Centre and Language Nest

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[9] Source: Statistics Canada. 2023. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released November 15, 2023. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E (accessed December 19, 2023).

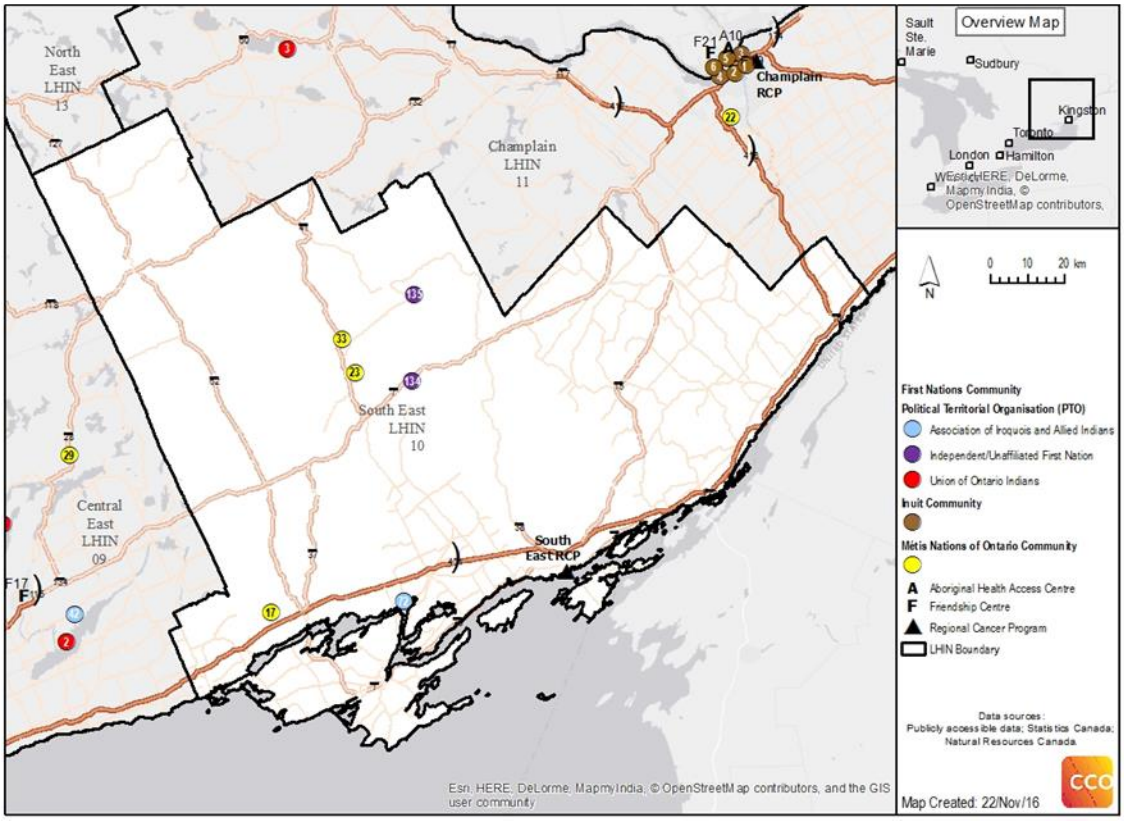
[10] The asterisks delineates unaffiliated and non-status First Nation communities.

## Communities on the James Bay and Hudson Bay Coasts

Individuals living in the remote First Nations Coastal Communities of James Bay and Hudson Bay generally receive cancer treatment through the Cancer Centre in Kingston due to historical referral patterns and existing transportation routes.

- Attawapiskat First Nation
- Fort Albany First Nation
- Kashechewan First Nation
- Moose Cree First Nation
- Moose Factory
- Moosonee
- Weenusk First Nation

## Map of Indigenous Communities and Organizations in the Region



## About the Indigenous Health Unit at Ontario Health

In February 2019, the Ontario government introduced Bill 74: The People's Health Care Act 2019, creating a new health agency - Ontario Health. Ontario Health is the provincial agency responsible for ensuring Ontarians continue to receive high-quality health care services where and when they need them.

The work of Cancer Care Ontario (CCO) was taken on by Ontario Health (OH) in December 2019, with the scope and mandate of CCO's Indigenous Cancer Care Unit (ICCU) remaining unchanged.

In January 2025, the Indigenous Cancer Care Unit (ICCU) merged with the CCO's Indigenous Health Equity and Coordination (IHEC) Unit to form a single entity, now known as the Indigenous Health Unit (IHU). This merger and rename more accurately reflect the scope of work and care for Indigenous patients across the province. The IHU collaborates with regional, provincial, and national Indigenous and non-Indigenous partners and organizations to develop and implement Indigenous cancer strategies. Working together, the IHU and Indigenous partners ensure that proposed programs and strategies are relevant and have the potential to be highly effective at individual, family, and community levels.

Prospectively, Cancer Care Ontario is referred to as Ontario Health. The Relationship Protocol signed with Cancer Care Ontario will be honored by Ontario Health.

## First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy 2024-2028

The work of the IHU is guided by the provincial-level *First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy 2024-2028* (Strategy 5), which is the road-map for addressing Indigenous cancer care issues and needs in Ontario.

To create Strategy 5, the IHU began by reviewing progress made under the fourth *Indigenous Cancer Strategy 2019-2023*. The Joint Ontario Indigenous Health Committee (JOIHC), Indigenous patients, staff across Ontario Health, and a network of partners, including the Regional Cancer Programs (RCPs) and Indigenous Health Tables, provided insights and expertise. The review and engagements confirmed the direction set by previous Indigenous cancer strategies.

Since 2012, Ontario Health has been working with Indigenous health committees and communities as well as the RCPs to improve cancer services for Indigenous patients and families, ensuring they are more culturally sensitive and meet community needs. The RCPs are important partners in all of this work, as the RCPs help to identify common goals and outline these in Regional Indigenous Cancer Plans.

## Regional Program Managers

The Regional Program Manager (RPM) is a unique position within the IHU. This role was created to support the implementation of the Indigenous Cancer Strategies by ensuring accountability through relationships established with Indigenous peoples. RPMs work closely with the RCPs, assisting them in developing capacity to engage directly, effectively, and appropriately with the Indigenous health networks and communities within the region.

Within the South East region, the RPM works towards increasing engagement within the various Indigenous organizations/communities in the region. This includes collaborating with the RCP to support the successful delivery of actions outlined within this Plan. The RPM also provides a direct link between the RCPs and the IHU. In this capacity, the RPM assists the RCP in awareness of new initiatives and resources, and ensures timely access.

At a provincial level, the RPM responds to Indigenous health inequities and barriers to health system access while supporting health equity priorities within the IHU. This includes building and maintaining relationships with First Nations, Inuit, Métis and urban Indigenous organizations and contributing to health system level equity goals.

## About the South East Regional Cancer Program

The South East Regional Cancer Program is located at the Kingston General Hospital site of Kingston Health Sciences Centre, and is on the ancestral and traditional territory of the Anishinaabe, Haudenosaunee, and Huron-Wendat Nations. This region is home to a growing Indigenous population. The South East Regional Cancer Program serves a wider geographical area that encompasses many Indigenous communities, including Tyendinaga and Katarokwi, as well as communities within the Weeneebayko Area Health Authority. The South East Regional Cancer Program is dedicated to honouring Indigenous history and culture, and is committed to moving forward in the spirit of reconciliation and respect.

As part of the Cancer Care Ontario network, the South East Regional Cancer Program provides care for over 550,000 patients. The program consists of five different sites across the region:

- Level 4 satellite sites located in Brockville, Napanee, and Perth provide systemic treatment.
- Belleville, a level 3 site, provides a similar scope of services as the level 4 sites, but also has medical oncologists' onsite that determine treatment plans.
- As a level 1 site, the Cancer Centre of Southeastern Ontario at KHSC provides the most complex levels of care with the most advanced technology and training.
- The program also works with regional health clinics to support cancer screening initiatives.

The South East Regional Cancer Program oversees the quality and delivery of cancer services for the residents of Hastings, Prince Edward, Lennox and Addington, Frontenac, Leeds and Grenville counties, Kingston, Belleville, Brockville, Smiths Falls, Prescott and parts of Lanark and Northumberland counties, as well as communities within the Weeneebayko Area Health Authority.

The Cancer Centre of Southeastern Ontario provides chemotherapy, radiation treatment, stem cell and cellular therapy, palliative care, pediatric systemic therapy, gynecological oncology, surgical oncology clinics, and other minor procedures. It also offers supportive care such as counselling by social workers and dietitians. As of 2024, more than 550,000 cancer patients are supported by the program, with over 7,000 new patients seen, on average, each year.

The South East Regional Cancer Program works in partnership with the following hospitals:

- Kingston General Hospital
- Hotel Dieu Hospital
- Brockville General Hospital
- Perth and Smiths Falls District Hospital
- Quinte Health Care
- Lennox & Addington County Hospital

### Regional Indigenous Team

Within this region, the following roles support the Indigenous cancer care work:

- **Regional Indigenous Cancer Lead, SE RCP:** Dr. Hugh Langley
- **Indigenous Navigator, SE RCP:** Dionne Nolan
- **Project Coordinator, SE RCP:** Michelle Kehoe
- **Regional Manager, SE RCP:** Jessica Bonney
- **Regional Director, SE RCP:** Renee Hartzell
- **Regional Vice President, SE RCP:** Jason Hann
- **Strategic Communications Advisor, SE RCP:** Mark Nardi
- **Regional Program Manager, IHU:** Lisa-Marie Langaigne (covering Parental Leave for Nadia Presseau)
- **Tobacco Wise Lead, IHU:** Alicia Topp

## Eight Strategic Priorities

**Building Productive Relationships:** Build and promote relationships with Indigenous partners based on trust and mutual respect

**Measurement, Monitoring and Evaluation:** Compile and develop information to improve the quality of the cancer experience for patients, families and healthcare providers

**Prevention and Well-Being:** Reduce rates of cancer and other chronic diseases in Indigenous People

**Screening:** Increase participation in cancer screening among Indigenous peoples across the province

**Palliative and End-of-Life Care:** Help take care of the palliative and end-of-life needs of Indigenous peoples with cancer

**Survivorship**: Enhancing awareness of cancer survivorship and promoting culturally safe supports.

**Education:** Increase the knowledge and awareness among Indigenous peoples about cancer and other chronic diseases, and among healthcare providers about cultural safety

**Equitable Access:** Reduce barriers in the health system and service delivery

# Strategic Priority 1: Building Productive Relationships

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Build, grow, strengthen, sustain, and measure relationships**<br>• Sustain and develop new relationships and partnerships with Indigenous and non-Indigenous groups<br>• Continue to work with Indigenous leadership, governance structures, health networks, communities, and other health system partners to implement the First Nations, Inuit, Métis, and urban Indigenous Cancer Strategy 2024-2028, as well as subsequent Regional Indigenous Cancer Plans<br>• Support health system partners to develop respectful relationships that are accountable to Indigenous partners when addressing their cancer care needs, including regular reporting<br>• Work with the Indigenous partners and organizations to establish ongoing communication processes based on their guidance<br>• Continue to evaluate and refine ways to build relationships between the health system and Indigenous people, and examine whether these relationships are improving cancer care<br>**Support Indigenous health priorities throughout the cancer system**<br>• Support health system partners' response to current, evolving, and new Indigenous cancer-related priorities, as directed by First Nations, Inuit, Métis, and urban Indigenous communities<br>• Support Indigenous health transformation priorities as they relate to cancer<br>**Support First Nations, Inuit, Métis, and urban Indigenous knowledges and traditional practices in health care**<br>• Update information on existing cultural practices and initiatives across Ontario and help support the development and improvement of policies, healing spaces, and other Indigenous traditional health priorities with health system partners<br>• Promote respect for, and understanding of, First Nations, Inuit, Métis, and urban Indigenous knowledges and traditional practices | **Build, grow, strengthen, and sustain relationships**<br>• Grow and sustain relationships with First Nations, Inuit, Métis, and urban Indigenous partners in the South East region<br>• Ensure that information-sharing is bi-directional, both from the Regional Cancer Program and from First Nations, Inuit, Métis, and urban Indigenous communities and organizations<br>• Promote First Nations, Inuit, Métis, and urban Indigenous programs, services, and events within the South East Regional Cancer Program<br>• Continue to promote the South East Indigenous Cancer Council and expand membership to ensure regional representation<br>• Introduce the Indigenous Project Coordinator role to the region<br>**Build, grow, and sustain relationships with regional partner hospitals**<br>• Promote the South East Indigenous Cancer Care Team and identify partnership opportunities<br>• Support the development of direct relationships between partner hospitals and First Nations, Inuit, Métis, and urban Indigenous communities and organizations in their catchment areas<br>• Continue to work with regional First Nations, Inuit, Métis, and urban Indigenous leadership, governance structures, health networks, communities, and other health system partners to implement the South East Regional Indigenous Cancer Plan 2024–2028<br>**Support Indigenous health priorities throughout the cancer system**<br>• Support health system partners in the South East Region in their response to current, evolving, and new Indigenous cancer-related priorities, as directed by First Nations, Inuit, Métis, and urban Indigenous communities<br>**Support First Nations, Inuit, Métis, and urban Indigenous knowledges and traditional practices in health care** |

| | |
|---|---|
| • Support Indigenous and health system partners in developing and evaluating culturally relevant protocols and processes that respect First Nations, Inuit, Métis, and urban Indigenous knowledges and traditional practices in health care settings<br>• Continue to engage with Elders and Traditional Healers to advise and guide the work of the First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy | • Work with regional partner hospitals to ensure that culturally relevant protocols and processes that respect Indigenous knowledge and traditional practices in healthcare settings in the South East region are in place, including access to Elders and Traditional Healers<br>• Work with regional partner hospitals to promote respect for, and understanding of, Indigenous knowledge and traditional medicine by promoting the Indigenous Relationship and Cultural Safety (IRCS) course and other educational opportunities |
| **Anticipated Benefits to Indigenous Communities** | |
| • A foundation of trust and shared decision-making, guided by the needs and voices of Indigenous peoples and organizational partners, is established within the South East Regional Cancer Program<br>• Increased Indigenous input into regional goals and initiatives, ensuring Indigenous peoples have a voice in the cancer care system<br>• Increased access to Indigenous knowledge and traditional practices within the South East Regional Cancer Program | |

# Strategic Priority 2: Measurement, Monitoring, and Evaluation

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Identify, access, generate, and analyze health data**<br>• Use data to measure, monitor, and evaluate the performance of the cancer system across the cancer journey to improve health experiences, outcomes, and well-being for Indigenous people<br>• Support Ontario Health business units by evaluating cancer programs and initiatives<br>• Estimate the impact of cancer and chronic diseases on the health and well-being of Indigenous people<br>• Support the evaluation of other strategic priority areas as outlined in Strategy 5<br>• Integrate quantitative and qualitative methods for developing health products and data relevant to Indigenous peoples' cancer and chronic disease experiences and priorities<br>**Support Indigenous communities in using health data for policy and program development and understanding the related implications**<br>• Address gaps in the health system by using and sharing knowledge exchange activities with Indigenous partners<br>• Enhance and support the development of measure, monitor, and evaluate capacity activities in Indigenous communities and partner organizations<br>**Explore opportunities to partner with organizations with shared health data goals**<br>• Generate funding, develop and sustain partnerships in Ontario and across Canada to improve the health and well-being of Indigenous people<br>**Implement and monitor the Indigenous Data Governance Matters process at Ontario Health**<br>• Adhere to and be accountable to First Nations, Inuit, Métis, and urban Indigenous data governance and research principles and community requests<br>• Support Indigenous data requests across Ontario Health business units and regions by ensuring they understand the importance of Indigenous data sovereignty, respectful | **Identify, access, generate, and analyze health data**<br>• Develop and administer an exit survey for patients who have received Indigenous Navigator services (evaluate patient experience and collect data to improve service delivery)<br>• Identify trends to better understand access and use of the Navigator role to identify quality improvement opportunities<br>• Guided by community-identified priorities for research, help to support and facilitate connections with research institutions<br>**Support communities in using health data for policy and program development and understanding the related implications**<br>• Address gaps in the health system in the South East Region by sharing knowledge/information with partners<br>• Support IHU-led research initiatives at the regional level (i.e., dissemination of reports and materials)<br>**Explore opportunities to partner with organizations with shared health data goals**<br>• Explore opportunities created by the availability of regional voluntary self-identification for Indigenous peoples through Lumeo (new Regional Health Information System) and related shared health data, as directed by First Nations, Inuit, Métis, and urban Indigenous communities<br>• Continue to partner with Queen's University around research opportunities<br>• Partner with First Nations, Inuit, Métis, and urban Indigenous communities interested in gathering their own data to better understand cancer prevalence in their communities and in applying this data to cancer prevention, screening, and wellness initiatives. |

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| relationships, and accountability to Indigenous partners | |
| **Anticipated Benefits to Indigenous Communities** | |
| • Increased capacity to understand patient experience and improve Indigenous Navigator services<br>• Through regional voluntary self-identification for Indigenous peoples, improved awareness among regional healthcare providers of the volume of Indigenous peoples accessing care at their facilities, and the need to increase Indigenous input into models of care | |

# Strategic Priority 3: Prevention and Well-Being

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Reduce and prevent cancer and other chronic diseases**<br>• Provide training to healthcare providers with a focus on chronic disease prevention to build capacity at the community level<br>• Establish relationships and work in collaboration with other Ontario Health business units to address chronic disease prevention<br>• Provide Indigenous people with customized workshops, education sessions, and programs that focus on preventing chronic disease, including cancer, and improving overall well-being<br>• Reestablish the Path to Prevention Partnership Table, and bring forward the relevant recommendations from the Path to Prevention report to address behavioural risk factors related to cancer and other chronic diseases | **Reduce and prevent cancer and other chronic diseases**<br>• Explore options to provide or support training for healthcare providers with a focus on culturally relevant chronic disease prevention<br>• Partner with First Nations, Inuit, Métis, and urban Indigenous communities and organizations to provide workshops, education sessions, and programs that focus on the five pillars of chronic disease prevention (i.e., wellness fair/day, men's wellness event, land-based teaching, caregiver support/wellness)<br>• Facilitate medicine walks for every season, incorporating discussions around prevention and food security<br>• Participate in community health and wellness fairs and attend Pow Wows |
| **Develop and use evidence to reduce the burden of cancer and other chronic diseases**<br>• Develop and use chronic disease prevention and behavioural risk factor data, policies, and partnerships to inform and develop relevant and culturally appropriate approaches to chronic disease prevention and well-being<br>• Continue to collaborate and share knowledge with Indigenous and non-Indigenous partners about preventing cancer and other chronic diseases<br>• Continue to promote well-being and healthy choices by identifying and developing resources that address wholistic health and well-being | **Develop and use evidence to reduce the burden of cancer and other chronic diseases**<br>• Inform and develop culturally appropriate approaches to chronic disease prevention<br>• Continue to promote well-being and healthy choices by identifying, developing, and sharing resources that address wholistic health and well-being |
| **Support prevention policies and develop programs to deal with emerging issues and trends**<br>• Ensure that Indigenous community members and health care providers have the knowledge and tools needed to deal with emerging issues and trends | **Support prevention policies and develop programs to deal with emerging issues and trends**<br>• In partnership with the Indigenous Tobacco Program, ensure that Indigenous community members and healthcare providers have the knowledge and tools needed to deal with emerging issues and trends (e.g., vaping and cannabis) |

| Anticipated Benefits to Indigenous Communities |
|---|
| • Indigenous community members will have culturally relevant information and tools to make choices about health and wellbeing |

# Strategic Priority 4: Cancer Screening

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Improve access and participation in cancer screening**<br>• Improve access to Ontario Health's cancer screening programs by working with First Nations, Inuit, Métis, and urban Indigenous partners to support expansion and enhancements of the programs across the province<br>• Continue to implement Indigenous community- and research evidence-informed recommendations to improve cancer screening participation in collaboration with Indigenous partners<br>• Address barriers to help improve access to cancer screening for Indigenous people, including access to primary care and navigation supports | **Improve access and participation in screening**<br>• Improve access to Ontario Health's cancer screening programs by working with First Nations, Inuit, Métis, and urban Indigenous partners to increase awareness of screening programs and address barriers to participation<br>• Promote the Lung Diagnostic Assessment Program at the Lennox & Addington County General Hospital (Napanee) in anticipation of the introduction of the Ontario Lung Screening Program (OLSP) in the Region (Spring 2026)<br>• Promote expansion of the Ontario Breast Screening Program (OBSP) to include people aged 40 +<br>• Ensuring public and provider awareness of the High Risk Breast Cancer Screening Program<br>• Promote improvements to the Ontario Cervical Screening Program (OCSP) with HPV test implementation (Spring 2025)<br>• Promote average and high-risk colon cancer screening through ColonCancerCheck (CCC)<br>• Work with First Nations, Inuit, Métis, and urban Indigenous partners and screening sites/providers to ensure access to culturally safer and trauma-informed screening<br>• Work with First Nations, Inuit, Métis, and urban Indigenous partners and screening sites/providers to ensure access to safe and inclusive screening with/for Two-Spirit People |
| **Improve coordination and integration of cancer screening services**<br>• Continue to support health care providers to improve the coordination of cancer screening and follow-up of results, reducing barriers to early cancer detection and treatment | **Improve coordination and integration of screening services**<br>• Continue to work with First Nations, Inuit, Métis, and urban Indigenous partners, regional Ontario Health Teams (OHTs), and Regional Leads to explore ways to improve the regional coordination of screening and follow-up of results, reducing barriers to early cancer detection and treatment, including people without a primary care provider |
| **Support specific initiatives to improve organized cancer screening programs**<br>• Improve colon cancer screening participation rates among Indigenous men<br>• Support the Ontario Lung Screening Program through expansion and enhancements of the program across the province for Indigenous people<br>• Develop culturally appropriate Indigenous-specific screening communication materials<br>• Continue to inform organized screening programs for breast, colon, cervical, and lung cancer to ensure they are inclusive of Indigenous people and address their unique needs<br>• Explore age eligibility requirements for cancer screening programs and Indigenous people | **Support specific initiatives to improve organized screening programs**<br>• Partner with First Nations, Inuit, Métis, and urban Indigenous communities to host men's |

<table>
<tr><td></td><td>health and wellness events to improve colon cancer screening participation rates among Indigenous men and to respond to emerging needs (i.e., prostate health)<br>• Develop culturally appropriate Indigenous-specific screening resource materials, as requested<br>• Partner with Métis Nation of Ontario (MNO) Two-Spirit Council around the development of inclusive cancer screening resource materials and educational opportunities<br>• Through the Regional Indigenous Cancer Lead, continue to inform organized screening programs for breast, colon, lung, and cervical cancer to ensure they are inclusive of Indigenous peoples and address their unique needs<br>• Continue to partner with First Nations, Inuit, Métis, and urban Indigenous communities around the co-hosting of cancer screening and wellness events, based on community-identified priorities</td></tr>
<tr><td colspan="2"><b>Anticipated Benefits to Indigenous Communities</b></td></tr>
<tr><td colspan="2">• Increased access to screening programs for First Nations, Inuit, Métis, and urban Indigenous peoples in South East<br>• Increased participation in colorectal, breast, and cervical screening programs among First Nations, Inuit, Métis, and urban Indigenous peoples in the South East<br>• Improved experience of cancer screening in the South East region that is responsive to First Nations, Inuit, Métis, and urban Indigenous partners' needs and priorities</td></tr>
</table>

# Strategic Priority 5: Palliative and End-of-Life Care

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Improve capacity of the system to provide timely, high-quality, and culturally safe palliative and end of life care for Indigenous patients with cancer and their families**<br>• Continue to work with Indigenous communities and health system partners, including the Ontario Palliative Care Network and Regional Palliative Care Network, to ensure Indigenous peoples have a voice in the delivery of palliative and end-of-life care services<br>**Support strategies to improve and enhance patient and family experience within the cancer system**<br>• Continue to support patient navigation through palliative and end-of-life care<br>• Support the development of tools, resources, networking, and training to provide caregivers with additional support<br>• Support the inclusion of Indigenous patient and family voices in existing or new Patient and Family Advisory Committees<br>• Incorporate the meaning of palliative care from an Indigenous perspective into palliative care initiatives | **Improve capacity of the system to provide timely, high-quality, and culturally safe palliative and end of life care for Indigenous patients with cancer and their families**<br>• Continue to work with regional palliative care leaders and providers to ensure Indigenous peoples have a voice in the delivery of palliative and end-of-life care services<br>• Collaborate with regional hospital partners and Indigenous partners/providers to bridge gaps in discharge planning and transitions in care<br>• Work with regional partner hospitals to ensure that culturally relevant end-of-life protocols and processes that respect Indigenous knowledge and traditional practices in healthcare settings in the South East region are in place<br>• Continue to work with Indigenous peoples and health partners to improve the coordination and integration of palliative and end-of-life care<br>**Support strategies to improve and enhance patient and family experience within the cancer system**<br>• Improve regional access to patient navigation<br>• Continue to promote the South East Indigenous Cancer Council and expand membership to ensure regional representation<br>• In partnership with First Nations, Inuit, Métis, and urban Indigenous partners, identify and address barriers to culturally safe and appropriate palliative and end-of-life care<br>• Support the development of tools, resources, networking, and training to provide caregivers with additional support, as requested<br>• Facilitate grieving circles for Indigenous patients and families who are at the end of life<br>• Attend/facilitate palliative care research circles - Understanding Palliative Care Experiences of Indigenous Peoples in |

<table>
<tr><td></td><td>Frontenac, Lennox and Addington (Principal Investigator – Dr. Amrita Roy, Queen's University)</td></tr>
<tr><td colspan="2"><b>Anticipated Benefits to Indigenous Communities</b></td></tr>
<tr><td colspan="2">• First Nations, Inuit, Métis, and urban Indigenous peoples have a voice in the delivery of palliative and end-of-life care services in the South East Region<br>• Improved access to culturally safe and appropriate palliative care</td></tr>
</table>

# Strategic Priority 6: Survivorship

<table>
<tr><th>Strategy 5 Priorities and Actions</th><th>Regional Indigenous Cancer Plan Priorities and Actions</th></tr>
<tr><td><b>Support and increase awareness of cancer survivorship</b><br>• Work with partners to gather, develop, and share information on cancer survivorship with Indigenous communities<br><b>Identify and develop supports for cancer survivorship</b><br>• Support the development of resources for Indigenous patients at the survivorship stage of the cancer care continuum</td><td><b>Support and increase awareness of cancer survivorship</b><br>• Collaborate with First Nations, Inuit, Métis, and urban Indigenous partners to identify ways to honour survivors<br><b>Identify and develop supports for cancer survivorship</b><br>• Collaborate with First Nations, Inuit, Métis, and urban Indigenous partners to gather feedback from community members about cancer survivorship to inform the development of culturally relevant education, supports, and programs<br>• Collaborate with South East Regional Cancer Program healthcare providers and First Nations, Inuit, Métis, and urban Indigenous partners on improving transitions at the survivorship stage of the cancer care continuum</td></tr>
<tr><th colspan="2">Anticipated Benefits to Indigenous Communities</th></tr>
<tr><td colspan="2">• Improved understanding of Indigenous survivorship support needs in the South East Region<br>• Enhanced support frameworks for Indigenous patients and their families</td></tr>
</table>

# Strategic Priority 7: Education

<table>
<tr><th>Strategy 5 Priorities and Actions</th><th>Regional Indigenous Cancer Plan Priorities and Actions</th></tr>
<tr><td><b>Address gaps in education and programming</b><br>• Measure the impact of the Indigenous Health Unit’s resources to address gaps in education and programming<br>• Increase Indigenous youth audience and engagement with cancer education initiatives<br><b>Support and increase cultural awareness and safety education, and programming</b><br>• Sustain, enhance, promote, and evaluate the Indigenous Relationship and Cultural Awareness Courses in collaboration with the Learning and Development business unit<br>• Work with partners to gather, develop, promote, and share information and opportunities on cultural awareness and safety activities across the health system<br>• Support education, training, and knowledge sharing for providers and Indigenous people. Inform and adapt Indigenous cancer resources, training, and tools for providers working with Indigenous people. Continue to develop and disseminate culturally appropriate information and educational resources to respond to Indigenous peoples’ emerging cancer education needs and priorities.</td><td><b>Address gaps in education and programming</b><br>• Through the Indigenous Tobacco Program, increase the Indigenous youth audience and engagement with cancer education initiatives<br><b>Support and increase cultural awareness and safety education, and programming</b><br>• Promote the Indigenous Relationship and Cultural Safety courses (IRCS), as well as other educational opportunities (i.e., land-based teachings, trauma-informed care, Two-Spirit education, Blanket Exercise) among physicians and staff within the South East Regional Cancer Program<br>• Increase education and awareness around Indigenous days of significance and the importance of commemoration (i.e., National Day for Truth and Reconciliation, National Indigenous Peoples Day and Month, and National Day of Awareness for Missing and Murdered Indigenous Women, Girls and Two-Spirit People) among physicians and staff within the South East Regional Cancer Program<br>• Continue to disseminate culturally appropriate chronic disease, prevention, screening, palliative, and end-of-life education resources for Indigenous peoples</td></tr>
<tr><th colspan="2">Anticipated Benefits to Indigenous Communities</th></tr>
<tr><td colspan="2">• Increased knowledge and understanding of cancer/chronic disease prevention, screening, and palliative and end-of-life care among Indigenous peoples in the South East<br>• Increased understanding of Indigenous history, culture, and cancer care issues and needs among physicians and staff within the South East Regional Cancer Program</td></tr>
</table>

# Strategic Priority 8: Equitable Access

| Strategy 5 Priorities and Actions | Regional Indigenous Cancer Plan Priorities and Actions |
|---|---|
| **Improve navigation and access**<br>- Identify, improve, and share tools and supports for successful transitions through the cancer system, from prevention to recovery/survivorship or end-of-life care<br>- Work with other provinces to address barriers between jurisdictions<br>- Identify new and existing navigational supports to help Indigenous people throughout the cancer journey | **Improve navigation and access**<br>- Collaborate with regional healthcare partners and Indigenous partners/providers to identify, improve, and share tools and supports for successful transitions through the cancer system, from prevention to recovery/survivorship or end-of-life care<br>- Improve regional access to patient navigation<br>- Improve awareness of the services offered by the South East Regional Cancer Program’s Indigenous Navigator for James Bay and Hudson Bay Coast community members travelling to the Kingston area for cancer treatments |
| **Enhance quality and improve the experience of services**<br>- Support accountability in health care that will initiate action to address infringement of patient rights when accessing care<br>- Work with First Nations and Inuit partners and Indigenous Services Canada to ensure the Non-Insured Health Benefits Program supports access to timely and effective cancer services and care<br>- Promote shared decision-making concept between Indigenous people and health care providers | **Enhance quality and improve the experience of services**<br>- Promote shared decision-making between Indigenous peoples and healthcare providers |
| **Increase the provision of culturally safe care and anti-racist care**<br>- Help cancer system partners develop relationships with Indigenous partners to promote culturally safe and supportive care that prioritizes the unique needs of Indigenous people, and is free of racism and discrimination in the health care system | **Increase the provision of culturally safe care and anti-racist care**<br>- Help cancer system partners in the South East Region develop relationships with Indigenous partners to promote culturally safe and supportive care that prioritizes the unique needs of Indigenous people, and is free of racism and discrimination in the health care system<br>- Collaborate with regional partner hospitals and First Nation, Inuit, Métis, and urban Indigenous partners to develop culturally safe spaces within healthcare facilities<br>- Work with regional partner hospitals to ensure that culturally relevant protocols and processes that respect Indigenous knowledge and traditional practices in healthcare settings in the South East region are in place, including access to Elders and Traditional Healers |

| Anticipated Benefits to Indigenous Communities |
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| - Improved patient experience for Indigenous patients and families, leading to better health outcomes for Indigenous peoples |

# Data Governance, Engagement, and Reporting Process

Ontario Health is working with Regional Cancer Programs to support and promote effective data collection, analysis, evaluation, and governance that impact First Nations, Inuit, Métis, and urban Indigenous people, communities, organizations, and nations and collaboratively address their health priorities.

## Ownership, Control, Access, and Possession (OCAP) Principles

The South East Regional Cancer Program and Ontario Health respect the right of First Nations people to own, control, access, and possess information about their peoples. It acknowledges that this is fundamentally tied to self-determination and the preservation and development of their culture.

## Inuit Qaujimajatuqangit

Guided by Inuit Qaujimajatuqangit, Ontario Health and the South East Regional Cancer Program will respect Inuit values regarding the collection, use, and sharing of information (data) for the purpose of developing resources and increasing knowledge. Ontario Health and the South East Regional Cancer Program agree to seek guidance and direction from individual or collective Inuit service providers on processes for respectfully and securely managing any Inuit data collected in collaboration with their respective organization(s).

## Engagement and Reporting Process

Regular engagement and reporting on all deliverables to be provided at monthly touchpoint meetings between the Indigenous Health Unit and the South East Regional Cancer Program. Within this region, the South East Regional Cancer Program and the Indigenous Health Unit engage directly and individually with all Indigenous partners through in-person and virtual meetings.

## Voluntary Self-Identification

The South East Regional Cancer Centre uses a voluntary self-identification process at registration. All patients who identify as having Indigenous ancestry will have the opportunity to self-identify when accessing cancer care and family support. All those who self-identify will be offered a referral to Indigenous Navigation services. Voluntary self-identification is being expanded across the South East region and Indigenous patients or families receiving cancer care at a partner hospital also have access to Indigenous Navigation services.