

Creating physically active Indigenous communities through Path to Prevention report recommendations

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Cancer Care Ontario



Outline

- Importance of physical activity
- Developing the Path to Prevention Report
- Recommendations for modifiable risk factors
- ReachUp Ultimate

First Nations, Inuit and Métis People in Ontario

Aboriginal identity population, both sexes combined, 2016 Canadian census

Aboriginal people in Canada – 1,673,780

- First Nations (including status and non-status) – 977,235
- Métis – 587,545
- Inuit – 65,025
 - 27% of self-identifying Inuit in Canada lived in southern Canada, outside of Inuit Nunangat (the Inuit homeland made up of four regions stretching across much of the Canadian Arctic).

Aboriginal people in Ontario – 374,395

- First Nations (including status and non-status) – 236,680
- Métis – 120,585
- Inuit – 3,860

Aboriginal Cancer Strategy III (ACS III)

- CCO's roadmap to address First Nation, Inuit and Métis cancer control issues/needs in Ontario for 2015-2019.
- Outlines CCO's commitment for improving the FNIM patient journey
- Work builds on previous strategies:
 - ACS I from 2004 to 2009;
 - ACS II from 2010 to 2015;
- Was developed in collaboration with First Nation, Inuit and Métis and other Aboriginal groups
- Not a pan-Aboriginal initiative – working directly and individually with the First Nation, Inuit and Métis nations
- Development of ACS IV is underway



Importance of physical activity in First Nations, Inuit and Métis peoples



Historic context of physical activity

Historically First Nation, Inuit and Métis people in Canada have undergone a significant transition whereby traditional diets and associated physical activities have been replaced with patterns of consumption and physical inactivity that increase the risk of developing chronic disease.

A well recognized transition has occurred among Aboriginal peoples, with historic consumption patterns replaced by diets high in fat and sugar, combined with a more sedentary lifestyle.



Note: Data for Inuit populations are unavailable.

Cancer Care Ontario. 2018 Prevention System Quality Index: health equity. Toronto: Queen's Printer for Ontario; 2018.

Importance of physical activity



TABLE 6:

Cancers associated with diet, being overweight or obese, physical activity and sedentary behaviour (darker shading indicates a protective effect)

	Cancer		Cancer
Plant foods[‡]	Colon and rectum	Overweight and obesity	Kidney
	Mouth and throat ^{*§}		Gallbladder*
	Stomach*		Ovary*
	Lung ^{*—}		Breast (pre-menopausal)*
Red and processed meat	Colon and rectum		Prostate (advanced)*
Salt and salted/salty foods	Stomach*		Liver
Overweight and obesity	Esophagus	Physical activity	Colon
	Colon and rectum		Breast (post-menopausal)*
	Pancreas		Endometrium*
	Breast (post-menopausal)	Sedentary behaviour	Colon and rectum*
	Endometrium		Ovary*
			Prostate*

Source: 31,32,39

Notes: Darker shading indicates a protective effect.

* Evidence is probable rather than convincing.

‡ Dietary fibre has been established as a protective factor for cancers of the colon and rectum.

§ Mouth and throat includes oral cavity and pharynx, nasopharynx, nasal cavity and paranasal sinuses, esophagus and larynx.

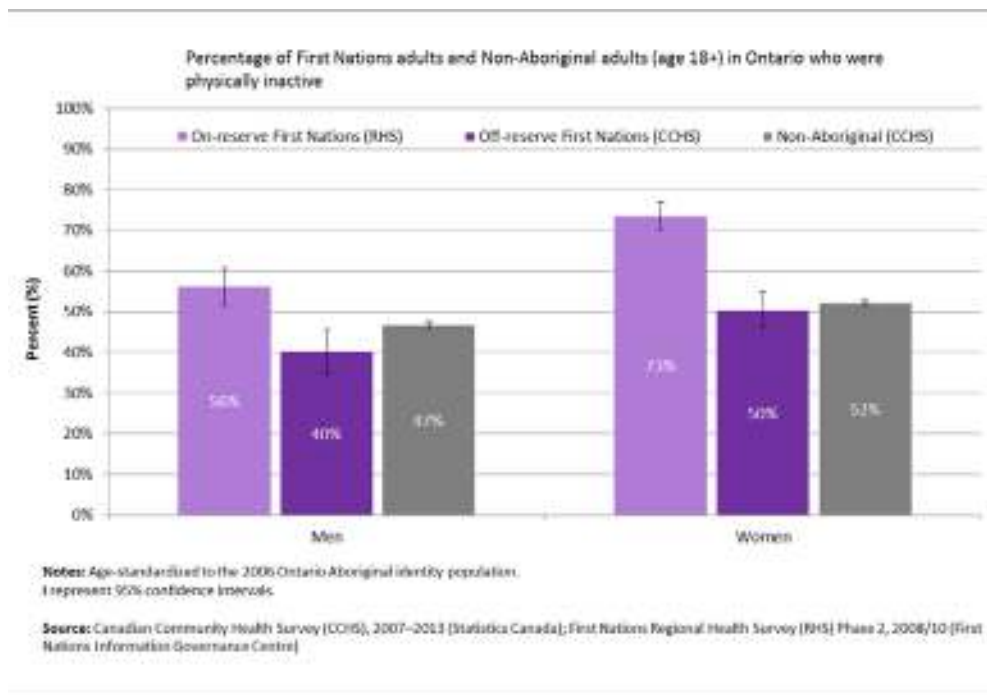
— Probable evidence supports only fruit (not vegetables) as protective for lung cancer.

First Nations physical inactivity statistics

During 2007–2013, on-reserve First Nations women were significantly more likely to be physically inactive (73 percent) than off-reserve First Nations women (50 percent) and non-Aboriginal women (52 percent).

On-reserve First Nations men were also significantly more likely to be physically inactive (56 percent) than off-reserve First Nations men (40 percent) and non-Aboriginal men (47 percent).

First Nations women on- and off-reserve and non-Aboriginal women were significantly more likely to be physically inactive than men.



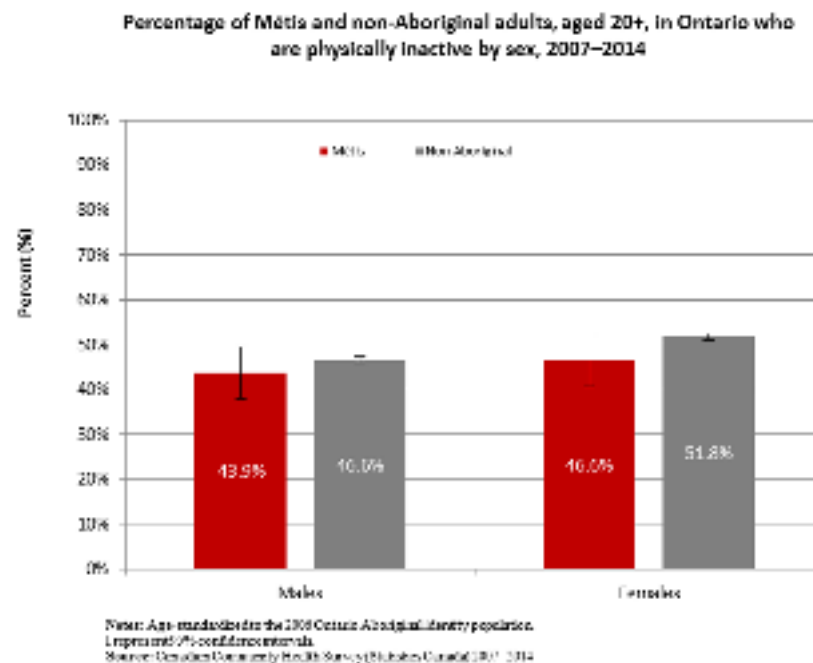
Métis physical inactivity statistics

About half (45.7 percent) of Métis adults in Ontario were physically inactive in leisure time during 2007–2014, similar to non-Aboriginal Ontarians (49.2 percent).

Métis adults with lower income were significantly more likely to be physically inactive than Métis adults with higher income (53.1 percent in the lowest income quintile compared to 33.5 percent in the highest income quintile).

Métis adults with lower levels of education were also significantly more likely to be physically inactive than Métis adults with higher levels of education (58.3 percent for adults with less than secondary school education compared to 40.3 percent for those with a post-secondary degree).

Similar levels of physical inactivity were seen for Métis people living in the north and in the south of Ontario and for men and women.



Context of Chronic Disease

- Urgent need for action to prevent chronic disease among First Nations, Inuit and Métis populations is driven by rising rates of cancer¹, diabetes, heart disease and respiratory diseases.²
- In these predominately young and rapidly growing populations, the trends point towards a future of dramatically increased chronic disease.³
- First Nations, Inuit and Métis peoples have shown an ability to survive, even thrive, in the face of overwhelming challenges.
- Even though First Nations, Inuit and Métis populations engage in some healthier behaviours than the general Ontario population for certain indicators, gaps still exist between their present levels of physical activity, healthy eating, commercial tobacco and alcohol consumption.



1. Kewayosh A, Marrett L, Aslam U, Steiner R, Moy Lum-Kwong M, Imre J, et al. Improving health equity for First Nations, Inuit and Métis people: Ontario's ACS II. *Healthcare Quarterly*. 2015; 17:33-40.
2. Statistics Canada. Other reference periods. Canadian Community Health Survey. Annual Component [Internet]. Ottawa: Statistics Canada [cited 2015 Jul 7]. Available from: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getInstanceList&Id=238854>
3. Withrow D, Amartey A, Marrett LD. Cancer risk factors and screening in the off-reserve First Nations, Métis and non-Aboriginal populations of Ontario. *Chronic Diseases and Injuries in Canada*. 2014; 34(2-3): 103-12.

Developing the Path to Prevention report

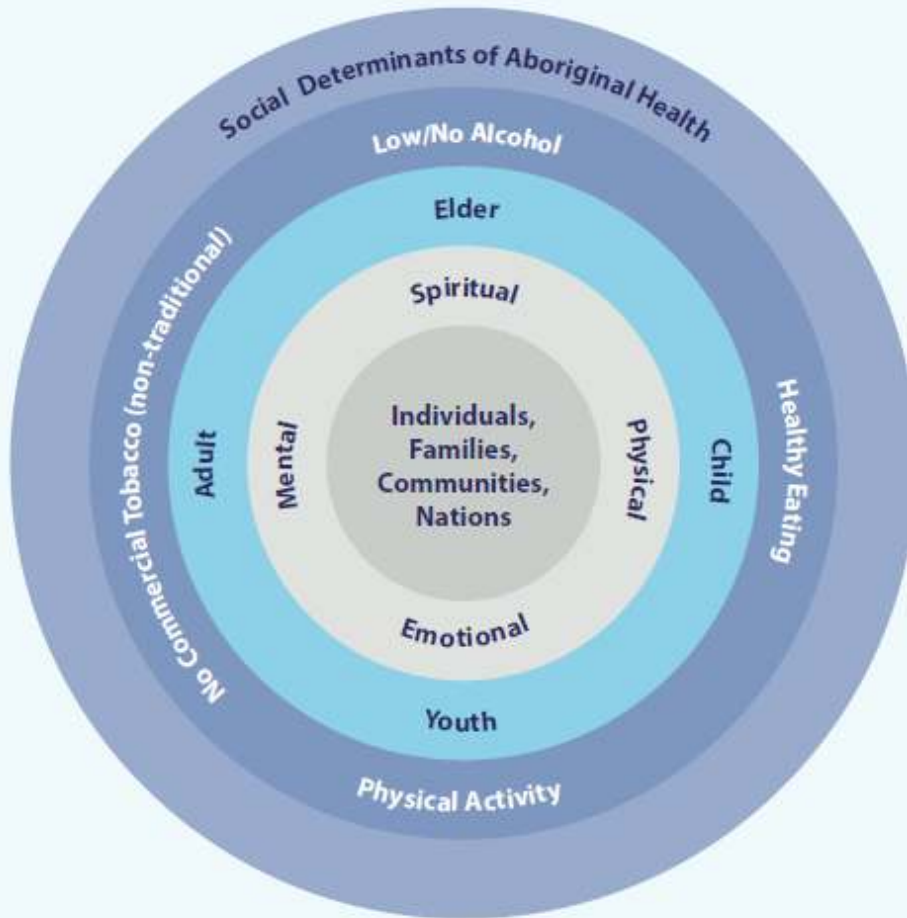
- **The Cancer Care Ontario & Public Health Ontario 2012 Taking Action Report** outlined recommendation to “ensure that the actions to address risk factors associated with chronic diseases consider the barriers to health faced by Aboriginal people in Ontario.”
- **Aboriginal Cancer Strategy III (2015 – 2019) Strategic Priority 3: *Prevention***
 - Establish evidence that reflects the unique issues Aboriginal people face and develop recommendations to address modifiable risk factors associated with preventing and managing chronic diseases faced by First Nations, Inuit and Métis communities.

Methodology

- **Path to Prevention recommendations developed through:**
 - Guidance from the Joint Ontario Aboriginal Cancer Committee (JOACC)
 - Secondary research of peer-reviewed literature and policy publications
 - Community focus groups (n= 28)
 - Key informant interviews (n=48) with FNIM community members, stakeholders and various levels of government
- **Specifics of methodology captured in the Technical Appendix**

Strengths-based approach

Community Centred First Nations Inuit and Métis Health and Wellness Model



Key concepts of the health and wellness model are:

- Health and wellness is seen as a continuum;
- First Nations, Inuit and Métis individuals, families and communities are central;
- Health is a wholistic concept that requires physical, emotional, spiritual and mental aspects to be in balance;
- Health and wellness are viewed over the life course with events early in life affecting health and wellness in later life; and
- Good health is dependent on key determinants of health, which include First Nations, Inuit and Métis-specific determinants of health, such as colonialism, racism, social exclusion and self-determination.

Recommendations

- The information collected was validated and reviewed through an online survey and in-person meetings to ensure the recommendations accurately reflected the communities' priorities.
- Same four risk factors as Taking Action (*Healthy Eating, Physical Activity, Alcohol and Tobacco*), but also includes *Equity* and *Collaboration* recommendations.
- 22 recommendations in total, aimed at Government of Ontario, but implementation will involve First Nations, Inuit and Métis partners, Cancer Care Ontario and other partners.
- Recommendations aim to:
 - ***Reduce population-level exposure to four key risk factors***
 - ***Build capacity for chronic disease prevention***
 - ***Work towards health equity***

Recommendations:

Commercial tobacco use & alcohol consumption

Commercial tobacco use recommendations

1. Develop and implement a coordinated plan to prevent commercial tobacco use among First Nations, Inuit and Métis children and youth.
2. Establish commercial tobacco cessation programs and services in First Nations, Inuit and Métis communities.
3. Support the development of resources to address second- and third-hand smoke.
4. Support community-initiated and managed tobacco control measures while respecting First Nations rights.

Alcohol Recommendations

5. Ensure that culturally acceptable and relevant alcohol prevention and treatment programs for First Nations, Inuit and Métis peoples are available.
6. Broaden the impact of alcohol intervention strategies.
7. Incorporate alcohol interventions into existing tobacco control initiatives (see Recommendation 2).

Recommendations:

Physical activity & healthy eating

Physical activity recommendations

8. Work with First Nations, Inuit and Métis to create safe places for physical activity.
9. Develop a strategy to promote equity in physical activity infrastructure for First Nations, Inuit and Métis.
10. Address the socio-economic barriers to physical activity for First Nations, Inuit and Métis people.
11. Build and disseminate a knowledge base around physical activity interventions in First Nations, Inuit and Métis communities.

Healthy eating recommendations

12. Develop an Indigenous food and nutrition strategy.
13. Reduce barriers that prevent access to healthy foods for First Nations, Inuit and Métis.
14. Address environmental issues for Indigenous foods.
15. Develop traditional food and nutrition skills.

Recommendations: Equity & collaboration

Equity recommendations

16. Develop a plan to address First Nations, Inuit and Métis health equity.
17. Implement the plan to achieve First Nations, Inuit and Métis health equity goals.
18. Implement a plan to achieve equity in access to primary care.
19. Build First Nations, Inuit and Métis cultural competency and safety within government.

Collaboration recommendations

20. Support an integrated, cross-sectoral and whole-of-government approach.
21. Promote a coordinated approach to the delivery of First Nations, Inuit and Métis health promotion programming in communities.
22. Establish a coordinated system for surveillance, research, measurement and evaluation.

Importance of Equity and Collaboration

- The root causes of inequity must be addressed before interventions aimed at health behaviours can be effective.
- In the Path to Prevention report, equity and collaboration are foundational principles for all recommendations.
- Addressing the social determinants of Aboriginal health are embedded in the recommendations related to the four risk factors for chronic disease.
- Reducing chronic disease by achieving health equity is also a policy objective in it's own right and several practical recommendations are made to advance First Nations, Inuit and Métis health equity agendas.
- 22 recommendations in total, aimed at Government of Ontario, but implementation will involve the First Nations, Inuit and Métis, CCO and other partners.

Working towards tobacco cessation and physical activity recommendations: Example

Physical activity and smoking cessation is addressed through a partnership between Cancer Care Ontario and ReachUp Ultimate

- This partnership began in 2014 and together we have delivered **46** Ultimate Frisbee/smoking cessation workshops to First Nation, Inuit and Métis youth in schools, and through various organizations, reaching over **3,000 youth**



Truth and Reconciliation Commission (94 calls to action – 5 for sport)

87. Provide public education that tells the national story of Aboriginal athletes in history.

88. Ensure long-term Aboriginal athlete development and growth, and continued support for the North American Indigenous Games.

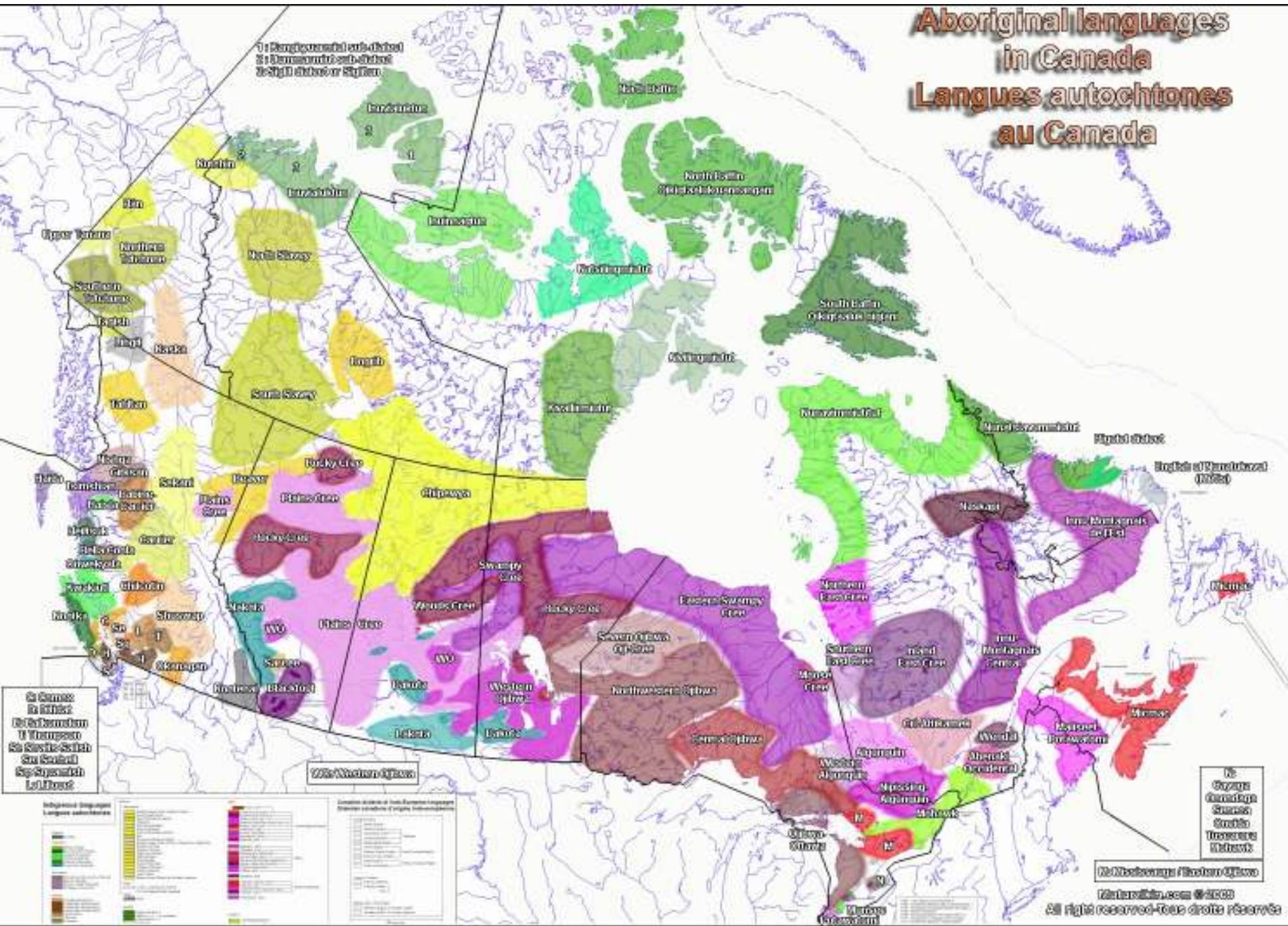
89. Amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies to promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build capacity in the Canadian sport system, are inclusive of Aboriginal peoples.

90. Ensure that national sports policies, programs, and initiatives are inclusive of Aboriginal peoples, including, but not limited to, establishing:

- funding for, and access to, community sports programs that reflect the diverse cultures and traditional sporting activities of Aboriginal peoples.
- an elite athlete development program for Aboriginal athletes.
- programs for coaches, trainers, and sports officials that are culturally relevant for Aboriginal peoples.
- anti-racism awareness and training programs.

89. We call upon the officials and host countries of international sporting events such as the Olympics, Pan Am, and Commonwealth games to ensure that Indigenous peoples' territorial protocols are respected, and local Indigenous communities are engaged in all aspects of planning and participating in such events.

**Aboriginal languages
in Canada
Langues autochtones
au Canada**



Engaging Indigenous youth in active, healthy
living through ultimate



Our Board

- Adriana Withers
- Hugh Brewster
- Alyson Walker
- Christina Gray
- Kirk Nysten
- John Hassell
- Shawn Chua
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Our Advisors

A special *miigwetch* to...

Alethea Kewayosh &
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Since 2014...

**50
Coaches**

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Youth**



What we do



- Emphasize the health benefits of physical activity
 - Reduces risks for
 - Cancer
 - Dementia
 - Depression
 - Osteoporosis
 - Heart disease
 - Etc.

<http://exerciseismedicine.com.au/public/factsheets/>



- We generally have 2hrs with each class. These are the things we cover:
 - Warm up
 - Throw in pairs
 - Start with backhand
 - Start close – move farther apart slowly
 - Add in “step out to throw”
 - Add in “try different release points”
 - Cutting and catching
 - L cut – coach throws
 - Deep strikes – coach throws
 - Games
 - Frisbee tag
 - Keep away
 - Scrimmage



Why ultimate



- It can be played co-ed
 - Not a “gendered sport”
 - Collaboration required between all players



- It can be played on almost any surface, anywhere
 - Grass
 - Sand
 - Shallow water
 - Snow



- It is inexpensive
 - All you need is a disc
 - Cones, cleats, jerseys, etc. are nice-to-haves



- It's a team sport
 - You can't score on your own, you have to work with your teammates



- Spirit of the Game
 - No referees
 - Players are accountable
 - SOTG reinforces the “Seven Grandfathers” or “Seven Sacred Teachings” in some Indigenous cultures
 - Humility, bravery, honesty, wisdom, truth, respect, love







David Zimmer 
@DavidZimmerMPP
MPP for Willowdale, and Ontario's Minister of
Indigenous Relations and Reconciliation
Joined September 2010



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 Follow

Ran in to this awesome duo @Reachupulti & @CancerCare_ON - teaching kids ultimate frisbee & health at Lawrence Wesley school @Cat_Lake_FN



Questions?

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