

# Pimatisiwin - Let's be healthy!



## INSIDE THIS ISSUE:

Community Update Report	2
Community Visits in 2015	2
Planning for the Future	3
Holiday Spirit	3
Cervical Screening	3
The New Logo	4



## Community Update Gathering October 2015

The **Community Update Gathering** was held on October 27<sup>th</sup> & 28<sup>th</sup>, 2015 at the local Holiday Inn.

Two representatives from each of the participating communities, as well as stakeholders from Cancer Care Ontario and the Society of Obstetricians and Gynecologists of Canada were invited to come to Thunder Bay for the ACCSS Community Update Gathering. There were approximately 40 people in attendance including team members Drs. Anne Burchell, Brenda Magajna, Pauline Sameshima, Pamela Wakewich, and Ingeborg Zehbe as well as the Kiashke Zaaging Anishinaabek artist, Kevin Belmore, who had created the ACCSS turtle logo and graduate student and artist Matthew O'Reilly, who was invited to paint his impressions of the gathering.

We were very honoured to welcome Dr. Angeline Letendre and Elder Theresa Morrisseau.

The goals of the gathering were to share ACCSS findings, to invite feedback and guidance from the communities regarding the educational



approaches that had been used and to invite input for the next steps of the ACCSS project.

The event began with an informal dinner prepared by a local Indigenous caterer consisting of moose meat stew, fried pickerel and fresh greens. During the meal we shared stories and reconnected. The evening was capped with a lovely performance by the Medicine Wheel Spirit Singers from the Fort William First Nation, singing songs in the Ojibwe language about health and empowerment.



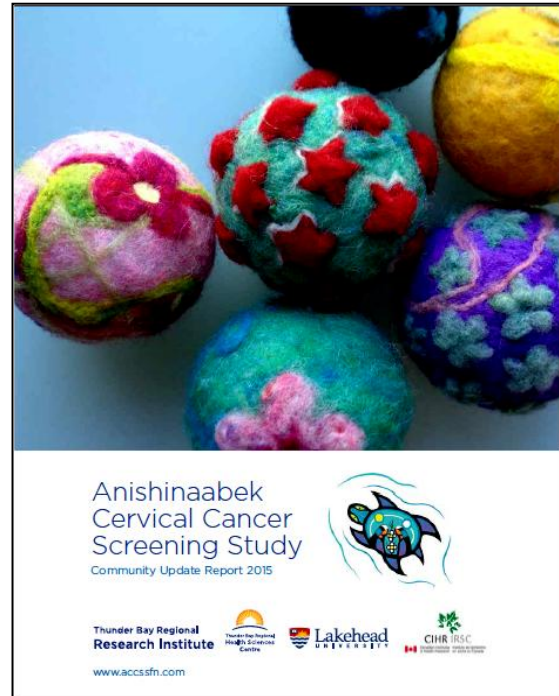
## The Community Update Report

The Community Update Report provides a summary of the Anishinaabek Cervical Cancer Screening Study, from its inception in 2009 until the present day.

The full report can be accessed on our website [www.accssfn.com](http://www.accssfn.com).

If you would like hard copies of the report or have any questions please contact Brenda Magajna.

Contact information can be found on page 4.



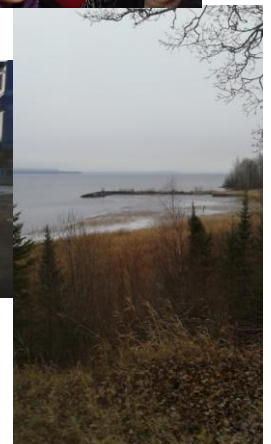
## Community Visits December 2015

Brenda, Ingeborg and Pam had wonderful visits in each of the 10 partner communities. For Brenda who is new to the team, it was an opportunity to meet people in each of the communities and learn a bit about the local flavour.

As well as getting to meet face to face with people in the communities, these visits were a great opportunity to reflect on the past 7 years and think about future directions for ACCSS in each community.



Each community has its own unique personality, but one thing they had in common was the extent to which we were made to feel welcome. Miigwech!



## Planning with the Communities for the Future

Being able to meet with health care providers in an informal way and discuss the current situation in each community made it possible to start thinking about and planning future directions.

Although there were some similarities between the communities, each one

had its own great ideas for us about how to get the message out there:

**Our goal is to:**

**Increase awareness of HPV and its connection to cervical cancer, and let women know that cervical cancer is 100% preventable with regular screening.**

More information about educational strategies will be provided in the next newsletter.

The ACCSS team is always looking for more ideas. Feel free to contact us if you have suggestions

Contact info on page 4.



Art in Armstrong

## Holiday Spirit in the Communities!

Each community we visited was preparing for the holiday season. There was gift wrapping and tree decorating. Special meals were being prepared. In some communities, staff were preparing hampers for people in need.

Community spirit was obvious during our visit to Pic Mobert First Nation, where we were lucky to have timed our visit to coincide with the arrival of the Holiday Train!



Holiday Train visits Pic Mobert!

## Cervical Cancer Screening: Pap vs Self-sampling

The ACCSS project began by comparing women's preference for self-sampling over Pap testing.

The **Pap test** can identify abnormal cells in a woman's cervix. A Pap test can find early signs of cervical cancer and when caught early, the chances for curing this type of cancer are very high.

Pap testing is covered by OHIP for women between 21 and 70 and should be done every 3 years by a trained healthcare provider. They will take a sample of cells from a woman's cervix and look

under a microscope for abnormal cells that could become cancerous.

**Self-sampling** involves inserting a cotton swab into the vagina, similar to a tampon, turning it a few times and placing it in a tube to be sent to a lab. There they look for certain types of HPV that could cause cervical cancer. HPV takes a long time to cause cervical cancer (up to 10 years) and usually the body will clear the infection before that.

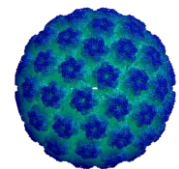
So even though HPV infections are very common among sexually

active people, they only rarely lead to cancer.

At this time, self-sampling is not covered by OHIP.

One of the goals of ACCSS is to collect data to inform policy. Do women want the self-sampling option? Is it a better approach than the standard Pap test?

Until self-sampling becomes available, it is very important to be screened by the publically funded method: Pap testing. Early detection of abnormal cells means that cancer can be prevented!



Human Papillomavirus (HPV)

Long term infection with some types of HPV can lead to cervical cancer.

Self-sampling uses a swab like the one below.



The Anishinaabek Cervical Cancer Screening Study (ACCSS),  
Thunder Bay Regional  
Research Institute,  
Room 3113  
980 Oliver Road  
Thunder Bay ON  
P7B 5E1

phone 844 887-5062  
fax 807 684-5892  
email [accss@tbh.net](mailto:accss@tbh.net)

Visit our website!

[www.accssfn.com](http://www.accssfn.com)

Newsletter prepared by  
Brenda Magajna

**The Anishinaabek Cervical Screening Study** began in 2009 with a pilot study initiated by HPV and cancer researcher, Dr. Ingeborg Zehbe. Dr. Zehbe knew that cervical cancer was 100 % preventable with screening and wanted to explore the possibility of decreasing the higher rates of cervical cancer in First Nations women by offering a different screening method, namely self-sampling for HPV. This method, along with the educational approaches developed by the communities could lead to increased awareness that cervical cancer is preventable with regular screening and provide women with a test they could do at home instead of a Pap test.



Planning for the Community Update Gathering: Richard Maundrell, Pam Wakewich, Brenda Magajna, Ingeborg Zehbe, Jennifer Fawcett, Pauline Sameshima, Nicholas Escott.

**Our goal is to reduce the rates of cervical cancer in First Nations women by increasing awareness and promoting cervical screening.**

## Moving forward with a new logo

As part of our ongoing work and to indicate that ACCSS is changing to incorporate all members of the community, artist Kevin Belmore has created an additional logo for us.

The original ACCSS logo, also created by Kevin Belmore has a turtle with two women, depicting the meaning “the beginning of good health through screening” similar to the Anishinaabek concept *Pimatisiwin*.

The ACCSS logo of the next study phase has a turtle with community members of all ages and

genders along with blueberries and cranberries to symbolize growing knowledge.



Logo designs by Kevin Belmore of Kiashe Zaaging Anishinaabek