

# First Nations HPV Screening Study Wins Provincial Award

By Kim Latimer

Scientist Dr. Ingeborg Zehbe and her team of researchers and physician researchers at Thunder Bay Regional Research Institute (TBRRI) have won a Cancer Care Ontario Innovation Award for their work on an HPV screening study involving First Nations women in Northwestern Ontario.

"Cervical cancer is the second most common cancer in First Nations women with a 73% higher incidence compared to women in the rest of the province. First Nations women are also twice as likely to die from cervical cancer," Dr. Zehbe explains. "We've therefore started with the First Nations population, but there's opportunity to treat all women who are under-screened for cervical cancer in our region."

For the first time in Ontario, the team conducted an HPV self-sampling pilot test involving 49 First Nations women. The group is now working on the second phase of the study involving over 1000 participants from 10 First Nations communities in the region. The goal of the research is to identify barriers to cervical cancer screening in the Northwest and to determine the preferred screening approach—whether it be novel self-sampling and HPV testing, or standard of care Pap tests taken by a health care provider.

The study is interdisciplinary and combines the expertise of cancer biologists, virologists, epidemiologists and medical anthropologists from several Canadian universities including University of British Columbia, University of Manitoba, University of Ottawa, and Lakehead University. The team also includes members of TBRRI and public health care workers from First Nations

communities in the region.

Agreements with 10 First Nations communities have been established to conduct phase two of the study.

"Our community is very happy to partner with Dr. Ingeborg Zehbe's team on this study which will benefit First Nations women in our region," says Chief Peter Collins of the Fort William First Nation. "Currently we are one of 10 First Nations participating in the study and we see incredible value in her pursuit to improve cervical cancer screening. We share the same end goal - to find cancer as early as possible to prevent it from taking lives of more people in our community."

The team is studying an alternative way for women to perform an HPV test in the privacy of their own home. In the pilot study, Dr. Zehbe's team gave self-sampling test kits to all of the female participants. "The test kit looks like a large Q-tip in a test tube. It involves removing the Q-tip from the tube, inserting it a few centimetres into the vagina (similar to inserting a tampon) turning it around a few times, removing it and placing it back into the test tube," says Dr. Helle Moeller who recently obtained her PhD in anthropology focusing on Indigenous health and healthcare, who worked closely with Dr. Zehbe during the pilot study.

"When a woman carries the HPV cells in her cervix, they are eventually shed into the vagina," Dr. Zehbe explains. "The self-sampler basically collects cells that are sent to the lab to be tested for HPV. The good thing about self-sampling is that it is much less invasive for many women. Women can do it themselves at home or in a private place, which is different from having a Pap test," Dr. Zehbe says. The test is then anonymously labeled with number codes, sent to the lab, and results

come back within a month. Women who participate and test positive for HPV are later sent a letter encouraging them to seek medical attention.

According to the results of the pilot study, participants reported that they were amenable to self-collection and 87% reported that they would likely increase their screening participation if this test is available to them in future. Natalie Paavalo from the Dilico Family Health Team at the Fort William First Nation was engaged in the pilot study early on. She also co-authors, along with her staff, a peer-reviewed article headed by Dr. Zehbe. "We were happy to be engaged in the study and are very pleased about the strong participation rate and the high rate of sample integrity (96%)," says Natalie Paavalo. "I think you will find that there is a high interest in our overall health in general throughout the First Nations communities. When provided unique opportunities such as this project you will find that there is a lot of support from leadership and community."

Phase two of the study will be used to determine whether the test could become a viable screening strategy for First Nations women who live in rural and remote communities, specifically for those with little access to health care providers and who lack access to cervical cancer screening education and awareness.

"In terms of health care, First Nations communities differ in many areas compared to other communities. For example, there are many fears around Pap testing, such as fear toward the loss of privacy with Pap test screening in small community health clinics where acquaintances, friends or family members could be employed, as well as fears of tests performed by non-

First Nations health care workers," Dr. Zehbe says.

Dr. Zehbe says working in collaboration with First Nations communities in the Northwest is critical to this study. She and her team have engaged and partnered with First Nations health service providers and sought permission and ongoing engagement with regional chiefs. They will establish steering committees in each of the communities that include the community health director, two female elders, and a member of the research team.

Dr. Marion Maar, a medical anthropologist at the Northern Ontario School of Medicine and a research team member, says that the participatory nature of the study allows researchers to learn directly from First Nations women and their health care providers about issues they know are relevant. She says discussions are already revealing important information related to HPV risk behaviors, protective factors, as well as culturally safe approaches to cervical cancer prevention in First Nations.

"Based on what we have learned so far, we hope to further explore with First Nations women how factors such as colonialism, the residential school system and exposure to racism might influence the risk of HPV infection and screening behaviors in this population. We are particularly interested in how these issues affect access and acceptability of Pap testing, as well as women's interaction with mainstream health care providers and their beliefs about cancer. By raising these questions we hope to discover why more than 50% of women are seldom or never screened in the Northwestern Ontario," Dr. Maar says.

The research team hopes this study



Chief Peter Collins of Fort William First Nation (left) with Dr. Ingeborg Zehbe, Scientist, Thunder Bay Regional Research Institute (right). Photo submitted by Kim Latimer

will save lives by decreasing the prevalence of cervical cancer and morbidity through early detection using HPV as a marker. This wider study also aims to give researchers a better understanding of HPV-type prevalence in First Nations populations, and use this information to help develop more specific vaccinations for HPV. Another goal is to raise awareness about cervical and other cancers in under-screened women.

"We want this study to increase women's curiosity and knowledge about screening, not just for cervical cancer, but also for other cancer types which can be screened and detected early such as breast and colorectal cancer," Dr. Zehbe says.

For more information about the study or to contact Dr. Zehbe's research team email Zehbei@tbh.net or phone the TBRRI office at: (807) 684-7223.

## Health Sciences Centre Emergency Department Never Closed, Even During Gridlock

By Graham Strong

A common misperception for some is that the Emergency Department at the Thunder Bay Regional Health Sciences Centre is forced to close while it is in Gridlock. Not true, said Cathy Covino, Director of Quality

and Risk Management at the Health Sciences Centre.

"The Emergency Department is open 24/7, 365 days per year – it never closes," Covino said. "We also continue to accept all regional referrals during Gridlock."

She added that she is not quite sure

where that idea came from, though it has become something of an urban myth in Thunder Bay.

"Gridlock is an internal name for a situation where we have more patients than beds in the units, but it has nothing to do with closing," Covino said. "When we're in

Gridlock, each unit and department has certain procedures to follow in order to speed up the discharge of patients who no longer need acute care but are safe and ready to go."

For example, a patient at the Health Sciences Centre may be ready to be discharged to a long-term care facility. If there isn't a bed available at that facility, the patient remains at the Health Sciences Centre until one becomes available. We send out a notification to the region and our local partners to let them know we are in Gridlock and ask for their assistance in transfers and repatriations.

It's not the ideal situation, Covino said. However regardless of available beds in the units, everyone gets care according to priority of need.

"It is province-wide problem that will require long-term solutions," she said. "In the meantime, we have developed a number of procedures to help deal with Gridlock."

Delays can happen for a number of reasons besides waiting for transfer to long-term care. Patients may be waiting for formal discharge by their physician, a consultation with the physician, transportation to home or another facility, test results, a family

consultation for a care plan, or other reasons. The Health Sciences Centre is constantly looking a ways of shortening these delays to reduce or even eliminate Gridlock as much as possible.

One thing that doesn't happen though is early discharge of patients who still require acute care.

"There is no such thing as 'early discharge' at the Health Sciences Centre," said Dr. George Derbyshire, Chief of Staff at the Health Sciences Centre. "We are an acute care facility, the only one in the city and the central facility for the region. We are here to provide those services to everyone who needs them. We don't send home patients who still need our care."

Covino added that the same is true for all patients, whether they need acute care, emergency care, or any type of medical care.

"We do not turn away people who need our help during Gridlock – or for any other reason," she said. "Certainly, we treat patients in priority of need, and we strive to provide timely care. But the bottom line is that everyone who enters the Emergency Department with a medical need will be seen."

### Gridlock FAQs

**Q. Does Gridlock mean that the Health Sciences Centre is closed? Will I or my family be refused care?**

A.No – never. Anyone who requires emergency services will be treated – you will NEVER be turned away. Patients will be treated based on their need so wait times for non-urgent care may be longer during Gridlock.

**Q. What is Gridlock?**

A.Gridlock is a situation at the Health Sciences Centre where there are more patients than beds available. As a result, new patients often have to wait in the Emergency Department for a bed to open up.

**Q. Why aren't there any beds?**

A.The Health Sciences Centre is an acute care hospital, which means we provide specialized medical care that is not available anywhere else. However, many patients still require some form of healthcare after their hospital visit, be it in a long-term facility, through community services, or through home care. In most cases, these services need to be in place before they can leave the Health Sciences Centre, so even though they are medically safe to leave, they simply have nowhere else to go until other services are available.

**Q. Is the Health Sciences Centre too small?**

A.No. We have 375 acute care beds. At the height of Gridlock in September, for example, we had over 425 patients, with a peak of over 80 patients waiting for alternate level of care services. If all those patients had been transferred, we would have been operating under capacity.

**Q. Will I be sent home early to make room for other patients?**

A.No. Nobody will ever be "discharged early" or be otherwise refused services. Those who require acute care will always have access to acute care.

**Q. What are you doing to help long-term care patients get the services they need?**

A.We are currently working with our partners to put a program in place that will allow patients to receive the care they need at home. From there, patients may decide to stay at home or move to a long-term care facility. They receive the alternate level of care they need, and a bed is made available for someone else who needs it.

**Q. Is this only a "Thunder Bay" problem?**

A.No. Hospitals across Ontario are experiencing this problem. It is due to many, many factors, including an aging population. However, our Emergency Department was one of the busiest last year with projected visits of 106,000 this year. This can make the problem extra challenging. We are working with our community partners to streamline services so all people of Thunder Bay and Northwestern Ontario have the right care at the right place and the right time.

## Give the gift of health for the holidays

By Maryanne Matthews

What do you get the person who has everything? This is a question we often ask ourselves during the holiday season. This Christmas, celebrate the one you love with the gift of health. What could be more meaningful? When you make donation in the name of a loved one to the Thunder Bay Regional Health Sciences Foundation, you give to the entire community.

"Special occasion giving is the perfect solution for that hard-to-buy-for person in your life," says Athena Kreiner, Senior Development Officer, Health Sciences Foundation. "Whether for a family member, friend, co-worker, or neighbour, it's a gift that is appreciated and makes a real difference."

When you make a donation in someone's name, you can direct your gift to the area of highest need, one of our specialty funds: Northern Cancer Fund, Northern Cardiac Fund, or the Health Sciences Discovery Fund, or to any specific area of care at the Thunder Bay Regional Health Sciences Centre, such as Emergency or renal.

More people are making a donation to the Health Sciences Foundation in the name of a loved one in lieu of a commercial gift. Supporting patient care at the Thunder Bay Regional Health Sciences Centre is a great way to celebrate the holidays with the people of Northwestern Ontario.

"There is nothing more important than world-class



healthcare, close to home, when you need it most. That's exactly what your gift will bring to your friends, family and neighbours," says Kreiner. "Your loved one will receive a card notifying him or her of the gift you've made in their honour. Gift givers and receivers alike have found that making a donation to the Health Sciences Foundation lifts the spirit in a way commercial gifts never could. Plus, it saves you the added hassle of shopping!"

100% of your special occasion gift stays here in Northwestern Ontario. That means that more people – people that you know and care about – will benefit from the best care possible. Together, we're healthier.

To learn more about special occasion giving, visit our website at [www.healthsciencesfoundation.ca](http://www.healthsciencesfoundation.ca), or call us at 345-4673. Be sure to follow the links to learn more about the difference donations make!



**The gift of Family.  
The gift of Love.  
The gift of Health.**

Give that and more with your donation in support of Emergency, Trauma and Critical Care services at Thunder Bay Regional Health Sciences Centre.

**Together, we're healthier.**



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