



2025-2028

# North East Regional Cancer Plan

Equitable, World-Class Cancer Care – Close to Home



**North East  
Regional Cancer Program**

Ontario Health (Cancer Care Ontario)

# Our Commitment to Truth, Reconciliation, and Indigenous-Led Cancer Care

## Land Acknowledgment and Indigenous Partnership Statement

We acknowledge with deep respect that the Northeast Regional Cancer Program provides care across the traditional territories of the Anishinaabek, Cree, and Oji-Cree First Nations, and serves First Nations, Inuit, and Métis Peoples across the Northeast region whose presence and stewardship have shaped this land since time immemorial.

This Cancer Plan is rooted in the understanding that reconciliation requires more than acknowledgment - it requires transformation. We recognize the ongoing impacts of colonialism, systemic racism, and health inequities experienced by Indigenous Peoples in our region.

We are committed to co-developing and delivering cancer care that is Indigenous-led, culturally safe, and grounded in community priorities. Indigenous ways of knowing, being, and healing are not an add-on - they are integrated into how we plan, govern, deliver, and evaluate cancer care.



This commitment reflects our responsibility to advance the Truth and Reconciliation Commission's Calls to Action and uphold Indigenous Peoples' inherent right to health and self-determination.

Together, we will build a cancer system that respects Indigenous sovereignty, restores trust, and achieves healing and wholistic wellness for all.

# A message from our from our Leadership: Our Shared Commitment to Cancer Care

Shaped by hundreds of voices from across Northeastern Ontario, we are proud to share the 2025–2028 North East Regional Cancer Plan. This plan reflects the vast geography, deep diversity, and unique strengths of our region, while also aligning with Ontario’s shared priorities of equity, integration, innovation, and accountability.

It lays out a clear path forward by bringing together Indigenous and Francophone partners, Ontario Health Teams, hospitals, and communities to co-design solutions that are grounded in local realities, connected across the system, and focused on fairness in care. From remote First Nations to urban cancer centres, and from Indigenous knowledge to advanced clinical innovation, we are united by one commitment: equitable, culturally safe, world-class cancer care close to home.

The challenges ahead are real: workforce shortages, distance, and longstanding inequities. This plan addresses them head-on with solutions built together, rooted in dignity, and anchored in community. It belongs to everyone: Indigenous and Francophone Peoples, rural and northern residents, and equity-deserving groups including 2SLGBTQIA+, racialized, disabled, and newcomer communities.

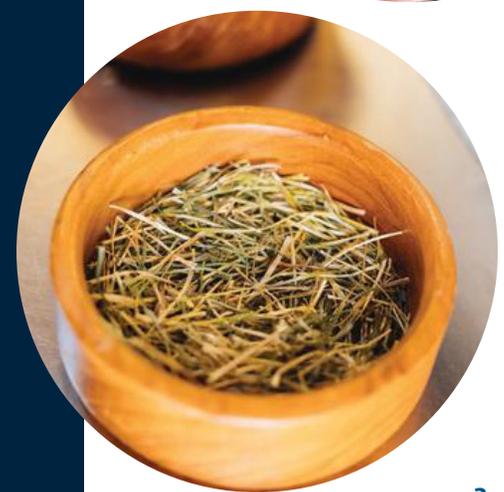
Together, we are building a cancer system that is more just, more connected, and more responsive to the people it serves. Every Northerner, no matter who they are or where they live, deserves care that feels right and close to home.



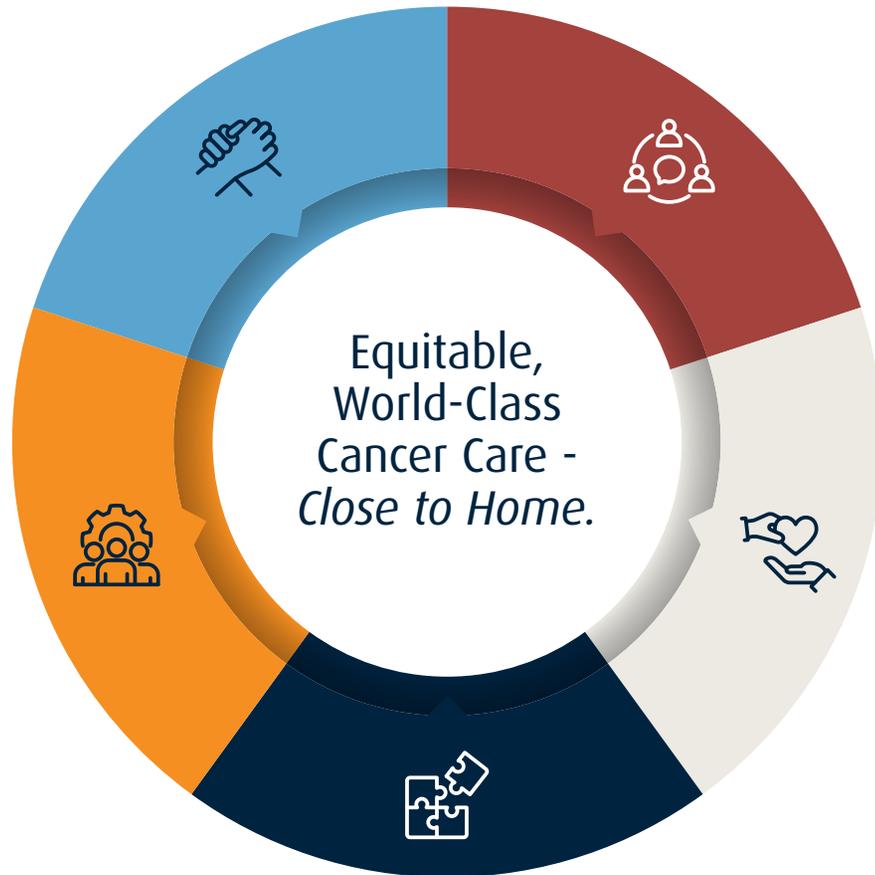
**Stephanie Winn,**  
*Regional Vice President*  
North East Regional  
Cancer Program



**Natalie McInnis,**  
*Regional Director*  
North East Regional  
Cancer Program



# Our Vision



## Advance Equity Through Community-Led Care

- Expand mobile screening & prevention with First Nations, Métis, OHTs, public health
- Strengthen French-language services
- Uphold Indigenous data sovereignty & use disaggregated data
- Launch public-facing equity dashboard



## Centre the Patient, Family, and Provider Experience

- Co-designed navigation supports
- Multilingual patient tools
- Virtual psychosocial access for rural/remote
- Survivorship services reflecting culture/spirituality
- Cultural safety & trauma-informed training
- Provider wellness initiative



## Integrate Care Across the System

- Diagnostic Assessment Programs & equitable referral systems
- Indigenous care coordination with ceremony & traditional healing
- Fully connected system for smoother transitions
- Pathways with OHTs & Indigenous partners, focusing on unattached/high-risk patients



## Improve Outcomes and Quality of Life

- Increase targeted screening uptake
- Expand access to advanced treatments, diagnostics, robotics, trials
- Remove barriers to trial participation (Indigenous, rural, remote)
- Monitor quality & outcomes with disaggregated indicators
- Integrated regional palliative and supportive care pathways across inpatient, ambulatory, and community settings.



## Build a Resilient and Sustainable Cancer System

- Regional workforce strategy (Indigenous, Francophone, rural)
- Digital & AI-enabled tools to cut admin burden
- Modernize infrastructure, equipment, mobile capacity
- Strengthen academic & Indigenous-led training partnerships
- Emergency preparedness (climate/system shocks)
- Public accountability framework with measurable targets

# Our Mission

We deliver integrated, high-quality, and culturally safe cancer care across Northeastern Ontario. In partnership with Indigenous, Francophone, rural, and equity-deserving communities, we provide timely, respectful, and effective care for every person, wherever they live.

# North East – Regional Profile



Projected population growth over next ten years

**-0.1%**

Projected population over age of 65 in ten years

**30%**

*23.3% currently*

Number of approved Ontario Health Teams

**7**



**13.7%**

Identify as Indigenous



**18.5%**

Identify as Francophone



**4%**

Identify as visible minority



**5.3%**

Immigrant population



**165**

Service Accountability Agreements



**7**

Designated French-Language Service Areas

## Health Service Providers

47

Community  
Mental Health  
& Addictions  
Providers

2

Indigenous  
Primary  
Health Care  
Organizations

41

Designated  
Agencies for  
French Language  
Services

24

Public  
Hospitals

7

Community  
Health Centres

37

Long-Term  
Care Homes

28

Family Health  
Teams

67

Community  
Support Service  
Providers

7

Nurse  
Practitioner-Led  
Clinics

7

Palliative  
Care  
Centres



*“Covering over 30% of Ontario and serving a population that is 13.7% Indigenous and 18.5% Francophone, our region demands cancer care that is culturally safe, locally delivered, and community-driven. We are building a system that ensures every Northerner receives world-class care close to home, regardless of who they are or where they live.”*

**Dr. Andrew Pearce,**  
Regional Radiation Oncology Lead

# Who We Are and Why This Plan Matters

The North East Regional Cancer Program leads cancer services across a large and diverse part of Ontario. Our communities are shaped by strong Indigenous roots, a significant Francophone presence, and the needs of rural, remote, urban, and equity-deserving populations.

Cancer remains one of the leading causes of death in Northeastern Ontario. Indigenous Peoples in our region face higher rates of cancer and mortality. Many others, from people in small northern towns to families living with lower income or newcomers adjusting to a new system, continue to face barriers to screening, early detection, timely diagnosis, and follow-up care. These gaps are not inevitable. They exist because of inequities that must be addressed.

This plan is a direct response to those realities. We believe no one should face worse outcomes because of where they live, their culture, or their ability to find their way through the health system. True equity requires Indigenous leadership, Francophone inclusion, and strong partnerships with communities.

# Our Regional Cancer System: A Network of Shared Leadership

Cancer care in Northeastern Ontario depends on a coordinated network built on shared responsibility, not on one centre alone. At its core is the Shirley and Jim Fielding Northeast Cancer Centre in Sudbury, which serves as the regional hub. Alongside it, the Algoma District Cancer Program in Sault Ste. Marie serves as a Level 3 site, offering radiation, systemic therapy, and a full range of supportive cancer services.

Together, this network delivers prevention, screening, diagnosis, treatment, survivorship, and palliative care close to home. It works through shared leadership, open data, and a commitment to equity and cultural safety.

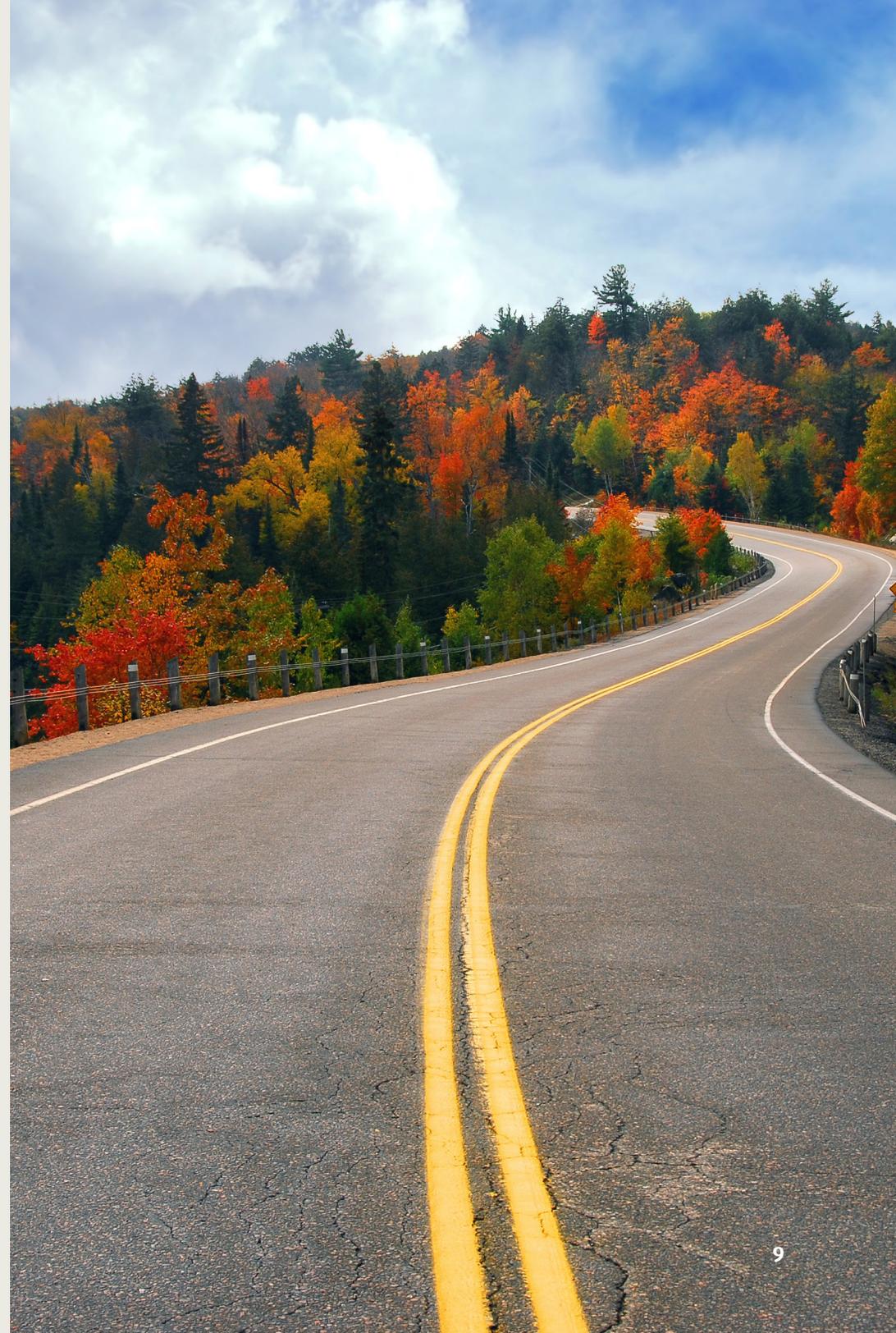
# Our Regional Network

Surrounding our regional hub and the Algoma District Cancer Program is a broad network of partners that makes cancer care possible close to home.

This includes:

- Level 4 satellite hospitals across the Northeast
- Affiliated cancer sites
- Ontario Health at Home
- Ontario Health Teams
- First Nations health centres
- Aboriginal Health Access Centres
- Urban Indigenous organizations
- Family health teams
- Public health units
- Home and community care providers
- Community Hospitals
- Independent Health Facilities
- Long Term Care Homes

This network ensures that cancer care is not centralized in one place but shared across communities, grounded in collaboration and local delivery.



# Network of Partners

## Level 4 Satellite Sites: (Close-to-Home Systemic Treatment Sites)

Hopital General De Nipissing Ouest/  
West Nipissing General Hospital  
*Sturgeon Falls, Ontario*

Hôpital Notre-Dame Hospital  
*Hearst, Ontario*

Blanche River Health  
*Kirkland Lake, Ontario*

Lady Minto Hospital  
*Cochrane, Ontario*

Manitoulin Health Centre  
*Mindemoya, Ontario*

Muskoka Algonquin Healthcare  
*Huntsville, Ontario*

North Bay Regional Centre  
*North Bay, Ontario*

Sensenbrenner Hospital  
*Kapuskasing, Ontario*

St. Joseph' s General Hospital  
*Elliot Lake, Ontario*

Temiskaming Hospital  
*Temiskaming Shores, Ontario*

Timmins And District Hospital  
*Timmins, Ontario*

West Parry Sound Health Centre  
*Parry Sound, Ontario*



# How We Will Work

To realize our vision, we are guided by five principles that shape every part of our work, planning, partnerships, and delivery.

## 1. Co-develop with communities

We design programs with patients and families, Indigenous leaders, Francophone communities, and others who bring lived experience and local wisdom

## 2. Direct resources where they are needed most

We focus investments in rural and underserved communities that face the greatest barriers to care.

## 3. Partner across systems

We work with Ontario Health Teams, Indigenous health organizations, hospitals, public health, and others to deliver integrated, culturally safe services.

## 4. Measure what matters

We commit to open reporting that shows progress on equity, performance, and community priorities.

## 5. Scale innovation with impact

We invest in tools that close gaps in care, mobile screening, AI-enabled scheduling, and virtual supports.



*“Cancer does not impact everyone equally. Indigenous communities experience significantly higher incidence and mortality rates. Remote and rural communities often face barriers to care. Our plan responds directly to these challenges by bringing culturally safe, timely, and accessible cancer care to every person, wherever they live.”*

**Valerie Ross**, Interim Director,  
Indigenous Health at Health Sciences North

# Strategic Objectives and Key Actions

Building on these principles, the plan focuses on five objectives that will guide improvements in cancer care from 2025 to 2028. These objectives reflect what we heard from communities, were validated with partners, and are aligned with provincial priorities.

Equity and cultural safety run through each objective, in line with Ontario Cancer Plan 6 and the Indigenous Cancer Strategy 5.



**1. Advance Equity through Community Led Care**



**2. Centre the Patient, Family, and Provider Experience**



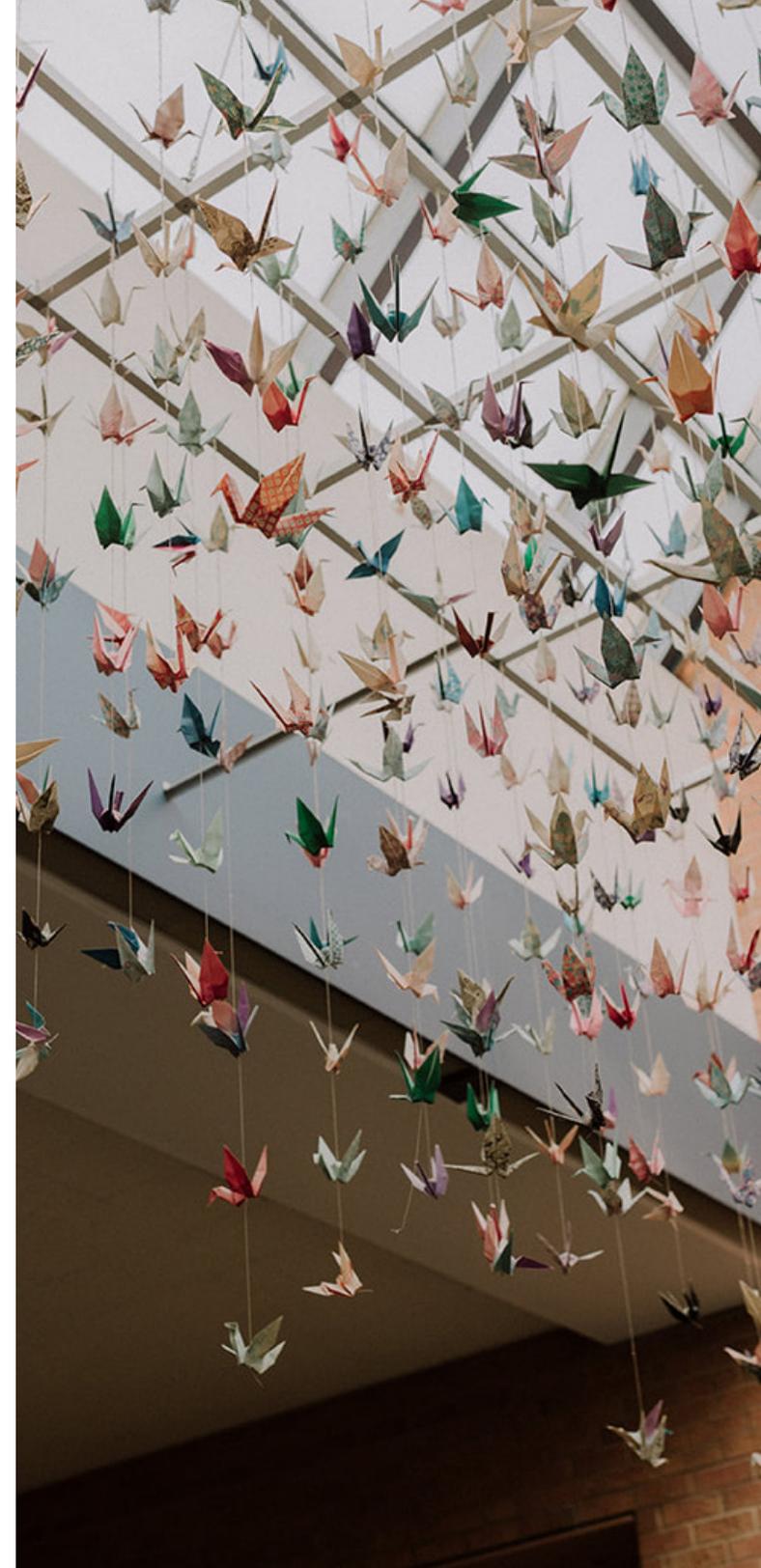
**3. Integrate Care Across the Cancer Journey**



**4. Improve Outcomes and Quality of Life**



**5. Build a Resilient and Sustainable Cancer System**



## OBJECTIVE 1

# Advance Equity through Community Led Care



We will eliminate systemic barriers and expand equitable access to cancer care for Indigenous, Francophone, rural, 2SLGBTQIA+, racialized, disabled, and other underserved communities.

### Key Actions:

- Expand mobile, place-based screening and prevention services in partnership with First Nations, Métis, Ontario Health Teams and public health partners.
- Strengthen access to French-language services through bilingual staffing, translation of clinical tools, and active offer.
- Uphold Indigenous data sovereignty and increase disaggregated data collection to identify and address disparities.
- Launch and maintain a public-facing equity performance dashboard to track progress and drive accountability.



*“The North East Regional Cancer Plan is not just a vision, but a commitment to action. To ensure progress, we will implement the plan through annual workplans that are aligned with system priorities, community input, and capacity.”*

**Dr. Lacey Pitre**, Chief of Oncology



## OBJECTIVE 2

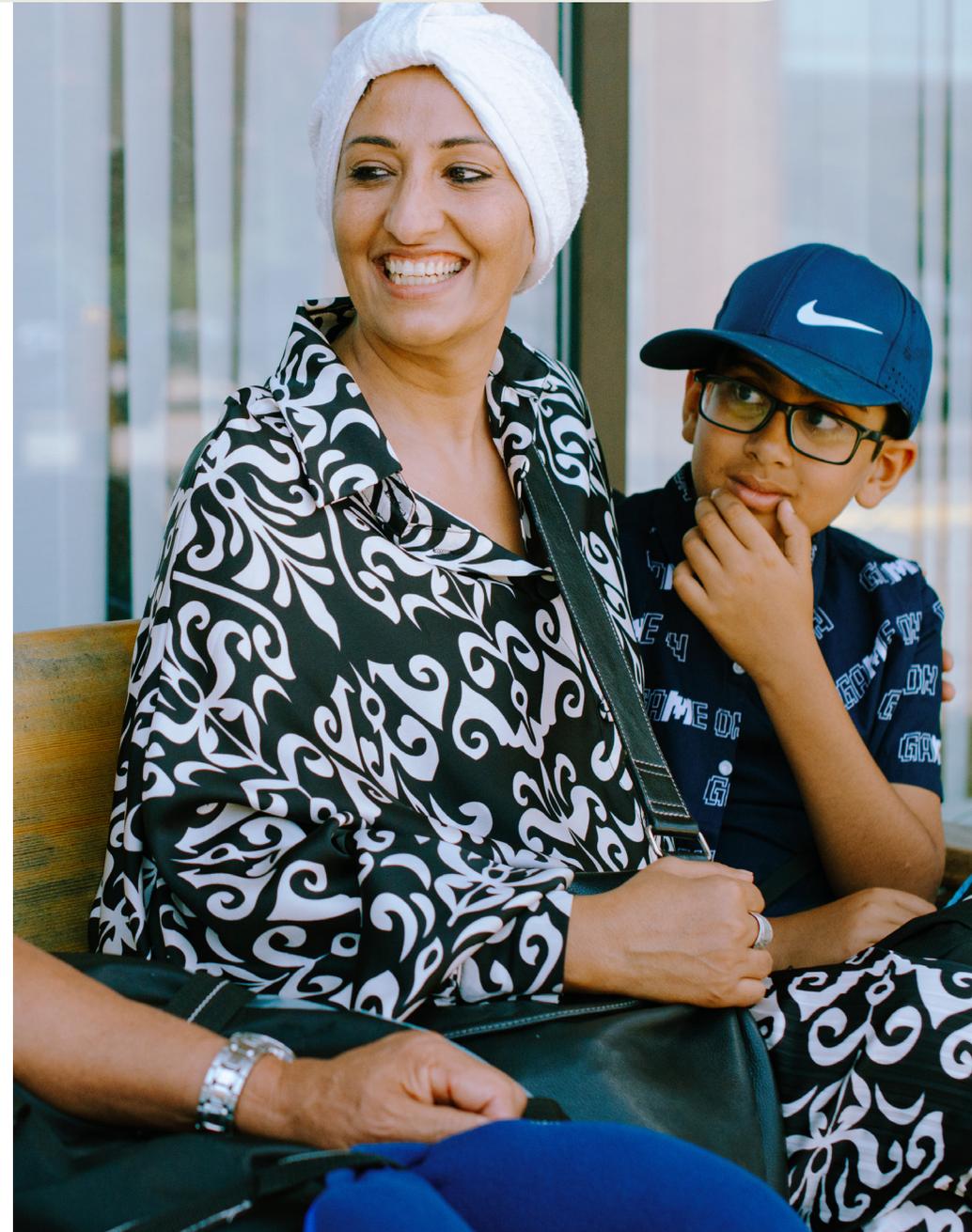
# Centre the Patient, Family, and Provider Experience



We will build a compassionate and culturally safe cancer system where patients, families, and care teams are supported, respected, and heard at every step.

### Key Actions:

- Expand co-designed navigation supports with Indigenous, Francophone, and equity-deserving communities.
- Implement multilingual, patient-centered tools (e.g., VOYCE, Your Symptoms Matter) across care settings.
- Increase virtual psychosocial access, especially for rural and remote communities.
- Co-design survivorship services that reflect spiritual, cultural, and identity-based needs.
- Deliver cultural safety and trauma-informed care training system-wide, including administrative and clinical teams.
- Launch wellness initiatives and flexible models to support provider well-being and retention.



## OBJECTIVE 3

# Integrate Care Across the Cancer Journey



We will ensure seamless, coordinated transitions across cancer care, from prevention through palliative care.

### Key Actions:

- Expand Diagnostic Assessment Programs (DAPs) and implement equitable triage and referral systems.
- Embed Indigenous care coordination models that integrate ceremony, traditional healing, and local supports.
- Create a fully connected cancer care system that improves care transitions, coordination, and access.
- Co-develop integrated cancer pathways with OHTs and Indigenous partners, focused on unattached and high-risk populations.



## OBJECTIVE 4

# Improve Outcomes and Quality of Life



We will strengthen prevention, early detection, access to innovation, and culturally relevant supports to improve survival and quality of life.

### Key Actions:

- Increase uptake of targeted screening through culturally safe outreach.
- Expand equitable access to advanced treatments and diagnostics, including radiation, systemic therapy, surgical robotics and innovative clinical trials.
- Address barriers to clinical trial participation for Indigenous, rural, and remote patients through dedicated infrastructure and partnerships.
- Monitor quality and outcomes using disaggregated indicators to track gaps and inform improvement.
- Develop an integrated regional palliative and supportive care model that connects inpatient, ambulatory, and community services through culturally safe, co-designed pathways.



## OBJECTIVE 5

# Build a Resilient and Sustainable Cancer System



We will design a future-ready system that delivers consistent, high-quality care in every corner of Northeastern Ontario.

### Key Actions:

- Launch a regional workforce strategy focused on recruitment and retention of Indigenous, Francophone, and rural providers.
- Implement digital and AI-enabled tools to reduce administrative burden and improve planning.
- Modernize infrastructure, equipment, and mobile capacity with a focus on sustainability and geographic equity in mind.
- Strengthen partnerships with academic institutions and Indigenous-led training programs to grow a culturally safe workforce.
- Enhance regional emergency preparedness for climate-related events, power disruptions, and other system shocks.
- Establish a public accountability framework with measurable indicators, equity targets, and system milestones.



# Research, Innovation, and Academic Excellence

Innovation is essential to closing equity gaps, improving outcomes, and sustaining a strong cancer system in Northeastern Ontario. But it only matters when it is rooted in population needs, geography, culture, and local realities.

Our region is well positioned to lead in community-based cancer research, clinical trials, and the use of new tools such as artificial intelligence, virtual care, and precision diagnostics. The Health Sciences North Research Institute (HSNRI) is a core partner in this work. HSNRI:

- Supports research in cancer prevention, detection, and treatment
- Provides clinical trial opportunities for patients across the Northeast
- Builds partnerships with Indigenous communities for culturally safe, community-driven research
- Helps evaluate and improve care using real-world data



Research here is not separate from care. It informs and improves it, driving quality and ensuring that models of care are based on lived experience and evidence.

Academic partnerships strengthen this further. Through collaboration with the Northern Ontario School of Medicine and other educational institutions, we train the next generation of oncology providers with a focus on rural practice, Indigenous health, and retention in the North.

Together, our research and academic infrastructure ensures that innovation is not centralized but reaches every community we serve.

# Mobile Cancer Screening and Health Services

A new service will provide cancer screening services across Northeastern Ontario through a mobile delivery model designed to address barriers related to travel, distance, and access.

A new mobile service will be equipped and designed to deliver cancer screening services directly in the community. On board, it will include:

- A digital mammography unit for breast cancer screening
- A private clinical exam room for cervical cancer screening (HPV testing)
- Space to support colorectal cancer screening through fecal immunochemical test (FIT) kit distribution and education.

In addition to core cancer screening, the mobile service will include dedicated clinical space to deliver a fourth health service tailored to the needs of each community. This flexible service may include health promotion, prevention, education, or other locally identified clinical priorities.

## The mobile service will expand access by:

- Offering screening services in regions where travel and distance present barriers
- Seeking alignment with local priorities and planning processes
- Practicing culturally safe, trauma-informed approaches to care through services co-developed in partnership with local rural, remote and Indigenous communities

## Interested in hosting or supporting a visit?

Planning and scheduling vary from year to year, and the service welcomes conversations with communities not currently on the schedule. Support can take many forms, including local planning and coordination.



Scan the QR code  
to connect with the  
team and learn more.





## North East Regional Cancer Program

Ontario Health (Cancer Care Ontario)



ALGOMA  
DISTRICT  
CANCER PROGRAM



**HSN**

Shirley and Jim Fielding  
Northeast Cancer Centre

Centre de cancérologie du  
Nord-Est Shirley et Jim Fielding

This plan reflects the voices and priorities of people across Northeastern Ontario. Engagement was a critical part of its development, ensuring the actions and principles reflect lived experience, local wisdom, and system expertise. More than 100 individuals contributed insights across patient, caregiver, Indigenous, public health, provider, and administrative perspectives. Engagement methods included Regional World Café planning sessions, surveys and interactive polling using Poll Everywhere, and community visits and on-site discussions.

Feedback was reviewed thematically, validated through structured analysis, and directly informed the plan's strategic objectives, guiding principles, and key actions.

This approach to engagement does not end with the plan; it continues throughout implementation, evaluation, and course correction. We will maintain ongoing dialogue with communities, partners, and providers to ensure the plan remains accountable, adaptive, and aligned with evolving needs.