

FIRST NATIONS IN CANADA AND CANCER SCREENING: ADDRESSING THE NEEDS OF INDIGENOUS PEOPLES



Background: First Nations in Canada

The Assembly of First Nations (AFN) is the national organization representing First Nations in Canada. There are nearly one million First Nation peoples living in more than 610 First Nation communities, as well as rural and urban areas. 60% of these communities are considered remote and 60% have less than 500 residents. In many of these cases, health services, such as screening, are not provided to the First Nation communities.

Introduction: An Emerging Cancer Crisis

Indigenous peoples around the globe generally suffer higher burdens of disease and lack access to adequate health services. First Nation peoples in Canada are an example of this. The incidence of cancer is rising faster in First Nation communities than in the general Canadian population. Cancer survival rates tend to be worse for First Nation populations and patients are likely to be diagnosed at a later stage of the disease.



First Nation peoples have lower overall health indicators, higher lifestyle risk factors and an increasing population. This combined with low rates of participation in organized cancer screening programs (where available) contributes to a potential cancer crisis. In order to ensure that First Nation communities receive adequate health care services, a focus on the importance of prevention and standards for screening with culturally appropriate resources is vital.



Method: First Nations Cancer Landscape

The current situation regarding screening in First Nation communities is largely unknown. A literature review, with national

and regional components, completed by the AFN in early 2009, attempts to form a clear picture of what is currently happening in Canada regarding screening and First Nations. An analysis of this information will identify next steps and other measures for cancer control for First Nations.



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Results: Role of First Nations Culture

Many First Nation peoples interviewed for the literature review expressed convictions that cancer is inevitable and that talking about cancer invites it in. A necessary first step in overcoming the reluctance of First Nations to talk about cancer is to dispel this misinformation. Community members, especially Elders, are a necessary support in the spiritual, emotional and cultural needs of individuals and their families. We need to ensure a patient- and community-centered approach for First Nations to learn about cancer prevention and screening methods and why it is important to their health and that of future generations.



Conclusion: Overcoming Cancer Screening Barriers

First Nation peoples need an opportunity to voice their fears in a culturally safe and comfortable setting. They require personal contact with knowledgeable and trusted community members. This is the best vehicle for messages to be tailored for the level of health literacy, language and other culturally relevant considerations. Raising awareness through educational message delivery in the language and cultural context of the



target population, by a member of that community, is crucial in order to reduce impediments to cancer screening.

Leadership, including participation from all levels of governments, professional organizations and First Nation communities, is essential. They must work towards a shared vision of cancer control for First Nations. Adequate and sustained resources are vital to ensuring that First Nation peoples come to accept screening and participate at higher levels. A clear definition of responsibilities is needed for a seamless patient experience. The role of technology and other advances must also be explored.

Recommendations: The Direction Forward



A thorough analysis of the literature review and all regional reports must be conducted. Building on these bodies of work will assist in effecting policy changes, determining future strategies and developing action plans with practical outcomes for primary prevention, awareness and early cancer detection programs. Any meaningful changes must coincide with efforts to improve the social determinants of health for First Nation peoples.



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