

Addressing the Need for Culturally competent Cancer Screening services for Indigenous populations living across Northern Canada

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Introduction:

The Truth and Reconciliation Commission of Canada (TRC) Report identified several troubling gaps in health outcomes for Indigenous communities and the need to establish measurable goals towards reducing health inequities (TRC, 2015). Health services for Indigenous individuals in Canada are complex and exist at a disproportionately lower standard than non-Indigenous populations (Ahmed et al., 2015). This disparity is heavily prevalent in services related to cancer screening programs (Ahmed et al., 2015). Within Canada, First Nations, Inuit, Métis, and Urban Indigenous (FNINUI) communities experience a significantly higher incidence rate of cancer compared to their non-Indigenous counterparts (Ahmed et al., 2015; Horrill et al., 2019). Several studies have indicated that cancer is one of the leading causes of morbidity and mortality among First Nations people (Horrill et al., 2019). Despite breakthroughs in areas related to cancer research and improved program implementation efforts, marginalized communities, particularly Indigenous populations, experience limited access to cancer screening services and treatment options (Ahmed et al., 2015). Cancer care disparities directly result from ongoing historical and colonial policies related to residential schools, reduced access to remote regions, ineffective care methods (lacking cultural competence), and limited resources and funding (Ahmed et al., 2015). These health disparities result in barriers to accessibility, thereby further exacerbating concerns associated with rising cancer rates in Indigenous communities (Ahmed et al., 2015; Horrill et al., 2019). This review will address the ongoing need to provide culturally competent cancer care to Indigenous populations across Canada, particularly those living within Northern communities.

Background:

Early cancer screening efforts have shown to be one of the most effective methods of reducing morbidity and mortality rates associated with cancer (Ahmed et al., 2015). Moreover, the detection of cancer at early stages has successfully reduced the incidence of mortality associated with breast, cervical, and colorectal cancers (Ahmed et al., 2015). However, health services related to Indigenous-based cancer screening programs in Canada are fragmented and lack organization and structure (Ahmed et al., 2015). The delivery and distributional responsibility of these services between federal, provincial, and territorial governments are vague and unclear (Ahmed et al., 2015). Furthermore, along with culturally diverse needs, Indigenous populations face challenges and barriers associated with their geographical distribution (Ahmed et al., 2015). While most provinces have cancer screening programs (cervical, breast, and colorectal) available to the general population, many fail to provide culturally competent that is tailored to the needs of Indigenous populations (Marrett et al., 2004). These concerns are exacerbated in the Territories (CPAC, 2018a).

For cervical cancer, there are no existing programs in Yukon, Nunavut, or the Northwest territories (CPAC, 2018a). Eight provinces, excluding Quebec and Prince Edward Island, have cancer screening programs, along with strategies to tailor services to FNINUI communities (CPAC, 2018a). For breast cancer, Nunavut is the only jurisdiction in Canada that has no organized screening service; however, none of the territories have Indigenous-based culturally competent breast cancer screening services available (CPAC, 2018b). Furthermore, only seven

provinces have programs available to provide culturally sensitive screening services to Indigenous populations (CPAC, 2018b). For colorectal cancer, both Nunavut and the Northwest Territories have no organized programs available, and only seven provinces have screening services tailored to Indigenous populations (CPAC, 2018c).

In addition to the unique challenges faced by Indigenous communities, there are several political, socioeconomic, and systemic factors that affect access to care (Maar et al., 2014). First, due to the disparities in delivery between the federal, provincial, and territorial governments, there are challenges with obtaining integrated care within a single area (Ahmed et al., 2015). Especially within the territories, there is a lack of availability of healthcare services (including cancer screening services), substantial costs associated with healthcare delivery, and a lack of equitable treatment (Maar et al., 2014). Residents in remote communities, such as those living in the territories, generally do not have access to a health care provider (HCP) or long-term established public health programs (Ahmed et al., 2015). This often stems from a lack of community funding and resources (Ahmed et al., 2015). Due to this, many Indigenous individuals must travel outside their communities to receive screening services or diagnostic information (Marrett et al., 2004). Second, Indigenous populations often have limited awareness of cancer screening services and programs. Indigenous communities have no designated representatives available to provide cancer prevention knowledge, and Indigenous individuals often have a very low level of health literacy (pertaining to conventional methods of medicine) and face many language barriers (Ahmed et al., 2015). Third, experiences associated with residential schools, colonial assimilation, and cultural genocide have resulted in negative attitudes and mistrust towards the healthcare system and modern medicine (Ahmed et al., 2015). Furthermore, many HCPs fail to account for the incorporation of traditional beliefs and cultural practices and the acknowledgment of historical trauma into the care of Indigenous patients, further creating an atmosphere of mistrust and noncompliance (Ahmed et al., 2015).

Recommendations:

To address concerns moving forward, it is essential that the health needs, beliefs, and culture of Northern Indigenous communities are acknowledged. The TRC emphasized the need to recognize the healthcare rights of Indigenous people, as established in the treaties and identified in international and constitutional law (TRC, 2015). These actions can be conducted through several avenues:

The Northern Indigenous Health Coalition (NIHC)

The progress must be addressed and measurable in order to “close the gaps in health outcomes” faced by Indigenous communities (TRC, 2015). This can initially be conducted through the establishment of a Northern Indigenous Health Coalition (NIHC) that is implemented to account for the health-based needs of Indigenous individuals and ensure that collaboration is maintained between community stakeholders. The NIHC can ensure that those who require cancer screening services are accounted for and supported by providing additional educational programming to help raise awareness and improve health literacy, as well as the screening services needed. Increased health literacy allows for patients to advocate for their own

health in a method that is tailored to their personal beliefs and practices. Several methods of increasing health literacy include providing programming through the use of visuals or through conversation circles and storytelling (Chow et al., 2020).

Collaboration

The NIHC can help maintain collaboration and integrated care with community stakeholders to ensure that traditional beliefs and cultural practices are accounted for and are respected. Additionally, community leaders can aid in the process of raising awareness by encouraging individuals, including those who are distrustful and hesitant, to access these services, thereby gaining communal trust. The NIHC can also ensure funding and sufficient resources, as program affordability can also limit those who can access cancer screening services. This can be maintained through collaboration with NGOs or other government agencies that can help secure funding and resources for long-term program sustainability. Furthermore, the development of an Indigenous-based program for cancer screening will help ensure that ethnic data is accounted for, as there is limited Canadian data surrounding Indigenous health (Marrett et al., 2004). Finally, the development of NIHC will help provide Indigenous individuals the support required to access external resources. Oftentimes, Indigenous individuals seek resources outside their communities and away from family, as many northern populations exist in remote areas (Marrett et al., 2004). However, establishing a coalition could help provide individuals with the proper resources to effectively understand how to obtain external support and navigate unfamiliar healthcare systems.

Moreover, another recommendation would be to incorporate health care providers that encourage culturally competent and sensitive care. As evidently shown, while many jurisdictions have cancer screening services available to the general population, many of these resources neglect to incorporate programs tailored to the needs of Indigenous populations. These programs must be sensitive to the diverse and unique experiences of Indigenous communities. They must acknowledge the historical and systemic trauma faced by these individuals, as well as the structural barriers they continue to face (Maar et al., 2014). Furthermore, due to these experiences, the programs must aim to develop an atmosphere of respect and trust (Maar et al., 2014). Culturally sensitive care can be established by working closely with community stakeholders to incorporate traditional practices and beliefs within care (Ahmed et al., 2015).

Conclusion:

Overall, there is a tremendous need to provide culturally sensitive cancer screening programs to Indigenous communities within northern Canada. The establishment of cancer screening programs and health care initiatives through the Northern Indigenous Health Coalition (NIHC) is necessary to ensure that northern Indigenous communities receive essential, appropriate, and competent cancer care. Furthermore, community stakeholder engagement will ensure communal trust and effectively tailored services, and government and NGO collaboration will provide long-term funding and resources to ensure program sustainability. The establishment of cancer screening programs in northern Canadian Indigenous communities

ensures the long-term health of Indigenous peoples, thereby leading to change and prosperity for the entire nation.

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