



First Nations, Inuit and Métis Cancer Care Priorities

A Document Review of First Nations, Inuit and Métis Cancer Care
Engagement (2011-2018) to inform the Refresh of the *Canadian Strategy
for Cancer Control*

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Executive Summary

Since the *Canadian Strategy for Cancer Control* (the *Strategy*) was released 10 years ago, the cancer care system continues to face ongoing complex challenges such as an aging population, increasing demands on health services, inequities for underserved and underrepresented populations, and increasing health care costs. As such, the federal government has called on the Partnership to refresh the *Strategy*.

As part of the Partnership's ongoing commitment to improve the cancer journey of First Nations, Inuit and Métis patients and families, and to ensure that First Nations, Inuit and Métis voices are reflected in the new *Strategy*, the First Nations, Inuit and Métis Cancer Strategy team has been working with partners to identify priorities and next steps through a number of meetings and engagement.

The Partnership has received strong messaging from First Nations, Inuit and Métis partners that extensive engagement has been completed in the past, and the Partnership must now build on this existing work. To avoid duplication of these efforts, and to identify common challenges, priorities, and promising practices, the Partnership commissioned a review of documents and reports produced internally by the Partnership, jurisdictional Indigenous cancer strategies, and external documents and reports funded by the Partnership, related to the cancer journey of First Nations, Inuit and Métis.

The Document Review

48 First Nations, Inuit and/or Métis-specific cancer care documents were reviewed to identify challenges, priorities, and promising practices. The following key questions were asked:

1. What are the key **challenges** in First Nations, Inuit and Métis cancer care identified in the reports? (Keywords: challenge, difficulty, barrier, issue)
2. What are the **priorities** in First Nations, Inuit and Métis cancer care identified in the reports? (Keywords: priority, need, gap, opportunity, recommendation)
3. What are examples of successful cancer or health/wellness programs or initiatives? What lessons can we learn from these success stories? (Keywords: promising practices, example of success, success story, lesson learned)

Overall Findings

From the data, five key themes emerged concerning the cancer care experience of First Nations, Inuit and Métis: equitable access; access to culturally appropriate care; prevention, education, and awareness; coordination and the cancer system; data; and supports.

The document review revealed that overall, the most frequently cited challenges, priorities, and promising practices specific to First Nations, Inuit and Métis cancer care were:

Challenges

- Lack of access to care.

- Lack of Indigenous-specific cancer data.
- Lack of coordination between communities and cancer organizations.
- Lack of culturally-competent healthcare providers.
- Lack of access to healthcare providers.

Priorities

- Increase access to primary prevention.
- Increase knowledge and awareness of cancer and cancer prevention.
- Increase cultural safety training for healthcare providers.
- Improve coordination/engagement between Indigenous and cancer organizations.
- Increase cultural safety in healthcare.

Promising Practices

- Culturally-safe cancer education and training materials.
- Cultural competency training for healthcare providers.
- Innovative approaches to screening programs.
- Culturally-sensitive patient navigators.
- Trusted partnerships between communities and cancer organizations.

While the above challenges, priorities, and promising practices reveal shared experiences and barriers to cancer care across Canada, the documents reviewed also revealed a number of challenges and priorities that are Peoples-specific.

First Nations

Challenges:

- Low participation rates in cancer screening programs;
- A tendency for late-stage diagnosis; and
- A lack of or gaps in financial coverage.

Priorities

- The need to increase culturally-safe supports and support groups;
- The need for First Nations-specific cancer data; and
- The need to increase financial supports.

Inuit

Challenges

- Patient distrust in the health care system;
- Travel to access health care is expensive or complex; and
- A lack of community and patient awareness of cancer and how to prevent it.

Priorities

- The need for culturally-safe cancer education and awareness, including supports such as support groups;
- Increasing the accessibility of cancer care, including palliative care; and

- The need for more data about smoking and commercial tobacco use among Inuit.

Métis

Challenges

- The prevalence of modifiable cancer risk factors, such as commercial tobacco use;
- Language barriers; and
- Cultural barriers, such as the reluctance to discuss cancer.

Priorities

- Increasing Métis-specific cancer data;
- Developing a Métis-specific cancer strategy; and
- Taking a wholistic approach to cancer treatment, which includes integrating traditional medicine and supports such as Elders, in the cancer continuum.

As the Partnership is leading efforts to refresh the *Strategy*, this document review is a step towards ensuring that the valuable feedback received from First Nations, Inuit and Métis is properly documented, and the results of those engagements and initiatives are built upon in conversations going forward. This review of 48 Indigenous-specific cancer care documents has highlighted the challenges many First Nations, Inuit and Métis experience in their cancer journey, identified priorities in addressing these challenges, and offered promising practices and success stories to learn from. This information will help guide the development of the new *Strategy*.

Introduction

The *Canadian Strategy for Cancer Control* (the *Strategy*) was published in 2006 to address the burden of cancer for Canadians and develop a national, coordinated approach to cancer care. The *Strategy* included the input of more than 700 Canadians, including health professionals, researchers, academics, health system leaders and patient advocates. To implement, lead and assess the *Strategy* as a steward, the Federal government created the Canadian Partnership Against Cancer (the Partnership) in 2007.

With the *Strategy* as a guide, cancer organizations, health professionals, researchers, and others have been working together to improve cancer control across the country. Accomplishments to date include: collaboration on cancer prevention projects that have resulted in policies that support healthy living; improved screening and early detection programs, including the implementation of colorectal screening programs in 10 provinces and one territory; and the creation of the *First Nations, Inuit and Métis Action Plan on Cancer Control*, developed with the guidance of the Assembly of First Nations, Inuit Tapiriit Kanatami, and Métis National Council.

However, while there has been significant progress in cancer control in Canada, not all Canadians have benefited equally from Canada's progress. In the first iteration of the *Strategy*,

it was identified that those living in rural and remote locations, immigrants, low-income Canadians, and First Nations, Inuit and Métis peoples were particularly underserved by the cancer control system. 10 years later, First Nations, Inuit and Métis continue to experience poorer cancer outcomes than the general population and to face inequities and barriers in accessing care, especially care that respects and reflects First Nations, Inuit and Métis culture.

In response to the ongoing challenges in the cancer care system, the federal government has called on the Partnership to refresh the *Strategy*. The Partnership is facilitating conversations among partners across Canada, including First Nations, Inuit and Métis communities, organizations and governments; health care organizations; cancer care agencies and programs; provincial governments; clinicians; researchers; policy makers; patients; survivors; families; caregivers; and the public to refresh and modernize the *Strategy*. The refreshed *Strategy* will be provided to the Minister of Health and her provincial and territorial counterparts in May 2019.

Purpose of the document review

As part of the Partnership's ongoing commitment to improve the cancer journey of First Nations, Inuit and Métis patients and families, and to ensure that First Nations, Inuit and Métis voices are reflected in the new *Strategy*, the First Nations, Inuit and Métis Cancer Strategy team has been working with partners to identify priorities and next steps through a number of meetings and engagements.

The Partnership received strong messaging from First Nations, Inuit and Métis partners that extensive engagement has been completed in the past, and the Partnership must now build on that work going forward. To avoid duplication of these efforts, and to identify common challenges, priorities, and promising practices, the Partnership commissioned a document review of available reports related to the cancer journey of First Nations, Inuit and Métis.

The document review will supplement engagement sessions with First Nations, Inuit and Métis to inform the new *Strategy* and ensure that it is responsive to the priorities of First Nations, Inuit and Métis.

Methodology

Scope

The scope of the document review was limited to documents and reports produced internally by the Partnership, and external documents such as jurisdictional Indigenous cancer strategies and reports funded by the Partnership. In total, 48 documents were reviewed (see *Appendix A: Documents Reviewed*).

A scan of recent publications on cancer control in First Nations, Inuit and Métis was also conducted via the websites of the following key academic organizations to ensure that no recent publications concerning the topic of cancer control in First Nations, Inuit and Métis was missed:

- CIHR Institute for Indigenous Peoples Health (www.cihr-irsc.gc.ca)
- Institute for Circumpolar Health Research (www.ichr.ca)
- National Collaborating Centre for Aboriginal Health (www.nccah-ccnsa.ca)
- Networks for Indigenous Health Research (www.cihr-irsc.gc.ca/e/51161.html)
- University of Victoria Centre for Indigenous Research and Community-Led Engagement (www.uvic.ca/research/centres/circle/)

However, no additional, recent publications were found to be relevant to the scope of the document review.

Method

Each document was reviewed using the following key questions and associated keywords:

1. What are the key challenges in First Nations, Inuit and Métis cancer care identified in the reports? (Keywords: challenge, difficulty, barrier, issue)
2. What are the **priorities** in First Nations, Inuit and Métis cancer care identified in the reports? (Keywords: Priority, need, gap, opportunity, recommendation)
3. What are examples of successful cancer or health/wellness programs or initiatives? What lessons can we learn from these success stories? (Keywords: promising practices, example of success, success story, lesson learned)

To ensure that there was a distinctions-based analysis of the documents, each of the 48 documents were also identified as First Nations (F), Inuit (I), Métis (M), or Indigenous (IN). In the Partnership's work with First Nations, Inuit and Métis, the Partnership endeavors to avoid a pan-Indigenous approach, instead recognizing that the experiences of First Nations, Inuit and Métis communities and individuals are complex and people and place specific. While acknowledging this, there are some instances when documents referred to a number of Indigenous Peoples or were not specific to a particular population. In these cases, this data was identified as Indigenous. In total, 13 documents were coded as First Nations-specific (F), six documents were coded as Inuit-specific (I), six documents were coded as Métis-specific (M), and 23 documents were coded as Indigenous (IN).

Analysis and data collection was done without the aid of software programs. Detailed notes were generated on the challenges, priorities, and promising practices discussed in each document including the partners involved in the publication of each document (see *Appendix B: Partners Who Are Represented in the Document Review*). The challenges, priorities, and promising practices of each document were then further synthesized and organized by each document. The frequency of each challenge, priority, and promising practice was noted and the results were then analyzed and organized by themes.

Results

First Nations, Inuit and Métis-specific results

The cancer experiences of First Nations, Inuit and Métis communities and individuals are complex and people and place specific. While there can be similarities in these experiences, the Partnership has attempted, where possible, to also analyze the information from a distinctions-based approach. The following common themes emerged:

- Equitable access;
- Access to culturally appropriate care;
- Prevention, education, and awareness;
- Coordination and the cancer system;
- Data; and
- Supports.

The most frequently cited challenges, priorities, and promising practices across all themes are outlined below.

Indigenous documents

The most frequently cited **challenges** were: lack of access to cancer care due to remoteness and lack of services across the cancer continuum; lack of coordination and collaboration between communities and cancer agencies which creates challenges during transitions in care; lack of trained and culturally competent healthcare professionals, access to physicians, and high turnover; lack of surveillance data specific to First Nations, Inuit, and Métis; lack of financial support for medications, medical supplies, and travel.

The most frequently cited **priorities** were: increased access to primary prevention and culturally-safe screening; increased cultural safety training and competence of healthcare providers; increased knowledge and awareness of cancer and cancer prevention/cancer education/screening awareness in communities; increased cultural safety in healthcare across the cancer continuum; culturally-relevant educational materials and awareness campaigns; improved transitions of care and system integration; improved access to support groups and culturally relevant supports for patients and survivors; and increased culturally-safe patient navigation services across the cancer journey.

The most frequently cited **promising practices** were: culturally-safe cancer education and training materials; cultural competency training for healthcare providers; screening programs, including mobile screening, that reach remote communities; primary prevention programs such as tobacco cessation; and community and clinic profiles to facilitate safe discharge planning, and visual maps of cancer services and providers.

First Nations-specific documents

The most frequently cited **challenges** were: lack of access to cancer care due to remoteness and lack of services across the cancer continuum; lack of cancer surveillance data specific to First Nations; low participation rates in cancer screening programs; a lack of coordination/collaboration between communities and cancer agencies which creates challenges during transitions in care; a tendency for late stage diagnosis, contributing to poorer prognosis; a lack of culturally competent health care providers; and a lack of or gaps in financial coverage and financial supports.

The most frequently cited **priorities** were: increased access to primary prevention and culturally-safe screening; increased cultural safety in healthcare across the cancer continuum; improved coordination and engagement between Indigenous communities and cancer organizations; increased knowledge and awareness of cancer and cancer prevention; and increased First Nations-specific cancer data.

The most frequently cited **promising practices** were: culturally-safe cancer education and training materials; trusting partnerships between communities, cancer agencies, hospitals, care providers, and governments; cultural competency training for healthcare providers; and culturally-sensitive patient navigators.

Inuit-specific documents

The most frequently cited **challenges** were: lack of access to cancer care due to remoteness and a lack of services across the cancer continuum; lack of coordination and collaboration between communities and cancer agencies which creates challenges during transitions in care; travel to access healthcare is expensive and difficult to arrange; there is a lack of community and patient awareness about cancer and cancer prevention; a lack of cancer surveillance data specific to Inuit; and historical trauma and long-standing experiences of racism hinder access to health services and building trusting relationships.

The most frequently cited **priorities** were: the need for culturally-relevant educational materials and awareness campaigns; increased access to primary prevention and culturally-safe screening; increase knowledge and awareness of cancer and cancer prevention; increase access to cancer programs and services close to home; increase cultural safety training for healthcare providers; improve access to support groups for cancer patients and survivors; increase palliative nursing and end-of-life care services; and collect data regarding smoking and commercial tobacco use.

The most frequently cited **promising practices** were: telehealth services, including tele-oncology; culturally sensitive patient navigators; screening programs, including mobile screening, that reach remote communities; and cancer screening awareness campaigns in communities.

Métis-specific documents

The most frequently cited **challenges** were: lack of access to cancer care due to remoteness and lack of services across the cancer continuum; language differences and cultural barriers; lack of cancer surveillance data specific to Métis; a lack of culturally competent health care providers; cultural barriers, such as a reluctance to discuss cancer and mistrust of the healthcare system; and a higher prevalence of modifiable risk factors.

The most frequently cited **priorities** were: increasing Métis-specific cancer data and a national integrated information system with Indigenous patient identifiers; increasing cultural safety training and competence for health care providers; adopting a wholistic approach to cancer treatment, including traditional methods and supports; developing a Métis-specific cancer strategy; increasing knowledge and awareness of cancer and cancer prevention; and increasing access to primary prevention, such as tobacco cessation and culturally-safe screening.

The most frequently cited **promising practices** were: cultural competence training for healthcare providers and culturally-sensitive patient navigators.

Overall findings

The five most commonly cited challenges, priorities, and promising practices identified by the frequency in which they were found in the documents reviewed, are listed below.

Table 1: Most frequently reported challenges, priorities, and promising practices across all documents

The total number of times a challenge, priority, or promising practice is mentioned in all documents is indicated in square brackets. The total number of times a challenge, priority, or promising practice is identified in a First Nations-, Inuit-, Métis- or Indigenous-focused document is indicated in round brackets.

Challenges
1. Lack of access to cancer care/healthcare/basic services due to remote locations of some communities/lack of services across the cancer continuum [36 (F14; I7; M3; IN12)]
2. Lack of cancer surveillance data specific to First Nations, Inuit and Métis [14 (F7; I2; M2; IN3)]
3. Lack of coordination/collaboration between communities and cancer agencies/organizations [12 (F3; I3; M1; IN5)]
4. Lack of culturally competent health providers [9 (F2; I1; M2; IN4)]
5. Lack of trained health care professionals and high turnover/lack of access to physicians [8 (F2; I1; M1; IN4)]
Priorities
1. Increase access to primary prevention and culturally-safe, early screening [28 (F13; I3; M2; IN10)]
2. Increase knowledge and awareness of cancer and cancer prevention; screening awareness in communities [19 (F5; I3; M3; IN8)]
3. Increase cultural safety training for/competence of healthcare providers [15 (F3; I2; M3; IN7)]

4. Improve coordination/engagement between Indigenous and cancer organizations [14 (F6; I2; M1; IN5)]
5. Increase cultural safety in healthcare, across the cancer continuum [13 (F5; I1; IN7)]
Promising Practices
1. Culturally-safe cancer education and training materials, across the cancer continuum [17 (F6; I1; M1; IN9)]
2. Cultural competency training for healthcare providers [10 (F3; I1; M2; IN4)]
3. Screening programs, including mobile screening that reach remote communities [8 (F1; I2; M1; IN4)]
4. Culturally-sensitive patient navigators [7 (F2; I2; M1; IN2)]
5. Trusting partnerships between communities, cancer agencies/organizations, hospitals/providers, and governments [7 (F3; I1; M1; IN2)]

Discussion

Overall results are similar for First Nations, Inuit and Métis, as verified by the documents that discussed more than one population (Indigenous documents). A discussion of the common challenges and priorities experienced by First Nations, Inuit and Métis in their cancer care journey can be found below:

Challenges

Equitable access to care was found to be the most common challenge identified in the Indigenous documents reviewed. This includes access to care by patients in remote and rural areas that necessitates costly and stressful travel, the lack of culturally appropriate services available in-community, and access to consistent healthcare providers. It has been estimated, for example, that one in five First Nations adults do not have access to a physician.¹ In both Nunavut and the Northwest Territories, there is a reliance on locum physicians and nurses, many of whom visit communities or regional centres infrequently.² The lack of consistency in care and high turnover was identified in the documents reviewed as preventing trust from building between patient and provider, which can affect patient participation in treatment.

As a challenge in accessing care, a lack of financial support was consistently identified throughout the documents. Coverage for travel and medication is often provided for through the Non-Insured Health Benefits Program (NIHB) for Status First Nations and eligible Inuit; however, the process to access this coverage was considered complicated and inconsistent, preventing many Indigenous people from accessing care. For Métis and others who are ineligible under NIHB, other sources of financial assistance must be obtained. Beyond financial coverage for care, the documents reviewed also indicated that supporting traditional Indigenous health supports, which include wholistic, traditional treatment practices, was a challenge as funding mechanisms for these programs remain elusive.³

Poor collaboration between communities, cancer organizations, and jurisdictions also emerged in the documents as a barrier to care that has negatively impacted transitions of cancer care for

many First Nations, Inuit and Métis patients and families. It was stated that in remote communities where access to a primary physician for follow-up care is limited, information and records may not be received and care may not always be properly provided for.⁴ Similarly, poorly coordinated referral processes were said to affect the timely provision of care.

It was reported that the lack of culturally-competent physicians and culturally appropriate supports are a barrier to First Nations, Inuit and Métis accessing care. The documents reviewed indicated that there is already considerable mistrust in the health care system due to discriminatory behaviours and a history of colonial trauma; this mistrust was found to be further exacerbated when care providers were not respectful of cultural practices. Overcoming this lack of trust, and building trusting relationships between patients, care providers, and cancer partners was stated to be something that will require considerable time and effort.²

Efforts to address many of the challenges identified above are further hindered by a lack of First Nations, Inuit and Métis-specific data.⁴ As identified in the documents reviewed, national data and information registries have limited First Nations, Inuit and Métis -specific data; and data linkages between communities, agencies, and governments was said to require improvement. As identified in a number of documents reviewed, without this data, it is difficult to ascertain First Nations, Inuit and Métis -specific health trends and cancer patterns.

Priorities

Increased access to prevention services was a commonly cited priority found in all documents reviewed. To improve participation and accessibility, it was perceived that there was a need for screening programs to be adapted to be culturally-relevant, as well as community-based, community-designed and community-implemented to improve success.^{2,4}

Increasing participation in screening was cited as connected with improved education and awareness of cancer and services.^{5,6} Strengthening awareness of cancer, its risk factors, and prevention activities was presented as a way to help reduce risk behaviours such as commercial tobacco use and alcohol consumption.⁷ Improving education and awareness was also presented as a way to improve access, promote cultural safety, and enable self-advocacy for Indigenous patients.

Improving the coordination of care and continuity of the cancer care system was also emphasized in the documents reviewed. The documents reviewed identified this to include increasing meaningful involvement of First Nations, Inuit, and Métis communities in decision-making and planning, while also improving system efficiencies through better integration of networks. It was also felt that enhancing these partnerships must be done to improve transitions in care across the cancer system, including safer discharge practices.

It emerged from a number of documents reviewed that improving system integration also requires an increase in First Nations, Inuit and Métis specific cancer data in national information systems. The lack of data, as expressed previously, was said to impede communities, agencies,

and other health care providers from adequately addressing the cancer needs specific to these populations. Increasing research and data-gathering of these populations, improving self-identification for data collection, and improving access to cancer data are all priorities that were identified within the documents to address this challenge.

A number of documents stated that there is a lack of cultural safety and humility in the healthcare system which can result in poor treatment outcomes and participation, as well as a lack of respect and communication. Improving cultural competency of health care providers, as well as the cultural safety and appropriateness of care was listed as a priority in Indigenous documents reviewed. Developing culturally safe and accessible tools to improve services, including traditional care practices was promoted as being a way to address this barrier. Implementing culturally-safe supports; including patient navigators; and increasing First Nations, Inuit and Métis representation among staff, were stated to be important to improve the cancer care journey.

First Nations, Inuit and Métis-based discussion

While the above challenges, priorities, and promising practices reveal shared experiences and barriers to cancer care across Canada, the documents reviewed also reveal that there are challenges and priorities specific to First Nations, Inuit and Métis. A qualitative synthesis of the most commonly cited challenges and priorities found in the First Nations, Inuit and Métis-specific documents reviewed can be found below.

Challenges

First Nations-specific documents

Access to cancer care was the most cited challenge in First Nations-specific documents. As more than 60 percent of First Nations communities are remote, or fly-in with no road access, there are limited options in accessible primary and specialized care, which often necessitates costly travel to access screening, diagnostic tests, and treatments.¹ For example, as there are limited cancer care programs located in the Yukon, many patients must leave their communities to fly to the British Columbia Cancer Agency in Vancouver, or the Cross Cancer Institute in Edmonton for diagnostic tests and treatment.⁸ The lack of health care providers and services within communities, the geographic and financial barriers to accessing care, and a tendency for late stage diagnosis were all identified as significant barriers to care for First Nations communities.

Challenges related to accessing care are not limited to travel and availability of services. The cancer care system was reported to be complex, requiring culturally appropriate supports to sufficiently navigate it and make care more accessible to First Nations peoples. Such supports include cultural resources for patients, interpreters, and mental health supports throughout cancer diagnosis and treatment. The lack of resources available in a patient's language was felt to increase the risk of misunderstandings in cancer care which impact a patient's ability to

make an informed decision, and patients must then rely on interpreters and patient navigators to guide them through the cancer journey.

Participation, particularly participation in screening and other prevention programs, was also cited as a challenge for First Nations patients. Accessibility of services, consistency of care, and cultural barriers were all mentioned as factors for participation. Cultural conceptions of cancer were stated to be largely negative across First Nations communities, and fear of cancer was identified as a factor in receptiveness to care.¹ The lack of culturally appropriate education and health promotion materials that address the cultural beliefs and practices specific to First Nations were also identified as contributing to this lack of receptiveness and participation in care. A larger mistrust of the healthcare system, due in part to ongoing discrimination and a history of colonial trauma, was identified as a barrier to participation in screening and prevention programs.

The lack of First-Nations-specific data was also stated to be a significant barrier to care. Existing data sources were identified to be limited, as they do not capture ethnicity or data specific to First Nations Peoples. This limitation then makes it difficult to determine cancer patterns and health trends in First Nations communities.

Inuit-specific documents

Accessible care was cited as the most significant challenge Inuit experience in cancer care. As most Inuit communities are geographically isolated, availability of health care services is often irregular, or requires patients to travel outside of their communities. According to one document, only 31% of Inuit live within 50 kilometers of a hospital.⁹ Primary care is provided in community health centres and by locum physicians, but medical travel to southern health centres is required for secondary and tertiary care.¹⁰ The expense of this travel was identified as a deterrent for many Inuit seeking care. The Non-Insured Health Benefits (NIHB) program provides funding for transportation; however, as found among the documents reviewed, the process is complicated to navigate and can act as a barrier.

Retaining and recruiting physicians and healthcare providers was also stated to be challenging. As indicated in one document reviewed, high turnover rates impact consistency of care and trust between patients and healthcare providers. This in turn affects participation and uptake in cancer care and screening services.⁹

As the majority of healthcare for Inuit is delivered through multiple governments and healthcare organizations, a lack of communication and collaboration between these agencies was identified as a barrier to cancer care for Inuit. A lack of coordination between agencies and jurisdictions was said to have an impact on transition of care, and as observed in one document, documentation and case management is not supported equally across the system. Aftercare and follow-up information is then often delayed or not properly implemented.¹⁰

A lack of awareness about cancer and cancer services was also cited as a significant challenge to care. Open discussion about cancer was said to be discouraged, often due to cultural beliefs about cancer, which in Inuktitut, is referred to as “the sickness which cannot be fixed.”¹⁰ A lack of knowledge regarding cancer and available services can impact accessibility and participation. In their *Inuit Cancer Project Report – Year One Final Report*, Pauktuutit Inuit Women of Canada found that there is limited health literacy about cancer, exacerbated by a lack of culturally-relevant cancer materials and resources available in Inuktitut and Inuinnaqtun. In Nunavik for example, while public health initiatives exist for breast cancer screening and Pap smears, health promotion information about cancer for the general Inuit population is not easily found.⁹

Métis-specific documents

Access to care was cited as a significant challenge for Métis in their cancer journey. Many Métis live in remote or northern areas that require costly travel in order to access care. As identified in the documents reviewed, for Métis, the logistical and financial challenges that come with this travel, and the lack of support available to assist with the financial burden are of particular significance.¹¹ Insufficient insurance coverage, both for travel costs and drug costs was cited repeatedly as a significant barrier to care. Métis are not eligible for NIHB coverage for prescription medication, medical supplies, or medical travel.

Mistrust in the healthcare system, as well as a lack of culturally safe care, were also said to be significant barriers to Métis further accessing cancer care. Many of the documents reviewed referenced discriminatory behaviours of health care providers and the cancer care system at large. This includes a lack of culturally competent health care providers, and sensitivity and understanding of Métis culture and identity.¹² As part of this mistrust, the documents reviewed suggest that some Métis feel uncomfortable while participating in their treatment, which impacts the effectiveness of treatment.¹¹ A lack of resources printed in relevant languages, including resources that acknowledge traditional practices, was said to further complicate this issue and prevent Métis from properly informing themselves.

National data about cancer incidence among Métis was also identified as lacking, which is in part due to limitations in identifying Métis within existing databases. Without this data, cancer patterns and health trends among Métis were felt to be difficult to ascertain and therefore difficult to address.

Among the documents reviewed, the higher prevalence of risks factors in developing chronic diseases and cancer for Metis was listed as a significant challenge. The prevalence of smoking among Métis adults aged 18 years and older, for example, was reported to be double the rates reported among non-Indigenous populations in Canada. Métis, like other Indigenous groups, report a greater prevalence of negative determinants of health, including income, employment, and education which contributes to many modifiable risk factors for chronic disease like cancer.¹¹

Priorities

First Nations-specific documents

Increased access to prevention services, such as tobacco cessation programs and culturally-safe screening and early detection programs was found to be a priority for First Nations Peoples in the documents reviewed. Many screening programs are not available within communities, creating a burden to accessing screening services for First Nations.¹ Training provided to community health care providers, promotional campaigns increasing awareness of available prevention services, and the implementation of mobile screening units for communities were all suggestions provided to increase access to prevention and screening programs. Improving knowledge and increasing awareness of cancer as a disease was also cited as facilitating improved participation in prevention programs and empowering First Nations patients to make informed decisions regarding their care.

Another cancer care priority identified was improved coordination between First Nations communities and cancer organizations. Establishing stronger relationships between partners at all levels of the cancer care continuum was identified as a solution to address the gaps in service coordination that a lack of information exchange has created. Sharing technology and information resources, developing tools and training for primary care providers in integrated delivery, as well as creating systemic linkages to improve communication were cited as ways to improve the cancer care experience for all First Nations patients.

Increasing cultural safety in the healthcare system, and particularly through providing healthcare providers with cultural competence and cultural safety training, was another priority identified in First Nations-specific documents. As discussed above, the documents reviewed indicated that some health care providers lack cultural sensitivity and awareness of the traditions and values important to First Nations people. Training healthcare providers to be respectful of such beliefs when providing care was identified as a way to help make cancer care safer for First Nations patients. Increased cultural competence of care providers was also identified as potentially helping address the mistrust many First Nations people feel towards the health system as a result of historical trauma and discrimination.

Inuit-specific documents

Improving community literacy and awareness of cancer was found to be a priority in the Inuit-specific documents reviewed. As indicated above, there is limited knowledge and awareness of cancer among Inuit, which is due in part to a lack of plain-language, culturally-appropriate resources made available in Inuktitut and Inuinnaqtun.⁹ Documents stated that the modes in which this information is disseminated must also be responsive to the community's needs. For example, it was highlighted in one document that printed resources and televised ads are important, but communication should also be verbal. Elders, for example, often utilize the radio as a primary source of information.¹³

The availability of culturally-appropriate resources for interpreters and other navigators was discussed as a priority, since these are the people who often explain diagnoses and assist Inuit patients in navigating the cancer care system. Increasing the language capacity of front-line health workers and health support workers through training and through appropriate terminology was cited as a way to help increase literacy and awareness across the system.⁹

Increasing capacity of health care providers in communities and ensuring that the care provided is also culturally appropriate was identified in the Inuit-specific documents as a priority for Inuit. Not only was this stated as a way to ensure that Inuit feel safe, but health care providers may then also be better able to communicate with their patients, encourage participation in prevention programs, and build trust. Other identified priorities to increase the cultural appropriateness of care include providing culturally-safe supports for families during treatment, ensuring access to country foods, and the integration of traditional medicine in the care plan.

Improved accessibility of care and services, particularly that of prevention and screening programs was also listed as a priority. Part of increasing accessibility within communities is in developing culturally specific resources such as screening toolkits and tobacco cessation resources specific to Inuit cultural values and experiences. Other services such as palliative care services and survivorship resources were also cited as requiring improved accessibility.¹⁰

Métis-specific documents

A priority highlighted in Métis-specific documents was obtaining Métis-specific cancer data. The lack of ethnocultural data collected of cancer patients in Canada has an impact on the provision of services responsive to patient needs. As expressed in one document, Métis-specific data is critical to identifying cancer patterns and trends among Métis and designing programs to address gaps in care. Part of that includes the ability to self-identify as Métis within the health system, which will require training for front-line staff to collect such data in a safe and culturally appropriate matter.^{11, 14}

Improving cultural safety and competence in the healthcare system was also a priority listed in the Métis-specific documents reviewed. As previously discussed, the Métis-specific documents stated that many Métis have voiced fears and a lack of trust in receiving cancer care due to negative and discriminatory experiences. According to the documents reviewed, cultural competence training will not only ensure that health care providers have the appropriate cultural knowledge to provide care, but can also improve the provision of traditional care to patients.¹² Adopting a wholistic approach to cancer treatment, which includes traditional healing methods and supports, was another identified priority. The need for traditional healing alternatives was reported among the primary concerns in a survey conducted by Métis Nation British Columbia.¹¹

The Métis-specific documents also shared that cultural safety can be addressed through improving education and the provision of culturally-relevant cancer care health promotion resources. This includes technological resources like videos, apps and online materials, in

addition to prevention and screening materials targeted towards youth.¹² According to the documents reviewed, such resources respect the culture and history of Métis and enhance patient knowledge of cancer and physician knowledge of cultural values and practices.

Improving partnerships and relationships between Métis and others within the cancer system was another identified priority. This includes clarifying the role of cancer agencies and organizations in providing care and resources and establishing stronger networks to increase communication and information sharing. In addressing coordination, collaboration, and the effectiveness of the cancer system, a number of documents also highlighted the importance of establishing a Métis cancer control strategy that will help guide the provision of services and resources for Métis patients and their families and build capacity in Métis communities.

Promising Practices

The documents reviewed also highlighted a number of successful initiatives and promising practices in addressing barriers and acting on the priorities identified above. These promising practices were discussed in First Nations, Inuit and/or Métis-specific documents reviewed; however, given the success of these practices, these examples could be considered for adaptation in other contexts.

A complete list of promising practices, listed by document, can be found in *Appendix C: Promising Practices in Cancer Control for First Nations, Inuit and Métis, by Document*.

Conclusion

The *Strategy* was originally developed with little to no engagement with First Nations, Inuit and Métis. As the Partnership is leading efforts to refresh the *Strategy*, this document review is a step towards ensuring that the valuable feedback received from First Nations, Inuit and Métis is documented, and the results of those engagements and initiatives are built upon in efforts going forward.

The document review revealed that overall, the most frequently cited challenges, priorities, and promising practices were:

Challenges

- Lack of access to care.
- Lack of Indigenous-specific cancer data.
- Lack of coordination between communities and cancer organizations.
- Lack of culturally-competent healthcare providers.
- Lack of access to healthcare providers.

Priorities

- Increase access to primary prevention.
- Increase knowledge and awareness of cancer and cancer prevention.
- Increase cultural safety training for healthcare providers.
- Improve coordination/engagement between Indigenous and cancer organizations.

- Increase cultural safety in healthcare.

Promising Practices

- Culturally-safe cancer education and training materials.
- Cultural competency training for healthcare providers.
- Screening programs.
- Culturally-sensitive patient navigators.
- Trusted partnerships between communities and cancer organizations.

While the above challenges, priorities, and promising practices reveal shared experiences and barriers to cancer care across Canada, the documents reviewed also revealed additional challenges and priorities more specific to the cancer journey of First Nations, Inuit and Métis.

First Nations

Challenges:

- Low participation rates in cancer screening programs;
- A tendency for late-stage diagnosis; and
- Lack of/or gaps in financial coverage.

Priorities

- The need to increase culturally-safe supports and support groups;
- The need for First Nations-specific cancer data; and
- The need to increase financial supports.

Inuit

Challenges

- Patient distrust in the health care system;
- Travel to access health care is expensive or complex; and
- A lack of community and patient awareness of cancer and how to prevent it.

Priorities

- The need for culturally-safe cancer education and awareness, including supports such as support groups;
- Increasing the accessibility of cancer care, including palliative care; and
- The need for more data about smoking and commercial tobacco use among Inuit.

Métis

Challenges

- The prevalence of modifiable cancer risk factors, such as commercial tobacco use;
- Language barriers; and
- Cultural barriers, such as the reluctance to discuss cancer.

Priorities

- Increasing Métis-specific cancer data;

- Developing a Métis-specific cancer strategy; and
- Taking a more wholistic approach to cancer treatment, which includes integrating traditional medicine and supports such as Elders, in the cancer continuum.

This review of 48 Indigenous-specific cancer care documents has highlighted the challenges many First Nations, Inuit and Métis experience in their cancer journey, identified priorities in addressing these challenges, and offered promising practices and success stories to learn from. This information will help guide the Partnership's First Nations, Inuit and Métis Cancer Strategy team as they continue discussions with First Nations, Inuit and Métis to inform the new *Strategy*.

References

1. Canadian Partnership Against Cancer. First Nations Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2013 [cited 2019 January 30]. Available from: <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/first-nations-cancer-control-baseline-report.pdf>.
2. Canadian Partnership Against Cancer. Cancer Screening Dialogues: Summary Report. 2018 (Unpublished report).
3. Canadian Partnership Against Cancer. Acts of Reconciliation: First Nations, Inuit and Métis Health Supports Program Designs, Policy Development and Implementation exemplars to realize the Truth and Reconciliation Commission Calls to Action. 2018 (Unpublished report).
4. Canadian Partnership Against Cancer. First Nations, Inuit, and Métis Action Plan on Cancer Control. Toronto, ON: Canadian Partnership Against Cancer; 2011 [cited 2019 January 30]. Available from: <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/fnim-action-plan-cancer-control.pdf>.
5. Saskatchewan Cancer Agency. First Nations and Métis Cancer Surveillance Program. February 2016 (Unpublished report).
6. First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres, BC Cancer. Improving Indigenous Cancer Journeys in BC: A Road Map; 2017 [cited 2019 January 30]. Available from: <http://www.fnha.ca/wellnessContent/Wellness/improving-indigenous-cancer-journeys-in-bc.pdf>.
7. Government of Northwest Territories Department of Health and Social Services. Believe in our Healing Journey: Supporting Continuity of Care for First Nations, Inuit, and Métis Cancer Patients in the Northwest Territories: Final Evaluation and Project Report. 3 April 2017 (Unpublished report).
8. Council of Yukon First Nations. Reflecting on what we have heard and know... the need for cancer to be addressed by and for Yukon First Nation People. 2016 (Unpublished report).
9. Pauktuutit Inuit Women of Canada. Inuit Cancer Project: Year One Final Report. 2013.
10. Canadian Partnership Against Cancer. Inuit Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2014 [cited 2019 January 30]. Available from: <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/inuit-cancer-control-baseline-report.pdf>.
11. Canadian Partnership Against Cancer. Métis Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2014 [cited 2019 January 30]. Available from: <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/metis-cancer-control-baseline-report.pdf>.
12. Métis Nation of Alberta. The Alberta Métis Cancer Strategy. 2018 (Unpublished).
13. Pauktuutit Inuit Women of Canada. Inuit Cancer Project: Summary of Focus Group Results. 2013.
14. Métis Nation Saskatchewan. Exploring the cancer experiences and outcomes for Métis patients and families in Saskatchewan. 2018 (Unpublished report).

Appendices

Appendix A: Documents Reviewed

No.	Document Title
Internal Documents: Canadian Partnership Against Cancer	
1 (IN)	Canadian Partnership Against Cancer. Acts of Reconciliation: First Nations, Inuit and Métis Health Supports Program Designs, Policy Development and Implementation exemplars to realize the Truth and Reconciliation Commission Calls to Action. 2018 (Unpublished report).
2 (IN)	Canadian Partnership Against Cancer. Cancer Screening Dialogues: Summary Report. 2018 (Unpublished report).
3 (F)	Canadian Partnership Against Cancer. First Nations Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2013 [cited 2019 January 30]. Available from: https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/first-nations-cancer-control-baseline-report.pdf .
4 (IN)	Canadian Partnership Against Cancer. First Nations, Inuit, and Métis Action Plan on Cancer Control. Toronto, ON: Canadian Partnership Against Cancer; 2011 [cited 2019 January 30]. Available from: https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/fnim-action-plan-cancer-control.pdf .
5 (I)	Canadian Partnership Against Cancer. Inuit Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2014 [cited 2019 January 30]. Available from: https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/inuit-cancer-control-baseline-report.pdf .
6 (M)	Canadian Partnership Against Cancer. Métis Cancer Control in Canada Baseline Report. Toronto, ON: Canadian Partnership Against Cancer; 2014 [cited 2019 January 30]. Available from: https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/metis-cancer-control-baseline-report.pdf .
7 (IN)	Canadian Partnership Against Cancer. Working Together: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative in Supporting Indigenous Health and Wellness Canadian Partnership Against Cancer; 2017 [cited 2019 January 30]. Available from: https://s22457.pcdn.co/wp-content/uploads/2018/12/indigenous-lessons-learned-CLASP-EN.pdf .
External Documents: Jurisdictional First Nations, Inuit and Métis Cancer Strategies	
8 (IN)	Cancer Care Ontario. Aboriginal Cancer Strategy III: 2015-2019: Cancer Care Ontario; 2015 [cited 2019 January 30]. Available from: https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCOAboriginalStrategy3.pdf .
9 (IN)	First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal, Friendship Centres, BC Cancer. Improving Indigenous Cancer Journeys in BC: A Road Map; 2017 [cited 2019 January 30]. Available from: http://www.fnha.ca/wellnessContent/Wellness/improving-indigenous-cancer-journeys-in-bc.pdf .

10 (IN)	Government of Northwest Territories Department of Health and Social Services. Charting Our Course: Northwest Territories Cancer Strategy 2015-2025; 2015 [cited 2019 January 30]. Available from: https://www.assembly.gov.nt.ca/sites/default/files/td_337-175_1.pdf .
	External Documents: Pauktuutit Cancer Project Reports
11 (I)	Pauktuutit Inuit Women of Canada. Inuit Cancer Project: Summary of Focus Group Results. 2013.
12 (I)	Pauktuutit Inuit Women of Canada. Inuit Cancer Project: Year One Final Report. 2013.
	External Documents: Métis National Council Cancer Project Reports
13 (IN)	Canadian Partnership Against Cancer. Briefing Note: First Nations, Inuit and Métis Cancer Control Forum Dotmocracy Results. 2015 (Unpublished report).
14 (M)	Métis National Council. Métis National Council/Canadian Partnership Against Cancer - Strategic Planning Meeting: Summary Report. 2015 (Unpublished report).
	External Documents: Continuity of Care Final Reports
15 (IN)	Canadian Partnership Against Cancer. Advancing Improvements in Continuity of Cancer Care for First Nations, Métis and Inuit Patients in Rural and Remote Communities: British Columbia. 28 April 2017 (Unpublished report)
16 (IN)	CancerCare Manitoba First Nations, Métis and Inuit Cancer Control. Improving the Continuity of First Nations and Inuit Cancer Care in Manitoba. 28 February 2017 (Unpublished report).
17 (F)	Cancer Care Ontario Aboriginal Cancer Control Unit. Kenora Chiefs Advisory: First Nations Client Registry: Cancer Report. 24 March 2017 (Unpublished report).
18 (IN)	Cancer Care Program of Eastern Health. A Journey in the Big Land: Enhancing Cancer Care Services for First Nations, Inuit and Métis in Labrador. 24 February 2017 (Unpublished report).
19 (F)	Council of Yukon First Nations. Reflecting on what we have heard and know... the need for cancer to be addressed by and for Yukon First Nation People. 2016 (Unpublished report).
20 (F)	Elsipogtog Health & Wellness Centre, Vitalité Health Network, Horizon Health Network, New Brunswick Health Council, New Brunswick Breast & Women's Cancer Partnership, New Brunswick Department of Health. Improving the Journey for Elsipogtog First Nation Patients Along the Cancer Care Continuum: Elsipogtog, New-Brunswick. March 2017 (Unpublished report).
21 (IN)	Government of Northwest Territories Department of Health and Social Services. Believe in our Healing Journey: Supporting Continuity of Care for First Nations, Inuit, and Métis Cancer Patients in the Northwest Territories: Final Evaluation and Project Report. 3 April 2017 (Unpublished report).
22 (F)	Kenora Chiefs Advisory. First Nation Data Linkage Project Final Report. 2017 (Unpublished report).
23 (F)	Letendre A, Bill L. Increased Access to Culturally Safe Cancer Care Pathways by Alberta First Nations in Rural Remote and Isolated Communities. 31 March 2017 (Unpublished report)

24 (I)	Nunavik Regional Board of Health and Social Services. Nunavik Cancer Program: 2015-2020 - A United Network in the fight Against Cancer. December 2015 (Unpublished report).
25 (IN)	Saskatchewan Cancer Agency. First Nations and Métis Cancer Surveillance Program. February 2016 (Unpublished report).
External Documents: Strategy Initiative Proposals	
26 (F)	Alberta First Nations Information Governance Centre, Alberta Cancer Prevention Legacy Fund. Alberta First Nations Cancer Strategy and Practice Change Implementation Initiative (AFNCI) 2018 (Unpublished).
27 (IN)	Canadian Indigenous Nurses Association. A Response to Canadian Indigenous Community Priorities in Cancer by National Indigenous Healthcare Provider Organizations. 2018 (Unpublished).
28 (IN)	Canadian Virtual Hospice. Indigenous Voices: Stories of Serious Illness and Loss. 2018 (Unpublished).
29 (IN)	CancerCare Manitoba. Enhancing access, knowledge and patient experience for First Nations, Métis and Inuit in Manitoba throughout the cancer continuum. 2018 (Unpublished).
30 (IN)	Cancer Control Alberta. Alberta Cancer Strategy for Indigenous People and Transitions of Care for Curative and Non-Curative Intent Cancer Treatment. 2018 (Unpublished).
31 (IN)	Eastern Health. Journey Across the Island: First Nations, Inuit and Métis Cancer Strategy Development and Practice Change Implementation Initiative. 2018 (Unpublished).
32 (IN)	First Nations Health Authority. BC's Indigenous Cancer Strategy: Implementation from a First Nations perspective. 2018 (Unpublished).
33 (F)	First Nations of Quebec and Labrador Health and Social Services Commission. Partner Project Proposal: Initiative to develop a strategy for cancer control and to effect change in practice among First Nations, Inuit and Métis. 2018 (Unpublished).
34 (IN)	Government of Northwest Territories Health and Social Services Authority. Northwest Territories FNIM Cancer Navigation and Survivorship project. 2018 (Unpublished).
35 (F)	Government of Yukon. Yukon First Nation Cancer Care Project. 2018 (Unpublished).
36 (F)	Kenora Chiefs Advisory. Seamless Cancer Care Journey for Kenora Area First Nations Communities. 2018 (Unpublished).
37 (F)	Lennox Island Health Centre. Cancer Care Strategy, Mi'kmaq Communities of PEI. 2018 (Unpublished).
38 (M)	Métis Nation British Columbia. Métis Nation British Columbia – Inserting Métis Perspective Into Cancer Care. 2018 (Unpublished).
39 (M)	Métis Nation Saskatchewan. Exploring the cancer experiences and outcomes for Métis patients and families in Saskatchewan. 2018 (Unpublished).
40 (M)	Métis Nation of Alberta. The Alberta Métis Cancer Strategy. 2018 (Unpublished).
41 (M)	Métis Nation of Ontario. MNO Smoking Prevention and Healthy Living Intervention. 2018 (Unpublished).

42 (F)	Northern Inter-Tribal Health Authority. Cancer Control in the Northern Inter-Tribal Health Authority Communities of Saskatchewan. 2018 (Unpublished).
43 (IN)	Nunatsiavut Government Department of Health & Social Development. Courage, Compassion, and Connection -The journey to healing: exploring cancer pre-diagnosis for Indigenous peoples in Labrador. 2018 (Unpublished).
44 (I)	Nunavik Regional Board of Health and Social Services. Together, in the Fight Against Cancer. 2018 (Unpublished).
45 (IN)	Prince Albert Métis Women's Association. Uncovering Systemic Barriers to Accessing Cancer Care Among Prince Albert Métis and First Nation People. 2018 (Unpublished).
46 (IN)	Saskatchewan Cancer Agency. Development of a Culturally Responsive Organizational Strategy. 2018 (Unpublished).
47 (I)	Tungasuvvingat Inuit. Taking Steps Together: Inuit Led Approaches to Addressing Cancer. 2018 (Unpublished).
48 (F)	Union of Nova Scotia Indians. Mi'kmaw Nation Cancer Care Strategy, Nova Scotia. 2018 (Unpublished).

Appendix B: Partners Who Are Represented in the Document Review

There are many voices represented in this document review. They are listed below in alphabetical order.

First Nations Partners

Abegweit First Nation
Aboriginal Continuing Care Policy Forum (ACCPF)
Akaiitcho Territory Government
Alberta First Nations <ul style="list-style-type: none"> • First Nations of Treaty 6 • First Nations of Treaty 7 • First Nations of Treaty 8
Alberta First Nations Information Governance Centre (AFNIGC)
Assembly of First Nations
Assembly of Manitoba Chiefs
Battle River Treaty 6 Health Centre
Carcross/Tagish First Nation
Champagne and Aishihik First Nations
Confederacy of Mainland Mi'kmaq
Confederacy of Treaty Six First Nations
Council of Yukon First Nations (CYFN)
Cree Nation Tribal Health Centre
Dakota Ojibway Tribal Council Health Services
Dehcho First Nations
Dene Nation
Elsipogtog Health & Wellness Centre
Elsipogtog Traditional Elders & Cancer Survivors
English River First Nation
Federation of Sovereign Indigenous Nations
Fisher River Health Services
First Nations Health Authority (FNHA)
First Nations Health Managers Association (FNHMA)
First Nation of the Na-Cho Nyak Dun
First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)
Gwich'in Tribal Council
Interlake Reserves Tribal Council Inc.
Keewatin Tribal Council
Keewatin Tribal Council Health
Kenora Chiefs Advisory (KCA)
Kluane First Nation
Kwanlin Dün First Nation

Lennox Island First Nation
Lennox Island Health Centre
Liard First Nation
Little Salmon Carmacks First Nation
Manitoba Keewatinowi Okimakanak
Miawpukek First Nation
Mi'kmaw Cancer Network
Mushuau Innu First Nation
Muskoday First Nation Health Centre
Northlands Denesuline First Nation
Northern Inter-Tribal Health Authority (NITHA)
Norway House Cree Nation
Nova Scotia Mi'kmaq communities
Ochapowace First Nation
Peguis First Nation Health Centre
Prince Albert Grand Council – Urban Services
Qalipu Mi'kmaq First Nation
Ross River Dena Council
Sagkeeng First Nation
Selkirk First Nation
Sheshatshiu Innu First Nation
Sioux Valley Dakota Nation
Southeast Resource Development Council Corp
Southern Chiefs' Organization Inc.
Stanton Territorial Health Authority Elders' Advisory Council (no longer operating)
Union of Nova Scotia Indians (UNSI)
Ta'an Kwäch'än Council
Teslin Tlingit Council
Tłıchq Government
Treaty 7 Management Corporation
Treaty 8 First Nations of Alberta
Tr'ondëk Hwëch'in First Nation
Vuntut Gwitchin First Nation
Waasegiizhig Nanaandawe'iyewigamig Health Access Centre
White River First Nation
Yukon First Nation Health Directors

Inuit Partners

Champlain Inuit Service Providers Relationship Table (CISPRT)
Inuit Tapiriit Kanatami
Inuulitsivik Health Centre (IHC)
Inuvialuit Regional Corporation

Manitoba Inuit Association
Nunatsiavut <ul style="list-style-type: none"> Nunatsiavut Government, Department of Health and Social Development (NGDHSD)
NunatuKavut <ul style="list-style-type: none"> Nunatukavut Community Council (NCC)
Nunavik Coordination and Advisory Committee Against Cancer (NCACAC)
Nunavik Regional Board of Health and Social Services (NRBHSS)
Pauktuutit Inuit Women of Canada
Ungava Tulattavik Health Centre (UTHC)
Tungasuvvingat Inuit

Métis Partners

Île-à-la-Crosse, Saskatchewan
Manitoba Metis Federation
Métis Nation of Alberta (MNA)
Métis Nation British Columbia (MNBC)
Métis Nation of Ontario (MNO)
Métis Nation Saskatchewan (MN-S)
Métis National Council (MNC)
Métis Settlement Governing Council
Northwest Territory Métis Nation
Pinehouse, Saskatchewan
Prince Albert Métis Women's Association (PAMWA)

Indigenous Partners

BC Association of Aboriginal Friendship Centres (BCAAFC)
Canadian Indigenous Nurses Association (CINA)
First Light Centre
Indigenous Cancer Patient Navigator, Cross Cancer Institute
Indigenous Physicians Association of Canada (IPAC)
Indigenous Social Workers Committee (ISWC)
Prince Albert Indian and Métis Friendship Centre

Non-Indigenous Partners

Alberta Cancer Prevention Legacy Fund (ACPLF)
Alberta Health Services (AHS) <ul style="list-style-type: none"> CancerControl Alberta <ul style="list-style-type: none"> CancerControl Alberta Provincial Navigation Coordinator (Quality, Safety and Patient Experience) CancerControl Alberta Ambulatory Care, Community Oncology AHS Surveillance and Reporting

<ul style="list-style-type: none"> • AHS Research and Evaluation • Communications Division (Provincial Programs) • Indigenous Health Program • Screening Programs: Population, Public and Indigenous Health, Alberta Health Services
AlbertaQuits
Alberta Ministry of Health, Analytics and Performance Reporting Branch
BC Cancer Agency
Canadian Association of Nurse in Oncology
Canadian Association of Provincial Cancer Agencies
Canadian Cancer Society (CCS) <ul style="list-style-type: none"> • Smokers' Helpline
Canadian Nurses Association of Canada
Canadian Virtual Hospice (CVH)
CancerCare Manitoba <ul style="list-style-type: none"> • Patient and Family Support Services • Uniting Primary Care and Oncology • Transition & Palliative Care • Pain and Symptom Disease Site Group
Cancer Care Ontario (CCO) <ul style="list-style-type: none"> • Regional Cancer Programs
Cancer Care Coordinator, Stanton Territorial Hospital
CanHelp Working Group
Cape Breton Cancer Centre
Centres intégrés de santé et de services sociaux (CISSS) et centres intégrés universitaires de santé et de services sociaux (CIUSSS) <ul style="list-style-type: none"> • Institut universitaire de gériatrie de Sherbrooke (IUGS)
Churchill Health Centre
Department of Indigenous Services (DISC), First Nation Inuit Health Branch (FNIHB) <ul style="list-style-type: none"> • First Nations and Inuit Health Branch (Alberta) • First Nation and Inuit Health Branch (Manitoba) • First Nation and Inuit Health Branch (Ontario) • First Nation and Inuit Health Branch (Québec) • First Nations and Inuit Health Branch (Saskatchewan) • First Nations and Inuit Home and Community Care Program
Direction générale de cancérologie (DGC)
Dr. Georges-L.-Dumont University Hospital Centre (Vitalité Health Network)
Dr. H. Bliss Murphy Cancer Care Foundation
e-IMPAQC Project Team
Eastern Health <ul style="list-style-type: none"> • CancerCare Program

First Nations and Metis Health (Manitoba)
Government of Northwest Territories Department of Health and Social Services
Government of Nunavut
Government of Yukon
Health Canada
Health PEI
Heart and Stroke Foundation of Canada
Institut national de santé publique du Québec (INSPQ)
Interlake Eastern Regional Health Authority
IWK Health Centre
Labrador-Grenfell Health (LGH)
Living Skies Centre for Social Inquiry
Memorial University Faculty of Medicine
McGill University Health Center (MUHC)
Ministère de la Santé et des Services sociaux (MSSS)
The Moncton Hospital (Horizon Health Network)
New Brunswick Breast & Women's Cancer Partnership
New Brunswick Department of Health (New Brunswick Cancer Network)
New Brunswick Health Council
Newfoundland and Labrador Cancer Care Program
Newfoundland and Labrador Department of Health & Community Services
Newfoundland and Labrador Regional Health Authorities
North West Local Health Integration Network (NWLHIN)
Northern Health Services Network
Northern Regional Health Authority
Northwest Territories Health and Social Services Authority (NTHSSA) <ul style="list-style-type: none"> Aboriginal Health and Community Wellness (AHCW), Strategic Cancer Initiatives (SCI) unit
Nova Scotia Cancer Care Program
Nova Scotia Cancer Centres
NWT Breast Health/Breast Cancer Action Group
Patient & Family Experience Advisory Network (PFEAN)
Ontario Ministry of Health and Long-term Care
Prince Albert Co-operative Health Centre
Public Health Agency of Canada
Saint Elizabeth First Nations, Inuit, and Métis Program
Saskatchewan Cancer Agency (SCA)
Saskatchewan Health Authority <ul style="list-style-type: none"> First Nations and Metis Health Department
Thunder Bay Regional Health Sciences Centre
University of Alberta, Department of Nursing and School of Public Health
University of Calgary, Department of Sociology

University of Manitoba
University of Saskatchewan, Department of Community Health and Epidemiology
Whitehorse General Hospital (WGH)
Winnipeg Regional Health Authority, Indigenous Health Services
Yukon Assistant Deputy Minister (ADM) of Health Services
Yukon Chief Medical Officer of Health (CMOH)
Yukon College
Yukon Hospital Corporation

Appendix C: Promising Practices in Cancer Control for First Nations, Inuit and Métis, by Document

No.	Documents	Promising Practices
1 (IN)	Canadian Partnership Against Cancer (2018). <i>Acts of Reconciliation</i> .	<ul style="list-style-type: none"> • Serving traditional country foods. • Integrating traditional practitioners into healthcare teams. • Discharge team includes patient navigator and community liaison workers. • Elder Resource Group includes 13 Traditional Elders from across the Yukon who hold ceremonies and prayers for patients. • Ceremony Room and Medicine Room integrated into hospital. • Cultural training for healthcare providers. • Board of Directors proportionally represented with First Nations Board members.
2 (IN)	Canadian Partnership Against Cancer (2018). <i>Cancer Screening Dialogues: Summary Report</i> .	<ul style="list-style-type: none"> • Community Health Representatives (CHRs) build awareness in communities. • Mobile mammography screening units. • Create social groups to share health information.
3 (F)	Canadian Partnership Against Cancer (2013). <i>First Nations Cancer Control in Canada Baseline Report</i> .	<ul style="list-style-type: none"> • Financial support for medical travel. • Telehealth services. • Development of culturally relevant cancer information and educational programs. • Hospitals that provide culturally sensitive care. • Electronic sharing of clinical information between hospitals and First Nations communities. • Health transfer funding that allows First Nations to take charge of their healthcare systems. • Aboriginal identity identifiers. • Cultural competency training programs for healthcare providers. • Screening programs, including mobile screening, that reach remote communities. • Patient navigators. • Discharge planners. • Development of culturally appropriate palliative care resources. • First Nations cancer support groups.

4 (IN)	Canadian Partnership Against Cancer (2011). <i>First Nations, Inuit and Métis Action Plan on Cancer Control</i> .	<ul style="list-style-type: none"> • Online cancer education portal with culturally relevant information. • Culturally relevant video series, handbooks, and tools. • Collecting ethnic identifiers through a self-identification process. • Research project on environmental toxic exposure. • Primary prevention programs such as tobacco cessation. • Culturally appropriate cancer centres. • Mobile screening programs such as mammography. • Aboriginal patient navigators.
5 (I)	Canadian Partnership Against Cancer (2014). <i>Inuit Cancer Control in Canada Baseline Report</i> .	<ul style="list-style-type: none"> • Telehealth systems, including tele-oncology. • Boarding homes that provide culturally appropriate services. • Mobile screening clinics. • Financial support for travel. • Financial incentives to retain community healthcare workers. • Partnerships between communities, cancer agencies, hospitals, and governments. • Development of Inuit identifiers for collection of cancer data. • Cultural competency programs for training healthcare providers. • Culturally relevant education campaigns and materials. • Culturally sensitive patient navigators to help patients navigate the healthcare system. • Telehealth survivorship support programs.
6 (M)	Canadian Partnership Against Cancer (2014). <i>Métis Cancer Control in Canada Baseline Report</i> .	<ul style="list-style-type: none"> • Financial support for medical travel. • Telehealth. • Financial incentives to increase number of healthcare workers in Métis communities. • Mobile screening. • Linking health records and databases to analyze Métis-specific health data. • Training programs for cultural competence for healthcare providers. • Cancer and screening awareness community campaigns.

		<ul style="list-style-type: none"> • Including a Métis identity question during health insurance application processes. • Development of culturally appropriate tools and resources. • Aboriginal patient navigators and discharge planners.
7 (IN)	Canadian Partnership Against Cancer (2017). <i>Working Together: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative in Supporting Indigenous Health and Wellness.</i>	<ul style="list-style-type: none"> • Primary prevention programs. • Culturally relevant educational resources for cancer prevention and screening. • Educational campaigns for communities and healthcare workers.
8 (IN)	Cancer Care Ontario (2015). <i>Aboriginal Cancer Strategy III, 2015-2019.</i>	<ul style="list-style-type: none"> • Recruited 10 Regional Aboriginal Cancer Leads and 9 Aboriginal Navigators. • Developed Aboriginal Cancer Plans and Relationship protocols in collaboration with 10 Regional Cancer Programs (RCPs) and Aboriginal organizations. • Developed culturally relevant cancer education and training materials. • Expanded Non-Insured Health Benefits (NIHB) medical travel policy to cover medical travel for screening. • Updated Indian Registry System to include ethnic identifiers. • Deployed tobacco cessation programs to communities. • Mobile screening programs including coaches. • Online modules to increase education about palliative care services.
9 (IN)	First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres and BC Cancer (2017). <i>Improving Indigenous Cancer Journeys in BC: A Road Map.</i>	<ul style="list-style-type: none"> • Health organizations have signed Declaration of Commitment on Cultural Safety and Humility in Health Services. • The San'yas Indigenous Cultural Safety Training Course has been taken by 20% of BC Cancer staff. • Partnerships established between BC Cancer, First Nations Health Authority, Métis Nation British Columbia, and BC Association of Aboriginal Friendship Centres.

10 (IN)	Government of Northwest Territories Health and Social Services (2015). <i>Charting Our Course: Northwest Territories Cancer Strategy, 2015-2025.</i>	<ul style="list-style-type: none"> • Community wellness programs, including smoking cessation programs and telephone hotline. • Community gardens and programs to encourage traditional hunting and trapping for food. • Pap tests and colorectal screening tests are available in all community health centers. Mammography is available in larger centres. • Northern Health Services Network helps coordinate cancer care. • Electronic medical records help share cancer information amongst organizations. • Telehealth units exist in every community.
11 (I)	Pauktuutit Inuit Women of Canada (2013). <i>Inuit Cancer Project – Summary of Focus Group Results.</i>	<ul style="list-style-type: none"> • Health fairs for cancer awareness.
12 (I)	Pauktuutit Inuit Women of Canada (2013). <i>Inuit Cancer Project – Year One Final Report (March 2013).</i>	<ul style="list-style-type: none"> • Multi-channel cancer awareness campaigns to reach all ages. • Mobile cancer screening programs. • Telehealth initiatives. • Discharge planning programs. • Patient navigators.
13 (IN)	Cancer Control Forum (2015). <i>Briefing Note: First Nations, Inuit and Métis Cancer Control Forum Dotmocracy Results.</i>	<ul style="list-style-type: none"> • n/a
14 (M)	Métis National Council (2015). <i>Métis National Council/Canadian Partnership Against Cancer – Strategic Planning Meeting – Summary Report.</i>	<ul style="list-style-type: none"> • Métis-specific cancer care coordinators. • Geocodes to obtain preliminary information on Métis cancer rates. • Northern Ontario School of Medicine takes its students for one month into a Métis community. • Partnership agreements between First Nations and cancer organizations and agencies.
15 (IN)	Canadian Partnership Against Cancer (2017). <i>Advancing Improvements in Continuity of Cancer Care for First Nations, Métis and Inuit Patients in Rural and Remote Communities.</i>	<ul style="list-style-type: none"> • Developed trusted relationships with community engagement events. • Developed programs and educational resources for training healthcare workers in culturally competent care. • Analyzed Indigenous-specific cancer data from First Nations Health Authority Client Files.

16 (IN)	CancerCare Manitoba First Nations, Métis and Inuit Cancer Control (2017). <i>Improving the Continuity of First Nations and Inuit Cancer Care in Manitoba.</i>	<ul style="list-style-type: none"> • Practices, tools, and training programs were developed for delivering culturally safe cancer diagnoses. • Memorandum of Understandings were signed to implement Indigenous self-identification in the cancer system. • Establishing a Project Network with multiple stakeholders was important for success.
17 (F)	Cancer Care Ontario Aboriginal Cancer Control Unit (2017). <i>Kenora Chiefs Advisory - First Nations Client Registry: Cancer Report.</i>	<ul style="list-style-type: none"> • A partnership was established between communities and a cancer agency to share First Nations-specific cancer data.
18 (IN)	Cancer Care Program of Eastern Health (2017). <i>A Journey in the Big Land: Enhancing Cancer Care Services for First Nations, Inuit and Metis in Labrador.</i>	<ul style="list-style-type: none"> • Community and Clinic Profiles to facilitate enhanced and safer discharge planning. • Anatomic visual aids to support patients in tele-health and face-to-face consultations. • Tele-oncology guidelines and a tele-oncology toolkit to enhance communication and provide information regarding available resources. • A glossary of medical terms translated into the various First Nations, Inuit and Métis languages. • A Visual Pathway outlining the Cancer Journey translated in the various First Nations, Inuit and Métis languages. • Cultural safety training program for healthcare providers. • Community champions are important.
19 (F)	Council of Yukon First Nations (2016). <i>Reflecting On What We Have Heard and Know... The Need For Cancer to be Addressed By and For Yukon First Nation People.</i>	<ul style="list-style-type: none"> • Cancer care coordinator raised awareness in communities. • Cancer care navigator helped coordinate services for patients. • First Nations Health Program provides culturally relevant services in a hospital. • Educational workshops helped train healthcare providers and patients. • Culturally relevant tools and resources were created for First Nations cancer patients.
20 (F)	Elsipogtog Health & Wellness Centre, Vitalité Health Network, Horizon	<ul style="list-style-type: none"> • It is important to develop a strong partnership between the community and healthcare providers.

	Health Network, New Brunswick Health Council, New Brunswick Breast & Women's Cancer Partnership, New Brunswick Department of Health (2017). <i>Improving the Journey for Elsipogtog First Nation Patients Along the Cancer Care Continuum.</i>	<ul style="list-style-type: none"> • Indigenous-specific cancer data was analyzed and summarized for healthcare providers. • Cultural sensitivity training was provided for healthcare providers. • Culturally appropriate resources and supports were developed.
21 (IN)	Government of Northwest Territories Department of Health and Social Services (2017). <i>Believe in Our Healing Journey: Supporting Continuity of Care for First Nations, Inuit, and Métis Cancer Patients in the Northwest Territories.</i>	<ul style="list-style-type: none"> • Community-to-community exchange model. • Visual map of cancer services and service providers developed for healthcare providers and patients. • Culturally safe tools and resources were developed. • Involvement of community and Elders is important. • Since many NWT patients do not read or write their language, audiovisual resources are better.
22 (F)	Kenora Chiefs Advisory (2017). <i>First Nation Data Linkage Project Final Report.</i>	<ul style="list-style-type: none"> • First Nations Client Registry (FNCR) tool linked communities with cancer registry and health data.
23 (F)	Letendre A, Bill L (2017). <i>Increased Access to Culturally Safe Cancer Care Pathways by Alberta First Nations in Rural Remote and Isolated Communities.</i>	<ul style="list-style-type: none"> • Trusting partnerships were developed between communities, cancer centres, and cancer organizations. • Culturally relevant cancer resources were developed. • Cultural competency of healthcare providers was increased. • Agreements in place to analyze First Nations-specific cancer data. • It is important to involve Elders in improving the cancer pathway. • It is important to educate partners on First Nations culture.
24 (I)	Nunavik Regional Board of Health and Social Services (2015). <i>Nunavik Cancer Program 2015-2020, A United Network in the Fight Against Cancer.</i>	<ul style="list-style-type: none"> • n/a

25 (IN)	Saskatchewan Cancer Agency (2016). <i>First Nations and Métis Cancer Surveillance Program</i> .	<ul style="list-style-type: none"> • Community profiles provide up-to-date information for healthcare providers. • Patient voice videos were developed as a culturally relevant resource. • A peer support network was created for cancer awareness. • Community support worker helped raise cancer awareness. • Culturally relevant cancer awareness activities were held in communities. • Indian Registry data will be linked with Cancer Registry data. • Community champions are important for success.
26 (F)	Alberta First Nations Information Governance Centre, Alberta Cancer Prevention Legacy Fund (2018). <i>Alberta First Nations Cancer Strategy and Practice Change Implementation Initiative (AFNCI)</i> .	<ul style="list-style-type: none"> • n/a
27 (IN)	Canadian Indigenous Nurses Association (2018). <i>A Response to Canadian Indigenous Community Priorities in Cancer by National Indigenous Healthcare Provider Organizations</i> .	<ul style="list-style-type: none"> • n/a
28 (IN)	Canadian Virtual Hospice (2018). <i>Indigenous Voices: Stories of Serious Illness and Loss</i> .	<ul style="list-style-type: none"> • LivingMyCulture.ca (LMC) is a culturally relevant online tool that educates healthcare providers about Indigenous palliative care and advance care planning.
29 (IN)	CancerCare Manitoba (2018). <i>Enhancing Access, Knowledge and Patient Experience for First Nations, Métis and Inuit in Manitoba Throughout the Cancer Continuum</i> .	<ul style="list-style-type: none"> • n/a
30 (IN)	Cancer Control Alberta (2018). <i>Alberta Cancer</i>	<ul style="list-style-type: none"> • n/a

	<i>Strategy for Indigenous People and Transitions of Care for Curative and Non-Curative Intent Cancer Treatment.</i>	
31 (IN)	Eastern Health (2018). <i>Journey Across the Island: First Nations, Inuit and Métis Cancer Strategy Development and Practice Change Implementation Initiative.</i>	<ul style="list-style-type: none"> • n/a
32 (IN)	First Nations Health Authority (2018). <i>BC's Indigenous Cancer Strategy: Implementation from a First Nations perspective.</i>	<ul style="list-style-type: none"> • n/a
33 (F)	First Nations of Quebec and Labrador Health and Social Services Commission (2018). <i>Partner Project Proposal: Initiative to develop a strategy for cancer control and to effect change in practice among First Nations, Inuit and Métis.</i>	<ul style="list-style-type: none"> • n/a
34 (IN)	Government of Northwest Territories Health and Social Services Authority (2018). <i>Northwest Territories FNIM Cancer Navigation and Survivorship Project.</i>	<ul style="list-style-type: none"> • n/a
35 (F)	Government of Yukon (2018). <i>Yukon First Nation Cancer Care Project.</i>	<ul style="list-style-type: none"> • n/a
36 (F)	Kenora Chiefs Advisory (KCA) (2018). <i>Seamless Cancer Care Journey for Kenora Area First Nations Communities.</i>	<ul style="list-style-type: none"> • n/a
37 (F)	Lennox Island Health Centre (2018). <i>Cancer Care</i>	<ul style="list-style-type: none"> • n/a

	<i>Strategy, Mi'kmaq Communities of PEI.</i>	
38 (M)	Métis Nation British Columbia (2018). <i>Métis Nation British Columbia – Inserting Métis Perspective into Cancer Care.</i>	<ul style="list-style-type: none"> • n/a
39 (M)	Métis Nation Saskatchewan (2018). <i>Exploring the Cancer Experiences and Outcomes for Métis Patients and Families in Saskatchewan.</i>	<ul style="list-style-type: none"> • n/a
40 (M)	Métis Nation of Alberta (2018). <i>The Alberta Métis Cancer Strategy.</i>	<ul style="list-style-type: none"> • n/a
41 (M)	Métis Nation of Ontario (2018). <i>MNO Smoking Prevention and Healthy Living Intervention.</i>	<ul style="list-style-type: none"> • n/a
42 (F)	Northern Inter-Tribal Health Authority (2018). <i>Cancer Control in the Northern Inter-Tribal Health Authority Communities of Saskatchewan.</i>	<ul style="list-style-type: none"> • n/a
43 (IN)	Nunatsiavut Government, Department of Health & Social Development (2018). <i>Courage, Compassion, and Connection - The Journey to Healing: Exploring Cancer Pre-diagnosis for Indigenous Peoples in Labrador.</i>	<ul style="list-style-type: none"> • n/a
44 (I)	Nunavik Regional Board of Health and Social Services (2018). <i>Together, In the Fight Against Cancer.</i>	<ul style="list-style-type: none"> • n/a
45 (IN)	Prince Albert Metis Women's Association (2018). <i>Uncovering Systemic Barriers to Accessing Cancer Care Among Prince Albert</i>	<ul style="list-style-type: none"> • n/a

	<i>Métis and First Nation People.</i>	
46 (IN)	Saskatchewan Cancer Agency (2018). <i>Development of a Culturally Responsive Organizational Strategy.</i>	<ul style="list-style-type: none"> • n/a
47 (I)	Tungasuvvingat Inuit (2018). <i>Taking Steps Together: Inuit Led Approaches to Addressing Cancer.</i>	<ul style="list-style-type: none"> • n/a
48 (F)	Union of Nova Scotia Indians (2018). <i>Mi'kmaw Nation Cancer Care Strategy, Nova Scotia.</i>	<ul style="list-style-type: none"> • n/a