

## Factors influencing the utilization of cancer screening services in Canadian Indigenous peoples: results of the ACCESS project

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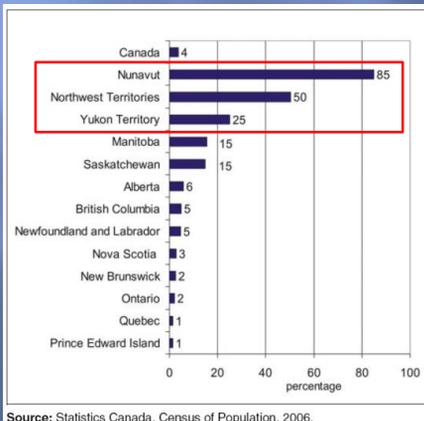
# Outline

- ▣ Indigenous peoples in Canada
- ▣ ACCESS project
  - Objectives
  - Methods
  - Preliminary results
  - Discussion



## Indigenous peoples in Canada

- Inuit, Métis, and First Nations
- Approximately 1,172,790 people

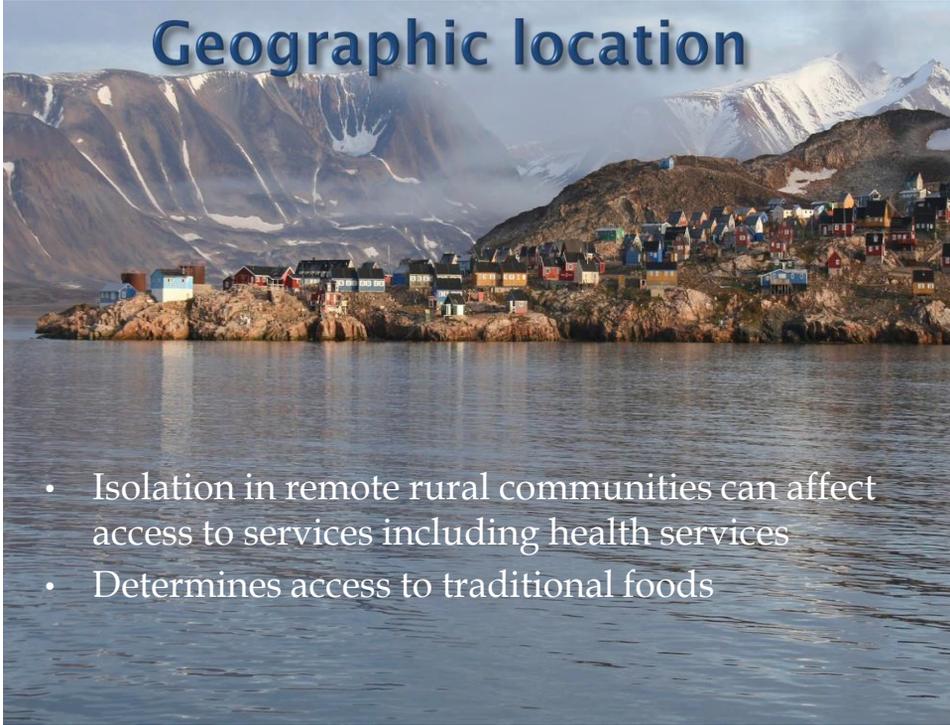


Source: Statistics Canada, Census of Population, 2006.



Statistics Canada. CYB Overview 2008.

## Geographic location



- Isolation in remote rural communities can affect access to services including health services
- Determines access to traditional foods

## Arctic Indigenous Lifestyles



Replacement of traditional with non-nutrient-dense market foods







## Arctic Indigenous Lifestyles



•More sedentary



## Canadian Indigenous Peoples' health

Compared to the non-Indigenous population:

- ☐ Faster population growth<sup>1</sup>
  - 45% vs. 8%
- ☐ Younger<sup>1</sup>
  - Median age: 27 vs. 40 years old
- ☐ 3-5 times higher diabetes prevalence<sup>2</sup>
- ☐ 12 years shorter life expectancy (Inuit)<sup>3</sup>

Additionally, 90% of Indigenous women in the Arctic (45-54 years) reported being overweight<sup>4</sup>

<sup>1</sup> Statistics Canada. CYB Overview 2008. [www.statcan.gc.ca](http://www.statcan.gc.ca)

<sup>2</sup> Young TK et al. Type 2 DM in Canada's FN: status of an epidemic in progress. CMAJ 2000; 163(5):561-6.

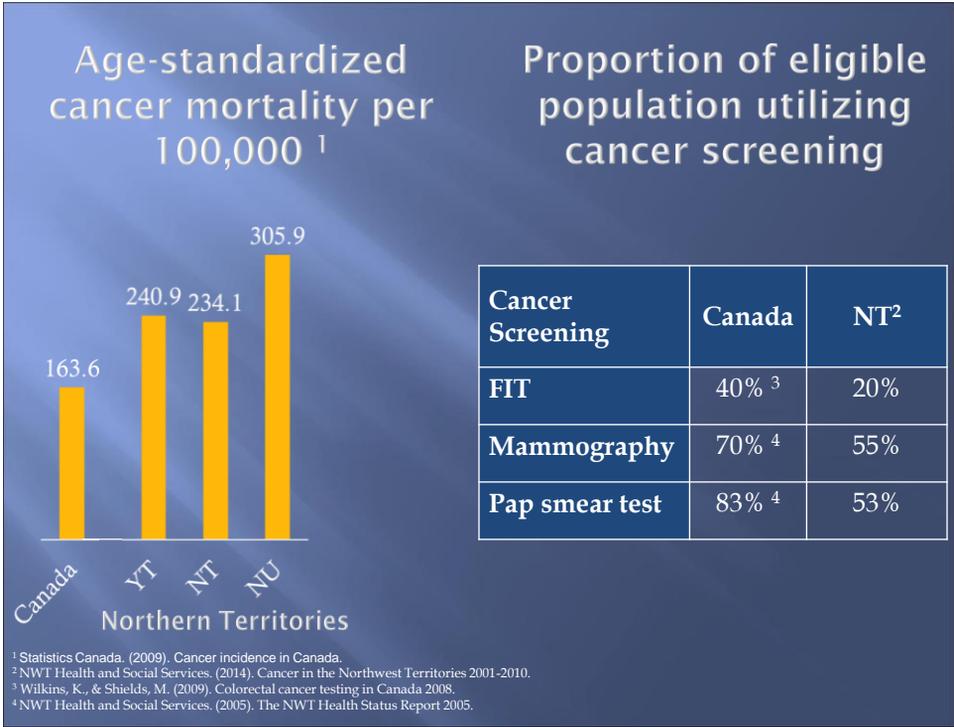
<sup>3</sup> Wilkins R, Uppal S, Fines P, et al. Life expectancy in the Inuit-inhabited areas of Canada, 1989 to 2003. Health reports / Statistics Canada, Canadian Centre for Health Information. 2008; 19(1):7-19.

<sup>4</sup> MacMillan HL, MacMillan AB, Offord DR, et al. Aboriginal health. CMAJ. 1996; 155(11):1569-78; Kuhnlein HV, et al. Arctic indigenous peoples experience the nutrition transition with changing dietary patterns and obesity. J. Nutr. 2004; 134:1447-1453.)

## Cancer in Canada <sup>1</sup>

- ☐ In 2007, it was estimated that 41% of females and 46% of males will develop cancer in their lifetime
- ☐ The leading cause of death
  - 1 in 4 Canadians died of cancer in 2009
- ☐ 4<sup>th</sup> costliest disease (\$17.4 billion)
- ☐ Increase in cancer incidence
  - Aging population
  - Growing population

<sup>1</sup> Canadian Cancer Society. (2013). Canadian Cancer Statistics



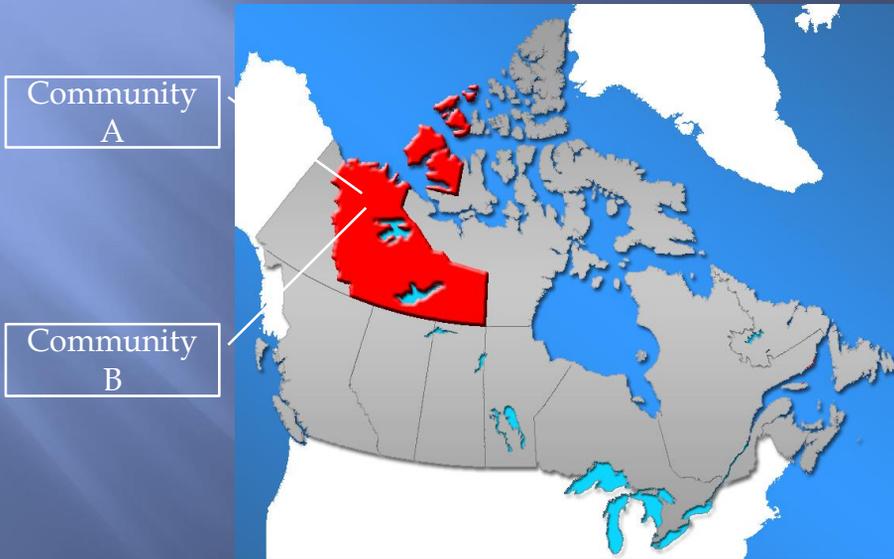
## Objectives of the ACCESS project

- For cervical, breast, and colorectal cancers, determine:
  - Knowledge and attitudes toward cancer and cancer screening services
  - Uptake of cancer screening services
  - Predictors of utilization of cancer screening services
  - Barriers to, and opportunities for, improving the utilization of cancer screening services

## Outcomes of the ACCESS project

- From the communities' perspectives, we identified:
  - Perceptions of participants towards healthcare services
  - Positive and negative factors influencing the uptake of cancer screening services
  - Strategies to promote the uptake of cancer screening services

## Study Setting: two Indigenous communities in the Northwest Territories



## Study Setting

### COMMUNITY A

- ▣ Population = 3,321
- ▣ Languages: English, Inuvialuktun, Gwich'in, North Slavey
- ▣ 1,265 private dwellings

### COMMUNITY B

- ▣ Population = 559
- ▣ Languages: English, North Slavey
- ▣ 175 private dwellings
- ▣ All season access is by air. Road access only in winter.



## December vs. April

10:45 AM



## Method

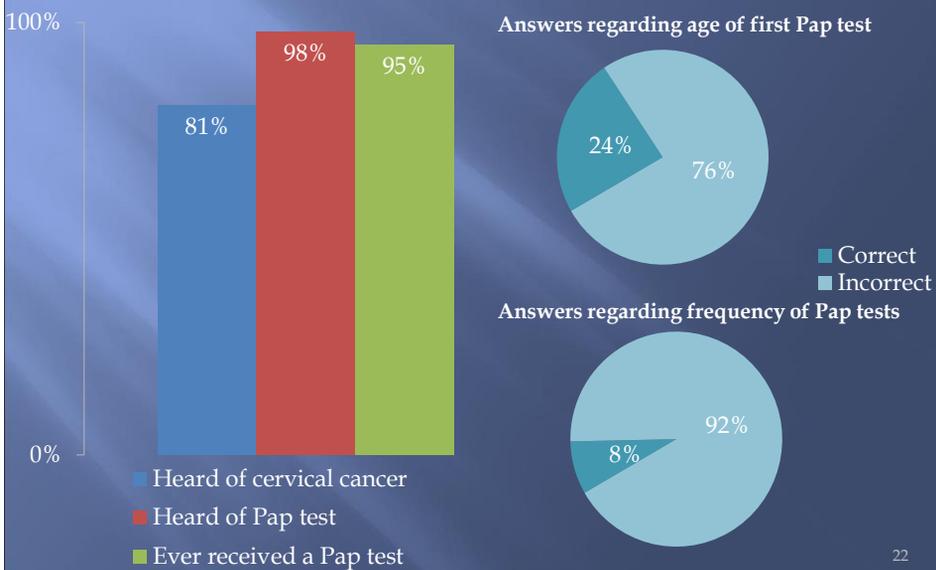
- ▣ **Eligibility:** All self-identified Indigenous women and men who have resided in either community for over 6 months.
  - Cervical cancer (women  $\geq 20$  yrs), breast cancer (women  $\geq 50$  yrs), and colorectal cancer (men and women  $\geq 50$  yrs)
- ▣ **Data collection:** Interviewer-administered questionnaires.
  - Demographic indices
  - Knowledge, attitudes and behaviours towards cancer screening services
  - Experiences in utilizing healthcare services
- ▣ **Participants:** 366 total
  - 251 in Community A and 115 in Community B

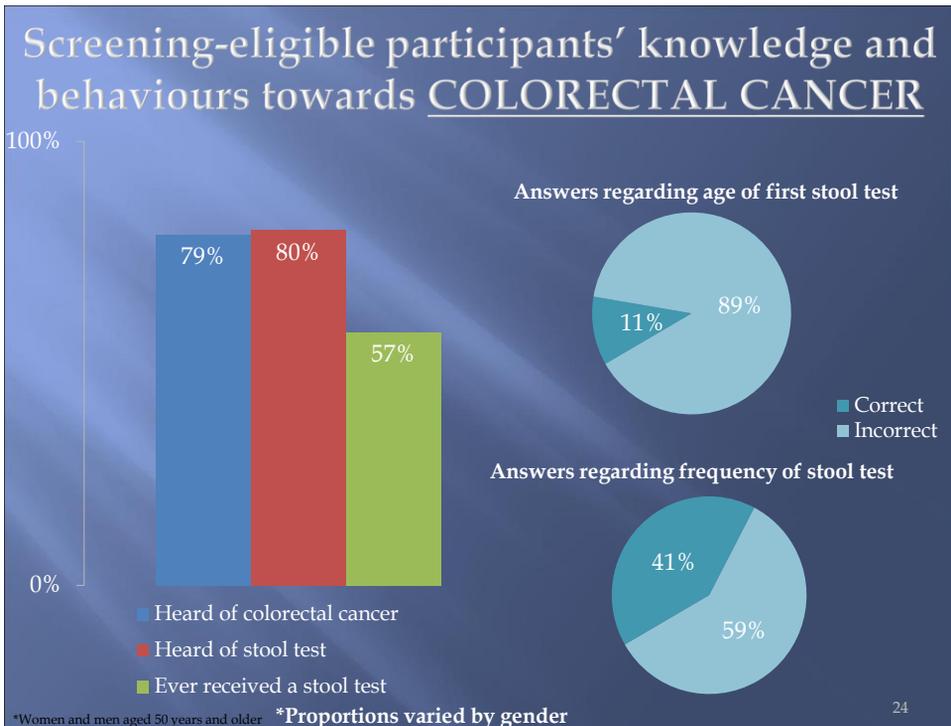
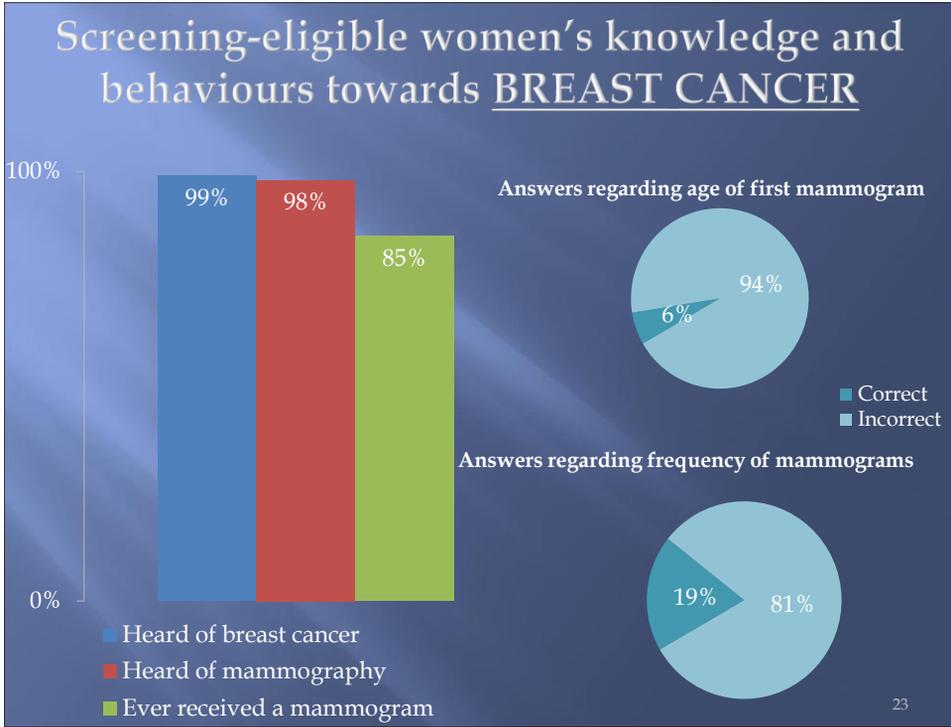
# Method

- ▣ 4 sharing circles and 2 semi-structured one-on-one interviews (total n=6)
- ▣ Local healthcare providers, health promotion professionals, community stakeholders and Elders (n=11 in each community, total n=22)

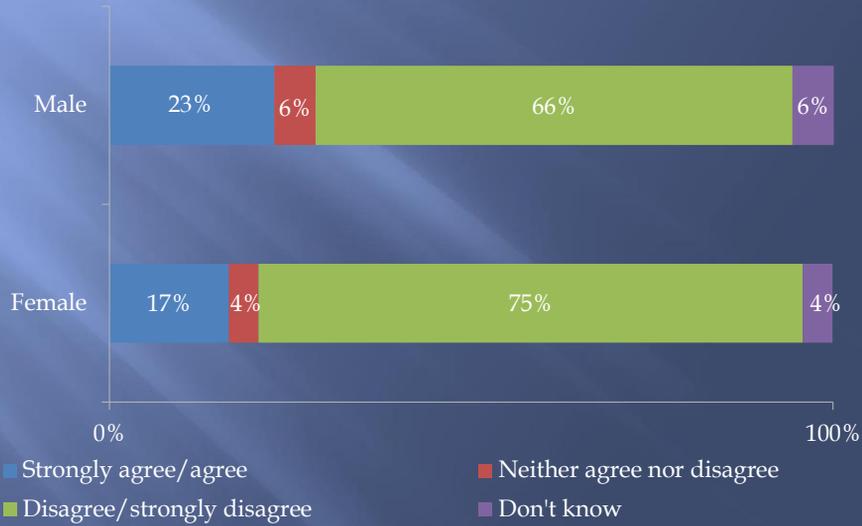


## Screening-eligible women's knowledge and behaviours towards CERVICAL CANCER



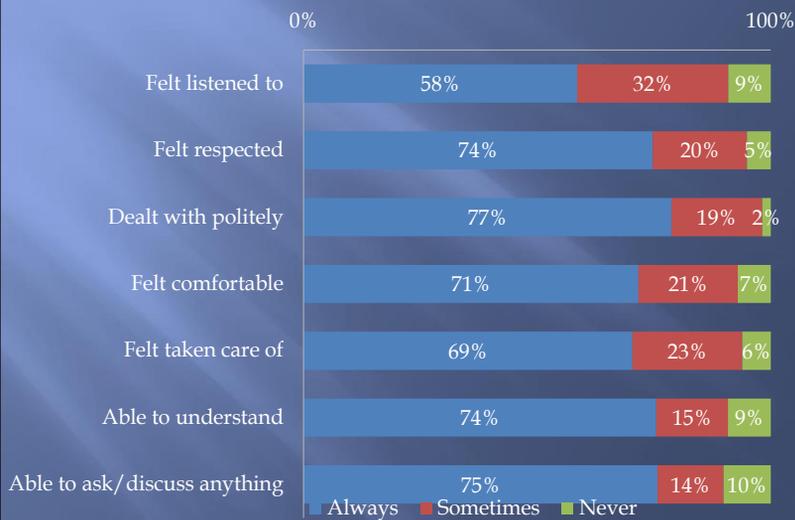


### Stool Test "more trouble than it's worth."



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### Participants' perceptions towards healthcare services



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## Preliminary Results

What does cancer mean to you?

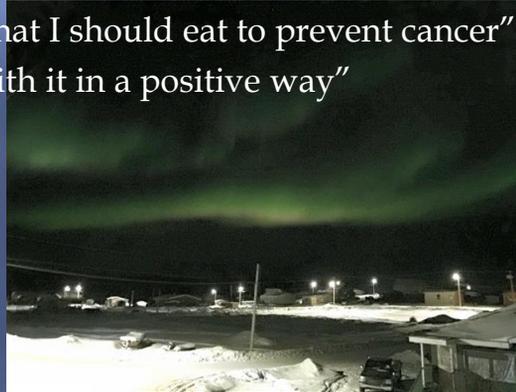
- “Death”
- “Incurable disease”
- “Once you get it, you die”
- “A seed that grows poison in your body”
- “Sickness that never ever heals”
- “Treatable illness, it’s common to a lot of people”
- “It has changed. Cancer can be treated, now they have treatment. When I was young it was almost terminal. Now a lot of times I can find treatments”



## Preliminary Results

What were the positive things about cancer experience?

- ▣ “Closeness of family”
- ▣ “It puts families together”
- ▣ “Learn more about it, what I should eat to prevent cancer”
- ▣ “Learned how to deal with it in a positive way”



## Preliminary Results

What were the negative things about cancer experience?

- ▣ "Always catch it too late"
- ▣ "Lack of communication. Auntie had TB scar, doctor thought it was cancer and suggested chemo. She refused it."
- ▣ "People treated as if they were lepers. When my sister passed away, nobody showed up for the funeral"
- ▣ "Your taste changes-foods don't taste good and you have to take pills."
- ▣ "I used to go to the bush, but I can't anymore"

## Preliminary Results

Can you tell me about your experience with the stool test?

- ▣ "It wasn't uncomfortable, but almost embarrassing"
- ▣ "Embarrassing but it helps"
- ▣ "I don't mind since its for my health"
- ▣ "Embarrassing"
- ▣ "I refused when they asked me to do one I thought they were going too far."

## Preliminary Results

Why would you not go for a stool test?

- ▣ "The thought of the putting or handling of my poop. I would not go. Poop is ok but collecting is not good."
- ▣ "Out of the question. I would go, no doubt about it."

## Preliminary Results

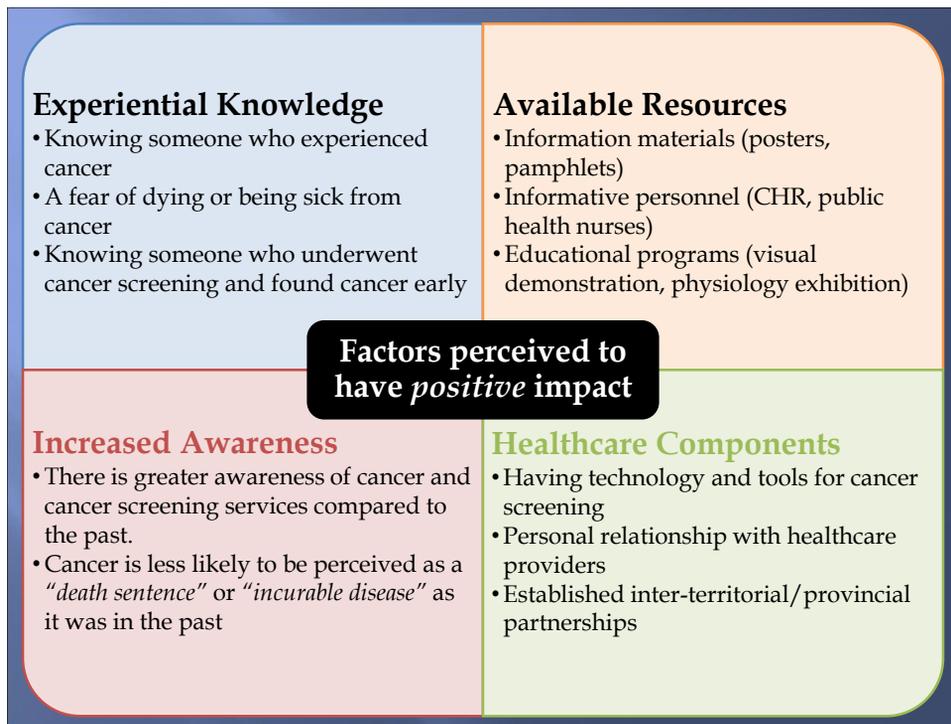
Can you tell me about your experience with mammography?

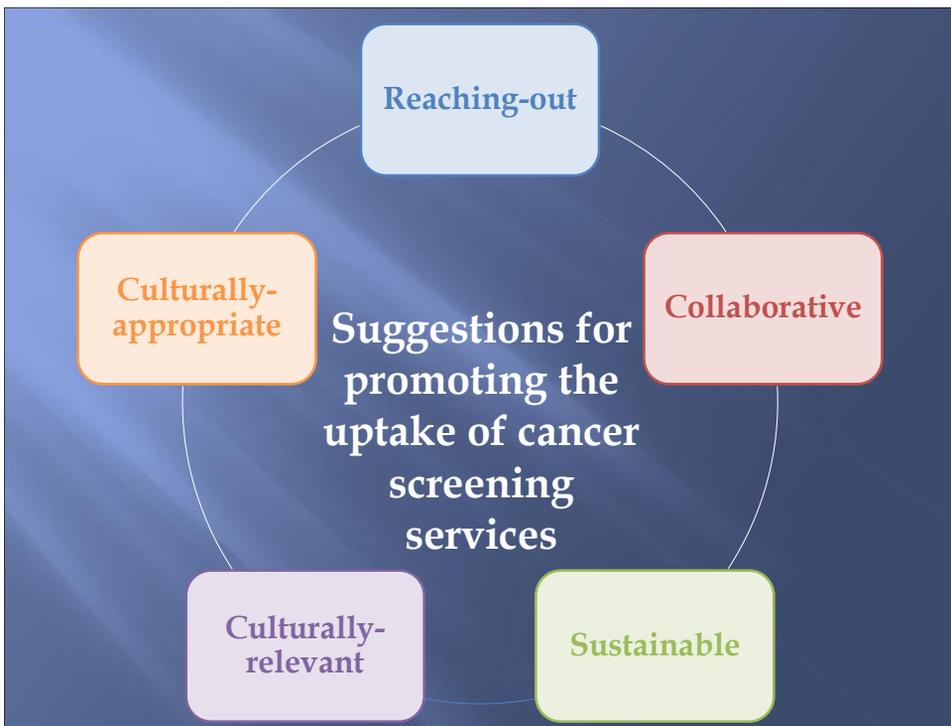
- ▣ "Uncomfortable"
- ▣ "First time it was uncomfortable, after it was ok, I got used to it"
- ▣ "Felt shy. I thought there were cameras in the room"
- ▣ "Scared the first time but after I did it wasn't scared anymore. I tell my family to go have one"

# Preliminary Results

What can you tell me about the Pap smear test?

- ▣ “Check for sickness (disease). Check to see if you have cervical cancer, UTI or any kind of disease in there.”
- ▣ “Check for cancer, and other diseases.”
- ▣ “Get it done when you have a bladder infection.”





## Further Directions:

- Impact of increasing awareness of individual susceptibility to cancer regarding unmodifiable and modifiable risk factors on the uptake of preventive actions
- Impact of gender on cancer-related health behaviours
- Effective and culturally-appropriate strategies for delivering cancer-related messages to remote Indigenous communities in Canada
- Ways to enhance frontline healthcare providers' cultural sensitivity
- Ways of harmonizing the traditional Indigenous and Western approaches to prevent cancer

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Thank you



Source for some of the photos: <http://www.nytimes.com/2016/02/14/travel/canada-tuk-northwest-territory.html?hp&action>