

CANCER PREVENTION AND SCREENING IN INDIGENOUS (FIRST NATION, MÉTIS, INUIT) CANADIANS: PRACTICES, POLICY & RESEARCH

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World Indigenous Cancer Conference
Brisbane, Australia
April 12, 2016

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Alberta Cancer Prevention Legacy Fund



The Alberta Cancer Prevention Legacy Fund aims to transform cancer prevention for Albertans through innovative population-based initiatives, screening, and collaborative, focused research. Alberta Health Services and Alberta Innovates – Health Solutions work together to deliver on the Fund's mandate under the strategic guidance of the Government of Alberta. Our commitment is to an Alberta where most cancer is prevented.

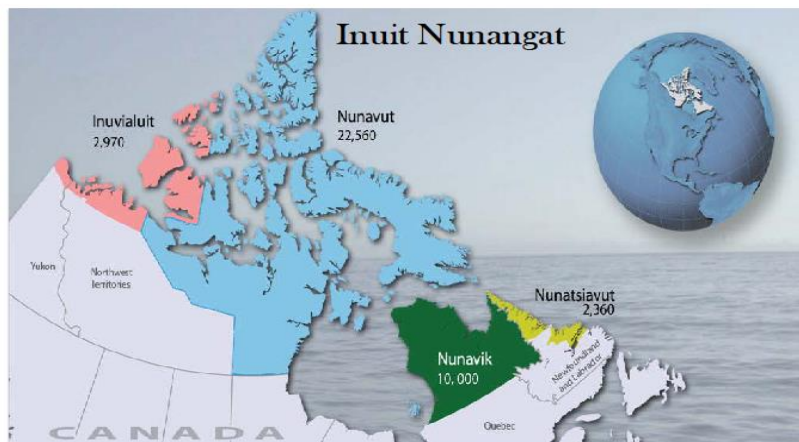
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Indigenous Canadians

- ❑ First Nation, Métis, Inuit
- ❑ As of 2011, 1,400,685 First Nation, Inuit & Métis people in Canada, or 4.3% of the population (Statistics Canada, 2011)
- ❑ The largest numbers of Indigenous people lived in Ontario and the western provinces (Manitoba, Saskatchewan, Alberta, and British Columbia)
- ❑ 851,560 people identified as First Nations representing 60.8% of the total Indigenous population and 2.6% of the total Canadian population
- ❑ 451,795 people identified as Métis representing 32.3% of the total Indigenous population and 1.4% of the total Canadian population
- ❑ 59,445 people identified as Inuit representing 4.2% of the total Indigenous population and 0.2% of the total Canadian population

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Inuit of Canada



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Who Are Indigenous People?

First Nations

- 46 First Nations in 3 treaty areas with 140 reserves
- As of 2011, 116,670 First Nations people in AB, or 13.7% of all First Nations people in Canada

Métis

- 8 Métis Settlements in Alberta
- As of 2011, 96,865 Métis people in Alberta, or 21.4% of all Métis people in Canada

- Most commonly spoken Aboriginal language is Cree, followed by Blackfoot, Chipewyan, Dene, Sarcee and Stoney

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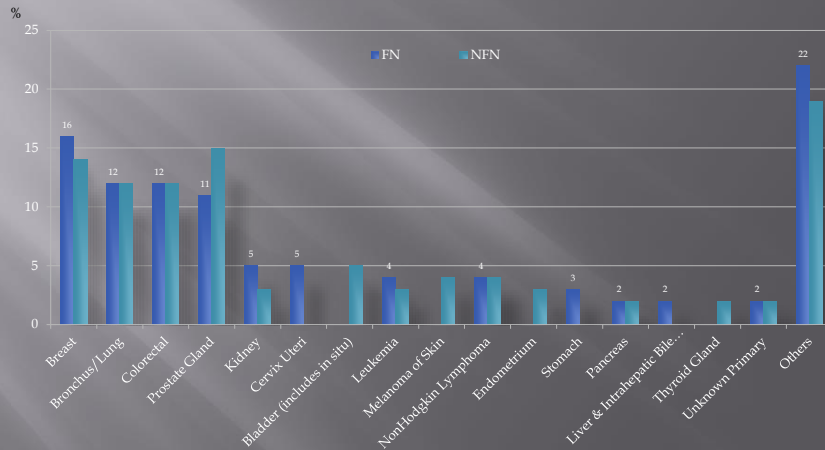
Indigenous Canadians & Cancers

“Cancer patterns have shifted over the past decade towards increasing rates of new cancers related to western lifestyles, such as cancers of the lung, breast, colorectal and prostate”

- First Nations, Métis, Inuit Canadians on average participate less in screening, present with later-stage cancers, have higher mortality rates from preventable cancers
- Lung cancer is the most common type of cancer for Indigenous Canadians, followed by prostate and colorectal cancer for men and breast and cervical cancer for women
 - Inuit Canadians have reported rates for smoking as high as 70% leading to lung cancer as the number one killer of Inuit Canadians
 - First Nations self-report as much as 49% are smokers
 - Métis self-report as much as 35% are smokers

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Percentage of New Cancer Cases in Alberta First Nations & Non-First Nations by Cancer Type



Source: Alberta Health Services 2013

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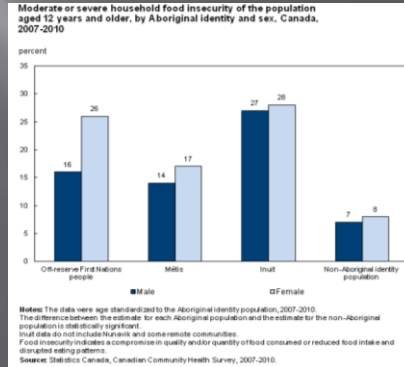
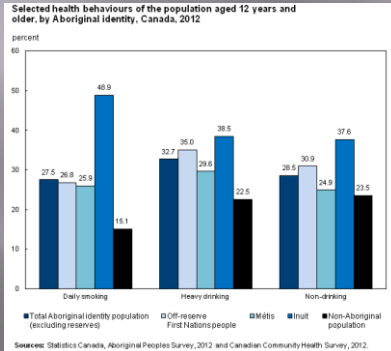
Cancer disparities

- “Among registered First Nations, cancer is the third most common cause of death in men (18 per cent of deaths) and the second most common cause in women (25 per cent of deaths)” (Tiepkema *et al* 2009)
- “First Nations women, but not First Nations men, have been shown to die from cancer at a higher rate than do non-Aboriginal Canadians of the same age” (First Nations Cancer Control in Canada Baseline Report, 2013)

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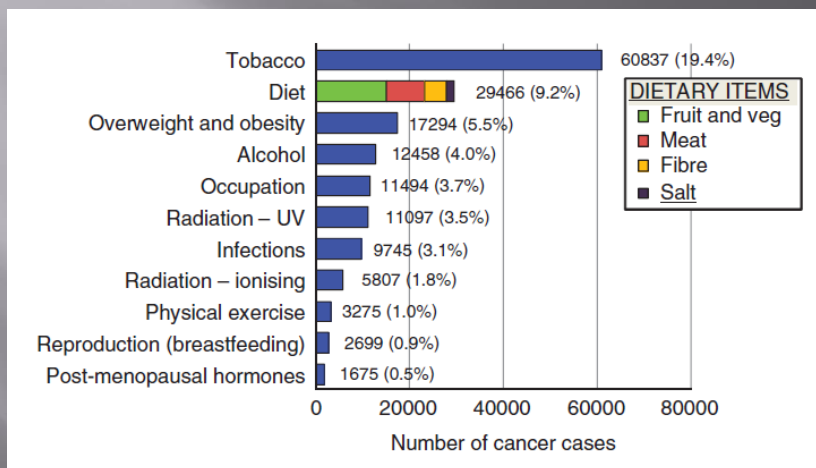
Risk Factor Prevalence in Indigenous Canadians

- In many cases, negative determinants of health are more prevalent in First Nations population than in the general public². There is also a greater prevalence of modifiable risk factors for cancer, including obesity³, alcohol consumption³⁴, and tobacco.



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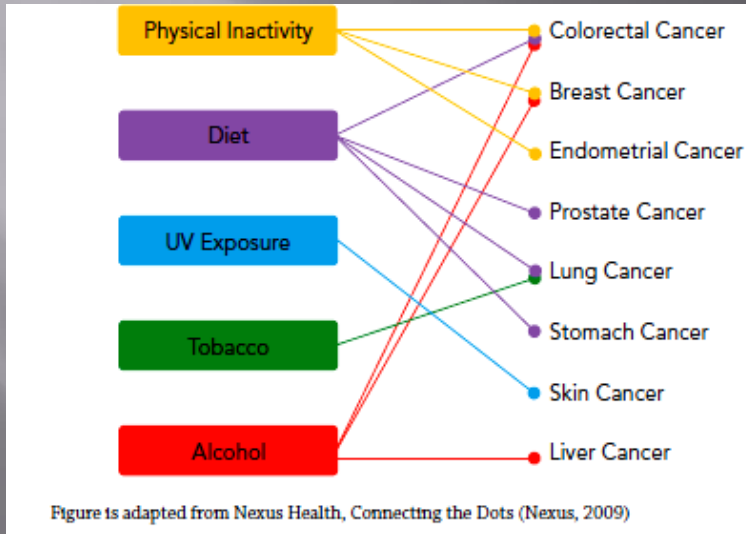
Modifiable Causes of Cancer



Source: Parkin DM, Boyd L, Walker LC. 16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010: Summary and conclusions. *Br J Cancer* 2011; 105:S77-S81

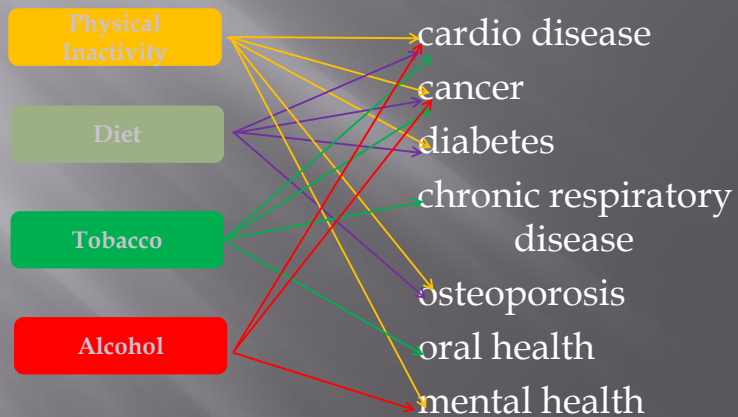
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Linking Cancer to Risk Factors



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Links to Other Chronic Diseases



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Modifiable Risk Factors

- ▣ More research is needed to understand MRF in a context Indigenous people & cancer prevention
- ▣ Need to understand the role of attributable risk factors i.e., obesity vs. physical inactivity
- ▣ Impact of nutrition as a key factor for prevention of cancers
- ▣ Stress & effects of cumulative trauma – Both are Not Listed as a MRF to cancers

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Canadian Screening Data

- ▣ Cancer screening recommended by the Canadian Task Force on Preventive Health Care
 - ▣ Colorectal cancer
 - ▣ Cervical cancer
 - ▣ Breast cancer
- ▣ Cancer screening is regulated & provided at the provincial level, with varying degrees of coverage in provinces and varying guidelines for timing
- ▣ Services are managed provincially, most screening registries (if in existence) are also provincial
- ▣ Exception is federal breast screening registry through Canadian Breast Cancer Screening Database

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Canadian Screening Data

- ▣ Challenges exist around racial identifiers within screening databases
- ▣ First Nations health services are administered federally while screening registries for colorectal and cervical cancer are provincial
 - Up to communities to track and report screening status
- ▣ Data on mammography uptake by FNMI women is limited - a Manitoba-based study (Elias *et al*) reported significantly lower uptake for FN women on reserve when compared with other women in rural areas

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What does success look like?

- ▣ Improved FNMI knowledge levels of cancer prevention modifiable risk factors
- ▣ Increased screening by FNMI people
- ▣ Trained community health professionals
- ▣ Environments more supportive of cancer prevention
- ▣ Culturally competent care providers, programming & services
- ▣ Decreased mortality from cancers among FNMI people in Canada

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Synthesizing Our Knowledge in Multiple Strategies for Re-Connecting Prevention to Survival: There is no one right way

- ▣ Utilizing community strengths to support change
- ▣ Using innovative methods to share FNMI narratives & experiences
- ▣ Articulating the roles of Elders/Knowledge Holders in cancer prevention, cancer care & surviving cancer
- ▣ Understanding & determining how impact on Social DoH is feasible
- ▣ Dialogue with communities on sustainability

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Calls to Action

- ▣ In 2007, the United Nations General Assembly adopted the Declaration on the Rights of Indigenous Peoples.
- ▣ Article 24 refers to rights for health. This declaration has since been recognized as important for FNMI people to attain health status comparable to other Canadians and is re-affirmed in the 'Calls to Action 18-24 as stated within the 2015 Truth and Reconciliation Report.

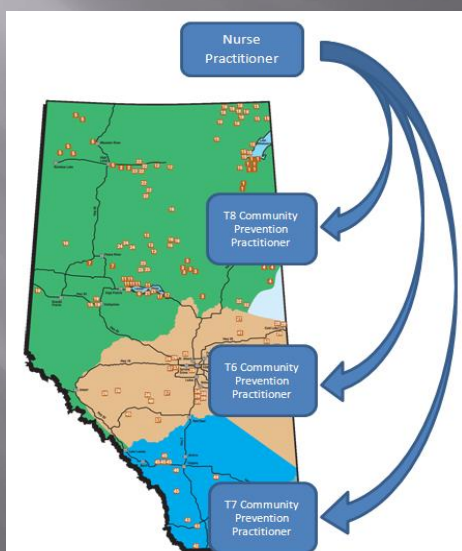
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Strategy and Planning Going Forward - Provincial

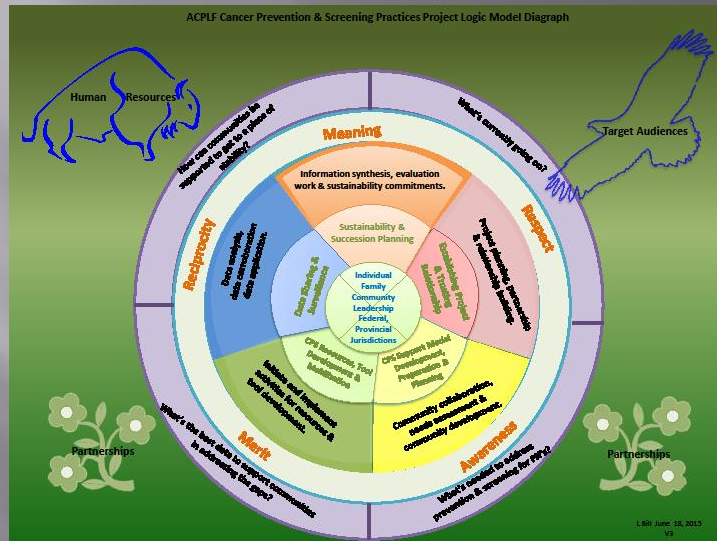
- ▣ Health Zone Cancer Prevention & Screening Plans
 - CDC Model for multi-sectorial partnerships & planning
 - Action plans i.e., Mobile Health Unit in vulnerable populations
- ▣ Community Cancer Prevention & Screening Plans
 - FN Support Team – community prevention practitioners assist to develop, implement, evaluate cancer prevention & screening plans
 - Assess needs, develop/adapt resources, coordinate services & delivery of health education in FN communities
- ▣ Priority Setting Processes & Planning
 - Métis communities pilot processes & tools to determine strengths, needs & priorities for cancer prevention
 - Friendship Centre Association acts as a key partner to validate adaptation of pilot resources & tools
- ▣ Transition & Follow-Up
 - Métis Settlements pilot Transition Visit Records & adapted breast & prostate cancer health education tools

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Alberta FN Prevention & Screening Support Team



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Alberta First Nations & ACPLF - Cancer Prevention and Screening Practices Project

- Community Profiles
 - Develop a profile of demographic, geographic & risk factor data
 - Regional or zone-level surveillance, cancer screening, immunization data & information on access
- Baseline Assessment
 - Using the Community Profile and community level data collection, will determine the starting point for cancer prevention and screening
- Priority Setting
 - Community sets priorities based on gaps and strengths identified in the Baseline Assessment
- Action Planning
 - Developing a plan of action to address priorities

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Strategy and Planning Going Forward

- ▣ Cancer Prevention Research Opportunity (CPRO)
 - 5 year 1 million dollar grant
 - KTE Strategy - HPV vaccine uptake on First Nations
 - Funded Alberta Innovates Health Solutions
- ▣ HPV self-sampling in First Nations – Ontario & Alberta FN pilot sites
 - Understand practical steps needed to create a culturally supportive & sustainable screening environment
 - ~1 million dollar grant with funding decision June 2016

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Questions?

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